Sandwell and West Birmingham Hospitals NHS
NHS Trust

EQUALITY REPORT
January 2017

Where EVERYONE Matters

Contents

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 it 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

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.

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. We employ around 7,500 people and spend around £430m of public money, largely drawn from our local Clinical Commissioning Group.

That Group and 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 (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.

Midland Metropolitan Hospital

Our new hospital – the Midland Met – is currently under construction and will be open in Autumn 2018. It is located on Grove Lane, on the Smethwick border with west Birmingham.

Over the last year:

- More than 6000 babies were born at our Trust
- There were 200,000 patient attendances at our emergency departments with over 40,000 people Admitted for a hospital stay.
- 92.5% of patients who attended our emergency departments were seen within four hours
- Over 50,000 day case procedures were carried out
- Over 500,000 patients were seen in outpatient
- Over 40,000 patients were admitted to hospital
- Over 701,000 patients seen by community staff

Trust Vision

After over a decade of waiting, this year saw us start work in Smethwick building your new acute hospital: the Midland Metropolitan. It will open in October 2018. Less than 900 days away. We want to deliver brilliant emergency care to those who are most unwell. The new hospital will help us to do just that every day and night of the week.

Our stroke services have changed for the better and are now among the best in the UK. This year we made changes and investments in cardiology and in emergency surgery, where we have ambitions to do the same.

The year just gone told us a lot about our community services. The Care Quality Commission rated every single one of those services as good or outstanding. Our community children's services secured the highest possible rating – a fitting tribute to our health visitors, therapists, and community children's nurses. One in six of our patients are under 18, so it is good news indeed that we have a beacon of hope and success from which to develop further.

Community services grow in importance, year on year, as we work to keep people well at home, and to prevent avoidable admission to hospital. We are delighted to be awarded a five year contract for the care of people who are dying. We want, through that contract, to try and support more people to die where they would wish, and to provide outstanding support to them, their families, and their GP.

In November 2015 we launched our 2020 Vision. After 18 months engagement with patients and staff, this sets out our future aims. It is unambiguous that the new hospital in 2018, new IT systems in 2017, or changes in our workforce year on year, are important steps in a journey. But the purpose of that work is better care. In particular we want to be renowned for the way we integrate care around the outcomes our patients tell us matter. 2015 has seen us take major steps to change forever the relationship between professionals and patients. It is exciting to be winning awards for our innovations. It is important to be opening up our wards to visitors, and now to be inviting relatives to 'stay overnight' with those that they care about, as part of John's Campaign. We do not under-estimate the change or the challenges it creates for staff. As a Trust at the very heart of the communities we serve, it must be right to take bold and brave steps to alter traditional boundaries with our patients and through that to build trust.

We provide care to half a million people. Staff are rightly proud of specialist services that we offer. The regional eye hospital for the West Midlands and the regional cancer centre for women's health are part of our organisation. Increasingly we are developing further strengths in disease groups that are prevalent in our local population: Sickle cell services, rheumatological conditions like lupus, immunology care, foetal medicine and our specialist faecal incontinence team. Our research and development ambitions are part of that, helping us to recruit patients to ground-breaking studies, and to recruit clinicians to develop their careers with us.

We are a key part of the 100,000 genome project in Birmingham, and we have seen significant growth in our research work in 2015. Working alongside the University of Birmingham Medical School, and as a founding partner in the Aston Medical School that opens in 2017/18, we look forward to developing complex care services further.

The Black Country Alliance, through which we work together with Dudley Group and colleagues at the Manor in Walsall, will be central to making sure that specialist services are delivered locally wherever that is possible. General practice, and primary care as a whole, is the centre of the local NHS. Our Trust plays an important role in supporting local teams.

In 2014 we made great strides with diabetes care. This year, in 2015, we have improved transport of pathology samples to practices, and cut waits for imaging scans. GPs can now see in their practices the results of tests ordered in our Trust. And we have more than trebled the amount of advice we provide to GPs by email and other methods, to either avoid referral or improve the precision of those referrals. Our pilot work on respiratory medicine is promising and shows a good prospect of developing a shared care model in avoid admissions. It is a tremendous honour to be selected as one of four Royal College of Physicians' pilot sites for the work we are doing – very much creating here "the Future Hospital".

The Trust's Board are especially proud to be able to report on two important changes in the past year. After many years of effort, trial, and sometimes error, we have made definitive progress with

how complaints are managed, responded to, and learnt from in our organisation. There will be no complacency. But times to receive responses have fallen sharply. In our Trust we have always had high rates of compliments for the work of staff.

In 2016 we pledge to work even harder to make sure that through our extraordinarily successful learning model – quality improvement half days – we tackle the underlying issues from the complaints that we receive. 2015 saw our organisation become Birmingham's first NHS Living Wage employer. This is one part of a package of measures to alter the employment relationships that we have. We are the forefront of apprenticeships in our region, and we have invested more than ever before in education and learning for staff. Part of our contribution to health and wealth in our area is through these endeavours and we will work with local employers and with schools and colleges in coming months to build on those opportunities.

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 2016 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/about-us/trust-publications/2016-2/

1.2 Public Sector Duty

On 5 April 2011, the public sector equality duty (the equality duty) came into force. The equality duty was created under the Equality Act 2010.
The equality duty was developed in order to harmonise the equality duties and to extend it across the protected characteristics. It consists of a general equality duty, supported by specific duties which are imposed by secondary legislation. In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:

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 which will include a plan of what we intend every four years.

Purpose of the duty

The broad purpose of the equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. If you do not consider how a function can affect different groups in different ways, it is unlikely to have the intended effect. This can contribute to greater inequality and poor outcomes. The general equality duty therefore requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.
Compliance with the general equality duty is a legal obligation, but it also makes good business sense. An organisation that is able to provide services to meet the diverse needs of its users should find that it carries out its core business more efficiently. A workforce that has a supportive working environment is more productive. Many organisations have also found it beneficial to draw on a broader range of talent and to better represent the community that they serve. It should also result in better informed decision-making and policy development. Overall, it can lead to services that are more appropriate to the user, and services that are more effective and cost-effective. This can lead to increased satisfaction with public services.

1.3 Key Achievements

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

- Launching the Mutual Respect and Tolerance Guidelines.

- Launching Trust staff networks for BAME, LGBT and Disabled staff members with executive sponsorship.

- Piloted Deaf Awareness training session for all levels of staff, with the hope of full roll-out to follow.

- Introduction of designated Baby feeding facilities.

- The introduction of designated Gender Neutral toilet facilities.

- In-house patient experience surveys across all clinical settings.
  - To ensure that our services meet the needs of our patients

- 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.

- Introduction of 6 Learning Disability pledges
  - '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'

- 'I will ensure that reasonable adjustments are put in place for individuals in hospital and work with others including outside organizations to find ways for this to be audited referencing the Quality of Health Principles'

- 'I will put in place actions to increase the awareness and competency of staff working positively with people with LD and using reasonable adjustments.'

- Hand Held Records :
  All flagged patients have hand held record, preferably with an electronic option

- Not employing less than 40 staff with a learning Disability within SWBH's

- Positive confirmations that deaths among LD patients were not amenable to better care from January 2017.

- 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.

- 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).

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.

The NHS England report 'Action Plan on Hearing Loss' (2015) states that there are over 45,000 children with long term hearing loss and over 10 million adults who are either deaf or have some degree of hearing impairment in the United Kingdom. This number they say is predicted to rise to over 14.5 million by 2031. The reasons for this increase they suggest are from the effects of increasing exposure to social noise i.e. use of personal music devices and workplace noise. They go on to say that more than 80,000 people are registered as being either severely or profoundly deaf with 840 babies being born with significant hearing impairment every year.
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.

A study was conducted to ascertain the experiences of patients accessing healthcare services within Sandwell and West Birmingham

What we have done

- The study findings have been shared with the CCG Inclusion and 'Time2Talk' teams, although no response has been received.
- Working with the Equality and Diversity Advisor and Patient Experience Manager we have submitted a bid for Charitable Funds for monies to support the training of 360 front line staff.
- The Hearing Services Centre has distributed Ward Hearing Aid Care Kits. These are box files that contain information about caring for patients with a hearing aid, basic tips for communication and some hearing aid storage boxes that will enable patients to store their hearing aids safely
- We have liaised with the Charity 'Action on Hearing Loss' and on their recommendation, included in the charity bid money to buy each ward and department an amplifier to reduce the background noise for those patients who are hard of hearing.

What we still need to do

- We need to get the process correct right at the start of the patient's journey. This starts with the GP.
- For the future, the new hospital project team are working with Carillion to develop downloadable apps that provide directions around the site and they are exploring the use of visual patient call notifications in outpatients.

- Patients have requested 2 way text messaging. The Royal Wolverhampton Hospital and Leicester Hospitals use an external Agency (Communication+) to act as a relay message service. This Trust already has a contract with the organisation therefore to implement this would be cost neutral but would allow patients to book, cancel and change appointments and to check if an interpreter has been booked for both Primary and Secondary care 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. Again as the Trust has a contract with the Agency the cost would be the same as a normal interpreter rate but would be available 24/7.

- Work has started to try and redress this inequality. Working with an external provider, Communication +, the Trust Interpreting Service is about to launch a text relay service. This will enable Deaf patients to send a text message when they need to book a GP appointment, make, change or cancel a hospital appointment or call for an ambulance. Communication+ will then liaise with the Trust Interpreting Service to see if the work can be cover by our in-house interpreter or will provide an interpreter if we are unable. Patients will also be able to use this service to ask if an Interpreter has been booked. This service will be provided 24/7 and will go some way to ensuring that Deaf patients have a better experience.

2.1 Equality Delivery System (EDS2)

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 and purple 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'.

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 Performance Assessments**

In the first phase of the Trust EDS2 rollout programme we have successfully completed 23 service areas 8 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 (Local Interest Group) comprised of local people representing the majority of the Protected Characteristics.

2.1.3 **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 SWBH 9 Diversity Pledges

Each month the Trust Board monitors 9 Diversity Objectives that are set out in the 3 year Public Health Plan. This report sets out the work that has taken place to achieve (or not) each of the 9 objectives. Where objectives have been met in part, or not at all, it sets out what is needed to deliver the remainder of the objective and a delivery plan.

It is intended to bring a 2 year delivery plan to the board at a future date when the Public Health plan is refreshed for 2017-2020.

Public Health Plan Diversity Pledge	**Detail of objective**	**Summary of position 28th September 2016**
1. The CLE education committee is overseeing analysis of training requests and training funds vs ESR protected characteristics data.	Work is ongoing with the overseeing of the analysis of training requests and training funds, this was completed in December 2014. A comparative exercise will be undertaken in regard to overall band staff profile. A draft should be completed in time for the annual declaration.	This has been met. Full and regular analysis taken to the Education, learning and Development Committee. The statistics for 2015/16 were approved by June 16 Public Trust Board. There were no causes for concern in the data and it demonstrated that equal access was being given to colleagues with protected characteristics. The analysis was also reported as part of the WRES return to NHSE This will be reviewed regularly to ensure the position does not change and Trust Board level oversight remains.
2. The CLE equality committee and whole Board have received initial training in the duties of the Act and in the precepts of the EDS system.	'Educate and Celebrate' Ellie Barnes OBE LGBT Speaker is attending April 2016 Trust Board development session.	This objective has been met. The Board have undertaken two development sessions so far in inclusion and diversity – which have taken place during the Board Informal time together. In April 2016 Ellie Barnes OBE delivered a developmental session on LGBT issues to the board. This has informed the development of the employee networks, the approach to Trans issues and the language and communications used by the Trust. Ellie has also made connections between SWBH and Birmingham LGBT. Both executive and non executive board colleagues have attended relevant events, e.g the CCG Equality Awards and the ENEI House of Lords Event.
3. We would undertake an EDS2 self-assessment for every single directorate in the Trust. Almost all directorates have	It is to be reviewed in full and final form at the next meeting of the Board's PHCD&E committee.	This objective will be met by November 2016 but in an amended form. EDS2 has been achieved in full in 11 directorates across the Trust. The bottom up directorate approach was a 'one off ' in order to generate detailed feedback from clinical groups on the actions needed in their area. This approach has had limited success as local managers have struggled to engage with the

submitted to post a draft for review.		concept. However, some groups such as Communities and Therapies have used the EDS2 process to shape their approach to patients and staff with protected characteristics. In order to 'close' this objective, the Trust Equality and Inclusion officer will generate an EDS2 evaluation for the whole Trust during November 2016, based on evidence collated and agreed through the local interest group to date. This will build on the detail available from the clinical groups, and make recommendations based on the data. These recommendations will contribute to the Trust's Equality and Inclusion Plan (as part of the Public Health Plan) for 2017-2020
4. Collect, collate and examine protected characteristics data on our workforce and, largely, on our staff: We will undertake a one off ESR data validation.	The use of outpatient kiosks (from Q3) will be our vehicle to improving patient data. Both will be compared through our Board committee against the demographic for SWB as per the ONS. From July 2016 the kiosks will automatically update in to CDA and IPM.	This objective will be met and closed during October 2016. At the time of writing this report the Outpatient kiosks element remains an outstanding action to be implemented. During April 216 OD developed and included a Diversity Questionnaire in the annual governance declaration statement to all employees during April 2016 with specific guidance on purpose and use of data. The results of this are overdue due to operational issues within the corporate team, but will be available during early October for analysis and to set the 'baseline' for the 2017-2020 Equality and Inclusion programme of work. There has been an 80% response rate, generating rich data for the The Trust has taken part in the National Workforce Race Equality Standard (WRES) survey requested by NHSE and the report is now displayed on the SWBH Trust website. This reported on the protected characteristics statistics that are known from ESR, including access to training and impact on key HR processes such as grievances and dignity at work issues. The annual WRES will remain in the ongoing E&I programme of work.
5. Undertaking monthly characteristics of emphasis in which we host events that raise awareness of protected characteristics (PC)	Use CIPD and ENEI Diversity Calendar resources to communicate campaigns through internal communications and social media channels. Mutual Respect and Tolerance Guidance launch will be first 'positioning' campaign.	This objective has been met in full to date **February 2016** Deaf Awareness Campaign **March 2016** Mutual Respect and Guidance campaign onwards. **March 2016** Gender Equality **May** LGBT Pride celebrations **June** Launch of Ramadan and awareness raising of Islam Dementia & Older People – Rowley Regis Garden Party Attended Houses of Parliament with Staffside invited by Employers Network for Equality & Inclusion. Only NHS Trust to invite local TU partners. Celebrating our EU staff post referendum **July** - Eid Celebration in Anne Gibson Board Room attended by board members and non executives. **August** National Apprenticeship Week (Age)

		Live and Work Homeless Project Campaign (Age) **September** Eye Health Campaign (Disability) **Plan for next 12 months attached in appendix 1**
6. Add into our portfolio of leadership development activities a series of structured programmes for people with PC	Raffaela Goodby will determine how we move ahead with an unambiguous programme which will certainly include a specific BME leadership offer.	This objective has been partly met and will be completed in January 2017. Diagnostic phase of leadership programme taking place July / August / September 2016 with independent one to one conversations, focus groups, i drop in roadshows and communications. This has generated a detailed and robust report with recommendations for the E&I agenda for the next two years, this report has not been included here. Hay Group have now put together a proposal for the Equality & Inclusion development programme. Birmingham LGBT Leadership Programme commenced in September 2016 with three staff members attending from across the professional disciplines. The proposed programme outline and structure is attached in Appendix 2. Consideration will also be given to national programmes, such as the NHS Leadership Academy 'Ready Now' programme. The Director of OD will also make an up to date assessment on access to national programmes such as Nye Bevan, Elizabeth Garrett and the diversity breakdown of applicants to these programmes.
7. We proposed and agreed with staff-side that Harjinder Kang, as JCNC independent chair, would review whether our workforce policies and procedures match (if implemented) our ambitions and commitments. This was due to occur in Q2 but will now occur in Q3.	This work has commenced. Critically we are looking to determine not simply whether our policies avoid overt discrimination, but whether they actively take steps to promote diversity. This will be delivered by Alaba Okuyiga, ENEI (Employers Network for Equality & Inclusion) during April and include coaching and training for HR advisors, Staffside if they wish, and HR business partners.	This objective has been met in full. The following HR policies were reviewed by an independent external reviewer. • Dignity At Work – Due for renewal August 16 • Grievance and Disputes Policy – Due for renewal August 16 • Recruitment and Selection Procedure - Due for renewal November 18 The recommendations and actions being taken are detailed in appendix 3.

8. With partners to ensure a peer group in each protecting characteristic is active [we have BMSOG and there is an emerging LGBT group]	Joint approach with Staffside needed as accessing existing groups has proved fruitless to date.	This objective has been met in part. This Research phase with Hay Group was successful in identifying colleagues who were willing to be involved in setting up Staff Network Groups. These groups will have an executive sponsor and will be launched during Equality and Inclusion Week as follows: LGBT Employee Network – Executive Sponsor Raffaela Goodby BME Employee Network – Executive Sponsor Toby Lewis Disability Awareness Employee Network – Executive Sponsor Colin Ovington At each launch event there will be a key speaker, and the opportunity for colleagues to put themselves forward as Network Chair and Network Vice Chair. The chairs will then work with the executive sponsors to shape the activities of the staff network for the coming 12-24 months. Each group will have a small operational budget to host events and interventions, and be supported by the Equality and Inclusion Officer and HR Business Partner for E&I.
9. Work with senior leaders with protected characteristics for them to provide visible support within the organisation to others	We will start by producing a pictoral representation, and data graph, of who our leaders are. We will also use the next stage of the leadership development programme to explore how issues of diversity can become a more explicit part of our leadership programmes.	This objective has not yet been met. The successful achievement of this objective will be predicated on the successful completion of objectives 6 and 8. We will use the qualitative and quantitative data from the various surveys and reports and a communications campaign developed to support the leadership programme. The pictorial representation will be completed during October 2016 when the results of the governance survey are available.

2.3 Training

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.

SWBH Trust firmly believes that effective education, learning and development makes a major

contribution to the provision of a committed and competent workforce that are focused on delivering safe and effective patient care. The Trust takes learning seriously, clearly demonstrated by the protected investment in the development of our colleagues.

The Trust Board and senior leaders of this Trust understand that by investing in a high quality workforce, who live our values and demonstrate patient focused behaviours every day, we will enable high quality care to be delivered to our patients which; in its turn will positively affect health outcomes in our communities.

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.

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.

2.4 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 of equality and challenge discrimination both as an employer and as a service provider.

2.5 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.

2.5.1 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.

Key Highlights from 2016:

- Big Conversation in Patient Experience – Q2 facilitated by Chief Nurse
- John's Campaign roll out to all wards to promote partnership working with relatives/carers of vulnerable patients. A concept developed by relatives of a patient with dementia who received excellent care for his acute medical condition in an acute general hospital but little consideration to his personhood and important role of carers in knowing the patient and being in a position to positively support emotional, social and physical needs of the patient in partnership with health care professionals. Mobile beds were purchased to support overnight stays as required. Simple moves to provide drinks and snacks for these carers .
- Training of 15plus volunteers to support patients with dementia facilitated by the Dementia Lead Nurse
- CAYP survey sampling in Nov/Dec – results expected late 2017 (publicity strategy enacted to support participation)
- ED survey sampling completed in Oct – results 2017
- In patient survey results imminent and will require corporate and local review and improvement plan
- Continued collection , collation , analysis and reporting of Friends & Family test in : inpatients, ED, maternity, OP- results ranging from 62%- 98% in terms of recommendations and from 1 to 3-400 responses depending on the area . December results illustrates a response rate of 85% and negative comments included staff attitude and implementation of care
- Supporting Palliative Care Team with patient experience strategy
- Agreement to work in partnership with Kissing it Better to promote closer working with colleges to enable students to provide beauty treatments to our patients under well controlled conditions.
- Purchasing or sleep packs in response to positive results from our campaign to facilitate patient's rest at night
- Promotion of more flexible visiting times and responsive attitude family needs
- Patient stories continue at TB – including a very impactful one regarding a person with Learning Disabilities prompting some review of our PEG services (and a detail LD action plan to increase the quality of care provided to this group of vulnerable adults)

Challenges for 2017

- Patient Experience strategy – co-ordination with other teams receiving intelligence regarding patient experience such as PALS, complaints etc
- Development of Patient Experience team
- Review of Staff and Patient Experience Committee
- Review and confirmation of metrics
- Patient engagement/ expert patient

2.5.2 **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.

2.6 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.

2.7 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 volunteers to join the team. Our volunteers provide invaluable support and make a real difference to people's lives. We want to grow our team and there is a range of ways in which they 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.

- Mi Baby – Assisting mothers with breastfeeding in the maternity Unit.

- Mi Life – This project is still in the early stages and will be for volunteers to support recreationally with patients who are in a Day hospice.

2.7 .1 **Where are we now?**

Recruitment has increased in the last quarter to aim towards meeting initial targets which were set in June 2015. This will result in volunteers joining the service and then 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 1**).

2.7.2 **Intentions for 2017 and beyond**

• To continue to work with the community
• To increase promotional marketing strategies through more Road shows and events
• To update the volunteers webpage
• To have quarterly coffee mornings with the volunteers and monthly calls to them to ensure our recognition & appreciation of their service.
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 partnerships with schools and colleges about the opportunities to volunteering with SWBH.

•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 their 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, developments and to develop a recognition award for the volunteers. An increase in the coffee mornings/afternoons and calls should help with showing the volunteers of our recognition of their service.

• 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.

2.7.3 **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

2.8 Community Engagement

During 2016 the Trust continued with 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.

Volunteering

The volunteering programme has recruited over 100 volunteers during 2015/16 from a range of different backgrounds. The service will be undergoing changes over the next twelve months to ensure that the recruitment process is streamlined and that we are better able to quickly arrange volunteering opportunities for a greater number of people from our community.

Fundraising

Your Trust Charity has changed significantly during the year to better enable engagement with the local community and within the Trust. The charity has rebranded to Your Trust Charity and continues to consolidate its funds under themed appeals. A significant amount of charitable funds have been dispersed to community projects this year. Implementation of new projects has begun in 2016. These include programmes to support patients in getting home from hospital. A particular scheme focuses on the African Caribbean population to match up community support with people getting ready to be discharged from our inpatient wards.

Grants awarded in 2014 have also progressed well including our partnership with Sandwell Women's Aid to identify women in Sandwell ED who are victims of domestic abuse. We are now reviewing how to expand this service into City Hospital.

New migrant groups

The Trust has more to do to engage with the new migrant populations within the Sandwell and West Birmingham areas. This year we have worked with Birmingham City Council and Birmingham and Solihull Mental Health NHS Trust to engage with several Eastern European community groups. This work will continue in 2017. There are a number of opportunities for the Trust to be more accessible to these communities and to support them as they live and work here.

Midland Metropolitan Hospital

Making the most of the regeneration opportunities of the new hospital has led the Trust to work with a number of community groups in the surrounding areas. In partnership with Carillion we have held a number of community engagement events where members of the public and those who represent particular groups have been able to talk to Carillion and the Trust about opportunities within and around the new building. A programme of community engagement is in place.

Looking ahead

Over the next twelve months the Trust will develop greater awareness of community engagement among the workforce. In March we begin linking up senior leaders with local community groups through our First Friday visits. We are also mapping out where we have links so that we can identify gaps in engagement and a more targeted programme.

2.9 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.

2.10 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 2 and Learning works demographic stats at Appendix 3**).

2.11 Live and Work Project

This innovative scheme helping homeless young people into employment by providing apprenticeships and accommodation started up in 2014 and has gone from strength to strength. We are currently providing apprenticeships and accommodation for 20+ young people who were homeless or at risk of homelessness from across the Birmingham and Sandwell regions.
During the last 12 months the project has gained both regional and national recognition by winning regional awards and coming runner up in 4 national awards. This was been topped off by a visit to the scheme by HRH Prince William, Duke of Cambridge.

During the period SWBHT has signed over an additional accommodation block for refurbishment which will provide move on accommodation for the young people. Circa £500k has been secured by St Basils, our strategic partners in this project, to convert the current student type accommodation into 1 bedroom apartments. This will support the young workers to live independently and remain benefit free.

The particular innovation of this scheme is that young people participating on the programme are benefit free and living independently.

2.12 Community Greenhouses

The Trust, in partnership with Summerfield Residents Association has brought back to life the greenhouses on the City Hospital site that had remained derelict for over 15 years.

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. This has involved young school pupils as well as local residents of all ages.

New developments have seen the introduction of eco-friendly composting systems, bee hives and the sale of house plants alongside fresh fruit and vegetables. This will hopefully 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 2016 – December 2016 (**Appendix 4**).
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 NHS Workforce Race Equality Standard

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS provider organisations.
The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

In April 2015, after engaging and consulting with key stakeholders including other NHS organisations across England, the WRES was mandated.

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.

Alongside WRES, NHS organisations use the Equality and Diversity Systems (EDS2) to help in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2 and the WRES, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

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.

WRES reporting

Organisations use UNIFY 2, a system for sharing and reporting NHS and social care performance information should be used for the annual WRES returns. To see a copy of our latest WRES publication please go to;
http://www.swbh.nhs.uk/wp-content/uploads/2016/06/Workforce-Race-Equality-Standard-Report.pdf

3.5 Staff Surveys

NHS National Staff Survey 2016

1250 staff were randomly selected from across all professional groups and pay bands to participate in the NHS national staff survey for 2016. Results will be published early in 2017 and we are awaiting the analysed results that will benchmark our scores against other NHS organisations.

We have had a 10% increase in the response rate compared to last year which is a significant improvement, although we remain at the lower end of acute / community Trusts for this measure.

The results indicate that the Trust is taking positive action on staff health and well-being (92%).

The survey asks whether the Trust acts fairly with regard to career progression /promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age. 86% responded positively (87% in 2015).

6% (3% in 2015) responded that they had experienced discrimination from patients / service users / the public and 5% (7% in 2015) reported in the survey that they had experienced discrimination from a colleague.

When asked of the grounds for discrimination, 18 people reported that this was due to ethnic background which is an increase on last year's response (4 people in 2015, lower response rate).

This will be considered further upon receipt of the full survey analysis.

3.6 Patient Data

Our patient information can be disaggregated based on sex, age, ethnicity, religion and marital status . 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 5**).

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 monitoring system in place continues to ensure that meetings are promoted as an effective way of resolving complaints, and where this is the complainant's preference, this is offered. 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 6)

4.1 PALS

PALS continue to play a vital role in providing patients with a local advocate who can investigate concerns, resolving concerns within the Clinical Group effectively without the need to log a formal complaint.

As well as reporting the standard enquiries, compliments are collected by Clinical Groups to ensure there is a balance reported in regard to patients expressing concern, as well as gratitude.

5.0 Conclusion

This report shows that the Trust is compliant with its equality duties but more importantly if 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.

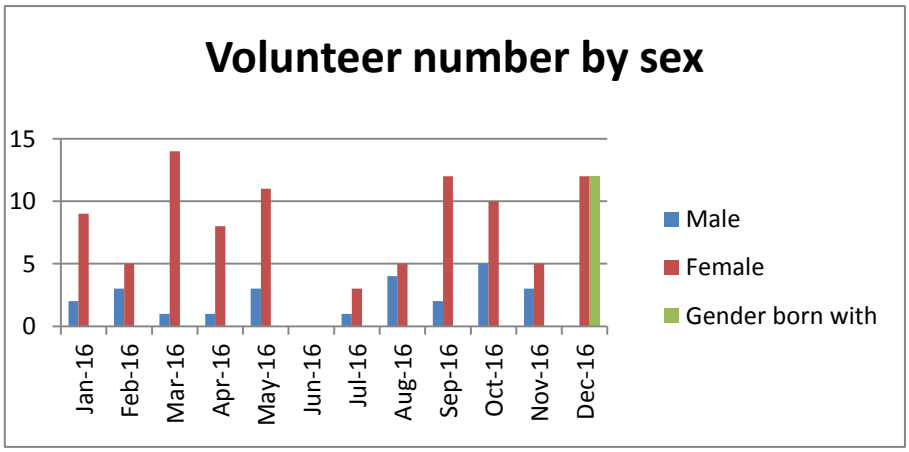
The actions identified including the outcome of the EDS equality performance analysis will enable us to forge ahead and establish our equality objectives and actions to address the gaps in data and service provision. We will consult with patients and staff to develop our Equality objectives in line with the EDS, to ensure that our Equality, Diversity, Inclusion and Human Rights strategy and objectives, prioritise the areas we need to improve.

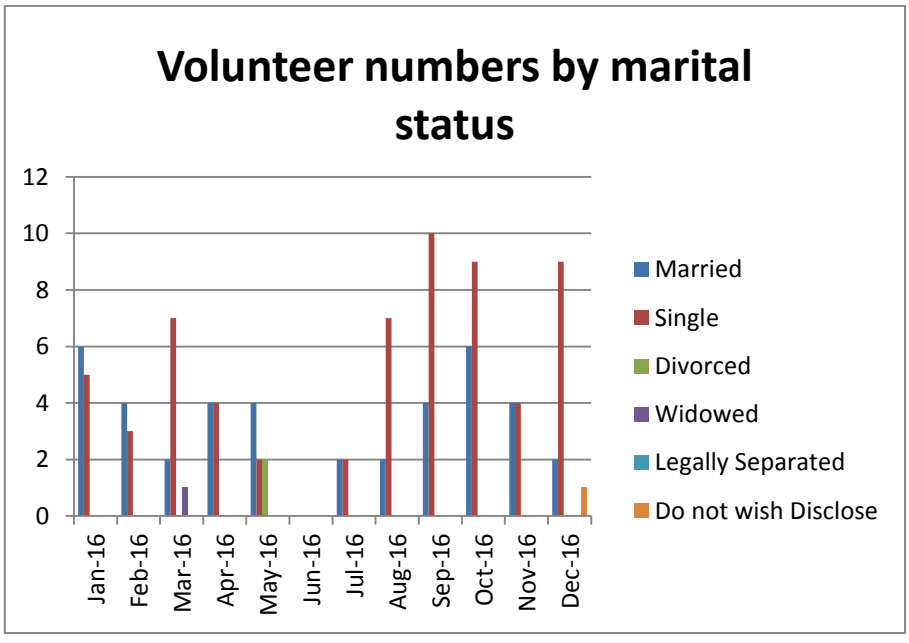
Appendix 1

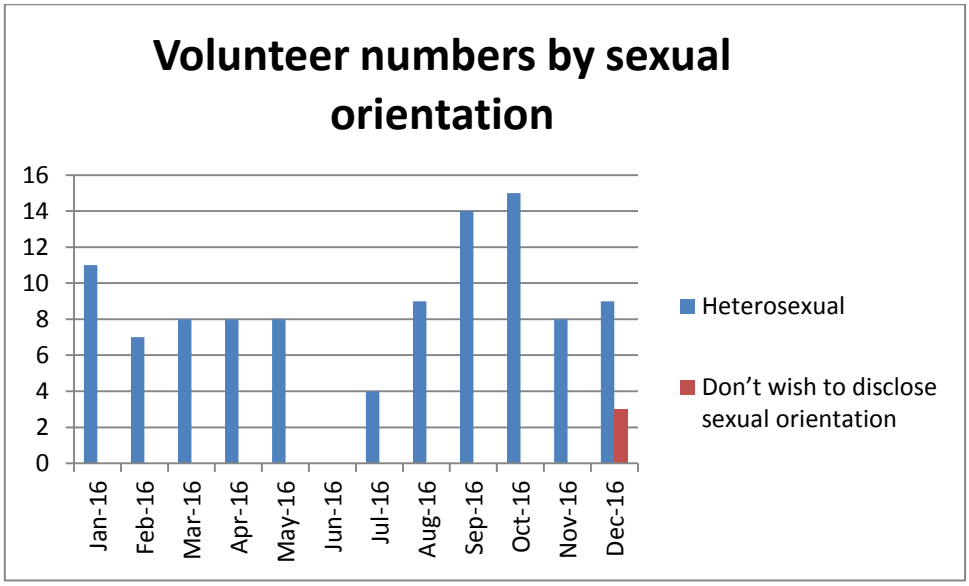
Volunteer Equality and Diversity Monitoring Information

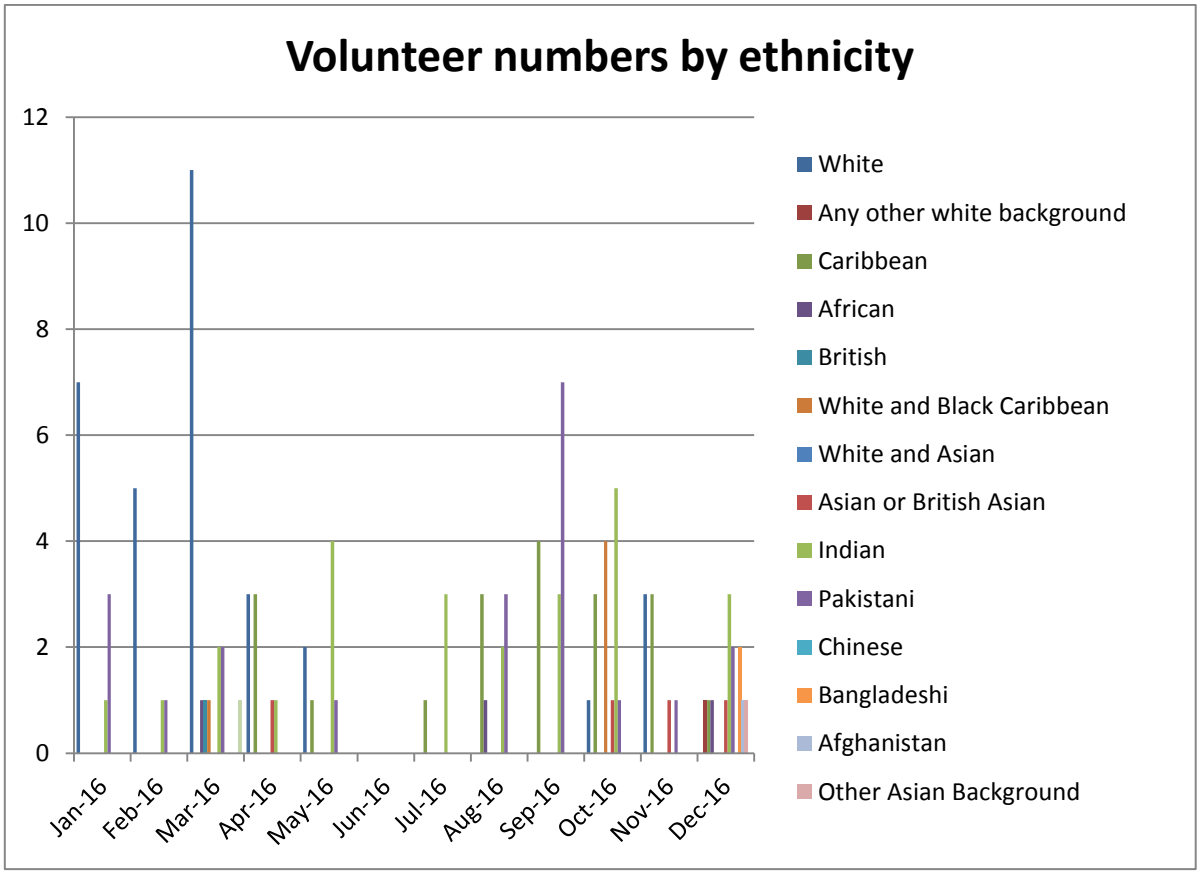
Equality Act 2010

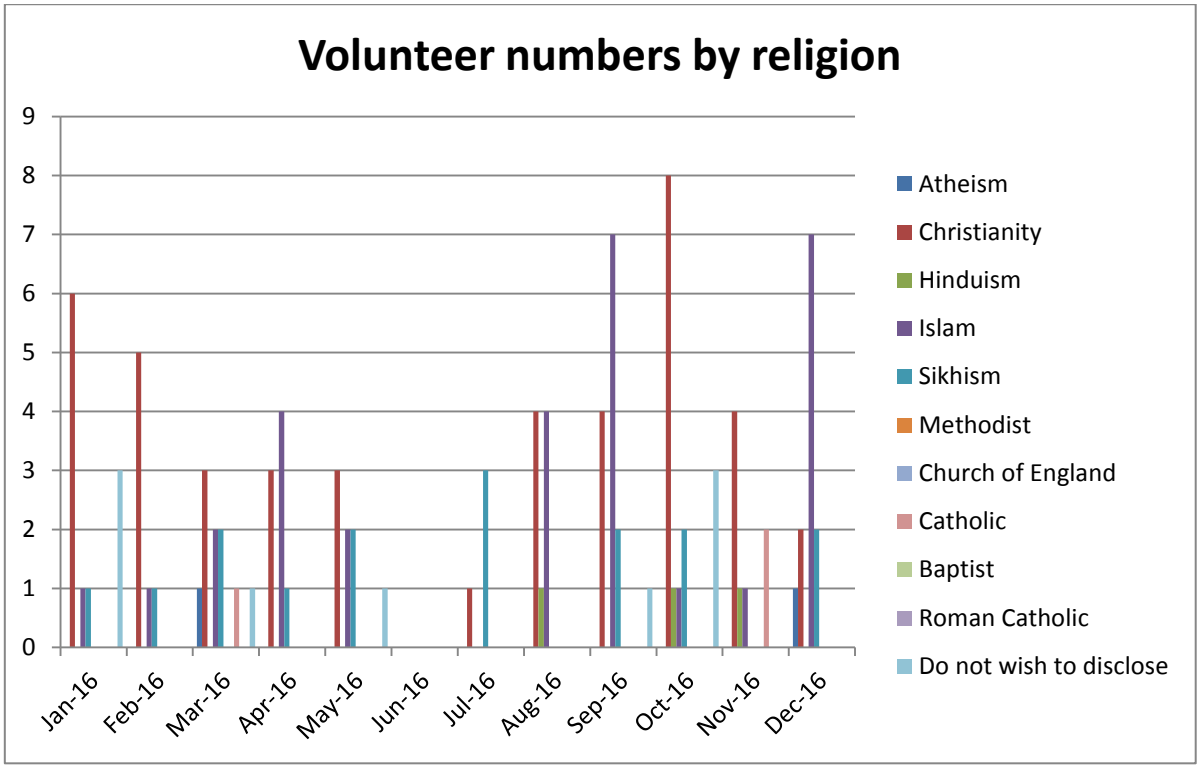
The Equality Act 2010 protects people against discrimination on the grounds of age, sex, sexual orientation, religion and belief, ethnicity, disability, marriage and civil partnership, pregnancy and maternity and gender reassignment.

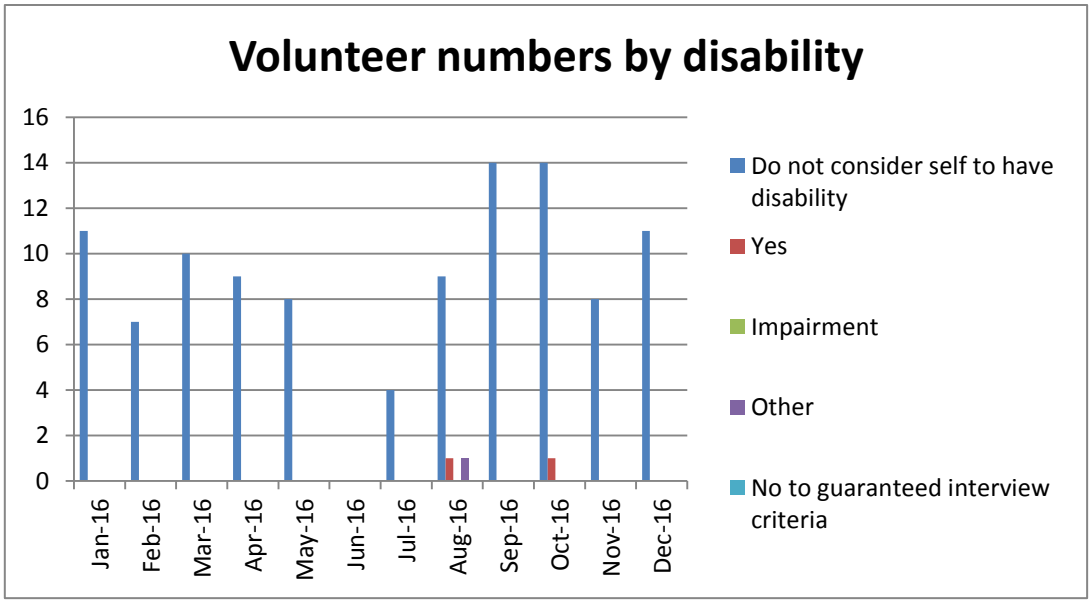





Volunteer numbers by sexual orientation
16
14
12
10
8
6
4
2
0
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Heterosexual
Don't wish to disclose sexual orientation


Volunteer numbers by ethnicity
12
10
8
6
4
2
0
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
White
Any other white background
Caribbean
African
British
White and Black Caribbean
White and Asian
Asian or British Asian
Indian
Pakistani
Chinese
Bangladeshi
Afghanistan
Other Asian Background


Volunteer numbers by religion
9
8
7
6
5
4
3
2
1
0
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Atheism
Christianity
Hinduism
Islam
Sikhism
Methodist
Church of England
Catholic
Baptist
Roman Catholic
Do not wish to disclose


Volunteer numbers by disability
16
14
12
10
8
6
4
2
0
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Dec-16
Do not consider self to have disability
Yes
Impairment
Other
No to guaranteed interview criteria

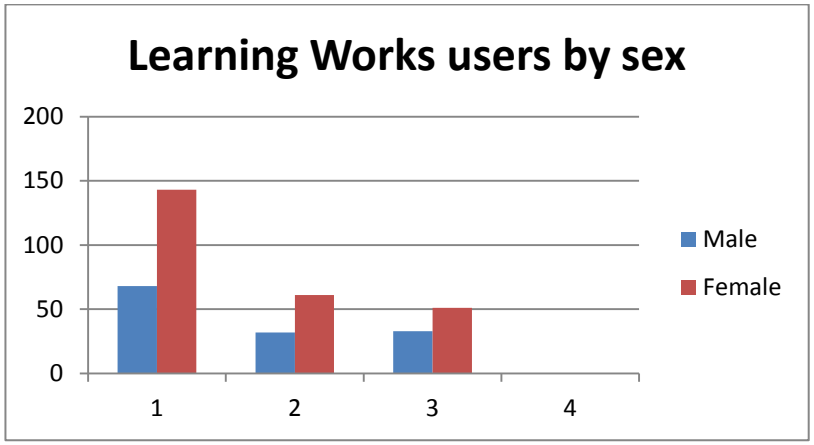
Appendix 2

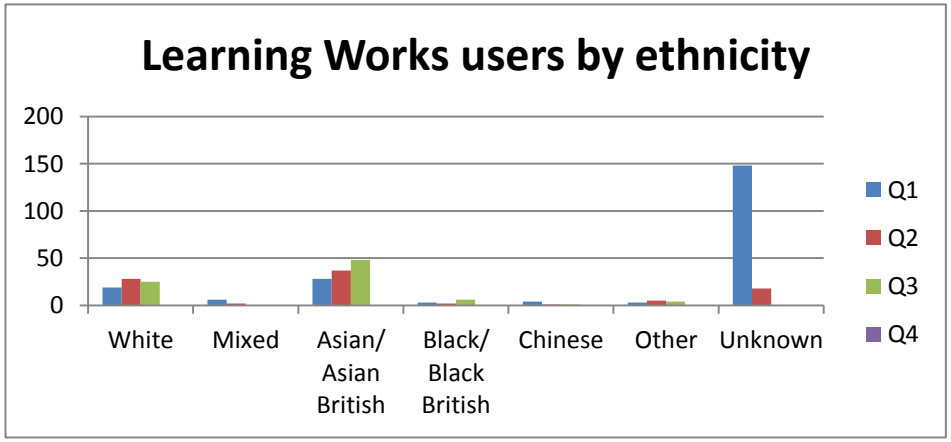
Apprentices – 1st January – 31st December 2016

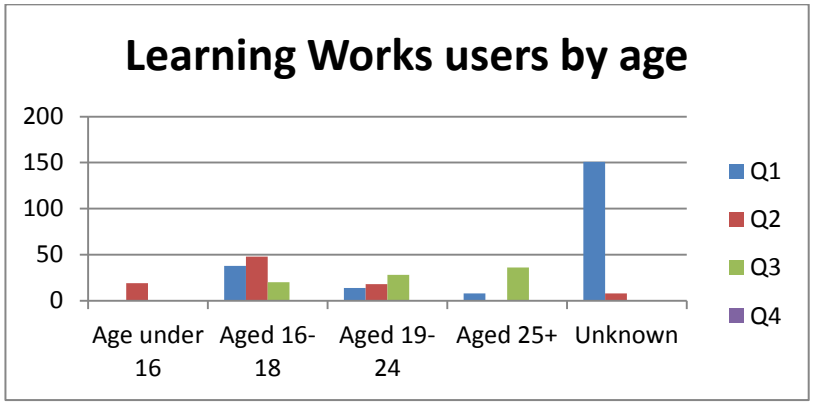
Gender		Age		Religion		Ethnicity		Sexual Orientation		Marital Status		Disability	
Male	24	16-18	1	Atheist	1	Bangladeshi	3	Heterosexual	18	Married Female	26	Physical	1
Female	69	19-24	8	Christian	9	British	3	Bisexual	1	Single Female	28	Mental Health	1
		25-30	4	Islam	6	Pakistani	4	Nondisclosure	3	Non-disclosure	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						

Appendix 3

Learning Works Demographic 2016



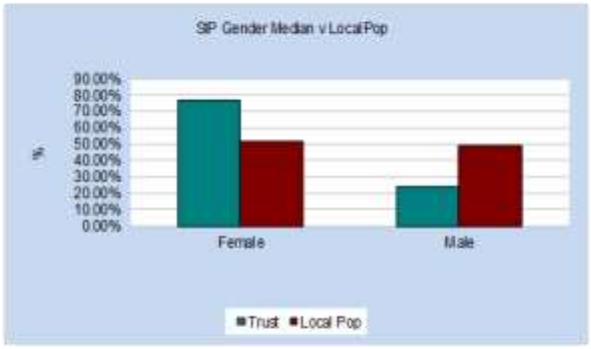


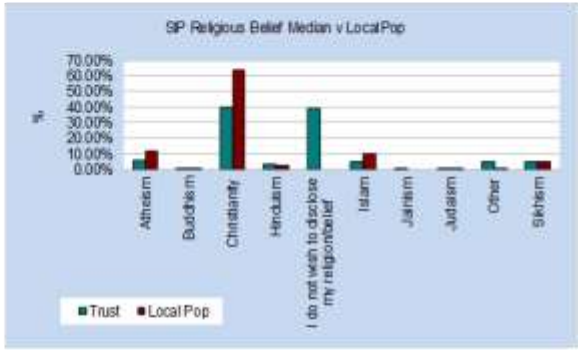


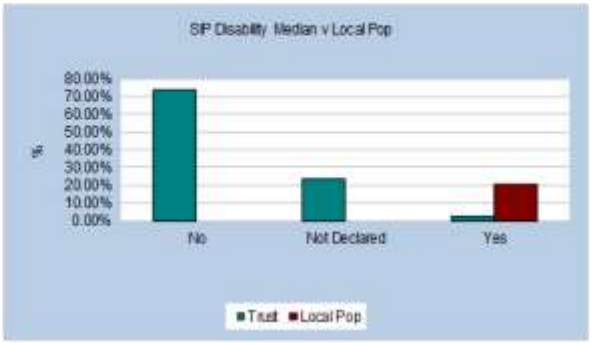
Diversity (SIP) Scorecard

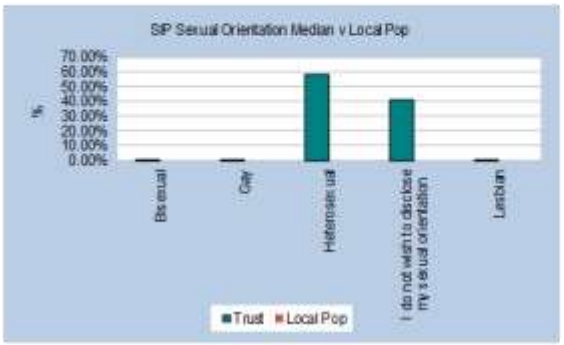
All Data from ESR, unless stated otherwise

Component	Category	Jan-16		Feb-16		Mar-16		Apr-16		May-16		Jun-16		Jul-16		Aug-16		Sep-16		Oct-16		Nov-16		Dec-16		Comparison	
		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	1,235.31	1,388	1,244.52	1,400	1,245.24	1,400	1,251.85	1,406	1,257.57	1,411	1,258.56	1,411	1,250.30	1,398	1,240.36	1,387	1,237.70	1,384	1,243.94	1,387	1,264.71	1,409	1,272.41	1,415	**20.45%**	**19.69%**
	Black	602.57	693	614.53	708	617.98	712	617.93	713	616.96	714	613.94	706	613.04	704	613.90	705	611.43	703	611.61	704	634.00	730	630.30	723	**10.03%**	**6.16%**
	Mixed Heritage	139.43	155	141.83	158	141.43	158	139.85	158	142.84	161	146.36	165	147.17	166	144.41	164	139.11	158	139.82	159	146.65	167	147.29	168	**2.36%**	**3.08%**
	Not Stated	502.66	584	500.81	582	493.82	572	490.79	568	488.24	566	485.66	563	479.35	557	479.15	557	465.41	543	466.45	544	462.88	540	462.30	538	**7.83%**	**0.00%**
	Other Ethnic Group	172.50	183	174.30	185	177.40	188	179.89	191	175.83	187	176.64	188	175.84	187	170.81	182	158.21	169	154.03	164	155.13	165	155.95	166	**2.79%**	**2.07%**
	White	3,519.63	4,084	3,526.00	4,094	3,512.00	4,078	3,485.59	4,047	3,482.40	4,042	3,475.65	4,030	3,456.47	4,010	3,455.69	4,008	3,450.43	3,999	3,451.24	3,995	3,466.41	4,011	3,461.64	4,000	**56.55%**	**68.99%**
Gender	Female	4,698.10	5,538	4,724.71	5,575	4,718.06	5,565	4,691.44	5,534	4,691.68	5,533	4,685.36	5,514	4,666.18	5,492	4,656.23	5,481	4,618.53	5,438	4,622.94	5,435	4,677.69	5,497	4,678.92	5,488	**76.31%**	**51.10%**
	Male	1,474.00	1,549	1,477.29	1,552	1,469.82	1,543	1,474.46	1,549	1,472.16	1,548	1,471.45	1,549	1,455.99	1,530	1,448.10	1,522	1,443.76	1,518	1,444.15	1,518	1,452.08	1,525	1,450.96	1,522	**23.69%**	**48.90%**
Disability	No	4,512.99	5,141	4,531.95	5,165	4,522.14	5,153	4,513.66	5,147	4,512.40	5,146	4,524.93	5,149	4,503.14	5,122	4,518.92	5,141	4,491.93	5,110	4,491.23	5,104	4,549.21	5,169	4,554.33	5,166	**73.98%**	
	Not Declared	1,505.53	1,771	1,511.27	1,780	1,505.75	1,773	1,495.26	1,757	1,492.85	1,754	1,473.03	1,732	1,459.71	1,718	1,428.56	1,682	1,412.35	1,665	1,413.85	1,664	1,417.54	1,667	1,415.66	1,662	**23.41%**	
	Yes	153.57	175	158.78	182	159.98	182	156.98	179	158.59	181	158.85	182	159.31	182	156.85	180	158.01	181	162.01	185	163.03	186	159.89	182	**2.60%**	**20.69%**
Religious Belief	Atheism	339.60	367	341.69	370	342.14	370	340.44	368	341.14	369	336.16	365	336.86	368	343.76	375	336.36	368	344.96	375	350.18	381	346.89	378	**5.59%**	**11.44%**
	Buddhism	21.62	23	21.62	23	24.62	26	24.82	26	24.82	26	27.62	29	27.62	29	28.62	30	23.39	25	22.50	24	21.50	23	20.31	22	**0.41%**	**0.21%**
	Christianity	2,383.81	2,731	2,392.04	2,742	2,405.78	2,756	2,393.01	2,742	2,398.45	2,748	2,404.15	2,748	2,396.46	2,738	2,397.19	2,737	2,388.56	2,727	2,392.01	2,728	2,424.30	2,765	2,429.65	2,763	**39.27%**	**63.88%**
	Hinduism	156.59	174	157.96	176	159.51	177	158.91	176	155.39	173	159.93	178	159.47	177	156.47	174	159.01	176	156.24	173	156.44	173	161.94	178	**2.60%**	**1.98%**
	I do not wish to disclose	2,459.49	2,873	2,465.40	2,884	2,428.17	2,843	2,420.80	2,835	2,405.29	2,818	2,388.92	2,795	2,370.20	2,773	2,352.36	2,756	2,334.06	2,736	2,320.17	2,719	2,324.09	2,722	2,312.02	2,706	**38.54%**	**0.00%**
	Islam	264.46	300	269.04	305	268.60	304	271.81	307	278.51	314	280.16	316	273.93	308	273.31	308	270.05	303	269.78	303	282.56	315	283.16	316	**4.49%**	**9.47%**
	Jainism																	3.00	3	3.00	3	3.00	3	3.00	3	**0.05%**	**0.00%**
	Judaism	2.00	2	2.00	2	2.00	2	2.00	2	3.00	3	3.00	3	3.00	3	3.00	3	287.03	320	294.48	327	296.11	330	297.57	331	**0.05%**	**0.14%**
	Other	276.51	305	282.25	311	288.63	318	288.97	320	290.96	323	290.56	323	290.59	324	288.42	322	258.82	296	261.96	299	269.59	308	273.34	311	**4.73%**	**0.21%**
	Sikhism	268.00	312	269.99	314	268.42	312	265.15	307	266.29	307	266.29	306	264.04	302	261.20	298	2.00	2	2.00	2	2.00	2	2.00	2	**4.28%**	**4.90%**
Sexual Orientation	Bisexual	13.71	16	13.51	16	12.51	15	12.51	15	13.31	16	13.92	17	13.92	17	13.92	17	14.92	18	15.92	19	16.92	20	16.25	19	**0.23%**	
	Gay	44.03	45	44.03	45	43.03	44	42.64	44	44.64	46	49.56	51	50.36	52	50.36	52	51.56	53	52.56	54	50.56	52	51.56	53	**0.82%**	
	Heterosexual	3,478.34	3,935	3,502.22	3,963	3,523.38	3,984	3,511.19	3,972	3,520.46	3,983	3,531.37	3,990	3,515.33	3,971	3,517.60	3,974	3,491.66	3,946	3,507.82	3,960	3,574.97	4,035	3,588.56	4,041	**57.62%**	
	I do not wish to disclose	2,620.50	3,075	2,626.73	3,087	2,593.45	3,049	2,584.05	3,036	2,570.92	3,021	2,547.52	2,990	2,526.37	2,965	2,506.26	2,943	2,487.62	2,922	2,474.06	2,903	2,470.60	2,898	2,456.78	2,880	**41.06%**	
	Lesbian	15.51	16	15.51	16	15.51	16	15.51	16	14.51	15	14.43	15	16.18	17	16.18	17	16.53	17	16.73	17	16.73	17	16.73	17	**0.27%**	









Patient Data Disaggregated by Sex

A & E	Count
Both	34
Female	96468
Male	102771
Not Known	0
Total	**199273**
Inpatients	
Both	7
Female	79076
Male	63558
Not Known	0
Total	**142641**
Outpatients	
Both	4
Female	586714
Male	403098
Not Known	0
Total	**989818**
Grand Total	**131730**

Patient Data Disaggregated by Age

A & E	Count
Age Between 00-12	27473
Age Between 13-18	12517
Age Between 19-40	68186
Age Between 41-60	46769
Age Between 61-80	31185
Age Between 81+	13143
Total	**199273**
Inpatients	
Age Between 00-12	17684
Age Between 13-18	3254
Age Between 19-40	29687
Age Between 41-60	31121
Age Between 61-80	41178
Age Between 81+	19717
Total	**142641**
Outpatients	
Age Between 00-12	60545
Age Between 13-18	27414
Age Between 19-40	276798
Age Between 41-60	258405
Age Between 61-80	281220
Age Between 81+	85434
Total	**989816**
Grand Total	**1331730**

Patient Data Disaggregated by Ethnicity

A & E	Count
Any Other Ethnic Group	8661
Asian/Asian Brit - Bangladeshi	4976
Asian/Asian Brit - Indian	21828
Asian/Asian Brit - Pakistani	15590
Asian/Asian Brit-any oth Asian b/g	6177
Black/Blk Brit-African	4559
Black/Blk Brit-Caribbean	13272
Not Stated	7897
Other	11096
Unknown	14942
White - any other White b/g	14338
White - British	75937
Total	**199273**
Inpatients	
Any Other Ethnic Group	4337
Asian/Asian Brit - Bangladeshi	3715
Asian/Asian Brit - Indian	15258
Asian/Asian Brit - Pakistani	9196
Asian/Asian Brit-any oth Asian b/g	2611
Black/Blk Brit-African	3145
Black/Blk Brit-Caribbean	10118
Not Stated	5901
Other	6938
Unknown	11157
White - any other White b/g	9972
White - British	60293
Total	**142641**
Outpatients	
Any Other Ethnic Group	25886
Asian/Asian Brit - Bangladeshi	26561
Asian/Asian Brit - Indian	115118
Asian/Asian Brit - Pakistani	70733
Asian/Asian Brit-any oth Asian b/g	19318
Black/Blk Brit-African	22937
Black/Blk Brit-Caribbean	67475
Not Stated	48414
Other	45905
Unknown	98876
White - any other White b/g	64344
White - British	384249
Total	**989816**
Grand Total	**1331730**

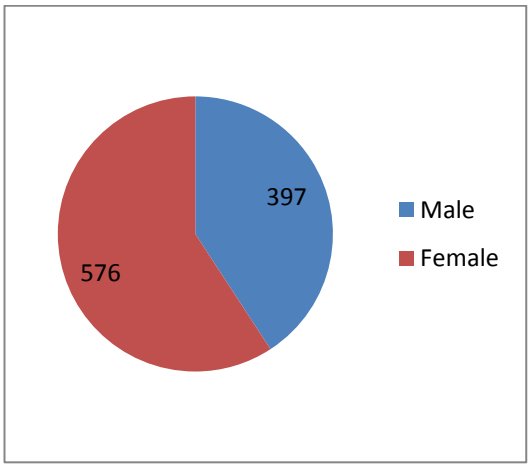
Patient Data Disaggregated by Religion

A & E	Count
Church of England	38101
Ismaili Muslim	384
Not Religious	2956
Other	33
Unknown	157723
Protestant	9
Patient Religion Unknown	21
Buddhist	22
Radha Soami	5
Religion (Other Not Listed)	6
Romanian Orthodox	5
Orthodox Jew	4
Native American Religion	4
Total	**199273**
Inpatients	
Christian	9542
Church of England	38602
Hindu	3706
Methodist	2036
Muslim	16259
Not Religious	4172
Other	5542
Pentecostalist	1171
Religion not given - PATIENT refused	6643
Roman Catholic	8519
Sikh	9437
Unknown	37012
Total	**142641**
Outpatients	
Christian	51708
Church of England	218074
Hindu	24446
Methodist	11601
Muslim	105414
Not Religious	21009
Other	31550
Pentecostalist	6641
Religion not given – PATIENT refused	43037
Roman Catholic	48378
Sikh	61366
Unknown	366592
Total	**989816**
Grand Total	**1331730**

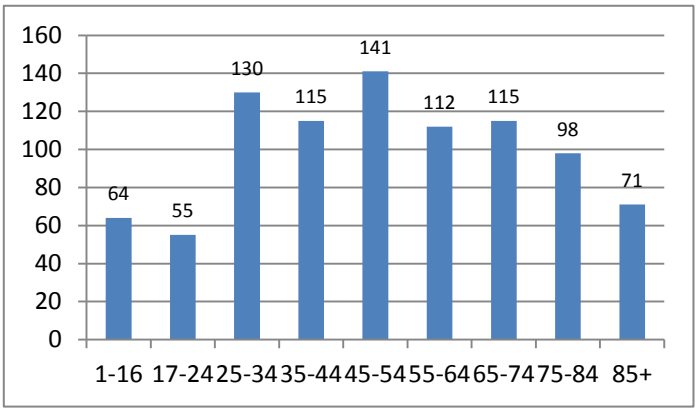
Patient Data Disaggregated by Marital Status

A & E	Count
Civil Partner	152
Divorced	2096
Married	24246
Not Disclosed	36
Not Known	52
Other	163
Separated	505
Single	51714
Surviving Civil Partner	119
Unknown	117284
Widowed	2906
Total	**199273**
Inpatients	
Divorced	2483
Married	28544
Not Disclosed	83645
Separated	459
Single	22899
Unknown	71
Widowed	4540
Total	**142641**
Outpatients	
Civil Partner	630
Divorced	14576
Married	197444
Not applicable	142
Not Disclosed	237
Other	877
Separated	2533
Single	163343
Surviving Civil Partner	554
Unknown	590366
Widowed	19114
Total	**989816**
Grand Total	**1331730**

Subject of complaint – Gender
(excluded those complainants where gender not known)



Subject of complaint - Age
(excluded those complainants where age not known)



Subject of complaint – Ethnicity
(excluded those complainants where ethnicity not known)