

EQUALITY and INCLUSION REPORT

Published January 2018



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EVERYONE
Matters

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Executive Summary

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

- Eliminating unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality 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.
- Delivering on our Trust values and promises to be a more inclusive employer

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 Inclusion is a board responsibility and sits within the portfolio of the Executive Director of People and Organisation Development. It remains a key priority of the Trust that we are compliant with the Care Quality Commission, the Equality, Diversity and Human Rights (EDHR) Public Sector Duties in line with the Equality Act 2010.

The Trust has made significant progress over the past 2 years in ensuring that the well-being of patients, visitors and staff remains central to all of its functions, achieving 70% of Good or Outstanding ratings during the 2017 CQC Inspection. 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 7000 colleagues work hard to create an environment which ensures equality 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 right across the clinical and non-clinical bodies, 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. We have fully involved ourselves in the launch and reporting of the Workforce Race Equality Standard (WRES) and will respond to any new national reporting to demonstrate our commitment to inclusion and share our learning with others.

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 ambitious 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 Trust Charity will also reinforce this work.

Public Sector Publishing Obligations

The aim of the Public Sector Equality Duty 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 the people we serve.

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

Currently all areas of the Trust record some data on protected characteristics. It is a key priority for 2018 for all 9 of the characteristics to be recorded.

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 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 (which is also our stand-alone Birth Centre's base). Our Trust received an 'Outstanding for Care' rating in the 2017 CQC Inspection.

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 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.

Committed to public health and local regeneration

We are a key partner in efforts to change the shape of care in our area. Our intention is to provide substantially more care at home and rely less on acute hospitals. We aim to move 350,000 appointments out of traditional settings and close a further 20% of our hospital beds, as we have safely closed 25% over the last ten years. Whilst most of the programme involves investment in GP surgeries and health centres, we still plan to relocate our acute care into a single purpose built hospital. Our vision is to be the best integrated care organisation in the NHS by 2020.

Midland Metropolitan Hospital

A site on Grove Lane in Smethwick has been purchased for this purpose, following public consultation in 2006. Our plans were approved in 15 and we will open our new facility in 2019. The new hospital will act as a major employment opportunity for local people, including apprentices employed directly by Carillion and the Trust, and is part of a wider scheme to develop the area adjacent to the site including economic improvements for local people. Carillion are sourcing local materials, labour and resources, and it is envisaged this will have a significant impact on the local population.

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 work experience joint working. We are

partners in the Sandwell College, within the Black Country STP and 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 who lead on our 'Use It' programme that places qualified health care refugees in to work placements in our Trust.

Investing in the future

Each year we spend approximately £25m on new equipment and expanding services. This is generated by the savings we make in how we provide care. This includes consistently meeting NHS-wide efficiency requirements. We report financial results annually and typically target a surplus of around 1.5% of turnover, which we re-invest in patient care. 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:

- 5,954 babies were born at our Trust.
- There were 199,437 patient attendances plus 33,265 attendances seen under GP triage at our emergency departments with over 38,994 people admitted for a hospital stay.
- 45,950 day case procedures were carried out.
- 526,945 patients were seen in our outpatient departments.
- Over 650,000 patients were seen by community staff.

Trust Vision

Sandwell and West Birmingham Hospitals NHS Trust provides care to over half a million local residents. One and a half million times each year someone has contact with one of our 7,000 staff.

National Voices, a national coalition of health and social care charities in England, were tasked with developing a definition for person-centred coordinated care in 2013. This definition has been developed to take away the jargon of integration, and describe what this really means, feels and looks like from a patient's point of view. It is this definition we adopted in 2014 to set the direction for our organisation. This definition clearly puts patients, their families and carers in the driving seat when it comes to their care.

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me"

Skilled, motivated people provide the best care. Teamwork is always at the heart of what we do, and good integrated care relies on inter-disciplinary working. We need to involve people, be clear with them, and support them in making the changes that we know need to be made. This is a Trust "where everyone matters".

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 2017 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/about-us/trust-publications/2017-2/>

1.2 **Demography of Local Population**

- Both Sandwell and West Birmingham are considered to be parts of the most diverse urban areas of Britain.
- The population of Sandwell is approximately 308,063. The population of West Birmingham is 435,577.
- There are more females (50.8%) than males (49.2%) within Birmingham as a whole. West Birmingham also has more females (50.2%) than males (49.8%) although the ratio is slightly closer than Birmingham. Sandwell also has more females (50.8%) than males (49.2%).
- Both Sandwell and Birmingham have a youthful population.
- In England, more than 81,000 households were found to be homeless during 2012, which is an increase of 7% from 2011.
- The percentage of residents from the major religions within Sandwell are –Christian (55.2%), Sikh (8.7%), Muslim (8.2%), Hindu (2.2%), Buddhist (0.2%) Those with no Religion are 18.7%. The figures for West Birmingham are Christian (41.8%) Muslim (24.2%), Sikh (5.0%), Hindu (3.0%), Buddhist (0.6%), Jewish (0.2%). Those with no religion (17.7%).
- It is estimated that the current Lesbian, Gay, Bisexual (LGB) and Transgender population of Birmingham stands at 6 - 10%.
- Both Sandwell and Birmingham are ranked within the top twelve most deprived areas in the country.

1.3 **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.

1.3.1 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.

1.4 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:

- Been recognised as a Disability Confident employer
- Won the national ENEI Inclusive Culture award
- Winner of the Sandwell and West Birmingham CCG partnership award for Excellence in Equality
- BME, Disability and LGBT Staff networks highly commended for Star Awards Public Health and Equalities Award
- Piloting Deaf Awareness training session for all levels of colleagues
- Introduced designated Gender Neutral toilet facilities
- Introduction of 6 Learning Disability pledges – update below;

<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>GP's have agreed information sharing with the trust to ensure patients are flagged so staff are aware on admission that a patient has an LD</p> <p>All 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>Trust leaflets have been developed to inform staff of reasonable adjustments</p> <p>Reasonable adjustments are discussed and outlined on trust induction LD training</p> <p>No current record is kept to identify reasonable adjustments</p> <p>Awaiting to commence 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>Trust achieved target of 400 staff within emergency portals received LD awareness training</p> <p>LD awareness on trust induction</p> <p>When LD Nurse is in post further work will be done to provide 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>Clinical areas have been provided with hospital passports</p> <p>EPR in development to support this</p> <p>Increased support to facilitate hospital passports and monitoring will be provided when LD nurse in post</p>
<p>Not employing less than 40 staff with a learning Disability within SWBH's</p>	<p>Target achieved</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>4 staff members have received LeDeR (The Learning Disabilities Mortality Review) training. Trust will contribute to the national LeDeR program</p>

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

- The full commitment of the Trust Board.
- Continuous improvement of policies and practices.
- Effective community engagement activities.
- Equality Impact assessments of our policies, services and functions.
- Corporate Equality Delivery System (EDS2).
- WRES (Workforce Race Equality Standard) reporting framework.

Section Two – Equality Activities

The Trust supports its local communities by providing quality health care that meets their needs, and ensuring 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 (20% of the population). Hearing loss affects both those born deaf and those who acquire it later in life, and whilst there has been substantial progress made in improving the health services available, significant challenges remain. More needs to be done on prevention, early diagnosis and support for those who have permanent hearing loss. 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.

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.
- Launched 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.
- Working with the Patient Experience manager jointly submitted a bid for Charitable Funds for monies to support the training of 360 front line staff.
- 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.
- We have been assured by the New Hospital Project team that hearing loops will be available within Midland Metropolitan Hospital (MMH).

What we still need to do

- For the future, the new hospital project team are working with Carillion 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 **Equality Delivery System (EDS2)**

In April 2010 the Equality Act was published with a phased implementation to commence in October 2010. 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 have developed our own Trust 'Local Interest Group' comprising of local people representing the majority of the Protected Characteristics.

In partnership with our Local Interest Group we undertake assessments with service leads and staff members as part of the Trust initial equality performance analysis.

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 current phase of the Trust EDS2 rollout programme we have successfully completed a corporate assessment which has been fully rag rated in accordance with the EDS2 toolkit.

2.1.3 Grading Outcome

The Sandwell and West Birmingham Hospitals (SWBH) EDS2 has been graded Green (Achieving). An action plan has been developed to address issues/concerns. This rating illustrates 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 one of the non executive Directors, Prof Kate Thomas. 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.

To see a copy of the SWBH EDS2 2017 see Appendix 3.

2.2 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.

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 QIHD corporate learning module on Inclusion and diversity • Develop module of ‘SWBH Accredited Line Manager’ on inclusion and diversity • Design and deliver a managers 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
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 WRES • Intensive training for Organisation Development team • Monitor protected characteristics data of PDR completion and scoring
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
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 2017 for recruitment and awareness raising • Join Stonewall and take part in regional conferences and workshops



	<ul style="list-style-type: none"> • 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 2018 • 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
5	<p>To ensure a safe and inclusive environment for transgender staff.</p> <ul style="list-style-type: none"> • 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 2017
6	<p>Review the use of EDS 2 and develop and implement a 'Trust EDS' 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
7	<p>To ensure a safe and inclusive working environment for 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 2016/7 WRES using best practise from the WRES report released on 18th April • 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



	<ul style="list-style-type: none"> • 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
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.
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> <p>e.g.</p> <ul style="list-style-type: none"> • February LGBT History Month • October Black History Month • Religious Celebrations • International Women's Day • Mental Health Awareness

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.

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. • Remembering the Disability Discrimination Act. It requires us to make ‘reasonable adjustments’ so staff may have to do some things differently to achieve the same health outcomes.
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
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



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
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.

2.3 Training

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, including a specific session on LGBT by Ellie Barnes OBE in the past 12 months.

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 the equality 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 advice and support to managers or staff members.

The E&D team are 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 financial savings 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
- Quality Improvement patient and carer steering 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, telephone feedback, phone, texts and staff directly talking and listening to patients and carers informally. The 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 2017:

- Corporate Nursing revised roles and strategy in approach to patient experience with a strong emphasis on patient centred care, carer involvement and staff engagement and an improvement plan around patient and carer feedback
- Ongoing work around 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 more than 50 volunteers to support patients with dementia, delirium and distress facilitated by the Dementia Lead Nurse
- Continued collection, collation, analysis and reporting of Friends & Family test in : inpatients, Emergency Department, maternity, Outpatients - 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
- Agreement to work in partnership with "Kissing it Better" to promote closer working with colleges to enable students to provide support 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 to respond to family needs
- Commenced a Quality Improvement Patient and Carer Steering Group. This group provides a space for service users and carers to input into and influence quality improvements for carers and services within the trust. This forum ensures patients and carers voices and opinions are heard, to work collaboratively with the trust to review projects and scrutinise project outcomes.
- Commenced a monthly carer support group based at Rowley Regis to provide emotional and practical support for carers and families of patients requiring further care or 24 hour care on discharge

- Development of Carer's page on trust internet site for carers in the community to review the services we offer for carers and be signposted for support within our local community

Challenges for 2018

- Patient Experience strategy – co-ordination with other teams receiving intelligence regarding patient experience such as PALS, complaints etc
- 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 Community Engagement

During the year we have continued developing our partnerships with local community and voluntary organisations to further embed the Trust within the community that it serves. The internal community engagement network within the Trust has established a subgroup who reviewed our partnerships and set out the partnerships we seek to develop.

2.7.1 Launch of the Sapphire Service

Funded through a grant from Your Trust Charity, the Sapphire Service began in 2017 as a partnership between Agewell and the West Bromwich African Caribbean Resource Centre. The service aims to identify inpatients who are at risk of social isolation and to provide them with support on discharge and follow-up back in the community when they leave hospital. The service has already exceeded the expected number of patients it supports.

2.7.2 Sandwell CARES

The Trust has also welcomed the support of Sandwell CARES, again aided by funding from Your Trust Charity, who are supporting carers of relatives who are being cared for on our wards. Their work aims to provide the right assistance to unpaid carers and raise awareness of carers' needs.

2.7.3 Independent Domestic Violence Advisors

Our project provided in partnership with Black Country Women's Aid has progressed well throughout the year demonstrating the benefits of specialist advisors working within our emergency departments who are able to provide immediate help for people who have experienced domestic abuse or who are at risk. The advisors have also been able to support and train staff within the department so that there is greater awareness.

2.7.4 Engaging with our diverse community

During the year we worked in partnership with Birmingham City Council and the Birmingham and Solihull Mental Health NHS Trust on a listening event for Eastern European groups. We heard how we can become better engaged in that community and have committed to working with them on information to help explain how to access NHS care.

2.7.5 Volunteer Service

During the year, our 200th volunteer was placed into a volunteering role and we are now consistently meeting our targets to recruit and place 30 volunteers each month. We are able to report that our volunteer service is reflective of the community it serves with representation across age, gender and ethnic background. We continue to recruit from targeted communities to ensure we continue to reflect the Sandwell and West Birmingham population.

The Trust is one of five national pilot schemes in collaboration with national health care volunteering organisation, HelpForce, and we have received funding to appoint a project manager. Our aim with the pilot is to test out two or three new volunteering interventions that can demonstrate an impact on patient care as people access or are discharged from hospital. We will begin implementing the interventions in early 2018. **(For a copy of the Volunteer data see Appendix 4).**

2.7.6 Your Trust Charity

Your Trust Charity continues to work in partnership with the local community. We have had significant support from local schools who provide refreshments to patient and visitor areas at Rowley Regis Hospital and in our paediatric wards. They have continued to fundraise for the charity and are planning further events in 2018.

With the appointment of a Major Grants Manager, the charity is seeking further external funding to run schemes, as lead or support partner, to better support our local communities.

2.7.7 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.

Part of this engagement will lead to establishing a network of community ambassadors for the new hospital as well as a team of 80 volunteers who will be present as the hospital opens in 2019.

2.8 SWBH Learning Works

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

Launched in 2013, The Learning Works has been a true example of local partnership, working closely with a number of local organisations in the West Midlands including Sandwell Council, Jobcentre Plus, Birmingham Youth promise, Brushstrokes 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 95% 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. **(Work Experience and Traineeship statistics can be found at Appendix 6 & 7).**

2.9 Apprenticeships

As an employer of choice for apprenticeships SWBH apprenticeship recruitment centre is embedded in the heart of our local diverse community. Our organisation is committed to making apprenticeships inclusive and accessible to all. We encourage applications from local people to join us and start their career journey in the NHS. Recruiting over 100 apprentices each year into a wide range of professions and job roles. We pride ourselves in providing excellent vocational education and functional skills in Maths, English and ICT.

As an organisation we are proud to encourage and attract a range of individuals who represent our local community and the diversity contained within it **(Apprenticeship stats can be found at Appendix 5).**

2.10 Live and Work Project

This innovative scheme helping homeless young people into employment by providing apprenticeships and accommodation commenced 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 Live and Work programme have achieved 11 **full** Apprenticeship QCF completions, 7 Health and Social Care, 2 Customer Service and 2 Business Administration. After their Apprenticeships their destinations have been employment at our Trust, joined the Trust Bank or entered Higher education, which is a fantastic achievement.

We're working with St Basil's to improve our joint communications with new videos incorporate the local area and the attractions for young people in addition to the opportunity of living accommodation and an Apprenticeship. Over the next twelve months we will hope to have secured an additional accommodation block, to support a "move-on" strategy for the Apprentices at the end of their 12 month programme, which will also support the young workers to live independently and remain benefit free. This scheme was visited by HRH Duke of Cambridge in December 2016.

2.11 Community Greenhouses

The Trust, in partnership with Summerfield Residents Association last year 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 scheme has encouraged 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 2017 – November 2017 (**Appendix 8**).

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 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 Staffside partners on a monthly basis at the JCNC.

3.3 Pay Gap Audit

The Trust undertook an equal pay audit in 2013 (and is in the process of carrying out another 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 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, this is outside the norm for the region and nationally. Director’s salaries are declared in detail within 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. This will be reviewed in early 2018.

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 made compulsory.

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 first phase of the WRES focused on supporting the system to understand the nature of the challenge of workforce race equality and for leaders to recognise that it was their responsibility to help make the necessary changes.

3.4.1 WRES Phase Two

The next phase of the WRES will focus on enabling people to work comfortably with race equality. Through communications and engagement we will work to change the deep rooted cultures of race inequality in the system, learn more about the importance of equity, to build capacity and capability on knowledge and expertise of race issues. The WRES will continue to work to evidence the outcomes of the work that is done, publishing data intelligence and supporting the system by sharing replicable good practice.

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.

3.4.2 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 see Appendix 1 and the update can be found at Appendix 2).**

3.5 NHS National Staff Survey 2017

1250 staff were randomly selected from across all professional groups and pay bands to participate in the NHS national staff survey for 2017. We expect our results to be published early in 2018 that will allow us to benchmark our scores against other NHS organisations.

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.

(A breakdown of our patient data can be seen in Appendix 9).

4.0 Concerns and Complaints

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 10)**

4.1 PALS (now referred to as informal complaints)

Informal complaints 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. This year, there has been a renewed emphasis on encouraging local resolution within the Clinical Group/ Corporate Directorate without the intervention of the complaints team, thus further promoting accountability and improving the 'customer service' experience.

The collection of compliments has been identified as challenging in terms of consistency of reporting, although some are collected by Clinical Groups. This is to ensure that there is a balance in reporting, in regard to patients expressing concern, as well as gratitude. A network of telephone access points will be launched in February 2018 and will aid in collecting compliments, as well as providing access for patients to contact the complaints team for support.

5.0 Conclusion

This report shows that the Trust is compliant with its equality duties but more importantly it shows that the Trust is committed to 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 Equality Delivery System (EDS2) and aligned with the Care Quality Commission's 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 EDS2, to ensure that our Equality, Diversity, Inclusion and Human Rights strategy and objectives, prioritise the areas we need to improve.

WRES Report

For each of these four workforce indicators, compare the data for White and BME staff	Data for current year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
<p>1 Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p>	<p>Clinical Staff BME Under Band 1 - 0% Band 1 - 6% Band 2 - 18% Band 3 - 15% Band 4 - 10% Band 5 - 41% Band 6 - 31% Band 7 - 21% Band 8A - 16% Band 8B -12% Band 8C - 7% Band 8D - 5% Band 9 - 0% VSM - 0%</p> <p>Non Clinical Staff BME Under Band 1 - 0% Band 1 - 19% Band 2 - 17% Band 3 - 11% Band 4 - 16% Band 5 - 3% Band 6 - 2% Band 7 - 3% Band 8A - 8% Band 8B - 2% Band 8C - 7% Band 8D - 5% Band 9 - 0%</p>	<p>Clinical Staff BME Under Band 1 - 0% Band 1 - 6% Band 2 - 6% Band 3 - 25% Band 4 - 19% Band 5 - 45% Band 6 - 30% Band 7 - 21% Band 8A - 18% Band 8B -17% Band 8C - 13% Band 8D - 10% Band 9 - 0% VSM - 2%</p> <p>Non Clinical Staff BME Under Band 1 - 50% Band 1 - 29% Band 2 - 14% Band 3 - 9% Band 4 - 7% Band 5 - 3% Band 6 - 2% Band 7 - 2% Band 8A - 5% Band 8B - 0%</p>	<p>The data for this indicator shows that for Clinical BME staff there has been an increase in staffing levels at Bands 2 and 6 with a reduction across all other bandings.</p> <p>For Non Clinical BME staff there has been an increase in bands 2 - 4 and bands 7 - 8C.</p> <p>For White Clinical staff there has been a reduction across all bandings.</p> <p>Non Clinical White staff has seen a reduction at bands 2 and 6.</p>	<p>Review and redesign recruitment and selection processes to ensure that;</p> <ul style="list-style-type: none"> • Inclusion and diversity is included as a key aspect of all recruitment and selection training • Unconscious bias training is delivered to all recruiting managers • CV and interview skills workshops are run 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 WRES • Intensive training for Organisation Development team • Monitor protected characteristics data of PDR completion and scoring. <p>In addition we will further add to our portfolio of leadership development activities a series of structured development and mentorship programmes for people with PC</p> <ul style="list-style-type: none"> • Annual review of data and analysis, will be brought to the board • Release staff to 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%



	<p>VSM - 11%</p> <p>Clinical Staff White - Under Band 1 - 0%</p> <p>Band 1 - 19%</p> <p>Band 2 - 28%</p> <p>Band 3 - 37%</p> <p>Band 4 - 19%</p> <p>Band 5 - 41%</p> <p>Band 6 - 58%</p> <p>Band 7 - 65%</p> <p>Band 8A - 52%</p> <p>Band 8B - 55%</p> <p>Band 8C - 30%</p> <p>Band 8D - 37%</p> <p>Band 9 - 31%</p> <p>VSM - 0%</p> <p>Non Clinical Staff White</p> <p>Under Band 1 - 0%</p> <p>Band 1 - 37%</p> <p>Band 2 - 25%</p> <p>Band 3 - 28%</p> <p>Band 4 - 49%</p> <p>Band 5 - 8%</p> <p>Band 6 - 4%</p> <p>Band 7 - 6%</p> <p>Band 8A - 21%</p> <p>Band 8B - 32%</p> <p>Band 8C - 57%</p> <p>Band 8D - 47%</p> <p>Band 9 - 61%</p> <p>VSM - 78%</p>	<p>Band 8C - 5%</p> <p>Band 8D - 0%</p> <p>Band 9 - 0%</p> <p>VSM - 11%</p> <p>Clinical Staff White -</p> <p>Under Band 1 - 3%</p> <p>Band 1 - 30%</p> <p>Band 2 - 36%</p> <p>Band 3 - 47%</p> <p>Band 4 - 55%</p> <p>Band 5 - 47%</p> <p>Band 6 - 63%</p> <p>Band 7 - 71%</p> <p>Band 8A - 58%</p> <p>Band 8B - 70%</p> <p>Band 8C - 43%</p> <p>Band 8D - 80%</p> <p>Band 9 - 50%</p> <p>Non Clinical Staff White</p> <p>Under Band 1 - 47%</p> <p>Band 1 - 35%</p> <p>Band 2 - 26%</p> <p>Band 3 - 24%</p> <p>Band 4 - 19%</p> <p>Band 5 - 6%</p> <p>Band 6 - 5%</p> <p>Band 7 - 6%</p> <p>Band 8A - 19%</p> <p>Band 8B - 13%</p>		<ul style="list-style-type: none"> • 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
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		Band 8C - 39% Band 8D - 10% Band 9 - 50% VSM - 76%			
2	Relative likelihood of staff being appointed from shortlisting across all posts.	Number of shortlisted applicants - White - 2657. BME - 3159. Number appointed White - 419 BME - 358. Therefore White candidates are 1.39 times more likely than BME candidates to be appointed.	Number of short-listed applicants - 680. Appointed BME 262 Appointed white - 401. Therefore white candidates are 1.55 times more likely to be appointed than BME candidates.	The data indicates that there has been a reduction in the likelihood of white candidates being appointed over BME by 0.16 times	Review and redesign recruitment and selection processes to ensure that; <ul style="list-style-type: none"> • Inclusion and diversity is included as a key aspect of all recruitment and selection training • Unconscious bias training to be delivered to all recruiting managers • CV and interview skills workshops to be run 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 WRES • Intensive training for Organisation Development team • Monitor protected characteristics data of PDR completion and scoring
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	Data for the current year shows that BME staff are 0.65 times more likely to enter the formal disciplinary process.	BME staff were 1.11 times more likely than white staff to enter the formal disciplinary process.	There has been a reduction of 0.45 in the likelihood of BME staff entering the formal disciplinary process.	Increase recognition and knowledge of the value of inclusion within the leader and manager population <ul style="list-style-type: none"> • Develop training module, using an interactive story telling approach, through e-learning platform. • Deliver one QIHD corporate learning module on Inclusion and diversity • Develop module of 'SWBH Chartered Line Manager' on inclusion and diversity • Design and deliver a managers development workshop on inclusive leadership, as part of the 2017/19 leadership development offer.



				<ul style="list-style-type: none"> • 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 	
4	Relative likelihood of staff accessing non-mandatory training and CPD.	<p>Non-mandatory and CPD training attendance by ethnicity:</p> <p>White = 0.28%</p> <p>BME = 0.22%</p> <p>White staff were 1.25 times more likely than BME staff to attend non-mandatory and CPD training during this period.</p>	<p>Non-mandatory and CPD training attendance by ethnicity:</p> <p>White = 0.17%</p> <p>BME = 0.13%.</p> <p>White staff were 1.31 times more likely than BME staff to attend non-mandatory and CPD training during this period.</p>	<p>There has been a reduction of white staff accessing non mandatory training and CPD over BME staff by 0.06 times .</p>	<p>The Education Committee will oversee the analysis of training requests and training funds via ESR and consider against protected characteristics data – in particular BME colleagues</p> <ul style="list-style-type: none"> • Annual review of access to training • Develop clear action plan to respond to the 2016 WRES using best practise from the WRES report released on 18th April • Analyse via group and take any appropriate remedial action
<p>National NHS Staff Survey indicators (or equivalent)</p> <p>For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff.</u></p>					
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	<p>White – 26%</p> <p>BME – 12%</p>	<p>White – 27%</p> <p>BME – 18%</p>	<p>Whilst there has been a 1% decrease in white staff experiencing bullying, harassment or abuse from patients, relatives or the public, there has been a much greater 6% reduction for BME staff members.</p>	<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



				<ul style="list-style-type: none"> • Support networks for campaigning, networking, education, advocacy or social purposes. 	
6	<p>KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.</p>	<p>White – 22%</p> <p>BME 19%</p>	<p>White – 23%</p> <p>BME – 26%</p>	<p>As with the previous indicator again there is a 1% decrease in white staff experiencing harassment, bullying or abuse from staff but a 7% decrease in BME staff experience.</p>	<ul style="list-style-type: none"> • Develop and support Staff Network Groups • 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.
7	<p>KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.</p>	<p>White – 85%</p> <p>BJME – 84%</p>	<p>White 92%</p> <p>BME – 79%</p>	<p>This indicator shows that there has been a marked decrease 7% in White staff believing the trust provides equal opportunities for career progression or promotion whilst there is a 5% increase in BME staff perception.</p>	<ul style="list-style-type: none"> • Increase recognition and knowledge of the value of inclusion within the leader and manager population • Develop training module, using an interactive story telling approach, through e-learning platform. • Deliver one QIHD corporate learning module on Inclusion and diversity • Develop module of ‘SWBH Chartered Line Manager’ on inclusion and diversity • Design and deliver a managers 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



<p>8 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues</p>	<p>White 5% BME 7%</p>	<p>White – 6% BME – 8%</p>	<p>The data in this indicator shows a 1% decrease for both White and BME staff from managers, team leaders or other colleagues.</p>	<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 QIHD corporate learning module on Inclusion and diversity • Develop module of ‘SWBH Chartered Line Manager’ on inclusion and diversity • Design and deliver a managers 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
<p>Board representation indicator For this indicator, <u>compare the difference for White and BME sta</u></p>				
<p>9 Percentage difference between the organisations’ Board voting membership and its overall workforce.</p>	<p>Total workforce White - 57% BME - 36%</p> <p>Board Voting Membership White - 83% BME - 17%</p> <p>Board Executive Membership White - 90% BME - 10%</p>	<p>Whole workforce: White - 57.09%, BME - 34.94%</p> <p>Voting Membership: White - 61.54%, BME - 30.77%</p> <p>Therefore the percentage difference is a 4.17% for BME</p>	<p>The data shows that the Board Voting membership is over-represented by 26% for White staff and under-represented by 19% for BME staff.</p> <p>The Executive membership is over-represented by 33% for white staff and under-represented by 26% for BME staff</p>	<p>Review the use of EDS 2 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



		and 4.45% for white members		<ul style="list-style-type: none"> • 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
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Where
EVERYONE
Matters



Sandwell & West Birmingham NHS Trust
Diversity & Inclusion
WRES Update

Recruitment

Shortlisting & Interviewing - Inclusion and diversity is being built in to our interview process, we have staff from a BME background on all interview panels within the trust. Being a part of the panel involves the shortlisting of candidates, reviewing applications on NHS Jobs along with other panel members for consideration by the Chair of the panel. They sense check interview questions, the assessment criteria against the person specification so that all criteria will have been tested at some point during the selection process. Once the interviews are completed in order to ensure that staff being appointed to posts meet the standard as laid out in the person specification, they must ensure that each criteria is given due consideration with candidates being fairly considered against each. If at any point during the interview / assessment or decision making, any panellist has cause for concern, including any feelings that their 'voice' as Independent member of the panel has not been heard, or that the broader interests have not been represented, their concern should be raised with the relevant HR Business Partner or Chair of the Panel.

The Chief Executive and People Director have emailed all managers and staff around the process and reasoning behind the BME Panellist and have produced a number of FAQ's in consultation with the Equality and Diversity Team.

Chief Nurse Recruitment – External advisors from the BAME Nursing Community have been asked for input into the information pack, the job description and to help promote the role with our recruitment partner TMP World Wide.

Direct Contact for Vacancies – The trust are ensuring that all middle management vacancies are well advertised and ensuring that BME Staff are being encouraged to apply.

Training

Unconscious Bias – there is a plan in place to ensure that this training is delivered to recruiting managers during the planned Inclusion Module of the SWBH Accredited Line Manager programme.

CV & Interview Skills Workshop – These are being resourced through Learning and Development and there are dates for the 2018 calendar for and there is a session planned for the April 2018 BME Staff Network meeting.

Equality and Diversity Training for all – Equality and Diversity are working in partnership with Learning and Development to source an interactive story telling approach that looks at inclusion and diversity including the nine protected characteristics and unconscious bias through an e-learning platform, a programme from E-Learning for Health has been identified and a pilot is being run during January and February 2018, aiming to go live across the trust in Quarter 1 next year.



Stepping Up Programme - The programme is being run in partnership with the NHS Leadership Academy, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust, Sandwell & West Birmingham NHS Trust, & Walsall Healthcare NHS Trust is aimed at BAME leaders and aspiring BAME leaders across healthcare working in bands 5 to 7.

It's been designed for individuals who have an interest in developing their leadership abilities and want to be involved in creating a transformational change in equality and diversity across the healthcare sector.

The programme is split into two cohorts – one for bands 5 and 6 and another for people in band 7 roles. The programme has been designed specifically for these colleagues to help them progress further in their careers.

The Stepping Up programme aims to create greater levels of sustainable inclusion within the NHS by addressing the social, organisational and psychological barriers restricting BAME colleagues from progressing within the NHS.

The main objectives of the programme are to:

- Emphasise the importance of a diverse workforce and create leaders who can educate the healthcare system about the effect this is having on frontline patient care
- Recognise the potential of BAME leaders demonstrating the range and benefits of diverse talent
- Highlight the importance of having BAME leaders as role models to help inspire others to progress into more senior roles
- Raise awareness and understanding of inclusion by bringing it to the forefront of all Academy communications to ensure a positive impact on the healthcare system
- Develop senior leaders in the NHS who will lead effectively, creating and embedding organisational inclusive cultures
- Work on changing the racial dynamics of an organisation to create a deeper level of understanding to help change take place

The programme runs over five months. You'll benefit from a mix blend of learning, including face-to-face, self-directed and workplace-based. This includes two face to face workshop.

The programme will run with initially three cohorts of 40 participants each.

Organisational Development Team – All of our Workforce Business partners will be completing the Accredited Manager Programme (Year 1) by the end of quarter four. All staff will also be completing the Equality and Inclusion E-Learning package once it goes live in Quarter 1 2018.

The trust is sourcing specific training for complex race relations investigations as part of the Continual Professional Development of our Human Resources Business Partners.

Mentorship – The mentorship programme is being developed by Learning and Development and key members of the BME Staff Network this is aiming to go live in early 2018.

QIHD – There is a QIHD slot planned for February 2018 around Inclusion and Diversity with an LGBT focus, we are hoping to replicate this or utilise Hot Topics in October 2018 with a BAME focus. This will be a bite size (30 minute) presentation that will inform staff and we hope encourage a debate within teams.

Board Training – The Trust board has had a presentation from Dr Ellie Barns MBE who spoke eloquently around conscious and unconscious bias and challenged the board to think differently.

The board has heard several patient stories over the last twelve months that have highlighted areas of good practice and opportunities for the trust to improve.

The board have attended the Education and Celebration events run by both the LGBT Staff Network and the BME Staff Network. The launch event for Black History Month was well attended by members of the board as they listened to the inspiring personal stories of both BME staff and influential members of the local community.

The board hope to have the BME Staff Network present to them during Quarter One of 2018

Data

PDR Completion – the scores from the Ambition PDR’s are being recorded and monitored for all staff and scores of staff who have declared a protected characteristic are being collated for us to use 2017/2018 as a base line for progression.

Recruitment data – is being collated and in the first six weeks of the BME Panellists, please see the chart below, we are unable to state how many staff have started as no one has cleared the recruitment process since the implementation at the start of October 2017.

Number of Candidates

Pay Band/Scale	BME Grouping			Grand Total
	BME	Not Stated	White	
Band 2	71		77	148
Band 3	26		20	46
Band 4	5	1	10	16
Band 5	73	10	66	149
Band 6	37	1	36	74
Band 7	11	2	18	31
Band 8a	3		2	5
Band 8b	4		6	10
Band 8c	1		4	5
Hospital Medical and Dental Staff - Doctor - Other	12	1	2	15
Hospital Medical and Dental Staff - Foundation Doctor	2		2	4
Hospital Medical and Dental Staff - Specialty Doctor	3			3
Other	1		2	3
VSM (Very Senior Manager)			2	2
Grand Total	249	15	247	511
%	49%	3%	48%	

Number of Positions Offered

Pay Band/Scale	BME	Not Stated	White	Grand Total
Band 2	4		10	14
Band 3	2		2	4
Band 4			3	3
Band 5	7	1	7	15
Band 6	4	1	7	12
Band 7	3		6	9
Band 8a	1			1
Grand Total	21	2	35	58
	36%	3%	60%	

BME Complaint

BME Representative on Panel	Yes	No	Unknown	Grand Total
	74	20	6	100

Yearly Data – the yearly WRES audit is due to be completed between July and August and the data and analysis then goes to Trust Board, a new action plan will then be formulated in partnership with the BME Staff Network, The Trust Board and Organisational Development Team.

Staff Network – BME Staff Network – The staff network is a self-managing group within the trust The Black Minority Ethnic (BME) Staff Network is a self-organised, staff group addressing BME staff issues feeding into the Trust’s Equal Opportunities and managing Diversity agenda to improve the working lives of BME staff by empowering them and ensuring that their rights are respected.

The membership of the group is open to all permanent and temporary staff. A confidential list of members will be maintained by the Committee members of the group. An Invitation to join the Black BME Staff Network is extended to all Trust staff on a frequent basis, via recognised staff communication mechanisms.

The network currently meet every month and have had a programme of external speakers in 2017.

BME Executive Sponsor – Toby Lewis (Chief Executive) is the Executive Sponsor of the BME Staff Network, he works in partnership with the Co-Chairs Leanne Burriss and Anser Khan and the Vice Chair Donna Mighty to help support and develop the network, all four meet regularly. Alongside Toby other members of the trust executive have attended meetings.

Celebration Events – The BME Network have had organised and celebrated Black History Month within the organisation, celebrating the diverse culture within our organisation and community in which we serve. The month had key speakers, a celebration events and daily communications highlighting BME role models.

The network have attended and had a stall at recruitment events both internal and external to the trust, at International Nurses Day, at the Spring Wellness Event, the Winter Wellness Event, the Sustainability Garden Party and the trusts Annual General Meeting.

The network also had prominent stalls at both Fiesta in the Park and Jamaica in the Square, two high profile public events advertising the diversity and inclusion of the trust.

Members of the network also supported the LGBT Staff Network and marched in the Birmingham Pride Parade.

Religions Events – There have been a number of religious celebrations facilitated by both the trust chaplaincy service and external faith leaders, these have included, celebrating and issuing health guidance around Ramadan, celebrating Eid, Celebrating Diwali, Celebrating Vaisakhi and Rama Nabani, Celebrating Lent, Celebrating Easter and Celebrating Christmas.

There are early plans in place to hold an event to commemorate International Holocaust Memorial Day in January 2018.

Equality Delivery System for the NHS

EDS2 Summary Report

Implementation of the Equality Delivery System – EDS2 is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS2 in accordance with the ‘9 Steps for EDS2 Implementation’ as outlined in the 2013 EDS2 guidance document. The document can be found at: <http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>

This *EDS2 Summary Report* is designed to give an overview of the organisation’s most recent EDS2 implementation. It is recommended that once completed, this Summary Report is published on the organisation’s website.

NHS organisation name:
Sandwell and West Birmingham Hospitals NHS Trust

Organisation’s Board lead for EDS2:
Raffaella Goodby - Director of People & Organisational Development

Organisation’s EDS2 lead (name/email):
Stuart Young - Head of Diversity & Inclusion - stuartyoung1@nhs.net

Level of stakeholder involvement in EDS2 grading and subsequent actions:
SWBH Trust EDS2 rollout programme has successfully 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.

- Organisation’s Equality Objectives (including duration period):**
Diversity pledges 2017-2020
1. Increase recognition and knowledge of the value of inclusion within the leader and manager population.
 2. Review and redesign recruitment and selection processes.
 3. Develop and support Staff Network Groups.
 4. Create a culture where it is safe to be ‘out’ at SWBH as a staff member or a patient.
 5. To ensure a safe and inclusive environment for transgender staff.
 6. Review the use of EDS 2 and develop and implement a ‘Trust EDS’
 7. To ensure a safe and inclusive working environment for BME Staff.
 8. To transform the opinion of our disabled employees about management’s commitment to disability in the workplace
 9. Run communications campaigns each month with emphasis on protected characteristics (PC) based on CIPD Diversity Calendar and with visible support from employee network groups.

Headline good practice examples of EDS2 outcomes (for patients/community/workforce):
Live and Work Project
Learning Works
Community Greenhouses



Date of EDS2 grading		December 2017		Date of next EDS2 grading		December 2018	
Goal 1	Outcome	Grade and reason for rating				Outcome links to an Equality Objective	
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities					
		↓ Grade		↓ Which protected characteristics fare well		↓ Evidence drawn upon for rating	
		<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/> Age	<input type="checkbox"/> Pregnancy and Maternity	<div style="border: 1px solid black; padding: 5px;"> <p>We do not commission or procure services. We only design and deliver services which have previously been commissioned by the CCG.</p> <p>We deliver a range of services for all members of the community regardless of protected characteristics. Currently we only gather data for age, sex, marriage, ethnicity, and religion.</p> <p>Services are provided at Sandwell Hospital, City Hospital, Birmingham Treatment Centre and community services at Rowley Regis Hospital and various of community Health Centres.</p> <p>Patient Transport service is available to all outpatients and inpatients, subject to medical criteria guidelines which are issued by the department of health.</p> <p>Referrals are received from primary care.</p> </div>		
		<input type="checkbox"/> Developing	<input checked="" type="checkbox"/> Disability	<input checked="" type="checkbox"/> Race			
		<input checked="" type="checkbox"/> Achieving	<input type="checkbox"/> Gender Reassignment	<input checked="" type="checkbox"/> Religion and Belief			
		<input type="checkbox"/> Excelling	<input checked="" type="checkbox"/> Marriage and civil Partnership	<input checked="" type="checkbox"/> Sex			
				<input checked="" type="checkbox"/> Sexual Orientation			
					<input checked="" type="checkbox"/>		

<p>Better health outcomes</p>	<p>1.2</p>	<p>Individual people's health needs are assessed and met in appropriate and effective ways</p> <p>↓ Grade ↓ Which protected characteristics fare well ↓ Evidence drawn upon for rating</p> <table border="0"> <tr> <td><input type="checkbox"/> Undeveloped</td> <td><input checked="" type="checkbox"/></td> <td>Age</td> <td><input type="checkbox"/></td> <td>Pregnancy and Maternity</td> </tr> <tr> <td><input type="checkbox"/> Developing</td> <td><input checked="" type="checkbox"/></td> <td>Disability</td> <td><input checked="" type="checkbox"/></td> <td>Race</td> </tr> <tr> <td><input checked="" type="checkbox"/> Achieving</td> <td><input type="checkbox"/></td> <td>Gender Reassignment</td> <td><input checked="" type="checkbox"/></td> <td>Religion and Belief</td> </tr> <tr> <td><input type="checkbox"/> Excelling</td> <td><input checked="" type="checkbox"/></td> <td>Marriage and civil Partnership</td> <td><input checked="" type="checkbox"/></td> <td>Sex</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td>Sexual Orientation</td> </tr> </table>	<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/>	Age	<input type="checkbox"/>	Pregnancy and Maternity	<input type="checkbox"/> Developing	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Race	<input checked="" type="checkbox"/> Achieving	<input type="checkbox"/>	Gender Reassignment	<input checked="" type="checkbox"/>	Religion and Belief	<input type="checkbox"/> Excelling	<input checked="" type="checkbox"/>	Marriage and civil Partnership	<input checked="" type="checkbox"/>	Sex				<input checked="" type="checkbox"/>	Sexual Orientation	<p>The Trust delivers a range of services to members of the local community. Patients are seen at the Trust via either a visit to the Accident and Emergency department or via GP referral. Patients are individually assessed on admission using a physical /psychological and social needs approach . compliance with documentation is audited locally as part of ward dashboards. Personalised Care plans are used in order to record patient details. Patients are assessed for Mental capacity and the Trust use of safeguarding & deprivation of liberties.</p> <p>In the majority of cases, wider discussion of the treatment options will have taken place in outpatients prior to the patient being admitted. Informed consent is obtained when the patient arrives for a procedure. Some cases are reviewed beforehand in the multi-disciplinary team meetings, where the referring clinician has discussed and obtained and obtained consent from the patient before the procedure.</p> <p>We work very closely with the SEPSIS team and train all doctors in order to standardise the Trust procedures, blood culture stations and packs have been introduced. The Trust has a SEPSIS care pathway in place. Blood culture contaminants are monitored and variants investigated. All NICE guidance is adhered to or are worked at a higher level. Infection Control monthly reports are completed and shared with all areas.</p> <p>All patients receive a MUST assessment of nutrition in community bed bases and community.</p> <p>Where patients are incapable of informed consent, we use the Trust's procedure for recording this on the dedicated consent form. If necessary, the individual's treatment is discussed with the clinicians responsible for the overall care of the patient, and/or with the next of kin, as appropriate.</p>	<p><input checked="" type="checkbox"/></p>
<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/>	Age	<input type="checkbox"/>	Pregnancy and Maternity																									
<input type="checkbox"/> Developing	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Race																									
<input checked="" type="checkbox"/> Achieving	<input type="checkbox"/>	Gender Reassignment	<input checked="" type="checkbox"/>	Religion and Belief																									
<input type="checkbox"/> Excelling	<input checked="" type="checkbox"/>	Marriage and civil Partnership	<input checked="" type="checkbox"/>	Sex																									
			<input checked="" type="checkbox"/>	Sexual Orientation																									

Better health outcomes

1.4

When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

↓ **Grade**

↓ **Which protected characteristics fare well** ↓ **Evidence drawn upon for rating**

<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/>	Age	<input type="checkbox"/>	Pregnancy and Maternity
<input type="checkbox"/> Developing	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Race
<input checked="" type="checkbox"/> Achieving	<input type="checkbox"/>	Gender Reassignment	<input checked="" type="checkbox"/>	Religion and Belief
<input type="checkbox"/> Excelling	<input checked="" type="checkbox"/>	Marriage and civil Partnership	<input checked="" type="checkbox"/>	Sex
			<input checked="" type="checkbox"/>	Sexual Orientation

There are systems in place within SWBH to ensure that the Trust, its staff and service users are safe and free from abuse, mistreatment and mistakes. All Trust staff and volunteers are referenced; DBS (CRB) checked, fully trained and wear clear photo identification and name badges.

Training systems such as the Clinical MOT and Quest competency assessment tool are in place to ensure staff have knowledge to recognise an individual's health needs effectively.

We also provide;

- health and safety training within corporate induction,
- health and safety risk assessments,
- mentoring programmes for junior staff members
- clinical supervision
- clinical audits,
- governance meetings to review any complaints/incidents/patterns and themes,
- appropriate training sessions are in place to ensure staff are safe in practice and maintain patient safety.
- Incident reporting, complaints management,
- Duty of candour policy and professional guidance.
- Whistle-blowing policy
- Professional registration for all qualified staff
- Competency programmes for qualified and non registered staff
- Mandatory training for all staff

If any abuse is suspected the service user would be referred onto the relevant services by the Safeguarding team, this would include social services and the police.

- When concerns are raised regarding the Trust then table top reviews are carried out.
- Presenting the Board members with monthly patient stories to highlight any issues and aspects of best practice.



<p>Better health outcomes</p>	<p>1.5</p>	<p>Screening, vaccination and other health promotion services reach and benefit all local communities</p> <p> <input type="checkbox"/> Grade <input type="checkbox"/> Which protected characteristics fare well <input type="checkbox"/> Evidence drawn upon for rating </p> <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;"><input type="checkbox"/> Undeveloped</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Age</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 20%; border: 1px solid black; padding: 2px;">Pregnancy and Maternity</td> </tr> <tr> <td><input type="checkbox"/> Developing</td> <td><input checked="" type="checkbox"/></td> <td 1px="" 2px;"="" black;="" border:="" padding:="" solid="">Disability</td> <td><input checked="" type="checkbox"/></td> <td 1px="" 2px;"="" black;="" border:="" padding:="" solid="">Race</td> </tr> <tr> <td><input checked="" type="checkbox"/> Achieving</td> <td><input type="checkbox"/></td> <td 1px="" 2px;"="" black;="" border:="" padding:="" solid="">Gender Reassignment</td> <td><input checked="" type="checkbox"/></td> <td 1px="" 2px;"="" black;="" border:="" padding:="" solid="">Religion and Belief</td> </tr> <tr> <td><input type="checkbox"/> Excelling</td> <td><input checked="" type="checkbox"/></td> <td 1px="" 2px;"="" black;="" border:="" padding:="" solid="">Marriage and civil Partnership</td> <td><input checked="" type="checkbox"/></td> <td 1px="" 2px;"="" black;="" border:="" padding:="" solid="">Sex</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td 1px="" 2px;"="" black;="" border:="" padding:="" solid="">Sexual Orientation</td> </tr> </table> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p>All Trust service users have access to screening, vaccination, health promotion services, although some teams within SWBH are not directly involved with this.</p> <p>All admitted patients are screened for MRSA and DVT.</p> </div>	<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/>	Age	<input type="checkbox"/>	Pregnancy and Maternity	<input type="checkbox"/> Developing	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Race	<input checked="" type="checkbox"/> Achieving	<input type="checkbox"/>	Gender Reassignment	<input checked="" type="checkbox"/>	Religion and Belief	<input type="checkbox"/> Excelling	<input checked="" type="checkbox"/>	Marriage and civil Partnership	<input checked="" type="checkbox"/>	Sex				<input checked="" type="checkbox"/>	Sexual Orientation	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <input checked="" type="checkbox"/> </div>
<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/>	Age	<input type="checkbox"/>	Pregnancy and Maternity																								
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Date of EDS2 grading		December 2017	Date of next EDS2 grading	December 2018																										
Goal 2	Outcome	Grade and reason for rating		Outcome links to an Equality Objective																										
Improved patient access and experience	2.1	<p>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</p> <p>↓ Grade ↓ Which protected characteristics fare well ↓ Evidence drawn upon for rating</p> <table border="0"> <tr> <td><input type="checkbox"/> Undeveloped</td> <td><input checked="" type="checkbox"/></td> <td>Age</td> <td><input type="checkbox"/></td> <td>Pregnancy and Maternity</td> </tr> <tr> <td><input type="checkbox"/> Developing</td> <td><input checked="" type="checkbox"/></td> <td>Disability</td> <td><input checked="" type="checkbox"/></td> <td>Race</td> </tr> <tr> <td><input checked="" type="checkbox"/> Achieving</td> <td><input type="checkbox"/></td> <td>Gender Reassignment</td> <td><input checked="" type="checkbox"/></td> <td>Religion and Belief</td> </tr> <tr> <td><input type="checkbox"/> Excelling</td> <td><input checked="" type="checkbox"/></td> <td>Marriage and civil Partnership</td> <td><input checked="" type="checkbox"/></td> <td>Sex</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td>Sexual Orientation</td> </tr> </table>		<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/>	Age	<input type="checkbox"/>	Pregnancy and Maternity	<input type="checkbox"/> Developing	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Race	<input checked="" type="checkbox"/> Achieving	<input type="checkbox"/>	Gender Reassignment	<input checked="" type="checkbox"/>	Religion and Belief	<input type="checkbox"/> Excelling	<input checked="" type="checkbox"/>	Marriage and civil Partnership	<input checked="" type="checkbox"/>	Sex				<input checked="" type="checkbox"/>	Sexual Orientation	<p>SWBH includes a variety of services, some of these are available 7 days a week. Others have procedures to follow if they are needed out of hours, this ensures that no service user is denied access to Trust services.</p> <p>Disabled Go have been commissioned by the Trust to carry out accessibility audits of all trust premises and provide in depth details (via their web site) of all wards and department within the Trust to enable out disabled service users top pre plan routes etc around the sites.</p>	<input checked="" type="checkbox"/>
		<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/>	Age	<input type="checkbox"/>	Pregnancy and Maternity																								
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Improved patient access and experience

2.2

People are informed and supported to be as involved as they wish to be in decisions about their care

↓ Grade

↓ Which protected characteristics fare well ↓ Evidence drawn upon for rating

Undeveloped



Age



Pregnancy and Maternity

Developing



Disability



Race

Achieving



Gender Reassignment



Religion and Belief

Excelling



Marriage and civil Partnership



Sex



Sexual Orientation

Patients have the right to be as involved in their own care as much as they wish, and the clinical teams within SWBH recognise and action this by;

- offering patient and carer support and also taking patients and carer (where appropriate) views and wishes into account.
- Patients who lack capacity about their care will have family, friends, carers or IMCA (Independent Mental Capacity Advocate consulted).
- Clinical MOT is open to both HCA's and registered nursing staff and identifies how they can promote choice and support patients to be involved in their care.
- Patient surveys seek patient views on involvement with care decisions and is feedback to the different service areas.
- Patients have the choice to accept or decline our services within their care.
- Consent for patient decision making is gained as per Trust consent policy.



<p>Improved patient access and experience</p>	<p>2.3</p>	<p style="text-align: center;">People report positive experiences of the NHS</p> <p> ↓ Grade ↓ Which protected characteristics fare well ↓ Evidence drawn upon for rating </p> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Undeveloped <input type="checkbox"/> Developing <input checked="" type="checkbox"/> Achieving <input type="checkbox"/> Excelling </td> <td style="width: 25%; vertical-align: top;"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Disability <input type="checkbox"/> Gender Reassignment <input checked="" type="checkbox"/> Marriage and civil Partnership </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Pregnancy and Maternity <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion and Belief <input type="checkbox"/> Sex <input checked="" type="checkbox"/> Sexual Orientation </td> <td style="width: 25%; vertical-align: top; border: 1px solid black; padding: 5px;"> <p>The Trust has a programme of surveys to measure patient experience and actively seek feedback.</p> <ul style="list-style-type: none"> • We are constantly improving ways of capturing this feedback by introducing multiple sources of giving feedback, for example, ipads, SMS texting and token box systems. The Friends and Family Test which patients can use to compare hospitals nationally has shown steady increase in participation and improvement in the FFT score. Patient are able to give names of staff members who gave them exceptional service. <p>Individual areas also regularly receive thank you cards and letters from patients or relatives.</p> </td> </tr> </table>	<input type="checkbox"/> Undeveloped <input type="checkbox"/> Developing <input checked="" type="checkbox"/> Achieving <input type="checkbox"/> Excelling	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Disability <input type="checkbox"/> Gender Reassignment <input checked="" type="checkbox"/> Marriage and civil Partnership	<input type="checkbox"/> Pregnancy and Maternity <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion and Belief <input type="checkbox"/> Sex <input checked="" type="checkbox"/> Sexual Orientation	<p>The Trust has a programme of surveys to measure patient experience and actively seek feedback.</p> <ul style="list-style-type: none"> • We are constantly improving ways of capturing this feedback by introducing multiple sources of giving feedback, for example, ipads, SMS texting and token box systems. The Friends and Family Test which patients can use to compare hospitals nationally has shown steady increase in participation and improvement in the FFT score. Patient are able to give names of staff members who gave them exceptional service. <p>Individual areas also regularly receive thank you cards and letters from patients or relatives.</p>	
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<p>Improved patient access and experience</p>	<p>2.4</p>	<p style="text-align: center;">People’s complaints about services are handled respectfully and efficiently</p> <p> ↓ Grade ↓ Which protected characteristics fare well ↓ Evidence drawn upon for rating </p> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Undeveloped <input type="checkbox"/> Developing <input checked="" type="checkbox"/> Achieving <input type="checkbox"/> Excelling </td> <td style="width: 25%; vertical-align: top;"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Disability <input type="checkbox"/> Gender Reassignment <input checked="" type="checkbox"/> Marriage and civil Partnership </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Pregnancy and Maternity <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion and Belief <input type="checkbox"/> Sex <input checked="" type="checkbox"/> Sexual Orientation </td> <td style="width: 25%; vertical-align: top; border: 1px solid black; padding: 5px;"> <p>Any issues/complaints from service users, are aimed to be dealt with efficiently and effectively and in accordance with any Trust polices/guidelines.</p> <ul style="list-style-type: none"> • People can make an informal complaint through contacting the PALS service, or if they wish to do so, their concerns can be raised with individual service areas. If they wish to raised a formal complaint they contact the head of PALS and complaints either verbally or in writing in accordance with the Trust complaints policy. </td> </tr> </table>	<input type="checkbox"/> Undeveloped <input type="checkbox"/> Developing <input checked="" type="checkbox"/> Achieving <input type="checkbox"/> Excelling	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Disability <input type="checkbox"/> Gender Reassignment <input checked="" type="checkbox"/> Marriage and civil Partnership	<input type="checkbox"/> Pregnancy and Maternity <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Religion and Belief <input type="checkbox"/> Sex <input checked="" type="checkbox"/> Sexual Orientation	<p>Any issues/complaints from service users, are aimed to be dealt with efficiently and effectively and in accordance with any Trust polices/guidelines.</p> <ul style="list-style-type: none"> • People can make an informal complaint through contacting the PALS service, or if they wish to do so, their concerns can be raised with individual service areas. If they wish to raised a formal complaint they contact the head of PALS and complaints either verbally or in writing in accordance with the Trust complaints policy. 	
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A representative and supported workforce

3.2

The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

Grade

Which protected characteristics fare well

Evidence drawn upon for rating

- | | | | | |
|---|-------------------------------------|--------------------------------|-------------------------------------|-------------------------|
| <input type="checkbox"/> Undeveloped | <input checked="" type="checkbox"/> | Age | <input type="checkbox"/> | Pregnancy and Maternity |
| <input type="checkbox"/> Developing | <input checked="" type="checkbox"/> | Disability | <input checked="" type="checkbox"/> | Race |
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| <input type="checkbox"/> Excelling | <input checked="" type="checkbox"/> | Marriage and civil Partnership | <input checked="" type="checkbox"/> | Sex |
| | | | <input checked="" type="checkbox"/> | Sexual Orientation |

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.

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.



<p>A representative and supported workforce</p>	<p>3.5</p>	<p>Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</p> <p> ↓ Grade ↓ Which protected characteristics fare well ↓ Evidence drawn upon for rating </p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Undeveloped</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Age</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Pregnancy and Maternity</td> <td rowspan="4" style="width: 30%; border: 1px solid black; padding: 5px; vertical-align: top;"> <p>Staff can request flexible working options in accordance with the Trust flexible working policy. Each request is considered on its own merits to ensure that the requirements of the service as well as personal requirements/needs are met. Requests are considered both as part of the formal PDR process but also routinely through regular 1:1 meetings.</p> <p>The trust also promotes job share opportunities for staff.</p> </td> </tr> <tr> <td><input type="checkbox"/> Developing</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Disability</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Race</td> </tr> <tr> <td><input checked="" type="checkbox"/> Achieving</td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Gender Reassignment</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Religion and Belief</td> </tr> <tr> <td><input type="checkbox"/> Excelling</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Marriage and civil Partnership</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Sex</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="border: 1px solid black; padding: 2px;">Sexual Orientation</td> <td></td> </tr> </table>	<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/>	Age	<input type="checkbox"/>	Pregnancy and Maternity	<p>Staff can request flexible working options in accordance with the Trust flexible working policy. Each request is considered on its own merits to ensure that the requirements of the service as well as personal requirements/needs are met. Requests are considered both as part of the formal PDR process but also routinely through regular 1:1 meetings.</p> <p>The trust also promotes job share opportunities for staff.</p>	<input type="checkbox"/> Developing	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Race	<input checked="" type="checkbox"/> Achieving	<input type="checkbox"/>	Gender Reassignment	<input checked="" type="checkbox"/>	Religion and Belief	<input type="checkbox"/> Excelling	<input checked="" type="checkbox"/>	Marriage and civil Partnership	<input checked="" type="checkbox"/>	Sex					Sexual Orientation		
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<p>A representative and supported workforce</p>	<p>3.6</p>	<p>Staff report positive experiences of their membership of the workforce</p> <p> ↓ Grade ↓ Which protected characteristics fare well ↓ Evidence drawn upon for rating </p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Undeveloped</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Age</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Pregnancy and Maternity</td> <td rowspan="5" style="width: 30%; border: 1px solid black; padding: 5px; vertical-align: top;"> <p>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.</p> </td> </tr> <tr> <td><input type="checkbox"/> Developing</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Disability</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Race</td> </tr> <tr> <td><input checked="" type="checkbox"/> Achieving</td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Gender Reassignment</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Religion and Belief</td> </tr> <tr> <td><input type="checkbox"/> Excelling</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Marriage and civil Partnership</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Sex</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Sexual Orientation</td> </tr> </table>	<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/>	Age	<input type="checkbox"/>	Pregnancy and Maternity	<p>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.</p>	<input type="checkbox"/> Developing	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Race	<input checked="" type="checkbox"/> Achieving	<input type="checkbox"/>	Gender Reassignment	<input checked="" type="checkbox"/>	Religion and Belief	<input type="checkbox"/> Excelling	<input checked="" type="checkbox"/>	Marriage and civil Partnership	<input checked="" type="checkbox"/>	Sex				<input checked="" type="checkbox"/>	Sexual Orientation		
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<p>Inclusive leadership</p>	<p>4.2</p>	<p>Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed</p> <p> ↓ Grade ↓ Which protected characteristics fare well ↓ Evidence drawn upon for rating </p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%; vertical-align: top;"> <input type="checkbox"/> Undeveloped </td> <td style="width: 30%; vertical-align: top;"> <input checked="" type="checkbox"/> Age </td> <td style="width: 30%; vertical-align: top;"> <input type="checkbox"/> Pregnancy and Maternity </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Developing </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Disability </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Race </td> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Achieving </td> <td style="vertical-align: top;"> <input type="checkbox"/> Gender Reassignment </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Religion and Belief </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Excelling </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Marriage and civil Partnership </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Sex </td> </tr> <tr> <td></td> <td></td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Sexual Orientation </td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Papers that are developed and prepared for the Board and other Board committees follow the set templates agreed within the organisation. As part of this process key risks related to the contents of the paper are identified, however equality related impacts are not necessarily identified on each occasion. This is an area that requires development/improvement.</p> </div>	<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/> Age	<input type="checkbox"/> Pregnancy and Maternity	<input type="checkbox"/> Developing	<input checked="" type="checkbox"/> Disability	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Achieving	<input type="checkbox"/> Gender Reassignment	<input checked="" type="checkbox"/> Religion and Belief	<input type="checkbox"/> Excelling	<input checked="" type="checkbox"/> Marriage and civil Partnership	<input checked="" type="checkbox"/> Sex			<input checked="" type="checkbox"/> Sexual Orientation	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <input checked="" type="checkbox"/> </div>
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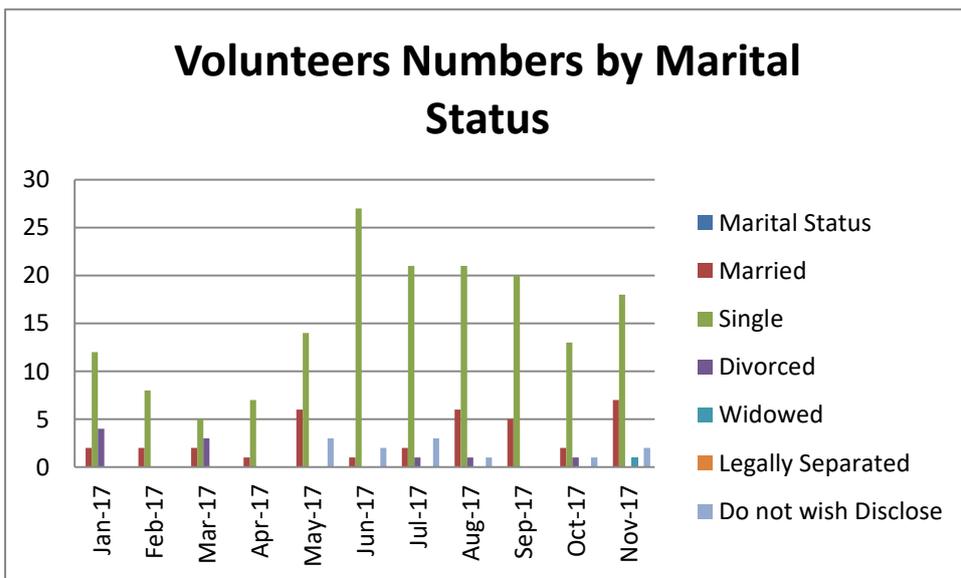
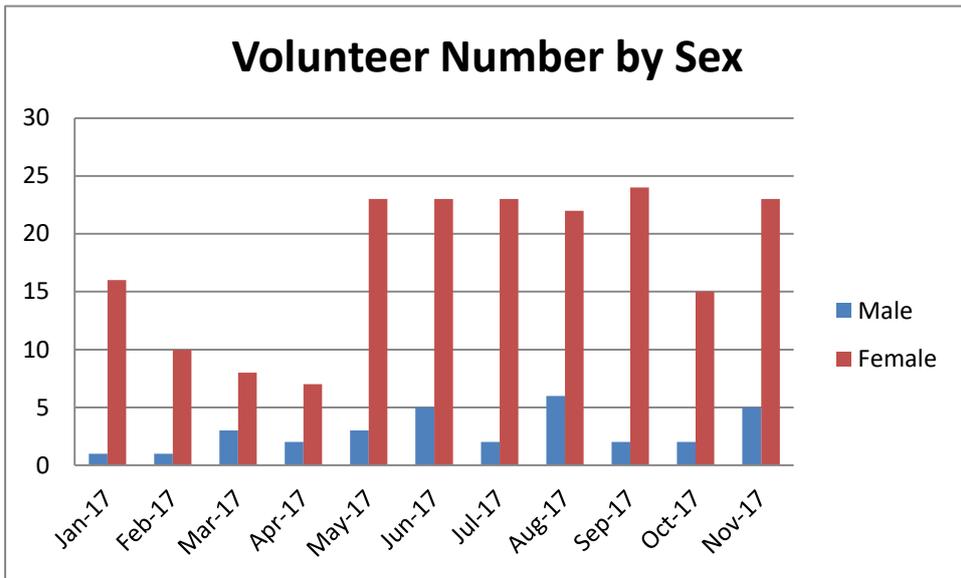
Inclusive leadership	4.3	<p>Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p> <p> ↓ Grade ↓ Which protected characteristics fare well ↓ Evidence drawn upon for rating </p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Undeveloped</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Age</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 25%; border: 1px solid black; padding: 2px;">Pregnancy and Maternity</td> <td rowspan="4" style="width: 30%; border: 1px solid black; padding: 5px; vertical-align: top;"> <p>All staff have access to Mandatory Equality and Diversity training sessions and policies. All staff are given the opportunity to discuss any issues or concerns through the regular one to one meetings and annual PDR's, any concerns would be dealt with on an individual basis.</p> <p>The second year of the SWBH Accredited Manager programme has a dedicated Diversity and Inclusion Module</p> </td> </tr> <tr> <td><input type="checkbox"/> Developing</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Disability</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Race</td> </tr> <tr> <td><input checked="" type="checkbox"/> Achieving</td> <td><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Gender Reassignment</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Religion and Belief</td> </tr> <tr> <td><input type="checkbox"/> Excelling</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Marriage and civil Partnership</td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Sex</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Sexual Orientation</td> <td></td> </tr> </table>	<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/>	Age	<input type="checkbox"/>	Pregnancy and Maternity	<p>All staff have access to Mandatory Equality and Diversity training sessions and policies. All staff are given the opportunity to discuss any issues or concerns through the regular one to one meetings and annual PDR's, any concerns would be dealt with on an individual basis.</p> <p>The second year of the SWBH Accredited Manager programme has a dedicated Diversity and Inclusion Module</p>	<input type="checkbox"/> Developing	<input checked="" type="checkbox"/>	Disability	<input checked="" type="checkbox"/>	Race	<input checked="" type="checkbox"/> Achieving	<input type="checkbox"/>	Gender Reassignment	<input checked="" type="checkbox"/>	Religion and Belief	<input type="checkbox"/> Excelling	<input checked="" type="checkbox"/>	Marriage and civil Partnership	<input checked="" type="checkbox"/>	Sex				<input checked="" type="checkbox"/>	Sexual Orientation		<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <input checked="" type="checkbox"/> </div>
<input type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/>	Age	<input type="checkbox"/>	Pregnancy and Maternity	<p>All staff have access to Mandatory Equality and Diversity training sessions and policies. All staff are given the opportunity to discuss any issues or concerns through the regular one to one meetings and annual PDR's, any concerns would be dealt with on an individual basis.</p> <p>The second year of the SWBH Accredited Manager programme has a dedicated Diversity and Inclusion Module</p>																									
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			<input checked="" type="checkbox"/>	Sexual Orientation																										



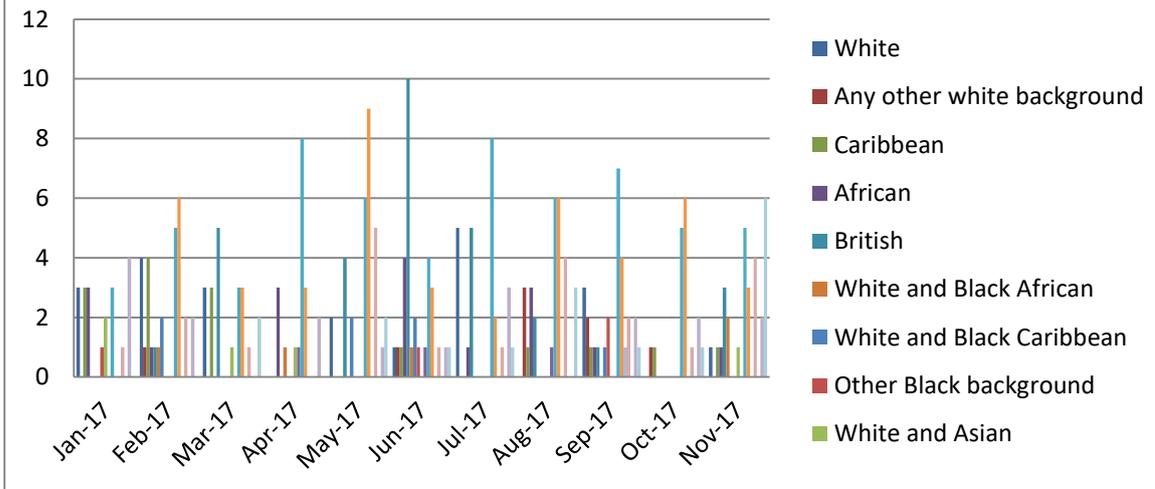
Volunteer Equality and Diversity Monitoring Information

Equality Act 2010

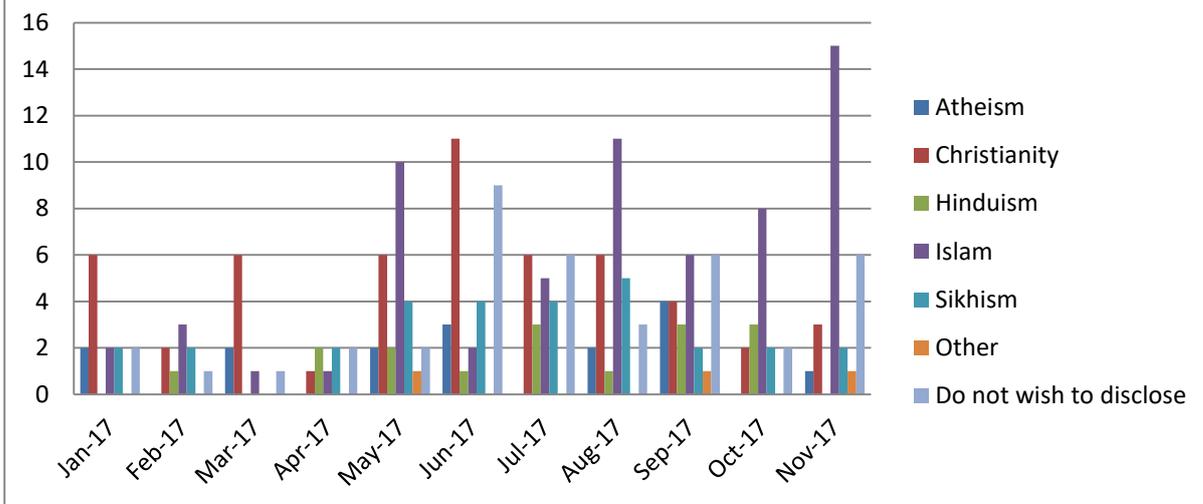
The Equality Act 2010 protects people against discrimination on the grounds of age, sex, sexual orientation, religion and belief, ethnicity, disability, marriage and civil partnership, pregnancy and maternity and gender reassignment.



Volunteer Numbers by Ethnicity



Volunteer numbers by Religion



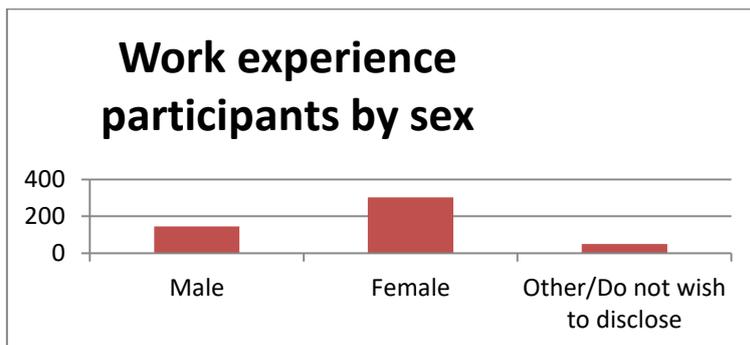
Apprentices – January 2017 – December 2017

Gender		Age		Religion		Ethnicity		Sexual Orientation		Marital Status		Disability	
Male	21	16-18	44	Atheist		Bangladeshi	0	Heterosexual		Married	8	Physical	0
Female	83	19-24	35	Christian		White British	70	Bisexual		Single	67	Mental Health	0
		25-30	5	Islam		Pakistani	7	Nondisclosure	104	Non-disclosure	29	Learning Difficulty	1
		30-40	6	Jain		British African	1					Unspecified	103
		40-50	9	Sikh		Irish	1						
		50-65	5	Hindu		Caribbean Black	6						
				Other		Black & White Caribbean	4						
				Non-disclosure	104	British Indian	6						
						White & Asian	1						
						Other Mixed	1						
						Non disclosure	7						
Totals	104		104		104		104		104		104		104



Work Experience participants, split by sex

Participant total	Male	%	Female	%	Other/Do not wish to disclose	%
497	145	29%	303	61%	49	10%

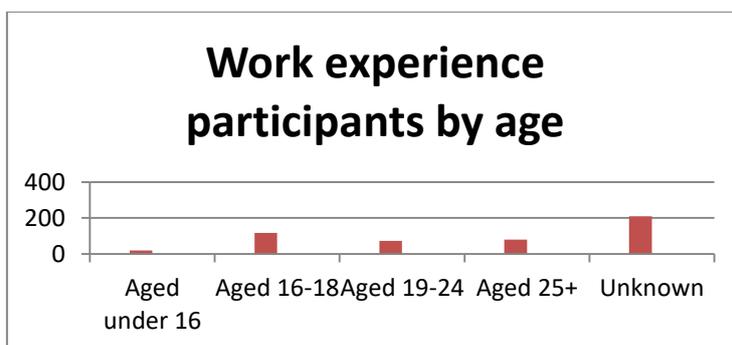


Work Experience participants with a declared disability

Total	Number of participants with declared disability	%
497	5	1

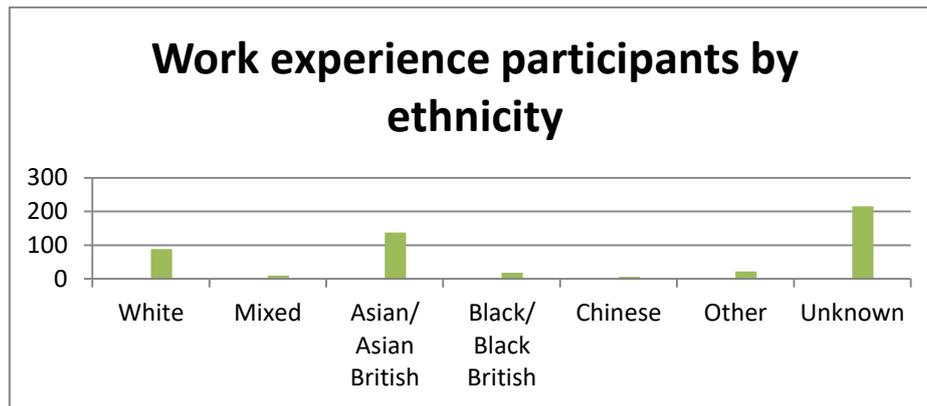
Work Experience participants, split by age

Participant total	Aged under 16	%	Aged 16-18	%	Aged 19-24	%	Aged 25+	%	Unknown	%
497	19	4%	117	23%	73	15%	79	16%	209	42%



Work Experience participants, split by ethnicity

Total	White	%	Mixed	%	Asian/ Asian British	%	Black/ Black British	%	Chinese	%	Other	%	Unkno wn	%
497	88	18 %	10	2%	138	28%	18	4%	6	1%	22	4%	215	43 %



Traineeship participants, split by gender

Participant total	Male	%	Female	%	Other/Do not wish to disclose	%
9	0	0%	9	100%	0	0%

Traineeship participants, split by disability

Total	Number of participants with declared disability	%
9	0	0%

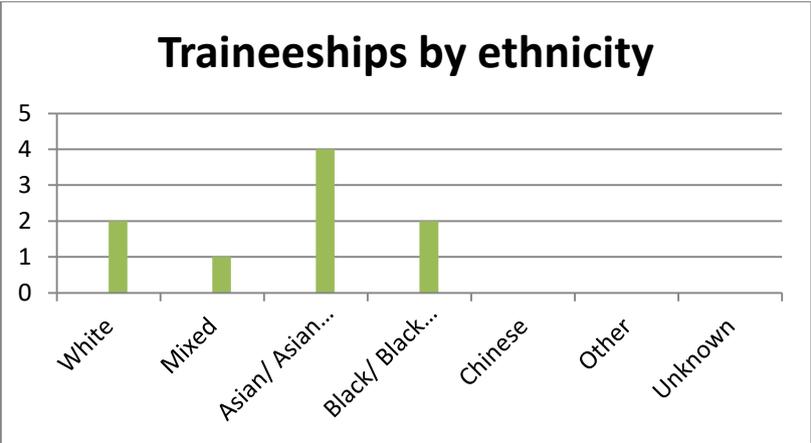
Traineeship participants, split by age

Participant total	Aged 16-18	%	Aged 19-24	%	Aged 25+	%	Unknown	%
9	7	78%	2	22%	0	0%	0	0%



Total	White	%	Mixed	%	Asian/Asian British	%	Black/Black British	%	Chinese	%	Other	%	Unknown	%
9	2	22%	1	11%	4	44%	2	22%	0	0%	0	0%	0	0%

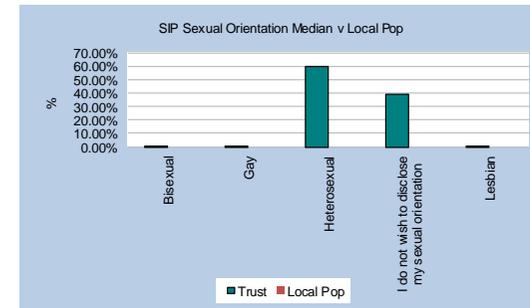
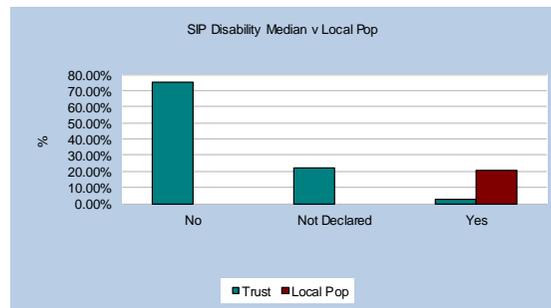
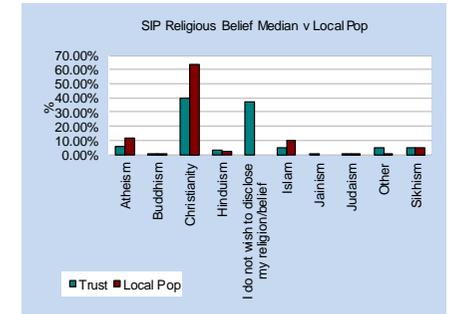
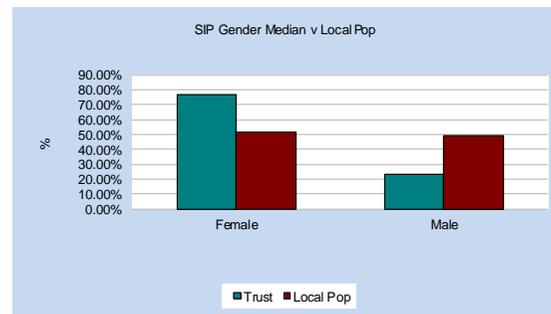
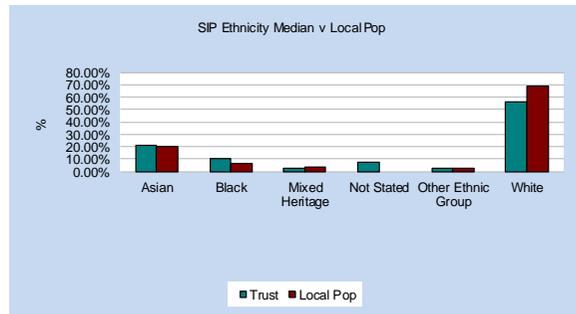
Traineeship participants, split by ethnicity



Diversity (SIP) Scorecard

All Data from ESR, unless stated otherwise.

Component	Category	Jan-17		Feb-17		Mar-17		Apr-17		May-17		Jun-17		Jul-17		Aug-17		Sep-17		Oct-17		Nov-17		Comparison	
		FTE	HC	Trust	Local Pop																				
Ethnicity	Asian	1,264.54	1,407	1,287.73	1,431	1,289.75	1,433	1,287.51	1,435	1,290.31	1,439	1,286.16	1,438	1,277.56	1,431	1,278.15	1,431	1,279.64	1,435	1,269.08	1,425	1,291.34	1,448	21.14%	19.69%
	Black	629.32	720	643.51	739	646.39	741	648.95	741	647.64	739	653.42	746	658.81	750	652.80	745	643.92	736	665.67	758	679.51	771	10.67%	6.16%
	Mixed Heritage	146.19	166	142.20	162	140.88	161	142.28	163	143.01	164	146.63	168	146.25	168	152.30	173	158.67	180	169.82	193	170.90	194	2.40%	3.08%
	Not Stated	458.15	534	453.89	531	447.69	525	444.32	521	439.69	517	437.11	513	435.77	511	428.40	503	426.98	500	428.82	501	438.97	512	7.22%	0.00%
	Other Ethnic Group	152.75	163	152.48	163	152.48	163	153.26	164	153.90	165	154.08	166	155.08	167	155.65	167	156.24	169	158.03	171	158.98	172	2.53%	2.07%
	White	3,448.34	3,984	3,469.75	4,005	3,456.04	3,989	3,438.02	3,968	3,421.03	3,951	3,409.07	3,936	3,392.39	3,920	3,374.10	3,902	3,381.14	3,916	3,364.45	3,888	3,404.87	3,935	56.04%	68.99%
Gender	Female	4,652.60	5,454	4,699.10	5,506	4,690.13	5,496	4,673.67	5,479	4,663.07	5,469	4,658.08	5,465	4,645.14	5,451	4,625.55	5,431	4,642.63	5,456	4,670.41	5,476	4,736.74	5,549	76.55%	51.10%
	Male	1,446.69	1,520	1,450.44	1,525	1,443.08	1,516	1,440.67	1,513	1,432.51	1,506	1,428.39	1,502	1,420.71	1,496	1,415.85	1,490	1,403.96	1,480	1,385.45	1,460	1,407.82	1,483	23.45%	48.90%
Disability	No	4,537.63	5,144	4,588.98	5,201	4,583.96	5,196	4,573.85	5,186	4,578.58	5,195	4,582.61	5,202	4,575.95	5,198	4,569.38	5,189	4,578.95	5,208	4,594.04	5,220	4,665.27	5,298	75.31%	
	Not Declared	1,401.04	1,647	1,397.90	1,645	1,386.77	1,631	1,377.33	1,620	1,353.24	1,593	1,338.73	1,576	1,323.84	1,558	1,309.66	1,543	1,308.67	1,543	1,302.72	1,531	1,313.72	1,543	22.02%	
	Yes	160.61	183	162.67	185	162.48	185	163.16	186	163.77	187	165.13	189	166.06	191	162.36	189	158.97	185	159.10	185	165.57	191	2.68%	20.69%
Religious Belief	Atheism	350.58	381	354.62	384	351.64	381	351.15	379	348.59	377	349.60	377	350.77	379	354.57	382	350.54	379	359.74	389	369.77	401	5.76%	11.44%
	Buddhism	20.31	22	22.03	24	22.03	24	24.73	27	25.46	28	24.46	27	23.46	26	23.46	26	23.46	26	22.79	26	23.79	27	0.39%	0.21%
	Christianity	2,416.23	2,750	2,447.98	2,786	2,448.04	2,784	2,446.42	2,780	2,438.26	2,773	2,434.37	2,767	2,436.93	2,771	2,426.68	2,762	2,420.70	2,759	2,419.08	2,754	2,445.15	2,783	39.99%	63.88%
	Hinduism	159.59	176	168.35	185	170.05	187	167.27	184	167.43	183	168.30	185	169.90	187	171.56	189	163.56	182	159.76	179	162.12	181	2.75%	1.98%
	I do not wish to disclose	2,296.43	2,687	2,291.63	2,683	2,279.30	2,668	2,265.06	2,654	2,250.17	2,636	2,244.87	2,631	2,218.88	2,602	2,199.99	2,582	2,213.13	2,595	2,193.53	2,565	2,224.69	2,597	36.84%	0.00%
	Islam	283.42	317	289.88	324	288.20	323	283.17	319	285.19	323	284.68	324	285.98	325	287.51	326	290.96	331	305.22	345	315.29	355	4.72%	9.47%
	Jainism	3.00	3	3.00	3	2.00	2	2.00	2	2.00	2	2.00	2	2.00	2	2.00	2	2.00	2	3.00	3	3.00	3	0.03%	0.00%
	Judaism	3.00	3	3.00	3	3.00	3	3.00	4	4.00	4	4.00	4	4.00	4	4.00	4	6.70	7	6.42	7	6.42	7	0.07%	0.14%
	Other	295.38	327	298.66	332	299.42	334	301.71	337	306.49	343	307.29	344	308.29	346	308.99	346	307.08	348	317.08	359	321.42	365	5.04%	0.21%
	Sikhism	272.34	309	271.39	308	269.54	306	268.82	306	268.00	306	266.91	306	265.65	305	262.65	302	268.47	307	269.26	309	272.90	313	4.41%	4.90%
	Sexual Orientation	Bisexual	16.39	19	18.31	21	18.16	21	17.36	20	17.77	21	18.41	22	18.21	22	18.21	22	19.21	23	18.37	22	18.37	22	0.30%
Gay		50.56	52	51.95	53	52.95	54	52.95	54	51.75	53	48.75	50	47.83	49	46.83	48	42.83	44	39.44	41	40.44	42	0.80%	
Heterosexual		3,577.55	4,030	3,633.17	4,091	3,631.07	4,087	3,628.63	4,083	3,622.27	4,081	3,628.62	4,089	3,640.41	4,104	3,638.81	4,104	3,635.79	4,112	3,670.32	4,146	3,732.70	4,215	59.65%	
I do not wish to disclose		2,436.05	2,854	2,426.39	2,846	2,410.50	2,829	2,396.88	2,816	2,385.25	2,801	2,372.16	2,787	2,341.87	2,754	2,319.82	2,729	2,330.03	2,738	2,309.89	2,709	2,334.32	2,734	38.95%	
Lesbian		18.73	19	19.73	20	20.53	21	18.53	19	18.53	19	18.53	19	17.53	18	17.73	18	18.73	19	17.83	18	18.73	19	0.30%	

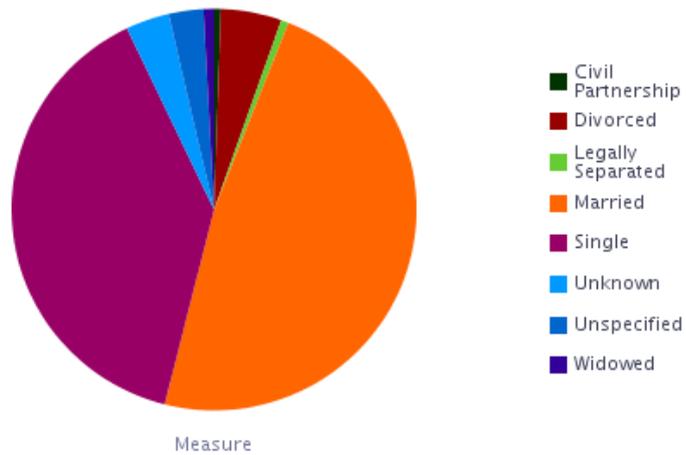


Where EVERYONE Matters



Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	45	0.64	40.03
Divorced	359	5.14	319.64
Legally Separated	42	0.60	35.64
Married	3,631	52.00	3118.48
Single	2,566	36.75	2315.63
Unknown	244	3.49	227.44
Unspecified	40	0.57	34.92
Widowed	56	0.80	48.43
Grand Total	6,983	100.00	6140.20



Patient Data Disaggregated by Sex

A&E	Count
BOTH	89
Female	87109
Male	92432
Total	179630
Inpatient	
BOTH	11
Female	74396
Male	59041
Not Known	1
Total	133449
Outpatient	
BOTH	2
Female	577432
Male	390562
Not Known	2
Total	967998
Grand Total	1281077

Patient Data Disaggregated by Age

A&E	Count
Age Between 00-12	25508
Age Between 13-18	11527
Age Between 19-40	62108
Age Between 41-60	42016
Age Between 61-80	26685
Age Between 81+	11786
Total	179630
Inpatient	
Age Between 00-12	15580
Age Between 13-18	3010
Age Between 19-40	27178
Age Between 41-60	29680
Age Between 61-80	38860
Age Between 81+	19141
Total	133449
Outpatient	
Age Between 00-12	57052
Age Between 13-18	26897
Age Between 19-40	267851
Age Between 41-60	260559
Age Between 61-80	274677
Age Between 81+	80962
Total	967998
Grand Total	1281077

Patient Data Disaggregated by Ethnicity

A&E	Count
Any Other Ethnic Group	7243
Asian/Asian Brit - Bangladeshi	4574
Asian/Asian Brit - Indian	19598
Asian/Asian Brit - Pakistani	14073
Asian/Asian Brit-any oth Asian b/g	5282
Black/Blk Brit-African	4025
Black/Blk Brit-Caribbean	11835
Not Stated	4204
Other	9788
Unknown	23164
White - any other White b/g	11482
White - British	64362
Total	179630
Inpatient	
Any Other Ethnic Group	3800
Asian/Asian Brit - Bangladeshi	3598
Asian/Asian Brit - Indian	14274
Asian/Asian Brit - Pakistani	8974
Asian/Asian Brit-any oth Asian b/g	2398
Black/Blk Brit-African	3048
Black/Blk Brit-Caribbean	9395
Not Stated	3472
Other	6516
Unknown	13277
White - any other White b/g	8763
White - British	55934
Total	133449
Outpatient	
Any Other Ethnic Group	24683
Asian/Asian Brit - Bangladeshi	27690
Asian/Asian Brit - Indian	116563
Asian/Asian Brit - Pakistani	72455
Asian/Asian Brit-any oth Asian b/g	19584
Black/Blk Brit-African	24226
Black/Blk Brit-Caribbean	65348
Not Stated	35448
Other	45446
Unknown	101599
White - any other White b/g	62906
White - British	372050
Total	967998
Grand Total	1281077



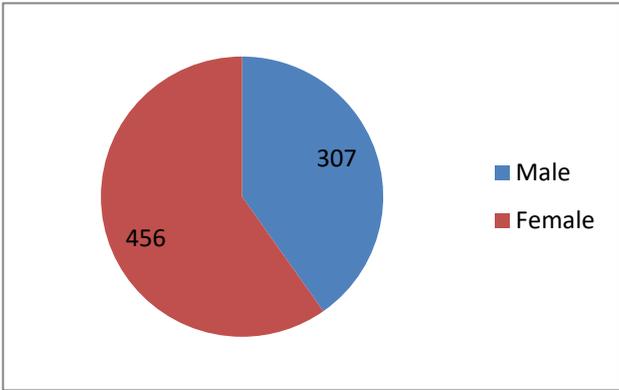
Patient Data Disaggregated by Religion

A&E	Count
Church of England	34427
Ismaili Muslim	365
Not Religious	2900
Other	23
Unknown	141832
Patient Religion Unknown	21
Buddhist	29
Religion (Other Not Listed)	5
Romanian Orthodox	7
Native American Religion	5
Old Catholic	4
Nonconformist	8
Reformed Christian	4
Total	179630
Inpatient	
Christian	8647
Church of England	36365
Hindu	3272
Ismaili Muslim	1326
Methodist	1827
Muslim	15564
Not Religious	4205
Other	5228
Religion not given - PATIENT refused	6004
Roman Catholic	7487
Sikh	9196
Unknown	34328
Total	133449
Outpatient	
Christian	46998
Church of England	192699
Hindu	21906
Ismaili Muslim	7262
Methodist	9632
Muslim	98312
Not Religious	22335
Other	29944
Religion not given - PATIENT refused	37317
Roman Catholic	41849
Sikh	56398
Unknown	403346
Total	967998
Grand Total	1281077

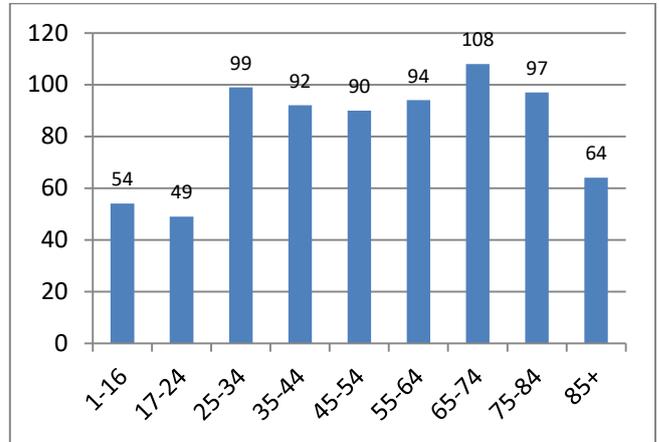
Patient Data Disaggregated by Marital Status

A&E	Count
Civil Partner	131
Divorced	1715
Married	21592
Not applicable	27
Not Disclosed	39
Other	129
Separated	464
Single	47297
Surviving Civil Partner	121
Unknown	105680
Widowed	2435
Total	179630
Inpatient	
Divorced	2169
Married	27611
Not Disclosed	77997
Separated	460
Single	20976
Unknown	68
Widowed	4168
Total	133449
Outpatient	
Civil Partner	915
Divorced	14083
Married	201246
Not Disclosed	279
Not Known	117
Other	789
Separated	2527
Single	160746
Surviving Civil Partner	597
Unknown	569838
Widowed	16861
Total	967998
Grand Total	1281077

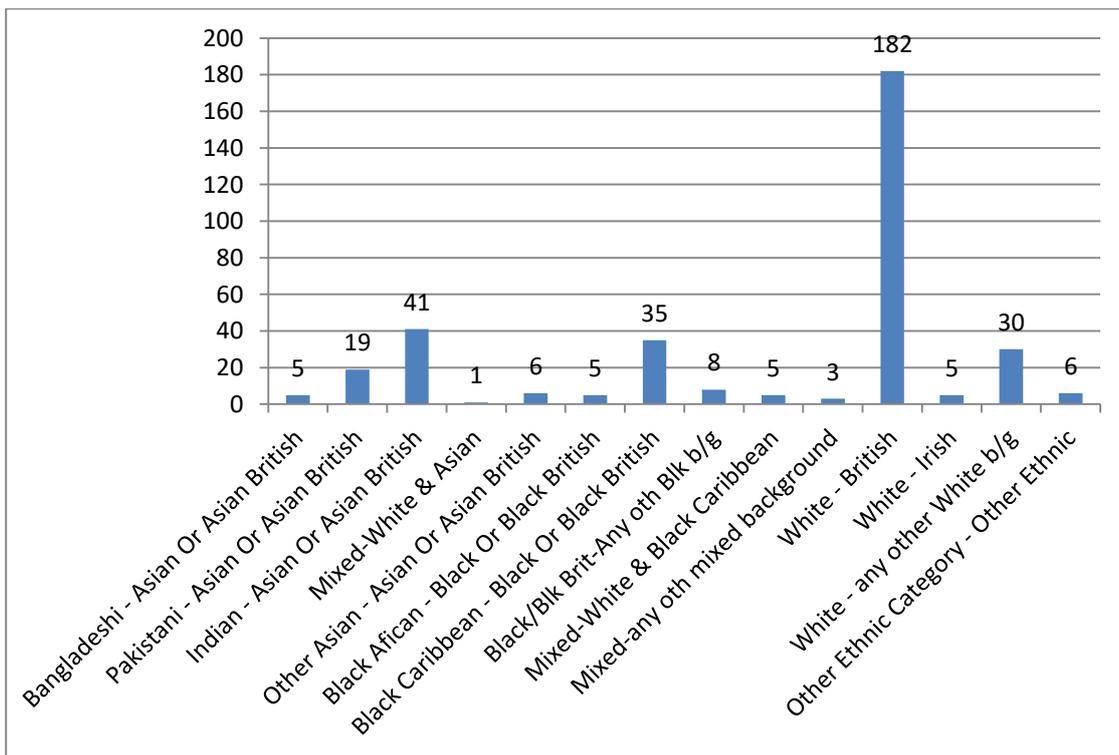
Subject of complaint – Gender
(excluding those complainants where gender not known)



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



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



Employer Evidence Template

You may use this template to record your evidence, further actions or comments for consideration as you go through your self-assessment. This will also help you if you want to become a Disability Confident Leader and have your self-assessment validated.

Employers name	Sandwell and West Birmingham Hospitals NHS Trust	
Disability Confident Reference number	DSC004486	
Date	December 18th 2017	
Theme 1 – Getting the right people for your business The employer must have agreed to all of the following actions.		
Criteria	Evidence	Comments or further action required
As a Disability Confident employer, my business is:		
1. Actively looking to attract and recruit disabled people.	Attendance at the disability recruitment event hosted by Birmingham City council.	Continue to attend these events, attendance planned in 2018
	Focused approach on selection on apprenticeships and paid internships	Protected vacancies on both of these programmes in 2018/2019
2. Providing a fully inclusive and accessible recruitment process.	On-line application process, support available from recruitment team for those who are unable to access online or computer.	Restricted to NHS Jobs website, recruitment team offer support in uploading and completing applications forms if requested

Theme 1 – Getting the right people for your business		
You must agree to at least one of the following activities.		
Activity	Evidence (only for the activities you have agreed to in your self-assessment)	Comments or further action required
1. Providing work experience.	N/A	N/A
2. Providing work trials.	N/A	N/A
3. Providing paid employment (permanent or fixed term).	N/A	N/A
4. Providing apprenticeships.	N/A	N/A
5. Providing a traineeship.	N/A	N/A
6. Providing paid internships or support internships (or both).	Three supported internships commenced in September 2017 in conjunction with Sandwell College.	Currently two staff on the internship programme with a support package in place, the third is due to start in early 2018
7. Advertising vacancies and other opportunities through organisations and media aimed particularly at	We publicise our vacancies and the trust at a variety of recruitment events including Birmingham City Council and the Department of	We plan to advertise in Diversity Group Directory all vacancies from

Theme 1 – Getting the right people for your business

You must agree to at least one of the following activities.

Activity	Evidence (only for the activities you have agreed to in your self-assessment)	Comments or further action required
disabled people.	work & Pensions looking at getting disabled people working within our organisation	Quarter 1 2018/2019
8. Engaging with Jobcentre Plus, Work Choice providers and local disabled people’s user led organisations (DPULO’s) to access support when required.	SWBH have a Learning Works centre and work with Job centre plus offering a variety of opportunities for local residents.	We continue to meet with Job Centre Plus through our Learning Works Centre – finding talent to join our organisation
9. Providing an environment that is inclusive and accessible for staff, clients and customer.	SWBH Trust has had a full Disabled Go access audit carried out and the results are available on the Disabled Go website for any disabled visitors to plan their visit.	Disabled Go to re-visit all sites in early 2018
10. Offering other innovative and effective approaches to encourage disabled people to apply for opportunities and supporting them when they do.	N/A	N/A

Theme 2 – Keeping and developing your people

The employer must have agreed to all of the following actions.

Criteria	Evidence	Comments or further action required
<p>As a Disability Confident employer, my business is:</p> <p>1. Promoting a culture of being Disability Confident.</p>	<p>We have a Disability and Long Term Conditions Staff Network, who look at both patient and staff experience within our organisation and work with our Trust Board to implement change.</p> <p>Trust is part of MidlandsAbility</p>	<p>Letters sent out on yellow paper for people with sight issues, disability access to public and staff areas within the trust, new education centre and new build Midland Metropolitan Hospital has disability access and resources as part of the implementation plan.</p> <p>Taking a more active role in Q1 2018/2019</p>
<p>2. Supporting employees to manage their disabilities or health conditions.</p>	<p>We have a Disability and Long Term Conditions staff network for anyone with a disability or long term condition and their allies.</p> <p>Occupational Health (OH) have a supportive pathway to make reasonable adjustments for staff</p>	<p>Network is currently working on the Trusts Patient Pledges and The Staff Pledges in regards to disability</p> <p>Recommendations are actioned by local managers both prior to and after assessment by OH</p>

	Ongoing training for all managers on the sickness and absence management policy – highlighting the sections on reasonable adjustments and supporting all staff to be in work	Training forms part of the core competencies for all managers – part of the SWH Accredited Manager Scheme
3. Ensuring there are no barriers to the development and progression of disabled staff.	All staff given access to development and annual PDR, enhanced training and roles are highlighted to all staff but in addition to this there is a focus through the Disability Staff Network to ensure that specific groups are effectively targeted	The Trust is looking at an internal job advertising campaign in 2018 for the three staff networks – this will target email to all staff within these groups and encourage them to take the next rung on the ladder
4. Ensuring managers are aware of how they can support staff who are sick or absent from work.	Ongoing training for all managers on the sickness and absence management policy – highlighting the sections on reasonable adjustments and supporting all staff to be in work	Training forms part of the core competencies for all managers – part of the SWH Accredited Manager Scheme
5. Valuing and listening to feedback from disabled staff.	<p>We have a Disability and Long Term Conditions staff network for anyone with a disability or long term condition and their allies.</p> <p>This group and the Head of Diversity and Inclusion for the trust listen to staff and patient stories and look at how we as an organisation can support people into employment and how to retain staff. We also trouble shoot individual cases and facilitate them being resolved at a local level</p>	<p>Network is currently working on the Trusts Patient Pledges and The Staff Pledges in regards to disability.</p> <p>Patient stories are presented to the Trust Board and ongoing action plans include:- Assistance Dog Policy Sign Language Training IT Software Implementation</p> <p>In Quarter 4 2017/2018 & Quarter 1</p>

		<p>2018/2019 we are going to run a campaign to highlight the achievement of staff within the trust who are part of our three staff networks. LGBT, BME and Disability and Long Term Conditions</p>
<p>6. Reviewing this Disability Confident employer self-assessment regularly.</p>	<p>Initially part of the Disability Two Ticks Scheme, we are migrated across to Disability Confident and this was awarded 5th of June 2017. Reassessment completed in December 2017.</p>	<p>Plan to review this assessment annually prior to the Publication of our annual report and enclose this document in the appendix</p>

Theme 2 – Keeping and developing your people.

The employer must have agreed to take at least one of the following activities.

Activity	Evidence (only for the activities you have agreed to in your self-assessment)	Comments
1. Providing mentoring, coaching, buddying and or other support networks for staff.	We have a staff network for anyone with a disability or long term condition and their allies.	<p>Network is currently working on the Trusts Patient Pledges and The Staff Pledges in regards to disability.</p> <p>There is a coaching and mentoring programme being launched in Quarter 1 2018/2019</p>
2. Including disability awareness equality training in our induction process.	Disability training is part of the Trust Induction process. All staff have a 1 hour induction presentation and also have a 20 minute video presentation regarding learning disability.	<p>There is an E-Learning platform being accessed by all staff – there will be a compulsory Diversity and Inclusion module for all staff launching Quarter 1 2018/2019</p>
3. Guiding staff to information and advice on mental health conditions.	Occupational Health have a specific pathway for this support that is outside the normal referral process, there is also counselling available through the trust.	<p>Ensure this this is highlighted in the Sickness and Absence Management training (Currently on the presentation – reassurance being sort that it is always delivered)</p>
4. Providing occupational health services if required.	The Trust has an Occupational Health department which staff can access on request.	<p>Staff have access to Occupational Health during the normal working week, outside</p>

		these hours there is an emergency protocol in place
5. Identifying and sharing good practice.	<p>The Trust are actively part of the Black Country Sustainability and Transformation Partnership (STP) Equality Sub Group and we often discuss good practice</p> <p>Trust is part of MidlandsAbility</p>	<p>Sharing of best practice and lead people is highlighted in our notes and circulated to all members of the STP</p> <p>Taking a more active role in Q1 2018/2019</p>
6. Providing human resource managers with specific Disability Confident training	<p>Within the SWBH Accredited Managers scheme we have ensured that Diversity and Inclusion is a golden thread through out – there is focus on being Disability Confident</p>	<p>As part of the E-Learning package there is a Module on Disability Confident which we are hoping to roll out to all manages in 2018/2019</p>