	Annual Equality Report 2018		
	Raffaela Goodby – Director of People and Organisation Development		
	Stuart Young – Head of Inclusion and Diversity		
	Public Trust Board		3rd January 2019

There is a great deal of activity taking place across the Trust to embed equality and embrace 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 Commissioners equality standards. The Trust is required to report annually and publically to ensure that it is meeting its equality requirements. There has been positive progress in the past 12 months on many indicators, with the Trust's key targets set out in the People Plan, and specifically the patient and staff pledges. The Board are asked to note and approve the report, to be published in early January 2019

Safety Plan		Public Health Plan	**X**	People Plan & Education Plan	**X**
Quality Plan	**X**	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	

Public Health Committee People and OD Committee

The Trust Board is asked to:	
a.	Note the report
b.	Approve the report for publishing
c.	

Trust Risk Register		Risk 114					
Board Assurance Framework		BAF 8 and BAF 9					
Equality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed	

EQUALITY and INCLUSION REPORT
Published January 2019

Contents

Executive Summary

This document is the Trust response to the Public Sector Equality Duty requirement to publish Equality monitoring data of our workforce and service users, and to 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. There are many achievements to be proud of during the year, where the Trust has demonstrated excellent care and innovation to better serve our patients and communities.

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 remain ambitious. 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.

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 records patient data on protected characteristics. The data collection has improved in the questions asked of patients about their protected characteristics. During 2018, the questions asked increased to cover 7 of the protected characteristics (not pregnancy or gender reassignment). The data which is generated from sources like GP's, Emergency Department and from planned care is stored on CDA. Information captured in outpatient clinics is manually inputted from the 'kiosks' in outpatient areas. It is a key priority for 2019 for all 9 of the characteristics to be recorded. When the Trust's EPR, UNITY, is introduced, the data capture will be more consistent.

Public Sector Equality Duty
Equality Report

Section one: Overview

1.1 Introduction

The Trust is committed to achieving equality and inclusivity both as an employer and as a provider of health services. We are determined to ensure that our policies and practices meet the needs of all service users as well as those of our 7000 staff. We will publish our equality assurance and objectives on our websites, and in print format on request.

Organisation Profile

Sandwell and West Birmingham Hospitals NHS Trust is an integrated care organisation. We are dedicated to improving the lives of local people, to maintaining an outstanding reputation for teaching and education, and to embedding innovation and research. We employ around 7,000 people and spend around £430m of public money, largely drawn from our local Clinical Commissioning Group.

This Trust is responsible for the care of 530,000 local people from across North-West Birmingham and all the towns within Sandwell. Our teams are committed to providing compassionate, high quality care from City Hospital on Birmingham's Dudley Road, from Sandwell General Hospital in West Bromwich, and from our intermediate care hubs at Rowley Regis and at Leasowes in Smethwick

The Trust includes the Birmingham and Midland Eye Centre (a supra-regional eye hospital), as well as our Sickle Cell and Thalassaemia Centre, and the regional base for the National Poisons Information Service – all based at City Hospital. Inpatient paediatrics, most general surgery, and our stroke specialist centre are located at Sandwell.

We have significant academic departments in cardiology, rheumatology, ophthalmology, and neurology. Our community teams deliver care across Sandwell providing integrated services in GP practices and at home, and offering both general and specialist home care for adults, in nursing homes and hospice locations.

Committed to public health and local regeneration

We are a key partner in efforts to change the shape of care in our area. We have built strong partnerships in primary care and are changing some of our care pathways so that patients can receive follow-up care locally rather than having to rely on a visit to one of our acute hospital sites. Our intention is to provide substantially more care at home and rely less on acute hospitals. We expect to progress a local integrated care system during the year that will be focused around improving outcomes for patients at the start and end of life, and linking up other determinants of health such as employment and housing. Most of our patient contacts are out in the community and we have expanded our clinical group for communities by introducing three medical specialties. This demonstrates our commitment to delivering care for people with long term conditions on much more of a community basis than it is today. We are committed to developing ever more consistent links into our local communities, working with voluntary sector, faith, and grassroots organisations. We continue to make major investments 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 the construction of the Midland Metropolitan Hospital, opening in 2022.

Midland Metropolitan Hospital

Our plans were approved in 2015 and we will open our new facility in 2022. When the Midland Metropolitan Hospital opens in Smethwick, it will be the bringing together of teams who provide acute and emergency

care. This was a key outcome of a public consultation about the future of local health services and will improve outcomes and safety.

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

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

Investing in the future

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:

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

The Trust annual report published in 2018 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/2018-2/

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. **(A summary of the 2013 Demographic report which was completed after the last census can be found at appendix 10).**

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:

- Recognised as a Disability Confident employer
- Won the Nursing Times Workforce Summit Award for best diversity and inclusion practice for 2018
- Achieved 9th position in the Top 50 Inclusive employers list for 2018
- In liaison with the NHS Leadership Academy successfully rolled out the BME Stepping Up programme for the West Midlands
- Submitted an application to Stonewall's Top 100 employers equality index
- BME, Disability and LGBT Staff networks highly commended for Star Awards Public Health and Equalities Award
- Commissioned British Sign Language level 1 courses for all levels of colleagues
- Introduced designated Gender Neutral toilet facilities
- Continuation of 6 Learning Disability pledges ;

Promise	Current Position
'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' **Linked to CIPOLD** (Confidential inquiry into the premature deaths of people with learning disabilities) **1** A copy of the report can be found at; http://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf	Patients are flagged on admission to the trust All flags are recorded on LD Dashboard
'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' Linked to CIPOLD 2, 7	Reasonable adjustments are discussed and outlined on trust induction LD training LD Nurse, reasonable adjustments will be monitored audited and recorded on LD dashboard.
I will put in place actions to increase the awareness and competency of staff working positively with people with LD and using reasonable adjustments.' Links to CIPOLD 12	LD awareness training LD awareness on trust induction LD Nurse is in providing training within clinical areas to increase awareness and competence when working with patients with LD.

Hand Held Records : All flagged patients have hand held record, preferably with an electronic option Links to CIPOLD 5.	Hospital passports being re developed. For use of use.
Not employing less than 40 staff with a learning Disability within SWBH	Target achieved during 2018, with data gained from Employee Network and Apprenticeship data ESR recently introduced fields to record an LD. National ESR team are working on reporting tools to be able to report on an organisational level.
Positive confirmations that deaths among LD patients were not amenable to better care from January 2017. Linked to CIPOLD 2, 7, 13, 14, 15.	Mortality reviews are completed for any LD death. 5 staff members have received LeDeR (The Learning Disabilities Mortality Review) training including LD nurse. Trust will contribute to the national LeDeR program

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 ensures that the services we offer are inclusive. We work hard to create an environment which ensures equal access regardless of age, disability, gender, religion or belief, ethnic background, sexual orientation, gender reassignment or socio-economic status.

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

What we have done

- Achieved Level 2 Disability Confident employer status (**Appendix 14**).
- Commenced work with Stonewall to enter the Trust onto the Top 100 Stonewall Equality Index by 2019.
- Continued the momentum of staff network groups for BME (Black and Minority Ethnic), LGBT (Lesbian, Gay, Bisexual the Transgender) and Disability and Long Term Conditions staff networks groups, with Executive Director sponsorship for each group.
- Launched British Sign Language Level 1 courses within the Trust.
- In liaison with the Muslim Liaison Group and BME Staff Network held our first Iftar (meal for breaking of the fast)

- Working in partnership with University of Birmingham BAME Network, Recognize Black Heritage & Culture, RCN West Midlands & Unison West Midlands commissioned and successfully launched Sandwell the **"Here to Stay"** exhibition in celebration of the contribution the 'Windrush' generation made to the NHS.
- Achieved 'SILVER' TIDE Status from the Employers Equality and Inclusion Network

What we still need to do:

- For the future, the new hospital project team are working with building contractors to develop downloadable apps that provide directions around the Midland Met site and they are exploring the use of visual patient call notifications in outpatients.

- Patients have requested two 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.

Our Local Interest Group (LIG) monitors and influences inclusion within our workplace for all protected characteristic groups including age, sex, race, religion, disability, sexual orientation, gender reassignment, marriage, civil partnership, pregnancy and maternity.

Established in 2015, the LIG is made up of senior colleagues from our organisation including the leads from each of our staff networks and chaplaincy service. The group works with the organisation to ensure a co-ordinated approach to service improvement to meet the needs of the protected characteristics and disadvantaged groups.

Head of Diversity and Inclusion, Stuart Young, explained more. “The public members of the LIG provide a critical role to the organisation, making sure we’re being inclusive of all and promoting the ethos of diversity of thought.

“They do an amazing job that is purely voluntary and they’re a fantastic sounding board for our team and the Trust.

“As an organisation we have also benefitted from their help and support in developing our patient pledges. The pledges are about the quality of care we provide for example, improving the experience of older people when they are in hospital.”

Raffaela Goodby, Director of People and Organisation Development added: “The LIG provide valuable insight into the world of the patient and their representatives. The Trust Board are grateful that the members give up their valuable time to give us feedback on how accessible, inclusive and relevant our services are.

“We’re expanding the group to be more inclusive, and we would welcome suggestions of patient volunteers from black and minority ethnic, lesbian, gay, bisexual and transgender or Eastern European communities to attend the LIG with our valuable existing members.

“I would like to say well done and thank you to all of our LIG members, in particular John Cash, who has chaired the group for recent years – it’s a pleasure working with you all on this important agenda.”

Trust Chairman, Richard Samuda agreed with Raffaela, he said: “If we’re going to deliver the best services for our patients and communities, it only makes business sense to reflect the whole range of skills, culture and abilities from all parts of our teams.”

There are currently eight community members of the LIG, and we are always looking for additional members to widen the breath and experience of this key committee.

Any member of the public who accesses our services or lives within the working area of the Trust is able to nominate themselves to be a part of the group. If you would like to nominate someone please contact the equality and diversity team at swb-tr.SWBH-GM-EqualityDiversity@nhs.net

2.1.2 **Equality Performance Assessments**

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

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 2018 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	**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 Accredited Line Manager' on inclusion and diversity • Design and deliver a manager's development workshop on inclusive leadership, as part of the 2017/19 leadership development offer. • Executive team and board development on inclusion to be delivered • Develop a photo exhibition / poster campaign to celebrate and acknowledge the diversity of staff and role model diverse leadership at different levels
2	**Review and redesign recruitment and selection processes** • 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	**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
4	**Creating a culture where it is safe to be 'out' at SWBH as a staff member or a patient** • Raise awareness and support LGBT network • Attend Birmingham Pride 2019 for recruitment and awareness raising • Join Stonewall and take part in regional conferences and workshops

	• Train staff in supporting LGBT patients sensitively and appropriately • Create a 'Safe Space' for LGBT colleagues • Work with Birmingham LGBT and other external partners to ensure best practice is being implemented • Work with Staff-side, to support LGBT staff at work • Celebrate LGBT History Month with events and support in Feb 2019 • Implement 'Allies' programme for non LGBT staff communicated and visible • Increase sexual orientation declaration to at least 20% in two years • Independent review and audit by Stonewall UK of Trust, ready to enter 'Top 100' in 2019
5	• **To ensure a safe and inclusive environment for transgender staff.** • Support clinical groups with clear guidance on the implementation of the public sector Equality Duty, which includes gender reassignment as one of the pc's. • Work with members of SWBH staff to develop a programme to raise awareness of the challenges transgender people may face. • Develop and re-launch trans policy • Develop and launch supportive guidance for staff on welcoming trans patients • Celebrate national Trans Day of remembrance in November 2018
6	• **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** • 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	**To ensure a safe and inclusive working environment for BME Staff** • Annual review of access to training for BME Staff • Develop clear action plan to respond to the 2017/8 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

	• 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	**To transform the opinion of our disabled employees about management's commitment to disability in the workplace** **Our promises** 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 **The Trust will adopt the following principles:** • **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.	• **Run communications campaigns each month with emphasis on protected characteristics (PC) based on CIPD Diversity Calendar and with visible support from employee network groups** • e.g. • 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	**To get serious about the quality and equality of care we provide to people with learning disabilities** • 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 Equality Act 2010. It requires us to make 'reasonable adjustments' so staff may have to do some things differently to achieve the same health outcomes.
2	**Widening access to services for our transgender or transitioning patients.** • 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	**Widening offer for parents who are looking after their children in hospital** • 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	**Review friends and family comments and complaints / compliments to identify trends or issues** • 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	**Enhance our offering to older people's patient experience in our hospital** • 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 Staff Networks

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

2.3.1 Lesbian, Gay and Bisexual Staff Network

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

2.3.2 BME Staff Network

The Black and Minority Ethnic (BME) Staff Network is staff group aimed at supporting and improving the working lives of our BME staff and empowering them to succeed within the organisation.

Over the last year the Trust has introduced a number of initiatives and measures to improve the experiences and outcomes for our BME staff. These include:

- In liaison with the Muslim Liaison Group and BME Staff Network held our first Chairman's Iftar (meal to celebrate breaking of the fast). The event was a huge success, involving feeding 300 colleagues, patients, families, ambulance crews and homeless. It was featured worldwide in the press and will now become a yearly event.

- Working in partnership with University of Birmingham BAME Network, Recognise Black Heritage & Culture, RCN West Midlands & Unison West Midlands commissioned and successfully launched Sandwell the **"Here to Stay"** exhibition in celebration of the contribution the 'Windrush' generation made to the NHS. This exhibition has gone on tour around the UK.

- The Trust hosted the NHS Leadership Academy Stepping up Programme for colleagues in Band 5-7 and 76 of our BME colleagues attended. The feedback has been that the course was very useful and has inspired our BME colleagues to recommend this course to others.

- During the early part of 2018, 800 Managers from across the Trust at all levels attended the Accredited Manager Programme. The programme consisted of Five core modules with Module Three explaining the concepts of the unconscious bias, particularly as part of our Trust recruitment process. The programme will continue for new employees.

- The Trust has four Staff Networks in place including a BME staff network. The network is instrumental in promotion of opportunities to employees and actively participates in celebrations such as Jamaica in the Square, Black History month, Windrush Celebrations and involvement in the WRES action plan both in the Trust and nationally.

- The Trust introduced the concept of BME panellists in October 2017. Panellists have been identified and provided with training to undertake this critical role and the Trusts' policy is that all interview panels have a BME panellist present for all recruitment interviews. This is reviewed at the Trust Public Health Board Committee.

- The BME Network have promoted "interview training" sessions for staff in preparation for applying for jobs. There were 4 advertised sessions available, particularly targeted to employees who are BME.

2.3.3 **Disability and Long Term Conditions Staff Network**

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

2.4 Training

SWBH Trust firmly believes that effective education, learning and development make 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.

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 programme is designed as an e-learning programme and is completed by all members of Trust staff. The Diversity and Inclusion team also offer bespoke training for departments as and when required. We have carried out training with all staff on the Rowley Regis site and are about ot commence a project working with the Surgical Services Group.

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.

Equality & Inclusion provides individual advice and support to managers or staff members.

The Equality & Inclusion 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.

2.5 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.

2.6 Patients

2.6.1 Patient Experience

We seek feedback from our patients about their experiences of care by using various methods which include postcard based surveys, telephone feedback, (IVM, interactive voice message), text messaging, kiosks and staff directly talking and listening to patients and carers informally.
This provides us information on their personal experience in relation to our 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.

Friends & Family Test

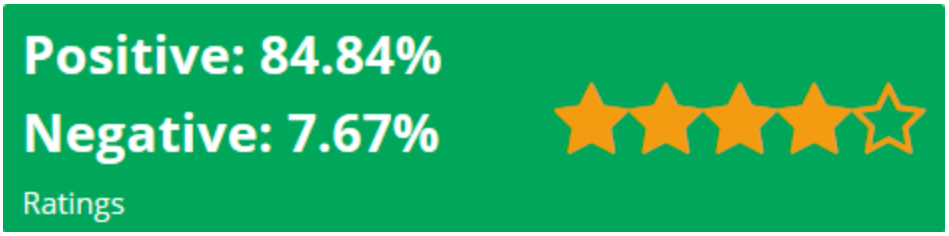
The Friends and Family Test (FFT) was first introduced in 2012. It is a two question survey which asks patients whether they would recommend the NHS service they have received to family and friends who may need similar treatment or care.
The objective of FFT is to gain patient feedback in order to use the information to deliver clinical and non-clinical service improvements.

Along with our National patient surveys this activity provides one of the most effective ways to capture genuine and meaningful information. 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.

How likely are you to recommend our service/ward to friends and family if they needed similar care or treatment?

1. **Extremely likely**
2. **Likely**
3. **Neither likely nor unlikely**
4. **Unlikely**
5. **Extremely unlikely**
6. **Don't know**

Key Themes from Patients feedback from (January - November2018)



- Staffing – staff are professional, caring, friendly and supportive
- Staff Attitude – Staff are outstanding, hardworking, efficient and friendly
- Implementation of Care – Good all round care, friendly and felt at ease
- Environment – clean, warm and comfortable wards
- Patient Mood/feeling – everyone was extremely helpful, explained everything in full
- Treatment - Questions were answered clearly, procedure fully explained and leaflets provided
- Communication – Staff listened and explained the process well in an understandable way.
- Waiting Time – Appointment on time, quick and efficient service
- Admission – Excellent service, facilities were outstanding

Areas of Improvement:

- Improve waiting times across some departments
- Better communication with doctors, i.e. simple language
- A&E cleaned more often especially during busier times
- Increase staffing on wards.

Trust Highlights from 2018:

- SMS and IVM implemented in Adult Inpatient wards and Day cases areas in addition to A&E. Plans to roll out to other areas in phases.
- John's campaign take up has been successful again this year with families choosing to stay overnight with patients and assist in recovery.
- Promotion of protected mealtimes and improved patient menu and food choice.
- Closer connections with GP's, hot clinics and iCares, improving better care continuity for our patients and offer the right care model.
- Activity co-ordinator, beauty therapists and pet care offered to patients to improve recovery.
- Introduction of 'Purple Point telephones' so patient, relatives and carers can raise concerns in need of immediate remedy. Compliments can also be made using telephone service. We are the first Trust in the country to launch such an initiative, and have done so to make it easier for a patient or family to access help whilst they are still in hospital. This should ensure that we can fix issues as soon as possible, promote local accountability without the need to escalate concerns, and reduce both formal and informal complaints.

Challenges for 2018/19

- Set up Patient engagement group
- Implement SMS and IVM in all areas of the Trust
- Utilise the use of volunteers around patient experience
- Explore electronic communication tools for ease of feedback
- Build links with other teams, PALS and Complaints
- Review Patient Experience strategy – join up data with other teams receiving intelligence.

(Demographic Data of our Friends and Family Test can be found at Appendix 12)

2.7 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, Quarterly Quality Improvement Half Days Staff Magazine, local departmental meetings. Staff views are also sought via staff surveys and other consultations taking place within the Trust.

2.7.1 Catering

The Trust Catering Services offer a selection of patient meals to include cultural Halal, Caribbean and Asian Vegetarian choices.

Halal	Caribbean	Asian Vegetarian
Keema Lamb	Mutton Curry	Vegetable Masala
Butter Chicken	Fried hake	Aloo gobi
Chicken Masala	Jerk Chicken	Lentil Dahl

	Total number of meals purchased	% Number of Cultural Patient Meals ordered
Halal Meals	13,032	5%
Caribbean Meals	14,400	5%
Asian Vegetarian	11,700	4%

In addition over the past 12 months we have also offered the following Halal meals in a number of our staff retail units

- Beef Curry
- Lamb & Potato Curry
- Chicken Tikka Masala

We have also held various theme days over the last 12 months as below;
December 13th & 18th 2017 Sandwell Christmas lunches

December 14th & 19th 2017 City Christmas lunches

2018

January 18th Healthy Eating

February 16th Chinese New Year

March 17th St Patricks Day

April 23rd St Georges Day

May 18th Royal Wedding

June 28th Around the World Cup

July 26th American Day

August no theme day

September 26th Mexican Day

October 30th Halloween

November 28th Indian

December 5th & 13th Sandwell Christmas lunches

December 6th & 10th City Christmas lunches

2.8 Student Nurses

Sandwell and West Birmingham Hospitals NHS Trust offer clinical placements to students from various different healthcare programmes at local universities. As a placement provider we do not have any involvement in which students are sent to the Trust via the universities regarding their protected characteristics therefore we do not hold any numerical data on this. Students are supported by the Trust practice placement team who provide support and advice to students on placement.

Student groups are varied and placements are offered regardless of:

- Age – Student Nurses ages can vary from 18 years old up to the age of retirement.

- Disability – we support students on placement who may have a physical disability or a learning disability. If this information is disclosed and the student wishes it, reasonable adjustments can be made within practice areas. This may be documented in the students log book, involve input from the universities appointed teams and a possible disability action plan.

- Pregnancy and Maternity – The Trust supports students on placement who are pregnant if they disclose it. The Trust risk assessment is conducted on every placement and Trust employees can use the SWBH Maternity policy.

- Gender Reassignment.
- Marriage and Civil Partnership.
- 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.

2.9 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.

2.9.1 The Sapphire Service: Reducing the risk of social isolation

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. After a successful start, the programme has now received funding from the Better Care Fund to ensure it can be sustained for a further two years.

2.9.2 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. Through Your Trust Charity support additional funding has been secured to sustain the service and it is expected that our advisors will remain to continue their valuable work.

2.9.3 Your Trust Charity

Your Trust Charity continues to work in partnership with the local community. We have had significant support from local schools in particular the Bristnall Hall Academy in Oldbury. Your Trust Charity is their chosen charity for a further year and the students and teachers are active fundraisers.

We have been successful in receiving funding from the National Lottery Awards for All scheme for a dementia garden that will assist patients with therapeutic activities.

2.9.4 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. A programme of community engagement is in place although this work was paused until arrangements for completion of the build were in place. We expect this work to build up during 2019/20 and will establish 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 2022.

2.9.5 Volunteer Service

This year we have seen an increase to 276 volunteers in placements around the trust and we are continuing to rise in numbers by endeavoured recruitment of approximately 20-30 new volunteers every month. There

has been a launch of new volunteering roles, projects along with a volunteer hub and we can confirm that our service is a constant reflection of the community it serves by upholding inclusivity across gender, age and ethnic background. The team has this year come up to its full capacity, enabling us to further go out into the wider community to serve with events, recruitment and networking, ensuring we are reflecting the Sandwell and West Birmingham population.

The Trust is one of five chosen and funded by Helpforce a national health care volunteering organisation to deliver pilot schemes testing and sharing learning about improving volunteering in Health settings. We appointed a Project Manager who developed an intervention with support from Physiotherapists where volunteers aim to support patients to maintain the same level of mobility and independence as they were admitted with. Through the project we have been able to adopt a new volunteer management system called Better Impact. Early analysis by HelpForce show figures collected through this suggest volunteers are successful in encouraging suitable patients to get dressed in their day clothes and to walk or exercise.

(For a copy of the Volunteer data see Appendix 4).

2.10 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 Appendices 6 and 7).

2.11 Apprenticeships

As an employer of choice for apprenticeships SWBH apprenticeship recruitment hub 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 150 apprentices each year into a wide range of professions and job roles. We pride ourselves in providing excellent vocational education to approved Apprenticeship Standards also with Maths and English functional skills.

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).**

2.12 Live and Work Programme

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, seven Health and Social Care, two Customer Service and two Business Administration. After their Apprenticeships their destinations have been employment at out 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.

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.

2.14 Chaplaincy

Chaplains
The Chaplain is first and foremost a 'Spiritual Care Practitioner'.

Often a Chaplain will have a background of one of the major religious expressions but he or she is trained and skilled to meet the patient beyond the parameters of any single religion.

The Chaplain is 'patient-led' and seeks to deal with the wounds of the spirit, such as disappointment, despair, failure, anxiety, unforgiveness and anger by seeking to bring hope, comfort, meaning and reassurance. This can be achieved at times by undertaking religious ritual with which the patient may be familiar, or simply through the means of conversation.

Diversity

The Trust's Chaplaincy Team include men and women from all the major faiths established in our wider community, Hindu, Muslim, Sikh and Christian (Roman Catholic, Anglican and Free Church).

Hospital Chapels are designated multi-faith prayer rooms and in addition to these facilities City Hospital has two separate Muslim Prayer Rooms (Salat) with separate wash facilities (Wudu).

Availability
The Chaplaincy provide a 24 hour call-out system.
If a chaplain is required from a particular faith every effort will be made to provide the appropriate service.

A response to an out-of-hours call is usually within the hour.

A chaplain may be called at any time it is felt that spiritual care is needed.
All on-call Chaplains have pagers or mobile phones.

Chaplains can be called at the time of a birth to give thanksgiving, at the end of life to bring a dignified closure, at critical times to offer prayers for strength and recovery, and to give general support and encouragement.

Chaplains can organise most of the rituals of the various faiths including baptisms, funerals and emergency marriages in the case of the chronically ill.

The level of the religious input is decided in consultation with the people concerned.

Chaplains are likewise available to the staff for support in any critical experience they may be passing through.

What does a Chaplain do?

Often patients just want to talk through difficult times and Chaplains are available as 'listeners'.

In emergency situations, after the Chaplain has introduced them, they will ask for a briefing of the situation either from the family or the nursing staff or both.

The Chaplain will ascertain the type of Spiritual Care required, give you a brief description of what he/she is going to do and ask you if he/she may precede.

He/she will probably follow up by visiting the patient again as appropriate, we work very closely with Pallatitive care and Critical Care.

Diversity Statistics for Chaplaincy Service – (Table of Diversity Statistics can be found at Appendix 13)

Age: Our Chaplains (30-50) X 2 (51-65) X 7 (66-90) X3

Volunteers: (30-50) X 3 (51-65) X 0 (66-90) X 9

Ethnicity: Chaplains, 1x Bangladesh 2x Indian 3 x African 1 x Black/British 1x Irish 4 X White/British

Gender: Chaplains X3 Female X 9 Male
Volunteers: X4 Male 8 X female

Gender Identity (Gender Reassignment) X 0

Disability: None

Religion and Belief: 1X Muslim, 1 X Sikh, Christian and 1 X Hindu and Christianity We have access to other faith chaplains if they are required by our patients and staff.

Sexual Orientation: As far as I am aware they are all heterosexual

Marriage and Civil Partnership: 5X Married

Pregnancy and Maternity: None

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 1.5 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, Sexual Orientation, Gender Reassignment, Marital Status and Maternity/adoption. This is an improvement on last years' data collection

Accompanying this report is a summary of the workforce data (Equality Report – Workforce Equality Data) for the period December 2017 – November 2018 (**Appendix 8**).

Key messages from the data

Staff in Post Scorecard - The figures are headcount numbers as at the 1st of each month.

Of note:

- 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 Staff-side partners on a monthly basis at the JCNC.

3.3 Pay Gap Audit

From 2017 the Trust has a duty to carry out an equal pay audit to assess whether there was inequity in pay in relations to gender, ethnicity or disability and to fulfil a statutory requirement to comply with the Gender Equality Duty Code of Practice and the Trust Public Sector Equality Duty. The figures must be calculated

using a specific reference date – this is called the 'snapshot date'. The snapshot date each year is 31 March. The Trust has made a commitment to pay its staff at least the Real Living Wage.

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.

3.4 NHS Workforce Race Equality Standard

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

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

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

The 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 to work with race. Continuous embedding of accountability to ensure key policies have race equality built into their core, so that eventually workforce race becomes everyday business. 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.

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 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

In October and November 2017, 1,250 staff across the organisation were randomly selected to participate in the NHS staff survey. Of those who were polled, 341 staff gave their feedback. The results were released in 2018 and allowed us to see how staff feel about working for SWBH, whether that has changed since the last survey and how we compare to other, similar NHS organisations.

The report highlighted some areas where we have made improvements. For instance, the number of colleagues who feel they are able to contribute to improvements within their teams has gone up by 8 per cent. And the number of colleagues agreeing that their role makes a difference to patients is 93 per cent which is above the national average.

In relation to equality and diversity, the report revealed there is still work to do.

- Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months was 32 per cent compared to 12 per cent on the previous year.
- Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months was 22 per cent compared to 19 per cent on the previous year
- Percentage of BME staff believing that the organisation provides equal opportunities for career progression or promotion was 72 per cent compared to 84 per cent in 2016

3.6 Patient Data

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

(A breakdown of our patient data can be seen in Appendix 9). As you will see from the data collection whilst patients are happy to divulge their sex, age and ethnicity there is a shortfall in the willingness to disclose their other characteristics. We also have a piece of work to do with our A & E departments as there are a large proportion of these patients for whom we do not collect data the data.

4.0 Concerns and Complaints

4.1 Complaints

Concerns and complaints raised by patients, carers or visitors are treated with the upmost seriousness and routes exist whereby they can be resolved informally and locally where appropriate and/ or through the formal complaint process if our initial attempts to resolve them fail. The Trust is committed to hearing the experiences of those using services and actively responding to them in an open and transparent manner. We recognise that it is only through hearing their experiences that we can truly and openly improve

services for the better. This can be seen as a hallmark of the success of the Trust and it is only through our patient's experiences that we truly learn and improve services for those that use them every day.

It is recognised that for some complaints, a resolution meeting, as opposed to a written response can be more effective in resolving concerns. Some complainants specifically express a preference to meet with the Trust, and it remains an important and useful aspect of the complaints resolution process. An essential part of the process we deliver is to offer all complainants the opportunity to meet with the Trust and this message is also reiterated to all involved in devolved complaints across the Trust.

Another essential aspect of the process is measuring how we are doing in responding to the concerns raised. Most neighbouring Trusts share similar struggles to gather this feedback. During Quarter 3 of 2017 our generic questionnaire was stood down in order to consider other, possibly more fruitful feedback methods and establish which route may work better for our patient group. The work on a questionnaire or a text questionnaire is underway at this time and is planned to be launched in time for April 2019.

Putting things right and having that opportunity to correct a wrong can be part of an individual's recovery. We have committed to a journey to improve how we respond to issues of concern and embed good practice throughout the whole of the organisation. Change and improvement is a continuous process and we have to undertake this alongside those who know our services because they have used them.

In order to evaluate if our complaints process is accessible to all, it is an important step 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 11)**

4.2 Local Resolution or Informal concerns (formally known as PALS) and Purple Point

Informal Complaints or Concerns, (what we used to call PALS) continue to play a key role in providing patients with a local approach to investigate and resolve concerns within the Clinical Group effectively and without the need to undertake what can be a full, lengthy 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. This has further been enhanced with the introduction of the Purple Point calls, which receive those concerns and enquires specifically from inpatients or relatives of inpatients. The calls are received and immediate action is then undertaken to resolve the concern at a very local level.

The consistency of recording compliments has been identified as an area we can improve upon across the whole Trust, and the Purple Point calls also take these type of calls. We want to be able to share those messages of thanks and gratitude as wide as possible as well as learning from what went well, at the same time as learning from those that have the need to raise or express concerns.

5.0 Conclusion

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

The actions identified including the outcome of the EDS equality performance analysis will enable us to forge ahead and establish our equality objectives and actions to address the gaps in data and service provision. We will consult with patients and staff to develop our Equality objectives in line with the EDS2, to ensure that our Equality, Diversity, Inclusion and Human Rights strategy and objectives, prioritise the areas we need to improve.

Appendix 1

WRES Report

For each of these four workforce indicators, <u>compare the data for White and BME staff</u>	**Data for previous year**	**Data for current 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**
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. Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	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% 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%	Clinical Staff BME of which non-medical Under Band 1- 26% Band 1 - 25% Band 2 - 39% Band 3 - 29% Band 4 - 33% Band 5 - 49% Band 6 - 34% Band 7 - 23% Band 8A - 24% Band 8B - 21% Band 8C - 19% Band 8D - 14% Band 9 - 33% VSM - 0% Non Clinical Staff BME Under Band 1 - 36% Band 1 – 37.5% Band 2 - 35% Band 3 - 30% Band 4 - 24% Band 5 - 31% Band 6 - 34% Band 7 - 38%	The data for this indicator shows that for Clinical BME staff there has been an increase in staffing levels at all levels with no change at VSM. For Non Clinical BME staff there has again been an increase in all bands to bands 9 which again has seen no change and at VSM there has been a decrease of 1% For White Clinical staff there has been a increase across all banding to VSM which again has seen a 1% decrease. Non Clinical White staff has seen an increase across all bandings.	Review and redesign recruitment and selection processes • 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. 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 • Annual review of data and analysis, will be brought to the board • Release staff to the ‘Stepping Up’ BME

	Band 8B - 2% Band 8C - 7% Band 8D - 5% Band 9 - 0% VSM - 11% Clinical Staff White - Under Band 1 - 0% Band 1 - 19% Band 2 - 28% Band 3 - 37% Band 4 - 19% Band 5 - 41% Band 6 - 58% Band 7 - 65% Band 8A - 52% Band 8B - 55% Band 8C - 30% Band 8D - 37% Band 9 - 31% VSM - 0% Non Clinical Staff White Under Band 1 - 0% Band 1 - 37% Band 2 - 25% Band 3 - 28% Band 4 - 49% Band 5 - 8% Band 6 - 4% Band 7 - 6% Band 8A - 21% Band 8B - 32% Band 8C - 57%	Band 8A - 36% Band 8B - 8% Band 8C - 10% Band 8D – 8.5% Band 9 - 0% VSM - 10% Clinical Staff White - Under Band 1 - 74% Band 1 - 50% Band 2 - 51% Band 3 - 64% Band 4 - 58% Band 5 - 44% Band 6 - 62% Band 7 - 72% Band 8A - 75% Band 8B - 79% Band 8C - 81% Band 8D - 86% Band 9 - 67% VSM - 0% Non Clinical Staff White Under Band 1 - 43% Band 1 - 50% Band 2 - 53% Band 3 - 59% Band 4 - 72% Band 5 - 65% Band 6 - 61% Band 7 - 59% Band 8A - 60% Band 8B - 92%		Leadership Programme - Bands 5/6 and Bands 7 • Monitor ‘First Line Leadership Attendance’ of BME Staff to ensure it does not drop below 30% • 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

	Band 8D - 47% Band 9 - 61% VSM - 78% Of which Medical and Dental BME Consultants -61% Non consultant career grade – 73% Trainee grades – 53% Other – 40% Of which Medical and Dental White Consultants -32% Non consultant career grade – 21% Trainee grades – 44% Other – 40%	Band 8C - 90% Band 8D - 83% Band 9 -100% VSM - 90% Of which Medical and Dental BME Consultants -59% Non consultant career grade – 75.6% Trainee grades – 54% Other – 50% Of which Medical and Dental White Consultants -35% Non consultant career grade – 18.5% Trainee grades – 44% Other – 40%		
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	Number of short-listed applicants – White – 2435. BME - 2773 Number appointed White - 406 BME - 325. Therefore White candidates are 1.42 times more likely than	The data indicates that there has been an increase in the likelihood of white candidates being appointed over BME by 0.03 times	Review and redesign recruitment and selection processes • 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

	BME candidates to be appointed.	BME candidates to be appointed.		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 2017 shows that BME staff are 0.65 times more likely to enter the formal disciplinary process.	Data for the current Shows that the Trust had 48 formal disciplinary case of the breakdown is; White – 31 BME - 11 Therefore BME staff are 0.52 times more likely to enter the formal disciplinary process.	There has been a reduction of 0.13 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 • 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
4 Relative likelihood of staff accessing non-mandatory training and CPD.	Non-mandatory and CPD training attendance by ethnicity: White = 0.28% BME = 0.22% White staff were 1.25 times more likely than BME staff to attend non-mandatory and	Non-mandatory and CPD training attendance by ethnicity: White - 18%% BME – 11%. Therefore white staff were 1.61 times more likely than BME staff to attend non-	There has been an increase in white staff accessing non mandatory training and CPD over BME staff by 0.36 times .	The Education Committee will oversee the analysis of training requests and training funds vs ESR and consider against protected characteristics data – in particular BME colleagues • 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

	CPD training during this period.	mandatory and CPD training during this period.		remedial action
National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.				
5 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White – 26% BME – 12%	White – 24.24% BME – 32.14%	Whilst there has been a 1.76% decrease in white staff experiencing bullying, harassment or abuse from patients, relatives or the public, there has been a 20.14% increase for BME staff members.	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
6 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White – 22% BME 19%	White – 25.4% BME – 21.82%	This indicator shows that there has been a 3.4% increase in white staff experiencing harassment, bullying or abuse from staff with a 2.82% increase in BME staff experience.	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 Creating a culture where it is safe to be 'out' at SWBH as a staff member or a patient • 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 • 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 Staffside, and RCN 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 to at least 20% in two years • Independent review and audit by Stonewall UK of Trust, ready to enter 'Top 100' in 2018
7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White – 85% BME – 84%	White 87.1% BME – 72.2%	This indicator shows that whilst there has been an increase of 2.1% in White staff believing the trust provides equal opportunities for career progression or promotion	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

			there has been an 11.8% decrease in BME staff perception.	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
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	White 5% BME 7%	White – 8.96% BME – 5.08%	The data in this indicator shows a 3.96% increase for White staff experiencing discrimination from their manager/ team leader or other colleagues, there has been 1.92 decrease for BME staff.	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
Board representation indicator For this indicator, compare the difference for White and				

BME staff.				
9 Percentage difference between the organisations' Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator	Total workforce White - 57% BME - 36% Board Voting Membership White - 83% BME - 17% Board Executive Membership White - 90% BME - 10%	Whole workforce: White – 55.6%, BME – 37.6% Voting Membership: White – 78.6%, BME – 21.4% Therefore the percentage difference is 22.9% for white members and -16.2% for BME	The data shows that the Board Voting membership is over-represented by 22.9% for White staff and under-represented by 16.2% for BME staff.	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 • 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

Appendix 2

Workforce Race Equality Standards Action Plan for 2018/2019

Contents

Summary

This report contains information in relation to the SWBH workforce and the NHS Workforce Race Equality Standard (WRES). The WRES has nine standards and this report is written in response to each of the 9 standards.

In summary the report identifies some of the Clinical workforce, in particular at Band 5 (in particular qualified Nurses) to be over-represented with BME colleagues as a proportion of the total workforce, however beyond Band 6 there appears to be a rapid decline in the number of BME colleagues in positions with a higher Agenda for Change (AfC) Band. This report discusses actions taken to date, describing some improvements between 2017 and 2018 but also describes targeted action to create a succession plan for the future that is inclusive of our BME workforce.

The action plan include development of our Band 5 and 6 BME Nursing workforce through be-spoke Team Leader Apprenticeships offering experiences like shadowing and mentoring as part of their apprenticeship programme in addition to attending the well-received NHS Leadership Academy Stepping-Up Programme.

Our Clinical and Non-clinical workforce for above Band 7 requires a greater focus with opportunities such as the Executive MBA (Level 7) Apprenticeship being available and our BME colleagues encouraged to complete and also through our internal talent management that we identify future aspiring BME directors and ensure they have the opportunity to attend the Aspiring Directors course

The WRES report and our staff survey outcomes require some further exploration and detail about perceptions to gain insight into how these may be unblocked. Therefore a series of Focus Groups will be held to gain valuable insight to determine robust action plans for these areas.

The report details the WRES workforce data and presents the information in a very visual format, particularly the White/BME employee ratios at each Band, the graphs are a visual representation and may be an appropriate way to share our information with our workforce and embed the reasons that the actions in this plan are so important.

1.0 Employee Ethnicity in Workforce

1.1 Population demographics

1. The local population for the Sandwell and West Birmingham area has the ethnicity breakdown as follows (2011 Census Data)

	Sandwell	West Birmingham	Total across Sandwell & West Birmingham
BME	27.70%	52.90%	40.90%
White	70.00%	45.60%	57.50%
Other	1.30%	1.50%	1.40%

The SWBH workforce data below demonstrates the % distribution of White and BME employees in 2017 and 2018. The data suggests an overall decrease of 0.86% for white employees from 2017 to 2018 and an overall increase of 1.37% in BME employees. The data for SWBH in 2018 reports both white and BME % below that of the local population, however 6.7% of employees have their ethnicity unknown and therefore this may be a contributory factor in both BME and white showing under the local population numbers. The SWBH workforce data suggests that the proportion of white staff is below the local population by 1.9% and the proportion of BME staff is below the local population by 3.22%.

	2017	No of staff	%
SWBH Total Workforce	White	3863	56.48
	BME	2483	36.31
	Unknown	493	7.21

2018	No of staff	%
White	3878	55.62
BME	2627	37.68
Unknown	467	6.70

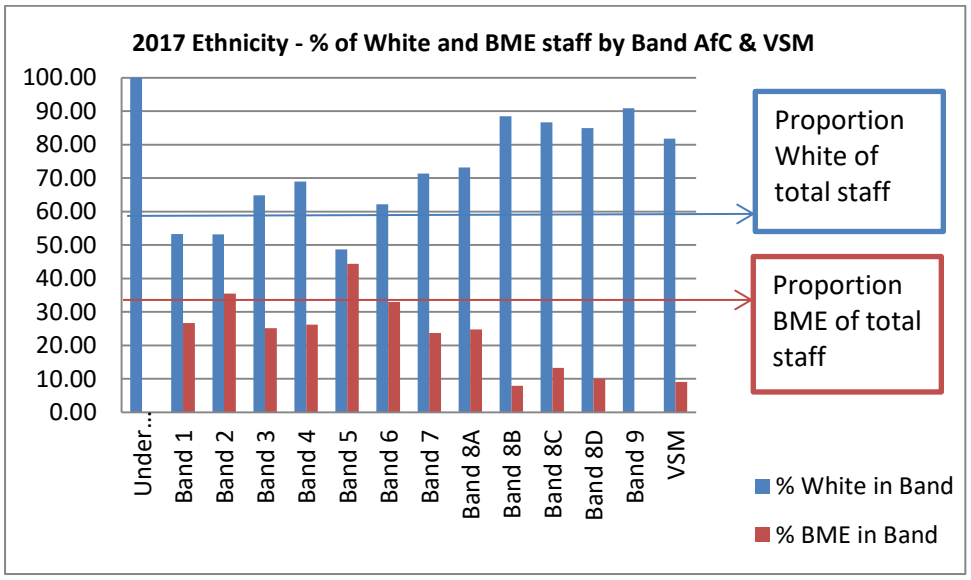
The SWBH Trust data demonstrates that the medical workforce is over-represented in % of BME employees and the Agenda for Change (AfC) pay bands and Very Senior Manager (VSM) employees are both under-represented in the % of BME employees of our Trust % employee total. The tables below demonstrate the medical, AfC and VSM workforce % numbers as a total of the whole Trust total (headcount).

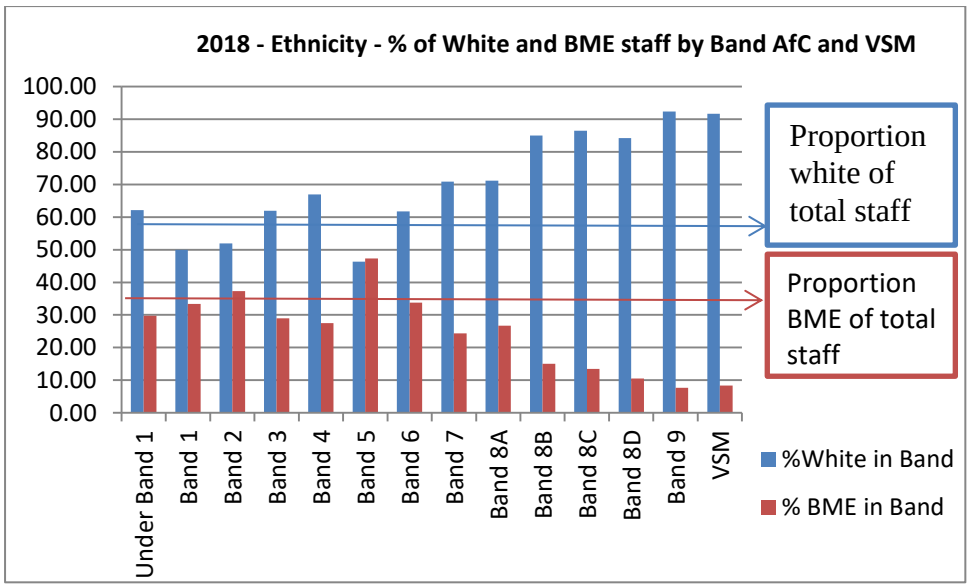
	2017	No of staff	%
Medical Workforce	White	277	36.02
	BME	453	58.91
	Unknown	39	5.07
	2017	No of staff	%
AfC and VSM Workforce	White	3586	59.08
	BME	2030	33.44
	Unknown	454	7.48

2018	No of staff	%
White	275	35.81
BME	459	59.77
Unknown	34	4.43
2018	No of staff	%
White	3603	58.08
BME	2168	34.95
Unknown	433	6.98

1.2 SWBH Workforce by Band

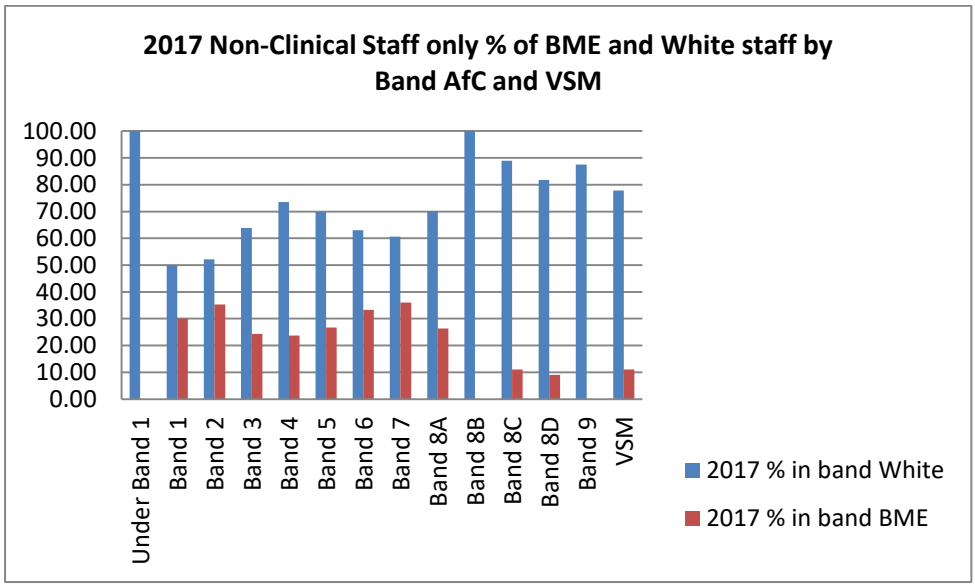
The graphs below demonstrate for both AfC and VSM by Band the proportion of the workforce who are White and BME in each of the Bands. In 2017 the graph demonstrates a significant decline in number of BME employees above Band 6. This continues in 2018 with a slight improvement in Band 8B and Band 9 posts.

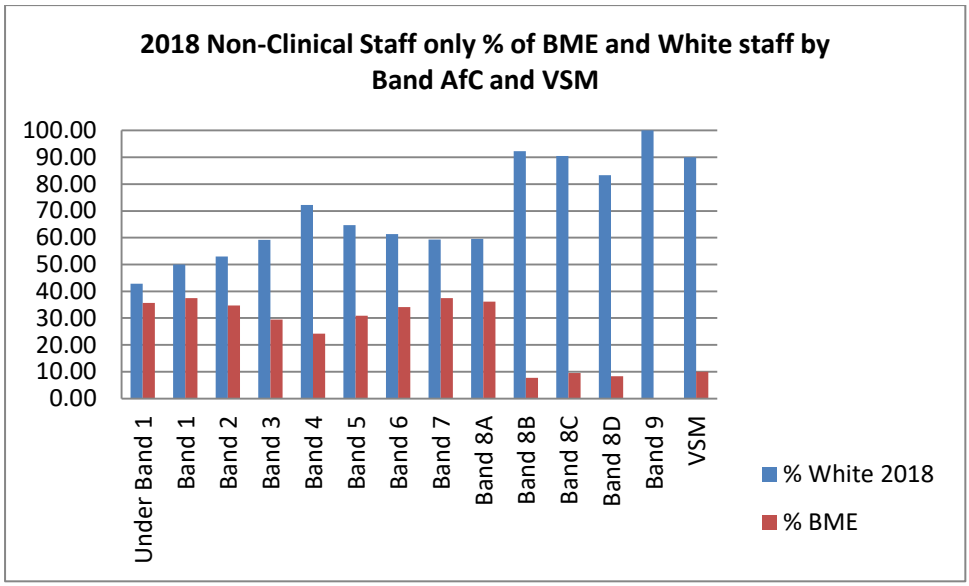




1.3 Our Non-clinical workforce

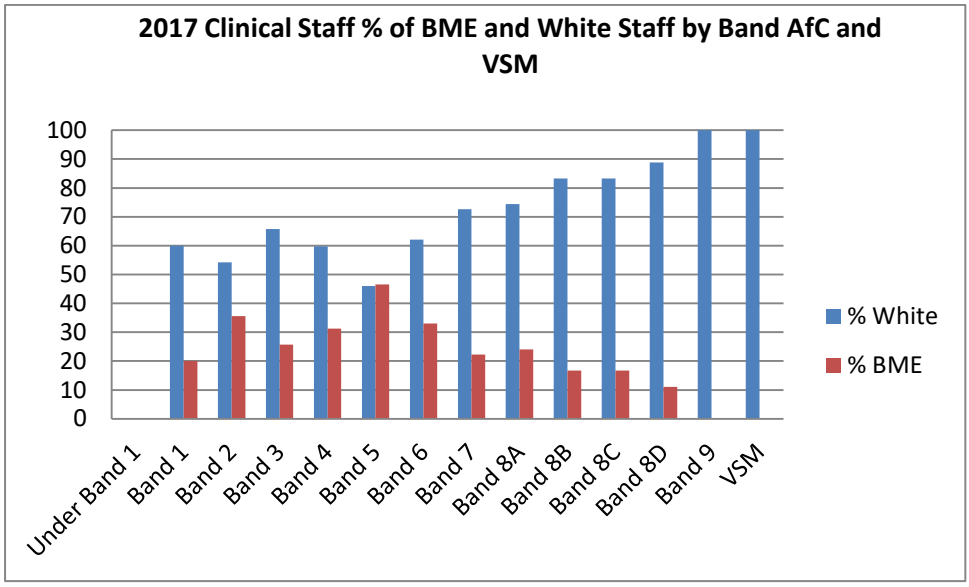
The graph below breaks down the above data into Clinical and Non-clinical employees. For Non-clinical employees the data in both 2017 and 2018 shows a significant change above Band 8A, however there is some pipeline to these posts in view of the % BME employees at Band 7 and 8A and work to deliver career progression with this cohort of employees is required.

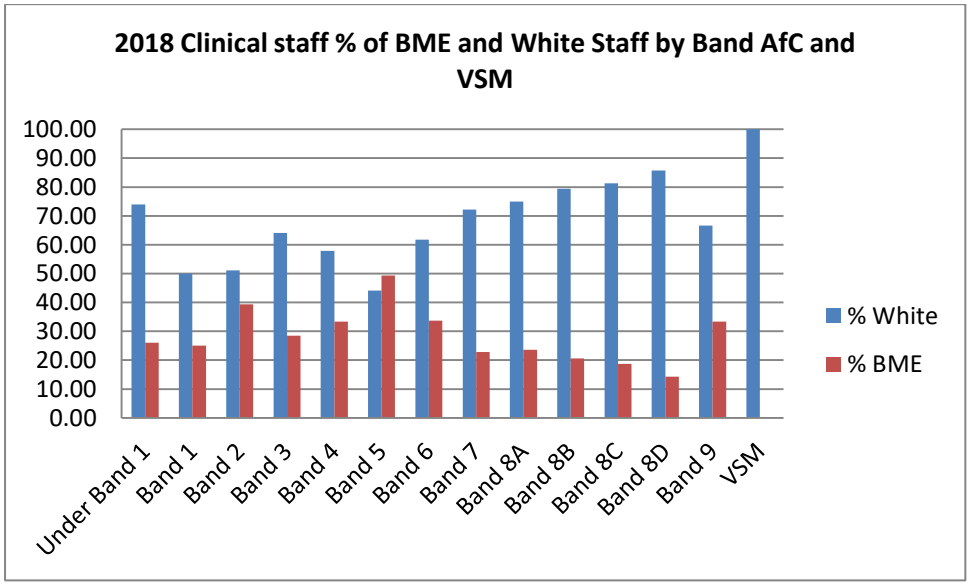




1.4 Our Clinical Workforce

The Graphs below demonstrates the distribution of BME and White staff in Clinical roles for both 2017 and 2018. Although the distribution shows improvement at Band's 8D and 9 between 2017 and 2018, the graphs also shows a higher percentage of staff in Band 5 clinical roles are BME, this would indicate that there is a requirement to develop and our BME Band 5 and Band 6 nurses to become the Ward Managers and Matrons of the future.





1.5 Actions Plan – Delivered to Date

Stepping up Programme

The Trust hosted the NHS Leadership Academy Stepping up Programme for Bands 5,6 & 7 and 76 of our BME colleagues attended. The feedback has been that the course was motivational and has inspired our BME colleagues who would recommend this course to other BME colleagues.

Accredited Manager Programme

During the early part of 2018, 800 Managers from across the Trust at all levels attended the Accredited Manager Programme. The programme consisted of 5 core modules with Module 3, explaining the concepts of the unconscious bias, particularly as part of our recruitment process. The programme will continue for new employee.

BME Network

The Trust has 4 Staff Networks in place including a BME staff network. The network is instrumental in promotion of opportunities to employees and actively participates in celebrations such as Jamaica in the Square and promotion of Black History month.

BME interview panellists

The Trust introduced the concept of BME panellists during the Accredited Manager programme. Panellists have been identified and provided with training to undertake this critical role and the Trusts' policy is that all interview panels have a BME panellist present for all recruitment interviews.

1.6 Improvement Plan

Targeted Programme for Band 5 Nurse

Introduce the new Team Leader Apprenticeship to our Band 5 workforce. The Apprenticeship is applied to the day job with learning about hospital flow and the role of shift lead in ensuring flow is maintained but also part of the "off the job training" can be actively shadowing a Ward Manager/Matron/Director of Nursing and attending meetings/forums that a Band 5 Nurse may not have previously had access to.

Equality and Diversity Training

This training has been offered historically once at Induction for all new employees. The national recommendation is to increase the frequency of training to every 3 years which would see a large number of staff undertake the training in 2018/19.

Stepping up programme

In 2018/19 the Stepping up programme will be targeted to Band 5 and Band 6 Nurses with the majority of places offered to this group.

Tracked career progression

For those employees who are taking part in the stepping up programme that we follow up with each individual whether they are accessing the career development opportunities that are available to them. This will identify any additional barriers or blocks that may not be obvious to the Trust.

Extended role for BME panellists

At present BME panellists are able to attend interviews at their own band or below, however the proposal for 18/19 is that this is extended to enable BME employees to experience interviews for higher banded posts and also for posts that they may want to apply for in the future, this will aim to break down barriers and perceptions that a BME person will not be recruited

Mentoring and Coaching

The Trust is launching its Coaching and Mentoring programme this year and this will be advertised to the BME network and to our talent pool for the future.

Further Data Analysis

The high level data in this report should be available to our Clinical Groups and Corporate Directorates both at a strategic level but also broken down to individual Group Level. This information should be reviewed as part of the Group Review process to identify any anomaly areas.

For BME, the subset data should be reviewed to provide intelligence as to whether there is a particularly sub-group within the data that requires focus to improve.

Organisation Communications Plan

During the Accredited Manager Modules, it was found that the organisation were not always clear about the role and the reason for BME panellists, however when an Executive was present and described the position, the accredited manager groups have responded positively to the message. Therefore, there are likely to be gains in the organisation understanding the BME stats and our organisation profile to help our Managers understand the problem and be part of the solution

2.0 Recruitment of BME Employees

This section describes the relative likelihood of staff being appointment from shortlisting across all posts.

The table below demonstrates the number of candidates shortlisted by BME or White in both 2017 and 2018

	2017	2018
White	2657	2435
BME	3159	2773

The table below demonstrates the number of candidates appointed by BME or White in both 2017 and 2018

	2017	2018
White	419	406
BME	358	325

Therefore in 2017 white candidates were 1.39 more likely to be appointed and in 2018 white candidates are 1.42 times more likely to be appointed.

2.1 Actions Delivered – To Date

BME Panellist

During 2017/18 the Trust has identified a cohort of BME Interview Panellists who have received training to be present on all interview panels. The message has been delivered through the Accredited Manager Programme that no interview should take place without a BME Panellist.

Accredited Manager

800 Line Managers have received a training module in Recruitment and Retention with a focus on unconscious bias and BME Panellists.

Interview training

The BME Network have promoted “interview training” sessions for staff in preparation for applying for jobs. There were 4 advertised sessions available, particularly targeted to employees who are BME.

2.2 Improvement Plan

BME panellists

The BME panellists are now present on all interviews, however this only embedded recently and the impact not yet realised within the organisation. In addition to the implementation of BME Panellists, during 2018/19, BME panellists will be able to attend interviews for higher banded posts as well as those at their band and below.

Targeted Positive Action

For those employees who want to progress to their next position but have not yet been successful, a programme of targeted positive action including preparing for interview and techniques to use in interview and collating interview feedback to work on a targeted individual action plan for BME employees.

Job adverts

All SWBH job adverts to state that we would welcome applications from under-represented groups to ensure that potential BME applicants receive a positive message about the inclusivity of the Trust and to ensure internal BME applicants are encouraged to apply also.

Gain feedback from BME Panellists

Set up BME Panellists focus group to gain information including what's working well, what not so well and any areas that require a focus to improve.

3.0 Formal Disciplinary Process

The data below describes staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation for both White and BME employees.

	Rolling 2017/2018	% of total
White	31	73.81
BME	11	26.19

The data demonstrates the 26.19% of the total formal disciplinary processes are with BME employees and 73.815 of the total are with white employees. This data does not suggest that the Trust has an over-representation of BME colleagues within the formal disciplinary process.

3.1 Action taken – To Date

Review of Grievances

A review of formal grievances has taken place in 2018 which indicates that a proportion of formal grievance cases may have had an improved outcome if they were dealt with via mediation instead of the formal grievance process, the outcomes of this review have formed a plan for mediation in 2019.

3.2 Improvement Plan

Introduction of Mediation

In 2019 the Trust will launch a new process where mediation will be offered as the first line of resolution to employees who have raised grievances. This is envisaged to reduce the time and stress involved in going through a formal grievance process to get to an amicable outcome.

4.0 Training & CPD

The table below demonstrates the % of staff for both White and BME who accessed non-mandatory training in 2018.

	White	BME
Total staff	3875	2623
Accessed training	690	291
% of total	17.81	11.09

*the data does not include the BME stepping up programme where 76 BME colleagues attended

If Stepping-up was included in the data the % of the total for BME would be 13.99% with a difference of 3.89% more employees of white origin receiving non-mandatory training than BME. The data also excludes localised development (e.g. shadowing, internal courses, on-the-job training, CPD and non-mandatory training for doctors). Reporting of these types of activities is difficult to collate and therefore was not included in the data submission.

4.1 Action Plan – to date

Stepping up Programme

The Stepping up Programme provided by the NHS Leadership Academy has been delivered from our Trust. The programme was advertised via our internal communications methods and generated a cohort who have now attended and provided feedback indicating that the programme was valuable and some have gone on to further their career post programme.

Retrospective review of training data

The training data by ethnicity is reviewed annually and highlighted some concerns in how our data is collected mainly that it excludes doctors and programmes delivered internally. A solution for a robust way of reporting this will be developed in 2018/19.

4.2 Improvement Plan

Training budget

The training budget is allocated following the training needs analysis across the organisation (post PDR cycle). The training is prioritised by Groups and then allocated using a proportion of headcount, requests, strategic priorities and succession plans. For future the prospective allocation of training budget will also take ethnicity into consideration by Clinical Group to ensure equity to training funds.

BME Nurse Team Leader Apprenticeship

This apprenticeship will strengthen our nursing workforce but also provide the pipeline of BME employees by creating a solid leadership and managerial foundation fit for the future provision of an increased number of BME clinical staff in the AfC bands above Band 6.

Network promotion of courses available

Deliver cohorts of Maths, English and ICT to our Facilities and employees at Band 2. The Network will promote this opportunity to ensure that BME employees are aware of the programme but also access the programme.

5.0 Harassment, Bullying or Abuse from Patients

The below data demonstrates the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

	2017	2018
White	26%	24.24%
BME	12%	32.14%

The above table shows a decrease of 1.76% for white staff experiencing bullying, harassment or abuse from patients, however shows a significant increase of 20.14% for BME staff members.

These results are taken from the Staff Survey and more work is required to understand the response rate for BME and whether the 20% is representative of a small or larger group, which will provide greater insight and enable more targeted solutions.

Our Trust data suggests higher levels of Violence and Aggression in incident reporting, which may be an outcome from promotion and requesting staff to report incidents but also suggests a link to focused care changes.

5.1 Action Plan – to date

Reporting of Bullying, Harassment and Abuse from Patients

The Trust has an open culture and one of "speak up" where employees are asked to be open and honest and to report adverse incidents and experiences where they may not have been declared previously. This culture, although increases likelihood of reporting also enables the Trust to respond where improvements are required.

New Role – Head of Diversity and Inclusion

The creation of a new role which in part promotes inclusion and encourages all staff to speak up and report incidents and concerns may have had an impact on reported from under-represented groups.

5.2 Improvement Plan

Staff Survey Completion Rates

The Trust is actively working to increase feedback rates including that of the staff survey to ensure that the results are indicative of the organisation and not skewed by a low response rate.

The Staff Survey should be reviewed by Group to see whether the data is more pertinent in one or more areas or across the board.

Safeguard Reporting Analysis

There is a requirement to undertaken some comprehensive analysis from the Safeguard Reporting data. This will enable us to understand whether the increase in violence and aggression pertains to a particular site, ward or clinical/non clinical area. Our actions need to be targeted to the outcome of this analysis.

Trust Signage re: Zero Tolerance

A review of the signage in relation to Zero Tolerance to Staff for all areas of high reporting of incidents is required. This may result in a need to increase the signs to remind patients of the stance the organisation takes to harassment, bullying and abuse of its employees.

Red card processes

The Trust has a system of writing warning letters to patients who bully, harass and are violent to employees. This process should be reviewed, in particular for those patients who continue to bully, harass or be violent to employees, a different approach may be required to minimise the impact of these patients.

6.0 Harassment, Bullying or Abuse from Staff

The below table demonstrates the Percentage of Staff experiencing harassment, bullying or abuse from staff in last 12 months by Ethnicity.

	2017	2018
White	22%	25.40%
BME	19%	21.82%

The table above demonstrates a 3.4% increase for white employees experiencing harassment, bullying or abuse and an increase of 2.82% for BME staff.

6.1 Action Plan – to date

PDR (Performance Development Review)

The Trust launched a new PDR, Aspiring to Excellence in 2018/19 with every employee including doctors receiving an annual PDR. The PDR reviews performance and behaviours from the previous year and the potential for the individual. The behaviours section of the PDR is aligned to our Trust Values , our 9 Trust Promises. These promises are to our patients and also each other and we check in with those behaviours as part of our PDR to make sure we are aligned to our Trust values. If an employee does not demonstrate the behaviours aligned to our organisation, the PDR will include a discussion about that and the score attributed reflective of the behaviours demonstrated.

Accredited Manager Programme

All 800 Managers of People have attended the Accredited Manager Training Programme in early 2018. Module 1 – Aspiring to Excellence PDR. This module is dedicated to PDR as a process, a review of the new scoring mechanism and also that behaviours are a crucial part of what we do.

6.2 Improvement Plan

Staff Survey Analysis

The Trust is actively working to increase feedback rates including that of the staff survey to ensure that the results are indicative of the organisation and not skewed by a low response rate.

The Staff Survey should be reviewed by Group to see whether the data is more pertinent in one or more areas or across the board.

Bullying and Harassment Awareness

A leaflet will be issued to every member of staff in October 2018 with their monthly payslip. This will ensure that awareness across the organisation is heightened and that staff are aware of options of dealing with this.

Focus Groups

The Trust will run a set of focus groups to improve the understanding of the data and bring together a set of actions to reduce the bullying, harassment and abuse that employees are experiencing from other members of staff.

7.0 Career Progression

The table below demonstrates the percentage of employees believing that the Trust provides equal opportunities for career progression or promotion (this data is taken from the NHS Staff Survey).

	2017	2018
White	85%	87.10%
BME	84%	72.20%

The data demonstrates a decrease of 11.8% of BME employees believing that the Trust provides equal opportunities for career progression or promotion.

7.1 Action Plan – Delivered to date

BME Panellists

All interview panels at SWBH have a BME representative to reduce occurrence of unconscious bias at interview and ensure the best person for the job is appointed. These panels are now in place and staff have received training but the benefits are yet to be realised.

7.2 Improvement Plan

Focus Groups

To hold a series of focus groups with the objective of finding out what is blocking our BME employees believing that the Trust provides equal opportunities and what action would improve the perceptions.

se role models to deliver mentoring and coaching to BME employees to ensure that those employees who aspire to develop into their next roles feel able to accomplish this within the organisation. Use story-telling to inspire individuals to achieve their potential.

8.0 Discrimination from Manager, team leader or colleague

The below table demonstrates the % of staff taken from the staff survey who stated that they had received in the last 12 months discrimination at work from a Manager/Team Leader or colleague.

	2017	2018
White	5%	8.96%
BME	7%	5.08%

The data shows an increase of 3.96% for employees who are White receiving discrimination from a Manager or colleague but a decrease of 1.92% for employees who are from BME origin.

8.1 Action Plan – Delivered to Date

Accredited Manager

Accredited Manager Programme has promoted that every interview panel will have a BME colleague present, the increase in employees or white origin who stated that they are experiencing discrimination may be linked to this

8.2 Improvement Plan

Communications Plan

Devise a plan to ensure the organisation understands the reasons behind the decisions made to a particular group i.e. BME. The plan should include sharing of information in this report, in particular the visual information in graph form in section 1.0. This information is stark and demonstrates clearly to the organisation the under-representation for people of BME origin as the AfC Band's increase.

9.0 Board representation

The below tables indicate the Board Voting and Board Executive Membership by White and BME origins.

Voting	2017	2018
White	75%	78.60%
BME	17%	21.40%

Executive	2017	2018
White	80%	85.70%
BME	10%	14.30%

The overall data shows a slight increase in both voting White and BME ethnicity for Board Members with a reduction in not known.

The data shows an increase also in White and BME Executive Members, again with a reduction in not known.

Action Plan – Delivered to Date

Vacant post talent pool

For senior vacancies the pool of applicants has been scoped with particular interest from applicants of BME origin.

Improvement Plan

Aspiring Directors Programme

There is a requirement to develop a pipeline for our future Directors. The HEE Aspiring Directors Programme is a resource that SWBH has available and the new PDR enables identification of talent to ensure our pool of people for future Executive posts is expanded and includes BME applicants.

MBA – Level 7 Apprenticeships

The MBA is a Masters level qualification in Leadership and Management which is not bespoke to the NHS but offers the opportunity to develop our leaders into "whole leaders" with the exposure to the private sector and other public sector bodies, to expand thinking and learning, grow confidence and innovation. This programme amongst others will enable us to develop our workforce at a higher level and this should be targeted to our BME colleagues.

WRES Action Plan						
Date: October 2018						
No	**WRES Action point**	**Action**	**Who**	**Date**	**Status**	**Comments**
1	1 & 4	Band 5 Nurse Team Leader Apprenticeship Delivered to 12 BME colleagues in 2018/19 and 19/20	Head of Diversity and Inclusion	Nov-18	Not yet Started	
2	1	Equality and Diversity Training undertaken every 3 years	Head of Diversity and Inclusion	Apr-19	Not yet Started	
3	1	Stepping-Up Cohort targeted to B5 Nurses - 20 BME Nurses on Stepping Up in 2018/19	Head of Diversity and Inclusion	Feb-19	Not yet Started	
4	1	Career progression for those who have attended Stepping-up is tracked	Head of Diversity and Inclusion	Nov-18	Not yet Started	
5	1	BME Panellists to attend interview panels for interviews for higher Band roles	Head of Diversity and Inclusion	Nov-18	Not yet Started	
6	1	Coaching and Mentoring available to BME employees, in particular to support career progression	Deputy Director OD & Learning	Nov-18	Not yet Started	
7	1	Further data analysis: by sub-group of BME to identify any trends by Clinical Group/Directorate/Job Role to identify trends	Head of Diversity and Inclusion	Dec-18	Not yet Started	

8	1 & 8	Organisation learning: QIHD - sharing stats and understanding	Head of Diversity and Inclusion	Apr-19	Not yet Started	
9	2	Job adverts to include welcoming applications from under-represented groups	Head of Diversity and Inclusion	Dec-18	Not yet Started	
10	2	BME Panellists to give qualitative feedback on interview process and identify improvements	Head of Diversity and Inclusion	Dec-18	Not yet Started	
11	3	Mediation Service to be formalised to provide an alternative to grievance in first instance	Deputy Director of Workforce	Apr-19	Not yet Started	
12	4	Prospective training budget allocation analysis and action taken to assess whether representative of Trust ethnicity profile and if not to take appropriate action	Deputy Director OD & Learning	Jun-19	Not yet Started	
13	4	BME Network to Promote Maths/English and ICT opportunities	Head of Diversity and Inclusion	Oct-18	Completed	
14	5 & 6	Data Analysis: Completion rates for BME staff Breakdown by area - does that show any trends	Head of Diversity and Inclusion	Dec-18	Not yet Started	
15	5	Undertake analysis of information available on Safeguard for reports fo V&A, any trends and subsequent actions	Head of Diversity and Inclusion	Dec-18	Not yet Started	

16	5	Trust Signage for areas of high V&A re: Zero Tolerance assess: Is signage present Is signage effective Action required (additional/alternative signage)	Head of Diversity and Inclusion	Jan-19	Not yet Started	
17	5	Review Red Card Process	Head of Diversity and Inclusion	Apr-19	Not yet Started	
18	6	Every staff member to receive a Bullying and Harassment leaflet in October 2018	Deputy Director OD & Learning	Oct-18	In Progress	
19	6, 7 & 8	Hold an event for a Focus Group to understand the Bullying and Harassment, discrimination data and to understand perceptions of barriers to BME employees career progression/promotion	Deputy Director OD & Learning	Dec-18	Not yet Started	
20	7	20 BME role models trained as Trust Mentors	Deputy Director OD & Learning	Dec-18	Not yet Started	
21	9	Targeted approach to ensuring that BME employees participate in the Aspiring Directors Course	Head of Diversity and Inclusion	Apr-19	Not yet Started	
22	9	Targeted approach to ensuring that BME employees participate in the MBA apprenticeship	Head of Diversity and Inclusion	Apr-19	Not yet Started	

Appendix 3

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:
Raffaela 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

Where EVERYONE Matters

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 rating** ▼ **Which protected characteristics fare well** ▼ **Evidence drawn upon for** ▼ ▫ **Undeveloped** ☑ ▫ **Developing** ☑ ☑ **Achieving** ▫ ▫ **Excelling** ☑ Age Disability Gender Reassignment Marriage and civil Partnership Pregnancy and Maternity Race Religion and Sex Sexual Orientation We do not commission or procure services. We only design and deliver services which have previously been commissioned by the CCG. 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. Services are provided at Sandwell Hospital, City Hospital, Birmingham Treatment Centre and community services at Rowley Regis Hospital and various of community Health Centres. Patient Transport service is available to all outpatients and inpatients, subject to medical criteria guidelines which are issued by the department of health. Referrals are received from primary care.	☑

Better health outcomes	1.2	**Individual people's health needs are assessed and met in appropriate and effective ways** **Grade** ☐ **Undeveloped** ☑ **Developing** ☐ **Achieving** ☐ **Excelling** ☐ **Which protected characteristics fare well** ☑ Age ☑ Disability ☐ Gender Reassignment ☑ Marriage and civil Partnership ☐ Pregnancy and Maternity ☑ Race ☑ Religion and Belief ☑ Sex ☑ Sexual Orientation **Evidence drawn upon for rating** 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. 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. 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. All patients receive a MUST assessment of nutrition in community bed bases and community. 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.	☑

Better health outcomes	1.3	**Transitions form one service to another, for people on care pathways, are made smoothly with everyone well informed.** **Grade** ☐ Undeveloped ☑ Developing ☐ Achieving ☐ Excelling **Which protected characteristics fare well** ☑ Age ☑ Disability ☐ Gender Reassignment ☑ Marriage and civil Partnership ☐ Pregnancy and Maternity ☑ Race ☑ Religion and Belief ☑ Sex ☑ Sexual Orientation **Evidence drawn upon for rating** The teams within SWBH have multiple pathways in place to ensure patients are handed over correctly and efficiently from all areas. There are referrals between multidisciplinary teams, and where necessary, inter Trust discussions. We are able to transfer Imaging electronically to specialist centres as and when required. For children transition may be between community and acute hospital care or at developmental stages as they grow up; for example transition into school, transition from primary to secondary school, transition to adult services. We have local agreements in place regarding cross boundary working with neighbouring authorities. End of life spiritual and religious care is discussed with the patient and/or family members, throughout the care pathway and provision is made through the Chaplaincy service if this is required. Pathways for vulnerable groups reviewed to try and reduce number of ward transfers (Dementia CQUIN) and patients with Learning Disability will have personal support across hospital and community pathways following introduction of flagging identification system Important information is recorded on Electronic Bed Management System. Attendance at year 5 Transition annual reviews –where secondary school placement planned with child & family.	☑

Better health outcomes	1.4	**When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse** **Grade** ☐ **Undeveloped** ☑ **Developing** ☑ **Achieving** ☐ **Excelling** ☑ **Which protected characteristics fare well** ☑ Age ☑ Disability ☐ Gender Reassignment ☐ Marriage and civil Partnership ☐ Pregnancy and Maternity ☑ Race ☑ Religion and Belief ☑ Sex ☑ Sexual Orientation **Evidence drawn upon for rating** 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.	☑

Better health outcomes	1.5	**Screening, vaccination and other health promotion services reach and benefit all local communities** **Grade** ☐ Undeveloped ☐ Developing ☑ Achieving ☐ Excelling **Which protected characteristics fare well** ☑ Age ☑ Disability ☐ Gender Reassignment ☑ Marriage and civil Partnership ☐ Pregnancy and Maternity ☑ Race ☑ Religion and Belief ☑ Sex ☑ Sexual Orientation **Evidence drawn upon for rating** All Trust service users have access to screening, vaccination, health promotion services, although some teams within SWBH are not directly involved with this. All admitted patients are screened for MRSA and DVT.	☑

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	**People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds** **Grade** ☐ **Undeveloped** ☐ **Developing** ☑ **Achieving** ☐ **Excelling** **Which protected characteristics fare well** ☑ Age ☑ Disability ☐ Gender Reassignment ☑ Marriage and civil Partnership ☐ Pregnancy and Maternity ☑ Race ☑ Religion and Belief ☑ Sex ☑ Sexual Orientation **Evidence drawn upon for rating** 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. 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.	☑

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** ☐ Undeveloped ☑ Developing ☐ Achieving ☐ Excelling **Which protected characteristics fare well** ☑ Age ☑ Disability ☐ Gender Reassignment ☑ Marriage and civil Partnership ☐ Pregnancy and Maternity ☑ Race ☑ Religion and Belief ☑ Sex ☑ Sexual Orientation **Evidence drawn upon for rating** 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.	☑

<table>
<tr>
<td>Improved patient access and experience</td>
<td>2.3</td>
<td>
People report positive experiences of the NHS

Grade ☐ Undeveloped ☐ Developing ☐ Achieving ☐ Excelling
Which protected characteristics fare well
☑ Age
☑ Disability
☐ Gender Reassignment
☑ Marriage and civil Partnership
☐ Pregnancy and Maternity
☑ Race
☑ Religion and Belief
☑ Sex
☑ Sexual Orientation
Evidence drawn upon for rating
The Trust has a programme of surveys to measure patient experience and actively seek feedback.
• 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.

Individual areas also regularly receive thank you cards and letters from patients or relatives.
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<td>Improved patient access and experience</td>
<td>2.4</td>
<td>
People's complaints about services are handled respectfully and efficiently

Grade ☐ Undeveloped ☐ Developing ☑ Achieving ☐ Excelling
Which protected characteristics fare well
☑ Age
☑ Disability
☐ Gender Reassignment
☑ Marriage and civil Partnership
☐ Pregnancy and Maternity
☑ Race
☑ Religion and Belief
☑ Sex
☑ Sexual Orientation
Evidence drawn upon for rating
Any issues/complaints from service users, are aimed to be dealt with efficiently and effectively and in accordance with any Trust polices/guidelines.

• 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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Date of EDS2 grading December 2017			**Date of next EDS2 grading** December 2018
Goal 3	Outcome	Grade and reason for rating	**Outcome links to an Equality Objective**
A representative and supported workforce	3.1	**Fair NHS recruitment and selection processes lead to a more representative workforce at all levels** **Grade** ☐ **Undeveloped** ☐ **Developing** ☑ **Achieving** ☐ **Excelling** **Which protected characteristics fare well** ☑ Age ☑ Disability ☐ Gender Reassignment ☑ Marriage and civil Partnership ☐ Pregnancy and Maternity ☑ Race ☑ Religion and Belief ☑ Sex ☑ Sexual Orientation **Evidence drawn upon for rating** All applications are processed through NHS jobs. All interview panels consist of various staff members from the recruiting area ensuring that the protected characteristics are represented.	☑

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** ☐ Undeveloped ☑ Developing ☐ Achieving ☐ Excelling **Which protected characteristics fare well** ☑ Age ☑ Disability ☐ Gender Reassignment ☑ Marriage and civil Partnership ☐ Pregnancy and Maternity ☑ Race ☑ Religion and Belief ☑ Sex ☑ Sexual Orientation **Evidence drawn upon for rating** 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.	☑

A representative and supported workforce	3.3	**Training and development opportunities are taken up and positively evaluated by all staff** **Grade** ☐ Undeveloped ☑ Developing ☐ Achieving ☐ Excelling **Which protected characteristics fare well** ☑ Age ☐ Disability ☐ Gender Reassignment ☑ Marriage and civil Partnership ☐ Pregnancy and Maternity ☑ Race ☑ Religion and Belief ☑ Sex ☑ Sexual Orientation **Evidence drawn upon for rating** All training and development opportunities are made available to all staff. Each PDR also involves a thorough discussion with staff members on any training and development opportunities that might be helpful in assisting them in their role. The trust is launching a stepping up programme to encourage more of our BME staff to progress through the ranks of the organisation. The learning and development team monitor the application / attendance data of each of the programmes and study leave.	☑
A representative and supported workforce	3.4	**When at work, staff are free from abuse, harassment, bullying and violence from any source** **Grade** ☐ Undeveloped ☑ Developing ☐ Achieving ☐ Excelling **Which protected characteristics fare well** ☑ Age ☐ Disability ☐ Gender Reassignment ☑ Marriage and civil Partnership ☐ Pregnancy and Maternity ☑ Race ☑ Religion and Belief ☑ Sex ☑ Sexual Orientation **Evidence drawn upon for rating** Allegations of any bullying or harassment are investigated and action plans made . We have three staff networks who work to promote equality and inclusion within the trust and highlight areas of concern and good practice across the organisation. Along side both of theses we have ten speak up guardians who advice and support staff to raise concerns.	☑

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<td>A representative and supported workforce</td>
<td>3.5</td>
<td>
Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

Grade | Which protected characteristics fare well | Evidence drawn upon for rating

☐ Undeveloped
☐ Developing
☑ Achieving
☐ Excelling

☑ Age
☑ Disability
☐ Gender Reassignment
☑ Marriage and civil Partnership
☐ Pregnancy and Maternity
☑ Race
☑ Religion and Belief
☑ Sex
Sexual Orientation

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.

The trust also promotes job share opportunities for staff.
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<tr>
<td>A representative and supported workforce</td>
<td>3.6</td>
<td>
Staff report positive experiences of their membership of the workforce

Grade | Which protected characteristics fare well | Evidence drawn upon for rating

☐ Undeveloped
☐ Developing
☑ Achieving
☐ Excelling

☑ Age
☑ Disability
☐ Gender Reassignment
☑ Marriage and civil Partnership
☐ Pregnancy and Maternity
☑ Race
☑ Religion and Belief
☑ Sex
☑ Sexual Orientation

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.
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Date of EDS2 grading December 2017			**Date of next EDS2 grading** December 2018
Goal 4	Outcome	Grade and reason for rating	**Outcome links to an Equality Objective**
Inclusive leadership	4.1	**Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations** **Grade** ☐ **Undeveloped** ☑ **Developing** ☐ **Achieving** ☐ **Excelling** ☐ **Which protected characteristics fare well** ☑ Age ☑ Disability ☐ Gender Reassignment ☑ Marriage and civil Partnership ☐ Pregnancy and Maternity ☑ Race ☑ Religion and Belief ☑ Sex ☑ Sexual Orientation **Evidence drawn upon for rating** The Trust, through the Chair and C.Exec, is heavily engaged in the homeless, getting unemployed back in to work projects and working with charitable trusts, Job Centre Plus and other agencies. They were the instigators of the Learning Works creation which is an innovative (and the first in the NHS) entity to transform recruitment and develop the local community into work ready recruits. The Learning Works is an HSJ award winner. The project has gained both regional and national recognition by winning regional awards and coming runner up in 4 national awards. This was been topped off by a visit to the scheme by HRH Prince William, Duke of Cambridge. The Trust, in partnership with Summerfield Residents Association has brought back to life the greenhouses on the City Hospital site that had remained derelict for over 15 years. In addition to the support from the residents association there has been involvement from The Princes Trust, Lloyds Banking Group and the Health Futures University Technical College. This has involved young school pupils as well as local residents of all ages.	☑

Inclusive leadership	4.2	**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** **Grade** ☐ Undeveloped ☑ Developing ☐ Achieving ☐ Excelling **Which protected characteristics fare well** ☑ Age ☑ Disability ☐ Gender Reassignment ☑ Marriage and civil Partnership ☐ Pregnancy and Maternity ☑ Race ☑ Religion and Belief ☑ Sex ☑ Sexual Orientation **Evidence drawn upon for rating** 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.	☑

<table>
<tr>
<td>Inclusive leadership</td>
<td>4.3</td>
<td>
Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Grade | Which protected characteristics fare well | Evidence drawn upon for rating

☐ Undeveloped
☐ Developing
☑ Achieving
☐ Excelling

☑ Age
☑ Disability
☐ Gender Reassignment
☑ Marriage and civil Partnership

☐ Pregnancy and Maternity
☑ Race
☑ Religion and Belief
☑ Sex
☑ Sexual Orientation

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.

The second year of the SWBH Accredited Manager programme has a dedicated Diversity and Inclusion Module
</td>
<td>☑</td>
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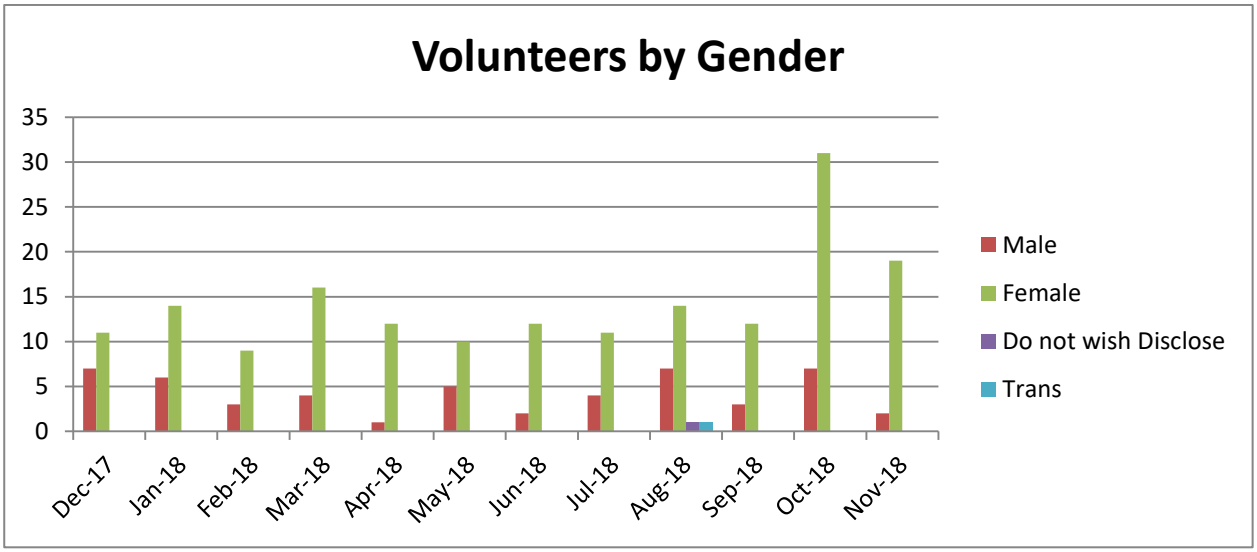
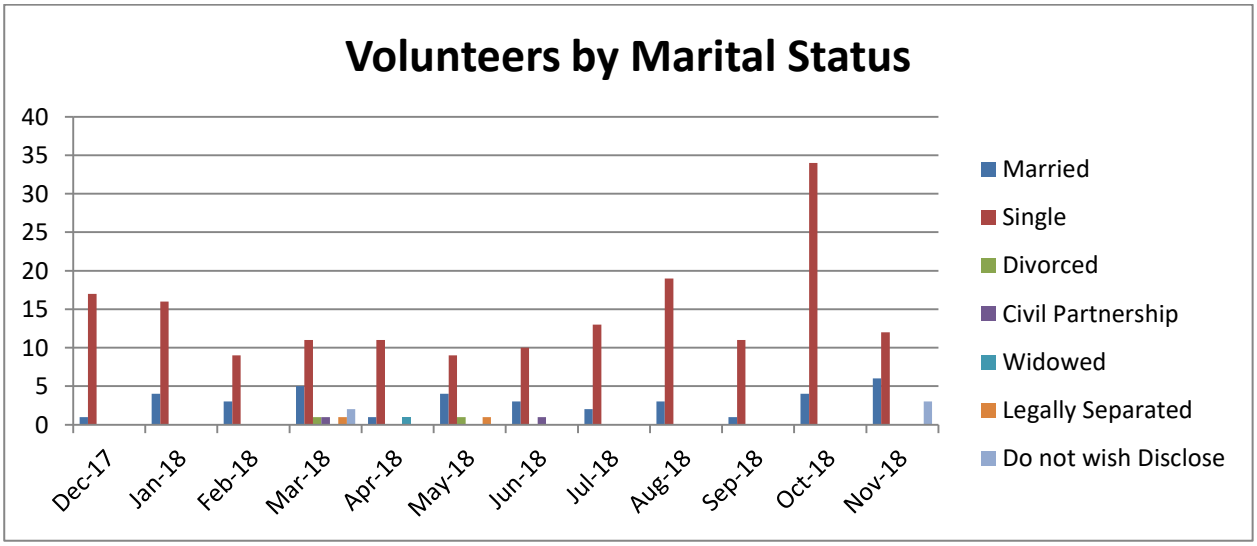
</table>

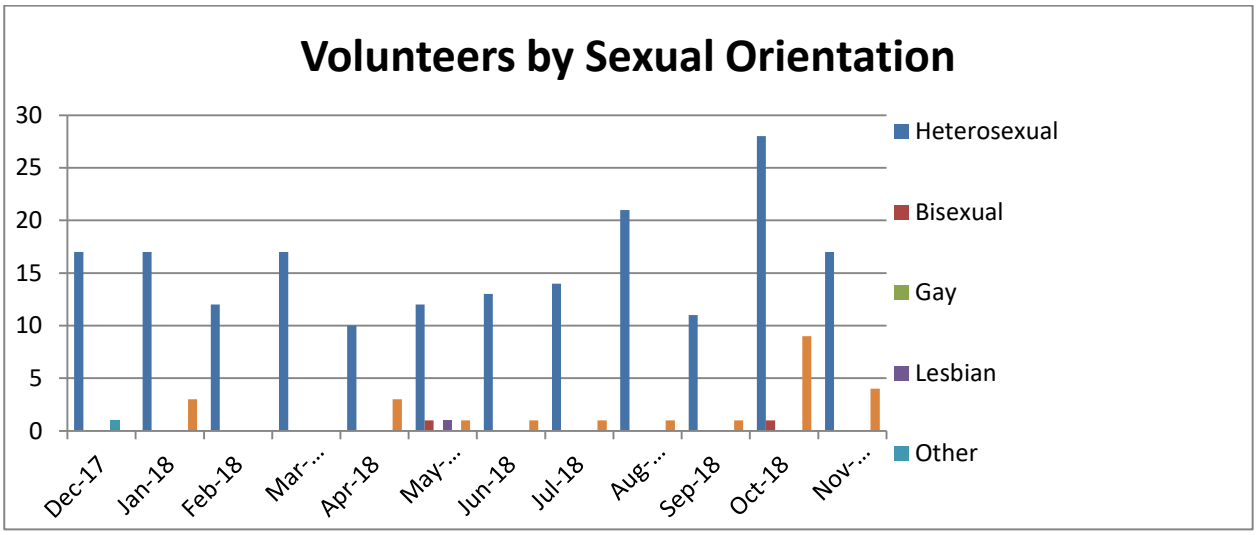
Volunteer Equality and Diversity Monitoring Information

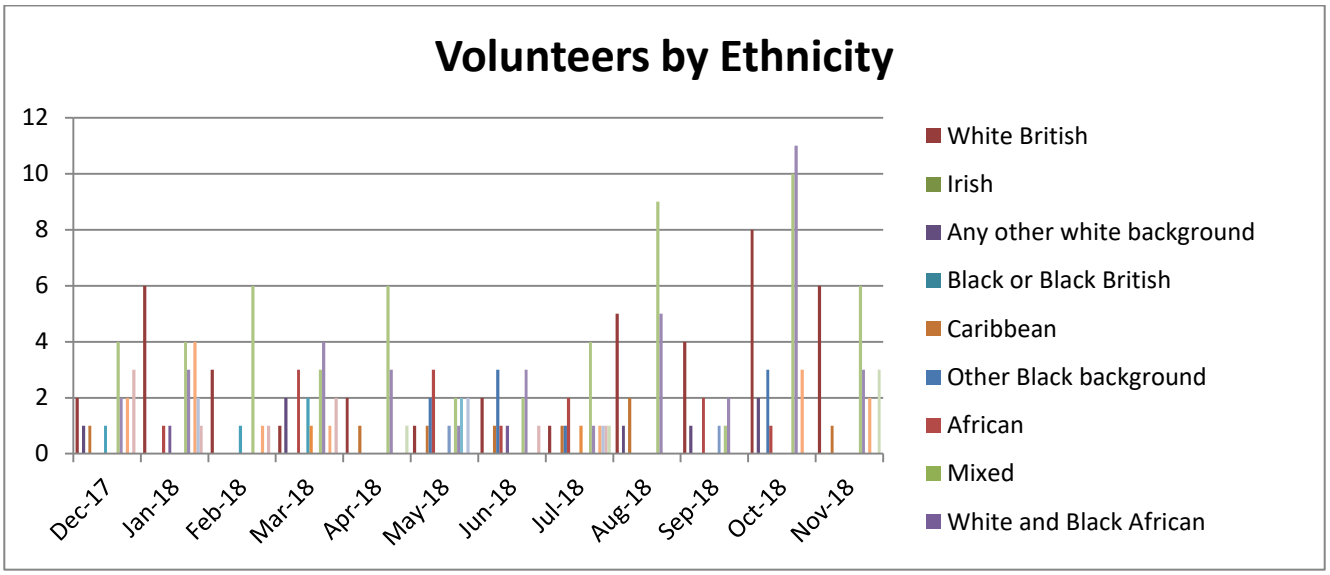
Equality Act 2010

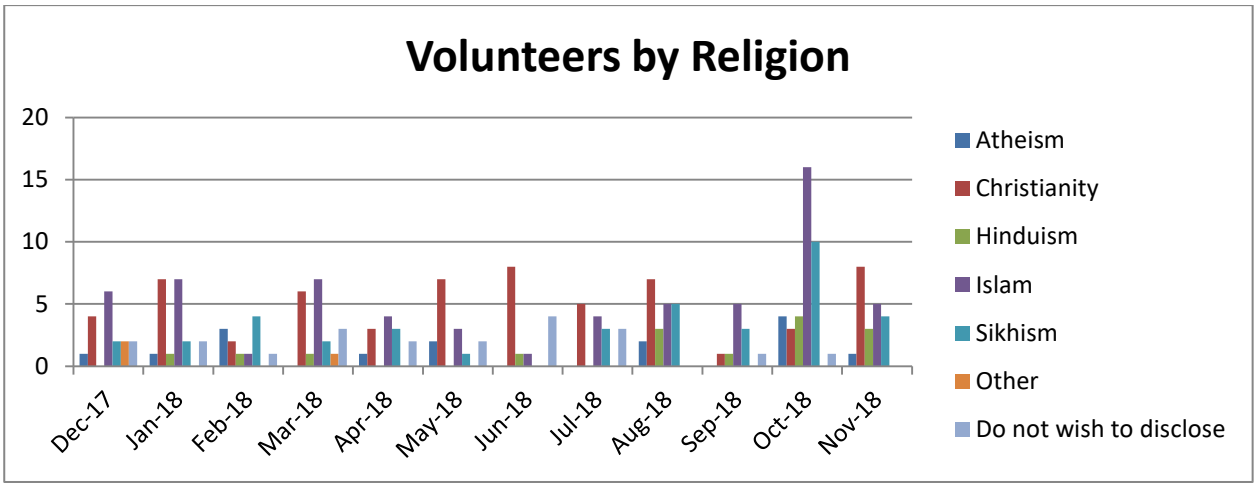
The Equality Act 2010 protects people against discrimination on the grounds of age, sex, sexual orientation, religion and belief, ethnicity, disability, marriage and civil partnership, pregnancy and maternity and gender reassignment.

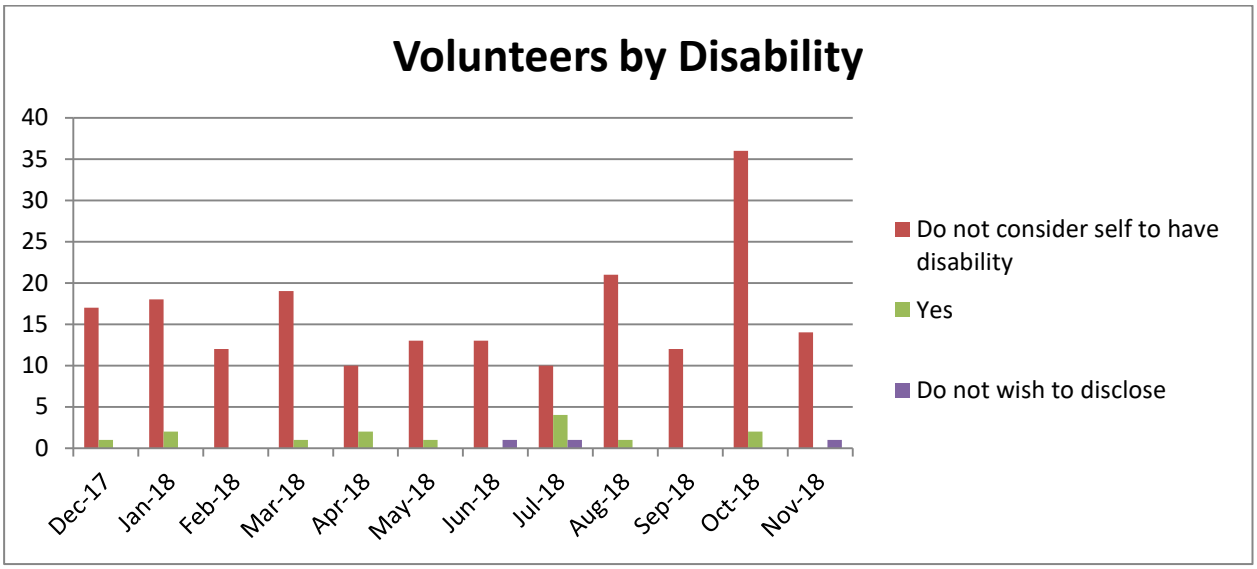


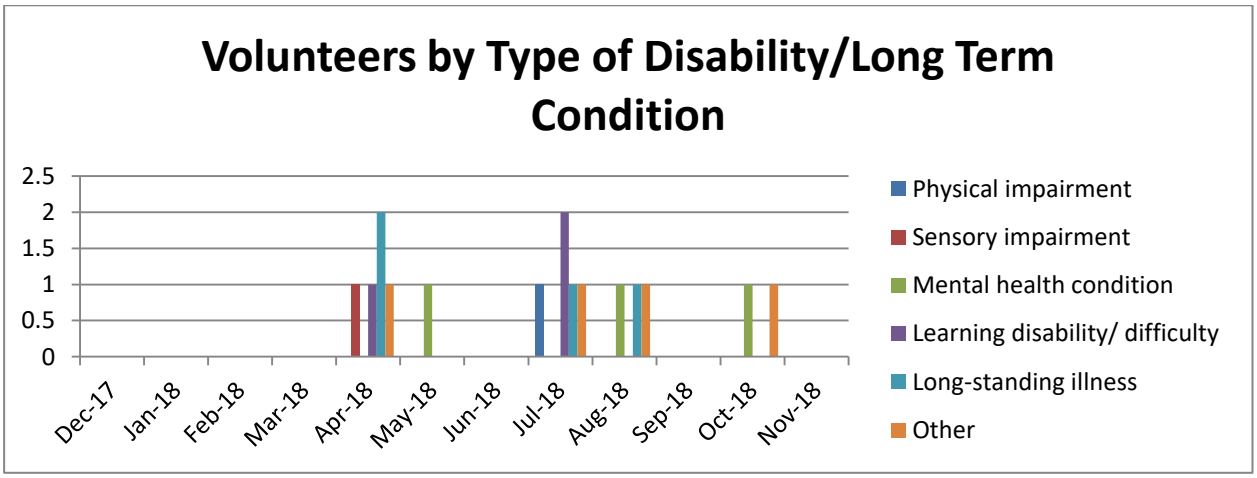



Volunteers by Sexual Orientation
30
25
20
15
10
5
0
Dec-17
Jan-18
Feb-18
Mar-...
Apr-18
May-...
Jun-18
Jul-18
Aug-...
Sep-18
Oct-18
Nov-...
Heterosexual
Bisexual
Gay
Lesbian
Other


Volunteers by Ethnicity
12
10
8
6
4
2
0
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
White British
Irish
Any other white background
Black or Black British
Caribbean
Other Black background
African
Mixed
White and Black African


Volunteers by Religion
20
15
10
5
0
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Atheism
Christianity
Hinduism
Islam
Sikhism
Other
Do not wish to disclose


Volunteers by Disability
40
35
30
25
20
15
10
5
0
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Do not consider self to have disability
Yes
Do not wish to disclose

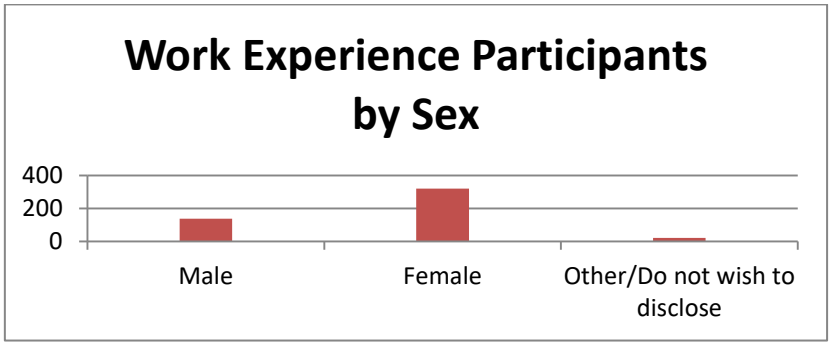

Volunteers by Type of Disability/Long Term Condition
2.5
2
1.5
1
0.5
0
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Physical impairment
Sensory impairment
Mental health condition
Learning disability/ difficulty
Long-standing illness
Other

Apprentices – 1 December 2017 – 30 November 2018

Gender		Gender Reassignment		Age		Religion and Belief		Ethnicity		Sexual Orientation		Marital and Civil Partnership		Pregnancy and Maternity		Disability	
Male	26	Male		16-18	32	Atheist	0	Bangladeshi	5	Heterosexual		Married	32	Female		Physical	0
Female	161	Female		19-24	57	Christian	0	White British	113	Bisexual		Single	129	Non-disclosure	161	Mental Health	0
		Non-disclosure	187	25-30	18	Islam	0	Pakistani	19	Non-disclosure	187	Non-disclosure	26			Learning Difficulty	8
				31-40	17	Jain	0	British African	4							Unspecified	1
				41-50	41	Sikh	0	Irish	1								
				51-65	22	Hindu	0	Caribbean Black	12								
						Other	0	Black & White Caribbean	10								
						Non-disclosure	187	British Indian	16								
								White & Asian	1								
								Other Mixed	6								
								Non-disclosure	0								
Totals	187		187		187		187		187		187		187		161		9

Work Experience participants, split by sex

Participant total	Male	%	Female	%	Other/Do not wish to disclose	%
478	138	29%	319	67%	21	4%

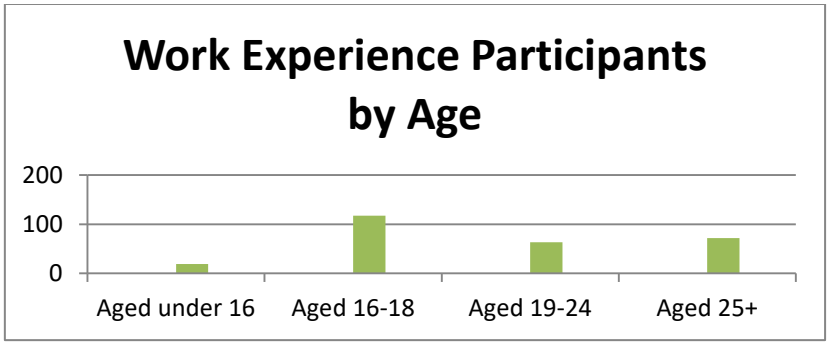


Work Experience participants with a declared disability

Total	Number of participants with declared disability	%
478	4	1

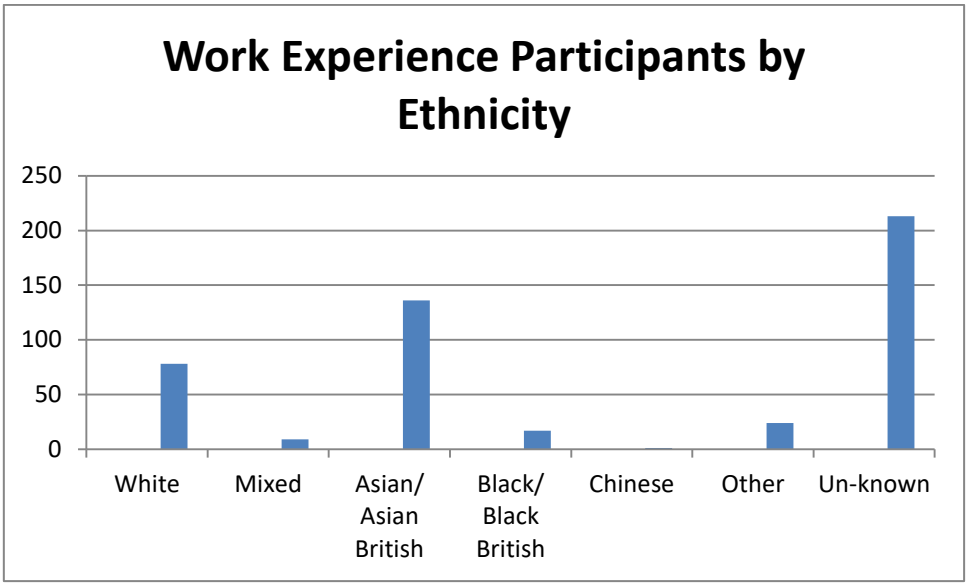
Work Experience participants, split by age

Participant total	Aged under 16	%	Aged 16-18	%	Aged 19-24	%	Aged 25+	%	Unknown	%
478	19	4%	117	25%	63	13%	72	15%	207	43%



Work Experience participants, split by ethnicity

Total	White	%	Mixed	%	Asian/ Asian British	%	Black/ Black British	%	Chinese	%	Other	%	Un-known	%
478	78	16%	9	2%	136	28%	17	4%	1	0%	24	5%	213	45%



Appendix 7

Traineeship participants, split by gender

Participant total	Male	%	Female	%	Other/Do not wish to disclose	%
5	1	20%	4	80%	0	0%

Traineeship participants, split by disability

Total	Number of participants with declared disability	%
5	0	0%

Traineeship participants, split by age

Participant total	Aged 16-18	%	Aged 19-24	%	Aged 25+	%	Unknown	%
5	4	80%	1	20%	0	0%	0	0%

Traineeship participants, split by ethnicity

Total	White	%	Mixed	%	Asian/ Asian British	%	Black/ Black British	%	Chinese	%	Other	%	Unknown	%
5	2	40%	1	20%	1	20%	1	20%	0	0%	0	0%	0	0%

Appendix 8

Employee Diversity Scorecard

Age Bands	Dec-17		Jan-18		Feb-18		Mar-18		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Median	
	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC
<=20 Years	49.16	55	48.45	54	45.35	50	51.35	56	48.83	53	50.19	55	47.69	52	44.96	50	47.01	51	47.23	51	47.63	51	49.89	53	48.07	52.5
21-25	458.63	478	454.91	475	461.10	480	445.29	463	438.23	455	427.27	443	415.37	431	404.69	420	427.88	446	418.09	436	419.34	440	420.73	441	427.58	444.5
26-30	749.88	805	746.86	800	753.75	808	763.86	816	753.56	806	756.61	810	749.50	802	742.43	794	724.31	775	718.49	769	686.16	737	693.04	744	748.18	801
31-35	702.55	810	703.61	809	710.97	815	698.93	803	701.07	807	692.73	797	691.37	796	687.65	791	678.87	780	673.03	774	662.69	761	654.81	751	692.05	796.5
36-40	699.92	819	699.51	821	705.49	827	700.53	821	694.39	814	685.79	805	685.92	804	684.48	802	676.11	795	667.16	785	636.20	754	643.75	761	685.86	804.5
41-45	752.81	871	754.83	872	763.70	878	769.46	885	761.49	875	767.44	882	756.19	871	751.30	865	761.49	876	754.99	871	734.34	847	729.57	841	755.59	871.5
46-50	859.38	974	860.86	975	847.11	959	830.03	937	843.31	950	836.67	944	833.66	939	835.61	943	826.63	932	825.97	930	810.68	917	812.46	920	834.64	941
51-55	923.50	1041	923.82	1043	929.70	1052	928.16	1049	923.13	1041	910.73	1026	914.72	1032	898.81	1012	901.60	1014	901.58	1010	885.69	990	892.51	999	912.73	1029
56-60	639.49	749	636.55	746	639.44	751	647.41	760	641.49	752	652.75	763	654.27	762	663.00	772	666.76	775	664.12	773	641.05	748	632.98	738	644.45	756
61-65	235.28	294	233.40	292	240.48	299	245.88	304	243.10	300	245.78	305	246.36	306	250.01	311	259.20	322	263.84	329	261.94	326	275.80	342	246.12	305.5
66-70	45.70	62	48.42	65	49.46	67	50.73	69	49.95	69	50.53	70	51.29	71	51.77	72	49.91	70	50.08	70	49.32	70	47.37	68	49.93	69.5
>=71 Years	10.13	17	10.13	17	10.13	17	9.52	16	9.52	16	9.52	16	11.18	18	11.18	18	11.18	18	11.73	19	12.53	20	11.93	19	10.66	17.5
Grand Total	6126.43	6975	6121.34	6969	6156.68	7003	6141.15	6979	6108.07	6938	6086.01	6916	6057.53	6884	6025.90	6850	6030.96	6854	5996.31	6817	5847.56	6661	5864.85	6677		

Ethnicity	Dec-17		Jan-18		Feb-18		Mar-18		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Median		Trust	Local Population
	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC		
Asian	1288.99	1440	1286.50	1437	1297.36	1449	1294.37	1446	1291.46	1442	1287.86	1439	1282.36	1433	1277.71	1428	1267.03	1418	1262.12	1414	1189.62	1339	1201.08	1350	1284.43	1435	21.2%	19.7%
Black	679.50	768	686.89	777	701.11	791	708.13	796	706.28	793	710.63	800	705.29	795	710.59	801	704.09	795	699.67	790	696.05	787	691.33	783	702.60	792	11.6%	6.2%
Mixed Heritage	170.88	192	173.88	195	171.04	192	169.20	190	167.02	188	168.19	188	168.47	188	167.80	187	166.16	185	162.24	181	165.20	185	163.32	182	168.00	188	2.8%	3.1%
Not Stated	432.07	499	426.13	492	421.67	486	426.88	489	425.82	486	425.59	487	424.84	487	420.88	482	461.05	523	462.08	523	493.59	555	497.55	558	426.50	490.5	7.0%	0.0%
Other Ethnic Group	158.98	172	154.98	168	154.16	167	153.57	166	155.70	168	155.62	168	161.34	174	163.74	176	162.84	176	165.09	178	159.57	172	162.64	175	159.27	172	2.6%	2.1%
White	3396.01	3904	3392.96	3900	3411.34	3918	3389.00	3892	3361.81	3861	3338.13	3834	3315.23	3807	3285.18	3776	3269.78	3757	3245.11	3731	3143.54	3623	3148.93	3629	3326.68	3820.5	54.8%	69.0%
Grand Total	6126.43	6975	6121.34	6969	6156.68	7003	6141.15	6979	6108.07	6938	6086.01	6916	6057.53	6884	6025.90	6850	6030.96	6854	5996.31	6817	5847.56	6661	5864.85	6677				

Gender	Dec-17		Jan-18		Feb-18		Mar-18		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Median		Trust	Local Population
	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC		
Female	4722.33	5501	4717.15	5493	4746.85	5521	4734.27	5500	4705.91	5466	4688.75	5449	4670.86	5429	4644.32	5401	4644.36	5398	4611.60	5365	4517.32	5263	4530.33	5274	4679.80	5439	77.1%	51.1%
Male	1404.10	1474	1404.18	1476	1409.82	1482	1406.88	1479	1402.16	1472	1397.26	1467	1386.68	1455	1381.58	1449	1386.59	1456	1384.72	1452	1330.24	1398	1334.52	1403	1391.97	1461.5	22.9%	48.9%
Grand Total	6126.43	6975	6121.34	6969	6156.68	7003	6141.15	6979	6108.07	6938	6086.01	6916	6057.53	6884	6025.90	6850	6030.96	6854	5996.31	6817	5847.56	6661	5864.85	6677				

Gender Reassignment	Dec-17		Jan-18		Feb-18		Mar-18		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Median	
	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC
Mx.	1.60	2	1.60	2	1.60	2	1.60	2	1.60	2	1.60	2	1.60	2	1.60	2	1.60	2	1.60	2	1.60	2	1.60	2	1.60	2

Disability	Dec-17		Jan-18		Feb-18		Mar-18		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Median	
	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC
No	4657.72	5262	4655.12	5262	4737.87	5350	4717.66	5325	4718.90	5320	4714.32	5315	4708.28	5308	4695.91	5294	4668.07	5265	4652.89	5250	4499.68	5094	4527.70	5122	4681.99	5279.5
Not Declared	1304.02	1524	1298.97	1516	1251.75	1462	1259.61	1467	1225.61	1431	1210.44	1416	1192.06	1395	1173.48	1376	1204.04	1407	1187.49	1388	1195.96	1392	1183.62	1378	1207.24	1411.5
Yes	164.68	189	167.25	191	167.05	191	163.88	187	163.56	187	161.25	185	157.19	181	156.51	180	158.85	182	155.93	179	151.93	175	153.53	177	160.05	183.5
Grand Total	6126.43	6975	6121.34	6969	6156.68	7003	6141.15	6979	6108.07	6938	6086.01	6916	6057.53	6884	6025.90	6850	6030.96	6854	5996.31	6817	5847.56	6661	5864.85	6677		

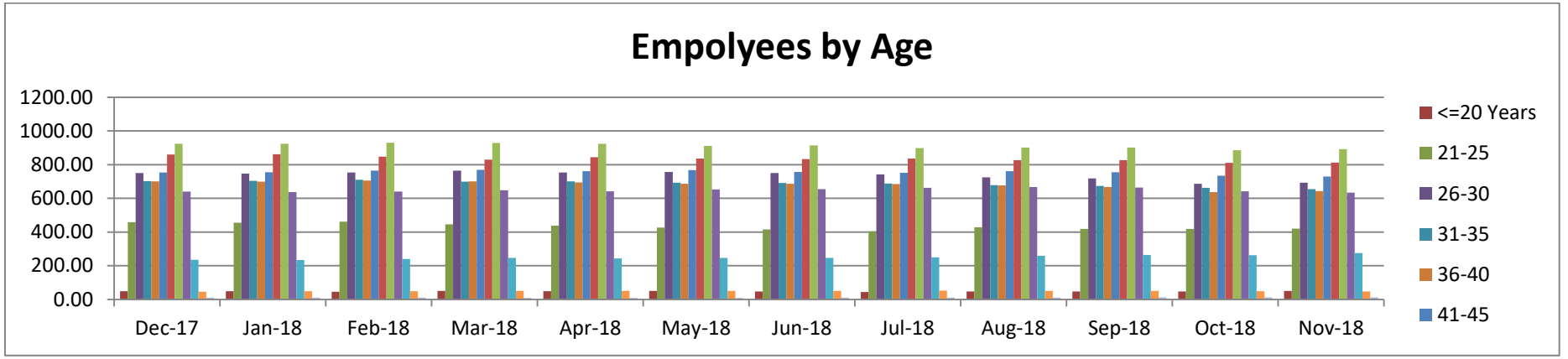
Religious Belief	Dec-17		Jan-18		Feb-18		Mar-18		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Median		Trust	Local Population
	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC		
Atheism	384.87	417	381.03	413	381.36	413	369.43	400	372.64	404	370.39	401	366.59	397	363.10	394	366.51	396	358.93	388	335.22	365	334.64	365	368.01	398.5	6.1%	11.4%
Buddhism	23.79	27	22.79	26	22.79	26	23.79	27	23.79	27	23.79	27	25.79	29	24.79	28	23.79	27	24.45	28	23.92	27	23.92	27	23.79	27	0.4%	0.2%
Christianity	2462.91	2788	2465.78	2793	2481.52	2806	2472.98	2795	2456.85	2775	2451.23	2769	2440.75	2758	2432.26	2750	2405.46	2723	2390.47	2708	2332.85	2647	2319.62	2634	2445.99	2763.5	40.2%	63.9%
Hinduism	163.66	183	163.28	182	161.51	180	160.76	179	159.77	178	161.31	179	161.31	179	160.31	178	162.02	179	161.27	178	152.71	170	153.36	171	161.29	179	2.7%	2.0%
I do not w ish to disclose my religion/belief	2166.75	2515	2159.95	2506	2175.14	2525	2177.18	2522	2156.93	2498	2143.76	2487	2128.95	2470	2113.46	2452	2146.83	2488	2142.10	2481	2131.46	2467	2158.29	2493	2151.88	2490.5	35.4%	0.0%
Islam	318.79	358	324.09	364	326.92	367	330.12	370	333.69	373	335.35	375	334.91	375	335.59	375	333.25	372	330.56	371	305.06	344	310.16	349	330.34	370.5	5.4%	9.5%
Jainism	3.00	3	3.00	3	3.00	3	2.00	2	2.00	2	1.00	1	1.00	1	1.00	1	1.00	1	1.00	1	1.00	1	1.00	1	1.00	1	0.0%	0.0%
Judaism	7.42	8	7.42	8	7.42	8	7.42	8	7.42	8	7.42	8	6.72	7	6.72	7	4.72	5	4.72	5	4.72	5	4.72	5	7.07	7.5	0.1%	0.1%
Other	323.54	365	323.41	364	324.53	364	324.68	365	324.03	364	323.20	362	323.36	361	321.20	359	320.08	357	315.59	352	311.04	349	308.76	346	323.28	361.5	5.3%	0.2%
Sikhism	271.71	311	270.59	310	272.49	311	272.79	311	270.96	309	268.56	307	268.16	307	267.48	306	267.29	306	267.22	305	249.58	286	250.38	286	268.36	307	4.4%	4.9%
Grand Total	6126.43	6975	6121.34	6969	6156.68	7003	6141.15	6979	6108.07	6938	6086.01	6916	6057.53	6884	6025.90	6850	6030.96	6854	5996.31	6817	5847.56	6661	5864.85	6677				

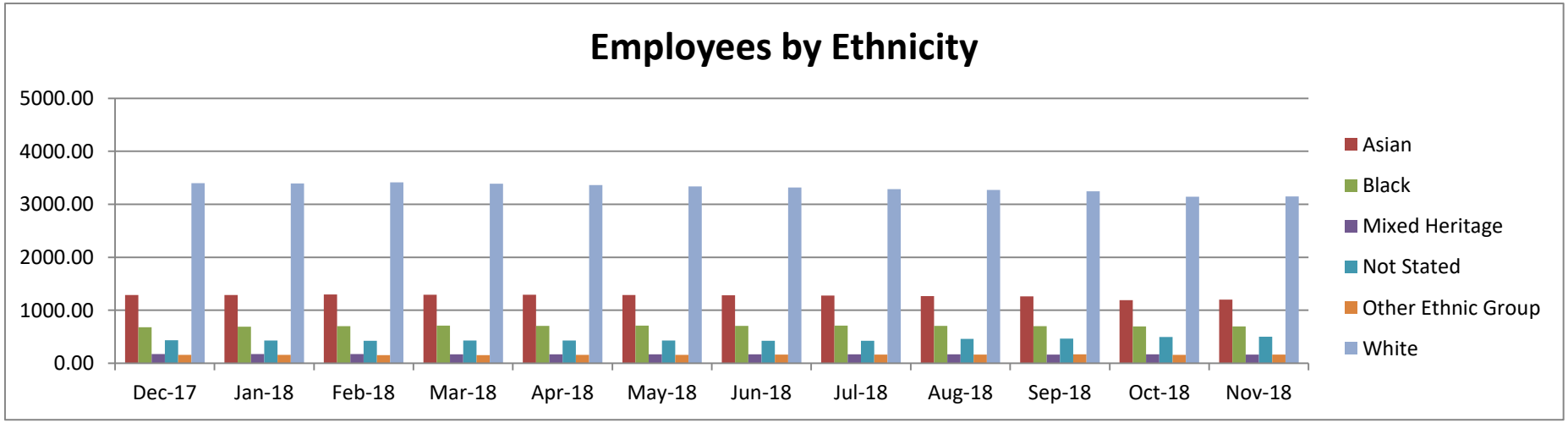
Sexual Orientation	Dec-17		Jan-18		Feb-18		Mar-18		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Median	
	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC
Bisexual	20.37	24	20.37	24	21.37	25	20.52	24	20.52	24	20.52	24	20.52	24	20.52	24	20.52	24	20.52	24	20.52	24	22.52	26	20.52	24
Gay or Lesbian	61.97	64	60.07	62	63.07	65	62.07	64	60.87	63	58.18	60	59.18	61	57.90	60	57.90	60	57.90	60	51.90	54	49.90	52	58.68	60.5
Heterosexual or Straight	3777.24	4245	3780.63	4251	3795.49	4263	3779.31	4242	3765.53	4224	3757.32	4215	3744.94	4201	3732.23	4188	3695.83	4148	3665.64	4116	3534.36	3982	3524.63	3972	3751.13	4208
Not stated	2265.84	2641	2259.26	2631	2275.74	2649	2278.24	2648	2260.15	2626	2248.99	2616	2231.90	2597	2214.25	2577	2255.70	2621	2251.26	2616	2239.78	2600	2265.80	2625	2257.48	2623
Other sexual orientation not listed	1.00	1	1.00	1	1.00	1	1.00	1	1.00	1	1.00	1	1.00	1	1.00	1	1.00	1	1.00	1	1.00	1	2.00	2	1.00	1
Grand Total	6126.43	6975	6121.34	6969	6156.68	7003	6141.15	6979	6108.07	6938	6086.01	6916	6057.53	6884	6025.90	6850	6030.96	6854	5996.31	6817	5847.56	6661	5864.85	6677		

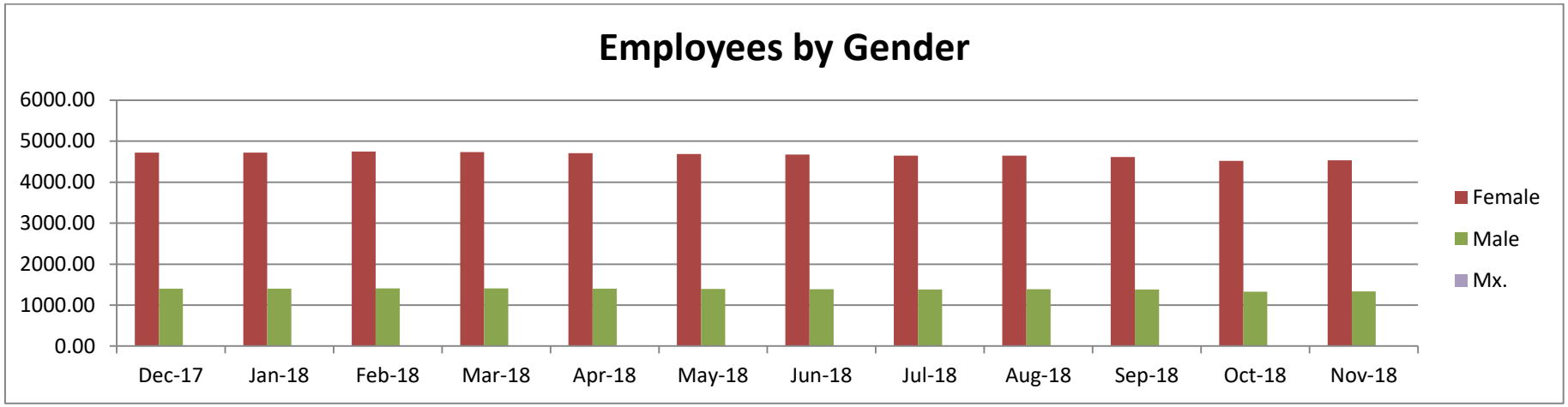
Marital Status	Dec-17		Jan-18		Feb-18		Mar-18		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Median	
	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC
Civil Partnership	39.23	44	36.33	41	37.78	43	37.78	43	37.97	43	38.00	43	37.00	42	37.40	42	38.90	45	38.90	45	40.90	47	41.30	48	37.98	43
Divorced	320.57	364	323.61	367	323.34	366	322.37	364	320.29	362	321.04	362	319.84	360	322.79	363	324.04	365	320.44	361	308.50	348	312.26	352	320.81	362.5
Legally Separated	37.64	43	39.04	44	38.04	43	40.04	45	40.04	45	40.04	45	42.04	47	43.71	49	43.71	49	42.76	48	41.87	47	42.87	48	40.95	46
Married	3111.07	3622	3101.11	3611	3118.48	3632	3108.96	3618	3090.51	3592	3081.03	3585	3069.12	3571	3053.96	3553	3029.76	3525	3015.84	3511	2916.89	3404	2911.18	3398	3075.07	3578
Not Stated	265.35	287	265.09	287	266.04	289	269.36	292	267.02	289	270.08	294	270.58	294	272.35	295	317.85	342	316.26	341	345.13	372	348.51	376	270.33	294
Single	2303.19	2558	2306.58	2562	2323.43	2573	2312.84	2560	2301.94	2550	2283.93	2529	2266.25	2511	2241.99	2488	2219.95	2465	2205.38	2448	2137.61	2380	2153.06	2393	2275.09	2520
Widow ed	49.37	57	49.57	57	49.57	57	49.79	57	50.31	57	51.90	58	52.70	59	53.70	60	56.74	63	56.74	63	56.66	63	55.67	62	52.30	58.5
Grand Total	6126.43	6975	6121.34	6969	6156.68	7003	6141.15	6979	6108.07	6938	6086.01	6916	6057.53	6884	6025.90	6850	6030.96	6854	5996.31	6817	5847.56	6661	5864.85	6677		

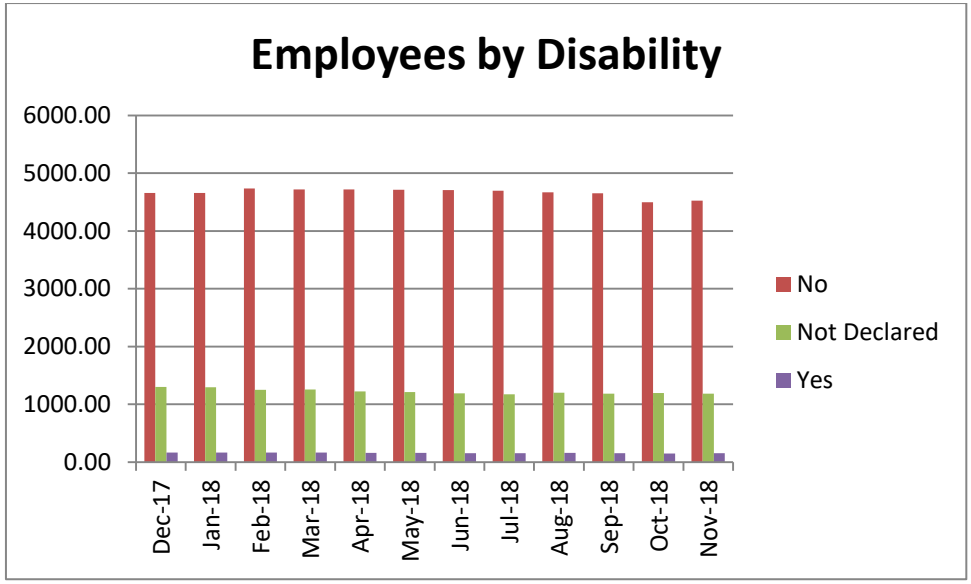
Maternity & Adoption	Dec-17		Jan-18		Feb-18		Mar-18		Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18		Oct-18		Nov-18		Median	
	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC
	149.40	174	149.26	175	145.94	171	149.94	175	147.69	171	147.74	171	155.87	179	158.55	183	167.01	191	165.88	188	153.81	173	147.42	167	149.67	174.5

Where EVERYONE Matters

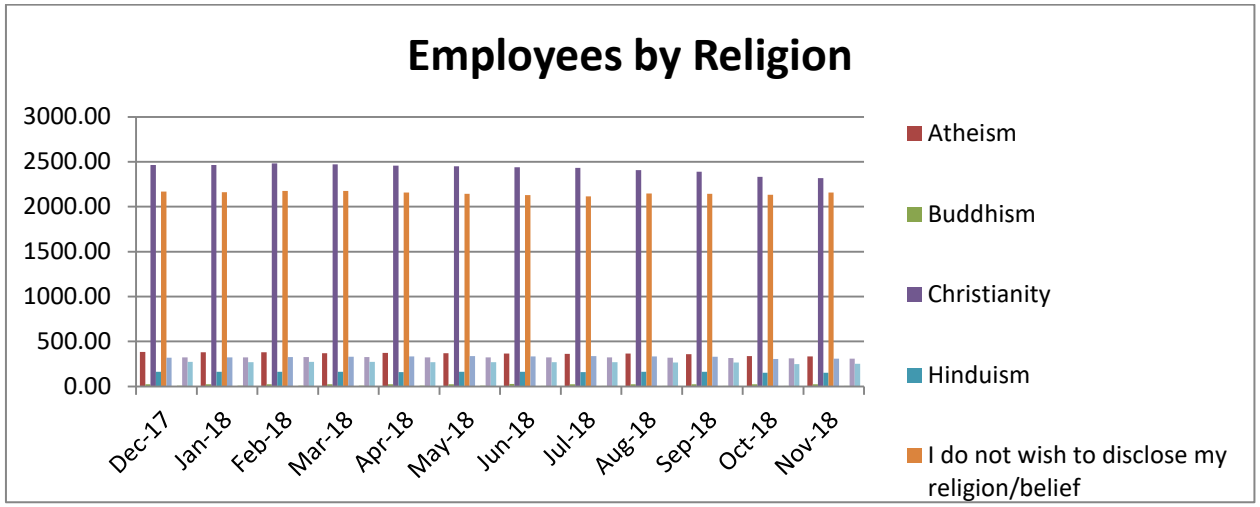

Empolyees by Age
1200.00
1000.00
800.00
600.00
400.00
200.00
0.00
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
<=20 Years
21-25
26-30
31-35
36-40
41-45

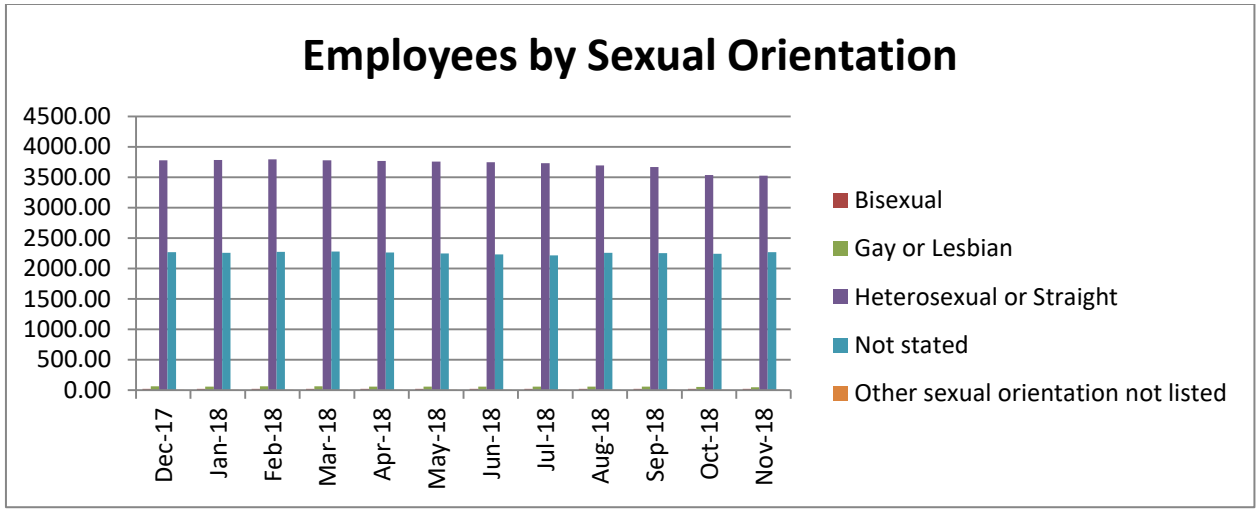

Employees by Ethnicity
5000.00
4000.00
3000.00
2000.00
1000.00
0.00
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Asian
Black
Mixed Heritage
Not Stated
Other Ethnic Group
White



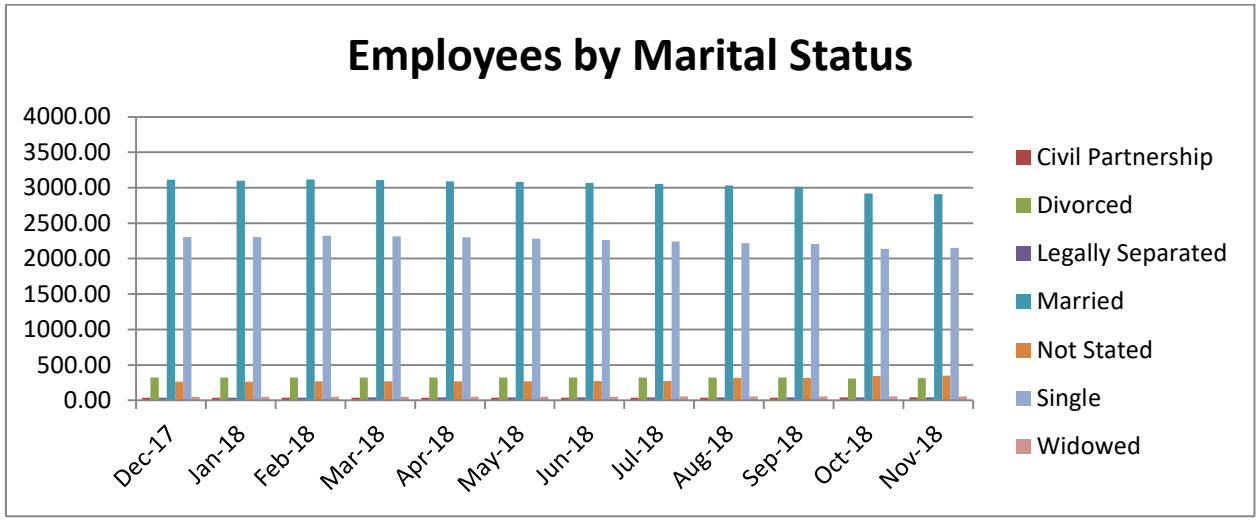


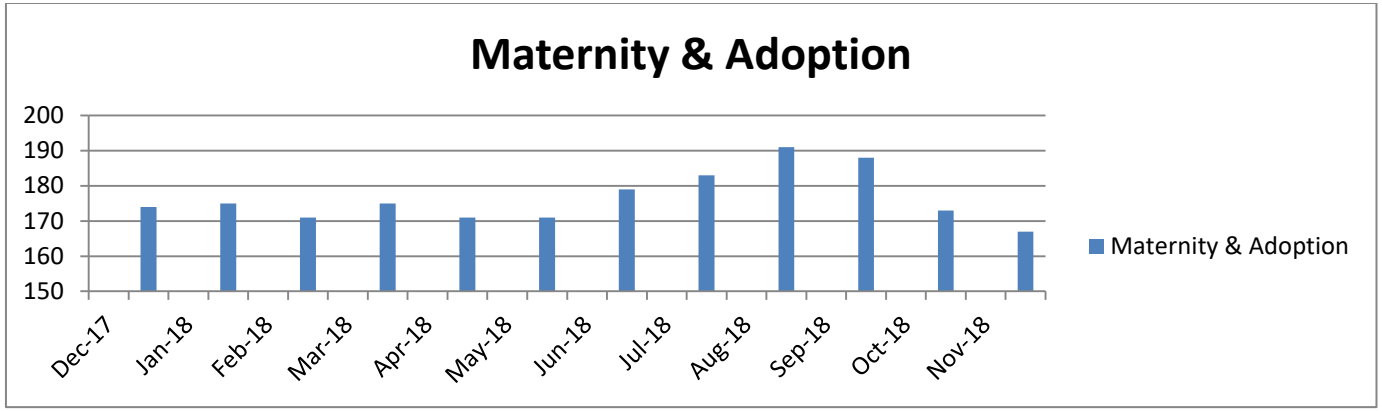
Where EVERYONE Matters





Where EVERYONE Matters





Where EVERYONE Matters

Patient Data Disaggregated by Age

A&E	Count	%
Age Between 00-12	23682	13.8%
Age Between 13-18	10601	6.2%
Age Between 19-40	57936	33.8%
Age Between 41-60	40565	23.7%
Age Between 61-80	26421	15.4%
Age Between 81+	12243	7.1%
Total	171448	
Inpatient		
Age Between 00-12	16844	12.7%
Age Between 13-18	3123	2.3%
Age Between 19-40	27083	20.4%
Age Between 41-60	27994	21.1%
Age Between 61-80	37107	28.0%
Age Between 81+	20565	15.5%
Total	132716	
Outpatient		
Age Between 00-12	57195	5.7%
Age Between 13-18	27185	2.7%
Age Between 19-40	275496	27.4%
Age Between 41-60	274092	27.3%
Age Between 61-80	283474	28.2%
Age Between 81+	86520	8.6%
Total	1003962	
Grand Total	1308126	

Patient Data Disaggregated by Sex

A&E	Count	%
Trans	29	0%
Female	83517	48.7%
Male	87902	51.3%
Total	171448	
Inpatient		
Trans	4	0.0%
Female	72127	54.4%
Male	60584	45.6%
Not Known	1	0.0%
Total	132716	
Outpatient		
Trans	4	0.0%
Female	594026	59.2%
Male	409932	40.8%
Not Known	0	0.0%
Total	1003962	
Grand Total	1308126	

Patient Data Disaggregated by Ethnicity

A&E	Count	%
Any Other Ethnic Group	6319	3.7%
Asian/Asian Brit - Bangladeshi	4474	2.6%
Asian/Asian Brit - Indian	19228	11.2%
Asian/Asian Brit - Pakistani	13715	8.0%
Asian/Asian Brit-any oth Asian b/g	4646	2.7%
Black/Blk Brit-African	4062	2.4%
Black/Blk Brit-Caribbean	11271	6.6%
Not Stated	3597	2.1%
Other	9255	5.4%
Unknown	22384	13.1%
White - any other White b/g	10725	6.3%
White - British	61772	36.0%
Total	171448	
Inpatient		
Any Other Ethnic Group	3459	2.6%
Asian/Asian Brit - Bangladeshi	3749	2.8%
Asian/Asian Brit - Indian	15017	11.3%
Asian/Asian Brit - Pakistani	9611	7.2%
Asian/Asian Brit-any oth Asian b/g	2400	1.8%
Black/Blk Brit-African	3182	2.4%
Black/Blk Brit-Caribbean	9508	7.2%
Not Stated	2860	2.2%
Other	6346	4.8%
Unknown	11642	8.8%
White - any other White b/g	9226	6.9%
White - British	55716	42.0%
Total	132716	
Outpatient		
Any Other Ethnic Group	25340	2.5%
Asian/Asian Brit - Bangladeshi	29257	2.9%
Asian/Asian Brit - Indian	126361	12.6%
Asian/Asian Brit - Pakistani	81326	8.1%
Asian/Asian Brit-any oth Asian b/g	22231	2.2%
Black/Blk Brit-African	26683	2.7%
Black/Blk Brit-Caribbean	69232	6.9%
Not Stated	31759	3.2%
Other	50004	5.0%
Unknown	80755	8.0%
White - any other White b/g	65367	6.5%
White - British	395647	39.4%
Total	1003962	
Grand Total	1308126	

Patient Data Disaggregated by Religion

A&E	Count	%
Church of England	32259	18.8%
Ismaili Muslim	302	0.2%
Not Religious	2504	1.5%
Other	9	0.0%
Unknown	136304	79.5%
Buddhist	22	0.0%
Romanian Orthodox	20	0.0%
Native American Religion	2	0.0%
Nonconformist	8	0.0%
Protestant	4	0.0%
Orthodox Jew	4	0.0%
Christian Existentialist	4	0.0%
Apostolic Pentecostalist	2	0.0%
Elim Pentecostalist	2	0.0%
Church of God of Prophecy	2	0.0%
Total	171448	
Inpatient		
Baptist	1083	0.8%
Christian	8697	6.6%
Church of England	34682	26.1%
Hindu	3138	2.4%
Methodist	1690	1.3%
Muslim	15797	11.9%
Not Religious	4540	3.4%
Other	5083	3.8%
Religion not given - PATIENT refused	5538	4.2%
Roman Catholic	7314	5.5%
Sikh	9261	7.0%
Unknown	35893	27.0%
Total	132716	
Outpatient		
Christian	46084	4.6%
Church of England	189167	18.8%
Hindu	21919	2.2%
Ismaili Muslim	6169	0.6%
Methodist	9628	1.0%
Muslim	96660	9.6%
Not Religious	26085	2.6%
Other	28569	2.9%
Religion not given - PATIENT refused	35047	3.5%
Roman Catholic	40397	4.0%
Sikh	56526	5.6%
Unknown	447711	44.6%
Total	1003962	
Grand Total	1308126	

Patient Data Disaggregated by Marital Status

A&E		%
Civil Partner	102	0.1%
Divorced	1711	1.0%
Married	20645	12.0%
Not Disclosed	30	0.0%
Not Known	34	0.0%
Other	125	0.1%
Separated	460	0.3%
Single	43446	25.3%
Surviving Civil Partner	107	0.1%
Unknown	102451	59.8%
Widowed	2337	1.4%
Total	171448	
Inpatient		
Divorced	2140	1.6%
Married	25868	19.5%
Not Disclosed	78726	59.3%
Separated	505	0.4%
Single	21290	16.0%
Unknown	43	0.0%
Widowed	4144	3.1%
Total	132716	
Outpatient		
Civil Partner	758	0.1%
Divorced	13382	1.3%
Married	193952	19.3%
Not Disclosed	271	0.0%
Not Known	119	0.0%
Other	792	0.1%
Separated	2375	0.2%
Single	159718	15.9%
Surviving Civil Partner	458	0.0%
Unknown	616454	61.4%
Widowed	15683	1.6%
Total	1003962	
Grand Total	1308126	

Patient Data Disaggregated by Sexual Orientation

Patient Data disaggregated by Disability

Inpatients	Count	%
Gay/Lesbian	6	0.0%
Hetrosexual	622	0.5%
Not Specified	131990	99.4%
Not Stated	73	0.1%
Unknown	25	0.0%
Total	132716	
Outpatient		
Gay/Lesbian	63	0.0%
Hetrosexual	5625	0.6%
Not Specified	997772	99.3%
Not Stated	644	0.1%
Unknown	218	0.0%
Total	1004322	
Grand Total	1137038	

Inpatient	Count	%
Registered Disabled Yes	0	0.0%
Registered Disabled No	132716	100%
Total	132716	
Outpatient		
Registered Disabled Yes	3	0.0%
Registered Disabled No	995598	99.2%
Not Specified	8361	0.8%
Total	1003962	
Grand Total	10136678	

Our Local Community

A Review of Sandwell and West Birmingham Demography and Diversity

Summary

July 2013

Our Local Community
A Review of Sandwell and West Birmingham Demography and Diversity

1.0 Introduction

1.1 Changes in the demography and diversity of Sandwell and West Birmingham will have important implications for the Trust, impacting upon its services, functions and policies. Understanding this impact is critical to effectively planning public health and healthcare services. This is a detailed review of our local community, demography, and diversity and highlights opportunities and potential threats these trends will present.

1.2 Despite the importance of these issues there still remains to be paucity of data detailing the extent of diversity within the locality and future trends for particular groups such as LGB (Lesbian, Gay and Bisexual) and Gender Reassigned groups and migrants. Therefore, this review gathers and presents information from a variety of sources including the census, public bodies and the local voluntary/community sector.

2.0 Equality Act 2012

2.1 This review presents local demography and diversity in respect of the nine protected characteristics which are outlined in the Equality Act 2010. These are:

Age	Ethnicity	Sexual Orientation
Gender	Religion & Belief	Disability
Pregnancy and Maternity	Marriage and Civil Partnership	Gender Reassignment

2.2 Specifically, the Equality Act 2010 has introduced a public sector equality duty. From April 2011 public Sector organisations must:

- 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.

Advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Fostering good relations means:

- Tackling prejudice and promoting understanding between people from different groups.
- May involve treating some people more favourably than others e.g. addressing health inequalities issues.

2.3 There are a also number of specific duties for the Trust, the purpose of which is to help organisations comply with the general equality duty, by improving the focus and transparency of activity to meet the duty. Public sector organisations covered by the specific duties are required to:

Publish sufficient information to demonstrate compliance with the general equality duty across its functions. This must be done by 31 July 2011 and at least annually after that, from the first date of publication.

- The information must include the effect that policies and practices have had on Equality for service users and (for those organisations with 150 or more staff) on equality for their employees.

- Publish information on significant and long-standing inequalities such as the gender pay gap and the proportion and distribution of disabled employees and staff from ethnic minority communities.

- Evidence of analysis that they have undertaken to establish whether policies and practices have (or would) further the aims of the general equality duty (EIA's).

- Details of the information that they considered in carrying out this analysis.

- Details of engagement that they undertook with people whom they consider to have an interest in furthering the aims of the general equality duty.

3.0 Locality

Sandwell and West Birmingham contains some of the most diverse areas within the West Midlands and is one of the most diverse urban areas of Britain. The wards within Sandwell and West Birmingham have been listed below.

Table 1) Source: Sandwell Trends / Birmingham City Council

Sandwell	
1)	Newton
2)	Great Barr with Yew Tree
3)	Charlemont with Grove Vale
4)	West Bromwich
5)	Greets Green and Lyng
6)	Wednesbury South
7)	Wednesbury North
8)	Friar Park
9)	Princes End
10)	Great Bridge
11)	Oldbury
12)	St. Pauls
13)	Smethwick
14)	Soho and Victoria
15)	Abbey
16)	Hateley Heath
17)	Old Warley
18)	Bristnall
19)	Langley
20)	Tividale
21)	Rowley
22)	Cradley Heath and Old Hill
23)	Tipton Green
24)	Blackheath

West Birmingham	
1.	Kingstanding
2.	Stockland Green
3.	Erdington
4.	Tyburn
5.	Nechells
6.	Aston
7.	Ladywood
8.	Soho
9.	Sparkbrook
10.	Edgbaston
11.	Harbourne
12.	Quinton
13.	Oscott
14.	Perry Barr
15.	Lozells & East Handsworth
16.	Handsworth Wood

4.0 Population Profile

Birmingham

4.1 Birmingham's population has risen to 1,073,045 residents which is an increaseof 9.8% since 2001. This confirms Birmingham's status as the largest city authority in England and Wales outside London. The city is home to approximately 20% of the residents of the West Midlands. The population of West Birmingham has risen to 435,577

4.2 The current long-term population projection is 2010-based (published 2012) and shows an even greater growth in population, with the population estimated to increase by over 200,000 by 2031.

4.3 Short-term population projections based on the 2011 Census suggest that the rate of growth will be lower than the 2010-based projection estimate. The 2011-based estimate shows growth of 85,800 to 2021. This compares with 108,700 according to the 2010-base and 75,900 according to the 2008-based projection.

4.4 The 2011 interim short-term Census-based population projections to 2021 for local authorities were published in September 2012. According to the projections, Birmingham's population is projected to grow by 85,800, from 1,074,300 in 2011 to 1,160,100 in 2021 (an increase of 8.0% this compares with an estimated rate of 9.1% for the previous decade),and to over 200,000 by 2031.

Sandwell

4.5 The 2011 census shows that Sandwell's population has increased to a total of 308,063 residents which is a rise of 8.9% since 2001, reversing the previous declines experienced since 1971.

4.6 The interim 2011 based population projections for Sandwell show an increase of 26,300 between 2011 and 2021, reaching 335,400 by 2021 compared with 329,000 shown by the 2010 based projections in this year.

4.7 While the population of Sandwell is projected to increase by just under a quarter by 2035, the 65+ age group is expected to increase by 40% over the same period, from 46,600 to 65,500, an increase of nearly 19,000. In Sandwell, the greatest proportional increases in population are expected in the 85+ age group (5,400 more people in this age group by 2035, an increase of 87%). Within this group, those aged 90 or above are expected to increase by 147% (from 2,100 to 5,200).

5.0 Key Points

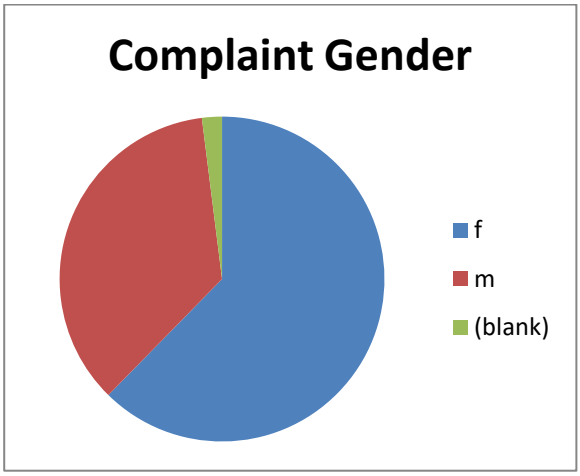
- The Equality Act 2010 has introduced a positive duty on the Trust to promote equality of opportunity and eliminate unlawful discrimination and harassment.
- Both Sandwell and West Birmingham are considered to be parts of the most diverse urban areas of Britain.
- The population of Sandwell is approximately 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 region.

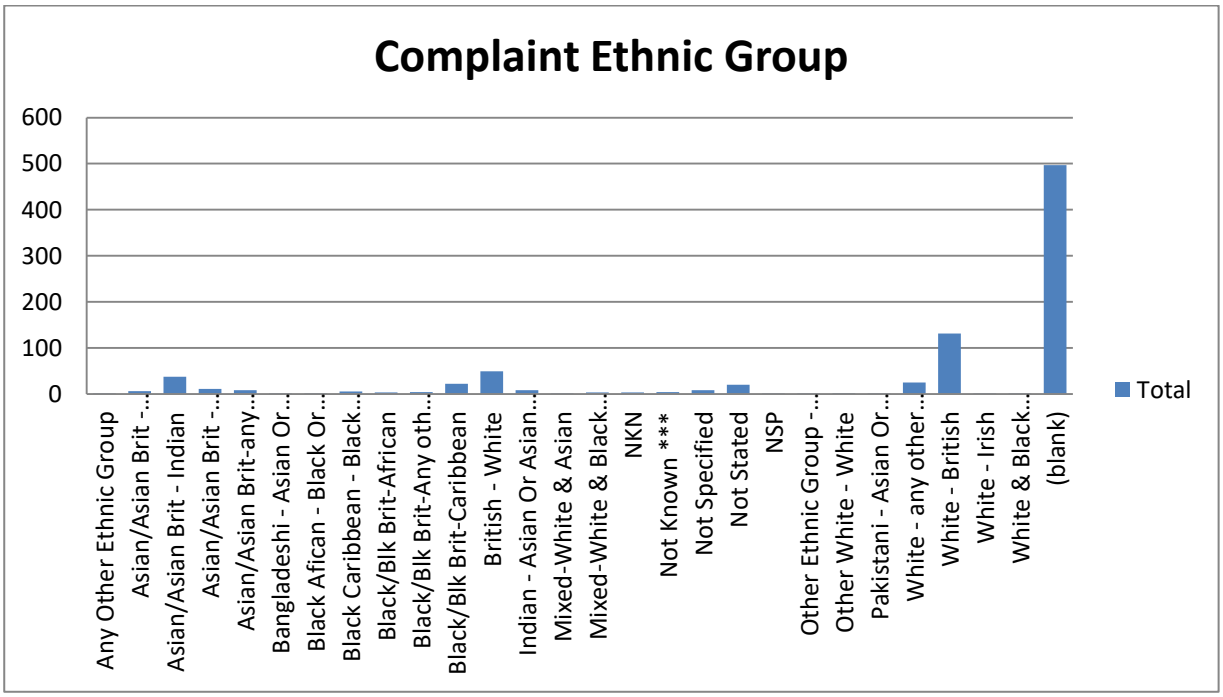
Complainant – Gender (where volunteered)



Age of patient (excluding those complainants where unknown)

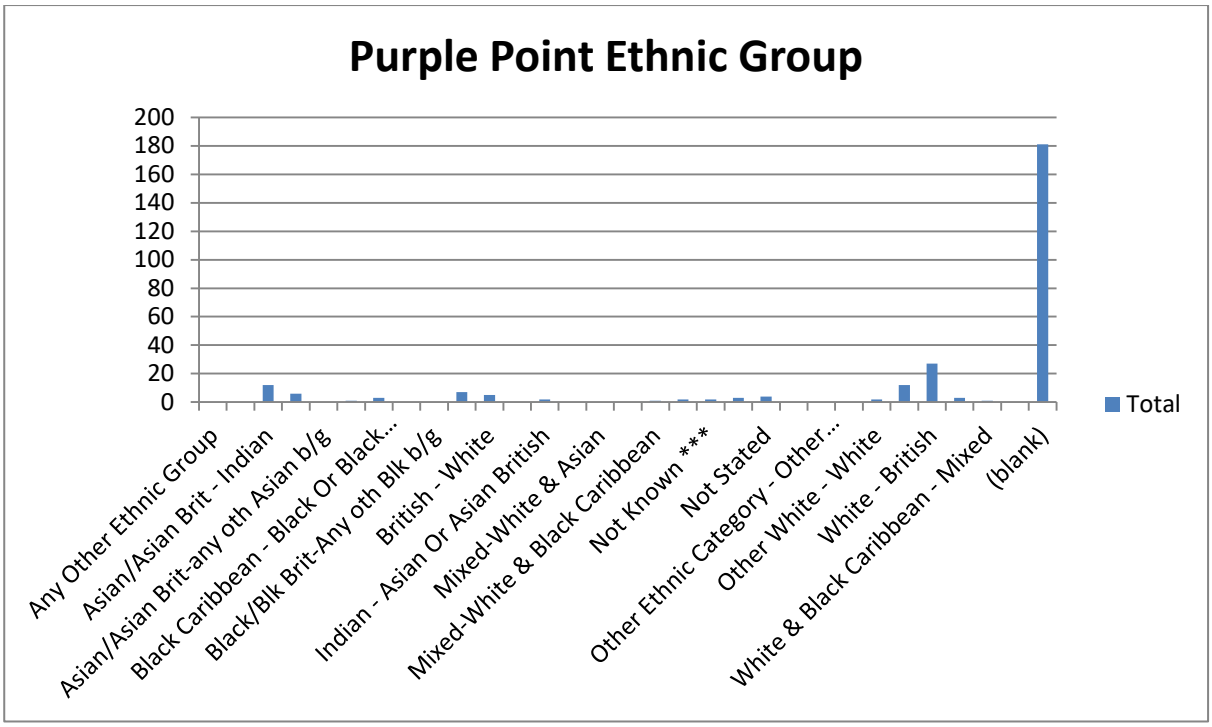
Age	
1-16 years	53
17 -24 years	47
25-34 years	92
35 - 44 years	100
45 - 54 years	122
55 - 64 years	97
65 - 74 years	98
75 - 84 years	99
Over 85 years	63

Complainant Ethnicity



During the period, we have received 484 concerns raised through local resolution and 274 calls through Purple Point.

Purple Point - Ethnicity



Purple Point - Age of patient (excluding those where age unknown)

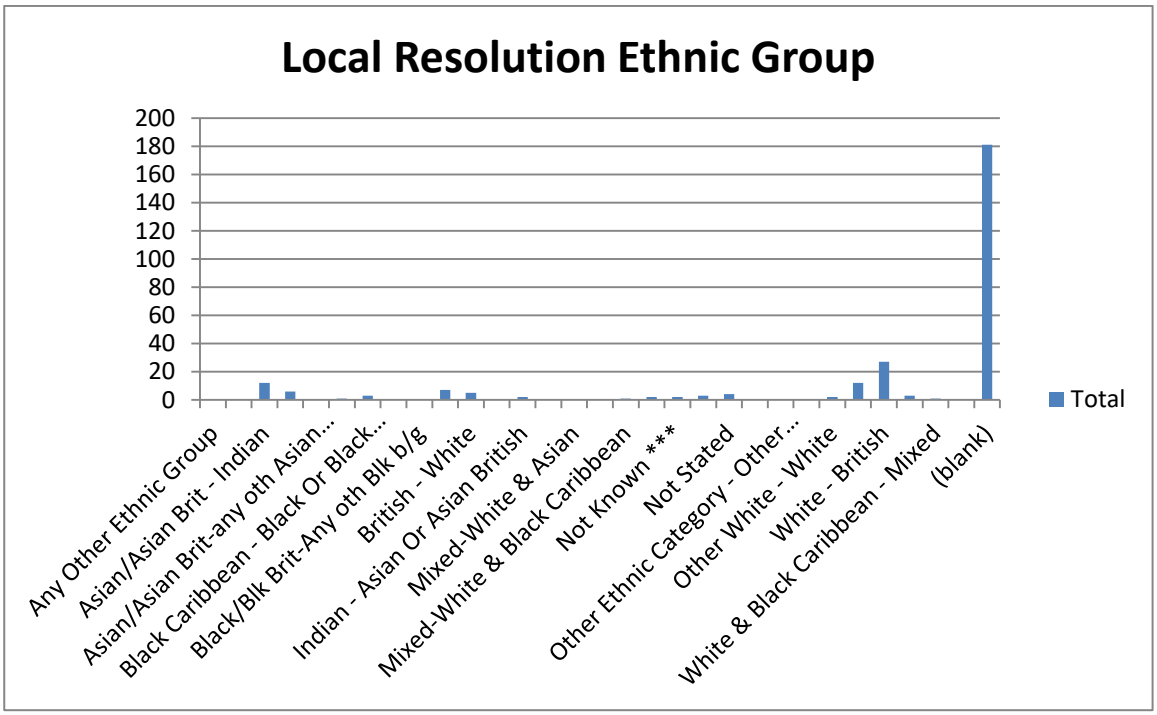
Age of Patient	
1-16 years	11
17 - 24 years	9
25-34 years	24
35-44 years	25
45 - 54 years	21
55 - 64 years	30
65 - 74 years	33
75 - 84 years	35
85 years +	22

Local Resolution - Age of patient (excluding those where age unknown)

Age of Patient	
1-16 years	130
17 - 24 years	81
25-34 years	160
35-44 years	167
45 - 54 years	225
55 - 64 years	285
65 - 74 years	240
75 - 84 years	232

85 years +	102

Local Resolution – Ethnicity



Friends and Family Demographic Data

Appendix 12

The tables below outline the demographics that use our service. Our survey aims to cater for all variations so the Trust receives a diverse opinions and views.

Age	0-15	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Grand Total
Antenatal	0	37	113	69	6	0	0	0	0	225
Birth	2	84	348	159	20	1	0	0	0	614
Daycase	4	328	529	588	836	837	845	692	223	4882
ED	5	3	10	14	12	14	4	7	2	71
Inpatient	390	724	1395	1109	1232	1509	1725	1993	1117	11194
Outpatients	240	9874	27466	23905	25358	22782	14412	7399	1785	133221
Postnatal Ward	0	32	115	48	6	0	0	0	0	201
Trust Total	**641**	**11082**	**29976**	**25892**	**27470**	**25143**	**16986**	**10091**	**3127**	**150408**

Ethnicity	Asian or Asian British	Black or Black British	Mixed	Not Stated	Other Ethnic Groups	White	Grand Total
Antenatal	93	34	11	0	14	73	225
Birth	217	96	40	2	21	224	600
Daycase	48	16	3	0	4	175	246
ED	15	10	1	0	0	37	63
Inpatient	285	134	12	0	41	662	1134
Outpatients	38413	19107	3301	12214	5134	54902	133071
Postnatal Ward	81	32	6	3	10	61	193
Trust Total	**39152**	**19429**	**3374**	**12219**	**5224**	**56134**	**135532**

Gender	Female	Male	Not Specified	Grand Total
Antenatal	140	10	3	153
Birth	342	17	3	362
Daycase	2733	2147	3	4883
ED	42	26	0	68
Inpatient	5880	4865	4	10749
Outpatients	1344	1167	14	2525
Postnatal Ward	145	8	0	153
Trust Total	**10626**	**8240**	**27**	**18893**

Disability	No	Yes	Not Stated	Grand Total
Antenatal	168	27	13	208
Birth	495	37	37	569
Daycase	139	92	9	240
ED	34	28	7	69
Inpatient	308	498	301	1107
Outpatients	1023	1261	109	2393
Postnatal Ward	154	15	8	177
Trust Total	**2321**	**1958**	**484**	**4763**

Appendix 13

Demographic Data for Chaplaincy Team

Age	Chaplains	Volunteers
30-50	2	3
51-65	7	0
66-90	3	9
Total	12	12

Ethnicity	Chaplains	Volunteers
Bangladesh	1	0
Indian	2	1
Black African	3	0
Caribbean	0	2
Black British	1	2
Irish	1	0
White British	4	7
Total	12	12

Gender	Chaplains	Volunteers
Male	9	4
Female	3	8
Trans	0	0
Total	12	12

Religion	Chaplains	Volunteer
Islam	2	1
Sikh	2	1
Hindu	1	1
Christian	7	9
Total	12	12

	Chaplains	Volunteer
Married	7	3
Single	5	9
Total	12	12

	Chaplains	Volunteer
Pregnancy /Maternity	0	0
Disability	0	0
Total	0	0

Appendix 14

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.

1. Actively looking to attract and recruit disabled people.	Attendance at the disability recruitment event hosted by Birmingham City council. Focused approach on selection on apprenticeships and paid internships	**Continue to attend these events, attendance planned in 2018** **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**

3. Offering an interview to disabled people who meet the minimum criteria for the job.	If this box is ticked and minimum criteria is met an interview is offered, this is monitored via central recruitment	**Reminder to all line managers from central recruitment of this policy January 2018**
4. Flexible when assessing people so disabled job applicants have the best opportunity to demonstrate that they can do the job.	Recruitment Panel Leads given guidance of locations to hold interviews, candidates given preference of site / location if access is an issue	**Variety of locations available across the site with the new Sandwell Education Centre having great disability access.**
5. Proactively offering and making reasonable adjustments as required.	Any member of staff can request a reasonable adjustment to be implemented. The Trust works with Access to Work in order to ensure the correct adjustments are made for employees.	**Reasonable adjustments form part of the training package delivered to all managers within the Sickness & Absence Module**
6. Encouraging our suppliers and partner firms to be Disability Confident.	We are highlighting the Disability Confident to all of our suppliers and we will be sending a letter to all suppliers in early 2018.	**Letter being sent by the Head of Diversity and Inclusion, championing the positive impact being a disability confident employer can have**
7. Ensuring employees have sufficient disability equality awareness training.	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.	**The trust is launching a E-Learning module for all staff to complete in Quarter 1 2018/2019**

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 disabled people.	We publicise our vacancies and the trust at a variety of recruitment events including Birmingham City Council and the Department of work & Pensions looking at getting disabled people working within our organisation	**We plan to advertise in Diversity Group Directory all vacancies from Quarter 1 2018/2019**

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**
8. Engaging with Jobcentre Plus, Work Choice providers and local disabled people's user led organisations (DPULOs) 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.		
1. Promoting a culture of being Disability Confident.	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. Trust is part of MidlandsAbility	**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.** **Taking a more active role in Q1 2018/2019**
2. Supporting employees to manage their disabilities or health conditions.	We have a Disability and Long Term Conditions staff network for anyone with a disability or long term condition and their allies. Occupational Health (OH) have a supportive pathway to make reasonable adjustments for staff Ongoing training for all managers on the sickness and absence management policy – highlighting the sections	**Network is currently working on the Trusts Patient Pledges and The Staff Pledges in regards to disability** **Recommendations are actioned by local managers both prior to and after assessment by OH** **Training forms part of the core competencies for all managers – part of the SWH Accredited Manager**

	on reasonable adjustments and supporting all staff to be in work	**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.	We have a Disability and Long Term Conditions staff network for anyone with a disability or long term condition and their allies. 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	**Network is currently working on the Trusts Patient Pledges and The Staff Pledges in regards to disability.** **Patient stories are presented to the Trust Board and ongoing action plans include:-** **Assistance Dog Policy** **Sign Language Training** **IT Software Implementation** **In Quarter 4 2017/2018 & Quarter 1 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**

6. Reviewing this Disability Confident employer self-assessment regularly.	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.	**Plan to review this assessment annually prior to the Publication of our annual report and enclose this document in the appendix**

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.	**Network is currently working on the Trusts Patient Pledges and The Staff Pledges in regards to disability.** **There is a coaching and mentoring programme being launched in Quarter 1 2018/2019**
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.	**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**
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.	**Ensure this this is highlighted in the Sickness and Absence Management training (Currently on the presentation – reassurance being sort that it is always delivered)**
4. Providing occupational health services if required.	The Trust has an Occupational Health department which staff can access on request.	**Staff have access to Occupational Health during the normal working week, outside these hours there is an emergency protocol in place**
5. Identifying and sharing good practice.	The Trust are actively part of the Black Country Sustainability and Transformation Partnership (STP)	**Sharing of best practice and lead people is highlighted in our notes and circulated to all**

	Equality Sub Group and we often discuss good practice Trust is part of MidlandsAbility	**members of the STP** **Taking a more active role in Q1 2018/2019**
6. Providing human resource managers with specific Disability Confident training	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	**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**