
Equality, Diversity and Inclusion Report Published January 2021



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Public Sector Equality Duty **Equality Report**

Section one: Overview

1.1 Introduction

The Trust is fully committed to achieving equality, diversity 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 7182 staff (as at August 2020). We will publish our equality assurance and objectives on our websites, and in print format on request. We will publish our equality assurance and objectives on our websites, and in print format on request. The Trust Board is committed to developing consistent links into our local communities, working with the voluntary sector, faith and grassroots organisations. The development of our governing body and the expansion plans we have for our charitable foundation will also reinforce this work.

Organisation Profile

Sandwell and West Birmingham Hospitals NHS Trust is a truly 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 7182, people and spend around £430m of public money, largely drawn from our local Clinical Commissioning Group.

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

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

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

Committed to public health and local regeneration

We are a key partner in efforts to change the shape of care in our area. Our new hospital – the Midland Metropolitan University Hospital – is currently under construction and is located on Grove Lane, on the Smethwick border with West Birmingham. Our intention is to provide substantially more care at home and rely less on acute hospitals. Whilst most of the programme involves investment in GP surgeries and health centres, we will relocate our acute care to the Midland Met Hospital. The new hospital will act as a major employment opportunity for local people and is part of a wider scheme to develop the area adjacent to the site.

Our joint public health plan sets out our priorities to influence the wider determinants of health and ensure we are offering every patient and resident the chance to be as healthy as possible.

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

Midland Metropolitan University 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

2021 is our year for completion of a stock take of what we have achieved out of our five year vision. For the year ahead we will prioritise five key areas:; Imaging, Medicine and Emergency Care, Primary Care, Community and Therapies, Women's and Child Health and Surgical Services.

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.

The Trust annual report published in 2020 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/2020-2/>

SWB Annual Report and Action Plan 2020

1.2 Learning Disability Pledges

People with Learning Disabilities are supported by the trust to higher level than ever before. We routinely check the Learning Disability diagnosis from the GP and liaise directly with Sandwell Learning Disability services. The links between our services and Sandwell Learning Disabilities goes from strength to strength. Reasonable adjustments are a priority for the service, we have supported carers to providing objects of comfort. Our Learning Disability training as transitioned to its on-line provision well. Most of the feedback has been positive, hitting an 89% satisfaction rating from feedback forms. Our Senior staff continue to rise to meet the challenge of the Learning Disabilities Mortality Review reporting of deaths and cascading the feedback to the team and the wider service. Covid 19 has been devastating to the Learning Disability population but we set our hearts to work harder and meet the challenge presented. We have found that People with Learning Disabilities are SIX times more at risk from Covid 19 than most average groups.

The Trust introduced the following Learning Disability Pledges.

Promise	Current Position
<p>'I will find out the best way to make sure that people with a LD are flagged when in hospital and put this in place'</p> <p>Linked to CIPOLD (Confidential inquiry into the premature deaths of people with learning disabilities) 1</p> <p>A copy of the report can be found at; http://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf</p>	<p>Patients are flagged on admission to the trust.</p> <p>All visited flags are recorded on LD Dashboard</p>
<p>'I will ensure that reasonable adjustments are put in place for individuals in hospital and work with others including outside organisations to find ways for this to be audited referencing the Quality of Health Principles'</p> <p>Linked to CIPOLD 2, 7</p>	<p>Reasonable adjustments are discussed and outlined on trust induction LD training</p> <p>LD Nurse, reasonable adjustments will be monitored audited and recorded on LD dashboard.</p>
<p>I will put in place actions to increase the awareness and competency of staff working positively with people with LD and using reasonable adjustments.'</p> <p>Links to CIPOLD 12</p>	<p>LD awareness training</p> <p>LD awareness on trust induction</p> <p>LD Nurse is in providing training within clinical areas to increase awareness and competence when working with patients with LD.</p>
<p>Hand Held Records : All flagged patients have hand held record, preferably with an electronic option</p> <p>Links to CIPOLD 5.</p>	<p>Hospital passports are being requested from care homes. Or they are being written out and put by bed space</p>
<p>Positive confirmations that deaths among LD patients were not amenable to better care from January 2017.</p> <p>Linked to CIPOLD 2, 7, 13, 14, 15.</p>	<p>Mortality reviews are completed for any LD death.</p> <p>5 staff members have received LeDeR (The Learning Disabilities Mortality Review) training including LD nurse. Trust will contribute to the national LeDeR program</p>

Section Two – Equality Activities

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

What we have done

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

- Achieved Level 2 Disability Confident employer status.



- Commenced work with Stonewall to enter the Trust onto the Top 100 Stonewall Equality Index.
- Continued the momentum of staff network groups for BME (Black and Minority Ethnic), LGBT (Lesbian, Gay, Bisexual the Transgender) and Disability and Long Term Conditions staff networks groups, with Executive Director sponsorship for each group.
- Introduced two new policies for Transgender Patients and Staff members.
- Commissioned British Sign Language level 1 courses for all levels of colleagues within the Trust.
- In liaison with the NHS Leadership Academy continued our sponsorship of the BAME Stepping Up programme for the West Midlands.
- Chosen as one of NHS Employers Diversity and Inclusion Programme for 2020-21.
- Later in 2020 we held the first of our Inclusion celebrations which we plan to continue in 2021 on a regular basis.
- Retained 'SILVER' TIDE Status from the Employers Equality and Inclusion Network.
- We developed our Black Lives Matter action plan in conjunction with our BME Network Lead.
- We developed a Trust Equality, Diversity and Inclusion Action Plan (incorporating our Black Lives Matter action plan).

The Trust remains an Equal Opportunities employer and proudly the only Living Wage accredited Trust in our region. In 2019 we were highly commended at the ENEI Awards in their Community Impact Award category for our Healthcare Overseas Professionals (HOP) programme.

What we still need to do:

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

2.1 SWBH Colleague and Patient Diversity Pledges

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

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

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

3	<p>Develop and support Staff Network Groups</p> <ul style="list-style-type: none"> • Support newly established staff networks, including executive sponsorship • Support network chairs and vice chairs and others involved with time, efforts, events and communicating outcomes • Executive sponsor meet with network at least 4 times a year • Support each network in terms of personal development, mentorship • Support networks for campaigning, networking, education, advocacy or social purposes 	<ul style="list-style-type: none"> • Each staff network has an executive chair who sponsor the activities of the network. • LGBT and BME network have held local elections recently • Each staff network has a dedicated budget • LGBT network was re-launched in 2020 momentum needs to be maintained during 2021 and ensure that LGBT network is resourced for Stonewall and other activities 	Amber
4	<p>Creating a culture where it is safe to be 'out' at SWBH as a staff member or a patient</p> <ul style="list-style-type: none"> • Raise awareness and support LGBT network • Attend Birmingham Pride 2019 for recruitment and awareness raising • Join Stonewall and take part in regional conferences and workshops • Train staff in supporting LGBT patients sensitively and appropriately • Create a 'Safe Space' for LGBT colleagues • Work with Birmingham LGBT and other external partners to ensure best practice is being implemented • Work with Staff-side, to support LGBT staff at work • Celebrate LGBT History Month with events and support in Feb 2019 • Implement 'Allies' programme for non LGBT staff communicated and visible • Increase sexual orientation declaration to at least 20% in two years • Independent review and audit by Stonewall UK of Trust, ready to enter 'Top 100' in 2019 	<ul style="list-style-type: none"> • Stonewall Index feedback rated SWBH as 232 in UK. • Working successfully with Staff-side • Marched at PRIDE in 2017, 2018, and 2019 • Rainbow lanyards, LGBT Safe Space • Working with Birmingham LGBT 	Amber
5	<ul style="list-style-type: none"> • To ensure a safe and inclusive environment for transgender staff. • Support clinical groups with clear guidance on the implementation of the public sector Equality Duty, which includes gender reassignment as one of the pc's. • Work with members of SWBH staff to develop a programme to raise awareness of the challenges transgender people may face. • Develop and re-launch trans policy • Develop and launch supportive guidance for staff on welcoming trans patients • Celebrate national Trans Day of remembrance in November 2018 	<ul style="list-style-type: none"> • Developed and launched transgender policy for staff in 2018 • More to do on communications around launching policy and practical application • Aim to identify two pathways during 2020 to focus on. E.g. accessing sexual health services and smear tests 	Amber

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

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

PATIENT PLEDGES

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

	Pledge	Update May 2020	Rag Rating
1	<p>To get serious about the quality and equality of care we provide to people with learning disabilities</p> <ul style="list-style-type: none"> • Being aware of missing serious illness. Important medical symptoms can be ignored because they are seen as part of someone’s disability. • Being more suspicious that the patient may have a serious illness and take action quickly. • Finding out the best way to communicate. Asking family, friends or support workers for help. Remembering that some people use signs and symbols as well as speech. • Listening to parents and carers, especially when someone has difficulty communicating. They can tell which signs and behaviours indicate distress. • Not making assumptions about a person’s quality of life. They are likely to be enjoying a fulfilling life. • Being clear on the law about capacity to consent. When people lack capacity you are required to act in their best interests. • Asking for help. Staff from the community learning disability and corporate LD teams can help. <p>Remembering the Equality Act 2010. It requires us to make ‘reasonable adjustments’ so staff may have to do some things differently to achieve the same health outcomes.</p>	<ul style="list-style-type: none"> • Chief Executive led programme of activity on learning disabilities, managed through staff network and corporate nursing programme • Work being undertaken around mental capacity act and • More work to be done to raise awareness, develop training for staff and patients. 	Amber

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

2.2 Staff Networks

The Trust has 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. Each of the networks is sponsored by a member of the executive team.

2.2.1 Lesbian, Gay and Bisexual Staff Network



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

2.2.2 BME Staff Network



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

2.2.3 Disability and Long Term Conditions Staff Network



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

Section Three – Monitoring

3.1 Gender Pay Gap Audit

From 2017 the Trust has a duty to carry out an equal pay audit to assess whether there was inequity in pay in relations to gender, ethnicity or disability and to fulfil a statutory requirement to comply with the Gender Equality Duty Code of Practice and the Trust Public Sector Equality Duty. The figures must be calculated using a specific reference date – this is called the ‘snapshot date’. The snapshot date each year is 31 March. The Trust has made a commitment to pay its staff at least the Real Living Wage.

(To see a copy of our latest Gender pay Gap report please see; Gender Pay Gap Report 2019 (published March 2020). The 2020 report is due to be published at the end of March 2021.

3.2 NHS Workforce Race Equality Standard

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

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

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

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

3.2.1 WRES reporting

Organisations use the Strategic data Collection Service (SDCS), a system for sharing and reporting NHS and social care performance information for the annual WRES returns. **(To see a copy of our latest WRES publication please see WRES Report 2020.**

3.3 NHS Workforce Disability Equality Standard

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

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

Organisations will be encouraged to introduce new measures and practices which positively support disability equality in the workplace and further the involvement and engagement of Disabled communities more widely in the work and aims of the NHS.

3.3.1 WDES reporting

Organisations use the Strategic data Collection Service (SDCS), a system for sharing and reporting NHS and social care performance information for the annual WRES returns. **(To see a copy of our latest WDES publication please see WDES Report 2020.)**

3.4 Patient Data

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

(A breakdown of our patient data can be seen in Appendix 2). 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 Emergency Departments as there are a large proportion of these patients for whom we do not collect the data.

4.0 Conclusion

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

There is a great deal of activity taking place across the Trust, in relation to embedding equality and embracing diversity and human rights. Some of these have been highlighted within this report. We recognise however the ongoing nature of this work and will continue to monitor and measure equality and quality based on the outcomes underpinned by the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard.

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

Throughout 2020 and into 2021 has been dominated by the Trust's response to the COVID-19 pandemic. Just as the country has clapped for our carers every week during this crisis, we stand alongside those individuals who have suffered tragedy and loss and who will feel the impact of this pandemic for many months and years to come. We are working with local black and minority ethnic residents to understand the disproportionate impact of this disease.

Our response to COVID-19, and certainly our recovery plan from the pandemic is grounded in that local collaboration, within the context of our Black Country and West Birmingham STP wide long term plan.

Stonewall Action Plan

Stonewall Equality Index Action Plan							
There were delays to many of the workstreams starting owing to capacity issues of the teams involved in delivery, mainly attributable to Covid-19 pressures and therefore delivery dates have been revised.							
Date: December 2020							
Index Section no.		Action	Who	Date	Status	Comments	
1	Employee Policies and Benefits	<ul style="list-style-type: none"> Dignity at Work Policy Equal Opportunity and Managing Diversity Policy Mutual Respect and Acceptance Guide 	Need to include examples of homophobic, biphobic and transphobic bullying	HR	April 2021		Not yet Started
		<ul style="list-style-type: none"> Family leave policy and appendices 	Policy and all appendices need to be reviewed and amended to include gender neutral language throughout, and clarification should be made stating they are accessible to all couples regardless of gender.	HR	April 2021		Not yet Started
		<ul style="list-style-type: none"> Trans Equality policy providing services for Trans staff 	Include a specific guidance section for HR staff. Also need to include guidance for non-binary staff on dress code and facility use. Glossary also needs to be reviewed and aligned with best practice.	D & I	April 2021		Not yet Started
2	The Employee Lifecycle	<ul style="list-style-type: none"> Training for Recruitment Staff around LGBT 	Training for Recruitment staff to include language, stereotypes and assumptions concerning LGBT people.	D & I	April 2021		Not yet Started

Stonewall Equality Index Action Plan

There were delays to many of the workstreams starting owing to capacity issues of the teams involved in delivery, mainly attributable to Covid-19 pressures and therefore delivery dates have been revised.

		<ul style="list-style-type: none"> Exit interviews 	<p>There need to be questions included that specifically ask if employees have any experience of homophobia, biphobia or transphobia to feedback the Trust.</p>	HR	April 2021		Not yet Started
			Leavers Diversity data needs to be recorded.	HR	April 2020		This data is collected via ESR if it is declared.
3/ 4	LGBT Employee Network Group	<ul style="list-style-type: none"> LGBT Staff Network 	Network to promote the network as inclusive of allies on all communication	LGBT Network	February 2021		Not yet Started
			During LGBT History month staff profiles to be more explicit around gender identity and sexual orientation	LGBT Network	February 2021		Not yet Started
			LGBT Network to liaise with other staff networks to hold collaborative events.	LGBT Network	December 2019		Ongoing quarterly
		<ul style="list-style-type: none"> Trans Allies 	All non-trans staff to become trans allies through training and resources	LGBT Network	December 2019		Rainbow lanyards issued to allies also Rainbow badge initiative currently rolled out across the trust.
		<ul style="list-style-type: none"> Intersectionality 	Ensure that LGBT profiles include intersectionality e.g. LGBT person of Faith	LGBT Network	February 2021		Not yet Started

Stonewall Equality Index Action Plan

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5	Senior Leadership	<ul style="list-style-type: none"> LGBT conferences 	LGBT specific conferences and seminars to be attended by a member of the senior leadership team.	Exec Lead	Where available		Ongoing
		<ul style="list-style-type: none"> Reverse Mentoring 	Senior Leadership team members to be paired with LGBT staff members to understand the barriers faced in the workplace.	Exec Lead	April 2021		Not yet Started
6	Monitoring	<ul style="list-style-type: none"> LGBT Staff members 	The Trust to monitor LGBT staff members from application to appointment to reflect the success rate of these applicants.	Recruitment / D & I	February 2021		Not yet Started
			The Trust to begin monitoring the spread of LGBT staff at different pay grades	Recruitment / D & I	February 2021		Not yet Started
			The Trust to break down the LGBT responses to staff surveys.	Communications	December 2021		Not yet Started
7	Procurement	<ul style="list-style-type: none"> Contracts 	When awarding contracts the trust should ask if the potential supplier has policies that bans discrimination on grounds of Sexual Orientation and Gender Identity	Procurement	May 2020		Completed

Stonewall Equality Index Action Plan

There were delays to many of the workstreams starting owing to capacity issues of the teams involved in delivery, mainly attributable to Covid-19 pressures and therefore delivery dates have been revised.

			During contract monitoring meeting diversity and inclusion should be a standing agenda item	Procurement	May 2020		Completed
			The Trust to work collaboratively with all suppliers to encourage best practice in sexual orientation and gender identity diversity and inclusion.	Procurement	May 2021		Not yet Started
8	Community Engagement	• Birmingham Pride	In future years the Trust to provide health information and signpost its services during the Pride event.	LGBT Network	May 2021		Not yet Started
		• Trans specific events	The Trust to host a Trans specific event	LGBT Network	April 2021		Not yet Started
9	Clients, Customers and service Users	• Consultation	The Trust to consult with LGBT service users on policy and service improvement.	Clinical Leads	April 2021		Not yet Started

Key



Not Yet Started



In Progress

Patient Data Disaggregated by Age

A&E	Count	%
Age Between 00-12	17085	11.44%
Age Between 13-18	8220	5.51%
Age Between 19-40	52169	34.94%
Age Between 41-60	36961	24.76%
Age Between 61-80	23668	15.85%
Age Between 81+	11198	7.50%
Total	149301	100%
Inpatient		
Age Between 00-12	13560	11.90%
Age Between 13-18	2743	2.41%
Age Between 19-40	24003	21.07%
Age Between 41-60	23998	21.07%
Age Between 61-80	30929	27.15%
Age Between 81+	18681	16.40%
Total	113914	100%
Outpatient		
Age Between 00-12	58934	5.71%
Age Between 13-18	28865	2.80%
Age Between 19-40	313160	30.37%
Age Between 41-60	281567	27.30%
Age Between 61-80	266377	25.83%
Age Between 81+	82357	7.99%
Total	1031260	100%
Grand Total	1294475	

Patient Data Disaggregated by Ethnicity

A&E	Count	%
Any Other Ethnic Group	4694	3.14%
Asian/Asian Brit - Bangladeshi	3558	2.38%
Asian/Asian Brit - Indian	15461	10.36%
Asian/Asian Brit - Pakistani	10638	7.13%
Asian/Asian Brit-any other Asian b/g	3080	2.06%
Black/Blk Brit-African	3542	2.36%
Black/Blk Brit- Any oth Blk b/g	2212	1.48%
Black/Blk Brit-Caribbean	8892	5.96%
Mixed-any oth mixed background	875	0.59%
Mixed-White & Asian	528	0.35%
Mixed-White & Black African	351	0.24%
Mixed-White & Black Caribbean	1979	1.33%
Not Known	10035	6.72%
Not Specified	22136	14.83%
Not Stated	3345	2.24%
Other Ethnic Group - Chinese	486	0.33%
White - any other White b/g	8363	5.60%
White - British	48150	32.25%
White - Irish	994	0.67%
Total	149301	100.00%
Inpatient		
Any Other Ethnic Group	2681	2.35%
Asian/Asian Brit - Bangladeshi	3108	2.73%
Asian/Asian Brit - Indian	12350	10.84%
Asian/Asian Brit - Pakistani	8213	7.21%
Asian/Asian Brit-any oth Asian b/g	2144	1.88%
Black/Blk Brit-African	2850	2.50%
Black/Blk Brit-Any oth Blk b/g	1620	1.42%
Black/Blk Brit-Caribbean	7984	7.01%
Mixed-any oth mixed background	578	0.51%
Mixed-White & Asian	284	0.25%
Mixed-White & Black African	306	0.27%
Mixed-White & Black Caribbean	1275	1.12%
Not Known	13800	12.11%
Not Stated	2423	2.13%
Other Ethnic Group-Chinese	471	0.41%
White - any other White b/g	7431	6.52%
White - British	45308	39.77%
White - Irish	1088	0.96%
Total	113914	100.00%

Patient Data Disaggregated by Sex

A&E	Count	%
Both	91	0.06%
Female	72602	48.63%
Male	76591	51.30%
Not Known	17	0.01%
Total	149301	100.00%
Inpatient		
Both	13	0.01%
Female	61005	53.55%
Male	52894	46.43%
Not Known	2	0.00%
Total	113914	100.00%
Outpatient		
Both	2	0.00%
Female	625158	60.62%
Male	406098	39.38%
Not Specified	2	0.00%
Total	1031260	100.00%
Grand Total	1294475	

Outpatient		
Any Other Ethnic Group	27304	2.65%
Asian/Asian Brit - Bangladeshi	31765	3.08%
Asian/Asian Brit - Indian	127836	12.40%
Asian/Asian Brit - Pakistani	86198	8.36%
Asian/Asian Brit-any oth Asian b/g	24327	2.36%
Black/Blk Brit-African	31056	3.01%
Black/Blk-Brit-Any oth Blk b/g	14991	1.45%
Black/Blk Brit-Caribbean	67841	6.58%
Mixed-any oth mixed background	5667	0.55%
Mixed-White & Asian	3408	0.33%
Mixed-White & Black African	3598	0.35%
Mixed-White & Black Caribbean	12487	1.21%
Not Known	88292	8.56%
Not Specified	16391	1.59%
Not Stated	33284	3.23%
Other Ethnic Group - Chinese	4282	0.42%
White - any other White b/g	62892	6.10%
White - British	381447	36.99%
White - Irish	8194	0.79%
Total	1031260	100.00%
Grand Total	1294475	

Patient Data Disaggregated by Sexual Orientation

Inpatients	Count	%
Gay/Lesbian	7	0.01%
Heterosexual	460	0.40%
Not Specified	113356	99.51%
Not Stated	73	0.06%
Unknown	18	0.02%
Total	113914	100.00%
Outpatient		
Gay/Lesbian	50	0.00%
Heterosexual	4703	0.46%
Not Specified	1025795	99.47%
Not Stated	501	0.05%
Unknown	209	0.02%
Person asked and does not know or is not sure	2	0.00%
Total	1031260	100.00%
Grand Total	1145174	

Patient Data Disaggregated by Disability

Inpatient	Count	%
Disabled Yes	10	0.01%
Disabled No	113904	99.99%
Total	113914	100.00%
Outpatient		
Disabled Yes	10	0.00%
Disabled No	1012723	98.20%
Not Specified	18527	1.80%
Total	1031260	100.00%
Grand Total	1145174	

Patient Data Disaggregated by Religion and Belief

A&E	Count	%
African Religions	1	0.00%
Afro-Caribbean Religions	3	0.00%
Agnostic	177	0.12%
Amish	3	0.00%
Anglican	96	0.06%
Animist	2	0.00%
Apostolic Pentecostalist	6	0.00%
Atheist	261	0.17%
Baptist	610	0.41%
Brahma Kumari	2	0.00%
Buddhist	58	0.04%
Cao Dai	4	0.00%
Catholic: Not Roman Catholic	270	0.18%
Celtic Christian	7	0.00%
Celtic Orthodox Christian	2	0.00%
Chinese Evangelical Christian	1	0.00%
Christadelphian	68	0.05%
Christian	8555	5.73%
Christian Existentialist	3	0.00%
Church in Wales	4	0.00%
Church of England	25777	17.27%
Church of God of Prophecy	10	0.01%
Church of Ireland	36	0.02%
Church of Scotland	40	0.03%
Divination	3	0.00%
Elim Pentecostalist	8	0.01%
Free Church	1	0.00%
Free Evangelical Presbyterian	2	0.00%
Gnosis	1	0.00%
Greek Catholic	1	0.00%
Greek Orthodox	41	0.03%
Hindu	2935	1.97%
Humanist	16	0.01%
Independent Methodist	4	0.00%
Ismaili Muslim	1063	0.71%
Jain	11	0.01%
Jehovah's Witness	404	0.27%
Jewish	34	0.02%
Lutheran	2	0.00%
Mahayana Buddhist	3	0.00%
Matraism	3	0.00%
Methodist	1044	0.70%
Moravian	2	0.00%
Mormon	21	0.01%
Muslim	16357	10.96%
Native American Religion	4	0.00%
Nazarene Church	2	0.00%
New Age Practitioner	2	0.00%
Nichiren Buddhist	1	0.00%
Nonconformist	9	0.01%

Patient Data Disaggregated by Marital Status

A&E	Count	%
Civil Partner	111	0.07%
Dissolved Civil Partnership	3	0.00%
Divorced	1397	0.94%
Married	16968	11.36%
Not applicable	11	0.01%
Not Disclosed	36	0.02%
Not Known	48	0.03%
Not Specified	93276	62.48%
Other	83	0.06%
Separated	395	0.26%
Single	35092	23.50%
Surviving Civil Partner	91	0.06%
Widowed	1790	1.20%
Total	149301	100.00%
Inpatient		
Divorced	1750	1.54%
Married	20461	17.96%
Not Disclosed	69847	61.32%
Not Specified	42	0.04%
Separated	374	0.33%
Single	18400	16.15%
Widowed	3040	2.67%
Total	113914	100.00%
Outpatient		
Civil Partner	595	0.06%
Dissolved Civil Partnership	10	0.00%
Divorced	12308	1.19%
Engaged	6	0.00%
Married	167476	16.24%
Not applicable	81	0.01%
Not Disclosed	241	0.02%
Not Known	127	0.01%
Not Specified	669754	64.95%
Other	612	0.06%
Separated	2212	0.21%
Single	165539	16.05%
Surviving Civil Partner	534	0.05%
Widowed	11765	1.14%
Total	1031260	100.00%
Grand Total	1294475	

Not Religious	7627	5.11%
Not Specified	60784	40.71%
Occultist	8	0.01%
Old Catholic	9	0.01%
Orthodox Christian	391	0.26%
Orthodox Jew	11	0.01%
Pagan	16	0.01%
Pantheist	1	0.00%
Patient Religion Unknown	62	0.04%
Pentecostalist	687	0.46%
Plymouth Brethren	4	0.00%
Protestant	13	0.01%
Quaker	4	0.00%
Radha Soami	3	0.00%
Rastafari	137	0.09%
Reformed Christian	3	0.00%
Reformed Presbyterian	63	0.04%
Religion (Other Not Listed)	7	0.00%
Religion not given - PATIENT refused	5130	3.44%
Roman Catholic	6333	4.24%
Romanian Orthodox	6	0.00%
Russian Orthodox	3	0.00%
Salvation Army Member	5	0.00%
Satanist	7	0.00%
Seventh Day Adventist	132	0.09%
Shakti Hindu	2	0.00%
Shinto	1	0.00%
Shiva Hindu	2	0.00%
Sikh	9717	6.51%
Spiritualist	39	0.03%
Sunni Muslim	1	0.00%
Unitarian-Universalist	6	0.00%
United Reform	3	0.00%
Universal Life Church	1	0.00%
Wiccan	3	0.00%
Zen Buddhist	109	0.07%
Zoroastrian	2	0.00%
Total	149301	100.00%
Inpatient		
African Religions	1	0.00%
Afro-Caribbean Religions	5	0.00%
Agnostic	156	0.14%
Amish	2	0.00%
Anglican	156	0.14%
Animist	5	0.00%
Apostolic Pentecostalist	12	0.01%
Atheist	260	0.23%
Baha'i	2	0.00%
Baptist	815	0.72%
Brahma Kumari	2	0.00%
Buddhist	74	0.06%
Cao Dai	3	0.00%
Catholic: Not Roman Catholic	180	0.16%

Celtic Christian	10	0.01%
Celtic Orthodox Christian	10	0.01%
Christadelphian	77	0.07%
Christian	6732	5.91%
Christian Existentialist	3	0.00%
Church in Wales	1	0.00%
Church of England	27759	24.37%
Church of God of Prophecy	5	0.00%
Church of Ireland	55	0.05%
Church of Scotland	49	0.04%
Congregationalist	1	0.00%
Cyber Culture Religions	2	0.00%
Divination	25	0.02%
Elim Pentecostalist	11	0.01%
Gnosis	1	0.00%
Greek Catholic	1	0.00%
Greek Orthodox	44	0.04%
Haredi Jew	1	0.00%
Hindu	2385	2.09%
Humanist	21	0.02%
Independent Methodist	3	0.00%
Ismaili Muslim	886	0.78%
Jain	3	0.00%
Jehovah's Witness	420	0.37%
Jewish	33	0.03%
Methodist	1291	1.13%
Mormon	23	0.02%
Muslim	12292	10.79%
Native American Religion	2	0.00%
New Age Practitioner	7	0.01%
Nonconformist	4	0.00%
Not Religious	4046	3.55%
Not Specified	37660	33.06%
Occultist	1	0.00%
Old Catholic	5	0.00%
Orthodox Christian	308	0.27%
Pagan	10	0.01%
Pantheist	1	0.00%
Patient Religion Unknown	19	0.02%
Pentecostalist	681	0.60%
Plymouth Brethren	1	0.00%
Protestant	3	0.00%
Quaker	15	0.01%
Rastafari	184	0.16%
Reformed Presbyterian	114	0.10%
Religion (Other Not Listed)	17	0.01%
Religion not given - PATIENT refused	3981	3.49%
Roman Catholic	5272	4.63%
Romanian Orthodox	4	0.00%
Russian Orthodox	3	0.00%
Salvation Army Member	7	0.01%
Satanist	5	0.00%
Seventh Day Adventist	113	0.10%

Shakti Hindu	4	0.00%
Sikh	7432	6.52%
Spiritualist	58	0.05%
Sunni Muslim	2	0.00%
Unitarian-Universalist	14	0.01%
United Reform	12	0.01%
Universal Life Church	2	0.00%
Wiccan	3	0.00%
Zen Buddhist	106	0.09%
Zoroastrian	1	0.00%
Brahma Kumari	2	0.00%
Pantheist	1	0.00%
Total	113914	11.00%
Outpatient		
African Religions	1	0.00%
Afro-Caribbean Religions	5	0.00%
Agnostic	1330	0.13%
Ahmadi	3	0.00%
Amish	2	0.00%
Anglican	781	0.08%
Animist	3	0.00%
Apostolic Pentecostalist	24	0.00%
Atheist	1845	0.18%
Baha'i	28	0.00%
Baptist	4854	0.47%
Braham Kumari	2	0.00%
Buddhist	318	0.03%
Calvinist	1	0.00%
Cao Dai	15	0.00%
Catholic: Not Roman Catholic	1763	0.17%
Celtic Christian	29	0.00%
Celtic Orthodox Christian	51	0.00%
Chinese Evangelical Christian	16	0.00%
Christadelphian	506	0.05%
Christian	46912	4.55%
Christian Existentialist	5	0.00%
Christian Scientists	7	0.00%
Christian Spiritualist	4	0.00%
Church in Wales	14	0.00%
Church of England	174698	16.94%
Church of God of Prophecy	101	0.01%
Church of Ireland	223	0.02%
Church of Scotland	283	0.03%
Confucianist	10	0.00%
Congregationalist	9	0.00%
Cyber Culture Religions	11	0.00%
Divination	109	0.01%
Druid	1	0.00%
Eastern Catholic	2	0.00%
Elim Pentecostalist	5	0.00%
Evangelical Christian	3	0.00%
Free Church	3	0.00%
Free Evangelical Presbyterian	3	0.00%

Gnosis	1	0.00%
Greek Catholic	4	0.00%
Greek Orthodox	184	0.02%
Haredi Jew	30	0.00%
Hindu	21590	2.09%
Humanist	98	0.01%
Independent Methodist	31	0.00%
Indian Orthodox	3	0.00%
Ismaili Muslim	7977	0.77%
Jain	97	0.01%
Jehovah's Witness	2795	0.27%
Jewish	248	0.02%
Judaic Christian	6	0.00%
Lutheran	13	0.00%
Matraism	8	0.00%
Meditation	3	0.00%
Messianic Jew	2	0.00%
Methodist	8075	0.78%
Moravian	1	0.00%
Mormon	121	0.01%
Muslim	100336	9.73%
Native American Religion	24	0.00%
New Age Practitioner	10	0.00%
New Testament Pentacostalist	13	0.00%
Nichiren Buddhist	1	0.00%
Nonconformist	32	0.00%
Not Religious	30578	2.97%
Not Specified	487987	47.32%
Occultist	20	0.00%
Old Catholic	42	0.00%
Orthodox Christian	1559	0.15%
Orthodox Jew	8	0.00%
Pagan	109	0.01%
Pantheist	1	0.00%
Patient Religion Unknown	67	0.01%
Pentecostalist	4822	0.47%
Plymouth Brethren	19	0.00%
Presbyterian	10	0.00%
Process, The	1	0.00%
Protestant	44	0.00%
Pure Land Buddhist	2	0.00%
Quaker	78	0.01%
Radha Soami	7	0.00%
Rastafari	612	0.06%
Reformed Presbyterian	381	0.04%
Religion (Other Not Listed)	40	0.00%
Religion not given - PATIENT refused	33106	3.21%
Roman Catholic	36997	3.59%
Romanian Orthodox	29	0.00%
Russian Orthodox	25	0.00%
Salvation Army Member	39	0.00%
Satanist	31	0.00%
Serbian Orthodox	1	0.00%

Seventh Day Adventist	838	0.08%
Shakti Hindu	17	0.00%
Shinto	5	0.00%
Shiva Hindu	11	0.00%
Sikh	56768	5.50%
Spiritualist	301	0.03%
Sunni Muslim	19	0.00%
Unitarian	2	0.00%
Unitarian-Universalist	17	0.00%
United Reform	50	0.00%
Universal Life Church	8	0.00%
Universalist	3	0.00%
Veda	3	0.00%
Wiccan	11	0.00%
Yaohushua	3	0.00%
Zen Buddhist	884	0.09%
Zoroastrian	22	0.00%
Total	1031260	100.00%
Grand Total	1294475	