

Public Sector Equality Duty

Annual Workforce & Patient Services Equality Monitoring Report

Heart of England NHS Foundation Trust

2018

Contents	Page Number:
Executive Summary	3
Aims of the Report	3
1. Equality Duty and Public Sector Equality Duty	5
2. Workforce Monitoring and Information	7
3. Gender	16
4. Disability	24
5. Age	28
6. Sexual Orientation	33
7. Religion and Belief	36
Review of actions made in the Annual Equality Report 2015/16	38
Actions 2017/18	39
Patients and Service Users	42
1. Equality Monitoring	
2. Complaints	49
3. Engagement	50
4. Interpreting and Translation Services	55
5. Multi Faith Chaplaincy Services	58
6. Equality Impact Assessment	60

Executive Summary

Each public sector body is required by the specific requirements of the Public Sector Equality Duty to publish data annually to show it is compliant with the general aims of the Duty. As an organisation we have to have due regard to our commitments, both as an employer and as a service provider.

The Trust is committed to creating an inclusive environment by eliminating any form of discrimination and by striving to build a workforce which is valued and whose diversity reflects the communities it serves. By ensuring that our workforce reflects the local population we will increase the quality of service provided to patients. The Trust is also committed to raising awareness of diversity to ensure equality of opportunity across the broad range of difference that characterises individuals, and to establish a supportive working environment where everyone is valued equally and treated with dignity and respect. The Trust believes that this commitment will lead to improved services for our patients.

Aims of the Report

The purpose of this report is to publish Information to demonstrate the Trust's compliance with the Equality Duty, as well as to inform on progress against the equality objectives set out in last year's report and identify areas for improvement in 2018/19.

This report aims to cover the main aspects of patient activity and workforce data. In relation to workforce the data will include workforce demographics, recruitment and selection, NHS Staff Survey, employee relations (disciplinary and grievance), leavers data and staff representation across the protected groups, where this data is available. The report helps us to identify potential disadvantages for any protected groups and to support the development of further actions. It should be noted that any comparisons or data relating to the NHS Staff Survey are based on responses to the 2017 Survey.

The report outlines a Trust wide equality activity undertaken in patient care areas and data/information collated against protected characteristics in the following areas;

- Patient activity in in-patient, out-patient, A&E and maternity areas
- Satisfaction with hospital services and complaints
- Engagement exercises and feedback
- Interpreting and translation services
- Meeting cultural and religious needs of patients/service users
- Equality Impact Assessment of policies

The information contained in the report is collated by the Trust’s Workforce Diversity Manager and the Head of Equality & Diversity for Patient Services, supported by the Workforce Information and Analysis Team, and presented to the appropriate Committees for review.

The evidence collation shows how Trust is meeting its Public Sector Equality Duty requirements and implementing the Equality Delivery System Framework Plan.

The Trust is committed to comply with the Public Sector Equality Duty supported by specific duties, set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable Equality Objectives.

The Trust has used the Equality Delivery System (EDS) toolkit which has been designed to help NHS Organisations to meet the requirements of the Public Sector Equality Duty. The EDS toolkit supports NHS organisations to identify areas for improvement.

Trust Equality Objectives

The EDS toolkit is structured around 4 Goals:

Goal 1 Better health outcomes for all.

Goal 2 Improved patient access and experience.

Goal 3 Empowered, engaged and included staff.

Goal 4 Inclusive leadership at all levels.

The Trust has developed and agreed 4 Equality Objectives. These objectives are initially set for a period of 12 months but it is recognised that a longer time frame will be required for their delivery. They will be reviewed annually but they need only be revised at four yearly intervals in line with equality legislation.

The Trust’s Equality Objectives are:

EDS Goal	Trust Equality Objective
Goal 1: Better Health Outcomes for All	We will work together with the local LGBT Community to improve and expand the quality of the information, knowledge and understanding we have about our LGBT service users. We will ensure their experience of our services is improved by being more responsive to their needs.
Goal 2: Improved patient access and experience	We will ensure that our patients are communicated with in a manner that is appropriate to their specific need or requirement within the Trust. We will identify how patients prefer us to communicate with them from the earliest point of contact. Our objective will be to ensure that every time we communicate with them, that we use their preferred method.
Goal 3: Empowered, engaged and included staff.	Work to reduce inequalities experienced by existing staff, as well as, those applying for jobs within the Trust from a LGBT background so as to improve the engagement and experiences of LGBT staff within the workplace.
Goal 4: Inclusive leadership at all levels.	We will introduce Unconscious Bias and Inclusion training into the mandatory E&D training for all staff and offer an Inclusive Leadership Course for managers to gain the knowledge in order to ensure all staff are managed fairly and equally and to embrace difference

Scoring Process

In March 2017 the Trust has undertaken assessment of performance against the EDS2 Trust Equality objectives in order to arrive at our 2017 scores. The Trust obtained feedback from key stakeholders. An action plan was developed to address gaps and areas for improvement.

EDS2 Action Plan

The EDS2 2017/2018 action plan will be updated to reflect the new actions.

Monitoring

Monitoring and review of the Equality Data will be through the delivery and implementation of the WRES and Stonewall Workplace Equality Index with bi-monthly updates to the Trust's Inclusion Steering Group.

EDS2 progress is reported via the updates to the EDS2 Action Plan to the trust Board and CCG on a 6 monthly basis.

Progress will also be reviewed annually within the Trust's Equality and Diversity Annual Workforce and Service Monitoring Reports.

1 Equality Duty and Public Sector Equality Duty

Introduction

The Equality Act 2010 came into force on the 1st October 2010, replacing the previous anti-discrimination legislation in the UK.

Public sector organisations have specific responsibilities under the Act, namely the Public Sector Equality Duty (PSED) that came into force on the 6th April 2011. It consists of a general duty comprising 3 main aims and specific duties.

The purpose of the Equality Duty is to embed equality considerations into the day-to-day work of public bodies.

The Equality Duty covers the following protected characteristics:

- Age
- Disability
- Gender Identity
- Pregnancy and maternity
- Race (includes ethnic or national origins, colour or nationality)
- Religion or belief (includes no belief)
- Sex
- Sexual orientation
- Marriage and civil partnerships are protected characteristics under the Act however under the Duty organisations only have to have due regard to the need to eliminate discrimination.

The General Duty

Under the General Duty public bodies are required to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups
- Meet the needs of people with protected characteristics and reduce or eliminate the disadvantage that such groups may suffer.

The Specific Duties

These duties require public bodies to set specific, measurable equality objectives and to publish information regarding their performance on equality. The information that needs to be published is as follows:

- Equality objectives, at least every four years
- Information to demonstrate compliance with the Equality Duty, at least annually

2 Workforce Monitoring and Information

The Equality Act requires employers with 150 plus employees to produce and monitor data on their workforce to demonstrate that they can show compliance with the Public Sector Equality Duty. Workforce equality monitoring data is collected when an individual commences employment at HEFT, although staff can opt out of this.

The workforce profile is based on the Trusts staff in post data as at September 2017. Staff survey information is based on the 2017 Staff Survey analysis. Population data is based on the 2011 Census. Where available, data is compared to that produced for the previous year. Selected data has been included within this report to illustrate each protected characteristic. Further data is available in the accompanying workforce profiles.

2.1 Ethnicity Profile

	Local Population	Staff in Post Sept 2016	Staff in Post Sept 2017
White	71%	71.7%	70.04%
BAME	29%	28.3%	29.96%

	Local Population	Staff in Post Sept 2016	Staff in Post Sept 2017
White	48%	67.6%	65.7%
BAME	52%	32.4%	34.3%

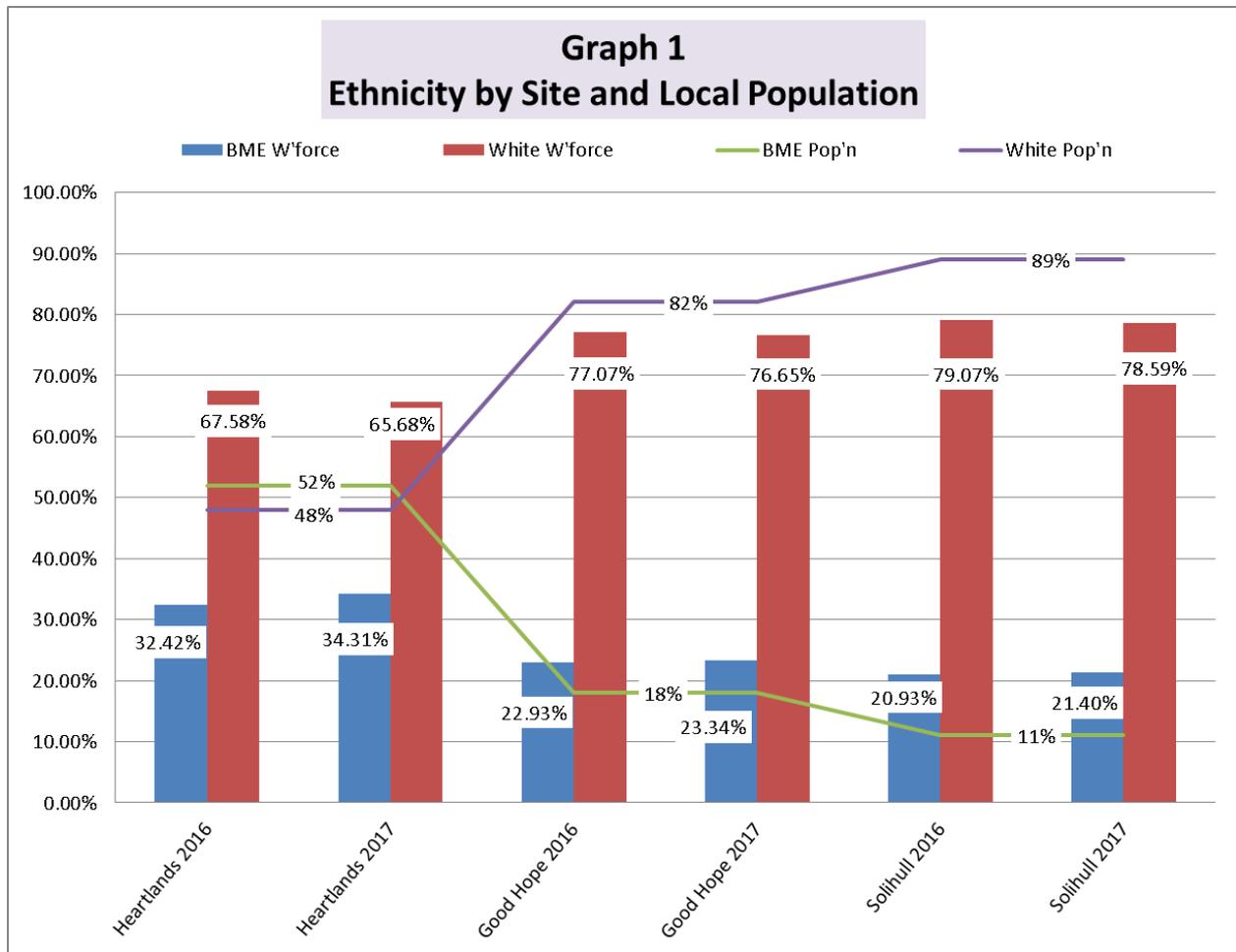
	Local Population	Staff in Post Sept 2016	Staff in Post Sept 2017
White	89%	79.1%	78.6%
BAME	11%	20.9%	21.4%

	Local Population	Staff in Post Sept 2016	Staff in Post Sept 2017
White	82%	77.1%	76.7%
BAME	18%	22.9%	23.3%

Approximately 11% of the local population surrounding Solihull Hospital and 18% surrounding Good Hope Hospital are from Black, Asian and Minority Ethnic backgrounds (BAME). For the area surrounding Heartlands Hospital the local BAME population is around 52%. When combined proportionately for the Trust, the overall BAME population is calculated as 29.96%. This is an increase of one percentage on the previous year. It can be seen from the above table that the BAME workforce population has increased at each of the three hospital sites.

The information presented within **Graph 1** shows that for the hospital sites at Good Hope and Solihull the BAME workforce population is considerably higher than the local BAME population,

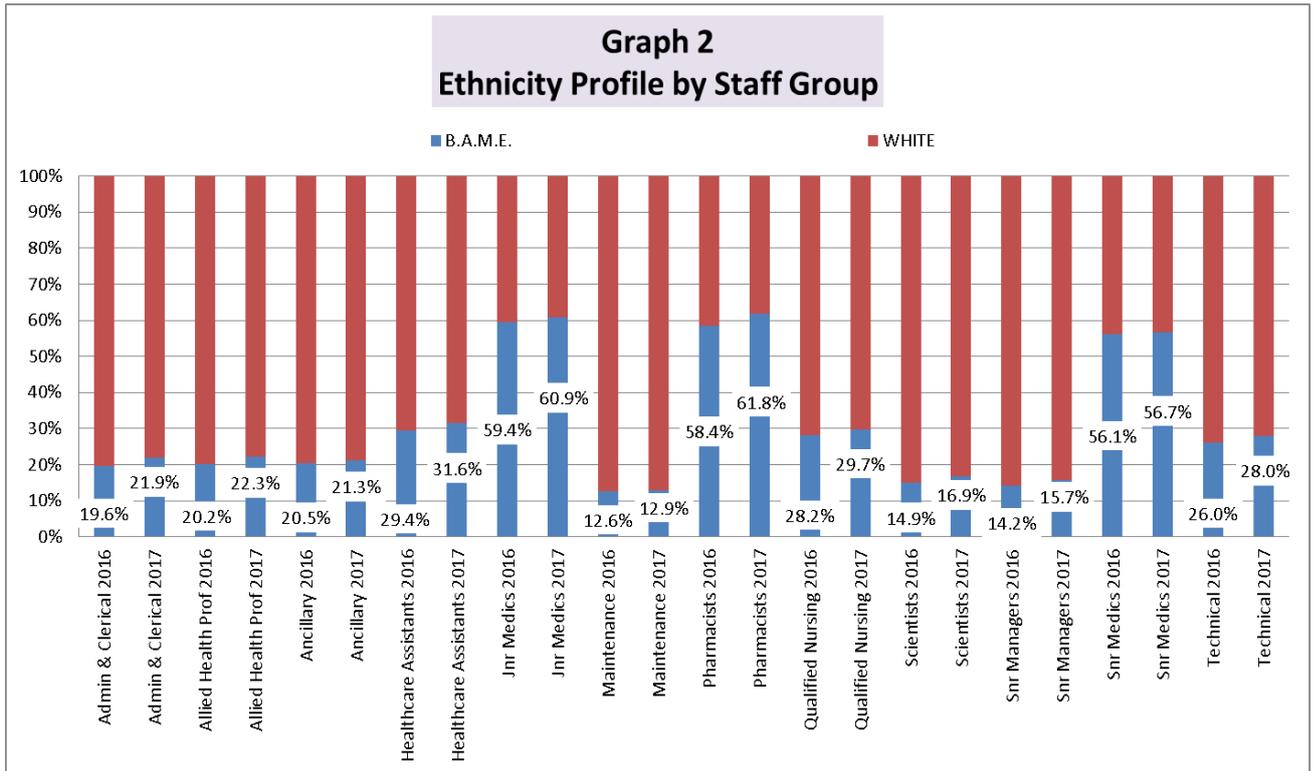
whereas the opposite is the case for the Heartlands site. This is being picked up through the Workforce Race Equality Standard (WRES) report to address the BAME underrepresentation throughout the workforce with a focus on the attraction, selection and retention of BAME staff.



Graph 2 Ethnicity Profile by Staff Group and **Graph 2a** Workforce by Pay Band and Ethnicity, both illustrate that for each staff group and for each of the pay bands, the percentage of BAME staff in post has increased during the past year.

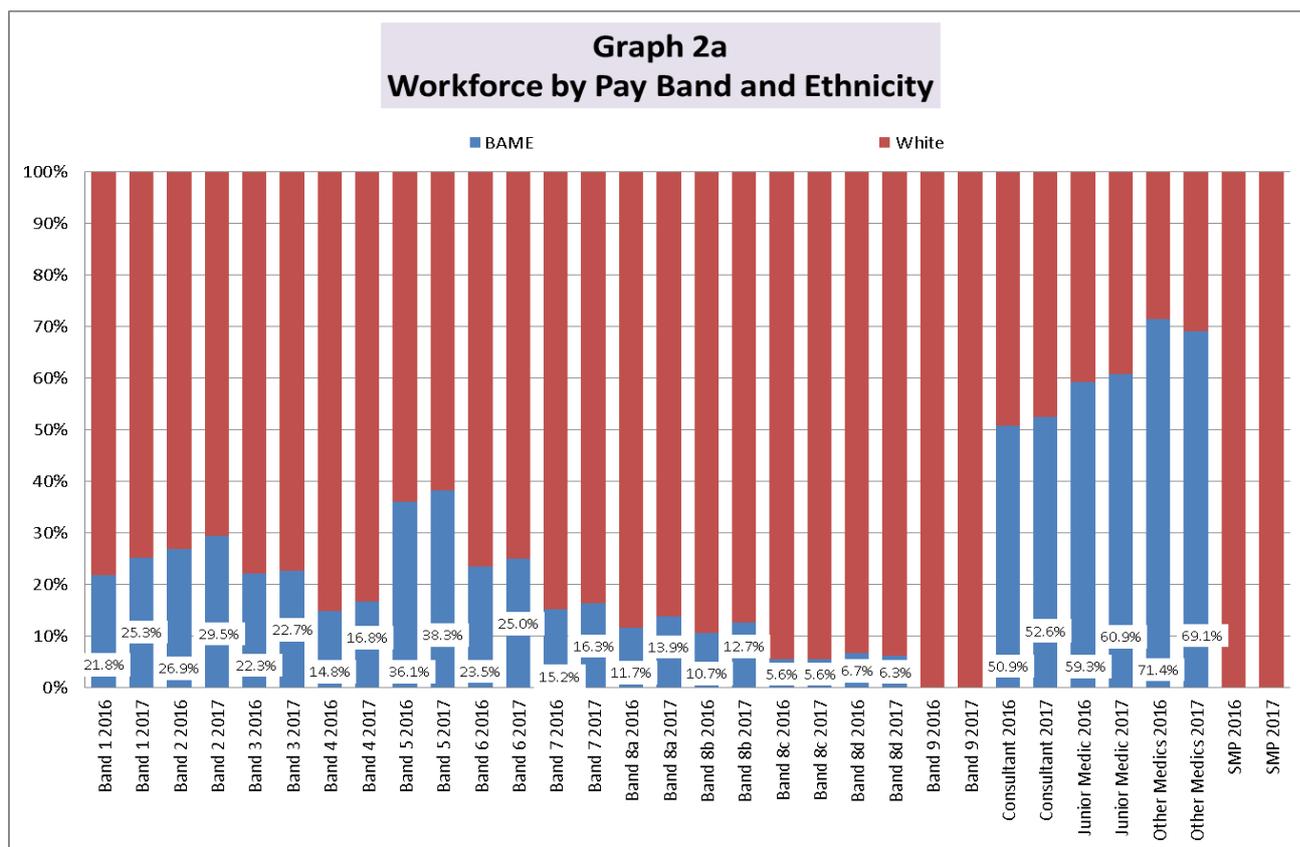
In regards to staff group, the overall picture of BAME representation in the workforce has not altered from the previous year. BAME representation is high across certain groups, such as, Medics (Junior Medics 60.9% and Senior Medics 56.7%) and Pharmacists 61.8%. However there are still areas in the Trust where there is low BAME representation, such as, Maintenance 12.9%.

Although BAME representation in the workforce is still low within Scientists and Senior Management, there has been a significant percentage increase within each group from 2016 to the present report, with the percentage of BAME Scientists increasing from 14.9% in 2016 to 16.9% in 2017 and the percentage of BAME Snr Managers increasing from 14.2% in 2016 to 15.7% in 2017.



Graph 2a illustrates the workforce by pay band and ethnicity. The overall BAME workforce population across the Trust stands at 29.96%. The data presented in **Graph 2a** shows the representation of BAME staff across the pay bands. It can be seen that BAME staff are overrepresented at Band 5 with 38.3% of those staff at band 5 from a BAME background. This is a similar picture throughout the Medical grades. The chart also illustrates that within the unqualified Bands 1- 4, the percentage of BAME staff at Band 4 is greatly reduced from the percentage of BAME staff at Bands 1, 2 and 3. The same pattern is seen within Bands 5 to 9 with 38.3% of BAME staff at Band 5 with the percentage reducing as the pay bands rise to Band 6, 25%, Band 7, 16.3% and 6.3% at Band 8d.

BAME underrepresentation in the workforce across the staff groups is being addressed through the actions in the WRES report and by profiling the career progression of prominent BAME staff throughout the Trust. The WRES 2017 report includes an action to formalise the 'acting up' process for all positions in the Trust which will ensure the routes for career progression are fair and will reduce any possible discrimination. The Trust has also made a commitment to implement unconscious bias training for staff, in particular, managers throughout the Trust.



2.2 Recruitment and Selection Analysis by Ethnicity

Graph 3 illustrates the recruitment and selection activity from September 2016 to September 2017, showing the percentage of applications, shortlisted and appointed by ethnicity (Note: on graph 3 the lines represent the percentage and the columns represent the actual number of candidates). For example, it can be seen that throughout the most recent 12 month period there has been more BAME applications, (20,081 column, 53.68% line) than White applications, (17,330 column, 46.32% line) for all positions across the Trust

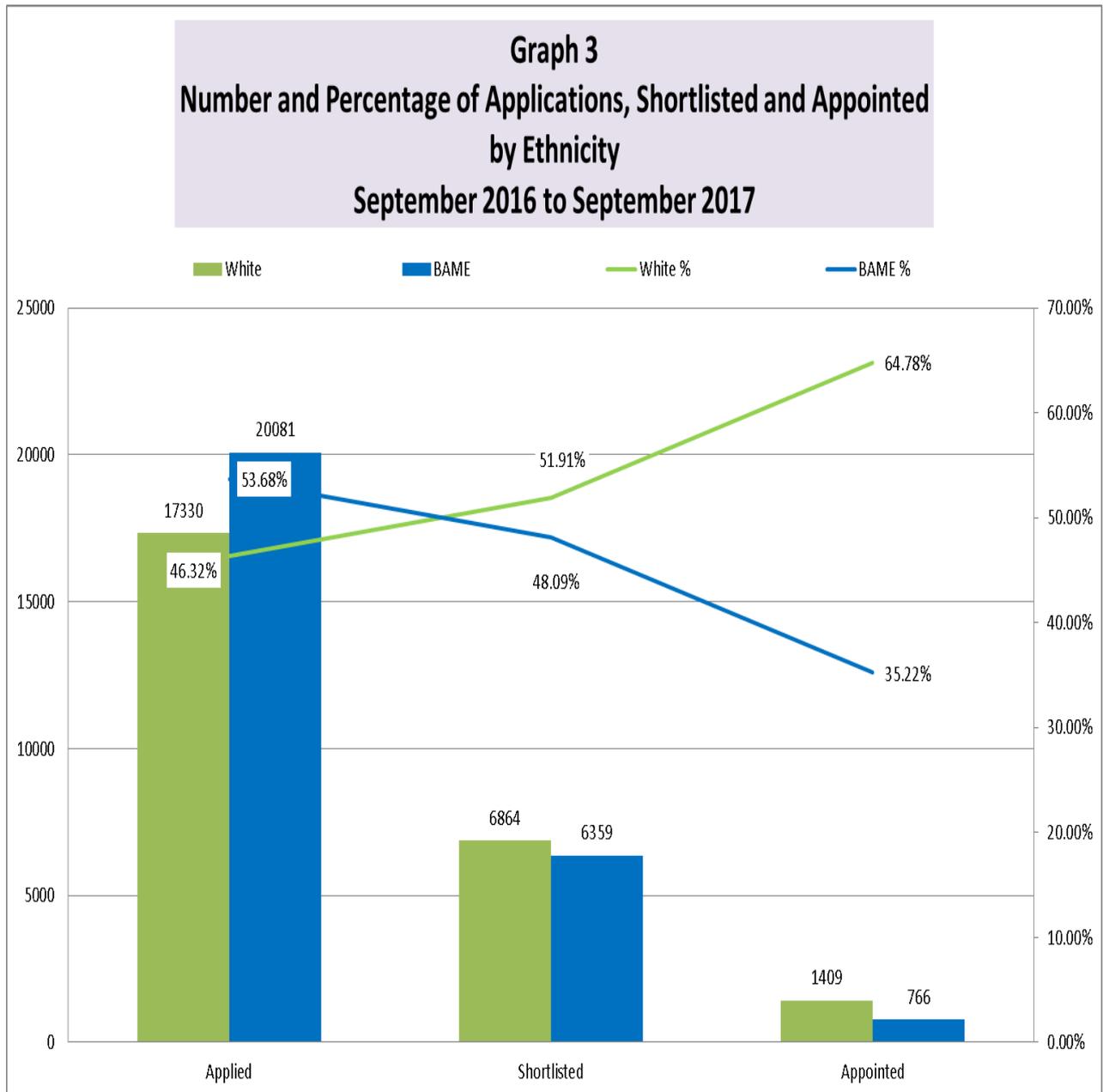
The proportion of BAME applicants, shortlisted and appointed has increased from last year's report, with the percentage of appointed BAME staff increasing from 29.89% 2016 to 35.22% in 2017.

However, the figures show that despite there being more BAME applicants than white applicants in the 12 months period which was reviewed, the numbers appear to even out at the point of shortlisting with 6359 BAME candidates shortlisted and 6864 White candidates shortlisted. Yet despite the relative even number of BAME and White candidates shortlisted there appears to be twice as many White candidates appointed with 1409 White appointments compared to 766 BAME appointments.

The disparity between BAME and White candidates appointed has been recognised in the WRES 2017 report as an area in need of improvement for the Trust. The report highlights that the relative likelihood of White staff being appointed from shortlisting compared to BAME staff is 1.60 times greater. This is an increase from the previous year of 1.58% in 2016. The Trust is higher than the national average with NHS England quoting, "In 2016, white shortlisted applicants were 1.57 times more likely to be appointed from shortlisting than black and minority ethnic applicants".

This is being addressed through the action in the WRES report 2017 to review the Trust’s Recruitment and Selection process. The Trust will be exploring options to introduce Unconscious Bias training to all managers in the Trust, including as part of the Recruitment and Selection training, to reduce any possible bias and discriminatory behaviours.

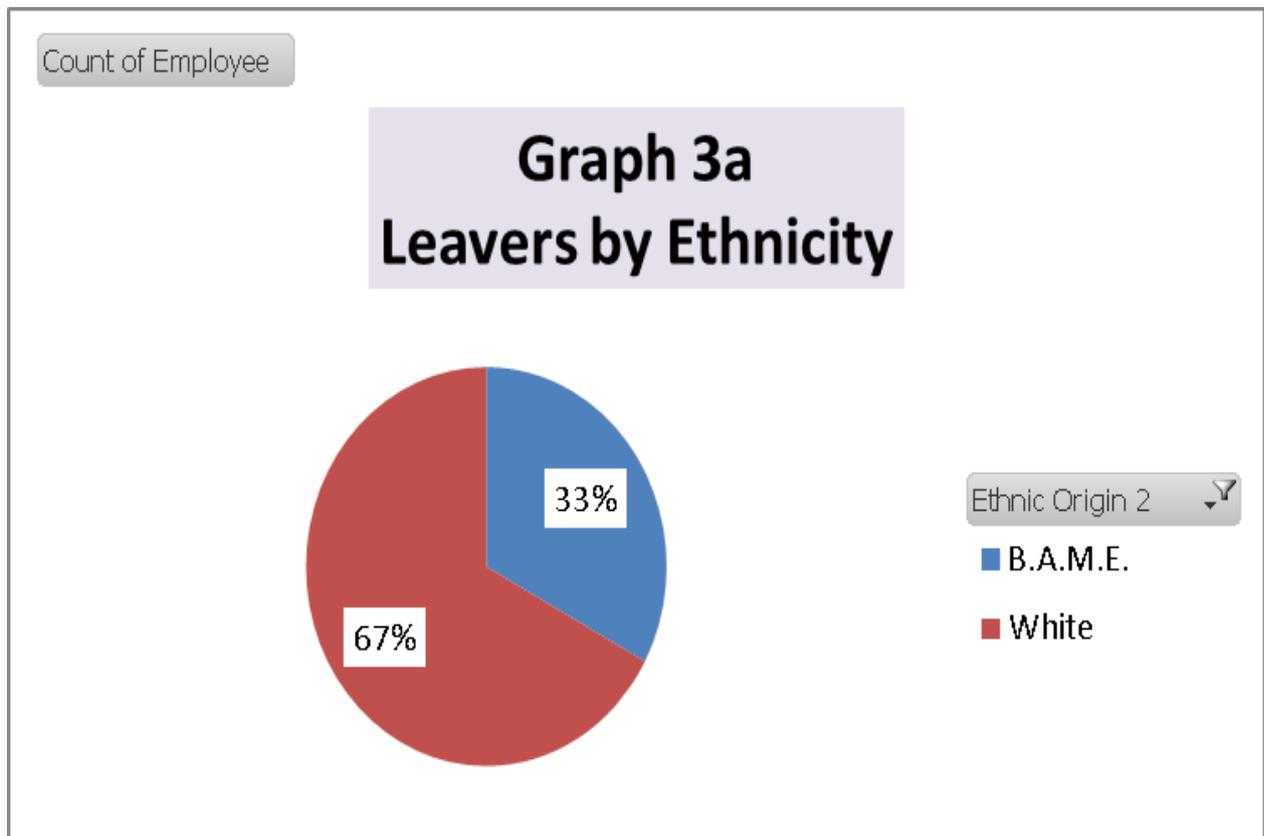
The Trust will ensure, where possible, the interview panel is diverse and that the panel is made up of panellists from other areas of the Trust.



2.3 Leavers

Graph 3a – shows the percentage of leavers from October 2016 to September 2017 split by ethnicity. It can be seen that 33% of leavers were BAME; this is a reduction from 2016 when 35% of leavers were BAME. However it needs to be noted that the overall percentage of BAME employees within the Trust is 29.96% and therefore the percentage of BAME leavers is higher than the proportion of BAME staff in the workforce, which is a recurring theme year on year.

As part of the Trust-wide policy review a revised leaver’s policy has been launched to include a more robust exit interview process for all staff. The exit interview data is reported on a quarterly basis to the Human Resources Managers and monitored as a KPI. Any trends or areas of concern are escalated to the appropriate Senior Managers.



2.4 Employee Relations Indicators

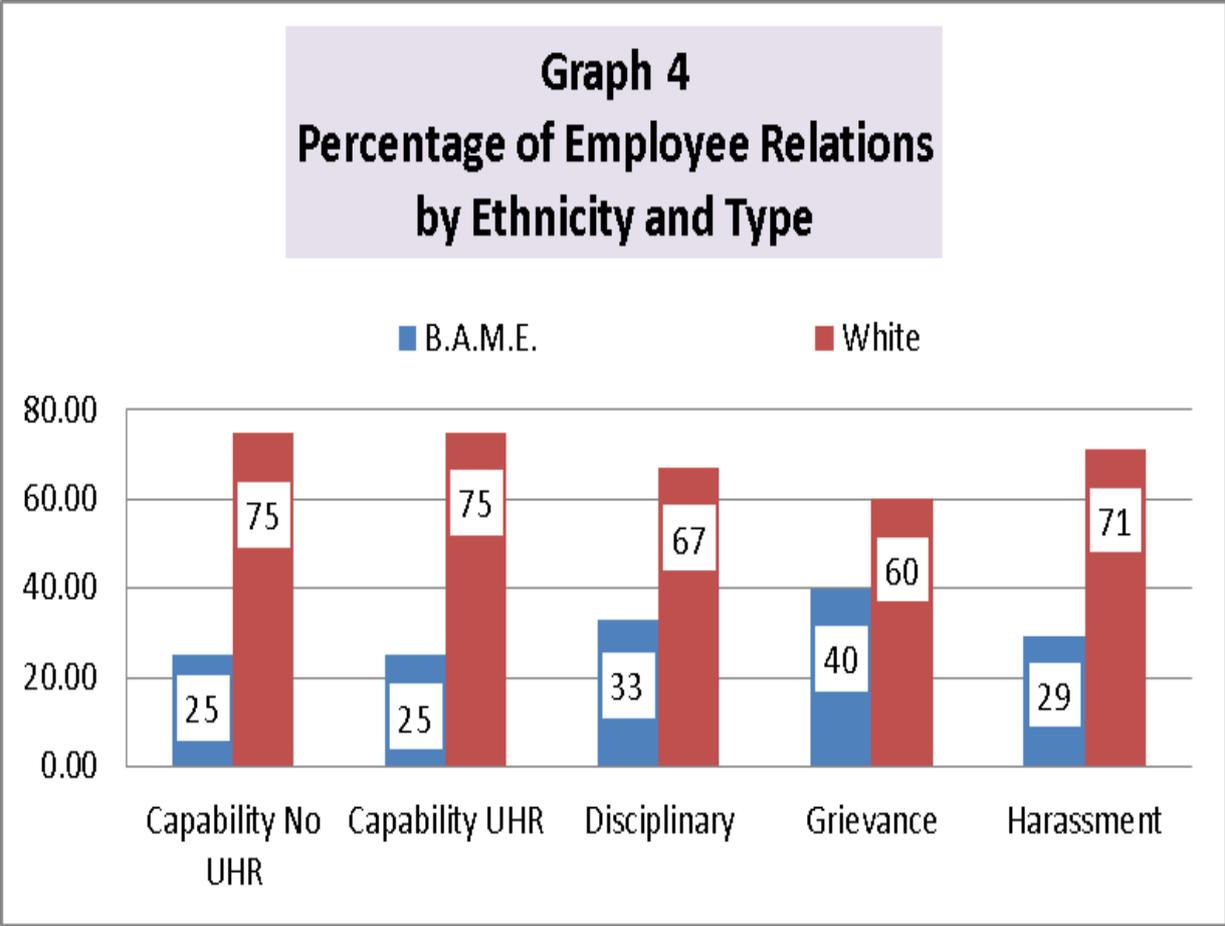
The table below and **graph 4** shows the proportion of disciplinary and grievance cases by ethnicity as of September 2017. Disciplinary cases are proportionately higher for BAME staff when compared to the workforce profile. It can be seen in the table below that BAME staff make up almost 50% of the disciplinary cases even though the overall percentage of BAME employees within the Trust is 29.96%. Comparison with the employee relation figures for 2016 is difficult as the number of cases reported appear to have increased dramatically. This is due to, in 2017, the HR Managers solely using the ESR Employee Relations module to record and monitor casework, as opposed to an alternative method of recording the cases in 2016.

Although it needs to be stated that the number of grievance cases are very small (15) and statistically are not valid for comparisons or conclusions, the overall data for employee relations cases by ethnicity, reflects the Trust's WRES submission for 2017. The WRES report states that the likelihood of BAME staff entering the disciplinary process was 1.90 times greater than that of White staff. This is a deterioration on the position in WRES 2016 when the likelihood was 1.81 times greater.

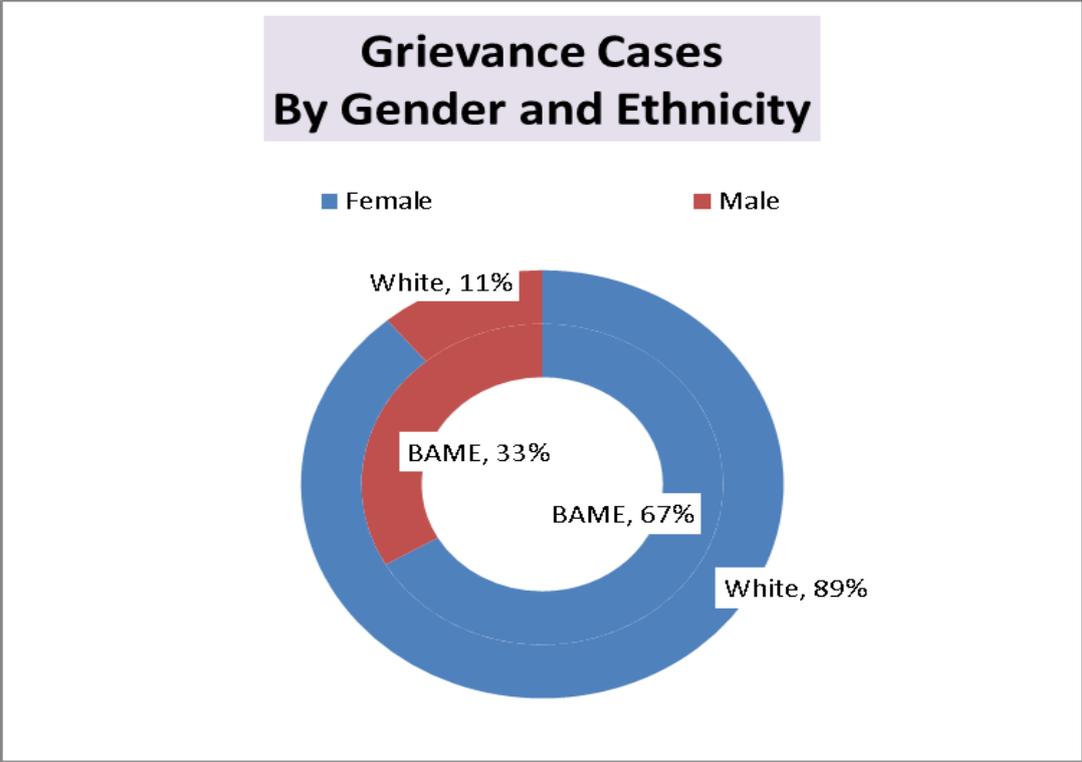
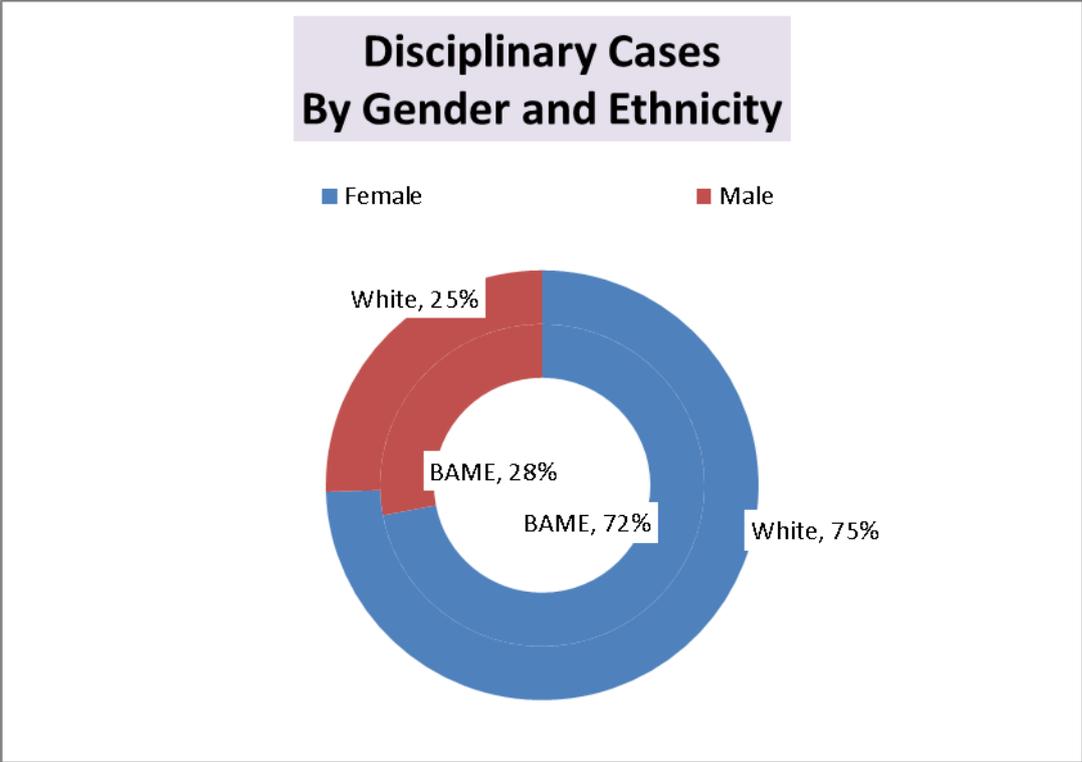
The overrepresentation of BAME staff entering the formal disciplinary and grievance process has been analysed as part of the WRES 2017, and in an attempt to address this, the Trust will be offering Unconscious Bias training to all staff, in particular managers, to raise awareness of the biases which can occur both consciously and unconsciously in our day to day work. The Trust has also incorporated unconscious bias into the HR Masterclass training received by managers, including Disciplinary and Grievance training.

2.5 Employee Relations October 2016 to September 2017

Count of Employee Number	Ethnic Origin 2		Grand Total
	B.A.M.E.	White	
Disciplinary	50	102	152
Grievance	6	9	15
Harassment	4	10	14
Grand Total	134	338	472



The charts below show disciplinary and grievance cases as at September 2017 split by ethnicity and gender. Brief analysis of the data shows the gender split for disciplinary cases is broadly reflective of the overall workforce gender split of 80% female and 20% male in the Trust. It is important to note that the number of grievance cases is small and therefore conclusions are unable to be made with only 6 BAME grievances, 2 male and 4 female.



2.6 National Staff Survey Results

In response to the questions broken down by ethnicity in the 2017 National Staff Survey, the most notable differences between White and BAME staff were:

- BAME engagement score of 3.78 is better than the Trust's engagement score of 3.69 and an improvement on 2016 engagement score.
- 70% of BAME staff responded that they had a well-structured appraisal in the last 12 months, compared to 59% of White staff.
- 33% of BAME staff said that had suffered work related stress in the last 12 months compared to 41% of White staff.
- 68% of BAME staff felt that the organisation provides equal opportunities for career progression or promotion, compared to 83% of White staff.

The following three findings have shown significant differences

- 24% of BAME staff said that they had experienced discrimination at work, compared to 9% of White staff.
- 74% of BAME staff said that they would recommend our organisation as a place to work or receive treatment, compared to 70% of White staff.
- 81% of BAME staff responded that they felt motivated at work, compared to 76% of White staff.

2.7 Ethnicity Observations

Overall the picture on ethnicity gives some mixed outcomes:

- The overall level of BAME staff in post is below expectations when compared to the local population. This position has not changed significantly since the last report. BAME staff are underrepresented in most pay bands, with the exception of Junior Medical, Senior Medics, Qualified Nursing and Pharmacists. There is particularly low BAME representation in Scientist and Senior Management.
- Disciplinary cases are proportionately higher for BAME staff when compared to the workforce profile. The likelihood of a BAME employee entering the disciplinary process was 1.90 times greater than that of a White employee.
- BAME staff responded more positively to several staff survey questions, however responded less positively to whether the Trust provides equal opportunities for career progression.

3 Gender

3.1 Staff in Post

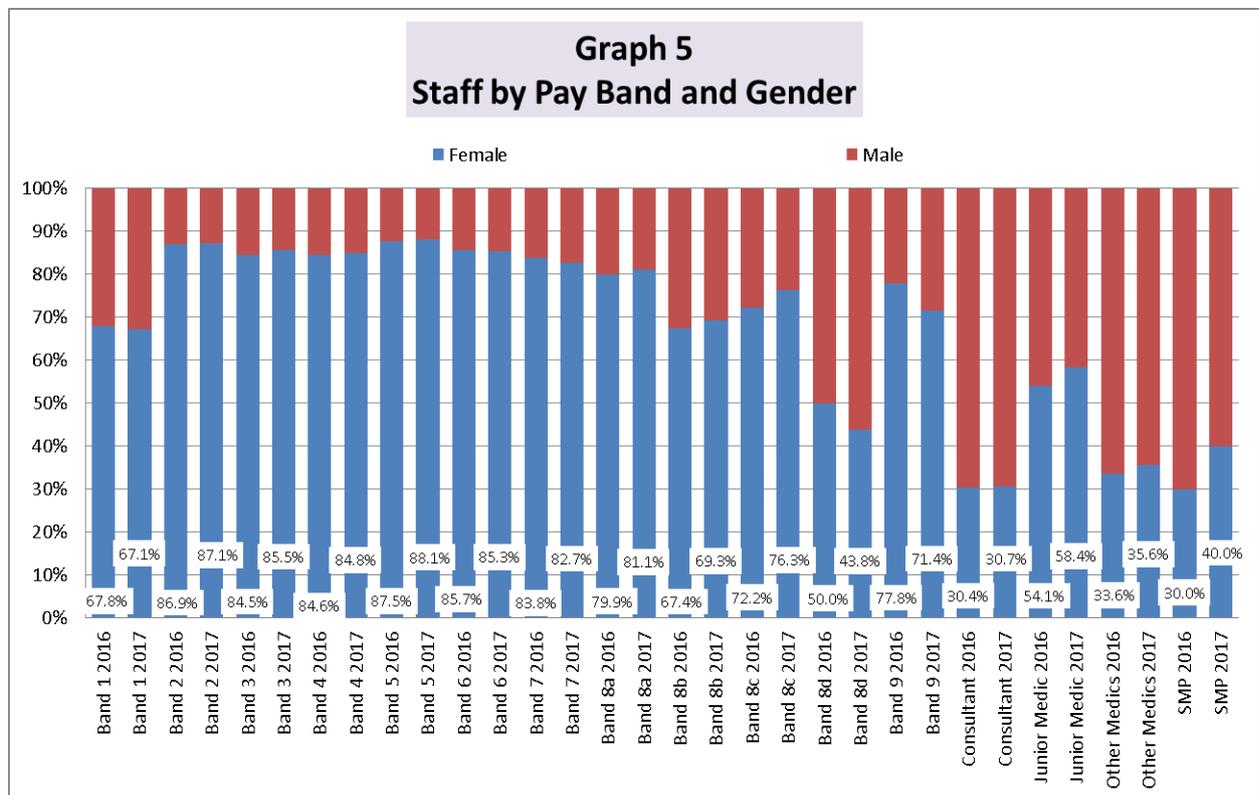
Graph 5 illustrates the workforce population split by pay band and gender. The percentages are shown for 2016 and 2017 so that comparisons between the two years can be made. Overall the female population has increased slightly from 80% in 2016 to 80.6% in 2017. This percentage increase in the female workforce can be seen across pay bands 2, 3, 4, 5, 8a, 8b and 8c. Within Band 8c the female population has increased from 72.2% in 2016 to 76.3% in 2017. This appears to be a significant percentage increase however it must be noted that the total number of staff in band 8c is 38, (29 female, 9 male) and therefore the female percentage increase in this band equates to an actual rise of only 3 females.

At Band 8d the female population drops from 50% in 2016 to 43.8% in 2017, however again it should be noted there are only 16 employees at that level, 7 Female, 9 Male.

As previously stated female employees represent 80.6% of the overall workforce in the Trust. When viewing the percentages of the female population within each of the pay bands, the Trust wide overall figure of 80.6% is broadly representative for pay band 2 at 87.1% through to Band 8a at 81.1%, however the percentage of female employees falls to 69.3% for Band 8b and does not reach 80% or over in bands 8b or above.

A brief analysis of Senior Managers (those staff on SMP pay scale) shows that 40% of this group are female, an increase of 10% from 2016. However it is important to note that this equates to 4 females and 6 males in the SMP pay scale in 2017

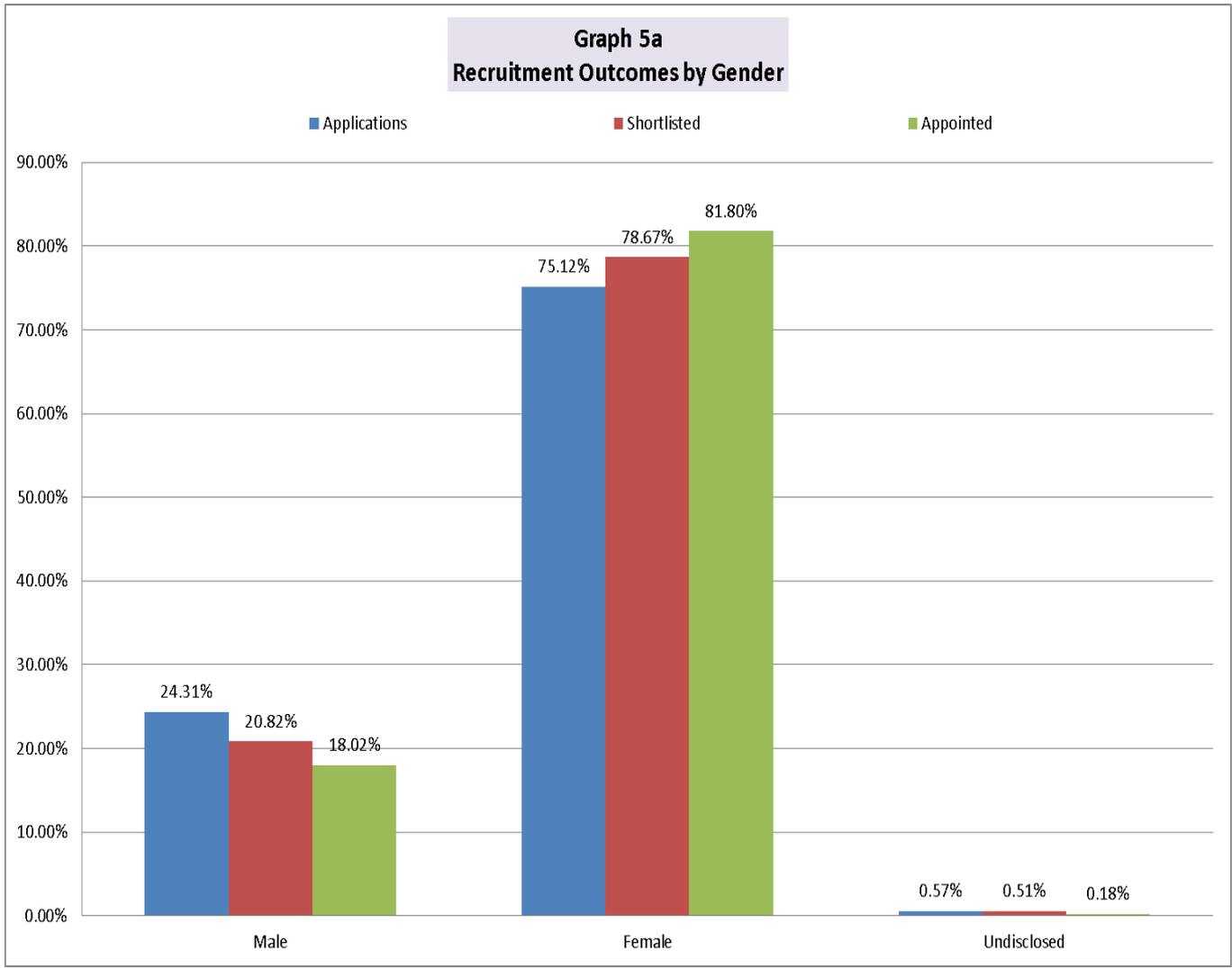
It has been noted that within the Junior Medical level there has been a small increase in the population of female employees, this continues to be the case, with an increase from 54.1% in 2016 to 58.4% in 2017.



3.2 Recruitment

Chart 5a illustrates the recruitment outcomes in the Trust by gender from September 2016 to September 2017. When making a comparison with the data collected for the 2016 Annual Equality Monitoring report the percentage of applications for positions within the Trust has not changed with 75.12% of applicants being female, thus maintaining the high proportion of female staff within the Trust.

However, there has been an increase in the percentage of females being appointed with 79% of those appointed in 2016 being female, which has risen to 81.8% in 2017. During the period the data suggests that male applicants overall were less likely to be shortlisted than female applicants.

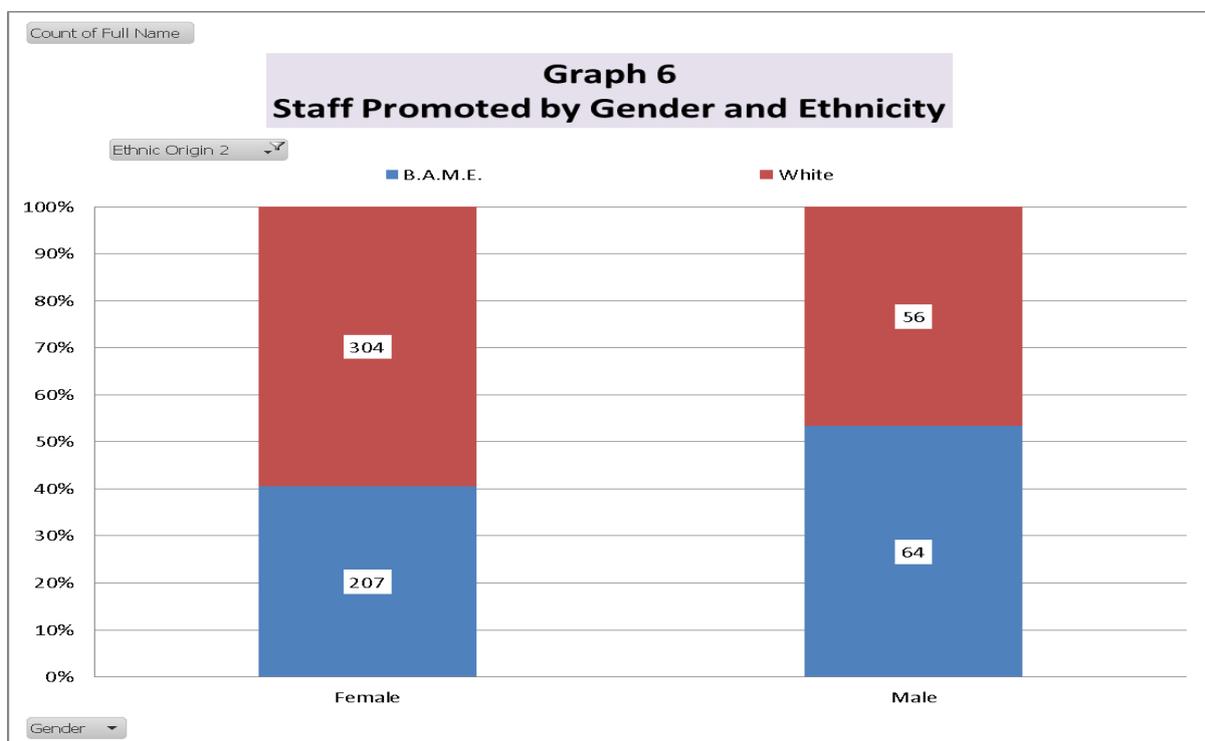


3.3 Promotions

Graph 6 illustrates the number and percentage of promotions from September 2016 to September 2017 split by gender and ethnicity.

As of September 2017 some 80% of promotions were to female staff, which reflects the overall Trust wide proportion of females in post. In total there were 631 promotions recorded and of this figure 120 promotions secured by males. It can be seen that 53.3% of the promotions during this period of time were gained by BAME staff, however only 40.5% of the female population that gained a promotion were from a BAME background.

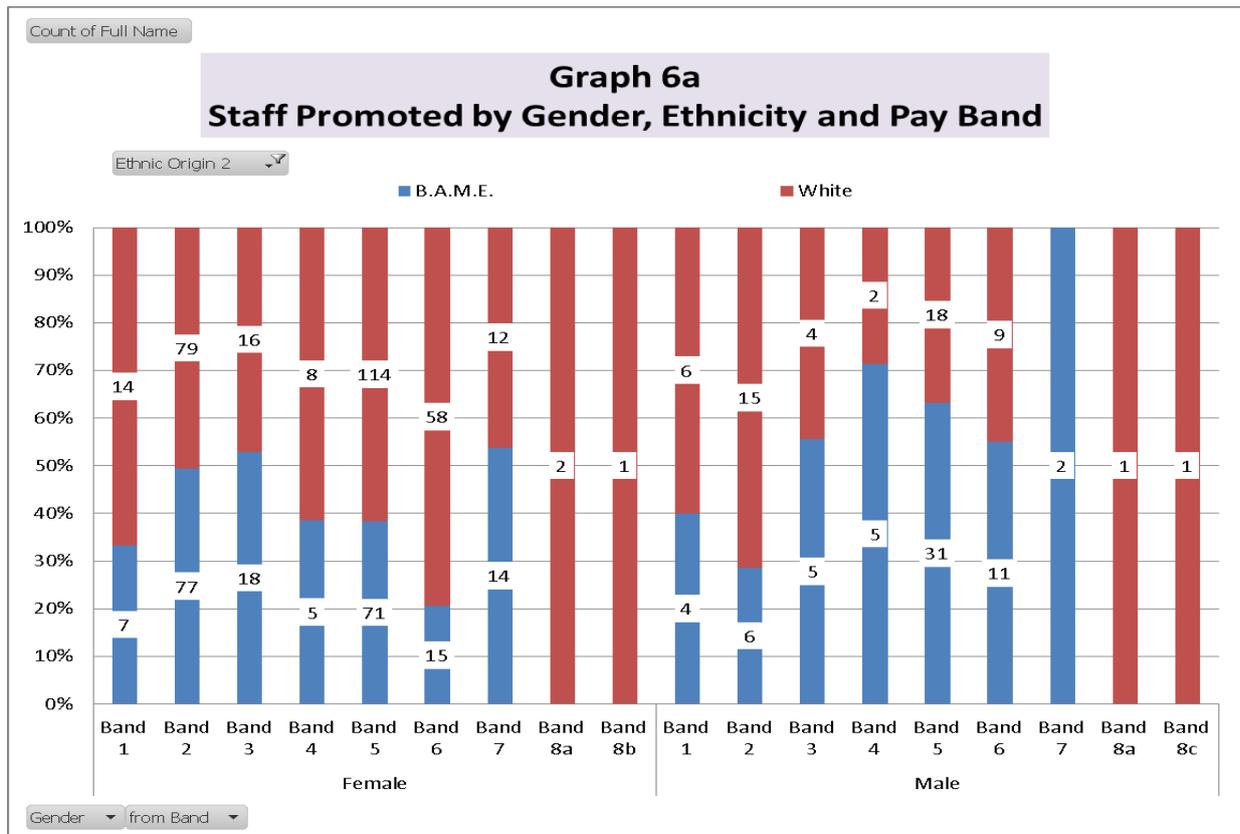
Overall of the 631 promotions, 42.95% were secured by employees from a BAME origin.



Graph 6a uses the same base data but in more detail as it includes the pay band of the employee when they achieved a promotion. Although the sample size of the male population being examined is smaller than the female population, it is interesting to note that when comparing the data for promotions within Band 5 and Band 6 there appears to be a greater likelihood that male BAME staff are promoted compared to female BAME staff.

A brief analysis of Senior Managers promotions (band 8a and above) shows that 5 staff gained a promotion during this period of time, all of which were white.

It is important to note that the significant number of promotions at band 2 are attributed to nursing staff commencing with the Trust at band 2 and then appointed substantially at band 5 upon obtaining their PIN.



3.4 Leavers

Graph 7 illustrates the gender and ethnicity of leavers during the period October 2016 to September 2017.

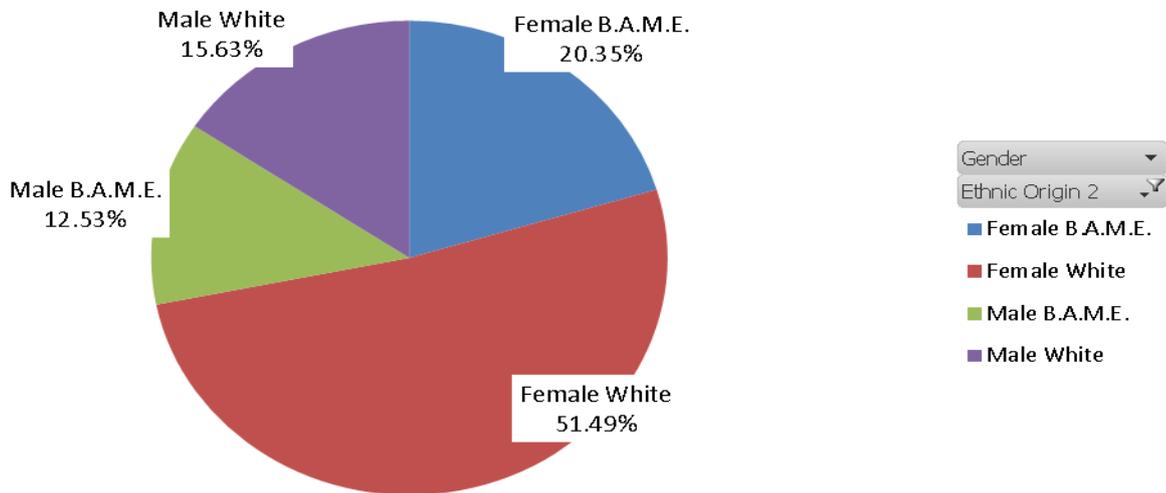
The percentage of females leaving the Trust has remained steady from last year at 72%. This is less than the overall Trust wide proportion of female staff in post. Conversely 28% of leavers were male, higher than the overall Trust wide proportion of male staff in post. The Trust has recently reviewed and revised its Leavers Policy which includes a more robust exit interview process in order to ascertain the reasons behind the person leaving and to address any areas of concern.

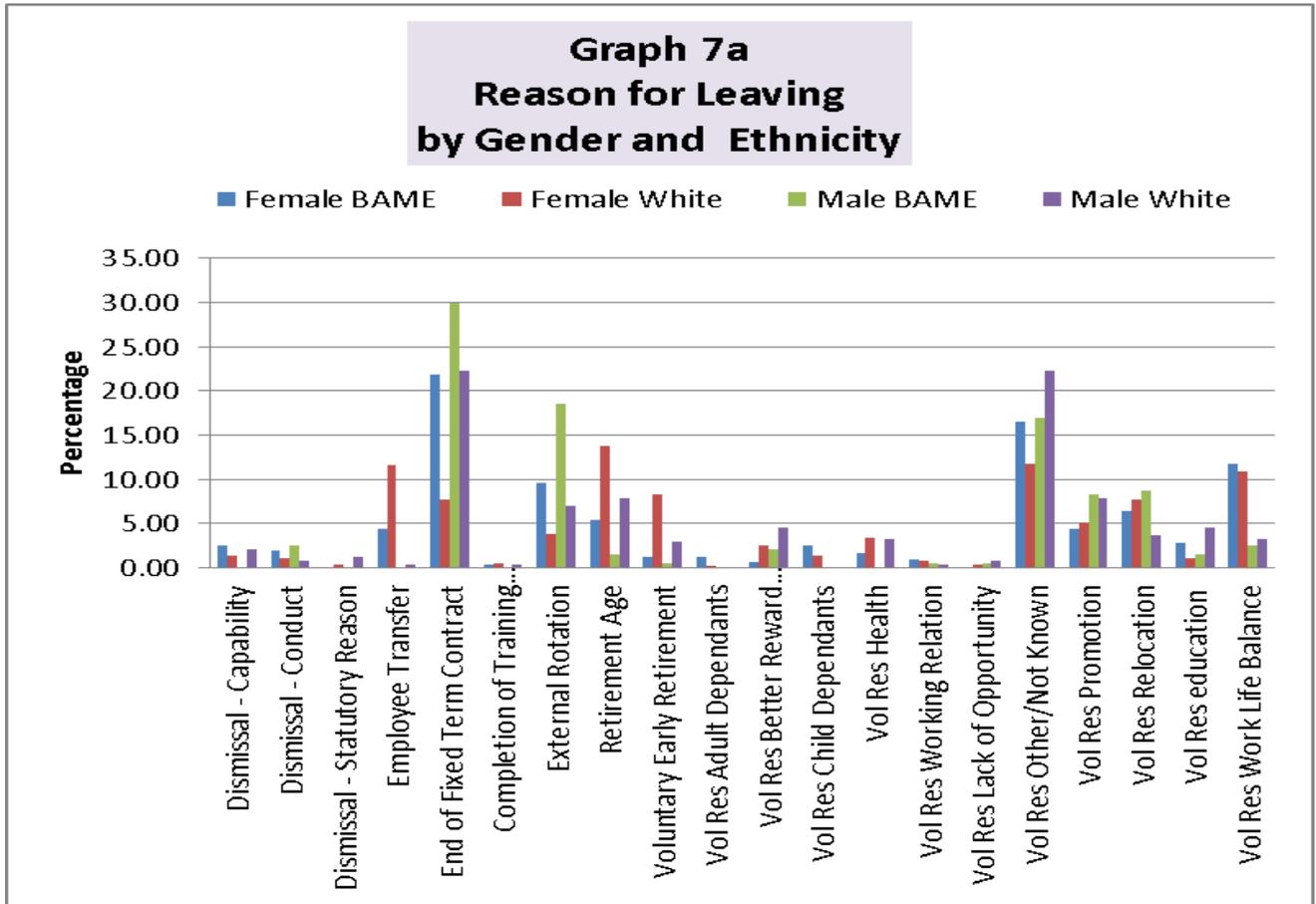
Also **Graph 7** illustrates 51.49% of female leavers are white and 20.35% are BAME. It also shows that 32.88% of all leavers are from BAME origin which is above the percentage of the total number of BAME staff in the workforce at 29.96%.

The percentage of leavers who have left for unknown reasons is 15.5%

Count of Employee

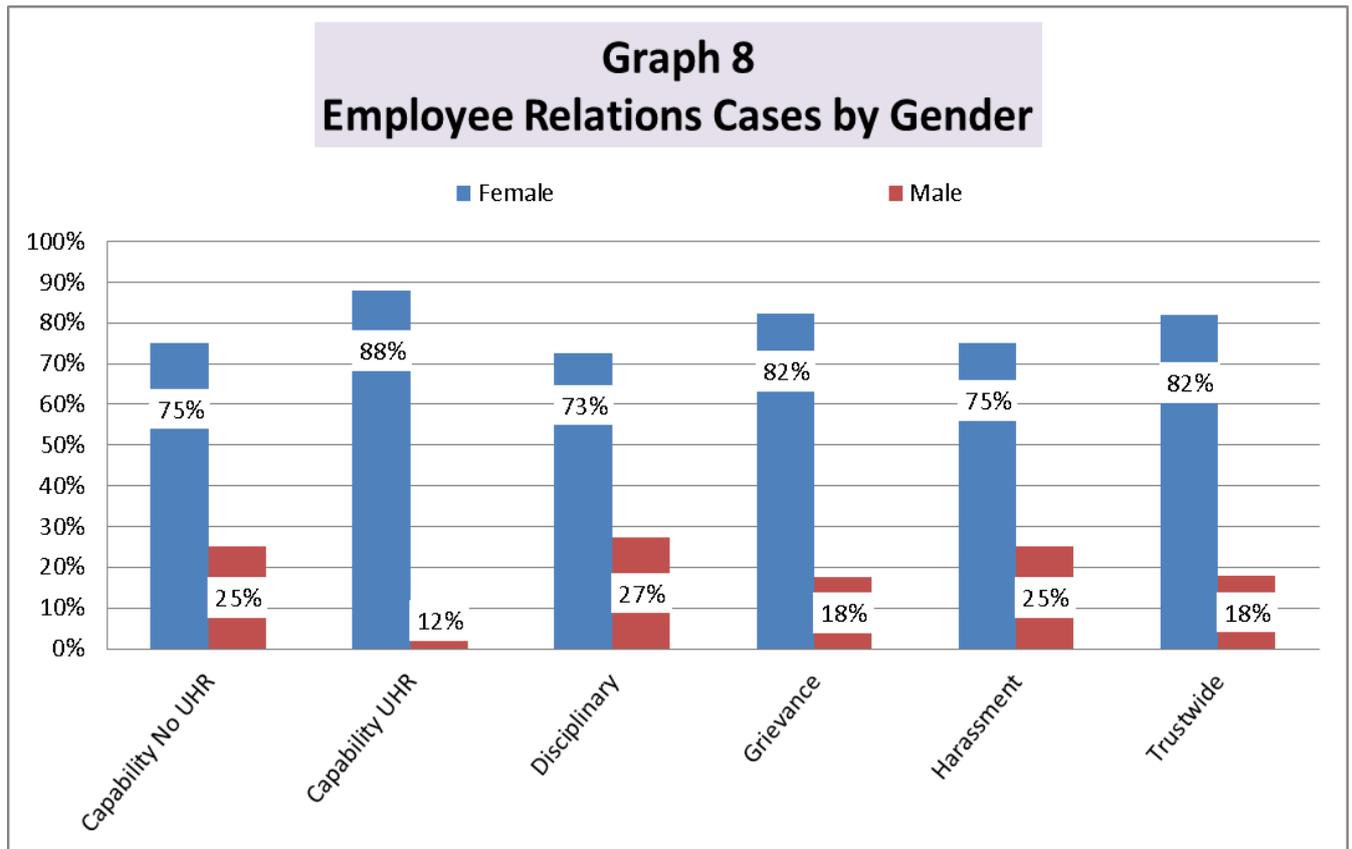
Graph 7
Leavers by Gender and Ethnicity





3.5 Employee Relations Indicators

Graph 8 shows the percentage of disciplinary and grievance cases by gender as of September 2017. The most notable difference relates to what appears to be a disproportionate number of male staff being subject to disciplinary action (27%) in context with the 80% to 20% ratio of female to male staff. However there has been a slight reduction in the number of male staff being subject to disciplinary investigation, this figure has reduced from 29.4% in 2016 to 27% in 2017.



3.6 National Staff Survey Results

The responses in relation to gender within the 2017 staff survey included:

- 81% of females said that they felt the organisation provides equal opportunities and career progression; compared to 74% of men
- 29% of females experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months compared to 14% of males.
- 47% of females have recently reported harassment, bullying or abuse compared to 41% of males.

The following 3 findings also show significant differences:

- 69% of females report working extra hours, compared to 74% of men
- 72% of females are confident in reporting unsafe clinical practice, compared to 70% of men
- 80% of females are satisfied with the quality of work/patient care delivered, compared to 58% of men

3.7 Gender Pay Gap

Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The gender pay gap shows the difference in the average pay between all men and women in a workforce. It is a legal requirement to publish the first report on the Trust's website and the

Government Equalities Department, Gender Pay Gap portal by 31st March 2018, and by 31st March thereafter. For the full Gender Pay Gap Report see Appendix 1.

Observations from the Gender Pay Gap Report 2018:

- In terms of mean pay, males received £5.38/hr more than females, a pay gap of 28.85%. When comparing median pay, males received £2.44/hr more than females, a pay gap of 17.50%.
- Females were over-represented in the 2nd pay quartile (87%) and under-represented in the 4th Pay quartile (69%), compared to the proportion of women in the workforce (81%).
- 2% of the workforce received a bonus payment, of which 1.5% were male and 0.5% were female. Mean bonus pay was £3,392 more than females and median bonus pay was £2,984 more than females.

It should be noted that bonus payments are restricted to Clinical Excellence awards, Distinction awards and Discretionary points. CEA awards are restricted to Consultants with over one year's service in the role. This approximates to a male/female ratio of 2:1

3.8 Gender – Observations

- In Bands 8a – 9 the proportion of females has seen an increase of 1.1% since September 2016. There were 325 females in Bands 8a to 9 in September 2017, which equates to 76.6% of the Band 8a to 9 population. According to figures produced by NHS Employers, nationally 29% of the NHS Workforce are male and 71% are females in bands 8a – 9.
- When viewing the percentages of the female population within each of the pay bands, the Trust wide overall figure of 80.6% is broadly representative for pay band 2 at 87.1% through to Band 8a at 81.1%, however the percentage of female employees falls to 69.3% for Band 8b and does not reach 80% or over in bands 8b or above.
- Whilst the NHS has a predominantly female workforce, the male workforce remains at or around 20%, compared to our nearest Acute Trust UHB with a male workforce of 28%. This also reflects the national figures of men 23% and women 77% of the NHS workforce.

4 Disability

4.1 Staff in post

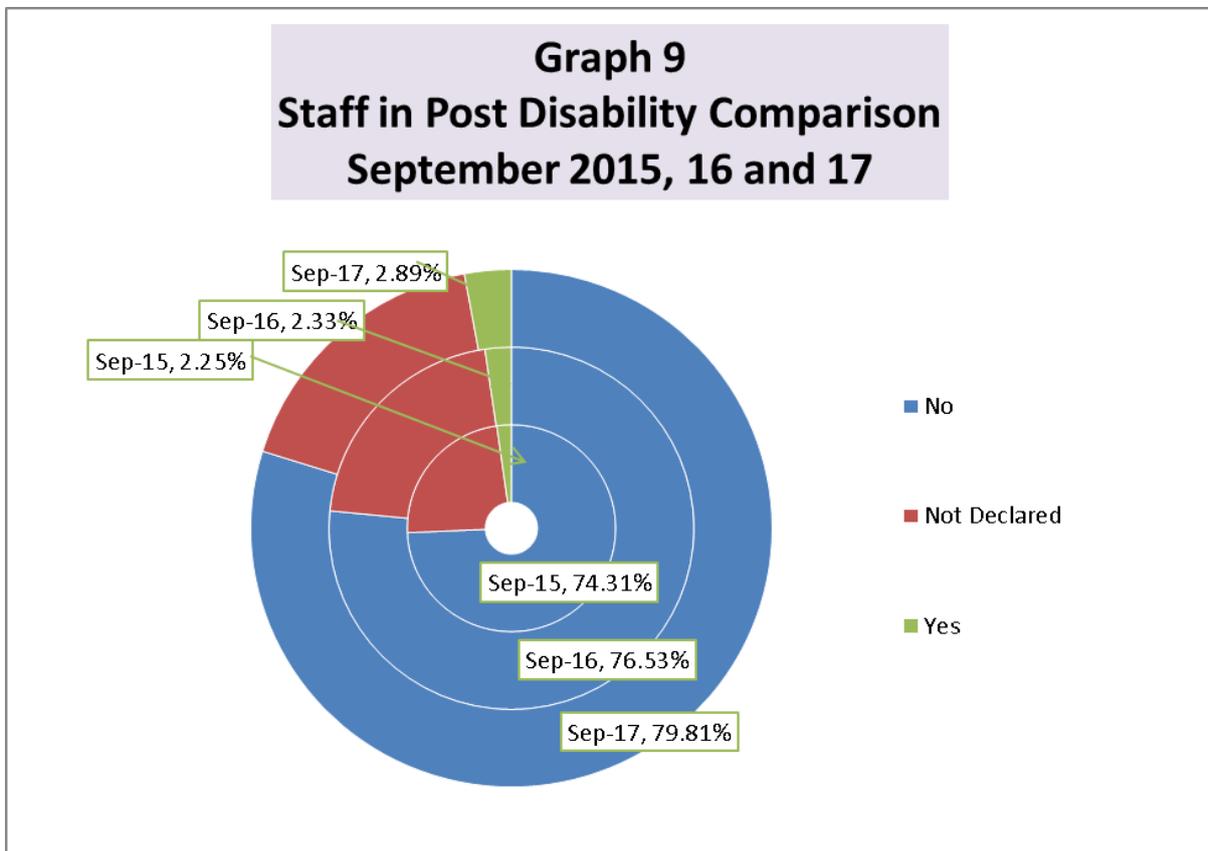
Data produced by NHS Employers states that 9.15% (98,181 people) of the Birmingham and Solihull Local Authority declared they had a disability. **Graph 9** shows that 2.89% of staff (302 employees) have stated that they have a disability, this is an increase from 244 employees in 2016. However there remains a high percentage of staff (17.3%) where disability status is unknown or not declared.

Information from the 2017 National Staff Survey shows that 15% (684 staff) of respondents indicated that they have a disability, suggesting that more staff have a disability than we have

recorded on ESR, and also suggests staff are more likely to declare to have a disability via an anonymous source.

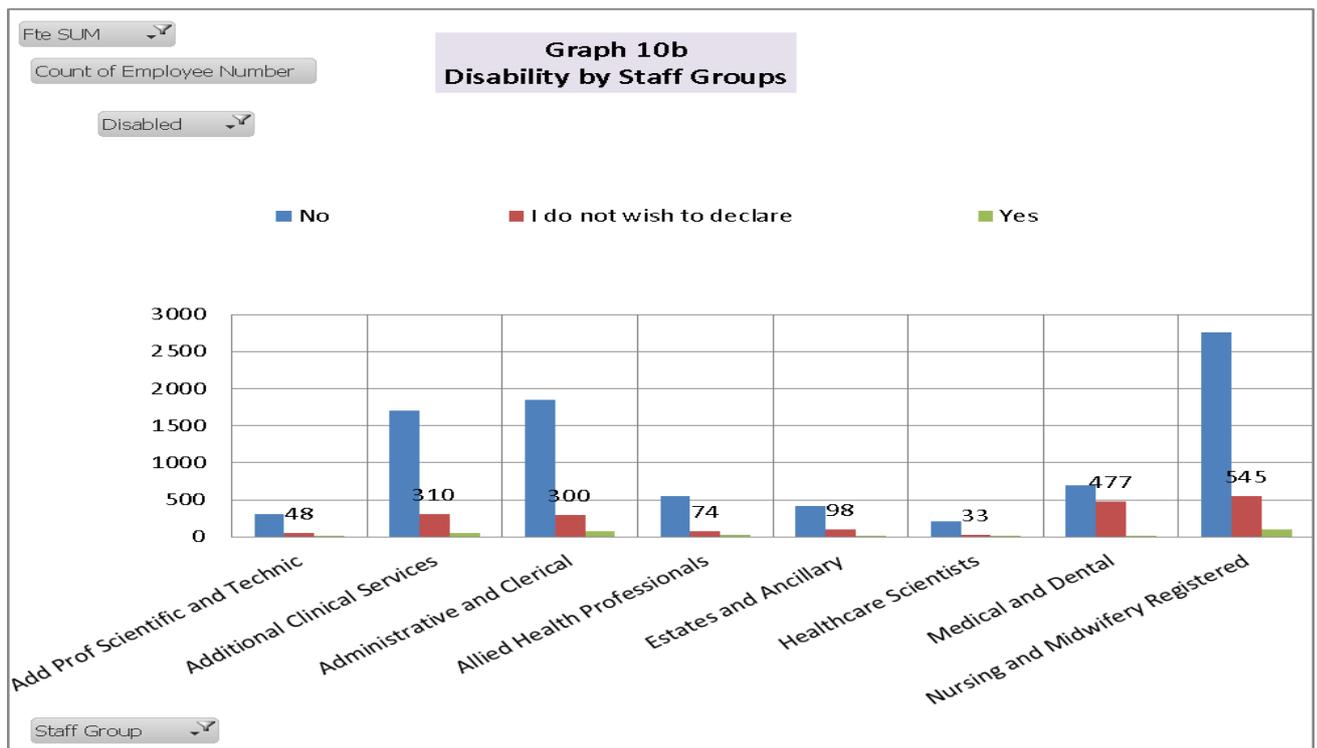
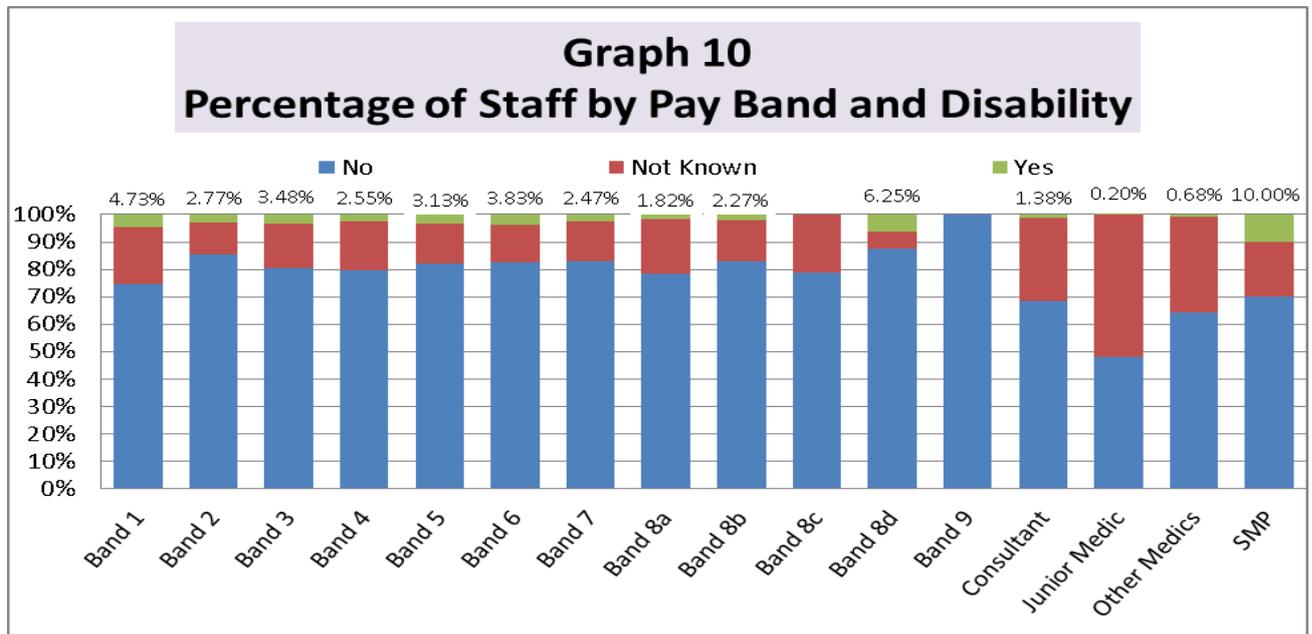
In 2017 the Trust undertook a data cleanse exercise to address the high percentage of staff where disability status is unknown and to improve the overall quality of the data which is recorded on Electronic Staff Records (ESR). As a result of the success of the data cleanse exercise there has been a reduction in the number of staff records which state 'not declared' for disability from 23.4% in 2015 to 17.3% in 2017.

Graph 9 illustrates the success of the Trust's efforts to cleanse the data and shows the gradual increase year on year from 2015 to present date of the percentage of employees who have declared a disability. In September 2015, (the inner ring) shows 2.25% of employees claim to have a disability, through to September 2017, (the outer ring) where 2.89% of the workforce have declared to have a disability.



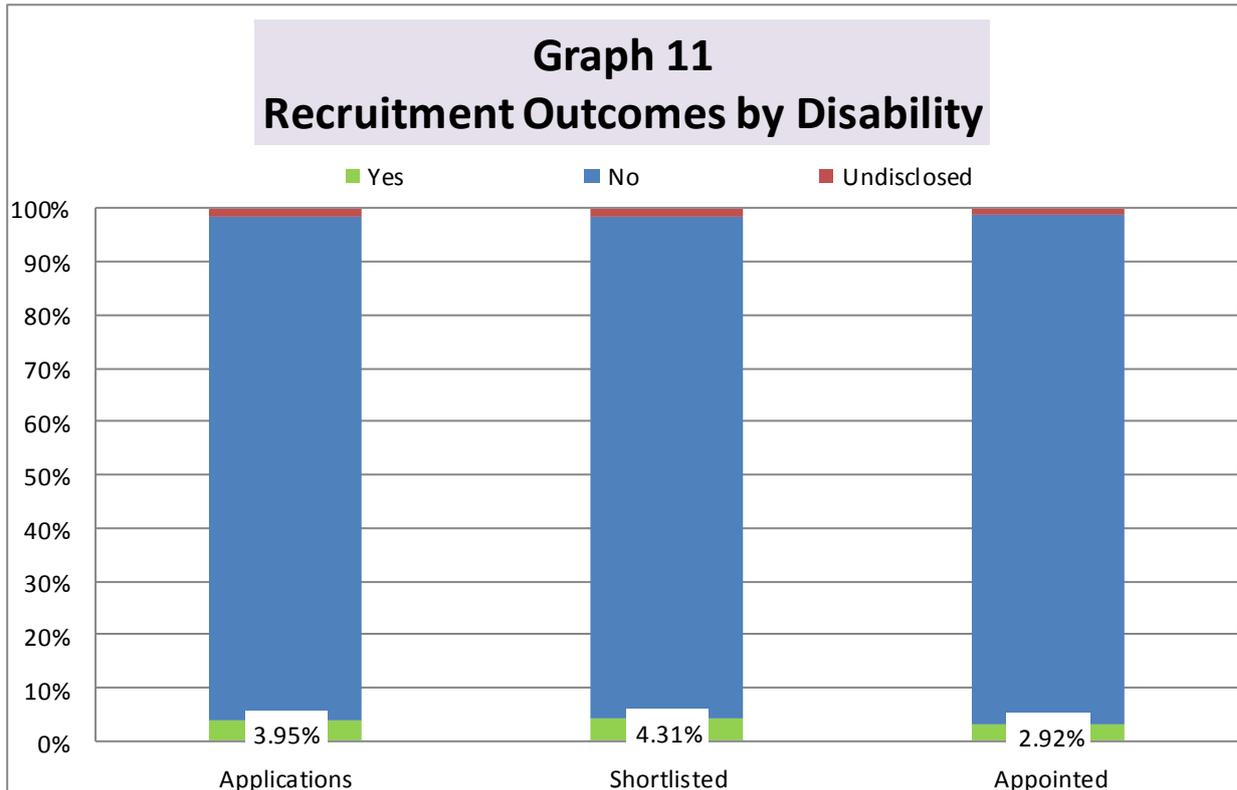
Graph 10 shows the percentage of staff recorded as having a disability by grade. The data in 2017 is consistent with the previous year, with disabled employees least represented within the medical grades, with only 6 Consultants declaring a disability. It should be noted that although 10% of Senior Managers have declared that they have a disability this only equates to one employee and the same is true within band 8d where the percentage is 6.25%.

The only two pay bands to have no known disabled employees are band 8c with 38 members of staff in total and band 9 with 7 members of staff in total.



Graph 10b uses the same base data as graph 10 but in more detail as it includes the staff group and identifies which groups have gaps in the data in relation to disability. Brief analysis of the data shows there appears to be trends between staff groups where certain protected characteristic, including disability, has been undeclared.

Graph 11 shows the passage of disabled candidates from application to shortlisted to appointed from September 2016 to September 2017. Although the percentage of disabled candidates at application (1,530 total number of applications) and shortlisted (587 total number of shortlisted) stages has increased since 2016, the percentage of disabled staff appointed has seen a reduction from 3.5% in 2016 to 2.92% in 2017, which represents 65 appointees.



The Trust is committed to creating an inclusive workforce through a fair and equitable recruitment and selection process. In the same way as the Trust reports on progress in relation to ethnicity through the Workforce Race Equality Standard (WRES), the Trust will also be reporting on progress in relation to disability through the Workforce Disability Standard (WDES) when it is implemented nationally in October 2018 and a plan of actions for improvement will be initiated through this report.

4.2 National Staff Survey Results

The 2017 National Staff Survey highlights some differences between disabled and non-disabled staff:

- 55% of disabled staff reported suffering work related stress in last 12 months (increase of 2% from 2016) compared to 35% of non-disabled staff (an increase of 3% from 2016)
- 75% of disabled staff reported feeling pressure in last 3 months to attend work when feeling unwell (which has increased by 3% in 2016) compared to 50% of non-disabled staff (an improvement of 11% from 2016).

- 21% of disabled staff stated they experienced discrimination at work in last 12 months (an increase of 1% from 2016) compared to 12% of non-disabled staff (an increase of 2% from 2016).
- 71% of disabled staff believes the organisation provides equal opportunities for career progression/promotion (a decrease of 2% from 2016) compared to 80% of non-disabled staff (a decrease of 4% from 2016).
- 36% of disabled staff experienced harassment, bullying or abuse from staff in the last 12 months (an increase of 1% from 2016) compared to 22% of non-disabled staff (an increase of 1% from 2016)

The data also shows:

- 58% of disabled staff feel that they are able to contribute towards improvements (a decrease of 3% from 2016) compared to 69% of non-disabled staff (a decrease of 1% from 2016)
- 69% of disabled staff reported effective team working (a decrease of 2% from 2016) compared to 74% of non-disabled staff (no change from 2016)
- 70% of disabled staff said that they felt supported by their line manager (a decrease of 1% from 2016) compared to 75% of non-disabled staff (no change from 2016).

4.3 Disability – Observations

- The workforce comparison against the local population suggests under reporting of disabilities. Although the position has improved through the data cleanse exercises carried out in 2017 there is still work to be done to improve the data which is recorded and ESR in relation to staff with a disability.
- Further investigation is required into the relatively low proportion of disabled recruits. The Trust will report via WDES on the planned actions to improve the attraction, recruitment and retention of people with a disability.
- There are some notable differences within national staff survey results, in particular, 75% of disabled staff reported feeling pressure in last 3 months to attend work when feeling unwell (which has increased by 3% in 2016) compared to 50% of non-disabled staff (an improvement of 11% from 2016), warranting further investigation.

5 Age

5.1 Age Profile

Graph 12 compares the age profile of the workforce across the Trust in 2016 and 2017. The overall profile for the Trust remains largely unchanged over the past two years with around two thirds of staff falling within the age range 26-50 and almost a third of staff are over 50. There is a small percentage increase in the number of staff in the age bands 61 to 65 and 66+ compared to last year.

It is to be noted that across the age bands 26 to 55 there is an even distribution of staff throughout the workforce, averaging at 12% for each age band. A brief analysis of age bands 55+ shows that these bands make up 16% of the overall workforce.

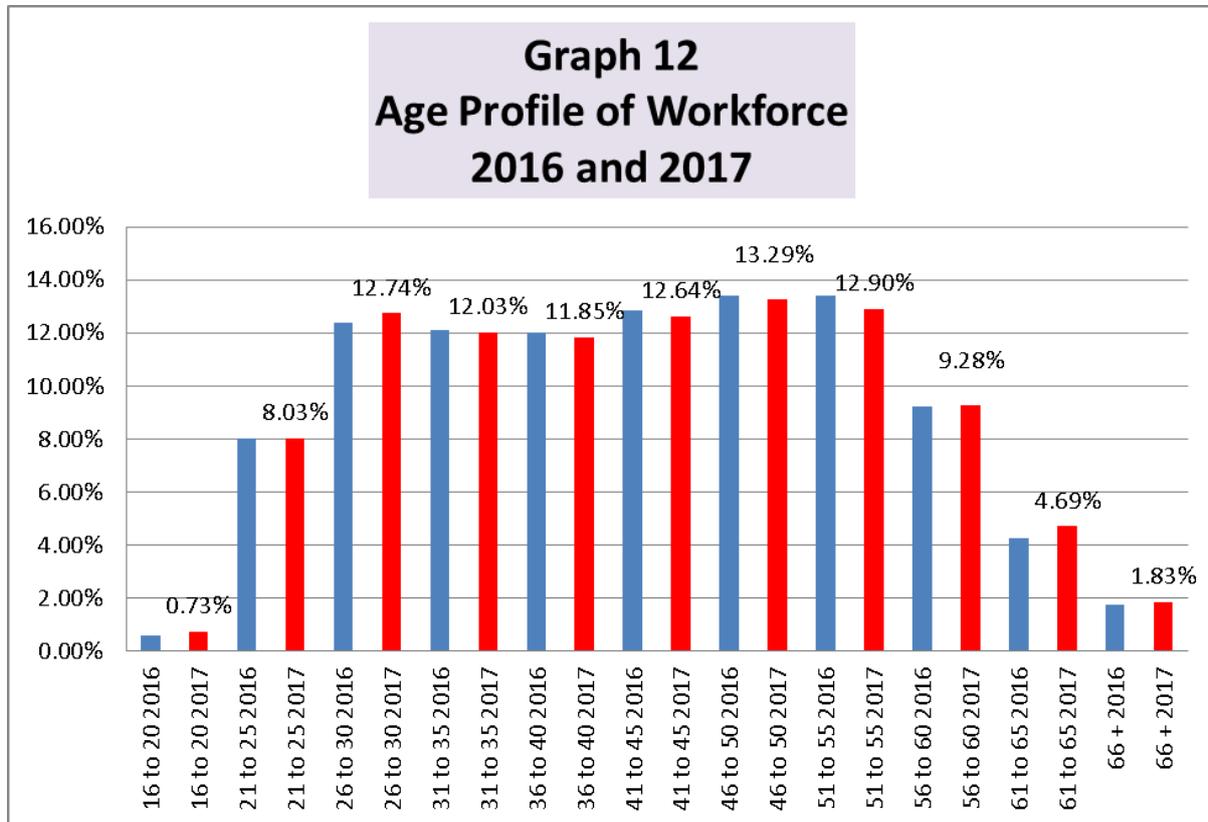


Table 12a shows the age bands of each of the staff groups expressed as a percentage. For ease of reading the table has been highlighted to indicate where the majority of staff are present for each staff group. For example, within the staff group Administration and Clerical the majority of staff are aged between 46 and 55, whilst within the staff group Allied Health Professionals the majority are aged between 26 and 35.

It is to be noted that 23% of Qualified Nursing and Midwifery staff are aged over 50 with 10% aged over 55, which although stays the same as last year, it does represent a rise over 7 of the last 8 years.

Around 37% of senior medics are aged over 50, with 20% over the age of 55, which stays the same as last year.

Around 54% of maintenance staff are aged over 50, which stays the same as last year. Whilst there are no current issues recruiting into these roles, pro-active management within this area, supporting development opportunities for current staff to acquire new skills means that staff are better placed to apply for future roles within the organisation when they become available. In addition, an apprenticeship scheme has been implemented.

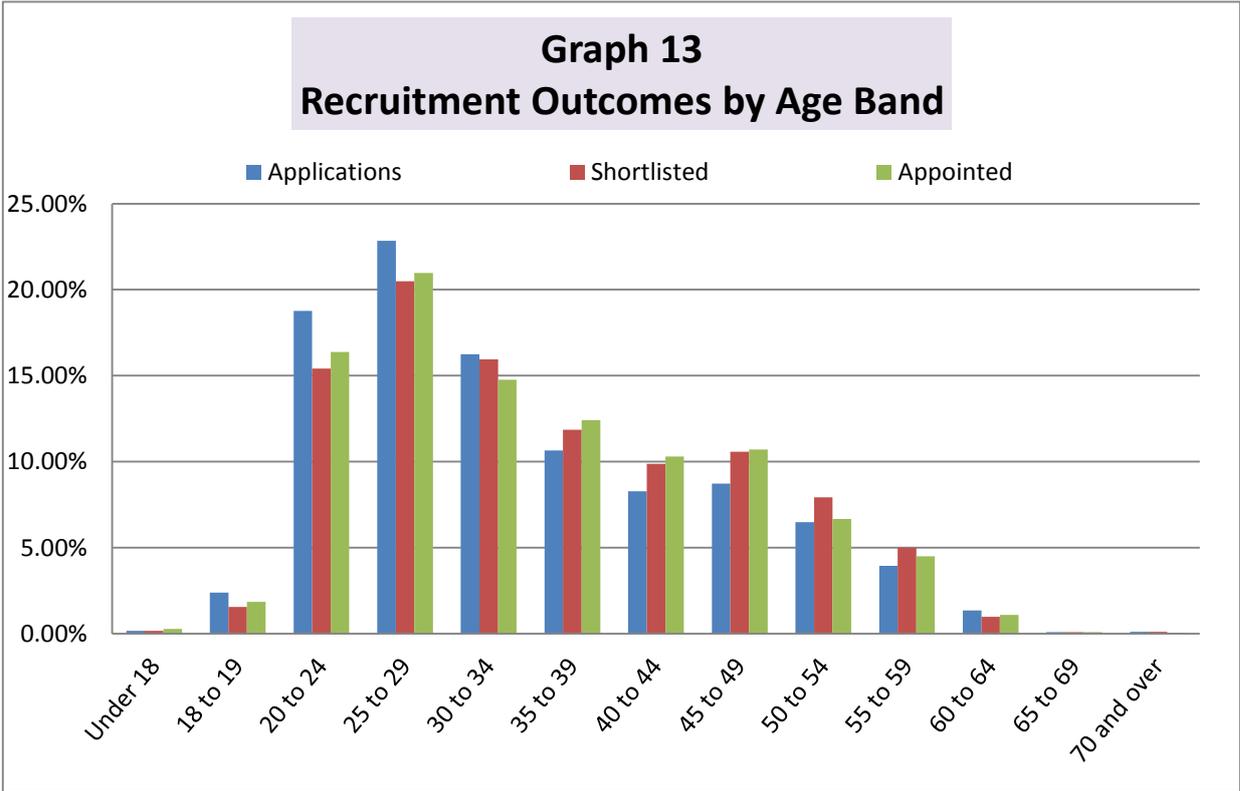
Table 12a Staff groups by Age Band expressed in Percentages													
	Admin & Clerical	Health Professions	Ancillary	Healthcare Assistants	Jnr Medics	Maintenance	Pharmacists	Qualified Nursing	Scientists	Snr Managers	Snr Medics	Technical	Grand Total
16-20	1.74	0.25	2.04	1.57	0.00	3.96	0.00	0.00	0.00	0.00	0.00	0.49	0.73
21-25	7.00	14.43	2.79	10.40	17.30	4.95	28.92	7.33	5.21	0.36	0.00	7.82	8.03
26-30	8.37	16.33	5.58	12.11	38.03	3.96	19.28	14.21	22.92	6.09	1.20	13.45	12.74
31-35	10.48	15.70	7.43	11.54	26.16	5.94	15.66	12.07	16.67	7.17	4.30	14.18	12.03
36-40	8.48	13.92	7.25	10.33	12.68	4.95	16.87	13.82	15.63	10.75	13.92	13.45	11.85
41-45	9.43	10.25	10.78	11.18	3.22	6.93	6.02	16.14	6.25	13.98	21.99	12.47	12.64
46-50	15.43	10.89	14.31	12.11	1.61	14.85	6.02	13.65	5.21	19.71	21.99	10.76	13.29
51-55	15.27	10.00	15.24	12.54	0.20	16.83	4.82	12.73	12.50	21.86	16.32	12.59	12.90
56-60	13.48	5.32	15.24	10.33	0.60	21.78	1.20	6.88	9.38	12.90	11.00	9.54	9.28
61-65	7.85	2.28	12.27	5.56	0.20	11.88	1.20	2.37	5.21	5.73	6.01	3.67	4.69
66+	2.47	0.63	7.06	2.35	0.00	3.96	0.00	0.80	1.04	1.43	3.26	1.59	1.83
Age Band	Admin & Clerical	Allied Health Professionals	Ancillary	Healthcare Assistants	Jnr Medics	Maintenance	Pharmacists	Qualified Nursing	Scientists	Snr Managers	Snr Medics	Technical	Grand Total

5.2 Recruitment

Chart 13 shows the recruitment percentages by age. Initial analysis indicates that applicants aged between 25-29 were more likely to be appointed in proportion to the number of applications made in that age band.

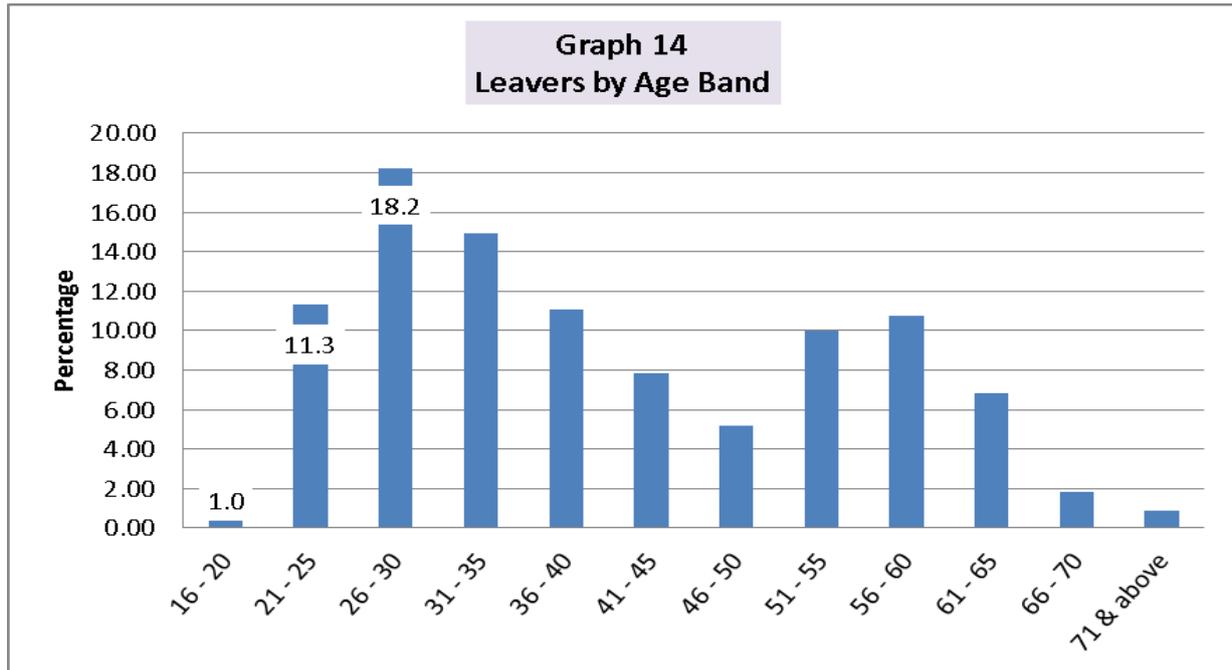
It can be seen from the chart that within the age band, 20 to 29, the percentage of applications is high with 41.61% however the appointed percentage falls by 4% to 37.33%.

In the age range 40 to 49, despite there being a lower percentage of applicants at 17.0%, of those applicants 21.0% were appointed.



5.3 Leavers

Graph 14 shows the percentage of leavers by age band. As of September 2017 it can be seen that 30.5% of leavers were aged 30 or under which is a decrease of 7.3% from September 2016 when 37.8% of leavers were aged 30 or under. Analysis conducted recently has highlighted retention as an issue for Band 5 nurses under the age of 30. As result, a project team has been established to look at ways of improving retention for this staff group.



5.4 National Staff Survey 2017

Some noticeable differences based on aged within the 2017 national staff survey include:

Key Finding		Trust Score	16-30	31 – 40	41 – 50	51+
25	Harassment, bullying from staff <i>*lower score is better</i>	24%	19%	22%	26%	26%
28	Potential harmful errors, near misses or incidents <i>*lower score is better</i>	27%	30%	30%	29%	23%

Key Finding		Trust Score	16-30	31 – 40	41 – 50	51+
19	Org & Management interest in and action on health & wellbeing	3.47%	3.55%	3.47%	3.43%	3.46%
2	Satisfaction with quality of work / patient care delivered	3.92%	3.95%	3.88%	3.88%	4.01%
22	Physical violence from patients, relatives, public <i>*lower score is better</i>	13%	21%	15%	13%	10%
24	% reporting most recent experience of violence	65%	61%	63%	66%	69%

5.5 Age – Observations

- With the change in the law relating to age in employment and pensions it may be that more staff will choose to work longer. The Trust needs to be aware of this and to plan accordingly.

6 Sexual Orientation

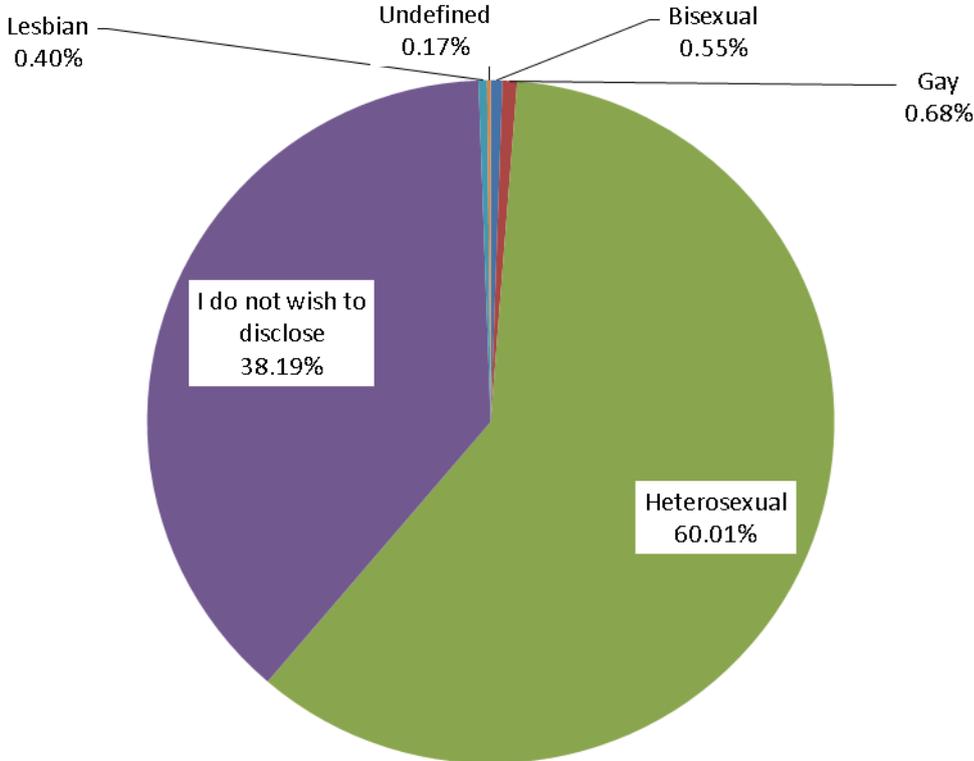
6.1 Staff profile

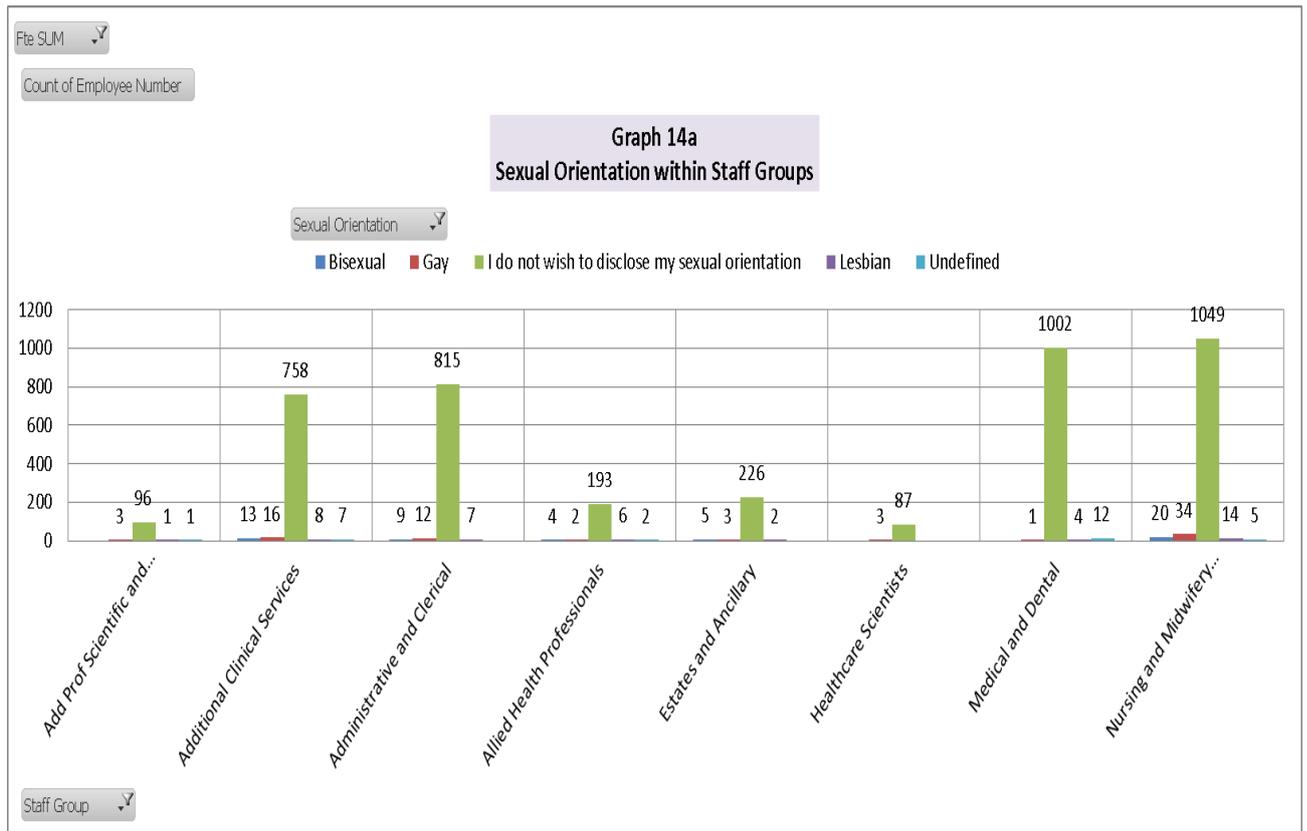
Graph 14 shows the reporting of sexual orientation across the workforce. In 2017 the Trust undertook a data cleanse exercise to address the high percentage of staff where sexual orientation status is unknown and to improve the overall quality of the data which is recorded on Electronic Staff Records (ESR).

As a result of the success of the data cleanse exercise there has been a reduction in the number of staff records which state 'undefined' for sexual orientation from 32.57% in 2016 to 0.17% in 2017. This has resulted in an increase in all the other declarations such as an increase from 18% not wishing to disclose their sexual orientation in 2016 to 38% in 2017.

According to ESR, 1.6% of the workforce has identified as Lesbian, Gay, Bisexual, however 2% (81 staff) of the total number of respondents who completed the National Staff Survey 2017 (approx. 4000 staff) identified as LGB, suggesting that more staff within the Trust identify as LGB than we have recorded on ESR, and also suggests staff are more likely to declare their sexual orientation via an anonymous source.

Graph 14
Percentage Staff by Sexual Orientation





Graph 14a shows sexual orientation by staff group. As at September 2017 it can be seen that 1049 Nursing and Midwifery staff and 1002 Medical and Dental staff have chosen not to declare their sexual orientation. Also 758 Additional Clinical Services staff and 815 Administration and Clerical staff are also ‘undeclared’ which shows a trend between sexual orientation, religion and belief and disability being undeclared and for these staff groups.

In 2016 the Trust joined Stonewall’s Diversity Champions program and for the first time submitted to the Workplace Equality Index (WEI). In the 2016 WEI results the Trust was ranked 328 out of 439 organisations which took part. In response to the results the Trust implemented a plan of actions over the following 12 months in order to address the areas which were highlighted as in need of improvement and development. The Trust invested in a suite of specific training from Birmingham LGBT in order to improve staff understanding and raise awareness of sexual orientation and gender identity. In February 2018 the Trust held its first Sexual Orientation and Gender Identity Conference with a line-up of prominent guest speakers. A combination of implementing LGBT specific initiatives throughout the Trust and the introduction of a policy to support individuals who are Trans for patients and staff, has resulted in the Trust rising a staggering 192 places up the WEI for 2017, and is now ranked 136 out of 434 organisations.

6.2 National Staff Survey Results:

The 2017 staff survey highlights some differences between LGBTQ and heterosexual staff, these include:

- 100% of LGBTQ staff felt that the organisation made adequate adjustment(s) to enable them to carry out work, compared to 72% of heterosexual staff
- 43% of LGBTQ staff stated that clear work objectives were definitely agreed during their appraisal, compared to 33% of heterosexual staff
- 54% of LGBTQ staff reported their last experience of harassment/bullying/abuse, compared to 45% of heterosexual staff
- 73% of LGBTQ staff reported their last experience of physical violence, compared to 65% of heterosexual staff
- 36% of LGBTQ staff felt that their last appraisal left them feeling that their work is valued, compared to 27% of heterosexual staff.

It also showed:

- 70% of LGBTQ staff felt that the organisation acts fairly on career progression, compared to 80% of heterosexual staff
- 79% of LGBTQ staff had not experienced harassment, bullying or abuse from managers, compared to 88% of heterosexual staff
- 35% of LGBTQ staff had adequate materials, supplies and equipment to do their work, compared to 50% of heterosexual staff
- 68% of LGBTQ staff felt that they were able to do their job to a standard they were pleased with, compared to 81% of heterosexual staff.

6.3 Sexual Orientation – Observations

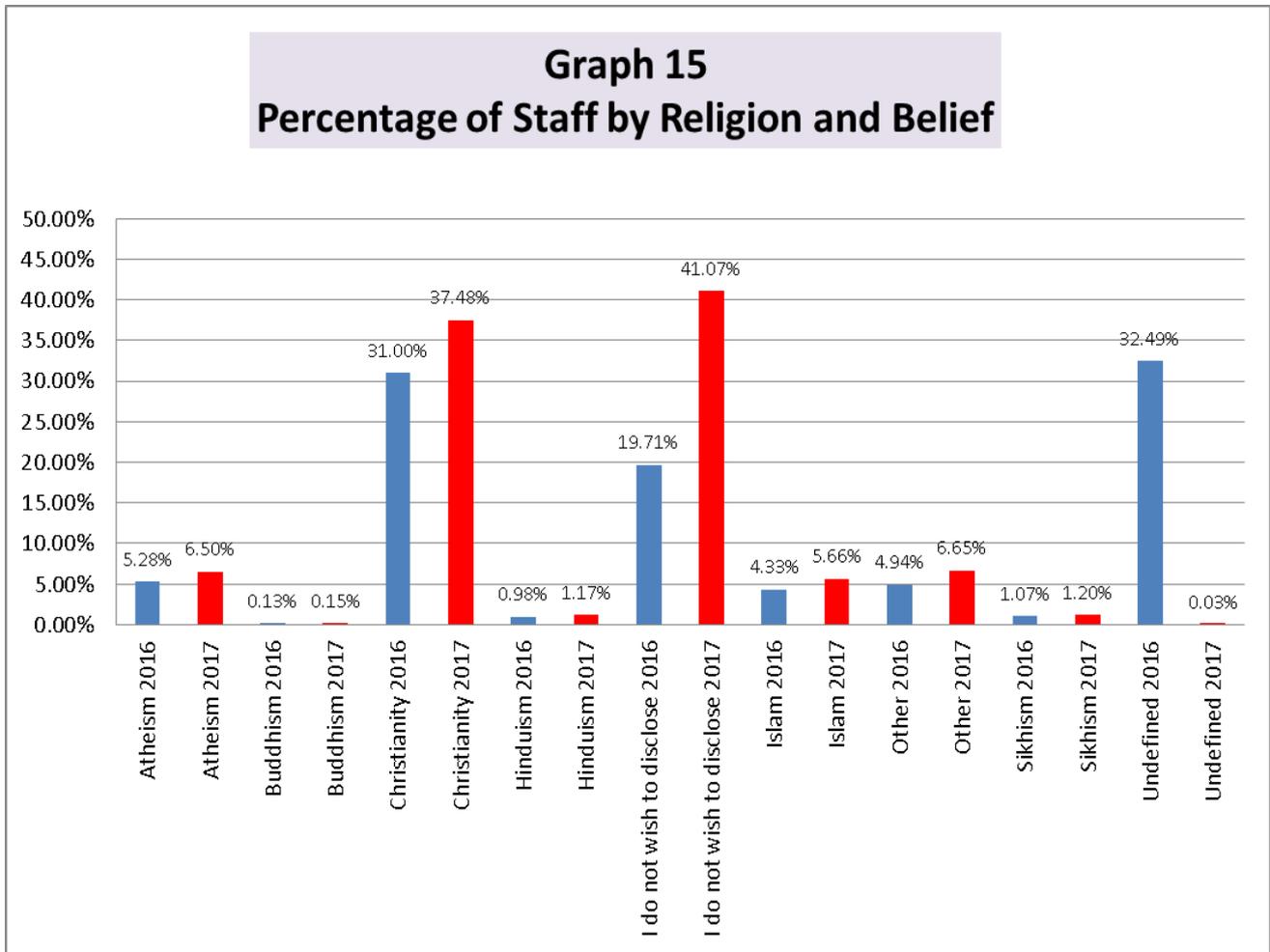
- Although the data cleanse carried out in 2017 has resulted in a significant reduction in the number of staff recorded as 'undefined' for sexual orientation on ESR there is still work to be done to address the 38% of staff who do not wish to disclose.
- There appears to be trends between staff groups where certain protected characteristic data, including sexual orientation, has been undeclared. It is hoped that this position will improve with further data collection exercises scheduled for 2018/19 and in response to the WEI action plan.
- Monitoring of sexual orientation and gender identity is an area which the Trust has recognised as in need of improvement for both staff and patients. Current staff and patient recording databases offer limited options to record sexual orientation and gender identity and a national project is underway to address the required changes to the data recording systems used within the NHS. The Trust realises that staff training is required in order to equip staff to ask and record this data.

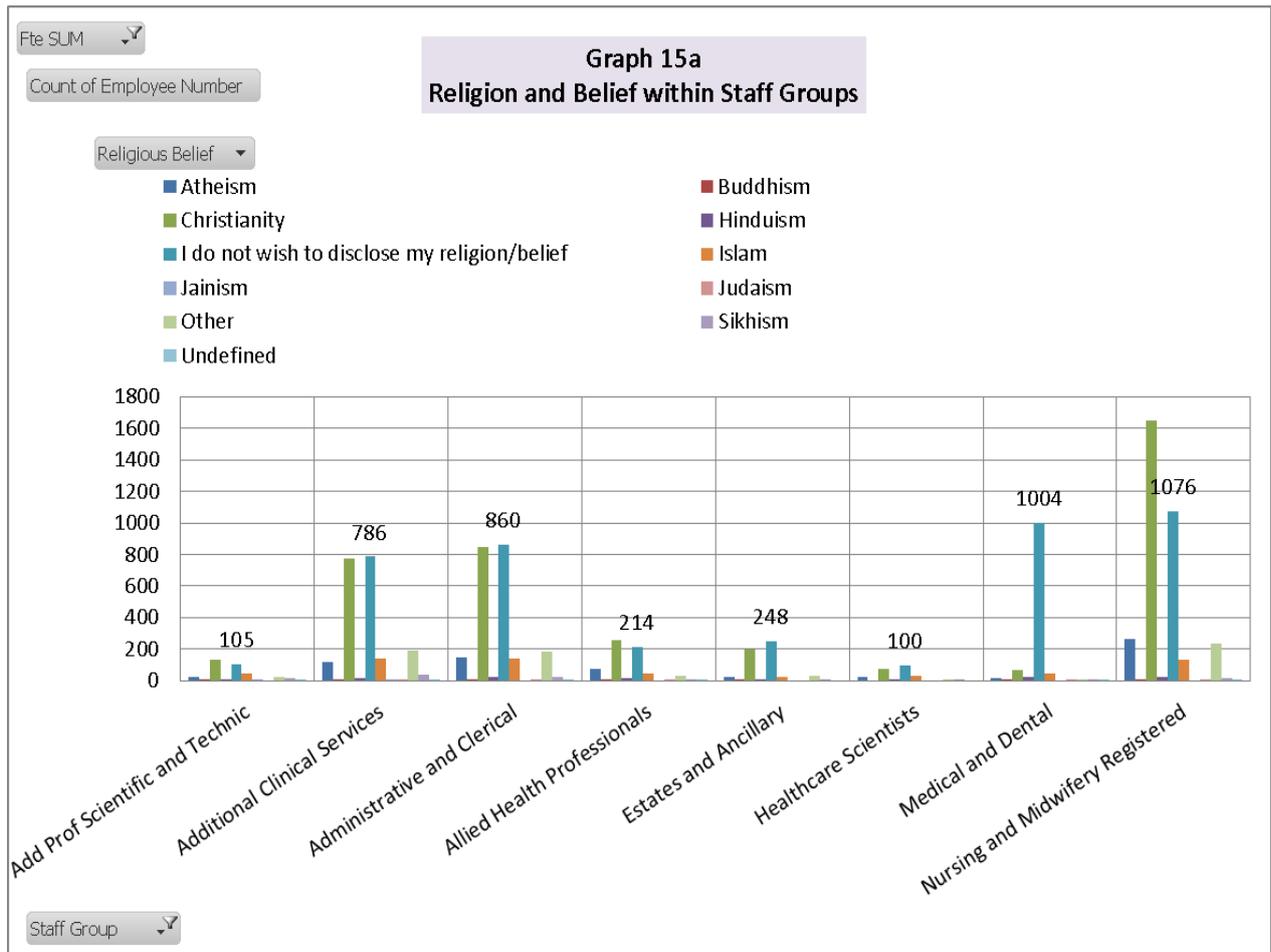
7 Religion and Belief

7.1 Staff Profile

Graph 15 shows the overall workforce profile by religion and belief as at September 2017.

In 2017 the Trust undertook a data cleanse exercise to address the high percentage of staff where religion or belief status is unknown and to improve the overall quality of the data which is recorded on Electronic Staff Records (ESR). As a result of the success of the data cleanse exercise there has been a reduction in the number of staff records where religion or belief was 'undefined' from 32.49% in 2016 to 0.03% in 2017. Consequently, this meant in a significant increase in number of staff opting for 'I do not wish to disclose' for their religion or belief, resulting in a rise in this category from 19.71% in 2016 to 41.07% in 2017.





Graph 15a shows religion or belief by staff group. The graph illustrates that 1076 Nursing and Midwifery staff and 1004 Medical and Dental staff have chosen not to declare their religion or belief. Also 786 Additional Clinical Services staff and 860 Administration and Clerical staff are also undeclared which shows a trend between undefined religion, disability and sexual orientation for these staff groups.

7.2 Religion and Belief – Observations

Although the data cleanse carried out in 2017 has resulted in a significant reduction in the number of staff recorded as 'undefined' for religion and belief on ESR there is still work to be done to address the 41.07% of staff who do not wish to disclose.

There appears to be trends between staff groups where certain protected characteristic, including religion and belief, has been undeclared. It is hoped that this position will improve with further data collection exercises scheduled for 2018/19.

Currently the NHS Staff Survey does not present analysis on religion and belief.

Review of actions made in the Annual Equality Report 2016/17 Actions

Action: *We will strengthen our relationships with community groups and third party organisations to help ensure improvements in the under representation of some groups in the Trust's workforce profile, for example, in areas where specific ethnic groups are underrepresented or ensuring opportunities for work within the Trust for people with a disability. We will work closely with the community groups and third party organisations to implement initiatives within the next 12 months.*

Progress: The Trust has worked closely with many third party organisations in an effort to address the underrepresentation of some groups and to raise awareness and improve understanding in order to support and enable inclusion within the Trust. This includes relationships with Birmingham LGBT and Stonewall for LGBT staff and patients; the Department of Work and Pensions to explore attraction, recruitment and retention for people with a disability; Health Education England to promote BAME Leadership Programs; and also collaborative working alongside partnering Trusts such as the University Hospitals Birmingham and Birmingham and Solihull Mental Health Trust.

Action: *Throughout the report there is a significant number of staff for which data is not recorded, particularly against religion or belief, sexual orientation and disability and therefore we will continue with our plans to improve the collection of workforce data. We will implement initiatives to improve the quality of the workforce data.*

Progress: In 2017 the Trust undertook a data cleanse exercise to improve the quality of the data held on ESR and enabling the Trust to understand better the workforce. The exercise resulted in almost 2,000 staff updating their personal records on ESR. As a result of the success of the data cleanse exercise there has been a reduction in the number of staff records where religion or belief was 'undefined' from 32.49% in 2016 to 0.03% in 2017. In addition, there has been a reduction in the number of staff records which state 'undefined' for sexual orientation from 32.57% in 2016 to 0.17%. However in both cases this has resulted in an increase in the other declarations, and in particular, a significant increase in the number of staff opting for 'I do not wish to disclose' in response to religion or belief and sexual orientation status.

Action: *In an attempt to highlight and address the diversity disparity the Trust will offer Unconscious Bias training for all staff groups, but in particular, managers, in an effort to raise awareness of the bias which can occur both consciously and unconsciously in our day to day work. We will implement Unconscious Bias training for staff in the next 12 months.*

Progress: The Trust has incorporated unconscious bias into the Recruitment and Selection training for managers who are involved in recruitment and selection activities in the Trust. Also, unconscious bias has been included in the HR training received by managers in the Trust, such as, Managing a Disciplinary and Grievance training and Performance Management training.

Action: *Across all staff groups there is a disparity between applications and those shortlisted for interview or appointed based on certain characteristics such as ethnicity and disability. Recruitment and selection training will be reviewed and revised to include Values Based Interviewing and*

Unconscious Bias for recruiting managers. We will revise and implement the amended training programme by June 2018.

Progress: The Trust has incorporated unconscious bias into the Recruitment and Selection training which managers must receive before taking part in any recruitment or selection activities in the Trust. In addition, the Trust has developed a suite of values based interview questions which the Hiring Manager may include as part of the interview process in order to make the selection decision based on the candidates' technical ability as well as behavioural suitability. The Trust will also, where possible, ensure the interview panel is diverse and reflects the community which it serves.

Actions for 2018/19

Action: Whilst the data cleanse exercise which was carried out by the Trust in 2017 was a success and resulted in a significant improvement in the quality of the data which is recorded on ESR, there appears to be trends between some staff groups where certain protected characteristic data, including religion and belief, sexual orientation and disability, has been undeclared. The Trust will carry out further data collection exercises scheduled for 2018/19 which will be supported by a campaign to raise staff awareness and improve understanding of the rationale and importance of knowing this data.

Action: Monitoring of sexual orientation and gender identity is an area which the Trust has recognised as in need of improvement for both staff and patients. Current staff and patient recording databases offer limited options to record sexual orientation and gender identity and a national project is underway to address the data recording systems used within the NHS. The Trust will commence plans to instigate the changes which are required in order to record sexual orientation and gender identity for staff and patients and realises that training is required in order to equip staff to appropriately ask and record this data.

Action: The workforce comparison against the local population suggests the under reporting of disabilities with only 2.89% of the Trust staff declaring a disability. Although the position has improved through the data cleanse exercises carried out in 2017 there is still work to be done to encourage staff to declare disabilities and to increase the representation of people with a disability amongst the workforce. The Trust will investigate the relatively low proportion of disabled recruits and will report via WDES on the actions to address improvements in attracting, recruiting and retaining people with a disability.

Action: Both this report and the WRES report, highlight a significant need for the Trust to address the underrepresentation of BAME in Senior Management roles. Although there has been a slight

increase in the numbers of BAME staff in senior management posts, there is still more work to be done. The Trust will profile prominent BAME staff throughout the Trust to showcase the routes to career progression and will work with underrepresented groups of staff to understand better the barriers to entering senior management posts.

We will continue with specific, measurable equality objectives and publish information regarding our performance on equality and diversity in line with the WRES, WDES, EDS2 and Stonewall's WEI.

The Trust will continue with embedding our core values and the associated behaviours, through values based appraisals, and running through all Trust policies and procedures. The Trust will also continue to launch and support staff steering groups and network groups to allow for a collective voice on shaping and influencing the Trust's equality and diversity agendas.

**Patient Services Equality Monitoring report
2018**

Ref: ALR 45a Local Reporting Requirements	Evidence																								
<p>Service Users/ Patients Activity report detailing the Trust's patient profile by protected characteristics including:</p> <p>1. Activity by protected characteristic.</p>	<p>Equality Monitoring – Key Trends (Service Delivery) Under current practice, there continues to be gaps within the Trust's information gathering and analysis of patient data. Only equality information in relation to a patient's ethnicity, age, gender and religion is collected routinely. For the purposes of this report, we have reviewed the data in terms of ethnicity, age and gender, access to hospital services for 2017, which is available to us and overall it is reflective of the local population the Trust serves.</p> <table border="1" data-bbox="584 639 1850 898"> <thead> <tr> <th>Birmingham Population</th> <th>HEFT Ethnicity</th> <th>HEFT Gender</th> <th>HEFT Age</th> </tr> </thead> <tbody> <tr> <td>British White – 53.1%</td> <td>British White – 69%</td> <td>Female - 58%</td> <td>0 - 20 10%</td> </tr> <tr> <td>BME - 42.2%</td> <td>BME – 26%</td> <td>Male - 42%</td> <td>21 – 40 17%</td> </tr> <tr> <td>Female - 50.8%</td> <td>Unknown - 5%</td> <td></td> <td>41 – 60 21%</td> </tr> <tr> <td>Male - 49.2%</td> <td></td> <td></td> <td>61 – 80 34%</td> </tr> <tr> <td></td> <td></td> <td></td> <td>81 – 100 17%</td> </tr> </tbody> </table> <p><i>In / Out Patient Demographic Makeup 2017</i></p> <p>In terms of ethnicity, access to hospital services during 2017 was overall reflective of the local population. The Census carried out by the Office of National Statistics reported that 53.1 % of the local population were of British White Ethnicity. 68% of patients during 2017 were of British White Ethnicity.</p> <p>See link below for breakdown of the ethnicity, age and gender of patients who have received inpatient and outpatient care within the Trust in 2017.</p> <p>See links below for breakdown of the ethnicity, age and gender of patients who have received inpatient and outpatient care within</p>	Birmingham Population	HEFT Ethnicity	HEFT Gender	HEFT Age	British White – 53.1%	British White – 69%	Female - 58%	0 - 20 10%	BME - 42.2%	BME – 26%	Male - 42%	21 – 40 17%	Female - 50.8%	Unknown - 5%		41 – 60 21%	Male - 49.2%			61 – 80 34%				81 – 100 17%
Birmingham Population	HEFT Ethnicity	HEFT Gender	HEFT Age																						
British White – 53.1%	British White – 69%	Female - 58%	0 - 20 10%																						
BME - 42.2%	BME – 26%	Male - 42%	21 – 40 17%																						
Female - 50.8%	Unknown - 5%		41 – 60 21%																						
Male - 49.2%			61 – 80 34%																						
			81 – 100 17%																						

the Trust in 2017

<http://www.heartofengland.nhs.uk/wp-content/uploads/Copy-of-Copy-of-Demographics-ip-01-17-to-12-17.pdf>

<http://www.heartofengland.nhs.uk/wp-content/uploads/Copy-of-Copy-of-Demographics-OPD-01-17-to-12-17.pdf>

The following table provides a summary of In-Patient by Ethnicity in respect of highest, lowest admitted group and Gender:

Ethnicity	2017 Activity	Gender	2017 Activity
Highest Admitted Group	British White 68%	Male	45%
Lowest Admitted Group	BME 27.5%	Female	55%
Highest BME Groups Admitted	Pakistani 14% Indian 3% Caribbean 3% Other White Group 1.3% African 1.2% Bangladeshi 1.2% Other Ethnic Group 1%		
Not Stated	4 %		

During 2017, patients of British White Ethnicity continue to be the highest admitted group, similar to previous years. The lowest admitted group continuing to be Black or Minority Ethnic origin. Trends however show a slight increase in the number of patients of Black and Minority Ethnic Origin, Other White Group and Other Ethnic Group during the last three years, of which patients of 'Pakistani background' remain the highest admitted group.

The following table provides a summary of Out-Patient by Ethnicity in respect of highest, lowest admitted group and Gender:

Ethnicity	2017 Activity	Gender	2017 Activity
Highest Admitted Group	British White 71%	Male	40%
Lowest Admitted Group	BME 24%	Female	60 %
Highest BME Groups Admitted	Pakistani 10% Indian 3% Caribbean 2% Other White Group 1.2% African 1% Bangladeshi 1% Other Ethnic Group 1.1%		
Not Stated	5 %		

During 2017, patients of British White Ethnicity continue to be the highest group accessing out-patients services, similar to previous years. The lowest group continuing to be Black or Minority Ethnic origin. Trends however show a slight increase in the number of patients of Black and Minority Ethnic Origin, Other White Group and Other Ethnic Group during the last three years, of which patients of 'Pakistani background' remain the highest group accessing the services.

In terms of gender as with most healthcare services in the UK, women are more likely to use hospital services than men, both as in-patients and as out-patients. Despite making up just 50.8% of Birmingham population, 55% of all inpatients admissions and 60% of all patients accessing out-patient services within the Trust during 2017 were female.

Ethnicity - Maternity Admissions

31,204 patients (51%) during 2017 were of British White Ethnicity and 43% were of black or other minority ethnic backgrounds. 6% of patient's ethnicity is not known.

See link below for breakdown of the ethnicity and age of patients who have received Maternity services during 2017.

<http://www.heartofengland.nhs.uk/wp-content/uploads/Copy-of-Copy-of-Demographics-01-17-to-12-17.pdf>

The table below summarises the spread of ethnic diversity amongst the service users accessing Maternity Trust Services to highlight any possible trends in terms of ethnicity:

Ethnicity	2017 Activity
Highest Admitted Group	British White 54%
Lowest Admitted Group	BME 43%
Highest BME Groups Admitted	Pakistani 21%
	Other Ethnic Group 6%
	Other White Group 3%
	Indian 2%
	Other Asian 2%
	Bangladeshi 2%
	African 1%
Not Stated	3%

During 2017, patients of British White Ethnicity continue to be the highest admitted group for maternity in-patient admissions, similar to previous years. The lowest admitted group continuing to be Black or Minority Ethnic Origin (43%). Trends over the last few years,

however, indicate an overall increase in the number of Other Ethnic Origin (6%), Other White Origin (3%) and African Origin (1%), Other Asian Origin (2) maternity in-patients and outpatients. This data is in line with the growth in the migrant worker population and the numbers of refugee / asylum seekers in Birmingham city.

Ethnicity - Accident and Emergency Attendances

265187 patients attended Accident and Emergency during 2017. A slight decrease of patients since 2016.

62% of these patients were of British White Ethnicity and 33% of black or minority ethnic origin; 5% of patient's ethnicity is unknown.

See link below for breakdown of the ethnicity, age and gender recorded of A&E Attendees during 2017.

http://www.heartofengland.nhs.uk/wp-content/uploads/Copy-of-Copy-of-Demographics-A_E-01-17-to-12-17.pdf

The following table summarises the highest & lowest national ethnic groups and Gender recorded during 2017:

Ethnicity	2017 Activity	Gender	2017 Activity
Highest Admitted Group	British White 62%	Male	49%
Lowest Admitted Group	BME 33%	Female	51%
Highest BME Groups Admitted	Pakistani 15%		
	Indian 2%		
	Caribbean 2%		
	Other Ethnic Group 2.5%		
	Other White Group 2%		
	Bangladeshi 1.2%		
	Other Black Group 0.6%		
Not Stated	5%		

During 2017, patients of British White Ethnicity continue to be the highest admitted group for A&E Attendances. The lowest admitted group continuing to be Black or Minority Ethnic Origin. Trends indicate a gradual increase in the number of patients of black and minority ethnic origin – a slight increase in the number of patients from other white backgrounds.

In terms of gender the A&E Attendees male 49% and female 51% reflected Birmingham population, 49.2% male and 50.8% female.. .

Community Services - Solihull

See link below for breakdown of the ethnicity and gender recorded of Community Services patients during 2017.

<http://www.heartofengland.nhs.uk/wp-content/uploads/Ethnicity-2017.pdf>

The following table summarises the highest & lowest national ethnic groups and Gender recorded during 2017:

Ethnicity	2017 Activity	Gender	2017 Activity
Highest Contact Group	British White 73%	Male	42%
Lowest Contact Group	BME 16%	Female	58%
Highest BME Contact Groups	Other Mixed Ethnic Group 6%		
	Indian 2%		
	Irish 1%		
	Other White Group 1%		
	Pakistani 1%		
	White & Caribbean 1%		
Not Stated	11%		

	<p>During 2017, patients of British White Ethnicity continue to be the highest admitted group for Community services patients. The lowest patient group continuing to be Black or Minority Ethnic Origin. Trends indicate the number of patients of British White Ethnicity remain similar to those recorded in last three years and black and minority ethnic origin and other white background patients remain similar to previous years. This data is in line with the demographics of Solihull Borough.</p> <p>Action Presently, no national patient administration systems (PAS) routinely collect data across all of the protected characteristics. However, sexual orientation and gender identity is recognised an area which the Trust is in need to improve for our patients following the introduction of sexual orientation monitoring information standard in October 2017 within the NHS. The Trust will commence plans to instigate the changes which are required in order to record sexual orientation and gender identity for patients to reduce impact of specific health inequalities and risks experienced by LGB&T individuals. It is envisaged that collection of more accurate data will be used when planning service change or developments.</p>
<p>2. Satisfaction with services, including complaints.</p>	<p>Complaints Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity.</p> <p>Data shows that the highest percentage of complaints was made by female patients (64%) during 2017. An increase of 7.5% in the number of complaints made by female patients during 2016 (56.5%). No observable trends in age group for female complainants, was recorded. Overall a similar number of complaints were received from ages 18 to 99 years. The predominate age group for male complainants continues to be within the 40 to 99 age categories. The total number of complaints constitutes 0.07% of all in-patient and day case activity.</p> <p>Data shows that the highest percentage of complainants (37.1%) during 2017 were of White British Ethnicity – this is reflective of the local community that the Trust serves and the In-patient / Out-Patient activity recorded during 2017.</p> <p>The majority of complaints (44.5%) received in 2017 were in relation to the clinical care received. Staff attitudes; appointments, delay or cancellation (OPD), nursing care and communication/information problem were the main complaint subjects recorded. Data</p>

	<p>showed that more complaints in relation to staff attitudes; communication/ information; clinical treatment were made by females than males.</p> <p>Data shows that the majority of complaints in relation to the 5 main complaint subjects listed above, were made by complainants aged 60 and over. The highest recorded age groups (45%) being those aged between 60-99. As reflected within the overall complaints by ethnicity, the majority of complainants were of British White Ethnicity.</p> <p>There were no observable trends in relation to inclusion and diversity to be noted. Complaints are recorded in accordance with the main subject matter raised. The need to highlight any inclusion and diversity issue raised has been addressed with the Patient Services Department. The Trust’s Head of Equality and Diversity Lead is notified of any issues.</p>
<p>3. Any quantitative and qualitative research undertaken, for example patient surveys, friends and family test. Details of, and feedback from, any engagement exercises.</p>	<p>Engagement</p> <p>The Trust continues to work collaboratively with stakeholders and the wider health economy. We have become active partners of the Local Health Economy Group, working in collaboration to share equality data and promote and challenge inequalities.</p> <p>Membership includes:</p> <ul style="list-style-type: none"> • West Midlands NHS Regional Equalities Network • NHS Acute Liaison Learning Disabilities Network • Birmingham & Black Country Chaplaincy Collaborative • Pan Birmingham Faith Advocacy Group <p>During 2017 regular staff engagement meetings were held across Trust which included meetings of the Trust Inclusion Steering Group, Lesbian, Gay, Bisexual, Trans (LGBT) Staff Network (Rainbow Friends), Staff with a Disability or Long Term Health Condition Network , Black, Asian, Minority Ethnic (BAME) Staff Network. The feedback from these meetings recommended more openness, clarity and on-going staff patient engagement to address issues that differentially affect people from one or more of the protected characteristic groups. The groups continue to play a key role in the development and implementation of initiatives that promote</p>

inclusion, equality and diversity within the Trust in workforce and patient care areas. For example Trust's Neuromuscular Care Advisor for Paediatrics and Adults also the Chair of Disability and Long-term Health Conditions Network, a wheel chair user had identified lack of "Changing places toilet facility" for patients and staff with complex disabilities within the Trust. As a result of her campaign Trust allocated budget to develop the facility on Heartlands hospital site. The new facility will be officially opened on 16th April 2018 by the Trust Chief Executive, Dame Julie Moore. This initiative will put the Trust in a unique position as the only healthcare provider in the West Midlands to have such a facility on site and one of only four other Acute Trusts across the UK to have this facility. .

See link below for equality activities undertaken during 2017;

<http://sharepoint10/sites/corporate/od/engagement/SitePages/Home.aspx>

NHS employers also featured HEFT ' Staff Role Model Campaign ' on their website and lauded the Trust's efforts to engage staff in an inclusive manner. See link below;

<http://www.nhsemployers.org/case-studies-and-resources/2018/01/heart-of-england-nhs-foundation-trust-staff-role-model-campaign-case-study>

The Workplace Equality Index (WEI) is a benchmarking tool for employers to assess LGBT inclusion within their organisation. Over the past 12 months, the Trust has worked tirelessly to address the areas which were highlighted after we placed at 328 in the 2017 index. This has meant working in partnership with Birmingham LGBT to offer staff specific LGBT training, new policy development including a policy to support individuals who are transgender (staff and patients), the growth and success of a LGBT staff network, the Role Model campaign and continually implementing initiatives in an effort to create an inclusive environment for our staff and patients. And these efforts have paid off with the results of the 2018 WEI seeing HEFT rise a staggering 192 places up the index and we are now ranked 136 out of the 434 organisations who have taken part. We are delighted with this result however we know there is still much work to do.

As a result of this, the Trust continues to foster links with other NHS, Public sector and Voluntary organisations to work collaboratively in these areas to promote and challenge inequalities.

Trust also continues to work collaboratively with internal and external stakeholders and volunteers to develop initiatives which have positive impact on patient wellbeing and their experience of care provided to them.

See attached the Trust's Equality Impact Assessment form for details;



Equality Impact
Assessment Form.pdf

Black History Month – October 2017

The Trust continued with its tradition to celebrate the Black History Month to raise awareness and visibility of the underrepresented groups. Therefore in 2017, as it was the 30th anniversary of Black History Month displays in the front entrance of the main hospital sites of posters from the Official Black History Month magazine of iconic BAME figures over the past 30 years were set up. In addition, the displays included storyboards of our own BAME staff who have worked in the NHS over the past 30 years were put up to recognise their contribution to the development of an inclusive NHS where equality and diversity plays a key role in improving patient care and workforce areas. .

Recognising the Carer conference - Carers Week

Following the great success of the Trust's second 'Recognising the Carer conference in 2016', this year's event had been brought forward to Friday 16 June to coincide with the Carers Week. The wife of the hugely popular BBC radio personality Ed Doolan MBE, Christine Doolan was the key note speaker at the third annual 'Recognising the Carer' conference hosted by the Trust at Renewal Centre in Solihull on 16 June 2017. She talked about the beloved radio DJs ongoing battle with dementia .her talk entitled "Don't lose it' – a Carer's journey'.

Another special guest at this conference was Birmingham's own Don Maclean MBE, the popular comedian and broadcaster and latterly a famed Panto dame, who also acted as host through the event and lead a Q&A panel session with the day's guests for the finale of the event. The Trust's Interim Chair, the Rt Hon Jacqui Smith, was in attendance to the open and close proceedings.

A variety of stalls giving information and advice from a variety of organisations was also on offer at the conference to highlight and promote the important role Carers play who can be of any age or from any background but they share the common thread to provide help and support to someone who could not manage to stay at home without their help.

The conference was attended by carers, dementia/older people nurses, matrons, allied health professionals, charities, community health and outreach teams, dementia champions, directors/heads of adult social care and older people's services. The event was well received and evaluated excellent.

The Trust works closely with the Carers Trust the lead agency in Solihull as part of the Health Liaison Project in the Borough to raise awareness of healthcare professionals within the Trust about recognising the role of carers. As a result, the Carers Trust will soon be undertaking ward visits at Solihull hospital to promote the role of the carers. In recognition of the key role carers play in patient care areas the "Carer" was included in the Trust's Equality Impact Assessment Screening Checklist alongside the 9 Equality Characteristics (see below)

LGBT events for all staff, friends and supporters

The Trust Rainbow Friends once again participated in the Birmingham Pride parade on Saturday 27 May 2017. All staff and allies were welcomed to join the group on the day. Rainbow Friends is the Trust's LGBT (lesbian, gay, bisexual and transgender) social and support group. The group informs LGBT policy and procedures for both patients and staff, organises social events, provides a safe and confidential environment to meet and offers support to those who might have questions about their sexuality and/or gender. A member of the group participated in the 'Role Models' campaign within the Trust to promote inclusion, diversity and equality within the workforce and patient care areas.

The Trust held its first "Sexual Orientation and Gender Identity – Future Focus Conference" on 2nd February 2018. This conference with a line-up of prominent guest speakers included Trust's Chief Executive Dame Julie Moore, a national LGBT role model in health, Rikki Arundel, a professional transgender speaker, coach and diversity trainer, Peter Tatchell, a pioneer of Gay liberation movement and human rights activist, Gary Stack, West Midlands police lead for sexual orientation, Pete Mercer, Head of Membership Stonewall

and two members of staff from University Hospitals Birmingham Foundation Trust and Heart of England NHS Foundation Trust. The speakers shared their powerful personal narratives. The conference was well attended by healthcare professionals from multi-agency local health economy and evaluated excellent.

The conference reflects the Trust's approach in implementing its Equality Objective related to LGBT in patient care and workforce areas to involve and educate staff at all levels in informing policies and procedures that promote inclusion for both patients and staff.

LGBT Training

The Trust is a Stonewall Diversity Champion and as part of our membership we submit annually to the Workplace Equality Index (WEI) which enables us to recognise areas in need of improvement. Last year's submission highlighted a lack of training specifically around matters concerning the inclusivity of our LGBT staff and patients. In addition, the Trust's Equality Delivery Systems Report (EDS2) and Annual Equality Report set out objectives to improve the wellbeing and treatment of our LGBT staff and patients. As a result the Trust secured some funding from an external source to purchase a number of LGBT specific courses to improve awareness and provide a greater understanding of staff who deliver care to LGBT patients and manage staff. Following training was delivered;

- Sexual Orientation Awareness and Trans Awareness half day training was delivered to 297 staff across the Trust. This was delivered between 1st August 2017 and 1st December 2017.

Birmingham and Solihull United Maternity and Newborn Partnership (BUMP)

Pregnancy is a journey for our mums, whether it's their first baby or something they've experienced before. As with any successful journey, it runs smoother if they're prepared, supported and empowered to make the choices that are right for them and their family.

The Heart of England NHS Foundation Trust is a partner of the new Birmingham and Solihull United Maternity and Newborn Partnership (Bump), includes the maternity and newborn services provided by Birmingham Women's NHS Foundation Trust, , Birmingham Community Healthcare NHS Foundation Trust, Birmingham and Solihull Mental Health NHS Foundation Trust and Birmingham Children's Hospital NHS Foundation Trust.

The aim is:

	<p><i>‘To deliver a consistent world class holistic service that empowers women and families to make informed choices, enabling them to access high quality care from a range of providers that is most suited to their personal choice and clinical need.’</i></p> <p>For the first time, Bump brings together the services in Birmingham and Solihull responsible for supporting and caring for mums and their babies throughout their pregnancy journey. The partner organisations are working together to ensure that it’s not only easier for mum’s to access high-quality care, but that they are also able to choose the services most suited to their needs.</p> <p>BUMP are also working with a number of other partners who will provide specialist services to help mums during their pregnancy, including Birmingham and Solihull Mental Health Foundation Trust, Birmingham Community Healthcare NHS Foundation Trust, Birmingham City Council and Solihull Metropolitan Borough Council.</p> <p>By April 2018 Bump will introduce:</p> <ul style="list-style-type: none"> • A single point of access for all maternity referrals making sure mums have access to the right care from day one, through their dedicated community midwife; • Dedicated Community hubs – bringing midwifery and specialist care to convenient locations and; • A host of additional services, including online antenatal courses and much more
<p>4. Interpreting and Translation Service Provision Description of the service offered to Service Users; how Service Users can</p>	<p>Interpreting and Translation Services</p> <p>The Trust uses a multi-faceted interpreting service provision to meet the needs of non-English speaking patients or those who have a sensory impairment such as hearing. It is comprised of an In-house interpreting service and Language Line Solutions interpreting service used for both planned and short notice interventions. The interpreting service is well publicised and is easily accessible to patients and Trust staff when required, complete details of the service is available on interpreting service page “1” on Trust intranet, see link below;</p>

access an Interpreter; how many times/occasions interpreters have been used in the 12 month period; top ten languages requested.

<http://sharepoint10/sites/interpreting/SitePages/Home.aspx>

The Trust Interpreting and Translation service operational policy was reviewed in 2017, as a result a new “ Interpreting & Translation Procedure ” was developed and implemented in June 2017. See link below;

<http://sharepoint/policies/Procedures/Interpreting%20and%20Translation%20Procedure.docx>

The Trust in-house interpreting service flyers are also circulated to all patient care areas and departments. In addition patient hospital appointment letters also have the Trust interpreting service contact details for patients to book in advance an interpreter for language and choice of interpreter gender they may require for their appointment.

The use of the interpreting service is monitored on an ongoing basis. Any significant increase in demand which will have an impact on service provision is reported to the relevant Trust committee with a view to identifying resources to meet the new demand:

In view of the increasing demand for BSL (British Sign Language), Mirpuri, Romanian Polish and Arabic language interpreting services , the provision and cost of the interpreting services was recently reviewed to ensure more accessible and cost effective 24/7 interpreting service is available to staff and patients. The Trust moved to a new supplier Word360 in May 2017, as a result the increasing demand of above languages is been adequately met.

Following tables summarises combined uptake of HEFT in-house and Language Line Solutions/Word360 face to face and telephone interpreting services for period January 2017 to December 2017

Total face to face interpreting sessions	Languages used for face to face interpreting
6951	47

Top ten languages used for face to face interpreting service:

Languages	Sessions
Mirpuri	1932
Sylheti	944
Urdu	451
Punjabi	377
BSL	333
Romanian	328
Potwarl	293
Somali	191
Polish	125
Somali	114

Total telephone interpreting sessions	Languages used for telephone interpreting
2729	46

Top 10 languages used for telephone interpreting service:

Languages	Sessions
Romanian	1022
Urdu	314
Polish	258
Arabic	251
Somali	214
Bengali	162
Pushto	162

	Punjabi	141	
	Mandarin	78	
	Kurdish	70	
<p>5. Meeting Religious and Cultural Needs of Service Users Description of what facilities are available for service users to access with reference to their religious or cultural needs; how service users can access the facilities; what other activities are undertaken that contribute to meeting the religious and cultural needs of patients/service users.</p>	<p>Multi-faith Chaplaincy Service</p> <p>Religion is one of the equality monitoring data characteristics the Trust has routinely collected from patients; see link below http://www.heartofengland.nhs.uk/wp-content/uploads/Copy-of-Copy-of-Religion-Data-2017.pdf</p> <p>The Trust Multi-faith Chaplaincy team offer services to the whole hospital community - patients, staff and visitors. Our in-house male & female Chaplains & Imam (Christian & Muslim) are on call 24/7, 365 days a year to offer spiritual, pastoral and religious care to those in need. They also keep a list of contacts within other faith communities who can also be called in to Heartlands, Good Hope and Solihull hospitals.</p> <p>The Chaplaincy team offer a confidential listening & supportive ear to people of all faith and none, and can be contacted by patients, relatives & hospital staff at any time it is felt that spiritual support is needed. The chaplains activities include:</p> <ul style="list-style-type: none"> • In/out of hours spiritual care • Ward & Department visits • Pastoral care • Holy Communion/Mass • Anointing's/prayers • End of life care and prayers over the dead • Baptisms & Blessings of Infants • Individual/Group Baby funerals • Staff Support • New staff induction • Training sessions for staff 		

In 2017, the multi-faith chaplaincy team made 31,820 patient/family and staff contacts to cover a comprehensive range of activities mentioned above. Patients, family and staff use a referral system to access the service.

The chaplaincy team also works closely with various Trust departments and services to organise memorial services and other annual Trust services. The team is supported by a number of chaplaincy volunteers from various faith backgrounds, who contribute to patient care and also regularly hold religious social events such as Eid celebrations. These events are open to all Trust staff and contribute to raising cultural and religious awareness of the diverse communities the Trust provide healthcare services to.

The Trust provides Multi-Faith prayer facilities on the three hospital sites. A Chapel, Prayer Room and Quiet Room are available for all to use. Regular services of Prayer (Christian & Muslim) as well as Holy Communion and Roman Catholic Mass are offered.

End of Life Care

The Trust bereavement care service continues to work closely with local and national key stakeholders to develop educational tools and end of life care pathways which are appropriate and sensitive to social, cultural and religious diversity of the communities the Trust serves. Following is example of the collaborative work the Trust continues to undertake;

Pan Birmingham Faith Advocacy Group:

The Faith Advocacy Group is a pan Birmingham group which meets four – six times a year. Membership consists of representation from Bereavement Services at the Birmingham acute NHS Trusts; CCG; the HM Coroner’s office; Birmingham and Solihull Registry offices; Birmingham City Council Bereavement Services; in addition to representation from various faith communities.. The aim is for these key stakeholders to form a cooperative through which to explore existing and new ways of working across traditional boundaries and to work together with external agencies to act as advocates for community members to provide optimum service and best practice respecting both cultural/religious requirements and relevant legal implications. One of the actions of the group is to monitor progress of the early adopter implementation of the Death Certification Reforms, considering the implications and effect on the local faith communities

HEFT Rapid Release Procedure

Within Trust bereavement services there is a rapid release procedure which allows deceased patients to be released from hospital

	<p>within an appropriate timeframe to meet religious and cultural requirements. All bereaved families are offered the follow up support service which is provided through partnership working with local and external bereavement counselling organisations. This service has also been utilised by members of Muslim community.</p>
<p>6. Equality Impact Assessment Report to include a synopsis of at least four equality impact assessments that have been undertaken in the past year describing the issues that were analysed and how the findings from</p>	<p>Equality Impact Assessment</p> <p>During 2017 the Trust continued to undertake equality impact analysis (equality impact assessments) on all policies and practices to ensure that our services, policies and practices do not directly, indirectly, intentionally or unintentionally discriminate against the users of our services or our staff. Where a negative impact is found, we mitigate the impact through the development and implementation of equality improvement plans.</p> <p>The Equality Impact Assessment training for staff was delivered during 2017. In addition face to face individual training/support sessions were also provided to policy and service developers.</p> <p>During 2016 the review of Trust's Equality Impact Assessment Toolkit was identified as an Equality Objective (EDS2) for 2015/2016 to improve the existing process and make it more robust. The review commenced in March 2016 and was completed in May 2016. Following this process. In the interim the existing toolkit will continue to be used to undertake equality impact assessments and staff will receive EIA (Equality Impact Assessment) training. See link below;</p>

the analysis informed decision making.

<http://www.heartofengland.nhs.uk/equality-and-diversity/>

During 2017, we undertook an equality impact analysis on the following policies, procedure and service;:

Policy Equality Impact Assessed	Date Assessed
Social Media Policy	January 2017
Working time Regulations Policy	January 2017
Interpreting & Translation Procedure	June 2017
Patient complaints & concerns Policy	July 2017
Development of an Ambulatory and Diagnostics Centre on the Heartlands Site	December 2017

Summary of Issues analysed and Actions for negative impact identified;

Social Media Policy

It was anticipated the policy will have no differential impact on all equality characteristic groups The Equality Impact Assessment process did not identify possible adverse impact on all characteristic groups.

Working time Regulations Policy

This policy will apply to all equality characteristic groups; the purpose of this policy is to ensure that the Trust supports the need to manage the working hours of all employees, and ensure that there is a system in place to monitor the hours worked by employees and to monitor their health and wellbeing. The Equality Impact Assessment process identified that there will be no differential impact on all characteristic groups as potential issues pertaining to disability and pregnancy and maternity are addressed comprehensively within the relevant Trust policies guidelines and the Well Being Services to ensure that staff are fully supported to

minimise risk to them. Management of working time is also key to improving the working lives of its staff.

Interpreting & Translation Procedure

This procedure will apply to all equality characteristic groups and it aims to ensure that the interpreting services provided by the Trust are easily and equally accessible to the diverse communities it serves. To ensure that language barriers are effectively bridged and patients are fully involved in all aspects of their care at all times by appropriately trained interpreters

- The Equality Impact Assessment process identified that there will be no differential impact on all characteristic groups as potential issues pertaining to ‘ Race ‘, ‘ Disability ‘, ‘ Gender ‘ and ‘ Age ‘ are addressed within the procedure and staff awareness and customised Equality and Diversity training for staff

Patient Complaints & concerns Policy

It was anticipated the policy will have no differential impact on all equality characteristic groups who want to use the Trust complaints and concerns services The Equality Impact Assessment process flagged up following potential differential issues;

- Non-English speaking may require interpreting services
- Deaf and Deaf blind/visually challenged patients may require different types of communication support
- Visually challenged may require information in appropriate format

The above issues helped to inform the development/implementation of appropriate communication support when required. For example, gender specific, relevant language, type of sign language interpreting service can be offered including information available in large print etc. In addition staff awareness on current interpreting service arrangements within the Trust is raised through equality & diversity training programmes, interpreting procedure guidelines, staff meetings and interpreting service webpage on Trust intranet. See link below:

<http://sharepoint10/sites/interpreting/SitePages/Home.aspx>

Development of an Ambulatory and Diagnostics Centre on the Heartlands Site

It was anticipated the new development/service will have no differential impact on all equality characteristic groups who would be using the new Centre services. As all aspects of the 9 Equality Characteristics and the role and needs of the Carers have been fully

	considered in the overall and detailed design of the proposed Ambulatory and Diagnostics Centre on the Heartlands Site and all relevant requirements and considerations have been incorporated in the building design and the services that will be provided at the centre.
--	---