Heart of England NHS
NHS Foundation Trust

Public Sector Equality Duty

Annual Workforce & Patient Services Equality Monitoring Report

Heart of England NHS Foundation Trust

2017

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 2017/18.

This report aims to cover the main aspects of workforce data including workforce demographics, recruitment and selection, NHS Staff Survey, employee relations (disciplinary and grievance), mandatory training and development (appraisals) 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 2015 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 Information and Analysis Team and the Head of Equality & Diversity for patient services 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	Review Trust Equality Impact Assessments (EIA's) process and ensure that all new/revised policies and service transformation plans take equality fully into consideration to ensure good quality service appropriate to individual needs is provided.
Goal 2: Improved patient access and experience	Improve the experience of people with learning disabilities who use health services.
Goal 3: Empowered, engaged and included staff.	To improve the equality monitoring information of our workforce particularly with regard to at least one of the less well recorded protected characteristics, through a data collection exercise**.**
Goal 4: Inclusive leadership at all levels.	Ensure that Trust leaders have the right skills to support their staff to work in a fair, diverse and inclusive environment

Scoring Process

In March 2017 the Trust has undertaken assessment of performance against the EDS2 Trust Equality objectives in order to arrive at our 2016 scores. The Trust will obtain feedback from key stakeholders. An action plan will be developed to address gaps and areas for improvement.

EDS2 Action Plan

The EDS2 2015/2016 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 EDS2 Action Plan with bi-monthly updates to the Trust's Inclusion Steering Group, operational workforce Group and Strategic Workforce Group.

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

1.1 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.
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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

Workforce

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 Trust's staff in post data as at September 2016. Staff survey information is based on the 2015 NHS 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

Note regarding calculations: Approximately 6% of staff did not provide details of ethnicity. Therefore the internal percentage figures have been recalculated to reflect this. The tables below outline the percentage of White and BAME staff and enable direct comparisons with the local population.

2.2 Ethnicity Profile against the local population

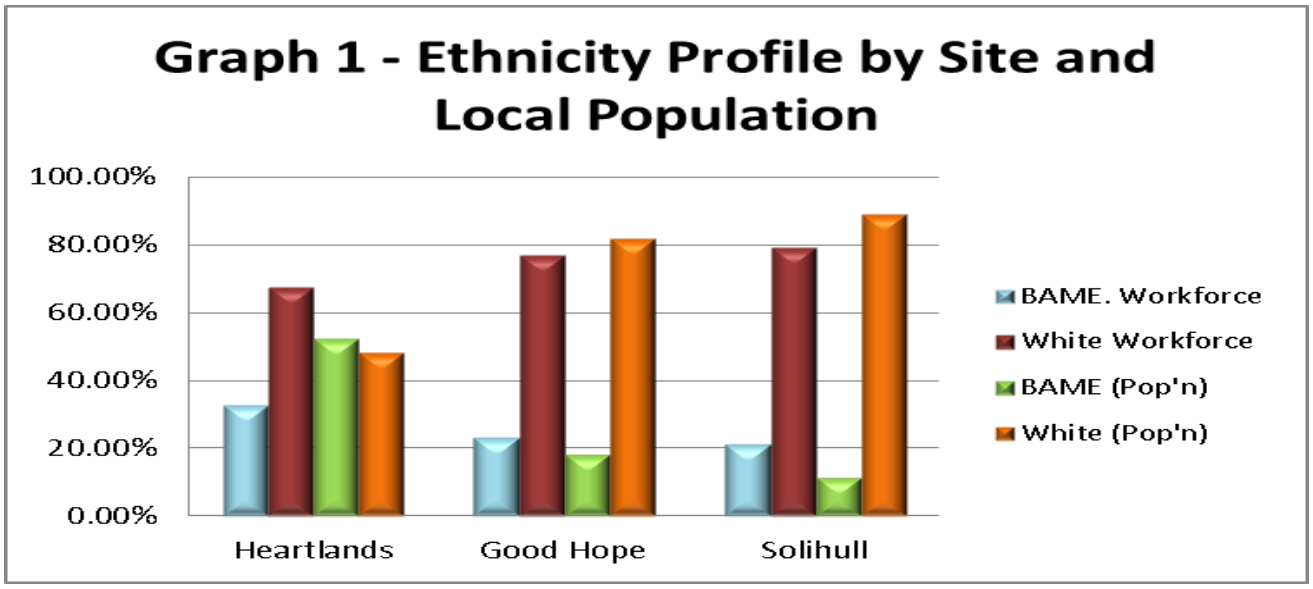
Table 1 - Ethnicity Profile of HEFT against the local population			
	Local Population*	Staff in post Sep '15	Staff in post Sep '16
White	71%	72.7%	71.7%
BAME	29%	27.3%	28.3%

Table 2 - Ethnicity Profile of Heartlands Hospital against the local population			
	Local Population*	Staff in post Sep '15	Staff in post Sep '16
White	48%	68.7%	67.6%
BAME	52%	31.3%	32.4%

Table 3 - Ethnicity Profile of Solihull Hospital against the local population			
	Local Population*	Staff in post Sep '15	Staff in post Sep '16
White	89%	79.6%	79.1%
BAME	11%	20.4%	20.9%

Table 4 - Ethnicity Profile of Good Hope Hospital against the local population			
	Local Population*	Staff in post Sep '15	Staff in post Sep '16
White	82%	78.2%	77.1%
BAME	18%	21.8%	22.9%

*Source 2011 Census.



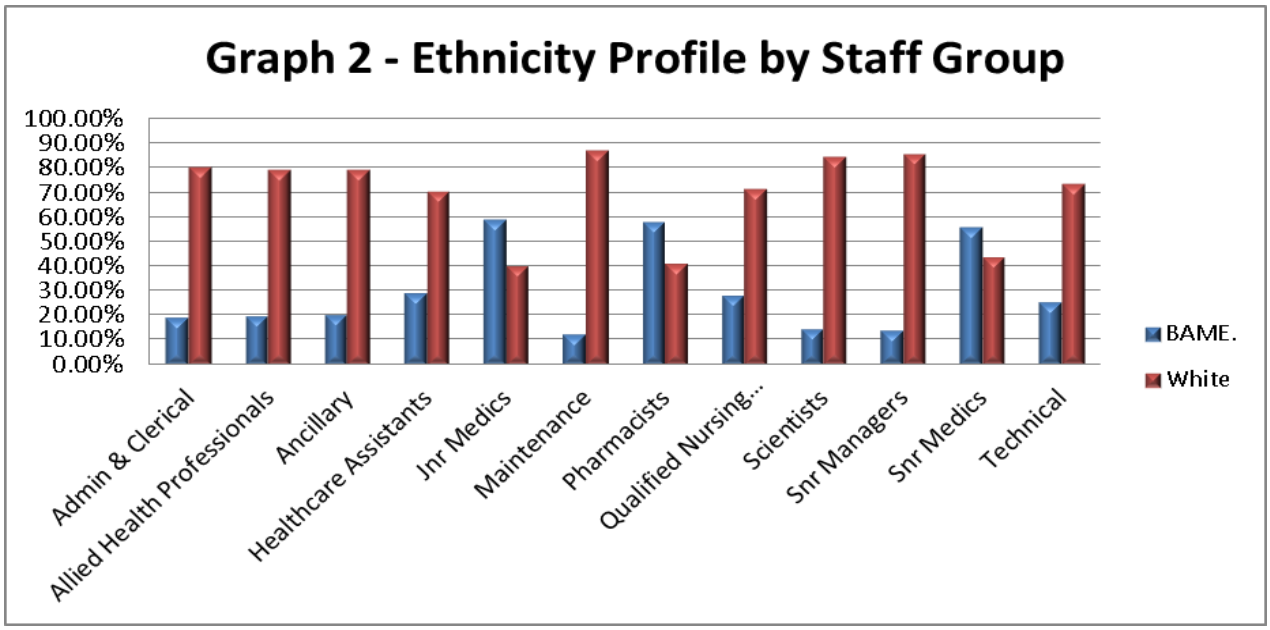
Approximately 11% of the local population surrounding Solihull Hospital and 18% surrounding Good Hope Hospital is from Black, Asian and Minority Ethnic backgrounds (BAME). For the Heartlands area the local BAME population is around 52%. When combined proportionately for the Trust, the overall BAME population is calculated as 29%.

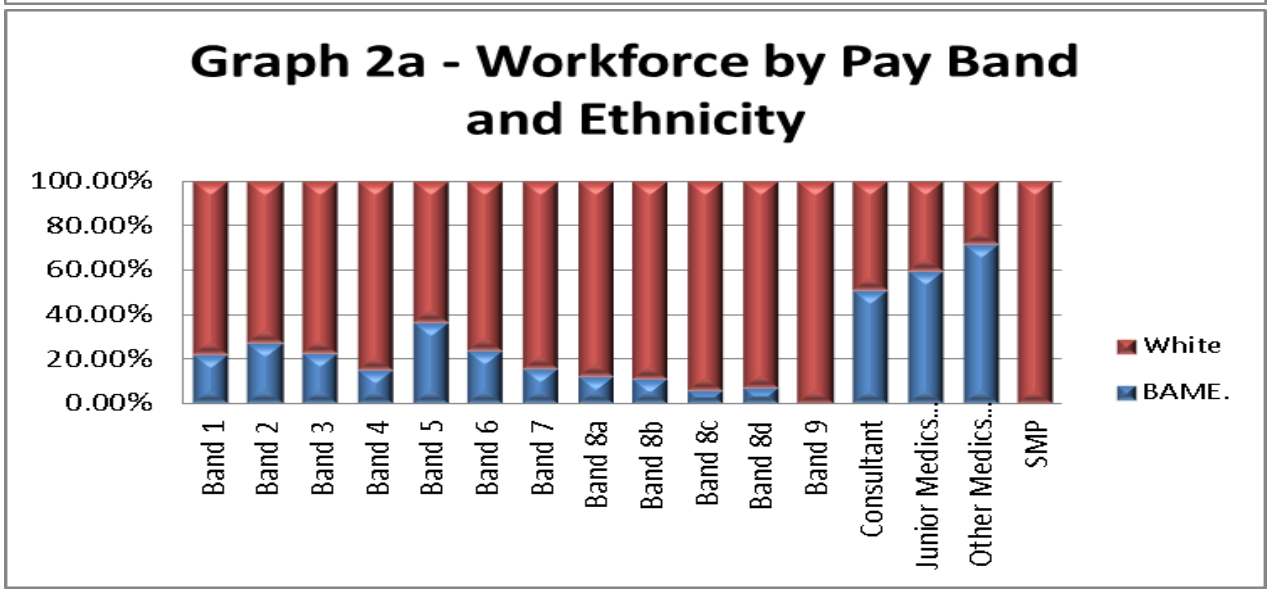
Graph 1 demonstrates that the percentage of staff from BAME groups is 29%, a 1% increase from September 2015.

Table 2 and Graph 1 demonstrates that the BAME workforce percentage at Heartlands Hospital is considerably lower than that of the local population. 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.

Table 3 and Graph 1 demonstrates that the BAME workforce at Solihull Hospital is proportionately higher than that of the local population.

Table 4 and Graph 1 demonstrates that at Good Hope the BAME workforce percentage exceeds that of the local population.





Graph 2 and 2a show that there are still some groups in which BAME representation is very high across the Trust such as Medics (Junior Medics 59%, Senior Medics 71%), Consultants (50%) and Pharmacists (58%) but there are also areas of relatively low representation such as Maintenance (12%), Scientists (14%) and Senior Managers (15%).

Graph 2a shows the percentage of BAME staff by pay band. BAME staff are over represented at Band 5 and throughout the Medical grades. For all other pay bands BAME staff are under–represented.

At site level the following observations are made:

Heartlands

The proportion of administrative and clerical (24%), ancillary (18%), maintenance (15%), allied health professional (21%), scientists (20%) and senior managers (14%) remain low in comparison with the local population

Solihull

The profile of staff at Solihull Hospital shows that the BME workforce is above that of the local population. The overall profile is 21% BME and 79% White.

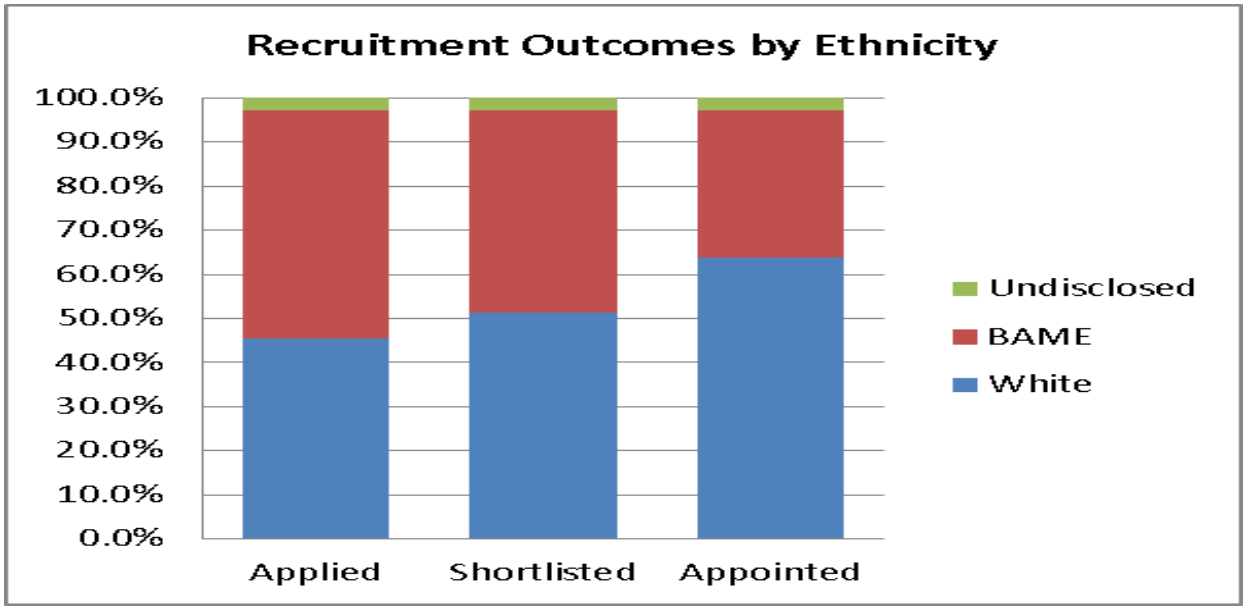
Good Hope

The BME administrative and clerical (7%) and maintenance (5%) staff at Good Hope remain low in relation to the local population and haven't changed since the last report.

2.3 Recruitment and Selection analysis by Ethnicity

The graphs below demonstrate recruitment and selection activity as of September 2016. The proportion of BAME applicants, shortlisted candidates and appointments remains similar to 2015.

Analysis conducted as part of the Workforce Race Equality Standard shows that the relative likelihood of white staff being appointed from shortlisting compared to BME staff was 1.58 times greater. This is a slight increase from the previous year however less than the national average which is 1.74 times.

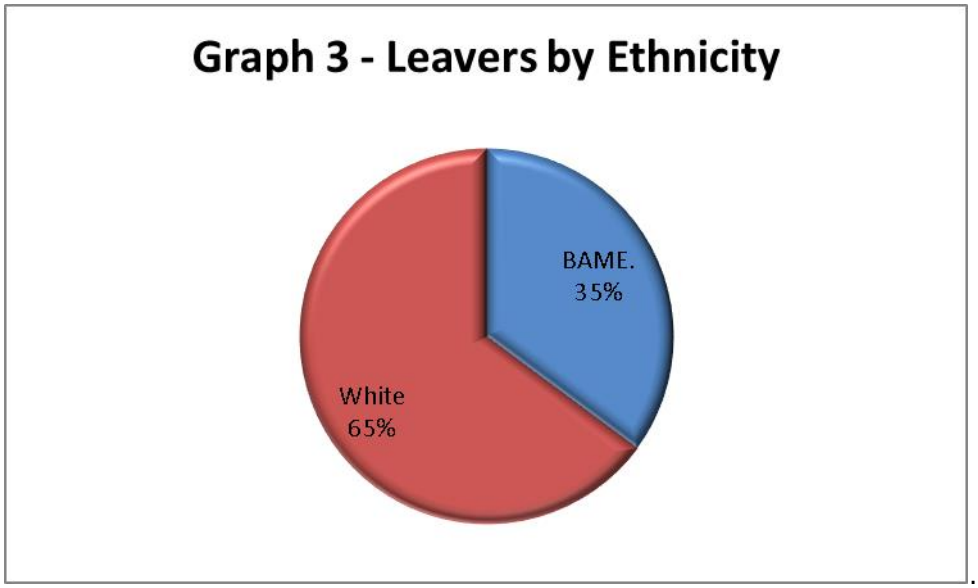


Across all staff groups there is a disparity between BAME applications and those shortlisted for interview or appointed. This is being addressed through actions agreed as part of the WRES to review of the Trust's recruitment and selection training and recommendations made to implement a revised training package to include Values Based Interviewing and Unconscious Bias for recruiting managers.

Reviewing promotions during the period April 2016 – September 2016, approximately 30% of promotions were to staff from BAME groups, an increase from the last report where 23% of promotions were to staff from BAME groups.

2.4 Leavers

Leavers for the period October 2015 to September 2016 were analysed. Graph 3 shows that 35% of all leavers were from BAME groups. This is higher than the proportion of BAME staff within the workforce. This represents an increase of 11% from 2015. As part of the WRES a revised leaver's policy has been launched to include a more robust exit interview process for all staff. The exit interview data will be reported on a quarterly basis to the Operational Workforce Group.

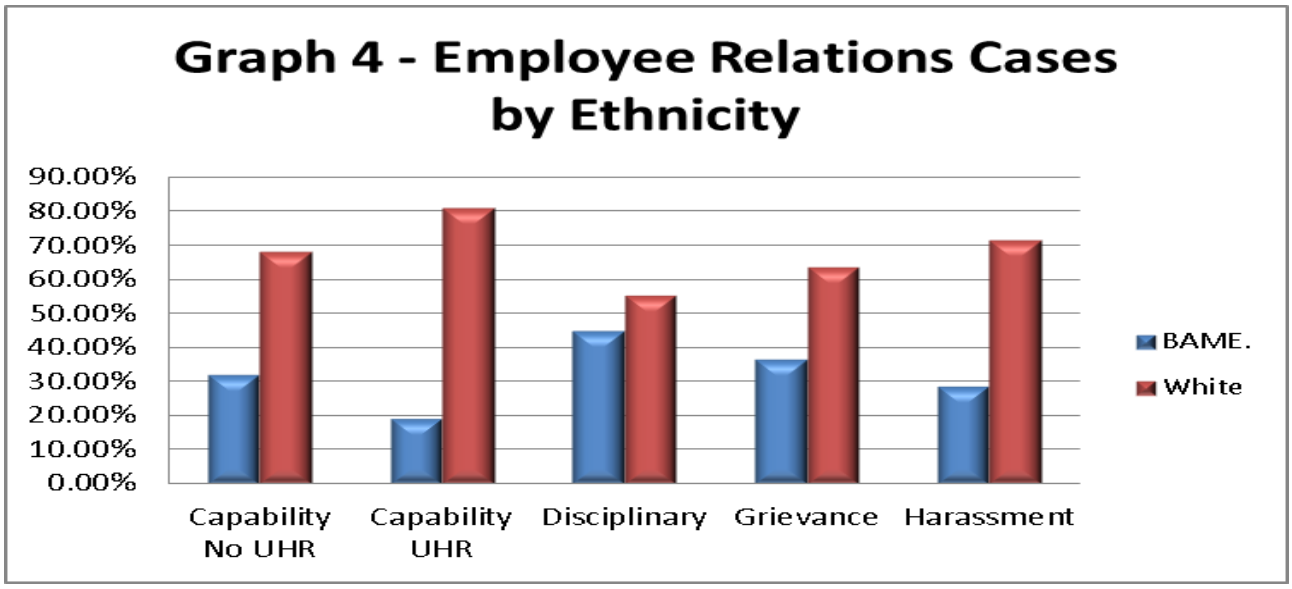


2.5 Employee Relations Indicators

The table below and graph 4 shows the proportion of disciplinary and grievance cases by ethnicity as of September 2016. Disciplinary cases are proportionately higher for BAME staff when compared to the workforce profile.

Data on the overrepresentation of BAME staff going through the formal disciplinary and grievance process has been analyised as part of the WRES 2016, and in an attempt to address this overrepresentation, the Trust will be offering Unconcious Bias training to all staff, in particular managers, to raiseareness of the biases which can occur both conciously and unconciously in our day to day work.

	BAME	White	Total
Disciplinary	34	42	76
Harassment	2	5	7
Grievance	4	7	11



2.6 Staff Survey

In response to the questions broken down by ethnicity in the 2015 Staff Survey, the most notable differences between White and BME colleagues were:

- 66% of BAME staff responded that they had a well-structured appraisal in the last 12 months, compared to 58% of White staff.

- 34% of BAME staff said they had suffered work related stress in the last 12 months compared to 38% of White staff.

- 63% of BAME staff responded that they believed the Trust provides equal opportunities for career progression or promotion, compared to 85% of White staff.

2.7 Ethnicity Observations

Overall the picture on ethnicity gives some mixed outcomes:

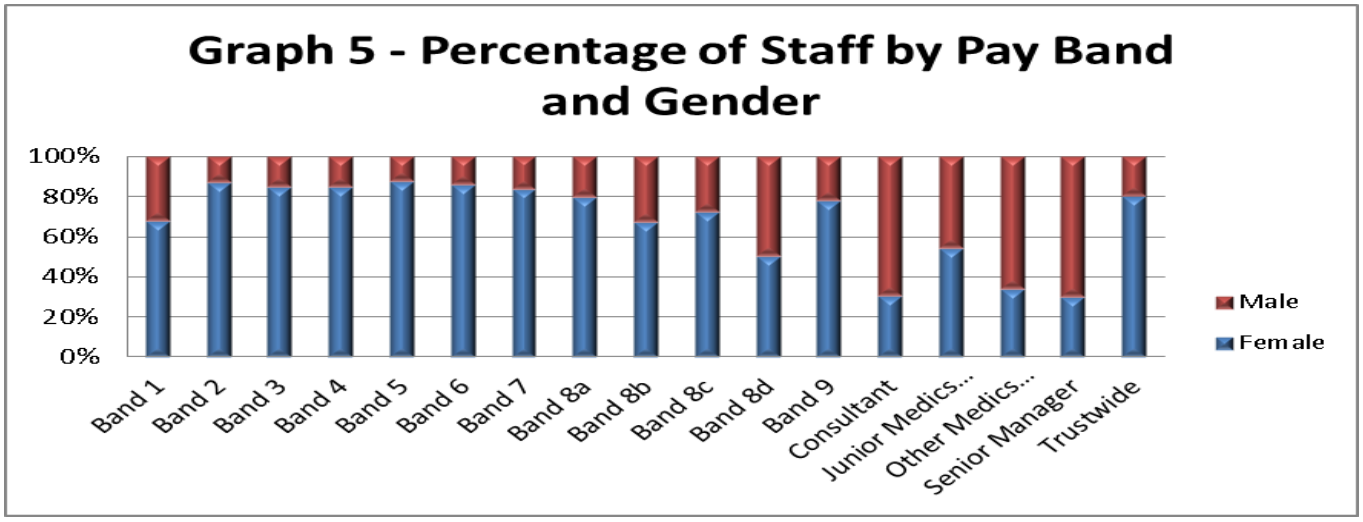
- The overall level of BAME staff in post is below expectations when compared to the local population. This position has not changed significantly since the last report.

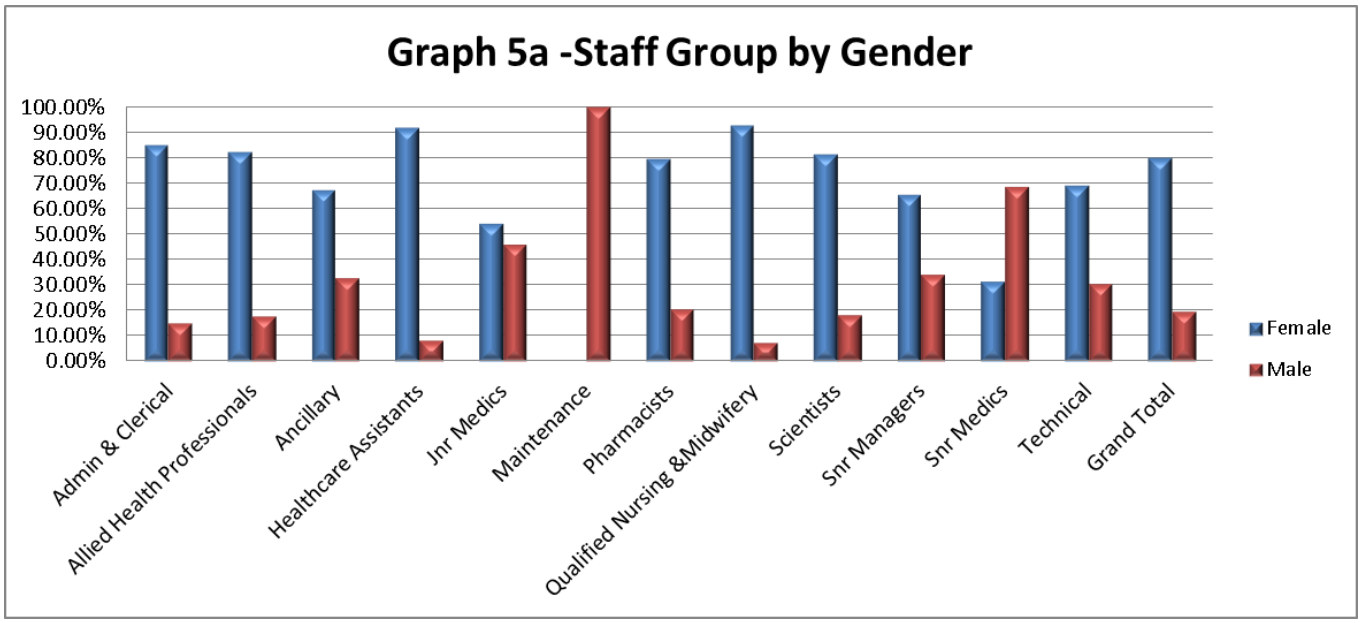
- BAME staff are under-represented in most pay bands, apart from Band 5 and Medical grades. This is reflected across staff groups with the exception of Medical, Qualified Nursing and Midwifery and Pharmacists.

- 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 PROFILE

3.1 Staff in post



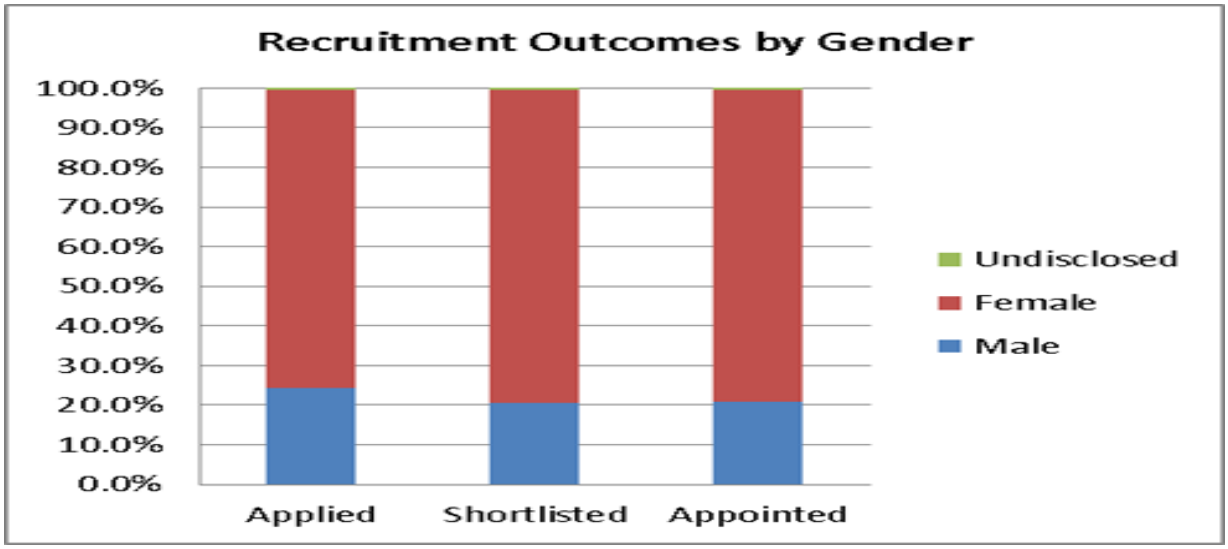


Graph 5 and 5a show a gender analysis by pay band and staff group as of September 2015. Overall there are 80% female staff and 20% male staff within the Trust, which represents no change over the last 5 years. According to figures produced by NHS Employers, nationally females make up 77% of the NHS workforce whereas males make up 23% of the NHS Workforce.

The picture for medical staff remains similar to last year. At Junior Medical level there has been a slight increase in the proportion of females employed at 54%. At senior medical level females continue to make up 30% of the workforce.

A brief analysis of Senior Managers shows that 30% of this group are female, a slight reduction from 2015.

3.2 Recruitment

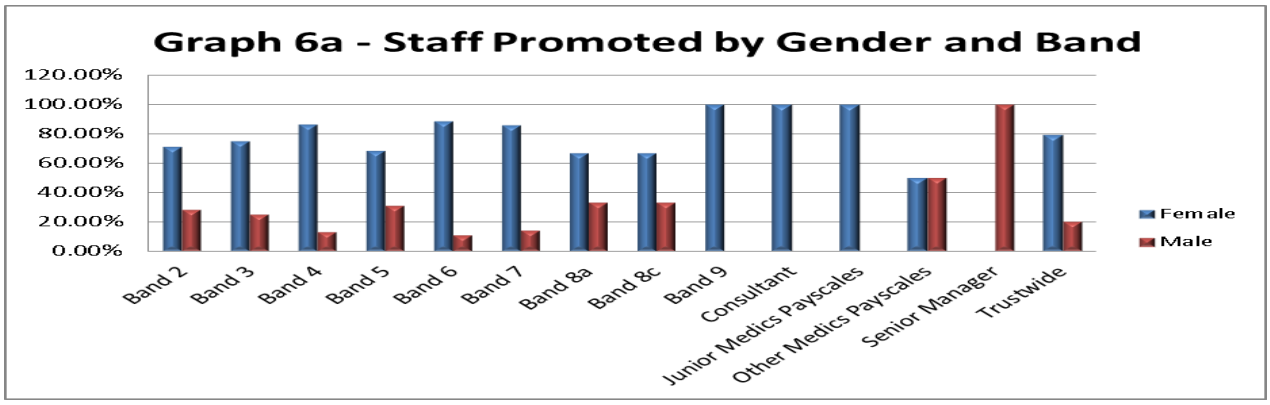


The graph above shows recruitment activity by gender as of September 2016.

During the period approximately 75% of applicants and 79% of appointments were female, thus maintaining the high proportion of female staff within the Trust. During the period the data suggests that male applicants overall were less likely to be shortlisted than female applicants.

3.3 Promotions

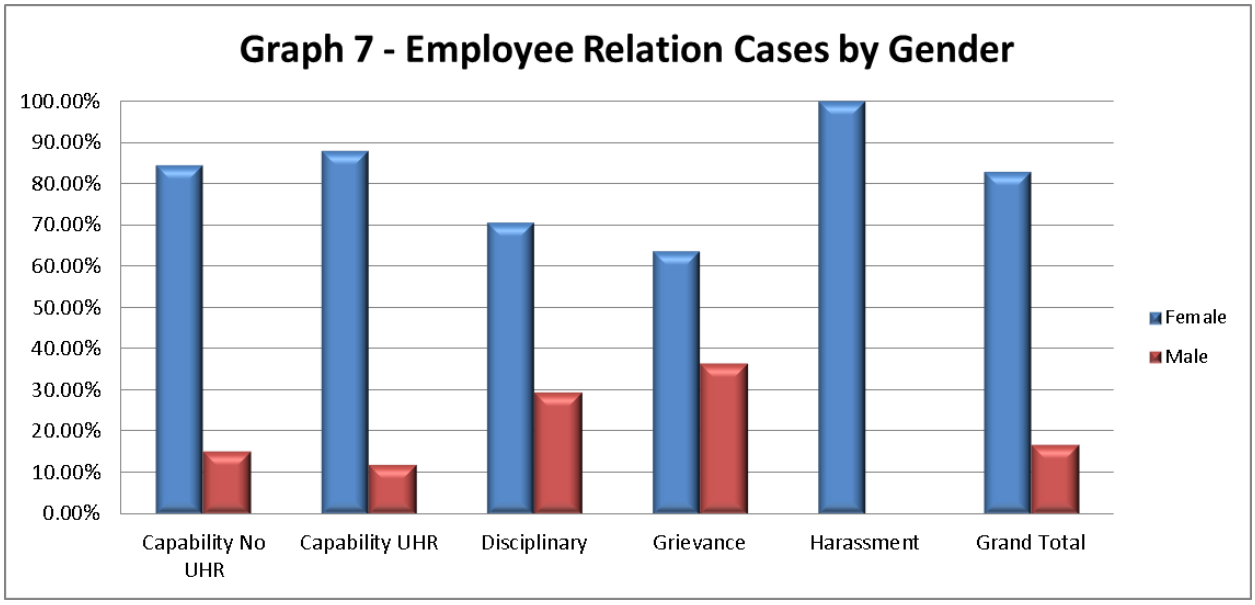
As of September 2016 some 79% of promotions were to female staff, which reflects the proportion of females in post.



3.4 Leavers

72% of leavers during the period October 2015 – September 2016 were female. This is less than the proportion of female staff in post. Conversely 28% of leavers were male, higher than the 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.

3.5 Employee Relations Indicators



Graph 7 shows the percentage of disciplinary and grievance cases by gender for the period as of September 2016. The most notable difference relates to what appears to be a disproportionate number of male staff being subject to disciplinary action (29.4%) in context with the 80% to 20% ratio of female to male staff.

3.6 Staff Survey

The main differences between male and female responses within the 2015 staff survey included:

- 64% of females feel pressure in the last 3 months to attend work when feeling unwell compared to 52% males.

- 30% of females experience harassment, bullying or abuse from patients, relatives or the public in the last 12 months compared to 20% males.

- 40% of females have recently reported harassment, bullying or abuse compared to 30% males.

3.7 Gender – Observations

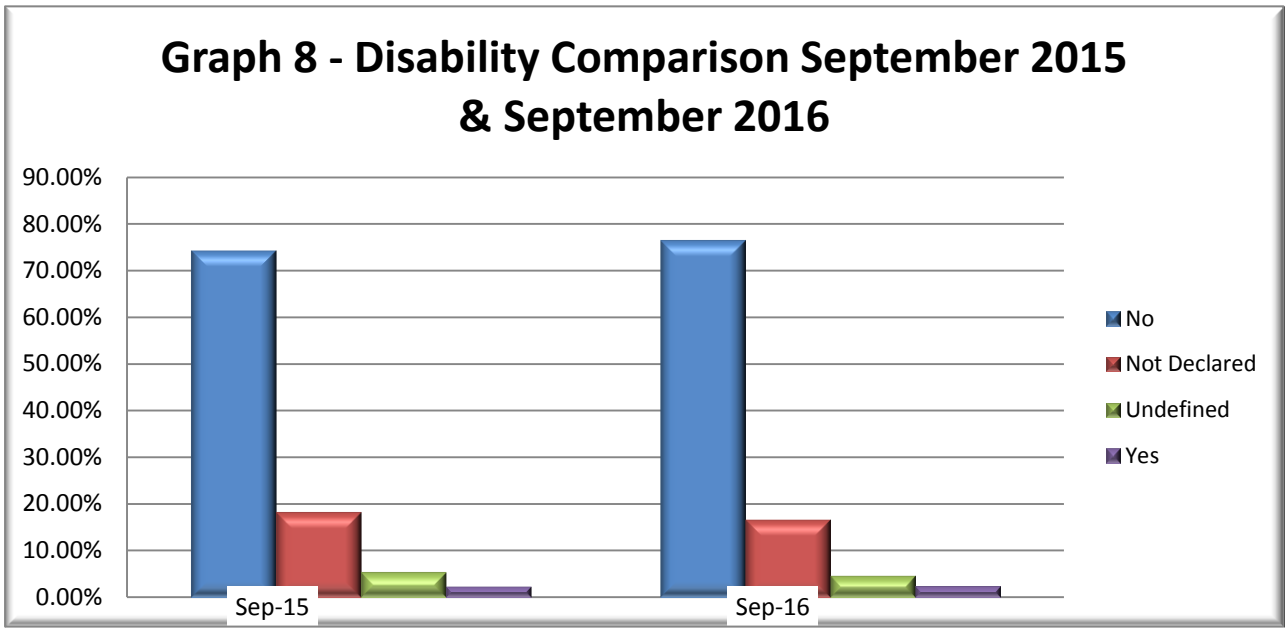
In Bands 8a – 9 the proportion of females has seen an increase of 3%, September 2014 there were 334 females bands 8a to 9 compared to 345 in September 2015. According to figures produced by NHS Employers, nationally 29% of the NHS Workforce are male and 71% are females in bands 8a – 9.

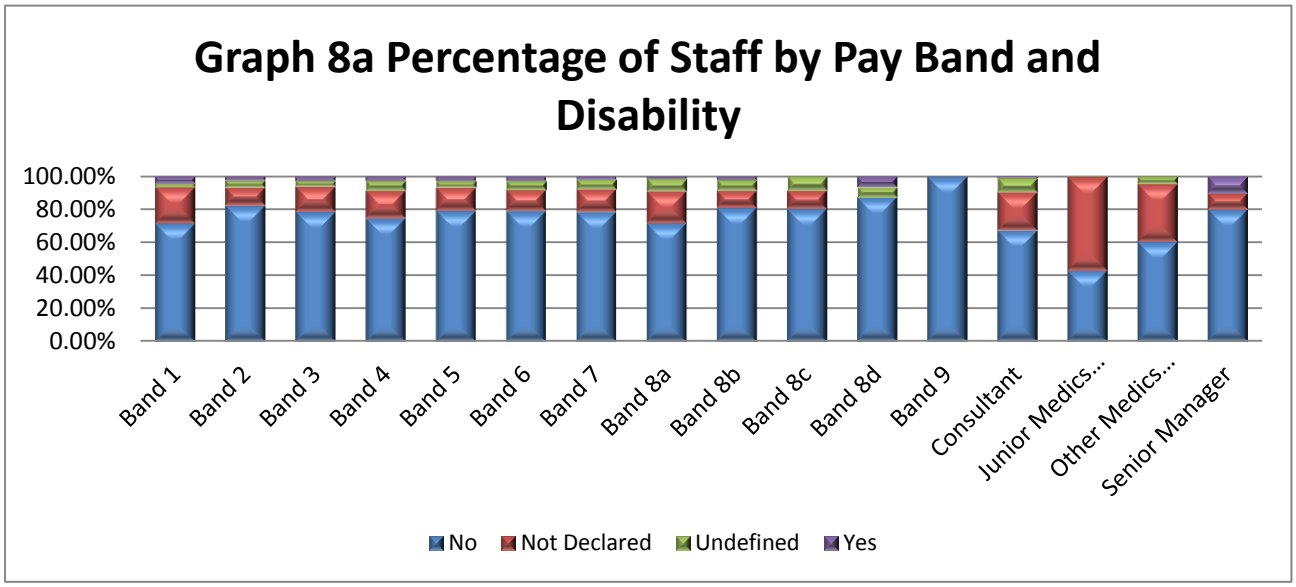
The proportion of women in Consultant and Senior Medical posts has remained the same at 30%. This is slightly lower than the national percentage of the NHS Workforce of 34% women as Consultants and 66% men.
Whilst the NHS has a predominantly female workforce, the male workforce remains at or around 20%, 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 Profile

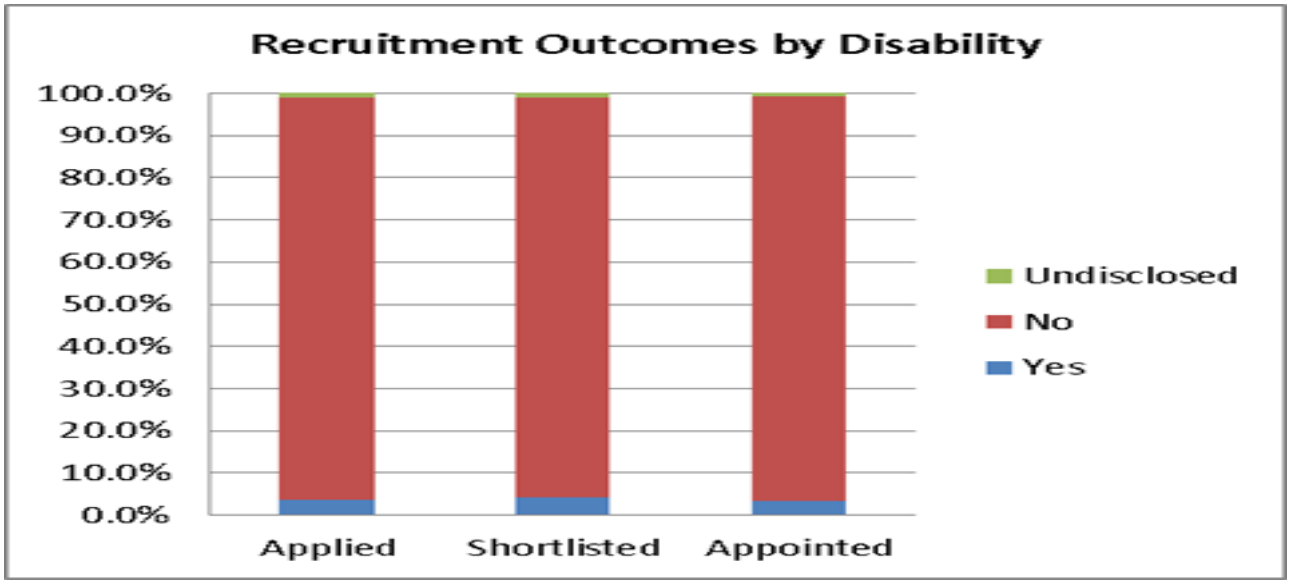
The Office for National Statistics has produced data showing that in the West Midlands 19.4% of 16-64 year olds have disabilities. Graph 18 shows that just over 2% of staff (244) have stated that they have a disability. However there remains a high percentage of staff (21%) where disability status is unknown or not declared. Information from the 2015 Staff Survey shows that 17% of respondents indicated that they have a disability, suggesting that more staff have a disability than we have recorded.





Graph 8b shows the percentage of staff recorded as having a disability by grade. Disabled staff are least represented in the medical grades, with 0% in junior medics and other medics and only 4 Consultants have declared a disability.

4.2 Recruitment and Selection



The graph above shows the passage of disabled candidates from application to appointment as of September 2016. Around 3.7% of applicants declared a disability compared to 3.9% last year. However despite disabled applicants representing 4.3% of those shortlisted, just 3.5% of appointments were made to applicants declaring a disability.

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 on ethnicity through the Workforce Race Equality Standard (WRES), the Trust will also be reporting on progress on 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.

4.3 Staff Survey

The 2015 staff survey highlights some differences between disabled and non-disabled staff in relation to personal development:

- 53% of disabled staff reported suffering work related stress in last 12 months (which remains the same as 2014) compared to 34% of non-disabled staff (which has seen an improvement of 3% from 2014).

- 77% of disabled staff reported feeling pressure in last 3 months to attend work when feeling unwell (which has increased from 42% in 2014) compared to 58% of non-disabled staff (an increase from 25% in 2014).

- 21% of disabled staff stated they experienced discrimination at work in last 12 months (an increase of 1% from 2014) compared to 11% of non-disabled staff (a decrease of 1% from 2104).

- 72% of disabled staff believes the organisation provides equal opportunities for career progression / promotion (a decrease of 2% from 2014) compared to 82% of non-disabled (a decrease of 3% from 2014).

- 38% of disabled staff experience harassment, bullying or abuse from staff in last 12 months compared (an increase of 4% from 2014) to 25% of non-disabled staff (a decrease of 2% from 2014).

4.4 Disability – Observations

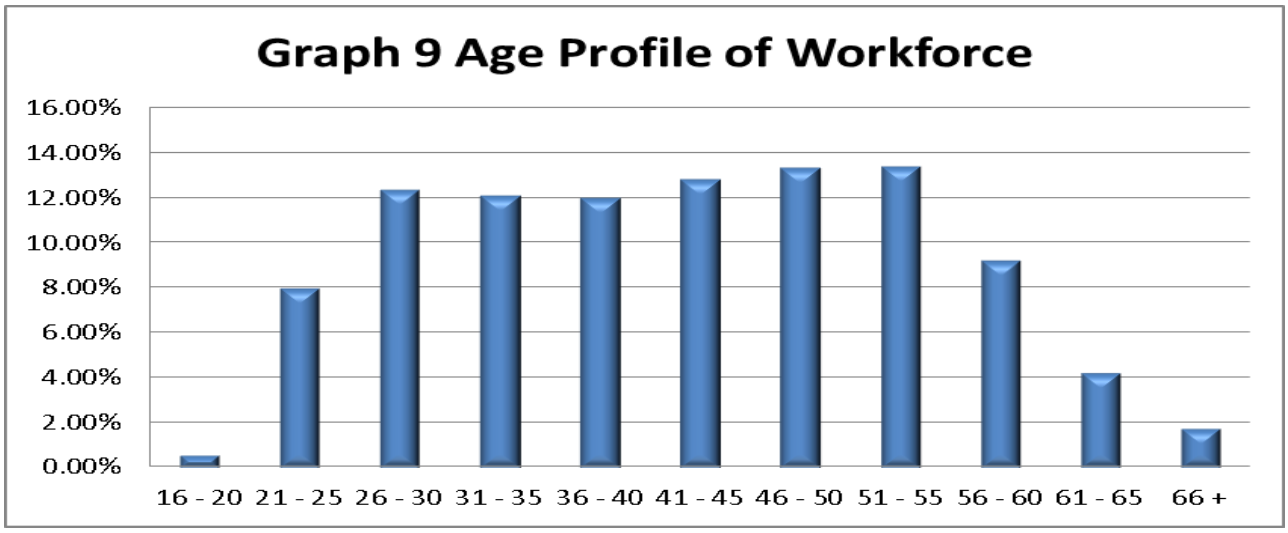
- The workforce comparison against the local population suggests under reporting of disabilities. It hoped that this will be addressed via the data collection exercise scheduled for Q4 2016.

- Further investigation is required into the relatively low proportion of disabled recruits.

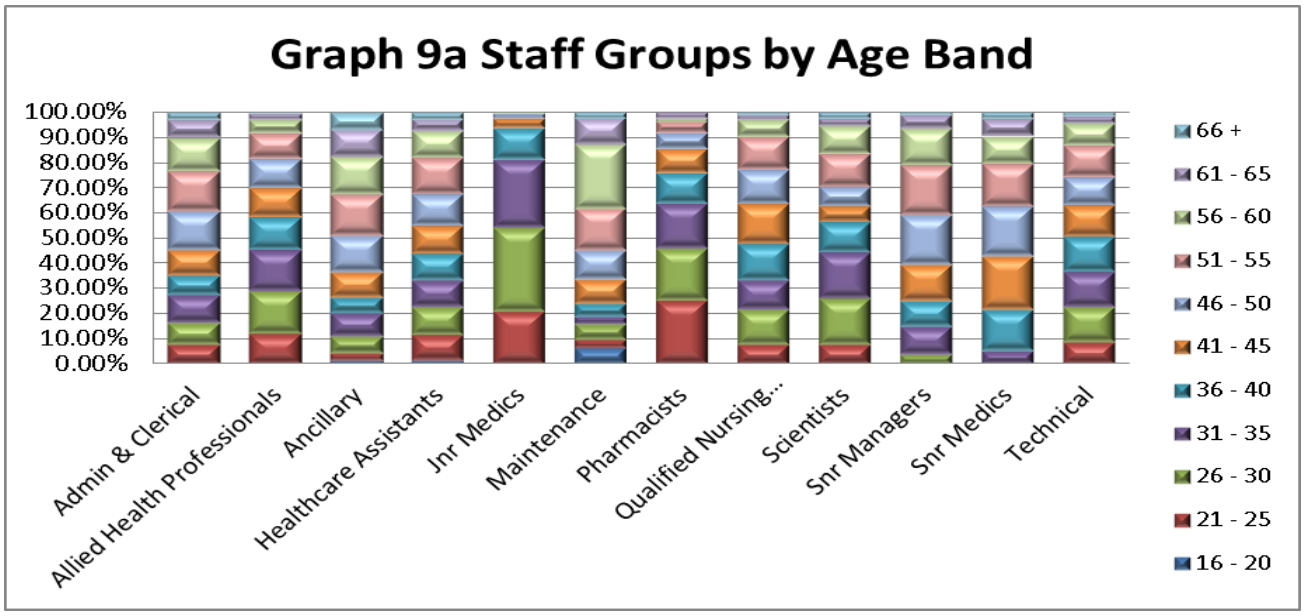
- There are some notable differences within staff survey, warranting further investigation.

5 Age

5.1 Age Profile



Graph 9 shows the age distribution across the Trust as at September 2016. The overall profile for the Trust remains largely unchanged over the past two years with around two thirds of staff within the age range 26-50 and almost a third of staff over 50.



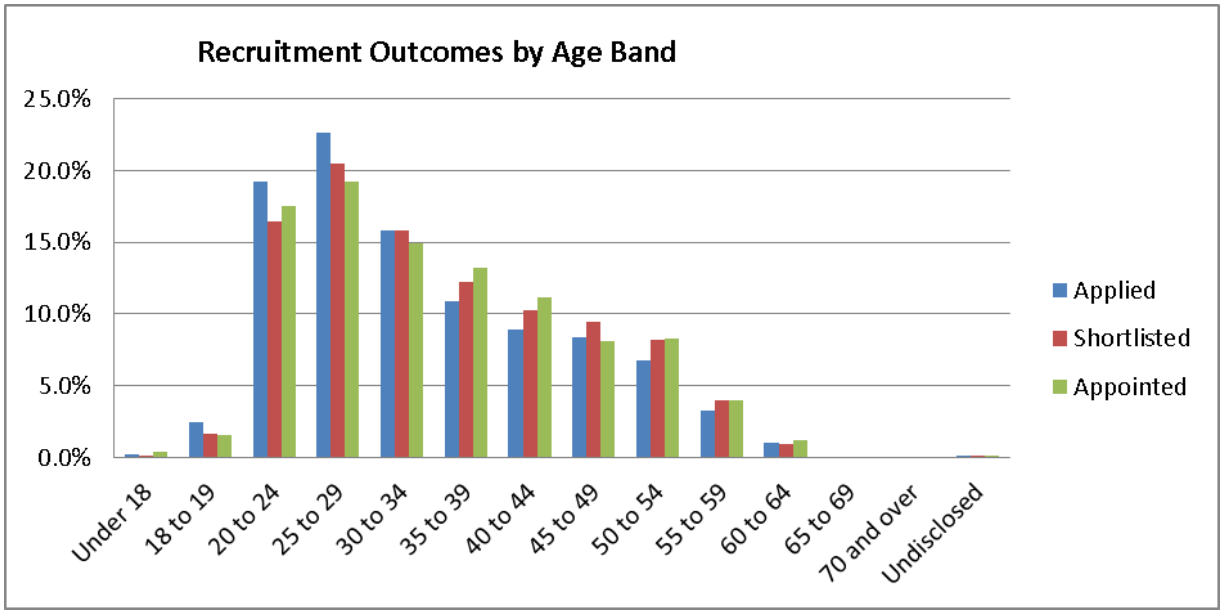
Graph 9 - around 22% of Qualified Nursing and Midwifery staff are over 50 with 10% over 55, which although stays the same as last year, it does represent a rise over 6 of the last 7 years.

Around 37% of senior medics are over 50, with 20% over the age of 55.

Around 54% of maintenance staff are over 50 a decrease of 3% from January 2015. 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

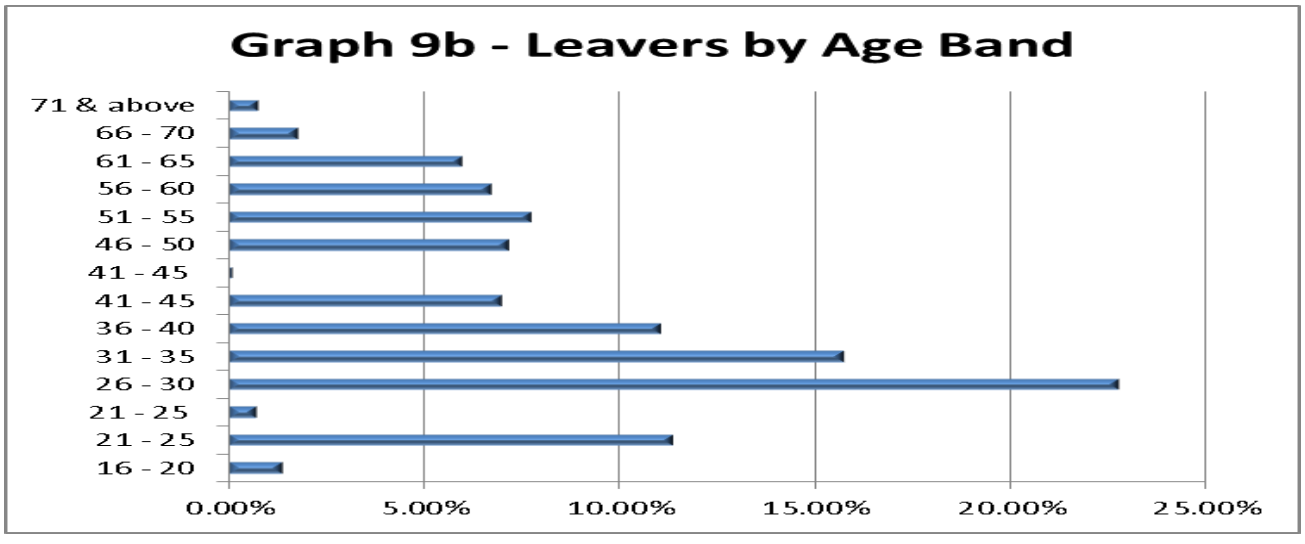
staff are better placed to apply for future roles within the organisation when they become available. In addition, an apprenticeship scheme has been implemented.

5.2 Recruitment



The graph above shows the recruitment percentages by age. Initial analysis indicates that applicants aged between 35-44 were more likely to be appointed in proportion to the number of applications made in that age band.

5.3 Leavers



Graph 9b shows the percentage of leavers by age band. 35% of leavers were 30 or under as of 30th September 2016 which is an increase of 9% since 2015.
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.

5.5 Staff Survey

Some notable differences based on age within the 2015 staff survey included:

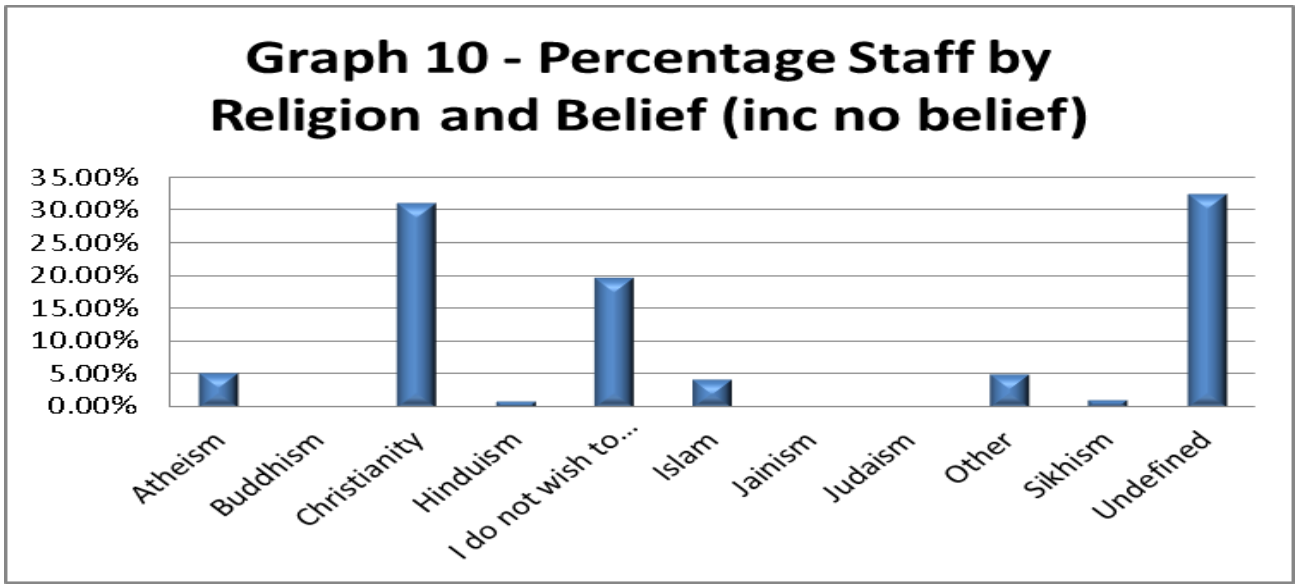
Age: Key Finding	**16-30 (340)**	**31-40 (529)**	**41-50 (796)**	**51+ (1095)**
% experiencing harassment, bullying or abuse from staff in last 12 months	21	27	30	26
% witnessing potentially harmful errors, near misses or incidents in last month	35	35	28	22

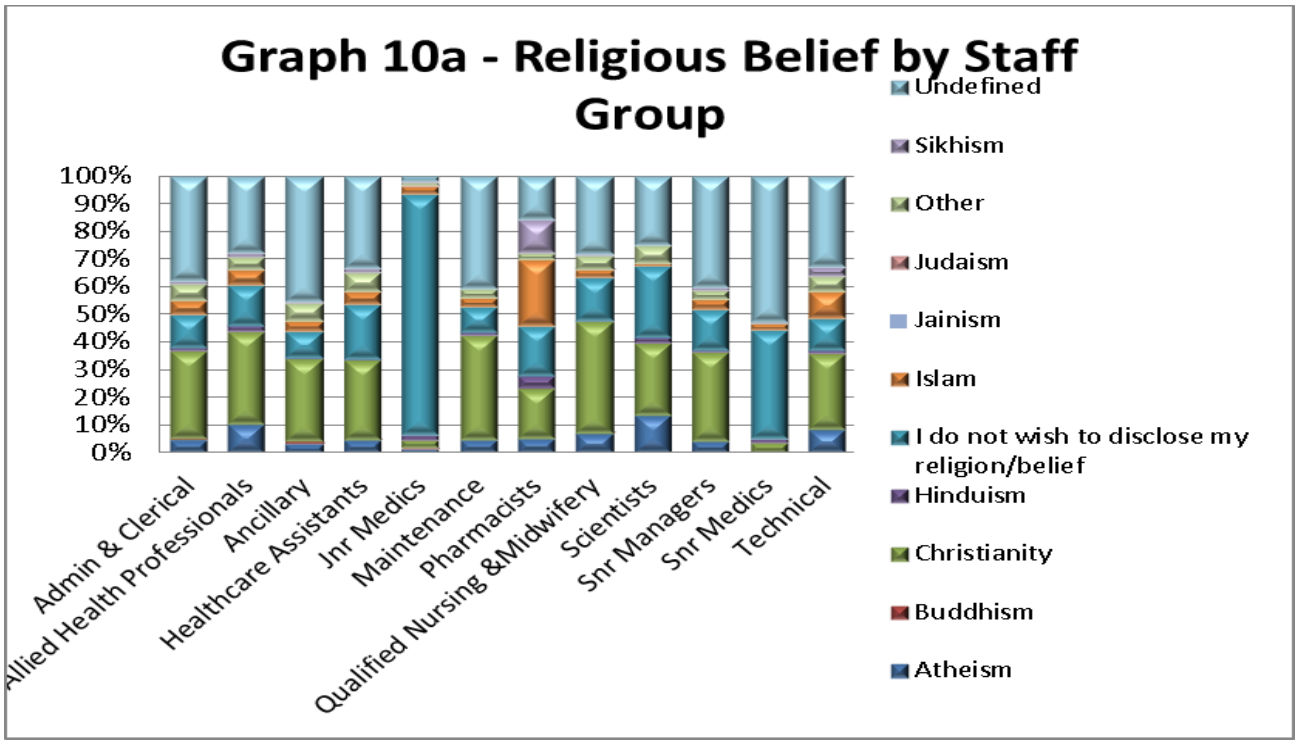
5.6 Age – Observations

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 Religion and Belief

6.1 Staff Profile





Graph 10 shows the overall workforce profile by religion and belief as at September 2016. As can be seen, the data held for this protected characteristic is poor with 32% of records being undefined.

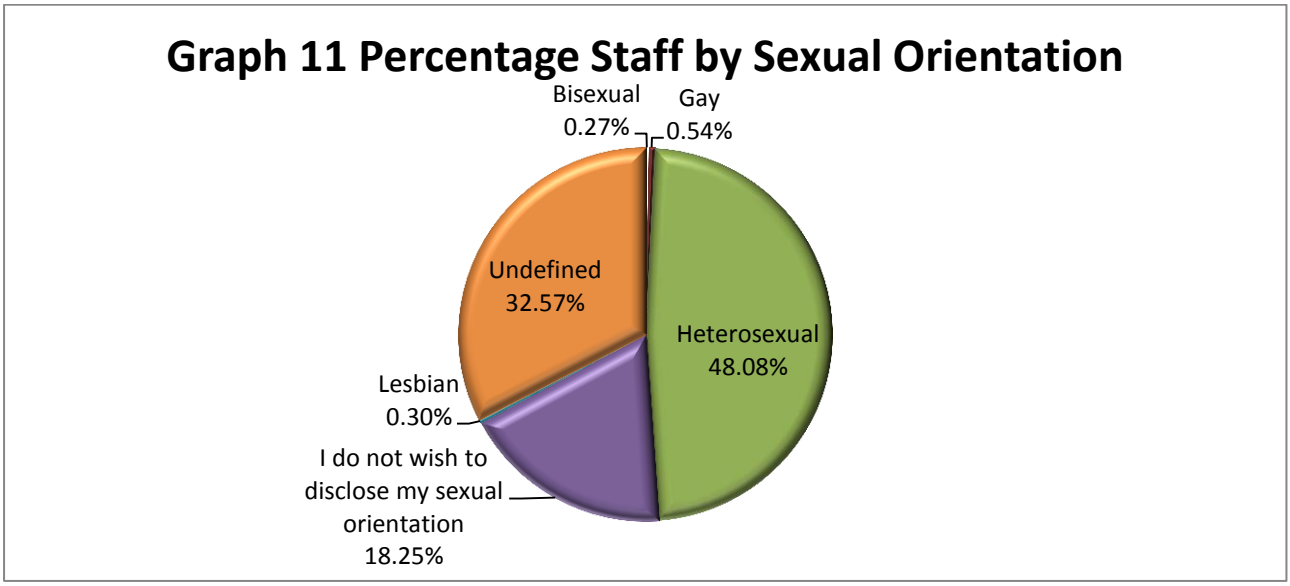
Graph 10a shows the breakdown by staff group. 53% of Senior Medics and 40% of Senior Managers have chosen not to declare their religion or belief. Also 45% Ancillary and 41% of Maintenance are also undefined.

6.2 Religion and Belief – Observations

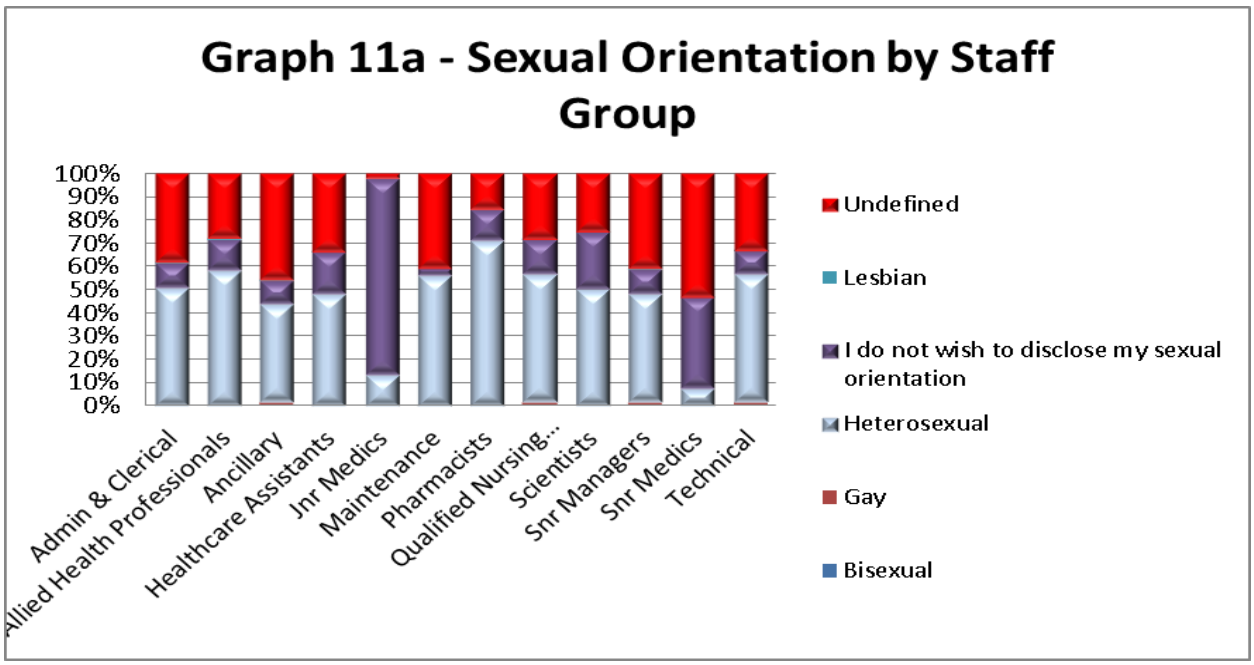
Whilst further analysis has been conducted on religion and belief by the Trust's Workforce Information Department, it is not possible to arrive at any firm conclusions due to the current under-reporting of staff on declared religion and belief. However, it is hoped that this position will improve via the data collection exercise scheduled for completion April 2017.
Currently the NHS Staff Survey does not present analysis on religion and belief.

7 Sexual Orientation

7.1 Staff Profile



Graph 11 shows the reporting of sexual orientation across the workforce. As can be seen, the data held for this protected characteristic is poor with 33% of records undefined and a further 18% not wishing to disclose their sexual orientation.



Graph 11a shows sexual orientation by staff group. 53% of Senior Medics and 41% of Senior Managers have chosen not to declare their sexual orientation. Also 45% Ancillary and 41% of Maintenance are also undeclared which shows a trend between undefined religion and belief as well as sexual orientation 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 partnership with Stonewall the Trust will be implementing a plan of actions over the forthcoming 12 months based on the results and recommendations of the WEI in order to continue with good practice, improve on areas for improvement and introduce new initiatives for change.

7.2 Sexual Orientation – Observations

Whilst further analysis has been conducted based on sexual orientation due to the current under-reporting of staff in regards to their sexual orientation it is not possible to arrive at any firm conclusions. However there appears to be trends between staff groups where certain protected characteristic, including sexual orientation, has been undeclared. It is hoped that this position will improve via the data collection exercise scheduled for completion April 2017 and as a result of the WEI action plan.

Currently the NHS Staff Survey does not present analysis on sexual orientation

Review of actions made in the Annual Equality Report 2015/16 Actions

Action – *Data collected used to inform further discussion including EDS2 and WRES*
The information contained within this report will be used to inform further discussion in relation to the equality and diversity agenda, alongside requirements relating to the Equality Delivery System 2 (EDS2) and Workforce Race Equality Standard (WRES).

Progress:
The Trust has a dedicated Workforce Diversity Lead who works in partnership with key stakeholders on the equality and diversity agenda including EDS2 and WRES. There has been significant collaboration with UHB and other third party organisations such as Stonewall. A number of Steering Groups and Network Groups have been established to promote inclusivity throughout the Trust and to assist with the EDS2 and WRES reports.

Action – *Improvements in data collection for the workforce*
Further work to take place on capturing more information relating to the protected characteristics

Progress:
Improvement of data collection was agreed as part of the Trust's EDS2 objectives in order to support the ability to undertake wider workforce analysis. A data collection exercise was agreed for Q3 2016/2017 with a view to arriving at an improved set of data. A questionnaire has been issued to all staff which once completed and returned will update the data which is currently held on ESR

Action – *Redefine the structure for E&D*
Redefine Structure for delivering the Equality and Diversity agenda across the Trust

Progress:
The Workforce Directorate underwent a departmental restructure in March 2016 which changed the focus of a number of roles and created a Workforce Diversity Manager, dedicated to overseeing the equality and diversity agenda for staff at the Trust.

Action – *Understanding the reasons for the high proportion of disciplinary cases relating to BAME staff.*
Analyse Grievances and Disciplinary Cases in relation to ethnicity in particular to determine whether any specific issues or patterns can be identified.

Progress:
Data validation was addressed through enhanced reporting of disciplinary cases by the HR Operations Team. The system for recording disciplinary action was reviewed and changes were made to transfer the reporting onto ESR for future cases.
Analysis of the overrepresentation of BAME staff in the disciplinary process formed part of the WRES action plan however further analysis is required.

Action – *Developments in training*
Further awareness training for managers

Progress:
Conflict resolution training became part of the mandatory training set as of 2016.
A shortened 'taster' version of the Unconscious Bias training has been delivered to a pilot group of Group Support Managers and plans are in place to roll out the full version of this training to all staff groups.

The introduction of Inclusive Leadership training and Unconscious Bias training forms part of the objectives set in the EDS2 report for 2017-2020 and form part of the WRES action plan.

Actions for 2017/2018

This report highlights the disparity between the local population and the representation of the protected characteristics within the Trust's workforce. 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.

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.

Whilst the Trust is committed to creating an inclusive environment for its staff and the patients which it serves, it is clear from this report, that disparity amongst the protected characteristic still occurs within such areas as the overall representation in the workforce , recruitment and disciplinary and grievances (proportionately higher for BAME staff when compared to the workforce profile). In an attempt to highlight and address this 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 implement Unconscious Bias training for staff in the next 12 months.

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,

We will continue with specific, measurable equality objectives and publish information regarding our performance on equality and diversity and 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 recruitment, 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 2017

<table>
<tr><th>Ref: ALR 45a Local Reporting Requirements</th><th>Evidence</th></tr>
<tr><td>Service Users/ Patients
Activity report detailing the Trust's patient profile by protected characteristics including:
1. Activity by protected characteristic.</td><td>
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 2016, which is available to us and overall it is reflective of the local population the Trust serves.
<table>
<tr><th>Birmingham Population</th><th>HEFT Ethnicity</th><th>Gender</th><th>Age</th></tr>
<tr><td>British White – 53.1 %</td><td>British White – 67%</td><td>Female - 56%</td><td>0 - 20 13%</td></tr>
<tr><td>BME - 42.%</td><td>BME – 25%</td><td>Male - 44%</td><td>21 – 40 19%</td></tr>
<tr><td></td><td>Unknown - 3%</td><td></td><td>41 – 60 24%</td></tr>
<tr><td></td><td></td><td></td><td>61 – 80 28%</td></tr>
<tr><td></td><td></td><td></td><td>81 – 100 10%</td></tr>
<tr><td></td><td></td><td></td><td>100+ 0.01%</td></tr>
</table>
In / Out Patient Demographic Makeup 2016

In terms of ethnicity, access to hospital services during 2016 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. 67% of patients during 2016 were of British White Ethnicity.
See link below for breakdown of the ethnicity, age and gender of patients who have received inpatient and outpatient care within the Trust in 2016.

See links below for breakdown of the ethnicity, age and gender of patients who have received inpatient and outpatient care
</td></tr>
</table>

within the Trust in 2016

http://www.heartofengland.nhs.uk/wp-content/uploads/Copy-of-Inpatient-Demographics-01-16-to-12-16.pdf

http://www.heartofengland.nhs.uk/wp-content/uploads/Copy-of-Outpatient-Demographics-01-16-to-12-16.pdf

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

Ethnicity	2016 Activity	Gender	2016 Activity
Highest Admitted Group	British White 66%	Male	44%
Lowest Admitted Group	BME 27%	Female	56%
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 2016, 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	2016 Activity	Gender	2016 Activity
Highest Admitted Group	British White 69%	Male	40%
Lowest Admitted Group	BME 21%	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.%		
Not Stated	5 %		

During 2016, 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, 56% of all inpatients admissions and 60% of all patients accessing out-patient services within the Trust during 2016 were female.

Ethnicity - Maternity Admissions

31,204 patients (51%) during 2016 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 2016.

http://www.heartofengland.nhs.uk/wp-content/uploads/Copy-of-Demographics-01-16-to-12-16.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	2016 Activity
Highest Admitted Group	British White 51%
Lowest Admitted Group	BME 43%
Highest BME Groups Admitted	Pakistani 22% Other Ethnic Group 4% Other White Group 3% Indian 2% African 2% Other Asian 2% Bangladeshi 2%
Not Stated	3%

During 2016, 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 (4%), Other White Origin (3%) and African Origin (2%), Other Asian Origin 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

268988 patients attended Accident and Emergency during 2016. A slight increase of patients since 2015.
61% of these patients were of British White Ethnicity and 32% of black or minority ethnic origin; 7% of patient's ethnicity is unknown.

See link below for breakdown of the ethnicity, age and gender recorded of A&E Attendees during 2016.
http://www.heartofengland.nhs.uk/wp-content/uploads/Copy-of-AE-Demographics-01-16-to-12-16.pdf

The following table summarises the highest & lowest national ethnic groups and Gender recorded during 2016:

Ethnicity	2016 Activity	Gender	2016 Activity
Highest Admitted Group	British White 63%	Male	50%
Lowest Admitted Group	BME 32%	Female	50%
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 2016, 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 50% and female 50% 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 2016.

http://www.heartofengland.nhs.uk/wp-content/uploads/CS-Ethnicity-2016.pdf

The following table summarises the highest & lowest national ethnic groups and Gender recorded during 2016:

Ethnicity	2015 Activity	Gender	2015 Activity
Highest Contact Group	British White 78%	Male	42%
Lowest Contact Group	BME 22%	Female	58%
Highest BME Contact Groups	Other Mixed Ethnic Group 2% Indian 2% Irish 1% Other White Group 1% Pakistani 1% White & Caribbean 1%		
Not Stated	6%		

During 2016, 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.

2. Satisfaction with services, including complaints.

Complaints

Patient complaints are currently collected against 3 of the protected characteristics, age, gender and ethnicity.

Data shows that the highest percentage of complaints was made by female patients (56.5) during 2016 A slight decrease in the number of complaints made by female patients during 2015 (58%). 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 0.05% of all in-patient and day case activity. Data shows that the highest percentage of complainants (56.2%) during 2016 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 2016. The majority of complaints (43%) received in 2016 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 showed that more complaints in relation to staff attitudes; communication/ information; clinical treatment were made by females than males. 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 (47%) being those aged between 60-99 (474 patients). As reflected within the overall complaints by ethnicity, the majority of complainants were of British White Ethnicity. 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. *See attached HEFT Patient Experience Report to Clinical Commissioning Group January 2017 for details of Complaints ,Friends & Family Test results;* CCG report Quarter 3 2016 - October to D
3. Any quantitative and qualitative research undertaken, for example	**Engagement** 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. Membership includes:

patient surveys, friends and family test. Details of, and feedback from, any engagement exercises.	• West Midlands NHS Regional Equalities Network • NHS Acute Liaison Learning Disabilities Network • Birmingham & Black Country Chaplaincy Collaborative • Pan Birmingham Faith Advocacy Group During 2016 staff engagement meetings were held across the three Trust hospital sites which included meetings of the newly established Trust Inclusion Steering Group and the Rainbow Friends 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 Inclusion steering group looked at ways to promote non-discriminatory culture within the organisation by examining the need to establish specific networks to discuss inequalities issues relevant to the groups identified below;: • Black and minority ethnic network • Disability network • Carer support group • Cancer support group • End of Life steering group • Care for older people network group As a result of this, the Trust will further foster links with other NHS, Public sector and Voluntary organisations to work collaboratively in these areas to promote and challenge inequalities. Trust 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. Following is one such initiative; *Maternity Learning Disabilities Pathway* The Trust maternity service has developed a learning disabilities pathway and tool to aid staff in determining where to signpost women with suspected or confirmed learning disabilities. This initiative has been developed in partnership with the

acute liaison and health facilitation nurse service team for adults with learning disabilities from Coventry and Warwickshire Partnership Trust, in view of the increasing number of patients with learning disabilities seen by these teams.

See attached the learning disabilities tool and relevant documentation in easy read for details:


IDENTIFYING_PEOPL E_WHO_MAY_HAVE_


my maternity book.pdf


Easy read doctor letter.pub


Easy read midwife letter.pub


Easy read blood test letter.pub


Easy read scan letter.pub

HEFT Inclusion Steering Group

The Trust has established an Inclusion Steering Group. The Group will undertake major decision making processes regarding corporate compliance with statutory and other regulatory bodies such as the Care Quality Commission, Audit Commission and the Commission for Equality and Human Rights.

The Group will liaise with other relevant Trust committees and sub-committees in order to avoid overlap and maximise co-ordination/application of resources to promote Inclusion and Equality agenda across the Trust.

The Group will approve the Equality and Diversity strategy and related policies; such as Equality and Diversity mandatory staff training; Workforce Race Equality Standard; Stonewall and the Workplace Equality Index; Inclusion Champions Programme.

The Group membership includes;

- Trust Directors
- Trust Governors
- Workforce Diversity Manager
- Workforce Engagement Advisor
- Head of Equality and Diversity (patient services)
- Head Nurses
- Patient Groups
- Volunteer Groups

The Group meetings are held bi-monthly and the first meeting was held on 19th October 2016.

	On the recommendation of the carer's representative in the Group the Trust's Equality Impact Assessment Screening Form was amended to include '' Carer '' in the protected characteristics list to ensure that the Trust policies and services do not directly or indirectly have an adverse impact on the carer when they access Trust services. *See attached the Trust's Equality Impact Assessment form for details;* Equality Impact Assessment Form.pdf *Black History Month – conference and exhibition* The Trust has a long standing tradition to celebrate the Black History Month to honour the achievements and contribution of the Black and Minority Ethnic communities made to the society and especially to NHS. To mark this occasion, a display of life stories taken from the Trust's Black and Ethnic Minority (BME) staff telling their stories of working in the NHS was held at the Good Hope. Solihull and Heartlands hospital sites from 17 October to 28 October 2016. In addition a free conference focusing on the impact the BME staff have made while working within the NHS was held on 20th October 2016 at Heartlands Hospital. In 2016, the Trust worked collaboratively with the University Hospitals Birmingham NHS Foundation Trust to celebrate the Black history month and a similar conference was held on Tuesday 25 October 2016, at the Queen Elizabeth Hospital site The staff stories display and the conferences were well received and attended by the staff from the two Trusts and colleagues from the local health economy.
4. Interpreting and Translation Service Provision Description of the service offered to	**Interpreting and Translation Services** The Trust uses a multi-faceted interpreting service prevision 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 '' I '' on Trust intranet, see link below;

<table>
<tr>
<td>Service Users; how Service Users can access an Interpreter; how many times/occasions interpreters have been used in the 12 month period; top ten languages requested.</td>
<td>
http://sharepoint10/sites/interpreting/SitePages/Home.aspx

The Trust Interpreting and Translation service operational policy (currently under review /ratification process) is available on Equality & Diversity page ‘’ E ‘’ on Trust intranet, see link below;

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

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 Arabic, BSL (British Sign Language), Mirpuri , Polish and Romanian 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.

Following tables summarises combined uptake of HEFT in-house and Language Line Solutions face to face and telephone interpreting services for period January 2016 to December 2016

<table>
<tr><th>Total face to face interpreting sessions</th><th>Languages used for face to face interpreting</th></tr>
<tr><td>6968</td><td>40</td></tr>
</table>

Top ten languages used for face to face interpreting service:
<table>
<tr><th>Languages</th><th>Sessions</th></tr>
<tr><td>Mirpuri</td><td>2408</td></tr>
<tr><td>Sylheti</td><td>975</td></tr>
</table>
</td>
</tr>
</table>

BSL	625
Urdu	608
Punjabi	577
Potwari	420
Romanian	407
Somali	128
Arabic	121
Polish	119

Total telephone interpreting sessions	Languages used for telephone interpreting
3423	50

Top 10 languages used for telephone interpreting service:

Languages	Sessions
Romanian	1466
Urdu	232
Polish	232
Arabic	221
Somali	191
Bengali	152
Pushto	130
Mandarin	117
Punjabi	104
Farsi	71

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.	**Multi-faith Chaplaincy Service** 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-Religion-Data-010116_311216.pdf The Trust multi-faith Chaplaincy team provide services to the whole hospital community i.e. patients, staff and visitors. Our in-house male & female Chaplains & Imam (Roman Catholic, Church of England and other Christian denominations & Muslim) regularly visit the wards and departments within the three hospital sites to be alongside everyone in their moment of need to offer spiritual, pastoral and religious care. They keep a list of various faith community contacts who can also be called in to the hospital. The Chaplaincy team offer a confidential listening & supportive ear and can be contacted by patients, relatives & hospital staff at any time it is felt that spiritual care is needed. This may be when a patient;: • Needs prayer, a blessing or other ritual associated with their faith • Is anxious or fearful • Needs support in articulating their key concerns • Is trying to make sense of, or find meaning for their lives • Needs support in finding their own pathways to hope & peace • Is seeking to make short or long-term goals • Is nearing the end of their life • Pre-bereavement support • Needs someone to tell their story to • Needs help in accessing religious support in the community The chaplaincy team also works closely with various Trust departments and services to organise staff and patient memorial services and other annual Trust services. The team is supported by a number of chaplaincy volunteers from various religious backgrounds, who contribute to patient care and also regularly hold religious events such as Eid and Diwali celebrations. These events are open to all Trust staff and contribute to raising cultural and religious awareness of diverse communities the Trust staff provide healthcare service to.

The Chaplaincy team are actively involved in fostering good working relationships with various faith communities including local Church leadership to ensure a comprehensive 24/7 pastoral, religious and spiritual care is provided to the patients in our care.

The Trust provides Multi-Faith prayer facilities on three hospital sites i.e. Heartlands, Solihull and Good Hope. 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 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.

	Cultural and Religious Menus Meeting the dietary requirement of patients is an important aspect of delivering patient care. The Trust catering service provides a selection of Cultural and Religious meals that patients may require when in hospital. A weekly menu that includes Halal (all meat is delivered with a Halal certificate of authenticity), Asian Vegetarian, Vegan and Caribbean, Vegetarian Caribbean meals. Kosher meals can also be provided. Patients choose their breakfast, lunch and supper and this is phoned through to the Catering department daily. See link below: http://intranet/cateringservices/?dcid=C4AF7C9D402E61EAD73482415B3D7706 Cultural and religious requirements are taken into consideration in the way the Trust Catering production Unit prepares, cooks, stores and serves these meals. For example, Vegans choose not to eat anything which is taken from animals, therefore vegan meals will be free off ; • meat, fish nor other substances that come directly from killing an animal, such as animal fats and gelatine • dairy products such as cows milk, cheese and yogurt; nor goats milk • eggs nor foods containing eggs such as Quorn • Honey
6. Equality Impact Assessment Report to include a synopsis of at least four equality impact assessments that have been undertaken in the past year	**Equality Impact Assessment** During 2016 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. The Equality Impact Assessment training for staff was delivered during 2016. In addition face to face individual training/support sessions were also provided to policy and service developers. 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

describing the issues that were analysed and how the findings from the analysis informed decision making.

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;

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

During 2016, we undertook an equality impact analysis on the following 4 policies:

Policy Equality Impact Assessed	Date Assessed
Complaints and Concerns Policy	January 2016
Missing Patients Policy Patients over 16 years)	January 2016
Appraisal policy	June 2016
Bereavement Policy	August 2016

Summary of Issues analysed and Actions for negative impact identified;

Complaints and 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 policy best practice guidelines, staff meetings

	and interpreting service webpage on Trust intranet. See link below: http://sharepoint10/sites/interpreting/SitePages/Home.aspx **Missing Patients Policy Patients over 16 years)** It was anticipated the policy will have no differential impact on all equality characteristic groups The Equality Impact Assessment process flagged up possible adverse impact for those patients who may have impaired capacity due to a learning disability, mental health and dementia, however these areas of concerns have been addressed within the policy under 'Mental Capacity' and 'Assessing Capacity' guidelines, procedure and staff training. **Appraisal policy** This policy will apply to all equality characteristic groups; the policy sets and reviews an individual's performance and their continuing development. 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 achieve their personal development objectives, job role requirements and maximise their potential. **Bereavement Policy** This policy will apply to all equality characteristic groups and it aims to provide; • Information and support to enable Trust staff to care appropriately for dying and deceased patients, of all faiths and none, in order to minimise the distress to the families and carers when dealing with deaths, both sudden and expected. • To provide information and support for the Management of Last Offices, in line with national guidelines, to ensure inclusion whereby all deceased patients are treated in a professional and individual manner, with dignity and respect • The Equality Impact Assessment process identified that there will be no differential impact on all characteristic groups as potential issues pertaining to ' Religion and Belief ' are addressed within the 'Rapid Release of Decease Patients' section of the policy, bereavement services staff awareness and customised Equality and Diversity training for staff