



# Equality & Diversity Report 2019

## The Royal Orthopaedic Hospital

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# Equality and Diversity at the Royal Orthopaedic Hospital

## Our Inclusion Vision

Our vision is to create a culture within The Royal Orthopaedic Hospital (ROH) where we live our values on a daily basis and challenge unfair treatment and inappropriate behaviours wherever it happens, whenever we see it.



To achieve our vision, all staff working in the NHS today need an awareness of inclusion issues and who is afforded protection.

At the ROH, we have full engagement from our colleagues on a number of initiatives, programmes and networks that help to promote the importance equality and diversity for staff, patients and visitors. The Trust ensures that this Inclusion approach supports our work in delivering continuous improvement and working in partnership with local and national stakeholders.

The Trust continues to meet the requirements under the **Public Sector Equality Duty** of the Equality Act 2010. One of these requirements is for the Trust to share the content of this report with the public through our ROH website. Information that must be outlined is listed below and included in the report.

- Workforce Race Equality standards (WRES)
- Workforce Disability Equality standards (WDES) standards (to start in August 2019)
- Gender Pay gap
- Equality data for staff and patients
- EDS 2 framework

This enables us to:

- deliver on the NHS Outcomes Framework and the NHS Constitution
- meet the Care Quality Commission’s “Essential Standards of Quality and Safety”

## Summary

The Royal Orthopaedic Hospital NHS Foundation Trust is one of the largest specialist orthopaedic units in Europe. We offer planned orthopaedic surgery to people locally, nationally and internationally. The Trust has a 200 year history and a strong culture of tradition and loyalty. The aim at the Royal Orthopaedic Hospital (ROH) is to offer an inclusive and fair patient service and employment which meet the diverse and personal needs of our patients, staff and visitors.

This report reviews relevant equality data for patients and staff highlighting key areas of interest. Additional information particularly from our staff survey data and the Workforce Race Equality Standard (WRES) allows the Trust to identify strengths, weaknesses and key areas for development.

The Trust works to the EDS 2 system as recommended by commissioners to ensure all areas of the Trust are evaluated for effectiveness of an equality and diversity culture. Consultation with external and internal stakeholders continues to enable the Equality and Diversity (E&D) action plan to be

**Nine Protected Groups** - Age, Disability, Gender re-assignment, Marriage and civil Partnership, Pregnancy and maternity, Race, Religion and belief, Sex and Sexual orientation

developed is reviewed and updated on an ongoing basis providing assurance the Board and stakeholders.

## **The Trust**

The Trust has been at the forefront of orthopaedic care, pioneering new surgical techniques and advancing treatment for people with bone and joint disorders from across the world. That heritage of innovation and excellence still drives the Trust today as boundaries continue to be pushed to deliver the best care possible.

## **Introduction on Equality and Diversity at ROH**

Led by the Trust Board, the Royal Orthopaedic Hospital (ROH) is committed to ensuring equality, diversity and human rights are central to the way healthcare services are delivered to our patients and how we support our staff.

We make every effort to ensure staff and patients are treated in an inclusive way by encouraging everyone to role model the values, create equal opportunities, treat people fairly and develop good working relationships at the ROH. The Trust works to ensure that patients, staff and other stakeholders have a voice to put forward suggestions, concerns and ideas. There is a dedicated team to support and co-ordinate the Inclusion Agenda across the Trust. There is also a Patient Liaison team to support any patient who has concerns. In addition, a newly formed Equality and Diversity (E&D) network run by ROH staff has had great success with a number of awareness events.

The Trust has a zero-tolerance approach to all forms of harassment including sexual and racial harassment and will take all complaints of this nature extremely seriously.

# Key achievements 2018/19: Equality & Diversity

The information below lists the key achievements in 2018/2019 under the four outcomes for the EDS2 framework, as required by NHS England:



## Outcome 1: Better health outcomes for all

- Additional patient information available on the nine protected groups (9PGs)\*
- Work has started on the Workforce Disability Equality Standards
- A Strategic Patient Engagement and Experience committee has started
- Recruitment of GP Liaison Manager



## Outcome 2: Improved patient access and experience

- Progress made on the Accessible Information standard (AIS) including early work completed on site accessibility
- Improved referral to treatment time for all patients
- Comprehensive mental health first aid course rolled out across the Trust
- Introduction of Tier 2 Dementia training



## Outcome 3: Empowered, engaged & well supported staff

- Increased Mental Health awareness
- Domestic abuse highlighted in mandatory training
- Improved system to feedback on incidents reported
- Speak Up App launched
- Successful implementation of pay deal
- Relaunch of Health and Wellbeing strategy
- E&D network established and chairperson appointed
- Increased number of diversity awareness days



## Outcome 4: Inclusive leadership at all levels

- Regular updates at Staff Experience and OD committee (SE&OD)
- Speak Up and Join in Initiative continues to be embedded at the Trust
- New branding launched for Equality and Diversity at the Trust
- Participation at local E&D networking groups
- Continued support from external Equality Lead
- Review of Equality and Diversity progress by external Equality lead

\*9 PGs Nine Protected Groups - Age, Disability, Gender re-assignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion and belief, Sex and Sexual orientation

## The EDS 2 Delivery System 2

The Equality Delivery System 2 (EDS 2) is designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. A full explanation of EDS can be found at the weblink below or contact Clare Mair – OD and Inclusion for more information:

<https://www.england.nhs.uk/about/gov/equality-hub/eds/>

### The general equality duty

Section 149(1) of the Equality Act 2010 puts various requirements on NHS organisations when exercising their functions. The general duty requires NHS organisations to have due regard to:

- eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

### EDS 2 Framework

The EDS 2 framework which is represented by an action plan, is split into 18 areas under the four following outcomes:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well supported staff
- Inclusive leadership at all levels

Delivery of the action plan is achieved by colleagues working across the Trust. An Inclusive culture needs to be everyone's business and there is strong support and guidance from the Trust Board and stakeholders.

### Implementation of EDS 2 at ROH

This is the fourth year that ROH have developed an annual equality and diversity plan against the EDS 2 criteria. The actions in the EDS2 framework are developed taking into account staff and patient data.

This final report is based on feedback and evidence, which has been reviewed both internally and externally, on particular aspects of equality and diversity around the nine protected groups\*. The delivery of the EDS2 agenda plays a large part in the Trust's work in embedding a truly inclusive culture at ROH for staff and visitors.

### Methodology

Staff from across the Trust are actively involved in delivering on the EDS2 action plan. Feedback and evidence collation exercises included:

**Nine Protected Groups** - Age, Disability, Gender re-assignment, Marriage and civil Partnership, Pregnancy and maternity, Race, Religion and belief, Sex and Sexual orientation

- Focus group run in December 2018 and February 2019 with staff and external partners invited
- Discussion at Equality and Diversity Network meetings
- One to one meetings throughout the year with key internal and external stakeholders to review and update actions on the E&D plan
- Data reviewed from Staff FFT (Friends and Family Test) survey 2017/18
- Data reviewed from National Staff Survey 2018
- Data reviewed from WRES 201
- Information from the Gender Pay gap report
- Information from HR data
- Data for staff and patients analysed

For each of the four EDS outcomes, feedback and evidence has been analysed separately by internal stakeholders to decide on a grade. With this collated information one final grade has then been recommended for each of the four outcomes.

There are four possible grades for each outcome:

<b>Grading</b>			
<b>Undeveloped</b>	<b>Developing</b>	<b>Achieving</b>	<b>Excelling</b>
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

### **Monitoring and reviewing**

Monitoring and reviewing of the ROH Equality and Diversity Agenda is a continuous process achieved in conjunction with the EDS 2 action plan in the following ways:

- Sign off and bi Annual update at the People Committee
- Sign off and bi annual update at the Staff Experience and OD Committee meeting
- Annual update at Patient Carers forum and Governors meeting
- Updates to Executive Directors and Trust Board as requested
- Biannual forums with external and internal partners
- Written and verbal update on progress to the CCG
- Progress updates to Associate Director of Workforce and OD

### **Partnering**

The Trust works closely with Clinical Commissioning Group (CCG) to ensure progress is being made for the benefit of staff and patients. The Inclusion team are also key members of the STP Inclusion networks.

**Nine Protected Groups** - Age, Disability, Gender re-assignment, Marriage and civil Partnership, Pregnancy and maternity, Race, Religion and belief, Sex and Sexual orientation



**Nine Protected Groups** - Age, Disability, Gender re-assignment, Marriage and civil Partnership, Pregnancy and maternity, Race, Religion and belief, Sex and Sexual orientation

**The EDS 2 Framework Overall Grades**  
**See attached EDS2 Action Plan**

Grading			
Undeveloped	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

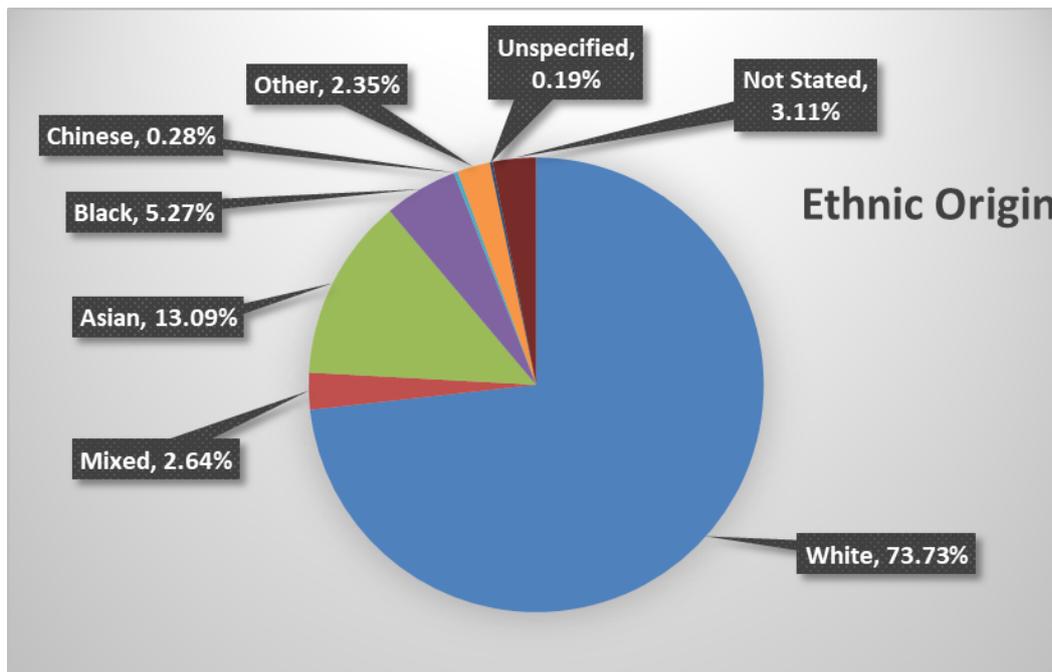
Outcome 1 – Better health outcomes for all	Grade 2018	Grade 2019
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing	Developing =
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing	Achieving
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed	Achieving	Achieving +
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing	Developing +
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Developing	Developing +
Outcome 2 – Improved patient access and experience	Grade	
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing	Developing =
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Developing	Developing =
2.3 People report positive experiences of the NHS	Achieving	Achieving =
2.4 People's complaints about services are handled respectfully and efficiently	Achieving	Achieving =
Outcome 3 – Empowered, engaged and well supported	Grade	
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing	Developing =
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving	Achieving =
3.3 Training and development opportunities are taken up and positively evaluate by all staff	Achieving	Achieving =
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Developing +
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing	Developing +
3.6 Staff report positive experiences of their membership of the workforce	Developing	Achieving
Outcome 4 – Inclusive Leadership	Grade	
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation	Developing	Developing +
4.2 Papers that come before the Board and other major committees identify equality-related impacts, including risks, and say how these risks are to be managed	Developing	Developing =
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Achieving	Achieving +



## Workforce information

In this section, staff data is presented for the six of the protected characteristics: Age, Disability, Ethnicity, Sexual Orientation, Religion and Sex are included. There is no detailed information recorded for Transgender staff members, Marriage and Civil Partnership, Pregnancy and Maternity. The data has been collated from the NHS workforce database (ESR).

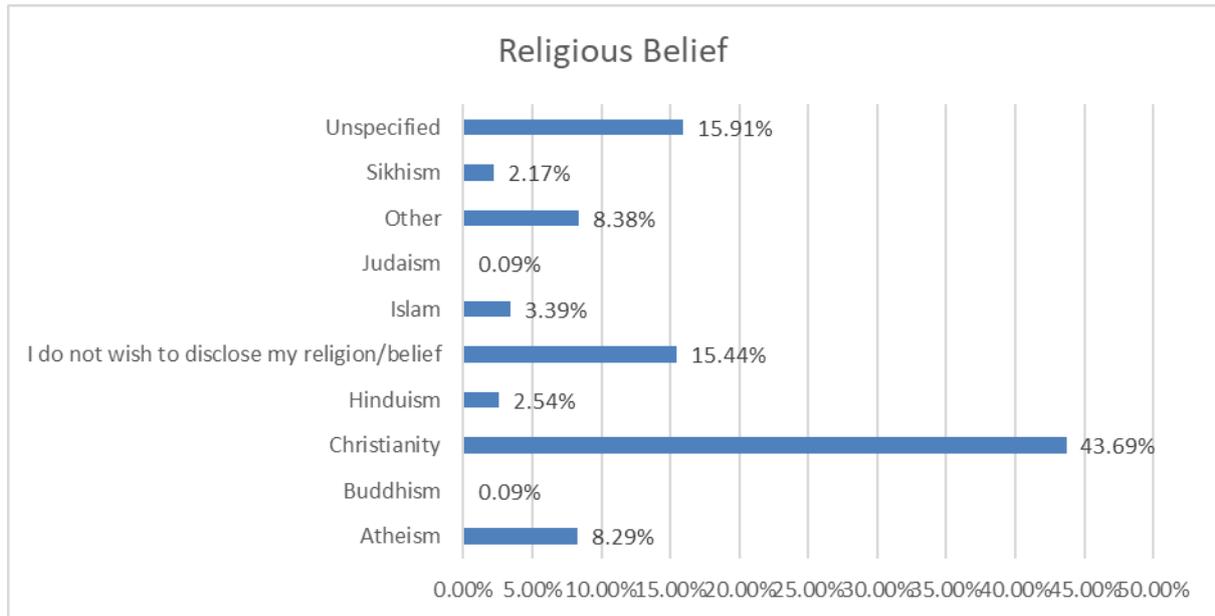
### Ethnicity 2018



There has been no significant change in the different percentages for each of the ethnic groups with the current percentage for White at 73%. The census data for Northfield (2011), local to the hospital shows a marked difference for White at 82%. For the wider area of Birmingham, the census data is significantly different at 52%. This may indicate that candidates and new employees are being attracted to the Trust from outside the immediate area for advertised roles.

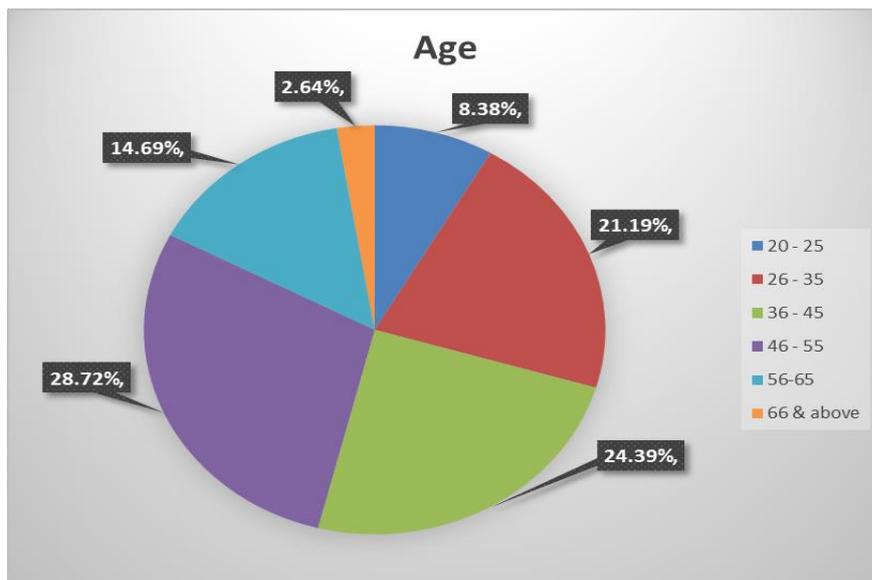
The WRES (Workforce Race Equality Standard) data indicates that there is a decreasing percentage of BME (Black ethnic minority) in post as Bands increase. In particular, there is a significantly lower percentage of BME colleagues at Band 8A for non-clinical and Band 7 for clinic colleagues.

## Religious Belief 2018



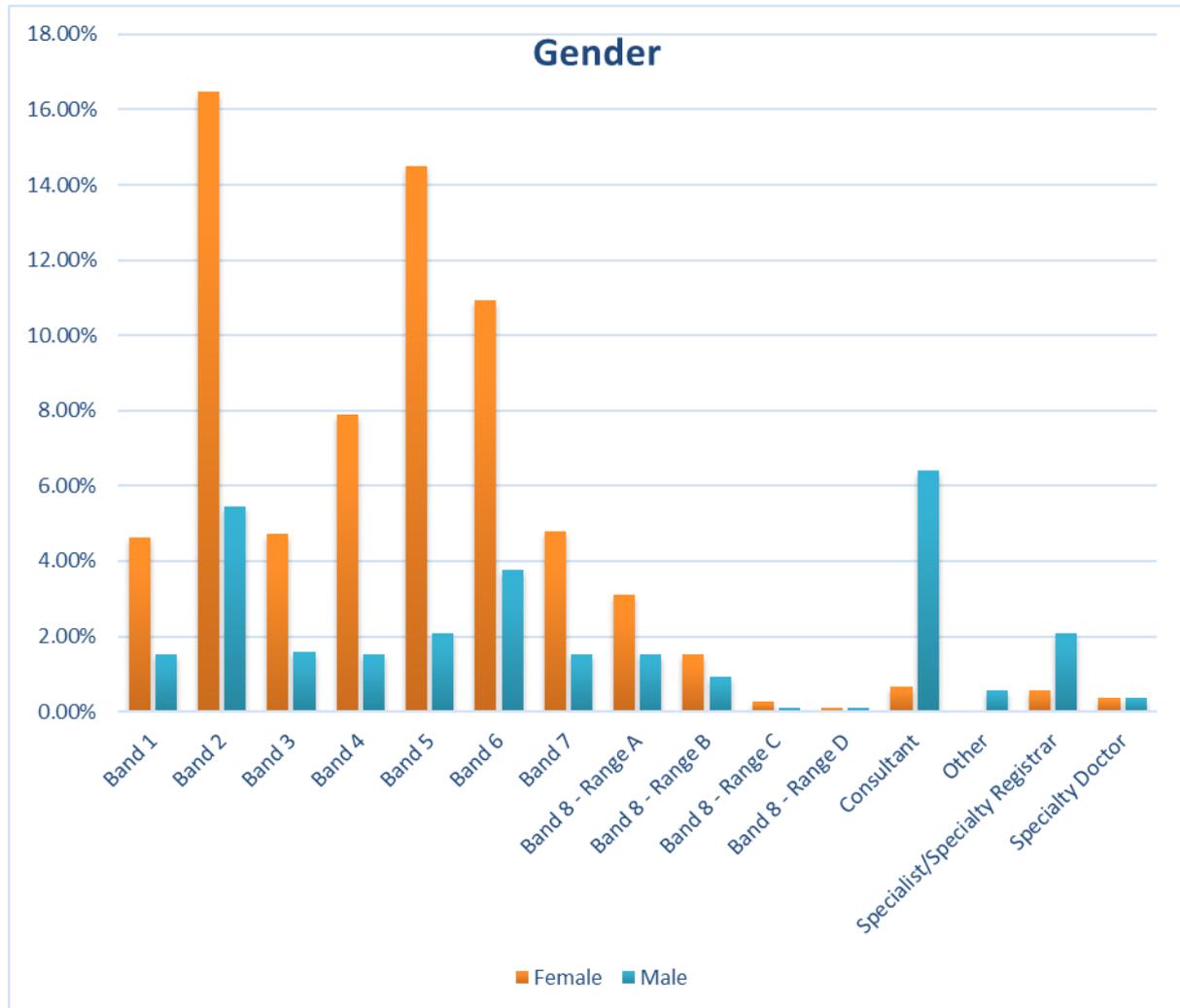
The data shown above highlights the most prevalent religious belief. It is important to note that 15% chose not to declare. The Trust has a diverse workforce as highlighted by the data above. As part of the communication plan, the Trust has started to further recognise different religions by encouraging and supporting staff members to support occasions e.g. celebrating Ramadan and Diwali. The Faith room at the Trust is also equipped to accommodate a range of different faiths and beliefs.

## Age 2018



The Age data is broadly in line with the breakdown of percentages for the NHS Workforce. It is noted that a large proportion of staff (53%) are aged 35-55 years which should be considered when looking at future development and succession opportunities.

### Gender 2018

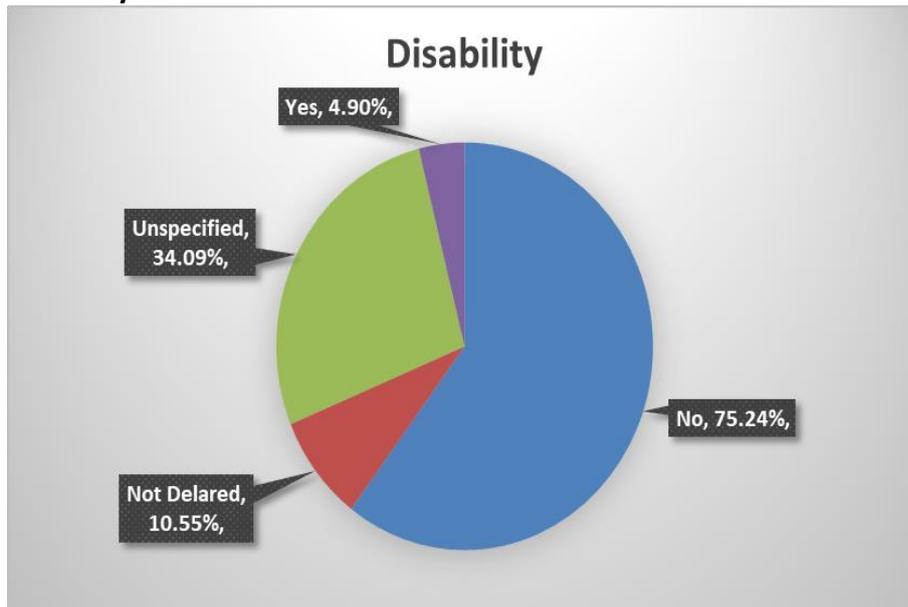


There has been no significant change in the different percentages for male (29.47%) and female (70.5%) compared to last year which were 29.4% for males and 70.5% for females. The census data for Northfield is made up of approximately 51% females and 49% males.

The figures are broadly in line the NHS percentages of Male at 23% and Women 77%. The profile of the hospital is concentrated on elective surgery without A&E and maternity and this may account for some of the difference from the ROH figures.

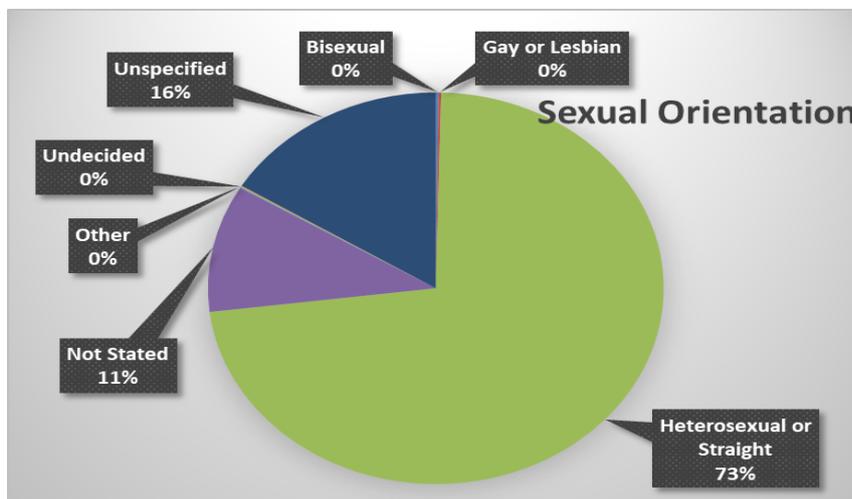
The Gender Pay Gap report shows a difference of 5.9% (when senior medical colleagues are taken out of the calculation) between hourly rates of pay between male and female. Work will continue at the Trust long term to understand these differences and review programmes to attract female staff members into medical careers.

## Disability 2018



The percentage of staff members who have disclosed as disabled has increased from 2% to 4.90%. In the recent National NHS staff survey, the engagement score for disabled staff members was lower than for other protected characteristics. The Trust will therefore engage with all staff members to ensure that there are no barriers to staff declaring their disabilities to the Trust. Work has also start in 2018/19 on the Workforce Disability Equality Standard (WDES) which will allow further analysis and highlight any actions needed. This data is due to be published in September 2019.

## Sexual Orientation 2019



The figures for sexual orientation show that the Trust still has a large percentage of undisclosed responses. There is also an increase from 62% to 73% of staff members disclosing to be Heterosexual. Work continues to support staff members from the LGBT+ community with an increase of awareness activities at the Trust e.g. attendance at Birmingham Pride.

Information is not currently available for patient sexual orientation which would provide important information to support both staff and patients. Reporting options will be further reviewed in 2019.

## Recruitment and Selection

The Trust implements Value Based Recruitment (VBR) with standard documentation and interview panels consisting of at least one VBR trained interview panellist. Training courses continue to further upskill interviewers to recruit fairly as well as recognising the nine protected characteristics.

Following feedback from the staff survey around opportunities as well as equality data for recruitment, the Trust will concentrate on creating a stronger employer brand and implementing best practice for a fair and equitable recruitment and selection approach.

## Bullying and Harassment

There is union representation at the Trust for staff and a good working relationship between HR and Staff Side.

The Trust continues to strengthen the support available to staff by working closely with contact officers. All these individuals receive refresher training once a year with external experts. They meet on a monthly basis to support each other in a confidential space and to review any issues or patterns of inequality across the Trust.

The Freedom to Speak up (FTSU) Guardian also works closely with the contact officer network with cases that involve staff issues rather than patient concerns.

Inclusion training continues to be delivered at mandatory session and material has been updated in 2018 to reflect current information, survey results and national trends. Inclusion awareness is timetabled on all internal Leadership programmes run at the Trust. Staff are also made aware of funded regional inclusion training workshops open to all staff members. Additional workshops have been made available for staff members and managers as required.

## National NHS Staff survey results

Data from the National Staff survey (NSS) has been used throughout this report to inform and evaluate current Equality and Diversity progress. This section gives an overview of the full set of data and results.

Overall the staff survey results were very positive with 79% of questions seeing an improvement in staff responses. The ROH obtained the highest score across the NHS for staff feedback on options for flexible working at the Trust.

The survey completion rates increased in 2018 from 38% to 41% which was very positive. Based on 990 staff members asked to participate, it was completed by 401 individuals with 13% paper copies and 87 % online.

The overall engagement increased slightly by 0.16 to 3.97.

In 2019, work will concentrate on engaging more with staff to encourage feedback and speaking out through a new initiative called 'Speak up and Join In'. This will focus on supporting the Equality and Diversity network and other key Trust initiatives including the refresh of the Trust Health and Wellbeing programmes which will focus on staff, patients and visitors.

## Response rates from National Staff survey 2018

Category	No. of Responses
Male	22%
Female	75%
BME	18%
White	81%
Heterosexual	91%
Gay/Bisexual	2%
Disabled	16%

Analysis of the results show that there has been a significant improvement in the areas of

Relationship between staff and their immediate or senior managers

Enthusiasm for your role

Treatment of staff reporting incidents

The results also show that the staff who completed the survey feel more engaged at the ROH. There was an improvement in 59 out of the 79 question responses asked and deterioration in 10.

### Of the 59 areas that ROH improved in, 9 improved by over 10%. Themes included

- Relationship between senior management and staff
- Enthusiasm with your role
- Treatment of staff reporting incidents

### 23 areas improved by between 6% and 9%. Themes included:

- Support from immediate managers
- Awareness of senior management
- Appraisals – regularity and effectiveness
- Standards of care

### 1 area deteriorated by over 5%. Theme:

- Reporting of incidents of physical violence

Under the section of Violence, Harassment and Bullying, there has been little change. When asked the question around 'have you experiencing harassment, bullying and abuse from staff in last 12 months', there has been decline from 18.7% to 19.5%. The Trust will look to improve in 2019 through a number of initiatives including Anti Bullying awareness week and the Health and Wellbeing plan.

The confidence of staff in the ROH being a good place to work increased from 63% to 73%, which is very positive as there have been a number of initiatives in the last few years to support improved staff engagement. Finally, Q21d 'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation' increased from 83% to 90%

This is a positive result showing confidence in the quality of care at the Trust. As the continuous improvement project at the Trust progresses, staff views of patient care and their positive response to being able to affect change will help to innovate and improve our patient services.

## Policy updates

Policies linked to Equality and Diversity are regularly reviewed and updated (when required). These include:

- Grievance and Disputes
- Learning Disability Strategy has been completed
- Accessible information policy has been updated
- Accessible Information action plan has been updated and progressed

The Staff side representative has reviewed and approved all changes to policies. The representative is also kept fully informed by the HR Team on any issues or changes that may impact staff members.

On interview panels, at least one member of the panel must be fully trained in Value Based Recruitment (VBR). Additional sessions have been scheduled this year to ensure all appropriate staff can be trained.

The work of the Learning Disability (LD) nurse is well embedded and they are now also leading on Mental Health at the Trust. The Learning Disability Strategy has launched and a suite of training sessions are available on the subjects of Learning Disabilities, Dementia and Mental Health. The LD nurse is available to offer support and advice.

## Access Information Standard (AIS)

The AIS policy has recently been updated and an implementation committee meets every six weeks to review actions and discuss future initiatives. AIS is now also included in the core mandatory training session

## Gender Pay Gap

The Trust has recently published annual information for staff under a contract of employment, a contract of apprenticeship or a contract personally to do work. This will include those under Agenda for Change terms and conditions, medical staff and very senior managers. In this first calculation the pay period snapshot day was 31 March 2018.

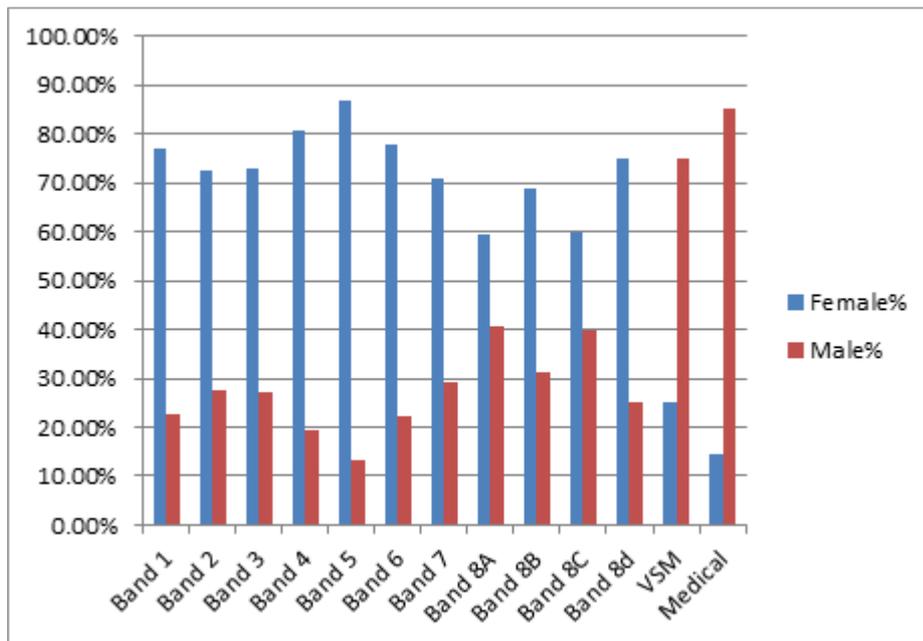
Gender pay reporting is different to equal pay which deals with the right for men and women to be paid the same when doing the same, or equivalent, work. The gender pay gap shows the difference in average pay of all men and average pay of all women within one organisation. It is therefore possible to have genuine equality of pay but still have a pay gap between genders.

As a trust ROH, uses the Agenda for Change job evaluation framework to benchmark appropriate pay bandings to our roles, this in turn provides a process for paying staff equally for the same or equivalent work. Progression through pay steps under the Agenda for Change framework is based on time in post and satisfactory performance irrespective of gender.

The gender pay gap within the Trust is driven by the strong male bias in our medical workforce. This population of staff is generally our higher earning staff and makes up 8% of our total workforce. By comparison there is a strong female bias in our support roles which tend to be at the lower end of the pay range. As an acute NHS trust specialising in orthopaedics our medical workforce is reflective of the strong male bias in orthopaedic medical workforces nationally.

When our gender pay gap is recalculated removing the medical workforce the gap closes significantly to a gender pay gap of 5.9%, which is well below the national average of 17.9%. Furthermore, the median pay gap is actually showing a negative at -0.9% for of our staff, excluding medical workforce, indicating that women are paid slightly more at the mid-point of pay than men. The median is often considered to be more statistically valid due to removing the extremes at either end of the pay scale. In addition, while it has moved from -2.7% to -0.9% this can be seen as a positive shift towards pay parity.

The chart below is used to illustrate how the composition of the workforce at ROH is distributed male to female by banding. What this shows is a significantly higher proportion of males in the highest two bands (VSM and Medical) while similarly at the lower bands the reverse is true with the proportion of females to males being significantly higher.



The Trust is working with the National Orthopaedic Training Programme and groups of fourth year medical students to understand the difference in choice between men and women to specialise in orthopaedics. However, this is unlikely to change in the short to medium term.

The full report is available on the ROH website.

## Workforce Race Equality Standard (WRES)

Data from the Workforce Race Equality Standard (WRES) has been used throughout this report to inform and evaluate current Equality and Diversity progress. This section gives an overview of the full set of data and results.

**Table: WRES Key indicators with comparison data**

WRES Indicator	Indicator Definition	ROH NHS Trust			Movement from 2017 and key action	National 2018 Published January 2019
		2016	2017	2018		
1	% of staff BME	22.1	24.2	24.4	No significant change	19.1
2	Relative likelihood of White staff being appointed from shortlisted candidates compared to BME staff	1.99	1.45	1.64	Negative change	1.45
3	Relative likelihood of BME staff entering formal disciplinary	1.17	1.01	1.33	Negative change	1.24

WRES Indicator	Indicator Definition	ROH NHS Trust			Movement from 2017	National 2018 Published January 2019
		2016	2017	2018		
4	Relative likelihood of BME staff accessing non-mandatory CPD	1.05	1.0	1.22	Positive change	1.15
5	% of BME staff experiencing harassment, bullying or abuse from patients or public in last 12 months	19.2	15.9	15.63	Positive change	29
6	% of BME staff experiencing harassment, bullying or abuse from staff in last 12 months	30.4	26.6	45.31	Negative change	28
7	% of BME staff believing the trust provides equal opportunities for Career progression or promotion	62.0	71.4	65.9	Negative change	72
8	% of BME staff personally experienced discrimination at work from a member of staff	18.4	6.25	12.50	Negative change	15
9	% of the full Board identifying as BME	0	0	0	No significant change	7



The proportion of BME staff of all non-medical staff has remained stable and is more favourable (higher) than the national benchmark. Work in the Recruitment team continues to review how to attract candidates from a wider pool of diverse candidates e.g. increased presence on Twitter.

At VSM level and within the membership of full board the numbers are relatively low. In 2018, the Trust focussed on different ways to attract and support potential Leaders at ROH to be confident to progress. Examples included a Leadership programme for aspiring Nurse leaders and successful applicants on the NHS Leadership Academy BAME (Black and Ethnic minorities) Leadership programme with the support of external partners such as Heart of England Education (HEE). This work will include further consideration and targeted action taken at the next opportunity to seek BME representation on the Board.

In comparison to other Trusts, the number of disciplinary cases is still relatively low. Careful monitoring of this indicator will be necessary with any future changes to the Trust's management of staff performance.

Board members and the Trust are regularly updated on the staff survey results and work being undertaken to improve the engagement of staff members. This should have an impact on some of the results shown in the table above e.g. Antibullying awareness week.

An Equality and Diversity network is now well established in the Trust with a chair elected from the staff group. The Inclusion team support this group with resources and advice. The network plan to run an awareness event during Black History month in October.

## Impact on Equality

All individuals submitting papers presented to Trust Board or sub-committee must complete and include an Equality Impact Assessment. Completion is monitored by the Associate Director of Governance & Company Secretary.

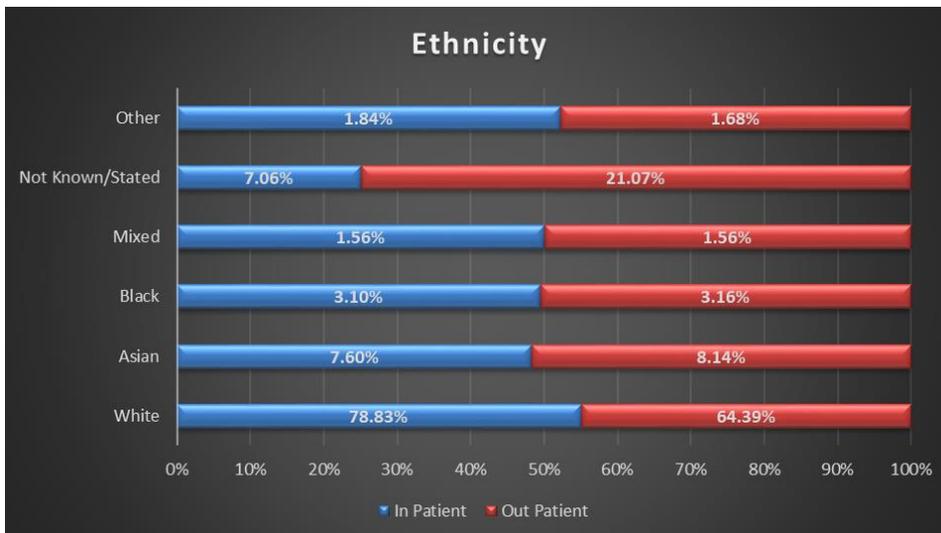
All job panels to agree job roles and grading are completed with representation from Trade Unions.

All interview panels must include at least one panel member training in Values Based Recruitment including unconscious bias awareness).

## Patient data

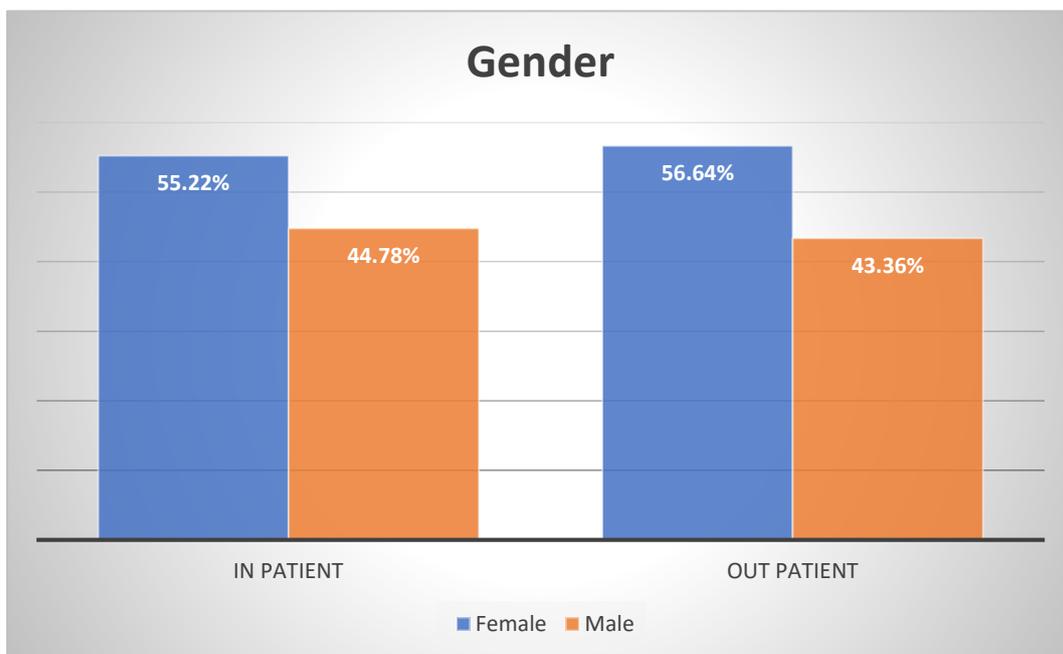
The data shown below for patients is taken from January 2018 to December 2018. Information from this section has been included in commentary in the staff data section.

### Ethnicity 2018



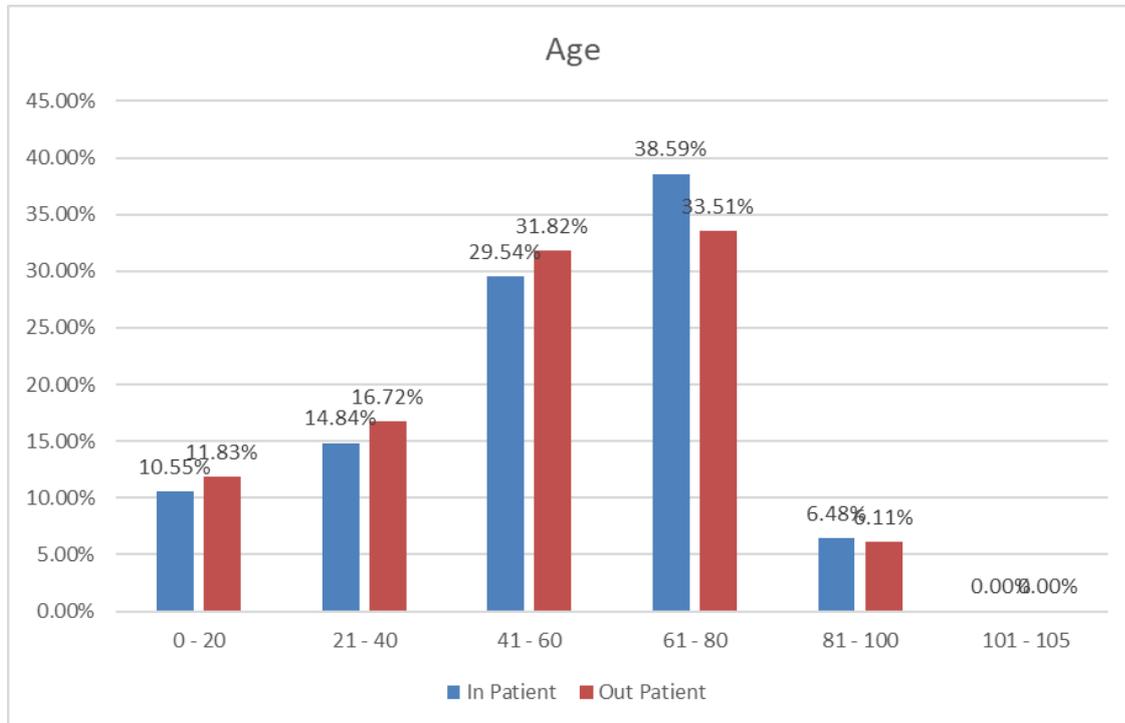
The data reflects a difference between ethnicity of staff (White 74%) and that of patients. Evidence from patient feedback and complaints shows similar ethnicity percentages of respondents however the Trust will look at different ways to collect feedback from patients based on ethnicity.

### Gender 2018



The gender profile for patients is very different from staff (Female 70.5%). In addition, there is a higher percentage of females at lower grades and males in senior medical posts. Feedback from patients does not identify any issues around Gender.

### Age 2018



With the confirmed transition of paediatric inpatient services to Birmingham Childrens Hospital, robust plans are already in place to manage this move and the changes to services offered for different ages at the Trust.

## Patient Languages spoken

The CQC report highlighted that translation services are well embedded in the Outpatients department. However in other areas this service needs to be developed. The Tables below shows the Top 10 languages spoken by patients which are varied. Patient feedback highlights communication as being the biggest barrier to treatment. The work on the Accessible Information standard is looking at improving communication channels for patients.

Spoken Language	In Patient		Out Patient		Total Count	Total %
	Count	%	Count	%	Count	%
English	9994	89.30%	41922	87.82%	51916	88.10%
Not Specified	882	7.88%	4189	8.78%	5071	8.61%
Urdu	78	0.70%	425	0.89%	503	0.85%
Panjabi; Punjabi	57	0.51%	271	0.57%	328	0.56%
Polish	34	0.30%	141	0.30%	175	0.30%
Arabic	22	0.20%	146	0.31%	168	0.29%
Bengali	16	0.14%	80	0.17%	96	0.16%
Somali	11	0.10%	51	0.11%	62	0.11%
Gujarati	10	0.09%	41	0.09%	51	0.09%
Persian	7	0.06%	47	0.10%	54	0.09%
Hindi	6	0.05%	27	0.06%	33	0.06%
Italian	6	0.05%	17	0.04%	23	0.04%

## Religious Beliefs 2018

The Trust continues to celebrate festivals and religious events. The Multi Faith room is accessible to all staff and patients.

Religion	count	%
Christian	3373450	60.22
Buddhist	16649	0.30
Hindu	72247	1.29
Jewish	4621	0.08
Muslim	376152	6.71
Sikh	133681	2.39
Other religion	25654	0.46
No religion	1230910	21.97
Religion not stated	368483	6.58

It is recognised that equality data for patients is limited and this is highlighted on the action plan. The Informatics and Patient (PALs) teams will review ways to collect additional data which must include the 9 protected characteristics to improve patient outcomes.



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