NHS
Sussex Community
NHS Foundation Trust

ANNUAL
EQUALITY
REPORT

2020-21

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CONTENTS

SUMMARY

Welcome to the annual equality report 2020-21.Whilst we remain focussed on the journey still ahead, this document reports progress from across the past year within employment and healthcare to advance equality and tackle inequity at Sussex Community NHS Foundation Trust (SCFT).

Below is a summary of the key findings and next steps:

RACE (page 6)

i. The Black, Asian and Minority Ethnic (BAME) workforce grew by 6% in 2020-21, slower than the 13% growth the year before. The gap between white people and BAME people being appointed shrank on the previous year.

ii. In Agenda for Change (AfC) pay bands 8a-9 the proportion of BAME staff decreased for the first time in five years by 11% and in medical and dental staff decreased by 10%.

iii. These findings will be addressed through improving retention during the employment lifecycle and a development programme for under-represented groups, in addition to further supporting members of recruitment panels to meet our *model employer* goals.

iv. There is a five year increasing trend in BAME staff experiencing harassment, bullying or abuse from other colleagues in 2020, being addressed through a new zero-tolerance campaign towards racism with effective and visible action in response to racist incidents.

RELIGION AND BELIEF (PAGE 8)

v. The proportion of staff (73%) sharing their beliefs grew by 27% over the past five years.

vi. The staff survey score for Hindu staff safety (bullying and harassment) is 5.3 out of 10. The Trust average for all staff is 8.4 out of 10. This is the smallest belief group within SCFT.

vii. 22.7% of Hindu staff report discrimination from patients or the public. The national average is 12% for Hindu staff.

viii. Further work will be undertaken to better understand the experiences of this group.

GENDER (page 10)

ix. The workforce is 85% female and 15% male. The size of the male workforce grew by 43% or 254 more men, over the past five years. The size of the female workforce increased by 16% or 484 more women.

x. 27% of females reported experiencing harassment, bullying or abuse from patients, relatives or members of the public compared to 17% of males. This will be addressed by a violence reduction project.

xi. Across the Trust as a whole, women earned £1.02 for every £1 men earned when comparing median hourly wages. Women's mean hourly wage was 6.7% lower than men's, a shrinking of three percentage points in that gap since 2020. The median pay gap is more typical of the gap between most men and women.

SEXUAL ORIENTATION (page 12)

xii. Three and a half percent of the workforce shared with us that they identify as lesbian, gay or bisexual (LGB).

xiii. There has been 64% growth in people sharing this information over the past five years; or an additional 76 more individuals.

xiv. LGB staff report that the Trust feels safer in terms of bullying and harassment and it feels more inclusive compared both to the community healthcare sector for LGB staff and to the national average for LGB staff.

DISABILITY (page 14)

xv. Six percent of the workforce shared they identify as disabled on their staff record. Non-disabled people were almost as likely (1.06 times) to be appointed from shortlisting as disabled people.

xvi. Whilst over five years the disabled workforce grew by 69%, the equivalent of 128 more disabled people, over the past year it shrank by 13% or a loss of 47 people.

xvii. People sharing their disability are relatively under-represented in more senior roles.

xviii. Disabled staff on average reported equal opportunities in promotion and career progression four points lower than non-disabled people.

xix. 83% of disabled staff felt the Trust made adequate adjustments at work, five points more than the previous year.

xx. These findings will be addressed by further support for managers to focus on staff health and wellbeing and by improving the completeness of disability data.

AGE (page 16)

xxi. Of all the age groups, the 61+ years' group has grown the most over the past five years at 61%, or the equivalent of 231 more people.

xxii. Staff in the 41-55 years and the 51-65 years age groups scored the lowest safe environment scores for bullying and harassment of any age groups at 8.4 out of 10.

xxiii. These findings will be addressed by holding quarterly meetings for staff in the 50 years and over age band to explore support provided during menopause, options around flexible retirement and how to have conversations about wellbeing and flexible working within performance and development review.

PATIENT CARE EQUITY (PAGE 18)

xxiv. Ethnicity data completeness on patient care record datasets varies between 68% (Emergency Care) to 95% (Time to Talk).

xxv. There were 916 contacts received by the Patient Advice Liaison Service (PALS) in 2020-21. Two were coded as discrimination.

xxvi. There were 296 contacts received by PALS about appointments, not specific to any population group, and 180 of these concerned the access to appointments.

xxvii. These findings will be addressed by embedding approaches to population health management, patient involvement, partnership working and inclusive care within the Trust.

Conclusion

xxviii. We have taken our greatest efforts to date to advance equity, with further work required to remove cultural and social barriers to accessing care and to improve staff retention. Across 2021-22 we will take a number of further steps:

xxix. Increase support for staff to begin to put inclusive care and engagement into practice by improving how patient histories and demographics are identified and recorded, measured through data quality metrics.

xxx. Provide tools for staff to improve service accessibility and quality for those patient groups who are worse off, as measured through equity audit and impact assessment completion and review.

xxxi. Improve representation within senior management through recruitment and talent management, and improve retention for under-represented groups

xxxii. The end goal is thriving and culturally competent staff providing inclusive care to promote positive outcomes and to address health inequity.

INTRODUCTION

Welcome to our annual equality report 2020-21

This report demonstrates what we have achieved and where we need to focus to continue to advance equality, as part of our mission of excellent care at the heart of the community.

Our equality, diversity and inclusion (EDI) programme delivers our workforce strategy commitment for thriving staff to be inclusive, diverse and fair, and supports the aims of our clinical strategy to improve patient and carer experience and to address inequalities within population health.

The report is made up of eight sections: race, religion and belief, gender (including pregnancy and maternity), sexual orientation, disability, age, organisational inclusion and care equity. The initial seven sections report on equality of opportunity within employment and the last section on equality of opportunity within services (care equity).

- Each section begins with our key achievements and benefits to advance equality, including fostering good relations
- There are then key findings including measures of equality, in particular representation, access and experience
- There are measures of our work to eliminate discrimination, including harassment
- Each section then ends with key next steps for the organisation to address the findings over the forthcoming year.

(R)(A)(G) Key measures include a traffic light system of progress, illustrated by either a red (**R**), an amber (**A**) or a green (**G**) point.

Green indicates any gaps between groups which are within accepted national NHS thresholds, and do not indicate concerns. Amber indicates work in progress and red indicates a decline beyond acceptable thresholds or an unacceptable position.

Employment data is taken from electronic staff records, HR information, staff surveys and the Trust's recruitment management system TRAC. Patient data is taken from administrative systems and incident management systems. Data is redacted below a count threshold of 20 people to preserve privacy, except where specified.

This report evidences compliance with our specific equality duty (Equality Act 2010), our duty to publish gender pay gap information (on page 11) and our obligations to publish information relating to the workforce race equality standard (WRES; on page 6) the workforce disability equality standard (WDES; on page 14) and the equality delivery system (EDS; see Appendix 1: Equality Delivery Summary).

WORKFORCE RACE

The BAME (Black, Asian and Minority Ethnic) workforce grew by 6% in 2020-21, slower than the 13% growth the year before. The gap between white people and BAME people being appointed shrank on the previous year. In Agenda for Change (AfC) pay bands 8a-9 the proportion of BAME staff decreased for the first time in five years by 11% and in medical and dental staff decreased by 10%. A greater focus on inclusive retention for 2021-22 will pick up the pace to address this and meet our *model employer* goals.

There is a five year increasing trend in BAME staff experiencing harassment, bullying or abuse from other colleagues being addressed through a new zero-tolerance campaign towards racism with effective and visible action in response to racist incidents.

1.1. Across 2020-21 the Trust's BAME Network brought people together from different ethnic backgrounds committed to valuing individuality, supporting inclusion and promoting diversity. Headline achievements include:

- Held six sessions on resilience against workplace racism
- Trained BAME network members to sit on interview panels
- Focus on supporting staff at fortnightly online meetings.

KEY FINDINGS: RACE

Fig. 1 Workforce by ethnic group

Workforce ethnicity representation (WRES 1)

1.2. The number (n.) of BAME people in the workforce at 31 March 2021 was 507, or 9.2% of the workforce overall. The Trust's BAME workforce has grown by 34.1% (n. +129) over the past five years.

1.3. This indicator is red as per the Race Disparity Ratio (RDR) rating of the Trust by NHS England as white staff members were 2.74 times more likely to be represented in Agenda for Change (AfC) bands 8a and above, relative to their representation at bands 5 and below, as compared to BAME staff representation between those clusters.

Fig. 2 Trust BAME workforce % over time

1.4. BAME representation in AfC bands 8a-9 (4.2%) shrunk this year by -11.1% for the first time in five years. In medical and dental staff BAME representation (31.5%) shrunk by -9.7%. The non-consultant career grade (NCCG) had the largest proportion of BAME people of any grade at 37.5% (n. 21). AfC band 2 had the largest absolute BAME workforce population (n. 106). The Trust has a plan to address BAME representation for the next five years.

Fig. 3 Likelihood white staff appointed

Ethnicity shortlisting-to-appointment likelihood (WRES 2)

1.5. 114 BAME people and 889 white people were appointed in 2020-21. White people were 1.4 times more likely to be appointed from short-listing than BAME people, better than both the ICS trusts provider average (1.7) and the community provider sector average (1.7). If 44 more people who shared they were BAME had been appointed

racial equality would have been achieved. The annual target (1.5) has been surpassed, though the indicator remains amber until equality is achieved within the acceptable threshold range of 0.8-1.2 likelihood.

Formal disciplinary likelihood by ethnicity (WRES 3)

1.6.   BAME people were 1.2 times more likely than white people to enter formal disciplinary, compared to their proportion in the overall workforce. This figure is down from 1.79 last year, higher than the 1.15 ICS trusts provider average and lower than the community provider average (1.33). It is rated green although we are at the upper acceptable threshold.

Fig. 4 Likelihood BAME staff disciplinary
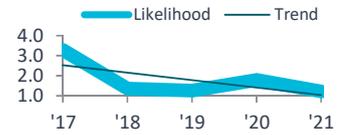
Non-mandatory training (WRES 4)

1.7.   White people (n. 2357) were 0.96 times less likely to access non-mandatory training and development as BAME people (n. 267).

Bullying from patients or public by ethnicity (WRES 5)

1.8.   28% of BAME staff experienced harassment, bullying or abuse from patients, relatives or the public; four percentage points lower than 2019 with a static five-year trend. This figure is the same as the BAME staff national average from all employers in the NHS staff survey.

Fig. 5 Patient-on-staff harassment by ethncity

Bullying from colleagues by ethnicity (WRES 6)

1.9.   26% of BAME staff experienced harassment, bullying or abuse from managers or other colleagues in the prior 12 months; less than the national average (29%) with an increasing five-year trend.

Fig. 6 Staff-on-staff harassment ethnic group

Racial equality of opportunity for promotions (WRES 7)

1.10.   76% of BAME staff reported equal opportunities for promotion with a static trend and 17 points lower than for white staff. It is seven points greater than the 69% BAME staff national average.

Fig. 7 Equal opportunities for promotion
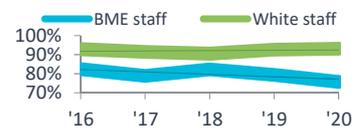
Discrimination from manager or colleague (WRES 8)

1.11.   14% of BAME staff experienced discrimination at work from their manager or colleagues. There is three points less than the 17% BAME staff national average.

Fig. 8 Staff experiencing discrimination

Board ethnicity membership (WRES 9)

1.12.   There were no BAME board members at the 31 March 2021 compared to 8% estimated in the Sussex resident BAME population. This is rated green as Board representation has been improved since this reporting date through the appointments of a new Non-Executive Director (NED) and a new Associate NED.

NEXT STEPS FOR RACE EQUALITY 2021-22

- Launch a campaign to highlight our zero-tolerance approach backed up by effective and visible action in response to racism
- Review employment life cycle for BAME staff to identify opportunities
- New development programme for BAME staff at bands 3 to 5, and focus on BAME representation at band 8a and above.

WORKFORCE RELIGION AND BELIEF

The 73% proportion of staff sharing their beliefs grew by 27% over the past five years.

The Hindu staff group score for a safe environment in relation to bullying and harassment is an outlier at 5.3 out of 10. The Trust average for all staff is 8.4 out of 10.

22.7% of Hindu staff report discrimination from patients or the public. For Hindu staff the national average is 12% and amongst community providers it is 9.3%. There are similar scales of difference from the 27.3% of Hindu staff that report discrimination from their manager or team leader or other colleagues compared to relevant benchmarks.

2.1. Across 2020-21 the Trust's Religion and Belief Network and the Trust's chaplaincy explored and developed the expression of spirituality within the Trust. Key achievements include:

- Developing prayer, meditational and memorial opportunities for staff during the pandemic
- Embedding access to spiritual and pastoral support within the *"Connect"* staff helpline.

KEY FINDINGS: RELIGION AND BELIEF

Workforce religion and belief representation

2.2. The number of people sharing their religion or belief with the Trust at 31 March 2021 was 4,039, or 77% of the workforce. Staff in agenda for change (AfC) pay band 2 had the largest proportion of any grade identifying as religious at 59.3%, compared to 56.9% in the workforce overall. Over five years the proportion of staff sharing with us information about their beliefs increased by 27%

2.3. Staff sharing they were Christian were the largest belief group at 45% (n. 2,501), followed by the non-religious group at 16% (n. 893). In contrast in the staff survey 2020, 42% of 3,048 respondents described themselves as non-religious. 9% (n. 502) of staff shared their religion or belief as 'Other' on their staff record, compared to 1.8% on the staff survey 2020.

2.4. On the staff record, the proportion of all staff sharing that they identify as religious grew by 19% (n. +502) over five years. The proportion sharing that they identify as non-religious grew by 65% (n. +351). The biggest non-religious growth in any pay band over five years was at AfC band 3 of 163%.

2.5. The score is rated amber because the 26% of staff not wishing to share their belief on their staff record is significantly higher than the 8% of the Sussex population who did not state their religion or belief in the Census 2011.

Fig. 9 Workforce by belief group

- Non Religious
- Religious
- Do not wish to disclose

Fig. 10 Belief group workforce % over time

Safe environment (bullying and harassment) by religion and belief

2.6. The safe environment (bullying and harassment) score is aggregated from responses to three questions from the staff survey 2020 relating to personal experience of harassment, bullying or abuse from patients, relative, members of the public, managers and / or colleagues.

2.7. The Trust average score for all staff was 8.4 out of 10, slightly less than the community provider benchmark of 8.5 out of 10, and equal with Queen Victoria Hospital NHS Foundation Trust for the highest score in the Sussex Health and Care Partnership (SHCP).

2.8. The belief group with the lowest Trust score was Hindu at 5.3 out of 10, lower than the national average score at 8.2 out of 10, and lower than the community provider benchmark at 8.4 out of 10. This is also the smallest belief group within SCFT, with fewer than 25 staff.

2.9. Buddhists (8.6), Muslims (8.7) and those with no religion (8.7) scored higher than the Trust average (8.4), with all three groups scoring equal or higher than those groups' respective national average scores and their community provider benchmark scores.

Religion and belief equality, diversity & inclusion score

2.10. The equality, diversity and inclusion score is aggregated from responses to four questions taken from the staff survey 2020 relating to equal opportunities in career progression, discrimination at work and the adequacy of adjustments made to enable individuals to work.

2.11. The Trust average score for all staff was 9.3 out of 10, slightly less than the community provider benchmark at 9.4 out of 10, and the highest score in the SHCP.

2.12. All religious groups scored the same as or lower than the Trust average score. The group that scored the lowest was Hindu at 7.7 out of 10, lower than the national average score for Hindus (8.5) and the community provider benchmark for Hindus at (8.7).

2.13. The only belief group that scored higher than the Trust average was staff in the non-religious group at 9.5 out of 10, which is higher than the national average score of 9.2 out of 10 for that group and the same as its community provider benchmark.

NEXT STEPS FOR RELIGION AND BELIEF EQUALITY 2021-22

- Commission a review and an improvement plan to determine and respond to the specific issues reported by Hindu staff.

Fig. 11 Bullying & harassment score (religion and belief group)

Group	Score
Prefer not to say	7.9
Any other religion	8.3
No religion	8.7
Muslim	8.7
Hindu	5.3
Christian	8.3
Buddhist	8.6

Fig. 12 Equality, diversity & inclusion score (religioun and belief group)

Group	Score
Prefer not to say	9.1
Any other religion	9.1
No religion	9.5
Muslim	8.9
Hindu	7.7
Christian	9.3
Buddhist	8.7

WORKFORCE GENDER

The workforce is 85% female and 15% male. We cannot evidence representation for Trans or non-binary people. The size of the male workforce grew by 43% over the past five years. The size of the female workforce increased by 16% or 484 more women. 27% of females reported experiencing harassment, bullying or abuse from patients, relatives or members of the public compared to 17% of males.

Across the Trust as a whole, women earned £1.02 for every £1 men earned when comparing median hourly wages. Women earned £1.73 for every £1 that men earned when comparing median bonus pay.

3.1. Across 2020-21 the Trust continued its work to promote gender equality between men, women and non-binary people, including trans people, and for pregnant women and new mothers. Key achievements include:

- Update to the staff ID badge to include preferred pronouns
- Roll out of gender neutral toilet signage
- Trans awareness training and resources delivered for mass vaccination staff.

KEY FINDINGS: GENDER
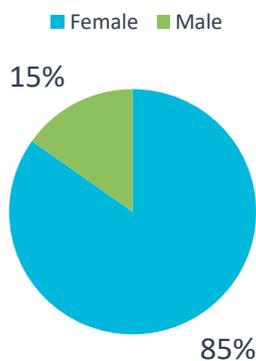
Workforce gender representation

3.2. Out of 5,532 staff, 85% (n. 4690) were recorded as female and 15% (n. 842) as male on their staff record. The proportion of the male workforce grew by 43% (n. +254) over five years, and the female workforce increased by 16% (n. +484). At present the national Electronic Staff Records (ESR) system cannot record staff members who do not identify with a specific binary sex.

3.3. The Agenda for Change workforce was 85% (n. 4,626) female compared to 64% (n. 57) in the medical and dental workforce. The female medical and dental workforce grew by 10% over the past five years.

3.4. The voting board was comprised of four men and seven women, inclusive of both executive directors and non-executive directors.

Flexible working satisfaction

3.5. Out of 1,195 staff with caring responsibilities for children aged 0-17, 72% were satisfied or very satisfied in the staff survey 2020 with their opportunities for flexible working, the same as the community provider benchmark. This compares to 62% of the 1,840 staff at the Trust who responded that did not have caring responsibilities for children aged 0-17 years. 62% of 1,104 staff, who looked after others due to long term condition or age were either satisfied or very satisfied, compared to 68% of 1,924 staff who did not.

Fig. 13 Workforce by sex

■ Female ■ Male

15%

85%

Harassment, bullying or abuse from patients by gender

3.6. There was a six point difference between the proportion of females (27%) who reported experiencing harassment, bullying or abuse from patients, relatives or members of the public and the proportion of males (17%) reporting it.

Female 23
Male 17
Prefer not to say 26

Discrimination from patients, relatives or members of the public by gender

3.7. There was a 1.5 percentage point difference between the proportion of males (5.2%) who reported discrimination from patients, relatives or members of the public and the proportion of females (3.7%) reporting.

Fig. 15 Discrimination from patients / public towards staff by gender (%)

Female 3.7
Male 5.2
Prefer not to say 6.5

Gender pay gap

Hourly wages pay gap

3.8. Across the Trust as a whole, women earned £1.02 for every £1 men earned when comparing median hourly wages. Women's mean hourly wage was 6.7% lower than men's, a shrinking of three percentage points in that gap since 2020. The median pay gap is more typical of the gap between most men and women.

Proportion of women in each pay quarter

3.9. Women represent 81% of the highest pay quartile, a decrease of four points over five years. Men represent 17.6 of the lowest pay quartile, an increase of three points over five years.

Fig. 16 % gender in each pay quarter

■ Women ■ Men

Top quarter 80.7 19.3
Upper middle quarter 88.3 11.7
Lower middle quarter 84.8 15.2
Lower quarter 82.4 17.6

3.10. Pay quarters are calculated by splitting all employees in the Trust into four even groups according to their level of pay. Looking at the proportion of women in each quarter gives an indication of women's representations at different levels of the Trust.

Gender bonus gap

3.11. In the Trust, women earned £1.73 for every £1 that men earned when comparing median bonus pay. All bonuses were doctors receiving Clinical Excellence Awards (CEAs). When comparing mean bonus pay, women's bonuses were 3.9% lower than men's.

NEXT STEPS FOR GENDER EQUALITY 2021-22

- Establish a violence against staff reduction project group
- Hold quarterly staff groups to explore support for staff during menopause and wellbeing and flexible working within performance and development review.

WORKFORCE SEXUAL ORIENTATION

Three and a half percent of the workforce shared with us that they identify as lesbian, gay or bisexual (LGB) on their staff record. 5% of the 3,164 staff who responded to the staff survey 2020 identified as LGB or as another minority sexual orientation.

There has been 64% growth in LGB people sharing their sexual orientation on their staff record over the past five years; or an additional 76 more individuals.

LGB staff report that the Trust feels safer in terms of bullying and harassment and it feels more inclusive compared both to the community healthcare sector for LGB staff and to the national average for LGB staff.

4.1. Across 2020-21 the Trust continued its work to promote equality between people of all sexual orientations, including lesbian, gay, bisexual (LGB) and straight people. Key achievements include:

- Hosting of monthly online support sessions for staff
- Virtual Pride participation
- Update branding to communicate racial and gender inclusivity.

KEY FINDINGS: SEXUAL ORIENTATION

Workforce sexual orientation representation

4.2. The number of people sharing their sexual orientation on their staff record at 31 March 2021 was 4,392, or 79% of the workforce.

4.3. Staff sharing they were Heterosexual was the largest group at 75.9% (n. 4,198), followed by the group of staff sharing that they do not wish to disclose at 19.4% (n. 1,071), then by staff who shared they identified as either lesbian or gay at 2.4% (n. 133) and lastly staff who shared they were bisexual at 1.1% (n. 61).

4.4. The number of staff sharing they were heterosexual increased by 1% in 2021 compared to 2020. The number sharing they were of lesbian and gay staff increased by 17%. The number sharing they were bisexual grew by 24%.

4.5. Staff in Agenda for Change (AfC) bands 8-9 pay cluster had the largest proportion identifying as LGB on their staff record at 5%, compared to 4% in the workforce overall.

4.6. The medical and dental group had the largest proportion of staff indicating they preferred to not share their sexual orientation on their staff record at 21%.

4.7. The total proportion of all staff sharing that they identify either as lesbian, gay or bisexual increased by 64% (n. +76) over five years. The largest growth (233%) was in AfC band 4.

Fig. 17 Workforce by sexual orientation
- Heterosexual
- Lesbian (L) or Gay (G)
- Bisexual (B)
- Do not wish to disclose
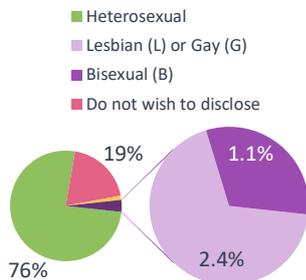
Fig. 18 LGB workforce by AfC pay cluster

4%	3%	5%
AfC 1-4	AfC 5-7	AfC 8-9
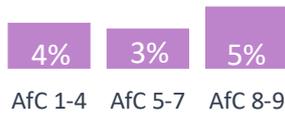
Fig. 19 Sexual orientation % over time

Safe environment (bullying and harassment) by sexual orientation

4.8. The Trust average score for a safe environment was 8.4 out of 10 from 3,164 staff (63%) who responded to the staff survey 2020.

4.9. Staff from all sexual minorities reported they felt the Trust had a safer environment than the community provider benchmark average or the national average.

4.10. Straight people reported a marginally lower score than the community provider benchmark, and higher than the national average.

Sexual orientation equality, diversity & inclusion score

4.11. The Trust average equality, diversity and inclusion score was 9.3 out of 10 from 3,164 staff responding to the staff survey 2020.

4.12. Staff from all sexual orientations reported on average equality, diversity and inclusion scores that were as good as or higher than the community provider benchmark average or the national average.

NEXT STEPS FOR SEXUAL ORIENTATION EQUALITY 2021-22

- Roll out gender identity awareness training for staff.

Fig. 20 Bullying & harassment score (sexual orientation)

	SCFT	Community Providers	National
Gay or Lesbian	**8.6**	8.4	7.6
Bisexual	**8.4**	7.7	7.4
Other	**8.1**	7.6	7.5
Straight	**8.5**	8.6	8.2
Prefer not to say	**8.0**	7.9	7.4

Fig. 21 Equality, diversity & inclusion score (sexual orientation)

	SCFT	Community Providers	National
Gay or Lesbian	**9.5**	9.2	8.6
Bisexual	**9.3**	9.0	8.5
Other	**8.5**	8.5	8.2
Straight	**9.4**	9.4	9.1
Prefer not to say	**9.1**	8.8	8.4

Non-disabled people were almost as likely (1.06 times) to be appointed from shortlisting as disabled people. Whilst over five years the disabled workforce grew by 69%, over the past year it shrank by 13% (n. -47). This will be addressed by further supporting managers to focus on staff health and by improving data completeness.

People sharing their disability are relatively under-represented in more senior roles. Disabled staff on average reported equal opportunities in promotion and career progression four points lower than non-disabled people. 83% of disabled staff felt the Trust made adequate adjustments to enable them to work, five points more than the previous year.

5.1. Across 2020-21 the Trust continued to advance disability equality and make reasonable adjustments for disabled people in our workplaces and to facilitate that their voices were heard (WDES 9):

- Secured disability awareness and learning resources for staff
- Launched hidden disabilities training completed by 800 staff
- Delivered *#WeSupportDeafAwareness* training to 100 staff.

KEY FINDINGS: DISABILITY

Workforce disability representation (WDES 1)

(A)

5.2. There were 313 people sharing their disability on their staff record at 31 March 2021, or 5.7% of the workforce. This was a decrease of 13% (n. -47) on the 360 staff a year earlier. 23.2% of 3,052 staff who answered the staff survey 2020 shared they were disabled. The group without a disability status on their staff record has remained relatively static (14%) over the past year. Over the past five years the amount of staff sharing their disability grew by 69% (n. +128).

5.3. The Agenda for Change (AfC) bands 1-4 cluster had the largest proportion of disabled staff at 5.8% (n. 132). No one shared having a disability in the AfC 8c-9 and very senior managers (VSM) cluster.

Shortlisting-to-appointment by disability (WDES 2)

(G)

There were 76 disabled people, and 905 non-disabled people appointed in 2020-21. Non-disabled people were 1.06 times as likely to be appointed from shortlisting as disabled people, down from 1.48 in the year previous.

Formal capability likelihood by disability (WDES 3)

(A)

5.5. Two people sharing a disability entered a formal capability process in 2020-21, compared to 15 non-disabled people and seven people whose disability status. Disabled people were 1.90 times more likely than non-disabled people to enter a formal capability process relative to their proportion in the overall workforce.

Fig. 22 Workforce by disability status

- Disabled
- Undefined
- Not disabled

13.7%
5.7%
80.7%
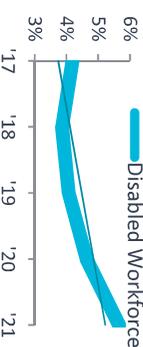
Fig. 23 Workforce disability % over time

Disabled Workforce...

6%
5%
4%
3%

'17 '18 '19 '20 '21
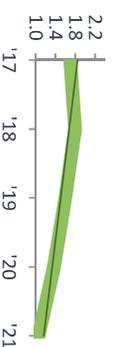
Fig. 24 Likelihood non-disabled staff appointed

2.2
1.8
1.4
1.0

'17 '18 '19 '20 '21

Harassment, bullying or abuse by disability (WDES 4) (A)

5.6. 24% of disabled staff felt harassment, bullying or abuse from patients, relatives or the public, compared to 22% of non-disabled staff, both figures decreasing over five years. The disabled staff community provider benchmark is 27%.
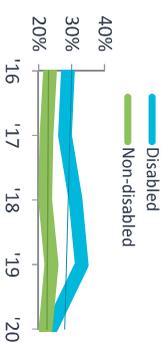
5.7. 15% of disabled staff felt harassment, bullying or abuse from managers and 19% from other colleagues. 8% of non-disabled staff felt it from managers and 13% from other colleagues. 57% of disabled staff and 60% of non-disabled staff, or their colleagues, reported the last incident of bullying, harassment or abuse at work.

Disability and equal opportunities for promotion (WDES 5) (A)

5.8. 88% of disabled staff felt the Trust provides equal opportunities for promotion, compared to 92% of non-disabled staff. The disabled staff community provider benchmark is 87%.
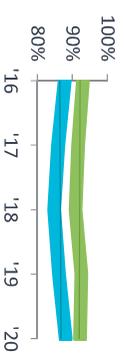
Pressure to work from manager when unwell (WDES 6) (A)

5.9. 24% of disabled staff felt management pressure to come to work when not feeling well enough, compared to 16% of non-disabled staff. The disabled staff community provider benchmark is 26%.

Staff satisfaction that Trust values their work (WDES 7) (A)

5.10. 47% of disabled staff felt the Trust valued their work, compared to 56% of non-disabled staff. The disabled staff community provider benchmark is 48%.

Adequate adjustments for disabled people (WDES 8) (A)

5.11. 83% disabled staff felt the Trust made adequate adjustments to enable them to work, five points more than the previous year and one point more than the community provider benchmark.

Disabled staff engagement (WDES 9) (A)

5.12. Disabled staff scored an engagement score of 7 out of 10 the same as the community provider benchmark score. Non-disabled staff scored 7.4 out of 10, again the same as the community provider benchmark score.

Board disability membership (WDES 10) (R)

5.13. No board members shared a disability compared to 19% of working age people in the South East population (2020, DWP. Family Resource Survey).

NEXT STEPS FOR DISABILITY EQUALITY 2021-22

- Launch the Health and Wellbeing Passports and a streamlined process for those who need adjustments to support them at work
- Launch a campaign to highlight our zero-tolerance approach backed up by effective and visible action in response to ableism.

Fig. 25 Patient / public-on-staff
harassment by disability status

— Disabled
— Non-disabled

'16   '17   '18   '19   '20

Fig. 26 Equal opportunities for promotion

100%
90%
80%

'16   '17   '18   '19   '20

Fig. 27 Pressure to work when unwell

30%
20%
10%

2018   2019   2020

Fig. 28 Staff satisfaction (valued work)

60%
50%
40%
30%

2018   2019   2020

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WORKFORCE AGE

Of all the age groups, the 61+ years' group has grown the most over the past five years at 61%, or the equivalent of 231 more people.

Staff in the 41-55 years and the 51-65 years age groups both scored the lowest safe environment scores for bullying and harassment of any age groups at 8.4 out of 10.

Staff in the 31-40 and the 41-50 years age groups both scored the lowest equality, diversity and inclusion scores of any age group at 9.3 out of 10.

6.1. Across 2020-21 the Trust continued its work to promote age equality between people of different ages:

- Career planning services for people mid-career and pre-retirement
- Volunteer services engaging people of all ages in the mass vaccination programme.

KEY FINDINGS: AGE

Workforce age representation

6.2. The Trust staff in post grew by 15% (n. +738) over five years from 4,794 in 2017 to 5,532 in 2021.

6.3. Of all age groups in the workforce the 61+ year's age group changed the most over five years with 231 (61%) more people up from 379 in 2017 to 610 in 2021.

6.4. The 46-60 years age group proportionately changed the least over five years with 9% (n. +198) more people up from 2,232 in 2017 to 2,430 in 2021.

Safe environment (bullying and harassment) by age

6.5. The 21-30 years group gave the highest safe environment (bullying and harassment) score of any age group in the staff survey 2020 at 8.8 out of 10.

6.6. The scores improved on the previous year for all age groups except the 16-20 year old group where it decreased slightly by a third of a point.

5.7. The 41-55 years and the 51-65 years age groups both gave the lowest safe environment (bullying and harassment) score of any age group at 8.4 out of 10 in the staff survey 2020.

Fig. 29 Workforce age group over time

	'17	'18	'19	'20	'21
≤30 yrs	8%	9%	9%	10%	11%
46-60	47%	46%	45%	45%	44%
31-45	34%	34%	34%	34%	33%
61+	11%	12%	11%	11%	12%

Legend: ≤30 yrs, 31-45, 46-60, 61+

Fig. 30 Bullying & harassment score (age group)

Legend: 66+, 51-65, 41-50, 31-40, 21-30, 16-20

Age equality, diversity and inclusion score

6.8. The equality, diversity and inclusion scores for the 16-20 years, the 31-40 years and the 66+ year's age groups are all slightly down on last year, but still equal or surpass both the community provider benchmark averages and the national averages for those age groups.

6.9. The only age group in the workforce with a higher score in 2020 than the previous year was the 21-30 years age group, which also scored the highest of any age group in 2020 at 9.6 out of 10. This is higher than both the community provider benchmark average (9.4) and the national average (9.0).

6.10. The 31-40 and the 41-50 years groups in the workforce both gave the lowest equality, diversity and inclusion scores in 2020 of any age group at 9.3 out of 10.
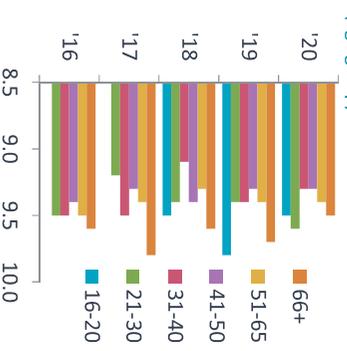
NEXT STEPS FOR AGE EQUALITY 2021-22

- Widen participation to include further engagement with education providers and youth organisations
- Hold quarterly meetings for staff in the 50 years and over age band to explore support provided during menopause, options around flexible retirement and how to have conversations about wellbeing and flexible working within performance and development review.

Fig. 31 Equality, diversity & inclusion score (age group)

ORGANISATIONAL INCLUSION

7.1. Across 2020-21 we also delivered trust-wide initiatives to advance equality of opportunity, to eliminate discrimination and to foster good relations:

- Delivered a digital version of the inclusive leadership masterclass programme
- Established the first cohort of reciprocal mentors and mentees
- Launched the *"Healthy Teams"* resource to help staff better understand and leverage diversity

PATIENT CARE EQUITY

Ethnicity data completeness on patient care record datasets varies between 68% (Emergency Care) to 95% (Time to Talk).

There were 916 contacts received by the Patient Advice Liaison Service (PALS) in 2020-21. Two of these contacts were coded as discrimination.

There were 296 contacts received by PALS about appointments, not specific to any population group, and 180 of these concerned access to appointments.

This will be addressed by embedding approaches to population health management, patient involvement, partnership working and inclusive care within the Trust.

8.1. Across 2020-21 the Trust developed its work to promote service equity and care inclusion for patients, carers and relatives drawn from a diverse range of populations. Some of the highlights include:

- Population Health and Business Intelligence (BI) teams have worked with services to understand how patient diversity data is captured and how to improve these processes.
- The Patient Experience team completed training on asking diversity information
- The *"Time to Talk"* talking therapies service kept in touch with patients on waiting lists by text message to reduce anxiety
- Uckfield Minor Injuries Unit (MIU) installed an intercom to enable staff communication when access is restricted
- Dental services translated consent forms into different language for speakers of other languages.

KEY FINDINGS: CARE EQUITY

Population health

Data quality (data item scores)

A

8.2. A snapshot of diversity data item completeness within Trust care records at March 2021 includes:

- Out of 440 community inpatient care records, 220 (50.4%) included a valid and complete ethnicity code
- Out of 334,715 community services' care records, 226,975 (68%) included a valid and complete ethnicity code and 79,370 (24%) included a language code
- Out of 4,060 diagnostics' care records, 3,850 (94.7%) included a valid and complete ethnicity code
- Out of 8,315 emergency care records, 5,750 (68.3%) included a valid and complete ethnicity code
- Out of 6,335 talking therapies (IAPT) care records, 6,015 (95%) included a valid and complete ethnicity code.

Data item Score (%)	Inpatients	Community Services	Diagnostics	Emergency Care	Time to Talk (IAPT)	Outpatients
Ethnicity	50.3	68	94.7	68.3	95	49.5
Gender	100	100	100	100	100	100
Disability	-	-	-	-	100	-
Language	-	24	-	-	-	-

Fig. 32 Data item (Complete and Valid %) - March 2021 monthly snapshot *(Source: NHS Digital, Data Quality Maturity Index)*

- A hyphen indicates a data item is not submitted within the corresponding dataset not that it is not present

Patient experience

8.3. There were 916 contacts received by the Patient Advice Liaison Service (PALS) in 2020-21. A very small number of these contacts referred to experiencing discrimination. These related to patients attending the mass vaccination centres who were either denied a vaccine due to not yet being eligible, or experienced non-inclusive language in relation to gender identity.

8.4. There were 296 contacts received by PALS about appointments, not specific to any group, and 180 of these concerned access to appointments. 30% of these contacts related to people seeking to access podiatry services via Diabetes Care For You, 21% seeking to access Time to Talk services, and 9% to people seeking the COVID-19 vaccine. In many cases the contact was not raising issues about lack of access, but simply asking how to access services.

Spiritual and Pastoral Care

8.5. In 2020-21 an interfaith End of Life Care document was produced including engagement with local faith and belief groups. Multi-faith resource packs were prepared for each of our Intermediate Care Units, volunteer chaplaincy diversity was reviewed and representatives from various religion and belief groups were established to advise the Spiritual Care Lead.

NEXT STEPS FOR PATIENT CARE EQUITY 2021-22

Population Health

- Understand our waiting lists by demographic features, with a particular focus on analysis by ethnicity and deprivation, in order to address the longest waiters and ensure health inequalities are tackled
- Develop and implement training for staff to improve understanding of the importance of asking and recording patient demographic data
- Develop a programme of equity profiles and audits assessing how patients reflect the local population, whether there are differences in access and outcomes between different population groups and identifying interventions to address any identified disparities Roll out Equality and Health Inequalities Impact Assessments (EHIA) within service development and policy development.

Patient Experience

- Publish and promote guidance and training for our workforce on how to capture the experiences of our diverse patient cohort

- Seek opportunities for engagement with seldom heard groups, working in partnership with health and social care colleagues to join existing networks and create new ones as needed

- Design and establish methods to understand the demographics of our patient cohort and communities we serve

- Establish a reading group and co-design communication materials with the people who they are intended for, developing and enhancing communication materials for our patients, children, young people, carers and families

Spiritual and Pastoral Care

- Build partnerships with the different religion and belief groups and communities in our catchment area

- Achieve equitable and relevant provision of spiritual and pastoral support in bedded units and in the community, including out-of-hours provision

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APPENDIX 1: EQUALITY DELIVERY SUMMARY

9.1. This table shows how we score (red / amber / green) against the national equality delivery system:

Outcome	Indicators	Rating
National Goal 3: Empowered, engaged and well-supported staff		
3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	Workforce ethnicity representation (WRES 1)	R
	Ethnicity shortlisting-to-appointment likelihood (WRES 2)	A
	Workforce religion and belief representation	A
	Workforce gender representation	A
	Workforce sexual orientation representation	G
	Workforce disability representation (WDES 1)	A
	Shortlisting-to-appointment by disability (WDES 2)	G
	Workforce age representation	G
3.2 Levels of pay and related terms and conditions are fairly determined for all posts	Gender pay gap	G
3.3 Through support, training, personal development and performance appraisal, staff are confident and competent	Non-mandatory training (WRES 4)	G
	Racial equality of opportunity for promotions (WRES 7)	A
	Disability and equal opportunities for promotion (WDES 5)	A
3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	Bullying from patients or public by ethnicity (WRES 5)	A
	Bullying from colleagues by ethnicity (WRES 6)	A
	Safe environment (bullying and harassment) by religion and belief	A
	Harassment, bullying or abuse from staff by gender	A
	Discrimination from patients, relatives or members of the public	A
	Safe environment (bullying and harassment) by sexual orientation	G
	Harassment, bullying or abuse by disability (WDES 4)	A
	Safe environment (bullying and harassment) by age	G
3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives	Adequate adjustments for disabled people (WDES 8)	A
	Flexible worker satisfaction	
3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	Pressure to work from manager when unwell (WDES 6)	A
	Staff satisfaction that Trust values their work (WDES 7)	A
National Goal 4. Inclusive leadership at all levels		
4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and	Board ethnicity membership (WRES 9)	G
	Religion and belief equality, diversity & inclusion score	A
	Sexual orientation equality, diversity & inclusion score	G
	Board disability membership (WDES 10)	R

Outcome	Indicators		Rating
good relations fostered, within their organisations and beyond	Disabled staff engagement (WDES 9)		A
	Age equality, diversity and inclusion score		G
4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	Formal disciplinary likelihood by ethnicity (WRES 3)		G
	Discrimination from manager or colleague (WRES 8)		A
	Formal capability likelihood by disability (WDES 3)		A