

# **Annual Equality Report**

2015-2016

## Version control

### Document information

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## Glossary of terms

AAA	Abdominal Aortic Aneurysm
AAT	Admissions avoidance Team
ADHT	Attention Deficit Hyperactivity Disorder
AfC	Agenda for Change
AGM	Annual General Meeting
AHP	Allied Health Professional
AOP	Annual Operating Plan
AQP	Any Qualified Provider <i>First</i>
BAF	Board Assurance Framework
BGAF	Board Governance Assurance Framework
BHCC	Brighton & Hove City Council
BiCS	Brighton & Hove Integrated Care Services
BMA	British Medical Association
BSUH	Brighton and Sussex University Hospitals NHS Trust
C&B	Choose and Book
CAF	Child Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CASH	Contraception and Sexual Health
CAU	Clinical Assessment Unit
CCG	Clinical Commissioning Group
CDC	Child Development Centre
CES	Community Equipment Service
CHD	Coronary/Chronic Heart Disease
CIP	Cost Improvement Plan
CP	Child Protection need to explain
CRES	Cash Releasing Efficiency Savings
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSU	Commissioning Support Unit
CVD	Cardiovascular disease
DBS	Disclosure & Barring Service
DoH	Department of Health
DQ	Data Quality
EBITDA	Earning before Interest, Tax, Depreciation and Amortisation
EDMT	Executive Director Management Team

# Summary

Highlights of progress by the Trust advancing equality and key areas for development from a review of evidence for 2015-16:

## Race equality progress

The Brighton & Hove specialist health visitor for black and minority ethnic (BME) families supported people seeking asylum, refugees and travellers.

The Bilingual Families Group (BFG) at children's centres across Brighton & Hove offered drop-ins that included health promotion and education for parents, carers and their children who have English as an additional language.

Children's Speech and Language Therapy Services in Brighton & Hove set up a staff forum on bilingualism to improve members working with families with English as an additional language.

## Key areas for development

- BME people were 1.5 times as likely not to recommend services to friends and family as white people across all services
- BME people were over twice as likely to not feel involved in their care as White people across all Trust services in 2015-16, with Asian people almost three times as likely (based largely on the walk-in centre in Crawley)
- There were 458,208 referrals of which 181,537 referrals (40%) were patients who had an ethnic code recorded
- Appointment of White people was twice as likely as BME people from shortlisting
- Formal disciplinary investigations upon BME staff members were nearly twice as likely as for white staff across 2014-16
- Experiences of harassment, bullying or abuse by BME staff were half as likely as for white staff in the staff survey 2015
- Experiences of discrimination from a manager or team leader by BME staff were nearly 1.7 times as likely as for white staff across 2015-16
- White people were 1.3 times as likely to have leadership development as BME people
- White people were 1.3 times as likely to be part of the public membership in Coastal West Sussex constituencies overall than BME people relative to their sizes in the resident population
- There was a 16% increase in community language interpreter spend from 2014-15.

## Age equality progress

### Children and young people

The Brighton & Hove Looked After Children (LAC) health team worked with children and young people to improve the usability of child health action plans. The service also increased up to date immunisations from 75% in 2013 to 93% in 2016.

The Family Nurse Partnership in West Sussex successfully developed and piloted an Early Help pathway for all teenage parents in Worthing. Young parents and former clients are also part of a co-production team as part of a national pilot to improve care.

The Healthy Child Programme in West Sussex introduced a new system so that health records are available to all staff involved in the care of a child or young person.

The ChatHealth secure school nurse messaging service for teenagers to get confidential health and support saw the best uptake of any service using the system in the country.

The Paediatric Speech and Language Therapy service in Worthing worked with Oak Grove special college students and their families to successfully design and pilot a transition process that will now roll out across West Sussex.

Chailey Clinical Services revised all consent documentation to ensure consideration of the needs of young people with complex disability transitioning to adults.

### Adults and older people

Brighton & Hove saw the introduction of dementia specialist Admiral Nurses to improve support for people living with dementia in the community.

Brighton & Hove adult community services saw the development of a single point of access to manage referrals so that triaging and assessment of patients happens only once.

Brighton & Hove Palliative Care Team has increased opening hours to ensure that community clinicians can provide telephone support until 9pm.

In High Weald, Lewes and Havens the Trust collaborated with Age UK East Sussex on a new community navigation scheme to reduce social isolation for older people.

### Key areas for development

- The 25-64 years age band was 1.2 times as likely not to recommend services to friends and family as the 65-74 years age band
- Weighted against referrals, people over 75 years were four and a half times more likely to complain than people in the 65-74 years age band were. This is up from over three times more likely in 2014-15
- The biggest age band in the workforce was the 45-59 year olds at 47.0%
- People over the age of 51 years were twice as likely to report experience of harassment, bullying or abuse from other staff as those age 31-40 years.

## Disability equality progress

The Sussex Rehabilitation Centre in Brighton began a pilot scheme to fit wheelchair risers for people receiving a new powered wheelchair to allow them to reach higher and improve independence.

Speech and language therapists in the Community Neurological Rehabilitation Team (CNRT) North team provided advice to the Phoenix Stroke Club in Horsham to optimise their communication group for stroke survivors

The West Sussex talking therapy service 'Time to Talk' introduced self-referrals with 76% of these resulting in at least one appointment compared to 43% of professional referrals.

The One Call single point of access service in the West Sussex North locality developed flags on their call-handling system to ensure that patients with additional communication needs and requiring an interpreter or an advocate had those services booked in advance.

Chailey Clinical Service won the contract to provide complex assessment and provision of communication aids to adults and children in Sussex, Surrey and Brighton & Hove.

An existing quality improvement priority for 2015/16 will further address the differences in patient experience between disabled people and people who are not disabled.

### Key areas for development

- Respondents with a learning disability were 1.3 times more likely to not recommend their care to friends and family as those who were not disabled
- Blind people were nearly twice as likely to not feel involved in their care as people who were not disabled
- There were no Braille transcriptions or audio recordings purchased in 2015-16
- Deaf people were 1.7 times as likely to not feel involved in their care as people who were not disabled
- There was a 39% decrease in spend and a 21% decrease in activity from 2014-15 levels for external British Sign Language (BSL) interpreter and lip-speaker sessions
- The level of non-disclosure of disability status is higher amongst medics than agenda for change staff
- Over the past three years the level of people in the workforce recording they were disabled on their staff record has dropped by 3.5%
- Disabled staff were 1.5 times as likely to report physical violence from patients, relatives or the public in the previous 12 months as people who were not disabled
- Disabled people were 2.4 times as likely to report experiencing harassment, bullying or abuse from other staff members, as people who were not disabled
- Disabled people were 3.3 times as likely to report experiencing discrimination at work in the previous 12 months as people who were not disabled.

## Sex equality progress

The Family Nurse Partnership (FNP) revised service eligibility criteria to increase engagement with vulnerable high-risk women and offered a service to 30% of the eligible first-time mothers in West Sussex

The Sexual Assault Referral Centre (SARC) in Crawley was successful in developing a new role for a psychologist to improve assessment and treatment.

84.4% of initial contacts for a nurse led street medicine (NLSM) service launched across Brighton & Hove in 2015 to identify the health needs of entrenched rough sleepers and develop treatment plans were with males

### Key areas for development

- Females were 1.2 times as likely not to recommend services to friends and family as males across all services, especially within the Urgent Care Centre in Crawley and podiatry therapy services
- Male respondents using therapy services were 1.7 times as likely to feel not involved in their care as females in 2015-16 according to the friends and family test survey
- Females were 1.1 times as likely to complain as males in 2015-16 compared to their proportions within referrals
- 26.4% of referrals in 2015-16 had incomplete information about the sex of the patient
- Females were overall 1.62 times more likely to be appointed than males, and were over-represented in appointments
- Females were 1.1 times as likely to be at the top of their pay band as males were (excluding doctors and very senior managers)
- Males were five and a half times as likely to be subject to disciplinary proceedings as females
- Women were twice as likely to anonymously report physical violence from patients, relatives or the public as men in 2015
- Women were 1.6 times as likely to anonymously report experiencing harassment, bullying or abuse from patients, relatives or the public as men in 2015
- Women were 1.3 times as likely as men to anonymously report experiencing discrimination at work in 2015
- Females were 1.2 times as likely to be part of the Trust's public membership in Sussex constituencies as males were relative to their sizes in the resident population.



## Sexual Orientation

The Health Visiting service in Brighton & Hove continued to host at Preston Park Children's Centre the Rainbow Families group for lesbian, gay, bisexual, transgender and questioning (LGBTQ) parents and their children across Sussex.

### Key areas for development

- There were 110 people (2.3%) in the workforce who had declared as lesbian, gay or bisexual (LGB) on their staff records, relative growth of 30% on four years ago
- Appointment of heterosexual people was twice as likely as LGB people known from shortlisting
- There were no appointments of known LGB people to senior management posts in 2015-16
- The promotion of heterosexual people was 1.3 times as likely as it was for LGB people within the known workforce.

## Religion and Belief

The clinical lead for Crawley community nursing visited a Hindu Temple in Crawley to outreach to local worshippers and raise awareness about the services offered.

### Key areas for development

- 46.8% of the workforce defined themselves as Christians, representing the largest single belief group. The next largest group were those who chose not to disclose at 33.8%
- Non-religious people were more likely to be appointed than religious people (from shortlisting) in 2015-16, except in agenda for change bands 1-4 posts
- People who chose not to disclose their religion were 1.2 times as likely to be at the top of their agenda for change pay bands as people who declared as Christian.

## Corporate equality

- There was developing evidence of the completion of equality analyses for eligible public board papers with 20 out of 21 papers in 2015-16 indicating completion
- There was developing evidence of the completion of equality analyses for policies and procedural documents with 52 out of 54 documents ratified in 2015-16 indicating completion
- Equality and diversity training compliance was 63% of the combined substantive and active bank workforce, compared to 65% in 2014-15. Substantive staff compliance was 98% compared to 74% in 2014-15 and active bank compliance was 33%
- There is scope and plans in place to improve diversity data compliance at patient record level and for patient safety incidents.

# 1 Better health outcomes

Better health for the Trust is around achieving outcomes to help people live independently and delivering excellence. Below is an analysis that looks at five outcomes: meeting needs, assessment, transition, safety and health promotion.

## 1.1 Services are designed and delivered to meet the health needs of local communities

Below are examples of how the Trust has designed and delivered community services to meet the health needs of local communities within Sussex and the surrounding areas.

### Children's and Specialist Services

#### Healthy Child Programme West Sussex



The service has the best uptake of any organisation using the service CHAThealth system to increase access to health services for teenagers. ChatHealth is a secure school nurse messaging service for confidential health and support. No message ever goes unanswered, with automated texts signposting alternative sources of help out of hours. The service has also moved to integrated teams to improve transition and information sharing.

#### Paediatric Speech and Language Therapy

The service uses the Balanced System model of intervention to ensure all children are able to access the support they need to maximise their communication potential, and improve their educational attainment.

#### Family Nurse Partnership – West Sussex

The Family Nurse Partnership (FNP) offers a countywide service to 30% of the eligible first-time mothers in West Sussex. To promote equity, the eligibility criteria has been revised to work with vulnerable high risk women and a multi-agency Early Help pathway for all teenage parents has been successfully developed and piloted in Worthing in partnership with midwives, health visitors, children & family centre staff. Efforts have continued to roll this out across the coastal strip and adapt the pathway to accommodate a different midwifery model in the north of the county.

Each health visiting team has a champion for teenage parents facilitated by the FNP Supervisor to ensure teenage parents and their children who are not cared for within the

Family Nurse Partnership have dedicated, consistent, co-ordinated and enhanced health visiting support that is appropriate to their needs.

#### Brighton & Hove Looked After Children (B&H LAC)

B&H LAC health team provided a flexible service that reduced school absences for children and young people. Introduction of new systems and the ability to work safely away from the office base has greatly improved the team's flexibility.

#### Brighton & Hove Health Visiting

The services provided a specialist health visitor for black and minority ethnic (BME) parents, carers and children from Brighton & Hove. They supported families including people seeking asylum, refugees and Travellers.

The BFG (Bilingual Families Group) continues at Tarnar, Conway Court and Hangleton Park Children's Centres offering a drop-in group covering play, health promotion and education for parents and carers who have English as an additional language and their preschool children. These sessions improve integration and increase understanding of often-marginalised groups within Brighton & Hove.

#### Chailey Clinical Services

Chailey Clinical Service won the contract to provide complex assessment and provision of communication aids to adults and children in Sussex, Surrey and Brighton & Hove.

The service also provided personalised equipment for children and young people with complex disability enabling them to access the curriculum and participate in activities of daily living with greater independence.

#### Sussex Rehabilitation Centre (SRC), Wheelchairs and Community Equipment

SRC have just started piloting a quality initiative that involves offering those receiving a new powered wheelchair the opportunity to have a riser fitted under the partnership option of the wheelchair voucher scheme. Wheelchair risers allow the wheelchair to go higher and can significantly enhance a user's independence, for example reaching into high kitchen cupboards and being at the same level as peers.

#### Brighton & Hove Palliative Care Team

This partnership service provided a 24 hour a day support line set up for all people in the community with specialist palliative care concerns, giving them the opportunity to speak directly to a clinician.

#### Dentistry

Dentistry is a referral service commissioned to meet the needs of the local community for patients with particular needs and those who have difficulty accessing General Dental Services. We also provide dental treatment on a domiciliary basis for people unable to leave the house and training in oral health care.

Our service is for patients with specific health and social care issues including:

- Alcohol and drug misuse

- Challenging behaviour / severe management difficulties
- Child Protection Register and looked after children
- Dental phobias
- Homeless
- Learning disabilities
- Medical problems
- Mental health diagnosis
- Physical disabilities, mobility issues
- Social problems
- Paediatric patients with high caries incidence
- Travelers

## Adult Services

### Admiral Nurses – Brighton & Hove

In Brighton & Hove, dementia prevalence estimates are around 1% of the total population (around 3,000 people). Admiral Nurses are dementia specialist nurses who provide holistic clinical support to people living with dementia and their family carers, in the community and other settings. Introduced to improve service quality and co-ordinate care for people with a number of long-term conditions, the Admiral Nurses will work as part of the emerging Frailty Multi-disciplinary Teams and work collaboratively with all local providers.

### Homeless Team – Brighton & Hove

An evaluative project for a nurse led street medicine (NLSM) service for rough sleepers launched in 2015. The purpose of the service is to identify the health needs of entrenched rough sleepers and develop engagement and treatment plans, working with existing services including rough sleepers outreach workers, day services and other homeless services and established specialist homeless and mainstream health services.

Members of the homeless community engaged with the NLSM either in the form of one-off contacts (Initial Contacts) or as part of a more intensive process of engagement (Intensive Caseload). The Intensive Caseload composition is those with greater complex needs: entrenched rough sleepers identified by the team as having unmet physical health needs. For example, unregistered with a GP or not having visited their GP for some time.

Over the first five months, since the start of the service 128 individuals had an Initial Contact with the NLSM and a further 43 individuals were in contact with the service more intensively. This equates to 171 individuals who were in contact with the NLSM during this 5-month period.

- Twenty clients were female making up 15.6% of Initial Contacts. All of those in contact with this aspect of the service identified as either male or female
- The average age of females on the NLSM caseload was 42 years (range 33-66 years). The average of males was 44 years (range 22-71 years)

- Over half (68%) of clients were of White British ethnicity (where recorded). This compares with 80.5% of the Brighton & Hove population as whole
- Of those where this information was known (29 clients) one male identified as bisexual with the remainder (28) being heterosexual
- One of the clients on the caseload had served in the UK armed forces
- Five (12%) of those on the caseload had been in care as a child.

#### High Weald, Lewes & Havens adult community services

In November 2015, the Trust became the provider of adult community services for the population of High Weald Lewes & Havens (HWLH). Key to the success of the bid was the shared vision of the provider with the CCG in improving the health outcomes of local people; addressing health inequalities by delivering accessible services designed to meet the needs of the local population.

The Trust will be delivering its community services using the 'communities of practice model', bringing health, social and third sector providers together around a community to provide services for local people based around their needs. The Trust will expand on the range of health and wellbeing services, offering people a range of ways to access and engage in services.

#### Respiratory disease – High Weald, Lewes, Havens

The Trust provides a community respiratory service assessing, planning, delivering and evaluating specialist respiratory care to patients diagnosed with respiratory disease. Offering clinic and home based care, the service is working with our partners to deliver an oxygen assessment service to patients who require it and has so far delivered two courses of pulmonary rehabilitation for patients experiencing deterioration in their condition, with two more programmes expected to complete in October 2016.

#### Stroke rehabilitation – High Weald, Lewes, Havens

The Trust provides a stroke rehabilitation service offering nursing and therapy care after a person has a stroke. The service aims to deliver a seven day early supported discharge service where appropriate. The Trust is working with the commissioners to deliver these ambitions and reduce the inequalities of outcomes in the locality. The service also aims to reduce risk factors for people who have experienced stroke.

#### Community Neurological Rehabilitation Team (CNRT) North

The CNRT provide specialist rehabilitation and advice to individuals aged over 18 years with identified neurological needs. During the year, the service working collaboratively with organisations such as Headway, local stroke groups and condition specific organisations such as the Stroke Association, MS society and Trust, to ensure that services met the needs of our patients.

For example, patients were signposted onto the Phoenix Stroke club in Horsham. The service's Speech and language Therapists provide advice to the group to optimise the effectiveness of the club's communication group that provides opportunities for stroke survivors with communication deficit to engage with others on an informal basis.

The services also continues to support vocational rehabilitation opportunities by offering advice, support and sign posting to relevant agencies such as Disability Employment Advisors, Workability or the government endorsed 'Fit for work' scheme.

## 1.2 Individual people's health needs are assessed and met in appropriate and effective ways

The examples below illustrate how individuals' health needs are assessed and met by community services so that they are appropriate and effective in helping them achieve their goals.

### Children's and Specialist Services

#### Healthy Child Programme West Sussex

The introduction of a new clinical records system has ensured that records are available to all staff involved in the care of a child or young person reducing duplication.

#### Paediatric Speech and Language Therapy (SLT)

Children's SLT services arrange and undertake for speech and language assessments, including in the child's primary language where possible.

#### Case study

U is a 14-year-old Turkish boy with autism and severe learning difficulty. His parents speak no English. He is non-verbal but uses an iPad app as a voice-output communication aid (VOCA). The service arranged for a Turkish interpreter to explain the augmentative and alternative communication (AAC) and demonstrate how U is using it at school. Following a successful school trial the service then referred U to Chailey for his own iPad which was set up in two different languages (English and Turkish) so he could talk to home about school in Turkish and vice-versa. The AAC has a choice of voice, which was personalised to reflect a teenage male. His parents were very excited to talk to their son in their own language to hear about his thoughts, feelings and experiences and reported they really valued the appointment with the interpreter present.

#### Family Nurse Partnership – West Sussex

The Family Nurse Partnership programme provides comprehensive assessments of family's needs that include young mothers and fathers in understanding their child's and their own needs for areas of change, for example, "Let's Think Together" assessment.

#### Brighton & Hove Looked After Children (B&H LAC)

B&H LAC health team have developed in partnership with young people and the LA child / young person friendly health care plans to improve children and young people's ownership of their health action plan.

### Brighton & Hove Health Visiting

Health Visitors and Children centre staff continued to host the Rainbow LGBT group for lesbian, gay, bisexual and trans parents at Preston Park Children's Centre.

Health visitors and children centres staff work closely with parents of children who have a disability liaising with the Seaside View Child Development Centre including the Presens service, that provide support to children with additional needs.

The citywide Sweet Peas group continues to run for these families at Turner Children's Centre. The Children Centres continue to offer a timetable of activities that are easily accessible to the local families.

### Brighton & Hove Palliative Care Team

There is a multi-faith chaplain as part of the wider partnership team to provide pastoral and spiritual support to patients at the end of their lives and their families.

### Dentistry

Dental treatment plans tailor care towards individuals' needs, including access to translation service for those who are unable to communicate in English. The Special Care Dentistry Service has two clinics with specialised equipment to provide dental care safely to bariatric patients.

One of our clinics runs a drop in session for homeless patients every week to be flexible to our approach to dental care provision to meet their social needs or difficulties. We also see patients from a secure mental health unit that we assess and treat at the same appointment.

### Oral Health Promotion

#### *Mental health*

Oral health workshops tailored messages towards individual needs at Shore House mental health accommodation service in Brighton & Hove. The service has continued to work with staff to try to change unhealthy food and drink habits. Visits have resulted in individuals accessing dental treatment.

#### *Gypsies & Travellers*

The service continued to work with the BME Health Visitor Specialist in Brighton & Hove including a rolling programme on the Playbus service. The closure of the official site resulted in visiting other traveller sites across the City. The service distributed easy to read information with key oral health messages throughout the traveller community.

Following visits referrals increased for children to attend the Special Care Dental Service. The service liaised with health visiting to ensure attendance at appointments. The service provides toothbrushes and toothpaste at each visit.

#### *People with Learning Disabilities*

A major part of the work of the service has been delivering training to staff and carers in a residential setting and offering hands on oral health sessions to people with a learning disability. The service supported the Shared Lives flexible accommodation and care

scheme, delivering oral health training to carers who support adults unable to live independently. Regular day centre visits offer hands on tooth brushing and healthy eating workshops. Again, the service provided toothbrushes and toothpaste at each visit.

### Sexual Assault Referral Centre (SARC)

The Sexual Assault Referral Centre (SARC) was successful in developing a new role for a clinical/counselling psychologist. This will ensure that adults aged 18 and over who access this service will have access to high quality psychological assessment, treatment and onward referral to key services as required.

## Adult Services

### Proactive care partnership – Brighton & Hove

Proactive care is an ambitious initiative across multiple organisations involved in Primary care. This has led to the creation of a new team bringing together different disciplines with people equipped with the skills most needed. The team have the opportunity to design new integrated processes and practices to improve the service and provide care and support based on what matters to the individual.

Trust staff members engage with the model to provide clinical and mental health involvement as well as therapies and specialist services. This has challenged the traditional care assessment and delivery of care and is less focus on a medicalised model and a greater emphasis on what matters to the individual.

### Assessing need & care planning – High Weald, Lewes & Havens

All patients assessed by our nursing or therapy services have individualised care plans designed with the person to address their needs as identified by themselves and by the professionals. The Trust are introducing the use of '*statement*' assessment approaches in the communities of practice development work streams. These are expanded, holistic assessments that put in the person's words what things are important to them, the goals they want to achieve and the input both the person and professional will have in helping attain those goals.

The advanced community nurse practitioners provide case management for patients living with complex co-morbidities. They work very closely with GP surgeries and specialists to help reduce the amount of acute and urgent care episodes and to help the person manage their condition(s) more effectively, increasing independence and quality of life.

The Trust is working with our partners at Here (formerly Brighton Integrated Care Service) and in the Health, and Social Care Centre (HSCC) referral management service to help streamline access to our services by October 2016 for partners, professionals and patients and improve the quality of referral information, cutting down on delays in assessing the person.

### Urgent and Ambulatory Care Services – Central

These services include the Urgent Care Centre (UCC), Primary Care Walk in Service, Clinical Assessment Unit (CAU) and the Planned Treatment Centre at Crawley Hospital as well as the Horsham Minor Injuries Unit, Venous Leg Ulcer Service, Intravenous (IV)



Therapy Service (West Sussex) and the OneCall North single point of access for all referrals to Community Teams.

The UCC provided a 24-hour walk in service also with some direct patient admissions received from the ambulance service. A translation service was available within the UCC for those unable to communicate in English. The UCC worked closely with mental health services and benefits from a co-located 24-hour Psychiatric Senior Nurse Practitioner within the UCC.

The WORTH services are based in the UCC to support people affected by domestic abuse in a safe environment with specialist help. The Saturn Centre (sexual assault referral centre) is next to the UCC, cares for victims of sexual abuse, and provides forensic assessment and treatments. This patient type can be referred to the UCC for physical treatments and administration of post-exposure prophylaxis (PEP) should there be a need.

### Crawley Community Nursing

Crawley community nursing services are provided for people with long term conditions, whether physical or mental, learning disability, frail older people, people with alcohol and drug misuse issues or with challenging behaviours, social problems and those undergoing rehabilitation. To promote these services the team's clinical lead visited a Hindu Temple in Crawley to outreach to local worshippers and raise awareness.

## 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

Below are examples of how we ensure that transitions for people between and within local services are smooth and done so with their full involvement.

### Children's and Specialist Services

#### Paediatric Speech and Language Therapy (SLT):

##### Brighton & Hove locality

Children's SLT Services in Brighton & Hove worked closely with the Ethnic Minority Achievement Service (EMAS) to meet children's language and cultural needs.

##### Worthing locality

The Worthing locality worked with the Adults with Learning Disabilities (ALD) SLT services, social workers, and the Oak Grove special college students and their families to successfully design and pilot a transition process. ALD services agreed the extension of this new model across the county.

The team also attended transition evenings at the school with all the post-19 services for parents and clients. Every school leaver has a communication passport to take with them whether they are on caseload or not, as part of our universal service.

### Family Nurse Partnership – West Sussex

The West Sussex Family Nurse Partnership has a clear pathway for transition from FNP to Health Visiting when a child is 2 years old ensuring an Early Help Plan is in place for families that require ongoing support above universal health visiting services.

### Brighton & Hove Health Visiting

The health visitor/ school nurse liaison and transfer of care form was updated to improve the coordination and ongoing support for those rising 5 year old children who are receiving an enhanced health visiting service, as they start school.

The team provided a specialist service for teenage parents and because the Family Nurse Partnership programme is changing, the team is preparing the home visiting service offered to teenage parents to ensure continuity across the city.

The Early Parenting Assessment programme includes health visitors who provide support to vulnerable parents where there is a possibility that their baby is at risk of removal to foster care.

### Chailey Clinical Services

The service provided smooth transitions including for service users with complex social needs. For example, a child who had safeguarding issues had rehabilitation delivered and then a complex transition managed into the community with foster carers.

### Brighton & Hove Palliative Care Team

The palliative care partnership (PCP) hold daily multidisciplinary team meetings with the hospice team to ensure timely and appropriate admission and discharge back into the community, to discuss and accommodate individuals' needs.

### Adults Therapies

Former patients help run a befriending service for newly diagnosed stroke patients in the Community Neurological Rehabilitation Team (CNRT) in Brighton & Hove. Adult therapy services signpost patients on to dementia support groups, carer groups, Parkinson's groups. Onward referrals to the Falls Service, Bladder and Bowel, Community Specialist Nurses help ensure smooth transitions.

### Dentistry

#### Oral Health Promotion

The service forged strong links networking with other health professionals and providing more strategic partnership. Practitioners attend team meetings to ensure frontline health and social staff are aware of the links between health inequalities and oral health. Relevant up to date evidence based key messages are distributed.

### Adult Services

#### Single Point of Access (SPOA) – Brighton & Hove

The development of a Single Point of Access aim is to manage community service referrals with a '*Once and Done*' approach that includes:

- Patients triaged once by a clinician and passed on to the appropriate service.
- Patients assessed once by the right service. Any need to move a patient between services other than when their care requires it kept to a minimum and any information shared.

The Single Point of Access offers a range of benefits to both patients and their families and carers, offering greater management of demand and capacity. Benefits include:

- One point for referral into a service
- Management of referrals based on patient need and not service structure,
- More robust referral information that ensures patient safety until assessment
- All patients receive the same initial triage
- Improved communication with GP's about the outcome of their patient
- Improved communication with patients to support them to understand their pathway – all patients called to explain the service allocated to them, expected response times and what they can expect.

#### Diabetes – High Weald, Lewes & Havens

The new integrated Diabetes service came into operation in July 2016, bringing diabetes care across the acute and community pathway directly to patients in High Weald, Lewes, the Havens and Brighton & Hove. The service delivers care for patients with type 1 and 2 diabetes from consultant services through to psychological support and specialist podiatry all provided by the Trust in the community.

#### Proactive care and case management – High Weald, Lewes & Havens

Monthly meetings took place based around GP practices and attended by Trust, adult social care and mental health colleagues from Sussex Partnership NHS Foundation Trust. These meetings focussed on the most complex patients with generally multiple needs and service input. The meetings help decide lead people to coordinate care and specific actions required to meet the person's individual health and social care needs.

In the clinical hub model a range of health, social and third sector partners will be available by September 2016 to respond to urgent and proactive care demands, assessing patient needs on a daily basis. Discussions about patients with more proactive care needs and the appropriate service required will take place at weekly team meetings of professionals from different disciplines.

#### Urgent and Ambulatory Care Services – Central

The CAU assessed, diagnosed and treated a wide range of people with conditions to keep care close to home and prevent hospital admissions to the acute trust. One Call developed flags on their call-handling system to ensure that patients with additional communication needs and requiring an interpreter or an advocate had those services booked in advance.

### Crawley Community Nursing

The service arranges regular multi-agency meetings with the local hospice to ensure effective communication between services to tailor end of life (EOL) care to individuals' need.

An example of how the Crawley Community Nursing team ensured a smooth transition for one patient is included here:

The community nurses and responsive services in Crawley worked together to ensure a patient with challenging behaviour had their personal needs met appropriately when other statutory agencies felt unable to manage the patient as a result of challenging behaviour. As a result, the patient remained in their home and funding arrangements negotiated and put in place for them to receive local continuing healthcare (CHC) services.

## 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

There were 6,658 patient safety incidents reportable to the National Reporting and Learning System (NRLS) in 2015-16 including eight that involved severe harm or death. The analysis of this data is not possible by age banding, ethnicity, disability, sexual orientation or religion and belief for service users.

No reported discrimination incidents suggests a possible systemic problem with reporting given the results of the staff survey 2015 in which 26% of staff reported experiencing harassment, bullying or abuse from patients, relatives or the public.

### Children's and Specialist Services

#### Paediatric Speech and Language Therapy

Children's SLT Services in Brighton & Hove have set up a staff forum on Bilingualism to ensure that staff members have the most up to date knowledge and skills in working with families with English as an additional language.

#### Family Nurse Partnership – West Sussex

The FNP programme is a safeguarding programme designed to promote positive and safe care giving by parents. The team liaised closely with Children's Social Care, and the named nurse for safeguarding and a senior social worker attended monthly team supervision meetings.

#### Brighton & Hove Looked After Children (B&H LAC)

#### Sussex Children's Sexual Assault Referral Centre (CSARC)

The service has improved the security systems used to store clinical images taken during children and young people's medicals by working with IT and information governance to reduce the risk of breaching confidentiality.

## Adult Services

Services report all harm whether avoidable or not at divisional and Board level within the Trust and at quality and contract meetings with clinical commissioning groups (CCGs).

The Trust follows the national process for declaring, investigation and reviewing serious incidents (SI's). Senior management teams monitor action plans from serious incidents at regular meetings.

SCFT and HWLH operate within the 'duty of candour' framework acknowledging serious and untoward incidents, informing patients and their families of investigations and outcomes from incidents.

### Harm Free – Brighton & Hove

A nursing team drawn from different disciplines at the harm free monthly meetings reviews all incident reports. Its purpose is to review the quality of the information recorded and the appropriateness of the reporting. Nurses are encouraged to attend from all teams to input into the reports logged and have the opportunity to learn from what has gone wrong and take actions back to their teams.

### Harm Free Care – High Weald, Lewes & Havens

All teams have harm free care meetings to review the top three risks and incidents in the locality reviewing individual incidents to ascertain if risk assessments and care planning was appropriate and what if any actions are required to minimise further risks and incidents. Rates of falls, medicines incidents and pressure ulcers reviewed ensure that staff training, awareness and practice are according to Trust and national guidelines.

## 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities (Additional data might include outcome data from CHIS)

The Trust provided a range of screening, vaccination and other health promotion services with examples below illustrating how services reached out and adapted their services to benefit local communities in Sussex and the surrounding areas.

## Children's and Specialist Services

### Brighton & Hove Looked After Children (B&H LAC)

B&H LAC health team had a robust audit programme that monitored the total population of LAC immunisations to identify children who were not up to date with immunisations. Along with training for staff, this resulted in a steady increase in the numbers of children up to date with immunisations from 75% in 2013 to 93% in 2016.

## Oral Health Promotion

### *Substance misuse*

The oral health promotion team is part of the Detox and Recovery programme delivered within the St Thomas Fund and Brighton Housing Trust (BHT), the Pavilions partnership and the Brighton Oasis Project. There were also visits by request to the ru-ok young people's substance misuse service.

## Adult Services

### Flu and pneumococcal vaccination – High Weald, Lewes & Havens

The community nursing service participated in the annual flu and pneumococcal vaccination programme targeting people on community caseloads and the housebound. Locality managers are in discussion with the CCG regarding expanding our resource to reach seldom-engaged people who may not be able to access routine flu vaccinations. Specialist services such as respiratory services also offer their patients vaccinations according to eligibility.

## 2 Improved patient access and experience

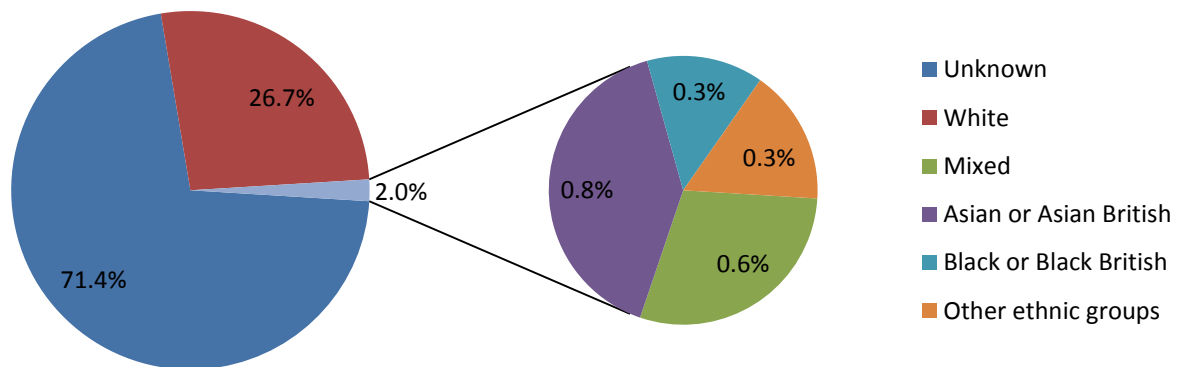
Patient access and experience is a core part of care quality and for the Trust is around respect, dignity and working together. Below is an analysis that looks at four outcomes: access, involvement, experience and complaints.

### 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

Access refers to both service access, such as referrals or care activities, and physical access, such as the design of the physical environment. The number of referrals received for different protected groups and the quality of diversity data held for the person referred is analysed below.

There were 458,208 referrals received in 2015-16, of which 181,537 referrals (40%) were for patients who had an ethnic code recorded on the Trust's patient information systems.

Figure 1 Referrals by ethnicity (Trust wide) 2015-16



#### BME representation in referrals

Looking only at the referrals for which there was a known ethnicity, 8,936 (6.8%) were Black and Minority Ethnic (BME). This compares similarly to the 6.7% of the combined BME resident population of West Sussex, Brighton & Hove and High Weald, Lewes and Havens from the Census 2011. The BME resident population varies considerably within this patch, for example in Crawley it was 20.1% whereas in Coastal West Sussex it was 3.8%. The known data between areas may be having a masking effect overall. The high numbers of unknown ethnicity (71.4%) affects the reliability of drawing further conclusions.

### System issues with ethnic monitoring

There were 209 ethnic codes used to record the ethnicity of patients referred upon the Trust's various information systems. A lengthy cross-mapping of the data allowed these to be manually reconciled to 45 codes, which were then grouped using the census 2001 definitions: 'White', 'Mixed', Black or Black British', 'Asian or Asian British' and 'Other ethnic groups'. Automating the process could allow for easier and faster reporting. The benefits of regularly reporting this data to the Trust and services is that it can promote progress for the diversity agenda by fostering social accountability amongst individual managers (Dobbin & Kaley, 2016).

- Ethnic code completeness within referrals for services in 2015-16 was 36% for services using the SystmOne information system compared to 40% across all systems
- The most complete ethnic dataset for referrals of any service using SystmOne was the immunisations service at 96% (1,787) of referrals

In relation to ethnicity data there is a national requirement to conform to the Community Information Data Set (CIDS) specification since March 2016 (Health and Social Care Information Centre, 2015).

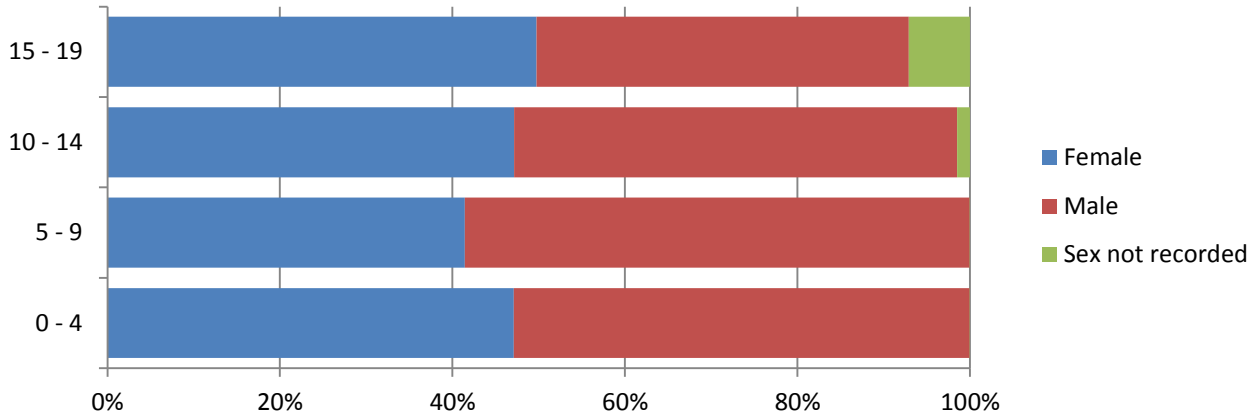
Figure 2 Service Referrals by Age Band and Gender

Age Band	Total	Female	Male	Blank
<b>TOTAL</b>	<b>100.00</b>	<b>45.26</b>	<b>30.78</b>	<b>23.95</b>
<b>Child</b>	<b>9.22</b>	<b>4.28</b>	<b>4.90</b>	<b>0.04</b>
0 – 4	6.74	3.17	3.56	0.00
5 – 9	1.28	0.53	0.75	0.00
10 - 14	0.89	0.42	0.46	0.01
15 - 19	0.31	0.16	0.14	0.02
<b>Adult</b>	<b>90.78</b>	<b>40.98</b>	<b>25.88</b>	<b>23.91</b>
Not recorded	20.78	0.00	0.00	20.78
15 - 19	0.48	0.29	0.16	0.04
20 - 24	1.22	0.85	0.29	0.08
25 - 29	1.82	1.38	0.33	0.11
30 - 34	2.21	1.72	0.35	0.14
35 - 39	1.95	1.40	0.41	0.15
40 - 44	1.80	1.06	0.56	0.19
45 - 49	2.17	1.12	0.81	0.25
50 - 54	2.70	1.41	1.00	0.29
55 - 59	2.84	1.37	1.19	0.29
60 - 64	3.42	1.69	1.43	0.29
65 - 69	4.91	2.37	2.15	0.39
70 - 74	5.57	2.80	2.43	0.33
75 - 79	7.34	3.89	3.17	0.28
80 - 84	9.71	5.58	3.94	0.18
85 - 89	11.14	6.78	4.26	0.10
90 - 94	7.85	5.15	2.68	0.03



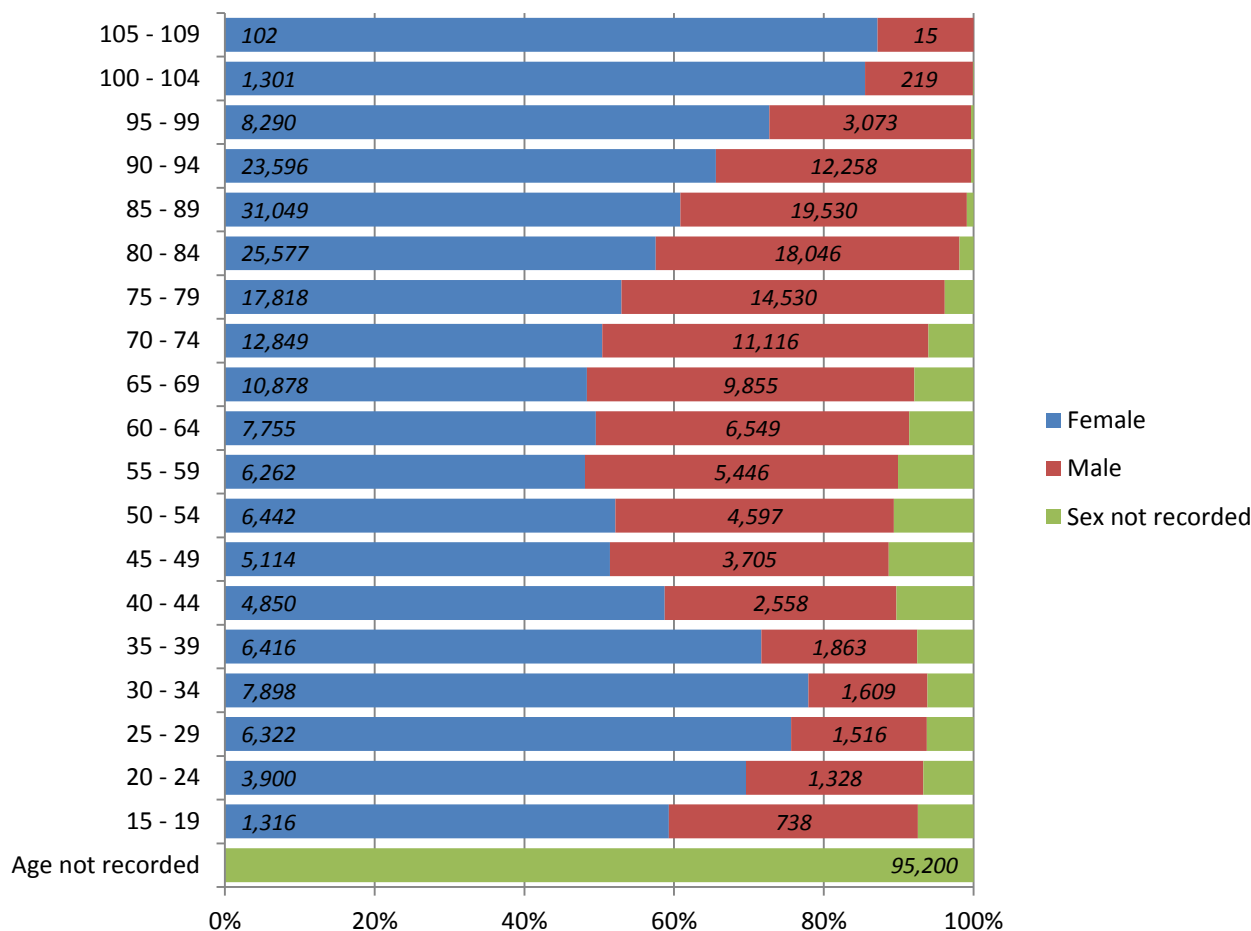
Age Band	Total	Female	Male	Blank
95 - 99	2.49	1.81	0.67	0.01
100 - 104	0.33	0.28	0.05	0.00
105 - 109	0.03	0.02	0.00	-

Figure 3 Referrals for children by sex



There were 19.6k referrals (46%) for children coded as female, 22.5k (53%) for children coded as male and 170 (0.4%) for children not coded.

Figure 4 Referrals for adults by sex



There were 187.7k referrals (45%) for adults coded as female, 118.6k (29%) for adults coded as male and 109.6k (26%) for adults whose sex was not coded on patient information systems.

Access data around disability, religion and belief, sexual orientation, gender identity was not available.

## Children's and Specialist Services

Figure 5 Ethnic code completeness by children and specialist service area

Area	Referrals	Referrals with ethnic code	Ethnic code completeness
Brighton & Hove Children and Family Services (CFS)	12,767	12,767	100%
Reablement	1,896	1,896	100%
Public Health and Wellbeing	810	95	11.7%
West Sussex Children's Services	30,316	1,627	5.4%

The data about ethnic code completeness shows large geographical variation (94.6%) between Brighton CFS (100%) and West Sussex Children's Services (5.4%).

### Health Visiting Services: Focus on access by ethnicity

#### BME parents

- There were 5,202 referrals received by Brighton & Hove Health Visiting services in 2015-16 of which 725 referrals (13.9%) were for parents whose known ethnicity was BME, compared to 10.9% in the resident population from the Census 2011
- There were 14,398 referrals received in West Sussex Health Visiting services, of which 895 (6.2%) were known BME parents, compared to 6.3% in the resident population from the last census

#### 'White Other' parents

- In Brighton & Hove there were a further 646 referrals (12.4%) for parents whose known ethnicity was grouped as 'White Other', compared to 7.1% in the resident population from the Census 2011
- In West Sussex there were a further 629 referrals (4.4%) for parents whose known ethnicity was grouped as 'White Other'
- In Brighton & Hove there were no parents whose known ethnicity was known to the Trust using any of the Gypsy or Traveller codes in 2015-16, compared to the 198 within the known resident population from the Census 2011
- In West Sussex Health Visiting services there were three referrals for Gypsy or Traveller parents compared to the 1,060 (0.13%) within the known resident population

#### Health visiting data quality

- Referrals where the ethnic code of the person was not present or was recorded as unknown across health visiting services in 2015-16 was:
  - Brighton & Hove - 790 referrals (15%)
  - West Sussex - 7,084 referrals (49%)
  - Health Visiting and School Nursing – not mapped to CC - 6,763 (46%)

These variations are likely to reflect differences in systems and patient records' practices.

The comparative census data presented above does not account for age differences that will be relevant to the health visiting patient cohort, including that certain minority ethnic groups have relatively youthful populations experiencing more births than deaths, and the impact of continued immigration (Bécares, 2013).

#### Brighton & Hove Health Visiting

The Brighton & Hove Early Help Weekly Allocation Meeting (WAM) between Early Help Managers discusses and agrees pathways for and allocation of Early Help Referrals. The team attempts to put in place packages of support for the most vulnerable children and families in the city. Key to Early Help is identifying the need for and providing support at

the earliest opportunity. Representation includes school nursing, health visiting as well as local authority funded children services, education and adult social care.

For children younger than five years old, health visiting is the main support these families receive working in integrated teams with the local authority Early Years Educator staff and the Community Nursery Nurses.

#### Sussex Rehabilitation Centre (SRC), Wheelchairs and Community Equipment

The wheelchair service in collaboration with a group of young people at Angmering School has developed an information leaflet for children and young people.

#### Brighton & Hove Palliative Care Team

Working in partnership, the team is able to respond to increasing number of patients with dementia as their primary diagnosis. There has been recent expansion of clinicians' working day to ensure community clinicians provide telephone support until 9pm.

#### Dentistry

Morley Street Clinic has two ground floor surgeries to improve access to those with reduced mobility and one of the surgeries is fitted with a bariatric chair for bariatric patients use. There is an Emergency Dental Service in the evenings and bank holidays across West Sussex to meet the needs of the community

#### Oral Health Promotion

##### *Homeless*

A major part of the work of the service has been building stronger links with the high support hostels and drop-ins across the City. The service has been working closely with the Brighton Housing Trust First Base day centre to include oral health in initial assessment and work ready assessment to engage with clients more around general health.

The distribution of an information pack for staff to discuss key oral health messages aims to improving access to dental treatment and reduce inequalities experienced by people who are sleeping rough or insecurely housed. The Special Care Dental Service has seen an uptake of patients accessing the homeless drop-in sessions.

Feedback received from the manager of the George William Mews Hostel:

*"Thank you for your efforts in trying to help our service users at the hostel. We appreciate all your support in helping our service users improve their oral health"*

#### Time to Talk

The West Sussex talking therapy service introduced self-referrals to increase access to psychological therapies. They have seen higher engagement rates from patients who self-refer, with 76% of self-referrals having at least one appointment with a clinician compared to 43% of professional referrals. Having self-referral embedded in the service means that innovative targeting of seldom-engaged groups is now possible and forms a major part of 2016-17 service planning.

## Adult Services

Figure 6 Ethnic code completeness by adult services locality area

Locality	Referrals	Referrals with ethnic code	Ethnic code completeness
Central locality	50,750	23,999	<b>47.3%</b>
East locality	34,370	27,171	<b>79.1%</b>
West locality	100,306	31,680	<b>31.6%</b>

The data about ethnic code completeness for adult services shows large variation (47.5%) between the greatest performing area (East) and the least performing area (West).

### Urgent and Ambulatory Care Services – Central

There is an estates improvement project in the Urgent Care Centre at Crawley underway that will eventually create an adult changing room (including bed) for disabled patients, the provision of bariatric trollies and chairs, the painting of dementia friendly colours within the care environment and an enhanced paediatric waiting area and clinical space, including baby changing and feeding room.

### Crawley Community Nursing

The service collaborated with the Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) service to offer educational clinics and weekend clinics for ambulatory patients, including accessible parking and facilities for disabled people.

### Community Neurological Rehabilitation Team (CNRT) North

Community appointments were organised with patients to take into account their home situation, commitments and working patterns. Patients with cognitive and memory difficulties had appointments arranged by telephone, and confirmed in writing and sometimes if required an additional text message reminder.

## 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

People using services should be as involved as they wish to be in their care. One of the main ways to encourage involvement for people with communication needs is to provide specialist communication support. This may include verbal support (translators and interpreters), hearing support (British Sign Language and lip-speaking) or visual support (such as Braille or audio recordings). The analysis below looks at the usage of external communication support bought in to support people using Trust services.

- BME people were over twice as likely to not feel involved in their care as White people across all Trust services in 2015-16, with Asian people almost three times as likely (based largely on the walk-in centre in Crawley)
- Blind people were 1.8 times as likely to not feel involved in their care as people who were not disabled

- There was no purchasing of external Braille transcription or audio recordings in 2015-16
- Deaf people were 1.7 times as likely to not feel involved in their care as people who were not disabled
- There was a 39% decrease in spend and a 21% decrease in activity for British Sign Language (BSL) interpreters and lip-speakers from £53.9k (367 sessions) in 2014-15 to £32.9k (297 sessions) in 2015-16

## Children's and Specialist Services

Male respondents using therapy services were 1.7 times as likely to feel not involved in their care as females in 2015-16 according to the friends and family test survey.

Children's and Specialist Services spent £106,269 on 1,792 sessions of communication support, including £15,222 on 151 British Sign Language or lip-speaking support sessions. The biggest user of interpreters and translators was Brighton & Hove Children and Family Services (£36,690 on 672 sessions). The Trust bought no external Braille or other transcription support last year.

Figure 7 Children's and Specialist Services Communication Support type spend and activity breakdown 2015-16

Service	Verbal Spend	Verbal Count	Hearing Spend	Hearing Count	Total Spend	Total Count
Chailey Clinical Services	748	8	-	0	748	8
Public Health & Wellbeing	17,701	301	500	5	18,201	306
Macmillan Nursing	-	0	-	0	-	0
Brighton & Hove Children and Family Services	36,690	672	1,100	11	37,790	683
Children's Services	16,833	280	3,270	32	20,103	312
Community Palliative Care	1,359	25	-	0	1,359	25
Reablement Equipment & Services	314	7	200	2	514	9
<b>CSS</b>	<b>55,196</b>	<b>1,293</b>	<b>200</b>	<b>50</b>	<b>59,766</b>	<b>1,343</b>

Chailey Clinical Services bought no hearing support paid for from the central budget in 2015-16 and Macmillan nursing bought no communication support of any type.

The most requested language from the main interpreting services supplier was 411 Arabic sessions mainly in the East locality around Brighton. Next most requested was 353 Polish sessions mainly in the West locality around Bognor Regis, followed by 199 Bengali sessions mainly back in the East around Brighton.

Figure 8 Top ten community languages (excluding BSL) by locality requested from main supplier

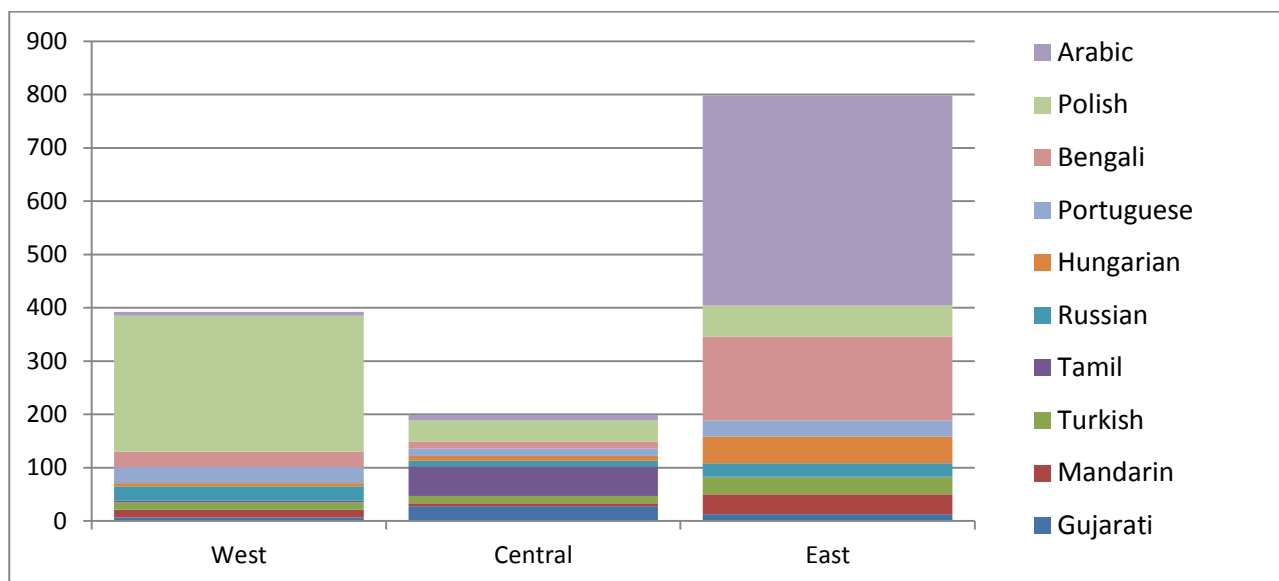


Figure 9 Community languages (excluding BSL and languages requested on less than 10 occasions) by locality from main supplier

Language	West locality	Central locality	East locality	Grand Total
Arabic	7	10	394	411
Polish	255	40	58	353
Bengali	29	13	157	199
Portuguese	30	14	31	75
Hungarian	6	9	50	65
Russian	27	10	25	62
Tamil	3	56	1	60
Turkish	14	14	32	60
Mandarin	14	5	37	56
Lithuanian	20	6	23	49
Gujarati	7	28	13	48
Farsi	1	4	40	45
Romanian	1	4	32	37
Spanish	3	5	24	32
Thai		1	28	29
French		17	12	29
Cantonese	8		21	29
Albanian		13	14	27
Urdu	6	19		25
Pashto		2	21	23
Creole		19		19
Hindi	1	4	11	16

Language	West locality	Central locality	East locality	Grand Total
Sorani	1	6	5	12
Bulgarian	4	4	3	11
Dari		1	9	10
Slovak	2		8	10
Italian		3	7	10
<b>Grand Total</b>	443	326	1,080	1,849

### Paediatric Therapies

Children's AHP Services have developed a Working with Families Guideline to ensure families are involved in all decisions about their child's needs.

### Family Nurse Partnership – West Sussex

Young parents attend quarterly FNP Advisory Board Meetings and an annual review chaired by West Sussex County Council's public health commissioner. Young parents are involved in interviews for recruitment of family nurses.

Young parents supported by the FNP, former clients and other young parents not supported by the FNP, are part of a co-production team as part of a national pilot.

### Brighton & Hove Looked After Children (B&H LAC)

B&H LAC health team have redesigned their consent to assessment form giving young people control over whom they are happy to share the health assessment and Health Care Plan

### Brighton & Hove Health Visiting

Early Help Assessments (EHA) builds on other assessments and helps health visitors gain an understanding of the whole family's needs. A plan that builds on strengths identifies difficulties and outlines actions to address detailing responsibility and timescales. It includes a review that monitors progress against actions and agrees plans for ongoing support or decides if support is no longer required / appropriate. It is consensual and involving of the family from the start of the process recognising the importance of transparency.

### Chailey Clinical Services

Chailey Clinical Services revised all consent documentation to ensure consideration of the needs of young people with complex disability transitioning to adults.

### Brighton & Hove Palliative Care Team

Easy read advance care planning documents are offered to patients and families.

### Adults Therapies

Therapists use goal setting with patients to achieve realistic outcomes with are patient focused. Leaflets, questionnaires and surveys help keep patients informed.



## Dentistry

Special Care Dental (SCD) Services in Haywards Heath produced an Easy Read version of their dental sedation leaflet to promote involvement and consent for patients with a learning disability.

The SCD service in the Morley street clinic has produced an easy read guide to introduce and help familiarise patients with the updated clinic. The service also uses specialised interpreters to meet the needs of the deaf / blind patients and those who cannot speak.

## Adult Services

Respondents with a learning disability in adult services were 1.3 times as likely to feel not involved in their care as people who were not disabled in 2015-16 according to the friends and family test survey.

Adult Services spent £20,705 on 343 sessions of communication support, including £5,750 on 67 British Sign Language or lip-speaking support sessions. The biggest adult services user of interpreters and translators was the East locality that covers Brighton & Hove (£14,797 on 266 sessions in 2015-16).

Figure 10 Adult Services Communication Support type spend and activity breakdown 2015-16

Service	Verbal Spend	Verbal Count	Hearing Spend	Hearing Count	Total Spend	Total Count
Central locality	1,831	25	1,400	14	3,231	39
West locality	1,427	26	1,250	12	2,677	38
East locality	11,697	225	3,100	41	14,797	266
<b>Adult Services</b>	<b>14,955</b>	<b>276</b>	<b>5,750</b>	<b>67</b>	<b>20,705</b>	<b>343</b>

## Community Neurological Rehabilitation Team (CNRT) North

Some patients in the care of the CNRT had communication or cognitive difficulties, for example following a stroke. Joint assessments with speech and language therapists or occupational therapists facilitated appropriate methods of communication or information processing. In the past year, aphasia friendly written resources were provided to support patients and discharge letters were translated into patients' primary language and interpreters used to support understanding and to enable communication of patients' individual needs and exploration of their expectations from the service.

## 2.3 People report positive experiences of the NHS

People have many ways to feed back to the Trust about their experiences of our services, including involvement, PALS, complaints and patient / carer surveys. The main survey is the Friends and Family Test (FFT) that asks people who use our services whether they would recommend it their friends and family. Presented below is an analysis of difference in likelihood to recommend between different groups.

- BME people were 1.5 times as likely not to recommend services to friends and family as white people across all services
- The 25-64 years age band was 1.2 times as likely not to recommend services to friends and family as the 65-74 years age band across all services
- Across all services the types of disability associated with the people who were more likely to not recommend services compared to non-disabled people is shown in the table below (numbers are low)

Figure 11 Disability type associated with people not recommending services to friends and family

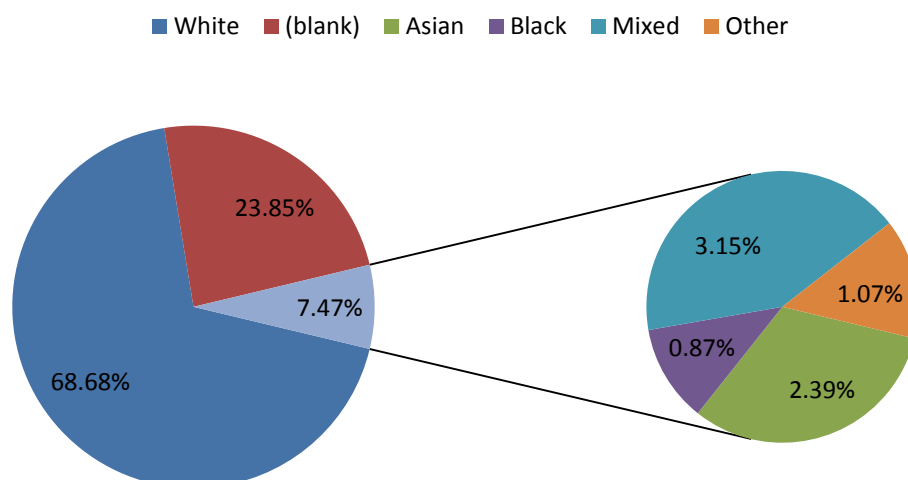
Disability type for not recommend	Not Recommend	Total Respondents	Rate	Likelihood
<b>Disabled</b>	110	17,205	0.006393	0.97004
<b>Deaf</b>	14	2,126	0.006585	0.999117
<b>Blind</b>	9	1,058	0.008507	1.29065
<b>Physical</b>	22	4,418	0.00498	0.755525
<b>Learning Disability</b>	8	931	0.008593	1.303743
<b>Mental</b>	9	1,258	0.007154	1.085459
<b>Illness</b>	45	6,164	0.0073	1.107647
<b>Not disabled</b>	195	29,586	0.006591	1

- Females were 1.2 times as likely not to recommend services to friends and family as males across all services, especially within the Urgent Care Centre in Crawley and podiatry therapy services.

### Children's and Specialist Services

There were 11,526 FFT surveys returned and enabled in 2015-16 within Children's and Specialist Services, with an average score of 4.8 out of a maximum of 5 from respondents asked how likely they would recommend the service to their friends and family.

Figure 12 Ethnicity of CSS Friends and Family Test survey returns



Within Children’s and Specialist Services, 7.47% of the survey returns for the friends and family test (FFT) were for known BME people, although nearly a quarter (23.85%) were ethnicity unknown.

There is service variation between the likelihood of people to report that they would recommend children and specialist services. Highlighted in red below are those average scores (out of a possible maximum score of five) with a standard variation of one below the overall average.

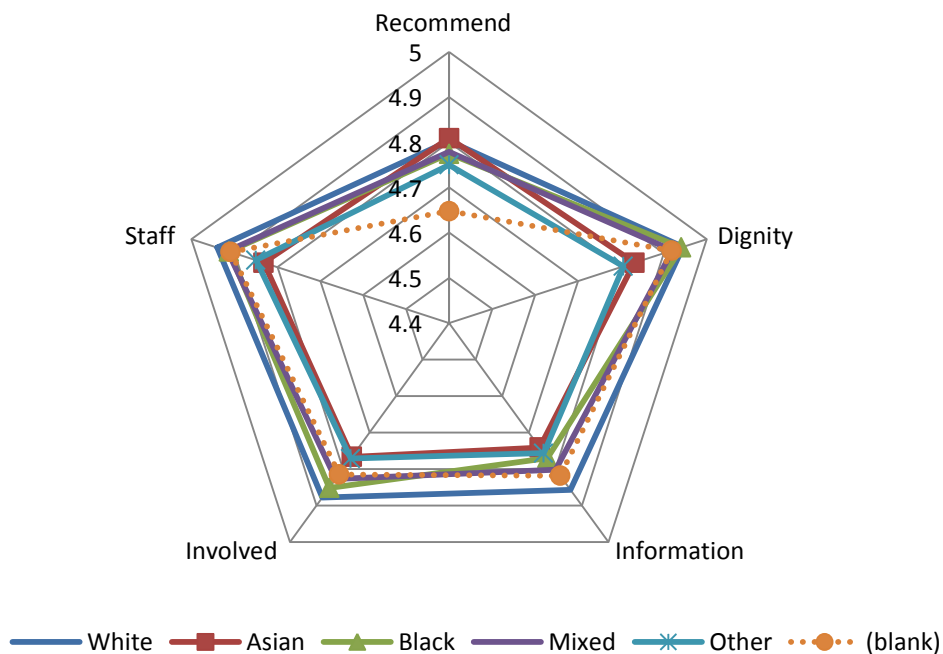
Figure 13 Children's and Specialist Service Friends and Family Test Average Recommend Scores by known ethnic group

CSS by ethnicity	White	Mixed	Black	Asian	Other	Total
<b>Children's &amp; Specialist Services</b>	4.8	4.8	4.8	4.8	4.8	4.6
Brighton & Hove Locality	4.8	4.8	4.9	4.8	4.9	4.7
Children's Community Nursing	4.8	5.0	5.0	5.0		4.7
Children's Dental Care	4.8	4.9		4.5	5.0	4.8
Children's Specialist Services	4.9	4.8	5.0	5.0	5.0	4.6
Children's Therapy Services	4.9	4.9	5.0	4.9	5.0	4.9
Dental Care	4.8	4.7	5.0	4.0	5.0	4.5
Health Visiting	4.8	4.8	4.8	4.8	4.8	4.9
Specialist Services	4.8	4.7	4.8	4.6	5.0	4.7
Therapy Services	4.7	5.0		4.9	5.0	4.8
<b>Coastal Locality</b>	4.8	4.8	4.7	4.8	4.6	4.6
Children's Community Nursing	4.9	4.8	5.0	4.8	4.8	4.4
Children's Dental Care	4.8	4.8		4.7	5.0	4.6
Children's Specialist Services	4.8	4.9	5.0	4.9	4.9	4.7
Children's Therapy Services	4.8	4.6	4.6	4.7	4.4	4.6
Community Mental Health	4.8		4.3			5.0

CSS by ethnicity	White	Mixed	Black	Asian	Other	Total
Dental Care	4.8			5.0	4.4	4.9
Health Visiting	4.8	4.7	4.8	4.8	4.6	4.8
Outpatient	4.8		5.0	5.0	5.0	4.9
Specialist Services	4.8	4.5	5.0	5.0	5.0	4.6
Therapy Services	4.8	4.8	3.8	5.0	4.6	4.8
North Locality	4.8	4.8	4.7	4.8	4.8	4.7
Children's Community Nursing	5.0					5.0
Children's Dental Care	4.8	4.7	5.0	4.8	4.0	4.7
Children's Specialist Services	4.8	5.0	4.5			4.7
Community Mental Health	4.7			5.0		4.0
Dental Care	4.8	4.3	4.6	4.5	4.8	4.7
Specialist Services	4.7	5.0	4.0	5.0	5.0	4.7
Therapy Services	4.9		5.0	4.8	5.0	4.7
<b>Grand Total</b>	<b>4.8</b>	<b>4.8</b>	<b>4.8</b>	<b>4.8</b>	<b>4.8</b>	<b>4.6</b>

The red highlighted figures by ethnic group are not statistically significant being based on only a small number of returns (<10) however this could be trended over time in the future to see if a pattern emerges.

Figure 14 CSS patient experience domains by ethnic group



The ethnic group with the relatively lowest scores across the five measured patient experience domains is 'Other', particularly in the Coastal Locality.

The Asian group is also relatively lower than most ethnic groups across all domains except on the recommendation overall score, particularly in the North locality.

Figure 15 Children's and Specialist Service Friends and Family Test Average Recommend Scores for both children and young people (C&YP) and parents by known age band

CSS by C&YP / Parent and age band	C&YP	Parent				Parent Total	Grand Total
	0-24	0-24	25-64	65-74	75+		
Children's & Specialist Services	4.6	4.8	4.8	4.9	4.7	4.8	4.7
Brighton & Hove Locality	4.7	4.8	4.8	5.0	4.8	4.8	4.8
Children's Community Nursing	4.6	4.8	5.0			4.8	4.7
Children's Dental Care	4.8	4.8				4.8	4.8
Children's Specialist Services	4.6	4.8	5.0	5.0	5.0	4.8	4.8
Children's Therapy Services	4.8	4.9	4.6	5.0		4.9	4.9
Health Visiting		4.8	4.8	5.0	4.8	4.8	4.8
Coastal Locality	4.6	4.8	4.8	4.9	4.7	4.8	4.7
Children's Community Nursing	4.4	4.9	5.0	5.0	4.8	4.9	4.6
Children's Dental Care	4.6	4.8	4.4	5.0		4.8	4.7
Children's Specialist Services	4.7	4.9	5.0	5.0	5.0	4.9	4.8
Children's Therapy Services	4.6	4.8	4.9	4.3	4.7	4.8	4.7
Health Visiting		4.8	4.8	5.0	4.7	4.8	4.8
North Locality	4.7	4.8	5.0			4.8	4.8
Children's Community Nursing	5.0	5.0				5.0	5.0
Children's Dental Care	4.7	4.8	5.0			4.8	4.7
Children's Specialist Services	4.8	4.8				4.8	4.8
<b>Grand Total</b>	<b>4.6</b>	<b>4.8</b>	<b>4.8</b>	<b>4.9</b>	<b>4.7</b>	<b>4.8</b>	<b>4.7</b>

The red highlighted figures by age band within the parents group are not statistically significant being based on only a small number of returns (<10) but again could be trended over time in the future.

Figure 16 CSS parent experience domains by age group

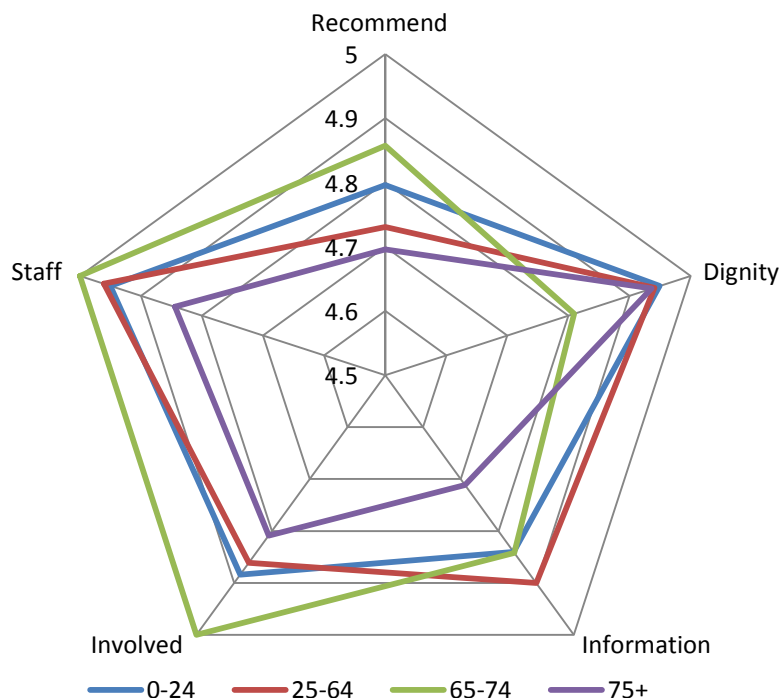


Figure 17 Children's and Specialist Service Friends and Family Test Average Scores by known sex

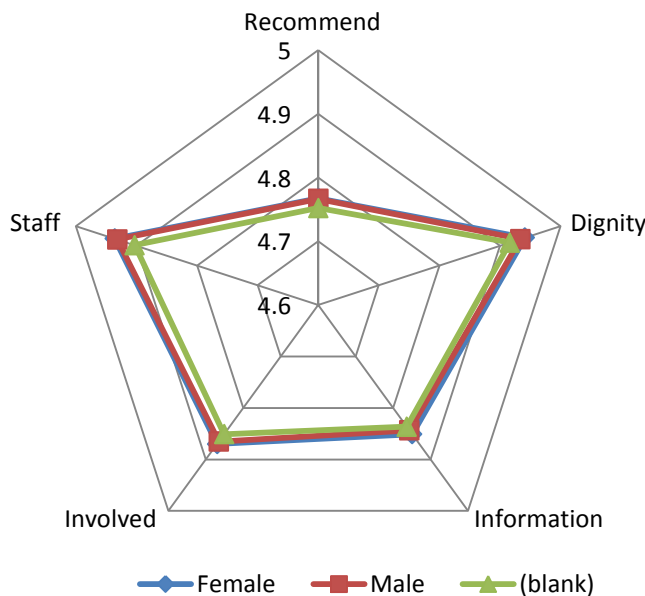
CSS by question score and sex	Recommend		Dignity		Involved		Information		Staff	
	F	M	F	M	F	M	F	M	F	M
Children's & Specialist Services	4.8	4.8	4.9	4.9	4.9	4.9	4.9	4.8	4.9	4.9
Brighton & Hove Locality	4.8	4.8	4.9	4.9	4.9	4.9	4.9	4.8	4.9	4.9
Children's Community Nursing	4.7	4.7	5.0	5.0	4.9	5.0	4.8	4.9	5.0	5.0
Children's Dental Care	4.8	4.8	4.9	4.9	4.8	4.9	4.9	4.8	5.0	4.9
Children's Specialist Services	4.9	4.7	5.0	4.9	4.9	4.8	4.9	4.8	5.0	4.9
Children's Therapy Services	4.9	4.9	5.0	5.0	5.0	4.9	5.0	4.9	5.0	5.0
Dental Care	4.8	4.8	5.0	5.0	4.9	4.8	4.9	4.9	5.0	5.0
Health Visiting	4.8	4.8	4.9	5.0	4.9	4.9	4.8	4.8	4.9	5.0
Specialist Services	4.7	4.8	4.9	4.9	4.7	4.8	4.8	4.8	4.9	4.9
Therapy Services	4.7	4.8	4.9	4.8	4.9	4.7	4.9	4.8	4.9	4.8
Coastal Locality	4.8	4.7	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9
Children's Community Nursing	4.6	4.7	4.9	5.0	4.9	4.9	4.8	4.9	5.0	5.0
Children's Dental Care	4.7	4.8	4.9	5.0	4.9	4.9	4.9	4.9	5.0	5.0
Children's Specialist Services	4.8	4.8	4.9	4.9	4.9	4.9	4.9	4.9	4.9	5.0
Children's Therapy Services	4.8	4.7	5.0	4.9	4.8	4.8	4.8	4.8	5.0	4.9
Community Mental Health	4.8	4.6	5.0	4.8	4.9	4.6	4.9	4.5	5.0	4.8
Dental Care	4.8	4.8	4.9	4.9	4.9	4.9	4.9	4.8	4.9	4.9
Health Visiting	4.8	4.8	5.0	4.9	4.9	4.9	4.8	4.8	4.9	4.9
Inpatient	5.0	5.0	5.0	4.8	5.0	5.0	5.0	5.0	5.0	5.0
Outpatient	4.8	4.8	4.9	4.9	4.8	4.8	4.8	4.8	4.9	4.9

CSS by question score and sex	Recommend		Dignity		Involved		Information		Staff	
	F	M	F	M	F	M	F	M	F	M
Specialist Services	4.7	4.8	4.9	5.0	4.8	4.9	4.8	4.9	4.9	4.9
Therapy Services	4.8	4.8	4.9	4.9	4.9	4.9	4.9	4.9	4.9	5.0
North Locality	4.8	4.8	4.9	4.9	4.9	4.8	4.9	4.8	4.9	4.9
Children's Community Nursing	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Children's Dental Care	4.8	4.7	4.9	4.8	4.8	4.8	4.7	4.8	4.9	4.9
Children's Specialist Services	4.7	4.8	4.9	4.9	4.8	4.9	4.8	4.8	5.0	5.0
Community Mental Health	4.7	4.8	5.0	5.0	4.9	4.5	4.9	4.9	5.0	5.0
Dental Care	4.8	4.8	4.9	4.9	4.9	4.9	4.9	4.8	5.0	4.9
Specialist Services	4.7	4.7	5.0	4.9	4.8	4.7	4.7	4.7	5.0	5.0
Therapy Services	4.9	4.9	4.9	4.8	4.9	4.8	4.9	4.8	4.9	4.8
<b>Grand Total</b>	<b>4.8</b>	<b>4.8</b>	<b>4.9</b>	<b>4.9</b>	<b>4.9</b>	<b>4.9</b>	<b>4.9</b>	<b>4.8</b>	<b>4.9</b>	<b>4.9</b>

The average recommendation score (4.6) of the 527 females who responded within children community nursing services in the Coastal locality was less by one standard variation than the average score (4.8) and is the only service score to be less for females.

The average recommendation score (4.6) of the 35 males who responded within community mental services in the Coastal locality was less by one standard variation than the average score (4.8) and is the only service score to be less for males.

Figure 18 CSS patient experience domains by sex



Six hundred and forty-five (5%) respondents did not include their sex out of 11,903 respondents to friends and family test surveys within children's and specialist services.

Figure 19 Children's and Specialist Service Friends and Family Test Average Scores by known disability status

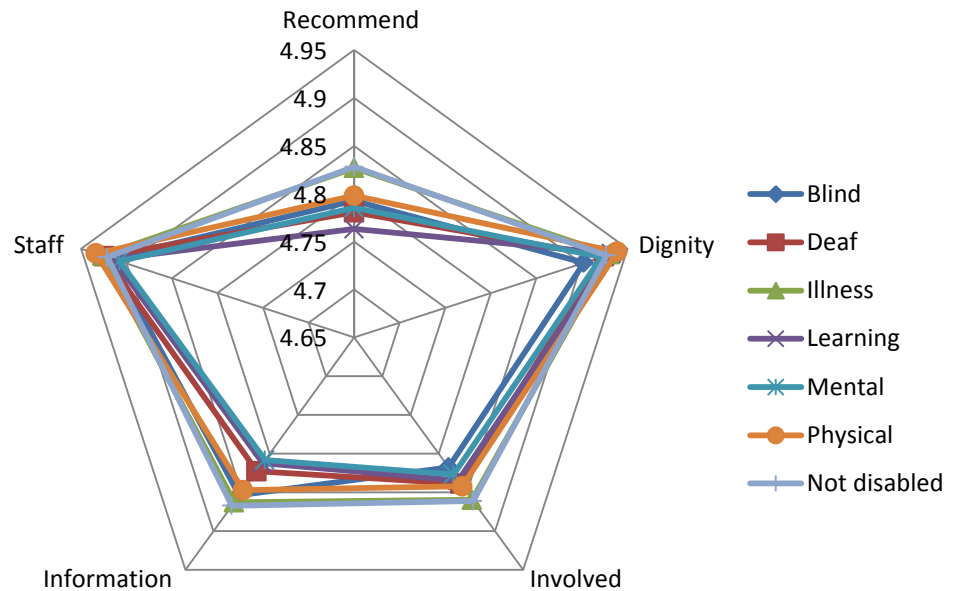
CSS by question score and disability status	Disabled					Not Disabled				
	Recommend	Dignity	Involved	Information	Staff	Recommend	Dignity	Involved	Information	Staff
<b>Children's &amp; Specialist Services</b>	<b>4.8</b>	<b>4.9</b>	<b>4.8</b>	<b>4.8</b>	<b>4.9</b>	<b>4.8</b>	<b>4.9</b>	<b>4.9</b>	<b>4.9</b>	<b>4.9</b>
Brighton & Hove Locality	4.8	4.9	4.8	4.8	4.9	4.8	4.9	4.8	4.8	4.9
Children's Community Nursing	4.8	5.0	5.0	4.8	5.0					
Children's Dental Care	4.9	5.0	4.9	4.8	5.0					
Children's Specialist Services	4.8	4.9	4.6	4.8	4.8					
Children's Therapy Services	4.9	5.0	4.9	4.9	5.0	4.9	5.0	5.0	5.0	5.0
Dental Care	4.8	5.0	4.9	4.9	5.0	4.7	4.9	4.8	4.9	4.9
Health Visiting	4.8	4.8	4.9	4.8	5.0	5.0	5.0	5.0	5.0	5.0
Specialist Services	4.7	4.9	4.7	4.8	4.9	4.8	4.8	4.8	4.7	4.9
Therapy Services	4.7	4.9	4.8	4.8	4.8	4.8	4.9	4.8	4.8	4.8
Coastal Locality	4.8	4.9	4.9	4.9	4.9	4.8	4.9	4.9	4.9	4.9
Children's Community Nursing	4.9	5.0	4.9	4.9	5.0	5.0	5.0	5.0	5.0	5.0
Children's Dental Care	4.8	5.0	5.0	5.0	5.0					
Children's Specialist Services	4.8	5.0	4.8	4.8	5.0					
Children's Therapy Services	4.7	4.9	4.8	4.7	4.9	5.0	5.0	5.0	5.0	5.0
Community Mental Health	4.7	4.9	4.8	4.7	4.9	4.8	5.0	4.8	4.8	5.0
Dental Care	4.7	4.9	4.8	4.9	4.9	4.9	5.0	4.9	5.0	5.0
Health Visiting	4.8	5.0	4.9	4.9	5.0					
Outpatient	4.8	4.9	4.8	4.8	4.9	4.9	4.9	4.8	4.8	4.8
Specialist Services	4.8	5.0	4.9	4.9	4.9	4.9	5.0	4.9	5.0	5.0
Therapy Services	4.8	4.9	4.9	4.9	4.9	4.8	4.9	4.8	4.9	4.9
North Locality	4.8	4.9	4.8	4.8	4.9	4.8	4.9	4.9	4.9	5.0
Children's Community Nursing	5.0	5.0	5.0	5.0	5.0					
Children's Dental Care	4.8	4.9	4.8	4.8	4.9					
Children's Specialist Services	4.8	4.9	4.8	4.8	5.0	5.0	5.0	5.0	5.0	5.0
Community Mental Health	4.8	5.0	4.9	4.9	5.0	4.7	4.9	4.9	4.9	5.0
Dental Care	4.9	4.9	4.9	4.9	4.9	4.7	4.9	4.9	4.9	4.9
Specialist Services	4.7	5.0	4.8	4.7	5.0	4.7	5.0	4.8	4.7	5.0
Therapy Services	4.9	4.9	4.8	4.8	4.9	4.9	5.0	4.9	4.9	5.0
<b>Grand Total</b>	<b>4.8</b>	<b>4.9</b>	<b>4.8</b>	<b>4.8</b>	<b>4.9</b>	<b>4.8</b>	<b>4.9</b>	<b>4.9</b>	<b>4.9</b>	<b>4.9</b>

The average recommendation score (4.68) of the 51 disabled people who used community mental health services in the Coastal locality was again relatively lower than the average (4.80). This differential was across all of the measured patient experience domains.



The lowest disabled patient score of any domain for any service was the involvement score (4.64) for Children’s Specialist Services in Brighton & Hove, representing the scores of 37 parents of disabled children or young people.

Figure 20 CSS patient experience domains by disability type



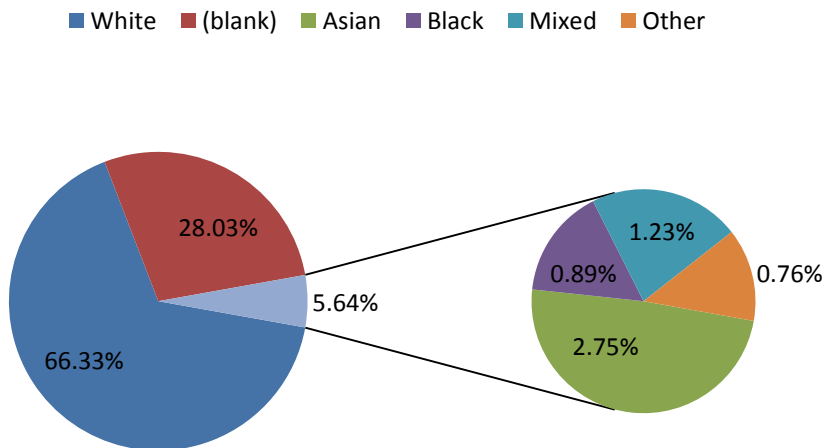
The known disabled group scoring the lowest average of all experience domain scores was the 443 individuals or parents and carers of someone with a mental health related disability, then learning disability (597 people), followed by blind (281 people) and deaf (530 people).

The lowest score of any disabled group within any domain was recommendation (4.76) from the 587 individuals or parents and carers of someone with a learning disability.

## Adult Services

There were 18,771 FFT surveys returned and enabled in 2015-16 within Adult Services, with an average score of 4.7 out of a maximum of 5.0 from respondents asked how likely they would recommend the service to their friends and family.

Figure 21 Ethnicity of Adult Services Friends and Family Test survey returns



Within Adult Services, 5.64% of the survey returns for the friends and family test (FFT) were for known BME people, although over a quarter (28.03%) had their ethnicity unknown. This headline figure masks geographical variation, ranging from 1.31% of respondents in High Weald, Lewes and Havens (HWLH) area to 8.25% in the former North locality.

BME people were half as likely (0.51 times) to respond to FFT surveys as white people (known ethnicity only), relative to their size within the resident HWLH population. This likelihood is similar in Coastal West Sussex but lower in Brighton & Hove (B&H). Conversely, there is an over-representation of BME respondents within the former North locality (no Central).

Figure 22 Relative likelihood of known BME adult respondents to white (from the resident population)

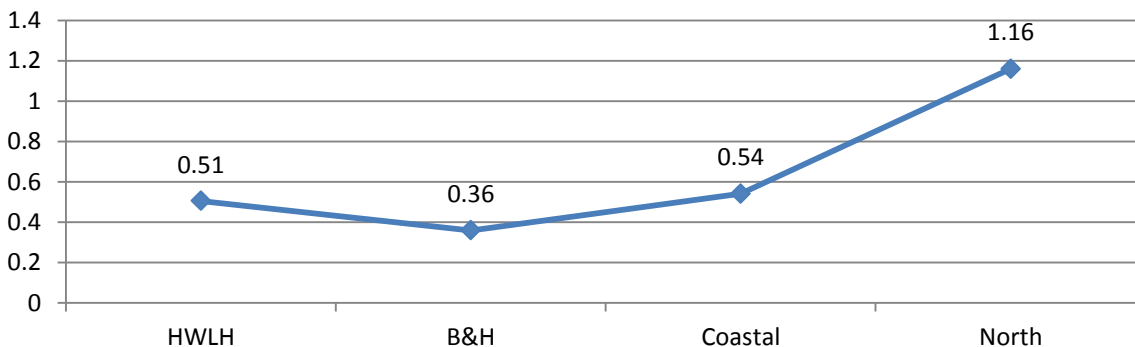
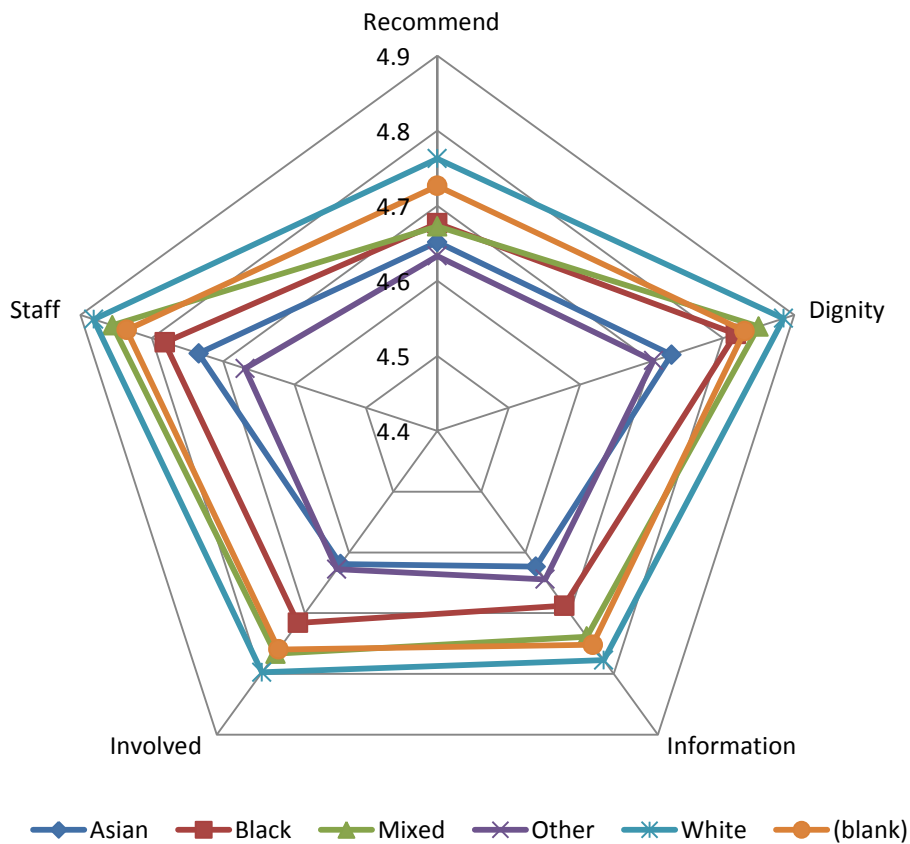


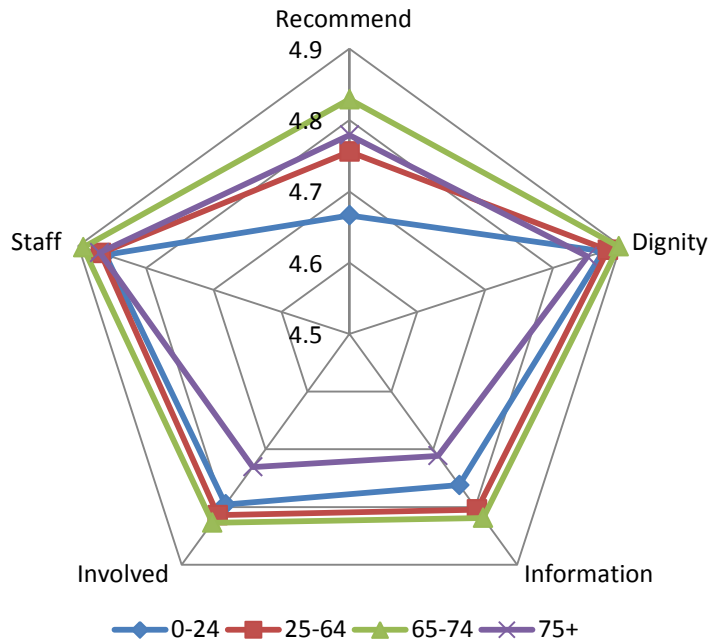
Figure 23 Adult services patient experience domains by ethnic group



The 'Other' and the 'Asian' ethnic groups scored lower than other ethnic groups across all domains except on the recommendation overall score. This appears particularly pronounced within the former North locality.

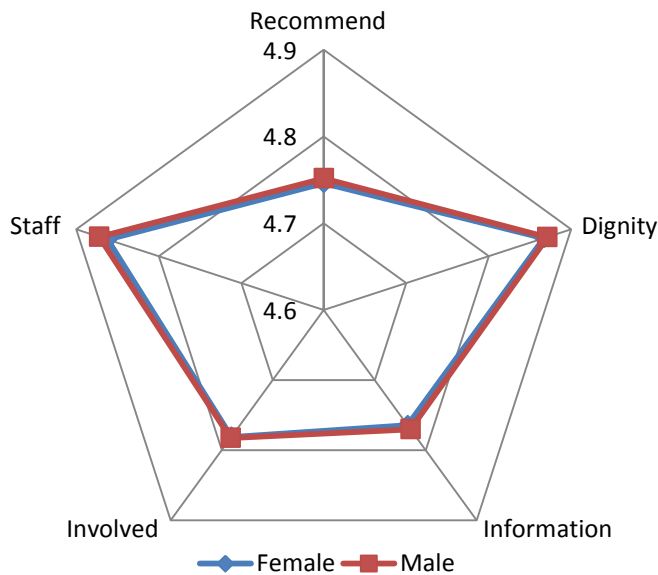
Young people were less likely to recommend those adult services than older age groups overall, except in the East locality (formerly HWLH).

Figure 24 Adult services experience domains by age group



Young people scored adult services lower across all domains, except for 'staff' and 'dignity', compared to any other age group. The 65-74 years old age group was the most likely to recommend.

Figure 25 Adult Services patient experience domains by sex



Female and male respondents to the FFT survey scored experiences of care do not vary much from each other.

Figure 26 Relative likelihood of disabled people not to recommend services to their friends and family compared to people who are not disabled

Service Level	Not Recommend		Likelihood disabled people do not recommend compared to non-disabled
	Disabled	Not disabled	
<b>Adult Services</b>	<b>268</b>	<b>460</b>	<b>0.860755241</b>
Brighton & Hove Locality	22	24	1.006400602
Coastal Locality	64	95	0.964841052
HWLH Locality	8	17	0.6636689
North Locality	174	324	0.846960118

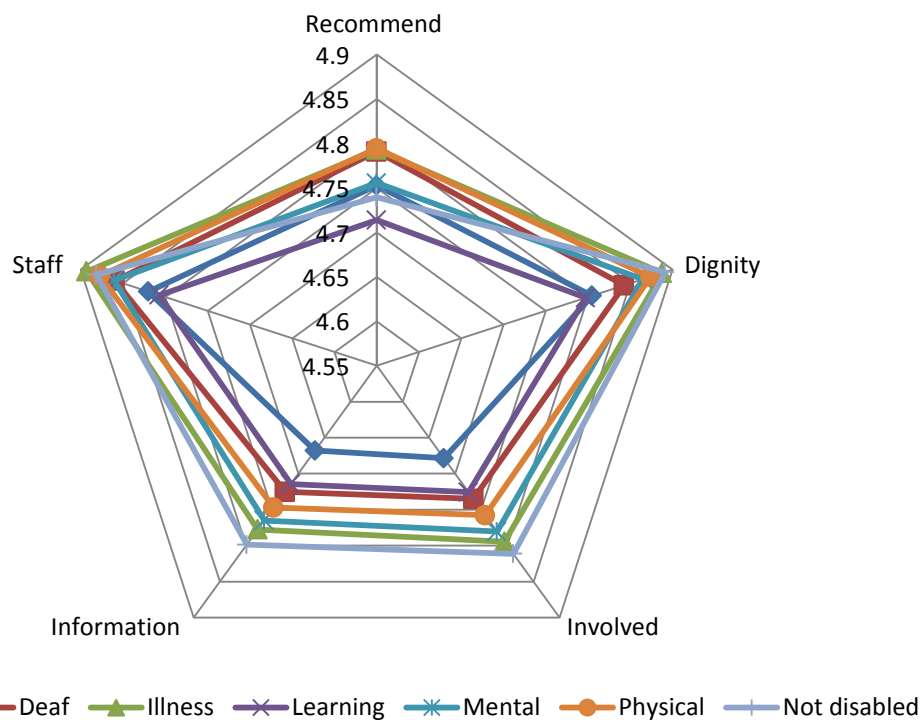
People who were not disabled were overall more likely not to recommend adult service to friends and family than disabled people were.

There are differences within the disabled group between different types of disability; however, the numbers are low so significance is affected.

Figure 27 Likelihood of disabled people by type not to recommend services compared to people who are not disabled (from respondents)

Service level	Deaf		Blind		Physical		Learning Difficulties		Mental		Illness	
	Count	Likelihood	Count	Likelihood	Count	Likelihood	Count	Likelihood	Count	Likelihood	Count	Likelihood
<b>Adult Services</b>	<b>27</b>	<b>0.663</b>	<b>16</b>	<b>0.803</b>	<b>47</b>	<b>0.670</b>	<b>12</b>	<b>1.381</b>	<b>14</b>	<b>0.671</b>	<b>74</b>	<b>0.682</b>
Brighton & Hove Locality	1	0.263	3	1.240	6	0.686	1	1.558	1	0.601	11	0.905
Coastal Locality	7	0.628	8	1.366	18	0.991	5	1.986	4	0.773	28	1.041
HWLH Locality	2	1.003	n/a		1	0.471	1	4.090		0.000	2	0.652
North Locality	17	0.816	5	0.559	22	0.618	5	1.037	9	0.713	33	0.553

Figure 28 Adult Services patient experience domains by disability type



A pre-existing quality improvement priority for 2015/16 will further address the relative differences in patient experience between disabled people and people who are not disabled.

## 2.4 People’s complaints about services are handled respectfully and efficiently

The Trust is committed to treating all complaints seriously and as a positive and unique source of data. It encourages patients, relatives and carers to speak up when standards of care and service fall below their expectations. The Trust will use feedback from patients and the public to improve every aspect of the service complained about and to facilitate the development and improvement of future service provision. We expect all staff to treat a complaint about their services positively.

The Trust ensures that those making a complaint, or their families, will not receive less favourable treatment, or experience discrimination because of having made a complaint. Where there is evidence that such discrimination has occurred, the Trust will follow this up and take appropriate action.

The complaints procedure protects and respects the human rights of its users in accordance with the Human Rights Act 1998. The provision of translation, large print, Braille, easy-read format or audio tape of the complaints procedure, communications and documentation is offered to all those making a complaint to try to ensure equal access.

The Trust is committed to managing all complaints so that they meet the following key objectives:

- customer focussed approach providing ease of access for its users
- simple, swift open process
- a fair, appropriate and proportional response for staff and complainants alike
- an honest, thorough and accountable approach
- an increase in patient, public and staff confidence in the Trust
- action to rectify mistakes and seek continuous improvement in the quality of care and services.

When our services fall short of the required standards or do not meet expectations, the Trust apologises; seek to understand why things went wrong and takes appropriate action to reduce the risk of recurrence.

Presented below are breakdowns of the number of complaints received across the Trust for different protected groups, weighted against their proportion within the resident population.

Figure 29 Complaints 2015-16 by age-band

Age Band (Count) against Mid-Year Estimate	Total Complaints	Total Populations	Complaints per 100,000 population
0-4 years	4	71,218	0.06
5-7 years	6	43,911	0.14
8-9 years	2	27,677	0.07
10-14 years	6	67,424	0.09
15 year	1	14,007	0.07
16-17 years	3	28,780	0.10
18-19 years	2	29,219	0.07
20-24 years	1	79,732	0.01
<b>0-24 years total</b>	<b>25</b>	<b>361,968</b>	0.07
25-29 years	2	74,472	0.03
30-44 years	15	243,273	0.06
45-59 years	22	263,993	0.08
60-64 years	4	71,000	0.06
<b>25-64 years total</b>	<b>43</b>	<b>652,738</b>	0.07
<b>65-74 years</b>	<b>11</b>	<b>134,299</b>	0.08
75-84 years	21	84,259	0.25
85-89 years	10	24,505	0.41
90+ years	14	15,468	0.91
<b>75+ years total</b>	<b>45</b>	<b>124,232</b>	0.36
Undefined	126	0	
<b>TOTAL 2015-16</b>	<b>250</b>	<b>1,273,237</b>	0.20

The known age group most likely to complain relative to their size in the resident combined population of West Sussex, Brighton & Hove and High, Weald, Lewes, Havens are the over 75 year olds, in particular those over 90 years old. The number of complainants with an unknown age (126) affects the reliability of further analysis.

Figure 30 Complaints 2015-16 by sex

Sex (Count) against Mid-Year estimates	Total Complaints	Total Referrals	Complaints per 100,000 Referrals
<b>FEMALE total 2015-16</b>	<b>131</b>	<b>207,349</b>	<b>0.63</b>
<b>MALE total 2015-16</b>	<b>81</b>	<b>141,014</b>	<b>0.57</b>
Undefined	0	109,794	
<b>TOTAL 2015-16</b>	<b>212</b>	<b>458,157</b>	<b>0.46</b>

Females were 1.1 times as likely to complain as males in 2015-16 compared to their proportions within referrals.



## 3 Representative and Supported Workforce

### 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

#### Workforce race equality

Figure 31 Workforce ethnicity 2015-16

Ethnicity	Count	%
White - British	3,846	81.41
White - Irish	50	1.06
White - Any other White background	194	4.11
<b>WHITE total</b>	<b>4,090</b>	<b>86.58</b>
Mixed - White and Black Caribbean	5	0.11
Mixed - White and Black African	4	0.08
Mixed - White and Asian	14	0.30
Mixed - Any other Mixed background	24	0.51
<b>MIXED total</b>	<b>47</b>	<b>0.99</b>
Asian or Asian British - Indian	84	1.78
Asian or Asian British - Pakistani	7	0.15
Asian or Asian British - Bangladeshi	3	0.06
Asian or Asian British - Any other Asian background	78	1.65
<b>ASIAN OR ASIAN BRITISH total</b>	<b>172</b>	<b>3.64</b>
Black or Black British - Caribbean	12	0.25
Black or Black British - African	49	1.04
Black or Black British - Any other Black background	11	0.23
<b>BLACK OR BLACK BRITISH total</b>	<b>72</b>	<b>1.52</b>
Other - Chinese	14	0.30
Other - Any other Ethnic Group	32	0.68
<b>OTHER total</b>	<b>46</b>	<b>0.97</b>
Not Known/Stated	297	6.29
<b>TOTAL 2015-16</b>	<b>4,724</b>	<b>100.0</b>
<b>BME total 2015-16</b>	<b>337</b>	<b>7.13</b>

In 2015-16 there was a headcount of 337 (7.13%) out of 4,724 staff who were recorded on their electronic staff record as black and minority ethnic (BME).

Figure 32 Black and minority ethnic workforce (%) over time

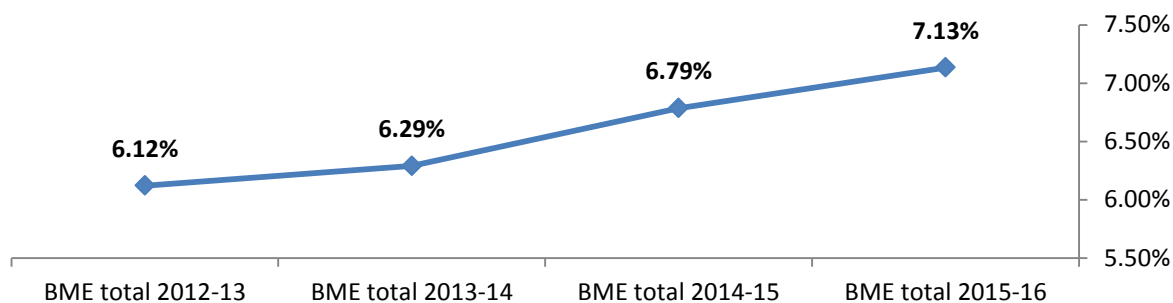
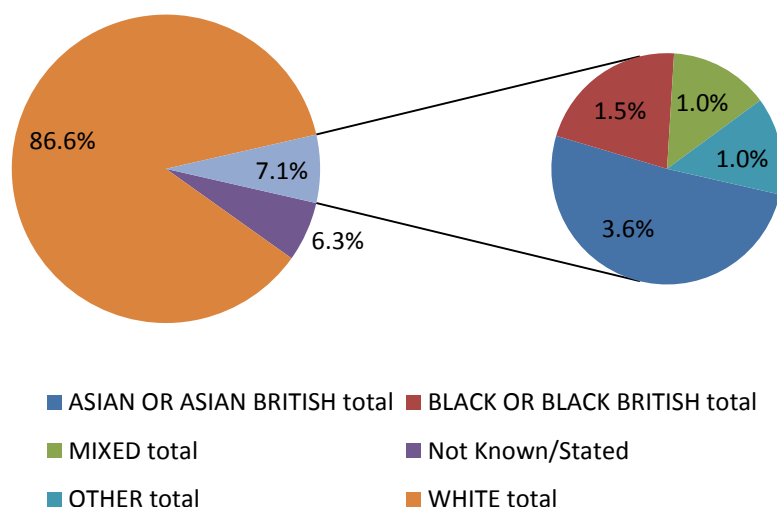


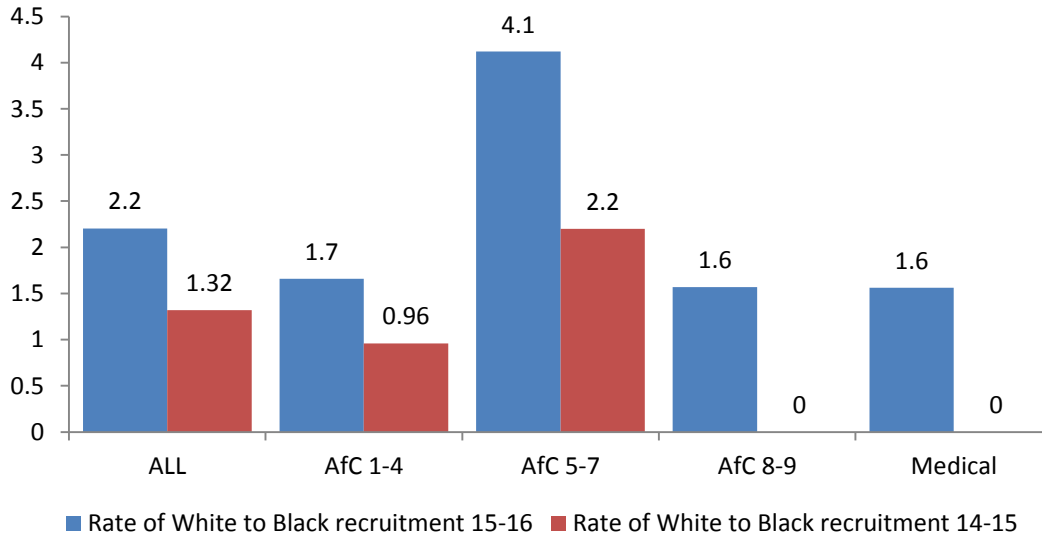
Figure 33 Workforce ethnic group (%) pie chart 297



- The largest known ethnic group was White (86.6%) followed by Asian or Asian British (3.6%). 297 people (6.3%) had no corresponding ethnicity recorded on their personnel files.
- White people within different contract pay bands were overrepresented at every level compared to their proportion in the workforce overall (6.3%), except in agenda for change (AfC) bands 1 (18.5%), 2 (8.74%) and 5 (10.3%). The promotion of white people was 1.3 times more than for BME people. Although BME people were overall about as likely to leave as White people, this masks differences within contract groups.
- BME people were more likely to leave the organisation at AfC band 1 (2.5 times more likely), bands 2 and 4 (both 1.2 times more likely).
- BME people are over-represented within medical contracts overall, (29.6%) as well, but also disproportionately they were 4.4 times more likely to leave than white doctors were.

- White people were over twice as likely (2.4 times) represented within senior leadership roles as BME people.

Figure 34 Likelihood of White appointees to Black appointees (from shortlisting) over time

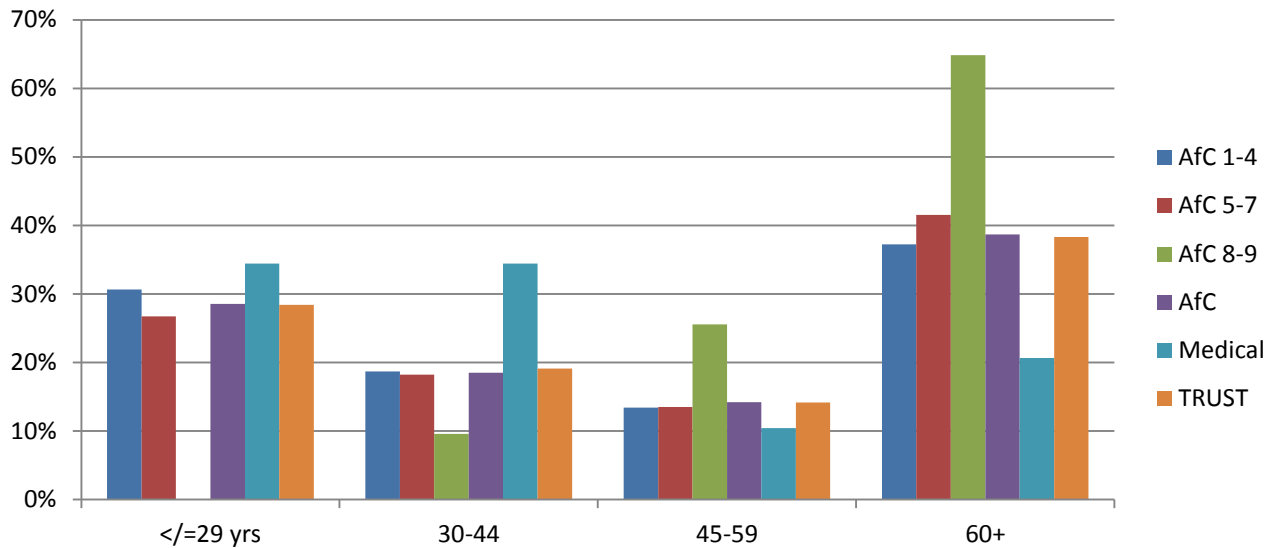


The appointment of White people (424 out of 2,910) was 2.2 times more than for BME people (54 out of 442) from shortlisting. The data for 2015-16 is only for the last two quarters because of the introduction of a new recruitment management system (TRAC). This is substantially greater in than the year previous (1.3 times) with White people in bands 5-7 being over four times as likely to be appointed than BME people.

Steps taken to address this situation in 2016 already include the introduction of quarterly reporting against this figure within the Trust Board integrated performance report (IPR)

## Workforce age equality

Figure 35 Turnover by age group and contract / band

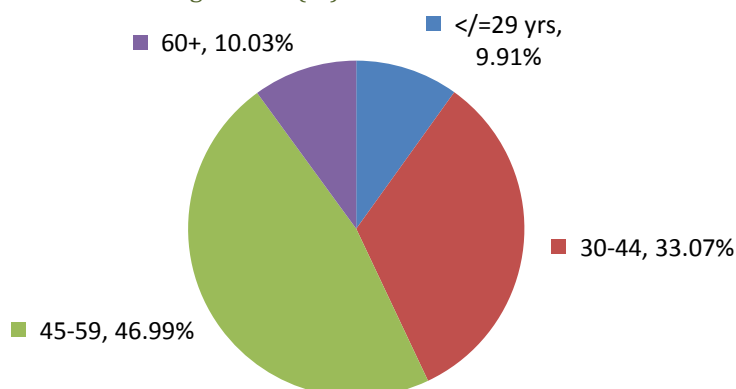


Turnover was higher for doctors younger than 45 years than for people in other contract groups. Turnover was highest within the 60 years old and over group, followed by the 29 years and younger group.

Figure 36 Workforce age profile 2015-16

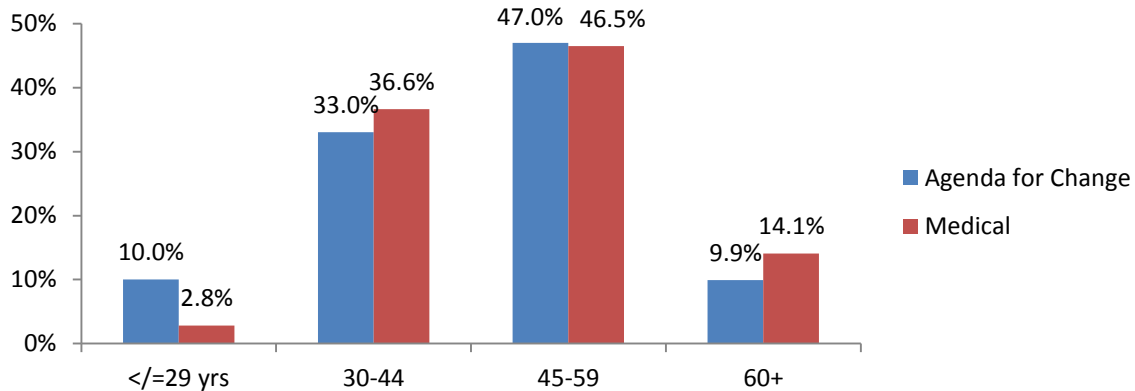
Age (Count)	AfC 1-4	AfC 5-7	AfC 8-9	AfC	Medical	VSM	TRUST
<=29 yrs	249	216	1	466	2		468
30-44	510	951	72	1,533	26		12
45-59	811	1,227	142	2,180	33		24
60+	280	165	16	461	10		2
<b>TOTAL 2015-16</b>	<b>1,850</b>	<b>2,559</b>	<b>231</b>	<b>4,640</b>	<b>71</b>		<b>38</b>

Figure 37 Workforce total age bands (%)



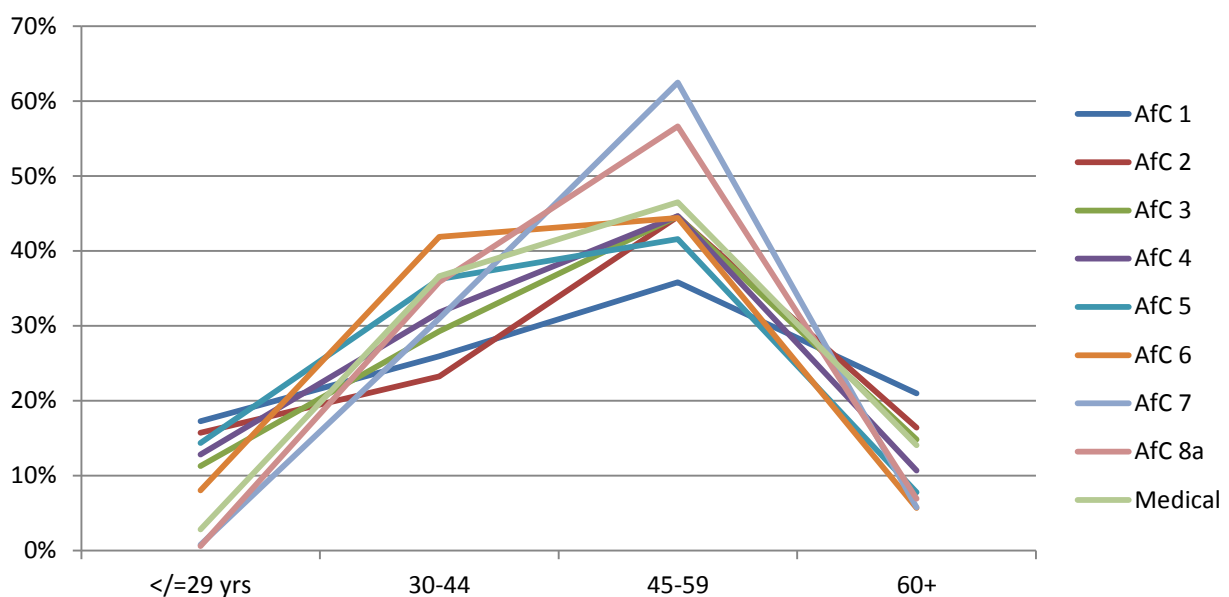
The biggest age band in the workforce was the 45-59 year olds at 47.0% (2,220 people) with the smallest band the under 29 year olds at 9.9% (468 people).

Figure 38 Broad contract type age profile (%) 2015-16



The age distribution of staff differs between people on agenda for change contracts and for doctors on medical contracts.

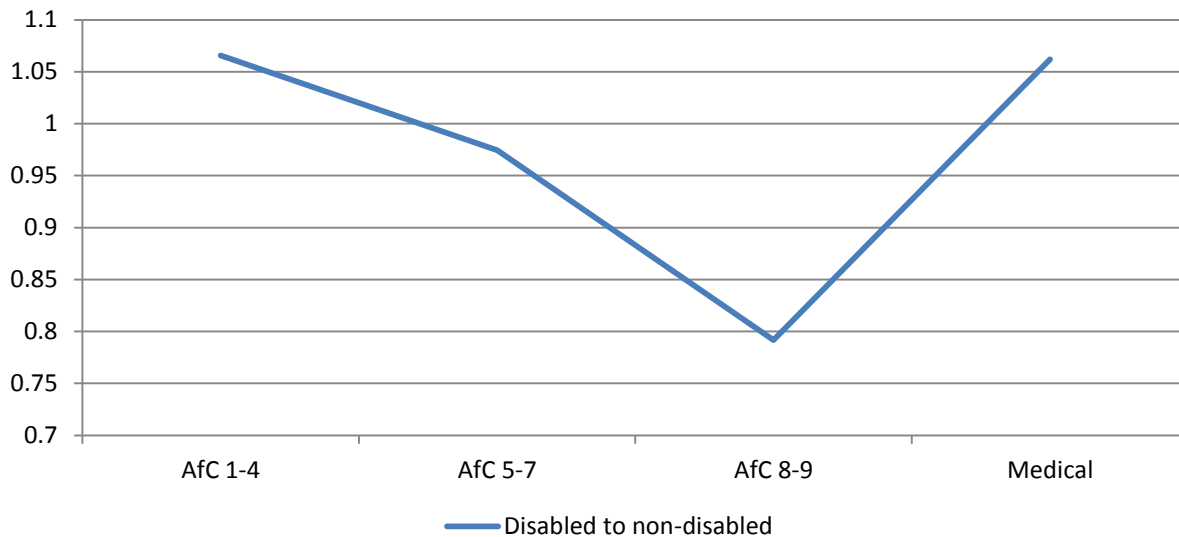
Figure 39 Select contract bands and medical contract age profile



Between agenda for change pay bands, band 7 has the highest number of people between 45-59 years.

## Workforce disability equality

Figure 40 The rate of disabled to non-disabled people in the workforce 2015-16

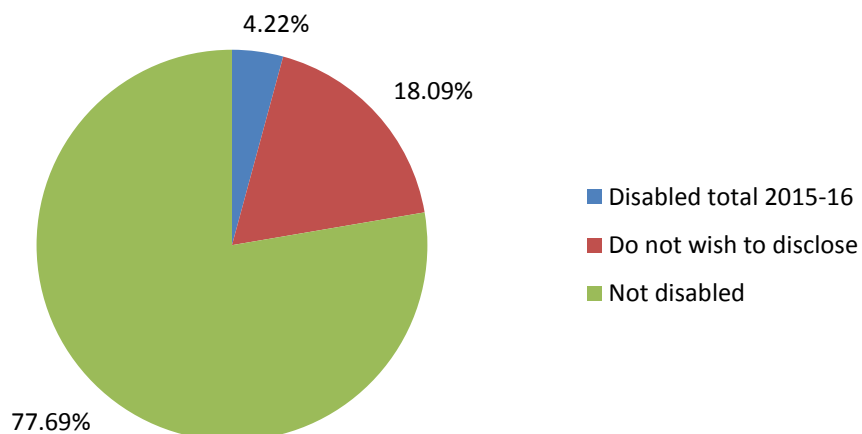


The rate of known disabled people to non-disabled people in the workforce is higher at agenda for change bands 1-4 group and in the medical group.

Figure 41 Workforce disability status profile 2015-16

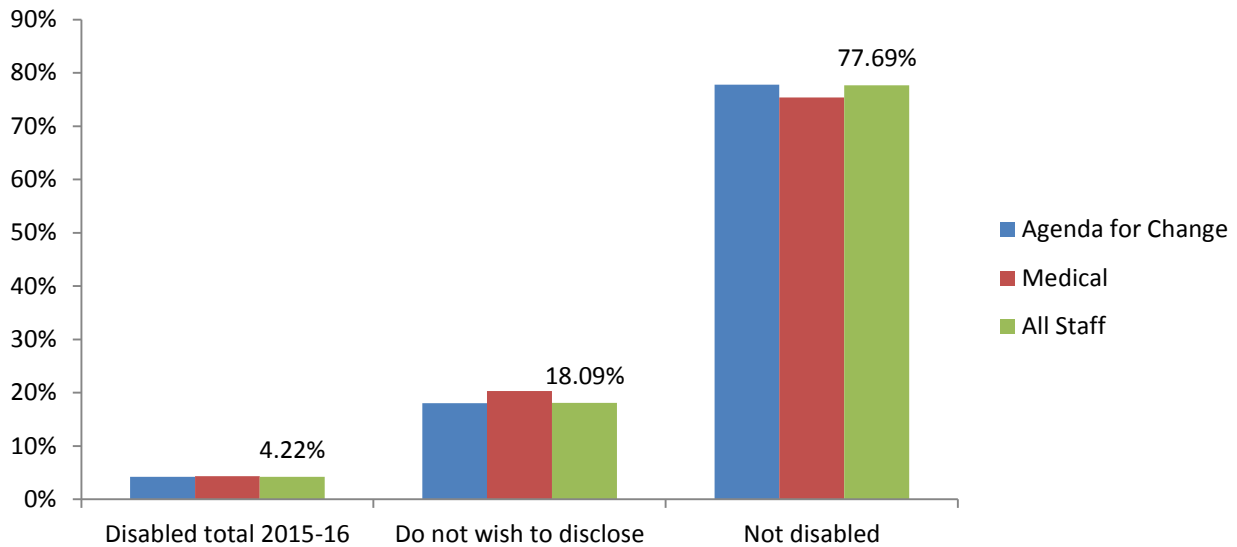
Disability status (Count)	AfC 1-4	AfC 5-7	AfC 8-9	AfC	Medical	VSM	TRUST
<b>Disabled total 2015-16</b>	<b>83</b>	<b>104</b>	<b>8</b>	<b>195</b>	<b>3</b>	<b>2</b>	<b>198</b>
Not disabled	1,434	1,965	186	3,585	52	29	3,645
Do not wish to disclose	317	477	36	830	14	6	849
Undefined	16	13	1	30	2	1	32
<b>TOTAL 2015-16</b>	<b>1,850</b>	<b>2,559</b>	<b>231</b>	<b>4,640</b>	<b>71</b>		<b>4,724</b>

Figure 42 Workforce by disability status (%) 2015-16



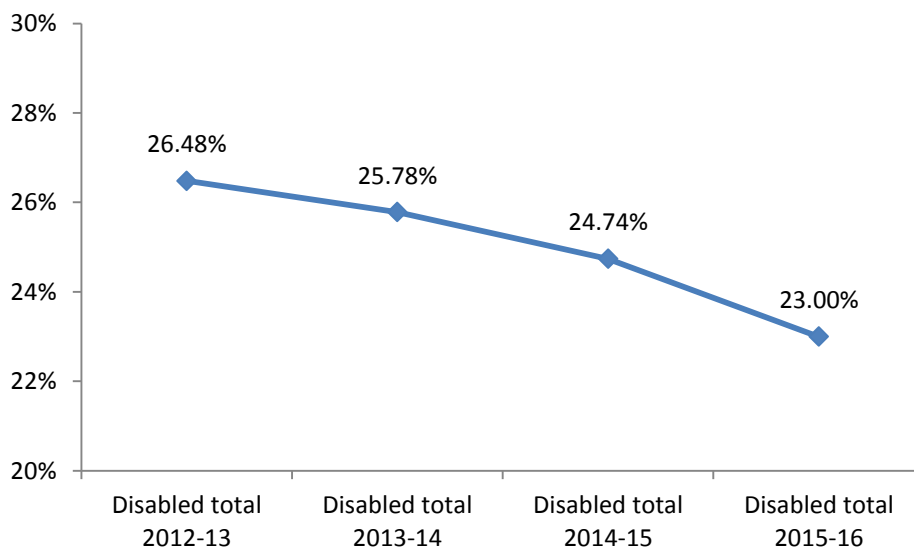
There were 198 people (4.22%) recorded as disabled working for the Trust in 2015-16, with a further 849 (18.9%) actively choosing to not disclose on their staff records.

Figure 43 Workforce disability status by broad contract type (%) 2015-16



The level of non-disclosure of disability status is higher amongst medics than agenda for change staff.

Figure 44 Workforce disability status declaration over time



Over the past three years the level of people in the workforce recording they were disabled on their staff record has dropped by 3.5%, indicating a downwards trend.

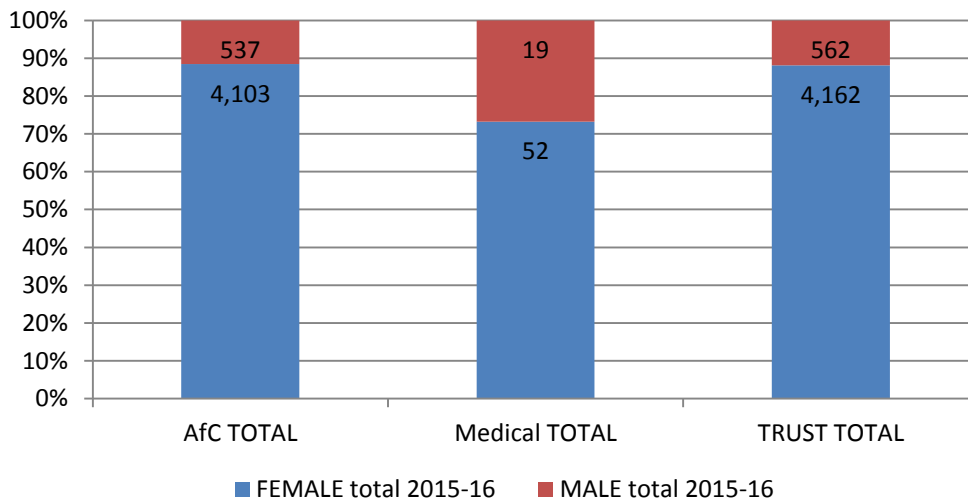
## Workforce sex equality

Figure 45 Workforce sex profile 2015-16

Sex (Count)	AfC 1-4 TOTAL	AfC 5-7 TOTAL	AfC 8-9 TOTAL	AfC TOTAL	Medical TOTAL	TRUST TOTAL
<b>FEMALE total 2015-16</b>	<b>1,610</b>	<b>2,318</b>	<b>175</b>	<b>4,103</b>	<b>52</b>	<b>4,162</b>
Female total 2014-15	1,813	2,425	165	4,403	69	4,482
Female total 2013-14	1,809	2,428	155	4,392	67	4,469
Female total 2012-13	1,676	2,284	167	4,127	81	4,220
<b>MALE total 2015-16</b>	<b>240</b>	<b>241</b>	<b>56</b>	<b>537</b>	<b>19</b>	<b>562</b>
Male total 2014-15	297	248	45	590	43	646
Male total 2013-14	275	252	50	577	50	638
Male total 2012-13	244	260	59	563	70	648
<b>TOTAL 2015-16</b>	<b>1,850</b>	<b>2,559</b>	<b>231</b>	<b>4,640</b>	<b>71</b>	<b>4,724</b>

88.10% of the workforce was recorded as female. This is up 0.7% from the previous year 2014-15.

Figure 46 Workforce sex profile by contract group 2015-16



There is substantial variation between different professional groups, with males comprising 26.76% of doctors compared to 11.57% of staff on agenda for change contracts.

Females were overall 1.62 times more likely to be appointed than males, and were over-represented in appointments within all agenda for change pay band groupings and as doctors, except at AfC pay bands 8-9 where females were 0.95 times as likely to be recruited as males although the underlying figures were very low.

Males were 1.1 times as likely to be promoted as females overall in 2015-16.

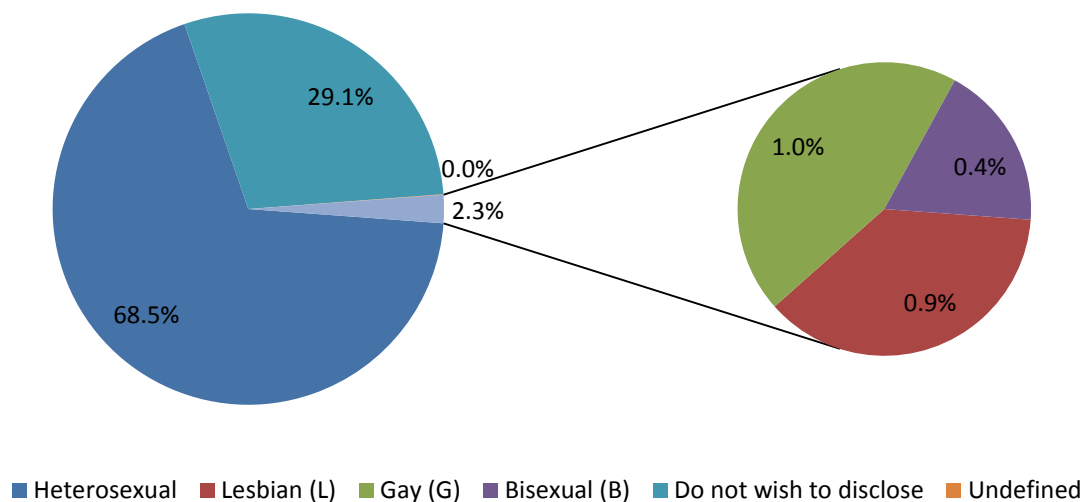


## Workforce sexual orientation equality

Figure 47 Workforce sexual orientation profile 2015-16

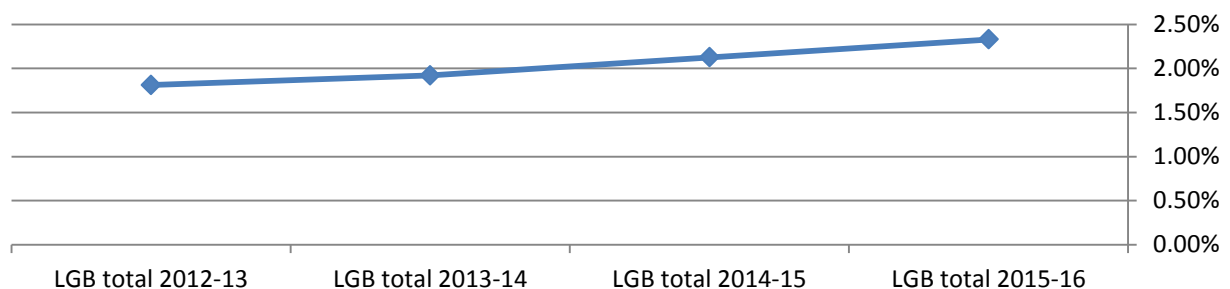
Sexual orientation (Count)	AfC 1-4 TOTAL	AfC 5-7 TOTAL	AfC 8-9 TOTAL	AfC TOTAL	Medical TOTAL	TRUST TOTAL
Heterosexual	1,267	1,755	161	3,183	49	3,238
Lesbian (L)	13	26	2	41	0	41
Gay (G)	20	21	6	47	1	49
Bisexual (B)	10	9	1	20	0	20
Do not wish to disclose	540	746	61	1,347	21	1,374
Undefined	0	2	0	2	0	2
<b>TOTAL 2015-16</b>	<b>1,850</b>	<b>2,559</b>	<b>231</b>	<b>4,640</b>	<b>71</b>	<b>4,724</b>
<b>LGB total 2015-16</b>	<b>43</b>	<b>56</b>	<b>9</b>	<b>108</b>	<b>1</b>	<b>110</b>
LGB total 2014-15	45	53	9	107	1	109
LGB total 2013-14	41	47	9	97	0	98
LGB total 2012-13	33	46	8	87	0	88

Figure 48 Workforce sexual orientation 2015-16 pie chart



2.3% of people in the workforce had declared as lesbian, gay or bisexual (LGB) on their staff records. This rose to 5.4% of AfC band 8a staff. There was one doctor recorded as gay. 29.1% of the workforce did not want to disclose.

Figure 49 Percentage of LGB workforce over time



The percentage of people in the workforce disclosing as LGB on their staff records has grown by 0.5% over the previous four years from 1.81% in 2012-13 to 2.33% in 2015-16. This shows a growing level of confidence.

Heterosexual people were 1.8 times as likely to be appointed as bisexual people were in 2015-16.

No people who declared themselves as LGB were appointed to posts at bands 8-9 in 2015-16.

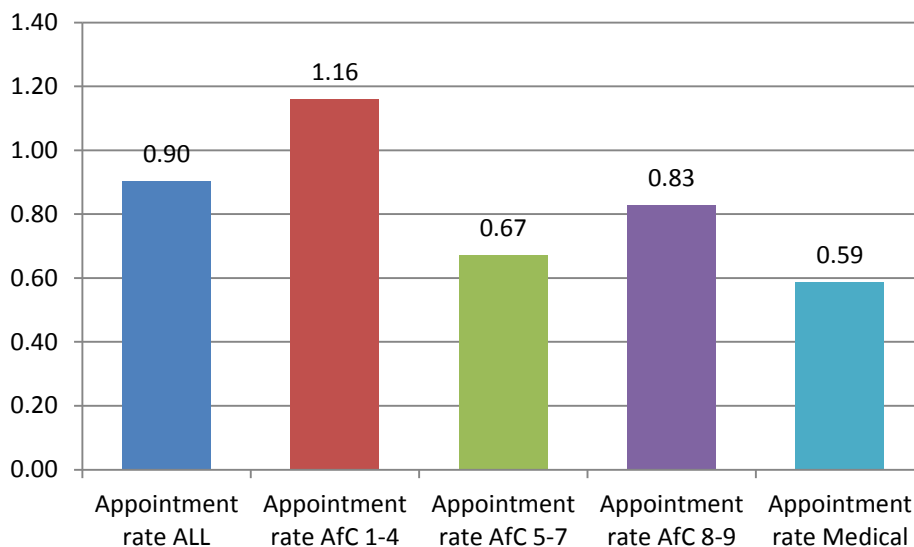
People declaring themselves as heterosexual were 1.3 times as likely to be promoted in 2015-16 as people who declared they were LGB.

### Workforce religion and belief equality

46.8% of the workforce defined themselves as Christians, representing the largest single belief group. The next largest group were those who chose not to disclose at 33.8%.

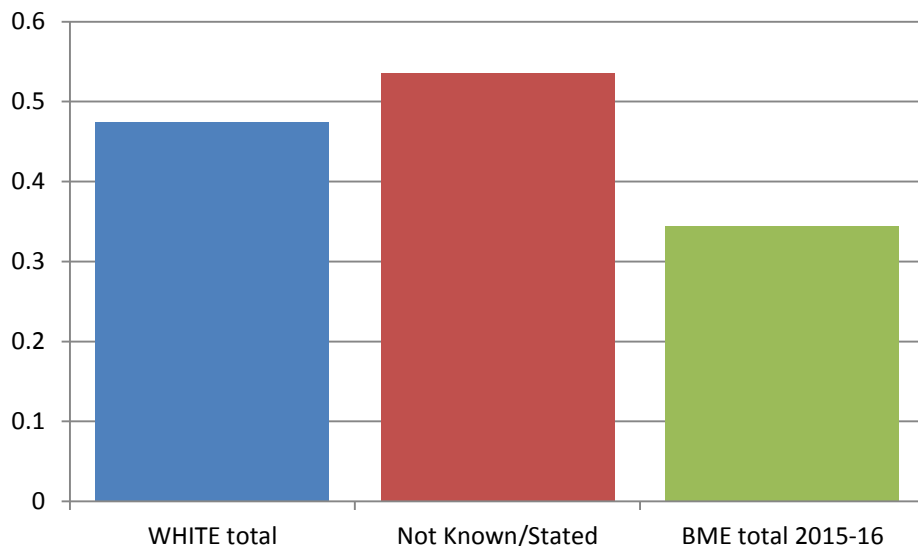
Non-religious people were more likely to be appointed than religious people (from shortlisting) in 2015-16, except in agenda for change bands 1-4 posts.

Figure 50 Religious to non-religious appointment rate (from shortlisting) 2015-16



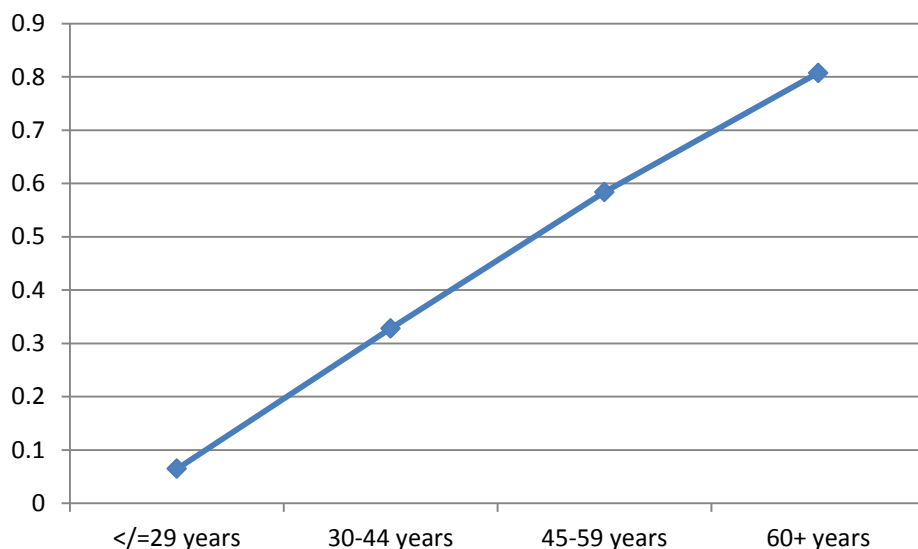
### 3.2 Equal pay for work of equal value

Figure 51 Maximum point of pay band by broad ethnic group 2015-16



White people (1,911 out of 4,030) employed on agenda for change contracts were 1.4 times as likely to be at the top of their pay band than BME people (109 out of 316) in 2015-16, although significance is affected by the relative size of the unknown group (156 out of 291)

Figure 52 Proportion of staff on maximum point of pay band by age band (2015-16)

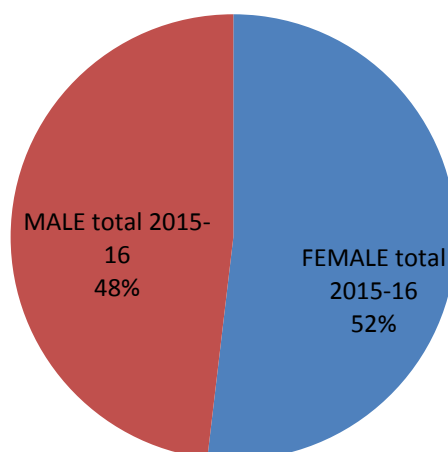


There is a linear progression between age bands of people within the agenda for change workforce and their likelihood to be on the maximum point of their pay band in 2015-16.

Disabled people (117 out of 195) were 1.4 times as likely to be at the maximum point within their agenda for change contract pay band as people who were not disabled (1,543

out of 3,583). The significance of this is affected by a similar likelihood for people whose disability status was undisclosed (513 out of 829).

Figure 53 Percentage of staff on maximum pay point of band by sex 2015-16



Females (1,948 out of 4,102) were 1.1 times as likely to be at the top of their pay band as males (228 out of 535) on agenda for change contracts in 2015-16.

Females on agenda for change contracts were more likely to be at the maximum pay point within all pay bands, except band 7 where males (24 out of 37) were 1.2 times as likely to be at the top of their pay band than females (64 out of 122).

The likelihood of heterosexual people to be at the top of the pay bands on agenda for change contracts was slightly more than LGB people, although not significantly.

People who chose not to disclose their religion (825 out of 1,566) were 1.2 times as likely to be at the top of their agenda for change pay bands than people who declared as Christian (1,031 out of 2,184).

### 3.3 Training and development opportunities are taken up and positively evaluated by all staff

White people (900 out of 4,047) were 1.3 times (30%) as likely to have leadership development as BME people (57 out of 331). There were no significant differences in rates of annual appraisal or mandatory training compliance between broad ethnic group.

The under 29 age band (189 out of 256) were the least likely to be compliant with annual appraisals out of any age band, but the relative difference were not significant.

There were no significant differences in rates of annual appraisal or mandatory training compliance between males and females, between disabled people and people who are not disabled, or between heterosexual and LGB people.

### 3.4 Staff free from abuse, harassment, bullying and violence at work

#### Racial abuse, harassment, bullying and violence

BME staff were nearly twice as likely to enter formal disciplinary investigations compared to white staff across 2014-16.

BME staff were half as likely to report experiencing harassment, bullying or abuse from other staff compared to white staff in the staff survey 2015.

#### Age related abuse, harassment, bullying and violence

Respondents to the 2015 staff survey over the age of 51 were twice as likely to report experience of harassment, bullying or abuse from staff in the previous 12 months as staff in the 31-40 years age band.

#### Disability related abuse, harassment, bullying and violence

Disabled people who responded to the 2015 staff survey were 1.5 times as likely to report physical violence from patients, relatives or the public in the previous 12 months as people who were not disabled

Disabled people were 2.4 times as likely to report experiencing harassment, bullying or abuse from staff as were people who were not disabled.

Disabled people (6 out of 198) were two and a half times as likely to be subject to capability proceedings (with no underlying health reasons) as people who were not disabled (46 out of 3,645) in 2015-16.

#### Sex related abuse, harassment, bullying and violence

Women who responded to the 2015 staff survey were twice as likely to report physical violence from patients, relatives or the public in the previous 12 months as men

Women were 1.6 times as likely to report experiencing harassment, bullying or abuse from patients, relatives or the public as were men in the staff survey 2015.

Males (17 out of 562) were five and a half times as likely to be subject to disciplinary proceedings as females (23 out of 4,162) in 2015-16.

Males (10 out of 562) were 1.4 times as likely to be subject to capability proceedings (with no underlying health reasons) as females (54 out of 4,162) in 2015-16.

### 3.5 Flexible working options are made available to all staff

There were 188 applications made for maternity leave, 79 for special leave and 41 for emergency leave in 2015-16.

Males (13 out of 562) were 1.5 times as likely to request special leave as females (66 out of 4,162)

Due to the effect of low numbers on significance, further analysis would not be relevant.

### 3.6 Staff report positive experiences of their membership of the workforce

People age 31-40 years who responded to the 2015 staff survey were 1.1 times as likely to recommend the organisation as a place to work or receive treatment in the previous 12 months as people age 51 years or more.

There were no significant differences between the likelihood of different people to recommend the organisation as a place to work or receive treatment based on broad ethnic background, gender or disability.

## 4 Inclusive Leadership

### 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

The Chair and some of the Trust's executive directors have shared examples of their inclusive leadership over 2015-16 below:

#### Examples of inclusive Board leadership

##### Sue Sjuve – Chair

Over 2015-16 I made it a requirement for all Trust board of directors and Council of Governors' meeting venues to have access and parking for disabled people and ensured that for our last annual general meeting (AGM) in September 2015 that microphones and a hearing loop were provided.

In reviewing the board skills matrix and in drawing up person specifications for Board directors I have sought to ensure that the board reflects the makeup of the communities it serves whilst ensuring that all appointees have the skills for the role. We have a good balance of gender and sexual orientation on the board, and a wide range of skills. We have a board adviser, though not a director, who is from an ethnic minority.

When recruiting governors for our board of governors I personally reviewed the age, ethnicity, gender, disability and other protected characteristics of our membership base and encouraged individuals who reflected this to apply. We have a council of governors, which includes service users who are disabled, governors from ethnic minorities and a youth governor to represent our younger members.

##### Siobhan Melia – Chief Executive

I established a delivery partnership with Age UK East Sussex to introduce a new community navigation scheme into the High Weald, Lewes and Havens area. The scheme aims to reduce social isolation for older people through signposting to local community and voluntary sector initiatives, as well as improving health outcomes through access to wellbeing advice.

I also established a strategic partnership with LoveLocalJobs (a regional online jobs board) in order to improve our recruitment opportunities through engagement with local communities across Sussex. One specific project within the partnership is called 'Be the Change', which focuses on engaging young people who may have become disengaged with school. The programme holds inspirational youth career events, emphasising the importance of employability, and creates an opportunity for the Trust to engage young people with the range of careers available within their local community NHS organisation.

### Gareth Baker – Director of People and Strategy

I am the executive lead for equality and diversity for the Trust and chaired the Equality and Diversity Group (EDG). I supported the development of the Trust's equality strategy, monitored progress against its delivery and took steps to ensure that it remained on course.

I ensured that there was continuity of cover for the Trust's equality function whilst the substantive post holder was away on adoption leave for much of the 2015-16, by working with Brighton and Sussex University Hospitals NHS Trust. I have committed resources to take positive action for people with a learning disability, and to strengthen fairness and equity within the organisation.

I am also the Trust lead for the Armed Forces Network. I mapped existing Armed Forces Network champions to existing services, identified gaps based on services most likely to encounter the services community and targeted training to close gaps. I have also supported Armed Forces Network events across the region.

### Susan Marshall – Chief Nurse

I encourage flexible-working; carers leave flexible shifts, job shares and promote an open culture. I lead an open governance framework from the perspective that anyone can lead change and I often harness more junior members to lead change programmes that I support. I have also led work on dignity in the workplace and act as an independent (to service) person for staff to raise concerns. I supported the implementation of a CD for mindfulness to support staff health and wellbeing and I promote person centred care. I chair the patient experience group and encourage health watch and patient reps to ensure they have a voice.

I attended training event in July run by the Royal College of Nurses (RCN) to increase my understanding and brought back information regarding the 15-core competency framework, which I will use to influence leadership for inclusion. I also mentor numerous members of staff (both internal and external to the organisation). I promote and understand the law in relation to deprivation of liberty safeguard rights and set up an adult safeguarding team to ensure this is integral to practice in the organisation.

## Membership

The Trust achieved Foundation Trust (FT) status in April 2016. FT's have greater freedom than NHS trusts to run their affairs and are not subject to central government control. The Trust can use these freedoms to decide how best to deliver the kind of services that our patients and service users want. With these freedoms come important responsibilities, so the Trust is accountable to our local communities, through our members and governors.



Figure 54 Membership by broad ethnic group and locality

Ethnic Group / Locality (Count) against Census 2011	WHITE	BME total 2015-16	Likelihood of BME to White (from popn.) 2015-16
Brighton & Hove (B&H) membership	890	140	1.28
B&H population	243,512	29,857	
High Weald, Lewes and Havens (HWLH) membership	130	4	0.98
HWLH population	160,328	5,046	
Coastal West Sussex (CWS) membership	2,039	62	0.77
CWS (Adur, Worthing, Arun and Chichester) population	454,296	17,914	
Crawley membership	328	94	1.14
Crawley population	85,180	21,417	
Horsham & Mid Sussex (HMS) membership	1,052	49	0.90
HMS population	210,473	10,872	
Adjacent areas membership	88	10	1.39
<b>Public membership (excl adjacent) TOTAL</b>	<b>4,439</b>	<b>349</b>	<b>1.07</b>
<b>B&amp;H, West Sussex and HWLH population</b>	<b>1,153,789</b>	<b>85,106</b>	
Surrey and Sussex (SAS)	2,479,901	206,439	
Kent and Medway	1,607,681	119,984	
South Region	12,874,249	1,049,436	
England	45,281,142	7,731,314	

Known black and minority ethnic (BME) members were 1.07 times likely to be represented in the overall membership than white members compared to the size of the underlying population from the Census 2011. This figure masks significant variation between localities with the highest proportion (1.28 times as likely) in Brighton & Hove and the lowest proportion (0.77 times as likely) in Coastal West Sussex.

Population growth and immigration since 2011 may be associated with over-representation. The causal factors behind under-representation are less clear. Numbers overall are small in High Weald, Lewes and Haven and in Horsham & Mid Sussex, which affects reliability for these areas.

Figure 55 Membership by sex and locality

Sex / Locality (Count) against Mid Year estimates	FEMALES (F)	MALES (M)	Likelihood of Females to Males (from popn.)
Brighton & Hove (B&H) membership	557	483	1.16
B&H population	140,147	140,929	
High Weald, Lewes and Havens (HWLH) membership	68	69	0.93
HWLH population	87,645	83,091	
Coastal West Sussex (CWS) membership	1,263	850	1.37
CWS (Adur, Worthing, Arun and Chichester) population	251,545	231,970	
Crawley membership	231	206	1.11
Crawley population	55,231	54,652	
Horsham & Mid Sussex (HMS) membership	617	493	1.20
HMS population	116,512	111,515	
Adjacent areas membership	47	53	0.86
<b>Public membership (excl adjacent) TOTAL</b>	<b>2,736</b>	<b>2,101</b>	<b>1.24</b>
<b>B&amp;H, West Sussex and HWLH population</b>	<b>651,080</b>	<b>622,157</b>	
Surrey and Sussex (SAS)	1,409,634	1,345,966	
Kent and Medway	908,307	876,062	
South Region	7,134,923	6,897,158	
England	27,543,422	26,773,196	

Known female members were 1.24 times likely to be represented in the overall membership than males compared to their size in the underlying population from the Mid-Year Population Estimate Mid 2014 (ONS, 2015).

## 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

### Board papers 2015-16

Board papers, including for assurance, discussion or briefing require due regard to the public sector equality duty by the Trust. For proportionality, only Board papers for approval or ratification require an equality analysis.

An audit of public board papers for 2015-16 taken from the Trust website<sup>1</sup> found evidence of equality analyses for 20 out of 21 eligible papers.

Date	Title	Author	Evidence of equality analysis
30 April 2015	Trust Oversight Return	Director of Transformation and Commercial Development	<b>Yes</b>
4 June 2015	Trust Oversight Return	Director of Transformation and Commercial Development	<b>Yes</b>
4 June 2015	Governance Documents Submitted to the TDA	Interim Company Secretary	<b>Yes</b>
26 June 2015	2014/15 Annual Report and Accounts	Chief Executive	<b>Yes</b>
26 June 2015	Trust Oversight Return (May)	Director of Transformation and Commercial Development	<b>Yes</b>
30 July 2015	Trust Oversight Return (June)	Director of Transformation and Commercial Development	<b>Yes</b>
30 July 2015	Update on election, induction, training and working with Council of Governors	Trust Chair	<b>Yes</b>
August 2015 (virtual)	Trust Oversight Return (July)	Director of Transformation and Commercial Development	<b>Yes</b>
3 September 2015	Equality Strategy 2015-19	Director of Transformation and Commercial Development	<b>Yes</b>
3 September 2015	Health and Safety Annual Report 2014-15	Health & Safety Lead	<b>Yes</b>
29 October 2015	Trust Oversight Return (September)	Director of Transformation and Commercial Development	<b>Yes</b>
26 November 2015	Five Year Strategic Plan 2015-2020	Director People and Strategy	<b>Yes</b>
26 November 2015	Trust Oversight Return (October)	Director People and Strategy	<b>Yes</b>
26 November 2015	Board Work Programme 2016/17	Trust Chair	<b>Yes</b>
26 November 2015	Research and Development Annual Report 14/15 and Strategy 15/20	Medical Director	<b>No</b>

<sup>1</sup> <http://www.sussexcommunity.nhs.uk/board-papers.htm>

Date	Title	Author	Evidence of equality analysis
22 December 2015	Leadership Strategy	Director People and Strategy	<b>Yes</b>
22 December 2015	Well-Led Statement	Director People and Strategy	<b>Yes</b>
22 December 2015	Trust Oversight Return – November 2015	Director People and Strategy	<b>Yes</b>
28 January 2016	Trust Oversight Return – December 2015	Director People and Strategy	<b>Yes</b>
25 February 2016	Trust Oversight Return – January 2016	Director People and Strategy	<b>Yes</b>
31 March 2016	Annual Board Development Programme 2016/17	Trust Chair	<b>Yes</b>

### Policy and procedural documents 2015-16

There were 54 policies and procedural documents ratified in 2015-16. There were 52 documents analysed, six related documents that shared three linked analyses. Three documents had no evidence of a completed equality analysis.

Date	Name	Comments	Evidence of equality analysis
09/04/2015	Central Alert System (CAS) policy & procedure		<b>Yes</b>
26/04/2015	Being Open and Duty of Candour Policy and Procedure		<b>Yes</b>
07/05/2015	Getting to Work Policy		<b>Yes</b>
20/05/2015	Fit and Proper Persons Test Policy		<b>Yes</b>
10/06/2015	Bed Rails (Cot Side) Inpatient Policy		<b>Yes</b>
10/06/2015	INR (International Normalised Ratio) Testing procedure		<b>Yes</b>
17/06/2015	Investment Policy		<b>Yes</b>
17/06/2015	Treasury Management Policy		<b>Yes</b>
18/06/2015	Medicines Standard Operating Procedure (MSOP) across services provided by Chailey Heritage Clinical Services (CHCS) & Chailey Heritage Foundation (CHF)		<b>Yes</b>
18/06/2015	Administration of Intravenous Cytarabine to Children and Young People in the Community		<b>Yes</b>
18/06/2015	Clinical and Technical Medicines Management Input to Bedded Units in	Linked to umbrella	<b>Yes</b>

Date	Name	Comments	Evidence of equality analysis
	Brighton & Hove by Sussex Community Trust Employed Staff Procedure	policy analysis (Medicines Policy)	
18/06/2015	Community Response Services Medicines Administration procedure		
18/06/2015	Use of intravenous Cyclophosphamide on Lane Bray Ward		
09/07/2015	Taking and Using Visual and Audio Recordings of Patients Policy		<b>Yes</b>
22/07/2015	Personal Relationships Policy		<b>Yes</b>
24/07/2015	Access To Health Records Procedure		<b>Yes</b>
06/08/2015	Safeguarding Adults Guidance		<b>Yes</b>
06/08/2015	Safeguarding Adults Policy		<b>Yes</b>
06/08/2015	Managing Allegations Against People who Work with Children		<b>Yes</b>
06/08/2015	Clinical Audit Policy		<b>Yes</b>
09/09/2015	Security - Lone Worker Policy		<b>Yes</b>
23/09/2015	Medical Revalidation and appraisal Policy		<b>Yes</b>
24/09/2015	Competency Assessment Framework for Administration of Medicines to Adults	Linked to parent policy analysis (Medicines Policy)	<b>Yes</b>
24/09/2015	Prescribed Nutritional Supplement Record Chart Procedure		
24/09/2015	Medicine Ordering and Supply - Kleinwort		
24/09/2015	Ordering Multi-compartmental Compliance Aids for use on discharge by adult in-patients procedure		
24/09/2015	Transcribing a patient's medicines - Standard Operating Procedure		
25/09/2015	Assessing Patient's Own Drugs (PODs) for use in hospital adult inpatient bedded units and on discharge Procedure		
25/09/2015	Management of FP10 Prescription Forms by SCT Medicines Management team Procedure		
01/10/2015	Wheel Chair Eligibility	No evidence	<b>No</b>
07/10/2015	Staff Travel Expenses	No evidence	<b>No</b>
08/10/2015	Business Continuity Plan		<b>Yes</b>
09/10/2015	Nasal Influenza Vaccine Administration in School Procedure		<b>Yes</b>
03/11/2015	Fire Policy		<b>Yes</b>
04/11/2015	Medicines Policy		<b>Yes</b>
05/11/2015	Infection Prevention and Control Procedure for MILK! Breastfeeding Drop-ins		<b>Yes</b>

Date	Name	Comments	Evidence of equality analysis
19/11/2015	Recruitment, Selection and Employment Checks Policy		<b>Yes</b>
19/11/2015	Raising Concerns Policy and Procedure		<b>Yes</b>
09/12/2015	Bowel Care Guidelines (Adults)		<b>Yes</b>
04/01/2016	Parallel Criminal and Disciplinary Investigations Policy		<b>Yes</b>
07/01/2016	Uniform & Non-Uniform Dress Code Policy		<b>Yes</b>
18/01/2016	Incident Management and Reporting Policy		<b>Yes</b>
01/02/2016	Abdominal Aortic Aneurysm (AAA) Ultrasound Screening		<b>Yes</b>
04/02/2016	Decontamination (Cleaning, Disinfection and Sterilisation) Policy		<b>Yes</b>
04/02/2016	Management of Policies, Procedures and Guidelines Policy		<b>Yes</b>
05/02/2016	Annual Leave Policy		<b>Yes</b>
05/02/2016	Sickness Absence Management Policy		<b>Yes</b>
05/02/2016	Bullying, Harassment & Conflict in Working Relationships Policy		<b>Yes</b>
06/02/2016	Infection Prevention and Control Policy (& associated appendices)		<b>Yes</b>
12/02/2016	Control of Substances Hazardous to Health (COSHH) procedure	Linked to parent policy analysis (Health & Safety Policy)	<b>Yes</b>
12/02/2016	Driving at Work Procedure		<b>Yes</b>
25/02/2016	Performing Acupuncture on Adults - Procedure for Physiotherapists		<b>Yes</b>
03/03/2016	Pressure Damage Prevention & Treatment Policy		<b>Yes</b>
22/03/2016	Information Security Policy		<b>Yes</b>

### 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

#### Cultural competence

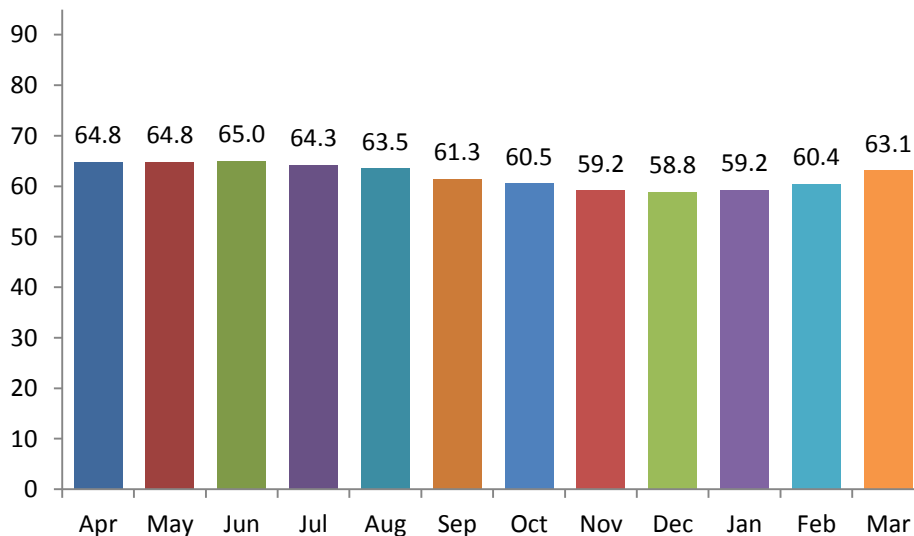
The workforce target for compliance with mandatory equality and diversity training is 95%. The actual percentage compliance by the end of 2015-16 was 63.1% compared to 65.0% in 2014-15.

Initiatives to improve compliance this year include building the training into a half-hour slot on the staff statutory training day and sending out leaflets with payslips.

Figure 56 Equality and diversity mandatory training compliance 2015-16 by directorate:

Directorate	Compliance
<b>Trust</b>	<b>63.1</b>
Operations Directorate	70.7
Finance & Facilities	39.6
Medical Directorate	79.6
Workforce	88.2
Chief Executive Directorate	61.9
Transformation Director	72.7
Commercial Development	50.0

Figure 57 Compliance with mandatory equality and diversity training by month in the financial year 2015-16



#### Free from discrimination

BME staff members were nearly 1.7 times as likely to report experiencing discrimination from a manager or team leader compared to white staff across 2015-16

Women who responded to the 2015 staff survey were 1.25 times as likely to report experiencing discrimination at work in the previous 12 months as men.

Disabled people who responded to the 2015 staff survey were 3.3 times as likely to report experiencing discrimination at work in the previous 12 months as people who were not disabled.