Equality
Annual Report

2016/17

Excellent care at the heart of the community

Contents

Introduction

The Trust's Equality Strategy states that the Trust will be "well led by individuals contributing to an open culture in line with our values that encourages opportunities for learning and growth and for fairness in recruiting, resource allocation, procedural equity and positive action. It includes demonstrably advancing equality within governance arrangements".

This report is a position statement on that strategy. The findings and progress are for the period 2016/17 and the development areas highlighted are for 2017/18 onwards.

Summary

Race

Findings

The organisation has 4,794 members of staff. The graph shows the Trust have been steadily increasing BAME representation since 2012/13:

- BAME representation is 7.88% (n.378) in 2016/17, an increase of 25% on the 2013/14 figure. AfC Band 1 at 21.9% % (n.35) 10.92% (n.94) in staff on agenda for change (AfC) contract pay band 5 and it is 3% in AfC bands 8-9 (senior managers)

- Medical staffing is 33.7% BAME

- There was no BAME representation at Very Senior Manager (VSM) or Board director levels in 2016/17

BAME % Trust Workforce

2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17
6.12%	6.29%	6.79%	7.13%	7.88%
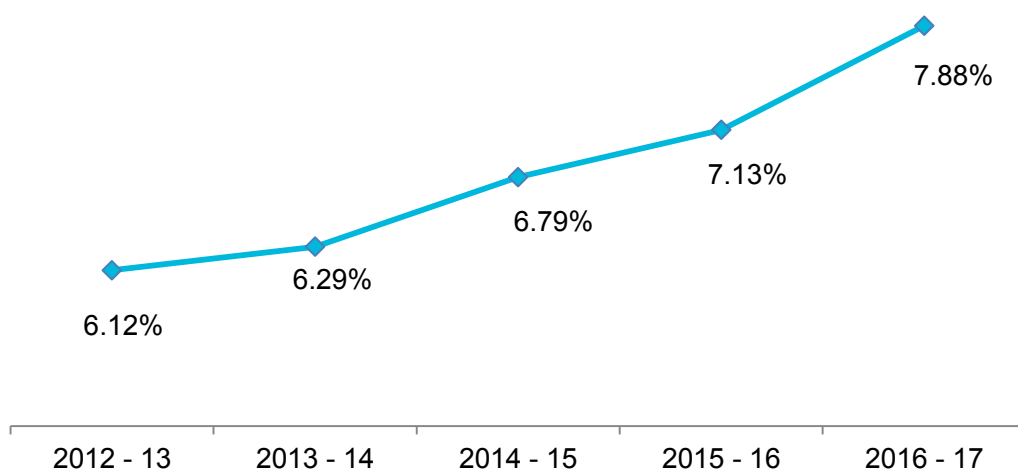
White people were 1.69 times more likely to be appointed (n. 784) than BAME people from shortlisting in 2016/17, down from over twice as likely (2.2 times) in 2015/16. This movement is in the right direction but will require monitoring over future periods to understand whether it is a trend.

The percentage of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months increased from 12% in 2015 up to 25% in 2016. Some of this change may be explained by reporting differences in the survey data between the two periods, but BAME respondents were still 26% more likely to report this than white respondents in 2016.

Progress

- Gained executive sponsorship for race equality from the Chief Nurse to champion the agenda
- Established the BAME staff network to promote leadership and workforce race equality
- Positive action with BAME staff to promote and then coach applicants to national leadership development programmes
- Developed governance systems to promote accountability and progress on racial diversity, including shortlisting-to-appointment rate and racial harassment reporting to Board. Quarterly reporting the ethnic differences in shortlisting-to-appointment rates to Board showed a 23% increase in equitable appointing in 2016-17 on the previous year (Source: TRAC).

Development Areas

The BAME staff network reviewed the Trust results against the national Workforce Race Equality Standard (WRES) for 2017 and identified the development areas listed below. These will be progressed through the development and delivery of a separate action plan:

- Encourage representation in senior management and at Board Level through creating a pipeline of BAME talent
- Support more racially equitable selection decisions from shortlisting within recruitment through further measures to reduce the likelihood of bias occurring
- Support BAME victims and witnesses of harassment, bullying or abuse and support their managers.

In addition to the workforce priorities the rollout of new translation and interpreting services will be delivered.

Age

Findings

25% of the Trust's workforce is within the age group 46-60, with Band 6 showing the largest number of staff in any age group. With an ageing workforce and demographics predicting an ageing population this is a longer term concern and the organisation will seek to address this through the apprenticeship scheme, training and succession planning.

Age of Workforce

61+
8%

</=30 yrs
11%

46-60
47%

31-45
34%
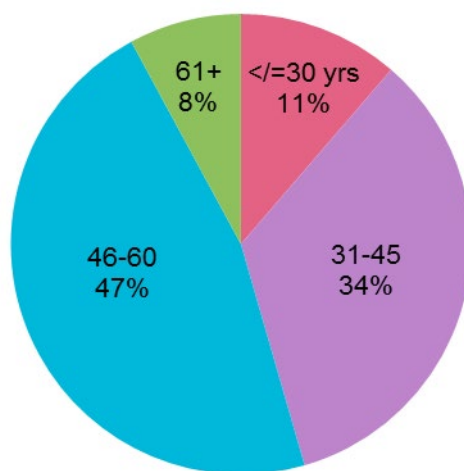
Development Areas

Through existing workforce and education strategies the Trust will:

- Monitor the progress of apprentices within the organisation and the schemes that are available to applicants; and ensure pipelines for succession planning are in place

- Highlight the existing flexible working arrangements and encourage those who retire to return in some form to ensure we retain valuable skills and experience and ensure organisational memory is not lost without some transition

- Encourage managers to think creatively about their rotas and working arrangements that enable staff to either join, or return on a flexible basis that works for the member of staff, the patient and the service

- Continue to develop and promote the wellbeing programme to ensure that staff members remain healthy and engaged with the Trust.

Sex

Findings

The workforce is largely female (88%), particularly within AfC bands 5 and 6. At the more senior grades there is a more equal ratio of males and females.

**12.3%
Male**

M	M	M	F	F
F	F	F	F	F
F	F	F	F	F
F	F	F	F	F
F	F	F	F	F

**87.8%
Female**

The turnover of male staff is greater than female staff across medical and agenda for change contracts.

Progress

- The Trust has responded to the new gender pay gap regulations by creating a new equality objective and initiating a task-and-finish group to report gender pay gap data by the 2018 reporting deadline.

Development Areas

- Support women seeking senior leadership roles with positive action initiatives
- Update the leaver survey to collect diversity information.

At present the national Electronic Staff Records (ESR) system used within the Trust cannot record those staff members who do not identify with a specific binary sex. It also does not have the capability of recording gender identity, including for those who identify as Trans.

Disability

Findings

As of the end of March 2017, 3.86% (n. 185) of the Trust's workforce declared on ESR that they were disabled, a figure which has reduced year-on-year since 2013 (222).

The 2011 census data found that 17.89% of the Sussex population reports as being disabled.

Progress

- Gained executive sponsorship for disability equality from the Director of Finance and Estates to champion the agenda
- Supported eight people with a learning disability and / or autism to either move into employment or be retained through the work of the Trust led Employability

- Partnership, in collaboration with supported employment providers. Recruitment of a new placement coordinator to ensure this work becomes business as usual

- Worked with a learning disability organisation (ChoiceSupport) to involve people with a learning disability in a quality check of podiatry services in Crawley

- Brought together a multi-disciplinary project group to improve how we meet disabled patients' accessible information needs within care

- Procuring sign language interpreting and communication support services in partnership with Brighton & Hove CCG, BSUH and SPFT.

Development Areas

- Constitute a disability network to encourage leadership and address barriers in the workplace for disabled people

- Gain accreditation as a Disability Confident Employer (level 2) through the Department for Work and Pension scheme

- Implement the Workforce Disability Equality Standard (WDES) reporting requirements

- Extend the employability work for people with a learning disability and / or autism through engagement with local colleges and with teams to create work placements for students

- Agree resources to re-audit and accelerate the improvement to the physical accessibility of the Trust's estate for disabled people.

Sexual Orientation

Findings

The Trust's known LGB workforce has increased by 20% from 98 (2013) to 118 (2017). Overall 2.5% of the workforce identify as LGB, with 33% (n. 1,270) not wishing to disclose their sexual orientation.
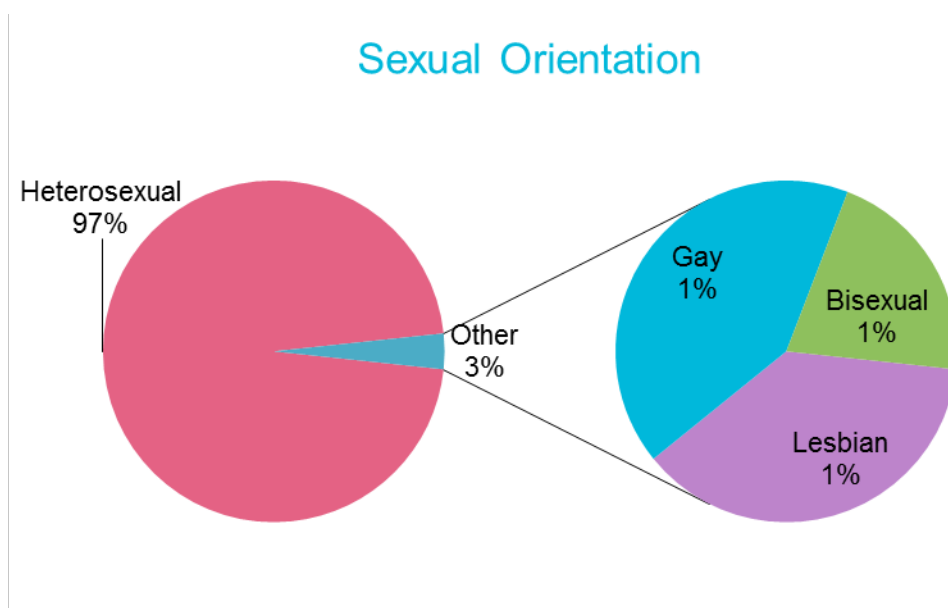
Progress

- Gained executive sponsorship for sexual orientation and gender identity equality from the Director of Operations to champion the agenda

- Launched the Lesbian, Gay, Bisexual and Trans (LGBT+) staff network

- Rolled out the rainbow lanyards scheme for staff to visually indicate to people that they are an LGBT+ inclusive service

- Entered Brighton Pride 2017 community parade and delivered a colourful, inclusive and safe parade entry that showcased the Trust's values in front of 300,000 spectators and participants

- Educated staff with new guidance for supporting Trans people, tailored towards community healthcare and at work.

Development Areas

- Quality assure our LGBT+ work through engagement with the Stonewall Workplace Equality Index

- Support an LGBT+ staff network action plan based on priorities identified by the network membership and enabled by the executive sponsor, including: training, peer support and awareness raising

- Improve the provision of LGBT+ friendly care within our 'Time to Talk' IAPT service through a quality improvement initiative.

Religion and belief

Findings

55% of staff (n. 2,644) declared that they had a religious belief on ESR. 32% of staff (n. 1,529) declared that they did not want to disclose their religion or belief. 11% of staff (n. 542) declared they were non-religious.

Religion or Belief
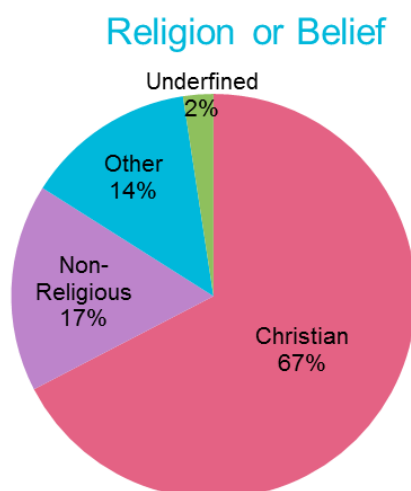
The largest single category was those identifying as Christian at 46% (n. 2,200) of the overall workforce. The next largest group was 'Other' at 7% (n. 346), which may suggest data quality issues.

Progress

- Gained executive sponsorship for religion and belief equality from the Medical Director to champion the agenda

- Audited chaplaincy provision to inform improvement plans and created a central resource for referring staff. Developed safer working practices for chaplaincy volunteers

- Identified and published online all of the chapels and prayer rooms across the Trust for patients, families and staff

- Established a planning group to coordinate delivering on the findings of the chaplaincy audit and to establish a multi-belief network.
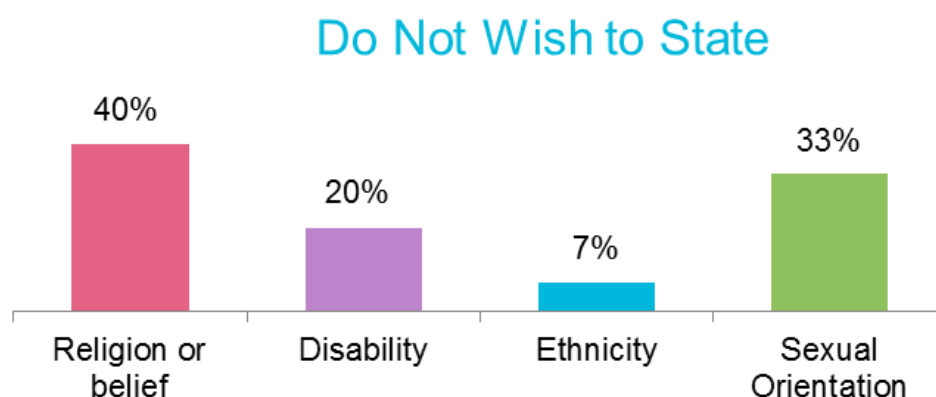
Development Areas

- Improve the provision of chaplaincy to provide a modern, professional service supporting patients, their families and our staff

- Constitute a Pastoral, Spiritual and Religious Network to encourage leadership, address barriers in the workplace for people from different belief groups and to promote spiritual care.

Inclusive Leadership

Findings

All equality delivery outcomes across health, access, experience, workforce and inclusive leadership have shown significant improvement and are in development.

Within many of these outcomes there were high rates of staff and patients who have answered 'Do not wish to state' to questions about their identity, or who have not declared any response. This indicates a need to undertake additional cultural and educational work to reassure people about the use of their information.

Do Not Wish to State

Category	Percentage
Religion or belief	40%
Disability	20%
Ethnicity	7%
Sexual Orientation	33%

Progress

- Shifted the delivery model for the programme to staff networking and greater distribution of leadership, including through executive sponsorship and opportunities for staff to participate as either committee or network members in corporate diversity initiatives

- Adapted the programme's management structure to reflect the needs of the new delivery model and changes to the Trust's organisational structure and workforce strategy
    - Revised the Equality, Diversity and Inclusion Group (EDIG) membership to include senior managers from the business units affected to promote closer relationships and understanding between the equality programme and those affected by it

- Updated the equality programme plan to respond to changes in the external environment, including new regulatory requirements and local commissioning requirements (e.g. Trans Needs Assessment)

- Updated patient information systems and practices to improve diversity information through work coordinated with the accessible information project to make efficient use of resources and reduce the burden of updating the Trust's main patient administration system 'SystmOne' and updating physical patient documentation

Development Areas

- Encourage more targeted opportunities for coaching, mentoring, job shadowing and stretch assignments through leadership development

- Develop greater inclusive leadership skills and knowledge through leadership training

- Maximise the benefits of services for different communities through stronger impact assessment arrangements

- Strengthen escalation reporting to achieve a more balanced matrix arrangement for the resources shared between business units and the equality programme

- Improve benefits management at a programme level, including a defined benefits realisation plan to capture the positive and measurable impacts of change from all of the various projects

- Agree sustainable funding arrangements for staff networks

- Agree the future direction of a replacement for the current equality strategy as it draws to a close

- Initiate a project to improve Datix diversity information management

- Evaluate the effectiveness of Friends and Family Test (FFT) reporting by protected characteristics

- Improve staff diversity information by enabling staff to feel confident declaring their identity and by providing new means of collecting data.

Better Health Outcomes

Better health outcomes means helping people live independently and delivering excellence through innovation; examples of work carried out through the Trust are highlighted here:

Creation of 'Changing Places' – an adult changing area for disabled patients in the Urgent Treatment Centre.

Adult amputee football team supported in association with Brighton & Hove Albion FC in the Community

BAME Specialist Public Health Nurse visiting families under the Syrian Vulnerable Persons relocation scheme

Assistance for patient with aphasia (communication difficulties) with English as second language – sourced speech to text system that checks both languages

Working with Supported Employment to employ a new member of staff who may not have been able to complete an interview but completed on the job placement

Parallel youth games; staff supported young people with disabilities to attend a multi-sport event

New Wheelchair information leaflet targeting those aged 12-18 written in consultation with young wheelchair users

End of Life Care service leaflets – translated into a number of languages

Dusk Café for Dementia patients to use with family when main café closed

HIV training to GPs and Care homes in and around Crawley to raise awareness of the impact of stigma & disclosing HIV status. Working with Terence Higgins Trust

Releasing staff to set up the LGBT+ network & encouraging participation in Stepping Up for aspiring BAME leaders

Links created with Travelling families & immunization running regular clinics at permanent sites

Home First Pathways assessment at home rather than hospital

Newly installed Dementia Signage & Memory Boards within in-patient units

Across all better health outcomes we are developing. The examples above highlight some of the progress being made by services to promote equality and by our staff to demonstrate inclusive leadership.

Recommendation: Maximise the benefits of services for different communities through stronger impact assessment arrangements.

Patient Access and Experience

Access refers to both service access, such as referrals or care activities, and physical access, such as the design of the physical environment.

Patient ethnic code completeness

Completion rates continue to fall

372,212 referrals conforming to the minimum data set received in 16/17, of which 170,325 referrals (46%) were for patients who had an ethnic code recorded on the Trust's patient information system. (Source: Scholar)

Reported completion rates continue to fall. Collecting this data is important and the Trust seek to reverse this trend

This is being addressed through work being coordinated with the accessible information project to update SystmOne and patient documentation.

Interpreting and communication support

The organisation supports people using services to be as involved as they wish to be in their care. One way the Trust supports involvement is through the provision of specialist communication support. This includes verbal support (translators & interpreters) hearing support (British Sign Language or lip reading) or visual support (Braille or audio recordings.) In 2016/17 the organisation supported

- 2,283 communication interventions including 272 for hearing support

- Translation or support services in 46 languages; Arabic and Polish were most in demand

- A range of services to receive communication support; with 29% of requests coming from the Healthy Child Programme
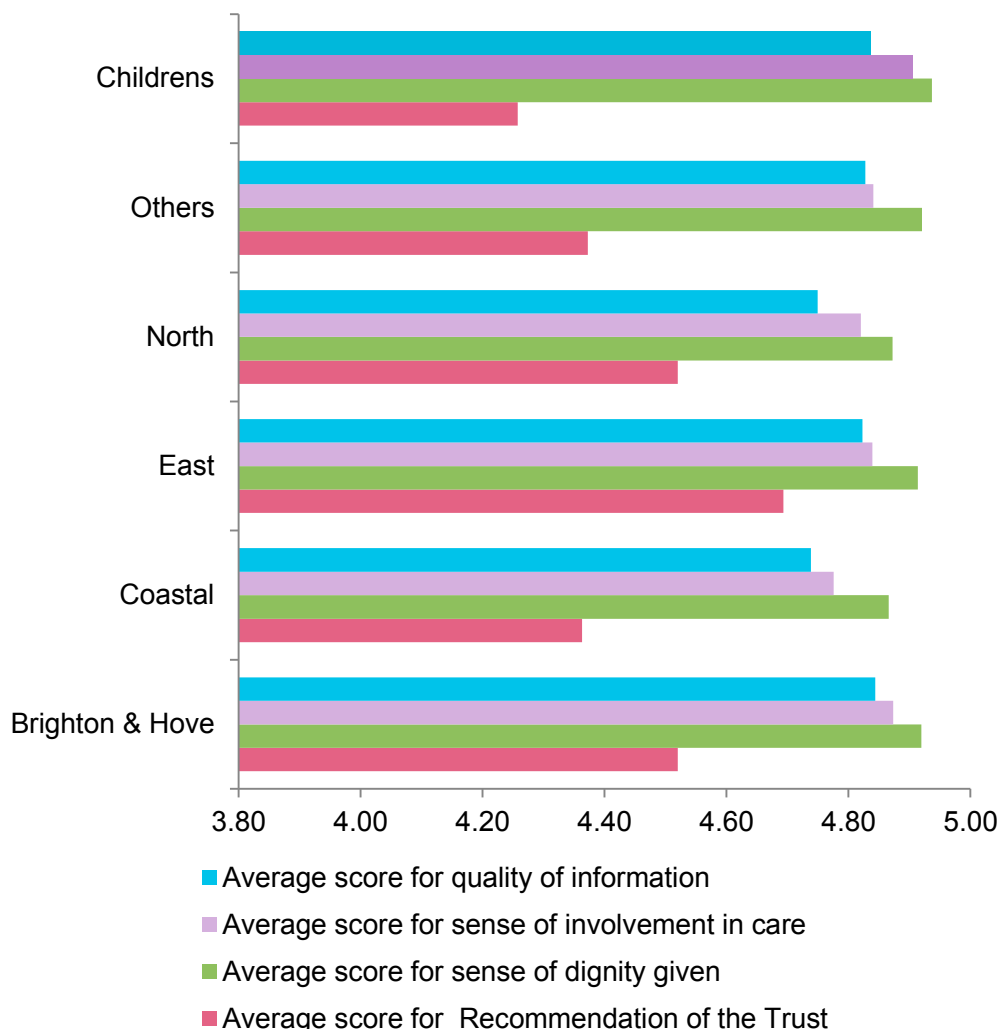
Patient experience

Diversity data held on Datix about patient experience and patient safety is not complete enough to investigate.

Recommendation: initiate a project to improve Datix diversity information management.

Family & Friends Test

The Friends and Family Test overall produced positive results. It is important that as an organisation we seek to ensure we are providing excellent care and understand where we may improve.

As a result of significant organisational change and re-structure the Trust has reconfigured since the 2016/17 results, so areas and localities will be reported differently in the future

In future it will be useful to evaluate the results according to protected characteristics as well as average satisfaction scores in order to ensure that there are no groups of patients who feel that they are not being treated well, or who do not feel involved with their care.

Recommendation: Evaluate the effectiveness of Friends and Family Test (FFT) reporting by protected characteristics

Membership

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

The Trust is accountable to local communities through our members. As members and as governors there are opportunities for local residents and staff to have a direct say in decisions about services.

Members are drawn from our local communities: West Sussex, Brighton and Hove, East Sussex, Hampshire, Kent and Surrey.

- Current Trust membership stands at 4,929 members – this is a growth of 0.79% from last year (n.4,890)

- Trust members who are male have increased over the last year by 1.4% (n 2,154 to 2,185) whilst female membership has decreased by 3.3% (n. from 2,736 to 2,664)

- The membership has seen an increased BAME representation, with particularly good examples from 2015/16 representation of 3% (n.4) in High Weald Lewes and Haven up to 6.7% (n.10) in 2016/17

- Total BAME Trust Membership accounts for 9.84% (n.479) of the total membership.

Conclusion

The annual report demonstrates good progress strengthening inclusive leadership, promoting workforce diversity and meeting the Trust's equality objectives

Active monitoring by Board coincided with ethnic differences in shortlisting-to-appointment rates across the Trust improving by 23% in 2016-17 compared to the previous year. Eight people with a learning disability and / or autism either moved into employment or were retained through specialist support. Newly established staff networks provided a potent vehicle to improve engagement, such as with the Brighton Pride 2017 parade entry.

The report also identifies development areas for the Trust to consider when devising new priorities for 2017/18 onwards. Common to all of these is a commitment to building leadership for inclusion within the Trust.

This will be achieved by embedding staff networks as pools of talent and creating pipelines for future leaders within our talent management strategies. It also emphasises more intersectional approaches that promote collaborative improvements which benefit staff with overlapping identities, such as BAME, women, LGBTQ and disabled staff, and with common experiences of related oppression within systems of power. We will upskill and reskill senior leaders with tools and approaches built upon the latest evidence to support shifting mindsets and behaviours to promote equality.

These developments will be built into a review of the equality programme plan, managed by the Equality, Diversity and Inclusion Group reporting into the Trust's Workforce Committee, with additional assurance by the Quality Committee.

Annex A: Workforce Race Equality Standard Summary 2017

Workforce Race Equality Standard 2017

What

- The WRES takes nine indicators of workforce race equality and requires NHS organisations to close the gap between the BME and white staff experience for those indicators

Why

- Research strongly suggests that less favourable treatment of Black and Minority Ethnic (BME) staff in the NHS through poorer treatment or opportunities has significant impact on the efficient and effective running of the NHS

How

- In its simplest form, the Standard gives local NHS organisations the tools to work out their workforce race equality performance, including BME representation at senior management and board level.

- It enables organisations to focus on:
  - How good they are now
  - How good they should be
  - How they can get there

Workforce Race Equality Standards with summary 2017 performance information	White 2017 %	BME 2017 %	White 2016 %	BME 2016 %
WRES1: % of staff in AfC, Medical and Dental and VSM (including execs) compared with the % of staff in the overall workforce	86.42	7.56	86.58	7.13
	Senior manager BME representation has shrunk by -13% in the last 5 years whilst the BME workforce overall has grown by 23%			
WRES2. Relative likelihood of staff being appointed from shortlisting across all posts	White people were 1.69 times more likely to be appointed (n. 784) than BME people in 2017, down from 2.2 times in 2016 ▼			
WRES3: Relative likelihood of staff entering the disciplinary process, as measured by entry into a formal disciplinary investigation	Across 2015-17 BME people (n.3) were 3.29 times more likely to be disciplined formally than white people, up from 2.34 in 14-16 ▲			
WRES4: Relative likelihood of staff accessing non-mandatory training and CPD	BME people were 1.03 times as likely to access non-mandatory training and CPD as white people, 5% less likely than in 2016 ═			
WRES5: % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	▼ 23.73	▼ 29.33	28.15	30.11
WRES6: % of staff experiencing harassment, bullying or abuse from staff in last 12 months	▼ 19.96	▲ 25.17	21.98	11.54
WRES7: % of staff believing that Trust provides equal opportunities for career progression or promotion	▼ 92.83	▼ 82.35	95.11	88.89
WRES8: % staff personally experienced discrimination at work from manager / team leader or other colleague	▼ 4.48	▲ 14.09	6.43	11.11
WRES9: % difference between Board voting membership and overall workforce	The Trust Board is 100% White There is -7.1% gap against the workforce ▲			