



Sussex Community  
NHS Foundation Trust

# Equality Annual Report

2017/18



*Excellent care at the  
heart of the community*

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## 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 2017/18 and the development areas highlighted are for 2018 onwards.

## Race

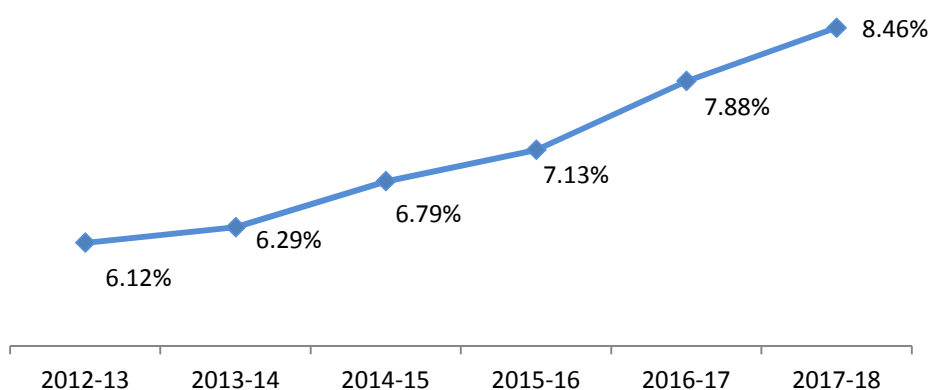
### Findings

The organisation has 4,918 members of staff, an increase from 16/17 of 2.6% (n.124). The graph below shows the representation of Black, Asian, Minority Ethnic (BAME) staff has steadily increased since 2012/13:

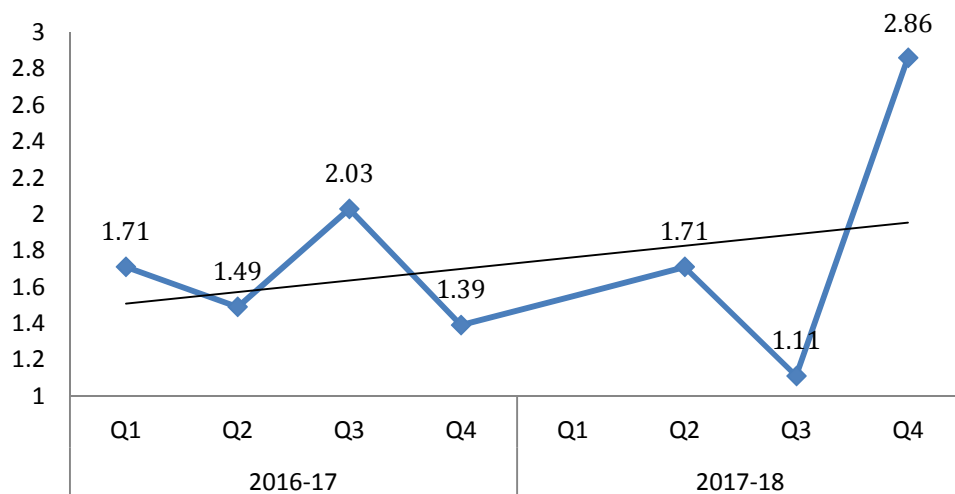
- BAME representation is 8.46 % (n.416) in 2017/18. This is an increase of 38 members of staff from 2016/17 (n.378) a 10% increase.
- BAME representation for Agenda for Change (AfC) Bands 5 & 6 is 39.6% (n.165) and it is 4% (n.10) in AfC bands 8-9 (senior managers) which is a slight increase from last year.
- 35% (n.29) of the medical staffing group is represented by BAME members of staff.

There continues to be no BAME representation at Very Senior Manager (VSM) or Board director levels in 2017/18.

### BAME % Trust Workforce



#### Relative likelihood of white people being appointed compared to BAME (from shortlisting)



White people were 2.86 times as likely as BAME people to be appointed from shortlisting in quarter four 2017-18. This is up from 1.11 in quarter three.

315 (85%) white people and 54 (13%) BAME people were shortlisted, resulting in 50 (94%) white people and 3 (6%) BAME people appointed

The percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public last 12 months slightly increased from 29% in 2016 up to 30% in 2017.

### Progress

- The BAME staff network has become further established within the Trust and members are continuing to promote leadership and workforce race equality
- The staff network has held a number of meetings and has varied the location of these meetings to assist with accessibility. The network has reported that not all staff groups are represented as yet, but are engaging with BAME champions to promote the network.
- The network have engaged with a BAME psychologist from Sussex Partnership NHS Trust who has led a discussion on identifying harassment and feelings of vulnerability and how to create strategies for resilience to tackle this.
- The Diversity & Inclusion team are offering support to members of staff who have experienced abuse, bullying and harassment reported on the Trust incident reporting system.

### 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 are being progressed through delivery of a separate action plan:

- Encouraging representation in senior management and at board level through creating a pipeline of BAME talent

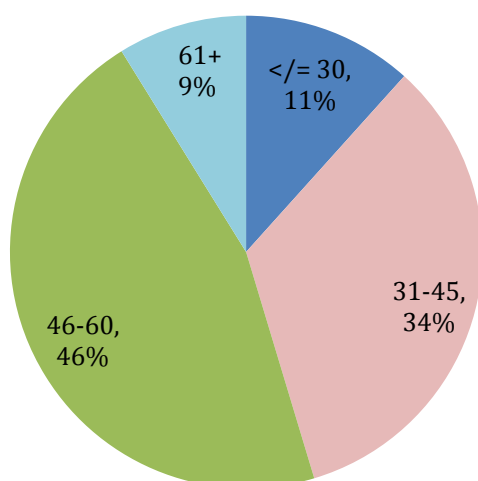
- Support more racially equitable selection decisions from shortlisting within recruitment through further measures to reduce the likelihood of bias occurring. The BAME staff network is planning to establish and train a pool of BAME staff to sit on interview panels for senior manager positions.
- Support BAME victims and witnesses of harassment, bullying or abuse and support their managers.
- Continue to support staff to report events on the incident reporting system to ensure that a full picture is being presented to the Trust Board on a regular basis.
- Promote our zero tolerance to abuse, bullying and harassment of any member of staff by anyone – be it patient, service user, member of public or by another member of staff.

## Age

### Findings

The Trust workforce has remained static with 55% remaining in the age group of 46 and above. Bands 5 and 6 account for 39% (n.1917) of our workforce: Within these bandings 46% fall in the age group of 46 and above. With an ageing workforce and demographics predicting an ageing population this is a longer term concern and the organisation has commenced addressing this through the apprenticeship scheme, training and succession planning, and support for staff in the 46 years and above age group.

### Age of Workforce



## Progress

- The Trust has a total of 85 apprentices two of whom have already successfully completed their courses and have been retained in the workforce.
- In line with succession planning most of the apprentices have been recruited from our existing staff. 15 people were recruited externally to apprenticeships.
- The apprentice age range is 17 – 62 years.
- A Health and Wellbeing booklet has been published on the Pulse to enable staff to seek access to a wide range of information and helpful resources. This includes self-referral for musculoskeletal treatment.
- Six retirement seminars were held in 2017/18 with between 25 – 30 participants on each seminar. The Recruitment Manager also attends these seminars to encourage staff to consider a flexible return to work to assist with retention of staff.

## Development Areas

Through existing workforce and education strategies the Trust will:

- Continue to 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
- Continue to support 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 patient, the service and the member of staff.
- Continue to run and support retirement seminars for staff.

## Gender

### Findings

The male workforce has marginally increased from last year's figure of 12.3% to 13% representation in 2018.

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

At the more senior grades of AfC Band 8 and above males have a 25% (n.73) representation within the workforce compared to the male representation of 10% average within AfC bands 3 – 6

From the staff survey question "Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?" 12% (n.26) of males answered negatively compared to 9% (n.129) of women.

34% (n.12) of men felt that they had been discriminated against as a result of their gender – this is compared to 12% (n.20) of women.

13%  
Male



87% Female

## Gender Pay Gap

The Trust produced their first Gender Pay Report to cover the Trust's position at the 31<sup>st</sup> March 2017 as required by legislation. This was the stand-alone report. In future the reporting will be contained within the Annual Equality Report. The following information reports the Trust position on 31<sup>st</sup> March 2018.

The gender pay gap is a measurement of the difference between men and women's average salaries. It is not about men and women being paid differently for the same job

Figure 1 Hourly Rates

|                       | Median 2017 | Median 2018 | Median Difference 2017-18 | Mean Avg 2017 | Mean Avg 2018 | Mean Average Difference 2017-18 |
|-----------------------|-------------|-------------|---------------------------|---------------|---------------|---------------------------------|
| <b>Men</b>            | £13.99      | £14.13      | £0.14                     | £16.17        | £16.94        | £0.77                           |
| <b>Women</b>          | £14.53      |             | £0.17                     | £14.89        | £15.15        | £0.26                           |
| <b>Difference</b>     | -£0.54      | -£0.56      | -£0.02                    | £1.28         | £1.79         | £0.51                           |
| <b>Gender Pay Gap</b> | -3.8%       | -4.0%       | -0.2%                     | 7.8%          | 10.56%        | 2.76%                           |

The median gender pay gap is less impacted by the relatively smaller numbers of higher or lower earners, and is more typical of the gap between most men and women.

The mean gender pay gap gives equal weight to all salaries, including those earning the most and the least despite the majority of staff not earning these figures.

The pay gap is widest within the Administrative and Clerical (A & C) staff group at 25.69%. Within this staff group men at Band 6 and above make up 45% of the total male A & C workforce whereas only 15% women are in Bands 6 and above of the A & C total women in that staff group.

**Figure 2 Workforce Gender Breakdown**

| Pay Band                               | Women | Men   |
|--|-------|-------|
| <b>Band 1</b>                          | 60.9% | 39.1% |
| <b>Band 2</b>                          | 87.3% | 12.7% |
| <b>Band 3</b>                          | 90.3% | 9.7%  |
| <b>Band 4</b>                          | 89.2% | 10.8% |
| <b>Band 5</b>                          | 89.5% | 10.5% |
| <b>Band 6</b>                          | 89.5% | 10.5% |
| <b>Band 7</b>                          | 88.3% | 11.7% |
| <b>Band 8a</b>                         | 73.4% | 26.6% |
| <b>Band 8b</b>                         | 87%   | 13%   |
| <b>Band 8c</b>                         | 52.9% | 47.1% |
| <b>Band 8d</b>                         | 71%   | 29%   |
| <b>Band 9</b>                          | 100%  | 0     |
| <b>Non-Consultant Career Grade Drs</b> | 62%   | 38%   |
| <b>Medical Consultants</b>             | 75.9% | 24.1% |
| <b>Other</b>                           | 70%   | 30%   |

## Gender Bonus Gap

|                         | Median<br>2017 | Median<br>2018 | Median<br>Difference<br>2017 - 18 | Mean<br>Avg<br>2017 | Mean<br>Avg<br>2018 | Mean<br>difference<br>2017 - 18 |
|-------------------------|----------------|----------------|-----------------------------------|---------------------|---------------------|---------------------------------|
| <b>Men</b>              | £8,951         | £2,260         | –£6,691                           | £8,951              | £8,299              | –£652                           |
| <b>Women</b>            | £5,348         | £1,000         | –£4,348                           | £8,410              | £3,333              | –£5,077                         |
| <b>Difference</b>       | £3,603         | £1,260         | –£2,343                           | £541                | £4,966              | £4,425                          |
| <b>Gender Bonus Gap</b> | 40.3%          | 55.7%          | 15.4%                             | 6%                  | 59.84%              | 53.84%                          |

This year the Trust introduced a ‘Golden Hello’ bonus to qualified nurses as part of their recruitment and attraction process. In 2017 20 employees received a bonus. This year 55 employees received a bonus.

50 women and 5 men received a bonus between 1<sup>st</sup> April 2017 and 31<sup>st</sup> March 2018, three of the top five bonuses went to women.

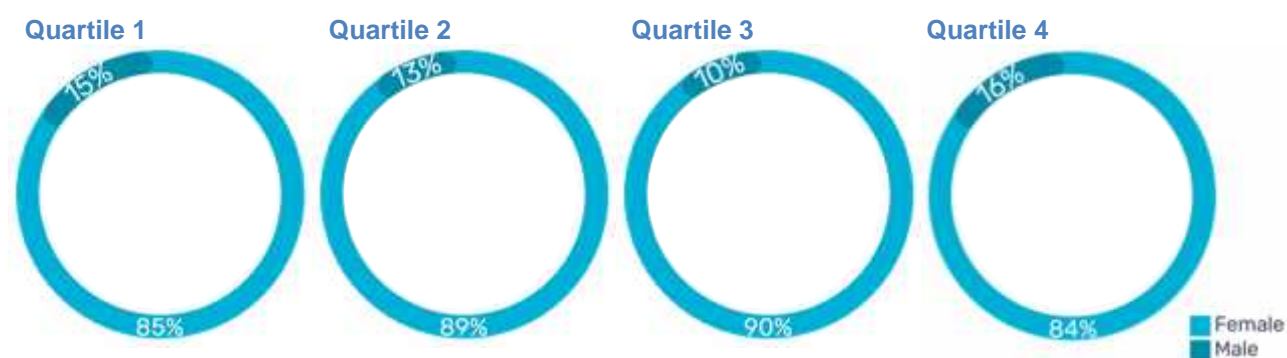


Figure 3 Award Breakdown

|              | Clinical Excellence Award | Golden Hello   |
|--------------|---------------------------|----------------|
| <b>Men</b>   | £46,828.50 (n.4)          | £1,000 (n.1)   |
| <b>Women</b> | £108,978.4 (n.14)         | £37,000 (n.36) |

## Pay Quartiles

The proportion of men and women in each pay quartile. Quartile 1 is low and quartile 4 is high.



These have remained fairly stable from last year with a very slight increase for men in Quartiles 1,2 and 3, 64% of our male workforce are either in Quartile 1 or 4 with the majority being in Q1.

## Progress

- The Director of Performance & Improvement has become the organisation's sponsor for gender equality.
- As part of the Inclusive Care programme the Trust now has the system capability of recording gender identity variations for our patients including flagging of patients' preferred pronouns. This new functionality will be implemented 2018 onwards.

## Development Areas

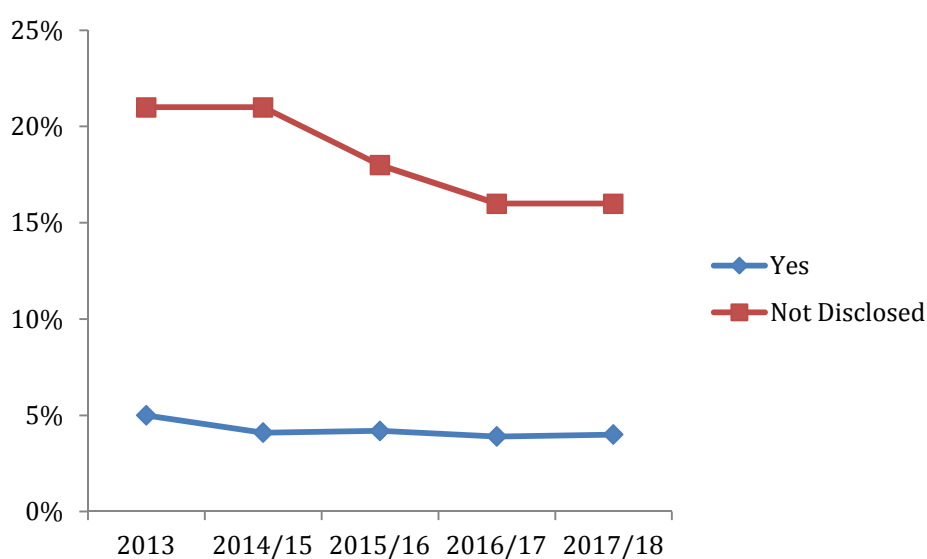
- Supporting women for their current and future roles and addressing the gender pay gap through the Trust's new Gender Network from 2018 onwards.

## Disability

### Findings

4% (n.200) of staff have declared that they have a disability. However; 16.5% (n.814) actively stated that they did not wish to declare whether they had a disability or not. Staff reporting a disability has remained relatively stable since 2013 and those who have chosen not to state has slightly improved.

#### Disability Declaration Rates



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

The staff survey revealed that 33% (n.20) disabled staff with felt that they had been pressured by managers to come to work when they were not well enough, compared to 19% (n.184) of staff without a disability, and 35% (n.9) of disabled staff reported feeling that they had been discriminated as a result of their disability.

### Progress

- The Disability Staff network has commenced under the sponsorship of Director of Estates and Facilities.
- A multi-disciplinary project group has designed a method to gather patient information in order to improve how we meet disabled patients' accessible information needs.
- Sign language interpreting and communication support services, in partnership with Brighton & Hove CCG, Brighton & Sussex University Hospital Trust and Sussex Partnership Foundation Trust now includes an opportunity for video relay link sign language conversations between patient, clinician and interpreter.

- The Trust achieved the Level 2 accreditation for being a Disability Confident employer and is now working towards Level 3 which involves independent, external accreditation.

## Development Areas

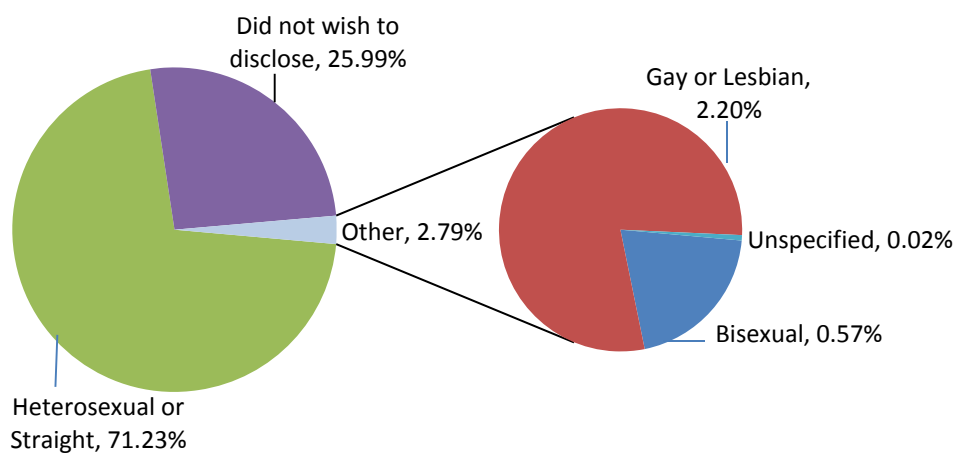
- Increasing the Disability Network's profile to encourage staff to join the network in order to better address the requirements of staff with a disability.
- Implement the national Workforce Disability Equality Standard (WDES) reporting requirements
- A programme of disability accessibility audits commissioned by Estates & Facilities.

## Sexual Orientation

### Findings

This year the Trust's known (Lesbian, Gay or Bisexual) LGB workforce has increased by 15% from last year 118 in 2017 to 136 in 2018, this represents 2.75% of the workforce. 26% (n.1278) of our workforce have stated they do not wish to disclose their sexual orientation, this is an improvement of 7% from last year when 33% of the workforce did not wish to disclose this information.

### Sexual Orientation



## Progress

- The Lesbian, Gay, Bisexual and Trans (LGBT+) staff network has continued to meet and to grow its membership.
- The network submitted a Stonewall application which resulted in the Trust being ranked 371 out of 434 participating employers. The Trust are hoping to improve upon their ranking in 2018 and has become a member of the Stonewall Diversity Champions programme to this end.
- SCFT had an entry in Brighton Pride in August 2017 and have again entered for August 2018. This is a community parade, SCFT will have a colourful, inclusive and safe parade entry that showcases the Trust's values in front of 300,000 spectators and participants



## Pride 2018



- A training programme has been designed to address specialist staff training requirements in the Time to Talk IAPT services (Improving Access to Psychological Therapies), and improve outcomes for LGBT+ patients.
- The Trust is increasing awareness about gender identity through a badge campaign available for all staff about preferred pronouns.

## Development Areas

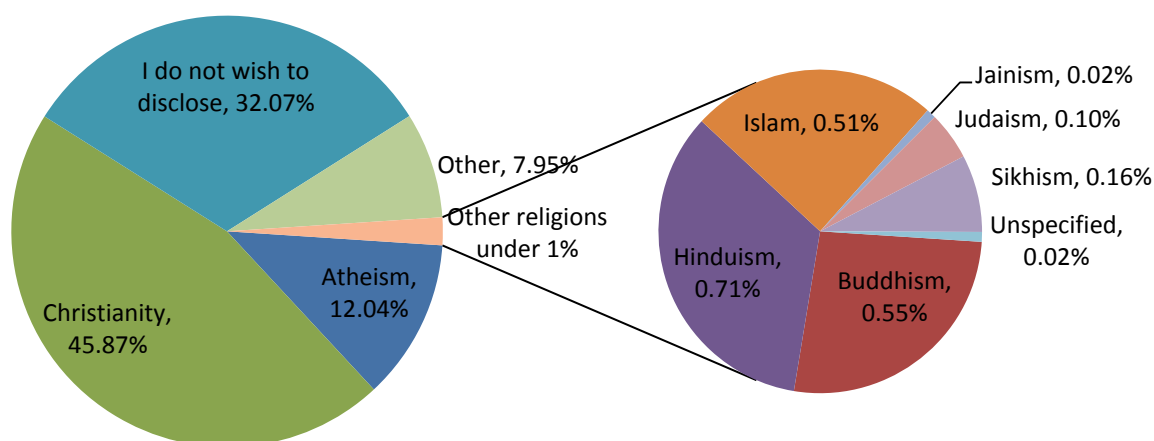
- Continue LGBT+ work through engagement with the Stonewall Workplace Equality Index and submit the application for review in 2018.
- Support an LGBT+ staff network action plan based on priorities identified by the network membership and enabled by the executive sponsor, including: training, peer support and awareness raising

## Religion and belief

### Findings

The percentage of staff confirming they have a religious belief has remained static at 55% of staff (n. 2,748). 32% of staff (n. 1,577) declared that they did not want to disclose their religion or belief. 12% of staff (n. 592) declared they were non-religious.

### Religion or Belief



The largest single category was those identifying as Christian at 45.87% (n. 2,256) of the overall workforce. The next largest group was 'Other' at 8% (n. 346).

## Progress

- The Religion and Belief Staff Network is successfully established with executive support from the Medical Director to champion the agenda
- Ramadan at Work support, advice and guidance was published on the Pulse to raise awareness amongst services.
- A business case has been approved in order to improve chaplaincy, spiritual and pastoral guidance to staff and patients.
- End of life care guidance was published for staff to support meeting the needs of patients, carers and their families from different backgrounds.

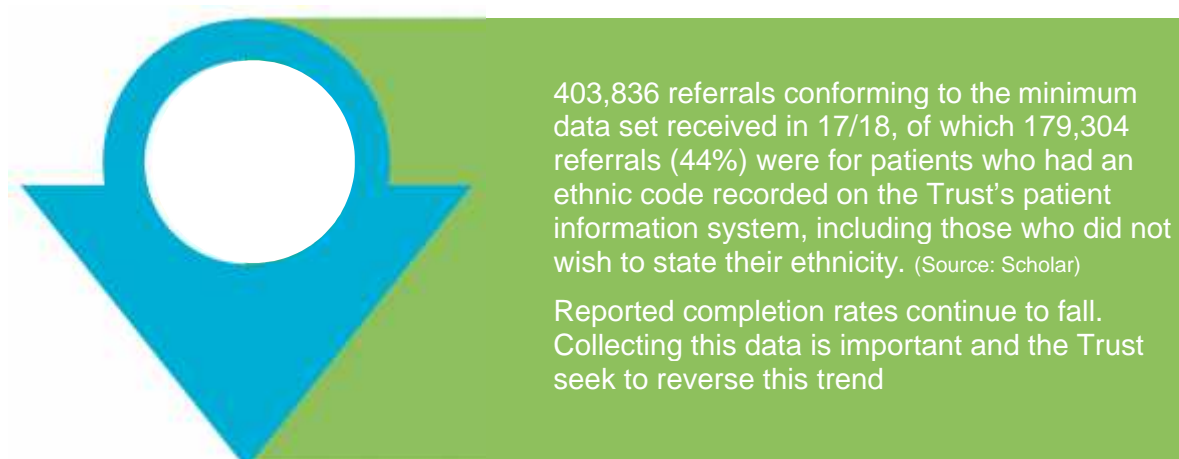
## Development Areas

- Delivering the business case for improvements as described above for the spiritual and pastoral support for patients and staff.
- The network currently has 18 members representing five different religions or beliefs, the network are actively recruiting members from those significant backgrounds as yet unrepresented.
- Initiate a broader programme to support community services religious and belief assets in the community to work with patients.

# 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.

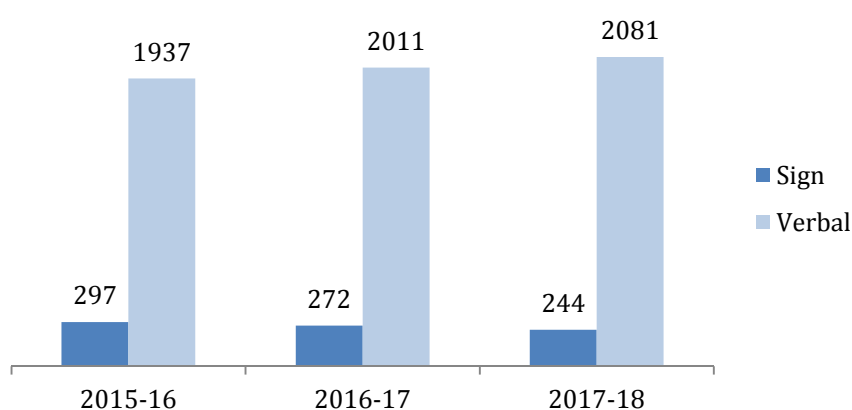
## Patient ethnic code completeness



We anticipate a halt in the trend of falling completion rates with the implementation and roll-out of the new Person Information Form as designed by the Accessibility Working Group; training is key to the roll out to ensure that patient contact time is used most effectively.

## Interpreting and communication support

Being able to offer inclusive and accessible care to the people who have contact with the Trust is key to being able to deliver excellent service. 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.). Whilst requirements for support for those with hearing difficulties appears to be reducing, requirements for language interpreters is increasing year on year, a 4% increase from 2015 – 16.



- Translation or support services was offered in 40 languages; Arabic and Polish remained the languages most in demand
- 2018 will see the delivery of Language Line which will enable staff and clinicians to phone an interpreter for immediate access



## Patient experience

Diversity data held on the Trust incident reporting system about patient experience and patient safety is not yet complete enough to analyse.

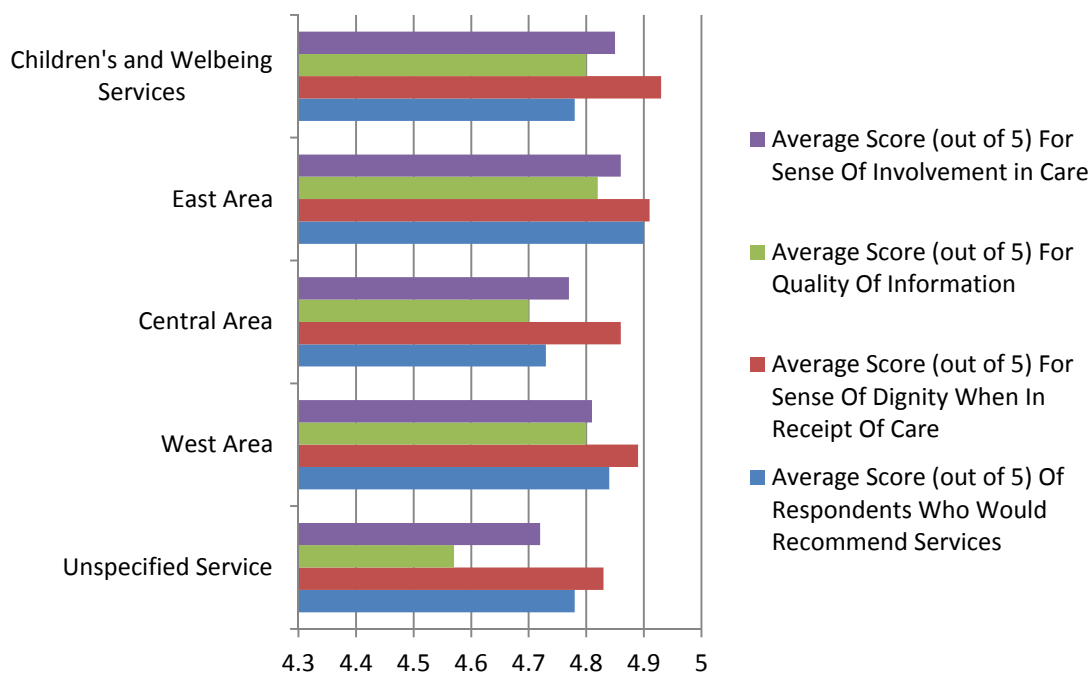
**Recommendation:** initiate a project to improve Datix diversity information management.



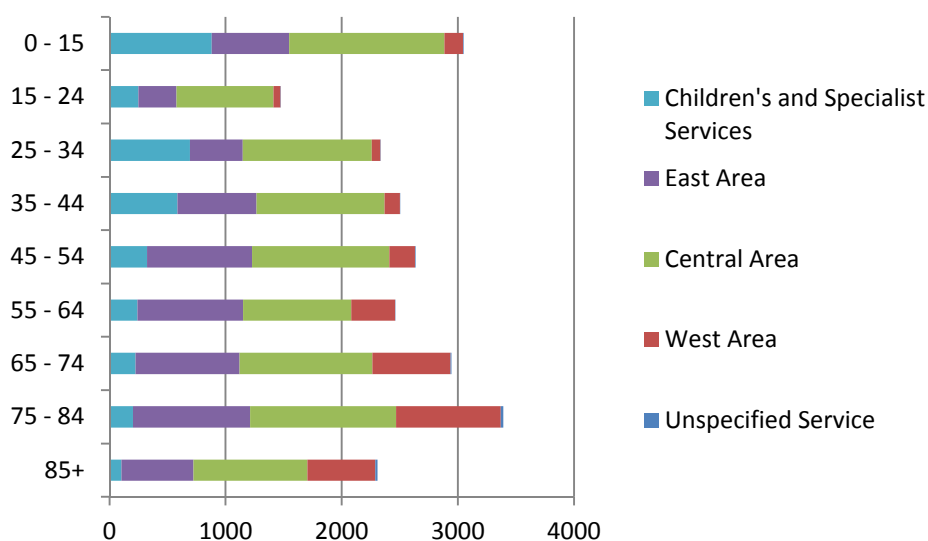
## Family & Friends Test

The 'unspecified services' are where Friends and Family Test (FFT) results have been received and it has not been possible to identify the service in which the respondent is rating. Charts measure numbers of FFT responders.

Following the recommendations made in last year's Annual Report the FFT also asked for demographic information, and this has been reported below.

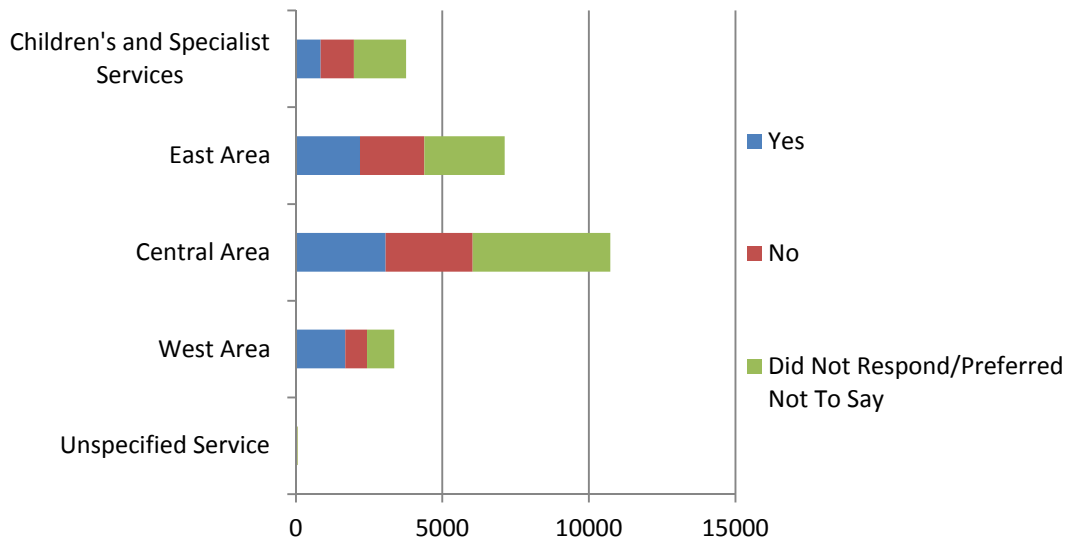


Age Profile (in years) of FFT Respondents, who chose to identify their age group.

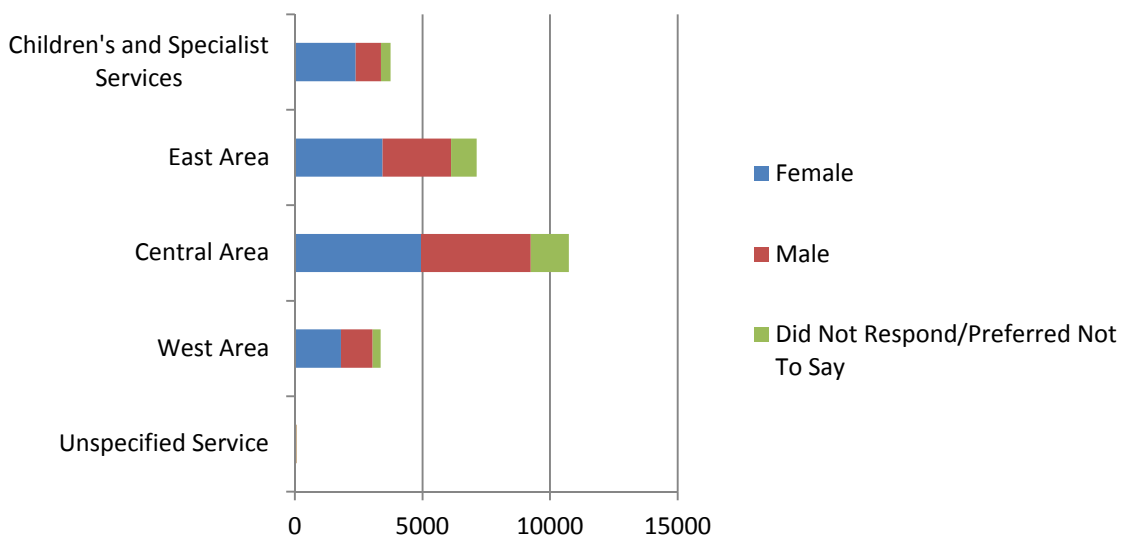




Disability Profile of FTT responders, when asked if they considered themselves to be living with a disability.



Gender profile of FTT responders



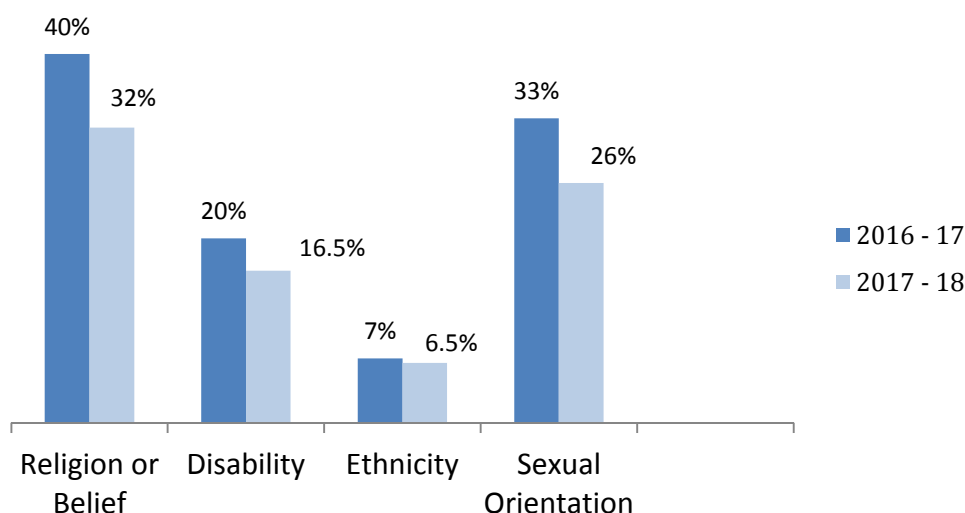
## Inclusive Leadership

### Findings

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

Although there were still high rates of staff who have answered ‘Do not wish to state’ to questions about their identity, or who have not declared any response, 2017 – 18 shows a distinct improvement across all the protected characteristics.

### Do Not Wish to State



### Progress

- Staff networks are gaining momentum and understanding across the Trust. Accessibility for staff across the Trust does need to be monitored to ensure that staff are enabled to attend meetings in work time. Information highlighting the networks is made available to learners at induction, statutory education and training days, doctor and dentist education days and other Trust opportunities.
- Most of the networks have presented to the Wider Executive Leadership Team (WELT) in order to highlight the work the networks are undertaking and to present their action plans and intended outcomes to gain support and to inform and educate managers about the continued importance of this agenda.
- Updated patient information systems and practices to improve demographic 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 records.

- Equality and Diversity training is included on the Statutory Training Day to improve awareness.
- A funding panel has been developed to enable the staff networks to bid for support to develop improvements and for wellbeing initiatives.
- The benefits of services for different communities will be maximised through stronger impact assessment arrangements.

## 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 development.
- Initiate a project to improve incident reporting diversity information management in order to report on a wide range of possible hate incidents.
- 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.

## 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 5,024 members – this is a growth of 1.9% from last year (n.4,929)
- Trust members who are male have decreased over the last year by 1.7% (n 2,185 to 2,147) whilst female membership has increased by 5.3 % (n. from 2,664 to 2,805)
- The membership has seen a decrease in BAME representation from 9.84% (n.479) to 7.5% (n.375)

## Conclusion

The 2017 – 2018 annual report demonstrates good progress in strengthening inclusive leadership, promoting workforce diversity and meeting the Trust's equality objectives

The staff networks are raising their profiles and through the Equality Diversity Inclusion Group reporting to the Board via the Workforce Committee about their activities on a regular basis.

The report has demonstrated the progress made through the last year and has identified development areas for the Trust to consider when devising new priorities for 2018/19 onwards. Common to all of these is a commitment to building leadership for inclusion within the Trust.

The Trust recognises that delivering inclusivity for patients and staff is integral to how we deliver excellent care at the heart of the community.

# Annex A: Workforce Race Equality Standard Summary 2018

## Workforce Race Equality Standard 2018

### 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 2018 %  | BME 2018 %  | White 2017 % | BME 2017 % |
|--|---|---|--------------|------------|
| WRES1: % of staff in AfC, Medical and Dental and VSM (including execs) compared with the % of staff in the overall workforce         | 85  | 8.4   | 86.42        | 7.56       |
|  | BME representation in Band 8 and above excluding Medical and Dental is 3.6% (n.10) of that band of workforce (n.275)  |   |              |            |
| WRES2: Relative likelihood of staff being appointed from shortlisting across all posts   | White people were 1.79 times more likely to be appointed (n. 862) than BME people in 2018, up from 1.69 times in 2017              |   |              |            |
| WRES3: Relative likelihood of staff entering the disciplinary process, as measured by entry into a formal disciplinary investigation | Across 2016-18 BME people (n.3) were 1.89 times more likely to be disciplined formally than white people, down from 3.29 in 15-17  |   |              |            |
| WRES4: Relative likelihood of staff accessing non-mandatory training and CPD   | White people were 0.95 times as likely to access non-mandatory training and CPD as BAME 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                | 22.78    | 30.34  | 23.73        | 29.33      |
| WRES6: % of staff experiencing harassment, bullying or abuse from staff in last 12 months  | 18.26    | 21.23  | 19.96        | 25.17      |
| WRES7: % of staff believing that Trust provides equal opportunities for career progression or promotion                              | 91.42    | 78.81  | 92.83        | 82.35      |
| WRES8: % staff personally experienced discrimination at work from manager / team leader or other colleague                           | 5.42   | 13.71  | 4.48         | 14.09      |
| WRES9: % difference between Board voting membership and overall workforce  | The Trust Board is 90.9% White<br>There is -8.4% gap against the workforce   |   |              |            |