

**3Ts Hospital Redevelopment: Equality Impact Assessment  
Ben Cave Associates Ltd**

**Nº3**

**Final Report  
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## Abbreviations and acronyms

3Ts .....	Teaching, Trauma and Tertiary Care in Brighton
A&E .....	Accident and Emergency
ABIC .....	Acute Brain Injury Centre
BCA .....	Ben Cave Associates
BHCC .....	Brighton and Hove City Council
B&H .....	Brighton and Hove
BME .....	Black and Minority Ethnic
BSUH...	Brighton and Sussex University Hospitals NHS Trust
EHRC .....	Equality and Human Rights Commission
EqIA.....	Equality Impact Assessment
HIA .....	Health Impact Assessment
HLG .....	Hospital Liaison Group
LGBT.....	Lesbian, Gay, Bisexual and Transgender
NHS .....	National Health Service
PCT.....	Primary Care Trust
RSCH .....	Royal Sussex County Hospital
TA.....	Transport Assessment

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# 1 Introduction

## About Equality Impact Assessment

- 1.1 An Equality Impact Assessment (EqIA) involves looking at an existing or proposed policy to identify and address any potential inequalities.
- 1.2 It helps ensure organisations provide services that adequately meet the needs of the population they serve including ensuring that these services are accessible to the people who need them.
- 1.3 It also helps ensure that the workforce has a supportive environment where diversity awareness is fostered.
- 1.4 In addition, there is a legal requirement for public bodies to consider the implications of their policies and proposals on equality under the Equality Act 2010 (1) which introduced a single public sector equality duty requiring public authorities to promote equality and eliminate discrimination over a range of protected characteristics.

## What this EqIA covers

- 1.5 This Equality Impact Assessment (EqIA) covers the nine protected characteristics defined in the Equality Act 2010. These are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation; and marriage and civil partnership.
- 1.6 It also covers the social inclusion key groups defined by Brighton and Hove City Council. These are:
  - homeless people;
  - unemployed people;
  - employed on a part-time, temporary or casual basis;
  - lone parents;
  - people with caring responsibilities;

- people with mental health needs;
- people with substance misuse issues;
- people with HIV;
- refugees & asylum seekers;
- ex-offenders and people with unrelated convictions; and
- people experiencing domestic violence.

1.7 In addition, this EqIA includes Brighton and Sussex University Hospitals NHS Trust staff with particular working patterns, for example part time and shift workers.

1.8 This EqIA looks at the proposal for an extensive redevelopment of parts of the Royal Sussex County Hospital, which is owned and managed by Brighton and Sussex University Hospitals NHS Trust. This redevelopment is known as the 3Ts programme, which stands for teaching, trauma and tertiary care.

1.9 The scope covers staff and patients/visitors, and the three phases (demolition and construction, decant and ongoing running of the facility).

1.10 The EqIA did not consult on the rights and wrongs of the 3Ts development but how it may affect equality groups. Nor was the EqIA intended to be a critique of the Trust's consultation/engagement activities but it did set out to establish whether the Trust has met its legal requirements under the Equality Act 2010.

## How this EqIA was carried out

1.11 This EqIA involved the following activities:

- Identifying the aspects of the development with implications for the groups included in the EqIA
- Looking at the populations of the groups included in geographical coverage of the services encompassed by the 3Ts programme

- Reviewing relevant engagement activities that have been undertaken relating to the 3Ts programme to date
- Seeking the views of the groups included in the EqIA
- Identifying and reviewing other relevant literature
- Analysing the information generated by the EqIA and presenting the outcomes in the form of an EqIA report

## Key findings

### There is support for the proposals for the 3Ts development

- 1.12 People interviewed as part of the EqIA said the Barry and Jubilee buildings are not fit for the purpose of providing modern healthcare.
- 1.13 Particular problems identified included: difficulty getting around; a lack of privacy; the cramped accommodation; and the restrictions the buildings place on clinical care.
- 1.14 These affect all hospital users and staff but, as is shown in the report, have particular effects for equality groups.
- 1.15 The proposals for the 3Ts development create the opportunity to address most of these issues and this was welcomed by most interviewees.

### Getting to and from the hospital is difficult for many people

- 1.16 A sizeable minority of interviewees raised concerns that the current location of the hospital is not sufficiently accessible to people coming from outside the city.
- 1.17 Broadly speaking, those interviewees who live in Brighton and Hove think the site is accessible, although parking was an issue for those people who had difficulty using public transport.

1.18 The cost of reaching the hospital by public transport or paying for parking was a concern for those who travel regularly or have to pay for parking. As many members of equality and social inclusion key groups are more likely to be on low incomes or live in poverty, this is an important equality issue.

### Engagement to date has been welcomed and people want more and more targeted engagement

1.19 The engagement that the Trust has undertaken to date was welcomed by many of those who were interviewed as part of the EqIA.

1.20 Several community groups with an affiliation to an equality or social inclusion key groups requested more on-going engagement.

1.21 There was agreement that effective communication with staff, patients and the public through the development process was essential.

1.22 The EqIA is an ongoing process so interest in continued engagement from equality groups will assist the Trust in meeting the requirements of the Equality Act 2010.

### Maximising potential positive impacts for equality and social inclusion key groups

1.23 Adequate and consistent internal and external signage is essential. There are many different groups with specific needs and signage also needs to be meaningful to users to be accessible.

1.24 A new building must be fully accessible to people with disabilities, including sensory impairments, must reflect positive images of equality and social inclusion key groups in its design and decoration and must take account of the physical requirements of providing accessible and appropriate services.

1.25 Several of the faith groups interviewed as part of the EqIA stressed the new space for reflection (the Sanctuary) must be a genuinely multi-faith space that is also welcoming to people with no religion.

1.26 Several voluntary organisations which represent equality groups have expressed an interest in being co-located in the new development.

### Minimising potential negative impacts for equality and social inclusion key groups

1.27 Some groups have difficulty accessing primary care services. Primary care services are not within the scope of the 3Ts development. However, people who do not have access to primary care cannot use the normal referral pathways to secondary and tertiary care included in the 3Ts development. Improving access to primary care is, therefore, necessary in ensuring access to the services included in the 3Ts development. This is not directly related to the 3Ts development but is very important for the longer-term health outcomes of people using the services at the Royal Sussex County Hospital and is of direct relevance to equality groups.

1.28 Equality monitoring data collected as part of patient surveys and other engagement activities should be analysed as a routine part of data analysis. This is not currently the case.

1.29 During the construction process there is the danger that physical access will be compromised with subsequent effects for people with reduced mobility or who are partially sighted. The Trust must take action to ensure this does not happen.

### Balancing the needs of different groups

1.30 Generally there was agreement that getting the design of the new buildings right for equality and social inclusion key groups will result in improvements for everybody.

1.31 However, in some areas there were recognised to be trade-offs between the needs of different groups. For example, given the number of parking spaces will be limited, they will need to be targeted to those groups least able to use public transport.

#### Meeting the requirements of the Equality Act 2010:

1.32 The Trust is undertaking proper action as regards the proposals for the 3Ts development in line the Equality Act 2010. Meeting the requirements of the Equality Act 2010 is an on-going process which the Trust will need to continue to take forward. This EqIA report makes a number of recommendations to this effect.

## 2 Setting the scene

### What is an Equality Impact Assessment?

- 2.1 Equality Impact Assessment (EqIA) involves looking at an existing or proposed policy to identify and address any potential inequalities.
- 2.2 The Equalities and Human Rights Commission (EHRC) have defined Equality Impact Assessment <sup>\*</sup> as (2):  
“... a tool that helps public authorities make sure their policies, and the ways they carry out their functions, do what they are intended to do and for everybody.”

### Why undertake an Equality Impact Assessment?

- 2.3 Carrying out an EqIA makes good business sense. As this report shows, the population the Trust serves is made up of diverse communities. In addition, some equality groups are more likely to need the services provided by the Trust than the population as whole, for example older people and disabled people. An EqIA provides the Trust with information that will assist in making services accessible and providing services that adequately meet the needs of the population it serves.
- 2.4 This EqIA also identifies and addresses equality issues relating to the Trust's staff. A workforce that understands and reflects the diversity of the local community is important in

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\* Recently the term equality analysis has begun to be used instead of equality impact assessment. The change in terminology is intended to focus more attention on the quality of the analysis and how it is used in decision-making, and less on the production of a document, which some may have taken to be an end in itself.

ensuring accessible and appropriate services. A workforce that has a supportive environment where diversity awareness is fostered is more productive.

- 2.5 In addition, there is a legal requirement for public bodies to consider the implications of their policies and proposals on equality. The Equality Act 2010 introduced a single public sector equality duty which requires public authorities to promote equality and eliminate discrimination over a range of protected characteristics. An explanation of the requirements of the Equality Act 2010 is given in Appendix 2.
- 2.6 The Act states that compliance with the duty may involve treating some people more favourably than others and that having due regard does not necessarily mean that advancement of equality is less important if the numbers in an equality group are small. Rather than numbers of people, the significance of impacts is important.
- 2.7 The responsibility for meeting the requirements of the *Equality Act 2010* cannot be delegated. Therefore BCA's role as consultants in undertaking this EqIA has been to support the Trust in meeting its statutory equalities obligations for the 3Ts redevelopment and to provide advice on filling any gaps in meeting these requirements in line with established good practice.

## Who is covered by this EqIA?

- 2.8 This Equality Impact Assessment (EqIA) covers the nine protected characteristics defined in the Equality Act 2010. These are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation; and marriage and civil partnership. In this report these are referred to as equality groups.

2.9 At the Trust's request, it also covers the social inclusion key groups defined by Brighton and Hove City Council. These are:

- homeless people;
- unemployed people;
- employed on a part-time, temporary or casual basis;
- lone parents;
- people with caring responsibilities;
- people with mental health needs;
- people with substance misuse issues;
- people with HIV;
- refugees & asylum seekers;
- ex-offenders and people with unrelated convictions; and
- people experiencing domestic violence.

2.10 In this report these are referred to as social inclusion key groups.

2.11 At the Trust's request, this EqlA also includes Trust staff with particular working patterns, for example part time and shift workers.

## Background to this EqlA

2.12 Brighton and Sussex University Hospitals NHS Trust (referred to as the Trust in this report) has developed proposals for an extensive redevelopment of parts of the Royal Sussex County Hospital site. This redevelopment is known as the 3Ts programme, which stands for teaching, trauma and tertiary care.

2.13 In order to ensure the proposed 3Ts programme meets the needs of the diverse communities the Trust serves, the Trust decided to carry out an EqlA on these proposals, although this is not required as part of the application for Full Planning Consent. The EqlA was also designed to build on good practice locally and nationally and to ensure compliance with

the Trust's legal requirements as defined by the *Equality Act 2010*. In June 2011 the Trust, through Laing O'Rourke, commissioned Ben Cave Associates (BCA) to undertake this EqlA. The EqlA builds on an on-going process of engagement with staff, service users and the local community, which the Trust is carrying out as part of the development of the proposals.

2.14 On 9<sup>th</sup> June 2011 Liza Cragg and Ryngan Pyper of BCA met with Nick Groves, Associate Director / 3Ts Service Modernisation at the Trust, to finalise details of the EqlA. An Inception Report outlining the purpose, requirements, scope, methodology, structure for the final report and work plan for EqlA was then prepared.

## Purpose, key activities and timetable of this EqlA

2.15 The purpose of the EqlA is:

- To identify any potential negative effects of the redevelopment proposals that are likely to impact on any equality or social inclusion key group;
- To recommend evidence-based actions to mitigate any such effects;
- To identify any potential positive effects of the redevelopment proposals that are likely to impact on any equality or social inclusion key group;
- To recommend evidence-based actions to maximise any such effects;
- To assess the extent to which the Trust has currently met its statutory equalities obligations as defined by the *Equality Act 2010* as regards to the proposed 3Ts redevelopment.

2.16 The key activities undertaken as part of the EqlA and timetable for their completion were as follows:

- Inception meeting: 9<sup>th</sup> June
- Preparation of inception report: By 17<sup>th</sup> June
- Desk based research: 10<sup>th</sup> June to 25<sup>th</sup> July

- Engagement with groups 10<sup>th</sup> June to 15<sup>th</sup> July
- Initial contact emails 17<sup>th</sup> June
- Follow up and review 22<sup>nd</sup> June
- Interviews 20<sup>th</sup> June to 15<sup>th</sup> July
- Preparation of draft EqIA report By 3<sup>rd</sup> August for discussion on 5<sup>th</sup> August
- Preparation of final EqIA report By 21<sup>st</sup> August

2.17 This EqIA only considers the Trust's proposals for the redevelopment of the Royal Sussex County Hospital site, known as the 3Ts redevelopment. In the course of undertaking the EqIA issues outside the scope of these proposals have arisen. These are described in brief in section 10 of this report.

## An overview of the 3Ts redevelopment proposals

2.18 The 3Ts programme involves the redevelopment of part of the Royal Sussex County Hospital (RSCH) site in Brighton. The programme is being developed by Brighton and Sussex University Hospitals NHS Trust with a range of partners, including NHS Sussex, Brighton and Sussex Medical School and the Universities of Brighton and Sussex, the South East Coast Ambulance Service (SECAmb), NHS South East Coast and the Kent, Surrey and Sussex Deanery

2.19 The RSCH site is located on Eastern Road, which is a busy local transport corridor. The redevelopment proposals involve the demolition of the existing old hospital buildings at the front of the site. The largest of these are the Barry building and Jubilee Wing. They will be replaced with improved modern facilities in three stages of construction. Existing hospital services provided within the site will be relocated temporarily to other areas of the site, a process known as "decanting". Only two services (community physiotherapy and rheumatology Outpatients) are being

relocated offsite – to Brighton General Hospital, which is located 1.5 miles to the North of the RSCH site. The stages of construction are:

- Stage 1. This stage will include the replacement of the medical, elderly care, HIV/Infectious Diseases and other wards from the Barry/Jubilee building; the Regional Centre for Neurosciences (transferred from Haywards Heath); some additional facilities for the Major Trauma Centre; and other ambulatory care services. The building is 12 storeys in height. In advance of this development, a helipad is proposed to be located on the roof of the neighbouring Thomas Kemp Tower.
- Stage 2. This stage will include the new Sussex Cancer Centre, including inpatient wards, chemotherapy and radiotherapy facilities; Brighton and Sussex Medical School accommodation; and a small number of offices. The building proposed on this site is 5 storeys in height.
- Stage 3. This stage will create a service yard to the north, access to underground car parking off Bristol Gate, and landscaped areas.

2.20 The construction programme is likely to be undertaken over a period of between approximately 9 - 11 years from commencement of works, which is anticipated to be in 2012.

2.21 The services which will be affected by the 3Ts programme are:

- The replacement of the Barry and Jubilee buildings:
  - General and elderly medicine inpatient wards
  - Clinical Infection Service (HIV, Infectious Diseases)
  - Acute Brain Injury Centre (Stroke/TIA Unit)
  - Imaging & Nuclear Medicine.
- The transfer of the Regional Centre for Neurosciences from Hurstwood Park (Princess Royal Hospital) to RSCH.
- The redevelopment and expansion of the Sussex Cancer Centre.
- Additional facilities for the Major Trauma Centre, which is expected to go-live in April 2012 in advance of the 3Ts build.

- The strengthening of teaching, training and research facilities, in partnership with Brighton and Sussex Medical School; the Universities of Brighton and Sussex; and the Kent, Surrey & Sussex Deanery.

## 3 Methodology

### Good practice guidance

3.1 Public authorities are not required to follow any specific methodology or template to undertake equality analysis, but they need to be able to show that they have had due regard to the aims set out in the general equality duty. The EHRC recommends that organisations draw on experience of equality impact assessments in meeting their equality analysis obligations. The EHRC has also produced guidance on how to carry out an equality analysis (3). This outlines six steps based on the legal principles for compliance with the previous duties established by case law. These steps are:

1. Identifying who is responsible for the equality analysis.
2. Establishing relevance to equality.
3. Scoping the equality analysis.
4. Analysing equality information.
5. Monitoring and review.
6. Decision-making and publication.

### The methodology for this EqIA

3.2 This EqIA adopted a practical methodology that used six objectives, each broken down into several activities. These objectives incorporated the six steps outlined in the EHRC guidance on equality analysis. The Trust's Equality Impact Assessment Toolkit and the Brighton and Hove City Council's Equalities Impact Assessment Toolkit have not been updated to reflect recent changes in legislation (4;5). Nevertheless, the methodology incorporated key points from both these toolkits where applicable.

3.3 The table below describes the methodological objectives and their component activities of the EqIA and how these relate to the steps for equality analysis defined by the EHRC.

Table 1 How the EqIA addresses the six steps of equality analysis

<b>Step</b>	<b>How addressed in EqIA methodology</b>	<b>Outcome</b>
1. Identifying who is responsible for the equality analysis	<p><i>Objective 1: Agree the parameters of the EqIA.</i></p> <p>Activities:</p> <ul style="list-style-type: none"> <li>• Agree the groups to be covered.</li> <li>• Establishing an informal steering group.</li> <li>• Inception meeting.</li> <li>• Inception report.</li> </ul>	Nick Groves (Associate Director / 3T Service Modernisation BSUH), Barbara Harris (Head of Equality, Diversity & Human Right BSUH), technical support from Ben Cave Associates
2. Establishing relevance to equality	<p><i>Objective 2: Scope the EqIA</i></p> <p>Activities:</p> <ul style="list-style-type: none"> <li>• Review key documents related to the 3Ts programme.</li> <li>• Identify the aspects of the development with implications for the groups included in the EqIA.</li> </ul>	See section 3 and appendix 3 of this report
3. Scoping the equality analysis	<p><i>Objective 2: Scope the EqIA (As above.)</i></p>	See section 3 and appendix 3 of this report
4. Analysing equality information	<p><i>Objective 3: Identify the population numbers associated with the groups</i></p> <p>Activities:</p> <ul style="list-style-type: none"> <li>• Identify geographical coverage of the services included in the 3Ts programme.</li> <li>• Identify population data for this coverage using data in the HIA</li> </ul>	See section 4 ,5, 6, 7 , 8 and 9 of this report

<b>Step</b>	<b>How addressed in EqIA methodology</b>	<b>Outcome</b>
	<p>and other key documents.</p> <ul style="list-style-type: none"> <li>• Extrapolate likely population numbers included in the equality and social inclusion key groups for the geographical areas involved.</li> </ul> <p><i>Objective 4: Review existing consultation</i> Activities:</p> <ul style="list-style-type: none"> <li>• Identify relevant engagement activities that have been undertaken relating to the 3Ts programme to date.</li> <li>• Identify key issues relevant to the EqIA arising from consultation to date.</li> </ul> <p><i>Objective 5: Seek the views of the groups included in the EqIA</i> Activities:</p> <ul style="list-style-type: none"> <li>• Identify key individuals with organisational affiliations to groups with an equalities or social inclusion dimension using the Trust’s 3Ts contact database.</li> <li>• Identify key individuals and groups from the Trust’s staff who can provide input from equality and social inclusion key groups.</li> <li>• Identify any gaps in equalities or social inclusion key groups not included in the above and seek to fill these by proactively finding and approaching organisations and individuals.</li> <li>• Develop a semi-structured interview on the 3Ts programme and its potential impacts on equalities or social inclusion key groups.</li> <li>• Carry out these interviews by telephone or in person.</li> <li>• Prepare summary notes of all interviews.</li> </ul>	

<b>Step</b>	<b>How addressed in EqlA methodology</b>	<b>Outcome</b>
	<p><i>Objective 6: Identify and review other relevant literature</i>                      Activities:</p> <ul style="list-style-type: none"> <li>• Review of the Health Impact Assessment documentation</li> <li>• Web search for EqlAs of similar developments and review of these.</li> </ul> <p><i>Objective 7: Analyse the information generated by the EqlA and present the outcomes in the form of an EqlA report</i>                      Activities:</p> <ul style="list-style-type: none"> <li>• Analyse the information generated by the completion of objectives 1 to 6.</li> <li>• Assess the extent to which the Trust has fulfilled its legal requirements under the <i>Equality Act 2010</i>.</li> <li>• Identify any potential negative effects of the redevelopment proposals that are likely to impact on any equality or social inclusion key group and recommend actions to mitigate any such effects.</li> <li>• Identify any potential positive effects of the redevelopment proposals that are likely to impact on any equality or social inclusion key groups and recommend actions to maximise any such effects.</li> <li>• Prepare a summary of issues that have arisen during the EqlA that are outside its scope.</li> <li>• Develop recommendations for monitoring and review of the EqlA.</li> </ul>	

<b>Step</b>	<b>How addressed in EqIA methodology</b>	<b>Outcome</b>
	<ul style="list-style-type: none"> <li>• Develop recommendations for decision-making and review.</li> <li>• Prepare a draft EqIA report on the above for discussion by the Trust by 5th August.</li> <li>• Incorporate comments on the draft report into a final report by 22nd August.</li> </ul>	
5. Monitoring and review	<i>Objective 7: Analyse the information generated by the EqIA and present the outcomes in the form of an EqIA report</i>	On-going - see section 9 of this report
6. Decision-making and publication	<i>Objective 7: Analyse the information generated by the EqIA and present the outcomes in the form of an EqIA report</i>	On-going - see section 9 of this report

## 4 Scoping the EqlA

### Establishing relevance to equality

- 4.1 The first stage of scoping the EqlA was to establish the relevance to equality of the proposed 3Ts development. This was done using a framework of questions defined by the Equality and Human Rights Commission. This process clearly established the 3Ts development as having significant and direct relevance to equality. Full details are provided in appendix 3 of this report.

### The scoping process

- 4.2 Scoping establishes which issues need to be explored in detail because of their potential impacts on equality. It requires looking at the objectives of the proposals, how these relate to equality and which aspects have particular importance to equality. It also involves looking at which protected groups and which parts of the general equality duty the proposal relate to.
- 4.3 The scoping of the EqlA was informed by discussions with representatives of equality and social inclusion key groups, members of staff of the Trust and other key stakeholders that took place as part of the EqlA process. Individuals and organisations who contributed are listed in Appendix 1. In addition, a review of relevant literature has been undertaken including information on local and regional population make-up, documents relating to the development, needs assessments, reports on the outcomes of consultation and other relevant information.
- 4.4 The EqlA scoping process was undertaken using a framework of questions developed by the Equality and Human Rights

Commission (2). Based on this process, the scope of the EqIA was defined as including following groups:

- The nine protected characteristics defined in the *Equality Act 2010*. These are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation; and marriage and civil partnership.
- At the Trust's request, the social inclusion key groups defined by Brighton and Hove City Council. These are: homeless people; unemployed people; employed on a part-time, temporary or casual basis; lone parents; people with caring responsibilities; people with mental health needs; people with substance misuse issues; people with HIV; refugees & asylum seekers; ex-offenders and people with unrelated convictions; and people experiencing domestic violence.
- Also at the Trust's request, the Trust staff with particular working patterns, for example part time and shift workers.

4.5 The geographical scope of the EqIA was defined as the catchment areas of the services included in the proposed development. Three of the four services in the 3Ts development have regional rather than solely local catchments: cancer, major trauma, neurosciences.

4.6 As all aspects of the proposals have potential impacts on equality and social inclusion key groups, there are no specific proposals that have been scoped out of the EqIA. The proposals for the 3Ts development include three phases, each of will be considered. These are:

- decant;
- demolition and construction; and

- provision of services once the buildings are brought into use.

4.7 The scope of the EqIA is limited to the services included in the proposals rather than all services currently provided at the site. The EqIA also limits its focus to what the proposals will change in these services rather than all aspects of them.

## 5 Understanding who is affected by the proposed 3Ts development

5.1 This section of the report provides more information about how many people are members of the equality and social inclusion key groups who may be affected by the 3Ts programme. It does this by:

- defining the catchment area and catchment population size for each of the services included in the 3Ts programme now and as proposed in the development and identifying the change;
- identifying the size of the population of the equality and social inclusion key groups for the catchment areas of the affected services so far as available data allow;
- identifying estimates for the population groups using, working at, or living close to the RSCH site;
- identifying how many Trust staff are members of equality and social inclusion key groups so far as available data allow.

### Catchment areas

5.2 The services included in the 3Ts programme and their current and projected catchment areas and sizes are as follows.

#### General and Elderly Medicine inpatient wards

5.3 This service is currently located in the Barry building. Currently the wards in the Barry and Jubilee Buildings are cramped, with too few toilets and bathrooms. There is almost no storage space for equipment and the design of the buildings makes infection management and control more difficult. The proposed development replaces outdated buildings with state of the art ward facilities designed with privacy, dignity and infection control as key considerations.

5.4 The proposed catchment area is shown on the map below (Figure 1).

Figure 1: Catchment area for General and Elderly Medicine



Map provided by RSCH

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The size of the catchment population is estimated at 315,000 people. This is the same as it is now.

### Clinical Infection Service including HIV and infectious diseases

5.5 Inpatients with HIV are currently cared for in accommodation in the Jubilee building that is over 120 years old. The 3Ts Programme will provide modern, appropriate, purpose-built patient facilities in 100% single rooms, all with en suite toilet and bathroom facilities.

5.6 Under the 3Ts programme the Clinical Infection Service will centralise clinical expertise in the management of patients with clinical infection. This will create an environment in which medically highly complex patients with HIV and other clinical infections, e.g. patients with HIV and TB co-infection, can be managed by different specialties in a single unit under common clinical protocols. The size of the catchment population is estimated at 315,000 people. This is the same as it is now.

## Acute Brain Injury Centre including the Stroke/TIA Unit

5.7 The proposals for the 3Ts development include a new Acute Brain Injury Centre (ABIC) that brings together into a single location the expertise of four key services in the management of patients with stroke: the existing Stroke Unit and acute rehabilitation service at the RSCH and the neurology and acute neuro-rehabilitation services from the Regional Centre for Neurosciences (currently on the Princess Royal Hospital campus). Under current plans, it will serve the population of Brighton & Hove in-hours and a wider catchment out-of-hours.

5.8 The proposed catchment area is shown on the map below (Figure 2).

Figure 2: Catchment area for the Acute Brain Injury Centre



Map provided by RSCH  
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The size of the catchment population is estimated at 315,000 people. This is the same as it is now.

## Imaging and Nuclear Medicine

5.9 The 3Ts Programme will create an integrated Imaging, Neuro-Imaging, Nuclear Medicine and Interventional Radiology service. Patients will

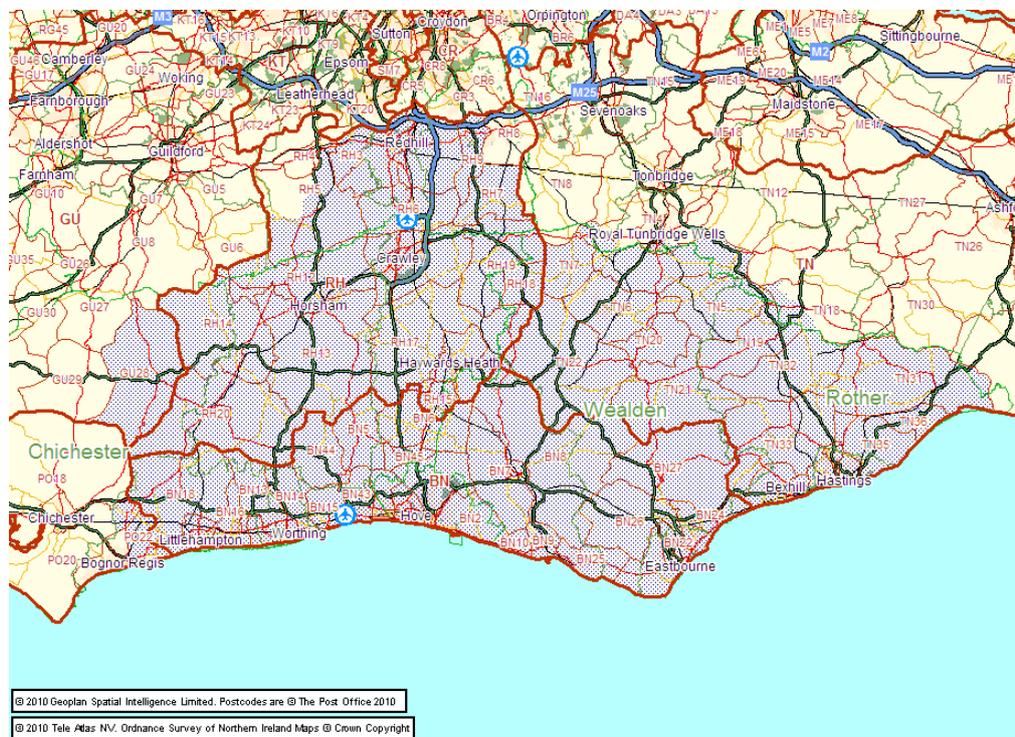
benefit from the purpose-built environment that is being designed to ensure their privacy and dignity, as well as increase capacity.

## Regional Centre for Neurosciences

5.10 The 3Ts development includes relocating the Regional Centre for Neurosciences from Hurstwood Park. This will significantly expand the service's capacity in a modern, purpose-built environment, including higher standards of patient privacy and dignity. The additional inpatient facilities will allow Sussex patients who have to travel to London currently to be treated locally.

5.11 The proposed catchment area is shown on the map below (Figure 3).

Figure 3: Catchment area for the Regional Centre for Neurosciences



Map provided by RSCH

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5.12 The size of the catchment population is estimated at 1.54 million. This is an increase on the current catchment of 1.44 million. The increased population size reflects the addition of the Gatwick/Redhill area to the catchment.

## Sussex Cancer Centre

5.13 The 3Ts programme will create a modern, purpose-built Cancer Centre to replace the existing facility. This will include additional inpatient beds, chemotherapy and radiotherapy treatment places for patients with cancer.

5.14 The size of the catchment population is estimated at 1.2 million. This is not a significant change on the current catchment area or population size. This is shown below (Figure 4).

Figure 4: Catchment area for the Sussex Cancer Centre



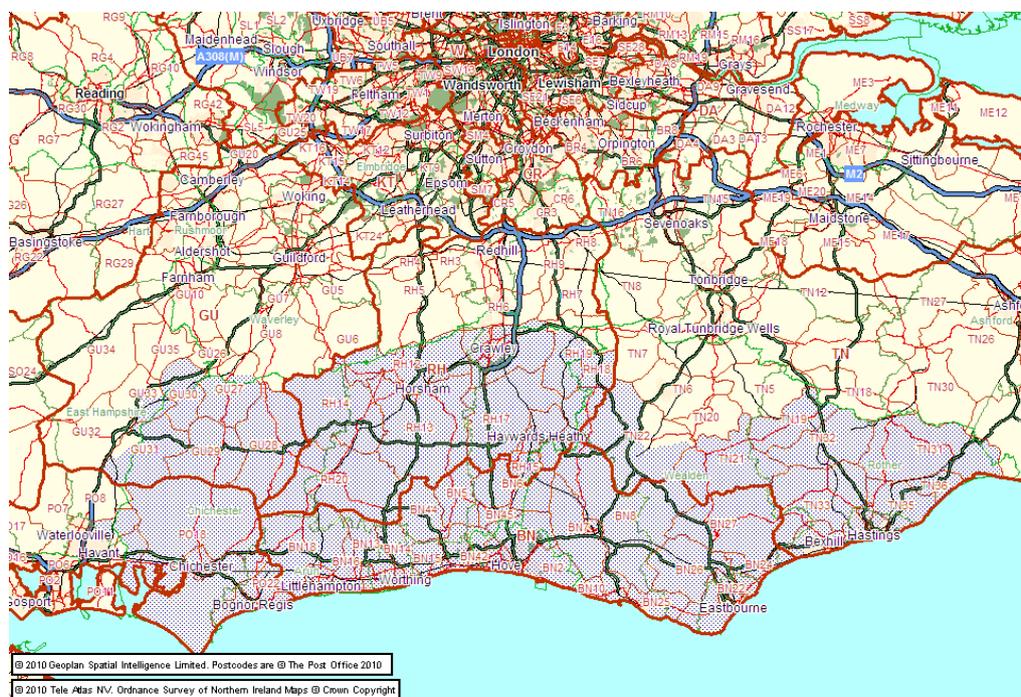
## Major Trauma Centre

5.15 The Sussex trauma system is due to go live in April 2012 as part of a national programme. The 3Ts development includes additional, bespoke major trauma facilities:

- a dedicated major trauma theatre with full interventional capability, plus an additional interventional theatre for elective interventional radiology and to provide a back-up for the major trauma theatre;
- a major trauma ward; and
- an air ambulance helipad (on the Thomas Kemp Tower).

5.16 The proposed catchment area is shown on the map below (Figure 5).

Figure 5: Catchment area for the Major Trauma Centre



Map provided by RSCH

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5.17 The size of the catchment population is estimated at 1.42 million people. Some of these patients will already attend the RSCH however the formal development of a trauma network and system is new.

### Teaching, training and research

5.18 The proposals for the 3Ts development include improving and increasing access to teaching and training facilities, in partnership with Brighton & Sussex Medical School; the Universities of Brighton and Sussex; and the Kent, Surrey & Sussex Deanery. Half of the top floor of the Stage 1 building will be a dedicated teaching/training suite. In addition there will be a dedicated Clinical Simulation Suite and new laboratory/office space for the Medical School.. The sizing of

the new facilities (eg. space around inpatient beds, size of Outpatient Consult/Examination rooms) reflects the needs of a teaching hospital for additional space for students to observe

## Population estimates

5.19 Population estimates for many of the equality and social inclusion key groups were developed as part of the Health Impact Assessment of the 3Ts development undertaken by Ben Cave Associates (6;7). These estimates were developed using a range of data sources. Full details of how these estimates were derived, the data sources used and more explanation of the indicators are provided in Appendix 4 of the HIA Technical Appendices (Table 7 and Table 9) (6). The figures are approximate and should be quoted as such.

### Equality and social inclusion key groups

- 5.20 In discussing population sizes potentially affected by the proposals, it is important to stress that because the number of people in some of the equality groups may be very small this does not mean they are discounted.
- 5.21 The advancement of equality cannot be considered less important or less of a priority because the numbers of people affected are small.
- 5.22 Population figures including data on equality and social inclusion key groups are available for administrative units at the local, regional and national level. However the catchment areas for the services included in the proposals for the 3Ts development differ substantially.
- 5.23 In addition, these catchment areas do not correspond to the geographical boundaries of the administrative units for which data are available. In other words, the boundaries used for collecting and analysing population data do not correspond to those for which the Trust provides services. This means it

has not been possible to identify the number or proportion of service users who are likely to come from the equality and social inclusion key groups or the number or proportion of the population from equality and social inclusion key groups who will make up the catchment areas for the services in question.

5.24 In considering the make-up of catchment populations, it is important to stress that some equality and social inclusion key groups will be over-represented in the make-up of hospital service users as compared to the catchment population because of their health status. These include older people and disabled people. Understanding the level of need of equality and social inclusion key groups is important.

5.25 The sizes and characteristics of the catchment areas for the services included in the proposals for the 3Ts development cover vary significantly. For example:

- size: the size of the catchment population for elderly medical inpatient services is estimated at 315,000 people whereas as that for the Regional Centre for Neurosciences is 1.54 million; and
- characteristics of settlement: the City of Brighton and Hove is included as well as the more rural areas of East and West Sussex.

5.26 Therefore, the information given in Table 16 (see *Appendix 18: Population profile* on page 139) on the equality and social inclusion key groups in Brighton and Hove also includes comparator data on the South East and England wherever possible. This comparator data shows the different populations in a regional and national context.

5.27 There were a number of equality and social inclusion key groups for which the Health Impact Assessment did not

include population estimates. The EqIA attempted to identify this information however, data - or reliable data - were not available because:

- Some groups are mobile so it is difficult to collect information about their members. For example, homeless people.
- People who fall into certain groups may be wary of engaging with government agencies or people they perceive as being officials, for example refugees and asylum seekers. This means they may be missed off the census and other official data sources.
- Some people may not wish to identify with an equality or social inclusion key group because they are worried about harassment or victimisation.
- People who do not have an official address are often not counted in official data collection sources.

5.28 Table 17 (on page 142) gives further details of the equality and social inclusion key groups and complements Table 16.

5.29 Table 17 shows that there is a greater proportion of people accessing NHS specialist mental health services than in England as a whole, which may have implications for the allocation of resources for mental health services, eg as part of the Major Trauma Centre development.

5.30 There is a significantly higher lesbian, gay and bisexual population in Brighton and Hove than the rest of the country. The EqIA found no population information for people who are transgender.<sup>†</sup> It is important for the Trust to continue to

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<sup>†</sup> Whittle *et al* (8) report considerable work on estimating the number of transgender and transsexual people within the UK population. They conclude that there is simply no publicly available statistical data on which to make firm estimates (8). There is no substantive knowledge of how many people in the UK identify as transgender or transvestite, or use any other gender identity descriptor, but estimates vary considerably: Whittle *et al*

engage with this community and to take account of particular needs and concerns they might have.

5.31 The population of Brighton and Hove is ethnically diverse, although numbers in different minority ethnic communities are not large. However, there is still a need to cater for those different communities according to their needs.

5.32 However the key concern is not about actual numbers but about ensuring that the different groups have similar access to services as all groups, according to their needs, and that they have equality of outcomes from those services.

### Estimates for patients, visitors and local residents

5.33 Estimates for number of people expected to use the site based on the catchment areas described above were developed as part of the Health Impact Assessment of the 3Ts Development undertaken by Ben Cave Associates.

5.34 These are shown in Table 16 on page 139 .

5.35 Full details of how these estimates were derived, the data sources used and more explanation of the indicators are provided in HIA Technical Appendices (6).

### Trust staff

5.36 The Trust collects data on the make-up of its staff according to ethnicity, disability and sexual orientation. These data are collected and analysed Trust-wide and are not broken down according to staff members' 'base' site. In total, around 4,350 of the 6,861 staff (63%) are based at the RSCH site (see Table 11 on page 101).

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conducted a quick internet search and suggest the figures may range from about 1 in 100 to as many as 1 in 20 in the male population (8). A Department of Health publication describes gender dysphoria as a relatively rare condition for which it is difficult to predict the annual number of new cases at a local level (9).

5.37 The breakdown of staff for the Trust according to ethnicity shows that the Trust has a more ethnically diverse workforce in comparison to the population of the catchment areas. A smaller proportion of Trust staff is of White British origin than the population as a whole of Brighton and Hove, the South East and England. A higher proportion of the Trust's staff are from the combined Black and Black British origins than the population of Brighton and Hove (1.7%) and the South East (1.6) but this smaller that proportion of the population from England as a whole that come from these ethnic origins (4.5%). The proportion of the Trust's staff from the combined Asian and Asian British origins is also significantly higher than the population of Brighton and Hove and the South East.

5.38 The breakdown of the Trust staff according to information provided about sexual orientation shows the majority of staff (73%) are "undefined". Therefore, it is not possible to draw accurate conclusions based on these data. Similarly, it is not possible to draw accurate conclusions about the Trust's disabled staff as the breakdown of Trust staff according to information provided about disability shows a very high number (41.35%) as "undefined".

## Brighton and Sussex Medical School

5.39 The Brighton and Sussex Medical School expects to have 144 places for new undergraduates in 2012. The proposals for the 3Ts development will not involve an increase in student numbers but will improve the facilities in which they learn. The intake for medical schools in the UK does not reflect the make-up of the population. Findings from a national review of British medical schools are given on page 109.

5.40 The Brighton and Sussex Medical School has a programme to broaden the mix of applicants. This includes working with

schools to encourage interest in medicine amongst pupils from under-represented groups from the age of 14.

## Key points

- 5.41 The catchment areas of the services included in the 3Ts development vary substantially in geographical area and population size.
- 5.42 These catchment areas do not have the same boundaries as the administrative areas for which data on the equality and social inclusion key groups are available.
- 5.43 Baseline data for Brighton and Hove and the South East is useful as a snapshot to show the diversity of communities in the catchment areas and to help ensure all these communities' needs are reflected in the design and delivery of services.
- 5.44 Some equality and social inclusion key groups will be over-represented in the make-up of hospital service users as compared to the local and regional population because of their health status. These include older people and disabled people.
- 5.45 It is crucial to use existing data to analyse trends within different groups using admissions data, current patient satisfaction surveys, mortality rates etc. Routine analysis of Trust data should include analysis of equality groups. This is an issue for on-going service delivery as a whole, not just for proposals for the 3Ts development.

## 6 Review of engagement activities to date

### Patient, public and staff engagement in the 3Ts programme

- 6.1 The Trust began an on-going programme of engagement activities with patients, the public and staff on the proposals for the 3Ts development in 2008.
- 6.2 The Trust is preparing a detailed consultation statement which describes these activities (10).
- 6.3 The activities include:
  - The Hospital Liaison Group has been set up by the Trust.
  - The Patient and Public Design Panel was set up in early 2010 to ensure that patients and their carers are able to contribute.
  - Public exhibitions with questionnaires for feedback at community events.
  - Information sessions on the proposed development for general and specific audiences.
  - Road shows of public exhibitions to maximise geographical coverage across Sussex.
  - Meetings with local community groups to give presentations on the development.
  - One-on-one stakeholder meetings with special interest groups e.g. Friends of the Earth, Kemp Town Society etc.
  - A dedicated member of staff (Head of 3Ts communication) to publicise the redevelopment and respond to queries from the public.
  - A dedicated 3Ts page on the BSUH website including comment form for interested parties to contact 3Ts head of communications.

- A freepost address for correspondence with BSUH.
- Media communications and advertising e.g. newspaper articles and press releases.
- Clinical design workshops with clinicians, staff and patients.

6.4 The Trust also recognises that one of the critical success factors for the 3Ts programme is the ability of the project to capitalise on the expertise and experience of staff in the design of the new facilities. In 2010 the Trust undertook a staff survey to draw on the knowledge base of all Trust staff (11). 6,000 questionnaires were distributed. The return rate for questionnaires was low with 95 (1.5%) returned but the returned questionnaires were generally well completed, giving 496 separate identifiable comments and suggestions.

6.5 In addition to the staff survey, staff representatives from services included in the redevelopment have been involved with the design process.

6.6 More details on all these engagement activities and their outcomes are given in Appendix 5 of this report (on page 103).

## Patient engagement with services

6.7 In addition to the specific on-going consultation on the 3Ts programme, the Trust undertakes engagement with patients and the public as part of its broader daily activities. These activities include:

- Regular surveys of in-patients, out-patients and A&E patients gather patients' views of different aspects of the Trust's services.
- Carrying out interviews with patients to record experiences in the form of patient stories.
- Supporting on-going patient support groups including:
  - Cardiac Patient Involvement Group

- Neonatal Parent Forum
  - Renal Patient and Service user Forum
  - Brain Tumour Support Group
  - Inflammatory Bowel Disease Patient Panel.
- Holding one-off workshops or information events for patients with particular conditions or needs.
  - The Patient Experience Panel meets every two months to hear from staff who have worked with patients to improve services.

## Trust engagement targeted at equality and social inclusion key groups

6.8 Some of the activities undertaken to engage patients and the public in the 3Ts programme have been targeted at members of the equality and social inclusion key groups. These included:

- Information stall at the Lesbian, Gay, Bisexual and Transgender Pride Event at Preston Park
- Information stall the Lesbian, Gay, Bisexual and Transgender (LGBT) History Month
- Presentation to the Black and Minority Ethnic Community Partnership's Health Committee
- Focus groups with people with a specific disability or other special interest groups
- Workshops with patients and carers
- Older People's and Stroke Support Groups Event
- Event for local parishioners and church representatives at St George's Church.

6.9 Other activities have not been targeted at specific groups but it can be reasonably expected that members of equalities groups will have attended. It is not possible to break down patient and public attendance at general consultation events into equality and social inclusion key groups as the open-door

nature of these events means such data cannot be reliably collected.

- 6.10 The HLG does not have a specific focus on equality and social inclusion key groups, although some of the attendees may define themselves as members of these groups.
- 6.11 Some of the data generated by patient and public questionnaire on the 3Ts programme has been analysed according to sex and disability. The Patient Experience Team assisted patients visiting the RSCH between January and May 2010 to complete the Patient Experience trackers in two quarterly sweeps. This yielded data from 175 patients or visitors. 54% of the respondents were men and 46% female. It is also of note that 46% of respondents classed themselves as having some form of disability that affected their everyday life.
- 6.12 Outside the 3Ts programme, the Trust's on-going patient and engagement activities are not explicitly targeted at members of the equality and social inclusion key groups. However given that older people and disabled people tend to suffer disproportionately from many of the conditions, it is likely they are over-represented in many of the patients' groups supported by the Trust.
- 6.13 The Trust collects equality monitoring data as part of patients' surveys and other engagement activities using a regionally agreed framework on demographic and equality data. However, thees data have not been analysed to date for resource reasons. In future the Trust should consider analysing this data as a routine part of data analysis.
- 6.14 In order to ensure the voices from patients from the equalities and social inclusion key groups are heard, both as part of the 3Ts programme and the Trust's broader service provision, the Trust should consider undertaking more and

more regular engagement activities that are specifically aimed at members of the equalities and social inclusion key groups.

6.15 In addition to the patient and public engagement undertaken specifically for the 3Ts programme, the older people's experience group that the Trust used to support could be revived. This would enable the Trust to identify and explore common issues affecting people from equalities and social inclusion key groups that may not be picked up on in separate condition based patient groups.

6.16 The issue of patient and public engagement with members of equalities and social inclusion key groups is a particularly important issue for the Trust in the light of the current NHS restructuring. The PCT currently undertakes engagement with these groups. While this engagement is focused on primary care, it provides an important avenue for all NHS organisations to engage with equalities and social inclusion key groups using existing and well-established relationships. Unless there is a dedicated effort to preserve these relationships, there is a danger they will be lost with the PCT's abolition.

6.17 The Trust should ensure that patient and public involvement is carried out in line with the Community Engagement Framework developed by the 2020 Community Partnership (12). The Trust state that they are operating in line with this framework.

6.18 The Trust also has several fora for engaging with staff who are members of the equalities groups. These include the LGBT Forum and the BME Network: while each of these fora were invited to general engagement events they have not, to date, been actively engaged in the 3Ts programme.

- 6.19 The Trust also note that the LGBT Forum organised the LGBT History Event: this was co-sponsored by 3Ts and the 3Ts team staffed a stall at this event.
- 6.20 The Trust state that they wrote individually to night workers to offer a dedicated, evening/early morning exhibition but received no response.
- 6.21 Data on staff involvement and equality groups and has not been collected and analysed. To date the Trust has undertaken limited engagement activities targeted at staff from equality or social inclusion key groups. There may be specific issues of relevance to staff who are members of equalities groups that have not yet emerged.

## Engagement as part of the EqIA process

### Purpose and process

- 6.22 The EqIA process included engagement with individuals from equality and social inclusion key groups in the form of semi-structured face to face interviews, telephone interviews and e-mail questionnaires. This was not intended to substitute for engagement or consultation by the Trust on the proposals.
- 6.23 The EqIA engagement was intended to provide a snapshot of the experiences of equality groups. In addition, several of the participants in the EqIA provided personal views rather than those canvassed from their organisation's members.
- 6.24 Rather, the purpose of the EqIA engagement was to highlight issues that individuals and/or organisations with a personal or professional identification with the equality and social inclusion key groups consider to be relevant to the development. The issues identified through the engagement were used to inform the scoping of the EqIA and are discussed in the analysis.

6.25 The EqlA engagement focused on interviewees understanding of the impacts on equalities and social inclusion groups of the 3Ts proposals. It did not test, or depend on, interviewees' knowledge of the proposals nor did it ask whether interviewees feel they have been sufficiently consulted.<sup>‡</sup>

6.26 The interview questions were:

- Which, if any, equality or social inclusion group, to you identify with?
- Are there any particular issues that affect this group in relation to services at the Royal Sussex County Hospital in Brighton now?
- What are the most important issues to get right for this group in:
  - The phase when services are operating in other locations on or near the site during construction (known as the decant phase)?
  - The demolition of the old buildings and construction of the new ones?
  - The provision of services in the new buildings?
- Are there any other issues relevant to the proposed redevelopment that are relevant for particular equality of social inclusion groups?

6.27 Given that the timing of the EqlA was the period June to August, all engagement activities were completed by 22nd July to avoid the summer holiday period and allow time for analysis and preparing the EqlA report. This was a very tight timetable and for this reason an initial contact using e-mail was used. There are limitations in using e-mail to contact equality and social inclusion key groups, some of which may not have organisational access to IT using their personal

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<sup>‡</sup> As noted in the conclusions many interviewees were keen for further and continued engagement.

emails instead, or, being a volunteer organisation without a paid worker, check the organisation's emails infrequently. Therefore, the EqIA supplemented the e-mail approach with telephone calls where possible.

6.28 The 3Ts database of all contacts that have been provided during the consultation was used as a starting point to identify contacts amongst staff, patients and members of the public with a possible affiliation to an equality and/or social inclusion key group. These were approached by e-mail and asked for a convenient time for a telephone or face to face discussion. For those equality and social inclusion groups for which no responses were received, additional contacts were identified through Brighton and Hove City Council, NHS Brighton and Hove (the PCT), web searches and through the consultants' own contacts.

6.29 Interpretation was provided where requested and all interviews took place in accessible venues. All interviewees and respondents were asked for permission to quote responses anonymously and all gave this, with a few interviewees asking to be quoted by name.

6.30 The consultants used the Community Engagement Framework developed by the 2020 Community Partnership to inform the EqIA engagement. In line with the commitments this Framework includes, it was agreed that interviewees would be sent a copy of the EqIA report or a web link to this report when it has been finalized.

## Outcomes

6.31 In total 40 people were interviewed and one person submitted responses to the questions by e-mail. A list of interviewees is provided as Appendix 1 (on page 85). Interviewees were asked which of the equality and social inclusion key groups they identified with or were professionally involved with, if any. Some people identified

with more than one group. Five people said they had a professional remit that covered all groups. This information is given in Table 1 below.

Table 1: Summary of groups involved in EqIA engagement

<b><i>Equalities groups as defined by the Equality Act 2010</i></b>		<b><i>Social inclusion key groups as defined by BHCC</i></b>		<b><i>Other</i></b>	
Age	12	Homeless people		BSUH staff with particular working patterns	
Sex	3	Unemployed people			
Gender re-assignment	3	Employed on a part-time, temporary or casual basis			
Disability	17	Lone parents	2		
Race	10	People with caring responsibilities	5		
Religion or belief	4	People with mental health needs	1		
Sexual orientation	2	People with substance misuse issues			
Marriage and civil partnership	1	People with HIV			
Pregnancy and maternity	1	Refugees & asylum seekers			
		Ex-offenders and people with unrelated convictions			
		People experiencing domestic violence	1		

6.32 The issues that came out of the interviews were grouped into themes. Most people raised several themes. The most

frequently raised themes and issues they included were as follows:

- Support for the proposed development: Barry and Jubilee buildings are not fit for purpose.
- Getting to and from the hospital: This included difficulty in accessing the site by public transport from outside Brighton and parking.
- Accessibility and appropriateness: Ensure all services are accessible and appropriate, including food and cultural practices. Some interviewees said that ward staff are not always aware or do not communicate to patients the availability of kosher and halal foods.
- Signage: Improved way finding around the site, including for disabled people, and reception facilities.
- Design: A patient-centred design that reflects the fact the hospital is predominately used by sick, old and disabled people, more toilets, more communal space and more privacy, plenty of windows, natural light and good views where possible.
- A space for reflection: The need for a genuinely multi-faith space for reflection.
- On-going engagement: Continue to involve the equality and social inclusion key groups in consultation on the 3Ts proposals. Ensure on-going communication during implementation, especially during the decant phase.

## Key points

6.33 The Trust has undertaken an extensive programme of engagement on the proposals for the 3Ts development with patients, the public and staff.

6.34 Table 2 below gives a comparison of the most common issues raised by engagement with staff and the public to date and

the themes that came out of the EqIA interviews.<sup>§</sup> As this table shows, there are several common themes.

Table 2: Summary of outcomes of engagement

<b>Staff (based on staff survey)</b>	<b>Public</b>	<b>EqIA interviews</b>
More/improved on-site parking	More/improved on-site parking	Getting to and from the hospital: This included difficulty in accessing the site by public transport from outside Brighton and parking.
Adequate staff changing areas (infection control/travel)	Support for the redevelopment	
Improved access to the hospital and departments (way finding)	Improved way finding around the site	Signage: Improved way finding around the site, including for disabled people.
Proper space around beds for patient care	Suggestions to improve specific services	Accessibility: Ensure all services are accessible and appropriate including food and cultural practices.
Improve the number, speed and reliability of lifts	Support for the Air Ambulance having a helipad on the hospital	Design: A patient centred design that reflects the fact the hospital is predominately used by sick, old and disabled people, plenty of windows, natural light and good views where possible.
Maximise natural lighting in departments	Plenty of windows, natural light and good views where possible.	A space for reflection: The need for a genuinely multi-faith space for reflection.
Provide patient/relative quiet rooms, e.g. for	Want accessible green spaces	On-going engagement: Involve equality and social inclusion key groups in consultation, ensure

<sup>§</sup> Issues for staff and the public are as given in the presentation 3Ts Hospital Redevelopment: Key Themes from Public & Staff Engagement Events. May 2011.

<b>Staff (based on staff survey)</b>	<b>Public</b>	<b>EqIA interviews</b>
difficult or private conversations		communication, especially during the decant phase.
Ensure clinical services are co-located efficiently	Get patients out of the Barry Building	Support for the proposed development: Barry and Jubilee buildings not fit for purpose.
Adequate seating (amount, quality) in patient waiting areas	Good interior design of the new buildings; it helps patients and visitors feel better	
Design the hospital as a positive and healthy space	Design the hospital as a positive and healthy space	

6.35 Equality monitoring data collected as part of patient surveys and other engagement activities should be analysed as a routine part of data analysis. Particular attention should be given to whether there are any reported differences in levels of satisfaction or service uptake between groups. This would enrich the information that patient survey and engagement generates by enabling the Trust to see if equality groups report different levels of satisfaction or service uptake.

6.36 The Trust should undertake more, and more regular, engagement activities that are specifically aimed at members of the equalities and social inclusion key groups. This would enable the Trust to identify and explore common issues affecting people from equalities and social inclusion key groups that may not be picked up on in separate condition based patient groups. The Trust state that this will be put into their 4 Year Equality Action Plan.

6.37 Contacts and relationships the PCT has developed with equality and social inclusion key groups must not be lost when the PCT is dissolved.

6.38 There may be specific issues of relevance to staff who are members of equalities groups that have not yet emerged. One way for the Trust to engage staff from equality groups would be to use the established forums.

6.39 The Trust should ensure that patient and public involvement is carried out in line with the Community Engagement Framework developed by the 2020 Community Partnership.

## 7 Potential impacts for each group

- 7.1 In this section we report the effects as described by the interviewees. The interviewees gave generously of their time and provided rich insight into the different experiences of equality groups.
- 7.2 All perspectives and recommendations are a valuable source of information and are provided, for reference, in summary below. Further information from the interviews is provided in Appendix 7 on page 111.
- 7.3 Many of the recommendations that have been made by the interviewees have been accepted by the Trust and will be included in their four year Equality Action Plan. This is noted in the text.

### Equalities groups

#### Age

- 7.4 The protected characteristic of age is not restricted to any one equality group. However as the Trust's provision of children's services primarily takes place in the Royal Alexandra Children's Hospital, which is not affected by the proposals for the 3Ts development, this group is not specifically included in this EqIA.
- 7.5 Many of the individuals who were interviewed stressed that older people use the hospital in far greater numbers than younger people because as people get older their health needs increase. In addition, the proposals for the 3Ts development include replacement of the existing elderly medical inpatient wards. Therefore a large proportion of the patients affected will be older people. As a consequence, many visitors to the hospital may also be older people.

- 7.6 There was strong agreement that the RSCH site as it is currently is not easy for older people to use as visitors or patients. Neither is access to and from the hospital easy for many older people: some older people find it difficult to use public transport or are unable to use it because of mobility or other problems. After getting off the bus crossing the road can be difficult. Older people who do use public transport are not able to use their free travel on Brighton Bus Services if they are scheduled for early morning appointments. Public transport to and from the hospital gets very expensive if you have to travel there four or five times a week, for example for radiotherapy. There was some confusion amongst interviewees as to whether there was a scheme to help with these costs.
- 7.7 There is a perception that the patient transport services, provided by South East Coast Ambulance NHS Foundation Trust, take a long time, are often late and you have to wait to be taken home. There was also confusion about whether patients could be accompanied.
- 7.8 It is difficult to drop people off as there are insufficient drop-off points currently. Also people who are suffering from dementia cannot be dropped off because there is nowhere supervised to leave them.

“The hospital is not a hospital for Brighton. It is a tertiary hospital for the whole county. But people living outside of Brighton have unequal access.”

“I admire the courage of the Trust in sticking to an inner city site despite the limitations. Keeping the hospital as an integral part of the community is crucially important.”

7.9 In addition, Sussex is a large and rural county. Reaching the hospital by public transport is considered to be very difficult and time-consuming for those people who live outside Brighton and Hove and off the main coastal train line into the city. It is also considered very difficult to park at the outlying stations since the car parks are full of commuters and street parking near stations is often restricted to 2 hours. From some villages as many as four transport changes are necessary. Taxis are prohibitively expensive. Furthermore, improved parking at the hospital will only help those with access to cars.

7.10 Therefore there was very strong concern among some EqIA interviewees that people from outside the city do not have equal access to the hospital with those who live in the city. People who live outside the city expressed strong support for the decentralisation of services such as chemotherapy. This was seen as a significant advance.\*\*

7.11 Almost all interviews raised the issues of parking, which is considered very inadequate and, because people often have to wait a long time for a space, can not be relied upon. In summary, getting to the hospital is a major source of anxiety for many older people.

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\*\* The business case for Radiotherapy Centres in Eastbourne and Worthing linked to the Sussex Cancer Centre in Brighton is part of a Sussex Cancer Network strategic plan to increase capacity for radiotherapy in line with government recommendations, and to provide high quality treatment closer to home for many patients.

In order to achieve this in a plan, which incorporates the needs of the patients of Sussex, SCN has devised a strategy for linked centres with 3 machines in Eastbourne, 2 in Worthing and 6 in Brighton by 2021. This work has been ratified by agreement with the commissioners across Sussex.

There are also plans to build a 16 station Renal Dialysis Centre above the Eastbourne Radiotherapy Centre in order to treat kidney patients closer to home.

- 7.12 The experience of using Barry and Jubilee buildings now was reported by many interviewees as negative. The existing inpatient wards in the Barry and Jubilee buildings are not for purpose. Although there was strong support amongst EqIA interviewees for the replacement of these buildings, there is a great deal of affection for the history of the Barry and Jubilee buildings and interviewees felt that this heritage needs to be protected in some way.
- 7.13 The layout is very confusing. It is easy to get lost. The entry level at ground floor can be levels 3, 5 or 6. This is compounded because there is no obvious main entrance with a reception. The corridors are very long and there are insufficient seats to rest. Interviewees reported that it is exhausting to walk through the hospital. Signage is inadequate, inconsistent and very confusing in places. The site is so hilly that many interviewees felt it was very difficult to get around.
- 7.14 Some interviewees said they believed that it is currently discriminatory against older people: the older people's wards are all concentrated in the oldest parts of the hospital site. Access to the bathrooms is difficult for patients with mobility problems. The most appropriate beds for older people do not fit through doors. There are not enough bathrooms and toilets. There is a lack of privacy and also of communal space.
- 7.15 Staff reported the buildings are too cramped and very hot. Working conditions for are very difficult. There is a lack of storage space and changing areas.

“Being transferred from the specialist treatment areas in the new buildings to the general wards in the Barry building is like going back in time to the 19<sup>th</sup> century.”

7.16 Many interviewees reported a perception that staff do a wonderful job but the buildings must be very difficult to work in.

“Even though I was born and bred in Brighton I find it difficult to get from A to B in the hospital.”

7.17 In addition to the issues of reaching and using the site now for older people, there was also a concern that the needs of younger adults should not be ignored. In particular there was concern that younger adults may be accommodated on wards with mainly older people.

### Disability

7.18 Disabled people have a wide variety of different impairments and levels of impairment. In addition, some people who have significant impairments as a result of chronic health conditions or old age may not identify themselves as having as disability. This means it is not possible to make generalisations about the experience or needs of all disabled people.

7.19 Some of the issues experienced by people with particular types of disability when using the facilities included in the proposals for the 3Ts development are discussed below. These issues are drawn from interviews and the literature review carried out as part of the EqIA.

7.20 People with learning disabilities (PWLD) can find going to hospital quite intimidating. Receiving letters can be intimidating: they may be unclear, they may communicate the wrong, or a frightening, message. The Trust state that this will be added to their four year Equality Action Plan.

7.21 There are two Learning Disability Liaison nurses in the hospital who should visit all PWLD inpatients. Some have found the nurses useful but others report they cannot always

get hold of them. The Trust state that this will be added to their four year Equality Action Plan.

7.22 Some people have high support needs and will usually attend hospital with a support worker, but those with mild learning disabilities may attend on their own or with a friend or relative. They may find it difficult to negotiate the system and be clearly understood and understood. There is a gap between information on healthy living and the support given to ensure that people take up a healthier lifestyle. PWLD understand that they should eat 'five a day', exercise and stop smoking and drink moderately, but, for example, being told to exercise more may be unhelpful as going to a gym is expensive and may be intimidating. Understanding the difference between A&E services and drop-in and the GP is sometimes confusing for PWLD. Some PWLD would prefer to have someone staying with them in hospital. This is not possible now because there is not enough space. The Trust state that this will be added to their four year Equality Action Plan.

7.23 People with reduced mobility problems find getting to the hospital is very difficult. Interviewees reported that the disabled car parking is not adequate. Some of the disabled parking is on a hill so it is difficult to use. People trying to get to a disabled parking space often get stuck in the general parking queue. Disabled parking spaces are used by people who do not have a blue badge or a yellow renal patient card (13).

7.24 Furthermore, blue badge covers broad spectrum so it is difficult to ensure places go to those who are genuinely unable to use public transport. Also some people who do not qualify for blue badges, such as people with chronic conditions, may have mobility problems.

7.25 Getting round the existing site is very difficult for people with mobility problems. The corridors are long and many are narrow and/or sloped which makes them very difficult to negotiate for wheelchair users. The lifts were re[ported by some interviewees to be of inadequate capacity and often out of service, resulting in long waits. This was particularly the case with Thomas Kemp Tower according to several interviewees. Entry to the site can be very difficult as buses, ambulances and pedestrians are all arriving in small space. The Trust has undertaken a detailed disability access audit of the site which identified issues where physical accessibility requires improvement.

“Parking is very hard as you can wait an hour for a space, even for a disabled space.”

“Parking is an absolute nightmare and a constant source of stress for patents. Relatives are always rushing out to top up meters. People regularly say they have not got time to talk because the parking has expired.”

7.26 People with visual impairment also reported problems with the site. The layout of the building is very confusing and signage is not adequate for people with visual impairments. There is a lot of visual clutter around signage. There is too much information and information is presented inconsistently. The disability access audit identified issues requiring improvement for people with visual impairment.

7.27 Some interviewees reported that the Trust has not taken action to rectify accessibility problems that had been clearly identified. For example, some patient representatives have been asking for 3D signs on toilets and nothing has been done.

“I get confused; I used to work there and my vision is fine.”

7.28 People with hearing impairments reported some problems with using the site and accessing services. Several interviewees reported having to wait a long time to get a BSL (British Sign Language) interpreter in the event of an emergency. In A&E staff do not book an interpreter until after a patient has been assessed so there is no interpreter for the assessment. One person reported waiting 7 hours in A&E for an interpreter. The Trust state that this will be added to their four year Equality Action Plan.

7.29 Most interviewees said the BSL interpreting booking works well for scheduled appointments, with occasional problems.

7.30 Signage is of great importance for deaf people as it is very difficult for them to ask for directions. Deaf people interviewed also reported problems while waiting for their turn for an appointment because they could not hear their name being called. Where induction loops are installed, staff are often not aware of them or how to use them. The disability access audit identified issues requiring improvement for people with hearing impairment.

“You wait ages and they call your name and you do not hear so you have to wait again. You always have to go up and remind staff that you’re deaf so they come and tell you when it’s your turn. Deaf people have to wait and wait.”

7.31 Deaf people have problems using the intercom systems to get into wards because they cannot be understood. The Trust state that this will be added to their four year Equality Action Plan. One interviewee reported waiting an hour to get in to see his son who was an inpatient. He could not get the attention on the intercom and the cleaner said she was not allowed to open the door for security reasons.

7.32 Deaf people reported experiencing problems as inpatients in getting a nurse's attention when they did not respond to an alarm call and they could not call to nurses. The Trust state that this will be added to their four year Equality Action Plan.

### Gender reassignment

7.33 People who have had a gender reassignment ('trans people') are no different from other patients or visitors in any hospital. There is often an assumption that trans people only seek treatment for gender reassignment or that every medical issue they experience is an 'illness' related to their reassignment. This can make people feel pathologised every time they attend hospital.

7.34 Trans people want to have their gender identity respected and find it disrespectful and distressing to be addressed by the wrong pronoun. Staff should amend their records and always address them as the gender they identify with. 'Trans' is a label and not a gender. The Trust state that this will be added to their four year Equality Action Plan.

7.35 There were no specific issues for trans people identified relating to the decant and demolition and construction phases of the development.

### Pregnancy and maternity

7.36 The proposals for 3Ts development do not include the maternity services so these are outside the scope of this EqIA.

7.37 Parents with small children may experience difficulty getting to the hospital at peak times because buses get very full and parents with pushchairs cannot board. The layout of the site currently makes it difficult for parents with pushchairs to negotiate, for example the inadequacy of lifts.

7.38 There were no specific issues for pregnancy and maternity identified relating to the decant and demolition and construction phases of the development.

## Race

7.39 The population the Trust serves is ethnically diverse. Data on patient outcomes and satisfaction according to ethnicity are not systematically analysed by the Trust so it is not possible to draw conclusions about this.

7.40 Interviewees highlighted that it is important to ensure services are culturally appropriate for BME communities. Ensuring that all inpatient provision is single sex and that the dietary needs of BME communities are met were particularly important. BME older people tend to worry about raising concerns or issues about their care as they think they may be treated badly the next time. The provision of advocacy would help BME elders articulate and express their needs. The Trust state that this will be added to their four year Equality Action Plan.

7.41 The Trust is now participating in an initiative known as “reverse commissioning” where BME communities members work with healthcare professionals to commission services. This will be up and running in 6 months and fully in place in 2 years.

7.42 Over 100 languages are spoken in the area the Trust serves. The Trust has a contract with Sussex Interpreting Services to provide interpretation for patients with language needs. Interpretation into more than 40 languages was provided in 2010/11. In the period January 2010 to March 2011, 4,307 interpreting sessions were undertaken for the Trust (14). The Trust trains staff on the importance of using professional interpreters: family members should be used for interpreting support only in emergency situations. The number of interpreting sessions is increasing, which may be indicative that an increasing number of patients have language needs or that staff awareness of the need for professional interpretation is improving, or a combination of both factors.

7.43 The Trust also serves a significant traveller community, although the actual numbers of Travellers is not known. The service most used by Travellers is the A&E Department. Many Travellers tend to use A&E because they are not registered with a GP.

7.44 The Trust has an ethnically diverse workforce. One EqIA interviewee complained that the Trust is institutionally racist as an employer in that BME staff are treated differently from white staff. The Trust has recently taken action to address these issues.

“It is important that the Trust adopts reverse commissioning when designing the new clinical services in the redevelopment in order to meet the needs of local BME communities. If not it will exacerbate the current failings whereby the NHS, including BSUH, fails to adequately meet the needs of BME communities.”

### Religion or belief

7.45 The population the Trust serves includes people of many different faiths. Within many of these faiths there are several denominations with different practices. There is also a significant minority of people who have no religion.

7.46 People interviewed as part of the EqIA stressed the importance of recognising the spiritual needs of patients and visitors to the hospital. For most people their encounter with the hospital, whether as a patient or a visitor, is marked by stress and anxiety with increased time available for reflection. Providing spiritual support and a peaceful place for reflection are important for healing. The existing chapel, while open to people of all faiths or no faith, is clearly identified as being a Christian space. The proposals for the redevelopment include a new sacred space as a quiet place for reflection for religious and non-religious people. The Trust’s Chaplaincy is convening meetings with faith leaders on

the design of this space which will be called “the Sanctuary”. There will be no religious symbols but the direction East will be shown. There will be a smaller prayer room at one end that can be screened off.

7.47 Staff need to understand and, where possible, accommodate the spiritual and faith needs of patients. For example, by ensuring patients are fully aware of halal and kosher food and by respecting religious practices around death. The Trust state that this will be added to their four year Equality Action Plan.

7.48 Some faiths have different cultural practices around illness and hospitals than staff are used to.

- For example, Jewish people and Muslim people often have more visitors when they are in hospital because the familial and communal social structures are stronger.
- There may also be cultural differences in the way they behave, for example they may be noisier.

7.49 Staff need to be sensitive to different cultural issues about visiting as far as possible.

7.50 Sometimes it may not be possible to accommodate different needs because of practical or safety considerations, for example lighting candles or bedside vigils of family members in wards. In these cases it is very important that staff communicate the reasons why requests cannot be met.

7.51 The Trust Chaplaincy provides a training course in patients’ spiritual needs and provides on-going advice to staff.

7.52 The Trust state that this considerations will be added to their four year Equality Action Plan.

## Sex

7.53 Women are a diverse group who also fall into all the other equality and social inclusion key groups. It is interesting that

although the majority of the people interviewed as part of the EqIA engagement who identified with an equality or social inclusion key group were women, only one person identified themselves as having a personal identification with this equality group. The other interviewees identified with one or more other the other equality or social inclusion key groups.

7.54 However, there are some issues that affect women because they are women. Therefore, it is important to continue to engage with women as a separate group. We have looked at issues relating to domestic violence and lone parents, most of whom are women, in separate sections.

- Women with young children sometimes have to bring them to hospital appointments because they do not have any access to childcare. This may be inappropriate, for example for chemotherapy treatments, which can take a whole day. The provision of a crèche for children of patients would help. The Trust state that specialist advice concerning financial and practical support from Macmillian and other organisations can be considered. The Trust also state that this will be added to their four year Equality Action Plan.

7.55 There were no specific issues related to the demolition and construction identified for women.

### Sexual orientation

7.56 It is estimated that at least 35,000 of Brighton & Hove's residents aged 16 or over (14%) are lesbian, gay, bisexual or transgender. The 2001 census data showed that the city had the largest number and percentage of same sex couples of any area in England. It also hosted the highest number of civil partnerships outside London in 2009.

7.57 Lesbians, gay men and bisexual people use hospital services in the same way as other people.

7.58 LGBT staff at the Trust have reported LGBT-related bullying and harassment. An anti-bullying and harassment campaign – Expect Respect - will be launched in August and run again in November to tie in with a national anti-bullying week. The Trust has an LGBT Forum for staff which is working with the Trust management to ensure all staff feel safe and included at work.

7.59 There were no specific issues related to the demolition and construction identified relating to sexual orientation.

### Marriage and civil partnership

7.60 The Trust has a policy of recognising a patient's partner as whoever they say it is. This means staff do not ask for proof of marriage or civil partnership. Staff receive awareness training that same sex partners should be treated equally. This training needs to be refreshed regularly. The Trust state that this will be added to their four year Equality Action Plan.

7.61 No other specific issues associated with marriage and civil partnerships were identified relating to the proposals for the 3Ts development.

### Social inclusion key groups

7.1 Information for social inclusion groups is provided on page 130.

### People with caring responsibilities

7.2 People with caring responsibilities interviewed as part of the EqIA reported particular problems with the reaching the hospital including:

- The lack of car parking spaces and the long or unpredictable waits.
- Not being able to accompany the person for whom they are caring on patient transport.

- Public transport being very time consuming, stressful and exhausting for people with some chronic conditions.
- People with chronic conditions may not qualify for blue badges even though they have mobility problems.
- Narrow corridors with slopes are very difficult when pushing a wheelchair.
- Not being able to stay overnight in hospital for carers when the person for whom they are caring is very ill because there are not enough single rooms or facilities for this.
- Not enough capacity for dropping people off and then finding a parking space and nowhere safe to leave vulnerable or confused older people while parking.

### People with HIV

- 7.3 In 2009 Brighton and Hove had the eighth highest HIV prevalence rate in England at 7.57 per 1,000 population aged 15-59 years (1,273 people), compared with 1.70 in England. Locally this was an increase from 7.16 per 100,000 in 2008 (1,216 people).
- 7.4 In 2008, in 83% of cases in the city the probable route of transmission was sex between men. The increase in infections that were acquired through heterosexual sex between 2006 and 2007 was twice the increase than were acquired through sex between men but for the period 2004-2008 the rate of increase was similar (15).
- 7.5 HIV services are currently very stretched. Inpatients with HIV (whose principal reason for admission is their HIV) are currently cared for in accommodation in the Jubilee building that is over 120 years old. The 3Ts Programme will provide modern, appropriate, purpose-built inpatient facilities in 100% single rooms, all with en suite toilet and bathroom facilities.

7.6 Under the 3Ts Programme the Clinical Infection Service will centralise clinical expertise in the management of patients with clinical infection. This will create an environment in which medically highly complex patients with HIV and other clinical infections, for example patients with HIV and TB co-infection, can be managed by different specialties in a single unit under common clinical protocols.

## Brighton and Sussex University Hospitals NHS Trust staff with particular working patterns

7.1 The Trust state that all the points in this section will be added to their four year Equality Action Plan.

7.2 The Trust employs 6,865 staff (head count). Of these 4,350 staff are based at the RSCH site and there are an estimated 1,450 staff on the RSCH site at any one time. There are 3,280 total clinical staff at the RSCH site. This includes: medical and dental staff; nursing and midwifery staff; nursing and midwifery learners; scientific, therapeutic and technical staff; and healthcare scientists. Of these around 1,090 clinical staff are on the RSCH site at any one time. An estimated 880 approximate total staff commute from outside the city.

7.3 Staff interviewed as part of the EqIA or who submitted comments did not raise issues specific to working patterns. Instead staff raised issues relating the fabric of the existing building and their ability to deliver high quality modern care in these buildings. These issues included:

- The site is currently confusing and difficult to negotiate for patients and staff alike.
- Patients and their relatives often have to run out of consultations to top-up parking meters.
- Getting to the hospital is a source of anxiety for many patients.

- Public transport is considered to be generally good. The hospital is in a good central location.
- The lifts slow and sometimes out of order. Because of layout, sometimes more than one lift journey is required.
- The Jubilee and Barry Buildings are not fit for purpose.
- Patients and their relatives often make remarks about how unpleasant the buildings are.
- Physical constraints of the buildings impact on patient care. For example, it is difficult to get patients using wheelchairs to bathrooms and the most appropriate beds do not fit in some of the wards.
- The current buildings are difficult and unpleasant to work in. For example, there is not enough storage space, they are too hot and there are not enough staff rest facilities.

“The hospital is the most extra-ordinary piecemeal construction.”

“It’s grubby to the core.”

## 8 Summary of possible impacts for equality groups that are relevant for the Equality Act 2010

- 8.1 The following tables summarise the potential impacts of the proposals for the 3Ts development against the three aims of the Equality Act 2010 for each equality group.<sup>††</sup>
- 8.2 Potential negative impacts are shaded.
- 8.3 This table only identifies impacts for specific equality groups, as opposed to impacts that may be shared by groups. As such it compares how the proposed 3Ts development could impact differently on the equality groups.

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<sup>††</sup> Only the aim relating to eliminating unlawful discrimination, harassment and victimization relates to marriage and civil partnership.

Table 3: Potential impacts for equality groups of the 3Ts decant phase

<b>Group</b>	<b>Relevant Aim of Equality Act<sup>##</sup></b>		
	<b><i>Eliminate unlawful discrimination, harassment and victimisation</i></b>	<b><i>Advance equality of opportunity</i></b>	<b><i>Foster good relations</i></b>
Age		Reduced physical accessibility during decant due to building work disruption unless current accessibility is maintained during decant phase. Poorer environment of older people's inpatient care during decant phase unless current standards can be maintained in the temporary buildings	
Sex			
Disability	Possible deterioration of accessibility in the temporary buildings during the decant phase.		
Race			

<sup>##</sup> NB potential negative impacts are shaded

<b>Group</b>	<b>Relevant Aim of Equality Act<sup>§§</sup></b>		
	<b><i>Eliminate unlawful discrimination, harassment and victimisation</i></b>	<b><i>Advance equality of opportunity</i></b>	<b><i>Foster good relations</i></b>
Religion			
Sexual orientation			
Pregnancy and maternity		Deterioration in accessibility of physical space for people with small children unless access can be maintained at current levels during decant phase.	
Marriage and Civil partnership			

Table 4: Potential impacts for equality groups of the 3Ts demolition and construction phase

<b>Group</b>	<b>Relevant Aim of Equality Act<sup>§§</sup></b>		
	<b><i>Eliminate unlawful discrimination, harassment and victimisation</i></b>	<b><i>Advance equality of opportunity</i></b>	<b><i>Foster good relations</i></b>

<sup>§§</sup> NB potential negative impacts are shaded

<b>Group</b>	<b>Relevant Aim of Equality Act<sup>55</sup></b>		
	<b><i>Eliminate unlawful discrimination, harassment and victimisation</i></b>	<b><i>Advance equality of opportunity</i></b>	<b><i>Foster good relations</i></b>
Age		<p>Reduced physical accessibility during demolition due to building work disruption unless current accessibility can be maintained. This is likely to particularly impact on older people because older people are more likely to have mobility problems.</p> <p>Deterioration in the quality of the environment for patients and visitors as a result the building works, for example dust and noise. This will particularly affect older people, as they are more likely to be patients and visitors in the services affected.</p>	
Sex			
Gender reassignment			
Disability	Possible creation of barriers to accessibility during the construction phase.	<p>Reduced physical accessibility during demolition due to building work disruption unless current accessibility can be maintained. This is likely to particularly impact on disabled people who have mobility or sensory</p>	

<b>Group</b>	<b>Relevant Aim of Equality Act<sup>55</sup></b>		
	<b><i>Eliminate unlawful discrimination, harassment and victimisation</i></b>	<b><i>Advance equality of opportunity</i></b>	<b><i>Foster good relations</i></b>
		impairments.	
Race			
Religion			
Sexual orientation			
Pregnancy and maternity		Deterioration in accessibility of physical space for people with small children due to building works unless existing access can be maintained.	
Marriage and Civil partnership			

Table 5: Potential impacts for equality groups of the 3Ts completed development

<b>Group</b>	<b>Relevant Aim of Equality Act<sup>***</sup></b>		
	<b><i>Eliminate unlawful discrimination, harassment and victimisation</i></b>	<b><i>Advance equality of opportunity</i></b>	<b><i>Foster good relations</i></b>
Age	Removal of difference in quality of inpatient ward environments for older people and the other ward environments	Increase accessibility of all the services involved that are currently provided on the site for older people, whether patients or visitors, due to signage and layout improvements. Improve quality of care environment for older people's services. Improve care for older people in these services because new buildings will not be restrictive in terms of equipment. Opportunity to have older people's organisations represented in the new buildings. Decrease accessibility for people coming from outside the city for those services moved to	Positive representation of people of different ages in signage and decoration of new areas. Increase in communal spaces and consequent opportunities for interaction between people of different ages. Involvement of adults of different ages in engagement activities.

\*\*\* NB potential negative impacts are shaded

<b>Group</b>	<b>Relevant Aim of Equality Act<sup>***</sup></b>		
	<b><i>Eliminate unlawful discrimination, harassment and victimisation</i></b>	<b><i>Advance equality of opportunity</i></b>	<b><i>Foster good relations</i></b>
		RSCH site and the newly created services that could disproportionately impact on older people because they more likely to have problems with public transport.	
Sex			
Gender reassignment		Increase accessibility of all the services involved that are currently provided on the site for trans people, whether patients or visitors, though a non-gendered approach to design and layout. More appropriate and sensitive care for trans people through properly designed clinical areas.	Involvement of trans people in engagement activities.
Disability	Removal of existing barriers to accessibility by delivering full accessible new buildings	Increase accessibility of all the services involved that are currently provided on the site for disabled people, whether patients or visitors, due to signage that takes account of the needs of PWLD and people with mobility and sensory impairments.	Positive representation of people with disabilities in signage and decoration of new areas. Increase in communal spaces and opportunities for interaction between disabled people and

<b>Group</b>	<b>Relevant Aim of Equality Act<sup>***</sup></b>		
	<b><i>Eliminate unlawful discrimination, harassment and victimisation</i></b>	<b><i>Advance equality of opportunity</i></b>	<b><i>Foster good relations</i></b>
		<p>Increasing availability of, and improving, the management of parking for disabled people will make it easier for people with physical disabilities to reach the hospital.</p> <p>Increase in accessibility of all the services involved that are currently provided on the site for disabled people, whether patients or visitors, due to full accessibility eg lifts, hearing loops, video entry coms.</p> <p>Improvement in care for disabled people because services in new buildings will not be restrictive in terms of equipment.</p> <p>Voluntary organisations that provide support for disabled people could be co-located in the new buildings. For example Headway, a national charity offering support to people with acquired brain injuries, would welcome a small physical presence in the new neuroscience centre.</p> <p>Decrease in accessibility for people coming</p>	<p>others.</p> <p>Involvement of disabled people in engagement activities</p>

<b>Group</b>	<b>Relevant Aim of Equality Act<sup>***</sup></b>		
	<b><i>Eliminate unlawful discrimination, harassment and victimisation</i></b>	<b><i>Advance equality of opportunity</i></b>	<b><i>Foster good relations</i></b>
		from outside the city for those services moved to RSCH site and the newly created services that could disproportionately impact on disabled people because of the more likely to have problems with public transport.	
Race		Increase in accessibility of all the services involved that are currently provided on the site for older people, whether patients or visitors, due to improvements in signage.	Positive representation of people from BME in signage and decoration of new areas. Increase in communal spaces and opportunities for interaction between people for BME and others
Religion		Creation of a genuinely multi-faith space that does not exclude people with no religion	Positive representation of different faiths in signage and decoration of new areas. Increase in communal spaces and opportunities for interaction between disabled people and others
Sexual			Positive representation of LGBT

<b>Group</b>	<b>Relevant Aim of Equality Act<sup>***</sup></b>		
	<b><i>Eliminate unlawful discrimination, harassment and victimisation</i></b>	<b><i>Advance equality of opportunity</i></b>	<b><i>Foster good relations</i></b>
orientation			people in signage and decoration of new areas. Increase in communal spaces and opportunities for interaction between LGBT and others
Pregnancy and maternity		Improve accessibility of physical space for people with small children	
Marriage and Civil partnership			

## 9 Key findings and recommendations

There is support for the proposals for the 3Ts development

- 9.1 There was strong agreement amongst individuals who participated in the EqIA engagement that the buildings proposed for redevelopment, in particular the Barry and Jubilee buildings, are not fit for the purpose of providing modern healthcare.
- 9.2 Particular problems identified by people interviewed as part of the EqIA included:
- the lack of a clear entrance;
  - the confusing layout of the buildings;
  - the long distances that have to be navigated;
  - the sloping corridors and steps;
  - the inadequacy of lifts;
  - confusing and inadequate signage;
  - a lack of privacy in the wards;
  - the difficulty in keeping the buildings clean;
  - a lack of toilets and bathrooms for patients and visitors;
  - the cramped accommodation;
  - the heat; and
  - the restrictions the buildings place on clinical care.
- 9.3 The proposals for the 3Ts development create the opportunity to address the majority of these issues and this was welcomed by most interviewees. The RSCH will be designed and built to modern space standards: this may increase the distances that people must navigate.
- 9.4 There was some affection for the buildings and a desire that their history be reflected in the new buildings.

## Getting to and from to the hospital is difficult for many people

- 9.5 A sizeable minority of interviewees raised concerns that the current location of the hospital is not sufficiently accessible to people coming from outside the city because it is difficult to reach by public transport from many rural areas and there is inadequate parking.
- 9.6 There was strong support amongst people who lived outside the city for the decentralisation of services where possible (for example, chemotherapy).
- 9.7 Broadly speaking, those interviewees who live in Brighton and Hove think the site is accessible, though parking was an issue for those people who had difficulty using public transport.
- 9.8 The cost of reaching the hospital by public transport or paying for parking was a concern for those who travel regularly or have to pay for parking. As many members of equality and social inclusion key groups are more likely to be on low incomes or live in poverty, this is an important equality issue.

## Engagement to date has been welcomed and people want more and more targeted engagement

- 9.9 The engagement that the Trust has undertaken to date was welcomed by many of those who were interviewed as part of the EqIA.
- 9.10 Several community groups with an affiliation to an equality or social inclusion key groups requested on-going engagement in the proposals as they continue to develop and in the redevelopment when it commences. These include Brighton Women's Centre, Brighton Deaf Association, Terence Higgins Trust, Headway Hurstwood Park, BMECP Centre, Mosaic, Friends, Families and Travellers, Age Concern Brighton, Hove and Portslade and the Bristol Estate Community Association.

9.11 There was agreement that effective communication with staff, patients and the public through the development process was essential and community groups and voluntary organisations can help with this.

9.12 Communication needs to be aimed at the patients and the public, not professionals. People do not understand what 3Ts means.

### Maximising potential positive impacts for equality and social inclusion key groups

9.13 Adequate and consistent internal and external signage is essential. There are many different groups with specific needs, including people with visual impairments, people with hearing impairments, people with literacy issues and people with language needs. Signage also needs to be representative of users to be accessible. Getting it right will require specialist technical advice and the input of users from these groups.

9.14 A new building must be fully accessible to people with disabilities, including sensory impairments. Again, getting it right will require specialist technical advice and the input of users.

9.15 A new building must reflect positive images of equality and social inclusion key groups in its design and decoration.

9.16 The design of the new building must take account of the physical requirements of providing accessible and appropriate services. For example, private and communal areas for patients and their visitors.

9.17 Several of the faith groups interviewed as part of the EqIA stressed the new space for reflection (the Sanctuary) must be a genuinely multi-faith space that is also welcoming to people with no religion.

9.18 Several voluntary organisations which represent equality groups have expressed an interest in being co-located in the new development

### Minimising potential negative impacts for equality and social inclusion key groups

9.19 Getting to the hospital is very difficult for some people, especially those coming from outside the city where public transport is poor and/or several changes are required to get to the city. Disabled people, people who are on low incomes and people who have difficulty using public transport face particular problems.

9.20 While the proposed 3Ts development will not result in any change in ease of reaching the site for people using those services whose location will not move, some services are to be relocated to the site and several new services set up there as part of the proposals. The relocation of neurosciences to the RSCH may result in a deterioration of access for some service users because the current site is reported to be more easily accessible from some rural parts of the catchment area. Although patients to the new trauma facility will be likely to travel to the hospital by emergency transport due to the nature of their injuries, their visitors who travel from some parts of the catchment area may find the RSCH site less easy to reach than the London hospitals where the majority of such patients are now treated.

9.21 The 3Ts development takes account of proposals to decentralise some radiotherapy and renal treatment services. This will increase the ease with which patients living close to the decentralised services can access these services.

9.22 Some groups have difficulty accessing primary care services. These include homeless people, people with substance misuse issues, refugees and asylum seekers and Travellers. Primary care is not included in the 3Ts development.

However people who do not have access to primary care cannot use the normal referral pathways to secondary and tertiary care included in the 3Ts development. Improving access to primary care is, therefore, necessary in ensuring access to the services included in the 3Ts development.

9.23 Equality monitoring data collected as part of patient surveys and other engagement activities should be analysed as a routine part of data analysis. Particular attention should be given to whether there are any reported differences in levels of satisfaction or service uptake between groups.

9.24 During the construction process there is the danger that physical access will be compromised. The Trust must take action to ensure this does not happen.

### Balancing the needs of different groups

9.25 Generally there was agreement that getting the design of the new buildings right for equality and social inclusion key groups will result in improvements for everybody.

9.26 However, in some areas there were recognised to be trade-offs between the needs of different groups. For example, given the number of parking spaces will be limited, they will need to be targeted to those groups least able to use public transport.

### Meeting the requirements of the Equality Act 2010

9.27 The Trust is undertaking proper action as regards the proposals for the 3Ts development in line the Equality Act 2010. Engagement undertaken by the Trust, including through this EqIA, has been comprehensive. This EqIA forms an initial equality analysis for the proposals.

9.28 Meeting the requirements of the Equality Act 2010 is an ongoing process which the Trust will need to continue to take forward.

## Recommendations

9.29 The columns for Monitoring Points, Responsibility and Enforcement Mechanisms have been left blank. It is for BSUH Trust to complete this table.

Table 6: Recommendations arising from the 3Ts Programme HIA

Recommendation	Action	Monitoring	Responsibility	Enforcement
1. Take forward the EqIA	Send the EqIA by letter/email to all interviewees thanking them and inviting them to comment. The letter/email should signpost interviewees through the document. Publish EqIA and make available on website Consider the EqIA at 3Ts Programme Board Develop a detailed action plan that takes on board comments revealed through the EqIA process as far as possible, and to implement the broader recommendations in this table. Review implementation of recommendations regularly Update EqIA if the proposals are amended			
2. Carry out engagement targeted at equality and social inclusion key groups	Undertake ongoing engagement specifically aimed at equality and social inclusion key groups Undertake engagement activities with staff from equalities groups Ensure full hand over of PCT contacts for equality and			

Recommendation	Action	Monitoring	Responsibility	Enforcement
	social inclusion key groups			
3. Improve analysis of equality data currently collected	Analyse data on equality groups from patient and public engagement (eg patient surveys), insofar as these data are provided			
4. Monitor the impacts on equality groups of the implementation of the proposed development	Develop a plan for monitoring the impacts on equality groups of the implementation of the proposed development			
5. Ensure new buildings are fully accessible to people with disabilities, including sensory impairments.	Secure technical advice Engage with groups			
6. Ensure adequate and consistent internal and external signage that meets the needs to groups	Secure technical advice Engage with groups			
7. Ensure the design of the new building must take account of the physical requirements of providing accessible and appropriate services.				
8. Ensure the Interior Design Strategy includes providing				

Recommendation	Action	Monitoring	Responsibility	Enforcement
positive images of people from equality groups.				
9. Undertake a transport study				
10. Work with PCTs and emerging Clinical Commissioning Groups on action to improve access to primary care	Support in A&E dept for those not registered with a GP.			
11. Ensure physical access is protected during the construction process.	Contractor rules.			
12. Explore opportunities for other groups to be co-located to offer support to patients	Liaise with Age UK Brighton, Hove and Portslade Liaise with Cancer Info Service Liaise with Headway			
13. Ensure equality and diversity training for staff is regularly refreshed and that agency and temporary staff also received training.				

## 10 Issues outside the scope of this Equality Impact Assessment

- 10.1 This EqIA was limited to the proposal for the 3Ts redevelopment. However other issues outside this scope emerged during the EqIA engagement process. These include:
- 10.2 Some groups have difficulty accessing primary care services. These include homeless people, people with substance misuse issues, refugees and asylum seekers and Travellers. This means they often rely on using the A&E department, they do not have access to prevention services and they are often in much poorer health by the time they access healthcare services. This lack of access to primary care contributes to significantly poorer health outcomes for many of these groups and increasing access to and take-up of primary care services is crucial in improving their health.
- 10.3 People experience domestic violence often present at A&E but domestic violence is not always picked up quickly enough by A&E staff. There needs to be more and better training of A&E staff in domestic violence. People experiencing domestic violence need to have safe places and privacy in which to discuss the cause of their injuries. There also needs to be a better coordination of services including A&E, the police, GPs and voluntary organisations and a more robust referral pathway and support systems.
- 10.4 The main point of contact with health services for Travellers is often the A&E Department so it is important that this is traveller-friendly. Travellers have reported negative experiences of stereotyping so it is important that staff receive regular training.

10.5 Poor communication was reported by some interviewees to compromise excellent work undertaken by the Trust. One example given was the new menus with pictures prepared which Brighton and Hove LINK found were often not shared with patients on the wards. The problem was felt to be that communication did not always reach frontline staff.

10.6 The Trust carries out awareness training in equality and diversity for staff. However some interviewees raised the point that this needed to be refreshed and updated regularly and that agency staff also needed to receive training.

10.7 Two staff members said that there had been institutional racism or bullying of LGBT staff. Although HR policies and implementation are outside the scope of this EqIA, the Trust has a statutory duty to deal with these issues.

10.8 Equality monitoring data collected as part of patient surveys and other engagement activities is not routinely analysed. This data should be analysed as a routine part of data analysis, as should other patient monitoring data. Particular attention should be given to whether there are any reported differences in levels of satisfaction, outcome or service uptake between groups.

## 11 Appendix 1: People interviewed as part of the EqIA process

Table 7: Trust staff who were interviewed or submitted views

<b>Name</b>	<b>Role</b>
Elma Still	Associate Director Quality
Vivienne Lyfar-Cisse	BME Network lead
Peter Wells	BSUH Chaplaincy
Peter Flavell	BSUH Patient Experience Manager
Sarah Young	Cardiac Patients Involvement Group
Caroline Davies	Chief Nurse for Medicine
Barbara Harris	Head of Equality, Diversity & Human Right
Erin Burns	Trust LGBT Forum lead

Table 8: Other individuals interviewed with organisational affiliation

<b>Name</b>	<b>Organisation</b>
Kerry Leask	Action for Blind People
Jim Baker	Age Concern Brighton, Hove and Portslade
Doris Ndebele	BMECP Centre
Elizabeth Tikvah Sarah	Brighton & Hove Progressive Synagogue
Mick Lister	Brighton and Hove LINK
Rabbi Charles Wallach	Brighton and Hove Reform Synagogue
Mr Peter Pimblett-Dennis	Brighton and Sussex Medical School
Lisa Dando	Brighton Women's Centre
Tony Reynolds	Central Sussex Independent Patients Forum
Ray Freeman	Chair Beca Bristol Estate
Ian Chisnall	Churches Together in Sussex
Sarah Tighe-Ford	Communities and Equalities Team, BHCC
Nikola Fieldhouse	Deafblind UK, Brighton & Hove
Colin Bennett	Disability Group Patient rep
Cynthia Park	Dorset Gardens Methodist Church
Avril Fuller	Friends, Families and Travellers
Gerry Harris	Headway Hurstwood Park
John Austin Locke	Housing Centre, BHCC
Helen Brownstone	Inflammatory Bowel Disease Patient Panel
Diana Bernhardt	Learning Disabilities Partnership: Brighton and Hove Council
Janice Kent	Mid Sussex LINK

<b>Name</b>	<b>Organisation</b>
Althea Wolfe	Mosiac <sup>+++</sup>
Phil Seddon	NHS Brighton and Hove (PCT)
Margaret Ticehurst	Patient Partnership Group
Brian Green	Pituitary Foundation
Sarah Pickard	Speak Out
Members at a meeting	Sussex Deaf Association
Scott Durairaj	Sussex Partnership NHS Foundation Trust
Nicolas Douglas	Terence Higgins Trust
Sue Sargent	Terence Higgins Trust
Elizabeth Mackie	The County LINK
Michelle Bridgman	The Gender Trust

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<sup>+++</sup> Mosiac did not input as the organisation had not undertaken discussion on health with their members within the EqIA timeframe but they expressed interest in engaging at a later date.

## 12 Appendix 2: Equalities Impact Assessment

### The legal requirements

12.1 The Equality Act 2010 introduced a single public sector equality duty which requires public authorities to promote equality and eliminate discrimination over a range of protected characteristics. The public sector equality duty of the Equality Act 2010 came into force in April 2011.

12.2 Public authorities must have due regard to the need to eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity between people who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not (1). The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

12.3 The Act states that compliance with the duty may involve treating some people more favourably than others and that having due regard does not necessarily mean that advancement of equality is less important if the numbers in an equality group are small. Rather than numbers of people, the significance of impacts is important.

12.4 The protected characteristics covered by all aspects of the duty are:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

12.5 Marriage and civil partnership is also covered by the requirement to have due regard to the need to eliminate unlawful discrimination.

12.6 According to the Equality Act 2010 public bodies, including NHS Trusts, are also required to undertake certain specific duties (1). These specific duties are to:

- Publish sufficient information to demonstrate its compliance with the general equality duty across its functions. This must have been done by 31 July 2011 and at least annually after that, from the first date of publication. This information must include, in particular:
  - Information on the effect that its policies and practices have had on people who share a relevant protected characteristic, to demonstrate the extent to which it furthered the aims of the general equality duty for its employees and for others with an interest in the way it performs its functions.
  - Evidence of analysis that they have undertaken to establish whether their policies and practices have (or would) further the aims of the general equality duty.
  - Details of the information that they considered in carrying out this analysis.
  - Details of engagement that they undertook with people whom they consider to have an interest in furthering the aims of the general equality duty.
- Prepare and publish by 6 April 2012:

- Equality objectives that it reasonably thinks it should achieve to meet one or more aims of the general equality duty.
- Details of the engagement that it undertook, in developing its objectives, with people whom it considers to have an interest in furthering the aims of the general equality duty.

12.7 In mid March 2011 the Government Equalities Office published a policy review paper *The public sector Equality Duty: reducing bureaucracy* in which it suggested removal of the requirements to publish details of the engagement they have undertaken when determining their policies and objectives; the equality analysis they have undertaken; and the information they considered when undertaking such analysis (16). The rationale was that the Government prefers that public bodies focus on delivery of equality improvements for their staff and service users rather than on bureaucratic processes. Public authorities will still have to publish equality objectives every four years; annual information to demonstrate compliance with the general Equality Duty; and information relating to how their policies and practices affect their employees and service users. The Government believes that challenge from the public will be the key means of holding public bodies to account for their performance on equality and is developing tools and mechanisms to support organisations and individuals to challenge public bodies effectively to ensure they publish the right information and deliver the right results.

12.8 Given that the results of this consultation were not known at the time this EqIA was undertaken, the Equality Act 2010 was used to define the Trust's statutory duties relating to equality. The guidance and good practice to given in the *Essential Guide to the Public Sector Equality Duty* published by the Equality and Human Rights Commission in January

2011 was used to inform the process and scope of the EqIA.  
(17).

## Meeting these legal requirements

12.9 The requirements of the Equality Act 2010 (1) outlined above relate to all the Trust's functions and to its roles as both employer and service provider. The requirement to undertake equality analysis relates to all existing or proposed policies, practices, activities and decisions, whether they are formally written down or whether they informal custom and practice.

12.10 This EqIA considers the Trust's proposals for the redevelopment of the Royal Sussex County Hospital site, known as the 3Ts redevelopment. In the course of preparing this EqIA issues outside the scope of these proposals have arisen. These are described in brief in section 10 of this report. However, this EqIA is not designed to ensure or to support compliance with the Trust's legal requirements under the Equality Act 2010 for issues outside the scope of the 3Ts redevelopment.

12.11 The responsibility for meeting the requirements of the Equality Act 2010 cannot be delegated. Furthermore, it is good practice that meeting these requirements, including equality analysis, be integrated into day-to-day policy-making, business planning and other governance and corporate decision-making arrangements. Therefore BCA's role as consultants in undertaking this EqIA has been to support the Trust in meeting its statutory equalities obligations for the 3Ts redevelopment and to provide advice on filling any gaps in meeting these requirements in line with established good practice. This report brings together the outcomes of this process, which are summarised in the table below, and forms the equality analysis for the 3Ts redevelopment proposals.

Table 9: BSUH actions with regard to Equality Act 2010 and 3Ts redevelopment

<b>Requirement</b>	<b>Action</b>	<b>Evidence</b>
	<b>... taken</b>	
Publish sufficient information to demonstrate its compliance with the general equality duty across its functions, in particular:		
<ul style="list-style-type: none"> <li>○ Information on the effect that its policies and practices have had on people who share a relevant protected characteristic, to demonstrate the extent to which it furthered the aims of the general equality duty for its employees and for others with an interest in the way it performs its functions.</li> </ul>	On-going service user engagement, on-going staff engagement, analysis of projected service users, EqIA	EqIA report
<ul style="list-style-type: none"> <li>○ Evidence of analysis that they have undertaken to establish whether their policies and practices have (or would) further the aims of the general equality duty.</li> </ul>	EqIA	EqIA report
<ul style="list-style-type: none"> <li>○ Details of the information that they considered in carrying out this analysis.</li> </ul>	EqIA, HIA	EqIA report
<ul style="list-style-type: none"> <li>○ Details of engagement that they undertook with people whom they consider to have an interest in furthering the aims of the general equality duty.</li> </ul>	Ongoing programme of consultation on the proposals, staff survey, EqIA	EqIA report, staff survey analysis, public and patient engagement analysis
<b>Requirement</b>	<b>... to be taken</b>	<b>Evidence</b>
Prepare and publish by 6 April 2012:		
<ul style="list-style-type: none"> <li>○ Equality objectives that it reasonably thinks it should achieve to meet one or more aims of the general equality duty.</li> </ul>	To be developed by the Trust	Equality objectives
<ul style="list-style-type: none"> <li>○ Details of the engagement that it undertook, in developing its objectives, with people whom it considers to have an interest in furthering the aims of the general equality duty.</li> </ul>	Ongoing programme of engagement with service users and staff	Analysis of engagement

## 13 Appendix 3: Scoping the EqIA

### Establishing relevance to equality

13.1 The Equality and Human Rights Commission has defined a number of questions to establish the relevance to equality of a particular policy as part of its guidance on undertaking equality analysis (2). The EqIA process has examined the proposals for the 3Ts development using these questions as summarised below. This process has clearly established the 3Ts development as having significant and direct relevance to equality.

Table 10: The relevance of the proposed 3Ts development for equality

<b>Question</b>	<b>Answer</b>
Does the proposed 3Ts development affect service users, employees or the wider community, and therefore potentially have a significant effect in terms of equality?	Yes. The proposals include an extensive physical redevelopment that will affect staff and service users of the current site, some service users of other sites where those services will be moved to the new buildings and local residents.
Is the proposed 3Ts development a major policy, significantly affecting how functions are delivered in terms of equality?	Yes. The proposals are major and will affect how functions are delivery in terms of equality. For example, there likely to be significant improvements to physical access as a result of the development.
Will the proposed 3Ts development have a significant effect on how other organisations operate in terms of equality?	No. The development relates to physical developments and direct service provision, rather than strategic changes, commissioning or multi-agency partnership work.
Does the proposed 3Ts development relate to functions that previous	Yes. Previous engagement has identified physical aspects of the

<b>Question</b>	<b>Answer</b>
engagement has identified as being important to particular protected groups?	current site, such as parking, the quality of the physical spaces and access, as important to some equality groups.
Does or could the proposed 3Ts development affect different protected groups differently?	Yes. The design of the new buildings and the surrounding areas will have implications for the accessibility and appropriateness of services which could impact on groups in different ways and to difference degrees.
Does the proposed 3Ts development to an area with known inequalities?	Some groups are more likely to experience problems in physical access. Some groups are also over-represented in the make-up existing users of the site.
Does the proposed 3Ts development relate to an area where equality objectives have been set by you organisation?	Yes. The Single Equality Scheme 2008–2011 prepared by the Trust includes a number of objectives around improving the accessibility and appropriateness of services that are relevant to the proposed 3Ts development (18).

## The scoping process

13.2 Having established the significance and relevance of the proposed 3Ts development, this section of the report now defines the scope of the EqIA process. Scoping establishes which issues need to be explored in detail because of their potential impacts on equality. It requires looking at the objectives of the proposals, how these relate to equality and which aspects have particular importance to equality. It also involves looking at which protected groups and which parts of the general equality duty the proposal relate to.

13.3 The scoping has been informed by the discussions with representatives of equality and social inclusion key groups, members of staff of the Trust and other key stakeholders that took place as part of the EqlA process. Individuals and organisations who contributed are listed in Appendix 1. In addition, a review of relevant literature has been undertaken including information on local and regional population make-up, documents relating to the development, needs assessments, reports on the outcomes of consultation and other relevant information.

13.4 The EqlA scoping process has been undertaken based on a framework of questions developed by the Equality and Human Rights Commission (2).

1. *The aims of the proposals for the 3Ts development (19)*

- i. What is the purpose?
  - Replace Barry & Jubilee buildings to provide accommodation that is 'fit for purpose' and meets standards of patient privacy and dignity
  - Transfer the Regional Centre for Neurosciences from Hurstwood Park (PRH) to RSCH, as agreed through *Best Care, Best Place* (2004/5), and expand capacity in line with *Sussex-Wide Tertiary Services Commissioning Strategy*.
  - Develop and expand the Sussex Cancer Centre to continue to meet patient waiting time standards, in line with the Sussex Cancer Network's *Service Delivery Plan* and the *Tertiary Services Commissioning Strategy*.
  - Develop the RSCH as the Major Trauma Centre within a Trauma Network for Sussex and the wider Region, as set out in *Healthier People, Excellent Care* and in line with *High Quality Care for All* (Darzi).
  - Strengthen teaching, training and research, in partnership with Brighton & Sussex Medical School; the Universities of Brighton and Sussex; and the Kent, Surrey & Sussex Deanery.

ii. In what context will it operate?

- *Central Sussex Partnership Programme (2001)*
  - Merged Brighton Healthcare NHS Trust with acute services of Mid Sussex NHS Trust BSUH  
Commitment to maintain PRH A&E and maternity for at least 3-5 years
- *Best Care, Best Place (2004)*
  - Transfer Regional Centre for Neurosciences from PRH (Hurstwood Park) to RSCH  
Commitment to maintain A&E at PRH and RSCH
  - Established unplanned/planned split between RSCH and PRH
- *Fit for the Future (2007)*
  - RSCH as Critical Care Hospital for SE Coast
  - Maintain A&E and acute medical admissions at PRH
- *Developing a County-Wide Tertiary Services Commissioning Strategy for Sussex (2008)*
  - Included cardiac, cancer, paediatrics & neonatology, neurology & neurosurgery, major trauma, renal and plastic surgery
- *Healthier People, Excellent Care (2008)*
  - NHS South East Coast strategic commitment to RSCH as Major Trauma Centre
  - By 2010, all appropriate patients with major trauma, stroke, heart attack treated in specialist 24/7 centres

iii. Who is it intended to benefit?

- Patients and visitors
- Staff

iv. What results are intended?

- Improved patient privacy and dignity
- Improved cleanliness and infection prevention and control
- More efficient patient care
- Improved accessibility, including way finding

- Improved staff working conditions
- Improved morale and confidence amongst patients and staff
- Improved clinical infection service
- An Acute Brain Injury Centre incorporating the Stroke Unit, RSCH acute rehabilitation, acute neuro-rehabilitation + neurology from Regional Centre for Neurosciences, involving the transfer of neurosciences services from the Hurstwood Park site in Haywards Heath to RSCH.
- Improved and expanded imaging and nuclear medicine including Ultrasound, X-ray, Fluoroscopy, CT, MRI, Gamma camera, PET-CT & SPEC-CT, Neuro-imaging and Interventional Radiology (including neuro-Interventional Radiology)
- Improved and expanded cancer services as part of the Sussex Cancer Network involving some patients who are currently treated in other locations being treated at RSCH site.
- A new major/level 1 trauma centre.
- Expanded and improved facilities for teaching, training and research.

v. Why is it needed?

- Current inpatient accommodation does not meet current standards in terms of bed spacing, toilet provision, ward layout.
- The age and fabric of buildings present considerable daily challenges in infection control and cleanliness.
- Small wards currently are inherently inefficient to staff, require frequent patient moves between wards and make it harder to develop ward-based specialist expertise.
- The age and design of the buildings mean wayfinding is difficult and access inadequate.
- Working and being treated in such old and cramped accommodation affects the morale of staff and patients.

- Current nuclear medicine and imaging accommodation is not fit for modern patient care and demand has outgrown the current facilities.
- Current neurosciences accommodation is not fit for modern patient care and demand has outgrown the current facilities.
- Several consultations and strategic reviews have indicated the need for a major trauma centre in Sussex.

2. *What aspects are relevant to equality?*

- The design of new buildings
- The facilities provided in the new buildings
- Changes in access to the site
- Reconfiguration of some services
- Change in the location of delivery of some services
- Provision of some new services at the site
- Changes in the staff working environment
- Impact of building works on local residents

3. *Which equality groups and parts of the general equality duty is it relevant to?*

- No one equality or social inclusion key group can be confirmed as definitely not affected by the proposed 3Ts development because:
  - Members of all the equality groups and social inclusion key groups are likely to use the services provided by the Trust on this site.
  - Members of all the equality groups and social inclusion key groups are likely to live in close proximity to the site.
  - Members of many of the equality and social inclusion key groups are represented in the Trust's staff.
- The proposals are likely to have impacts or potential impacts relevant to each of the general equality duty three aims. These are:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

#### 4. What equality information is available?

- Breakdown of the Trust staff by ethnicity.
- Outcomes of engagement on the proposed 3Ts development undertaken with staff, patients and public by the Trust.
- Information on-going patient engagement by the Trust and Brighton and Hove NHS (the PCT).
- Local and regional population data.
- Information on projected use of services implicated in the proposed 3Ts development.
- Analysis of local needs such as the Joint Strategic Needs Assessment.
- Reports prepared by community and voluntary groups with an affiliation to an equality of social inclusion key groups.
- Information on the local community prepared by Brighton and Hove City Council.

#### 5. What are your information gaps?

- Breakdown of the Trust staff by equality group (except ethnicity which is available).
- Breakdown of patient make-up by equality group.
- Breakdown of patient outcomes including satisfaction by equality group.
- Information on population breakdown by equality group for the different catchment areas of the services implicated in the proposals. Where data is available it is divided according to local (Brighton and Hove) and regionally (South East) geographical areas which do not correspond to catchment areas.

6. Which groups could usefully be engaged?

- All equality and social inclusion key groups may have perspectives to contribute.
- Some of the equality and social inclusion key groups are hard to reach.

## Confirming the scope of the EqIA

13.5 Based on the scoping process, this EqIA includes examination of the following groups:

- The nine protected characteristics defined in the Equality Act 2010. These are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation; and marriage and civil partnership.
- At the Trust's request, the social inclusion key groups defined by Brighton and Hove City Council. These are: homeless people; unemployed people; employed on a part-time, temporary or casual basis; lone parents; people with caring responsibilities; people with mental health needs; people with substance misuse issues; people with HIV; refugees & asylum seekers; ex-offenders and people with unrelated convictions; and people experiencing domestic violence.
- At the Trust's request, Trust staff with particular working patterns, for example part time and shift workers.

13.6 The geographical scope of the EqIA is based on the catchment areas of the services implicated in the proposed development. Three of the four services in the 3Ts development (cancer, major trauma, neurosciences) have regional rather than only local catchments. However it is important to stress that population data and other information relevant to the EqIA are not generally available in such a way as to be coterminous and aligned with these catchment areas.

13.7 As all aspects of the proposals have potential impacts on equality and social inclusion key groups, there are no specific proposals that have been scoped out of the EqIA. The proposals for the 3Ts development include three phases, each of which will be considered. These are:

- decant;
- demolition and construction; and
- provision of services once the buildings are brought into use.

13.8 The scope of the EqIA is limited to the services implicated in the proposals rather than all services currently provided at the site. The EqIA also limits its focus to what the proposals will change in the implicated services, rather than all aspects of them.

## 14 Appendix 4: BSUH staff: ethnicity, disability & sexual orientation

Table 11: BSUH Trust staff: ethnicity

<i><b>Ethnic Origin</b></i>	<i><b>Full time equivalents</b></i>	<i><b>Actual staff numbers</b></i>	<i><b>% of actual staff</b></i>
0 White	53.66	62	0.90%
A White - British	4,201.38	4,923	71.75%
B White - Irish	131.93	145	2.11%
C White - Any other White background	298.39	325	4.74%
C3 White Unspecified	3.60	4	0.06%
CA White English	4.40	4	0.06%
CB White Scottish	5.00	5	0.07%
CC White Welsh	2.30	3	0.04%
CE White Cypriot (non specific)	1.84	2	0.03%
CK White Italian	4.19	5	0.07%
CP White Polish	4.89	6	0.09%
CX White Mixed	1.67	2	0.03%
CY White Other European	81.09	91	1.33%
D Mixed - White & Black Caribbean	15.88	18	0.26%
E Mixed - White & Black African	17.94	19	0.28%
F Mixed - White & Asian	40.58	43	0.63%
G Mixed - Any other mixed background	33.18	34	0.50%
GE Mixed - Asian & Chinese	2.00	2	0.03%
GF Mixed - Other/Unspecified	20.57	21	0.31%
H Asian or Asian British - Indian	191.59	209	3.05%
J Asian or Asian British - Pakistani	35.70	38	0.55%
K Asian or Asian British - Bangladeshi	26.75	29	0.42%
L Asian or Asian British - Any other Asian background	132.30	141	2.06%
LE Asian Sri Lankan	4.13	6	0.09%
LG Asian Sinhalese	1.00	1	0.01%
LH Asian British	3.00	3	0.04%
LJ Asian Caribbean	0.87	1	0.01%

<i><b>Ethnic Origin</b></i>	<i><b>Full time equivalents</b></i>	<i><b>Actual staff numbers</b></i>	<i><b>% of actual staff</b></i>
LK Asian Unspecified	2.40	4	0.06%
M Black or Black British - Caribbean	30.85	33	0.48%
N Black or Black British - African	114.69	122	1.78%
P Black or Black British - Any other Black background	13.52	14	0.20%
PA Black Somali	0.80	1	0.01%
PC Black Nigerian	1.15	1	0.01%
PD Black British	4.00	4	0.06%
R Chinese	29.58	31	0.45%
S Any Other Ethnic Group	135.28	139	2.03%
SA Vietnamese	1.00	1	0.01%
SC Filipino	39.80	40	0.58%
SD Malaysian	1.00	1	0.01%
SE Other Specified	1.53	3	0.04%
Undefined	9.86	12	0.17%
Z Not Stated	257.38	313	4.56%
<b>Total</b>	<b>5,962.66</b>	<b>6,861</b>	

Table 12: BSUH Trust staff: sexual orientation

<i><b>Sexual Orientation</b></i>	<i><b>Headcount</b></i>	<i><b>%</b></i>
Bisexual	28	0.41
Gay	70	1.02
Heterosexual	1585	23.09
Prefer Not to Say	150	2.18
Lesbian	34	0.50
Undefined	4998	72.80
<b>Total</b>	<b>6865</b>	

Table 13: BSUH Trust staff: disability

<i><b>Disability Status</b></i>	<i><b>Headcount</b></i>	<i><b>%</b></i>
Not Disabled	3693	53.79
Not Declared	6	0.09
Undefined	2839	41.35
Disabled	327	4.76
<b>Total</b>	<b>6865</b>	

## 15 Appendix 5: BSUH engagement

15.1 The Trust state that information regarding engagement activities will be provided in the Statement of Community Involvement.

### Hospital Liaison Group

15.2 The Trust has re-established the Hospital Liaison Group (HLG). This is the principal forum for communicating and engaging with local residents about the proposed development. After discussion with East Brighton councilors, the term local residents was loosely defined as those residents living within a 0.25 mile radius of the hospital campus.

15.3 The HLG began meetings in November 2009 and currently meets monthly. Details and notes of the meetings are available on the Trust website.

15.4 The HLG is chaired by an East Brighton Local Councillor; its Vice-Chair is a local resident. Members of the Trust 3Ts team and its contractors (eg. architects, planners, construction specialists) attend. The purpose of the HLG is to give local residents the opportunity to receive detailed information about the progress of the redevelopment and give their feedback. Involvement in developing the proposals for the 3Ts programme.

### Consultation activities

15.5 The Trust is engaged in a programme of ongoing consultation and engagement on the proposed development. The consultation programme includes attending community events with an information stall on the proposed development. Community events visited between May 2010 and May 2011 include Lesbian, Gay, Bisexual and Transgender Pride Event at Preston Park, the World Food Fair Event at

## Hove Lawns and the Lesbian, Gay, Bisexual and Transgender (LGBT) History Month.

- 15.6 The consultation programme also consists of holding information sessions on the proposed development for general and specific audiences. Between May 2010 and May 2011 these include the Cancer Support Groups Event, a general information event at the Royal Sussex County Hospital, an Audrey Emerton Building Event, a Whitehawk and Manor Farm Event, the Older People's and Stroke Support Groups Event, an event for local parishioners and church representatives at St George's Church.
- 15.7 In addition, consultation has included taking the 3Ts exhibition to community venues around Sussex to inform and engage with local people. Between May 2010 and May 2011 these include Brighton & Hove City Primary Care Trust Health Promotion Bus outside the Barry Building, Churchill Square in the centre of Brighton, Orchards Shopping Centre in Haywards Heath, a week long exhibition at Hove Town Hall, Jubilee Library, Princess Royal Hospital main foyer, Peacehaven Library, Haywards Heath Library, Chichester Council Hall and Lewes Town Hall.
- 15.8 As part of the consultation programme the 3Ts team have visited the meetings of local community groups to give presentations on the development. From May 2010 and May 2011 these were Brighton and Hove Health User Bank, Brighton and Hove Local Involvement Network, Black and Minority Ethnic Community Partnership's Health Committee, City Sustainability Partnership, Traffic Partnership Group Monday and the Bristol Estate Residents' Group.
- 15.9 The Trust has also sought to collect the views of patients and visitors to the hospital using a variety of approaches including focus groups with people with a specific disability or other special interest groups, workshops with patients and carers,

questionnaires including the patient experience tracker, text questionnaires and letters and emails which were unsolicited, from members of the public who had been patients or carers.

## Outcomes of patient and public consultation

15.10 A full analysis of the 534 suggestions received from patients and members of the public in 2009/2010 shows the themes that were raised in order of the number of times they were raised (20).

Table 14: Patient and public consultation: themes

Theme	Number of times
Suggestions for improvement wayfinding	49
Poor access to RSCH	41
Poor clinical care	30
Disability and access	30
Facilities in single rooms and treatment areas	20
Improved patient facilities & retail opportunities	20
Customer Care	19
Improvements to consult/exam room	19
Disability and access inc parking	17
Poor co-ordination of services	16
Patient facilities	16
Design of reception desk	16
Staff excellent	15
Parking issues	15
Lack of privacy and dignity in current treatment areas	14
Range of seating	13
Location//transport & facilities for disabled people good	13
Single rooms and isolation	12
The importance of human contact	11
Importance of privacy and dignity inc same sex	11
Food on the wards	9
Staffing and observations in single rooms	9
Hotel environment	9
Preference for single rooms	8
Patient call systems	8
Art- less is more	8
Preference for pass through changing	7
Equipment in toilets	7
Individual comfort	6

Theme	Number of times
Disability and access issues	5
Location of consulting/exam	5
Entertainment systems	5
Views about unisex	5
Facilities for partners/carers	4
IT & innovation	4
Views about medical students	4
Disability and access	4
Facilities for carers (disability and access)	3
Need for human contact	3
Disability awareness	2
The importance of human contact	2
Infection Control	2
Worries about infection control	1

From BSUH (20)

## The Patient and Public Design Panel

15.11 The Patient and Public Design Panel was set up in early 2010. It is responsible for ensuring that the views of the public and patients regarding design and access and clinical care issues are fed into the 3Ts programme Design Team. The Panel provides advice as required on issues which relate to the provision of better patient care such as disability access, patient transport, information requirements and other systems issues which may arise. The Panel is made up of people who have cared for/ supported someone who has been a patient at BSUH and who live in the catchment area i.e. Brighton and Hove, East and West Sussex.

## Engagement with staff

15.12 The Trust recognises that one of the critical success factors for the 3Ts programme is the ability of the redevelopment project to capitalise on the expertise and experience of staff in the design of the new facilities and buildings. In 2010 the Trust undertook a staff survey to draw on the knowledge base of all Trust staff (11). It was decided to use a short, qualitative hard copy questionnaire rather than electronic or

other face-to-face data collection methodologies. This was for two reasons:

- the practicalities of reaching 6,000 staff
- previous work undertaken by the 3Ts team has identified that the majority of frontline staff at band 6 or under do not have regular opportunities to access electronic resources at work.

15.13 The questionnaire used three directing, open-ended questions to focus staff responses towards improving patient safety, patient experience and staff working. It was distributed in hardcopy with staff payslips. This was the most efficient method for reaching the majority of staff. However the questionnaire was circulated with rather than attached to the payslip and inevitably not all staff will therefore have received a copy. 6,000 questionnaires were distributed.

15.14 The return rate for questionnaires was low with 95 (1.5%) returned. A good return rate for an unsolicited, remote questionnaire with reminders would be between 25% and 30%. Although falling well below this level, the returned questionnaires were generally well completed, giving 496 separate identifiable comments and suggestions.

15.15 The responses were gleaned from three separate questions but due to the repetition of themes they were analysed as a whole. The table below shows all the categories that represent more than 1% of the total received (5 occurrences or more).

Table 15: Staff survey: themes

<b>Category</b>	<b>Number</b>	<b>%</b>
Parking (More / Improvement)	41	8.3%
Design: Layout: Staff Social / Changing Area	24	4.8%
Design: Layout: Access	16	3.2%
Design: Layout: Space for Beds	14	2.8%
Design: Movement: Lifts	13	2.6%

Design: Lighting: Natural light	12	2.4%
Design: Layout: Patient / Relative Quiet Room/Day Room	12	2.4%
Design: Layout: Adjacency	9	1.8%
Design: Layout: Seating	9	1.8%
Design: General: Good Space	9	1.8%
Design: Layout: Storage	7	1.4%
Design: Layout: Retail	7	1.4%
Equipment: Environment: Temperature Control	7	1.4%
Design: Patient Safety: Cleaning	6	1.2%
Design: Layout: Corridors	6	1.2%
Design: Layout: Privacy and Dignity	6	1.2%
Design: Movement: Level Floors	6	1.2%
Design: General: Windows	6	1.2%
Design: Layout: Green Area / Horticulture	5	1.0%
Design: Layout: Reception	5	1.0%
Equipment: IT: Improved Staff Access	5	1.0%

From BSUH (11)

15.16 This survey showed a close alignment between the work that has been undertaken to date on the development and the thoughts and ideas of the general staff base within the Trust. Results from the analysis of the comments show that the vast majority of issues and ideas raised by staff are already being addressed as part of the 3Ts development process. Where ideas have not been considered as part of the 3Ts process it is usually because they fall outside the remit of the scheme.

15.17 In addition to the staff survey, staff representatives from services included in the redevelopment have been involved with the design process.

## 16 Appendix 6: BMA survey of medical schools

16.1 The British Medical Association conducted a national review of equality and diversity in medical schools (21). Some of the findings are provided below.

16.2 In 2008, 56% of all entrants to medical school (UK domiciled students) were women

16.3 Over a quarter (28%) of UK domiciled students offered a place at medical school were from ethnic minority backgrounds. There was significant variation in the application and acceptance rates between ethnic groups.

16.4 In 2008, Asian students made up 24% of applicants to British medical schools and 19% of accepted applicants. Within this group, students of Indian origin are particularly well represented, making up 8% of accepted applicants.

16.5 In 2008, 6% of applicants were Black but only 3% of accepted applicants were Black.

16.6 Of the students accepted into medical school 71% came from the top three socio-economic classes, while 15% were from the lower four classes

16.7 Only 2% of accepted students came from socio-economic class VII, indicating routine manual occupational backgrounds.

16.8 There are no data currently collected on the proportion of UK medical students who are LGB.

16.9 In 2007, the proportion of medical school applicants and accepted applicants disclosing an impairment was just three%

which is lower than the six% for all applicants and accepted applicants on all degree courses.

## 17 Appendix 7: Potential impacts for each group: detailed findings

17.1 In this section we report in greater detail the effects as described by the interviewees. As noted above the interview responses are reported in as much detail as possible. They are a valuable source of information and are provided, for reference, in full below.

### Equalities groups

#### Age

##### Issues related to the decant

- It is important to minimize the number of service moves.
- Good signage will be really important. The site is confusing enough now and there is a risk that it will be even more confusing during the decant.
- 'Meeters and greeters' to accompany patients to where their appointments are would be helpful.
- Any changes in service provision must be communicated clearly in advance to patients: accurate and up to date information is essential. Many older people do not have access to the internet so it is important that information is provided at the site and in advance with appointment letters.
- If shuttle buses are used during decant, they could be reserved for patients with separate buses for staff to ensure there is room for patients.
- In addition to more formal communication routes an interviewee advised that local groups for older people should be used to pass on information about the decant process.

- Too much information causes confusion and technical terminology (eg infection control) makes people fret so keep information simple and to the point.
- Many older users of the hospital have seen the site go through several developments so the temporary relocation of services will not be a new experience.
- Temporary buildings must be of good quality and not feel like prefabs.

“In 50 years experience of using the site, there has been a continuous process of development and always some level of disruption. As a patient I have learned to accept this. Medical services have always been sensitive. Personal contacts with patients are what counts.”

#### Issues related to demolition and construction

- Some interviews reported that when the Millennium Building was developed the Barry building became a building site too. For examples, there were reports that building supplies were stored there.
- Disruption, noise and dust must be kept to a minimum.
- There must be covered walkways to protect people from dust.
- An interviewee from the Bristol Estate Residents' Association suggested it would be very helpful if the Trust could somehow compensate residents who have already put up with the disruption from earlier redevelopments of the site. There is lots of noise and dust the construction generates is very unpleasant. One suggestion was the Trust could fund the improvement of the Estate Community Hall to provide disability access.
- The parking for the Bristol estate needs to be protected during construction.

## Issues related to the provision of services and design of the new buildings

17.2 Issues relating to the provision of services and the design of the new buildings have been grouped into themes as follows:

- Getting to and from the hospital:
  - Ensure adequate parking with illuminated boards saying if parking is full.
  - Pick up and drop off services would be helpful as well as a supervised lounge. Visitors currently have to leave the patient while they pick up their car. Confused people could wander off. More drop off points are needed – enough for 12 cars as it gets busy.
  - Accessibility: Ensure all services are accessible and appropriate including food and cultural practices. The Trust state that this will be added to their four year Equality Action Plan.
  - Support free transport for older people, for example a special shuttle bus from the station that is free with an appointment letter. The Trust state that this will be added to their four year Equality Action Plan.
  - Patient transport needs to be co-ordinated so people from the same area can go together. Then they can wait for each other and go back together. It becomes less stressful, more like a day trip. Also patient transport would be better used and respected if it were more personalised, e.g. by using the same driver.<sup>+++</sup> The Trust state that this will be added to their four year Equality Action Plan.
  - Schedule appointments so that appointments in the afternoon are kept for those coming from rural areas or have trouble getting to the hospital. The Trust state that this will be added to their four year Equality Action Plan.

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<sup>+++</sup> There may be a tension between this recommendation and the need to meet requirements for access times. This challenge notwithstanding the Trust will add this to their Equality Action Plan.

- Accessing the hospital site from the Bristol Estate needs be made easier for older people and people with mobility problems.
- Improved way finding around the site:
  - Signage needs to be consistent and adequate and provide regular confirmation that the walker is going in the right direction. . It must confirm you are heading in the right direction at regular intervals.
  - A main reception with people who can provide directions or accompany people is important. The Trust state that this will be added to their four year Equality Action Plan.
  - Adequate lift accommodation is a must. The lifts in the Thomas Kemp Tower are reported to be often out of use. Public lifts need to be a decent size to accommodate wheelchairs and buggies.
  - Services must be coherently located so patients do not need to walk a long way.
- The design of buildings:
  - Design must be patient-centred and reflect the fact the hospital is predominately used by sick, old and disabled people.
  - There must be more toilets for visitors.
  - There must be more toilets and bathrooms for patients.
  - There must be more communal space for patients and visitors.
  - There should be plenty of windows, natural light and good views where possible.
  - Historical boards up the stairs in the Barry building must be kept as they show a continuity and are important living artifacts.
  - A welcoming, attractive appearance from the outside is important.
  - Although hygiene needs to be a strong element, forbidding clinical whiteness needs to be avoided.

- There should be facilities for patients such as the internet and DVDs.
  - There should be greenery and open space for patients.
  - There should be patients' kitchens with fridge for drinks.
  - Provide more clinical storage.
  - Include more circulating space and better ventilation.
  - Provide private space for vulnerable individuals.
  - Provide adequate staff rest areas.
- Accessible and appropriate services:
    - Some older people do not get visitors. The hospital volunteers can talk to those patients who do not receive visitors to provide some 'TLC' ('tender loving care'). This can make a difference to patient experience. The Trust volunteer programme needs to ensure volunteers reflect the community make-up, are trained and are welcomed by ward staff. Interviewees reported that volunteers sometimes do not feel welcome as the nurses are so busy. The Trust state that this will be added to their four year Equality Action Plan.
    - Other organisations can provide co-located services. For example, a cancer information centre is being developed by Macmillan Cancer Support on the site of Rosaz House. This needs to be near the locations in which cancer treatment is provided. Age Concern have also suggested they could provide an advice and information service in the new building.
    - Many older people like to be addressed formally: for example, by their title and family name. The correct form of address will vary between cultures. The Trust state that this will be added to their four year Equality Action Plan.

#### Other issues:

17.3 Several EqIA interviewees praised the Trust's consultation on the proposals for the 3Ts development.

17.4 EqIA interviewees stressed the need for ongoing engagement and communication, especially during the decant phase.

17.5 Communications need to be aimed at patients, not professionals: interviewees considered it unlikely that many people would know what is meant by 3Ts (especially the terms *tertiary* and *trauma*).

17.6 Poor communication was reported by some interviewees to compromise the excellent work of the Trust. One example given was the new menus with pictures prepared which Brighton and Hove LINK found were often not shared with patients on the wards. The Trust state that this will be added to their four year Equality Action Plan.

## Disability

### Issues related to the decant

- Interviewees were concerned that the decant would be a difficult time. It will be even more important to have good signage.
- There needs to be a clear route through the hospital site at all times that is fully accessible to wheelchair users. Pathways must be kept uncluttered at all times. Obstacles present dangers to people with visual impairments.
- Every member of staff needs to know about the decant arrangements, both for themselves and to ensure they give the correct information to the public. Patients and the public are tolerant as long as they have good information. People will worry even about unaffected services so it is important to provide comprehensive information, including services that are not affected. When people are informed they are much less anxious.
- A dedicated phone line to update people on the development was suggested.
- Interviewees suggested that there will need to be more people to help and accompany patients to services. It was

felt that people who can assist, and lead the way, are the best signage for many people with disabilities.

- Interviewees noted that free transport would be required if services are relocated to other sites.
- The decant will be very difficult for visually impaired blind people who are used to finding their way round the existing site independently. Specific attention must be given to their needs. For example, temporary spaces and paths must be well lit.
- Transport links must be maintained.

#### Issues related to the demolition and construction

- The environment needs to be kept as welcoming s possible during the construction phase. This is important because this phase will go on for many years. Some interviewees reported that during another construction nine years ago it was extremely difficult and stressful to use the site as it was like walking through a building site.
- Construction sites are particularly dangerous for blind people. Health and safety must be very carefully managed and contractors properly held to account.

#### Issues related to the provision of services and design of the new buildings

- Getting to and from the hospital:
  - Long-term parking should be available for people who come several times a week.
  - There should be sufficient drop off spaces.
  - There should be sufficient parking for disabled people and spaces must be reserved. kept for them.
  - Porters or helpers with wheelchairs should be available at the drop off points for people with mobility problems. The Trust state that this will be added to their four year Equality Action Plan.
- Improved way finding around the site:

- The proper design of signage is crucial. People with visual impairments have particular needs around signage design. Tactile signs and buttons that can be pressed to give information verbally are useful. The Trust will need expert technical input into the design of signage.
  - Visual clutter should be avoided.
  - External signage is also important. Giving every building and road in the site a name helps people with visual impairments get directions as passers-by can say where they are.
  - Interviewees stated that imagery is important for signage and thought should be given to the assumptions behind the chosen images – who is represented on the signs? See page 122 for a discussion of this issue with respect to trans people.
  - Staff to provide information must be available and be trained in communicating with people with sensory impairments. The Trust state that this will be added to their four year Equality Action Plan.
  - Signage must be well lit.
  - There should be a reception area with people to show you where to go and accompany you if necessary. They should be trained to identify and proactively help people with vision impairments. The Trust state that this will be added to their four year Equality Action Plan.
- The design of buildings:
    - This is a crucial opportunity to create fully accessible buildings in a cost effective way. The design specifications must be drawn up to reflect this. This will require proper technical input into the design process. Having to change things when the buildings are complete will be much more expensive. For example, it is expensive to add a hearing loop system to an existing building but cheaper to include it in the construction of a new building.

- Avoid glass doors opening out – people with visual problems cannot see them.
- Electronic boards saying when it is your turn to go in for people with hearing impairments.
- Quiet spaces for people with Asperger's and Autism who suffer from sensory overload. Some colours can also contribute. Particular lighting causes problems too.
- Energy saving light bulbs are not good for people with some types of visual impairment.
- Accessible and appropriate services:
  - The management plan that was developed after the disability access audit must be implemented and regularly reviewed.
  - For people with visual impairments letters should be in large sized font and on yellow paper, as the eye hospital currently does.
  - Regularly changing appointment times is a problem. Patients with visual impairments cannot read the letters.
  - Action for Blind People have produced a short briefing sheet for clinical staff with tips to help them communicate effectively with people with sensory impairments. Staff training on disability needs to incorporate these points.
  - Awareness training for all Trust staff about disability needs to be provided and updated regularly and agency staff also need to receive training.
  - For PWLD letters need to be very clear and should not be able to be misconstrued as this can cause undue stress. Healthcare professionals need to speak clearly and check that they are being understood.
  - There is some good material that can be used to ensure that PWLD can access services more readily e.g. the Healthy Living pages on the brightpart.org website. These signpost to services in easy read format. The Hospital Passport is a book which outlines the person's needs, wishes and likes and

- dislikes.<sup>§§§</sup> Hospital workers should ensure PWLD have this passport and they should use it.
- The Trust state that all points above will be added to their four year Equality Action Plan.
  - Other organisations can offer services co-located at the hospital. For example, Headway can support people with acquired brain injuries. Although staff at the current Neurosciences Centre know about the services offered by Headway and there is a good rapport between the charity and the centre, people can be discharged without knowing about these services, especially if they are discharged from other wards in the County Hospital. Headway would like to see a consistent referral procedure and to see a pathway between the hospital and themselves.
  - Physical access in the new buildings should be thought about with care. Some large electric wheelchairs cannot negotiate tight corners so corridors need to be big enough to accommodate this.
  - There need to be buttons on both sides of the lift as some people do not have the use of both arms.
  - All new facilities need to be fitted with induction loops. These are also needed by some staff.
  - External areas must be well lit.
  - There must be as much natural lighting as possible but action to reduce glare which can be bad for people with some eye conditions.
  - Rooms must be laid out so staff and patients do not sit facing windows.
  - Trees should be planted as they reduce glare by diffusing light.
  - Attention must be given to acoustics. These tend to be worse in modern buildings with hard surfaces.
  - BSL interpretation should be available for emergencies. A 24/7 BSL interpreter on hand would

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<sup>§§§</sup> Available at <http://bit.ly/piBMRF>

be very useful. The Trust state that this will be added to their four year Equality Action Plan.

- Ward entry should use video intercoms so deaf people can be seen.
- Several interviewees suggested a clear identification system for deaf people so staff know they are deaf.
- Braille signs and buttons you can press to get info.
- Resting places in the corridors for when people get tired walking around.
- Adequate lifts that are properly maintained must be provided.
- Clear contrasts in colours so furniture stands out. Stairs and door frames must be clearly marked and contrasted.
- Shiny flooring should not be used as it causes problems for people with visual impairments.
- Patients with visual impairments must be told when drinks and meals are brought and assisted if necessary.
- Accessible toilets must be provided in adequate numbers for patients and visitors.

#### Other issues

- Disability community groups and organisations interviewed requested more in-person updates on the 3Ts development. At the same time, and with no contradiction, several interviewees said they had been impressed with the Trust's efforts to engage different sectors of the community in the proposals.
- Getting things right for disabled people will create improvements for all patients, for example accessibility and signage.

#### Gender reassignment

Issues related to provision of services and design of the new buildings

- The design of buildings:

- A primary issue for trans people is the fact that space is gendered. This influences the way that services themselves are delivered and is of great importance for trans people. \*\*\*\*
- Interviewees stated that examination rooms in sexual health clinics are often gender specific: they may be arranged differently for men and women, with different size spaces for beds and different examination equipment. Trans people may need different facilities than those provided in a gender specific examination room. New spaces should therefore be flexible and able to meet the needs of trans people. cope with non-gender specific.
- Interviewees requested, for example, gender neutral toilets. The Trust state that they do envisage gender neutral toilets (as the accessible toilets are currently). These will have male and female symbols on them. The Trust expect that the disabled toilets could be made available for trans people in this way. The Trust may wish to explore this option with trans people: the issue of imagery is raised above (see page 118): trans

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\*\*\*\* A national survey of transgender and transsexual people's experiences found that 30% or more of trans people experienced difficulties in health care (8). This is a very high figure. The report focuses mainly on trans people's general experiences in primary care and in accessing care for gender dysphoria, however, some of the interviewees also describe how hospital design, and staff attitudes, could make hospital care very uncomfortable:

*I was put in a side room on the Woman's Surgical Ward. I was told that before I had even arrived on the ward the word had gone out that a man was being put on the ward. My stay was made a living hell by one Staff nurse which all the other seemed to follow.* (Male-to-female trans woman describing her experience of non trans-related hospital treatment) (Health Stories B81) (8: p42).

Please note this quotation is included to illustrate the challenges that trans people face. It also illustrates the importance of training hospital staff about providing care to trans people and raising awareness of the way that the care environment is itself gendered. It is from a 2007 national survey and the comments were not made in regard to the 3Ts.

people may feel that it is not appropriate for them to be directed towards the disabled toilets.

- Accessible and appropriate services [The Trust state that the following points will be added to their four year Equality Action Plan]:
  - Staff need to be trained to address people in the gender they are presenting in.
  - The Trust currently provides training for staff in awareness around these issues, including recognising a gender re-assignment certificate and actioning this properly. It is important that this training is refreshed regularly and that agency staff also receive training in these issues.

## Pregnancy and maternity

Issues related to the provision of services and design of the new buildings

- Getting to and from the hospital:
  - There should be sufficient drop off spaces.
- The design of buildings:
  - Quiet rooms should be provided for nursing parents who are visiting the hospital. The signage of these facilities needs to recognise that nursing parents are not always mothers.
  - There must be adequate lifts and big enough for push chairs.

## Race

Issues related to the decant

- Carers need to be kept fully informed about changes in the location of services.
- Elderly patients, who are moved during their length of stay, are likely to become distressed by a move in inpatient accommodation.

- There must be no mixed wards, even on a temporary basis.
- The Trust must keep organisations of and for BME communities informed of the changes so that they can inform their users.
- Signposting will be crucial at this stage and must take account of different language needs.
- Letters to patients must include good directions to the temporary buildings, and it must be clear on letters to regular attendees to outpatients that facilities have moved. The Trust state that this will be added to their four year Equality Action Plan.

17.7 There were no specific issues related to the demolition and construction identified for BME groups.

#### Issues related to the provision of services and design of the new buildings

- Improved way finding around the site:
  - Information and signposting should be clearer than it is now. This is an opportunity to review signposting for the whole site. Symbols on the signs should be used wherever possible and lay terms like 'cancer' rather than 'oncology'.
- The design of buildings:
  - There must be no mixed wards, even on a temporary basis.
- Accessible and appropriate services [The Trusts state that the four items below will be added to the Equality Action Plans]:
  - Interpreting services need to be available where needed and at short notice for unscheduled visits.
  - The dietary needs of BME patients must be met. The availability of particular foods must be properly communicated to patients by ward staff.

- Appointment letters must explain how to get to the hospital and translation for letters should be offered.
- The Trust should facilitate the provision of advocacy for BME elders to articulate and express their needs.

#### Other issues

- The main point of contact for Travellers is the A&E Department (and Urgent Care Centre) so it is important that this is traveller-friendly. The Trust state that this will be added to their four year Equality Action Plan.
- The Trust needs to encourage Travellers to register with a GP otherwise their advice on stopping smoking, reducing risk of heart disease will not be taken up. For example, the Princess Royal Hospital has a worker who will recommend Travellers to register with a GP and help them to register. The Trust state that due to resistance from GPs within the City it is expected that A&E will be used for a considerable time.
- Travellers have reported negative experiences of stereotyping. One example given by an interviewee was where A&E would not treat one man because he appeared to them to be drunk and referred him back to his GP, but in fact he had a condition that made him appear drunk and the GP had originally referred him to A&E. The Trust state that guidance concerning the avoidance of stereotyping will be added to their four year Equality Action Plan.

“It’s important for BME organisations to be informed clearly about any changes so they in turn can inform their users.”

- An EqIA interviewee gave positive feedback on earlier presentations on the development given by the 3Ts team to a BME organisation and requested this type of engagement continue.
- Another interviewee said people were sick of consultation because nothing ever happened as a result.

## Religion or belief

### Provision of services and design of the new buildings

- Getting to and from the hospital:
  - One EqIA interviewee felt that faith leaders visiting the hospital in an official capacity should have special parking provision because they visit very frequently and sometimes at short notice. Other interviewees felt this was not needed and would be difficult to implement.
- The design of buildings:
  - All inpatient rooms should have a discrete symbol showing where East is for Muslim patients.
  - Patients and relatives in hospital have a lot of time for reflection so a space for quiet reflection is very important.
  - There must be images that relate to all the major religions in the hospital and around the spiritual space, the Sanctuary. One idea with to have welcome in languages used by the major faiths, for example Shalom in Hebrew letters.
  - Several interviewees felt the Sanctuary must not be bland and must include points of reference for the major religions, while no one faith should dominate.
  - The sacred space should provide a bridge into the wider community as hospital is very dislocating.
  - Because the Sanctuary is planned for the 6<sup>th</sup> level at one end, it will be important that it is signed throughout the hospital. In addition to signage, staff need to tell people about the space.
  - Interview rooms are needed so patients can talk privately.
  - Private rooms for dying patients so relatives can have vigils.

“I’m very much looking forward to redevelopment. It’s a wonderful opportunity.”

- Improved way finding around the site:
  - There needs to be good signage for the Sanctuary. All the signs need to be clear it is a place for spiritual reflection as people might not know what is meant by sanctuary. Signs must make it clear that it is multi-faith, not a chapel.
- Accessible and appropriate services:
  - Patients want to have their religious identity reflected in the hospital. It would be good to have images celebrating different festivals of the major religions, for example Passover. Faith leaders interviewed as part of the EqIA offered to help with this.
  - Currently faith is asked on admission. If the patient cannot answer this should be followed up with a relative later. The Trust state that this will be added to their four year Equality Action Plan.
  - Some relatives need to have a vigil at the bedside of a dying person for religious reasons. This needs to be accommodated wherever possible. The Trust state that this will be added to their four year Equality Action Plan.
  - It is very important that staff know and respect practices around death. These are different for different denominations of religions. For example, Progressive and Orthodox Jewish practices are different. The Trust state that this will be added to their four year Equality Action Plan.
  - Ward staff need to tell patients about the availability of kosher and halal foods and that the lid is not removed by staff. The Trust state that this will be added to their four year Equality Action Plan.
  - It is important that staff awareness training and information material makes it clear that faiths are not monolithic. There are different denominations in most faiths and these have different practices. At the moment faiths tend to get grouped together. The

Trust state that this will be added to their four year Equality Action Plan.

## Sex

Issues relating to the provision of services and design of the new buildings

- Getting to and from the hospital:
  - One interviewee raised the difficulty women who live outside the city have in travelling to Brighton for breast screening. This can take a long time by public transport, depending on where one lives and may impact on the take-up of this service. A decentralised service would be much easier for many women outside the city to access.
- Accessible and appropriate services:
  - Women with young children sometimes have to bring them to hospital appointments because they do not have any access to childcare. This may be inappropriate, for example for chemotherapy treatments, which can take a whole day. The provision of a crèche for children of patients would help. The Trust state that specialist advice concerning financial and practical support from Macmillian and other organisations can be considered. The Trust also state that this will be added to their four year Equality Action Plan. [NB this point is noted on page 60.]

## Other issues

17.8 The Brighton Women's Centre and other women's organisations in the areas need to be included in consultations on health from an equalities perspective. In engagement activities women are often not considered as an equality group in their own right. The Trust state that this will be added to their four year Equality Action Plan.

## Sexual orientation

### Provision of services and design of the new buildings

- Getting to and from the hospital:
  - There is evidence that some LGBT communities tend to have a higher proportion of people in a lower income bracket and that issues such as paying for parking and transport may have a disproportionate impact on them.
- The design of buildings:
  - All consultations should be private with no possibility that others can overhear a conversation. Pulling a curtain around a bed is not private and people may want to talk in private. The Trust state that this will be added to their four year Equality Action Plan. [See also observations concerning the design of the hospital and implications for trans people on page 121.]
- Improved way finding around the site:
  - Interviewees requested signage that uses language and symbols that are LGBT friendly. No examples were given but the Trust may wish to follow this up with LGBT groups.
- Accessible and appropriate services [the Trust state that the three points below will be added to the Equality Action Plans]:
  - Staff awareness training must cover different family make up so they are aware that not all partners will be heterosexual and that 'families' may include LGTB people with children. This training needs to be refreshed regularly and agency staff also need to receive training.
  - Information targeting LGTB communities should be clearly displayed and not at the back of other material or 'on the top shelf'.

- If there are images of people in the new buildings they should include LGTB people including same sex couples with children.

#### Other issues

- LGBT groups want to be informed about any changes in services so they can disseminate information to the LGBT communities through their networks.

## Social inclusion key groups

### Homeless people

17.9 In Brighton and Hove in 2009/10 there were 368 households that were accepted as homeless. The number of rough sleepers in the city has fallen from 66 in 2001 to 12 in 2007. according to official statistics. However, several people interviewed as part of the EqIA said there was hidden rough sleeping and that because of the location of the RSCH close to the city centre, there were likely to rough sleepers in close proximity to the hospital.

17.10 Rough sleepers and homeless people often have difficulty accessing primary care services. Without proper access to primary care they cannot use the normal referral pathways to secondary and tertiary care. This means they often rely on using the A&E department. They do not have access to prevention services and they are often in much poorer health by the time they access healthcare services. This lack of access to primary care contributes to significantly poorer health outcomes for homeless people.

17.11 Several respondents to the EqIA explained that community organisations in the city work with homeless people and rough sleepers. Working closely with these organisations could assist the Trust in improving access to health services for homeless people.

## Unemployed people

17.12 Unemployed people are likely to have low incomes and many experience poverty. Therefore, the costs of with travelling to and from the hospital paying for parking and transport will have a disproportionate impact on them and may prevent them reaching the hospital to access services. Unemployed people travelling from outside the city and those who need to come for regular appointments or treatment will be particularly affected.

17.13 No other specific issues for unemployed people were identified relating to the proposals for the 3Ts development.

## People employed on a part-time, temporary or casual basis

17.14 People are employed on a part-time, temporary or casual basis are likely to have low incomes. Therefore, the costs of travelling to and from the hospital, for example paying for parking and transport, will have a disproportionate impact and may prevent them reaching the hospital to access services. Those travelling from outside the city and those who need to come for regular appointments or treatment will be particularly affected. One interviewee reported that there may be a fund for reclaiming travelling expenses but there was no clarity about the details. In addition, people employed on a part-time, temporary or casual basis are less likely to be able to take paid time off for hospital treatment. Their working conditions may impact on their access to hospital services.

17.15 No other specific issues for were identified for people who are employed on a part-time, temporary or casual basis relating to the proposals for the 3Ts development.

## Lone parents

17.16 People are employed on a part-time, temporary or casual basis are likely to have low incomes. Therefore, the costs of

with travelling to and from the hospital paying for parking and transport will have a disproportionate impact and may prevent them reaching the hospital to access services. Those travelling from outside the city and those who need to come for regular appointments or treatment will be particularly affected. In addition, people employed on a part-time, temporary or casual basis are more likely to be employed in the informal sector with no entitlement to time off for hospital treatment. Their working conditions may impact on their access to hospital services.

17.17 Lone parents may have difficulty in finding childcare for healthcare appointments and treatment and this may impact on their ability to access services. The Trust state that this will be added to their four year Equality Action Plan.

17.18 No other specific issues for were identified for lone parents relating to the proposals for the 3Ts development.

## People with caring responsibilities

### Issues related to the decant

17.19 It will be very important to include carers support organisations in information about services changing locations so they can help publicise this.

17.20 There were no specific issues related to the demolition and construction.

### Provision of services and design of the new buildings

- Getting to and from the hospital:
  - It is important to provide sufficient drop off points and a safe, supervised waiting area to leave people.
  - Some clinics have large catchment areas where people are travelling from outside the city sufficient parking spaces should be kept for these.
- The design of buildings:

- More private rooms and provision for carers to stay with relatives.

## People with mental health needs

17.21 Mental health service provision is not specifically included in the proposals for the 3Ts development, other than as part of the Major Trauma Centre development. However, people with mental health needs often have difficulty accessing primary care. This means they often present for diagnosis and treatment later and through A&E. In order for people with mental health needs to access the services included in the 3Ts development, they need to be supported to access primary care services.

17.22 No other specific issues were identified for people with mental health problems relating to the proposals for the 3Ts development. The Trust notes that people with underlying Mental Health needs who will be accessing acute services, they are covered by the Equality Act 2010 and their needs, both physically and mentally, will need to be addressed within the 3Ts project.

## People with substance misuse issues

17.23 Drug and alcohol treatment services are not included in the proposals for the 3Ts development. However, people who have previously injected drugs are more at risk of some infectious diseases. Diagnosis and treatment facilities for infectious diseases will be expanded and improved under the proposals.

17.24 People with substance misuse issues often have difficulty accessing primary care. This means they often present for diagnosis and treatment later and through A&E. In order for people with substance misuse issues to access the services included in the 3Ts development, they need to be supported to access primary care services.

17.25 No other specific issues for were identified for people with substance misuse issues relating to the proposals for the 3Ts development.

## People with HIV

### An overview

17.26 In 2009 Brighton and Hove had the eighth highest HIV prevalence rate in England at 7.57 per 1,000 population aged 15-59 years (1,273 people), compared with 1.70 in England. Locally this was an increase from 7.16 per 100,000 in 2008 (1,216 people).

17.27 In 2008, in 83% of cases in the city the probable route of transmission was sex between men. The increase in infections that were acquired though heterosexual sex between 2006 and 2007 was twice the increase than were acquired through sex between men but for the period 2004-2008 the rate of increase was similar (15).

17.28 HIV services are currently very stretched. Inpatients with HIV (whose principal reason for admission is their HIV) are currently cared for in accommodation in the Jubilee building that is over 120 years old. The 3Ts Programme will provide modern, appropriate, purpose-built inpatient facilities in 100% single rooms, all with en suite toilet and bathroom facilities.

17.29 Under the 3Ts Programme the Clinical Infection Service will centralise clinical expertise in the management of patients with clinical infection. This will create an environment in which medically highly complex patients with HIV and other clinical infections, for example patients with HIV and TB co-infection, can be managed by different specialties in a single unit under common clinical protocols.

### Provision of services and design of the new buildings

- Getting to and from the hospital

- The design of buildings
- Improved way finding around the site
- Accessible and appropriate services

#### Refugees & asylum seekers

17.30 There is little information available about the numbers of refugees and asylum seekers in the population served by the hospital. In addition to the issues that are discussed under race, refugees and asylum seekers may have difficulty accessing primary care which will restrict their access to the services included in the 3Ts development. Refugees and asylum seekers may also not access services because they are unaware them, are worried they will be charged or are concerned that this will bring them to the attention of the authorities.

#### Ex-offenders and people with unrelated convictions

17.31 There were no specific issues identified for this group relating to the proposals for the 3Ts development.

#### People experiencing domestic violence.

17.32 Domestic violence occurs across all communities. It affects men as well as women and takes place in lesbian and gay relationships as well as heterosexual relationships. However, most perpetrators are male and most victims are female. People experiencing domestic violence often receive treatment in treated in A&E. A&E services are not included in the proposals for the 3Ts development.

#### Other issues

The Trust state that the four points below will be added to the Equality Action Plans:

- Domestic violence is not always picked up quickly enough by A&E staff. People coming into A&E may present with physical injuries and with mental health issues or substance misuse, but domestic violence might be the underlying

issue. There needs to be more and better training of A&E staff in domestic violence.

- People experiencing domestic violence may come to hospital with their partners. They need to have safe places and privacy in which to discuss the cause of their injuries.
- Staff need to be careful to update the address and not to send appointment letters to the former address where the perpetrator may be living.
- There needs to be a better coordination of services including A&E, the police, GPs and voluntary organisations. There needs to be a more robust referral pathway and support systems. For example, women experiencing domestic violence may not even come into hospital in the first place for fear that their children will be taken into care.

## Brighton and Sussex University Hospitals NHS Trust staff with particular working patterns

### Issues relating to the decant

- The temporary building (for Nuclear Medicine and Imaging) will block out the natural light in the Barry building.
- External signage will be very important.
- Every member of staff needs to know about the decant arrangements, both for themselves and to ensure they give the correct information to the public.

### Issues demolition and construction

- There needs to be a clearly signposted, safe and accessible route through the hospital at all times.

### Issues provision of services and design of the new buildings

- Getting to and from the hospital:
  - Charges for staff parking needs to be more steeply graduated according to salary.
  - Parking could be provided for staff at Brighton General Hospital and a shuttle bus provided.

- The design of buildings:
  - Privacy for patients.
  - More bathrooms and toilets for patients.
  - A design that feels like a clean, modern hospital.
  - More clinical storage.
  - Staff need an environment that is nice to work in so plenty of natural daylight.
  - Communal areas in wards are important so patients can move away from their beds.
  - Adequate toilets are needed for visitors.
- Improved way finding around the site:
  - There needs to be a consistent system of signage that meets needs of walkers, wheelchair users, people with sensory impairments.
  - This is important to ensure people do not turn up for appointments harassed.

#### Other issues

17.33 A staff member raised the issue that more needed to be done by the Trust management about institutional racism. The staff member was concerned that although some action had recently been taken to address this, there was now a backlash from white staff members.

17.34 A LGBT member of staff reported LGBT related bullying and harassment. A new Respect Campaign is being launched in August 2011 which will also address the issues of bullying and harassment. This will lead into the main Anti Bullying and Harassment national campaign that takes place in November of each year. This is an ongoing programme supported by Equality, Diversity and Human Rights, and Human Resources. There will be two large campaigns every year, with smaller events throughout the Trust calendar for the remaining months of each year. The Trust has an LGBT Forum for staff which is working with the Trust management to ensure all staff feel safe and included at work.

17.35 Action to eliminate unlawful discrimination, advance equality or opportunity and foster good relations is a requirement of the Equality Act 2010. This includes staff as well as service users.

## 18 Appendix 18: Population profile

Table 16: Population estimates for equality groups

Population Group	Indicator	B&H		South East		England	
		No.	%	No.	%	No.	%
Disabled people	Disability Living Allowance Claimants	13,200	5.2	303,370	3.6	2,537,590	4.9
Chronically ill people	Limiting long-term illness	44,925	18.0	1,237,399	15.4	8,809,194	17.8
People with mental health conditions	Adults accessing NHS specialist mental health services	10,575	4.1	163,893	1.9	1,182,233	2.3
Older people	All Persons Aged 65+	35,900	14.0	1,433,600	17.0	8,434,400	16.3
	All Persons Aged 85+	6,500	2.5	213,700	2.5	1,162,800	2.2
Children and young people	All Persons Aged Under 15	38,700	15.1	1,489,700	17.7	9,075,800	17.5
People with low incomes/	All People of Working Age Claiming a Key Benefit	37,530	15.0	829,550	10.0	7,154,868	14.0

Population Group	Indicator	B&H		South East		England	
		No.	%	No.	%	No.	%
unemployed people	Jobseeker's Allowance Claimants	7,506	3	82,955	1	10,22,124	2
LGB (Lesbian, gay and bisexual people) <sup>****</sup>	LGB population	40,000	15.6	-	-	777,146	1.5
Black and Ethnic minority	White	233,582	94.3	7,608,989	95.1	44,679,361	90.9
	White: British	218,134	88.0	7,304,678	91.3	42,747,136	87.0
	White: Irish	3,965	1.6	82,405	1.0	624,115	1.3
	White: Other White	11,483	4.6	221,906	2.8	1,308,110	2.7
	Mixed	4,799	1.9	85,779	1.1	643,373	1.3
	Mixed: White and Black Caribbean	834	0.3	23,742	0.3	231,424	0.5
	Mixed: White and Black African	961	0.4	9,493	0.1	76,498	0.2
	Mixed: White and Asian	1,582	0.6	29,977	0.4	184,014	0.4
	Mixed: Other Mixed	1,422	0.6	22,567	0.3	151,437	0.3
	Asian or Asian British	4,539	1.8	186,615	2.3	2,248,289	4.6
	Asian or Asian British: Indian	2,106	0.8	89,219	1.1	1,028,546	2.1
	Asian or Asian British: Pakistani	540	0.2	58,520	0.7	706,539	1.4
	Asian or Asian British: Bangladeshi	975	0.4	15,358	0.2	275,394	0.6
	Asian or Asian British: Other Asian	918	0.4	23,518	0.3	237,810	0.5
	Black or Black British	1,992	0.8	56,914	0.7	1,132,508	2.3
	Black or Black British: Caribbean	468	0.2	27,452	0.3	561,246	1.1
	Black or Black British: African	1,380	0.6	24,582	0.3	475,938	1.0
	Black or Black British: Other Black	144	0.1	4,880	0.1	95,324	0.2
Chinese or Other Ethnic Group	2,905	1.2	62,348	0.8	435,300	0.9	

<sup>\*\*\*\*</sup> There is no population level information on people who are transgender .

Population Group	Indicator	B&H		South East		England	
		No.	%	No.	%	No.	%
	Chinese or Other Ethnic Group: Chinese	1,305	0.5	33,089	0.4	220,681	0.4
Non-English speaking	Number of adults who do not speak English as their first language.	7,130	4.4	202,915	4.1	2,358,060	7.6
Non-literate	Number of adults classified as having lower level literacy skills, i.e. Entry level 3 or below.	9,810	5	605,485	11	5,021,930	16
English not first language and Entry level literacy skills.	Number of adults for whom English is not their first language (ENFL) and who have Entry Level literacy skills (EL).	2,920	1.8	83,180	1.7	966,615	3.1
People within the criminal justice system	Prison population	-	-	14,000	0.2	85,201	0.2
People likely to spend extended periods of the working day in their home	Combined: <ul style="list-style-type: none"> <li>• Unemployed</li> <li>• Retired</li> <li>• Students (economically inactive)</li> <li>• Look after home/family</li> <li>• Permanently sick/disabled</li> </ul>	61,241	24.5	1,723,422	21.5	11,862,144	24.0

Table 17: Population information on additional equality and social inclusion key groups

<b>Group description</b>	<b>Information identified</b>
Learning disability	Based on national prevalence there are around 5,000 people aged 18 or over who have a learning disability in Brighton and Hove with nearly one fifth having a severe learning disability (15).
Religion	Figures from the 2001 census show the following religions in Brighton and Hove (22): <ul style="list-style-type: none"> <li>• 27% no religion</li> <li>• 59% Christian (lower than the national and regional averages which are over 70%)</li> <li>• 1.5% Muslim (lower than the national average).</li> <li>• 1.4 % Jewish (higher than both regional &amp; national averages)</li> <li>• 0.7% Buddhists (higher than the national average)</li> <li>• 0.5% Hindu</li> <li>• 0.1% Sikh populations</li> </ul>
Transgender	No data identified.
Marriage and civil partnership	No data identified.
Pregnancy and maternity	There were 3,274 births in Brighton and Hove in 2009. The general fertility rate in the city is 52.5 live births per 1,000 women aged 15-44. This is lower than the regional and national averages (15).
People employed on a part-time, temporary or casual basis	No data identified.
Lone parents	There were 2,770 people claiming lone parent benefit in Brighton and Hove in 2010. 96% of these were women. This is 1.5% of the population aged 16-64 compared with 1.3% for the South East and 1.7% for Great Britain (15).
People with caring responsibilities	According to the 2001 census 22,000 people in Brighton and Hove provided some kind of informal care which is 9% of the population.

<b>Group description</b>	<b>Information identified</b>
Homeless people	The number of homelessness acceptances for Brighton and Hove in 2009/10 was 3.1 per thousand households (368 households) compared with 1.1 in the South East and 1.9 in England. Over the past six years, the number of people rough sleeping in the city has fallen from 6 in 2001 to 12 in 2007 (15).
People with substance misuse issues	In 2008/09 Brighton and Hove had the 3 <sup>rd</sup> highest rate of problematic drug users in the South East with 1.17% of the population or 2,109 individuals (15).
People with HIV	In 2009 Brighton and Hove had the 8 <sup>th</sup> highest HIV prevalence rate in England with 7.57 per 1,000 population aged 15 to 59. This equates to 1,273 people (15).
Refugees & asylum seekers	There is no Border Agency designated accommodation in Brighton and Hove so there are no asylum seekers in the city who have been placed here by the government. There are, however, small numbers of asylum seekers in the city who have ended up here for other reasons (22). There are no reliable data on the numbers of refugees and asylum-seekers living in the South East.
Ex-offenders and people with unrelated convictions	No data identified.
People experiencing domestic violence	There were 3,563 incidents of domestic violence crimes reported to the police in 2009/10 in Brighton and Hove. However, there is likely to be significantly under-reporting in this. Using national data it is estimated between 5,389 and 10,984 women experience domestic violence in the city each year (15)

Table 18: Estimates for population groups using, working at, or living close to the RSCH site

<b>Population Group</b>	<b>Baseline 2009</b>	<b>Projected 2018</b>
Total number of in-patient admissions at the RSCH site.	<b>88,900</b> in-patient admissions annual total.	<b>100,400</b> patient admissions annual total.
	230 in-patient admissions per day.	280 in-patient admissions per day.
	Total of 671 beds at RSCH site. This is also the maximum number of in-patients on site at any given time.	769 beds. This is also the maximum number of in-patients on site at any given time.
Total number of outpatient attendances at the RSCH site (number of individuals).	<b>313,800</b> outpatient attendances annual total (number of individuals).	<b>361,300</b> outpatient attendances annual total (number of individuals).
	1,260 outpatient appointments per weekday.	1,450 outpatient appointments per weekday.
Total number of outpatient attendances at the RSCH site (including follow-up appointments).	<b>627,600</b> outpatient attendances annual total (including follow-up appointments).	<b>722,700</b> outpatient attendances annual total (including follow-up appointments). <sup>****</sup>
	2,500 outpatient appointments per weekday (including follow-up appointments).	2,890 outpatient appointments per weekday (including follow-up appointments).
Total number of hospital service users from B&H using the RSCH site.	<b>264,300</b> in-patient admissions and outpatient attendances annual total from B&H. Equals approximately 65.7% of RSCH site service	<b>311,900</b> in-patient admissions and outpatient attendances annual total from B&H.

<sup>\*\*\*\*</sup> This figure does not take into account NHS B&H plans to relocate 90,000 outpatient attendances from the RSCH to community settings. This population projection is therefore likely to be an overestimate.

<b>Population Group</b>	<b>Baseline 2009</b>	<b>Projected 2018</b>
	users being from within B&H. 1,060 total average in-patient admissions and outpatient attendances per weekday from B&H.	1,250 total average in-patient admissions and outpatient attendances per weekday from B&H.
Total number of hospital service users from Sussex using the RSCH site.	<b>397,500</b> in-patient admissions and outpatient attendances annual total from Sussex (including B&H). Equals approximately 98.8% of RSCH site service users being from within Sussex including B&H.	<b>469,100</b> in-patient admissions and outpatient attendances annual total from Sussex (including B&H).
	1,590 total average in-patient admissions and outpatient attendances per weekday from Sussex (including B&H).	1,880 total average in-patient admissions and outpatient attendances per weekday from Sussex (including B&H).
	133,200 in-patient admissions and outpatient attendances annual total from Sussex (excluding B&H). (I.e. those travelling into B&H from Sussex). Equals approximately 33.1% of RSCH site service users coming into B&H from Sussex.	157,200 in-patient admissions and outpatient attendances annual total from Sussex (excluding B&H). (I.e. those travelling into B&H from Sussex).
	530 total average in-patient admissions and outpatient attendances per weekday from Sussex (excluding B&H).	630 total average in-patient admissions and outpatient attendances per weekday from Sussex (excluding B&H).
Total number of hospital service users from the South East using the	<b>402,400</b> in-patient admissions and outpatient attendances annual total from the South East (including Sussex and B&H).	<b>474,800</b> in-patient admissions and outpatient attendances annual total from the South East (including Sussex and B&H).

<b>Population Group</b>	<b>Baseline 2009</b>	<b>Projected 2018</b>
RSCH site	Equals approximately 100% of RSCH site service users.	
	1,600 total average in-patient admissions and outpatient attendances per weekday from the South East (including Sussex and B&H).	1,900 total average in-patient admissions and outpatient attendances per weekday from the South East (including Sussex and B&H).
	138,100 in-patient admissions and outpatient attendances annual total from Sussex and the South East (excluding B&H) (i.e. those travelling into B&H from Sussex and the South East). Equals approximately 34.3% of RSCH site service users coming into B&H from Sussex and the South East.	162,900 in-patient admissions and outpatient attendances annual total from the South East (excluding B&H).
	550 total average in-patient admissions and outpatient attendances per weekday from Sussex and the South East (excluding B&H).	650 total average in-patient admissions and outpatient attendances per weekday from Sussex and the South East (excluding B&H).
	4,880 in-patient admissions and outpatient attendances annual total from the wider South East (excluding Sussex and B&H). Equals approximately 1.2% of RSCH site service users coming into B&H from the wider South East (excluding Sussex).	5,760 in-patient admissions and outpatient attendances annual total from the wider South East (excluding Sussex and B&H).
	20 total average in-patient admissions and outpatient attendances per weekday from the wider South East (excluding Sussex and	23 total average in-patient admissions and outpatient attendances per weekday from the wider South East (excluding Sussex and B&H).

<b>Population Group</b>	<b>Baseline 2009</b>	<b>Projected 2018</b>
	B&H).	
Total number of visitors using the RSCH site	<b>734,700</b> annual total visitors to the RSCH site.	<b>843,200</b> annual total visitors to the RSCH site.
	2,010 average visitors per day to the RSCH site.	2,310 average visitors per day to the RSCH site.
	670 average visitors at any one time to the RSCH site.	770 average visitors at any one time to the RSCH site.
Total number of residents in B&H	<b>256,600</b> residents in B&H.	<b>267,700</b> residents in B&H.
Total number of residents in close proximity to the RSCH site	<b>9,600</b> approximate number of people (adults and children) within a quarter of a mile radius of the RSCH site.	<b>10,150</b> approximate number of people (adults and children) within a quarter of a mile radius of the RSCH site.

From BCA (6)

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