



Annual Equality Report 2016

January 2017

Equality, Diversity and Human Rights Team

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Introduction

Brighton and Sussex University Hospitals NHS Trust recognises that its workforce and patients are core to achieving its business and social responsibilities. The aim of this report is to help demonstrate progress in delivering the best possible inclusive healthcare services, and a workforce which is valued and reflective of the communities that the Trust serves.

As one of the largest employers in the area and a major public sector service provider, the Trust is duty bound by legislation to ensure everyone receives a fair and equitable service. The Equality Act 2010 specifically states that people should not be treated unfavourably because of:

- their age
- any disabilities they may have
- their gender
- their gender identity
- being in a marriage or civil partnership
- they are pregnant or recently had a baby
- their race
- their religion or belief system
- their sexual orientation

These nine items are known as the protected characteristics.

The contents of this report will help to demonstrate how compliant the Trust is with a number of national, legislative and regulatory drivers that include:

- BSUH Equality Goals and Objectives – a requirement set by the Equality Act 2010, Public Sector Equality Duty)
- Care Quality Commission – The Fundamental Standards (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014)
- Equality Act 2010 – including the Public Sector Equality Duties
- Equality and Human Rights Commission – Codes of Practice
- Human Rights Act 1998
- NHS Constitution

Brighton and Sussex University Hospitals NHS Trust is an acute hospital based across two main sites: the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath. The Brighton campus includes the Royal Alexandra Children's Hospital and the Sussex Eye Hospital. The Haywards Heath campus includes Hurstwood Park Regional Centre for Neurosciences and the Sussex Orthopaedic Centre. The Trust also provides services in: Brighton General Hospital, Lewes Victoria Hospital, Bexhill Renal Satellite Unit, Hove Polyclinic, Park Centre Breast Care and Worthing Hospital.

This report provides a summary of activity and a snapshot of demographical data covering 1st April 2015 to 31st March 2016. During 2015/16 the Trust has had to plan ahead to meet the challenges of operating in a less financially secure environment. However, as a public sector organisation extra care is taken to monitor any decision which could unfairly affect any particular protected characteristic of staff, carers, volunteers, patients and their families.

Who benefits from this report?

Those with an interest in our services

Collecting and analysing data allows the Trust to see if it is meeting both corporate and equality objectives. The data helps demonstrate if services are being delivered in a safe, effective and of high quality. The data can also highlight areas where the Trust needs to improve and opens the door to inclusive engagement with relevant stakeholders.

This report can also be used by those who interact with our services, local charities and commissioners to review any barriers to access or outcomes. Publishing this report is an important part of demonstrating transparency, acts as an enabler to communicate how we are tackling inequity and acts as a lever to improve quality.

Those who work within the Trust

Attracting, developing and retaining a diverse and reflective workforce is essential to delivering responsive and inclusive services. Having such a workforce encourages the Trust to develop and deliver services that understand the complex needs of the diverse communities it serves. National research suggests that the degree to which organisational demography is representative of community demography drives positive effects in terms of patient experience. (Why Organisational and Community Diversity Matter: Representativeness and the Emergence of Inclusivity and Organisational Performance, King et al., 2011).

What is the Trust doing to further the equality agenda?

The Trust undertakes a wide range of work and projects to support the equality agenda to benefit patients and the workforce. Below is a summary of some of the key items that occurred during 2015/16.

3T's (Teaching, Trauma and Tertiary Care) - hospital redevelopment programme

The Trust is undergoing a massive redevelopment programme to improve the facilities, environment and accessibility for its patients and workforce at the Brighton site. The programme will see 45% of the buildings at the front of the site replaced with two new state of the art hospital buildings. Completion of the redevelopment will be in 2024. For more information about the programme please see the Trust's website or contact the 3T's team on 01273 523375.

Information to support the workforce and patients

The Equality, Diversity and Human Rights team has produced or made available a wide range of information to assist staff and patients. Examples of such information can be found on the Trust's website or by contacting the team on 01273 696955 ext. 64685.

Due Regard Assessments

This is a process where policies and practices (and anything else that would affect our workforce, patients or service delivery) are reviewed. The review makes sure they will not unfairly impact on groups protected by the Equality Act 2010. The assessments also ensure any opportunity to promote equality is taken. During 2015/16 the Equality, Diversity and Human Rights team supported 38 such assessments.

NHS Accessible Information Standard

The standard was launched in July 2016, however in the lead up, the Equality, Diversity and Human Rights team provided information and support to the workforce to ensure they can consistently meet the standard. The standard was introduced to ensure patients who have additional communication needs (which have been caused by a disability) are consistently met by NHS Trusts. For more information about the standard please visit: <https://www.england.nhs.uk/ourwork/accessibleinfo/> .

The workforce has access to a range of interpretation and translation services, hospital communication books and a Learning Disabilities Liaison Team. The Equality, Diversity and Human Rights team have also provided support by: providing Sonido Personal Listening Devices to a number of wards and departments, providing hospital communication books (this provides a pictorial way of communicating) to

wards and departments, and purchasing the 'Browsealoud' system which has helped to improve accessibility of the Trust's website.

Service Improvements

The Equality, Diversity and Human Rights team are working with the Outpatient Booking Centre. The aim is to identify ways of making the service more accessible to the widest range of patients.

The team are also providing advice for the review of the usage of the main outpatient building based in the Brighton site. This building falls outside of the hospital redevelopment programme and the review is looking into the overall usage and accessibility of the building.

The team are also assisting the Clinical Director of Facilities and Estates to redesign the signage and way finding at the Brighton Site. Careful thought has been given to disability accessibility including physical way finding and the appearance of the signage. The signage has been designed to meet the widest range of accessible needs.

Training

The Equality, Diversity and Human Rights team has facilitated a number of general and specialised training sessions. This helps ensure the workforce to be aware of their responsibilities under equality legislation and to be able to meet a wide range of needs. General equality awareness training can be completed either by face-to-face, workbook or e-learning. This approach makes sure a wide range of learning styles and working patterns can be accommodated.

Nurses and Healthcare Assistants have been offered targeted training on issues relating to gender identity.

Human Resources have received general equality awareness, age specific, disability specific and gender identity specific training.

The Audiology department run regular deafness and hearing impairment awareness workshops. The workshops provide staff a further insight into the issues faced by these communities. The workshop also looks at methods of communication.

Brighton and Sussex University Hospitals NHS Trust Equality Objectives

The Equality Act 2010 places specific duties on public sector organisations. Part of the specific duties is to set some measurable objectives and goals which demonstrates how the organisation is meeting needs or taking steps to improve equality.

The Trust's first set of objectives and goals which were live between 2012 to 2016. Below is a summary of the objectives and relevant actions.

Objectives	Actions
1) Wards/Departments to improve patient monitoring data declarations. Status: completed.	<ul style="list-style-type: none"> • Patients are routinely asked for information relating to their protected characteristics as a standard process. • Patients are also asked to review monitoring information that is held about them for accuracy periodically.
1a) Wider distribution of "What's it got to do with you?" booklet in patient areas. Status: completed.	These booklets have been sent out to all areas where patients attend.
2) The Central Information Unit to ensure data collection covers as many of the protected characteristics of patients as practicable. Status: completed.	The Central Information Unit is currently able to report on age, race, religion or belief and sex. The patient administration system limits collection of monitoring information, until a new system is purchased the Trust is limited to what information it can report on.
2a) Any KPI/Dashboard reports should be changed to include as many protected characteristics as possible Status: completed	The Board Assurance Framework has been amended to include equality issues.
2b) The Central Information Unit to produce and publish an annual service user/patient equality report. Status: completed.	The Central Information Unit feed into the annual Equality Report with patient demographic data.
3) Divisions to review equality monitoring KPI/Dashboard reports to look for any inequity that may affect access/attendance by protected characteristic groups. a. Identify any under/over representation b. Address the inequalities or barriers c. Publish a 'Where we were, what we have done and what we will do' type report Status: uncompleted but to be carried forward.	The Board Assurance Framework has been amended to include equality issues – however further work covering the inequalities within services is planned which links in with the Equality Delivery System 2.

<p>4) Linking in with sources such as WHO, take a holistic view on patient care considering some groups are more prone to certain conditions or illnesses. Status: uncompleted but to be carried forward.</p>	<p>The Equality, Diversity and Human Rights team are redesigning their Intranet site to include a portal for managers and service deliverers with this information for them to use.</p>
<p>5) Review services in line with Brighton and Hove City Council's 'State of the City Report'. Status: uncompleted but to be carried forward.</p>	<p>This will be taken forward in line with requirements for the Equality Delivery System 2.</p>
<p>6) Review health promotion to ensure they are inclusive and are meeting their patient's diverse needs. Status: completed</p>	<p>Patient information is reviewed as part of the Diverse Communities project and through our Carer and Patient Information Group's guidelines.</p>
<p>7) Deliver robust Equality Impact Analysis on the delivery of services – this should draw on local, regional, national or international research. a. Establish areas of inequality and develop KPI's with timescales to be reported and performance managed by the divisions periodically. b. Centralised divisional annual report should be produced to be appended to annual patient/service user equality report. Status: ongoing</p>	<p>Due Regard Assessment forms part of the framework for writing and ratifying policies.</p>
<p>8) Review the effectiveness of the services provided by external organisations around interpreting, sign language, translation and advocacy a. Periodically promote via Communications these services to staff/patients. Status: completed</p>	<ul style="list-style-type: none"> • The contracts for communication support are monitored for effectiveness and information is shared with divisions – where required work is undertaken to improve efficiencies. • As a result of monitoring additional services have been introduced to improve communication services such as the introduction of online British Sign Language interpretation. • Services are promoted to staff using a variety of methods routinely.
<p>9) Embed the "Getting Right" programme with support from Learning Disabilities Liaison Team. Status: completed</p>	<p>The programme ran between 2012-2014 and helped to raise the profile of issues for patients with Learning Disabilities.</p>
<p>10) Patient information must be written in plain English and using Total Communication standards. Status: completed</p>	<p>The principles from both standards are embedded into the Carer and Patient Information Group's guidelines.</p>
<p>11) Review Corporate Style Guidelines –</p>	<p>The guidelines have been refreshed and</p>

ensuring it covers accessibility issues. Status: completed	reflect accessibility issues. Additional guidance is also available for staff about accessible communications.
12) Measure Patient feedback from Patient's Voice, with other sources of feedback (Annual Patient Survey, Patient Opinion etc.) a. Chart issues, remedies and results for the Communications Department to widely publicise Status: Ongoing	Diversity information is collected on patient feedback form, however specific analysis across protected characteristics is not routinely conducted throughout the Trust. This will be looked at in the future.
13) Increase patient representation at relevant panel/group meetings. Status: Ongoing	Various attempts have been made over the last few years to reinvigorate the Patient Experience Panel. The Trust is currently working with Healthwatch Brighton and Hove to ensure it better reflects the communities it serves.
14) Reflective representation of patients on 3T's panels (hospital redevelopment programme). Status: Ongoing	Engagement processes are reflective of the needs of the project, of recent the majority has been internal engagement. As the programme move forward this will be revised. Of recent times the 3T's programme has engaged with: <ul style="list-style-type: none"> • Sixth form students at BHASVIC as part of the social values work for the project. • Partnership working with University of Brighton in the design of the hoardings • Patient service user disability group • Local residents through HLG and direct engagement. • Woodingdean residents association as part of the discussions for construction traffic routes. • A variety of user groups through the BSUH public engagement day. • Arts communities and representatives through the Connect Arts Programme Launch and various arts activities. • Local Patient Participation Networks within the Brighton and Hove CCG area.
15) Establish clear methodology of engaging and feeding back to local communities a. How can we be sure departments are engaging local communities/HOSC in line with Section 242/244 of the NHS Act	This will need to be rolled forward for 2017/18 (onwards).

<p>2006? b. Specialities to set up service user groups. Status: uncompleted but to be carried forward.</p>	
<p>16) Raise awareness of staff involved in engagement and communication activities of equality issues to be addressed through their work Status: uncompleted but to be carried forward.</p>	<p>This will need to be rolled forward for 2017/18 (onwards) – this has been linked to work streams undertaken by the health and wellbeing agenda.</p>
<p>17) Caring Café to be rolled out in the Community. Status: completed</p>	<p>Caring Café was a project that ended when the Patient Ombudsman left the Trust in 2015.</p>
<p>18) Carry out data collection exercise to improve staff profiling across the Trust. Status: ongoing</p>	<p>This is ongoing either by Human Resources or the Central Information Unit.</p>
<p>19) Ensure activity is developed to address under representation and lack of progression / development Status: uncompleted but to be carried forward.</p>	<p>The Trust is conducting a workstream relating to the culture of the organisation and this is linked to the CQC report of 2016, WRES and findings of LGBTQ report.</p>
<p>20) Ensure provision of appropriate staff training at a variety of levels (Board; band 7+; other staff). Status: uncompleted but to be carried forward.</p>	<p>The Trust is conducting a workstream relating to the culture of the organisation and this is linked to the CQC report of 2016, WRES and findings of LGBTQ report.</p>
<p>21) Ensure staff are aware of HR policies that support work/life balance and value diversity and are able to utilise these arrangements Status: completed</p>	<p>This has been incorporated into the health and wellbeing work streams.</p>
<p>22) Director representation at the EDHR Steering Group. a. EDHG to performance the objectives in this action plan. Status: uncompleted but to be carried forward.</p>	<p>During the lifetime of these objectives governance arrangements had changed and are currently being reviewed.</p>
<p>23) Board to discuss EDHR issues regularly. Status: uncompleted but to be carried forward.</p>	<p>Linked to above.</p>
<p>24) Senior Managers to champion/demonstrate what they are doing to promote equality in their respective professions. Status: uncompleted but to be carried forward.</p>	<p>Linked to above.</p>

25) Board Directors to each lead on a Protected Characteristic Status: uncompleted but to be carried forward.	Linked to above.
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Trust Equality Objectives for 2017 to 2020

The equality objectives will be announced in a later revision of this document.

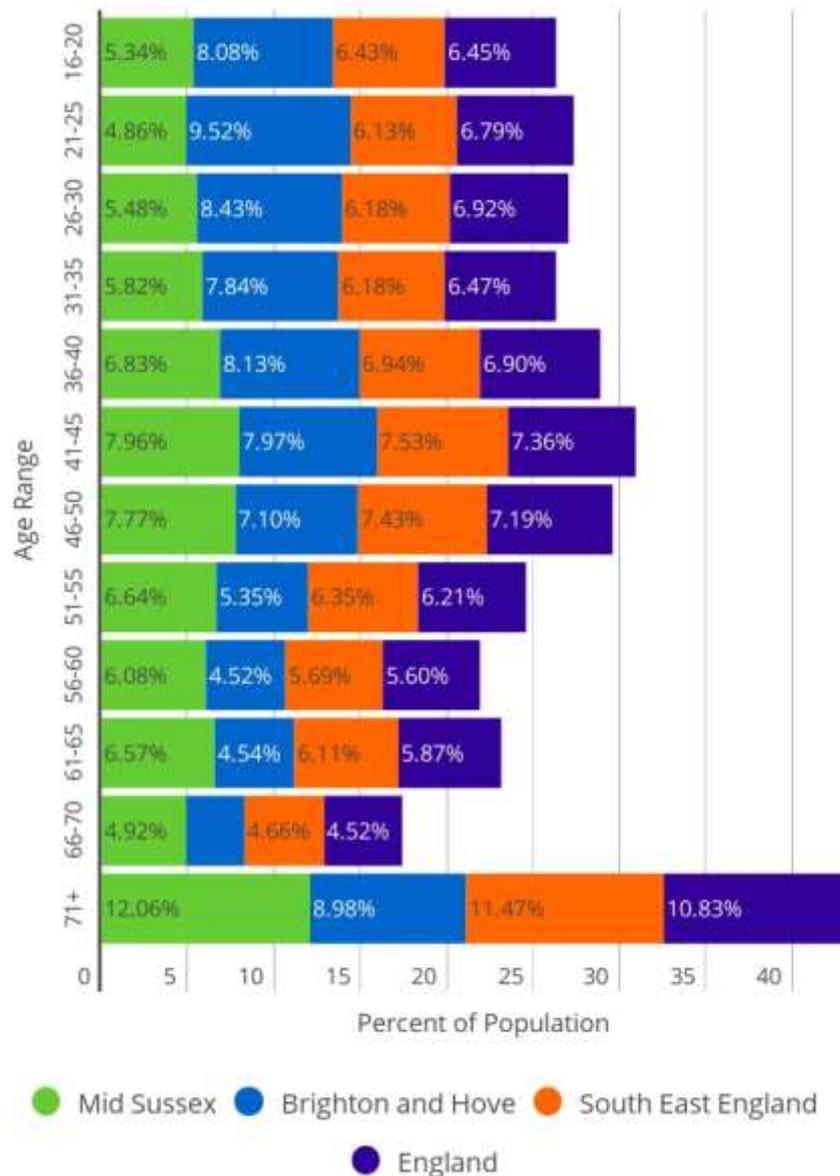
Who are the local communities the Trust serves?

Below is information taken from the 2011 Census, this will give a baseline for the demography of the communities the Trust serves.

The total population counts taken from the 2011 Census are:

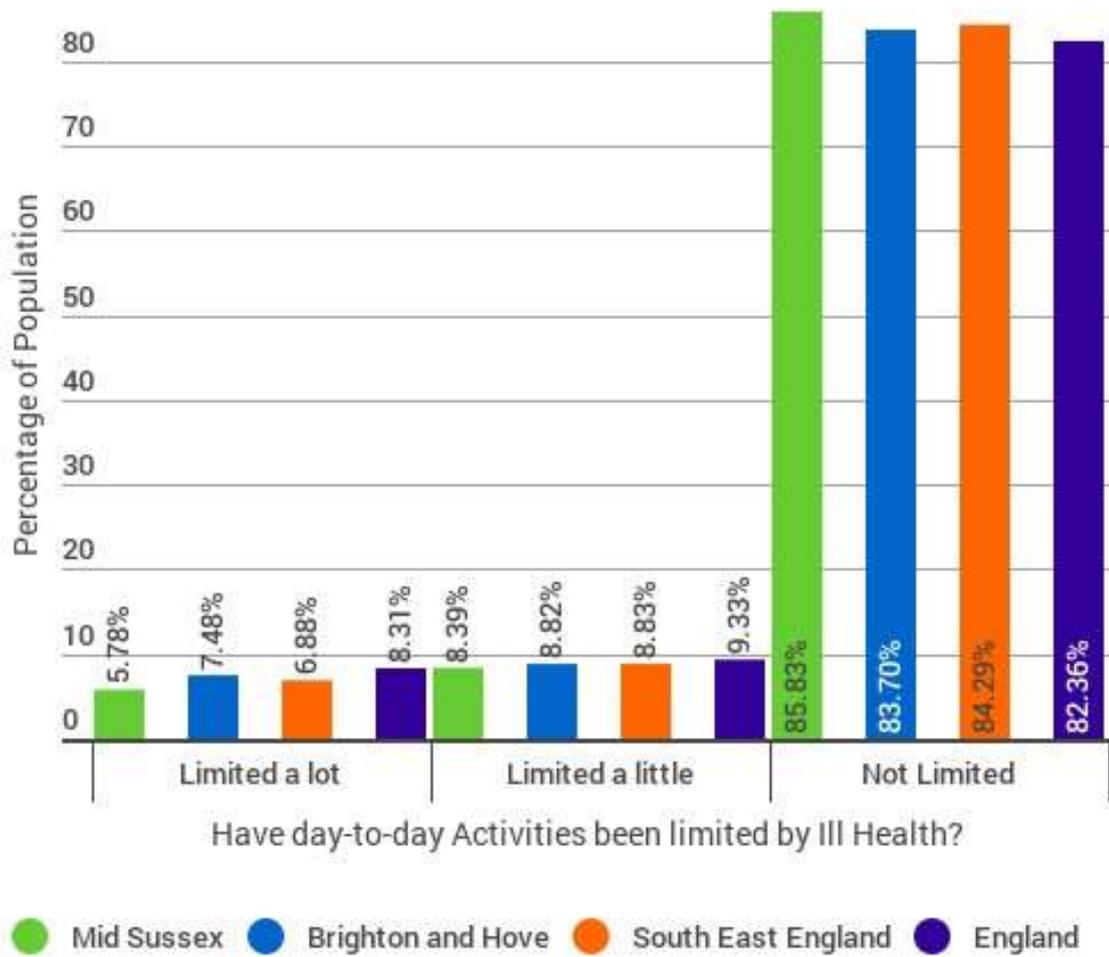
- Mid Sussex – 139,860 people
- Brighton and Hove – 273,369 people
- South East England – 8,634,750 people
- England – 53,012,456

Age

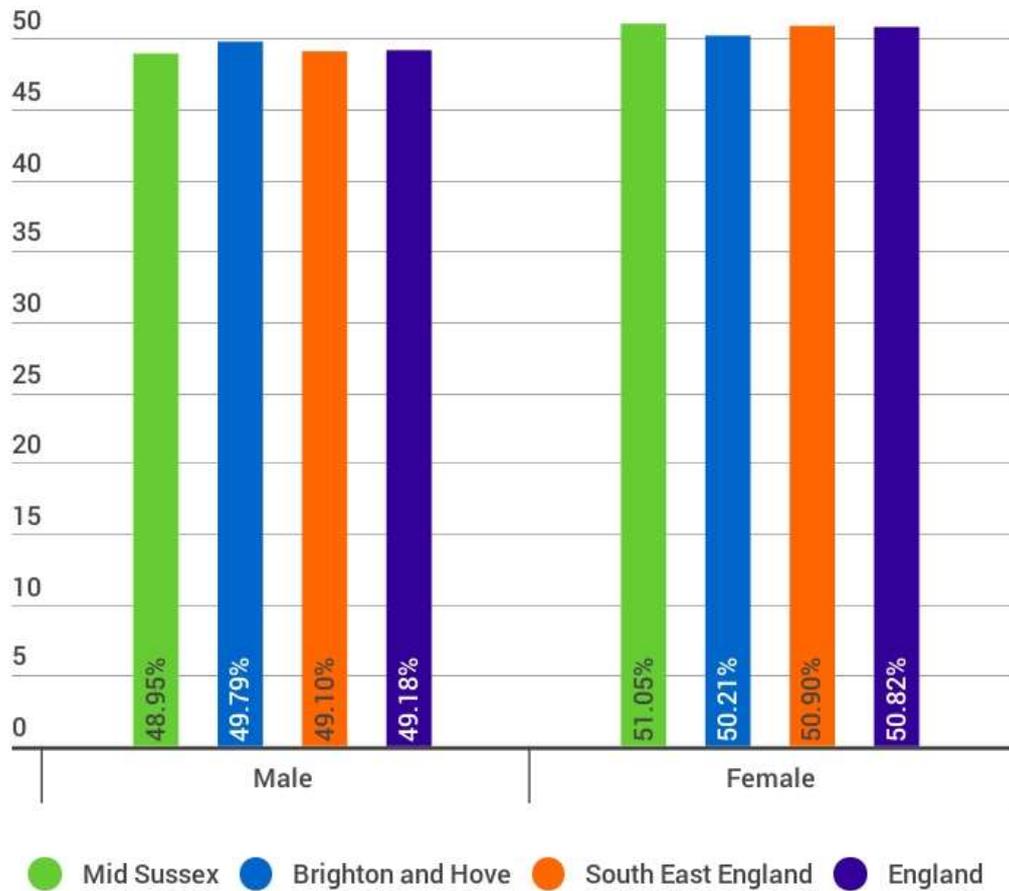


(Brighton and Hove – age group 66-70 was 3.31%)

Disability



Gender



Gender Identity

At present there are no national statistics that demonstrate gender identity.

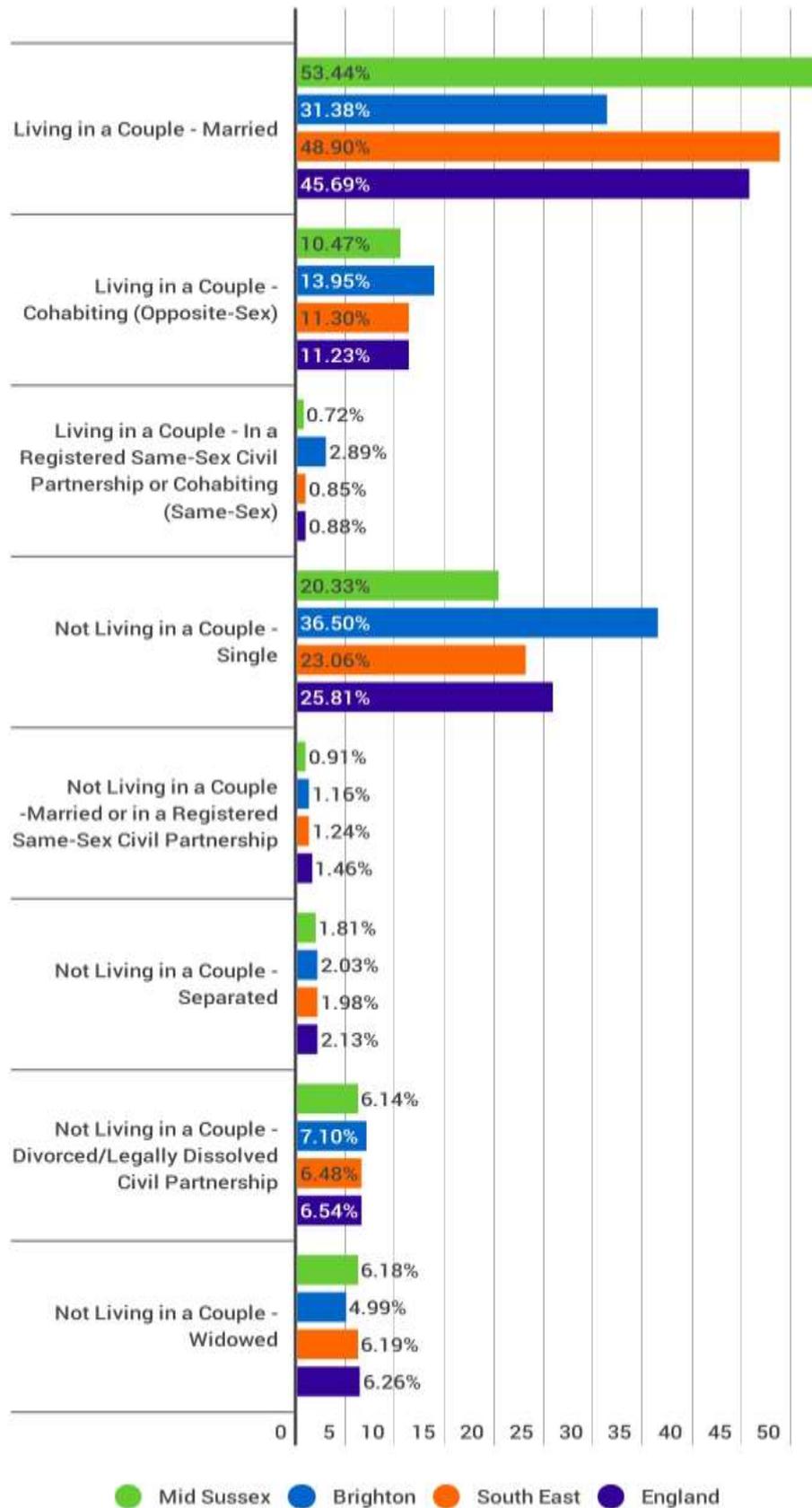
Pregnancy and Maternity

At present there are no national statistics that demonstrate pregnancy and maternity.

Sexual Orientation

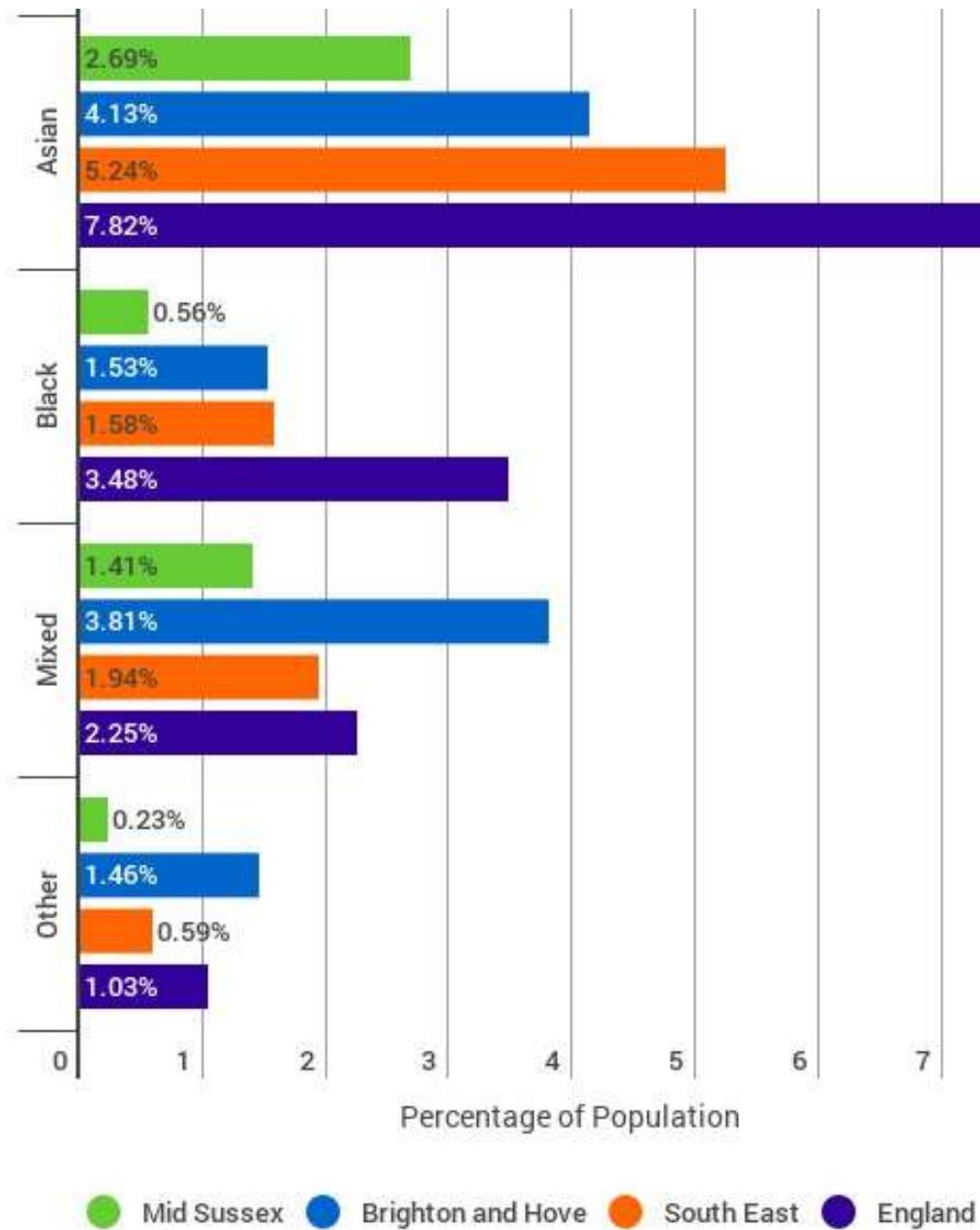
At present there are no national statistics that demonstrate sexual orientation.

Marriage and Civil Partnership

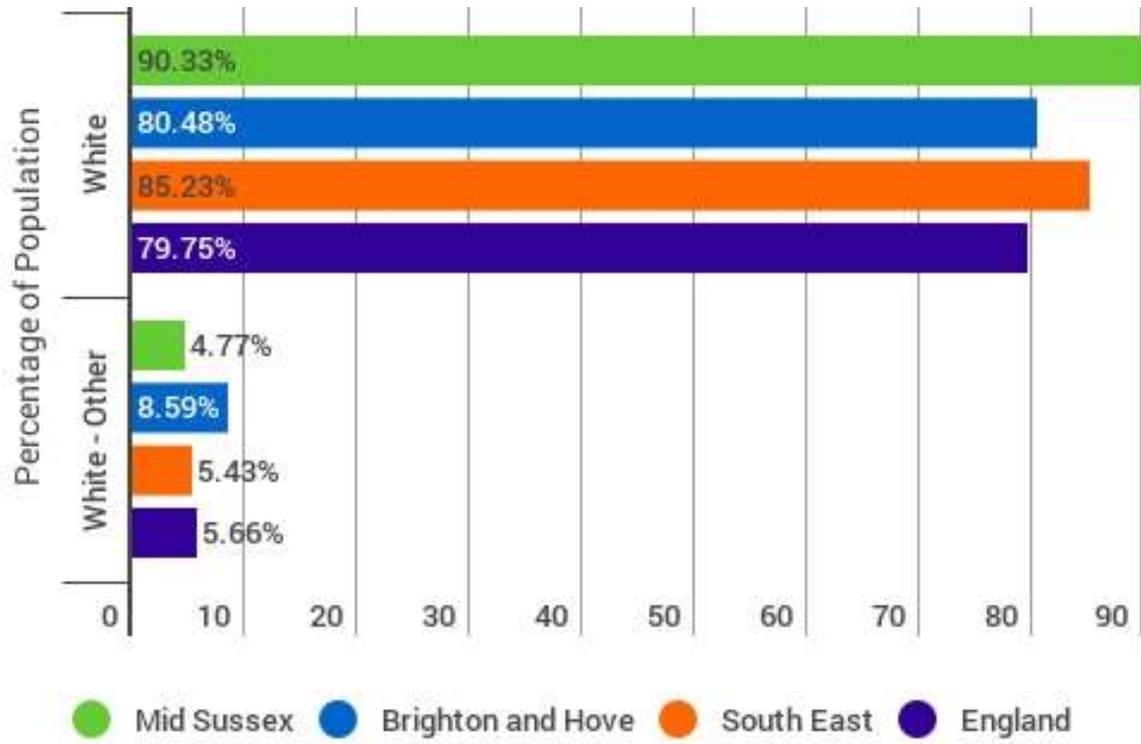


Race and Ethnicity

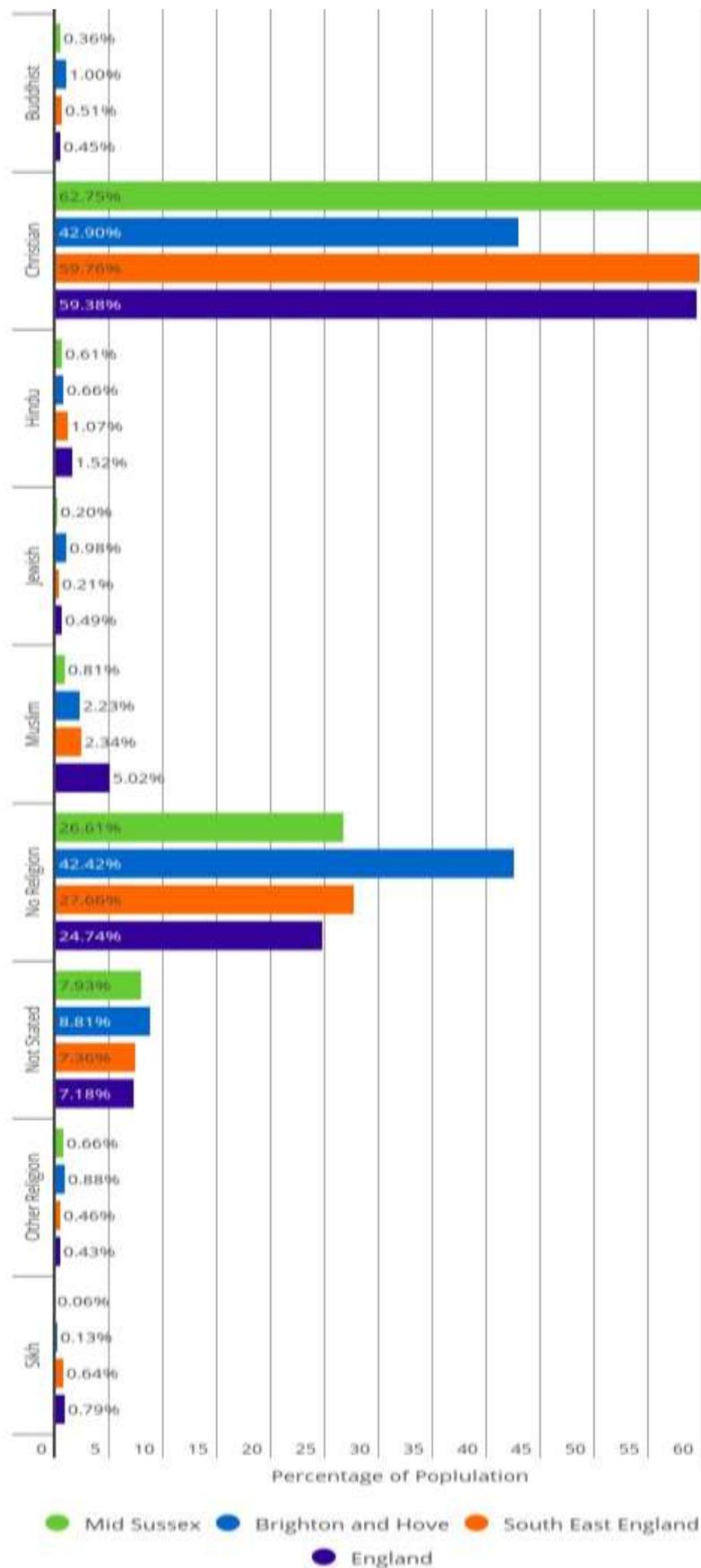
Black, Asian, and Minority Ethnic Groups



White Groups



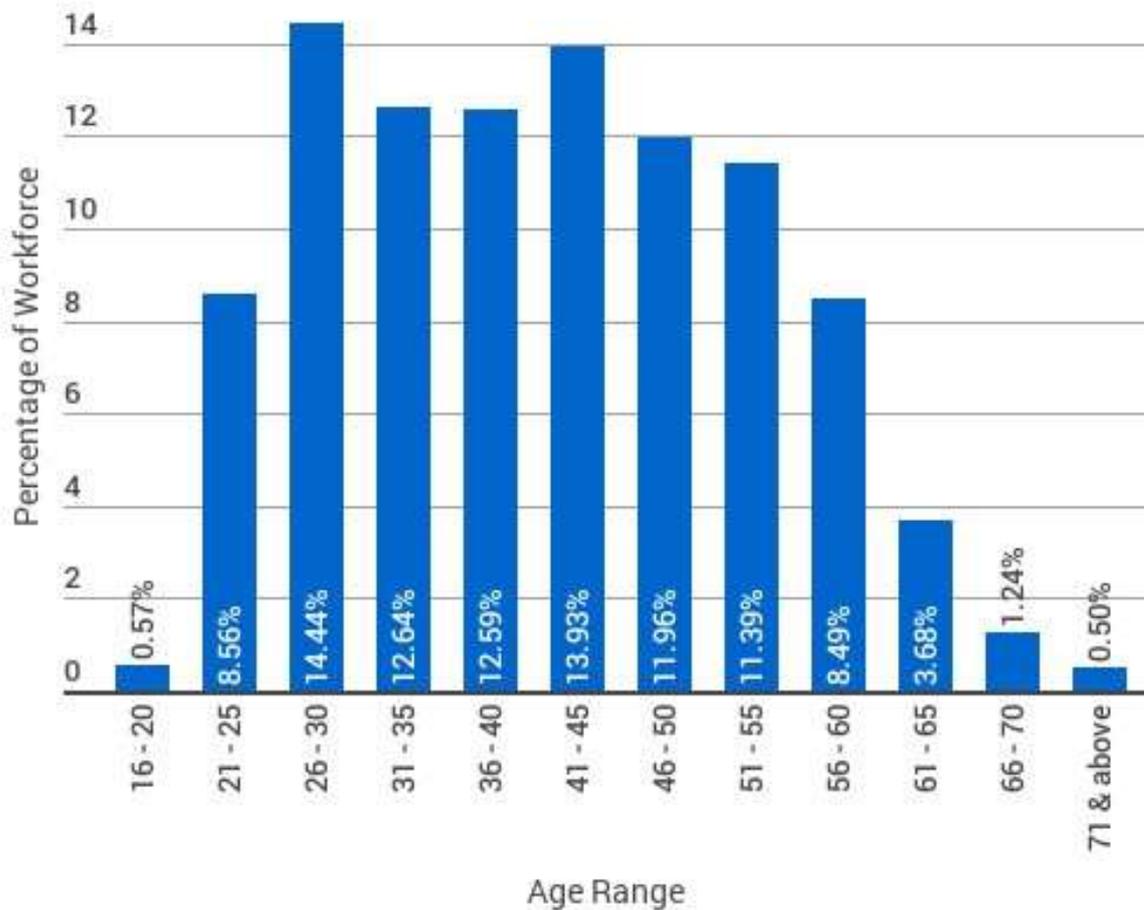
Religion or Belief



Who are the Trust's workforce?

The information is taken from the Trust's Electronic Staff Records system and provides a wide range of demographical data.

Age



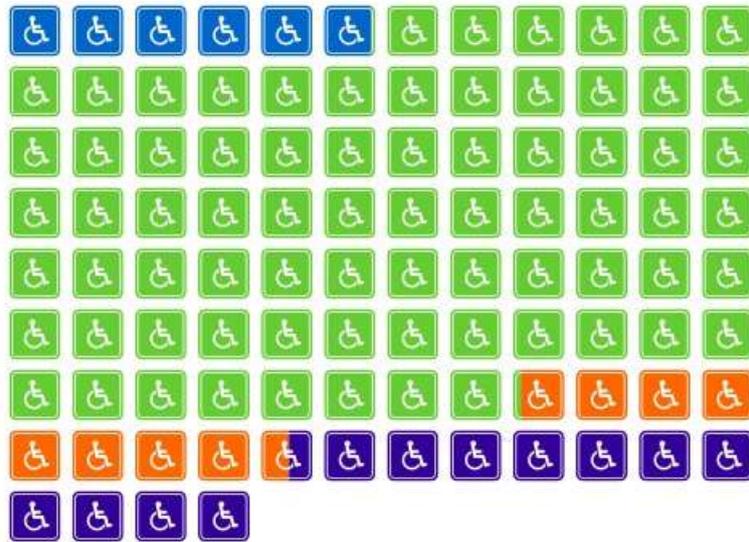
Gender Identity

At present the Electronic Staff Records system does not support collecting data that would allow monitoring of gender identity, this is a national issue.

Maternity and Pregnancy

At present the Electronic Staff Records system does not have an effective way of reporting on maternity and pregnancy.

Disability



● Disabled ● No Disability ● Prefer not to say ● Undefined



5.92%

of the workforce have a disability



74.24%

of the workforce do not have a disability



8.38%

of the workforce would prefer not to say if they have a disability



11.46%

of the workforce's disability status is unknown

Gender

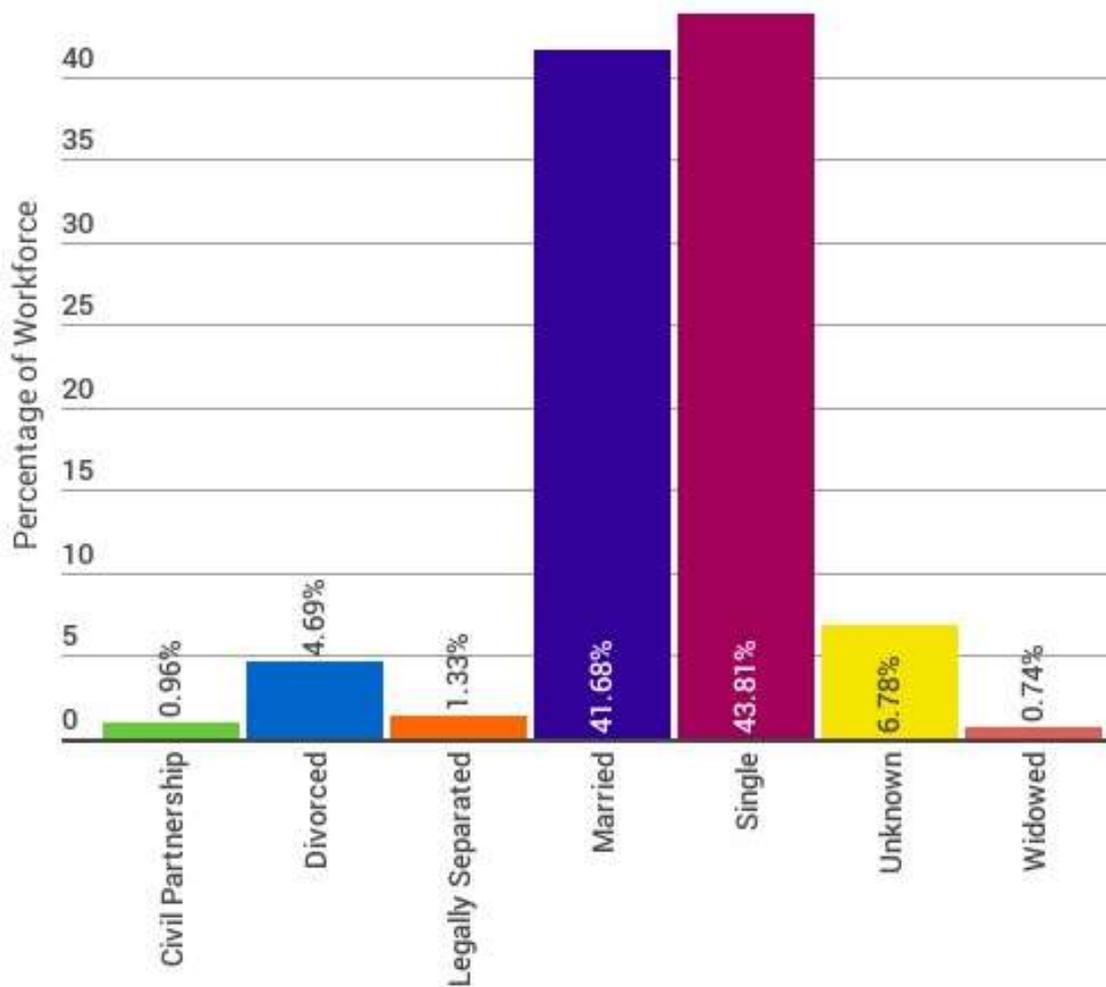


**71.61% of the workforce
Are female**

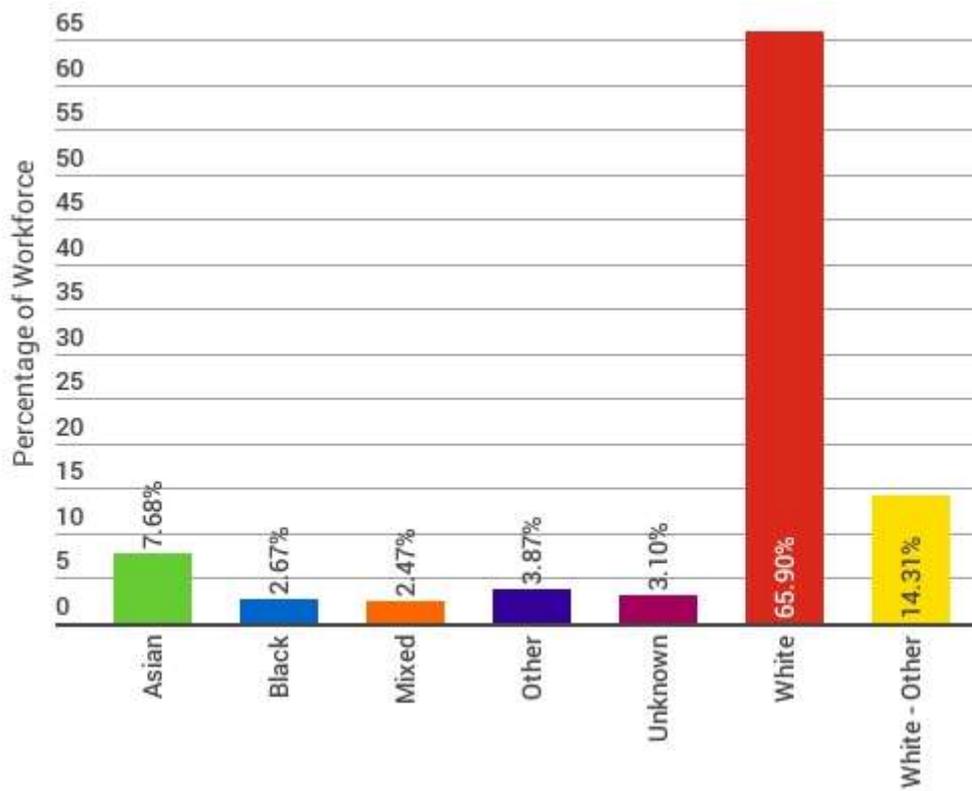


**28.39% of the workforce
are male**

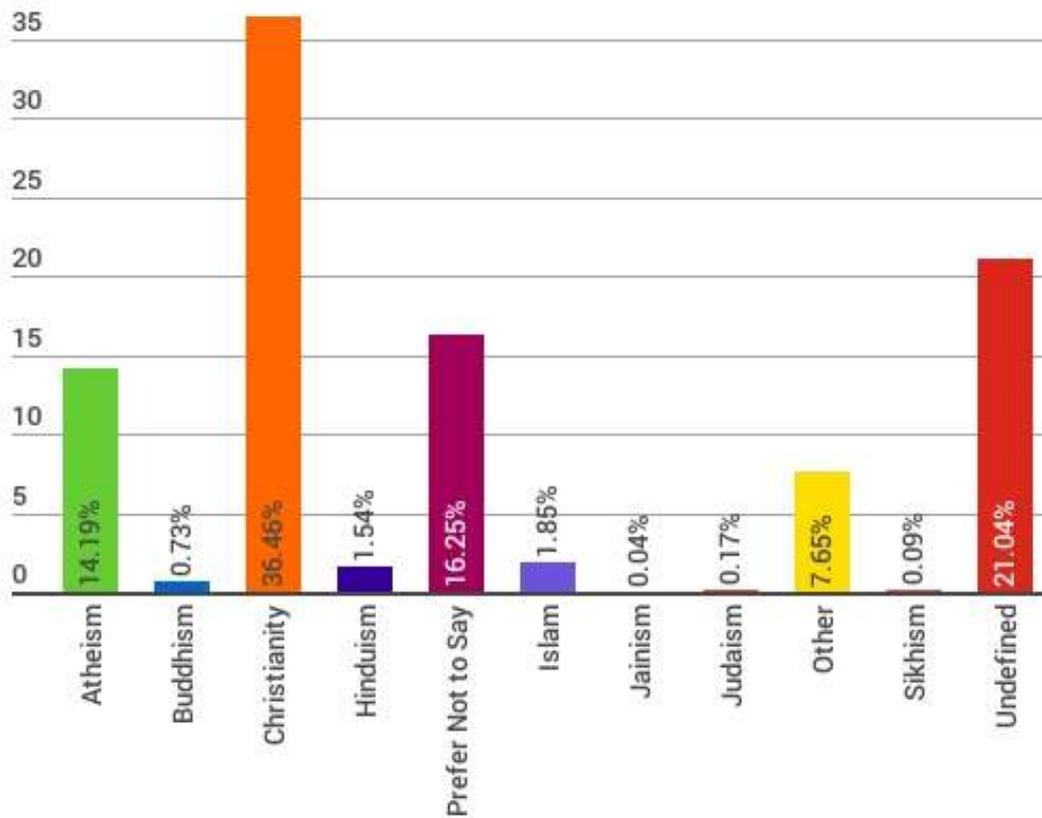
Marriage and Civil Partnership



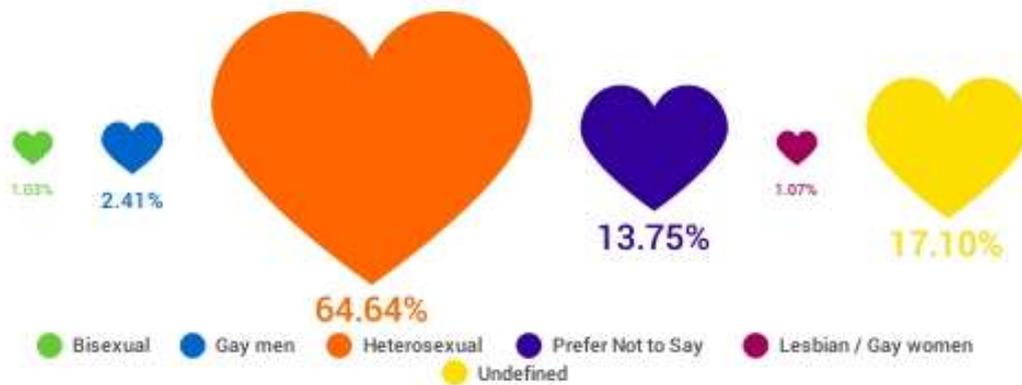
Race and Ethnicity



Religion or Belief



Sexual Orientation



1.03%

of the workforce identify as bisexual



2.41%

of the workforce identify as gay men



64.64%

of the workforce identify as heterosexual



13.75%

of the workforce prefer not to state their sexual orientation



1.07%

of the workforce identify as lesbian/gay women



17.10%

of the workforce's sexual orientations are unknown

What else is known about the workforce?

Fixed Term Contracts



521

women are on fixed term contracts (60% of all fixed term contracts)

349

men are on fixed term contracts (40% of all fixed term contracts)

Permanent Contracts



5370

women are on permanent contracts (73% of all permanent contracts)

1986

men are on permanent contracts (27% of all permanent contracts)

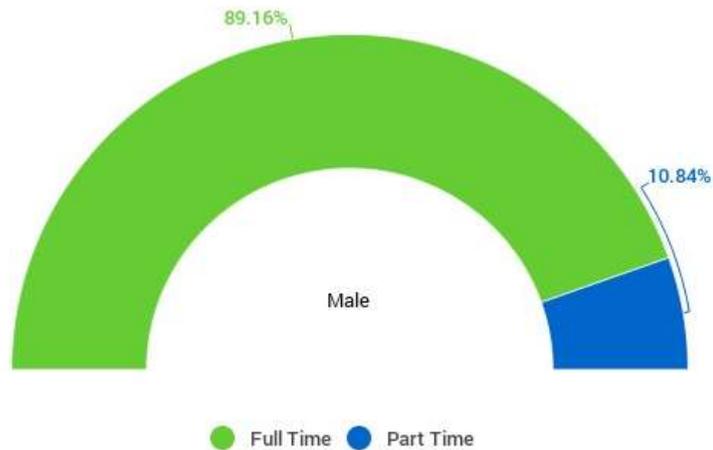
Female



 **3562**
women are full time

 **2329**
women are part time

Male



 **2082**
men are full time

 **253**
men are part time

Quick facts about management staff (excluding medical staff)

6.5% have a disability

72.7% do not have a disability

6.3% would prefer not to say

14.5% is unknown

**34.9 %
Female**

**65.1%
Male**

**57.1%
Heterosexual**

**10.3%
Prefer not
to say**

**1.3%
Lesbian /
Gay
women**

**0.3%
Bisexual**

**29.4%
Unknown**

**1.6%
Gay men**

88.2% are white

81.2% - White, British

4.0% - White, Other

2.4% - White, Irish

0.6% - Old white codes

**7.8% are Black, Asian
and Minority Ethnic**

2.6% - Asian

2.3% - Mixed race

2.2% - Black

0.7% - Other

Results from the NHS staff survey 2015

346 staff completed the annual NHS Staff Survey from Brighton and Sussex University Hospitals NHS Trust – this gives the Trust an overall response rate of 41%.

On average 49% of staff are satisfied with the opportunities for flexible working patterns (national average for acute trusts is 49%)

However, for men (41%), disabled staff (41%) and those aged 16-30 (45%) the overall satisfaction was lower but for Black, Asian, and Minority Ethnic groups (54%) staff it was higher.

On average 35% of staff experienced harassment, bullying or abuse from patients, relatives or the public (national average for acute trusts is 28%)

However, those aged 16-30 (47%), women (40%) and Black, Asian, and Minority Ethnic groups (41%) experienced more of this behaviour. It was substantially lower for men (22%) and there was no difference between staff with a disability (37%) and staff without a disability (37%).

On average 29% of staff experienced harassment, bullying or abuse from staff (national average for acute trusts is 26%)

However, those aged 51+ (37%) and Black, Asian, and Minority Ethnic groups (44%) experienced more of this behaviour from staff. Those aged 16-30 (20%) and men (18%) experienced less of this type of behaviour.

On average 11% of staff experienced discrimination at work in the last 12 months

However, those aged 51+ (15%) and Black, Asian, and Minority Ethnic groups (37%) and disabled staff (18%) experienced more discrimination.

On average 86% of staff believe that the organisation provides equal opportunities for career progression or promotion

However, Black, Asian, and Minority Ethnic groups (68%), disabled staff (82%) staff aged 41-50 (80%) and staff aged 51+ (83%) felt the opportunities for career progression and promotion were less.

How fair are the Trust's recruitment processes?

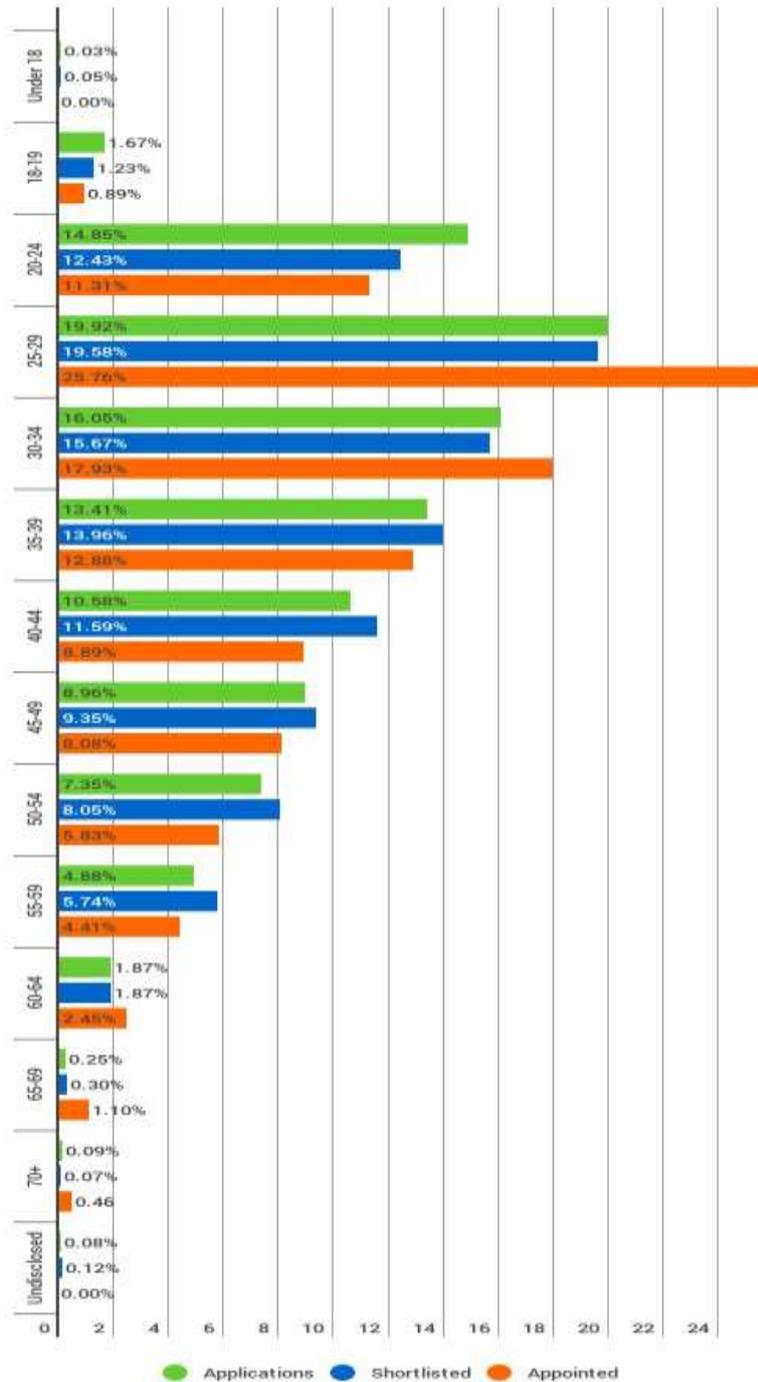
During 2015/16 the trust had:

11,077 Applicants

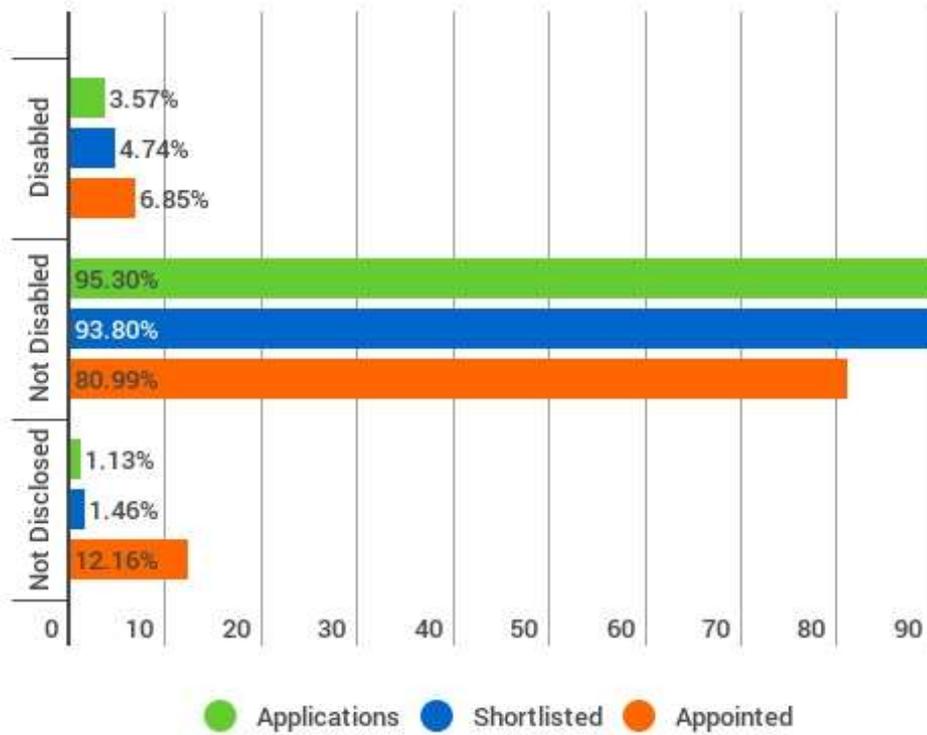
4,321 Candidates Shortlisted

2,846 Appointed Candidates

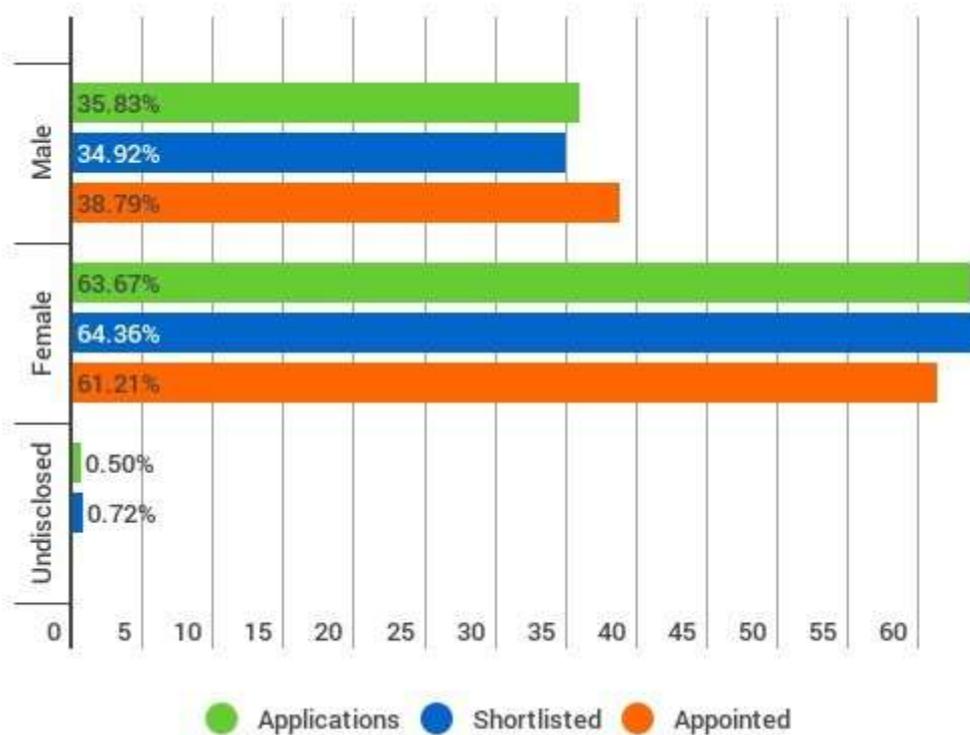
Age



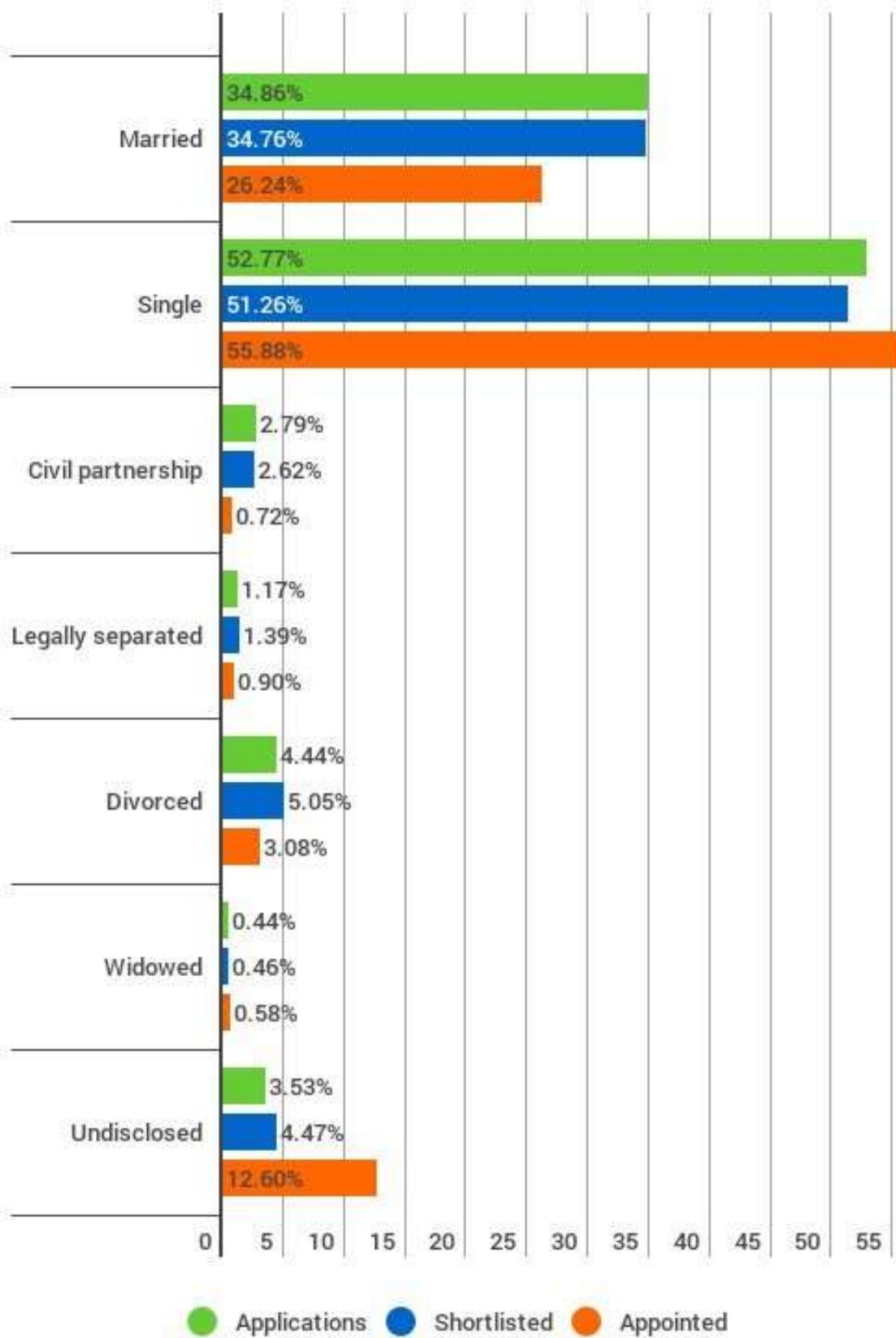
Disability



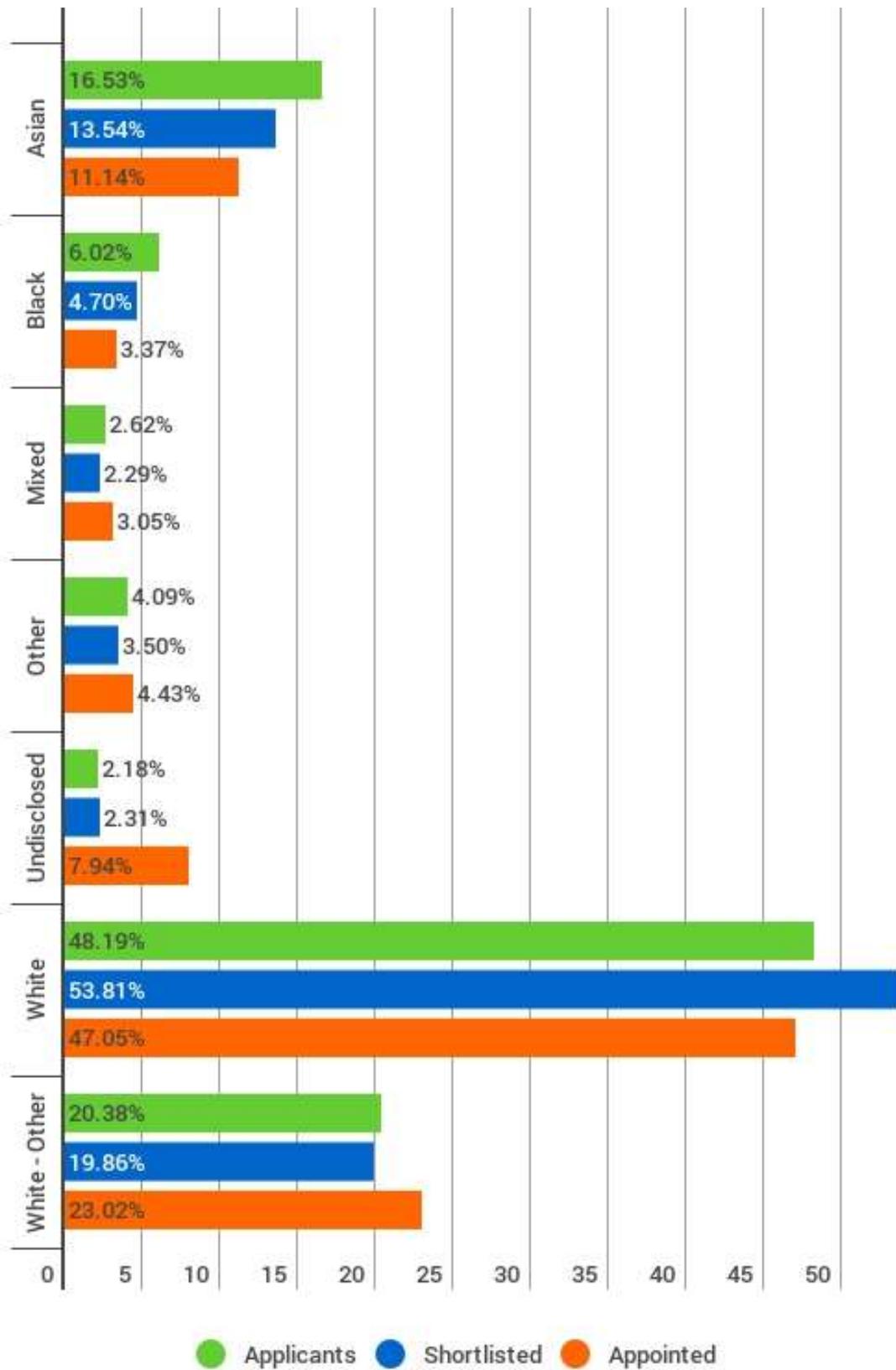
Gender



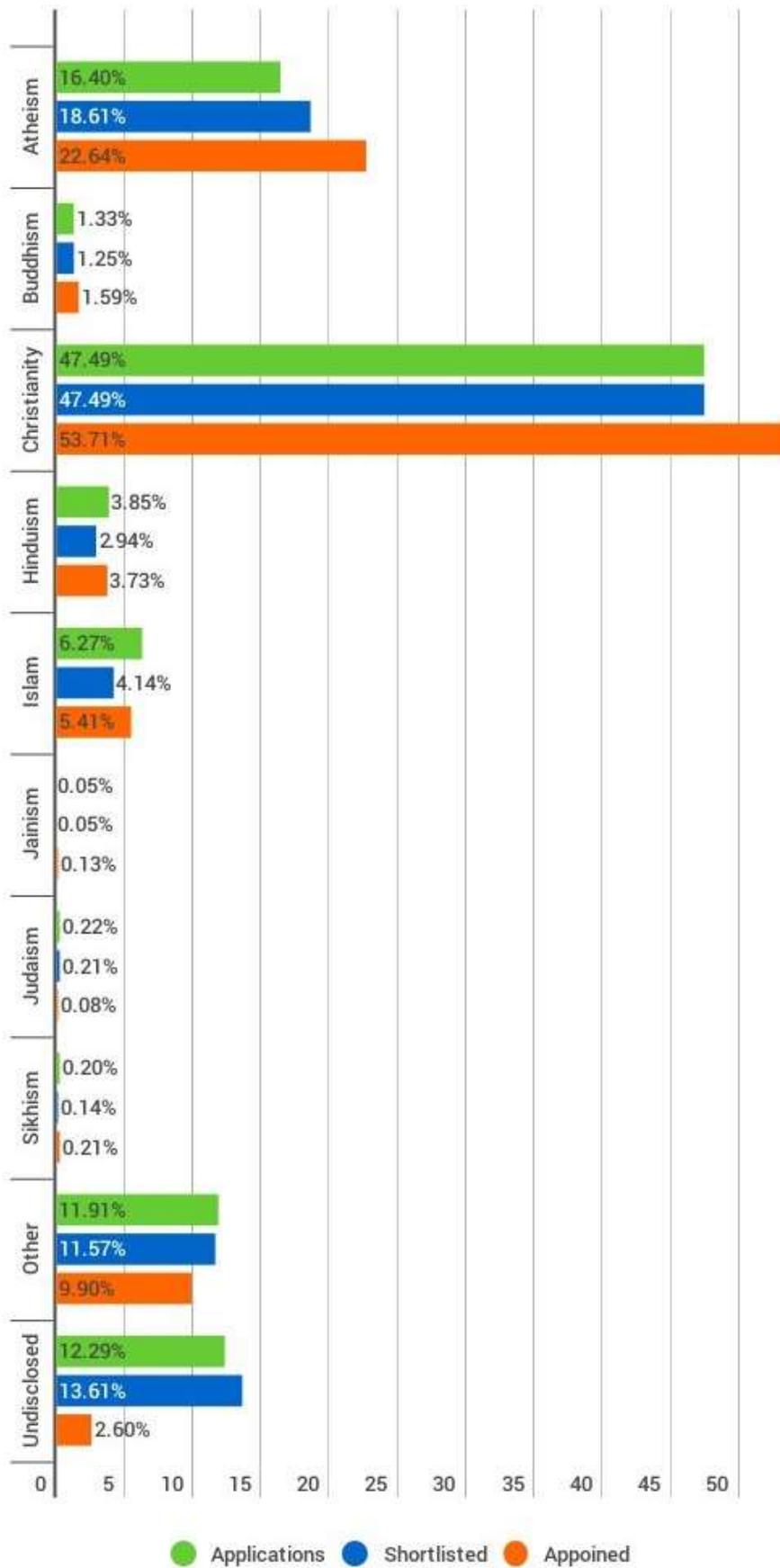
Marriage and Civil Partnership



Race and Ethnicity

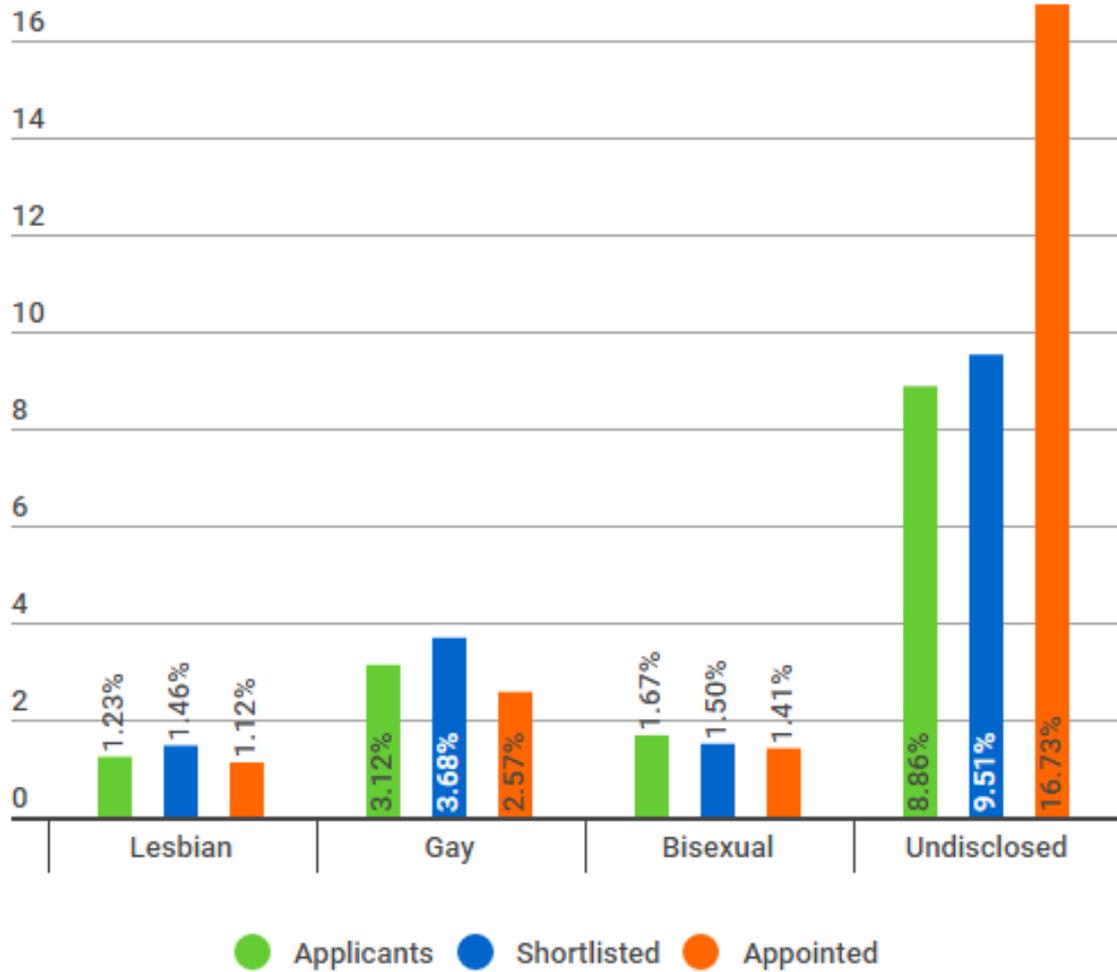


Religion or Belief



Sexual Orientation

85.12% heterosexual applicants 83.85% heterosexual candidates shortlisted 78.18% heterosexual candidates appointed



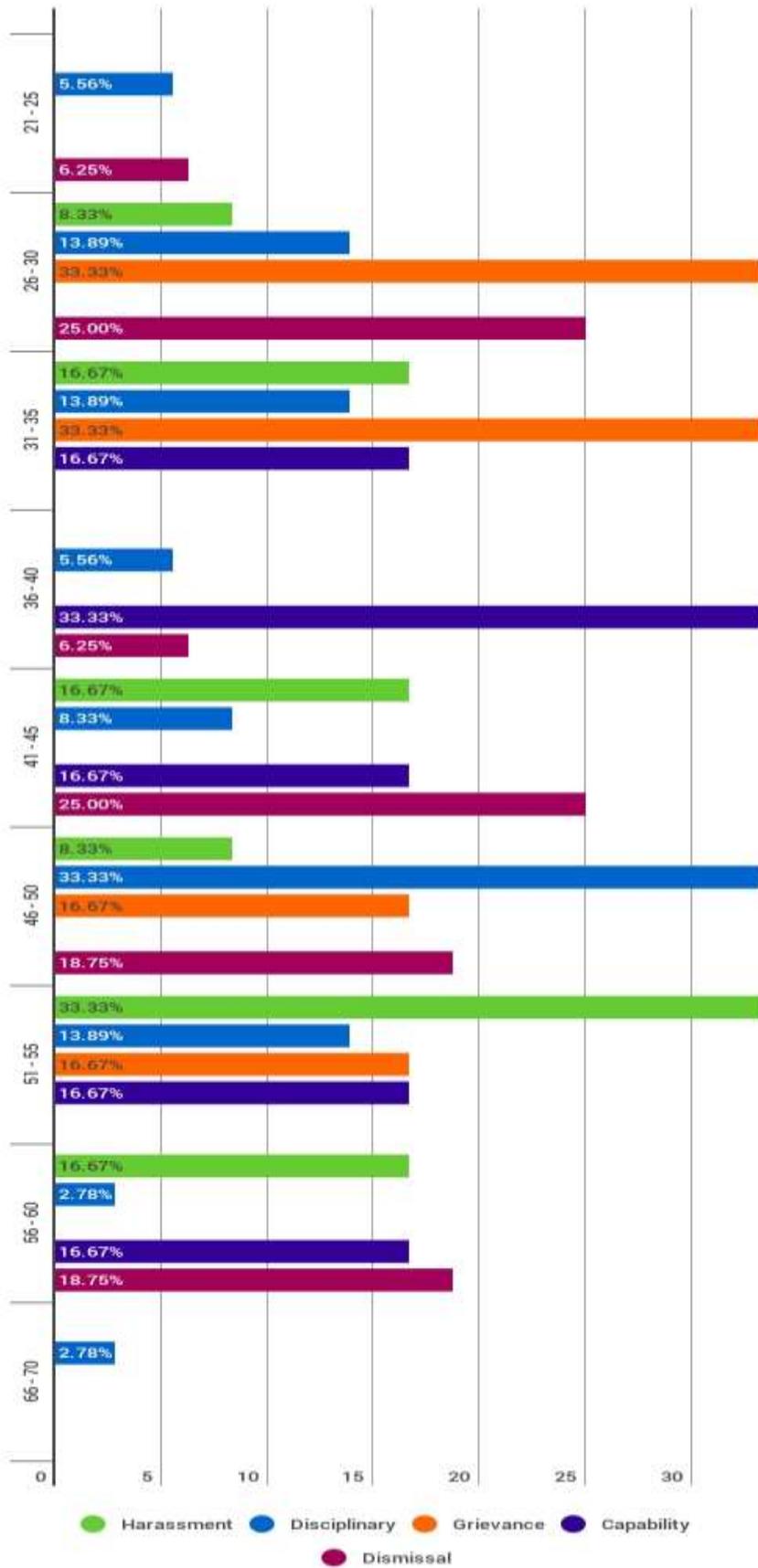
How fair are the Trust's employment policies and practices?

One way of demonstrating how fair employment practices and policies are is to see if there are any groups who have been disproportionately impacted. In this section the data will demonstrate which groups have been affected by or raised concerns under specific policies and practices.

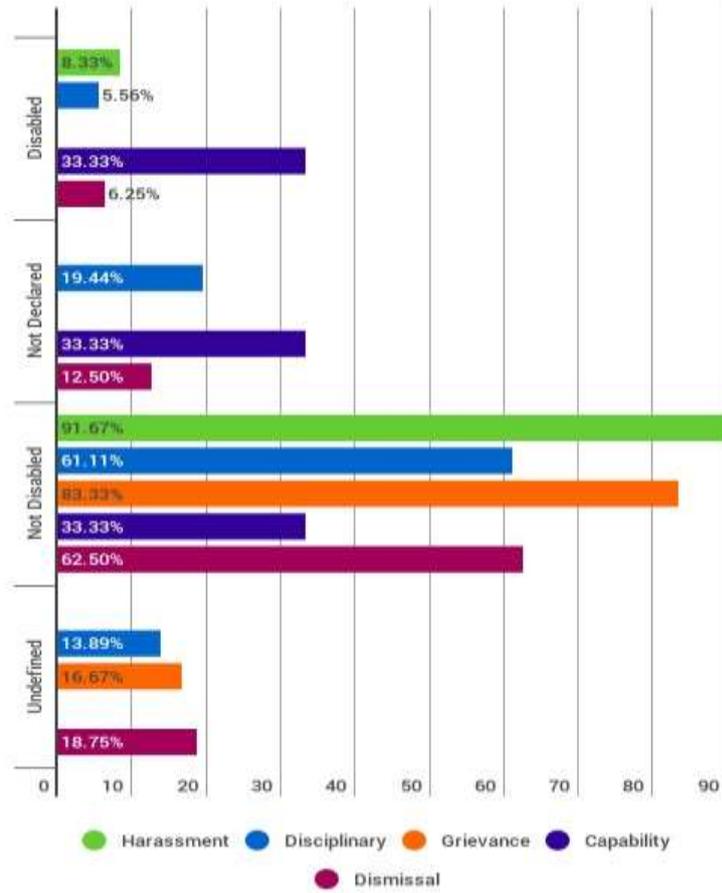
During 2015/16 there were:

- 12 Harassment cases
- 36 Disciplinary cases
- 6 Grievances raised
- 6 Capability cases
- 16 Dismissals

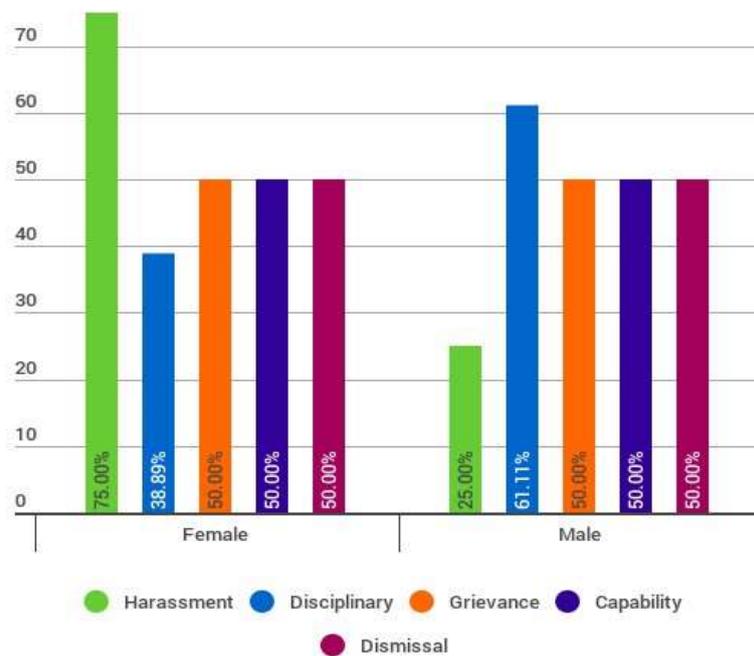
Age



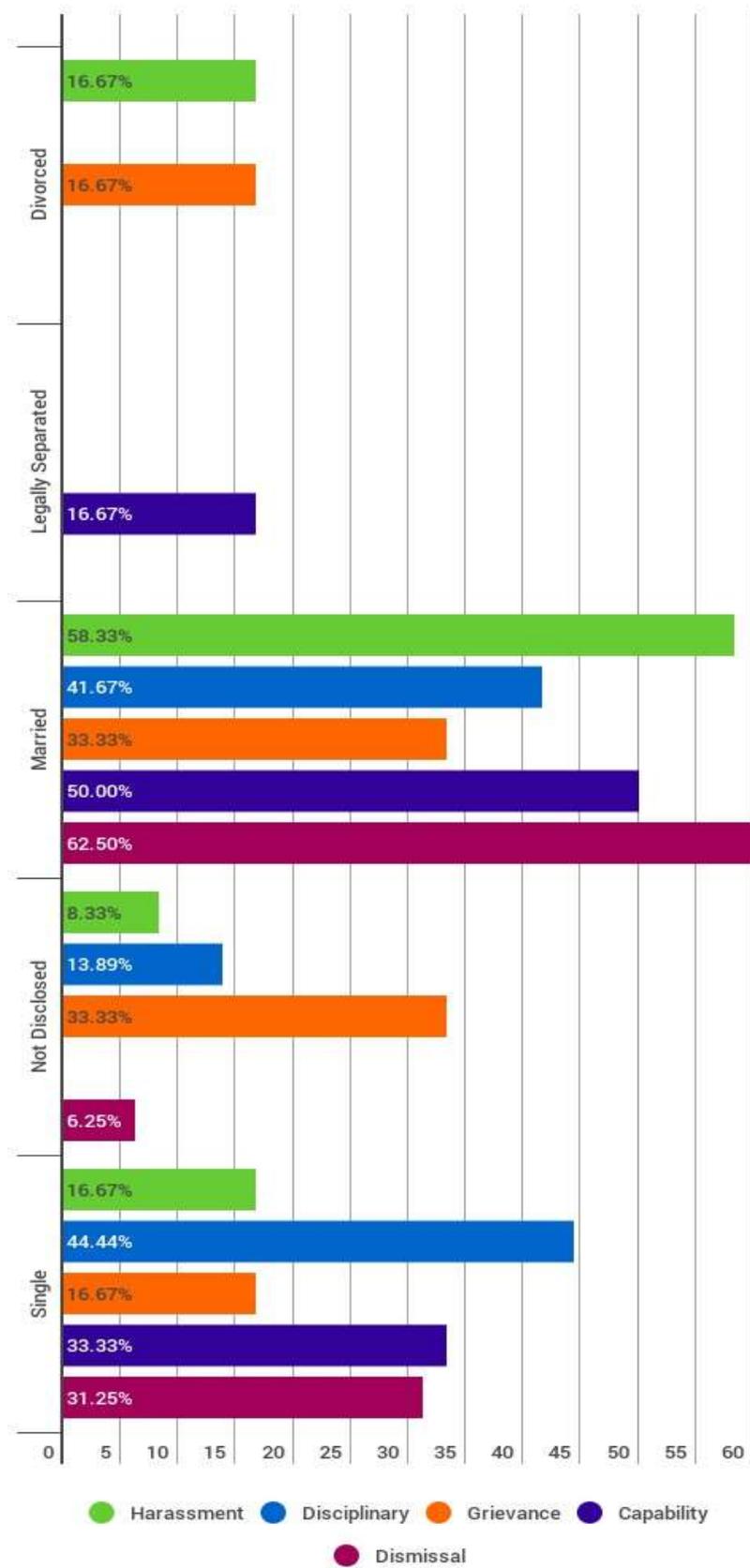
Disability



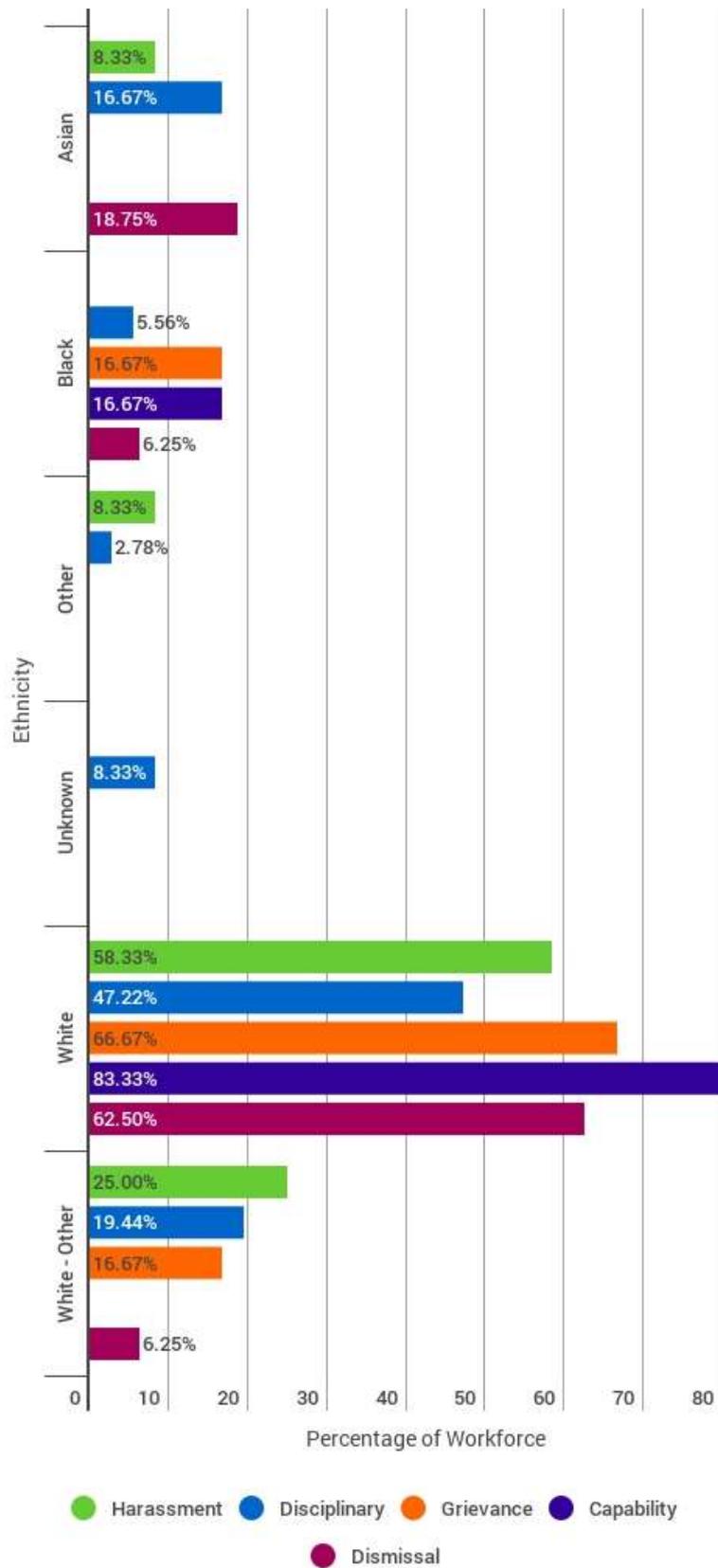
Gender



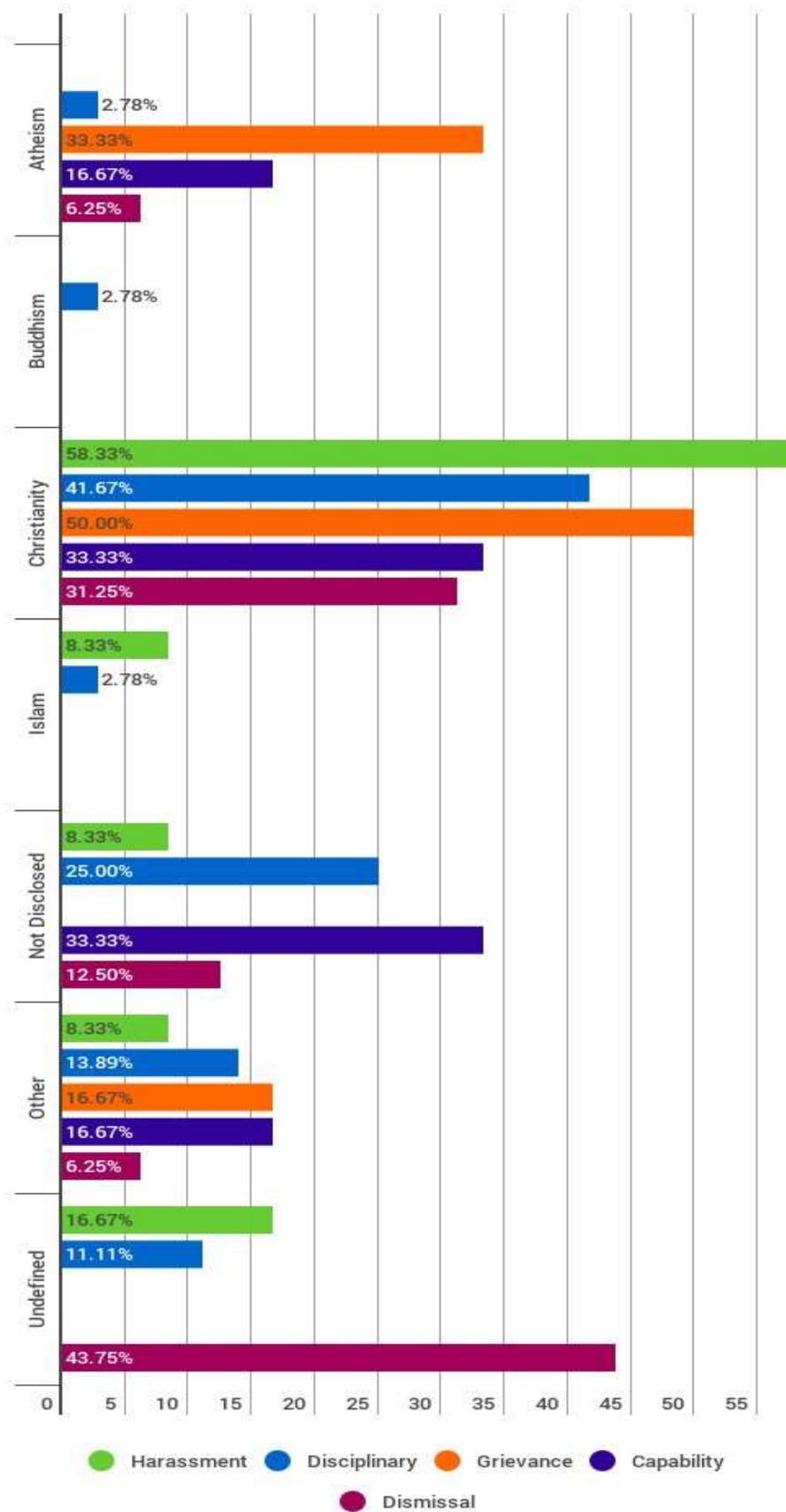
Marriage and Civil Partnership



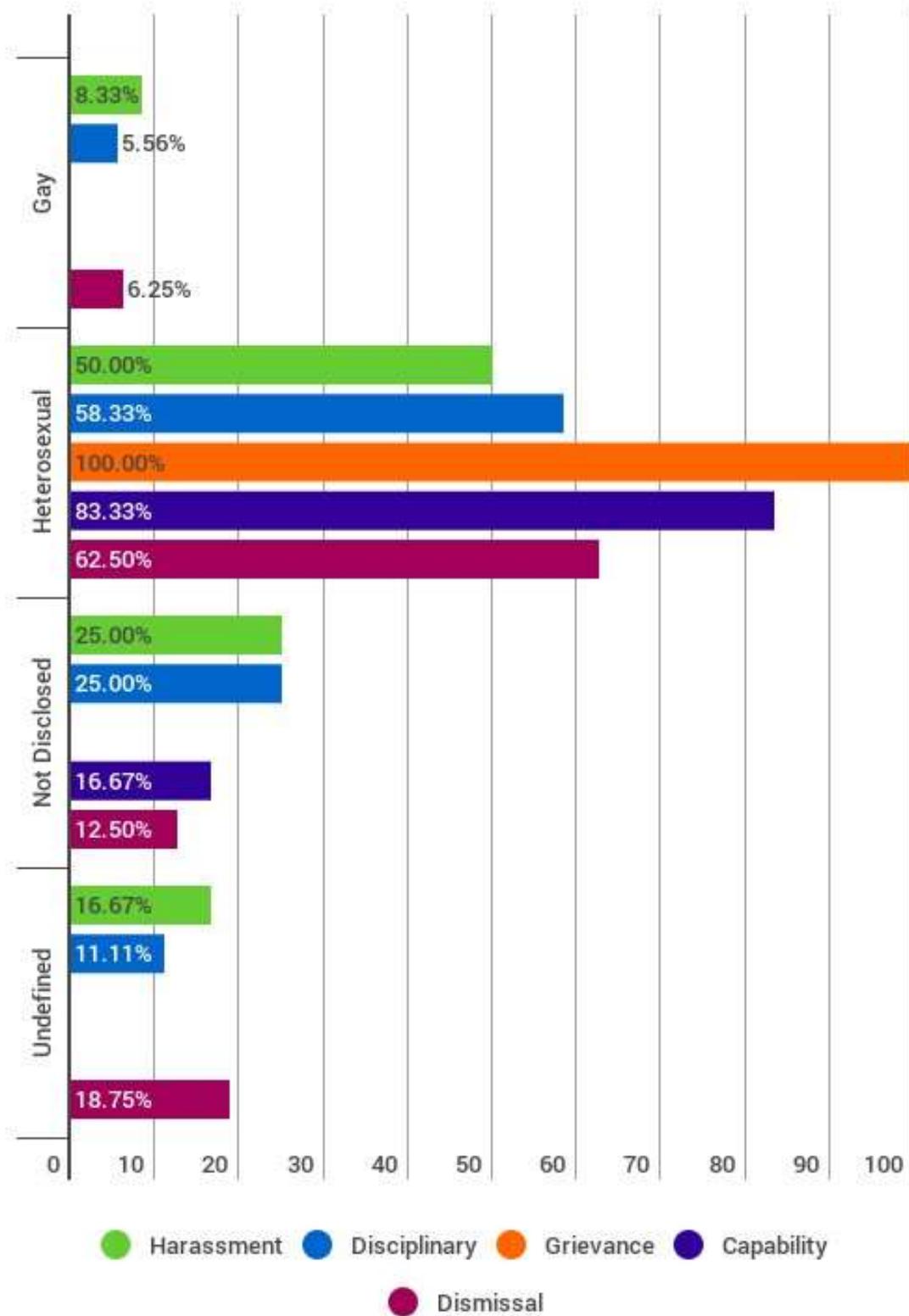
Race and Ethnicity



Religion or Belief



Sexual Orientation



Training and development opportunities

The following data looks at training and development opportunities which our workforce have applied and been accepted to attend. The types of training and development opportunities relate to continuing professional development, as such excludes training that is considered statutory or mandatory.

The following tables relates to applications/acceptance from Allied Health Professionals (e.g. Occupational Health Therapists, Operating Department Practitioners, Physiotherapists, Radiographers and Speech and language Therapists) and nursing staff. At present only race/ethnicity is monitored – which is taken from the training application form and not the member of staff's Electronic Staff Record. However, this will be expanded upon include more protected characteristics for the next report.

Race/Ethnic Groups	Allied Health Professionals		
	Applications Received	Applications Accepted	% of Applicants vs Accepted
Asian	1	1	100%
Black	2	2	100%
Mixed	0	0	
Other	0	0	
Prefer Not to Say	2	2	100%
Unknown	1	1	100%
White	43	36	83.72%
White - Other	16	15	93.75%

Race/Ethnic Groups	Nursing Staff		
	Applications Received	Applications Accepted	% of Applicants vs Accepted
Asian	53	42	79.25%
Black	21	14	66.67%
Mixed	0	0	
Other	25	22	88.00%
Prefer Not to Say	7	7	100%
Unknown	57	57	100%
White	340	299	87.94%
White - Other	64	44	68.75%

What does the data tell us about the workforce, Trust policies and practices?

Protected Characteristic	Subject	Observation
Age	Employee Relations	Overrepresentation with: Grievances 26-30, 31-35, Dismissals 26-30, 41-45 and 56-60, Capability: 36-40 and 56-60, Harassment: 51-55 and 56-60 and Disciplinary: 46-50 and 66-70
All Protected Characteristics	Employee Relations	There is a high number of 'unknown' categories, this needs to be addressed for more meaningful analysis
Disability	Employee Relations	Overrepresentation of disability relating to harassment and capability procedures
Gender	Employee Relations	Nearly all categories there is an overrepresentation of men
Marriage / Civil Partnership	Employee Relations	overrepresentation of divorced in grievances, legally separated in capability, married in harassment, capability and dismissals
Race	Employee Relations	overrepresentation of BAME groups in nearly all ER processes, overrepresentation of white staff in capability procedures
Religion or Belief	Employee Relations	Overrepresentations in: Harassment: Christians and Islam, Disciplinary: Buddhist, Christians, Other, Grievance: Atheism, Christians, Other, Capability: Other.
Sexual Orientation	Employee Relations	Overrepresentations of gay men in harassment, disciplinary and dismissals. Also over representation of heterosexuals in capability.
Age	Recruitment	For 18-19, 40-44, 45-49, 50-54 there are proportionally less people in these groups being appointed (comparing to applications)
Age	Recruitment	For 25-29, 60-64- 65-69 and 71+ there are proportionally more people in these groups being appointed (comparing to applications)
All Protected Characteristics	Recruitment	High level of applicants not disclosing equality data
Disability	Recruitment	Proportionally more disabled people being appointed in comparison to applications
Gender	Recruitment	Proportionally a rough 60% (women) and 40% (men) is maintained throughout the 3 stages of recruitment)
Marriage / Civil Partnership	Recruitment	Proportionally less married, divorced and those in civil partnerships are being appointed when comparing to applications.
Race	Recruitment	Proportionally less Asian and black people are appointed when comparing against applications.
Religion or Belief	Recruitment	Proportionally more atheists and Jainism being appointed but less Jewish and 'other' religions being appointed.
All Characteristics	Staff Survey	See page about experiences of differing groups.
Age	Workforce	Under representation of people in age groups 16-20 and 61+ in the workforce

Protected Characteristic	Subject	Observation
Age	Workforce	There is a disproportionate number of 21-25 and 51-55 year olds leaving the organisation
Age	Workforce	Low representation of 61+ in senior management roles (exc. Medical grades)
Age	Workforce	Majority of 16-20 in bands 1-3
All Protected Characteristics	Workforce	Overall declaration rates need to be improved - the general level of 'prefer not to say' and 'undefined' would suggest a lack of confidence in the releasing and collection of monitoring data and lack of opportunity to declare.
Disability	Workforce	When reviewing the gender workforce there appears to be an underrepresentation of disabled staff (however, this evens out when looking at senior managers exc. Medical grades)
Disability	Workforce	No representation of disabled people in band 8d, 9 and director level
Disability	Workforce	Poor representation of disabled people in medical grades
Gender	Workforce	There is a general overrepresentation of women, however this follows the national employment trend in the NHS
Gender	Workforce	There is an underrepresentation of women in senior management (exc. Medical grades)
Gender	Workforce	There is a 60% (female) and 40% (male) split of those on fixed term contracts which does not follow the general workforce pattern.
Gender	Workforce	73% of female staff and 27% of male staff are on permanent contracts - which follows the general workforce pattern
Gender	Workforce	Poor representation of women people in medical grades (about training roles)
Marriage / Civil Partnership	Workforce	Generally there is an underrepresentation of those, in civil partnerships, divorced and widowed. However, there is an overrepresentation of single people
Race	Workforce	A number of BAME groups appear slightly overrepresented and underrepresented when comparing against local demographics, however they follow the national population trends.
Race	Workforce	In non-medical grades majority of BAME staff are in bands 1-5, with under representation in bands 6 upwards.
Religion or Belief	Workforce	In the general workforce there is an underrepresentation of Christians, Muslims and Sikhs but there is an over representation of those who identify as have 'other' religion or belief systems.
Religion or Belief	Workforce	There is a disproportionate number of Jewish people leaving the organisation
Sexual Orientation	Workforce	About 4.51% of the overall workforce are L, G or B - according to Stonewall they estimate 5-7% of the population is LGB so would suggest an underrepresentation
Sexual Orientation	Workforce	There is an underrepresentation of L, G and B people in senior management (exc. Medical grades)

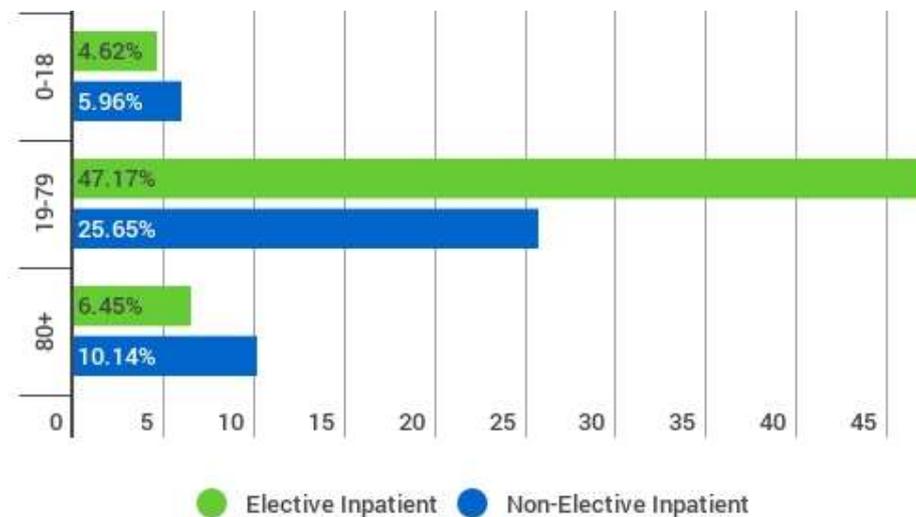
Who are the Trust's patients?

During 2015/16 the Trust saw over 750,000 patients, which included:

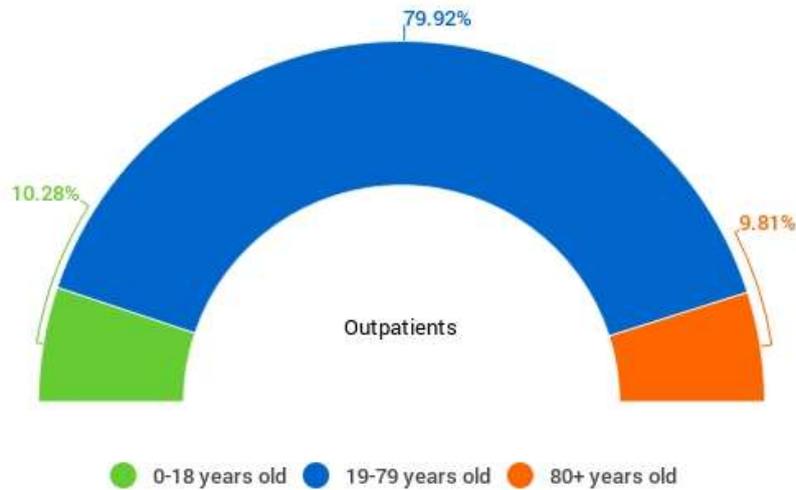
- 106,225 inpatients – of which 61,871 patients received planned (elective) treatment/care and 44,354 patients received unplanned (non-elective) care
- 646,678 outpatient appointments

A crucial part of delivering person centred care is in understanding the communities that are served. The following data helps the Trust to recognise the different people accessing services, which gives an idea of the types of additional support that should be offered to ensure the Trust is accessible.

Age



- 10.58% of all inpatients were aged 0-18 years old, of which 4.62% of all inpatients received elective care or treatment and 5.96% of all inpatients received non-elective care or treatment
- 72.82% of all inpatients were aged 19-79 years old, of which 47.17% of all inpatients received elective care or treatment and 25.65% of all inpatients received non-elective care or treatment
- 16.60% of all inpatients were aged 80+ years old, of which 6.45% of all inpatients received elective care or treatment and 10.14% of all inpatients received non-elective care or treatment



10.28%

of outpatients were aged between 0-18 years of age



79.92%

of outpatients were aged between 19-79 years of age



9.81%

of outpatients were 80+ years of age

Gender

50.58% of all inpatients were female



- 29.27% of all inpatients were female and received elective care or treatment
- 21.31% of all inpatients were female and received non-elective care or treatment

49.42% of all inpatients were male



- 28.97% of all inpatients were male and received elective care or treatment
- 20.45% of all inpatients were male and received non-elective care or treatment

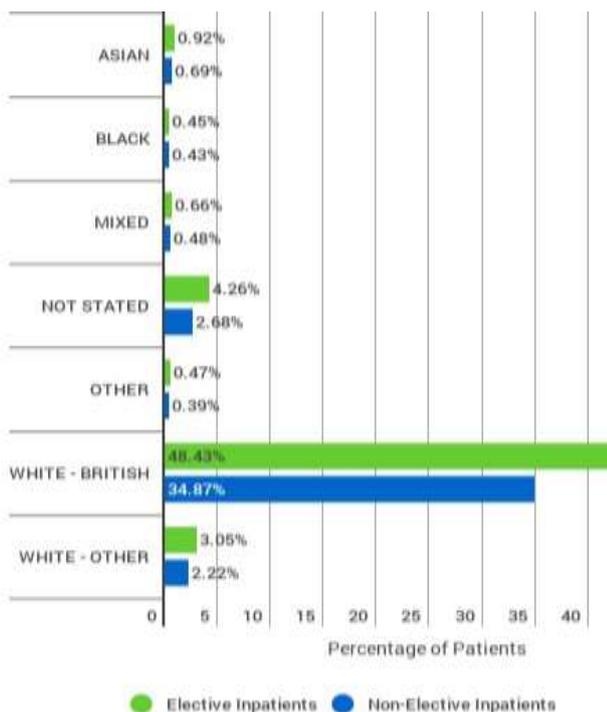
Outpatients



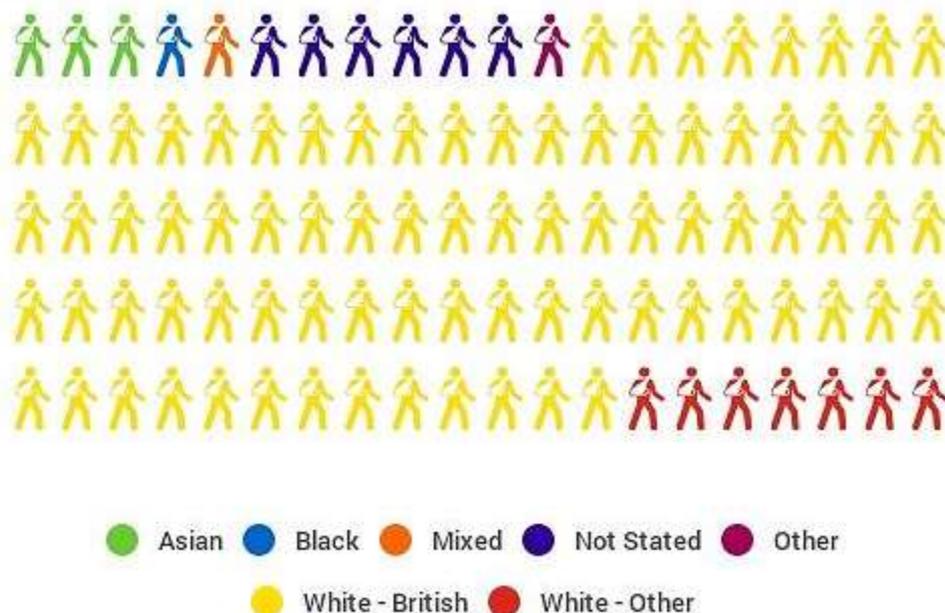
● Female ● Intersex ● Male ● Unknown

- 60.41% of outpatients were female
- 39.56% of outpatients were male
- 0.00% (1 person) of outpatients was intersex
- 0.03% of outpatients gender was not known

Race



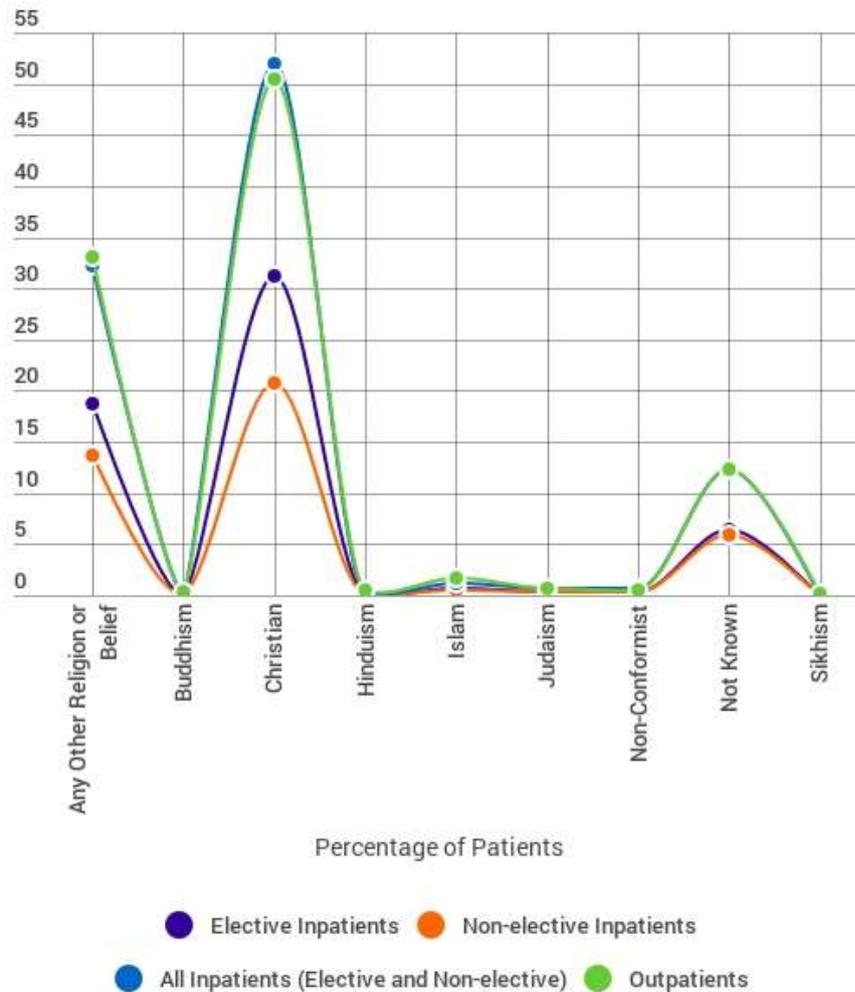
- 1.62% of in patients were Asian – 0.92% were elective and 0.69% were non-elective patients.
- 0.88% of in patients were Black – 0.45% were elective and 0.43% were non-elective patients.
- 1.14% of in patients were mixed race – 0.66% were elective and 0.48% were non-elective patients.
- 6.93% of inpatients race/ethnicity was unknown – 4.26% were elective and 2.68% were non-elective patients.
- 0.87% of in patients were from other race/ethnic groups – 0.47% were elective and 0.39% were non-elective patients.
- 83.30% of in patients were white – 48.43% were elective and 34.87 % were non-elective patients.
- 5.26% of in patients were white other groups – 3.05% were elective and 2.22% were non-elective patients.



- 2.39% of outpatients were Asian
- 1.16% of outpatients were Black
- 1.37% of outpatients were mixed race
- 6.19% of outpatients race/ethnicity was unknown
- 1.06% of outpatients were from other race/ethnic groups
- 81.24% of outpatients were white
- 6.60% of outpatients were from white - other groups.

Religion or Belief

	Elective Inpatients	Non-elective Inpatients	All Inpatients (Elective and Non-elective)	Outpatients
Any Other Religion or Belief	18.66%	13.64%	32.30%	33.09%
Buddhism	0.23%	0.13%	0.35%	0.41%
Christian	31.17%	20.77%	51.94%	50.52%
Hinduism	0.25%	0.16%	0.41%	0.54%
Islam	0.68%	0.56%	1.24%	1.72%
Judaism	0.42%	0.27%	0.70%	0.74%
Non-Conformist	0.41%	0.34%	0.75%	0.58%
Not Known	6.39%	5.85%	12.24%	12.32%
Sikhism	0.04%	0.03%	0.06%	0.09%



What do the patients think about the services and treatment they received from the Trust?

The Trust collects information about patient experience (both positive and negative) in real time using a questionnaire called Patient Voice. Patient Voice allows the Trust to collect feedback and identify and effect changes and service improvement throughout the year. The questionnaire incorporates the national Friends and Family Test which measures how likely a patient would recommend the Trust (and services) to their friends and family.

The data shown over the next few pages reflects the results of the Friends and Family Test over 2015/16 which reflects nearly 6,000 responses to the questionnaire. A positive response would indicate a patient/service user would recommend, a negative response would indicate a patient/service user would not recommend and a 'don't know' is neither a recommendation or not recommend.

Age

Age Range	Don't Know	Negative	Positive
16-35	6.6%	1.8%	91.6%
36-55	4.4%	2.3%	93.4%
56-75	5.2%	2.1%	92.7%
75+	6.6%	1.5%	91.9%
Grand Total	5.6%	1.9%	92.5%

Disability

	Don't Know	Negative	Positive
Not Disabled	5.0%	2.1%	92.9%
Not Disclosed	10.5%	1.8%	87.7%
Disabled	6.2%	1.7%	92.1%
Grand Total	5.7%	1.9%	92.4%

Gender

	Don't Know	Negative	Positive
Female	5.6%	2.0%	92.4%
Male	5.5%	1.8%	92.7%
Other	22.2%	0.0%	77.8%
Grand Total	5.5%	1.9%	92.5%

Gender Identity

	Don't Know	Negative	Positive
Not Transgender	5.29%	1.92%	92.79%
Not disclosed	11.27%	0.00%	88.73%
Transgender	0.00%	3.57%	96.43%
Grand Total	5.42%	1.88%	92.70%

Race

	Don't Know	Negative	Positive
Asian	3.0%	1.5%	95.5%
Black	9.6%	1.9%	88.5%
Mixed	6.1%	2.8%	91.0%
Other	2.6%		97.4%
White	5.5%	1.9%	92.6%
White - Other	7.6%	0.4%	91.9%
Grand Total	5.65%	1.87%	92.5%

Religion or Belief

	Don't Know	Negative	Positive
Agnostic	4.6%	0.7%	94.8%
Atheism	4.5%	3.0%	92.5%
Buddhism	8.5%	6.4%	85.1%
Christianity	4.6%	1.2%	94.2%
Hinduism	0.0%	0.0%	100.0%
Islam	9.5%	0.0%	90.5%
Jainism	16.7%	0.0%	83.3%
Judaism	5.3%	2.6%	92.1%
No Particular Faith	6.1%	1.4%	92.5%
Not Disclosed	14.6%	0.7%	84.7%
Other	3.8%	1.1%	95.1%
Pagan	0.0%	0.0%	100.0%
Sikhism	0.0%	0.0%	100.0%
Grand Total	5.4%	1.3%	93.3%

Sexual Orientation

	Don't Know	Negative	Positive
Bisexual	5.88%	1.18%	92.94%
Gay	4.69%	4.69%	90.63%
Heterosexual	4.78%	1.23%	93.99%
Lesbian / Gay Women	0.00%	8.33%	91.67%
Not disclosed	9.27%	1.32%	89.40%
Other	4.27%	0.00%	95.73%
Grand Total	5.15%	1.35%	93.51%

What does the patient demographic and experience data tell us?

Service use and experience data can provide a measure as to how well the organisation is performing and provides a way of identifying confidence within an organisation.

For example if the data shows there is a low uptake by any particular group that could lead to several conclusions. A particular group does not have confidence with the organisation and have made alternative arrangements for their healthcare, knowledge of services is low within certain groups, or certain groups experience low incidences of ill health. In any of the above it opens the door to targeted engagement to further understanding of the health needs of groups not attending the Trust's services.

The baseline for demographical data will be taken from the data from Census 2011 relating to South East England. South East England provides a fair average between Brighton and Hove and Mid Sussex.

When reviewing patient experience data the average will be used as a baseline for comparison. A 'don't know' response from the Friends and Family Test could indicate that the person required more support filling out the questionnaire, the person may have felt a negative score could impact on their treatment or they simply did not know.

Age:

- When comparing to the baseline for inpatients
 - Attendances for 0-18 year olds make up 10.58% of all inpatients, when compared to the geographical census data this is approximately half the expected trend of attendance
 - Attendances for 19-79 year old make up 72.82% of all inpatients, this is in line with geographical census data
 - Attendances for 80+ year old make up 16.60% of all inpatients, this is approximately 3 times more than the trend from geographical census data.
- When comparing to the baseline for outpatients
 - Attendances for 0-18 year olds make up 10.28% of all outpatients, when compared to the geographical census data this is approximately half the expected trend
 - Attendances for 19-79 year old make up 79.92% of all outpatients, this is roughly in line with geographical census data
 - Attendances for 80+ year old make up 9.81% of all outpatients, this is approximately 2 times more than the trend from geographical census data.
- When reviewing patient experience data:
 - Age groups 16-35 and 75+ scored higher than average in responding that they 'don't know' if they would recommend the Trust
 - Age groups 36-55 and 56-75 scored higher than average in stating they would recommend the Trust.

Disability

- When reviewing patient experience data
 - A high number of people did not disclose if they have a disability or not. This could indicate that more information needs to be given to patients when they fill this form in to improve declaration. Incidentally this group had a much higher than average in responding that they 'don't know' if they would recommend the Trust.

Gender

- Inpatient and outpatient service use is in line with geographical census data
- When reviewing patient experience data
 - The rate of men and women who would recommend the Trust is in line with the average
 - 'Other' group over one fifth responded that they 'don't know' if they would recommend the Trust. People who may select this category may be non-binary (i.e. not identify as male or female – all or some of the time, feels their gender falls outside of male or female all the time, etc.)

Gender Identity

- When reviewing patient experience data:
 - A higher than average number of trans people stated they would not recommend the Trust
 - Over 11% of respondents did not disclose their gender identity. This could indicate that more information needs to be given to patients when they fill this form in to improve declaration. However, further engagement with these groups would be useful to gain a better understanding.

Race

- When comparing to the baseline for inpatients
 - Less Asian and Black people attended the Trust's services than the trend that could be drawn from geographical census data
 - Slightly more Mixed race people attended the Trust's services than the trend that could be drawn from geographical census data
 - People who identified as White or White – Other attended in line with the trend that could be drawn from the geographical census data
 - About 7% of people did not disclose their race or ethnicity. This could indicate that more information needs to be given to patients when they fill this form in to improve declaration.
- When comparing to the baseline for outpatients
 - Less Asian (and slightly less Black and Mixed race) people attended the Trust's services than the trend that could be drawn from geographical census data
 - Slightly more people who identified as other race people attended the Trust's services than the trend that could be drawn from geographical census data

- People who identified as White or White – Other attended in line with the trend that could be drawn from the geographical census data
- About 6% of people did not disclose their race or ethnicity. This could indicate that more information needs to be given to patients when they fill this form in to improve declaration.
- When reviewing patient experience data
 - A higher than average number of Black, Mixed race and White – Other groups did not know if they would recommend the Trust (which was above average)
 - A higher than average number of Mixed race people would not recommend the Trust
 - A higher than average number of Asian, Other and White people stated they would recommend the Trust.

Religion or Belief

- When comparing the baseline for inpatients
 - Less Hindus, Muslims and Sikhs attended Trust services than the trend that could be drawn from geographical census data
 - Slightly less Buddhists attended Trust services than the trend that could be drawn from geographical census data
 - Slightly more Jewish people attended Trust services than the trend that could be drawn from geographical census data
 - Christians attended in line with the trend that could have been drawn from geographical census data
 - Non-Conformist/other categories (from the Trust's monitoring) does not provide enough information to make them directly comparable with census data.
 - About 12% of people did not disclose their religion or belief. This could indicate that more information needs to be given to patients when they fill this form in to improve declaration.
- When comparing the baseline for outpatients
 - Less Hindus and Sikhs attended Trust services than the trend that could be drawn from geographical census data
 - Slightly less Buddhists and Muslims attended Trust services than the trend that could be drawn from geographical census data
 - Slightly more Jewish people attended Trust services than the trend that could be drawn from geographical census data
 - Christians attended in line with the trend that could have been drawn from geographical census data

- Non-Conformist/other categories (from the Trust's monitoring) does not provide enough information to make them directly comparable with census data.
- About 12% of people did not disclose their religion or belief. This could indicate that more information needs to be given to patients when they fill this form in to improve declaration.
- When reviewing patient experience data
 - An above number of Atheists, Buddhists, Jainists and Jewish people did not know if they would recommend the Trust
 - A higher than average number of Atheists, Buddhists and Jewish people would not recommend the Trust
 - A higher than average number of Agnostic, Christian, Hindus, those following other religions, Pagans and Sikhs stated they would recommend the Trust
 - About 15% of people did not disclose their religion or belief. This could indicate that more information needs to be given to patients when they fill this form in to improve declaration.

Sexual Orientation

- When reviewing patient experience data
 - A higher than average number of bisexual and lesbian/gay women did not know if they would recommend the Trust
 - A higher than average number of gay men and women felt they would not recommend the Trust.
 - A higher than average number of heterosexuals and people who identified as 'other' would recommend the Trust.
 - Over 10% of people did not disclose their sexual orientation. This could indicate that more information needs to be given to patients when they fill this form in to improve declaration.

Quick facts about services to support patients during 2015/16

The Trust funded 646 patients requiring communication support to have interpreters e.g. British Sign Language or Dual Sensory Loss

The Trust funded 4,579 patients that have an overseas language need to have an interpreter

The Trust funded 19 translations of documents (5 in Braille and 14 in overseas languages)

There are 400+ volunteers that support patients and services

The Chaplaincy Team made 15,775 visits and 382 call-outs to patients and their families

The Learning Disabilities Liaison Team supported 300 inpatients with learning disabilities

Top 5 Languages used by patients:

- Arabic – 29.45% of all interpreting sessions
- British Sign Language – 12.21% of all interpreting sessions
- Polish – 7.60% of all interpreting sessions
- Bengali – 6.30% of all interpreting sessions
- Cantonese – 4.86% of all interpreting sessions