



# Annual Equality Report 2018

January 2019

Equality, Diversity and Inclusion Team



# Contents

Introduction.....	2
Who benefits from this report.....	3
Vision statement.....	4
What is the Trust doing to further the equality agenda?.....	5
Brighton and Sussex University Hospitals NHS Trust Equality Objectives	10
Who are the local communities the trust serves?.....	11
Who are the Trust’s workforce?.....	14
Quick facts about management staff (excluding medical staff).....	41
Results from the NHS Staff Survey 2017.....	42
How fair are the Trust’s recruitment processes?.....	44
How fair are the Trust’s employment policies and practices?.....	49
Training and development opportunities.....	55
What does the data tell us about our workforce, policies and practices?....	58
Who are the Trust’s patients?.....	62
What do patients think about the services and treatment they receive from the Trust?.....	66
What does the patient demographic and experience data tell us?.....	69
Quick facts about services to support patients during 2017/18.....	72



# 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, in effect promote a culture of active inclusion. 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
- pregnancy or recently had a baby
- their race
- their religion or belief system
- their sexual orientation

These nine attributes 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 Objectives (in this report) – 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
- The Trust's Patient First Programme – This is a programme to deliver improvements for both patients and staff

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 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018. 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).



# Vision statement

## **Equality, Diversity and Inclusion at the Brighton and Sussex University Hospitals NHS Trust in 2022**

Our vision is for equality, diversity and inclusion to be a 'golden thread' running through, and central to, how we work together to provide sustainable high quality patient-centred care for all people we serve.

Our vision is intended to provide a focus and vision for the delivery and development of all our services.

### **Our patients and service users:**

- 1) Have the confidence their individual needs and beliefs are taken seriously and they are treated with dignity and respect.
- 2) Know their individual life chances and well-being are enhanced by the Trust's commitment to equality, diversity and inclusion.
- 3) Are happy to choose to use and recommend the organisation.

### **Our staff:**

- 1) Feel valued and fairly treated in an organisation that really cares.
- 2) Know the Trust as an organisation that people want to come and work for, stay with and thrive in, because of its commitment to equality, diversity and inclusion.
- 3) Are proud to work in an open and inclusive organisation.

### **Our communities:**

- 1) Are assured the Trust engages with the diverse communities based on mutual interest and respect.
- 2) Are confident the Trust is active in tackling inequality, making services accessible, solving problems, delivering solutions and willing to learn.
- 3) The Trust is responsive to the challenges faced by people in relation to diverse needs and communicates appropriately.

### **Our organisation:**

- 1) Lives its values consistently across all sites.
- 2) Demonstrates long-term, consistent commitment to equality, diversity and inclusion for the people we serve.
- 3) Is a positive, innovative and 'can do' place to be.



# 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 2017/18.

## **Leadership, Culture and Workforce (LCW)**

The Board demonstrating their commitment to address the longstanding equality issues with BSUH, created a LCW Programme, which has Executive ownership and leadership.

There are 13 work streams of which equalities and inclusion is one – this is led by our Chief Executive, Dame Marianne Griffiths.

## **Equality, Diversity and Inclusion Team (EDI)**

We continue to have a dedicated EDI team, comprised of a Head of Inclusion, Deputy – Service Improvement, Manager-Workforce and Advisor. This enables the organisation to benefit from their expert advice for both staff and patients. Our Head of Inclusion also participated in the WRES Experts Programme and completed Cohort 1 in October 2018, thus ensuring that we are benefitting from her knowledge which will help to provide focus on the WRES agenda for both our staff and patients.

## **Information to support the workforce and patients**

The Equality, Diversity and Inclusion team has produced or made available a wide range of information to assist staff and patients.

During 2017/18 the team engaged with critical care and the emergency floor, to review the overseas language provision of patient information. As a result of this engagement, a number of changes have been made to assist these areas to better meet the needs of their 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 2017/18 the Equality, Diversity and Inclusion team supported more than 30 assessments.

### **Staff Conferences**

The Trust plans to have three staff conferences in 2018/19.

The first conference will be held in May 2018, which reviewed the 2017 Workforce Race Equality Standard. Staff were asked to provide comment on the findings from the report, and to help suggest methods of addressing any inequality found.

The second conference was held in July 2018, this conference looked at equality issues in a wider context, and also was a follow up from the May 2018 conference.

The third conference was held in July 2018, this conference was aimed at senior managers and looked at intersecting issues affecting equality and leadership.

We were supported by the Yvonne Coghill OBE, CBE FRCN – Director of NHS Workforce Race Equality Standard and other colleagues from the National WRES Team. As well as providing support on the day for our Conference – work was also undertaken with our Board and is ongoing.

### **Training**

The Equality, Diversity and Inclusion 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, hate crime, 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.

### **Gender Pay Gap Reporting**

All large employers are required to publish the pay a comparison of differences in pay for men and women. This helps to demonstrate on an organisation level if there are disparities or inequalities in respect of pay.

As a result, there were some disparities highlighted from the report, a gender working group was formed and an action plan produced to address this.

To see the 2017 report and action plan, please go to:

<https://gender-pay-gap.service.gov.uk/viewing/employer-%2cUVFTkg3LWdbsqgrxz3sJwg!!/report-2017>

### **NHS England Equality Standards**

The Trust has participated in the Workforce Race Equality Standard (WRES), The WRES looks at a number of factors that help demonstrate race equality within Trust processes and services for staff. As a result a number of areas for improvement were found, a working group was formed which helped develop a 3 year action plan to address these issues. A specific working group (formed of Trust staff) has been formed to look at issues raised within the standard. For further information and to download the latest report and action plan please go to:

<https://www.bsuh.nhs.uk/about-us/equality-diversity-and-human-rights/#2>

The Trust will be participating in the Workforce Disability Equality Standard (WDES), the standard should be released in autumn 2018/19. The aim of the standard is demonstrating fairness within services using standardised information available to all NHS Trusts. A specific working group (formed of Trust staff) will be formed to look at issues raised within the standard. More information about the standard can be found on NHS England's website:

<https://www.england.nhs.uk/about/equality/equality-hub/wdes>

NHS England has announced that a standard will be introduced in the future, this standard will deal with sexual orientation monitoring for patients. Further information about the proposed standard can be found by going to:

<https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/>

Future editions of this annual report will highlight progress within these standards.

### **Stonewall Workplace Equality Index**

In 2018/19 the Trust will be entering the annual Stonewall Work Equality Index. This index allows Trusts to how fair and equitable policies are for LGBT staff. It is an ambition that the Trust works to be recognised as a 'Stonewall Top 100 Employer'.

### **Staff Networks**

The Trust has an active LGBTQ+ Network which provides support and advice to staff of all sexual orientations and gender identities. The network helps the Trust with policy development, arranging social events for members, promoting and

representing the Trust at Brighton and Hove annual PRIDE events and will looking to launch an LGBTQ+ mentoring scheme in 2018/19.

The Trust is also looking at the level of interest and need for other networks, to support staff from other protected characteristics.

### **Service Improvements**

The Equality, Diversity and Inclusion 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. Work is being planned to extend this project to the Haywards Heath site, in the future.

The Equality, Diversity and Inclusion team has undertaken some targeted engagement work with clinical divisions, to provide ward/department based solutions to meeting their patient's needs. This includes the production of patient information, graphical tools and equipment to aid clear communication.

The Trust had contracted the 'Browsealoud' web screen reading system to increase the accessibility of the external website. The contract came to an end during 2017/18, after evaluating all the options, the Trust has signed a new 2-year contract for the 'Recite Me' system. The new system has all the same functionality of the previous system, but also adds some important additional functions. These functions not only benefit people with sensory impairments, but also benefits people with learning disabilities/difficulties and overseas language speakers.

The Trust undertook a 9 month procurement process with other NHS partners in the local area. The NHS partners procured a range of overseas and communication support services that will meet the needs of the local population. Undertaking this process as a group, enable the Trust to secure high quality services and solutions whilst enjoying the benefits of economy of scale. The contract were awarded in 2017/18 and went live in July 2018, in the forthcoming years the Trust will be utilising technology to introduce new services which will help improve accessibility of services and patient experience.

### **NHS Accessible Information Standard**

The standard was launched in July 2016, however in the lead up, the Equality, Diversity and Inclusion 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 Inclusion 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 'Recite Me' system which has helped to improve accessibility of the Trust's website.

### **Engagement with Patient Experience**

The Trust has taken a number of steps to engage with patients and their experience. The Trust has a Patient Experience and Engagement Group, a disabled patient and user group and many departments undertake their own engagement exercises e.g. maternity services undertook a survey at Trans Pride for trans and non-binary people.

### **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.

The redevelopment team have reached the stage of specifying equipment for the new buildings, and have consulted with the Equality, Diversity and Inclusion team when required.

For more information about the programme please see the Trust's website or contact the 3T's team on 01273 523375.



# Brighton and Sussex University Hospital 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 2019 to 2022. Below is a summary of the objectives and relevant actions.

The following objectives will be undertaken jointly with Western Sussex Hospitals Foundation NHS Trust:

1. Aim to have the workforce's declared equality monitoring data as a minimum of 90% across the board.
  - As of March 2018 the current rates of declared monitoring information is: Age (100%), Disability (82.6%), Gender (100%), Marriage and Civil Partnership (94.7%), Race and Ethnicity (97.2%), Religion or Belief (84.5%) and Sexual Orientation (87.4%).
2. Review the disparity of experiences from the NHS Staff Survey.
  - This is currently being reviewed under the Leadership, Culture and Workforce work stream (see page 5), work is also being undertaken as part of WRES and WDES (see page 7) with respective action plans that will address the issues highlighted
3. Review recruitment and selection process and training to identify areas of practice and unconscious bias.

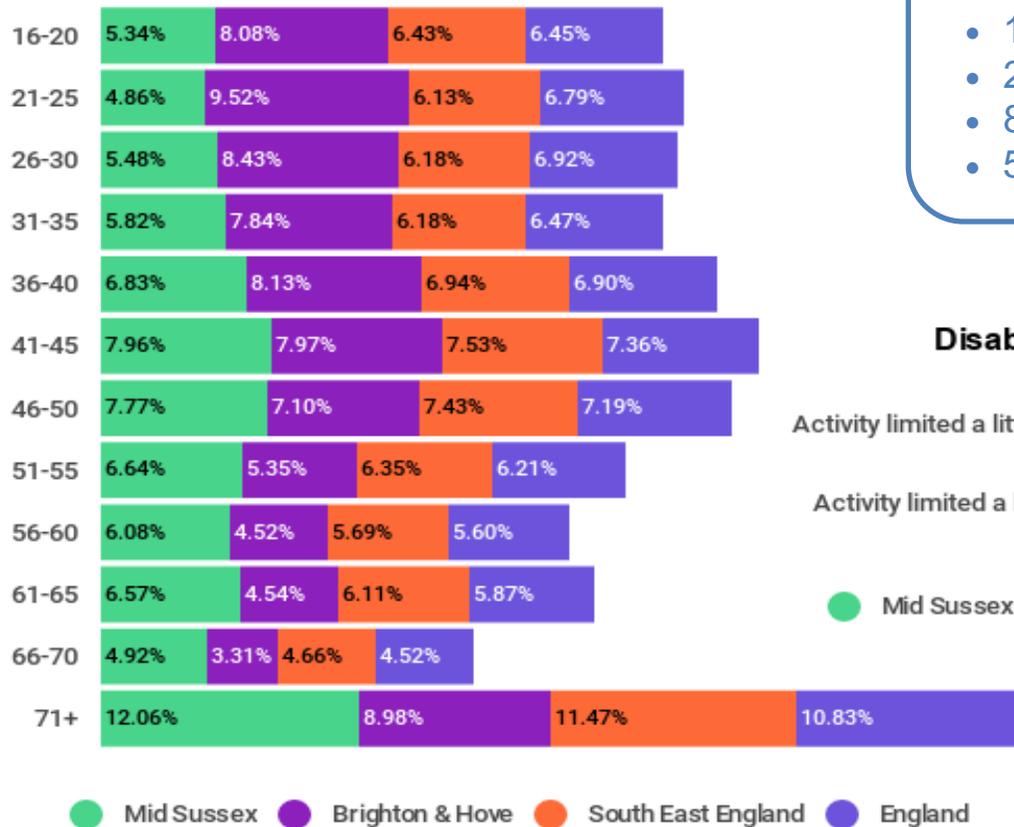
The following objectives are specific to Brighton & Sussex University Hospitals NHS Trust:

4. Engage with Trans and Black, Asian and Minority Ethnic communities to understand why they appear to have a worse experience to other groups (relating to the Friends and Family Test score).
5. Engage with patients to encourage greater trust with patient monitoring exercises.
6. Adult services to receive Trans, Non Binary and Gender Fluidity awareness.
  - It is expected that 20% of the (untrained) workforce will undergo this training per annum.



## Who are the local communities the trust serves?

### Age profile

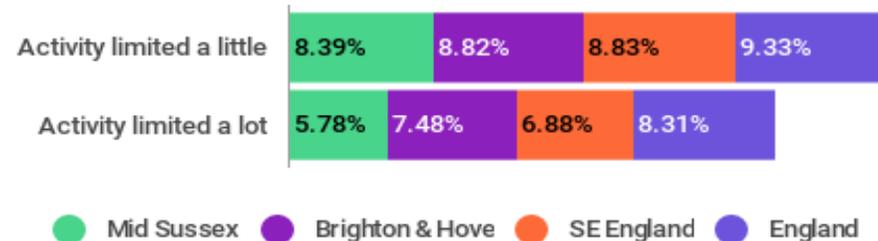


### Data is taken from the 2011 Census.

During this period there were:

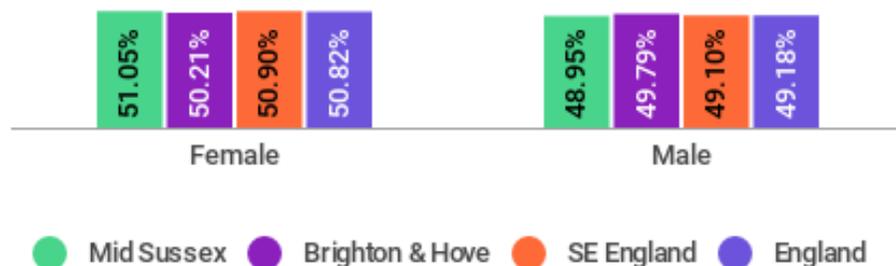
- 139,860 people in Mid Sussex
- 273,369 people in Brighton and Hove
- 8,634,750 people in South East England
- 53,012,456 people in England

### Disability profile



The 2011 Census asks 'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?'

## Gender profile



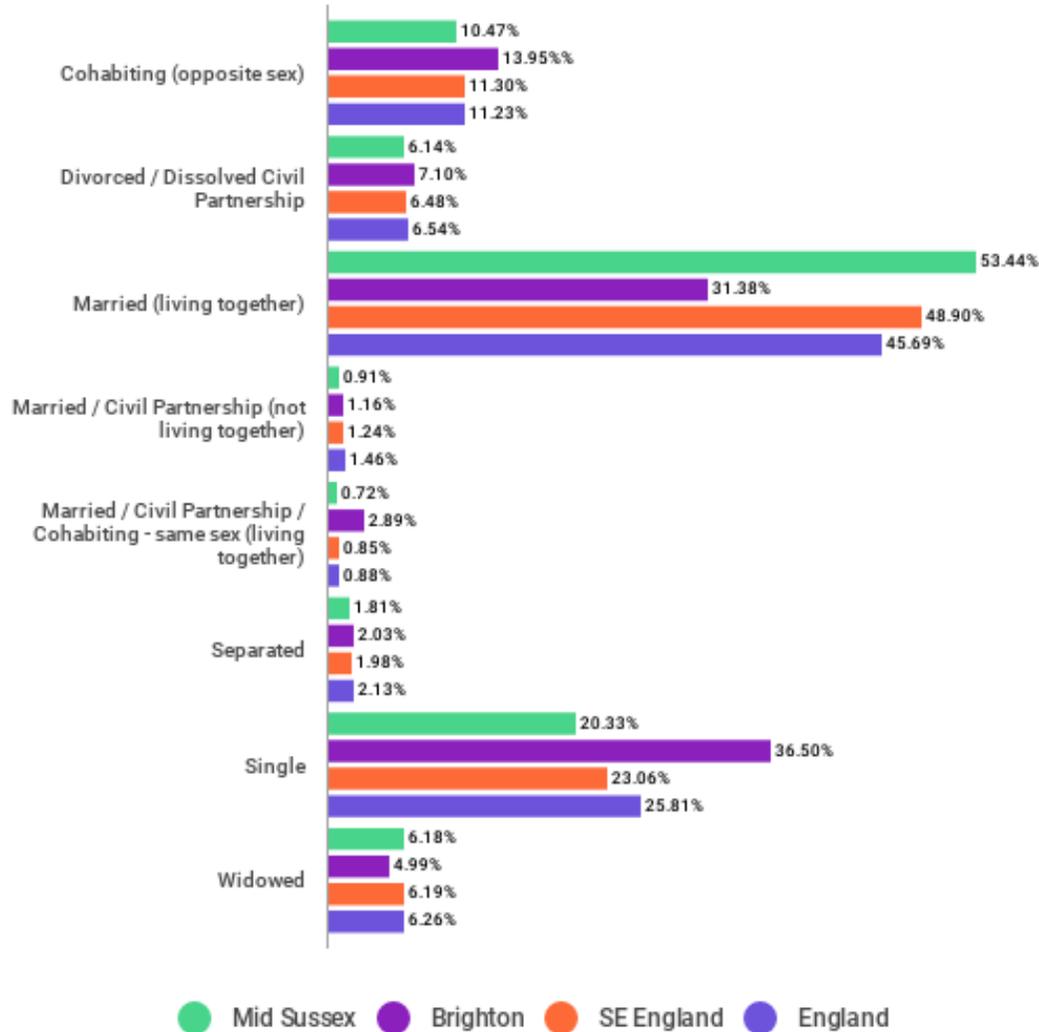
## Race profile

	Mid Sussex	Brighton & Hove	SE England	England
Asian	2.69%	4.13%	5.24%	7.82%
Black	0.56%	1.53%	1.58%	3.48%
Mixed	1.41%	3.81%	1.94%	2.25%
Other	0.23%	1.46%	0.59%	1.03%
White	90.33%	80.48%	85.23%	79.75%
White - Other	4.77%	8.59%	5.43%	5.66%

## Religion or belief profile

	Mid Sussex	Brighton	SE England	England
Buddhist	0.36%	1.00%	0.51%	0.45%
Christian	62.75%	42.90%	59.76%	59.38%
Hindu	0.61%	0.66%	1.07%	1.52%
Jewish	0.20%	0.98%	0.21%	0.49%
Muslim	0.81%	2.23%	2.34%	5.02%
No Religion	26.61%	42.42%	27.66%	24.74%
Not Stated	7.93%	8.81%	7.36%	7.18%
Other Religion	0.66%	0.88%	0.46%	0.43%
Sikh	0.06%	0.13%	0.64%	0.79%

## Relationship status profile



## Gender Identity

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



## Pregnancy and Maternity

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



## Sexual Orientation

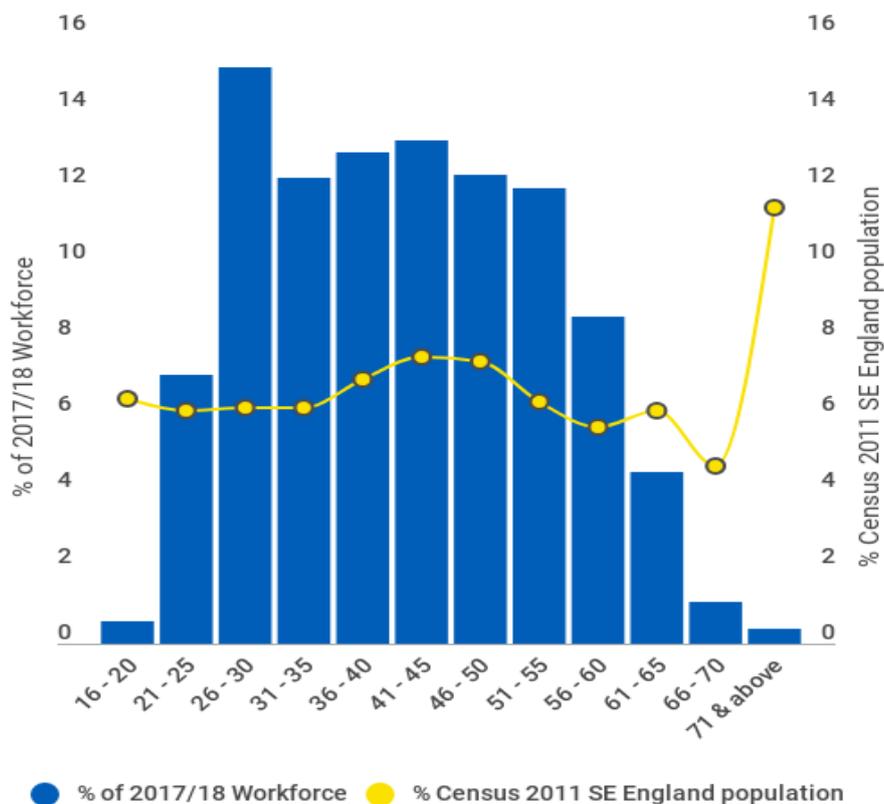
At present there are no national statistics that accurately demonstrate sexual orientation



# 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



16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71+
0.6%	7.0%	15.2%	12.3%	12.9%	13.2%	12.3%	12.0%	8.6%	4.5%	1.1%	0.4%
6.4%	6.1%	6.2%	6.2%	6.9%	7.5%	7.4%	6.4%	5.7%	6.1%	4.7%	11.5%



### Gender Identity

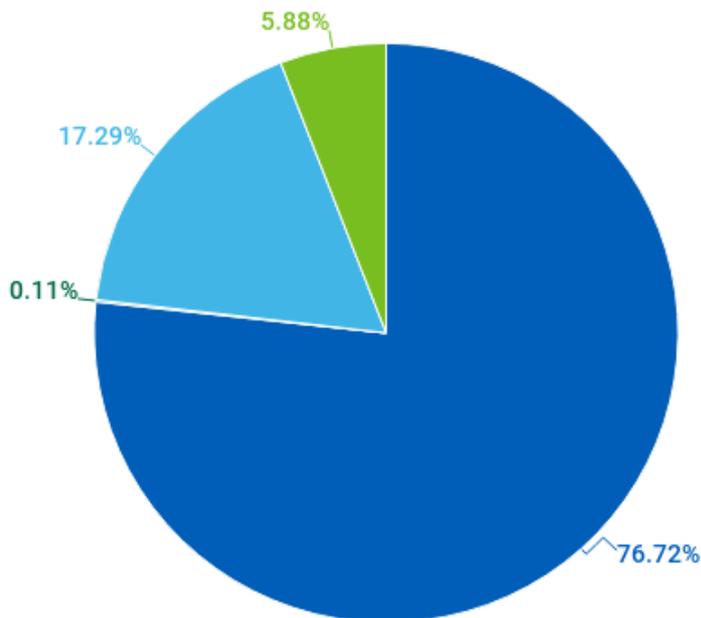
At present the Electronic Staff Records system does not support collecting data that would allow monitoring of gender identity, this is a national issue.



### Maternity and Pregnancy

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

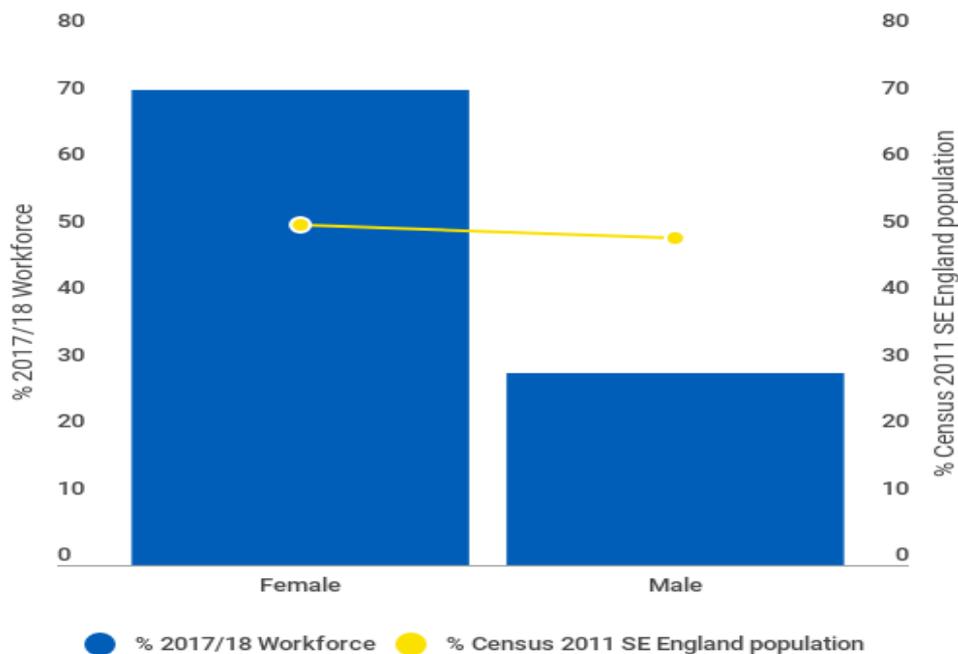
## Disability



It is not possible to provide a direct comparison with the Census 2011 data. Whilst it is safe to say that those who identify as having their day-to-day activities 'limited a lot' will be counted as disabled, those who identify as 'limited a little' only some will be considered disabled.

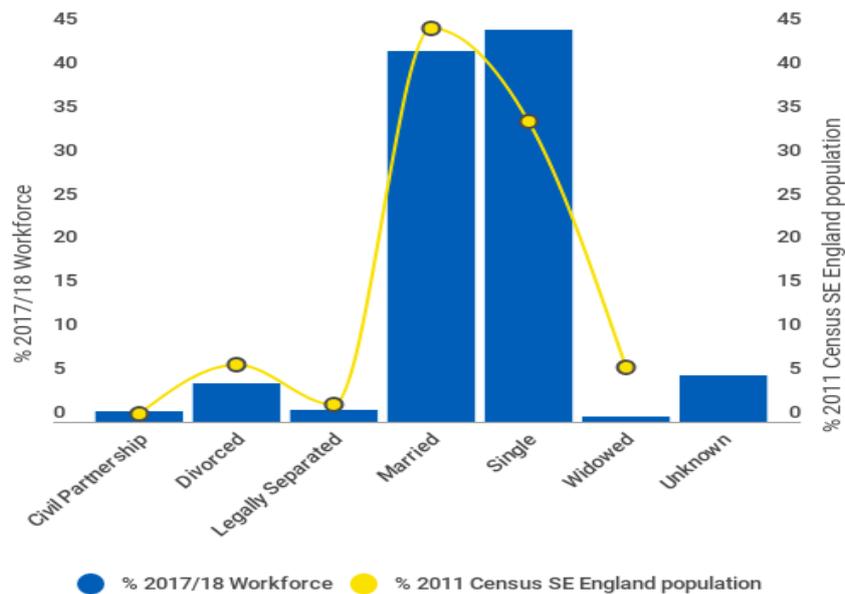
● Not Disabled
 ● Prefer Not To Answer
 ● Undefined
 ● Disabled

## Gender



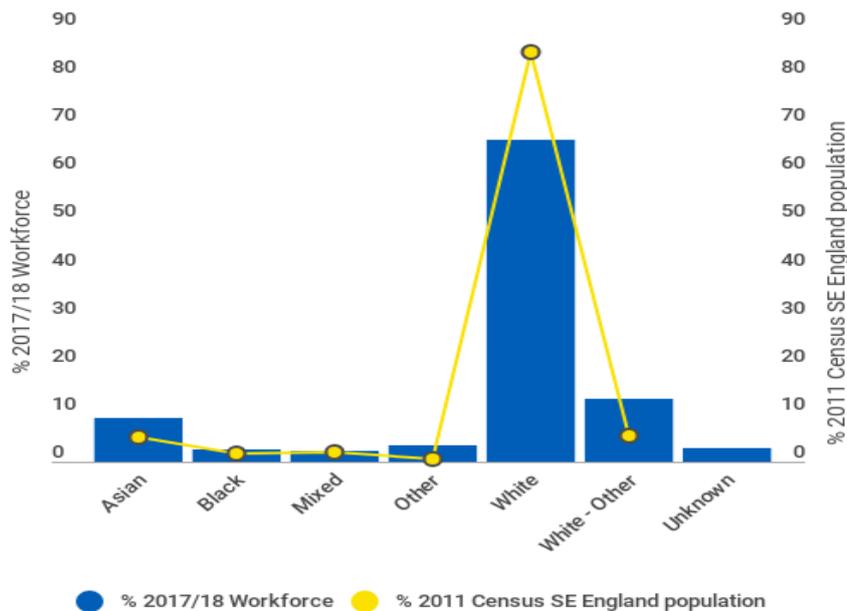
	Female	Male
<b>% 2017/18 Workforce</b>	<b>71.2%</b>	<b>28.8%</b>
<b>% Census 2011 SE England population</b>	<b>50.9%</b>	<b>49.1%</b>

## Marriage and Civil Partnership



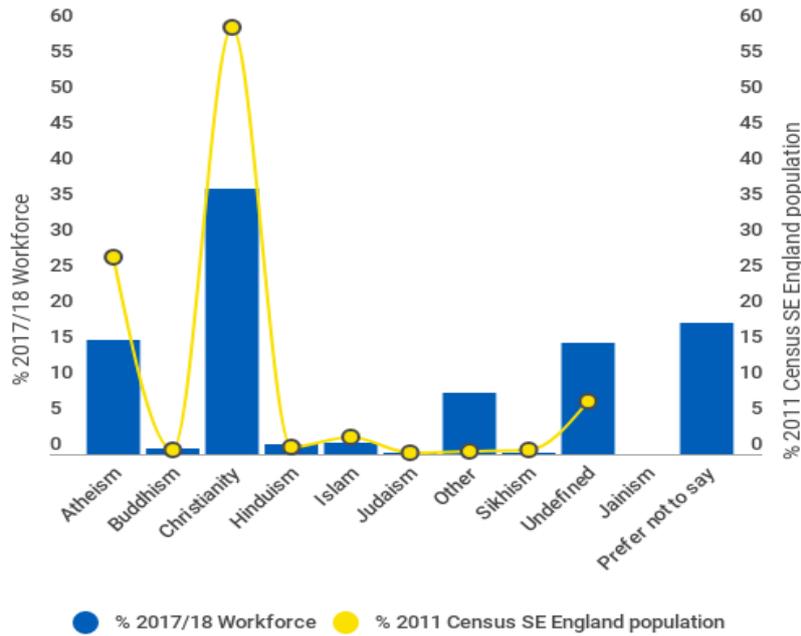
Civil partnership	Divorced	Legally Separated	Married	Single	Widowed	Unknown
1.2%	4.4%	1.3%	42.4%	44.8%	0.6%	5.3%
0.9%	6.5%	2.0%	48.9%	34.4%	6.2%	-

## Race and Ethnicity



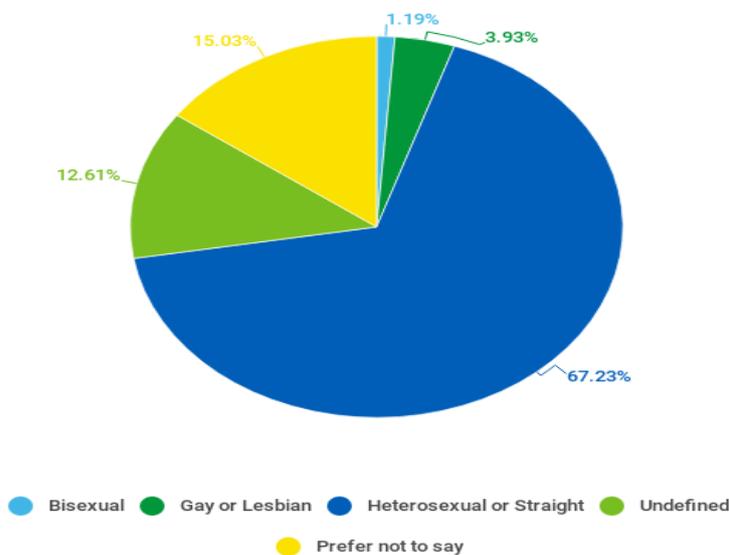
Asian	Black	Mixed	Other	White	White-Other	Unknown
9.1%	2.5%	2.4%	3.4%	66.8%	13.0%	2.8%
5.2%	1.6%	1.9%	0.6%	85.2%	5.4%	-

## Religion or Belief

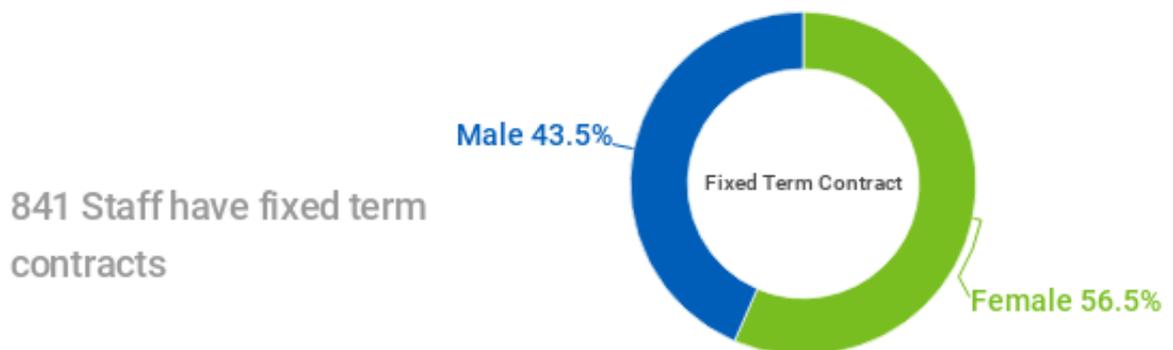
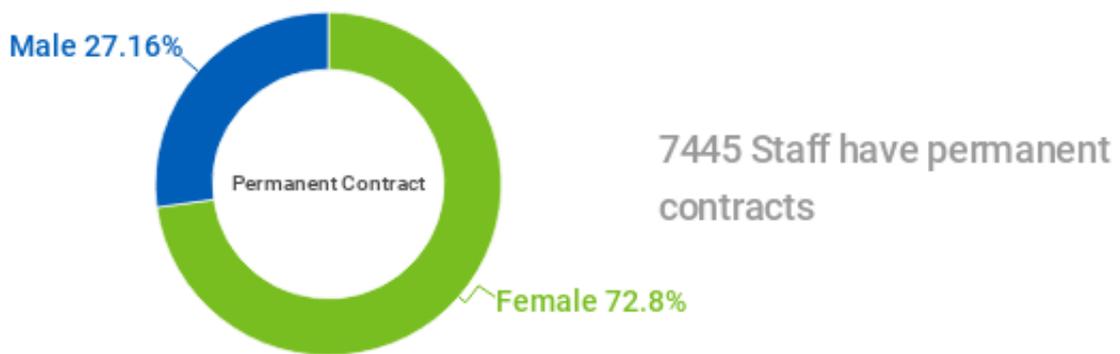
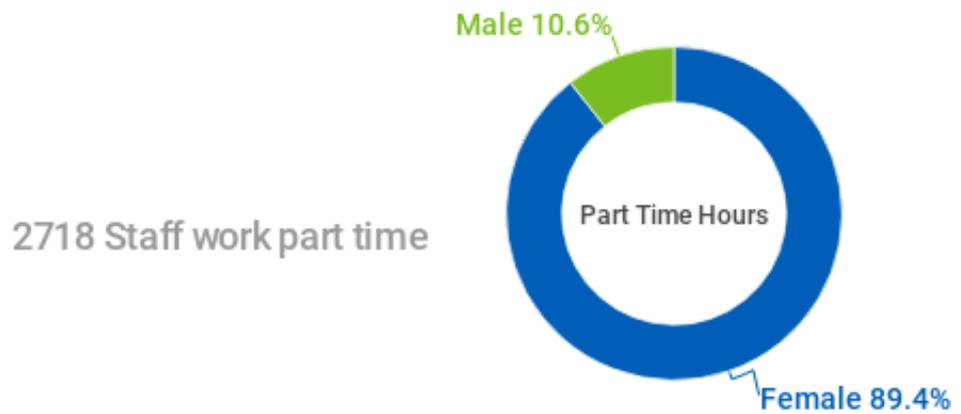
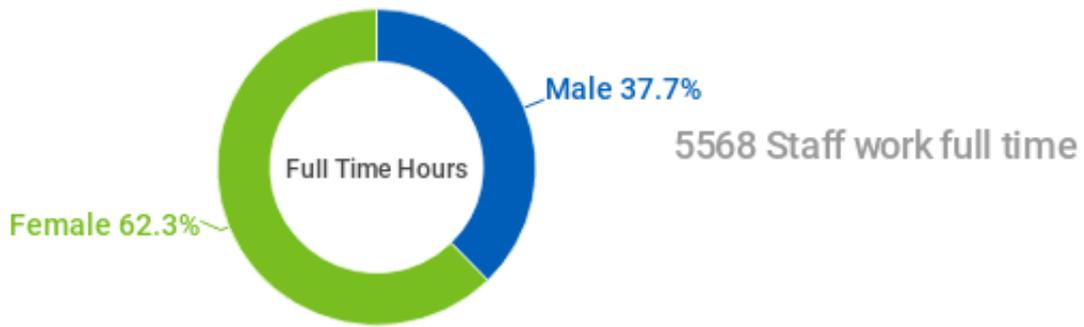


Religion or Belief	% 2017/18 Workforce	% 2011 Census SE England population
Atheism	16.0%	27.7%
Buddhism	0.8%	0.5%
Christianity	37.2%	59.8%
Hinduism	1.47%	1.2%
Islam	1.6%	2.3%
Judaism	0.2%	0.2%
Other	8.6%	0.5%
Sikhism	0.2%	0.64%
Undefined	15.5%	7.4%
Jainism	0.1%	-
Prefer not to say	18.5%	-

## Sexual Orientation



It is not possible to provide a direct comparison with the Census 2011 data.



Pay Banding – in this section the data and information will show the composition of the pay band by the protected characteristic

	Age Range											
	16 - 20	21 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	71 & above
Band 1	2.0%	4.2%	8.8%	13.0%	14.7%	11.8%	13.7%	10.0%	10.0%	8.3%	2.2%	1.2%
Band 2	2.4%	10.0%	13.0%	11.4%	12.3%	11.8%	9.8%	10.7%	10.1%	5.5%	2.1%	1.1%
Band 3	1.1%	8.2%	11.1%	10.0%	9.2%	10.9%	11.8%	13.8%	13.5%	7.9%	2.1%	0.5%
Band 4	0.4%	5.0%	11.8%	9.3%	9.3%	10.5%	12.0%	15.9%	13.6%	9.1%	2.1%	1.1%
Band 5	0.0%	14.2%	24.9%	12.2%	11.0%	10.5%	8.8%	9.2%	6.1%	2.7%	0.3%	0.2%
Band 6	0.0%	3.7%	14.5%	13.5%	14.8%	16.6%	14.1%	12.6%	5.8%	3.4%	1.0%	0.0%
Band 7	0.0%	0.5%	6.9%	11.1%	16.3%	17.2%	18.9%	14.9%	10.5%	3.5%	0.1%	0.0%
Band 8a	0.0%	0.0%	2.4%	5.3%	13.0%	19.2%	24.5%	21.2%	8.7%	5.3%	0.5%	0.0%
Band 8b	0.0%	0.0%	0.0%	7.9%	11.9%	18.8%	16.8%	29.7%	9.9%	5.0%	0.0%	0.0%
Band 8c	0.0%	0.0%	0.0%	5.0%	12.5%	15.0%	7.5%	40.0%	15.0%	5.0%	0.0%	0.0%
Band 8d	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	36.8%	26.3%	21.1%	5.3%	0.0%	5.3%
Band 9	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	22.2%	22.2%	44.4%	0.0%	0.0%	0.0%
Local - Director	0.0%	0.0%	0.0%	0.0%	0.0%	15.4%	46.2%	15.4%	23.1%	0.0%	0.0%	0.0%
Medical - Consultant	0.0%	0.0%	0.0%	2.4%	18.7%	27.8%	19.6%	16.5%	10.1%	4.0%	0.7%	0.2%
Medical - Staff Grade	0.0%	0.0%	0.0%	8.9%	21.4%	14.3%	14.3%	14.3%	17.9%	5.4%	3.6%	0.0%
Medical - Training Grade	0.0%	1.3%	19.9%	40.7%	22.6%	7.4%	5.4%	1.3%	1.0%	0.3%	0.0%	0.0%
NULL	0.0%	18.1%	52.8%	18.9%	6.1%	1.9%	1.3%	0.3%	0.3%	0.3%	0.0%	0.0%
<b>Overall age in workforce</b>	<b>0.6%</b>	<b>7.0%</b>	<b>15.2%</b>	<b>12.3%</b>	<b>12.9%</b>	<b>13.2%</b>	<b>12.3%</b>	<b>12.0%</b>	<b>8.6%</b>	<b>4.5%</b>	<b>1.1%</b>	<b>0.4%</b>

	Disability Status			
	Disabled	Not Disabled	Prefer Not To Answer	Undefined
Band 1	11.5%	85.5%	0.0%	2.9%
Band 2	7.0%	80.2%	0.2%	12.6%
Band 3	9.8%	75.3%	0.0%	14.9%
Band 4	6.1%	80.2%	0.2%	13.6%
Band 5	5.1%	81.5%	0.1%	13.3%
Band 6	4.4%	74.8%	0.1%	20.8%
Band 7	4.4%	75.8%	0.0%	19.8%
Band 8a	7.7%	76.4%	0.0%	15.9%
Band 8b	9.9%	77.2%	0.0%	12.9%
Band 8c	5.0%	75.0%	0.0%	20.0%
Band 8d	0.0%	78.9%	0.0%	21.1%
Band 9	11.1%	77.8%	0.0%	11.1%
Local - Director	0.0%	69.2%	0.0%	30.8%
Medical - Consultant	1.5%	69.4%	0.0%	29.1%
Medical - Staff Grade	3.6%	58.9%	0.0%	37.5%
Medical - Training Grade	2.0%	70.4%	0.3%	27.3%
NULL	5.9%	59.5%	0.5%	34.1%
<b>Overall disability status in workforce</b>	<b>5.9%</b>	<b>76.7%</b>	<b>0.1%</b>	<b>17.3%</b>

	Gender	
	Female	Male
Band 1	56.4%	43.6%
Band 2	69.5%	30.5%
Band 3	72.2%	27.8%
Band 4	78.9%	21.1%
Band 5	78.6%	21.4%
Band 6	81.4%	18.6%
Band 7	79.0%	21.0%
Band 8a	72.1%	27.9%
Band 8b	66.3%	33.7%
Band 8c	60.0%	40.0%
Band 8d	42.1%	57.9%
Band 9	55.6%	44.4%
Local - Director	61.5%	38.5%
Medical - Consultant	39.0%	61.0%
Medical - Staff Grade	41.1%	58.9%
Medical - Training Grade	50.2%	49.8%
NULL	58.9%	41.1%
<b>Grand Total</b>	<b>71.2%</b>	<b>28.8%</b>

	Race category						
	Asian	Black	Mixed	Other	Unknown	White	White - Other
Band 1	7.6%	6.9%	3.9%	4.7%	6.1%	29.4%	41.4%
Band 2	11.1%	1.9%	2.4%	4.5%	2.7%	64.6%	12.9%
Band 3	5.4%	2.2%	1.8%	2.1%	2.2%	77.4%	8.8%
Band 4	3.9%	1.1%	1.4%	1.6%	1.8%	83.8%	6.4%
Band 5	10.6%	3.3%	2.0%	5.0%	3.3%	55.2%	20.7%
Band 6	5.3%	1.9%	1.9%	3.0%	3.0%	75.9%	8.9%
Band 7	3.7%	1.7%	2.2%	1.4%	3.1%	82.8%	5.1%
Band 8a	3.4%	1.4%	1.4%	1.0%	4.8%	82.7%	5.3%
Band 8b	2.0%	4.0%	1.0%	0.0%	2.0%	87.1%	4.0%
Band 8c	0.0%	0.0%	2.5%	0.0%	0.0%	87.5%	10.0%
Band 8d	0.0%	5.3%	0.0%	0.0%	0.0%	94.7%	0.0%
Band 9	0.0%	11.1%	0.0%	0.0%	0.0%	88.9%	0.0%
Local - Director	15.4%	0.0%	0.0%	0.0%	7.7%	76.9%	0.0%
Medical - Consultant	20.0%	2.4%	3.1%	3.3%	1.8%	58.6%	10.8%
Medical - Staff Grade	26.8%	3.6%	7.1%	7.1%	3.6%	33.9%	17.9%
Medical - Training Grade	23.9%	5.1%	5.1%	7.1%	1.7%	42.4%	14.8%
NULL	17.9%	1.9%	5.1%	2.7%	0.8%	63.2%	8.5%
<b>Overall race category in workforce</b>	<b>9.1%</b>	<b>2.5%</b>	<b>2.4%</b>	<b>3.4%</b>	<b>2.8%</b>	<b>66.8%</b>	<b>13.0%</b>

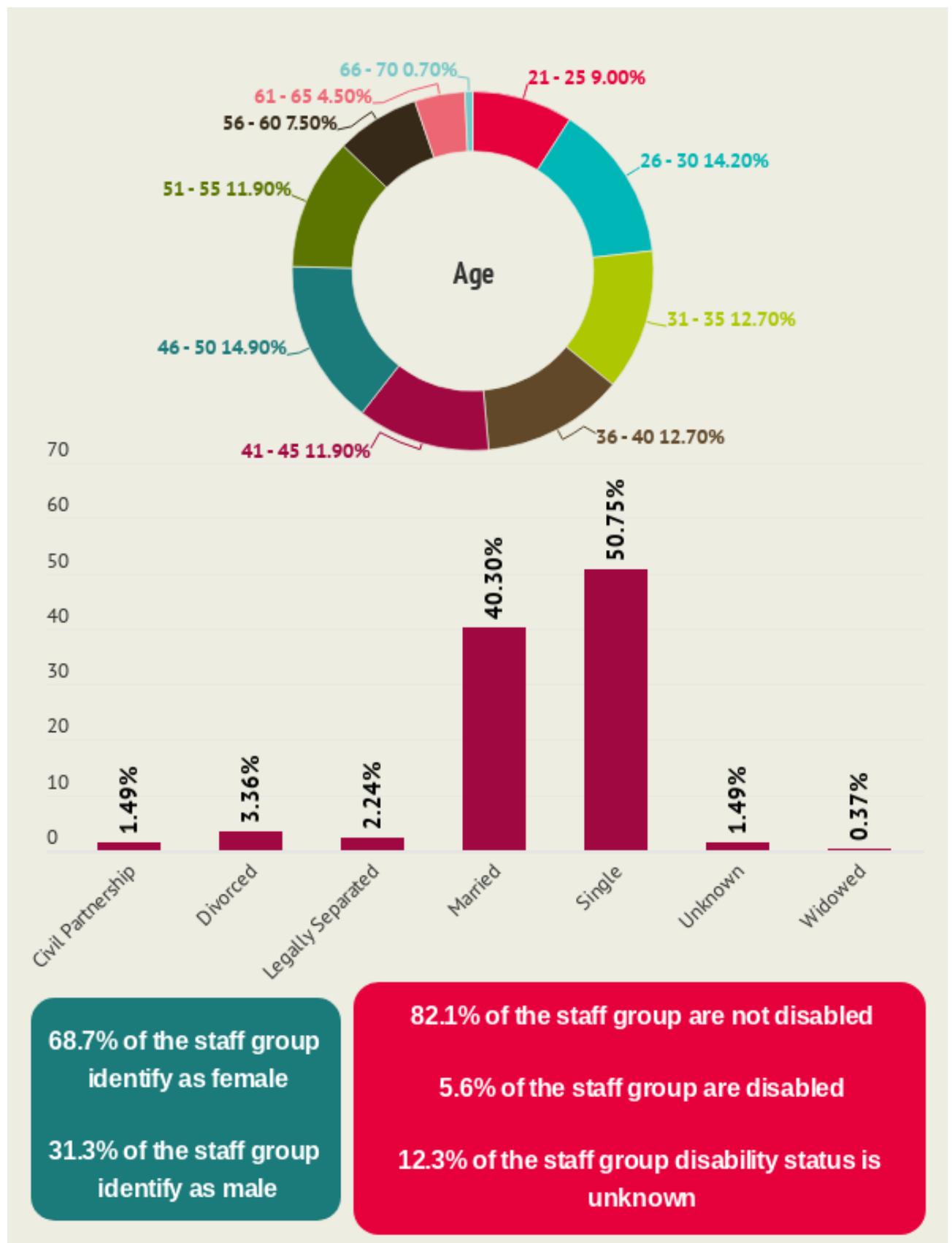
	Marriage / Civil Partnership Status						
	Civil Partnership	Divorced	Legally Separated	Married	Single	Unknown	Widowed
Band 1	2.0%	6.4%	1.7%	31.9%	40.2%	15.9%	2.0%
Band 2	1.6%	5.3%	1.4%	40.1%	43.3%	7.1%	1.1%
Band 3	1.7%	6.6%	2.1%	41.5%	41.9%	5.0%	1.1%
Band 4	1.1%	9.8%	1.8%	42.9%	40.0%	3.6%	0.9%
Band 5	0.7%	3.1%	1.6%	33.0%	56.8%	4.3%	0.4%
Band 6	0.9%	4.2%	1.6%	45.0%	43.8%	4.1%	0.4%
Band 7	1.3%	3.7%	0.8%	52.6%	38.7%	3.0%	0.0%
Band 8a	1.4%	5.3%	1.0%	52.9%	34.1%	3.4%	1.9%
Band 8b	1.0%	4.0%	1.0%	57.4%	28.7%	7.9%	0.0%
Band 8c	0.0%	5.0%	2.5%	50.0%	37.5%	5.0%	0.0%
Band 8d	5.3%	0.0%	0.0%	68.4%	15.8%	10.5%	0.0%
Band 9	0.0%	11.1%	0.0%	66.7%	11.1%	11.1%	0.0%
Local - Director	0.0%	0.0%	0.0%	53.8%	46.2%	0.0%	0.0%
Medical - Consultant	1.8%	1.8%	0.0%	70.9%	21.6%	4.0%	0.0%
Medical - Staff Grade	1.8%	3.6%	0.0%	62.5%	25.0%	7.1%	0.0%
Medical - Training Grade	0.3%	0.7%	0.7%	47.5%	44.1%	6.7%	0.0%
NULL	0.0%	0.5%	0.0%	16.8%	79.5%	3.2%	0.0%
<b>Overall marriage / civil partnership status in workforce</b>	<b>1.2%</b>	<b>4.4%</b>	<b>1.3%</b>	<b>42.4%</b>	<b>44.8%</b>	<b>5.3%</b>	<b>0.6%</b>

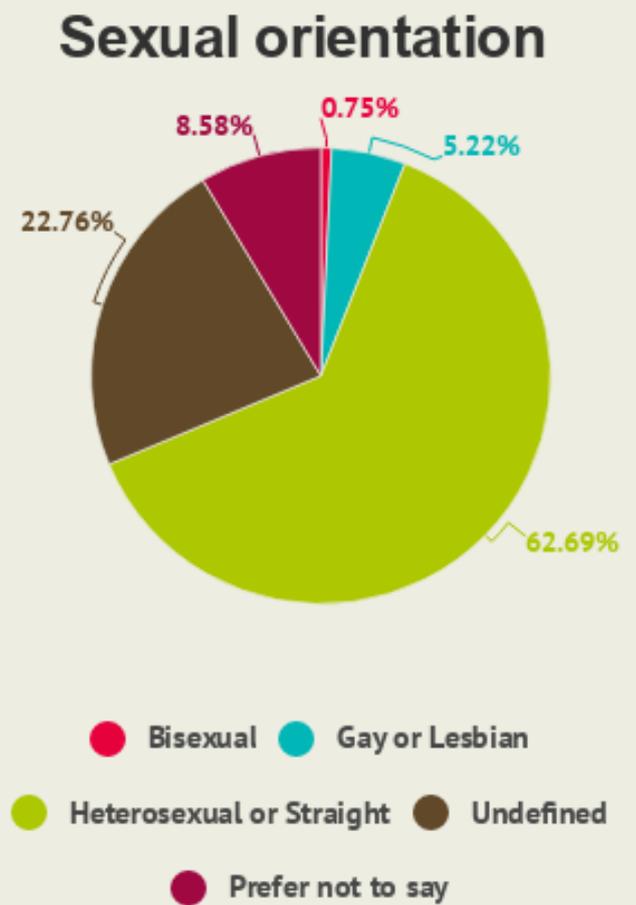
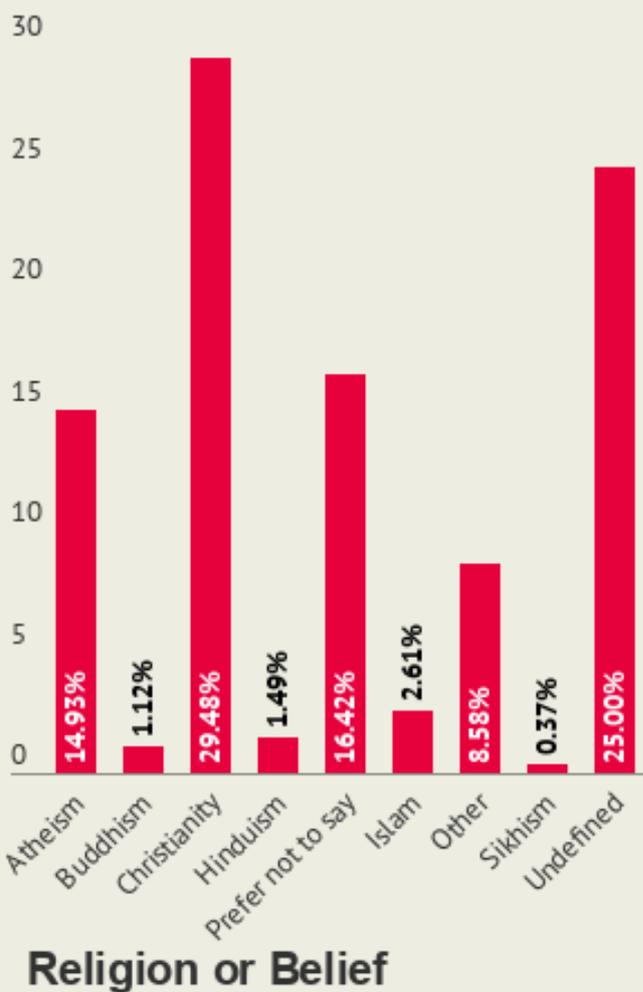
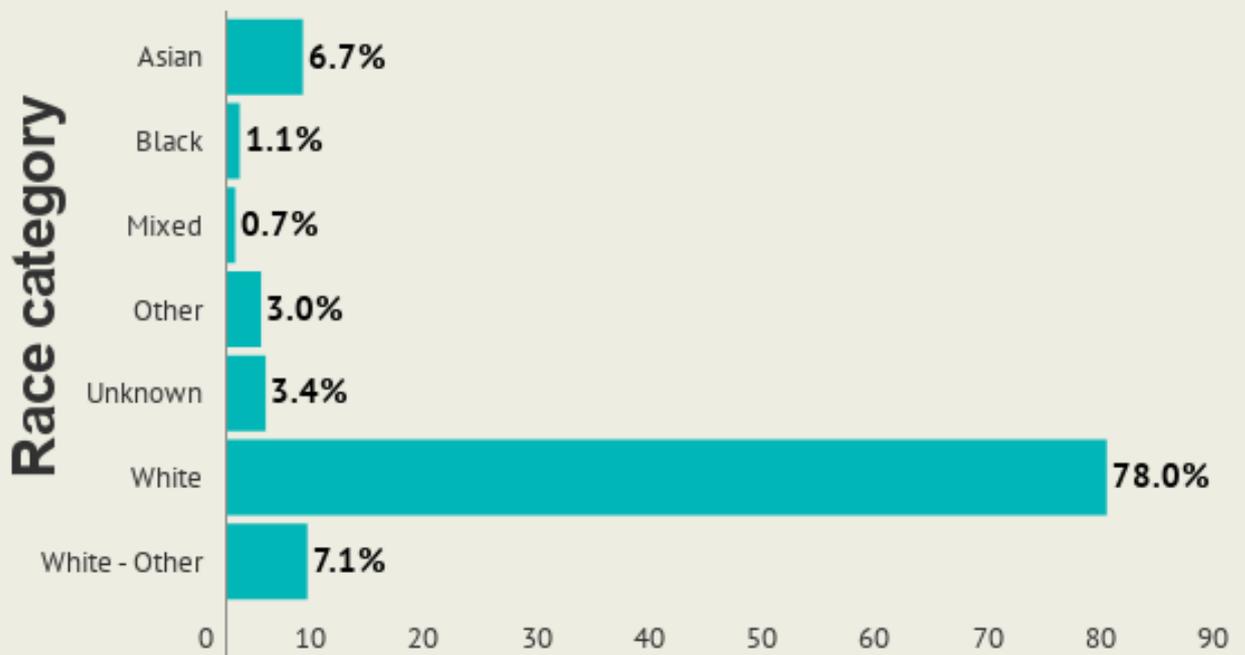
	Religion or Belief										
	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Other	Prefer not to say	Sikhism	Undefined
<b>Band 1</b>	6.9%	2.0%	51.0%	1.2%	6.1%	0.0%	0.0%	13.2%	19.6%	0.0%	0.0%
<b>Band 2</b>	14.6%	0.6%	44.9%	1.6%	1.9%	0.0%	0.2%	12.0%	13.6%	0.1%	10.4%
<b>Band 3</b>	12.4%	0.9%	39.8%	0.7%	0.9%	0.0%	0.1%	9.7%	12.4%	0.2%	22.9%
<b>Band 4</b>	16.1%	0.4%	32.9%	0.5%	0.9%	0.0%	0.2%	10.5%	12.9%	0.0%	25.7%
<b>Band 5</b>	18.0%	0.7%	43.6%	1.0%	1.0%	0.1%	0.1%	7.7%	14.7%	0.0%	13.3%
<b>Band 6</b>	18.3%	0.5%	36.0%	0.6%	0.4%	0.0%	0.1%	8.7%	13.1%	0.1%	22.2%
<b>Band 7</b>	18.6%	0.6%	33.0%	0.6%	0.4%	0.0%	0.0%	6.6%	14.4%	0.1%	25.6%
<b>Band 8a</b>	12.5%	0.0%	30.3%	2.4%	0.5%	0.0%	0.0%	5.8%	15.9%	0.0%	32.7%
<b>Band 8b</b>	16.8%	0.0%	25.7%	1.0%	1.0%	0.0%	0.0%	11.9%	15.8%	0.0%	27.7%
<b>Band 8c</b>	15.0%	0.0%	37.5%	0.0%	0.0%	0.0%	0.0%	2.5%	17.5%	0.0%	27.5%
<b>Band 8d</b>	36.8%	0.0%	26.3%	0.0%	0.0%	0.0%	0.0%	5.3%	5.3%	0.0%	26.3%
<b>Band 9</b>	0.0%	0.0%	44.4%	0.0%	0.0%	0.0%	0.0%	11.1%	11.1%	0.0%	33.3%
<b>Local - Director</b>	23.1%	0.0%	15.4%	0.0%	0.0%	0.0%	0.0%	7.7%	53.8%	0.0%	0.0%
<b>Medical - Consultant</b>	12.8%	0.4%	26.4%	6.2%	2.6%	0.2%	0.4%	4.6%	45.4%	0.2%	0.7%
<b>Medical - Staff Grade</b>	7.1%	0.0%	26.8%	0.0%	1.8%	1.8%	0.0%	1.8%	58.9%	0.0%	1.8%
<b>Medical - Training Grade</b>	16.5%	3.4%	24.9%	5.1%	10.4%	0.0%	0.3%	4.4%	33.7%	1.3%	0.0%
<b>NULL</b>	21.3%	1.3%	16.5%	2.9%	1.6%	0.5%	0.5%	4.8%	49.6%	0.8%	0.0%
<b>Overall Religion or Belief in workforce</b>	16.0%	0.8%	37.2%	1.5%	1.6%	0.1%	0.2%	8.6%	18.5%	0.2%	15.5%

	Sexual Orientation				
	Bisexual	Gay or Lesbian	Heterosexual	Prefer not to say	Undefined
<b>Band 1</b>	<b>2.0%</b>	2.9%	<b>72.1%</b>	<b>23.0%</b>	0.0%
<b>Band 2</b>	<b>1.6%</b>	3.8%	<b>74.4%</b>	10.6%	9.6%
<b>Band 3</b>	0.5%	<b>4.5%</b>	66.7%	9.0%	<b>19.3%</b>
<b>Band 4</b>	0.9%	3.0%	66.3%	10.4%	<b>19.5%</b>
<b>Band 5</b>	<b>1.8%</b>	3.8%	<b>72.3%</b>	10.6%	11.4%
<b>Band 6</b>	1.0%	<b>4.9%</b>	67.2%	9.3%	<b>17.5%</b>
<b>Band 7</b>	1.0%	<b>4.2%</b>	64.7%	10.4%	<b>19.7%</b>
<b>Band 8a</b>	0.5%	<b>5.3%</b>	59.6%	7.7%	<b>26.9%</b>
<b>Band 8b</b>	0.0%	<b>5.0%</b>	60.4%	<b>15.8%</b>	<b>18.8%</b>
<b>Band 8c</b>	0.0%	<b>7.5%</b>	62.5%	10.0%	<b>20.0%</b>
<b>Band 8d</b>	0.0%	<b>5.3%</b>	<b>73.7%</b>	5.3%	<b>15.8%</b>
<b>Band 9</b>	0.0%	<b>11.1%</b>	<b>77.8%</b>	0.0%	11.1%
<b>Local - Director</b>	0.0%	<b>7.7%</b>	46.2%	<b>46.2%</b>	0.0%
<b>Medical - Consultant</b>	0.9%	3.3%	54.8%	<b>40.3%</b>	0.7%
<b>Medical - Staff Grade</b>	<b>1.8%</b>	3.6%	42.9%	<b>50.0%</b>	1.8%
<b>Medical - Training Grade</b>	0.3%	3.0%	66.7%	<b>30.0%</b>	0.0%
<b>NULL</b>	1.1%	1.6%	51.5%	<b>45.9%</b>	0.0%
<b>Overall sexual orientation in workforce</b>	<b>1.2%</b>	<b>3.9%</b>	<b>67.2%</b>	<b>15.0%</b>	<b>12.6%</b>

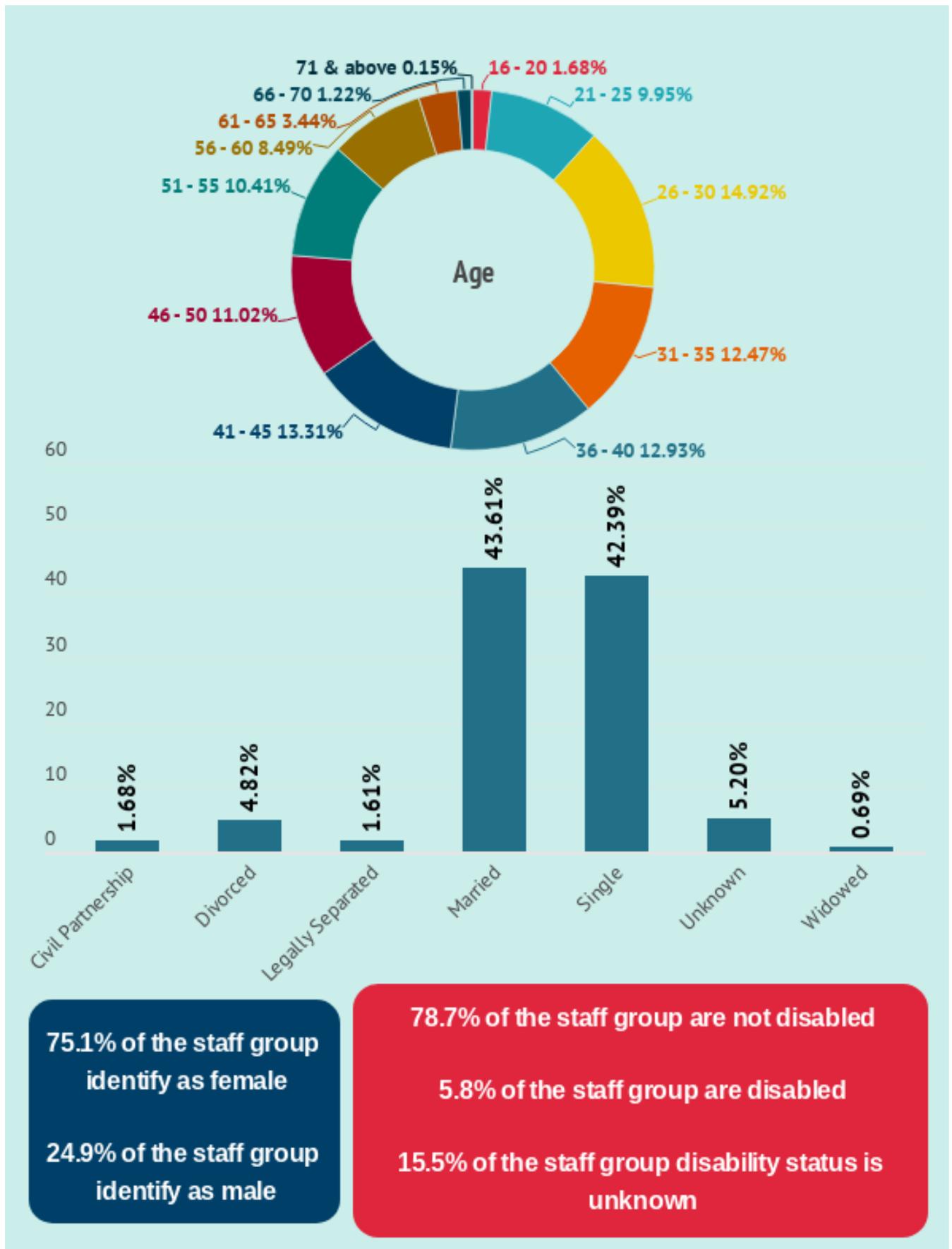
## Profile of Staff Groups

### Additional Professional Scientific and Technical Roles

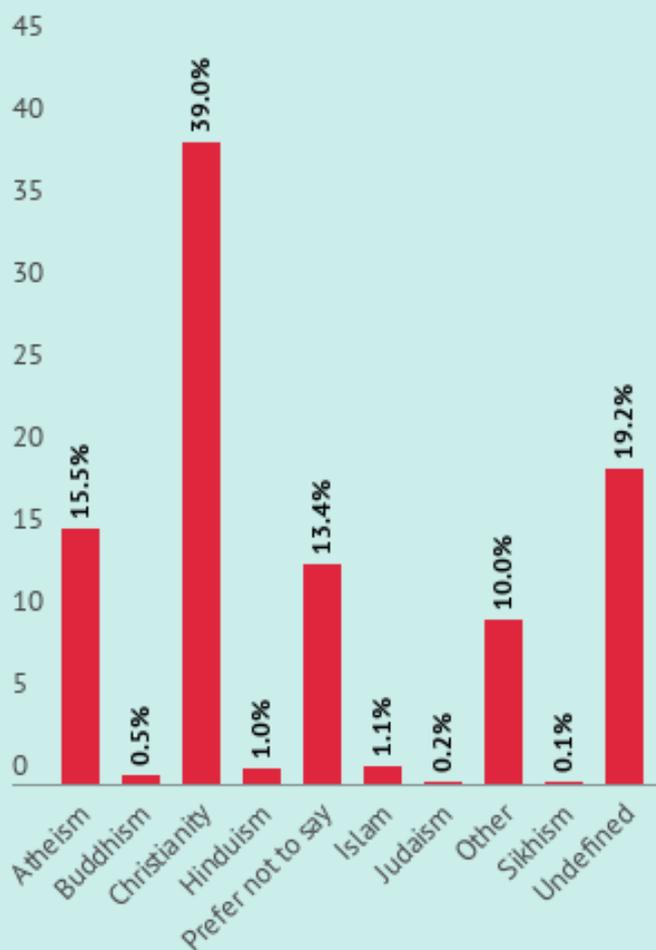
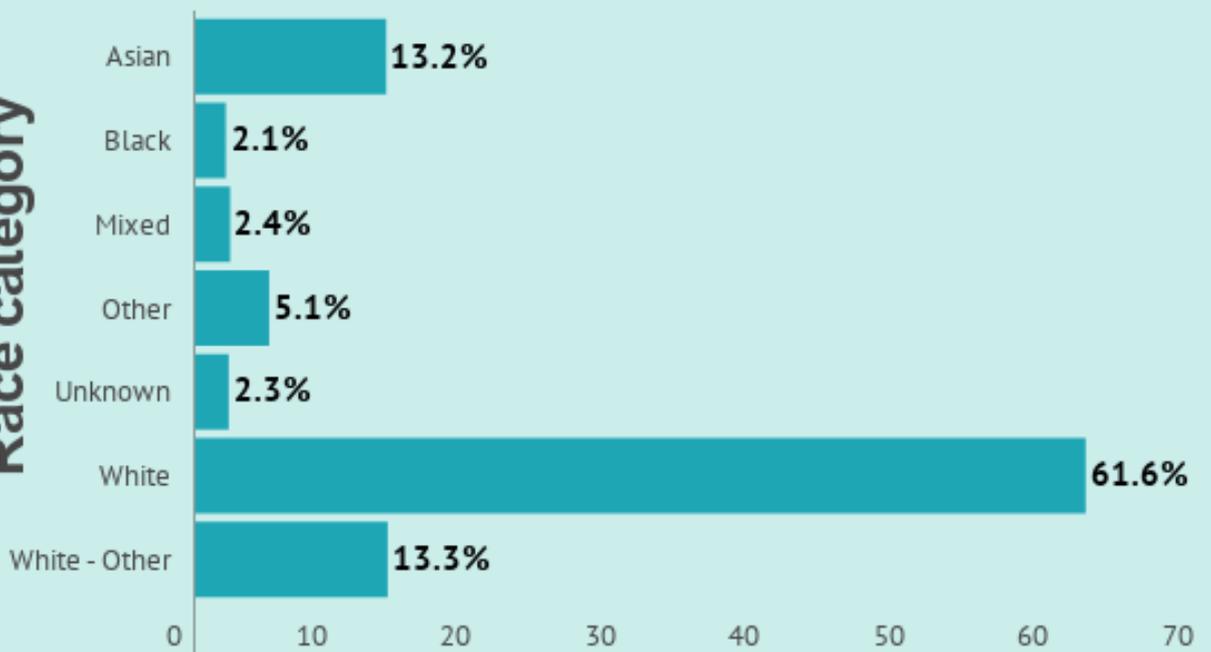




## Additional Clinical Services

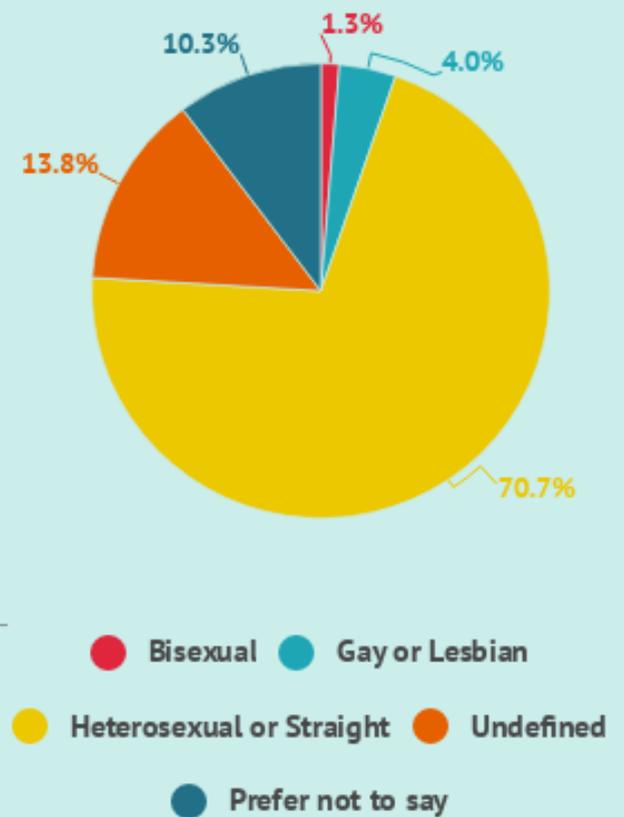


## Race category

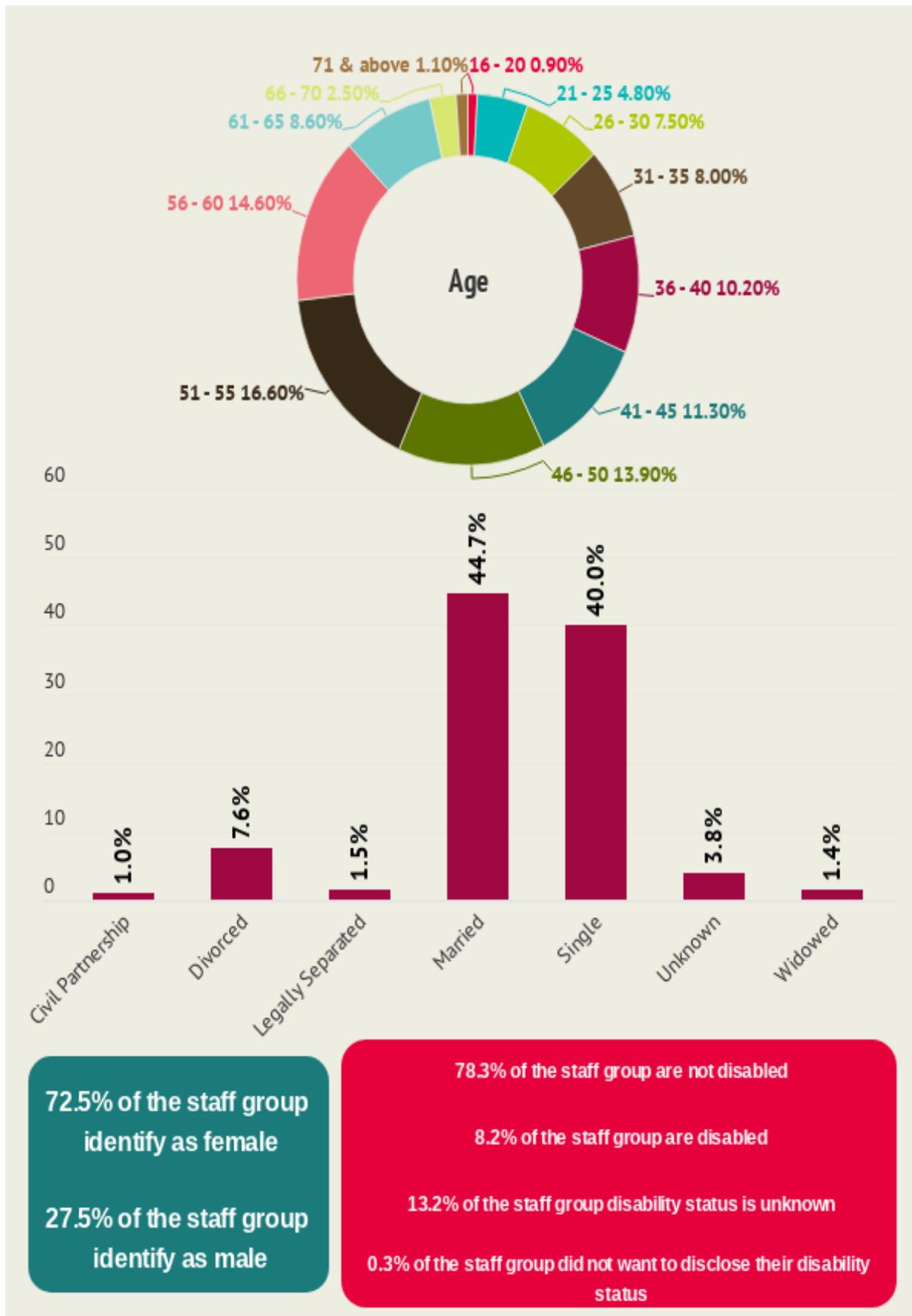


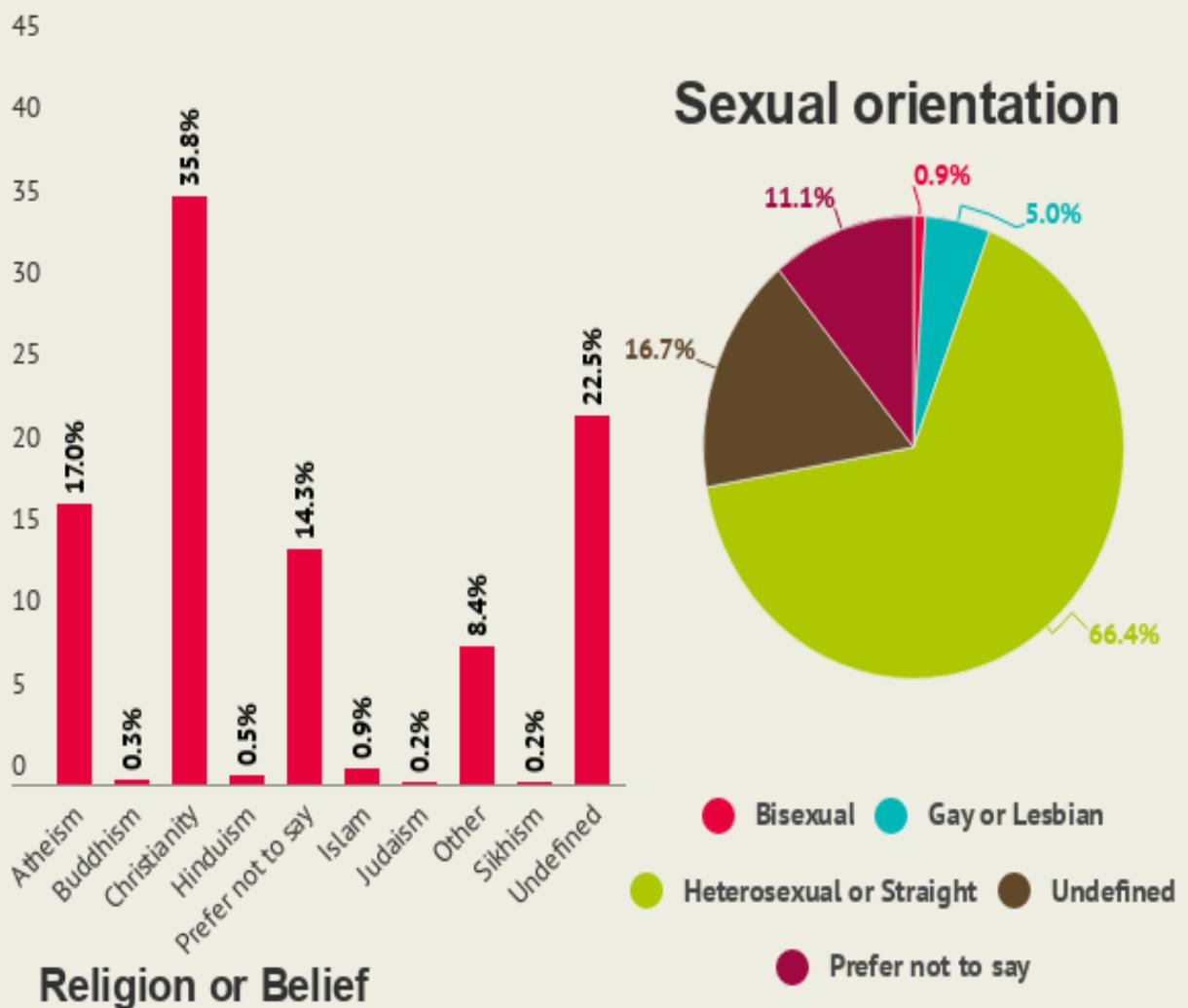
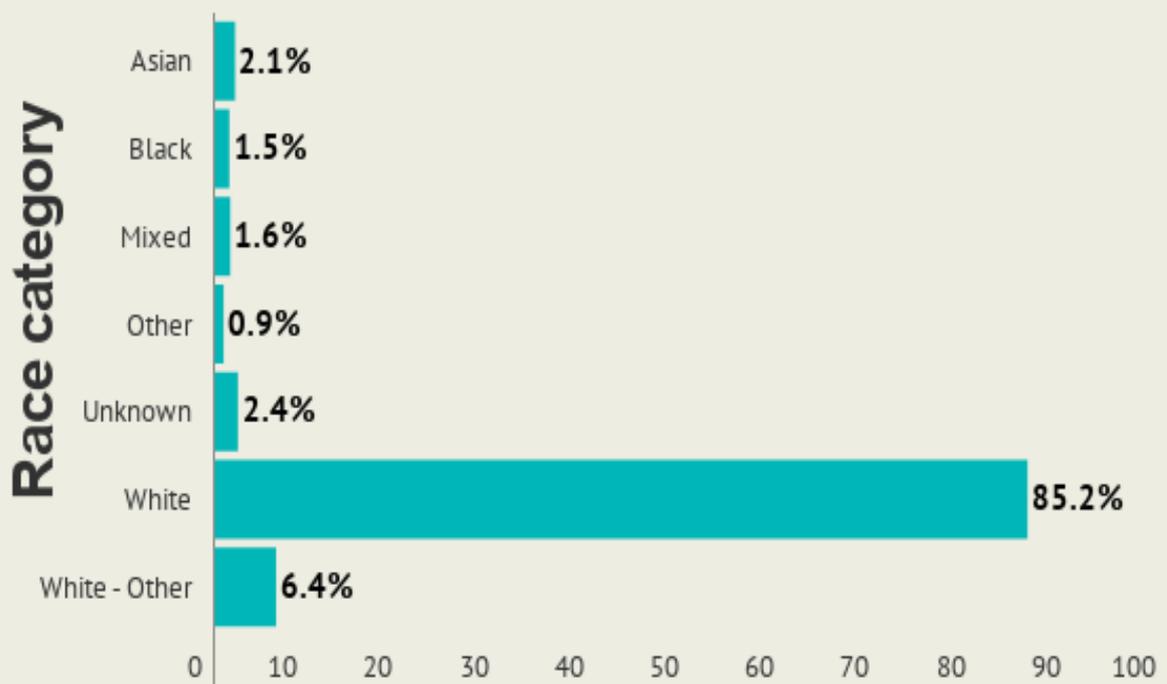
## Religion or Belief

## Sexual orientation

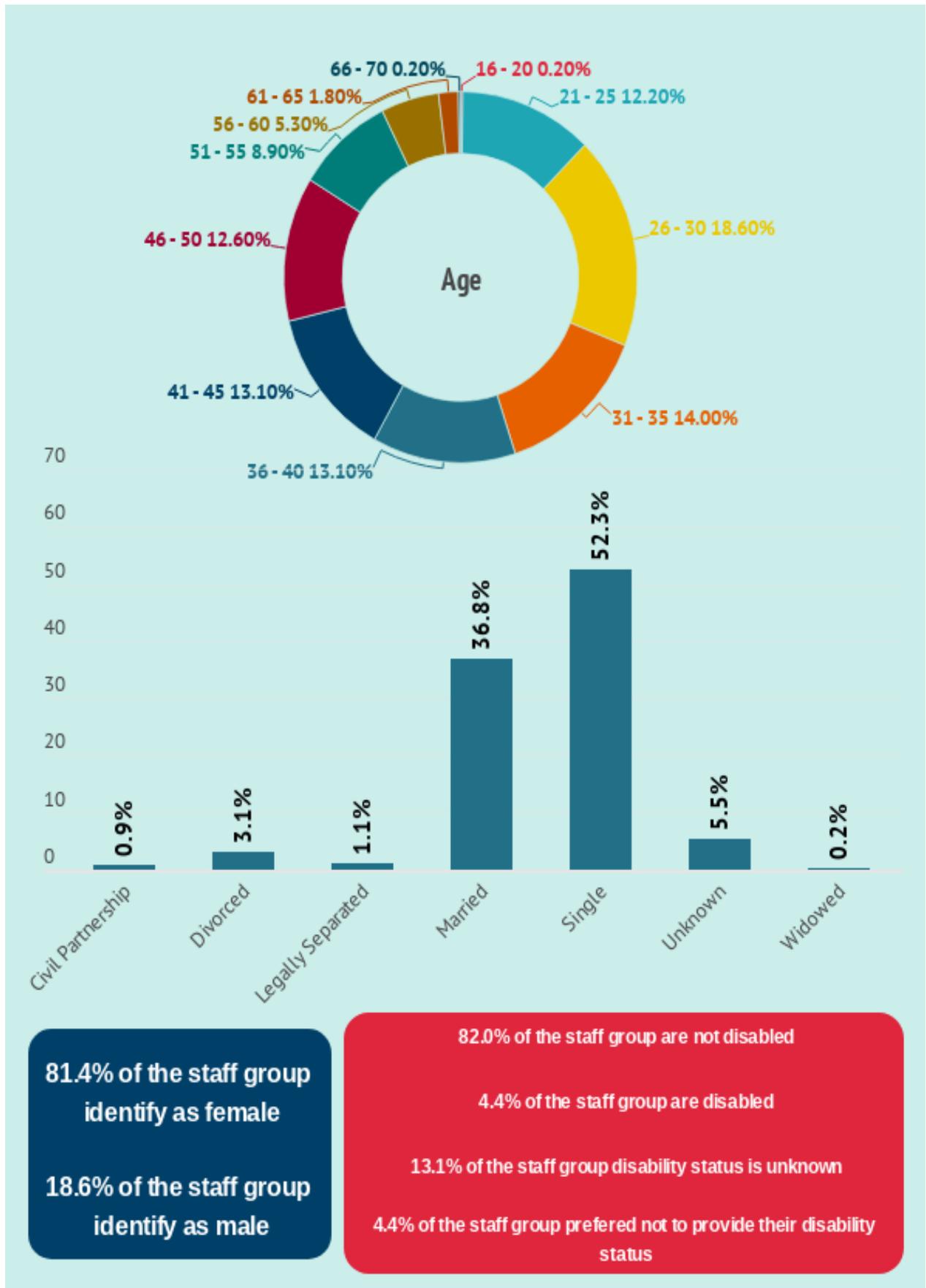


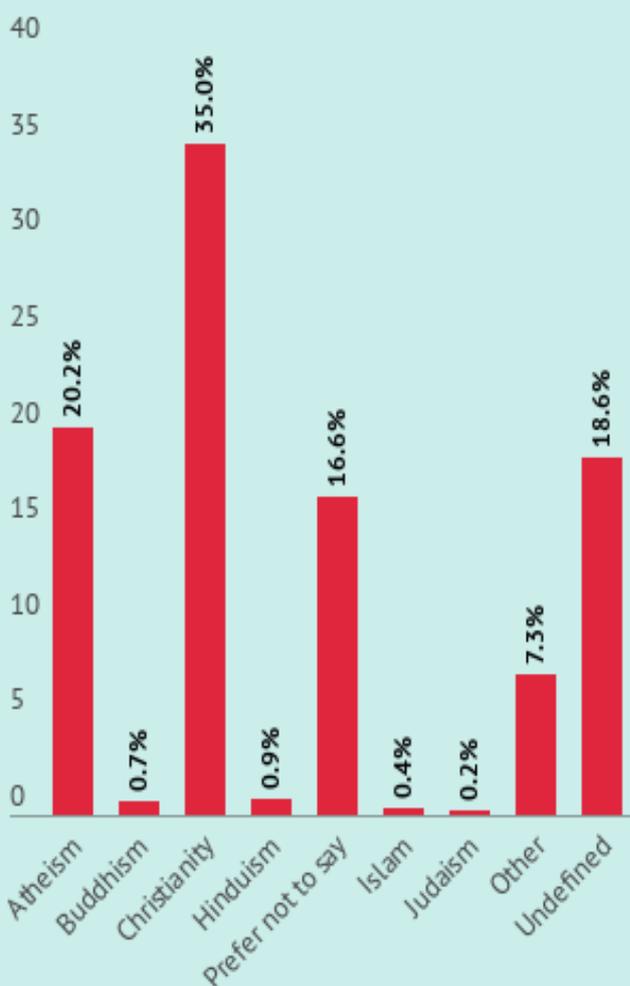
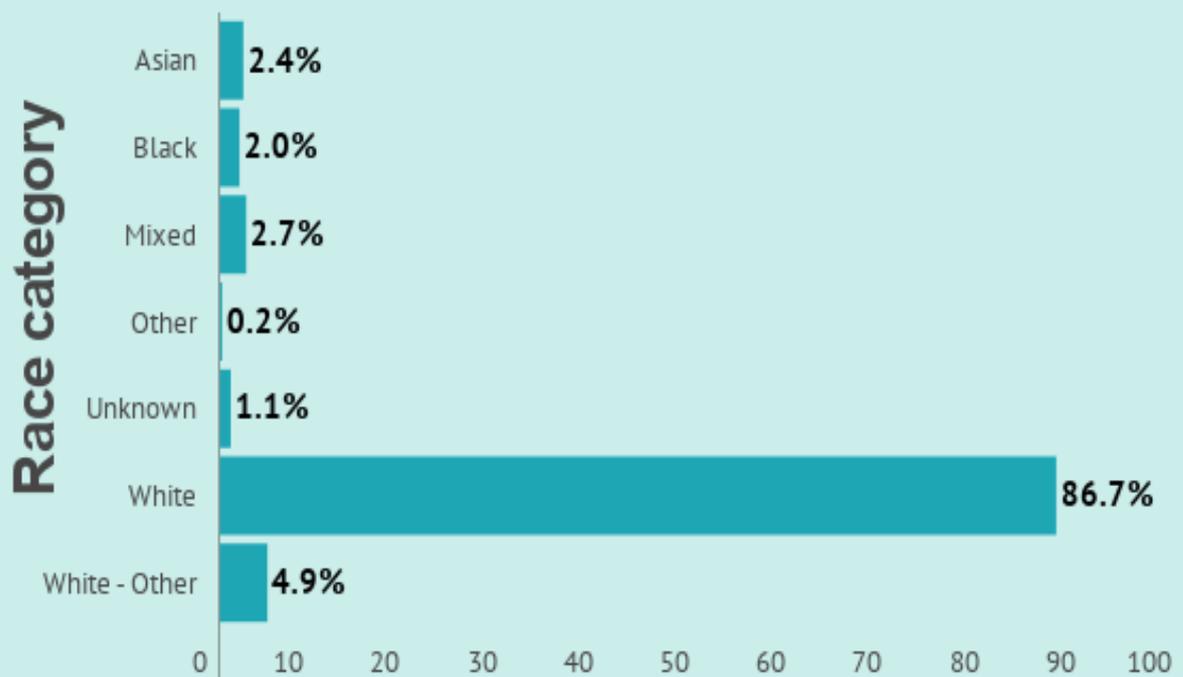
## Administrative and Clerical



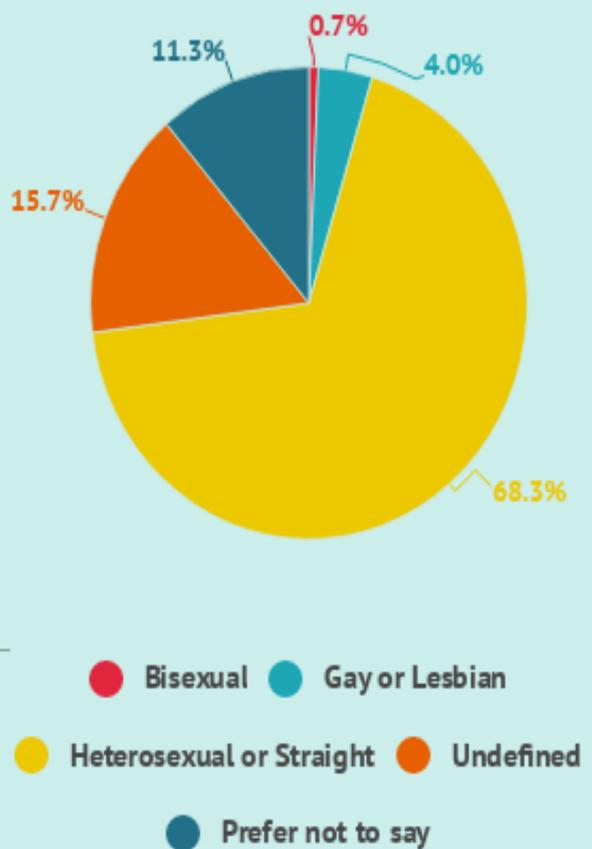


## Allied Health Professionals

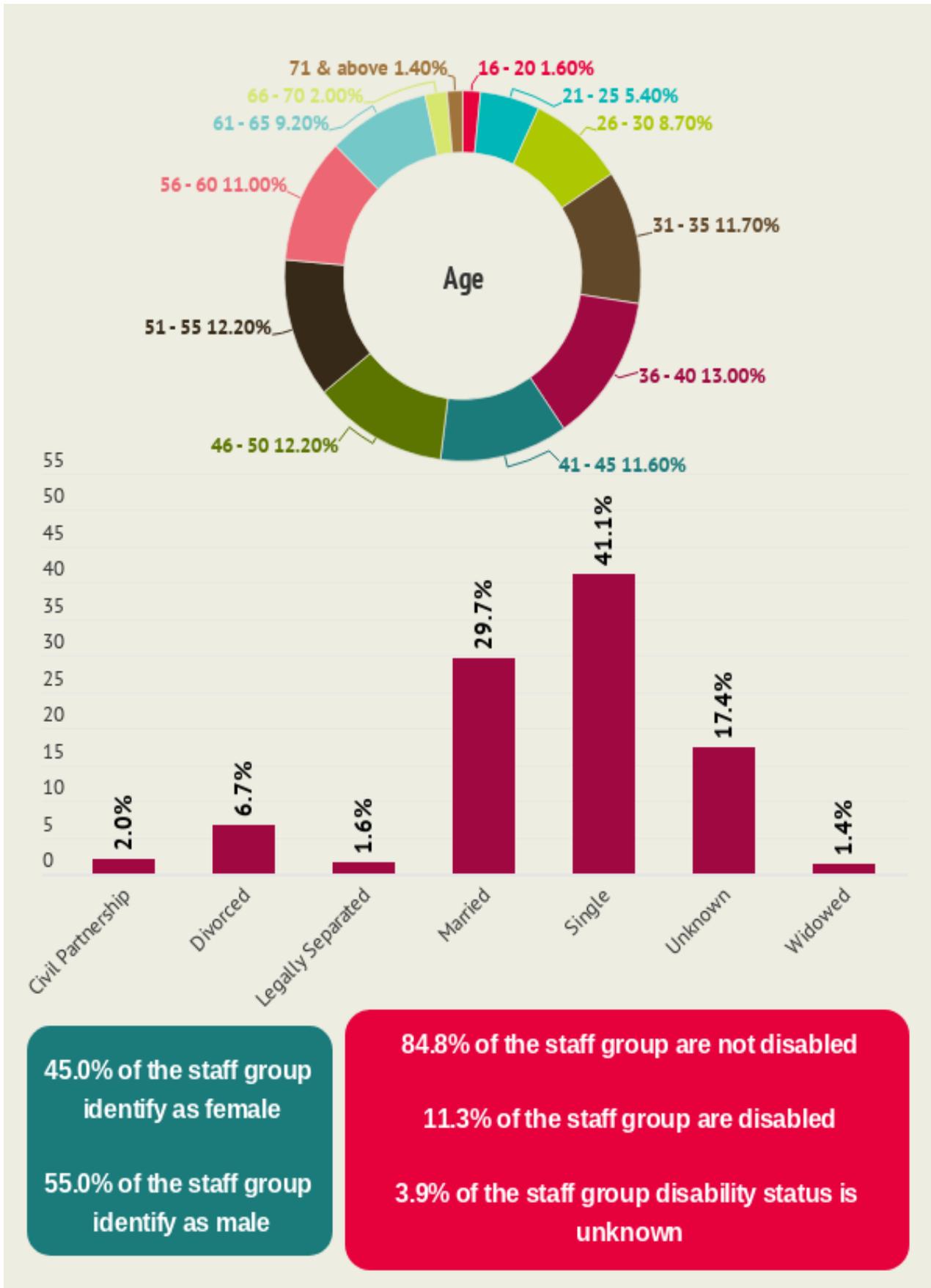


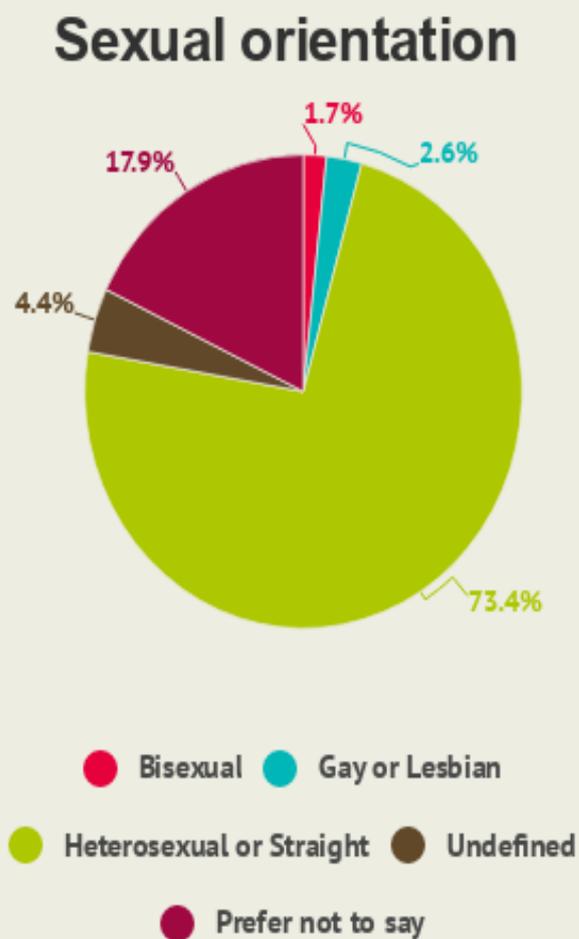
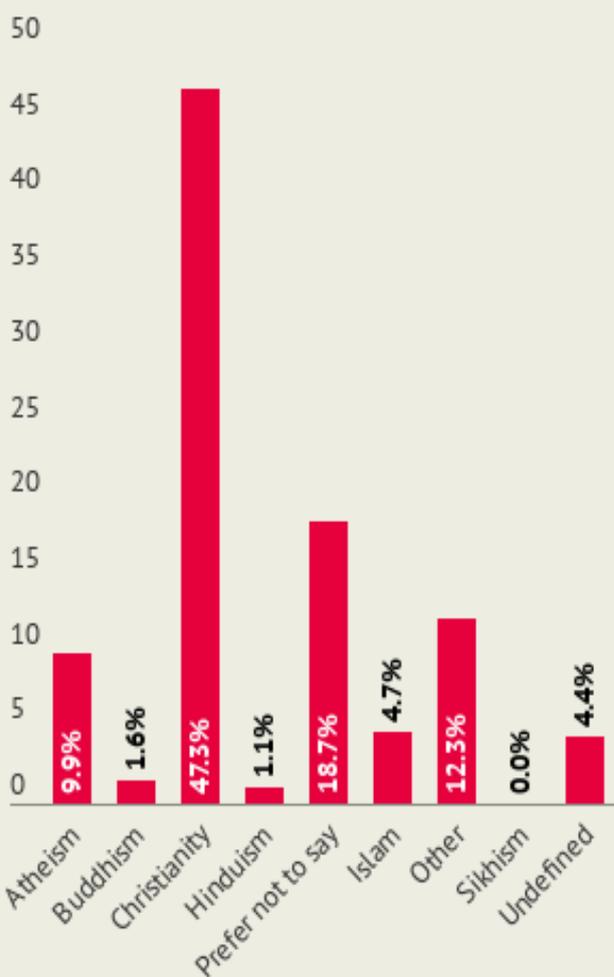
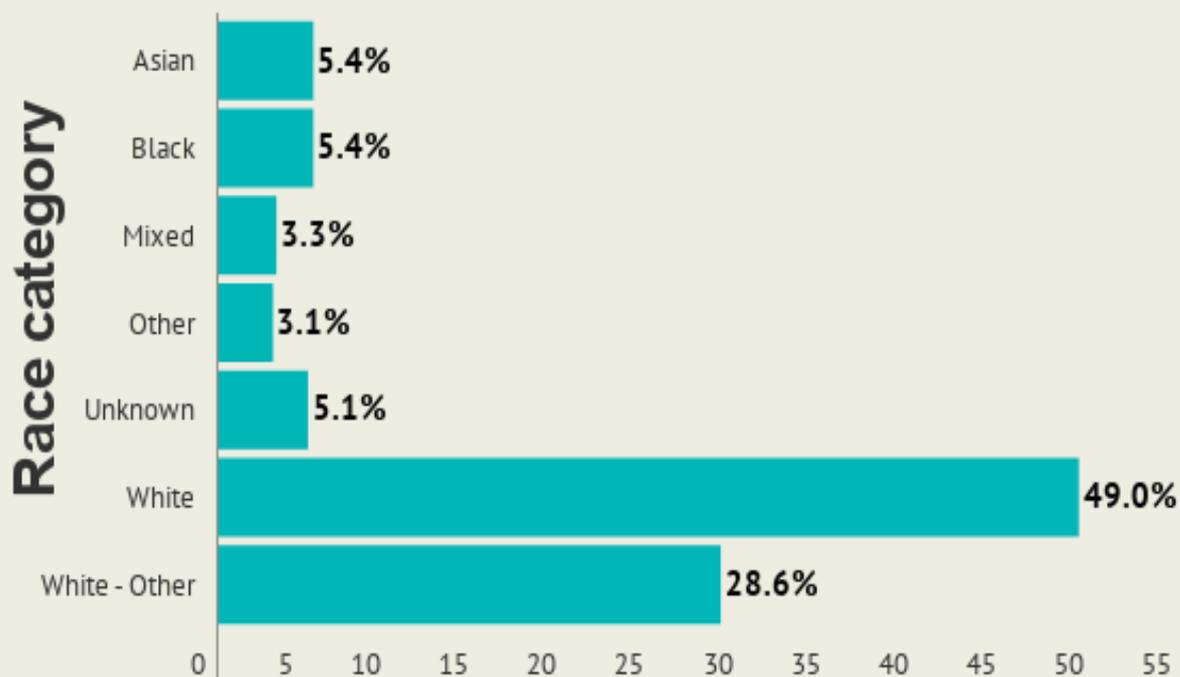


### Sexual orientation

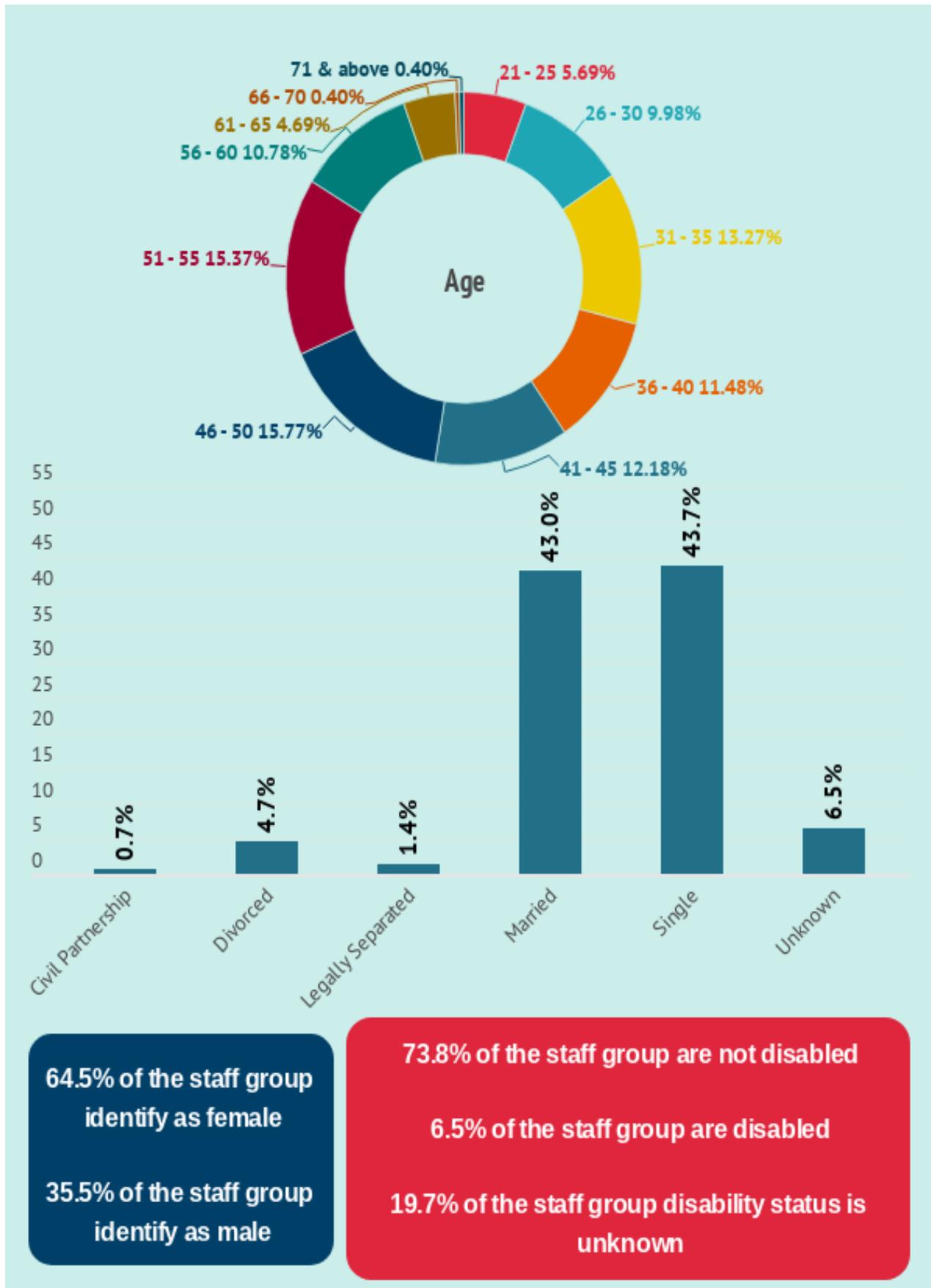


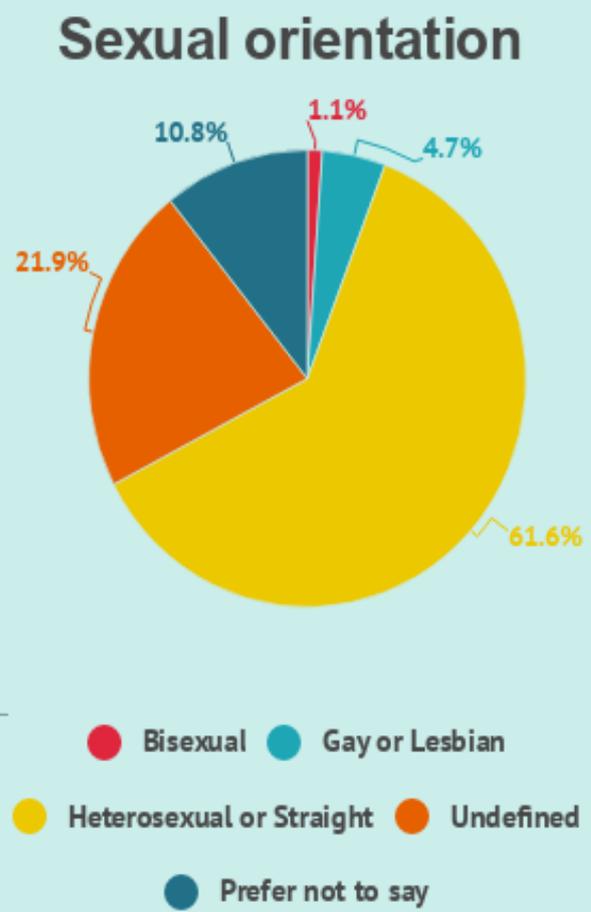
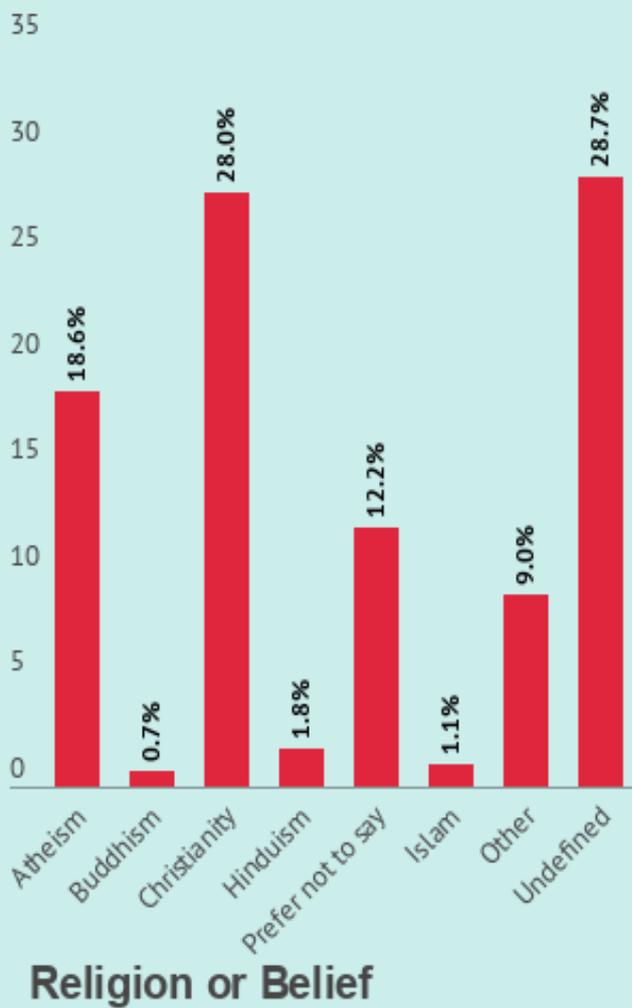
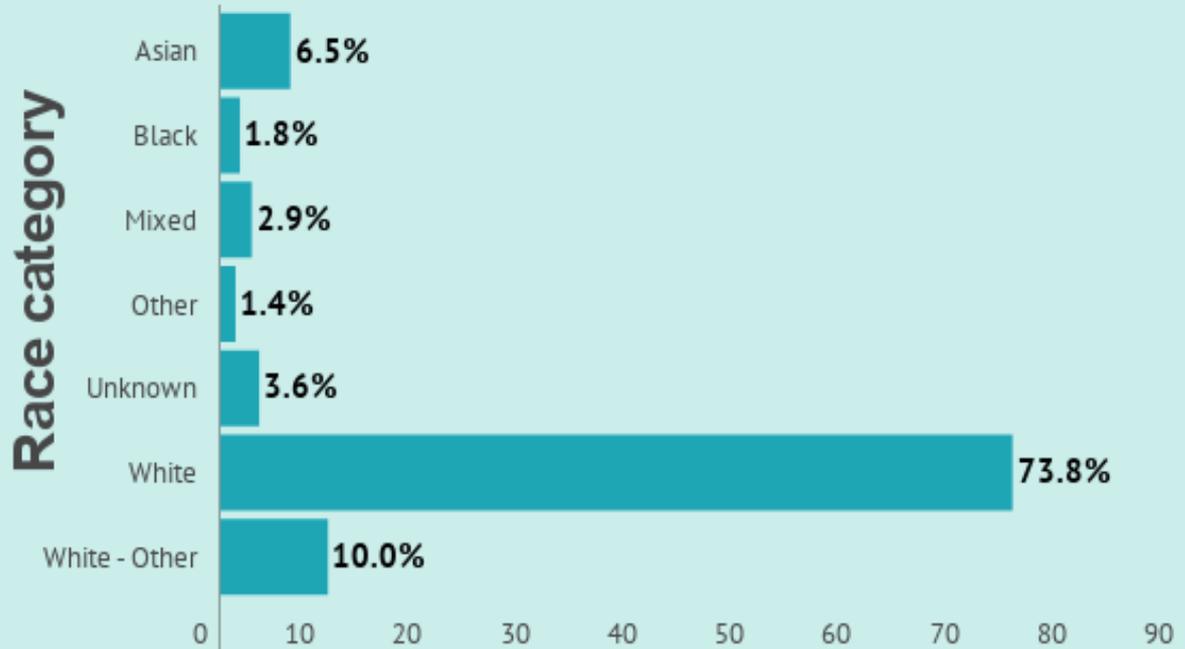
## Estates and Ancillary



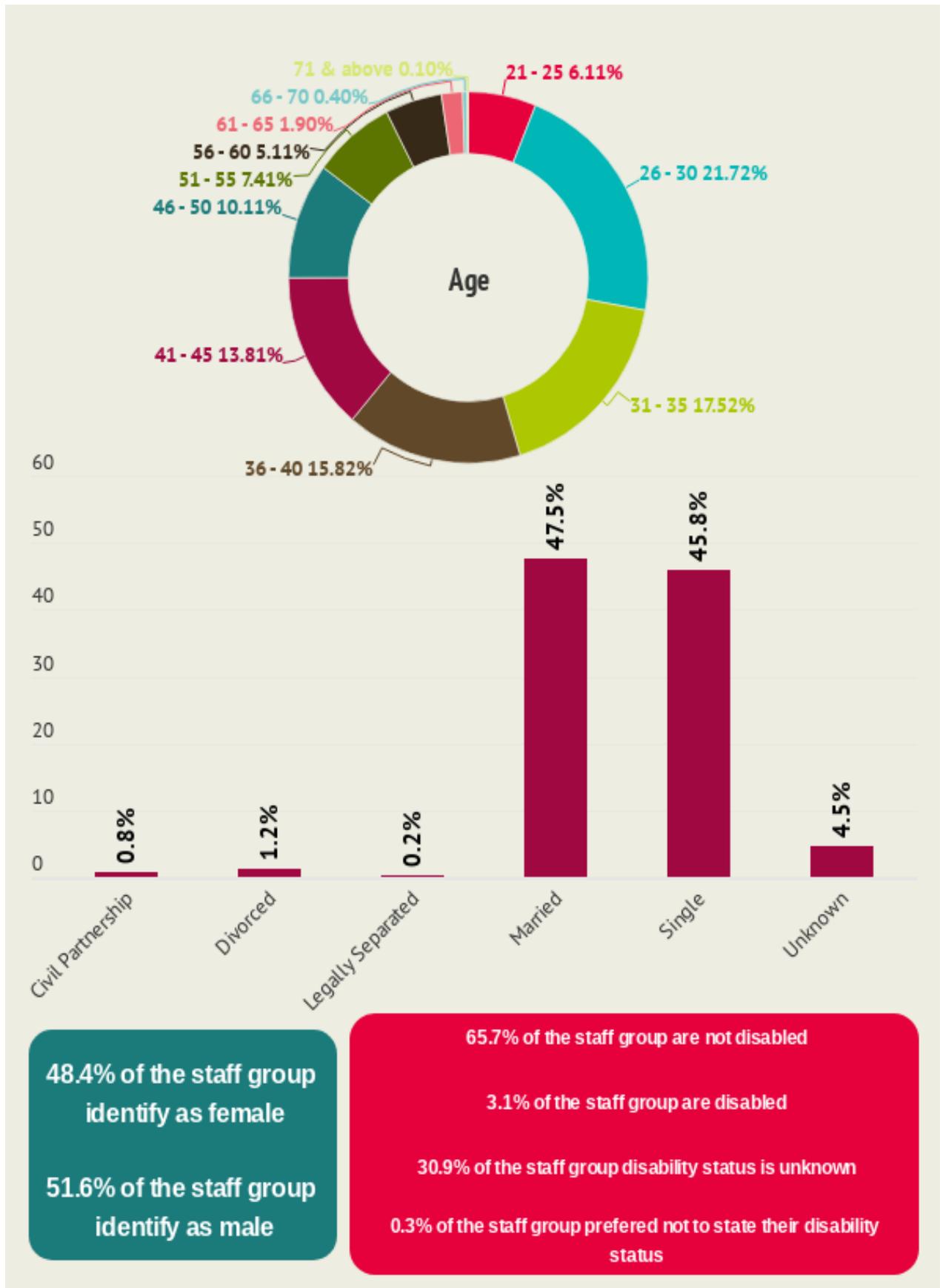


## Healthcare Scientists

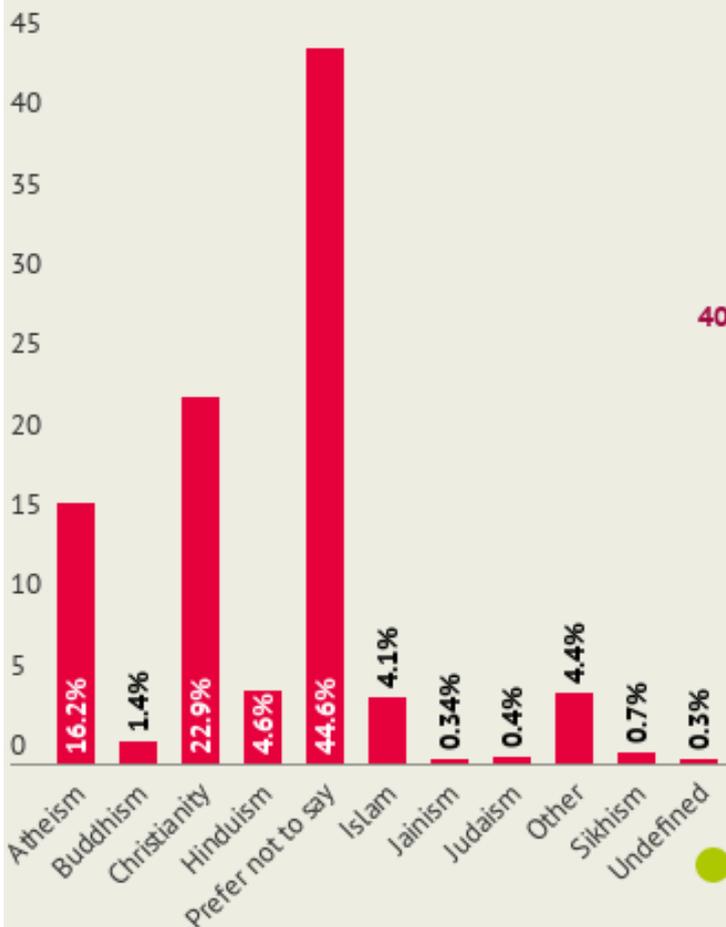
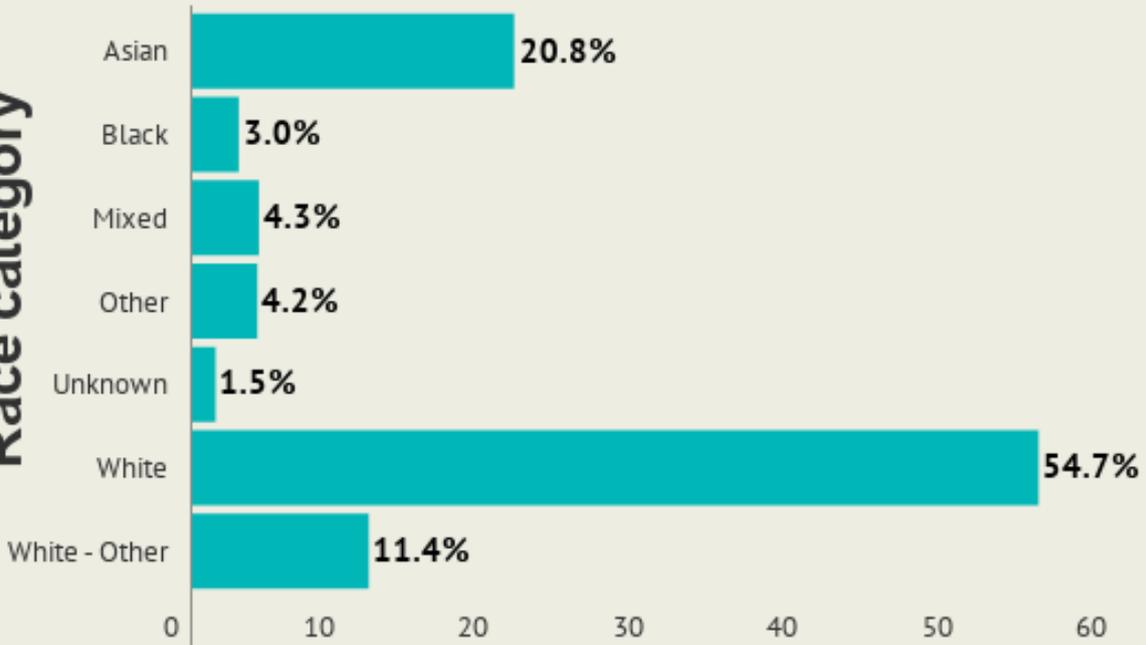




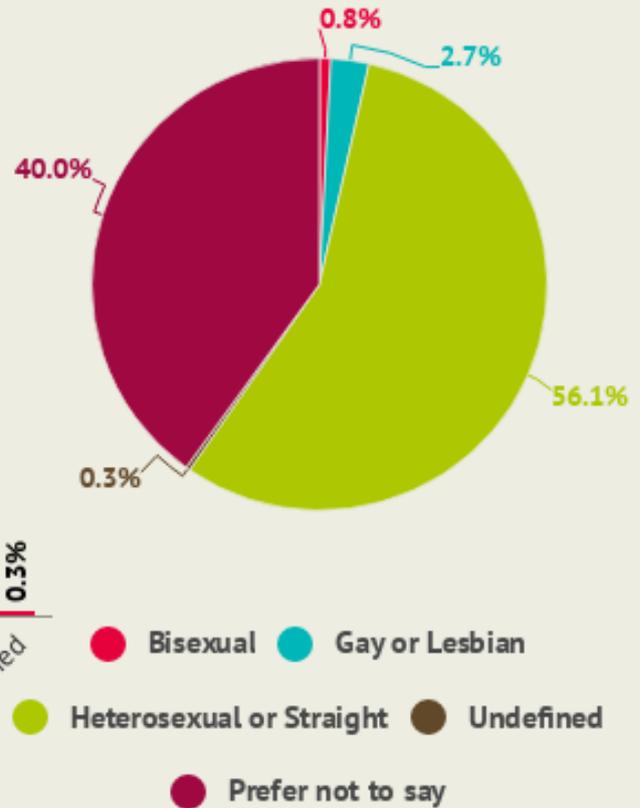
## Medical and Dental



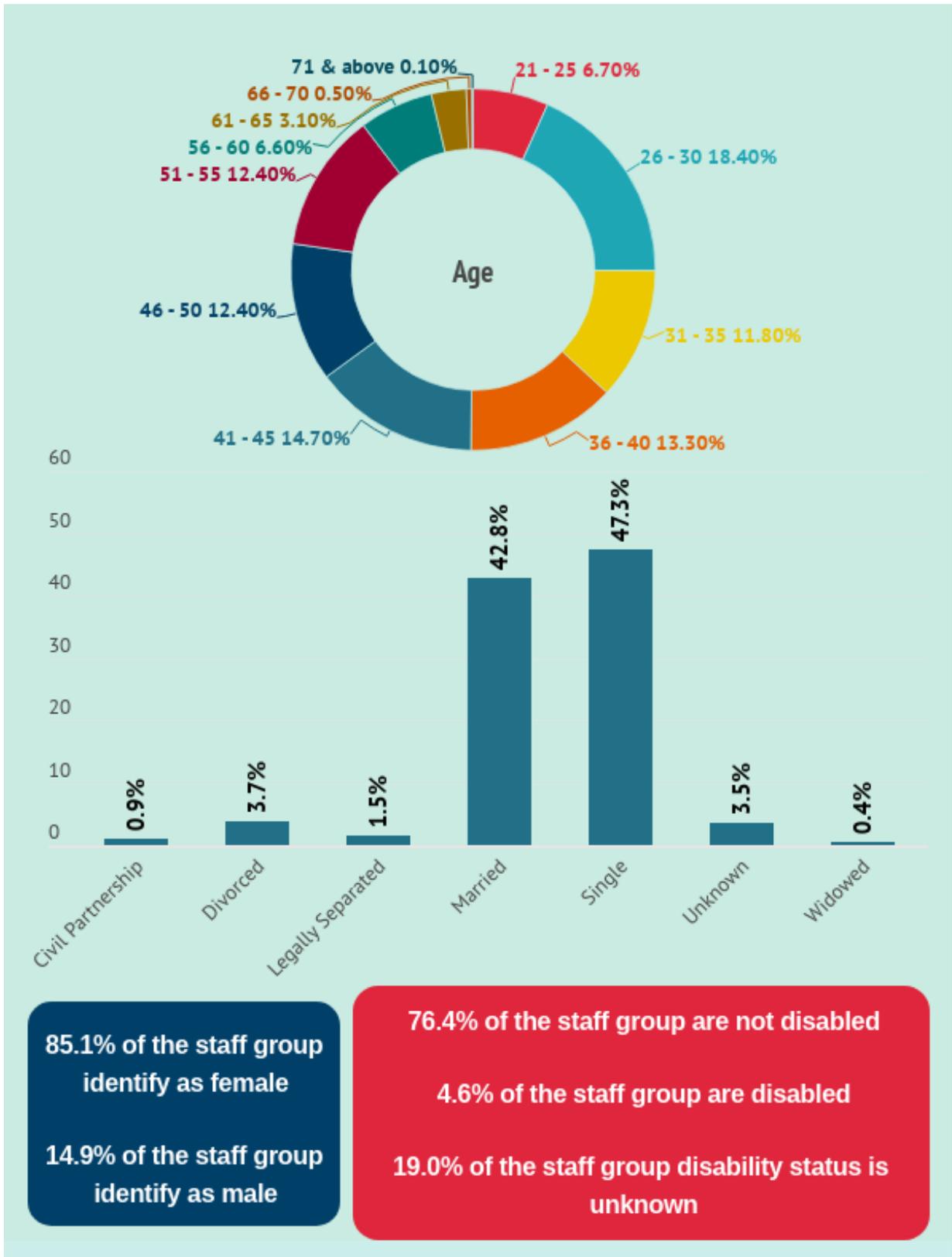
## Race category



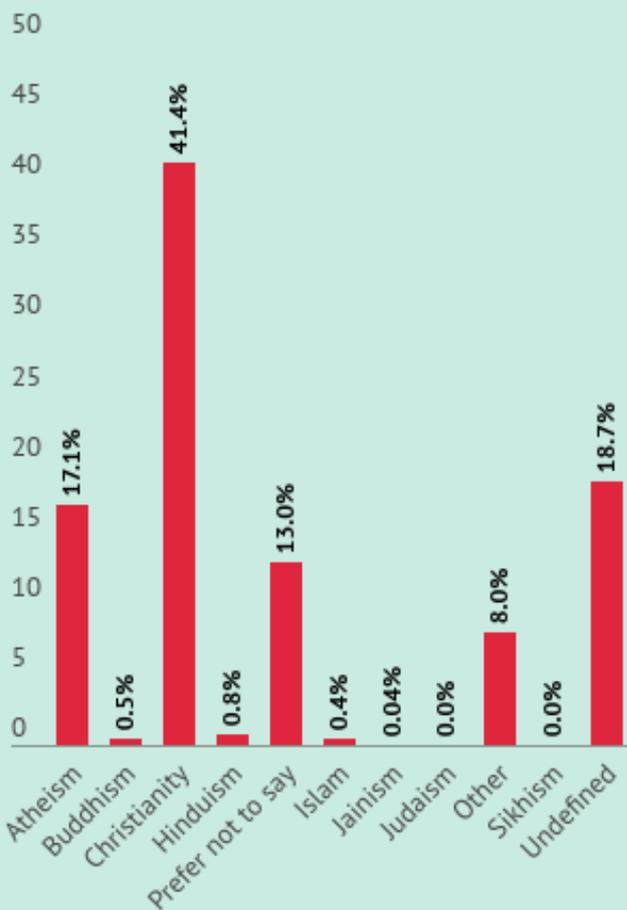
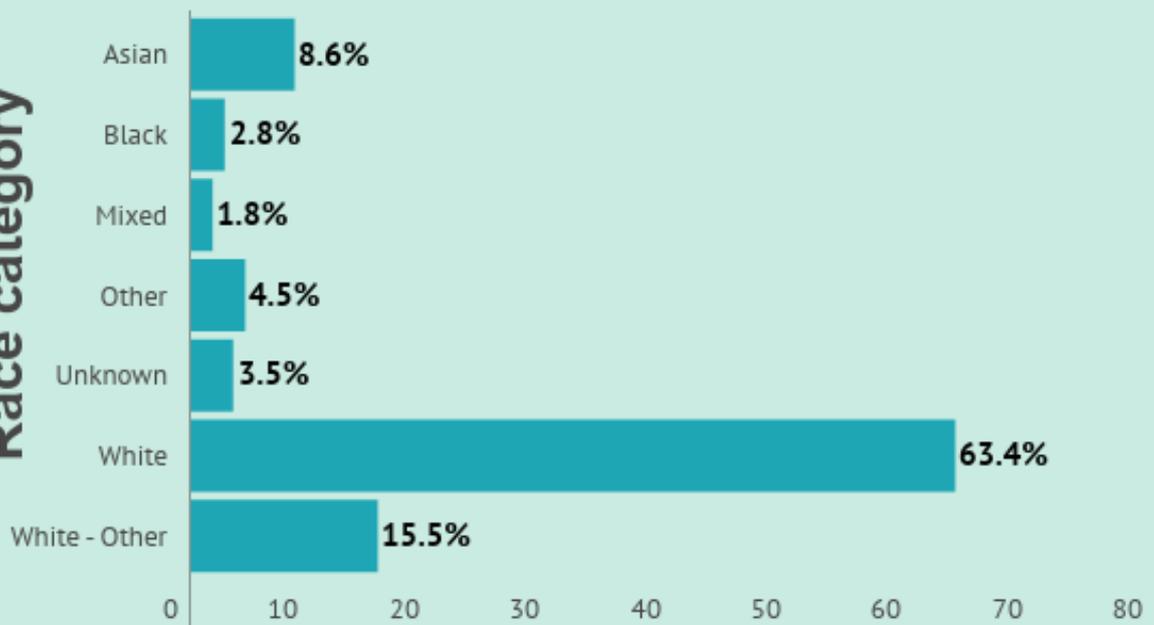
## Sexual orientation



## Religion or Belief



## Race category



## Religion or Belief

## Sexual orientation





## Quick facts about management staff (excluding medical staff)

**7.7% have a disability**

**76.8% do not have a disability**

**5.3% would prefer not to say**

**10.2% is unknown**

**65.1 %  
Female**

**34.9%  
Male**

**61.0%  
Heterosexual**

**10.2%  
Prefer not  
to say**

**22.4%  
Unknown  
Orientation**

**6.1%  
Gay or  
Lesbian**

**0.3%  
Bisexual**

**89.7% are white**

**80.5% - White, British**  
**4.9% - White, Other**  
**4.0% - White, Irish**  
**0.3% - Old white codes**

**6.7% are Black, Asian  
and Minority Ethnic**

**2.2% - Asian**  
**1.2% - Mixed race**  
**2.5% - Black**  
**0.8% - Other**



# Results from the NHS staff survey 2017

4,274 staff completed the annual NHS Staff Survey from Brighton and Sussex University Hospitals NHS Trust – this gives the Trust an overall response rate of 56%. This response rate places the Trust in the top 20% of acute trusts.

**KF15:** On average 50% of staff are satisfied with the opportunities for flexible working patterns (national average for acute trusts is 51%)

## Groups with a lesser experience

- Age groups 16-30 (43%) and 51+ (48%)
- Men (47%)
- Disabled staff (45%)
- White staff (48%)

## Groups with a better experience

- Age groups 31-40 (53%) and 41-50 (54%)
- Women (51%)
- Those who self-define their gender (59%)
- Non-disabled staff (51%)
- BME staff (58%)

**KF25:** On average 35% of staff experienced harassment, bullying or abuse from patients, relatives or the public (national average for acute trusts is 28%)

## Groups with a lesser experience

- Age groups 16-30 (43%), 31-40 (38%) and 41-50 (36%)
- Women (40%)
- Those who prefer to self-define their gender (53%)
- Disabled (40%) and non-disabled staff (37%)
- White (37%) and BME (39%) staff

## Groups with a better experience

- Women (30%)

**KF26:** On average 30% of staff experienced harassment, bullying or abuse from staff (national average for acute trust is 25%)

## Groups with a lesser experience

- Age groups 51+ (34%)
- Disabled staff (40%)

## Groups with a better experience

- Age groups 16-30 (25%) and 31-40 (28%)
- Men (29%)
- Those who prefer to self-define their gender (24%)
- Non-disabled staff (28%)

KF20: On average 15% of staff experienced discrimination at work in the last 12 months (national average for acute trust is 11%)

Groups with a lesser experience

- Age groups 16-30 (22%), 31-40 (19%) and 41-50 (16%)
- Men (18%), Women (16%) and those who self-define their gender (24%)
- Disabled staff (23%)
- BME staff (34%)

Groups with a better experience

- Age group 51+ (14%)
- White staff (13%)

KF21: On average 82% of staff believe the Trust provides equal opportunities for career progression (national average for acute trust is 85%)

Groups with a lesser experience

- Age groups 41-50 (80%) and 51+ (81%)
- Men (75%)
- Disabled staff (76%)
- BME staff (71%)

Groups with a better experience

- Age groups 16-30 (89%) and 31-40 (84%)
- Women (85%)
- Non-disabled staff (84%)
- White staff (85%)

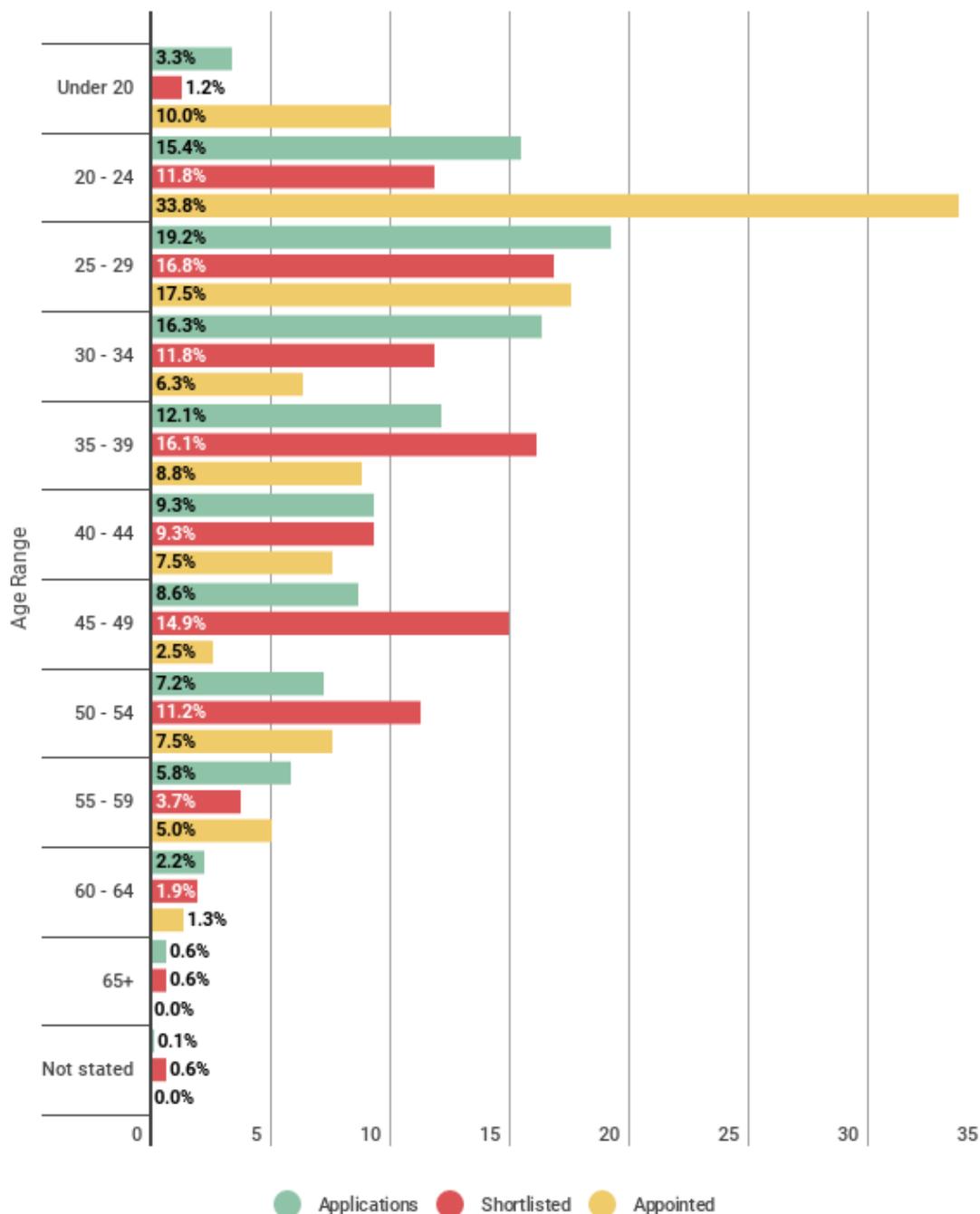
Key Factor	BSUH 2016 Staff Survey Result	BSUH 2017 Staff Survey Result
15	49%	50% (Improvement)
25	31%	35% (Decline)
26	32%	30% (Improvement)
20	15%	16% (Decline)
21	80%	82% (Improvement)

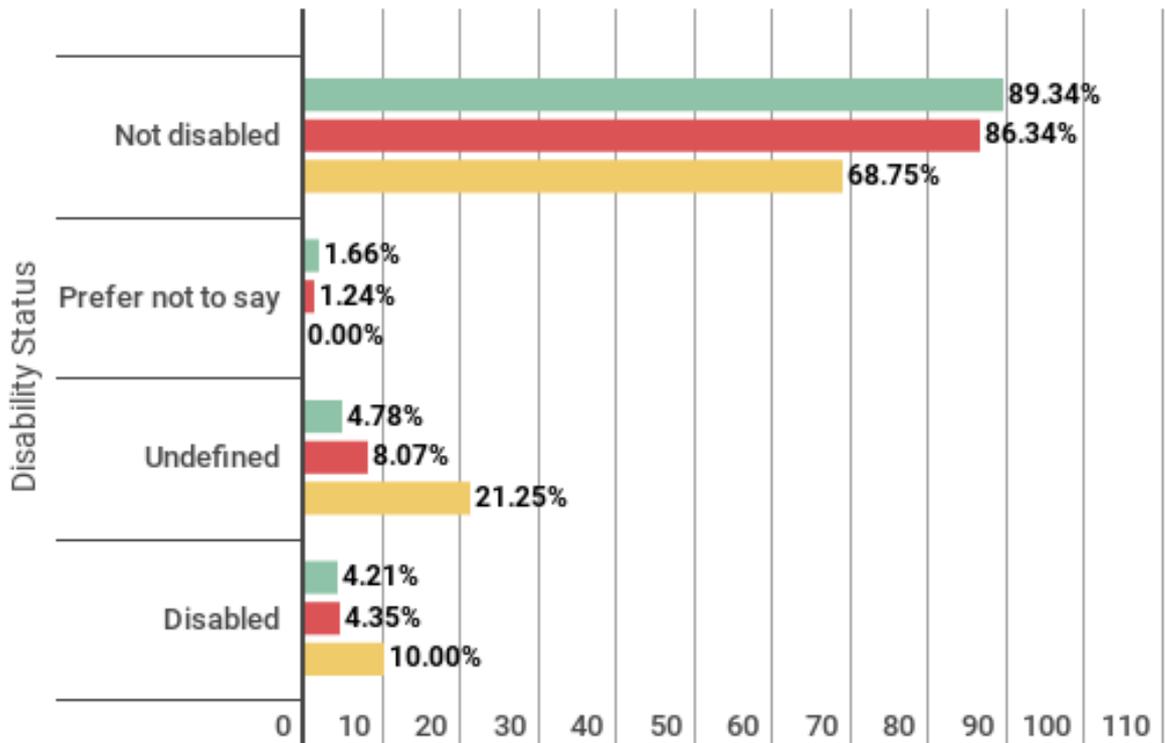


## How fair are the Trust's recruitment processes?

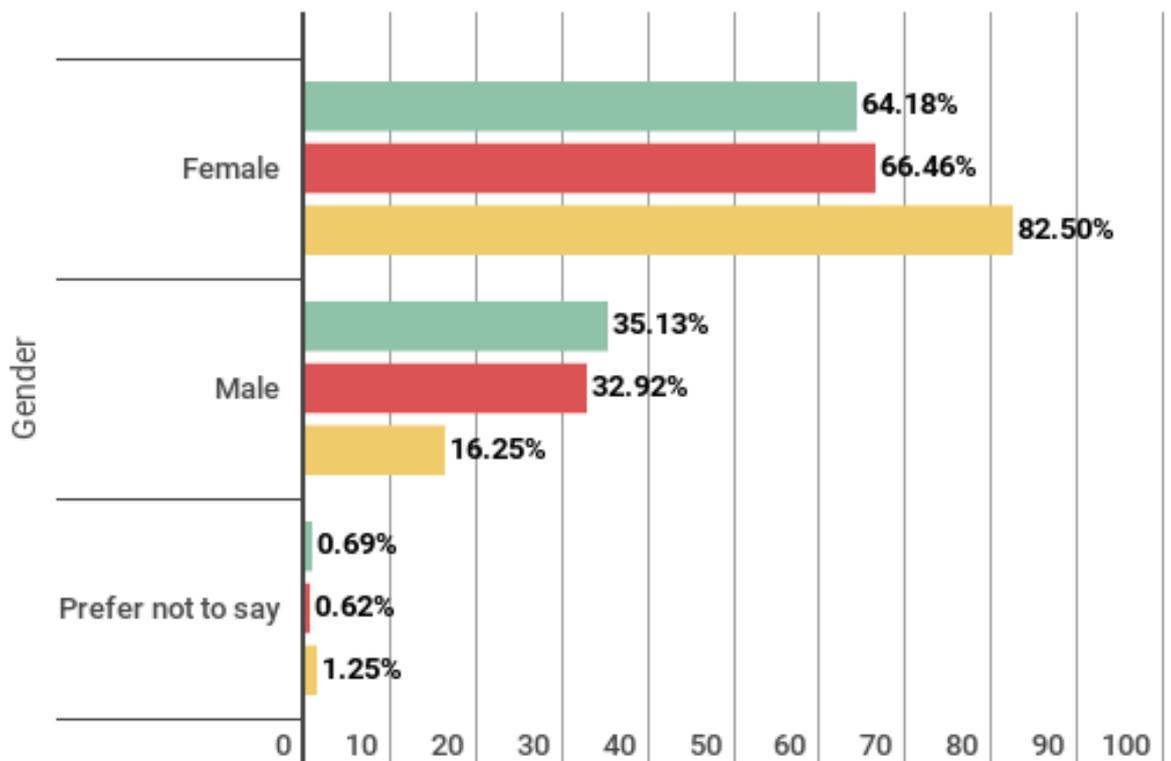
Analysis of what the data is telling us can be found on page 58.

**During 2017/19 there were 12,397 applications, 161 shortlisted candidates and 80 appointments**

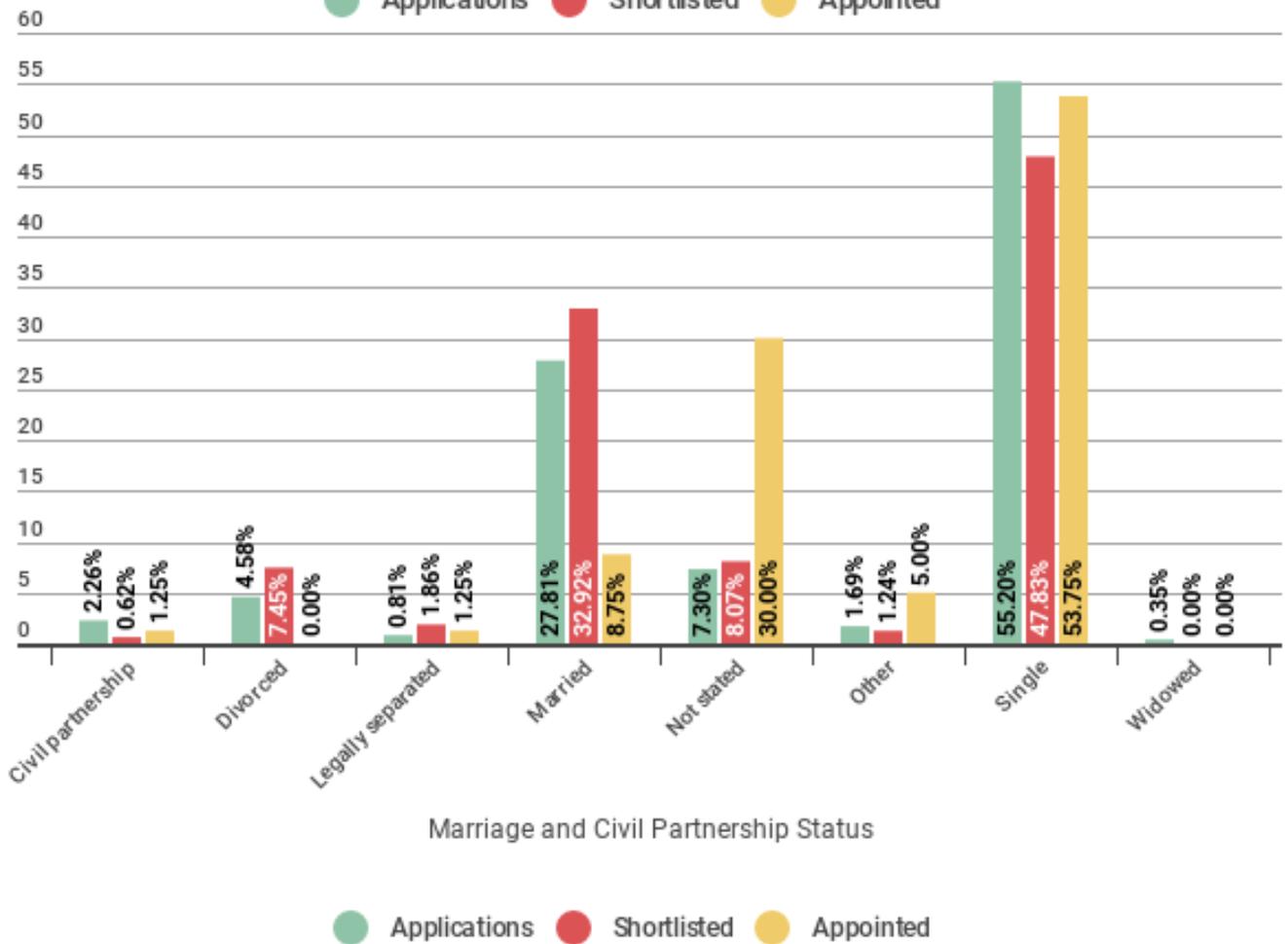
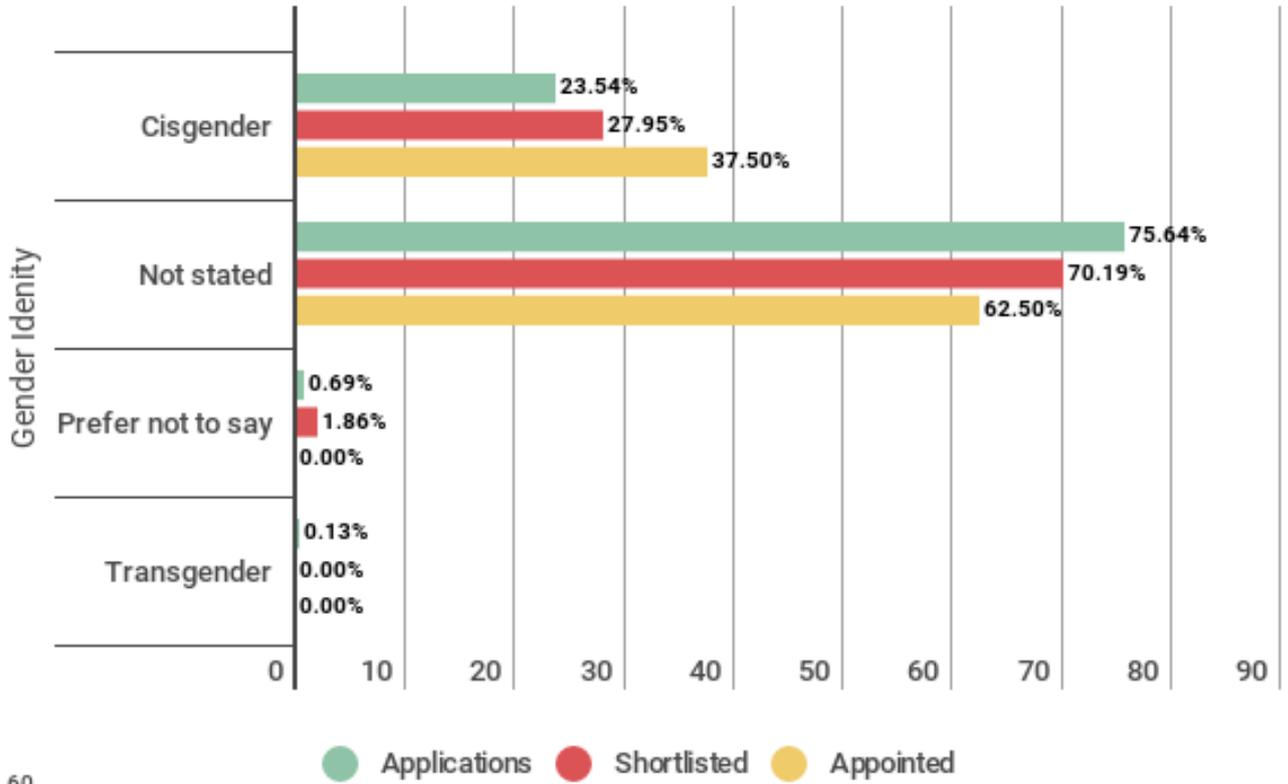


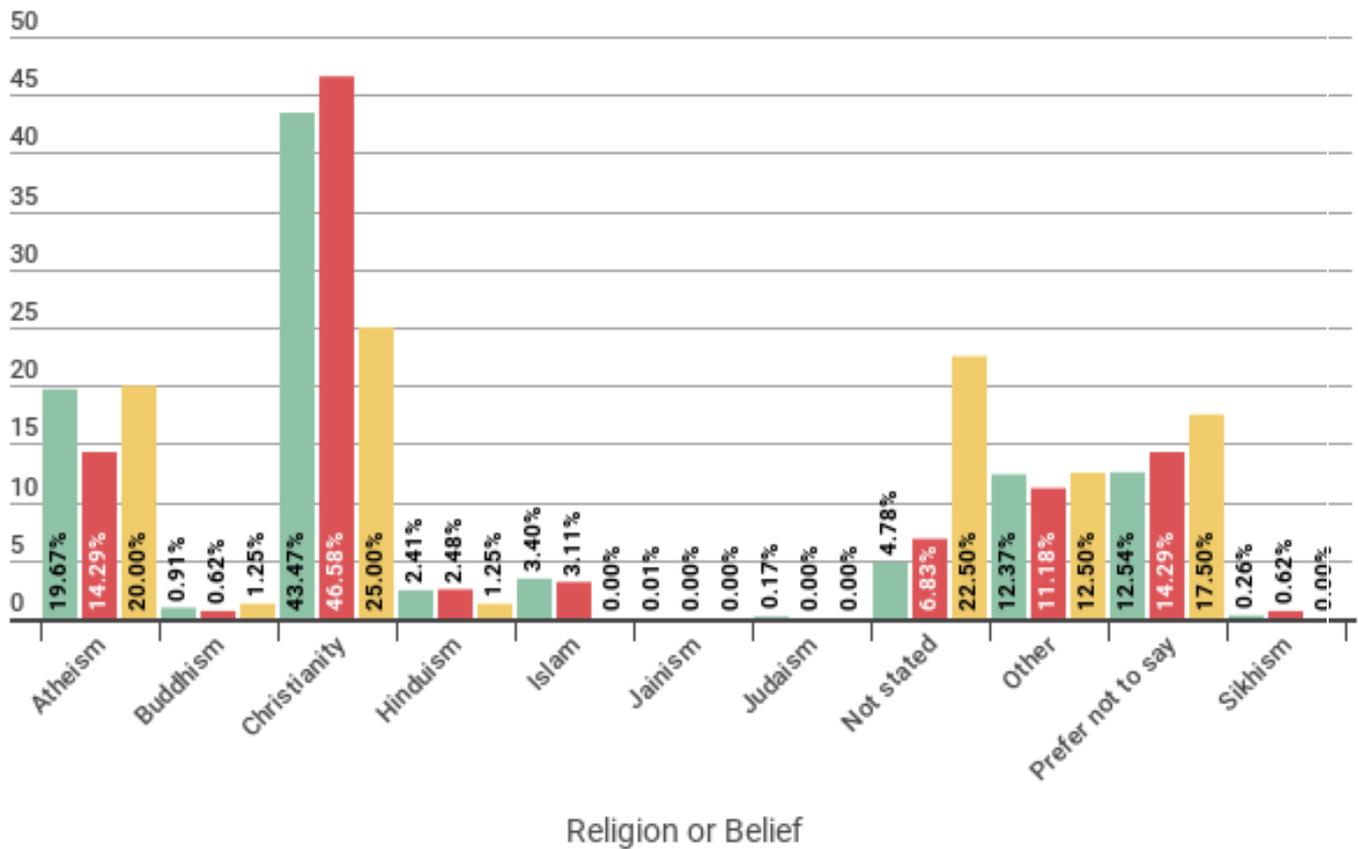
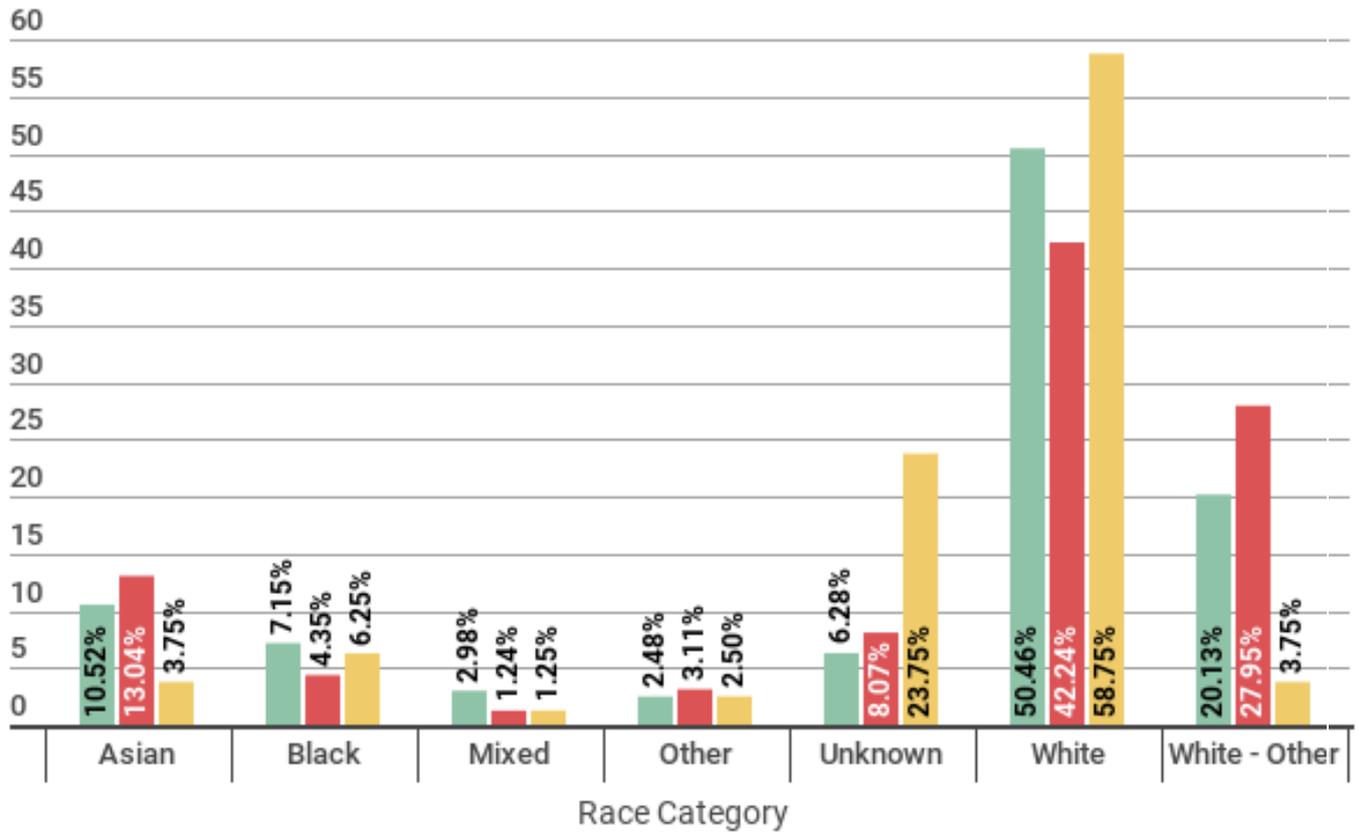


● Applications ● Shortlisted ● Appointed

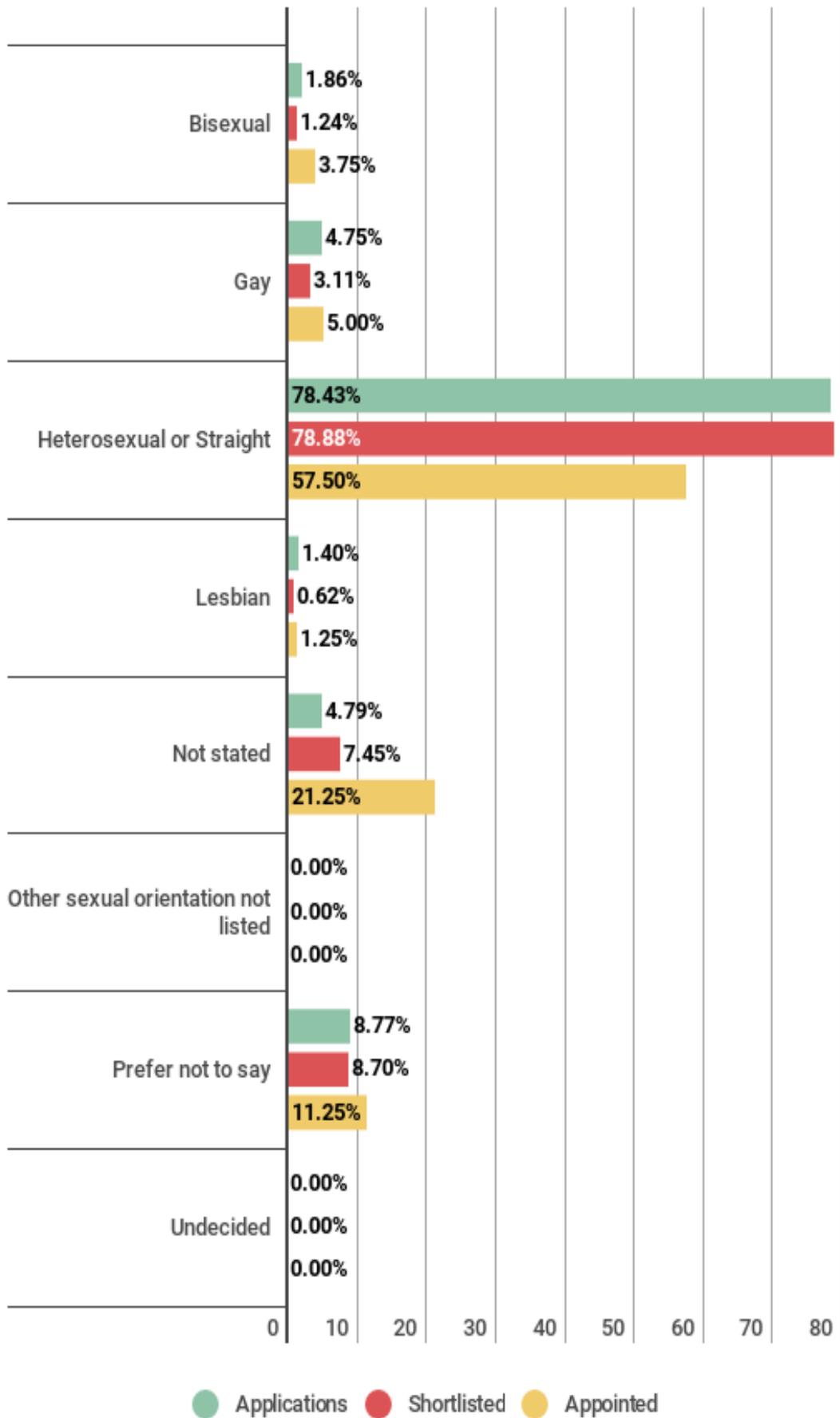


● Applications ● Shortlisted ● Appointed





● Applications ● Shortlisted ● Appointed



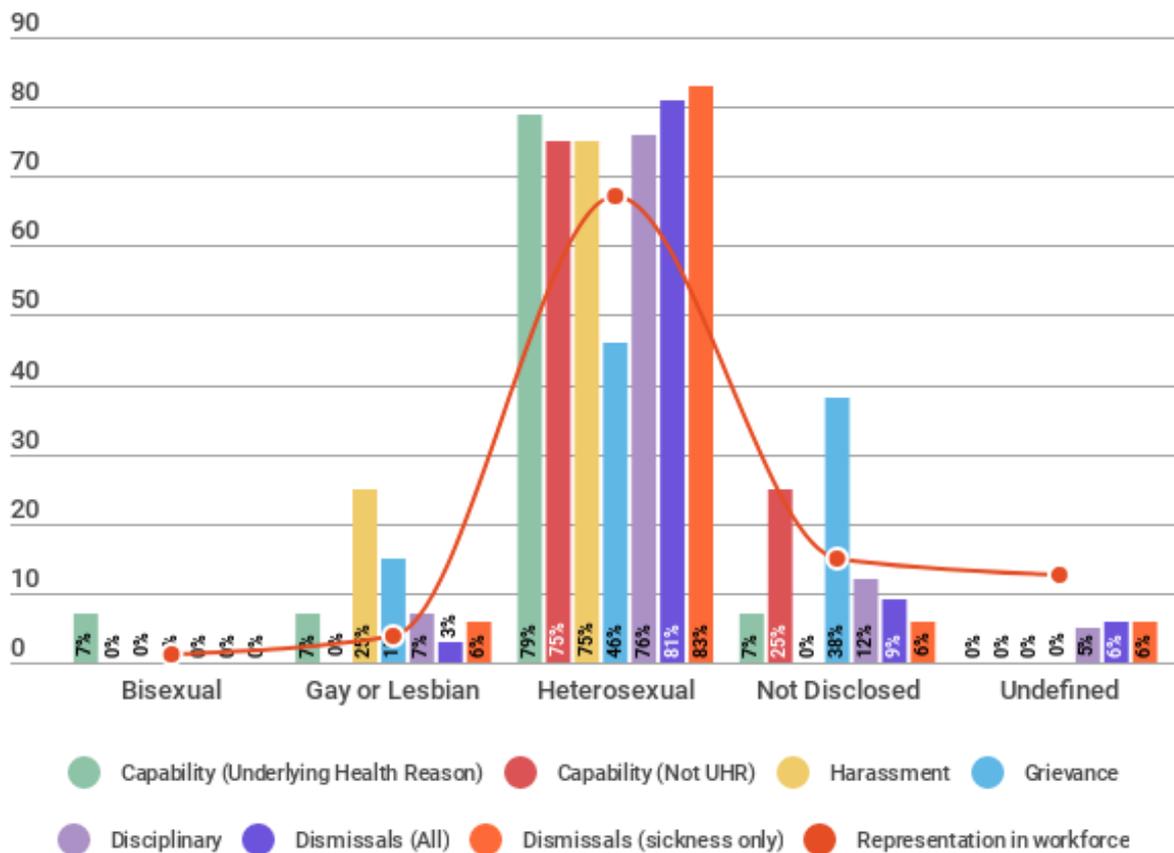


## How fair are the Trust's employment policies and practices?

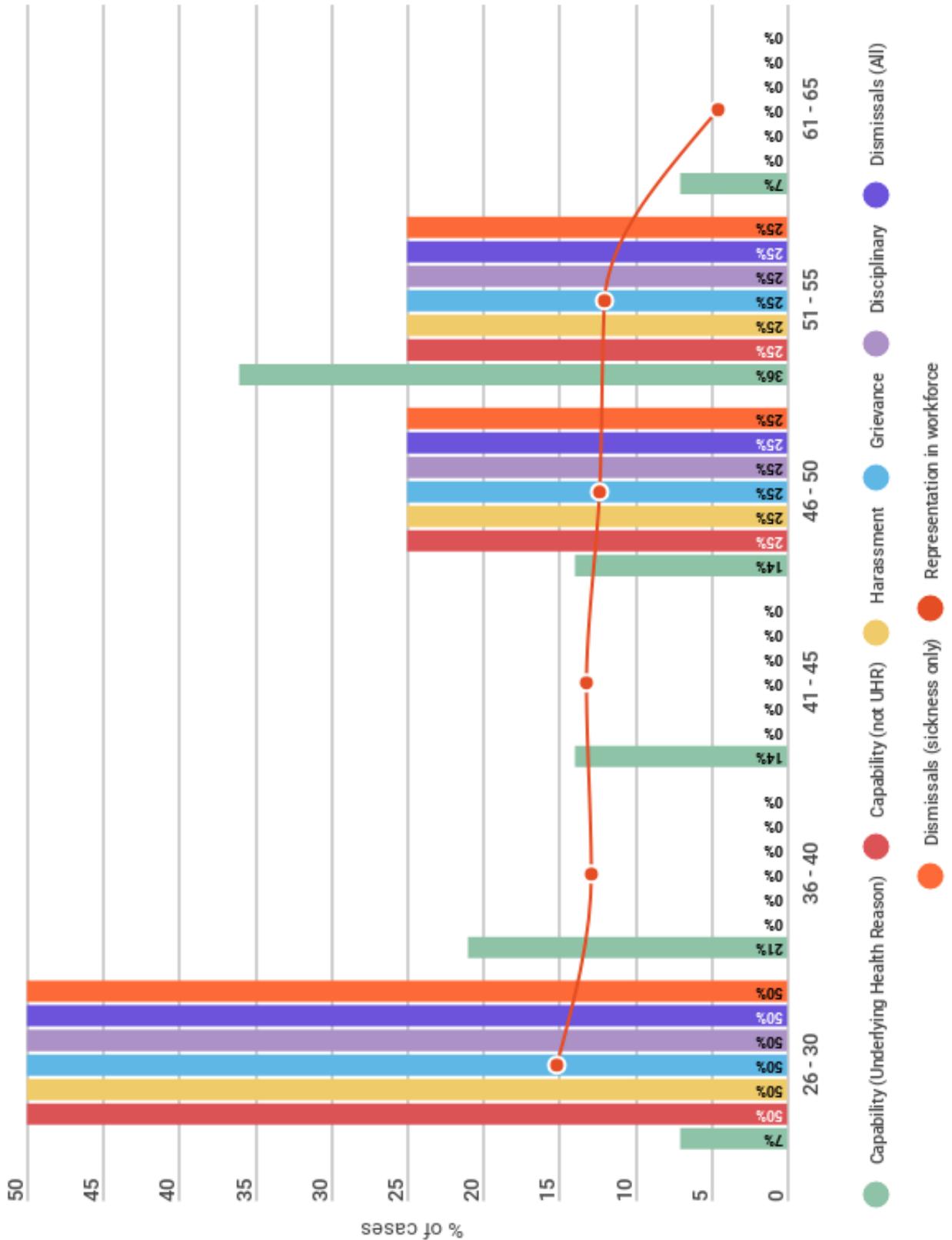
One way of demonstrating how fair employment practices and policies are is to see if there are any groups who have been disproportionately impacted. In this section the data will demonstrate which groups have been affected by or raised concerns under specific policies and practices.

During 2017/18 there were:

- 14 Capability cases (underlying health reason)
- 4 Capability cases (not underlying health reason)
- 4 Harassment cases
- 13 Grievances
- 42 Disciplinary cases
- 38 Dismissals
  - Of which 18 dismissals related to sickness

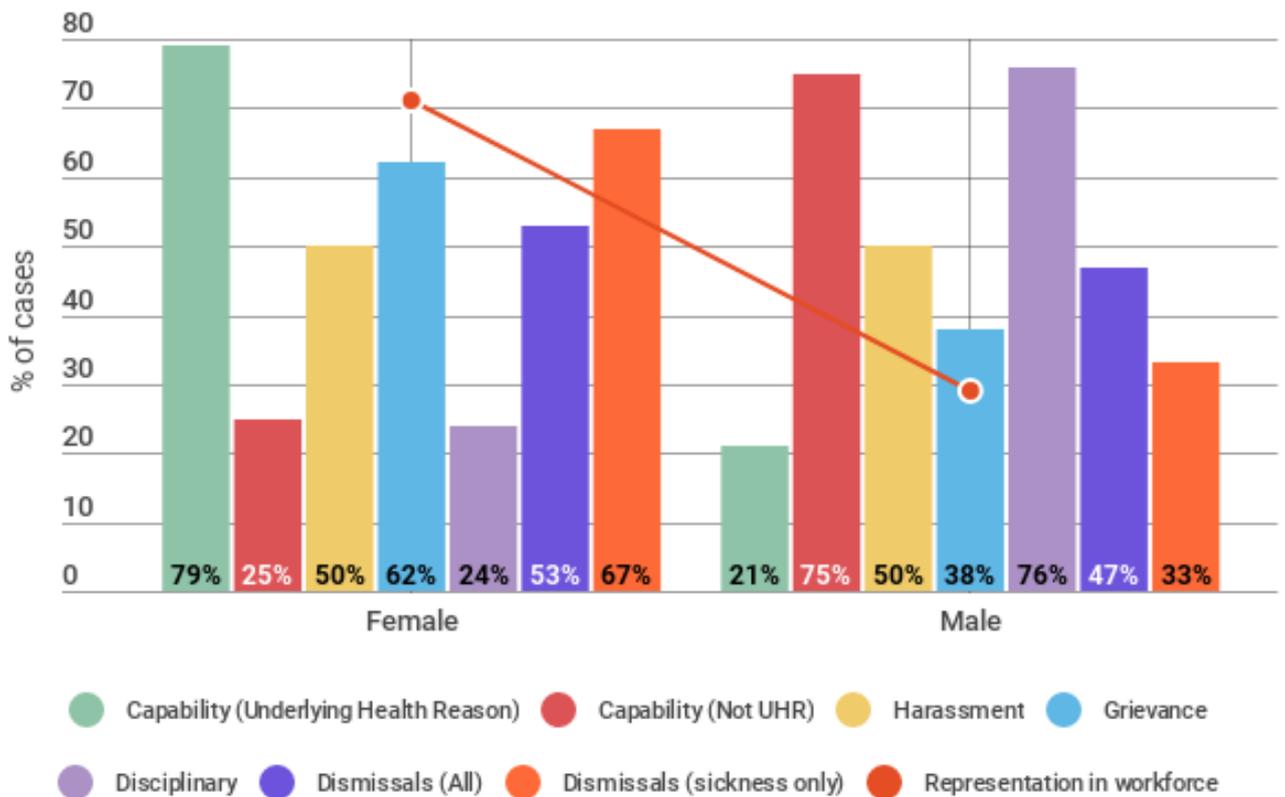
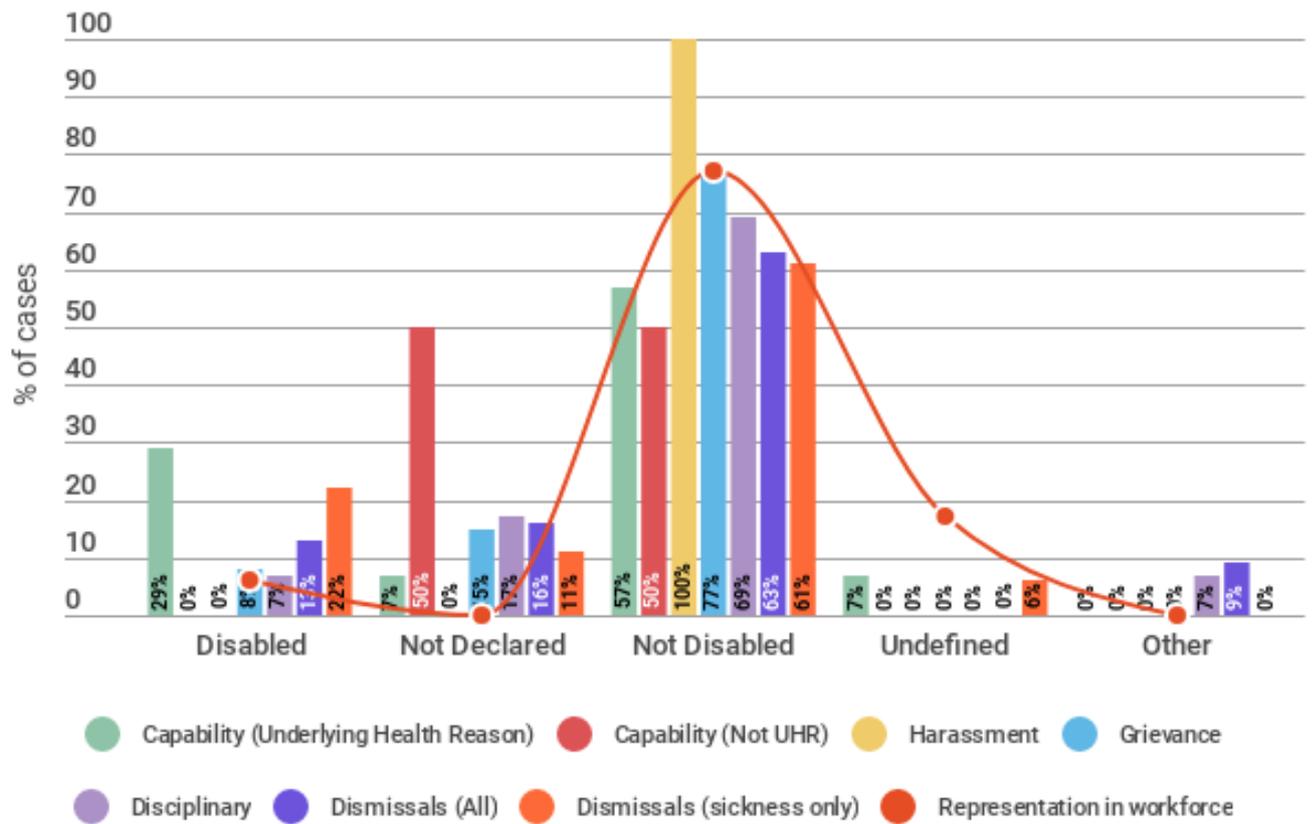


The red trend line is representative of the workforce.

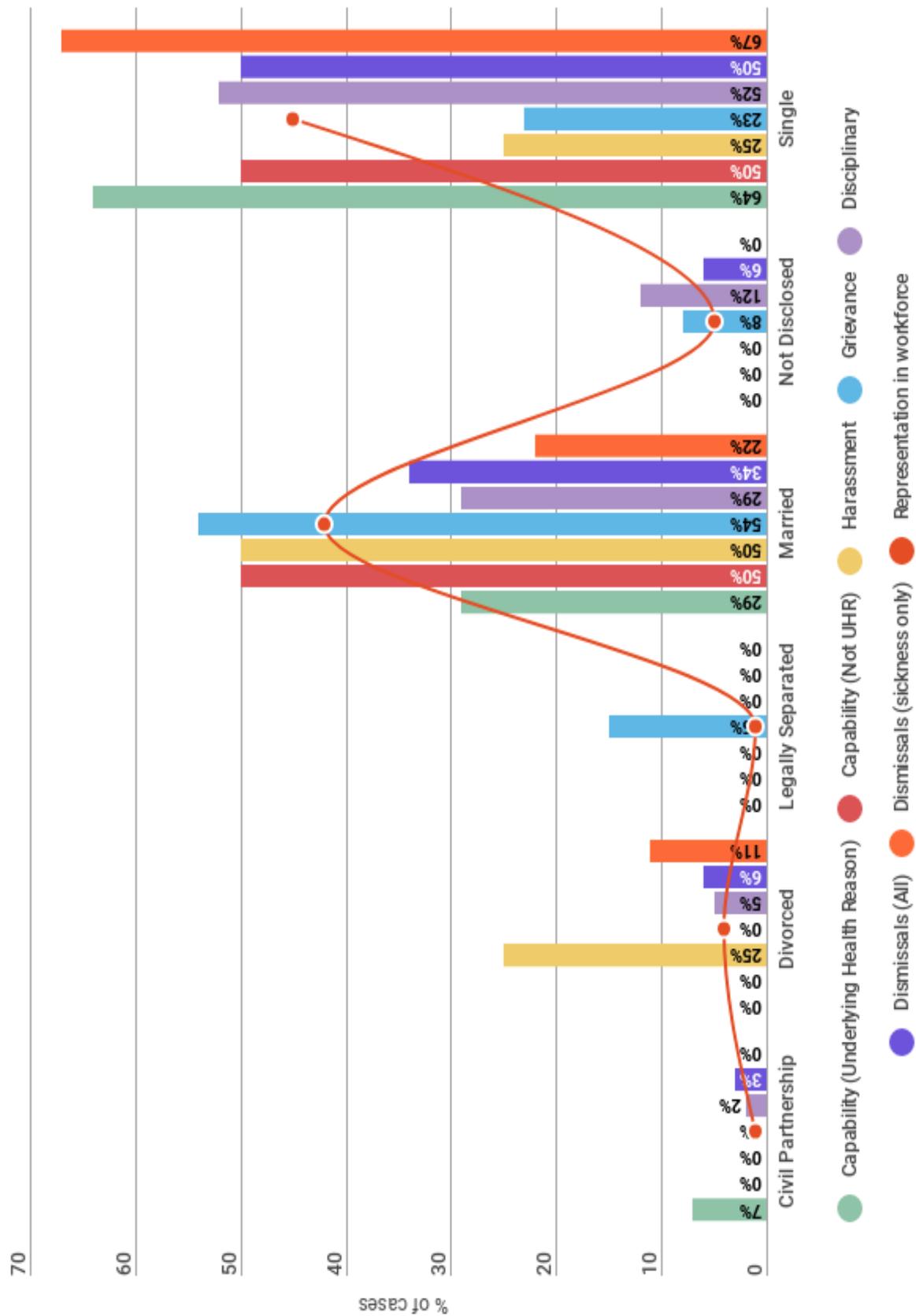


**NB** only age ranges where there has been employee relations activity is shown.

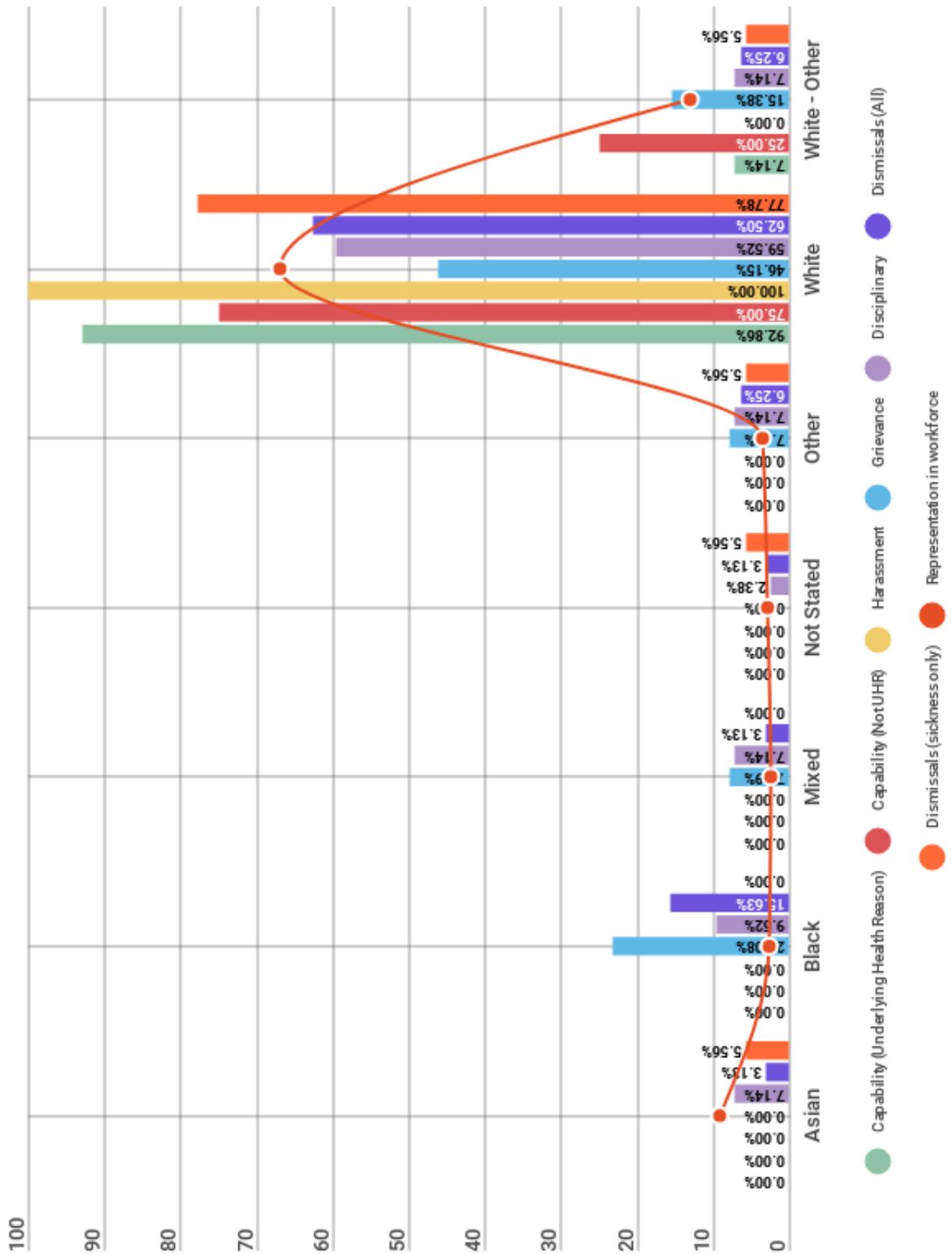
The red trend line is representative of the workforce.



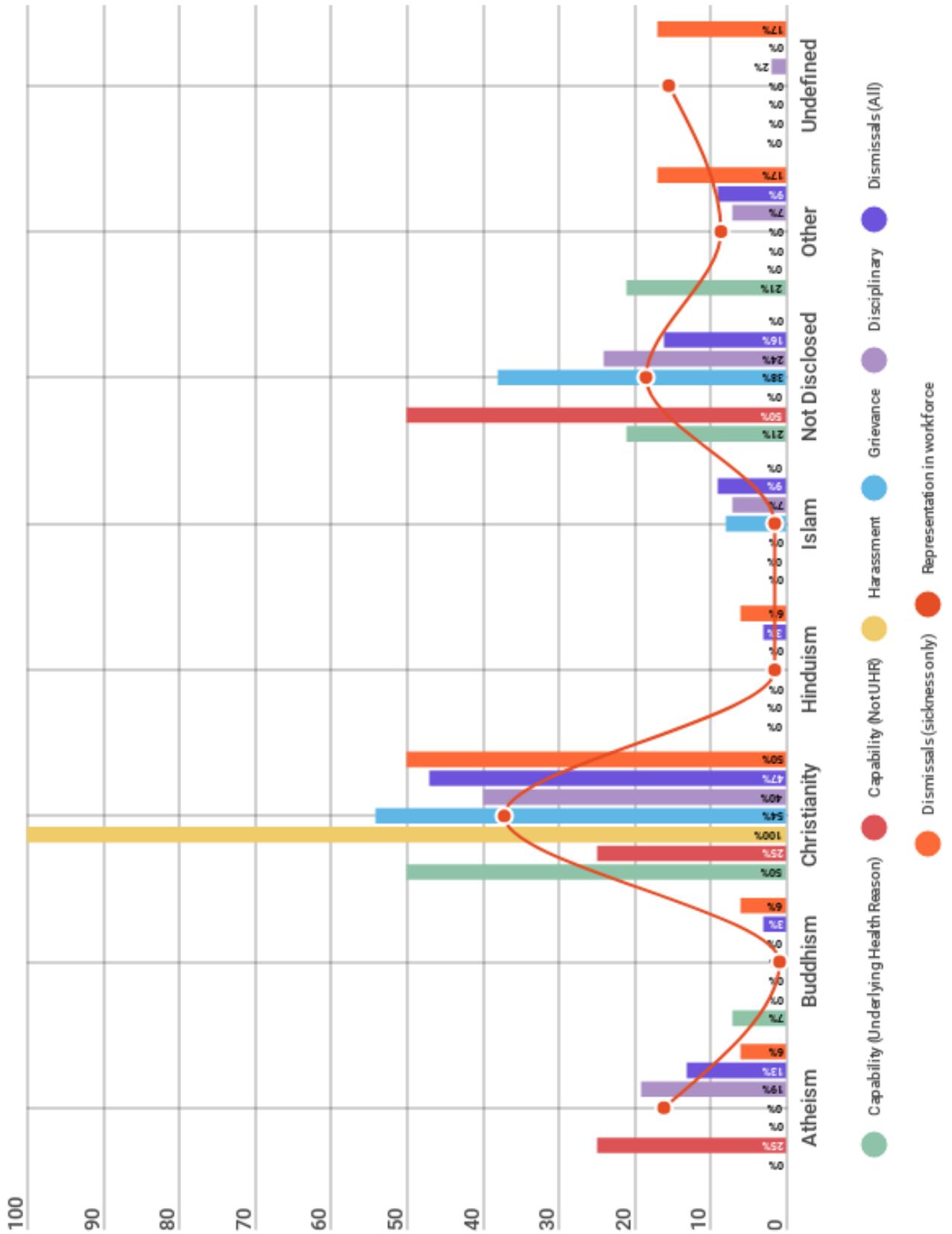
The red trend line is representative of the workforce.



The red trend line is representative of the workforce.



The red trend line is representative of the workforce.



The red trend line is representative of the workforce.



## 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.

During 2017/18, 715 applications were received for training from Allied Health Professional and nursing staff. 465 applications were approved and the total amount of funded courses amounted to £435,811.

### Age

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
19-25	32	4.5%	16	3.4%	£1,920.00
25-35	305	42.7%	195	41.9%	£27,000.00
35-45	171	23.9%	96	20.6%	£42,000.00
45-55	111	15.5%	66	14.2%	£17,000.00
55-65	33	4.6%	21	4.5%	£2,338.00
Unknown	63	8.8%	71	15.3%	£345,553.00
<b>Grand Total</b>	<b>715</b>		<b>465</b>		

### Disability

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Disabled	15	2.1%	9	1.9%	£7,770.00
Not disabled	631	88.3%	386	83.0%	£243,532.00
Prefer not to say	24	3.4%	12	2.6%	£4,265.00
Unknown	45	6.3%	58	12.5%	£180,244.00
<b>Grand Total</b>	<b>715</b>		<b>465</b>		

## Gender

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Female	558	78.0%	334	71.8%	£208,402.00
Male	107	15.0%	73	15.7%	£42,802.00
Prefer not to say	5	0.7%	1	0.2%	£85.00
Unknown	45	6.3%	57	12.3%	£184,522.00
<b>Grand Total</b>	<b>715</b>		<b>465</b>		

## Marital and Civil Partnership Status

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Civil Partnership	20	2.8%	18	3.9%	£4,717.00
Divorced	22	3.1%	17	3.7%	£4,800.00
I do not wish to disclose	42	5.9%	20	4.3%	£2,005.00
Legally Separated	2	0.3%	2	0.4%	£300.00
Married	245	34.3%	139	29.9%	£11,395.00
Single	336	47.0%	210	45.2%	£28,620.00
Widowed	3	0.4%	1	0.2%	£0.00
Unknown	45	6.3%	58	12.5%	£412,594.00
<b>Grand Total</b>	<b>715</b>		<b>465</b>		

## Sexual Orientation

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Lesbian	4	0.6%	1	0.2%	£898.00
Gay	29	4.1%	22	4.7%	£6,517.00
Bisexual	5	0.7%	4	0.9%	£2,000.00
Prefer not to say	101	14.1%	63	13.5%	£115,444.00
Unknown	576	80.6%	375	80.6%	£310,952.00
<b>Grand Total</b>	<b>715</b>		<b>465</b>		

## Race

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Asian	69	9.7%	46	9.9%	£29,695.00
Black	19	2.7%	7	1.5%	£3,770.00
Mixed	5	0.7%	4	0.9%	£5,270.00
Other	31	4.3%	19	4.1%	£5,450.00
White	463	64.8%	284	61.1%	£181,153.00
White Other	66	9.2%	39	8.4%	£26,635.00
Prefer not to say	17	2.4%	8	1.7%	£3,585.00
Unknown	45	6.3%	58	12.5%	£180,253.00
<b>Grand Total</b>	<b>715</b>		<b>465</b>		

## Religion or Belief

	Applications Received		Applications Approved		Amount Funded
	Number of Applications	%	Number of Applications	%	
Atheism	151	21.1%	103	22.2%	£35,451.00
Buddhism	4	0.6%	3	0.6%	£0.00
Christian	306	42.8%	186	40.0%	£21,582.00
Hinduism	6	0.8%	3	0.6%	£1,165.00
Prefer not to say	119	16.6%	67	14.4%	£18,927.00
Islam	9	1.3%	3	0.6%	£960.00
Judaism	2	0.3%	1	0.2%	£898.48
Sikhism	1	0.1%	0	0.0%	£0.00
Other	68	9.5%	41	8.8%	£4,887.50
Unknown	49	6.9%	58	12.5%	£351,940.02
<b>Grand Total</b>	<b>715</b>		<b>465</b>		



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

Protected Characteristic	Observation
Age	<ul style="list-style-type: none"> <li>• <b>Representation</b> - The workforce generally follows the representation trend from the census data. Given the population of registered professional staff within the Trust, their training regimes and national working practices it will help to demonstrate why representation in the workforce is relatively low earlier to 21 and higher than 61.</li> <li>• <b>Pay Band</b> - Those 16-20 and 66+ are overrepresented in lower pay bands.</li> <li>• <b>Recruitment processes</b> - Groups which seem to ultimately fair well through the Trust's recruitment process include: under 20s and 20-24. Age groups that appear to ultimately fair less favourably though the Trust's recruitment processes include: 30-34, 35-39, 45-49, 60-64 and 65+.</li> <li>• <b>Employee Relations</b> - Staff groups aged 26-30, 46-50 and 51-55 appear to be disproportionately represented in employee relations processes. Whilst 36-40 and 61-65 appear to be disproportionately represented in capability due to underlying health reasons.</li> <li>• <b>Training and Development</b> - All age groups appear to accepted in proportion to their applications.</li> </ul>
Disability	<ul style="list-style-type: none"> <li>• <b>Representation</b> - With nearly 18% of the workforce's disability status remaining unknown, the true representation of disability could be masked.</li> <li>• <b>Pay Band</b> - Disabled staff underrepresented in medical grades and there are no directors who have declared a disability. Disabled Staff are overrepresented in bands 1-3, 8a-b and 9.</li> <li>• <b>Senior Managers</b> - As a staff group, more senior manager have declared that they have a disability. The Trust also knows more disability statuses of this group however, more senior managers would prefer not to disclose their disability status compared to the general workforce.</li> <li>• <b>Recruitment processes</b> - Overall disabled candidates appear to fair favourably in the Trust's recruitment processes.</li> <li>• <b>Employee Relations</b> - Disabled staff appear to be disproportionately represented in capability due to underlying health reasons, general dismissals and dismissals related to sickness. Whilst staff that are not disabled appear to be disproportionately represented in harassment processes.</li> <li>• <b>Training and Development</b> - All disability statuses appear to be accepted in proportion to their applications.</li> </ul>
Gender	<ul style="list-style-type: none"> <li>• <b>Representation</b> - Whilst the workforce does not match the population trend of the census, the workforce does mirror national NHS gender representation.</li> <li>• <b>Working Hours</b> - Women are overrepresented in part time roles at the Trust however, this could be explained given the fact that women are more likely to be care givers than men (Carer's UK). Women are therefore, more</li> </ul>

	<p>likely to seek flexible and part time working than men.</p> <ul style="list-style-type: none"> <li>• <b>Fixed Term Contracts</b> - Men are over represented in the uptake of roles with fixed term contracts.</li> <li>• <b>Pay Band</b> - Men are overrepresented in bands 1-2 and senior management. Women are underrepresented in medical grades.</li> <li>• <b>Senior Managers</b> - As a staff group, there are more male senior managers compared to the general workforce.</li> <li>• <b>Recruitment processes</b> - Male candidates appear to ultimately fair less favourably in the Trust's recruitment process.</li> <li>• <b>Employee Relations</b> - Men appear to be disproportionately represented in most employee relations processes.</li> <li>• <b>Training and Development</b> - All genders appear to be accepted in proportion to their applications.</li> </ul>
<b>Gender Identity</b>	<ul style="list-style-type: none"> <li>• <b>Recruitment processes</b> - Whilst there are relatively few candidates that have stated that they identify as transgender, it would appear they ultimately fair less favourably in the Trust's recruitment processes.</li> </ul>
<b>Marital Status</b>	<ul style="list-style-type: none"> <li>• <b>Representation</b> - Whilst the workforce does generally match the overall trend from the census, it is worth noting that the Trust is overrepresented in staff that are single.</li> <li>• <b>Pay Band</b> Staff in civil partnerships appear to be overrepresented in bands 1-3,7, 8a, 8d and senior medical posts. Staff that are divorced are overrepresented in bands 1-4, 8a, 8c, and 9 but underrepresented in medical posts. Staff that are legally separated are overrepresented in bands 1-6 and 8c but underrepresented in medical posts. Married staff are generally well represented throughout however, there is overrepresentation in more senior posts (both medical and non-medical). Staff that are single are underrepresented in management and senior medical posts. Staff that are widowed are overrepresented in lower banded posts.</li> <li>• <b>Recruitment processes</b> - Only single candidates fair as to be expected, all other groups do not appear to fair favourably through the Trust's recruitment processes.</li> <li>• <b>Employee Relations</b> - Married and single staff appear to be most disproportionately represented in the majority of employee relations cases. However the following groups appear to be overrepresented in the following processes, civil partnership - capability (underlying health reasons), divorced - harassment and dismissals (sickness) and legally separated - grievances.</li> <li>• <b>Training and Development</b> - Most groups appear to be accepted in proportion to their applications, except married staff where there appears to less.</li> </ul>
<b>Race</b>	<ul style="list-style-type: none"> <li>• <b>Representation</b> - Whilst the workforce does generally match the overall trend from the census, it is worth noting that the Trust is underrepresented in staff from 'other' and 'white-other' ethnicity categories.</li> <li>• <b>Pay Band</b> - All BME staff are well represented in medical grades, black staff are well represented in bands 8a, 8d and 9. BME staff are concentrated in bands 1-5.</li> <li>• <b>Senior Managers</b> - There are less BME senior managers compared to the general workforce.</li> <li>• <b>Recruitment processes</b> - Candidates from Asian, Mixed and White-Other</li> </ul>

	<p>ethnic groups appear to fair unfavourably in the Trust's recruitment processes.</p> <ul style="list-style-type: none"> <li>• <b>Employee Relations</b> - The following groups are disproportionately represented the following employee relations issues: grievances and disciplinaries - black, mixed and other. Dismissals - black and other. Capability (not related to underlying health reasons) - white and white - other. Capability (underlying health reasons), harassment, dismissal (sickness only) - white.</li> <li>• <b>Training and Development</b> - Most groups appear to be accepted in proportion to their applications, except black and white-other staff where there appears to be less.</li> </ul>
<p><b>Religion and Belief</b></p>	<ul style="list-style-type: none"> <li>• <b>Representation</b> - Whilst the workforce does generally match the overall trend from the census, it is worth noting that the Trust is overrepresented in staff from 'other' religious or belief groups. The high level of 'undefined' and 'prefer not to say' will be masking the true representation within the workforce, it may also be a measure of staff confidence in declaring their diversity data.</li> <li>• <b>Pay Band</b> - Atheists are generally well represented across the board, however there are large overrepresentation in band 8d and directors. Buddhists re generally underrepresented across the board, except in band 1 and trainee doctors. Christians are generally fairly represented throughout AFC bands, but overrepresented in lower bands and underrepresented in directors and medical grades. Hindus are overrepresented in band 8a and medical grades. Muslims are underrepresented in most AFC bands except in 1-2, but overrepresented in medical grades. Those of the Jainism and Judaism religions are generally underrepresented in AFC bands, but overrepresented in staff and consultant medical grades. Staff of an 'other' religion or faith are overrepresented in bands 1-4, 6, 8b and 9 but underrepresented in all medical grades. The highest percentage of staff not wanting to declare their religion or belief are directors and medical grades. Sikhs are generally underrepresented except in trainee doctor medical grades. Generally the highest percentage of staff where their religion or belief in unknown is within the AFC pay bands.</li> <li>• <b>Recruitment processes</b> - Most religious or belief groups appear to fair unfavourably in the Trust's recruitment processes, except Atheists and Buddhist where they ultimately fair as to be expected.</li> <li>• <b>Employee Relations</b> - It would appear that all religious or belief groups appear to be disproportionately represented in a range of employee relations procedures. These include: Atheists in capability (not underlying health reasons). Buddhists in Capability (underlying health reasons) and dismissals (sickness). Christians in capability (underlying health reasons), harassment, grievances, all and sickness related dismissals. Hindus in dismissals (sickness). Muslims in grievances, disciplinaries and dismissals (all). Other religious or belief groups in capability (underlying health reasons) and dismissals (sickness).</li> <li>• <b>Training and Development</b> - Most religious or belief groups appear to have a reduction of accepted application in proportion to applications.</li> </ul>
<p><b>Sexual Orientation</b></p>	<ul style="list-style-type: none"> <li>• <b>Representation</b> - From staff that have declared their sexual orientation, the representation of lesbian, gay and bisexual staff is less than Stonewall's</li> </ul>

	<p>national population estimate of 6%. The high level of 'undefined' and 'prefer not to say' will be masking the true representation within the workforce, it may also be a measure of staff confidence in declaring their diversity data.</p> <ul style="list-style-type: none"> <li>• <b>Pay Band</b> - There is a high representation of bisexual staff in bands 1-2, 5 and staff medical grades. Gay and Lesbian staff there is a fair representation from bands 4-9, directors however there is a slight underrepresentation in medical grades. There is generally a fair representation of heterosexual staff in AFC bands, but this staff group appear to have lower representation in directors and senior medical grades. The highest percentage of staff who stated they would prefer not to declare their sexual orientation are in band 1, directors and medical grades. Across most AFC bands is the highest percentage of staff where we do not know what their sexual orientation is.</li> <li>• <b>Senior Managers</b> - As a staff group, more senior manager have declared their sexual orientation. The level of declaration of sexual orientation of this group is greater however, and less senior managers would prefer not to disclose their sexual orientation compared to the general workforce.</li> <li>• <b>Recruitment processes</b> - Ultimately gay and lesbian candidates fair as to be expected in the Trust's recruitment processes, whilst bisexual candidates appear to fair well.</li> <li>• <b>Employee Relations</b> - Heterosexual staff appear to fair unfavourably in most employee relations processes, whilst gay and lesbian appear to be disproportionately represented in harassment, grievances and capability (as does bisexual staff).</li> <li>• <b>Training and Development</b> - Most groups appear to be accepted in proportion to their applications, except lesbian staff where there appears to be less.</li> </ul>
<b>All protected characteristics</b>	<ul style="list-style-type: none"> <li>• <b>NHS Staff Survey</b> - Please see the staff survey pages for observation on equality related key findings.</li> </ul>



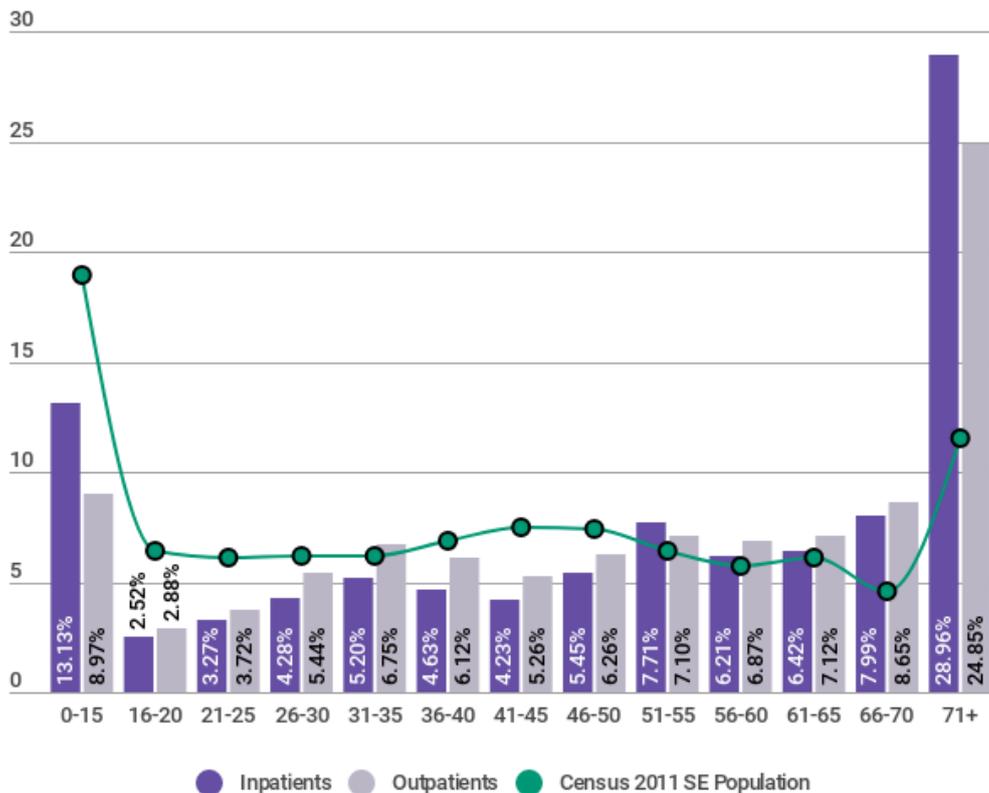
## Who are the Trust's patients?

During 2017/18 the Trust saw over 750,000 patients, which included:

- 124,440 inpatients
- 631,446 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.

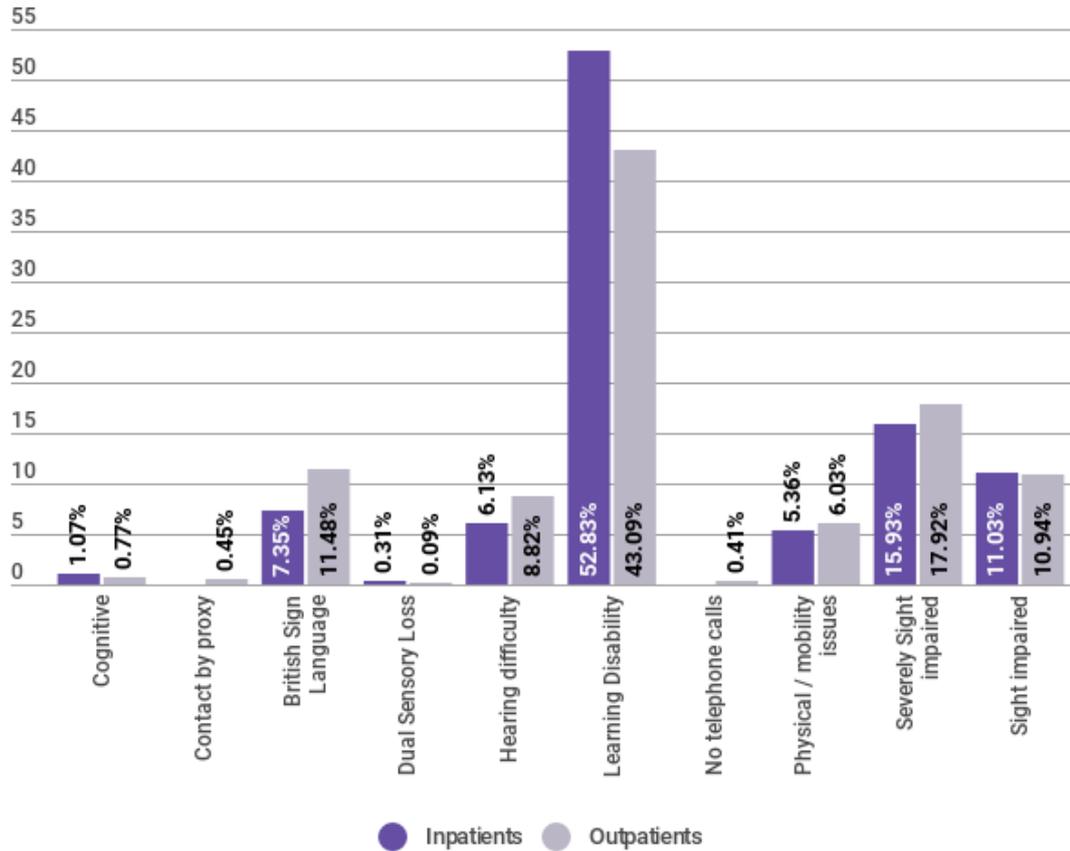
### Age



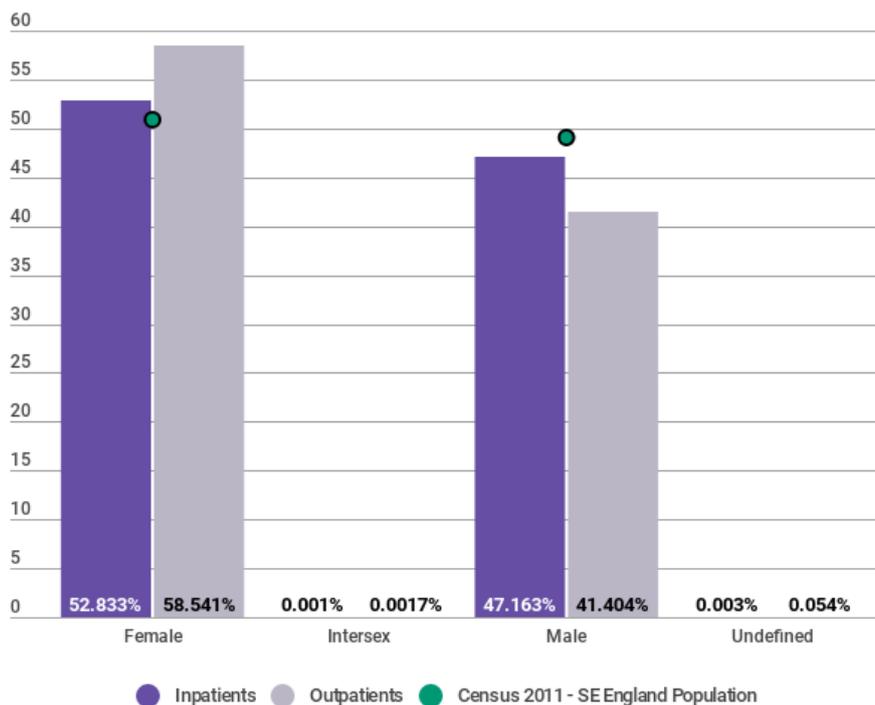
### Disability

The patient administration system records the numbers of patients that have additional needs or reasonable adjustments due to a disability or long term illness. During 2017/18 there were:

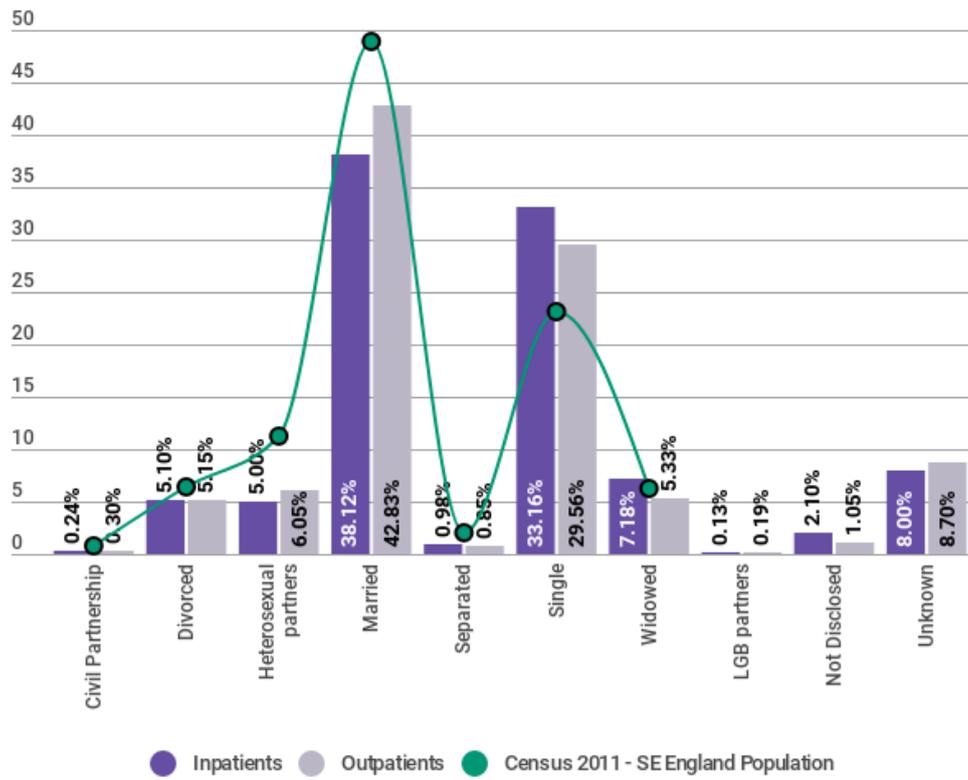
- 123,787 inpatients which did not need to have any reasonable adjustments, this means 0.5% of inpatients required reasonable adjustments.
- 629,225 outpatients which did not need to have any reasonable adjustments, this means 0.4% of outpatients required reasonable adjustments.



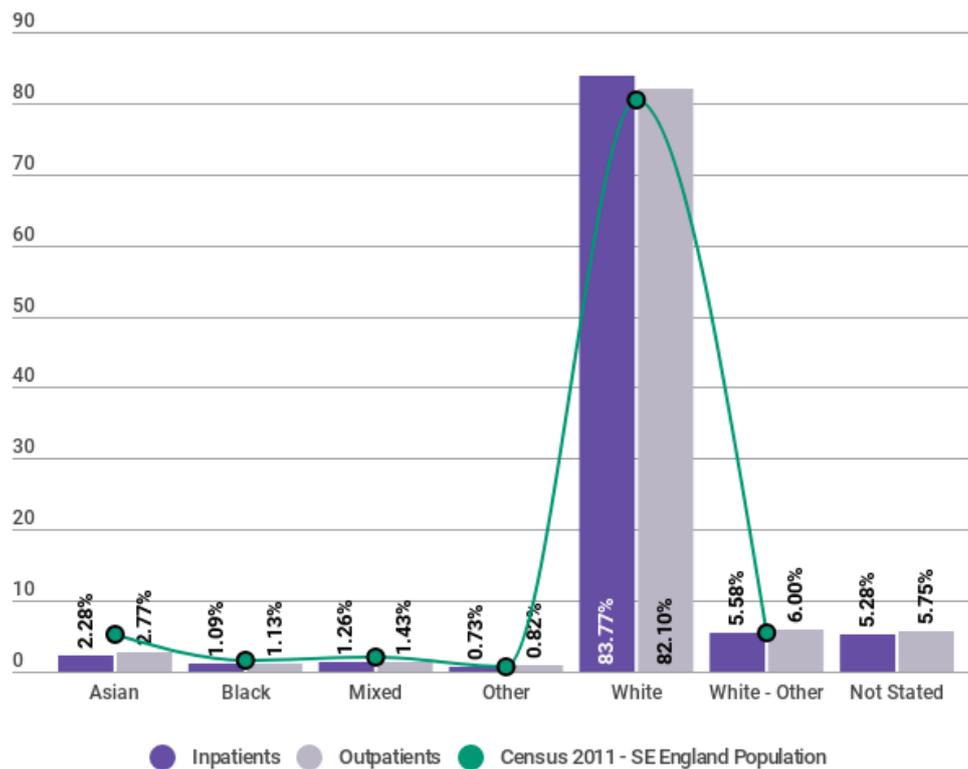
## Gender



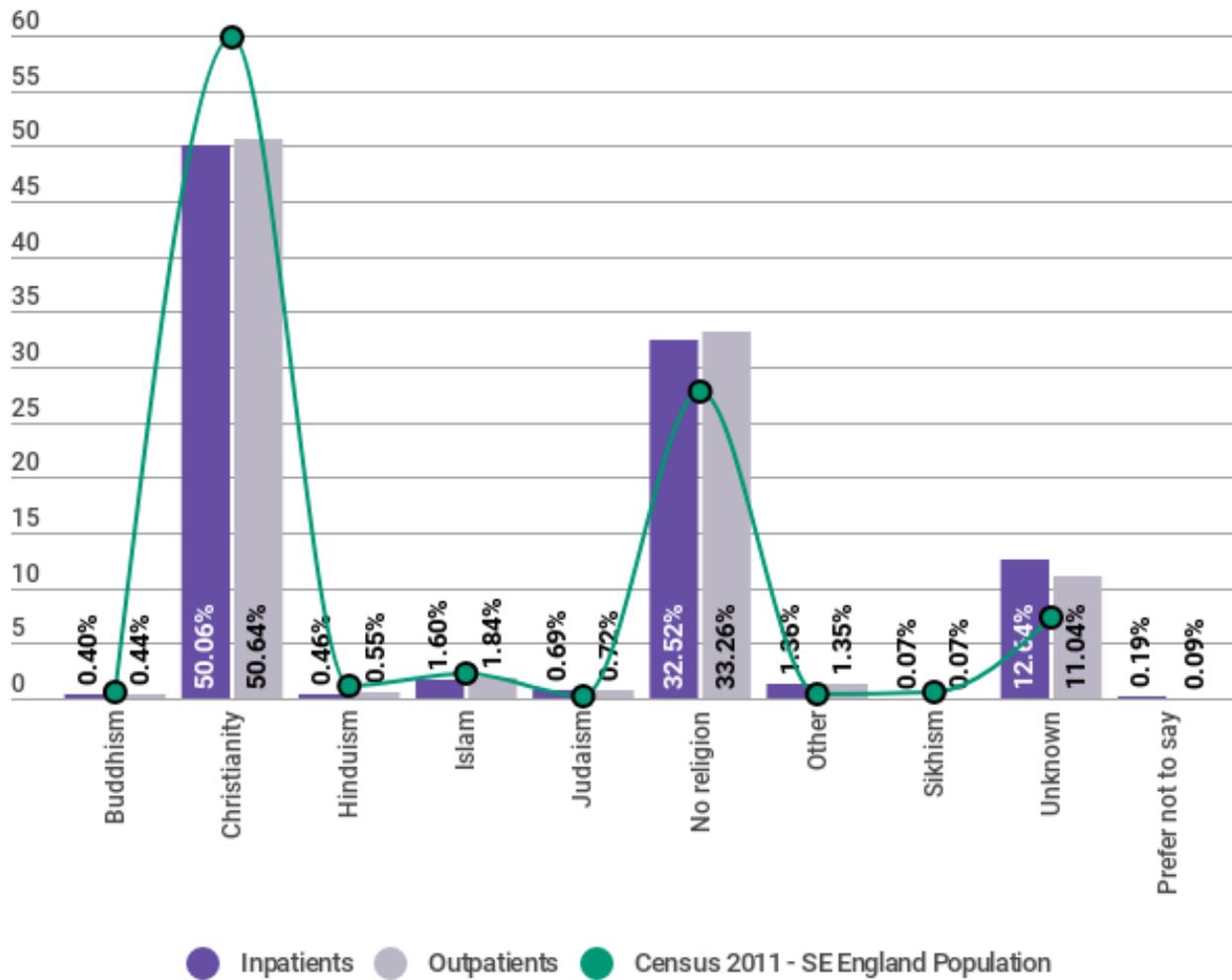
## Marriage / Civil Partnership



## Race



## Religion or Belief





## 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 2017/18 which reflects over 7,500 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.

The average is taken across all survey results, and not an average taken against the group results.

### Age

	Don't Know	Negative	Positive
16-35	3.3%	2.6%	94.1%
36-55	3.8%	1.7%	94.5%
56-75	3.0%	1.2%	95.8%
75+	5.5%	1.2%	93.3%
<b>Average</b>	<b>3.9%</b>	<b>1.4%</b>	<b>94.7%</b>

### Disability

	Don't Know	Negative	Positive
Not Disabled	3.85%	1.37%	94.78%
Not disclosed	4.39%	2.63%	92.98%
Disabled	14.29%	0.00%	85.71%
<b>Average</b>	<b>3.88%</b>	<b>1.40%</b>	<b>94.72%</b>

## Gender

	Don't Know	Negative	Positive
Female	3.4%	1.4%	95.2%
Male	4.6%	1.3%	94.1%
Other	25.0%	0.0%	75.0%
<b>Average</b>	<b>4.0%</b>	<b>1.3%</b>	<b>94.7%</b>

## Gender Identity

	Don't Know	Negative	Positive
Not Transgender	3.85%	1.37%	94.78%
Not disclosed	4.39%	2.63%	92.98%
Transgender	14.29%	0.00%	85.71%
<b>Average</b>	<b>3.88%</b>	<b>1.40%</b>	<b>94.72%</b>

## Race

	Don't Know	Negative	Positive
Asian	1.8%	0.9%	97.3%
Black	0.0%	0.0%	100.0%
Mixed	3.0%	1.8%	95.3%
Other	4.7%	0.0%	95.3%
White	4.0%	1.5%	94.5%
White - Other	3.2%	1.1%	95.7%
<b>Average</b>	<b>3.8%</b>	<b>1.5%</b>	<b>94.7%</b>

## Religion or Belief

	Don't Know	Negative	Positive
Agnostic	5.3%	0.0%	94.7%
Atheism	3.0%	3.0%	94.1%
Buddhism	0.0%	2.4%	97.6%
Christianity	2.9%	1.0%	96.2%
Hinduism	0.0%	10.5%	89.5%
Islam	1.8%	0.0%	98.2%
Judaism	13.2%	10.5%	76.3%
No particular faith	4.6%	1.5%	93.9%
Not disclosed	11.1%	3.6%	85.2%
Other	3.7%	1.5%	94.8%
Pagan	0.0%	0.0%	100.0%
Sikhism	0.0%	0.0%	100.0%
<b>Average</b>	<b>3.8%</b>	<b>1.4%</b>	<b>94.8%</b>

## Sexual Orientation

	Don't Know	Negative	Positive
Bisexual	9.38%	0.00%	90.63%
Gay	4.85%	2.91%	92.23%
Heterosexual	3.84%	1.24%	94.93%
Lesbian	2.86%	2.86%	94.29%
Not disclosed	5.57%	2.36%	92.08%
Other	2.20%	0.00%	97.80%
<b>Average</b>	<b>4.01%</b>	<b>1.35%</b>	<b>94.64%</b>



## 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:**

On the whole the general trend of patient presentation into the Trust's services and population demographics appear to generally correlate. However, there are specific areas of underrepresentation in ages 31-50 but large underrepresentation in 0-15 and 66-71+ and low underrepresentation from patients 51-65 year old.

Those with the marked least level of satisfaction (compared to the average) are in age groups 16-35 and 36-55. Those with the greatest level of satisfaction (compared to the average) are in age group 56-75. The age group of 75+ had the highest number of patients who did not know and the least number of patients who scored positively in the Friends and Family Test.

### **Disability:**

Only 0.5% of outpatients and 0.4% of inpatients have declared they have a disability. Comparing to the census figure of 6.88% of people in the South East of England stating that their day-to-day activity is limited a lot. Out of the patients that have

declared that they have a disability the majority have either a learning disability, a sight impairment or a user of British Sign Language.

Disabled patients have provided the least number of positive responses to the Friends and Family Test, this group has also provided the greatest number of 'don't know' responses as well. Patients without a disability have provided answers to the test in-line with the average for the group.

## **Gender**

Representation of patients attending the Trust's services generally follows the trend of the population. However, it should be noted that female patients are represented more as users of Trust services than men.

One report suggests that there are 358,105 people (Understanding intersex, Czyzelska, March 2018) in the UK with intersex variation, this would be approximately 0.5% of the population. If this statistic is correct it would suggest that there is an underrepresentation of patients who identify as intersex attending Trust services.

An above average number of female patients provided both a positive and negative scores for the Friends and Family Test. Male patients were roughly in line with the average regarding the provision of positive and negative scores for the test. Patients who identified their gender as 'other' (which would include intersex patients) was least likely to provide a positive score and most likely provide a 'don't know' score.

## **Gender Identity**

The Trust is not able to record gender identity in the patient administration system, so no attendance data is available at the time of writing this report.

Patients who identified as not being transgender, generally follow the average with regard to the scores that they provided in the Friends and Family Test. Patients who identified as transgender were least likely to provide a positive score and also score of 'don't know' to the test.

## **Relationship Status**

Most groups are representative within Trust services however, those listed as in a heterosexual relationship (not married) and married are underrepresented in the patient demographic figures. Whilst single patients are overrepresented when comparing the patient and population demographics.

## **Race**

The profile of patients attending Trust services, pretty much mirrors population data. There is an exception of Asian patients where there is a slight underrepresentation.

Asian and Black patients are most likely to provide a positive response to the Friends and Family Test, whilst patients of mixed race are most likely to provide a negative score. White and White – Other patients are generally follow the average, whilst patients who identify as ‘other’ race have an above average positive and ‘don’t know’ responses.

### **Religion or Belief**

For patients who have identified as being in a minority religious or belief group there is a correlation between patient and population demographics. Those with no religion are overrepresented and Christians are underrepresented when comparing patient to population demographics.

Patients from a Buddhist, Christian, Islamic, no particular, other, Paganist or Sikhist religion or belief are most likely to report a positive score when compared to the average in the Friends and Family Test. Patients from a Hindu or Jewish and Buddhist religion are most likely to report a negative score (compared to the average) in the test. Whilst those of an Agnostic, Jewish or no particular religion or belief are most like to provide a ‘don’t know’ score in the test.

### **Sexual Orientation**

Information about patient’s sexual orientation is currently not routinely collected. However, this will change soon with the introduction of the Sexual Orientation Monitoring Standard by NHS England.

When compare against the average heterosexual, lesbian and patients who have an ‘other’ sexual orientation are most likely to provide a positive score in the Friends and Family Test. Bisexual and gay patients are least likely to provide a positive score in the test. Gay and lesbian patients are most likely to provide a negative score in the test, whilst bisexual and gay patients are most likely to provide a ‘don’t know’ score in the test.



## Quick facts about services to support patients during 2017/18

The Trust funded 692 patients requiring communication support to have interpreters e.g. British Sign Language or Dual Sensory Loss

The Trust funded 5,056 patients that have an overseas language need to have an interpreter

The Trust funded 109 translations of documents (13 in Braille or audio format and 96 in overseas languages)

There are **400+** volunteers that support patients and services

### Top 5 Languages used by patients:

- Arabic – 31.1% of all interpreting sessions
- British Sign Language – 11.9% of all interpreting sessions
- Polish – 7.2% of all interpreting sessions
- Bengali – 5.9% of all interpreting sessions
- Cantonese – 4.2% of all interpreting sessions

The Chaplaincy Team made over 13,000 visits and over 300 call-outs to patients and their families