

**The  
Equality Delivery  
System  
(EDS2)**

**Final Grading and  
Equalities Analysis Report  
2015/16**

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# Summary

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## 1. Introduction

This report seeks to provide assurance for patients, carers, the public and staff, that the Trust is inclusive of the needs of all people. Whether people are accessing services, visiting or working for the Trust, no matter where they live within the organisation's geographical reach, they can be confident that the Trust is continually seeking to improve the services it offers as a healthcare provider and employer.

2015/16 has been another year of building on existing good work, implementing revised equality objectives and once again rising to new challenges. The report uses the EDS2 outcomes to guide the Trust in highlighting the progress in delivering good practice and identifying areas for further development.

## 2. Achievements

The Trust has devised many initiatives throughout the organisation to ensure patients, carers, visitors, service users and staff have equal access to services.

The Trust Annual Staff Awards again provided the opportunity to recognise the great work ESHT staff do. Awards were given out to staff for a variety of achievements such as exemplary leadership, commitment and dedication to improving access to healthcare for those who may otherwise find it difficult.

ESHT welcomed a further cohort of interns on Project Search a programme that supports young adults with learning difficulties and enables them to widen their employment opportunities.

The New Pevensey unit opened in Nov 2015 with a separate day unit which has a spacious waiting area, reception, 3 treatment areas a procedure room, shared staff room and quiet room for patients and relatives to discuss care and treatment pathways.

The new Pevensey ward provides single sex bays, young teenage adult room and separate kitchen area. The new unit has significantly improved the privacy and dignity for patients of and improving facilities for young teenage adults with the provision of a purpose built room.

## 3. Areas of Focus from 2014/15 report:

A baseline for EDS2 was established in the 2014/15 report and recognised there was a need to increase engagement throughout the organisation to support development of equality and diversity; identify areas of improvement, raise awareness and share learning of some of the good practices that already exist. Through the development of the Equality Steering Group and Black Asian and Minority Ethnic (BAME)

Staff Groups, managers were able to commence identifying, discussing and implementing ways to make improvements

It was also recognised that robust data collection and analysis needed further development to improve assurance of the organisations compliance against the standards and to identify areas requiring further development. Through the Equality Steering Group managers were able to receive guidance and discuss ways of improving data collection.

**4. Areas of focus for 2016/17:**

Increasing communication with the organisations service users is planned during 2016/17 which will continue to reach the Trusts target of being a Trust rated by CQC as 'Outstanding' by 2020. Through the development of patient engagement groups and staff networks the Trust aims to provide an open and transparent approach to present topics that cause concern, listen to peoples' views and act on innovation wherever possible.

Implementing the new Accessible Information Standard across the Trust to ensure patients, service users and carers have access to healthcare information in a format that is suitable to them. The Standards aims to Identify, record, highlight, share information and support the communication needs of all those that require communication support due to a disability, sensory or cognitive impairment.

## 5. EDS2 Outcomes and Grading 2015/16

<b>Goal 1: Better health outcomes</b>		
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	<b>ACHIEVING:</b>
1.2	Individual people's health needs are assessed and met in appropriate and effective ways	<b>ACHIEVING:</b>
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	<b>DEVELOPING:</b>
1.4	When people use the NHS their safety is prioritised and they are free from mistakes, mistreatment and abuse	<b>ACHIEVING:</b>
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	<b>ACHIEVING:</b>
<b>Goal 2: Improved patient access and experience</b>		
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	<b>DEVELOPING:</b>
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	<b>DEVELOPING:</b>
2.3	People report positive experiences of the NHS	<b>DEVELOPING:</b>
2.4	People's complaints about services are handled respectfully and efficiently	<b>UNDEVELOPED</b>
<b>Goal 3: A representative and supported workforce</b>		
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	<b>ACHIEVING</b>
3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	<b>DEVELOPING</b>
3.3	Training and development opportunities are taken up and positively evaluated by all staff	<b>DEVELOPING</b>
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	<b>DEVELOPING</b>
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	<b>DEVELOPING</b>
3.6	Staff report positive experiences of their membership of the workforce	<b>DEVELOPING</b>
<b>Goal 4: Inclusive leadership:</b>		
4.1	Boards and other senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	<b>DEVELOPING</b>
4.2	Papers that come before the Board and other major committees identify equality-related impacts including risks, and say how these risks are to be managed	<b>DEVELOPING</b>
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	<b>ACHIEVING</b>

## 1. Introduction to the refreshed Equality Delivery System (EDS2)

The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. It is a toolkit that assists NHS organisations in improving their services, both as service providers to their local communities, and also as employers. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

Based on this evaluation and subsequent engagement with the NHS and key stakeholders, a refreshed EDS – known as EDS2 – was made available in November 2013.

The main purpose of the EDS2 is to help NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

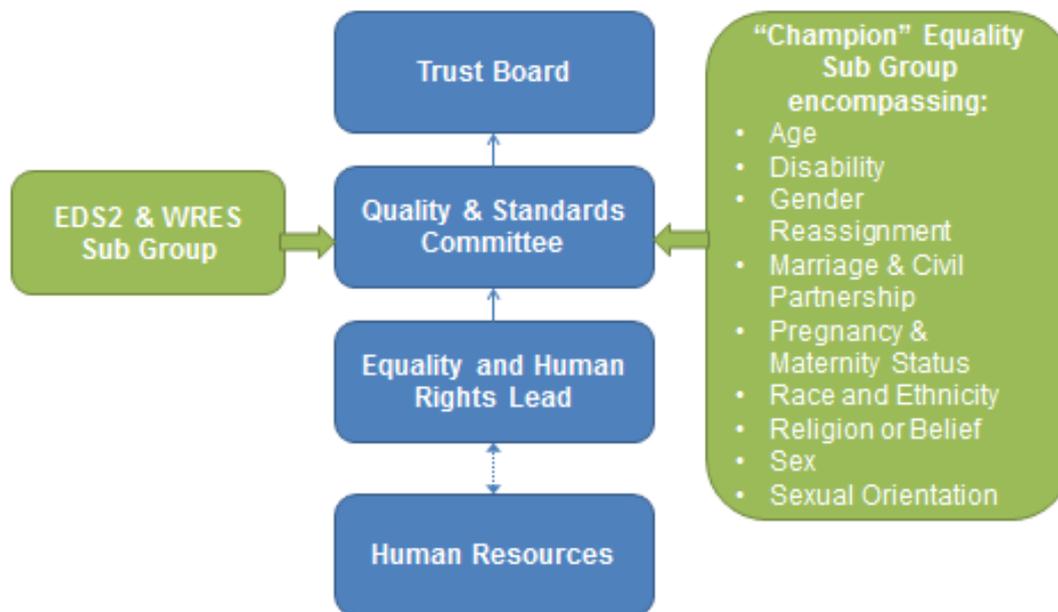
East Sussex NHS Healthcare Trust has embedded the EDS2 into everyday practice which assists the Trust to deliver a report that is understandable and transparent. Complying with EDS2 assists East Sussex Healthcare Trust in:

- Ensuring staff and service users are free from unlawful discrimination
- Identifying barriers to healthcare enabling the Trust to improve access to services
- ensuring staff and service users are provided with equality of opportunity and are fostering good relations
- Improving patient experiences of the organisation which will deliver better health outcomes
- Deliver a well-led, supported workforce that is representative of the communities it serves.

Equality sits with the highest level of leadership at ESHT with a robust governance framework to support monitoring and delivery. There are 2 sub-groups that feed into the Quality and Safety Committee; The EDS2/WRES group is made up of for directors, managers, EDS2 and Workforce Race Equality Standard (WRES) leads. The aim of the EDS2/WRES steering group is to ensure that there are robust reporting mechanisms and to constantly review data that ensures objectives are being met and progress reported.

The second subgroup, chaired by the Equality and Human Rights Lead, will link with other patient groups, staff groups and networks. The aim is to discuss and address concerns and capture innovative ideas that will assist the Trust in becoming the Healthcare provider of choice for local people and an employer where staff are happy and proud of their membership.

## 1.1 Equality & Human Rights Governance Structure



## 1.2 The four Goals that lead to the 18 outcomes:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

## 1.3 EDS2 Grading

For each EDS2 outcome, there are four grades, and a RAG “plus” rating, to choose from:

Excelling **Purple**  
 Achieving **Green**  
 Developing **Amber**  
 Undeveloped **Red**

For most outcomes the key question is: how well do people from protected groups fare compared to people overall?

Each grade is dependent on evidence of the protected characteristics including; gender, race and ethnicity, age, disability, religion or belief, sexual orientation, pregnancy/maternity/adoption and paternity, transgender and marital status.

Undeveloped	Developing	Achieving	Excelling
			
People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

### 3. Trust Performance

<b>EDS2 Goal 1: Better health outcomes</b>	<b>EDS2 Reference Number: 1.1</b>
<b>Outcome: Services are commissioned, procured, designed and delivered to meet the health needs of local communities</b>	

#### Summary of Activity:

ESHT 2020 is a major programme of work planned to ensure the Trust consistently deliver high levels of responsive, effective and compassionate care. ESHT aim to provide safe and high quality healthcare for the people of East Sussex and to achieve a CQC rating of 'Good' by 2017 and 'Outstanding' by 2020. The 2020 programme will be published in May 2016.

To support the Trust's compliance with current equality legislation and ensure it meets the needs of all its users, the EDHR Lead continues to be a panel member for relevant tendering processes alongside dedicated procurement leads when out-sourcing its services.

ESHT was successful in retaining the contract to continue providing integrated Sexual Health, HIV treatment and care services in East Sussex. Specialist sexual health services in East Sussex are provided from two main bases; Station Plaza, Hastings and Avenue House, Eastbourne. Sexual Health Friends and Family test results are consistently above 95%.

#### Language and communication

Language and communication needs were supplied under the East Sussex County Council's SUSTI framework which translates foreign community languages, through telephone, face to face, written, audio, braille and sensory interpreters. It was recognised through the Care Quality Commission's report that the current system for accessing interpreters was not as simple as it could be and that staff often found it challenging and time consuming to obtain interpreters. ESHT strives to ensure that the health needs for all patients, who do not use spoken English as their first language, are being met. In order to improve this service a scoping exercise commenced with internal stakeholders and service users to identify where and how this service could be improved. Potential suppliers from an existing framework provided by NHS Commercial Solutions were invited to submit a bid for a sole contract for interpreting services at ESHT. A successful bidder was identified and mobilisation of a new and improved service will be rolled out across the Trust early summer 2016. The new supplier will also assist the Trust in implementing the Accessible Information Standard which supports patients with communication needs arising from a disability or impairment.

<b>Grade:</b>	<b>ACHIEVING</b>
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#### Evidence for grading:

- Quality Accounts
- CQC Report

- Healthwatch
- FFT
- Tender processes / contracts
- Internal scoping exercises

**Areas of focus from 2014/15 Report for 2015/16**

- EDHR Lead to participate in evaluation panels to ensure new contracts provide robust evidence of commitment to equality when services are commissioned by the Trust.
- To further improve the interpretation services ESHT plans to enter into a service level agreement to provide easy access to interpreters and a service that meets the needs of the service user.

The EDHR Lead, along with stakeholders conducted a mini-competition and evaluated bids for interpreting services at ESHT. A Service Level Agreement (SLA) with robust Key performance indicators was awarded.

The EDHR Lead participated in the successful bidding process for Sexual Health Services to remain at ESHT.

**Areas of focus for 2016/17**

- Develop a full action plan to successfully implement the Accessible Information Standard across the Trust.
- Identify innovative ways to meet the communication needs of all service users with Learning Disabilities, sensory and cognitive impairments and other disabilities.
- Ensure a robust SLA for Interpreting Services meets the needs of all service users who do not communicate using spoken English.

**EDS2 Goal 1: Better health outcomes**

**EDS2 Reference Number: 1.2**

**Outcome: Individual people's health needs are assessed and met in appropriate and effective ways**

### **Summary of Activity:**

#### Learning Disabilities (LD)

The Trust has increased the use of the 'This is Me Care Passport' and Disability Distress Assessment Tool (DISDAT) across the trust when patients are admitted to any of the Trust hospitals. This was supported by the formulation of 'Guidance for inpatient care: assessment and provision of reasonable adjustments'. These then remain on the patient's record through a flagging system, highlighting any additional needs. This now includes children and young people.

Enhanced pre-op assessments (undertaken in pre-op assessment clinics) which identify complex needs associated with the presence of LD, enables identification of reasonable adjustments, which were required to facilitate admission. This includes a wide range of staff engagement, individual planning meetings and production of individualised care plans. This is resource intensive but without this there are many patients who would not be able to access hospital services. Other areas of improvements include:

- Enhanced training to a range of staff including 2<sup>nd</sup> year Doctors and external providers. Utilising clinical guidelines for the care of the surgical patient (adult and child) with LD
- 76 – 78% of wards and clinics have an identified LD champion.
- Delivery of awareness training on annual health checks to 2 GP CCGs
- Building on existing effective joint working with the community LD ASC and Health teams
- Staff can access useful tools / pathways / documents via internet link
- Exploring ways to create a link for public access to information on LD nurse's and documents such as passport and DisDAT toolkits.

#### Equality & Human Rights Analysis (EHRA)

In 2015 a refreshed Equality & Human Rights Analysis (EHRA) form was introduced along with training and support for staff developing policies, strategies and other procedural documents. Embedding the form into relevant documents has become a Trust Equality Objective thus ensuring any inequalities are identified and removed wherever possible. Any inequalities identified through the EHRA that cannot be removed are subject to strict monitoring processes through the Equality steering group. The aim is to ensure 100% of all relevant Trust documents are appropriately assessed by 2019.

#### Healthwatch engagement and feedback

The Trust is working with Healthwatch in delivering the Trust Quality Improvement Plan (QIP). 2016 will see Healthwatch cover a 24 hour period in the A&E Department and will report on its findings soon after.

Healthwatch have also been involved in ESHT Maternity departments to support the Trust in improving the areas highlighted in the Trust CQC report. Healthwatch will publish their findings from Maternity in 2016.

#### Language and communication

Language and communication needs continue to be assessed and met in a variety of ways. Face to face interpreters, telephone interpreters, and bilingual advocates are provided for patients who do not have spoken English as their first language, to enable health needs to be assessed and met in appropriate and effective ways.

<b>Grade:</b>	<b>DEVELOPING</b>
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#### **Evidence for grading:**

- Healthwatch
- Patient Experience Surveys
- Language and Communication policy
- Interpreter data
- LD initiatives
- CQC Report

#### **Areas of focus from 2014/15 Report for 2015/16**

- ESHT will work closely with Healthwatch with projects to address concerns raised at the listening events.
- Conduct a patient experience questionnaire following appointments where an interpreter was used.
- Identify Champions for each of the protected characteristics

The new SLA for interpreting services will be rolled out over the summer with results of surveys reported in 2016/17 EDS2 report..

Recruitment of staff and patient champions will commence in July 2016 with regular patient engagement groups offered.

#### **Areas of focus for 2016/17**

- Link in with patient engagement groups and identify champions for protected characteristics.
- Collect, record and analyse feedback from bilingual patient FFT and devise action plans from the outcomes.
- Build on existing effective joint working with the community LD ASC and Health teams
- Explore ways to create a link for public access to information on LD nurse's and documents such as passport and DisDAT toolkits.

<b>EDS2 Goal 1: Better health outcomes</b>	<b>EDS2 Reference Number: 1.3</b>
<b>Outcome:</b> Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	

**Summary of Activity:**

Engagement

As an integrated health provider, the Trust continues to work closely with commissioners and partner organisations, including other trusts, GPs and adult social care to support an effective transition of people on care pathways.

Building effective relationships with external stakeholders and the public is a key priority for the Trust. An effective engagement strategy is now in place to improve relationships with all stakeholders.

Waiting Times

Referral To Treatment Times (RTT) vary according to speciality. Average waiting times are broken down by speciality in the 2015/16 Equalities Analysis to Support EDS2. Caution must be used when forming judgments about the data based on Age and Ethnicity as the prevalence of certain conditions are likely to be higher/lower within these groups which could also lead to differential waiting times.

Those over 65 years waited the least amount of time 9.5 weeks overall with those aged 31 – 45 years having to wait longest at 10.9 weeks.

Those over 65 years waited the least amount of time 12.9 weeks for appointments that did not require being admitted and under 16's waited the longest, 17.1 weeks

<b>Grade:</b>	<b>DEVELOPING</b>
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**Evidence for grading:**

- Equality & Human Rights Analysis
- FFT
- RTT waiting times

**Areas of focus from 2014/15 Report for 2015/16**

- Use existing data collection methods to ensure equalities data is robust and reported on in the next annual equality report (EDS2)
- Ensure data is collected on interpreter usage for each speciality to ensure all patients who do not have spoken English as their first language are well informed and supported.
- Continue to build relationships with external stakeholders to engage in improving pathway transitions, ensuring all service users are well informed
- Collect and report equalities data on delayed transfers

- Further analysis will be undertaken such as reviewing complaints and delayed transfers of care to identify whether there is inequity amongst the protected groups.

Collecting Interpreter data by speciality was not possible using current data collection methods. The new supplier will assist the Trust in collecting data by speciality.

Analysis of delayed transfers for people aged 85 years and over will be conducted over the summer 2016

**Areas of focus for 2016/17**

- Meetings with local CCG's will provide a deeper insight into causation of delayed transfers of patients over the age of 85 years. This information will be used to support ESHT in planning to reduce delayed transfers in this group.
- Continue to use the engagement strategy to rebuild effective relationships with external stakeholders

<b>EDS2 Goal 1: Better health outcomes</b>	<b>EDS2 Reference Number: 1.4</b>
<b>Outcome:</b> When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	

**Summary of Activity:**

There is an extensive system for reviewing and reporting on patient experience, clinical effectiveness and patient safety. At clinical quality review meetings pressure ulcers, falls and medication incidents are reviewed and actions and learning continue to be agreed. Indicators such as infection control, incidents and safeguarding are monitored at the Quality and Safety Committee. This process also identifies themes and trends, along with actions and learning.

Serious Incidents

Serious Incidents are subject to root cause analysis and are discussed and reviewed by the Serious Incident Review Group (SIRG) prior to being submitted to commissioners for closure. Any issues regarding equality are highlighted at the meetings. Again 2015/16 had no SI reports in relation to equalities issues during the reporting period. However, the Trust continues to recognise that a large number of serious incidents relate to falls and pressure ulcers which are prevalent in older people. Falls and Pressure Ulcer breakdown by gender highlighted there were no discrepancies between gender. A review of the provision of equalities data collection for SI's will commence in August 2016.

Equality & Human Rights Analysis (EHRA)

EHRA's are mandatory for all new procedural documents/policies/plans. Successful implementation of the new EHRA provides patients and staff with confidence that potential equalities related mistakes, incidents and risks are identified, managed, mitigated or eliminated wherever possible.

<b>Grade:</b>	<b>ACHIEVING</b>
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**Evidence for grading:**

- Privacy and Dignity policy
- Equality & Human Rights Analysis for policy and strategic developments
- SI Reporting and analysis

**Areas of focus from 2014/15 Report for 2015/16**

- Continue to monitor data related to incidents and infection control cases to ensure that no person with protected characteristic is affected less favourable than any other person. Ensure that appropriate actions are implemented if any discrimination is identified.

This action is ongoing and will continue to be monitored

**Areas of focus for 2016/17**

- Establish and implement a standardised method for collecting equalities data for Serious Incident reporting.
- Continue to deliver EHRA training to ensure equalities related mistakes, incidents and risks are identified, managed, mitigated and eliminated wherever possible.

<b>EDS2 Goal 1: Better health outcomes</b>	<b>EDS2 Reference Number: 1.5</b>
<b>Outcome: Screening, vaccination and other health promotion services reach and benefit all local communities</b>	

**Summary of Activity:**

Health Promotion

Health Promotion is led by Public Health with commissioners supporting NHS Trusts. In 2014 Hastings and Rother Clinical Commissioning Group (CCG) launched an action plan to tackle poor health in the Hastings and Rother area due to many people having worse health outcomes there compared to the rest of England. Funding was agreed to pilot a project called 'Making Every Contact Count' (MECC). MECC is a project that provides training for Conquest staff to identify, when in contact with patients, opportunities to talk about their patients' wellbeing and to empower those individuals to make healthier lifestyle choices. The emphasis is on prevention of problems and early intervention by providing information and signposting to other services. 100 staff had received training up to 31<sup>st</sup> March 16. In April 16 further funding was awarded to implement the project in Eastbourne.

Sexual Health

Retaining Sexual Health Services at ESHT was a key priority to ensure local people, continued to have access to the service. ESHT successfully retained this service and continues to offer innovative services to all people.

The Sexual Health teams continue to nurture working relationships with LGBT patient groups. Further training for staff has been developed on Gender and Identity, Chem Sex and LGBT groups including referral pathways.

ESHT continues to offer fast track referral services from Terrance Higgins Trust (THT) via Health Adviser Services for Men who have Sex with Men (MSM) and Black and Minority Ethnic groups (BME) who may benefit from high risk rapid HIV testing. Early detection of HIV can prevent people from dying prematurely. GRINDER is a shared social networking initiative between the Trust HIV service and THT, delivering home sampling HIV testing along with supporting testing on World AIDS day.

Just fewer than 78% of those accessing sexual health services were female. 17.9% of people reported being gay or bi-sexual. However 96% of those were male. Further analysis is required to determine a reason for this.

Eastbourne and Hastings Sexual Health Services have maintained "Your Welcome" Status supporting Young People. There is on-going Safeguarding group supervision and all staff are trained in Child Sexual Exploitation.

<b>Grade:</b>	<b>ACHIEVING</b>
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**Evidence for grading:**

- Sexual health data
- Service accessibility (online)
- Sexual Health Tender Results

- Reducing Health Inequalities in Hastings & Rother CCG Area Report (2014)
- MECC Project Plans

**Areas of focus from 2014/15 Report for 2015/16**

- Continue to monitor the uptake of key projects to reach a 10% increase in male attendances within the sexual health service
- Continue to work with partner organisations to develop and implement public health initiatives.

ESHT continue to engage and work with partner organisations on many projects as highlighted above.

**Areas of focus for 2016/17**

- MECC will continue across Hastings and also Eastbourne.
- Continue identifying innovative ways to deliver Sexual Health services.

<b>EDS2 Goal 2: Improved patient access and experience</b>	<b>EDS2 Reference Number: 2.1</b>
<b>Outcome:</b> People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	

### **Summary of Activity:**

#### Engagement

The Trust has adopted a 'you said, we did' approach to encourage feedback from patients, carers, partner organisations and the local community with plans to erect visible screens displaying 'You said we did' feedback around ESHT sites.

#### Learning Disabilities

The learning disabilities liaison team (LDLT) have continued to provide a range of tools to assist patients with learning disabilities (LD) and ensure they have the same access to treatment and care as those without LD.

Enhanced pre-op assessments are used to identify complex needs associated with LD. Many LD patients require reasonable adjustments to ensure equal access to hospital services. Planning meetings and individualised care plans are put together for all patients with LD.

#### Accessibility

The Trust is committed to ensuring access to all services across all ESHT sites is available to all who require it. Many provisions already exist including lifts, ramps, induction loops, disabled toilets and free of charge disabled parking. Equality and Human Rights Analysis (EHRA) and local access audits are carried out on all service changes, ensuring due regard is given and reasonable adjustments are made. Annual departmental audits will be reviewed to include accessible information. An external company will be commissioned to carry out the Trust's 5 yearly accessibility audit during 2016/17.

#### Language and communication

The Trust provides a wide range of interpretation services for patients, carers and service users through the use of a framework provided by East Sussex County Council, East Sussex Translation & Interpretation (SUSTI). The framework has provided a choice of interpretation companies for different types of interpreting:

- Face to face
- Telephone
- Sensory losses (BSL, Lip Speakers, Deaf-blind manual)
- Advocacy & Bilingual Advocacy
- Written & Audio Translation (inc Braille)

A review of the provision of all interpreting services was undertaken; it was recognised that this service required improvement and as a result, was included in the Trust's Quality Improvement Programme (QIP). Engagement with stakeholders identified the need to have one access point for staff to access all interpretation services to ensure people with language or other communication needs are supported and their health needs are met.

The most requested language in 2015/16 was Mandarin followed by Polish and BSL. Further details of the languages requested are found in 2015/16 Equalities Analysis to Support the EDS2.

#### Accident and Emergency Waiting times

The national target for A&E waiting times in acute hospitals remains at 4 hours. Using early analysis it is identified that those aged over 85 years who were admitted to A&E suffered delays in admittance or discharge and therefore waited longer in A&E. These cohorts of patients are usually seen quickly but due to co-morbidities may require specialist input which can lead to an extended period in A&E. Further analysis and engagement with external stakeholders is required to identify causes and develop action plans.

The Trust's A&E departments have only one dedicated paediatric assessment area due to this, children with minor injuries continue to be assessed quickly to support discharge; those requiring further investigations are transferred to the ambulatory ward which is a more suitable environment

Analysis of A&E data by ethnicity highlighted inconsistencies in collection during the admission process and therefore further analysis and investigation is required to produce data.

<b>Grade:</b>	<b>DEVELOPING</b>
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#### **Evidence for grading:**

- Equality & Human Rights Analysis
- SUSTI usage data
- A&E metrics
- Interpreter procurement documentation

#### **Areas of focus from 2014/15 Report for 2015/16**

- Enter into a Service Level Agreement for interpretation services ensuring; easy access to interpreters and translation materials, robust data, staff training.
- Design an action plan with targets to reduce time spent waiting for BSL interpreter availability.
- Conduct a local audit to ascertain whether access to services is delayed due to time spent waiting for interpreters.
- Continue to monitor A&E metrics

During 2015/16, the provision of interpreting services was procured with a successful company awarded a service level agreement. This contract will also aim to increase BSL interpreter availability. This contract is planned to commence in June 2016. It was not possible to link data of interpreter requests to patient discharge therefore an audit of delays to services due to interpreter availability was not carried out.

#### **Areas of focus for 2016/17**

- Commission an external company to carry out an access audit on Conquest, Eastbourne and Bexhill Hospital sites.
- Ensure ethnicity data collection in A&E is consistent to provide clear data for reporting.
- Review annual departmental Access Audits to include Accessible Information.

<b>ESD2 Goal 2: Improved patient access and experience</b>	<b>EDS2 Reference Number: 2.2</b>
<b>Outcome: People are informed and supported to be as involved as they wish to be in decisions about their care</b>	

### **Summary of Activity:**

#### Engagement

Through engagement with Healthwatch and the CQC reports, the Trust has good evidence and insight into potential areas of concern. Further engagement with Healthwatch through 2016/17 will enable the Trust to address any further areas of concern. During 2015/16 Healthwatch independently reviewed the complaints process and maternity services at both acute sites.

Complaints - An independent review of 60 complaints were scrutinised for the process that ESHT complaints team followed.

Maternity - 'From Special Measures to Special Moments' is a report on the experiences of 50 women accessing ESHT maternity services.

Both reports will be published during 2016.

#### Support

The Trust is committed to ensuring patients, as well as their families and carers, are involved, informed and consulted on all decisions about their care and treatment. All patients continue to have a personalised care plan which is developed with them

The Trust has in place the following policies aimed at supporting patients

##### Consent Policy

- Privacy & Dignity Policy
- Equality & Human Rights Policy
- Guidance for Staff on the Implementation of the Mental Capacity Act (MCA)
- Policy for the use of the Mental Health Act 1983

An EHRA is completed for each policy to ensure due regard and reasonable adjustments are applied accordingly.

A patient leaflet group was formed to provide guidance to staff developing patient leaflets to ensure information relating to treatments and procedures is available to each patient. All patient leaflets are made available, upon request, in alternative formats and languages.

The trust Patient Advice and Liaison Service (PALS) support patients in accessing support and signposting should they require help. If people report that they do not feel informed after speaking to PALS then this is investigated as a concern and/or are advised about the formal complaint procedure.

Interpreters and advocates are provided for patients, carers and service users to ensure that those who do not have spoken English as their first language are supported in making decisions about their care

The Learning Disabilities Liaison Team (LDLT) ensure reasonable adjustments are continually made with information provided in alternative formats. LD patients have the same access to, and information about, their treatment and care as those without LD. This ensures LD patients are involved in decisions about their care and that their wishes are taken into account. 'This is Me Care Passport' or Disability Distress Assessment Tool (DISDAT), continue to be carried out and remain on the patient's record through an electronic flagging system which highlights any additional needs the patient may have.

<b>Grade:</b>	<b>DEVELOPING</b>
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**Evidence for grading:**

- Language & Communication Policy
- Revised consent policy and process
- Individualised care plans
- In house systems
- Communication & Engagement Strategy
- CQC Report

**Areas of focus from 2014/15 Report for 2015/16**

- The Trust is developing a Communications and Engagement Strategy which identifies the organisations commitment to improving communication with patients and the public and to continuously seek patient feedback and experiences.

A Communications and Engagement Strategy was developed to re-position and 're-establish' ESHT in the hearts and minds of all our audiences. The strategy can be viewed on the Trust website [www.esht.nhs.uk](http://www.esht.nhs.uk)

**Areas of focus for 2016/17**

- To implement and use the Communication & Engagement Strategy to deliver the Trust principles so people feel confident that are involved in decisions about their care.

<b>EDS2 Goal 2: Improved patient access and experience</b>	<b>EDS2 Reference Number: 2.3</b>
<b>Outcome: People report positive experience of the NHS</b>	

**Summary of Activity:**

Friends & Family Test (FFT)

A break down of equalities information for 2016 FFT will be published in January along with action plans. 90.6% of people accessing Trust services would recommend the Trust. Results of the FFT can be viewed on the Trust website

(<http://www.esht.nhs.uk/EasysiteWeb/getresource.axd?AssetID=503618&type=full&servicetype=Inline>)

NHS choices website also enables service users to post comments of their experiences of the Trust. This system does not collect any equalities information.

<b>Grade:</b>	<b>Developing</b>
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**Evidence for grading:**

- Friends and Family Test
- NHS Choices

**Areas of focus from 2014/15 Report for 2015/16**

- Patient engagement page of Trust website to be developed to include themes and trends from complaints, FFT, 'you said we did', links to survey reports, links to NHS choices and Healthwatch.
- Host a 'Patient Engagement Event' in quarter 2 of 2015/16 to develop quality indicator(s) for compassionate care
- Customer care training is being developed
- All staff groups to be involved in the Dignity Day (Doctors, Nurses, Administrators, Allied Health Professionals)
- Those who use interpreters will be able to complete an FFT questionnaire in their preferred language

As part of the communications & Engagement plan, the Trust website will be reviewed to include a patient engagement page with a 'you said, we did' approach. Results to surveys and feedback will also be available. Bilingual FFT is being developed as part of the new Interpreter services contract.

The Trust Dignity Day was again a success with staff, visitors and service user taking part.

**Areas of focus for 2016/17**

- Continue to develop the new improved Trust website to provide a place for people to report their experiences of the Trust
- Ensure people who use the Trust services, and do not use spoken English as their first language, are included in the FFT.
- Publish equalities breakdown of FFT for 2016

<b>EDS2 Goal 2: Improved patient access and experience</b>	<b>EDS2 Reference Number: 2.4</b>
<b>Outcome: People's complaints about services are handled respectfully and efficiently</b>	

### Summary of Activity:

The Trust is committed to continuously improving the outcomes for patients and achieving excellence in patient care and patient experience. The Trust recognises that at times some peoples' experience of the Trust and its services may not reach individual expectations. Complaints and concerns provide the Trust with an invaluable opportunity to make sustained and continuous improvements to patient care, safety and experience. 'Communication', 'standards of care' and the 'patient pathway' were the top three categories of complaints reported in 2015/16 and will require specific attention in the year ahead. Improvements will be tracked via the 2016/17 Complaints Work Plan. Additional focus will be placed on improving responses to the Friends and Family Test, which remain low. This is included in the 2016/17 Quality Account as an ongoing quality improvement priority.

The CQC report highlighted much work needed to be done to improve this area. As part of the on-going Improvement Plan at ESHT, Healthwatch undertook an independent review of ESHT complaints process. 60 complaints were scrutinised and recommendations were made. This report is due to be published in 2016 and will be available on the Healthwatch website.

### Complaints by Subject (primary) - Top (5)

	2015/16	2014/15	2013/14
Communication	197	154	115
Standard of Care	190	233	173
Patient Pathway	153	120	87
Attitude	53	79	73
Provision of Services	42	85	89
<b>Total</b>	<b>635 </b>	<b>671</b>	<b>537</b>

Data is not always available to identify the protected characteristics of complainants. However, any equality and diversity concerns identified in the complaints process are highlighted to the Trust Equality & Human Rights Lead

### Engagement & Support

If it is appropriate, complainants are made aware of Support, Empower, Advocate, Promote (SEAP). This is an independent service which helps service users to pursue complaints within the NHS at the point of acknowledging the complaint. Advocacy caseworkers support complainants in drafting letters, representing them or attending meetings with them. The level of support varies according to the complainant's personal needs.

### Initiatives

The Trust second Dignity Day was held in February. This year encompassed patients, carers and relatives positive and negative experiences of the Trust. There were exercises that simulated sight and hearing impairments to raise awareness of some of the difficulties hearing and or sight impaired people encounter and how this impacts on communication and can lead to complaints.

<b>Grade:</b>	<b>UNDEVELOPED</b>
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#### **Evidence for grading:**

- Complaints Report 2015/16
- Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments (4C)
- Dignity Day 2016
- Complaints Process

#### **Areas of focus from 2014/15 Report for 2015/16**

- A post complaint survey is due to be implemented in October 2015. This will be sent to all complainants for completion and they will be invited to attend a complaints service user group. This survey will include monitoring protected characteristics.
- A complaints training package is to be developed and delivered to all staff, this training will include customer care and the complaints handling process (October 2015).
- Datix will be reviewing and updating our system to ensure we are capturing and able to report on the appropriate information to ensure all complaints are handled in a culturally competent way.

All staff in the complaints team undertook additional training and continue to develop their skills when processing complaints. Healthwatch have supported the Trust in making improvements with an independent review of the complaints process. A post complaints survey continues to be developed and anticipate roll out to commence towards the end of summer 2016

#### **Areas of focus for 2016/17**

- Use the recommendations of the Healthwatch review to implement changes to improve the complaints process
- Continue to develop a post complaints survey that captures equalities data.

<b>EDS2 Goal 3: A representative and supported workforce</b>	<b>EDS2 Reference Number: 3.1</b>
<b>Outcome:</b> Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	

**Summary of Activity:**

The Director of Human Resources continues to oversee the operational delivery of recruitment and selection to support the Trust’s strategic aims

Recruitment

The Trust has a Recruitment and Selection Policy which adheres to the mandate for employment checks in the NHS (in England). The policy requires managers to complete recruitment and selection training prior to becoming involved in recruitment processes ensuring all staff, involved in recruitment and selection, understand their roles and their responsibilities and to ensure that they recruit the best possible candidate into a post. Staff are encouraged to consider the Workforce Race Equality Standard and advertise using BME networks when senior positions are being recruited for. Data of ESHT workforce and recruitment are found in the analysis to support EDS2 2015/16.

The Recruitment and Selection Policy provides a framework for managing recruitment and selection in an efficient, effective and fair manner. The Trust aims to ensure that no unlawful discrimination occurs during the recruitment and selection process, that equality of opportunity is an integral part of the procedure and that all relevant pre-employment checks are undertaken for all staff.

The Trust has continued to review policies governing recruitment and selection to ensure compliance with best practice. There is a dedicated recruitment team, based within HR, providing, guidance, advice, support and administration throughout the recruitment process. Recruiting managers are also supported through an online training portal and ad-hoc face to face training sessions

All activity is monitored to ensure consistency and compliance with the recruitment standards. To support this, the Trust is now moving into year 2 using a new recruitment system that delivers end-to-end tracking of the process, visible both to the recruiting manager and the recruitment team. This supports monitoring compliance with recruitment standards. See the 2015/16 Equalities Analysis to Support EDS2 for workforce recruitment: shortlisting to appointment figures.

Engagement

The Trust continues to engage with Job Centre+ to promote vacancies and has participated in development sessions with local Job Centre+ representatives in order to gain an informed understanding of each organisation’s role.

In March 2016 the Trust again successfully retained the two ticks symbol which demonstrates the Trust’s on-going commitment to employing disabled people. Job Centre+ continue to be responsible for the annual monitoring of the Trust’s continued adherence to, and compliance with, the 2 ticks standards.

Focus work has taken place in a number of areas:

- Supported Project Search initiative, delivering training and support in developing skills when applying for jobs and interview skills for young people aged 18-24 with learning disabilities.
- Attendance at job fairs set up by Job Centre+ the most recent for people aged over 50 years
- Attending Apprenticeship Fair at Bexhill with Job Centre+
- Attending the “Big Futures Event” – organised with East Sussex County Council in May aimed at years 9-11 career planning
- Continued introduction of Apprentice posts across the Trust

<b>Grade:</b>	<b>ACHIEVING</b>
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**Evidence for grading:**

- Trust policy and training on recruitment and selection
- Support for recruitment and training for some disadvantaged groups
- Raising awareness of opportunities to disadvantage groups
- Retention of two ticks symbol status
- Project Search

**Areas of focus from 2014/15 Report for 2015/16**

- Policy review to ensure all policies governing recruitment and selection continue to comply with best practice
- Improve monitoring of staff recruitment and selection training to demonstrate compliance
- Under represented groups for all levels will be monitored and action taken accordingly

The areas of focus from 2015/16 report have been high on the Human Resources agenda throughout the year and will continue to be focused on through 2016/17. Implementation of the new recruitment system (TRAC) has greatly improved the monitoring processes for data collection of shortlisting to appointment. Data can be found in the workforce analysis at the end of this report.

**Areas of focus for 2016/17**

- Policy review to ensure all policies governing recruitment and selection continue to comply with best practice
- Improve monitoring of staff recruitment and selection training to demonstrate compliance.
- Continue to roll out Recruitment System training for managers and recruiters
- Underrepresented groups for all levels will be monitored and action taken accordingly

<b>EDS2 Goal 3: A representative and supported workforce</b>	<b>EDS2 Reference Number: 3.2</b>
<b>Outcome:</b> The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil legal obligations	

**Summary of Activity:**

The Trust follows national established pay scales for all staff:  
 Agenda for Change – All non-medical staff  
 Medical & Dental Pay Scales  
 VSM Pay Scales – For very senior staff where AfC is not applicable.

Equal Pay Audit 2016

In order to identify discrepancies of pay between male and female employees the Trust commenced an equal pay audit. The figures highlighted a varying degree of salary and earnings differences. The largest difference between male and female salary was male Junior Doctors receiving on average 21% higher salary compared to their female colleagues, reducing only slightly to 18.86%, when considering total earnings. Male Medical Career Grades salary was an average of 8.93% more than female Medical Career Grades which increased to 18.2% when considering their total earnings. Male Consultants salary was 5.98% higher than female consultant’s salary and earned 14.82% more with total earnings than female consultants. .

Band 3 and 4 were the only grades where females’ salary was higher than their male equivalent. These were 0.59% and 1.49% higher. However, the total earnings gap changed to males earning 1.82% and 4.32% more than females. Further details can be found in the Equal Pay Audit analysis in the analysis to support EDS2 2015/16.

Further exploration is required to gain a deeper understanding of why this difference exists across pay scales.

<b>Grade:</b>	<b>UNDEVELOPED</b>
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**Evidence for grading:**

- Established national guidance and local policies – Open and transparent processes.
- ESHT Equal Pay Audit 2016

**Areas of focus from 2014/15 Report for 2015/16**

- Conduct full equal pay audit using audit tool

Equal pay audit was successfully commenced.

**Areas of focus for 2016/17**

- Conduct further analysis of pay differences
- Conduct Annual Equal Pay Audit

<b>EDS2 Goal 3: A representative and supported workforce</b>	<b>EDS2 Reference Number: 3.3</b>
<b>Outcome:</b> Training and development opportunities are taken up and positively evaluated by all staff	

**Summary of Activity:**

Commissioned and funded training courses are evaluated through Higher Education Institutes; this information is then fed back to the organisation.

Internal Trust courses are evaluated by participants at the end of each course. Poor evaluations are fed back to the lead trainers for action. In addition, internal ‘Train the Trainer’ courses take place regularly and specialist trainers are encouraged to attend these.

NHS Staff Survey

85% of White respondents believed they were provided with equal opportunities for career progression or promotion. 64% of BME respondents believed they were provided with equal opportunities for career progression or promotion which is significantly lower than those who identified as White. This figure is also lower than 2014 results which demonstrated 70% of BME staff believed they were provided with equal opportunities for career progression or promotion. The overall average for the Trust in 2015 was 82% and the median for all national scores for combined acute and community trusts was 87%.

Ethnicity	2015	2014	Average (median) for combined & community Trusts
<b>KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion</b>			
White	85%	85%	89%
BME	64%	70%	74%

<b>NHS Staff Survey KF21. % of staff believing the organisation provides equal opportunities for career progression / promotion</b>									
Gender		Disability		Ethnic Background		Age			
Male	Female	Yes	No	White	BME	16-30	31-40	41-50	51+
77	84	72	85	85	64	92	83	82	80

Staff engagement and improving membership experience of the workforce is a key priority of ESHT Trust Board and Managers. Pulse surveys are being carried out to gain an insight into where improvements can be made to ensure staff are supported and provided with opportunities to progress and reach their full potential.

### Project SEARCH

Project SEARCH is a collaborative approach to a supported internship programme for young people with learning difficulties/ disabilities, run from the Eastbourne DGH site. The number of departments that are involved has increased from 20 to 27, and the number is set to rise. The programme has continued to grow and attract positive media attention, with Project SEARCH being nominated and shortlisted for the KSS Leadership Recognition Award for Outstanding Collaborative Leadership in November last 2015. The benefits to the interns include increased confidence, self-esteem and aspirations, giving them an opportunity to acquire new skills, receive tailored support in situ and apply for employment. In addition, their internship has created a social network with their work colleagues.

<b>Grade:</b>	<b>DEVELOPING</b>
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#### **Evidence for grading:**

- Established policies and processes.
- Staff training records
- Trust's Learning Funding Panel
- Staff Survey
- Project SEARCH

#### **Areas of focus from 2014/15 Report for 2015/16**

- Embed more active diversity monitoring of funding applications and take up of education commissions.
- Improve monitoring and data collection of all staff accessing non-mandatory training.
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The areas of focus for 2015/16 will continue to be developed during 2016/17

#### **Areas of focus for 2016/17**

- Embed more active diversity monitoring of funding applications and take up of education commissions.
- Improve monitoring and data collection of all staff accessing non-mandatory training.
- Address career progression through the BAME Staff Network meetings.

<b>EDS2 Goal 3: A representative and supported workforce</b>	<b>EDS2 Reference Number: 3.4</b>
<b>Outcome:</b> When at work, staff are free from abuse, harassment, bullying and violence from any source	

### Summary of Activity:

#### Engagement

It is accepted that the Trust needs to do more to ensure staff are free from abuse, harassment, bullying and violence from any source and that if this does occur; they are supported to speak up. Senior Managers have implemented many Harassment & Bullying (H&B) initiatives across the Trust encouraging staff to speak out if they feel they are experiencing H&B of any kind. The appointment of the 'Speak up Guardian' aims to support this. The NHS Staff Survey highlighted staff continue to feel reluctant to speak out, however, the staff survey was carried out prior to many initiatives commencing and it is hoped that the upcoming staff survey will demonstrate improvements are happening in this area. Senior managers are committed to ensuring that the culture of the organisation empowers staff to speak up and work in an environment which is free from harassment, bullying, and victimisation or violence.

The Listening into Action (LiA) Group was set up to establish and review issues and develop an action plan to address issues and promote a culture of speaking up. A number of Listening into Action were organised, including a Black, Asian & Minority Ethnic (BAME) group which aimed to engage and support staff. The Trust has a Staff Health and Well-being Board, whose membership includes the Equality & Human Rights Lead.

#### NHS Staff Survey Feedback

Ethnicity	2015	2014	Average (median) for combined & community Trusts
<b>KF25 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</b>			
White	32%	31%	28%
BME	34%	26%	26%
<b>KF26 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</b>			
White	32%	26%	24%
BME	34%	25%	26%
<b>Q17b In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues?</b>			
White	8%	7%	5%
BME	11%	12%	13%

### Harassment & Bullying Initiatives

Medical Education continues to ensure junior doctors do not experience bullying and undermining behaviour at ESHT through facilitated support sessions.

Google feedback tool (developed by Anaesthetics) was rolled out to all clinical departments in June 2015. This provides an anonymous mechanism for trainees to feedback on their supervisors.

<b>Grade:</b>	<b>DEVELOPING</b>
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#### **Evidence for grading:**

- Dignity at work policy. Raising Concerns policy, Independent Board member
- Staff survey Results
- CQC Inspection Report
- Local security management service which investigates reports of violence against staff by patients or other employees
- Reports to Quality and Standards committee
- NHS Staff Survey 2015

#### **Areas of focus from 2014/15 Report for 2015/16**

- Appointment of Speak Up Guardian.
- Implementation of Harassment & Bullying (H&B) action plan to include implementation of Harassment and Bullying Champions, communications plan, development programme for managers
- H&B - channels for reporting to be communicated via EDHR mandatory training
- Implement an EDHR Policy explicitly highlighting H&B is a disciplinary offence and will not be tolerated
- EDHR Training will reiterate the Trusts commitment to tackling H&B and encourage reporting

All areas of focus from 2014/15 report were implemented and will continue through 2016/17.

#### **Areas of focus for 2016/17**

- Continue to implement H&B initiatives and empower staff to speak out.
- EDHR training to continue providing H&B - channels for reporting

**EDS2 Goal 3: A representative and supported workforce**

**EDS2 Reference Number: 3.5**

**Outcome:** Flexible working options are available to all staff consistent with the needs of the service and the way that people lead their lives

**Summary of Activity:**

Implementation of policies and any revisions are overseen by the Deputy Director of HR. The Trust recognises the benefits of offering flexible working opportunities, attracting skilled potential employees that may otherwise struggle to seek employment, in particular those with parental or caring responsibilities. The Trust supports staff to remain in employment and retain skills within the Trust exploring suitable flexible working opportunities with employees. This approach also supports the Health and Well-Being agenda, as supporting staff in maintaining a good work-life balance reduces stress amongst the workforce.

The Trust continued to have a dedicated Child and Family Care Manager who offers drop-in sessions for all staff returning from maternity or adoption leave. 4.51% of Staff took maternity, paternity or adoption leave during 2015/16. Flexible working options are reviewed annually as part of each member of staff's Personal Development Review. Any member of staff can request flexible working and wherever their service permits, managers will always endeavour to accommodate such requests. Many staff request temporary flexible working arrangement, such as during school holidays when childcare can become difficult. Flexible working requests are often agreed locally and may not result in a change to working hours. For example a nurse on a ward may still do the same number of overall hours but may change to fixed days/nights each week due to caring needs or something similar. Equally a member of staff may agree a 9 day fortnight with their manager but still doing full-time hours. The E-rostering system allows for an element of self rostering. Setting up a system centrally to capture all of this is very resource intensive therefore this will be explored at a future Equality steering group with a view to identifying potential solutions.

47% of respondents to the NHS Staff Survey felt they were 'satisfied with the opportunities for flexible working patterns'. The median for national scores for combined acute and community trusts was 50%.

**Grade:**

**DEVELOPING**

**Evidence for grading:**

- Flexible Working Policy
- Recruitment and Retention Strategy
- Organisational Change Policy
- Special Leave Policy
- Attendance Management Policy
- Work-Life Balance Policy

**Areas of focus from 2014/15 Report for 2015/16**

- Review the effectiveness of policies and through workforce planning process, identify whether further actions or engagement is required.

Identifying further actions or engagement will continue through 2016/17.

**Areas of focus for 2016/17**

- Explore options to increase flexible working monitoring.

<b>EDS2 Goal 3: A representative and supported workforce</b>	<b>EDS2 Reference Number: 3.6</b>
<b>Outcome:</b> Staff report positive experiences of their membership of the workforce	

**Summary of Activity:**

The Trust has a number of policies such as ‘Health and Well Being’ in place to support staff in feeling motivated and engaged. It is hoped that by assisting staff to feel motivated and engaged an increased number of staff will feel able to recommend the Trust as a place to work. Following the CQC Report it was identified that this was not always the case and that the 2014 and 2015 NHS Staff Survey’s corroborated this, although 2015 reported staff experience in some areas had improved. Many initiatives were implemented to improve engagement and tackle the Bullying and Harassment environment that staff had reported.

Staff Feedback

The Trust instructed an external company to conduct a review of organisational culture at ESHT, called ‘Taking the Temperature 2016’. This review aimed to help the Trust understand the underlying issues to ensure success of the Improvement Plan. 186 people across all bands were invited to participate, in 17 focus groups and 14 one-to-one interviews. The facilitators used the Trust’s 4 values as a structure for the review. Each conversation explored the difference between the aspirational statements contained in the values and the everyday experience of those working within the Trust. They were asked to investigate factors contributing to some key areas of concern arising from the 2015 staff survey, recommendations for actions based on the findings were:

- Improving communication and engagement
- Enhancing operational effectiveness
- Achieving a sustainable cultural shift

The review reported equality and diversity were generally seen as within acceptable boundaries albeit with scope for development. Whilst there were reports of low-level discriminatory language in some areas, there were also positive stories of support for minority groups, especially LGBT staff and patients.

Project Search

Once again this year’s cohort of interns reported a positive experience of working within the Trust. Feedback has been very positive from all interns.

"The best bit of Project SEARCH is meeting new people, learning new skills and gaining more confidence"

Intern

"Project SEARCH is great to be a part of, it helps you get new skills for a job"

Intern

"Proof you can get a job no matter who you are."

Intern

<b>Grade:</b>	<b>DEVELOPING</b>
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**Evidence for grading:**

- Staff Health & Well-Being Policy
- Staff feedback
- Staff Health & Well-Being Steering Group
- Staff Engagement Group and Engagement Action Plan
- Staff Conversations
- PROJECT Search feedback
- 'Taking the Temperature 2016' Report

**Areas of focus from 2014/15 Report for 2015/16**

- Delivery of Staff Engagement Action Plan and Quality Improvement Plan
- LiA Groups to establish reasons why staff were unlikely to recommend the Trust
- Black, Asian & Ethnic Minority Listening Groups to commence
- Establish LGBT Listening Groups

A Staff Engagement plan was developed and communicated with staff. LiA groups continued through the year with a 'You said, we did' theme. A review of the organisational culture was conducted to gain a deeper insight into reasons why staff felt they were unlikely to recommend the Trust.

A LGBT Staff Network will commence at the end of summer 2016, led by the Chairman, along with a BAME Staff Network led by the Chief Executive.

**Areas of focus for 2016/17**

- Invite GIRES, an organisation that supports trans and gender non-conforming individuals, to deliver training, e-learning and information to staff and support the Trust in forming a successful, well led LGBT Staff Network.
- Identify training opportunities to support BAME Staff through the BAME Staff Network

<b>EDS2 Goal 4:</b> Inclusive leadership	<b>EDS2 Reference Number:</b> 4.1
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**Outcome:** Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

### **Summary of Activity:**

#### Leadership

ESHT has undergone many changes at senior level through the year which saw other senior managers step up and provide a great level of leadership to the organisation.

#### **Chairman – David Clayton-Smith**

ESHT welcomes a new Chairman to the organisation in January 2016

“I am delighted to have been appointed to this important position with the Trust. It is a tremendous honour to be given the opportunity to lead the Trust and I am looking forward to working with the team as we tackle the significant healthcare challenges ahead of us. Everything we do must be focused on the patient experience and the quality of their care and treatment. The people of East Sussex rightly expect us to be able to deliver services to the highest standard within the NHS. I very much look forward to meeting with our staff, local people and civic leaders over the coming months to help build a better future together.”

David Clayton-Smith

David Clayton-Smith will chair the LGBT Staff Network

#### **Chief Executive – Dr Adrian Bull**

ESHT welcomes a new Chief Executive to the organisation in April 2016.

“I am delighted to have been appointed as Chief Executive of East Sussex Healthcare NHS Trust. I very much look forward to joining the organisation on 11th April. I’m excited about the opportunity this role presents to make a positive difference, both to patient care and for the staff who do so much to deliver that care. The Trust has been through a difficult time and is currently facing some major challenges. People working in it have continued to show care and compassion in looking after their patients. I am looking forward to working with staff, patients, local health and care partners and the public to ensure that we provide safe and effective healthcare services in which the people of East Sussex can be fully confident.”

Dr Adrian Bull

Dr Adrian Bull will chair the BAME Staff Network

#### **Finance Director – Jonathan Reid**

ESHT welcomes a new Finance Director to the organisation in June 2016

“I am delighted to join East Sussex Healthcare NHS Trust. I look forward to working hard with colleagues to achieve our aim of delivering safe, compassionate, high quality care that is clinically and financially sustainable for the people of East Sussex. I’ve already met many caring and committed colleagues in East Sussex across the Trust and it’s truly a privilege to join this team.”

Jonathan Reid

#### Engagement

The Quality and Standards Committee, chaired by a Non-Executive Director, monitored the effectiveness of the Trust’s equality delivery systems and reported to

the Trust Board. The refreshed Equality Delivery System (EDS2) was welcomed by many members of the public and staff with positive feedback received for 2014/15 reports.

<b>Grade:</b>	<b>DEVELOPING</b>
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**Evidence for grading:**

- Quality and Standard Committee terms of reference
- EDHR SG minutes
- Equality Action plans
- Statements from new Trust Board Members

**Areas of focus from 2014/15 Report for 2015/16**

- Board members to engage in equality initiatives
- Directors and Senior Managers to promote equality when conducting quality walks
- Directors and Senior Managers to hold monthly conversations open to all staff
- Action plans to address these concerns will be established

Monthly conversations with staff took place across all sites and an engagement strategy was developed to further improve engagement with staff. Regular quality walks were conducted and many initiatives supported such as encouraging staff to 'take a break'.

**Areas of focus for 2016/17**

- The Chairman will provide leadership to the LGBT Staff Network
- The Chief Executive will provide leadership to the BAME Staff Network
- The Trust Board will engage regularly with the EDHR Lead to ensure equality remains at the most senior level of the organisation.

<b>EDS2 Goal 4:</b> Inclusive leadership	<b>Reference Number:</b> 4.2
<b>Outcome:</b> Papers that come before the Board and other major committees identify equality related impacts including risks, and say how these risks are to be managed	

**Summary of Activity:**

The Trust Equality Objectives 2015 – 2019 include: “all strategies, business plans and annual reports that come before the Board or other major committees will include the Trust’s standard Due Regard, Equality & Human Rights Analysis (EHRA), including how any inequalities will be managed”. This form is an integral part of the policy writing template and therefore no strategy, business plan or annual report will be considered by the Board or other major committee without this information being completed. A summary of the Trust Equality Objectives can be found at the end of this report.

One to one and group training sessions were held throughout the year to support managers in conducting Equality & Human Rights Analysis. The uptake of training was high and all ratification groups have ensured they embedded the EHRA into their ratification process.

The Trust has an established Equality, Diversity and Human Rights (EDHR) Lead who is line managed by the Director of Corporate Affairs. The EDHR Lead meets regularly with the Chairman, Chief Executive, Director of Nursing and other Medical and Non-Medical Executives. The Equality Steering Group is linked with Patient Experience and the People & Organisational Development Group.

Completion of EHRA’s is embedded in the Equality, Diversity & Human Rights Policy and the Policy & Procedure for the Development and Management of Procedural Documents.

<b>Grade:</b>	<b>ACHIEVING</b>
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**Evidence for grading:**

- Trust Quality Objectives 2015- 2019
- EHRA Database
- EHRA training sessions
- Equality, Diversity & Human Rights Policy
- Policy & Procedure for the Development and Management of Procedural Documents

**Areas of focus from 2014/15 Report for 2015/16**

- Policy writers will undergo further training and have support when considering equality during decision making processes
- All strategies, business plans and annual reports that come before the Board or major committees will include the Trust’s standard Due Regard, Equality & Human Rights Analysis
- An overarching Equality & Human Rights Policy will be published.

- Translation & Interpreting services will be led and managed by the EDHR Lead.

Successful implementation of the Equality & Human Rights Policy and training on EHRA's was carried out.

**Areas of focus for 2016/17**

- Establish the LGBT Staff Network
- Establish the BAME Staff Network
- EDHR Department will oversee implementation of the new interpreting services

<b>EDS2 Goal 4: Inclusive leadership</b>	<b>EDS2 Reference Number: 4.3</b>
<b>Outcome:</b> Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	

**Summary of Activity:**

Staff Annual Awards

Many members of staff continue to consistently go above and beyond their everyday roles to ensure that patients and staff feel supported. The Annual Staff Awards are an opportunity for the Trust to recognise such Leadership.

Mentoring

Mentoring opportunities are available to staff who wish to gain skills and knowledge from other managers.

Training

All staff are required to undertake mandatory Equality and Diversity training, either face to face or via E-learning as part of their Trust induction. Line managers are offered additional training on completing Equality & Human Rights analysis when delivering their policies, procedural documents, guidance, strategies etc. These are offered on a one to one basis and group sessions.

Additional Equality, Diversity & Human Rights face to face training sessions were rolled out for all staff. At the time of reporting compliance was 78.16%. An increase of 16.47% from 2014/15. The Trust will continue facilitating additional sessions to raise awareness and increase compliance rate to 85% through 2016/17.

Further training packages were developed to equip managers with the skills to tackle prejudice arising from communication needs. Sessions will be rolled out across the Trust in 2016.

Staff Feedback

The 2015 NHS Staff Survey reported that staff felt support from immediate managers had increased from 2014. The number of staff reporting receiving an appraisal within the last 12 months had increased from 77% in 2014 to 82% in 2015. This is a positive step with much work still to be done.

<b>Grade:</b>	<b>DEVELOPING</b>
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**Evidence for grading:**

- Equality & Human Rights Policy
- Equality and diversity training evaluations
- NHS Staff Survey results

**Areas of focus from 2014/15 Report for 2015/16**

- Mentoring schemes will equip managers with the skills to promote positive cultural change

Uptake of mentoring opportunities will be analysed and reported in the next EDS2 report.

**Areas of focus for 2016/17**

- Managers will be offered developmental master classes to ensure they are equipped to support their teams.

# Patient Equalities Analysis to Support EDS2 Report 2015/16

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## Interpreters provided for Sensory Support 2015/16

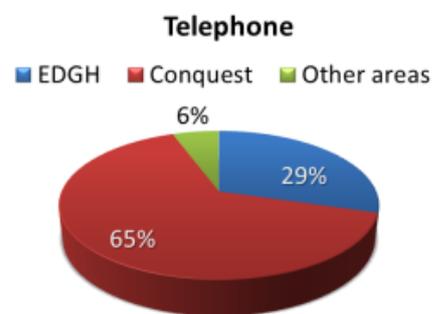
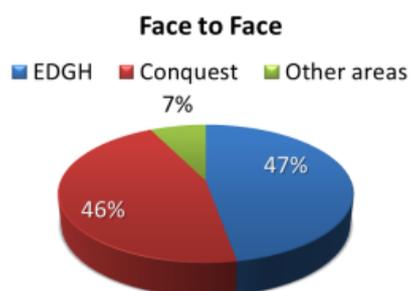
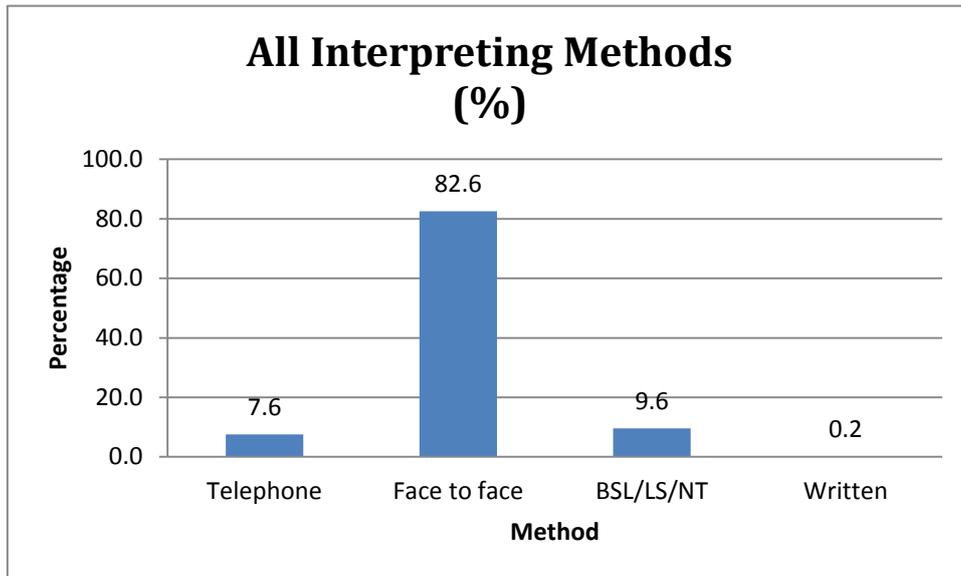
Language Requested	Total	St Leonards	Eastbourne	Surrounding
BSL	139	77	47	15
Lipspeaker	6	0	6	0
Note Taker	1	0	1	0
<b>Total</b>	<b>146</b>	<b>77</b>	<b>54</b>	<b>15</b>

## All interpreters supplied to patients, service users or carers during 2015/16 in order of most requested

Language Requested	Total	St Leonards	Eastbourne	Surrounding
Mandarin	256	161	76	19
Polish	236	57	164	15
BSL	139	77	47	15
Portuguese	112	13	96	3
Arabic	97	60	34	3
Russian	76	27	49	0
Cantonese	69	38	15	16
Czech	67	58	7	2
Albanian	58	40	18	0
Bengali	54	22	23	9
Hungarian	44	38	6	0
Farsi	39	5	34	0
Bulgarian	36	14	21	1
Turkish	35	15	16	4
Romanian	28	14	13	1
Spanish	26	5	18	3
Sorani	23	17	5	1
Italian	18	5	13	0
French	10	3	7	0
Kurdish	9	8	1	0
Punjabi	9	9	0	0
Slovak	8	7	1	0
Tamil	8	3	5	0
Vietnamese	8	6	0	2
Lipspeaking	6	0	6	0
Lithuanian	6	2	4	0
German	5	4	1	0
Tigrinya	5	5	0	0
Kurdish Sorani	4	2	2	0
Sylheti	4	3	1	0
Amharic	2	2	0	0
Greek	2	1	1	0

Gujarati	2	1	1	0
Latvian	2	1	1	0
Thai	2	2	0	0
Urdu	2	1	1	0
Benei	1	0	0	1
Czech/Slovak	1	0	1	0
Hindu	1	0	1	0
Nepalese	1	0	1	0
Notetaking	1	0	1	0
Pashtu	1	1	0	0
Sorani/Kurmanji	1	1	0	0
Swahili	1	1	0	0
Tagalog	1	0	1	0
<b>Total</b>	<b>1516</b>	<b>729</b>	<b>692</b>	<b>95</b>

## ESHT Interpreting Methods (%) 2015/16



## Referral to Treatment Times (RTT) September 2015 – March 2016

Average Referral To Treatment (RTT) Time in Weeks			
Speciality	Admitted	Non-Admitted	Avg combined Wait
Orthodontic	NA	19.4	19.4
Respiratory Physiology	NA	14.3	14.3
Endocrinology	NA	14.2	14.2
Paediatric Surgery	18.8	12.7	13.2
Trauma And Orthopaedics	17.3	11.0	13.1
Rheumatology	4.9	13.1	13.1
Pain Management	13.8	12.2	12.2
General Surgery	15.2	10.9	12.0
Neurology	24.9	11.8	11.8
General Medicine	NA	10.9	10.9
Ear, Nose And Throat	17.4	10.0	10.9
Urology	11.6	10.2	10.5
Diabetic Medicine	NA	10.4	10.4
Ophthalmology	14.1	9.1	10.3
Maxillo-Facial Surgery	13.2	9.1	10.2
Paediatric Epilepsy	NA	10.1	10.1
Paediatric Medicine	1.1	10.0	10.0
Gynaecology	13.9	9.0	9.9
Gastroenterology	7.7	9.7	9.6
Vascular Surgery	9.3	8.7	8.7
Thoracic Medicine	4.8	8.5	8.5
Radiology	7.6	9.0	7.9
Medicine For The Elderly	NA	7.4	7.4
Cardiology	9.9	7.0	7.4
Haematology	0.6	6.6	6.6
Dermatology	8.0	4.1	4.9
Breast Surgery	6.6	4.3	4.7
Palliative Medicine	NA	3.5	3.5
Clinical Oncology	1.4	3.5	3.4
Anaesthetics	NA	2.1	2.1
Transient Ischaemic Attack	NA	1.2	1.2
<b>Overall Average Wait</b>	<b>13.9</b>	<b>9.3</b>	<b>10.1</b>

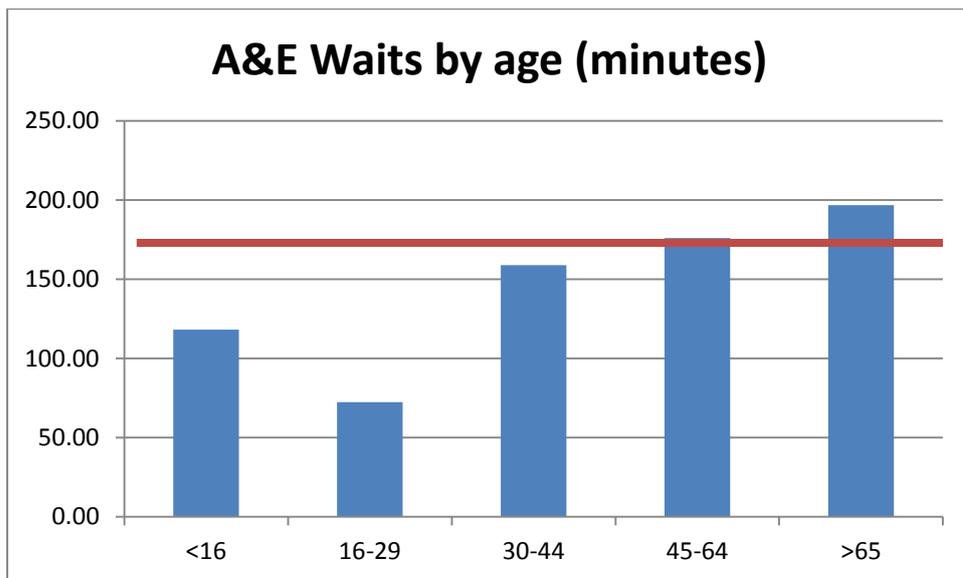
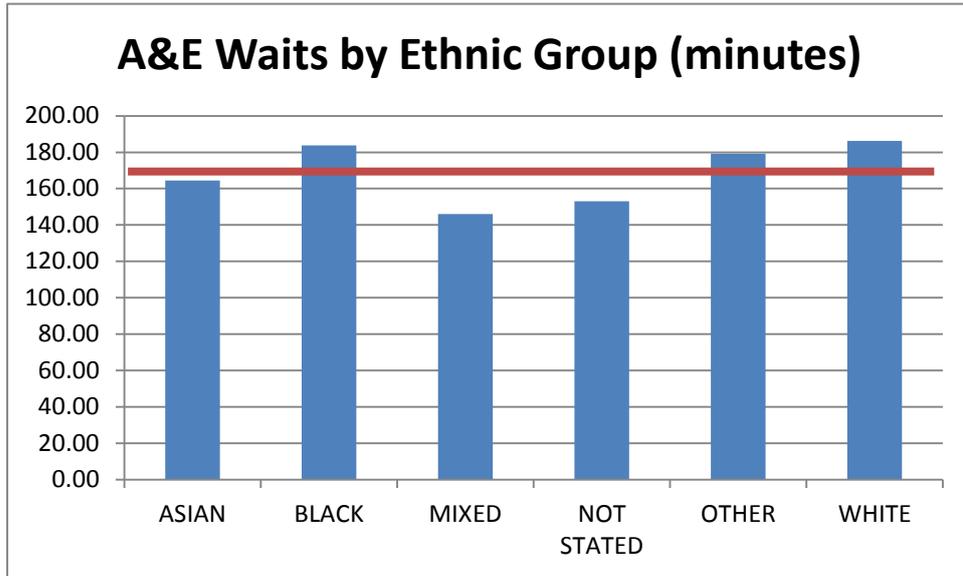
## Table of Average RTT time broken down by Age

Average Referral to Treatment Time (RTT) in Weeks by Age Group			
Age Group	Admitted	Non-Admitted	Overall Wait
<16	17.1	10.3	10.8
16-30	15.3	10.0	10.8
31-45	15.6	10.0	10.9
46-64	14.2	9.3	10.2
65+	12.9	8.6	9.5
<b>Grand Total</b>	<b>13.9</b>	<b>9.3</b>	<b>10.1</b>

## Table of Average RTT time broken down by Ethnicity

Average Referral to Treatment Time (RTT) in Weeks by Ethnicity			
Ethnicity	Admitted	Non-Admitted	Overall Wait
White	13.8	9.2	10.2
Mixed/Multiple ethnic groups	16.8	9.8	10.9
Asian/Asian British	15.6	10.1	10.8
Black/African/ Caribbean/Black British	16.1	9.9	10.8
Other ethnic group	18.0	9.7	11.1
Unknown	14.0	9.3	9.8
<b>Grand Total</b>	<b>13.9</b>	<b>9.3</b>	<b>10.1</b>

## Accident & Emergency waiting times 2015/16



## Cancer Equalities Data 2015/16

### Cancer Survival rates for 1 and 5 years broken down by age

Survival Rate at 1 year	
Age Range (years)	Survival rate (%)
<b>2013/2014</b>	74.36%
< 25	0.36%
25 - 39	1.30%
40 - 49	3.52%
50 - 59	9.35%
60 - 69	19.45%
70 - 79	20.72%
80 - 89	16.06%
> 89	3.62%
<b>2014/2015</b>	75.32%
< 25	0.46%
25 - 39	1.54%
40 - 49	3.43%
50 - 59	9.50%
60 - 69	19.79%
70 - 79	21.36%
80 - 89	15.18%
> 89	4.07%
<b>Grand Total</b>	74.82%

Survival Rate at 5 years	
Age Range (years)	Survival rate (%)
<b>2009/2010</b>	52.13%
< 25	0.59%
25 - 39	1.56%
40 - 49	3.23%
50 - 59	7.79%
60 - 69	14.42%
70 - 79	15.20%
80 - 89	8.34%
> 89	1.00%
<b>2010/2011</b>	51.73%
< 25	0.69%
25 - 39	1.66%
40 - 49	3.57%
50 - 59	6.48%
60 - 69	16.62%
70 - 79	13.95%
80 - 89	7.83%
> 89	0.93%
<b>Grand Total</b>	51.92%

### Cancer Survival rates for 1 and 5 years broken down by Gender

Survival Rate at 1 year	
Gender	Survival rate (%)
<b>2013/2014</b>	74.36%
Female	35.41%
Male	38.96%
<b>2014/2015</b>	75.32%
Female	35.61%
Male	39.71%
<b>Grand Total</b>	74.82%

Survival Rate at 5 years	
Gender	Survival rate (%)
<b>2009/2010</b>	52.13%
Female	26.77%
Male	25.36%
<b>2010/2011</b>	51.73%
Female	24.20%
Male	27.53%
<b>Grand Total</b>	51.92%

## ESHT Risk Adjusted Mortality 2015 (RAMI) April 2015 to March 2016 35 Years and Over by Age Band

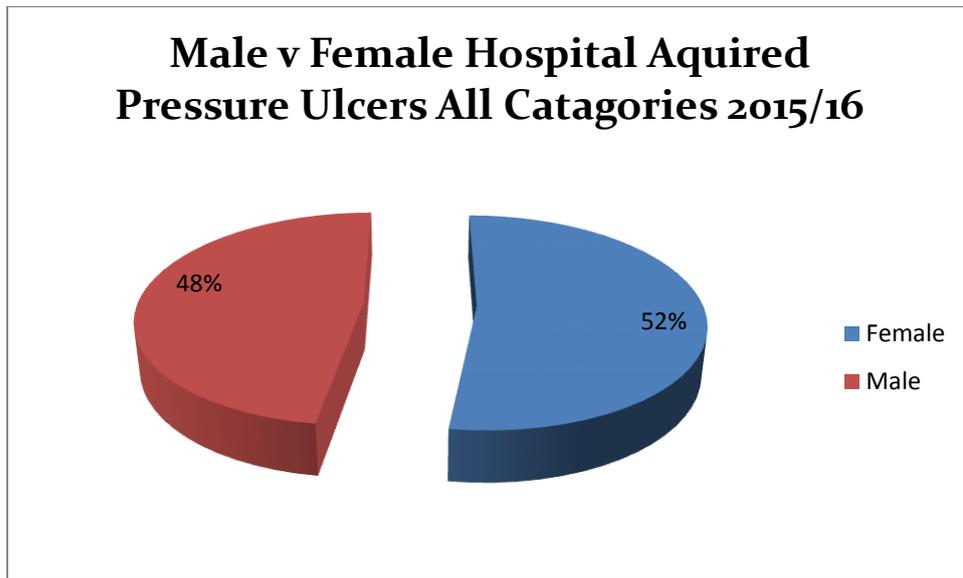
Age band	Male		Female		Total	
	deaths	RAMI Index	deaths	RAMI Index	deaths	RAMI Index
35-39	3	115	1	52	4	88
40-44	4	71	3	73	7	72
45-49	13	129	12	144	25	136
50-54	18	112	11	84	29	100
55-59	29	121	10	76	39	105
60-64	29	105	19	122	48	111
65-69	60	93	47	99	107	96
70-74	62	94	48	98	110	96
75-79	90	92	72	85	162	88
80-84	133	101	119	110	252	105
85-89	187	105	143	71	330	87
90+	170	118	221	112	391	115

## Access to Sexual Health by Age, Gender and Sexual Orientation

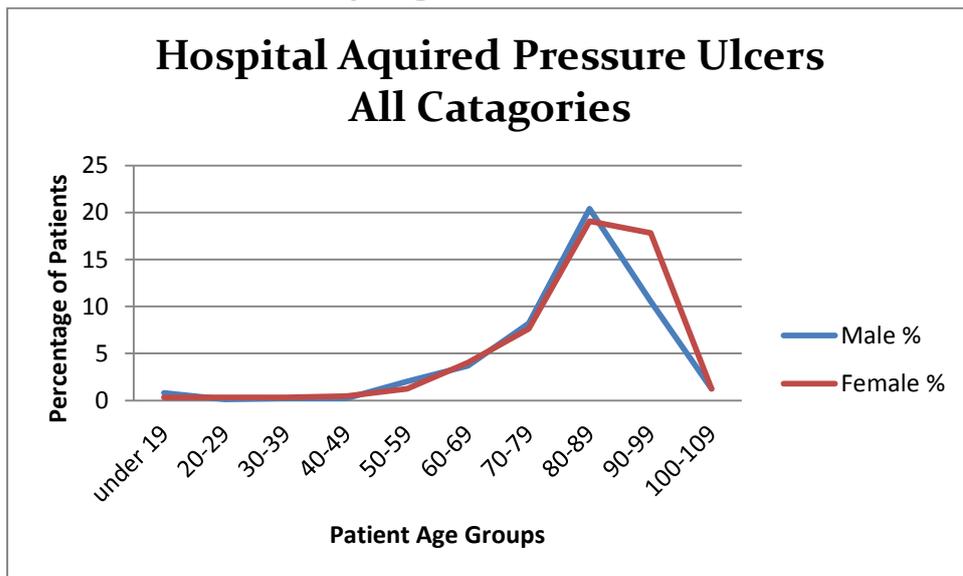
Category	Male (%)	Female (%)	Total (%)
<b>Sexual Orientation</b>			
Straight	17.94	76.33	<b>94.27</b>
Gay	3.33	0.19	<b>3.52</b>
Bi-Sexual	0.48	0.36	<b>0.85</b>
Indeterminate	0.46	0.90	<b>1.36</b>
<b>Age</b>			
<16	0.26	2.58	<b>2.84</b>
16-19	2.41	18.17	<b>20.58</b>
20-29	9.36	34.59	<b>43.96</b>
30-39	4.59	12.25	<b>16.84</b>
40-49	2.87	7.72	<b>10.59</b>
50-59	1.69	2.04	<b>3.73</b>
60-69	0.79	0.37	<b>1.16</b>
70+	0.24	0.05	<b>0.29</b>
<b>Total</b>	<b>22.22</b>	<b>77.78</b>	<b>100</b>

## Serious Incidents – 2015/16

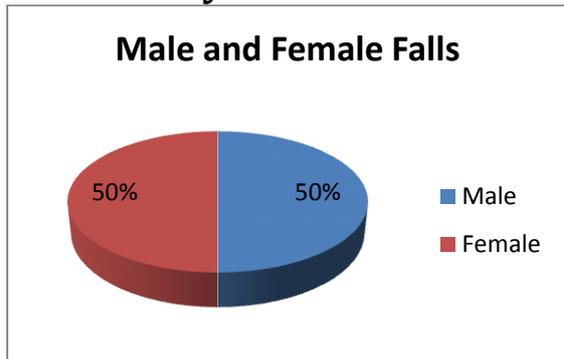
### Pressure Ulcers by Gender



### Pressure Ulcers by Age



### All Falls by Gender across All Sites



# Workforce Profile broken down by protected characteristics

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**East Sussex Healthcare NHS Trust employed 6519 people as of  
31<sup>st</sup> March 2016.**

## Workforce breakdown by protected characteristics.

Ethnic Origin	Percentage of Employees (%)
White	79.61%
BME	12.33%
Unknown	8.05%

Age Group	Percentage of Employees (%)
<=29 yrs old	12.78%
30-44	34.13%
45-59	43.38%
60-78	9.71%

Sexual Orientation	Percentage of Employees (%)
Bisexual	0.35%
Gay	0.40%
Heterosexual	56.25%
Lesbian	0.26%
Unknown	42.74%

Religion	Percentage of Employees (%)
Atheism	9.53%
Buddhism	0.49%
Christianity	36.26%
Hinduism	1.29%
Islam	1.23%
Other	5.63%
Unknown	45.57%

Disability	Percentage of Employees (%)
Yes	2.72%
No	40.13%
Unknown	57.16%

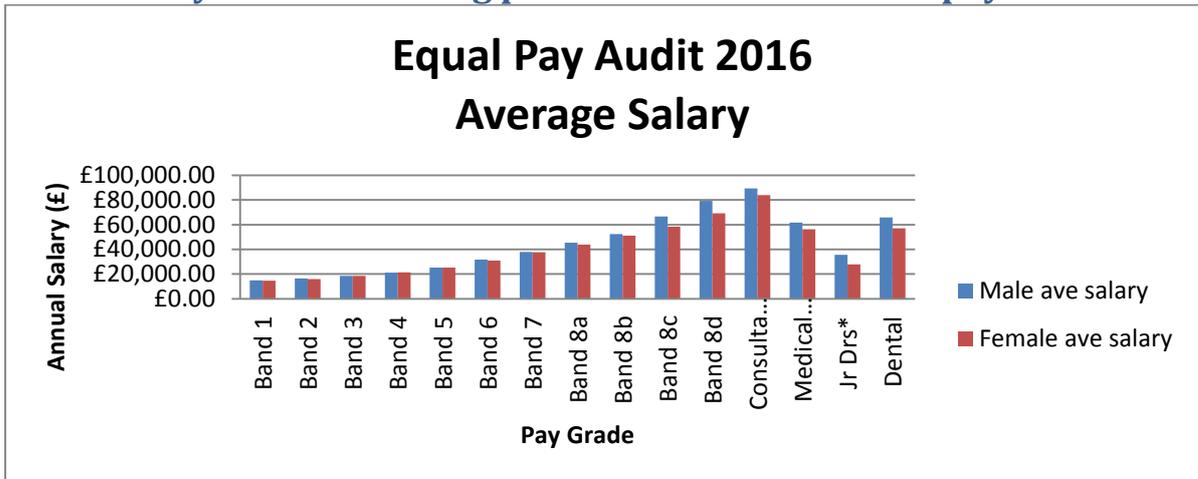
Gender	Percentage of Employees (%)
Female	77.48%
Male	22.52%

## 2015/16 Recruitment Annual Monitoring

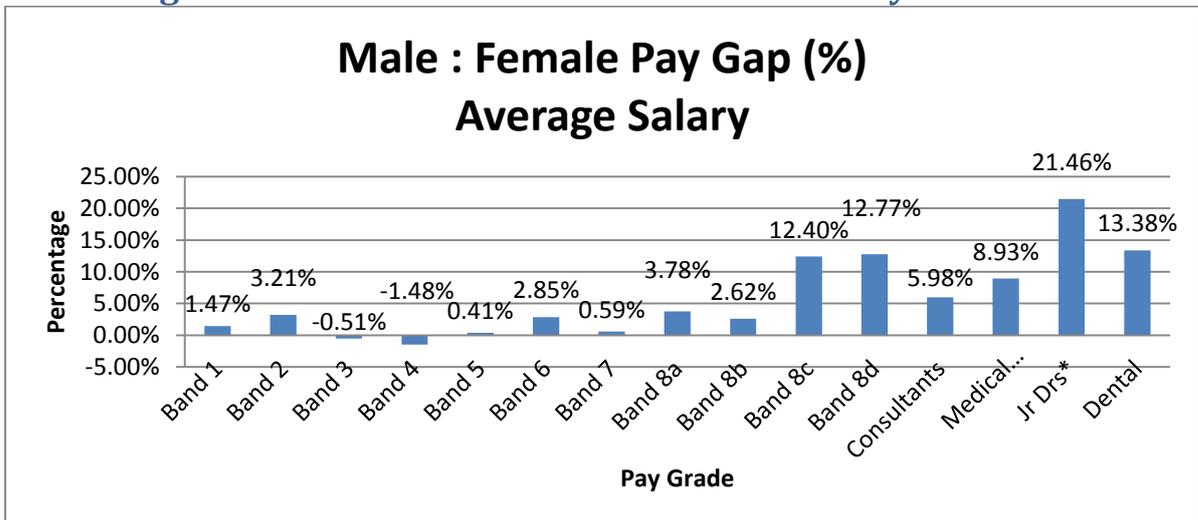
Percentage of application, shortlisting and appointment across the protected characteristics:

Characteristic	Applied	Shortlisted	Appointed
<b>Gender</b>			
Male	28.60%	29.10%	26.50%
Female	71.20%	70.70%	73.40%
Not stated	0.20%	0.20%	0.20%
<b>Ethnicity</b>			
White	73.70%	77%	69.90%
BME	23.40%	21.70%	12%
Undisclosed	2.80%	1.30%	18.10%
<b>Disability</b>			
No	93.10%	94.60%	77.80%
Yes	4.30%	4%	3.70%
Not stated	2.60%	1.10%	18.50%

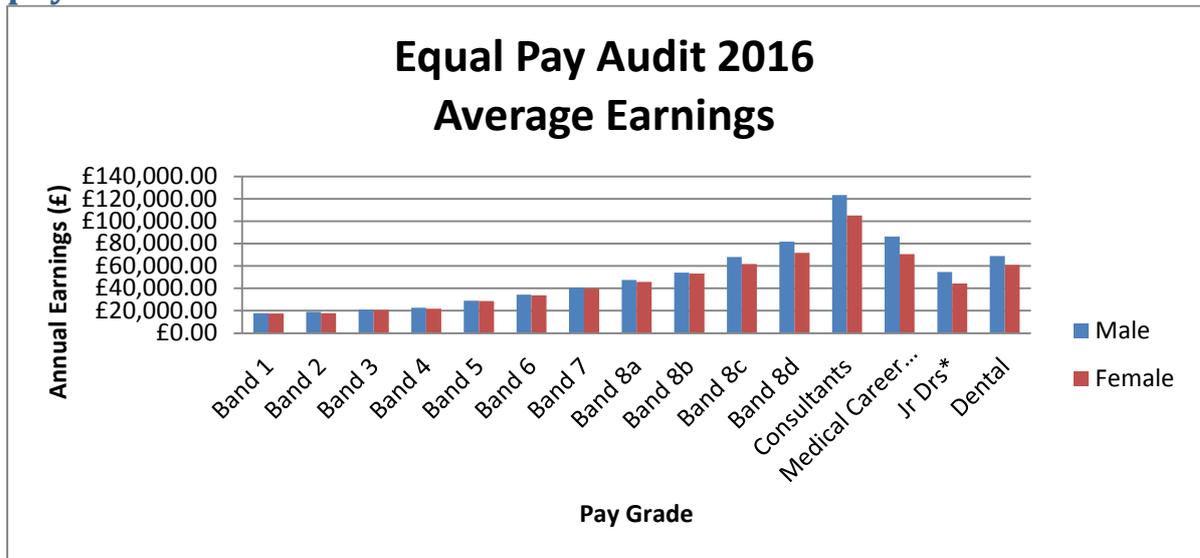
## Basic Salary Audit excluding premiums such as on call payments



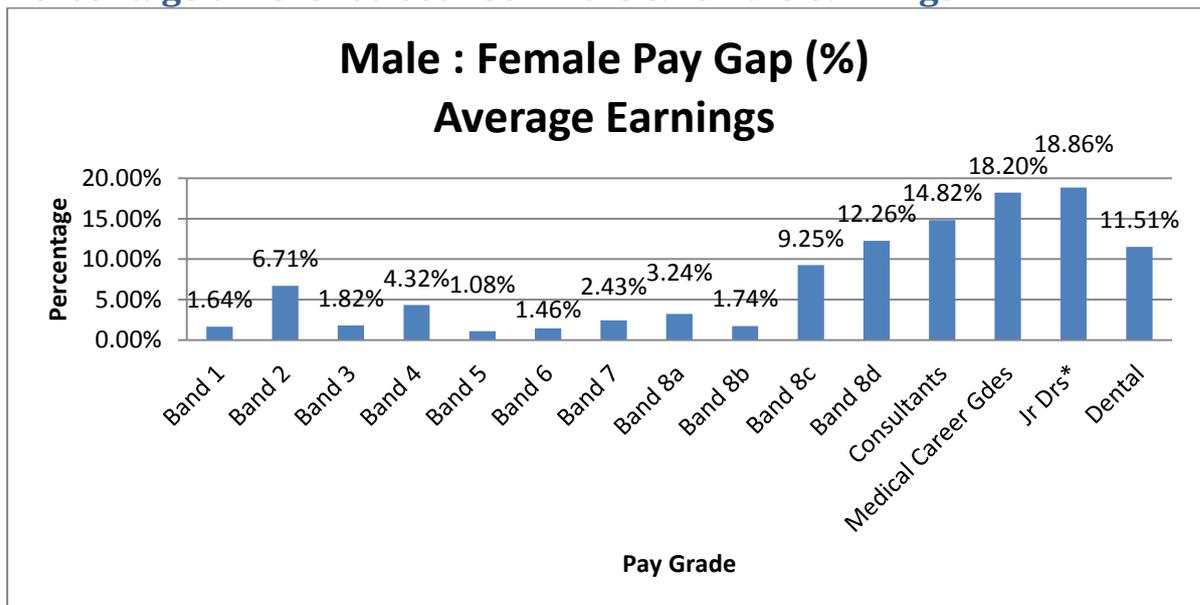
## Percentage difference between male & female salary



**Total earnings audit including premiums such as on-call payments**



**Percentage difference between male & female earnings**



# ESHT 2015 – 2019 Equality Objectives

EDS2 Goal	EDS2 Goal	Method	Actions	EDS2 Outcome	EDS2 Outcome	Lead	Monitored / Reviewed
1	Better Health Outcomes	Review SI action points	Review learning from incidents to ensure we are not treating anyone less favourably and implement actions appropriately	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	1.4	Director of Nursing/ Patient Safety Lead	TNMAG EDS2/WRES SG
2	Improved Patient Access and Experience	Evaluate arrangements and awareness of existing interpreting and translation services	Enter a Service Level Agreement to implement a robust streamlined system providing easy access to interpreters.	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	2.1	Company Secretary / EDHR Lead	EDS2/WRES SG
			A post interpretation survey will be conducted by the interpreter.	People are informed and supported to be involved as they wish to be in decisions about their care	2.2		
			Raise staff awareness of access to interpreting service	People report positive experiences of the NHS	2.3		
3	A Representative and Supported Workforce	Analyse percentage of BME staff at all levels of the organisation and ensure that the recruitment process is reflective of best practice.	Conduct analysis of BME staff at all levels and develop actions such as encouraging BME staff to participate in training and development opportunities  Band 8+ recruitment panel will consist of a BME member or the EDHR Lead.	Fair NHS recruitment and selection process lead to a more representative workforce at all levels	3.1  WRES metric 1 & 2	Director of HR / Assistant Director Workforce Development	EDS2/WRES SG
4	Inclusive Leadership	Strategies, business plans and annual reports will require EHRA.	Approval of all strategies, business plans and annual reports that come before the Board, will be subject to completion of Due Regard, Equality & Human Rights Analysis, which includes how inequalities will be managed.	Papers that come before the board and other major committees identify equality –related impacts including risks, and say how these risks will be managed.	4.2	EDHR Lead / Assistant Director of Nursing (Safeguarding)	EDS2/WRES SG

Further breakdowns of data contained in this report are available upon request by contacting the Equality & Human Rights department.

This document is available, upon request, in alternative languages and formats, such as large print, Braille, Audio and electronic. Please contact the Equality and Human Rights Department for further information on: 01424 755255 ext 8828