

**The
Equality Delivery
System
(EDS2)**

**Equalities Analysis Report
2016/17**

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Summary

Introduction

This is the Trust annual Equality Report (RAG rating is reviewed bi-annually). The report uses the Refreshed Equality Delivery System (EDS2), to guide the Trust in reporting and complying with the legal obligations set out in the Public Sector Equality Duties. 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.

2016/17 has been another year of building on existing good work, progressing the equality objectives and as always rising to new challenges. The report uses the EDS2 outcomes to guide and measure the Trust in the progress in delivering good practice along with identifying areas for further development.

Achievements

The Trust has devised many initiatives throughout the organisation to ensure patients, carers, visitors, service users and staff have equal access to services. This was recognised through achieving finalist nominations for awards recognising leadership and innovation in equality and inclusion categories.

The Trust Annual Staff Awards and the Unsung Heroes awards provided the opportunity to recognise the great work ESHT staff do. Trust 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. Unsung Heroes awards were awarded for recognition of the tremendous work of those who work behind the scenes.

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

Areas of focus from 2015/16 report:

Increasing communication with the organisations service users to assist the Trust in reaching its target of being a Trust rated by CQC as 'Outstanding' by 2020, commenced with the appointment of the Associate Director of Communications. Through the development of the communication and engagement strategy along with the staff networks the Trust provides 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 commenced in July 2016. The

Standard 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. This is an ongoing piece of work through 2017/18.

The Trust CQC inspection report in October 2016 highlighted that the Trust was no longer rated 'Inadequate' and is now rated as 'Requires Improvement' and rated as 'Good' for care. Fifteen areas of 'outstanding practice' were also highlighted.

Areas of focus for 2017/18:

2017/18 will see the EDS2 outcomes regraded to reflect the ongoing work within the Trust. The outcomes will also be reviewed and aligned with the Trust's 2020 objectives to support the organisation in becoming "outstanding" by 2020.

During 2017/18 the Trust will further review the disability access audit and identify areas requiring improvements. The actions will be managed through the disability staff network, the Equality Steering Group and the Estates department. Local audits will be completed annually thereafter.

An area for disabled changing and public toilets with a hoist is to be developed as part of the 5 year 2016-2021 estates strategy.

A scoping exercise will be carried out to identify possibilities of developing and utilising bilingual staff to support delivering excellent patient care to those who do not use spoken English as their primary method of communication.

EDS2 Outcomes and Grading 2015/16 – 2016/17

Goal 1: Better health outcomes		
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	ACHIEVING
1.2	Individual people's health needs are assessed and met in appropriate and effective ways	DEVELOPING
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	DEVELOPING
1.4	When people use the NHS their safety is prioritised and they are free from mistakes, mistreatment and abuse	ACHIEVING
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	ACHIEVING
Goal 2: Improved patient access and experience		
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	DEVELOPING
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	DEVELOPING
2.3	People report positive experiences of the NHS	DEVELOPING
2.4	People's complaints about services are handled respectfully and efficiently	UNDEVELOPED
Goal 3: A representative and supported workforce		
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	ACHIEVING
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	UNDEVELOPED
3.3	Training and development opportunities are taken up and positively evaluated by all staff	DEVELOPING
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	DEVELOPING
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	DEVELOPING
3.6	Staff report positive experiences of their membership of the workforce	DEVELOPING
Goal 4: Inclusive leadership:		
4.1	Boards and other senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	DEVELOPING
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	ACHIEVING
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	DEVELOPING

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. Engagement for EDS2 grading will take place bi-annually. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

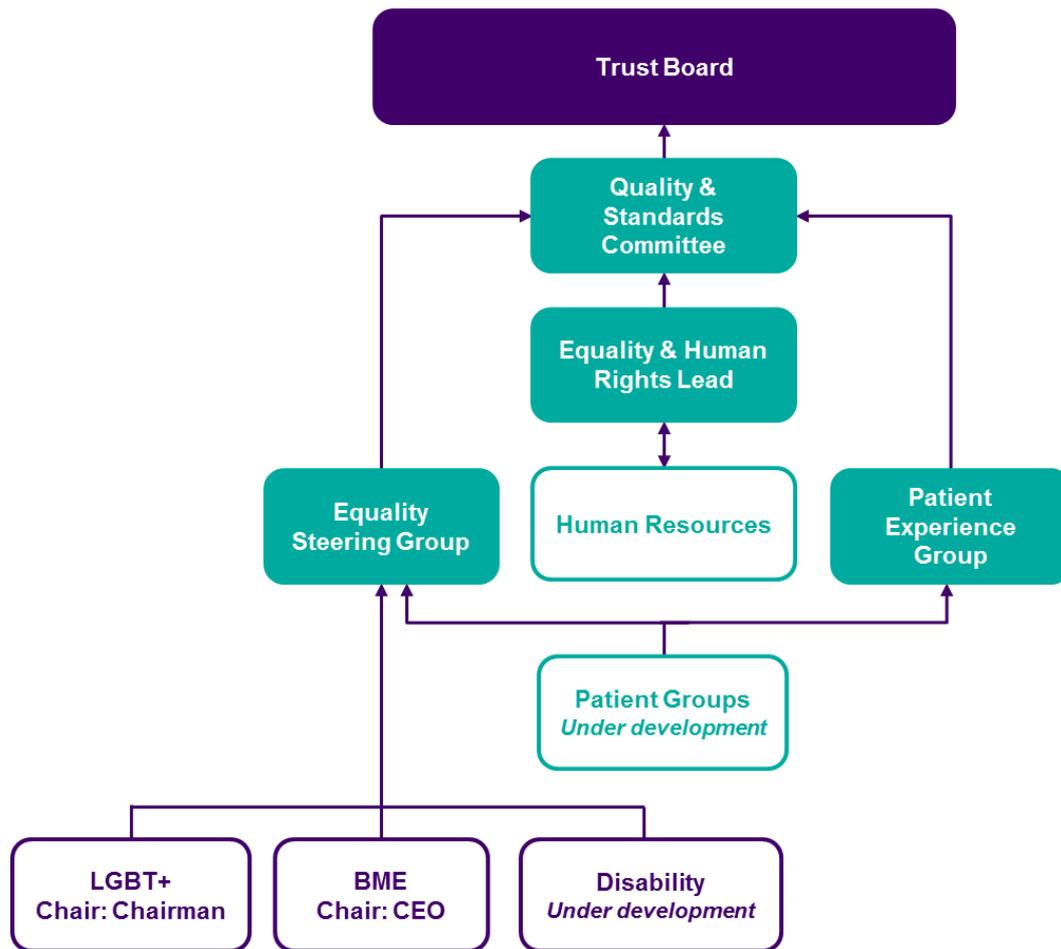
East Sussex NHS Healthcare Trust has embedded the EDS2 into everyday practice which assists the Trust to deliver a report that is understandable and transparent. Complying with EDS2 assists East Sussex Healthcare Trust in:

- 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 Equality steering group which is made up of for directors, managers, EDS2 and Workforce Race Equality Standard (WRES) leads. The aim of the Equality Steering Group is to ensure that there are robust reporting mechanisms in place and to constantly review data that ensures objectives are being met and progress reported. The group will also manage Equality Impact Assessment outcomes and the local annual disability audits.

Patient groups, staff groups and networks will 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

2. Trust Performance

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

Summary of Activity:

ESHT 2020 is a major programme of work consisting of 5 key strategic priorities to ensure the Trust consistently deliver safe patient care, through valued and respected staff, by working closely with commissioners, local authorities, and other partners whilst operating efficiently and effectively utilising our resources. ESHT aim to achieve a CQC rating of 'Good' by 2017 and 'Outstanding' by 2020.

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 obtaining the contract to provide Hastings and Rother Integrated Musculoskeletal (iMSK) care. The service will provide care for patients in Hastings and Rother with muscles, bones and joint conditions. Clinics delivering the service include Battle Health Centre, Bexhill Hospital, Conquest Hospital, Station Plaza, Rye, Winchelsea and District Memorial Hospital.

Language and communication

Language and communication needs were previously 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. Following a scoping exercise with internal stakeholders and service users, opportunities to improve the service were explored. 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 was rolled out across the Trust in September 2016. The new supplier has also assisted the Trust in implementing the Accessible Information Standard which supports patients with communication needs arising from a disability or impairment.

Grade:	ACHIEVING
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Evidence for grading:

- Quality Accounts
- CQC Report
- Healthwatch
- FFT
- Tender processes / contracts
- Internal scoping exercises

Areas of focus from 2015/16 Report 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.

Many initiatives for improving communication for all service users with Learning Disabilities; sensory impairments; cognitive impairments and other disabilities have been rolled out and included in the Accessible Information Standard action plan.

A robust SLA that considers the needs of all people requiring communication support was awarded to Capita Translation and Interpreting.

Areas of focus for 2016/17

- Identify resources to support ongoing implementation of the Accessible Information Standard
- Identify further resources to support patients with foreign spoken languages

EDS2 Goal 1: Better health outcomes	EDS2 Reference Number: 1.2
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Outcome: Individual people's health needs are assessed and met in appropriate and effective ways

Summary of Activity:

Learning Disabilities (LD)

Patients are supported with use of 'this is me - my care passport' and 'DisDAT' to assist staff in understanding communication including atypical presentations.

Provision of hospital communication books assist staff and patients with communication needs

Provision of easy read materials to explain procedures - on occasion including Drs drawing simple diagrams to explain procedures and / or treatment

Use of any individual patient communication aid including computers, pocket photo albums and laminated alphabet charts with pictorial drawings are utilised wherever required.

For patients who present with complex behavioural presentations - assessment of non-verbal communication styles and inclusion of these indicators in individual care plans.

Equality & Human Rights Analysis (EHRA)

The refreshed EHRA form continues to be embedded into relevant documents ensuring inequalities are identified and removed wherever possible. The Trust Policy Group reviews all Trust policies every 3 years. The group continues to ensure 100% of all relevant Trust policies are appropriately assessed by 2019.

Healthwatch engagement and feedback

Healthwatch continues to contribute with engaging with local communities. In November 2016 Healthwatch covered a 24 hour period in the acute hospitals including the A&E departments. Several recommendations were made to support meeting the needs of local communities. The full report can be found at <http://www.healthwatcheastsussex.co.uk/wp-content/uploads/2015/01/Round-the-Clock-Care-Report-2017.pdf>

Healthwatch also been involved in ESHT Maternity departments to support the Trust in improving the areas highlighted in the Trust CQC report. Healthwatch published their findings in April 2016. The report highlights what worked well for women and what did not work so well. It included the experiences of partners, wider family members, and where appropriate, members of staff. The full report can be found at <http://www.healthwatcheastsussex.co.uk/wp-content/uploads/2015/01/From-special-measures-to-special-moments-April-2016.vfinal.pdf>

Language and communication

Language and communication needs continue to be assessed and met in a variety of ways using a simplified system following the successful award of a Service Level

Agreement (SLA) for face to face interpreters, telephone interpreters, and bilingual advocates are provided for patients who do not have spoken English as their first language.

Grade:	DEVELOPING
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Evidence for grading:

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

Areas of focus from 2015/16 Report for 2016/17

Patient engagement groups are currently being developed to identify champions for protected characteristics.

Collecting, recording and analysing feedback from bilingual patient FFT is currently being developed with Capita TI.

Links have been created for public access to information on LD nurse's and documents such as passport and DisDAT toolkits. These will be available on the Trust website.

Areas of focus for 2016/17

- Patients, service users, carers, parents will be invited to attend an engagement group to review the 'Disability Access Audit' to identify further barriers and share their experiences. Feedback will be considered at the Equality Steering Group.
- Pilot bilingual FFT.

EDS2 Goal 1: Better health outcomes	EDS2 Reference Number: 1.3
Outcome: 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 for people on care pathways. All clinical units have clear pathways to other specialities such as Orthoptics have a direct referral pathway with the Stroke team. Podiatry have pathways for high and low risk diabetic patients, Nail surgery, Musculoskeletal and home visiting for high risk patients. Information leaflets are available to patients on cancer pathways which are made available in alternative formats when requested or where needs are identified.

We have a full time learning disability nurse specialist who supports patients with learning disabilities, their family, carers and hospital staff, to identify the additional needs experienced by individuals and to plan reasonably adjusted pathways.

Waiting Times

A&E waiting times suggest as age increases so does the time spent waiting. There were minor variations in waiting times when separated by ethnicity. White British/white other and unknown had the longest waiting times with those identifying as mixed ethnicity waiting the least time. This was the same with breaching the 4 hour target. Females waited an average of under 6 minutes longer than Males. There were over 1000 more breaches than Males.

Grade:	DEVELOPING
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Evidence for grading:

- Annual data collection
- Pathways information and guidelines

Areas of focus from 2015/16 Report for 2016/17

Use of existing data collection methods has been used to identify further breakdown of A&E.

Data is now 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 through their care pathways. Details are in the Equalities Analysis.

Methods for collecting and reporting equalities data on delayed transfers will continue through 2017/18.

Areas of focus for 2017/18

- Continue to improve data collection methods for equalities data

EDS2 Goal 1: Better health outcomes	EDS2 Reference Number: 1.4
Outcome: 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 outcomes 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. There have been no SI reports in relation to equalities issues for the past 3 reporting periods. The Trust continues to recognise that a large number of serious incidents relate to falls and pressure ulcers which are prevalent in older people which are monitored at the SIRG.

Equality & Human Rights Analysis (EHRA)

EHRA's provides patients and staff with confidence that potential equalities related mistakes, incidents and risks are identified, managed, mitigated or eliminated wherever possible. Any risks identified are reviewed at the SIRG and Equality Steering Group.

Grade:	ACHIEVING
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Evidence for grading:

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

Areas of focus from 2015/16 Report for 2016/17

Data related to incidents and infection control cases is regularly reviewed to ensure that no person with a protected characteristic is affected less favourable than any other person. All SI's are triangulated to record actions taken and learning outcomes.

Areas of focus for 2017/18

- Continue to promote EHRA training to ensure equalities related mistakes, incidents and risks are identified, managed, mitigated and eliminated wherever possible.

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

Summary of Activity:

Health Promotion

'Making Every Contact Count' (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 31st March 2016. In April 2016 further funding was awarded to implement the project in Eastbourne. MECC training is now included in the clinical induction training for all new staff and 1000 staff are expected to have completed MECC training by March 2017.

Sexual Health

The Sexual Health teams continue to build relationships with LGBT patient groups and the local communities. Promoting Sexual Health and testing will include attending both Hastings and Eastbourne Gay Pride events.

Male access to Sexual Health Services has increased from 22% to nearly 31%. 5.03% of people reported being gay or bi-sexual.

Grade:	ACHIEVING
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Evidence for grading:

- Sexual health data
- Service accessibility (online)
- MECC Project Plans
- MECC Newsletter

Areas of focus from 2015/16 Report for 2016/17

Key projects aimed to reach a 10% increase in male attendances within the sexual health service - the clinics reached an increase of over 22%.

Areas of focus for 2017/18

- MECC will continue to develop across Eastbourne.
- Promote ESHT Sexual Health Services at local events such as local Gay Pride.

EDS2 Goal 2: Improved patient access and experience	EDS2 Reference Number: 2.1
Outcome: 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 is committed to ensuring all of its sites are accessible to all who may use them. Many provisions already exist including lifts, ramps, induction loops, disabled toilets and free of charge disabled parking. Provisions are in place to ensure all communication needs are met. Toolkits to support people with learning disabilities are constantly reviewed to ensure they are meeting individual needs.

Accessibility

Reasonable adjustments to improve accessibility are continually sought throughout the Trust. During 2017/18 a further review of the disability access audit will provide the initial focus point for the disability user group. The audit and outcomes will be used by the group to inform the Trust on where improvements and changes are needed. The Trust has a ‘changing places’ initiative - as part of the Trust 5 year 2016-2021 estates strategy. As part of this strategy an area for disabled changing/public disabled toilets with hoist is to be identified at both acute sites.

It is anticipated that at least one ward on each acute site will be upgraded per financial year. Upgrades will include appropriate signage and colour schemes as well as fixtures and fittings, to enhance the environment for patients with a disability and dementia.

Language and communication

The Trust provides a wide range of interpretation services for patients, carers and service users through the use of a new Service Level Agreement (SLA) with Capita Translation & Interpreting (TI). Capita TI provide the Trust with all methods of translation which can be booked by staff using an online portal, email or telephone. Service include:

- Face to face interpreters
- Immediate telephone interpreters
- Sensory losses (BSL, Lip Speakers, Deaf-blind manual)
- Advocacy & Bilingual Advocacy
- Written & Audio Translation (including Braille)

During 2015/16 telephone interpreting was rarely used (7.6% of interpreting used) and staff relied on unnecessary face to face interpreters for short appointments. This often resulted in staff rearranging or delaying appointments to ensure an interpreter was available. It was identified that a large proportion of appointments would be suitable for telephone interpreting. The Equality & Human Rights department have delivered training packages to staff to increase the use of telephone interpreting for patients, service users and their carers to ensure healthcare and information about it is accessible without delay. 28.7% of all interpreting was carried out by telephone

interpreting during 2016/17. Further details of the languages requested are found in 2016/17 Equalities Analysis.

Accident and Emergency Waiting times

The national target for A&E waiting times in acute hospitals remains at 4 hours. Data suggests that waiting time in A&E is longer for those aged over 65 years. Analysis of A&E data by age, ethnicity and gender can be found in the Equalities Analysis.

Grade:	DEVELOPING
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Evidence for grading:

- SUSTI data
- Capita TI data
- A&E metrics
- Estates strategy 2016-2021

Areas of focus from 2015/16 Report for 2016/17

The Trust entered into a Service Level Agreement for interpretation services ensuring; easy access to interpreters and translation materials, robust data, and staff training. KPI's include improving BSL interpreter availability.

Monitoring A&E metrics is now included in daily communication to all staff.

Areas of focus for 2017/18

- Commence annual departmental Access Audits to include Accessible Information in January 2018.

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

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 2016/17 Healthwatch independently reviewed services over a 24hr period at both acute sites making recommendations which have been considered in Trust action plans. Healthwatch reports can be found at <http://www.healthwatcheastsussex.co.uk/our-work/our-reports/>

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. All policies are reviewed every 3 years as a minimum.

- Consent Policy
- Privacy & Dignity Policy
- Equality & Human Rights Policy
- Language and Communication 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.

Patients, service users and their carers identified as not speaking English are provided with interpreters or bilingual advocacy to support decision making. All patient leaflets are made available, upon request, in alternative formats and languages. Documents that are translated into alternative formats are kept and uploaded onto the Trust website for further future use.

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. Where relevant concerns are raised, the Equality & Human Rights Lead directly liaises with services and the service user and / or carer to resolve concerns effectively and quickly.

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 and supported in decisions about their

care and that their wishes are taken into account. 'This is Me - My 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.

Grade:	DEVELOPING
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Evidence for grading:

- Language & Communication Policy
- Consent Policy and Process
- Individualised care plans
- Patient Administration Systems
- Communication & Engagement Strategy

Areas of focus from 2015/16 Report for 2016/17

The Trust has implemented the Communication & Engagement Strategy to deliver the Trust principles so people feel confident that are involved in decisions about their care.

Areas of focus for 2017/18

- Review the new system for interpretation services to ensure the SLA is meeting demands and value for the Trust.

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

Summary of Activity:

Staff pride themselves on providing patients with the best possible experience of the Trust. Many initiatives are rolled out to capture patient feedback and to make improvements to enhance patient experience.

The CQC Survey of Adult Inpatients conducted in 2015 was made available during 2016. The report highlights there is an overall improvement (5%) of patient experience. 47% identified as male and 53% female. 66% of respondents identified as over the age of 66 years, 21% aged 51-65, 8% 36-50 and 4% aged 16-35. Only 1% identified as being from a minority ethnic group and again only 1% identified as lesbian or gay. It is not possible to draw conclusions of experience based on protected groups due to small numbers and therefore a deep dive into equalities data from the Trust Friends and Family Test results of 2015/16 and 2016/17 will be published.

NHS Choices website continues to provide a place for patients and service users to leave their feedback. All feedback is responded to by the Patient Experience Manager. The Trust currently has a 4 out of 5 star rating.

Grade:	DEVELOPING
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Evidence for grading:

- Friends and Family Test
- NHS Choices
- CQC Survey of Adult Inpatients 2015
- Patient Experience Steering Group minutes

Areas of focus from 2015/16 Report for 2016/17

Customer care apprenticeships, up to degree level, are now being offered to staff
Options for Bilingual FFT questionnaires are currently being explored.

The Trust website was reviewed and updated and will soon include a patient engagement page with a 'you said, we did' approach. Results to surveys and feedback are now available.

Bilingual FFT is being developed as part of the new Interpreter services contract.

Areas of focus for 2017/18

- Continue to develop the new improved Trust website to provide a place for people to report their experiences of the Trust.
- Ensure people accessing Trust services, and do not use spoken English as their first language, are included in the FFT.
- Publish equalities breakdown of FFT for 2015/16 - 2016/17.

- Commence objectives to relaunch Patient Experience Champion Programme to along with planning for a combined strategy with public engagement.

EDS2 Goal 2: Improved patient access and experience	EDS2 Reference Number: 2.4
Outcome: People’s complaints about services are handled respectfully and efficiently	

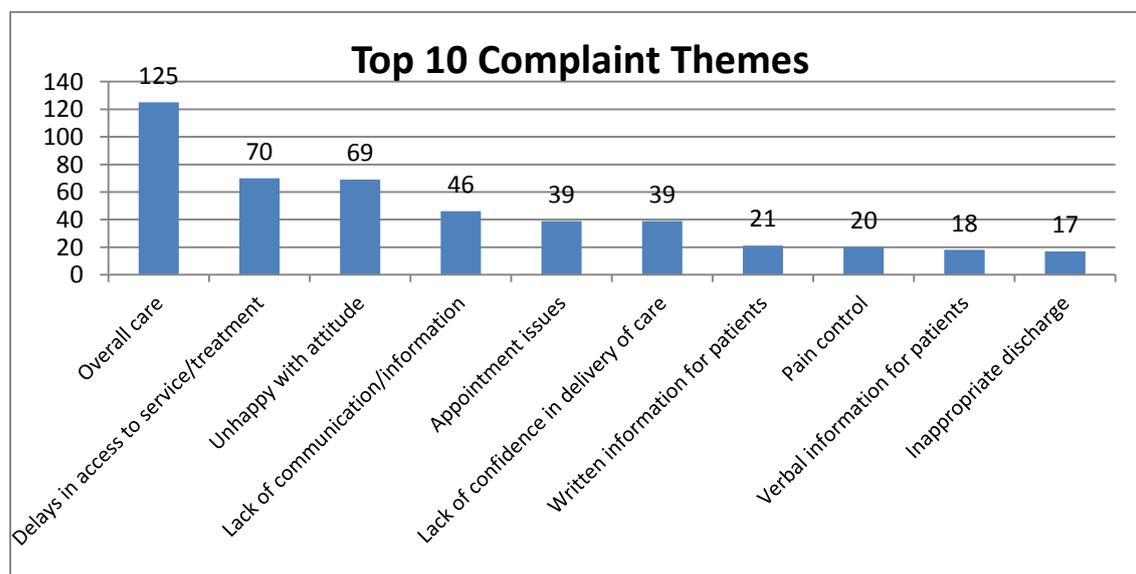
Summary of Activity:

The Trust is committed to continuously improving the outcomes for patients and achieving excellence in patient care and patient experience. The Trust actively encourages staff closest to the point of care to deal with concerns and problems quickly as they arise, ensuring a professionalised response with consideration of individual needs and circumstances. The Trust recognises that at times some peoples’ experience of the Trust and its services may not reach individual expectations.

Improvement work in the complaints department has taken place over the last reporting period including the first “Complaints Deep Dive” .This involved randomly selecting twenty complaints files relating to the Division, reviewing the process, looking at themes and considering how we can address these. This process enabled some rich data to be identified and shared with the Division. Attendees at the “Deep Dive” included, senior nurses from the Division, Complaints and PALS Manager, Head of Governance, Healthwatch representatives and our Patient Experience Volunteers. Two further “Deep Dives” have been planned for Urgent Care (April) and Diagnostics Anesthetics and Surgery (May). Further reviews surrounding the information provided to patients on admission with the aim to design a standard document across the trust. It is anticipated that this will assist in improving some of the communication issues.

The number of formal complaints received by the Trust has reduced in 2016/17 (664) compared to 2015/16 (680) which is a 2.5% reduction. The top 10 themes can be seen in the table below.

Healthwatch report on ‘making complaints personal’ is available at <http://www.healthwatcheastsussex.co.uk/wp-content/uploads/2016/06/Making-complaints-personal-March-2016.vfinal.pdf>



Data is not always available to identify the protected characteristics of complainants. However, any equality and diversity concerns identified in the complaints process automatically alerts the Trust Equality & Human Rights Lead for monitoring to ensure equality related concerns are investigated to the highest possible standard.

Grade:	UNDEVELOPED
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Evidence for grading:

- Complaints Report 2016/17
- Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments (4C)
- Complaints Process
- Healthwatch 'Making Complaints Personal' report
- CQC reports

Areas of focus from 2015/16 Report for 2016/17

Post complaint surveys commenced in October 2016. This is sent to all complainants for completion. The survey includes monitoring protected characteristics to ensure all complaints are dealt with fairly.

A complaints training package was developed and is currently being delivered to all staff. This training includes customer care and the complaints handling process.

Datix Risk Management Software has enabled us to capture and report on the appropriate information to ensure all complaints are handled in a culturally competent way. Actions are tracked and subsequently completed. However further work is required to ensure these actions are robust, completed and embedded into practice.

Areas of focus for 2017/18

- Carry out further deep dives to ensure protected groups are not disadvantaged during the complaints procedure.
- Ensure actions are robust, completed and embedded into everyday practice

EDS2 Goal 3: A representative and supported workforce	EDS2 Reference Number: 3.1
Outcome: 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 robust 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, including equality and diversity training prior to becoming involved in recruitment processes. This aims to equip all staff involved in recruitment and selection, with the skills, knowledge and understanding of their roles and responsibilities and to ensure that they recruit the best possible candidate into a post. Staff are encouraged to consider the Workforce Race Equality Standard (WRES) and advertise using known groups such as BME networks when senior positions are being recruited for. Data of ESHT workforce and recruitment are found in the workforce analysis.

The Recruitment and Selection Policy used in conjunction with the Equality Policy provides a solid 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.

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 ongoing 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.

Data presented in the 2015/16 WRES indicated that despite the representation of BME applicants increasing at interview stage (up to 30%), BME representation at offer stage reduces by 5% for total Trust recruitment assignments and by 20% for Band 8a and above. The white representation at the offer stage for Band 8a and above is over 90%. Data does suggest that the percentage of BME applicants and those attending interview is within the expected norms for East Sussex however the percentage reduction at offer stage is reduced. Recruitment teams and the BME Staff Network will devise actions to explore further.

A large project saw an increase of Healthcare Assistants move from agencies to the Trust Bank (Temporary Workforce Services) reducing the agency expenditure.

The Trust now advertises key vacancies using Twitter and other online social media platforms to reach target audiences.

Grade:	ACHIEVING
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Evidence for grading:

- Trust policies and training on recruitment & selection
- Raising awareness of opportunities to disadvantage groups
- Retention of two ticks symbol status
- Recruitment processes
- BME Recruitment Paper for Pod Committee
- The Workforce Race Equality Standard (WRES)

Areas of focus from 2015/16 Report for 2016/17

Policy reviews ensured all policies governing recruitment and selection continue to comply with best practice.

Improved monitoring of staff recruitment and selection training to demonstrate compliance.

Recruitment System training for managers and recruiters continued to be rolled out across the Trust.

An action plan was developed to increase BME representation of underrepresented groups at all levels. Details of the action plan are contained in the WRES Report 2016/17.

Areas of focus for 2017/18

- Implement the WRES action plan through the BME Staff Network
- Develop the Disability Staff Network to support implementation of the Workforce Disability Standard (WDES)

EDS2 Goal 3: A representative and supported workforce	EDS2 Reference Number: 3.2
Outcome: 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 2017

The Trust commenced the first equal pay audit in 2016 to identify discrepancies of pay between male and female employees. The figures highlighted a varying degree of salary and earnings differences. Band 3 and 4 remain the only grades where females’ salary was higher than their male equivalent. These had increased from 0.59% to 1.77% for band 3 and 1.49% to 1.67 for band 4. However, the total earnings gap changed for males in band 4 from earning 4.32% to 4.56% higher more than females.

The biggest male : female gap in salary is medical career grades at 18.41%, followed by junior doctors at 17.92% (audit only covers staff who have been employed a full financial year so there are reduced no. of Jr Drs and therefore caution must be used when forming judgements using these data). When total earnings are factored in (such as on call allowances) the gap increases to 26.97% for medical career grade staff and increases to 20.45% for junior doctors.

The pay gap between male : female consultants’ average salary has reduced since 2016 audit, from 5.98% to 2.24%. Average earnings had remained fairly static at 13.27%. Further details can be found in the Workforce Equalities Analysis 2016/17.

Further exploration is planned for 2017/18 to gain a deeper understanding of why differences exist across pay scales.

Grade:	UNDEVELOPED
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Evidence for grading:

- Established national guidance and local policies
- ESHT Equal Pay Audit 2016
- ESHT Equal Pay Audit 2017

Areas of focus from 2015/16 Report for 2016/17

- A full equal pay audit commenced to reach national targets for 2018 reporting.

Areas of focus for 2017/18

- Conduct detailed analysis of pay differences

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

Summary of Activity:

Commissioned and funded training courses continued to be evaluated through Higher Education Institutes which 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.

NHS Staff Survey

88% of White respondents and 75% of BME respondents believed they were provided with equal opportunities for career progression or promotion. BME reporting is a significant increase on 2015. The overall average for the Trust in 2016 was 86% (4% increase from 2015) and the median for all national scores for combined acute and community trusts remained at 87%. Each characteristic group reports an increase in believing the Trust provides equal opportunities for career progression or promotion from 2015. KF 13. Quality of non-mandatory training, learning or development was reported as 4.03 (maximum score is 5) this is a 0.7 increase from 2015. Combined national average was 4.07.

Ethnicity	2016	2015	Average (median) for combined & community Trusts
KF21 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion			
White	88%	85%	88%
BME	75%	64%	75%

2016

NHS Staff Survey KF21. % of staff believing the organisation provides equal opportunities for career progression / promotion									
Gender		Disability		Ethnic Background		Age			
Male	Female	Yes	No	White	BME	16-30	31-40	41-50	51+
79	88	79	88	88	75	93	88	84	84

2015

NHS Staff Survey KF21. % of staff believing the organisation provides equal opportunities for career progression / promotion									
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 staff experience of the workforce remains a key priority of ESHT Trust Board and Managers. Pulse surveys continue to be carried out regularly to identify successful initiatives and to gain an insight into where further improvements can be made to ensure staff are supported and provided with opportunities to progress and reach their full potential.

Many clinical units and departments organise their own local non-mandatory training such as writing classes, cultural workshops which are not recorded centrally. This can prove challenging when reporting. Communication to managers reminding them to record all completed staff training staff will be issued as a theme of the week newsletter.

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. With many departments participating, this is a rewarding programme for the interns and the departments involved. The programme has continued to grow and attract positive media attention and recognition. The benefits to the interns include increased confidence, self-esteem and aspirations, giving them an opportunity to acquire new skills, receive tailored support, gain interview skills and apply for employment. In addition, their internship continues to create a wider social network with work colleagues.

Grade:	DEVELOPING
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Evidence for grading:

- Established policies and processes.
- Staff training records
- Staff Survey
- Project SEARCH

Areas of focus from 2015/16 Report for 2016/17

Career progression is a key agenda item at the BME Staff Network meetings. Career development opportunities have been identified and will be implemented through 2017/18

Career development workshops are planned for 2017/18

Areas of focus for 2017/18

- Identify ways to monitor local training sessions not organised through learning and development to ensure equal opportunities to training and development is disseminated

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

Summary of Activity:

Engagement

The Trust continues to recognise the need to do more still to ensure staff are free from abuse, harassment, bullying and violence from any source. Managers recognise that more needs to be done locally to prevent this, from any source. The staff survey highlights this further. If staff do experience unwelcomed behaviour from any source, they will be supported to speak up. Senior Managers have implemented and continue to identify further ways to prevent Harassment & Bullying (H&B) or violence across the Trust. The ‘Speak up Guardian’ supports staff in ensuring issues that have been raised are addressed.. 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 Trust has a Staff Health and Well-being Board, whose membership includes the Equality & Human Rights Lead and the Speak Up Guardian.

NHS Staff Survey Feedback

NHS Staff Survey Question	Gender		Disability		Ethnic background	
	Male	Female	Yes	No	White	BME
KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths	13	16	17	15	14	22
KF23. % experiencing physical violence from staff in last 12 mths	4	2	2	2	2	5
KF24. % reporting most recent experience of violence	71	70	71	69	68	81
KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	25	31	39	28	29	34
KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths	27	27	37	25	27	29
KF27. % reporting most recent experience of harassment, bullying or abuse	45	50	56	46	48	53

Grade:	DEVELOPING
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Evidence for grading:

- Dignity at work policy. Raising Concerns policy, Independent Board member
- Staff survey Results 2016
- Local security management service which investigates reports of violence against staff by patients or other employees
- Reports to Quality and Standards committee

Areas of focus from 2015/16 Report for 2016/17

Harassment & Bullying (H&B) action plan was developed and implemented to include receiving feedback at Staff Operational Engagement Development Group

Areas of focus for 2017/18

- 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:

Offering flexible working opportunities, attract 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 by 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 Child and Family Care Manager offers drop-in sessions for all staff returning from maternity or adoption leave. 4.54% of Staff took maternity, paternity or adoption leave during 2016/17 (further breakdowns are available in the workforce analysis). 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 arrangements, 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 every occasion of flexible working would be very resource intensive therefore this will be explored at a future Equality steering group with a view to identifying potential reporting methods.

51% (an increase of 4% in 2015) of respondents to the NHS Staff Survey felt 'satisfied with the opportunities for flexible working patterns'. The median for national scores for combined acute and community trusts was 51%

KF15. % satisfied with the opportunities for flexible working patterns									
Gender		Disability		Ethnic background		Age (years)			
Male	Female	Yes	No	White	BME	16-30	31-40	41-50	50+
47	53	48	52	51	57	49	55	53	50

Grade:	DEVELOPING
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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 2015/16 Report for 2016/17

- Following a review the effectiveness of policies further engagement and promotion of staff benefits including flexible working options was promoted through various engagement events facilitated by the Trust Child and Family Care Manager.

Areas of focus for 2017/18

- Explore options to increase flexible working monitoring.

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

Summary of Activity:

The Trust has been very proactive in promoting 'Health and Well Being' to support staff in feeling motivated and engaged. Staff have reported in the NHS Staff Survey improvements to all 6 questions relating to job satisfaction. A score of 3.64 (max is 5, combined acute and community score is 3.71) for staff recommendation of the organisation as a place to work or receive treatment. Following the CQC Report it was identified that this was not always the case and that the 2014 NHS Staff Survey's corroborated this. 2015 NHS Staff Survey reported staff experience in some areas had improved with further increases this year. BME staff reported increased job satisfaction in all questions relating to job satisfaction compared to White staff.

It is accepted that there is still much work to do however this further increase is a demonstration of the Trust's and individual commitment to improving equality, staff experience and wellbeing.

Staff survey questions on job satisfaction (the higher the score the better)										
Staff Survey Question	Gender		Disability		Ethnic background		Age (years)			
	Male	Female	Yes	No	White	BME	16-30	31-40	41-50	50+
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.64	3.64	3.45	3.67	3.6	3.9	3.8	3.66	3.61	3.6
KF4. Staff motivation at work	3.8	3.92	3.76	3.92	3.86	4.19	3.9	3.83	3.93	3.9
KF7. % able to contribute towards improvements at work	65	70	61	71	68	73	76	71	70	65
KF8. Staff satisfaction with level of responsibility and involvement	3.84	3.89	3.73	3.91	3.86	4.03	3.91	3.9	3.87	3.86
KF9. Effective team working	3.7	3.81	3.68	3.81	3.78	3.89	3.89	3.8	3.81	3.74
KF14. Staff satisfaction with resourcing and support	3.22	3.26	3.1	3.28	3.22	3.51	3.44	3.2	3.25	3.23

Grade:	DEVELOPING
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Evidence for grading:

- Staff Health & Well-Being Policy
- Staff feedback

- Operational Development and Staff Engagement Group Action Plan
- Staff Conversations
- NHS Staff Survey 2016

Areas of focus from 2015/16 Report for 2016/17

Identify further opportunities to engage with seldom heard staff groups on their experiences of the Trust.

The LGBT Staff Network commenced at the end of summer 2016, led by the Chairman, along with a BME Staff Network led by the Chief Executive. Both Networks are managed by the Equality & Human Rights Lead.

Areas of focus for 2017/18

- Deliver training to provide staff with the knowledge and understanding of trans and gender non-conforming individuals,
- Identify further training opportunities to support BME Staff through the BME Staff Network
- Following a a review of access audit of the Trust sites, commence an engagement and disability access improvements for staff through a Disability Staff Network.

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

Summary of Activity:

Leadership

Following many changes at senior level through the previous year, there is now a feeling of stability which can be felt throughout the Trust. The new directors have formed a major part in supporting staff from protected groups, raising awareness of the Trust’s equality agenda.

Chairman – David Clayton-Smith chairs the LGBT+ Staff Network and has been a huge support in getting the Network up and running. David has supported plans to represent the Trust at local Gay Pride events have been key to promoting the LGBT+ Staff Network.

Chief Executive – Dr Adrian Bull chairs the BME Network with passion and dedication to improving equality for this group of staff. The Network has welcomed the leadership that Dr Bull has provided.

Director of Estates & Facilities – Chris Hodgson will chair the Disability Staff Network which is currently being developed. The first meeting will take place following a a review of the disability access audit of the Trust’s main sites.

The Equality & Human Rights Lead is encouraged and supported by senior leaders to share the Trust’s good practice and processes with other organisations and NHS Trusts, recognising that engagement with wider communities is key to delivering equality in healthcare and employment.

Equality initiatives such as promoting Equality Week and small lapel badges to show support to our LGBT+ staff are supported and attended by senior leaders. Funding for such events have been kindly provided by charitable funds.

Declaring personal equality information is not always welcomed by individuals in the workplace. Even though this information can really help organisations provide positive working environments and enhance opportunities. This is evident in our workforce equality analysis. 43.41% of staff did not declare their religion; 11.31% did not declare their ethnicity; over 50% did not declare whether they had a disability; and 40.21% did not declare their sexual orientation. To encourage staff to provide their personal equalities data, to help improve working environments and meet the needs of staff, the Trust Board declared some of their personal equality information to identify how representative the Trust Board is. It is hoped that staff will see this as a positive step to highlighting how an open, diverse Trust is one to be proud of.

The Trust Board is underrepresented for ethnicity as all members identify as White British. The Board is representative of other protected characteristics; 11% identified as LGBT+; 36% identified as having beliefs other than Christianity (including no belief); 22% identified as having a disability as defined by The Equality Act 2010.

Grade:	DEVELOPING
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Evidence for grading:

- EDHR Steering Group minutes
- Equality Action plans
- LGBT+ Staff Network meetings
- BME Staff Network Terms of Reference
- BME Staff Network meetings
- Equality questionnaires

Areas of focus from 2015/16 Report for 2016/17

Board members and senior leaders have to engaged in equality initiatives promoting equality when conducting quality walks

Areas of focus for 2017/18

- The Chairman will continue to provide leadership to the LGBT Staff Network
- The Chief Executive will continue to provide leadership to the BME Staff Network
- The Trust Board will continue to engage regularly with the EDHR Lead to ensure equality remains at the most senior level within, and beyond, the organisation.

EDS2 Goal 4: Inclusive leadership	Reference Number: 4.2
Outcome: 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 procedural document 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.

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, the People & Organisational Development Group and feeds into the Quality & Safety Committee.

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.

The Trust Policy group manages and ratifies policies that are to be used with the Trust. Since the implementation of the Trust Equality Objectives there have been no policies ratified without a completed EHRA. All Trust policies should have an updated EHRA by 2019.

Grade:	ACHIEVING
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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 2015/16 Report for 2016/17

Policy writers continued to be supported with training and decision making processes when considering equality.

All relevant documents that came before the Board and major committees continued to include the Trust’s standard Due Regard, Equality & Human Rights Analysis

Translation & Interpreting services continued to be led and managed by the EDHR Lead with a revised Language and Communication Policy to support processes for communication support, circulated for comment from stakeholders.

Areas of focus for 2017/18

- Continue to support staff with EHRA's when developing procedural documents.

EDS2 Goal 4: Inclusive leadership	EDS2 Reference Number: 4.3
Outcome: 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

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

Mentoring

Mentoring opportunities are available to staff who wish to gain skills and knowledge from other managers. Shadowing opportunities are open to all staff wishing to gain an insight into other roles within the Trust.

Training

All staff are required to undertake mandatory Equality and Diversity (E&D) training every 3 years, either face to face or via E-learning. E&D training forms part of the Trust induction programme. Line managers are offered additional training for cultural awareness and also training for completing Equality & Human Rights analysis when developing policies, procedural documents, guidance, strategies etc. These are offered on a one to one basis and group sessions including telephone support.

The number of Equality, Diversity & Human Rights face to face training sessions for all staff have continued to increase to ensure equality, diversity and inclusion is embedded into everyday practices.

Training packages were developed to equip managers with the skills to tackle prejudice arising from communication needs. Sessions have been included as part of the Trust induction programme and staff from all clinical units have received training on processes and procedures for supporting patients with communication needs, which can be disseminated amongst teams.

Further training is planned during 2017/18 including Transgender awareness, providing managers with the knowledge to meet transgender patient needs, support initiatives, best practice and support colleagues transitioning at work. Identify funding sources for basic BSL lessons to support basic social communication with deaf patients.

Grade:	DEVELOPING
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Evidence for grading:

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

Areas of focus from 2015/16 Report for 2016/17

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

Managers continue to be offered developmental master classes to ensure they are equipped to support their teams. The master classes include coaching and mentoring skills.

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

Areas of focus for 2016/17

- Identify sources of funding to support basic BSL lessons for staff.
- Communicate dates for Transgender awareness training.

Patient Equalities Analysis to Support EDS2 Report 2016/17

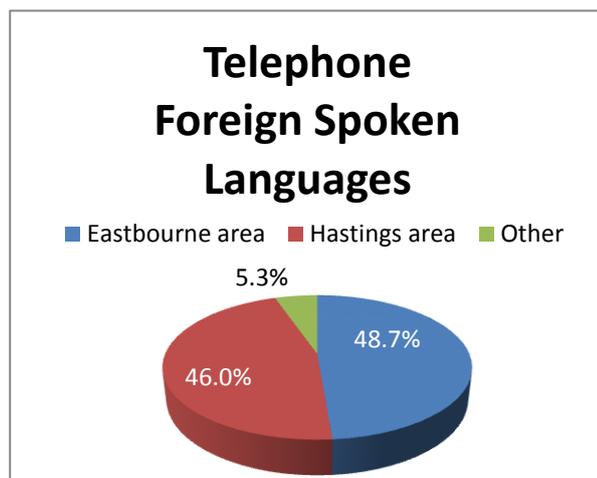
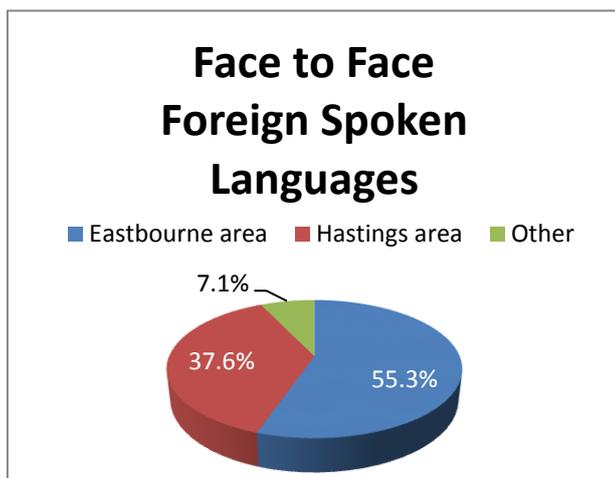
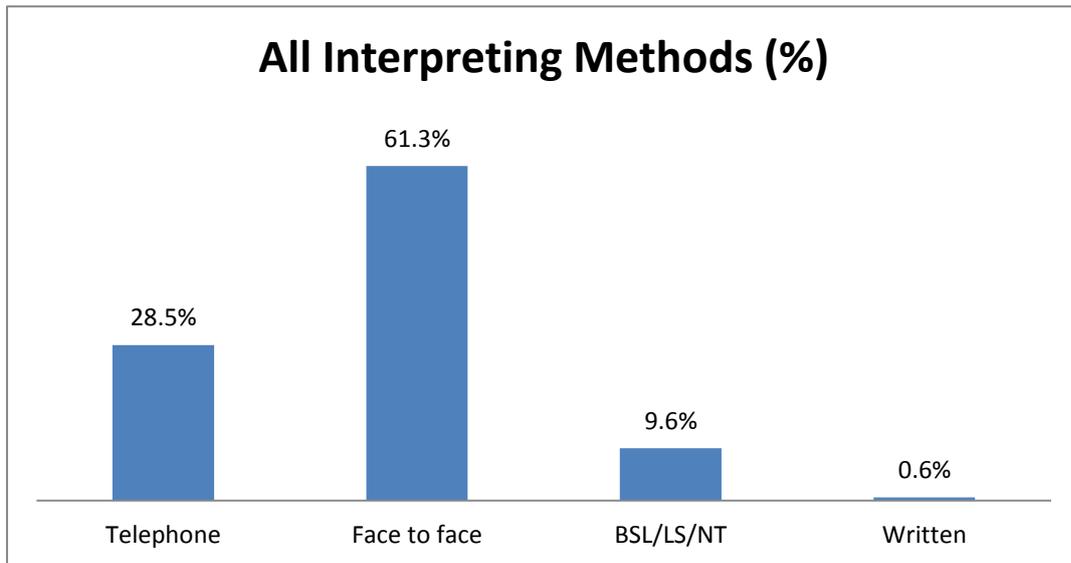
Interpreters provided for Sensory Support 2016/17

Language Requested	Total	St Leonards	Eastbourne	Surrounding
BSL	140	59	61	20
Lipspeaker	0	0	0	0
Note Taker	1	0	1	0
Total	141	59	62	20

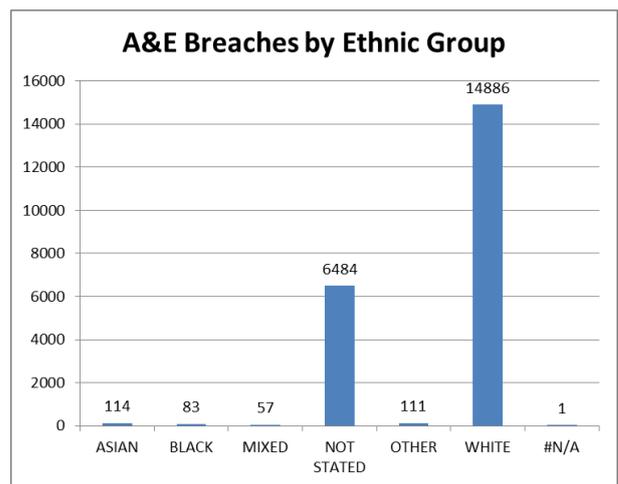
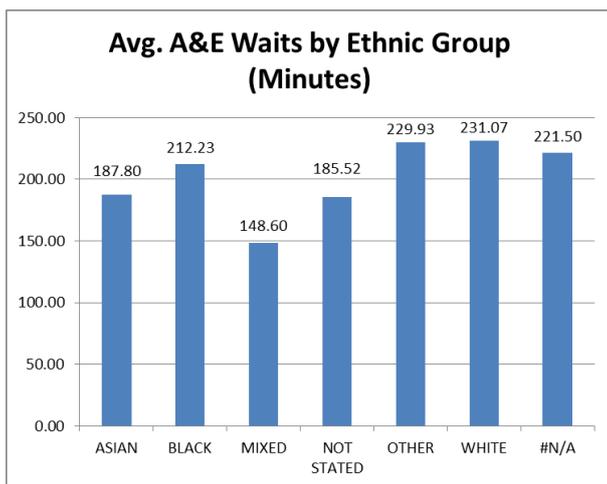
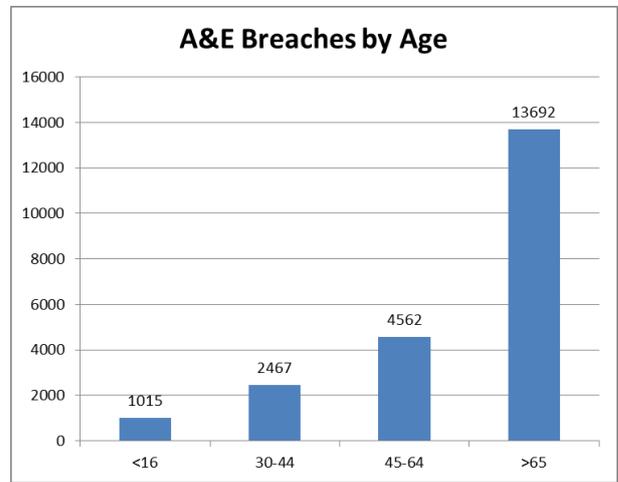
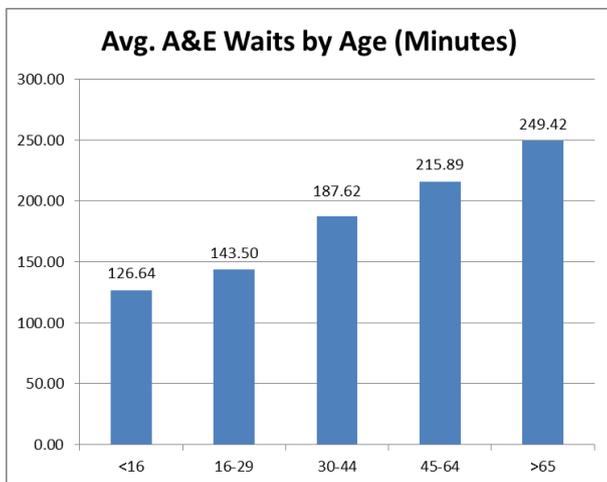
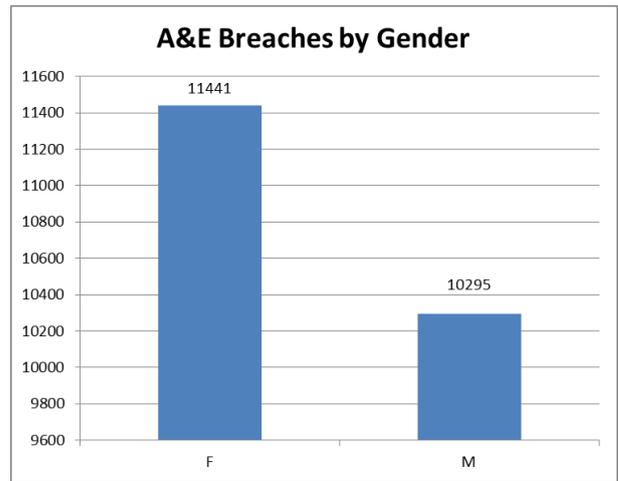
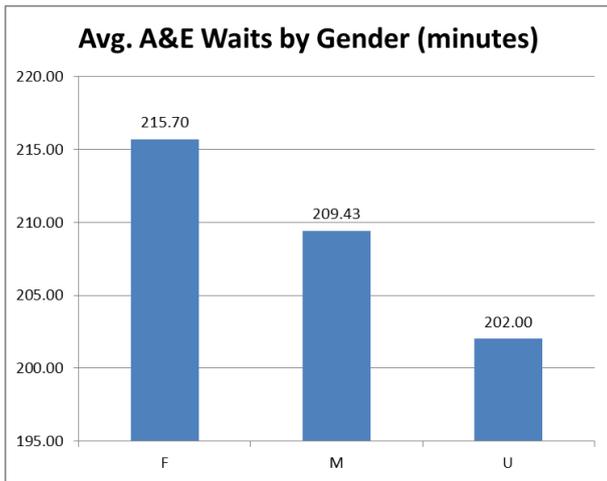
All interpreters supplied to patients, service users or carers during 2016/17 in order of most requested

Language Requested	Total	St Leonards	Eastbourne	Surrounding
Polish	197	33	144	20
Mandarin	184	130	39	15
BSL	140	59	61	20
Portuguese	128	7	117	4
Russian	93	36	55	2
Farsi	84	30	54	0
Arabic	84	33	43	8
Bengali	77	19	51	7
Bulgarian	69	15	54	0
Albanian	53	31	22	0
Spanish	46	17	23	6
Cantonese	37	15	12	10
Turkish	33	13	18	2
Czech	30	28	2	0
Kurdish (Sorani)	30	27	3	0
Romanian	29	19	8	2
Tamil	25	7	15	3
French	18	7	11	0
Italian	17	3	12	2
Lithuanian	17	6	10	1
Vietnamese	16	11	5	0
Hungarian	12	7	5	0
Slovak	13	13	0	0
Amharic	10	10	0	0
Pashto	7	7	0	0
Latvian	5	5	0	0
Urdu	4	0	4	0
Dari	2	2	0	0
Sylhetti	2	0	2	0
Tagalog	1	0	1	0
Note Taker	1	0	1	0
Dutch	1	0	1	0
Punjabi	1	1	0	0
Total	1466	591	773	102

ESHT Interpreting Methods (%) 2016/17



Accident & Emergency waiting times 2016/17

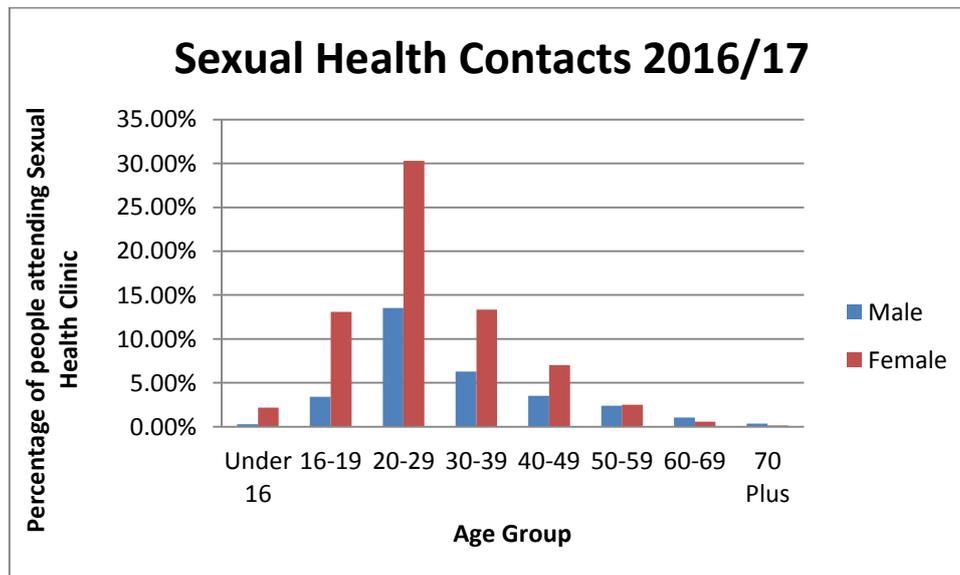


ESHT Risk Adjusted Mortality 2016 (RAMI) April 2016 to March 2017 35 Years and Over by Age Band

	Male		Female		Total	
Age band	Observed deaths	RAMI Index	Observed deaths	RAMI Index	Observed deaths	RAMI Index
35-39	1	107	1	71	2	85
40-44	6	129	2	115	8	125
45-49	12	146	4	73	16	117
50-54	18	132	6	89	24	118
55-59	21	103	13	90	34	98
60-64	27	89	25	137	52	107
65-69	46	84	36	93	82	87
70-74	83	108	61	109	144	109
75-79	98	90	83	86	181	88
80-84	142	100	125	110	267	104
85-89	126	78	175	87	301	83
90+	165	116	208	104	373	109
Total	745	1282	739	1164	1484	1230

Access to Sexual Health by Age, Gender and Sexual Orientation 2016/17

	Male	Female	Total
Sexual Orientation			
Heterosexual	26.52%	68.12%	94.64%
Gay/Lesbian	3.44%	0.19%	3.62%
Bi-sexual	0.75%	0.65%	1.41%
Not Known	0.13%	0.19%	0.33%
Total	30.85%	69.15%	100.00%
Age Group			
Under 16	0.28%	2.19%	2.47%
16-19	3.41%	13.07%	16.48%
20-29	13.53%	30.29%	43.82%
30-39	6.29%	13.36%	19.65%
40-49	3.52%	7.01%	10.52%
50-59	2.40%	2.52%	4.92%
60-69	1.05%	0.56%	1.61%
70 Plus	0.37%	0.15%	0.52%
Total	30.85%	69.15%	100.00%



Workforce Profile broken down by protected characteristics

**East Sussex Healthcare NHS Trust employed 6867 people as of
31st March 2017**

Workforce breakdown by protected characteristics.

Ethnic Origin	Percentage of Employees (%)
White	76.37%
BME	12.32%
Unknown	11.31%

Age Group	Percentage of Employees (%)
<=29 yrs old	14.11%
30-44	33.86%
45-59	42.64%
60-78	9.39%

Sexual Orientation	Percentage of Employees (%)
Bisexual	0.42%
Gay	0.41%
Heterosexual	58.63%
Lesbian	0.33%
Unknown	40.21%

Religion	Percentage of Employees (%)
Atheism	10.38%
Buddhism	0.51%
Christianity	37.09%
Hinduism	1.31%
Islam	1.21%
Other	6.09%
Unknown	43.41%

Disability	Percentage of Employees (%)
Yes	2.34%
No	46.24%
Unknown	51.42%

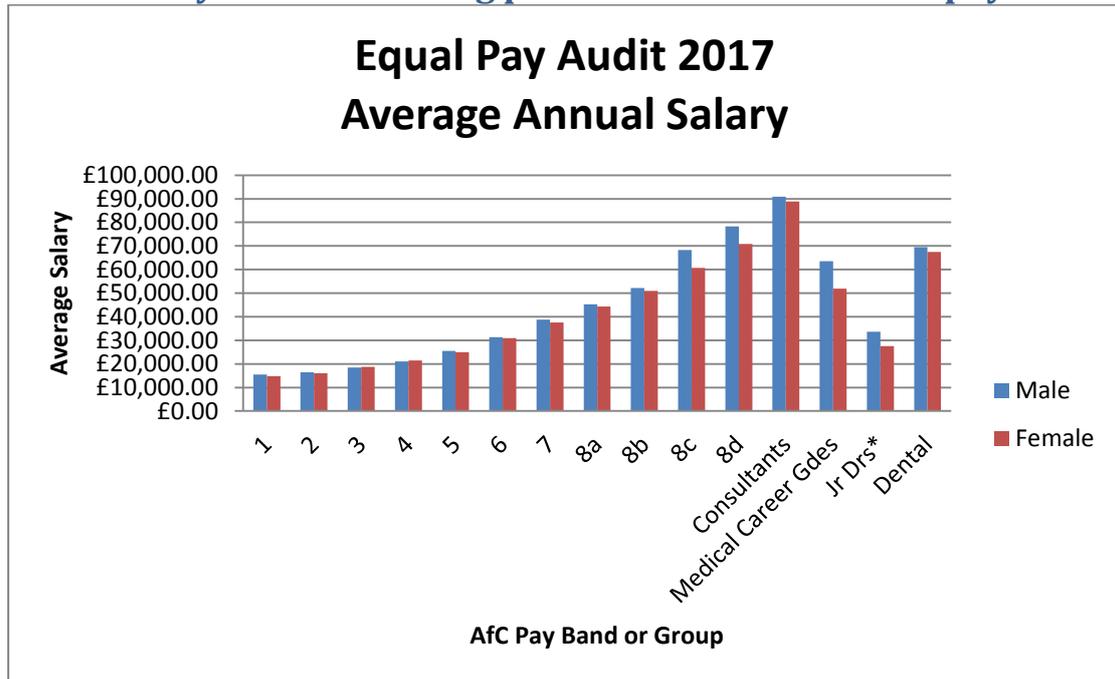
Gender	Percentage of Employees (%)
Female	77.52%
Male	22.48%

2015/16 Recruitment Annual Monitoring

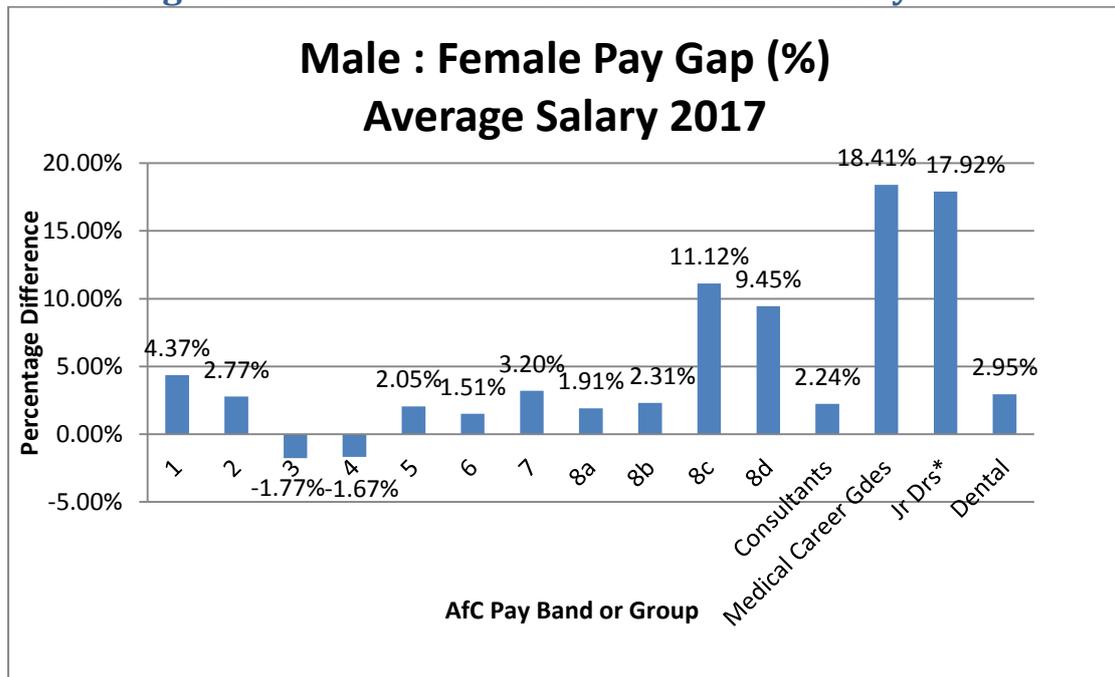
Percentage of application, shortlisting and appointment across the protected characteristics:

Characteristic	Applied	Shortlisted	Appointed
Gender			
Male	27.8	28.4	26.4
Female	72.1	71.4	73.6
Not stated	0.1	0.2	0
Ethnicity			
White	78.6	80	72.5
BME	17.7	19	17
Undisclosed	3.7	1	10.5
Disability			
No	32.8	29.6	37.6
Yes	5.5	4.9	5.3
Not stated	61.7	65.5	57.1

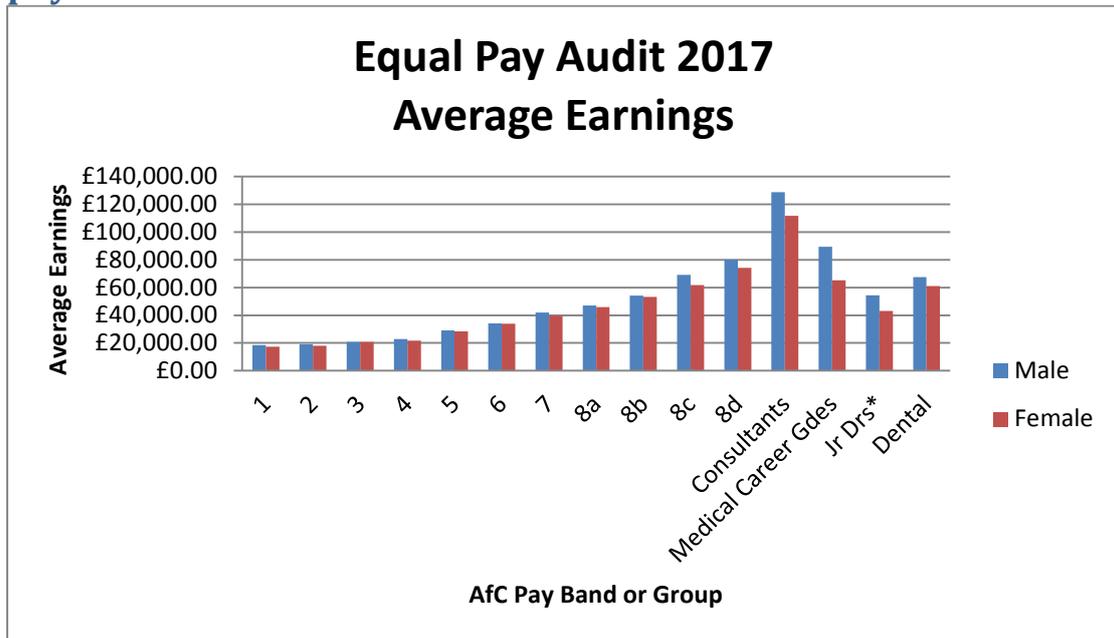
Basic Salary Audit excluding premiums such as on call payments



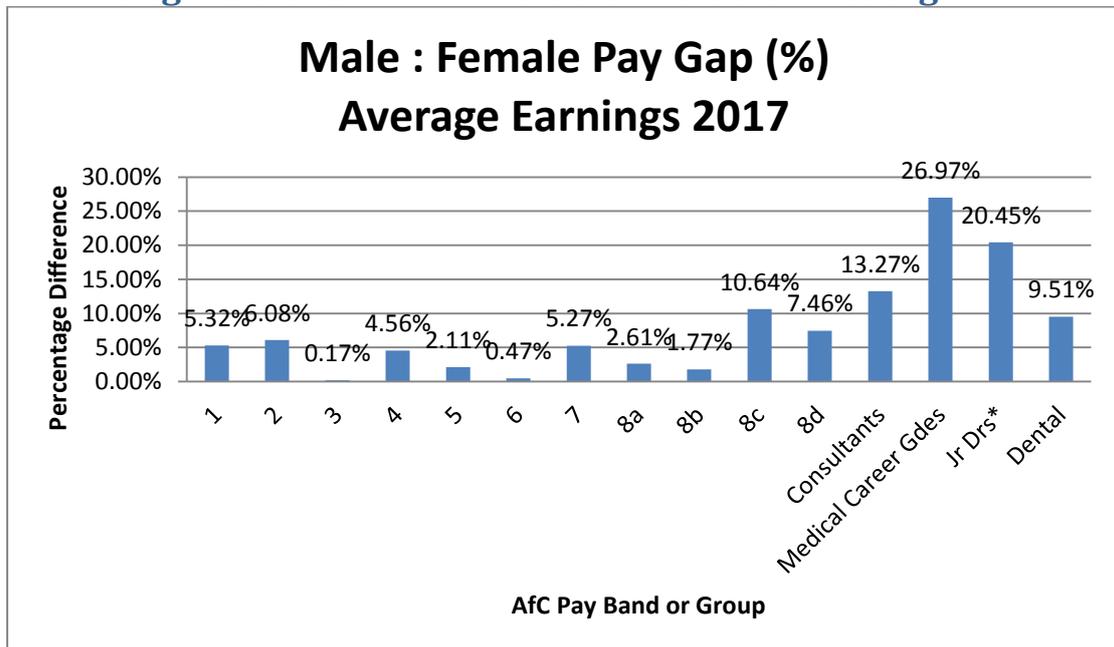
Percentage difference between male & female salary



Total earnings audit including premiums such as on-call payments



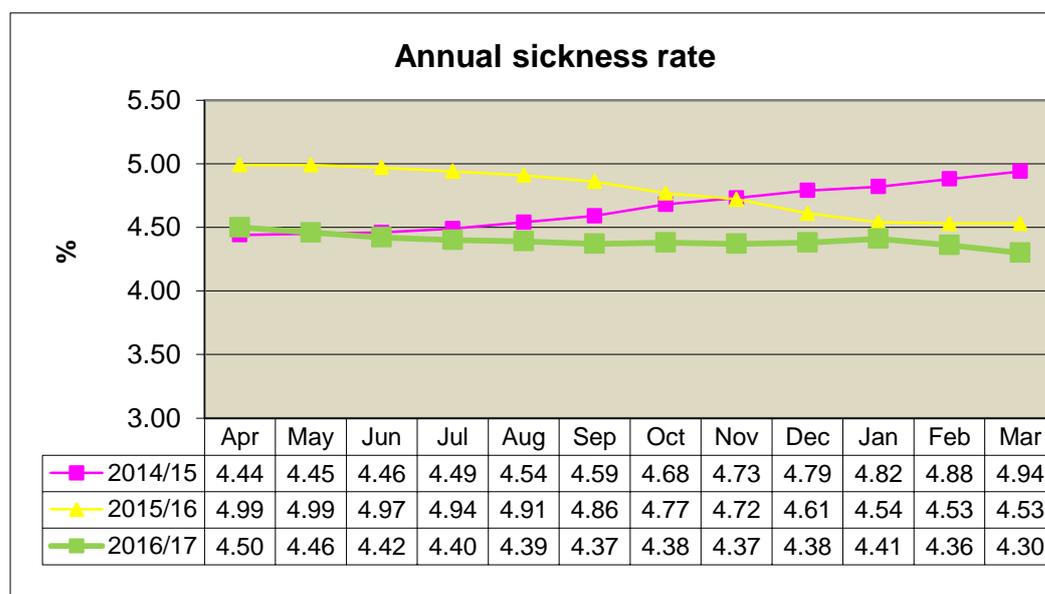
Percentage difference between male & female earnings



Maternity, adoption, paternity and paternity adoption leave taken during 2016/17

Staff taking Maternity, Paternity Adoption or Paternity Adoption Leave during 2016/17		
Protected group	Maternity/Adoption Leave	Paternity/Paternity adoption Leave
Ethnic Group		
White	79.93%	59.26%
BME	14.44%	29.63%
Not Stated	5.63%	11.11%
Total	100.00%	100.00%
Sexual Orientation		
Straight	70.07%	74.07%
LGBT	1.76%	0.00%
Not Stated	28.17%	25.93%
Total	100.00%	100.00%

Sickness absence rate. Three year trend



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

ESHT 2015 – 2019 Equality Objectives Progress 2016/17

EDS2 Goal	Method	Actions	Completion/ target date	Risk	Lead
1	Review SI action points	Review how learning outcomes link to incidents	May 15	Complete	DATIX Team SI Lead
		Triangulate SI, Learning outcomes	Dec 16	Complete	
		Review outcomes	Dec 17	On target	EDHR Lead
2	Evaluate arrangements and awareness of existing interpreting and translation services	Service Level Agreement implemented with robust streamlined system providing easy access to interpreters.	Jun 16	Complete	Procurement Director, Corp Affairs EDHR Lead Capita EDHR Lead EDHR Ass Capita Service users EDHR Lead Patient Experience team
		KPI's agreed	Jul 16	Complete	
		Training to raise awareness of access to interpreting service	Jul 16	Ongoing	
		A post interpretation survey will be conducted by the interpreter.	Jan 18	On target.	
		Review post interpretation survey feedback	Jan 19	Financial impact may be risk	
3	Analyse percentage of BME staff at all levels of the organisation and ensure that the recruitment process is reflective of best practice.	Band 8+ recruitment panel will consist of a BME member or the EDHR Lead.	May 15	Ongoing. Risk of no BME staff at interview	Director of HR / Assistant Director Workforce Development
		Conduct analysis of BME staff at all levels and develop actions	May 16	Complete	
		Deep dive into BME recruitment (application – offer stage	May 17	Complete	
		Develop action plan to support BME recruitment embed into WRES	July 17	Complete	
4	Strategies, business plans and annual reports will require EHRA.	Policy Group to embed new EHRA into Policy for Policies	May 15	Complete	EDHR Lead / Assistant Director of Nursing (Safeguarding)
		New EHRA mandatory	Jun15	Complete	
		Audit Policies for EHRA uptake	Jun 16	100% uptake	
		Audit Policies for EHRA uptake	Jun 16	100% uptake	

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 8353