The Equality Delivery System (EDS2)

Goals 1 & 2

Progress Report 2019/20
Progress through COVID-19

Introduction

The purpose of this report is to provide an overview of progress in the key areas of equality and diversity activity in service delivery in (2019/20). This report summarises the actions and achievements the Trust has made, and recommend future priorities and actions.

This report has used the Equality Delivery System 2(EDS2) as a tool to review and improve our performance for people with characteristics protected by the Equality Act 2010. However, it must be noted that the EDS2 2019/20 has not been formally reviewed with local partners and populations due to the systemic impact of Coronavirus (Covid19).

Overview

2020 has been a year in which health inequalities and wider inequalities have been highlighted as a persistent challenge within our society. There has been a great deal of research and publicity surrounding the disproportionate impact of Covid19 on Black and Asian communities, elderly people, people who are pregnant, people with learning disabilities, physical disabilities and the deaf community. Many social determinants of health including poverty, physical environment and deprivation can have a considerable effect on Covid19 outcomes. Homeless families and those living in over-crowded housing are at higher risk of viral transmission due to close contact. Wider risks include: mental health, difficulty accessing services in both primary and secondary care, risk of isolation, depression and domestic abuse.

Despite the challenges faced this year, East Sussex Healthcare NHS Trust (ESHT) has proactively pushed forward on the equality agenda actively seeking to remove barriers and eliminate unlawful discrimination, harassment, victimisation and other prohibited conduct. There is a commitment to advance equality of opportunity between persons who share a protected characteristic and those who do not, and foster good relations between persons who share a protected characteristic and those who do not. The current ratings are as follows:

Goal 1: Better health outcomes	
Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing
Individual people's health needs are assessed and met in appropriate and effective ways	Achieving
Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving
Goal 2: Improved patient access and experience	
People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing

People are informed and supported to be as involved as they wish to be in decisions about their care	**Developing**
People report positive experiences of the NHS	**Achieving**
People's complaints about services are handled respectfully and efficiently	**Achieving**

Achievements

EDI Leads recruited for both workforce and health inequalities
The equality agenda across the NHS has continued to develop and therefore during 2019/20 a review of the Equality structure at ESHT took place. The review found equality required further investment and should be managed as two separate streams – workforce focused and patient focused The EDI lead for workforce is focussing on workforce issues and initiatives are therefore now managed by Human Resources and the patient EDI lead focusses on public and patient equality and is managed jointly by Corporate Affairs and Nursing.

Transgender policy development:
A transgender and gender reassignment policy has been developed as part of the Trust's commitment to create a positive culture of respect, dignity and equality of opportunity for all individuals. It aims to create an environment in which all feel equally welcome and valued, and in which transphobic behaviour is not tolerated. The Trust recognises that there can be differences between a person's anatomical gender and their gender identity/ expression and developed the policy to ensure that there is no discrimination against people on the grounds of transvestism, transsexualism, intersex conditions or any process of gender reassignment, begun or complete.

BAME maternity care
Pregnant BAME women were identified at greater risk of Covid19 and thematernity services action plan included daily calls to BAME pregnant women with suspected and Covid19 tests. Posters, leaflets and letters were made available in the top ten languages to support non-English speaking pregnant women

New community outreach service
A new community outreach service was implemented to screen for and treat Hepatitis C amongst substance misuse clients in the community. Working collaboratively with the local drug and alcohol service the outreach program has had a positive impact in engaging with our community and resulted in an increase in the number of people testing for the illness and receiving treatment.

Psychological care for critical care patients

The first full-time clinical psychologist working in Critical Care in the South of England was employed at the Trust to provide psychological care for patients in the Critical Care Unit and after their stay as recommended by the government paper published in 2012 'No Health without Mental Health'. This highlighted the need for mental health services to have parity of esteem with physical health services.

Wayfinding signage at Eastbourne District General Hospital

After robust patient engagement a new wayfinding signage was installed dividing the hospital into five coloured zones and three levels. The new wayfinding signage was developed inclusively of the needs of people with dementia and people with visual impairment and makes it easier for patients, visitors and members of staff to find their way around the hospital.

Interpreting and translation

ESHT staff have been supported by the Equality and Diversity Team to ensure a simple process continues to provide patients with language and communication support when accessing services. The E&D Team have continued to assess and meet communication needs in a variety of ways using telephone, video, audio and email. Lots of materials have been translated to ensure minority communities receive up-to-date information regarding the Trust and safety measures in relation to COVID and service delivery. Resources have been shared amongst other Trusts to ensure consistency in information.

Virtual appointments

A number of steps were taken to ensure that we could maintain patient safety and free up capacity across the organisation in response to the Covid-19 pandemic. This included a significant switch to virtual outpatient consultations and adoption of technologies. Healthwatch East Sussex,(2020) conducted qualitative research on the patient experience to this change in approach and identified that 2/3 found it a positive experience and 3 people with autism found the approach more accessible and comfortable than a face to face consultation.

However, there was some learning for the Trust on delayed appointments for other characteristics which is highlighted in the EDS2 breakdown.

Phase 3 of the NHS response to the COVID-19 pandemic in relation to health inequalities

The EDS2 highlights the challenges that we face as an organisation and recommendation to address them. Alongside, this NHS England (2020) has asked as part of phase 3 of the Covid19 response for NHS providers to work collaboratively with local communities and partners to take the following eight urgent actions:

1. Protect the most vulnerable from COVID-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.

2. Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities

3. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways.

4. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations, better targeting of long-term condition prevention and management programmes such as obesity reduction programmes, health checks for people with learning disabilities, and increasing the continuity of maternity carers.

5. Particularly support those who suffer mental ill health, as society and the NHS recover from COVID-19, underpinned by more robust data collection and monitoring.

6. Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders.

7. Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data,

8. Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical service; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact,

Recommendations

To achieve the recommendation highlighted in the EDS2 status report below and the 8 priorities identified by NHSE the recommendations are as follows.

Recommendation 1: Community and patient engagement and system wide collaboration

❖ To work collaboratively with system wide stakeholders including but not exhausted to East Sussex ICS (STP), Healthwatch, Third sector organisations and private sector to protect the most vulnerable and utilise the opportunity to create meaningful engagement and acquire insight with those at risk of exclusion within our community.
❖ To review and improve our communication and engagement strategy ensuring equality in access and involvement is running through every process and mechanism.
❖ Re-run the Hidden Disabilities Sunflower Lanyard scheme providing lanyards and cards that enable people exempt from wearing masks and other needs to be easily identified to ensure they are supported and report positive experiences of the Trust.
❖ To engage with users of interpreting about their experiences of using the interpreting services.
❖ To run a series on internal awareness campaigns across the trust to insure inclusion and equality is understood as a priority.

Recommendation 2: Leadership and organisational culture change

❖ Equality leadership at board level to support and champion activities to continue to build on culture change.
❖ Equality Impact assessments to become a requirement across all areas of health including but not exhausted to, service design, service redesign or adaption, procurement, serious incidences, Estates.
❖ Embed the accessible information standard

Recommendation3. Characteristic Monitoring

❖ To review the completeness of ethnic monitoring

❖ To review the completeness LGB monitoring and to create awareness of the importance and requirement of collecting LGB data

❖ measures of performance in relation to patients the most deprived neighbourhoods, Hastings has been identified as the 18th most deprived area in the UK (ONS 2019).

❖ Measure performance of patients from Black and Asian communities where data is available. Monitoring will compare service use and outcomes across emergency, outpatient and elective care, including cancer referrals and waiting time activity.

Goal 1: Better health outcomes

	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	**Developing**
1.1	**Current activity/process:** *Transgender policy development*: A transgender and gender reassignment policy has been developed as part of our Trust's commitment to create a positive culture of respect, dignity and equality of opportunity for all individuals. *BAME maternity care:* Pregnant BAME women were identified at greater risk of Covid19 – maternity services action plan included daily calls to BAME pregnant women with suspected and Covid19 tests. Posters, leaflets and letters were made available in the top ten languages to support non-English speaking pregnant women *Hepatitis C community outreach service:* A new community outreach service was implemented to screen for and treat Hepatitis C amongst substance misuse clients in the community. *Psychological care for Critical Care Patients:* The first full-time clinical psychologist working in Critical Care was employed at the Trust to provide psychological care for patients in the Critical Care Unit and after their stay. *Procurement Equality Impact Assessments (EIA)*: challenges have been identified in the consistency of EIA. Processes currently do not include conducting Equality Impact Assessments routinely and a recommendation in respect of this is set out below **Recommendation:** *EIA:* Due to Covid19 a review of the tender processes with procurement leads to support Equality Impact assessments was not carried out. Equality Impact Assessments are vital to ensuring procurement processes are inclusive. A review should be planned as soon as possible. This will use local and national data to capture relevant information to ensure that contracts and services are designed to meet the health needs of local communities. Understanding the challenges faced by the team with completing EIAs and identifying a more effective and efficient way to ensure that information is gathered effectively. *Carers passport:* Roll out the carers passport to support carers of patients that use the service. To ensure a sustainable roll out of the Carers Passport there are three central elements. These elements are product co-design, workforce education and culture change and, engagement, communication, and involvement.	

Older people engagement: large characteristic group that have been impacted by Covid19 are the older population. Engaging with appropriate stakeholder groups and older people to understand how we can improve communication.

*Sexual Orientation Monitoring Information Standard (SOMIS) :*There is a strong evidence base that LGB people are disproportionately affected by a range of health inequalities However, a lack of patient SOM means that these inequalities and related specific patient needs are often not acknowledged or addressed in mainstream service provision.
Collecting and analysing data on sexual orientation allows the Trust to better understand, respond to and improve LGB patients' service access, outcomes and experience. It is evidence of an organisation's compliance with the Public Sector Equality Duty. Embedding the SOMI standard will enable a consistent method of monitoring sexual orientation for organisations.

How will it be evidenced and graded:
- Application of procurement Equality Impact Assessments to be reviewed.
- Audit of procurement processes to identify where Equality Impact assessments have not been carried
- SOMIS audit and implementation
- Carers passport implementation
- Engagement strategy implementation

1.2	Individual people's health needs are assessed and met in appropriate and effective ways	**Achieving**

Current activity/process:
Translation and interpreting: Staff have been supported by the E&D Team to ensure a simple process continues to provide patients with language and communication support when accessing services. The E&D Team have continued to assess and meet communication needs in a variety of ways using telephone, video, audio and email. Lots of materials have been translated to ensure minority communities receive up-to-date information regarding the Trust and safety measures in relation to COVID and service delivery. Resources have been shared amongst other Trusts to ensure consistency in information.

Virtual outpatient consultation: A number of steps were taken to ensure that we could maintain patient safety and free up capacity across the organisation in response to the Covid-19 pandemic. This included a significant switch to virtual outpatient consultations and adoption of technologies. Healthwatch East Sussex,(2020) conducted qualitative research on the patient experience to this change in approach. Their finding identified that 2/3 found it a positive experience and 3 people with autism found the approach more accessible and comfortable than a

face to face consultation.

However, While most people could see a benefit in remote appointments, there were some conditions that were considered necessary to be seen in person. This was especially true where a physical examination was required or where personal and sensitive conditions were being dealt with (including personal physical conditions and mental health issues). Where remote appointments could be used, people gave several factors that needed to be taken into consideration when using this method. For example, additional training may be required for some health professionals to help identify nuances, body language and facial expressions that are harder to recognise remotely. People with disabilities were less happy with remote consultation and felt that it caused a barrier in communicating multiple health concerns. Though this sample covered the whole of Sussex, consideration of the findings and further engagement to improve services that are delivered virtually will be highly beneficial.

Recommendation:
- . Quality Impact Assessments (QIA) should be completed when services are changing.
- Senior leaders to continue delivering translated video messages to minority communities in a variety of formats to ensure patients are attending appointments and treatment during COVID.
- Meaningful and targeted engagement with virtual outpatients

How will it be evidenced and graded:
- Patient feedback
- Reduced Do not Attends (DNA's)
- Outcome off QIA

1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	**Developing**

Current activity/process:

Transition from children to adult services: The Trust recognised the need to improve the experience for all young people and families when moving from children's to an adult service   11 specialty pathways were identified and each of these pathways have nominated stakeholders who have been provided with a generic transition pathway as the basis of developing their own speciality pathway. A Transition Nurse Advisor (secondment) was appointed in February 2020 to support the programme of work and some positive progress has been made and this was reported to the Trust's Quality and Safety Committee. COVID19 has impacted development and this will be an area of continued focus.

Video and telephone consultation and carers: Due to many appointments now being carried out as telephone or video consultations, carers and/or parents have reported to finding it difficult to communicate on behalf of the person they are caring for due to Data Protection Regulations. This can be even more challenging where multiple carers are involved.

Recommendation:
- Explore how the national flagging system can be implemented to support patients with communication barriers and learning disabilities.
- To support carers, the Trust should explore options for using a flagging system and a password. Only family and carers will know the password that can be confirmed at the time of the consultation. This should satisfy data protection.
- Implementation of the carers passport and carers awareness Trust wide campaign

How will it be evidenced and graded:
- A robust flagging system that identifies communication needs and learning disabilities.
- A flagging system that enables a password to be used by carers to discuss disabled patients' care on telephone and in-clinic appointments
- Patient engagement and insight analysis
- Implementation of the carers passport

When people use the NHS their safety is prioritised and they are free from mistakes, mistreatment and abuse	**Developing**

1.4

Current activity/process:

Improving discharge: Following periods of rapid discharge, there has been an increased need to maintain safe effective discharge. In order to improve discharge a programme is in place with 5 high level work streams that are focusing on patient flow and effective discharge including communication with care homes and other providers.

Serious Incidents and never events: There was an increase in the number of Serious Incidents that were reported from 44 in 2018/19 to 68 in 2019/20. The rise in Serious incidents was as a result of the increase number of falls resulting in harm and the increase in Never Events.

The Trust saw a cluster of Never Events take place during the year. A multi-disciplinary Clinical Practice Review Group (CPRG) was formed in September 2019 in response to this cluster of Never Events, with a remit of considering themes from Never Events and any similar serious incidents that had occurred in Trust in the previous six months. The CPRG concluded that while the incidents were unrelated, there were some common themes and a number of measures were introduced across the Trust in response. Following review, one of the five Never Events

reported by the Trust was subsequently downgraded to a Serious Incident by commissioners.

The number of patient falls reported across the Trust per 1,000 bed days has reduced, from 5.8 in 2018/19 to 5.4 in 2019/20. We have also seen a drop in the total number of falls, down from 1,514 to 1,442. The Trust Falls Steering Group has developed an action plan to review and address the rise in falls resulting in harm. We have seen an increase in the number of category 3/4 pressure ulcers over the year, from eight in 2018/19 to 17 in 2019/20 and the Trust has a significant action plan in place to address this rise.

Recommendation:

- New processes are put in place need to be simple, practical and efficient to allow for further improvements.
- All improvements should benefit patients and flow.
- Continue to embedding the programme of work in respect to discharge. Embed a culture of Equality Impact
- Assessments as a Trust Standard through education and internal campaigns.
- SI patient demographic data to be collected and assessed on an annual basis to be part of the action plan
- Continue to embed actions to reduce falls resulting in harm and pressure ulcers.

How will it be evidenced and graded:
- Reporting and monitoring as part of the Trust's quality improvement priorities and taken through the Trust's governance structure including the quality and safety committee

	Screening, vaccination and other health promotion services reach and benefit all local communities	**Achieving**
1.5	**Current activity/process:** During Covid19 the number of people accessing services has reduced. This has caused concern that conditions are going undiagnosed and untreated. The senior leadership teams have produced many videos and publications to reassure people that it safe to attend the hospitals and to encourage people to continue to use ESHT services. These publications have been made available in a variety of formats. Pregnant BAME women were identified at greater risk of Covid19 – maternity services action plan included daily calls to BAME pregnant women with suspected and Covid19 tests. Posters, leaflets and letters were made available in the top ten languages to support non-English speaking pregnant women. **Recommendation:**	

- Continue to identify gaps in service access.
- Release publications to promote services in a variety of formats to benefit all communities.
- Produce health promotion material in easy read using pictures and other graphics making accessible via webpages and social media.
- Engage with the wider community to identify challenges with accessing services.

How will it be evidenced and graded:
- Deliver webpage with resources regarding Covid19 and beyond
- Identify and implement streamlined process for translating information into easy read
- Ensure the completeness of ethnic monitoring
- Work in partnership with the local community and organisations in a targeted manner to engage with high risk characteristics.

	Goal 2: Improved patient access and experience	
	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	**Developing**

2.1

Current activity/process:
The Trust is readily accessible and uses a number of communication tools to support this. A dedicated liaison nurse specialist supports patients with learning disabilities. Specific pathways and assessment tools support the complex needs of these patients to assist in planning reasonable adjustments to facilitate their admission. A 'This is me my hospital passport' and 'Disability Distress Assessment Tool' is used in both outpatient and inpatient areas. Hospital communication books exist to support the communication needs of this patient group and reasonable adjustments include the provision of home visits and telephone pre-op assessment consultation for patients who are unable to enter the hospital. For patients with very complex behaviours individual planning meetings are convened (following Best Interest Consultation) to assist in the planning of extra-ordinary reasonably adjusted pathways.

However, some challenges still occur including:

Deaf BSL communication: Our deaf BSL community can experience difficulties in contacting the Trust. An email has been provided, however, people who use BSL as their primary method of communication often do not use written English and therefore are unable to use email as an effective method of communicating. Many Deaf patients have been left voicemails transferring their outpatient appointments to a telephone consultation as ESHT IT systems were unable to identify BSL users. Some Deaf patients were identified through community support groups and offered video consultations however this continues to be a concern.

Older people: Aging has been strongly associated with worse outcomes of Covid19. As comorbidities often increase with age, including hearing and sight loss, further supportive measures need to be explored to ensure older people are able to access health and wellbeing information and support. Many older populations are not familiar or confident in using technology and as a result some have experienced difficulties accessing appointments where video technology has been utilised as a result of Covid19.

Virtual outpatients: Carers have been identified as a group that are struggling with accessibility.

Recommendation:
- Implement an on demand BSL video relay service to enable Deaf BSL users to readily access the hospital services.
- Ensure elderly people are supported through collaborative working with Sussex Health & Care Partnerships, local community support groups

How will it be evidenced and graded:
- Access and feedback from Deaf communities will highlight easy access to services via a video relay service
- 111 service will include appointment access to the ED ensuring at risk people are not exposed lengthy waits in the ED waiting areas.
- Carers passport implementation

	People are informed and supported to be as involved as they wish to be in decisions about their care	**Developing**
2.2	Individualised care plans are developed for patients to support decisions about care and advance directives are respected There is also access to independent support including advocates if required. The Chaplaincy and Pastoral Care Service focusses on ensuring that all those in hospital, be they religious or not, have the opportunity to access pastoral, spiritual or religious support when they need it and that this is appropriate to the person's individual needs/preferences, with bases at Eastbourne District General Hospital, Bexhill Irvine Unit, Bexhill Hospital and Hastings Conquest Hospital. Other Trust sites are supported by local faith leaders in their vicinity, contactable direct through parish or community offices as detailed on the multi-faith contact list at each site. *Translation and interpreting:* Staffs have been supported by the E&D Team to ensure a simple process continues to provide patients with language and communication support when accessing services. The E&D Team have continued to assess and meet communication needs in a variety of ways using telephone, video, audio and email. Lots of materials have been translated to ensure minority communities receive up-to-	

date information regarding the Trust and safety measures in relation to COVID and service delivery. Resources have been shared amongst other Trusts to ensure consistency in information.

However, the system of understanding the experience of using a translated documentation or an interpreter is not routinely collected.

Recommendation:
- Engagement and insight strategy implementation
- Digital Experience survey
- Contract review for providers ensuring quality measures are in place.

How will it be evidenced and graded:
- Engagement and insight analysis

People report positive experiences of the NHS	**Achieving**

2.3

Current activity/process:

The Trust receives and responds to feedback through the NHS national portal and this has improved considerable over the last few years and is overwhelmingly positive. In addition feedback is received through the CQC inpatient and maternity patient experience surveys and the Trust gains and acts upon other forms of feedback including:

- **Crisis Response Team** - Verbal feedback received from patients visited by the Crisis Response team has reflected that patients see "different people every day" and that they are unsure when visits will be taking place. Following the development of a successful business case the Trust is currently procuring E –Allocation software which will support continuity of patient care, and facilitate timed appointment functionality

- **Speech and Language Therapy** use the 'Emotional Touchpoints' technique to gain feedback from staff and patients. A 'touchpoint' is any moment where a user interacts in some way with the. Evidence suggests that these subjective experiences are an effective way of exploring and understanding practice, enabling celebration and stimulating innovation and development. This methodology was used to canvas the views of people with Parkinson's disease who have received services from SaLT.

- **The Joint Community Rehabilitation team** have an evaluation questionnaire; they have also developed a patient survey on completion of the episode of care, which is followed up later by a telephone survey.

- **All Community services** utilise patient stories, and respond to feedback received from cards, plaudits and NHS Choices Feedback.

- **Radiology** - Reception areas and waiting rooms have been redesigned to provide greater privacy and dignity for patients following feedback from both patients and the CQC on their last visit.

- **CT and other radiological pathways** have been redesigned to improve patient experience. Two new CT scanners at EDGH have improved services, enabling patients to be scanned within one hour.

- **Urgent 2 week wait Cancer pathways** have been redesigned. Patients go directly to radiology following outpatient appointments to allow them to make radiology appointments within seven days at a time convenient to them. This also allows us to give patients any preparation medication directly when they book their appointment.

- **Diabetic eye screening service** - Following patient feedback, DESP added additional signage to make it easier for patients to access the mobile screening unit.

Challenges include:

People who are exempt from wearing a mask during the pandemic are reporting feeling frustrated with not being able to easily identify their reason for being exempt. Deaf people have reported difficulties communicating with staff wearing masks. Many measures have been taken to support people with communication and health barriers although there is more that needs be done.

Historically people from marginalised groups are less likely to complain. Themes such as trust, and cultural differences to service access has been an reoccurring theme.

Recommendation:
- Re-run the Hidden Disabilities Sunflower Lanyard scheme providing lanyards and cards that enable people exempt from wearing masks and other needs to be easily identified to ensure they are supported and report positive experiences of the Trust.
- To survey all users of interpreting about their experiences of using the interpreting services
- To explore opportunities to further improve the accessibility of the Trust website
- To run a series on internal awareness campaigns across the trust to support inclusion and equality.

How will it be evidenced and graded:

- Visible promotion and delivery of the Hidden Disabilities Sunflower scheme
- Visible promotion and delivery of inclusion and equality campaign

	People's complaints about services are handled respectfully and efficiently	**Achieving**

2.4

Current activity/process:

Summary of Complaints Activity 2019/20:

The Trust considers complaints to be an important source of feedback, providing opportunities for reflection and improvement on the care and treatment provided to patients and their relatives. All complaints received are taken seriously and investigated in accordance with the Trust's "Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments (The 4C's Model)", which itself is underpinned by the principles of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the NHS Constitution.

The Trust makes every effort to resolve each complaint locally as far as it is possible to through comprehensive investigations and written responses and, where appropriate, Local Resolution Meetings. The Trust also works closely with the local Advocacy Service to ensure complainants can access independent support with their complaint; our local Advocacy Service is provided by an organisation called Support Empower Advocate Promote (SEAP).

In 2019/20, (01.04.19 and 31.03.20) the Trust received 583 new complaints across all sites; this represents an increase of 21 complaints compared to the number of complaints received in 2018/19 (558). All complaints are acknowledged within three working days and are accompanied by a fact sheet which explains the complaints process, and provides advice on the options available to complainants if they are unhappy with the response provided. Furthermore, a leaflet is also provided with all acknowledgement letters to advise complainants about our local Advocacy Service in case they would find it helpful to have some independent advice or support in making their complaint; this is clearly referenced in our acknowledgement letter and written response).

In terms of complaint themes for the Trust in 2019/20, the top three primary subjects/themes remain the same for the last 4 years they are as follows:

2016/17		2017/18		2018/19		2019/20	
Primary Subject	**No.**	**Primary Subject**	**No.**	**Primary Subject**	**No.**	**Primary Subject**	**No.**
All Complaints	**667**	**All Complaints**	**567**	**All Complaints**	**558**	**All Complaints**	**583**
Standard of Care	221	Standard of Care	194	Standard of Care	226	Standard of Care	238
Communication	143	Communication	137	Communication	83	Patient Pathway	102
Patient Pathway	127	Patient Pathway	94	Patient Pathway	82	Communication	90

The Trust welcomes complaints from patients, their relatives and general members of the public. In the vast majority of cases, personal data about the complainant is not available within the body of the complaint. However, elements of data about patients that help to identify and understand their protected characteristics can be sought from their electronic patient records wherever it is has been provided by the patient. Analysis indicates that the Trust's complaint process is open to and accessible to all members of the public we serve.

If a complaint investigation identifies learning, this is processed through the Risk and Governance meetings in each clinical unit. There has been no learning identified that has required substantial change to practice or significant organisational changes and the majority of learning tends to relate to local/individual behaviours and practices. We have developed a number of training videos which capture patient stories involving complex complaints.

Evidence for Grading:
- Annual Complaints Report 2019/20
- Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments (4C)
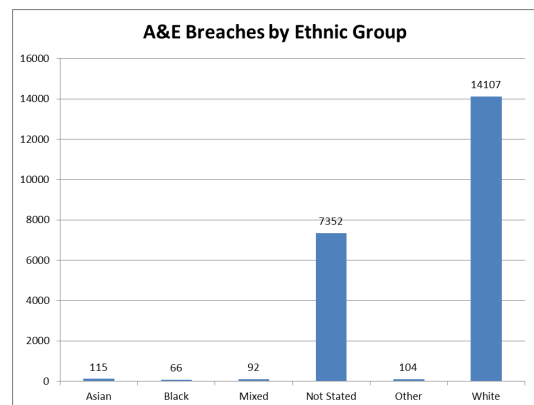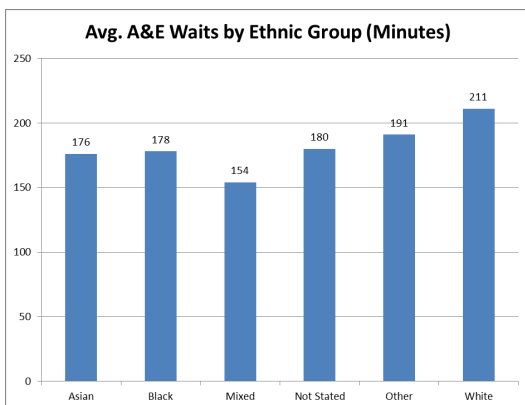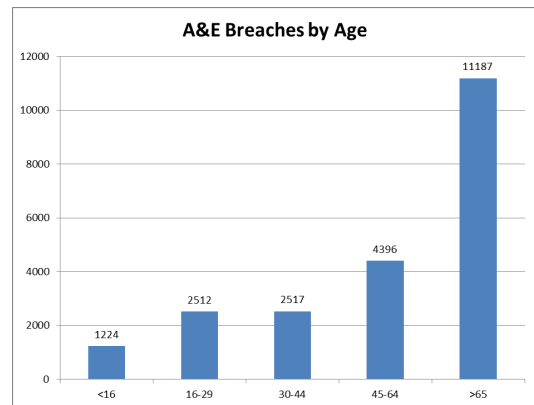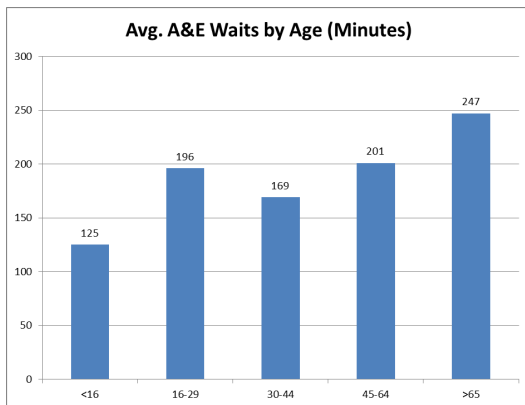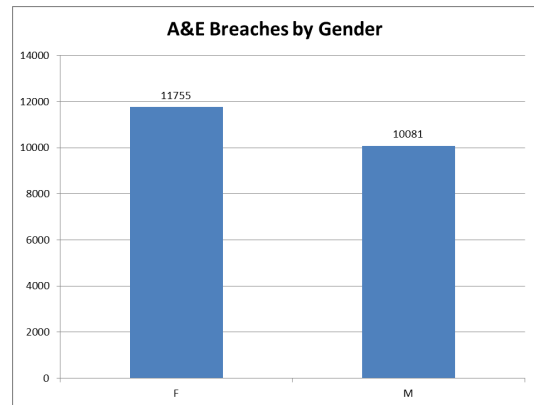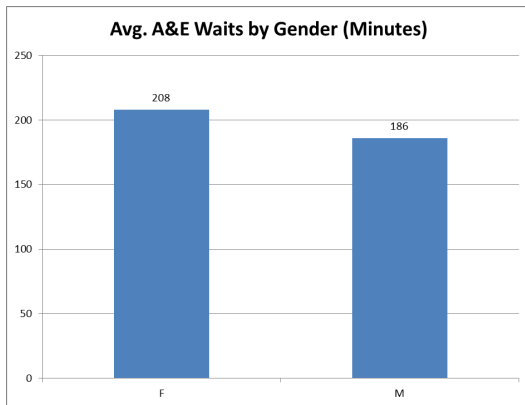- Complaints Process

Recommendation
To continue to review complaints data for themes and trends and to increase the capture and analysis of data of those who are making complaints to ensure equality.
Evidence for Grading:
- Annual Complaints Report 2019/20
- Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments (4C)
- Complaints Process

Patient Equalities Analysis to Support EDS2 Report 2019/20

Accident & Emergency waiting times 2019/20

Avg. A&E Waits by Gender (Minutes)

F	208
M	186

A&E Breaches by Gender

F	11755
M	10081

Avg. A&E Waits by Age (Minutes)

<16	125
16-29	196
30-44	169
45-64	201
>65	247

A&E Breaches by Age

<16	1224
16-29	2512
30-44	2517
45-64	4396
>65	11187

Avg. A&E Waits by Ethnic Group (Minutes)

Asian	176
Black	178
Mixed	154
Not Stated	180
Other	191
White	211

A&E Breaches by Ethnic Group

Asian	115
Black	66
Mixed	92
Not Stated	7352
Other	104
White	14107

ESHT Risk Adjusted Mortality (RAMI) 2018 - April 2019 to March 2020 35 Years and Over by Age Band

Age band	Male		Female		Total	
	Observed deaths	RAMI	Observed deaths	RAMI	Observed deaths	RAMI
35-39	2	47	4	152	6	87
40-44	4	64	6	131	10	93
45-49	5	50	5	45	10	48
50-54	20	94	12	62	32	79
55-59	30	94	17	68	47	83
60-64	38	104	22	79	60	93
65-69	53	72	46	71	99	72
70-74	99	89	74	82	173	86
75-79	123	74	93	66	216	70
80-84	167	88	162	97	329	92
85-89	152	63	167	69	319	66
90+	180	98	214	89	394	93
35+ Overall	873	81	822	80	1695	80

Mixed Sex Accommodation Breaches 2019/20

In March 19 the total number of validated and reportable unjustified incidents for the Trust was 14, affecting 37 patients.

Breaches continue to be associated with the following areas:
Conquest – ITU/HDU
Eastbourne – Coronary Care/Coronary Step Down Unit/ITU /AAU

There are a number of other wards/areas where breaches occur, but these are irregular.
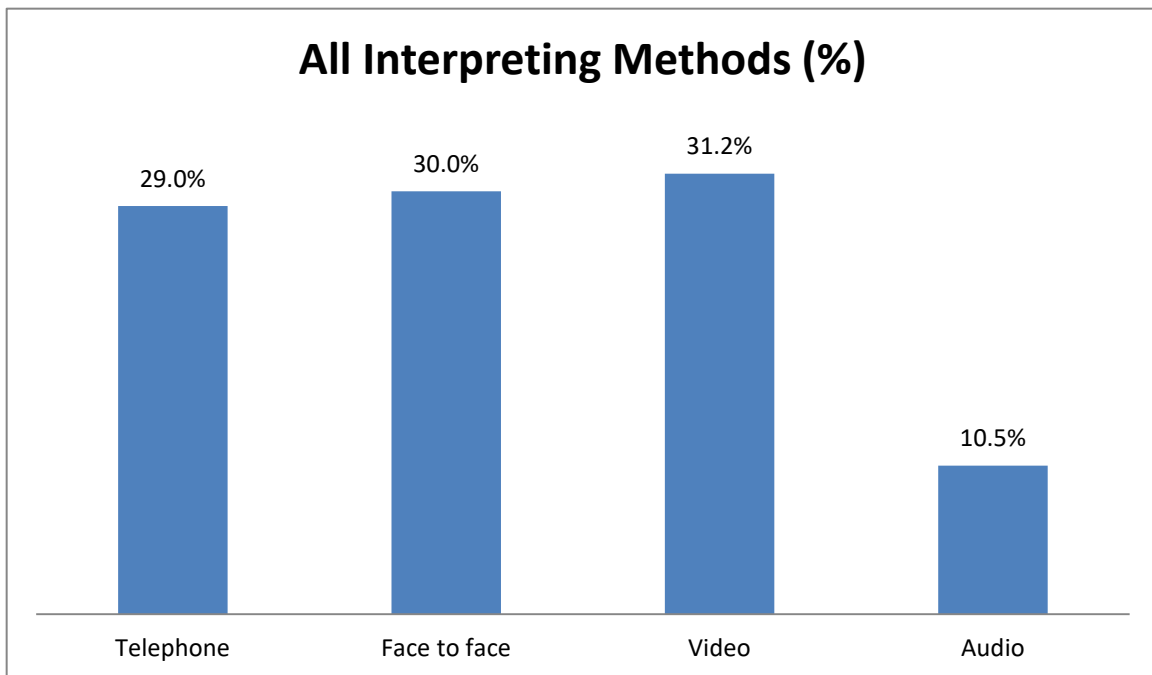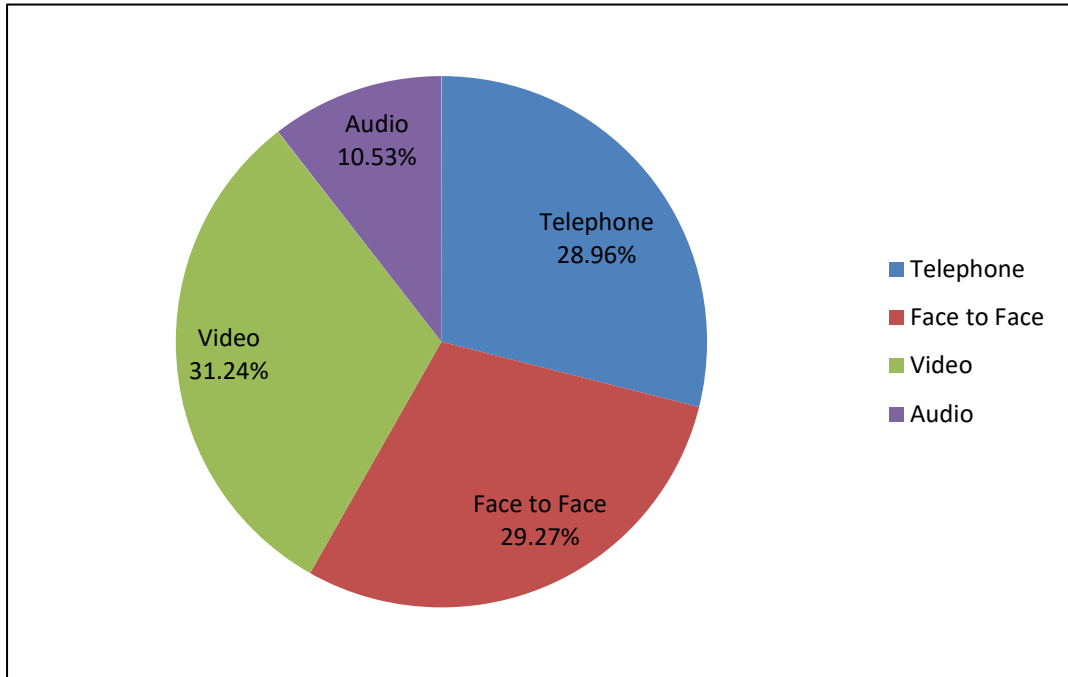
All steps were taken to move patients to single sex accommodation as soon as possible.
Although data was collected for March 20, the return was suspended, no data was validated and no submission made.
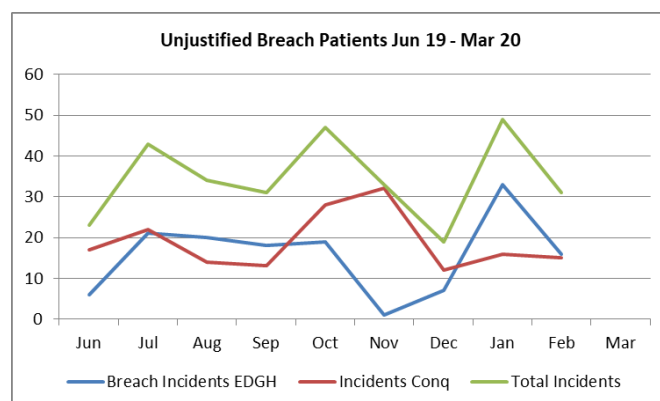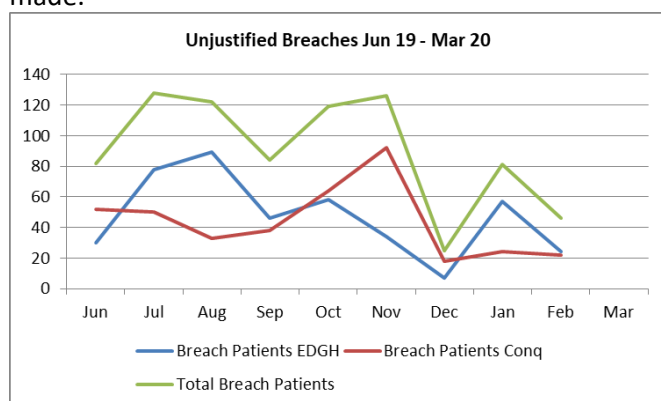
Interpreting support provided to patients during 2019/20

ESHT Interpreting Methods (%) 2019/2020

All Interpreting Methods (%)

Interpreter Languages required to support patients during 2019/20			
British Sign	Russian	Lithuanian	Dutch
Arabic	Italian	Tigrinya	French
Portuguese	Slovak	Gujarati	Hindi
Bengali	Albanian	German	Lao / Thai
Bulgarian	Vietnamese	Behdini	Oromo
Kurdish (Sorani)	Cantonese	Brazilian Portuguese	Persian
Turkish	Czech	Greek	Slovenian
Polish	Hungarian	Sudanese	Sylheti
Mandarin	Syrian Arabic	Syrian	
Farsi	Spanish	Aremenian Russian	
Latvian	Tamil	Bosnian/Croatian	
Romanian	Thai	Dari	

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

https://www.who.int/teams/social-determinants-of-health/covid-19
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7298699/
https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30234-4/fulltext