

# Equality Performance Hub 2019 Annual Summary Report



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## Introduction

Our Equality Performance Hub is a clear and comprehensive online tool which captures and publishes information on the diversity of our organisation. It enables us to identify the experience and outcomes of the people who work with us or use our services. We have to be open to what our data says and evidences about the characteristics of the people who are accessing our services; and those that are not. We have to be open about how health outcomes may differ for people across the protected characteristics. This can mean challenging ingrained and institutional processes and attitudes to lead to more open and transparent services; this is at the core of our Clinical Strategy and 2020 Vision.

## How does it support patients and their care?

Capturing data gives us the tools to support and deliver our vision of 'Outstanding care and treatment you can be confident in'. The data assists to monitor and evaluate that we are delivering safe, effective, quality patient care and are the provider, employer and partner of choice. The data also informs and supports our Equality Reference Groups (ERG) to set Specific, Measureable, Achievable, Realistic and Timely (SMART) actions to address any identified inequalities in service provision.

The data might also be used by the people who access our services, local charities and commissioners to examine barriers in access or performance outcomes. Publishing this information online is an important part of being more transparent, it enables us to better communicate how we are tackling inequalities over time and assists us to improve the high standard we aim to deliver.

## What data do we collect?

We collect extensive data across the protected characteristics which can be viewed at our online Equality Performance Hub.

<http://www.sussexpartnership.nhs.uk/equality-performance-hub-equality>

This includes:

Services	Workforce
<ul style="list-style-type: none"><li>• Incidents</li><li>• Interpreting &amp; Translation</li><li>• Membership</li><li>• Detentions under the Mental Health Act</li><li>• Care Delivery Services</li><li>• Recovery College</li></ul>	<ul style="list-style-type: none"><li>• Clinical Excellence Awards</li><li>• Employee Relations</li><li>• Leavers, Redundancy and Maternity</li><li>• Recruitment</li><li>• Training</li><li>• Volunteers</li><li>• Workforce</li></ul>

## How do we use the data to make improvements to quality?

The Trust has established an Equality, Diversity and Human Rights steering group which is chaired by the Chief Executive. Reporting to the steering group are six equality reference groups, each chaired by an Executive Director (or nominated deputy) and comprised of staff, patients, carers, the third sector and partner organisations.

The Equality Reference groups use the performance data to lead on a quality improvement initiative. The initiative is approved at Board and aims to address a local or national inequality in healthcare provision or workforce culture.

Reference Group	Initiative	Status
Age	Transition of services from children and young adults to adult services.	In Progress
Disability	Reasonable adjustments	In Progress
Gender & Families	Addressing the gender pay gap and Family rooms at SPFT	In Progress
Race	First experience of our services from a BAME perspective	In Progress
Sexual Orientation & Gender Identity	Building on a staff network	In Progress
Spirituality	Building a staff network a	In Progress

## 1. Better Health Outcomes

EDS2 Status: **Achieving**

*Better health for the Trust is around achieving outcomes to help people live independently, to promote mental wellbeing, reduce health inequalities and improve transition.*

Below are examples of how the Trust has designed and delivered services to meet the health needs of the local communities within Sussex and the surrounding areas for which we provide services.

1. The Trust has a clinic for individuals who identify as transgender / have gender dysphoria and who have severe and/ or complex mental health needs. The clinic offers a safe space where individuals are listened to and respected and run by a higher trainee who has experience and training in the mental health needs of the trans population, and knowledge/experience of what happens within a tertiary gender identity clinic (Charing Cross Gender identity clinic)
2. We have established groups across our in-patient wards to improve services and experience of in-patients during their stay. These are patient led by an elected chair and encourage thinking around improving equality. Based on direct patient feedback we have implemented telephone and video language interpreting service to predominantly improve the experience of patients where English is not their first language

3. I-rock is a service in the Hastings and Rother area that provides advice and support on emotional and mental wellbeing, jobs, education and housing. The service is aimed at 14 -25 year olds and was commissioned to address the needs of the local community.
4. Each week children from the Fizzy Fish Nursery visit the residents of Lindridge Care Home in Hove. They plan different activities for the children and residents to jointly participate in, including painting, singing, cooking and playing games in the garden.
5. The Springwell Project was launched to enable and support people with learning disabilities (PWLD) and complex needs and their families/carers, to gain skills to better manage and engage in the planning of their own healthcare. We want to significantly increase the number of PWLD and complex needs currently taking an active part in their specialist learning disability healthcare. Underpinning these aims was the integral importance of developing a space to hear what PWLD need and want from services. We wanted to understand how our services look from their point of view, what impedes engagement and what helps.
6. We have designed hospital passports for people that have a learning disability with physical health need so that when a patient arrives at an Acute A&E their personal preferences are met and understood by our partner organisations.
7. The Trust has been awarded the Gold Level LGBTQ inclusion award at Langley Green Hospital. This has included training to front line staff and resulted in alterations to the building to make gender neutral spaces. The awarded was granted by LGBT Switchboard and the Trans
8. Training of junior medical staff in LGBTQ mental health inequalities and needs has been carried out by Consultant Psychiatrist Alison Calu
9. Transgender awareness training has been rolled out throughout our services by our CHYPS employee Jamie Willow & Drew Brigden- Slack

### Equality and Human Rights Impact Analysis

We are committed to ensuring that our services are delivered in a fair and equitable way and in order to do this we know that we need to listen to, involve and be accountable to our patients, carers and all other stakeholders. Completing Equality and Human Rights Impact Analysis on all policies and high level service and workforce decisions supports us to do this.

## 2. Improved Patient Access and Experience

EDS2 Status: **Achieving**

Patient access and experience is a core part of our values. For the Trust this represents patients respect, dignity, co-production and working together to improve access. Our ambition through our Clinical Strategy is to provide a single point of access to ensure that people in crisis can access our services 24 hours a day.

We provide NHS care and treatment for people living in Sussex, Hampshire & Kent. We are rated 'good' overall by the Care Quality Commission and 'outstanding' for caring

Our mental health services provide care and treatment for people with conditions such as psychosis, depression, anxiety, dementia and personality disorder. Our specialist learning disability services provide community and inpatient care for people with complex health needs which can't be met by other services. We have a number of services that provide very specialist care for people with complex health conditions and social care needs.

We provide care in people's homes, in specialist clinics, hospitals, GP surgeries and prisons. Our services are aimed at children, young people and adults of all ages and many are provided in partnership.

This report refers to data collected from Carenotes for a period of 01 April 2018 to 31 March 2019

- 104,285 people accessed our services
- 47% were male and 53% were female. 0.1% identified as transgender there has not been any significant change since 2018/2019
- 25% were under the age of 20 and 25% accounted for over the age of 60 years old
- Of those that used our services 71% identified as White British and 4% BME.
- 1 % people identified as Lesbian, Gay or Bisexual (LGB) and 79% preferred not to say. This suggests that during 2018/19 the Trust will need to improve on the Sexual Orientation Monitoring Information Standard
- 32.3% were captured of having a disability and 68% declared as other. This excludes our Learning disability Services

Captured below is the headline data for service access across the protected characteristics in 2018/19. The imbalances and disparities below will be mitigated through co-production between our Care Delivery Services, patients and wider stakeholders.

## Adult Services

### West Sussex

West Sussex provided the largest number care and treatment for 36,574 people during 2018/2019 (35,492 community service users and 1,580 in-patients).

- 74% identified as White British followed by, any other White Background (5%). 6% of patients admitted to our acute services defined as BME.
- While those aged 71 and above account for 31% of patients in our community services, they represent only 3% of patients in our acute services.
- 44% identified as male and 0.1% identified as transgender. 56% that accessed West Sussex services were female.
- LGB patients represented less than 1% of all caseloads open.
- 29% of our patients who disclosed their religion and belief defined as Christian, followed by any other religion (1.3%), 75% did not disclose their religion which may indicate we may need to train our staff in asking patients about their spiritual needs
- 53 patients within the community identified themselves as deaf or hard of hearing, and 56 patients are blind or have partial vision
- 397 language interpreting sessions were delivered in West Sussex in 27 different languages during 2018/2019.
- The top five languages used were Bengali (46 sessions), Mandarin (42sessions), Polish (42 sessions), French (29 sessions), Gujarati (24 sessions)
- 19 British Sign Language (BSL) sessions took place in West Sussex.

### Brighton and Hove

Brighton & Hove provided care and treatment for 12,092 people during 2018/2019 (11,389 community service users and 703 in-patients and 71 people in Primary Care)

- The largest age group accessing the services are aged between 21- 30 and account for 20% of caseloads open, a significant over representation against the 2011 Office for National Statistics (ONS) data (10%).
- 45 patients identified as transgender and 54% of all caseloads open were female.
- 8% of adults who identify as BME accessed our services in 2018/2019 which is under the 2011 ONS for Brighton & Hove.
- Patients who are single account for 47% of patients while 18% are married or in a civil partnership.
- 3% of patients from caseloads open in 2018/2019 identified as lesbian, gay or bisexual, while 74% were not specified.
- Islam accounted for 1% of all caseloads open and Atheist accounted for 2.4 patients
- Brighton and Hove account for the highest requests for language interpreting (883) in 2017/8
- 28 different languages were used in Brighton and Hove for our services in 2018/2019, the top five languages used were; Arabic (348 sessions), Farsi (138 sessions), Bengali (111sessions), Polish (93sessions) Sorani (63

sessions).

- 53 British Sign Language sessions were delivered in Brighton & Hove in 2018/2019.

## East Sussex

East Sussex provided care and treatment for 24,123 people during 2018/2019 (21,481 community service users and 1,271 in-patients and 1,371 people in Primary Care)

- The largest age group of patients accessing services in East Sussex is 71 or over (24%) and 21-30 year olds account for the second largest group (18%)
- 2% of people identified themselves as LBG
- 74% of patients accessing services in East Sussex define themselves as White British and 3 % define themselves as BME against a local population of 4%.
- East Sussex had the highest number of people following Buddhism 108 and 24% belonged to the Christian faith
- 7% of people accessing our services had a mobility impairment
- 37% of people accessing our services were single
- The top five languages used in East Sussex were Arabic (59 sessions), Hungarian (42 sessions), Bulgarian (37 Sessions), Portuguese (35 Sessions), and Albanian (25 sessions),
- 56% of all open caseloads were female.
- East Sussex account for 40 British Sign Language interpretation sessions in 2018/19.

## Children and Young Peoples Services

Our services provided care and treatment for 24,470 children and young people and highlight data shown below.

### Sussex

Sussex provided treatment for 15,476 children and young people (15,402 treated in the community and 74 as in patients)

- 99% of patients were treated in our community services.
- 46% of patients in the community are boys; however this shifts significantly in our acute services where girls represent 64% of inpatients during 2018/19. This is due to the focus on eating disorders.
- 38 children and young people identified themselves as transgender in Sussex
- 5% of children and young people identified themselves as BME and 0.5% as White Other
- The sample size for sexual orientation is very small, it does identify that 130 young people are happy to disclose that they are lesbian, gay or bisexual.
- 8% of patients in the community disclosed as Christian

## Hampshire

Hampshire provided treatment for 8958 children young people in the community.

- There is a high number of undefined data for race and ethnicity (17%) reported in Hampshire there for it is not possible to draw any credible conclusions. Of the data collected 4% of patients defined as BME, a slight under representation against the demographics (5%).
- 53% of children and young people identified themselves as male and 21 services users as transgender
- 65% of patients are aged 0-15, which is consistent with other CHYPS community services in the Trust.
- Hampshire sees the lowest request for interpreting activity.
- Hampshire has seen no activity in BSL sessions in 2018/2019.

## Forensic Healthcare

Forensic healthcare provided care and treatment for 1,762 people during 2018/2019 (1,596 community service users and 166 in-patients)

- The majority of patients in our acute secure and forensic services are aged 21-40 (51%). 5% of patients in our secure and forensic services are at retirement ages
- There is an over representation of BME patients in our acute services (11%) against the 2011 census (6.2%) and against BME patients accessing all services Trust-wide (5%).
- Men represent 75% of our acute secure and forensic services and 75% in the community.
- 38% patients accessing our secure & forensic services defined themselves as having a religion or a belief.
- 68% of patients accessing our acute secure and forensic services are single. 7% are married or in a civil partnership.

## Learning Disability

Our Learning Disability Services provided care and treatment for 4,695 people during 2018/2019 (4,684 community service users and 11 in-patients)

- 6% patients that identify as BME accessed our Learning Disability Services.
- The majority of patients accessing our residential or community learning disability services are male (57%).
- 78% preferred not to say/unidentified as having a religion or belief.
- Patients across community and inpatient LD services are predominantly aged 21-40 years old (61%) and numbers decrease with age.
- 7% of patients and service users identified as heterosexual however the sample size is too low to draw to any credible conclusions as 77% of patients are not stated.

- We provide hospital passports in easy read formats as well as other documents to support communication

## In-patient and community detentions

Across the Trust in the year 2018/2019, there were **2832** inpatient and community detentions not including those detained to other organisations and later transferred to Sussex Partnership.

It is important when reading this data to bear in mind that it relates to the number of detentions under the Mental Health Act during the period 01 April 2018 to 31 March 2019, not to the number of people detained. It is wholly possible that a patient might have been subject to more than one detention throughout the year. This is particularly pertinent when looking at the data for services where the number of inpatient detentions and Community Treatment Orders (CTOs) are very small, such as the Children's and Young People's (CHYPS) and Learning Disability (LDS) services. These are split as follows:

- Section 5: 294
- Section 2: 1128
- Section 3: 778
- Section 3 Renewals: 137
- Section 4: 5
- Part III (including renewals): 78
- Community Treatment Orders (CTO) made: 195
- CTOs extended:197
- On average, inpatient detentions were 50% male and 50% female. Within this, however, the use of section 5 continues to apply more to women, with just 41% of people under short term holding powers being male.
- White British account for 78% of inpatients and 80% of CTO.
- There has been no significant shift for BME inpatients during 2018/19 (9%) , whilst CTO for BME service users saw a marginal increase of 0.7%
- Christianity accounted for 24% of inpatients and 37% a on a CTO.
- 16% of inpatients were married or in a civil partnership. 77% of people placed on a CTO and 50% of inpatients are single.

## Participation

### Involving Service Users, Family, Friends and Carers

The People Participation Team exists to support patients and carers to have a strong and influential voice in how the organisation is run and to find ways of working collaboratively to improve mental health services for everyone. This is based on the belief that it is only by listening to service users experiences – their expertise - and focusing on what they want that we will deliver the best services.

We have a peer work lead within the participation team, and this has been a priority area of work throughout the year. We now have 29 peer workers who are employed within our organisation, which represents a 50% increase on 2018/2019

There is additional involvement of peers through third party organisations such as Capital and Southdown. Support and training for those who are peer workers has been sourced, and there are now peer supervision networks and clear descriptors of the roles and responsibilities of a peer worker. Over the year ahead we will continue to increase the roles and opportunities for peer workers, whilst also considering how we support our staff to work alongside peer workers, to ensure strong and effective working relationships. This year, we aim to increase the number of peers currently working within the trust; the aim is for a 100% increase in peer involvement from 2018/2019 to 2019/2020. Cohort 2 and cohort 3 of the peer apprenticeship programme will also take place over the year ahead.

Working Together groups have now been set up across all areas of the organisation in inpatient and community settings. This year, we will continue to develop and restructure our Working Together groups, with the aim to have one group per acute hospital, and one in the corresponding community for which the hospital serves. The central Working Together group also needs further establishment.

Participation work focuses on supporting all people to have the opportunity for involvement, and making sure the right people are being involved in the right places, with the outcomes from such involvement achieving high standards. Some of the roles that have been developed over the last year for our Experts by Experience include advisory roles on our Quality Committees subgroups including Safety and Positive Experience, developing our new Reducing Restrictive Practice Programme and the Letters of Hope project as well as in recruitment and in QI projects. We have around 300 people who have registered their interest in using their lived experience to work as an EBE, and we are continuing to deliver training to support those who work to undertake paid employment opportunities as EBEs.

### 3. A representative and supported workforce

EDS2 Status: **Achieving**

*Fair and equitable employment is a core part of our values. We believe everyone counts and have a goal to be the provider, employer and partners of choice.*

We collect extensive data on our workforce across the protected characteristics which can be viewed at our online Equality Performance Hub.

<http://www.sussexpartnership.nhs.uk/equality-performance-hub-equality>

Below is a summary of our key findings;

Data collected represent employee information held on the Electronic Staff Records (ESR) for the period of 31 April 2018 to 01 April 2019. It shows that the Trust employs 4,671 permanent and Fixed Term contract staff (excludes Bank Workers, secondees and those employed jointly with other organisation). Of those 4671 Staff 2,837 works full-time and 1,834 people work part-time. These are made up of clinical staff and non-clinical staff.

## Disability

371 members of staff declared a disability. This in turn helped the trust to make 777 Reasonable Adjustments (RA) to keep people in employment. 446 RA were carried out by people not covered by the Equality Act 2010

This year the Trust celebrates being a Disability Confident Committed to Level 2: Disability Confident Employer. This demonstrates that we go the extra mile to make sure disabled people get a fair chance in the workplace

### Workforce Disability Standard

The Workforce Disability Equality Standard (WDES) is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by the relevant organisations to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality. Sussex Partnership has collected data since 2008 through its EPH and will have the base line data available for submission. Groundwork is being done around reasonable adjustments and adapting our workforce policies to becoming more flexible for those that have a disability.

- In 2018/2019, 87% of the workforce has given a valid declaration and this has supported the Trust's focus on improving the experience of the disabled workforce and gaining a better understanding for the reasons for non-disclosure.
- 8% of employees have declared a disability, an underrepresentation against the population (17.2%) and the percentage of disabled people employed in the UK workforce, 46%
- 8% of applicants declared a disability and 69 appointments made a 100% increase on 2017/18
- 20% of all formal disciplinarys or grievance cases were set against those that disclosed a disability during 2018/2019.
- The WDES metrics only look at formal capability cases. Our data showed us that if you are disabled you are 2.8 times more likely to enter a formal capability case than non-disabled staff

For our Base line year report please visit

<https://www.sussexpartnership.nhs.uk/equality-performance-hub-equality>

## Age

- 41- 60 year olds account for 58% of our workforce
- 40% of all applications, were aged under 30
- 51- 61 year olds saw the highest employee relation cases (34%) during 2018/19.
- Leavers were fairly evenly distributed amongst the age clusters over 21 years old during 2018/2019

## Ethnicity

There has been little movement in the number of BAME staff from 12.5% in 2018/19. Figures differ from the Workforce Race Equality Standard as figures are drawn from Business Intelligence for all Trusts nationally. In our EPH we have included staff from the Lindridge center

Categories are mainly broken down by the following:

#### White and White Other

As per the 2011 census (ONS) ethnic classification term 'White' is used in this report and refers to White, White Irish and White Other. The separation of White Irish and White Other from the BAME figures in the 2012 report highlighted focused pieces of work that the Trust undertook throughout 2013.

#### Black, Asian and Minority Ethnic (BME)

As per the 2011 census (ONS) ethnic classification, the term black and minority ethnic (BME) is used in this report to refer to people from the following ethnic groups: Asian British, Asian Bangladeshi, Asian Pakistani, Asian Indian, Asian Other, Black British, African, Caribbean, Black Other; Chinese or Any Other Ethnic Group; Mixed White and Asian, Mixed White and Black, Any Other Group.

- You are 1.6 times more likely to be employed if you are White British as opposed to BME
- White other accounted for 7.6% of leavers
- BME staff represented 17% of employee relations cases when compared to the Trust workforce (12.5%).
- 13% of BME staff left the Trust during 2018/19 and 10 of BME staff were appointed

#### Gender and Gender Identity

72.5% of our workforce are women and 26.5 % are men. ESR does not make provisions for those that identify as non-binary or transgender.

- 28.5% of Board members are female
- Women represent 67% of all employee relations cases
- The majority of applicants for jobs were female (76%) in line with national and local staff demographics in the NHS
- Reducing the gender pay gap to 50/50 by 2020 is the aim of the Gender reference group. Mitigating actions have been put in place to address the 60% median average bonus payment in favor of men. To view our Gender Pay Gap Report please click the following link  
[https://www.sussexpartnership.nhs.uk/sites/default/files/documents/tbp09\\_1\\_19\\_-\\_inclusion\\_and\\_diversity\\_-\\_appendix\\_1\\_-\\_gender\\_pay\\_gap.pdf](https://www.sussexpartnership.nhs.uk/sites/default/files/documents/tbp09_1_19_-_inclusion_and_diversity_-_appendix_1_-_gender_pay_gap.pdf)

#### Sexual Orientation

5.6% of staff identify as Lesbian, Gay or Bisexual (LGB)

- 7% of staff that identified and LGB are in leadership roles
- 1,020 applicants declared themselves as lesbian, gay or bisexual
- Sickness absence accounted for 13.8% LGBT staff in formal employee relation cases an over representation against the workforce mean of 5.6%
- 6.8% of all leaves identified as LGBT and 5.6% were appointed

## Spirituality

- 41% of staff identify as belonging to the Christian faith and Atheist account 20% of our workforce
- There continues to be a low percentage of appointments to staff who define as Muslim (1.3%) or Sikhism (0.2%)
- 39% of shortlisted applicants identify as belonging to the Christian faith
- 20% of our workforce have not disclosed a religion or belief

## Pregnancy, Maternity and Adoption

182 people took maternity, paternity or adoption leave in 2018/2019

- 100% are women and there were no men taking paternity leave
- 3.8% identified as LGB
- 3.8% disclosed a disability
- 31 – 40 year olds accounted for 71.4 % of all leave relating to Pregnancy, maternity, paternity and adoption leave.

## Volunteers

There has been a significant increase of volunteers of 25 in 2018/2019 to 62 in 2018/19.

- 72.6% of volunteers identify as White British
- 21- 30 year olds account for 21% of all volunteers
- The gender split of volunteers is similar to our workforce (21% Male and 79% female )
- 30.6% of volunteers have disclosed that they have a disability
- 41.9% of volunteers identify as Christian followed by 17.7% as Atheist

## 4. Inclusive Leadership

EDS2 Status: **Developing**

### Membership and Governors

The Trust achieved Foundation Trust (FT) status in April 2008. FT's have greater freedom than NHS trusts to run their affairs and are not subject to central government control. The Trust can use these freedoms to decide how best to deliver the kind of services that our patients and service users want. With these freedoms come important responsibilities, so the Trust is accountable to our local communities, through our members and governors.

In October 2018 the Council of Governors approved the Membership strategy for 2018-2020. The strategy identifies 3 core objectives

- Objective 1: Engaging and involving members
- Objective 2: Identifying under representation
- Objective 3: Developing communications

Objective 2 is underpinned by the data we hold on our members across the protected characteristics. As of the 31st March 2019 the Trust had 4,624 members of which 208 members who are outside of Sussex and Hampshire.

The actions being taken by the membership team to address the data include

- Increase the membership of young people
- Increase the membership of people who identify as Trans
- Increase the membership of carers, specifically those caring for people accessing mental health services.

The Council of Governors is made up of 34 Governors: 26 elected and 8 appointed. Elected governors are members who are voted in by the Foundation Trust members in the appropriate constituency. The Council of Governors meets quarterly in public. Their general duty is to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors and to represent the interests of our members and the public.

The Board of Directors and the Council of Governors work very closely together to discuss progress, objectives and to plan our strategic development. The members of the Council reflect the diverse nature of our services, staff and the people we care for and ensure the Trust provides the high-quality services that are wanted and needed locally.

- 63% Governors are female
- There are no BME Governors
- 48% of Governors belong to the Christian faith

## Board Leadership

The Trust has actively recruited board members from a diverse background. As of November 2019 the figure of BME/female board members is

	<b>Breakdown of Trust board members</b>			
	<b>BME (%)</b>	<b>BME (Number)</b>	<b>Female (%)</b>	<b>Female (Number)</b>
<b>Executive</b>	16.7%	-	83.3%	-
<b>Non-executive</b>	28.6%	-	42.9%	-
<b>Total</b>	23.1%	-	61.5%	-

## Board Papers

Board papers, including for assurance, discussion or briefing require due regard to the public sector equality duty by the Trust. For proportionality, only Board papers for approval or ratification require an equality analysis

## Conclusion

We understand that promoting equality is closely related to quality. A quality service is one that recognises the needs and circumstances of each patient, carer and staff member and ensures that services are accessible, appropriate, safe and effective.

A service cannot be described as a quality service if only some of the patients are receiving positive outcomes.

One of Sussex Partnership NHS Foundation Trust's visions is to be the provider, employer and partner of choice. By embedding the principles of equality, diversity and human rights at the center of everything we do, we are giving ourselves the best chance of achieving this goal.

How we aim to achieve this in the forthcoming years is through:

1. Triangulating Equality, Diversity and Human Rights with Organisation Development and Quality Improvement. By embedding equality and diversity from the onset of service improvements and design.
2. To improve the quality of data we collect on our patients protected characteristics. There are pockets of excellence in the Trust and a general improvement but it is important to acknowledge that we must do more to support colleagues to ask the question and for patients to understand why we collect the data.
3. To work with other healthcare providers to share the data we capture to improve health outcomes across our geographical patch and between service providers.
4. To provide regular involvement to our Care Delivery Services to inform service provision, design and commission.

For more information

Visit: <http://www.sussexpartnership.nhs.uk/equality-performance-hub-equality>

Email: [Equality.Diversity@sussexpartnership.nhs.uk](mailto:Equality.Diversity@sussexpartnership.nhs.uk)