**Equality Act 2010 – Publishing of Equality Information**

**Public Board**

26th January 2017

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<th>Presented for:</th>
<th>Governance</th>
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| Presented by:  | Dean Royles, Director of Human Resources and Organisational Development  
Professor Suzanne Hinchliffe, Chief Nurse and Deputy Chief Executive |
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| Previous Committees: | Equality and Diversity Strategic Group - November 2016 |

**Trust Goals**

| The best for patient safety, quality and experience | ✔ |
| The best place to work | ✔ |
| A centre for excellence for research, education and innovation | |
| Seamless integrated care across organisational boundaries | |
| Financial sustainability | |

**Key points**

1. Trust Board is asked to receive and approve the equality information due to be published on the 31st January 2017 (subject to Trust Board approval) in line with the Public Sector Equality Duty set out in the Equality Act 2010

  Governance and Approval
1. Summary
The Trust is required to meet the general duty under the Equality Act 2010, this paper provides an overview of the compliance requirements of the Act. As part of the compliance requirements, the Trust is required to publish equality information, which is attached to this report for approval. This is the sixth set of equality information that the Trust has published.

2. Background
2.1 Compliance Requirements
The Equality Act 2010 consists of a general equality duty, otherwise known as the Public Sector Equality Duty (PSED), which requires the Trust in the exercise of its functions to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

Nine characteristics are protected through the Equality Act 2010 known as ‘protected characteristics’ and include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

To comply with the general equality duty, secondary legislation by way of specific duties regulations states the Trust must:

1. Publish equality information to demonstrate its compliance with the general equality duty by the 31st January annually.
2. Prepare and publish one or more SMART equality objectives that address the most pressing inequalities and further any of the aims of the general equality duty by the 6th April at least every four years.

2.2 Equality & Diversity in the Trust
An Equality & Diversity Strategic Group is established in the Trust (co-chaired by the Chief Nurse/Deputy Chief Executive and the Director of Human Resources and Organisational Development). This group addresses equality issues across patient services, patient experience and Trust staff, that is underpinned and driven by ‘Our Equality and Diversity Strategy 2015 to 2020’ and the Trust’s Equality and Diversity Policy. The group meets bimonthly and reports into the Quality Management Group / Quality Assurance Committee and Trust Board.

3. Proposal
3.1 Presentation
The presentation of the equality information scheduled to be published on the 31st January constitutes one page summary factsheets, including key findings, supporting infographics/tables and key actions. This is consistent with the publication in 2016 and is in keeping with the Trust aiming to be accessible to the public.
The following factsheets are attached at Appendix 1 (Blue Box Items):

- Age at LTHT (Patients)
- Age at LTHT (Staff)
- Ethnicity at LTHT (Patients)
- Ethnicity at LTHT (Staff)
- Sex at LTHT (Patients)
- Sex at LTHT (Staff)
- Religion or Belief at LTHT (Patients)
- Religion or Belief at LTHT (Staff)
- Disability at LTHT (Staff)

In addition to the above summary factsheets, ‘We Said, We Did’ factsheets for patients and staff (Appendix 2) will be published in order to provide assurance that actions set out in 2015 have been delivered. The full equality data set will be published on the Internet for the benefit of members of the public that would prefer additional detail, and to provide further transparency.

Factsheets for the remaining protected characteristics will be gradually added over future years, once the data held about our staff and patients is considered sufficiently robust enough for meaningful analysis. Improving the equality information we hold about our staff and patients is a key priority set out in ‘Our Equality and Diversity Strategy 2015 to 2020’ and will also be driven by recent and future NHS Standards namely:

- **NHS Accessible Information Standard** - This was mandated in July 2016 and requires the recording of patient disability-related access needs, which the Trust is currently capturing.

- **Workforce Disability Equality Standard** - This will be mandated in April 2018 with a preparatory year in 2017/18. To ensure the Trust is fully prepared it has volunteered itself to NHS England to be a pilot organisation during 2017/18.

- **Sexual Orientation Monitoring Information Standard** - This will be published in April 2017. From this date, organisations will be mandated to use this standard to implement sexual orientation monitoring of patients. The Trust is due to go live with capturing sexual orientation monitoring as part of the new version of the Trust’s patient administration system (Patient Centre).

**3.2 Key Findings and Key Actions**

Key findings set out in Appendix 1 as part of the summary factsheets include the following particularly pertinent outcomes:

**Staff**

- BAME (Black, Asian and Minority Ethnic) staff employed at LTHT broadly reflect the local population with a higher proportion in the medical and dental workforce. However, there is not the level of consistency in the spread of BAME staff across Agenda for Change grades.

- Our BAME staff report that in our staff engagement measures, their experiences are the same or better than our White staff.
The number of staff declaring their Religion or Belief has increased from 8% in 2011/12 to 55% in 2015/16.

Women make up 75% of the Trust’s workforce, but continue to be under represented equally in senior posts.

Men were more likely to have been involved in a disciplinary or grievance than women and the percentage of men involved in a disciplinary has increased from 34% in 2014/15 to 43% in 2015/16.

LTHT employs a larger proportion of staff over the age of 50 than are in the working population. However, the LTHT workforce is under represented compared to the Leeds working population for staff in the under 20 age group. This is consistent with the requirement for graduate and post graduate qualifications.

Trust actions to address the staff findings are set out in detail in the summary factsheets in Appendix 1 and include the following:

- Work with the BAME staff network to develop and promote learning opportunities to support BAME staff to progress in the organisation.
- Continue to improve the information we hold about our staff through the roll out of the electronic staff record self service module. The employee on boarding system will improve the capture of staff information for new starters.
- Include a request to update personal details as part of HR and staff records training.
- Continue the Trust’s talent management programme, Talent@Leeds, and use the Female Leaders programme to encourage women to step into leadership roles.
- In 2017 the Trust will review the gender split in our workforce in line with the new gender pay reporting requirements.
- Programme of schools engagement, work experience and apprenticeships to be in place for 2017 to highlight and provide opportunities in healthcare to young people.

Patients

- BAME patients remain more likely than White (White British, White Irish, White Other) to not attend an outpatient appointment, but the % gap has closed by approximately 25% over the last 12 months.
- White patients remain more likely than BAME to not be treated within 4 hours by the Emergency Department, but the % gap has closed by approximately 30% over the last 12 months.
- Older patients remain more likely to be treated within an 18 week period from the point of referral.
- No Religion or Belief, Muslim and Sikh remain more likely than other religions not to be treated within 18 weeks from the point of referral.
- Christians and Jews remain more likely than other religions to not be treated within 4 hours by the Emergency Department.

Trust actions to address the patient findings are set out in detail in the summary factsheets in Appendix 1 and include the following:
Further implementation of NHS Accessible Information Standard and improvement projects within Outpatients CSU, including fit-for-purpose patient leaflets, appointment letters and text reminders, to ensure information and communication support needs of all patients are met and people are in a position to attend outpatient appointments.

Provide assurance that the process behind treatment of patients in the Emergency Department (ED) is not biased and the patient experience is positive.

Carry out further analysis of A&E intelligence to identify the different patient journeys within the Emergency Department by protected group.

Ensure robust and safe discharge and admission of older patients by working closely with the Trust’s multi-disciplinary team and Adult Social Services and implement plans to meet the needs of patients with complex needs within the Emergency Department (ED).

Further roll out of the Patient Advice and Liaison Service within the different communities, including the different age, ethnic and religion/belief groups, to ensure all concerns are raised and addressed as far as reasonably possible.

Consider Friends and Family Test (FFT) feedback with the support of the new FFT system, including ensuring it is representative of all protected groups and equality-related themes are identified and addressed.

Reduce ‘Not Known’ and improve data quality through staff training on the purpose of capturing the data.

3.3 Financial Year Reporting

Due to the increasing necessity to re-run the equality data to make comparisons against new and future NHS indicators that use financial year information, the reporting period will shift to the 1st April to 31st March. To ensure the Trust remains compliant Public Sector Equality Duty to publish equality information annually as a minimum, the shift to the new reporting period will start this year. All equality data will be re-run, analysed and published again for 1st April 2016 to 31st March 2017 with the outcomes being incorporated into the annual review of ‘Our Equality and Diversity Strategy 2015 to 2020’ in May 2017.

4 Financial Implications and Risk
Implications and mitigations will be incorporated into the respective risk registers as appropriate.

5 Communication and Involvement

The equality information constitutes information provided by various departments across the Trust, including Human Resources and Organisational Development, Patient Experience and Informatics. In ensuring the information published is both accessible and transparent, the public, patients, carers and staff and key umbrella voluntary community organisations, including Voluntary Action Leeds, Leeds Involving People, Healthwatch Leeds and Forum Central, will be invited and encouraged to provide feedback on the content at the point of publication. Throughout the year when delivering on the Equality and Diversity Communications Plan, the equality information will be further publicised and feedback on the content
invited and encouraged when engaging with different protected groups on equality as both a service provider and employer and providing equality-related staff training.

6 Equality Analysis
Due regard to equality as defined by the Equality Act 2010 has provided the foundations to the development of the equality information.

7 Publication Under Freedom of Information Act
This paper will be made available under the Freedom of Information Act 2000.

8 Recommendation
Trust Board is asked to receive and approve the factsheets and background information set out in Appendix 1 and 2 as evidence of compliance with the Trust meeting the general duty of the Equality Act 2010.

9 Supporting Information
The following papers make up this report:

Appendix 1 - Equality Factsheets
Appendix 2 - ‘We Said, We Did’ Factsheets

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January 2017

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