## Publishing of Equality Information

**Public Board**

26th July, 2018

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### 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 note the equality information, which is required to be published annually in line with the Public Sector Equality Duty set out in the Equality Act 2010.

Governance
1. Summary

The Trust is required to meet its Public Sector Equality Duty under the Equality Act 2010. As part of the compliance requirements, the Trust is required to annually publish equality information, which is attached to this report in Appendix 1 (Patients) and Appendix 2 (Employees) for receiving and noting. This is the eight set of equality information that the Trust has published.

2. Background

2.1 Public Sector Equality Duty

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 on an annual basis.

   In line with compliance, the Trust produces a set of PSED Factsheets.

2. Prepare and publish one or more equality objectives that address the most pressing inequalities and further any of the aims of the general equality duty at least every four years.

   ‘Our Equality and Diversity Strategy’ was developed in 2015 to bring together the various parts of the equality agenda in a way that clearly articulates the commitment of the Trust. Equality and Diversity Targeted Ambitions were developed as a result, which constitutes the equality objectives of the Trust required by the Public Sector Equality Duty. Each Equality and Diversity Targeted Ambition aims to stretch the Trust and is acknowledged as a challenge to achieve. The Strategy is intended to move the Trust to a place where widespread equality is evident as part of its cultural change journey to embed The Leeds Way.
3.1 Publishing of Equality Information 2018

The presentation of the equality information constitutes one page summary factsheets, including key findings together with supporting infographics and key actions. Key findings and key actions underpin the Equality and Diversity Targeted Ambitions set out in ‘Our Equality and Diversity Strategy 2015 to 2020’ and align to relevant mandatory NHS standards, including the NHS Workforce Race Equality Standard.

This presentation of the equality information is consistent with the requirement to publish equality information that is accessible to the public. Information on how to access the full equality data set is provided as part of the publication for the benefit of members of the public that would prefer additional detail, and to provide further transparency.

The following factsheets are attached at Appendix 1 and Appendix 2:

Appendix 1
- Age at LTHT (Patients)
- Ethnicity at LTHT (Patients)
- Sex at LTHT (Patients)
- Religion or Belief at LTHT (Patients)

Appendix 2
- Age at LTHT (Employees)
- Ethnicity at LTHT (Employees)
- Sex at LTHT (Employees)
- Religion or Belief at LTHT (Employees)
- Disability at LTHT (Employees)
- Sexual Orientation (Employees)

Two additional factsheets have been produced this year in respect of employees, ‘Disability at LTHT - Employees’ and ‘Sexual Orientation at LTHT - Employees’. Factsheets for the remaining protected characteristics will continue to be added over future years, once the data held 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 existing and future NHS Standards.

3.2 Key Findings and Key Actions

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

- Black, Asian and Minority Ethnic (BAME) patients and Muslim, No Religion or Belief and Rastafarian remain more likely than other groups to not attend an outpatient appointment, but the year on year percentage change shows the gap is closing.
- White patients (with the exception of White Other) and older patients (in particular 65 to 74) remain more likely to be readmitted than other groups, but the year on year percentage change shows the gap is very steadily closing.
- Jewish and Rastafarian patients are more likely to be readmitted than any other religion or belief groups and Hindus least likely. The year on year percentage change shows the situation to be consistent with previous years for Rastafarian and Hindus.
- Older patients remain more likely to be treated within an 18 week period from the point of referral, but the year on year percentage change shows the gap is closing.
- Kashmiri patients are less likely to be treated within an 18 week period from the point of referral and the percentage change shows a year on year increase.
- White patients (in particular White Irish) and Christians and Jews are more likely to not be treated within 4 hours by the Emergency Department and the year on year percentage change shows a steady increase.
- Older patients are less likely to be treated within 4 hours by the Emergency Department and the year on year percentage change shows the gap is widening.
- Albeit actual numbers are significantly small, the rate of outpatient do not attends in relation to people that have neither declared as male or female has previously been reported as significantly higher in comparison to male and female, but recent data shows the opposite.
- Males are consistently more likely than females to be readmitted at a rate which has showed little movement over the last three years.

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.
- Review effectiveness of the Trust’s Interpreting and Translation Policy, including the extent at which requests for Interpreters are met across the Trust.
- 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).
- Carry out targeted engagement work with affected groups to better understand the data.
- 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, including ensuring inclusive of all ethnic 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.
Our Employees
Key findings set out in Appendix 2 as part of the summary factsheets include the following pertinent outcomes:

- There has been a 6% increase in females and a 4.12% increase in BAME representation across the workforce, including a 9.3% increase in females and a 53.3% increase in BAME at Bands 8a to 9 (although not an increase in all those bands).
- The number of staff declaring their religion or belief has increased year-on-year from 8% in 2011/12 to 63% in 2017/18. The number of staff declaring their sexual orientation has increased by approximately 10% in 2018 and the number of staff declaring whether or not they are disabled has increased by approximately 9% in 2018.
- Males remain disproportionately represented in conduct processes whilst BAME staff now show less in comparison to the Trust population.
- The number of grievances, are small and in turn year-on-year change significant. However, there has been a significant change in the sex, age and ethnicity of staff which have taken out a grievance. The number of grievances taken out has fallen from 43% to 12% in respect of males, 44% to 0% in respect of Under 35 and risen by 20% in respect of BAME staff.
- The overall percentage of appointed BAME candidates, Under 25 and candidates from non-Christian religions or beliefs is significant in comparison to the local working population. However, there is a 'drop off' within the recruitment process for all of these protected groups.
- Through staff survey results:
  - Men consistently tell us that they are less likely to report the most recent experience of harassment, bullying or abuse.
  - BAME staff consistently tell that they are in comparison to White staff more likely to experience discrimination at work, harassment, bullying or abuse from staff and less likely to believe there are equal opportunities for career progression or promotion.
  - LGBT staff tell us they would not feel comfortable disclosing their sexual orientation at work to colleagues and have experienced negative comments or conduct from colleagues at work because of their sexual orientation.
  - 16 to 30 year old staff consistently tell us that they experience physical violence from patients, relatives or the public.
  - Disabled staff tell us that when compared to the Trust average they are more likely to experience discrimination, harassment, bullying or abuse at work, suffer work related stress and attend work when feeling unwell.
  - The Trust is making significant progress in increasing the staff engagement score for our disabled staff and closing the gap by at least 50% by 2020.

Trust actions to address the employee findings are set out in detail in the summary factsheets in Appendix 2 and include the following:

- Work with the following staff networks:
- Female Leaders Network to encourage women to progress more quickly into leadership roles.
- BAME Staff and Volunteer Staff Network to develop and promote learning opportunities to support BAME staff to progress in the organisation and review the training provided for recruitment.
- Lesbian, Gay, Bisexual and Trans (LGBT)+ Staff Network to build upon staff engagement events on LGBT equality, create a visible signal of individual staff commitment to LGBT equality and continue collaborate work with local partners through the LGBT+ Subgroup of the Health and Wellbeing Board to create visible LGBT role models.

- Further analysis and investigation into the ‘drop off’ within the recruitment process of particular affected protected groups.
- Continue to raise the profile of the necessity to objectively and fairly assign stretch assignments at internal senior management forums in clinical and non-clinical areas.
- Roll out newly launched Leading Care programmes, which are aimed at developing leadership capability for nurses and AHPs in Bands 5, 6 and 7.
- Offer workshop sessions to Consultants to encourage Clinical Excellence Awards from across the workforce.
- Build capacity and capability and improve the demographic profile of Dignity At Work Champions and Advisors and Freedom to Speak Up Ambassadors and Guardians.
- Continue to improve the information we hold about staff through the roll out of the Electronic Staff Record (ESR) self service module and employee on boarding system for new starters.
- Continuation of programme of schools engagement, work experience, internships and apprenticeships.
- Continue to work on a number of pan-Leeds initiatives to look at improving the recruitment of young people from local areas to the hospitals.
- Sustainability and further development of peer support group for staff living with long term conditions and Staff Health and Wellbeing Programme.
- Sustainability of Level 2 Disability Confident and work towards achieving Level 3 as a Disability Leader.

4. Financial Implications and Risk

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

5. Communication and Involvement

The PSED Factsheets are the result of various departments across the Trust, which are instrumental in the delivery on equality and diversity, including Equality and Diversity, Human Resources, Organisational Development, Patient Experience and Informatics. In addition, there has been engagement with the BME Staff and Volunteer Network and LGBT+ Staff Network.
6. **Equality Analysis**

Due regard to equality as defined by the Equality Act 2010 has provided the foundations to the development of the PSED Factsheets.

7. **Recommendation**

Trust Board is asked to:

- Receive and note the annual equality information set out in Appendix 1 and 2.

8. **Supporting Information**

The following papers make up this report:

- Appendix 1 - Patient PSED Factsheets (2018)
- Appendix 2 - Employee PSED Factsheet (2018)

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**Emma Judge,**  
**Equality and Diversity Manager**  
**July 2018**