

Equality Objectives 2022-2026

Equality Objective One:

To work with our partners and stakeholders to improve health outcomes by developing a better understanding of the local variations in access to and experience of treatment by the Trust.

EDS2 Goal(s):

Goals 1 and 2

Context:

Based on the [Index of Multiple Deprivation 2019](#), Hull is the fourth most deprived local authority in England (out of 317). Half of Hull's 166 geographical areas on which the IMD is based, are in the most deprived fifth nationally. There are also large variations in deprivation scores across Hull's 21 electoral wards. Hull has a high percentage of children living in absolute and relative poverty, and the percentages differ markedly across Hull's wards. Also a high percentage of children who are eligible for free school meals. Life expectancy in Hull is lower than in England, and the inequalities gap has been increasing. The largest contributions to the gap in life expectancy comes from excess deaths from circulatory disease, cancer and respiratory disease.

The health profile for the East Riding of Yorkshire shows that the health of people in the East Riding is generally better than the England average, as is life expectancy. However, this masks a range of inequalities. Some areas, (especially in Bridlington, Goole and Withernsea), have some of the highest levels of poverty in England. These areas are characterised by low incomes, high unemployment, poor health, higher levels of crime and anti-social behaviour and low educational achievement. ERoY residents live in towns which range from the wealthy, with good access to services and opportunities, to those living in relative poverty in remote areas. There is also a large gap between life expectancy and healthy life expectancy. This means a proportion of ERoY residents live with preventable, multiple long term conditions for a large part of their lives.

Waiting for treatment can affect other aspects of people's lives, with impact depending on someone's life circumstances. For example, it can make it harder to maintain independence or continue to work or attend school. Long waits before accessing planned care can have life-long consequences on the development of children and young people, impacting their ability to access education and lead full and active lives. For older people, it can make recovery longer and harder, leading to loss of independence.

Actions:

- Continue to build upon and develop the Trust's Business Intelligence reports, which have been established to monitor health inequalities in its patient population.
- Restore NHS services inclusively by:
- Utilisation of ONS statistical data, data and information within the local JSNAs and health profiles
- Utilisation of the National Health Inequalities Improvement Dashboard
- Establishing a clear understanding of the extent to which the elective waiting list is made of certain groups (e.g. Black, Asian and Minority Ethnic, top 20% of socially deprived electoral wards) and ensuring that they are not disadvantaged further.
- Proactive engagement with communities at risk of health inequalities e.g. HUTH Bowel Screening Centre work with GP practices, agencies, mental health services, prisons, learning disabilities groups and the homeless to increase opportunities for these groups to participate in the programme.
- Working in partnership with the Integrated Care System, NHSE/I commissioners, Place-based Partnerships and other health and social care providers to develop integrated care pathways and to deliver an increasing number of services closer to the communities we serve.
- Accelerate prevention programmes that proactively engage those at greatest risk of poor outcomes e.g. Lung Health Check Programme, AAA Screening Programme.
- Mitigate against digital exclusion - not all patient/service users are digitally mature, or have access to digital communication devices, particularly those in levels of high social and economic

deprivation. Actions will be taken to ensure face-to-face consultations are available and accessible to those who need them.

- Making Every Contact Count – Contribute to improving population health by promoting behavioural changes whenever people interact with our services e.g. smoking cessation, promoting changes in diet, physical activity.

Expected Outcomes:

- Accurate data is available on the protected characteristics of patients and service users.
- The Trust has a robust source of health inequalities information available to inform operational planning and service delivery.
- Trust is able to provide assurance to commissioners and regulatory bodies that patients and service users have equality of access to services.
- The Trust is able to contribute to the reduction in health inequalities across the Humber and North Yorkshire Health and Care Partnership.

Measures:

- Maternity: ensuring continuity of care for 75% of women from minority ethnic backgrounds and from the most deprived groups.
 - Baseline (January 2022):
 - % of women from Deprived areas = 8.6%
 - % of women from BAME = 10%
- Development and implementation of a Respiratory Exacerbation Service which aims to provide specialist respiratory care and treatment to patients who have been admitted to hospital and can be discharged and supported to manage their exacerbation at home (Early Supported Discharge) and to prevent those who are experiencing an exacerbation of their condition from being admitted to hospital.
- Reduce variation in outpatient services and waiting times for those from minority ethnic backgrounds and areas of high deprivation.
 - Baseline (April 2022):
 - IMD Quintile:

| IMD Quintile | Q1 | Q2 | Q3 | Q4 | Q5 |
|--------------------|-------|-------|-------|-------|-------|
| A&G | 27.7% | 16.4% | 17.4% | 19.6% | 18.9% |
| PIFU | 20.5% | 17.5% | 23.5% | 20.5% | 18.1% |
| Virtual | 29.5% | 18.2% | 16.5% | 19.1% | 16.7% |
| ED Attends | 43.2% | 17.7% | 12.5% | 14.2% | 12.4% |
| NEL Admits | 33.6% | 18.7% | 14.4% | 18.0% | 15.3% |
| Catchment | 39.1% | 12.2% | 12.9% | 16.8% | 19.0% |
| Median Weeks (RTT) | 14 | 13 | 13 | 13 | 13 |

- Ethnicity:

| Ethnicity | Asian | Black | Mixed | Other | White |
|--------------------|-------|-------|-------|-------|-------|
| A&G | 0.7% | 0.4% | 0.7% | 2.5% | 95.7% |
| PIFU | 0.0% | 0.8% | 2.4% | 0.8% | 96.0% |
| Virtual | 0.8% | 0.4% | 0.4% | 1.2% | 97.1% |
| ED Attends | 1.1% | 0.6% | 1.2% | 5.3% | 91.8% |
| NEL Admits | 0.9% | 0.6% | 1.0% | 2.3% | 95.2% |
| Catchment | 1.8% | 0.7% | 1.0% | 0.5% | 95.9% |
| Median Weeks (RTT) | 17 | 18 | 13 | 14 | 14 |

- Year on year improvement in the first outpatient DNA (Did Not Attend) rates for those patients and service users from a BAME background when compared to the British % New OP DNA rate.
 - Baseline: Q4 2021/22 British 8.3% New OP DNA rate
 - Ethnic Group:

| Description | Outpatients | % of New OP DNA Rate |
|----------------------------|--------------------|-----------------------------|
| British | 75,867 | 8.3% |
| Any other white background | 2,539 | 11.0% |
| Any other ethnic group | 1,601 | 13.7% |
| African | 404 | 8.0% |
| Any other Asian background | 370 | 6.6% |
| Any other mixed background | 296 | 14.5% |
| Indian | 261 | 5.1% |
| Pakistani | 186 | 12.7% |
| White and Asian | 180 | 8.7% |
| Irish | 155 | 10.6% |
| White and black African | 124 | 9.6% |
| Any other black background | 138 | 11.0% |
| Bangladeshi | 128 | 10.5% |
| Chinese | 120 | 8.6% |
| White and black Caribbean | 52 | 26.3% |
| Caribbean | 49 | 14.7% |
| Total | 104,805 | 8.9% |

Equality Objective Two:

To build an inclusive, positive environment for all staff, free from discrimination.

EDS2 Goal(s):

Goal 3

Context:

The Trust is committed to developing an organisational culture that encourages every member of staff, whatever their role or background to succeed and work in a positive environment free from discrimination.

Actions:

- Actively explore, understand and publish specific outcomes from the National Staff Survey by protected characteristics working with Staff Networks to embed actions which reduce differentials and support the continued development of an inclusive workforce characterised by dignity and mutual respect.
- Reduce inequalities in employment by ensuring clear routes to allow staff to speak up when they face discrimination due to one of their protected characteristics by developing and embedding a zero tolerance reporting and action culture. Ensure robust monitoring arrangements are in place to identify themes to support evidence base for change as well as increasing staff confidence that the organisation will address concerns when raised.
- Continue to build on the partnership approach with already staff networks (BAME, Enabled & LGBTQ+) to ensure the voices and lived experiences of staff are heard and used to influence future change.

Expected Outcomes:

- To have a continual and incremental improvement in the NHS Staff Engagement Score aiming to be equal to or above the national average
- Across all protected characteristics* aim for the staff engagement score to be equal to or above the 2021 Trust average
- To have a continual and incremental reduction in the number of staff reporting that in the last 12 months they have personally experienced harassment, bullying or abuse at work from managers and colleagues across all protected characteristics, aiming to be equal to or below the 2021 Trust average.
- Close the gap of staff reporting that if they spoke up about something that concerned them they were confident that the organisation would address their concern so they are equal to or above the 2021 Trust score

Measures:

Staff Engagement

- To have a continual and incremental improvement in the NHS Staff Engagement Score aiming to be equal to or above the national average

| | HUTH | National Average |
|------|------|------------------|
| 2021 | 6.7 | 6.8 |

- Across all protected characteristics aim for the staff engagement score to be equal to or above the 2021 Trust average

| 2021 | Score |
|-------------------------------|-------|
| Trust Average | 6.7 |
| Gender – Male | 6.8 |
| Gender – Female | 6.8 |
| Gender – prefer not to say | 5.3 |
| Long term conditions | 6.4 |
| Ethnicity – Non white | 6.9 |
| Sexuality – Gay / Lesbian | 6.8 |
| Sexuality – Bisexual | 6.8 |
| Sexuality – Other | 5.9 |
| Sexuality – Prefer not to say | 6 |

People Promise: We are safe and healthy

To have a continual and incremental reduction in the number of staff reporting that in the last 12 months they have personally experienced harassment, bullying or abuse at work from managers and colleagues across all protected characteristics, aiming to be equal to or below the 2021 Trust average.

| 2021 | Managers Score | Colleagues Score |
|-------------------------------|-----------------------|-------------------------|
| Trust Score | 13.8% | 20.5% |
| Gender – Male | 13.0% | 19.1% |
| Gender – Female | 13.0% | 20.7% |
| Gender – prefer not to say | 28.0% | 30.0% |
| Long term conditions | 17.9% | 27.9% |
| Ethnicity – Non white | 16.6% | 26.1% |
| Sexuality – Gay / Lesbian | 15.7% | 24.1% |
| Sexuality – Bisexual | 14.9% | 29.8% |
| Sexuality – Other | 14.3% | 21.4% |
| Sexuality – Prefer not to say | 18.7% | 28.6% |

People Promise: We each have a voice that counts

Close the gap of staff reporting that if they spoke up about something that concerned them they were confident that the organisation would address their concern so they are equal to or above the 2021 Trust score

| 2021 | Score |
|-------------------------------|--------------|
| Trust Score | 45.7% |
| Gender – Male | 48.1% |
| Gender – Female | 45.6% |
| Gender – prefer not to say | 18.1% |
| Long term conditions | 38.4% |
| Ethnicity – Non white | 42.8% |
| Sexuality – Gay / Lesbian | 54.1% |
| Sexuality – Bisexual | 62.5% |
| Sexuality – Other | 13.3% |
| Sexuality – Prefer not to say | 27.5% |

Equality Objective Three:

To ensure our leaders have the capacity and capability to support, empower and enable staff.

EDS2 Goal(s):

Goal 4

Context:

In our Trust Vision of Great Staff, Great Care, Great Future the hidden statement before Great Care is Great Leaders. The Trust has been working for the last three years to embed a compassionate and inclusive leadership approach. All programmes commissioned and delivered both internally and externally are planned to equipped leaders and managers at all levels, to not only develop themselves but to gain the skills that allow them to create a healthy working culture that embraces diversity in all its forms. The COVID-19 Pandemic has seen the need to return to a more command and control style due to the nature of the demands on our people and system. We now need to reset the compassionate and inclusive approach as the norm. As we move to "living with Covid" we are now asking our staff again what are the values of our current culture and do they match what we want here at HUTH? Our 2021 Staff Survey results also show that we can do significantly more to support staff in their careers and make knowing how to success available to all.

Actions:

- A complete review and redesign of our current appraisal systems that ensures our leaders take a talent management approach to managing staff and successful outcomes. This will also aim to include a way to give helpful and development feedback from staff to their managers.
- Development of an effective, helpful and supportive Talent Management approach for HUTH that ensures we have inclusive and positive approach to our succession planning at every level
- Positive action self-development and leadership programmes for our range of protective characteristics. This in partnership with the respective Staff Networks, to co-create programmes that make a difference.
- Compassionate and Inclusive leadership and its approach embedded in all internal and externally commissioned leadership development programmes
- To engage with staff on what matters to them with Focus Groups and wider staff engagement activities
- To review our Trust Values and the Current Culture using Barrett Values Cultural Barometer to understand our staff personal values, the current culture values and the future values they want to see at HUTH. To the review our results
- To adapt our Values and Staff Charter based on the results of our focus groups and Barrett Values Survey and ensure its built into how leadership and personal development activities are role modelled by staff at all levels

Expected Outcomes:

- To see staff reporting a continual and incremental increase in opportunities to develop their careers through having leaders with the skills to support, empower, enable their staff to access, and make great choices.
- To have a continual and incremental increase in the number of staff reporting that we have a compassionate and inclusive culture with leaders and staff role modelling our values and behaviours in all their everyday activities.

Measures:**People Promise: We are always learning**

To have a continual and incremental increase in staff reporting opportunities to develop their career aiming to be equal to or above the 2021 Trust average

| 2021 | Score |
|-------------------------------|--------------|
| Trust Average | 52.1% |
| Gender – Male | 57.2% |
| Gender – Female | 52.2% |
| Gender – prefer not to say | 28.6% |
| Long term conditions | 41.3% |
| Ethnicity – Non white | 62.9% |
| Sexuality – Gay / Lesbian | 58.8% |
| Sexuality – Bisexual | 77.1% |
| Sexuality – Other | 46.7% |
| Sexuality – Prefer not to say | 40.1% |

People Promise: We are compassionate and inclusive

To have a continual and incremental increase in the number of staff reporting we are a compassionate and inclusive organisation aiming to be equal to or above the 2021 Trust average (Compassionate Culture Sub-Score)

| 2021 | Score |
|-------------------------------|--------------|
| Trust Average | 6.9 |
| Gender – Male | 7.0 |
| Gender – Female | 6.9 |
| Gender – prefer not to say | 5.7 |
| Long term conditions | 6.7 |
| Ethnicity – Non white | 7.1 |
| Sexuality – Gay / Lesbian | 7.0 |
| Sexuality – Bisexual | 7.1 |
| Sexuality – Other | 6.4 |
| Sexuality – Prefer not to say | 6.3 |