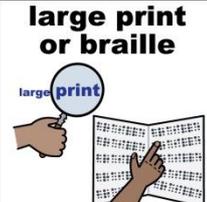


**Leeds and York Partnership Foundation Trust
Equality, Diversity and Human Rights Report
2015- 2016**

For more information about this report, or any of the information contained within it please contact Caroline Bamford, Head of Diversity and Inclusion by email: diversity.lypft@nhs.net or by telephone: 0113 859915

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Annual Equality, Diversity and Human Rights Report 2015-16

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Introduction

The purpose of this report is to provide an overview of progress in the key areas of equality and diversity activity in workforce and service delivery over the last 12 months (2015/16). This report summarises the actions and achievements the Trust has made and the priorities for the year ahead.

The Public Sector Equality Duty (PSED) of the Equality Act outlines the legal requirements for public sector organisations with over 150 employees including NHS Foundation Trusts. The PSED comprises two elements, known as the General and Specific duties, these are:

General Duty

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

The legally defined protected characteristics are:

- Sex
- Age
- Disability
- Race
- Gender re-assignment
- Sexual orientation
- Religion or belief
- Pregnancy and Maternity
- Marriage and civil partnership

This duty applies to the Trust as an employer and as a provider of services. In addition the Trust has a duty to identify and publish “Equality Objectives” and to report at least annually on the progress the Trust is making on meeting the PSED.

This report provides information about activity the Trust has undertaken between 1st April 2015 and 31st March 2016 to support these duties. The report also includes an update on progress the Trust has made towards achieving the Trust Equality objectives; these were reviewed and published during 2015.

This report should be read alongside other reports produced by the Trust which are also relevant to Equality, Diversity and Human Rights, these include:

- The Leeds and York Partnership Foundation Trust Annual Report
- The Leeds and York Partnership Foundation Trust Quality Report

Evidence for meeting the Public Sector Equality Duty

Eliminating Unlawful Discrimination, Harassment and Victimisation

We review all our written policies to ensure that we do not unlawfully discriminate and wherever possible they are written so that they promote equality. A number of our policies are published on our main website. The Equality Impact Assessment (EIA) for each policy can be found as an appendix to the policy. Example EIA's can be accessed within the Information Governance, Policies and Procedures section of the Trust website via the following link; http://www.leedsandyorkpft.nhs.uk/about_us

In 2015 we developed a new Equality Impact Assessment process for major service development and service redesign projects. Within this process programme leads are required to assess the impact on equality at the outset of the project and when relevant to evidence equality outcomes at the evaluation stage of the project. During 2015 this revised process was applied to the following two projects:

- Smoke Free Project- a Trust-wide project to support the Trust to go “smoke-free” from 1st April 2016
- Recruitment Project- a Trust-wide project to revise recruitment processes using a centralised values based assessment centre approach for key clinical posts from January 2016

We also review policy decisions through our governance structure approval process to ensure that they do not discriminate and promote equality wherever this is possible.

Our equality analysis approach aims to incorporate a Human Rights approach based on the FREDA principles of Fairness; Respect; Equality; Dignity and Autonomy and to consider addressing health inequalities for protected groups.

Advancing Equality of Opportunity

The following section details an example of work undertaken during 2015/16 and further relevant examples are detailed within the Equality Objectives progress section detailed within pages 5 to 9 of this report.

Meeting the Access Needs of Deaf and Hard of Hearing Communities

In September 2014, Leeds Healthwatch held an engagement event to the Deaf communities, service providers and commissioners together to share experiences and find solutions to improving access to and experience of health and social care services in Leeds for people who are Deaf/deaf or hard of hearing. A copy of the final report with recommendations from the event can be accessed via the following link: http://www.healthwatchleeds.co.uk/sites/default/files/uploads/bsl_healthy_day_final_0.pdf

During 2015/16 a comprehensive action plan was drawn up in response to the recommendations from the event and the subsequent report. Progress was made in the following areas against the action plan;

- Two training and development sessions were delivered by our British Sign Language interpreting provider to our clinical and reception staff
- Sample access audits undertaken by an external provider of five sites undertaken and recommendations taken forward
- An audit of service information leaflets undertaken by a time limited task and finish group. This included input and recommendations from members of our local Deaf/deaf communities through a representative from our British Sign Language interpreting provider
- Email accessibility to our Single Point of Access widened through the provision of encryption guidance to maintain confidentiality on the Trust website

- Specialist advocacy support promoted via the Trust website, to ensure that Deaf/deaf and hard of hearing communities have details of available support to assist them in making a formal complaint to the Trust.

Fostering Good Relations

Mental Health Anti-Stigma Work

We lead local Time to Change work in partnership with a variety of statutory and voluntary organisations in Leeds to shift public attitudes towards mental health. Activities during 2015/16 included:

- A 12 month campaign “Man Up?” aimed at men to increase awareness of available mental health support support and to reduce stigma and isolation. This included the development of a film “Men Talking Mental Health” which was shown at a variety of public events throughout the year.
- Six week Love Arts festival in partnership with the Arts and Minds Network, which aims to develop the role of the arts in health and social care and to reduce stigma and discrimination, whilst enabling those who feel excluded to take part in cultural activities. The festival included over fifty events delivered through a variety of partners and with support from people who use our services.

Equality Objectives 2015-2019

This section of the report provides information about the progress the Trust is making to achieve the Equality Objectives. These were reviewed and revised in 2015 following feedback from our stakeholders at the annual Equality Delivery System assessment event held in January 2015.

The Trust has six Equality Objectives which we hope to achieve between April 2015 and March 2019. During 2016 extensive engagement is being undertaken with our staff, service users, carers, stakeholders and members to re-imagine our Trust’s strategy, vision and values. This may result in a further review of the Trust’s Equality Objectives in light of the feedback from the engagement process.

A summary of our objectives for 2015 -2019 are below:

	Equality Objective 2015-2019	Measurement
1.	Improve service user data collection and analysis in relation to the 9 protected characteristics with a focus on areas with less comprehensive datasets.	Electronic patient records system- PARIS Electronic staff records system- ESR
2.	Improve the support for service users and carers with accessible information needs.	Electronic patient records system- PARIS Annual analysis against the requirements of the Department of health Accessible Information Standard.

3.	Improve how we evidence equality impacts and outcomes within service redesign and service improvement programmes.	Analysis of Equality Impact Analysis and benefits realisation plans and outcomes from service redesign schemes.
4.	Identify at least one equality objective annually through the Trust's annual operational planning process.	The 2015/16 priority: improve pathways of care for people with cognitive impairment or dementia. Evidence of work with partners and commissioners and associated improvements and outcomes.
5.	Review and improve equality of opportunity and outcomes in our recruitment and workforce development processes for people from Black and Minority Ethnic (BME) communities.	Annual analysis and comparison of the 9 metrics within the Department of Health Workforce Race Equality Standard (WRES).
6.	To develop and implement unconscious bias training within recruitment and selection training and internal leadership and development programmes.	Annual review, monitoring and analysis of training programmes.

Equality Objective 1 - Improve service user data collection and analysis in relation to the 9 protected characteristics with a focus on areas with less comprehensive datasets.

During 2015/16 we have focused on improving the collection and recording of service user ethnicity data. A comprehensive improvement plan has been implemented during the course of the year and actions have included updating our recording systems and briefings with teams and services. Over the course of the year ethnicity data completeness for our in-patient services has increased from under 70% to 97% but remains at fewer than 70% across other services.

Priorities 2016/17

The Trust plans to have a continued focus on service user ethnicity data collection and analysis and actions include:

- Crisis Care- Partnership work with commissioners and Touchstone to analyse and understand the experience of crisis pathway by BME communities to inform city-wide work targeted at improving that experience.
- Ethnicity Data Recording- Continued implementation of the improvement plan with a focus on improving ethnicity data recording within our community services.

Equality Objective 2 – Improve the support for service users and carers with accessible information needs

To achieve this objective we have focused on implementing actions to meet the requirements of the Accessible information Standard. The AIS is a national standard that all NHS and social care organisations will have to be compliant with by July 2016. The standard will require NHS organisations to identify if someone has a need with regard to information or communication because they have a disability and meet that need.

An action plan to support the implementation of the AIS was drawn up in 2015 and progress against the action plan was made in the following areas in 2015/16:

- A project group was established to support the implementation of the standard.
- Scoping was undertaken to understand current processes and gaps to inform the action plan development.
- We developed our electronic patient records system PARIS to include an area for recording and flagging support needs of our service users.
- A communications campaign was implemented to raise staff awareness of the requirements of the standard and of their responsibilities.
- Information to inform our service users of the standard in an accessible format was produced for display in all our service areas. Details of the poster and leaflet have been shared with other NHS and social care organisations.
- Our main referral forms have been amended to request details of access needs from referrers.
- The Trust is participating in a city-wide NHS and social care AIS group to share best practice and to develop processes for embedding the standard across health and social care.

Priorities 2016/17

- To monitor implementation of the standard through reporting analysis and service user feedback.

Equality Objective 3 - Improve how we evidence equality impacts and outcomes within service redesign and service improvement programmes.

To achieve this objective in 2015 we developed a new Equality Impact Assessment process for major service development and service redesign projects. Within this process programme leads are required to assess the impact on equality at the outset of the project and when relevant, to evidence equality outcomes at the evaluation stage of the project. During 2015 this revised process was applied to the following two projects:

- Smoke Free Project- a Trust-wide project to support the Trust to go “smoke-free” from 1st April 2016
- Recruitment Project- a Trust-wide project to revise recruitment processes using a centralised values based assessment centre approach for key clinical posts from January 2016

Priorities 2016/17

- To evaluate equality impacts and outcomes from the two 2015/16 projects.

Equality Objective 4- Identify at least one equality objective annually through the Trust’s annual operational planning process.

The priority for 2015/16 was improving pathways of care for people with cognitive impairment or dementia. A comprehensive improvement plan has been implemented during the course of the year including a Dementia Care Training Framework which aims to ensure that clinical and non-clinical staff working within a variety of

services have improved knowledge and skills to support people with dementia. Progress was made in the following areas:

- 30 clinical staff (mainly from community based teams) participated in a 3 day “Cornerstones of Dementia Care” programme.
- Over 100 clinical and non-clinical staff have attended Dementia Friends information sessions and become Dementia Friends.
- Over 125 clinical and non-clinical staff have accessed e-learning dementia programmes.
- Participation in the National Dementia Friendly Hospital initiative with actions to support improving environments to become more dementia friendly.
- Under the Memory Service National Accreditation Programme a peer review of our Memory Services has been undertaken and subsequent changes have resulted in a reduction of waiting times for memory assessment and provision of post diagnostic support.

Priorities 2016/17

- Re-design of our older people and dementia services is currently being developed, which will focus on timely diagnosis, care planning and support for well-being and will be implemented during 2016/17.
- Estates changes within in-patient Dementia wards will be implemented to make them more dementia friendly.

Equality Objective 5 - Review and improve equality of opportunity and outcomes in our recruitment and workforce development processes for people from Black and Minority Ethnic (BME) communities.

Our main focus has been to take forward the NHS Workforce Race Equality Standard (WRES) which formally commenced in April 2015. Further details on the Standard can be accessed at page 8 of this report.

- A review of our WRES data and findings was undertaken and benchmarking against the WRES metrics with 8 other Trusts.
- Under our organisational development model “Your Voice Counts” a WRES Ideas Implementation Group was established involving a cross-section of BME staff with executive sponsorship to lead the WRES work through staff engagement activity to identify actions to address findings from the WRES data.
- Feedback from BME staff across the Trust was gathered through a questionnaire was developed by the WRES IIG members and used to identify priority actions for 2016/17.
- A bid for funding was obtained from the Yorkshire Leadership Academy to run a pilot BME Graduate programme within the Trust. The programme will commence in 2016/17.
- A Trust-wide recruitment project commenced using a new assessment centre process for recruiting nurses and health support workers. Equality of opportunity and outcomes for applicants from BME communities will be a focus of the project and initial evaluation and comparisons will commence in 2016/17.

Priorities for 2016/17

- Implementation of the pilot BME Graduate programme, developed during 2015/16.
- Implementation of a Trust-wide project to develop management support processes for our Bank staff. It is envisaged that through improving support processes that this will have a direct impact on the number of BME Bank staff currently entering the Trust’s formal disciplinary process.
- To review recruitment training for appointing officers and to include unconscious bias training.
- To review and revise the Trust’s bullying and harassment procedure.

Equality Objective 6- To develop and implement unconscious bias training within recruitment and selection training and internal leadership and development programmes.

During 2015/16 unconscious bias training has been incorporated within our recruitment and selection training for all new appointing officers.

Priorities for 2016/17

- To incorporate unconscious bias training within internal leadership and development programmes.

Equality and Human Rights; Structure and Process

The Equality and Inclusion Group (EIG) provides the overarching governance structure for equality and human rights within the Trust. The group meets bi-monthly and is chaired by the Associate Director of Specialist and Learning Disabilities services. Membership includes representatives from each clinical directorate: representatives from Staff Side; Human Resources and a Governor.

Its aims are:

- To ensure that the trust meets the statutory duties laid out in the general and specific duties under the Equality Act 2010
- To ensure that the trust delivers work plans and develops actions that meet EDS, WRES, AIS and CQC requirements
- To support the trust's strategic approach to Equalities and human Rights
- To oversee a comprehensive and robust programme of work encompassing workforce and service delivery

In addition to the work of the EIG, equality and human rights responsibilities are also held within governance groups such as the Mental Health Act Legislative Committee.

NHS Equality Delivery System 2

The NHS Equality Delivery System 2 (EDS) has been developed to support NHS organisations to identify equality priority areas and to meet equality duties. The Trust aims to embed actions to achieve the goals of EDS within all of the activity it delivers including actions to meet its Equality Objectives and as a framework to meet the requirements of the Public Sector Equality Duty.

The EDS 2 provides a framework which enables the Trust to identify and address gaps and inequalities through the collection and analysis of information. The EDS2 also enables the Trust to identify and set equality objectives and priorities and make the changes required to become an employer of choice and improve how frontline services deliver good health outcomes for the protected groups. The EDS is comprised of the following four goals:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

Since 2011 the Trust has worked in partnership with the NHS organisations in Leeds to establish and develop the Leeds NHS Equality Advisory Panel. The panel is comprised of local third sector and statutory organisations including Leeds Healthwatch; Local Authority; Leeds Involving People and the NHS. Members act as "critical friends", assessing evidence of equality and diversity performance using the EDS framework.

The Trust currently uses EDS2 in the following ways:

- We have assessed progress and identified improvement priorities against the four goals of EDS2 through the Leeds NHS Equality Advisory panel.
- We are members of the Leeds Equality Network, comprised of statutory organisations within Leeds to share and learn from equality implementation best practice.
- We undertake EDS2 work in partnership with other NHS organisations and health providers to improve the health outcomes for our service users

The Workforce Race Equality Standard

The Workforce Race Equality Standard (WRES) was introduced across the NHS from April 2015 to ensure that employees from BME backgrounds have equal access to career opportunities and receive fair treatment within the workplace.

The WRES was developed by NHS England in response to findings from a number of national reports which identified unacceptable disparities in the number of people from BME communities in senior leadership positions within the NHS and negative experiences of BME staff within the workforce. The WRES provides a national framework to enable NHS organisations to identify areas of potential inequalities, to benchmark progress against similar organisations, and over time to implement actions to improve race equality in the workforce.

As described by NHS England, the challenge to ensure that BME staff are treated fairly and their talents valued and developed, is one that all NHS organisations need to address because:

- Research shows that unfair treatment of BME staff adversely affects the care and treatment of all patients.
- Talent is being wasted through unfairness in the appointment, treatment and development of a large section of the NHS workforce.
- Precious resources are wasted through the impact of such treatment on the morale, discretionary effort, and other consequences of such treatment.
- Diverse teams and leaderships are more likely to show the innovation, and increase the organisational effectiveness, the NHS needs.
- Organisations whose leadership composition bears little relationship to that of the communities served will be less likely to deliver the patient focussed care that is needed.

The WRES has nine “metrics” and NHS organisations are required to produce a report about these metrics and details of actions undertaken to address any identified disparities for BME staff on an annual basis.

During 2015/16 we published our first WRES report and developed an action plan to start to address identified areas for improvement. To support this work the WRES Ideas Implementation Group (IIG) was established led by a cross section of BME staff with “Executive Sponsorship” from our Chief Executive and our Director of Workforce Development. The WRES IIG group members undertook staff engagement activity, including identifying actions to address findings from the WRES data.

The WRES IIG developed a brief survey which was disseminated to all BME staff within the organisation and included the following three areas for discussion:

1. How can the Trust unlock/release the talent amongst Black and Minority Ethnic (BME) staff within the organisation?
2. What could the organisation do to show it took discrimination against staff seriously?
3. What actions can the Trust take to address any barriers to professional development for BME staff?

A number of areas were identified for further consideration and development including: recruitment and career progression, training and development, talent management, culture and communication.

Full details of progress during 2015/16 and priorities for 2016/17 can be found within the Trust's 2016 WRES report. This can be accessed via our website within the Workforce Diversity Data section, please see: http://www.leedsandyorkpft.nhs.uk/about_us/equality_diversity/workforcediversitydata.

LYPFT Workforce Equality Reporting 2015/16

The following section within this report provides a breakdown of workforce demographics and comparison against the available local population figures. It covers activity over the period 1st April 2015 to 31st March 2016. However, as the workforce is constantly changing, the workforce dataset has been drawn from a snapshot of the workforce taken on 31st March 2016.

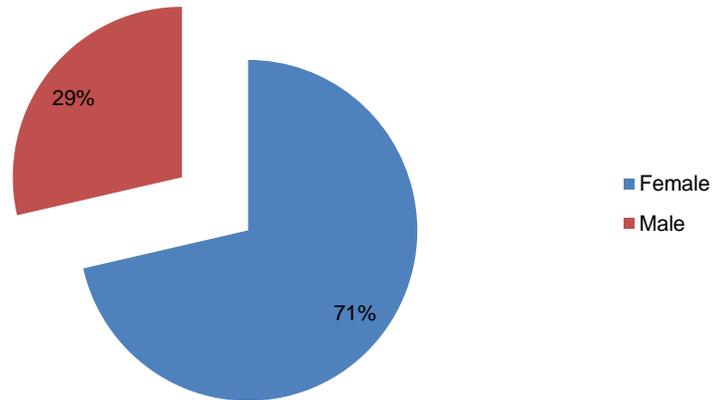
The report includes an overview of key data for leavers; promotions; grievances; disciplinary cases and recruitment conversion rates. Full demographical data for each of these areas can be provided on request. Please contact the Diversity Team by email: diversity.lypt@nhs.net or by telephone 0113 8959915.

Population data by percentage:

Age	Census 2011	Ethnicity	Census 2011	Religion	Census 2011	Gender	Census 2011
16 – 29	23.4%	White		No Religion	28.2%	Female	51%
30-44	20.7%	Mixed		Christian	55.9%	Male	49%
45-59	17.7%	Asian	7.7%	Buddhist	0.4%		
60-74	12.8%	Black	3.5%	Hindu	0.9%	Sexual Orientation	Stonewall
75+	7.1%	Other	1.1%	Jewish	0.9%	Heterosexual	93-95%
				Muslim	5.4%	Gay/Lesbian/Bisexual	5-7%
Disability	Census 2011			Sikh	1.2%		
Day to day activities limited a lot/little	16.7%			Any other religion	0.3%		

Gender Profile of Workforce

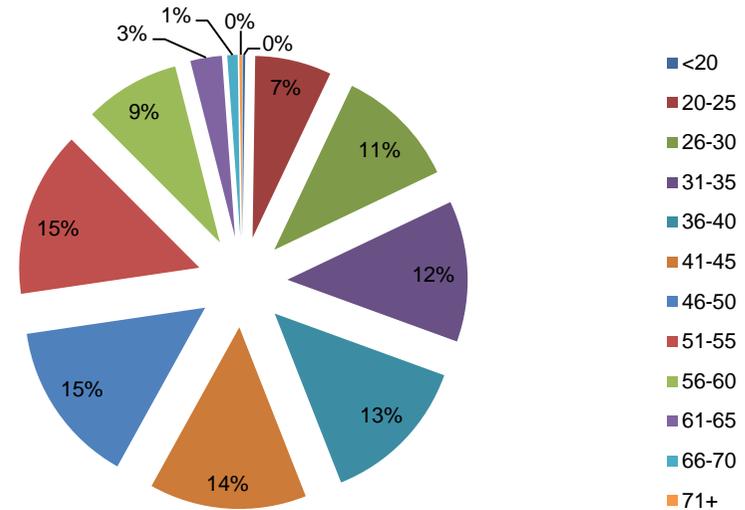
Staff Percentage by Gender at 31st March 2016



When compared with the Census 2011, there is negative disproportionality (-20%) for males and positive proportionality (+20%) for females. These figures are representative of overall Trust gender profiling and further disaggregation by role profiling will be required.

Age Profile of Workforce

Staff by Age band Percentage at 31st March 2016

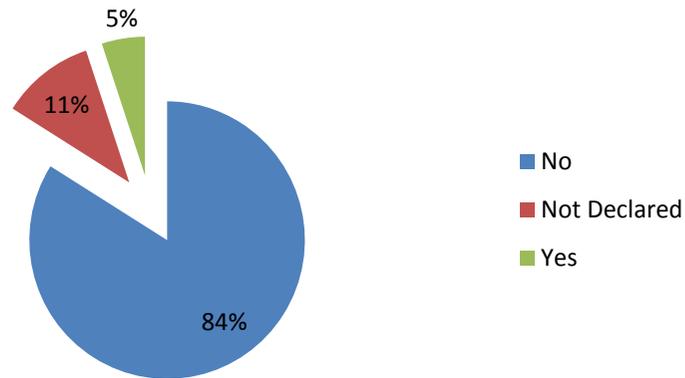


Workforce representation is highest amongst the 31-45 age ranges at 40.1% and 46-60years at 38%.

There is an under-representation of ages 16-30years (18%) within the Trust in comparison with the Census 2011 figures of 23.4% (based on analysis of the age ranges between 16-29 years).

Disability Profile of Workforce

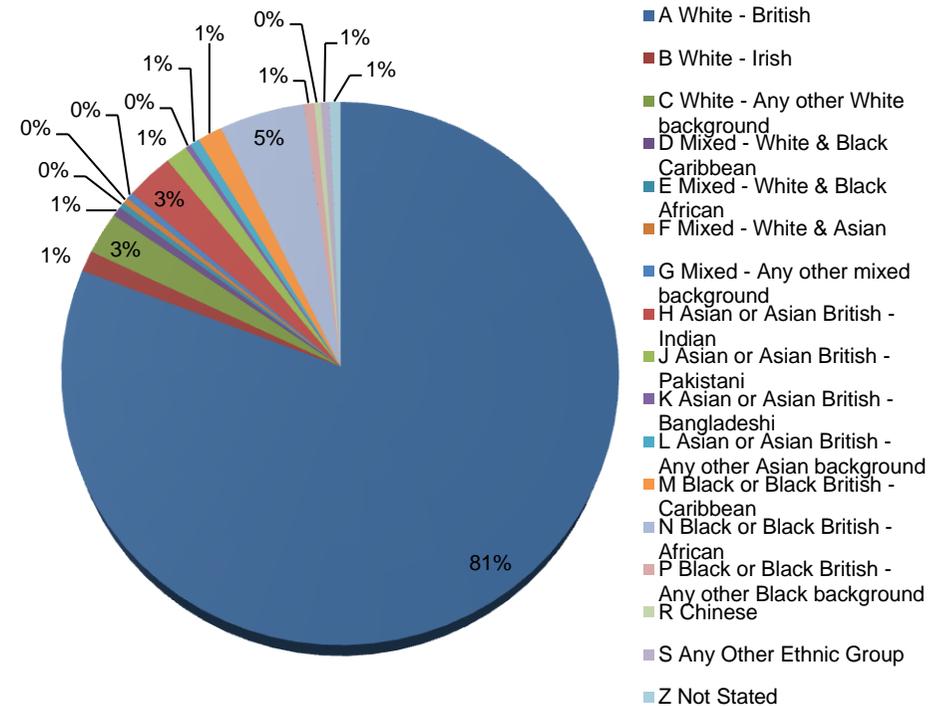
Staff Percentage by Disability at 31st March 2016



When compared with the Leeds Census 2011 (16.7%), there is negative disproportionality within the Trust where it seeks to be representative of disabled communities in Leeds.

Ethnic Profile of Workforce

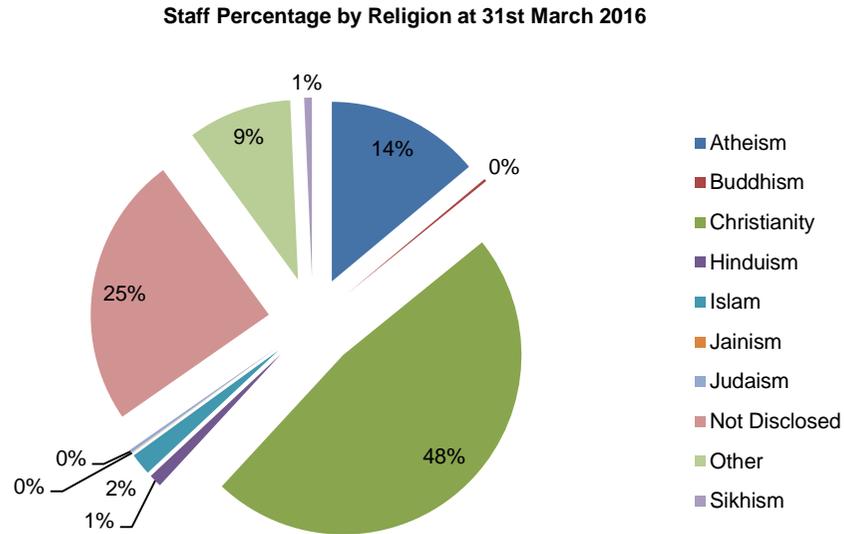
Staff by Ethnic origin Percentage at 31st March 2016



When compared with the Census 2011, the workforce is positively representative of the White population of Leeds with Trust representation at 84.5% compared with 85% for the local Leeds population.

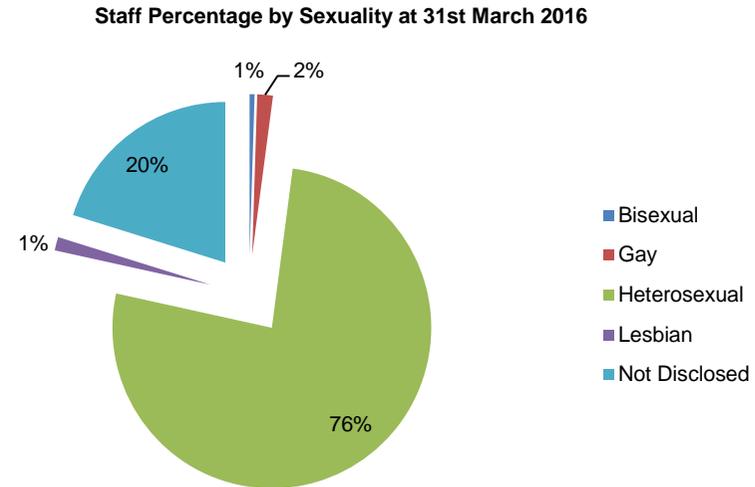
There is an under-representation of Asian communities within the current workforce (5.7%, including Chinese) when compared with the Census figures of 7.7%. There is a positive representation of Black communities within the Trust ethnic profile currently represented at 7.2% when compared with the Leeds demographic of 3.5%.

Religion or Belief Profile of Workforce



When compared with the Census 2011, there is under-representation across all religious or spiritual domains except Hinduism which is positively representative within the workforce at 1.2% compared with 0.9% within the local community

Sexual Orientation Profile of Workforce



3.5% of the workforce have declared their sexual orientation as either lesbian, gay or bisexual which is slightly disproportionately low compared to the national data supplied by Stonewall at 5-7%.

Around 20% of the workforce has not declared their sexual orientation.

Leavers

The total headcount of all leavers during the reporting period was 1036. There was a disproportionately high number of leavers during this reporting period due to the transfer of over 500 staff to another NHS organisation.

The most frequent employment departures occurred within Agenda for Change Bandings with 22.4% of all leavers from Band 3, 19.6% from Band 5 and 18.4% from Band 6. 9.3% of leavers were Band 7 and 3.8% were Band 4 during their employment within the Trust.

73% of leavers were female and 24% male with the highest proportion of leavers aged within the 46-60 years age groups - 41.6%, followed by 34% within the 31-45 year age groups and 17.4% from the 16-30year age bands.

Promotions

There were 108 promotions during this reporting period with 88% of staff from White backgrounds which is slightly higher than the current white staff capacity in the Trust (84.5%). This allows applies to staff who identify as Black with representation in promotions at 7.4%. However there was under-representation of staff from Asian backgrounds at 1.8% as well as staff with Mixed ethnicity at 0.9%.

Grievances

During this reporting period, there were a total of 13 grievances. 84.6% of grievances were taken out by White Staff with the only other BME category as Black or Black British staff at 15.4%.

The highest proportions of grievances (61.6%) were taken out by staff in the 41-45 years and 56-60 years age bands each respectively accounting for 30.8% of these.

92.3% of grievances were submitted by female staff.

15.4% of staff taking out a grievance identified as disabled, however, 23.1% did not declare disability.

The highest proportion of grievance cases were submitted by staff at Bands 2, 3 and 6 collectively comprising of 61.6%.

Disciplinary Procedures

During this review period there were 129 disciplinary cases.

There was over-representation of male staff entering the disciplinary process at 49% of all cases when compared with overall Trust male gender composition of 29% of the total workforce.

82.9% of staff entering the formal disciplinary process identified as White and 5.4% Asian. 3.9% were Mixed ethnicity staff and 7.8% were Black staff, which shows an over-representation when compared with local Census demographics.

7.8% of staff in disciplinary proceedings identified as lesbian, gay or bisexual which again is an over-representation against both local Trust demographics and the national data available via Stonewall. 24% of staff chose not to disclose their sexual orientation.

The highest proportion of staff entering the formal disciplinary process by age bands were from the 46-50 years (22.5%) and the 51-55years (17.8%) categories. Disciplinary proceedings increased from 31-35 years up to the 56-60 years group, whereby there was a decline (7%). The lowest prevalence was in the 26-30 years and 61-65years age groups.

Recruitment Conversion

A total of 515 people were appointed during this reporting period.

There were more female applicants than male.

74.8% of those appointed were female in comparison to 22.9% male.

28.2% of overall applications and 19.3% of all those shortlisted were from Black Ethnic Minority (BME) communities during this reporting period.

10.3% of those appointed were from Black Minority Ethnic (BME) backgrounds which can be compared to the local BME population for Leeds at 14.9%.

Further analysis indicates that the lowest number of appointments when compared with applications was made in groups identifying as 'Asian'. Only 32.6% of applicants successfully gained appointments. This was followed by groups identifying as 'Black', whereby 33% of applications were successful appointments.

Whereby 70% of overall applicants identified as White, 79.1% of appointees were from this ethnic category.

48.8% of applications were received from candidates within the 16-29 years age groups and in overall appointments, 38.6% were from these age bands. Positively disproportionate appointments were made for the 30-49 years groups with 52.1% appointments over 41.1% applications from this group. This also applies to the 55-59 years age group with 2.6% applications versus 3.9% appointments.

6.2% of applications made to the Trust came from those who declared a disability. In the 2011 census, 16.7% of the population in Leeds indicated they had a long term illness, health problem or disability.

The Trust's 'Two Ticks' accreditation enables ongoing commitment in employment activities. One of the requirements of this is that disabled applicants meeting the essential criteria for a role are automatically given an interview.

The conversion rate from being shortlisted to appointment for applicants with a disability was 6.4%.

4.3% of applications were from people who identified as lesbian, gay or bisexual (LGB) and for this reporting period, 4.5% of people appointed identified as LGB.