

Annual Equality, Diversity and Human Rights Report

2013-2014

Date: September 2014



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Foreword

We are pleased to recommend our Equality and Diversity Annual Report. This last year has seen some significant positive development in the Trust recognising and responding to our duty to ensure fair treatment and equality of access for all our patients and staff.

The Board experienced significant challenge regarding our understanding of unconscious bias and we are committed as we move forward to learning from this as we make strategic service decisions. Importantly, the training and appointment of our fairness champions will provide a further opportunity for staff particularly to have concerns raised in a supportive and facilitated way.

The agenda of 'to do's' can at times feel overwhelming; however we are committed to providing the best possible care to our patients and users of services and we know that a recognition of difference and a positive embracing of diversity will have a real and tangible impact on the quality of services we provide.

Sue Holden
Trust Lead – Equality and Diversity
Director Corporate Development
Director Human Resources

Professor Dianne Willcocks CBE DL
Equality and Diversity Champion
Non-Executive Director

Summary

The ultimate objective of York Teaching Hospital NHS Foundation Trust is to be trusted to provide safe, effective, sustainable healthcare within our communities. Integrating equality, diversity and human rights into our day to day practice will enable the delivery of services and employment of a workforce that is inclusive of the communities we serve.

The following table provides a summary of the evidence about how we meet our general equality duty including the section of the report where this is covered should further detail be required. This report and our equality objectives are published on the Trust website.

General Duty	Evidence	Section
Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2012	<ul style="list-style-type: none"> • Governance structure for equality and diversity • Directors / managers informed and involved to assure E&D and human resource practices • Staff undertake training at a level to support them carrying out their role effectively • Policies in place and reviewed in accordance with Trust policy guidance and amended as new legislation and guidance requires • Recruitment policies are fair and transparent • Incidents are reported • Patient Experience monitor comments, compliments and other concerns • Access audits to ensure services are accessible 	<p>i</p> <p>2.5 and 2.6</p> <p>2.5</p> <p>1.1</p> <p>2.6</p> <p>1.7 and 2.7</p> <p>1.9 and 1.12</p> <p>1.6</p>

General Duty	Evidence	Section
<p>Advance equality of opportunity between persons who share a protected a relevant characteristic and persons who do not share it</p> <ul style="list-style-type: none"> • Remove or minimise disadvantages connected with a relevant protected characteristic • Take steps to meet the different needs of persons who share a protected characteristic • Encourage persons who share a relevant protected characteristic to participate in public life or any other activity in which they are under-represented 	<ul style="list-style-type: none"> • Equality analysis to identify potential risks to the outcomes of patients as part of the decision making process • Human resource practices to promote equality of opportunity for all staff at all levels • Commitment to promoting staff side activities • Work with partner agencies from public and voluntary sector • Two tick employer • Engagement with local communities • Interpreting Services in place 	<p>1.1</p> <p>2</p> <p>2</p> <p>2.5</p> <p>2</p> <p>1.13</p> <p>1.4</p>
<p>Foster good relations between persons who share a protected characteristic and persons who do not share it</p> <ul style="list-style-type: none"> • Tackle prejudice • Promote understanding 	<ul style="list-style-type: none"> • Engagement with: <ul style="list-style-type: none"> • Service users and carers • Members and governors • Staff and volunteers • Partners • Statutory partners • Awareness events 	<p>1.13</p> <p>1.13 and 2.5</p>

Introduction

In line with good practice taken from “Publishing equality information: Commitment, engagement and transparency – Assessment of public authorities’ implementation of the specific duty to publish equality information” (Equality and Human Rights Commission 2012) this report is designed to demonstrate our compliance with the equality duty to publish information.

Previously the Trust has published two sets of information with a workforce report in August and information about our other functions, services and policies in January; we have therefore decided to align our reports and intend from this point forward to publish our annual report about Equality, Diversity and Human Rights in September each year which will enable greater embedding into the business cycle of the Trust.

The report is aimed to be reader friendly with a clear structure and information to establish the current situation including progress, achievements since last years report and where further work is required.

a) Overview of York Teaching Hospital NHS Foundation Trust

York Teaching Hospital NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 530,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale – an area covering 3,400 square miles.

Our annual turnover is over £400 million; we manage ten hospital sites, 1,127 beds (including day case beds) and have a workforce of over 8,000 staff working across our hospitals and in the community.

Our hospitals:

- The York Hospital
- Scarborough General Hospital
- Bridlington District Hospital
- Whitby Community Hospital
- Malton Community Hospital
- The New Selby War Memorial Hospital
- St Monica's Hospital, Easingwold
- Archways Intermediate Care Unit, York
- White Cross Rehabilitation Hospital, York
- St Helens Rehabilitation Hospital, York

b) Trust Mission, Values, Drivers and Motivators

The NHS Constitution establishes the principles and values of the NHS in England setting out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

York Teaching Hospital NHS Foundation Trust is committed to the principles outlined in the constitution, which is reflected in 'our commitment to you'. This document takes on board the views of our staff and governors, and outlines our values and priorities providing a basis for setting out what you can expect from us and what we expect from both our staff and patients.

Our Shared Commitment: Caring with Pride

Our ultimate objective is to be trusted to provide safe, effective, sustainable healthcare within our communities.

Our values, drivers and motivators:

- Caring about what we do
- Respecting and valuing each other
- Listening in order to improve
- Always doing what we can to be helpful

How we promote safe and effective healthcare for all who need it and work to provide it is outlined in “our commitment” and “How we live our values” which are published on our website.

c) Local Demographics

As mentioned in part a the Trust covers a large geographic area, the following information has been taken from the Office of National Statistics website <https://www.nomisweb.co.uk/> 2011 Census data based on the seven constituencies and specific constituency wards as per the Trust constitution Annex 1. Data for disability, gender reassignment, pregnancy and maternity and sexual orientation is not available from this source.

Summary of the following tables:

Age: York has an increased percentage of 18+ to 24 years which can be correlated to higher education establishments in the city

Gender: Higher numbers of females in all areas which links to longer life expectancy

Ethnic Group: York is our most diverse area with 94.3% being white residents Hambleton is the least diverse with 99.2% White residents

Religion: Christianity is the dominant religion, no religion and religion not stated the next highest categories.

Marital Status: this is the first Census to include registered same sex civil partnerships with the Civil Partnerships Act coming into effect December 2005.

It is noted that whilst percentages for some categories may appear to be low and as a consequence they may not be viewed by some as statistically significant, it is nonetheless vital that we engage and consult with our communities and workforce for qualitative data about experience to inform our views, decision making and enable inclusivity.

Age

Age	Bridlington		Hambleton		Ryedale and East Yorkshire		Scarborough		Selby		Whitby		York		Total	
	number	%	number	%	Number	%	number	%	number	%	number	%	number	%	number	%
Age 0 to 4	3,185	4.7	867	5.0	7,393	4.8	4,274	5.1	4,875	5.8	1,043	4.2	10,960	5.4	32,597	5.1
Age 5 to 7	1,917	2.8	562	3.3	4,557	2.9	2,405	2.9	2,741	3.3	687	2.7	5,971	2.9	18,840	3.0
Age 8 to 9	1,228	1.8	398	2.3	2,873	1.8	1,553	1.9	1,818	2.2	426	1.7	3,770	1.8	12,066	1.9
Age 10 to 14	3,588	5.3	1,081	6.3	8,647	5.6	4,429	5.3	4,852	5.8	1,289	5.1	10,261	5.0	34,147	5.4
Age 15	825	1.2	224	1.3	1,954	1.3	981	1.2	1,028	1.2	304	1.2	2,202	1.1	7,518	1.2
Age 16 to 17	1,571	2.3	442	2.6	3,904	2.5	1,971	2.4	2,167	2.6	568	2.3	4,528	2.2	15,151	2.4
Age 18 to 19	1,465	2.1	366	2.1	3,241	2.1	2,211	2.6	1,812	2.2	505	2.0	8,095	4.0	17,695	2.8
Age 20 to 24	3,040	4.4	708	4.1	6,690	4.3	5,098	6.1	4,453	5.3	1,170	4.7	19,992	9.8	41,151	6.5
Age 25 to 29	2,973	4.4	651	3.8	6,597	4.2	4,262	5.1	4,346	5.2	1,105	4.4	14,355	7.0	34,289	5.4
Age 30 to 44	11,098	16.2	2,936	17.0	26,366	17.0	13,594	16.2	16,589	19.9	3,697	14.7	39,866	19.5	114,146	17.9
Age 45 to 59	14,158	20.7	4,092	23.7	33,591	21.6	17,242	20.6	18,761	22.5	5,939	23.7	37,948	18.5	131,731	20.7
Age 60 to 64	5,962	8.7	1,300	7.5	13,281	8.6	6,378	7.6	6,001	7.2	2,342	9.3	12,209	6.0	47,473	7.4
Age 65 to 74	9,567	14.0	2,003	11.6	19,818	12.8	10,111	12.1	7,702	9.2	3,200	12.8	17,572	8.6	69,973	11.0
Age 75 to 84	5,506	8.1	1,170	6.8	11,761	7.6	6,509	7.8	4,554	5.5	2,025	8.1	11,909	5.8	43,434	6.8
Age 85 to 89	1,491	2.2	300	1.7	3,066	2.0	1,741	2.1	1,147	1.4	518	2.1	3,282	1.6	11,545	1.8
Age 90 and over	758	1.1	148	0.9	1,561	1.0	940	1.1	603	0.7	276	1.1	1,694	0.8	5,980	0.9

Gender

	Bridlington		Hambleton		Ryedale and East Yorkshire		Scarborough		Selby		Whitby		York		Total	
Gender	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
All persons	68,332	100.0	17,248	100.0	86,968	100.0	83,699	100.0	83,449	100.0	25,094	100.0	204,614	100.0	569,404	100.0
Males	33,051	48.4	8,403	48.7	42,880	49.3	40,343	48.2	40,947	49.1	12,227	48.7	99,555	48.7	277,406	48.7
Females	35,281	51.6	8,845	51.3	44,088	50.7	43,356	51.8	42,502	50.9	12,867	51.3	105,059	51.3	291,998	51.3

Ethnic Group

Ethnic Group	Bridlington		Hambleton		Ryedale and East Yorkshire		Scarborough		Selby		Whitby		York		Total	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
All usual residents	68,332	100.0	17,248	100.0	86,968	100.0	83,699	100.0	83,449	100	25,094	100.0	204,614	100.0	569,404	100.0
White: English/Welsh/Scottish/Northern Irish/British	66,513	97.3	16,741	97.1	83,682	96.2	79,232	94.7	79,686	95.5	24,393	97.2	184,635	90.2	534,882	93.9
White: Irish	194	0.3	60	0.3	382	0.4	232	0.3	326	0.4	69	0.3	1,131	0.6	2,394	0.4
White: Gypsy or Irish Traveller	49	0.1	11	0.1	95	0.1	30	0.0	158	0.2	7	0.0	300	0.1	650	0.1
White: Other White	736	1.1	234	1.4	1,468	1.7	1,851	2.2	1,907	2.3	290	1.2	6,922	3.4	13,408	2.4
Mixed/multiple ethnic groups: White and Black Caribbean	152	0.2	16	0.1	149	0.2	198	0.2	190	0.2	30	0.1	544	0.3	1,279	0.2
Mixed/multiple ethnic groups: White and Black African	44	0.1	22	0.1	83	0.1	95	0.1	50	0.1	14	0.1	312	0.2	620	0.1
Mixed/multiple ethnic groups: White and Asian	119	0.2	29	0.2	189	0.2	260	0.3	271	0.3	64	0.3	889	0.4	1,821	0.3
Mixed/multiple ethnic groups: Other Mixed	81	0.1	24	0.1	128	0.1	171	0.2	115	0.1	37	0.1	719	0.4	1,275	0.2
Asian/Asian British: Indian	96	0.1	21	0.1	94	0.1	370	0.4	175	0.2	13	0.1	1,540	0.8	2,309	0.4
Asian/Asian British: Pakistani	9	0.0	5	0.0	42	0.0	114	0.1	17	0	55	0.2	419	0.2	661	0.1
Asian/Asian British: Bangladeshi	4	0.0	2	0.0	29	0.0	96	0.1	2	0	13	0.1	370	0.2	516	0.1
Asian/Asian British: Chinese	97	0.1	18	0.1	158	0.2	247	0.3	170	0.2	40	0.2	2,623	1.3	3,353	0.6
Asian/Asian British: Other Asian	117	0.2	30	0.2	198	0.2	386	0.5	129	0.2	30	0.1	2,001	1.0	2,891	0.5
Black/African/Caribbean/Black British: African	42	0.1	19	0.1	112	0.1	165	0.2	170	0.2	11	0.0	912	0.4	1,431	0.3
Black/African/Caribbean/Black British: Caribbean	25	0.0	3	0.0	59	0.1	47	0.1	33	0	4	0.0	209	0.1	380	0.1
Black/African/Caribbean/Black British: Other Black	7	0.0	0	0.0	22	0.0	11	0.0	9	0	2	0.0	92	0.0	143	0.0
Other ethnic group: Arab	27	0.0	8	0.0	30	0.0	109	0.1	9	0	14	0.1	500	0.2	697	0.1
Other ethnic group: Any other ethnic group	20	0.0	5	0.0	48	0.1	85	0.1	32	0	8	0.0	496	0.2	694	0.1

Marital Status

Marital Status	Bridlington		Hambleton		Ryedale and East Yorkshire		Scarborough		Selby		Whitby		York		Total	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
All usual residents aged 16+	57,589	100.0	14,116	100.0	72,287	100.0	70,057	100.0	68,135	100	21,345	100	171,450	100.0	474,979	100.0
Single (never married or never registered a same-sex civil partnership)	14,766	25.6	3,269	23.2	18,082	25.0	20,558	29.3	18,088	26.5	5,569	26.1	65,584	38.3	145,916	30.7
Married	29,952	52.0	8,239	58.4	40,306	55.8	33,417	47.7	37,705	55.3	11,075	51.9	76,206	44.4	236,900	49.9
In a registered same-sex civil partnership	125	0.2	26	0.2	126	0.2	161	0.2	125	0.2	56	0.3	446	0.3	1,065	0.2
Separated (but still legally married or still legally in a same-sex civil partnership)	1,334	2.3	301	2.1	1,549	2.1	1,846	2.6	1,618	2.4	478	2.2	3,359	2.0	10,485	2.2
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	5,883	10.2	1,216	8.6	6,406	8.9	7,696	11.0	6,059	8.9	2,142	10	14,487	8.4	43,889	9.2
Widowed or surviving partner from a same-sex civil partnership	5,529	9.6	1,065	7.5	5,818	8.0	6,379	9.1	4,540	6.7	2,025	9.5	11,368	6.6	36,724	7.7

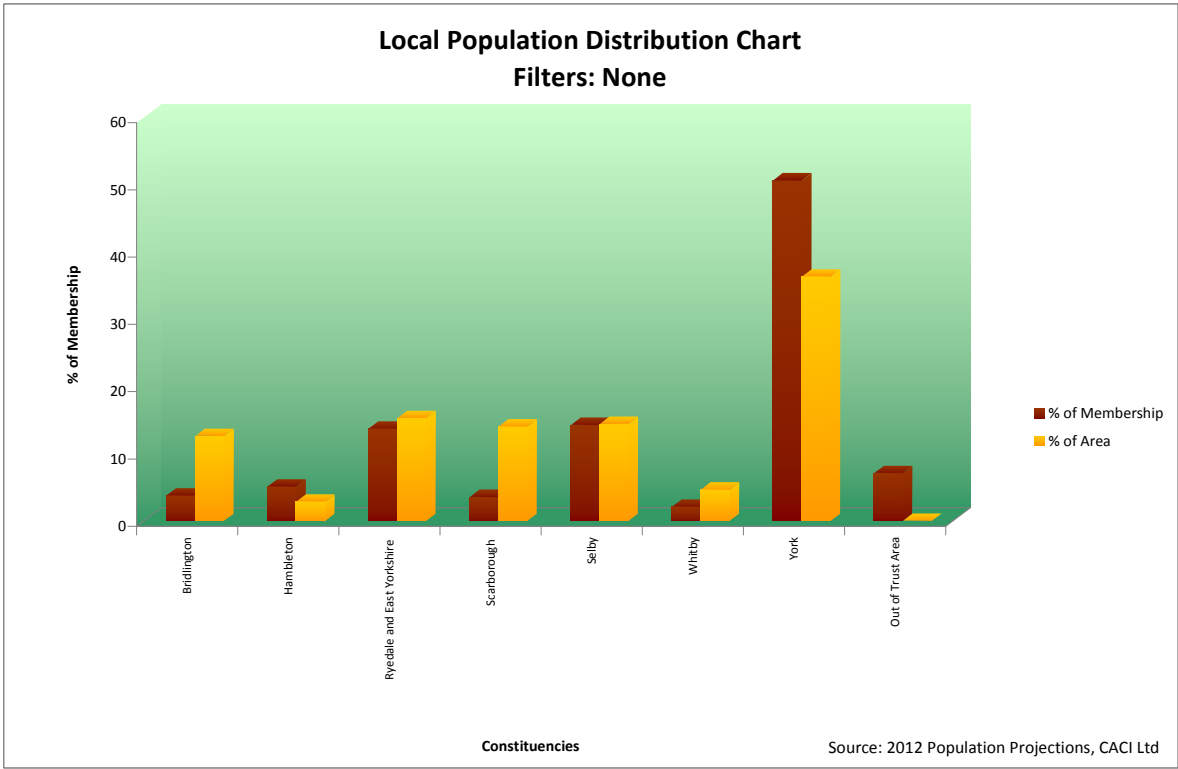
Religion

	Bridlington		Hambleton		Ryedale and East Yorkshire		Scarborough		Selby		Whitby		York		Total	
	number	%	number	%	number	%	number	%	number	%	number	%	number	%	number	%
All categories: Religion	68,332	100.0	17,248	100.0	86,968	100.0	83,699	100.0	83,449	100.0	25,094	100.0	204,614	100.0	569,404	100.0
Christian	46,646	68.3	12,527	72.6	61,679	70.9	54,731	65.4	59,182	70.9	17,813	71.0	122,461	59.8	375,039	65.9
Buddhist	129	0.2	27	0.2	241	0.3	243	0.3	133	0.2	52	0.2	1,057	0.5	1,882	0.3
Hindu	37	0.1	10	0.1	58	0.1	156	0.2	87	0.1	11	0.0	988	0.5	1,347	0.2
Jewish	30	0.0	10	0.1	38	0.0	54	0.1	60	0.1	13	0.1	213	0.1	418	0.1
Muslim	94	0.1	23	0.1	216	0.2	476	0.6	95	0.1	75	0.3	2,100	1.0	3,079	0.5
Sikh	22	0.0	0	0.0	12	0.0	7	0.0	51	0.1	1	0.0	134	0.1	227	0.0
Other religion	219	0.3	50	0.3	294	0.3	292	0.3	206	0.2	110	0.4	755	0.4	1,926	0.3
No religion	16,047	23.5	3,360	19.5	18,098	20.8	21,519	25.7	18,070	21.7	5,146	20.5	61,070	29.8	143,310	25.2
Religion not stated	5,108	7.5	1,241	7.2	6,332	7.3	6,221	7.4	5,565	6.7	1,873	7.5	15,836	7.7	42,176	7.4

d) Trust Membership

One of the benefits of being a Foundation Trust is that the structure allows us to work more closely with local people and service users to help us better respond to the needs of our communities. People can become involved in helping the Trust develop the right services in a number of ways, but one of the best ways is to become a member of the Trust. The Council of Governors is made up of members who have been elected to represent specific stakeholders and the remaining membership have a duty to ensure they reflect the opinion of the members of the Trust and the wider public. The membership community is made up of local people, patients, carers, staff from partner organisations such as the local councils and staff employed by the Foundation Trust. We apologise for the size of text in the charts of this section but we are unable to change due to the computer package used.

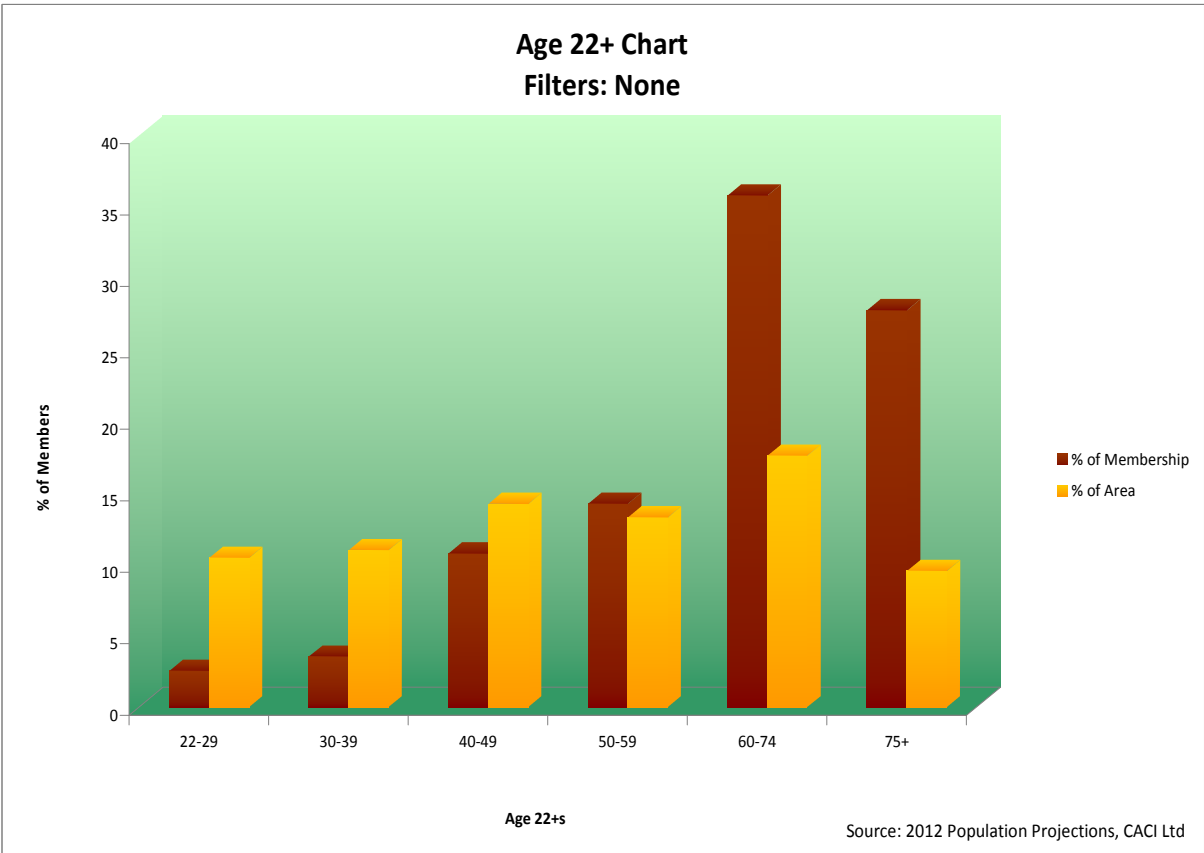
The Trust seeks to recruit membership that reflects the demographics of the local area, at present the Trust has 12,413 public members across its 7 constituencies. The attached chart shows the current membership against the local population. This shows that the Trust is well represented in York and Selby, Hambleton and Ryedale and East Yorkshire, but under represented in Scarborough, Whitby and Bridlington.



Age profile

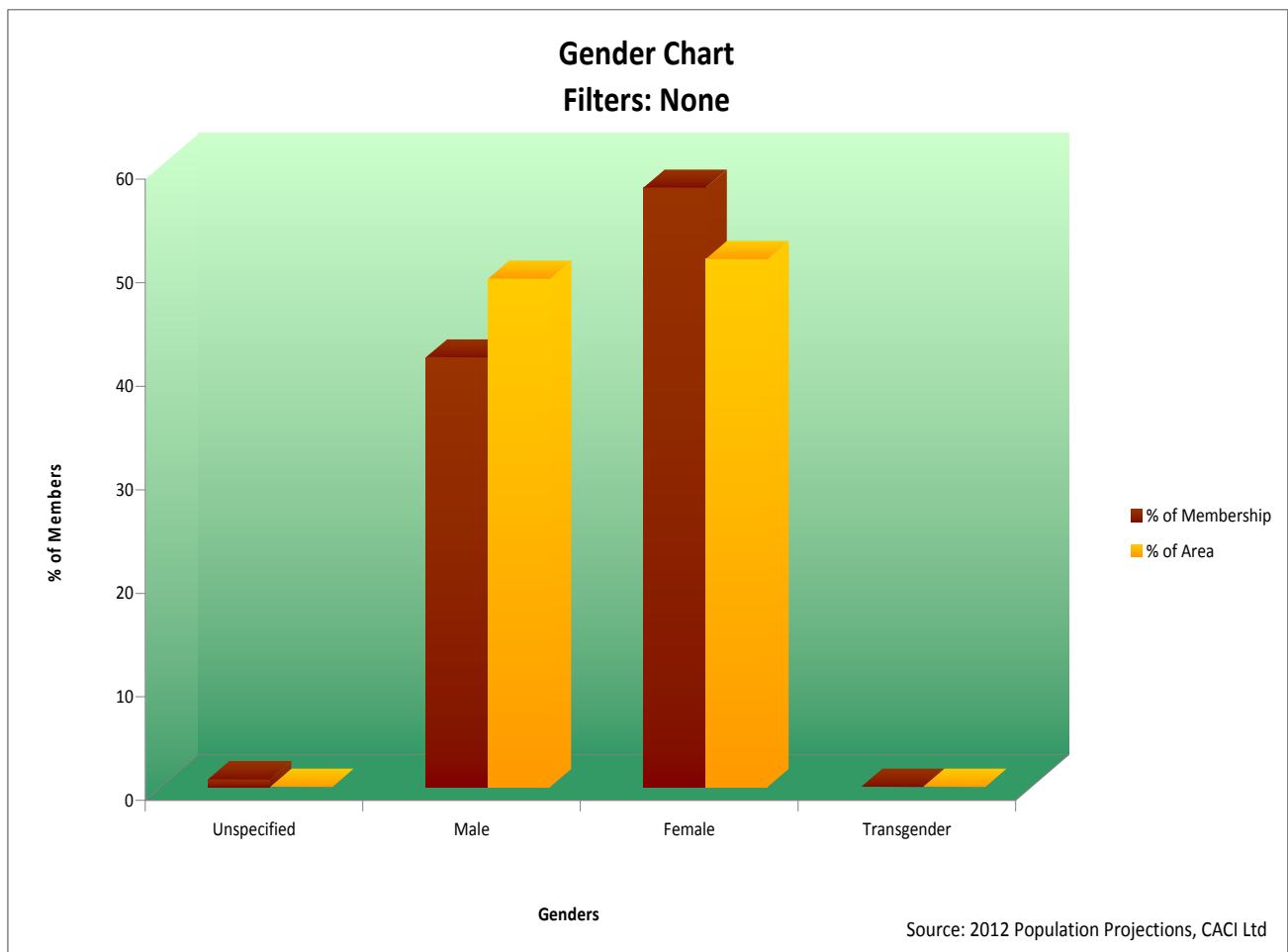
The Trust is over represented by members in the 60 and above age bracket and under represented in the younger age groups from 22 to 50. This is consistent with other Foundation Trusts. Over 50% of our current membership is in the 50 to 75+ age brackets. The Trust is keen to increase the membership of the younger age groups and is looking at ways this can be achieved.

The Trust will be revising the membership strategy to ensure representation across the membership is reflective of our age demographics.



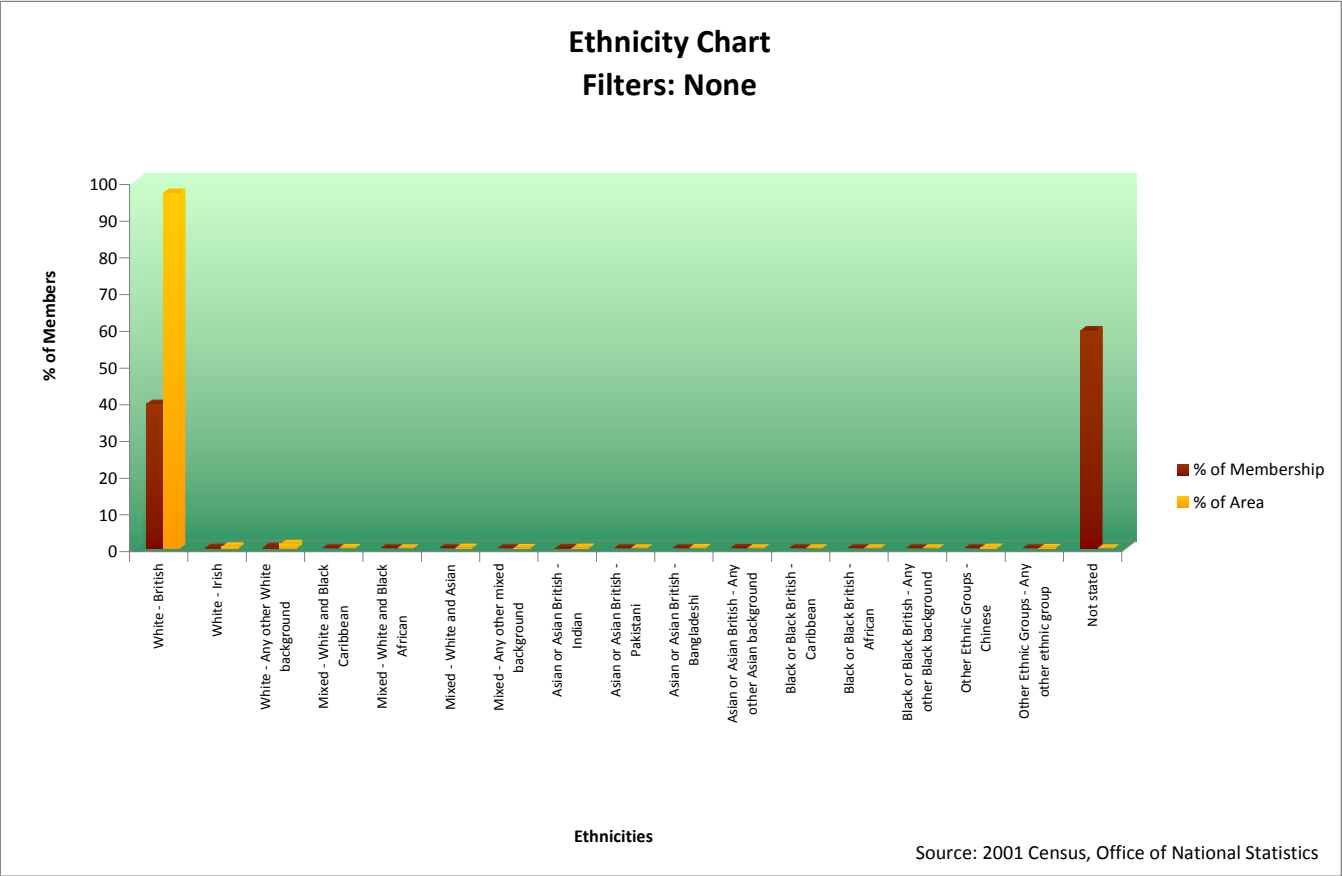
Gender profile

The current membership is relatively reflective of the gender profile that exists in the community. The Trust has more members not wishing to declare their gender than the percentage for the area and is slightly over represented by women and under represented by men.



Ethnicity profile

A significant proportion of the Trust’s membership has chosen not to disclose their ethnicity as can be seen from the chart. The Trust does collect this information but members choose not to provide it.



Other characteristics

The Trust does not collect data on the following characteristics for the membership database: disability, religious beliefs, sexual orientation, gender reassignment, marriage and civil partnerships and pregnancy and maternity. Consideration will be given to how this data could be collected.

Governors

A Council of Governors elected from the membership community and also including representatives from the Trusts key partners in health and social care provide support and advice to the Trust to:

- Ensure that the Trust delivers services that best meet the needs of patients and the communities we serve
- Ensure that the Trust provides high quality, effective and patient-focused services
- Ensure high standards of corporate governance and personal conduct
- Promote effective dialogue between the Trust and the local communities we serve.

Currently there is no data of the demographic profile of governors

e) Equality Act 2010

In April 2011, a new public sector equality duty was introduced by the Equality Act 2010. The duty covers age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation - these are known as the protected characteristics.

The duty has two parts; the general duty and specific duties.

The **General Equality Duty** means the Trust must have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2012
- Advance equality of opportunity between persons who share a protected a relevant characteristic and persons who do not share it
- Foster good relations between persons who share a protected characteristic and persons who do not share it

The duty to have due regard to the need to eliminate discrimination also applies to marriage and civil partnership.

The **Specific Equality Duty** requires the Trust to publish:

- Information to demonstrate our compliance with the Equality Duty by 31st January 2012 and then at least annually
- Equality objectives by 6th April 2012 and then at least every 4 years

f) Care Quality Commission

The Care Quality Commission (CQC) is the current health and social care regulator for England; it ensures that essential standards of quality and safety are being met where care is provided. To get to the heart of patients' experiences of care, the CQC asks the following five questions of every service and provider:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive to people's needs?
- Are services well-led?

During their inspections, the CQC seek assurance that all patients and service users receive individualised care, treatment and support as the Trust actively promotes equality, diversity and human rights across all its services and functions. This requires the Trust to embed effective equality and diversity management into core business activity to achieve compliance.

g) Equality Delivery System (EDS)

The Equality Delivery System (EDS) was originally a product of the Department of Health Equality and Diversity Council (EDC) designed to help NHS organisations, in discussion with local partners to review and improve performance and meet their statutory and regulatory obligations for equality and human rights.

York Teaching Hospital NHS Foundation Trust Board of Directors agreed to adopt the EDS in November 2011 and our first grading day was held in March 2012 which included the development of our equality objectives. Nationally in 2012 the implementation of the EDS has been independently evaluated and subsequent consultation with NHS organisations has developed a refreshed EDS called EDS2 that was launched in November 2013.

As with the original EDS, there are still 4 goals and 18 outcomes with enough in common between the original and EDS2 for meaningful comparisons to be made over time.

Original EDS	EDS2
Better Health Outcomes for All	Better health outcomes
Improved Patient Access and Experience	Improved Patient Access and Experience
Empowered, engaged and well supported staff	A Representative and supported Workforce
Inclusive leadership at all levels	Inclusive Leadership

We look forward to working with our local stakeholders (patients, carers, members of local community groups other members of the public, representatives of local voluntary and community organisations, NHS staff and staff side organisations), other healthcare and public sector organisations to assess and grade our performance across all outcomes starting later in 2014.

h) Equality Objectives

Our Equality Objectives were first developed in draft form by the EDS grading panel with the opportunity for comments by the full EDS Grading Panel circulation then agreed by the Trust Equality and Diversity Group and the Board of Directors and are published on our website together with an action plan to outline how we will work towards achieving them. It is acknowledged that objectives should be outcome based but it was felt that appropriate processes must be in place in order to embed equality and diversity into core business and improve our data and engagement.

We have four objectives:

1. Improve data collection, analysis and monitoring for protected characteristics
2. Further develop engagement and involvement of patients, carers, governors and staff to reflect local demographics
3. Develop strong partnerships with social care and GP's to ensure patient pathways are free from barriers between providers for everyone
4. Continue with Board of Directors and senior management development programme ensuring equality and diversity is embedded into all decision making processes leading to active promotion of good relationships

Progress towards our equality objectives is published separately on our website. The Trust Equality and Diversity Group monitor progress against the action plan with a progress report to the Board on an annual basis.

We will conduct a review of objectives in conjunction with EDS2.

Further Development Required:

- Develop an implementation plan for EDS2
- Utilise EDS2 grading to inform review of equality objectives and update action plans.
- Engage with stakeholders to establish how useful the presentation of our objectives is and how it could be improved

i) Trust Structure for Equality and Diversity

The Director of Corporate Development leads Equality and Diversity in the Trust and is supported by the Equality and Diversity Facilitator.

The Trust Equality and Diversity Group (chaired by the lead) continue to meet on a quarterly basis. In January 2013 members of the Group were asked how useful they found the group and how did it need to function in order to be effective with the changes to the Trust and changing Healthcare Environment. In April 2013 amended terms of reference were agreed with a focus on reviewing membership to reflect the whole organisation and new health care structure. The reporting structure was also changed and the group now reports to the Workforce Strategy Committee, chaired by a Non Executive Director and sub group of the Board of Directors. A Non-Executive Director also champions Equality and Diversity at Board level.

From April 2014 the Equality and Diversity Group will be known as the Fairness Forum – please see section 1.13 for full details.

j) Progress and Achievements

Our progress and achievements are threaded through this document; we would like to note some highlights of 2013/2014:

- Development of a new Equality and Diversity Strategy
- A new “Changing Places” facility at York Hospital
- Unconscious Bias training for the Board of Directors
- Corporate membership of York Lesbian, Gay, Bisexual and Transgender (LBGT) Forum
- Corporate member of the new York Fairness and Equalities Board
- Corporate signatory to the Armed Forces Community Covenant
- Unconscious bias training for a group of staff who volunteered for a Fairness Champion role
- Agreement to pay the Living Wage from April 2014

Section 1: Our Services and Policies

1.1 Equality Analysis

The Trust is responsible for making a wide range of decisions from policy, budget setting, service redesign, improvements and day to day decisions that affect individuals. Equality Analysis (Formerly equality impact assessment) is the method used to help us consider the effect of these decisions on the community we serve and especially members of our community with protected characteristics.

By carrying out timely and effective equality analysis the Trust can ensure it obtains the business benefits of Diversity which include:

- Improved patient experience;
- Improved service delivery for all users or potential users, including patients, carers, staff and members of the public;
- Identifying what is working well, as well as what needs improving;
- Focusing on positive outcomes and solutions;
- Minimising the risk of legal action;
- Offering choice and more informed decision making;
- Focusing resources on key equality areas;
- Encouraging greater openness by meaningful engagement and public involvement in change and policy making; and
- Assisting with the formulation of equality objectives.

Last year's report (published January 2013) identified equality analysis was completed for policies and procedures and is picked up via our compliance team however service redesign and improvement projects were not monitored. During 2013 a new toolkit for equality analysis is under development to standardise the approach to equality analysis across the organisation and has been written into CQUIN and the new Dial I for improvement toolkit.

Further Development Required:

- Complete development, consultation and piloting of new equality analysis toolkit
- Implement rolling programme to introduce the new tool in line with policy revision which is usually 2 to 3 years
- Centralise monitoring of equality analysis

1.2 Equality in Procurement

The Trust has legal obligations under the EU & UK Procurement regulations to ensure transparency and probity in the awarding of contracts. We also recognise that, as a major procurer of goods and services in the local area, we have a responsibility to our local communities too.

The Trust procurement strategy includes a section on being a good corporate citizen; encouraging SME's (Small and Medium Enterprises) and BME's (Black & Ethnic Minority Enterprises) to do business with the Trust. The recent taxi tender on the following page is a good example of this.

Taxi Tender

We are required to advertise larger opportunities or contracts on an EU web-portal and as local taxi firms or any SME suppliers are unlikely to do this, they might suffer from a disadvantage.

To support of our local providers (all of whom are SME's) we hosted two 'meet the buyer' events, one in York and one in Scarborough. The purpose of these events was to give suppliers an opportunity to come and talk to us about the tender process and see first-hand what was involved in bidding. This included a demonstration of the web portal, where they needed to enter the data and what to do if they had any questions. To ensure that specialist knowledge might be rewarded we have offered the contract in lots so that niche providers, such as accessible taxi firms, have their own lot rather than it being part of larger generic lot they may not want to bid against.

Further Development Required:

- The Trust has been part of a national benchmarking programme. One outcome will be a list of who and where our SME suppliers are. A strategic aim is to grow business opportunities with those identified suppliers.
- Training update for procurement staff related to the Equality Act

1.3 Accessible Patient Information

The Trust's patient information policy is included in the Trust policy: consent to examination or treatment policy, as an appendix. The policy sets out how information must comply with a range of standards that applies to all patient information leaflets provided by the Trust in support of its treatments and procedures.

This year we published a revised POPPiY Guide (Practicalities of Producing Patient Information in York Teaching Hospital NHS Foundation Trust) a set of standards and guidelines for staff when producing written communications with patients. The guide specifies the essential content in patient leaflets relating to providing alternative formats such as Braille, large print or audio, and includes readability standards with templates for patient leaflets available to staff.

The new version contains changes to a standard section about information in a different language or format which is translated into different languages (based on the most popular translation requests), with one point of contact via telephone or email which will improve access to information.

We are making our patient leaflets available for patients, relatives and carers to view online on our website. Currently these are uploaded as PDF files.

Further Development Required:

- Introduce the amended different format template from POPPiY as leaflets are reprinted if possible or if not on review, which is usually every two years

1.4 Access to Interpreting and Translation

The following interpreting services are available for patients attending services provided by the Trust:

Telephone Interpreting
Sign Language Interpreting
Document Translation

Face-to-Face Interpreting
Typetalk & Hearing Loops
Braille/Audio/CD

These services are provided in conjunction with:

- “The Big Word”
- National Registers of Communication Professionals (NRCP)
- Yorkshire British Sign Language (BSL) Interpreters
- York Blind and Partially Sighted Society (YBPSS)

The number of contacts by language is consistent with last year, with Polish, British Sign Language (BSL), Mandarin and Turkish having the highest use.

A review of services is currently underway to establish equal access across the whole organisational footprint which will also take into consideration the issues raised in the “Access to Health and Social Care Services for Deaf People” report published by York Healthwatch in December 2013.

Further Development Required:

- Develop a single process for interpretation and translation across all sites to promote consistency and monitoring
- A central record of document translations
- Recommendations arising from York Healthwatch report on Access to health and social care services for deaf people.

Summary of interpreting contacts:

Language	Contacts		Total Contacts
	York	Scarborough	
Amharic	1		1
Arabic	8		8
Azeri	1		1
Bengali	8	4	12
Bulgarian	5		5
British Sign Language	91	43	134
Cantonese	39	4	43
Czech	10		10
Farsi	2	1	3
French	1		1
Hindi	3		3
Hungarian	3		3
Italian	18	2	20
Korean	2		2
Kurdish (Sorani)	2		2
Latvian	11	1	12
Lithuanian	2	2	4
Malayalam	1		1
Mandarin	44	16	60
Nepali	8		8
Polish	200	62	262
Portuguese	20		20
Punjabi	1		1
Romanian	2		2
Russian	10		10
Slovak	12	3	15
Spanish	1	2	3
Thai	9		9
Turkish	39	5	44
Urdu	13		12
Vietnamese	2	3	5
Total	568	148	716

1.5 Access to the Trust Website

The Trust's new website was launched in July 2013, covering information about all of the Trust's sites and services.

The site, which can be viewed at www.york.nhs.uk , complies with WCAG/WAI web standards and guidelines, as required by the NHS and all other UK public sector organisations. The site also includes "BrowseAloud" (a free screen reader service for people with visual impairments, learning disabilities, etc) text resizing and access keys. There is a translation tool for languages other than English.

1.6 Access to Buildings

The Trust monitors access to our properties and services through a number of ways predominantly through feedback from individuals and the user support groups. Accessibility issues are always considered in new and improvement schemes.

This year we celebrated the refurbishment of ward 37 at York Hospital in accordance with Stirling University dementia good design principles and there is a commitment of other wards to replicate this approach to an enabling environment.

Last year we highlighted changes to the Trust estate and a need to develop an access audit programme to assure the Trust that all its properties are as accessible as possible. At the time of writing this report an audit access tool is being reviewed which includes a section about customer care and an implementation programme will be developed within the next year

Further Development required:

- Develop the audit access tool and audit programme

1.7 Patient Safety

The Trust is committed to safeguarding adults and works in partnership with a range of other agencies to ensure appropriate actions are taken locally to protect adults at risk of abuse. The Trust follows a multi-agency procedure for responding to suspected abuse of vulnerable adults.

Additionally the Trust has its own policies and guidance to support staff to care for an adult at risk:

- Safeguarding Adults Policy
- Mental capacity Act Guidance
- Deprivation of Liberty Safeguards Guidance
- Therapeutic Restrictions Guidance
- Learning disability services specification

A learning disability nurse is available to support patients with learning disabilities in acute settings along with their family/carers facilitating reasonable adjustments to ensure equality in Healthcare. Whether the hospital care required is an appointment or an overnight stay they gather information and plan for the hospital staff to ensure appropriate care for each individual.

There is a database to identify trends within the organisation and use of the safeguarding adults process is monitored to target areas for additional training.

Further development required:

- Discussion with other agencies to ensure collection of data across protected characteristics

1.8 Patient Activity

This section of the report relates to patient activity, which has been extracted from our Core Patient Database (CPD).

There are many national and local access and performance targets that the Trust is measured against. We have chosen to look at:

- Outpatient Attendance / DNAs (Did Not Attend)
- 18 week Referral to Treatment waits (breach and non breach)
- Emergency Department 4 hour wait to treatment/admission/transfer

We have assessed these key national indicators against the following protected characteristics:

- Gender
- Age
- Ethnicity

Data is presented in three sets; York locality, Scarborough locality and the Trust as a whole. A summary of the data can be seen after the tables.

Outpatient Attendances: April 2013 - March 2014
(All Sites, split by York and Scarborough Areas)

York Area

Attendances Split by Gender

Gender	Attendances				DNAs				Total Attendances
	1st Attendances		Followups		1st Attendances		Followups		
Female	83960	57.9%	216748	59.6%	4379	52.4%	9730	50.7%	314817
Male	60930	42.1%	146746	40.4%	3973	47.6%	9462	49.3%	221111
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Grand Total	144890	100.0%	363494	100.0%	8352	100.0%	19192	100.0%	535928

Attendances Split by Age group

Age group	Attendances				DNAs				Total Attendances
	1st Attendances		Followups		1st Attendances		Followups		
0 - < 18	16808	11.6%	42235	11.6%	1514	18.1%	4218	22.0%	64775
18 - < 50	46041	31.8%	114672	31.5%	4005	48.0%	7462	38.9%	172180
50 - < 65	28452	19.6%	65430	18.0%	1358	16.3%	3387	17.6%	98627
65 - < 75	23994	16.6%	61169	16.8%	669	8.0%	1808	9.4%	87640
75+	29591	20.4%	79987	22.0%	806	9.7%	2317	12.1%	112701
Unknown	4	0.0%	1	0.0%	0	0.0%	0	0.0%	5
Grand Total	144890	100.0%	363494	100.0%	8352	100.0%	19192	100.0%	535928

Attendances split by Ethnicity

Ethnicity	Attendances				DNAs				Total Attendances
	1st Attendances		Followups		1st Attendances		Followups		
African	150	0.1%	329	0.1%	18	0.2%	35	0.2%	532
Any other asian background	276	0.2%	810	0.2%	14	0.2%	43	0.2%	1143
Any other black background	36	0.0%	74	0.0%	5	0.1%	2	0.0%	117
Any other ethnic group	377	0.3%	1016	0.3%	21	0.3%	39	0.2%	1453
Any other mixed background	188	0.1%	541	0.1%	13	0.2%	45	0.2%	787
Any other White Background	7972	5.5%	23958	6.6%	448	5.4%	888	4.6%	33266
Bangladeshi	89	0.1%	340	0.1%	10	0.1%	41	0.2%	480
British	104323	72.0%	275959	75.9%	5728	68.6%	14014	73.0%	400024
Caribbean	60	0.0%	181	0.0%	3	0.0%	14	0.1%	258
Chinese	212	0.1%	654	0.2%	17	0.2%	20	0.1%	903
Indian	298	0.2%	932	0.3%	19	0.2%	83	0.4%	1332
Irish	408	0.3%	1095	0.3%	12	0.1%	42	0.2%	1557
Not stated	30030	20.7%	56157	15.4%	2011	24.1%	3819	19.9%	92017
Pakistani	116	0.1%	489	0.1%	8	0.1%	42	0.2%	655
White and Asian	182	0.1%	511	0.1%	11	0.1%	23	0.1%	727
White and Black African	75	0.1%	237	0.1%	8	0.1%	15	0.1%	335
White and Black Caribbean	98	0.1%	211	0.1%	6	0.1%	27	0.1%	342
Grand Total	144890	100.0%	363494	100.0%	8352	100.0%	19192	100.0%	535928

Scarborough Area

Attendances Split by Gender

Gender	Attendances				DNAs				Total Attendances
	1st Attendances		Followups		1st Attendances		Followups		
Female	33989	57.8%	66374	58.2%	2473	53.1%	4361	52.1%	107197
Male	24835	42.2%	47693	41.8%	2185	46.9%	4004	47.9%	78717
Unknown	1	0.0%	0	0.0%	1	0.0%	0	0.0%	1
Grand Total	58825	100.0%	114067	100.0%	4658	100.0%	8365	100.0%	185915

Attendances Split by Age group

Age group	Attendances				DNAs				Total Attendances
	1st Attendances		Followups		1st Attendances		Followups		
0 - < 18	7264	12.3%	13680	12.0%	932	20.0%	1989	23.8%	23865
18 - < 50	17397	29.6%	30016	26.3%	2141	46.0%	3180	38.0%	52734
50 - < 65	11517	19.6%	20577	18.0%	725	15.6%	1344	16.1%	34163
65 - < 75	10564	18.0%	22426	19.7%	368	7.9%	808	9.7%	34166
75+	12082	20.5%	27368	24.0%	492	10.6%	1044	12.5%	40986
Unknown	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1
Grand Total	58825	100.0%	114067	100.0%	4658	100.0%	8365	100.0%	185915

Attendances split by Ethnicity

Ethnicity	Attendances				DNAs				Total Attendances
	1st Attendances		Followups		1st Attendances		Followups		
African	19	0.0%	30	0.0%	0	0.0%	3	0.0%	52
Any other asian background	60	0.1%	128	0.0%	6	0.1%	15	0.2%	209
Any other black background	10	0.0%	15	0.0%	1	0.0%	2	0.0%	28
Any other ethnic group	163	0.3%	383	0.1%	20	0.4%	43	0.5%	609
Any other mixed background	37	0.1%	61	0.0%	9	0.2%	7	0.1%	114
Any other White Background	2109	3.6%	2580	0.7%	161	3.5%	228	2.7%	5078
Bangladeshi	32	0.1%	30	0.0%	8	0.2%	4	0.0%	74
British	44120	75.0%	91253	25.1%	3505	75.2%	6527	78.0%	145405
Caribbean	6	0.0%	17	0.0%	1	0.0%	4	0.0%	28
Chinese	68	0.1%	164	0.0%	8	0.2%	9	0.1%	249
Indian	82	0.1%	139	0.0%	7	0.2%	12	0.1%	240
Irish	70	0.1%	191	0.1%	10	0.2%	19	0.2%	290
Not stated	11931	20.3%	18901	5.2%	896	19.2%	1459	17.4%	33187
Pakistani	24	0.0%	30	0.0%	5	0.1%	4	0.0%	63
White and Asian	45	0.1%	92	0.0%	12	0.3%	10	0.1%	159
White and Black African	28	0.0%	24	0.0%	5	0.1%	10	0.1%	67
White and Black Caribbean	21	0.0%	29	0.0%	4	0.1%	9	0.1%	63
Grand Total	58825	100.0%	114067	100.0%	4658	100.0%	8365	100.0%	185915

Trust (both York and Scarborough Areas)

Attendances Split by Gender

Gender	Attendances				DNAs				Total Attendances
	1st Attendances		Followups		1st Attendances		Followups		
Female	117949	57.9%	283122	59.3%	6852	52.7%	14091	51.1%	422014
Male	85765	42.1%	194439	40.7%	6158	47.3%	13466	48.9%	299828
Unknown	1	0.0%	0	0.0%	1	0.0%	0	0.0%	1
Grand Total	203715	100.0%	477561	100.0%	13010	100.0%	27557	100.0%	721843

Attendances Split by Age group

Age group	Attendances				DNAs				Total Attendances
	1st Attendances		Followups		1st Attendances		Followups		
0 - < 18	24072	11.8%	55915	11.7%	2446	18.8%	6207	22.5%	88640
18 - < 50	63438	31.1%	144688	30.3%	6146	47.2%	10642	38.6%	224914
50 - < 65	39969	19.6%	86007	18.0%	2083	16.0%	4731	17.2%	132790
65 - < 75	34558	17.0%	83595	17.5%	1037	8.0%	2616	9.5%	121806
75+	41673	20.5%	107355	22.5%	1298	10.0%	3361	12.2%	153687
Unknown	5	0.0%	1	0.0%	0	0.0%	0	0.0%	6
Grand Total	203715	100.0%	477561	100.0%	13010	100.0%	27557	100.0%	721843

Attendances split by Ethnicity

Ethnicity	Attendances				DNAs				Total Attendances
	1st Attendances		Followups		1st Attendances		Followups		
African	169	0.1%	359	0.1%	18	0.1%	38	0.1%	584
Any other asian background	336	0.2%	938	0.2%	20	0.2%	58	0.2%	1352
Any other black background	46	0.0%	89	0.0%	6	0.0%	4	0.0%	145
Any other ethnic group	540	0.3%	1399	0.3%	41	0.3%	82	0.3%	2062
Any other mixed background	225	0.1%	602	0.1%	22	0.2%	52	0.2%	901
Any other White Background	10081	5.5%	26538	5.6%	609	4.7%	1116	4.0%	38344
Bangladeshi	121	0.1%	370	0.1%	18	0.1%	45	0.2%	554
British	148443	72.0%	367212	76.9%	9233	71.0%	20541	74.5%	545429
Caribbean	66	0.0%	198	0.0%	4	0.0%	18	0.1%	286
Chinese	280	0.1%	818	0.2%	25	0.2%	29	0.1%	1152
Indian	380	0.2%	1071	0.2%	26	0.2%	95	0.3%	1572
Irish	478	0.3%	1286	0.3%	22	0.2%	61	0.2%	1847
Not stated	41961	20.7%	75058	15.7%	2907	22.3%	5278	19.2%	125204
Pakistani	140	0.1%	519	0.1%	13	0.1%	46	0.2%	718
White and Asian	227	0.1%	603	0.1%	23	0.2%	33	0.1%	886
White and Black African	103	0.1%	261	0.1%	13	0.1%	25	0.1%	402
White and Black Caribbean	119	0.1%	240	0.1%	10	0.1%	36	0.1%	405
Grand Total	203715	100.0%	477561	100.0%	13010	100.0%	27557	100.0%	721843

Inpatient Admissions: April 2013 - March 2014
(All Sites, split by York and Scarborough Areas)

York Area

Admissions Split by Gender

Gender	Day Case - Elective		Ordinary - Electives		Ordinary - Non Electives		Total Admissions
	Spells	% of Daycases	Spells	% of Electives	Spells	% of Non Electives	
F	22785	51.74%	3695	52.04%	25225	61.68%	51705
M	21255	48.26%	3405	47.96%	15671	38.32%	40331
Grand Total	44040	100.00%	7100	100.00%	40896	100.00%	92036

Admissions Split by Age group

Age Group	Day Case - Elective		Ordinary - Electives		Ordinary - Non Electives		Total Admissions
	Spells	% of Daycases	Spells	% of Electives	Spells	% of Non Electives	
0 - < 18	1603	3.64%	266	3.75%	4889	11.95%	6758
18 - < 50	9849	22.36%	1609	22.66%	14884	36.39%	26342
50 - < 65	11669	26.50%	1684	23.72%	4891	11.96%	18244
65 - < 75	10891	24.73%	1664	23.44%	4857	11.88%	17412
75+	10028	22.77%	1877	26.44%	11375	27.81%	23280
Grand Total	44040	100.00%	7100	100.00%	40896	100.00%	92036

Admissions split by Ethnicity

Ethnicity	Day Case - Elective		Ordinary - Electives		Ordinary - Non Electives		Total Admissions
	Spells	% of Daycases	Spells	% of Electives	Spells	% of Non Electives	
African	38	0.09%	7	0.10%	45	0.11%	90
Any other asian background	49	0.11%	10	0.14%	94	0.23%	153
Any other black background	6	0.01%	1	0.01%	18	0.04%	25
Any other ethnic group	145	0.33%	9	0.13%	133	0.33%	287
Any other mixed background	41	0.09%	2	0.03%	61	0.15%	104
Any other White Background	1917	4.35%	282	3.97%	3075	7.52%	5274
Bangladeshi	26	0.06%	3	0.04%	29	0.07%	58
British	38682	87.83%	6177	87.00%	31769	77.68%	76628
Caribbean	12	0.03%	2	0.03%	19	0.05%	33
Chinese	45	0.10%	4	0.06%	84	0.21%	133
Indian	72	0.16%	15	0.21%	116	0.28%	203
Irish	164	0.37%	16	0.23%	130	0.32%	310
Not Stated	2681	6.09%	543	7.65%	5133	12.55%	8357
Pakistani	42	0.10%	9	0.13%	52	0.13%	103
White and Asian	59	0.13%	4	0.06%	74	0.18%	137
White and Black African	37	0.08%	6	0.08%	27	0.07%	70
White and Black Caribbean	24	0.05%	10	0.14%	37	0.09%	71
Grand Total	44040	100.00%	7100	100.00%	40896	100.00%	92036

Scarborough Area

Admissions Split by Gender

Gender	Day Case - Elective		Ordinary - Electives		Ordinary - Non Electives		Total Admissions
	Spells	% of Daycases	Spells	% of Electives	Spells	% of Non Electives	
F	33348	51.28%	5204	51.63%	37331	61.27%	75883
M	31682	48.72%	4876	48.37%	23600	38.73%	60158
Grand Total	65030	100.00%	10080	100.00%	60931	100.00%	136041

Admissions Split by Age group

Age Group	Day Case - Elective		Ordinary - Electives		Ordinary - Non Electives		Total Admissions
	Spells	% of Daycases	Spells	% of Electives	Spells	% of Non Electives	
0 - < 18	1901	2.92%	339	3.36%	7612	12.49%	9852
18 - < 50	13979	21.50%	2153	21.36%	20988	34.45%	37120
50 - < 65	16944	26.06%	2412	23.93%	7268	11.93%	26624
65 - < 75	16701	25.68%	2509	24.89%	7452	12.23%	26662
75+	15505	23.84%	2667	26.46%	17611	28.90%	35783
Grand Total	65030	100.00%	10080	100.00%	60931	100.00%	136041

Admissions split by Ethnicity

Ethnicity	Day Case - Elective		Ordinary - Electives		Ordinary - Non Electives		Total Admissions
	Spells	% of Daycases	Spells	% of Electives	Spells	% of Non Electives	
African	42	0.06%	7	0.07%	52	0.09%	101
Any other asian background	87	0.13%	14	0.14%	115	0.19%	216
Any other black background	7	0.01%	1	0.01%	22	0.04%	30
Any other ethnic group	217	0.33%	10	0.10%	206	0.34%	433
Any other mixed background	43	0.07%	4	0.04%	74	0.12%	121
Any other White Background	2169	3.34%	321	3.18%	3722	6.11%	6212
Bangladeshi	33	0.05%	3	0.03%	40	0.07%	76
British	57067	87.75%	8804	87.34%	49197	80.74%	115068
Caribbean	13	0.02%	2	0.02%	22	0.04%	37
Chinese	94	0.14%	5	0.05%	104	0.17%	203
Indian	87	0.13%	18	0.18%	137	0.22%	242
Irish	249	0.38%	24	0.24%	164	0.27%	437
Not Stated	4736	7.28%	833	8.26%	6850	11.24%	12419
Pakistani	50	0.08%	11	0.11%	65	0.11%	126
White and Asian	67	0.10%	5	0.05%	88	0.14%	160
White and Black African	38	0.06%	6	0.06%	31	0.05%	75
White and Black Caribbean	31	0.05%	12	0.12%	42	0.07%	85
Grand Total	65030	100.00%	10080	100.00%	60931	100.00%	136041

ED/MIU Attendances: April 2013 - March 2014
(All Sites, split by ED and MIU Units)

ED Units (York and Scarborough)

Attendances Split by Gender

Gender	Breach		Non Breach		Total Attendances
	Attendances	%	Attendances	%	
Male	4527	50.40%	61767	50.13%	66294
Female	4455	49.60%	61450	49.87%	65905
Unknown	0	0.00%	5	0.00%	5
Grand Total	8982	100.00%	123222	100.00%	132204

Attendances Split by Age group

Age Group	Breach		Non Breach		Total Attendances
	Attendances	%	Attendances	%	
0 - < 18	444	4.94%	24294	19.72%	24738
18 - < 50	3037	33.81%	51689	41.95%	54726
50 - < 65	1502	16.72%	17627	14.31%	19129
65 - < 75	1290	14.36%	10967	8.90%	12257
75+	2709	30.16%	18614	15.11%	21323
Unknown	0	0.00%	31	0.03%	31
Grand Total	8982	100.00%	123222	100.00%	132204

Attendances split by Ethnicity

Ethnicity	Breach		Non Breach		Total Attendances
	Attendances	%	Attendances	%	
African	4	0.04%	99	0.08%	103
Any other asian background	9	0.10%	137	0.11%	146
Any other black background	2	0.02%	41	0.03%	43
Any other ethnic group	16	0.18%	342	0.28%	358
Any other mixed background	5	0.06%	179	0.15%	184
Any other White Background	247	2.75%	3948	3.20%	4195
Bangladeshi	6	0.07%	85	0.07%	91
British	6789	75.58%	81845	66.42%	88634
Caribbean	3	0.03%	34	0.03%	37
Chinese	10	0.11%	117	0.09%	127
Indian	19	0.21%	213	0.17%	232
Irish	32	0.36%	243	0.20%	275
Not Known	1814	20.20%	35303	28.65%	37117
Not Stated	11	0.12%	196	0.16%	207
Pakistani	2	0.02%	92	0.07%	94
White and Asian	9	0.10%	161	0.13%	170
White and Black African	2	0.02%	80	0.06%	82
White and Black Caribbean	2	0.02%	107	0.09%	109
Grand Total	8982	100.00%	123222	100.00%	132204

Trust (ED and MIU Units)

Attendances Split by Gender

Gender	Breach		Non Breach		Total Attendances
	Attendances	%	Attendances	%	
Male	4527	50.39%	70077	49.84%	74604
Female	4457	49.61%	70418	50.08%	74875
Unknown	0	0.00%	111	0.08%	111
Grand Total	8984	100.00%	140606	100.00%	149590

Attendances Split by Age group

Age Group	Breach		Non Breach		Total Attendances
	Attendances	%	Attendances	%	
0 - < 18	444	4.94%	28606	20.34%	29050
18 - < 50	3039	33.83%	58570	41.66%	61609
50 - < 65	1502	16.72%	20689	14.71%	22191
65 - < 75	1290	14.36%	12550	8.93%	13840
75+	2709	30.15%	20157	14.34%	22866
Unknown	0	0.00%	34	0.02%	34
Grand Total	8984	100.00%	140606	100.00%	149590

Attendances split by Ethnicity

Ethnicity	Breach		Non Breach		Total Attendances
	Attendances	%	Attendances	%	
African	4	0.04%	103	0.07%	107
Any other asian background	9	0.10%	142	0.10%	151
Any other black background	2	0.02%	41	0.03%	43
Any other ethnic group	16	0.18%	366	0.26%	382
Any other mixed background	5	0.06%	188	0.13%	193
Any other White Background	247	2.75%	4200	2.99%	4447
Bangladeshi	6	0.07%	89	0.06%	95
British	6790	75.58%	90561	64.41%	97351
Caribbean	3	0.03%	34	0.02%	37
Chinese	10	0.11%	125	0.09%	135
Indian	19	0.21%	218	0.16%	237
Irish	32	0.36%	260	0.18%	292
Not Known	1815	20.20%	43365	30.84%	45180
Not Stated	11	0.12%	458	0.33%	469
Pakistani	2	0.02%	96	0.07%	98
White and Asian	9	0.10%	168	0.12%	177
White and Black African	2	0.02%	84	0.06%	86
White and Black Caribbean	2	0.02%	108	0.08%	110
Grand Total	8984	100.00%	140606	100.00%	149590

If we compare York locality's 2013 -2014 findings with those from 2013 report the following can be observed:

Out Patient Attendance / Did Not Attend (DNA's)

- There has been no material change in the gender split between outpatient attendances or DNA's.
- The % of patients who attended/ DNA a 1st or Follow Up appointment with ethnicity 'Not Stated' has reduced. This could be as a result of the work we have undertaken with staff to highlight the importance of recording ethnicity.
- There has been no material change in the age categories for Out Patient Attendances or DNAs.

In Patient Admissions

18 Week Referral to Treatment Waits (breach and non-breach)

- There has been no material change in the Admissions gender split
- The % of patients who have been admitted with ethnicity 'Not Stated' has reduced. This could be as a result of the work we have undertaken with staff to highlight the importance of recording ethnicity.
- There has been no material change in the age categories for admissions of any type.

Emergency Department (ED)

4 Hour Wait to treatment / admission / transfer

- There has been no material change in the gender split between ED attendances either breach or non breach.
- There has been no material change in the ethnicity of patients attending ED, who either breached or were treated within the 4hour standard.
- The percentage of patients under 18 years of age who breach the 4 hour target has increased significantly.

The Trust remains mindful of the impact of other local issues on activity figures such as the tourist industry especially during the summer months and the impact of York Races which attracts people from a very wide catchment area.

During the year there has been focussed effort on engaging staff in the importance of recording ethnicity as a protected characteristic and we achieved our local improvement target for recording ethnicity, when patients are admitted to hospital, set by the Vale of York Clinical Commissioning Group.

Further Development Required

- Scope the feasibility of recording more protected characteristics onto our Core Patient Database (CPD).
- Ensure data capture is aligned to other data sets to allow comparisons
- Continue progress in increasing the capture rate of protected characteristics on CPD by means of staff awareness.
- Investigate why specific groups might have different DNA rates compared to other groups (We hope to work in partnership with Sheffield Hallam University & Sheffield Teaching Hospitals Foundation Trust and other hospitals in the region on a research project subject to funding)

1.9 Patient Experience

York Teaching Hospital NHS Foundation Trust is committed to improving the experiences of our patients and their families when they access our services. Listening, involving and responding to patients, carers and their families allows us to focus on providing services which are responsive to their needs. We want everyone who accesses our services to have a high quality, positive experience.

Patient Experience is a key element of quality alongside providing clinical excellence and safe care and is integral to our Trusts values. By continually listening to our patients and their relatives and placing them at the heart of our services, we can continue to make improvements, and successfully deliver high quality health services, based on their needs.

The Trust Patient Experience Team sits within the Chief Nurse Directorate. The team is lead by the Lead Nurse Patient Experience and is supported by the Head of Patient Experience. The team has three main functions:

- Handling concerns and complaints
- Patient Advice and Liaison Service (PALS) and
- Patient and Public Involvement (PPI)

1.10 National Surveys

Each year, the Trust takes part in a national programme of patient surveys led by the CQC to allow us to understand and hear what our patients are telling us about their experience of their care and treatment.

The annual National Inpatient Survey selects patients who have had an inpatient stay within a certain month of the year to take part in the survey.

The questions within the survey cover:

- The patient's pathway from when they are admitted to our hospital;
- The treatment and care they receive whilst they are in hospital;
- The quality of how we communicate with our patients and
- The information that we provide through to the point at which they are discharged from our hospital.

This year the Trust also took part in the:

- National Maternity Survey
- National Cancer Patient Experience Survey
- National Chemotherapy Survey

National Maternity Survey – postal questionnaire

The survey was sent to 984 patients (the required number of participants who are randomly selected within a specified timeframe) with 601 returning the questionnaire – a response rate of 61% which is above the national average of 54.2%

Ethnic Group

91.0%	English/Welsh/Scottish/Northern Irish/British
4.8%	Any other White background
0.6%	Mixed/multiple ethnic background: White and Asian
0.6%	Any other mixed/multiple ethnic background
0.6%	Asian/Asian British: Chinese
1.8%	Other Asian background
0.6%	Black/African/Caribbean/Black British: African
0.2%	Any other ethnic group

This reflects the Census data detailed in Introduction (c) of the report

All national surveys invite respondents to complete E&D monitoring information but very few patients take up this opportunity.

All surveys provide the Trust with valuable information about what our patients are saying to us in order to inform service delivery, service development and service improvement. Results from all national surveys are available in the news and publications section of our website.

1.11 Local Service Led Surveys

Across the Trust we utilise different methodologies for capturing patient feedback to enable us to really understand what matters to patients:

- Real-time electronic tablets to carry out our Nursing Care Indicators which allows us to gain feedback from patients whilst they are accessing our services
- On-line surveys
- Patient Narratives
- Sharing patient stories
- Observations within a service area and
- Focus groups have also been carried out across the Trust.

Our Directorates actively encourage feedback from patients, relatives and staff and all undertake surveys each year to fully understand how patients experience our services. Directorates additionally use information from complaints, PALS information and the national CQC surveys which are carried out each year.

Further Development required for surveys:

- Review approaches to data collection to ensure breakdown by protected characteristic
- Ensure data capture is aligned to other data sets to allow comparisons
- Raise awareness to the importance of recording protected characteristics and purpose of monitoring

1.12 Concerns, Complaints and PALS

The Patient Advice and Liaison Service (PALS) provides help, advice and support to patients, relatives and carers; listening to suggestions or queries and helping to settle any concerns quickly.

A patient or their representative can make a complaint or raise a concern in a number of ways:

- Verbally – in person or over the phone
- By email
- By letter
- Completion of a feedback card that is available from the PALS desk and throughout hospital wards.

Currently equality monitoring information is recorded only when it is raised as part of the issue. A monitoring form to capture protected characteristics for all formal complaints is issued with the standard complaints acknowledgement letter.

Quarterly reports that highlight any equality and diversity issues will be forwarded to the Trust Equality and Diversity Group.

Further Development Required:

- Review approaches to data collection to ensure breakdown of comments and complaints to identify trends and themes
- Ensure data capture is aligned to other data sets to allow comparisons
- Raise awareness of the importance of recording protected characteristics

1.13 Involvement and Engagement

The Trust not only seeks patient and public feedback through surveys but qualitative information through active user reference and support groups across the Trust including:

- Renal Patient & Carer Reference group
- Maternity Services Liaison group
- Eye Clinic Partnership group
- York District Cancer Partnership group
- Older People's Liaison group
- Stroke Patient and Carer group
- York Limbless Support group

Healthwatch

Healthwatch England is the independent consumer champion for health and social care in England. Working with a network of 152 local Healthwatch, they ensure that the voices of consumers and those who use services reach the ears of the decision makers.

Local Healthwatch provides a way to influence local health and social care services – hospitals, care homes, GP surgeries, home care services and many others. Healthwatch helps the local community to get the best out of local health and social care services.

The Chair of the Trust and members of the Patient Experience Team meet with the three Healthwatch organisations within our area (North Yorkshire, East Riding and City of York) and a representative from all 3 is a member of the Trust Equality and Diversity Group.

The Trust is currently working with Healthwatch (York) on their report “Access to health and social care services for Deaf people” which includes a number of recommendations for the Trust.

Further development required:

Develop an action plan in response to “Access to health and social care services for Deaf people”

The Friends and Family Test

Earlier this year the Prime Minister announced the introduction of the Friends and Family Test (FFT), a simple, comparable test of patient satisfaction. Trusts were required to implement the test from April 2013.

The FFT is an opportunity to help understand and improve the patient's experience of our services. The FFT is important to us and complements what we already do in relation to finding out and acting upon, what our patients think about us. Findings from the FFT will be used across the Trust to help improve areas where patients report issues.

The FFT is a question which all adult inpatients, those attending emergency departments (with a few exceptions) and women accessing Maternity Services will be given the opportunity to answer:

“How likely are you to recommend our ward/A&E department/Ante-natal/Postnatal/Labour Ward to friends and family if they needed similar care or treatment?”

- A scale of answer options is used, from extremely unlikely to extremely likely.
- We ask follow-up questions to find out why answers were given.
- Patients are surveyed at or within 48 hours of discharge.

All patients are asked the question “How likely are you to recommend our Ward/A&E to friends and family if they needed similar care or treatment”?

The Trust is currently using The Picker Institute's card to ask the question with the option for patients to scan a code and complete on-line if preferred. All wards provide patients with a card on discharge and ask the patient to post the card in the comment card box located on each ward and at the exits to the hospital. In our Emergency Departments a token system is used for patients to respond to the question with visual answer options given to assist patients to provide their responses.

Translations have been completed in a range of languages to support the promotion of the NHS Friends and Family Test.

Examples of awareness and engagement events:

Equality and Diversity Week May 2013

Display stands in reception at York and Scarborough asked what equality, diversity and human rights meant to people; the words most frequently used were fairness and respect. Based on this feedback, it has been agreed to change the name of the Trust Equality and Diversity Group to the Fairness Forum from April 2014. We also highlighted some myths and facts about equality and diversity including how research tells us that people perform their best when they can be themselves which has a positive impact on patient satisfaction and the importance of monitoring information.

Interfaith Week November 2013

The Department of Spiritual Care and Chaplaincy together with the Trust Equality and Diversity Group led some events and an awareness campaign. We hosted a series of panels produced by City of York Council that outlined various faith communities, beliefs, practices and customs. We also produced a display aimed at staff awareness of spiritual and religious needs of those in the hospital community and how monitoring information can enable us to improve our services, ensuring needs are met and resources used effectively. We welcomed a member of the local Sikh community who led prayers for the hospital, and also a Buddhist Monk who led lunchtime meditation sessions.

LGBT History Month February 2014 (Lesbian, Gay, Bisexual and Trans)

This year the Trust joined other employers, organisations and groups to bring together and publicise a programme of events across York.

York Hospital hosted a display by local artist Nathan Chenery called "Queer Horizons" and a display was created following the musical theme which included "Give us a note" asking for feedback on how the Trust can become more LGBT friendly. We also ran a survey to scope the level of interest in developing a staff LGBT network. Our valuable feedback will be developed next year.

Section 2: Our Workforce

Our policy and practices are reviewed and implemented in conjunction with our staff side organisations and professional bodies.

2.1 Staff Profile

The staff profile shown in table 1 is based on a snapshot of all members of staff working for the York Teaching Hospital as at 31 March 2014. We also show data from 31 March 2013 to compare how the profile has changed.

To follow good practice in data protection and ensure personal privacy, we have combined some categories so that there are at least 10 people in each category. This helps to protect the anonymity of staff.

The overall number of Trust staff increased from 8,524 on 31 March 2013 to 8,573 on 31 March 2014

Gender

Women make up 79.5% of the Trusts workforce, very similar to last year's figure of 79.3%. Nursing and Midwifery roles are the Trust's highest percentage staff group, which, as a sector traditionally employs more women than men.

Ethnicity

The number of our staff who identified their ethnicity as being White – UK (British) was 65.8% - a rise of 1.5%. There has also been a slight increase in the number of overall BME staff - 7.5% in 2014 compared to 7.3% the previous year.

Looking at clearly defined categories shows that there have been slight rises in the number of White Irish, Asian/Asian British and Black/Black British, whilst the number of Mixed, and other ethnic groups have slightly dropped. The proportion of staff whose ethnicity is 'not known' has stayed the same at 2.6%.

Sexual Orientation

We do not know the sexual orientation of 68.5% of our workforce; although this is a high percentage the figure has decreased from 74.7% last year.

Of the staff whose sexual orientation is known, lesbian, gay and bisexual staff make up 0.5% up from 0.4% last year.

Religion and Belief

We do not know the religion and belief of 65.5% of our workforce; a decrease from 70.1% last year. Christians make up 25% of the staff whose religion is known up from 21.4% the previous year. Where religion is known the number of Atheists has risen by 1% to 5.4%. For non-Christian religions the figure has stayed the same at 1.6%.

Age

Both the number and the percentage of staff under 25 have increased in the past year. Staff in the age band 56 to 60 saw the biggest increase in numbers with 11.1% of staff declaring themselves within the age bracket. Both age groups 36 to 40 and 61+ have decreased in the past year. Some of these changes will be caused by existing staff turning 41, as the percentage of staff aged 41 to 50 has increased, or staff may have retired giving reason to why staff in the 61+ age bracket has decreased.

Disability

There was a small increase in the number of staff who indicated that they are disabled people – up from 74 in 2013 to 90 in 2014. This increase may include staff joining the Trust and existing staff who have acquired an impairment and have had their information updated in the ESR system.

On ESR the Trust still appears to have a low percentage (1%) of staff identifying themselves as disabled. However this is not reflected in the annual staff survey (2013) where 16% of staff identify themselves as disabled. This figure compares favourably to the estimated 13% of public sector workers that are disabled, and the number of disabled employees in the UK workforce overall (10.5%)

The percentage of staff whose disability status is 'not known' has increased by 2%. Some of these will be due to new starters not completing starting

documents. However some staff may be reluctant to declare that they are disabled for a number of reasons.

It should be noted that for the 2013 staff survey we did a Trust wide survey so everybody who was eligible was sent a copy of the survey. We received 4,265 out of an eligible 7,943 equating to 53.70% of the total workforce.

Further work required

- It is our key priority in relation to our workforce to continue to improve the capture of protected characteristics information at all points of the employment cycle – recruitment, learning and development, appraisal, performance, promotion and leavers.
- We need to continue to raise awareness with our staff of the use of such data in order to identify inequalities between different staff groups, monitor incidents of discrimination, facilitate change and proactively tackle issues identified. This in turn will help us to engage our staff, improve their job satisfaction, productivity and employee retention.

Table 1: York Teaching Hospitals Foundation Trust staff profile

Gender	Number of staff March 2014	% total staff March 2014	Number of staff part time 2014	Number of staff full time 2014	Number of staff March 2013	% total staff March 2013	Number of staff part time 2013	Number of staff full time 2013	Change in staff % from 2013
Female	6,813	79.5	3,673	3,140	6,763	79.3	3,664	3,099	0.2
Male	1,760	20.5	344	1,416	1,761	20.7	378	1,383	-0.2
Total	8,573		4,017	4,556	8,524		4,042	4,482	

Age	Number of staff March 2014	% total staff March 2014	Number of staff part time 2014	Number of staff full time 2014	Number of staff March 2013	% total March 2013	Number of staff part time 2013	Number of staff full time 2013	Change in staff % from March 2013
Under 25	690	8.1	175	515	672	7.9	198	474	0.2
26-30	888	10.4	282	606	887	10.4	276	611	0.0
31-35	959	11.2	442	517	921	10.8	410	511	0.4
36-40	948	11.1	463	485	950	11.1	473	477	0.0
41-45	1,128	13.2	564	564	1,158	13.6	570	588	-0.4
46-50	1,247	14.6	572	675	1,293	15.2	630	663	-0.8
51-55	1,337	15.6	678	659	1,316	15.4	657	659	0.2
56-60	948	11.1	542	406	890	10.4	521	369	0.8
61+	428	5.0	299	129	437	5.1	307	130	0.1
Total	8,573		4,017	4,556	8,524		4,042	4,082	

Ethnicity	Number of staff March 2014	% total staff March 2014	Number of staff part time 2014	Number of staff full time 2014	Number of staff March 2013	% of staff March 2013	Number of staff part time 2013	Number of staff full time 2013	Change in staff % from 2013
White – UK	5,644	65.8	2,696	2,948	5,479	64.3	2,668	2,811	1.5
White - Irish	41	0.5	19	22	37	0.4	17	20	0.1
White (not UK or Irish – Includes White unspecified)	2,062	24.1	1,051	1,011	2,197	25.8	1,108	1,089	-1.7
White total	7,747	90.4	3,766	3,981	7,713	90.5	3,793	3,920	0.1
Mixed Race (dual heritage) total	70	0.8	25	45	73	0.9	30	43	-0.1
Asian and Asian British total	315	3.7	55	260	303	3.6	39	264	0.1
Black and Black British total	84	1.0	15	69	74	0.9	12	62	-0.8
Any other ethnic group (including Chinese)	132	1.5	27	105	137	1.6	24	113	-0.1
BME total (mixed race, Asian and Asian British, Black and Black British, Chinese and Irish people)	642	7.5	141	501	624	7.3	122	502	0.2
Not Known	225	2.6	129	96	224	2.6	144	80	0.0
Total	8,573		4,017	4,556	8,524		4,042	4,482	

Disabled Person	Number of staff March 2014	% of staff March 2014	Number of staff part time 2014	Number of staff full time 2014	Number of Staff March 2013	% of staff March 2013	Number of staff part time 2013	Number of staff full time 2013	Change in staff %from 2013
No	2,624	30.6	1,274	1,350	2,787	32.7	1,267	1,520	2.1
Yes	90	1.0	34	56	74	0.8	30	44	0.13
Not Known	5,859	68.3	2,709	3,150	5,663	66.4	2,745	2,918	-2.0
Total	8,573		4,017	4,556	8,524		4,042	4,482	

Sexual Orientation	Number of staff March 2014	% total staff March 2014	Number of staff part time 2014	Number of staff full time 2014	Number of staff March 2013	% of staff March 2013	Number of staff part time 2013	Number of staff full time March 2013	Change in staff % 2013
Lesbian, gay or Bisexual	39	0.5	<10	<10	35	0.4	<10	<10	0.1
Heterosexual	2,660	31.1	1,073	1,587	2,119	24.9	875	1,244	6.2
I do not wish to disclose my sexual orientation	2,116	24.7	1,172	944	2,283	26.8	1,212	1,071	-2.1
Not known	3,758	43.8	1,767	1,991	4,087	47.9	1,949	2,138	-4.8
Total	8,573 ¹		4,012	4,522	8,524		4,036	4,453	

Religion and Belief	Number of staff March 2014	% total staff March 2014	Number of staff part time 2014	Number of staff full time 2014	Number of staff March 2013	% total staff March 2013	Number of staff part time 2013	Number of staff full time March 2013	Change in staff % 2013
Atheism	461	5.4	130	331	377	4.4	100	277	1.0
Christianity	2,135	25.0	938	1,197	1,823	21.4	795	1,028	3.6
Non – Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism)	138	1.6	31	107	136	1.6	21	115	0.0
Other	227	3.2	80	147	207	2.4	85	122	0.8
I do not wish to disclose my religion/belief	1,869	21.8	1,078	791	1,895	22.2	1,092	803	-0.4
Not Known	3,743	43.7	1,760	1,983	4,086	47.9	1,949	2,137	-4.2
Total	8,573		4,017	4,556	8,524		4,042	4,482	

¹ To protect anonymity of staff and to keep as much data as possible we have taken away the amount of lesbian, gay and bisexual staff from the part/full time totals.

2.2 Staff Joining the Trust

Table 2 shows the monitoring data for 1,432 new members of staff (excluding rotational doctors) who joined the Trust between 1 April 2013 and 31 March 2014. This overall figure was significantly higher than the 912 staff who joined the Trust in the previous year. The figures shown do not include Junior Doctors as movement within this group impacts on the data and can adversely reflect on the numbers reported.

To follow good practice in data protection and ensure personal privacy, we have combined some categories so that there are at least 10 people in each category. This helps to protect anonymity of staff monitoring data.

Gender

Males made up 28% of new starters, but they only represent 20% of in-post staff. However the number of male new starters has increased compared to the previous year.

Ethnicity

The percentage of new staff whose ethnicity is unknown is low at 6.4%, which is better than both the 'unknowns' for disability and sexual orientation. This is a positive sign that new starters are correctly filling out new starter documents.

The percentage of new starters who said they were from BME groups was 13.8%; this compares favourably to the region covered by the Trust where only 3.2% of residents have a BME or ethnic background.

Disability

Of the 1,432 new starters in the year, 24 were disabled people. If 'not knowns' are discounted this represents 10.4% of new starters, higher than the overall workforce figure for disabled staff where disability is known (1.0%).

Sexual Orientation

Of the new staff who declared their sexual orientation, 12 (1.1%) identified themselves as lesbian, gay or bisexual. This percentage is higher than lesbian, gay and bisexual people in the workplace overall (0.5%).

Religion and Belief

Of the new staff joining during the year who stated their religion, 65.7% were Christians. This is a higher than the equivalent percentage of Christians in the overall workplace (25%).

Where religion is known, the percentage of new starters who practice other religions or are atheists also had a higher percentage than the equivalent percentage in the overall workplace.

Age

The profile of staff who joined the Trust in the year is younger than the overall staff profile. There is a higher percentage of new staff in all age groups up to age 35 compared to existing staff. Individuals aged 25 and under made up 27% of starters but only make up 8.1% of in-post staff, which is a statistically significant difference.

Table 2: Staff joining York Teaching Hospitals Foundation Trust from 1 April 2013 to 31 March 2014

Excluding Rotational Doctors

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2014	% new staff previous year
Gender				
Female	1,026	71.6	79.5	76.8
Male	406	28.4	20.5	23.2
Total	1,432			
Ethnicity				
White (including White Irish and White other)	1,143	79.8	90.4	90.5
Black and minority ethnic people (Black, Asian, Mixed race and any other group)	198	13.8	7.5	8.4
Not Known	91	6.4	2.6	1.1
Total	1,432			
Disabled Person				
No	495	34.6	30.6	89.9
Yes	24	1.7	1.0	2.0
Not known	913	63.8	68.4	8.1
Total	1,432			
Sexual orientation				
Lesbian, gay, bisexual	12	0.8	0.46	1.8
Heterosexual	1,075	75.1	31.1	74.4
I do not wish to disclose my sexual orientation	245	17.1	24.7	14.4
Not known	100	7.0	43.8	9.4
Total	1,432			

	Total new staff during the year	% new staff during the year	% total staff at 31 March 2014	% new staff in previous year
Religion and belief				
Atheism	198	13.8	5.4	12.2
Christianity	711	49.7	25.0	53.7
Non-Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism) plus other	173	12.1	4.0	11.2
Do not wish to disclose	270	18.9	21.8	13.5
Not known	80	5.6	43.7	9.4
Total	1,432			
Age				
Under 25	386	27.0	8.1	27.0
26-30	244	17.0	10.4	15.0
31-35	200	14.0	11.2	11.3
36-40	163	11.4	11.1	8.7
41-50	215	15.0	27.8	21.1
50+	224	15.6	31.6	16.8
Total	1,432			

2.3 Staff Leaving the Trust

Table 3 shows the monitoring data for 931 staff (excluding rotational doctors) who left the Trust between 01 April 2013 and 31 March 2014. This overall figure was up from 883 in the previous year. The figures shown do not include Junior Doctors as movement within this group impacts on the data and can adversely reflect on the numbers reported

To follow good practice in data protection and ensure personal privacy, we combined some categories so there are at least 10 people in each category. This helps to protect anonymity of staff monitoring data.

Gender

Retention of male staff has decreased slightly since last year; men now make up 23.6% of leavers compared to 20.5% last year. As 28.4% of staff joining the Trust were men (table 2) and men make up 20.5% of the overall workforce, this suggests a slightly higher turnover of male staff. Although the number of female staff leaving is significantly higher than the number of male staff, this is not necessarily a concern as the number of females in the trust accounts for 79.5% of the overall workforce.

Ethnicity

Whilst the number of BME staff leaving the Trust (8.6%) is slightly higher than the overall Trust percentage (7.5%), however consideration should be given to the higher percentage of BME new starters (13.8%).

Disability

Although the number of disabled people leaving the Trust is higher than the disabled person total, it is important to note this group only accounts for 0.2% of the Trust's overall workforce. The percentage of 'not knowns' accounts for 52.6% of the leavers which may skew the results and make the number of disabled staff appear lower than it should be.

Sexual Orientation

Due to following good practice in data protection and to ensure personal privacy we are unable to disclose figures for 2014 as multiple values are below 10.

Religion and Belief

Of the staff who left the Trust who had completed monitoring information on religion and belief, 65.5% were Christians which is higher than the percentage in the workplace overall. Where religion is known, only 6.6% were atheists, which is lower than might be expected from overall figures. Whilst these differences are not significant, the difference could be age related in that more people approaching retirement might be Christians rather than atheists.

Age

The 'leaver rate' is unsurprisingly high for both the age groups under 30 and 61+ due to younger people generally moving around more to find a job that suits them, and higher among older staff because of retirement. Staff aged over 50 only make up 31.7% of the Trust's overall workforce but 39.9% of leavers. Compared to previous years, the retention of younger staff has slightly deteriorated; 18.4% of staff are under 30, and this age group makes up 25.6% of staff leaving the Trust compared to 25.2% last year.

Further work required:

- The Trust's Leavers Policy and questionnaire is currently being reviewed to improve the capture, analysis and reporting of leaver reasons. This will ensure that any areas of concern can be investigated and appropriate actions undertaken. It is anticipated that the Leavers Policy will be rolled out across the Trust by the end of 2014 and the amended leavers questionnaire and process will be rolled out in early 2015.

Ensuring that leavers information is captured effectively, monitored and appropriate actions put in place to address any areas of concern. Particularly we need to understand the reason for the high percentage of males that leave the organisation and staff within the age groups under 30 and 61+

Table 3: Staff leaving York Teaching Hospitals Foundation Trust 1 April 2013 to 31 March 2014

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Gender				
Female	711	76.4	79.5	78.2
Male	220	23.6	20.5	22.1
Total	931			
Ethnicity				
White (including White Irish and White Other)	831	89.3	90.4	90.2
Black and Minority ethnic people (Black, Asian, Mixed Race and any other group)	80	8.6	7.5	7.3
Not known	20	2.1	26	2.4
Total	931			
Disabled person				
No	428	46.0	30.6	42.6
Yes	13	1.4	1.0	1.4
Not Known	490	52.6	68.4	52.6
Total	931			
Sexual Orientation				
Lesbian, Gay, Bisexual	<10	<10	0.5	0.6
Heterosexual	<10	36.7	31.1	27.1
I do not wish to disclose my sexual orientation	<10	25.8	24.7	29.2
Not Known	<10	<10	43.8	43.2
Total	931			

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in Previous year
Religion and belief				
Atheism	61	6.6	5.4	6.2
Christianity	251	27.0	25.0	22.0
Non-Christian Religions (Buddhism, Hinduism, Islam, Judaism, Sikhism) and other	71	7.6	1.6	4.8
Do not wish to disclose/not known	548	58.9	21.8	53.4
Total	931			
Age				
Under 30	238	25.6	18.4	25.2
31-35	86	9.2	11.2	9.0
36-40	73	7.8	11.1	11.0
41-45	88	9.5	13.2	8.9
46-50	75	8.1	14.6	8.9
51-55	108	11.6	15.6	9.9
56-60	129	13.9	11.1	15.7
61 and over	134	14.4	5.0	11.6
Total	931			

2.4 Staff profile by pay grade

In this year's report we have gone into more detail than in previous years in relation to employee pay grades. This includes for the first time: age, religion, sexual orientation and disability.

The majority of staff are in pay bands 2 and 5. This is because band 2 includes most of the administrators and healthcare assistants whilst band 5 is the entry grade for all nursing staff which is the largest staff group in the Trust.

We have had to combine some of the categories together to protect the anonymity of individuals.

Pay grade by gender

Table 4a shows the distribution of male and female staff in each pay band. This data is not an equal pay audit; it is not looking at equal pay for equal work but at distribution of staff across pay bands by gender.

The number of female staff is higher in each pay band apart from medical and dental grades where 28.4% of the staff are male compared to 4.2% of female staff. This difference is not statistically significant due to the ratio of male to female staff.

A higher number of women are in grades 8a+ than men (184 female staff compared to 81 male staff) however this banding includes a variety of different roles including senior nursing roles (matrons) which tends to attract a higher number of women.

Pay grade by ethnicity

To follow good practice in data protection and ensure personal privacy, we combined some categories so there are at least 10 people in each category. This helps to protect anonymity of staff monitoring data.

A relatively high (41.6%) percentage of Non-BME staff are in Bands 3 and below. One explanation behind this may be that because the region covered by the Trust has a very high Non-BME population, with 96.8% of people declaring a white ethnicity, in effect this means that the percentage of BME staff to non-BME staff will likely show this trend.

The highest percentage (35.5%) of BME staff are on medical and Dental pay scales which equates to 228 people. Compared to this, only 6.6% of Non-BME staff are in the same pay scales equating to 507 people.

Looking at the figures BME staff therefore make up a significant proportion of medical and dental staff.

It is not possible to provide monitoring data specifically about the Board of Directors (included within the Personal Pay Grade group) due to the small numbers and the risk of this becoming personally identifiable. However, the data shows that the make up of the Board of Directors is not representative of the overall staff workforce profile in respect of gender and ethnicity.

Pay grade by disability

This is the first year we have reported on disability by pay grade. To protect the anonymity of individual staff, we have grouped the pay bands into those below band 6, those band 6 and above, Medical and Dental and those on a personal pay scale

Disabled staff are under-represented at all grades within the trust, however because 68.3% of staff have not declared if they have a disability or not the results are skewed and we do not have an accurate figure of how many disabled staff we employ.

Pay grade by sexual orientation

To protect the anonymity of individual members of staff we have grouped the pay bands into those below band 6, those band 6 and above, Medical and Dental and those on a personal pay scale.

The Trust has a very low percentage of lesbian, gay or bisexual staff so we are unable to say much about them, however considering they make up less than 1% of the Trust's overall profile they are evenly spread across both above and below band 6 positions. However it should be noted that because 68.5% of staff are recorded as not declared the results might be skewed and not show an accurate representation of the workforce.

Pay grade by religion and belief

This is the first year we have reported on Religion by pay grade. To protect the anonymity of individual staff, we have grouped the pay bands

into: those below band 6, those band 6 and above, Medical and Dental and those on personal pay scale.

The number of non-Christian religions is under represented at bands 6 and above, only 0.6% of staff who follow non-Christian religions are in bands below band 6 with the majority working as medical and dental staff.

In contrast, the number of Christians is well represented in each category with 27.4% under band 6. The imbalance between Christian religions and non-Christian religions may be due to how the local area represented by the Trust (as per information from NOMIS) reflects on religion with 65% of people saying that they are Christian. Additionally as 25% of people said they are Atheist they are also under represented in the Trust with only 5.4% represented in the overall workforce.

Pay grade by age

Younger workers are concentrated in the lower pay bands with less than 5% of staff aged under 25 in band 6 or higher. At the same time last year, 24.3% of staff aged under 25 were in the lowest two pay bands this has now increased to 47%. The number of staff in bands 3 to 5 has also increased compared to last year, with 270 staff under 25. The number of staff in the lowest two pay bands has stayed around the same as the previous year, changing slightly from 30.8% on the 31 March 2013 to 30.7% at the same date in 2014. In contrast, staff aged 50 and higher make up the largest percentage of staff in band 6 and above.

Further work required:

In Autumn 2014 a scoping exercise is to be carried out to explore how an Equal Pay Audit could be carried out within the Trust.

Table 4a: Pay grade by gender

	Description of band	Pay Range	Female	% Female staff in this pay band	Male	% male staff in this pay band	Total	% total staff in this pay band
Band 1	Cooks, Domestic Assistants	£14,294 - £15,013	553	8.1	198	11.25	751	8.8
Band 2	Administrators, Healthcare Assistants	£14,294 - £17,425	1,575	23.1	306	17.4	1,881	21.9
Band 3	Senior Admin posts, Community Healthcare Assistants	£16,271 - £19,268	658	9.7	119	6.8	777	9.1
Band 4	Officers, Craftsperson, Medical Secretary	£18,838 - £22,016	367	5.4	81	4.6	448	5.2
Band 5	Nurses, Advisors Physiotherapists,	£21,478 - £27,901	1,554	22.8	193	11.0	1,747	20.4
Band 6	Managers, Sisters, Senior Roles	£25,783 - £34,530	1,097	16.1	151	8.6	1,248	14.6
Band 7	Senior managers, Area Leads	£30,764 - £40,558	516	7.6	117	6.6	633	7.4
Band 8a, b, c, d and 9	Directorate Managers, Area Leads	£30,764 - £98,453	184	2.7	81	4.6	265	3.1
Medical and Dental	Consultants, Doctors on Rotation, Dentists		286	4.2	500	28.4	786	9.2
Personal Pay scale	Apprentices, Non Exec Directors		23	0.3	14	0.8	37	0.4
Total Staff			6,813		1,760		8,573	

Table 4b: Pay band by ethnicity

Pay band	Non-BME staff	% Non-BME staff	BME staff (White Irish, mixed race, Asian and Black/Black British/Chinese)	% BME staff	Ethnicity not known	% ethnicity not known	Total staff	% total staff in this pay band
Band 1	708	9.2	21	3.3	22	9.8	751	8.8
Band 2	1,761	22.9	83	12.9	37	16.5	1,881	21.9
Band 3	735	9.5	14	2.2	28	12.5	777	9.1
Band 4	434	5.6	<10	<10	<10	<10	448	5.2
Band 5	1,493	19.4	218	33.9	36	16.1%	1,747	20.4
Band 6	1,171	15.2	47	7.3	30	13.4	1,248	14.6
Band 7	601	7.8	19	3.0	13	5.8	633	7.4
Band 8a, b, c, d and 9	261	3.4	<10	<10	<10	<10	265	3.1
Medical and Dental	507	6.6	228	35.5	51	22.8	786	9.2
Personal Pay scale	35	0.5	<10	<10	<10	<10	37	0.4
Total Staff	7,706		643		224		8,573	

Table 4c: Pay band by disability

Disabled	Number of staff below band 6	% staff below band 6	Number of staff band 6 and above	% of staff band 6 and above	Number of staff in Medical & Dental Grade	% of Staff in Medical & Dental grade	Number of staff in personal pay scale	% of staff with personal pay scale	Total	Total %
Non - Disabled Staff	1,875	33.5	563	26.3	174	<10	11	<10	2,623	30.6
Disabled staff	75	1.1	11	0.5	<10	<10	<10	<10	90	1.0
Not known	3,654	65.2	1,572	73.2	609	<10	25	<10	5,860	68.3
Total staff	5,604		2,146		<10		<10		8,573	

Table 4d: pay band by sexual orientation

Sexual Orientation	Number of staff below band 6	% staff below band 6	Number of staff band 6 and above	% of staff band 6 and above	Number of staff in Medical & Dental Grade	% of Staff in Medical & Dental grade	Number of staff in personal pay scale	% of staff with personal pay scale	Total	Total %
Lesbian, Gay or Bisexual	26	0.5	11	0.5	<10	<10	<10	<10	39	0.5
Heterosexual	1,911	34.1	503	23.4	231	<10	15	<10	2,660	31.0
Not known/do not wish to disclose	3,667	65.4	1,632	76.0	553	<10	22	<10	5,874	68.5
Total staff	5,604		2,146		<10		<10		8,573	

Table 4e: Pay band by religion and belief

Religion	Number of staff below band 6	% staff below band 6	Number of staff band 6 and above	% of staff band 6 and above	Number of staff in Medical & Dental Grade	% of Staff in Medical & Dental grade	Number of staff in personal pay scale	% of staff with personal pay scale	Total	Total %
Atheism	301	5.4	86	<10	69	8.8	<10	<10	<10	<10
Christianity	1,536	27.4	432	<10	158	20.1	<10	<10	<10	<10
Buddhism, Hinduism, Islam, Judaism, Sikhism	35	0.6	<10	<10	97	12.3	<10	<10	138	1.6
Other	158	2.8	47	<10	22	2.8	<10	<10	<10	<10
Not known	3,575	63.8	1,574	<10	440	56.0	23	62.1	5,612	65.4
Total staff	5,605		<10		786		37		8,573	

Table 4f: Pay band by age

Pay band	Under 25 Years	% staff under 25 years	26 – 50 years	% staff 26-50 years	Over 50 years	% over 50 years	Total staff	% total staff in this pay band
Band 1	80	11.6	399	7.7	278	10.2	757	8.8
Band 2	244	35.4	986	19.1	645	23.8	1,875	21.9
Band 3	50	7.2	449	8.7	278	10.2	777	9.1
Band 4	28	4.1	243	4.7	177	6.5	448	5.2
Band 5	192	27.8	1,123	21.8	432	15.9	1,747	20.4
Band 6	26	3.8	863	16.7	360	13.3	1,249	15.6
Band 7	<10	<10	366	7.1	265	9.8	<10	<10
Band 8a, b, c, d and 9	<10	<10	174	3.4	91	3.4	<10	<10
Medical and Dental	56	8.1	558	10.8	172	6.3	786	9.2
Personal Pay scale	12	1.7	<10		15	0.6	<10	<10
Total Staff	<10		<10		2,713		8,573	

2.5 Staff Learning and Development

The following tables show training undertaken at the various different sites within the Trust. This year we have looked at, in addition to the different ethnicity of staff who have completed training, their gender, disability and age.

Ethnicity

Table 5a shows the number of staff attending training sessions has increased in all ethnic groups, with the overall total increasing by thirteen thousand delegates compared to the same time last year. The biggest increase by percentage in a known ethnic group that attend a session was Black and Black British which increased by 66% compared to the previous year. The number of White – British delegates that attended increased by 37.5% compared to the previous year which equates to just over ten thousand delegates.

Gender

As expected, the percentage of female staff (85.1%) greatly outweighs the percentage of male staff (14.9%) attending sessions.

Disability

The number of disabled delegates attending sessions accounts for only 1.5% of the total delegates which is expected due to the low number of disabled staff within the Trust. However, the largest category is 'not known' which accounts for 63.4% of all delegates.

Age

Delegates between 51 and 55 account for the majority of staff who go to sessions this may be in some part be due to this age range accounting for the largest percentage of the overall Trust workforce. The percentage of staff over 60 only accounts for 3.3% of total delegates, this could be due to many staff starting to think about retirement.

Table 5a: Staff Learning and Development by ethnicity

Ethnicity	Number of delegates sessions March 2014	Number of delegates sessions March 2013	Change in delegates sessions provided % from 2013
White – UK	38,224	27,790	37.5
White – Irish	328	228	43.9
White (not UK or Irish – Includes White unspecified)	10,409	9,131	14.0
White total	48,961	37,149	31.8
Mixed Race (dual heritage) total	443	345	28.4
Asian and Asian British total	2,190	1,646	33.0
Black and Black British total	628	378	66.1
Any other ethnic group (including Chinese)	859	690	24.5
BME total (mixed race, Asian and Asian British, Black and Black British, Chinese and Irish people)	4,448	3,287	35.3
Not Known	1,348	807	67.0
Total	54,429	41,015	32.7

Table 5b: Staff Training by gender

Gender	Number of delegates sessions March 2014	% of total delegates sessions 2014
Female	46,319	85.1
Male	8,110	14.9
Total	54,429	

Table 5c: Staff Training by disability

Disability	Number of delegates sessions March 2014	% of total delegates sessions 2014
No	19,134	35.1
Yes	790	1.5
Not Known/not declared	34,505	63.4
Total	54,429	

Table 5d: Staff Training by age

Age	Number of delegates sessions March 2014	% of total delegates sessions 2014
Under 25	6,093	11.2
26-30	5,543	10.2
31-35	6,297	11.6
36-40	6,268	11.5
41-45	7,216	13.2
46-50	7,840	14.4
51-55	8,340	15.3
56-60	5,053	9.3
61+	1,779	3.3
Total	54,429	

Staff Appraisal

The Trust's appraisal system incorporates the six core dimensions of the national Knowledge and Skills Framework (KSF) which includes equality and diversity. This increases the focus on supporting individuals' development to enable them to reach their full potential and carry out their role effectively.

The Trusts appraisal system is currently being reviewed with a view to moving towards a more formalised Talent Development model based on performance and values based behaviours. This includes scoping an e-appraisal system which captures outcomes from staff appraisals, which can then be reported on by the protected characteristics. This is currently in the early stages of development.

The Learning Hub

The Learning Hub, an online learning platform that has the potential for learners to self enrol onto learning and/or undertake learning online has been developed this year.

Throughout the system design process opportunities have been taken to ensure that inclusive best practice has been embedded into system and content design used e.g. tonal contrast, font sizes, language etc.

The platform is populated with data from sources that include the Electronic Staff Record which will ensure that the new system will allow the continued reporting/breakdown of learning data into six of the protected characteristics. Once established this will enable monitoring by pay band.

A manual process for staff with access or use of computer issues remains in place and monitoring via evaluation will identify other barriers that have not been anticipated.

Organisational Development and Improvement Learning (ODIL)

The coaching and mentoring schemes enable challenge to attitudes and behaviours.

The Trust has successfully piloted training for managers on Effective Conversations and this is being incorporated into our leadership programmes.

Evaluation from a staff development programme that includes how to interact with others asked “What will you be taking from the programme back to the workplace?”

- “How to deal with conflict, challenging conversations and recognition of feelings of self/others”
- “A better understanding of what others might be feeling”
- “A better approach to difficult conversations, appreciating other staffs preferences”
- “A great insight into differences”

The process of assessment centres for senior appointments reduces unconscious bias and gives individuals an opportunity to demonstrate skills which may be less likely to be observed through traditional interview processes. Also, please see values based recruitment in section 2.6.

The ODIL team also work in partnership with local organisations including the Army Training Centre at Strensall, the Joseph Rowntree Foundation Trust and City of York Council sharing leadership programmes, coaching and other resources.

Knowledge and Awareness Events

Knowledge and awareness is also developed via events throughout the year linked to local and national initiatives and regular articles for internal communications including staff brief and staff matters. Examples can be seen in 1.13 Involvement and Engagement.

Listening to Staff Exercise

This year, Human Resources conducted a listening exercise with staff via a series of staff engagement focus groups with three key themes:

- How do staff get informed about what is happening within their department and the Trust
- How do staff raise concerns and ideas within the workplace
- What systems would staff like to see in place to strengthen engagement and involvement in the Trust

The findings have been incorporated and developed into a sustainable Staff Engagement Framework for the Trust

2.6 Equality in Recruitment

This is the first year that we have reported equality levels in our recruitment. We use the NHS jobs website for all our recruitment exercises which enables us to monitor equality aspects of applicants for all job roles. The tables on the following pages show data on:

- Applicants and short listed candidates for the 1st April 2013 – 31st March 2014 broken down by protected characteristics using data taken from the NHS Jobs website, and
- Successful applicants for the same time period using data taken from the electronic staff records (ESR).

The need to use two data sets means that although the comparison between applicants and short listed candidates is straightforward, the comparison between applicants/short listed candidates and successful applicants can only ever be an approximation. This is because:

- NHS Jobs and ESR are currently not integrated within the Trust. Therefore, successful applicant's information is not automatically sent between the two systems.
- Successful applicant's details are captured from the HR 1 Notification of Starter Form which may or may not contain the same details as those originally recorded on NHS Jobs.
- We do not know how many individuals have applied for more than one role.
- Some recruitment exercises on NHS Jobs were for more than one role, whereas others may not have resulted in a successful appointment, for example, if no candidates were deemed suitable for appointment.

Applicants are generally required to apply for jobs at the Trust through the NHS Jobs website. Applicants can, however, request a hard copy application form to complete.

Recruitment by Gender

Males made up 32% of the total applicants, but only 6% of those that were shortlisted, and only 28% of those that started work. By contrast, females made up 67% of the total applicants, with 93% shortlisted but not starting work, and 71% actually starting work. This shows women have a significantly higher success rate than men securing jobs within the Trust.

Recruitment by Disability

We can see from table 6C that 29.7% of disabled applicants are shortlisted compared to 24.6% of non-disabled applicants. However only 1.7% of disabled applicants are appointed compared to 34.6% of non-disabled applicants. This shows that whilst disabled people are at least as successful at getting shortlisted, they are less successful than non-disabled people in getting appointed to jobs at the trust.

The Trust is a two tick employer. This means that we guarantee to interview all disabled applicants who meet the minimum criteria. Where we use the desirable criteria to shortlist applicants, this might explain why disabled people do not appear to have disadvantage at the short listing stage. However, it should be noted that the higher percentage of successful applicants where disability Status is 'undisclosed' may have an impact on these figures.

Recruitment by Ethnicity

Table 6D shows clearly that the number of applicants who are white were the most successful group in getting shortlisted from their job applications when compared to all the other ethnic groups.

The ethnic group least successful in reaching the short listing stage was Mixed races candidates, with only 1.1% of applicants being shortlisted compared to 81.4% of white people. We must be careful about drawing any conclusions from this with regards to discrimination taking place as there may be other factors that explain the lower success rates for candidates from some ethnic groups.

Recruitment by Age

Table 6E shows that success in securing job roles at the Trust increases with age. This is not very surprising considering with age people gain both

experience and new skills required for jobs. While only 15.8% of applicants aged under 25 were shortlisted, 67.4% of applicants aged 25 to 49 were shortlisted.

Recruitment by religion and belief

The most successful group of applicants to get to the shortlisting stage according to religious belief were Christians with 59% of applications being shortlisted compared to 13.7% for atheists, and 17.7% for non Christian religions and 'other'. It is worth noting that the number of atheists appointed is exactly the same as those shortlisted showing a 100% success rate for atheists that have been shortlisted.

Recruitment by Sexual Orientation

Table 6G shows that only 1.9% of lesbian, gay and bisexual candidates are successful at obtaining posts compared to 4.3% of heterosexual candidates. Heterosexual staff account for 92.5% of all applicants shortlisting, and 75% of all new starters compared with only 0.8% of lesbian, gay and bisexual staff

Staff Survey Comparisons

Table 6A shows a slight percentage decrease for staff responses to the Trust providing equal opportunities for career progression or promotion for the ethnic white group from 93% in 2013 to 91% for this report. It is however important to note that the score of 91% still compares favourably with a Trust score of 90%. Conversely and more positively the percentage of staff from the BME group supporting this statement has increased quite significantly from 71% in 2013 to 80% in 2014.

Table 6A:

% of staff believing that the Trust provides equal opportunities for career progression or promotion (higher score better)

Group	% Survey result 2013	2013 Trust Overall %	% Survey result 2012	2012 Trust Overall %
White	91%	90%	93%	91%
BME	80%		71%	

Values Based Recruitment

In March 2010 we first implemented Values Based Recruitment (VBR). Central to this was the focus on getting the 'right' candidate with the appropriate values, attitude and work ethic who would be clear on the organisations expectations of them, rather than the traditional method of recruiting the most experienced.

It was here that VBR was introduced to assess whether the candidates values fit with the organisations.

Central to Values Based Recruitment is the belief that experience and qualifications can be provided to candidates, however values are core to an individual and are not something that can be taught. In essence Values Based Recruitment encompasses values, attitude and behaviour with the belief that if you get this right your workforce excels and if you get it wrong there is little that you can do to rectify it as training will not address these issues.

The Trust's Recruitment Training has been amended to train people in a values based approach. Campaigns centrally supported by the recruitment team all now run from a values perspective, as do all senior appointments.

Apprentices

During the last 2 years, 35 people from the local community have enrolled on a range of apprenticeships across the organisation. Ten of these apprentices have subsequently been appointed to permanent posts in the Trust and another to a permanent post with the local Clinical Commissioning Group (CCG) with two leaving before completion.

Volunteers

Members of our community volunteer their time for the benefit of our patients and their relatives and carers. They are not used instead of paid employees; their roles are designed to complement the work of staff and enhance the patient experience.

During the year to 31 March 2014 there were approximately 40 volunteers at the Scarborough site and a little over 100 based at York. At present we are unable to provide a breakdown into protected characteristics due to issues with our reporting system. This will be addressed and the information will be available within the coming months.

During the year to 31 March 2015 we aim to increase Trust volunteer numbers and develop further volunteer roles. The overall target of increasing volunteer numbers by 50% has been set, but also a more specific target of increasing volunteer Dining Companions by 100%. This should see overall volunteer numbers increase to a little over 200 across both sites by October 2014.

Trust volunteers are currently split into four main roles:

1. **The Volunteer Visitor** – this role provides company for those patients who have no visitors.
2. **The Clinic/Department Liaison** - this role provides information to patients when they arrive in a department or clinic. They provide information when clinics are running late and reassurance to patients as they wait to be seen.
3. **Chaplaincy Volunteers** - recruited by the Trust Chaplain these volunteers provide spiritual support to our patients.
4. **Dining Companions** - this role required specific training and provides patients with some help at meal times.

There are also a small number of specialist volunteer roles such as the Bereavement Suite Volunteer, who provide specific support to patients and their families in niche areas.

Further development required:

- Review the recruitment training for managers to evaluate managers understanding of the values based approach to recruiting staff
- Review our recruitment and selection policy
- Ongoing analysis of the outcomes of the 2014 annual staff survey outcomes by protected characteristics including correlation between the 2013 results to identify and take forward identified actions to address areas that require improvement
- Scoping exercise to be undertaken to explore how NHS Jobs and ESR could be integrated to improve the capture of reporting of protected characteristic data

Table 6B: Recruitment by gender

Category	Applied April 2013 to March 2014	Shortlisted April 2013 to March 2014	Starters April 2013 to March 2014	% applications shortlisted	% applications appointed	% applications	% shortlistings	% starters
Male	8,751	1,866	406	21.3	4.6	32.4	6.2	28.4
Female	18,206	4,840	1,026	26.6	0.6	67.5	93.1	71.6
Undisclosed	24	11	0	45.8	0.00	0.1	0.7	0.00
Total	26,981	6,717	1,432	24.9	5.3			

Table 6C: Recruitment by disability

Category	Applied April 2013 to March 2014	Shortlisted April 2013 to March 2014	Starters April 2013 to March 2014	% applications shortlisted	% applications appointed	% applications	% shortlistings	% starters
Disabled person	1,401	416	495	29.7	35.3	5.2	6.2	1.7
Not disabled person	25,395	6,254	24	24.6	0.1	94.1	93.1	34.6
Undisclosed	185	47	913	25.4	493.5	0.7	0.7	63.8
Total	26,981	6,717	1,432	24.9	5.3			

Table 6D: Recruitment by ethnicity

Category	Applied April 2013 to March 2014	Shortlisted April 2013 to March 2014	Starters April 2013 to March 2014	% applications shortlisted	% applications appointed	% applications	% shortlistings	% starters
White total	20,772	5,467	1,143	26.3	5.5	77.1	81.4	
Asian total	3,667	763	122	20.8	3.3	13.6	11.4	
Mixed total	388	77	15	19.8	3.9	1.4	1.1	
Black total	1,311	234	27	17.8	20.6	5	3.4	
Other ethnic group total	617	117	33	19	5.3	2.2	1.8	
Undisclosed	226	59	91	26.1	40.3	0.8	0.9	
Total	26,981	6,717	1,431	24.9	5.3			

Table 6E: Recruitment by age

Category	Applied April 2013 to March 2014	Shortlisted April 2013 to March 2014	Starters April 2013 to March 2014	% applications shortlisted	% applications appointed	% applications	% shortlistings	% starters
Under 25	5,659	1,066	386	18.8	6.8	21	15.8	27
25 – 49	17,604	4,533	1,008	25.7	5.7	65.3	67.4	56.1
50 and over	3,700	1,113	38	30	1	13.7	16.6	16.8
Undisclosed	18	5	0	27.8	0.00	0.1	0.1	0
Total	26,981	6,717	1,431	24.9	5.3			

Table 6F: Recruitment by religious belief

Category	Applied April 2013 to March 2014	Shortlisted April 2013 to March 2014	Starters April 2013 to March 2014	% applications shortlisted	% applications appointed	% applications	% shortlistings	% starters
Christianity	14,892	3,965	711	26.6	4.8	55.2	59	49.7
Atheism	3,798	922	198	24.3	5.2	14.1	13.7	13.8
Non-Christian religions including 'Other'	5,811	1,231	173	21.2	3.0	21.5	17.7	12.
Undisclosed	2,480	599	80	24.2	3.2	9.2	8.9	24.5
Total	26,981	6,717	1,431	24.9	5.3			

Table 6G: Recruitment by sexual orientation

Category	Applied April 2013 to March 2014	Shortlisted April 2013 to March 2014	Starters April 2013 to March 2014	% applications shortlisted	% applications appointed	% applications	% shortlistings	% starters
Lesbian, gay and bisexual total	637	176	12	27.6	1.9	2.4	2.7	0.8
Heterosexual	24,810	6,213	1,075	25	4.3	92	92.5	75.1
Undisclosed	1,534	328	345	21.4	22.5	5.7	4.9	24.1
Total	26,981	6,717	1,431	24.9	5.3			

2.7 Grievance, disciplinary and Bullying and Harassment issues

Bullying & Harassment

The percentage of staff in our 2013 Staff Survey who said they had experienced harassment, bullying or abuse from patients, relatives or the public within the past 12 months has increased by 2% compared to our 2012 figures.

In addition, the number of staff who had experienced harassment, bullying or abuse from staff in the past 12 months had also increased, to 22% compared to 21% in 2012. This figure is below (better than) the average percentage for other acute trusts of 24%.

The number of bullying and harassment investigations reported was 3 during 1 April 2013 – 31 March 2014. It is not possible to give quality monitoring data due to the small number. This does not correlate to the number of staff who reported that they experienced bullying and harassment within the Staff Survey.

During the same period 6 potential mediation cases were referred on; however, out of these 6, once the initial meetings had gone ahead only 1 of these progressed to mediation.

This is a significant concern to us as we are committed to a zero tolerance approach to bullying and harassment. Therefore, during 2013/2014 we have undertaken a number of actions to raise awareness of Harassment & Bullying issues to improve their resolution. These include;

- Reviewing the Harassment and Bullying (H&B) Policy to simplify the process and ensure issues are dealt with at an early stage. This includes promotion of the Trust's mediation service
- Reviewing the training provided to managers on how to deal with cases of H&B;
- Introduced a 24/7 Employee Assistance Programme (counselling service) with an online resource centre facility.

We will measure our progress on removing harassment and bullying by asking staff a number of questions in our 2014 annual Staff Survey.

To follow good practice in data protection and ensure personal privacy and to help protect the anonymity of staff, we are unable to report on all characteristics due to the small number of disciplinary, grievance and bullying and harassment cases recorded.

Employment Tribunals

This year 6 Employment Tribunal (ETs) claims were received. 5 of these claimants cited discrimination in their claims. Of the 5 discrimination cases, 1 was successfully defended at Tribunal, 2 were resolved through compromise agreements and the final 2 are pending a Tribunal Hearing. Due to the low number of ETs that have been submitted it is not possible to provide data in relation to protected characteristics.

Since our last report all Employment Tribunal and MHPS (medical and dental staff) cases are now recorded on ESR. This allows further detailed analysis of employee relations data to be undertaken.

Grievances

From the figures shown in table 8A there have been fewer grievance cases compared to the number of cases in the previous year. As per last year, the majority of cases were raised by White - British staff, the main reason behind this is most likely due to White British staff accounting for the largest percentage of staff within the Trust.

Table 8A: number of grievances by ethnic origin

	Number of Grievances year ending 31 March 2014	Number of Grievances year ending 31 March 2013
White – UK	11	16
White - Irish	0	0
White (not UK or Irish – Includes White unspecified)	0	<10
Mixed Race (dual heritage) total	0	0
Asian and Asian British total	<10	0
Black and Black British total	0	<10
Any other ethnic group (including Chinese)	0	0
Not Known	0	0
Total	-	-

Investigations and Disciplinary Action

Tables 9a, 9b, 9c, 9d and 9e show the number of disciplinary investigations, formal sanctions, and suspensions within the Trust by protected characteristic.

From the results it is apparent that the number of disciplinary investigations undertaken, sanctions and suspensions have all reduced in 2014.

The number of disciplinary investigations which resulted in formal sanctions is 70% of cases compared to a figure of 76.9% in the 2013 report. This is a reduction of 11 cases.

The majority of investigations (87%) involved staff within the groups of White UK, White Irish and White other groups. If compared to the Trust demographic this percentage is only slightly lower than the overall Trust percentage of 90.4% for these groups. The totals for these groups in the 2013 Equality & Diversity report was 83% against a Trust demographic of 81.6%.

Of all investigations undertaken 34.6% of employees were suspended against a figure of 31% overall investigations when compared with the 2013 report.

Further work required:

A review is also taking place of our Managing HR Issues training to improve the content of this. One of the modules will cover conduct with a specific focus on our values and Personal Responsibility Framework and how staff display these behaviours. Specific training is also being developed for Investigating Officers, which will help further develop managers skills in undertaking investigations to ensure that these are done fairly and equitably.

Table 9a: Disciplinary investigations, sanctions and suspensions by Ethnicity

Ethnicity	Disciplinary Investigations 2014	Formal Sanctions 2014	Suspensions 2014	Disciplinary Investigations 2013	Formal Sanctions 2013	Suspensions 2013
White – UK	56	43	20	59	41	24
White – Irish	<10	<10	<10	<10	<10	<10
White (not UK or Irish – Includes White unspecified)	<10	<10	<10	-	18	<10
White total	68	52	20	85	59	29
Mixed Race (dual heritage) total	<10	<10	<10	<10	<10	<10
Asian and Asian British total	<10	<10	<10	<10	<10	<10
Black and Black British total	<10	<10	<10	<10	<10	<10
Any other ethnic group (including Chinese)	<10	<10	<10	<10	<10	<10
BME total (mixed race, Asian and Asian British, Black and Black British, Chinese and Irish people)	<10	<10	<10	<10	<10	<10
Not Known	<10	<10	<10	<10	<10	<10
Total	78	60	27	102	71	32

Table 9b: Disciplinary investigations, sanctions and suspensions by Gender

Gender	Disciplinary Investigations 2014	Formal Sanctions 2014	Suspensions 2014
Female	62	49	19
Male	16	11	8
Total	78	60	27

Table 9c: Disciplinary investigations, sanctions and suspensions - Disability

Disabled	Disciplinary Investigations 2014	Formal Sanctions 2014	Suspensions 2014
Yes	<10	<10	<10
No	20	15	<10
Not Declared	<10	<10	<10
Undefined	56	44	20
Total	78	60	27

Table 9d: Disciplinary investigations, sanctions and suspensions by Sexual Orientation

Sexual Orientation	Disciplinary Investigations 2014	Formal Sanctions 2014	Suspensions 2014
Heterosexual	19	15	<10
I do not wish to disclose my sexual orientation	16	12	<10
Undefined	43	33	14
Total	78	60	27

Table 9e: Disciplinary investigations, sanctions and suspensions by Religion / Belief

Religion and Belief	Disciplinary Investigations 2014	Formal Sanctions 2014	Suspensions 2014
Atheism	<10	<10	<10
Christianity	19	15	<10
I do not wish to disclose my religion/belief	14	10	<10
Undefined	42	33	13
Total	78	60	27

For some of the data, the outcomes were not recorded and therefore data cannot be included

Section 3: Summary of further work required

During the next 12 months we anticipate EDS2 will be undertaken within the Trust and this will enable the prioritisation of our work. This will be more developed into a SMART action plan which will be monitored through the Trust's Fairness Forum (formerly known as the Equality & Diversity Group).

Our equality objectives are included in the introduction of this report at point g

Section	Actions	Link to Equality Objective
Introduction	f) Develop an implementation plan for EDS2	3
	g) Utilise EDS2 outcomes to inform a review of our equality objectives including how to present the information effectively	-
1	1.1 Complete development, consultation and piloting of new equality analysis toolkit to embed in Trust processes.	4
	1.1 Implement rolling programme to introduce in line with policy revision which is usually 2 to 3 years, centralising monitoring of equality analysis.	
	1.2 Grow business opportunities with Small Medium Enterprises	-
	1.2 Training update for procurement staff	-
	1.3 Introduce information in different format template as leaflets are reviewed and reprinted (usually every 2 years)	2
	1.4 Develop single process for interpretation and translation services including a central record of document translations	-
	1.6 Develop an audit access tool and audit programme	3
	1.7 Discussion with other agencies to ensure collection of data across protected characteristics.	3

Section	Actions	Link to Equality Objective
	1.8 Scope the feasibility of recording more protected characteristics onto our core patient database (CPD)	1
	1.8, 1.11, 1.12 Ensure data capture is aligned to other data sets to allow comparisons	1
	1.8 Continue to raise staff awareness of the importance of recording protected characteristics on CPD.	1
	1.8 Investigate why specific groups might have different DNA rates compared to other groups (We hope to work in partnership with Sheffield Hallam University & Sheffield Teaching Hospitals Foundation Trust and other hospitals in the region on a research project subject to funding)	-
	1.11, 1.12 Review approaches to data collection to ensure breakdown of feedback to identify trends and themes	1
	1.11, 1.12 Raise awareness to the importance of recording protected characteristics and purpose of monitoring	1
	1.13 Develop an action plan in response to “Access to health and social care services for Deaf people”	-
2	2.1 Continue to improve the capture and updating of staff protected characteristics	1
	2.3 Ensure that leavers information is captured effectively, monitored and appropriate actions put in place to address any areas of concern. Particularly we need to understand the reason for the high percentage of males that leave the organisation and staff within the age groups under 30 and over 61	1

Section	Actions	Link to Equality Objective
	2.4 Undertake a scoping exercise into Equal Pay audits and implement recommendations	-
	2.6 Scoping exercise to be undertaken to explore how NHS Jobs and ESR could be integrated to improve the capture of reporting of protected characteristics data	1
	2.6 Implement a process for capturing protected characteristics for volunteers	-
	2.6 Ongoing analysis of the outcomes of the 2014 annual staff survey outcomes by protected characteristics including correlation between the 2013 results to identify and take forward identified actions to address areas that require improvement	-
	2.6 Review the recruitment training for managers to evaluate managers understanding of the values based approach to recruiting staff	-
	2.6 Review our recruitment and selection policy	-

How are we doing?

We are accountable to our staff, service users and members of the public.

Should you have any feedback or concerns about equality of access to services or in the workplace, please contact:

Margaret Milburn - Equality and Diversity Facilitator

Telephone: 01904 726633

Email: margaret.milburn@york.nhs.uk

Please telephone or email if you require this information in a different language or format

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