

**Information to meet the publishing requirements of
The Equality Act 2010**

Date: January 2014

Version 1

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1 Executive 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 table 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 	4.1
	<ul style="list-style-type: none"> •Directors / managers informed and involved to assure E&D and human resource practices 	4
	<ul style="list-style-type: none"> •Staff undertake training at a level to support them carrying out their role effectively 	4.4
	<ul style="list-style-type: none"> •Policies in place and reviewed in accordance with Trust policy guidance and amended as new legislation and guidance requires 	4.2
	<ul style="list-style-type: none"> •Recruitment policies and exit interviews are fair and transparent 	6
	<ul style="list-style-type: none"> •Incidents are reported 	
	<ul style="list-style-type: none"> •Patient Experience monitor comments, compliments and other concerns 	8.3
	<ul style="list-style-type: none"> •Access audits to ensure services are accessible 	4.5 & 4.6

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 policies 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 •Reasonable adjustments for employees •Engagement with local communities •Interpreting Services in place 	<p>4.2</p> <p>6</p> <p>6</p> <p>4.4</p> <p>6</p> <p>6</p> <p>8.4</p> <p>4.5</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>8.4</p> <p>4.4</p>

2 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.

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

2.1 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.

In April 2011 we took over the management of community-based services in Selby, York, and hosted community provision for Scarborough, Whitby and Ryedale. In July 2012 we acquired Scarborough and North East Yorkshire Healthcare NHS Trust (SNEY), bringing Scarborough, Bridlington, Whitby and Malton Hospitals into the organisation.

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

2.2 Trust Commitment, 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.

2.3 Progress and Achievements

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

- 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 (LGBT) Forum
- Corporate member of the new York Fairness and Equalities Board
- Corporate signatory to the Armed Forces Community Covenant

2.4 Local Demographics

As mentioned in section 1.1 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 using the local authorities: district / unitary section. Data for disability, gender reassignment, pregnancy and maternity and sexual orientation is not available from this source.

Age	East Riding of Yorkshire		Hambleton		Ryedale		Scarborough		Selby		York	
	number	%	number	%	number	%	number	%	number	%	number	%
Age 0 to 4	16,400	4.9	4,348	4.9	2,385	4.6	5,317	4.9	4,875	5.8	10,677	5.4
Age 5 to 7	9,990	3.0	2,730	3.1	1,522	2.9	3,092	2.8	2,741	3.3	5,747	2.9
Age 8 to 9	6,640	2.0	1,806	2.0	951	1.8	1,979	1.8	1,818	2.2	3,601	1.8
Age 10 to 14	18,625	5.6	5,118	5.7	3,024	5.8	5,718	5.3	4,852	5.8	9,712	4.9
Age 15	4,191	1.3	1,099	1.2	669	1.3	1,285	1.2	1,028	1.2	2,039	1.0
Age 16 to 17	8,229	2.5	2,123	2.4	1,459	2.8	2,539	2.3	2,167	2.6	4,179	2.1
Age 18 to 19	7,976	2.4	1,955	2.2	1,059	2.0	2,716	2.5	1,812	2.2	7,879	4.0
Age 20 to 24	15,779	4.7	4,431	5.0	2,203	4.3	6,268	5.8	4,453	5.3	19,746	10.0
Age 25 to 29	15,073	4.5	4,197	4.7	2,085	4.0	5,367	4.9	4,346	5.2	14,159	7.1
Age 30 to 44	60,345	18.1	15,243	17.1	8,483	16.4	17,291	15.9	16,589	19.9	38,818	19.6
Age 45 to 59	72,406	21.7	19,962	22.4	11,508	22.2	23,181	21.3	18,761	22.5	36,363	18.4
Age 60 to 64	27,070	8.1	6,887	7.7	4,351	8.4	8,720	8.0	6,001	7.2	11,716	5.9
Age 65 to 74	38,716	11.6	10,457	11.7	6,433	12.4	13,311	12.2	7,702	9.2	16,929	8.5
Age 75 to 84	23,720	7.1	6,367	7.1	4,081	7.9	8,534	7.8	4,554	5.5	11,629	5.9
Age 85 to 89	5,947	1.8	1,599	1.8	1,000	1.9	2,259	2.1	1,147	1.4	3,200	1.6
Age 90 and over	3,072	0.9	818	0.9	538	1.0	1,216	1.1	603	0.7	1,657	0.8
Gender	All Persons	Number	All Persons	Number	All Persons	Number	All Persons	Number	All Persons	Number	All Persons	Number
Male	334,179	163,388	89,140	43,982	51,751	25,413	108,793	52,570	83,449	40,947	198,051	96,254
Female		170,791		45,158		26,338		56,223		42,502		101,797

Ethnic Group	East Riding of Yorkshire		Hambleton		Ryedale		Scarborough		Selby		York	
	number	%	number	%	number	%	number	%	number	%	number	%
All usual residents	334,179	100.0	89,140	100.0	51,751	100.0	108,793	100.0	83,449	100.0	198,051	100.0
White: English/Welsh/Scottish/Northern Irish/British	321,309	96.1	85,867	96.3	49,802	96.2	103,625	95.2	79,686	95.5	178,613	90.2
White: Irish	908	0.3	306	0.3	262	0.5	301	0.3	326	0.4	1,103	0.6
White: Gypsy or Irish Traveller	227	0.1	132	0.1	81	0.2	37	0.0	158	0.2	269	0.1
White: Other White	5,345	1.6	1,330	1.5	919	1.8	2,141	2.0	1,907	2.3	6,746	3.4
Mixed/multiple ethnic groups: White and Black Caribbean	683	0.2	157	0.2	80	0.2	228	0.2	190	0.2	529	0.3
Mixed/multiple ethnic groups: White and Black African	367	0.1	59	0.1	46	0.1	109	0.1	50	0.1	305	0.2
Mixed/multiple ethnic groups: White and Asian	785	0.2	246	0.3	105	0.2	324	0.3	271	0.3	873	0.4
Mixed/multiple ethnic groups: Other Mixed	466	0.1	131	0.1	71	0.1	208	0.2	115	0.1	706	0.4
Asian/Asian British: Indian	1,081	0.3	220	0.2	35	0.1	383	0.4	175	0.2	1,531	0.8
Asian/Asian British: Pakistani	396	0.1	84	0.1	5	0.0	169	0.2	17	0.0	417	0.2
Asian/Asian British: Bangladeshi	69	0.0	30	0.0	7	0.0	109	0.1	2	0.0	370	0.2
Asian/Asian British: Chinese	660	0.2	126	0.1	85	0.2	287	0.3	170	0.2	2,449	1.2
Asian/Asian British: Other Asian	755	0.2	140	0.2	141	0.3	416	0.4	129	0.2	1,973	1.0
Black/African/Caribbean/Black British: African	355	0.1	98	0.1	67	0.1	176	0.2	170	0.2	903	0.5
Black/African/Caribbean/Black British: Caribbean	175	0.1	44	0.0	8	0.0	51	0.0	33	0.0	205	0.1
Black/African/Caribbean/Black British: Other Black	68	0.0	46	0.1	5	0.0	13	0.0	9	0.0	86	0.0
Other ethnic group: Arab	289	0.1	46	0.1	10	0.0	123	0.1	9	0.0	498	0.3
Other ethnic group: Any other ethnic group	241	0.1	78	0.1	22	0.0	93	0.1	32	0.0	475	0.2

Religion	East Riding of Yorkshire		Hambleton		Ryedale		Scarborough		Selby		York	
	number	%	number	%	number	%	number	%	number	%	number	%
All categories: Religion	334,179	100.0	89,140	100.0	51,751	100.0	108,793	100.0	83,449	100.0	198,051	100.0
Christian	227,343	68.0	64,692	72.6	37,172	71.8	72,544	66.7	59,182	70.9	117,856	59.5
Buddhist	702	0.2	135	0.2	125	0.2	295	0.3	133	0.2	1,016	0.5
Hindu	607	0.2	93	0.1	20	0.0	167	0.2	87	0.1	983	0.5
Jewish	337	0.1	45	0.1	15	0.0	67	0.1	60	0.1	202	0.1
Muslim	1,309	0.4	234	0.3	57	0.1	551	0.5	95	0.1	2,072	1.0
Sikh	174	0.1	5	0.0	5	0.0	8	0.0	51	0.1	133	0.1
Other religion	863	0.3	223	0.3	180	0.3	402	0.4	206	0.2	747	0.4
No religion	78,296	23.4	17,652	19.8	10,354	20.0	26,665	24.5	18,070	21.7	59,646	30.1
Religion not stated	24,548	7.3	6,061	6.8	3,823	7.4	8,094	7.4	5,565	6.7	15,396	7.8

Marital Status	East Riding of Yorkshire		Hambleton		Ryedale		Scarborough		Selby		York	
	number	%	number	%	number	%	number	%	number	%	number	%
All usual residents aged 16+	278,333	100.0	74,039	100.0	43,200	100.0	91,402	100.0	68,135	100.0	166,275	100.0
Single (never married or never registered a same-sex civil partnership)	72,618	26.1	18,418	24.9	10,977	25.4	26,127	28.6	18,088	26.5	64,211	38.6
Married	150,812	54.2	41,732	56.4	23,750	55.0	44,492	48.7	37,705	55.3	73,159	44.0
In a registered same-sex civil partnership	600	0.2	93	0.1	58	0.1	217	0.2	125	0.2	435	0.3
Separated (but still legally married or still legally in a same-sex civil partnership)	6,239	2.2	1,604	2.2	896	2.1	2,324	2.5	1,618	2.4	3,291	2.0
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	25,674	9.2	6,342	8.6	3,765	8.7	9,838	10.8	6,059	8.9	14,110	8.5
Widowed or surviving partner from a same-sex civil partnership	22,390	8.0	5,850	7.9	3,754	8.7	8,404	9.2	4,540	6.7	11,069	6.7

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: Christian 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.

3 Legal and Compliance Framework

This section of the report provides an overview of the legal and regulatory framework that drives the compliance requirements of the Trust.

3.1 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

3.2 Care Quality Commission (CQC)

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.

3.3 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.

Since our last report, 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 in 2014.

3.4 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

4 How we are meeting our duties

4.1 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.

4.2 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 years report 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

4.3 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 this isn't something local taxi firms or any SME suppliers might normally do and we knew that might disadvantage them.

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 or business opportunities with those identified suppliers.
- Training update for procurement staff related to the Equality Act

4.4 Learning and Development

Integration and the resultant increase in workforce headcount at the Trust has highlighted the need for a simple online learning platform, that has the potential for learners to self enrol onto learning and/or undertake learning online. This has resulted in the organisation purchasing a new learning platform, called internally 'The Learning Hub'. Throughout the system design process opportunities have been taken to ensure that inclusive best practise has been embedded into system and content design used e.g. tonal contrast, font sizes, language etc.

The Learning Hub will be rolled out into the organisation January 2014 onwards and will replace the previous platform (ESR – Electronic Staff Register) Allowances have been made to ensure that the new system will allow the continued reporting/breakdown of learning data into six of the protected characteristics. For example Corporate Induction which includes

Equality and Diversity, the following table details the number of new starters undertaking this learning:

Corporate Induction Attendance 1 April – 31 October 2013

Protected Characteristic	Category	Number of New Starters attended
Age	16-20	21
	21-25	88
	26-30	52
	31-35	54
	36-40	61
	41-45	44
	46-50	35
	51-55	45
	56-60	15
	61-65	3
	66-70	1
	71 & above	0
	Undefined	15
	TOTAL	434
Disability	No	248
	Not declared	2
	Undefined	175
	Yes	9
	TOTAL	434
Religion/Belief	Atheism	74
	Buddhism	0
	Christianity	215
	Hinduism	5
	I do not wish to disclose my religion/belief	73
	Islam	2
	Judaism	1
	Other	29
	Sikhism	1
	Undefined	34
		TOTAL

Protected Characteristic	Category	Number of New Starters attended
Race/Ethnicity	A White – British	350
	B White – Irish	5
	C White – Any other white background	13
	C3 White – unspecified	1
	CA White – English	3
	CB White - Scottish	2
	CF White – Greek	0
	CP White – Polish	1
	CV White – Serbian	0
	CY White – Other European	2
	D Mixed – White & Black Caribbean	0
	E Mixed – White & Black African	0
	F Mixed – White & Asian	1
	G Mixed – Any other mixed background	0
	GF Mixed – Other/unspecified	0
	H Asian or Asian British – Indian	8
	J Asian or Asian British – Pakistani	1
	K Asian or Asian British – Bangladeshi	0
	L Asian or Asian British – Any other Asian background	8
	M Black or Black British – Caribbean	2
	N Black or Black British – African	5
	P Black or Black British – Any other Black background	0
	R Chinese	0
	S Any other ethnic group	3
	SC Filipino	3
	SE Other specified	1
	Undefined	23
Z Not stated	2	
	TOTAL	434
Sex	Female	354
	Male	78
	Undefined	2
	TOTAL	434
Sexual/Orientation	Bisexual	0
	Gay	3
	Heterosexual	339
	I do not wish to disclose	54
	Lesbian	1
	Undefined	37
	TOTAL	434

A Facilitator Self Assessment Tool is now being piloted on those involved in Statutory and Mandatory Programme delivery. This assessment will benchmark and help correct the facilitators content development and delivery skills, ensuring that an inclusive approach is used at all times.

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

The coaching and mentoring schemes enables challenge to attitudes and behaviours. 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 enables 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 6 workforce information.

Our Organisational Development and Improvement Learning (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 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 for example:

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. 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.

Last years report mentioned a commitment to develop a network approach of “Equality & Diversity champions” with a real passion and commitment for the equality agenda to enable sharing of good practice, learning from experience and a forum for making suggestions for improvements, keeping ideas fresh and current. It will also serve to raise organisational awareness to issues related to Equality and Diversity experienced in a practical setting which may otherwise go unnoticed. It should also be noted that there are natural synergies between this and the workforce Fair Treatment Contacts.(Please see section 6 too)

Further Development Required:

- On going identification and addressing of gaps within training needs
- Review learning provision
- Continue to plan a calendar of events to raise knowledge and awareness
- Develop a Champion / ambassador role in all areas of the Trust

4.5 Access to Information

4.5.1 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 have reviewed the 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 review made 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.

4.5.2 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)
- York Blind and Partially Sighted Society (YBPSS)

Face-to-Face Contact Language	Number Of Appointments (York Hospital Site)	Number Of Appointments (Scarborough Hospital Site)
Arabic	1	0
Azeri	1	0
Bangladeshi	0	1
Bengali	2	0
British Sign Language	39	23
Bulgarian	1	0
Cantonese	8	1
Chinese	0	1
Czech	1	0
Farsi	1	0
Gujarati	1	0
Italian	1	1
Latvian	2	1
Lithuanian	1	0
Mandarin	8	5
Polish	33	26
Portuguese	2	0
Romanian	1	1
Russian	2	0
Slovak	1	0
Spanish	0	1
Thai	2	0
Turkish	12	2
Urdu	2	0
Vietnamese	1	3
Total	123	66

Use of face to face contact is consistent with last year. In York British Sign Language (BSL) has the highest number of contacts followed by Polish, Chinese (Cantonese and Mandarin) and Turkish. In Scarborough Polish has the highest number of contacts followed by BSL and Chinese (Cantonese and Mandarin) . A review of services is currently underway to establish equal access to translation services across the whole organisational footprint.

4.5.3 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 screenreader service for people with visual impairments, learning disabilities, etc) text resizing and access keys. There is a translation tool for languages other than English.

Further Development Required:

- Introduce the amended different format template from POPPiY as leaflets are reviewed and updated which is usually every 2 years
- A central record of document translations
- Review of Equality and Diversity pages on website to ensure information is aligned for all hospitals

4.6 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.

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

5 Patient Information

5.1 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 to support staff to care for an adult at risk:

- Safeguarding adults
- Mental capacity Act
- Deprivation of Liberty Safeguards
- Restraint

Two members of the safeguarding team also offer support to people with learning disabilities and 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 to each individual.

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

Further development required:

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

5.2 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

Last year's report contained York locality data only from January - December 2012. This year we have provided three sets of data – York locality, Scarborough locality and the Trust as a whole for January - September 2013. We will compare York and Scarborough hospital data jointly next year.

Outpatient Attendances: January - September 2013 (York Only)

First & Followup Attendances & DNAs Split by Gender

	Attendances				DNAs				Total Attendances
	1st Attendances		Follow Up		1st Attendances		Follow Up		
Female	52924	57.9%	129306	59.1%	3014	53.6%	6634	51.4%	182230
Male	38553	42.1%	89453	40.9%	2610	46.4%	6273	48.6%	128006
Unknown	1	0.0%	0	0.0%	1	0.0%	0	0.0%	1
Grand Total	91478	100.0%	218759	100.0%	5625	100.0%	12907	100.0%	310237

First & Followup Attendances & DNAs Split by Age Band

	Attendances				DNAs				Total Attendances
	1st Attendances		Follow Up		1st Attendances		Follow Up		
0 - <18	9935	10.9%	22513	10.3%	879	15.6%	2456	19.0%	32448
18 - <50	29117	31.8%	66627	30.5%	2708	48.1%	5389	41.8%	95744
50 - <65	18739	20.5%	42327	19.3%	944	16.8%	2313	17.9%	61066
65 - <75	15238	16.7%	38717	17.7%	474	8.4%	1140	8.8%	53955
75+	18447	20.2%	48574	22.2%	619	11.0%	1609	12.5%	67021
Unknown	2	0.0%	1	0.0%	1	0.0%	0	0.0%	3
Grand Total	91478	100.0%	218759	100.0%	5625	100.0%	12907	100.0%	310237

First & Followup Attendances & DNAs Split by Ethnicity

	Attendances				DNAs				Total Attendances
	1st Attendances		Follow Up		1st Attendances		Follow Up		
African	77	0.1%	136	0.1%	9	0.2%	12	0.1%	213
Any other asian background	149	0.2%	445	0.2%	9	0.2%	26	0.2%	594
Any other black background	16	0.0%	34	0.0%	4	0.1%	1	0.0%	50
Any other ethnic group	215	0.2%	523	0.2%	18	0.3%	32	0.2%	738
Any other mixed background	104	0.1%	258	0.1%	5	0.1%	20	0.2%	362
Any other White Background	4423	4.8%	12931	5.9%	287	5.1%	586	4.5%	17354
Bangladeshi	63	0.1%	161	0.1%	7	0.1%	27	0.2%	224
British	62503	68.3%	159679	73.0%	3776	67.1%	9102	70.5%	222182
Caribbean	36	0.0%	81	0.0%	2	0.0%	6	0.0%	117
Chinese	129	0.1%	316	0.1%	9	0.2%	10	0.1%	445
Indian	198	0.2%	600	0.3%	18	0.3%	61	0.5%	798
Irish	240	0.3%	597	0.3%	5	0.1%	31	0.2%	837
Not Stated	23064	25.2%	42295	19.3%	1458	25.9%	2944	22.8%	65359
Pakistani	64	0.1%	206	0.1%	2	0.0%	20	0.2%	270
White and Asian	94	0.1%	276	0.1%	7	0.1%	8	0.1%	370
White and Black African	47	0.1%	92	0.0%	3	0.1%	13	0.1%	139
White and Black Caribbean	56	0.1%	129	0.1%	6	0.1%	8	0.1%	185
Grand Total	91478	100.0%	218759	100.0%	5625	100.0%	12907	100.0%	310237

Outpatient Attendances: January - September 2013 (Scarborough Only)

First & Followup Attendances & DNAs Split by Gender

	Attendances			
	1st Attendances		Follow Up	
Female	15672	57.6%	32757	57.1%
Male	11519	42.4%	24573	42.9%
Unknown	0	0.0%	0	0.0%
Grand Total	27191	100.0%	57330	100.0%

DNAs			
1st Attendances		Follow Up	
1232	54.6%	2291	52.2%
1024	45.4%	2094	47.8%
0	0.0%	0	0.0%
2256	100.0%	4385	100.0%

Total Attendances
48429
36092
0
84521

First & Followup Attendances & DNAs Split by Age Band

	Attendances			
	1st Attendances		Follow Up	
0 - <18	3824	14.1%	7381	12.9%
18 - <50	8169	30.0%	15033	26.2%
50 - <65	5368	19.7%	11015	19.2%
65 - <75	4632	17.0%	10838	18.9%
75+	5198	19.1%	13063	22.8%
Unknown	0	0.0%	0	0.0%
Grand Total	27191	100.0%	57330	100.0%

DNAs			
1st Attendances		Follow Up	
441	19.5%	1099	25.1%
1023	45.3%	1495	34.1%
375	16.6%	751	17.1%
203	9.0%	467	10.6%
214	9.5%	573	13.1%
0	0.0%	0	0.0%
2256	100.0%	4385	100.0%

Total Attendances
11205
23202
16383
15470
18261
0
84521

First & Followup Attendances & DNAs Split by Ethnicity

	Attendances			
	1st Attendances		Follow Up	
African	20	0.1%	19	0.0%
Any other asian background	37	0.1%	68	0.1%
Any other black background	2	0.0%	6	0.0%
Any other ethnic group	387	1.4%	589	1.0%
Any other mixed background	13	0.0%	18	0.0%
Any other White Background	236	0.9%	411	0.7%
Bangladeshi	14	0.1%	24	0.0%
British	20106	73.9%	45502	79.4%
Caribbean	8	0.0%	13	0.0%
Chinese	30	0.1%	92	0.2%
Indian	66	0.2%	96	0.2%
Irish	36	0.1%	93	0.2%
Not Stated	6175	22.7%	10303	18.0%
Pakistani	14	0.1%	22	0.0%
White and Asian	29	0.1%	46	0.1%
White and Black African	11	0.0%	11	0.0%
White and Black Caribbean	7	0.0%	17	0.0%
Grand Total	27191	100.0%	57330	100.0%

DNAs			
1st Attendances		Follow Up	
1	0.0%	2	0.0%
4	0.2%	5	0.1%
1	0.0%	1	0.0%
20	0.9%	28	0.6%
4	0.2%	4	0.1%
25	1.1%	34	0.8%
4	0.2%	3	0.1%
1458	64.6%	2916	66.5%
1	0.0%	2	0.0%
2	0.1%	5	0.1%
9	0.4%	5	0.1%
6	0.3%	4	0.1%
711	31.5%	1366	31.2%
3	0.1%	3	0.1%
7	0.3%	4	0.1%
0	0.0%	2	0.0%
0	0.0%	1	0.0%
2256	100.0%	4385	100.0%

Total Attendances
39
105
8
976
31
647
38
65608
21
122
162
129
16478
36
75
22
24
84521

**Outpatient Attendances: January - September 2013
(York & Scarborough Combined)**

First & Followup Attendances & DNAs Split by Gender

	Attendances			
	1st Attendances		Follow Up	
Female	68596	57.8%	162063	58.7%
Male	50072	42.2%	114026	41.3%
Unknown	1	0.0%	0	0.0%
Grand Total	118669	100.0%	276089	100.0%

DNAs			
1st Attendances		Follow Up	
4246	53.9%	8925	51.6%
3634	46.1%	8367	48.4%
1	0.0%	0	0.0%
7881	100.0%	17292	100.0%

Total Attendances
230659
164098
1
394758

First & Followup Attendances & DNAs Split by Age Band

	Attendances			
	1st Attendances		Follow Up	
0 - <18	13759	11.6%	29894	10.8%
18 - <50	37286	31.4%	81660	29.6%
50 - <65	24107	20.3%	53342	19.3%
65 - <75	19870	16.7%	49555	17.9%
75+	23645	19.9%	61637	22.3%
Unknown	2	0.0%	1	0.0%
Grand Total	118669	100.0%	276089	100.0%

DNAs			
1st Attendances		Follow Up	
1320	16.7%	3555	20.6%
3731	47.3%	6884	39.8%
1319	16.7%	3064	17.7%
677	8.6%	1607	9.3%
833	10.6%	2182	12.6%
1	0.0%	0	0.0%
7881	100.0%	17292	100.0%

Total Attendances
43653
118946
77449
69425
85282
3
394758

First & Followup Attendances & DNAs Split by Ethnicity

	Attendances			
	1st Attendances		Follow Up	
African	97	0.1%	155	0.1%
Any other asian background	186	0.2%	513	0.2%
Any other black background	18	0.0%	40	0.0%
Any other ethnic group	602	0.5%	1112	0.4%
Any other mixed background	117	0.1%	276	0.1%
Any other White Background	4659	3.9%	13342	4.8%
Bangladeshi	77	0.1%	185	0.1%
British	82609	69.6%	205181	74.3%
Caribbean	44	0.0%	94	0.0%
Chinese	159	0.1%	408	0.1%
Indian	264	0.2%	696	0.3%
Irish	276	0.2%	690	0.2%
Not Stated	29239	24.6%	52598	19.1%
Pakistani	78	0.1%	228	0.1%
White and Asian	123	0.1%	322	0.1%
White and Black African	58	0.0%	103	0.0%
White and Black Caribbean	63	0.1%	146	0.1%
Grand Total	118669	100.0%	276089	100.0%

DNAs			
1st Attendances		Follow Up	
10	0.1%	14	0.1%
13	0.2%	31	0.2%
5	0.1%	2	0.0%
38	0.5%	60	0.3%
9	0.1%	24	0.1%
312	4.0%	620	3.6%
11	0.1%	30	0.2%
5234	66.4%	12018	69.5%
3	0.0%	8	0.0%
11	0.1%	15	0.1%
27	0.3%	66	0.4%
11	0.1%	35	0.2%
2169	27.5%	4310	24.9%
5	0.1%	23	0.1%
14	0.2%	12	0.1%
3	0.0%	15	0.1%
6	0.1%	9	0.1%
7881	100.0%	17292	100.0%

Total Attendances
252
699
58
1714
393
18001
262
287790
138
567
960
966
81837
306
445
161
209
394758

Inpatient Admissions: January - September 2013 (York Only)

Admissions Split by Gender

	Daycase		Elective		Non-Elective		Total Admissions
Female	16625	52.4%	2654	53.0%	18236	61.5%	37515
Male	15087	47.6%	2357	47.0%	11428	38.5%	28872
Unknown	2	0.0%	0	0.0%	0	0.0%	2
Grand Total	31714	100%	5011	100%	29664	100%	66389

Admissions Split by Age Band

	Daycase		Elective		Non-Elective		Total Admissions
0 - <18	1068	3.4%	176	3.5%	3561	12.0%	4805
18 - <50	7166	22.6%	1167	23.3%	11054	37.3%	19387
50 - <65	8648	27.3%	1262	25.2%	3650	12.3%	13560
65 - <75	8580	27.1%	1247	24.9%	3816	12.9%	13643
75+	6252	19.7%	1159	23.1%	7583	25.6%	14994
Unknown	0	0.0%	0	0.0%	0	0.0%	0
Grand Total	31714	100%	5011	100%	29664	100%	66389

Admissions Split by Ethnicity

	Daycase		Elective		Non-Elective		Total Admissions
African	29	0.1%	5	0.1%	33	0.1%	67
Any other asian background	30	0.1%	8	0.2%	77	0.3%	115
Any other black background	3	0.0%	1	0.0%	9	0.0%	13
Any other ethnic group	87	0.3%	8	0.2%	78	0.3%	173
Any other mixed background	15	0.0%	1	0.0%	38	0.1%	54
Any other White Background	1352	4.3%	204	4.1%	2277	7.7%	3833
Bangladeshi	15	0.0%	3	0.1%	30	0.1%	48
British	27187	85.7%	4383	87.5%	22613	76.2%	54183
Caribbean	6	0.0%	3	0.1%	14	0.0%	23
Chinese	33	0.1%	4	0.1%	64	0.2%	101
Indian	72	0.2%	13	0.3%	97	0.3%	182
Irish	116	0.4%	12	0.2%	94	0.3%	222
Not Stated	2661	8.4%	337	6.7%	4092	13.8%	7090
Pakistani	34	0.1%	5	0.1%	41	0.1%	80
White and Asian	38	0.1%	7	0.1%	48	0.2%	93
White and Black African	17	0.1%	6	0.1%	30	0.1%	53
White and Black Caribbean	19	0.1%	11	0.2%	29	0.1%	59
Grand Total	31714	100%	5011	100%	29664	100%	66389

Inpatient Admissions: January - September 2013 (Scarborough Only)

Admissions Split by Gender

	Daycase		Elective		Non-Elective		Total Admissions
Female	5496	49.2%	1062	52.7%	8475	59.9%	15033
Male	5674	50.8%	954	47.3%	5673	40.1%	12301
Unknown	0	0.0%	0	0.0%	0	0.0%	0
Grand Total	11170	100.0%	2016	100.0%	14148	100.0%	27334

Admissions Split by Age Band

	Daycase		Elective		Non-Elective		Total Admissions
0 - <18	282	2.5%	66	3.3%	2100	14.8%	2448
18 - <50	1847	16.5%	365	18.1%	4513	31.9%	6725
50 - <65	2732	24.5%	460	22.8%	1698	12.0%	4890
65 - <75	3456	30.9%	672	33.3%	1947	13.8%	6075
75+	2853	25.5%	453	22.5%	3890	27.5%	7196
Unknown	0	0.0%	0	0.0%	0	0.0%	0
Grand Total	11170	100.0%	2016	100.0%	14148	100.0%	27334

Admissions Split by Ethnicity

	Daycase		Elective		Non-Elective		Total Admissions
African	1	0.0%	0	0.0%	2	0.0%	3
Any other asian background	9	0.1%	2	0.1%	17	0.1%	28
Any other black background	1	0.0%	0	0.0%	2	0.0%	3
Any other ethnic group	37	0.3%	1	0.0%	73	0.5%	111
Any other mixed background	0	0.0%	1	0.0%	15	0.1%	16
Any other White Background	49	0.4%	17	0.8%	200	1.4%	266
Bangladeshi	3	0.0%	0	0.0%	5	0.0%	8
British	9009	80.7%	1620	80.4%	12156	85.9%	22785
Caribbean	2	0.0%	0	0.0%	1	0.0%	3
Chinese	37	0.3%	1	0.0%	22	0.2%	60
Indian	12	0.1%	3	0.1%	17	0.1%	32
Irish	31	0.3%	8	0.4%	30	0.2%	69
Not Stated	1961	17.6%	361	17.9%	1572	11.1%	3894
Pakistani	6	0.1%	1	0.0%	12	0.1%	19
White and Asian	7	0.1%	0	0.0%	15	0.1%	22
White and Black African	0	0.0%	0	0.0%	6	0.0%	6
White and Black Caribbean	5	0.0%	1	0.0%	3	0.0%	9
Grand Total	11170	100.0%	2016	100.0%	14148	100.0%	27334

Inpatient Admissions: January - September 2013 (York & Scarborough Combined)

Admissions Split by Gender

	Daycase		Elective		Non-Elective		Total Admissions
Female	22121	51.6%	3716	52.9%	26711	61.0%	52548
Male	20761	48.4%	3311	47.1%	17101	39.0%	41173
Unknown	2	0.0%	0	0.0%	0	0.0%	2
Grand Total	42884	100.0%	7027	100.0%	43812	100.0%	93723

Admissions Split by Age Band

	Daycase		Elective		Non-Elective		Total Admissions
0 - <18	1350	3.1%	242	3.4%	5661	12.9%	7253
18 - <50	9013	21.0%	1532	21.8%	15567	35.5%	26112
50 - <65	11380	26.5%	1722	24.5%	5348	12.2%	18450
65 - <75	12036	28.1%	1919	27.3%	5763	13.2%	19718
75+	9105	21.2%	1612	22.9%	11473	26.2%	22190
Unknown	0	0.0%	0	0.0%	0	0.0%	0
Grand Total	42884	100.0%	7027	100.0%	43812	100.0%	93723

Admissions Split by Ethnicity

	Daycase		Elective		Non-Elective		Total Admissions
African	30	0.1%	5	0.1%	35	0.1%	70
Any other asian background	39	0.1%	10	0.1%	94	0.2%	143
Any other black background	4	0.0%	1	0.0%	11	0.0%	16
Any other ethnic group	124	0.3%	9	0.1%	151	0.3%	284
Any other mixed background	15	0.0%	2	0.0%	53	0.1%	70
Any other White Background	1401	3.3%	221	3.1%	2477	5.7%	4099
Bangladeshi	18	0.0%	3	0.0%	35	0.1%	56
British	36196	84.4%	6003	85.4%	34769	79.4%	76968
Caribbean	8	0.0%	3	0.0%	15	0.0%	26
Chinese	70	0.2%	5	0.1%	86	0.2%	161
Indian	84	0.2%	16	0.2%	114	0.3%	214
Irish	147	0.3%	20	0.3%	124	0.3%	291
Not Stated	4622	10.8%	698	9.9%	5664	12.9%	10984
Pakistani	40	0.1%	6	0.1%	53	0.1%	99
White and Asian	45	0.1%	7	0.1%	63	0.1%	115
White and Black African	17	0.0%	6	0.1%	36	0.1%	59
White and Black Caribbean	24	0.1%	12	0.2%	32	0.1%	68
Grand Total	42884	100.0%	7027	100.0%	43812	100.0%	93723

ED Attendances: January - September 2013 (York Only)

ED Attendances split by Gender

	Attendances			
	Non Breach		Breach	
Female	29369	49.9%	2646	50.2%
Male	29458	50.1%	2627	49.8%
Unknown	5	0.0%	1	0.0%
Grand Total	58832	100.0%	5274	100.0%

Total Attendances
32015
32085
6
64106

ED Attendances split by Age Group

	Attendances			
	Non Breach		Breach	
0 - <18	10863	18.5%	541	10.3%
18 - <50	24983	42.5%	2011	38.1%
50 - <65	8515	14.5%	829	15.7%
65 - <75	5355	9.1%	598	11.3%
75+	9109	15.5%	1294	24.5%
Unknown	7	0.0%	1	0.0%
Grand Total	58832	100.0%	5274	100.0%

Total Attendances
11404
26994
9344
5953
10403
8
64106

ED Attendances Split by Ethnicity

	Attendances			
	Non Breach		Breach	
African	46	0.1%	3	0.1%
Any other asian background	64	0.1%	4	0.1%
Any other black background	20	0.0%		0.0%
Any other ethnic group	102	0.2%	7	0.1%
Any other mixed background	68	0.1%	2	0.0%
Any other White Background	2010	3.4%	193	3.7%
Bangladeshi	51	0.1%	2	0.0%
British	32795	55.7%	3452	65.5%
Caribbean	14	0.0%		0.0%
Chinese	69	0.1%	3	0.1%
Indian	119	0.2%	7	0.1%
Irish	103	0.2%	27	0.5%
Not Stated	23138	39.3%	1564	29.7%
Pakistani	53	0.1%	2	0.0%
White and Asian	78	0.1%	3	0.1%
White and Black African	47	0.1%		0.0%
White and Black Caribbean	55	0.1%	5	0.1%
Grand Total	58832	100.0%	5274	100.0%

Total Attendances
49
68
20
109
70
2203
53
36247
14
72
126
130
24702
55
81
47
60
64106

ED Attendances: January - September 2013 (Scarborough Only)

ED Attendances split by Gender

	Attendances				Total Attendances
	Non Breach		Breach		
Female	16459	49.9%	1812	52.9%	18271
Male	16495	50.1%	1613	47.1%	18108
Unknown	1	0.0%	0	0.0%	1
Grand Total	32955	100.0%	3425	100.0%	36380

ED Attendances split by Age Group

	Attendances				Total Attendances
	Non Breach		Breach		
0 - <18	6745	20.5%	182	5.3%	6927
18 - <50	12225	37.1%	1042	30.4%	13267
50 - <65	4809	14.6%	577	16.8%	5386
65 - <75	3425	10.4%	510	14.9%	3935
75+	5744	17.4%	1114	32.5%	6858
Unknown	7	0.0%	0	0.0%	7
Grand Total	32955	100.0%	3425	100.0%	36380

ED Attendances Split by Ethnicity

	Attendances				Total Attendances
	Non Breach		Breach		
African	13	0.0%	0	0.0%	13
Any other asian background	40	0.1%	1	0.0%	41
Any other black background	9	0.0%	1	0.0%	10
Any other ethnic group	202	0.6%	13	0.4%	215
Any other mixed background	29	0.1%	2	0.1%	31
Any other White Background	387	1.2%	28	0.8%	415
Bangladeshi	11	0.0%	1	0.0%	12
British	27063	82.1%	2823	82.4%	29886
Caribbean	11	0.0%	0	0.0%	11
Chinese	34	0.1%	3	0.1%	37
Indian	61	0.2%	5	0.1%	66
Irish	74	0.2%	6	0.2%	80
Not Stated	4937	15.0%	538	15.7%	5475
Pakistani	20	0.1%	1	0.0%	21
White and Asian	26	0.1%	2	0.1%	28
White and Black African	10	0.0%	0	0.0%	10
White and Black Caribbean	28	0.1%	1	0.0%	29
Grand Total	58832	178.5%	5274	154.0%	64106

ED Attendances: January - September 2013 (York & Scarborough Combined)

ED Attendances split by Gender

	Attendances				Total Attendances
	Non Breach		Breach		
Female	45828	49.9%	4458	51.2%	50286
Male	45953	50.1%	4240	48.7%	50193
Unknown	6	0.0%	1	0.0%	7
Grand Total	91787	100.0%	8699	100.0%	100486

ED Attendances split by Age Group

	Attendances				Total Attendances
	Non Breach		Breach		
0 - <18	17608	19.2%	723	8.3%	18331
18 - <50	37208	40.5%	3053	35.1%	40261
50 - <65	13324	14.5%	1406	16.2%	14730
65 - <75	8780	9.6%	1108	12.7%	9888
75+	14853	16.2%	2408	27.7%	17261
Unknown	14	0.0%	1	0.0%	15
Grand Total	91787	100.0%	8699	100.0%	100486

ED Attendances Split by Ethnicity

	Attendances				Total Attendances
	Non Breach		Breach		
African	59	0.1%	3	0.0%	62
Any other asian background	104	0.1%	5	0.1%	109
Any other black background	29	0.0%	1	0.0%	30
Any other ethnic group	304	0.3%	20	0.2%	324
Any other mixed background	97	0.1%	4	0.0%	101
Any other White Background	2397	2.6%	221	2.5%	2618
Bangladeshi	62	0.1%	3	0.0%	65
British	59858	65.2%	6275	72.1%	66133
Caribbean	25	0.0%	0	0.0%	25
Chinese	103	0.1%	6	0.1%	109
Indian	180	0.2%	12	0.1%	192
Irish	177	0.2%	33	0.4%	210
Not Stated	28075	30.6%	2102	24.2%	30177
Pakistani	73	0.1%	3	0.0%	76
White and Asian	104	0.1%	5	0.1%	109
White and Black African	57	0.1%	0	0.0%	57
White and Black Caribbean	83	0.1%	6	0.1%	89
Grand Total	91787	100.0%	8699	100.0%	100486

If we compare York locality's 2013 findings with those from 2012 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.
- There has been an increase in the % of patients who have attended a 1st appointment or subsequent who are 'British' in 2013. This could correlate to the fact that the 'White' category has been removed in the 2013 data.
- 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
- There has been an increase in the % of patients who been admitted who are 'British' in 2013. This could correlate to the fact that the 'White' category has been removed in the 2013 data.
- 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.
- It appears that the number of ED attendances from the over 75 category has increased (based on 9 months worth of 2013 data) and

that the percentage of these patients who breach the 4 hr target has decreased.

- The percentage of patients under 18 years of age who breach the 4 hour target has increased significantly.

If we compare York and Scarborough locality data for 2013, the following is of particular interest:-

- York has a higher percentage of patients under 18 years of age who breach the 4 hr ED target, whilst Scarborough had a higher percentage of patients over 75 years of age who breach the 4 hr target.
- Scarborough has a lower percentage of patients who attend ED with a 'not stated' ethnicity, and a higher percentage of patients with a recorded 'British' ethnicity.

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. We have been given a local improvement target for recording ethnicity, when patients are admitted to hospital, by the Vale of York Clinical Commissioning Group. We are currently working towards achieving this by means of a joint action plan and partnership working.

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 engagement and training.
- 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)

6 Workforce information

Detailed information about our Workforce was published during August 2013 and can be viewed on our website. The Trust has many policies in place to ensure we meet our equality duty with our workforce including:

- Maternity and adoption policy
- Recruitment, selection and appointment policy
- Disciplinary policy
- Grievance policy
- Challenging bullying and harassment policy
- Transgender guidance
- Whistle blowing policy
- Flexible working policy
- Appraisal policy
- Special leave policy

Our last report mentions the good practice of “Fair Treatment Contacts” who are members of staff that support other staff who are experiencing, or feel they are experiencing, difficulties at work, providing a source of information and support to signpost people to the relevant service. Our aspiration is to develop this role to incorporate equality and diversity.

Listening to staff

This year, Human Resources have 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/involvement in the Trust

The findings are currently being written up to form an enhanced and sustainable staff engagement programme

Values Based Recruitment

In March 2010 the organisation first implemented Values Based Recruitment (VBR). Central to this was the desire to 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 Recruitment Training has been amended to train people in a values based approach. Central recruitment campaigns all now run from a values perspective, as do all senior appointments.

The impact of this approach on Equality and Diversity will be assessed through the standard reporting that the Recruitment Team undertake on a twice yearly basis though it is too early to analyse impact at this time.

Two tick employer and reasonable adjustments



Awarded by Jobcentre Plus

The Trust has been a two tick employer for many years demonstrating our commitment to employ and develop the abilities of disabled staff.

For the period 1 January 2013 to 30 November 2013 there have been 1,118 self referrals or manager referrals to occupational health. It is routine for occupational health to suggest what adjustments are needed. Adjustments are specific to each case and may be permanent or temporary including altered duties, hours, equipment needs, temporary redeployment to other roles etc

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.

The following table provides data about the protected characteristics of the apprentices.

Protected Characteristic	Number of staff
Age	
16-20	25
21-25	6
26-30	0
31-35	0
36-40	2
41-45	1
46-50	1
Total	35
Disability	
Yes	1
No	27
Not stated	7
Total	35
Ethnicity	
White British	35
Gender	
Male	14
Female	21
Total	35
Religion	
Atheism	13
Christianity	12
Other	1
Do not wish to disclose	5
Not stated	4
Total	35
Sexual Orientation	
Heterosexual	29
Do not wish to disclose	2
Not stated	4
Total	35

Board of Directors

The Board of Directors profile by protected characteristic November 2013

There are 16 members on the Board of Directors:

Protected Characteristics	Number of Members
Age:	
18-50	3
60-65	8
65+	3
Non-disclosed	2
Disability:	
Non-disabled	14
Non-disclosed	2
Gender:	
Male	9
Female	7
Race/Ethnicity:	
White British	16
Religion/Belief:	
Atheism	3
Christianity	10
Non-disclosed	3
Sexual Orientation:	
Heterosexual	12
Gay	1
Non-disclosed	3

Volunteers

Members of our community volunteer their time for the benefit of our patients and their relatives and carers.

Currently there are 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 next 12 months we aim to increase Trust volunteer numbers and a diversification of 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 if 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, which requires specific training, 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

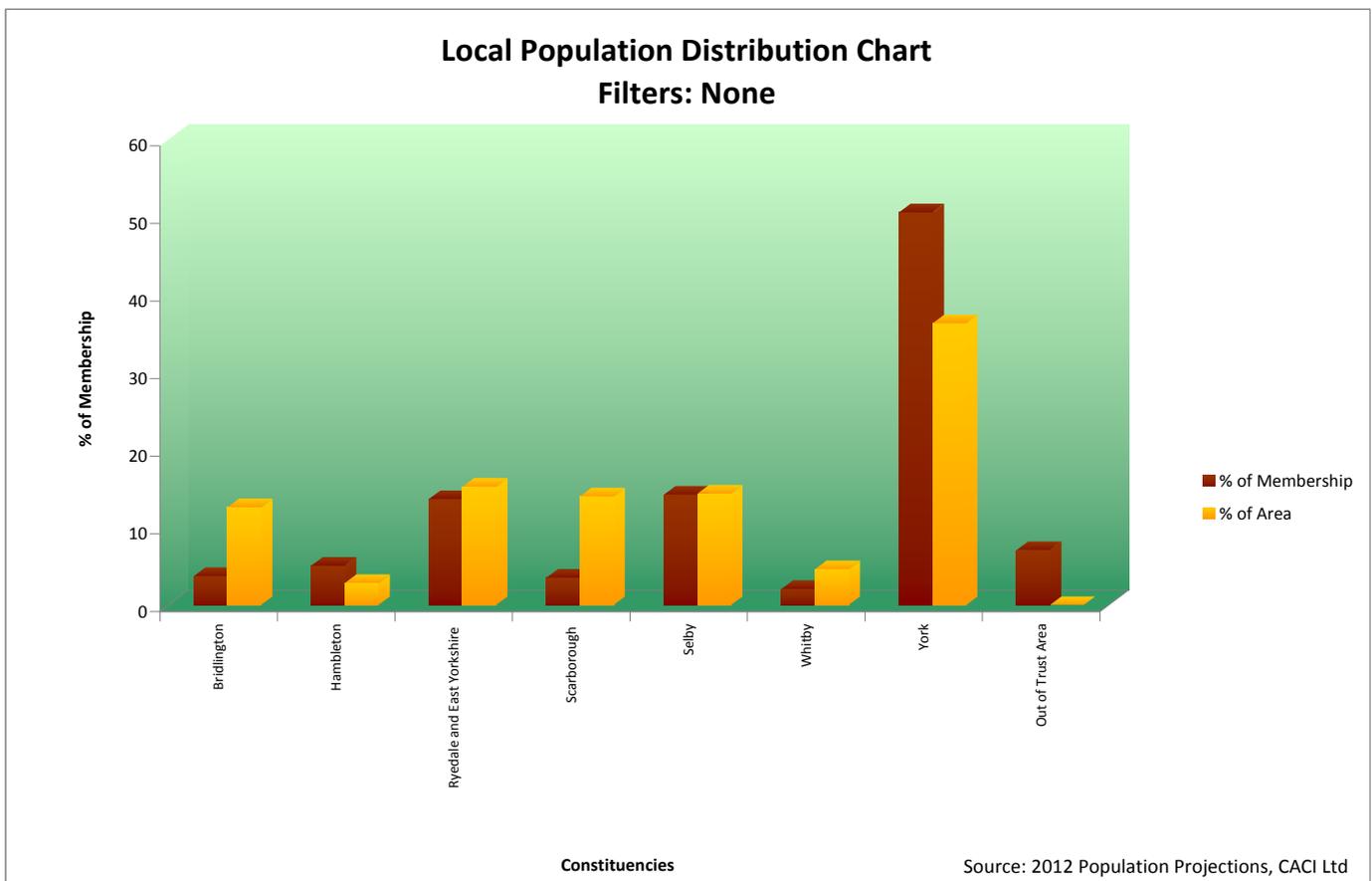
- Improve workforce data collection, analysis and monitoring for protected characteristics. This will be done by:
 - Ensuring staff are aware of the importance of data collection in relation to protected characteristics and how the information is used.
 - Encouraging comprehensive declarations from current staff by undertaking a data collection campaign as there is a high percentage of 'unknown' or 'not declared',
 - Reiterating the importance to recruiting managers of the collection of workforce data.
 - Analysing the annual staff survey outcomes by protected characteristics to further develop our reporting on equality data
- Develop and implement an enhanced staff engagement process
- Review of Board Profile especially with regard to ethnicity
- Increase volunteer numbers from our local community

7 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 this process by becoming a member of the Foundation Trust.

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. Apologies for the size of text in the charts of this section but we are unable to change due to the computer package used.

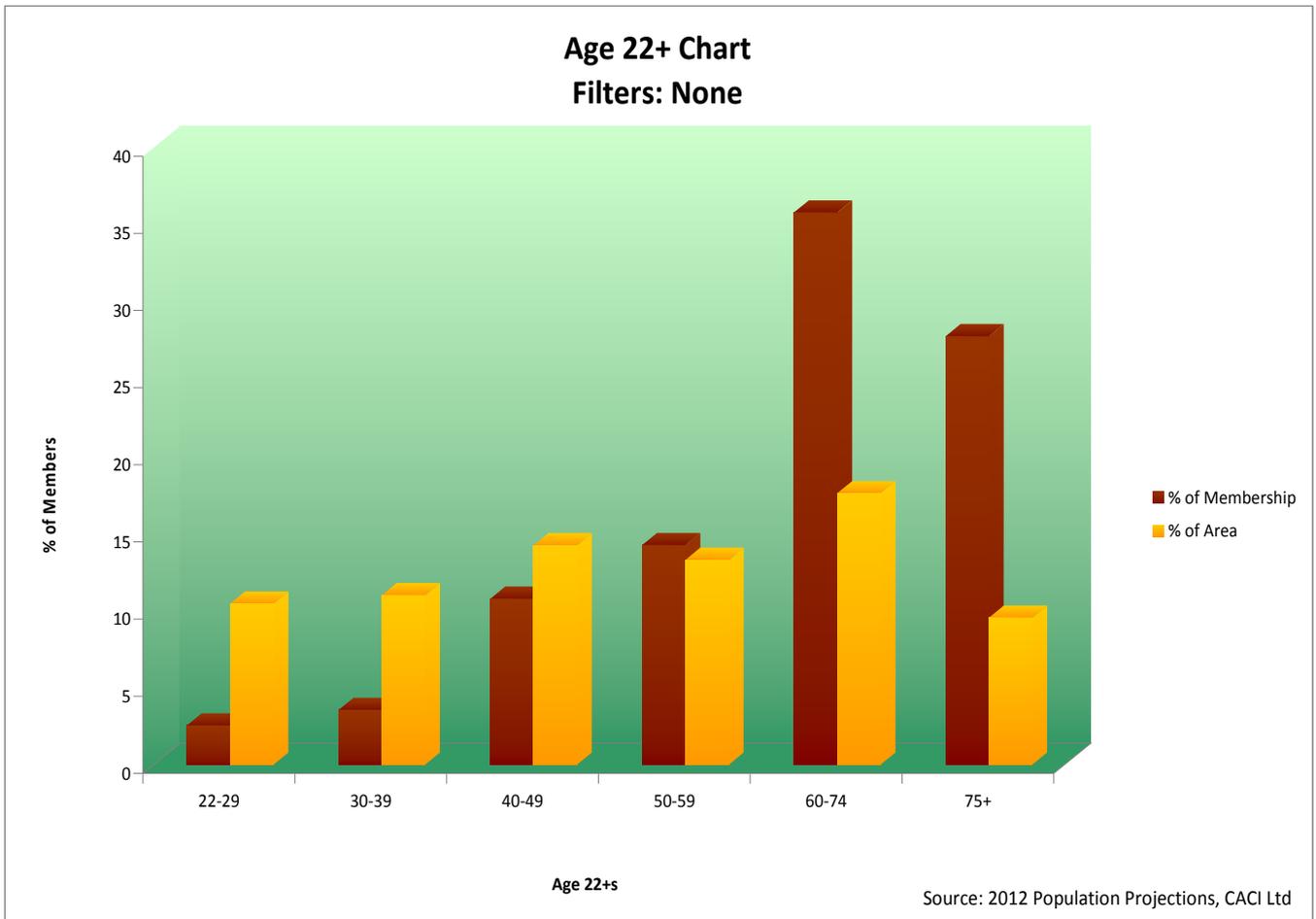
The Trust seeks to recruit membership that reflects the demographics of the local area. At present the Trust has 12,535 public members across 7 constituencies – York, Scarborough, Bridlington, Hambleton, Ryedale and East Yorkshire, Selby and Whitby. The attached chart shows the current membership against 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

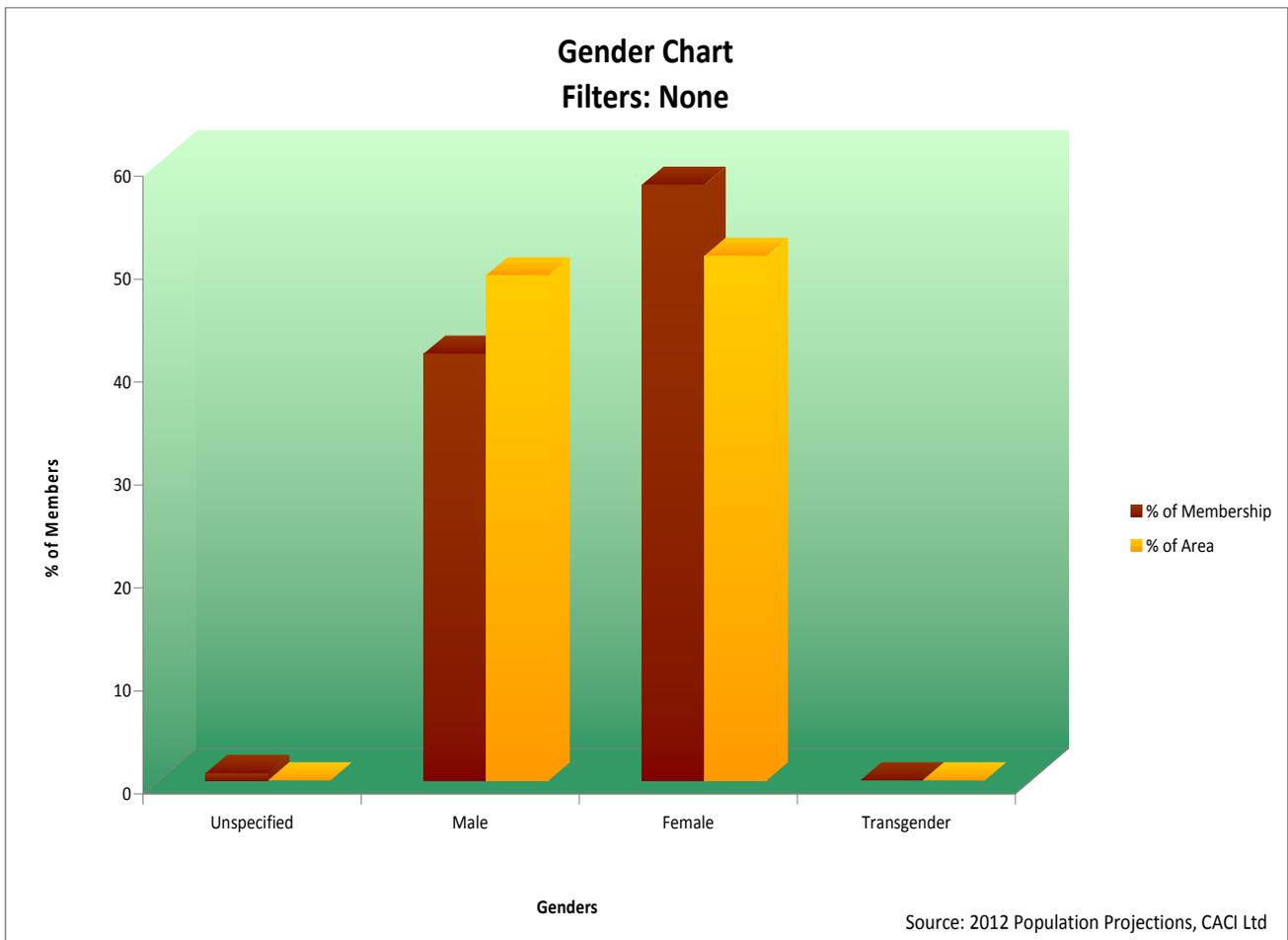
The Trust is over represented by members in the 60 and above age bracket and under represented in the younger age groups from 22 to 50. This is consistent with other Foundation Trusts. Over 50% of our current membership is in the 50 to 75+ age brackets. The Trust is keen to increase the membership of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



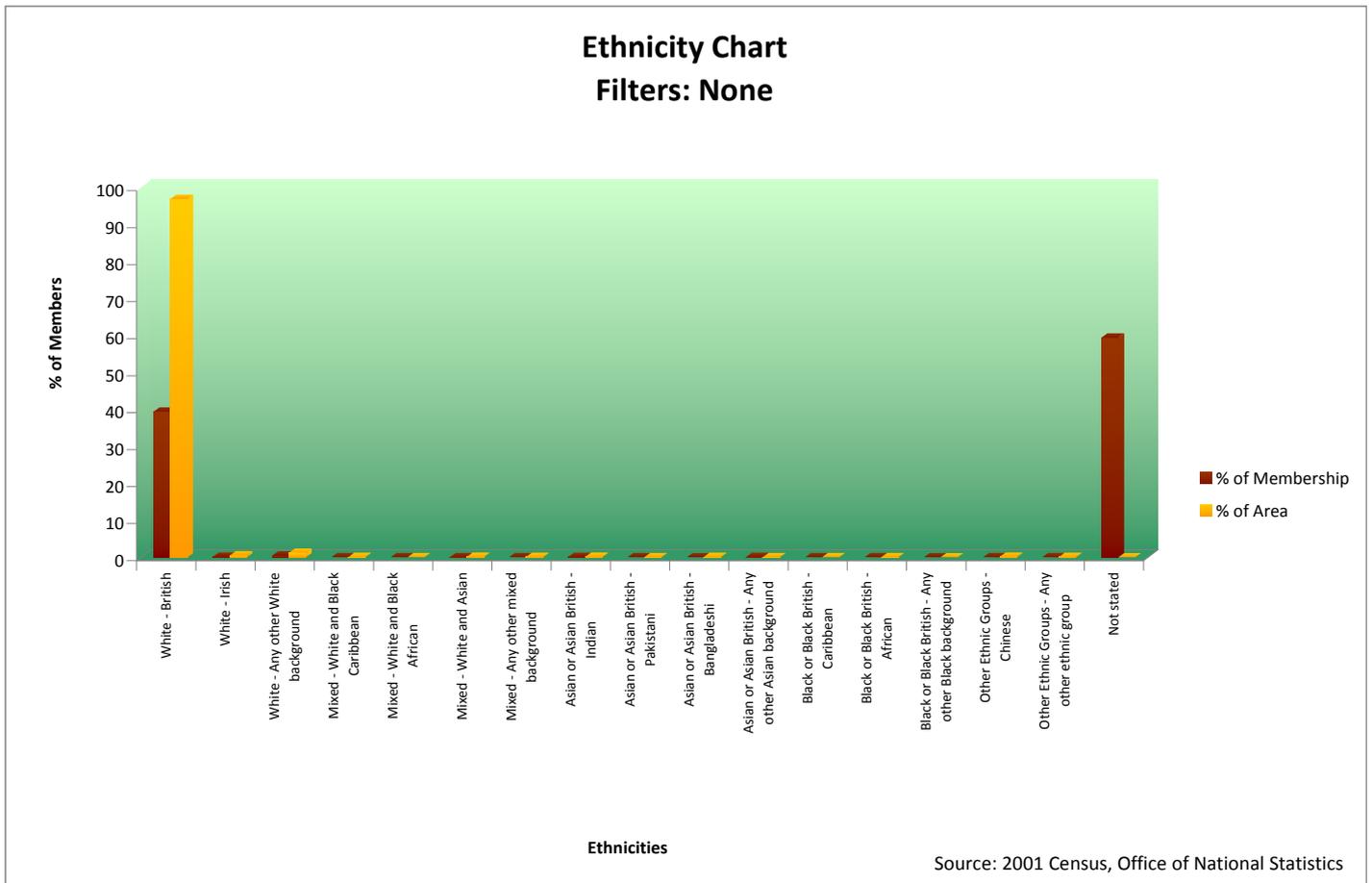
Gender profile

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 tend 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.

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.

This year the Trust has appointed new Governors to represent Selby, Whitby, Ryedale, Scarborough, Bridlington and East Riding to reflect the larger geographical area.

Currently there is no data of the demographic profile of governors

Further development required:

- Establish and monitor demographic data of governors to ensure they reflect the local community they represent.

8 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)

8.1 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 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

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.

8.2 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

8.3 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 help 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

8.4 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

Patient Experience on the Surgical Wards Project

One of the Trust consultants led a working group looking at “Patient Reported Outcome Measures” (PROMS) on behalf of Surgical Board. Initially the focus had been on outpatient surveys particularly within Orthodontics. More recently, the group looked at how the Trust could assess patient’s experiences during their inpatient stay on four surgical wards at York Hospital.

Real-time feedback methodology, in the form of the electronic tablets was used for capturing patient feedback which built upon validated questions from the national inpatient survey.

Hospital Governors and members from LINKs attended briefing sessions about carrying out the survey and visited patients on Wards 11, 14, 15 and 16 over a period of three weeks. Patients who were unable to use the tablet device were given assistance by our Governors and LINKs members.

The findings showed that:

96% of patients felt that the admission process was very or fairly well organised

98% of patients reported that they had confidence and trust in doctors

98% of patient reported that they had confidence and trust in nurses

95% of patients said that they would recommend the hospital to family and friends

12% of patients felt that they didn’t get enough opportunity to talk to doctors

28% of patients felt that they did not get enough information about ward routines

A plan to improve in the areas highlighted in the survey has been developed and is now being implemented. The Trust plans to repeat the survey annually to ensure improvements have been effective.

Healthwatch

Health watch 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.

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 visuals 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.

Further Development Required:

- Review approaches to data collection to ensure breakdown of feedback to identify trends and themes
- Ensure data capture is aligned to other data sets to allow comparisons
- Raise awareness to the importance of recording protected characteristics
- Further integration and alignment across the organisation – development of a joint Communications, Engagement and Involvement strategy
- Develop an action plan in response to “Access to health and social care services for Deaf people”

9 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

如果你要求本資訊是以不同的語言或版式提供，請致電或寫電郵

Jeżeli niniejsze informacje potrzebne są w innym języku lub formie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz



01904 725566

email: facilitiesmanagementhelpdesk@york.nhs.uk



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