

Information to meet publishing requirements of The Equality Act 2010

Date: 31st January 2013

Contents

1	Introduction	
	1.1 Overview of York Teaching Hospital NHS Foundation Trust	1
	1.2 Trust mission, values, drivers and motivators	2
2	Legal and Compliance Framework	
	2.1 Equality Act 2010	3
	2.2 Care Quality Commission	3
	2.3 Equality Delivery System	4
	2.4 Equality Objectives	5
3	How we are meeting our duties	
	3.1 Trust Structure	7
	3.2 Equality Analysis	7
	3.3 Equality in procurement	8
	3.4 Learning and Development	9
	3.5 Access to information:	12
	3.6 Access to buildings	14
4	Patient information	
	4.1 Patient safety	15
	4.2 Patient Activity	16
5	Workforce information	20
6	Trust membership	24
7	Patient Experience	26
	7.1 National surveys	26
	7.2 Local surveys	28
	7.3 Complaints and PALS	28
	7.4 Involvement and Engagement	29
8	What to do if you think we are not meeting our duties	33

1 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 and where further work is required.

1.1 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

1.2 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: 2010-13'. 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 mission:

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 to you: 2010-13' which is published on our website.

2 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.

2.1 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

2.2 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. These standards span five domains which specify that service users should expect:

- To be respected, involved in their care and support and told what's happening at every stage
- Care, treatment and support that meets their individual needs
- To be safe
- To be cared for by staff with the right skills to do their jobs properly
- Their care provider to routinely check the quality of their services

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.

2.3 Equality Delivery System (EDS)

The Equality Delivery System (EDS) is a product of the Department of Health Equality and Diversity Council (EDC) designed to help NHS organisations meet their statutory and regulatory obligations. It is intended to drive the mainstreaming of equality and human rights into core business planning and activities.

At the heart of the EDS is a set of 18 outcomes grouped into four goals:

1. Better Health Outcomes for All
2. Improved Patient Access and Experience
3. Empowered, engaged and well supported staff
4. Inclusive leadership at all levels

The outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is graded and action determined.

York Teaching Hospital NHS Foundation Trust Board of Directors agreed to adopt the EDS in November 2011 and the first grading day was held in March 2012

The grading panel included representation from York LINK, City of York Council, Trust governors, staff side and a Non-Executive Director. Due to timescales representatives from North Yorkshire and York PCT, Vale of

York Clinical Commissioning Group (CCG), Community and Voluntary Sector (CVS) were unable to attend the panel but were included in correspondence to allow comment on the overview of the day which included development of our equality objectives.

Further development required:

- Future grading will need to take account of the new Trust area
- Grading should be planned in a timely manner to increase attendance and allow findings to be fed into the annual business planning process

2.4 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 and then agreed by the Trust Equality and Diversity Committee 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 process 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

The Trust Equality and Diversity Committee monitor progress against the action plan with a progress report to the Board on an annual basis.

Since the development of our objectives the Trust has seen great change with the transfer of community services and the merger with Scarborough and North East Yorkshire NHS Trust. Also, from April 2013 the introduction of Clinical Commissioning Groups (CCG's) and Health and Well Being Boards will all require consideration. The objectives have become Trust wide and it is recognised further consultation with local interests is required to further inform action plans and review objectives.

Further Development Required:

- Develop a more structured system to monitor and report progress on objectives
- Engage with local interests to review objectives and inform action plans
- Engage with service users and staff to establish how useful the presentation of our objectives is and how it could be improved

3 How we are meeting our duties

3.1 Trust structure for Equality and Diversity

At the end of 2012 leadership of Equality and Diversity in the Trust was repositioned to the Director of Learning, Research and Organisational Development and is supported by the appointment of an Equality and Diversity Facilitator.

The Trust Equality and Diversity Group continues to meet on a quarterly basis and reports to the Corporate Risk Management Group which reports to the Board of Directors. A Non-Executive Director also champions Equality and Diversity at Board level.

The Equality and Diversity Group will meet under new leadership for the first time in January 2013 when members will be asked how useful they find the group and how it needs to function in order to be effective with the changes to the Trust and changing Healthcare Environment.

3.2 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.

Equality analysis is currently completed for policies and procedures and is picked up via our compliance team however service redesign and improvement projects are not currently monitored – the new toolkit for equality analysis currently under development will address this.

Further Development Required:

- Standardise the approach to equality analysis across the Trust
- Complete development, consultation and piloting of new equality analysis toolkit prior to implementation to enable the above
- 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

3.3 Equality in Procurement

The Trust recognises that as a major procurer of goods and services in the local area we have a responsibility to ensure that the suppliers and contractors we work with do not operate in a way that that contradicts legislation or our values. We will ensure that the purchase of goods, services and facilities is undertaken in line with our legal duties and our equalities commitments.

The procurement strategy includes a section on encouraging SME's (Small and Medium Enterprises) and BME's (Black & Ethnic Minority Enterprises) to do business with the Trust and foster good relations with the community. For example:

Local milk supply

Through a competitive tendering exercise the Trust Catering Department was able to contract with a local dairy in Grassington (within 50 miles of the Trust) to supply milk.

As part of the tendering process all suppliers are asked to complete a Form of Offer in which suppliers agree to be bound by the NHS conditions of contract for the purchase of goods (September 2010) and/or the NHS conditions of contract for the supply of services (September 2010)

Further development required:

- Review supplier meeting process to ensure E&D compliance / audit are including
- Develop update training for procurement staff to update on legislation and its impact on the procurement function.

3.4 Learning and Development

Training attendance is recorded through the Electronic Staff Register (ESR) which allows breakdown into six of the protected characteristics. For example attendance at Corporate Induction which includes Equality and Diversity. A breakdown of new starters April 2012 – December 2012 for York staff follows; from April 2013 this system will be used by the whole organisation.

Corporate Induction Attendance - New starters - April 2012 - December 2012

Protected Characteristic	Category	Total Number of New Starters	Number of New Starters attended
Age	16-20	51	26
	21-25	195	135
	26-30	159	102
	31-35	110	69
	36-40	64	38
	41-45	83	43
	46-50	55	42
	51-55	44	22
	56-60	49	13
	61-65	23	2
	66-70	8	0
	71 & Above	12	0
	Undefined	0	101
	TOTAL	853	593
Disability	No	735	473
	Not Declared	4	2
	Undefined	100	108
	Yes	14	10
	TOTAL	853	593
Race/Ethnicity	A White - British	597	466
	B White - Irish	7	4
	C White - Any other White background	20	17
	CF White Greek	2	5
	CP White Polish	5	15
	CV White Serbian	1	1
	CY White Other European	3	3
	D Mixed - White & Black Caribbean	1	2
	E Mixed - White & Black African	3	1
	F Mixed - White & Asian	3	2
	G Mixed - Any other mixed background	2	2
	GF Mixed - Other/Unspecified	2	1
	H Asian or Asian British - Indian	33	16
	J Asian or Asian British - Pakistani	18	11
	K Asian or Asian British - Bangladeshi	1	1
	L Asian or Asian British - Any other Asian background	11	8
	M Black or Black British - Caribbean	2	0
	N Black or Black British - African	16	10
	P Black or Black British - Any other Black background	2	1
	R Chinese	10	6
	S Any Other Ethnic Group	8	8
	Undefined	89	0
	Z Not Stated	17	13
	Total	853	593

Corporate Induction Attendance - New starters - April 2012 - December 2012

Protected Characteristic	Category	Total Number of New Starters	Number of New Starters attended
Religion / Belief	Atheism	104	81
	Buddhism	5	2
	Christianity	422	316
	Hinduism	21	13
	I do not wish to disclose my religion/belief	125	114
	Islam	37	21
	Other	48	38
	Undefined	91	8
	Total	853	593
	Sex	Female	584
Male		269	166
Total		853	593
Sexual Orientation	Bi Sexual	1	1
	Gay	10	7
	Heterosexual	500	400
	I do not wish to disclose	249	175
	Lesbian	2	2
	Undefined	91	8
	Total	853	593

Following the merger of York and SNEY Trusts this year it will be essential to review the provision of learning both in terms of content and methods to ensure individual needs are met. The Organisational Development and Learning strategy intends to develop all provision so that it can be accessed via the intranet (blogs, webinars, webex, e-learning). By developing an intranet provision this will ensure that staff can access their essential training irrespective of where they are based and enable the organisation to assure itself of the quality and consistency of the content.

Knowledge and awareness will also be developed via events throughout the year linked to local and national initiatives including Equality and Diversity week, religious festivals etc and regular articles for internal communications including staff brief and staff matters. An example from 2012 is the Living My Life Exhibition – an art exhibition available of inspirational portraits celebrating the lives of transexual people to coincide with York Pride.

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. The Trust has introduced a process of assessment centres for senior appointments, this reduces unconscious bias and enables individuals an opportunity to demonstrate skills which may be less likely to be observed through traditional interview processes.

There is also a commitment to develop a network approach of "E&D champions" with a real passion and commitment for the equality agenda .This will 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.

Further Development required:

- Identify and address gaps within the Training Needs Analysis related to Equality and Diversity
- Review learning provision
- Plan a calendar of events to raise knowledge and awareness
- Develop an Equality and Diversity Champion Role

3.5 Access to Information

Patient Information

The Trust has a patient information policy that 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. The policy recognises that the information must be available in alternative formats such as Braille, large print or audiotape.

The POPPIY Guide (Practicalities of Producing Patient Information in York) is a set of standards and guidelines for staff when producing written communications with patients.

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)

Reports are produced quarterly for the Equality and Diversity Group, in summary the number of contacts period 1st April 2012 – 31st December 2012:

Contacts by Service	York	SNEY
Face to face interpreting	110	124
Telephone interpreting	193	6
Sign Language interpreting	39	29

In York British Sign Language (BSL) is the highest demand service followed by Polish and In SNEY the highest demand is Polish followed by British Sign Language.

Trust Website

At the time of writing this report a new Trust website is being developed for the Trust which is due to be launched at the end of March 2013.

Currently www.yorkhospitals.nhs.uk complies with web standards and guidelines for accessibility and includes BrowseAloud, text resizing and access keys. The new website will also have a translation tool and an additional piece of BrowseAloud functionality that will allow access of the features directly from our site such as reading aloud of pages and change of font sizes.

Further Development Required:

- A central record of document translations
- Review of Equality and Diversity pages on website to ensure information is aligned for all hospitals

3.6 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. And accessibility issues are always considered in new and improvement schemes.

With the changes to the Trust this year it has highlighted a need to develop an access audit programme to assure the Trust that all its properties are as accessible as possible.

Further Development required:

- Develop an audit access tool and audit programme

4 Patient Information

4.1 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. 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.

Patient Activity

This section of the report relates to patient activity at York Hospital using information from our core patient data base (CPD) as follows:

- Emergency Department (ED) attendances
- Outpatient appointments
- Patient admissions (planned in patient, day case and emergency)

The quality of service we deliver is measured against many indicators; for the purposes of this report we selected:

- ED 4 hour waits (breach and non breach)
- Outpatient DNA's (Did not attend)
- 18 week referral to treatment waits

Data is for York Hospital as the CPD is being introduced to other areas that joined the Trust July 2012 from January 2013.

At the time of writing this report it was not possible to compare these figures to the profile of the community the Trust serves as a significant proportion of the area falls outside City of York Council Census data.

The Trust is also 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.

Further development required:

- Develop local demographic profile for the Trust to reflect boundaries and catchment areas
- Ensure data capture is aligned to other data sets to allow comparisons
- Raise awareness of the importance of recording protected characteristics
- Develop activity and performance measures to include protected characteristics

Outpatient Attendances: January – December 2012 (York only)

FIRST & FOLLOW UP ATTENDANCES & DNAs SPLIT BY GENDER

	ATTENDANCES				DNAs				Total Attendances
	1st Attendance		Follow Up		1st Attendance		Follow Up		#
	#	%	#	%	#	%	#	%	
FEMALE	100103	57%	172372	57%	5580	54%	11071	52%	272475
MALE	74623	43%	132153	43%	4681	46%	10215	48%	206776
UNKNOWN	11	0%	8	0%		0%		0%	19
Grand Total	174737	100%	304533	100%	10261	100%	21286	100%	479270

FIRST & FOLLOW UP ATTENDANCES & DNAs SPLIT BY ETHNICITY

	ATTENDANCES				DNAs				Total Attendances
	1st Attendance		Follow Up		1st Attendance		Follow Up		#
	#	%	#	%	#	%	#	%	
African	116	0%	165	0%	11	0%	28	0%	281
Any Other Asian Background	166	0%	261	0%	13	0%	30	0%	427
Any Other Black Background	30	0%	47	0%	4	0%	5	0%	77
Any Other Ethnic Group	341	0%	671	0%	35	0%	58	0%	1012
Any Other Mixed Background	162	0%	256	0%	9	0%	23	0%	418
Any Other White Background	7200	4%	13116	4%	454	4%	847	4%	20316
Bangladeshi	93	0%	232	0%	10	0%	43	0%	325
British	82453	47%	150951	50%	4463	43%	10143	48%	233404
Caribbean	44	0%	146	0%	5	0%	14	0%	190
Chinese	190	0%	356	0%	12	0%	32	0%	546
Indian	376	0%	796	0%	21	0%	72	0%	1172
Irish	442	0%	712	0%	24	0%	58	0%	1154
Not Given	116	0%	149	0%	6	0%	18	0%	265
Not Stated	48786	28%	74675	25%	3323	32%	5779	27%	123461
Pakistani	145	0%	251	0%	9	0%	25	0%	396
WHITE	33777	19%	61210	20%	1831	18%	4050	19%	94987
White & Asian	133	0%	286	0%	16	0%	29	0%	419
White & Black African	80	0%	110	0%	10	0%	15	0%	190
White & Black Caribbean	87	0%	143	0%	5	0%	17	0%	230
Grand Total	174737	100%	304533	100%	10261	100%	21286	100%	479270

FIRST & FOLLOW UP ATTENDANCES & DNAs SPLIT BY AGE

	ATTENDANCES				DNAs				Total Attendances
	1st Attendance		Follow Up		1st Attendance		Follow Up		#
	#	%	#	%	#	%	#	%	
0 - <18	15553	9%	32778	11%	1355	13%	3606	17%	48331
18 - <50	55333	32%	86340	28%	5248	51%	9442	44%	141673
50 - <65	39977	23%	66145	22%	1689	16%	3870	18%	106122
65 - <75	30580	18%	54620	18%	835	8%	1986	9%	85200
75+	33291	19%	64648	21%	1134	11%	2382	11%	97939
Unknown	3	0%	2	0%		0%		0%	5
Grand Total	174737	100%	304533	100%	10261	100%	21286	100%	479270

ED Attendances: January – December 2012
(York ED only)

ED ATTENDANCES SPLIT BY GENDER

	NON-BREACH		BREACH		Total
	#	%	#	%	#
FEMALE	42003	50%	3158	49%	45161
MALE	41689	50%	3320	51%	45009
UNKNOWN	8	0%		0%	8
Grand Total	83700	100%	6478	100%	90178

ED ATTENDANCES SPLIT BY ETHNICITY

	NON-BREACH		BREACH		Total
	#	%	#	%	#
AFRICAN	54	0%	4	0%	58
ANY OTHER ASIAN BACKGROUND	52	0%	9	0%	61
ANY OTHER BLACK BACKGROUND	16	0%		0%	16
ANY OTHER ETHNIC GROUP	157	0%	5	0%	162
ANY OTHER MIXED BACKGROUND	109	0%	2	0%	111
ANY OTHER WHITE BACKGROUND	2636	3%	182	3%	2818
BANGLADESHI	37	0%	1	0%	38
BRITISH	46786	56%	4430	68%	51216
CARIBBEAN	16	0%	2	0%	18
CHINESE	92	0%	6	0%	98
INDIAN	130	0%	2	0%	132
IRISH	152	0%	16	0%	168
NOT STATED	33208	40%	1816	28%	35024
PAKISTANI	59	0%		0%	59
WHITE AND ASIAN	72	0%	1	0%	73
WHITE AND BLACK AFRICAN	69	0%		0%	69
WHITE AND BLACK CARIBBEAN	55	0%	2	0%	57
Grand Total	83700	100%	6478	100%	90178

ED ATTENDANCES SPLIT BY AGE

	NON-BREACH		BREACH		Total
	#	%	#	%	#
0 - <18	17149	20%	272	4%	17421
18 - <50	38558	46%	2261	35%	40819
50 - <65	11207	13%	1082	17%	12289
65 - <75	6292	8%	838	13%	7130
75+	10494	13%	2025	31%	12519
Grand Total	83700	100%	6478	100%	90178

Inpatient Admissions: January – December 2012 (York only)

ELECTIVE ADMISSIONS SPLIT BY GENDER

	Day Case - Elective		Ordinary - Elective		Non-Elective		All Admissions
	#	%	#	%	#	%	#
FEMALE	20010	51%	3922	53%	24756	62%	48688
MALE	19106	49%	3433	47%	15368	38%	37907
UNKNOWN	3	0%		0%			3
Grand Total	39119	100%	7355	100%	40124	100%	86598

ELECTIVE ADMISSIONS SPLIT BY ETHNICITY

	Day Case - Elective		Ordinary - Elective		Non-Elective		All Admissions
	#	%	#	%	#	%	#
AFRICAN	15	0%	6	0%	42	0%	63
ANY OTHER ASIAN BACKGROUND	27	0%	5	0%	59	0%	91
ANY OTHER BLACK BACKGROUND	2	0%	2	0%	8	0%	12
ANY OTHER ETHNIC GROUP	58	0%	8	0%	115	0%	181
ANY OTHER MIXED BACKGROUND	17	0%	3	0%	60	0%	80
ANY OTHER WHITE BACKGROUND	1591	4%	273	4%	2660	3%	4524
BANGLADESHI	15	0%	4	0%	23	0%	42
BRITISH	21318	54%	4550	62%	23067	29%	48935
CARIBBEAN	7	0%	1	0%	11	0%	19
CHINESE	37	0%	9	0%	81	0%	127
INDIAN	69	0%	10	0%	104	0%	183
IRISH	116	0%	20	0%	113	0%	249
NOT GIVEN					6	0%	6
NOT STATED	7184	18%	1007	14%	6837	9%	15028
PAKISTANI	29	0%	7	0%	44	0%	80
WHITE	8576	22%	1441	20%	6786	8%	16803
WHITE AND ASIAN	37	0%	6	0%	44	0%	87
WHITE AND BLACK AFRICAN	10	0%	2	0%	32	0%	44
WHITE AND BLACK CARIBBEAN	11	0%	1	0%	32	0%	44
Grand Total	39119	100%	7355	100%	40124	100%	86598

ELECTIVE ADMISSIONS SPLIT BY AGE

	Day Case - Elective		Ordinary - Elective		Non-Elective		All Admissions
	#	%	#	%	#	%	#
0 - <18	1317	3%	296	4%	5377	13%	6990
18 - <50	8929	23%	1721	23%	15077	38%	25727
50 - <65	10987	28%	1959	27%	4808	12%	17754
65 - <75	9324	24%	1628	22%	4480	11%	15432
75+	8562	22%	1751	24%	10382	26%	20695
Grand Total	39119	100%	7355	100%	40124	100%	86598

5 Workforce information

York Teaching Hospital NHS Foundation 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

Good practice from SNEY: Fair Treatment Contacts

Fair Treatment Contacts 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. In particular, they form part of the process for supporting staff from the former SNEY Trust who are experiencing Bullying and Harassment.

Human resources have produced two detailed reports for the year 2011-2012 one for York and one for SNEY which are published on our website. The table below highlights the current information and identifies where data is not currently collected protected characteristics.

Protected Characteristic	Staff Profile		Pay Band		Staff joining the Trust		Staff leaving the Trust		Employee Relations	
	SNEY	York	SNEY	York	SNEY	York	SNEY	York	SNEY	York
Age	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Disability	<10	✓			✓	✓	Small number	✓	✓	✓
Ethnicity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gender	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Religion	✓	✓				✓	Small number	✓	✓	✓
Sexual orientation	<10	✓				<10	Small number	<10	✓	✓

Board of Directors

The Board of Directors profile by protected characteristic January 2013

There are 13 members on the Board of Directors

Protected Characteristic	Number of members
Age:	
18-50	3
50-65	8
65+	2
Disability:	
Non-disabled	11
Non-disclosed	2
Gender:	
Male	8
Female	5
Race / Ethnicity:	
White British	13
Religion / Belief:	
Atheism	1
Christianity	10
Non-disclosed	2
Sexual Orientation:	
Heterosexual	9
Gay	1
Non-disclosed	2

Further development required:

- Improving workforce data collection, analysis and monitoring for protected characteristics. This will be done by:
 - Raise the importance of Equality and Diversity in the workplace and ensure staff are aware of the importance of data collection in relation to protected characteristics and how the information is used.
 - Due to the high percentages of 'unknown' or 'not declared', encourage more comprehensive declarations from current staff by undertaking a data collection campaign.

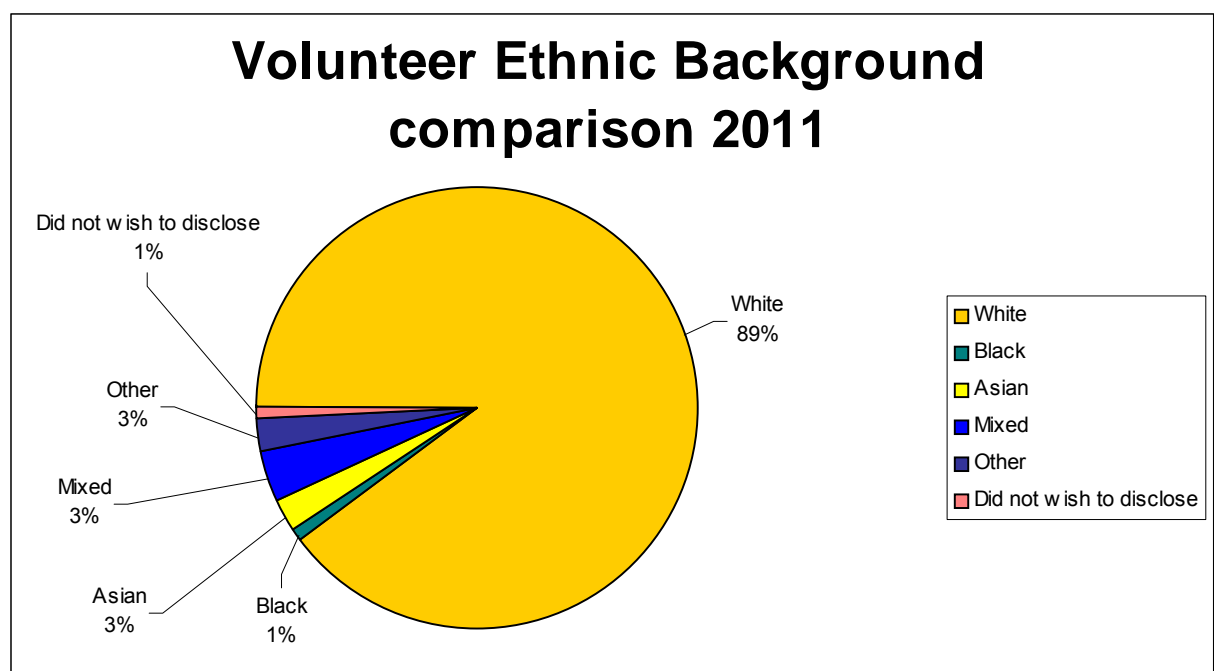
- Reiterating the importance to recruiting managers of the collection of workforce data.
- Analysing the annual staff survey outcomes by protected characteristics to further develop our reporting on equality data
- Consider expanding the Fair Treatment Contact Scheme throughout the Trust.
- Review of Board Profile especially with regard to ethnicity

Volunteers

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

Volunteers take on different roles for example:

- dining companion to provide basic assistance and company to patients at mealtimes
- clinic/department liaison to facilitate patient visits to clinics,
- a volunteer visitor to visit patients on the wards when they have no one else to visit
- Chaplaincy to help out in the chaplaincy centre, and escort patients to Sunday services
- York Teaching Hospital Charity - a role that makes best use and the volunteer skills and interests



During 2011-2012 we have worked to improve the age profile

Volunteers age profile between
2010 - 2011

under 20	12%
under 30	24%
under 40	34%

Volunteers age profile between
2011 - 2012

under 20	17%
under 30	45%
under 40	60%
are 40 and over	40%

We also work with partner organisations who also have volunteers such as Friends of York Hospital, Hospital Radio, York Wheels and Friends of Selby War Memorial Hospital .

6 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 council and staff employed by the Foundation Trust.

The membership office recruits through mailings, the Trust website, stands at local events and leaflets at all hospitals and properties. We are continuing to build and develop our membership so that our plans for the future can reflect our local population.

York Teaching Hospitals NHS Foundation Trust Membership Breakdown by Catchment Date: 15/01/2013	
Public	Catchment
York	6,754
Selby	1,904
Hambleton	682
Ryedale and East Yorkshire	1,828
Bridlington	477
Scarborough	456
Whitby	268
Affiliates	
Public Affiliates	929

At the time of writing this report it was not possible to access information about demographics but we aim for membership to represent the community we serve.

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.

7 Patient Experience

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

- Complaints
- Patient Advice and Liaison Service (PALS) and
- Patient and Public Involvement (PPI)

The Trust wants patients to receive the best possible care and treatment and is committed to improving the experiences of patients and their families when they access our services. To help us achieve this we take every opportunity to listen to what people say about services and standards of care and to involve them in new developments.

The Patient Experience Team is actively involved in ensuring that patients experience either negative or positive is used to improve the experience of subsequent service users. Listening, involving and responding to patients, carers and their families enables the Trust to focus on providing services which are responsive to their needs. We want everyone who accesses Trust services to have a high quality, positive experience.

7.1 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 equality 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 Outpatient Survey
- National A&E Survey
- National Cancer Patient Experience Survey
- Day Case Surgery survey which was not mandatory but which the Trust was keen to be involved.

Day Case Surgery Survey – postal questionnaire

The survey was sent to 984 patients with 601 returning the questionnaire – a response rate 61% which is above the national average of 54.2%

Gender

43.3% of respondents were Male

54.9% of respondents were Female

Ethnic Group

94.7% English/Welsh/Scottish/Northern Irish/British

0.5% Irish

1% Any other White background

0.2% Any other mixed/multiple ethnic background

0.2% Indian

0.2% Other Asian background

0.2% African

0.2% Any other ethnic group

3% Not answered

During your hospital stay, do you feel that you were treated unfairly for any of the reasons below?

Results: Patients reported that they felt they were treated unfairly because of:

Age:	6 (1%)
Sex:	2 (0.3%)
Race/Ethnicity:	1 (0.2%)
Religion:	0
Sexual orientation:	0
Disability:	2 (0.3%)
Another reason	10 (1.7%)

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.

7.2 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
- Sharing patient stories
- Observations within a service area and
- Focus groups have also been carried out across the Trust.

Directorates actively encourage feedback from patients and staff, and undertake surveys each year to fully understand how patients experience the services delivered - protected characteristics are not always recorded.

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

7.3 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 or when a monitoring form (the data currently requested on the monitoring form relates to ethnicity and age only) is sent as part of the complaints procedure and subsequently recorded on to the Trust Datix system. Complaint reports are presented to the Trust Board on a quarterly basis.

Further Development required:

- Develop a new monitoring form to capture protected characteristics for all formal complaints that can be issued with the standard complaints acknowledgement letter
- 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
- Ensure quarterly reports that highlight any equality and diversity issue are forwarded to the Trust Equality and Diversity Group

7.4 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 and 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

For Example

The Ophthalmology Directorate want to ensure that they understand their patients' experience when they came into the department and set up an Eye Clinic Partnership Group.

Patients and carers reported appointments were often lengthy in duration due to the various diagnostics and tests but also due to having to wait. They also had concerns about not being told why they had to wait - patients didn't mind waiting but wanted staff to talk to explain why

Volunteers have since been recruited to ensure patients have an interface between themselves and staff

Patient Led Assessment of the Care Environment (PLACE)

The Department of Health recommends that all hospitals undertake an assessment of the quality of non-clinical services and condition of our buildings. Patients, LINKs members, relatives, carers, visitors, advocates, hospital governors and members of the Trust were trained to carry out PLACE visits across all ten sites within the Trust. The assessment looks at:

- How clean hospitals are;
- The condition - inside and outside - of the building(s), fixtures and fittings
- How well the hospital building meets the needs of those who use it e.g. through signs and car parking facilities
- The quality and availability of food and drinks
- How well the environment protects people's privacy and dignity

The assessments are carried out annually by people who use the hospital ie patients, relatives, carers, visitors or advocates - supported by hospital staff thereby fostering good relations with the community we serve.

LINKs

During the year we have continued to develop close working relationships with our Local Involvement Network (LINKs). LINKs actively works with communities to provide the opportunity for people to influence and have a say on health and social care locally. Made up of individuals from the local community, voluntary and community groups, LINKs supports people to become involved in how services are developed and run. LINKs also ensures the community's voice is fed back to both health and social care commissioners and providers.

Each year York LINKs working closely with the Trust develops their work-plan which is developed by its members and focuses on the issues raised by our local communities. For example:

Following the CQC National Dignity and Nutrition inspection programme LINKs decided to carry out their own visit to six wards over a period of two days.

LINKs spoke to patients and staff with regard to nutritional standards and looked at nutritional assessment documents. Members of the Enter and View team observed protected mealtimes on the wards and looked at services at the point of delivery.

The Trust is very encouraged by the findings contained in the 'Access to Food in Hospital Report' (March 2012) which states that the LINK Steering Group was impressed by the measures put in place to improve access to food in hospital for patients recommending that Volunteer Dining Companions, which the Trust piloted this year, be increased throughout the hospital. This is now being taken forward and further volunteers currently being trained.

The new Health and Social Care Bill means that LINKs will change and become a Local HealthWatch. Locally, HealthWatch will continue to provide the 'consumer voice' of the local population but their function will change from that of an advisory role to taking a representative and influencing role on the new Local Authority Health and Wellbeing Board

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

8 What to do if you think we are not meeting our duties

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

If 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 this number if you require this leaflet in Braille, audiotape, large print or another language: 01904 725796.

如果你需要本信息的简体中文版，请致电01904 725796。

Aby uzyskać niniejsze informacje w Państwa języku, prosimy zadzwonić pod numer 01904 725796.

Bu bilgileri kendi lisanınızda edinmek isterseniz, lütfen 01904 725796 nolu telefonu arayınız.