


The next general meeting of the **Trust's Council of Governors** meeting will take place

on: **Thursday 8 September 2016**

at: **4.00pm – 6.00pm**

at: **St Catherine's Hospice, Throxenby Lane, Scarborough YO12 5RE**

Time	Meeting	Attendees
3.00pm – 3.45pm	Private meeting of the Council of Governors	Governors with Trust Chair
4.00pm – 6.00pm	Council of Governors meeting	Governors, Members and the Public
<p>The Trust Values are:</p> <ul style="list-style-type: none">• Caring about what we do• Respecting and valuing each other• Listening in order to improve• Always doing what we can do be helpful with patients at the centre of everything we do <p>We will strive to reflect these during our discussions in the meeting</p>		



If you are a Governor, Member of our Trust or member of the public and would like to ask a question, please contact the Foundation Trust Secretary, Lynda Provins:

Email: lynda.provins@york.nhs.uk
Telephone: 01904 725076

A G E N D A

No	Time	Item	Lead	Paper	Page
1.	4.00 - 4.25	Chair's Introduction and welcome The Chair will introduce the meeting and welcome any Members of the Trust and of the public who are in attendance.	Chair	Verbal	
2.		Apologies for absence To receive any apologies for absence: <ul style="list-style-type: none"> • Sheila Miller • Ann Bolland 	Chair	Verbal	
3.		Declaration of Interests To receive the draft declarations of interests.	Chair	A	5
4.		Minutes from the meeting held in public on 16 June 2016 To approve the minutes of the meeting held on 16 June 2016	Chair	B	9
5.		Matters arising from the minutes – Action Log To consider any other matters arising from the minutes.	Chair	C	17
6.	4.25 – 4.35	Update from the Private Meeting held earlier To receive an update from the Chair on the topics and decisions of the business discussed in the private meeting held prior to the meeting in public.	Chair	Verbal	
7.		Stakeholder Governor Proposal Paper	Foundation Trust Secretary	D	21

No	Time	Item	Lead	Paper	Page
8.	4.35 – 4.55	Governors' Reports To receive the reports from governors on their activities from: <ul style="list-style-type: none"> • Lead Governor Report (Margaret Jackson) • Art Strategy Group (Jeanette Anness) • Fairness Forum (Ann Bolland) • Transport Group (Sheila Miller) 	Governors	E	25
9.	4.55 – 5.15	Equality & Diversity Annual Report (Governor Request)	Director of Facilities	E	33
10.	5.15 - 5.35	Chief Executive's Report To receive a report from the Chief Executive including: <ul style="list-style-type: none"> • Sustainability & Transformation Plan 	Chief Executive	Verbal	
11.	5.35 - 5.45	Membership Development Group Update To receive an update on the work of the membership development group.	Foundation Trust Secretary	G	127
12.	5.45- 5.55	Governor Elections 2016 To receive an update paper on the election process.	Foundation Trust Secretary	H	137
13.	5.55- 6.00	Any other business To consider any other items of business.			
14.		Time and date of next meeting The next Council of Governors meeting (in public) will be held on 6 December 2016 at Malton Rugby Club.			

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Andrew Butler—resigned
John Galvin—resigned

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Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Jeanette Anness (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Member, Derwent Practice Representative Grp Member, NY Health watch Member, SRCCG Patient Representative Grp	Nil
Michael Beckett (Appointed: North Yorkshire and York Forum)	North Yorkshire and York Forum	North Yorkshire and York Forum	Nil	Chair—Ryedale and District Mencap Parliamentary Spokesperson Member— North Yorkshire and York Forum	Non-executive Director—North Yorkshire and York Forum Ryedale and District Mencap	South Yorkshire Credit Union Yorkshire Building Society Smile Co-Operative Bank
Andrew Bennett Staff Scarborough and Bridlington	Nil	Nil	Nil	Nil	Nil	Nil
Ann Bolland (Public: Selby)	Nil	Nil	Nil	Nil	Nil	Nil
John Cooke (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
Helen Fields (Public York)	Nil	Nil	Nil	Nil	Nil	Nil

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Stephen Hinchliffe (Public: Whitby)	Nil	Nil	Nil	Nil	Nil	Nil
Sharon Hurst (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	Nil
Margaret Jackson (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
Rowena Jacobs (Partner: University of York)	Nil	Nil	Nil	Nil	Nil	Nil
Mick Lee Staff York	Nil	Nil	Nil	Nil	Nil	Nil
Sheila Miller (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Member —Derwent and SRCCG Patients Groups Member —Health Watch North Yorkshire (non-voting)	Nil	Nil

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Clive Neale (Public: Bridlington)	Nil	Nil	Nil	Member of Healthwatch East Riding.	Nil	Nil
Helen Noble (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Chris Pearson (North Yorkshire County Council)	Nil	Nil	Nil	Nil	Councillor —North Yorkshire County Council	Councillor —North Yorkshire County Council
Diane Rose (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
Patricia Stovell (Public: Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
David Wheeler (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
Robert Wright (Public: City of York)	Nil	Nil	Nil	Volunteer for York Healthwatch	Employee—NHS Leadership Academy	Nil

Minutes of the Meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors, in public, held on 16 June 2016, White Cross Court Social Club, White Cross Road, York, YO31 8JR.

Present at the meeting

Chairman of the meeting:

Ms Susan Symington, Chair

Public Governors:

Mrs Jeanette Anness, Ryedale & East Yorkshire
Mrs Ann Bolland, Selby
Mr Andrew Butler, Selby
Mr John Cooke, City of York
Mrs Helen Fields, City of York
Mrs Margaret Jackson, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Clive Neale, Bridlington
Mrs Pat Stovell, Bridlington
Mr David Wheeler, Scarborough
Mr Robert Wright, City of York

Appointed Governors:

Prof Rowena Jacobs, University of York
Cllr Chris Pearson, North Yorkshire County Council

Staff Governors:

Dr Andrew Bennett, Scarborough/Bridlington
Mrs Sharon Hurst, Community
Mr Mick Lee, York
Mrs Helen Noble, Scarborough/Bridlington

Attendance:

Mr Philip Ashton, Non-executive Director, York Teaching Hospital
Mr Patrick Crowley, Chief Executive
Mrs Lynda Provins, Governor and Membership Manager
Mrs Wendy Scott, Director of Out of Hospital Care
Prof. Dianne Willcocks, Non-executive Director, York Teaching Hospital
Mrs Melanie Liley, Directorate Manager, Allied Health Professionals

A member of the public was present.

16/14 Chairman's Introduction and Welcome

Ms Symington welcomed everyone to the meeting.

16/15 Apologies for absence

Apologies were received from the following:

Mr Steve Hinchliffe, Public Governor – Whitby
Mrs Diane Rose, Scarborough
Cllr John Galvin, City of York Council
Mr Michael Beckett, North Yorkshire & York Forum
Mr Andrew Bertram, Finance Director
Mrs Jennie Adams, Non-executive Director, York Teaching Hospital
Mr Mike Sweet, Non-executive Director, York Teaching Hospital

16/16 Declaration of Interests

There were no changes to the declaration of interests noted.

16/17 Minutes of Council of Governors Public Meeting – 10 March 2016

The minutes of the meeting held on the 10 March 2016 were agreed as a correct record.

16/18 Matters Arising from the Minutes

Patient Safety Walkrounds – Ms Symington stated that this is due to be discussed further next week.
Volunteers – Paper circulated

16/19 Update from the Private Meeting held earlier

Ms Symington reported that the Private Meeting had received a report from the Chair together with an updated from the Nominations and Remuneration Committee and feedback from the Governors Forum.

16/20 Governor Reports

Lead Governor's Report – Mrs Jackson highlighted the visit to Project Choice and stated that if any other governors got the opportunity to attend it was well worth a visit. She also highlighted that there had been agreement at the private meeting that governor's audits from the Quality Report should be reported back into the meeting.

Arts Strategy Group – Mrs Anness highlighted the maps produced by the Arts Team and that the Arts Officer had not been replaced yet due to financial constraints. Ms Symington stated she had seen the new art work in Bridlington Canteen and the governors agreed that the art work in the Trust was a valuable addition and very beneficial. Mrs Anness stated that new terms of reference for the group were due to go to the Board meeting. Cllr Pearson stated that there was also some good photographs at Selby Hospital produced by the local Camera Club.

Fairness Forum – Mrs Bolland stated that the Friends of York paid for the Arts Co-ordinator. She stated that the patient story from the meeting was really good and about issues with accessibility for people with mobility problems. One problem highlighted was how people with mobility issues use pedal bins.

It was noted that Mr Golding had been asked to provide an update on Equality and Diversity at the next meeting.

Mr Butler asked if the Fairness Forum were satisfied with the progress being made in respect of the interpretation services. She noted good progress was being made since the provider had been changed and the provider would be giving more training to staff. Prof. Willcocks stated that there was an issue with front of house staff who should be trained to communicate and signpost more formal routes for those users who have problems communicating. Mrs Bolland also raised an issue with graphs within reports which needed to be made easier to read.

Community Services Group – Mrs Jackson stated that the Out of Hospital Strategy had been approved by the Board and that a number of initiatives were being put in place such as Discharge Liaison Officers at York.

16/21 Sustainability & Transformation Plan (STP)

Mrs Scott provided an update on the STP for Humber, Coast and Vale and tabled some presentation slides.

National guidance published in November 2015 highlighted the need for a multi place based 5 year plan for each of the 44 footprints (Oct 16 to Mar 21). These are predominantly health plans which are based on areas of approximately 1.4 million population. The first draft is due at the end of June and needs to set out key priorities including any health and wellbeing gaps, financial challenges and care quality gaps. She noted that Health Watch have also been involved in the plans.

The overarching footprint for the Trust's area covers Hull, North Lincolnshire and York/Scarborough. The local plan will cover York, Scarborough and Ryedale and is due to undergo a confirm and challenge session on Monday before being signed off and sent to NHSE at the end of June.

Mr Neale asked about engagement of Local Authorities and governance. The LAs have been engaged and there is also various governance mechanisms which underpin the processes taking place. Further processes will need to be put in place about how resources are used and in relation to reporting to NHSE.

Mrs Miller was concerned that staff would be shared across the footprint and Mrs Scott stated that is not part of the plan. Mr Crowley stated it is about key areas that the footprint collectively need to work on and can have some impact on. Networks and links are already been worked through.

Mr Wright asked if a Senior Responsible Officer had been appointed for the footprint and Mr Crowley confirmed that this has not happened and will be unlikely now until the 2nd phase.

Mr Butler asked about the governance around decision making and Mrs Scott noted that there are a number of groups which sit under a Joint Commissioning Executive and that the idea is also for this to be monitored by the Health and Wellbeing Board as their strategy and the STP should fit together. Mr Crowley added that the governance arrangements are incredibly important as the ambition is for the Joint Commissioning Executive to have devolved powers, but this will be with regard to things that cover the whole footprint link ambulance service provision.

Mr Neale asked about financial constraints and Mr Crowley responded that there will be no more money. There was a discussion about collective finances and it was noted that Hull commissioners currently have a surplus whilst Vale of York is in deficit.

Mr Crowley stated that this is about the need to transform services and is being monitored closely at national level to ensure collaborative working.

Mr Neale asked about the inclusion of social care and it was noted that although social care and health go hand in hand it is predominantly a health plan. Mr Crowley stressed the plans are essentially about getting back to a sustainable footing financially for providers and a commitment to joint working on health inequalities.

Ms Symington thanked Mrs Scott for her update and thought it would be useful for her to provide another update at the next meeting.

Action: LP to add STP to the September Agenda

16/22 Chief Executive's Report

Mr Crowley stated that 4 STP footprint leads had been called to attend a risk meeting recently in London. At the meeting a report was mentioned that stated that there was no evidence of provider collaboration in the Humber, Coast and Vale footprint. Mr Crowley took the opportunity to set the record straight and highlighted the networks in the footprint and provider collaboration which had taken place for many years.

Mr Crowley highlighted that if you looked at the geography of the footprint, this placed Hull at the centre, which he said was deliberate in order to make Hull sustainable as a tertiary centre as the resident population does not achieve that. He stressed again that the Trust has been working collaboratively with Hull and NE Lincs for a number of years in order to achieve this sustainability especially since the merger of Scarborough.

Mr Crowley stated that there would be 3 distinct areas within the footprint; Hull, York and Scarborough and North Lincs and Goole.

Mr Crowley provided a current performance overview in context against previous years and the previous difficulties achieving targets across the board especially 18 weeks, Emergency Care and Cancer. In 2015/16 the Trust closed with a really positive scorecard with the issues being finance and the Emergency standard which was positive and showed the organisation swimming against the tide.

Mr Crowley noted that the current financial context was worse than the downside financial case presented to Monitor at the time of the merger with Scarborough. However, he was quietly pleased about the growing strength of the organisation's position.

Mr Crowley went on to explain the difficulties the organisation was having achieving the 95% Emergency Standard and that there had previously been assistance from NHSI, NHSE and the Local Authorities especially around trying to improve out of hospital care which was out with the organisations control. He noted the problems recruiting and reliance on locums and highlighted that the only successful recruitment in ED was being achieved at big centres, like Leeds.

Mr Crowley reported on discussions at Executive Board yesterday which had highlighted the amount of different work streams in place and that he had been amazed at the amount and depth of work being undertaken and this all just needed to come together.

Mr Crowley also noted the positive work being carried out at Scarborough and that the model being adopted had recently been presented at a national conference and was now receiving national and international attention.

He stressed that his benchmark for ED is that the organisation should not be harming patients and stated that apart from longer waits there was no tangible evidence of this.

Prof. Jacobs left the meeting.

Mr Crowley stated that the organisation needed to achieve 91.48% to be exact which had been achieved in the first 2 months, however, this had dropped in June.

Mrs Miller noted the Health Watch Survey which had gone to the Board to Board and that following discussions some things had changed, however, there did not seem to be any triage/streaming. She also asked that the governors have sight of any action plans for ED. Mr Crowley stated that there were copious action plans and he was happy to share these. He also thought it would be useful if the Juliet Walters and/or Mandy McGale was asked to present to the Council as they had a greater level of detail.

Mr Crowley also highlighted the turbulent time in ED from the point of view of CQC intervention to change the process and the disconnect from the Urgent Care Contracts. In relation to streaming/triage the ED were piloting a Navigator role which would meet and greet patients and divert them to other options if appropriate.

Prof. Willcocks stated that the NEDs take a keen interest in the action plans brought to the Board and she was aware that Geriatricians had started to attend ED to try to intercept patients and ensure a quick turnaround. She also noted that the Elderly Care Directorate were 12 weeks into a pilot regarding discharge to assess to help the flow out of the hospital.

Mr Crowley stated that the annual staff survey results had been received and he had noted a steady improvement over time especially following the dip, which

happened after the merger. He provided an explanation of the graph within his report that placed the Trust in a very good position in relation to sustained improvement and some other Trusts.

Mrs Anness asked whether there was any clarification on when the STP funding would be received. Mr Crowley noted that this was still unclear and rules should be available in the next couple of weeks.

Ms Symington thanked Mr Crowley for his clear and comprehensive briefing.

16/23 Update on Membership

Concern was expressed that the membership figures were dropping. Mrs Provins noted that this was due to deceased patients being removed from the database, but a recruitment drive is being planned to try to capture younger members.

Mr Neale asked if the next report could include the total number of members in a constituency in relation to the percentage of the total population.

Action: LP to report on the total number of members in a constituency and that as a percentage of the total population.

Ms Symington noted that the membership area on the website is being updated and Mrs Provins stated that photographs of governors have been included and she is working on pen portraits of each governor to go with them.

16/24 Governor Elections 2016

Mrs Provins agreed to circulate the prospective governor information which had been amended and used for the election.

Action: LP to send the Prospective Governor Information to governors

Mrs Fields asked about the cost of the elections and Mrs Provins noted that this were variable due to the number of governors being sought. She confirmed that following the elections she would look at both the election and database provider to ensure the Trust is getting value for money.

16/25 Any Other Business

a) Mr Butler highlighted that he was resigning as a Selby governor on the 17 June, but would be standing for the Ryedale position. This was due to a change of address. He reflected on his time as a governor and thanked the Council for their support and commitment. Ms Symington thanked Mr Butler for his great input and commitment to the Council and especially the Constitution Review Group.

b) Mrs Provins asked governors to hold a date for Governor Development Training on the 1 December as it is hoped that Governwell will provide some core skills training.

c) Ms Symington noted the following dates for AGMs and asked that governors

try to attend one of the meetings if at all possible.

- York – 7 September at 5pm
- Scarborough 8 September at 10am

Members of the Public and attendees other than Mrs Provins were asked to leave the meeting at this point. A further private discussion was held, detail of which has been placed on the end of the Private Council minutes.

16/26 Time and date of the next meeting

The next meeting will be held on 8 September 2016 at St Catherine's Hospice, Scarborough

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Council of Governors Action Log

Date of Meeting	Private/ Public	Action	Owner	Due Date	Open / Closed	Comment
10.03.16	Public	Ms Symington to talk to Mr Golding about using Equality and Diversity as an agenda item for the next meeting.	Ms Symington	31.03.16	Closed	Equality & Diversity Strategy going to the BoD at the end of July. CoG Sept.
16.06.16	Public	Add STP to the September Agenda	Mrs Provins	08.09.16	Closed	Added.
16.06.16	Public	Report on the total number of members in a constituency and that as a percentage of the total population.	Mrs Provins	08.09.16	Closed	Paper to the September meeting
16.06.16	Public	Send the Prospective Governor Information to governors	Mrs Provins	08.09.16	Closed	Sent 04.07.16

Council of Governors Action Log

Date of Meeting	Private/ Public	Action	Owner	Due Date	Open / Closed	Comment
09.12.15	Public	Governors to let Mrs Brown, the Head of Communications have details of the sessions on the 14th January 2016.	All Governors	31.12.15	Closed	
09.12.15	Public	Discuss with Mr Golding the clash between Transport Group and Board to Board meeting dates.	Mrs Provins	31.12.15		Contacted Zara Ridge who is looking at all future dates.
09.12.15	Public	Circulate the lessons learnt information from the Chief Executive's visit to Alaska			Closed	Emailed 23.12.15
09.12.15	Public	Council of Governors to received an update on the visit to China	Mr Crowley	10.03.16	Closed	
09.12.15	Public	Find out when the Clinical Excellence Awards Group will finish their work.	Mrs Pridmore	31.12.15	Closed	
09.12.15	Public	Discuss Annual Report presentation with Mr Bertram (presenter to note Governors views)	Mrs Provins	31.12.15	Closed	
09.12.15	Public	Check the status of the volunteer interviews	Ms Symington	31.12.15	Closed	Mrs Provins contacted relevant individuals
09.12.15	Public	Raise walkrounds at the next Quality & Safety Committee	Ms Raper	Next Q&S	Closed	BoD 30.03.16 - noted night walk rounds reintroduced
09.12.15	Public	Report back to the Governors regarding the Patient Experience Team and Volunteer numbers in early January.	Ms Symington	11.01.16	Closed	Volunteer paper circulated. Chair's June report met with PALs Team and discussed patient complaints and compliments with the Patient Experience Team Leader.

10.03.16	Public	Mrs Bolland to provide an update on interpretation service in the next Forum Report.	Mrs Bolland	16.06.16	Closed	Contained in Governor Reports paper - Fairness Forum section.
10.03.16	Public	Mrs Provins to amend the Membership Terms of Reference	Mrs Provins	31.03.16	Closed	
10.03.16	Public	Mrs Provins to link with Prof Jacobs around membership and research.	Mrs Provins	31.03.16	Closed	Meetings in progress - linking with University, Trust's Research Dept, Comms & PPI
10.03.16	Public	Mrs Provins agreed to send the headings of the group discussions out in the Friday communication.	Mrs Provins	11.03.16	Closed	

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Council of Governors – 08 September 2016

Stakeholder Governor Proposal

Action requested/recommendation

Governors are asked to discuss and approve the proposed changes to the Stakeholder Governor membership of the Council of Governors.

Summary

Following discussions at the Council of Governors in June 2016, an amendment to the Trust's Constitution has been made regarding the Trust's Stakeholder Governors.

This paper seeks approval to appoint two Stakeholder Governors from organisations that have an involvement with the Trust around the provision of Trust services to replace the two current vacant posts from the Local Authorities.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

The Trust employs an independent organisation to run the election and to act as the returning officer. The elections are open to all members of the public that live within the catchment area of the constituency they are standing for and that are over the age of 16 (this is defined in legislation).

Reference to CQC outcomes

There is no reference to CQC outcomes.

Progress of report	Prepared for the Council of Governors.
Risk	No risk.
Resource implications	This is an information report and does not identify any resource implications.
Owner	Susan Symington, Chair
Author	Lynda Provins, Governor & Membership Manager
Date of paper	August 2016
Version number	Version 1

Council of Governors – 8 September 2016	
Stakeholder Governor Proposal	
1. Background	
<p>York Teaching Hospital Foundation Trust has a Council of Governors which consists of public, staff and nominated representatives from the Local Authority, University and Voluntary Sector.</p> <p>Attendance at Council of Governors meetings from some nominated representatives from the Local Authorities has been sporadic or non-existent due to other commitments. Stakeholder Governor attendance was discussed at the Council meeting on the 16th June 2016 and it was decided that this was opportune timing for a review of Stakeholder Governors.</p> <p>Following discussions at the Council of Governors in June 2016, an amendment to the Trust's Constitution with regard to the Trust's Stakeholder Governors has been made to the Board and will be brought back to the Council of Governors for approval.</p>	
2. Proposal	
<p>This paper proposes to appoint two Stakeholder Governors from organisations that have an involvement with the Trust around the provision of Trust services and voluntary opportunities replacing the two current vacant posts from the Local Authorities.</p> <p>The Trust collaborates with a large number of partner organisations and it is proposed that nominated representatives are requested from the following organisations:</p> <ul style="list-style-type: none"> • St Leonard's Hospice in York (this appointment would cover end of life care) • Project Choice in Scarborough (this appointment would cover young people and mental health issues) 	
3. Recommendation	
Governors are asked to discuss and approve the proposed changes to the Stakeholder Governor membership of the Council of Governors.	
Owner	Susan Symington, Chair
Author	Lynda Provins, Governor & Membership Manager
Date	August 2016

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Council of Governors – 8 September 2016

Governor Reports

Action requested/recommendation

The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Summary

This paper provides an overview from Governor activities.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input checked="" type="checkbox"/> |

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It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	This report is only written for the Council of Governors – Public Meeting.
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Risk	No risk.
Resource implications	Resources implication detailed in the report.
Owner	Lynda Provins, Foundation Trust Secretary
Authors	Margaret Jackson, Lead Governor Jeanette Anness, Public Governor Ryedale & East Yorks Ann Bolland, Public Governor Selby Sheila Miller, Public Governor Ryedale & East Yorks
Date of paper	September 2016
Version number	Version 1

Council of Governors Meeting – 8 September 2016

Governor Reports

1. Lead Governor Report

As you are all aware, Anna Pridmore has now left the Trust for her new role in South Tees. Can we thank Anna for her support and advice over the years she has been involved with the Council of Governors. We wish her well in her new role and look forward to hearing how she is getting on. Lynda Provins has taken over the role as Foundation Trust Secretary but will continue to work with, and provide support and advice to the Council of Governors. We wish Lynda well in this new role and once she has had time to review what's involved, look forward to discussing the way forward with her.

The Trust continues to work hard to meet targets and manage the current financial pressures. There is constant demand at all levels in the organisation with the Executives being regularly challenged by the Non-executive Directors. Governors attending the Board meetings and committees are very aware of this.

The Annual General Meeting for Healthwatch, York was held at the Folk Hall, New Earswick on Tuesday 26 July 2016. The event was very well attended by people from a variety of organisations and the general public. There are a number of reports available which can be accessed via Healthwatch website, www.healthwatchyork.co.uk There is also a Health and Social Care Signposting Directory 2015 for York and their Annual Report 2015-2016. Congratulations go to the following staff who were awarded "Making a Difference" awards after Healthwatch received recommendations from the public. Those who received awards and worked for the Trust are:

- Dr Mark Quinn, Consultant Rheumatologist
- Mr Simon Smales, Consultant Gastroenterologist
- Mr Ian Bradford, Consultant Surgeon,
- Doreen Foster, Specialist Motor Neurone Disease Nurse
- Sister & the team on Ward 11 at York Hospital

Congratulations also go to the Patient Safety Team who organised the Patient Safety Conference held at the University of York on 21 June entitled "Enhancing Patient Safety through Learning and Improvement". The conference was very well supported and gave an excellent insight into ways in which all staff are endeavoring to ensure that patients are well cared for using up- to-date practice underpinned by the relevant evidence. The abstract booklet and overheads are available. Please contact Lynda or Margaret to obtain these.

Can I take the opportunity to thank all Governors who are stepping down at this time from the role for their contribution to the Council of Governors and to the work of the Governors in general. The outcome of the election for new public governors and a staff governor for York will be announced at the end of September. We look forward to meeting any newly elected colleagues. An induction programme has been developed and current Governors have been asked if they are willing to act as support to their new colleagues. If you haven't already done so please let Lynda know if you are willing to carry out this role. Lynda has circulated a new contact list for current Governors and this will be updated when the new names are announced. It is that time of the year again, the NHS Carol Service is to be held at York Minster

on Wednesday 7 December. The doors open at 18.30 and the service starts at 19.30. No tickets are required but do come early and wrap up warm as it gets very cold despite the Minster being usually full.

Margaret Jackson - Lead Governor and Public Governor York

2. Arts Strategy Group

At the last meeting in July, most of the time was devoted to discussing and approving the new Strategy and the Terms of Reference for the group. The Strategy went to the Workforce and Organisational Development Committee for approval on the 20th July. Following queries on the arts inclusion in Capital Planning schemes, Brian Golding explained that funding for new schemes are considered on a case by case basis, with no official agreement for art, but added that Capital Planning understands the importance of the arts and referred to the need to add this to the revised Estates Strategy.

The appointment of a new Arts Team Manager has been approved and it is hoped that the new person will be in post soon to work with the Arts and Design Co-ordinator. The group agreed that there must be a balance between the aspirational and achievable work plan. We were invited to attend the HAFNEY meeting in the afternoon. HAFNEY hope to continue to remain relevant in Scarborough and the East Coast and trust that the new appointment will build further links across the teams in all sites.

Recent exhibitions in the long street at York Hospital have included some very local landscapes and beach scenes by Malcolm Ludvigsen a plein - air artist working in oils who is also a Professor of Mathematics. By junction 7 there is a small exhibition of artwork by people from the Clarence Gardens Association – known as The Hut. This is a charity established by three senior Mental Health Nurses to increase the day care facilities in York for people with mental health problems and learning difficulties. In the small changing exhibition space there are some lovely prints done by the patients in the Cancer Care Creative Corner under the guidance of the artist Anne Hutchinson.

Recently completed projects at York have included the new art work in the Radiology Department and in the Acorn unit on ward 18. Photographs taken by Amanda Dean, a member of the Catering Team are now exhibited in the small booths in Ellerby`s. In Scarborough, Jo Davies has obtained funding for new signage in the Children`s Clinic and hopes to put more work in the corridor leading to the clinic. The work commissioned from Kat Hetherington, our previous Arts Officer are now in situ in the Dining Room at Bridlington. Jo has commissioned an artist for work to be placed in the new Urology Unit at Malton.

The Arts team put regular up-dates on the Trust website – it is well worth a look.

Jeanette Anness, Public Governor Ryedale and East Yorkshire

3. Report from Fairness Forum Meeting 4 August 2016

In the absence of Brian Golding, Polly McMeekin chaired this meeting.

The Patient story was extracts from some of the concerns that have been raised by patients who access the Trust or use our GP services. The complaints relate to information sharing with those who are blind or partially sighted. One particular issue raised was the importance, if required, in receiving medication with Braille instructions which is covered by Pharmacy. Other concerns were around size of font used on communications and especially in relation to hospital appointments.

It was accepted that some of these issues could be easily rectified, but others would take time. The main concerns relate to some members of staff who do not know how to address issues raised regarding individual needs, or where to access the appropriate support. It was agreed that a package of training needs implementing.

Work stream updates were received from: Capital Planning, Chaplaincy, Elderly Services and Dementia, Patient Experience, Fairness Champions and the LGBT staff network.

The Trust has engaged with Yorvik Deaf Connections and made contact with the local BSL translation filming company, to make filmed version of the Trusts 'Your Experience Matters'.

One of the actions outstanding from the action log was around Information sharing. It has arisen that our Non-executive Directors sit on so many different groups but the Fairness Forum are not provided with some of this information, which affects how the Forum work. Up to now Professor Dianne Willcocks has agreed to feed more relevant information, she deems appropriate, into the meetings.

Another action from the log concerns issues that I had raised about Selby Hospital. There is a report below regarding this. Paul Bishop pointed out that the Trust had inherited the Selby Hospital and therefore is not totally responsible for some of the issues raised.

Ben Hayward, Safeguarding Adults with LD has now left the Forum and the Trust.

Paul Bishop gave an update on the improvements since reverting back to 'Big Word'. He shared numbers of those nationally accessing the service.

Susan Manktelow shared a draft undated Practicalities of Producing Information for York Trust and feedback was requested.

Other matters discussed were:

- Accessibility Information Standard
- Equality Assurance
- Strategy and Equality objectives (EDS 2)
- WRES (Workforce Related Equality Standard)

The next meeting takes place Thursday 3 November 2016.

Visit to Selby Hospital on Friday 22 July 2016

At a previous Fairness Forum meeting I had raised concerns about the accessibility of the toilets at the Selby Hospital. This issue had also been raised by a member of the public who had been a patient for a long period of time. It was agreed by the Trust to carry out an Accessibility Survey.

This survey was led by Margret Milburn, Equality and Diversity Facilitator and Carol Birch, Facilities Manager. Selby Hospital is a relatively new hospital, only completed in 2011. The hospital houses a Community Hub. Some services offered are Dialysis, Blood service, Physiotherapy, Radiology and Antenatal care. There is no doctor on site during the day, there is however a Nurse Practitioner-led Minor Injuries Unit. The hospital offers an out of hours GP service which is manned by bank Doctors between the hours of 5pm and 8pm, some from Harrogate.

The main concerns raised were the types of taps fitted in most of the toilets, which have sensory fittings. There is signage on the use of this facility; but the language is not 'user friendly'. My view is that when the Trust rigorously promotes the importance of hand

hygiene, why would we make this basic process so difficult. Many of the service users across the Trust have specific and diverse needs ie: Dementia, LD, Non-reading or English as a second language.

Other areas which need addressing are signage, waste bins, lack of baby changing and feeding facilities and an Ambulance 'drop-off' point. Site maintenance also needs addressing.

I think that it is imperative that with any future build or redevelopment the Trust needs to work alongside those who have diverse needs and will regularly access all our sites therefore allowing us to get it right first time!

Ann Bolland, Public Governor Selby

4. Report from the Transport Group held on Friday 19 August at York

Bus services have been cut in York in spite of a strong letter from Brian Golding to the various companies.

The hire car, pool and BUDI (lift sharing between staff) schemes continue to work well with substantial savings on the cost of travel from staff. Of concern is that there are quite a few members of staff who have booked to use a hire car and do not cancel; this is being looked at and staff are being contacted.

There is a new poster for blue badge holders encouraging them to park in the multi-storey car park and take their ticket to the desk in main reception so that they do not have to pay on leaving. It is hoped that this will ease pressure on the disabled car park in front of the main entrance. I commented that staff are now very proactive in helping people trying to access the spaces.

Since the cancellation of the shuttle bus from Scarborough to Bridlington after the SRCCG withdrew funding, a new shuttle bus is being introduced with the help of the East Riding Council to run for a trial 12 week period (I have given Jeanette some posters to hand over to Scarborough/Bridlington Governors).

The Staff Benefits scheme continues to support staff in many ways; the Trust has changed over to Halfords to have bicycles serviced and to provide, where required, staff with the opportunity to buy bicycles.

We now have 9 electric vehicles and charge points at York, Scarborough and Malton Hospitals

The Personal Travel Planning events at Scarborough and Bridlington did not attract many staff. It was felt that the venue where they were held was not encouraging to staff as in Scarborough it was along the main busy corridor and a lack of interest in cycling to work mainly because of very few cycle paths provided by the local Council.

We had a very long and interesting presentation by David Boden, Group Manager of Transportation Services for the East Riding. North Yorkshire, York City Council and possibly North Lincolnshire (sadly not Hull who wanted to do their own transport scheme). He is exploring having an integrated system for all communities, especially older people and patients travelling to hospital regularly (dialysis, chemotherapy and radiotherapy). He is now chairing a group from the above Councils and the Minister is coming from London to encourage this group to work together. He cited Ryedale Community Transport as a good

example of working together with communities and taking people to hospital, surgery, shopping etc. I have put Steve Mallalieu in touch with him.

There continues to be issues with Yorkshire Ambulance Passenger Transport because of their inability to pick up patients and collect them within a good time frame; (patients often have to wait a very long time before being taken home). David is organising a large meeting of interested groups in early November and he has invited me to attend so we should have much more information by then. His main aim is to press all CCG's to get involved financially as this is, or will be, good for patients.

Sheila Miller, Public Governor Ryedale & East Yorkshire

5. Note from the Chair:

We will take additional verbal emphasis from the author, questions and/or comments on any of the above, at the Council of Governors; We will also be happy to receive any additional reports verbally. We will experiment with this approach, designed to ensure there is a good written record of Governor activity, as appropriate, and to help any person who is unable to attend the meeting to learn of these activities through the papers. Please aim to make your reports less than 250 words and send to Anna at any time prior to one week before Council of Governor meetings. Thank you.

Susan Symington, Chair

Authors	Margaret Jackson, Lead Governor Jeanette Anness, Public Governor Ryedale & East Yorks Ann Bolland, Public Governor Selby Sheila Miller, Public Governor Ryedale & East Yorks
Owner	Lynda Provins, Foundation Trust Secretary
Date	September 2016

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Council of Governors – 8 September 2016

Equality and Diversity Annual Report & WRES

Action requested/recommendation

The Council of Governors are asked to receive and discuss the Equality and Diversity Report & WRES.

Executive Summary

1. Annual Report

The report provides key statistics which include patient admissions, patient experience and our workforce; these can be found on pages 4 to 6 and 12 to 16.

The largest section of the report focuses on our workforce and provides information on joiners and leavers by protected characteristic and staff groups by pay grade. It looks in detail for example at the Trust recruitment processes, grievance, disciplinary and bullying and harassment policies and procedures and provides statistical analysis against each of the protected characteristics.

This year's report whilst providing a summary of the statistics has been structured to focus on key pieces of on-going work, our achievements and success stories. An example of these is provided below;

Workforce;

The capture of protected characteristics information at all points of the employment cycle continues to be a key priority.

- ✓ The emphasis is on accuracy and encouraging staff to report information which is reflected in a continued reduction in the proportion of 'do not knows'.
- ✓ The implementation of ESR Employee Self Service in March 2016 across the Trust now enables staff to review and update their personal information in ESR themselves and this will need continual promotion to raise staff awareness; Work has also been continuing to ensure that Trust forms (starters, personal change forms etc.,) capture all of the required information
- ✓ As a Trust we recognise that we are committed to continually raise staff awareness and confidence in the use of such data in order to identify inequalities between different staff groups, monitor incidents of discrimination, facilitate change and proactively tackle identified issues.

- ✓ An updated Leavers questionnaire was rolled out in 2016. The key priority is to ensure that leaver's information is captured to enable areas of concern to be addressed. This in turn can support improved retention and influence staff benefits.
- ✓ To ensure greater accessibility, the revised leaver questionnaire is available on-line and staff can complete this electronically and submit it confidentially, if they so wish. A paper version is also available.

Recruitment – New selections methods

Training is being used to seed ideas and stimulate thinking in this area, however, there are already a number of good examples of new methods in use, one example is 'modular interviewing'

The use of '**modular interviewing**' involves several interviewers each occupying a station which covers a topic/selection criterion and engaging with candidates on this subject for 5 minutes. The candidate then moves to another station.

- ✓ The advantage of this approach is that it provides an informal feel and so encourages candidates to open up and therefore provides greater insight into what they have to offer the role, rather than inviting 'textbook' responses.
- ✓ Modular interviewing allows more candidates to be seen for interview, increasing diversity of interview attendees
- ✓ Analysis of one pool showed this had a particularly strong effect on the age profile of candidates, providing candidates aged under 25 and in the 40-69 range with a greater level of opportunity.

Careers Events

The Trust has increased its levels of attendance/provision of careers and recruitment-related events.

Events include those hosted by schools, colleges and universities in our community, as well as those organised by partners (e.g. The Officers Association who ran an event to support service leavers with transition into civilian careers) and a jobs event organised by the Trust.

- ✓ In 2014/15 event attendance was once every 5 weeks and we project this will be an average of attendance at events every 3 weeks in 2016.
- ✓ Attendance at such events makes job opportunities more accessible to a broad range of people in the Trust's local community.

Workforce – Bullying and Harassment

The Trust is committed to a zero tolerance approach to bullying and harassment. During 2015 / 2016 we have undertaken a number of actions to raise awareness of Harassment & Bullying issues to improve their resolution. These include:

- ✓ Implemented new training for managers and supervisors in dealing with Bullying & Harassment, Grievance and Disciplinary matters. All sections emphasise taking issues seriously, dealing with them promptly and talk about the impact on individuals and the wider team if concerns are not addressed in a timely manner.
- ✓ Continued to promote zero tolerance of bullying & harassment and the existence of the mediation service at open access Drop In sessions that are run fortnightly by HR at the two main sites. The sessions support both staff and managers on a range of people management issues.
- ✓ Discussed with the Fairness Champions how they might respond if staff raise bullying & harassment issues with them; and the support available in the Trust. Information on the Fairness Champions is given to all new starters to the Trust at corporate induction.
- ✓ We will continue to measure staff experience of harassment and bullying by asking staff a number of questions in our 2016 annual Staff Survey. We are also including a question in the Staff Friends & Family Test from June 2016 about how we can make it easier for staff to report experiences of bullying.

Access to Services

We are working with York Blind and Partially Sighted Society, Jorvik Deaf Connections and local councils with the aim of developing new shared materials for seamless services and training for staff.

Thanks to funding from York Teaching Hospital Charity we have purchased “Pictocomm” folders for every ward and department in the Trust; these are based on clear and easy to understand pictures and where patients are unable to communicate translations are provided.

Patient experience

Following in-depth consultation with patients, carers and staff a new 3 year Patient experience Strategy has been introduced this year. It sets out our high level objectives to improve the experience of patients over the next three years.

The statistical analysis suggests there are a number of areas where improvements are required; in particular from a workforce perspective and a number of pieces of associated work will now be commissioned.

Future work

In the last section of the report, we look forward at the likely challenges and future developments. We recognise that the implementation of the Accessible Information Standard and embedding Equality and Diversity within the HR Directorate are areas of significant priority.

2. WRES

The Trust has an obligation to publish specific statistics under the WRES and

these are reported directly to NHS England. This year for the first time each Trust has been asked to produce an associated action plan which has been included for board approval.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC regulations

There are no references to CQC regulations.

Progress of report	Board of Directors 27 July 2016 - approved
Risk	No specific risk.
Resource implications	There are no resource implications to identify.
Owner	Brian Golding, Director of Estates and Facilities
Author	Sarah Vignaux, Employee Relations & Engagement Manager
Date of paper	July 2016
Version number	Version 1

Council of Governors – 8 September 2016	
Equality and Diversity Annual Report & WRES	
1. Introduction and Background	
The Trust has a duty to report under the Public Sector Equality Duty – the purpose of this report is to meet that duty.	
2. Public Sector Equality Duty	
The Trust has a requirement to report under the Public Sector Equality Duty against the 9 protected characteristics. NHS England mandate the publication of statistics specific to the protected characteristic 'Ethnicity'.	
3. Conclusion	
This years' report whilst providing a statistical analysis, has been structured to focus on key pieces of on-going work, our achievements and success stories. An example of these are highlighted in the report.	
4. Recommendation	
<ol style="list-style-type: none"> 1. Agreement from the Board to publish the Annual report; The Trust has a requirement to report under the Public Sector Equality Duty against the 9 protected characteristics. 2. Agreement from the board to publish via NHS England, the Workforce Race Equality Standard statistics, narrative and associated year 1 action plan. 	

Author	Sarah Vignaux, Employee Relations & Engagement Manager
Owner	Brian Golding, Director of Estates and Facilities
Date	July 2016

Annual Equality, Diversity and Human Rights Report

2015-2016

July 2016



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Section 6	Our Challenges
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Appendix C	ODIL, Training and Learning & Development
Appendix D	Recruitment
Appendix E	Grievance, Disciplinary and Bullying & Harassment

Introduction

York Teaching Hospital NHS Foundation Trust is committed to delivering safe, effective, sustainable healthcare within our communities. Continuing to integrate equality, diversity and human rights into our day to day practice will enable inclusive delivery of services and the employment of a workforce that is representative of the communities we serve.

We will achieve this through our Trust Values:

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

[Insert link to Trust values document](#)

We provide 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, covering 3,400 square miles. Our annual turnover is over £400 million; we manage ten hospital sites, 1,127 beds (including day case beds) and have a workforce of over 8,000 staff working across our sites and in the community.

This report is designed to demonstrate our compliance with the equality duty to publish information. Its aim is to be reader friendly with a clear structure and information to establish the current situation including progress, achievements since last year's report and identify where further work is required.

1. Our Services

1.1 Access to services

Introduction

There are both national and local access and performance targets that the Trust is measured against. This section of the report relates to patient activity which has been extracted from our patient records database. It should be noted that there are local issues which impact on activity figures such as the large number of visitors especially during the summer months and the York Races which attract people from a wide catchment area.

Report preparation

In preparing this section of the report we have compared the periods 2014/2015 and 2015/2016. We have chosen to look at:

- ✓ Inpatient Admissions (Day Case, Elective, Non Elective)
- ✓ Outpatient Attendance / DNAs (Did Not Attend)
- ✓ Emergency Department (ED) 4 hour wait to treatment/admission/transfer (Breach/ Non breach)

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

- ✓ Gender
- ✓ Age
- ✓ Ethnicity

A summary of the statistics

- During 2015/16, overall inpatient activity increased when compared to 2014/15. Inpatient admissions rose by 5.7%; Day-case elective admissions rose by 6.7% and non-elective admissions rose by 5.6%. Admissions by age group remained consistent.
- Outpatient Attendances rose by 70314 across the two periods.
- Overall, 4 hour breaches have risen by 4873.

Protected Characteristic - Gender

- Attendances at Emergency Department (ED) and Minor Incident Unit (MIU) across the Trust fell by 4012 across the two periods; there were no significant changes in gender.

Protected Characteristic - Age

- Attendances by age group remained largely the same, with the largest changes in the 18-50 age range, which fell from 25.4% of follow up appointments to 23.9%; and the 75+ age range which rose from 24.8% of follow up appointments to 25.7%. DNAs across age groups did not differ significantly between the periods.
- Attendances at ED and MIU for patients aged 18-50 fell by a total of 2890, however breaches in this age group have fallen by 4531.
- Breaches for patients aged 75+ have risen by 1365, however they still account for a similar proportion of breaches (34.18% last year compared to 32.74% in 2015/16)

Protected Characteristic - Ethnicity

- The notable change in inpatient admissions was in non-elective admissions; 'British' patients accounted for 73.79% of non-elective admissions, down from 77.69% and 'Any other white background' patients accounted for 12.26% of non-elective admissions, which represented an increase of 24.09% from 9.88%.
- In Scarborough, inpatient admissions for 'British' patients fell from 87.5% of all inpatient admissions to 82.09% (although in real terms admissions rose by 780).
- Outpatient Attendances for 'Any other white background' patients rose from 5.0% to 6.7% of all outpatient attendances. Attendances of 'British' patients fell from 72.8% to 70.9%. Did not attends by ethnicity did not differ significantly between the two periods.
- ED and MIU breaches for 'British' patients have fallen by 79.6% to 75.26%. Breaches for patients where ethnicity is not known accounted for 20.35% of all breaches, compared to 16.34% last year. It is not known at this time whether this is as a result of patients not wishing to disclose their ethnicity, or whether there are gaps in recording. There were no

significant differences in non-breach attendances between the two periods.

(Please see Appendix A pages 39 to 44 for data)

1.2 Patient Information

As a Trust we are committed to providing patient information in accessible formats and production of patient information for treatments and procedures is guided by Trust policy and a range of standards that applies to all patient information leaflets.

- ✓ A standard statement is included on the back cover or as close to the cover as possible (for sponsored leaflets) which has a central point of contact for patients and relatives to request information in a different language or format. This is being introduced via the review and reprint process and can be seen in section 6 of this report.

On-going work

The Trust's Implementation of the Accessible Information Standard is well underway; this is a new standard that applies to all NHS and adult social care organisations to make sure that people who have a disability, impairment or sensory loss are given information they can easily read or understand.

The standard requires us to;

- Ask people if they have any information or communication needs and how to meet these and record those needs clearly
- Highlight or flag the information gathered on the persons notes/files
- Share information collated with other providers of NHS and adult social care when they have permission to do so;
- Take steps to make sure people receive information which they can access, understand and receive communication support if they need it.

The standard does not include interpretation and translation.

- ✓ In implementing the standard; the Trust has taken the opportunity to include interpretation and translation as this is an important part of communicating with our patients.

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

Alternative formats - The Trust's website can be viewed at www.york.nhs.uk and complies with WCAG/WAI web standards and guidelines, as required by the NHS and all other UK public sector organisations. The site includes "BrowseAloud" (a free screen reader service) text resizing, access keys and a translation tool for languages other than English. It is also compatible for people using mobile phones, tablets, and other devices to browse the internet.

1.3 Patient Experience

Our achievements

Following in-depth consultation with patients, carers and staff a new 3 year Patient Experience Strategy has been introduced this year. It sets out our high level objectives to improve the experience of patients over the next three years.

- ✓ Having a clear and accurate picture of patients' experiences of our care requires bringing together information from a range of sources and enables us to learn and improve our services.

Listening to you

Friends and Family Test

We have a single external contractor who undertakes the Friends and Family Test for both staff and patients.

- ✓ We have introduced monitoring data questions for age, disability, ethnicity and gender which we will be able to use in next year's report.
- ✓ All patients accessing our services have the opportunity to respond to a simple question: *"How likely are you to recommend our ward/A&E department/ outpatient service e.t.c. to friends and family if they needed similar care or treatment?"*

Responses are collated onto a 'your experience matters' poster which is updated quarterly and shared with the area including response rate, comments, improvements in that area and a reminder of Trust Values; this is important as it

demonstrates we are listening and what happens to feedback which could encourage greater participation.

Highlight on National Surveys

The results of two national surveys have been received in 2015-16

1. National Inpatient Survey 2015
2. National Maternity Survey 2015.

- ✓ Both show the Trust improved its level of satisfaction since 2014 and reported results which were, overall, above the national average.

Our response

- ✓ An action plan based on the insights from the survey is being developed which will also include recognising and celebrating the achievements of staff in delivering a good patient experience.

Positive outcomes

- ✓ Senior midwifery colleagues have since reviewed a leaflet given when a woman first starts to use our maternity services '*Congratulations on your pregnancy*'. It now contains detailed information about the different options for where to have your baby: Scarborough Hospital, Scarborough Midwifery Led Unit (MLU), York Hospital or home.

Highlight on Local Surveys and their outcomes

Dementia carers' survey

- ✓ 86 carers of people with dementia were contacted by telephone each month and asked about their experiences. Overall, the "*This is me*" document was felt to be useful and the majority felt that they had the opportunity to talk to staff if they wished to.

Child Health survey

- ✓ Using a touch-screen machine almost 100 responses were received. A new play-focused approach to obtaining child feedback has been introduced using 'tops or pants' boards where children are helped to write down what was good (tops) or bad (pants). Learning from the surveys highlighted much positive feedback about staff, but also comments about the environment of care, particularly around the nurses' station.

Areas for improvement - Complaints

In 2015-16 the Trust received 355 formal complaints (York 188, Scarborough 145, Bridlington 12 and Community 10) Every complaint receives a full investigation led by a Matron or Senior Manager; this year, new guidance and training has been provided to help them provide open, empathetic responses which answer the issues raised and say sorry where something has gone wrong.

Key learning

- ✓ We have learned from patient concerns within our community hospitals at White Cross Court and St Helen's Rehabilitation Hospital. Patients' families said that their relatives would like to socialise more during their stay as some felt isolated outside of their one-to-one sessions. As a result, mid-morning refreshments, a group chair exercise class and chair games were organised.

What we are doing well - Compliments

- ✓ In 2015-2016 **701** letters of appreciation were sent to the Chief Executive or the Patient Advice and Liaison Service. We highly value the kind letters, cards and social media posts that we receive from patients and their families thanking the staff who cared for them. Feedback is usually given directly to

the individuals involved but those sent to the Chief Executive gives an insight into the appreciation that many of our patients and their families feel.

“I felt I had to write and express our sincere thanks to all staff on every level for their outstanding care and kindness [my husband] received during his stay. They are an excellent team who work extremely well together. Nothing was ever too much trouble and my husband’s care needs were always met with such a pleasant rapport between patient and staff.” (Scarborough, Anne Wright Ward)

“The care and attention provided by all levels of staff could not be faulted. [The patient] died a dignified, pain free and peaceful death and we could have hoped for no more.” (Ward 36, York)

“Our experience has been outstanding. All staff showed clinical expertise, respected us as individuals and treated us with genuine care.” (York Maternity)

Patient Advice and Liaison Service (PALS)

Our PALS team’s role is to listen to suggestions, answer queries and help resolve concerns promptly. They provide advice about the Trust’s services and support people to get answers if they are worried about something or don’t know who to ask. This year our PALS team handled 6278 contacts, either by answering queries themselves, liaising with clinical or administration colleagues across the Trust or signposting on to another organisation.

- ✓ An example of how we have acted on feedback received via PALS is in response to queries and concerns about blue badge parking. It was clear that blue badge holders in York needed better information about parking on the site, particularly if the car park outside the main entrance was full. A new leaflet has been created and is now available and on the Trust website. At Scarborough the blue badge car park has been moved so it is now directly outside the main entrance.

2. Our Workforce

2.1 Staff profile

This year's report focuses again primarily on permanent and fixed term employees (i.e. excluding those on bank contracts). There is also a dedicated section which focuses on the key findings for our temporary workforce.

To follow good practice in data protection and ensure personal privacy, we have combined some categories so that there are at least 10 people in each category. This helps to protect the anonymity of staff. Below is an overview of the Trust's workforce, followed by a profile of those joining and leaving the organisation and findings within pay bands.

Report Preparation

The overall number of Trust staff decreased from 8,739 on 31 March 2015 to 8,503 on 31 March 2016. This reduction is primarily due to some services and their staff transferring to other organisations within the year.

This staff profile is based on a snapshot of all members of staff working for the York Teaching Hospital as at 31 March 2016. We also show data from 31 March 2015 to compare how the profile has changed.

The headline statistics below; include the overall staff profile, joiners and leavers for the period 1st April 2015 to 31st March 2016.

Also included within this section is a breakdown of the profile by pay grade. The pay grade analysis includes Junior Doctors. Within this work we combined many of the categories together to protect the anonymity of individuals. The analysis is not an equal pay audit; it is not looking at equal pay for equal work but at distribution of staff across pay bands by gender.

1,075 individuals joined the Trust between 1 April 2015 and 31 March 2016, 1,185 staff left the Trust during this same time period. The figures for 2015 -2016 do not include Junior Doctors as including this group would adversely reflect on the data and on the findings and conclusions which are then drawn.

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

A summary of the statistics

Protected Characteristic – Gender

- Women make up 79.5% of the Trusts workforce, (effectively the same as last year's figure of 79.6%). The largest percentage of staff is seen for those in Nursing and Midwifery roles (93.2% of this group are women, reflecting this being a sector which traditionally employs more women than men).
- Males made up 19.5% of new starters; this is in line with the 20.5% of all staff employed in the trust who are male. The percentage of all starters who were male has fallen slightly from 20.9% in 2014-2015.
- Men now account for 19.9% of leavers, very similar to the 19.8% of male leavers last year. 80.1% of all leavers are women which, likewise, were very similar to the 80.2% the previous year.
- The overall number of female staff is higher in each pay band apart from Medical and Dental grades where there were more men (460 males to 282 females) - this group also account for just over a quarter (26.4%) of all male staff. In contrast 4.2% of female staff were from Medical and Dental grades.
- In volume terms a higher number of women are in grades 8a+ than men (203 female staff compared to 74 male staff). This banding includes a variety of different roles including senior nursing roles (Matrons) which tends to attract a higher number of women. However, in terms of percentage, men are more likely to be in band 8a+ roles (i.e. accounting for 4.3% of the male workforce) than women (representing 3.0% of the female workforce).

(See appendix B Tables/Figures 1-4 pages 45 to 48)

Protected Characteristic - Ethnicity

- Overall the statistic is broadly the same as last year; the percentage of our staff who identify their ethnicity as being White is 90.6% compared with 90.9%. Of this, 81.6% declared as White UK.
- The overall percentage of BME staff is 6.9%. The largest BME group was Asian and Asian British, accounting for 3.8% of all staff.
- The percentage of new staff whose ethnicity was unknown rose to 6.4% (up from 4.1% in the previous year). The percentage of new starters who said they were from BME groups was 5.8% (compared to 6.9% of all staff).
- The percentage of staff leaving the Trust from a BME group rose slightly from 6.5% last year to 7.1%. This is also slightly higher than the overall Trust percentage that BME staff account for (6.9%).
- The highest percentage of BME staff is seen for Medical and Dental pay scales (37.9%), equating to 222 people. Compared to this, only 6.4% of all White staff are in Medical and Dental pay scales, albeit these totalling 494 people.
- BME staff make up a significant proportion of Medical and Dental staff, which has a major impact on the data and findings which can then be drawn from any analysis of staff within different pay scales. It can however be said that BME staff are less likely to be in band 8a+ roles (0.7% are in band 8a+ roles, with these pay bands accounting for 3.3% of all staff).

(See appendix B Tables/Figures 5-8 pages 49 to 52)

Protected Characteristic - Sexual Orientation

- The percentage of staff where we do not know / the person does not want to disclose their sexual orientation continues to gradually decline (from 61.7% in 2015 to 57.6% in 2016). Although we recognise this figure remains high, this has decreased from 74.7% of all staff three years ago.
- 65 staff disclosed as lesbian, gay or bisexual (0.8% of all staff, a slight increase from 0.7% last year). The percentage of heterosexual staff has increased from 37.7% to 41.6%, most likely due to enhancements to the information held by the trust.

- 19 new starters (or 1.8% of all starters) identified themselves as lesbian, gay or bisexual (more than double than the figure seen for lesbian, gay and bisexual people in the overall trust's workforce 0.8%). This percentage is also slightly higher than seen last year (1.5% of all starters).

Please note: In respect of those leaving the Trust and our analysis by pay grade, due to following good practice in data protection and to ensure personal privacy we are unable to make any meaningful conclusions here. Lesbian, gay or bisexual staff account for a small proportion of staff, but also for 57.6% of staff their sexual orientation is still not known, or that staff prefer not to disclose this.

(See appendix B Tables/Figures 9-12 pages 52 to 55)

Protected Characteristic – Religion and Belief

- The number of staff disclosing their religion and/or belief continues to improve with just under a quarter of our staff (24.0%) not wishing to disclose their religion/belief. Christians make up 30.8% of staff, up from 28.6% the previous year.
- 50.6% of the new staff joining stated they were Christian. Initially it appears that this is notably higher than the equivalent percentage of Christians in the trust's overall workforce (30.8%). However if the 'unknowns' are excluded (which account for a high proportion of the trust's overall workforce), 45.9% were Christians¹.
- The percentage of new starters who practice other religions also saw a higher percentage than the equivalent percentage in the trust's overall workplace.
- 32.9% of staff who left the Trust were from Christian religions / beliefs – in comparison they account for 30.8% of the overall workforce.
- A high proportion of staff from Non-Christian religions is seen in Medical and Dental roles (accounting for 15.6% of such staff – in contrast they account for 2.0% of the overall workforce). This links to why those from Non-Christian

¹ More specifically this involves excluding the 2,805 staff where their religion and beliefs are unknown and then re-calculating the percentage who were Christians

religions are less likely to be in either the below band 6 category or band 6 and above roles.

(See appendix B Tables/Figures 13-16 pages 55 to 58)

Protected Characteristic - Age

- The age profile is relatively similar to last year. The most notable changes were in the percentage of staff in the 26-30 age group – this increasing from 10.1% in 2015 to 10.9%, whilst those in the 46-50 age group decreased from 14.3% to 13.5%.
- Similar to last year, new starters tend to be younger than that seen for the Trust's overall workforce. Individuals aged 25 and under made up 28.9% of all starters but only 8.2% of all staff.
- The 'leavers rates' is unsurprisingly high for both the age groups under 30. This is likely to be due to younger people generally moving around more to find a job that suits them.
- In previous years the 61+ age group has tended to also have the highest leavers rate (primarily due to retirement), but in the latest year, the 51-55 and 56-60 age group leavers rate has been higher. Staff aged over 50 made up 32.1% of the Trust's overall workforce but 42.1% of leavers (which is similar to last year with 32.0% and 40.7% respectively).
- 19.1% of staff were under 30, yet this age group makes up 23.8% of staff leaving the Trust.
- Younger workers tend to be concentrated in the lower pay bands. This includes 40.3% of those aged under 25 being in the lowest two pay bands of staff (albeit this being similar to last year – 43.9%). Whilst a further 43.9% of those under 25 were in bands 3 to 5 roles, only 4.9% were band 6 or higher.

(See appendix B Tables/Figures 17-20 pages 59 to 62)

Protected Characteristic - Disability

- Overall, the data held by the Trust shows 1.3% of staff as identifying themselves as disabled, which shows a low overall representation. The trend

has continued with regard to increase in the number of staff who indicated that they have a disability (up from 103 in 2015 to 110 in 2016).

- Increases in the number of employees declaring a disability, appears to have largely been driven by those joining the Trust.
- The percentage of staff whose disability status is 'not known' has fallen from 54.4% to 49.9%, reflecting the trust's efforts to improve the quality of such information.
- This low percentage is not reflected in the annual staff survey (2015) where 19% of staff identified themselves as having a long-standing illness, health problem or disability.
- Of the 1,075 new starters 28 people identified themselves as disabled. This equates to 2.6% of all starters, which is higher than the 1.3% of all trust staff.
- A significant reduction was in the number of new starters with a disability status of 'not known' and there were no new starters falling into this category which is an improvement on the 3% in 2015 (and 63.8% the previous year).
- 1.6% of those leaving the Trust were disabled people – this compares to 1.3% of Trust's overall workforce. The percentage of staff that left whose disability status was unknown has fallen significantly from just under half of all staff (49.9%) to 36.2%. It is anticipated this is due to enhancements to how this information is captured.

Pay Band - Please note: Due to confidentiality issues we are unable to make any meaningful conclusions here. A key factor here is the very small numbers of staff in each pay band and we still don't have an accurate figure of how many disabled staff we employ.

(See appendix B Tables/Figures 21-24 pages 63 to 65)

On-going work

The capture of protected characteristics information at all points of the employment cycle continues to be a key priority.

- ✓ The emphasis is on accuracy and encouraging staff to report information which is reflected in a continued reduction in the proportion of 'do not knows'.
- ✓ The implementation of ESR Employee Self Service in March 2016 across the Trust now enables staff to review and update their personal information in ESR themselves and this will need continual promotion to raise staff awareness; Work has also been continuing to ensure that Trust forms (starters, personal change forms etc.,) capture all of the required information
- ✓ As a Trust we recognise that we are committed to continually raising staff awareness and confidence in the use of such data in order to identify inequalities between different staff groups, monitor incidents of discrimination, facilitate change and proactively tackle identified issues.
- ✓ An updated Leavers questionnaire was rolled out in March 2016. The key priority is to ensure that leaver's information is captured to enable areas of concern to be addressed. This in turn can support improved retention and influence staff benefits.
- ✓ To ensure greater accessibility, the revised leaver questionnaire is available on-line and staff can complete this electronically and submit it confidentially, if they so wish. A paper version is also available.

Our Temporary Workforce Staff profile – A summary

The staff groups included in this section includes; Locum doctors, as well as those in a number of bank roles, e.g. Nurses; Midwives; Healthcare Assistants and those working in areas such as Radiology and Physiotherapy.

As of March 2016 there was a total of 644 temporary staff on which the analysis is based. This figure has increased significantly from April 2015 due to the Trust continuing to expand the internal nurse bank, reflecting the important role played by our temporary workforce.

Please note: Due to confidentiality issues it is only possible to report any meaningful information on gender, age and religion/beliefs. This data is also

being compared to the overall workforce for the Trust. Key findings on our temporary staff are summarised below:

- The gender split of our temporary workforce is proportionately in line with the trust's overall gender split.
- More likely to see a higher percentage (compared to the Trust's overall workforce) who are 25 years old or younger.
- Compared to the Trust's overall workforce, the Trust's temporary workforce are less likely be aged between 31 and 60, but more likely to be aged 61 or older
- More likely to be from Non-Christian religions and beliefs (5.1% compared to 2.0% of all staff). Equally, more likely to be Christian (40.4% compared to 30.8% of all staff)

(See Figures 25 - 27 in Appendix B on pages 66 to 67)

2.2 Staff Learning and Development

Staff Appraisal

The Trust's values based appraisal process is being incorporated into a wider Development Review Policy, which incorporates processes linked to Staff Appraisal, Performance Management and Talent Management.

The appraisal process has been embedded over the last year and is now being used by managers and staff across the Trust.

- ✓ The focus remains to support a values based approach to managing and developing our people.

The Development Review Policy is intended to further support open and honest conversations about capability (performance against objectives) and attitude (behaviours compared to the Trust values) becoming the norm.

- ✓ It encourages transparency and fairness in the management of all individuals.

On-going work

- ✓ To support the effective and accurate reporting of appraisal activity the intention is that managers will soon have the capability to record appraisal activity themselves via a functionality in the Learning Hub. This means that at any point in time we will be able to see what the appraisal compliance rate is for any area, rather than waiting for a certain point in the month in which to run the reports. It is anticipated that this will go some way into providing some reassurances to managers that currently exist regarding some real issues, and some perceptions associated with the current reporting methodologies.
- ✓ The Talent Management Framework is in the early stages of its development and the details of this are currently being negotiated with Staff Side.
- ✓ The implementation of the Trust's Pay Progression policy earlier this year has also seen an increase in accountability from members of staff by increasing their awareness of when their appraisal is due and sharing the accountability for ensuring it takes place in a timely manner, with meaningful outcomes.

2.3 Organisational Development and Improvement Learning

The Organisational Development and Improvement Learning (ODIL) team exists to support the organisation to achieve its objectives by supporting staff to work in the most effective way they can, through opportunities for applied learning and development.

Access to relevant ODIL support is offered and advertised to individuals, teams and whole departments across all staff groups. This support may include leadership development at a number of levels, team development, coaching, mentoring or mediation, in addition to taught tools and techniques such as improvement methodology.

Input around values, and emotional and social intelligence and valuing difference feature in many interventions, with the aim of supporting people to increase self-awareness and management, and maximise working relationships.

- ✓ Partnership work with local organisations including the Army Training Centre at Strensall, the Joseph Rowntree Foundation Trust and City

of York Council offers a diverse perspective in relation to the organisations ODIL portfolio.

The Learning Hub

Learning Hub is the organisations online learning platform, it is the central database for all corporate learning records/online learning provision and the catalogue of learning available via the system is increasing. It is routinely used by learners across the trust to self-enrol onto classroom learning and/or to undertake learning online. It is available to all staff via a single click from the home page of the Trust's intranet.

Learning Hub is complimented by a wide range of classroom delivery giving learner's a choice of learning provision. There is also a manual process in place for staff with access or 'use of computer' issues, this removes the need for learners to request learning via Learning Hub. Additional support is available when required.

- ✓ Opportunities have been taken to ensure that inclusive best practice has been embedded into the system and content design used e.g. tonal contrast, font sizes and language. These principles have also been applied to support processes and documentation.

Learning Hub is populated with data from both the Trust's Electronic Staff Record and Active Directory systems. This ensures that it allows the reporting/breakdown of learning data into six of the protected characteristics and also enables single sign-on for most users.

(See appendix C tables 1-6 pages 68 to 70 for attendance at ODIL courses and programmes through 2014-15 by protected characteristic.

See appendix C tables 7-13 pages 71 to 74 for breakdown of learning undertaken across all York Teaching Hospital Foundation Trust sites by six of the protected characteristics)

2.4 Recruitment

The Trust continues to emphasise the importance of a values-based (VBR) approach through its recruitment strategy. All recruitment campaigns which are centrally supported by the HR team utilise VBR methodology, and this is a growing portfolio (Staff Nurse Recruitment has been added to the portfolio this year).

- ✓ The VBR approach relies on the attraction and selection of new staff according to their motivations and drivers, and ensures that experience and qualifications are not given a disproportionate level of attention in the selection process.
- ✓ Research has shown that values-based recruitment increases workforce diversity as it takes a much broader view, not only of applicants but of the attributes which make someone suitable to undertake a particular role.

The Trust's recruitment training promotes a values based approach, training provision has continued to evolve to increase focus around values based selection.

- ✓ In the past 12-months, 46 staff across a range of sites and departments have been trained in the assessment of candidates' behaviour in group activities, which as well as increasing levels of insight, should also bring the benefit of delivering a broader range of diversity-friendly selection activities across the organisation.
- ✓ The training has achieved a 500% increase in the number of male assessors available to be involved in assessment centres, thus creating more diversity amongst assessment panels for senior appointments.

Recruitment training is being revised to include activities relating to the benefits of diversity and the role of unconscious bias in recruitment and selection. The level of time commitment required to attend face-to-face training will be reduced which will make it more accessible and increase the spread of good practice across the organisation.

While the recruitment strategy hasn't changed markedly in the last 12-months, there are a number of initiatives which support workforce diversity that have been completed or are ongoing and are worthy of mention. These include:

Careers Events

The Trust has increased its levels of attendance/provision of careers and recruitment-related events.

Events include those hosted by schools, colleges and universities in our community, as well as those organised by partners (e.g. The Officers Association who ran an event to support service leavers with transition into civilian careers) and a jobs event organised by the Trust.

- ✓ In 2014/15 event attendance was once every 5-weeks and we project this will be an average of attendance at events every 3 weeks in 2016.
- ✓ Attendance at such events makes job opportunities more accessible to a broad range of people in the Trust's local community.

Apprenticeships

In the last 12 months, around 20 new non-clinical apprentices have been recruited. The retention rate for apprentices at the Trust who go on to gain substantive employment has consistently been between the 80-90% mark, and these posts continue to offer a pathway into the organisation for people with little or no prior work experience.

- ✓ The Trust's plan is to increase the number of apprenticeships available over the coming 12 months, and it is already engaged with a secondary school in one of its local communities to offer mentoring as a means of supporting a number of students to be able to take up apprenticeships with the organisation.

New selection methods

Creating more diverse, structured approaches to selection is one way in which the Trust can make its recruitment more diversity-friendly.

Training is being used to seed ideas and stimulate thinking in this area, however, there are already a number of good examples of new methods in use, one example is 'modular interviewing'

The use of '**modular interviewing**' involves several interviewers each occupying a station which covers a topic/selection criterion and engaging with candidates on this subject for 5 minutes. The candidate then moves to another station.

- ✓ The advantage of this approach is that it provides an informal feel it encourages candidates to open up and therefore provides greater insight into what they have to offer the role, rather than inviting 'textbook' responses.
- ✓ Modular interviewing allows more candidates to be seen for interview, increasing diversity of interview attendees.
- ✓ Analysis of one pool showed this had a particularly strong effect on the age profile of candidates, providing candidates aged under 25 and in the 40-69 range with a greater level of opportunity.

Protected Characteristic – Gender

- Males made up 28.60% of the total applicants but account for 24.20% that were shortlisted. Females make up 71.00% of the total applicants, but 75.20% of those shortlisted.

Protected Characteristic – Disability

- The Trust is a two tick employer. This means that we guarantee to interview all disabled applicants who meet the minimum criteria.
- 7% of applicants that are shortlisted are disabled, greater as a proportion than the 6.40% of disabled applicants to the Trust.

Protected Characteristic – Ethnicity

- The data shows the number of applicants who are white were the most successful group in getting shortlisted from their job applications when compared to all the other ethnic groups.
- Notably, the ethnicity breakdown of applications in 2015-16 shows less diversity amongst applicants to the Trust than in the previous year applicants who are white accounted for 85.10% of all applicants – in 2014-15, it was 78.80%.

Protected Characteristic – Age

- The number of applications made and the number of applications shortlisted show to be proportionately in line with each other. Applicants in their 20s made the highest number of applications with well over a third (collectively 37.8%) of the total number of applications. Consequently this age group also had the highest number of shortlisted applications (collectively 32.8%). The number of applications (and shortlisted applications) then generally decreases proportionately in later age groups.

Protected Characteristic - Religion and Belief

- As with age group, the number of applications received and the number of applications shortlisted were proportional in line for each religious belief. Over half of all applications were received from applicants who declared they were Christian and consequently over half of the shortlisted applicants were also Christian. Non-Christian religions made up 18.74% of the total number of applications and 16.57% of all shortlisted applications.

Protected Characteristic - Sexual Orientation

- The data shows relatively little variation between the proportion of applicants at the application and shortlisting stages.

(See appendix D – Tables 1 – 6 pages 74 to 77 for full data set)

Staff Survey Responses

The annual staff survey asks staff whether they believe that the Trust provides equal opportunities for career progression or promotion. Whilst the number of positive responses to this question places the organisation above most other NHS providers of similar type, there has been a 3% decrease in the number of staff agreeing with this statement compared with the previous year's survey.

Furthermore, only 81% of BME staff answered positively compared to 89% of all staff, which is the same figure for BME staff as last year.

Ongoing work

The reporting of recruitment information has been limited by the need to use two data sets i.e. NHS Jobs and ESR. This means that new starter information is provided through ESR and recruitment information up to and including the shortlisting stage is through NHS Jobs.

- ✓ Work is underway exploring the most effective means of uploading successful applicant data to NHS Jobs to enable full and consistent reporting of the end to end recruitment process to be accessed via one data set. It is fully anticipated that this process may also be positively impacted by a new recruitment tracker system which is being considered by the Trust.

2.5 Grievance, Disciplinary and Bullying and Harassment

Bullying and Harassment

The percentage of staff in our 2015 Staff Survey who said they had experienced harassment, bullying or abuse from patients, relatives or the public within the past 12 months fell by 3% to 24% compared to our 2014 figures.

In addition, the number of staff who had experienced harassment, bullying or abuse from staff in the past 12 months had also decreased, to 22% compared to 23% in 2014.

With reference to specific protected characteristics, of the staff who declare themselves disabled in the staff survey, 31% said they had experienced bullying, harassment or abuse from patients/service users or their relatives and 32% said they had experienced bullying, harassment or abuse from staff in the last 12 months.

Again in the 2015 staff survey men who responded generally appeared to have overall, slightly more positive experiences at work than women. However while in previous years, there were better scores for men on all of the Key Findings relating to violence and harassment, in the 2015 staff survey, men did report slightly higher scores than women in the % experiencing harassment, bullying or abuse from staff in the last 12 months and in the % experiencing physical violence from staff in the last 12 months (22% and 2% for Men respectively compared to 21% and 1% for women).

The number of bullying and harassment complaints reported was 10 during 1 April 2015 – 31 March 2016. **Please note:** it is not possible to give quality monitoring data due to the small number. This does not correlate to the number of staff who reported that they experienced bullying and harassment within the Staff Survey.

The Trust is committed to a zero tolerance approach to bullying and harassment. During 2015 / 2016 we have undertaken a number of actions to raise awareness of Harassment & Bullying issues to improve their resolution. These include:

- ✓ Implemented new training for managers and supervisors in dealing with Bullying & Harassment, Grievance and Disciplinary matters. All sections emphasise taking issues seriously, dealing with them promptly and talk about the impact on individuals and the wider team if concerns are not addressed in a timely manner.
- ✓ Continued to promote zero tolerance of bullying & harassment and the existence of the mediation service at open access Drop In sessions that are run fortnightly by HR at the two main sites. The sessions support both staff and managers on a range of people management issues.
- ✓ Discussed with the Fairness Champions how they might respond if staff raise bullying & harassment issues with them; and the support

available in the Trust. Information on the Fairness Champions is given to all new starters to the Trust at corporate induction.

- ✓ We will continue to measure staff experience of harassment and bullying by asking staff a number of questions in our 2016 annual Staff Survey. We are also including a question in the Staff Friends & Family Test from June 2016 about how we can make it easier for staff to report experiences of bullying.

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

Employment Tribunals

During this year one Employment Tribunal claim was received that included a bullying / harassment claim.

Grievances

Following the trend of 2014-15, the majority of cases were raised by White - British staff, the main reason behind this is most likely due to White British staff accounting for the largest percentage of staff within the Trust.

Investigations and Disciplinary Action

The data provided in the report reflects the methodology for the Workforce Race Equality Standard (WRES) indicator in relation to staff entering a formal disciplinary investigation and is based on completed cases from a two-year rolling average of the current year and previous year.

The vast majority of cases (approximately 92%) involved staff within the groups of White UK, White Irish and White other groups.

During 2015 the Trust has encouraged managers to respond promptly and nip things in the bud via informal discussion, or to escalate to a senior manager if authority to go outside of process is required to resolve a grievance. Although this works for a proportion of cases; where staff are not happy with the

outcome they are then progressing the case through the formal process, in an effort to obtain a different outcome.

Training for investigating officers was developed and delivered within 2015.

- ✓ A 'pool' of investigators has been trained to increase the consistency and effectiveness of investigations; and ensure they are undertaken fairly and equitably.

Where possible, investigators do not pick up cases in their own departments, a measure undertaken to introduce more objectivity to the process.

(See Appendix E tables 1 – 6 pages 77 to 78 for the full data set)

2.6 Staff Support Groups

Our staff support groups established in 2014 a staff Lesbian, Gay, Bi-sexual and Trans (LGBT) network and Fairness Champions continue their work; both are comprised of staff members who have volunteered with the common aims to:

- Provide a safe environment to raise issues
- Give information, guidance and support to staff
- Assist colleagues to assess impact of policy etc. to ensure inclusivity
- Contribute to staff development activities and awareness events
- Signpost and support people to live the Trust values

Staff LGBT network - Achievements

- ✓ June 2015 attended York Pride; rainbow flags were raised at the Hospital for visible support to the LGBT community
- ✓ February 2016 LGBT history month joined with York LGBT History month to promote an image gathering initiative in response to feedback from EDS2 and received valuable feedback which has been shared as patient stories and will be included in their work plan for the year.

- ✓ Attending the Stonewall employers conference in Leeds
- ✓ The Trust continues to be a corporate member of the York LGBT Forum and hosted their Annual General Meeting attended by the local MP and Lord Mayor of York. “WARMEST THANKS for a lovely evening” – extract from thank you letter.

Fairness Champions – Achievements

- ✓ Recording data has enabled themes of mental health issues and Eldercare to be identified as top contacts from staff
- ✓ May 2015 Event supporting NHS Employers Equality and Diversity week with a theme of “linking thinking” as it was also mental health week and walk to work week at the same time.

3 Our Partnership working

Working in partnership with other health and social care organisations and third sector organisations (including non-profit making organisations or associations, charities, community groups etc.) enables the Trust to understand how to affect change effectively making best use of resources available. This year our partnership work has included:



Healthwatch ensures that the voices of those who use services reach the ears of decision makers. Local Healthwatch (there are three in the Trust geographic area) helps the local community to get the best out of local health and social care services.

All Healthwatch organisations serving the Trust are represented on a number of Trust groups including the Fairness Forum and the Patient Experience Steering Group.

- Healthwatch York carried out an “enter and view” visit to the York Emergency Department. Their comments included recommendations for clearer information about the distinction between the emergency department and urgent care centre; more information about estimated waiting times and improvements to the waiting room environment.
- ✓ These comments have been acknowledged by the directorate who are improving patient information in the reception and waiting areas.

Healthwatch North Yorkshire carried out an assurance visit to Scarborough Hospital on 22 August 2015 to review the frail elderly pathway. The Trust has not yet received the final report, but early feedback included: praise for the pilot project with an elderly medicine consultant assessing patients in ED; positive comments from the patients spoken to during the visit; regular staff wanting to see agency staffing reduced; and acknowledgment of the need to have better integrated IT access to patients’ health information.

Three areas of the Trust (Emergency Department, Glaucoma Clinic and Orthodontic Department) were honoured by Healthwatch York at their Annual General Meeting with Making a Difference Awards this year. The

Healthwatch York Manager said “It is vital to recognise some of the excellent work that people do day in and day out to make our health and care services the best they can for everyone”

York Fairness and Equalities Board (FEB)

This board brings together private, public and voluntary sector representatives to work to create a fairer York. Working to the principles previously set out by the York Fairness Commission and aims to ensure that:

- ✓ York has good community relations and that people and groups get on well together;
- ✓ Equality of opportunity is increased and everyone can prosper and flourish;
- ✓ The city’s workforce is reflective of our community.

York Racial Equality Network (YREN)



YREN is an established charity in York who promote awareness of the needs of black and minority ethnic (BME) and other people in the York area, we are grateful for YREN’s continued support in the assessment of our Equality Delivery System (EDS2) and this year the Trust has joined a project coordinated by YREN – Comic Relief Empowered Voice Project 2015-2018. Project aims:

- ✓ Culturally diverse individuals recruited and trained to act as community representatives on local partnership to improve strategic decision-making
- ✓ An Equalities Network will be set up for staff and volunteers in mainstream organisations to improve knowledge and confidence in working with people from diverse groups
- ✓ Open forum meetings will be held for residents and their families, providing a safe environment in which people can voice their views and needs
- ✓ Improved communications – YREN’s website will be developed and a new community newsletter produced, enabling a better information flow to and from diverse communities and organisations

Equality Delivery System (EDS2) & Workforce Race Equality Standard (WRES)

The Equality Delivery System is a framework designed to help NHS organisations, in discussion with local partners to review and improve performance and help to meet their statutory and regulatory obligations for equality, diversity and human rights.

Last year was our first assessment and grading event working in partnership with other healthcare providers and we continued this year developing the assessment with Tees, Esk and Wear Valleys NHS Foundation Trust, Vale of York and Scarborough Ryedale CCG's. An event was held in Malton supported by our community representatives in February 2016; joint and individual equality priorities were established and will be added to our work plan and help to inform the development of our new equality objectives 2016-2020.

EDS2 has 4 goals and 18 outcomes, since beginning to work in partnership the Trust made a decision to focus on set goal/s each year to enable meaningful conversations with our stakeholders. The grades reflect the lack of data we currently hold to enable us to demonstrate how protected characteristics fare compared to people overall; we continue to work towards improving data collection, analysis and monitoring for protected characteristics as per our equality objective relying on national data and living our values to ensure inclusivity.

Goal		Year of joint assessment	Grade
1	Better Health outcomes	2016/2017	
2	Improved patient access and experience	2014/2015	Undeveloped
3	A representative and supported workforce	2015/2016	Developing
4	Inclusive leadership	2015/ 2016	Developing

- ✓ The Trust continues to work towards the EDS2 goals and with reference to our workforce it remains committed to progressing Goal 3 – A representative and supported workforce.

The NHS has also published a Workforce Race Equality Standard (WRES) and the Trust provided its first submissions in July 2015. The information reflects staff responses to the Annual Staff survey as well as data collected from recruitment, disciplinary and training records.

The purpose of the standard is to tackle a particular aspect of equality – the less favourable treatment of the BME workforce.

- ✓ During 2015 and 2016 the trust has had a number of initiatives to enhance the data held on its' workforce, particularly in relation to disability; religion; ethnicity and sexual orientation.

Access to Services Group

Based on feedback from colleagues at North Yorkshire County Council about prioritisation of audiology services for people who are Deaf/Blind; our access to services group has reformed.

- ✓ We are working with York Blind and Partially Sighted Society, Jorvik Deaf Connections and local councils with the aim of developing new shared materials for seamless services and training for staff.

Wider engagement will follow once the work is drafted. The group meets regularly and we are grateful for the time and support of our colleagues in health and social care and our service users.

4 Our achievements

Pictocomm

Thanks to funding from York Teaching Hospital Charity we have purchased “Pictocomm” folders for every ward and department in the Trust; these are based on clear and easy to understand pictures and where patients are unable to communicate translations are provided.

- ✓ They bring many benefits including another option to give patients a “voice” to communicate enabling confidence and assurance that their needs will be fulfilled.

Awareness Raising Events

Events are held throughout the year to raise awareness to issues within our community promoting understanding and acceptance. The report has already mentioned NHS Employers Equality and Diversity week with a theme of “linking thinking” with mental health week and walk to work week being at the same time. The staff LGBT network also linked to the National LGBT History month, ensuring they provided an update on progress from feedback.

Other events have linked to interfaith week and International Stammer awareness day when a member of our staff shared their experience by developing a display which they attended at York Hospital and promoted Trust wide.

The Hospital Arts Team develops events and exhibitions linked to equality and diversity, which this year included:

- ✓ November: Diwali exhibition in the 3D space showing photographs of people enjoying the festival, lit up with light boxes to signify the festival of light.
- ✓ December: Christmas decoration workshops with patients, visitors and staff; 5 special musical performances; Staff Choir at the NHS Carol Service and York Chapel’s drop-in carol service
- ✓ March: Chinese New Year exhibition in the 3D space, exhibiting our home made Chinese dragon and information on the different animal’s people’s birth years link in to.

- ✓ March: Down's Syndrome Awareness Exhibition, a collaborative and informative exhibition showing photography and paintings from artists with connections to and one with Downs Syndrome.
- ✓ March: Holi photography exhibition at junction 7, exhibiting photographs of people enjoying the Hindu festival of Holi. Photos taken by two of York Hospitals own consultants.
- ✓ Changing Lives who work with people with drug and alcohol addiction
- ✓ Co-ordination of the staff choir

5 Our Progress against the Equality Objectives

Objective		Progress
1	Improve data collection, analysis and monitoring of protected characteristics	<ul style="list-style-type: none"> Continued awareness raising of the importance of recording protected characteristics Friends and Family Test format has been amended to include protected characteristics Improved system implemented by Patient Experience team which records more detailed information enabling themes and issues to be identified.
2	Further develop engagement and involvement of patients, carers, governors and staff to reflect local demographics	<ul style="list-style-type: none"> Patient stories of experiences with the Trust included at Board Meetings and other staff forums. Corporate communication standard and style guide' approved and implemented In-depth consultation with patients, carers and staff enabled the development of a new Patient Experience strategy which was launched at the Trust's Nursing conference in September 2015.
Objective		Progress
3	Develop strong partnerships with social care and GP's to ensure patient pathways are free from barriers between providers for everyone	<ul style="list-style-type: none"> Continued development of partnership work with local councils and Health and Well Being Boards Representative member of the three Healthwatch in our area attends the Fairness Forum Continued work with local provider /commissioner NHS organisations to assess equality progress against the NHS Equality Delivery Framework. Member of York Fairness and Equalities Board (FEB) and York Equalities Network Access to services group
4	Continue the 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 relations	<ul style="list-style-type: none"> Equality Analysis reviewed and submitted to Fairness Forum for discussion prior to pilot and implementation, including name change to equality assurance to link to culture of organisation.

The objectives have been reviewed annually and actions added based on feedback from EDS2. 2015- 2016 was the final year of our Equality

Objectives that were originally set in 2012; progress has been made and work is underway to develop a new strategy and equality objectives.

6 Our Challenges and Future Developments

Challenges

- Implementation of the Accessible Information Standard - the greatest challenge is anticipated to be the sharing of information, whilst recording is to be in a set way there are many computer systems and associated compatibility issues.
- To review the options for capture and monitoring of patient information on the Core Patient Database (CPD). This piece of work will involve many areas of the Trust but vital to improve patient experience, quality and continuity of care.

Future Developments

- ✓ Working in partnership with healthcare commissioners/providers on the outcomes and priorities of the EDS2.
- ✓ Reviewing our equality objectives and strategy 2016 onwards with the aims of continuing to make our services more accessible and improving the experiences of people using them addressing health inequalities.
- ✓ Embedding Equality and Diversity within the staff engagement strategy and ensuring that all of the Trust people management processes are inclusive and accessible.

7 How are we doing?

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

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

Margaret Milburn – Equality and Diversity Facilitator

Telephone: 01904 726633

Email: margaret.milburn@york.nhs.uk

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

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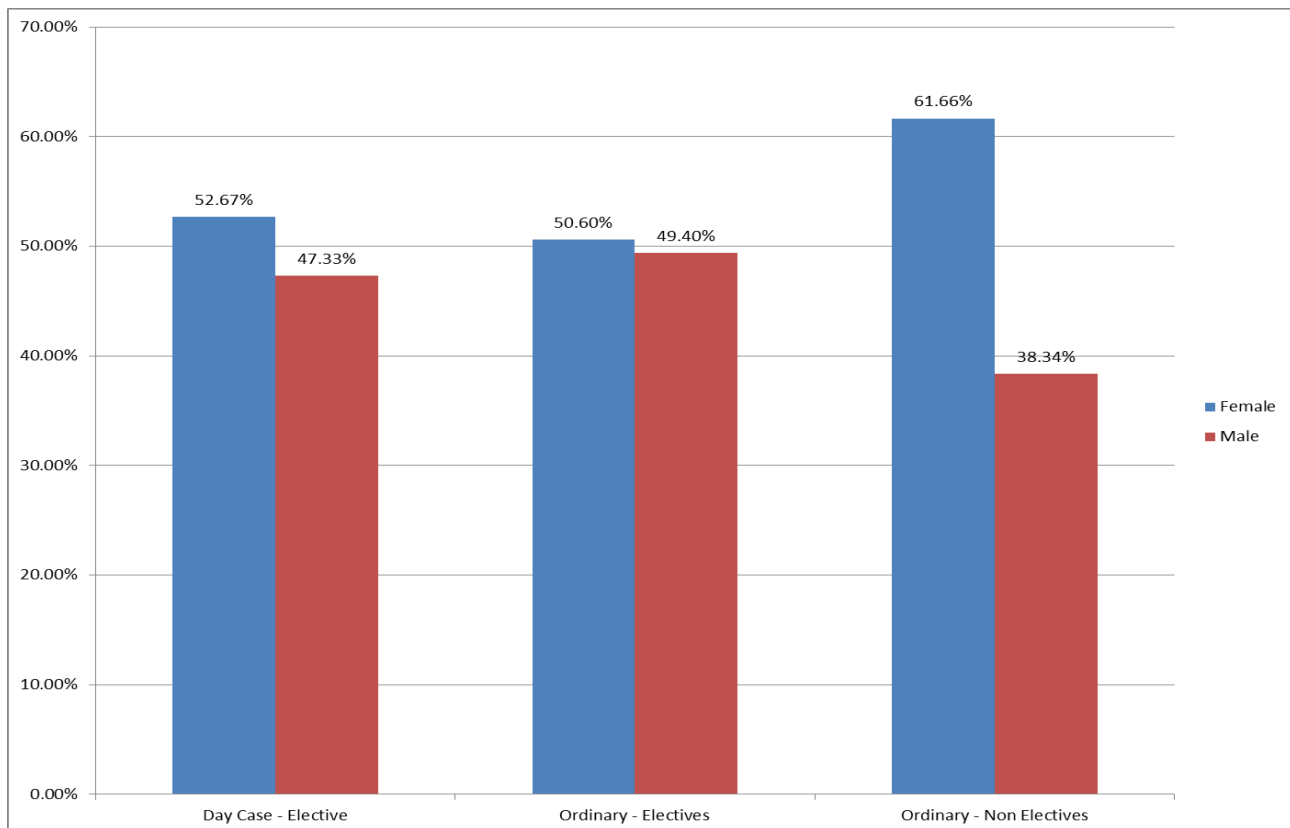


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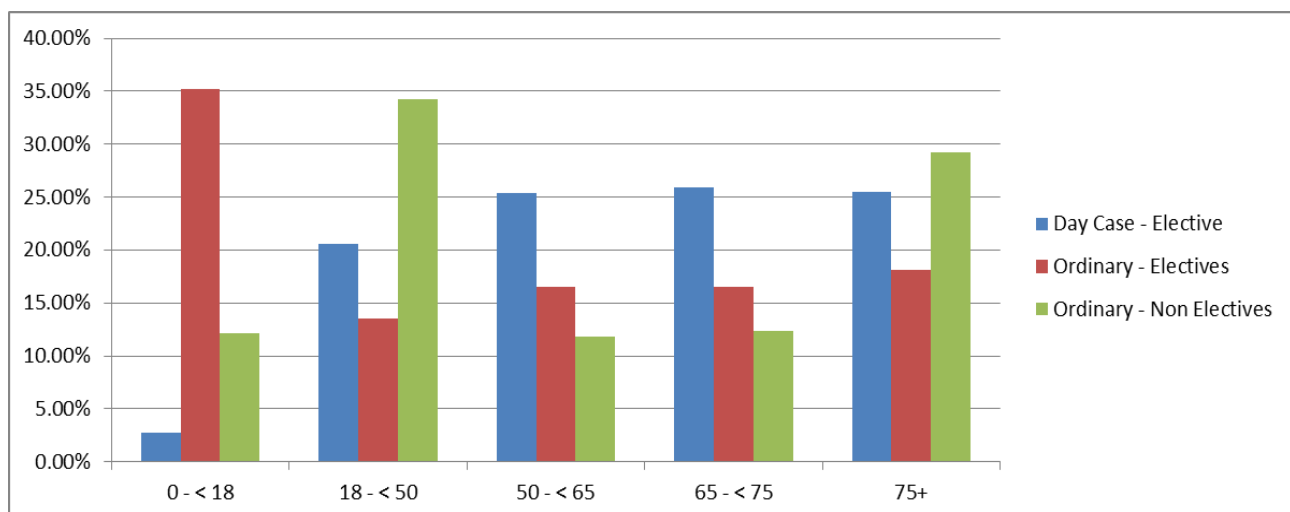
Appendix A

1. Trust-wide Inpatient Admissions January 2015 – December 2015

Admissions Split by Gender



Admissions Split by Age group

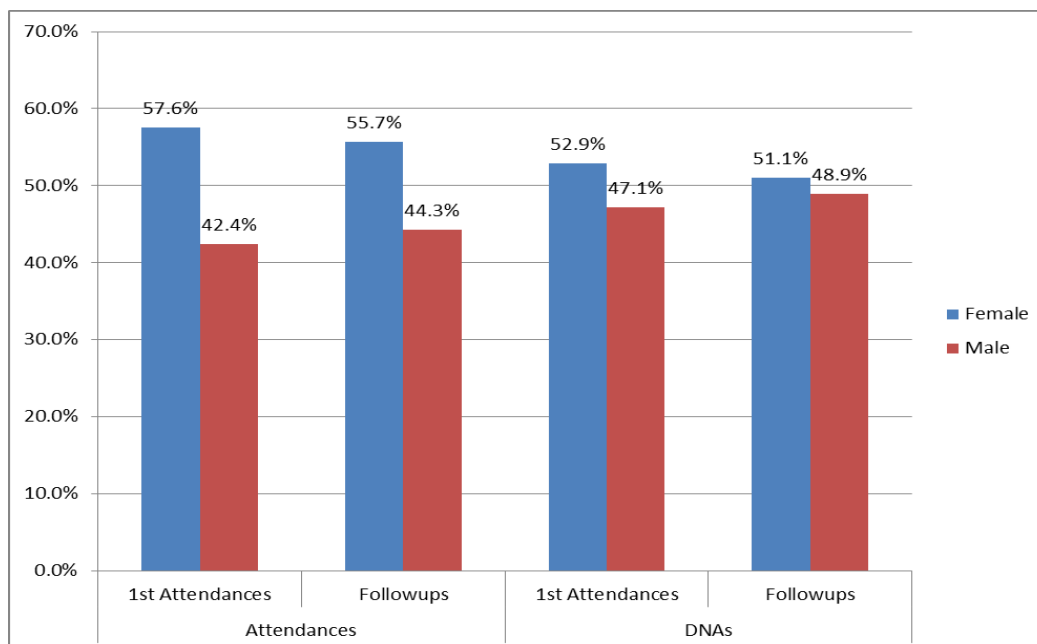


Admissions split by Ethnicity

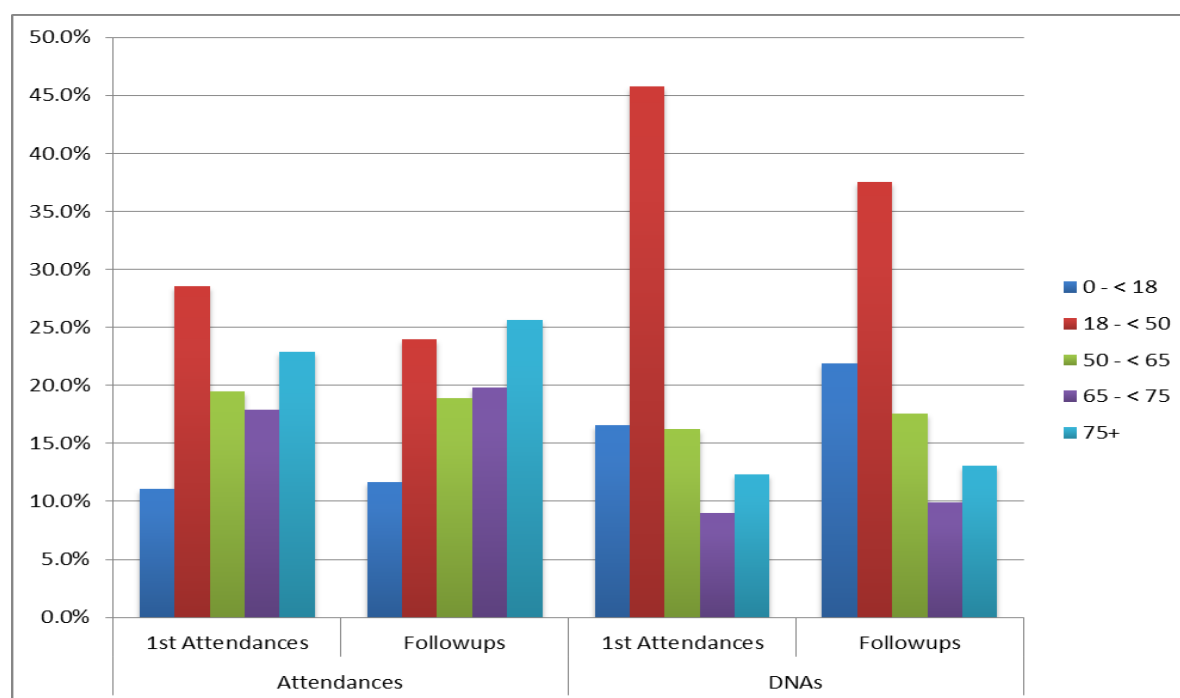
Ethnicity	% of Total Admissions
African	0.09%
Any other asian background	0.14%
Any other black background	0.03%
Any other ethnic group	0.19%
Any other mixed background	0.11%
Any other White Background	7.41%
Bangladeshi	0.06%
British	81.37%
Caribbean	0.02%
Chinese	0.14%
Indian	0.20%
Irish	0.26%
Not Stated	9.69%
Pakistani	0.07%
White and Asian	0.11%
White and Black African	0.05%
White and Black Caribbean	0.06%

2. Trust-wide Outpatient Attendances - January 2015 – December 2015

Attendances Split by Gender



Attendances Split by Age group

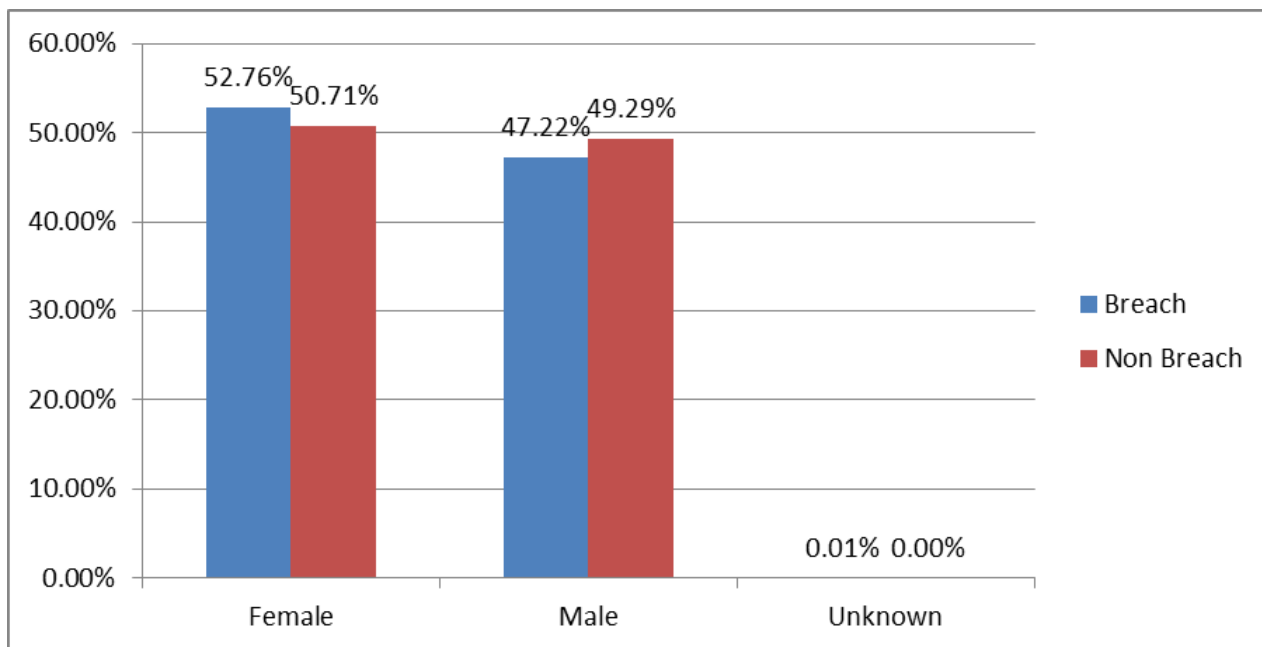


Attendances split by Ethnicity

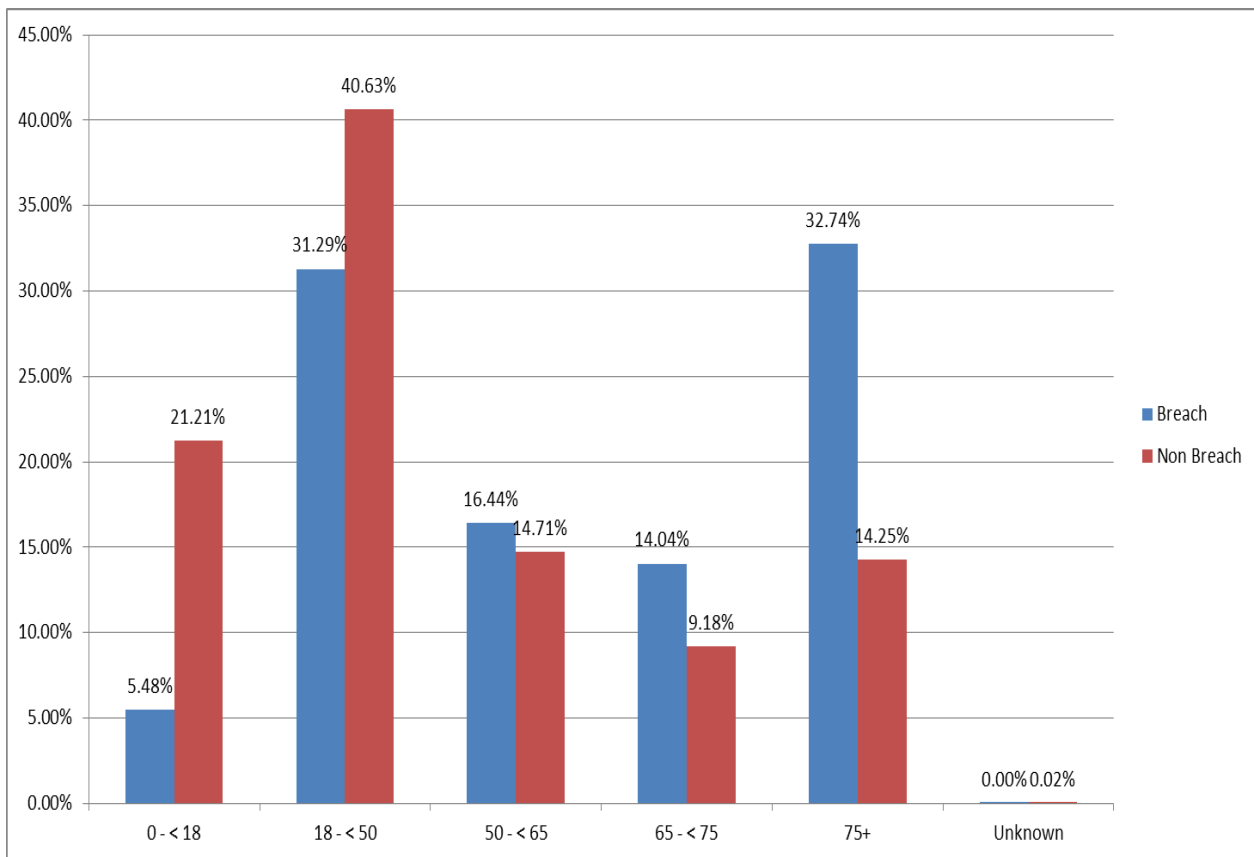
Ethnicity	Attendances		DNAs		% of Total Attendances
	1st Attendance	Followups	1st Attendance	Followups	
African	0.1%	0.1%	0.1%	0.1%	0.06%
Any other asian background	0.1%	0.1%	0.1%	0.2%	0.13%
Any other black background	0.0%	0.0%	0.0%	0.0%	0.02%
Any other ethnic group	0.2%	0.2%	0.3%	0.3%	0.21%
Any other mixed background	0.1%	0.1%	0.1%	0.2%	0.11%
Any other White Background	6.7%	6.5%	7.6%	5.8%	6.59%
Bangladeshi	0.1%	0.1%	0.2%	0.1%	0.06%
British	70.9%	76.0%	67.3%	73.2%	74.22%
Caribbean	0.0%	0.0%	0.0%	0.0%	0.02%
Chinese	0.1%	0.1%	0.1%	0.1%	0.11%
Indian	0.2%	0.2%	0.1%	0.2%	0.20%
Irish	0.2%	0.2%	0.2%	0.2%	0.23%
Not stated	20.9%	16.0%	23.4%	18.9%	17.70%
Pakistani	0.1%	0.1%	0.1%	0.2%	0.08%
White and Asian	0.1%	0.1%	0.1%	0.2%	0.14%
White and Black African	0.1%	0.0%	0.1%	0.1%	0.05%
White and Black Caribbean	0.1%	0.1%	0.1%	0.2%	0.07%

3. Trust ED and MIU Attendances - January 2015 – December 2015

Attendances Split by Gender



Attendances Split by Age Group



Attendances split by Ethnicity

Ethnicity	Breach	Non Breach
African	0.06%	0.05%
Any other asian background	0.08%	0.09%
Any other black background	0.02%	0.03%
Any other ethnic group	0.19%	0.23%
Any other mixed background	0.04%	0.13%
Any other White Background	3.31%	4.22%
Bangladeshi	0.06%	0.06%
British	75.26%	62.00%
Caribbean	0.01%	0.02%
Chinese	0.06%	0.10%
Indian	0.09%	0.13%
Irish	0.25%	0.17%
Not Known	20.35%	32.42%
Not Stated	0.01%	0.02%
Pakistani	0.04%	0.06%
White and Asian	0.09%	0.12%
White and Black African	0.04%	0.06%
White and Black Caribbean	0.04%	0.08%

Appendix B - Our Workforce

Table 1: York Teaching Hospitals Foundation Trust staff profile by gender, 2014-2015 and 2015-2016

<i>Gender</i>	<i>Number of staff March 2016</i>	<i>% total staff March 2016</i>	<i>Number of staff part time 2016</i>	<i>Number of staff full time 2016</i>	<i>Number of staff March 2015</i>	<i>% total staff March 2015</i>	<i>Number of staff part time 2015</i>	<i>Number of staff full time 2015</i>
Female	6,762	79.5	3,579	3,183	6,959	79.6	3,710	3,249
Male	1,741	20.5	329	1,412	1,780	20.4	332	1,448
Total	8,503		3,908	4,595	8,739		4,042	4,697

Figure 1: Staff Profile by gender, 2014-2015 and 2015-2016

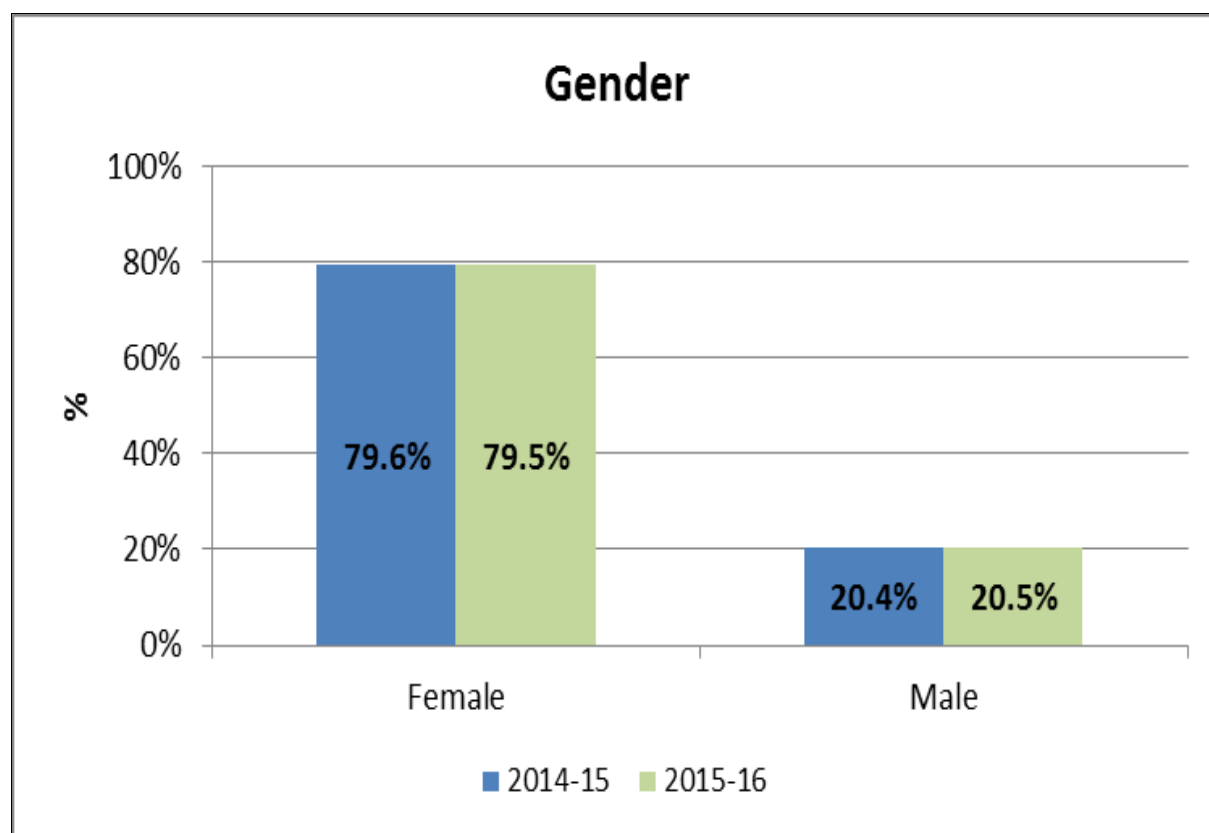


Figure 2: Staff joining the Trust by Gender, 2014-2015 and 2015-2016

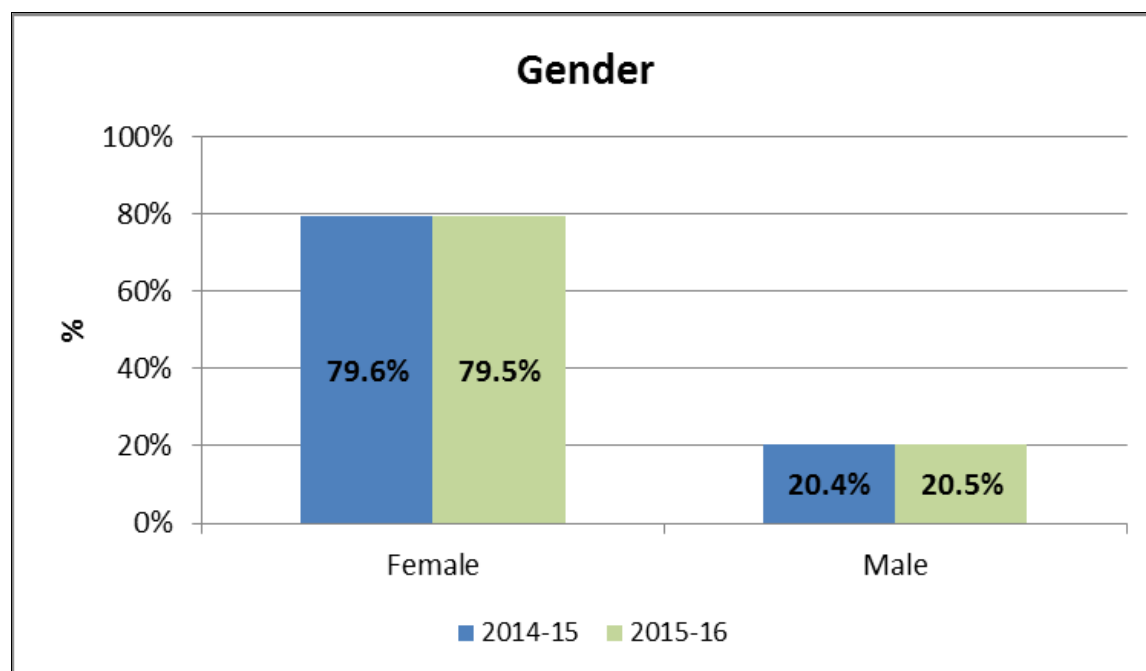


Table 2 - Staff joining York Teaching Hospitals Foundation Trust from 1 April 2015 to 31 March 2016 by gender

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2016	% new staff previous year
Gender				
Female	865	80.5	79.5	79.1
Male	210	19.5	20.5	20.9
Total	1,075			

Note – all data here excludes Rotational Doctors

Figure 3: Staff Leaving the Trust by Gender, 2014-2015 and 2015-2016

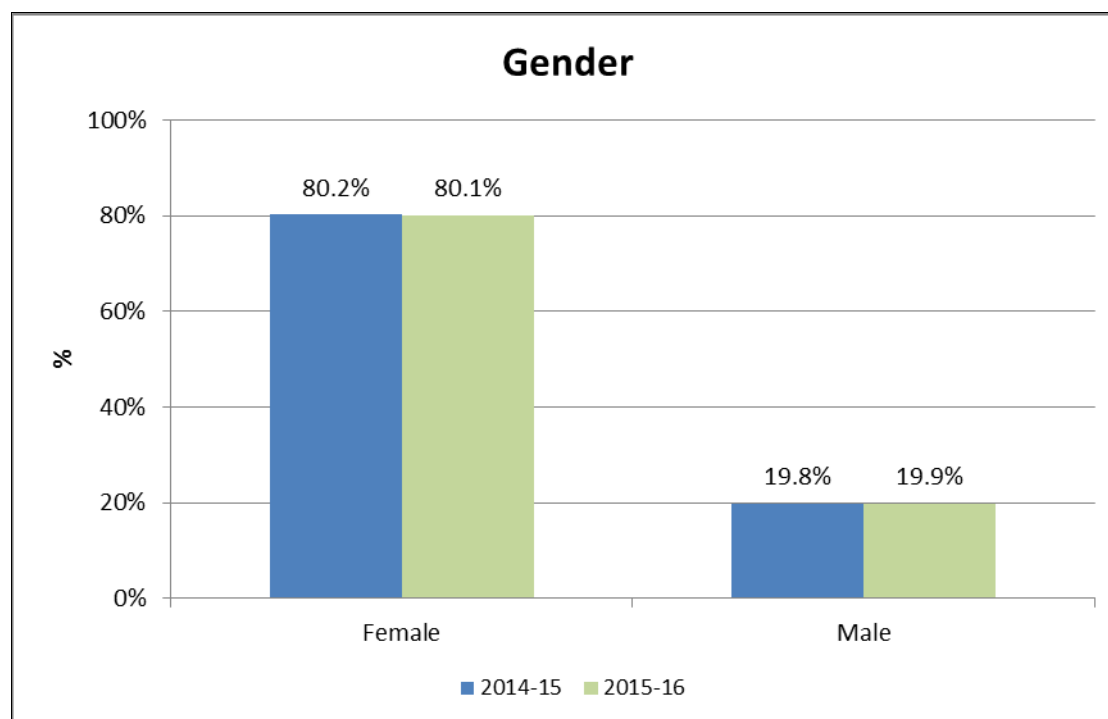


Table 3 - Staff leaving York Teaching Hospitals Foundation Trust 1 April 2015 to 31 March 2016 by gender

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Gender				
Female	949	80.1	79.5	80.2
Male	236	19.9	20.5	19.8
Total	1,185			

Table 4: Pay grade by gender, 2016

	Description of band	Pay Range	Female	% Female staff in this pay band	Male	% male staff in this pay band	Total	% total staff in this pay band
Band 1	Cooks, Domestic Assistants	£15,251 - £15,516	490	7.2%	151	8.7%	641	7.5%
Band 2	Administrators, Healthcare Assistants	£15,251 - £17,978	1,555	23.0%	341	19.6%	1,896	22.3%
Band 3	Senior Admin posts, Community Healthcare Assistants	£16,800 - £19,655	669	9.9%	149	8.6%	818	9.6%
Band 4	Officers, Craftsperson, Medical Secretary	£19,217 - £22,458	452	6.7%	84	4.8%	536	6.3%
Band 5	Nurses, Advisors Physiotherapists,	£21,909 - £28,462	1,482	21.9%	191	11.0%	1,673	19.7%
Band 6	Managers, Sisters, Senior Roles	£26,302 - £35,225	1,129	16.7%	165	9.5%	1,294	15.2%
Band 7	Senior managers, Area Leads	£31,383 - £41,373	480	7.1%	113	6.5%	593	7.0%
Band 8a, b, c, d and 9	Directorate Managers, Area Leads	£40,028 - £99,437	203	3.0%	74	4.3%	277	3.3%
Medical and Dental	Consultants, Specialty Doctors, Clinical Assistants		282	4.2%	460	26.4%	742	8.7%
Personal Pay scale*	Apprentices, Non Exec Directors		20	0.3%	13	0.7%	33	0.4%
Total Staff			6,762	100.0%	1,741	100.0%	8,503	100.0%

- In all such analysis this group includes a small number of staff who are usually in other staff groups, e.g. Medical and Dental staff; Estates and Ancillary staff; Theatre Practitioners; Student Health Visitors, etc.

Figure 5: Staff Profile by ethnicity, 2014-2015 and 2015-2016

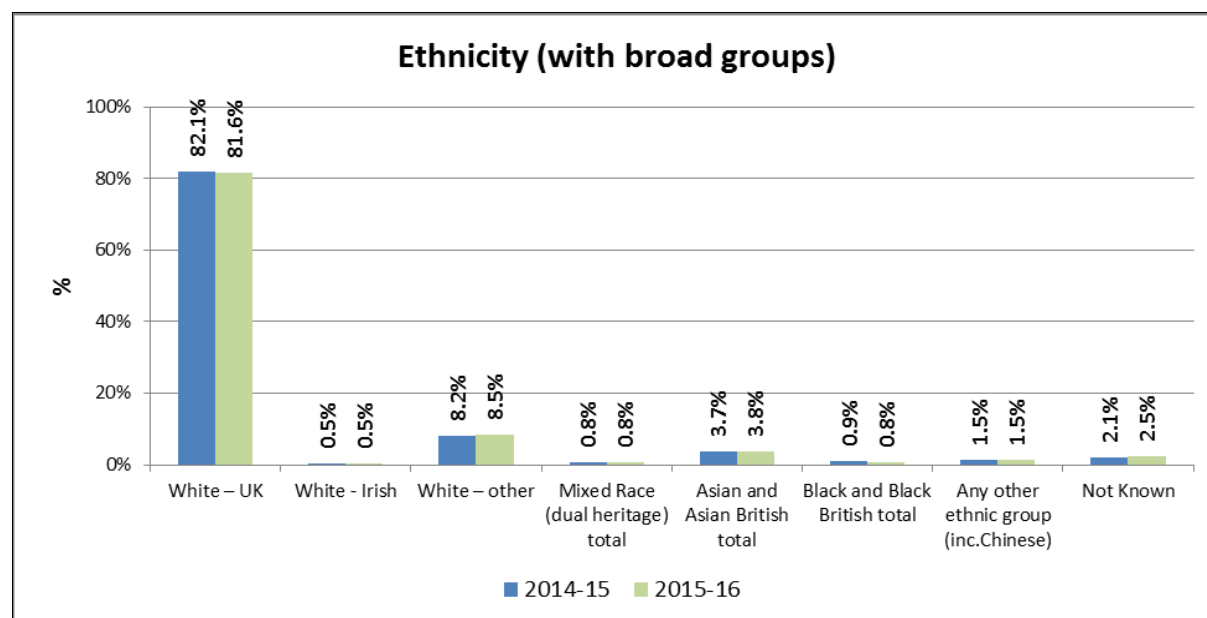


Table 5: York Teaching Hospitals Foundation Trust staff profile by ethnicity, 2014-2015 and 2015-2016

Ethnicity	Number of staff March 2016	% total staff March 2016	Number of staff part time 2016	Number of staff full time 2016	Number of staff March 2015	% total staff March 2015	Number of staff part time 2015	Number of staff full time 2015
White – UK	6,940	81.6	3,331	3,609	7,179	82.1	3,447	3,731
White – Irish	39	0.5	12	27	45	0.5	18	27
White – other	724	8.5	355	369	717	8.2	373	344
White total	7,703	90.6	3,698	4,005	7,940	90.9	3,838	4,102
Mixed Race (dual heritage) total	70	0.8	20	50	68	0.8	22	46
Asian and Asian British total	320	3.8	45	275	327	3.7	42	285
Black and Black British total	65	0.8	13	52	83	0.9	19	64
Any other ethnic group (inc.Chinese)	130	1.5	24	106	135	1.5	22	113
BME total	585	6.9	102	483	613	7.0	105	508
Not Known	215	2.5	108	107	186	2.1	99	87
Total	8,503	100.0	3,908	4,595	8,739	100.0	4,042	4,697

Figure 6: Staff joining the Trust by Ethnicity, 2014-2015 and 2015-2016

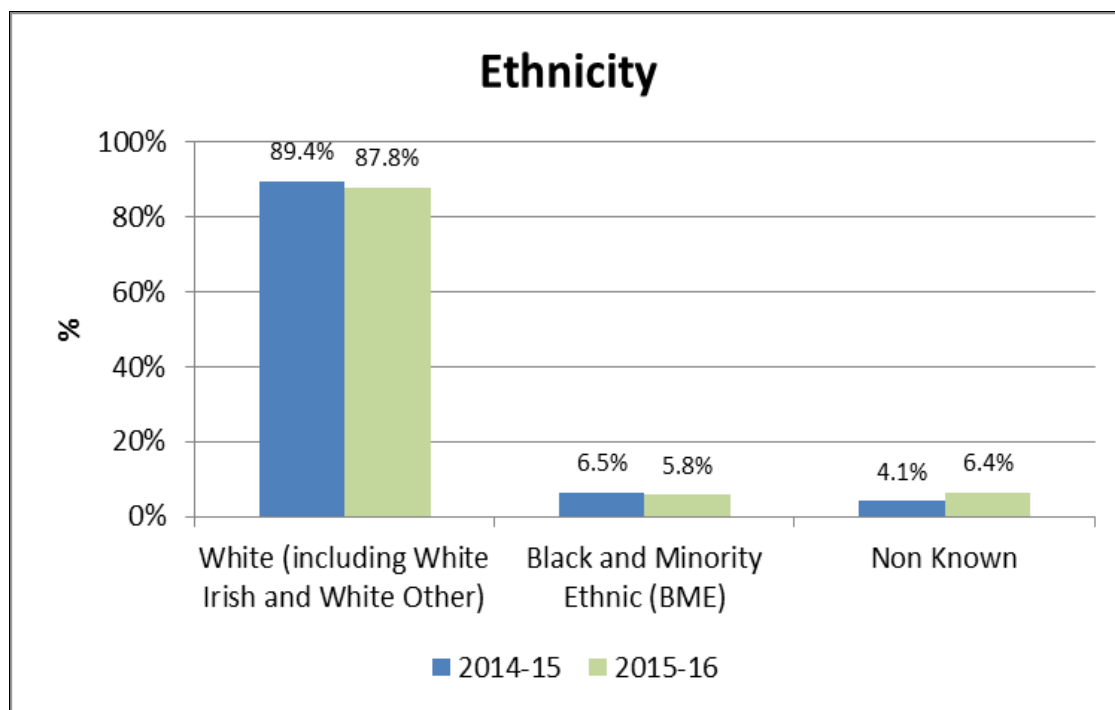


Table 6 - Staff joining the Trust from 1 April 2015 to 31 March 2016 by ethnicity

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2016	% new staff previous year
Ethnicity				
White (including White Irish and White other)	944	87.8	90.6	89.4
Black and minority ethnic people (Black, Asian, Mixed race and any other group)	62	5.8	6.9	6.5
Not Known	69	6.4	2.5	4.1
Total	1075			

Figure 7: Staff Leaving the Trust by Ethnicity, 2014-2015 and 2015-2016

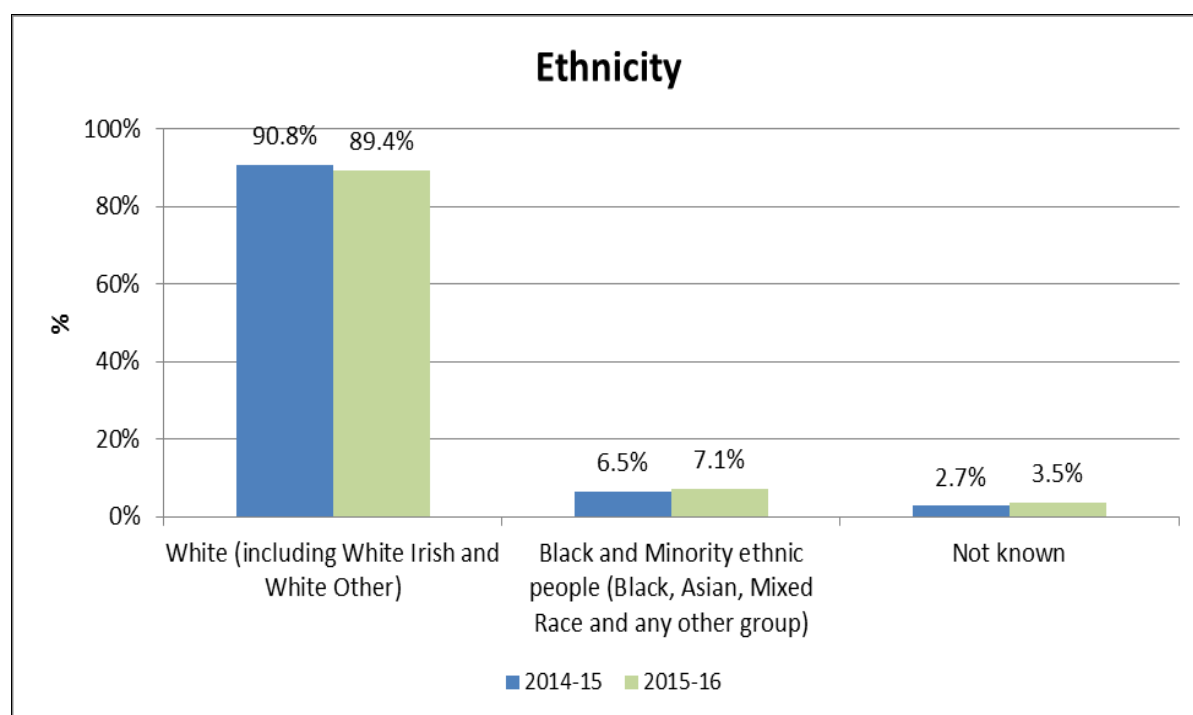


Table 7 - Staff leaving the Trust 1 April 2015 to 31 March 2015 by ethnicity

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Ethnicity				
White	1,059	89.4	90.6	90.8
Black and Minority ethnic people (Black, Asian, Mixed Race and any other group)	84	7.1	6.9	6.5
Not known	42	3.5	2.5	2.7
Total	1,185			

Table 8: Pay band by ethnicity, 2016

Pay band	White staff	% White staff	BME staff (e.g. mixed race, Asian and Black/Black British/Chinese)	% BME staff	Ethnicity not known	% ethnicity not known	Total staff	% total staff in this pay band
Band 1	609	7.9%	17	2.9%	15	7.0%	641	7.5%
Band 2	1,767	22.9%	76	13.0%	53	24.7%	1,896	22.3%
Band 3	781	10.1%	19	3.2%	18	8.4%	818	9.6%
Band 4	523	6.8%	<10	*	<10	*	536	6.3%
Band 5	1,434	18.6%	196	33.5%	43	20.0%	1,673	19.7%
Band 6	1,225	15.9%	35	6.0%	34	15.8%	1,294	15.2%
Band 7	570	7.4%	10	1.7%	13	6.0%	593	7.0%
Band 8a, b, c, d and 9	270	3.5%	<10	*	<10	*	277	3.3%
Medical and Dental	494	6.4%	222	37.9%	26	12.1%	742	8.7%
Personal Pay scale	30	0.4%	<10	*	<10	*	33	0.4%
Total Staff	7,703	100.0%	585		215		8,503	100.0%

Note - * signifies percentages cannot be shown due to confidentiality issues

Figure 9: Staff Profile by Sexual Orientation, 2014-2015 and 2015-2016

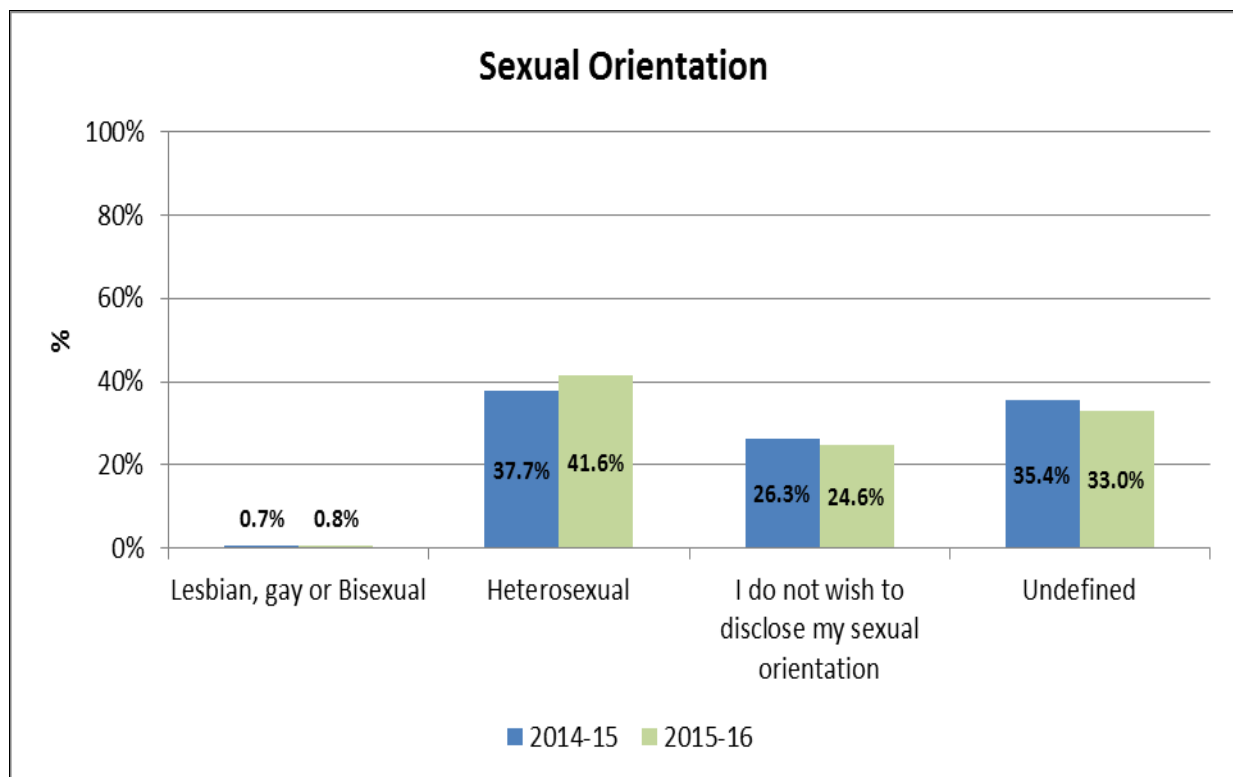


Table 9: York Teaching Hospitals Foundation Trust staff profile by sexual orientation, 2014-2015 and 2015-2016

Sexual Orientation	Number of staff March 2016	% total staff March 2016	Number of staff part time 2016	Number of staff full time 2016	Number of staff March 2015	% total staff March 2015	Number of staff part time 2015	Number of staff full time 2015
Lesbian, gay or Bisexual	65	0.8%	To protect anonymity of staff the part / full time analysis cannot be shown here		57	0.7%	To protect anonymity of staff the part / full time analysis cannot be shown here	
Heterosexual	3,538	41.6%			3,293	37.7%		
I do not wish to disclose my sexual orientation	2,094	24.6%			2,294	26.3%		
Not known	2,806	33.0%			3,095	35.4%		
Total	8,503				8,739			

Figure 10: Staff joining the Trust by Sexual Orientation, 2014-2015 and 2015-2016

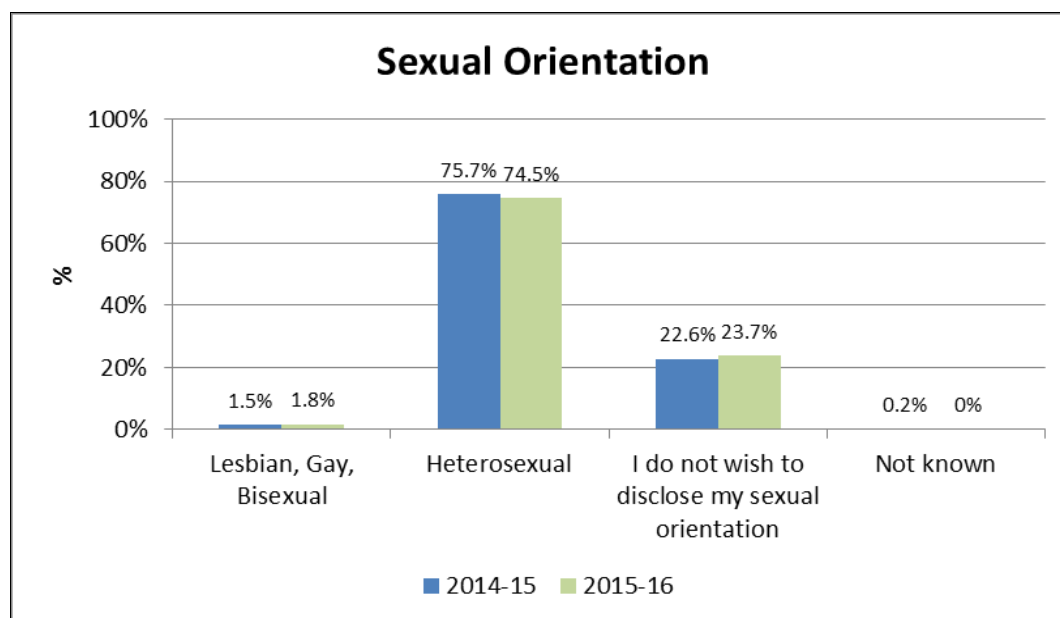


Table 10 - Staff joining the Trust from 1 April 2015 to 31 March 2016 by Sexual Orientation

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2015	% new staff previous year
Sexual orientation				
Lesbian, gay, bisexual	19	1.8	0.8	1.5
Heterosexual	801	74.5	41.6	75.7
I do not wish to disclose my sexual orientation	255	23.7	24.6	22.6
Not known	0	0	33.0	0.2
Total	1,075			

Table 11 - Staff leaving the Trust 1 April 2015 to 31 March 2016 by Sexual Orientation

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Sexual Orientation				
Lesbian, Gay, Bisexual, Heterosexual	539	45.5	42.4	42.5
I do not wish to disclose my sexual orientation	405	34.2	24.6	25.4
Not Known	241	20.3	33.0	32.1
Total	1185			

Note - due to confidentiality issues we are unable to report findings for Lesbian, Gay, Bisexual staff as a specific group

Table 12: Pay band by sexual orientation, 2016

Disabled	Number of staff below band 6	% staff below band 6	Number of staff band 6 and above, personal pay scale and Medical & Dental	% of staff band 6 and above	Total	Total %
Lesbian, Gay or Bisexual	50	0.9%	15	0.5%	65	0.8%
Heterosexual	2,421	43.5%	1,117	38.0%	3,538	41.6%
Not known/do not wish to disclose	3,093	55.6%	1,807	61.5%	4,900	57.6%
Total staff	5,564	100.0%	2,939	100.0%	8,503	100.0%

Note – due to confidentiality issues it is only possible to report data based on very broad paybands

Figure 13: Staff Profile by Religion and Belief, 2014-2015 and 2015-2016

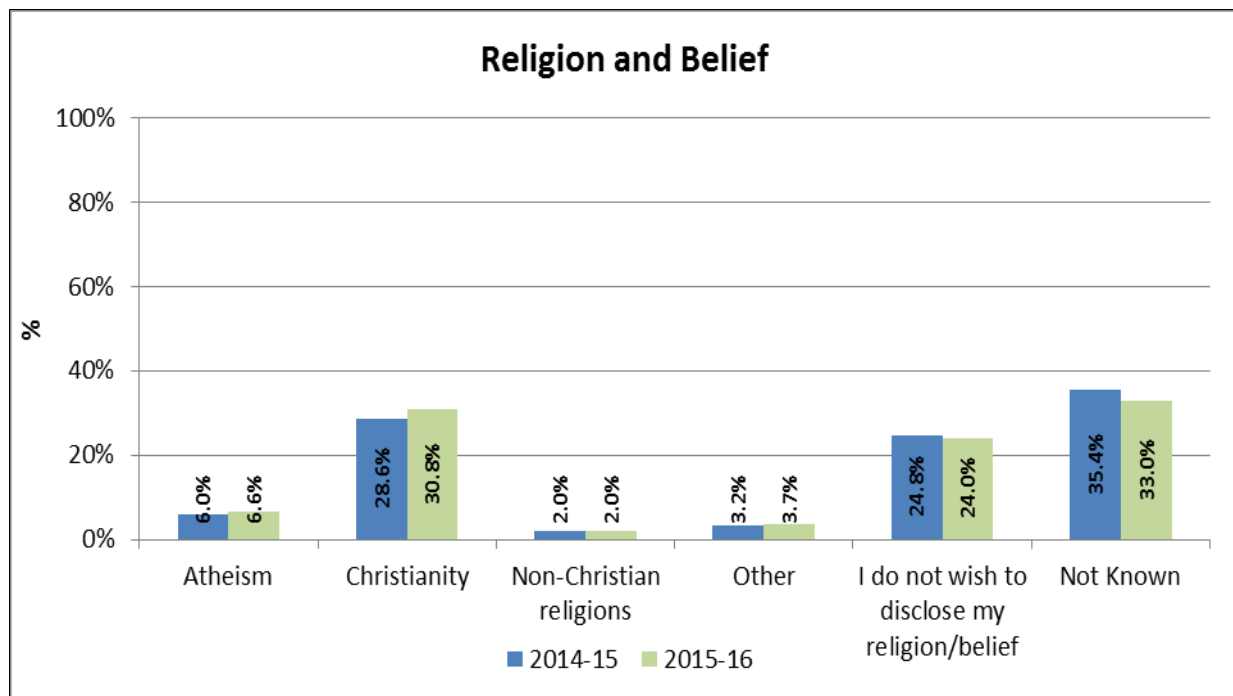


Table 13: York Teaching Hospitals Foundation Trust staff profile by Religion and Belief, 2014-2015 and 2015-2016

Religion and Belief	Number of staff March 2016	% total staff March 2016	Number of staff part time 2016	Number of staff full time 2016	Number of staff March 2015	% total staff March 2015	Number of staff part time 2015	Number of staff full time 2015
Atheism	558	6.6	156	402	521	6.0	156	365
Christianity	2,617	30.8	1,192	1,425	2,498	28.6	1,136	1,365
Non – Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism)	170	2.0	24	146	175	2.0	21	154
Other	313	3.7	126	187	284	3.2	105	179
I do not wish to disclose my religion/belief	2,040	24.0	1,059	981	2,167	24.8	1,166	1,001
Not Known	2,805	33.0	1,351	1,454	3,094	35.4	1,458	1,633
Total	8,503		3,908	4,595	8,739		4,042	4,697

Figure 14: Staff joining the Trust by Religion and Belief, 2014-2015 and 2015-2016

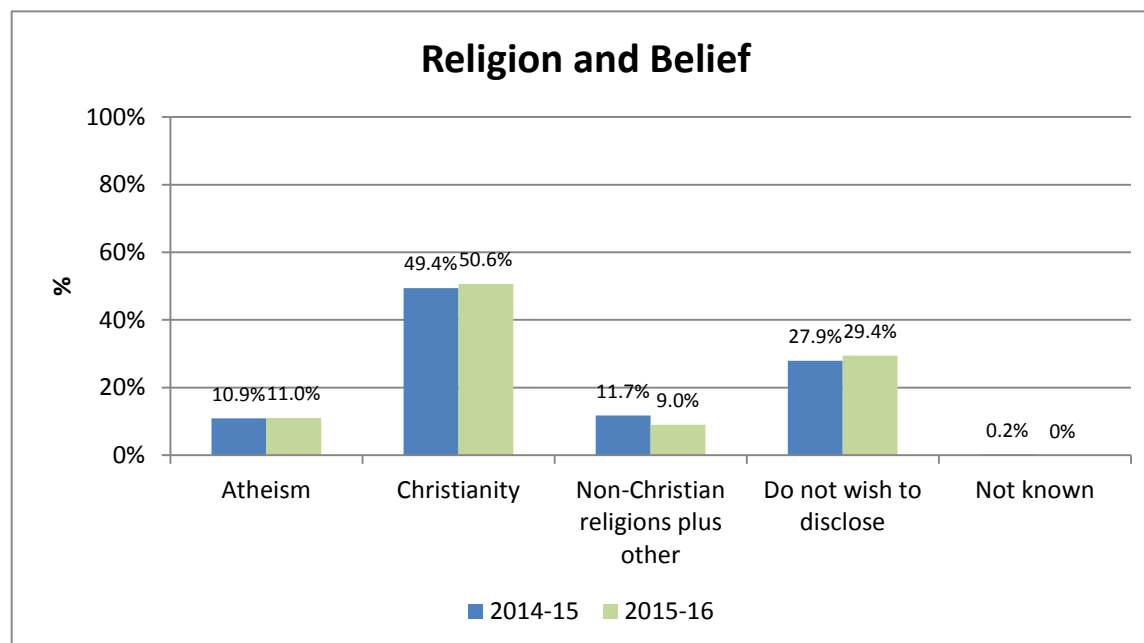


Table 14 - Staff joining the Trust from 1 April 2015 to 31 March 2016 by Religion and Belief

	Total new staff during the year	% new staff during the year	% total staff at 31 March 2015	% new staff in previous year
Religion and belief				
Atheism	118	11.0	6.6	10.9
Christianity	544	50.6	30.8	49.4
Non-Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism) plus other	97	9.0	5.7	11.7
Do not wish to disclose	316	29.4	24	27.9
Not known	0	0.0	33.0	0.2
Total	1075			

Figure 15: Staff Leaving the Trust by Religion and Belief, 2014-2015 and 2015-2016

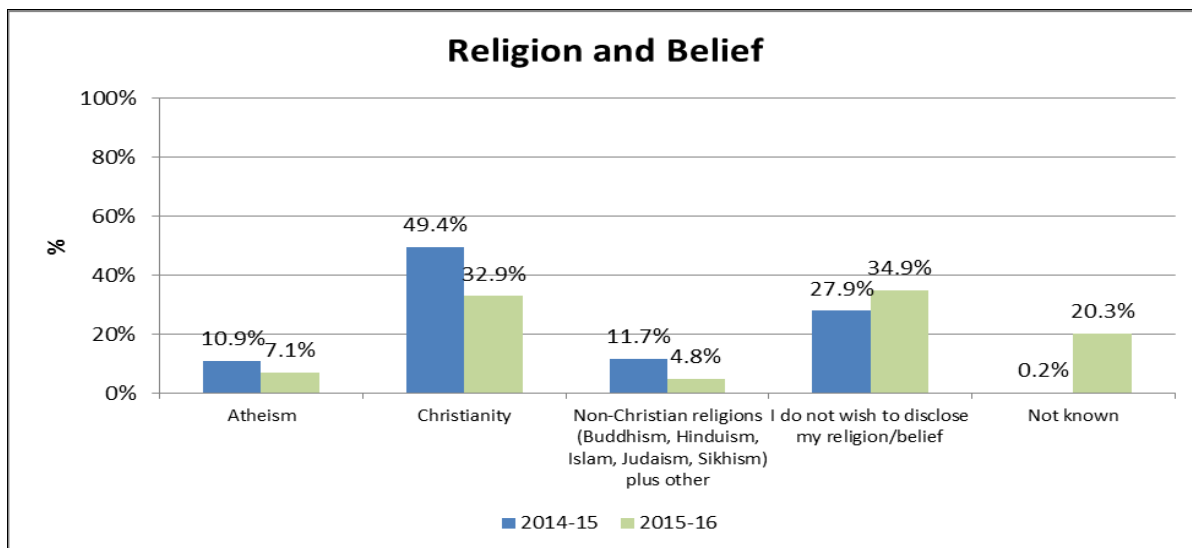


Table 15 - Staff leaving the Trust 1 April 2015 to 31 March 2016 by Religion and Belief

	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Religion and belief				
Atheism	84	7.1	6.6	10.9
Christianity	390	32.9	30.8	49.4
Non-Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism) plus other	57	4.8	2.0	11.7
Do not wish to disclose	413	34.9	24.0	27.9
Not known	241	20.3	330	0.2
Total	1,185			

Table 16: Pay band by religion and belief, 2016

Religion	Number of staff below band 6	% staff below band 6	Number of staff band 6 and above and personal pay scale	% of staff band 6 and above and personal pay scale	Number of staff in Medical & Dental Grade	% of Staff in Medical & Dental grade
Atheism	355	6.4%	133	6.1%	70	9.4%
Christianity	1,825	32.8%	615	28.0%	177	23.9%
Buddhism, Hinduism, Islam, Judaism, Sikhism	43	0.8%	11	0.5%	116	15.6%
Other	225	4.0%	70	3.2%	18	2.4%
Not known	1,738	31.2%	863	39.3%	204	27.5%
I do not wish to disclose my religion/belief	1,378	24.8%	505	23.0%	157	21.2%
Total staff	5,564	100.0 %	2,197	100.0%	742	100.0%

Figure 17: Staff Profile by Age, 2014-2015 and 2015-2016

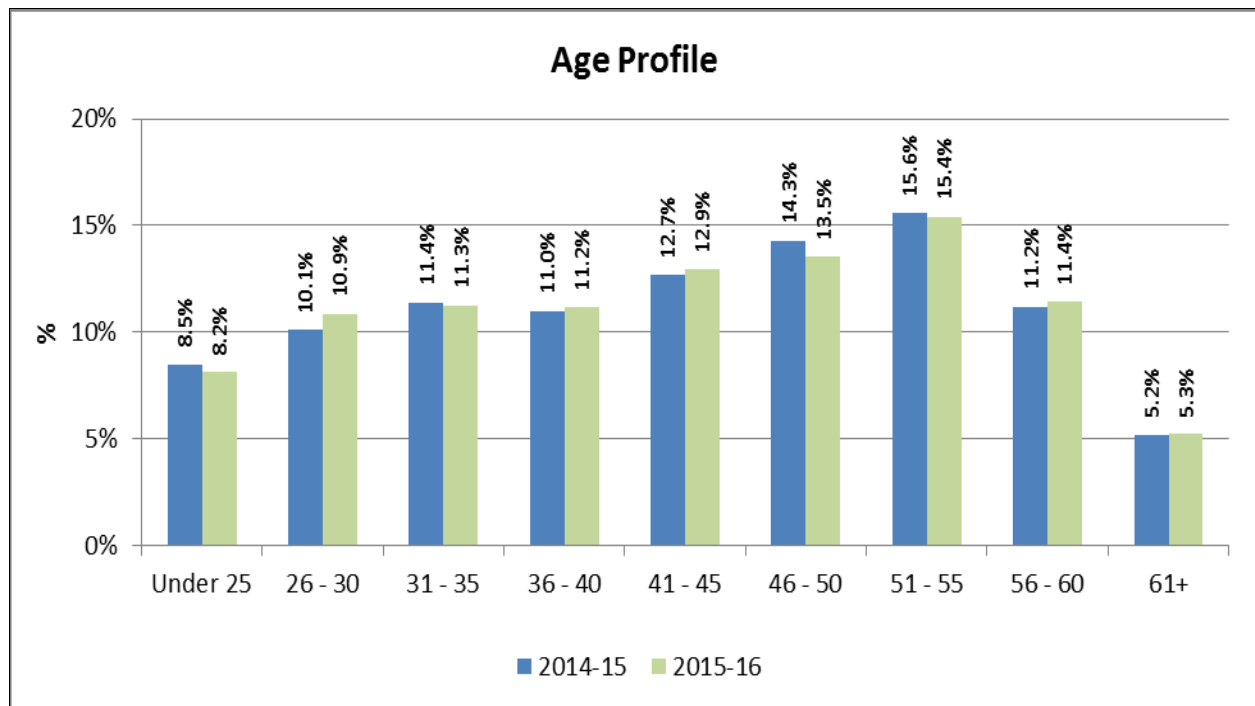


Table 17: York Teaching Hospitals Foundation Trust staff profile by age, 2014-2015 and 2015-2016

Age	Number of staff March 2016	% total staff March 2016	Number of staff part time 2016	Number of staff full time 2016	Number of staff March 2015	% total staff March 2015	Number of staff part time 2015	Number of staff full time 2015
Under 25	693	8.2	139	554	740	8.5	165	576
26-30	924	10.9	258	666	881	10.1	268	613
31-35	957	11.3	436	521	996	11.4	449	547
36-40	949	11.2	482	467	958	11.0	472	486
41-45	1,101	12.9	524	577	1,114	12.7	536	578
46-50	1,150	13.5	540	610	1,252	14.3	591	661
51-55	1,310	15.4	651	659	1,361	15.6	677	683
56-60	972	11.4	553	419	983	11.2	563	420
61+	447	5.3	325	122	454	5.2	321	133
Total	8,503		3,908	4,595	8,739		4,042	4,697

Figure 18: Staff joining the Trust by Age, 2014-2015 and 2015-2016

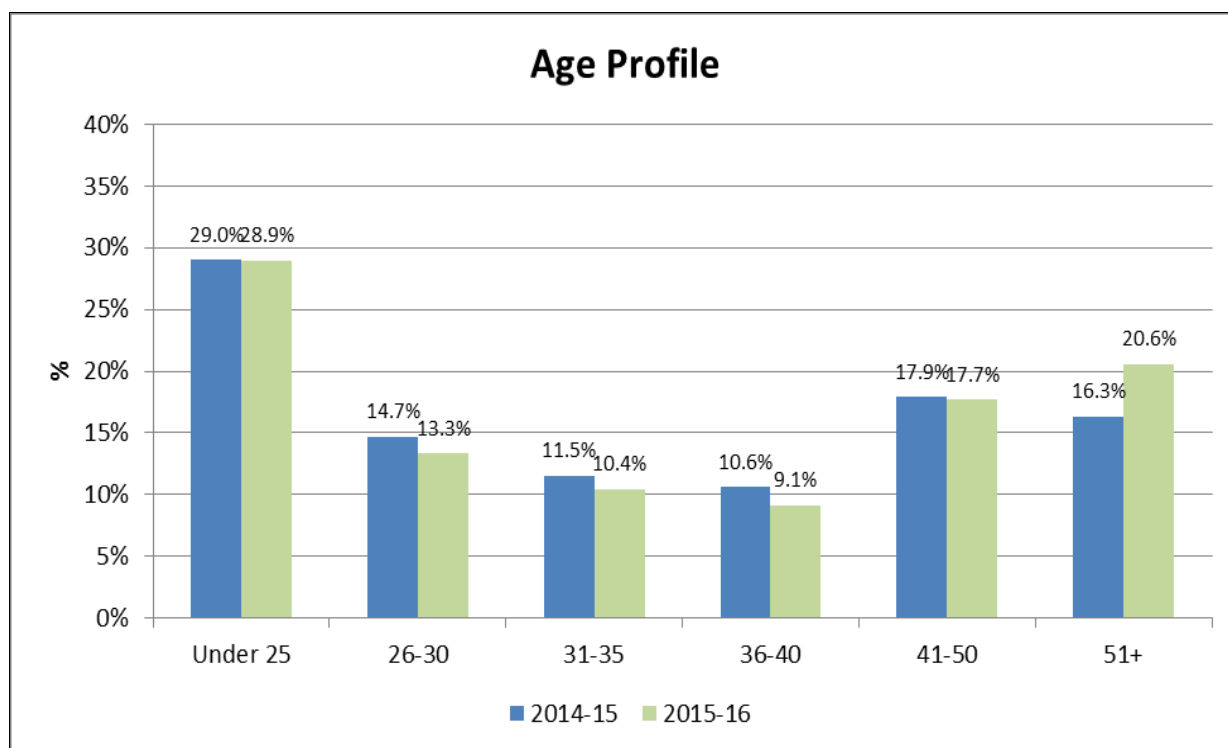


Table 18 - Staff joining the Trust from 1 April 2015 to 31 March 2016 by age

	Total new staff during the year	% new staff during the year	% total staff at 31 March 2015	% new staff in previous year
Age Profile				
Under 25	311	28.9	8.2	29.0
26-30	143	13.3	10.9	14.7
31-35	112	10.4	11.3	11.5
36-40	98	9.1	11.2	10.6
41-50	190	17.7	26.4	17.9
51+	221	20.6	32.1	16.3
Total	1075			

Figure 19: Staff Leaving the Trust by Age, 2014-2015 and 2015-2016

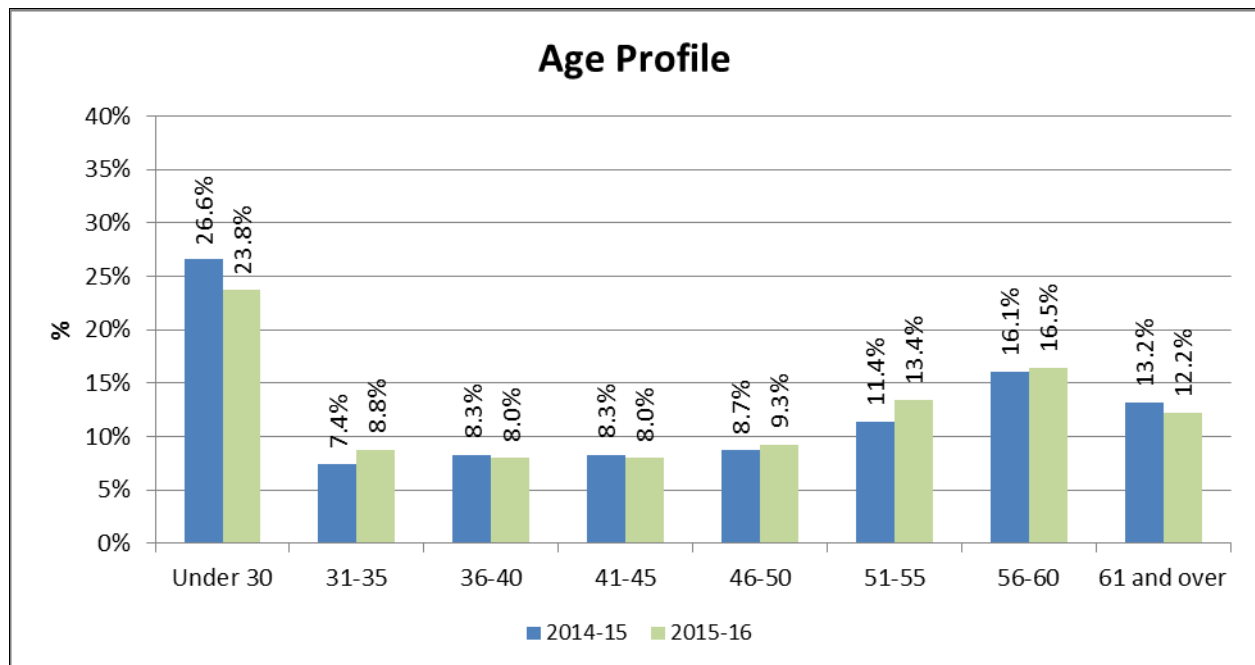


Table 19 - Staff leaving the Trust 1 April 2015 to 31 March 2016 by age

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in Previous year
Age				
Under 30	282	23.8	19.1	26.6
31-35	104	8.8	11.3	7.4
36-40	95	8.0	11.2	8.3
41-45	95	8.0	12.9	8.3
46-50	110	9.3	13.5	8.7
51-55	159	13.4	15.4	11.4
56-60	195	16.5	11.4	16.1
61 and over	145	12.2	5.3	13.2
Total	1,185			

Table 20: Pay band by age

	Under 25 Years	% staff under 25 years	26 – 50 years	% staff 26-50 years	Over 50 years	% over 50 years	Total staff	% total staff in this pay band
Personal Salary	9	1.3%	10	0.2%	14	0.5%	33	0.4%
Medical and Dental	67	9.7%	504	9.9%	171	6.3%	742	8.7%
Band 1	44	6.3%	342	6.7%	255	9.3%	641	7.5%
Band 2	235	33.9%	995	19.6%	666	24.4%	1,896	22.3%
Band 3	64	9.2%	480	9.4%	274	10.0%	818	9.6%
Band 4	39	5.6%	274	5.4%	223	8.2%	536	6.3%
Band 5	201	29.0%	1,052	20.7%	420	15.4%	1,673	19.7%
Band 6	34	4.9%	885	17.4%	382	14.0%	1,294	15.2%
Band 7			366	7.2%	221	8.1%	593	7.0%
Band 8a+			173	3.4%	103	3.8%	277	3.3%
Total	693		5,081		2,729		8,503	

Note - due to confidentiality only totals for band 6 and above and under 25 years can be shown

Figure 21: Staff Profile - Disability, 2014-2015 and 2015-2016

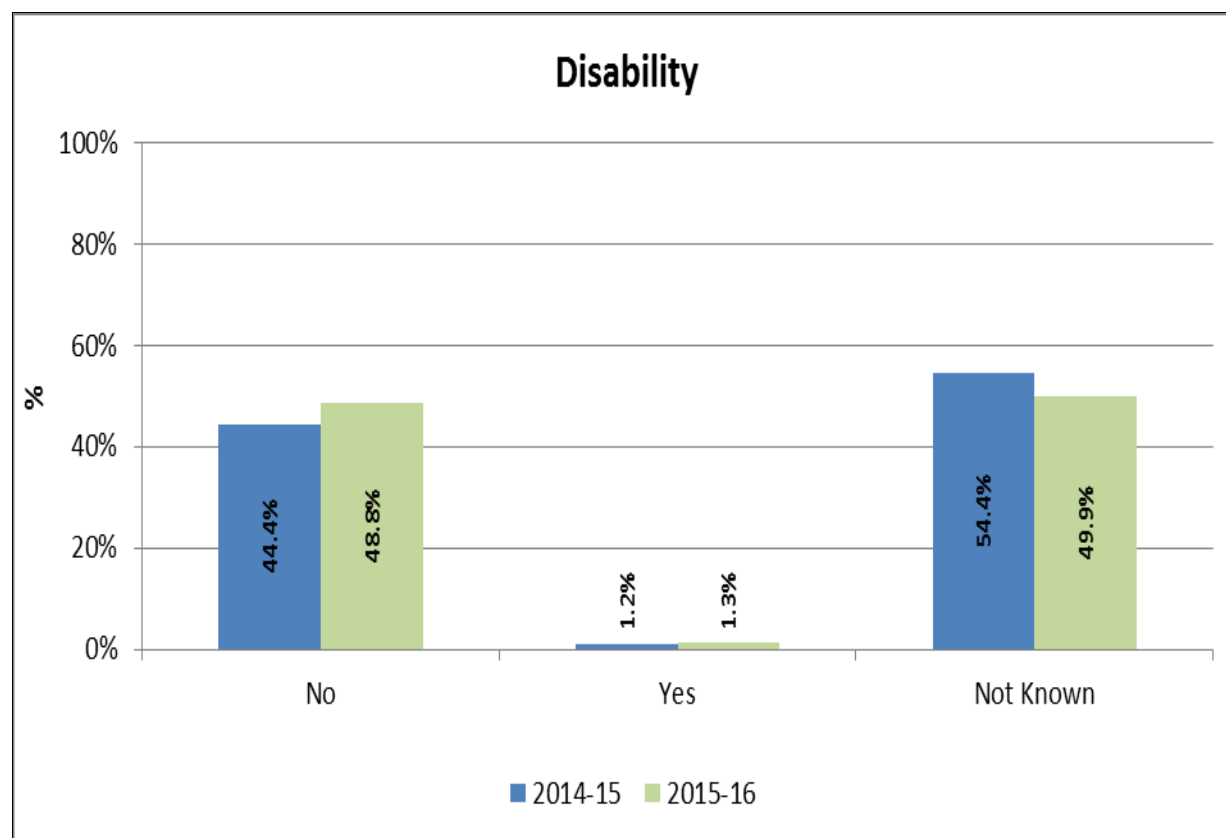


Table 21: York Teaching Hospitals Foundation Trust staff profile - disability status, 2014-2015 and 2015-2016

Disabled Person	Number of staff March 2016	% of staff March 2016	Number of staff part time 2016	Number of staff full time 2016	Number of staff March 2015	% of staff March 2015	Number of staff part time 2015	Number of staff full time 2015
No	4,148	48.8	1,758	2,390	3,881	44.4	1,698	2,185
Yes	110	1.3	49	61	103	1.2	44	59
Not Known	4,245	49.9	2,101	2,144	4,755	54.4	2,300	2,453
Total	8,503		3,908	4,595	8,739		4,042	4,697

Figure 22: Staff joining the Trust - Disability, 2014-2015 and 2015-2016

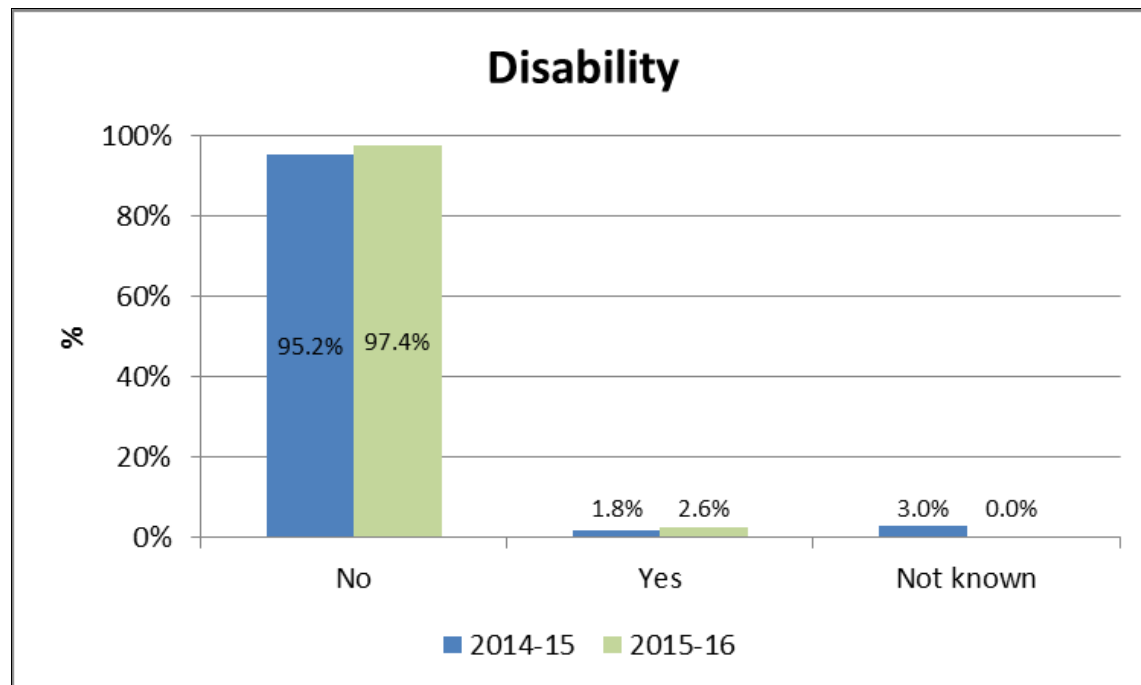


Table 22 - Staff joining the Trust from 1 April 2015 to 31 March 2016 - disability status

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2016	% new staff previous year
Disabled Person				
No	1,047	97.4	48.8	95.2
Yes	28	2.6	1.3	1.8
Not known	0	0	49.9	3
Total	1,075			

Figure 23: Staff Leaving the Trust - Disability, 2014-2015 and 2015-2016

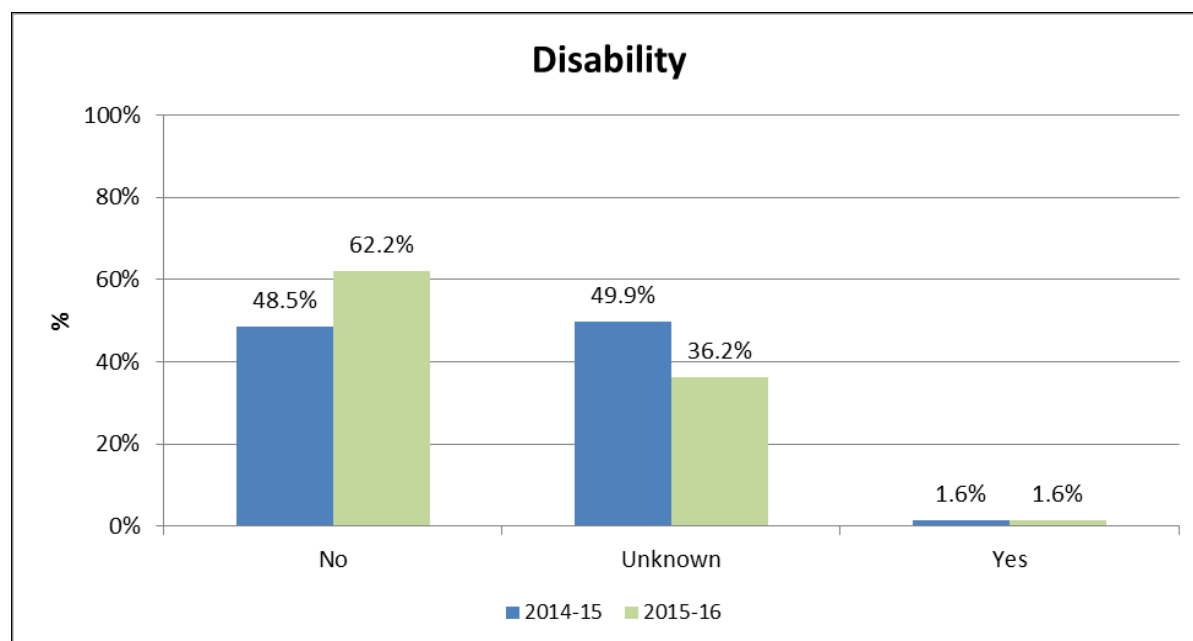


Table 23 - Staff leaving York Teaching Hospitals Foundation Trust (disability) 1 April 2015 to 31 March 2016

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Disabled person				
No	737	62.2	48.8	48.5
Yes	19	1.6	1.3	1.6
Not Known	429	36.2	49.9	49.9
Total	1,185			

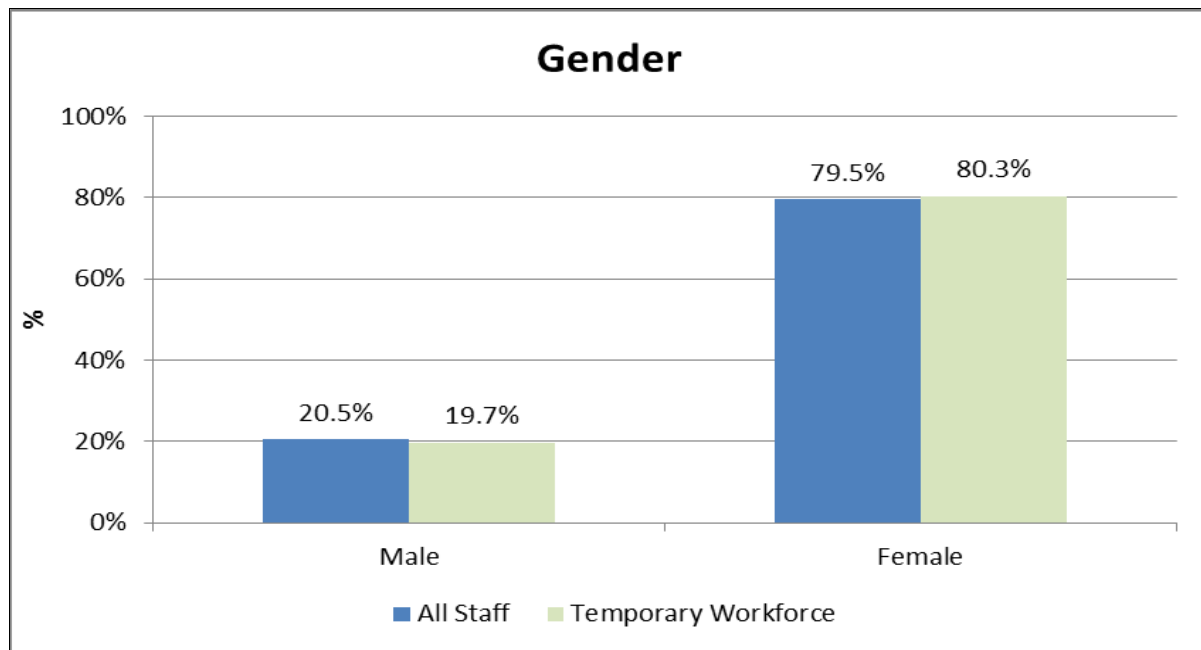
Table 24: Pay band by disability, 2016

Disabled	Number of staff below band 6	% staff below band 6	Number of staff band 6 and above, personal pay scale and Medical & Dental	% of staff band 6 and above	Total	Total %
Non - Disabled Staff	2,820	50.7%	1,328	45.2%	4,148	44.4
Disabled staff	88	1.6%	22	0.7%	110	1.2
Not known	2656	47.7%	1,589	54.1%	4,245	54.4
Total staff	5,564		2,939		8,503	

Note – due to confidentiality issues it is only possible to report data based on very broad paybands

Our Temporary Workforce Staff

Figure 25: Temporary Workforce Staff Profile by gender, 2016



Note – all the analysis is solely based on those where their 'main role in the organisation was recorded as bank or locum.

Figure 26: Temporary Workforce Staff Profile by age, 2016

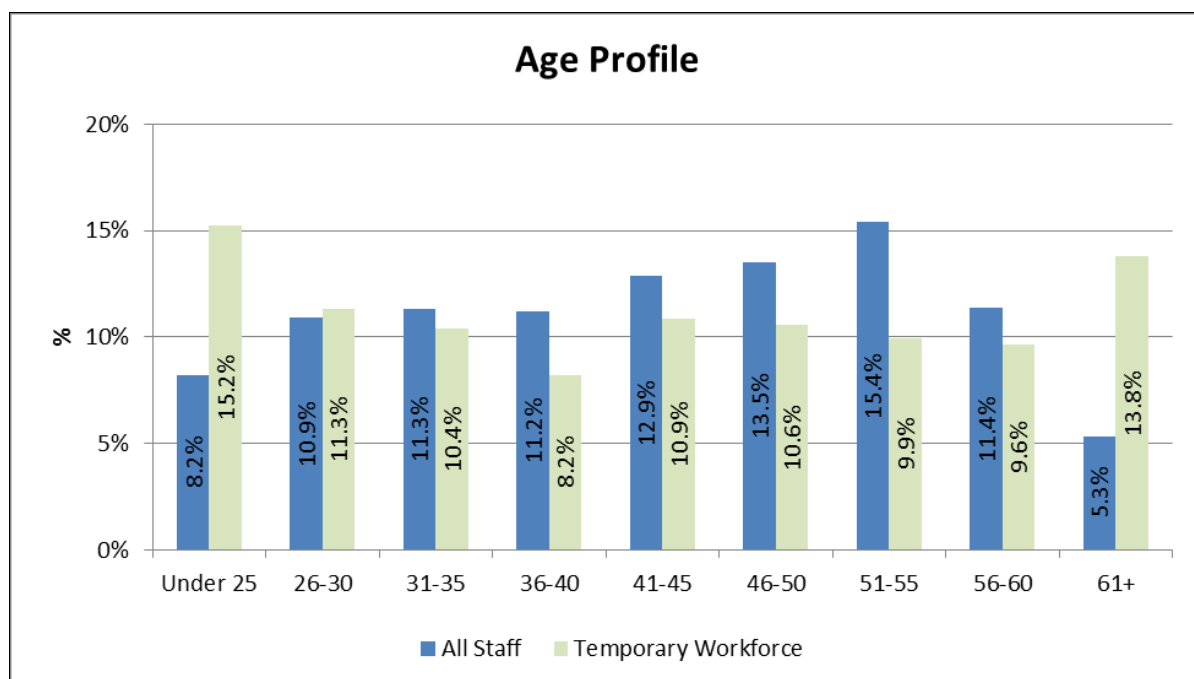
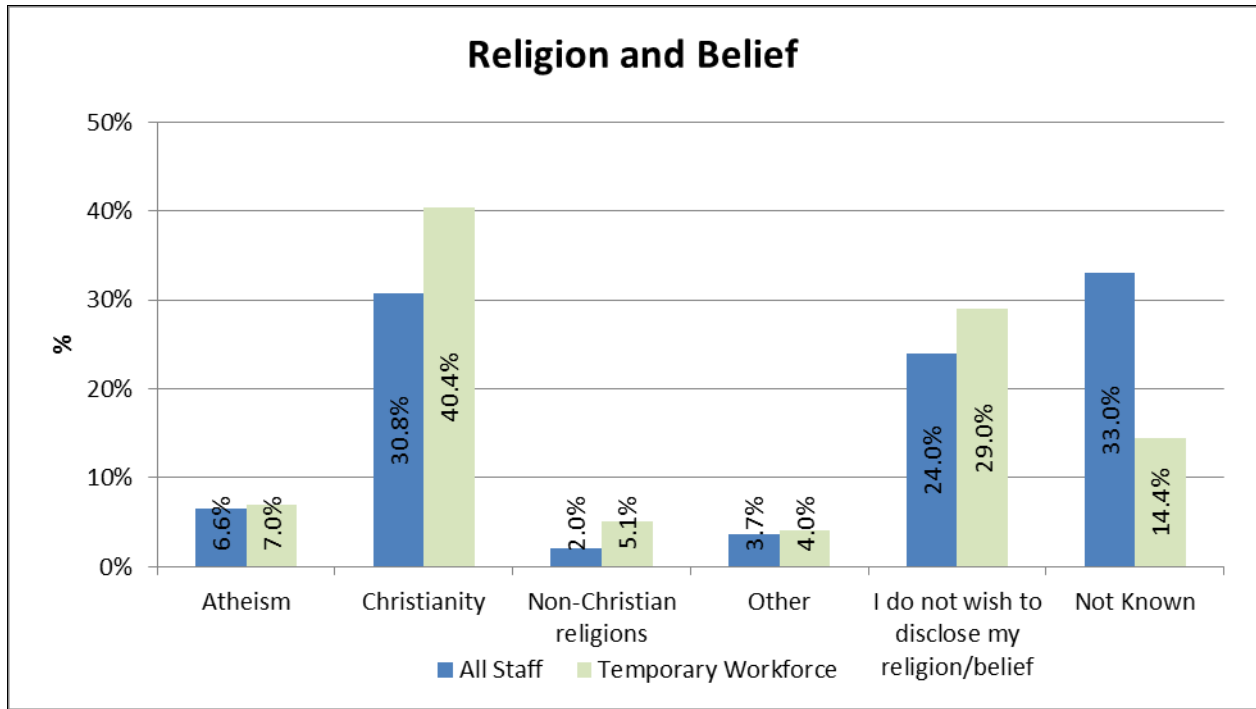


Figure 27: Temporary Workforce Staff Profile by Religion and Belief, 2016



Note – this data is influenced by the fact the levels of staff not wishing to disclose this and also ‘Unknowns’ are better for temporary workforce staff

Appendix C - Staff Learning and Development

1. ODIL

Table 1: Attendance at ODIL courses and programmes: 2014-15 by age

<i>Financial Year 2014-15</i>		
Age Range	Attendees in range	Percentage
20-29	92	6.45%
30-39	382	26.79%
40-49	538	37.73%
50-59	350	24.54%
60-65	27	1.89%
Not recorded	37	2.59%
Total	1426	100.00%

Table 2: Attendance at ODIL courses and programmes: 2014-15 by gender

Gender of Delegates Attending ODIL Courses and Programmes <i>Financial Year 2014-15</i>		
Gender	Total	Percentage
Female	1154	80.93%
Male	235	16.48%
Not recorded	37	2.59%
Grand Total	1426	100.00%

Table 3: Attendance at ODIL courses and programmes: 2014-15 by ethnicity

Ethnicity of Delegates Attending ODIL Courses and Programmes <i>Financial Year 2014-15</i>		
Ethnicity	Total	Percentage
A White – British	1017	71.32%
B White – Irish	4	0.28%
C White - Any other White background	13	0.91%
C3 White Unspecified	110	7.71%
CA White English	126	8.84%
CB White Scottish	3	0.21%
CY White Other European	9	0.63%
D Mixed - White & Black Caribbean	8	0.56%
GF Mixed - Other/Unspecified	7	0.49%
H Asian or Asian British - Indian	32	2.24%
J Asian or Asian British - Pakistani	9	0.63%
M Black or Black British - Caribbean	4	0.28%
N Black or Black British - African	13	0.91%
SC Filipino	17	1.19%
Z Not Stated	17	1.19%
Not recorded	37	2.59%
Grand Total	1426	100.00%

Table 4: Attendance at ODIL courses and programmes: 2014-15 by religion

Religion of Delegates Attending ODIL Courses and Programmes <i>Financial Year 2014-15</i>		
Religion	Total	Percentage
Atheism	107	7.50%
Buddhism	2	0.14%
Christianity	421	29.52%
Hinduism	18	1.26%
I do not wish to disclose my religion/belief	316	22.16%
Other	28	1.96%
Undefined	497	34.85%
Not recorded	37	2.59%
Grand Total	1426	100.00%

Table 5: Attendance at ODIL courses and programmes: 2014-15 by disability

Able Bodied/Disabled Delegates Attending ODIL Courses and Programmes <i>Financial Year 2014-15</i>		
Disability	Total	Percentage
No	530	37.17%
Not Declared	72	5.05%
Undefined	772	54.14%
Yes	15	1.05%
Not recorded	37	2.59%
Grand Total	1426	100.00%

Table 6: Attendance at ODIL courses and programmes: 2014-15 by sexual orientation

Sexuality of Delegates Attending ODIL Courses and Programmes <i>Financial Year 2014-15</i>		
Sexual Orientation	Total	Percentage
Gay	20	1.40%
Heterosexual	491	34.43%
I do not wish to disclose my sexual orientation	381	26.72%
Undefined	497	34.85%
Not recorded	37	2.59%
Grand Total	1426	100.00%

2. Learning and Development / Training

Table 7: Staff Learning and Development by ethnicity

Ethnicity	Learner 'access' April 2014 - March 2015	Learner 'access' April 2013 - March 2014	% change year on year
White – UK	55,715 (81%)	38,224 (70%)	45.8
White – Irish	461 (0.7%)	328 (0.6%)	40.5
White (e.g. not UK, White unspecified)	4394 (6.4%)	10,409 (19%)	-57.8
White total	60570 (88%)	48,961 (89%)	23.7
Mixed Race (dual heritage) total	764 (0.1%)	443 (0.8%)	72.5
Asian and Asian British total	3304 (4.8%)	2,190 (0.4%)	50.9
Black and Black British total	713 (0.1%)	628 (0.1%)	13.5
Any other ethnic group (including Chinese)	1212 (1.8%)	859 (1.6%)	41.1
BME total (mixed race, Asian and Asian British)	6454 (9.4%)	4,448 (8.2%)	45.1
Black and Black British, Chinese and Irish people)			
Not known	1908 (2.8%)	1,348 (2.5%)	41.5
Total Learning Interventions	68,471	54,429	

Table 8: Staff Training by gender

Gender	Learner 'access' April 2014 - March 2015	Learner 'access' April 2013 - March 2014	% change year on year
Female	55,779 (81%)	46,319 (85%)	20.4
Male	12,692 (19%)	8,110 (15%)	56.5
Total	68,471	54,429	

Table 9: Staff Training by disability

Disability	Learner 'access' April 2014 - March 2015	Learner 'access' April 2013 - March 2014	% change year on year
No	40,287 (59%)	19,134 (35%)	110.6
Yes	907 (1.2%)	790 (1.6%)	14.8
Not known/not declared	27,277 (39.8%)	34,505 (63.4%)	-20.9
Total Learning Interventions	68,471	54,429	

Table 10: Staff Training by age

Age	Learner 'access' April 2014 - March 2015	Learner 'access' April 2013 - March 2014	% change year on year
Under 25	10,496 (16%)	6,093 (11%)	72.3
26 - 30	9,194 (13%)	5,543 (10%)	65.9
31 - 35	8,080 (12%)	6,297 (12%)	28.3
36 - 40	7,456 (11%)	6,268 (12%)	19.0
41 - 45	8,396 (12%)	7,216 (13%)	16.4
46 - 50	8,700 (13%)	7,840 (14%)	11.0
51 - 55	8,207 (12%)	8,340 (16%)	-1.6
56 - 60	5,678 (8%)	5,053 (9%)	12.4
61+	2,264 (3%)	1,779 (3%)	27.3
Total Learning Interventions	68,471	54,429	

Table 11: Staff Learning and Development by religion

Religion	Learner 'access' April 2014 - March 2015	% of total delegates sessions
Atheism	5,512	8.0
Buddhism	278	0.4
Christianity	22,643	33.1
Hinduism	728	1.1
Islam	1,030	1.5
Jainism	26	0.03
Judaism	60	0.07
Sikhism	118	0.2
Other	3,062	4.5
Not known	16,729	24.4
I do not wish to specify	18,285	26.7
Total Learning Interventions	68,471	

Table 12: Staff Learning and Development by sexual orientation

Sexual Orientation	Learner 'access' April 2014 - March 2015	% of total delegates sessions
Bisexual	190	0.3
Gay	296	0.4
Lesbian	161	0.2
Heterosexual	33,291	48.7
Not known	17,803	26.0
I do not wish to specify	16,730	24.4
Total Learning Interventions	68,471	

Table 13: Staff Learning and Development by payscale

Payscale	Learner 'access' April 2014 - March 2015	% of total delegates sessions
Band 1	3,601	5.3
Band 2	15,988	23.4
Band 3	6,140	9.0
Band 4	1,920	2.8
Band 5	16,681	24.4
Band 6	10,010	14.6
Band 7	4,329	6.3
Band 8	902	1.3
Band 9	224	0.3
Personal Salary	8,676	12.6
Total Learning Interventions	68,471	

Appendix D - Recruitment

Table 1: Recruitment by gender, 2015-2016

Category	Applied April 2015 to March 2016	Shortlisted April 2015 to March 2016	% applications shortlisted	% applications
Male	5,630	1,672	24.20%	28.60%
Female	13,317	5,195	75.20%	71.00%
Undisclosed	70	39	0.60%	0.40%
Total	18,747	6,906	100.00%	100.00%

Table 2: Recruitment by disability, 2015-2016

Category	Applied April 2015 to March 2016	Shortlisted April 2015 to March 2016	% applications shortlisted	% applications
Yes	1,196	482	7.00%	6.40%
No	17,216	6,308	91.30%	91.80%
Undisclosed	335	116	1.70%	1.80%
Total	18,747	6,906	100.00%	100.00%

Table 3: Recruitment by ethnicity, 2015-2016

Category	Applied April 2015 to March 2016	Shortlisted April 2015 to March 2016	% applications shortlisted	% applications
WHITE - British	13,969	5,425	78.60%	74.50%
WHITE - Irish	107	57	0.80%	0.60%
WHITE - Any other white background	1,349	392	5.70%	7.20%
ASIAN or ASIAN BRITISH - Indian	792	233	3.40%	4.20%
ASIAN or ASIAN BRITISH - Pakistani	549	158	2.30%	2.90%
ASIAN or ASIAN BRITISH - Bangladeshi	89	16	0.20%	0.50%
ASIAN or ASIAN BRITISH - Any other Asian background	326	100	1.40%	1.70%
MIXED - White & Black Caribbean	27	15	0.20%	0.10%
MIXED - White & Black African	45	10	0.10%	0.20%
MIXED - White & Asian	54	17	0.20%	0.30%
MIXED - any other mixed background	79	30	0.40%	0.40%
BLACK or BLACK BRITISH - Caribbean	77	33	0.50%	0.40%
BLACK or BLACK BRITISH - African	616	172	2.50%	3.30%
BLACK or BLACK BRITISH - Any other black background	17	2	0.00%	0.10%
OTHER ETHNIC GROUP - Chinese	102	33	0.50%	0.50%
OTHER ETHNIC GROUP - Any other ethnic group	231	85	1.20%	1.20%
Undisclosed	318	128	1.90%	1.70%
Total	18,747	6,906	100.00%	100.00%

Table 4: Recruitment by age, 2015-2016

Category	Applied April 2015 to March 2016	Shortlisted April 2015 to March 2016	% applications shortlisted	% applications
Under 18	35	14	0.20%	0.20%
18 to 19	439	116	1.70%	2.30%
20 to 24	3,484	1079	15.60%	18.60%
25 to 29	3,600	1188	17.20%	19.20%
30 to 34	2,417	892	12.90%	12.90%
35 to 39	2,060	854	12.40%	11.00%
40 to 44	1,733	750	10.90%	9.20%
45 to 49	1,937	784	11.40%	10.30%
50 to 54	1,532	686	9.90%	8.20%
55 to 59	925	406	5.90%	4.90%
60 to 64	525	122	1.80%	2.80%
65 to 69	20	4	0.10%	0.10%
70 and over	0	0	0.00%	0.00%
Undisclosed	40	11	0.20%	0.20%
Total	18,747	6,906	100.00%	100.00%

Table 5: Recruitment by religion / belief, 2015-2016

Category	Applied April 2015 to March 2016	Shortlisted April 2015 to March 2016	% applications shortlisted	% applications
Atheism	3,114	1119	16.20%	16.60%
Buddhism	160	64	0.90%	0.90%
Christianity	9,849	3796	55.00%	52.50%
Hinduism	392	131	1.90%	2.10%
Islam	1,079	296	4.30%	5.80%
Sikhism	35	11	0.20%	0.20%
Other (including Jainism and Judaism)	1,826	640	9.27%	9.74%
Undisclosed	2,292	849	12.30%	12.20%
Total	18,747	6,906	100.0%	100.0%

Table 6: Recruitment by sexual orientation, 2015-2016

Category	Applied April 2015 to March 2016	Shortlisted April 2015 to March 2016	% applications shortlisted	% applications
Lesbian	102	39	0.50%	0.60%
Gay	187	65	1.00%	0.90%
Bisexual	225	73	1.20%	1.10%
Heterosexual	17,046	6313	90.90%	91.40%
Undisclosed	1,187	416	6.30%	6.00%
Total	18,747	6,906	100.00%	100.00%

Appendix E – Grievance, Disciplinary and Bullying & Harassment

Table 1: number of grievances by ethnic origin, 2014-2015 and 2015-2016

	Number of Grievances year ending 31 March 2016	Number of Grievances year ending 31 March 2015
White – UK	20	14
White – Irish	0	<10
White (not UK or Irish – Includes White unspecified)	<10	<10
Mixed Race (dual heritage) total	0	0
Asian and Asian British total	0	0
Black and Black British total	0	0
Any other ethnic group (including Chinese)	0	0
Not Known	0	0
Total	*	*

Note - * signifies that this figure cannot be shown due to confidentiality issues

Table 2: Disciplinary investigations by Ethnicity, 2014-2015 and 2015-2016

Ethnicity	Disciplinary Investigations 2016	Disciplinary Investigations 2015
White – UK	76	78
White – Irish	0	0
White (not UK or Irish – Includes White unspecified)	<10	<10
White total	*	*
Mixed Race (dual heritage) total	<10	<10
Asian and Asian British total	<10	<10
Black and Black British total	0	0
Any other ethnic group (including Chinese)	<10	<10
BME total (e.g. mixed race, Asian and Asian British, Black and Black British, Chinese)	<10	*
Not Known	0	0
Total	87	89

Note - * signifies figures cannot be shown due to confidentiality issues

Table 3: Disciplinary investigations by Gender, 2015-2016

Gender	Disciplinary Investigations 2016	Disciplinary Investigations 2015
Female	54	61
Male	33	28
Total	87	89

Table 4: Disciplinary investigations by Disability, 2015-2016

Disabled	Disciplinary Investigations 2016	Disciplinary Investigations 2015
Yes	<10	0
No	32	35
Not Declared	*	54
Undefined		
Total	87	89

Note - * signifies figures cannot be shown due to confidentiality issues

Table 5: Disciplinary investigations, sanctions and suspensions by Sexual Orientation, 2015-2016

Sexual Orientation	Disciplinary Investigations 2015	Disciplinary Investigations 2015
Heterosexual	29	26
I do not wish to disclose my sexual orientation	23	23
Undefined	35	40
Total	87	89

Table 6: Disciplinary investigations, sanctions and suspensions by Religion / Belief, 2015-2016

Religion and Belief	Disciplinary Investigations 2015	Disciplinary Investigations 2015
Atheism	<10	<10
Christianity	23	19
Hindu	<10	0
I do not wish to disclose my religion/belief	20	21
Undefined	35	39
Other	<10	<10
Total	87	89

Workforce Race Equality Standard 2016 – York Teaching Hospital NHS Foundation Trust

This report is a word version of the Workforce Race Equality Standard Template Report we are required to submit to NHS England.

1 Background Narrative:

a. Any issues of completeness of data

The Trust continues to increase awareness of the importance of accurate recording and reporting of protected characteristics. In March 2016 employee self-service for ESR was launched which enables employees to review and update their personal data. It is hoped this will result in fewer 'not known' entries for protected characteristics.

b. Any matters relating to the reliability of comparisons with previous years

The sample for the 2015 staff survey was significantly larger than the sample for the 2014 staff survey.

50% of the Trust's eligible workforce (i.e. 4,212 staff) were sent paper questionnaires for the staff survey in 2014. In total 1,973 staff responded which represented a response rate of 46.84%.

The Trust adopted a mixed mode methodology for the approach to the survey in 2015, inviting all eligible staff (8,478 staff) to participate in the survey either via a paper or online questionnaire. In total 3,820 staff responded (3,274 online and 546 paper) which represented an overall response rate of 45.06%. This was above the average for combined acute and community trusts (41%) but slightly lower than the response rate of 46.84% in the 2014 survey.

2 Total Numbers of Staff:

a. Employed within this organisation at the date of the report:

The headcount as at 31st March 2016 was 8,503. The figure is reporting staff that are on fixed term and permanent contracts only.

b. Proportion of BME staff employed within this organisation at the date of the report:

BME staff represent 6.8% of the workforce.

3 Self-reporting:

a. The proportion of staff who have self reported their ethnicity

100% of those who have reported have self-reported.

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

In September 2015 the Trust trialled ESR self-service in some Corporate and Clinical directorates, this was then launched Trust wide in March 2016. This enables staff to review and update their personal details electronically.

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

Further promotion of the ESR self-service system will take place to encourage staff to log-on and review their protected characteristics data. We will also undertake some targeted communication to those who have gaps in their protected characteristic information.

4 Workforce data:

a. What period does the organisation's workforce data refer to?

The data is as at 31 March 2016.

5 Workforce Race Equality Indicators:

Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or Corporate Equality Objectives
<i>For each of these four workforce indicators, compare the data for white and BME staff:</i>				
1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members and senior medical staff) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for clinical and non-clinical staff.	See Table A Page 10	Not previously reported	<p>The total overall workforce includes all staff on permanent and fixed term contracts only (thereby excluding bank and locum staff) and includes primary assignments only.</p> <p>Of the total overall workforce figure, of 8503 used for the purpose of this, 215 (2.6%) of the records had an undefined / 'not known' ethnicity status.</p>	A Recruitment Market Place event was held in April 2016 to raise awareness across the local community of York Teaching Hospital as a potential Employer.
2. Relative likelihood of staff being appointed from shortlisting across all posts.	The relative likelihood of White staff being appointed from shortlisting	The relative likelihood of White staff being appointed from short listing	<p>There is a difference between the electronic personnel records in ESR where new starters' ethnicity is recorded and NHS jobs data.</p> <p>ESR records show undefined as</p>	The administration of the recruitment process was centralised at the beginning of 2016. This provides a greater opportunity for records to be

Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or Corporate Equality Objectives
	compared to BME staff is 2.34 times greater.	compared to BME staff is 2.21 times greater	6.4% compared to NHS Jobs, where only 1.85% is undefined. This provides a disparity of data at the 2 stages of data recording.	managed accurately. There is a proposal to implement an electronic Applicant Tracking System during 2016, which will integrate with NHS Jobs and ESR. An assessment will be made as to whether this can facilitate an improvement in data.
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	BME staff entering the formal disciplinary process is 1.48 times greater, when compared to White Staff	BME staff entering the formal disciplinary process is 1.65 times greater, when compared to White Staff	<p>The data suggests certain Directorates have a higher likelihood of BME staff entering the formal disciplinary process. The data has not been compared to the workforce breakdown in those areas. The figures represent all formal processes commissioned within the data reporting period.</p> <p>With the Establishment of an Employee Relations team in 2015, there has been a reduction overall of formal disciplinary cases, with a focus on informal resolutions.</p>	<p>Since April 2015, the Employee Relations Managers have facilitated the decisions around entering a formal process; this reduces the risk of potential bias on the part of line managers as the ER Managers' decisions are based on fact finding and consistency of practice.</p> <p>This new approach has been supported by the delivery of Investigating Officer training, which will continue.</p> <p>Further reviews of the data will be</p>

			Effective mediation may have been a factor in the overall reduction; however this has not been specifically reviewed when collecting this data.	undertaken relating to specific department cases and associated action plans. This links to EDS2 goal 3 outcome 4 and Trust equality Objective 1
4. Relative likelihood of staff accessing non-mandatory training and CPD	68% BME versus 55% White	14.7% BME versus 16.1% White	<p>The way data is collated does not enable statistics to be reported on CPD activity. The data reflects non-mandatory training recorded through the Corporate training team.</p> <p>The implementation of the online Learning Hub has enabled records to be held centrally, hence the apparent increase in attendances for this year.</p>	<p><i>EDS2 Goal 3 outcome 3</i></p> <p>Awareness raising activities to enable transparency of non-mandatory training and CPD</p>
5 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White 23% BME 22%	White 26% BME 24%	In 2014, the staff survey was sent to 50% of staff randomly selected and returned by 47% of the sample. In 2015, the response rate was 45.06%, however the sample was significantly larger; all eligible staff were sent a survey.	<p>In April 2015 a 'Raising Concerns helpline' was launched for staff to report any concerns.</p> <p>A Freedom to Speak Up Guardian has been appointed and due to commence in post August 2016.</p>

				Continue to monitor staff experiences and compare to other combined Community & Acute Trust outcomes.
6 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 21% BME 24%	White 23% BME 22%	As per indicator 5	<p>Work is underway to produce guidance for line managers in people management across the protected characteristics.</p> <p>In April 2015 a 'Raising Concerns helpline' was launched for staff to report any concerns.</p> <p>A Freedom to Speak Up Guardian has been appointed and due to commence in post August 2016.</p> <p>Continue to monitor staff experiences and compare to other combined Community & Acute Trust outcomes.</p>
7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	White 90% BME 81%	White 93% BME 80%	As per indicator 5	A new talent management system will be launched in 2016.
8 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b)	White 7% BME 25%	White 6% BME 20%	As per indicator 5	Specific directorates will continue to receive support and guidance.

Manager/team leader or other colleagues				<p>In April 2015 a 'Raising Concerns helpline' was launched for staff to report any concerns.</p> <p>A Freedom to Speak Up Guardian has been appointed and due to commence in post August 2016.</p> <p>Continue to monitor staff experiences and compare to other combined Community & Acute Trust outcomes.</p>
<p><i>Board Representation Indicator</i></p> <p><i>For this indicator, compare the difference for White and BME staff</i></p>				
Percentage difference between the organisation's board voting membership and its overall workforce	No BME representation	No BME representation	The Population served is 96.8% white based on 2011 ONS census data.	<p>Ensuring accessibility of recruitment processes and increasing accessibility of employment through career events held within the community.</p> <p>Development of a Talent Management Strategy to retain talent within the organisation.</p>

6. Are there any other factors or data which should be taken into consideration in assessing progress?

In addition to the WRES we publish an annual E&D report which includes detailed analysis of workforce information. The Trust has a Fairness Forum which meets every quarter and monitors progress of E&D work. The forum has Board level representation.

Background information in relation to metric 4 – The online Learning Hub was introduced in 2014. Initial focus has been to address the provision and reporting of access to statutory and mandatory training. Since October 2015 focus has changed to the maintenance of those topics, review of new statutory and mandatory requests and the development and capture of CPD courses for all staff. New on-line/e-learning courses are being requested on a very regular basis and once developed and evaluated are added to the portfolio which continues to grow.

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a plan would normally elaborate on the actions summarised in section 5 setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

It may be useful to read this action plan in conjunction with the Equality & Diversity Report 2014/15.

WRES Indicator	Action to be taken	Anticipated outcome	Timeframe for completion
Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members and senior medical staff) compared with the percentage of staff in the overall workforce.	Undertake a further Recruitment Marketplace event	To raise awareness across the local community of York Teaching Hospital as a potential Employer and to assist in our Workforce reflecting the community we serve.	March 2017
Relative likelihood of staff being appointed from shortlisting across	Implementation of an electronic Applicant Tracking System	Comprehensive records on shortlisting and appointment	January 2017

all posts		statistics to enable meaningful data analysis	
Relative likelihood of staff entering the formal disciplinary process	Review of cases broken-down by each directorate	This will identify any directorates that have a proportionately higher level of formal disciplinaries and enable appropriate intervention to address misconduct themes.	December 2016
Relative likelihood of staff accessing non-mandatory training and CPD	Implementation of a Development Review policy to incorporate appraisal, performance management and talent management	Incorporating the Performance Development Matrix with a Talent Management strategy will provide a consistent and more focused approach to staff development	December 2016
Percentage believing that the Trust provides equal opportunities for career progression or promotion	Implementation of a Development Review policy to incorporate appraisal, performance management and talent management	The Talent Management Register will create an open and transparent process.	December 2016
Board Representation	When Board opportunities arise, continue to link with Executive Recruitment Agencies to widen the field of potential applicants	An increased diversity of candidate than may otherwise be attracted.	Ongoing

Table A – Indicator 1

		Clinical Staff	Non Clinical Staff	Overall		Clinical Staff	Non Clinical Staff	Overall
BME	Band 1	0.0%	2.7%	2.7%	White	2.3%	92.7%	95.0%
	Band 2	3.6%	0.4%	3.9%		57.7%	35.6%	93.3%
	Band 3	1.0%	1.3%	2.3%		45.2%	50.4%	95.6%
	Band 4	0.4%	0.7%	1.1%		21.1%	76.5%	97.6%
	Band 5	11.1%	0.4%	11.5%		77.7%	8.0%	85.8%
	Band 6	2.5%	0.1%	2.6%		86.6%	8.4%	94.9%
	Band 7	1.3%	0.5%	1.8%		77.3%	18.8%	96.1%
	Band 8	1.4%	0.0%	1.4%		60.5%	37.0%	97.5%
	Band 9	0.0%	0.0%	0.0%		0.0%	100.0%	100.0%
	VSM	0.0%	0.0%	0		11.8%	88.2%	100.0%
	BME as % of Total Workforce	6.2%	0.6%	6.8%		60.4%	30.2%	90.6%

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Council of Governors – 8 September 2016

Membership Development Group Report

Action requested/recommendation

The Council of Governors is asked to note the report from the Membership Development Group.

Summary

This paper provides an overview of the work of the Membership Development Group.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report

This report is only written for the Council of Governors – Public Meeting.

Risk	No risk.
Resource implications	Resources implication detailed in the report.
Owner	Lynda Provins, Governor & Membership Manager
Author	Lynda Provins, Governor & Membership Manager
Date of paper	August 2016
Version number	Version 1

Council of Governors Meeting – 8 September 2016
Membership Development Group Report
1. Introduction and background
The Membership Development Group review, monitor and support the development of plans for membership recruitment, engagement and involvement on behalf of the Council of Governors.
2. Progress since June
<p>The group wish to bring the following items to the Council of Governors attention:</p> <p>Membership Numbers – A paper to the group noted that membership numbers had dropped, but this is mainly due to deceased members being removed from the list. It was noted that the current aim is still to build up a range of membership benefits and also to implement a recruitment campaign to encourage people to join. It was agreed that the Trust still has a good number of members. Please see appendix 1 for the membership report.</p> <p>Membership Events – Please note the following events:</p> <ul style="list-style-type: none"> • Dying Matters – York 11 October 2016 at 5.30pm and Scarborough 18 October 2016 at 6.00pm • Research – Scarborough 17 November 2016 and York 22 October 2016 • Recruitment – Work has been progressed with the Recruitment Team and the Patient Experience Lead in order to give members the opportunity to work with the Trust on recruiting clinical staff. It is planned to ask members whether they would like to be involved in assessment centres and eventually to build up a pool of members to approach. • Recruitment Market Place – The Trust will be holding recruitment marketplace in Scarborough on Thursday 13 October 2016. It was agreed at the Governors Forum to have a stand to promote recruitment of members. • CPR Events – These events continue to be well attended and discussions are starting of whether to have a programme next year. <p>Electronic Membership – Post cards are currently being sent out encouraging members to provide an email address for correspondence. This has been a difficult decision, but is due to the limited budget for communication and the need to prioritise spending.</p> <p>Membership Involvement in Research - Work is being progressed between the Trust and the University to provide members with an opportunity to get involved in research. Work is being done to change the membership welcome letter and also the application form to incorporate more detail.</p>
3. <u>Recommendation</u>
The Council of Governors is asked to note the report from the Membership Development Group.

Author	Lynda Provins, Governor & Membership Manager
Owner	Lynda Provins, Governor & Membership Manager
Date	August 2016

Membership Group – 08 August 2016

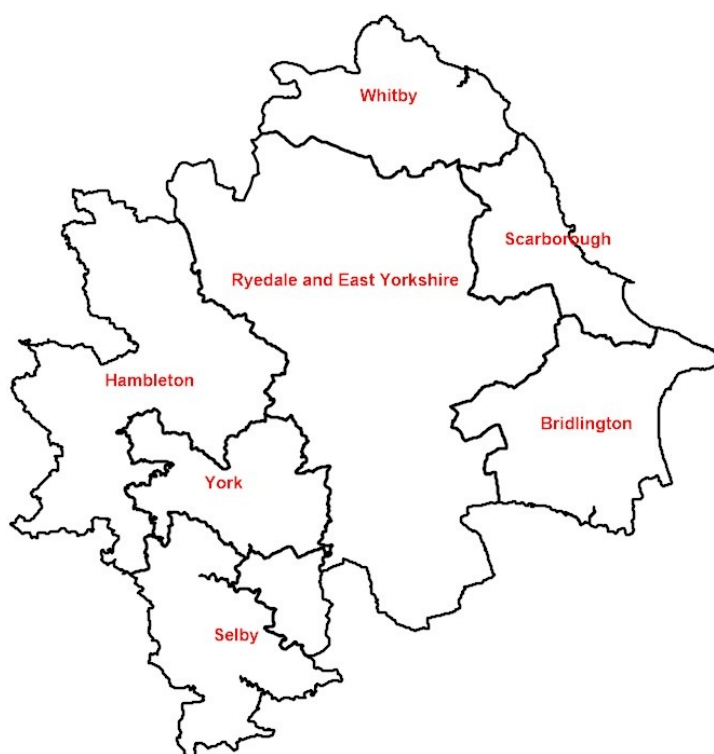
Membership Report – August 2016

1. Introduction

This report is designed to update the Membership Group on the membership numbers and breakdown of the membership.

The legal form of the Trust is a Public Benefit Corporation. This means, in terms of membership, that the Trust must have a membership that is representative of the local population. The information below outlines the current membership position.

1 Catchment area



There are seven public constituency areas: Selby, York, Hambleton, Ryedale and East Yorkshire, Whitby, Scarborough and Bridlington. For staff there are three areas: York, Scarborough and Bridlington and Community.

Public Membership: Eligible public membership is defined as residents, aged 16 and over of:

- the **City of York** includes all electoral wards
- **Selby** includes the following electoral wards: Selby, Tadcaster, Sherburn in Elmet and South Milford)
- **Hambleton** includes the following electoral wards: Easingwold, Helperby, Huby and Sutton, Shipton, Stillington and Tollerton, Northallerton, Bromfield, Northallerton Central, Romanaby, Sowerby, Thirsk, Thorntons, Topcliffe, Whitestone Cliff, Bishop Monkton,

Boroughbridge, Carlo, Hookstone, Knaresborough East, Knaresborough King James, Knaresborough Scriven Park, Newby, Pannal, Ribston, Ripon Minster, Ripon Mooreside, Ripon Spa, Spofforth with Lower Wharfedale, Starbeck, Wetherby

- **Scarborough** includes the following electoral wards: Castle, Central, Clayton, Derwent Valley, Eastfield, Falsgrave Park, Filey, Hertford, Lindhead, North Bay, Northstead, Ramshill, Scalby, Hackness and Staintondale, Seamer, Stepney, Weaponess, Woodlands
- **Bridlington** includes the following electoral wards: Bridlington Central & Old Town, Bridlington North, Bridlington South, East Wolds & Coastal, Driffeld & Rural
- **Ryedale and East Yorkshire** includes the following electoral wards: Amotherby, Ampleforth, Cropton, Dales, Derwent, Helmsley, Hovingham, Kirbymoorside, Malton, Norton East, Norton West, Pickering East, Pickering West, Rillington, Ryedale South East, Sherburn, Sheriff Hutton, Sinnington, Thornton Dale, Wolds, Pocklington Provincial, Wolds Weighton, Holme upon Spalding Moor
- **Whitby** includes the following electoral wards: Danby, Esk Valley, Fylingdales, Mayfield, Mulgrave, Streonshalh, Whitby West Cliff

Staff Membership

The staff constituency comprises:

- Permanent, directly employed members of staff
- Temporary members of staff who have been employed in any capacity on a series of short term contracts for 12 months or more.

For staff, membership runs on an opt-out basis i.e. all qualifying staff are automatically members unless they seek to opt out. The staff constituency is broken down into three constituencies:

- **York** (All staff whose designated base hospital is York Hospital, White Cross Court Rehabilitation Hospital, St Helens Rehabilitation Hospital, Archways Hospital and any other staff not included in either of the Staff Classes described below)
- **Scarborough and Bridlington** (All staff whose designated base hospital is Scarborough General Hospital or Bridlington and District Hospital).
- **Community** (All staff whose designated base hospital is Malton Community Hospital, Whitby Community Hospital, New Selby Community Hospital (also known as the New War Memorial Hospital), St Monica's Hospital, Easingwold and any other staff who are designated as "Community" staff and therefore do not have a designated base hospital as they work mainly with patients in a non-acute setting, including those members of staff who are engaged in support functions in connection with such services.

2. Membership Profile

The table below shows the membership movement by each type of constituency. The table looks back at the profile of membership from the end of 2014/15 to date.

Year	Selby	York	Hamb	R&EY	Scarb	Brid	Whitby	Affiliate member
Year ending 2014/15	1727	6093	773	1656	434	467	258	718
July 15	1599	5930	746	1592	428	451	257	695
24 Nov 2015	1663	5845	732	1572	427	447	255	690
1 Aug 2016	1610	5683	710	1521	426	439	245	678

Affiliate members are individuals who have become a member of the Trust, but do not live in the Trust constituency areas; they will receive information from the Trust, but are not entitled to vote at elections.

The report shows that in most areas there has been a further reduction in the level of membership, but the reduction in most areas is very small. The biggest fall being seen in York, but it should also be noted that this is the area with the biggest membership.

New members

2.1 Members that have been removed from the database

Membership Engagement Service, who host the database service, provide a monthly data cleansing service for the Trust which has provided the following figures. Deceased members are immediately removed from the database.

	Possible Address Changes	Deceased
January	51	21
February		15
March		6
April	22	25
May		102
June		31
July	38	16

Following the recent notifications to members regarding the conduct of elections in Summer 2016,

a number of emails or phone calls have been received asking the Trust to delete members due to age, death or moved away. There have also been a number which have wanted to update their address.

2.2 Eligible membership levels

Below are summary tables providing further analysis of our public membership as at 31 March 2015, 24 November 2015 and 1 August 2016:

Catchment area	Total number of members at 31 March 2015	Total number of members at 24 November 2015	Total number of members at 1 August 2016	Number eligible for membership (aged 16 and over in catchment areas)	Number of members as a % of eligible population
City of York	6,093	5,845	5,683	211,398	2.69
Hambleton	733	732	710	136,358	0.52
Selby	1,727	1,663	1610	86,050	1.87
Scarborough	434	427	426	82,955	0.51
Bridlington	467	447	439	69,194	0.63
Whitby	258	255	245	25,027	0.98
Ryedale and East Yorkshire	1,656	1,572	1,521	88,170	1.72
Total	11,368	10,941	10,634	699,152	1.52

(Affiliate members have not been included in this table)

It can be seen from the table above that the Scarborough, Bridlington and Whitby areas are the three areas where the percentage of membership is noticeably lower than in other areas.

Hambleton is showing a very low percentage of membership as a result of increasing the geographical area noticeably when the last amendments were made to the constitution. At this stage no specific work has been undertaken to increase the membership. Prior to this Hambleton membership levels were not inconsistent with other membership levels.

2.3 Membership population by age in each constituency at 1 August 2016

The table below demonstrates the challenge that exists in terms of gaining a membership that is representative from an age perspective

Age	Selby	York	Hamb	R&EY	Brid	Scarb	Whitby	Affiliates
0-16	0	0	0	0	0	0	0	0
17-21	4	31	4	10	17	5	1	18
22-29	37	116	9	17	26	14	9	50
30-39	47	201	18	26	17	22	8	36
40-49	144	541	53	118	29	28	8	66
50-59	241	879	92	197	42	53	25	109
60-74	645	1945	260	596	156	173	102	175
75+	463	1767	245	517	126	118	83	120

Some members prefer not to declare their age, so there is a discrepancy between the figures included in this table and the figures included in the total membership table above.

It should be noted that the concentration of the age profile is in the more senior years as has been discussed before. The loss of members through death, particularly in this upper age bracket, continues to present a challenge to the Trust and demonstrates the need to seek a younger membership.

2.4 Gender of the membership as at 1 August 2016								
	York	Selby	Hamb	R&EY	Brid	Scarb	Whitby	Affiliates
Female	3,206	929	421	880	308	291	168	398
Male	2,456	678	283	632	130	135	74	242
Transgender								
Unknown	21	3	6	9	1	0	3	38

From the table above, it can be seen that the gender profile is strongly in favour of women. This has been the case with the membership since it was established.

2.5 Ethnicity of the membership as at 1 August 2016								
The table shows the breakdown of membership by ethnicity.								

	York	Selby	Hamb	R&EY	Brid	Scarb	Whitby	Affiliates
White British	1,940	528	263	630	379	368	193	309
White Irish	6	2	1	4	1	1	2	4
White Gypsy or Irish Traveller	0	0	0	0	0	0	0	0
White Other	32	2	4	5	2	4	2	3
Asian Indian	5	3	0	0	0	2	0	5
Asian Pakistani	3	0	0	0	0	0	0	3
Asian Bangladeshi	1	1	0	0	0	0	0	0
Asian Chinese	2	0	1	0	0	0	0	0
Asian Other	6	0	1	1	2	2	0	1
Mixed White and Asian	3	0	1	2	0	2	0	0
Mixed White and Black African	1	0	0	1	0	0	0	0
Mixed White and Black Caribbean	1	0	0	1	0	0	0	1
Mixed Other	2	0	1	0	0	0	0	1
Black African	2	0	0	0	0	1	0	0
Black Caribbean	3	0	0	0	0	0	0	0
Black Other	0	0	0	0	0	0	0	0
Other Ethnic Group (Arab)	0	0	0	0	0	0	0	0
Other- Not stated	1	0	1	0	1	0	0	0
Unknown	3,675	1,074	437	877	54	47	48	351

What can be seen from the table is that a significant proportion of members choose not to disclose their ethnicity, as a result it does become very difficult to confirm that the Trust is not representative of the current population covered by the Trust.

3. Conclusion

This report provides information about the profile of the membership currently. This profile changes over time, but the consistent elements to the current profile that have not changed over the last few years are:

- A lack of younger members
- More women members than men

4. Recommendation	
The Membership Development Group is asked to discuss the content of the report and use it as the basis for decisions around the development of the membership.	
Author	Lynda Provins, Governor & Membership Manager
Owner	Lynda Provins, Governor & Membership Manager
Date	August 2016

Council of Governors – 8 September 2016

Governor Election update

Action requested/recommendation

The Council of Governors is asked to note the update.

Summary

The Council of Governors undertakes an election each year with a proportion of the Governors as their term of office comes to an end or resignations are received.

The attached paper updates the Council of Governors on the current election being undertaken.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC

This proposal fits with the well led requirements and with the Code of Governance and the Constitution of the Trust.

Progress of report	Council of Governors
Risk	There are no risks from the paper. Any immediate risks will be reviewed at the time of recruitment.
Resource implications	There are no resource implications in the paper.
Owner	Susan Symington, Chair
Author	Lynda Provins, Foundation Trust Secretary
Date of paper	August 16
Version number	Version 0.01

Council of Governors – 8 September 2016	
Governor Elections Update	
1. Background	
At the June meeting, the Council of Governors received a report on the election process. The information below updates the Council of Governors on the progress of the elections.	
2. Elections currently being held	
<p>The following areas had seats where the term of office of the current governor comes to an end on 30 September 2016 or the Governor has resigned.</p> <ul style="list-style-type: none"> • Bridlington • Selby • Ryedale and East Yorkshire • Hambleton • York (2) • York Staff <p>The Trust sought nominations in line with the previously published timetable. The nominations closed on 11 August 2016. The Trust has received nominations for all areas except Bridlington. The York staff seat received only one nomination so is therefore uncontested.</p> <p>Currently, voting is underway. The voting packs for Ryedale and East Yorkshire, Selby, Hambleton and York were released on 5 September and members have until 28 September to vote. The results will be provided to the Trust on the 29 September 2016.</p>	
3. Recommendation	
The Council of Governors is asked to note the information included in the report.	
Owner	Susan Symington, Chair
Author	Lynda Provins, Foundation Trust Secretary
Date	August 2016