

Clinical Governance
 November 2012
 2012

Title	Equality and Diversity
-------	------------------------

Status	Paper for information and feedback
History	The Trust's Equality Objectives were published in April 2012, following an Equality Delivery System (EDS) grading exercise with public panels. The Trust scored amber (developing) and red (undeveloped) grades. This paper is an update on progress.

Board Lead(s)	Elaine Strachan-Hall			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1	<p>Progress against each of the Equality Objectives work programme is detailed in the document and are summarised as follows:-</p> <ul style="list-style-type: none"> • Accessible Communications - slowly increasing with progress according to plan. • Patient Experience and Engagement - progress as planned, feedback leading to changes. • Patient demographic data - on-going but some slippage due to system changes and developments.
2	<p>The Equality Delivery System (EDS) framework is being used to work towards compliance with the Equality Act 2012. The expectation for 2013 is that the patient specific outcomes will be graded amber (“developing”); the expectation for 2016 is that outcomes will be graded green (“achieving”) and some areas possibly purple (excelling).</p> <p>The Committee is asked to note the Health Authority template of performance.</p>
3	<p>Improvements in patient data quantity and quality are key to demonstrating improvements in performance grading for the patient focussed goals in the EDS. EPR (Electronic Patient Records) is being rolled out across the Trust and currently has the capacity to record 4 out of 9 protected characteristics.</p>
4	<p>Analysis of patient demographic data will be available by January 2013 ready for publication.</p>
5	<p>Equality Objectives relating to workforce employment are summarised as follows:-</p> <ul style="list-style-type: none"> • Bullying and Harassment - on- going, currently recruiting support colleagues. • Workforce Data - fields for all protected characteristic were included in the staff survey. Analysis will be complete prior to publication at the end of January 2013. • Equality and Diversity Training - improving but more staff required to complete competencies (End September 44% out of a target of 55%) • Athena Swan - on-going
6	<p>EDS progress to date and the expectation for grading in 2013 is highlighted in the document. In future years there may be more external interest in the Trust Equality Delivery System performance. The expectation for 2013 is that the workforce and leadership related outcomes will be either green (“achieving”) or amber (“developing”). Whilst data quantity and quality has improved over the last year the analysis and outcomes of this data will determine the grading as will the availability of evidence particularly in relation to senior leadership and line management. (<i>Annex B</i>)</p>
7	<p>A number of other activities and initiatives are on-going with the aim of raising awareness and fostering good relations between protected groups. These include:-</p> <p style="padding-left: 40px;">Two staff networks and awareness communications for staff</p> <p style="padding-left: 40px;">Equality and Diversity Policy has been re-written.</p>

Risks- patient experience.

1.	The Trust carries a risk of complaints, tribunals and litigation until the workforce are trained and competent (introductory level) in equality and diversity issues.
2	To provide adequate evidence for the EDS, there is an urgent need to increase from the four current demographic fields in EPR to a comprehensive eight. The collection of the following detail from patients' needs to be included, to provide more robust information for equality analysis: disability, sexual orientation, marriage or civil partnerships. Maternity and pregnancy can be extracted from the system when EPR has been rolled out across the Trust.
3	Equality, diversity and discrimination fields need adding to Datix, for improved monitoring of incidents, complaints and PALS issues raised.
4	The Trust needs to be able to provide adequate evidence of equality analysis within Trust services, business plans and policies, to minimize discrimination. All analysis forms need attaching to the main document.

Recommendations

1	Note the Health Authority grading template in Annex
2	The Committee is asked to note the need to include more fields for different protected characteristics within EPR and DATIX systems. The demographic fields on the administrative pages of the EPR do not currently provide sufficient information to improve EDS grading.
3	Promote the use of Equality Analysis by Senior and Divisional Management both when developing policies but also in reviewing business plans and service provision, in order to minimize the potential to discriminate.
4	Ensure Training and competence in Equality and Diversity is promoted both through completion of the Statutory and Mandatory competency assessment and additional training for staff and line managers (available from April 2013).
5	Support the development of a network of Equality Champions (volunteer staff) from all areas of the Trust to promote equality and diversity in their areas.
6	Note the direct link between the Trust values into action work and required behaviours with the need to embrace and value equality and diversity.

Introduction

1. The general duties under the Equality Act 2010 are for public sector organisations to:
 - 1.1 Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - 1.2 Advance equality of opportunity between people who share a protected characteristic and those who do not;
 - 1.3 Foster good relations between people who share a protected characteristic and those who do not.
2. The protected characteristics of The Equality Act 2010 relate to disability, age, gender re-assignment, pregnancy and maternity, race, religion or belief, sex (gender) and sexual orientation. Marriage and civil partnerships are also included in the Act.
3. Increasingly all services will be required by the Care Quality Commission, to give evidence that equality considerations are included in all service delivery, policies, plans, business cases and core Trust activity, in order to ensure fair access and equal outcomes.

Overview.

4. Equality objectives for 2012-2016, informed by public involvement activity and patient feedback, were agreed by the Board in March 2012 with approval to use the Department of Health equality framework known as the Equality Delivery System (EDS) to assist progress. Equality and diversity progress was also reported. The Clinical Governance Committee (in May 2012) and Divisions have also received information on the EDS and related required activity.
5. Equality Act specific duties for public sector organisations were achieved, these are:
 - 5.1 To publish evidence that the Trust complies with the three aims of the general equality duty by January each year.
 - 5.2 Create at least one equality objective by April 2012 and at least four yearly after that. The objectives must be specific and measurable.
 - 5.3 All information published must be published in a way that is accessible to the public.
6. The October 2012 Workforce Committee will also receive a very similar workforce report. Time was invested last year for the implementation of the Equality Act 2010 duties, wide public involvement and seeking of views in order to establish the Equality Delivery System grading and equality objectives.
7. For the period April 2012 to September 2012 there has been an increase in activity following the appointment of a Human Resources and a Service Lead for Equality

and Diversity. Training, awareness raising and imbedding equality and diversity in core Trust activity have been the main focus and gradual improvements are beginning.

8. The patient related EDS Outcomes 1.1-2.4 were graded amber (“developing”), with the exception of one outcome which was graded red (“undeveloped”). The workforce related EDS Outcomes 3.1-4.3 were graded a mixture of amber (“developing”) and red (“undeveloped”). See Annex B. Grading is influenced by the amount of demographic information the Trust collects to enable equality analysis of patient pathways, services, policies and workforce activity.
9. The Trust’s Equality Objectives and performance against these is monitored by the Equality and Human Rights Commission (EHRC), through evidence published on the Trust’s website.
10. Currently 96% of NHS Trusts nationally are using the EDS. To date there has been no formal comparison between Trusts regarding the use of EDS and the respective grades. However, a “performance management tool” is being developed on a national basis and the Trust can expect more interest in its grading in future years. Commissioning Boards are also being asked to take equality and diversity seriously and engage with organisations/Trusts. The Strategic Health Authority (SHA) has taken an interest in specific areas of the EDS grading and the Trust completes a specific template for the SHA.
10. Equality, diversity and human rights considerations are core to the implementation of the Trust values: To provide excellent care with compassion and respect, by putting patients at the heart of what we do and recognizing different needs and encouraging a spirit of support, respect and team work.

Trust Equality Objectives activity and progress.

Bullying & Harassment

11. Equality Objective:-

To reduce, year on year, the amount of bullying, harassment or abuse at work, experienced by staff from other staff (as reported in the staff survey).

12. 16% of staff indicated in the 2011 Staff Survey that they had been bullied or harassed by a manager or colleague in the preceding 12 months. Some of the initiatives being undertaken to reduce bullying and harassment at the Trust are in the early stages of development and only when the Staff Survey 2012 results are known, in the early part of 2013, will we know whether there has been any significant reduction of bullying and harassment to date.

Data

13. Equality Objective:-

To improve the capture and analysis of workforce and patient information by protected characteristic, by 2013.

- *95% of staff records to include data on disability, religion and sexual orientation. (Note, data on age, sex and race is already over 95%. Race data is currently being sought to ensure accuracy of the data held).*

- *95% of patients records to include age, sex and race by 2013*

- 14 The Equality and Diversity monitoring exercise in 2012 has greatly improved the reliability of diversity data held in ESR (Personnel/Payroll system). Annex C shows a breakdown of the staff demographics as at September 2012. The most significant increase in data, due to the monitoring exercise, was for disabled staff, where previously we have reported this as being 0.5% and it is now 3%.
- 15 As at September 2012, this Equality Objective is being achieved with 98.7% of disability, religion and sexual orientation data being recorded. Note, where a member of staff has ticked "prefer not to say", this is considered as a positive response when calculating data as being recorded.
16. The percentage of patients with their race recorded over the period April to September 2012 is: This field is no longer included in the ORBIT system.
17. There is a risk of not being able to produce required patient information within required timeframes, as new electronic systems are being implemented across the Trust. Equality, diversity and discrimination fields are still required within DATIX and additional protected characteristics within EPR .

Equality and Diversity training

18. Equality Objective:-

To increase awareness of equality and diversity across the Trust by

- *reviewing and improving the equality and diversity training in 2012, ensuring staff competence is assessed*
- *ensuring that at least 90% of staff has completed equality and diversity training by end of March 2013 (Note:- Statutory and Mandatory Training objective is 95%)*

19. The Statutory and Mandatory Equality and Diversity training material was reviewed in 2012, this included the production of revised training presentation, a workbook (available on line) and an on-line competency assessment. Training events are available for new staff and for staff who prefer or need the direct input of a trainer.
20. Training/competence in basic equality and diversity is monitored using LMS (Learning and Development system). As at 23rd October 2012, the percentage recorded as competent in equality and diversity was 49%. The requirement for everyone to have completed their Statutory and Mandatory training continues to be raised and various staff communications are expected with the aim of improving the number of staff completing competency assessments.
21. The Trust is carrying a risk of complaints, tribunals and litigation until the workforce is trained and competent in order to minimize the potential to discriminate.
22. The Oxfordshire NHS Black and Minority Ethnic (BME) Network is now established within the Trust following a launch event in May 2012. A confidential Lesbian, Gay, Bisexual and Transgender (LGBT) e-mail address has been established to support staff. Both the BME Network and the LGBT e-mail address are consulted on Trust workforce policies and procedures. A Disability Network has been proposed and is in the early stages of development.

Oxford University Hospitals

23. The Workforce Equality and Diversity Policy has been re-written and is now in its final version, having been through consultation and approval at Committees.
24. The Equality and Diversity Leads continue to raise awareness of particular equality and diversity events, activities and issues through staff communications including e-mail communications, the Team Brief and OUH News. It is the intention to be able to provide a full page in OUH News for equality and diversity; December's edition will focus on disability, December being Disability History Month.
25. Further more detailed/advanced training in equality and diversity will be developed and is planned to be available before April 2013. This training would be available for line managers and members of staff who should to be aware of the potential for discrimination when reviewing Trust policies, processes and practices.
26. Information on equality and diversity on the Trust website and intranet sites has been improved. Key documentation and statistics are available. It is the intention to add this report to the Trust's website.

Accessible Communications for patients

27. Equality Objective:-

To provide more accessible communication to patients who have specific communication needs. The following areas will be the main focus under this objective.

- *Increase the use of the interpreting services for language, including sign language, by 2015*
 - *The most frequently used patient information documents to be in 'easy read' format, by 2016*
28. The use of interpreting services has been promoted within training sessions; the combined Trust spent £80,627.87 including British Sign Language during the year 2011-2012. The most frequently requested languages are Polish, Portuguese, Urdu and Mandarin, Cantonese, Punjabi, Bengali and Arabic. (See appendix).
 30. Interpreting contracts are monitored quarterly by the Oxfordshire Interpreting Consortium. There are still incidents being reported within this Trust, due to a child having been inappropriately asked to interpret, or patients who are deaf not being offered British Sign Language interpreting. Each individual situation concerning a child is reported to the Safeguarding Lead.
 31. Twenty eight deaf awareness training sessions have been delivered so far across the Trust since June 2012.
 32. Awareness raising of the need to provide alternative formats for written documentation continues within the training sessions. Key documents such as the patient hospital booklets, PALS leaflet, feedback form and Complaints leaflet are being produced in easy read and will be available on the Trust website.
 33. The use of yellow stickers with a patient's permission, are being promoted to assist identify specific needs of patients. Bed signs have been ordered with charitable funding.
 34. A child death response service has been established with links to Islamic, Hindu and Sikh communities to provide emergency cultural and religious support for families.

Oxford University Hospitals

35. Other initiatives include the Chaplaincy/Oxford Mosque project to improve cemetery availability for weekend funerals; prayer cards were produced for use by patients on oncology wards; funding has been secured for a multi-faith prayer space in the Cancer Centre and three faiths are involved in designing this space. There is a database of on call faith leaders to support the 24 hour chaplaincy service in order that gender, cultural and linguistic needs are matched to faith leaders.
36. The Chaplaincy meets Islamic staff regularly - the key issue is the need for a prayer room on the John Radcliffe site.

Patient Experience and Engagement

37. Equality Objective:-

To improve the patient experience, year on year, for patients across all 9 protected characteristics (under the Equality Act 2010) and additional marginalized¹ groups, through feedback obtained from patients and outreach activities.

Outcomes of involvement include:

38. Liaison between the Christian Chaplaincy service and members of other faiths to enable a rapid response following the death of Jewish and Muslim patients. A child death response service has been established with Islamic, Hindu and Sikh communities to provide for emergency cultural and religious support for families.
39. Funding has been obtained for a multi-faith room at the Cancer Centre. Both a Chapel and Multi Faith/quiet room are required on each site for use by patients, visitors and staff. Prayer cards have been produced for use on oncology wards.
40. Community involvement and feedback activity continues according to plan. Individual issues are referred to PALS, wider systems issues are raised with appropriate departments. E.g. Signage to accessible toilet on level 2 of the John Radcliffe Hospital has been altered, the deaf awareness sessions have gained charitable funding and are happening at least weekly and yellow alert bed signs have been ordered.
41. Parking for people who have a blue badge continues to be a source of discontent with the wider community; due to the need for payment on public sector NHS property at this Trust.

Athena Swan

42. Equality Objective:-

To support the University of Oxford Medical Sciences Division in achieving the Athena Swan Silver Award, by 2015. This award recognises good employment practice for women working in science in higher education and research.

¹ Marginalized groups are those people whose voices are not routinely heard within health service developments in Oxfordshire.

Oxford University Hospitals

43. The Trust continues to offer support to the University of Oxford's Medical Sciences Division with respect to Athena Swan. Progress is monitored at Partnership meetings and the University's Athena Swan Steering Group meetings. At six monthly intervals the opportunity exists for Departments to make applications for Athena Swan Awards. To date none of the Departments within Medical Sciences Division have made an application. Medical Sciences Division has recently made an appointment to a dedicated role to progress Athena Swan within the Division.

Equality Delivery System (EDS)

44. The table in Annex E shows the grading as at March 2012, the Targets for 2013 and 2016 and the current prediction for 2013. In summary the expectation is that the Trust will continue to be "developing" in most areas and "achieving" in some areas where established and robust processes are in place. "Achieving" requires that data demonstrates good performance in the particular outcome regarding equality and diversity for 6-8 of the nine protected characteristics (e.g. age, disability, race, religion/belief, sex/gender, sexual orientation, gender re-assignment, pregnancy/maternity and marital status).
45. Data and reports are downloaded from a number of different systems to provide the majority of evidence.
46. Improved grading for the patient focussed goals will partly depend on effective rollout of the DATIX and EPR systems (see objective above).
47. The Equality and Diversity Steering Group have proposed that all perceived discrimination should be reported on an incident form, so incidents can be monitored and trends identified. It is clear that situations occur where discriminatory remarks or actions are experienced by both patients and staff. A rapid increase in workforce competency and awareness should go some way to rectify this.
48. Systems used to provide workforce evidence include:-
 - 48.1 Electronic Staff Record (ESR). All staff were asked to provide or update their diversity details. This has resulted in a significant improvement in the quantity and reliability of diversity data held in the system. The only protected characteristic not recorded in ESR is gender re-assignment. This would require a change on a national basis, which is currently not planned.
 - 48.2 NHS Jobs records six of the nine protected characteristics. The system is not used to its full potential and further training in the use of NHS Jobs is awaiting a significant update in the system expected in late 2012.
 - 48.3 The Staff Survey in 2012 will enable the statistical reporting for all 9 protected characteristics. The data will not be available until spring 2013. Where data is not available in other sources, the local questions section in the Staff Survey enables some additional data capture.
49. The comparison data in most cases will come from the National Census 2011. It is expected that equality and diversity statistics from the Census will be published in November 2012. This will enable the Trust to identify whether its staff/patient profile is representative of the population for Oxfordshire and the UK.

EDS Performance/Grading Risks

50. None of the systems being used provide standard reports which are fit for purpose as evidence for EDS. Ad hoc reports are therefore produced and analysed in preparation for the EDS Panel reviews and is resource intensive. To date, relatively few interim data reports and analysis, in line with EDS, have been undertaken.
51. Activities to improve equality and diversity performance will often result in measureable improvement over a number of years, rather than a period of months. It has therefore been deemed more worthwhile to undertake activities to improve performance rather than repeatedly report on performance. It is therefore a potential risk as to whether the current activities will result in improvements against 2013 target. Additional areas of particular concern are as follows:-
 - 51.1 The need to increase the demographic fields in EPR , so the collection of the following detail from patients is included, to provide more robust information for equality analysis: disability, sexual orientation, marriage or civil partnerships.
 - 51.2 Equality, diversity and discrimination fields within Datix, for improved monitoring of incidents, complaints and PALS issues raised.
 - 51.3 The Trust carries a risk of complaints, tribunals and litigation until the workforce are trained and competent (introductory level) in equality and diversity issues.
 - 51.4 Robust equality analysis needs to increase across different functions, policies and plans.

SHA Monitoring of EDS

52. The Strategic Health Authority has taken an interest in the Trust's performance with respect to EDS. This is part of an increasing national interest which is likely to become more formalised in future. The latest SHA return/form can be found in Annex F.

Conclusion

53. There have been a number of activities undertaken since the EDS panel assessment and publishing of the Equality Objectives in 2012. This includes training and the improvement of workforce data quality and quantity enabling better reporting and activities to address issues identified at the Trust e.g. bullying and harassment.
54. The work programme progresses according to plan and it is anticipated that these activities will result in better performance in equality and diversity at the Trust, however, this improvement may not be sufficiently immediate to realise changes in grading in the 2013 EDS review.

Recommendations

55. The Committee is asked to note the need to include more fields for different protected characteristics within EPR and DATIX systems. The demographic fields on the administrative pages of the EPR do not currently provide sufficient information to improve EDS grading.

Oxford University Hospitals

56. Promote the use of Equality Analysis by Senior and Divisional Management both when developing policies but also in reviewing business plans and service provision, in order to minimize the potential to discriminate.
57. Ensure Training and competence in Equality and Diversity is promoted both through completion of the Statutory and Mandatory competency assessment and additional training for staff and line managers (available from April 2013).
58. Support the development of a network of Equality Champions (volunteer staff) from all areas of the Trust to promote equality and diversity in their areas.
59. Note the direct link between the Trust values into action work and required behaviours with the need to embrace and value equality and diversity.

Elaine Strachan-Hall Chief Nurse.

Jan Cottle, Equality and Diversity Manager

Vicki Parsons, HR Manager (Workforce Strategy and E&D Lead)

November 2012

Staff Demographics

Sex (gender)	Number	%	Marriage or Civil Partnership	Number	%	Race	Number	%
Female	8,300	77%	Married	4,727	44%	White - British	7,088	65%
Male	2,533	23%	Single	3,223	30%	Do not wish to disclose	824	8%
TOTAL	10,833	100%	Do not wish to disclose	2,170	20%	White Other	676	6%
			Divorced	490	5%	Asian or Asian British - Indian	588	5%
			Widowed	92	1%	Asian or Asian British - Any other Asian background	435	4%
Religion or Belief	Number	%	Legally Separated	87	1%	Other Ethnic Group - Any Other	391	4%
Do not wish to disclose	4,759	44%	Civil Partnership	44	0.4%	Black or Black British - African	255	2%
Christianity	4,332	40%	TOTAL	10,833	100%	White - Irish	137	1%
Atheism	851	8%				Asian or Asian British - Pakistani	94	1%
Other	493	5%	Age	Number	%	Other Ethnic Group - Chinese	84	1%
Hinduism	151	1%	16-19	41	0.4%	Black or Black British - Caribbean	74	1%
Islam	147	1%	20-24	691	6%	Mixed or Mixed British - Any other mixed background	52	0.5%
Sikhism	37	0.3%	25-29	1,418	13%	Mixed or Mixed British - White & Asian	37	0.3%
Buddhism	36	0.3%	30-34	1,525	14%	Mixed or Mixed British - White & Black Caribbean	29	0.3%
Judaism	19	0.2%	35-39	1,620	15%	Asian or Asian British - Bangladeshi	28	0.3%
Jainism	8	0.1%	40-44	1,494	14%	Black or Black British - Any other Black background	26	0.2%
TOTAL	10,833	100%	45-49	1,363	13%	Mixed or Mixed British - White & Black African	15	0.1%
			50-54	1,241	11%	TOTAL	10,833	100%
			55-59	805	7%			
Disability	Number	%	60-64	457	4%	Race	Number	%
No	6,725	62%	65+	178	2%	White (British, Irish & Other)	7,901	73%
Do not wish to disclose	3,830	35%	TOTAL	10,833	100%	Asian or Asian British	1,145	11%
Yes	278	3%				Do not wish to disclose	824	8%
TOTAL	10,833	100%				Other Ethnic Group	475	4%
						Black or Black British	355	3%
Maternity	Number	%				Mixed	133	1%
Maternity & Adoption	315	3%				TOTAL	10,833	100%
TOTAL	10,833	100%						
						Race	Number	%
Sexual Orientation	Number	%				White - British	7,088	65%
Heterosexual	5,939	55%				Black and Minority Ethnic - inc. Irish & White Other	2,921	27%
Do not wish to disclose	4,724	44%				Do not wish to disclose	824	8%
Bisexual	89	1%				TOTAL	10,833	100%
Gay	58	1%						
Lesbian	23	0.2%						
TOTAL	10,833	100%						

Note: The same race data is reformatted in 3 different tables (see above)

Patient Demographics

The 2011 Census reports for Oxfordshire are expected in November this year. It is expected that the racial diversity of the population of Oxfordshire has increased significantly in the last ten years; in which case the overall percentage of black and minority ethnic patients attending out-patient departments is potentially lower than the general population. When this information is available time will be spent to analyse the detail below.

BME= people with black and minority ethnic heritage. The categorization changed for the 2011 census.

John Radcliffe, Horton and Churchill Hospitals

April 2011- March 2012 Outpatients Total: 673,327	
White British	77%
White Irish	0.7%
BME	10.6%
Not stated	11.7%

Female Out patients 2011-2012 Totals: 380,996		Male Out patients 2011-2012 Totals: 292,280	
White British	75.68%	White British	78.7%
White Irish	0.63%	White Irish	0.7%
BME	11.29%	BME	9.9%
Not stated	12.4%	Not stated	10.7%

2011-2012 Out-patients by Age and Race. Total 673,327					
	0<25	25<55	55<70	70<85	85 +
White British	71.8%	69.7%	82.3%	87.10%	90.1%
White Irish	0.5%	0.5%	0.7%	0.97%	0.5%
BME	15%	15.1%	6.7%	4.35%	2.8%
Not stated	12.7%	14.7%	10.3%	7.58%	6.6%
Total	123,165	247,969	143,276	129,268	29,649

Oxford University Hospitals

John Radcliffe, Horton and Churchill Hospitals. In-patients 2011-2012

Total In patients 210,189		Total In patients: 210,189	
0<25	17.7%	Male	49%
25< 55	30.9%	Female	51%
55 <70	22%		
70<85	23.7%		
85+	5.6%		

Total in patients 210,189	
White British	79.6%
White Irish	0.7%
BME	12.3%
Not stated	7.4%

Oxford University Hospitals

Sum of CountOfADM_DATE		
text	Total	
African	1680	0.8%
Any Other Asian Background	1575	0.7%
Any Other Black Background	600	0.3%
Any Other Ethnic Group	2064	1.0%
Any Other Mixed Background	970	0.5%
Any Other White Background	7528	3.6%
Bangladeshi	624	0.3%
Caribbean	962	0.5%
Chinese	886	0.4%
Indian	2892	1.4%
Not Stated	15523	7.4%
Pakistani	3206	1.5%
White and Asian	1157	0.6%
White and Black African	612	0.3%
White and Black Caribbean	1178	0.6%
White British	167247	79.6%
White Irish	1485	0.7%
(blank)		0.0%
Grand Total	210189	100.0%

Total in patients by race 2011-2012.

John Radcliffe, Churchill and Horton Hospitals.

Inpatients by Race and Age					
	0<25	25< 55	55 <70	70< 85	85+
Total	37,208	64,935	46,326	49,870	11,850
White British	72%	73.2%	82.8%	87.9%	90.25%
White Irish	0.6%	0.5%	0.9%	1%	0.48%
BME	19.8%	15.9%	9.2%	6.8%	4.87%
Not stated	7.6%	10.4%	7.1%	4.3%	4.40%

When the 2011 census data is available, it will be possible to comment as to how the inpatient demographic detail reflects the population and undertake analysis in more detail.

Nuffield Orthopaedic Centre. (Muscular- Skeletal and Rehabilitation Services)

Oxford University Hospitals

NOC Inpatient admissions by age. 2011-2012		
0 to <25	603	6.5%
25 to <55	3507	37.6%
55 to <70	2857	30.6%
70 to <85	2073	22.2%
85+	283	3.0%
Total	9323	100%

NOC Inpatient admissions by Race. 2011-2012	
Total: 9323	
White British	80.2%
BME	7.6%
Not stated	12.2%

Complaints 2011 -2012 John Radcliffe, Horton and Churchill Hospitals:

Total complaints: 868. Ethnic group of complainant:

Count of Complainant (Patient) Ethnic Group	
Complainant (Patient) Ethnic Group	Total
Black African - Black Or Black British	1
Black Caribbean - Black Or Black British	4
British - White	117
Indian - Asian Or Asian British	1
Not Stated	31
Other White - White	6
Pakistani - Asian Or Asian British	1
White & Black Caribbean - Mixed	1
(blank)	
Grand Total	162

ANNEX B: EDS Grading Targets and Prediction 2013

Goal	Outcome	Actual 2012	Predict -ed 2013	Target 2013	Target 2016
1. Better health outcomes for all	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities				
	1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways				
	1.3 Changes across services are informed by engagement of patients and local communities, and transitions made smoothly				
	1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all				
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups				
2. Improved patient access and experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds				
	2.2 Patients are informed and supported so be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment				
	2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised				
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently				
3. Empowered, engaged and well-supported staff	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades				
	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay				
	3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately				
	3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all				
	3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives (Flexible working may be a reasonable adjustment for disabled staff or carers.)				
	3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population				
4. Inclusive leadership at all levels	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond				
	4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination				
	4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes				

Equality and Diversity Assurance Checklist

Responsibility for completing the Assurance Checklist

Schedule 19 of the Equality Act 2010 lists the “responsible bodies” that must show compliance with the Equality Act 2010. This includes PCTs, NHS providers including NHS foundation trusts, and NHS commissioners. Completion of this template will enable these organisations to disclose their progress in meeting the **Public Sector Equality Duty** and also the **Equality Delivery System**. NHS Organisations not using the EDS also need to disclose their progress in meeting the Public Sector Equality Duty and therefore will find it useful to complete this checklist.

Embedding Equality into Procurement Strategy

Whenever one of a NHS organisation’s functions is carried out by an external supplier, the NHS organisation will remain responsible for meeting the Equality Duty. Therefore we have asked you to show how you are embedding equality considerations into your strategy on procurement.




Some healthcare providers that are not a part of the NHS, but which may work to contracts issued by NHS commissioners, may have to demonstrate compliance with the Equality Act 2010 and at the time of writing some Social Enterprises are using the EDS to demonstrate their progress. These providers will, therefore, find it useful to complete this checklist.

How information will be used

Further to an equality audit that was developed by the South West Social Partnership Forum earlier in 2012 which provided a snapshot of the preparedness of NHS organisations to meet the requirements of the Public Sector Duty, this checklist is being used to enable all NHS Organisations across the South of England to evidence how they are meeting the Public Sector Duty and their commitment to equality standards such as the EDS. The information captured on this checklist can not only feed and inform further DH audits but also serve as the South of England legacy for the emerging new NHS organisations.

Completing the checklist:

The checklist is a self-assessment with a RAG rating to show progression.

 **Completed**  **In Progress**  **Not started / Insufficient Progress**

Completion of the checklist should be relatively straightforward. Please note the Evidence /Comments box is an opportunity to highlight the key evidence {quantitative or qualitative} that has helped inform your decision about your organisation's progression. Although this checklist is a summary of your progress when completing this document **please don't leave the Evidence/Comments box blank**. In the case of missing evidence please comment on the plans in place to collect it or comment on any further information you may need to fill an information gap. Not only is evidence that reflects the equality performance of NHS organisations central to the EDS, but also having due regard to the aims of the general equality duty means that a public authority has to have an adequate evidence base for their decision-making.

For any further information regarding completion of this checklist please contact:

Harry Connery
Equality Delivery System
Project Officer

NHS South of England
South West House
Blackbrook Park Avenue
Taunton
Somerset
TA1 2PX

Direct dial telephone number 01823 361258

e'mail: harry.connery@southwest.nhs.uk

Equality and Diversity Assurance Checklist

Name of Organisation: Oxford University Hospitals NHS Trust	Equality/EDS Lead Officer: Jan Cottle Equality and Diversity Manager Vicki Parsons Human Resource Manager Nominated Executive Lead: Elaine Strachan-Hall. Chief Nurse.
---	--

Date of Rating: 03/09/2012	RAG: {Please Colourfill}	Comments/Summary of reasons for Overall Rating:
--	---------------------------------	--

1. Publication

Publication	RAG	Evidence/Comments
Published EDS Grading		http://www.ouh.nhs.uk/about/equality/default.aspx EDS Grading is published on the website on link above.
Published other PSED evidence		Information and demographic detail is published on the website. More robust analysis of demographic detail is currently part of the work programme. 2010-2011 – Workforce and patient demographic detail is published. 2011-2012 Patient demographic detail is published with more analysis planned. Website link as above.
Published Equality Objectives		Easy read and more detailed version of objectives published on the Trust website. Link as above.

2. Engagement/Involvement

Engagement/Involvement	RAG for EDS process up to April 2012	RAG 2012-2013	Evidence/Comments
Voluntary/Community Sector			The NHS in Oxfordshire and the local Council for Voluntary Action (OCVA) shared in the organisation of a listening event for various voluntary sector groups and individuals from most of the protected characteristics. This event is mentioned as a prize winner in the NHS Good Engagement Conference Report. The results directly informed the grading process and the new equality objectives for this Trust. The easy read report is on the website. (DH EDS money funded)
Local Authorities			Mostly through the PCT to the local authorities.
LINks/Healthwatch			LINks participated in grading in March 2012.
Health and Wellbeing Boards	For PCT		In Oxfordshire provider Trusts are not included in Health and Well Being Board membership.
Staff/Trade Unions			Regular liaison with UNISON, with a member on the Equality and Diversity Steering Group.
Patients and Carers			Patient feedback, PALS and Complaints information is analysed for issues raised relevant to minimizing any potential to discriminate.
GPs/Commissioning Groups	For PCT		The PCT is developing EDS awareness with GPs.
Any other groups			Since April 2011; regular contact with people who have a disability and a local self-advocacy organisation for people with a learning disability. Plus a local carers organisation. BME Network event held with community members present.

3. Governance

Governance	RAG as at August 2012	Evidence/Comments
------------	-----------------------	-------------------

Oxford University Hospitals

E&D Lead in post		Post-holder commenced March 2012. With another person identified within Human Resources to lead on workforce issues.
Executive Lead appointed		Chief Nurse has Board responsibility for Equality and Diversity
Dedicated resources/Budget for E&D		Post holders identified – time resource. No separate identified budget. Estates have a budget for improving physical access/adapting physical environment.
Performance analysed and EDS grades agreed by Stakeholders	March 2012	Completed with Board approval in March 2012.
Evidence assembled for EDS grading by Stakeholders		Outcome of grading process published on website www.ouh.nhs.uk
Mechanism for Equality Analysis/ Equality Impact Assessment in use		Equality Analysis tool in place but process of analysis still needs improvement across the Trust. Policies are required to have a completed equality analysis prior to approval.
Equality Training and Awareness campaigns for staff		Staff training on-going. Regular awareness raising emails created E.g. festivals and events to promote the valuing of diversity.
Plans made for continued delivery of E&D Agenda in the new NHS Structure	Within an acute Trust	Structure currently in place. Annual work programme being progressed.
Support for staff who share a protected characteristic		Email addresses and activities for BME Network and email support for LGBT staff. Planning for support for people working with a disability.
Confirmation that Trust Board is appraised of E&D systems, assurance and progress against objectives.		Board paper March 2012: EDS and equality objectives approved. Equality Steering Group meets quarterly with responsibility to monitor progress. Board Governance Assurance paper planned for October 2012. Framework Annual work programme in use.
Equality Objectives embedded in Annual and Business Plans with regular reports to Board		Trust equality and diversity activity and equality analysis included in Business plan, Trust values and Quality Account. On- going work to extend ownership and improve

4. Procurement

Procurement	RAG	Evidence/Comments
Procurement strategy in place that outlines equality priorities and responsibilities		Approved 2012
Equality Analysis undertaken {or planned} with consultation with suppliers, staff and end-users.		
Tenders published online and with widespread advertising of opportunities taking place to encourage a broad spectrum of applicants.		https://procure.bravosolution.co.uk/web/login.shtml
Basic equality and diversity training provided to procurement staff		11% of Finance and Procurement workforce currently have completed their competency for equality and diversity.

Any Other Comments?

07/09/2012: This checklist has not as yet been approved by the Clinical Governance or Workforce Committees.

Annex D Equality and diversity service activity 2011-2012

Activity		Usage 2011-2012		Total	
INTERPRETING	British Sign Language	ORH £29,974.12	NOC		
	Face to face language interpreting	ORH 648 bookings £39,838.35	NOC £3454.40	£43,292.75	
Languages most used (most used first):					
ORH					
Polish; Arabic; Urdu Portuguese; Cantonese Punjabi Mandarin Bengali Spanish Tamil; Russian Romanian Turkish Nepalese Japanese Urdu/Punjabi Hindi Lithuanian Albanian Dutch, Farsi; French; Malay; Pashto Bulgarian; Indonesian Kurdish Sorani ; Serbo-Croat; Slovak; Swahili; Czech; Hungarian; Italian; Latvian Tigrinyian; Twi; Vietnamese Dari; Tagalog, Thai ; Yoruba.					
NOC:					
Mandarin; Polish; Arabic; Portuguese; Punjabi; Albanian; Urdu ; Bengali; Hindi; Lithuanian; Italian; Kurdish Sorani; Spanish; Tamil; Turkish; Urdu/Punjabi .					
Telephone interpreting.	ORH: £7299.25 Most used languages: Polish; Portuguese; Urdu; Mandarin; Punjabi; Farsi.				
	NOC: £58.75 Languages: Polish and Turkish.				
WRITTEN TRANSLATIONS	£1497.44 (John Radcliffe, Churchill and Horton Hospitals)		NOC: Nil known		
Equality and diversity training	April 2012 - end of September 2012	44% of workforce are “competent”			
Patient ethnicity recording	April 2012 – September 2012				
Complaints K041	2011-2012 (ORH)	868 complaints	162 complainants had their ethnicity recorded. See Annex.	Number of complaints regarding discrimination – not recorded.	
PALS issues.					

Oxford University Hospitals

Public involvement 2011-2012	Characteristic	Time Frame	Activity	Outcome	
	Carers	Spring 2011	Meeting of Discharge Lead with Carers Forum	Addition made to "Leaving Hospital" leaflet. Carers Oxfordshire number now included in Trust "Leaving Hospital" leaflet.	
	Carers		Notice board on 3 sites maintained.	Carer's notices displayed.	Opportunity to increase awareness of available support.
	Carers	Summer 2011	Information tables on all sites for Carers' week for staff and visitors.	Information distributed around the Trust.	
	Carers	Autumn 2011	Carers' Development Worker spoke to Senior Nurse meeting at Horton Hospital.	Greater awareness of support available to carers in Oxfordshire.	On-going liaison with county Carers Oxfordshire Development Worker.
Involving or listening to people who are marginalised and whose voices may not be heard. Report on website.	Listening event 8 protected characteristics.	September 2011	LINK member Chaired a listening event held at West Oxford Community Centre. OCVA co-ordinated.	Information informed OUH equality objectives and actions taken forward in an annual work programme.	40 people from the different protected characteristics were included (except pregnancy). Easy Read report on OUH website.
	Disability access awareness	Autumn 2011	Members of Oxfordshire Unlimited participated in the Mystery Shopping pilot conducted by Picker Europe.		Access to outpatient areas in JR has improved recently with new doors. Additional hearing loops installed.
	HALT. Homophobic	Email contact	Source of advice for individual	Assumptions about	

Oxford University Hospitals

	awareness organisation.	and members attended September listening event.	issues as they arise.	patient care less likely to arise.	
	Learning Disabilities	May 2011	My Life My Choice a local self-advocacy organisation. Hospital Involvement Team.	Key message: "Pictures, pictures and more pictures" needed in patient information,	Increase in easy read publications is included in the current equality objectives.
	Learning disability.	Summer 2011	Key informant patient story to key Trust staff	Plan to provide more appropriate care for specific needs.	Automatic recognition of individual needs still needs developing. Use of yellow sticker on patient notes, with patient permission continues.
	Oxfordshire Equality and Human Rights Council	February 2012	Chaired one EDS grading panel and attended the other.		Organisation now closed due to lack of funding.
	Disability awareness event.	Winter 2011	Expert information gathered re needs of people living with a disability.	Headway; Oxfordshire Association for the Blind; Oxfordshire MIND and Parkinson's Society.	Information on Trust intranet site.
	Equality Delivery System Grading events x 2	Early March 2012	Two public events – 1x for patient services. 1x for workforce.	People with a range of protected characteristics attended.	Joint events with PCT. OUH grades agreed and Board

Oxford University Hospitals

					informed.
	Deaf awareness. Liaison with Deaf Direct	Spring 2012	HIEF funding obtained.	To raise awareness of the needs of people who are deaf or hard of hearing.	Funding obtained for activity in 2012-2013.