

Clinical Governance Committee: 19 June 2013

Title	Equality and Diversity
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Status	Paper for information and feedback
History	The Trust's Equality Objectives were published in April 2012. This paper includes a summary of the full annual review of the Trust's Equality Objectives; Equality Delivery System grading; a review of related activities undertaken throughout the year and an overview of Trust demographics in relation to the local population.

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

Summary

1	<p>Progress against each of the Equality Objectives is detailed in the full report and are summarised as follows:</p> <ul style="list-style-type: none"> • Equality and Diversity Training – 81% of staff have achieved Level 1 competency. Work to increase disability awareness is on-going. There have been 34 deaf awareness sessions across the Trust. • Reducing Bullying and Harassment – on-going (including 29 Bullying & Harassment Support Colleagues now available). • Awareness of different communication needs of patients is increasing – 13 easy read productions are available including PALS and Complaints information. • Demographic data: collection and analysis is increasing; on-going improvement activity and awareness continues. • Awareness of the need to report incidents linked to potential discrimination needs to increase. • Diversity considerations within policy writing needs to increase. • Access to fully accessible toilets needs to improve. • Multi-faith space that includes ablution facilities needs to be available on all sites. • The completion and storage of equality analyses still needs to improve. • Athena Swan (Increasing the percentage of female scientists in research)- on- going collaboration with the University of Oxford.
2	<p>The Equality Delivery System (EDS) grading review has taken place; patient services and workforce aspects being reviewed separately. These details will be shared with Healthwatch during the summer, in line with EDS guidance.</p> <p>It is the intention to monitor improvements in the Trust's performance in equality and diversity using the Equality Delivery System.</p>
3	<p>A number of other activities and initiatives have been undertaken with the aim of raising awareness and fostering good relations between protected groups. These include:</p> <ul style="list-style-type: none"> • Staff networks • Rewritten Equality and Diversity Policy • Awareness communications for staff • Listening to different views of experiences, from individuals and community groups. The detail is contained in the full report.
4	<p>The Trust employs a diverse workforce however there is less diversity within senior management (non-medical) staff groups.</p>

5	The Trust external equality and diversity website is viewed by regulatory authorities for evidence of compliance. The full paper detailing activity over the last year will be placed on the website.
6	This work corresponds to CQC requirements for Outcome 1, Outcome 4. and Outcome 10.1 & 10.3
7	The Clinical Governance Committee is asked to note the work underway and provide any general comments.

Equality & Diversity

1. The Trust's Equality Objectives were published in April 2012 see Annex A.
2. The Equality Delivery System (EDS) has been developed within the NHS to enable Trusts to meet the public sector duties under the Equality Act 2010. EDS grades are slowly improving from red (undeveloped) to amber (developing), in line with the amount of demographic detail and analysis available to form evidence. As the demographic analysis improves it is anticipated that grades can change to green (achieving) and ultimately purple (excelling). See Annex B.
3. This work is required for Care Quality Commission outcomes 1, 4, 10.1, 10.3. Equality Act 2010 compliance will contribute to a demonstration of good governance. The Trust is required to adhere to the Public Sector Equality Duties under the Equality Act (2010) and this is monitored by the Equality and Human Rights Commission; initially through reviewing equality and diversity data and information available on the Trust's internet pages. The full report will be put onto the Trust website to contribute to the evidence.

Demographic data.

4. Data from the National Census 2011, allows the Trust to compare its diversity with the local population. Overall the Trust has a workforce which is more diverse than the population it serves. However, there are some differences with particular groups being under-represented at some levels and in some areas within the Trust, particularly within senior management. Data is available in Annex C.
5. Patient records include, age, sex, religion or belief, race, marriage and civil partnership. Pregnancy and maternity categories can be determined through the coding system. Disability and sexual orientation is still not available within routine admission notes, but should improve with the roll out of electronic patient clinical records. People who describe themselves as trans-gender – (have transitioned) have the absolute right not to be asked and not to disclose this information. It has not been possible to review episodes of care by disability. Analysis of patient pathways by demographic detail has yet to be undertaken.

Equality Analysis

6. The equality analysis tool is to help authors write a better policy or protocol by prompting inclusion within policies of how different needs are considered and potential discrimination minimized. The analysis needs to be attached and part of the policy. The inclusion of robust equality analyses needs to improve and robust analyses are required before a policy is approved and stored.

Conclusion

7. There is still considerable progress required. The equality and diversity activities being undertaken at the Trust should improve patient experiences and improve support for staff, in order to meet the requirements of the Public Sector Equality Duty to:
- Eliminate unlawful discrimination, harassment and victimisation
 - Advance equality of opportunity between different groups
 - Foster good relations between different groups

Recommendations

8. Promote attendance at training and competence in equality and diversity, both through completion of the Statutory and Mandatory competency assessment (Level 1) and additional training for staff and line managers (Level 2).
9. Support the development of a network of Equality Champions (volunteer staff) from all areas of the Trust to promote equality and diversity in Divisions/Departments.
10. Note the need to improve physical access to accessible toilet facilities and multi-faith prayer rooms.
11. Note the need to improve diversity considerations, the equality analyses of all plans and policies and the need to collect demographic data.
12. Note reported activity and support the Equality Steering Group through attendance by Senior Managers at meetings and support the ongoing activities.

Authors: **Jan Cottle Equality and Diversity Manager**
Vicki Parsons, HR Manager (Workforce Strategy and E&D Lead)

Executive Sponsor: Elaine Strachan-Hall Chief Nurse

May 2013

ANNEX 1

EQUALITY OBJECTIVES 2012

1. To provide more accessible communication to patients who have specific communication needs. The following areas will be the main focus under this objective:
 - a. Increase the use of the interpreting services for language, including sign language, by 2015
 - b. The most frequently used patient information documents to be in 'easy read' format, by 2016
2. 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.
3. To increase awareness of equality and diversity across the Trust by:
 - a. Reviewing and improving the equality and diversity training in 2012, ensuring staff competence is assessed
 - b. Ensuring that at least 90% of staff have completed equality and diversity training by 2013
4. 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).
5. To improve the capture and analysis of workforce and patient information by protected characteristic, by 2013.
 - a. 95% of patients records to include age, sex and race.
 - b. 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).
6. To support the University of Oxford Medical Sciences Division in achieving the Athena Swan Silver Award, by 2015. This award recognizes 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.

Goal	Outcome	2012	2013
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		

ANNEX 3: Staff Diversity Demographics, 31 December 2012

General Notes:

- Oxfordshire Population – data from the National Census 2011
- All staff – includes all staff groups; data from Electronic Staff Record system, Dec 2012
- Senior Staff (band 8a and above) – does not include medical staff
- Staff (band 7 and below) – does not include medical staff
- Consultants – grade of senior medical staff
- Doctors – includes all doctors below the grade of Consultant

Table 1.1 Sex (gender) of staff

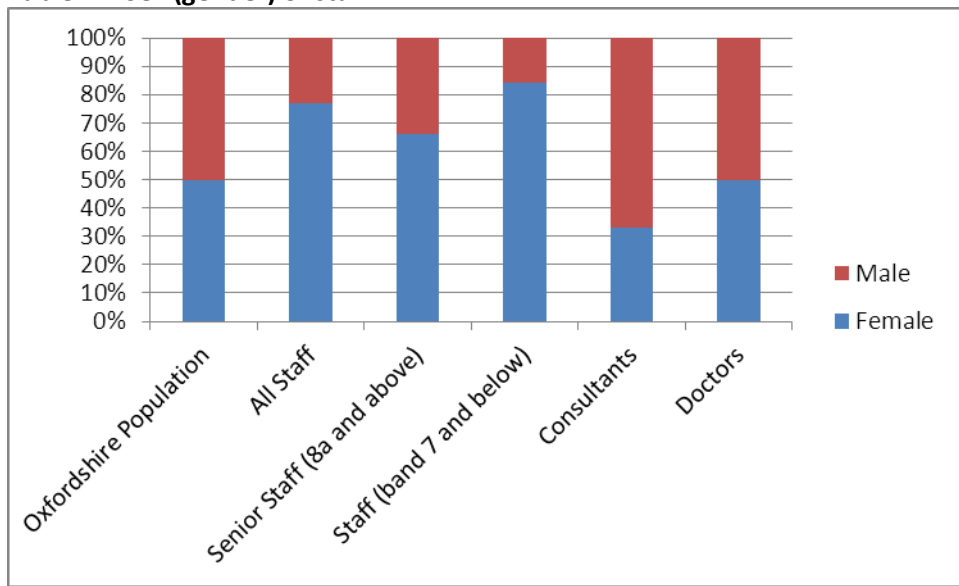
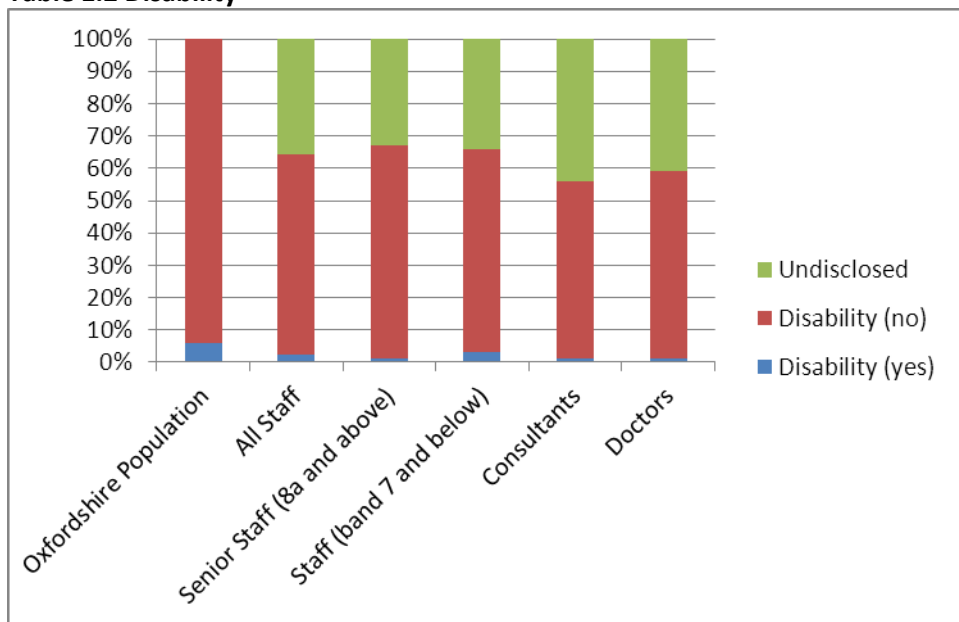


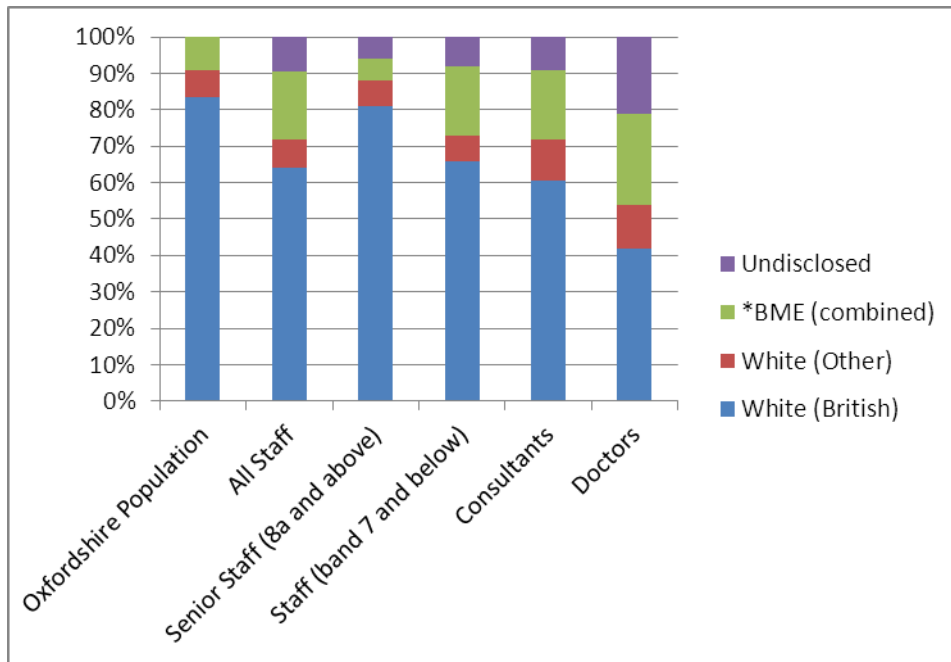
Table 1.2 Disability



Notes:

- Oxford Population figure for disability relates to people of working age experiencing some level of limiting long term illness

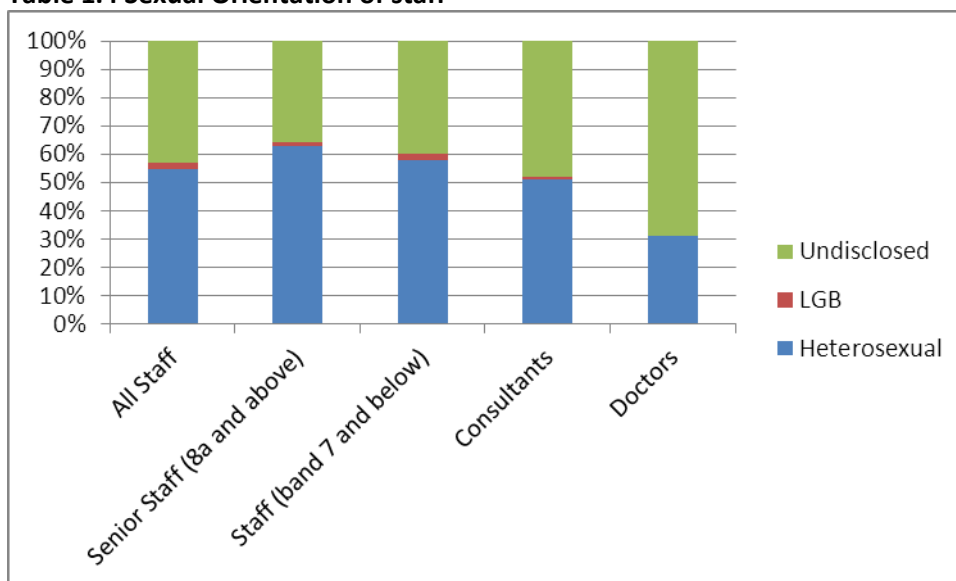
Table 1.3 Race of staff



Notes:

- BME – Black and Minority Ethnic race groups

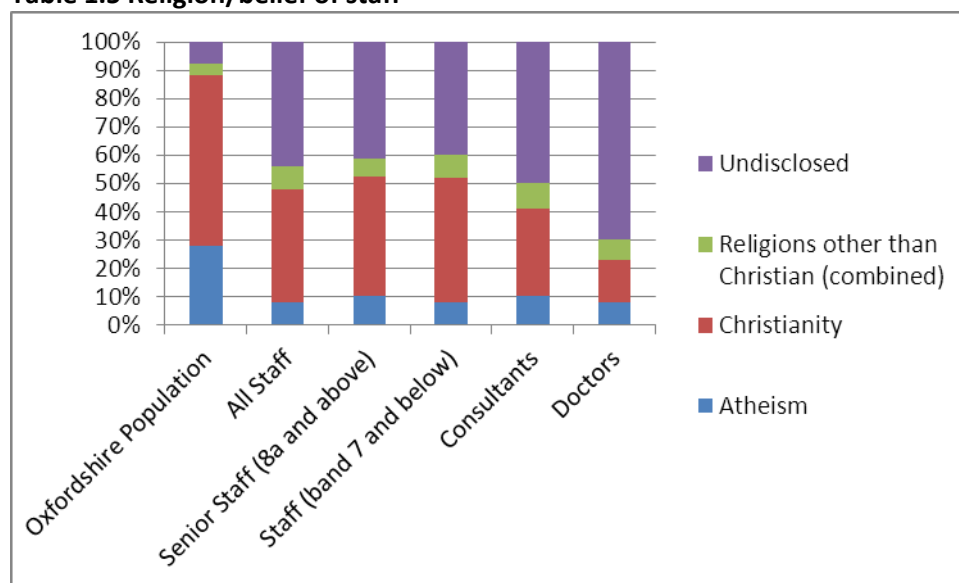
Table 1.4 Sexual Orientation of staff



Notes:

- LGB – lesbian, gay and bisexual
- No population from the National Census 2011

Table 1.5 Religion/belief of staff



Oxfordshire Population Profile 2011 census

Population: 653,800 people live in Oxfordshire.

9.2 % of the population have a Black and Minority Ethnic (BME) heritage.

4.8% of the population are have Asian heritage.

6.3% of the population declare themselves in the “other white” category.

61,131 of Oxfordshire’s residents (9.4% of the population) provide some unpaid care to family or neighbours with ill health or disability. 1.7% provide 50 hours or more of unpaid care per week.

3.5% of Oxfordshire’s population declared themselves in bad, or very bad, health.

Initial comparison suggests that areas with poorer health in Oxfordshire correlate with greater deprivation.

Oxford City: 22% of the population have a BME heritage, 48% are Christian; 33 % follow no religion and 7% are Muslim.

Patients: Approximately:

Race: Outpatients: 13% BME heritage, White: 87% . Inpatients: 12 % have BME heritage, White 88%

Sex/gender: There are slightly more female patients than male.

Age: The age group with the highest attendance is the 25 -55 age group, with the second highest being in the 70 -85 years group.

Religion or belief: 46% of inpatients declared they were Christian. There are a wide range of other religions and beliefs.

Annex 4 2012-2013. Patient demographic detail. This is also available by Division.

Race – out patient episodes

Ethnic Code	Ethnicity	Number of Appointments	%
	NULL	518	0.06%
99	Not Known	4039	0.48%
A	White British	610965	73.18%
B	White Irish	5240	0.63%
C	Any Other White Background	29109	3.49%
D	White and Black Caribbean	2752	0.33%
E	White and Black African	2138	0.26%
F	White and Asian	3906	0.47%
G	Any Other Mixed Background	3191	0.38%
H	Indian	8931	1.07%
J	Pakistani	10729	1.29%
K	Bangladeshi	2275	0.27%
L	Any Other Asian Background	6773	0.81%
M	Caribbean	3501	0.42%
N	African	6640	0.80%
P	Any Other Black Background	1639	0.20%
R	Chinese	2862	0.34%
S	Any Other Ethnic Group	8356	1.00%
Z	Not Stated	121274	14.53%
		834,838	

Race: In-patient episodes.

Ethnic Code	Ethnicity	Number of Episodes	%
99	Not Known	1153	0.58%
A	White British	150104	75.19%
B	White Irish	1475	0.74%
C	Any Other White Background	7576	3.79%
D	White and Black Caribbean	550	0.28%
E	White and Black African	462	0.23%
F	White and Asian	676	0.34%
G	Any Other Mixed Background	947	0.47%
H	Indian	1637	0.82%
J	Pakistani	2454	1.23%
K	Bangladeshi	462	0.23%
L	Any Other Asian Background	1294	0.65%
M	Caribbean	665	0.33%
N	African	1368	0.69%
P	Any Other Black Background	343	0.17%
R	Chinese	557	0.28%

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S	Any Other Ethnic Group	1496	0.75%
Z	Not Stated	26413	13.23%
		199,632	

2012 -2013 Sex/gender : Outpatients

PAT_SEX	GENDER	Number of Appointments	%
2	FEMALE	470146	56.32%
1	MALE	364663	43.68%
0	Not Known	14	0.00%
9	Not Specified	15	0.00%
		834838	

Sex/gender inpatient episodes:

PAT_SEX	GENDER	Number of Episodes	%
2	FEMALE	107029	53.61%
1	MALE	92601	46.39%
0	Not Known	2	0.00%
		199632	

Age: Outpatients

Age band	Number of Episodes	%
0 to 1	11332	1.36%
1 to <5	22438	2.69%
18 to <25	47094	5.64%
25 to <55	304016	36.42%
5 to <18	70470	8.44%
55 to <70	183804	22.02%
70 to <85	161610	19.36%
85+	34074	4.08%
	834838	

Age: in-patient episodes:

Age band	Number of Episodes	%
0 to 1	13061	6.54%
1 to <5	6120	3.07%
18 to <25	10705	5.36%
25 to <55	61261	30.69%
5 to <18	10130	5.07%
55 to <70	43065	21.57%
70 to <85	41905	20.99%
85+	13385	6.70%
	199632	

Religion or belief: Outpatients

Agnostic	38	0.00%
Atheist	17110	2.07%
Christian	387101	46.94%
Buddhism	690	0.08%
Hindu	1852	0.22%
Humanist		0.00%
Islam	9048	1.10%
Judaism	1023	0.12%
Other	68042	8.25%
Sikh	873	0.11%
Zoroastrian		0.00%
Church of Scientology		0.00%
Pagan	17	0.00%
Spiritualist		0.00%
NULL	208336	25.26%
Not Given	715	0.09%
Total	824631	100.00%

Religion or belief In-patient episodes.

Agnostic	8	0.00%
Atheist	4464	2.24%
Bahai		0.00%
Buddhism	149	0.07%
Christian	91213	45.77%
Church of scientology		0.00%
Hindu	264	0.13%
Humanist		0.00%
Muslim	1756	0.88%
Judaism	231	0.12%
Pagan		0.00%
Other	12167	6.10%
None	620	0.31%
Not given	201	0.10%
Not known	29180	14.64%
Sikh	186	0.09%
Spiritualist		0.00%
Total	199303	100.00%

Pregnancy and maternity

Pregnancy, Childbirth and the Puerperium (codes O000 to O998)	Number of Episodes
	14378
Total Episodes (female only)	107029
Total Episodes	199632

Inpatient episodes by marriage and civil partnerships.

Marital Status	Number of Episodes	%
NULL	27306	13.70%
Divorced	26	0.01%
Married/Civil Partner	82752	41.52%
Not Disclosed	14579	7.31%
Separated	7335	3.68%
Single	57009	28.60%
Widowed/Surviving Civil Partner	10296	5.17%
Total	199303	

Number of in-patient episodes by Division.

DivisionShortCode	Division	Number of Episodes	%
NULL	NULL	1801	0.90%
NULL	Unknown	274	0.14%
C&Turg	Cardiac Medicine & Surgery	3054	1.53%
Cancer	Surgery & Oncology	20972	10.51%
Card	Cardiac Medicine & Surgery	10418	5.22%
Child	Children's & Women's	16284	8.16%
Crit	Critical Care, Theatres, Diagnostics and Pharmacy	573	0.29%
ED&Med	Emergency, Medicine, Therapies & Ambulatory	35526	17.80%
Neurosc	Neurosciences, Trauma & Specialist Surgery	4257	2.13%
Radiology	Critical Care, Theatres, Diagnostics and Pharmacy	882	0.44%
Renal	Surgery & Oncology	8945	4.48%
Specialist Medicine	Emergency, Medicine, Therapies & Ambulatory	9491	4.75%
Specialist Surgery	Neurosciences, Trauma & Specialist Surgery	28532	14.29%
Surg	Surgery & Oncology	31380	15.72%
Women	Children's & Women's	27243	13.65%
		199632	

2012-2013 Complaints data: By year/decade of birth

Decade of birth	Number of Complaints
1918 -1919	1
1920 -1929	11
1930-1939	41
1940-1949	53
1950 -1959	65
1960 -1969	36
1970 -1979	45
1980 -1989	28
1990 -1999	4
2000-2009	0
2010 -	1
Total	285

Complaints 2012-2013 by race and sex/gender.

Race	Female	Male	Total
White British	187	90	277
White other	4	2	6
Mixed white and Asian	1	1	2
Other mixed	0	1	1
Other Asian	1	2	3
Other Black	1	1	2
Chinese	1	0	1
Other	6	3	9
Not stated	217	147	364
Totals	418	247	665

2012 national In-patient Survey

	Base	Under 60	Over 60
H6. During your hospital stay, do you feel that you were treated unfairly for any of the reasons below? (All Patients)	289	90	199
Your age	16 6%	3 3%	13 7%
Your sex	6 2%	1 1%	5 3%
Your race / ethnic background	4 1%	2 1%	2 1%
Your religion	6 2%	2 2%	4 2%
Your sexual orientation	4 1%	2 2%	2 1%
A disability that you have	13 4%	3 3%	10 5%
Another reason	20 7%	6 7%	14 7%
None of these	248 86%	78 87%	170 85%
Don't know	21 7%	8 9%	13 7%

Annex 5: Other Activities during 2012-2013.

Annex 5.1 In addition to activities mentioned in connection with the Trust's Equality Objectives and EDS, the Trust has undertaken a number of activities to support staff and patients with respect to equality and diversity. This includes the following activities in the last 12 months:

- Attend Divisional Management/Board Meetings to present and discuss their equality and diversity statistics/performance indicators
- Workforce Equality and Diversity Policy revised and agreed
- Promoting NHS Employers Personal, Fair and Diverse campaign
- "Two Ticks" disability symbol review
- Deaf awareness training x 34 sessions across all sites.
- Link with Age UK regarding some of their initiatives
- Application to become an NHS Equality and Diversity Partner (an NHS programme of support for Trusts to progress equality and diversity)
- Support Calibre Leadership Programme (with Imperial College; leadership development programme for staff with a disability) – 2 OUH attendees in 2013
- Debated Age (Retirement) implications in discussion forum (Oxford employers)

Annex 5.2

A work-programme of activities for 2013-2014 has been agreed by the Equality Steering Group in May 2013.

Annex 5.3

There are a number of media used by the Trust to communicate with staff regarding equality and diversity events and activities. These aim to raise awareness and promote understanding. Media used include:

- Equality and Diversity intranet page – News section
- Dedicated equality and diversity page of OUH News
- Announcements on Now@OUH (home intranet page)
- Site specific emails to staff
- Posters
- Displays in foyer areas

Annex 5.4

The following are some examples of the communication "topics" which have been set in the last 12 months:

- Bullying and Harassment (various dates)
- Access to Work (March 2013)
- BME Network Launch Event (May 2012) and black history timeline display
- Ramadan, fasting and suitable places for prayer (July 2012)

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- Publicize the Faith Conference 2013 on HIV (May 2013)
- Oxford International Women's Festival (February 2013)
- LGBT History Month (February 2013)
- Transgender Remembrance Day (November 2012)
- Disability History Month (December 2012)
- Calibre Leadership Programme (November 2012)

There is ongoing support for the following staff networks and email addresses:

- Oxfordshire NHS Black and Minority Ethnic (BME) Network
- Lesbian, Gay, Bisexual and Transgender (LGBT) e-mail address
- Enable - Disability e-mail address (available but in early stages of development)

Activities for 2013-2014: see work programme.

The following are some of the activities that will be progressed in 2013-2014:

- Developing a network of Equality & Diversity Champions throughout the Trust
- Review of the structure and mechanism for equality and diversity reporting
- Guidance notes for addressing bullying and harassment
- Further local Staff Survey questions for 2013
- Identify and maximize the benefits of the update to NHS Jobs with respect to equality and diversity
- Equality and Diversity monitoring information to be collected for all Doctors at commencement with the Trust
- Work with NHS Partners (if application is successful)
- Support and influence the development of the Leadership Programme and Strategy to promote inclusion
- Board development in Equality and Diversity
- Promote and support Oxford Pride
- Access to Work (staff presentations and drop in sessions)
- Continue to improve analysis of patient demographic detail.
- Continue to improve robust equality analysis of all policies.

Interpreting activity 2012-2013.

Interpreting costs for the year 2012-2013.

Telephony: £ 8522.25.

Languages: Polish, Arabic, Urdu, Portuguese, Nepali, Punjabi, Mandarin, Hungarian, Bengali, Cantonese, Farsi, Spanish, Turkish, Kurdish, Czech, Italian, Romanian, Somali, Malay, Lithuanian, Indonesian, Slovak, Vietnamese, Thai, German, Albanian, Hindi,

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Russian, Twi, Bulgarian, Dari, Pashto, Burmese, Swahili, Sylheti, Neapolitan, Korean, Japanese, Greek, Tagalog, Tamil, French, Latvian, Serbian, Turkish, Bulgarian, Punjabi, Ukranian.

Face to Face interpreting:

£57,692.10 plus VAT = £69,230.52

Languages: Polish, Cantonese, Mandarin, Urdu, Bengali, Arabic, Punjabi, Portuguese, Nepalese, Russian Tamil, Spanish, Slovak, Romanian, Hindi, Albanian, Sylheti, Czech, Dari, Farsi, French, German, Greek, Gujarati, Hindi, Urdu/Punjabi, Hungarian, Indonesian, Italian, Japanese, Korean, Kurdish, Lithuanian, Malay, Pashto, Serbian, Serbo-Croat, Slovak, Somali, Swahili, Tagalog, Thai, Turkish, Twi, Ukranian, Vietnamese, Yoruba.

British Sign Language Interpreting:

£32,228.75

Total expenditure including British Sign Language = £109,981.52

Total for foreign language interpreting: £77,752.77

47 different languages

ANNEX 6: Athena Swan update, April 2013

Department	Awarded	Date and level of Intended Submission
Biochemistry	Bronze (Nov 12)	
DPAG		April 13 - Bronze
Experimental Psychology	Bronze (Apr 12)	
Pathology		November 13 - Bronze

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Pharmacology		November 13 - Bronze
Clinical Neurosciences	Bronze (Nov 12)	
NDM		April 13 - Bronze
OCDEM		
TROP MED		
ORCRB		
EXP MED		
CTSU/CEU		
WELL/STRUBI/CCMP		
NDORMS		November 13 - Silver
NDS		April 13 - Bronze
Obstetrics and Gynaecology		April 13 - Bronze
Oncology		November 13 - Silver
Paediatrics		April 13 - Bronze
Primary Care Health Sciences	Bronze (Nov 12)	
Psychiatry		April 13 - Bronze
Public Health		Not declared
NPEU		April 13 - Silver
CV MED		April 13 - Bronze
NDCLS		April 13 - Bronze