

Trust Board Meeting: Wednesday 12 March 2014

TB2014.39

Title	Equality & Diversity Annual Report – 2012/13
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Status	For information
History	<p>A summary paper has been presented to:</p> <ul style="list-style-type: none"> • Workforce Committee (May 2013) • Clinical Governance Committee (June 2013) • Trust Management Executive (September 2013; February 2014)

Board Lead(s)	<p>Mark Power, Director of Organisational Development & Workforce Liz Wright, Acting Chief Nurse</p>			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1.	<p>Explanatory note from Director of Organisational Development & Workforce:</p> <p>The Equality & Diversity Annual Report April 2012 to March 2013, provided at Appendix 1, has been delayed in its submission to the Trust Board due to concern having been expressed regarding the composition of the assessment panel and degree of scrutiny of all available evidence.</p>
2.	<p>A subsequent update paper presented to the Trust Management Executive confirmed changes to improve the Equality Delivery System (EDS) application and assessment process will be made.</p>
3.	<p>Plans to address rigour and quality assurance, with respect to consideration of evidence and conduct of a thorough self-assessment of performance, are underway.</p>
4.	<p>Composition of the panel and representation of clinicians and managers will also be considered to ensure a balanced input to its discussions.</p>
<p>Recommendation:</p> <p>The Trust Board is asked to note the report and in particular the intention to improve the future EDS application and assessment process.</p>	

Equality & Diversity Annual Report April 2012 to March 2013

1. Purpose

- 1.1 The Trust has made a commitment to, and is legally required to, produce and publish information to demonstrate it is compliant with the three general duties of the Equality Act 2010 (i.e. eliminate discrimination and harassment, advance equality of opportunity and to foster good relations).
- 1.2 This is an opportunity to note the good work being undertaken across the Trust and highlight areas requiring more focus.

2. Background

- 2.1 The report, provided at **Appendix 1**, was drafted in August 2013 and, having been considered by the Workforce Committee, Clinical Governance Committee (summary paper) and the Trust Management Executive (full report), has been delayed in its submission to the Trust Board. The principal reason for this delay is the concern expressed by the committees regarding the composition of the assessment panel and the degree of scrutiny of all available evidence.
- 2.2 A subsequent update paper presented to the Trust Management Executive confirmed that changes to improve the Equality Delivery System (EDS) application and assessment process will be made following discussion between the newly appointed Chief Nurse and Director of Organisational Development & Workforce. Specifically, improvements will aim to address rigour and quality assurance, with respect to the consideration of evidence and the conduct of a thorough self-assessment of performance. The composition of the panel and representation of clinicians and managers will also be considered to ensure a balanced input to its discussions. The recent publication of a revised EDS provides an appropriate opportunity to undertake this work.

3. Summary

- 3.1 The Trust is required to adhere to public sector equality duties; progress has been made against a number of the OUH Equality and Diversity objectives approved by the Board in March 2012.
- 3.2 Progress against each of the OUH local equality and diversity targets is detailed within the report, and summarised as follows.
- 3.3 The national EDS has been adopted as a framework to monitor annual progress.
- 3.4 Awareness of the different communication needs of patients is increasing – 13 easy read productions are available, including PALS and Complaints information. Awareness of the need to access interpreting services is increasing.
- 3.5 Outreach activity and ‘listening events’ to obtain the views of patients on their hospital experiences has continued; feedback has facilitated service and quality improvements.
- 3.6 A total of 81% (1 Apr 13) of staff have achieved Level One Equality and Diversity Training competency, against a local target of 90%. Work to increase disability awareness is ongoing; for example 34 deaf awareness sessions have been delivered.

- 3.7 A revised 'Addressing Bullying & Harassment Procedure' has been agreed and implemented. A total of 31 Bullying & Harassment Support Colleagues are now available to support staff.
- 3.8 There is ongoing collaboration with the University of Oxford to achieve Athena Swan (increasing the percentage of female scientists in research) accreditation.
- 3.9 Areas requiring more focus and improvement:
- Collection and analysis of demographic data has improved but still needs to improve further; ongoing improvement activity and raising awareness continues.
 - Incident reporting: Awareness of the need to report incidents linked to potential discrimination needs to increase and categorisation on the DATIX system refined (2012-2013: 398 incidents categorised abuse, aggression and harassment).
 - A review of the language interpreting contract.
 - Disability access in general across Trust sites, including to fully accessible toilets.
 - Provision of multi-faith space on all four sites.
 - Incorporating diversity within services and explicit diversity considerations within policy writing needs to increase.
 - The completion and storage of Equality Analysis when undertaking service and/or policy change at the Trust. All equality analyses need attaching to the policy or plan prior to approval.
 - A review of the Equality & Diversity Steering Group membership, attendance by senior management and terms of reference to maximise the impact and drive key areas of activity.
- 3.10 The EDS annual grading review 2013 has been completed - patient services and workforce aspects were reviewed separately. Generally, OUH EDS grades are improving from red (underdeveloped) to amber (developing).
- 3.11 A number of specific activities and initiatives have been undertaken with the aim of raising awareness and fostering good relations between protected groups. These include:
- Staff support networks created.
 - Updated Equality & Diversity Policy.
 - Internal awareness communications for staff, for example regarding festivals and information on the protected characteristics (age, race, disability), in OUH News and intranet site "Now at OUH".
 - Listening to different views of patient experiences to improve services, from individuals and community groups.
- 3.12 The Trust Equality and Diversity website is regularly updated to promote openness and transparency and to provide assurance for regulators regarding Care Quality Commission (CQC) outcomes and Equality Act 2010 progress.
- 3.13 The Trust contributed to the national consultation process to inform a revised version of EDS (EDS2), which was published in November 2013.

3.14 Changes introduced by EDS2 include:

- simpler language, throughout;
- clarity on the process and timescales to be applied to assessment (which has been made less onerous);
- greater flexibility to allow Trusts to determine when assessment is undertaken (which no longer needs to be undertaken annually).

3.15 The Trust's Equality Objectives are due for renewal in 2016. The EDS panel will be asked in 2014 to consider any additional Equality Objectives. These will then be submitted to Trust Board for approval.

4. Conclusion

4.1 Demonstrable progress has been made with respect to compliance against the Trust's Equality Objectives, which is not fully reflected in the current grading.

5. Recommendation

5.1 The Trust Board is asked to note the report and in particular the intention to improve the future EDS application and assessment process.

Mark Power

Director of Organisational Development & Workforce

March 2014

Appendix 1

Equality & Diversity Annual Progress Report 2012-2013

August 2013

Authors:

Jan Cottle Equality and Diversity Manager

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Phil Sutton Head of Chaplaincy (for Chaplaincy & Multi-Faith Section)

Introduction

1. Oxford University Hospitals NHS Trust is committed to promoting Equality and Diversity. As such, it is required to produce and publish information, to demonstrate it is compliant with the three general duties of the Equality Act 2010.
 - Eliminate unlawful discrimination, harassment and victimisation
 - Advance equality of opportunity between different groups
 - Foster good relations between different groups
2. The Annual Report demonstrates commitment to compliance with the Equality Act 2010 and requirements of the Care Quality Commission (CQC) - Outcomes 1, 4, 6, 7, 10.1 and 10.3 refer. The report includes coverage of both workforce and patient services.
3. The Trust's four year Equality Objectives were published in April 2012. See Annex 1.
4. 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) and green (achieving), in line with the amount of demographic detail and analysis available to form evidence. As the demographic analysis improves it is anticipated that grades will change to green and ultimately purple (excelling). See Annex 2.
5. The Trust Development Authority (TDA) is responsible for supporting aspiring trusts to achieve Foundation Trust status. Equality Act 2010 compliance will contribute to a demonstration of good governance. Compliance with the Equality Act 2010 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.
6. The equality and diversity activities being undertaken at the Trust will improve patient experiences and support staff.

Progress Against Objectives

Public Sector Duty: Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited under the Act.

Equality Objective 1:

To provide more accessible communication to patients who have specific communication needs; by increasing awareness of interpreting services and offering the most frequently used patient information leaflets in easy read format.

7. The need to use interpreting services has been included in the equality and diversity training level one. The number of complaints regarding a lack of interpreting services will be monitored. There were very few in the year 2012-2013. Interpreting usage is being monitored and extra awareness of telephone usage activity targeted.
8. Expenditure on interpreting services during the year 2012-2013 was approximately £110,000. This includes c £32,000 for British Sign Language and £78,000 for foreign language interpreting. See Annex 3 for a list of the 47 languages utilised within the Trust last year.
9. Video-conferencing for British Sign Language is now available and can be installed on computers within the Trust, as part of the interpreting contract. This is particularly useful for "walk-in" departments such as out-patient areas and emergency departments. So far the Emergency Departments are installing the software.

10. There are now 13 easy read patient information leaflets, including the out-patient appointment letter; PALS and Complaints leaflets. <http://www.ouh.nhs.uk/patient-guide/leaflets/default.aspx#easy>
11. The production of audio versions of patient information is currently being investigated, so that patients can choose which version they prefer, according to their individual needs. Audio versions of on line information are also accessible using a computer.

Equality Objective 2:

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. The Staff Survey 2011 indicated that 16% of staff felt they had been bullied or harassed by a manager or colleague in the preceding 12 months; this was also the average for Acute Trusts. In 2012 the bullying and harassment questions in the national NHS Staff Survey were changed, asking "In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work?". This has resulted in a significant increase in the percentage given for this question. It is possible this is because this is a more leading question producing a more definitive response. Although this means a comparison with last years' results is not possible, focussed effort has continued in this area.
13. The Staff Survey 2012 also indicated that 23% of Oxford University Hospitals Trust staff, felt they had been bullied or harassed by a manager or colleague in the preceding 12 months. This compares with the average for acute Trusts of 24%.
14. The Trust has therefore commissioned the following initiatives to reduce the incidence of bullying and harassment and provide support to staff who feels they are the victims of bullying and harassment:
 - 14.1 Identification and training of 'Bullying and Harassment Support Colleagues' – 29 volunteers currently available (list on intranet) and more being trained and recruited.
 - 14.2 Revised "Addressing Bullying & Harassment Procedure" (approved by Trust Management Executive on 25 April 2012) introduced.
 - 14.3 Poster campaign using the NHS Employers posters to highlight issues.
 - 14.4 Awareness campaign through e-mail, Now@OUH and OUH News
 - 14.5 Training for line managers in Addressing Bullying and Harassment has been piloted, with the first full training session being delivered in June 2013. It is the intention for this training to be delivered once a month depending on the level of demand.
 - 14.6 Three staff network emails have been activated and require support.

Some of the above initiatives are in the early stages of implementation and it is hoped that the impact of these will be more apparent in the Staff Survey 2013.

Public Sector Duty: to eliminate discrimination and to foster good relations.

Equality Objective 3:

To improve the patient experience, year on year, for patients across all 9 protected characteristics and additional marginalised groups, monitored through patient feedback obtained from patients and public involvement activity in the community.

15. Outreach activity to listen to views of hospital experiences in community groups has continued throughout the year. Strong feedback has been received from disability rights and advocacy groups and carers.
16. Achievements include: The doors to the West Wing lifts have been fixed; the possibility of an audit of accessible toilet facilities is being discussed; deaf awareness training sessions have taken place on all four sites; the number of easy read leaflets available is slowly increasing; awareness amongst staff that patients want to be asked about their individual needs is increasing; an increase in the use of yellow stickers and yellow bed signs-with a patient's permission continues. There were less than 5 complaints relating to equality and diversity issues during the year 2012-2013.
17. Carers want to be identified, fully involved in patient care, helped /trained to do any appropriate procedure and supported to maintain their role. A new Carers Policy and Protocol has been approved. Funding for an "I-care" card to assist in the identification of carers is being sought. Liaison with Carers Oxfordshire continues. Carers can travel with a patient on hospital transport if booked in advance.
18. An Oxfordshire wide NHS listening event took place in January 2013 to listen to views of people with a learning disability: longer appointment times; patience, respect, understanding and the need to take time to explain; easy read patient information were points raised. The full report is available on the website and intranet site.
19. It has been agreed that all policies should have a robust equality analysis attached prior to approval. This needs to improve.
20. The chaplaincy service continues to meet with and support local faith communities in Oxford and Banbury and has a network of trained and supported faith leaders who are available on-call when required. This service is facilitated by the chaplaincy service to ensure that appropriate cultural and pastoral support is provided in conjunction with the required religious care. In 2012/13 only one out of 32 requests for religious support could not be met in a timely manner due to the absence of a particular faith leader.
21. The demand for the bereavement on-call service for the early release of the deceased for burial or repatriation continues to increase in 2012/13; 29 requests were made with no delays due to the absence of hospital services or staff. Only 36% of requests resulted in release within 24 hours; delays in the remainder of cases were due to external factors such as Coroner's post mortems, cemetery availability and repatriation documentation. The Oxford University Hospitals service has been commended by the four regional Islamic funeral directors as providing an exemplary service.
22. The provision of facilities for Muslim prayers at the John Radcliffe Hospital, where upwards of 60 members of staff meet for Friday and festival prayers, is under review. Currently Executive consideration is being given to the provision of adequate space, so that the chaplaincy service working in conjunction with Muslim staff and local mosques committees could support any refurbishment costs.

23. Multi-faith facilities are required across the Trust.

Equality Objective 4:

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 have completed equality and diversity training by 2013.

24. The Statutory and Mandatory Equality and Diversity training material was reviewed in 2012, this included the production of revised training presentation material, a workbook (available online) and an online competency assessment. Training events are available for staff who prefer or need direct input of a subject specialist.
25. Training and competence in basic equality and diversity is monitored using the Trust e-learning system LMS (Learning and Development System). At the end of May 2013 the percentage recorded as having successfully completed the competency assessment in equality and diversity, at Level One was 82%.
26. Further more detailed/advanced training in equality and diversity, at Level 2/3 has been developed and a pilot undertaken. This is primarily aimed at line managers and equality and diversity champions, however any interested staff will be able to attend. The first available training at Level 2/3 was held on 12 June. It is the intention for this training to be delivered once a month depending on the level of demand.
27. The need for greater disability awareness was raised through patient feedback; during last year 34 deaf awareness sessions were provided (using charitable funding) and all sessions had positive evaluations. There are plans for two more sessions per hospital site during this current year.

Equality Objective 5:

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.

28. The Trust continues to offer support to the University of Oxford's Medical Sciences Division with respect to Athena Swan. Progress is monitored at Personnel Committee, Partnership meetings and the University's Athena Swan Steering Group meetings. The latest update regarding each Departments' progress can be found in Annex 7.
29. The Workforce Equality and Diversity Lead has and continues to be involved in the Athena Swan Assessment Panels; reviewing applications from across the country and determining the level of Awards. The University of Oxford's Medical Sciences Division Departments' who would like their proposed applications reviewed in advance of submitting their applications, are making use of this experience and knowledge.

Public Sector Duty: Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share that characteristic.

Equality Objective 6:

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 patient records to include data on age, sex and race.

Data and demographics see Annex 4 - 6

30. The workforce Equality and Diversity monitoring exercise in 2012 greatly improved the reliability of diversity data held in the Electronic Staff Records (Personnel/Payroll system). As at September 2012, this Equality Objective for staff records was being achieved with 98.7% of disability, religion and sexual orientation data being recorded. Where a member of staff has ticked “prefer not to say”, this is considered as a positive response when calculating data as being recorded.
31. However, as at 31 March 2013, this figure was down to 95.3%. This is primarily due to doctors commencing through the Junior Doctors Rotational Intake, where they are not being asked the diversity monitoring questions. Going forward the Recruitment Team will ask them to complete a monitoring form on commencement.
32. There are also a large number of staff who “prefer not to say” their religion, sexual orientation and whether they have a disability. Therefore for some minority groups the real percentage is likely to be higher.
33. Data from the National Census 2011 was released in 2012-2013 and 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 e.g. At senior management levels. Data is available in Annex 4. Work to promote equal access to staff development across all grades continues.
34. 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, if staff complete the appropriate sections. 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. See Annex 5.
35. The profile of patients for the year 2012-2013 was as follows:
 - 35.1 Race: Outpatients: 13% BME heritage, White British: 87%.
Inpatients: 12% have BME heritage, White British 88%
 - 35.2 Sex/gender: There are slightly more female patients than male.

35.3 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.

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

35.5 More detail is available on request.

Update on the use of the Equality Delivery System (EDS). See Annex 2

36. The annual Equality Delivery System grading activity has taken place, with the majority scoring as amber – developing. There are plans to take the overall EDS evidence and grades to Healthwatch annually when this is possible.

37. Significant improvements have been made regarding the quality and quantity of workforce data available for the grading exercise. This is due to better information being collected during recruitment, though further improvements are expected in this regard with the update of the NHS Jobs system. In addition local questions were asked in the Staff Survey 2012, to address gaps in data, including the collection of data for all 9 protected characteristics.

Other Equality and Diversity Initiatives Undertaken During the Year

38. In addition to activities already mentioned to promote equality and diversity in routine activity, the Trust has undertaken a number of other activities in the last twelve months:

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

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 internal 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

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)
- 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 Planned During 2013-2014.

39. The following have been agreed for 2013 – 2014 in pursuit of key objectives:-

- 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 (application was 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 and other community initiatives.
- 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.

Priorities for 2013-2014

- Promote attendance at training and competence in equality and diversity, both through completion of the Statutory and Mandatory competency assessment (Level One) and additional training for staff and line managers (Level Two).

- Support the development of a network of Equality Champions within the workforce, from all areas of the Trust to be a resource and promote equality and diversity in Divisions/Departments.
- Support the Equality and Diversity Steering Group, review membership and terms of reference and attendance by Senior Managers, to maximise impact and drive key areas of activity.
- Strive to promote inclusive services (and employment) and improve consideration of individuals' different needs, making reasonable adjustments where required.
- Improve collection and analysis of demographic data.
- The completion and monitoring of equality analyses when undertaking service and/or policy change at the Trust. All analyses are to be attached to the policy or plan.
- A review of the language interpreting contract.
- Disability access in general across Trust sites, including to fully accessible toilets.
- Provision of Multi-faith space.

Conclusion

The Trust has made progress on key objectives and has undertaken a wide range of Equality and Diversity activities during the year. However, there is still considerable work required and priorities have therefore been identified and agreed for 2013-2014.

Mark Power

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March 2014

ANNEX 1

EQUALITY OBJECTIVES 2012 -2016. PUBLISHED APRIL 2012

Public Sector Duty: Eliminate discrimination, harassment and victimization and any other conduct that is prohibited under the Act.

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 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).

Public Sector Duty: To eliminate discrimination and to foster good relations.

3. 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.
4. 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
5. 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.

Public Sector Duty: Advance equality of opportunity between people who share a relevant characteristic and people who do not share that characteristic.

6. 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).

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

ANNEX 2

Equality Delivery System – Grading 2012 and 2013

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

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

Face to Face interpreting:

£57,692.10 plus VAT = £69230.52

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, Ukrainian, 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 4

Data and demographic information:

Oxfordshire population:

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 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% provides 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.

Patient Profile 2012-2013

Patients 2012-2013: (Approximately):

Race: Outpatients: 13% BME heritage, White British: 87%.

Inpatients: 12 % have BME heritage, White British 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 5

Staff and 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

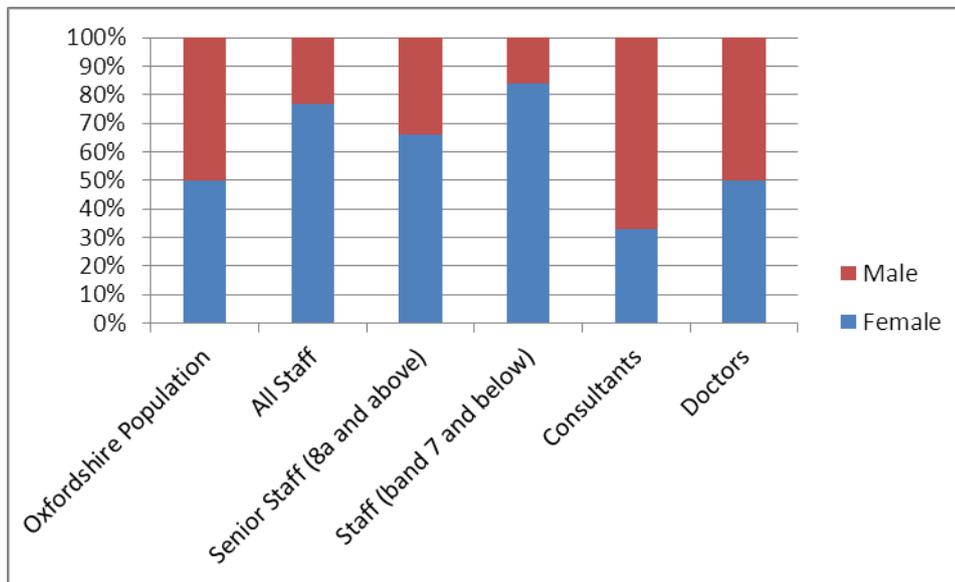
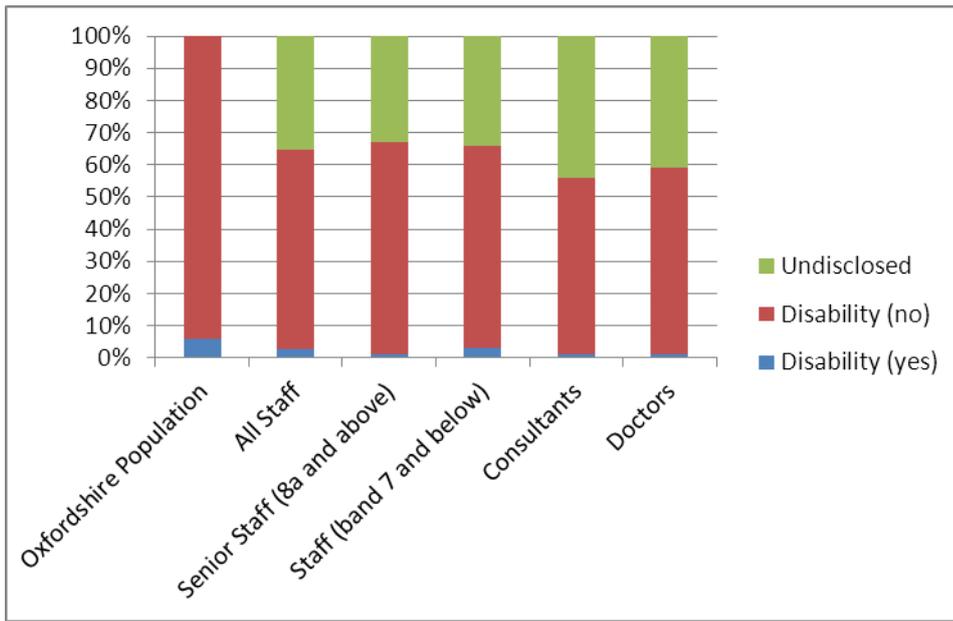


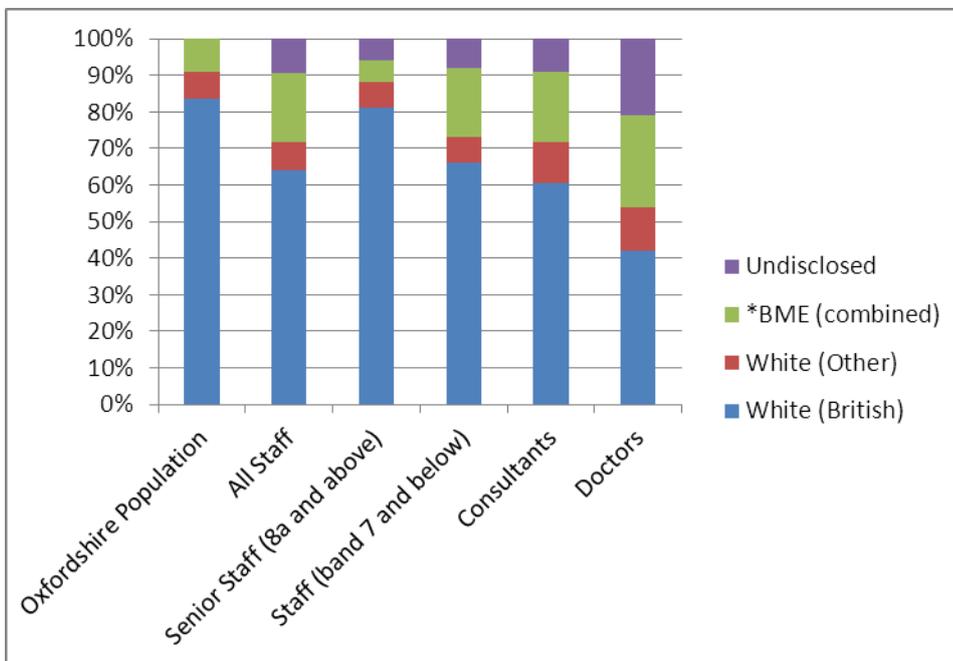
Table 1.2 Disabilities



Notes:

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

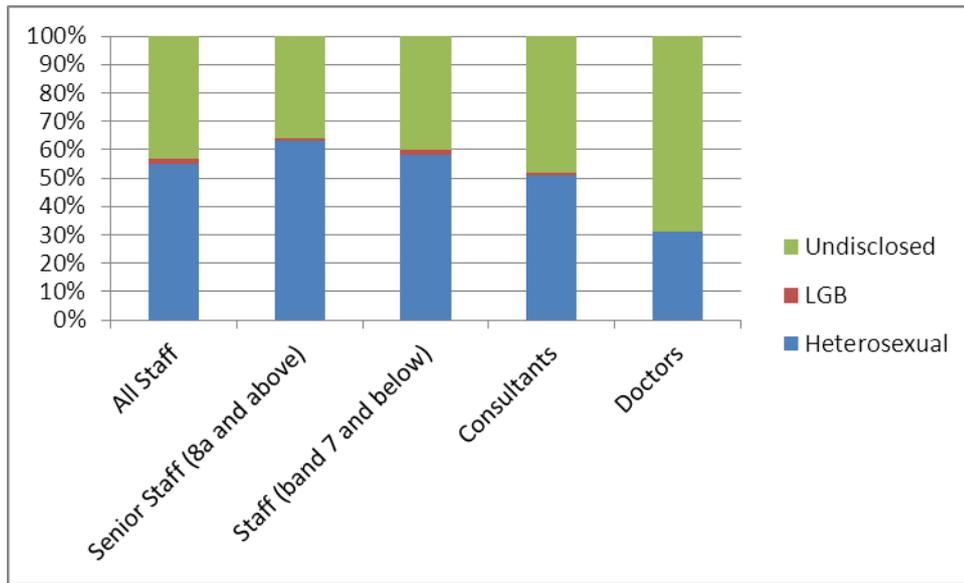
Table 1.3 Race of staff



Notes:

- BME – Black and Minority Ethnic race groups

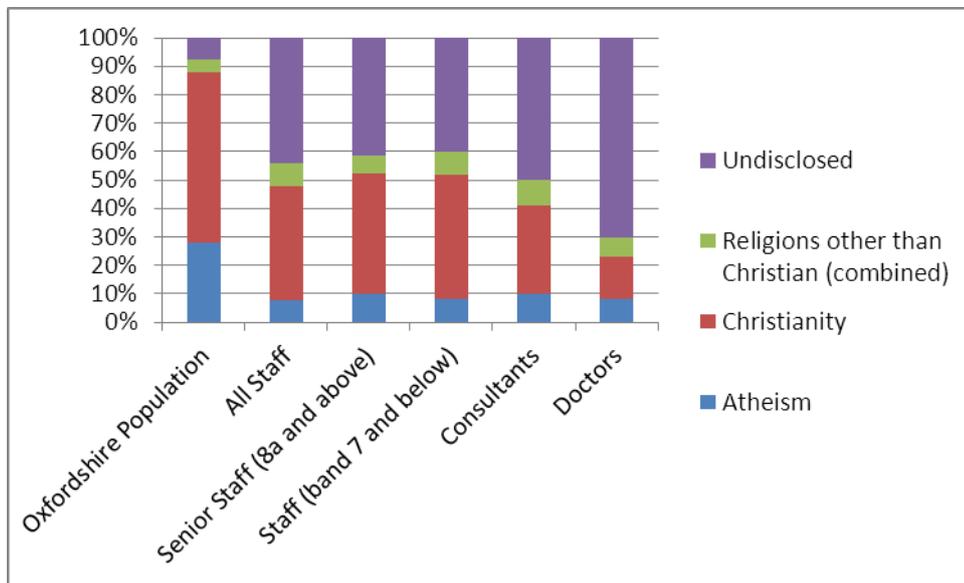
Table 1.4 Sexual Orientation of Staff



Notes:

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

Table 1.5 Religion / Belief of Staff



ANNEX 6**2012-2013 Patient Demographic Detail**

This is also available by Division

Race by Number of Outpatient Episodes

Ethnic Code	Ethnicity	Number of Outpatient Episodes	%
	NULL	518	0.06%
99	Not Known	4,039	0.48%
A	White British	610,965	73.18%
B	White Irish	5,240	0.63%
C	Any Other White Background	29,109	3.49%
D	White and Black Caribbean	2,752	0.33%
E	White and Black African	2,138	0.26%
F	White and Asian	3,906	0.47%
G	Any Other Mixed Background	3,191	0.38%
H	Indian	8,931	1.07%
J	Pakistani	10,729	1.29%
K	Bangladeshi	2,275	0.27%
L	Any Other Asian Background	6,773	0.81%
M	Caribbean	3,501	0.42%
N	African	6,640	0.80%
P	Any Other Black Background	1,639	0.20%
R	Chinese	2,862	0.34%
S	Any Other Ethnic Group	8,356	1.00%
Z	Not Stated	121,274	14.53%
	Total	834,838	

Race by Number of Inpatient Episodes

Ethnic Code	Ethnicity	Number of Inpatient Episodes	%
99	Not Known	1,153	0.58%
A	White British	150,104	75.19%
B	White Irish	1,475	0.74%
C	Any Other White Background	7,576	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	1,637	0.82%
J	Pakistani	2,454	1.23%
K	Bangladeshi	462	0.23%
L	Any Other Asian Background	1,294	0.65%
M	Caribbean	665	0.33%
N	African	1,368	0.69%
P	Any Other Black Background	343	0.17%
R	Chinese	557	0.28%
S	Any Other Ethnic Group	1,496	0.75%
Z	Not Stated	26,413	13.23%
	Total	199,632	

Sex / Gender by Number of Outpatient Episodes

PAT_SEX	GENDER	Number of Outpatient Episodes	%
2	FEMALE	47,0146	56.32%
1	MALE	364,663	43.68%
0	Not Known	14	0.00%
9	Not Specified	15	0.00%
Total		83,4838	

Sex / Gender by Number of Inpatient Episodes

PAT_SEX	GENDER	Number of Inpatient Episodes	%
2	FEMALE	107,029	53.61%
1	MALE	92,601	46.39%
0	Not Known	*	0.00%
Total		199,632	

Age Band by Number of Outpatient Episodes

Age Band	Number of Outpatient Episodes	%
0 to 1	11,332	1.36%
1 to <5	22,438	2.69%
18 to <25	47,094	5.64%
25 to <55	304,016	36.42%
5 to <18	70,470	8.44%
55 to <70	183,804	22.02%
70 to <85	161,610	19.36%
85+	34,074	4.08%
Total	834,838	

Age Band by Number of Inpatient Episodes

Age band	Number of Inpatient Episodes	%
0 to 1	13,061	6.54%
1 to <5	6,120	3.07%
18 to <25	10,705	5.36%
25 to <55	61,261	30.69%
5 to <18	10,130	5.07%
55 to <70	43,065	21.57%
70 to <85	41,905	20.99%
85+	13,385	6.70%
Total	199,632	

Religion or Belief by Number of Outpatient Episodes

Religion or Belief	Number of Outpatient Episodes	%
Agnostic	38	0.00%
Atheist	17,110	2.07%
Christian	387,101	46.94%
Buddhism	690	0.08%
Hindu	1,852	0.22%
Humanist	0	0.00%
Islam	9,048	1.10%
Judaism	1,023	0.12%
Other	68,042	8.25%
Sikh	873	0.11%
Zoroastrian	0	0.00%
Church of Scientology	0	0.00%
Pagan	17	0.00%
Spiritualist	0	0.00%
NULL	208,336	25.26%
Not Given	715	0.09%
Total	824,631	100.00%

Religion or Belief by Number of Inpatient Episodes

Religion or Belief	Number of Inpatient Episodes	%
Agnostic	0	0.00%
Atheist	4,464	2.24%
Baha'i	0	0.00%
Buddhism	149	0.07%
Christian	91,213	45.77%
Church of scientology	0	0.00%
Hindu	264	0.13%
Humanist	0	0.00%
Muslim	1,756	0.88%
Judaism	231	0.12%
Pagan	0	0.00%
Other	12,167	6.10%
None	620	0.31%
Not given	201	0.10%
Not known	29,180	14.64%
Sikh	186	0.09%
Spiritualist	0	0.00%
Total	199,303	100.00%

Pregnancy and Maternity by Number of Episodes

Pregnancy, Childbirth and the Puerperium (codes O000 to O998)	Number of Episodes
	14,378
Total Episodes (female only)	107,029
Total Episodes	199,632

Marriage and Civil Partnerships by Number of Inpatient Episodes

Marital Status	Number of Episodes	%
NULL	27,306	13.70%
Divorced	26	0.01%
Married/Civil Partner	82,752	41.52%
Not Disclosed	14,579	7.31%
Separated	7,335	3.68%
Single	57,009	28.60%
Widowed/Surviving Civil Partner	10,296	5.17%
Total	199,303	

Number of Inpatient Episodes by Division

Division Short Code	Division	Number of Episodes	%
NULL	NULL	1,801	0.90%
NULL	Unknown	274	0.14%
Cardiac & Thoracic Surgery	Cardiac Medicine & Surgery	3,054	1.53%
Cancer	Surgery & Oncology	20,972	10.51%
Card	Cardiac Medicine & Surgery	10,418	5.22%
Child	Children's & Women's	16,284	8.16%
Critical Care	Critical Care, Theatres, Diagnostics and Pharmacy	573	0.29%
A & E & Medicine	Emergency, Medicine, Therapies & Ambulatory	35,526	17.80%
Neuroscience	Neurosciences, Trauma & Specialist Surgery	4,257	2.13%
Radiology	Critical Care, Theatres, Diagnostics and Pharmacy	882	0.44%
Renal	Surgery & Oncology	8,945	4.48%
Specialist Medicine	Emergency, Medicine, Therapies & Ambulatory	9,491	4.75%
Specialist Surgery	Neurosciences, Trauma & Specialist Surgery	28,532	14.29%
Surgery	Surgery & Oncology	31,380	15.72%
Women	Children's & Women's	27,243	13.65%
Total		199,632	

2012-2013 Complaints Data by Year / Decade of Birth

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

Number of complaints categorised as issues relating to “Equality and Diversity” = **

Number of incidents reported April 2012 – March 2013 categorised:

“Abuse, aggression or harassment”: 398.

All figures under 10 marked*

2012-2013 Complaints by Race & Gender

All figures under 10 have been deleted or marked *

Race	Female	Male	Total
White British	187	90	277
White other			
Mixed white and Asian			
Other mixed			
Other Asian			
Other Black			
Chinese			
Other			
Not stated	217	147	364
Totals	418	247	665

2012 National Inpatient Survey

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

ANNEX 7

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
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