



# Equality Report 2014 - 2015

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## 1. Introduction

This summary report provides an analysis of the diversity profile of the workforce at Oxford Health NHS Foundation Trust (OHFT).

The report draws on our obligation to meet our Equality Information Publishing Duty under the Equality Act 2010 to publish information annually relating to employees who share a protected characteristic.

It establishes the benchmark data information for subsequent analysis of our annual workforce data collection across all the protected characteristics.

## 2. The use of this report

This report will be used along with other workforce profile data to help monitor progress and demonstrate the impact of our equality and diversity policies and procedures, particularly in terms of:

- setting equality and diversity priorities, and measuring progress
- assessing how the trust's policies and practices impact on equality
- benchmarking our diversity profile with that of the sector or relevant parts of the sector
- reporting annually, or as required, to stakeholders, including funders, patient groups and the wider community.

These activities all support the strategic planning, monitoring and assessments required to address the workforce-related priorities and the monitoring and reporting requirements of the Public Sector Equality Duty.

## 3. Relationship with the Public Sector Equality Duty

The Public Sector Equality Duty, which was created by the Equality Act 2010 (Specific Duties) Regulations 2011 require organisations to publish:

- their equality objectives, at least every four years.
- information to demonstrate their compliance with the equality duty, at least annually.

## 4. Diversity challenges

The new workforce diversity challenges include demonstrating compliance with the new Public Sector Equality Duty. They are associated with:

- managing the removal of the default retirement age and the implications for maintaining an age-diverse workforce
- monitoring sensitive workforce diversity characteristics, such as sexual orientation, religion or belief and gender reassignment
- improving data quality by reducing the number of 'unknowns' in religion and sexual orientation categories in particular.

This creates the need for accurate information and effective systems to help identify equality objectives and demonstrate progress towards meeting them.

## 5. Progress on the EDS2 (Equality Delivery System)

We have been using the NHS Equality Delivery System to develop our equalities work. This framework has helped us to identify our equality priorities and consolidate the progress we have made to date, which can be attributed to a number of relationships, practices and initiatives involving a diverse range of stakeholders, sector agencies and partnerships.

The examples below illustrate our performance in relation to using the EDS2 to advance equality for service users and staff.

**1)** The trust has developed policy guidance for providing health services to transgender people in partnership with inpatient mental health and community hospital staff and transgender people. This will enable us to ensure that our services are responsive to meeting the needs of transgender service users and improving provision for this protected characteristic group.

**TALKING  
SPACE**



**2)** An 'Islam and Wellbeing' conference was organised in partnership with Mind, Talking Space IAPT (improving access to psychological therapies) and the local Muslim community. The purpose was to raise awareness of mental health within the community and the cultural barriers to accessing services/therapies. The event was attended by members of the local community and healthcare professionals. The local Imam delivered the key note speech that stressed the importance of medical and healthcare professionals and the Muslim community working closer to improve the mental health and wellbeing of the community.

**3)** Health informatics have been advised in line with the NHS England's 'Monitoring Equality: A Guide for the NHS' throughout the development of the new Electronic Healthcare Records system to ensure that patient demographic information is captured across the nine protected characteristics.



**4)** A 'Six Facet Survey' has been completed which looked into the quality of provision across all our estates for patients. One of these facets was in relation to disability which covered signage, access, safety, etc. The recommendations are being implemented by the facilities and estates management.

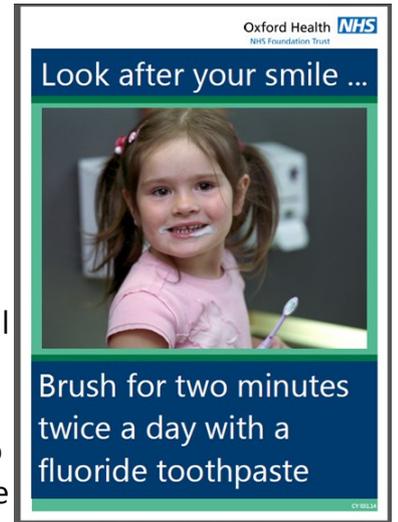
**5)** Ten 'Deaf Awareness' training sessions were delivered across the trust to key teams to help promote a better understanding of the issues and barriers faced by deaf people when accessing health services. The aim is to remove barriers to communication so as to improve service quality and health outcomes for patients and service users.



**6)** A 'Corporate Accessible Communications Guide' was prepared to offer guidance on best practice for ensuring that information is accessible to people with language needs or have visual impairment.

**7)** The Dental Service Health Promotion team has worked on a number of projects and programmes to directly address health inequalities. The team completed a five year oral health programme in primary schools in areas of disadvantage. The schools were selected based on the findings for epidemiological surveys of tooth decay.

In Oxfordshire, the areas with the highest levels of tooth decay and the highest numbers of children who have to have teeth extracted under general anaesthetic are directly proportional to areas of social disadvantage. The 'fluoride varnish' project allowed a joined-up whole school approach where teaching staff, school nurses, parents and children all had the opportunity to learn, develop healthy behaviours and implement sustainable policies for the benefit of children in years to come.



**8)** A one year dementia project was also run by the Oral Health Promotion team which explored the health literacy requirements of those with dementia and their carers. Three resources were developed using feedback from Young Dementia UK, Age Oxfordshire and Alzheimer's Society service users.

The consultation with service users during the development of the resources was a vital means by which to ensure their efficacy. Using the findings from this project and the Corporate Accessible Communications Guide - developed by the Equality and Diversity Steering Group - was vital in informing the development of literature and has brought about a service-wide improvement in accessibility.

**9)** A new model for learning disabilities (LD) CAMHS (Children and Adolescent Mental Health Services) across Wiltshire and Bath and north east Somerset has been developed. A number of key appointments were made, including a clinical lead for LD to ensure that this vulnerable group's needs are understood across all of our services and access to specialist assessment, advice and consultation is evenly distributed across the area. The new model is more highly skilled, proportionate across the geographical areas, and integrated with mainstream CAMHS.

**10)** In the last six months, the Children and Young People Directorate have implemented extended services for care leavers who turn 18 but have ongoing emotional needs which do not meet the thresholds for adult mental health care.

Through close working with commissioners, we have identified this vulnerable group often needs additional support with their emotional development due to earlier experiences in their childhood.

Early indicators for this suggest more positive outcomes and less crisis presentations for this population.



**11)** The Family Nurse Partnership have integrated their service to potential and existing clients. They seek to engage and work with a vulnerable target group (young mothers/ families), some of whom may still be in education themselves, and some of whom may have partners and/ or family supporting them.

There are often acute housing needs and several clients will, at certain points, be in temporary accommodation which is unsuitable as a long term living environment. The approach used allows clients' needs to be individually assessed and planned for depending on their requirements, belief, health and capacity.



**12)** LD CAMHS Oxon and Bucks have participated in the Carer's Triangle Assessment (part of the Carer's Strategy) and have demonstrated as such how well they work on a very individualised basis with their families who will be long term service users, often with complex needs, affecting the patient and the family as they try and move forward with their lives.

The service has a high standard of expertise in delivering a family-centred approach to care, understanding and trying to support the needs of the family and the patient as carers and patient but also as a family.

A number of clients within this service have little ability to communicate so requiring very specific skills for staff to fully identify and meet their needs, and there are a number of patients who are living within families where their own parents (providing care to their child) have a level of learning difficult or disability themselves. Both teams have identified via the assessment for the Carer's Triangle that they have approaches to family work to ensure the families have the best access to health care (as carers and as patients) possible.

**13)** Children's community nurses (CCNs) take a detailed and sensitive approach to developing meaningful care plans for their patients, supporting the needs and requirements of the individual families. Specifically, the CCNs have a detailed, responsive and reactive approach to end-of-life care, tailoring their work and service delivery on a daily basis to meet the specific requirements and needs of clients and receive exceptional feedback from service users about the quality of care at this very difficult time for parents and young people.



**14)** Oxfordshire 'Dignity Plus' Programme - Improving the environment of care for people with dementia in Oxfordshire. Oxfordshire County Council, working in partnership with the Oxfordshire Clinical Commissioning Group, health providers and voluntary and private sector social care providers, secured £1.53M of capital funding from the Department of Health (DH) to help deliver step change improvements in caring and healing environments for people living with dementia in Oxfordshire.

The programme sets out to raise the standard of care for people with dementia in care homes and community hospitals across the county. This funding was used to create calm, dementia-friendly environments by changing premises to improve navigation for residents and promote interaction between dementia sufferers.

Improvements included improved lighting and flooring, as well as well as creating quiet spaces for residents to meet with their friends and family.

**15)** 'Knowing Me' - knowing the person, not just the patient. 'Knowing Me' is a joint initiative between the Trust, the Oxfordshire University Hospitals Trust and the Oxford Dementia Leaders Group.

'Knowing Me' is a dementia passport, based upon the concept promoted by the Alzheimer's Society. It allows staff to know more about the lives - likes and dislikes - of their patients, despite conditions such as dementia meaning that communication and understanding may be difficult. Each patient who suffers from dementia, or other conditions affecting memory, has a 'Knowing Me' book or 'passport' which can be filled in either by them or their carers.

The 'passport' allows staff across health and social care to get a fuller understanding of the patients in their care - everything from the individual's likes and dislikes, to things that will worry or upset them. Having a shared understanding facilitates improved joint working between health and social care and importantly ensures the delivery of person centred care.

## 6. Workforce equality monitoring

All aspects of the monitoring data reveal relevant information about the workforce – its composition and its attitudes.

The tables below show the percentage and count of respondents who chose the 'Prefer not to say' option or remain 'Undefined' under these categories.

31/03/2015	'Prefer not to say'	31/03/2015	'Undefined'
Religion/ Belief	18.9% or 1166 people	Disability	23.6% or 1455 people
Sexual orientation	16.1% or 995 people	Sexual orientation	17.6% or 1088 people
Disability	11.1% or 684 people	Religion/ Belief	16.5% or 1021 people
Ethnicity	1.3% or 80 people		

31/03/2015	Total
Religion/ Belief	2187 people
Disability	2139 people
Sexual orientation	2083 people

'Religion and Belief' has by far the largest proportion of total 'Unknowns', followed by disability and sexual orientation.

It would not be prudent to make an assumption as to why this is the case without further research. However, one can only presume that it may be the combination of sensitivity and/ or insecurity of disclosing personal information which by their very nature may not be perceptible even by an observing eye for these three characteristics.

Nevertheless, in order to improve data quality by reducing the number of 'Unknowns' generally and, in all the above categories in particular, it is recommended that we:

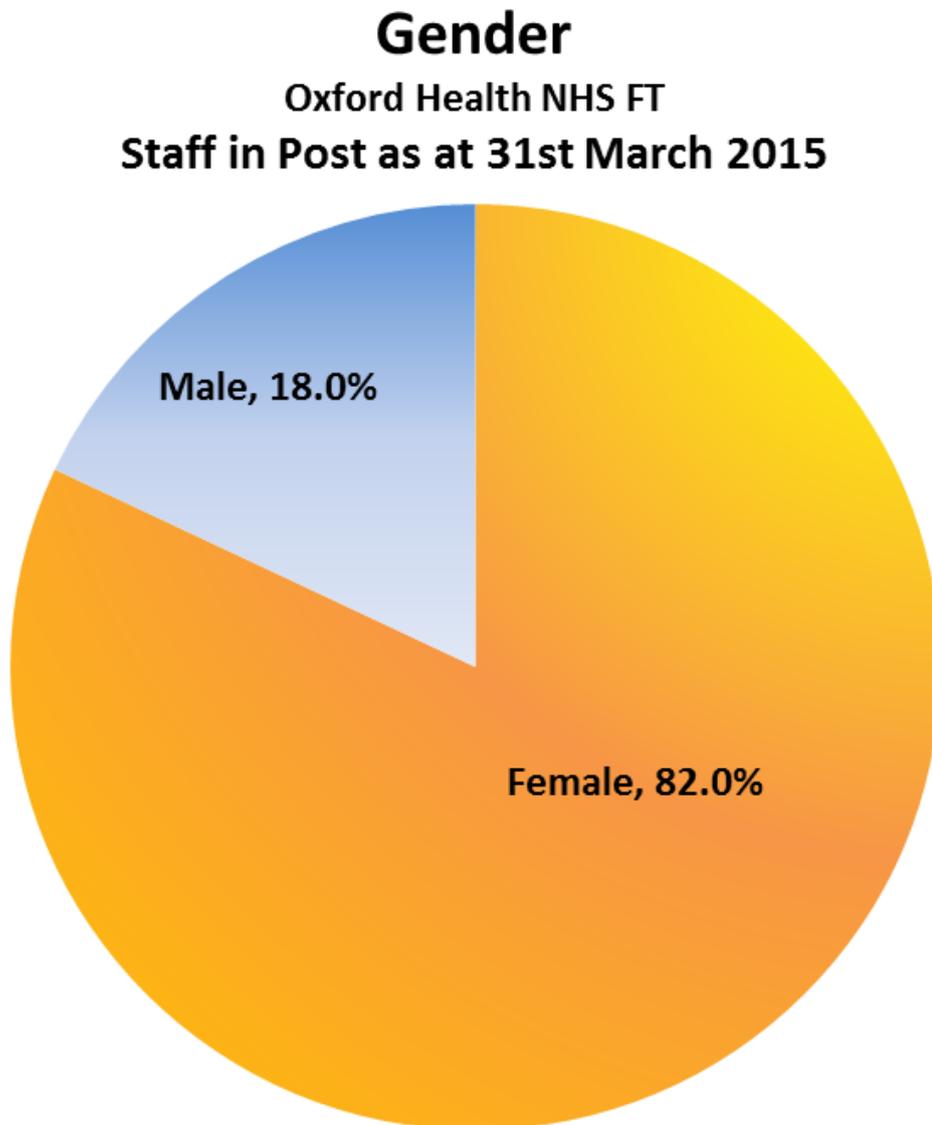
- deliver targeted training
- raise better awareness of the reasons for monitoring
- consult staff on how to increase responses and reduce 'No' preferences
- make the issue an agenda item in staff or team meetings
- run awareness campaigns well in advance of any survey going live to allow opportunities for discussion and explanation.

## Section 1: Gender

The results in the following chart show the gender profile of staff:

Gender (Largest first)	31/03/2013		31/03/2014		31/03/2015	
<b>Female</b>	5184	82.4%	5136	82.2%	5063	82.0%
<b>Male</b>	1109	17.6%	1111	17.8%	1109	18.0%
<b>Total</b>	6293	100%	6247	100%	6172	100%

This chart shows the gender profile of employees who were in post at the end of the financial year 2014/15:



The chart below provides a breakdown of the gender profile across the occupational groups over the three year period:

Staff group	Year	Female	Male
<b>Add prof scientific and technic</b>	2013	382	95
	2014	388	98
	2015	416	99
<b>Total</b>		1186	292
<b>Additional clinical services</b>	2013	1182	295
	2014	1154	305
	2015	1124	295
<b>Total</b>		3460	895
<b>Administrative and clerical</b>	2013	969	207
	2014	974	193
	2015	988	198
<b>Total</b>		2931	598
<b>Allied health professionals</b>	2013	585	38
	2014	600	40
	2015	603	44
<b>Total</b>		1788	122
<b>Estates and ancillary</b>	2013	138	84
	2014	128	85
	2015	118	82
<b>Total</b>		384	251
<b>Medical and dental</b>	2013	177	104
	2014	182	111
	2015	177	129
<b>Total</b>		536	344
<b>Nursing and midwifery registered</b>	2013	1697	281
	2014	1656	272
	2015	1592	258
<b>Total</b>		4945	811
<b>Students</b>	2013	53	5
	2014	55	7
	2015	50	7
<b>Total</b>		158	19
<b>Grand Total</b>		15388	3332

The main observations are:

1. The workforce gender profile is predominantly female.
2. Numbers for male employees have remained static whereas numbers for females have reduced by 121 over the same three year period, albeit that the female workforce outnumber the male workforce by almost 5:1.
3. The trust has a higher representation of female staff than males. To put the above profile into context, the Office for National Statistics estimates that approximately 46% of England's population is female and 77% of the NHS workforce is women (NHS employers).

### Gender Profile for Oxfordshire and Buckinghamshire:

The gender profile across the two counties is consistent with the national averages, with men at 49% and women at 51%.

### Recommendations for action:

1. Work with education providers and careers advisors to promote and increase the uptake of males in the health and caring professions.

2. Improve the employment opportunities for people who propose to undergo, are undergoing or have undergone gender reassignment.

## Section 2: Age

The results in the following charts show the age profile of staff:

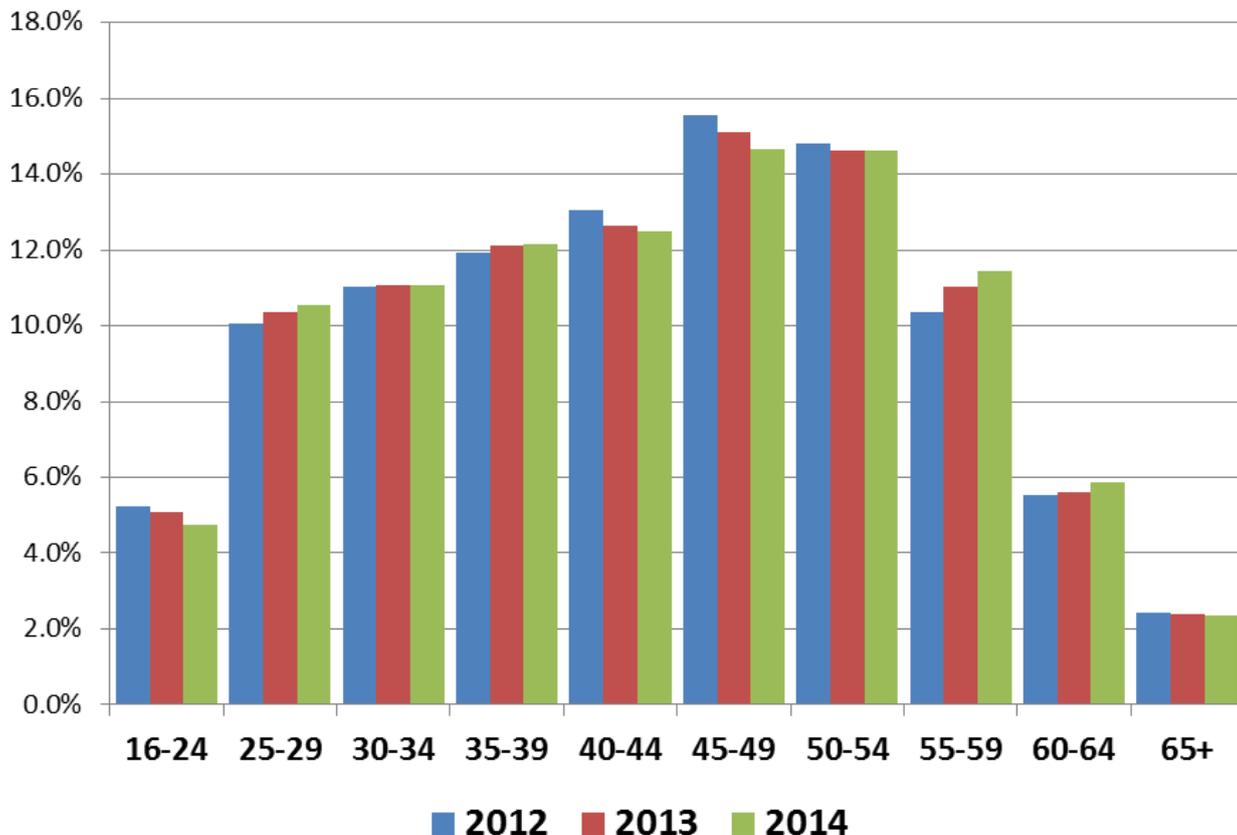
Age	31/03/2013		31/03/2014		31/03/2015	
	Count	Percentage	Count	Percentage	Count	Percentage
<b>16-24</b>	330	5.2%	318	5.1%	294	4.8%
<b>25-29</b>	634	10.1%	646	10.3%	650	10.5%
<b>30-34</b>	694	11.0%	692	11.1%	683	11.1%
<b>35-39</b>	750	11.9%	756	12.1%	751	12.2%
<b>40-44</b>	821	13.0%	790	12.6%	771	12.5%
<b>45-49</b>	980	15.6%	943	15.1%	905	14.7%
<b>50-54</b>	932	14.8%	914	14.6%	903	14.6%
<b>55-59</b>	651	10.3%	688	11.0%	706	11.4%
<b>60-64</b>	348	5.5%	350	5.6%	363	5.9%
<b>65+</b>	153	2.4%	150	2.4%	146	2.4%

The chart below shows the age bands of the workforce in order of 'largest first' to 'smallest last':

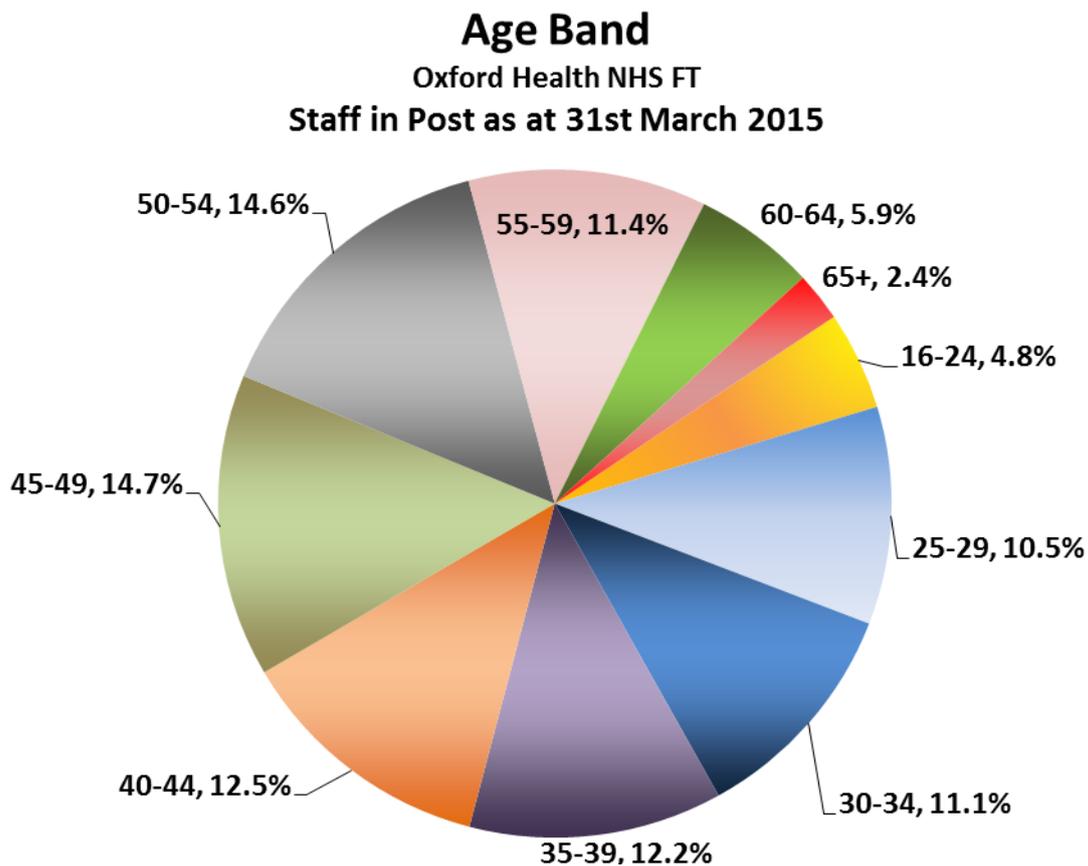
Age (Largest first)	31/03/2013		Age (Largest first)	31/03/2014		Age (Largest first)	31/03/2015	
	Count	Percentage		Count	Percentage		Count	Percentage
45-49	980	15.6%	45-49	943	15.1%	45-49	905	14.7%
50-54	932	14.8%	50-54	914	14.6%	50-54	903	14.6%
40-44	821	13.0%	40-44	790	12.6%	40-44	771	12.5%
35-39	750	11.9%	35-39	756	12.1%	35-39	751	12.2%
30-34	694	11.0%	30-34	692	11.1%	55-59	706	11.4%
55-59	651	10.3%	55-59	688	11.0%	30-34	683	11.1%
25-29	634	10.1%	25-29	646	10.3%	25-29	650	10.5%
60-64	348	5.5%	60-64	350	5.6%	60-64	363	5.9%
16-24	330	5.2%	16-24	318	5.1%	16-24	294	4.8%
65+	153	2.4%	65+	150	2.4%	65+	146	2.4%

The chart below shows the age trends over the three year period:

### Age Band Trends



This chart shows the age groups of employees who were in post at the end of the financial year 2014/15:



The main age diversity features are as follows:

Age	Analysis
<b>16-24</b>	Staff aged under-25 represent one of the smallest staff groups at around 4.8%. This is probably explained by the time it takes to gain a clinical qualification, which means that they are usually in their mid-twenties when they take up post The trend over the three year period shows a steady decrease in this age band Shortage of younger staff joining and remaining in the workforce could be helping to maintain a persistent older age profile
<b>25-29</b>	There has been a marginal increase in this age band of 0.4%
<b>30-34</b>	This age band has remained almost static at around 11%
<b>35-39</b>	This age band has remained almost static at around 12%
<b>40-44</b>	This age band has decreased by 0.5% (50 in count) over the three year period
<b>45-49</b>	Even though this age band represents the largest decrease with a fall of 0.9% (75 in count), it consistently constitutes the largest proportion of the workforce at around 15%
<b>50-54</b>	There has been a nominal fall of 0.2%, but it continues to make up the second largest age group
<b>55-59</b>	This age band has gone up by 1.1% (55 in count) representing the biggest rise in any age band and overtaking the 30-34 age band in 2014/15
<b>60-64</b>	There has been a minor increase of 0.4% in this age band
<b>65+</b>	This age band has remained static at 2.4%

Improving age diversity represents one of the significant equality challenges *and* opportunities for the organisation.

Although the under-representation of the under-30's may be indicative of some challenges in the recruitment and retention of this age group, it does also present a potential opportunity.

It is very unlikely that there will be a major change in the age profile of the workforce in the foreseeable future, so OHFT needs to take full advantage and benefit from the valuable experience and knowledge that exists in the upper ends of the age spectrum, namely 45+ age groups, by embedding 'succession planning' within the HR Workforce Strategy.

By doing so, the trust will shift from a model of 'Human Resource' to 'Human Capital.'

### Age profile for Oxfordshire:

- Oxfordshire's population has aged since the 2001 census, due to the older age groups experiencing greater growth than younger groups. From 2001 to 2011:
- The 65-and-over population grew by 18%
- The number of people aged 85 and over increased by 30%
- The number of people in their 30's in the county has declined by 12%
- The number of children aged 4 and under has grown by 13%.

### **Age profile for Buckinghamshire:**

- More than a fifth of births (21%) were to women from non-white backgrounds in 2005-08
- 16.7% of the Buckinghamshire population was aged over 65, compared to 16.3% in England in 2011, and up from 14.5% in 2001
- By 2025 the proportion of those aged over 65 is expected to rise to more than a fifth (21.7%) of the total population in Buckinghamshire
- 2.2% of the Buckinghamshire population were aged 85+ in 2011, the same proportion as in England. Between 2011 and 2025, the numbers of people aged 85+ is projected to increase by 84% (to 3.9% of the total population).

### **Recommendations for action:**

1. In light of the above data, use the information for effective succession and workforce planning
2. Improve attracting and retaining staff under 25 in the workforce as it is currently one of the smallest staff representative groups
3. Establish initiatives such as coaching, mentoring and work experience placements to increase the age diversity of the sector workforce
4. Maintain and develop specialist skills and expertise by retaining established specialists' knowledge and skills through shadowing and informal mentoring activities with older workers to help to grow specialist skills in-house.

## Section 3: Ethnicity

The results in the following chart show the ethnic profile of staff:

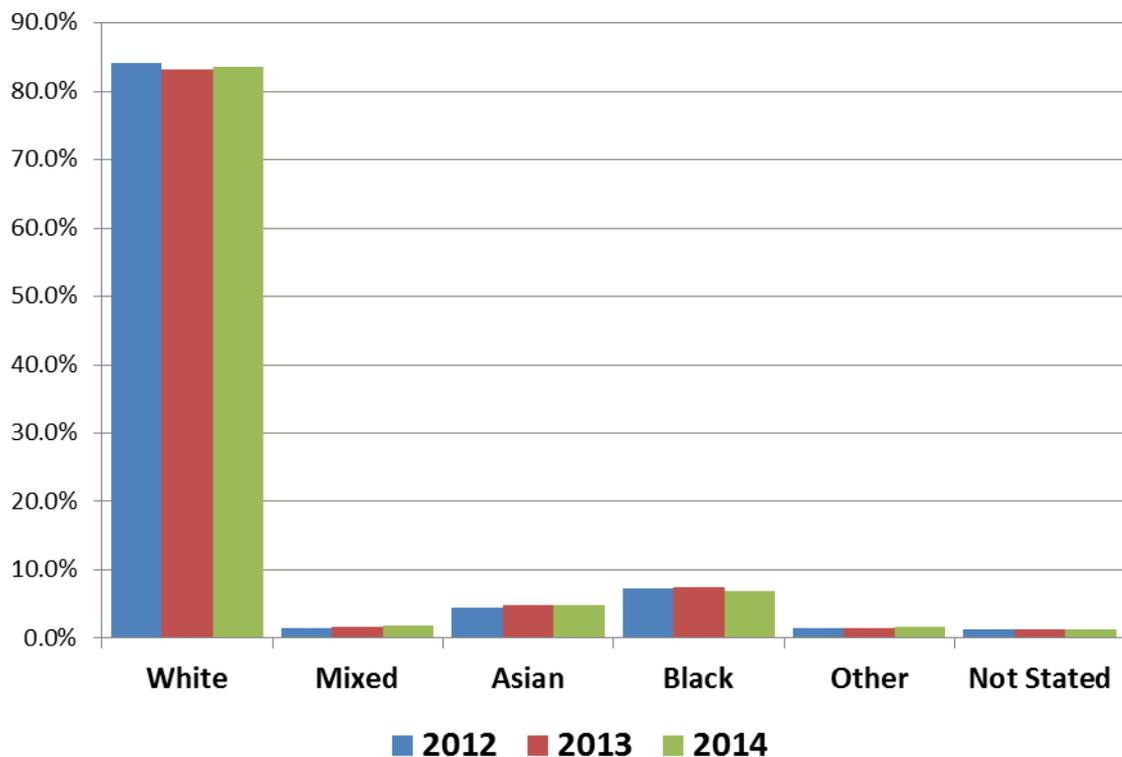
Ethnicity	31/03/2013		31/03/2014		31/03/2015	
	Count	Percentage	Count	Percentage	Count	Percentage
White – British	4843	77.0%	4749	76.0%	4694	76.1%
White – Irish	109	1.7%	110	1.8%	108	1.7%
White – any other background	337	5.4%	343	5.5%	354	5.7%
Mixed – White and Black Caribbean	21	0.3%	26	0.4%	25	0.4%
Mixed – White and Black African	24	0.4%	26	0.4%	23	0.4%
Mixed – White and Asian	20	0.3%	23	0.4%	25	0.4%
Mixed - Any other mixed background	26	0.4%	34	0.5%	36	0.6%
Asian/ British Asian – Indian	144	2.3%	161	2.6%	156	2.5%
Asian/ British Asian – Pakistani	43	0.7%	48	0.8%	45	0.7%
Asian/ British Asian – Bangladeshi	10	0.2%	9	0.1%	12	0.2%
Asian/ British Asian – Any other Asian background	81	1.3%	86	1.4%	88	1.4%
Black/ Black British – Caribbean	87	1.4%	90	1.4%	76	1.2%
Black/ Black British – African	361	5.7%	357	5.7%	340	5.5%
Black/ Black British – any other Black background	13	0.2%	14	0.2%	13	0.2%
Chinese	21	0.3%	28	0.4%	27	0.4%
Any other ethnic group	67	1.1%	68	1.1%	70	1.1%
Not stated	86	1.4%	79	1.3%	80	1.3%

The chart below shows the ethnicity of the workforce in order of 'largest first' to 'smallest last':

<b>Ethnicity (Largest First)</b>	<b>31/03/2013</b>		<b>Ethnicity (Largest First)</b>	<b>31/03/2014</b>		<b>Ethnicity (Largest First)</b>	<b>31/03/2015</b>	
White – British	4843	77%	White – British	4749	76%	White – British	4694	76.1%
Black/ Black British – African	361	5.7%	Black/ Black British – African	357	5.7%	White – any other background	354	5.7%
White – any other background	337	5.4%	White – any other background	343	5.5%	Black/ Black British – African	340	5.5%
Asian/ British Asian – Indian	144	2.3%	Asian/ British Asian – Indian	161	2.6%	Asian/ British Asian – Indian	156	2.5%
White – Irish	109	1.7%	White – Irish	110	1.8%	White – Irish	108	1.7%
Black/ Black British – Caribbean	87	1.4%	Black/ Black British – Caribbean	90	1.4%	Asian/ British Asian – Any other Asian background	88	1.4%
Not stated	86	1.4%	Asian/ British Asian – Any other Asian background	86	1.4%	Not stated	80	1.3%
Asian/ British Asian – Any other Asian background	81	1.3%	Not stated	79	1.3%	Black/ Black British – Caribbean	76	1.2%
Any other ethnic group	67	1.1%	Any other ethnic group	68	1.1%	Any other ethnic group	70	1.1%
Asian/ British Asian – Pakistani	43	0.7%	Asian/ British Asian – Pakistani	48	0.8%	Asian/ British Asian – Pakistani	45	0.7%
Mixed - Any other mixed background	26	0.4%	Mixed - Any other mixed background	34	0.5%	Mixed - Any other mixed background	36	0.6%
Mixed – White and Black African	24	0.4%	Chinese	28	0.4%	Chinese	27	0.4%
Mixed – White and Black Caribbean	21	0.3%	Mixed – White and Black African	26	0.4%	Mixed – White and Black Caribbean	25	0.4%
Chinese	21	0.3%	Mixed – White and Asian	23	0.4%	Mixed – White and Asian	25	0.4%
Mixed – White and Asian	20	0.3%	Mixed – White and Black Caribbean	22	0.4%	Mixed – White and Black African	23	0.4%
Black/ Black British – any other Black background	13	0.2%	Black/ Black British – any other Black background	14	0.2%	Black/ Black British – any other Black background	13	0.2%
Asian/ British Asian – Bangladeshi	10	0.2%	Asian/ British Asian – Bangladeshi	9	0.1%	Asian/ British Asian – Bangladeshi	12	0.2%

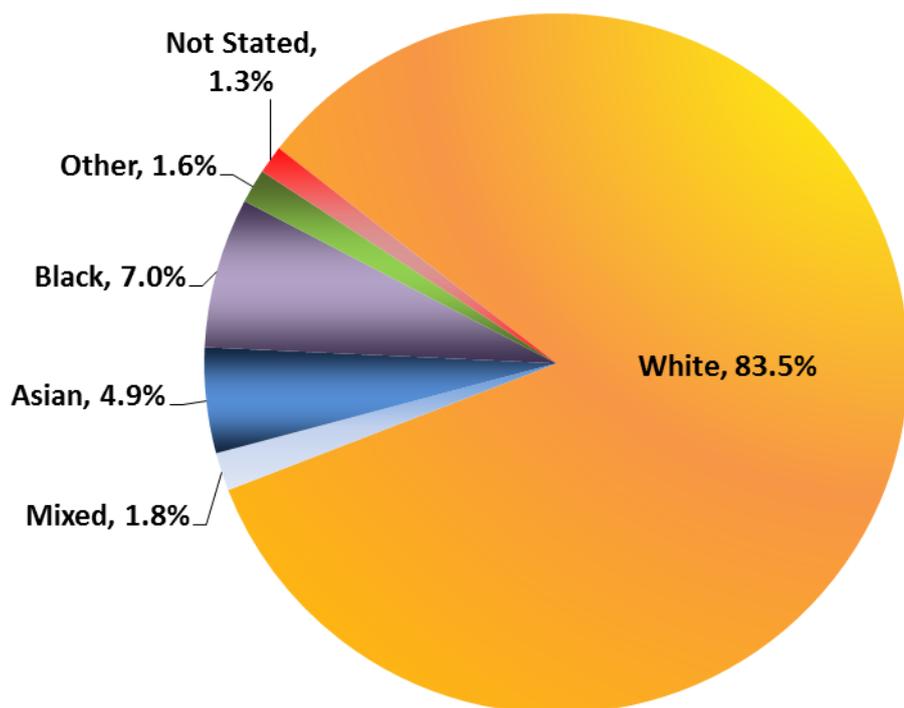
The chart below shows the ethnicity trends over the three year period:

### Ethnicity Trends



This chart shows the ethnic groups of employees who were in post at the end of the financial year 2014/15:

### Ethnic Group Oxford Health NHS FT Staff in Post as at 31st March 2015



The main features of staff ethnic diversity are:

1. The majority of the workforce is 'White British', constituting just over three quarters of the workforce at around 76%.
2. This represents a difference of 70% (4,354 in count) with the largest ethnic minority group: Black/Black British – African which is at 5.5% (340 in count).
3. The total for White British, Irish and other White background is 83.5% (5,156 in count) for 2014/15.
4. The total BME (black and minority ethnic) staff (excluding White British, Irish and other White background) is 15% (936 in count) for 2014/15.
5. There isn't one single representative ethnic minority group.
6. This is in comparison to the national figures which show that 12% of England's working population and 16% of the NHS workforce is BME.

### **Race and ethnicity profile for Oxfordshire:**

1. 83.6% of the population are White British.
2. The ethnic composition of Oxfordshire has changed since the 2001 Census. All of the county's black or minority ethnic communities have grown, and now account for 9.2% of the population (up from 4.9%).
3. There has been a growth in people from white backgrounds other than British or Irish, who now account for 6.3% of the population (up from 4% in 2001). Much of this increase is explained by a movement of people from the countries which joined the EU in 2004 and 2007. In 2011, 13,000 residents in Oxfordshire were born in these countries, with more than half born in Poland (7,500 people, 2,700 resident in Oxford and 2,300 in Banbury).
4. People from White Gypsy or Irish Traveller backgrounds make up 0.1% of the county, and this is the same proportion across all the districts aside from west Oxfordshire, where 0.2% of the population classify themselves as such.
5. 4.8% of the population are from Asian backgrounds, twice the 2001 figure of 2.4%.
6. People from Asian communities form the largest minority ethnic group in the county, and most come from Indian or Pakistani backgrounds (2.45%).
7. The proportion from all Black backgrounds has more than doubled, from 0.8% to 1.75% of the county's population.
8. People from mixed ethnic backgrounds account for 2% of the population (up from 1.2% in 2001).
9. Just over 9% of households in Oxford do not have any one member who speaks English as a main language. This is over double the figure for the county as a whole.

**Race and ethnicity profile for Buckinghamshire:**

1. 86.4% are from a white ethnic group in 2011, slightly higher than 85.4% in England as a whole.
2. 13.6% of the population are from a non-white ethnic background, increasing from 7.9% in 2001.
3. The number of people from non-white ethnic groups has increased by 82% between 2001 (37,691 people) and 2011 (68,600 people).
4. 8.6% of the population are from Asian/ Asian British ethnic group.
5. After White British, the next largest ethnic group in Buckinghamshire is Pakistani, with 4.2% of the population, and 7.6% of the population in Wycombe.
6. 2.4% are from a mixed/ multiple ethnic group.
7. 2.1% are from a black/ black British ethnic group.
8. Almost one in five (19%) of people living in Wycombe District Council are from a non-white ethnic group, mainly Asian or Black ethnicities, compared to 16% in south Bucks, 10% in Aylesbury Vale and 9% in Chiltern.
9. In south Buckinghamshire, the largest ethnic group is Indian with 7.1% of the population.
10. White Other (white excluding British or Irish) ethnicities are the largest ethnic groups in Aylesbury Vale and Chiltern.
11. 12.9% of the population of Buckinghamshire had been born outside the UK in the 2011 census.
12. 2.5% of households in Buckinghamshire have no people who speak English as their main language, this rises to 3.4% in Wycombe.

**Recommendation for action:**

1. Use sections 158 and 159 of the Equality Act 2010: 'Using Positive Action in Recruitment and Promotion' to implement strategies for diversifying the workforce, particularly at the top end of the trust.

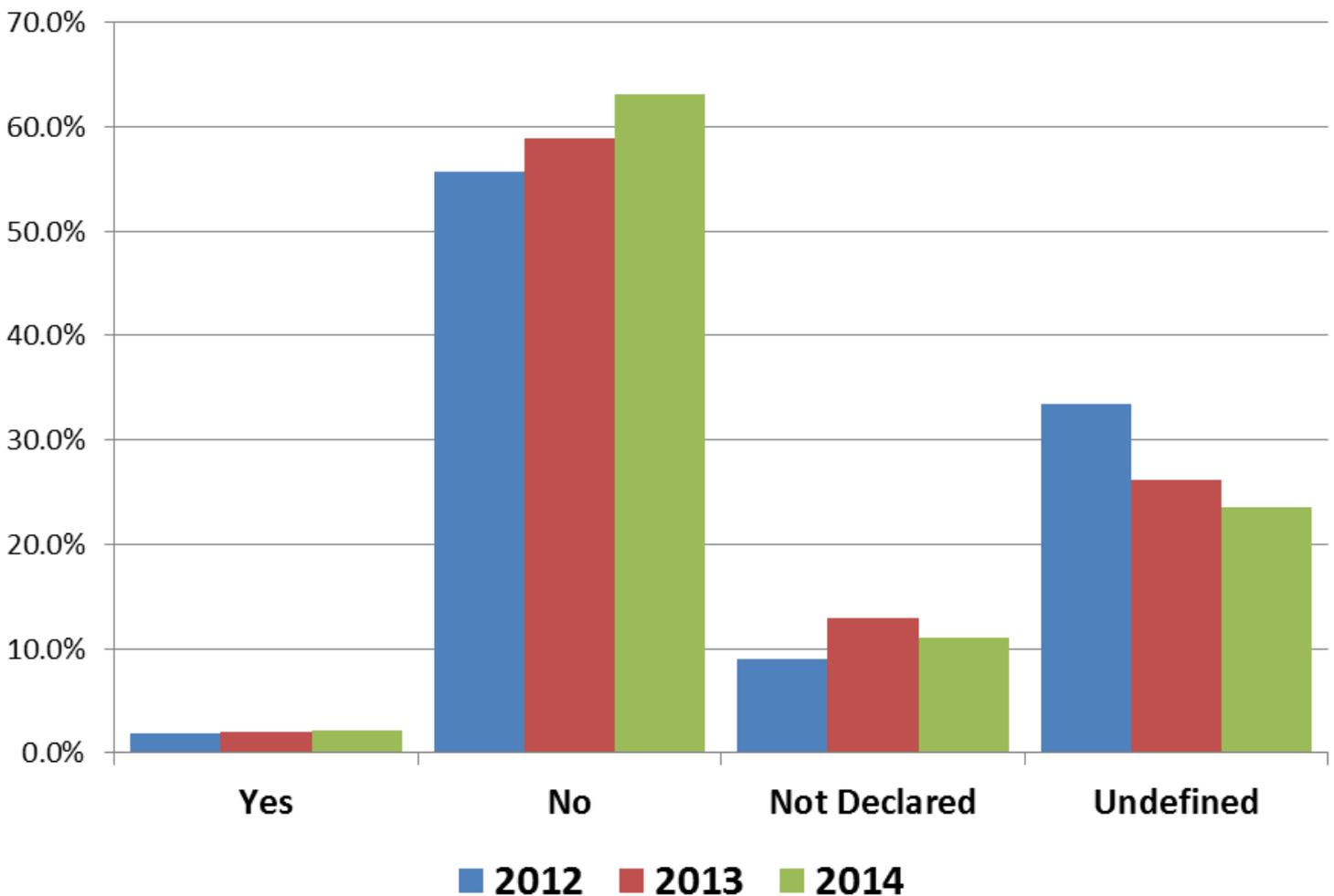
## Section 4: Disability

The results in the following charts show the disability profile of staff:

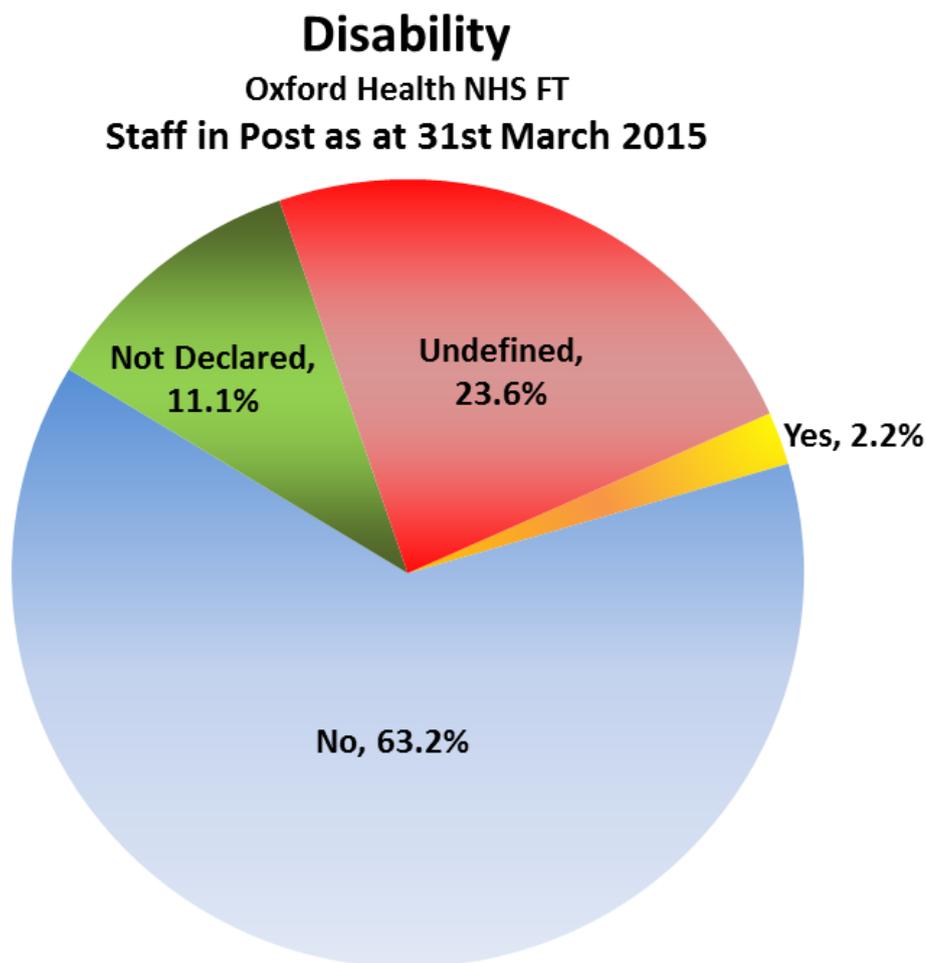
Disability (Largest first)	31/03/2013		31/03/2014		31/03/2015	
	Count	Percentage	Count	Percentage	Count	Percentage
<b>No</b>	3503	55.7%	3683	59.0%	3899	63.2%
<b>Undefined</b>	2105	33.4%	1632	26.1%	1455	23.6%
<b>Not declared</b>	565	9.0%	804	12.9%	684	11.1%
<b>Yes</b>	120	1.9%	128	2.0%	134	2.2%

The chart below shows the disability trends over the three year period:

### Disability Declaration Trends



This chart shows the disability/ non-disability profile of employees who were in post at the end of the financial year 2014/15:



The main features are:

1. Just over 2% of the workforce has a disability
2. Non-disclosure remains high: the total for 'Undefined' and 'Not Declared' is 34.7% (2,139 in count) – over a third of the workforce
3. This is in comparison to the national figures which show that 14% of England's working population are disabled, 2% of NHS workforce is disabled and 45% have not disclosed their disability in the NHS.

**Recommendations for action:**

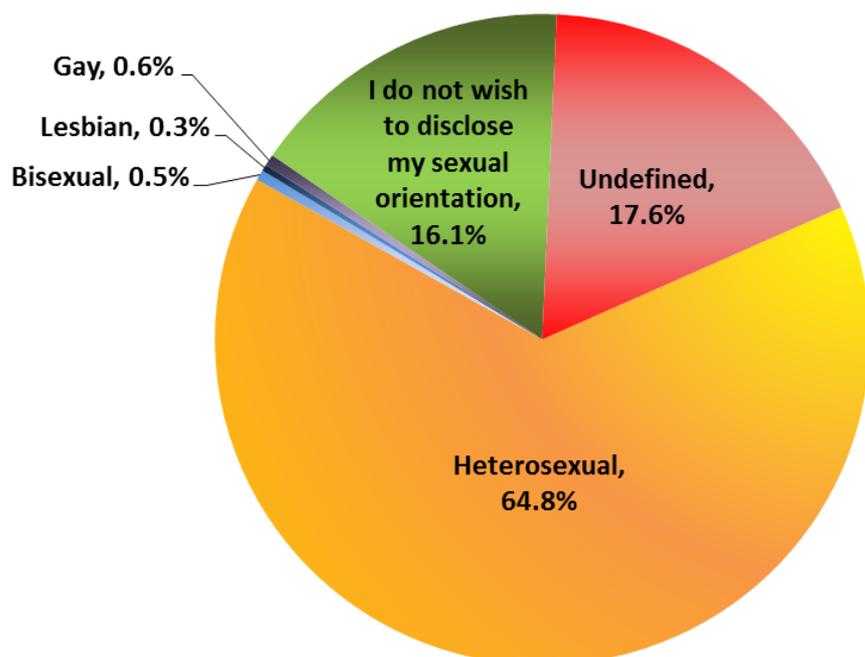
1. Inculcate a positive culture of disclosing disabilities
2. Improve disabled employees' confidence that disclosing a disability would lead to them receiving appropriate support thereby maximising their effectiveness in the workplace.

## Section 5: Sexual orientation

The results in the following charts show the sexual orientation diversity of staff:

Sexual orientation (Largest first)	31/03/2013		Sexual orientation (Largest first)	31/03/2014		Sexual orientation (Largest first)	31/03/2015	
<b>Heterosexual</b>	3847	61.1%	<b>Heterosexual</b>	3897	62.4%	<b>Heterosexual</b>	4002	64.8%
<b>Undefined</b>	1362	21.6%	<b>Undefined</b>	1179	18.9%	<b>Undefined</b>	1088	17.6%
<b>Prefer not to say</b>	1006	16.0%	<b>Prefer not to say</b>	1087	17.4%	<b>Prefer not to say</b>	995	16.1%
<b>Gay</b>	28	0.4%	<b>Gay</b>	32	0.5%	<b>Gay</b>	35	0.6%
<b>Bisexual</b>	28	0.4%	<b>Bisexual</b>	31	0.5%	<b>Bisexual</b>	32	0.5%
<b>Lesbian</b>	22	0.3%	<b>Lesbian</b>	21	0.3%	<b>Lesbian</b>	20	0.3%

**Sexual Orientation**  
Oxford Health NHS FT  
Staff in Post as at 31st March 2015



This chart shows the sexual orientation profile of employees who were in post at the end of the financial year 2014-15:

The main features are:

1. Heterosexual/ Straight makes up the largest proportion of staff
2. Non-disclosure remains high: the total for 'Undefined' and 'Prefer not to say' is 33.7% (2,083 in count) – over a third of the workforce
3. The combined total for lesbian, gay and bisexual is 1.4% (87 in count)
4. This is in comparison to 1% of the NHS workforce whose sexuality is not heterosexual and 47% has not disclosed their sexuality.

### Recommendation for action:

1. Set targets for increasing the representation of LGB people in the workforce. (NB: Targets are lawful. Quotas are unlawful).

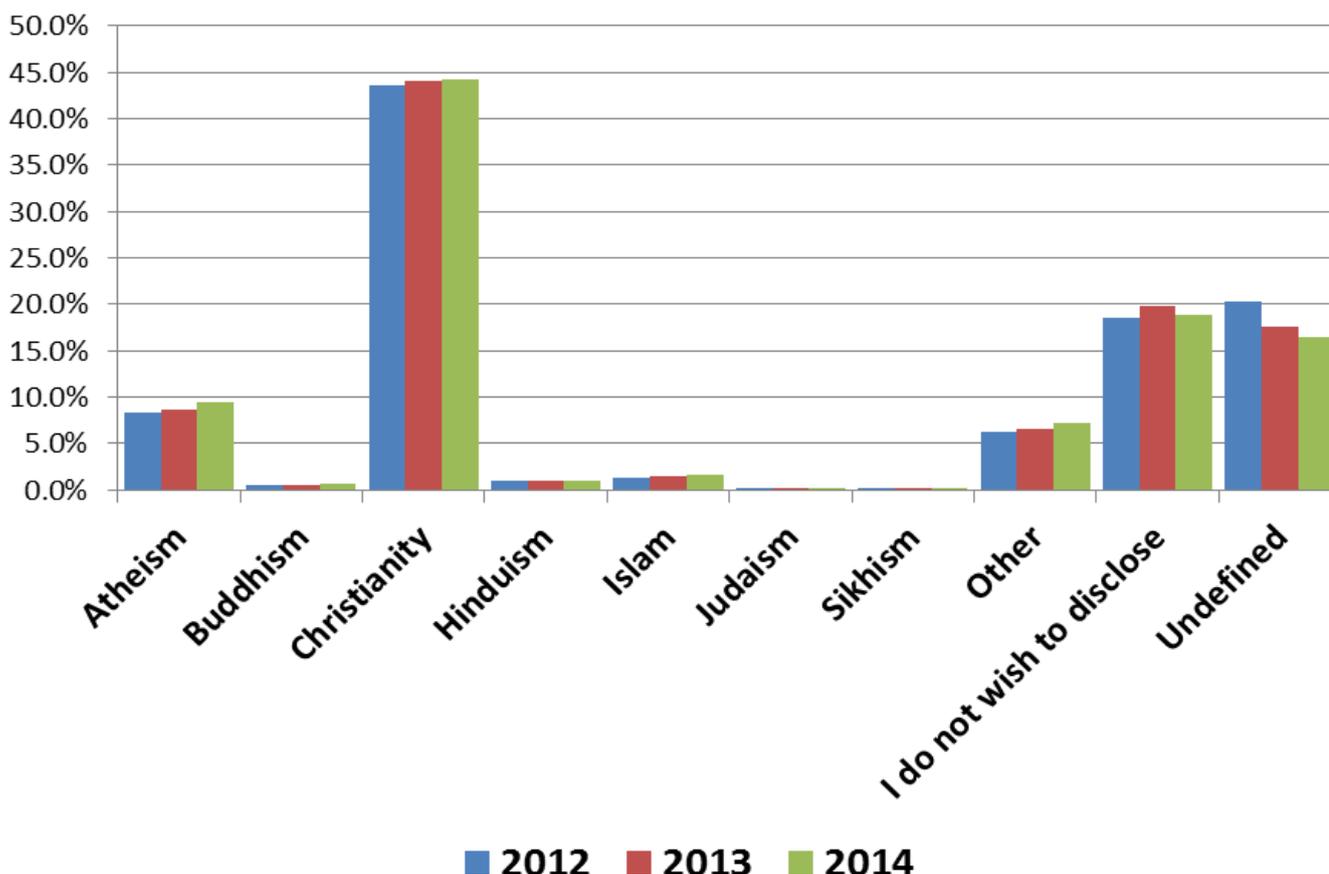
## Section 6: Religion/ Belief

The results in the following charts show the religion and belief diversity of staff:

Religion / belief (Largest first)	31/03/2013		Religion / belief (Largest first)	31/03/2014		Religion / belief (Largest first)	31/03/2015	
Christianity	2745	43.6%	Christianity	2752	44.1%	Christianity	2732	44.3%
Undefined	1272	20.2%	Prefer not to say	1236	19.8%	Prefer not to say	1166	18.9%
Prefer not to say	1165	18.5%	Undefined	1097	17.6%	Undefined	1021	16.5%
Atheism	525	8.3%	Atheism	541	8.7%	Atheism	585	9.5%
Other	392	6.2%	Other	410	6.6%	Other	442	7.2%
Islam	80	1.3%	Islam	89	1.4%	Islam	98	1.6%
Hinduism	62	1.0%	Hinduism	64	1.0%	Hinduism	64	1.0%
Buddhism	29	0.5%	Buddhism	34	0.5%	Buddhism	42	0.7%
Sikhism	12	0.2%	Sikhism	15	0.2%	Sikhism	13	0.2%
Judaism	11	0.2%	Judaism	9	0.1%	Judaism	9	0.1%

The chart below shows the religion/ belief trends over the three year period.

### Religion/ Belief Trends

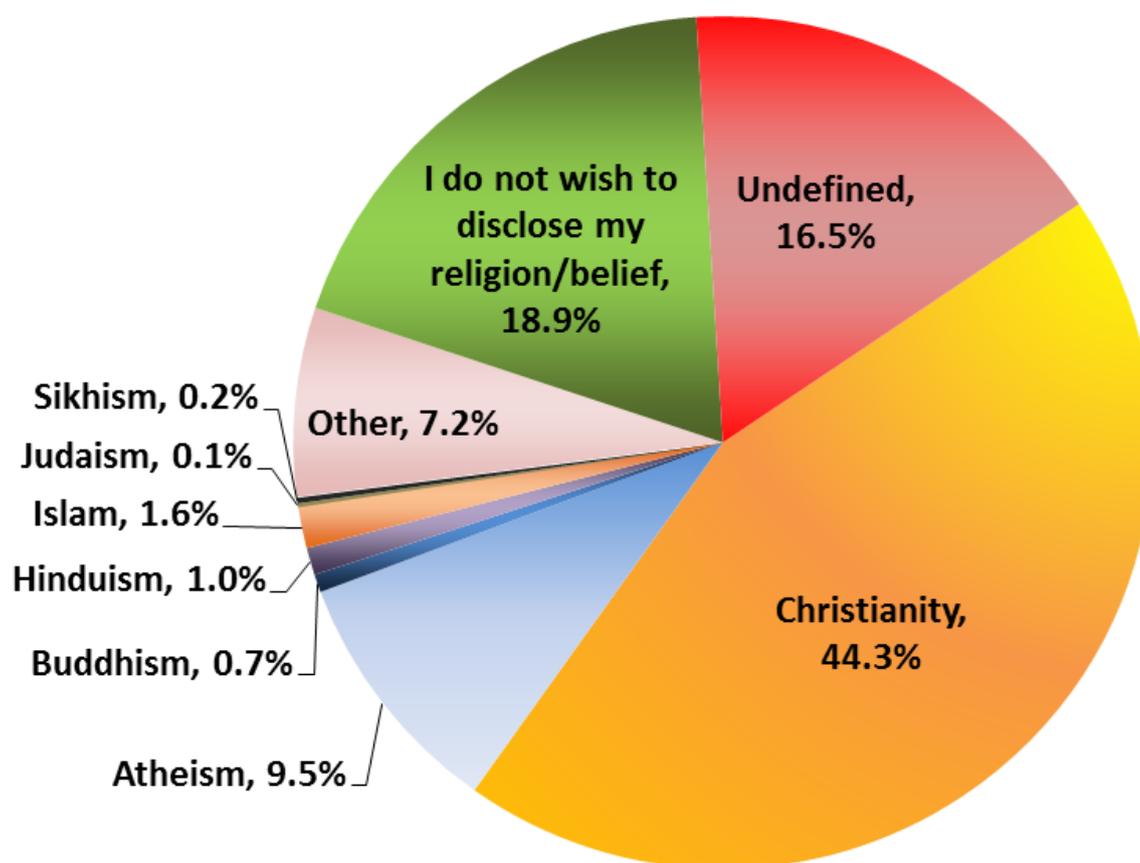


This chart shows the religion/ belief profile of employees who were in post at the end of the financial year 2014/15:

## Religion/ Belief

### Oxford Health NHS FT

#### Staff in Post as at 31st March 2015



The main observations are:

1. Numbers across faith groups have broadly remained the same over the three year period
2. The majority of the staff population is 'Christian' at around 44%
3. Although there has been a decrease in the 'prefer not to say' and 'undefined' categories, the total is at 26% (2,187 in count)
4. The two categories of 'Atheism' (9.5%) and 'other' (7.2%) singularly make up the next largest groups – more than all the religious groups put together
5. The remaining five religious groups total 3.6% (226 in count)
6. This is in comparison to those in England's working population, those in the NHS workforce, and the populations of Oxfordshire and Buckinghamshire whose religious belief is as follows: (see opposite page).

	England's working population (ONS)	NHS workforce	Oxfordshire (Census 2011)	Buckinghamshire (Census 2011)	Oxford Health NHS FT
Christianity	61%	37%	60%	60.5%	44%
Islam	4%	2%	2.4%	5.1%	1.6%
Hinduism	2%	1%	0.6%	1.2%	1.0%
Undisclosed	7%	48%	7%	7%	26%
Buddhism			0.5%	0.4%	0.7%
Judaism			0.3%	0.3%	0.1%
Sikhism			0.2%	0.9%	0.2%
Atheism			28%	24%	9.5%
Other			0.4%	0.4%	7.2%

**Recommendation for action:**

1. Improve understanding and confidence for disclosing this characteristic in order to reduce the number of 'unknowns'.

## 7. Improving data collection

Although there is good practice already in place to capture workforce information, it would be desirable to increase the level of detail by incorporating the following into current monitoring systems:

1. **Race/ Ethnicity:** include the following specific ethnicities in line with the Census:

- Arab
- Gypsy/ Roma
- Irish Traveller
- White: European

2. **Disability:** disaggregate disability into types of impairment:

- Sensory impairment: Hearing impairment
- Sensory impairment: Visual impairment
- Physical impairment: Mobility impairment
- Physical impairment: Physical co-ordination difficulties
- Physical impairment: Reduced physical capacity
- Physical impairment: Progressive or long-term illness
- Learning difficulties, for example dyslexia
- Mental health: Mental health
- Communication: Speech impairment
- Communication: BSL user
- Unknown/ Undiagnosed disability

Include the following questions in relation to disability:

- *If you do consider yourself to have a disability, have you informed Human Resources?*
- *Are you are a carer of a child or adult who has a disability?*

3. **Transgender:** include a question on transgender identity

4. **Religion/ Belief:** disaggregate into the following:

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Humanist

- Jewish
- Muslim
- Pagan
- Sikh
- Spiritualist
- Other
- Prefer not to say

**5. Occupational information:** include the following questions:

- What is your length of service at the trust in years?
  - Which one of these categories best describes your role at the Trust? (Enlist the occupational categories to choose from)
  - What hours do you work: Full-time/ Part-time?
- 6.** Disaggregate, drill down and intersect the acquired data further to give a clearer analysis of the information, for example, intersect age with ethnicity and disaggregate across the directorates and service provision.
- 7.** In all employment decisions and matters, consider the impact on organisational culture and quality of provision.

Please contact us if you would like the information in another language or different format.

**Arabic** يُرجى الاتصال بنا إذا كنتم ترغبون في الحصول على المعلومات بلغة أخرى أو بتسبيق مختلف.

**Bengali** আপনি এই তথ্য অন্য ভাষায় বা আলাদা আকারে পেতে চাইলে অনুগ্রহ করে আমাদের সাথে যোগাযোগ করুন।  
**Urdu** اگر آپ یہ معلومات دیگر زبان یا مختلف فارمیٹ میں چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کریں۔

**Chinese** 若要以其他語言或格式提供這些資訊，請與我們聯繫

**Polish** Aby uzyskać informacje w innym języku lub w innym formacie, skontaktuj się z nami.

**Portuguese** Queira contactar-nos se pretender as informações noutra idioma ou num formato diferente.

**Alternative formats of this Report are available on request. These include other languages, large print, Braille or email.**

**For all enquiries and requests, please contact the Equality and Diversity Manager at:**

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