

**Report to the Meeting of the Oxfordshire and
Buckinghamshire Mental Health NHS Foundation Trust
Board of Directors**

For Assurance

28 September 2011

Access and Diversity Assurance Report

Executive Summary

This report provides an end of year summary of the evidence used to provide assurance of the Trust's position against the Care Quality Commission's (CQC) Essential Standards and the duty to publish data under equality legislation.

Recommendation

The Board is asked to confirm that it is assured of the Trust's level of compliance with the CQC's Essential Standards.

The Board is asked to approve the Annual Report for Publication.

Author and Title: Sarah Coleman (Equality and Diversity Officer)

Lead Executive Director: Ros Alstead (Director of Nursing and Clinical Governance)

- 1. A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*

This paper provides evidence of compliance with CQC outcomes 1, 4,5,12, 13

Equality and Diversity Annual Report

Introduction:

This paper describes the activities undertaken during 2010/11, the last complete year on which we can report, comply the Care Quality Commissions Essential Standards. This report provides reasonable assurance to the Board of Directors that the compliance with those standards is met for the full year.

The Essential Standards

Outcome 1 respecting and involving people who use services

The registered person must take care to ensure that care and treatment is provided to service users with due regard to their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have.

Outcome 4 Care and Welfare of people who use services

The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate by avoiding any unlawful discrimination including, where applicable, by providing for the making of reasonable adjustments in service provisions to meet the service user's individual needs.

Outcome 5 Meeting Nutritional Needs

Where food and hydration are provided to service users as a component of the carrying on of the regulated activity, the registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration, by means of provision of food and hydration that meet any reasonable requirements arising from a service user's religious or cultural background.

The Trust must also comply with the Equality Act 2010. This new duty provides protection for the following characteristics:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race – including ethnic or national origins, colour or nationality
- Religion or belief – including lack of belief
- Gender
- Sexual orientation.

The Equality Act requires public bodies to have due regard to: the need to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between people who share a protected characteristic and people who do not share it, and foster good relations.

The Equality Act 2010 came into effect on 1 October 2010. This Act provides a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all; to update, simplify and strengthen the previous legislation; and to deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Access from Service Users:

Table 1 below shows the breakdown of the Trust's patients during the Financial Year 2010 to 2011. The breakdown includes race, age and gender.

There were consistently more female patients in both age and racial groups with the exception of the 0-18 age range where there were more male patients across a number of racial categories. Over all 53% of patients were female. It is well documented that women in the UK access mental health services in higher numbers in both primary and secondary care. It is pleasing that the numbers of men and women accessing the Trust's services are not vastly different. This demonstrates that our service is accessible to both genders.

Currently there are more patients from the 0-18 age range. However, this is largely due to the Trust providing Child and Adolescent Mental Health Services in Wiltshire and Bath and North East Somerset where other organisations provide mental health care for adults.

All of the racial groups with the exception of White British access services in slightly higher numbers than would be expected from the 2001 census of the populations of Oxfordshire and Buckinghamshire. However, this is between approximately 0.5 to 1% and therefore the figures are not worrying for any one group. This difference may also be due to the out of date census data, which will be replaced next year with information from the 2011 census.

Table 1

CLIENTS										
		0-18		19-35		36-65		65+		Grand Total
ETHNIC_GROUP	ETHNIC_CATEGORY	F	M	F	M	F	M	F	M	
Asian or Asian British	Any other Asian background	18	27	20	21	15	17	10	3	131
	Bangladeshi		2	5	7	2				16
	Indian	10	7	23	20	31	20	8	4	123
	Pakistani	26	21	73	88	68	56	11	10	353
Asian or Asian British Total		54	57	121	136	116	93	29	17	623
Black or Black British	African	6	12	15	29	25	16	1	1	105
	Any other Black background	5	8	12	17	8	31	2	1	84
	Caribbean	5	15	19	33	34	50	19	15	190
Black or Black British Total		16	35	46	79	67	97	22	17	379
Mixed	Any other mixed background	43	48	16	25	20	13	7	2	174
	White and Asian	15	22	11	17	6	4	1	1	77
	White and Black African	10	17	7	8	10	9	2		63
	White and Black Caribbean	39	59	21	30	19	14	4	6	192
Mixed Total		107	146	55	80	55	40	14	9	506
Not stated	Not stated	760	837	750	531	770	696	403	225	4972
Not stated Total		760	837	750	531	770	696	403	225	4972
Other Ethnic Groups	Any other ethnic group	7	11	10	8	7	3	2	4	52
	Chinese	10	2	11	4	8	5	4		44
Other Ethnic Groups Total		17	13	21	12	15	8	6	4	96
White	Any other White background	92	158	166	146	216	182	197	94	1251
	British	3005	3644	2208	1946	2956	2664	3572	2106	22101
	Irish	12	18	20	20	31	27	53	15	196
White Total		3109	3820	2394	2112	3203	2873	3822	2215	23548
Grand Total		4063	4908	3387	2950	4226	3807	4296	2487	30124

Interpreting Services

Interpreting services are available 365 days a year for service users who do not speak English fluently or who are deaf or hard of hearing. The table below shows the uptake of services in Oxfordshire and Buckinghamshire from April 2010 to March 2011. Table 2 shows that 141 patients accessed face to face interpreters in the last financial year. This equates to approximately 0.5% of our patients.

Guidance to using interpreters is available on the intranet for staff. In emergency situations or where a patient refuses to see a face to face interpreter there is a telephone service available.

Table 2

Language	Number of Patients in Buckinghamshire	Number of Patients in Oxfordshire	Total
Punjabi	24	6	30
Urdu	20	6	26
Polish	7	6	13
Bengali	4	5	9
Albanian		2	2
Portuguese	2	5	7
Pashto	6	1	7
Cantonese	4	2	6
Arabic		5	5
Spanish	1	4	5
Russian	2	2	4
Mandarin	1	2	3
Vietnamese		3	3
Italian	3		3
French	1	1	2
Kurdish	2		2
German	2		2
Sylheti		1	1
Hindi		1	1
Lithuanian		1	1
Slovak		1	1
Serbian		1	1
Thai		1	1
Romanian		1	1
Moroccan Arabic	1		1
Hakka	1		1
Japanese	1		1
Farsi	1		1
Hindi	1		1
Total	84	57	141

Improvements to Equality and Diversity

Interpreting

Providers now secured across the whole Trust to provide face to face bilingual and deaf interpreting, as well as a phone line for bilingual interpreting. The Trust now also has access to British Sign Language Interpreting via webcam for emergency situations.

Mandatory Training

Mandatory training for Equality and Diversity is delivered at Trust induction to all staff. The course covers Equality legislation, protected characteristics, discrimination, harassment and bullying. The session is interactive and staff members are required to feedback and participate during the training. The session lasts for one hour. By the end of the financial year over eighty per cent of staff had received their mandatory training.

Plans for 2011-12 include:

- Developing an online multiple choice test to ensure that staff have understood the training material and that they are up to date with the latest equality legislation.
- Providing extra training sessions to staff members who have joined the Trust following the integration of Community Health Oxfordshire.

Equality Impact Assessments (&training)

The Trust is required to complete Equality Impact Assessments (EIAs) on all new policies and existing services. A new tool for completing the assessments was developed in May 2010. Three official training sessions for managers have taken place throughout the year as well as some individual sessions for those who have requested extra support. The EIA is attached to the policy prior to being ratified by committees. This ensures that they have been completed. In 2011 to 2012 training will be offered to committee members to ensure that they are able to quality assess the EIAs.

Spiritual and pastoral care

The Department of Spiritual and Pastoral Care has been piloting work with CMHTs across the Trust to improve access to spiritual and pastoral care for community patients. Members of the team have been attending CMHT business and clinical meetings to raise the profile of the importance of attending to the spiritual needs of patients. To simplify the referral process the department has introduced an e- referral system utilising the dedicated email address spiritual.care@oxfordhealth.nhs.uk . On October 10th a week long photographic exhibition will be held in the Warneford chapel which is a collaborative piece of work with Occupational Therapy at Fulbrook. The Warneford chapel continues to host yoga classes for patients and staff, art therapy, an older adult singing group, regular worship and a dedicated space for Muslim prayer.

Cultural Competency Toolkit

The Trust has a cultural competency toolkit which staff are advised to use when care planning with patients. This is a quick checklist which helps staff and patients assess whether there are any cultural or spiritual needs that will need consideration during the patient's treatment. This has been well used in some wards. Work will be done to raise awareness of the toolkit across the organisation.

BME Staff conference

The NHS Trusts which operate in Oxfordshire worked together to put on a conference for Black and Minority Ethnic Staff which was held on 1 March 2011. The Conference was attended by over 70 members of NHS staff. The event followed the national initiative Breaking Through which addresses the national picture of less BME manager in the NHS. Following the day participants were invited to join a county wide BME network.

Personalisation

Service users are involved in the development of and agreement to their care plan, which helps identify choices for treatment. CPA review meetings enable patients to review their care package and make choices about the next steps. CPA documentation has been reviewed to meet the needs of the new CPA guidelines. The table below shows the monthly audits of Oxfordshire and Buckinghamshire Adult and Older Adult Community Teams and Wards.

The Trust has implemented the national Self Directed Support scheme in both Oxfordshire and Buckinghamshire. Self Directed Support gives service users a greater freedom on how to meet their needs by allowing them to have a budget for a care plan agreed with their care co-ordinator. This scheme gives greater freedom than Direct Payments as the service user is not restricted to traditional care provisions.

Complaints and PALS

Issues identified through contact with PALS & via complaints are routinely monitored at weekly meetings for themes, including those relating to equality target groups. No complaints cited discrimination or problems with access in the past financial year.

Employee Diversity statement

Equal Opportunities

The Trust has a commitment to the continued development of equal opportunity in employment and dignity at work. It is important that potential and existing employees are treated equitably and fairly and that the Trust continues to develop a diverse workforce that reflects the community it serves.

The Equality Act 2010

On 6 April 2011 Provisions in the Equality Act 2010 related to positive action in recruitment and promotion were commenced. These voluntary provisions cover the use of positive action in matters of recruitment and employment and can be used by an employer to address under-representation or other forms of disadvantage within the workforce.

Equality and Human Rights commission

The new Equality and Human Rights Commission (EHRC) codes of practice on employment, services and equal pay, reflecting the Equality Act 2010 as commenced on 1 October 2010, came into force on 6 April 2011. They will replace five existing codes issued by the predecessor bodies to the EHRC.

On 1 April 2011 the Trust began an integration process between the existing services and Oxford Community Health NHS Trust. Over the forthcoming year a priority for the combined Trust will be to integrate Human Resource Departments and determine Trust wide policies. Data collection for equal opportunities monitoring will be combined during the year and joint objectives established. Recruitment departments at Oxford Health NHS Foundation Trust have on an interim basis been kept separate, but there is a high level of co-working to ensure that posts across the whole organisation are equally available to all employees.

Dignity at Work policy

The Trust introduced a Dignity at Work policy in May 2010. This was an update from the previous Bullying and Harassment policy. The new policy aims to prevent incidences of bullying and harassment and encourage employees to take responsibility for their actions. The Trust aims to create and maintain a culture in which all employees are treated with dignity and respect in a supportive and positive working environment. Staff members can view this policy on our intranet.

Ethnicity Monitoring

Figure 1 below shows the ethnic background of staff employed at 31 March 2011 compared to the population of Oxfordshire and Buckinghamshire. The chart shows that the Trust is meeting its equal opportunity objective to have a diverse workforce that is largely representative of the community it serves. The Trust has improved the disclosure of ethnicity by employees from 96.7% at 31st December 2009 to 97.2% at 31st March 2011.

Figure 1

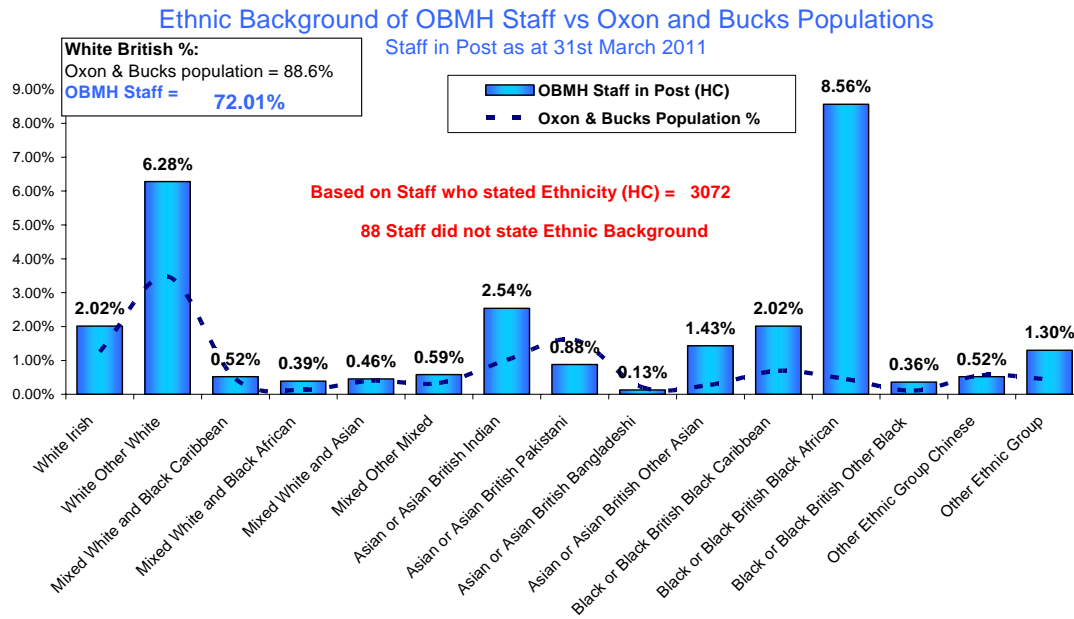
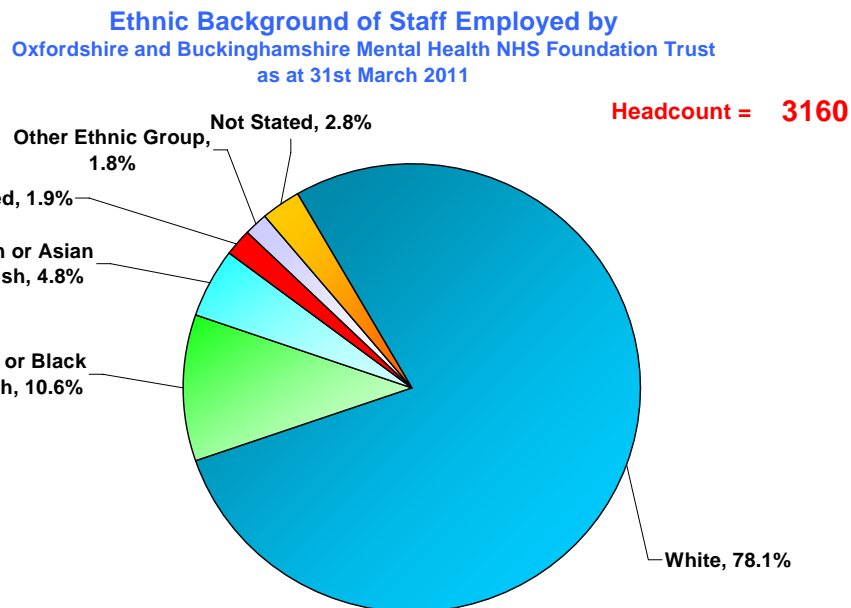


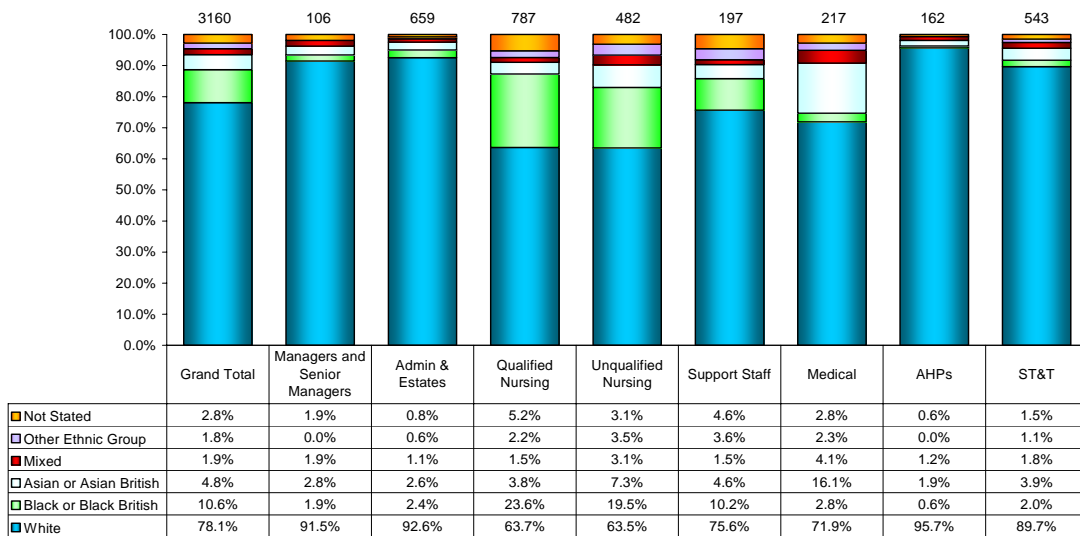
Figure 2



This ethnic group is Black and Black British which accounts for 10.6% of the workforce whilst in the local population this figure is 1.3%. Figure 3 shows that these employees are primarily in qualified and unqualified Nursing and also as support staff. This is representative of a national picture. It should also be noted that 16.1% of the Medics are from an Asian and Asian British ethnic group.

Figure 3

Ethnic Background by Staff Group
 Staff Employed by Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
 as at 31st March 2011



Recruitment by Ethnic group.

During 2009 39% of the Trust's total applicants were from minority ethnic groups with Asian or Asian British plus Black or Black British accounting for 34% of these. During the 12 months to 31st March 2011 41.7% of the applicants to the Trust were from minority ethnic groups with 17.3% of these from Asian or Asian British and Black or Black British. There has been a 20% in applicants of mixed ethnicity.

Figure 4

Ethnic Background of Applicants for Employment
 Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
 12 months to 31st March 2011

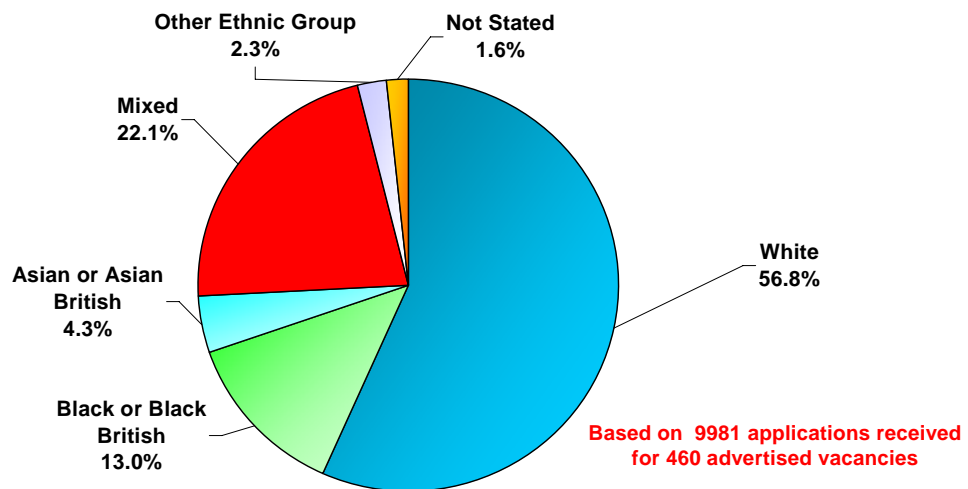
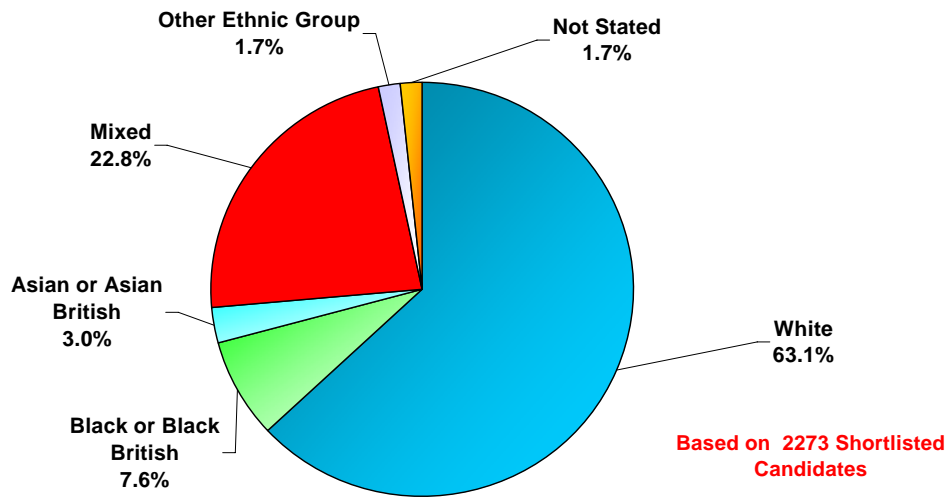


Figure 5

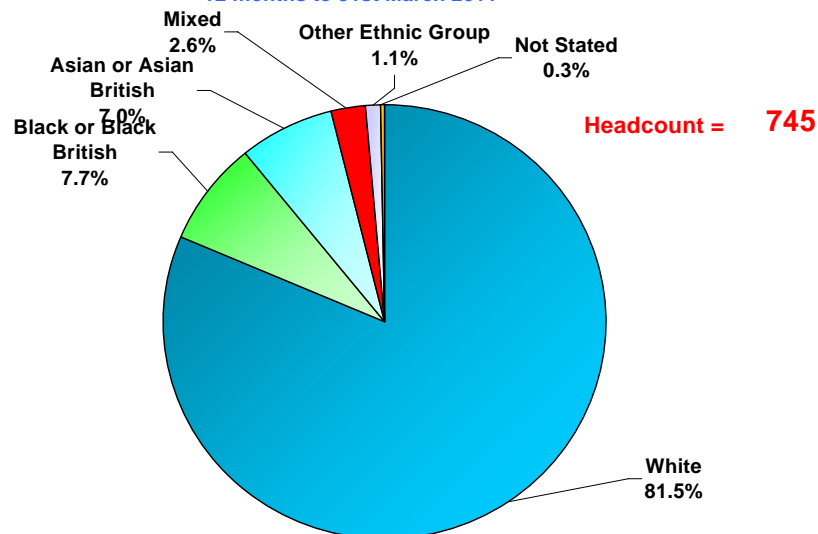
Ethnic Background of Shortlisted Candidates for Employment
 Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
 12 months to 31st March 2011



During the last financial year applicants from a minority ethnicity group totalled 41.7% with 18.4% of those starting with the Trust being from a minority ethnic background. The number hired from minority ethnic groups is broadly comparable to the 19.1% currently employed within the Trust and this is in excess of the 6.7% in the local population in these groups. The group which is most affected by this is the mixed race group which accounts for 20.2% of the number of people from BME backgrounds who were shortlisted but not employed. Resourcing will over the forthcoming year, further investigate the reasons why applicants from mixed race groups do not start as employees in the same proportion as they apply.

Figure 6

Ethnic Background of Staff Starting With
 Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
 12 months to 31st March 2011



Turnover by Ethnicity

The Trust at 31st March 2011 employed 19.1% from minority ethnic groups. It is noted that 23.2% of leavers were from these groups. The Asian and Asian British and mixed ethnicity groups have a higher leaving rate compared to the percentage employed.

Figure 7

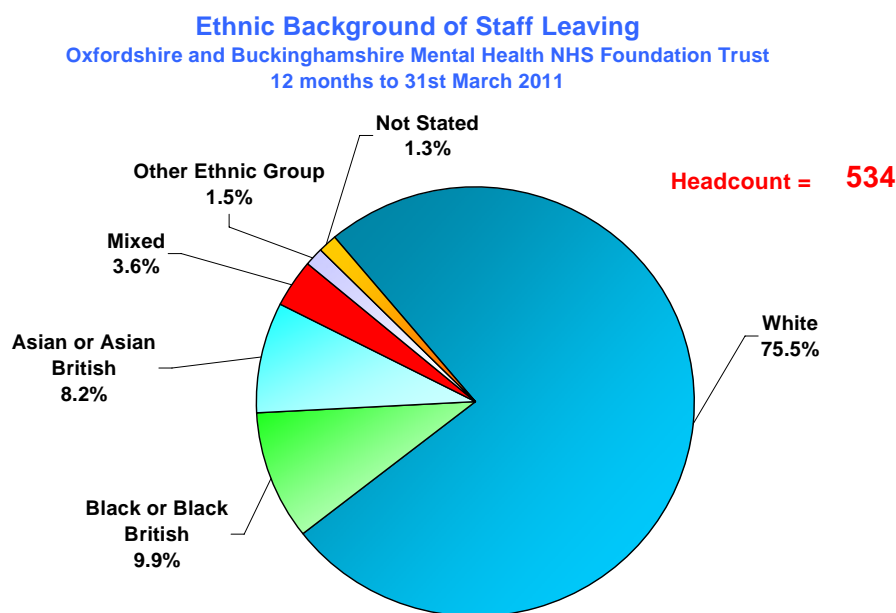
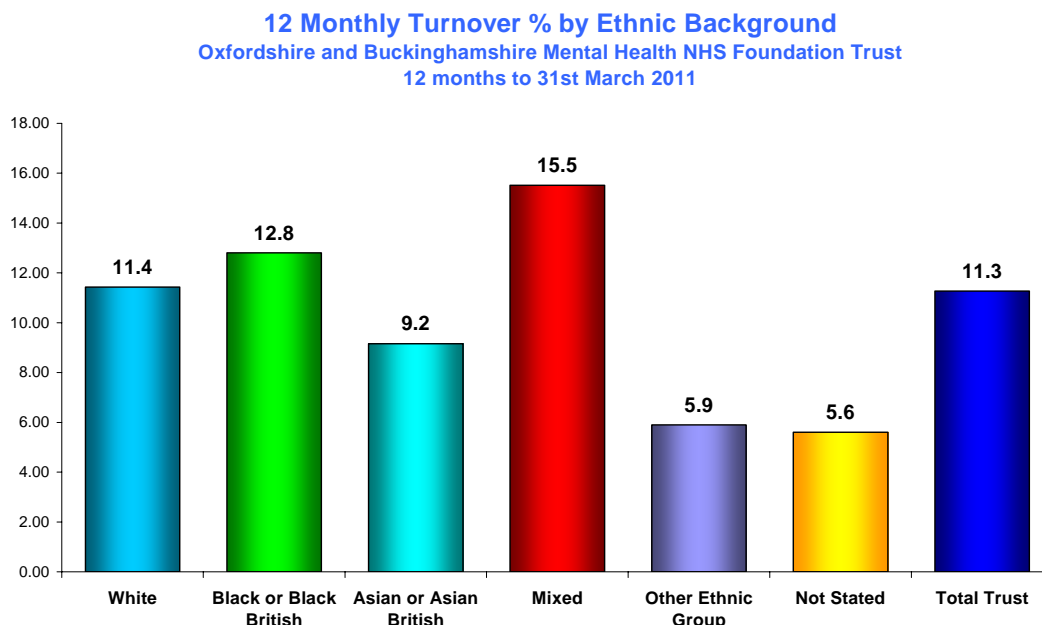


Figure 8

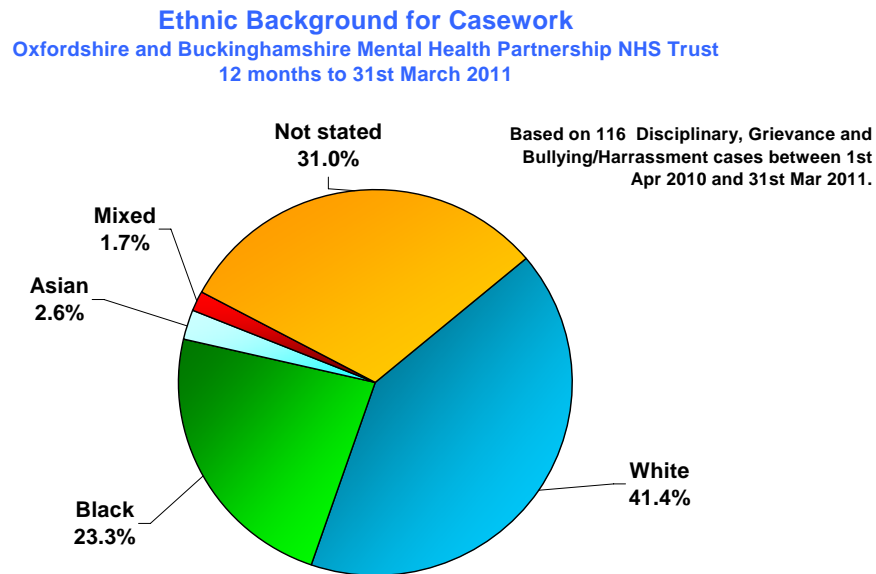


Casework by Ethnicity

In reviewing the 166 cases it is noted that there are more cases from Black ethnic groups than would be expected compared to the 10.6% of staff employed of this ethnicity. Cases from white ethnic groups are lower than expected compared to the 78.1% employed of this ethnicity. However 31% of staff members have not stated

their ethnicity. A priority objective will be to increase this disclosure rate by data quality reporting and by encouraging staff to disclose this information for monitoring. The small sample size means that low numbers can have a big impact on the results.

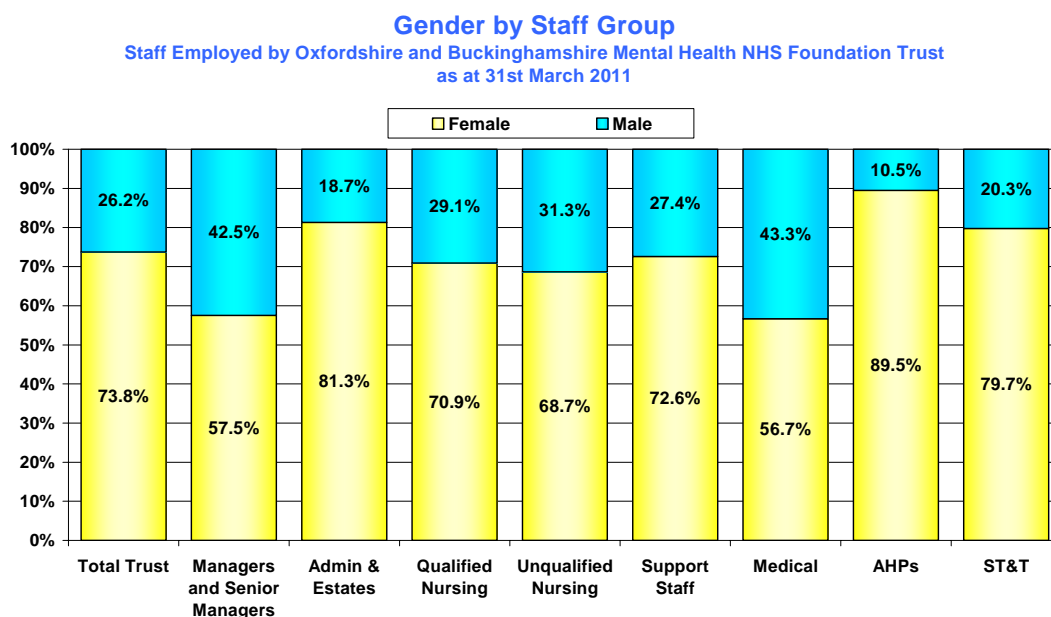
Figure 9



Gender

The majority of the Trust's employees are female. This is reflective of public sector organisations. There has been an increase from 52.6% in 2009 to 57.5% at 31 March 2011 in the number of females in the Management staff group. Figure 10 shows staff group broken down by gender.

Figure 10



Gender of applicants

It is noted that 32.6% of applicants are males but only 24.2% of those who start with the Trust are males. Consideration will be given within resourcing to identifying where

applications from males are being unsuccessful and to determine whether supportive measures are appropriate.

Figure 11

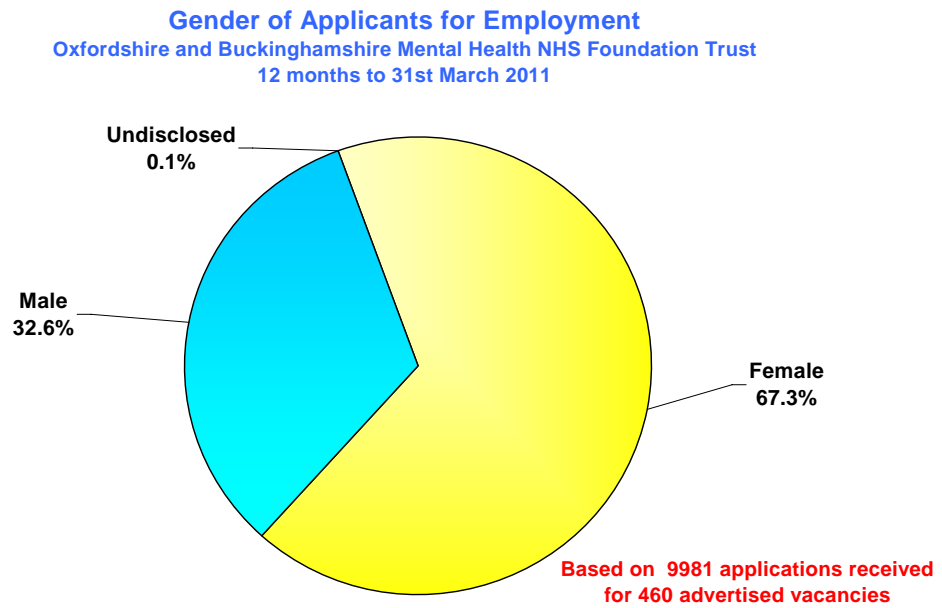


Figure 12

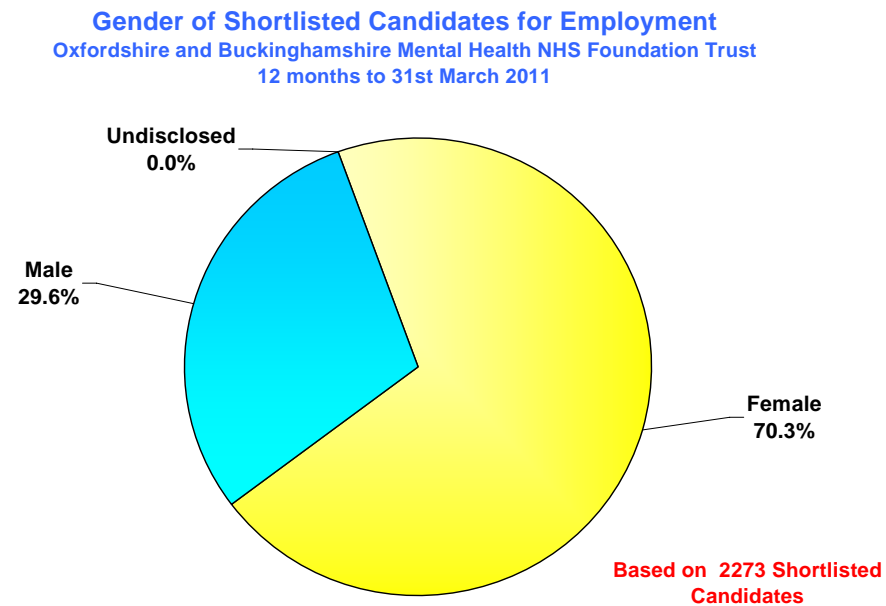
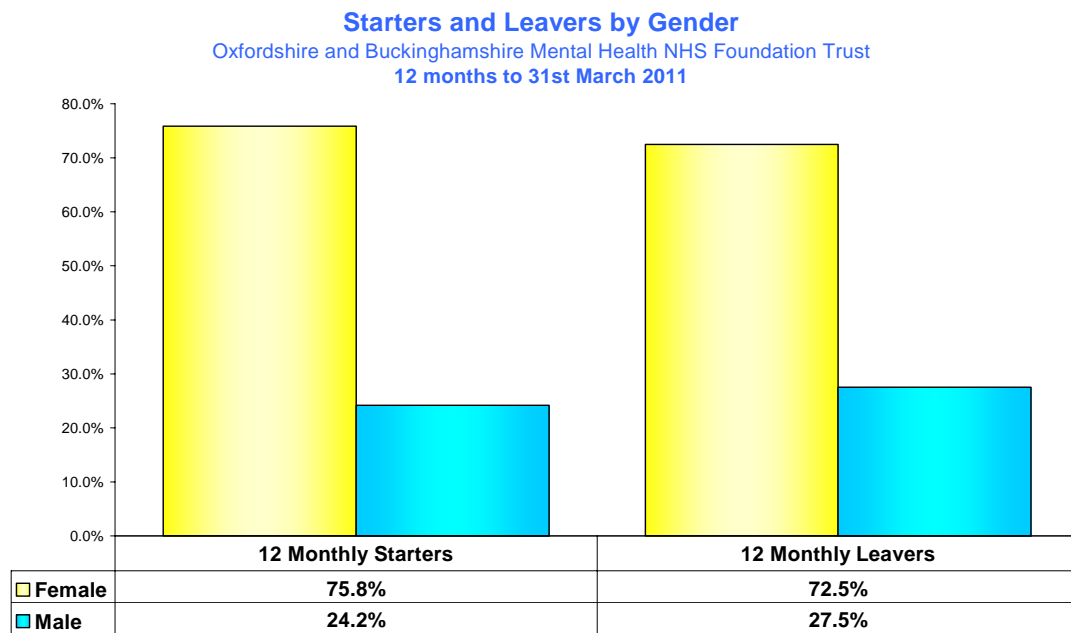


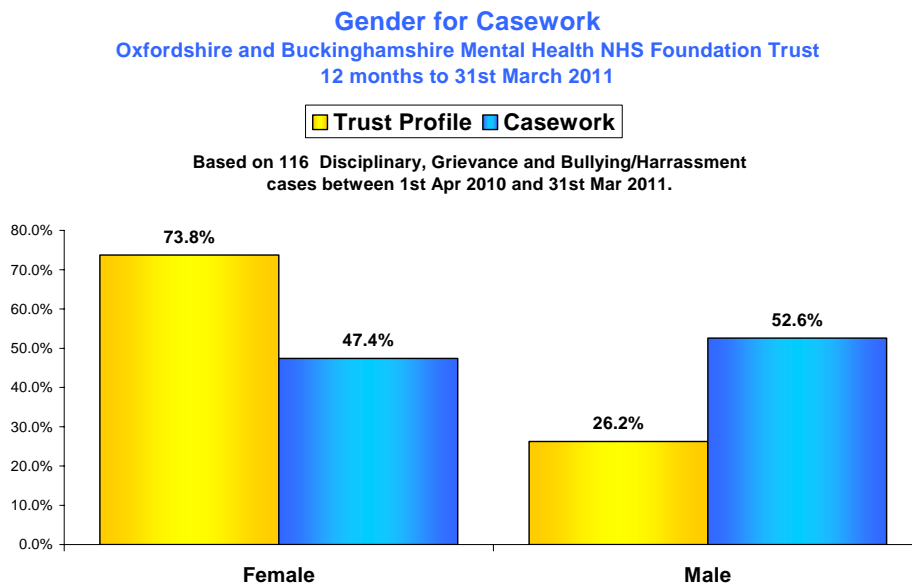
Figure 13



Casework by Gender

Casework during the year to shows a higher proportion of males than would be expected when compared with the number employed by the Trust. Priority will be given during the forthcoming year to breaking down the casework statistics. This will further identify whether there are particular areas that are generating a gender difference and where appropriate methods of addressing this.

Figure 14



Age profile within the Trust

From the 1 April 2011 the Trust has revised the retirement policy to remove the retirement age. This becomes effective for employees reaching age 68 after 1st

October 2011. This will enable employment of those in the over 60 age band to increase and thus benefit the Trust through the skills and experience they bring.

Figure 15

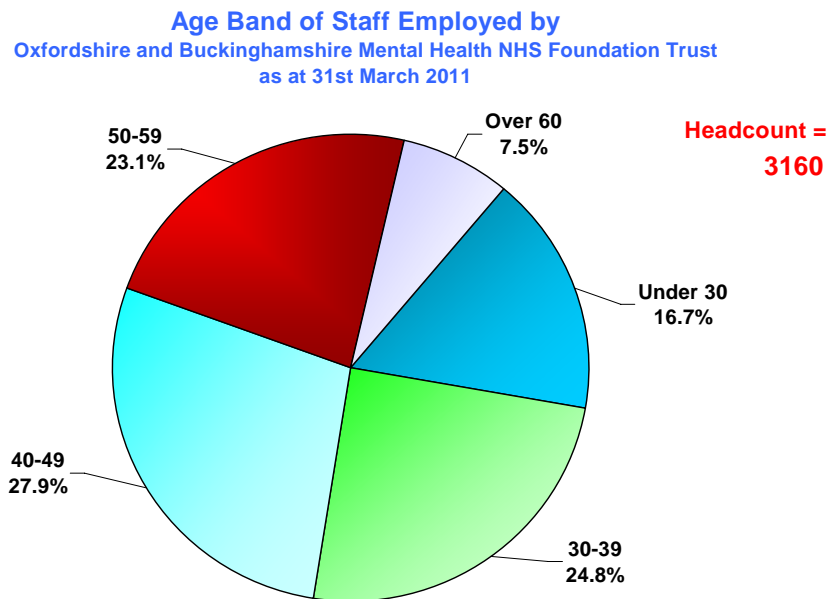
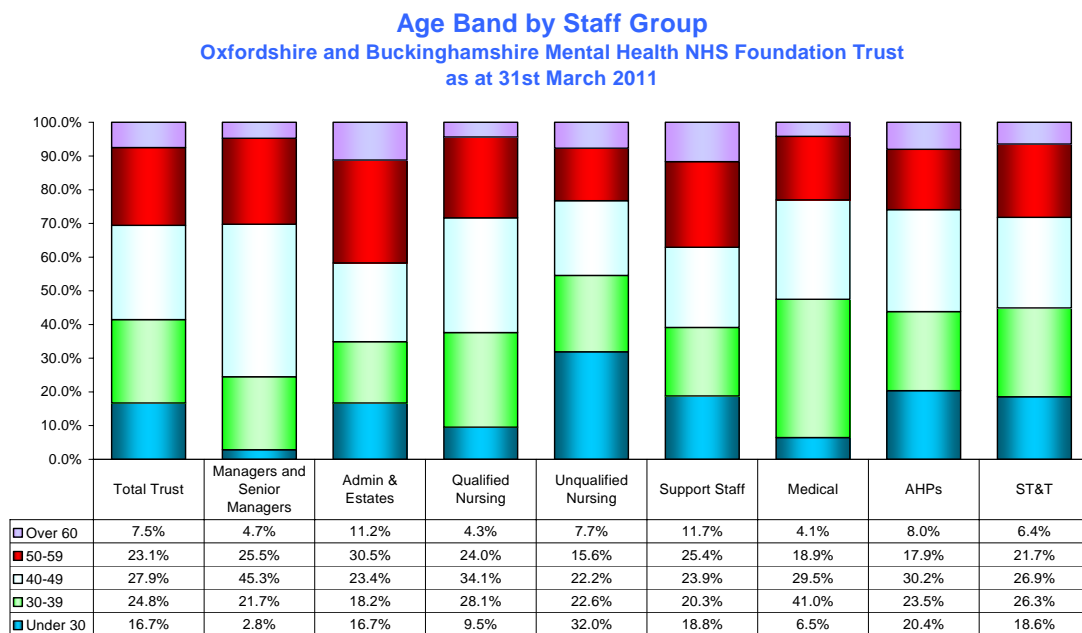


Figure 16



Recruitment by age band

Staff members under the age of 30 accounts for 16.7% of the total employees employed at 31 March 2011. It is noted that this age group is more mobile with 44.2% of the applicants to the Trust coming from this age group and 33.3% of those starting with the Trust are of this age band. The Trust also has a higher number in this age group leaving the organisation at 28.8%. Throughout the Trust initiatives at reducing employee turnover are yielding benefits in retaining experienced employees.

Figure 17

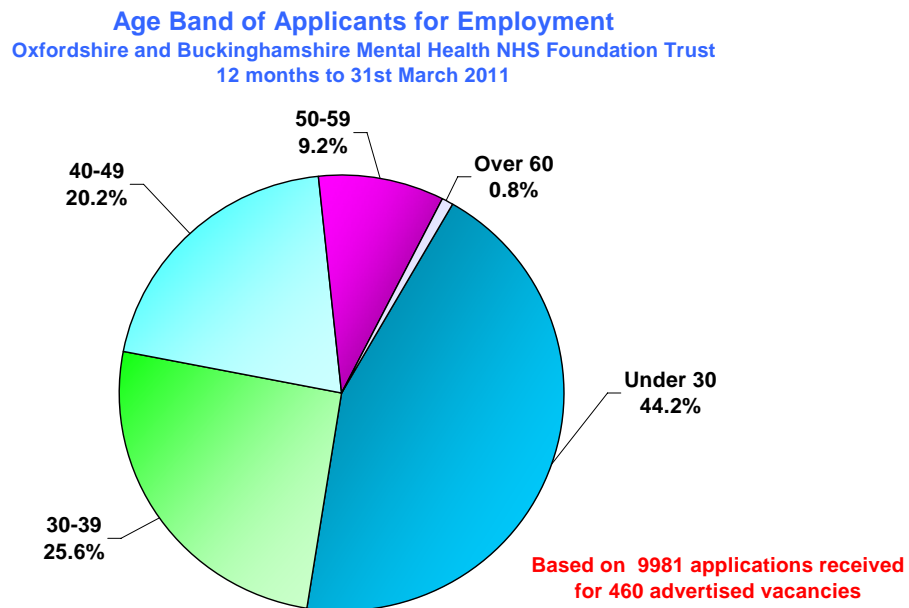
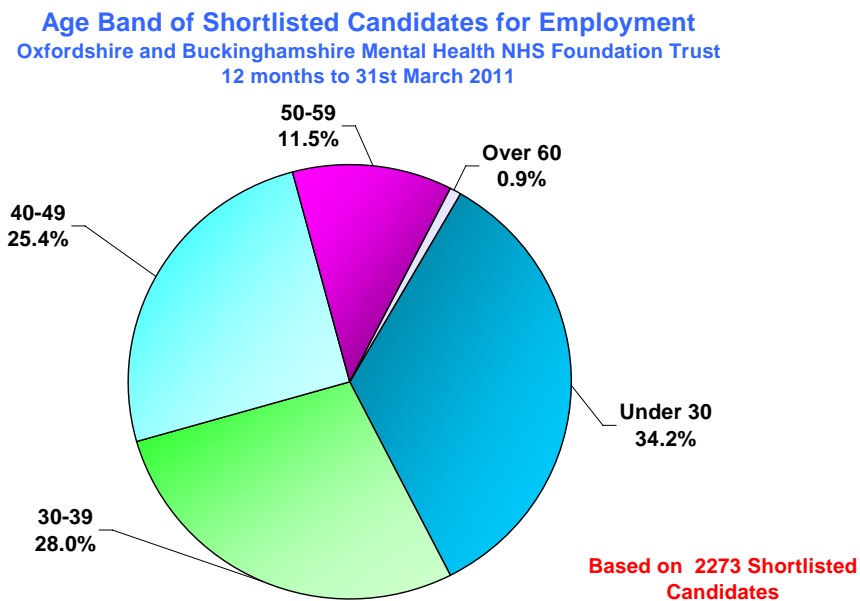


Figure 18

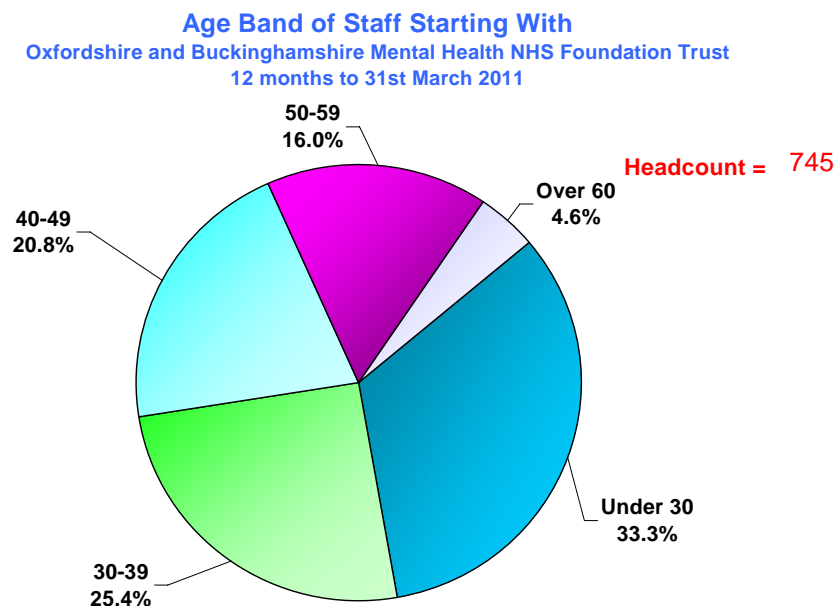


Age band of applicants commencing employment with the Trust

The Trust has fewer applicants that are aged 50 or over. However, their experience is highly valued in the Trust and the proportion employees starting with the Trust is greater than the proportion of those applying. Applications from those aged 50 to 60 accounts for 9.2% with the proportion of employees starting with the Trust in this age group being 16%. Applications from those aged over 60 accounts for 0.8% with the proportion of employees starting with the Trust in this age group being 4.6%. There were more people employed in the over 60 age group than applied for positions. This

is due to the transfer of staff in this age band from Wiltshire when we began providing services in this area.

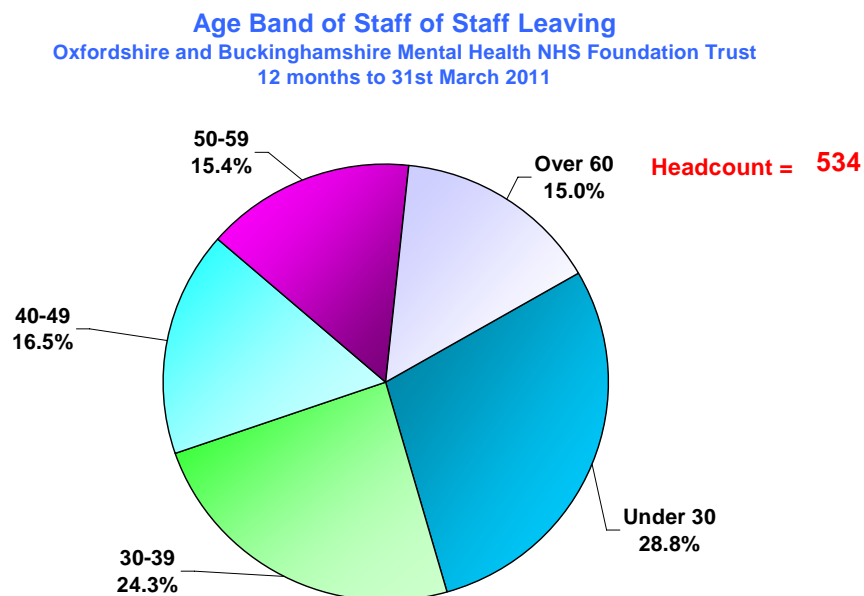
Figure 19



Age band of employees leaving the Trust

It is noted that there are significantly more staff leaving at age 60 or over than commencing due to the effect of retirement.

Figure 20

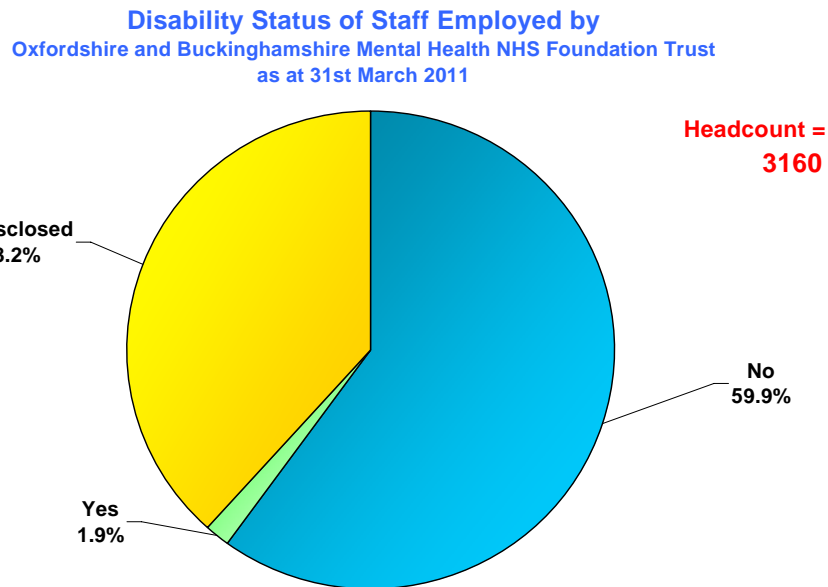


Disability status within the Trust

The chart below shows the people who have indicated that they have a disability. There is concern that 38.2% of employees do not disclose whether they do or do not

have a disability. The Trust will continue to encourage employees to identify any disability.

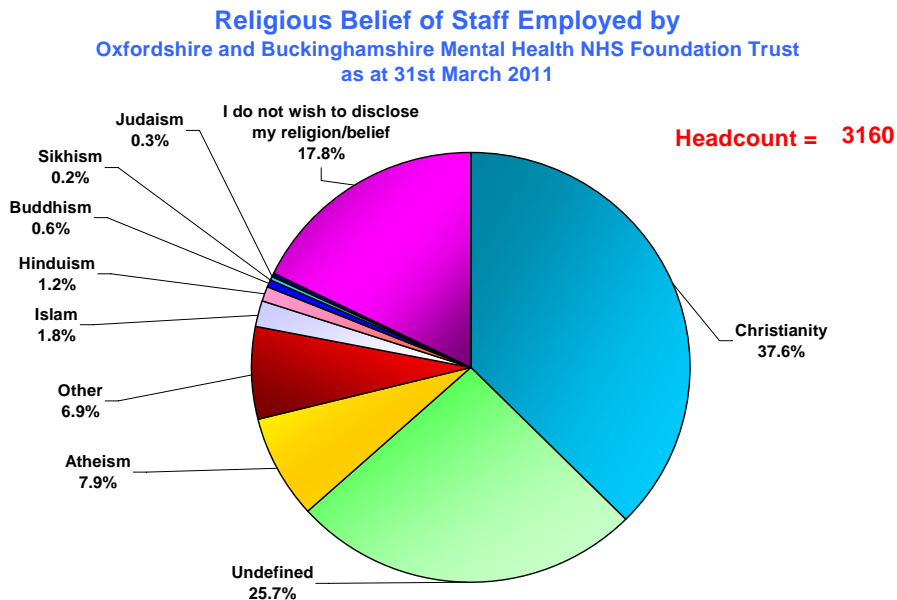
Figure 21



Religious belief of employees

The chart below shows the religious beliefs of employees. There is concern that 43.5% of employees are undefined or do not wish to disclose their religious belief.

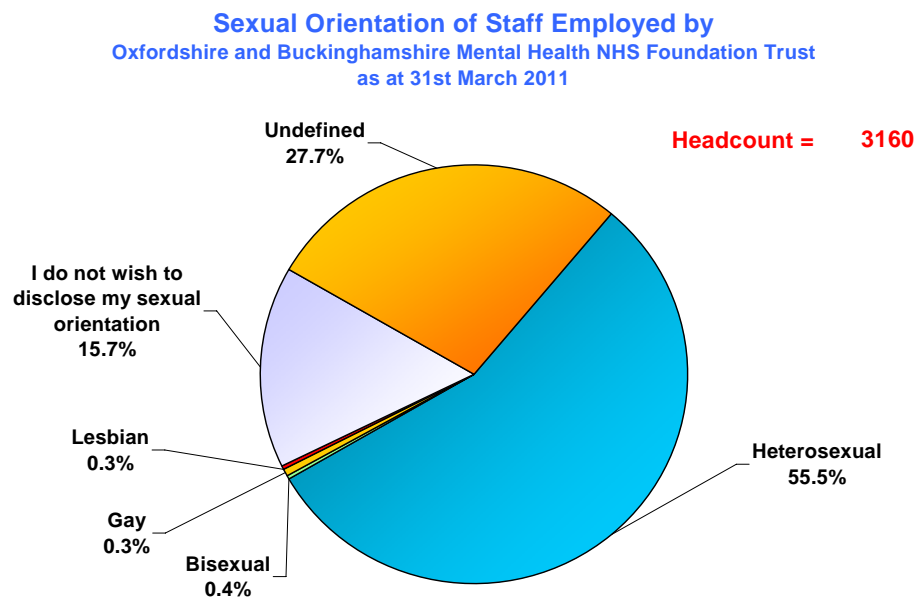
Figure 22



Sexual orientation of employees

Figure 23 below shows the sexual orientation of employees. There is concern that 43.4% of employees are undefined or do not wish to disclose their sexual orientation.

Figure 23



Equality Delivery System

As part of the development of the Equality Delivery System the Human Resources Department will review the actions in this report. The information will be published by January 2012 and then assessed. From this data the Trust will identify priorities to work on and actions will be identified. Those areas that have been highlighted here will be closely monitored to assess the reasons for any apparent inequalities and areas of concern will be addressed in more detail by the working group.

Equality Delivery System

The Trust will adopt the Equality Delivery System to ensure that our services are fair, personal and diverse and to ensure that we meet the requirements of the Equality Act 2010. The Trust will evaluate its performance against a set of equality objectives and outcomes, against which each NHS organisation, in collaboration with local stakeholders will analyse and grade its performance in the form of Red, Amber, Green and Purple Star rating. The EDS replaces the Single Equality Scheme and has similar reporting measures as the Quality Account.

There are 18 outcomes in total, grouped under four objectives:

- 1. Better health outcomes for all**
- 2. Improved patient access and experience**
- 3. Empowered, engaged and inclusive staff**
- 4. Inclusive leadership**

As a result of this analysis, The Trust, again in discussion with local interests, will confirm their objectives for the coming business planning period (as required by the Equality Act) and agree a minimum of four priority actions. Performance against the selected priorities will be annually reviewed. These processes should be integrated within mainstream business planning.

Benefits of the EDS

Once effectively implemented the EDS will:

- help the Trust to respond more readily to the Equality Act duty
- help providers to respond better to CQC registration requirements
- deliver improved and more consistent performance on equality
- provide excellent evidence of engagement and consultation with patients and staff
- improve efficiency and bring economies of scale by providing a national equalities framework for local adaptation
- help the NHS deliver on the Government's commitment to fairness and personalisation, including the equality pledges of the NHS Constitution and maintain a focus on equality during the NHS transition.

Action Plan

Action	Date	Responsibility
Implement a Trust wide interpreting service	April-June 2011	Sarah Coleman
Review length of mandatory training and add in Equality Act Requirements	April 2011	Sarah Coleman
Implementation of specific training for reasonable adjustments for people with learning disabilities	June 2011	Wendy Howard, Ros Alstead
Ensuring information provided by the Trust is accessible	September –December 2011	Sarah Coleman, Wendy Howard, Ros Alstead
Oxfordshire and Buckinghamshire NHS organisations to hold open meetings to raise awareness and inform the public about the EDS	September/October 2011	Sarah Coleman in partnership with other organisations.
Create EDS working group	September 2011	Ros Alstead, Sarah Coleman
Update Diversity Strategy to incorporate the EDS and changes to services	March 2012	Sarah Coleman
Publish data and Trust assessment against EDS objectives	January 2011	EDS working group
Publish EDS Action plan	March 2012	EDS working group