

Putting race equality to work in the NHS: a resource for action

Commissioned by the Department of Health

Researched and written

by

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Acknowledgements

The Authors

1. Introduction - what this resource is all about

The Race Relations (Amendment) Act 2000

Public Authorities have an explicit duty to promote race equality following the Race Relations (Amendment) Act, 2000. The Act requires all public authorities to actively promote race equality. Their 'general duty' is to:

- Eliminate unlawful racial discrimination
- Promote equality of opportunity
- Promote good race relations between people of different racial groups.

This general duty is supported by a series of specific duties, applicable to both employment and service delivery. By ensuring that they are complying with the specific duties public authorities will ensure that they are delivering on the general duty outlined in the Act. The Race Equality Scheme which each public authority must produce by 31 May 2002, sets out the ways in which the organisation will meet the requirements outlined in the specific duties. The Scheme will indicate how each public authority will deliver its general duty to promote race equality through identifying the 'steps' to equality indicated in the specific duties.

The CRE has published a draft 'Code of practice' for consultation, which will create a statutory framework for compliance.

How will this affect the NHS?

Along with all other public authorities NHS organisations are expected to have a Race Equality Scheme in place by May 31st 2002. The Race Equality Scheme should enable you to clarify your goals for equality and chart an action plan for achieving them. It is important that this is part of your day to day work, contributing to all your targets. Equality is not an 'extra' but a way of using your resources more effectively. Putting the scheme together and implementing it can help you identify where the organisation is not working as well as it could, and you can use this to work out what basic steps need to be undertaken to improve. It can point up gaps in the infrastructure and areas where you may be able to do better. Approached as a practical guide to action the Race Equality Scheme should help you to deliver your other targets.

It may be more helpful to think about the Race Equality Scheme as an action plan rather than a full-blown strategy. There are a number of 'specific duties' which the CRE have identified as critical to improving race equality, and the Race Equality Scheme is a way of identifying how you are going to start making arrangements to deliver these. The scheme will be expected to grow and develop so that in the first instance the scheme should show how you will set a direction, what you have already learnt about the challenge of improving race equality, and how you are going to make progress. Its more important to take the first steps, get going and put learning and review mechanisms in place – including feedback from your local community and other partners, than to have a 'perfect' strategy document to circulate.

This is a time of significant change within the NHS. Many organisations are in the process of being formed, and all are having to form and reform relationships. It may seem that this is not an ideal time to be thinking about more action plans. However this is also an opportunity to ensure that race equality is embedded in the work of new and existing organisations, and a time to review the ways in which organisations can improve on equality. The Race Equality Schemes are intended to cover a three year

span, and they are expected to evolve. Realistic and timed plans will be more helpful than comprehensive but unachievable strategies.

How will this Resource help?

'Putting race equality to work in the NHS' is a collation of experience and ideas from NHS organisations that have already begun to develop their Race Equality Schemes. None of the organisations we spoke to regard themselves as having 'finished' the scheme as yet - indeed we found that those who seemed to be furthest forward were those who themselves said that they had furthest to go. It's a case of 'the more you know, the more you know what you don't know'.

We are very grateful to those organisations who spent time sharing their experiences with us and reading drafts of the material we gathered. We found commitment and enthusiasm about reducing health inequalities, and a drive to make a difference to the health experience of people from minority ethnic communities. It was particularly encouraging to find this at a time when the NHS change agenda is so heavy and demanding.

We hope that some of the ideas here will be useful whether you are just starting out on your scheme, or if you already have experience to work from. They will also help you compare your experience with others. The schemes focus on the critical actions that organisations need to take - they are not just plans. We suggest that in developing your work you focus on charting the process and the actions you need to take, and use the scheme as a means of reporting this - not the other way round!

What will we need to do now?

Some NHS organisations have already made considerable progress in addressing race equality – the Race Equality Scheme provides an opportunity to review and bring this work together in a strategic framework. Local Authorities and other public authorities also have a longer history of taking specific action on race equality and will have useful experience the NHS can draw on, strengthening local partnerships at the same time.

Another way to get started is to think about this as a 'change management' agenda - and to look for models of the change management process that you can adapt and use. The 'Positively Diverse' project model is an approach you may find useful, especially since it has been developed to support NHS organisations deal positively with all aspects of diversity, including race equality.

Everybody is doing something about equalities and this is a good starting point. This is not a new agenda and it is an opportunity to draw together the work that has been going on, and so to help make more sense of it. Its also an opportunity to relate the equality aspects of all the other targets the NHS is trying to deliver, and in so doing to help overcome barriers and difficulties.

How to use this material

The resource is divided into sections that relate to the different elements of the Race Equality Scheme and key tasks in its development. Each section starts with a few key points that our organisations identified as critical. Then there is a more detailed account of how one organisation has approached the task; and some quotes that indicate the range of experience. Finally we have suggested some ways in which you could get started on this yourself.

The final sections include an outline indicating what your scheme could include; an action programme that will help you get started - or chart how far you are already; some ideas about identifying functions and policies - an important part of the CRE guidance. There is a short account of how we collected the information and an acknowledgement of our sources.

We have also included links to useful web sites - the CRE and 'Positively Diverse' sites in particular; a list of other resources, especially about change management that may give pointers to get you going. An 'exchange' area where you can post examples of work you have done which you think would be useful to other people, or request help and ideas from other viewers about particular aspects of your scheme, is under development.

This is a resource and we hope it will be useful as you develop your scheme. Race Equality - and equalities in general - is an important area for us all to deliver on if we are to achieve the goals of the NHS and deliver the NHS Plan principles:

*“The NHS of the 21st century must be responsive to the needs of different groups and individuals within society, and **challenge discrimination** on the grounds of age, gender, ethnicity, religion, disability and sexuality.”*

“..the NHS must also be responsive to the different needs of different populations...”

We hope that you will find this material useful and that you will contribute to it yourselves as your own work develops. In this way the resource will become a 'living' collection of experience, not a static document. We hope that this site will continue to develop and to be used by the NHS as a source and support for improving race equality within the delivery of health services and the employment of health service staff.

2. Getting started

Key Points:

- Use the CRE guidance to create a local template
- Make the guidance practical - write a briefing paper, create an action plan
- Seek out examples of work already taking place - Do an audit or review an earlier strategy
- Get people involved - work with staff groups, community groups and the Board
- Ask local partners – especially the Local Authority – for help as they may be further ahead

A good idea:

An acute hospital Trust started by reviewing the legislation, looking at what would be expected from the organisation. As a result they developed a briefing document comparing the requirements with what they were already doing, and identifying where there were gaps. They tried to put what the Act required into practical terms that were meaningful in the context of their work as a Trust. In this way they anticipated that they would find it easier to create a realistic action plan that they could deliver, and not just a 'plan of good intentions'. Their review identified that although they had previously done a lot of work around equal opportunities for the workforce they had paid much less attention to ensuring equal access to services.

Good Hope Hospital

Getting started in action:

"The mechanisms ... are already in place because we have a Tackling Racism Action Plan. .. we are already doing a lot of the work required for the development of the RES"

"we have begun by assessing what we have already done, looked at the gaps compared with the aspirations outlined in the Vital Connection and the ideals of the RRAA. Our Annual Report for 200/1 includes an equalities statement which also provides a good starting point".

"a regional group has been meeting every three months to discuss how to move forward. 3-4 people from this group meet regularly to develop issues around the RES"

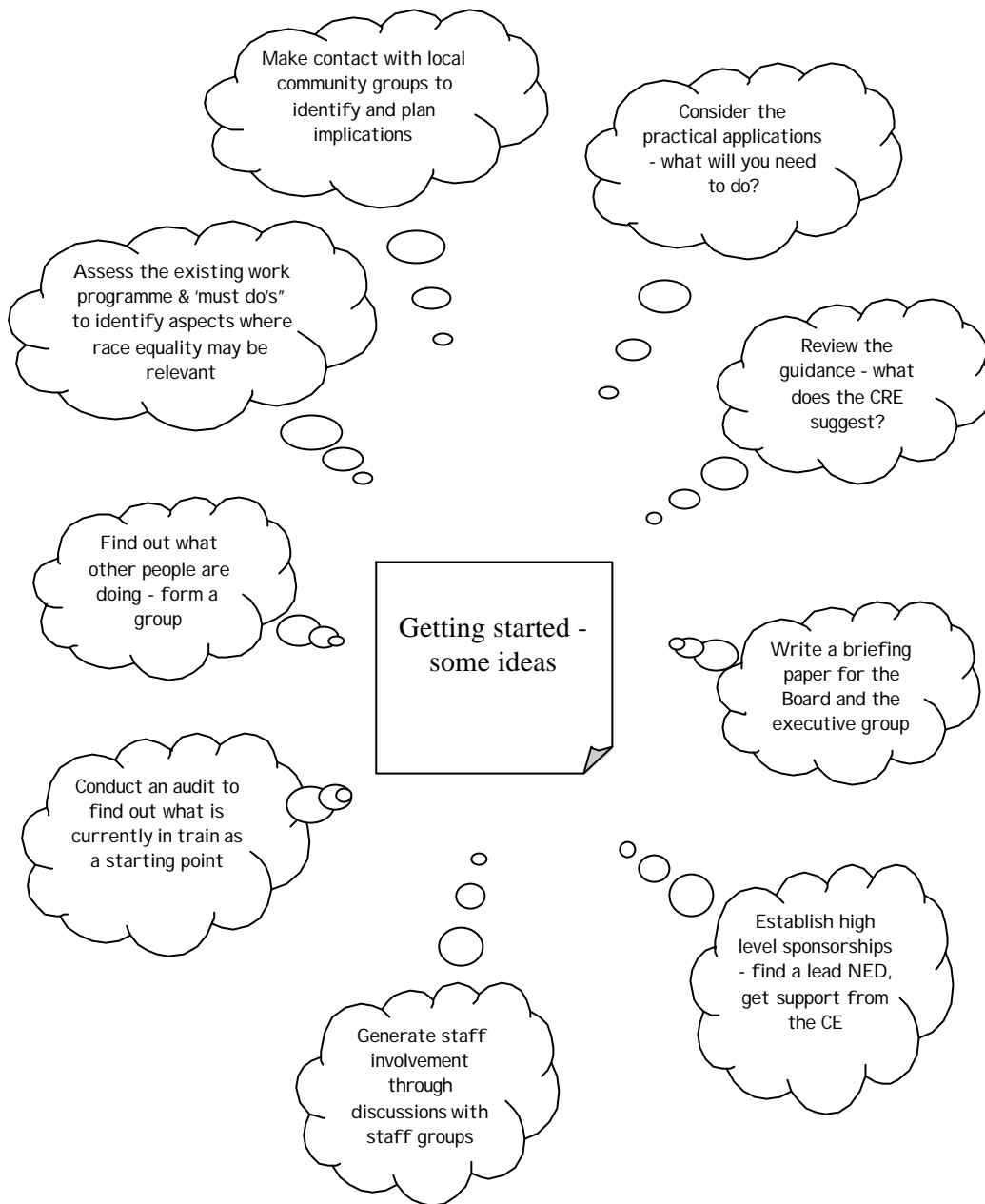
"We have had an initial meeting with Birmingham Race Action Group who are working with us its development".

"We originally wanted to .. develop a joint SHA scheme, but that was not practical as (HA) were still struggling with establishing their PCTs. So we agreed to go ahead (as) a basis for the eventual SHA scheme".

It was clear ... this would be a big issue and an opportunity to raise the profile of race equality within the Trust...In January 2001 we started a new ethnic monitoring scheme in line with the new census categories. We were also aware of the RRAA at this point and the Board received a paper outlining its implications".

First steps:

- **Review the guidance and identify the key tasks**
- **List who needs to be involved, and whose influence will be critical, both within and outside your organisation**



3. Getting the Board involved

Key Points:

- Getting the Board involved is important to maintain top level commitment and drive
- Presentations, briefings and training events are useful mechanisms
- Identifying a lead NED keeps the board in contact with ongoing development

A good idea:

‘The Board has taken this issue really seriously’ was the enthusiastic response from the executive lead in a mental health trust. While the Trust had worked on race and equality issues for some years it seemed this was the first time that people were connecting words and actions. When the board discussed a briefing paper on the RR(A)A the executive lead said “The recent Board discussion was qualitatively different from previous times when race equality issues were brought to the Board. It was more self reflective and as a result the board was encouraged to become more actively engaged in the recruitment of new NED members”.

*Brent, Kensington, Chelsea & Westminster
Mental Health Trust*

Engaging with the Board in action:

“ The RRAA was discussed at the last board meeting. A non-executive Director was given the lead to take it further and so this person put forward a paper around the issues”.

“There’s been a presentation to the CEs which has encouraged Boards to identify a NED lead”

“2 NEDs are particularly keen and have been involved in the working group”

“The board have been crucial in the development of the scheme, because they are the heart of the organisation”.
The board has had a training day on equalities issues where the RES was discussed and decisions made about how it would be taken forward. Also agreed that it was a Board priority.

First steps:

- **Agree with the Chairman and Chief Executive how they would like the board to be involved**
- **Identify any NEDs who are likely to be interested and seek their involvement as sponsors**
- **Write a paper for the Board - use the ‘template’ here to get going**

Developing a race equality strategy for

Aim

This paper proposes that should develop a race equality strategy. It sets out why such a strategy is needed, particularly looking at the requirements of the Race Relations Amendment (2000) Act and proposes a process for developing the strategy.

Background

The NHS Plan sets out a vision that places equality, fair treatment and social inclusion at the heart of plans to modernise the service. All the evidence shows that achieving this for black and minority ethnic communities will be especially difficult for a number of reasons.

- Black and ethnic minority people are overwhelmingly concentrated in areas of higher deprivation. Income levels are generally lower; unemployment rates higher and people are more likely to be living in poor quality accommodation. (Add any local demographic information that is available).
- Black and minority ethnic communities have generally poorer health than the majority community. For example the 1999 Health Survey for England identified that rates of cardiovascular disease amongst Pakistani and Bangladeshi men were 60% to 70% higher than men in the general population.
- Black and minority ethnic communities face difficulties in gaining access to services. The Policy Studies Institute in a report in 1997 found evidence of a lower referral rate from primary to secondary care for black and ethnic minority patients.
- Services are sometimes delivered in ways that are not appropriate to the specific needs of these communities, failing, for example, to take account of not only different cultural norms but also the effects of harassment and discrimination.
- These communities are probably underrepresented in the workforce. ... needs to ensure that it is a fair employer achieving equality of opportunity and that its workforce is developed to be able to deliver services that are able to meet the needs of diverse groups.

Taking action on these issues will require... to develop a comprehensive approach to issues of race equality and health irrespective of any specific legislative requirements.

The Race Relations (Amendment) Act 2000

This Act has its origins in the Stephen Lawrence Inquiry. One of the main conclusions of the inquiry was that public organisations were in danger of suffering from 'institutional racism' through a failure to provide an appropriate service to people because of their colour, culture or ethnic origin.

The Act significantly extends the responsibilities placed NHS bodies to promote race equality. It places on public authorities:

- A general duty to promote race equality and good race relations.
- A specific duty to prepare and publish a Race Equality Scheme setting out how it intends to meet the general duty.
- A specific duty to monitor its workforce and take action to ensure that it represents the diversity of the population and that minority groups in the workforce are not disadvantaged in any way.

The overall approach is that race equality should be 'mainstreamed' within the organisation i.e. that an equality perspective is incorporated in all policies, at all levels and at all stages.

For the Race Equality Scheme we will need to:

- Assess which of our functions and policies are relevant to the general duty to promote race equality and review these on a regular basis;
- Set out our arrangements for assessing and consulting on the impact of the promotion of race equality, of policies we are proposing for adoption;
- Monitor any adverse impact of policies we have adopted;
- Take action to ensure that improved outcomes are achieved in respect of race equality;
- Publish the result of our assessment and monitoring;
- Ensure ethnic minorities have access to information and services;
- Set out our arrangements for training staff.

The timescales for implementing the Act are very tight. The Race Equality Scheme and associated auditing systems should be in place by 31 May 2002. Establishing these will require a substantial amount of work.

Essentially the Scheme is a strategy and action plan. Meeting the requirements of the Act therefore will also address the issues set out above that require the development of a strategy. The strategy and the scheme will be one and the same.

Work to date

You may want to summarise key areas of work that have already taken place in the organisation. This may include:

*Developing an equal opportunities policy
Action against harassment and bullying
Race and cultural awareness training for staff
Projects and services to improve access for specific groups
Provision of interpreting and translation services
Ethnic monitoring data collected on staff and patients*

Next steps

The ... will need to establish a working group to develop the strategy. The Group should be chaired by (a Director) and will need to include representation from all parts of the organisation as well as of minority communities.

The Group should be tasked with carrying out a review of policies and functions, planning and carry out consultation on the strategy and developing an action plan to enable the PCT to meet its obligations. The Group will report back to the (Executive group) and the Board on its work.

Action required

The Board is asked to endorse the approach to developing a race equality strategy for the ...

Author

Date

This template is based on work by Shehla Naqvi and colleagues, Newcastle

4. Auditing race equality work already in progress

Key Points:

- Previous work is a base of experience - it will help you identify what the next priorities are
- Review work on both equal opportunities in employment and service delivery
- Look at how the organisation has responded to earlier guidance - e.g. The Vital Connection, Improving Working Lives

A good idea:

A mental health Trust had already begun several streams of work looking at both how to improve opportunities in the workforce and reviewing the services offered to specific groups in the local population. The trust integrated its work in a 'Tackling racism action plan'. They had used a national framework (Sainsbury Centre for Mental Health Development) to audit their performance on equalities, and carried out an assessment of the service provided to the local Muslim community. They were beginning to use the data collected on the ethnic origins of in-patients. As a result they were able to identify initial priorities for action quickly drawing on their previous work.

South Birmingham Mental Health Trust

Putting audit into action:

"(Our) diversities action plan incorporates all equalities issues. ... We've started patient profiling to monitor service delivery"

We already do some of the additional workforce monitoring as the HR Performance management Framework requires it.

We have an Equal Opportunities Employment and Service Provision Plan. Our current work includes Equal opportunities training for all interview panels; changing the JDs of all staff to incorporate EOP statement; Board training around equalities issues; implementing the Birmingham Integrated Language & Communication Strategy. "We already monitor the ethnicity of our staff by grade and profession."

We had already worked on implementing The Vital Connection, and Positively Diverse to support change. We had agreed a Diversity Strategy Plan and established a Trust level Fair Access Group and a Valuing Diversity Group. There is a project to monitor Senior Appointments.

First steps:

- **Identify any work you have done in response to earlier guidance (e.g. Positively Diverse, The Vital Connection)**
- **Are there local initiatives - a staff network or service development for example - that address race equality**
- **What does this work indicate about future priorities for action?**

5. Identifying relevant functions and policies

Key Points:

- Pose the question: 'What is this organisation here to do? - What is our purpose?'
- Include support and subsidiary functions
- Keep the analysis simple - 10 is a good 'rule of thumb'
- PCTs will also need to consider their relationship with Primary Care Contractors - GPs, Dentists, Pharmacists and Optometrists
- Use models to stimulate your thinking - the 'Business Excellence Through Action - BETA' framework is helpful

A good idea:

"Our approach to this has been very simple - we've just said its everything we do, it's the service we deliver...the Trust is organised by care groups, which form the basic blocks so far as functions go. In addition to that there are a number of service areas and infrastructure that reach across all care groups - patients information and interpreting services for example."

This acute Trust had neatly developed a way of thinking about what it does as an organisation that reflects its current structure, and also includes the less obvious aspects of its work. Following on from the analysis the trust was able to bring together a group of people from the different areas to work together in developing the Race Equality Scheme and action plans.

Kings College Hospital NHS Trust

Identifying functions & policies in action:

We formed a Sub group from our Operational management group which identified key functions against areas listed by Directorate headings

...we have used the (CRE) chart for listing functions and the questions for assessing race equality impact in the guidance

... we reviewed the aspirations, powers and duties that the SHA will have... looked at 'Shifting the balance' as a description of the SHA role and functions... used an internal document prepared for staff on the future shape of the SHA

The Franchise Plan was a useful starting point...

This will include *Performance management* - all the activities of NHS Trusts, the NHS Plan addressing inequalities, and implementing the NSFs; and *Strategic Direction* - under the umbrella of the Franchise Plan the SHA will address the race equality aspects of issues, like major capital investments, that require a cross organisational and cross sector approach.

First steps:

- **Decide on an approach to identifying the organisation's functions and keep it simple!**
- **Make sure to include support functions as well as direct care**

Some examples of functions:

A PCT:

- Delivering community health services
- Managing primary care contracts
- Commissioning secondary care services
- Public Health
- Managing partnership programmes - HAZ, Surestart
- Employing staff
- Managing finance
- Communications and PR
- Supporting Information technology and management

An Ambulance Trust:

- Providing accident and emergency ambulance services to the population of (county) and visitors
- Providing non-emergency patient transport services
- Providing logistic medical transport services
- Employer
- Support services - HR & administration, Financial management, Training & Development
- Co-ordinate and facilitate Community First Responder Schemes
- Provide First Aid at Work training to external organisations
- Provide medical cover at public events

6. Assessing the race equality impact of functions and policies

Key Points:

- Assessing the race equality impact needs a structured approach
- The experience of Health Impact assessment can be useful
- Build in a routine process for new policies
- Link impact assessment to an existing framework

A good idea:

A mental health trust included this as a specific remit for the Clinical Governance committee, They scheduled a plan for reviewing all the existing policies. In addition they developed a process of assessing new policies for the potential equality impact. They had already had some success in improving their performance on ethnic monitoring of in-patients, which more than doubled from 40% to 85% when it was established as a clinical improvement target. As a result they are now beginning to analyse the data with the confidence that their results will be useable.

*South West London & St. George's
Mental Health NHS Trust*

Putting race equality impact assessment into action:

“we already monitor the impact of our policies and will transfer this process to the RES...”

“Public user involvement and feedback will be a critical tool for assessing the impact.”

“We’ll build in a process where we ask as a matter of routine about whether a policy has an impact on race equality...”

“we used the chart outlined in the CRE guidance to identify the relevance of our functions and policies and the impact they would have on race equality”

A crucial connection is with health impact assessment.. the techniques involved are transferable.. the impact of policies and services on minority ethnic communities should now be in the mainstream of routine health impact assessments

First steps:

- **Agree a framework for assessing race equality impact**
- **Gather together relevant information that has already been collected - e.g. from previous consultation exercises, audits, routine data collection**
- **Identify functions and policies that look most likely to have a significant impact**

Assessing Race Equality Impact - some questions

Is there a possibility that this function or policy could produce an adverse impact?

Is it discriminatory?

Does it promote race equality?

Does it influence relations between different groups?

Could some ethnic groups be affected differently?

Is there information or evidence that groups are being affected differently?

Does this have adverse consequences?

Can the impact be avoided?

Could it be unlawful?

Can it be justified?

What alternative ways are there to achieve the policy without the adverse impact?

What options are there to reduce/minimise the adverse impact?

7. Fulfilling the Employment duties

Key Points:

- NHS Trusts are already required to monitor the ethnic origins of the workforce and should have basic systems in place
- The additional monitoring of grievances, Disciplinarys, training, promotion and leavers may need investment in improved IT systems
- SHAs will be below the threshold where comprehensive monitoring is required but could consider their role as setting an example
- Monitoring means analysing, interpreting and using the data - not just collecting it!

A good idea:

An acute hospital Trust already has much of what the Act requires incorporated in the routine processes. There are IT systems in place for collecting much of this key data. A recent development was to extend monitoring grievances and disciplinary proceedings against ethnic origin and some surprising differences were found. The Trust used this finding to stimulate internal debate about what this could mean, and how to change the situation.

Some requirements - promotion for example - will be more difficult to fulfil in the short term and will require planning to achieve. With a developed recruitment process, in which care groups take the lead and process information, there is currently no central point at which this data is collected.

Kings College Hospital NHS Trust

Putting the Employment duties into action:

We will look at what we're already doing and identify any gaps, then aim to put systems in place to collect the missing information.

We have been monitoring staff for ethnicity for the last 6months. We have also been collecting data on the number of ethnic minority staff who apply for jobs, are shortlisted, interviewed and appointed. Our workforce information systems will need to be modified in preparation for the RES.

Already have breakdown of staff groups and recruitment process. But have not got training uptake, disciplinarys and grievances. A big issue- setting targets for managements levels in organisations and establishing a strategy to improve representation through recruitment, development and promotion.

We will need to plan new IT systems to collect and report on the full range of data required...

We started monitoring Disciplinarys and found black staff more likely to be disciplined

First steps:

- **Review the data you currently collect about the workforce and compare it with the requirements listed in the CRE guidance**
- **Identify what you will need to do to be able to collect the missing information**
- **Prepare a discussion paper for the Board about the new monitoring requirements, including how you will report on a regular basis**

8. Training staff in the new 'Duty to promote Race Equality'

Key Points:

- Training staff to be aware of the requirements of the RR(A)A is additional to ongoing training programmes
- Routine induction programmes and other staff training are opportunities to raise awareness of the importance of race equality and how to promote it
- There are opportunities to share experience across organisations - through the SHRINE networks and workforce development confederations

A good idea:

Developing the Race Equality Scheme has made an Ambulance Trust more aware of the importance of including training in promoting race equality. They said that "As a result of the RES we will need to consider putting greater emphasis on ongoing training for all staff. We will have to think about what education staff will need and how to support them in delivering the duty to promote." The Trust already had an impressive record of regular training and support for staff: they run regular new entrant and post-entrant programmes in cultural awareness, and have trained managers and the board in Equal Opportunities. The trust produced a booklet on cultural awareness for staff, and all ambulance staff carry a laminated sheet of basic phrases in different languages, which they can use before interpreters are available.

London Ambulance Service NHS Trust

Putting the 'Duty to promote race equality' into action for staff:

The Board have had training on the RES... the Induction programme deals with race issues and it is here where will include RES issues.

Have run a session on the Act. ...because of the organisational changes, Training will follow the publication of the scheme and in line with future policy.

Already working on this as part of tackling racism plan. Funding has been applied for training all staff on RRAA. Every single member of staff will need to be made aware of their responsibilities in relation to equalities. Managers will be included in the training.

We will be giving our staff training on the RRAA but we want to relate it practically to what they do...Our approach will be related to improving the quality of services delivered.

The SW London SHRINE group is working on a co-ordinated approach across the confederation, capitalising on 'best practice' models

First steps:

- **Plan to inform staff about the new duties under the Act and consider what additional skills they will need to deliver the 'duty to promote race equality'**
- **Review your current training programme and identify where the duty to promote race equality could be built in to future programmes**

9. Mainstreaming race equality

Key Points:

- Race equality is 'core business' - the RES can be part of the business or service plan
- Key areas to identify integration include the NSFs, NHS Plan targets, Modernisation
- Race equality should also be integral to organisation development work, including developing future leaders
- Race equality needs to be cross referenced into local modernisation reviews and local strategic partnerships

A good idea:

This HA has had an equalities strategy, "Achieving Equality - Respecting Diversity", for some time - the results from evaluation will feed into the Race Equality Scheme. This will directly inform the RES for the new SHA, including Camden & Islington. They describe their aims as being "to embed (race equality) considerations into our work in future and to ensure we and others take account of findings and outcomes of local consultation. We will need to ensure that race equality is an element that has been properly considered in all our future development and strategies... The effects of transition are considerable, including the 'loss of corporate memory' given the number of people changing jobs over a relatively short period of time - in future we will ensure that equality is embedded in systems as well as people, and that way we won't lose experience as individuals move on."

Barnet, Enfield & Harineev HA

Putting mainstreaming into action:

"RES is not just a HR issue, it is an organisational issue although there are workforce issues within it".

"All the documents we're using as sources are 'core' not additional. Our belief is that we can't do the main business without doing equalities"

The Health Improvement and Modernisation Plans will be useful source documents.

We have a range of initiatives already existing that we are trying to bring together under the umbrella of the RES

We're beginning to integrate issues about race and equality into medication policies.

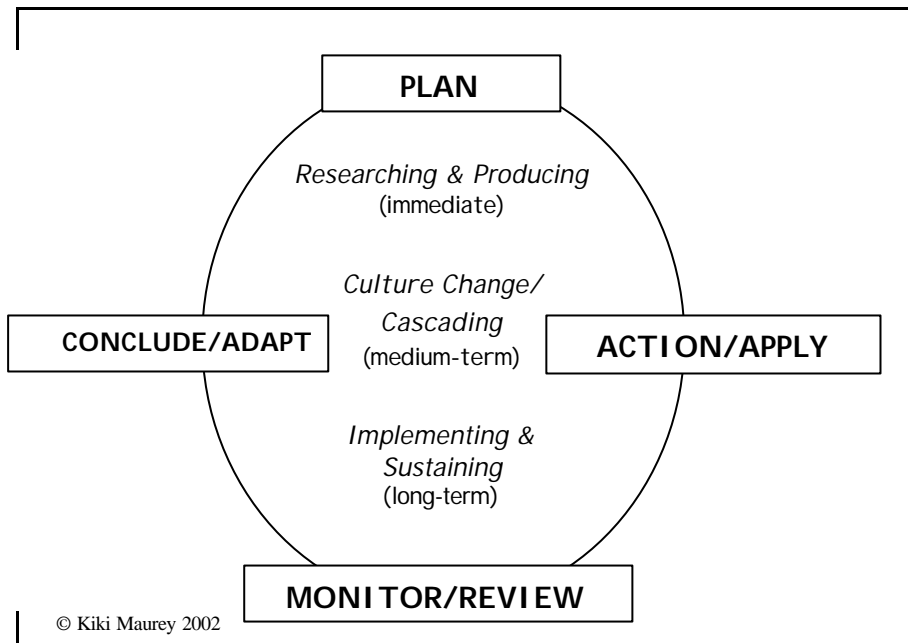
It helps a lot to identify how addressing equality helps to meet other targets - e.g. if we provide appropriate services for a patient we might reduce their length of stay and this will help with our waiting list targets

Establishing a lead clinician has been critical to ensuring that race equality is integrated into all our clinical work

First steps:

- **Challenge local leads responsible for NSF and NHS Plan targets with identifying where race equality may have an impact in their plans, and build the outcome into your scheme**
- **Discuss with the Workforce Development Confederation how to improve recruitment by better addressing the interests of your local community**

THE PLANNING CYCLE for a RES



This diagram developed by Kiki Maurey shows the process of moving from planning the Race Equality Scheme through taking action and sustaining the change over a longer term. It is based on the quality cycle approach of 'Plan - Do - Study - Act'. As the organisation's experience of delivering race equality grows you will find that different issues emerge and different responses are required. You will also find that you need to plan to move through the stages from research and understanding, generating culture change and cascading the information through the organisation to sustaining change over the longer term, so that it becomes part of the routine way in which business is done.

10. Involving local people and staff

Key Points:

- Use existing information to understand local needs - focus on involving people in discussing changes you are going to introduce and giving you feed back on their impact
- Staff are local people too
- Other local organisations will be consulting the same people about their schemes – look for opportunities to work together
- Local Strategic Partnerships and the REC will be valuable resources

A good idea:

A Primary Care Trust had regularly involved staff in developing and implementing the Diversity Action Plan. They had found this helpful in identifying what really matters to staff and would use similar methods for developing the Race Equality Scheme. Their approach had been to use a variety of different formats including holding staff focus groups, analysing the annual staff survey by ethnicity, consultation with a black staff support group, and getting feedback through training.

The Trust is working on how to engage with the local community. They want to broaden their contacts, getting a richer source of information and avoiding overburdening the same representatives time and again.

Central Liverpool Primary Care Trust

Putting involvement into action:

..the scheme ... will be published through the intranet. Staff will be encouraged to put forward ideas for the scheme.

roll out will involve working with Community Representatives, Consultative Committee, HR Joint working group, The PALS person and Operations Steering Group.

The draft RES will be discussed across the trust. The RES may be revised in the light of staff comments and Roadshows will stimulate staff to become involved.

There are 2 staff representatives on our multi-disciplinary working group on diversity that will be developing the scheme. We expect they will be particularly concerned about who decides what's relevant and will help us to make the right decision about priorities.

We consult with ethnic minority communities through the Birmingham Race Action Plan and the Minority Ethnic Council

It will be useful to work with complementary trusts and the local PCTs to identify the potential, for partnership around diversity.

A really successful approach for us has been working with relatively junior staff .. they have knowledge, views and skills that may not be available at more senior levels in the Trust.

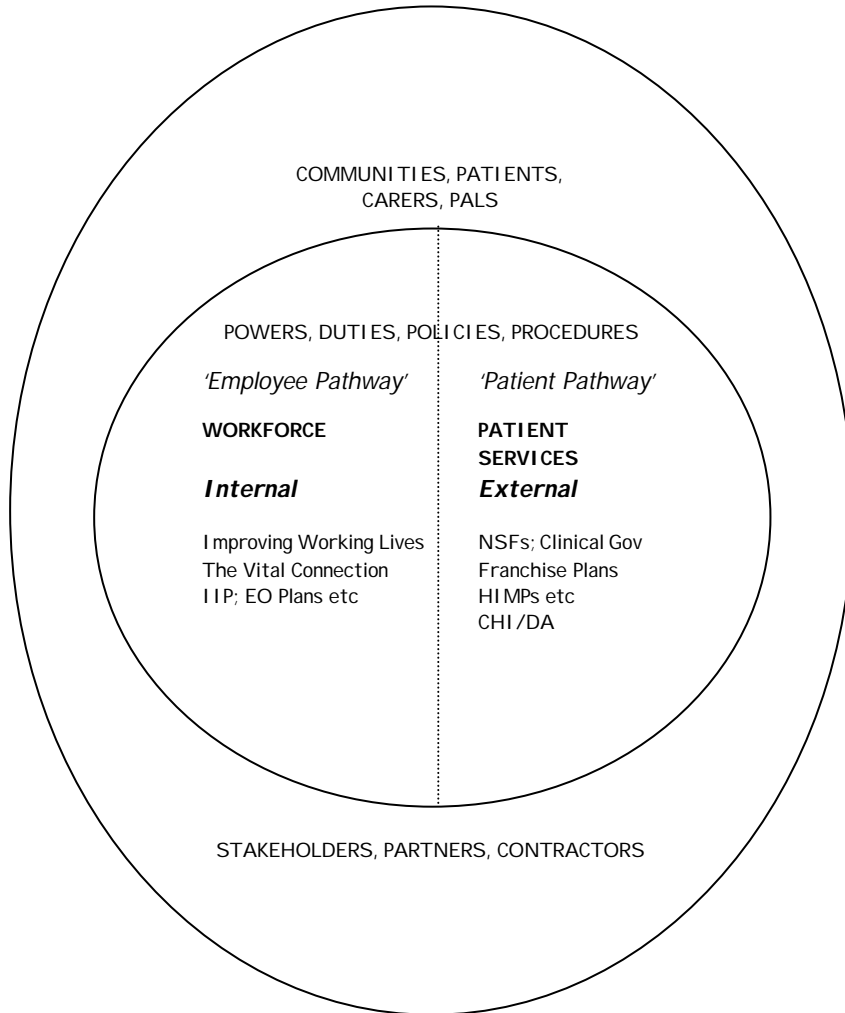
First steps:

- **What relationships are already established with community groups - how can you use these to develop the Race Equality Scheme?**
- **Does the Local Authority have a community forum or a citizens panel you can work with?**
- **What regular staff groups exist that you can use as a forum for discussing the Race Equality Scheme?**

A way of looking at the ways in which involving different groups of people connect and help to build the 'whole picture' has been developed by Kiki Maurey:

BUILDING THE RACE EQUALITY SCHEME

- Building on what's already been done
- Consultation with stakeholders, users, staff
- Working with others in the local health economy



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11. Establishing targets and indicators

Key Points:

- Targets and indicators already exist in many areas - e.g. the HR performance Framework
- It will be useful to link targets for black and minority ethnic populations to key health issues and the NSF implementation programme
- Keep your targets 'SMART' - specific, measurable, achievable, realistic & timed

A good idea:

The draft scheme for an Ambulance Trust identifies a number of targets, linked to the work they had already done on the 'Vital Connection'. The scheme includes a separate section on Performance Indicators which are trends which will be reported on a regular basis to the Board.

Warwickshire Ambulance Trust

Putting targets and indicators into action:

... setting the right targets for management levels in local organisations - We also need to more clearly differentiate the population we are recruiting from (which could be wider than our immediate locality for senior management posts) and to consider what other ethnic categories we need to use beyond just the Census categories to adequately apply to the local population. We need to consider the timescale for achieving local targets.

Our equality audit, which is part of our Tackling Racism action plan, will help us see where we could set realistic targets and Performance Indicators

an epidemiological study of Black and Minority Ethnic Health needs helped us establish some goals and identify some relevant targets.

Performance Management in future will include all the activities of PCTs and Trusts, including delivery on the NHS Plan - reducing health inequalities; and implementing the NSFs again with regard to inequality. Our targets will be derived from this work.

...historical underinvestment in information infrastructure means we are some way away from the step change necessary to link ethnic monitoring through the electronic patient record across hospital and primary care. ...the outputs from ethnic monitoring of health services (may be) disappointing

First steps:

- **Extract relevant targets and indicators that are already contained in national requirements**
- **Quantify what is likely to be achievable and consider how that could be measured within specific time scales**

12. An outline - some ideas for presenting your Race Equality Scheme

Our Race Equality Values and Principles – How we will tackle the ‘General Duty’

Our Business – outline of key functions and policies
– how Race Equality relates to other strategies

Our race equality strategic aims and standards – where our functions and policies have a significant impact on race equality

What we propose to do about improving race equality – an action plan
for service delivery
to improve equal opportunities in employment
with timescales and ‘SMART’ targets

How we will measure achievement – targets and performance indicators

How we will review the impact of race equality in introducing future policies

Involving local communities – how we will consult and involve local groups in identifying the impact of race equality, developing action plans and monitoring the outcome

Involving staff – how we will consult with and involve staff in improving services and improving the working environment

What we will do if we receive complaints about our implementation of race equality

Arrangements for training staff in the General Duty to promote race equality

How we will review the action plan and report on our progress – targets, reports to the Board, publication media, meetings with local groups

Alternatively you may want to identify the elements of the scheme that run through a set of existing documents and policies, so that the scheme itself is more like a guide to where race equality is embedded in the core processes of the organisation.

13. A critical path - an action plan for your race Equality Scheme

- Review the guidance and identify the key tasks
- List who needs to be involved both within and outside your organisation
- Agree how to inform and involve the board; seek the involvement of an NED as Board sponsor
- Establish a steering group – consider membership from within the organisation, linked health organisations (e.g. Workforce & Development Confederation), local partners (e.g. Local Authority) and community groups (e.g. Race Equality Council)
- Create a timetable linked to Board meetings and deadlines for papers
- Decide on an approach to identifying the organisation's functions and keep it simple!; include support functions as well as direct care
- Agree a framework for assessing race equality impact: Gather together relevant information that has already been collected - e.g. from previous consultation exercises, audits, routine data collection
- Review work you have done in response to earlier guidance (e.g. Positively Diverse, The Vital Connection); and other local initiatives - a staff network or service development for example - that address race equality, to identify what this indicates about future priorities for action; Identify functions and policies that look most likely to have a significant impact
- Challenge local leads responsible for NSF and NHS Plan targets with identifying where race equality may have an impact in their plans, and build the outcome into your scheme - and ensure that race equality targets are included in the implementation plans
- Review the data you currently collect about the workforce, compare it with the requirements listed in the CRE guidance, and create an action plan to collect the missing information (this may be short or long term depending on whether the systems need to be improved)
- Prepare a discussion paper for the Board about the new monitoring requirements, including how you will report on a regular basis
- Plan to inform staff about the new duties under the Act and consider what additional skills they will need to deliver the 'duty to promote race equality'
- Identify the regular staff groups that you can use as a forum for discussing the Race Equality Scheme and ensure it is on their agenda
- Review your current training programme and identify where the duty to promote race equality could be built in to future programmes
- Discuss with the Workforce Development Confederation how to improve recruitment by better addressing the interests of your local community

- Review the relationships you have already established with community groups and consider how you can use these to develop and report back on progress with the Race Equality Scheme
- Work with the Local Authority and other health organisations to identify opportunities for joint consultation with local communities
- Extract relevant targets and indicators that are already contained in national requirements
- Quantify what is likely to be achievable and consider how that could be measured within specific time scales

Action planning template forDate:.....

What the CRE guidance asks you to do:	What will we need to do? e.g.	How will we do this?	Who will lead this?	Who will be involved?	What help is needed?
Identify functions and policies	<i>Ask 'what is the purpose of this organisation?' what else do we do that supports that?'</i>				
Assess & monitor impact	<i>Establish a systematic approach; Agree criteria for prioritising</i>				
Consult & involve community groups	<i>What arrangements already exist for consultation? Can joint arrangements be put in place with the LA, other health partners?</i>				
Ensure access to information and services	<i>Review current arrangements Identify needs</i>				
Publication	<i>Consider what existing publications will reach the target groups; Identify appropriate media and languages</i>				
Staff training	<i>What information and support will staff need to implement the duty to promote race equality? Review current training to identify where equalities is/should be included</i>				
Workforce monitoring	<i>Review current data collection and reporting Compare with guidance Are IT systems adequate to support required monitoring?</i>				

14. Some resources and useful links

CRE web site www.cre.gov.uk

British Quality Foundation (for Business Excellence model) www.quality-foundation.co.uk

Positively Diverse web site - www.positivelydiverse.org.uk

Healthlinks web site www.health-links.co.uk

Action for health equality web site (Health Strategies)
www.doh.gov.uk/actiononhealthequality

NHS Alliance web site www.nhsalliance.org

NHS Confederation web site www.nhsconfed.org

'Managing change in the NHS' - National Co-ordinating Centre for NHS Service
Delivery and Organisation R&D
www.sdo.lshtm.ac.uk

Improving Working Lives www.doh.gov.uk/iwl

NHS Equality & Diversity in Employment www.doh.gov.uk/nhsequality.htm

Links to DoH Ethnicity Monitoring Training Pack (suggested by Jazz Bhogal)
www.doh.gov.uk/ethnicity2001guidance/index.htm

DIALOG - Diversity in Action in Local Government www.LG-Employers.gov.uk

15. How we conducted the review - a short account

The Department of Health - Equalities Strategy Group commissioned STRAD Consulting to conduct a 'rapid review' of how the NHS is developing local Race Equality Schemes.

We identified a number of NHS organisations which we knew had a record of action on equalities and therefore anticipated would provide useful experience from which other parts of the NHS could learn. From these we approached a small sample of 10: 2 each of Acute Hospital Trust, Primary Care Trust, Mental Health Trust, Ambulance Trust and Health Authority. Some others made contact with us or we were referred to specific resources and experience, so in the end the review has drawn on the experience of 14 NHS organisations, and the Department of Health. Half the organisations we spoke to were London based and half were outside London - mainly Birmingham and the North West.

To collect information about their experiences we held a discussion with a group of the key people in the organisation involved with developing the Race Equality Scheme. In most instances this included the Chief Executive or their representative, the RES lead and HR lead; and, depending on local responsibilities we also met with non-executive Directors, Medical Directors/clinical leads, Public involvement leads, and Corporate business leads. In one or two places people from external organisations - the REC and the CHC - were invited and offered another perspective.

In our discussions we aimed to get an understanding of the processes being used to create the Race Equality Schemes; what people regarded as critical source documents; and consultation proposals.

We asked for background information in advance. We hoped this would include drafts of the schemes but at the time we were collecting information no-one had a working draft available - although there were some outlines that gave us an idea of how people saw the scheme developing; we also looked at working papers.

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Brendan Ward & colleagues, Merton Sutton & Wandsworth HA
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Su established STRAD Consulting in 1996, building on her earlier experience of NHS management, management development and research. STRAD provides project management and supports service development in the NHS and healthcare related organisations. Su has a long standing concern for race equality. She co-ordinated the national programme of 'mainstreaming' minority ethnic health for the Department of Health, completed a survey of London wide NHS responses to race equality (in 1999), and led the establishment of the London Race Equality group (of which she remains a member). She has a broad experience of all sectors of the NHS, and has completed projects on PCG development, HA planning, frameworks for national priorities (CHD, Cancer), and work on complaints systems. She is also currently a non-executive Director on an Acute General Hospital NHS trust.

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Asha has worked as an independent consultant since 1998. She has undertaken and worked on a number of projects on personal, professional and organisational management with NHS and Local authority organisations. She also has a track record of researching, assessing, planning, developing as well as delivering training programmes that are central to race and equalities issues. Her more recent experiences include: researching and developing as well becoming the co-author of the Bedford Heath Promotion Agency 'Cultural Competency Toolkit'. She was also involved in the development and implementation of the 'Patient profiling in Primary Care project in several health districts. She has been involved with Northamptonshire County Council where she developed training for senior managers on the implications of the RR(A)A and the development of a race equality scheme.