

MEETING:

Trust Board
21 March 2007

TITLE:

Race Equality Scheme – Action Plan up-date as at January 2007

SUMMARY:

The race equality action plans have been recently reviewed by the Equality & Diversity Steering Group January 2007 to assess progress and to highlight areas of work still to be done. The full Race Equality Scheme 2005-08 is published on the Hospital's website.

The Board is asked to recognise the progress made in the three service areas contained in our Race Equality Scheme and to note that a key issue for the coming year will be to publish equality impact assessments. A workshop is being held in March to support this.

ACTION:

To note

REPORT FROM:

Neil Edgar, Assistant Director of Human Resources

SPONSORED BY:

Margaret Boltwood, Director of Human Resources and Corporate Affairs

Financial details supplied/checked by:

(Name of finance officer) [None applicable](#)

Recommendations contained within this paper have been checked for compliance with relevant statute and regulations/directions/policy as follows:

(Relevant law/direction etc.) **The Race Relations Act 1976 (as amended by the Race Relations (Amendment) Act 2000)**

Race Equality Scheme Action Plan Review as at January 2007

PATIENT SERVICES

Action	Status January 2007
1. Continue to raise staff and patient awareness of the reasons for collecting ethnic monitoring data	Every clinic area has the laminated card displayed behind reception for use by the clinic staff. All clerical staff in outpatient and inpatient areas receive regular PAS training. New entrants are trained to use PAS and the importance of collecting ethnic group data is explained. Regular PAS training is available to all staff.
2. Take steps to increase the collection of patient ethnic monitoring data by 5% for inpatient and 10% for outpatients	Ethnic Monitoring is a mandatory field on PAS. New members of staff are given training around the importance, and reasons for recording ethnic information. Information leaflets are available for staff to hand to patients who require further explanation about the reasons for ethnic data collection.
3. Undertake reviews of this data to assess the services provided and in terms of positive action for racial equality	The reports continue to be produced on a quarterly basis and are regularly reviewed at the Equality and Diversity Sub group and then to Clinical Board Meetings for discussion and ratification of any action.
4. Ensure the hospital redevelopment project carries out reviews under this scheme, adjusting future service provision as necessary	The Modernisation and Redevelopment Group (MARG) oversaw the first stages of the phase 1 redevelopment. MARG members were also key members of the Equality and Diversity Group. Works carried out during phase 1 were reviewed under the RES and service provision was adjusted in accordance to recommendations. This will be continued during Phase 2 of the PFI. The 2 nd stage of development will be overseen by DTC (Day Treatment Centre) project steering group, and reviews of adjusting service provision will be carried out under this scheme.
5. Assess training and development needs of staff and provide appropriate training	The Trust's mandatory Equality and Diversity training programme is held four times a year and is delivered by the Assistant Director of HR. There is mandatory training for managerial and supervisory staff, which is aimed at promoting equal opportunities and diversity within the work place. One of the key dimensions of the knowledge and skills framework for all members of staff is equal opportunities and diversity. Appraisals are carried out in order to identify individual staff needs and areas for development.
6. Pilot ways of analysing access to services with particular reference to coronary care, diabetes, thalassaemia and maternity services, to develop best practise in terms of racial equality reviews	Reporting is being used to provide evidence of equitable service provision and access, and any discrepancies continue to be investigated under the supervision of the Ethnicity & Diversity Steering Group.

Action	Status January 2007
7. Review the provision of language support to patients and carers to ensure needs are being met appropriately	<p>The interpreting service currently has 5 in house interpreters covering 8 languages. They all carry bleeps and are available at short notice. There are 40 sessional interpreters who cover 28 languages and these are booked in advance. These interpreters also offer an out of hours service (details on the intranet). We are also able to offer British Sign Language interpreters.</p> <p>There is a telephone service that can be used when other interpreters are not available. All details are available to staff via the Trusts intranet.</p>
8. Develop plans to address issues identified through the above service level reports	<p>There has been a 10% improvement in speed of service to patients from the 'White Irish' ethnic group relating to the ED 4-hour target, which had been previously identified as an issue requiring action. This continues to be closely monitored.</p> <p>The Ethnicity & Diversity Steering Group continues to review the ethnicity access reports quarterly and discrepancies between observed and expected figures are flagged up and investigated appropriately.</p>
9. Develop and implement new Outpatient 'Front-Sheets to be used in Outpatients for <u>every</u> attendance to ensure the accuracy of basic demographic information including ethnicity	<p>Outpatient front sheets are attached to the patient's medical notes at the point of notes being prepared for the patient consultation. Outpatient front sheets are printed off in preparation for the patients consultation and are attached the patients medical notes for every attendance. On arrival the patient is asked to check that the information recorded is accurate. Patients are asked to check the front sheet and sign to confirm that the information is correct. Any amendments made by the patient are recorded on PAS</p>

PATIENT AND USER INVOLVEMENT

Action	Status January 2007
Appoint Patient & Public Involvement (PPI) manager to lead on involvement of minority community groups.	The post outline has now been agreed and evaluated under the new Agenda for Change framework. The post will be advertised in April 2007
Disseminate Patient & Public involvement strategy and review initial impact	The strategy is being reviewed again in 2007, and will be consulted on with patient groups
Work with PPI Forum to engage minority ethnic groups within the local community	Further work has been undertaken with the PPI Forum to establish a support group for pregnant women from ethnic minorities with HIV/AIDS
Improve links with patient involvement activities in local PCTs	A process has been agreed with Islington PCT to use focus groups when jointly consulting on issues. This was first undertaken in 2006, when drawing up the disability equality scheme
Hospital Management Board to promote <i>Dignity and Respect</i> as one of the hospital's values in relation to its treatment of patient's, visitors and staff.	This is now included on the induction programme, as a core value. Privacy & dignity audit undertaken for inpatients in 2005, jointly with patient representatives, and the results widely publicised and acted on. A further audit will be undertaken in 2007.
Develop targeted patient surveys for specific ethnic groups to reflect their experiences of care	No further progress made. To be a priority for the new PPI manager when appointed
Review provision of interpreting & advocacy service to ensure it meets patient needs	The in-house interpreting service has been reviewed. Increased sessional interpreters have been recruited in response to patient demand.
Agree contract for provision of translated information (written and taped)	Not agreed due to high initial quote for contract. Awaiting new PPI manager to review demand for translated information

EMPLOYMENT

Action	Status January 2007
1. Review, update and publicise the hospital's <i>Equal Opportunities in employment policy</i> to reflect best practice	Policy updated 2005
2. Review, update and publicise the hospital's <i>Discrimination, harassment and victimisation in employment policy</i> to reflect best practice	Policy updated 2005 – further development in 2006-7 to take into account NHS employers work on bullying. New policy implemented February 2007
3. Hospital Management Board to promote <i>Dignity and Respect</i> as one of the hospital's values in relation to its treatment of patient's, visitors and staff.	Dignity and respect paper agreed by Trust Board. Information cascaded to all staff 2006
4. Address issues arising from the Hospital's Improving Working Lives external validation	Work continues through the IWL group. Workshop on violence and harassment in the workplace held in October 2006. Action plan agreed from this. Work to be included in plans for 2007-2008
5. Analyse the occurrence of violence or verbal abuse reported by staff by ethnicity and devise plans to minimise	Linked to work done at violence and harassment workshop
6. Train all staff and managers to introduce the NHS Knowledge and skills framework (KSF). Every member of staff has to have an agreed level of competency on at least the five-core dimension. This will form part of every member of staff's appraisal	All managers trained in use of KSF. No posts now advertised without KSF outline
7. Investigate how the maximum benefit of the KSF electronic tool can be utilised to review training and development opportunities based upon ethnicity.	Everyone had been offered training on the new e-tool. All managers have been trained and some staff training. Work continuing
8. Carry out race equality assessment for implementation of Agenda for Change new pay system for all staff and address at the earliest stage if issues develop. This work will be undertaken in partnership with staff side representatives.	Monitoring work still to be done on this. Link to work on gender equality which will be part of gender equality scheme action plan for 2007-2008

Action	Status January 2007
<p>9. Continue the project Healthworks in conjunction with Islington Local Authority to enable local unemployed people to access jobs at the Whittington or in neighbouring health services and meet diversity targets (subject to availability of funding)</p>	<p>Healthworks project now finished. Hospital now member of Camden Employment Action Steering Group Ambassador scheme in place, working in conjunction with Islington Local Authority</p>
<p>10. Sponsor managers on the Black and ethnic leadership programme and directors to continue supporting and participating the sector's Mentoring Scheme for Black and minority ethnic staff</p>	<p>2 Candidates on external BEL programme now completed. New internal BEL programme developed and held 2006/07. Review taken place by Equality & Diversity Steering Group and agreed to continue 2007/08</p>
<p>11. Review Race Equality Scheme action plans identified for Year 2 and revise as appropriate to reflect new priorities</p>	<p>Actions added to year 2/3 from above</p>

Action	Status January 2007
<p>2006-2007</p> <ol style="list-style-type: none"> 1. Develop further the KSF training and development database to enable detailed analysis to be undertaken regularly and any issues highlighted to be addressed 2. Ensure project plan for the introduction for the national Employee staff record will address all requirements for monitoring employment issues 3. Introduce local BEL programme to meet better individual local needs 4. To arrange training in equality impact assessments for managers to ensure they are able to assess on a regular basis in a consistent and effective way – and to ensure EIAs are published on internet 5. To review harassment policy in light of work done in the organisation (e.g. violence workshop/ban bullying at work day) and by NHS employers 6. Review and improve the monitoring of training of staff 7. Review Race Equality Scheme action plans implemented during 2006/07 and devise further plans to address issues highlighted 	<p>Ethnicity field on e-tool now operational. Only approx. 2% of PDPs on e-tool. Further action to be taken to year 3. Review of approach to be completed by March 2007</p> <p>ESR implementation to commence April 2007.</p> <p>Completed with course running. To be evaluated by steering group in February 2007 with view to running again</p> <p>To assess in March 2007</p> <p>Draft policy in discussion with staff side – to be agreed by March 2007</p> <p>March 2007</p>