EMBARGOED UNTIL DATE OF MEETING.

NHS Greater Glasgow

Greater Glasgow NHS Board

Board Meeting

Tuesday 19th April 2005 **Board Paper No. 05/34**

Director of Health Promotion

Annual Report on Race Equality

Recommendation:

Members are asked to:

1. note the work ongoing and
2. approve the attached report for submission to the Commission for Racial Equality (CRE) and the Scottish Executive 's National Resource Centre for Ethnic Minority Health

1 Introduction

The Race Relations (Amendment) Act 2000 (RRAA) requires all public bodies to have undertaken an analysis of their functions and to have published a Race Equality Scheme, setting out what actions will be taken to ensure the organisation prevents racial discrimination and promotes racial equality. NHSGG's Race Equality Schemes and associated action plans were published in November 2002 and March 2003 respectively.
There is a requirement to report annually on progress to the CRE. This is the second annual report on race equality action.

Over and above the legal requirements placed on the Board in terms of the RRAA, the Scottish Executive in 2003 issued the HDL Fair for All, which encouraged boards to ensure that their services are being provided in such a way as to be culturally competent.

This report outlines the progress made in NHS Greater Glasgow to meet the requirements of the Race Relations (Amendment) Act 2000 and the HDL Fair for All (FFA).

2 Coordinating race equality– the approach taken in Greater Glasgow

The approach taken in Greater Glasgow has been designed to ensure that there is sufficient local ownership and commitment to race equality. Each division within NHS Greater Glasgow therefore carried out an analysis of their functions and compiled their own race equality action plans specific to their own circumstances.

It was however recognised that there were a number of strategic issues that could best be tackled on a pan Greater Glasgow level, and that work on these should be coordinated through the establishment of the Race Equality Coordinating Committee, which comprises senior officers from each division within NHS Greater Glasgow and is chaired by the Acting Director of Health Promtoion (as the Board's designated 'lead director' in terms of Fair for All).

The key strategic issues have been identified as

- Interpreting
- Advocacy
- Training
- Employment
- Research
- Information
- Communication

- Involving people/listening to communities
- Catering

The attached report (Appendix 1) therefore focuses on progress in relation to these key strategic issues, with the reports on the actions specific to each individual part of NHS Greater Glasgow attached as Appendices II–VI. During the later part of 04/05 a further two strategic issues were identified – complaints and procurement. These will be reported on in the next annual report.

3 Accountability to BME communities

In the course of drafting the report the following consultations were undertaken:

- A meeting of the Board's Ethnic Minority Health Advisory Committee dedicated to discussing the draft report.
- Letters to the database of 166 BME organisations directing them to the Boards website, and asking for comment.
- Letters to the Chief Officer of the Local Health Council and the chair of the Area Partnership Forum asking for comment.
- Copies of the draft annual report sent to each NHSGG Board member asking for comment.

A BEM community consultative forum is in the process of being evolved from the NHS foras for consulting with BEM communities. Representatives from that forum will be appointed to the Race Equality Coordinating Committee, whose membership at that time will be expanded to include representatives of the Area Partnership Forum, and the West of Scotland Race Equality Council.

4 Conclusion

The NHS Board are asked to:

1. note the work ongoing and
2. approve the attached report for submission to the Commission for Racial Equality (CRE) and the Scottish Executive 's National Resource Centre for Ethnic Minority Health

NHS Greater Glasgow

NHS GREATER GLASGOW

ANNUAL REPORT ON RACE EQUALITY ACTION

MARCH 2005

Annual Report on Race Equality Action – NHS Greater Glasgow

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Annual Report on Race Equality Action – NHS Greater Glasgow

1. Introduction & Context

1.1 The Race Relations (Amendment) Act 2000 (RRAA) required NHS Greater Glasgow to identify and assess its functions for impact on race equality in relation to services and employment and report annually on progress in mainstreaming race equality.

1.2 In 2002, the Scottish Executive Health Department provided policy guidance through HDL 'Fair for All: toward culturally competence services' (FFA), and established the National Resource Centre for Ethnic Minority Health (NRCEMH) to support NHS organisations throughout Scotland in the development of this work. Subsequently the Commission for Racial Equality (CRE) and NRCEMH developed a joint implementation & monitoring framework to assist NHS organisations in the delivery of legislation and policy guidance. This is the second annual report on race equality, and utilises the joint framework to report on progress against the published Race Equality Schemes and associated action plans.

1.3 The current work builds on the approach to race equality undertaken in NHS Greater Glasgow prior to the RRAA and FFA. In 1996, Greater Glasgow Health Board endorsed a Race Equality in Health and Healthcare Policy, and established an Ethnic Minority Health Advisory Committee (EMHAC). The unified NHSGG Board subsequently endorsed a revised Race Equality Policy in September 2002 following an extensive review and consultation exercise.

1.4 Processes and structures for co-ordinating NHSGG race equality work and involving minority ethnic communities are currently evolving in light of the NHS White Paper 'Partnership for Care' and the Patient Focus Public Involvement initiative.

1.5 The report highlights the approaches being taken; the progress underway utilising identified pan NHSGG strategic themes; and key issues for future development in mainstreaming race equality. (It should be noted that workforce/employment issues are reported on separately in the annual PIN policy monitoring report).

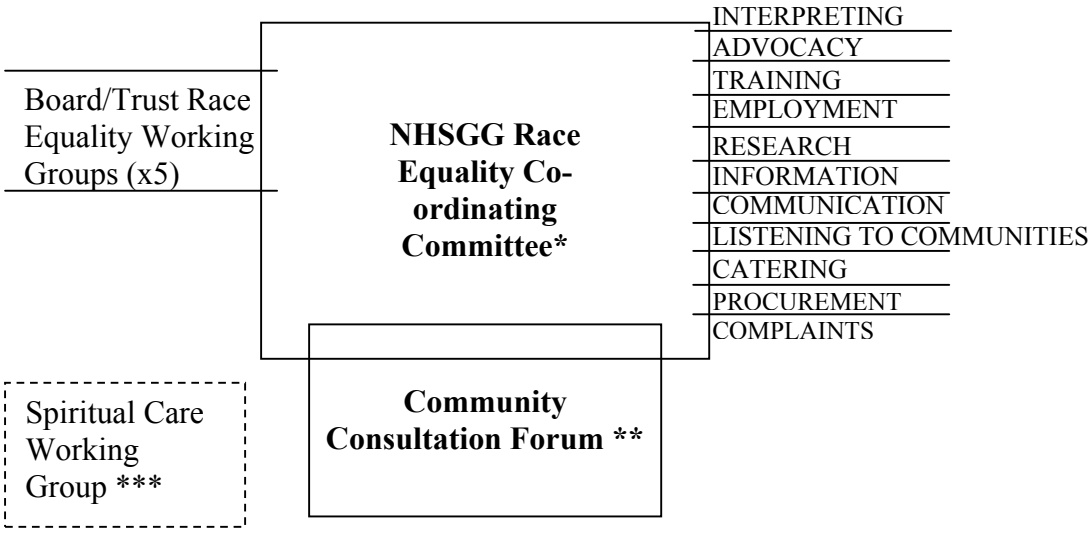
2. The Developing NHSGG Approach

2.1 Within NHSGG it was decided that each of the five local NHS organisations should develop and submit its own Race Equality Scheme and action plan. This decision was based on the independent legal status of each organisation (at that time) and the desire to ensure local ownership of and commitment to the race equality agenda.

2.2 While encouraging local action, there was also recognition of the need for a coordinated approach to be taken on a pan NHSGG basis across the following strategic cross-cutting themes – Interpreting; Advocacy; Training; Employment; Research; Information; Communication; Listening to Communities and Catering. Lead officers were identified to co-ordinate development of this approach. During the past year an additional two themes have been identified for further development on an NHSGG basis. These are procurement and complaints.

2.3 The Race Equality Coordinating Committee, chaired by the acting Director of Health Promotion as the designated director in terms of FFA, comprises senior managers from each organisation within NHSGG and is supported by a number of pan GGNHS working groups, each taking forward work on one of the strategic themes. In addition each organisation (division/Board) has its own mechanism to co-ordinate race equality action in respect of their individual Race Equality Action Plan. It is envisaged that a BME community consultation forum, will evolve, which will along with other relevant organisations be represented on the Race Equality Coordinating Committee. Progress on this has been slower than anticipated due to the work in ensuring community engagement in Community Health Partnerships and Community Planning.

2.4 The diagram below illustrates how these structures fit together.



* Currently the Race Equality Co-ordinating Committee is functioning with representatives solely from NHSGG organisations. It is intended to widen the membership to include the Local Health Council, the Area Partnership Forum, the West of Scotland Race Equality Council, and representatives from minority ethnic communities (through the mechanism of the Community Consultation Forum).

** A process is underway to revise the existing minority ethnic advisory committees in light of previous experience, and views expressed during the public consultation on the Race Equality Policy and in the Listening to Communities events.

*** The development of the NHSGG Spiritual Care Policy forms a separate but related strand of work. Following SEHD guidance a working group was established and the policy was endorsed by NHSGG Board in January 2004.

3. Report on Progress

Progress on each organisation's race equality action plan is reported in Appendices I-V. Progress on the strategic cross cutting themes is as follows: (It should be noted that the cross cutting themes on procurement and complaints have just recently been agreed, therefore there are no progress reports)

3.1 Interpreting

NHSGG is an active partner along with Glasgow City Council (GCC), Strathclyde Police, Scottish Refugee Council, and Glasgow Asylum Seekers Support Team in overseeing the development of the Interpreting Partnership and the work of the service provider, Glasgow Translation and Interpreting Service (GTIS). This service is directly managed through GCC's Social Work Services.

Accurate interpreting is a key to ensuring quality of clinical decision-making and health care and has become of increasing significance due to the asylum seekers dispersal programme in Glasgow, and the number of refugees choosing to reside in the area.

Prior to the dispersal programme GTIS was undertaking between 50-60 assignments per week, whereas the average weekly number is currently around 1100. On average 76% of interpreting assignments are within NHSGG direct services.

In 04/05, NHSGG contributed £775k to the Interpreting Partnership. This was match funded with monies available through the National Asylum Support Service contract with GCC. As the number of asylum seekers in Glasgow continues to grow, along with the number of refugees who choose to remain in Glasgow, it is anticipated that the costs of interpreting provision will also rise initially. Evidence suggests that the number of interpreting appointments for the indigenous BME population is also rising.

NHSGG has made a submission to the Scottish Executive for additional funding to meet the additional health related costs in meeting the needs of asylum seekers, including the interpreting costs.

Internally NHSGG has an established Quality Standards in Interpreting Working Group which developed and now monitors the Policy on Interpreting and Access Protocols for staff, as well as assisting in monitoring the quality of the interpreting services provided by GTIS.

In May 2004, GTIS received the award for Best Team at the Annual COSLA Award Ceremony.

3.2 Advocacy

NHSGG and Glasgow City Council Social Work Services jointly commission the Ethnic Minority Advocacy Service (EMAS) to provide advocacy support into minority ethnic communities including asylum seekers. The service level agreement (£100k in total) commenced in January 2003 funds 5 staff to provide and co-ordinate an independent professional advocacy service to local minority ethnic communities. In addition EMAS also attracts funding as part of an access to work programme to train and employ approximately another 20 advocates. During 2004, 219 people received advocacy support of which 60 were asylum seekers and 47 of refugee status. The range of issues covered included health, housing, welfare benefits, immigration and education. EMAS links into other advocacy providers where appropriate. An annual review of this contract is undertaken on a joint basis. In 05/06 an independent evaluation of EMAS will be commissioned through the Advocacy Standards Agency.

3.3 Training

1. Pan Glasgow Training Programme

As part of developing a cohesive approach to training across NHSGG, the Primary Care Division has developed a training programme for the workforce of NHSGG. The programme has been characterised by a competency framework which measures pre and post learning outcomes. Two programmes have been delivered to NHS staff namely Cultural Competency Training and Anti Discriminatory Training. During the period March to December 2004, 425 staff attended cultural competency training and 134 attended Anti-Discriminatory training.

2. Train the Trainers

In November 2004 a number of staff from NHSGG attended a five day 'Train the Trainers' course organised by the National Resource Centre for Minority Ethnic Health. The course was designed to equip trainers with the necessary skills and knowledge to deliver race equality training programmes within Board areas. In addition to this, a training manual has been produced to support learning and development across NHS Boards.

3. Training and Development Network

The lead for Diversity Training regularly attends the national Training and Development Network meetings to share and exchange information on Diversity Training. Training and Development Network meetings are facilitated through the NRCEMH and take place every 6-8 weeks.

4. Breakdown of activity for NHS Greater Glasgow

Over the past year, there has been various levels of activity by each NHS Division implementing and promoting good race relations within the organisation and this is documented below.

Organisation	
Greater Glasgow NHS Board	• Race Equality forms part of induction for all new employees. • Pan Glasgow Training Programme above. • Access to information on intranet re: race equality and cultural diversity.
Primary Care Division	• Race Equality forms part of corporate induction for all new employees. • Managing Diversity Module as part of Equipped for Excellence Programme • Pan Glasgow Training Programme above.
North Glasgow Division	• Diversity e-learning package purchased and customised for NGD. To be rolled out from Feb 05. • Race Equality forms part of Corporate Induction for all new employees. • Range of race equality and awareness training available to staff, including both pan Glasgow Training Programme, and divisional Training programme.
South Glasgow Division	• Race Equality forms part of Corporate Induction for all new employees • Race Equality module on Diversity CBT Package available to all staff • Race Equality Training forms part of Recruitment & Selection Training and Interview Skills Training
Yorkhill Division	• Race Equality and Cultural Awareness forms part of the corporate induction programme for all new employees. • Six month programme designed for all levels of staff due to run from March 2005. • Pan Glasgow Training Programme above.

3.4 Employment

Revision of Equal Opportunity Policy

A revised PIN guideline on Diversity will be produced in early 2005. It is anticipated that NHSGG will revise its own equal opportunity policy following the issue of this guidance.

NHS Staff Survey

A key challenge of the NHS is to establish a staff governance standard to ensure all staff are supported by the organisation in relation to personal and professional development. In 2003 all NHS Scotland organisations participated in a workforce survey to assess and benchmark performance in relation to staff governance.

The recent NHS staff survey which took place provides us with some baseline information on the organisations ability to prevent racial discrimination within the NHS and also mechanisms in dealing with harassment and bullying. Quantitative information on the number and scope of cases involving racial harassment are also available.

Ethnic Monitoring

In April 2004, the Information and Statistics Division published Monitoring of Ethnicity in Health which has given specific guidance on implementation of new ethnic codes to record ethnicity. Clearly this represents a new challenge to NHS Divisions both in terms of recording ethnicity in employment and service delivery and NHS Divisions are currently at different stages in terms of monitoring ethnicity of applicants.

Over the past year, there has been various levels of activity by each NHS Division in implementing and promoting good race relations within the organisation and this is documented below.

Organisation	
Greater Glasgow NHS Board	• Ethnic monitoring of all grievance/harassment/ disciplinary/applications for employment/applications for graining/applications for promotion/appraisal outcomes/reasons for leaving/benefits within the organisation. • Organisation has ethnic breakdown of current staff. • Dignity at work guidelines adopted and implemented.
Primary Care Division	• Ethnic monitoring of all grievance/harassment/ disciplinary cases within organisation underway. • Organisation has demographic breakdown in excess of 90% of the workforce; remaining component exercised their right not to disclose such personal sensitive data. • Staff Survey has been completed assessing view of staff including discrimination in the workplace. • Race Equality Steering Group & Disability Steering Group membership includes representation from Trades Unionists on the Employee Relations Council. • New Application Form (on line) and Equal Opportunities Form devised to respond to sexual orientation, religious belief statutory guidance and in anticipation of anti-discriminatory legislation on age.
North Glasgow Division	• An Equal Opportunities Policy has been reviewed and implemented. This was distributed to all staff with HR policy folders and is covered at induction and staff training. • A data capture exercise was undertaken in Jan/Feb 04 to capture ethnicity data from existing staff. There was a very disappointing response to the exercise (approximately 10%) and attempts have been made via HR Managers/Lind Managers and training sessions to encourage staff to provide this data. The data is captured for new starts through the recruitment process.

	• Data received has been input to the payroll record and used as required for national returns. The data is, however of limited use for monitoring given the small percentage of the overall workforce for whom the data is available. It is hoped that this will alter once staffing questionnaires to capture a variety of data including ethnicity are issued nationally later this year in connection with the SWISS project. • HR Managers receive regular information from recruitment on the ethnicity of applicants applying for posts from initial application to successful candidate. This data is then used locally for monitoring purposes. • In connection with the 2004/05 SAAT return data has been requested from Service HR Managers to break down numbers of discipline, grievance, training and bullying and harassment issues by ethnic origin to enable monitoring in these areas. • The organisation continues to participate with the GOPIP project in conjunction with Caledonian University.
South Glasgow Division	• Monitoring form developed and in place in the Training & Development Department for internal courses. Further work to develop division wide monitoring. • At Divisional level work is in hand to adapt current recruitment advertisement reporting and software to include Ethnic and Equal Opportunities Data. • Draft census form has been finalised and will be active in May 2005. Will be inputted to local and Swiss Database. • System being developed to report staff standard data for disciplinary and grievance by Ethnic Group.
Yorkhill Division	• Ethnic Monitoring of all grievance/harassment/ disciplinary cases within organisation underway • Staff Survey has been completed assessing view of staff including discrimination in the workplace • Part of the Human Resources quarterly report to the Division's Management Group contains information on the number of individuals recruited from an ethnic background

Recruitment and Retention

Over the previous 12 months, there has been considerable development in areas of recruitment across NHSGG including:

- Access to the NHS - A 24 week programme targeting people from black and minority ethnic backgrounds, combines an academic programme run by the University of Strathclyde with a sixteen week work placement opportunity in the NHS.

- Building a Bridge Project- A course designed in partnership with Reid Kerr College, Glasgow Healthy City Partnership, Scottish Enterprise Glasgow, Health Scotland and the Ethnic Minority Enterprise Centre which aims to increase involvement from black and minority ethnic communities in health promotion related activities. The majority of the course is VQ accredited. European funding has been granted to develop this programme (til December 2007). Negotiations are underway to link this with the Care Careers programme (see below).

- Care Careers- Working for Health in Greater Glasgow (WHIGG). This programme attempts to address specific labour market shortages in NHS particularly in areas relating to basic level entry into the NHS. As part of the programme a specific joint funded post has been created with Glasgow Anti-Racist Alliance to mainstream the practice and processes of recruiting young BME people.

- Communication- A radio broadcast recently took place on Awaz FM highlighting employment opportunities in the NHS.

- Recruitment Activities- The recruitment team recently advertised in the Scottish Asian Sports Association (SASA) brochure as part of the UK Asian football championships. This yearly event attracts more that 10,000 local people from black and minority ethnic communities across Scotland.

3.5 **Research**

In order to develop a strategy for NHS Greater Glasgow and partners to initiate and support research activities on black and minority ethnic communities, the Black and Minority Ethnic Research Group has been formed. Because NHS Greater Glasgow is playing "catch up" regarding evidence-based planning relating to minority ethnic health, an assessment of research was carried out in order to prioritise local research in Greater Glasgow.

First, an audit of current and recent research was conducted to determine gaps in knowledge. Several priorities for future research were identified, including but not limited to studies on mental health, studies on health-related lifestyles as well as the social and individual circumstances that affect health, and studies of disease prevalence. Significant progress has been made in Greater Glasgow to address the identified priorities. One study specifically commissioned by the Health Board that addresses each of the three priorities mentioned above is the Health and Well-being Study of Pakistani, Indian, African and Caribbean communities, to be completed in March 2005 and which complements a recent study conducted by the Chinese Healthy Living Centre. Both studies were based on a questionnaire designed to assess the Health and Well-Being of the overall population of Greater Glasgow, thus comparisons between groups will be possible in the near future.

3.6 Information

In last years report we highlighted some of the gaps in our information on black and minority ethnic groups (MEG) health status and the challenges faced in progressing work to address these. We also commented that it would be a long process. Our experience over the last year has underlined these facts. Nevertheless we have made good progress in several key areas.

A great deal of work has been done on producing demographic profiles from the 2001 Census. This work has highlighted many important facts about the BME population of GGNHSB. The following are particularly worth highlighting. In the Greater Glasgow area 39,318 people are from a BME; 4.5% of the total population. In total 39% of the Scottish BME population lives in Greater Glasgow, and 46% of all BME people in Greater Glasgow are Pakistani. The BME population is younger; 29.5% are under 16 (16% for the White group) with only 5% being pensionable age and over (19% White group). People from a BMEs are more likely to be married (58% v 38% for White group) and Pakistani and Bangladeshi people least likely to be divorced (less than 3%). Family structures also differed by ethnic group; 38% of Pakistani families have three or more dependent children (13.5% White Scottish families) and approximately 40% of White Scottish, African and Caribbean families are lone parent families compared to less than 20% of Indian, Pakistani, Bangladeshi and Chinese families. Overall people from MEGS are more likely to consider their health to be good or fairly good (94% Chinese and Africans compared to 86% overall) and are also less likely to report having a limiting illness or disability. People from BMEs are also more likely to possess a degree of equivalent qualification compared to White people (26% v 19%) with nearly 50% of Africans possessing a degree or equivalent. In contrast 44% of Pakistani people possess no qualifications. Two thirds of all people in Greater Glasgow are Christian and Greater Glasgow has a higher proportion of Roman Catholics than Scotland (28% v 16%). Islam was the next largest religion (2.4%) with other religions making up 2% of the population. Notably 49% of all Muslims in Scotland live in Greater Glasgow (57% of Sikhs and 66% of people from the Jewish faith).

These results have been presented to the Race Equality Coordinating Committee (RECC), BME Research Strategy Group, and the National Resource Centre for Ethnic Minority Health (NRCEMH) Information Network where they have generated a great deal of interest and discussion. Work still has to be done to complete the housing and economy profiles and when done a full report containing maps and tables will be made available. The report will be similar in structure to the Central Statistics Units summary report 'Analysis of Ethnicity in the 2001 Census' (December 2003) which will allow direct comparisons with Scottish information.

We have continued to work with NRCEMH through its information network (IN) to secure a consistent national approach to ethnic monitoring. The remit of the IN has changed slightly from that stated in last years report ; it now meets quarterly and acts as a reference group for the NRCEMH business plan, the various workstreams being managed and progressed by ISD. The IN also serves as an important forum for sharing information and examples of good practice between the NHS boards and other organisations (Scottish Executive, ISD). The Board is fully committed to the work of the IN and is an active member on the group. As already commented upon the establishment of a comprehensive system for ethnic monitoring will be a lengthy process

and it is clear we cannot simply wait for the NRCEMH business plan to be completed. A sub-group was therefore formed from the IN which included representatives from NHSGG to develop an ethnic monitoring toolkit. The toolkit is targeted at staff who may be involved in the collection and use of ethnicity data in relation to their Race Equality and FFA action plans. It contains information on definitions, classifications, policy background, reasons for monitoring, who needs to be involved and the monitoring process itself. It also contains a PowerPoint training package and communication guidelines. The toolkit has been discussed with the RECC and officers from the South division, and one proposal is that we use it as a catalyst to generate discussion throughout the NHSGG on how to develop our ethnic monitoring systems.

The main challenge over the next year will be to capitalise on the Census report and toolkit to begin to establish a pan-Glasgow systems for recording ethnicity information on our health related datasets, take what we have learned from this process and through NRCEMH influence national developments.

3.7 Communication

In recent years NHSGG have been committed to ensuring consultation with BEM communities. Documents have been translated into community languages, and wider community engagement processes undertaken. e.g. focus groups and community based seminars.

Over the next 2 years NHSGG will be establishing a communication strategy. Work is slowly developing and links into black, and ethnic minority communities form an important aspect of this development. A policy on translating materials will form part of the strategy. In addition a report and directory of BME health information resources is available in other languages. In addition an audit of NHSGG service and topic information in languages other than English has been commissioned.

3.8 Listening to Communities

The 'open space' work undertaken by NHSGG in 02/03 highlighted the health priorities of BME communities, and ways in which the communities wished to be involved in ongoing service planning and community development around health. The priorities for the communities helped shape the Race Equality Action plans and, in particular, the identified cross-cutting themes.

The evolution of the Ethnic Minority Health Advisory Committee into a wider Community Consultation Forum has been much slower than anticipated and this is currently not in place. This work will continue to be pursued alongside the developments in Community Health Partnerships and Community Planning around community engagement. There were, however, a number of related initiatives that have significantly contributed to engaging with BME communities.

1. The development of a robust BME research strategy (see section 3.5), and identified BME communities. The research reports will feed into the emerging NRCEMH research network, and internal planning processes.

2. Specific service related work on gynaecology, drugs and alcohol and womens health which have been pivotal in identifying issues relating to the delivery of services to BME communities.
3. NHSGG has identified ways of securing BME communities views and participation into the work around the Public Involvement Network.
4. The capacity building course 'Building a Bridge' skills BME individuals to not only take information into the communities, but also in listening to their needs and bringing this information back into the planning processes.

3.9 **Catering**

Last year we reported on work underway of a staged process regarding the provision of meals to minority ethnic patients. This was prioritised to reviewing Halal and Kosher Meals initially as problems were being encountered in these areas.

Halal
Following the work conducted last year on Halal meals it is anticipated that by February 2005 all hospitals in Glasgow will be using the same supplier, for the provision of Halal main courses.

The South Glasgow Division is the last to commence using this supplier due to reviewing all patient menus and having the menu cards printed. These menus cards are used to total the requirements per meal.

A translated menu card will be available at ward level.

Kosher
Following the two patient focus groups a report was compiled and ratified by the Jewish Representative Council.
Catering Managers throughout the city, and the Jewish Representative Council met to discuss the report and the subsequent actions. The most recent meeting, January 2005, discussed feedback on actions:

- Tasting of meals from present supplier and their poor quality
- Tasting of meals from an alternative supplier and their good quality, although very expensive
- Local enquiries with Jewish Care Scotland and East Renfrewshire Council and the associated problems in developing a partnership for supply of meals
- Present costs allowed to feed patients in comparison with the cost of purchasing Kosher meals (and Halal)
- Clarification, city wide, on usage of Kosher Meals for the last six months. This highlighted that the South Glasgow Division and Leverndale Hospital are the main users, i.e. 700 and 250 meals respectively per month
- Lack of the provision of suitable starters and desserts and sourcing these

Catering for Functions
To be able to provide appropriate food for Muslim and Jewish people attending a function in the South Division a couple of external suppliers were explored/tested. This information has been shared with Catering Managers at the January 2005 meeting.

Next part of Staged process
Over the next year it is anticipated that individual focus groups will be held with the other communities, i.e. Sikh, Hindu and African Caribbean, to establish their needs. Once needs are known action plans will be developed to link each community's needs in to menu arrangements.

Challenges
Each Catering Department is challenged by the high cost of meals purchased in comparison to the daily costs available per patient. For example, the daily allowance per patient may be in the region of £2.59 (varies from site to site). This does not meet the cost of one main course meal which can be £4.50 and more depending on the meal type. Patients require two main courses per day and the menus at present do not provide authentic starters or desserts.

4. Future Challenges

Mainstreaming race equality within the context of the changing legislative and policy landscape offers substantial challenges for NHSGG, alongside the major re-organisation exercise that will take place in 05/06. These challenges are:

- Ensuring NHSGG complies with race relations legislation within the emerging equality and diversity agenda.
- Ensuring that the 'one system' model continues to maintain a focus on race equality through balancing overall accountability with local ownership for action.
- Demonstrating a 'step change' in NHSGG's race equality work through open accountability on the evolving performance indicators.
- Further developing the capacity of minority ethnic communities to engage with and influence the planning and review of health related services either solely within NHSGG or in partnership with others.
- Joining up work with other partners for the provision of direct services to minority ethnic communities or for the purpose of learning across organisations.

NHS GREATER GLASGOW

RACE EQUALITY SCHEME/ ACTION PLAN

Updated February 2005

Evelyn Borland
Lead Director

John Crawford
Senior Lead Manager

Activity/Task	Action	Timescale	Progress/Comment
1. **STRATEGIC MANAGEMENT & LEADERSHIP**			
1.1 **Executive Leadership**	➢ Board identified lead Director for race equality ➢ Board identified lead Senior Manager	Nov 02 Nov 02	➢ Completed. Evelyn Borland appointed as lead Director ➢ Completed. John Crawford appointed as lead Senior Manager
1.2 **RES – Specific Duty**	➢ RES published, included all requirements of the legislation ➢ RES endorsed by Ethnic Minority Health Advisory Committee ➢ RES submitted to CRE and NRCEMH (12.12.02) ➢ RES to be discussed at Partnership Forum (April 03)	Nov 02 Nov 02/Feb 03 Dec 02 April 03	➢ Completed. Race Equality Scheme published covering all legal requirements (29.11.02). ➢ RES discussed and endorsed by Board's formal BEM consultation mechanism (26.11.02/25.02.03). ➢ RES submitted to CRE and NRCEMH (12.12.02) ➢ RES discussed at Area Partnership Forum (10.04.03)
1.3 **Energising the Organisation**	➢ RES includes statement and core principles ➢ Race impact assessment tool on policy developed as part of RES. ➢ Existing policies will be reviewed over 3 year period ➢ Race impact assessment tool will be reviewed ➢ Develop impact assessment and monitoring framework for use in planning & review of services. ➢ Race Equality Action Plan in place, integrating RES and FFAll ➢ Accountability back to BEM communities will be reviewed – through new NHSGG co-ordinating committee ➢ Publish annual race equality report – through new NHSGG co-ordinating committee	Nov 02 Nov 02 Ongoing Ongoing March 04 March 03 March 04 Ongoing	➢ RES includes statement of intent and core principles for working. ➢ Race impact assessment tool for functional assessment developed as part of RES. ➢ Process underway ➢ Race impact assessment tool to be reviewed by new Race Equality Co-ordinating committee prior to year 3 re-assessment of functions ➢ Work currently underway within Planning Directorate to produce framework for ensuring inclusion of needs of BEM communities in planning/review of services. ➢ Equality Impact Assessment toolkit launched by Scottish Executive Health Department (January 05). Work to evolve in NHSGG in 05/06. ➢ Completed. Race Equality Action Plan completed and submitted to NRCEMH and CRE (28.03.03). ➢ BEM consultation/advisory structures through the evolution of Ethnic Minority Health Advisory Committee has been slow due to organisational changes and wider community engagement processes. The Race Equality Co-ordinating Committee utilising the recommendations of the 'Listening to Communities' open space events through scheduled feedback from identified cross-cutting themes. ➢ Race Equality Annual Report to be published following internal discussion and external consultation (31.04.05).

Activity/Task	Progress/Action	Timescale	Progress/Comment
2. DEMOGRAPHIC PROFILING			
2.1 **Survey of Local Ethnic Minority Population**	➢ Work with NRCEMH to secure consistent national approach to ethnic monitoring ➢ Carry out detailed analysis of 2001 census information.	March 04 + ongoing March 05	➢ Ongoing – see cross-cutting strategic theme on information (3.6) ➢ Initial and more detailed analysis of census in for NHSGG area completed. Detailed analysis being undertaken nationally
2.2 **Needs Assessment**	➢ Develop research strategy	March 05	➢ Research strategy completed – see cross cutting strategic theme on Research (3.5) ➢ Working group involves representatives from NRCEMH, GCC, and BME community organisations. ➢ Ethical guidelines for conducting research with BME communities developed and utilised.
2.3 **Commitment to Research**	➢ Develop robust means of gathering BEM health and well being information ➢ Develop evidence base on BEM health with NRCEMH	March 04 Ongoing	➢ Ongoing – see cross cutting strategic themes on Research (3.5). In addition ➢ Ongoing – see cross cutting strategic themes on Research (3.5) ➢ Research reports shared with evolving NRCEMH research network.

Activity/Task	Progress/Action	Timescale	Progress/Comment
3. **ACCESS & SERVICE DELIVERY**			
3.1 **Information & Communication Strategy**	➢ Develop a communication strategy, including BEM communities ➢ Develop a policy on translation ➢ Carry out a feasibility study into health information needs for BEM communities. ➢ Public Involvement Network to be evolved – ref section 5 on community involvement. ➢ Develop a peer education initiative	March 05 March 05 March 04 March 06 March 03	➢ Discussions at an early stage. No current outcomes. ➢ Discussions at an early stage. No current outcomes. ➢ Report and directory on 'Black and Ethnic Health Information Resources' completed and launched in May 2004. Followed up by seminar on social marketing to BME communities. In addition audit of NHSGG service and topic information in other languages is being commissioned. ➢ Work currently underway re: engagement of BEM communities in PIN. ➢ 'Bridging the Gap' initiative to address health information and access to service issues completed 2005. 10 community members trained. European funding til Dec 2007 secured for further development.
3.2 **Service Access**	➢ Strategic Function assessment carried out for RES and prioritised actions. ➢ Consulted with EMHAC (26.11.02) ➢ Board will ensure 'race' is included in the performance management arrangements with the divisions.	Nov 02 Nov 02 Ongoing	➢ Completed as part of RES process. 3 year review scheduled for Nov 2005. ➢ Completed as part of RES process. ➢ Discussion paper taken to Performance Review Group to develop a corporate management system.
	Service Audits ➢ Build race equality into audit plan for GGNHSB 03/06	March 03/06	➢ Completed. Race Equality audit rescheduled til 05/06
	Catering ➢ Board will establish short term working group to review catering provision for BEM communities. ➢ Board will pick up through performance management.	March 04 Ongoing	➢ South Glasgow division taking the lead for this theme – see cross cutting strategic theme on Catering (3.9). ➢ No progress – awaiting corporate management system
	Interpreting ➢ Use of interpreting policy in place – reviewed within 3 years ➢ Access protocols to interpreting in place and cascaded across NHS organisations ➢ Quality standards for interpreting in place	March 06 March 03 March 03	➢ Policy reviewed in 04/05. ➢ Completed through Quality Standards Interpreting Working Group in 03 and revised in 04/05. ➢ Completed through Quality Standards Interpreting Working Group.

	➢ Information routinely collected within multi-agency Interpreting Partnership ➢ Co-ordinating group to consider annual report from Interpreting Partnership	March 04 + ongoing March 04 + ongoing	➢ Ongoing within Interpreting Partnership. ➢ Report on interpreting scheduled into workplan of Race Equality Co-ordinating Committee on an annual basis. ➢ Information made available to Asylum Seekers Working Group..
	Personal Care ➢ Board's involvement through Performance management.	Ongoing	➢ No progress. Awaiting corporate management system..
	Spiritual & Religious Issues ➢ Spiritual care policy will be developed for NHS Greater Glasgow	June 03	➢ Completed Spiritual Care Policy endorsed by NHSGG Board in January 2004. ➢ Spiritual Care Committee established within NHSGG as part of Governance structures.
	Advocacy ➢ Jointly commissioned advocacy service currently in place to meet needs of BEM communities, identified through research.	January 03	➢ Completed – see cross-cutting strategic theme on advocacy (3.2).

Activity/Task	Progress/Action	Timescale	Progress/Comments
4. HUMAN RESOURCES			
4.1 **Policy**	➢ EOP is operational and reflects current legislation ➢ Staff informed of EOP ➢ Board monitors its workforce to ensure it reflects local population characteristics ➢ Working group on BEM employment issues will be established across all local NHS organisations.	March 03 March 03 Ongoing March 04	➢ New Policy completed ➢ Completed – staff informed through intranet. ➢ Completed – Annual PIN policy monitoring report submitted to Local Partnership Forum ➢ Ongoing – see cross-cutting strategic theme on Employment (3.4)
4.2 **Recruitment**	➢ Board analyses recruitment and selection processes, including ethnicity. ➢ Board will explore better ways of engaging with local BEM communities re employment	Ongoing March 04	➢ Completed. Contained in annual PIN policy monitoring report. ➢ Ongoing. Continual review of opportunities to advertise in BEM press. ➢ Jointly funded 2 year post established to mainstream practice and processes for increasing number of BME young people in NHSGG employment.
4.3 **Staff Development**	➢ Race equality training programme will be delivered to all Board staff. ➢ TNA re: race equality will form part of the above initial training programme. ➢ Support package for Board staff around race equality will be developed/delivered ➢ Include race equality in induction training for all staff ➢ Performance appraisal system identifies further staff training needs ➢ A pan NHSGG working group will be established to develop and deliver a Race Equality Training Programme	June 03 June 03 March 04 March 03 Ongoing March 04	➢ All GGNHS Board staff offered race equality training, March – June 03. Staff now linked into PCD training programme. ➢ Access through intranet for staff to training materials and information on race equality. ➢ Completed. TNA formed part of training programme. Results fed into PCD training programme. ➢ Support package offered to Board staff based on TNA including seminars and information on the intranet. ➢ Race Equality now forms part of the induction training for all staff. ➢ No progress to date. ➢ Ongoing – see cross cutting strategic theme on Training (3.3).

Activity/Task	Progress/Action	Timescale	Progress/Comments
4.4 **Employment**	***Board ethnically monitors***: - current staff - applicants for employment - applicants for training - applications for promotion - harassment - 'employee benefit' - grievances - disciplinaries - appraisal outcomes - dismissals - reasons for leaving ➢ Board analyses and reports on employment issues annually to the Local Partnership Forum	Ongoing Ongoing	➢ Ongoing - work ongoing into incorporating information into HR database as part of applications for employment. ➢ Completed ➢ Completed ➢ Completed ➢ Work in progress ➢ Completed ➢ Ongoing work around exit interviews ➢ Ongoing – annual Pin monitoring report went to Local Partnership Forum.
4.5 **Harassment**	➢ Dignity at work guidance will be fully adopted and implemented	October 03	➢ Completed

Activity/Task	Progress/Action	Timescale	Progress/Comment
5. **COMMUNITY INVOLVEMENT & COMMUNITY DEVELOPMENT**			
5.1 **Community Consultation**	➢ Board currently has an Ethnic Minority Health Advisory Committee chaired by lead senior officer	March 03	➢ Progress in evolving BME consultation structures has been slow. See cross-cutting strategic theme on Listening to Communities (3.8).
	➢ NHSGG co-ordinating group will be established led by lead Director.	June 03	➢ Ongoing – Director of Health Promotion chairs Race Equality Co-ordinating Working Group. Membership of group is to be expanded to include wider representation.
	➢ Consultation structure/processes will be subject to review in light of policy guidance and community consultation	March 04	➢ Process of evolution into Community Consultation Forum has been slow due to level of organisational change and need to co-ordinate a range of public engagement processes.
	➢ Planning framework will include emphasis on BME consultation	March 04	➢ No progress – awaiting corporate management system.
	➢ Board will undertake process of building capacity of BME communities in light of community consultation exercises	March 04	➢ Course I completed – capacity building of communities being built into 'Building the Bridge' initiative. Further roll out into 05/06, plus expansion of initiative into community organisations. European funding secured.
	➢ Board will evolve a Public Involvement Network	March 06	➢ Work currently underway re: engagement of BEM communities in PIN.
5.2 **Community Development**	➢ Directory/database of local BEM organisations and contacts available	March 03	➢ Databases currently available and actively used in consultation process.
	➢ Consider support for BEM carers	March 04	➢ Issue to be addressed through Carers Policy Implementation Group.

Activity/Task	Progress/Action	Timescale	Progress/Comments
6. **OTHER STRATEGIC PRIORITIES**			
6.1 **Integration into Partnership Work**	➢ Board will initiate discussions with Community Planning and Joint Future partners re: RR (A) Act	March 04	➢ Inclusion of inequalities issues as part of Regeneration Outcome Agreement for Glasgow City.
	➢ Include race equality in strategy development and consultation processes through influencing partner organisations	March 04	➢ Community Engagement in Community Planning – specific input from BME groups. Becomes operational in 05/06.
	➢ Board will utilise developed planning frameworks in jointly planned initiatives	March 04	➢ Community Care Issues conference raised issues to be considered in Community Care Planning.
	➢ Influence workforce planning in health improvement re: BEM communities	March 04	➢ Work currently underway to include BEM perspective into workforce planning. Plus 'Building the Bridge' initiative develops personal capacity of BEM individuals.
6.2 **Procurement**	➢ Board will include performance standards in contracts and care plans	March 03	➢ Major review underway within GGNHSB around review of contractual framework. RRAA to be included. Procurement added as cross-cutting theme.
	➢ Contractors will be encouraged to promote equal opportunity in their own practice	March 03	➢ Included in the above.
	➢ BEM businesses and organisations encouraged to bid for contracts	March 04	➢ GGNHS currently working on new catering contract ➢ GGNHS currently discussing targeting of advertising of contracts.
6.3 **Complaints**	➢ Board will review the guidance to the complaints procedure to include advice on handling race complaints	March 05	➢ Awaiting introduction on new NHS complaints procedure.
6.4 **Performance Management**	➢ Board will utilise performance management system to mainstream race equality	March 04	➢ Discussion paper to Performance Review Group on inclusion of inequality issues.
	➢ Board to report annually on race equality	Annually	➢ Annual race equality report to NHSGG Board (March 05).

RACE EQUALITY SCHEME / ACTION PLAN - NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

Updated January 2005

OBJECTIVE	PLAN	UPDATE / COMMENTS
♦ **Promote Equal Opportunities**	♦ Review and implement a single equal opportunities policy for the Division.	Equal Opportunities Policy reviewed and implemented.
	♦ Publish policy to all staff and ensure appropriate staff training.	Distributed to all Departments with HR Policy Folder and is covered at induction and staff training.
	♦ Publish policy on electronic noticeboard and Division website.	Published.
♦ **Monitor the policy and the requirements of the Race Relations Amendment Act**	♦ Implement 'Empower' system (computerised personnel system) to enable ethnic minority data to be more easily and quickly accessed.	It has been agreed that the Payroll System should hold this data for existing employees. Empower is routinely capturing data for new recruits.
	♦ Undertake a data capture exercise of existing staff.	Data capture exercise was undertaken in Jan/Feb 04. There was a very low return (10%). This data is captured for new starts via recruitment process.
	♦ Analyse and report on ethnic staffing levels within the organisation.	Available data has been input to the payroll record and used as required for national returns. The data is, however, of limited use for monitoring given the small % of the overall workforce for whom the data is available. The planned National SWISS Project will allow capture of ethnicity data during the 2005/06
	♦ Analyse and report on the requirements from the Race Relations Amendment Act, i.e. training, grievance, discipline, performance appraisal and dismissals and publish results.	A Pan-Glasgow HR Group has been established to progress this. HR Managers receive regular information from recruitment on the ethnicity of applicants applying for posts from initial application to successful candidate. This data is then used locally for monitoring purposes. The 2004/05 SATT return data has been requested from HR Managers to break down numbers of discipline, grievance, bullying and harassment issues by ethnic origin to enable monitoring in these areas.
♦ **Recruitment and Retention**	♦ Review recruitment-advertising strategy to ensure ethnic minority communities within our catchment area are reached.	Recruitment of overseas nurses resident in Glasgow is currently being pursued via GoPiP project.
	♦ Continue and develop training for staff involved in the recruitment process.	Staff Training Programme established.

RACE EQUALITY SCHEME / ACTION PLAN - NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

Updated January 2005

	♦ Continue to participate in arrangements for placements specifically targeted at ethnic minority groups and refugee population.	Active participation with GoPiP and Recruitment to facilitate this.
♦ **Training and Development**	♦ Monitor access to training and development opportunities for ethnic minority groups of staff.	HR Managers have been requested to provide this data for 2004/05 SATT return.
	♦ Develop and deliver a programme to promote the Race Equality Scheme and raise awareness of ethnic minority issues amongst staff.	Training plan developed in collaboration with PCT. Race Equality Training for Managers and Team Leaders and awareness sessions commenced. A total of 451 NGD Staff have attended Race Equality Training: 169 Staff attended the Race Equality Training for Managers. 146 staff attended race awareness sessions. 70 staff attended seminars with EMAS and Ethnic Enable. 53 NGD Staff attending the Religion and Culture Sessions and 13 attending the Anti-discrimination study-day.
	♦ Through corporate and local induction, promote Trust policy on equal opportunities and the Race Equality Scheme.	Race Equality is now included the corporate induction programme.
	♦ Ensure specific training, education and development programmes address ethnic minority issues, e.g. recruitment, grievance, PDP.	Training have ensured that this is being addressed within all training programmes. NGD Training Manager has completed the NRCEMH Train the trainers course to help ensure that Race Equality issues are covered in training and education programmes.
	♦ Develop specific programmes to assist in the implementation of the Race Equality Scheme.	Topic included in N&M Strategy Day and NGD Newsletter. Survey and focus group work being progressed to identify key indicators for culturally competent services. (Gynaecology). Cardiac Division/NOF project. Clinical Services and other areas are reviewing patient information. Religion and Cultures Information for staff developed. Beatson included minority issue in patient survey.
Implementation of PIN Guideline on Dignity at Work	♦ Develop and implement Trust policy on Dignity at Work which will include dealing with bullying and harassment.	Policy launched and circulated.
	♦ Publish and promote policy within the workforce.	Publicity events to communicate policies undertaken.

RACE EQUALITY SCHEME / ACTION PLAN - NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

Updated January 2005

	♦ Monitor implementation of the policy.	HR will monitor this as part of Division Staff Governance monitoring plans.
♦ Energising the Organisation	♦ Publish RES.	Published.
	♦ Agree Executive Leadership.	Director of Nursing Miss M C Smith.
	♦ Review and agree Action Plan with Sub-Group of Minority Ethnic Communities.	Division Race Equality Group established with representatives from all Services. List of Race Equality Group members attached. Action Plan agreed.
♦ Demographics	♦ Update analysis of demographic information.	National Census data and Analysis on this relating to Health and Social Data circulated to Key Staff for consideration in policy and planning or redesign of services.
	♦ Agree action plan for routine coding of ethnic groups.	ISD are progressing this nationally. Experience with local data collection shared with ISD as it highlighted some of the staff education and training issue and coding issues. NGD are participating in development work.
	♦ Implement proposal for review of how well gynaecological services are meeting the needs of women from minority ethnic communities. ♦ Develop culturally competent services within Cardio-vascular Rehabilitation on a pan-Glasgow basis through appointment of a specialist nurse with a remit to develop culturally competent approach to care and service delivery.	Gynaecology Report on survey and focus groups completed. This was followed up with a "Listening to Communities" initiative undertaken in collaboration with NRCEMH and local BEM groups. This resulted in development of an Action Plan that is being taken forward on at both NGD and Pan Glasgow level. A copy of the Action Plan is attached. This initiative resulted in achievement of the Scottish Executive Evidence into Practice Award 2004. A Specialist Nurse was appointed in November 2004, she is now reviewing the current service. She will be involved in developing and implementing criteria for culturally competent health services, which can be applied to other settings.
♦ Access and Service Delivery	♦ Update Information Strategy for patients from ethnic minorities.	Religious and Culture handbook and emergency translation leaflets available for medical and nursing staff. Information leaflets in different languages being made available where possible.

RACE EQUALITY SCHEME / ACTION PLAN - NORTH GLASGOW UNIVERSITY HOSPITALS DIVISION

Updated January 2005

	♦ Review Facilities/Estates Support Audit for all sites.	NGD is contributing to the Pan Glasgow Group, which is improving the quality of meals available for minority ethnic groups. All catering departments are able to provide options, which meet the standards for patients with faith and cultural requirements.
	♦ Develop and implement an Impact Assessment and Monitoring framework.	Awareness raised by presenting the Framework developed with CRE within ABSP Group. Two key staff are attending the current training on impact assessment.
♦ Community Development **♦ Community Development (cont)**	♦ Agree Public Involvement Strategy that involves ethnic minority groups.	Integral to Patient and Public Participation Plan for GGNHSB. "Listening to communities project" and involvement in GGNHSB Consultation Processes.
	♦ Review Volunteering Strategy to include ethnic minority groups.	Progress is being made to introduce volunteers from BEM communities. Following a session on Radio ANWAR prospective volunteers have come forward and training is planned with involvement of GGNHSB Health Promotion and Race Equality Staff.
	♦ Review plans for existing groups (homelessness, refugees, asylum seekers, advocacy, carers, addictions).	NGD staff contributed to Asylum seeker and refugees strategy days to reviewing Glasgow's Health and Social Care Policy for Refugees. NGT represented in Group by Mary McGinley. Department of Health Funding obtained by the Consultant Midwife to take forward a training programme for midwives on better meeting the needs of asylum seeking and refugee communities.
	♦ Complete audit of complaints with focus on ethnic minority groups.	Current system does not routinely collate ethnic origin, discussed at Complaint Managers National Forum to seek consensus nationally on data capture. Local monitoring via PL Managers and Divisions.

NHS Greater Glasgow

NHS Greater Glasgow- Primary Care Division
Race Relations Report 2003/2004

Introduction

As you will be aware, NHS Greater Glasgow is required to produce a Race Equality Annual Report outlining how the organisation is meeting its obligations under the Race Relations (Amendment) Act (RRAA) 2000 and Fair for All.

This annual report has been compiled using a **joint monitoring framework** which was developed by the Commission for Racial Equality (CRE) and National Resource Centre for Minority Ethnic Health (NRCEMH) in 2002. By using this framework the Board is able to measure its performance and establish where it has progressed and also identify areas where Race Equality needs to be strengthened.

A consultation exercise will take place which will be undertaken by NHS Greater Glasgow prior to final publication of this report and submission to the CRE and NRCEMH. Below is a timetable indicating the next steps involved in the consultation process.

Draft Report completed and submitted to Race Coordinating Committee	21st January
Race Coordinating Committee to meet. Final report published.	7th February
Consultation with communities and stakeholders.	9th February to 2nd March
Report sent to NHS Board.	4th March
Responses from NHS Board.	18th March
Submission to CRE and NRCEMH	29th March

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NHS Greater Glasgow

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STRATEGIC MANAGEMENT AND LEADERSHIP

		Next steps 2005-2006
LEADERSHIP	• Chief executive named as corporate lead for Race Equality.	• Establish and clarify leadership roles for Race Equality under new Partnership for Care arrangements across NHSGG.
	• Divisional Head Personnel and Project Manager Race Equality responsible for facilitation of Race Relations (Amendment) Act 2000 and Fair for All. • Race Equality reporting processes have been established through NHS Board/HQ Directors/CRE/ NRCEMH (per annum) and DRESG (per quarter)	• Agree best opportunities to ensure race and diversity issues are carried forward into new CHP structures. • In partnership with NHS Board, establish reporting processes for Race Equality (Diversity) through new CHP structures.
	• Divisional Race Equality Steering Group (DRESG) formed to serve as forum for Race Equality issues across Division.	• Revise DRESG membership to include new organisational structure. • Ensure DRESG has greater liasion with other equality groups within Division.

MONITORING FUNCTIONS AND POLICIES FOR ADVERSE IMPACT

		Next steps 2005-2006
IMPACT ASSESSMENT	• The Division is looking to develop an impact assessment toolkit which can be used by staff to 'proof' new polices/procedures.	• Identify good practice in equality impact assessment. • Ensure impact assessment processes are included within Equipped for Excellence **'Managing Diversity'** training programme. • A system of recording the number of equality proofed policies needs to be created.
MONITORING	• Ethnic monitoring of patients underway across some services (e.g. CDSS) but needs to be strengthened	• Ensure new guidance on ethnic monitoring is disseminated across organisation.

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	across all patient services.	
	• New system for recording ethnicity of patients with chronic disease management introduced. • 80% of practice nurses trained on CDSS.	• Extraction of ethnicity data planned for early 2005. • Continue to deliver ethnic monitoring training for practice nurses.
CONSULTATION	• The Division has recruited volunteer cultural and religious advisors for the following faith groups, Islam, Chinese, Hinduism, Sikhism, Christianity and Judaism.	• Ensure Divisional staff are aware of advisors.
	• The Division has produced an online database of minority ethnic organisations for wider consultation processes.	• Ensure database is reviewed and consolidated to include wider equality groups across NHS Greater Glasgow.

DEMOGRAPHIC PROFILING AND RESEARCH

		Next steps 2005-2006
DEMOGRAPHICS AND RESEARCH	• Demographic information (Census 2001) has been published on the PCD intranet.	• Publicise availability of Census 2001 information.
	• A stocktake of ethnic minority research across NHS Greater Glasgow has been published through the Research Steering group	• Disseminate literature to appropriate departments within Division

SERVICE DELIVERY

	Next steps 2005-2006
• A 'One Stop Clinic' programme has been designed to support primary care practitioners in meeting the health care needs of	• Continue to raise awareness of One Stop Clinic within LHCC's and Mental Health Services.

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patients from minority ethnic communities. • P/T bilingual counsellor and CPN have been appointed to team.	• Evaluation Report of One Stop Clinic due early 2005.
• A multi-agency group has been established to coordinate services for Asylum Seekers and Refugees.	• Continue to monitor asylum seeker and refugee issues through group.
• A stocktake of translated information materials across the Division is underway. • A public folder has been created on Microsoft Outlook which includes translated appointment/ cancellation letters.	• Continue with stocktake of translated information and monitor levels of translated information within organisation. • Publicise availability of translation information to staff.
• A Medication Management Programme for minority ethnic communities has been developed by the Medicines Management Team.	• Evaluate clinic programme to inform service delivery.

PATIENT FOCUS PUBLIC INVOLVEMENT

		Next steps 2005-2006
INTERPRETING	• NHS Interpreting policy has been revised. • Quality Standards working group developed to monitor standards of interpreting. • Monitoring of PCD interpreting requests is underway • Guidelines on use of interpreters published for NHS staff.	• Ensure revised policy and procedures are disseminated across organisation. • Ensure policy and supporting guidance is available on the intranet. • Continue to monitor uptake of interpreting services and assess for any adverse impact.
PATIENT INFORMATION	• Information Sub Group of Divisional PFPI Committee currently looking at patient information in languages other than English. • Translated menus and choice of meals available across Hotel Services within Division. • A list of translation agencies has been compiled by the organisation.	• Continue to monitor gaps in language provision for people from minority ethnic groups.
PERSONAL,	• A Spiritual Care Policy and Action plan has been	• Spiritual Care Committee taking forward action plan.

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RELIGIOUS AND SPIRITUAL CARE	developed • Training underway for staff including personal care needs of patients from minority ethnic groups including bereavement training and awareness of pastoral care services. • Qurans and other religious scriptures available across all wards within Mental Health Services.	• Further targeting required for staff that work with patients and involved in personal care. •
ADVOCACY	• An advocacy service for black and minority ethnic communities has been commissioned through NHSGG.	• Continue to monitor uptake of advocacy services by black and minority ethnic groups. • Publicise advocacy services across Mental Health Services.
CARERS	• Carer's information has been developed in both print and audio format for people from minority ethnic groups. • Evaluation of carer's information is complete.	• Continue to support the development of the carer's strategy.

HUMAN RESOURCES

		Next steps 2005-2006
EQUAL OPPORTUNITIES	• Equal Opportunity Policy (EOP) in place for organisation and also available on intranet.	• EOP to be revised following issue of new PIN guideline in early 2005 through pan Glasgow approach.
EQUAL OPPORTUNITIES MONITORING FORM	• Equal Opportunities Form (EOF) captures data on ethnicity sexual orientation and religion of candidates. • Ethnicity workforce information published quarterly.	• Continue to monitor rates of uptake of employment by minority ethnic groups.
VACANCIES/ RECRUITMENT	• External vacancy list is disseminated to minority ethnic organisations. • Regular attendance of recruitment team at events involving minority ethnic communities.	• Continue to monitor rates of access to employment by black and minority ethnic groups. • Evaluate Positive Action programme and prepare report of outcomes.

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	• Positive Action (Access to the NHS) work placement programme underway across Division in partnership with University of Strathclyde. • Representation of PCD at Diversity Task Force (SE)	• Ensure NHS WHIG programme is accessible to wider groups.
SPECIFIC DUTY IN EMPLOYMENT	• Ethnicity Monitoring underway on grievance, applications (received/shortlisted / appointments), performance appraisals, dismissals, and training.	• Continue to monitor for adverse impact.

ORGANISATIONAL DEVELOPMENT AND TRAINING

		Next Steps 2005-2006
RACE EQUALITY TRAINING	• Cultural Competency and Anti Discriminatory training has been delivered to staff. Evaluation Report available. • Competency Framework used to assess impact of training. • 'Managing Diversity' module developed as part of 'Equipped for Excellence Programme'. • Race Equality awareness now part of Corporate Induction.	• Ensure greater targeting of staff through protected learning time training. • In house training programme developed for Mental Health services; roll out early 2005. • Work to develop Diversity induction module for new staff.
MONITORING	• Race Equality training data includes ethnicity, religion, sexual orientation, gender and age of participants.	• Evaluate Race Equality Training Programme to assess for adverse impact.

PROCUREMENT

		Next steps 2005-2006

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	• Race Equality Scheme and letter sent to existing contractors requiring evidence of race equality within contracted functions e.g. private nursing, recruitment advertising.	• Review information, prepare brief on Race Equality and Public procurement.

PARTNERSHIPS

		Next steps 2005-2006
PARTNERSHIPS	• Development of Race Equality Coordinating Committee for NHS Greater Glasgow to coordinate Race Equality. • PCD representation input at Black and Ethnic Minority Health Research Group and Black and Minority Youth Health Research Steering Group.	• Expand membership of group to include health council representation. • Contribute to incorporation of race equality in overall research strategy for NHSGG.

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COMMUNICATIONS

		Next Steps 2005-2006
MEDIA	• List of ethnic minority press organisations and media held by organisation. • Race Equality issues communicated to staff through corporate newsletter, intranet and Staff News. • A dedicated website to support primary care practitioners has been developed.	• Review media list in partnership with Board. • Continue to disseminate information to staff on developments relating to Race Equality. • Continue to develop the website with a wider perspective on Diversity. • Continue to monitor usage of website through SHOW.

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South Glasgow
University Hospitals
Division

NHS
Greater
Glasgow

Updated Race Equality Scheme Implementation Plan

Approved by the

Division Equality & Diversity Steering Group

11th January 2005

Will be ratified by the Division Management Team

9th February 2005

The Division costed implementation plan was submitted to the National Resource Centre for Ethnic Minorities for the 31st March 2003.

This update has been implemented with no additional funding and is a record of progress as at 31st January 2005.

Several actions have been met within existing resources, however resources will be required to address some key issues, e.g. signage.

Division Implementation Plan

Common themes/priorities from Assessments and listed under the headings of 'Fair for All' HDL (2002) 51

HDL(2002) 51 headings	Actions	Responsible Director / Manager	Time scale to achieve by	Achievements as at December 2004
Energising the Organisation	• Appoint a Director to lead on Race Equality • Appoint a senior member of staff to lead • Review/Adopt and Circulate the NHS Greater Glasgow Race Equality Policy throughout Trust	Nursing Nursing Nursing	July 2002 July 2002 July 2003	Completed 2003 Completed 2003 Completed Jan 2004
Demographics	• Census 2001 figures	Operations & Performance	Nov 2003	Health Board developing report on breakdown of demographics.
Access and Service Delivery	Appointment of Multi-Cultural Cardiac Rehabilitation Nurse	Nursing	Achieved Sept 2004	Following recent research that identified the need for a Multi-Cultural Cardiac Rehabilitation Nurse, one has been jointly appointed by North Glasgow and South Glasgow.
	Health Record - identify patient needs i.e. Muslim	Operations & Performance	Mar 2004	Ethnic monitoring/guidelines being developed locally/nationally.
	Complaints - review access to complaints	Head of Administration	Nov 2003	We expect the new national complaints leaflet to be made available in a range of languages when the new Complaints procedure is introduced in 2005. In the meantime, translation services are available if required.
	Consider wider distribution of Asylum project worker contacts i.e. help for discharge problems	Nursing	Nov 2003	Completed 2003.

HDL(2002) 51 headings	Actions	Responsible Director / Manager	Time scale to achieve by	Achievements as at December 2004
Access and Service Delivery contd.	**Cultural Training -** review education material for Auxiliary nurses	Nursing	Nov 2003	Nurse Orientation Practical teaching sessions take cognisance of cultural differences. Nursing procedures cross referenced to Religions & Cultures Manual. More discussion to take place regarding Minority Ethnic community involvement in training sessions.
	Training on Race Relations (Amendment) Act 2000 and Race Equality	Nursing and Human Resources	Ongoing	Some training has taken place. Ongoing meetings regarding future provision on a Glasgow wide basis.
	Food Work towards NQIS Food, Fluid and Nutritional Care standards	Nursing	Ongoing	Following on from the survey in 2003 the new patient Halal Menu will commence January 2005. Introduction delayed due to other menu changes and printing required. Explored/tested Halal and Kosher catering for functions. Held Glasgow wide Catering Managers meeting to discuss Kosher report from the two patient focus groups. Series of actions developed and being explored. Next meeting for feedback on actions January 2005.
	Appropriate diets e.g. for dysphagic patients	Nursing	Ongoing	South Glasgow may have the greatest need due to its large minority ethnic community. Research to date has demonstrated that there is a limited number of suppliers who can provide suitable food for dysphagic patients that also meet cultural/religious need.

HDL(2002) 51 headings	Actions	Responsible Director / Manager	Time scale to achieve by	Achievements as at December 2004
Access & Service Delivery Contd.	Address needs of patients and reduce food being brought in by relatives	Nursing	Ongoing	Links to work underway in the review of the provision of ethnic meals.
	Review needs of vegans/vegetarians as an alternative meal option	Nursing	Ongoing	Priority was given to Halal and Kosher meals. The needs of African Caribbean, Hindu and Sikh are still to be addressed.
	Religious Review if suitable places can be allocated for prayers, including visitors at clinics	Nursing	Nov 2003	Chaplaincy Centre is available to all visitors and staff and is suitably equipped for all religions.
	Review all wards to identify direction for prayer	Nursing	Nov 2005	Work started and is ongoing; to be completed along with review of Religions & Cultures Manual.
	Make available Holy Festival Calendars in clinic areas	Nursing	Jan 2005	Alternative calendar developed but still included too much information. 2005 version to be completed.
	Death Review processes at time of death i.e. body removal, death on holy day	Nursing	March 2005	Religions & Cultures Manual being reviewed. More information required in manual to guide staff on process.
	Review consent for post-mortem	Medical	March 2004	Achieved Jan 2004.

HDL(2002) 51 headings	Actions	Responsible Director / Manager	Time scale to achieve by	Achievements as at December 2004
Access & Service Delivery contd.	Freedom from infection details translated	Nursing	Mar 2004	QIS Post Mortem Review group may report on this nationally.
	Information Review translated patient information needs for various wards and departments	Nursing	Ongoing	Completed & ongoing
	Review regulation signage for translation requirements	Nursing	2005	Signage being reviewed
	Review hospital signs for access	Nursing	2005	Signage being reviewed
	Develop a translated information policy that could be applied to many aspects of Division e.g. medicine management, complaints process, patient information	Nursing	2005	Research been carried out nationally by Heriot Watt University. Awaiting findings.
	Interpreting Review areas that could benefit from telephone interpreting	Nursing	Nov 2003	Audit completed. Delayed expansion of services to other areas due to limited resources available.
	Review languages required, i.e. e.g. need for Gaelic	Nursing	Mar 2004	Completed 2004. Glasgow Translation & Interpreting Service can provide.
	Monitor interpreting usage	Nursing	Ongoing	Achieved & ongoing
	Co-ordinate problems with the NHS Greater Glasgow working group	Nursing	Ongoing	Achieved & ongoing

HDL(2002) 51 headings	Actions	Responsible Director / Manager	Time scale to achieve by	Achievements as at December 2004
Interpreting Contd.	Review input into interpreters training regarding vocabulary used	Nursing	Nov 2003	Glasgow Translation & Interpreting Service
	- difficulty accessing one at the weekend	Nursing	Ongoing	Out of hours service provision regularly monitored.
	- consider displaying a poster advertising we use the interpreting service	Nursing	Sept 2004	Poster sent to staff areas.
	Consent – use interpreter to ensure this happens. Include in new consent policy	Medical	Nov 2002	Completed 2002
	Advocacy Services Consult on Draft Advocacy policy and procedures Disseminate throughout the Division Provide training	 Nursing Nursing Nursing	 June 2003 Aug 2003 Nov 2003	 Completed January 2004 Completed January 2004 Available on request.
Human Resources	**Recruitment and Selection** Person Specifications	Human Resources	Nov 2003	Provided by managers for certain posts.
	Training for Interviewers	Human Resources	Nov 2003	Courses are available which are linked to recruitment & selection training.

HDL(2002) 51 headings	Actions	Responsible Director / Manager	Time scale to achieve by	Achievements as at December 2004
Human Resources Contd.	Monitoring Success Rates and Recruitment Data	Human Resources	Nov 2004	Available for non-medical staff only (2004)
	Advertising	Human Resources	March 2005	Distribution list including all ethnic and community groups to be created
	Ensuring Equal Access and Uptake of Development Opportunities	Human Resources	Nov 2004 Nov 2005	Monitoring form developed and in place in the Training & Development Department for internal courses. Further work to develop division wide monitoring.
	Monitoring and evaluation of Division's Policies and Procedures **Corporate Policies** **Human Resources Policies**	Head of Administration Human Resources	Nov 2004 Nov 2004	We are currently reviewing the entire policy manual. Approx. a quarter of the manual is now available electronically via the intranet. Those responsible for each individual policy are responsible for ensuring that any impact on race relations/ minority ethnic communities/ staff is taken into account during the updating. HR Managers monitor on an ongoing basis that Policies and Procedures are being applied in a non-discriminatory way.

HDL(2002) 51 headings	Actions	Responsible Director / Manager	Time scale to achieve by	Achievements as at December 2004
Human Resources Contd.	**Establishing Workforce Information**	Human Resources	March 2005 Spring 2005 March 2005	At Divisional level work is in hand to adapt current recruitment advertisement reporting and software to include Ethnic and Equal Opportunities Data. Draft census form has been finalised and will be active in May 2005. Will be inputted to local and Swiss Database. System being developed to report staff standard data for disciplinary and grievance by Ethnic Group.
	Employment Partnerships	Human Resources	Ongoing	Involvement continues
Community Mechanisms	**Clarify with Ethnic Minority Community Representatives or ethnic minority groups:**			
	Why antenatal classes are poorly attended by Asian ladies	Nursing	Achieved Nov 2003	Cultural barriers may still exist; Classes continue to be held in the community.
	Why Asian patients do not attend appointments	Nursing	Nov 2003	No statistical comparison been made to review if percentage is greater than indigenous population.
	The need for ethnic minorities to tell us information to assist us in our delivery	Nursing	Nov 2003	In January 2003 this was highlighted on Asian Radio. It was hoped that another community consultation event may have encompassed this. Health Board reviewing possibility of such an event.

HDL(2002) 51 headings	Actions	Responsible Director / Manager	Time scale to achieve by	Achievements as at December 2004
Community Mechanisms Contd.	Do therapy services conflict with views/care by carers/relatives?	Nursing	Nov 2003	As above
	Do the communities perceive Chaplaincy services to be Christian based or multicultural based	Nursing	Nov 2003	NHSGG Spiritual Care Policy makes this clear and consultation included many community groups; annual faith communities meeting provides interface between the Chaplaincy & the communities.
	How diabetes is dealt with during Ramadan	Nursing	Mar 2005	Ongoing & information sheet is being developed.
	Visiting - the restricted number allowed at bedside is nothing to do with race or culture	Nursing	Nov 2003	Ongoing
	Review role of Trust Multicultural Advisory Committee and its membership	Nursing	Nov 2003	Completed 2004
	Provide information to staff in patient areas, via Religions & Cultures Manual on: Elderly Day Care Centres Carers Support networks	 Nursing Nursing	 Mar 2004 Mar 2004	Community contacts developed in 2004. Review of contacts planned for early 2005 as part of Religions and Cultures Manual updates.
	Develop links with local ethnic minority media/press	Nursing	Mar 2004	Contact with Asian Radio initiated Jan 2003.
	Religious Hold another Faith communities meeting	Nursing	May 2005	Meeting held in April 2004; to be held annually. Similar event held by NHSGG to discuss spiritual care within ACAD's.

YORKHILL DIVISION

FAIR FOR ALL

RACE EQUALITY SCHEME / ACTION PLAN

Revised January 2005

YORKHILL NHS TRUST

ACTIVITY	TASK	PRIORITY	EVIDENCE	TARGET
Strategic Management and Leadership				
Executive Leadership	Ensuring senior commitment to equality.	FFA	• Chief Executive has given and continues to give his wholehearted support to the CRE Leadership Challenge. • Director of HR, assisted by Senior HR Manager, are responsible for leading the delivery of this Action Plan and contribute to the delivery of the Greater Glasgow Race Equality agenda. • Outcome of Staff Survey.	Completed Completed
	Prepare a statement of intent detailing the Trust's commitment to Fair for All and the RRAA duties, meeting explicit race equality values, principles and strategic aims.	RRA	Statement included in the RES demonstrates the organisations commitment. Board members and staff representatives understand their responsibilities under FFA and RRA and they see evidence that the Action Plan is achieving its targets.	Completed December 2002 Annual reports to Trust Board and Partnership Forum.
	Build links with the Trust's public/patient involvement initiatives.		Regular reporting and discussion at the overarching steering group linking the range of PF/PI initiatives joint working established as required, e.g. spiritual care.	Complete

ACTIVITY	TASK	PRIORITY	EVIDENCE	TARGET
Demographic Profiling				
Gathering and using data to inform level of compliance with FFA/RRA	1. List functions and policies categorised in high, medium and low priority.	FFA RRA	Prioritised list used to inform future planning to ensure mainstreaming cultural competence. Outcomes of monitoring data publicly available.	Completed January 2005
	2. Process of assessment and consultation on-going in accordance with priority. Staff representatives, users and members of the local ethnic committee will be involved in the process where appropriate links will be made with GGNHSB consultation process. Impact Assessment audit piloted and now ready to rollout across Division.		Staff in the organisation are aware of the diverse health and cultural needs in the communities they serve and know how to meet them. Users of the organisation's service, especially from the ethnic minority communities say they have confidence in the organisation. The organisation's monitoring also shows there is no significant difference in confidence between ethnic groups. Results will be analysed and information used to plan future service delivery.	December 2005 On-going June 2005
	3. The Trust will continue to refine the hospital information system (HISS) to collect and report on the ethnic origins of our users and patterns of usage of our services. Pilot how best to use the information gathered by Queen Mother's. Work with the HISS Department to make the recording of ethnic and spiritual backgrounds of patients mandatory. This will also link to work currently being carried out by ISD.		Information will be available on patient population by ethnic origin and on-going monitoring will indicate trends.	November 2005 June 2005
	4. The Trust will work with GGNHSB to extract relevant information from the 2001 census to use as a benchmark against which to assess usage of our services, e.g. areas of higher or lower usage than the population norms may indicate inequality of access to our services or a particular disease/ problem area. Participate in the PAN Glasgow research work carried out into establishing a database of research projects taking place across Glasgow.		Census information now available, to be matched with exercise in 3 above once available. Information has been distributed across the Division. Results to be made publicly available and discussed widely as part of the consultation process.	Completed Completed.

	5. On completion of 3 and 4 above, consider what additional research or incidence of disease and service utilisation is appropriate.		The organisation will consider other policy options if its assessments and consultation show that its policies could affect some ethnic groups adversely.	January 2006
	6. Consider whether existing systems collecting information on service use, spiritual and personal care and translation needs are effective in gathering information.		Review available data and match with perceived need for information and set up systems as required to address gaps. The results of impact assessment analysis will be used to improve service delivery.	July 2005
	7. Work with GGNHSB to undertake health needs assessments. Informed wherever possible by identified high priority areas. This includes participation in the series of open space events set up to identify how ethnic minority communities' wish to be listened to.		Progress is likely to be determined by GGNHSB's timetable (within year one of action plan). Evidence is sought to answer questions: • are current services meeting health needs of ethnic minority populations • are there any barriers to service access within the system. The statistical evidence will be presented to representatives of BEM (Black and Ethnic Minorities) communities to seek view and check interpretation of research findings. This will be carried out as part of Open Space events.	Autumn 2004

ACTIVITY	TASK	PRIORITY	EVIDENCE	TARGET
Access and Service Delivery				
Review Service Access	1. Using currently available information conduct an interim review (pending more detailed assessment) of the ethnic minority users to the following services: • catering • interpretation • personal care • spiritual care • handling and mobility • advocacy service	FFA RRA	Initial information to be used as a starting point to open dialogue with BEM communities to test the success or otherwise of current service provision and future proposed initiatives. - The information gathered as part of the Impact Assessments will be used to review services as appropriate. - Work with colleagues across Glasgow on crosscutting themes, e.g. catering and interpreters to develop and improve services.	Summer 2004 November 2005 Ongoing
	2. Draw up and adopt a policy to ensure that where appropriate each patient has a choice of the gender of health professional.		A choice of the gender of health professional is the ideal toward which we will work. The policy will describe how we plan to work towards this goal.	Completed.
	A reference book of religions and culture has been made available in all wards and on the intranet. A prayer room is available to patients, families and staff,		Following a review of this aspect of service provision, evidence will be sought to answer the following questions: a) Are patients and families satisfied that religious and cultural needs are met. b) Do staff feel they have access to the relevant information and have sufficient understanding to offer relevant support.	Completed
	Catering funds have been made available for visits to other healthcare organisations who provide high quality, culturally sensitive catering.		Areas for improvement will be suggested along with plans to achieve the changes. Monitoring of complaints will take place to determine if there are significant differences between ethnic groups.	July 2005 (monitoring 6 monthly thereafter).
	<u>New Service Development</u> Develop process for assessing impact on BEM users of proposed developments and thus mainstreaming needs.		The Trust can demonstrate a robust procedure for assessment of new service development. Impact Assessment tool finalised and will be used for any future service developments.	Autumn 2004 Ongoing
	<u>Family Information and Support</u> Review service provision in the light of public and patient consultation exercises and monitor where this service is meeting the needs of BEM users. Review the remit of the FILES (Family Information Leaflet Editorial and Support) Group to ensure that the group understands the Trust's duties under the RR(A) Act 2000 and that they are able to conduct impact assessments on the documents, they review.		The information available to patients and families remains pertinent, culturally sensitive and provided in an acceptable range of formats. One of the support workers is from a BEM background and if required can deal with BEM families. - Have contact with EMEC who provide volunteer workers.	January 2005

ACTIVITY	TASK	PRIORITY	EVIDENCE	TARGET
Human Resources				
1.Policies	Include HR policies with the general review of Trust functions and policies and allocate priority. Policies: • Dignity at Work • Bullying and Harassment • Equal Opportunities • Recruitment and Selection • Discipline and Grievance	FFA RRA	HR policies have been allocated a priority assessment. Policies will be reviewed according to the impact rating assigned to them and changed if required. - Participation in PAN Glasgow Recruitment review, part of which will ensure a mainstream approach to ensure that recruitment practices are culturally competent.	Completed December 2005 March 2006 Completed
2.Monitoring	The CRE document on ethnic monitoring will be used to restructure monitoring information and will be used to assess where there are potential inequalities in our policies, recruitment and other procedures.		Staff from all ethnic backgrounds are satisfied with the way the organisation treats its staff and say the organisation is a good employer. Staff survey evidence will also inform these discussions. Information available from SWISS data collection exercise will be used to improve the records we have on individuals ethnic backgrounds.	Statistics/ monitoring set up complete. On-going development of consultation process with existing staff. December 2005
3. Employment Issues	A pan Glasgow group will review employment issues common to all, including positive action if appropriate. Establish a Diversity Network Group.		• The organisations' attract good candidates from all BEM communities. • Staff who are interested are provided with the support they need to become involved with diversity issues.	On-going May 2005 and ongoing
4. Staff Development	Initially training is planned as follows: • Broad awareness training of statutory duties and about the Trust's action plan - all staff attend over the next 3 years • Specific training for front line staff to raise awareness of cultural and religious issues - it is likely this training will be undertaken in conjunction with GGNHSB. • Training for those who are likely to be involved in employment issues - likely to be first line supervisors and above.		• Pilot training is complete and being evaluated for roll out across Glasgow. • Within Yorkhill, recruitment and selection training that includes race equality and equal opportunities issues, have been delivered to staff. • Within Yorkhill, training is being planned for Executives and General Managers and due to be undertaken shortly. • A six-month Race Equality training programme established across the Division for all levels of staff. • People Care Induction training programme revised to make staff aware of equality and diversity.	November 2003 and on-going Completed March 2005 – August 2005 March 2005

ACTIVITY	TASK	PRIORITY	EVIDENCE	TARGET
Community Involvement and Community Development				
Raising Awareness	Awareness will be raised by: • Sharing our action plan. • Seeking support to deliver our action plan. • Informing partners about our general and specific duties.	FFA	a)Internal The RES and Action Plan is published on the intranet, along with a questionnaire inviting comment. The Trust's Fair for All group has a staff representative who acts as a channel of communication to the Partnership Forum where staff issues are raised and discussed. The scheme was launched with an open door session to which all staff were invited. It is planned to repeat this initiative with progress reports and updates. b) External • The RES and action plan is on the internet along with a questionnaire inviting comment. • Discussions have commenced with NHSGGHB Race Equality Group about a structure to enable communication and consultation with a wide range of BEM groups.	Completed January 2004 October 2003 and on-going
Complaints	Review of complaints recording to enable analysis of complaints in relation to racially motivated issues or relating to ethnic origin.	FFA	The summary of complaints is reported to the Trust Board quarterly. This report now includes an analysis of complaints related to race and race equality issues.	Completed
Consultation	Current arrangement include: a) Yorkhill's Fair for All Steering Group with members drawn from senior managers, ethnic community and staff representatives and ward/operational staff. b) Yorkhill is developing public and patient involvement groups - nine core groups exist and membership from ethnic communities is being sought. c) Yorkhill Partnership Forum (see above). d) Yorkhill's participation in GGNHSB e.g. Race Equality Group. e) Links with the Ethnic Minority Enterprise Centre on employment issues.	FFA RRA	• The existing directory of key local agencies will be reviewed and recommendations made to reflect local diversity in our consultation arrangements. • The results of consultation exercises will be openly available and/or publicised (depending on the likely audience). • All forms of media will be used as appropriate to engage BEM communities and reflect their views.	On-going review 6 monthly from March 2003

ACTIVITY	TASK	PRIORITY	EVIDENCE	TARGET
Other Strategic Priorities				
Partnership Working	The Trust works in partnership in a number of different ways listed below. Awareness of our public duty will be integral to our interaction with all these groups. • Working with staff and their representatives. • Working with GGNHSB. • Working with other Trusts. • Working with groups set up for public consultation. • Working with other public sector organisations and agencies. • Working with contractors and suppliers.	RRA	The Trust will inform partner organisations that it intends to work in line with the principles of the general duty to promote race equality. Staff involved in partnership work have been fully briefed on the Trust's public duty. Workshops have been held with senior staff to explain the Trust's duty under the RRA/FFA and particularly to look at assessing the cultural competence of our functions and policies.	On-going Complete