

GREATER GLASGOW HEALTH BOARD

Board Meeting
Tuesday 16th March 2004

Board Paper No. 04/14

Director of Health Promotion

ANNUAL REPORT ON RACE EQUALITY

1. Introduction

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).

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

2. Background

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.

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 therefore covers the work being carried out to meet the requirements of both the RRAA and Fair For All.

3. 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 organisation 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 organisation within NHS Greater Glasgow and is chaired by the Acting Director of Health Promotion (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.

4. Accountability to BME communities

In the course of drafting the report a number of BME community organisations and individuals were sent draft copies for initial feedback and comment to inform the eventual report. Following approval by the NHS Board, the document will be more widely distributed among the BME communities.

A BEM community consultative forum is in the process of being established, and 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 Local Health Council, the Area Partnership Forum, and the West of Scotland Race Equality Council.

5. Conclusion and recommendations

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

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Annual Report on Race Equality Action – NHS Greater Glasgow

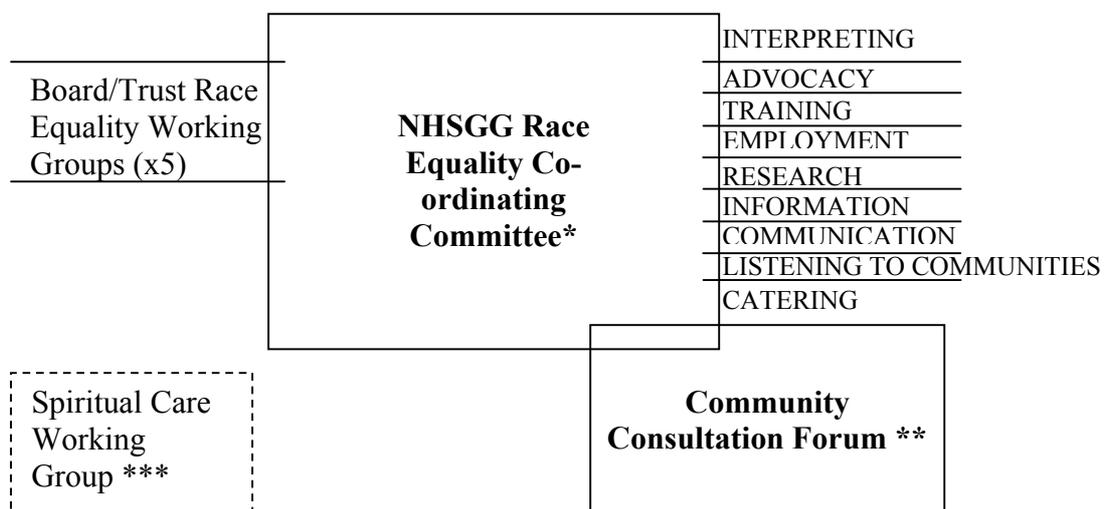
1. Introduction & Context

- 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 first 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 the 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.
- 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. Each organisation has its own working group to take forward race equality action in respect of their individual Race Equality Action Plan. Work is underway to develop a BME community consultation forum, which once established, will along with other relevant organisations be represented on the Race Equality Coordinating Committee.
- 2.4 The diagram below illustrates how these structures fit together.



* Currently the Race Equality Co-ordinating Committee is in an interim stage 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:

3.1 Interpreting (John Crawford)

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.

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 between 76-78% of interpreting assignments are within NHSGG direct services.

In 03/04, NHSGG contributed £700k to the Interpreting Partnership. This was met £ for £ 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.

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.

3.2 Advocacy (John Crawford)

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 2003, 213 people received advocacy support of which 41 were asylum seekers. The range of issues covered included health, housing, welfare benefits, immigration and education. EMAS links into other advocacy providers where appropriate.

3.3 **Training** (Imran Shariff)

The Race Relations (Amendment) Act 2000 and Fair for All guidelines require all staff working in the NHS to promote race equality within their respective work areas. Staff working in NHSGG are beginning to receive race equality training to increase understanding of race equality issues and enable them to implement sensitive practices in their work areas.

During the last year, Greater Glasgow Primary Care NHS Trust in partnership with the NRCEMH piloted a series of anti-discriminatory training programmes for NHS staff, with the aim of developing a framework for race equality training across all NHSGG organisations and ensuring that we develop standards and consistency for all staff.

The training has focused on anti-discriminatory practices for managers and cultural competency training on the needs of black and minority ethnic patients when using health care services.

Later this year, a report of the evaluation of these training programmes will be published. This will be used to inform the development of a pan NHSGG race equality training programme.

3.4 **Employment** (Andy Carter)

NHSGG is in the process of establishing a BEM Employment working group, with a remit for ensuring a consistent approach to ethnic monitoring; analysing the information available; and taking forward actions required to encourage BEM employment in NHSGG, including considering the previous work of two Positive Action programmes. Currently work is underway to validate the qualifications and offer work related experience to asylum seeker and refugee health professionals, and discussions are taking place with Glasgow Anti-Racist Alliance around including young BEM people in Workforce Planning initiatives.

In addition an initiative to recruit and train BEM health promotion facilitators is being developed with a range of partners.

3.5 **Research** (Russell Jones)

NHSGG has formed a BME Research Group with representation from the Health Board, the Trusts, Glasgow City Council, voluntary organisations and NRCEMH. The Research Group has developed a remit that includes:

- Developing a strategy for BME health research in Greater Glasgow.
- Developing and distributing a set of ethical guidelines for conducting research with black and minority ethnic communities.
- Auditing current and recent BME health research.
- Serving as a forum for the discussion of black and minority ethnic research.

- Assuming an enabling and advisory role to ensure planning groups take into consideration the needs of black and minority ethnic communities as part of their mainstream activity.
- Developing methods of dissemination so that research findings inform policy and planning.

To meet these aims, several subgroups have formed. One group's purpose is to outline current reviews of the literature and to audit current/recent BME health research in Greater Glasgow. Another group has been set up to develop an ethical code for BME health research, drawing on and adapting existing codes of ethics. Another group has been formed to explore effective methods of dissemination findings and materials that the Research Group produces. Outputs thus far include a mapping of literature reviews of BME health research and an audit of current/recent research.

3.6 **Information** (Alan Boyd)

Ethnic monitoring forms a central plank of the RRAA. Work is underway to develop NHSGG practices in collecting both service usage and health statistics data. A stock take of the current state of ethnicity recording on routinely collected datasets was carried out, which identified a variable but very poor overall picture, with the most robust ethnicity data collection in the Child Health Surveillance system. Most of the datasets use different ethnicity classifications and none use those from the 2001 Census. More over the datasets record ethnicity only and not associated variables such as religion and language which are needed in order to secure a more culturally competent service.

GGNHSB is working nationally with NRCEMH's Information Network and through a recently established NHSGG BEM Information Group to develop consistent approaches to ethnic monitoring.

Initial analysis of the 2001 Census has been undertaken to provide a demographic profile of the GGNHSB area. The overall ethnic minority population for GGNHSB is 4.5% (5.5% in Glasgow City). Maps showing the geographic distribution of black and minority ethnic people in GGNHSB have been disseminated and tables extracted with the view to producing a report by late March early April 2004.

3.7 **Communication** (Ally McLaws)

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. In 03/04 the Maternity Services Review, Tobacco Strategy and Spiritual Care Policy were the subject of wider consultation and communication processes.

Over the next 3 years NHSGG will be establishing a communication strategy. Work is currently at an early stage and links into black, and ethnic minority communities will form an important aspect of this development. A policy on translating materials will form part of the strategy. In addition an audit of BEM health education resources available in other languages was completed in 03/04.

3.8 **Listening to Communities** (John Crawford)

In 02/03 NHSGG undertook a series of open space events with specific minority ethnic communities to:

- Identify and explore the health priorities of these communities;
- Identify suitable methods of involving people from these communities in ongoing service planning and community development around health.

This work was endorsed by the Ethnic Minority Health Advisory Committee and the Primary Care Trust Community Consultation Forum.

Work is currently underway, utilising the recommendations of the Listening to Communities events and feedback received during the extensive consultation process on NHSGG's Race Equality Policy, to reshape the processes and structure for engaging with minority ethnic communities. The aim of this is to ensure the communities' early and significant engagement in planning and review processes.

The January 2004 NHSGG Board meeting endorsed the establishment of a Spiritual Care Committee as a sub committee of the Board's Health & Clinical Governance Committee to monitor and evaluate the implementation of local plans re: spiritual and religious care in health settings.

In addition a Public Involvement Network is being developed. This will include representatives from BEM communities.

3.9 **Catering** (Flora Muir)

In January 2003, South Glasgow University Hospitals NHS Trust as the largest user of Halal and Kosher meals in Scotland, undertook to review the provision of Halal, Kosher and Vegetarian meals to minority ethnic patients. The review of the provision of meals will be carried out in a staged process to try and accommodate all the different specific needs.

A meeting between the Catering Department, Scottish Healthcare Supplies, West of Scotland Race Equality Council and as a representative from Glasgow Primary Care Trust Community Forum took place to discuss more fully the needs of Muslim patients, current provision and develop a plan for the way forward.

The actions undertaken as a result of that meeting have included:

- A visit to a production unit run by Glasgow City Council

- Interviewed 15 Muslim patients, using structured questions, to gauge their viewpoint on the ethnic minority meals provision
- Issues highlighted by the patients were incorporated in to a revised menu that was piloted by patients in the Maternity Unit. This was using a different supplier.
- The Maternity patients were also interviewed, again using structured questions.

The positive results led to agreeing menu items with Scottish Healthcare Supplies who then consulted every Catering Unit within NHS Scotland and commenced work with the supplier. The completion of the work will include a translated laminated menu that can be used by all hospitals in Scotland. A meeting is still to be arranged regarding the dissemination of information back to the communities about authenticity of meals etc.

In September 2003, another part of the staged process commenced when 2 patient focus groups were held with Jewish patients. This has provided valuable feedback to develop an action plan to address their food requirements.

4. Future Challenges

Mainstreaming race equality within the context of the changing legislative and policy landscape offers four substantial challenges for NHS GG.

- Firstly, ensuring that the ‘one system’ model continues to maintain a focus on race equality through balancing overall accountability with local ownership for action.
- Secondly, ensuring that the focus on race equality remains a priority alongside the anticipated developments around diversity and equality.
- Thirdly, further developing the capacity of minority ethnic communities to engage with and influence the planning and review of health related services either solely within NHS GG or in partnership with others.
- Finally, 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 2004

Evelyn Borland
Lead Director

John Crawford
Senior Lead Manager

Activity/Task	Action	Timescale	Progress/Comment
1. STRATEGIC MANAGEMENT & LEADERSHIP			
1.1 Executive Leadership	<ul style="list-style-type: none"> ➤ Board identified lead Director for race equality ➤ Board identified lead Senior Manager 	<p>Nov 02</p> <p>Nov 02</p>	<ul style="list-style-type: none"> ➤ Completed. Evelyn Borland appointed as lead Director ➤ Completed. John Crawford appointed as lead Senior Manager
1.2 RES – Specific Duty	<ul style="list-style-type: none"> ➤ 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) 	<p>Nov 02</p> <p>Nov 02/Feb 03</p> <p>Dec 02</p> <p>April 03</p>	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ 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 	<p>Nov 02</p> <p>Nov 02</p> <p>Ongoing</p> <p>Ongoing</p> <p>March 04</p> <p>March 03</p> <p>March 04</p> <p>Ongoing</p>	<ul style="list-style-type: none"> ➤ 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. ➤ Completed. Race Equality Action Plan completed and submitted to NRCEMH and CRE (28.03.03). ➤ BEM consultation/advisory structures are currently being reviewed and developed through the Ethnic Minority Health Advisory Committee, the Race Equality Co-ordination Working Group utilising the recommendations of the ‘Listening to Communities’ open space events. ➤ Race Equality Annual Report to be published following internal discussion and external consultation (31.04.04).

Activity/Task	Progress/Action	Timescale	Progress/Comment
2. DEMOGRAPHIC PROFILING			
2.1 Survey of Local Ethnic Minority Population	<ul style="list-style-type: none"> ➤ Work with NRCEMH to secure consistent national approach to ethnic monitoring ➤ Carry out detailed analysis of 2001 census information. 	<p>March 04</p> <p>March 04</p>	<ul style="list-style-type: none"> ➤ Ongoing – see cross-cutting strategic theme on information (3.6) ➤ Initial analysis of census inf for NHSGG area completed. Detailed analysis being undertake nationally
2.2 Needs Assessment	<ul style="list-style-type: none"> ➤ Develop research strategy 	<p>March 05</p>	<ul style="list-style-type: none"> ➤ Ongoing – see cross cutting strategic theme on Research (3.5) ➤ Working group involves representatives from NRCEMH, GCC, and BEM community organisations.
2.3 Commitment to Research	<ul style="list-style-type: none"> ➤ Develop robust means of gathering BEM health and well being information ➤ Develop evidence base on BEM health with NRCEMH 	<p>March 04</p> <p>Ongoing</p>	<ul style="list-style-type: none"> ➤ Ongoing – see cross cutting strategic themes on Research (3.5). In addition a Health and Well-Being study in the Chinese community is being carried out with the Chinese Healthy Living Centre. There are plans to conduct similar research in South Asian and African Caribbean communities. ➤ Ongoing – see cross cutting strategic themes on Research (3.5)

Activity/Task	Progress/Action	Timescale	Progress/Comment
3. ACCESS & SERVICE DELIVERY			
3.1 Information & Communication Strategy	<ul style="list-style-type: none"> ➤ 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 	<p>March 05</p> <p>March 05 March 04</p> <p>March 06</p> <p>March 03</p>	<ul style="list-style-type: none"> ➤ Discussions at an early stage. No current outcomes. ➤ Discussions at an early stage. No current outcomes. ➤ Stage I of Feasibility Study into currently available key health topics for BEM communities now complete. Report currently being completed. To be followed by gap analysis and action planning. Stage II on format and language to be commissioned. ➤ Work currently underway re: engagement of BEM communities in PIN. ➤ ‘Bridging the Gap’ initiative to address health information and access to services issues currently in development across a range of partners.
3.2 Service Access	<ul style="list-style-type: none"> ➤ 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 Trusts. 	<p>Nov 02</p> <p>Nov 02 Ongoing</p>	<ul style="list-style-type: none"> ➤ Completed as part of RES process. ➤ Completed as part of RES process.
	<p>Service Audits</p> <ul style="list-style-type: none"> ➤ Build race equality into audit plan for GGNHSB 03/06 	<p>March 03/06</p>	<ul style="list-style-type: none"> ➤ Completed. Race Equality audit to be carried out in April/May 04. Will be built in to service funding for 06 audit.
	<p>Catering</p> <ul style="list-style-type: none"> ➤ Board will establish short term working group to review catering provision for BEM communities. ➤ Board will pick up through performance management. 	<p>March 04</p> <p>Ongoing</p>	<ul style="list-style-type: none"> ➤ Ongoing – see cross cutting strategic theme on Catering (3.9). ➤ Not currently included in PAF or in local indicators. To be raised through performance management meetings with Trusts.
	<p>Interpreting</p> <ul style="list-style-type: none"> ➤ 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 	<p>March 06</p> <p>March 03</p> <p>March 03</p>	<ul style="list-style-type: none"> ➤ For action in the future. ➤ Completed through Quality Standards Interpreting Working Group and will be reviewed in 04/05. ➤ Completed through Quality Standards Interpreting Working Group.

	<ul style="list-style-type: none"> ➤ Information routinely collected within multi-agency Interpreting Partnership ➤ Co-ordinating group to consider annual report from Interpreting Partnership 	<p>March 04</p> <p>March 04</p>	<ul style="list-style-type: none"> ➤ Ongoing within Interpreting Partnership. ➤ Awaiting establishment of full Race Equality Co-ordinating Working Group.
	<p><i>Personal Care</i></p> <ul style="list-style-type: none"> ➤ Board's involvement through Performance management. 	<p>Ongoing</p>	<ul style="list-style-type: none"> ➤ To be raised through performance management meetings with Trusts.
	<p><i>Spiritual & Religious Issues</i></p> <ul style="list-style-type: none"> ➤ Spiritual care policy will be developed for NHS Greater Glasgow 	<p>June 03</p>	<ul style="list-style-type: none"> ➤ Completed Spiritual Care Policy endorsed by NHSGG Board in January 2004.
	<p><i>Advocacy</i></p> <ul style="list-style-type: none"> ➤ Jointly commissioned advocacy service currently in place to meet needs of BEM communities, identified through research. 	<p>January 03</p>	<ul style="list-style-type: none"> ➤ Completed – see cross-cutting strategic theme on advocacy (3.2).

Activity/Task	Progress/Action	Timescale	Progress/Comments
4. HUMAN RESOURCES			
4.1 Policy	<ul style="list-style-type: none"> ➤ 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. 	<p>March 03</p> <p>March 03 March 03</p> <p>March 04</p>	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ Board analyses recruitment and selection processes, including ethnicity. ➤ Board will explore better ways of engaging with local BEM communities re employment 	<p>March 03</p> <p>March 04</p>	<ul style="list-style-type: none"> ➤ Completed. Contained in annual PIN policy monitoring report. ➤ Ongoing. Continual review of opportunities to advertise in BEM press.
4.3 Staff Development	<ul style="list-style-type: none"> ➤ 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 	<p>June 03</p> <p>June 03</p> <p>March 04</p> <p>March 03</p> <p>Ongoing</p> <p>March 04</p>	<ul style="list-style-type: none"> ➤ All GGNHS Board staff offered race equality training, March – June 03. ➤ Completed. TNA formed part of 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).
4.4 Employment	<p>Board ethnically monitors:</p> <ul style="list-style-type: none"> - current staff - applicants for employment - applicants for training - applications for promotion - harassment 	Ongoing	<ul style="list-style-type: none"> ➤ Ongoing <p>- work ongoing into incorporating information into HR database as part of applications for employment.</p>

	<ul style="list-style-type: none"> - 'employee benefit' - grievances - disciplinaries - appraisal outcomes - dismissals - reasons for leaving <ul style="list-style-type: none"> ➤ Board analyses and reports on employment issues annually to the Local Partnership Forum 	Ongoing	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ Dignity at work guidance will be fully adopted and implemented 	October 03	<ul style="list-style-type: none"> ➤ Completed

Activity/Task	Progress/Action	Timescale	Progress/Comment
5. COMMUNITY INVOLVEMENT & COMMUNITY DEVELOPMENT			
5.1 Community Consultation	<ul style="list-style-type: none"> ➤ Board currently has an Ethnic Minority Health Advisory Committee chaired by lead senior officer ➤ NHSGG co-ordinating group will be established led by lead Director. ➤ Consultation structure/processes will be subject to review in light of policy guidance and community consultation ➤ Planning framework will include emphasis on BEM consultation ➤ Board will undertake process of building capacity of BEM communities in light of community consultation exercises ➤ Board will evolve a Public Involvement Network 	<ul style="list-style-type: none"> March 03 June 03 March 04 March 04 March 04 March 06 	<ul style="list-style-type: none"> ➤ Ongoing – currently under review. See cross-cutting strategic theme on Listening to Communities (3.8). ➤ Ongoing – Director of Health Promotion chairs Race Equality Co-ordinating Working Group. Membership of group is to be expanded to include wider representation. ➤ Process of development currently ongoing, involving BEM communities. ➤ To be developed in consultation between planning leads and senior lead manager for race equality. ➤ Ongoing – capacity building of communities being built into ‘Building the Bridge’ initiative. ➤ Work currently underway re: engagement of BEM communities in PIN.
5.2 Community Development	<ul style="list-style-type: none"> ➤ Directory/database of local BEM organisations and contacts available ➤ Consider support for BEM carers 	<ul style="list-style-type: none"> March 03 March 04 	<ul style="list-style-type: none"> ➤ Databases currently available and actively used in consultation process. ➤ 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	<ul style="list-style-type: none"> ➤ Board will initiate discussions with Community Planning and Joint Future partners re: RR (A) Act ➤ Include race equality in strategy development and consultation processes through influencing partner organisations ➤ Board will utilise developed planning frameworks in jointly planned initiatives ➤ Influence workforce planning in health improvement re: BEM communities 	<p>March 04</p> <p>March 04</p> <p>March 04</p> <p>March 04</p>	<p>Awaiting update</p> <p>Awaiting update</p> <p>Awaiting update</p> <ul style="list-style-type: none"> ➤ Work currently underway to include BEM perspective into workforce planning. Plus 'Building the Bridge' initiative develops personal capacity of BEM individuals.
6.2 Procurement	<ul style="list-style-type: none"> ➤ Board will include performance standards in contracts and care plans ➤ Contractors will be encouraged to promote equal opportunity in their own practice ➤ BEM businesses and organisations encouraged to bid for contracts 	<p>March 03</p> <p>March 03</p> <p>March 04</p>	<ul style="list-style-type: none"> ➤ Major review underway within GGNHSB around review of contractual framework. RRAA to be included. ➤ Included in the above. ➤ GGNHS currently working on new catering contract ➤ GGNHSB currently discussing targeting of advertising of contracts.
6.3 Complaints	<ul style="list-style-type: none"> ➤ Board will review the guidance to the complaints procedure to include advice on handling race complaints 	<p>March 05</p>	<ul style="list-style-type: none"> ➤ Awaiting introduction on new NHS complaints procedure.
6.4 Performance Management	<ul style="list-style-type: none"> ➤ Board will utilise performance management system to mainstream race equality ➤ Board to report annually on race equality 	<p>March 04</p> <p>Annually</p>	<ul style="list-style-type: none"> ➤ All planning leads have provided update on account taken of BEM in planning and implementation of activities. Progress to be developed via planning leads. ➤ Annual race equality report to NHSGG Board (March 04).



GREATER GLASGOW PRIMARY CARE NHS TRUST

Race Relations Management Report 2002/2003

(DRAFT)

Introduction

This report is an update of the performance of Greater Glasgow Primary Care NHS Trust in meeting the obligations under the Race Relations (Amendment) Act (RRAA) 2000 and Fair for All. The aim of the report is to benchmark the organisation and assess the extent to which race equality is being mainstreamed across all Trust services. We are confident that the Trust is making good progress on the Race Relations agenda. Good practice has also been highlighted in the recent Trust publication *'Promoting Race Equality and Cultural Competency in Health'*.

Much of the work evident in the report has been through the partnership work involving the Multicultural Health Development Programme (MHDP). The MHDP is the lead department for the facilitation of Race Equality agenda across all departments and divisions.

The report has been compiled using a **joint monitoring framework** developed by the Commission for Racial Equality (CRE) and National Resource Centre for Minority Ethnic Health (NRCEMH). Following approval and recommendation from the Trust Management Team, it will be forwarded to Greater Glasgow NHS Board and will be published together with similar reports from other NHS Trusts in Glasgow. It is anticipated that a joint NHS Greater Glasgow Race Equality report will be tabled at the NHS Board meeting in March 2004.

A consultation exercise will be undertaken prior to final publication and submission to the Commission for Racial Equality (CRE) and National Resource Centre for Minority Ethnic Health (NRCEMH) in June 2004.

1. STRATEGIC MANAGEMENT AND LEADERSHIP

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
Strategic				
Chief executive named as corporate lead for Race Equality in organisations			☑	Continue to lead development of race equality across organisation ensuring accountability and ownership across divisions and departments.
Designated responsibility to Consultant in Public Health Medicine and Head Personnel.			☑	Clarify and strengthen reporting arrangements with TMT/ HQ directors.

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
Operational				
Multicultural Health Development Programme (MHDP) charged with facilitation of Race Relations agenda and ensuring accountability across divisions.			☑	Continue to develop partnership arrangements with departments and establish reporting processes. Continue to publicise role of team/ service across Trust.
Race Equality Steering Group (RESG) formed to provide focus for race equality issues across Trust.			☑	Strengthen RESG membership, ensure wider representation of group. Establish monitoring function.

Statement of intent of organisation

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
Race Equality Policy published in partnership with NHS Greater Glasgow.			☑	Need to standardise corporate statement on race equality across NHSGG. Ensure dissemination of statement.

Race Equality Scheme and Action Plan

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
Race Equality Scheme (<i>November 2002</i>) and Action Plan (<i>June 2003</i>) submitted to the CRE and NRCEMH.			☑	Review and monitor achievements/gaps. Implement recommendations from 'Fair Enough' report (SEHD)

Consultation of the Scheme and Action Plan

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
Wide range of consultation for scheme and action plan, including, All staff working in Trust; Black and Minority Ethnic Community organisations (168) Greater Glasgow Health Council Partnership Forums Community Forum for Equality and Diversity Utilisation of Trust Website and feedback form CRE, NRCEMH.			☑	Results of consultation included within final action plan. Develop consultation strategy for communicating with black and minority people/ communities/ stakeholders/ staff from black and minority ethnic communities.

Wider Consultation on Strategy Development

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
Lay Cultural advisors group being developed by Trust to inform strategy development.		☑		Need to define role of group within overall PFPI framework.
Database of black and minority ethnic organisations across Greater Glasgow developed and used during mainstream consultation processes.			☑	Database being revised; available shortly on staff intranet. Publicise availability of database.
Large scale consultation events organised for various minority ethnic groups across city; Listening to Communities (LTC) Project. LTC Report disseminated across organisation.		☑		Recommendations to be considered by PFPI group.

Development of Race Impact Assessment Tools

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
Development of Impact assessment tools.	☐			Identification of good practice in (race) equality impact assessment.

Monitoring functions and policies for adverse impact

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
Policies Some work underway to identify adverse impact on minority ethnic groups through HR functions, e.g. leave of absence for employees during religious festivals/ celebrations; Spiritual/ religious requirements (e.g. prayers) for employees from different faith backgrounds.		☐		Audit of existing policies in organisation required. Establish mechanisms to ensure all policies (current/ new) are screened for (race) equality.
Functions Year 1 functions identified for adverse impact and race relations activity highlighted.			☐	Year 1 functions assessed. Ensure gaps in services are addressed.
Recording of ethnicity of patients underway across some services but needs to be strengthened.	☐			Greater input from all relevant Trust services and functions. Agree codes for implementation.

2. DEMOGRAPHIC PROFILING AND RESEARCH

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
Analysis of Census 2001. Information on ethnic minority demography published based on LHCC/ post code.			☑	Publish demographic information on intranet.
Research: Health needs of asylum seekers and refugees in Greater Shawlands LHCC		☑		Ensure recommendations are disseminated across Trust.
Research: Spiritual Care for Stroke patients (Lothian and Glasgow)			☑	
Research: Oral health Needs of South Asian Communities (lead by University of Glasgow)		☑		
Research: Black & Minority Ethnic Health Needs Research (West Dunbartonshire)			☑	
Trust input at Black and Ethnic Minority Health Research Group (Greater Glasgow NHS Board).		☑		Contribute to incorporation of race equality in overall strategy for research for NHSGG.
Support work of Black and Minority Youth Health Research (Greater Glasgow NHS Board)		☑		Representation on steering group for research.

3. ACCESS AND SERVICE DELIVERY

DIVISIONAL ACTIVITY

Primary Care Services

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
One day Anti-discriminatory training delivered to Primary care senior management team and all LHCC Managers.			☑	Ensure training is widened to include independent contractors (G.P's).
New system for recording ethnicity of patients with chronic disease management introduced			☑	Continue to monitor return rates of patients with chronic disease.
30% of practice nurses trained on CDSS.			☑	Continue to deliver ethnic monitoring training for practice nurses.
Patient information, signage and posters for retinal screening project translated into 4 different languages.			☑	Establish clearer translation protocols for staff through PFPI framework.
Appointment of link workers in areas with high minority ethnic populations.		☑		Review link worker function and assess suitability for pan Glasgow approach.
A 'One Stop Clinic' programme has been designed to support primary care practitioners in meeting the health care needs of patients from minority ethnic communities.		☑		Identify gaps in service; continue to publicise role of service across primary care settings.
Development of self audit toolkit for general practice and LHCC settings.		☑		Consultation required on toolkit prior to dissemination.
Primary care services (Primary Care Strategy Phase 2) published in community languages (English, Urdu, Punjabi, Chinese and Hindi)			☑	Continue targeted distribution of strategies to minority ethnic communities and voluntary sector organisations.
Partnership work underway with LHCC's with high minority ethnic concentrations.		☑		Need to ensure adequate implementation of race equality across all LHCC's.
Development of primary care services for Asylum Seekers and refugees including translation of information materials to increase access to services.			☑	Continue to monitor and develop uptake of services. Involve asylum seekers/ refugees in health service planning.
Recording of ethnicity of patients underway across some services but needs to be strengthened across division.	☑			Greater input from all relevant primary care functions to assess monitoring procedures. Agree codes for Division.
Incorporation of race equality issues within LHCC Development and Public Health Plans.		☑		Ensure race equality targets are met within development plans.

Learning Disability Division

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
Race Relations Sub Group established reporting directly to Senior Management Team for Learning Disability.			☑	Ensure effective liaison between Trust RESG.
A Reflection day of users of the services from black and minority ethnic communities.			☑	Information to be fed back into planning processes.
Training package to deliver religious rituals and activities associated with faith groups.			☑	Monitor and evaluate training programme and link to Trust training programme.
Establishing 'Accessible communications' which recognises the fact that people with a learning disability have a difficulty in writing in English.			☑	Continue to support development of accessible communications; link to PFPI/ patient information policy.
Review of literature regarding minority ethnic communities and Learning Disability.			☑	Disseminate literature review on learning disability to division.
Establish procedures to record ethnicity of service users from a minority ethnic background.		☑		Link to wider Trust group on recording of ethnicity.
Analysis of recruitment data to assess for uptake from black and minority ethnic groups.		☑		Publish data relating to specific employment duty.
Anti-discriminatory training for Senior Management Team being planned for division.		☑		Review and evaluate anti- discriminatory training across division.

Mental Health Division

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
One day Anti- Discriminatory training given to Mental Health Divisional Management Team.		☑		Training Plan to be developed for division and submitted to Mental Health Clinical Governance Sub Group by February 2004.
Recording of ethnicity of patients underway across some services but needs to be strengthened across divisions	☑			Greater input from all relevant departments within divisions. Agree codes for implementation.
Mental Health user survey being planned for adult mental health services.		☑		Investigate methods of capturing information from minority ethnic patients.

Support Services Division

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
Two day Anti-discriminatory training given to all senior managers working in division.			☑	Division in process of reviewing policies and procedures and implementing anti-discriminatory practices.
Food tasting event organised in partnership with Scottish Healthcare Supplies (SHS), and Halal meal suppliers.			☑	Development of multicultural menu for division. Choice of multicultural cuisines available to patients.
Quality of multicultural cuisines being assessed through translated patient questionnaires (PFPI).		☑		Analyse results and feed back to SHS.
Vacancies advertised in minority ethnic press for support services division.		☑		Evaluate effectiveness of advertising; pursue other opportunities of recruitment advertising.
Training given to staff on food preparation/ handling.			☑	Review effectiveness of training intervention.

DEPARTMENTAL/ THEMATIC

Nutrition and Dietetics

Achievements	STATUS			Next Steps
	Lapse	In progress	Complete	
Production a range of multilingual resources including meal plans. Organisation of patient information/ education groups for people from South Asian Communities.			☑	Targeted distribution of meal plans for patients from minority ethnic backgrounds. Continued health education/promotion for patients from minority ethnic communities.
Dietician with expertise on minority ethnic diet is involved in capacity building and staff development with colleagues across the primary care trust.		☑		Continue to develop skills and knowledge within department. Ensure staff attend wider training programmes on race equality.
Monitoring of ethnicity of patients using dietetic service.		☑		Revision of referral process to record ethnicity.
Ongoing focus groups being conducted with diabetics and also on child weaning practices in South Asian communities.		☑		Ensure quantitative and qualitative data is routinely collected by dietetic department to inform gaps in services.

Trust representation on multicultural nutrition issues, e.g. Diabetes UK, British Dietetic Association & Scottish Nutrition & Diet Resource Initiative.				Ensure local information and data (focus groups) are fed into professional practices.
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Women's Health

	STATUS			
Achievements	Lapse	In progress	Complete	Next Steps
Specific work underway tackling black and minority ethnic women's health through GGNHSB.				Improve communication and coordination of black and minority ethnic women's health activity across NHSGG and CWH.
Work underway in South East and Greater Shawlands LHCC in partnership with PCT to implement culturally sensitive post natal depression tools.				Launch screening tools in partnership with Starting Well project. Begin training programme.
Delivery of Cervical Cytology Screening Awareness programme for black and minority ethnic communities in partnership with Greater Glasgow NHS Board.				Produce report of events and disseminate across organisation.

Clinical Governance

	STATUS			
Achievements	Lapse	In progress	Complete	Next Steps
Delivery of awareness session on race equality to clinical governance team.				Issues identified for clinical governance team, action plan being developed locally.
Revision of complaints procedures.				Awaiting national guidelines on review of national complaints procedures for NHS Scotland.

Patient Focus Public Involvement

	STATUS			
Achievements	Lapse	In progress	Complete	Next steps
INTERPRETING Interpreting policy and protocols in place. Quality of service and complaints monitored. Procedures and				Policy to be made available on intranet.

protocols disseminated across Trust.				
Monitoring of interpreting requests underway. Includes type of health service, language, frequency and location of requests.			☑	Information fed back to planning partners to inform service development.
Staff awareness of interpreting services.		☑		Training underway for staff on use of interpreters in the health sector settings. Develop guidelines for staff on use of interpreters.
USER/CARER INVOLVEMENT User/ carer forum to be developed as part of PFPI framework.		☑		Representation from minority ethnic groups to be considered through lay cultural advisors group.
Database of community organisations representing patient's interests developed.		☑		Database to be revised and consolidated and used during consultation and survey related work.
PATIENT INFORMATION Retinal screening information (part of the Diabetics Project) has been translated into different community languages. (Bengali, Urdu, Punjabi & Hindi)			☑	Continue to monitor gaps in language provision for people from minority ethnic groups.
Translation of GP registration card for Asylum Seekers and Refugees in core languages. Instructions on how to take your medicine <ul style="list-style-type: none"> - The sexual abuse/assault clinic information - Rules of the doctors surgery - Rules of the dental surgery 			☑	Continue to ensure access to services for asylum seekers and refugees.
Translated information on family planning/ sexual health services available.			☑	Link to overall Patient Information Policy.
Trust Patient Information Policy to be developed to include guidance on translation.		☑		Review to take stock of current information for people from minority ethnic groups.
PERSONAL, RELIGIOUS AND SPIRITUAL CARE Training underway personal care needs of patients from minority ethnic groups including bereavement training and awareness of pastoral care services.		☑		Further targeting required for staff that work with patients and involved in personal care.
Trust Spiritual Care Policy developed.			☑	Ensure policy is disseminated to minority ethnic organisations.
Development of multi-faith working group to Trust Spiritual Care policy.			☑	Ensure wide representation from various faith communities on group.

ADVOCACY Advocacy service for black and minority ethnic communities commissioned through GGNHSB.			<input checked="" type="checkbox"/>	Continue to raise awareness of advocacy service provision within Trust, particularly mental health services.
CARERS Carer's information has been developed in both print and audio format for people from minority ethnic groups.			<input checked="" type="checkbox"/>	Evaluation of carers information; complete; results to inform development of translation policy.

4. HUMAN RESOURCES

Achievements	STATUS			Comments
	Lapse	In progress	Complete	
EQUAL OPPORTUNITIES				
Equal Opportunity Policy in place for organisation.			<input checked="" type="checkbox"/>	EOP to be revised to include new equality legislation.
Equal Opportunities Form (EOF) captures ethnicity of candidates and all applicants for posts within the organisation.			<input checked="" type="checkbox"/>	Information on staffing published. Greater need to ensure that EOF return rates remain high.
Revision of standard application form.		<input checked="" type="checkbox"/>		Contribute to revision of Standard Application Form (NHS Scotland).
Anti-discriminatory training given to all HR and Recruitment staff.			<input checked="" type="checkbox"/>	Ensure all new staff are given anti-discriminatory training.
PIN Guidelines have been adopted and being implemented, including Dignity at Work. HR policies available on staff intranet.			<input checked="" type="checkbox"/>	Monitor implementation of PIN guidelines.
RECRUITMENT				
Vacancies advertised in minority ethnic press.				Review suitability and targeting of wider minority ethnic groups.
Dissemination of vacancy list to minority ethnic organisations.			<input checked="" type="checkbox"/>	Continue to monitor rates of access to employment by black and minority ethnic groups
Attendance of recruitment at events involving minority ethnic communities, e.g. Glasgow Mela.			<input checked="" type="checkbox"/>	Continue to involve recruitment at high profile minority ethnic events/ festivals.
Regular work placement programme opportunities for black and minority ethnic students in place.			<input checked="" type="checkbox"/>	Establish partnership agreements with placement providers.
SPECIFIC DUTY IN EMPLOYMENT				
New database introduced to give data relating to: Current staff , Application for employment, Applicants for		<input checked="" type="checkbox"/>		Begin to assess information from database.

training, Applicants for Promotion, Grievances, Disciplinarys, Appraisal outcomes, Dismissals, Reasons for Leaving, Staff survey results have been published.				
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5. ORGANISATIONAL DEVELOPMENT AND TRAINING

Achievements	STATUS			Comments
	Lapse	In progress	Complete	
RACE EQUALITY TRAINING				
Various levels of training underway relating to Race Relations (Amendment) Act 2000 and Fair for All. Overall training plan produced, covering three main areas.		☐		Ensure training is developed in line with competences in line with the Knowledge and Skills Framework.
Patient Centred Training Training given to staff who work with patients focussing on personal, religious, spiritual, dietary, bereavement, death and dying practices and cross-cultural issues). Also includes epidemiological patterns of ill health in people from minority ethnic groups.		☐		Development of patient care fact sheets. Ensure validation through religious organisations and institutions.
Anti-discriminatory/ anti-racist training Commissioning of external trainers for delivery of Race Equality and anti-discriminatory training for managers across all Divisions.		☐		Look to secure funding for Race Equality/ Equality and Diversity trainer post for NHS GG. Continue to develop anti-discriminatory module as part of leadership programme.
Topic Based training Training sessions include -Recording ethnicity -Asylum Seeker/ Refugee Health Awareness -Protected Time Learning (LHCC's) -Operational Team Development		☐		Continue to develop topic based training programme to raise awareness of specific issues to staff.
Corporate Induction Race Equality awareness now part of Corporate Induction.			☐	Work to develop equality induction (gender, age, disability, race, religion, sexual orientation) module for new staff.
Recording of Ethnicity				
Introduction of new database to record ethnicity of training applicants		☐		Monitor training data to assess for adverse impact for employees from black and minority ethnic groups.

6. PROCUREMENT

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
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. Awaiting Scottish Health Care Supplies report on FFA/ RRAA

Partnership Working

Achievements	STATUS			Next steps
	Lapse	In progress	Complete	
Email newsletter and Race Equality website developed to support front line staff.		☑		Ensure web site is communicated through staff newsletters/ corporate briefings.
Development of pan Glasgow race equality training proposal.			☑	Explore partnerships required to facilitate programme.
Partnership work underway with Marie Curie Centre, Princess Royal Trust for Carers. Delivery of training as part of MSC Primary Care		☑		Continue to develop partnership programme between agencies.

Communications

Achievements	STATUS			Comments
	Lapse	In progress	Complete	
List of ethnic minority press organisations and media held by organisation.			☑	Monitor numbers of press releases sent to ethnic minority media/ press.
Race Equality issues communicated via Trust Newsletter and Corporate Briefings.		☑		Continue to include race equality issues as part of corporate briefings. Support MHDP to develop briefings/ articles on race equality.

South Glasgow
University Hospitals
NHS Trust



Updated Implementation Plan

Approved by the
Trust Equality & Diversity Steering Group
7th January 2004

Will be ratified by the Trust Management Group
21st January 2004

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

There has been no feedback on the plan or on the resources identified.

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

Trust 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 2003
Energising the Organisation	<ul style="list-style-type: none"> • 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 	<p style="text-align: center;">Nursing Nursing Nursing</p>	<p style="text-align: center;">July 2002 July 2002 July 2003</p>	<p style="text-align: center;">Complete Complete For ratification to Trust Management Group January 2004</p>
Demographics	<ul style="list-style-type: none"> • Census 2001 figures 	Operations & Performance	Nov. 2003	Figures received and work ongoing
Access and Service Delivery	<p>Health Record - identify patient needs i.e. Muslim</p> <p>Complaints - review access to complaints</p> <p>Consider wider distribution of Asylum project worker contacts i.e. help for discharge problems</p> <p>Cultural Training - review education material for Auxiliary nurses</p> <p>Training on Race Relations (Amendment) Act 2000 and Race Equality</p>	<p style="text-align: center;">Operations & Performance</p> <p style="text-align: center;">Head of Administration</p> <p style="text-align: center;">Nursing</p> <p style="text-align: center;">Nursing</p> <p style="text-align: center;">Nursing and Human Resources</p>	<p style="text-align: center;">Mar 2004</p> <p style="text-align: center;">Nov 2003</p> <p style="text-align: center;">Nov 2003</p> <p style="text-align: center;">Nov 2003</p> <p style="text-align: center;">Ongoing</p>	<p style="text-align: center;">Links with work being undertaken by Glasgow North</p> <p style="text-align: center;">Ongoing</p> <p style="text-align: center;">Settled without any further information being circulated</p> <p style="text-align: center;">Nurse Orientation Practical teaching session takes cognisance of cultural differences. Nursing Procedures are being cross referenced to the Religions and Cultures Manual Pilot of Race Equality and Religions and Cultures Training by GPCT been undertaken</p>

HDL(2002) 51 headings	Actions	Responsible Director / Manager	Time scale to achieve by	Achievements as at December 2003
Access and Service Delivery contd.	<p>Food Work towards CSBS Food, Fluid and Nutritional Care standards</p> <p>Appropriate diets e.g. for dysphagic patients</p> <p>Address needs of patients and reduce food being brought in by relatives</p> <p>Review needs of vegans/vegetarians as an alternative meal option</p>	<p>Nursing</p> <p>Nursing</p> <p>Nursing</p> <p>Nursing</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Interviewed 15 Muslim patients to gauge their viewpoint on ethnic meals provided. Issues highlighted. Pilot undertaken with new menu items and different supplier to ascertain if these will meet the identified needs. Positive results. Agreed menu items with Scottish Healthcare Supplies who are working with the Supplier to get a translated laminated menu for all hospitals to use. Still to arrange a meeting regarding the dissemination of information about authenticity of meals etc. Held 2 Patient Focus groups with Jewish patients. Valuable feedback has been provided to develop an action plan to address their food requirements. Patient Focus group may be held to address this. Discussions commenced.</p> <p>Links to work underway in the review of the provision of ethnic meals.</p> <p>More focus will be given to this group once Halal and Kosher meals are fully addressed.</p>
	<p>Religious Review if suitable places can be allocated for prayers, including visitors at clinics</p> <p>Review all wards to identify direction for prayer</p> <p>Make available Holy Festival Calendars in clinic areas</p>	<p>Nursing</p> <p>Nursing</p> <p>Nursing</p>	<p>Nov. 2003</p> <p>Nov. 2003</p> <p>Feb. 2003</p>	<p>The Spiritual Care in the NHS implementation group will undertake this remit.</p> <p>As above.</p> <p>Pilot of Calendars undertaken with various areas to assess what would be the most appropriate. Calendar used contained too much detail to be practical for clinic areas. Developing an alternative for 2004.</p>
	<p>Death Review processes at time of death i.e. body removal, death on holy day</p> <p>Review consent for post-mortem</p>	<p>Nursing</p> <p>Medical</p>	<p>Nov 2003</p> <p>Mar 2004</p>	<p>Religions and Cultures Manual section on death to be modified. Will be undertaken after visit of Quality Improvement Scotland on Post Mortem and Organ Retention Standards and receive report. Part of work by Post Mortem working group for Quality Improvement Scotland Standards</p>

HDL(2002) 51 headings	Actions	Responsible Director / Manager	Time scale to achieve by	Achievements as at December 2003	
Access and Service Delivery contd.	Freedom from infection details translated Consider the provision of Bereavement Counselling	Nursing Nursing	Mar 2004 Nov 2004		
	Information Review translated patient information needs for various wards and departments Review regulation signage for translation requirements Review hospital signs for access Develop a translated information policy that could be applied to many aspects of Trust, e.g. medicine management, complaints process, patient information	Nursing Nursing Nursing Nursing	Ongoing Nov. 2003 Nov. 2003 Mar 2004	Ongoing Finances not available. Finances not available. Ongoing	
	Interpreting Review areas that could benefit from telephone interpreting Review languages required, i.e. e.g. need for Gaelic Monitor interpreting usage Co-ordinate problems with the NHS Greater Glasgow working group Review input into interpreters training regarding vocabulary used Address imbalance in the availability of interpreters - difficulty accessing one at the weekend - consider displaying a poster advertising we use the interpreting service Consent – use interpreter to ensure this happens. Include in new consent policy	Nursing Nursing Nursing Nursing Nursing Nursing Nursing Nursing Medical	Nov 2003 Mar 2004 Ongoing Ongoing Nov 2003 Ongoing Ongoing Nov 2003 Nov. 2002	Ongoing - audit being conducted on pilot, (includes A&E at Victoria Infirmary), work by NHS GG working group. Need for Gaelic not relevant. Review ongoing by Glasgow Interpreting Service Ongoing Ongoing Discussion ongoing by NHS GG Interpreting working group Ongoing - being led by Glasgow Interpreting Service the main provider As above Ongoing work by NHS GG working group Complete	
	Advocacy Services Consult on Draft Advocacy policy and procedures Disseminate through out the Trust Provide Training	Nursing Nursing Nursing	June 2003 August 2003 Nov 2003	Consultation completed end September 2003. Appropriate changes made and pertinent people being consulted again. Complete January 2004.	
	Human Resources	Recruitment and Selection Person Specifications Training for Interviewers	Human Resources Human Resources	Nov 2003 Nov 2003	Not yet achieved Not yet achieved

HDL(2002) 51 headings	Actions	Responsible Director / Manager	Time scale to achieve by	Achievements as at December 2003
Human Resources contd.	<p>Monitoring Success Rates and Recruitment Data</p> <p>Advertising</p> <p>Ensuring Equal Access and Uptake of Development Opportunities</p> <p>Monitoring and evaluation of Trust Policies and Procedures</p> <p>Establishing Workforce Information</p> <p>Employment Partnerships</p>	<p>Human Resources</p> <p>Human Resources</p> <p>Human Resources</p> <p>Human Resources</p> <p>Human Resources</p> <p>Human Resources</p>	<p>Nov 2004</p> <p>Nov 2003</p> <p>Nov 2004</p> <p>Nov 2004</p> <p>Nov 2003</p> <p>Ongoing</p>	<p>New recruitment system in place (MARGE) with facility to record success rates of candidates from different ethnic backgrounds at all stages of the procedure. Internal collation and reporting systems to be established.</p> <p>Distribution list including all ethnic and community groups to be created</p> <p>Form drafted – system to be implemented</p> <p>Ongoing</p> <p>New workforce information system includes facility to input ethnic origin of staff and retrieve reports on ethnic profile of the organisation</p> <p>Draft staff census form to be issued to existing staff in order to capture ethnic origin and new start documentation to be reviewed</p> <p>Need to develop and agree internal reporting systems and procedures to ensure full compliance with other reporting duties e.g. numbers of disciplinary and grievance's by ethnic group</p> <p>Ongoing</p>
Community Mechanisms	<p>Clarify with Ethnic Minority Community Representatives or ethnic minority groups:</p> <p>Why antenatal classes are poorly attended by Asian ladies</p> <p>Why Asian patients do not attend appointments</p> <p>What ethnic minority communities understand Accident & Emergency is</p> <p>The need for ethnic minorities to tell us information to assist us in our delivery</p>	<p>Nursing</p> <p>Nursing</p> <p>Nursing</p> <p>Nursing</p>	<p>Nov 2003</p> <p>Nov 2003</p> <p>Nov 2003</p> <p>Nov 2003</p>	<p>Consideration being given on how best to gain patient views.</p> <p>Highlighted on Asian Radio that we need to know if patients are not going to attend appointments.</p> <p>Work ongoing</p> <p>Highlighted on Asian Radio on programme January 2003</p>



**NORTH GLASGOW HOSPITALS
UNIVERSITY NHS TRUST**

**RACE EQUALITY SCHEME/
ACTION PLAN**

Update December 2003

RACE EQUALITY SCHEME / ACTION PLAN

Updated December 2003.

OBJECTIVE	PLAN	TIMESCALE	STATUS	UPDATE / COMMENTS
♦ Promote Equal Opportunities	♦ Review and implement a single equal opportunities policy for the Trust.	March 2003	✓	Policy agreed.
	♦ Publish policy to all staff and ensure appropriate staff training.		✓	HR Policy folders will be available by December 2003.
	♦ Publish policy on electronic noticeboard and Trust 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.	March 2004		It has been agreed that the Payroll System should hold this data for existing employees. Empower will routinely capture data for new recruits.
	♦ Undertake a data capture exercise of existing staff.		Survey in Jan 2004	A questionnaire to capture this data has been agreed with staff partners.
	♦ Analyse and report on ethnic staffing levels within the organisation.			The survey will inform this.
	♦ 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. This has also been discussed locally with Divisional HR Managers.
♦ Recruitment and Retention	♦ Review recruitment-advertising strategy to ensure ethnic minority communities within our catchment area are reached.	March 2004	✓	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.
	♦ 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.	March 2004	Ongoing	Follow on from staff survey planned.

RACE EQUALITY SCHEME / ACTION PLAN

Updated December 2003.

♦ Training and Development cont.	♦ 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. Included in N&M Strategy Day and newsletter.
	♦ Through corporate and local induction, promote Trust policy on equal opportunities and the Race Equality Scheme.		Ongoing	Plan to integrate Race Equality into the corporate induction programme being pursued.
	♦ Ensure specific training, education and development programmes address ethnic minority issues, e.g. recruitment, grievance, PDP.		Ongoing	Training are ensuring that this is being addressed within all training programmes.
	♦ Develop specific programmes to assist in the implementation of the Race Equality Scheme, e.g. Information Services.		Ongoing	Survey and focus group work being progressed to identify key indicators for culturally competent service. (Gynaecology). Cardiac Division – NOF project. Clinical Services and other Divisions reviewing patient information. Religion and Cultures Information for staff developed. Beatson included in patient questionnaire.
♦ 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.	March 2003	✓	Policy launched and circulated.
	♦ Publish and promote policy within the workforce.		✓	Publicity events to communicate policies undertaken.
	♦ Monitor implementation of the policy.		✓	HR will monitor this as part of Division Staff Governance monitoring plans.
♦ Energising the Organisation	♦ Publish RES.	November 2002	✓	Published.
	♦ Agree Executive Leadership.		✓	Director of Nursing M C Smith.

RACE EQUALITY SCHEME / ACTION PLAN

Updated December 2003.

	<ul style="list-style-type: none"> Review and agree Action Plan with Sub-Group of Minority Ethnic Communities. 	November 2002 December 2002	✓	Trust Race Equality Group established with representatives from all Divisions. List of Race Equality Group members attached. Action Plan agreed.
◆ Demographics	<ul style="list-style-type: none"> Update analysis of demographic information. 	March 2003 March 2004		National Census data circulated.
	<ul style="list-style-type: none"> Agree action plan for routine coding of ethnic groups. 			ISD are progressing this nationally. Local data collection planned.
	<ul style="list-style-type: none"> Implement proposal for review of how well gynaecological services are meeting the needs of women from minority ethnic communities. 		x5	Gynaecology Report on survey and focus groups completed. Collaboration with Dr Gardee and local BEM planned.
◆ Access and Service Delivery	<ul style="list-style-type: none"> Update Information Strategy for patients from ethnic minorities. 	March 2003 March 2003	Ongoing	Clinical Services – Outpatients reviewing generic leaflets. Best practice examples being sought from other areas.
	<ul style="list-style-type: none"> Review Facilities/Estates Support Audit for all sites. 	March 2004	Ongoing	Signage. Catering. Spiritual needs and interpreting services being reviewed by Site Managers. Lead Ian Crawford.
	<ul style="list-style-type: none"> Develop and implement an Impact Assessment and Monitoring framework. 			Framework developed with CRE presented at ABSP Group for use.
◆ Community Development	<ul style="list-style-type: none"> Agree Public Involvement Strategy which involves ethnic minority groups. 	March 2003 March 2003 March 2004		Integral to Patient and Public Participation Plan for Trust.
	<ul style="list-style-type: none"> Review Volunteering Strategy to include ethnic minority groups. 			Being taken forward within Volunteering Group.
	<ul style="list-style-type: none"> Review plans for existing groups (homelessness, refugees, asylum seekers, advocacy, carers, addictions). 			Asylum seeker and refugees strategy for Glasgow being developed. Health and Social Care NGT represented in Group by Mary McGinley.

RACE EQUALITY SCHEME / ACTION PLAN

Updated December 2003.

	<ul style="list-style-type: none">◆ 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.
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YORKHILL HOSPITALS NHS TRUST

FAIR FOR ALL RACE EQUALITY SCHEME/ ACTION PLAN

YORKHILL NHS TRUST

ACTIVITY	TASK	PRIORITY	EVIDENCE	TARGET
Strategic Management and Leadership				
Executive Leadership	Ensuring senior commitment to equality.	FFA	<ul style="list-style-type: none"> • 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. 	<p>Completed</p> <p>Completed December 2003</p>
	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	<p>Statement included in the RES demonstrates the organisations commitment.</p> <p>Board members and staff representatives understand their responsibilities under FFA and RRA and they see evidence that the Action Plan is achieving its targets.</p>	<p>Completed December 2002</p> <p>Bi-annually reports to Trust Board and Partnership Forum.</p>
	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 2004
	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.		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.	December 2005 On-going
	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.		Information will be available on patient population by ethnic origin and on-going monitoring will indicate trends.	First report available March 2004 and bi-annually thereafter
	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 <u>may</u> indicate inequality of access to our services or a particular disease/ problem area.		Census information now available, to be matched with exercise in 3 above once available. Results to be made publicly available and discussed widely as part of the consultation process.	March 2004
	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.	July 2004 and on-going
	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.	July 2004
	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: <ul style="list-style-type: none"> • 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.	Autumn 2004

ACTIVITY	TASK	PRIORITY	EVIDENCE	TARGET
Access and Service Delivery				
Review Service Access	<p>1. Using currently available information conduct an interim review (pending more detailed assessment) of the ethnic minority users to the following services:</p> <ul style="list-style-type: none"> • 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.	Summer 2004
	<p>2. Draw up and adopt a policy to ensure that where appropriate each patient has a choice of the gender of health professional.</p>		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.
	<p>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,</p>		<p>Following a review of this aspect of service provision, evidence will be sought to answer the following questions:</p> <p>a) Are patients and families satisfied that religious and cultural needs are met.</p> <p>b) Do staff feel they have access to the relevant information and have sufficient understanding to offer relevant support.</p>	Summer 2004
	<p>Catering funds have been made available for visits to other healthcare organisations who provide high quality, culturally sensitive catering.</p>		<p>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.</p>	February 2004 (monitoring 6 monthly thereafter).
	<p><u>New Service Development</u> Develop process for assessing impact on BEM users of proposed developments and thus mainstreaming needs.</p>		<p>The Trust can demonstrate a robust procedure for assessment of new service development.</p>	Autumn 2004
	<p><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.</p> <p>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.</p>		<p>The information available to patients and families remains pertinent, culturally sensitive and provided in an acceptable range of formats.</p>	February 2004

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: <ul style="list-style-type: none"> • 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.	Completed December 2003
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.	Statistics/ monitoring set up complete. On-going development of consultation process with existing staff.
3. Employment Issues	A pan Glasgow group will review employment issues common to all, including positive action if appropriate.		The organisations' attract good candidates from all BEM communities.	On-going
4. Staff Development	Initially training is planned as follows: <ul style="list-style-type: none"> • 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. 		<ul style="list-style-type: none"> • 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. More courses are scheduled. • Within Yorkhill, training is being planned for Executives and General Managers and due to be undertaken shortly. 	November 2003 and on-going

ACTIVITY	TASK	PRIORITY	EVIDENCE	TARGET
Community Involvement and Community Development				
Raising Awareness	<p>Awareness will be raised by:</p> <ul style="list-style-type: none"> • Sharing our action plan. • Seeking support to deliver our action plan. • Informing partners about our general and specific duties. 	FFA	<p><u>a) Internal</u></p> <p>The RES and Action Plan is published on the intranet, along with a questionnaire inviting comment.</p> <p>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.</p> <p>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.</p> <p><u>b) External</u></p> <ul style="list-style-type: none"> • 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. 	<p>Completed</p> <p>January 2004</p> <p>October 2003 and on-going</p>
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	<p>Current arrangement include:</p> <ol style="list-style-type: none"> 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	<ul style="list-style-type: none"> • 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	<p>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.</p> <ul style="list-style-type: none"> • 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	<p>The Trust will inform partner organisations that it intends to work in line with the principles of the general duty to promote race equality.</p> <p>Staff involved in partnership work have been fully briefed on the Trust's public duty.</p> <p>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.</p>	<p>On-going</p> <p>Complete</p>