

RACE EQUALITY SCHEME

2005 - 2008

LEEDS TEACHING HOSPITALS NHS TRUST
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MAY 2005- APRIL 2008

Purpose Of the Race Equality Scheme (RES)

It is a statutory requirement under the Race Relations (amendment) Act 2000 for all public authorities to develop and implement a Race Equality Scheme (RES). Its purpose is to set out how public authorities will meet the **statutory general duty to eliminate unlawful racial discrimination and promote equality of opportunity and good relations between people of different racial groups**. As a public authority Leeds Teaching Hospitals NHS Trust (the Trust) must meet this requirement.

The Race Relations (amendment) Act 2000 also imposes a number of statutory specific duties. The purpose of these specific duties is to assist public authorities in achieving the general duty as set out above. This RES sets out our values, principles and strategic aims and the arrangements that the Leeds Teaching Hospitals Trust (the Trust) will make to meet its specific and general duties under the act.

The Trust incorporates several different hospitals and all these are covered by the RES. They are The Leeds General Infirmary, St James University Hospital, Cookridge Hospital, Chapel Alerton Hospital, Wharfedale General Hospital, Seacroft Hospital, The Dental Hospital, Leeds Chest Clinic. Community Midwifery Services are also provided from clinic bases around the city. The Trust is increasingly involved in the provision of elements of its services closer to the community e.g. The eye clinics at the South Leeds Clinic, the Renal Services satellite units. The Trust RES incorporates all the Trust's functions wherever they are carried out.

Values And Principles

The Trust serves a very diverse population with a rich and varied cultural and religious heritage drawn not only from Leeds but also from the West Yorkshire region and beyond. Leeds and many of the cities and towns in its catchment area have large well established ethnic minority populations as well as more recently arriving communities of asylum seekers and refugees.

The Trust values this diversity in both its staff and service users and is committed to providing a work force that reflects this diversity and to delivering patient centred services, which meet individual needs.

Ensuring that race equality is integrated into the Trusts core business is fundamental to our approach in this new RES. We believe that to be effective we must move away from a project based approach and work to embed race equality as part of the mainstream work of the Trust.

Policies and strategies which support our approach to the RES are our Equal Opportunities policy, Recruitment and Selection guidance, Equality and Diversity Strategy, Quality Strategy, Patient and Public Involvement Strategy, Challenging Harassment policy and Principles to guide service planning.

Strategic Aims

In implementing its RES the Trust aims:

1. To integrate race equality into the Trust's mainstream business
2. To create a climate in which racial discrimination is unacceptable and good race relations will flourish
3. To develop a workforce which is at least as diverse as the population it serves at all levels of the organisation, and which affords genuine equality of opportunity for development and promotion.
4. To ensure that in carrying out its functions none of its staff or service users is disadvantaged because of their race, ethnic/language/religious group or cultural background.

This will be achieved through the action plan, which will result in the development and implementation of culturally competent practices and procedures. The process will be supported by the implementation of the specific duties

Arrangements For Carrying Out The Specific Duties

1. Assess functions and policies for relevance

As part of its statutory duties the Trust is required to identify all its functions¹ and policies² and assess their relevance³ to the general duty. Our previous scheme listed only the overarching functions but for this scheme we have broken them down into more detail in order to provide a better focus for review and impact assessment.

A list of Functions and Policies is included at Appendix A

2. Monitoring policy impact

This means monitoring the practice resulting from policies and guidance to assess whether there is an adverse effect on race equality.

The accurate and efficient recording of the ethnic group of staff and the ethnic group, religion and the language of individual outpatients and inpatients is fundamental to this process.

During the previous RES we took steps to improve ethnic group data collection including issuing guidance on why the data is important and how to collect it. Training was also provided for staff. However patient ethnic group data quality still needs significant improvement and it will be addressed as a priority in this RES. An

¹ 'functions' means the full range of duties and powers both statutory and non-statutory and internal and external and includes e.g. policy/planning, employment and service delivery.

² 'policies' means procedures, practices and decision making which may not be written down but have become custom and practice as well as written policies and protocols. National policies must be included and assessed for local impact

³ 'relevant' means 'having implications for or affecting' race equality.

important step will be the monitoring of this data collection as part of our new performance management framework.

We will continue to build on and develop the equality impact assessment work that we began in our last RES.

Our aim is to establish for both employment and service delivery:

- The effect of how we deliver our functions and policies on different groups
- Any differences in effect on different racial groups
- Whether the differences constitute an adverse impact
- Possible causes/reasons for the differences
- Whether the causes constitute unjustifiable discrimination

We will then work to ensure that any necessary steps are taken to revise the policy or change practice or both.

A new system for the electronic recording of patient data was established in the last year of the previous RES. The inevitable teething problems have now been resolved which should make the recording of the data easier. It was intended to have implemented the new system for the electronic recording of staff data during the last scheme. However due to delays this will not be in place until the end of October 2005. Once finalised this will significantly improve the infrastructure for the collection and analysis of staff ethnic group data.

3. Assess and consult on proposed new policies

As this RES begins we are reviewing the whole process for the production and dissemination of Trust policies. This work will incorporate the statutory requirement to consult on new policies and to assess their impact on race equality

We have contributed to the development of a Leeds framework for the consultation and involvement of patients/public from black and minority ethnic communities. This has been disseminated to staff and is available on the Trust intranet. During the life of this RES we will continue to work to support its implementation as part of our patient and public involvement work.

We have also recently invited staff to participate in a diversity reference group and this will be a key element in involving BME staff in shaping Trust policies

Consultation methods to include:

- Feedback from individual patients
- Improving communication with ethnic minority community groups, voluntary sector and representatives when major changes are under consideration.
- Circulating written information for comment (translated or on audio tape if appropriate).
- Holding focus groups with the assistance of local community groups (using interpreters as necessary).
- Using local community radio/newspapers to give information and elicit feedback.
- Consulting with ethnic minority staff employed by the Trust

This will be especially important in the “Making Leeds Better” project. This is a major new project which will have a far reaching impact on how Health services are delivered not just in the Trust but in the whole of Leeds. It is building patient and public involvement in at all stages of the process and we will need to take steps to ensure that people from BME groups are fully included.

4. Publish results of consultations and assessments

Our Patient and Public Involvement strategy and associated guidance highlights the need for feedback to people who have been involved in helping us to evaluate and shape what we do. However we need to have a more systematic approach.

During the life of this scheme we will do more work on making this a reality and developing clear well understood systems for giving feedback that are inclusive of people from BME groups. As a minimum the outcome of any major assessments and consultations will be reported in the Trust’s annual report as part of the report on the progress of the RES but other methods will be developed and it will be important to work with our newly formed communications department to achieve this.

5. Access to services and information

The Trust’s Equality and Diversity Strategy makes it clear that all Trust services should be accessible to people irrespective of ethnic origin, race, religion etc.

In principle any information available to English speaking people should also be available to people for whom English is not the first language. This applies to information about the Trust (e.g. about coming into hospital as an inpatient), information about treatment or after care, and any other information necessary for people to make full use of the Trust’s services.

Patient information

The Trust has issued guidance on the production of patient information about treatment, including translated materials and the use of alternative formats. Our policy on the production of patient information includes the need for culturally appropriate information in the most relevant formats. However we need to be clearer about how we involve different BME groups in the production of patient information and during the life of this scheme we will work to ensure a wider involvement.

Interpreters

Spoken language interpreters are a key element in the Trust’s approach to the provision of access to services for patients from ethnic minorities and are likely to remain so for the foreseeable future.

During the last RES we secured the funding for the interpreting service and the number of languages provided and the number of sessions delivered has continued to increase. Guidance and protocols for the use of the service have been provided for staff and we have contributed to the city wide interpreting group and the development of a citywide NHS interpreting strategy. We will continue to develop

and promote the service and to work with staff to help them to make the best use of interpreters.

Service planning and delivery

Our approach in this RES is to work towards the mainstreaming of race equality rather than seeing it as a specialist, add on function.

Our equality impact assessment work is fundamental to ensuring high quality services. The process has been piloted and carrying out equality impact assessments is part of the new performance management framework. CMTs performance in this area will be reported regularly and corporate support will be available where CMTs experience difficulties or problems.

Our CMTs will be supported to develop processes for using ethnic monitoring data to monitor the uptake of services and in the service planning process. (See also no. 2 'Monitoring Policy Impact' above)

Procedures will be put in place where necessary to ensure that ethnic group data along with details of patients' religion and language are transferred to paper records and thus made readily available to staff working directly with patients.

Service Standards

Guidance has been issued to all wards and departments which outlines good practice in working with patients from BME groups.

New standards "Standards For Better Health" have been developed by the Department of Health and these standards came into force from April 2005. Assessment against these standards will be a key factor in the rating that is awarded to the Trust by the Healthcare Commission. These standards explicitly require that service provision takes into account different cultural and religious needs and that information both written and verbal is provided in ways that can be understood by individual patients. All CMTs will be monitored on their achievement of these standards and corporate support will be provided to help them to address any difficulties

Information has also been produced to guide staff when they are undertaking impact assessments and these assessments will continue throughout the life of this RES.

6. Staff Training

If the Trust is to be successful in implementing the RES it will need to ensure that staff are properly informed and trained in order to fulfil their responsibilities. Cultural Diversity Training has been available throughout the life of the previous RES but uptake has been disappointing.

In recognition of the importance given to training, we have recently established a specific training and development post for equality and diversity. It is hoped to have someone in post by September 2005.

We intend to shift the focus of training to ensure that all staff are clear about their specific responsibilities in relation to race equality and to target training at key staff who are in a position to influence others. However, in keeping with our intention to mainstream race equality we will continue our work to integrate race equality into all our training. This will be a key task to be supported by the new post.

As this RES begins, the internal audit department is undertaking an audit of a sample of wards and departments to give an indication of staff knowledge of key issues in relation to diversity including race equality. This will help to inform the need for training and information

Early in the life of this RES we will develop an equality and diversity training plan for the Trust the implementation of which will be the responsibility of the new training and development officer.

7. Employment

The Trust collects ethnic group data on all job applicants. It will continue to develop corporate procedures for the collection, analysis and use of this data in workforce planning and in assessing impact on race equality.

This includes evaluating data from:

- Recruitment and selection (including internal promotions)
- Access to training
- Disciplinary and Grievance numbers
- Access to appraisals
- Harassment
- Dismissal

Where the analysis shows differences between racial groups, the Trust will assess whether these differences constitute unlawful discrimination and will take steps to remedy any negative impact.

Where employment policies need to be changed, the Trust will ensure that staff are made aware of changes and the reasons for them, and are provided with the necessary skills and knowledge to put them into practice.

Results from the above will be published in the Trust's annual report and as required throughout the year

Procurement

Staff responsible for procurement have been briefed about the legal requirements and been provided with summaries of the necessary processes. Staff from the Supplies department attended a national work shop explaining the requirements. The Trust supplies department is leading on this work and will continue to ensure compliance during the life of this RES.

Structure For Delivery

There are two Directors with the executive lead for equality and diversity work. The Director of Human Resources has the Board level responsibility for Employment

issues and the Chief Nurse has the Board level responsibility for service delivery issues.

There is a small Diversity Action Group which leads the work co chaired by the Director of Human Resources and The Chief Nurse and there are sub groups dealing with services, employment and facilities.

Attempts during the previous scheme to re establish the ethnic minorities advisory group was not successful. Work is ongoing and will continue as part of this race equality scheme to find the most effective way of involving people from BME communities.

A staff reference group has recently been established

However there have been significant structural changes in the Trust and there is a need to review this structure.

Our Clinical Management Teams are central to the successful delivery of race equality and are a key focus of our work to integrate it into mainstream Trust activity

Action Planning

The action plan will build on our previous RES. During the life of that scheme the Trust underwent reorganisation and more recently a review of Headquarters functions led to further significant changes.

The work has not progressed as well as we would have wanted. In the past equality and diversity has often been seen as a specialist area which has depended on the commitment of a few individuals and a project based approach. However we recognise that this approach will never make race equality a reality. Our new approach has shifted to firmly put race equality into the mainstream so that it will become “just” a part of what we do. This is a huge challenge for any organisation but it is especially so for a Trust of the size and complexity as ours which is facing major changes.

In addition to the structural changes there are far reaching plans in development which will affect the way that healthcare is delivered not only in our Trust but across the whole healthcare community of Leeds and beyond. These include the “Making Leeds Better” initiative. This involves the building of a new Children’s and Maternity hospital on the St James’ Hospital site and a major reconfiguration of adult services which will include acute bed reductions and a shift of services into the community closer to where people live.

The oncology (cancer) wing project has reached a new phase with a new project board about to be established to oversee the building process and the patient pathway work.

These initiatives will have a significant impact on both how the Trust delivers many of its functions and on the way in which services are delivered to patients. Nevertheless

we are determined that we will speed up the process of integrating race equality and will use the opportunities presented by the new developments to help in the development of good practice.

The steps we have already taken towards meeting the general duty are attached at Appendix B

The action plan which will not be a static document but will change and develop during the life of the RES is attached at Appendix C