

RACE EQUALITY SCHEME ACTION PLAN 2005 – 2008

Section 1: Assessing functions and policies for relevance to meeting the General Duty¹

Functions/Policies	Assessment	Named lead	Planned actions
PUBLIC HEALTH		DPH	See Section 10
Needs Assessment	H		
Health Protection	M		
Health Promotion	H		
PH Intelligence	H		
Inequalities	H		
LSP	M		
Crime and Disorder	M		
R&D	M		
Clinical Effectiveness	M		
Voluntary Sector	M		
Screening	H		
	M		
FINANCE		Director of Finance	See Section 11
Financial Management	L		
Standing Financial Instructions and Financial Governance	L		
Financial Risk Management	L		
Resource Allocation	L		
IM&T	L		
Estates	L		
Contracting (and Service Level Agreements)	L		
Out of Area Treatments	M		
	L		
SERVICE DELIVERY		Director of Service Delivery	See Section 9
Service Strategy (informed by NSFs)	H		
Commissioning (including Practice Based Commissioning) and Interventions Not Normally Funded	H		
Primary Care Development (all 4 professionals) including Out of Hours	M		
Local Delivery Plan and Business Planning	H		
Managing Provider Services (including Heart Failure, Registered Nursing Care Contribution, Continuing Health Care)	L		
Choice	L		
Demand Management	L		
NSF Leadership	M		
Medicines Management	L		

Section 2: Arrangements for assessing and consulting on the likely impact of proposed policies on the promotion of race equality

Process/actions	Expected Outcomes	Named Lead	Timescale
<p>Each executive director has primary responsible for ensuring that all new policies and strategies developed by his/her directorate are assessed with respect to their likely impact on the promotion of race equality.</p> <p>This will include responsibility for consultation, where appropriate, with key stakeholders internally and externally e.g. BME staff and patients.</p> <p>The results of this directorate assessment will be submitted to the Race Equality Action Group for review and endorsement.</p> <p>In the case of formal new policies, these will not be submitted to the Board for approval until review by the Race Equality Action Group has been concluded.</p>	<p>All new policies and strategies are routinely and formally assessed, including, when appropriate, consultation with stakeholders.</p> <p>Such assessment is embedded in every directorate.</p> <p>There is quality control and monitoring of the review process on behalf of the board by the Race Equality Action Group.</p> <p>Records kept of how many staff/members of the public/BME groups comment/criticise or compliment the PCT on its policy.</p>	<p>Executive Director with lead responsibility for race equality.</p>	<p>Process to be actioned by all directorates with effect from 1st June 2005</p>

Section 3: Monitoring policies for any adverse impact on the promotion of race equality

Process	Expected Outcomes	Named Lead	Timescale
<p>Each executive director is responsible for monitoring, at least annually, whether there is any adverse impact of the functions and policies for which his/her directorate is responsible on race equality.</p> <p>For this purpose s/he will use the PCTs checklist for Assessing and prioritising PCT policies and functions.</p> <p>Each directorate will report to the Race Equality Action Group the results of its monitoring and actions taken to address any examples of adverse impact of the directorates' functions and policies on race equality.</p> <p>The Race Equality Action Group will report on the monitoring of adverse impact on race equality and actions taken to the board on an annual basis.</p>	<p>Established functions and policies are regularly reviewed and corrective action taken as necessary.</p> <p>The Board and public are assured that race equality is actively pursued by the PCT.</p>	<p>Executive Director with lead responsibility for race equality.</p>	<p>Process to be initiated by all directorates from 1st June 2005 with first annual report to the board by 1st June 2006.</p>

Section 4: Arrangements for publishing assessment, consultation and monitoring reports.

Process/actions	Expected Outcomes	Named Lead	Timescale
<p>PPI arrangements:</p> <p>Set out how diverse and changing local communities are involved in:</p> <ul style="list-style-type: none"> - Baseline assessment - Policy development - Action Planning - Review of progress <p>Include local Compact arrangements with ethnic minority voluntary organisations.</p> <p>Identify potential exclusion of ethnic minority groups as well as increased involvement and the effect of that involvement taking account of eg gender, age and other dimensions.</p> <p>Reports include updates on progress in engagement and involvement of ethnic minority people.</p> <p>The PCT:</p> <p>Sets criteria, standards and targets for race equality in partnership with local people.</p> <p>Provides training and support to staff to undertake PPI with ethnic minority groups.</p> <p>Sets objectives and takes action to widen involvement of all ethnic groups and actively uses all mechanisms available (eg PALS, Patients' Forums, User Groups, complaints) on race equality.</p> <p>Uses information from PPI work to improve services.</p> <p>Ensures progress reports are available in a "user friendly" way in different formats etc.</p>	<p>Local people from all ethnic groups know what is available from local health services</p> <p>Local people from all ethnic groups have similar levels of satisfaction with services and consider that services work with their needs in mind</p> <p>Local people from all ethnic groups know about and actively use opportunities available to influence the development, delivery and monitoring of health services</p> <p>The PCT PPI Forum (under the leadership of the Director of Clinical Development) ensure these outcomes are embedded in their ways of working (e.g. Terms of Reference) and monitor achievement of the outcomes through feedback from BME Groups.</p>	<p>Director of Performance & Corporate Development</p> <p style="text-align: center;">(but responsibility of all Directors)</p> <p>Director of Clinical Development</p>	<p>Ongoing 2005/06</p>

Process/actions	Expected Outcomes	Named Lead	Timescale
<p>There is:</p> <p>Increasing public confidence in the organisation across all ethnic groups.</p> <p>Increasing involvement of all ethnic groups in planning, priority setting and service provision.</p> <p>The PCT:</p> <p>Actively builds capacity of local organisations to themselves engage and encourage participation of ethnic minorities.</p> <p>Is seen to welcome and respond to participation of all ethnic groups in service planning, delivery and monitoring.</p>	<p>Board level/Non-Executive/oversight of progress on action plan.</p>		<p>Ongoing 2005/06</p>

Section 5: Arrangements for making sure the public have access to information and services.

Process/actions	Expected Outcomes	Named Lead	Timescale
<p>Promotes and provides information on services by various methods and in relevant languages for their community</p> <p>Commissions language support services according to needs (regularly reviewed), sets and monitors standards and takes action on findings.</p> <p>Reports to the Board on consultations and findings of monitoring and assessment of impact of policies and functions on racial equality.</p> <p>Ensures reports are available to employees and the public in a “user friendly” way.</p> <p>Demonstrates its complaints/ compliments system is accessible to all groups.</p>	<ul style="list-style-type: none"> • Information released is reviewed to ensure provided in different languages • Language support and translation services available for service users and for requests for information/reports • At least annual report to the Board on impact of policies and functions in racial equality. <p>All sections of the community find the complaints system transparent and straightforward to use and find that concerns appropriately addressed.</p>	<p>Director of Performance & Corporate Development</p>	<p>Ongoing 2005/06</p>

Section 6: Arrangements for Training Staff

Process/actions	Expected Outcomes	Named Lead	Timescale
<p>The Board</p> <ul style="list-style-type: none"> - is trained on their duties under the RR(A)A 2000 - receives progress reports and reviews plans on legally required aspects at least annually - takes action on underperformance - includes race equality as part of its own/the PEC's development plans <p>All staff are trained on their rights and responsibilities under the RR(A)A.</p>	<p>All Non-Executive Directors and staff at all levels are aware of the nature and the impact of institutional racism and know how to confront and challenge its manifestations.</p> <ul style="list-style-type: none"> • Produce proposal for delivery of awareness training for Board and Senior Managers, together with 'cascade' approach for PCT staff. • Delivered through staff induction. • Plan to review all internally delivered training programmes to ensure they are delivered in a balanced way and integrate requirements of race equality/diversity under RR(A)A legislation. 	<p>Director of HR/OD</p>	<p>31st May 05</p>

Section 7: Employment Duties

Process/actions	Expected Outcomes	Named Lead	Timescale
<p>The organisation has:</p> <p>Made arrangements to meet the employment duty of the RR(A)A;</p> <p>Sets targets to improve accuracy and completeness of ethnicity monitoring of:</p> <ul style="list-style-type: none"> - staff in post - applicants for employment, training and promotion - staff receiving training; benefiting or experiencing detriment as a result of performance assessment procedures; involved in grievance or the subject of disciplinary procedures and who cease employment. <p>Made arrangements to:</p> <ul style="list-style-type: none"> - review findings of monitoring and take necessary action. - public an annual monitoring report. <p>Works closely with its WDC on creative approaches to promote race equality and eliminate racial discrimination.</p> <p>Links its race equality workforce requirements;</p> <ul style="list-style-type: none"> - Improving Working Lives (especially Objective 1 of the HR Performance Framework) - Working Together (Objective 2 of the HR PF) - The Vital Connection - Investors in People in particular 	<p>Staff of all ethnic backgrounds experience the organisation as a fair and rewarding place to work and want to stay <i>Monitored through the staff survey</i></p> <p>Staff in all services, directorates and partnerships actively promote race equality and good race relations in their work and are confident in their ability to challenge racism <i>Monitored through level of complaints/internal performance management issues.</i></p> <p>Staff reflect the community they serve at all levels in the organisation <i>No plans to set specific targets. The PCT monitors levels through workforce information and recruitment activity trends. Currently insufficient qualified applicants (73% of PCT staff professionally qualified) to ensure that the workforce profile reflects the local population within Gloucester. Have registered concerns with the SHA/WDC over the need for ethnic minority quotas to be applied to University Educational Contracts for pre-registration students.</i></p> <p>Recruitment rounds lead to ethnic minority candidates gaining jobs at all levels and in all areas of the trust's activities</p> <p>Niche targeting at recruitment events in place (joint venture with Community Counts). Similar re media advertising. Outcome analysis of initiatives further planned. Level of success likely to be limited to A&C recruitment for reasons outlined above.</p>	<p>Director of HR/OD</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Process/actions	Expected Outcomes	Named Lead	Timescale
<p>Staff are involved at all levels to promote race equality at work eg through supported ethnic minority staff networks, confidential reporting arrangements,</p> <p>Local community and voluntary groups increasingly participate in recruitment, induction and professional development of staff.</p> <p>Staff turnover, sickness levels, early retirement, grievances, etc are low or reducing, as are any discrepancies between different ethnic groups.</p>	<p><i>IWL, Recruitment monitoring, Policies and Procedures. BME Mentor Scheme – 1 mentor and 1 mentee participated</i></p> <p><i>Links to local BME groups and where appropriate specific advertising to encourage BME applicants</i></p>	<p>AGW/WDC</p>	<p>Ongoing</p>

Section 9: Strategy and Services

Process/actions	Expected Outcomes	Named Lead	Timescale
<p>The organisation:</p> <p>Deals promptly with complaints of racial discrimination.</p> <p>Sets objectives for race equality for managers and teams and reviews them regularly.</p> <p>Sets targets for race equality in access and quality of services, e.g as part of service redesign and modernisation.</p> <p>Measures achievement of NHS priority performance/target areas by ethnicity.</p> <p>Takes action on findings from monitoring and assessment and tracks progress over time.</p> <p>All staff across all service areas are involved to some extent in reviewing activities and policies for effect on race quality</p> <p>Inequalities in access are narrowing eg GP registration, waiting times, referrals and elective/acute admissions per 100,000 population (age and sex standardised) reflect ethnicity profile of local population and expected morbidity.</p> <p>Inequalities in quality of care are narrowing eg lengths of stay, complication rates. Any disproportionality in formal and informal complaints is narrowing.</p> <p>Gaps in “market penetration” of service information between different ethnic groups are narrowing.</p>	<p>There is equitable access to services for all races and ethnic groups</p> <p>Appropriate health promotion and illness prevention activities are in place in response to the assessed health needs of local ethnic minority populations.</p> <p>Services are experienced by all sections of the community as;</p> <ul style="list-style-type: none"> - Fair - Meeting their needs - Respecting their cultural identity - Providing choice <p>And local people feel empowered to exercise the choice available</p> <p>All sections of the community find the complaints system transparent and straightforward to use and find their concerns appropriately addressed</p> <p>Outcomes of treatment are similar across all ethnic groups</p>	<p>Director of Service Delivery</p>	<p>Ongoing</p> <p>Sept 05</p> <p>Ongoing</p> <p>Oct 05</p> <p>Mar 06</p> <p>Mar 06</p> <p>Mar 07</p> <p>Mar 08</p> <p>Mar 08</p>

Section 10: Health

Process/actions	Expected Outcomes	Named Lead	Timescale
<p>Has published up to date information on the ethnicity of it's resident / catchment population and their differing health needs</p>	<p>The organisation is knowledgeable about the health and inequalities experienced by local people of all ethnic groups</p>	<p>Director of Public Health</p>	<p>Achieved/ongoing</p>
<p>Complements quantitative data sources with qualitative data obtained from its PPI activities, local consultation and research</p>	<p>Priorities are influenced by the health needs of all ethnic groups</p>		<p>Achieved/ongoing</p>
<p>Has arrangements in place to monitor and analyse - changes in the population -and health experience by ethnicity</p>	<p>Evidence based strategies and action plans are used to reduce inequalities</p>		<p>2008</p>
<p>Analyses and interprets information gathered and reports regularly on progress.</p>	<p>Inequalities in health experience between ethnic groups are narrowing</p>		<p>Achieved/ongoing</p>
<p>Works with other public health colleagues and the relevant public health observatory to identify and use effective interventions and improve the quality of and access to information on ethnic minority health.</p>	<p>Premature mortality and excess infant mortality in certain ethnic minority groups is reducing</p>		<p>2008</p>
<p>Has a community engagement programme that provides insight into the health experience of local ethnic minority populations and their felt health needs.</p>			<p>Achieved/ongoing</p>
<p>Ensures staff throughout the organisation are aware of the diversity of the local population and their health needs.</p>			<p>Achieved/ongoing</p>
<p>Promotes race equality and good race relations and tackles racism as an integral part of its public health and regeneration programmes.</p>			<p>Achieved/ongoing</p>
<p>Demonstrates the effect of its activities on population health by ethnic group.</p>			<p>2008</p>
<p>Works effectively with others on the root causes of ethnic and race inequality across the local health partnership.</p>			<p>Achieved/ongoing</p>

Section 11: Finance and Procurement

Process/actions	Expected Outcomes	Named lead	Timescale
<p>Financial plans take account of investment needed to implement initial requirements of RR(A)A 2000 (e.g. management time, basic training, upgraded ICT, language services).</p> <p>Contracts with other bodies include the requirement to comply with the RR(A)A.</p> <p>Monitoring arrangements are in place.</p> <p>Mainstream budgets take account of the implications of identifying and meeting the health and care needs of all ethnic groups eg to ensure:</p> <ul style="list-style-type: none"> - PPI engages with all communities - language support meets local needs - health needs of ethnic minority groups are addressed - workforce meets the health care needs of their diverse patients. <p>The LDP quantifies funds to promote equality and reduce inequality.</p>	<p>The organisation invests to promote racial equality and good race relations</p> <p>The organisation ensures contractors comply with their responsibilities under the RRAA</p>	<p>Director of Finance</p>	<p>Oct. 05</p> <p>March 06</p> <p>March 06</p> <p>Oct. 05</p> <p>Oct. 05</p>

Section 12: Partnerships

Process/actions	Expected Outcomes	Named lead	Timescale
<p>The organisation:</p> <p>Received positive feedback on its race equality performance from external monitoring agencies eg Patient Forums and Overview and Scrutiny Committees.</p> <p>Actively promotes race equality within its Local Strategic Partnership and initiates joint activities and shared targets.</p> <p>Incorporate action on race equality in action plans with measurable objectives and milestones eg Drug Action Teams, Community Safety, Partnerships etc.</p> <p>Race equality has been a topic for health scrutiny – with positive feedback on the progress of the organisation.</p> <p>Demonstrate progress on race equality and successfully monitor and communicate their progress on promoting good race relations.</p>	<p>Local and other partners recognise the organisation as a champion for race equality in all its activities</p> <p>The PCT successfully exercises its influence outside its direct partnership activities e.g; with local private sector employers and the local media, to challenge racism and promote race equality.</p>	<p>Director of Public Health</p>	<p>2007</p> <p>Achieved/ongoing</p> <p>Achieved/ongoing</p> <p>2007</p> <p>2007</p>

Section 13: Information Technology and Communications

Process/actions	Expected Outcomes	Named Lead	Time scale
<p>The PCT:</p> <p>Arranges to ensure access to timely, accurate and complete data on ethnicity of both staff and patients as an integral aspect of its data quality work.</p> <p>Arranges to ensure staff have the skills to collect and analyse the data.</p> <p>Has milestones for rolling out patient profiling.</p> <p>Has identified resources to support this.</p> <p>High quality ethnicity data are available in accessible formats to health professionals and service managers.</p> <p>Teams demonstrate how data are used to identify areas of concern and monitor progress on action taken.</p> <p>Teams and individuals have ready access to information on good practice and evidence on race equality.</p> <p>The organisation can demonstrate “joined up working” between PPI and ICT on meeting the information needs of local people of all ethnic backgrounds race equality.</p>	<p>The organisation:</p> <ul style="list-style-type: none"> - Compares the ethnic profile of its users with that of the local population. - Documents progress on narrowing the disparity between ethnic groups in all relevant aspects of its business. - Maximises opportunities for staff to access information to support their work eg; internet, library, research findings, national policy, etc - uses the information governance framework to support collection of (and resourcing of) relevant data - presentation of data and it's use in identifying areas of concern within service development work and in the Annual Report to the Board. 	<p>Director of Performance & Corporate Development</p>	<p>2005/06</p>