Race Equality Scheme Report

2006-2007
Update

Background

The Race Relations Amendment Act (2000) requires all Public Authorities to produce Race Equality Schemes. Organisations must include the results of Impact Assessment and consultation processes undertaken with the public. The organisation must conduct equality Impact Assessment of organisational polices and their impact on race equality and produce an annual update on race equality progress within the organisation including service provision and staff data.

Impact assessment

At City Hospitals we have continued to strive to ensure race equality for patients and staff. As part of the progress towards race equality the organisation has appointed an Equality & Diversity Co-ordinator supporting the work on equality Impact Assessment. Equality Impact Assessment is now firmly established within the Trust. Equality Impact Assessment is part of the corporate commitment to overall equality. The Trust has ensured that a policy is produced, which effectively states every new policy must be Equality Impact Assessed prior to implementation. Throughout the Impact Assessment process we have ensured staff and union involvement. In polices which affect the public we have involved members of the community. The disabled community of Sunderland asked for a simple web based summary of Equality Impact Assessment. The web-based assessment will therefore apply to all areas of Equality Impact Assessment results. For a summary of progress on Equality Impact Assessments please see appendix 1.

Organisational Race equality progress

The Equality & Diversity Steering Group meets on a bimonthly basis. The Executive Director for Strategy and Services chairs the group. The organisation is developing staff focus groups for all six areas of the diversity strands, which will feed into the Equality and Diversity Steering Group.
BME staff have been very vocal in not wanting a separate Race or BME nurses group but are comfortable in taking part in Equality Focus Groups.

The organization is hopeful the focus groups will allow staff the opportunity to identify how they would like to move forward, and what further development needs occur and in what form.
In order to support and inform mangers with regard to the development Equality Impact Assessment presentations were given to Trust Board, Senior Managers Forum, Joint Staff Consultative Group and Patient's Forum.

As part of the Race Equality Action Plan City Hospitals worked closely with union members to ensure the action met the needs of BME staff. Although we believe development must continue progress has been made in 2006-2007.

The organisation has developed Equality and Diversity training which is identified as a compulsory session for all staff.

The Trust has established a contract with a language interpretation provider. Training has been organised to support staff in using the services of an interpreter (and cultural awareness?). It is planned that the Trust will audit the service provision of the Interpretation Service.

Developments

Within the City of Sunderland a Race Hate Crime Reporting System has been established. City Hospitals has agreed to participate in the scheme and ensure staff are trained and supported in using the multi-agency reporting system. The overall aim of the ARCH (Agencies against hate crime) is to record any form of race hate crime and identify early victim support.

Below is the ethnic breakdown of staff in City Hospitals

Ethnic Origin	Count 2005-2006	Count 2006-2007	
Asian or Asian British: Bangladesh	5	3	
Asian or Asian British: Pakistani	22	21	
Asian or Asian British: Other Asia	260	257	
Asian or Asian British: Indian	199	193	
Black or Black British: African	63	54	
Black or Black British: Caribbean	6	6	
Black or Black British: Other Black	8	8	
Mixed : White & Black African	9	6	
Mixed: Any other mixed background	7	63	
Mixed: White and Asian	12	10	
Mixed: White and Black Caribbean	1	1	
Not Stated	27	21	
Other Ethnic Groups: Any other	52	52	
Other Ethnic Groups: Chinese	10	8	
White : British	4275	4158	
White : Irish	25	21	
White : Other White background	68		63
TOTAL	5049	4945	

Staff recruited to City Hospitals Sunderland by ethnic background

Ethnic Origin	Count 2005-2006	Count 2006-2007
Asian or Asian British: Bangladesh	1	0
Asian or Asian British: Pakistani	17	15
Asian or Asian British: Other Asia	11	7
Asian or Asian British: Indian	33	21
Black or Black British: African	3	1
Black or Black British: Caribbean	0	1
Black or Black British: Other Black	2	1
Mixed : White & Black African	2	2
Mixed: Any other mixed background	2	3
Mixed: White and Asian	0	0
Mixed: White and Black Caribbean	0	1
Not Stated	6	3
Other Ethnic Groups: Any other	3	3
Other Ethnic Groups: Chinese	3	2
White : British	176	159
White : Irish	2	1
White : Other White background	11	9

Based on the above data City Hospitals Sunderland can claim to have exceeded the requirement for it to reflect the community around it. At present 13% of Trust employees are from a BME background, in a region where the BME community accounts for 2% of the total population. We also believe that we are maintaining an adequate balance between the numbers of BME employees leaving and entering the Trust.

Although overall recruitment is lower across all areas due to implementation of the Trust financial recovery plan this is reflective in all groups across the organisation.

Staff who left City Hospitals Sunderland by Ethnicity

Ethnic Origin	Count 2005-2006	Count 2006-2007
Asian or Asian British: Bangladesh	0	3
Asian or Asian British: Pakistani	1	10
Asian or Asian British: Other Asia	16	21
Asian or Asian British: Indian	4	61
Black or Black British: African	7	17
Black or Black British: Caribbean	1	1
Black or Black British: Other Black	0	0
Mixed : White & Black African	0	3
Mixed: Any other mixed background	0	6
Mixed: White and Asian	0	2
Mixed: White and Black Caribbean	2	3
Not Stated	0	18
Other Ethnic Groups: Any other	7	6
Other Ethnic Groups: Chinese	6	6
White : British	370	458
White : Irish	2	6
White : Other White background	9	15

The number of staff leaving City Hospitals Sunderland has risen is 2006-2007 due to several factors, one of them being staff accepting voluntary severance from all areas of the Trust.
We have also lost several BME staff to countries such as Australia and America. Due to the expanding recruitment opportunities in those countries

Disciplinary and grievance

14% of staff disciplined in 2006-2007 were from BME population as opposed to 4.4% in 2005-2006 however the overall number ot staff disciplined in 2006-2007 rose by 30%.

The rise in disciplinary action is not reflective of staff or management style changes, more the actual recording of incidence of disciplinary offences.
2005-2006 incidences were recorded via each member of staff as an individual not as a collective incident2006-2007 incidences were recorded on individual staff basis

Working with community groups across Sunderland.

At City Hospitals Sunderland the organisation has continued to develop partnership working with community groups.

Several BME focus groups have been held across the Northern Region supported by an external agency. Out of the consultation process several areas of action, where applicable, will be addressed by City Hospitals Sunderland.

The groups did address the concern that the formal complaints system was not well understood, and question whether it should be altered. City Hospitals has considered this and is now in the process of producing complaints information in languages appropriate to the population of Sunderland. We will continue to evaluate the progress with community groups.

Focus groups also identified a need for stronger information systems for pre assessment and understanding the needs of users from BME backgrounds. At City Hospitals we are addressing this by providing cultural awareness training to all frontline staff, which will include using the services of a translator. Again we will continue to monitor progress.

Lack of awareness of the range of NHS services and how to access them was a concern of BME groups. City Hospitals is supporting this by ensuring we work with Sunderland Teaching Primary Care Trust and the community to raise awareness of services accessibility and appropriate use of services. We worked with local community groups to provide a women's day in the local Bangladeshi Centre to raise awareness of the service provided by City Hospitals and discuss barriers to service provision.
City hospitals also ran several men only groups to discuss access to services with in the hospital. Of the focus groups we organised men currently felt the concern was greater for personal and family safety in the community than concern over access to acute health services.
We will however continue to develop partnership working and address issues within the BME communities of Sunderland.

Planned developments

Within the City of Sunderland it is planned to develop a Race Independent Advisory group, which will be used as an umbrella organization to share our race equality scheme with an action plan. Using a multi agency approach.

Patient Information of service use in City hospitals Sunderland

Ethnic Group Description	Day-case 2005-2006	Day case 2006-2007	Inpatient 2005 2006	Inpatient 2006 2007	Grand total 2005-2006	Grand Total 2006-2007
BRITISH	38223	38171	158239	66846	96462	105017
IRISH	38	43	150	192	188	235
ANY OTHER WHITE BACKGROUND	70	65	163	195	233	260
WHITE AND BLACK CARIBBEAN	3	8	12	10	15	18
WHITE AND BLACK AFRICAN	3	4	5	16	8	20
WHITE AND ASIAN	9	4	22	16	31	20
ANY OTHER MIXED BACKGROUND	14	11	24	31	38	20
INDIAN	93	65	167	252	260	317
PAKISTANI	42	37	68	111	110	148
BANGLADESHI	62	77	181	269	243	346
ANY OTHER ASIAN BACKGROUND	74	105	147	265	221	370
AFRICAN	27	36	72	126	99	162
ANY OTHER BLACK BACKGROUND	14	13	38	29	52	42
CHINESE	46		81		127	
ANY OTHER ETHNIC GROUP	105	105	224	256	329	370
NOT STATED	1501	2390	1392	3225	2893	5615
Grand Total	40324	41134	60985	71839	101309	112960

Action Plan: Race Equality Scheme 2006/07

Directorate	Objective	Action	Action achieved	Completion Date
Strategy & Services	To complete Impact Assessment Screening throughout the trust	To ensure action Plan for impact assessment screening is reviewed at 2 monthly equality & diversity meeting and altered updates appropriately	Impact assessment Action plan reviewed. Action plan complete Screening of main priorities complete New action plan developed for 2007-2008	06/07
Strategy & Services	To develop Impact Assessment scoping priorities taken from trust wide screening programme Within the equality & Diversity team	Commence scoping programme Focusing on Identified High Impact policies which may inadvertently disadvantage people from BME background	Scoping commenced on several high impact polices. Including; Human Resources Nursing & Midwifery Corporate affairs Infection Control Health & Safety Information Governance Clinical Governance Corporate affairs Risk Management	2007/2009
Strategy & Services	To Ensure Impact Assessment is built into all policy writing throughout the trust	To ensure all staff writing policies are aware of procedure to follow,. Intranet	Policy on Polices is under development which explains exactly how	2007/2008

		support available for staff writing policies	impact assessment will be carried out for all new polices	
Strategy & Services	To ensure all staff can access appropriate information on how to complete a departmental Impact Assessment	Information for all staff will be available On the intranet how to impact assesses with further details on Supporting the process	Information Available with the race equality Scheme via intranet and internet.	Dec 2006
Strategy & Services	To ensure tools used for Impact Assessment achieve The result of assessing policies procedures and functions	To ask the BME community to evaluate and assess the impact assessment tools used at City Hospitals Sunderland	Under discussion with BME community For review July 07	August 07
Strategy & Services	To ensure Impact Assessment develops in line with government and BME/staff recommendations	Equality & Diversity Team ensure all information is current and evidence based training is disseminated throughout the Trust	Training /information given via Equality & Diversity steering Group E& D co-ordinator ensuring Information form SHA feeds back into the Equality n& Diversity Steering Group for dissemination across trust	Review Dec 08
Human Resources	To Ensure the Trust Reflects the amount of BME People in the community as to	To develop an staff survey to collect appropriate	City Hospitals has workforce which is higher in BME	June 07

	those within its workforce	information on BME staff. Creating a positively diverse working culture	representation than the local community. BME staff asked not to identified as separate group. We Are establishing staff groups across all six strands of equality framework.	
Strategy & Services Corporate Affaires Every directorate	To Create a /positive/supportive environment for staff to improve working lives	Develop trust wide road shows display stands in canteens front of reception awareness raising on BME culture	Planned events on adult learners week and 3 events planned for main concourse promoting racial equality on B level	Year Long 06/07
Human Resources	To Ensure all BME staff receive yearly appraisal and maintain an up to date Professional Development Plan	Monitored via trust data base action plan evaluated yearly	Monitoring systems will be changed to ESR allowing effective data collection And information feedback	Yearly evaluation
Human resources	To Ensure all BME staff receive training appropriate to their KSF Post outlines	Monitored via trust data base action plan evaluated yearly	Staff on A4C have been identified and KSF post outlines have been given trust audit underway	Yearly evaluation
Human Resources	To Ensure effective data is available for staff complaining of Harassment & bullying	Monitor trust Based grievance system For racial Harassment Cases	Report of yearly disciplinary and grievance included in report Harassment & Bullying Policy	July 07

			undergoing Impact Assessment	
Human Resources	To ensure effective data is available form counselling services used externally to identify staff who have been harassed or bullied	To request Lancaster counselling look at developing system for information recording to ask callers from City hospitals Sunderland their ethnic background and do they feel their case is related to Harassment or bullying	Director Human resources	Yearly Evaluation
Organisational development	To ensure development of positive attitudes towards staff from BME backgrounds	To provide Trust -wide training for all staff on equality & Diversity 3 Yearly attendance	Staff training commenced in September 06 training mandatory for all staff.	Yearly Evaluation
Organisational Development	To create Positive attitudes towards BME patients	Provide additional learning session Race culture specific. 3 yearly Attendance	Cultural programme being developed pilot in July 07	Yearly Evaluation
Strategy & services	To develop community partnership working	Link with Council Sunderland Teaching Primary care Trust Northumbria mental health Trust Northumbrian police	Developed links with Sunderland council Supporting implementation of Agency against Hate crime	Yearly evaluation

Strategy & services	To develop staff based focus group to identify BME issues	Establish staff based focus group with management support to meet on monthly basis	Group established to meet June 07 terms of reference to be agreed with group.	Yearly evaluation
Strategy & services	To support staff reporting incidence of racial harassment	Develop awareness of trust wide programme of zero tolerance Include into equality & diversity training	Trust policy protecting staff from harassment in force. To advertise trust wide Arch programme To ensure any staff racially harassed are able to report	Yearly monitoring of data From Arch
Strategy & services	To ensure BME community is involved in supporting action plan development	To ensure all schemes are taken to BME groups throughout Sunderland over the next 3 years ensure scheme is evaluated and written with BME Groups of Sunderland	Scheme will be given to Race Independent Advisory group allowing effective distribution to all groups	Yearly evaluation
Strategy & services	To ensure BME community is involved in evaluating action plan throughout the year.	Regular consultations will take place with the BME community to allow for evaluation comments and involvement	Scheme discussed at events held within City of Sunderland. Will be discussed with action plan at Race Independent Advisory group	Yearly evaluation
Procurement	To change trust contract to ensure all equalities are identified and supplier adheres to Trust / Government/standar	Impact assessment work to be completed and Trust contracts to be changed	Impact Assessment in progress	December 07

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Procurement	To identify all major suppliers Race equality schemes are in place, polices and procedures with regard People from BME groups	Create a questionnaire for current suppliers to complete to ensure support Race equality as part of Impact assessment	Impact Assessment underway	December 07

Appendix 1
Summary of Progress on Equality Impact Assessment

Directorate	Assed priority	Actual	Forward Planning	Expected Completion Date
Human Resources	High	High	Undergoing full equality impact assessment	March 2008
Corporate Policies	Medium /High	High	Undergoing full equality impact assessment	November 2007
Health & Safety	High	High	Undergoing full equality impact assessment	March 2008
Information Services	High	High	Undergoing full equality impact assessment	December 2007
Nursing & Midwifery	High	High	Undergoing full equality impact assessment	March 2008
Risk Management	High	High	Undergoing full equality impact assessment	June 2008
Procurement	High	High	Undergoing full equality impact assessment	March 2008
PALs Services	High	High	Undergoing full equality impact assessment	November 2009
Therapy Services	High	High	Undergoing full equality impact assessment	March 2008

Trusts Policies

Results of Equality Impact screening Relevance

Policy Type	Name	Impact Assessed result to date 07
Antibiotic	Miscellaneous Prophylaxis Treatment	Medium Medium High

Blood Products	Blood Transfusion – a guide for staff	High
	Intraoperative Cell Salvage	High
	Blood Products Users	High
Clinical Governance	CGSG – Clinical Audit Strategy	Low
	The Use of Bedrails (Cotsides)	Low
	Preparation & Distribution of Patient Information Leaflets	High
	Writing & Copying Letters to Patients	High
	Informed Consent	High
	Interventional Procedures	High
Corporate Administrative	Records Management	Low
	Retention of Non-Healthcare Records	Medium
	Freedom of Information	High
	Operational Procedures for Information Requests	High
	Waiting List	High
	Major Incident	High
	Communications Strategy	High
Corporate Patient Related	Bereavement Handbook – a guide for staff	High
	Liquid Logic – Manual for Single Assessment Process	High
MAPPVA	CHS MAPPVA Guidance	High
	MAPPVA Notification Forms	Low
	Template for Strategy Discussion Meeting Minutes	Low
	Template for Investigation Meeting Minutes	Low
Health & Safety	Asbestos Policy & Procedures	High
	Control of Contractors	High
	Control of Substances Hazardous to Health	High
	Environment Policy	High
	Fire Policy	Low

	General Policy on the Management of Health & Safety at Work	High
	HIV/AIDS & Employment	High
	Latex Sensitisation	Low
	Management of Medical Equipment	High
	No Smoking Policy	Low

	Percutaneous (sharp injuries) and Mucotaneous Post-exposure policy	High
	Personal Protective Equipment	Low
	Persons Working Alone	High
	Prevention of Legionnaires Disease	Medium
	Pre-Employment Screening	High
	Protecting Workers and Patients from Hepatitis B	Medium
	Protection of New & Expectant Mothers	High
	Procedure of Care for Violent & Abusive Patients	Low
	Sharps Policy	High
	Staff Prescription	Low
	Safe Moving & Handling Policy	High
	Transport of Specimens	High
	Violence to Staff	High
	Waste Management	Low
	Workplace (Health, Safety & Welfare)	Low
	Work Equipment	Low
Human Resources		
	Appraisal	High
	Alcohol & Drug	High
	Capability	High
	Confidentiality	Medium
	CRB	High
	Disciplinary	High
	Employment Break Scheme	High
	Equal Opportunities	High
	Flexible working	High
	Grievance Procedure	High
	Guidance for Managers for Giving & Obtaining References	High
	Harassment & Bullying	High
	Hepatitis B	High

	HIV/AIDS	High
	Injury Benefit Scheme & Prescription	High
	KSF	High
	Learning & Organisation Development Strategy	High
	Lone working	High
	Long Service Recognition	High
	Maternity, Paternity & Adoption	High
	Night Workers Health Assessment	High
	No Smoking	Low
	Non Exchequer Funds & Lottery Rules	Low
	Organisational Change	High
	Pre-Employment Health Screening	High
	Professional Registration	High
	Protection of Pay & Conditions	High
	Public Interest Disclosure/Whistleblowing Policy	High
	Recruitment & Retention Premia	High
	Recruitment & Selection	High
	Redundancy & Redeployment	High
	Removal & Relocation Expenses	High
	Retirement (Dec 05)	High
	Sabbatical Leave	High
	Secondary Employment	High
	Sickness Absence	High
	Standards of Business Conduct	High
	Stress Management	High
	Time off for Trade Union Duties & Activities	Low
	Violence to Staff – managing violent or potentially violent patients	Low
	Working Time Directive	Low
	Special Leave	High
Infection	Disposal of Sharps Found	High

Control	Within Hospital Grounds	
	Management of Major Incidents Related to Infectious Agents	High
	SARS Information Pack	High
Information Security	Information Security	High
	User Guide	Low
	Information Security Golden Rules	Low
	Anti-Virus	Low
	Data Protection	Medium
	Disposal of Obsolete IT Equipment & IT Media	High
	Fax Policy & Procedures	High
	Subject Access Guidance Procedures	High
	Mobile Computing	High
	Security incident management Procedures	Low
	Sharing of Personal Information	High
	Legal Responsibilities Regarding Informing Patients	High
Information Services	Data Quality	Low
Medicines	Covert Administration of Medicines	Low
	Ordering, Supply, Storage, Prescribing & Administration of Medicines	Low
Nursing & Midwifery	Bed Management	High
	Hospital Discharge	High
	No1 – Child Protection	High
	No2 – Clinical Supervision	High
	No3 – Continuing Education & Professional Development	High
	No4 – Nursing & Midwifery Record	High
	No5 – Patient Identification	High
	No6 – Preceptorship	High
	No7 – Assessment of Pre and Post Registration Student	High

	Nurse Practice No8 – Adjustment to Scope of Professional Practice No9 – Staff Rotation for Professional Development No10 – Systems of Care Delivery in the Ward or Day Case Unit No11 – Verification of an Expected Death by a Nurse	 High High High High
Risk Management	Risk Management Strategy 05/06 Incident Procedure (Including inquest Procedure) 05/06 Claims Procedure 05/06 Complaints Procedure 05/06 Resuscitation Policy 05/06 Interventional Procedures 05/07 Maternity Risk Management Strategy 05 – Update Final Draft.	High High High High High High High