



NHS Lanarkshire
Race Equality Scheme

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FOREWORD

NHS Lanarkshire has a vision to reduce health inequalities and ensure sustained health improvement for all members of the community. This will include effective care for all age groups, in a manner which is responsive to the individual needs of users, carers and local communities, taking into account ethnicity, culture and gender; while working in partnership with colleagues in other organisations, and within available resources.

The Race Relations (Amendment) Act 2000 outlines the responsibilities of all statutory bodies, while the Scottish Executive Health Department Fair for All: 'Working Together Towards Culturally Competent Services' (HDL (2002) 51) outlines the responsibilities of the NHS towards the provision of a culturally sensitive service. NHS Lanarkshire intends to go beyond these basic responsibilities and ensure that equality is central in the provision, planning and development of services for our ethnic minority communities.

The aim of this Race Equality Scheme is to describe how NHS Lanarkshire interprets these responsibilities and how we will deliver them for the people of Lanarkshire. The scheme also addresses equality within the workforce, and how we intend to provide a culturally sensitive environment that values and respects the staff and their needs.

Looking ahead, we are under no illusion about the scale of the challenge that faces us. However, we will continue to work closely with communities and staff as we attempt to realise our ambition of providing a service, which compares favourably with the best in Scotland.

David Pigott
Chief Executive
Lanarkshire NHS Board

**The Stephen Lawrence Report was published in February 1999.
It concluded that:**

“If racism is to be eliminated from our society there must be a coordinated effort to prevent its growth. This needs to go well beyond the police service.”

The report also stated that:

“It is incumbent upon every institution to examine their policies and practices to guard against disadvantaging any section of the community.”

The NHS Plan states that:

“The NHS will shape its services around the needs and preferences of the individual patients, their families and their carers.”

It also states:

“The NHS of the 21st century must be responsive to the needs of different groups and individuals within society and challenge discrimination on the grounds of age, gender, ethnicity, religion, disability and sexuality. The NHS will treat patients as individual with respect for their dignity”.

Fair for All: Scottish Health Department Letter states that

“A culturally competent service” is defined as a service, which recognises and meets the diverse needs of people of different cultural backgrounds. This applies to every individual with a healthcare need. It includes, but is not limited to, making provision for religious and cultural beliefs such as worship, diet, and hygiene requirements, catering for communication and language diversity, and involving users in service development. A key part of cultural competence is ensuring that discrimination on the basis of culture, belief, race, nationality or colour has no role in the delivery of services”.

A growing body of evidence shows that care is more effective where the patient's needs and life are well understood by those shaping their care; and where good communication has been achieved this enhances the respect and dignity of both users and service providers. Understanding service users and local communities is an integral part of efficient, clinically governed services.

Section A: The Context

1. INTRODUCTION

1.1. BACKGROUND

Evidence from UK wide and Scottish studies have shown that ethnic minority communities have a worst health experience in the form of premature deaths, and long term chronic ill health and disabilities, than the host community. This includes:

- Much higher rates of mortality from hypertensive disease and stroke among those born in Africa or the Caribbean.
- Mortality rates almost 50% higher for Asians, from coronary heart disease.
- Diabetes is 3 to 4 times more common in Indian, Pakistanis and Bangladeshis than in the general population.
- Black people with mental illnesses, are more likely to be given drugs, rather than talking therapies like counselling and are more likely to be diagnosed with schizophrenia.

Ethnic minority communities have difficulty getting access to health services, health promotion information and treatment, which has meant that they often present late for diagnosis and treatment.

The main ethnic groups as a % of the total population

Ethnic group as a % of the total population	Great Britain	England & Wales	Scotland	Lanarkshire
White	93.5	93.1	98.5	98.2
Ethnic minorities	6.5	6.9	1.5	1.4
Black				
Black-African & Black-Caribbean	2.0	2.2	0.2	0.1
South Asian				
Indian/Pakistani/Bangladeshi	3.0	3.3	0.7	0.4
Chinese	0.3	0.3	0.3	0.3
Others	1.8	0.9	0.3	0.5
Total population / X 1000	56,756	51,686	5,070	562

Great Britain, England and Scotland population figures taken from Labour Force Survey, ONS Estimates for 1998. Lanarkshire figures estimated from responses to the 2001 Health and Lifestyle survey. Please note % values do not all sum to 100 due to incomplete ascertainment of ethnicity, and rounding of the numbers.

The largest minority ethnic groups in Scotland have their origins in the Indian subcontinent and China, with smaller numbers from Africa, the Caribbean, and others. In Lanarkshire the minority ethnic population is relatively small, but the proportions are very similar to those of Scotland as a whole.

The research on variations in health has largely concentrated on the larger ethnic groups within Britain. However, the proposed developments to services will be equally relevant to the smaller groups such as gypsy and travelling communities.

While there is extensive evidence of the negative effects of individual and institutionalised racism¹ experienced by members of these groups, it is a fundamental value of the NHS that it should meet the needs of all sections of the community equally. Providing the same service in the face of differing need is not an equitable service, and this has been recognised in two important drivers for change in the way health services are provided and structured towards meeting the needs of the ethnic minority population. These were the amended Race relations Act (2000) (RRA (2000)) which became law in January 2000, and the Heath Department Letter 'Fair for All' (2002, 51) (HDL).

The RRA (2000) places a duty on all statutory organisations to be proactive in planning and delivering culturally competent services, and the provision of support to minority ethnic staff. Each organisation also has a legal responsibility to produce a Race Equality Scheme by November 2002 demonstrating how the organisation intends to meet these duties. The relative progress made by organisations will be monitored by the Centre for Race Equality on behalf of the Scottish Executive from March 2003.

1.2. THE STATUTORY FRAMEWORK

The legal and statutory framework relating to race relations in Scotland has three primary drivers. For the purposes of this Scheme NHS Lanarkshire needs to be concerned with the provisions of the:

- Race Relations Act 1976
- Race Relations (Amendment) Act 2000
- Fair For All: Working Together Towards Culturally-Competent Services NHS HDL (2002) 51

It should be noted that the 1976 Act is the major piece of legislation, and is only *amended* by the 2000 Act.

1.2.1. THE RACE RELATIONS ACT 1976

The Race Relations Act 1976 is the main anti-discrimination legislation relating to race in Great Britain. The 2000 Act amends the provisions of the 1976 Act. The 1976 Act created three definitions of [racial] discrimination:

- direct discrimination;
- indirect discrimination;
- victimisation.

Section 4 of the Act makes it unlawful for an employer to discriminate:

- in their arrangements for recruitment and selection;
- in their treatment of their employees.

Section 20 of the Act deals with discrimination in the provision of services to the public. It states that it is unlawful for a service provider to discriminate on racial grounds against a person who seeks to obtain goods, facilities or services from them by:

- refusing to provide any of them; or
- not providing goods, facilities or services of the same quality, in the same manner, and on the same terms, as is normal to other members of the public.

1.2.2. THE RACE RELATIONS (AMENDMENT) ACT 2000

Please note that where text appears in Italics it is a quote from the Statutory Instrument

The Scope of the 2000 Act

The 2000 Act extended the scope of the 1976 Act. It is unlawful for a public authority to racially discriminate in *carrying out any of its functions*. This includes any function not previously covered under the 1976 Act. There are a number of very limited exceptions to this. New functions covered by the 2000 Act include: law enforcement, compulsory detention under the Mental Health Act, clinical decisions, and clinical governance functions amongst other things.

The New Duties for Public Authorities

The 2000 Act places *new* duties upon public authorities. It does this by inserting a new Section 71 into the 1976 Act. The 2000 Act places a general duty on named public authorities to promote race equality, and empowers the Home Secretary to impose specific duties by Order on public authorities that are subject to the general duty.

The general duty requires that all public authorities (listed in Schedule 1A of the Act), should, in carrying out their functions, have due regard to the need:

(1) to eliminate unlawful racial discrimination; and

(2) to promote equality of opportunity, and

(3) to promote good relations between persons of different racial groups.

The Home Secretary has imposed a number of specific duties upon named public authorities, of which NHS Lanarkshire is one. The law requires that a public authority should:

- (1) *Publish a Race Equality Scheme showing how it intends to fulfil its duty to promote race equality by 31st November 2002.*

- (2) *A Race Equality Scheme should state in particular -*
 - (a) *those of its functions, policies and proposed policies which that person has assessed as relevant to its performance of the duty imposed by section 71(1) of the Race Relations Act; and*

 - (b) *The authority's arrangements for –*
 - (i) *assessing and consulting on the likely impact of proposed policies on the promotion of race equality;*

 - (ii) *monitoring its policies for any adverse impact on the promotion of race equality;*

 - (iii) *publishing the results of assessments and consultations as are mentioned in sub-paragraph (i) and such monitoring as is mentioned in sub-paragraph (ii);*

 - (iv) *ensuring public access to services and information which it provides;*

 - (v) *training staff in connection with the duty imposed by section 71(1) of the Race Relations Act and this Order.*

- (3) *Such a person shall within a period of three years from November 2002, and within each further period of three years, review the assessment referred to in paragraph (2)(a).*

1.2.3. THE CRE STATUTORY CODE OF PRACTICE

The 2000 Act gives the Commission for Racial Equality the power to issue statutory Codes of Practice (which are currently out for consultation) on the duty to promote race equality. The Commission for Racial Equality has issued a single code of practice to cover all named public authorities. The Code of Practice contains guidance on how to meet the specific duties. The Code of Practice will be admissible as evidence in any court proceedings brought under the 2000 Act.

1.2.4. FAIR FOR ALL: WORKING TOGETHER TOWARDS CULTURALLY-COMPETENT SERVICES NHS HDL (2002) 51

This guidance outlines the responsibilities of NHS organisations arising from the RRA (2000) and the results of the recent 'Fair for All Stock take' exercise on behalf of Scottish Executive Health Department.

Building an inclusive and accessible health service has been the goal for NHS Scotland as stated in *Our National Health: a plan for action, a plan for change*. This Scottish Executive Health Department guidance gives five deliverables that reflect five major strands of policy that all NHS organisations are expected to deliver on:

- **Energising the Organisation:** Drafting a policy statement which clearly states the organisation's commitment in changing the culture and attitudes, a firm stance on tackling any form of racism (direct or indirect) within the organisation, making services more accessible and working in partnership.
- **Demographic Profile:** This involves doing a comprehensive health needs assessment that looks at the demographic make-up of the communities residing within the organisation's catchment area, including gender and

age. Particular attention should be paid to language, religion, spiritual needs, etc. Commitment to research in areas identified.

- Access and Service Delivery: This deliverable is linked to the findings of the demographic profile, which should identify the make-up of the communities and ascertain their needs, and determine if the organisation is meeting them. A review of current service should address how the organisation is meeting the communities; catering, interpreting, personal care, spiritual and religious, handling and mobility, and advocacy needs. *Many of these areas have to be considered in conjunction with current or forthcoming NHS guidelines.*
- Human Resources: This looks at the implementation of effective Equal Opportunities Policies, in accordance with the Scottish Partnership Forum (January 2001) and the RRA2000. Ensuring that information and training is disseminated within the organisation; recruitment and retention of staff to reflect the local ethnic minority population; and that training and development is accessible to all staff. For e.g. adoption and demonstration of the implementation of the *Dignity at Work: Eliminating Bullying and Harassment in the Workforce* guidance produced by the Scottish Partnership Forum.
- Community Development: The establishment of a community consultation forum, with representatives from the local ethnic minority communities. The forum should be a multi-disciplinary collaboration between the community and the organisation, with other statutory and voluntary agencies invited to participate.

These deliverables are multi-levelled, providing both individual direction, as well as in partnership with each other and the RRA2000. The Scottish Executive expects each organisation to prepare a detailed, dated and costed action plan, outlining each Board and Trust's strategy in meeting the five deliverables. The action plan should take into account the changes in the

RRA2000 and ensure that both general and specific duties are adhered to. The plan must be compiled in partnership with the community, partners and 'The Ethnic Minority Resource Centre' and must be submitted to the Scottish Executive by March 2003.

NHS Scotland places a high priority on providing a patient focused service, hence the importance of delivering a service that is culturally competent. A patient-focused NHS requires:

- good communication, including listening and talking to patients, the public and communities, as well as NHS staff;
- knowing about those who use the service and understanding their needs;
- keeping users of the service informed and involved;
- having clear explicit standards of service;
- maintaining politeness and mutual respect;
- having the ability to respond flexibly to an individual's specific needs; and,
- ensuring effective action is taken to improve services.

2. WHAT IS THE RACE EQUALITY SCHEME?

This Race Equality Scheme (RES) is a combination of two directives from Government, the Race Relations (Amended) Act 2000 (RRA2000) and the 'Fair For All' Scottish Health Department Letter 2002 (HDL-2002).

The RES is a strategy and action plan, which sets out how a public authority will promote racial equality, and how it will ensure that its policies and services do not discriminate against or disadvantage any racial or ethnic group.

2.1. THE STRUCTURE OF THE RACE EQUALITY SCHEME

The Race Equality Scheme is divided into five parts:

Part A: The Context

This section provides an introduction to the RES by setting out the background, purpose, and aims and values contained within the Scheme. It also describes the legal drivers for the RES.

Part B: Promoting Race Equality in Policy and Service Delivery

This section sets out NHS Lanarkshire's arrangements for the promotion of race equality in the areas of policy development and the provision and commissioning of services. It describes NHS Lanarkshire's approach to the assessment and monitoring of relevant policies, and how the results will be made public.

Part C: Promoting Race Equality in Employment

This section sets out NHS Lanarkshire's arrangements for monitoring the operation of its employment practices, and their impact upon the promotion of race equality.

Part D: The Action Plan

This section contains the Race Equality Action Plan. The Board will produce a Plan each operational year (months to be inserted). The Plan will be

contained within the appropriate version of the Race Equality Scheme and available separately. Each Directorate within the Board and Acute and Primary Care Trust will contribute to the formulation of the Plan.

Part E: The Appendices

The appendices contains supporting information to the RES, including:

- a list of the Board and Trusts functions;
- a selection of audit and assessment tools that will be used to meet the specific duties;
- an outline of the ethnic monitoring categories used in connection with the Scheme;
- a list of definitions of term used within the Scheme;
- a list of supporting documents.

2.2. THE PERIOD COVERED BY THE RACE EQUALITY SCHEME

The race equality scheme will provide an outline of the mechanisms that will be put in place over the next three years to meet the general and specific duties.

2.3. MONITORING ARRANGEMENTS

NHS Lanarkshire will produce an Annual Race Equality Progress Report, which will outline the progress made against the Annual Race Equality Action Plan. It will also contain other information (see section 7.2). The ethnic minorities resource centre will appraise the Annual Race Equality Progress Report on behalf of the Scottish Executive against deliverables in the HDL 2002. This assessment will be part of the NHS Scotland Performance Assessment Framework. The CRE will also audit the relative progress of NHS Lanarkshire against the RES on an annual basis.

2.4. REVIEW ARRANGEMENTS

The Race Equality Scheme will be reviewed after the first year by NHS Lanarkshire, and then on a three yearly basis. This process will include a review of the Board functions. The review process will also include reviewing NHS Lanarkshire's arrangements for meeting the duty to promote race equality under the RRA 2000 and HDL 2002, to ensure that the arrangements remain effective. In the first instance, the Race Equality Scheme will be reviewed before March 2003, and again before March 2005.

2.5. COMMENTS AND COMPLAINTS

Comments or complaints about the implementation of the Scheme should be addressed in the first instance to the nominated executive lead, and subsequently to the chair of the strategy group overseeing the Race Equality Scheme.

2.6. PUBLISHING THE RACE EQUALITY SCHEME

2.6.1. PUBLIC ACCESS TO THE RACE EQUALITY SCHEME

This Race Equality Scheme will be available to members of the public and other public authorities. Copies of the Race Equality Scheme can be obtained by contacting individual Board or Trusts. The Race Equality Scheme will be placed on NHS Lanarkshire's website.

2.6.2. STAFF ACCESS TO THE RACE EQUALITY SCHEME

This Scheme will be available to all members of staff and will be included in the Board and Trust's Policy and Procedures File.

3. STATEMENT OF PURPOSE

NHS Lanarkshire has produced this Document in order:

- to meet its legal responsibilities under the Race Relations (Amended) Act 2000 to promote race equality and good race relations, and;
- to meet the five specific deliverables laid out in the Scottish Health Department Letter 'Fair for All' 2002 which outlines the guidance to providing a culturally competent service.
- to meet its responsibilities placed upon NHS Lanarkshire to deliver a culturally competent service by the Scottish Executive's 'Fair for All' report 2001 (FFA2001 (<http://www.scotland.gov.uk/library3/society/ffas-00.asp>));
- to meet its moral responsibilities as a service provider and employer within the NHS and the public sector;
- to communicate NHS Lanarkshire's commitment to promote race equality and social inclusion to the population it serves, its partners, the wider community and its staff;
- to evidence that a culture change is in process within NHS Lanarkshire that "results in awareness of, and responsiveness to, the needs of individuals regardless of ethnic origin".

3.1. STATEMENT OF VALUES

There are a number of values and principles, which underpin the work of NHS Lanarkshire and inform its action and priorities. They are outlined below:

Respect

NHS Lanarkshire will respect individuals, their culture and religious beliefs, and will work to maintain and promote service users' dignity when using NHS services that are provided or commissioned. NHS Lanarkshire will also respect the cultural and religious backgrounds of its staff, and will work to ensure that staff are able to maintain their culture and religion whilst at work.

Valuing Difference

NHS Lanarkshire values the differences in ethnicity, culture, religious and linguistic backgrounds amongst the people of Lanarkshire. Acknowledging diversity and taking it into account when discharging its functions, developing policies, commissioning and providing services. NHS Lanarkshire will work to ensure that such diversity does not become a barrier to anyone using its services.

Rights

Staff

NHS Lanarkshire recognises that all staff have the right to be treated fairly at work, which includes being able to work in an environment free from unlawful discrimination, harassment and not have opportunities denied to them because of irrelevant characteristics. NHS Lanarkshire will work with its staff and their representatives to promote racial equality through its role as an employer.

Service Users

NHS Lanarkshire accepts that all service users should have equal access to services, and the best possible services (within available resources) without unlawful discrimination. NHS Lanarkshire will work to protect these rights. NHS Lanarkshire welcomes the involvement of the community, and

recognises that local people have a right to participate in the consultation and planning of policies and services that affect them.

Responsibility

NHS Lanarkshire will take responsibility for the promotion of race equality in discharging its functions. NHS Lanarkshire expects its entire staff to promote race equality in carrying out their duties.

NHS Lanarkshire will have overall responsibility for:

- the promotion of race equality;
- the operation and monitoring of the Race Equality Scheme, and associated annual action plans;
- the review and revision of the Race Equality Scheme.

However, it is expected that each individual member of staff will be personally responsible for delivering and promoting race equality.

Equality and Fairness

NHS Lanarkshire is committed to removing any unlawful racial discrimination and promoting race equality through the discharge of its functions, policymaking and the services it commissions and provides.

Partnership

NHS Lanarkshire is committed to working in partnership with:

- other NHS organisations;
- other public sector bodies;
- private sector organisations;
- community and voluntary sector organisations;
- the staff and their representatives; to promote racial equality in both the delivery of services and employment opportunities within Lanarkshire.

3.2. STATEMENT OF AIMS

This Statement of Aims sets out what NHS Lanarkshire intends to achieve in promoting racial equality as a whole and meeting the *general* duty placed upon NHS Lanarkshire by the Race Relations (Amendment) Act and Scottish Executive's Health Department letter. It is NHS Lanarkshire's intention to go beyond the requirements of legislation.

NHS Lanarkshire Aims:

- To provide services that are equally accessible to all sections of the community regardless of race, ethnicity, cultural background, religious belief or first language spoken.
- To develop services over the course of time that meet the needs of black, and other ethnic minority people to the same extent as the rest of the population.
- To eliminate from its services, policies, and decision making, any adverse impact upon the promotion of racial equality or adverse effect upon particular racial/ethnic groups.
- To ensure that the health and social care services it commissions are equally accessible to all people and free from unlawful discrimination.
- To work towards the reduction of health inequalities between black and other ethnic minority people and the rest of the population.
- To work with those who provide health services to ensure that their services are fully accessible to black and other ethnic minority people, and their needs are met to the same extent as the rest of the population.
- To employ and retain a workforce at all levels which reflects the ethnic make-up of the population.
- To build and maintain a positive and productive relationship with all sections of the community, including the black and other ethnic minority people who live in Lanarkshire.
- To use its purchasing power and resources, where possible, to promote racial equality and redress racial discrimination and inequality.
- To ensure that the promotion of racial equality becomes a mainstream activity and is visible in its core business and day-to-day activities.

Section B: Promoting Racial Equality – Policy and Service Delivery

4. ASSESSMENT OF FUNCTIONS AND CURRENT POLICIES

4.1. WHAT THE DUTY REQUIRES

The Race Equality Scheme should state in particular -

those of its functions, policies and proposed policies which that person has assessed as relevant to its performance of the duty imposed by section 71(1) of the Race Relations Act;

This duty requires the Board to list in its Race Equality Scheme which of its functions and policies is relevant to the promotion of race equality.

4.2. THE ASSESSMENT OF FUNCTIONS

The Board and Trusts within NHS Lanarkshire will:

- identify all its functions (see appendix 1);
- assess each function for its relevance to the duty to promote race equality;
- state its commitment to monitor its policies

In meeting their general and specific duties, the Board and Trusts will have to determine which of their functions have relevance to the general duty (see appendix 2). Relevant functions will be identified by examining how they impact on either patients or employee. A function will be deemed relevant if:

- the function is likely to have a negative effect on race equality;
- the function leads to unlawful racial discrimination;
- the function will/may lead to poor race relations.

All functions must be considered and weighted for relevance (HDL, 51. 2002).

NHS Lanarkshire has developed a framework for the assessment of its functions and policies. The results of the assessment will be recorded in an Assessment Report. A list of functions to be assessed is contained in Appendix 1. An assessment tool is provided in Appendix 2.

4.3. ASSESSMENT OF POLICIES

The Board and Trusts will:

- identify all of their policies;
- assess each policy for its relevance to the duty to promote race equality.

The Board and Trusts will assess all of their policies for their relevance to the promotion of race equality. For instance, policies on patient involvement are more likely to be relevant than policies relating to hazardous waste disposal. The assessment process will include an assessment framework and the production of an Assessment Report.

4.4. USING THE ASSESSMENT RESULTS

The results of assessments will be used to develop the Annual Race Equality Action Plan including prioritising activities.

The identification and assessment of policies and functions will form the first stages of NHS Lanarkshire's approach to conducting Race Equality Impact Assessments.

Please refer to the First year Action Plan 1.3.2

5. ASSESSING AND CONSULTING ON THE LIKELY IMPACT OF PROPOSED POLICIES

5.1. WHAT THE DUTY REQUIRES

*NHS Lanarkshire's arrangements for -
assessing and consulting on the likely impact of proposed policies on the
promotion of race equality;*

The Board and Trusts are required to assess what impact policies, they are considering for adoption, might have upon race equality. It is also required to consult upon assessment findings before adopting any new policies.

5.2. THE ASSESSMENT PROCESS FOR NEW POLICIES

NHS Lanarkshire will develop an assessment framework for policies (see 4.2, and 4.3) it is considering for adoption, which will form part of the policy development process. The assessment process will consider:

- whether the policy is relevant to the duty to promote race equality?
- what is the likely impact upon race equality?
- is the policy likely to discriminate in any way?
- the results of any service reviews?
- the results of public/staff consultations.

Each policy will be assessed using the framework and an Assessment Report will be produced. A summary of the Assessment Report will be attached to all proposed policies that are presented to the unified Board, and Executive Committees for adoption.

5.3. THE CONSULTATION PROCESS

The Board and Trusts have a duty to consult upon policies they are considering for adoption. NHS Lanarkshire will:

- develop consultation arrangements including a framework and guidance for managers, staff, the unified Board and Executive Committees;
- develop joint arrangements with other statutory bodies such as North and South Lanarkshire Councils to avoid unnecessary duplication and ensure effective consultation takes place.

5.4. USING THE ASSESSMENT AND CONSULTATION RESULTS

Assessment and consultation results will be used to amend any draft policies.

Policies will be amended if assessment or consultation results show that:

- the policy will have/or is likely to have a negative effect on race equality;
- the policy may lead to unlawful racial discrimination;
- the policy will/may lead to poor race relations.

Please refer to the First year Action Plan 1.3.2.

6. MONITORING POLICIES FOR ADVERSE IMPACT

6.1. WHAT THE DUTY REQUIRES

The authority's arrangements for –

monitoring its policies for any adverse impact on the promotion of race equality;

NHS Lanarkshire is required to monitor its policies for the effect that they have upon race equality.

6.2. MONITORING POLICY IMPACT

NHS Lanarkshire will develop a framework for monitoring its policies, which it has assessed as relevant to the promotion of race equality.

The monitoring framework will monitor:

- the service users (both in primary and acute services) by ethnicity;
- the satisfaction levels of service users by ethnicity;
- whether services are provided effectively to all racial groups;
- whether services are designed appropriately to meet the needs of people from different racial groups;
- whether further research/work is required to look at ways of improving services.

Consultation will form part of NHS Lanarkshire's arrangements for monitoring services.

6.3. POLICY REVIEW

The Board and Trusts will develop a rolling programme of relevant **service and policy reviews**. Relevant policies that support or are part of the delivery

of services will be included in the service review process. Relevant policies that are not will be renewed separately.

Monitoring information will form part of the service policy review process.

Please refer to the First year Action Plan 1.3.3.

7. PUBLISHING THE RESULTS OF ASSESSMENT, CONSULTATION AND MONITORING

7.1. WHAT THE DUTY REQUIRES

The authority's arrangements for –

publishing the results of assessments and consultations as are mentioned in sub-paragraph (i) and such monitoring as is mentioned in sub-paragraph (ii);

NHS Lanarkshire is required to publish any results of:

- any assessment of its policies or functions it has undertaken;
- the monitoring of policies;
- any consultations it has undertaken regarding the policies it is proposing to adopt.

7.2. PUBLISHING THE RESULTS

NHS Lanarkshire will publish an **Annual Race Equality Progress Report**, which will contain a list of the assessments, consultations and monitoring undertaken during the year and their outcomes. Copies of the Annual Race Equality Progress Report will be made available to the public.

Please refer to the First year Action Plan 3.1.

8. ENSURING PUBLIC ACCESS TO INFORMATION AND SERVICES

8.1. WHAT THE DUTY REQUIRES

The authority's arrangements for – ensuring public access to services and information which it provides.

NHS Lanarkshire is required to have arrangements to ensure that all sections of the community it serves has access to and can use the information and services it provides.

8.2. ACCESS TO INFORMATION

NHS Lanarkshire will:

1. Develop a **Communication and Information Strategy** to ensure that it provides information to all sections of the community on the services it provides, commissions or manages. The policy should include:
 - types of information provided;
 - languages in which information is required;
 - for whom the information is required (carers, families etc);
 - ensure that service providers have knowledge of how to access and use the services;
 - examination of the need for Lanarkshire based interpreting and translation services;
 - investigation into accessing alternative interpreting formats, services both locally and nationally.

The information provided should be:

- sufficient,
- timely,
- accessible,
- appropriate.

2. Develop a **Translation and Interpretation Policy** with the objectives of:
- providing linguistic minorities with access to appropriately translated information,
 - providing service users and carers with access to high quality interpretation as it is required when using NHS Lanarkshire Health services,
 - consulting with black and other ethnic minority communities to ensure that their information needs regarding health services are met.

8.3. ACCESS TO SERVICES

NHS Lanarkshire will develop a programme of service assessments, to ensure the services provided are accessible to black and other ethnic minority groups. Part of the service assessment will involve carrying out a detailed Needs Assessment; **The Needs Assessment** will look at:

- The Ethnic Health Profile of the area including demographic data;
- Consultation with black and ethnic minority service users, and service providers to identify barriers to service access and provision within the systems.
- Further commitment to research –more detailed studies regarding incidences of disease, service utilisation and other appropriate topic.

Note “ethnic health profile”, should include language, religion, and spiritual needs etc (HDL 51, 2002., HDL 76, 2002.)

Please refer to the First year Action Plan 3.1. and 2.1.2.

9. TRAINING STAFF IN CONNECTION WITH THE DUTY TO PROMOTE RACIAL EQUALITY

9.1. WHAT THE DUTY REQUIRES

The authority's arrangements for – training staff in connection with the duty imposed by section 71(1) of the Race Relations Act and this Order.

NHS Lanarkshire is required to train its staff to:

- be able to meet its responsibilities under the general and specific duties (under the RRA 2000) by equipping staff with the necessary knowledge and skills;
- identify and train staff and others who will be responsible for managing and implementing NHS Lanarkshire's Race Equality Scheme.

9.2. STAFF TRAINING - THE MANAGEMENT AND IMPLEMENTATION OF THE RES

NHS Lanarkshire within its Equal Opportunity policy will:

- train Board and Executive Committee members on meeting their responsibilities under the Race Equality Scheme;
- identify which of its managers and staff will be trained to manage and implement the Race Equality Scheme;
- establish and keep an up-to-date register of the identified posts, the names of the post holders and date(s) when training was received;
- develop an annual programme of training covering the management and implementation of the Race Equality Scheme.

Timescales will be published in the Annual Action Plan

9.3. STAFF TRAINING - PROVIDING ACCESSIBLE SERVICES FREE FROM DISCRIMINATION

Equality and diversity issues will be introduced in staff induction and followed up with specific training outlined below. NHS Lanarkshire will provide equality and diversity training to its entire staff. This training will specifically include race equality training, which aims to equip staff to be able to provide a service, which is accessible to all sections of the community and is free from unlawful discrimination.

NHS Lanarkshire:

- will develop an induction and an annual training programme covering equality and diversity issues. The programme will include targets for the number of staff to be trained that year;
- will ensure that all staff receive equality and diversity training and are aware of local issues that affect access to health services.
- will have an explicit mechanism for disseminating Equal Opportunities Policy within the organisation;
- will ensure that training and development processes are accessible to all staff;
- after 3 years of the operation of this scheme provide equality and diversity 'refresher' training to all staff.

Timescales and targets will be published in the Annual Action Plan

9.4. STAFF TRAINING - FAIR RECRUITMENT AND SELECTION

NHS Lanarkshire has a legal duty to ensure that it does not discriminate on the grounds of race, sex, marriage and disability in its recruitment and selection arrangements. In order to minimise the possibility of discrimination occurring, recruiters will operate with procedural guidance and receive training to support this.

NHS Lanarkshire will:

- develop a Code of Practice for Fair Recruitment and Selection. All those involved in recruiting staff will be expected to operate within the Code of Practice;
- develop a fair recruitment and selection training programme which covers:
 - the principles of fair recruitment and selection,
 - the law relating to discrimination in employment,
 - the contents and operation of the fair recruitment code of practice;
- establish and maintain a register of recruiters trained to an appropriate level according to their role in the recruitment process, the membership of register is dependent upon recruiter following the Code of Practice. Removal from the register will bar an individual from recruiting until he/she has undergone re-training;
- after three years all those involved in the recruitment of staff, must be reaccredited.

9.5. STAFF TRAINING - REVIEW AND EVALUATION

Staff equalities and diversity training will be reviewed once every three years and will be subject to regular evaluation. The results of reviews will be published.

Please refer to the First year Action Plan 4.

Section C: Promoting Racial Equality in Employment

10. ETHNIC MONITORING OF EMPLOYMENT

10.1. WHAT THE DUTY REQUIRES

The entire specific duty on employment applies to NHS Lanarkshire. The duty states that:

- (1) A person that this article applies to shall,*
 - (a) before the 31st November 2002, have in place arrangements for fulfilling, as soon as is reasonably practicable, its duties under paragraph (2); and*
 - (b) fulfil those duties in accordance with such arrangements.*
- (2) It shall be the duty of such a person to monitor, by reference to the racial group to which they belong,*
 - (a) the numbers of –*
 - (i) staff in post;*
 - (ii) applications for employment, training and promotion, and*
 - (b) where the person has 150 or more full-time staff, the numbers of staff from each such group who-*
 - (i) received training;*
 - (ii) benefit or suffer detriment as a result of its performance assessment procedures;*
 - (iii) are involved in grievance procedures;*
 - (iv) are subject to disciplinary procedure, or*
 - (v) cease employment with that person.*

(3) Such a person shall publish annually the results of its monitoring under paragraph (2).

10.2. MONITORING OF THE WORKFORCE

NHS Lanarkshire will monitor the profile of its workforce. The following information will be collected about each of its existing and new employees:

- ethnic origin;
- sex;
- age;
- disability;
- other information which is deemed necessary to monitor NHS Lanarkshire's employment policies and practices.

NHS Lanarkshire will analyse and report information on the composition of its workforce by the above categories and by:

- the workforce as a whole;
- directorate;
- staff group;
- grade/salary banding, as appropriate to the staff group;

when it proves useful to do so and does not breach confidentiality.

NHS Lanarkshire will monitor the ethnic composition of its workforce using the ethnic categories used in the 2001 census. For a list of these please see Appendix 6.

10.3. MONITORING APPLICATIONS FOR EMPLOYMENT AND PROMOTION

NHS Lanarkshire will monitor applications for employment received by the categories outlined in 10.2. This information will be collected from application forms and will not be shared with appointment panels. The organisation will

also have to state clearly its commitment to monitor its policies as clearly outlined within the HDL 2002.

This information will be analysed and reported by:

- the number of applications received;
- short-listed candidates;
- appointed candidates.

The Board and Trusts will monitor applications for promotion and will analyse and report this information by:

- application received for promotion;
- appointed candidates.

10.4. MONITORING APPLICATIONS FOR TRAINING AND TRAINING RECEIVED

NHS Lanarkshire will monitor by the categories set out in 10.2:

- applications for training;
- those who have received training.

Information on who has received training will be analysed and reported by:

- whether training was optional/mandatory;
- whether the training was internal or external;
- whether the training leads to a qualification;
- any other information which proves useful.

NHS Lanarkshire will develop a **Code of Practice to cover staff training**, which will incorporate procedural requirements and the collection of monitoring information.

10.5. MONITORING PERFORMANCE APPRAISAL

The Board and Trusts will monitor the operation of its staff appraisal linked to staff reward schemes using the categories set out in 10.2. This information will be analysed and reported on the basis of:

- which staff benefits from the staff appraisal system?
- which staff did not benefit from the staff appraisal system?
- the average level of performance related pay awarded.

The Board and Trusts in the future may operate different staff appraisal and performance related pay schemes, and therefore these arrangements may be subject to change.

The Board and Trusts will also monitor the awarding of discretionary points for nursing and other staff who are entitled to them. This information will be analysed and reported by:

- who has applied for discretionary points;
- who has been awarded discretionary points.

10.6. GRIEVANCES AND HARASSMENT

The Board and Trusts will monitor grievances received from staff by the categories set out in 10.2. This information will be analysed and reported by:

- the number of grievances received;
- grievances not upheld;
- grievances upheld;
- at what stage of the grievance procedure was the grievance concluded?
- the number of complaints of harassment;
- the type of harassment.

10.7. DISCIPLINARIES

The Board and Trusts will monitor which of its staff have been subjected to its disciplinary procedure. Monitoring information will be analysed and reported by:

- who has been subjected to the disciplinary procedure?
- who was disciplined?
- what disciplinary action was taken?
- who was subjected to the capability procedures?
- who was subject to further action?

in accordance with arrangements set out in 10.2.

10.8. MONITORING STAFF WHO LEAVE EMPLOYMENT

The Board and Trusts will monitor who is leaving the workforce. This information will analysed and reported by:

- those leaving for alternative employment;
- dismissal;
- retirement;
- secondment (external to the organisation);
- redundancy;

in accordance with arrangements set out in 10.2.

10.9. USING MONITORING INFORMATION

Monitoring information will be used to support the assessments of the impact of NHS Lanarkshire's employment policies and procedures. In particular to:

- identify any adverse impact policies and procedures may have;
- undertake workforce planning;
- establish and monitor the progress towards equality targets;
- develop recruitment campaigns.

10.10. MAINTAINING CONFIDENTIALITY

NHS Lanarkshire will maintain the confidentiality of staff when publishing monitoring information. It will work to ensure that individual staff cannot be identified through monitoring arrangements particularly in relation to grievances and disciplinary action. NHS Lanarkshire will establish guidance for this purpose.

10.11. PUBLISHING MONITORING RESULTS

The results of monitoring will be published in the **Annual Workforce Profile**. The Profile will be published within the Annual Report and available separately. Copies of the Profile will be made available to staff, trade unions and staff representatives. The Profile will be presented to the unified Board for information and action.

SECTION D – ACTION PLANS

11. DELIVERING THE RACE EQUALITY SCHEME

11.1. WORK TO DATE

1. Energising the Organisation:

- NHS Lanarkshire has three named executive leads, leading the work within the Trusts and the Board; NHSB - David Pigott, LPCT – Kenneth Small and LAHT – Paul Wilson.
- The Race Equality Scheme has been completed. It contains a detailed first year action plan and an outline of years two and three action plans. It will be submitted to the Commission for Racial Equality by 5th December 2002.
- Individual Trusts are currently finalising detailed costed action plans to be submitted to the Scottish Executive by 31st March 2003.

2. Demographic Profile:

- The NHS Lanarkshire black and minority ethnic working Group is about to undertake a pilot exercise within 3 Gp practices to determine the most effective way to profile the local population in a 'Health' context.

3. Access and Service Delivery

- The NHS Lanarkshire black and minority ethnic working Group has developed several audit tools to look at access issues across the local Health service. These will be rolled out early in the coming year.

4. Human Resources:

- HR departments have recently reviewed and developed their equal opportunities policies in line with national Partnership Information Network (PIN) guidelines.
- HR departments are actively collecting ethnicity data about their existing staff during the recruitment process.

- LPCT has developed and implemented its Harassment & Bullying policy, which includes race equality.
- LACT & NHSB have developed its Harassment & Bullying policies, which include race equality, and will be moving forward with implementation.
- Staffs responsible for recruitment and selection will undergo training, which incorporates their duty under the Race Relations Act 2000.
- LAHT Organisational Development department is currently assessing relevant training needs for service providers.

5. Community Development:

- A black and minority ethnic community consultation forum has been set up, with membership comprising representatives from local minority ethnic community groups. NHS Lanarkshire currently funds the group.
- The group will be part of the policy and community planning processes; it will also work with partner agencies to look at issues relevant to the black and minority ethnic communities across Lanarkshire.
- NHS Lanarkshire has seconded a part-time community development worker (with 20 years of experience working with local minority ethnic communities) to facilitate the development of the local communities and the consultation forum.

11.2. NEXT STEPS

NHS Lanarkshire will establish a strategy group responsible for further developing the NHS Lanarkshire wide race equality strategy. The Group will include at least all three executive leads one of whom will be its chairman, the NHS Lanarkshire black and minority ethnic co-ordinator, as well as a representative from the minority ethnic consultation forum, and a staff representative.

The strategy group will be tasked with ensuring that the Race Equality Strategy is kept up-to-date. The group will undertake ongoing consultation with the local minority ethnic communities on the strategy each year, and

ensure that the Board and Trusts carry out regular reviews of their policies and functions. The strategy group will also oversee the implementation of the action plan, particularly those components that are common to all three organisations, ensuring that NHS Lanarkshire meets its obligations. The Group will report on a regular basis to the unified Board.

Each Trust and the Board will need to set up an internal working group to deliver the organisation specific action plans. Each working group will report to the respective Executive lead.

NHS LANARKSHIRE'S RACE EQUALITY STRATEGY YEAR ONE ACTION PLAN

12. FIRST YEAR ACTION PLAN

2002/2003 – 2003/2004

1. Strategic Management & Leadership

Activity	Task	Lead	Priority	Evidence	Guides	Approx. Cost	Target Date
1.1 Executive Leadership	1.1 Ensuring senior commitment to equality. 1.1.2 Appointment of full-time NHS Lanarkshire co-ordinator	NHS Lanarkshire; LHB, LPCT & LACT	FFA	<ul style="list-style-type: none"> senior member of Executive staff appointed to lead race equality strategy./ scheme co-ordination of strategy / scheme delegated to senior operational manager 	<ul style="list-style-type: none"> RRA2000 Code of practice (RRA2000 CoP) FFA HDL 2002 The Toolbox. Culturally Competent Organisations. 	N/C £35,000	Mar 03
1.2 Meeting Specific Duty : Race Equality Scheme	1.2.1 Identification of functions most relevant to race equality	NHS Lanarkshire; LHB, LPCT & LACT	RRAA	<ul style="list-style-type: none"> Publication of Scheme Submission of scheme to NRCEM 	<ul style="list-style-type: none"> RRA2000 CoP Equality standards in health and social care. CRE. Good Practice: Leadership Challenge 	N/C	Nov 02
				Scheme includes details of how the organisation will <ul style="list-style-type: none"> develop race impact assessment tools consult on strategy development monitor its functions and policies for adverse impact ensure its information is accessible to ethnic minority groups 	<ul style="list-style-type: none"> RRA2000 CoP Equality standards in health and social care. CRE. Good Practice: Leadership Challenge 	See below for detailed breakdown	Nov 02 Mar 03

Activity	Task	Lead	Priority	Evidence	Guides	Approx. Cost	Target Date
				<ul style="list-style-type: none"> ensure its services are accessible to ethnic minority groups train its staff in their new responsibilities under the RRAA. <p>RES has been consulted upon with community groups.</p>			
1.3 Energising the Organisation	1.3.1 Development of Statement of Intent	NHS Lanarkshire; Unified Board, LHB, LPCT & LACT	FFA	<p>Statement contains commitments to :</p> <ul style="list-style-type: none"> meeting the needs of its diverse population monitoring policies for adverse impact on race dealing effectively with racist behaviour from staff or patients continuous improvement in race equality developing an evidence base for practice learning and sharing best practice mainstreaming ethnic minority issues. <p>Statement is consulted upon with ethnic minority communities and disseminated to all staff</p>	- RRA2000 CoP CoP "Good Practice: Leadership Challenge" - FFA HDL 2002	N/C	Mar 03
	1.3.2 Developing tools to race impact assess current and future policy in consultation with	NHS Lanarkshire; LHB, LPCT & LACT	RRAA	<ul style="list-style-type: none"> race impact assessment tools developed Organisation regularly reviews current and future 	- RRA2000 CoP - The Toolbox. Culturally Competent	See below for detailed breakdown	Nov 02 Nov 03

Activity	Task	Lead	Priority	Evidence	Guides	Approx. Cost	Target Date
	ethnic minority communities.			<ul style="list-style-type: none"> policy for adverse impact on race equality Outcomes of race impact assessment process publicly available 	Organisations		Nov 03
	1.3.3 Developing systems to monitoring the impact of policy on access for ethnic minority communities.	NHS Lanarkshire; LHB, LPCT & LACT. Ethnic Minority Resource Centre* (EMRC)	RRAA FFA	<ul style="list-style-type: none"> Organisation has developed tools to monitor information impact of services and policies on ethnic minority communities Outcomes of monitoring data publicly available Increased return rates in areas where the capacity to capture ethnic data exists Monitoring data fed into planning and development systems. Evidence of qualitative methods being used (e.g. focus groups, satisfaction surveys etc) 	<ul style="list-style-type: none"> - RRA2000 CoP monitoring guidance. - The Toolbox. Culturally Competent Organisations - Good practice in Asian Mental Health 	£10,000	Mar 03 On going Annual Ongoing Mar 03
	1.3.4 Production of Race Action plan	NHS Lanarkshire; LHB, LPCT & LACT	FFA	<ul style="list-style-type: none"> Plan gives details including timetable and costs involved Plan is set within wider context of RES and is integrated into its framework. Plan addresses all 5 elements of FFA framework Plan has been developed in conjunction with community representatives, the ethnic 	RRA2000 CoP FFA HDL 2002		Mar 03

Activity	Task	Lead	Priority	Evidence	Guides	Approx. Cost	Target Date
				minority consultative forum, NRCEM and is submitted to Scottish Executive Health Department.			

2. Demographic Profiling

Activity	Task	Lead	Priority	Evidence	Guidance	Approx costs	Target
2.1 Demographic Profiling	2.1.1 Survey of local ethnic minority population	NHS Lanarkshire; LHB, LPCT & LACT EMRC*	FFA RRAA	<ul style="list-style-type: none"> • Organisation collaborates on and publishes demographic survey of local ethnic minority population • Survey regularly updated with census and other relevant local and national data 	<ul style="list-style-type: none"> - FFA HDL 2002 - CRE: Ethnic Monitoring. A guide for public authorities - Patient profiling in primary care. Greenwich - CRE: Racial equality means quality 	£60,000	<p>Within 3 months of census data release</p> <p>Annual</p>
	2.1.2 Needs Assessment	NHS Lanarkshire	FFA	<ul style="list-style-type: none"> • Health needs assessment of local population developed and published • Initial audit of barriers to access identified • Results used to monitor effectiveness of service provision 	<ul style="list-style-type: none"> -RRA2000 CoP -FFA HDL 2002 -The Toolbox. Culturally Competent Organisations. - Step by step guide to epidemiological health needs assessment for minority ethnic groups 	£20,000	<p>March 03</p> <p>March 03</p> <p>Ongoing</p>
	2.1.3 Commitment to research	NHS Lanarkshire; EMRC*	FFA	<ul style="list-style-type: none"> • With the NRCEM organisation has actively considered further areas for detailed research 	<ul style="list-style-type: none"> -RRA2000 CoP -FFA HDL 2002 - Step by step guide to epidemiological health needs 	£20,000	<p>Mar 03</p> <p>Ongoing</p>

Activity	Task	Lead	Priority	Evidence	Guidance	Approx costs	Target
				<ul style="list-style-type: none"> data includes information about service use personal care needs spiritual needs translation and interpretation needs 	assessment for minority ethnic groups		

3. Access & Service Delivery

Activity	Task	Lead	Priority	Evidence	Guidance	Approx Cost	Target
3.1 Information & Communication Strategy	3.1.1 To ensure that ethnic minority groups have access to information about services	NHS Lanarkshire: LACT, LPCT, LHB: OD, HR, Comms and Info Depts EMRC*	RRA FFA	<p>Organisation has assessed the information needs of local ethnic minority population</p> <p>Ethnic minority information strategy/policy in place which sets out</p> <ul style="list-style-type: none"> • What information is currently available • What information will routinely be translated • What other steps the organisation will take to inform ethnic minority communities about services, (e.g. link-workers, web-based, audio-visual) • Strategy published in accessible formats and disseminated. 	<ul style="list-style-type: none"> - RRA 2000 CoP - HDL 2002 - Tackling Racism in the NHS-Good - Practice guide - Positively diverse - The Toolbox. - Bridging the Gap (communication and information) - Facing up to Difference 	£40,000	<p>Mar 03</p> <p>Mar 03 and ongoing</p>
3.2 Service Access	3.2.1 To ensure that the organisations services are	NHS Lanarkshire; LHB, LPCT &	FFA	<ul style="list-style-type: none"> • the organisation has assessed which of its services have most 	<ul style="list-style-type: none"> - RRA 2000 - FFA HDL 2002 	N/C	Nov 02

Activity	Task	Lead	Priority	Evidence	Guidance	Approx Cost	Target
	accessible to ethnic minority users and carers	LACT EMRC* Ethnic Minority Community Consultation Forum (EMCCF)		<ul style="list-style-type: none"> relevance to race equality the Race Equality Scheme contains realistic plans for ensuring access to most relevant services over a three year period the organisation has consulted with local communities about its priorities appropriate monitoring and evaluative tools are in place 	- Facing up to difference		Nov 02 Mar 03 Nov 02
	3.2.2 To carry out an audit of service accessibility	LPCT & LACT EMRC* EMCCF	FFA	<p>Audit which demonstrates how accessible the following services are to ethnic minority patients and other users</p> <ul style="list-style-type: none"> catering interpretation personal care spiritual and religious issues gender issues advocacy <p>and has set out plans to resolve problems of access in all of the above.</p>	<ul style="list-style-type: none"> RRA 2000 CoP HDL 2002 The Toolbox. Culturally Competent Organisations Audit tool produced by Lanarkshire's B&EMWG 	£5,000	Mar 03 and ongoing
	i) Catering	LHB, LPCT & LACT; Dietician, catering managers, health promotion EMRC* EMCCF	FFA	<p>Trust can demonstrate that there is</p> <ul style="list-style-type: none"> appropriate provision which meets the needs of religious and cultural groups arrangements for food preparation and menus which are in line with appropriate religious or 	<ul style="list-style-type: none"> HDL 2002 RRA 2000 CoP The Toolbox. Culturally Competent Organisations . Equal Rights 	Linked to staff training awareness budget	Mar 03

Activity	Task	Lead	Priority	Evidence	Guidance	Approx Cost	Target
	iii) Personal care	LPCT & LACT EMRC* EMCCF	.FFA	<ul style="list-style-type: none"> appropriate bathing facilities are available and where this is not achievable, alternative plans are in place to ensure access. Appropriate staff training has been identified and programmed. 	RRA 2000 CoP - HDL 2002 - The Toolbox. Culturally Competent Organisations . - Equal Rights Equal access: - NHS Health Audit - Facing upto Difference	£10,000	Ongoing
	iv) Spiritual and Religious issues	LPCT & LACT: Chaplaincy and Spiritual Leads EMRC* EMCCF	FFA	<ul style="list-style-type: none"> Services are sensitive to religious and spiritual needs Adequate facilities for worship or meditation are available Appropriate religious counselling can be accessed easily Staff can demonstrate differing approaches to bereavement for minority faiths 	- FFA HDL 2002 - RRA 2000 CoP - Spiritual Care in NHS Scotland HDL 2002 -The Toolbox. Culturally Competent Organisations	£3,500	Mar 03
	v) Advocacy	LHB, LPCT & LACT EMRC* EMCCF	FFA	<ul style="list-style-type: none"> an investigation into the accessibility of advocacy services for ethnic minority communities has been completed with ethnic minority communities 	FFA HDL2002	£3500	Mar 03

4. Human Resources

Activity	Task	Lead	Priority	Evidence	Guides	Approx Cost	Target
4.1 Policy	4.1.1 Promotion of Equal Opportunities	NHS Lanarkshire: LHB, LPCT & LACT HR & OD Depts	FFA	<ul style="list-style-type: none"> • Organisation has an operational EOP which reflects current legislation • Policy is effectively implemented and has been circulated to all staff • Organisation is monitoring its workforce to ensure it reflects local population characteristics • Training and development opportunities are allocated fairly 	<ul style="list-style-type: none"> - RRA 2000 - RRA CoP - Employment HDL - PIN guidelines - DoH: Looking beyond labels 		March 03
4.2 Recruitment	4.2.1 Fair recruitment & selection	NHS Lanarkshire: LHB, LPCT & LACT HR & OD Depts	FFA & RRA	<ul style="list-style-type: none"> • Organisation can demonstrate that all recruitment & selection processes are accessible to ethnic minority candidates (e.g. use of Positive Action, mentoring etc) 	<ul style="list-style-type: none"> - RRA 2000 - RRA CoP - Employment HDL - PIN guidelines 		March 03
4.3 Staff development	4.3.1 Staff Training	NHS Lanarkshire: LHB, LPCT & LACT HR & OD Depts	FFA RRAA	<ul style="list-style-type: none"> • A programme has been developed to ensure that all staff groups will be trained in their new duties under the RRAA. • A programme has been developed for conducting staff training needs assessments • All induction courses include inputs on RRAA, Cultural Competence, and race 	<ul style="list-style-type: none"> - RRA 2000 - RRA CoP - Employment HDL - PIN guidelines - Equal Rights, Equal Access: A training pack to improve the health 	£30,000	Nov 02 March 03 March 03 Ongoing

Activity	Task	Lead	Priority	Evidence	Guides	Approx Cost	Target
				equality <ul style="list-style-type: none"> All staff groups have the opportunity to access training on ethnic minority health issues. Training and development opportunities are open and available to all staff. 	and social care of children from minority ethnic communities.		March 03
4.4 Specific Duty : Employment	4..4.1 Organisation has published a plan detailing the implementation as soon as is practicable for ethnic monitoring of : <ul style="list-style-type: none"> current staff applicants for employment applicants for training applicants for promotion grievances disciplinarys appraisal outcomes dismissals reasons for leaving 	NHS Lanarkshire: LHB, LPCT & LACT HR Dept	RRAA	<ul style="list-style-type: none"> Training briefing sessions have taken place for all Human Resources staff . Ethnic monitoring system active High return rates being achieved Data analysed bi annually Results reported to Board Results published annually. 	RRA2000	£4,000	Nov 02 March 03 Bi annual Annual Annual
4.5 Harassment	4.5.1 Promote anti harassment strategies	NHS Lanarkshire: LHB, LPCT & LACT HR Dept	FFA/ HDL	* <i>Dignity at Work</i> guidance has been fully adopted and implemented	- PIN guidelines	N/C	March 03

5. Community Involvement & Community development.

Activity	Task	Lead	Priority	Evidence	Guidance	Approx. Cost	Target
5.1 Community Involvement & Community development.	5.1.1 Community Consultation	NHS Lanarkshire: LHB, LPCT & LACT Health Council NLC & SLC	FFA	<ul style="list-style-type: none"> • an ethnic minority consultative forum has been established • the forum is jointly chaired by a member of the executive and a local community representative • the forum is used to consult with local ethnic minority groups on service delivery issues • the group is multidisciplinary • wider engagement is encouraged, sought, and achieved • efforts have been made to ensure the forum is representative • the organisation can demonstrate the involvement of ethnic minority communities in broader consultations • the organisation is actively supporting ethnic minority groups in building capacity around health and wellbeing issues. 	<ul style="list-style-type: none"> - RRA 2000 - HDL - Bridging the Gap (involving service users, carers and communities) - Facing up to Difference 	£20,000	Mar 03
	5.1.2 Community development	NHS Lanarkshire: LHB, LPCT & LACT	FFA	<ul style="list-style-type: none"> • a directory of local ethnic minority groups/ contacts has been established • support is available to ethnic 	<ul style="list-style-type: none"> - HDL 2002 		Mar 03
	5,13 Appointment of						Mar 04
							Ongoing.

Activity	Task	Lead	Priority	Evidence	Guidance	Approx. Cost	Target
	community development officer	NLC & SLC		minority carers • Support available to develop communities groups			

6. Other Strategic Priorities

Activity	Task	Lead	Priority	Evidence	Guidance	Approx Cost	Target
6.1 Partnership Working	6.1.1 To ensure that the principles of the RRAA are integrated into all partnerships the organisation participates in.	NHS Lanarkshire: LHB, LPCT & LACT Health Council NLC & SLC	RRAA	<ul style="list-style-type: none"> Principles of the General Duty are integrated into organisations approach to partnership working Organisation can evidence adherence to RES principles throughout all aspects of partnership working. 	<ul style="list-style-type: none"> - RRA200 - FFA HDL 2002 	N/C	Nov 02
Procurement	6.1.2 To develop race equality policies on : <ul style="list-style-type: none"> Services provided under contract Assessment of contractors adherence to Equal Opportunities Access for all 	NHS Lanarkshire: LHB, LPCT & LACT Procurement dept's	RRAA	<ul style="list-style-type: none"> Organisation has included performance standards in contracts or care plans relating to a contracted out function or service (e.g. advocacy, palliative home care, hospices etc) Contractors are encouraged to promote equality of opportunity in their own practice Ethnic minority businesses and organisations are encouraged to bid for contracts. 	<ul style="list-style-type: none"> - RRA 2000 - HDL 2002 	N/C	Nov 02 Mar 03 Mar 04

13. THREE YEAR ACTION PLAN 2002/2003 – 2005/2006

1. Human Resources & Training and Employment

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
1.1 Review Equal Opportunity Policy in accordance with the RRA 2000, HDL & PIN Guidelines.	H R O D departments Training departments Board and Trusts	RRA 2000 HDL PIN RRA Code of Practice on Employment	Review of current EOP using PIN guidelines, RRA and HDL.	Action Plan by Nov 2002 for the RES March 2003 for HDL	<ol style="list-style-type: none"> 1. Policies should be written in accordance with the guidance issued by the Scottish Partnership Forum, RRA (CoP of Employment) & HDL. 2. Policies should include monitoring of training, grievances, disciplinary procedures, performance appraisal and dismissals. 3. Ensure that equality and diversity issues are disseminated throughout the organisation. 4. Senior members of the HR dept are trained to interpret the legal obligations under the RRA & HDL. 5. Demonstrate effective implementation of EOP and Race Equality policies through monitoring. 	
1.2 Review current recruitment and retention strategies.	H R OD Planning Board and Trusts	RRA 2000 HDL PIN	Review of current policies and ensure that they are inline with the RRA 2000, PIN and HDL requirements.	Action Plan Nov 2002 in the RES March 2003 for HDL	<ol style="list-style-type: none"> 1. Develop a Code of Practice for Recruitment and Selection. 2. Develop a fair recruitment and selection training programme which covers: <ul style="list-style-type: none"> - principles of fair recruitment and selection - the law relating to discrimination - contents and operation of 	

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
					<p>fair recruitment code of practice.</p> <p>3. Check disparities in the success rate of recruitment policies and how accessible they are to local ethnic minority communities.</p> <p>4. Identify possible barriers to equality of opportunity.</p> <p>5. Consider using positive action measures to address under representation of people from particular ethnic groups.</p> <p>6. Ensure that any changes made to recruitment selection policies/procedures/practice are understood and implemented throughout the organisation.</p> <p>7. Assess training needs of all staff involved in recruitment and selection panels.</p>	
1.3 Harassment and Bullying policies	H R OD Training departments Board and Trusts	RRA 2000 HDL PIN RRA CoP Employment	Review of current policies ensuring that they are inline with the RRA 2000 and HDL requirements		<p>1. Ensure that they are inline with PIN guidance on Dignity at Work: Eliminating Bullying and Harassment in the Workforce.</p> <p>2. Demonstrate the effective implementation of the Dignity at Work policy through monitoring.</p> <p>3. Monitoring of grievances received by staff. (see10.6)</p> <p>4. Assess training needs of managerial staff.</p> <p>5. Investigate support needs of all staff</p>	
1.4 Monitoring of	H R	RRA 2000	1. Carry out an audit	Nov 2002 in the RES	1. Provide and disseminate	

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
<p>staff's ethnicity to ensure that planning and policies reflect the diversity of a multi-cultural workforce.</p> <p>1.5 Establish recruitment and promotion targets for ethnic minority staff in workforce</p>	Board and Trusts	HDL	<p>of all employees.</p> <p>2. Ethnic coding set up NHS Lanarkshire wide.</p> <p>3. Set up same ethnic classification system as the one used in the 2001 census.</p> <p>4. Comparison of data with data of local population.</p>	Reassess in Spring 03 on release of 2001 Census data	<p>information on what is happening during the agencies employment cycle to ensure transparency.</p> <p>2. Snapshot of the workforce</p> <p>3. Monitor progress to show that the equal opportunities policies are effective.</p> <p>4. Build monitoring into current information systems already in use.</p> <p>5. Effect of policies and procedures on ethnic minority employees.</p> <p>6. Ongoing analysis of data to identify patterns of inequality.</p> <p>7. Where inequalities exist develop positive action schemes.</p> <p>8. Publish results annually with details on how it is dealing with trends or problems highlighted and ensure it meets the criteria of the specific duty.</p>	
1.6 Training staff on delivery of the employment duties.	OD Dept's HR NHS Lanarkshire	RRA 2000 HDL PIN guidelines REAF	<p>1. Baseline training for HR staff and those undertaking employment functions (i.e. recruitment panels).</p> <p>2. Review of training for HR and recruitment and selection panels and ensure they are aware of the specific duty</p>		All HR staff should be aware of their legal duty in undertaking employment functions under the RRA 2000.	

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
1.7 Ensure that the training packages for staff raise awareness around racism, ethnicity, and health	Training Managers in Board and Trusts O D dept PHIS HEBS WSREC Local community/ Voluntary groups Health Promotion	RRA 2000 HDL PIN guidelines REAF Report	<ol style="list-style-type: none"> 1. Create an audit tool that incorporates the requirements under the RRA, HDL & PIN guidelines 2. Use the audit tool to carry out a staff training requirement audit. 3. Audit current EOP training packages and address gaps in line with RRA 2000, HDL & staff training-requirement audit. 	Nov 2002 RES March 2003- response to HDL	<ol style="list-style-type: none"> 1. A comprehensive training programme that addresses the issues that affect racism, ethnicity and health. 2. Work with partners to identify a generic health education programme for staff and ensuring that it is adapted to the needs of the local population. 3. Ensure that anti-racist and cultural diversity training is implemented and mainstreamed throughout the organisation. 4. Ensure staff are skilled in writing policies and strategies that take into account and respect cultural and religious diversity. (this needs regular audit/analysis see below) 5. Training and development programmes have to be actively promoted and are open and available to all staff. 	
1.8 Ensuring that staff responsible for meeting both the RRA 2000 Specific and General duty are aware of these and have the skills needed to carry them out.	NHS Board and Trusts Training Managers in Board and Trusts PHIS CRE OD	RRA 2000	<ol style="list-style-type: none"> 1. Identifying staff/services who have responsibility under the Specific and General duties and ensuring they are aware of their legal duty. 2. Start looking at implementing baseline training 	31.03.03 Plan in place by 30.09.03	<ol style="list-style-type: none"> 1. Race equality built into all existing training programmes. 2. Training the trainers in providing appropriate programmes. 3. Creating a specific staff training package on the staff's responsibility under the legislation in meeting both Specific and General Duty. 4. All training packages should be 	

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
<p>1.9 Establish recruitment and promotion targets for ethnic minority staff in workforce.</p> <p>1.10 Deliver planned corporate training programmes across all staff levels in NHS Lanarkshire.</p>			<p>for all current staff, incorporating specific information around meeting the requirements of the general duty.</p>		<p>tailored to the level of responsibility for the attending staff in meeting either duty.</p> <p>5. The training package should therefore focus on what the agency needs to do to meet the general and specific duties laid down by the RRA 2000.</p> <p>6. Induction programmes should contain a briefing on race equality and the expectations of staff.</p> <p>7. Evaluation of training sessions.</p> <p>8. Specific training needs for specific groups will be identified through policies/functions assessment process, action plans and monitoring processes.</p>	

2. Providing a culturally sensitive service/community development

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
2.1 Promoting Equality of Access to services and improving equity in resource allocation	NHS Lanarkshire NLC SLC Health Council Community/voluntary agencies	RRA 2000 HDL REAF	<ol style="list-style-type: none"> 1. An audit of processes that look at: ethnic make-up, community profile (gender and age), ethnic monitoring. 2. Ensure organisational responsibilities are met, these include: public involvement; partnership work (other agencies voluntary and statutory); respecting diversity in the community and workforce (linked to the work done in the access audit below). 3. Ensure all contractual relationships are race friendly. Monitor outcomes. 4. Assess grant making powers to ensure equity of outcomes. 	Nov 2002 To be included within the RES 31.03.03 presented to the EMRC	<ol style="list-style-type: none"> 1. Providing the resources identified to achieve a culturally competent service e.g. accessible Interpreting service. 2. Service providers must acquire the competencies to deliver a culturally competent service. 3. Service users should be provided with information on the culturally competent service. 4. Pro-actively working in partnership with communities. e.g. set up and help sustain community consultation forum. 5. Working with partner agencies to allow communities access through a single community consultation forum. 6. Mainstream ethnic minority issues into all consultative exercises. 7. Capacity building for ethnic minority groups. 8. Service providers must consult with BEM communities in developing and planning services. 	
2.2 Access Audit (Needs Assessment)	NHS Lanarkshire	HDL SLWG	<ol style="list-style-type: none"> 1. As part of the comprehensive NA 	Nov 2002 To be included within the	<ol style="list-style-type: none"> 1. A culturally sensitive policy on the provision of each individual support 	

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
(NA))	NLC SLC	RRA 2000 REAF	<p>to see how culturally competent services are.</p> <p>2. The NA to examine current level of support services available within each board and trust. For each service the NA has to look at what the organisation has in place:</p> <p>a. What components of the service are lacking or need to be improved to make them more accessible to both staff and communities.</p> <p>b. What action plans are in place for the corrective or developmental work on the service, and how widely have these been circulated.</p> <p>c. In particular demonstrating how organisations are going to meet the elements of cultural and</p>	RES 31.03.03 presented to the EMRC	<p>services. (Element 3 of HDL).</p> <p>2. A policy on how information on support services will be filtered to the service users and providers.</p> <p>3. Working in partnership with partner agencies in setting up joint partnership services, i.e. investing in an interpreting and translating service.</p>	

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
			religious needs, as stipulated in the HDL..			
2.3 Working in partnership to co-ordinate resources to achieve maximum benefit	NHS Lanarkshire NLC SLC Health Council Community/voluntary agencies	HDL	Identify areas of service provision that are inadequate or inappropriate pan-Lanarkshire.	Nov 2002 To be included within the RES	Shared investment and commitment across agencies in Lanarkshire in providing or updating services.	
2.4 Community Consultation	NHS Lanarkshire NLC SLC Health Council Community/voluntary agencies	RRA 2000 HDL	Consultation should be done in a number of different ways, a clear and coherent approach should be adopted outlining the purpose and processes. Processes to be considered can be ; 1. consultation meetings; 2. focus groups; 3. citizen's juries; 4. Survey questionnaires.	Nov 2002 To be included within the RES March 2003 HDL	Shared investment and commitment across agencies in Lanarkshire in developing and maintaining active community consultation.	
2.6 Community Development	NHS Lanarkshire NLC SLC Health Council Community/voluntary agencies	RRA 2000 HDL SLWG	1. Establishment of a community consultation forum. This should be made up of local ethnic minority community groups and representatives. 2. This forum should be used for	Nov 2002 To be included within the RES March 2003 HDL	1. Ensure that service provision is culturally appropriate, and the planning and policy development processes for local services involves local ethnic minority communities in shaping these services. 2. The work of the consultation forum should be ongoing and should be done in partnership with the community groups and other	

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
			<p>planning services and shaping policies to ensure they are culturally competent.</p> <p>3. The forum should be supported by NHS Lanarkshire, partner agencies and local external agencies and groups.</p> <p>4. A directory of black and ethnic minority local community based groups should be compiled and maintained.</p> <p>5. Support should be provided to existing voluntary/community groups to address the needs of the ethnic minority communities i.e. advocacy, carers groups.</p>		<p>agencies within Lanarkshire.</p> <p>3. The consultation forum should be free to develop its own remit, and collaborate with other agencies beside NHS Lanarkshire as it sees fit.</p> <p>4. Development of a directory of local ethnic minority communities in partnership with external statutory agencies.</p>	

3. Looking at health needs of the ethnic minority community population

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
3.1 Assessment of relevance of functions and policies with regard to the duty to promote racial equality. (4.1 - 4.4)	Board and Trusts NLC SLC	RRA 2000 CoP	List policies and functions (including proposed policies) and assess them to see if they meet the requirements of the General Duty (GD) and promote race equality. The assessment will include: 1. If they meet the three parts of the GD; Eliminating discrimination, promoting equality of opportunity and promoting good race relations. 2. Which racial groups are affected; and to what extent. 3. If there are any reasons to believe that people are or could be, differently affected because of their racial group.	RES November 2002 Individual Board and Trust Action plans by March 2003. Framework for assessment of relevance of functions and policies by March 2003.	All policies to be assessed and reviewed in relation to race equality, as stated in the CoP. The Board and Trusts within NHS Lanarkshire will: <ul style="list-style-type: none"> • identify <u>all</u> its functions; • assess each function for its relevance to the duty to promote race equality; • state its commitment to monitor its policies Key questions to ask in assessing the relevance of functions and policies is; <ul style="list-style-type: none"> • Is it Relevant to the general duty? • What is the degree of relevance? Race equality mainstreamed into all policies and functions of NHS Lanarkshire.	
3.2 Assessment process for new policies (5.2)	Board and Trusts	CoP RRA 2000	Boards and Trust are required to assess what impact new policies, they are considering for adoption, might have	RES November 2002 Individual Board and Trust Action plans by March 2003. Framework for	Assessment reports should be published. The assessment process will consider:	

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
			upon race equality. It is also required to consult upon assessment findings.	assessment of relevance of functions and policies by March 2003.	<ul style="list-style-type: none"> • whether the policy is relevant to the duty to promote race equality? • what is the likely impact upon race equality? • is the policy likely to discriminate in any way? • the results of any service reviews? • the results of public/staff consultations. 	
3.3 Procurement	NHS Lanarkshire Procurement Depts: LAHT & LPCT	RRA 2000 HDL				
3.4 Profile/survey of ethnic minority communities	NHS Lanarkshire SLC NLC Local communities	HDL	<ol style="list-style-type: none"> 1. A survey designed to ascertain the demographic make-up of the NHS Lanarkshire catchment area. 2. The survey should also gather information such as GP registration to allow ethnic health monitoring. 3. This data should include, facets on cultural and religious needs, as well as utilisation of services. 	March 2003	<ol style="list-style-type: none"> 1. More effective Health service planning 2. The deployment of focused and appropriate interventions. 	
3.5 Arrangement for publishing the findings	NHS Lanarkshire	RRA 2000 CoP	<ol style="list-style-type: none"> 1. An annual race equality report 	Nov 2003	Regular updates on the ongoing work allows the communities and	

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
of any assessments and consultations reports.			which contains a list/summaries of: <ol style="list-style-type: none"> a. Assessments b. Consultations c. Proposed policies. 2. The report should also include: <ol style="list-style-type: none"> a. why the consultation took place; b. How it was carried out; c. Summary of the responses or views; d. An assessment of the policy options; and e. What the agency is proposing to do. 		other stakeholder organisations to participate and keep abreast of progress and results of ongoing and planned developments in the health services.	
3.6 Communication and Information strategy			To be developed			
3.7 Patient monitoring			To be developed in conjunction with HDL requirements			
3.8 Mechanisms by which future policies will be assessed			To be developed			
3.9 Commitment to research	NHS Lanarkshire PHISS NLC	HDL	1. After completing the Ethnic profiling exercise, each agency should			

Objectives	Lead & Partners	Guides	Stage 1	Timescales	Proposed Outcomes (These must be delivered over the next three years)	Resources
	SLC Scottish Executive ISD		<p>consider further in depth research regarding disease, service access and utilisation and other topics as appropriate.</p> <p>2. The collation of information and data on local ethnic minority communities must be ongoing.</p>			

APPENDIX 1 – LIST OF FUNCTIONS AND POLICIES TO BE ASSESSED

NHS LANARKSHIRE HEALTH BOARD

STATEMENT OF OVERALL OBJECTIVES AND PRINCIPAL FUNCTIONS

Overall Objectives

- To improve and protect the health of local people.
- To focus clearly on health outcomes and people's experience of their local NHS system.
- To promote integrated health and community planning by working closely with other local organisations.
- To provide a single focus of accountability for the performance of the local NHS system.

Headline Functions

Strategy Development – to develop a single local health plan which addresses the health priorities and health care needs of the resident population, and within which all aspects of NHS activity in relation to: Health Improvement; Acute Services; and Primary Care will be specified.

Resource Allocation – to address local priorities – funds will flow to NHS Lanarkshire, which will be responsible for deciding how these resources are deployed locally to meet our strategic objectives.

Implementation – of the local Health Plan.

Performance Management – of the NHS system in Lanarkshire, including risk management.

Functions

Alcohol
Audit – Financial
Access (48 hour to Primary Care)

Breast Screening
Blood Borne Viruses

Cervical Screening
Children’s Health
Chronic Diseases (Diabetes;
Asthma; MS, etc)
Communicable Disease Control
Coronary Heart Disease
Cancer Plan/Strategy
Caldecott – Patient Identifiable
Information
Community Care Appeals
Cardiac Rehabilitation
Clinical Effectiveness
Clinical Governance
Clinical Information
Child Protection
Community Planning
Complaints
Corporate Governance

Drugs
Dental and Oral Health
Delayed Discharges

Environmental Health
Epidemiology
Ethics of Research

Financial Planning and Review

Guidelines Implementation

Health Improvement
Health Promotion and Prevention
Health Governance
Hospital Acquired Infection
Health and Homelessness
Human Resources
Health and Safety
Immunisation
Injury Prevention and Control

Information Technology

Joint Futures

Lifestyle Surveys
Local Health Care Co-operatives
(Public Health Practitioners)
Learning Disabilities
Life Long Illness

Mental Health Framework
Managed Clinical Networks
Major Emergency Planning

Needs Assessment
New Therapies
Out of Area Treatments (OATS)

Public Health Nutrition
Palliative Care
Public Health Advice for
Commissioning
Pharmaceutical Public Health
Public Health Research
Public Information
Partnership Working
Performance Review
Patient and Public Involvement

Resource Allocation
Risk Management
Regional Planning

Stroke Strategy
Service Agreements
Service Reviews
Sexual Health
Strategic Planning (Development
and Review)
Social Inclusion
Staff Governance
Training and Development
Throughcare Services

Unplanned Activity (UNPACS)
Winter Planning
Waiting Lists/Waiting Times
Women’s Health

Primary Care Trust **Functions**

Acute Mental Health		Health and Safety
Acute Paediatrics		Health Promotion
Adoption and Fostering		Health Screening
Advocacy		Home Loan Equipment
Alcohol and Addictions		Human Resources
Audiology		Infection Control
		Information Technology
Care of the Elderly		Language / Interpretation
Chaplaincy		Laundry /Linen
Child and Adolescent Mental Health	Mental	Maintenance
Child Protection		Marie Curie Nursing
Clinical Governance		Macmillan Nursing
Clinical Waste		Medical Records
Clinical Psychology		Multi and Inter-Agency Working
Corporate Governance		
Counselling		Old Age Mental Health
Community Allied Health Professionals	Allied Health	Organisational Development and Training
Community Child Health		
Community Dentistry		Patient / Public Involvement
Community Mental Health		Performance Management
Community Nursing		Psychotherapy
Community Pharmacy		Public Health
Community Opticians		Public Relations and Communication (internal and external)
Complaints		Risk Management (Clinical and Non-Clinical)
Emergency Planning		
Facilities Management		Staff Governance
Family Planning		Strategic Clinical Service Planning
Finance		
Forensic Mental Health		
General Practice		Volunteering
General Dental Practice		Youth Health

Lanarkshire Acute Hospitals NHS Trust

Functions

Accident & Emergency services

Allied Health Professionals:

- Dietetics
- Occupational Therapy
- Orthoptics
- Physiotherapy

Anaesthetic services:

- Anaesthetic services
- High Dependency
- Intensive Care
- Theatres

Chaplaincy services

Clinical Effectiveness:

- Clinical Audit
- Clinical Guideline Implementation & Monitoring
- Research & Development

Clinical Governance

Finance

Human Resources:

- Personnel
- Organisational Development
- Service Re-design
- Volunteering

IM&T

Infection Control

Infectious Diseases

Inpatient, day case and outpatient

Medical services:

- Acute Medical Receiving
- Cardiology
- Care of the Elderly
- Dermatology
- Diabetes
- Gastroenterology
- General Medicine
- Haematology
- Neurology (Outpatients only)
- Oncology
- Ophthalmology
- Rheumatology
- Renal Medicine
- Respiratory Medicine

Inpatient, day case and outpatient

Obstetric services

Inpatient, day case and outpatient

Surgical services:

- Acute Surgical Receiving
- Breast Surgery
- Colo-rectal Surgery
- Ear, Nose & Throat
- General Surgery
- Gynaecology
- Infertility
- Oral & Maxillofacial Surgery
- Orthopaedic Surgery
- Plastic Surgery (Outpatients and day cases only)
- Pre-assessment services
- Thoracic Surgery
- Urology
- Vascular Surgery

Laboratory services:

- Biochemistry
- Cytopathology
- Microbiology
- Haematology
- Mortuary
- Pathology

Library services

Media & Communications

Medical Education (post-graduate)

Medical Illustration

Medical Physics

Medical Records

Nursing & Midwifery services:

- General Nursing
- Hospital & Community Midwifery
- Neo-natal Nursing
- Nursing & Midwifery Practice Development

Occupational Health & Safety services

Patient & Public Involvement

- Complaints

Planning & Development

Pharmacy services

Procurement

Property & Support Services:

- Contract Management of PFI and other contracts
 - Hard Facilities Management:
 - Estates & property maintenance
 - Soft Facilities Management:
 - Estates & property maintenance
 - Housekeeping
 - Ward hostess
 - Laundry & linen services
 - Portering
 - Security
 - Switchboard
 - Reception

- Waste Management
- Car parking
- Transport
- Catering
- Estates
- Helpdesk
- Window cleaning
- Pest control
- Energy

- Support services:
 - Patient services, inc patients' funds
 - Staff residencies management

Radiology services

Risk Management (Clinical & Non-clinical)

Surgical appliances

Trust & General Management

APPENDIX 2 – ASSESMENT TOOL

Key Questions for Assessment of the Relevance of Functions and Policies

	Is the function/policy relevant to the general duty?		What is the degree of relevance?	
	Which part/s of the general duty: 1 eliminating discrimination, 2 promoting equality of opportunity, 3 promoting good race relations- is/are relevant to the function/policy that you have responsibility for?	Is there any reason/evidence to believe that people from some ethnic minority backgrounds are or could be adversely affected by the function/policy/service? (For example, evidence of higher/lower uptake of services) 1 Yes 0 No	How much evidence do you have from for example: research, consultation, monitoring, and or complaints? 0 none 1 a little 2 some 3 a lot	Is there a public concern about the function or policy in relation to race equality? 0 none 1 a little 2 some 3 a lot
Functions and policies. ↓				

APPENDIX 3 – SERVICE PROVISION QUESTIONNAIRE

NHS LANARKSHIRE BLACK & MINORITY ETHNIC GROUP

COMPARATIVE SUB GROUP – SERVICE PROVISION QUESTIONNAIRE

The purpose of this questionnaire is to look at core elements within the provision of services which will improve access and enable them to be developed to meet some of the needs of patients from black and minority ethnic groups. The information will also be useful in auditing services and in monitoring the progress of initiatives.

Please tick the appropriate boxes.

1. Information for black and ethnic minority patients

1.1 Is there a written policy on the translation of information into community languages which includes reference to the need to translate:

- (a) patient information (including admission booklets)? Yes No Don't know
- (b) hospital forms (including consent forms)? Yes No Don't know
- (c) health education information? Yes No Don't know

1.2 Are there guidelines for the translation of information covering:

- (a) the commissioning of external translation services? Yes No Don't know
- (b) the assessment of the quality and standards of translated information? Yes No Don't know
- (c) the need for the regular assessment of translators? Yes No Don't know

1.3 Is information about services and service provision

- (a) available in community languages? Yes No Don't know
- (b) available in a range of media – for example, leaflets, audio cassettes and videos? Yes No Don't know
- (c) made available to black and ethnic minority community organisations? Yes No Don't know

1.4 Are there mechanisms for involving black and ethnic minority patients and community organisations in:

- (a) planning and development of patient information and health education campaigns? Yes No Don't know
- (b) monitoring of the appropriateness of advice and images in information materials? Yes No Don't know
- (c) pilot studies of information strategies? Yes No Don't know
- (d) dissemination of information? Yes No Don't know
- (e) monitoring of the take-up and impact of information resources? Yes No Don't know

2. Professional bilingual services

2.1 Are provisions for professional bilingual services based upon a regular assessment of need in relation to:

- (a) current research into languages spoken and literacy levels within local black and ethnic minority populations? Yes No Don't know
- (b) the findings of patient surveys across the range of service provision? Yes No Don't know
- (c) consultation with staff, patients and black and ethnic minority community organisations? Yes No Don't know

2.2 Is there a communication strategy for publicising the interpreting service and its availability to staff, patients, carers and black and ethnic minority community organisations?

Yes No Don't know

If 'Yes', please describe how it is publicised

.....
.....

2.3 Are there arrangements to monitor the use of and demand for interpreters, linkworkers and independent advocates in relation to:

- (a) ethnicity? Yes No Don't know
- (b) language(s) spoken? Yes No Don't know
- (c) clinical specialty? Yes No Don't know

2.4 Are there procedures in place to ensure that all interpreters, linkworkers and independent advocates have undertaken appropriate training and testing?

Yes No Don't know

2.5 Is there provision for interpreters, linkworkers and independent advocates to receive in-service training and assessment?

Yes No Don't know

2.6 Are there guidelines and a programme of in-service training for other appropriate staff on working effectively with interpreters, linkworkers and independent advocates?

Yes No Don't know

2.7 Are there arrangements for the emergency and out-of-hours provision of interpreters and independent advocates?

Yes No Don't know

2.8 Are there arrangements to ensure that the language and/or dialect of patients who do not speak English are recorded on all administrative, nursing, patient and discharge records?

Yes No Don't know

3. Religious and spiritual care

3.1 Is there a policy which details responsibilities for meeting the dietary needs of black and minority ethnic patients and service users?

Yes No Don't know

- 3.2 Are there arrangements to ensure that information on diet and the cultural and religious requirements of these populations are provided to:**
- (a) catering managers and staff? Yes No Don't know
- (b) catering suppliers? Yes No Don't know
- (c) all appropriate staff? Yes No Don't know
- 3.3 Is there a training programme for dieticians, health visitors and catering staff on diet and the cultural and religious requirements of the users?** Yes No Don't know
- 3.4 Do all service catering outlets provide a range of food which is appropriate to users' needs?** Yes No Don't know
- 3.5 Are there arrangements to monitor the quality and appropriateness of food and diets?** Yes No Don't know
- 3.6 Are there procedures for the recording of information relating to diet and cultural and religious requirements on patient and nursing records?** Yes No Don't know
- 3.7 Are menus available in community languages?** Yes No Don't know
- 3.8 Is there provision for information to be given to patients which can verify that the content and preparation of food complies with religious requirements?** Yes No Don't know
- 4. Religious and spiritual care**
- 4.1 Is there guidance which details the requirement for staff to respect and cater for religious differences and needs?** Yes No Don't know
- 4.2 Is there provision to ensure that all patients, carers and staff have access to religious and spiritual support of their choice?** Yes No Don't know
- 4.3 Is written information about access to religious and spiritual support translated into community languages?** Yes No Don't know
- 4.4 Are local black and ethnic minority community organisations consulted about the provision of religious and spiritual care and counselling?** Yes No Don't know
- 4.5 Is there a list, available to all staff, of local ministers of religious serving black and ethnic minority populations?** Yes No Don't know
- 4.6 Are these religious ministers consulted about:**

- (a) religious rites and observances? Yes No Don't know
- (b) festivals, celebrations and holy days? Yes No Don't know
- (c) the preparation of food and diets according to religious requirements? Yes No Don't know

4.7 Is there a non-denominational quiet area set aside in hospitals and day centres for prayer and meditation? Yes No Don't know

4.8 Is there provision to meet the needs of patients from black and minority ethnic groups who have particular spiritual or religious needs to perform appropriate ablutions? Yes No Don't know

4.9 Is there provision in maternity services for staff to cater for religious requirements and ceremonies relating to childbirth? Yes No Don't know

4.10 In the care of the terminally ill or dying patient, are staff aware of the need to consult the patient and/or the patient's carers regarding preferences for pastoral support? Yes No Don't know

4.11 In the event of the death of a patient, are staff aware of the need to consult the patient's carers regarding their preferences in relation to:

- (a) religious rites? Yes No Don't know
- (b) the preparation of the body? Yes No Don't know
- (c) pastoral support and ministration? Yes No Don't know

5. Gender Issues

Is there provision to meet the preference of some black and ethnic minority patients to consult and be examined by a male or female nurse/doctor? Yes No Don't know

APPENDIX 4 – HUMAN RESOURCES ASSESSMENT AND AUDIT TOOL

Section A:

Issue 1

Are the ethnic origins of **all** staff sought and recorded in a sensitive and confidential manner?

Issue 2

Are all applicants for posts asked to supply relevant details of their ethnic origins?

Can the information be analysed and reported by:-

- a) The number of applications received
- b) Short-listed candidates
- c) Appointed candidates
- d) Applications received for promotion
- e) Appointed candidates

Issue 3

Are minority staff encouraged to attend courses to develop their experience and enhance promotion prospects?

Can this information be analysed and reported by:-

- a) What percentage of applications for training comes from ethnic minority staff
- b) What percentage of those who receive training is from ethnic minority staff
- c) Whether training was optional or mandatory
- d) Whether training was internal or external
- e) Whether the training leads to a qualification
- f) Any other information which proves useful

Issue 4

What arrangements are in place to facilitate the observance by staff of their religious obligations, festivals and spiritual needs?

Issue 5

Have staff involved in recruitment been trained in equal opportunities?

Does this training have a racial or ethnic component?

Issue 6

Are staff issued with or do they have access to details of the Dignity at Work and Equal Opportunity employment policies and procedures at Induction?

Has the guidance been fully adopted and implemented?

Section A:**Issue 7**

Are all grievances recorded with ethnic component monitored?

Can this information be analysed and reported by:-

- a) The number of grievances received
- b) The number of grievances not upheld
- c) The number of grievances upheld
- d) At what stage of the grievance procedure was the grievance concluded?
- e) The number of complaints of harassment
- f) The type of harassment

Issue 8

Are all formal disciplinary issues recorded with the ethnic component monitored?

Can this information be analysed and reported by:-

- a) Who has been subject of the disciplinary procedure
- b) Who was disciplined
- c) What disciplinary action was taken
- d) Who received action under the capability procedures
- e) Who was subject to any other action

Issue 9

Are all performance appraisals recorded with the ethnic component monitored?

Can this information be analysed and reported by:-

- a) Which staff benefits from the staff appraisal system
- b) Which staff do not benefit from the staff appraisal system
- c) The average level of performance related award
- d) Who has applied for discretionary points
- e) Who has been awarded discretionary points

Issue 10

Are all dismissals from employment recorded with the ethnic component monitored?

Can this information be analysed and reported by:-

- a) Those leaving for alternative employment
- b) Dismissal (Conduct)
- c) Retirement
- d) Secondment (Internal or External)
- e) Redundancy

Issue 11

Is the equal opportunities policy in line with the S.P.F. PIN Guidelines on Equal Opportunities?

Issue 12

Are all recruitment advertising processes accessible to all minority ethnic communities?

How is this monitored?

Section B:

What is the present situation?

.....
.....

Who is responsible for review and maintenance?

.....

Section C:

What are the barriers to moving the issue forward?

.....

Section D:

Whose responsibility is it to move the issue forward?

.....
.....

What is the timescale or deadline?

.....

Signed

Designation Date

APPENDIX 5 – TRAINING NEEDS QUESTIONNAIRE

The objective of this questionnaire is to identify what training programmes need to be made available to staff working in NHS Lanarkshire in order to provide a culturally sensitive service.

Your reply is important to us and will remain confidential.

If you have any questions, please contact Hina Sheikh (Black & Ethnic Minority Co-ordinator) on 01698 206386.

Designation: _____

Base (Board/Trust): _____

Please tick the most appropriate statement that applies to you.

1. As part of your work, how relevant are ethnic minority issues?	
Do not apply to my work	0
Minimum relevance to my work	1
Moderate relevance to my work	2
Substantial relevance to my work	3
Major relevance to my work	4
Vital relevance to my work	5

2. How would you rate your knowledge with regard to ethnic minority patients/clients/communities issues? e.g. awareness of religious requirements	
No knowledge (Basic training required)	0
Minimum knowledge (Basic training required)	1
Developing of knowledge (More advanced training required)	2
Acceptable level of knowledge (More advanced training required)	3
Good level (Coaching only required)	4
Very high level of knowledge (No training required)	5

3. How would you rate your skill level with regard to working with ethnic minority patients' issues? e.g. ability to deliver an appropriate and satisfactory service to a non-english speaking patient	
Underdeveloped (Basic training required)	0
Minimum skills (Basic training required)	1
Developing skills (More advanced training required)	2
Acceptable skill level (More advanced training required)	3
Good skill level (Coaching only required)	4
Very high skill level (no training required)	5

4. Do you encounter difficulties when delivering services to patients and their family from ethnic minority communities?	
Never	0
Infrequently	1
Occasionally	2
Frequently	3
Very Frequently	4
Constantly	5

If you have encountered difficulties could you please describe some of your experiences below?

5. How helpful would the following be to enable you to provide a quality service to people from ethnic minority communities?

Please tick the most appropriate statement that applies to you.

	Not relevant	Not Important	Useful	Very useful	Important	Very important
Topic	0	1	2	3	4	5
a) Knowledge of different religious and cultural practices						
b) Access to relevant information sources e.g. translated literature/leaflets						
c) Access to relevant resource people e.g. care professional of a similar background						
d) Access to a face to face interpreter						
e) Access to telephone interpreting services						

6. Please indicate which topics below would be of some benefit to you in delivering a culturally sensitive service.

Please tick a single box for each topic and as many as you wish.

	Not relevant	Not Important	Useful	Very useful	Important	Very important
Topic (See information sheet for definitions)	0	1	2	3	4	5
1. Anti- Racist Practices						
2. Anti-Discriminatory Practices						
3. Asylum Seekers /Refugee Health						
4. Cultural awareness around care of the Dying/ Bereavement						
5. Effective Communication						
6. Food, Diet and Nutrition						
7. Health Inequalities/ profiles of ethnic Minority communities						
8. Learning Disability						
9. Maternal Health						
10. Migration and Health						
11. Names and the Naming System						
12. Religious practices						
13. The Race Relations Amendments Act						
14. Traditional Health Beliefs						
15. Understanding Mental Illness in ethnic minority communities						
16. Working with Interpreters in the NHS						
Please list other topics that would be of some benefit to you in delivering a culturally sensitive service in the space below						
17.	18.	19.				

All information will be held in strictest confidence. Please return the questionnaire in the prepared self-addressed envelope. Thank you for your assistance.

APPENDIX 6 – ETHNIC MONITORING CATEGORIES

Staff and Applications for Employment

- A** White
- British
 - Irish
 - Any other White background (please specify)

- B** Mixed
- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other Mixed background (please specify)

- C** Asian or Asian British
- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background (please specify)

- D** Black or Black British
- Caribbean
 - African
 - Any other Black background (please specify)

- E** Chinese or other ethnic group
- Chinese
 - Any other (please specify)

Patients and Other Service Users

- A** White
- British
 - Irish
 - Any other White background (please specify)

- B** Mixed
- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other Mixed background (please specify)

- C** Asian or Asian British
- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background (please specify)

- D** Black or Black British
- Caribbean
 - African
 - Somali
 - Any other Black background (please specify)

- E** Chinese or other ethnic group
- Chinese
 - Yemeni
 - Any other (please specify)

APPENDIX 7 – KEY DEFINITONS

Racism:

Racism is the mistreatment of a group of people on the basis of race, colour, religion, national origin, place of origin or ancestry. The term racism may also denote a blind and unreasoning hatred, envy or prejudice.

The definition of institutional racism as stated in the Macpherson Report is one that NHS Lanarkshire will adopt for the purpose of this report.

The definition of institutional racism is:

"The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people."

The definition of a racist incident, also as stated in the Macpherson Report, is:

"A racist incident is any incident which is perceived to be racist by the victim or any other person."

Discrimination

Discrimination is the denial of equality based on personal characteristics, such as race and colour. Discrimination is usually based on prejudice and stereotypes.

Prejudice

Prejudice literally means to "prejudge" based on preconceived ideas about others. No law can prevent prejudiced attitudes. However, the law can prohibit discriminatory practices and behaviours flowing from prejudice.

Black and Ethnic Minority

Everyone belongs to an ethnic group but the term 'ethnicity' has held different meanings at different times. It was first used to mean nationality (from the Greek word 'ethnos' meaning nation) and the meaning later expanded to include religion. Social scientist now use it to describe some of the cultural features by which groups distinguish themselves- such as customs, family structure, language, lifestyle. Ethnicity has largely replaced 'race' (differentiation according to physical appearance) as the appropriate way to think of human difference.

Ethnic groups are influenced by their own understanding of the term ethnicity, and by factors such as their ancestry, nationality, culture and religion. People's reported ethnic group(s) can change over their lifetime, depending on the context either because of a change in perception or change in understanding of the mode of collection or the change in definition.

A culturally competent service

This is defined as a service, which recognises and meets the diverse needs of people of different cultural backgrounds. This applies to every individual with a healthcare need. It includes, but is not limited to, making provision for religious and cultural beliefs such as worship, diet, and hygiene requirements, catering for communication and language diversity, and involving users in service development. A key part of cultural competence is ensuring that discrimination on the basis of culture, belief, race, nationality or colour has no role in the delivery of services.

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