

हर कोई को अनुकूल स्वास्थ्य संचालन का अधिकार है - यहाँ NHS का मूल सिद्धान्त है।

ہر شخص کو صحت تک منصفانہ رسائی کا حق ہے - یہ اصول این ایچ ایس کی بنیاد ہے

সবাই স্বাস্থ্যের ন্যায় সুবিধা পাওয়ার অধিকার আছে - এটা এনএইচএস-এর প্রতিষ্ঠার সময়ের নীতি।

人人都有權公平享受保健服務 - 這是國民保健服務機構的基本原則。

मिहउ मेदादां उव रर हिदा (उरुं नासिज ढंरा नाल पनुंर करन दा रंर रै - औन. औंर. औंस (कौमी हिदा मेदा) दा सिह बुनिआदी असुल रै।

# fair for all

everyone is entitled to fair access to health - this is the founding principle of the NHS

Improving the Health of Ethnic Minority Groups and the Wider Community in Scotland



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जबदासई, चाहेसुअन नाम्ना सुविधा आसुआना सुधिकार चाहेह - एहीनि एनएईडएनएन-एनएन  
एकित्थिन नमरुअन नीति।

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ਅੰਨ. ਐੱਚ. ਐੱਸ (ਕੇ. ਐਮ. ਐੱਸ) ਦਾ ਇਹ ਬੁਨਿਆਦੀ ਅਸੂਲ ਹੈ।

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Of course, not everyone within ethnic minority communities experiences the same disadvantage. Ethnic minority groups are heterogeneous, and it is well known that particular groups have greater health needs than others.

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# Foreword

by the Minister for Health and Community Care

*'The NHS is one of the things that holds us together: it was set up to help people regardless of class or race.'*

I am delighted to be able to present this important document on meeting the health needs of Scotland's ethnic minority communities more effectively.

In planning action and delivering change within the NHS, we have made clear our determination to work to ensure NHSScotland is more responsive to the needs of individuals and communities.

Action is already underway to improve the delivery of healthcare for key groups, for older people, for children, for people with mental health problems or with learning disabilities. This document is another step forward. It addresses problems of access to and use of the NHS which are often faced by people from ethnic minority backgrounds. The need for culturally sensitive ways of communicating, for the provision of religiously appropriate food, and the translation of patient information are important issues which impact directly on people's experience.

There is no place for racism in the NHS – in dealing with patients, as an employer, or in communicating with the public. The great strength of the NHS is that care is free. It must now also be fair, and be seen to be fair, for all the staff and patients that believe in it and depend on it.

This document is a first step towards identifying the current practice in the NHS – the strengths and the weaknesses – and setting out how this can be improved.

***Minister for Health and Community Care***

# Foreword

by the Chief Executive of NHSScotland

The Scottish Executive welcomes the opportunity to make available this important analysis of policy and practice in addressing ethnic minority health by Health Boards and the Trusts throughout Scotland to policy makers, managers, practitioners and the public.

This report is the first of its kind, unique in its field. It presents a comprehensive 'warts and all' analysis of current practice by Health Board and Trusts to attempt to meet the needs of ethnic minority groups. It demonstrates the Executive's ongoing commitment to improve health and health care services for the vulnerable groups in our society.

The report reveals much about the institutional, professional and management agendas that interact with one another in shaping the effective delivery of health care.

It is hoped that the work will encourage both managers and professionals involved in the delivery of health care to use the results to plan and develop a culturally competent service in partnership with communities: a service which is culturally sensitive and takes account of the distinctive needs of the diverse groups and communities in Scotland.

The process has in itself had a catalytic effect on the NHS in Scotland. The 'postscript' for each Board and Trust show the wide range of work, which is now underway, and is a testimony of our ability to affect change in this area.

We would like to thank all those in the field who took the time to contribute by attending meetings, completing questionnaires and talking to us during the fieldwork. We hope you will find much of value in the report.

*Trevor Jones*

*Chief Executive, NHSScotland*

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# Preface

This report is in five main sections:

**Section 1** summarises the main findings of the 'Stocktake'.

**Sections 2 and 3** evaluate the 'soft' data generated by the interviews and organisational responses.

**Section 4** presents an analysis of the ethnic minority health dimension of planning documentation made available by NHS agencies and **Section 5** draws out some of the good practice that might be shared across the NHS in Scotland.

The report has been drawn on in the production of consultation document and leaflets, which gives a brief summary of the work.

Finally, the appendices include short summaries of recent related work on rurality and ethnic minority health, asylum seekers and refugees and Gypsy Travellers that the field may find useful.

We would like to thank all who helped but in particular, Prince Emmanuel Obike (for the interviews, analysis and in the drafting of the report) together with our respective teams, for their groundwork and help in the production of this report and Hector Mackenzie for his advice and support during the process.

***Dr Rafik Gardee***  
***Public Health Consultant in Medicine***  
***Glasgow Primary Healthcare Trust***

***Jagtar Singh***  
***Director***  
***Mann Weaver***  
***London***

# Background

In 1994, the Minister of Health at the Scottish Office in 'Access to Healthcare by Ethnic Minority Communities: A Guide to Good Practice' declared that '... Scotland is a multi-racial and multi-cultural society and the NHS needs to be aware of, and be sensitive to the many traditions, cultures, and religious practices which exists, in order to meet the health needs of the population'.

There then followed a period of gradual proliferation of initiatives to improve service access and outcomes for black and ethnic minority groups. Unfortunately, time-limited funding dogged these initiatives, which led eventually to the departure of most of the 'champions'.

Then in 1997 at the International (UK/US) Conference on race and health, the Secretary of State for Health signed a joint agreement to collaborate with the United States Health Department to improve the health of ethnic minority citizens. This commitment additionally led to the establishment of the London Black and Ethnic Minority Network and the identification of lead officers in all regional offices charged with promoting and co-ordinating the 'ethnic health agenda' in their area. Also in parallel, the Department of Health commissioned a Study of Black, Asian and Ethnic Minority Issues with a view to establishing the extent and nature of the problems and what the Department has been doing to address them.

As co-partners with the UK in the collaboration with the United States, the Scottish Executive Health Department has been actively 'stocktaking' their developments in this field.

In 1998, the then Minister for Health at the Scottish Office challenged the National Health Service to do more to meet the health and healthcare needs of ethnic minority groups in Scotland.

Two years after the Minister's challenge, the Scottish Executive Health Department commissioned a National Stocktake or audit of existing policies and practises of Boards and Trusts in relation to ethnic minority groups.

This report presents the finding of the audit and outlines the support which the NHS organisations feels would enable them to progress work in this field.

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*For the purpose of this report, Ethnic Minority relates to all subgroups of the population not indigenous to the UK who hold cultural traditions and values derived, at least in part, from their countries of origin. The term Black refers to those members of the ethnic minority groups who are differentiated by their skin colour or physical appearance, and may therefore feel some solidarity with one another by reason of past or current experience, but who may have many different cultural traditions and values.*

# Methodology

**This review and the attached analysis are based on a detailed questionnaire and structured interviews around key development areas with Health Boards and Trusts.**

It includes desktop analysis of relevant strategic and policy documentation as well as any additional evidence from NHS organisations. Both were undertaken in parallel with the fieldwork.

Mann Weaver were utilised as external advisers and consultants to identify good practice in managing diversity and equality from their national work in the health sector, as well as good practice within and beyond the NHS.

The 'stocktake' that emerged for each NHS organisation was fed back to them for any additional comments, amendments and evidence of further progress.

For each organisation, feedback was also given on the next steps they might take to address ethnic minority health issues.

Boards and Trusts were asked to provide an update on activities being undertaken or in progress since the audit was conducted last year. These are included as 'postscript' for each of the organisations that responded to the request.



// It has to be recognised that numbers alone are not the only determinants of priorities. Everyone is entitled to fair access to health care and the right to opportunities for better health - this is the founding principle of the NHS. //

# Summary of Main Findings

## 1. Introduction

This summary sets a context for the work undertaken by the Scottish Executive to establish a baseline, or 'stocktake' of ethnic minority health issues in Scotland.

It draws out key themes and suggests ways of taking this agenda forward in order to improve the health and access to services of ethnic minority groups and the wider community in Scotland.

## 2. The Ethnic Minority Population of Scotland

The 1991 Census shows that the ethnic minority population in Scotland is approximately 1.3% of the total population. The main ethnic minority groups are of Pakistani, Indian, Bangladeshi, African, Asian, African/Caribbean and Chinese origin. These are unevenly distributed in some parts of Scotland.

Evidence shows that over 60% of ethnic minority communities are resident in the four major cities: Aberdeen, Dundee, Edinburgh and Glasgow, where they make up nearly 3-5% of the population.

Within the central belt the main ethnic minority communities are from the Indian sub-continent, particularly Pakistan.

In rural areas such as Grampian, Highlands, Borders, and Dumfries & Galloway, the Chinese community forms the largest ethnic minority group.

While the numbers of ethnic minority people in rural areas may be small, there is a growing body of evidence that the health of these groups are further complicated by the problems associated with living in a rural community.

Data to date suggest that 45% of ethnic minority communities were born in the UK.

There is evidence that the 1991 Census under-estimated the ethnic minority population. More accurate statistics are likely to become available from the census in 2001.

### 3. **Setting Ethnic Minority Health Issues within a Strategic Framework**

Given the relatively low proportions and numbers of ethnic minority communities, especially in some parts of Scotland, a key issue that emerged during the fieldwork with a number of NHS organisations is 'why is this issue a priority?'

This may be an issue for the population as a whole, particularly given that there are other disadvantaged and socially excluded groups that may be seen as having distinctive needs.

It has to be recognised that numbers alone are not the only determinants of priorities. Everyone is entitled to fair access to health care and the right to opportunities for better health – this is the founding principle of the NHS and is reflected in the current Government's commitment to reduce inequalities in health. The Macpherson Inquiry into the death of Stephen Lawrence has also provided an added impetus to tackling inequalities and the effects of racism on ethnic minority health.

The challenge of addressing inequalities experienced by black and ethnic minority groups is succinctly described by the Social Exclusion Unit:

*Ethnic minority disadvantage cuts across all aspects of deprivation. Taken as a whole, ethnic groups are more likely than the rest of the population to live in poor areas, be unemployed, have low incomes, live in poor housing, have poor health and be victims of crime, (Social Exclusion Unit, 1998).*

Of course, not everyone within ethnic minority communities experience the same disadvantage. Ethnic minority groups are heterogeneous, and it is well known that particular groups have greater health needs than others.

The Scottish Executive's **Equality Strategy: Working Together for Equality** reaffirmed the Government's commitment to '... secure a just and inclusive Scotland. This means tackling discrimination and prejudice across Scotland. It also means tackling systems, behaviours and attitudes that cause them or sustain them.'

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**Our National Health: A Plan for Action, A Plan for Change** was launched recently by the Minister for Health and Community Care. In it the Executive has given further commitment to ‘... ensure that NHS staff are professionally and culturally equipped to meet the distinctive needs of people and family groups from ethnic minority communities.’

The plan will include the development of Diversity Frameworks to ensure the NHS meets the distinctive needs and an expectation that there will be investment in primary and secondary care services that are accessible enough to cater for homeless people, ethnic minority groups and other excluded groups. The NHS will be required to work with Local Authorities and other organisations to ensure their needs are met.

By April 2002 every NHS Board in Scotland will have set up at least one ‘Partners in Change’ programme that will put the experience of patients at the heart of service change. Particular attention will be paid to people from ethnic minority communities to ensure they receive high-quality advocacy support to nationally agreed standards.

This report attempts to take forward this commitment and highlight what might be done, much of it is generic good management and professional practice, to ensure the NHS in Scotland is able to deliver on these commitments.

#### 4. **The Framework**

The framework for the ‘stocktake’ was developed to assist the NHS in Scotland in taking practical steps to improve health services for ethnic minority communities in a strategic way. The framework is generic and can be utilised in relation to other socially excluded and disadvantaged groups.

The key elements of the framework were:

- **Demographic Profile**

The understanding of ethnic minority make-up of the local population, their concentration (or dispersal), socio-economic conditions and the ways the data have been utilised in priority setting, planning and developing services to meet specific identified health needs.

- **Energising the Organisation – Race Equality and Equal Opportunity Policies**

The degree to which NHS organisations were aware of the legislative framework, including the scope for positive action, and had up-to-date, integrated race equality and equal opportunity policies in place.

The extent to which policies were communicated, and staff made aware of their significance in day-to-day work.

- **Access: Service Delivery**

The understanding of the widely documented access issues and concerns that might arise for ethnic minority communities and evidence of action taken to address them.

The degree to which any core standards were being identified to facilitate monitoring of progress on these issues.

- **Human Resources: Recruitment and Selection, Development and Retention of Staff**

The extent to which race and equal opportunities issues are integrated into Human Resources development strategies, including recruitment, training, learning, and retention of staff.

- **Community Development**

The degree to which NHS organisations are 'outward facing' and concerned with involving local ethnic minority communities and organisations in promoting their own health.

The degree of understanding, dialogue and support for forums, networking, advocacy and service delivery organisations that make up the 'infrastructure' for ethnic minority communities.

## 5. Main Findings of the 'stocktake'

Overall, the key findings of the 'stocktake' were:

- Health Boards and Trusts were at very different stages in responding to the health and service needs of ethnic minority communities.
- The relative priority and salience of the issue has been low in some areas, and the main reason suggested for this by participants is the relatively low proportion/ numbers of ethnic minority people and resource issues.
- NHS managers and professionals would like support to build ethnic minority issues into mainstream organisational processes. This will also assist in addressing resource issues.
- While some Boards and Trusts had undertaken some good project development work, many were at early stages of conceptualising and acting on ethnic minority health issues and concerns.

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- **Ownership, accountability and Clearly Identified Lead Responsibility**

Some Health Boards and Trusts had no designated lead for ethnic minority issues at top or near senior management level. This made it difficult to determine accountability, assess all current work programmes and secure relevant documentation.

It is imperative that a lead responsibility for race and health – along with other responsibilities for addressing the needs of disadvantaged groups and increasingly diverse communities – is taken at top or senior management level.

NHS Managers' as part of their performance/management review, will be held accountable for meeting the national standards as set in 'Our National Health' and forthcoming Executive Guidance HDL 2001.

Managers and professionals at board level need to be active in both setting priorities and targets for ethnic minority health improvement and monitoring performance against set objectives and standards.

- **Better Assessment of Health Needs and Translating Knowledge into Action**

Although a small number of Health Boards and Trusts had undertaken needs assessment, a large number had not done so, or had little collective knowledge of the ethnic minority populations for whom they were responsible.

More qualitative needs assessment is needed, including focus groups and dialogue with representatives of community-based organisations or places of worship particularly where these are the 'hub' of local communities.

Even where work has taken place, there is a need for effective processes to translate the knowledge gained into priorities and actions for delivering services that meet the needs of these communities.

A wealth of information and intelligence is available and the service should not be reinventing the wheel. At the same time, understanding the local population profile, identifying and assessing specific health needs in consultation with service users and carers might be necessary. There is a need for better and co-ordinated assessment of the needs of ethnic minority communities at national and regional levels.

In some cases, much is already known about the needs of specific communities at a local level. The gap between public health knowledge, planning and resourcing of services at local level needs to be bridged. This will require public health professionals to influence managerial processes more effectively, and managers to be more responsive to the evidenced-base knowledge available in public health.

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The emerging Public Health Institute should facilitate better understanding of the issues and the dissemination of good practice models. It will encourage more efficient and effective ways of collating evidence-based public health medicine on race and health. It can also begin the task of building capacity within organisations to rise to the challenge.

This capacity-building support is likely to become even more vital with the dispersal of refugees and asylum seekers across the country and the response this requires from public agencies in Scotland working together.

There is clearly a scope for public health expertise and resources to be shared across the NHS in Scotland.

■ **Filling the Gaps in Services to Ethnic Minority Communities:  
Partnership Working**

Few Health Boards and Trusts had built ethnic minority health issues into HIPs, TIPs or Joint Community Care Plans except in the most general of ways, and none had done so systematically.

Further work should be done to review the degree to which health issues, and ethnic minority health concerns have been incorporated into local authority-led Community Plans.

The police service, social services and education may be aware of new and emerging issues for ethnic minority groups (e.g. alcohol and drug use, involvement of young people in gang-related warfare, sexual health issues) well before the impact is felt on health service provision.

Given that the needs of ethnic minority groups often fall between the 'gaps' within agencies or across agencies in distinctive ways, these would need to be understood and planned for, if the benefits of multi-agency working are to be realised. Effective working on these issues requires a greater understanding of the social, cultural and religious influences and emerging dynamics within communities – especially amongst the second and third generations born, bred and living in Scotland.

There is a need for a preventative public health research agenda to identify and assess the emerging issues for these communities.

## ■ Race/Equal Opportunities and Human Resource Policies

Many Health Boards and Trusts had no specific race and equal opportunities policies in place, and where they did, they were often out of date or had not been subject to recent review. Some are struggling with inherited and outdated policies. In common with many public agencies, policies and procedures had often been accumulated over time.

We suggest a different approach is taken that is based on the emerging vision and principles for the NHS in Scotland; where HR/Equality Policies and procedures are principle-based, and designed to achieve organisational and managerial objectives.

There was also little evidence that policies were communicated, and staff given essential awareness training on the significance or implications of the Race Relations Act. This will be increasingly important in the context of the amended Race Relations Act and The European Convention on Human Rights. There were specific issues relating to HR capacity within a number of Health Boards and Trusts to undertake this work.

Rather than reinventing the wheel, NHS organisations could share expertise and good practice available across the country. This is the approach taken by the Scottish Partnership Forum, Partnership Information Network (PIN Board) which is preparing good employment guidance to promote fairness, consistency and equality in employment practice for staff whenever they work in the NHS. NHS employers are required to adopt the values and principles contained in the guidance and progress towards meeting these are likely to form a component part of the new Staff Governance Standard. Good practice has already been issued for Equal Opportunities and Dignity at Work.

## ■ Removing Barriers to Access

While a number of Health Boards and Trusts were aware of some of the potential barriers to access for ethnic minority groups, in many cases this was limited to recognising that there might be a need for interpretation and translating services.

The development of interpreting and translation services and their closer integration across agencies would be helpful. The broader access to health issues, for example, through primary care, or the impact of sensitivity and cultural competence of staff have yet to be considered. Poor quality or lack of appropriate information and negative experiences of the health care service might be contributory factors that need to be understood.

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There needs to be a better collective understanding in the service of how barriers to accessing health care services may in turn effect health outcomes for ethnic minority groups.

#### ■ **Recruiting Ethnic Minority Staff**

Many Health Boards' and Trusts' commitment in this area was ensuring that there was staff awareness of the legal framework in relation to existing anti-discrimination legislation. No Health Board or Trust had recruitment and selection strategies and processes designed to develop a diverse workforce with increasing representation of ethnic minority people either at frontline or at senior management levels.

This is a relatively new but vital area of development if the NHS in Scotland is to improve its employment profile. NHS organisations need to find new and more effective ways of presenting what they do and be more welcoming to ethnic minority people. This goes well beyond straplines in advertisements around equal opportunities towards proactive marketing of organisations and reaching out to communities.

Recruitment and selection processes may need to be reviewed to ensure ethnic minority applicants are not unintentionally discriminated against. More positively, managing race equality and equal opportunities issues should be an element of person specifications and be tested as part of recruitment processes.

The need for this type of action is highlighted in the PIN Board Guidance on Equal Opportunities and will be further addressed through the Guideline Development Group on Recruitment and Selection.

#### ■ **Development and Retention of Ethnic Minority Staff**

While many Health Boards and Trusts were undertaking a range of training and learning programmes for staff, there was little evidence of equality issues being integrated into staff development, or specific equality learning and training programmes.

Given the importance of retaining staff, and encouraging leavers to return, the NHS service needs to consider what it can learn from the exodus of ethnic minority staff in England, particularly nurses, over the last few decades and ensure that discrimination and harassment is eliminated. The recently published PIN Board 'Guidance on Dignity at Work: Eliminating Bullying and Harassment' will form an important set of guidance to accomplish this aim.

Where ethnic minority staff are already in the organisation, specific efforts should be made to look at obstacles to their development, and ensure that learning and training programmes are available so that they too have an opportunity of competing for senior positions on a level and fairer playing field. Work in progress in connection with the Education and Learning Strategy should inform this process.

#### ■ **Dialogue with Ethnic Minority Communities**

Although some Health Boards and Trusts were engaged in consultation with ethnic minority communities, there was often a lack of clarity about the purposes of engagement. There was an over reliance on existing mechanisms, at the cost of direct consultation and engagement with users, carers and potential users of services from these communities.

Community Development involves building alliances with individuals, groups and organisations within the community. It includes commitment at three levels – the communities, at professional level and among policy makers to achieve sustained action.

More needs to be done to extend consultation beyond those groups and individuals that have traditionally been consulted, in particular to involve young people and women from ethnic minority groups.

There is a vital need for a shift in ways of thinking about the potential role of Health Boards and Trusts, both as employers, commissioners, and service providers in developing the capacity of these communities to improve their own health.

#### ■ **Building the Capacity of the Ethnic Minority Voluntary Sector, including as providers of health and social welfare services**

Improving the health of ethnic minority groups requires joint working in areas of mutual concern. This is more difficult if ethnic minority voluntary organisations are small, fragmented, and surviving on a shoestring. A vibrant voluntary sector is central to effective dialogue and engagement.

Participation involves more than just consultation. It includes active involvement and implies the opportunity to influence and contribute towards decision-making. This approach goes with the grain of a more general drive to develop advocacy as central to engaging the public and developing more effective services.

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Public agencies need to look at ways of developing the infrastructure for ethnic minority organisations to thrive. Where ethnic minority organisations are able to offer more sensitive, flexible services to their communities, the NHS in Scotland needs to look at their potential to provide services directly.

#### ■ **Rural Communities**

Ethnic minority communities in rural parts of Scotland face additional problems in accessing health services. NHS organisations in these areas experience challenges in trying to work with very small numbers and finite resources.

There is capacity within the work of the Remote and Rural Areas Resource Initiative (RARARI) to support professionals providing services to these communities.

#### ■ **Asylum Seekers and Refugees**

The current dispersal programme has designated Scotland as one of the 'cluster regions' for the refugees and asylum seekers. They face special health challenges compounded by difficulties of settlement in a new country.

There is a need to build capacity within NHS Organisations to deal with the specific problems of refugees and asylum seekers.

#### ■ **Gypsy Travellers**

There is generally poor published information about the health status of this ethnic minority group in Scotland.

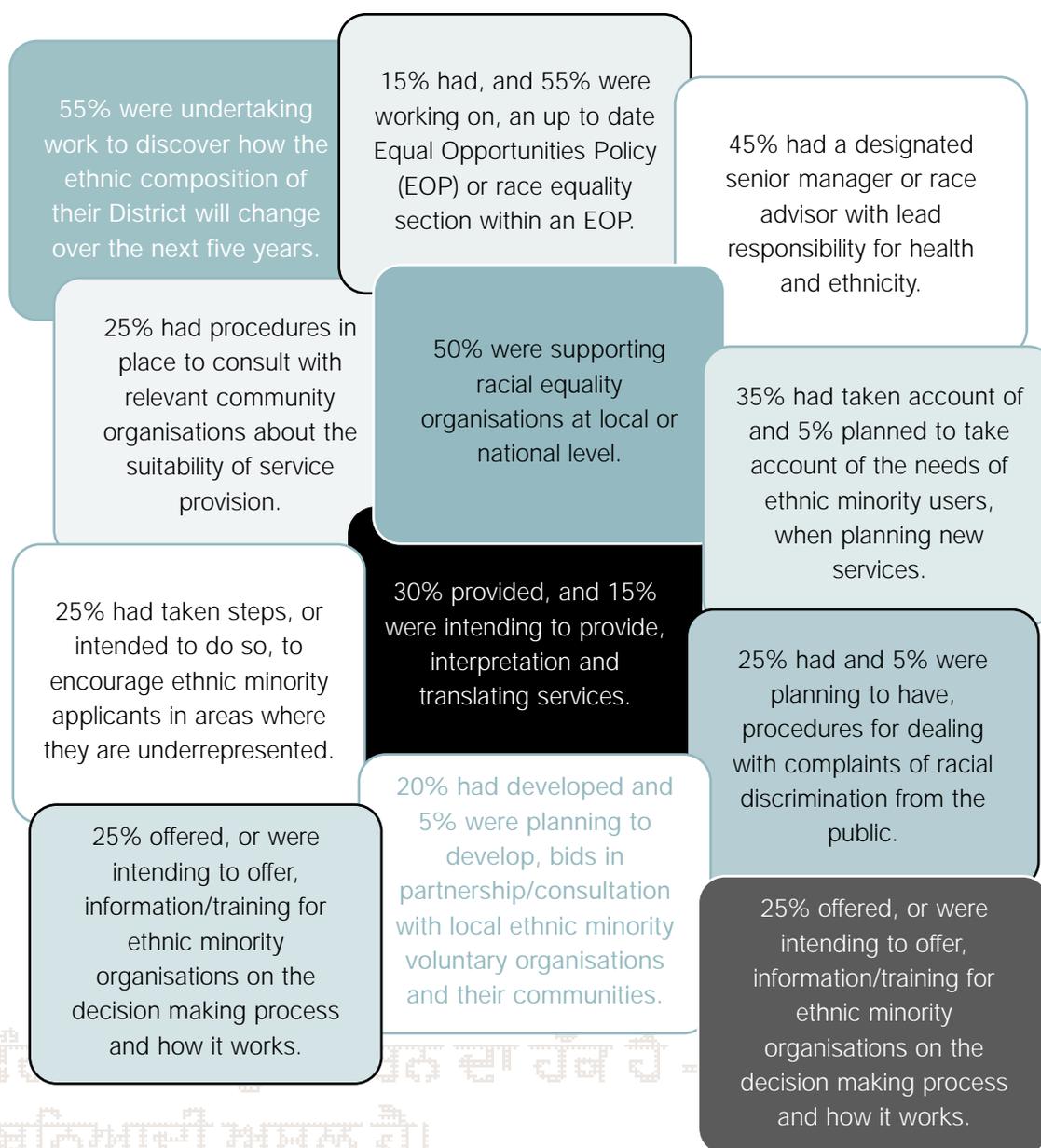
At the time of writing the Scottish Parliament Equal Opportunities Committee is conducting an inquiry into Gypsy Travellers which will address issues of health and access to healthcare. Their report is due at the end of June 2001.

The provision of personnel to co-ordinate and support developments, nationally, to improve the health status of Gypsy Travellers. This would ensure monitoring and evaluation of local initiatives which can be shared and extended.

## 7. The Disparate Picture: Activities under development or being progressed by Health Boards and Trusts

Figure 1 and 2 shown below indicate the responses received from Health Boards and Trusts to selected questions from the questionnaire. It gives an idea of the sort of initiatives being undertaken by NHS Organisations in relation to ethnic minority health. It also further indicates the general support that is needed to address some of the disparities in policies and practices.

**Figure 1: In relation to service developments, the following activities are underway or planned for within Health Boards:**



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Figure 2: In relation to service developments, the following activities are underway or planned for within Trusts:



## 8. Priorities listed by all Health Boards and Trusts as an essential step to developing a culturally competent service for the NHS in Scotland

As part of the questionnaire all Health Boards and Trusts were asked to prioritise and rank in order of importance three out of six areas that they might need support to help them to begin to develop a sensitive and culturally competent service of the NHS in Scotland.

Out of a possible 48 questionnaires, 42 were returned with six organisations who failed to return their forms. The priorities in order of importance to the organisations were:

- Anti-discriminatory and cultural awareness training
- Capacity building for policy and practice
- Interpreting and translation
- Advocacy
- Recruitment, selection and development of staff
- Monitoring

### RESPONSE ANALYSIS – PRIORITY AGENDA FOR SCOTLAND

Priority Task	Number of Replies
Anti-discriminatory and Cultural Awareness Training	31
Capacity Building for Policy and Practice	23
Interpreting and Translation	20
Advocacy	19
Recruitment, Selection and Development of Staff	17
Monitoring	15
Others	1*

\* Embed strategies on ethnic minority/multi-cultural development within national strategies for service planning + delivery (e.g. Scottish Health Plan, HIPs, TIPs)

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What is immediately obvious is that the priorities cannot be undertaken, independently. They are mutually reinforcing and when addressed together will lead to a prolonged and lasting health gain for the community.

It is perhaps unsurprising to note that the priorities as agreed by the Boards and Trusts reflect the poor responses given to questions, which raised similar issues during the interviews (Figure 3 and 4 respectively).

**Figure 3: Indicate responses received from Health Boards to key questions and bear some relation to priorities, which has been suggested by them:**

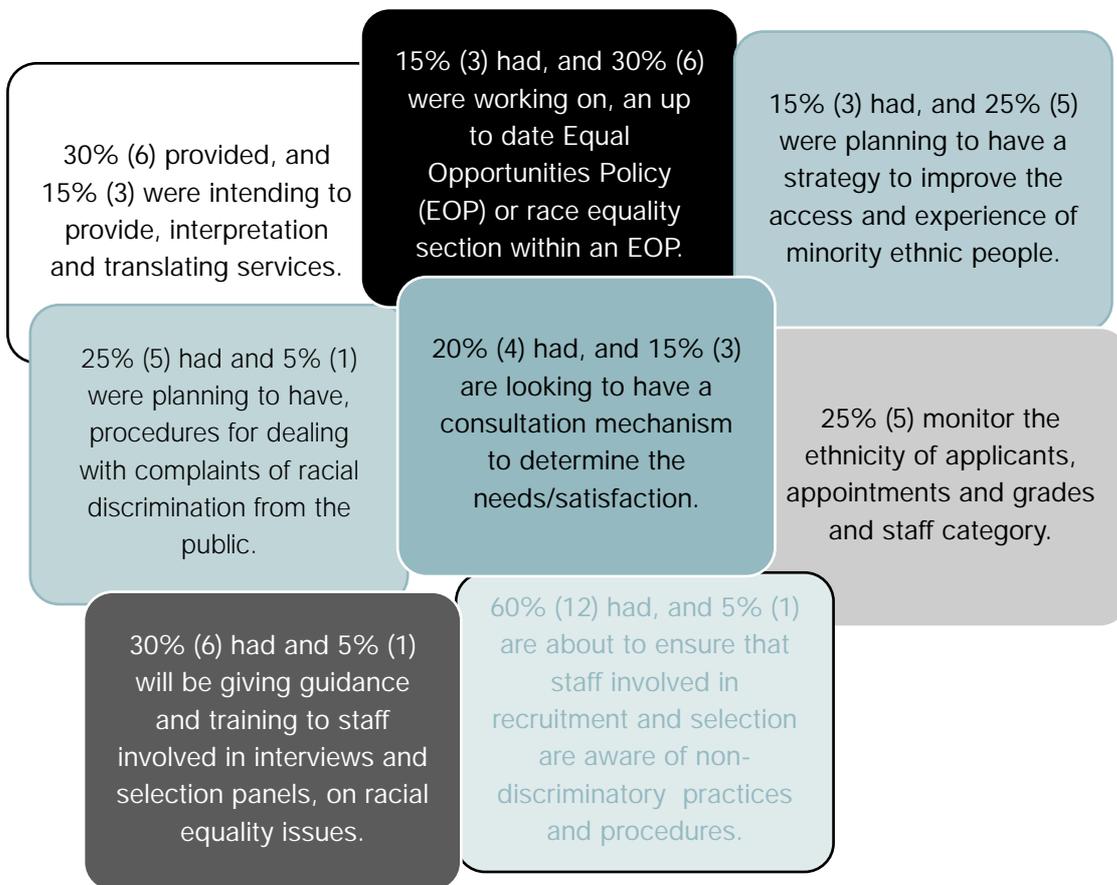
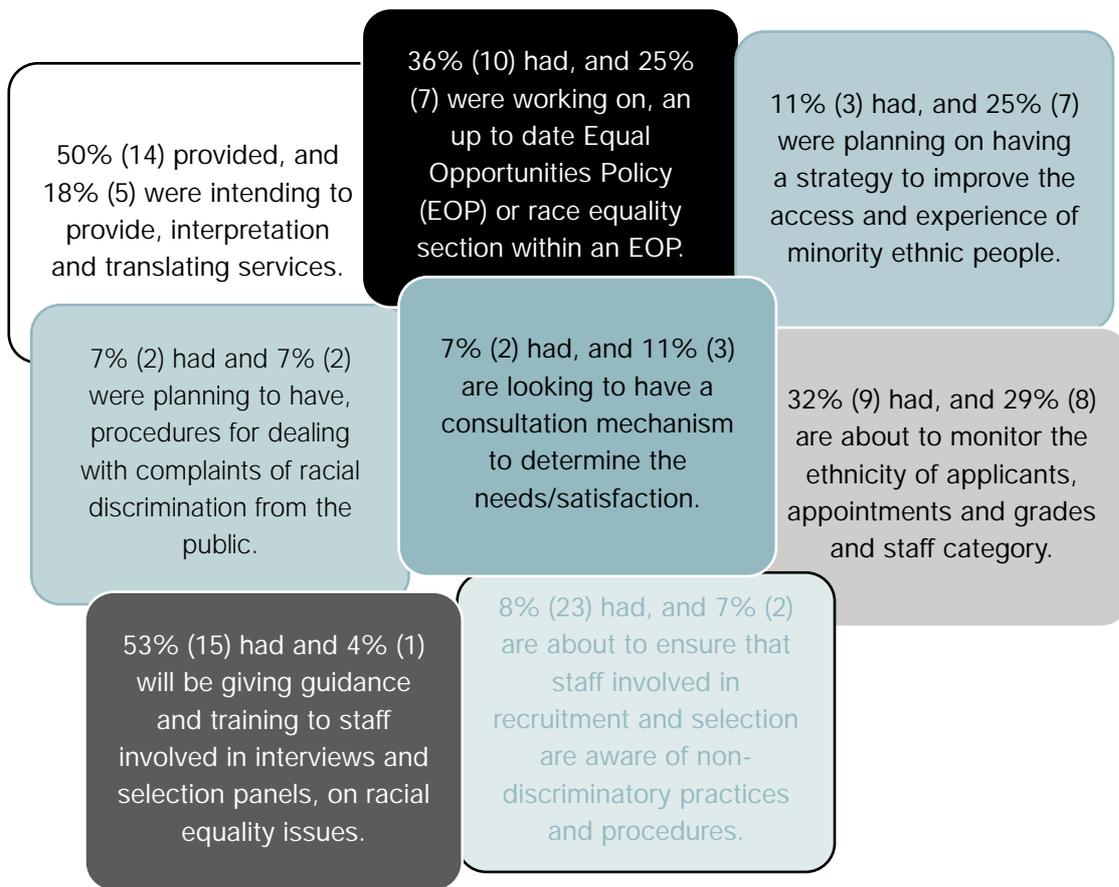


Figure 4: Indicate responses received from Health Trusts to key questions and bear some relation to priorities, which has been suggested by them:



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// This highlights the importance of recognising where individual organisations are, setting differential targets, and making tools relevant ... if the NHS in Scotland is to achieve more. //

# Data from Interviews

## Overall Commentary

1. The preparation for the interview process included:
  - a letter sent from Scottish Health Executive to Chief Executives of Trusts and General Managers of Health Boards informing them of the work and seeking their co-operation for the proposed 'stocktake';
  - a second letter from Dr Rafik Gardee elaborating on the key areas which the interviews would cover;
  - a short version of the questionnaire sent in advance of the visit to enhance the organisation's ability to comfortably respond to our semi-structured interview.
2. Some of the organisations visited had problems identifying appropriate person(s) to respond to issues relating to ethnic minority health. This meant that some of the key areas were not covered during the interview. Organisations occasionally failed to elicit relevant responses from their colleagues to ensure gaps were filled.
3. Generally, ethnic demographic profile was poor or not available. There is a need for a consensus on the importance of data collection, as it is difficult to see how organisations can plan services to reflect ethnic minority health needs without reliable data.
4. Almost all respondents in areas where there were small numbers of ethnic minority groups were convinced that 'low numbers' was a justification not to prioritise ethnic minority health issues. Some had attempted to incorporate these issues under broader generic priorities, for example: Achieving Better Services for Patients, Health Inequalities and Public Involvement.

5. Equal Opportunity Policies, where they existed, were generally out of date. With very few exceptions there was little evidence of communication of the policy, for example in induction processes, or training being delivered to staff to support them in delivering on the policy.
6. There was a lack of diversity in the employment profile of many organisations. Organisations appeared to have done little to actively encourage ethnic minority applicants in areas where they are clearly under represented, or to look at specifically developing their ethnic minority staff.
7. Data on ethnicity of applicants, appointments, or by staff category is generally very poor. Organisations that have made an attempt to collect some, or all, of this information have not effectively used the data to develop recruitment strategies. Little attempt has been made to develop proactive approaches to ethnic minority recruitment, for example by widening advertising media and talking to ethnic minority organisations.
8. With a few exceptions, there was a widespread practice of using family members, community volunteers and bi-lingual staff to provide language support to ethnic minority service users. Where agreements existed with the local authority or voluntary agencies to provide this service, it was often an informal arrangement. This makes it difficult, if not impossible, for organisations to set quality standards or to monitor the level of services received.
9. Many respondents assumed that designated lead responsibility for Community Involvement, Achieving Better Services for Patients, Equal Opportunities and Designed to Care meant they had integrated race and health within their organisation. However, there were little or no specific examples of ethnicity and health as key result areas.
10. Some organisations that had begun to tackle issues of ethnic minority health and come across difficulties, appeared to have lost track of what they were trying to achieve, were uncertain about what to do next, or disillusioned with the work required to make a visible impact. This highlights the importance of recognising where individual organisations are, setting differential targets, and making tools relevant to stage of development of organisations if the NHS in Scotland is to achieve more on these issues.

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## Commentary on Health Board Interviews

### Argyll & Clyde:

- The organisation appeared unprepared for the visit. Two visits were required for a comprehensive response to the questionnaire interview.
- There appeared to be limited corporate commitment to race equality issues, though gender equality has received some endorsement.
- The organisation had no ethnic minority staff; of the 170 employees none was from ethnic minority groups. The questionnaire had done little to raise awareness of the need for greater diversity in the workforce.
- The 'visibility syndrome' was apparent throughout the discussion. The organisation was convinced that low numbers of ethnic minority groups justified a lack of knowledge of the issues facing these communities. The organisation appeared to have had very little interaction with ethnic minority communities.
- The visit highlighted the lack of understanding of the needs of ethnic minority communities by the Board. However, the Board did acknowledge that they are weak in this area and would welcome some support from the Scottish Executive.

### Ayrshire & Arran:

- The Human Resource Department of the Board had one member of staff at the time of the interview, and it was difficult to see how one individual could effectively develop the corporate equality agenda.
- It would appear that some work has been done with the Chinese community.
- Although responsibility for training of staff has been devolved to line managers, there was little evidence of equality or race equality training featuring high on the list of priorities for the staff competency-based training programme.
- In general, it appears that the Board has begun to address certain issues in relation to minority ethnic health but the work would need to be strengthened and extended to cover other ethnic minority groups as well as the Chinese.

### Borders:

- There was no evidence the Board recognised the need to demonstrate equality of opportunity in their working practices. Racial equality concerns are woven into a two-page policy document, which has not been reviewed over the last seven years.
- The organisation is proud to have community volunteers as stand-by helpers when language support is needed. There was no evidence of any other interaction or dialogue with ethnic minority communities.
- There was a general agreement by the respondents that the lack of visibility, or large numbers, of ethnic minority groups, had resulted in complacency around the kind of issues that the interview raised. '... ethnicity does not feature high in this part of the world ...'.

**Dumfries & Galloway:**

- The Board has been dynamic in addressing the different challenges faced by ethnic minorities, including the Irish and the travelling/new age community. The Board was of the opinion that ‘... any group which define themselves as an ethnic minority group, should be treated as such ...’.
- Despite the small size of the Board, resources are being committed and targeted to areas of development with ethnic minority groups and the new age community.
- Overall, the Board was welcoming of any initiative from the Scottish Executive that would allow them to take further steps to meet the needs of their local ethnic minority groups.

**Fife:**

- The organisation appeared unaware of when the Equal Opportunity Policy was last updated, and there was complacency about equality or race equality issues in employment. However, there have been some initiatives with partner agencies that show early development in this area:
- ‘... there are substantial and enough links with translation and interpreting services to ensure that anybody requiring language support is made to feel very welcome ...’, ‘... there is no danger of ethnic minority groups being ignored in this area ...’.

**Forth Valley:**

- The Board appeared to have given little attention to reappraising its equality policy. Equality training was delivered to staff, some nine years ago.
- The Board felt they should only do more to recruit ethnic staff if ‘it can be proven that their employment was necessary for the specific performance of the job ...’. The organisation did not appear to see a problem in having an under representation of ethnic minority staff among its workforce.
- There appeared to be some positive work taking place by the Board, such as the work with RAHMAS that has lead to the production of a very comprehensive pack on racism and health.

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### Grampian:

- ▶ The Board appeared to have only recently recognised the need to address the legitimate concerns and expectations of ethnic minority communities. However, the efforts made by the organisation, even in the early stages, were encouraging. The Board, together with their NHS partners, have pooled their resources and are working collaboratively to ensure that ethnic minority issues are woven into the fabric of 'everyday business'.
- ▶ The Board gave us three opportunities to visit them, and were keen to see some direction from the Scottish Executive that would help them to take the next step.

### Greater Glasgow:

- ▶ The Board was direct in questioning the basis of the exercise at a time when they had begun work on this issue. The Board felt it was doing much better than many others on the issue.
- ▶ Overall, the organisation appears to be pressing ahead with its agenda for race and health with some encouraging results. A priority will be to deliver some of the key areas that have been identified for further development.
- ▶ 'We have not yet had a complaint, so we have not had a reason to question the quality of services which we are provided with,' was mentioned as a positive indicator. However, there was no evidence of significant recruitment, selection or training strategies on the issue, and this may reflect a reactive rather than proactive approach.

### Highland:

- ▶ The Board welcomed the Scottish Executive stock take but emphasised the need for the 'stocktake' to recognise the special challenges faced by rural Health Boards.
- ▶ There are problems associated with geography and resources, which has led to the use of family members and bilingual staff, to provide community language support. The lack of CRE presence in the region has also made matters difficult.
- ▶ Overall, the Board was encouraged by the visit and the capacity to be gained from an ongoing exploratory study of *Minority Ethnic Communities in Scotland* (De Lima, PJF).

### Lanarkshire:

- ▶ There was an indication of under representation of ethnic minority staff within the workforce but little commitment by the Board to address its employment profile.
- ▶ Over the last year, the Health Board has formed a Multi-Agency Short Life Working Group on ethnic minority communities. The work of the Group is in the early stages, but it has already produced an action plan that looks at key issues for developmental work. The Health Board is committed to do more to raise the profile of ethnic minority health.

**Lothian:**

- › This was one of the few occasions where a Chief Executive was in attendance. The Board has begun to integrate equalities into policy and practice. The Board states '... only those policies and activities that would reduce the health gap between the affluent and impoverished sections of Lothian, would be endorsed by the Organisation ...'.
- › The organisation now has vital statistics that show that, although the health of both affluent and impoverished sections of Lothian has improved, the gap between them has increased significantly. The Board is leading a Lothian Wide Multi-Agency initiative to ensure that commitment to inequalities is at the heart of the everyday business of the partners.
- › The obvious energy demonstrated by the Board in tackling health and inequalities could become a great asset in the Scottish Executive's drive to raise the profile of race and health.

**Orkney Health Board:**

- › The Board's Equal Opportunities Policy has a section on racial equality and progress has been made to ensure that staff job descriptions specify their obligations to deliver a responsive service to patients.

**Shetlands Health Board:**

- › Overall, the Board is keen to work with the Executive, to address specific issues in relation to minority ethnic health. The organisation also states that staff training with respect to the Equal Opportunity Policy will be rolled out before the next financial year.

**Tayside:**

- › The designated person for interview appeared unaware that the organisation had an Equal Opportunity Policy. The visit was somewhat unproductive with many key discussion areas not covered due to the absence of some key people.
- › The Board felt somewhat overwhelmed by the stream of priorities from the Scottish Executive, and considered that ethnic minority health issues are not an area of greatest need at this point in time.
- › However, the Board does appear to accept that they have not done enough and would welcome any help and support from the Scottish Executive.

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## Special Health Boards

### Western Isles Health Board:

- ▶ The Board has minimal awareness of the ethnic minority make-up of their local population, or of their needs. However, the organisation welcomed the Executive's commitment to look at ethnic minority health.

### Carstairs State Hospital Board:

- ▶ The Board has been pro-active in meeting the needs of all patients including those from ethnic minority communities. There is a regular review of an individually tailored 'care plan' to ensure that the service is 'patient centred'.
- ▶ The strategy is being developed to work with ethnic minority patients. The last time the organisation employed black staff dates back some twenty years ago. The Board is of the opinion that the recent appointment of a black staff member indicates their willingness to redress this imbalance.

### Common Service Agency:

- ▶ Overall, the work of the agency is received via the Scottish Executive Health Department and also includes the provision of support to the Health Boards at their request.
- ▶ There is no mention of work with ethnic minority groups in the Boards Contract of Management.
- ▶ The only noticeable progress on the issue of translation and interpreting, has been made by the Scottish Blood Transfusion Service (SBTS).

### Health Education Board for Scotland:

- ▶ The Board has no member of staff from the ethnic minority groups. However, a designated senior manager has lead responsibility to look at how services are accessed and received by ethnic minority communities.
- ▶ The organisation has commitment to fund the voluntary sector but not specifically the ethnic minority voluntary sector.
- ▶ No other initiative is taken by the Board to look specifically at the health promotion needs of ethnic minority groups, although it is of the opinion that local health promotion departments should be actively involved in doing so.

### Scottish Ambulance Service:

- Overall, the organisation appears to be taking a positive attitude to equality. In its policies and practices it is seeking to deliver an unrivalled service and excellence to all people. It has devoted significant resources to ensuring that more ethnic minority staff are recruited and promoted to senior levels within the organisation.
- The Board has a proactive approach to equality and this is underlined by a huge investment in training. Staff are also expected to attend the training as part of their competency appraisal process. The organisation has a pilot mentoring scheme and a Post Provision Course which forms part of the annual certification process.
- The organisation appears to be receptive to any initiative designed to increase staff competency in dealing with members of the public.

### Scottish Executive Health Department:

- The department has commissioned the current 'stocktake' exercise which will contribute towards future DEPLAN, the Scottish Executive Strategic Plan.
- The commitment to race and equality has been further demonstrated in a robust and comprehensive equal opportunities policy, which will be a 'model' for all NHS organisations in Scotland to follow.
- The department is also keen to adopt the principles of the recent equality strategy in their work with ethnic minority communities.

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## Commentary on Trust Interviews

### **Lomond & Argyll PCT:**

- › The general impression is that the organisation regards ethnic minority groups as being so small in number that their health 'is not recognised as a major issue'. 'All our communities are self reliant ...' is representative of the broad response received.

### **Renfrewshire & Inverclyde PCT:**

- › The Trust agreed that their work in this area is in the very early stages.
- › There was willingness by the organisation to engage further with some of the issues raised by the interview. The Trust stressed the need for the Executive to maintain a database of all the black voluntary and community organisations in Scotland.
- › The Trust would be interested in assistance to help them grapple with the issues of public involvement, including ethnic minority groups.

### **Argyll & Clyde Hospital:**

- › It would appear that staff are operating on the basis of equality policies inherited from the former organisation. The lack of harmonisation of former policies appears to have resulted in some staff confusion over what policy to adopt within the new Trust. Communication structures appear weak within the organisation, and this may have led to some complacency towards training in anti-discriminatory practices.
- › The organisation was of the opinion that the Executive needs to set in place clear guidelines for the NHS organisations to follow. There was a strong view that there should be identifiable individual within the various Health Boards and Trusts with a remit for mainstreaming race and health.
- › The Trust championed the NHS in Scotland Good Practice Guide in Recruitment and Selection. The organisation wanted to do more but felt restrained by lack of knowledge and of a clear direction.

### **Ayrshire & Arran PCT:**

- › The Trust has committed resources to working with the Chinese community. This work needs to be extended to include other ethnic minority groups.
- › The organisation appeared to particularly value staff, and has recently been IIP accredited for the second time running. Although training in racial equality is considered important for staff who interact frequently with ethnic minority people, it needs to be made available for all employees.

- › Generally, the respondents were open as to the shortcomings, but wanted more support to address some of the issues, which the questionnaire had raised.

#### **Ayrshire & Arran Acute:**

- › The organisation appeared to lack knowledge of how race and health could be integrated into their usual way of doing things. The Trust admitted ignorance of some of the health problems of ethnic minority groups and requested support to help them in translating patient information leaflets into various community languages.
- › Otherwise, the general impression gained was that the Hospital plays a crucial role in the life of the area and that staff interact well with the local community. The significance of the organisation locally could be harnessed to meet the needs of ethnic minority communities.

#### **Borders PCT:**

- › The only apparent dialogue with ethnic minority groups was in service planning review for mental health services. Generally, there was a lack of specific attention to the needs and requirement of ethnic minority communities.
- › The organisation appeared to be anxious about what the Executive expects of them and how they would be judged in the light of issues raised by the questionnaire.

#### **Borders Acute:**

- › Problems associated with geography means that the Trust appeared to be some years behind what is happening in urban areas in relation to ethnic minority health. Two visits to the Trust failed to reveal the extent to which community language support was provided.
- › The indications were that the Trust was unaware of ethnic minority groups in their area. '... they are so small that it would be surprising if they are organised into any groups or organisation in the area ...'.

#### **Dumfries & Galloway PCT:**

- › The Trust relies on line managers to take responsibility for training staff, but there appeared to be no mechanism to ensure that managers are training staff in relation race equality issues.
- › Some of the minor initiatives with ethnic minority groups appear to have been sparked as a result of a local incident some years back.
- › The organisation appeared to have real difficulty in identifying the ethnic minority groups in their area.

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### **Dumfries & Galloway Acute:**

- ▶ The organisation appears to believe that there is no need for stand-alone training in racial equality, but that the principles have been 'locked' into the way things are done. There appears to be little recognition that ethnic minority groups might have specific needs in addition to mainstream provision.

### **Fife PCT:**

- ▶ The Trust appears to be at the early stage of addressing the health needs and concerns of ethnic minority groups.
- ▶ The organisation welcomes the Scottish Executive's work in this area, and emphasised the importance of translating talk into action. Their expectations are that the Scottish Executive will set realistic and achievable targets.

### **Fife Acute:**

- ▶ The Trust felt there was a great deal of ignorance in relation to race and health. The organisation accepts their shortcomings, and would welcome any initiatives to look seriously at ethnic minority health.

### **Forth Valley PCT:**

- ▶ The Trust's work with the Multi-Agency Racial Attack and Harassment Monitoring Group (RAHMAS) appears exemplary. It received commendations from the Home Secretary, Mr Jack Straw, and the Scottish Executive Justice Minister, Mr Jim Wallace. The Trust also felt that there is a lack of expertise on these issues in Scotland, in particular advice and support to organisations struggling to meet the health care needs of ethnic minority communities.
- ▶ The organisation welcomed the 'stocktake' and said that it will be looking forward to standards from the Executive to help strengthen and progress some of their existing work with ethnic minority groups.

### **Forth Valley Acute:**

- ▶ The Trust feels the numbers of ethnic minority groups locally is 'not great' and appeared to feel that this justified a lack of progress in this area. The organisation appeared to work on the implicit assumption that staff would provide equitable services regardless of the user's background.

**Grampian PCT:**

- › The Trust appears to be on a learning curve in relation to these issues. It has engaged with other local NHS organisations in a Multi-Agency Collaboration to look realistically and systematically at the general concerns of ethnic minority groups in relation to health.
- › However, the Trust also stressed that they will be expecting an 'enduring strategy' from the Executive to help them standardise their response to ethnic minority health issues.

**Grampian Acute:**

- › The Trust felt that the small ethnic minority numbers has made it difficult to target provision. However, the current involvement with other NHS organisations in Grampian should lead to a number of actions for the Trust.
- › The organisation has begun to explore ways of addressing the under representation of ethnic minority staff but is having difficulty taking work forward because of what it describes as prohibitive costs. The joint collaboration may allow pooling of resources and encourage a long-term commitment from partner agencies.

**Greater Glasgow PCT:**

- › The Race Equality Policy complements the Equal Opportunity Policy and clearly demonstrates the corporate commitment to have an organisation that is culturally competent and which reflects the needs of the diverse population which it serves.
- › The policy has been translated into action through the Multicultural Health Development Programme. Other pieces of work carried out in partnership or in collaboration with local and national agencies have further strengthened the Trust's commitment to meeting the needs and expectations of minority ethnic communities in relation to health.
- › The Trust has also taken a range of steps to encourage more ethnic minority staff into employment. They felt the work with ethnic minority communities would need to be strengthened and further developed.

**North Glasgow Acute:**

- › The Trust appeared to be non-committal and reactive to issues of ethnic minority health, where these are identified by the community or through the complaints procedure. Recently, some steps have been taken to acknowledge the cultural and spiritual issues involved in service delivery to these groups.

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### **South Glasgow Acute:**

- ▶ It would appear that there has been some progress towards ethnic minority health, for example, through the recent publication of a religious manual and need for dietary spiritual sensitivity.
- ▶ The Trust is part of a collaboration between NHS Organisations in Glasgow to look at a local response to ethnic minority health. There seems to be a fresh approach towards this area of work.

### **Yorkhill Hospitals:**

- ▶ The organisation appears to have a colour-blind approach to the issues. The Trust does not distinguish between different groups as exemplified by their response that '... children's developmental needs are the same, regardless of their background ...'. This is of concern because child-rearing needs of mothers and children are influenced by their cultural and religious background.
- ▶ No specific discussion took place on women and maternity services.

### **Highlands PCT:**

- ▶ The organisation feels that the 'invisibility' of ethnic minority groups has made it difficult for them to be identified as a priority. There seems little indication that the Trust sees ethnic minority health as an area of concern.

### **Highland Acute:**

- ▶ The Trust believes that issues relating to rurality and remoteness in communities were much more important than ethnic minority health.
- ▶ The Equal Opportunity Policy was last updated in 1993, as there are other 'pressing priorities'.
- ▶ Generally, the Trust felt '... there are not enough resources to address this issue in the Highlands ...'.

**Lanarkshire PCT:**

- › The Trust has taken steps to introduce a number of initiatives to promote access and improved experience of ethnic minority communities in relation to health. For example, Link Line helps to interface with the public from 9.00 a.m. – 5.00 p.m., with interpreters on hand to help answer queries from ethnic minority groups.
- › The LHCCs are strongly encouraged by the PCT to be progressive in developing their plans in consultation with local ethnic minority communities.
- › Overall, the organisation is becoming sensitised to issues of ethnic minority health and there is a consensus that further encouragement from the Executive will support and strengthen commitment.

**Lanarkshire Acute:**

- › The Organisation is presently looking at 'joined up' policy on ethnic minority groups and access to health care, but is in the early stages. There was some confusion over the merits of having specific provision for ethnic minority communities.

**Lothian PCT:**

- › The organisation has already done considerable work to tackle some of the issues identified by our questionnaire interview. For example, the Minority Ethnic Health Inclusion Project (MEHIP) ensures that ethnic minority communities can access and receive appropriate primary care services. The review of recruitment strategies will consider the advertisement of jobs in the local ethnic minority library.
- › The organisation appeared to be committed to tackling inequalities. The Chief Executive was personally present at the interview and abreast of developments in this area.
- › The organisation felt that they will need to strengthen certain elements of their work with the ethnic minority communities, and appear to expect 10 to 12 core standards from Scottish Executive in order to move towards a common and national standard in race work within health.

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### **Lothian Acute:**

- ▶ The Trust has taken some steps to look critically at the health of ethnic minority groups. However, lack of resources appears to have put a halt to some of these initiatives.
- ▶ The major problem facing the Trust appears to be how to identify and interact with the local ethnic minority groups. Overall, it would seem that the organisation is struggling to meet the particular needs of ethnic minority communities.

### **West Lothian Health Care:**

- ▶ The organisation recognises that it has done little to address the issues of ethnicity and health.
- ▶ The Trust is generally optimistic that the new direction being spearheaded by the Executive will provide an incentive to move ahead with this work.

### **Tayside Acute:**

- ▶ The Trust believes that race equality does not need to be 'spelled out to staff', and that they will deliver an appropriate and sensitive service to all individuals irrespective of their backgrounds. The organisation also felt that the local ethnic minority population have 'grown up' with their indigenous residents and have become thoroughly 'integrated'.



# Evaluation of Organisational Responses

This section gives a more detailed information on the responses received against the questionnaire frame. Subsequent comments and suggestions received back from the organisations are included in **bold**. Further developments since the 'stocktake' interviews are included as postscript for each organisation responding.

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## Health Boards

### Argyll & Clyde Health Board

#### Demographic Profile:

The Health Board has broad population demographic data but were unable to define this data in relation to ethnic minority communities.

The various Joint Community Care Plan with the 4/5 Local Authorities\* indicate that the Board has good information profile on composition, age, gender and geographical distribution as it relates to ethnic minority communities. However, no socio-economic data exist for this group. The Health Improvement Programme does not identify any local action to tackle issues of ethnic minority health.

#### Energising the Organisation: Race Equality and Equal Opportunity Policies:

An equal opportunity statement is available in place of a full policy. The organisation uses the latter document as a human resource strategy that commits the Board to developing staff. The organisation is doubtful as to whether the document complies with the 1976 Race Relations Act. There is little evidence to show that staff are given training to reinforce commitment to equality, particularly racial equality.

We are not doubtful as to whether our Equal Opportunities statement complies with the 1976 Race Relations Act. We are sure it does, although we accept that the Equal Opportunities statement could be expanded. We agree that there is little evidence that equality training has taken place to date; however, you were supplied with a copy of our Local Learning Plan for the coming year, where this training is clearly planned. It would be helpful to have this mentioned in the report.

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\* Renfrewshire Joint Community Care Plan, 1995/96 – 1997/98, pages 12-13  
Renfrewshire Joint Community Care Plan, 1998-2001, chapter 7 (pages 34-37) and chapter 9 (pages 50-52)  
East Renfrewshire Joint Community Care Plan, 1998-2001, chapter 3 (page 7) and chapter 5 (action 2&3)  
Argyll & Bute Joint Community Care Plan, 1998-2001, Section 3 part 3.4 (pages 17-18)

**Access: Service Delivery:**

The Health Board has not commissioned any services in response to the needs and concerns of ethnic minority communities in relation to race and health. The Board accepts that this is an area requiring specific attention. The Board has made little attempt to be flexible in responding to the cultural and religious sensitivities of the ethnic minority communities in relation to healthcare delivery. The only specific response to services for this group is in relation to Community Care Services. A section on asylum seekers will appear in the Board Wide Emergency Planning Guidance (due out later this year). No evidence exists of a formal contract with providers of interpreting and translation services. The practice is to use community volunteers or bi-lingual staff as and when the need arises. The Board has not established links with the ethnic minority communities or networks.

**Human Resources: Recruitment and Selection:**

Out of 170 employees, none is of ethnic minority origin. The Board accepts there is under-representation of ethnic minority staff within the organisation, but no attempt has been made to address this to date. Staff training in equality has not been taking place for some time and it is hoped that this will be built into the training plans for this year. Staff involved in recruitment, selection and interview panels are given training on the legal framework for discrimination.

**Although at the time of interview, the Board did not employ any people from ethnic minorities (we now employ two), it would be helpful to point out that there are only 2,500 people from ethnic minorities who live in Argyll & Clyde. Given the geography of the area, travel to Paisley for work may be out of the question for a very large percentage of our population.**

**Human Resources: Development and Retention of Staff:**

The Board has recorded nothing positive in this area. The staff newsletter indicates that the Board recognises and values staff involvement in the wider community.

**We are somewhat puzzled by the comments in this section. The Board has a good reputation for its development and retention of staff; we have recently had an assessment for Investors in People and are well on the road to receiving the award. If the comment refers to more specific development, all staff have the opportunity to have Personal Development Plans, which takes account of their individual development needs. You were also supplied with the Local Learning Plan (as mentioned above) which provides the generic development needs of Board staff,**

**Community Development:**

The Board has no evidence of community development with ethnic minority communities. There are no initiatives to engage the ethnic minority community in any of the work or programmes of the organisation. No resources have been allocated to work with the ethnic minority voluntary sector and community organisations. However, the Board is currently developing its Public Involvement Strategy, which it hopes will take into account special needs and the needs of ethnic minority groups.

**The respondent to your question was unaware that the Board part-funds, through the West Dunbartonshire Social Inclusion Partnership (to which the Board contributes financially), the Ethnic Minorities project in West Dunbartonshire. It would be helpful to have this included.**

**Postscript**

The Board has recently committed funding to the West of Scotland Community Relations Council. This is to allow the Council, four West of Scotland Health Boards and the Commission for Racial Equality to work in partnership in assessing and proactively identifying areas to address within our Health Service area in relation to the Race Relations Act 2000. The aim of this project is to develop some of the key strategic goals outlined in the 1998 Race for Health Conference and to develop partnership working and networking in this key issue.

**Ayrshire & Arran Health Board****Demographic Profile:**

Good demographic data have yet to be used to set priorities for local action.

**Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The employment-based Equal Opportunity Policy is out of date. There was a perception that the policy is communicated to all staff but no training is provided. There is evidence of link with Black and Ethnic Minority Infrastructure (BEMIS), SCVO and other Racial Equality Networks. There is a general commitment to equality of opportunity, including race, but no specific section on racial equality.

**Equal Opportunity Policy is presently being reviewed and all staff are issued with this policy.**

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**Access: Service Delivery:**

Some consultation has been carried out to determine the need/satisfaction level of ethnic minority service users. However, this has yet to lead to service development for this group, nor has it informed policy development and resource allocation. Ethnicity is included under inequalities and health – reference ‘Public Health Chapter 10 Sub-Section 10.1, Sub-Sub-Section 10.3’.

‘Needs Assessment Health Promotion for the Chinese Community’ August 1997 by Mr John E. Davidson. The report was carried out with the aim of identifying health promotion needs. Patient information leaflets are available in a variety of community languages including Chinese, Cantonese, Turkish, Punjabi, Bengali, Arabic, Urdu and Gaelic.

Women’s Health in Ayrshire and Arran: ‘A Profile of Women and Health Needs’ by Ayrshire & Arran Women’s Health Profile Working Group, Chapter 10, Page 44-46 – this document was produced with the aim of providing information on women’s health in Ayrshire and Arran and to promote awareness of the broad definition of women’s health within the context of women’s position in society. It was aimed at everyone involved in promoting and making decisions on women’s health.

**Human Resources: Recruitment and Selection:**

The Recruitment Strategy does not address the under-representation of ethnic minority staff within the organisation. There is no formal monitoring system.

**Human Resources: Development and Retention of Staff:**

There is no evidence of development in this area.

**Community Development**

Patient information leaflets are not available in community languages and there appears to be no translating and interpreting support services.

**We are aware that the Scottish Executive document ‘Towards an Equality Strategy’ is at consultation stage and the Board looks forward to the final document to enable further development of strategies at Board level.**

## Postscript

The Health Board is currently contributing to the Racial Equality in Health Partnership Project organised by the West of Scotland Community Relations Council. The aim of this project is to assist the Health Boards and Trusts in establishing a strategic framework within their mainstream system for what they are expected to do to comply with the new laws and positive duties described within the Race Relations (Amendment) Act 2000.

Through the Area Partnership Forum, individuals to take forward strategic work and implementation for the Ayrshire & Arran area will be identified. This would be developed in conjunction with the WSCRC.

## Borders Health Board

### Demographic Profile:

The Board is generally aware of the geographical distribution of the black and ethnic minority groups in the area but there is no evidence anything has been done with this information.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy was last updated in 1993 and the organisation believes that race is woven into it. Equal Opportunity Policy (on employment only) shows commitment to the promotion of equal opportunity in employment and generally opposes all forms of discrimination on grounds of '... colour, race, nationality, ethnic or national origin ...'.

### Access: Service Delivery:

There are no initiatives to address issues of access to services by ethnic minority communities.

### Human Resources: Recruitment and Selection:

The Organisation has no ethnic staff and it is considering whether to take any additional steps to encourage applicants from this group.

Senior Managers receive management training, which includes non-discriminatory practices. However, no other strategies are employed to monitor or to encourage ethnic minority applicants.

### Human Resources: Development and Retention of Staff:

The Board employs no ethnic minority staff and there is a perception that not many apply to the organisation for employment.

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**Community Development:**

The Board is developing consultation mechanisms on a geographical basis and hopes to involve the ethnic minority communities in the process. The indications are that the Board is provided with community language support from volunteers within the local community. The problem of rurality means that the Board is happy to receive interpreting/translating services from within the community, but has access to professional agencies if required.

The public involvement strategy is under development and there is no specific consultation with the ethnic minority communities.

**Postscript**

**No major changes have taken place regarding multicultural development since the 'stocktake' interview last year on ethnic minority health.**

**Dumfries & Galloway Health Board**

**Demographic Profile:**

There are clear indications that ethnic minority data have enabled the Board and its local partners to set priorities for local action.

**Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Organisation has a contract for HR from the PCT and newly appointed Director of Operational Development who will be looking at all policy issues including Equal Opportunity Policy. There is a designated senior manager with responsibility for Health and Ethnicity who has put together a strategy for improving the access and health experience for ethnic minority people.

**Access: Service Delivery:**

Services have begun to take account of the needs of ethnic minority communities.

'Social Service Implementation Plan for Community Care 2000-2001': Ethnic and Minority Groups. Health and Social Care Needs Assessment. The objectives are:

- Consultation with service users.
- Completion of the Chinese Community Survey.
- Ethnic Minority Multi Agency Steering Group (this is a representative group which will direct the work to be carried out with ethnic and minority groups in the area).

**Human Resources: Recruitment and Selection:**

There are no ethnic minority staff, however, the organisation believes that its workforce is representative of the local population. The newly appointed Director of Development (August 2000) will focus on training programmes in addition to services received for HR from the PCT.

**Human Resources: Development and Retention of Staff:**

Although the Board delivers no in-house training, staff can access this service through the network developed by the Trust and local council.

**Community Development:**

A close link exists between the Health Board, the Chinese community (South West Scotland Chinese Association, SWSCA) and the travelling people. Community language support is provided by Glasgow Interpreting Services on a needs basis. Patient information leaflets in community language are available but this is currently being reviewed. Consultation with ethnic minority communities also occurs on a regular basis.

There is a commitment to fund the Ethnic Minority Voluntary Sector. There is a Sessional Link Worker for the Travelling People, SWSC. Information and training is provided to ethnic minority community groups and voluntary organisations on decision-making process and how it works. The Voluntary Sectors are also key partners in prioritisation exercise and development of Joint Community Care and Health Improvement Programme.

Volunteering in the NHS in Dumfries & Galloway. Section 5.5 – acknowledges that one of the aims of the policy would be to 'Make it easier for people to volunteer, especially ... people from black and ethnic minority groups ...'.

**Postscript**

**No new initiatives have taken place in the last year in this area. We are simply continuing with the projects we have in place. We are working more closely with other agencies in a multi-cultural group convened by the police since the Stephen Lawrence enquiry but that is all. We are also looking closely, in general, at the implementation of the Human Rights Act, which will inevitably have an impact in raising issues of race, culture and discrimination.**

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## **Fife Health Board**

### **Demographic Profile:**

There is an appreciation of ethnic minority composition of the area. However, there is no evidence of a direct link between demographic knowledge and responding to ethnic minority health needs at local level.

### **Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Equal Opportunity Policy is communicated to staff through the *Staff Handbook*. A Working Group on Ethnicity is currently formulating an action plan for ethnic minority health.

### **Access: Service Delivery:**

The organisation is part of a community safety initiative that has created a common form for monitoring racial incidents. This document is collected centrally by Fife Council. Patient information leaflets, videos and information regarding services are available in different languages.

### **Human Resources: Recruitment and Selection:**

Staff who are involved in recruitment and selection are not given specific training in racial equality. Appendix 1, Page (16) of the 'Policy and Procedural Guidelines on Recruitment and Selection 1998'. ... reference is made to the effect that recruiters must always be aware of and operate, within the relevant legislation, including the Race Relations Act 1996 ... 'Recruitment Monitoring Form' Appendix 7A, Page (31) ... demonstrates that ethnic data on applicants and appointments are collated ... No additional steps have been taken to encourage ethnic minority applicants.

### **Human Resources: Development and Retention of Staff:**

Staff training and development will be revisited as part of 'Learning Together' Strategy Document. 'Exit Interview Form' Appendix 2 Page (17) ... shows that the Board does carry out exit interviews but no recorded data of the number of ethnic minority staff who leave their employment ....

### **Community Development:**

There are links with FRAE (Fairness Racial Awareness and Equality) and Ethnic Minority – Safety Community Sub Group. There is also a contract with Interpreting Services. A commitment to fund the Ethnic Minority Voluntary Sector is apparent.

## Postscript

In the last year's HIP, we highlighted the inequalities within Fife and the need for promotion of racial equality (page 5 and 6 refer). This year we are going to stage further addressing many of the issues within Fife regarding equal opportunities, making particular reference to these within the State of Fife Annual report (p.16) as part of our Community Plan.

Fife is taking a collaborative approach in addressing many of the issues regarding racial equality. The Fife Partnership Committee, the Fife Health Alliance, Fairness Racial Awareness Inequality Group, the Fife Local Inclusion Partnership and also Fife Council Community Safety Black Ethnic Minority Sub Group is working on joint measures to raise awareness of racial discrimination and violence. With regards to the issues of achieving better services for patients (ABSP), and in relation to ethnic minority groups, we understand that a group responsible for progressing this matter is being reviewed at present.

In relation to our most recent public consultation exercise, Right for Fife was translated into four languages, Hindi, Bengali, Chinese and Arabic. We have also conducted a number of focus groups in order to further address issues and identify priorities with regards of equality of accessing health within Fife.

The NHS in Fife has just developed and implemented a telephone interpretation service for ethnic minority groups accessing the health service.

In relation to further developments regarding multicultural health development within Fife, we are in the process of helping to support FREC in mainstreaming the promotion/opportunities as part of Fife partnership. This is a single multi-agency statutory group within Fife. The health section of the community plan will also make specific reference to multicultural health development issues.

I trust that this provides an overview of the developments in Fife since the original multicultural health development 'stocktake' took place. We are committed to maintaining the issue of ethnic minority health and equality of access within Fife. We will endeavour to promote these issues and to further identify ways of development in Fife.

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## **Forth Valley Health Board**

### **Demographic Profile:**

Good demographic data have not yet been used to set priorities for local action.

The report states that good demographic data have not yet been utilised to set priorities for local action. This is not correct and as stated in the section on Access: Service Delivery: health needs assessments have been carried out and unmet needs recognised.

The report, as currently set out, is contradictory.

### **Energising the Organisation: Race Equality and Equal Opportunity Policies:**

There was confusion as to whether the Equal Opportunity Policy was written in line with the 1976 Race Relations Act. There is a perception that staff are involved in the development of the policy but no evidence was made available.

There is no specific section on race equality.

The equal opportunities policy was written in line with the 1976 Race Relations Act. Whilst there is no specific section on any criteria, including race, the Board is keen to reflect best practice, whether this is a separate section or indeed policy on race equality. It is important that the report reflects both the accuracy of the outputs from the interview process including the nature of the Board's stance in relation to work in progress, rather than concentrating on gaps in provision.

The report states that there is a perception that staff are involved in the development of policy but no evidence was made available.

We did not discuss 'perceptions' of staff involvement. It was clearly stated that such policy development processes involve staff as fully as possible. The current equal opportunities policy was reviewed during 1999 along with a significant number of Human Resources policies. The Board's staff forum, currently the Health and Safety Committee, was fully involved as representatives of all staff in the consultation process.

**Access: Service Delivery:**

Access and service delivery has not been responsive to ethnic minority health needs.

There have been public consultation exercises involving ethnic minority communities e.g. 'Draft Acute Services Review'. Special arrangements were made for the document to be available in community languages and interpreters to be made available if required.

As a result of a needs assessment exercise carried out prior to launching a new palliative care resource centre at Strathcarron Hospice, there was recognition of the unmet needs both in the ethnic minority groups and in those of sensory impairment.

*Multi-Agency Staff Cultural Awareness Handbook* – prepared by Racial Attack and Harassment Multi-Agency Strategy (RAHMAS). The handbook is designed to help staff become more culturally aware, and religiously sensitive, in service delivery to members of ethnic minority communities living in central Scotland. This would be done through:

- Assisting staff to enhance service delivery.
- Be culturally and religiously sensitive.
- Day-to-day work with members of ethnic minority communities.

'RACISM' Raising the Profile, produced by Central Scotland Racial Attacks and Harassment Steering Monitoring Groups to raise awareness of staff responsibilities to the employers in the proper receiving and recording of incidents of a racial nature.

'Racism – How to Get Help' by RAHMAS.

**The paragraphs covering the work of RAHMAS are also specifically pertinent to the following sections on Human Resources: Recruitment Selection and Human Resources: Development and Retention of Staff. This needs to be reflected in your report.**

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**Human Resources: Recruitment and Selection:**

No extra encouragement is given to potential ethnic minority applicants. Training in recruitment and selection processes is commissioned from an outside organisation. There is no indication that this training includes cultural and religious competence.

**Our responses for this section are not properly reflected in the two-and-half lines of the report.**

Forth Valley Health Board is committed to employing the best people for our jobs. It is accepted that the Board does not undertake positive discrimination practices. The Board has a very good record of employing people from across the community with significant proportion of employees from the ethnic minority groups specified. It was further stated that a high proportion of our most senior jobs are occupied by ethnic minority staff. It appears from this evidence that we are recruiting fairly and equitably. Your report may suggest that ethnic minority applicants are disadvantaged. Our evidence refutes this.

During the interview, we explained how our training for recruitment and selection will be enhanced through the use of the RAHMAS pack. This pack was developed jointly with our partners in the RAHMAS group. As the Board's Human Resources Manager, I was the Board's representative throughout the development of the pack. The RAHMAS pack is fairly comprehensive and reflects significant commitment to the issues of religious and cultural competence.

Your report should reflect the work carried out and plans for progress.

**Human Resources: Development and Retention of Staff:**

No positive response was received for this section.

**The report states that no positive response was received for this section. This is also inaccurate.**

It was explained that the Board is embarking on a process of personal development planning as outlined in 'Learning Together'. Equality issues will be covered as in the past, in equal opportunities training and will be enhanced utilising the RAHMAS pack. The Health and Safety Committee is currently working on a new staff handbook.

The RAHMAS pack has been developed to raise staff awareness.

In terms of staff development schemes for ethnic minority staff, as these staff occupy some of the most senior posts within the Board, they have demonstrated through career progression, etc. that they are not in need of work-shadowing and other similar process. It gives an erroneous impression to state that our response to this question was not positive. Indeed, should our staff profile change, we continue to be responsive to staff development needs.

#### **Community Development:**

There are links with RAHMAS and Central Scotland Racial Equality Council (CSREC). Some information and training is provided to ethnic minority community groups and voluntary organisations on the decision-making process and how it works. There are no interpreting/translation services. Patient information leaflets, videotapes and health literatures are available in various community languages.

**The Board does have interpreting/translation services.**

#### **Postscript**

Forth Valley Health Board continue to be active members and support the work of Central Scotland Racial Attacks and Harassment Steering/Monitoring Group. The 5th Edition of RAHMAS procedures will be launched on 8th August, the launch will be hosted by Forth Valley Health Board.

### **Grampian Health Board**

#### **Demographic Profile:**

There is little demographic data but there is evidence within the HIP that the Health Board and its Local Partners have a collective response to health issues facing the ethnic minority communities. The NHS in Grampian has formed a Steering Group (GHB, GLHC, GPCT, GUHT, Health Promotion) to examine how health services are accessed by people from ethnic minority communities. Grampian Health Board and Aberdeen City Council are jointly funding the project. 'Strategy to Improve Health and Health Care Services for Ethnic Minority Patients and Communities'.

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**Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Equal Opportunity Policy was last updated in 1994 and no arrangement has been made to communicate or train staff in relation to the policy. However, a senior manager has a lead responsibility for race and ethnicity and progress has been made in developing strategy for improving ethnic minority health. Key Result Areas: Objective 3, Tackling Health Inequalities, Point 3.4 of the Performance Plan.

Health Promotion also have their own updated Equal Opportunity Policy.

**Access: Service Delivery:**

The current work between the NHS in Grampian and GREC (Grampian Racial Equality Council) will inform aspects of service delivery to ethnic minority communities. A phased approach will have anticipated key actions for partners.

‘Check Up’ June 2000 Volume 5, Issue 4, published by the Grampian Local Health Council.

**Human Resources: Recruitment and Selection:**

There is a future commitment to look at employment in relation to the ethnic communities.

**Human Resources: Development and Retention of Staff:**

The Board accepts that this is an additional area to be looked at.

**Community Development:**

A strong link exists between the local ethnic minority communities, Grampian Health Board and GREC. The latter also provides racial equality awareness training for health professionals and interpreting assistance as part of the service agreement with Grampian Health Board. Some patient information leaflets are available in some of the community languages. Telephone interpreting is provided by the National Interpreting Service as part of their contract with Grampian University Hospital Trust. There is a commitment to fund the Ethnic Minority Voluntary Sector (commissioning of translation and interpreting services and GREC).

The Health Promotion wing of the Health Board have begun to put together ‘Bullying and Harassment at Work Policy’ Section 5, Sub Section 5.3 Racial Harassment, Page 5.

## Postscript

1. Identifying senior management in the Health Board, Health Promotions, the Trusts and the Local Health Council to take lead responsibility for multicultural and ethnic minority issues.
2. Acknowledging as a priority in the Health Improvement Programme (HIP) the need to recognise the health-related needs of ethnic minorities living in Grampian.
3. Working with key partners to develop a needs assessment of ethnic minority groups, particularly in relation to:
  - Information about services.
  - Access to services.
  - Cultural and linguistic needs in a health context.
  - How best to involve ethnic minorities in the HIP process.

The needs assessment report is in final draft and is out for consultation with key stakeholders.

4. Building links with the Grampian Racial Equality Council (GREC) through the establishing of a Service Level Agreement for 2000/2001.
5. Through GREC, developing a racial awareness training programme for health service staff.
6. Ensuring that a current written race equality policy/equal opportunities policy is in place in all partner organisations, which is clearly linked to organisational aims and objectives. Ensure also that all staff are familiar with the policy.
7. Ensuring that all job advertisements refer to all partners in the NHS in Grampian as being equal opportunities employers; this has as much relevance to ethnic minority groups as to any other group of people. Confidential data on ethnicity are collected as a matter of course through the job application process.
8. Establishing links with providers of translation and interpreting services to ensure appropriate services are available as and when required.
9. Ensuring that patient information leaflets in key languages are available in appropriate health care settings. Some information leaflets have already been printed in some of the community languages, and more are in progress, for example, leaflets on hospital catering services.
10. Developing a public involvement strategy which includes mechanisms for involving ethnic minorities and difficult to reach groups.
11. Developing and interpreting and translating service for the city of Aberdeen. It is hoped that once this is operational, it can be rolled out throughout Grampian.
12. Establishing the appropriate infrastructure across NHSGrampian to ensure that the general and specific duties listed in the Race Relations (Amendment) Act 2000 are fulfilled.

## Greater Glasgow Health Board

### Demographic Profile:

The ethnic demographic data have been harmonised and used to set priorities for action (see the HIP).

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Board has a Race Equality Policy in Health and Healthcare to complement the existing Equal Opportunity Policy. Although the policy has been communicated to staff there is little evidence of any formal training in race equality to show commitment to the policy. The designated senior manager with lead responsibility has put together an action plan for improving the health experience of black and ethnic minority communities.

There are clear links with local racial equality networks such as GARA (Glasgow Anti-Racial Alliance) and Glasgow Healthy Cities Partnership – Black and Ethnic Minority Working Group, West of Scotland Community Relations Council and community organisations.

### Access: Service Delivery:

As part of the commitment to Achieving Better Services for Patients, the Board through the Ethnic Advisory Group will look at three key priorities for ethnic minority health as related in the HIP:

- ▶ Interpreting and Advocacy Service.
- ▶ Improved Service Response-specific nutrition, staff training and staff recruitment.
- ▶ Enhanced Involvement and Participation.

Achieving Better Services for Patients, Section H, Page 3.

There is evidence of consultation with ethnic minority communities in relation to service provision. A review of interpreting and translating services is being carried out and the sum of £100K has been allocated for service development for black and ethnic minority communities, including advocacy development.

The organisation is part of a multi-agency collaboration to set up a Starting Well Health Demonstration Project, which has a core belief that child health can be improved by a programme of activities to support families coupled with access to enhanced community based resource for parents and their children. There will be specific activities addressing the needs of families from black and ethnic minority communities.

The Health Promotion Department has a series of locally-based initiatives targeted at ethnic minority communities directed at improving access to services and to information. In the past, a needs assessment was carried out to determine the health concerns and needs of ethnic minority communities 'Ethnic Minority Health (4.7, P41) the Annual Report of the Director of Public Health, 1994/5'.

#### **Human Resources: Recruitment and Selection:**

As far back as 1995 the organisation, through the Health Gain Commissioning Team, undertook an audit of race equality and employment practices within Greater Glasgow. However, the initial positive action has not led to adequate representation of ethnic minority staff among the workforce. More recently, ethnic data on applicants and staff, although efficiently collated, have not been reviewed or used to change recruitment practices.

**Ethnic data on applicants and staff are not only efficiently collated, but are analysed and presented to the Health Board in an annual report.**

#### **Human Resources: Development and Retention of Staff:**

No positive response was received on this section.

**With effect from December 2000, all staff are required to have a personal development plan, produced in discussion with their line manager. Development plans are intended to provide opportunity for personal as well as job-specific development, and are tailored to individual needs. Personal development plans are designed to meet the needs of all staff which, of course, includes specific requirements of staff from ethnic minorities.**

**Personal development plans are viewed as a positive contribution to the retention of all staff.**

#### **Community Development:**

Consultation with ethnic minority communities has helped to shape policy development and resource allocation. In the past the organisation funded various projects such as Self-Help Anxiety Management for Ethnic Minorities, Pilot Nutrition and Diabetic Service to Ethnic Groups and Podiatry Service for Ethnic Groups.

Information and training is provided to ethnic minority groups and voluntary organisations on the Board's decision-making process. Seminars have taken place to increase dialogue with the ethnic minority community leaders and representatives and to examine ways in which the Board can confidently engage the support of ethnic minority users/communities in the planning and commissioning of services.

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The Board supported the development and publication of an online version of the *Directory of Black and Ethnic Minority Organisations in Glasgow*. The directory aims to promote organisational networking and also act as a first step for health professionals to work closely with ethnic minority groups.

The Health Board together with the Glasgow City Council funds the Glasgow Healthy City Partnership, that has recently conducted the BLACK AND ETHNIC MINORITY SERVICE REVIEW. A working group of the partnership has set up a Black and Ethnic Minority Working Group to take forward recommendations from the review and facilitate progress on agreed objectives by the partnership.

The organisation has a published procedure for dealing with complaints of racial discrimination from members of the public.

## Postscript

1. **The Board's Race Equality Policy is currently being reviewed. The three objectives that have been set are: 1. to review developments around the current policy and identify areas of progress and gaps; 2. to update the policy in light of the review findings, and national legislation; 3. to develop an implementation plan for NHS Glasgow.**
2. **The Interpreting Partnership has now been established and work is underway to further develop this service in line with national guidelines. The NHS has been taking the lead role in developing Quality Standards and Access Protocols for the service.**
3. **A pilot initiative is currently being negotiated, involving all NHS Trusts and the Health Board along with Strathclyde University and EMEC, to encourage people from ethnic minority backgrounds into health service employment. It is anticipated that this will run in the autumn of this year.**
4. **As part of the NHS commitment to listening to communities, GGHB will be developing work around ethnic minority communities during the current planning year.**

## Highlands Health Board

### Demographic Profile:

There is an awareness of the ethnic composition in the area but no other data are available for age/gender, geographical distribution and social economic status. Some progress has been made in co-ordinating action at a local level (see HIP 1999-2004). There is no evidence in the HIP for this year that this initial work will be continued.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity in Employment Policy (1993) has a section that deals with Race Relations, Equal Opportunity in Employment and Supporting Codes of Practice – (Section 1 Part B, Page 3 Race Relations and Section 4, Racial Harassment). The Board is unsure of whether the policy has been written in line with the 1976 Race Relations Act. There is no specific training on racial equality given to staff.

Two senior staff have responsibilities for race and health and are currently developing action plans – Performance Plan Summary for the designated personnel, under Developments, Section 1a and 4. There are links with Highland Alliance for Racial Equality and Highland Ethnic Minorities. The former have put together a business plan and are looking for resources from the local public bodies.

'Needs Not Numbers', Black and Ethnic Minority Communities in Rural Areas of Scotland. The Health Board intends to make use of this study to explore the experiences of ethnic minority groups in the Highlands.

**We are currently progressing a review of our Equal Opportunities Policy, which will include ensuring compliance with the 1976 Race Relations Act and will also consider how this policy is monitored and communicated to other staff. This may be useful to add in to the section entitled 'Energising the Organisation'.**

### Access: Service Delivery:

No evidence of pro-active development in this area.

### Human Resources: Recruitment and Selection:

Minor steps have been taken to address the under representation of ethnic minority staff among the workforce. Data are available on ethnic minority applicants and appointments by grade.

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### **Human Resources: Development and Retention of Staff:**

Consultation with ethnic minority staff has not led to any developmental action. Ethnic data are available on staff leaving employment.

### **Community Development:**

There is no CRE presence in the Highlands. Support is provided from Grampian Racial Equality Council. Community language support is provided by families and bi-lingual staff. The Board state consultation with the ethnic minority communities will shape future policy development and resource allocation.

### **Postscript**

**The Board and both local Trusts have set up a joint team to plan the implementation of the PIN (Partnership Information Network) guidelines. Of these six guidelines, one is specific to equal opportunities policies and, as such, development of our human resource policy and practice in this area will be driven by its implementation.**

### **Service Delivery**

The Highland Health Plan (2001-2006) in the section on Improving Highland's Health has the aim of 'work with partners to address the needs of socially excluded groups'.

In relation to the Race Relations (Amendment) Act 2000, the Board awaits the development and publication of the CRE codes of practice for the NHS, in order to fulfil its specific duties which are contributory to the general duty.

### **Community Development**

The Board is a member of the Highland Alliance for Racial Equality along with other partner agencies in the Highlands: Highland Council; Northern Constabulary; Procurator Fiscal's Office; Scottish Homes; Highlands & Islands Enterprise; and Grampian Racial Equality Council. This group provides a forum for racial equality and is a vehicle for advancing partnership working where appropriate. Current work being undertaken by the group includes:

- A multi-agency strategy for the reporting and response to racist incidents.
- Working with BEMIS (Black and Ethnic Minorities Infrastructure) to explore the potential of the Development Workers post, for capacity building of Highland ethnic minorities, working in partnership with the agencies.
- Multi-agency approach to the provision of interpretation and translation facilities.

## Lanarkshire Health Board

### Demographic Profile:

A Short Life Working Group has used local ethnic demographic data to set out objectives to tackle health and health-related issues in relation to ethnic minority communities – Report: Short Life Working Group on Ethnic Minorities – March 2000.

A section in the HIP sets out key objectives to look at issues of access and service delivery to this group.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

There is no evidence the Equal Opportunity Policy has been communicated effectively to all personnel or that training has taken place in race equality. Although the Board has acknowledged Health and Ethnicity as a future concern they have yet to identify a senior manager with lead responsibility for this area. In the Health Improvement Programme 2000/2001, the Board has provided for the establishment of a new post of Black and Ethnic Minorities Officer.

### Access: Service Delivery:

There has been some *ad-hoc* consultation with ethnic minority communities but this has yet to lead to flexibility in service design or delivery. No formal translation and interpreting service is provided.

### Human Resources: Recruitment and Selection:

There is no evidence of a recruitment strategy to address the under representation of ethnic minority staff among the workforce. Some progress has been made in collecting and analysing ethnic data of applicants.

### Human Resources: Development and Retention of Staff:

Some progress has been made to monitor the ethnicity of staff leaving employment.

### Community Development:

Community development work has been limited to work between Health Promotion and the Asian Women's Group. Developing links with the ethnic minority voluntary sector and community agencies are in the early stages. Patient information leaflets, videos, etc. are not available in the wider community languages.

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## Postscript

The two main issues which we have been pursuing within Lanarkshire have been the appointment of the Black and Ethnic Minorities Co-ordinator, a post for which we are interviewing in mid-June. The other main area of work has been with the West of Scotland CRC in the 'Race Equality and Health project'. In this, we have jointly funded a post together with our colleagues in Argyll & Clyde, Ayrshire & Arran and Greater Glasgow Health Boards. The first meeting of this group is on 24th May.

## Lothian Health Board

### Demographic Profile:

Ethnic demographic data are patchy at best. Evidence in the HIP suggests that some action is being taken to reduce health inequalities especially in relation to ethnic minority communities.

### Engerising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy is actively communicated to all staff in training, and racial equality is also compulsory as part of the induction. Staff are informed about their individual responsibilities in relation to the policy and the implications for their work with ethnic minority communities. The senior manager with lead responsibility for race and health has put together a strategy with identified action plans. The strategy reflects the specific needs of different groups and is being developed in conjunction with partner agencies and ethnic minority communities themselves. See HIP, 3.2.1. Pages 14/15.

The Organisation also has strong links with a range of health-related ethnic minority groups.

### Access: Service Delivery:

The interpretation and translation services are provided by mutual agreement between the Health Board and the local authority. However, the Board is unable to impose quality standards on the services received.

A wide range of patient information leaflets are readily available in community languages. The questionnaire has raised a number of issues that will form part of the remit of the Inequalities Steering Group.

### Human Resources: Recruitment and Selection:

Ethnic data on applicants and appointments have been used to review recruitment strategies. The organisation was unaware of under representation of ethnic minority staff among its workforce.

**Human Resources: Development and Retention of Staff:**

Although there was no specific schemes for ethnic minority staff, all employees are given the opportunity to engage in any of the training or developmental programmes. Staff Newsletters frequently carry articles recognising the contribution of employees to the wider community.

**Community Development:**

A range of consultation exercises carried out with the ethnic minority communities have helped to inform and shape policy development and resource allocation (through 'The Minority Ethnic Health Inclusion Project'). There is a commitment to fund the ethnic minority voluntary sector and to make them partners when bids are being submitted for community development work. Each department is required to identify how their activities will impact and contribute to addressing health inequalities and community development with ethnic minority groups.

**Postscript**

At the end of last year, Professor Raj Bhopal, Professor of Public Health Medicine at Edinburgh University was invited and accepted the chair of a new NHS Lothian-wide group with a remit to develop an action and implementation plan for minority ethnic health issues. *(Professor Bhopal has recently been invited to chair a similar group at a national level for the Scottish Executive.)*

The group is currently working on these plans for the NHS in Lothian in conjunction with representatives from Social Work departments and hope to have actions implemented this year. In addition, Lothian Health, together with other public sector organisations in Lothian such as the Police, have agreed to sign a Joint Declaration against Racism.

**Orkney Health Board****Demographic Profile:**

No positive response was received on this section.

**Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Equal Opportunity Policy has a section on racial equality. There is no communication of the policy or training to that effect.

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**Access: Service Delivery:**

Progress has been made to ensure that staff job descriptions specify their obligation to deliver effective, appropriate services in a sensitive and cultural manner. The organisation states that it has a published procedure for dealing with complaints of racial discrimination from members of the public.

**Human Resources: Recruitment and Selection:**

The Board states progress has been made to give guidance and training to members of staff involved in recruitment, selection and interview on racial equality issues and anti-discriminatory practices. There has been no additional steps taken to encourage more applicants from the ethnic minority communities.

**Human Resources: Development and Retention of Staff:**

Racial equality is embedded into training plans for all staff. Staff involvement in the wider community is recognised and valued.

**Community Development:**

No progress was noted in this section.

**Shetland Health Board**

**Demographic Profile:**

The Board is not aware of the ethnic minority composition in the area. However, the Board states it knows the age, gender profile and the geographical distribution of the black and ethnic minority groups in the area. The data have not been used to set priorities for local action.

**Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Equal Opportunity Policy is currently being reviewed. There is communication of the policy to all personnel in the Board. Staff training with respect to the policy will be rolled out before the next financial year.

**Access: Service Delivery:**

There have been consultations on the suitability of service provisions, but not specifically with ethnic minority groups.

Translation and interpreting services are being provided to enable full access to services by ethnic minority users.

The organisation states it has published procedures for dealing with complaints of racial discrimination from members of the public.

**Human Resources: Recruitment and Selection:**

Those members of staff involved in recruitment, selection and interviews are given guidance and training in racial equality issues and non-discriminatory practices. The Organisation states it has taken steps to encourage ethnic minority applicants in areas where they are under represented. Ethnic data on applicants and appointments are used to analyse and review appointments.

**Human Resources: Development and Retention of Staff:**

There is ethnic monitoring of the number of staff leaving employment; however, this data have not been used to review retention strategies.

**Community Development:**

The Organisation states progress has been made to translate some patient information leaflets into community languages.

**Tayside Health Board****Demographic Profile:**

The ethnic demographic profile (except social economic data) has been used to set key actions in the Board's Health Improvement Programme.

**Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Equal Opportunity Policy does not have a section on racial equality. There is no training or communication of the policy to staff. There is a weak link with the local race equality networks.

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**Access: Service Delivery:**

In the past, *ad-hoc* consultation exercises have taken place with ethnic minorities courtesy of the Multicultural Health Link Worker who is currently employed by the Primary Care Trust. A needs assessment exercise was carried out with Muslim Women: ‘What are the Particular Attitudes and Knowledge Levels Towards Sexual Health of Muslim Women in Dundee by Manjeet Gill’. Language support services are not formally provided.

**Human Resources: Recruitment and Selection:**

The ethnic data on applicants have not informed recruitment strategy. There is currently no ethnic minority staff among the workforce.

**Human Resources: Development and Retention of Staff:**

There has been no steps taken to retain or develop ethnic minority staff.

**Community Development:**

The Board continues to explore ways to involve communities in consultation, generically. Some *ad-hoc* pieces of work with the ethnic minority groups have taken place in GP Practices in the Hilltown area of Dundee. These have identified issues of access and service sensitivity. The Board aims to progress this work – reference Community Involvement in SIPS (Hilltown), Audit of Cervical Smears (Ethnic Women) and Childhood Immunisation. Taybank Medical Practice, Dundee – June 1995.

Patient information leaflets are available in some of the wider community languages.

**Postscript**

**The Board has undertaken a Corporate Self Assessment, following the guidelines issued from Audit Scotland and is in the process of drawing up an action plan. The plan is currently in draft form and will be tabled at our Partnership Forum in July.**

## Western Isles Health Board

### Demographic Profile:

There was no reply made to this section.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Board states the Equal Opportunities Policy (1993) requires to be reviewed but no timescale has been given. Staff have access to the policy at departmental level. There is no mechanism to ensure that staff have read and understood their individual responsibility in relation to the policy.

The organisation is unsure whether the Board membership reflects the ethnic composition of the local community. There is no designated senior manager with lead responsibility for race and health and there is no strategy for improving the access and experience of ethnic minority people in relation to health service.

### Access: Service Delivery:

There was essentially no reply made to this section.

### Human Resources: Recruitment and Selection:

Staff involved in recruitment, selection and interview panels are given guidance and training with respect to non-discriminatory practices and procedures.

The organisation state ethnic data on applicants and appointments are being reviewed to meet data protection requirements.

### Human Resources: Development and Retention of Staff:

The Board will be looking at the development and retention of ethnic minority staff as part of the Education and Learning Strategy.

There has been progress to capture ethnic data on staff leaving the organisation's employment (as part of the development of the Personnel Information System).

### Community Development:

There was no reply made to this section.

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## Health Trusts

### Argyll & Clyde Acute Hospital Trust

#### Demographic Profile:

No demographic data are available.

#### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The new Trust has been created from the four previous Trusts. The new organisation is still trying to harmonise their respective equal opportunity policies and the Trust does not yet have an overall equal opportunity policy. Some anti-discriminatory training is provided to middle management.

**Whilst the Trust does not as yet have one harmonised Equal Opportunities Policy, we do have four robust E.O. policies still in place for each of the Hospitals.**

#### Access: Service Delivery:

No positive feedback received on this section.

#### Human Resources: Recruitment and Selection:

Training is provided to staff who are involved in the recruitment and selection process. No other positive action is currently being used to encourage ethnic minority applicants.

#### Human Resources: Development and Retention of Staff:

No positive feedback received on this section.

**The Trust ensures an equality of opportunity ethos and all staff are given equal access to training and development facilities. We do not positively discriminate in favour of any group of staff with regard to either development or retention.**

#### Postscript

We have agreed to participate in the above and wish to focus attention on specifically the Argyll & Clyde ethnic minority population and their health needs but there are difficulties in getting any information on local ethnic population.

## Ayrshire & Arran Acute Trust

### Demographic Profile:

The ethnic demographic data have not been used to set priorities for local action.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

'The Equal Opportunity Policy' 2000/2001, Appendix 2 (Page 6) section on ethnic origin, giving guidance on recruitment monitoring.

**The Trust does have an Equal Opportunities Policy, a copy of which is attached, for information.**

### Access: Service Delivery:

The Trust will be looking at providing translation and interpreting services in the future but no positive response was received on this section.

**The Trust currently has two separate Interpreter Services Protocols. However, work is underway to develop one policy to ensure that there is an effective and consistent approach in relation to the provision of interpreter services for our patients and their relatives.**

### Human Resources: Recruitment and Selection:

There is no positive action to encourage more applicants from ethnic minority communities.

**All adverts will promote the Trust's commitment to being an equal opportunities employer. In addition, the collection and analysis of data pertaining to all applicants further demonstrates the provision of equal opportunities in the recruitment and selection process.**

### Human Resources: Development and Retention of Staff:

No positive feedback received on this section.

**In accordance with the Trust's Equal Opportunities policy, staff selection for training and development opportunities and promotion, is based on relevant aptitudes, skills and abilities, using equitable assessment criteria to ensure that all staff have equal access.**

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## Community Development:

There has been some attempt to translated patient information leaflets into the community languages. However, there is no other community development initiatives with the ethnic minority communities.

## Postscript

### 1. Equal Opportunities: In Employment

The Ayrshire & Arran acute hospitals NHS trust continues to demonstrate its commitment to being an equal opportunities employer and this commitment is reflected in the Trust's Equal Opportunities Policy.

However, the Trust is currently reviewing this policy in partnership with Ayrshire and Arran Health Board and the Ayrshire & Arran Primary Health Care Trust. The representatives from these three local NHS providers have agreed to adopt the values and principles of the recently published PIN guideline on equal opportunities policies to ensure that the new Ayrshire policy reflects best practice and promotes equal opportunities in all areas of employment.

### 2. Equal Opportunities: Service Delivery

- The Trust is an active participant of the recently formed South Ayrshire Multi agency Racial Incident Monitoring Group, the aim of which is to create an effective structure in addressing the many issues resulting from a racial incident.
- The Trust recognises its increased responsibility to promote racial equality in accordance with Race relations (Amendment) Act 2000 and is committed to eliminating unlawful racial discrimination and promoting equal opportunities and good relations between persons of different racial groups.
- The Trust's continued commitment to reduce health equalities in Ayrshire and Arran is reflected in the Trust's Implementation Plan.

## Ayrshire & Arran Primary Care Trust

### Demographic Profile:

No ethnic demographic data are available.

The 'Black and Ethnic Minority Project' is a joint initiative between Ayrshire & Arran Health Board and the Social Work Department which looks at:

- ▶ Provision of advice and information services about health and social work services in North and East of Ayrshire;
- ▶ Interpreting Services;
- ▶ 'Drop-In' Surgeries and Resource Centre.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy is communicated to all personnel; however, there is no complementary training to reinforce commitment to, and effectiveness of, the policy.

### Access: Service Delivery:

Translation and interpreting services are provided with complementary quality standards. There is some training given to staff to enhance their ability to provide appropriate services to ethnic minority users.

'Needs Assessment – Health Promotion for the Chinese Community' by John E. Davidson, August 1997: identifies the health promotion needs of Ayrshire Chinese Community.

### Human Resources: Recruitment and Selection:

Although staff who are involved in recruitment and selection receive training on racial equality issues, there is no action to address the under representation of ethnic minority staff among the workforce.

### Human Resources: Development and Retention of Staff:

No positive feedback received on this section.

### Community Development:

There are links with Local Racial Networks and Community Groups. Evidentially, consultation with ethnic minority communities has helped to inform policy development and shape resource allocation, i.e. Black and Ethnic Minority Project.

No patient information leaflet has been translated into the community languages.

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## Postscript

1. Multicultural involvement in preparing the New Opportunity Fund Bid for the Three Towns 'Healthy Living Community'. The involvement was achieved through specific officer employed by North Ayrshire Council who was a member of the Project Board. Multicultural involvement in our review of services for the Irvine and Kilmarnock area is currently being actioned.
2. Paramedical Heads of Service are currently developing health information and providing health advice sessions to Chinese Women's Groups in North Ayrshire.
3. The Trust is currently reviewing its Employment and Training Policy and practice in relation to ethnic minority groups, to implement proposals of the Race Relations (Amendment) Act 2000 in consultation with Ayrshire & Arran Health Board and the Commission for Racial Equality.
4. A Guideline Development Group is currently reviewing the Equal Opportunities Policy, including good practice in relation to ethnic minority groups and in accordance with the revised legislation.
5. The Trust currently undertakes recruitment and selection ethnic minority monitoring. Training and development opportunities for staff in equal opportunities recruitment and selection is available to staff.

## Borders General Hospital Trust

### Demographic Profile:

There is some awareness of ethnic composition in the area.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy is being communicated to all personnel but there is no training to reinforce commitment and effectiveness of the policies.

### Access: Service Delivery:

There is a contract for provision of translation and interpreting services.

**Human Resources: Recruitment and Selection:**

Guidance and training are provided to those staff who are involved in recruitment and selection on non-discriminatory procedures and practices. Ethnic data on applicants and appointments are available.

**Human Resources: Development and Retention of Staff:**

Personal/Professional Training is provided to inform staff of the particular needs of ethnic minority groups and to enhance the skills of new staff.

**Community Development:**

No positive feedback received on this section.

**Postscript**

**We continue to work on the developments previously notified.**

**Borders Primary Care Trust****Demographic Profile:**

There is some awareness of the ethnic composition in the local area but no local action appears in the TIP.

**Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Equal Opportunity Policy is currently being reviewed and will be available later on this year.

'Equal Opportunities Management Guidelines', Section 1.1.5. – one paragraph section on race and racial discrimination in employment.

**Access: Service Delivery:**

No positive feedback received on this section.

**Human Resources: Recruitment and Selection:**

The organisation has not set objectives to increase the proportion of staff from the ethnic minority groups. Some data on ethnic applicants and appointments by grade are held by the Trust.

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**Human Resources: Development and Retention of Staff:**

No positive feedback received on this section.

**Community Development:**

Patient information leaflets are made available in the local ethnic minority languages.

**Postscript**

**1. DEMOGRAPHIC PROFILE**

Further to the previous ‘stocktake’, which noted that no local action appears in the Health Improvement Plan, the Trust will input the need to identify ethnic minority health in the local health plan for NHS Borders, drawing particular attention to performance management criteria in relation to this issue.

**2. ENERGISING THE ORGANISATION: RACE EQUALITY AND EQUAL OPPORTUNITIES POLICIES**

Further to the dissemination of the Partnership Information Network (PIN) Guidelines on Equal Opportunities Policies and Family Friendly Policies, the Trust is acting to implement the recommendations from these guidelines at a local level. The Trust also aims to incorporate its organisational commitment to Equal Opportunities in the development of new policies and procedures.

**3. ACCESS: SERVICE DELIVERY**

The Trust has highlighted through the Clinical Boards the need for equality of access for ethnic minority groups and none of these Boards has raised specific barriers in relation to this.

**4. HUMAN RESOURCES: RECRUITMENT AND SELECTION**

As noted in the previous ‘stocktake’, the Trust continues to monitor Equal Opportunities in its recruitment and selection procedures, and advertises posts using as wide a coverage as possible and appropriate in order to extend its opportunities to all sections of the community. The Trust takes all measures to encourage positive action without being left open to criticisms of positive discrimination.

**5. HUMAN RESOURCES: DEVELOPMENT AND RETENTION OF STAFF**

A general overview of Equal Opportunities and the implications for the Trust is built into induction training. Specifically, the Trust is also rolling out *Disability Awareness* training, and an external consultant has been commissioned to train up a local network of trainers for *Dignity at Work* issues.

## 6. COMMUNITY DEVELOPMENT

Patient information leaflets can be provided in local ethnic languages, including Hindi, Urdu, etc. However, the Unified Board also plans to review the communication strategy and patient information as part of the requirements specified by the Clinical Standards Board for Scotland, and will address the issue as part of this. Given the size of the Trust, we work in partnership with the Lothian Interpreting and Translating Service and through the Community Care plan, the Trust addresses visual impairment issues (e.g. the provision of Braille instructors) with Scottish Borders Council.

### Dumfries & Galloway Acute and Maternity Hospital

#### Demographic Profile:

No ethnic demographic data.

#### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy (1994/95) has been communicated to staff. There is some training in equal opportunity, but no specific training on racial equality.

#### Access: Service Delivery:

'Director of Interpreters' – A list of community volunteers and bilingual staff to provide language support when the need arises.

'Signposts – Guidelines for Healthcare Staff on Meeting the Spiritual, Religious and Cultural Needs of Patients and Staff' published by the NHS in Dumfries & Galloway.

#### Human Resources: Recruitment and Selection:

A record is kept of the ethnic origin of staff. Some steps have been taken to look at recruitment strategy towards ethnic minority communities.

'Recruitment and Selection – Code of Practice', Section 6. A small paragraph on do's and don'ts in relation to race discrimination.

#### Human Resources: Development and Retention of Staff:

No positive feedback received on this section.

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## Community Development:

Some translated patient information literature in community languages.

'Operational Consent – Patient/Parent/Guardian'.

## Postscript

Since last year we have been working on a joint initiative between the Council and Health Services on a telephone interpretation service for Dumfries & Galloway. We are about to launch this initiative, which is to help staff to communicate with customers and patients whose first language is not English.

Using the services of the National Interpreting Service staff will be able to provide interpretation in 140 different languages over the phone, 24 hours a day, 7 days a week. Already over 200 Council and Health Services staff have been trained to use the facility. Posters and language identification cards will be displayed in offices and surgeries. Leaflets in the main languages will be distributed to ethnic minority communities.

The system is quite simple. If a customer needs to talk to us but they can not speak or understand English, we can contact the Interpreting Service and they will facilitate communication between us. The service is being jointly funded by the Health Board and the Council and will initially run for one year. We will monitor the uptake and effectiveness of the services and then decide whether to continue with it.

The implementation of this service is part of a wider initiative to highlight the problems faced by ethnic minority communities within Dumfries & Galloway. A multi-agency group has agreed a strategy and action plan, which arose in response to the tragic circumstances following the murder of teenager Stephen Lawrence and the subsequent public enquiry chaired by Sir William MacPherson.

Other statutory agencies that have signed up for the service include Dumfries & Galloway Constabulary, Dumfries & Galloway College, Dumfries Prison, and Dumfries & Galloway Tourist Board. The voluntary sector in the region have been part of the working group putting the action plan in place and all voluntary organisations in Dumfries & Galloway will have free access to the service.

We believe that this innovation will help all the agencies to provide a better service to those clients that have a language difficulty. There are growing numbers of ethnic minority communities in the region and the interpretation service will enable them to make full use of all the services on offer.

## Dumfries & Galloway Primary Care Trust

### Demographic Profile:

The ethnic demographic data have not been used to set priorities for local action.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy (1995) is being reviewed and attempts have been made to communicate the same to staff. There is no evidence of training or development in this area.

### Access: Service Delivery:

Ethnic demographic data have been used to plan services, however, no consultation has taken place with ethnic minority service users/communities.

### Human Resources: Recruitment and Selection:

Steps have been taken to ensure staff involved in the recruitment process have received some training in racial equality issues. However, ethnic data on applicants have not informed recruitment strategies in order to address the under representation of ethnic minority staff within the Trust.

'Recruitment and Selection Training – Foundation Training in Recruitment and Selection' – Section 7, Page 10/11 – Race Discrimination.

Section 8, Page 11 – Permitted Race Discrimination.

### Human Resources: Development and Retention of Staff:

No positive feedback received on this section.

### Community Development:

No positive feedback received on this section.

### Postscript

Outlined below are the three action points that we are currently implementing.

1. Revising our ethnic minority interpretation services – piloting a new telephone translation service and providing training on this from July 2001.
2. In conjunction with Dumfries & Galloway Acute Maternity Trust and Health Board, establishing a network of local interpreters.
3. Ensuring all leaflets are available in ethnic minority languages.

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## **Fife Acute Hospital Trust**

### **Demographic Profile:**

The available demographic data have not been used to set priorities in the 'TIP' for local action.

### **Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Trust has made progress to review the Equal Opportunity Policy. There is no communication of the policy or training for staff to reinforce the policy. There are links with Fife Racial Equality Council and some local community groups.

### **Access: Service Delivery:**

Translation and interpreting services have been made available to enable ethnic minority users to have full access to all services. There is no evidence of flexibility in service design and delivery to ethnic minority users/communities.

### **Human Resources: Recruitment and Selection:**

Guidance and training is provided to staff involved in the recruitment, selection and interview process, however, no major attempt has been made to increase the lack of diversity of the workforce.

### **Human Resources: Development and Retention of Staff:**

There is no proactive action to retain and develop staff from the ethnic minority groups, however, the organisation states it values the involvement of employees in the wider community.

### **Community Development:**

There are no patient information leaflets in any of the community languages. There are no community development initiatives with ethnic minority voluntary/community organisations.

### **Postscript**

The principal development recently was included in the preparation of guidance for all staff on the reporting of racial incidents and raising awareness of racial harassment and discrimination. This is to support the joint monitoring arrangements in place in partnership with the other statutory agencies in Fife. A copy of the final draft of these is attached, for your information and I anticipate these being approved shortly.

A second development recently has been agreement for health agencies in Fife to subscribe to the National Interpreting Service to ensure equality of access to health services is not compromised by language barriers. We are currently arranging staff training in association with this.

1. A new HR system has been implemented within Fife Acute Hospitals Trust and this will enable us to better monitor the ethnic origin of our staff and job applicants. Fife Primary Care NHS Trust are also considering how best to develop an information system which will enable more accurate and meaningful ethnic monitoring of both staff and job applicants.
2. The national PIN Guidelines on Equal Opportunities have been published and a Sub-Group of the Joint Staff Forum is reviewing our policies to ensure that it is in line with good practice. The Sub-Group will also be recommending further action in the light of this good practice guidelines. Fife Primary Care Trust also undertake this same exercise.
3. Peripheral involvement with FREC in the planning of a major conference entitled 'Ageing in Fife' which took place on 24 October 2002 in Glenrothes. A conference report was expected to be issued from FREC around March, but has not yet been received.

## Fife Primary Care Trust

### Demographic Profile:

There is a general awareness of the ethnic composition in the area.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy is currently being revised, but there is no timescale given for its completion. The Trust has a designated senior manager with lead responsibility for health and ethnicity. A strategy is in place relating to the health and clinical needs of people from ethnic minority communities, including issues of access to services and social inclusion.

As part of developing the Trust's planning and decision-making processes, efforts are being made to firm up the relationship with Fife Racial Equality Council and ethnic minority organisations and communities.

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**Access: Service Delivery:**

Translation and interpreting services are provided by Fife Community Interpreting Service.

‘Operational Policy No 14 – Policy for the Use of Fife Community Interpreting Services for Ethnic Minority Groups and Sensory Impaired Groups’. Guideline for the use of Interpreting Services when the need arises.

‘Achieving Better Services for Patients: Black and Ethnic Minority Sub Group’ ... with a remit to mainstream race equality across all health and social care services and in NHS in Fife to achieve better services for patients.

‘An Investigation of Access to Healthcare for Black and Ethnic Minority Communities in Fife, (2000) commissioned by Fife Health Board carried out by Centre for Health and Social Research’ – the investigation was used to:

- Identify specific health needs.
- Investigate levels of knowledge and services.
- Identify any barrier to the use of services.
- Identify any barriers to health promotion activities.
- Make recommendations on the way any barrier could be overcome.

The report was submitted to the Directors Group of Fife Health Board who subsequently recommended that a Working Group be set up to take forward the recommendations.

‘Ethnic Death Protocol’ – to ensure appropriate spiritual care for ethnic minority groups.

**Human Resources: Recruitment and Selection:**

There was some attempt to address the under representation of ethnic minority staff within the organisation.

‘Recruitment and Selection – Best Practice Guide’, November 1996, Section 11.1, Page 2 – race is described in one paragraph as it related to genuine occupational factors.

**Human Resources: Development and Retention of Staff:**

No positive feedback was received on this section.

### Community Development:

There are local links with Fife Race Action Partnership, Fife Racial Equality Council and Black and Ethnic Minority Community Safety Group. The link with the latter group, which is a multi-agency partnership, has recently lead to the development of a Racial Incident Monitoring Form. Some progress has been made in translating patient information leaflets into community languages. There is no evidence of other community development initiative with the ethnic minority communities.

'Fife Mediation Services – Business Plan' written by SACRO. Sub Section: 'Ethnic Minority Community Mediation and Prejudice Reduction Programme', Page 14-17 – to make community mediation more exclusive to people from black and ethnic minority communities in Fife and to develop a specific prejudices-reduction programme targeting community groups.

Project: Ethnic Minority Capacity Building Input (Pages 22 and 23).

### Postscript

The principal development recently was included in the preparation of guidance for all staff on the reporting of racial incidents and raising awareness of racial harassment and discrimination. This is to support the joint monitoring arrangements in place in partnership with the other statutory agencies in Fife. A copy of the final draft of these is attached for your information, and I anticipate these being approved shortly.

A second development recently has been agreement for health agencies in Fife to subscribe to the National Interpreting Service to ensure equality of access to health services is not compromised by language barriers. We are currently arranging staff training in association with this.

1. A new HR system has been implemented within Fife Acute Hospitals Trust and this will enable us to better monitor the ethnic origin of our staff and job applicants. Fife Primary Care NHS Trust are also considering how best to develop an information system which will enable more accurate and meaningful ethnic monitoring of both staff and job applicants.
2. The national PIN Guidelines on Equal Opportunities have been published and a Sub-Group of the Joint Staff Forum is reviewing our policies to ensure that it is in line with good practice. The Sub-Group will also be recommending further action in the light of the good practice guidelines. Fife Primary Care Trust also undertake this same exercise.

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3. **Peripheral involvement with FREC in the planning of a major conference entitled 'Ageing in Fife' which took place on 24th October 2002 in Glenrothes. A conference report was expected to be issued from FREC around March, but has not yet been received.**

## **Forth Valley Acute Hospital Trust**

### **Demographic Profile:**

No positive feedback was received on this section.

### **Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Equal Opportunity Policy has been communicated to staff and some training has been delivered.

### **Access: Service Delivery:**

The organisation believes it takes account of the needs of ethnic minority users when planning new services. Translation and interpreting services are provided to ensure full access to all services.

### **Human Resources: Recruitment and Selection:**

Guidance and training is given to staff involved in the recruitment, selection and interview process. There has been no positive action to use recruitment strategy in promoting diversity within the workforce.

### **Human Resources: Development and Retention of Staff:**

Some professional development training is provided to nursing staff to inform them of the particular needs of ethnic minority communities. No other positive response was received on this section.

### **Community Development:**

There are encouraging links with local racial equality networks. Patient information leaflets are made available in the various community languages.

## Postscript

- 24-hr Fast track Interpreting Service introduction January 2001 via the National Telephone Interpreting Service. 70 staff trained in how to access this service.
- Planning an Ethnic Minority Stakeholder Event in conjunction with Forth Valley Primary Care Trust and Falkirk District Council for later in 2001.
- Reconvened RAHMAS Review Group to look at future participation.
- Continuing to work with Primary Care Trust, Falkirk District Council and Central Scotland Police to develop local translation service.
- Continued attendance and participation in the Forth Valley Multi Cultural Health Development Group.

## Forth Valley Primary Care Trust

### Demographic Profile:

The ethnic demographic data have been used to set priorities for local action in the Health Improvement Programme; 'Central Regional Council 1995 – Local Base Statistics, General Register Office (Scotland)'.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy has been communicated to senior managers but not broadly to all staff. Recruitment and Selection training includes legislation update including equal opportunities, but not specifically on racial equality.

'Equal Opportunity Policy – Code of Practice', Appendix 4, Race Relations Act 1976.

### Access: Service Delivery:

Translation and interpreting services are provided on a need basis. There are no specific and responsive services for the ethnic minority groups.

'RACISM – How To Get Help', prepared by the RAHMAS Group – a multi-agency partnership which monitors racial attacks and harassment. Also to consider and advise the NHS in Forth Valley in delivering and developing culturally sensitive services that meet the needs of people from ethnic minority backgrounds.

'Staff Cultural Awareness – Practical Handbook', by RAHMAS – forms part of a continuing process designed to assist staff and enhance service delivery by the RAHMAS partners.

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### **Human Resources: Recruitment and Selection:**

Ethnic data on applicants and appointments are available but these have not led to any commitment to promote diversity in the workforce.

### **Human Resources: Development and Retention of Staff:**

Ethnic data are available on the number of staff leaving the organisations. There is no evidence of other training or development given to enable positive retention of ethnic minority staff.

### **Community Development:**

The organisation has links with RAHMAS and the local Racial Equality Council. *Ad-hoc* consultation with the ethnic minority communities has informed policy development and future resource allocation. Some patient information leaflets are available in some community languages.

### **Postscript**

During the past year, the multi-agency Forth Valley Multi-Cultural Development in Health Group has been taking forward a number of themes which can be broadly classified as:

- Improving access to, and delivery of, interpreting and translation services.
- Improving access to services through increased multi-cultural awareness.
- Revising Equal Opportunities Policy.

The group meets quarterly to examine issues and co-ordinate activity relating to the development of culturally sensitive services in Forth Valley.

### **Interpreting and Translation Services**

There is improved access to interpreting and translation services using one point of contact for staff, with referrals being passed on to local interpreters, Dundee City Community Translation service and a national telephone interpreting service used by many public sector organisations. These services have been promoted locally by means of information to enable staff to access interpreting services rapidly. A subgroup of the Forth Valley Multi-Cultural Development in Health Group is developing proposals to establish a local interpreting and translation service for Forth Valley, funded by the three Local Authorities, Police, NHS and other Statutory Services.

### Improving Access to Services Through Increased Multi-Cultural Awareness and Culturally Competent Services

The Primary Care Trust and Health Board are members of the Central Scotland RAHMAS Group. The work of this group has been reviewed during the last year to develop its capacity to improve understanding of racial issues across agencies in Central Scotland and to develop 'joined-up' strategies to tackle racism. In the past year this group produced the publication: 'Multi-Agency Staff Cultural Awareness – A Practical Handbook' (Appendix 1) which has been distributed widely throughout the NHS in Forth Valley and formed the basis for the delivery of staff training.

The Primary Care Trust, in partnership with Strathcarron Hospice, has been successful in attracting New Opportunities Funding for a project to identify and quantify the unmet needs of people from an ethnic minority background for palliative care services. The aim of this project is to redress inequality and to improve service competence by developing culturally sensitive palliative care services.

### Equal Opportunities

The NHS in Forth Valley supports the Central Scotland Black Workers Group which was set up to support and enable black and ethnic minority individuals to discuss issues that affect their employment, training and development and to find collective strategies to tackle the issues raised. Doris Littlejohn (Primary Care Trust Chairman) gave a presentation to the group this year on her experience of equality issues and Employment Tribunals.

A sub-group of the Multi-Cultural Development in Health Group has been established to review the current Equal Opportunities Policy within the Primary Care Trust. This comprises of managers and staff side representatives, a non-executive trustee and a GP as well as a representative from Falkirk Council (Shamime Mansoori) and the Central Scotland Council for Racial Equality (Mukami McCrum). The group will be addressing a number of issues including the following:

- An amended Equal Opportunity Policy in line with the Scottish Executive circular and the recently launched PIN guideline.
- An implementation plan for launching the policy and Awareness Raising training.
- Recruitment and Selection and Equal Opportunities training for all managers involved in the process.
- Equal Opportunities Monitoring.
- Exit Monitoring Forms.

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- Equal Opportunities information for inclusion in the job pack including a possible evaluation form.
- Equal Opportunities information to be included in adverts.
- A review of the current application form to ensure that it is Equal Opportunities friendly.

It is anticipated that the work of the sub-group will be completed over the next three to six months.

## Grampian Primary Care Trust

### Demographic Profile:

Some progress has been made in the HIP to use ethnic demographic data to set priorities for local action. However, data availability remains weak in some areas and will be strengthened as part of Grampian Racial Equality Council's work with NHS in Grampian (NHSiG).

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy has been widely distributed to all Managers and staff. 'Staff Handbook', Section A, Page 16 – Equal Opportunities'. Future training of staff in the Equal Opportunity Policy will contain a specific section on racial equality. A designated senior manager has lead responsibility for health and ethnicity and has put together a strategy for improving the access and experience of ethnic minority people, in collaboration with the NHSiG.

### Access: Service Delivery:

The current work undertaken by GREC on behalf of the NHSiG will inform future service design and delivery in relation to race and health. 'Check Up', Volume 5, Issue 3, June 2000. Also as part of reviewing Better Services for Patients, NHS Organisations are examining how health services are accessed by people from ethnic minority communities. Recent consultation with ethnic minority communities has helped to establish needs/satisfaction levels of ethnic minority services users.

Translation and interpreting services are provided by:

1. Aberdeen City Council – Public Interpreting and Translation Service.
2. Aberdeen Translation and Interpreting Service.
3. Fife Community Interpreting Service.
4. North of Scotland Interpreting Link, administered by GREC.

Adherence to Quality Standards is also required from providers of translation and interpreting services.

**Human Resources: Recruitment and Selection:**

Staff involved in the recruitment, selection and interview process are made aware of non-discriminatory practices and procedures. However, the organisation has not yet addressed the under representation of ethnic minority staff among their workforce.

**Human Resources: Development and Retention of Staff:**

The work undertaken by GREC will also inform recruitment and retention strategies with ethnic minority communities.

**Community Development:**

There are strong links with Grampian Racial Equality Council, local racial equality networks and community groups (e.g. Chinese Elderly Group). Information and training is provided to ethnic minority community groups and voluntary organisations on the decision-making process. Consultation with the ethnic minority communities has informed policy development and has helped to shape resource allocation. Patient Information Leaflets are currently being reviewed and will take account of translation into the various community languages e.g. 'Information on how to access services provided by NHSiG' has been translated into Chinese.

**Postscript**

A combined entry with Grampian Health Board appears in the Board's section.

**Grampian University Hospital Trust****Demographic Profile:**

No positive feedback received on this section.

The statement contained in the response is rather 'negative' by implication.

A preferred statement would be as that for GHB with whom we, and the Primary Care Trust, are working closely on this issue.

**Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Equal Opportunity Policy in Employment is being reviewed. There is some communication of the policy to staff; however, no training is delivered with respect to the policy.

'Staff Handbook', Page 10. A designated senior manager had lead responsibility for health and ethnicity. The organisation is part of a collaboration effort by the NHS in Grampian (NHSiG) to have a strategy for improving the access and experience of ethnic minority people.

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It is true that there is no training headed 'Equal Opportunity Policy'. However, education on this topic is included with other training, please see response to 'Recruitment and Selection'.

**Access: Service Delivery:**

The current work undertaken by GREC on behalf of the NHSiG will inform future service design and delivery to ethnic minority users/communities. Some *ad hoc* consultation with the ethnic communities to determine their needs/satisfaction will also influence service planning and delivery. Translation and interpreting services are provided and quality standards are also set.

**The *ad hoc* consultation is now regular. Please see GHB response.**

**Human Resources: Recruitment and Selection:**

Staff involved in the recruitment, selection and interviews are given guidance and training on racial equality issues. However, no objective has been set to increase the proportion of staff employed from ethnic minority groups.

**The statement in the response could be misleading. While it is entirely correct to state that there is no objective in place to increase the proportions of staff employed from ethnic minorities, the number of health professionals from ethnic minority origins is probably disproportionately higher than the local population.**

**Human Resources: Development and Retention of Staff:**

Although the Trust states the involvement of employees in the wider community is recognised and valued, there is no other developments or retention initiative specific to ethnic minority staff.

**Community Development:**

As part of the collaboration, the organisation has also forged links with GREC and the local racial equality networks. *Ad hoc* consultation with the ethnic minority communities has informed policy development and future resource allocation. The current review of Patient Information Leaflets will look at translation into the various community languages. There is a commitment to fund the ethnic minority voluntary sector as part of the work with GREC and Grampian Partnership.

**Postscript**

**A combined entry with Grampian Health Board appears in the Board's section.**

## Greater Glasgow Primary Care NHS Trust

### Demographic Profile:

There is evidence in the Trust Implementation Plan that ethnic demographic data have been used to set detailed priorities for local action.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

A Race Equality Policy complements an Equal Opportunity Policy. Both policies are actively communicated to all staff. Training of staff in relation to the policies will be built into learning plans for this year. The learning plans will also include proposed anti-discriminatory training for senior management and staff.

There is a designated senior person with lead responsibility for race and health. The Trust has developed programmes and adopted a strategy to improve the access and experience of ethnic minority communities to health and health-related services. All managers working in areas of high-density ethnic population have ethnic minority health as one of their key-result areas.

The Trust has established the Multicultural Health Development Programme (MHDP) to help operationalise the Race Equality Policy. Staff within the programme work closely with Managers and Clinical colleagues in developing standards to improve the appropriateness, accessibility and sensitivity of services.

There are strong links with local racial equality networks including Glasgow Anti-Racist Alliance, West of Scotland Community Relations Council and Community Groups.

### Access: Service Delivery:

There is no formal contract with the translation and interpreting services however, every attempt is made to provide language support when it is needed. TANDEM advocacy project provides a service, which aims to promote understanding between patients, carers and primary health care staff.

The Trust recognises that there is a need for a wider debate around the issues of interpreting and advocacy services. The Advocacy Steering Group, part of the Achieving Better Services for Patients Steering Group, are considering the development of advocacy services within the Trust.

Staff working in the Tandem project have been instrumental in maintaining the Multicultural Resource Centre, which provides culturally appropriate health information to the ethnic minority communities and to health professionals.

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The Multicultural Health Officers, working within the MHDP, are providing holistic models of care for complex problems within One-Stop clinic in pilot community agencies. These community intervention programmes include bilingual health counselling, holistic relaxation therapy, dietetic screening, etc.

There have been various consultation exercises with ethnic minority users/communities for example in the Joint Carers Strategy. Progress has also been made in taking account of the needs of ethnic minority users when planning new services or developing existing ones.

The organisation is part of a multi-agency collaboration to develop a Starting Well Health Demonstration Project, which has a core belief that child health can be improved by a programme of activities to support families coupled with access to enhanced community-based resource for parents and their children. There will be specific activities addressing the needs of families from black and ethnic minority communities.

An evaluation between the Trust and Deaf Connections has been completed on the needs of deaf people and their parent/carers: 'Promoting Social Inclusion for Deaf People from a Minority Ethnic Background' November 2000.

The organisation is part of the Glasgow Joint Community Strategy Group which, together with key housing associations, commissioned research to inform the development of a framework and action plan for improving access to community care services for four priority client groups from the ethnic minority communities. The recommendations are to be taken forward by Scottish Homes/Glasgow Community Care Joint Strategy Group. 'Developing a Framework for Provision of Care in the Community and Related Housing Services to Black and Ethnic Minority Communities in Glasgow' July 2000.

The organisation has established a Staff Forum, which will encourage structured discussion on the implications of working with patients from different ethnic groups, and of facilitating equal and appropriate care to all sections of the population. Staff working in areas of high ethnic minority density will be targeted for training in religious and cultural awareness to enhance their skills in delivering culturally-sensitive services to ethnic minority users.

**Human Resources: Recruitment and Selection:**

There has been a review of the recruitment strategy and the ethnic monitoring process. A monthly report is produced detailing the number of employees and the ethnic minority composition of applicant, staff and their grades. Those staff involved in recruitment, selection and interview panels are given guidance and training on non-discriminatory practices and procedures.

A pilot programme was set up to give training to long-term unemployed graduates from black and ethnic minority communities, with a view to accelerating their experience and employment prospects with the NHS. It was very successful and eight of the ten participants received employment with the NHS and the other two went on to do other things. Access to National Health Service: A Partnership Programme between Greater Glasgow Health Board, Strathclyde University, West of Scotland Community Relations Council and Greater Glasgow Primary Care NHS Trust.

### **Human Resources: Development and Retention of Staff:**

Part of the work of the Staff Forum, will be involved in facilitating and mentoring the opportunities for development of black and minority ethnic staff. The forum had been formed following consultation with ethnic minority staff and audit of staff interested in working in the field of race and health.

The Trust will be rolling out and delivering training to employees to raise awareness of staff to multicultural issues in healthcare. The training will gain momentum early next year and is designed to bring about change in professional and administrative staff skills, knowledge and attitude towards the cultural needs of diverse communities.

A training programme for asylum seekers and refugees has been ongoing since early this year and has been supplemented with additional information such as country profile and religious fact sheets.

### **Community Development:**

The Trust has been involved in interagency training to ethnic minority community groups and voluntary organisations on the decision-making process and how they can access it. There is a Community Forum that has been set up to influence policy and practice through genuine partnership working with the black and ethnic minority communities. A steering group has been elected by the forum to work collaboratively with senior managers from the Trust to look at ways in which the needs of ethnic minority communities can be incorporated into the Primary Care Strategy.

The organisation has also worked with the communities to create a directory of black and ethnic minority community organisations in Glasgow. The directory aims to promote organisational networking and also act as a first step for health professionals to work closely with ethnic minority groups. The directory has been published as an online version (<http://www.show.nhs.uk/ggpct/commdir>), which is updated on a regular basis. In addition there is also a disk version available on request.

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The Trust has been working in partnership with the Greater Glasgow Health Board's Ethnic Minority Health Advisory Committee, which consists of representatives from ethnic minority groups. They have developed a series of working papers from which key areas for improvement are being developed and are reflected in the Board's Health Improvement Plan. The proposals set out specific action to tackle any unwitting discrimination and to ensure healthcare provision is culturally sensitive.

There has been close working with Glasgow Healthy City Partnership Black and Ethnic Minority Working group. The group will be partly responsible for taking forward recommendations from GHCP's recently conducted Black and Ethnic Minority Service Review and facilitate progress on agreed objectives by the partnership.

The Trust has set up a small task force (as a result of the influx of refugees/asylum seekers) to deal with the problems of resettlement, training, counselling and primary care support. It is hoped that the lessons learnt will assist the organisation and the Health Board in co-ordinating a rapid response.

The Trust has been supportive of the African and Caribbean Women's Association in setting up the First Scottish Charity to offer specialist information, advice, counselling and community support to those who suffer with, and are carriers of, Sickle Cell Anaemia and Thalassaemia. The charity will also provide assistance to health professionals who are unfamiliar with the management of one or the other of the haemoglobinopathies.

## Postscript

**Additional activities include:**

- Facilitating a phased diversity and learning programme across mental health, learning disability and primary health care divisions, including in-house catering in partnership with ethnic minority day care centres.
- Ensuring that good practice models such as 'One Stop Clinics' and 'Holistic Massage Therapy' are developed as pilot projects for this year.
- Strengthening capacity building for Community Forum in order to facilitate joint working within the ethnic minority communities and agencies. Encouraging the development of 'Visitor Monitoring Role' on operational aspects of the Trust's services such as information and access.
- Encouraging ethnic minority input within the 'Sure Start' initiative, as well as training lay workers to work with nursing and other professionals in two pilot projects within LHCCs.

- Involved with refugees/asylum seekers – both in terms of inter-agency service planning and training needs for this vulnerable community.
- Participating in multi-agency interpretation/translation services within Greater Glasgow.
- Developing community-based needs assessment using rapid appraisal technique in one pilot LHCC.
- Engaged in a number of working groups and committees, both at local and national level, relating to ethnic minority issues such as primary care access, spirituality, stroke care, diabetes and the access programme for unemployed ethnic minority graduates.

## Highlands Acute Trust

### Demographic Profile:

No positive response was received on this section.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The employment-based Equal Opportunity Policy (1993) does not have a section in racial equality. The policy has not been reviewed or communicated to staff and there has been no associated training.

### Access: Service Delivery:

'Religions and Cultures – a Guide to Patient Beliefs and Custom for Health Service Staff' revised edition 1992, published by Lothian Racial Equality Council, gives general guidance to staff on some of the cultural and religious traditions which will affect their work with the ethnic minority groups.

### Human Resources: Recruitment and Selection:

The Organisation has not taken any steps to recruit more ethnic minority applicants in areas where they are clearly under represented. 'Equal Opportunities Report 1996/97', Section 1.3, Pages 2-5. It gives a breakdown of ethnic minority applicants, appointments and staff categories.

'Recruiting and Appointing Staff – Guidelines for Managers', March 1998, Appendix D, Page 1. Appendix D – 'Equal Opportunities in Recruitment and Selection (Section on Racial Discrimination)'.

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## Human Resources: Development and Retention of Staff:

No positive response was recorded in this section.

## Community Development:

No positive response was recorded in this section.

## Postscript

### 1. *Demographic Profile*

**Update:** The Health Board's Director of Planning and Trust's Head of Corporate Planning are aware of the need to try to source the necessary data. Particularly since the publication of 'Our National Health' planning processes are increasingly involving joint work with the Highland Council and Primary Care Trust, and this will facilitate progress on this.

### 2. *Race Equality and Equal Opportunities Policies*

**Update:** In January 2001 NHSScotland published a new Partnership Information Network guideline on Equal Opportunities Policies. This includes Race Discrimination. This Trust, jointly with the Primary Care Trust and Highland Health Board, is currently implementing this guideline.

### 3. *Access: Service Delivery*

**Update:** No new documentation has been published. The Trust's Quality Manager co-ordinates activities which look Trust-wide at issues relevant to the needs of ethnic minority groups. The Quality Development team reviews all documentation published for the information of patients.

The Trust working increasingly closely with the Primary Care Trust and Health Board is reviewing its position on Access and Service Delivery in relation to the new planning processes arising from the implementation of 'Our National Health'. This will take account of the Race Relations (Amendment) Act 2000.

### 4. *Human Resources: Recruitment and Selection*

**Update:** The Trust is participating in the development of a new PIN Guideline on Recruitment and Selection. For information, the Trust's Human Resources Department of twenty staff includes two from ethnic minority groups appointed on merit.

### 5. *Human Resources: Development and Retention of Staff*

**Update:** The Trust's development and retention policies apply to all staff.

### 6. *Community Development*

**Update:** The Trust, working with the Primary Care Trust and Highland Health Board is seeking to increase and develop the involvement of the local community in healthcare matters that affect them.

## Highland Primary Care NHS Trust

### Demographic Profile:

No positive response was recorded on this section.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

There is no corporate Equal Opportunity Policy.

There are links with Highland Alliance for Racial Equalities and some local Voluntary Agencies.

### Access: Service Delivery:

No positive response was received on this section.

### Human Resources: Recruitment and Selection:

Staff who are involved in recruitment and selection are given some awareness training on non-discriminatory practices and procedures. There is no strategy employed by the organisation to tackle the very low numbers of ethnic minority staff amongst its workforce.

### Human Resources: Development and Retention of Staff:

No positive response was recorded in this section.

### Community Development:

No positive response was recorded in this section.

### Postscript

As was identified in the 'stocktake' exercise last year the Highland Primary Care Trust has limited exposure to applications and employees who come from ethnic minority groups. We believe this is a similar situation to our colleagues in the Highland Acute Hospitals Trust. Our principal action since the 'stocktake' last year has been to continue our equal opportunities monitoring to ensure that appropriate procedures and behaviours take place at the recruitment and selection stage. I am pleased to report that we have no evidence to suggest that ethnic minority groups were being disadvantaged, either at the application stage or during the selection process.

Whilst there are an extremely limited number of ethnic minority employees within the Highland Primary Care NHS Trust and continue to be a very small number of applications received from ethnic minority groups, last year's 'stocktake' Exercise clearly highlighted a range of issues which require to be addressed carefully if we are to maintain good practice in dealing with such staff groups. Given the nature of the Highland Communities and the close working which goes on between the Acute and Primary Care Trusts in Highland, it would be our intention to take any further work forward on a joint NHS Highland basis and I would propose that further development work is taken forward in such a way together with my colleagues in the Acute Trust.

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## Lanarkshire Acute Trust

### Demographic Profile:

The ethnic demographic data have been used to set priorities for local action. 'Short Life Working Group on Ethnic Minorities, March 2000' ... the group is currently revisiting key issues in ethnic minority health to:

- ▶ Examine existing health services to identify strengths and weaknesses in relation to black and ethnic minority groups.
- ▶ Ensure that health services are accessible to black and ethnic minority groups and take account of cultural and religious sensitivities.
- ▶ Consider how this work might best be taken forward by the NHS in Lothian.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy does not have a section on racial equality; however, some reference is made to race discrimination and legislation. The policy is not communicated to all personnel in the organisation nor is training delivered to reinforce commitment to, and effectiveness of, the policy.

### Access: Service Delivery:

Strathclyde Interpreting Service via Glasgow Police Headquarters 'Interpretation and Supported Communication Services' provides translation and interpreting service.

### Human Resources: Recruitment and Selection:

The organisation has taken no initiative to address the under representation of ethnic minority staff among the workforce. Information and guidance is provided to staff involved in recruitment, interviews and short-listing panels on discriminatory practices and procedures.

### Human Resources: Development and Retention of Staff:

No positive response was recorded in this section.

### Community Development:

No positive response was recorded in this section.

## Postscript

### Demographic Profile:

The Trust will work with colleagues in Lanarkshire following the recruitment of an Ethnic Minorities Worker by the Health Board, taking into account the size of the population served.

### Access: Service Delivery:

A short policy and procedure document on utilising and accessing interpreting services provided by the Strathclyde Interpreting Service has been issued to staff.

### Human Resources: Recruitment and Selection:

The organisation is developing an equal opportunities policy in partnership to address under representation in the workplace. Information and guidance is provided to staff involved in recruitment, interviews and short-listing panels on discriminatory practices and procedures.

### Human Resources: Development and Retention of Staff

This area will be encompassed by the equal opportunities policy.

## Lanarkshire Primary Care NHS Trust

### Demographic Profile:

Detailed evidence available in the Health Improvement Programme clearly shows that the ethnic demographic data have been used to set priorities for local action.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

A section on racial equality appears within the Equal Opportunity Policy. The Policy is effectively communicated to all personnel in the Trust. All staff are also made aware of their individual responsibilities in relation to these policies through the staff handbook and training programmes (including anti-discriminatory training to middle management). There is no designated senior manager with lead responsibility for race and health. However, there is a strategy with action plans for improving the access and experience of ethnic minority people in relation to health.

The organisation has supported, in an informal basis, certain individuals working within the field of racial equality. However, no link has been forged with local racial equality networks or community groups.

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The Trust is taking forward an initiative of multicultural health developments in Airdrie, with the Airdrie Local Health Care Co-operative having lead responsibility for this. A programme of work has been agreed and a Health Visitor will shortly be appointed with specific responsibility for needs assessment and developing relationships with the local community. This situation will be monitored closely and as appropriate extended to other areas of Lanarkshire. This initiative is captured in the Trust Implementation Plan, a copy of which is attached.

**Access: Service Delivery:**

The needs of ethnic minority users are taken into account when planning new services or developing existing ones. There is some training provided to staff in cultural and religious sensitivities relevant to ethnic minority service users. There is formal contract with providers of translation and interpreting services. Consultation with the ethnic minority service users/communities has not taken place to determine needs, satisfaction with services and adequacy of a provision.

**Human Resources: Recruitment and Selection:**

The organisation collects quarterly information on ethnic minority applicants and appointments by grade. These are in process of being analysed with a view to informing appointment procedures and target-setting exercises. However, no objective has been set to increase the proportion of ethnic minority staff at senior levels. Guidance and training is given to staff involved in recruitment and interviews on racial equality issues.

**Human Resources: Development and Retention of Staff:**

There has been consultation with ethnic minority staff to elicit feedback and ideas but these have yet to be used to develop and retain these staff.

**Community Development:**

The organisation provides information and training to ethnic minority community groups and voluntary organisations on the decision-making process and how to access it. The Trust states consultation with ethnic minority communities has helped to shape policy development and resource allocation. Patient Information Leaflets are made available in a variety of community languages.

The ethnic minority voluntary sector and community agencies are involved as appropriate when bids are drawn up for community/service development initiatives.

## Postscript

### Introduction and background:

Following the establishment of the local Health Care Co-operative in Airdrie, ethnic minority health issues were identified as an area of need.

Certain GP practices and Clinicians identified an increase in their ethnic minority population over the past few years and were aware of this group's reticence at accessing services. In the LHCC two mosques have been built and this was perceived to be also one of the reasons for the increase in the local population.

### Ethnic Women's Forum:

The Clinical Development Manager (CDM) was made aware of an Ethnic Women's Forum that was meeting locally as the lead officer had requested some health education input. This group meets one morning a week in a local community centre where around 30 women from different ethnic backgrounds take part in various educational activities. The CDM met with the community officer and the ladies group to find out how the LHCC could assist them. It was agreed that they would like information on local services and education around specific health topics.

### Health Visitor:

It was agreed that the LHCC would provide a Health Visitor for part of the morning session and a timetable of topics to be covered was agreed. The timetable consisted of; First Aid, Children's Health, Women's Health, Over the Counter Remedies and General Health issues. These sessions were flexible and took the form of discussion forum as well as the providing of information.

### Health Fair:

It was agreed that the LHCC would provide a Health Fair in partnership with the Women's Forum and the Health Promotion department and this proved to be both extremely well received and attended. The LHCC provided lifestyle advice, health checks, dental advice, Breast-feeding advice and dietary advice. The community police provided a safety stall and the Women provided a 'henna art' stall. Over a hundred people attended and 10 were identified through the health checks to require follow-up.

We are looking at developing the relationship with this group and are examining ways that we can involve social work in the partnership.

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**Restraints:**

There have been various problems in this type of working, such as the lack of accurate population figures, the lack of multi-lingual written information and the lack of a strategic development plan that is owned by not only the ethnic minority population, but the education, social work and health departments respectively.

The group that the LHCC was involved with only allocates slots to health when they see the need.

The LHCC has made representation to the Health Board that the new post of ethnic minority health officer is sited in primary care and has a 'hands on' approach to health improvement.

**Lomond & Argyll Primary Care Trust**

**Demographic Profile:**

The Trust has knowledge of ethnic composition and geographical distribution. The TIP – no evidence of using the above data to set priorities for local action.

The information provided to you demonstrates a clear awareness of the ethnic composition and relates geographical distribution. This information was collated at our request in order that we would have such information available. The data provide an overall percentage of the population from ethnic groups to be 1.95% (0.85% if the Irish group are excluded).

In view of the small numbers involved, both in ethnic population and employee numbers, it does not seem appropriate to include provision for local action within the TIP. It might be more appropriate to set particular local actions within those localities where the ethnic population is highest, i.e. Dunoon, Dumbarton and Helensburgh. Your comments on this would be valued.

**Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Equal Opportunity Policy is currently been harmonised. There is no specific section on racial equality.

I enclose copies of the Equal Opportunities Policies, which are in place currently in the organisation. These are being reviewed in order to produce one common policy for the Trust. I would stress that these are in place at the moment.

**Access: Service Delivery:**

No positive feedback received on this section.

**Human Resources: Recruitment and Selection:**

The ethnic data on applicants, appointments and staff category have not been used to review recruitment strategy. The under representation of ethnic minority staff has not been addressed.

I am not aware of any under representation of ethnic staff and would be pleased to receive any information from you, which has led you to the conclusion that there is under representation, which has not been addressed.

**Human Resources: Development and Retention of Staff:**

No positive feedback received on this section.

**Community Development:**

No positive feedback received on this section.

**Postscript**

We are currently actively planning for a number of Asylum Seekers and our planning includes the following.

The Trust continues to monitor the ethnic minority status of applicants through the Ethnic Minority Monitoring Questionnaire which is sent to every applicant who requests job packs. This information is currently being collated in a more meaningful way, in order to provide a clear profile of the backgrounds of individuals who apply for different posts within our Trust.

Equal Opportunities is a principle which runs all the way through our revised Personnel Policies and Procedures. For example, our new Relocation Expenses and Benefits Policy makes specific reference to our equal opportunities approach, thereby ensuring inclusivity rather than exclusivity.

Personnel and Recruitment Services are continually monitoring the effectiveness of our recruitment strategies, and where we identify a need, we will target specific journals and other recruitment media to maximise our recruitment potential.

The Personnel function is working in partnership with other NHS organisations across the Argyll & Clyde Health Board area on recruitment and retention strategies. Our shared commitment to equal opportunities is a core theme in these discussions. Further work is ongoing involving a close look at the demographic of the area we serve, with a view to matching our staffing wherever possible to that demographic.

Lomond & Argyll Primary Care NHS Trust are actively seeking to commission interpreter services with West Dunbartonshire Council. It is likely that this will be through the Glasgow Interpreter Services. In addition, the PCT is looking to identify individuals with required language skills in being trained to act as interpreters.

## **Lothian Primary Care NHS Trust**

### **Demographic Profile:**

There is some awareness of the ethnic distribution in Lothian.

'Ethnic Minorities Implementation Group – Annual Report, 1998/99' – looks at access and service delivery to black and ethnic minority communities.

**The Trust's 'awareness' is based on the evidence from the 1991 Census which indicated that Lothian's total population numbered 726,010 persons, of whom 11,990 (1.75%) categorised themselves as non-white. The largest single area of settlement is the City of Edinburgh where 9,870 (2.4%) persons identified themselves as non-white. There are concerns about the accuracy of the census in relation to ethnic minority communities and it is widely thought that the size is underestimated.**

### **Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Race Equality Policy does not have a section on racial equality. The only communication of the policy occurs at the induction. No training is offered in equal opportunity to staff, however, part of the management tool kit will include on-going responsibility on race-equality issues.

There are links with local racial equality networks, voluntary organisations and community groups.

**The Lothian Primary Care Trust's Equal Opportunities Policy states clearly the requirement for non-discriminative practice in the provision of services, contracts, recruitment, development and retention of staff. Systems are in place to monitor the effectiveness of the policy at all levels including disciplinary action for non-compliance. The policy is included in training and all contracts with staff on appointment and subsequent promotion.**

**Access: Service Delivery:**

'Ethnic Minority Information Pack' produced by Ethnic Minorities Implementation Group. Practical guidelines to staff on a range of issues that will affect how services are delivered or accessed by ethnic minority communities.

'Cultural Awareness Programme' ... to raise awareness of cultural diversity in the UK and how culturally-sensitive practice and behaviour can improve the quality of healthcare services provided to people from ethnic minority groups. Some *ad hoc* consultation with ethnic minority users/communities has helped the organisation to be informed of their needs in planning new services and in determining the suitability of existing service provision. There is some monitoring of ethnic minority take-up of certain services such as learning disability and mental health. The Trust is also reviewing the Minority Ethnic Health Inclusion Project (MEHIP) to ensure that the service meets its stated aim of improving the access to, and quality of, primary care services for Lothian's Black, Minority Ethnic and Refugees Community. 'MEHIP Quarterly Report, April-June 2000'.

The Trust is also in the process of formalising contract agreement with providers of translating and interpreting services.

**'Some *ad hoc* consultation with ethnic minority users/communities' does not reflect the partnership approach and support given through consultation towards developing the mental health strategy. Ongoing support is provided to the implementation of the strategy through regular contacts with community groups. The MEHIP project has an advisory group that meets quarterly and membership includes a wide range of community representatives.**

**The contract for Interpreting and Translation services is held by Lothian Health Board but the trust is able to influence the quality specifications and ongoing monitoring.**

**Human Resources: Recruitment and Selection:**

Staff involved in the recruitment, selection and interview process are given guidance and training on equal opportunities, not specifically on racial equality issues. The organisation has made progress in ensuring that publicity for job vacancies and employment opportunities are not restricted to sources that would narrow the range of applicants (e.g. jobs are advertised in the local ethnic minority library). However, the ethnic data on applicants and appointments by grades have not been analysed and used to review appointments and to set targets.

**Making job opportunities more accessible to ethnic minorities is under discussion and using the ethnic library is one of the initiatives currently being considered.**

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**Human Resources: Development and Retention of Staff:**

Personal/professional development training is provided to meet the particular needs of ethnic minority communities and enhance the skills of new staff. Some progress has been made to ensure that racial equality principles are incorporated into the training plans for all staff.

**Community Development:**

The Trust through the MEHIP Project provides information and training to ethnic minority community groups and voluntary organisations on decision-making process and how it works.

The consultation carried out with ethnic minority communities has informed policy development and resource allocation. The needs of ethnic minorities are included in the organisation bid under the Scottish Executive Funding Programmes. Patient Information Leaflets are not available in the various community languages. The Organisation requires each department and directorate to identify how their activities will contribute to community development and meeting the needs of ethnic minorities. Ethnic minority community objectives are included in the performance indicators of senior managers.

**Information on access to GP and dental services, admission to hospital and on particular illnesses is available in six different languages. ‘Surgeries’ are also held with different community groups advising on mental health, coronary heart disease and diabetes, for example. We are exploring innovative ways of making information accessible to different communities to raise health awareness and increase uptake of services by ethnic communities.**

**Postscript**

- |   |   |           |
|---|---|-----------|
| 1 | Appointment of Team Leader for the Minority Ethnic Health Inclusion Project.  | Jan 2001  |
| 2 | Developed Information Packs for all GP practices in Lothian accessible by all Primary Care staff to enable them to make services more culturally sensitive.                                       | June 2001 |
| 3 | Planning to put all information to support staff on Trust network to increase accessibility and facility to regularly update.   | Ongoing   |
| 4 | Circulated details of health information available in ethnic minority languages as above to all GP practices in collaboration with the Minority Ethnic Carers of Older People’s Project (MECOPP). | June 2001 |

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| 5  | Joint funded with Scottish Executive, City of Edinburgh Council and MECOPP a diverse assessment project for older people to ensure that assessment and discharge of patients from minority ethnic communities is planned together within a cultural context. | Ongoing |
| 6  | Planning to roll out above across all services.  | 2003/04 |
| 7  | Linking with InTouch database to make the above information available to community groups to facilitate joint working.   | Ongoing |
| 8  | Developing a range of training initiatives for staff to enable the service to become culturally sensitive and provide team training to specific projects.  | Ongoing |
| 9  | Planning, with the in-house catering departments across the Trust, to serve a range of ethnically appropriate foods on festival days as part of the programme of cultural awareness raising.   | Ongoing |
| 10 | Providing information on the Trust's e-mail about cultural festivals throughout the year including advice on assisting staff and patients to observe Ramadan.  | Ongoing |
| 11 | Providing a programme of health promotion in partnership with minority ethnic community groups focusing on health priorities.  | Ongoing |
| 12 | Building capacity within the community through opportunities for joint working with ethnic minority community groups and organisations.  | Ongoing |
| 13 | As part of the Sure Start initiative, training women from a range of community groups as facilitators to work with health visitors in South East LHCC and roll out across Edinburgh.   | Ongoing |
| 14 | Improving the information on, and uptake of, maternity services for ethnic minority women in Lothian.  | Ongoing |
| 15 | As part of the oral health strategy, targeting Bengali community in particular to raise awareness of the risks associated with paan consumption and oral cancer.   | Ongoing |
| 16 | Raising awareness of post-natal depression with the Bengali and Chinese communities in particular.   | Ongoing |
| 17 | Working with Asian groups in North East Edinburgh on issues such as coronary heart disease, diabetes and arthritis by providing advice on diet, nutrition, and exercise.   | Ongoing |

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|----|--|-------------|
| 18 | Other health promotion work focusing on hepatitis, meningitis, prostate cancer, cervical screening, breast screening and dementia.   | Ongoing     |
| 19 | Providing training for primary care staff in working with refugees to ensure that they are prepared for the likely increase in numbers as a consequence of the dispersal programme.  | Ongoing     |
| 20 | Contributing to a multi-agency group planning services for refugees.   | Ongoing     |
| 21 | A health visitor has been appointed as Asylum Seeker Project Co-ordinator. She has been seconded for six months to co-ordinate preparations for asylum seekers coming to Edinburgh under the dispersal scheme. She has been identifying the health needs of existing asylum seekers and completing an audit to check if they are already registered with a GP. | Ongoing     |
| 22 | Initiating a refugee health forum in partnership with other relevant organisations to facilitate networking between agencies working with asylum seekers and refugees.   | Ongoing     |
| 23 | Continuing to provide basic information to community groups and individuals on accessing health services.  |             |
| 24 | Planning the development of a language-based tool, using symbols, in partnership with the City of Edinburgh Council, which can be used by all non-English readers to access services across Edinburgh.   | Ongoing     |
| 25 | Continuing to promote the use of interpreters by health care staff.  | Ongoing     |
| 26 | Contributing to a multi-agency group working on improving services for older people from ethnic minority communities.  | Ongoing     |
| 27 | Developing a joint health strategy for ethnic minority communities in Lothian in partnership with other Trusts, the Council and the voluntary sector.  | Ongoing     |
| 28 | Planning a joint approach with the City of Edinburgh Council to maximise opportunities during the celebration of Cultural Diversity throughout 2002 for improving wellbeing amongst ethnic minority communities.   | In progress |

## Lothian University Hospital Trust

### Demographic Profile:

There is some awareness of the geographical distribution of the black and ethnic minority groups in the area. However, there are no data on ethnic composition, age/gender, or social economic characteristics.

No related priorities for local action appear in the TIP.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy is presently under review. The policy is not communicated to staff nor is there training given to staff to make them aware of the individual responsibility in relation to the policy.

The Trust Wide Multicultural Group/Patient Partnership Programme includes representatives from the ethnic groups. The Group is presently putting together a strategy to improve the access and experience of ethnic minority people. The Trust has also supported racial equality networks with other organisations including MEHIP, Saheliya and Racial Equality Group in the Council.

### Access: Service Delivery:

The Trust does take account of the needs of ethnic minority service users in planning new services or developing existing ones. Various consultations have been undertaken to elicit the needs, satisfaction level and suitability of service provision to the ethnic minority service users/communities. Some progress has been made to train staff to respond effectively to ethnic minority service users.

The Trust is in the early stages of formalising contractual agreement with providers of translation and interpreting services.

### Human Resources: Recruitment and Selection:

Staff who are involved in recruitment and selection are made aware of non-discriminatory practices and procedures. There is no positive action to recruit staff from the ethnic minority groups.

### Human Resources: Development and Retention of Staff:

Personal/Professional training is provided to meet the particular needs of ethnic minority communities and enhance the skills of new staff. There has been no development training or actions taken to retain ethnic minority staff.

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### **Community Development:**

Some patient information leaflets are available in community languages. Ethnic minority voluntary sectors and communities have been involved in bids submitted to various funding programmes.

### **Postscript**

The Trust is now active in the 'Today and Tomorrow' Task group. This is a multi-agency group examining the needs of the minority ethnic elderly population of Edinburgh.

The Trust is representing acute health services in the current development of Scottish Codes of Practice in Race Relations (Amendment) Act 2000.

The Trust, in collaboration with Lothian Health, Lothian Primary Care NHS Trust and West Lothian Healthcare NHS Trust, is working on a joint approach to addressing the needs of the ethnic minority population of Edinburgh and the Lothians.

In the children's services two funded projects are in progress.

1. Funded by Innovation Fund for Children's Services – A pilot project using audiotaped information. In-patient and out-patient information has been recorded and will be released for use at the end of June 2001. Condition specific information is being recorded in the latter part of June for release at end of July 2001. This information is a selection of materials requested by community representatives and includes Government materials, the taping of which, copyright permission has been granted by HMSO. The project involves an Edinburgh-based women and children's representative group – Nari Kallyan Shangho.
2. Funded by Chief Nurse travel fellowship award – examination of school nursing service utilisation by children with special needs and their families. Examines current practice and forming partnerships with Birmingham, Bradford and Huddersfield services to develop best practice. Initial visit to Birmingham completed, visits to Bradford and Huddersfield arranged for first week in July. Project conducted in partnership with two voluntary agencies – Special Needs Information Point (SNIP) and Minority Ethnic Learning Disabilities Initiative (MELDI).

An intra-net website is under construction. Managed through children's services it will service the whole of Lothian University Hospitals NHS Trust. Included in the site will be: local and national policy documents; a multi-cultural information manual; downloadable patient information leaflets; a computer-assisted learning package; calendar of festivals, cultural and social events; links to intranet sites.

## North Glasgow University Trust

### Demographic Profile:

The social economic data were unavailable. However, other ethnic demographic data have been used to set priorities for local action.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

A section on racial equality is found within the Equal Opportunity Policy. The Policy is frequently communicated to all staff. However, no training in race equality or anti-discriminatory practices is delivered to staff.

The Trust states informal links with local racial equality networks will be strengthened in the future.

### Access: Service Delivery:

Translation and interpreting services can be accessed whenever the need arises. Some mechanisms have been put in place to measure and review the quality of this service.

### Human Resources: Recruitment and Selection:

Ethnic data collected on applicants and appointments by grades have not been used to review appointments or to set targets. Recruitment strategies have not been used to increase the proportion of staff from the ethnic minority groups.

### Human Resources: Development and Retention of Staff:

No positive response was recorded in this section.

### Community Development:

No positive response was recorded in this section.

## Postscript

Interim Report	<p>Interim Report was published in September 2000 and provides guidance as to the key priority areas for the Trust.</p> <p>Sub group continue to meet and focus is on developing action plans.</p> <p>Plans focus on ophthalmology, cardiac services and gynaecology.</p> <p>Bid was made to Health Board for funding to support this work but will need to be re-submitted.</p>
Race Equality Policy	Trust is participating this review.
Advocacy Policy	GGHB are developing an advocacy policy.
Asylum Seekers	Training and Awareness sessions are ongoing so that liaison between services and asylum seekers can be developed.
Interpreting Services	GGHB has agreed a Glasgow service that all Trusts can now access.
Vocational Training	The Trust has recently agreed with the Primary Care Trust that we will collaborate with them in supporting an initiative to allow individuals to access vocational training schemes in health care.
Recruitment	The Trust has recently been advertising posts in Scottish Oracle albeit with a poor response.

## Renfrewshire & Inverclyde Primary Care Trust

### Demographic Profile:

No ethnic demographic data are available.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity and Employment Policy is being reviewed to take account of the Government's agenda. There is some communication of the policy to staff but no systematic training in Race Equality.

### Access: Service Delivery:

The Trust has made progress in consulting with ethnic minority communities about service provision but this has yet to have any influence on service delivery. Translation and interpreting services are provided but without any evidence of quality standards.

There is evidence of joined-up working with East Renfrewshire Council in relation to accommodating asylum seekers in the area.

**Human Resources: Recruitment and Selection:**

Ethnic data on applicants and appointments by grades are analysed and used when reviewing appointments. However, there is as yet no proactive intention to address under representation of ethnic minority staff among the workforce.

**Human Resources: Development and Retention of Staff:**

No positive feedback received on this section.

**Community Development:**

There has been little progress made in this area. Some patient information leaflets have been translated into the various community languages.

**South Glasgow University Trust****Demographic Profile:**

The social economic data were unavailable. Other ethnic demographic data have not yet been used to set priorities for local action.

**Energising the Organisation: Race Equality and Equal Opportunity Policies:**

A section looking at the work of the CRE appears in the Equal Opportunity Policy (Paragraphs 16 and 17). There is communication and training (including anti-discriminatory) of staff in relation to the policy. There is no designated senior manager with lead responsibility for race and ethnicity. However, a strategy has been put together to look at policies in relation to ethnic issues. 'Religious and Cultures Manual, June 2000' ... to provide staff with information on the main religions and cultures of hospital patients and staff, in order to assist in understanding the different customs and practices and allow them to take these into account when caring for patients and working with colleagues.

There are links with Glasgow Healthy City Partnership Black and Ethnic Minority Working Group, Greater Glasgow Health Board Ethnic Minority Health Advisory Committee, African and Caribbean Advisory Service, Health Action Project, West of Scotland Community Relations Council, etc.

**Access: Service Delivery:**

The Trust has access to bilingual staff (Staff Interpreting Database), family members and Strathclyde Interpreting Services ... on a needs basis to support users who require language support/assistance.

An Annual Staff Awareness Day is used to inform staff of the need and sensitivities of ethnic minority services users. 'Staff Awareness Day – Multicultural Issues in NHS Continuing Care'.

**Human Resources: Recruitment and Selection:**

Guidance and training is given to staff involved in recruitment, interviews and short listing panels on equal opportunity but not specifically on racial equality. Collection and analysis of ethnic data on applicants has not lead to significant change in recruitment strategies.

**Human Resources: Development and Retention of Staff:**

There was no positive response recorded in this section.

Mentoring and work placements are available to all people from any background. The staff appraisal would also identify any developmental needs of all staff and this would obviously include any from the ethnic communities.

**Postscript**

As an acute Trust with the largest Black and Ethnic Minority communities in its catchment area, we have committed significant efforts to address the many wide-ranging issues and responsibilities this brings.

To enable us to take forward these issues and responsibilities and to help us set priorities we have established a Trust Multi-Cultural Advisory Committee, this being one of the subcommittees of our Trust Quality Improvement Committee addressing Achieving Better Services for Patients requirements.

We are also proactively involved with Greater Glasgow Health Board Black and Ethnic Committees, Glasgow City Partnership and the Scottish Human Services Trust in developing the appropriate services for our multi-cultural patients. These activities coupled with new legislation e.g. Race Relations (Amendment) Act 2000 are influencing our priorities.

Currently we are working to develop and improve the delivery of our service and we are mainly focused on those issues that affect patients today in an acute setting i.e. interpreting, translation and advocacy.

The evidence of our Trust's commitment can be demonstrated through our working with a wide range of groups to develop the infrastructure and systems that will assure the meeting of our communities requirements. These groups are as follows:

- GGHB Ethnic Minority Health Advisory Committee
- GGHB Interpreting Working Group – Quality Standards and Processes
- GGHB Race Equality Review Group
- Glasgow City Healthy Partnership Black and Ethnic Minority Group
- Ethnic Minority Enterprise Centre
- Community Relations Council
- Trust Multi-Cultural Advisory Committee
- Scotland Advocacy Commissioning Group
- Advocacy Sub-Committee Stakeholders Group (Glasgow area).

Due to the nature of the issues being dealt with, the lack of proper effective systems in place and the wide range of people and groups involved, it is very difficult for me to detail an exact timetable when we will have each of the priorities completed.

## **Tayside Primary Care NHS Trust**

### **Demographic Profile:**

The Trust has a general awareness of the geographical distribution of the black and ethnic minority groups in their area. However, there are no data on ethnic composition, age/gender profile or social economic characteristics. No evidence appears in the TIP in relation to local action on health and ethnicity. What can be done in the future to address the health needs of ethnic minority groups? 'Minority Ethnic Health Issues' – Report on Issues raised at meetings held in January 2000 and on 8th March 2000 in partnership with Tayside Racial Equality Council (TREC).

### **Energising the Organisation: Race Equality and Equal Opportunity Policies:**

A section on race equality appears within an Equal Opportunity Policy. The Policy is communicated to all personnel in the organisation but no complementary training is offered in either equal opportunity or race equality. The Organisation has strong links with Tayside Racial Equality Council and ethnic minority community groups.

### **Access: Service Delivery:**

'Operational Policy – Spiritual Needs of Patients and Staff: Ethnic Minority Groups' January 1997. This gives a general guideline of specific requirements in meeting the spiritual needs of ethnic minority communities.

'Staff Guidelines on Respect for Religious and Cultural Beliefs of Patients' ... to provide guidelines for members of staff on appropriate ways to show respect for patients' different religious and cultural beliefs. The community language support is provided by:

- ▶ Dundee Translation and Interpreting Service.
- ▶ Kinnoull Rotary Club.
- ▶ Bilingual Staff.
- ▶ The Centre for Applied Languages Studies in Dundee.

### **Human Resources: Recruitment and Selection:**

Those staff involved in recruitment and selection are given guidance with respect to non-discriminatory practices and procedures. The under representation of ethnic minority staff in the organisation has not been looked at as an issue.

### **Human Resources: Development and Retention of Staff:**

No positive response was recorded in this section.

### **Community Development:**

The Patient Charter is the only translated information leaflet to be found in the Trust.

### **Postscript**

Nothing further to report except what was indicated at the interview last year.

## **Tayside University Hospital Trust**

### **Demographic Profile:**

No positive response was recorded on this section.

Whilst the Trust has not made pro-active efforts to research the local demographic profile, the point was made that this is a Health Board role and that the Trust responds to the Health Board Health Improvement Plan, which should, in turn, be responsive to local ethnic needs.

**Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Equal Opportunity Policy is out of date and is not communicated to staff. Training has yet to be given to staff to raise their awareness of relevant issues in the policy in relation to race and health.

The Equal Opportunities Policy is communicated to staff. The Trust is currently looking at a Training and Development Strategy which will encompass race and other equality matters.

**Access: Service Delivery:**

No positive response was recorded on this section.

See the answer to number 1 above. In addition, please note the sections in the TIP which you have included in the attachment to your letter.

**Human Resources: Recruitment and Selection:**

Human Resource Staff are given guidance and training in recruitment and selection as it applies to racial equality issues. No other positive response was received on this section.

**'No positive response' is incorrect, as a positive response has been identified in relation to HR staff being given guidance and training.**

**Human Resources: Development and Retention of Staff:**

No positive response was recorded on this section.

**As above. The Trust is reviewing staff development as part of its overall strategy and this will include equality issues.**

**Community Development:**

The Trust is currently reviewing patient information leaflets, including examining the possibility of translating some of these into the various community languages.

**Please see the two sections from the TIP, in relation to tackling inequalities in section 5.5, that you have quoted in your attachment.**

**Postscript**

**No further information was received or update on work since the 'stocktake' review.**

## West Lothian Healthcare Trust

### Demographic Profile:

The scant ethnic demographic data have not been used to set priorities for local action. However, some involvement in the Lothian Wide Minority Ethnic Working Group has led to targeting of ethnic minority groups by some Health Visitors.

**There are limited ethnic data available which will be addressed through the sub group of the Lothian Wide Minority Ethnic Working Group. Involvement within the group has encouraged various professional groups to target minority ethnic issues.**

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy contains a section dealing with racial equality. Evidence suggests that the policy is communicated to all personnel in the Trust, however, there is little evidence of any training of staff in relation to racial equality issues.

There are no formalised links with local/national racial equality networks.

**The Trust Equal Opportunity Policy contains a section dealing with racial equality. The policy is communicated to all personnel in the Trust and training is given on all equality issues.**

**There are links with Edinburgh and Lothian's Equal Opportunity Committee (ELREC). A representative was invited and attended their last AGM and will continue as part of the on-going process. The Trust also has formalised links with the Minority Ethnic Health Inclusion Project (MEHIP).**

### Access: Service Delivery:

Translation and interpreting services are provided on a need basis as part of '... judgement call by frontline staff dealing with the individual ...'. No other positive response was recorded in this section.

**Human Resources: Recruitment and Selection:**

There has been no positive action taken by the organisation to review the data on ethnic minority applicants and to set targets for areas where these groups are clearly under represented. Management are given training in recruitment and selection strategies but not specifically for racial equality.

'Equal Opportunities Implementation', 1.1.5 – Race ... a paragraph showing the Trusts commitment to eliminate incidents of racial discriminations in employment.

**The organisation does not review the data on ethnic minority applicants. While we do not currently set targets for areas where these groups are under represented, this is being reviewed as we update our Equal Opportunity Policy and procedures. Management are given training in recruitment and selection strategies which includes equal opportunity issues, but not specifically racial.**

**Human Resources: Development and Retention of Staff:**

No positive response recorded on this section.

**The Trust has an active programme of training and development for all staff.**

**Community Development:**

No positive response recorded on this section.

**The Trust has developed a working group in partnership with other agencies to address ethnic minority issues within West Lothian.**

**Yorkhill NHS Trust****Demographic Profile:**

There was no positive response recorded on this section.

**Energising the Organisation: Race Equality and Equal Opportunity Policies:**

The Trust is reviewing its Equal Opportunity Policy and will expand on (with assistance from a Local Race Advisor) a section on race equality – 'Equal Opportunity Issues, Pages 6 – 8'. There is no communication or training on Equal Opportunity or Race Equality policies.

There are some links with the CSV Health Action Project, Greater Glasgow Health Board Ethnic Minority Health Advisory Committee and other ethnic minority community groups.

**Access: Service Delivery:**

'Achieving Better Services for Patients – Ethnic Issues', the Trust has set up An Ethnic Issue Sub Group to enable it to be sensitive to the health care issues and cultural differences that exist within the ethnic minority groups.

Ethnic minority service users have full access to translation and interpreting services as and when required. There is no formal contract with providers of the service.

Contract Providers of catering and food are required to provide halal and kosher meals.

'Project India' ... cross-cultural health care needs assessment for young children with special needs.

**Human Resources: Recruitment and Selection:**

The Trust has data on ethnic applicants and appointments. The recruitment strategy has led to targeted recruitment for some posts requiring bilingual staff. However, there is no corporate objective to encourage ethnic minority applicants in areas where they are under represented.

**Human Resources: Development and Retention of Staff:**

There was no positive feedback on this section.

**Community Development:**

Patient information leaflets in community languages can be accessed through the Health Information Point in the Local Library. This facility is located in an area with high-density ethnic minority population.

## Postscript

1. Development of leaflet for staff, patients and visitors on Principles of Good Practice in respect of Culturally Sensitive Health Care Services within Yorkhill NHS Trust.
2. Development of information file for wards and departments on different religions and key contacts within Glasgow.
3. Exploration of work placement scheme for potential health service recruits from ethnic minority backgrounds in collaboration with EMEC.
4. Reviewing training needs of staff.
5. Involvement in the development/implementation of the translation/interpreting service for Glasgow City with GGHB group on interpreting services.
6. Short life working group considering signage.
7. Language translation of Halal meals.
8. Family Information Centre – increasing access.
9. Communicated throughout Trust on GCUs Transcultural Healthcare Module.
10. Awareness training in planning/recent discussions re links with PCT.
11. Booklets for new referrals to CDCs translated into various languages. Audio tapes also available.
12. PIN Guidelines – Equal Opportunities Policy under review.
13. Trust Board received paper on Race Relations Amendment Act and remitted to Ethnic Issues Group to propose action.

# Special Health Boards

## Carstairs State Hospital

### Demographic Profile:

No progress was reported in this section.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Board states it does not know if the Equal Opportunity Policy has been written in line with the 1996 Race Relations Act. The policy is communicated to staff but only those specifically involved in recruitment and selection are given training with respect to the policy.

The Organisation does not have a designated senior manager with a lead responsibility to race and ethnicity. However, a clinical nurse specialist has a specific remit to work with women and ethnic minority groups. There is already a strategy for working with women, deaf and learning disability patients. A similar strategy for ethnic minority patients is in the pipeline.

There are no current links with racial equality networks, either locally or nationally.

### Access: Service Delivery:

The Organisation does take account of the needs of ethnic minority patients when planning new services or developing existing ones. Whenever, a patient is admitted an individually tailored 'Care Plan' is made. This includes a full assessment of needs including ethnic/cultural requirements, spiritual and dietary needs. Although this process is not proactive, monthly and weekly reviews with the patient and the key worker ensures that the service is 'Patient Centred'.

Translation and interpreting services can be commissioned from other agencies when the need arises; however, bilingual staff provide immediate language assistance.

Surveys are carried out regarding patient satisfaction of food. These help to create a well balanced and diverse menu. There are various theme food nights including Chinese, Indian, vegetarian and healthy choice dishes. When patient requirements cannot be catered for by the Board, relatives are allowed to supplement patients' diet and, in other cases, services are commissioned from outside caterers.

**Human Resources: Recruitment and Selection:**

Staff involved in recruitment, selection and interview are given guidance and training in racial equality principals and anti-discriminatory practices. Although a black member of staff has recently been appointed, no recruitment from this group has taken place for over twenty years. The recruitment strategy has not been used to redress this imbalance in the workforce.

**Human Resources: Development and Retention of Staff:**

Staff who have a direct responsibility for working with ethnic minority patients are given training to enhance their skills and inform them of the particular needs of this group.

**Community Development:**

Patient information leaflets are not available in languages other than English. Road Shows are held frequently in order to interface with the public and inform them of the decision-making process in the Board and how it works. These events (including ward open days for patients' relatives) which is not specific for ethnic minority groups, gives the Organisation an opportunity to 'broadcast or raise awareness of their work'. A questionnaire is used to assess the events and participants satisfaction. These have helped to inform policy development and resource allocation.

**Postscript**

Firstly I am pleased to report that there are an additional three staff employed within the State Hospital who come from a ethnic minority background, this, as you will know, is a 75% increase in our previous numbers. The recruitment of these staff has been smooth and unremarkable.

We are currently reviewing our Human Resource Policies e.g. Recruitment and Selection, Grievances, Disciplinary, Equal Opportunities, etc., we have asked the small multi-professional group doing this work to ensure the principles of racial equality are embedded in all of the policies.

In relation to patients, we still only have two patients from ethnic minority background. As we indicated previously we have been meeting their specific religious, dietary and welfare requirements on a needs-led basis.

Our Clinical Nurse Specialist for minority services continues to explore ways to develop services for ethnic minority groups as part of her portfolio. Clinical Teams responsible for patients from ethnic minority backgrounds are provided with information, support and advice to support their care and management.

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## Common Service Agency

### Demographic Profile:

The Agency is aware of the demographic profile of the black and ethnic minority communities in Scotland. However, this information has not been used to address issues of ethnicity within the corporate Contract of Management (equivalent to the Health Improvement Programmes of the Health Boards).

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunities Policy is actively communicated to all staff through training and regular updates. There is no specific anti-discriminatory training to senior management. However, equality is an intrinsic part of every management training programmes/modules.

There are no present links between the organisation and other local or national racial equality networks.

### Access: Service Delivery:

The Scottish Executive Health Department (SEHD) commissions and specifies to the Agency a broad remit, which includes the provision of support to the Health Boards at their request. Although the Agency is able to make certain recommendations to the SEHD or the Health Boards, any request for data on ethnicity must come from either of these organisations.

There is no specific consultation with the ethnic minority communities. However, the annual general meeting is open to the public, as are the Board meetings, which are held in different locations outside Edinburgh.

There has been some progress to look at the issue of translation and interpretation especially by the Scottish Blood Transfusion Service (SBTS).

### Human Resources: Recruitment and Selection:

Managers and personnel staff are given guidance and training in recruitment, selection and interview process in respect of non-discriminatory practices and procedures.

There is a slight under-representation of ethnic minority staff in the organisation. Recruitment is mainly carried out internally within the Agency and then via the Health Boards. Only few vacancies not filled internally are made open to the public. These are advertised in the national press through advertising agencies.

Although the organisation collects ethnic data on applicants and appointments, these have not been used to set objectives for increasing the number of ethnic minority staff among the workforce.

**Human Resources: Development and Retention of Staff:**

There is no specific initiative to retain or develop ethnic minority staff. However, staff are encouraged to develop a personal learning or career plan in consultation with their manager.

Although exit interviews are carried out, there is no ethnic monitoring of staff leaving the Agency's employment.

**Community Development:**

The Agency organises roadshows to encourage members of the public to access information about the nature of the organisation and how it works, including the decision-making processes.

The SBTS has some literature in Urdu. However, the Agency will be examining ways of making information and literature available in community languages.

The Scottish Blood Transfusion Association, a volunteer forum, carries out various consultation exercises with the public, not specifically with the ethnic minority communities.

**Postscript**

Since the 'stocktake' interviews the major new area of work related to ethnic minority issues is in relation to the Race Relations Amendment Act 2001.

Two members of our Corporate HQ have attended seminars and discussion groups to provide input from a health perspective to the development of a Code of Practice for Scotland, which will support the changes in responsibility for public authorities as outlined in this legislation.

This will ensure that ethnic minority issues are at the forefront and takes into account any decision-making processes and service provision.

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## Health Education Board for Scotland

### Demographic Profile:

The Organisation relies on the Health Boards/Health Promotion Departments for local information. No attempt has been made to collate these data and use them to plan programmes to meet the needs of ethnic minority communities i.e. through the Strategic and Operational Plans.

### Energising the Organisation: Race Equality and Equal Opportunity Policies:

The Equal Opportunity Policy does not have a specific section on Racial Equality.

The Organisation states it was not sure if the policy has been written in line with the Race Relations Act 1996.

There is an effective communication of the policy to staff through the distribution of personal copies and staff involvement in the design of the policy. The Organisation will (March 2000) include training in equal opportunities for staff as part of the Human Resource Strategy.

A designated senior manager with lead responsibility for health and ethnicity is currently putting together some strategy to look more closely at how services are accessed and received by ethnic minority communities.

### Access: Service Delivery:

Strathclyde Interpreting Services are used occasionally to provide translation and interpreting services. However, the Publishing Group is reviewing the feasibility of having translation literatures in community languages.

### Human Resources: Recruitment and Selection:

The Board has no ethnic minority staff and have no strategy to address this imbalance in the workforce.

### Human Resources: Development and Retention of Staff:

No progress was reported in this section.

### Community Development:

There is a commitment to fund the voluntary sector, not specifically the ethnic minority voluntary sector. There has been community partnership in programme planning to encourage more ethnic minority women to take up breast screening services, through training of community activists.

## Postscript

- **Health promotion policy:** implementing public health policy and strategy in Scotland must reflect a range of needs across population groups and topics. Ensuring clarity of purpose while encouraging participation and partnerships is also a central requirement of effective action. Our intention is to develop health promotion policy implementation frameworks with key partners with a view to achieving co-ordination of health promotion action across different needs. A priority within this will be ethnic minority groups.
- **Inclusive publishing:** an internal working group is being taken forward with a view to establishing policies and procedures which will aim to provide wider access to health promotion publications. Again, the need to address access by ethnic minority groups to HEBS materials will be a priority.
- **Good practice resource:** working in partnership with Greater Glasgow Health Board, plans are being developed to produce a resource highlighting good practice in the field of health promotion and ethnic minority groups. The initial focus had been on health services, but the latest plans involve broadening out the target group for the resource.
- **Equality policy:** at a corporate level, our plans include the development of an organisational level policy on equality which will aim to set out principles and values; legislative and organisational requirements as applying to human resource policies and service activities; training and development needs.

## Scottish Ambulance Service

### Demographic Profile:

Some attempts have been made to tap into organisations for ethnic demographic data with some success. The Joint Emergency Services Working Group is about to look at this sort of indicator to gauge service up take. Some of the national performance indicators will also look at an effective response to enquiries also in relation to the ethnic minority communities.

### Energying the Organisation: Race Equality and Equal Opportunity Policies:

There is effective communication and training of staff on the Equal Opportunity Policy and the implications of non-adherence. A large investment in training has reinforced commitment to, and effectiveness of, the Equal Opportunity Policy. A positive approach has been taken to looking at anti-disciplinary training for senior management and their staff. A joint Equal Opportunity Working Group with staff-wide representation currently looks at training issues in equal opportunity and has links with local racial equality networks.

### **Access: Service Delivery:**

A Patient Involvement Survey will soon be carried out and it is hoped that the views of ethnic minority patients will be included. A Code of Conduct specifies the expectations of staff in terms of equity of service complemented by a competency-based approach to staff performance. The current eight control centres are being reconfigured and part of this process will look at immediate access to interpreters.

Although without a specific racial equality dimension, some international exchange visits with overseas colleagues has enhanced multi-racial, cultural and religious knowledge of the workforce. The organisation is presently developing a quality strategy, which will include an examination of their duty of care to minority groups.

'The Beliefs and Cultures of Ethnic Groups Within Dumfries & Galloway'.

### **Human Resources: Recruitment and Selection:**

The Organisation is not perceived as a high status employer. Recent developments have involved talks in schools and colleges using black instructors as role models to encourage career in the ambulance service. Joint working with sister emergency services has ensured that co-ordinated efforts can be made to encourage black staff to aspire to the more senior managerial posts. Ethnic data on applicants and appointments by grade are readily analysed and used to review recruitment strategy. Targets are also set to encourage more applicants from black and ethnic minority groups.

### **Community Development:**

The Board is a moving organisation and meetings are held all over Scotland to encourage the public to participate in decision-making. This sort of activity has helped to inform and shape policy development and resource allocation. The organisation is currently reviewing translated patient literatures and hopes to make these more widely available. Bids have been submitted in partnership with the Gaelic Speakers in the remote Islands for an Air Ambulance, in a move designed to achieve equity in access. There are links with Central Scotland Racial Equality Council, Tayside Racial Equality Council, West of Scotland Community Relations Council – Uniformed Services Committee. All these links help to raise awareness of the uniformed services among black and ethnic minority groups and enhance knowledge of career opportunities.

## Postscript

1. Through the Lothians and Borders uniformed committee we have established an advisory group of representative of various ethnic minority groups with the aim to assist the committee in targeting and in better understanding of some of the barriers to potential applicants.
2. We offer limited opportunities for job experience to applicants.
3. Also, this group has produced a joint leaflet containing contact details of all the services to facilitate the provision of information to potential applicants.
4. We continue to jointly attend job fairs, schools and further education establishments to raise awareness and provide information on career opportunities.
5. An invitation has been extended to careers service staff to visit each of the committees training establishment to provide careers advisors with an insight into the training and development opportunities open to potential applicants.
6. Through the West of Scotland uniformed services committee we recently bid for funding under the home office connecting communities grant scheme. Our bid was to have financed the rental of shop premises in an area of Glasgow with a large ethnic minority population, where member organisations of the committee could set up display materials and man the shop on a rota basis to provide information to potential applicants in an informal setting. The bid for funding was not successful but we are now pursuing the possibility carrying out a similar initiative within the premises of the East Pollokshields Multi Cultural Centre Glasgow.
7. We are in the final stages of producing a joint services power-point presentation, which provides entry criteria and contact details of all the participating services.
8. The recent revision of our services policy on recruitment and selection ensures that adverts are placed in newspapers such as 'Scotland Oracle' in addition to more traditional mediums.
9. The service has entered into a contract with a translation agency to help with telephone call taking and have installed telecommunications equipment in order to provide concurrent on-line translation for those callers who identify this need.
10. The service has contributed to the Ambulance Service Association Committee on the under representation of black and ethnic minority staff in the UK Ambulance Services. This has resulted in a major initiative to be launched at AMBEX 2001. The programme will assist and encourage member services to develop positive action plans and strategies and will facilitate sharing of best practice.

## Scottish Executive Department of Health

### Demographic Profile

The Scottish Executive Health Department (SEHD) is aware of the current composition and spread of ethnic minority groups in Scotland. There is an influx of asylum seekers/refugees into the country, but the figures are not expected to change significantly in the next five years. The Equality Unit has commissioned work which will also look more closely at the demographic profiles of ethnic minority communities in Scotland. Other data sources relating to socio-economic characteristics are inconclusive. The present 'stocktake' exercise will contribute to future DEPLAN, the Scottish Executive strategic plan.

### Energising the Organisation: Race Equality and Equal Opportunity Policies

The Secretary of State in 1997 at the Scottish Partnership Forum meeting reinforced the Executive's stance on equality.

The SHD has a robust and comprehensive Equal Opportunities Policy and has taken a lead (through the Guideline Development Group) that all National Health Service in Scotland (NHSiS) employers must have equal opportunities policy in place and appropriate monitoring to ensure the policies work. A 'Model' Equal Opportunities Policy has been made available to all NHSiS employers in order to facilitate this process.

Incoming staff are given a copy of the Equal Opportunities Information Pack, containing leaflets about the different aspects of equal opportunities including race, harassment and complaints about discrimination. Every member of staff also has access to these and other leaflets which are available via the Department's INTRANET. However, in practice, it is uncertain whether all employers have read the policies or understand the implications and their individual responsibility in relation to the policies.

The SHD has a designated Director/Head of Division with a lead responsibility for health and ethnicity. A strategy for improving the experience of ethnic minority people in the NHSiS is being evolved alongside current development in a 'stocktake' review of activities of Health Boards and Trusts in Scotland in relation to ethnic minority health.

There is no specific anti-discriminatory training delivered to senior management and staff, however, equality forms part of all management training programmes and staff training and development.

The Department has been pro-active in building links with local, regional and national racial equality networks and in forging partnership with organisations, such as the Commission for Racial Equality.

### **Access: Service Delivery**

There is a variable data set which, in theory, would encourage the inclusion of ethnicity as part of data collection by Information and Statistics Division. However, the SHD believes that small numbers and resource management makes this option, impractical.

In 1998, the then Minister of Health challenged the NHSiS to do more to meet the needs of ethnic minority communities in Scotland. Health Boards and Trusts were encouraged to live by the spirit, and not the letter, of present legislation. In response, the SHD has commissioned a Scotland wide 'stocktake' to determine the extent of activities in relation to ethnic minority health. This work will further provide guidance to Health Boards and Trusts on how to achieve a suitable standard in racial equality.

Numerous consultations have taken place, involving the ethnic minority communities, including the SHD-Ethnic Advisory Group. These consultations will help to inform future strategy, policy and resource allocation.

The Equality Unit has pulled together a group to review and strengthen translation and interpreting services in Scotland.

### **Human Resources: Recruitment and Selection**

The staff who are involved in recruitment, selection and interview are given guidance and training on non-discriminatory practices and procedures.

Most posts are advertised within the Scottish Executive and appear weekly in the 'Scottish Executive News'. There is now a requirement placed on all NHSiS employers to ensure that job advertisement reaches the widest possible audience and should include the organisation's aim with respect to equal opportunities: NHSiS Organisational Change Policy document – NHS MEL (1999) 7.

SHD has also issued a set of Equality Indicators as part of the Equal Opportunities Model Policy for NHSiS employers. The Equality Indicators include monitoring of ethnicity and grade as part of the workforce profile. There is also an added option for employers who may wish to collect similar data on religion. The Equality Indicators are also used to record the numbers of staff employed in senior posts.

Reference: Equal Opportunities Policy, Section 2.4, page 10 ... on Ethnic Origin of Staff Employed by NHSiS. The section states that all NHSiS employers must collect ethnic minority data for all staff groups as a matter of priority in accordance with the 'Code of Practice on Race'.

There are no objectives relating to addressing the under-representation of ethnic minority staff in the department or to increase the proportion of staff from the group at senior level. However, various strategies, including positive action, are being considered.

## Human Resources: Development and Retention of Staff

All staff of the SHD are encouraged to have a personal development plan. A yearly appraisal round also identifies areas for individual development and career progression.

'Scoop', the Scottish Executive's quarterly newspaper carries frequent news about staff activities and about what is happening within the Executive.

The SHD has achieved the 'Investor in People' national standard for training and development. The Executive has also drawn attention of all NHSiS employers to Section 38 of the Race Relations Act, which allows employers to implement special training for women and ethnic minority groups.

The Executive has issued guidelines to NHSiS to collect data on the number of staff leaving employment as a percentage of total headcount of staff in post and reasons for leaving. However, it failed to issue similar guidelines on the grounds of ethnicity.

## Community Development

The Scottish Executive has commissioned System Three Social Research to conduct a scoping exercise to determine the detailed requirements for a new and wide-ranging survey of Scotland's ethnic minority populations and to recommend methodological options for meeting these. The main element of the exercise is to determine the information requirements of those with an interest in research, making policy and providing services to Scotland's ethnic minority populations.

SHD, as already mentioned, is in the process of setting mechanisms in place to measure and review the quality of translation and interpreting services provided by NHSiS. The complaint procedure is available in various community languages including Urdu, Chinese and Arabic. There are plans to make other literatures available in ethnic languages. The department also provides information and training to ethnic minority community groups and voluntary organisations on the decision-making process and how it works.