



NHS Borders

Race Equality Scheme

2008 - 2011

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1. Foreword

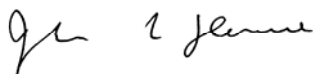
Over the last three years, NHS Borders has made excellent progress towards best practice in many areas of racial equality work within the healthcare field in Scotland.

Over the next three years, we in NHS Borders aim to build on this position. This progress will be enabled by the hard work and commitment of all NHS Borders staff, the support of our local ethnic communities and their representative organisations, partner agencies and other interested parties.

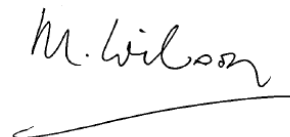
There are many different ethnic communities in the Borders, spread out over a large geographical area. The demographic profile of the Borders is changing as we welcome significant numbers of migrant workers and their families who are choosing to settle here. It is vital that NHS Borders reaches out to all of these communities, to identify their healthcare needs and work to address them. Involvement and consultation will be at the heart of everything we do.

In terms of service provision, our emphasis must continue to be on practical, lasting, measurable and sustainable improvements that will directly benefit all members of the communities we serve.

We are confident that the Board will move from strength to strength as we continuously improve over the coming years.



Mr John Glennie
Chief Executive
NHS Borders



Mrs Mary Wilson
Chair
NHS Borders

November 2008

2. Race Legislation and Health Policy drivers

2.1 The Race Relations Act 1976

Outlaws discrimination - including victimisation and harassment on the grounds of race, colour, ethnicity or national origins (citizenship).

The Race Relations Amendment Act 2000

Removes immunity against prosecution from public sector organisations including public authorities, police, education, national health trusts, Government Departments and agencies in terms of delivering non-discriminatory services.

The Race Relations Act 1976 (Amendment) Regulations 2003

The Race Relations Act 1976, as amended by the Race Relations (Amendment) Act 2000, makes it unlawful to discriminate against anyone on grounds of race, colour, nationality (including citizenship), or ethnic or national origin. The amended Act also imposes general duties on many public authorities to promote racial equality.

It applies to: jobs, training, housing, and education, the provision of goods, facilities and services. It is also unlawful for public bodies to discriminate while carrying out any of their functions.

Protection from Harassment Act 1997

This creates a criminal offence of harassment. It also creates a new type of civil claim, allowing individuals who are harassed to claim damages and / or seek a court order to stop the harasser from continuing the harassment.

2.2 Drivers in Health Policy in relation to Race Equality

Better Health, Better Care December 2007

Information for Patients:

NHS Boards have developed a range of information for patients and carers about conditions and procedures. Much of this is well presented and of good quality, but it is not necessarily consistent or widely available, and may not, in all cases, meet quality standards or be written from a patient's perspective. There may also be unnecessary duplication with material produced by the voluntary sector.

We are committed to working in partnership with the voluntary sector to ensure that patients, the public and carers have access to the information they need, when they need it and that this information is clear, accurate, up-to-date and presented in a way which meets their needs. By April 2009, the Scottish Government will introduce a National Health Information and Support Service to provide a single shared health information online resource. This service will comprise of quality assured local and national information from the NHS and other sectors, a national health information helpline and a network of branded health information support centres, embedded in local communities. This will involve:

- a consistent approach to produce high quality patient information across NHS Scotland
- information partnerships with key national voluntary organisations to maximise the benefit to patients from the high quality, patient focused information they produce
- clearly signposted access points where people can get support to find the information they need; understand the information provided and develop the skills and confidence to use it effectively in order to become an active partner in their own care
- a particular focus on meeting the needs of those communities and individuals who have traditionally found it harder to engage with health services

Patient Experience

From 2008, *Better Together* - Scotland's new Patient Experience Programme - will encourage and empower patients, carers and health care staff in Scotland to work together in partnership to provide patient centred care and improve NHS services for the benefit of all. It will identify opportunities for improving patients' experience and enable patients, carers and staff to work together to redesign services and ensure that changes are implemented effectively. The programme will focus on redesigning the whole experience of care, rather than just internal systems and processes within NHS Boards. In doing so, the programme will make NHS Scotland a world leader in involving patients in the design of health care services.

Equally Well - The Report Containing the Supporting Papers of the Ministerial Task Force on Health Inequalities June 2008

Diversity (age, disability, gender, race, religion or belief, sexual orientation) can lead to unequal health outcomes for people with particular characteristics, compared to the rest of the population. We need to respond to diversity in a range of ways including: making services more culturally sensitive and accessible; providing a bridge for people to access mainstream services, for example translation and interpreting; providing a different level or type of service for example to address South Asian people's propensity to harm from diabetes, or tackling the societal discrimination and disadvantage some groups face that cause their unequal health outcomes.

NHS National Services Scotland has developed a range of initiatives, e.g. new datasets, training programmes and communications advice to support data collection by NHS Boards across equality strands.

Using information to promote equality - Case Study

Mrs Singh has received an audiotape and letter in Punjabi inviting her to attend for Breast Screening. Both tell Mrs Singh that a Punjabi interpreter trained in Breast Screening will be present to help her.

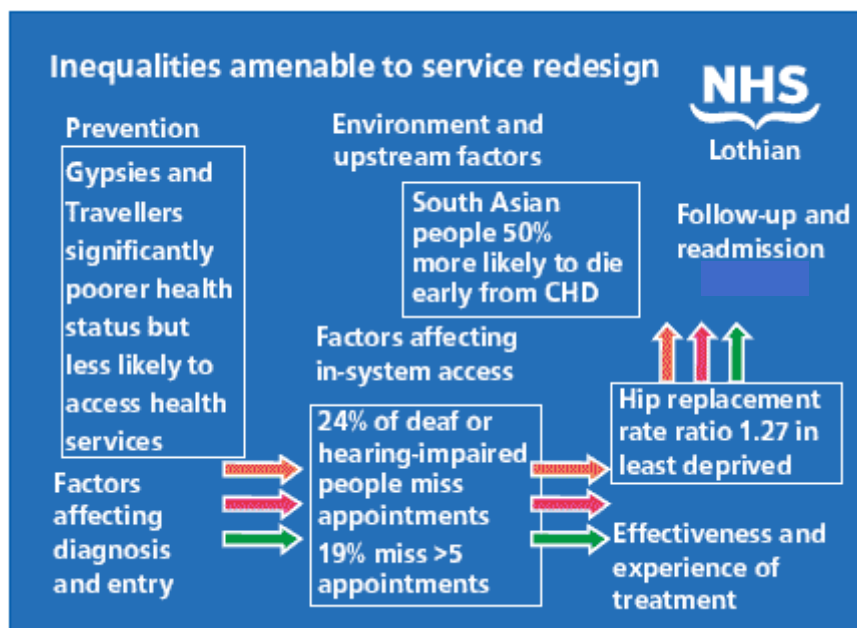
Action *The clinic arranges for a Punjabi interpreter to meet Mrs Singh when she arrives for her appointment and stay with her throughout her screening.*

Outcome *Mrs Singh feels less anxious about the examination and confident in asking questions in Punjabi knowing that she is understood*

Some people face difficulties in accessing services or reporting health problems because they fear discrimination, lack experience, or have low confidence. This includes people whose first language is not English and people who have difficulty accessing information. For example homeless people and people with low literacy levels do not have the same access to information about health risks, signs and symptoms or accessible information on health services.

Diversity Issues and Health Services

It is useful to consider these issues from a service redesign perspective of **getting in, through and out** of services. This is usefully portrayed in Dr Alison McCallum and Professor Mats Brommel's model. This highlights the role of the patient, community and wider factors at all stages of the healthcare pathway



3. An Introduction to NHS Borders

What is NHS Borders?

NHS Borders comprises of:-

- Community Health Care Partnerships
- An Acute Sector – Borders General Hospital
- A Mental Health Service

The work of NHS Borders is overseen by a Health Board. The Health Board comprises representatives from the local Borders community who oversee the provision of health care, assisted by a management team. The Health Board headquarters are based at Newstead, Melrose.

What does NHS Borders do?

The purpose of NHS Borders is to:-

- Improve the health of the people of the Borders
- Provide safe, high-quality treatment, based on clinical need in comfortable surroundings and within the available resources.

We can only achieve these goals by working closely with our staff, patients, partner agencies, carers, the local community, Community Planning Partners and organisations/groups within the Borders and nationally.

Where do the patients treated by NHS Borders come from?

NHS Borders provides a comprehensive Healthcare service to over 112,000 people living in the Borders. It also provides specialist healthcare services to the other parts of Scotland.

Where are services provided?

The aim is to deliver services as close to patients' homes as it is clinically safe to do so. Services are provided in a range of community settings - workplaces, peoples' homes, in GP practices and Community Hospitals within the Borders. Highly specialised care is delivered in the acute Borders General Hospital.

Resources used

NHS Borders 2008/09 budget is £196 million and employs around 4,500 staff.

4. RISK ASSESSMENT

Legal risk

NHS Borders has statutory duties to promote race equality. All decisions taken by NHS Borders, all services provided or enabled by NHS Borders and all personnel functions of NHS Borders are required to take account of the duties to promote race, disability and gender equality. Not taking account of race equality would render NHS Borders open to legal challenge.

Financial risk

The Race Equality Scheme action plan has resource implications. To ensure NHS Borders services meet the requirements of equalities legislation they must be assessed. The requirement on contractors to address equality concerns might also have a financial implication. No resources have been made available by the Scottish Government to support these new activities, and a proportionate approach is therefore required. However, the costs of not complying with the legislation could be severe.

Corporate risk

There are risk management processes in place for which the Board are accountable.

Other considerations

In preparing the NHS Borders Race Equality Scheme, other factors have also been taken in account, including the prevention of health inequality, equality of opportunity, human rights, personnel and property, etc.

5. NHS Borders Race Equality Scheme 2008-2011

The Race Relations (Amendment) Act 2000 requires NHS Borders to produce a new Race Equality Scheme every three years. This Race Equality Scheme covers the period 2008-2011.

The Equalities and Planning Directorate of NHS Scotland and the Black Leadership Network group highlighted NHS Borders Race Equality Scheme 2005-2008, was presented in a clear format with a common sense approach, and in plain English. Accordingly, we need to maintain the high standards which we have set.

6. Involving the local ethnic communities in the production of the Race Equality Scheme

NHS Borders has a legal duty to involve the local ethnic communities in the production of the Race Equality Scheme, together with the wider community in the Borders. In addition to the regular daily contact with members of our local ethnic communities, their representative organisations and groups, the NHS Borders Equality & Diversity Department felt that there was a need to organise specific dedicated consultation events. However, the Borders Equality Forum and their representative organisations made it clear that the local ethnic communities were clearly suffering “*consultation fatigue*”. Accordingly, in January 2008, NHS Borders joined with Scottish Borders Council, NHS Borders, Borders College, Lothian and Borders Police and Careers Scotland, to plan a joint public bodies' questionnaire program in August 2008, to avoid a massive duplication of effort.

Ethnic communities' involvement and consultation events

Following the joint involvement and consultation partnership meeting, most public bodies in the Borders advised that they did not intend to carry out any further involvement or consultation work with the local ethnic communities, prior to the issue of their Race Equality Schemes. This gave NHS Borders the opportunity to involve all partners (Scottish Borders Council, NHS Borders, Borders College, Lothian and Borders Police and Careers Scotland) to carry out a questionnaire which sought specific information.

The questions asked were:-

- **Do you understand what race equality is?**
- **Do you think there are racial problems or have you come across any racial problems in Scottish Borders?**
- **Have you heard or read anything about the organisations connected with this review, involving black and ethnic minority people?**
- **Do you think that these organisations do enough to promote race equality?**
- **What do you think should be included in a Race Equality Action Plan for Scottish Borders to ensure that race equality is promoted and discrimination is eliminated? How can these organisations ensure that black and ethnic minority communities feel welcomed and part of Scottish Borders?**

The information from the questionnaire and general discussions was collected together and analysed then given to all the partners to feedback into their own Race review.

a). NHS Borders Staff Audit on race equality April 2008

Three main departments of NHS Borders took part in a staff questionnaire to gain feedback on the progress on Race Equality within NHS Borders.

Appendix 1

b). Gypsy / Traveller consultation event, July 2008.

Attending the Local Fair and engaged in “face to Face “discussions with 14 participants.

Appendix 2

c) Consultation by use of Questionnaire August 2008

This was produced by NHS Borders on behalf of Scottish Borders Council, NHS Borders, Borders College, Lothian and Borders Police and Careers Scotland. 5000 hard copies were distributed and accessibility offered on-line by all partners.

Appendix 3

d). Borders Equality Forum consultation event, Friday 13th September 2008.

This was an e-mail consultation event to highlight the Race questions

7. Priority areas of work

The three involvement and consultation events provided detailed information which will influence the plans to address health care needs of our local ethnic communities in the future. This information has directly informed the NHS Borders Race Equality Scheme 2008-2011. It has been supplemented by input from other local community groups such as Borders Equality Forum, Borders LGBT Forum, Borders Disability Forum and from front line NHS Borders staff who provide services to the local ethnic communities.

The priority areas for service improvement identified by our local ethnic communities are shown below.

The changing make up of the population of the Borders, makes health needs assessment a dynamic area of change. Accordingly, it is important to regularly review these priorities.

8. Improved access to dental services

The topics raised

Few members of our local ethnic communities have access to an NHS dentist. This problem is particularly acute for recent migrant workers and their families.

Many participants in the involvement and consultation events commented on the high cost of private dental treatment in the Borders.

Few participants had heard of the Emergency Dental Service provided by NHS Borders.

The action required

The shortage of NHS dentists has been a UK – wide problem for some time. Locally, the shortage is a serious issue in all areas of the Borders and amongst all communities. The NHS Borders Health Board has responded to many of the problems by approving the actions.

The main features of the NHS Borders Improving Oral Health and Modernising NHS Dental Services (August 2005) are:-

- To increase the number of dental care professionals working in the Borders
- The opening of new dental centres and the updating of existing dental premises
- An increase in preventative care and oral health promotion.

NHS Borders cannot determine the cost of private dental health care in the Borders. However, the NHS Borders Dental Plan will give most people the choice between an NHS dentist or a private dentist.

More work is planned to promote the work of the Emergency Dental Service amongst the local ethnic communities. Leaflets and posters need to be produced in the main local ethnic community languages and widely distributed through libraries, ethnic community organisations, schools, community staff, GP Practices, hospitals, the Local authority, the Borders Equality Forum, ESOL Services and employers with a large ethnic community workforce. This work will be progressed by the NHS Borders Equality & Diversity Department, in close co-operation with NHS Borders Dental Services.

9. GP services

When involvement and consultation events took place during 2007 and early 2008, it quickly became clear that only half of the participants were registered with a GP, especially “New Migrants”. As a result, a massive campaign was launched to encourage recent migrant workers and their families to register with their local GP. A booklet was produced explaining why people should register, how to register, the range of services on offer and explaining entitlement to free NHS Health care. The booklet was produced in English, Polish, Latvian, Lithuanian, Russian and Portuguese and given a massive distribution in both hard copy and electronic formats. Over 4,000 booklets in hard copy have been distributed. The booklet is also in use in five other Health Boards in Scotland.

The campaign is still ongoing. Feedback on GP services was extremely positive, most commented favourably on the high quality of care provided. Naturally, the discussions focussed on any areas where the service could be improved.

The topics raised

Many recent migrant workers who were non-English speaking advised that they had problems communicating with the GP reception staff and their GP. Some commented on the limited availability of the “Language Line” telephone interpretation system and the non-availability of “face to face” interpreters. As a result, a number had resorted to taking along a friend to interpret. Feedback from the involvement and consultation events consistently referred to GP Reception and other Practice staff not being aware of the needs of recent migrant workers and their families. Overall general comments stated that there was a lack of culture awareness with frontline staff.

The action required

The time taken to see a GP usually depends on the urgency of the problem, as stated when making the appointment. A willingness to see another GP in the same Practice can also reduce the waiting time. This information needs to be widely disseminated to our local ethnic communities. The production of this information will be taken forward by the NHS Borders Equality & Diversity Department, in close co-operation with GPs and the Local Community Health Partnerships.

The Scottish Government “HEAT” target (**H**Health improvement **E**fficiency and **A**ccess to **T**reatment) for access to GP services in 2008 is to ensure that anyone contacting their GP surgery will have guaranteed access to a GP, nurse or other health care professional within 48 hours. This will lead to reduced waiting times.

In the Borders there is a need to build on equality good practice and to:-

- Provide further equality awareness training (Culture/Local/Diversity) for GP Reception and Practice staff
- Increase the numbers of staff trained in the use of the “Language Line” telephone interpretation service
- Increase the number of “Language Line” Access Points.

This work will be taken forward by the Equality and Diversity Team, in co-operation with Scottish Borders Council and other community partners.

10. Race equality awareness training (Culture/ Local/Diversity) for NHS Borders staff

The topics raised

Feedback from the involvement and consultation events referred to a small minority of NHS Borders staff, in different parts of Borders, not being aware of the needs of the recent migrant workers and their families, as well as our Black and Ethnic Minority population who reside in the Scottish Borders.

The action required

Race equality training (Culture/Local/Diversity) has been undertaken by NHS Borders over the last three years. However, not all staff have received training and there are also new staff who still need to be trained. Plans for Race equality awareness training are being developed and implementation will continue over the next three year to address training needs. The training will be provided / facilitated by the NHS Borders Equality and Diversity Team on a joint basis with Scottish Borders Council and in close co-operation with the Local Community Organisations, Acute Sector and Mental Health Service.

11. Information on specific health care services

The topics raised

Many members of our local ethnic communities acknowledged that a great deal of information has been produced by NHS Borders, in the main local ethnic community languages. However, the clear message was that more information is required. The health care services for which more information is required are:-

- Accessing Local GP
- Maternity Services, including follow up care and information on postnatal checks carried out on babies
- Pharmacists
- Community Services provided by Health Visitors, District Nurses, Community Midwives and Community Nurses
- School and Child Health, what the service provides
- Contraception and sexual health services
- Alcohol, drugs and smoking cessation
- How to access emergency services
- NHS 24.

The action required

The NHS Borders Equality & Diversity Department will work closely with all of the services concerned to support the production of the required information. Depending on the volume of material, it may be possible to combine all of the information into one or more booklets. The drafts of all material produced will go out to our local ethnic communities, for consultation, prior to being finalised, which is now our normal process. The information will then be made very widely available, in both electronic and hard copy formats, in the required local ethnic community languages.

NHS Borders will also fund the expansion of the translation service provided by the NHS Borders Equality & Diversity Department. This will increase capacity and reduce turnaround times for the translation of material.

12. The NHS Borders 2008/09 Racial Equality Action Plan: implementing the Race Equality Scheme

The main vehicle to implement the Race Equality Scheme will be the Action Plan. The NHS Borders Equality & Diversity Department are co-ordinating the 2008/09 Action Plan to support NHS Borders in making the necessary progress in the identified key areas of need within the available resources. A copy of the 2008/09 Action Plan is attached.

Appendix 4

The projected costs elements are highlighted as part of our Action Plan. **Appendix 5**

13. Consultation on the Race Equality Scheme

The NHS Borders Race Equality Scheme 2008-2011 questionnaire was issued as a consultation in July 2008, for an eight week period.

Copies were distributed in electronic and hard copy format to :- Local ethnic community groups, Scottish Borders Council, NHS Borders, Borders College, Lothian and Borders Police and Careers Scotland, other partner organisations, interested individuals, the NHS Borders website, Community Websites, Community Forums. The consultation draft was also made available to the wider community in the Borders.

14. The size and diversity of the local ethnic communities served

The Borders is currently undergoing the biggest population change in its history. The 2001 Census showed that the Borders had a diverse range of local ethnic communities who numbered 2% in total. However, these figures are now completely out of date. The Census results do not reflect the substantial influx of mostly Eastern European migrant workers and their families coming to the Borders since the expansion of the European Economic Area on 1st May 2004. **Appendix 6**

In the period May 2004 to May 2006, it is estimated that approximately 400 migrant workers and their families, came to the Borders every month. From May 2006 to June 2008, this figure increased to approximately 600 per month. From July 2008 onwards, there is evidence that this figure is reducing slightly.

As at September 2008, it is estimated that inward migration since 2004, has increased the size of the local ethnic communities in the Borders to between 3% - 5% of the population of the Borders (total population of the Borders 112,000+)

The Borders is an attractive destination for inward migration due to the availability of large numbers of jobs and secondly, the availability of low cost accommodation in some areas. **Appendix 7**

15. NHS Borders racial equality policy statement

- NHS Borders is totally committed to the promotion of racial equality in all of the services it provides. It will comply fully with the Racial Equality Laws, Scottish Government Policies and Good Practice Guidelines. NHS Borders will strive to be a model of good practice within Scotland.
- Racial equality work within NHS Borders will have two aspects. Firstly, to improve and develop services in targeted areas of identified and emerging needs. Secondly, to bring racial equality work into the mainstream.
- There will be full and regular consultation with members of the local ethnic communities, representative groups and the Borders public.
- Whenever possible, NHS Borders will adopt a partnership approach, working closely with Scottish Borders Council, Borders College, Lothian and Borders Police and Careers Scotland, local ethnic community groups, voluntary organisations and other Health Boards and interested parties.
- The Racial Equality Action Plan will be developed, implemented and monitored. The emphasis will be on practical and lasting improvements in the quality of services provided to both staff and patient. Due to the rapidly changing make-up of the local ethnic population, NHS Borders will keep under review the needs of the ethnic communities and respond flexibly to any changes required.

- The racial equality work of NHS Borders will be implemented by NHS Borders Equality and Diversity Lead supported by our partners.
- NHS Borders staff will receive full and appropriate training to help them meet the needs of the local ethnic communities. When proposals are being formulated to enhance existing healthcare services or to develop new services, the needs of the local ethnic communities must be taken fully into account.
- Any organisation undertaking work on behalf of NHS Borders, or supplying any type of service, must fully meet the NHS Borders standards of compliance with the Racial Equality Laws, Scottish Government Policies and Good Practice Guidelines. Failure to do so will result in the issue of a warning notice setting a reasonable period to effect the improvements required. If, after a reasonable period, the necessary improvements have not been made, NHS Borders will terminate contracts and may refer the matter to the Equality and Human Rights Commission.

16. Roles and responsibilities

The Chief Executive of NHS Borders is ultimately responsible to the NHS Borders Board for all matters related to racial equality. This responsibility has been assigned by the Chief Executive, on a day to day basis to the NHS Borders Equality and Diversity Lead via the Director of Workforce.

17. Equality Impact Assessment

The importance of Equality Impact Assessment is acknowledged. All new or updated NHS Borders-wide policies, strategies, functions and services are Equality Impact Assessed using the prescribed methodology. This process has been in place since 2005. NHS Borders has trained 20 managers. The next Training Seminar to train additional Impact Assessors will be held in February 2009. At present, work is underway to Impact Assess existing policies and strategies. Each area within NHS Borders which generates policies or strategies should ideally, have at least two trained Impact Assessors.

NHS Borders has also trained Impact Assessors for other organisations, free of charge, in a spirit of co-operation and joint working. These organisations include:-

- Lothian & Borders Police (“G” Division)
- Borders Fire and Rescue Service
- Scottish Borders Council
- Local Voluntary organisations.

18. Monitoring, complaints and racist incidents

“The King’s Fund”^{*1} report said that the lack of data hampers PCTs efforts to ensure race equality in local health services.

The ability of primary care to understand the health needs of ethnically diverse communities and improve access to services is being undermined by a lack of data about who uses which NHS services, according to an audit published by the King’s Fund.

As part of their Race Equality Scheme (specified by the Race Relations Amendment Act 2000) PCTs should publish their assessment of local health needs and explain how their services are structured to meet them.

But an audit of published Race Equality Schemes found that many PCTs are hampered by poor data about the ethnicity of those people who use services in their area, including in hospitals and at GP surgeries.

More than half of the Race Equality Schemes recognised the importance of monitoring the ethnicity of patients who use primary care services, but only 13 per cent referred to initiatives or pilot projects to gather information about patients registered with GPs.

*1 www.kingfund.org.uk/publications/other_work_by_our_staff.

There are many ways in which the progress made by NHS Borders towards becoming a culturally competent organisation is monitored.

These are:-

Monitoring within NHS Borders

The NHS Borders Senior Management Team and Board

Have an overview of progress on an annual basis.

NHS Borders Equality & Diversity Department Monitoring Report

NHS Borders carefully monitors racial equality within its own workforce. Each year, an NHS Borders Racial Equality Monitoring Report is produced. The report is discussed and agreed at the Board Executive Team and staff, before it is widely distributed.

The NHS Borders Joint Equality Action Team (JEAT)

This multi-disciplinary Group will support the NHS Borders Race Equality Scheme and drive forward the work of the Racial Equality Action Plan, to ensure progress is maintained. The group has ethnic community representation and meet regularly. Monitoring is one of its core responsibilities.

Appendix 8

Complaints

Any complaint received by the NHS Borders Complaints Service, from either a member of an ethnic community or with a racial element or a discriminatory element, is immediately copied to the NHS Borders Equality and Diversity Lead, to follow up on appropriate action. Investigations may involve members of the Joint Equality Action Team (JEAT), partner agencies and key stakeholders.

Monitoring of racist incidents

NHS Borders has in place a “Zero Tolerance Policy” for any kind of verbal abuse, racial abuse or assault incidents. These are all recorded and followed up. Details of any incident with a racist element are forwarded to the Equality and Diversity Team. Follow up action is taken as appropriate, often involving appropriate departments, other agencies and the police, if they have not already been involved.

Staff monitoring

Staff monitoring at national and local level which include recruitment, training, progression.

Monitoring by other bodies within the Scottish Health Service

The Scottish Government Annual Performance Review

The progress made by NHS Borders in the field of racial equality is monitored as part of the Annual Performance Review by the Health and Social Care Minister.

The Scottish Health Council

The Scottish Health Council have a formal monitoring role for racial equality and request detailed information on a regular basis.

Quality Improvement Scotland (QIS)

QIS include racial equality as a key element in their monitoring and assessment of clinical and non-clinical services.

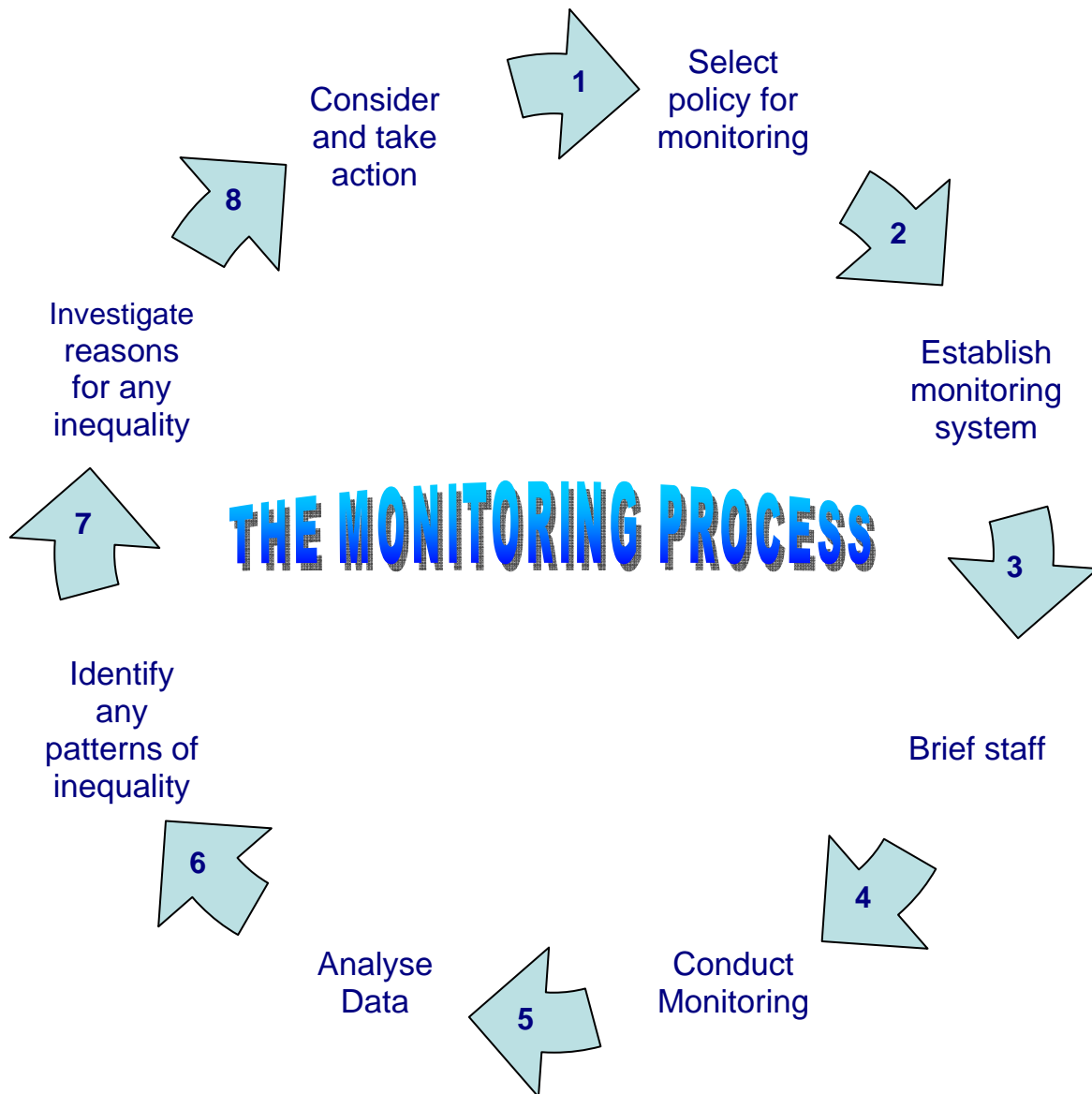
Monitoring from out-with the NHS

Equality and Human Rights Commission (EHRC)

The EHRC have a statutory monitoring and enforcement role. The EHRC have regular contact with Health Boards and monitor statutory compliance and investigate any alleged breaches.

* From the CRE, *A Guide for Public Authorities* (2002) p31

If a policy is shown to have an adverse impact on race equality, we will thoroughly review it and take any necessary action. We will set targets for improvement where these will help. If the policy is already in the action plan for review, we will alter the timetable to increase priority if this is required



General Point on monitoring

The monitoring of service provision is very important. However, NHS Borders are very much aware that the key indicator of success must be whether the local ethnic communities themselves feel that they have improved access to the healthcare services we provide and that their needs are being met. Hence the importance of regular involvement and consultation events and regular contact with members of the local ethnic communities and their representative organisations.

19. Procurement of goods and services

NHS Borders is responsible for meeting the requirements of all racial equality legislation and the Scottish Government Policy “Fair for All”, when services are contracted out to other agencies.

NHS Borders' requirements:

- Any new supplier of services to state whether they have in place sound racial equality procedures. If they do not, it is a condition of contract that they must introduce and enforce racial equality policies.
- As each NHS Borders' local contract comes up for renewal, the standard contract documentation includes reference to the mandatory requirement for the supplier to have in place and to enforce, an effective racial equality policy.
- Any supplier found to be operating in a way inconsistent with the Racial Equality Laws or in a way contrary to good practice, will be given a reasonable period of time to effect the improvements required. Failure to do so may result in the contract being summarily terminated and the matter being referred to the Equality and Human Rights Commission.

20. Progress on the Race Equality Duty 2005/08

Highlights of NHS Borders Equality & Diversity Department's progress in our Race Action Plan include:

Local

- Formation and member of the Migrant Support Service
- Formation and Facilitation of NHS Borders Joint Equality Action Team (JEAT)
- Active Member of the following local community groups
 - Borders Equality Forum (BEF)
 - Borders Disability Forum (BDF)
 - Lesbian, Gay, Bisexual & Transgender Group (LGBT Group)
- Supporting NHS staff meet identified needs
- Board for the Multiple & Complex Needs Project
- Member of "New Ways" Fairer Border Committee
- Chair of the Domestic Abuse Working Group
- Member of Borders Health & Homeless Strategic Partnership
- Member of the Community Safety Partnership
- Develop Interpretation and Translation Guidelines
- Facilitate Polish Mums group with Health Centres

- Support NHS staff to meet training needs
- Member of the Joint Health Improvement Team
- Lead the Race Equality drive with our partner
- Development and training in Equality Impact Assessment
- Trustee of the Spiritual Care Committee
- Remote Reporting group and other partners have launched a new way of reporting crimes without the need to visit a police station in March 2008. within NHS Borders Remote reporting sites to include the Borders General Hospital
- Produced the following which include:
 - Patient Information leaflet
 - Welcome to the Scottish Borders
 - How to Register with a GP.

National

- National Race Centre for Ethnic Minority Health (NRCEMH)
National Show Case presentation at the Exhibition Centre, Edinburgh
- Pilot the development of Interpretation and Translation Guidelines which have been adopted by NHS Scotland and other boards
- Pilot Board producing the Happy to Ask, Happy to Tell training DVD
- NHS Borders piloting “Checking for Change” Leadership program
- Patient Focus Public Involvement – Training Advisory Group
- NHS Borders Equality & Diversity Department have representation on:
 - Lead Networks
 - NHS Scotland Equalities & Planning Directorate
 - Diversity Information Implementation Network (DIIN)
 - Member of the Multilingual, Audi-Visual Information Resource Group (MAIR).

21. Maintaining progress in 2009/11

NHS Borders will develop and implement Racial Equality Action Plan during 2009/11. This Action Plan will take forward the area of work identified as priorities by our local ethnic communities. The Action Plan will also be updated to take on board information from further involvement and consultation events.

NHS Borders Race Equality Review Report April 2008

A questionnaire was designed to help gain feedback on the progress of equality and focused on race. The Commission for Racial Equality (CRE) now require us to:

- Review how we deliver our service to patients.

The information received from the questionnaires will help NHS Borders:

- Assess the level of compliance (full/partial/none) of the Race Equality Duty;
- Assess how well Race Equality is being “mainstreamed”;
- Identify and share good practice across all departments within NHS Borders;
- Allows us to develop appropriate support.

For the purpose of the questionnaire, the term minority black and minority ethnic communities* encompass all racial groups including Asylum Seekers/Refugees, Gypsy Traveller communities and Migrants.

The reason the named three departments were chosen for this project was that it represented a good cross section of NHS Borders service:

1. HR
2. Maternity/Special Care Baby Unit
3. Clinical Services.

From 100 questionnaires sent out we had 78 returned.

There were seven (7) sections to the questionnaire.

Section 1: Contact Information

Very interesting to observe how staff “named” their department, their job title and their job description.

Recommendation / Action

Observation only

Section 2: Your Service Area

Again, very interesting to see staff’s own perception of their job.

Recommendation / Action

This information could be useful within team meeting to explore more detailed view of staff’s perceptions of their job.

Section 3: Ethnic Monitoring and Service Delivery

During the working day 56 staff did not record ethnic data.
Only 19 staff used the Census data (Mainly HR)
Only 1 member of staff was aware of starting ethnic monitoring.
2 staff did not answer.

Recommendation / Action

There is more need to make staff aware of the relevance of ethnic monitoring.

The Patient Monitoring Leaflet/questionnaire will help.

Staff are asking for practical help in this area.

Section 4: Research and Publications

10 staff sought out information about ethnic communities.
Many stated that they did not know where the information was, how to access it, have time to look for it or even who to ask.
The new Interpretation & Translation guidelines have been positively welcomed.

Recommendation / Action

More need to make staff aware of the relevance of ethnic monitoring.

Staff are asking for practical help in this area.

Lets look at “Lunch & Learn session”

The use of NRCEMH Patient Monitoring (Happy to Ask) DVD may be useful.

Section 5: Addressing Health Inequalities

23 staff had been practically involved with ethnic minority people as part of their working day.

Recommendation / Action

The above 23 are mainly front-line staff.

Need to have "Cordless Phones" for frontline staff

Need for more communications, between departments and the local community groups (covering all Strands not just Race) and find out what they need, their requirements and their thoughts about NHS.

Use sessions to make departments aware of Specific Groups; eg: "Thai Awareness" afternoon at Earlston Health Centre.

Section 6: Access to Translated Information

71 staff are aware of the above while

50 staff have used the Translation service.

54 staff have used the Interpretation service

Overall staff have dealt with **29** different languages in their working day.

Recommendation / Action

Many staff stated the need to be able to access translated material.

Data base and Information will be available when Equality & Diversity Department have their WEB SITE.

The clear need to have "Cordless Phones" as using existing phones for interpretation services is not practical.

Booking interpreters is much easier now.

Section 7: Consultation ((Meet, Discuss, Talk, Listen))

Only 14 staff had consulted, out-with their patient contact work.

Recommendation / Action

Many stated the lack of awareness of local community groups.

Need to make staff aware of local minority groups

Section 8: Additional Information

Need for more communications and specific leaflets
People should be treated with respect no matter who or what they are.

Recommendation / Action

Many stated the need to be able access relevant information easily

Summary of Actions and Learning Points

- Need for personal contact in meeting staff / departments highlighting purpose prior to conducting a questionnaire/ survey.
- We need to be more aware of the departments involved with this project and keep HR, Admin separate from clinical staff.
- Need for Localised “Awareness sessions
- Need for related issues like Disclosure, Impact Assessment, Homelessness to be discussed more.
- One of the main issues highlighted was the need for cordless phones to be in wards and A&E departments.(Privacy, confidentiality, respect issues).
- Check the progress of the Patient Monitoring questionnaire (G Ironside)
- Add the question, “What practical help can we (*E&D Dept*)give you”?
- List of relevant communities (*not just racial*) made available.

Have we achieved what we set out to do?

- Assess the level of compliance (full/partial/none) of the Race Equality Duty
YES
- Assess how well Race Equality is being “mainstreamed”
YES
- Identify and share good practice across all departments within NHS Borders
Ongoing
- Develop appropriate support
Ongoing

Gypsy Meeting @ St Boswells Fair July 2008

Summary of meeting with Gypsy/Travellers attending Fair

First Meeting 9300hrs to 1100hrs with a second Meeting 1300hrs to 1545hrs

↪ 29 Caravans on site

↪ 14 people interviewed.

1. Did anyone welcome you to the Borders?	SBC - Health - Police -	14 No 14 No 09 No	5 Yes
2. First Time in the Borders.	- - - - -	12 No	2 Yes
3. Where do you stay in the Borders?	- - -	3 Innerleithen 9 Passing through	
4. Can anything be done to make your stay better?	-	The Portaloos.	
5. Have you seen / would like any of the following;		Seen	Would Like
Hand Held Records		2	4
<i>Stated that most live permanent addresses. Also would have been good 10 years ago when with small children.</i>			
Welcome to Scottish Borders Booklet		13	1
Would like a Welcome for Gypsies		N/A	6
<i>All said it should be incorporated into present Scottish Borders Booklet</i>			
How to Register with GP.		0	0
Digital Switchover		12	0
6. Would you like to see a "Borders Roadshow" stall?		6 Yes	

General Comments:

- Two stated it was good to have a SMALL Police presence.
- PortaLoos very dirty not been cleaned and lacks lighting.
- Technical services at SBC will look into lighting for next year.
- Mainly come to Fair as part of a holiday and tradition.
- Need to seek information about Gypsy and their Religion.
- 4 Interviewed stated they could not read (all women).
- 8 interviewed said they lived in house and only used caravan when on holiday, work or visiting relatives.
- 3 interviewed spoke of good relationship with local shops
- 4 interviewed stated factions within Gypsy's and try to deal internally.
- Roadshow comprising: Police-Council-Health especially on arrival. "Meet & Greet".
- 1 complained that we look after "foreigners" better than Gypsies.

RACE EQUALITY REVIEW 2008

Data from Review Questionnaire

33 completed questionnaires were received.

1. Do you understand what race equality is:

Yes 32

Comments:

- It promotes a fairer approach to things like employment, promotion, etc
- Equality of treatment in all aspects of live regardless of racial origin
- At first I thought this is for black people, chinese, polish, incomers from Europe
- Equal rights for all
- It's equality for all irrespective of creed, religion, race, colour
- That all citizens should be equal
- All people no matter colour, ethnic origin or religion must have the same rights
- Equality of opportunity in jobs, equal respect whatever your race, culture
- Equal treatment of people, regardless of their race.
- Not being nasty to coloured people
- Ensuring that all members of the community have an equal opportunity to be part of this country (work, school, classes, education, support, etc)
- The elimination of all prejudice in order to provide equal access to services.
- Integrate minority ethnic groups with indigenous people of these islands
- Opportunities for all people regardless of race and for any level of posts.
- Same for everyone in how seen
- Everyone treated the same
- Treating everyone the same exactly as you would wish to be treated
- People being treated unfairly or having reduced access due to their role
- No matter what country one comes from or background, the treatment will be the same
- Everyone equal regarding race or colour
- Equality in everything regardless of face
- Treating people equality
- Race equality means any differences in ethnic background should not make any difference in how you are treated etc
- No one should be victimised when seeking employment because of their nationality or faith
- Equality of access to services/work/pay. Equality under the law.

No 0

Comments

- Somebody explained to me it means everybody

2. Do you think there are racial problems or have you come across any racial problems in Scottish Borders?

Yes 21

Comments

- People treat you like an alien. They say (in the work environment) racist things and nothing is done about it at all.
- An instance of racial abuse against a restaurant owner in Jedburgh
- Among health staff attitude to coloured people and disabled people same - no respect, don't listen, no support or back up
- Verbal abuse hidden through humour and banter. Lived in Border region for past 36 years can't say that I have been directly racially abused.
- I and my daughters come from Ukraine and have experienced racial abuse in Hawick
- Discrimination regarding numbers of polish residents. Attitude that they are taking our jobs! Offensive words p --- c-----
- Incidents of verbal assault have been reported in the papers - against BME people and 'English' people
- I think there are tensions in certain communities - probably due to ignorance or unwillingness to understand another viewpoint. I think this is very detrimental, but does not happen in all geographic areas.
- Racial prejudice permeates every level of society and the Scottish Borders is not exempt. I have heard local people refer to "foreigners" with contempt.
- Minority ethnic groups not including or not being included with local events
- I still feel there are racial problems which come to the surface more when drink, drugs are involved
- Experience of non-UK consultants in BGH reflects racial intolerance
- Prejudices exist everywhere, every country, every job
- There are racial people in borders especially older generation
- Treat as 2nd class
- People have simple minds
- Disrespectful attitudes, unthinking generalisations
- Treated badly
- Use of language lack of understanding re migrant worker/asylum seekers
- Near Tesco, Galashiels, One guy came and shouted with anger, saying me – Paki Bastard.

No 12

3. Have you heard or read anything about the organisations connected with this review, involving black and ethnic minority people:

Yes 10

Comments

- Have seen leaflets at bus station (polish) English classes for polish, spanish

- Some coverage in the Southern Reporter, in relation to the appointment of a migrant support worker (SBC, NHS, LBP)
- Watched "Roots"
- Through NHS policies and procedures
- There is a push to promote equality in the workplace and area
- NHS Borders and LBP
- Give opportunity to group awareness meeting
- NHS questions at doctors
- Borders Equality Forum

No 24

4. Do you think that these organisations do enough to promote race equality?

	Yes	No
NHS Borders	17	9
Scottish Borders Council	12	12
Lothian and Borders Police	15	7
Borders College	11	7
Careers Scotland	12	6

If you ticked "NO", please explain ...

- Be more explicit in what they have in place to promote race equality
- My experience tells me that not enough is being done. I have had a difficult time working at the Council and folk know about it and do nothing to help.
- Fair and equal treatment and nothing done to make minorities feel they are being categorised
- On job adverts not big enough print to show that everyone (all colours) welcome to apply. Use faces of different nationalities on adverts - easy to see (or maps of countries).
- Don't know
- Police to make Borders more aware of Race issue like other big cities ie London, Birmingham, etc. Border Council House Dept to be more compassionate to ethnic minorities in housing allocation.
- I do not know about the others
- Need joint literature, clearer information re let it be made known bus companies have needed to recruit in eastern Europe. Pro-active in facts. More multicultural events to promote understanding.
- I wasn't aware that Borders College or Careers Scotland were involved in any racial equality initiative.
- ? As a "white British" person, I feel it would be difficult to answer a question that I have never had an issue with. I am sure there are black + ethnic minority groups who could comment on their experiences with the organisations above.
- I ticked "Yes" hesitantly because of the word "enough" in the question but the only organisation that seems to me to be aware of the issue of race equality is the police.
- Local leaders get together and organise events that mix all traditions, local and ethnic so to learn about each others' culture. We have Chinese New Year and that's about it. Need to experience cultural food, costume, traditions, etc.

- Cannot comment on any others.
- Not explicit as to the priority given to race equality by public bodies
- All need to be aware of the difference cultures in Borders
- B College - not help foreign students. Doctors - not treat me nice
- Train staff to be polite
- Am not that aware of race equality promotion aside from posters on display
- Treated badly
- Organisations do a lot but could always do more to combat negative stereotaker portrayed in media of outdated "localisms".

5. What do you think should be included in a Race Equality Action Plan for Scottish Borders ...

- More creative ways to include those from ethnic groups to be involved. To work more effectively with policy makers to ensure race equality and ending discrimination are core business for all public agencies.
- Have a programme that all employees attend that encourages positive thinking towards non-white s. It needs to come from the top - no wishy washy statement but real action, positive action without the guilt trip. Most whites feel they are being accused of something if asked to attend equal ops programmes.
- Set up groups - give information in their language. Trips to visit Poland; local people invited to meet new people to meet new people maybe Southern Reporter or other publications (at NHS, SBC) interviews to tell about moving; Poland, etc.
- Everyone treated equality including the indigenous population
- By targeting H/Board Scottish Borders Council & Police to advertise well documented infos to the Border Public and make Race equality policies well known.
- We do not think there is a problem
- Educating children as young as possible about wrongs of racism. Some form of community program which offenders must take to try and find their reasons for offending and to help them change their feelings towards people.
- Multi cultural events. Schools celebrate all festivals (this happened when I lived in Derby). When wanting community council members, councillors, management committee volunteers an active statement encouraging individuals across all cultures/races to apply.
- In my experience racists tend to be people who have not left their home communities. In any publicity it would be worth pointing out how many Scottish people live in England, and how many UK citizens leave the country (emigrate) every year.
- Bring back "Roots"
- Ensure that black + ethnic minority people are included in all consultations. Were black + ethnic minority people are in elevated job positions, ensure this is highlighted + promoted - partly as a role model to others + also to encourage "acceptance" to all communities. Skin colour or belief should make no difference in being part of a multi-cultural community.
- Plan and run a programme of training for all front-line staff to enable them to feel confident about providing access to services to all people, and to help them understand racial prejudice and how it operates. 2. Develop strategies to counteract racism in the general community.

- You can never ensure race equality no action plan can insure this either as it often comes down to an individual and interpretation of the individual
- Work in schools. Promotion across established community groups. More challenging public awareness campaigns. Gathering the 'voices' of BME groups
- No suggestions
- More cultures awareness for staff. More foreign in top job
- Workshops on hospital, community health settings
- High profile and locally based community events. Welcome pack with necessary agencies but also containing a social calendar: music festivals, sports, theatre, etc.
- More awareness among people.

Personal Information from Respondents:

Be involved in equality work:

Yes 9
No 15

Ethnic breakdown of respondents:

White			Mixed				Asian or Asian British				Black or Black British			Chinese or other ethnic group	
British	Irish	Any other White background	W/B Caribbean	W/B African	W/Asian	Any other Mixed background	Indian	Pakistani	Bangladeshi	Any other Asian background	Caribbean	African	Any other Black background	Chinese	Any other
20	0	0	1	1	0	0	1	0	0	0	1	1	2	1	0

Other White	Ukrainian	1
	Scottish	2
Black or Black British	Sino Mauritian	1

NHS Borders Racial Equality Action Plan

2008/09

Produced by the NHS Borders
Equality & Diversity Department

November 2008

Racial Equality Action Plan

Priority Area	Action	Actioned By	Completed By
Dental services			
Improved access to dental services	<ul style="list-style-type: none"> Implement the NHS Borders Dental Plan 	<ul style="list-style-type: none"> NHS Borders Dental Services. Supported by Equality & Diversity Department 	2009
Improve awareness of the NHS Borders Emergency Dental Service amongst the members of the local ethnic communities.	<ul style="list-style-type: none"> Production of leaflets and posters in the main local ethnic community languages to promote the Emergency Dental Service 	<ul style="list-style-type: none"> Equality and Diversity Lead in co-operation with NHS Borders Dental Services and members of the local ethnic communities. 	June 2009
GP Services			
Provide the local ethnic communities with more information about GP services.	<ul style="list-style-type: none"> Production of leaflets in the main local ethnic community languages to explain how to get the most from GP services. Distribution of leaflets NHS Borders-wide and on web sites by our partners. 	<ul style="list-style-type: none"> Equality and Diversity Lead in co-operation with NHS Borders GP Services and members of the local ethnic communities. 	March 2009
Provide training in patient monitoring and asking the "questions"	<ul style="list-style-type: none"> Provide Patient Monitoring awareness training for GP Receptionists and Practice staff. 	<ul style="list-style-type: none"> Equality and Diversity Lead, in co-operation with our Training & Professional Development department, Primary & Community Service Board and GPs. 	<u>March 2009</u> then Ongoing

Improve the patient experience for members of the local ethnic communities using GP services.	<ul style="list-style-type: none"> • Provide racial equality awareness training for GP Reception and Practice staff. 	<ul style="list-style-type: none"> • Equality and Diversity Lead, in co-operation with our Training & Professional Development department, GPs and Primary & Community Service Board 	Ongoing Review on November 2009
Make "Language Line" more readily available in the Scottish Borders	<ul style="list-style-type: none"> • Increase the number of staff trained in the use of "Language Line and provide a further Access Points. 	<ul style="list-style-type: none"> • NHS Borders Equality and Diversity Lead in co-operation with GPs. 	Ongoing Review on November 2009
Make "face to face" interpreters more readily available in the Scottish Borders	<ul style="list-style-type: none"> • Work in partnership to scope a proposal to create a pool of trained and competency assessed "face to face" interpreters in the Scottish Borders. 	<ul style="list-style-type: none"> • New Ways Fairer Borders Committee • NHS Borders Equality and Diversity Lead with support from the Migrant Support Service and the Local Ethnic communities. 	August 2009
Racial equality awareness training for NHS Borders staff (Culture/ Local/Diversity)			
Make racial equality (Culture/Local/Diversity) awareness training Mandatory throughout the Scottish Borders	<ul style="list-style-type: none"> • Work in partnership to produce a mandatory training program in line with "Race Relations Act, Amendment" compliance 2003. • Actively support the working being done at national level to source appropriate training for all NHS Boards. 	<ul style="list-style-type: none"> • New Ways Fairer Borders Committee • NHS Borders Equality and Diversity Lead with support from our partners and the Local Ethnic communities. 	March 2008
Provide more racial equality (Culture/Local/Diversity) awareness training for NHS Borders staff	<ul style="list-style-type: none"> • Step up the current programme to train 500 staff per year. • Review what information is provided at induction • Capacity building the Joint Equality Action Team (JEAT) 	<ul style="list-style-type: none"> • Equality and Diversity Lead, in co-operation with our Training & Professional Development department, partners and all departments. 	New programme to be in place by March 2009.

Patient monitoring	<ul style="list-style-type: none"> • Enable staff to be more comfortable in asking the “Ethnic” question, by offering a variety of training opportunities 	<ul style="list-style-type: none"> • Equality and Diversity Lead, in co-operation with our Training & Professional Development department, partners and all departments. 	Ongoing Then Review May 2009
Information on specific health care services			
Meet the identified information needs arising from the involvement and consultation events.	<ul style="list-style-type: none"> • Production of leaflets and posters in the main local ethnic community languages in the Scottish Borders, for five of the nine identified priority areas. <p>The nine priority areas are :-</p> <ol style="list-style-type: none"> 1. Accessing GP services 2. Maternity Services, follow up care and information on postnatal checks carried out on babies 3. Pharmacists 4. Community Services provided by Health Visitors, District Nurses, Community Midwives and Community Nurses. 5. School Health, what the service provides. 6. Contraception and sexual health services. 7. Alcohol, drugs and smoking cessation. 8. How to access emergency services. 9. NHS 24. <ul style="list-style-type: none"> • This information can then be accessed by our web site and our Freephone number. • It will support the staff in their day to day work 	<ul style="list-style-type: none"> • Equality and Diversity Lead, in co-operation with each of the services concerned, the Borders Equality Forum and members of the Local Ethnic communities. 	Information on five of the nine services to be available and distributed by March 2009. then Review November 2009

	<ul style="list-style-type: none"> We will be supporting the involvement of our local Minority community groups. 		
Racial Equality Monitoring within NHS Borders			
	<ul style="list-style-type: none"> Collection and collation of the information required to produce the NHS Borders Racial Equality Monitoring Report 2009 	<ul style="list-style-type: none"> Workforce Information Analyst Head of HR Head of Training and Professional Development Senior Health Information Manager Equality and Diversity Lead 	2009 Report to be available by November 2009 In line with the Race Equality Duty.
Equality Impact Assessment			
Continue to meet the statutory requirements of the NHS Reform (Scotland) Act 2004.	<ul style="list-style-type: none"> Equality Impact Assess all new or updated NHS Borders policies or strategies within three (3) years. Continue the process to Impact Assess existing policies, strategies and functions. Train additional staff to become Impact Assessors across all functions of NHS Borders. Co-ordinate and implement Borders Executive Team to agreed planned program. The target of 100 staff. 	<ul style="list-style-type: none"> Equality and Diversity Lead NHS Borders Impact Assessors All departments involved with making policies, strategies and functions. Equality and Diversity Lead Training & Professional Development department 	<p>Ongoing</p> <p>Ongoing</p> <p>December 2009</p>
“Language Line”			
Increase the number of “Language Line” Access Points	<p>Plan to address current requests.</p> <p>For each area:</p> <ul style="list-style-type: none"> Staff training Ongoing support Appropriate equipment eg “Cordless” phones in all clinical areas. 	<ul style="list-style-type: none"> Equality and Diversity Lead 	Ongoing Then Review May 2009

Complaints from Ethnic Minority communities			
Monitor complaints in relation to Race (Culture, Local and Diversity) from staff, patients and general public.	<ul style="list-style-type: none"> • Work with partners to develop and implement procedures including complaints department, CAB and our data collection team. 	<ul style="list-style-type: none"> • HR Lead • Occupational Health Lead • Equality & Diversity Lead • CAB • Complaints Lead • Employee Director • Partnership Office 	February 2009
Signage			
Need to standardise the signage and directional aspects within the present legislation	<ul style="list-style-type: none"> • Work to influence the standardisation of signage within all NHS Borders public facilities 	<ul style="list-style-type: none"> • General Managers • Director of Estates & Facilities • Borders Equality Forum • Clinical Governance Lead • Equality and Diversity Lead 	Completed by November 2009
Information			
Ensure communicational line with staff, patients and general public are in plain English and understandable by all.	<p>Standard Templates for:</p> <ul style="list-style-type: none"> ➤ Inpatient admissions ➤ Day Patients ➤ General appointments 	<ul style="list-style-type: none"> • Clinical Governance Lead • General Managers • Patient Information ("Bizzy") 	November 2009
Resource Information			
Launch of the NHS Borders Equality Web Site	<ul style="list-style-type: none"> • Completion, launch and management of web site. • This will replace the proposed Resource Pack, offering a more up to date and flexible service to all support staff in NHS Borders 	<ul style="list-style-type: none"> • Equality and Diversity Lead 	March 2009
Develop a System for effective monitoring and evaluation of the following			
A) Staff Profile			
To ensure that we know the numbers and profile of our	<ul style="list-style-type: none"> • Explore ways in which improved data can be captured. 	<ul style="list-style-type: none"> • Director of Workforce • Head of HR 	Ongoing and to be published yearly.

<p>staff in terms of equality, including on the basis of ethnicity/race.</p>	<ul style="list-style-type: none"> • Ensure equalities data is well maintained. • Provide regular monitoring reports and analysis to the Staff Governance Committee. 	<ul style="list-style-type: none"> • Employee Director 	
<p>B) Staff Employment monitoring compliance</p>			
<p>Procedures must be in place to monitor and evaluate. Ensure that equality data, including ethnicity/race is collected, monitored and analysed for all applications for:</p> <ul style="list-style-type: none"> ❖ Recruitment ❖ Employment ❖ Induction ❖ Training 	<ul style="list-style-type: none"> • Address new challenges of gathering equality information on appointed medical staff whose equality information will have been gathered by the recruiting body. • As part of the broader Workforce Measures provide regular analyses and reporting on equalities data for employment, including ethnicity/race, to the Board's Staff Governance Committee, where issues highlighted can be addressed through the Staff Governance Action plans. • Develop new recruitment and selection policy and procedure taking particular account of equalities to support continuous improvement. 	<ul style="list-style-type: none"> • Director of Workforce • Head of HR • Employee Director • Equality and Diversity Lead 	<p>Ongoing and to be publish yearly.</p>
<p>C) Career Progression</p>			
<p>Monitoring and analysis of equality information requires to be analysed so that remedial action may be taken.</p>	<ul style="list-style-type: none"> • Work with colleagues to identify key measures regarding issues of career progression and support any key actions leading from this. 	<ul style="list-style-type: none"> • Director of Workforce • Head of HR • Employee Director • Equality and Diversity Lead 	<p>Ongoing and published yearly</p>

D) Complaints, Grievance and Dignity at Work			
Monitor staff, by racial group, who have had disciplinary action taken against them. Staff who have submitted grievance or dignity at work claims	<ul style="list-style-type: none"> Add ethnicity/race equality data, on a linked basis, to the existing monitoring and reporting mechanism for staff who have submitted grievance or 'dignity at work' claims for staff who have had disciplinary action taken against them. 	<ul style="list-style-type: none"> Head of HR Workforce Development & Planning Manager 	Ongoing and published Yearly
E) Training			
Numbers of staff applying for and taking part in training.	<ul style="list-style-type: none"> Data inputting of those receiving training will be updated onto local electronic systems. Enhance the information collection for those requesting training. Plan to train staff to use the systems and analyse information. 	<ul style="list-style-type: none"> Staff Governance Head of HR Head of Training & Professional Development Director of Workforce 	Ongoing and published Yearly
Demographic Profile			
Through Partnership working profile the ethnic demographics of the Scottish Borders and NHS staff.	<ul style="list-style-type: none"> Need to develop and have procedures in place to extract the demographics from our partners. 	<ul style="list-style-type: none"> Fairer Borders Committee Joint HEAT Improvement Team Poverty Commission Equality and Diversity Lead Scottish Borders Council Equality and Diversity Lead Local Ethnic Community Groups Migrant Support Service 	Ongoing With the results published every six months (March and September)

Action Plan Cost Summary

Cost summary for the 2008/09 Action Plan

Item	Projected Costs in 2008/09
Racial equality awareness training for NHS Borders staff and GP Staff (Culture/ Local / Diversity)	
Provide more racial equality awareness training (Culture/ Local/Diversity) for NHS Borders staff. Step up the programme to provide training for 500 staff per year.	Training to be provided on a joint basis with the Scottish Borders Council. £12,500
Information on specific health care services	
<p>Produce accessible information leaflets, posters and other communicational formats in the main local ethnic community languages, for the 9 identified priority areas.</p> <p>The 9 priority areas are :-</p> <ol style="list-style-type: none"> 1. Accessing GP services 2. Maternity Services, follow up care and information on postnatal checks carried out on babies 3. Pharmacists 4. Community Services provided by Health Visitors, District Nurses, Community Midwives and Community Nurses. 5. School Health, what the service provides. 6. Contraception and sexual health services. 7. Alcohol, drugs and smoking cessation. 8. How to access emergency services. 9. NHS 24 	<p>Develop, promote, produce, translate relevant information in different formats for the 9 priority areas.</p> <p>£20,000</p>
Racial Equality Monitoring within NHS Borders	
Collection and collation of the information required to produce the NHS Borders Racial Equality Workforce Monitoring Report 2008/09.	Programme of work already funded
Equality Impact Assessment	
Work ongoing, already funded. Training sessions to train more impact assessors will be start in February 2009.	£20,000

Interpretation & Translation	
Continue to develop “user friendly” procedures and awareness within NHS Borders. Progress the funding, monitor and evaluation of this service.	£50,000
Increase the numbers of fixed “Language Line” access points.	£4,000
Capacity Building with the Local Communities	
Train local communities to be more involved with all public aspects of NHS Borders, This would also include Joint Equality Action Team (JEAT)	£20,000
Total budget allocated	£126,500

Migration in the Scottish Borders

The Scottish Borders is currently undergoing the biggest population change in its history. One of the main reasons for this increase is Migration:-

Pre - 2005

The main migration trend was from the Portugal who came into the Borders mainly by agency work in Fishing and Land services.

2005 – 2006

There was a large influx of migrant workers and their families into the Borders from the Eastern European Countries who joined the European Economic Area (EEA). The main countries of origin were Poland, Lithuania and Latvia. It has been difficult to establish definitive figures for the influx. However, the Borders Equality Forum (BEF), Migrant Support Services (MSS) and the newly named NHS Borders Joint Equality Action Team (JEAT) agreed that from their knowledge, an **estimated figure of around 500 migrant workers and family members per month**, coming to the Borders, in the period May 2005 to May 2006, was realistic. Of these 500 approximately 300 were Polish.

To try and obtain more definitive information, a number of agencies such as the Immigration Service and Practitioner Services were approached but these organisations had only limited data.

Jobcentre Plus in Galashiels were able to provide some useful statistics..

National Insurance numbers are issued to eligible persons who are about to take up employment. But national insurance statistics do not include non-working family members.

2008

From May 2006 to June 2008, the numbers of migrant workers and their families coming to the Borders increased to approximately 1,200 per month. For NHS Borders, this was reflected in the increased usage of “Language Line” telephone interpretation services and requests for “face to face” interpreters. There was also an increase in the volume of requests for health care material to be translated from or into Polish, Latvian, Lithuanian and Russian. GP Practices in areas where there was a substantial migrant worker population, such as Eyemouth, saw an increase in the numbers of migrant worker and their families seeking treatment. There were also increasing numbers of migrant workers and their families coming to the Borders from Estonia and the Czech Republic.

July 2008 onwards

From July 2008 onwards, there is clear evidence that this figure has reduced to **just over 800 per month**. The two major factors in this reduction are the reduced volume of available jobs and the fall in the value of Pound against the Polish Zloty.

There will also be significant impacts resulting from the 'credit-crunch' and global downturn in the economy.

Additional sources of information

Over the last two years, NHS Borders has expanded its sources of information on the numbers of migrant workers and their families coming to the Borders. We now obtain information from :-

- GP Practices
- Hospitals
- Health Visitors, District Nurses, Community Midwives, Community Nurses and School Nurses
- "Language Line" Usage
- Demand for "face to face" interpreters
- Demand for documents in translation
- Local Authority Education Departments
- EAAL/ESL Departments
- Local ethnic community groups
- ESOL Language centres.
- Employers with large number of migrant workers in their workforce

There are no definitive figures available for the increase in the numbers of migrant workers and their families coming to the Borders. However, the more information that we collect, the more accurate our estimates will be.

There is clear evidence that the overwhelming majority of the workers and their families are not "migrant" but are permanently settling in the Borders. However, a very small number of mostly Polish migrants are known to have returned to Poland, often due to difficulties in getting their qualifications recognised in the UK.

Work Permit Holders

Many non-EEA nationals and nationals from countries that do not have EEA reciprocal agreements enter the UK on a Work Permit each year. In the Borders there are many Work Permit holders. Work Permit holders and their families are not entitled to free NHS health care if the Work Permit held is for less than 6 months. However, they are entitled to free emergency care. If the Work Permit held is for more than 6 months, the Work Permit holder and their family are entitled to free NHS Health care. Accordingly, Work Permit holders and their families tend to seek routine health care only after they have been in the Borders for over 6 months.

The Government does not record the number of Work Permits issued or the intended destination of the Work Permit holders. Accordingly, there are no reliable statistics on the number of Work Permit holders in the Borders. Recent discussions with a large number of GPs and practice staff suggest that the numbers are substantial. However, due to the lack of firm information, no estimate of work permit holder numbers is included in the overall estimate of migrant workers coming to the Borders.

Asylum Seekers

The Borders is not an area to which asylum seekers have been officially relocated, pending the application process. Most of the asylum seekers are located in the North of the Borders. Asylum seekers are entitled to free NHS health care, while their application for asylum is being considered, but are not permitted to take up gainful employment. Accordingly, asylum seekers are not being included in statistics on the issue of new National Insurance numbers.

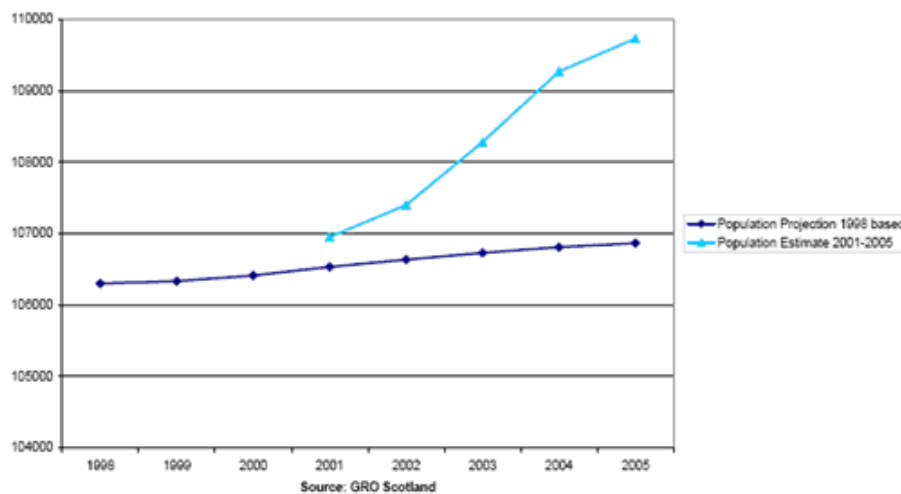
Refugees

There are a small number of refugees in the Borders. Refugees are entitled to free NHS health care, while their application for refugee status is being considered, but are not permitted to take up gainful employment. Accordingly, refugees are not included in statistics on the issue of new National Insurance numbers.

Demography in the Scottish Borders

The Scottish Borders are predicted to have the highest percentage of population increase in Scotland, as demonstrated in Figure 3.1. Whilst the increased population will undoubtedly mean higher levels of patient activity and more complex health care needs, it also potentially provides opportunities to recruit from a wider market.

Figure 3.1: Scottish Borders Population Projection 1998-based & 2001-2005 Population Estimates

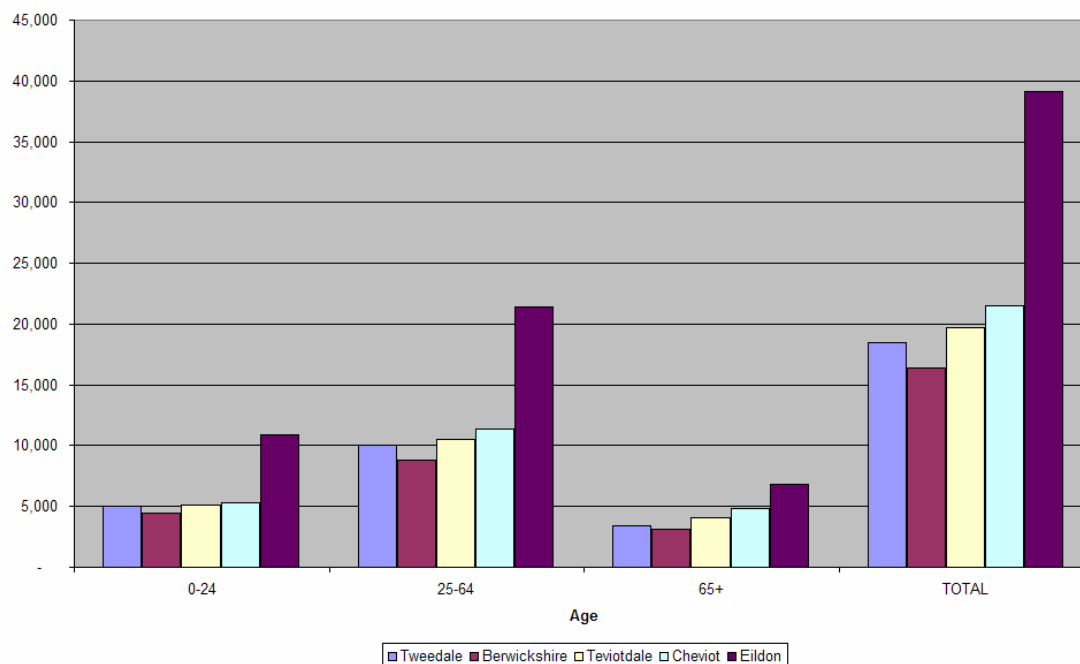


- 34 Around one fifth of the Scottish population lives in a rural area. Rural communities face particular challenges in terms of transport, access to services and the sustainability of local communities. NHS Borders covers an area of 1,800 square miles with dispersed settlements.
- 35 The National Framework¹ identified the Borders as one of the least rural areas when applying a definition of clinical peripherality. NHS Argyll and Clyde, NHS Highland, the Island Boards, NHS Grampian, and NHS Dumfries and Galloway show the greatest clinical peripherality followed by NHS Tayside and NHS Borders.²
- 36 Our region is sparsely populated with a population density of only 23 people per square kilometre. The population of the Borders has risen by almost 10% in the last 20 years to just over 108,000, at a time when the population of Scotland overall has remained virtually static. Between 2004 and 2024 the local population is projected to increase by around 15%. The proportion of the population aged over 65 years of age is expected to increase from 19% at present to 25% by 2018. Figure 3.2 highlights the age profile of Scottish Borders residents by locality, from information contained in GP practice lists.

¹ National Framework for Service Change in the NHS in Scotland (2005) Part 1 p8

² <http://www.sehd.scot.nhs.uk/nationalframework/Documents/remoterural/Final%20Draft170505.pdf>

Figure 3.2: NHS Borders Population by locality area and age group



37 The Kerr Report describes in some detail a number of drivers for change in health care in Scotland. The population in Scotland is changing dramatically. Most significant “...in terms of implications for health care is the growing proportion of older groups in the population. In 1911, people aged over 65 made up 5.4% of the population: in 1951, 10.0%: in 2001, 15.9%, and in 2031 they are projected to constitute 26.6% of the population. The growth of the over-80s is proportionately even more rapid. In 1911, 0.6% of the population was aged 80 and over. In 1951 the figure was 1.3%: in 2001, 3.8%, and by 2031 8.2% of the population will be aged 80 and over.”³

38 The Government Actuary’s Department (GAD) is responsible for official national population projections for the UK. ⁴ Figure 3.3 illustrates the most recent (2004-based) principal projection from GAD and the 2004-based population projections from GRO (General Registers Office) Scotland, which show a higher increase of the population in the Scottish Borders than in Scotland and the UK as a whole.

Figure 3.3: GAD 2004 based Principal Population Projections & GROs 2004 based Population

	2004	2011	2018	2024	% Growth 2004 - 2024
Scottish Borders	109,000	115,000	121,000	126,000	15.6%
Scotland	5,078,000	5,120,000	5,128,000	5,114,000	0.7%
UK	59,835,000	61,892,000	63,880,000	65,766,000	9.9%

³ Scottish Executive, Drivers for Change in Health Care in Scotland, National Framework for Service Change in the NHS in Scotland (The Kerr Report) (May 2005), p4

⁴ Government Actuary’s Department Population Projections. www.gad.gov.uk (10 May 2006)

Action Plan

Members of the NHS Borders Joint Equality Action Team (JEAT)

- NHS Borders Lead for Equality and Diversity (Co-Chair)
- NHS Borders Head of Facilities
- NHS Borders Clinical Development Manager
- NHS Borders Non Executive Member
- Public Service User/IPN Member
- SBC Joint Future Improvement Officer
- SBC Second representative TBC.
- Manager - Borders Voluntary Community Care Forum
- Chair, Borders Disability Forum
- Chair, Borders Equality Forum
- Elder Voice Representative



This “Document” is available on request in different languages, audio tape, Braille formats, large print or BSL DVD. Please contact: The Equality and Diversity Department, NHS Borders, Newstead on Freephone: 0800 731 4052