

SHAs Review of NHS Race Equality Schemes – DH Analysis of returns

1. In April last year, the Department of Health reminded Chief Executives and Boards of their statutory duty to promote race equality and to ensure that every NHS organisation had reviewed and published its new three-year Race Equality Scheme (RES) by 31st May 2005.
2. The standards based approach set out by the Department in *National Standards, Local Action* means that organisations need to take account of both the quality and safety of all their services, not just where there is a national target for improvement. Equality is a core standard and as such should be embedded into every organisation's plans for delivering services. In addition, the Healthcare Commission undertakes an annual review of organisations' performance, which includes assessment against core standards.
3. On 8 September, the National Director for Equality and Human Rights Surinder Sharma, wrote to SHA Chief Executives and SHA Race Equality Leads, requesting them to use their role in driving the promotion of race equality across the NHS, to take steps to assure themselves that their local NHS organisations were making demonstrable progress in reviewing their Race Equality Schemes.
4. A proforma for reviewing local RESs was sent out. This highlighted specific areas relating to SHAs performance management role in promoting race equality across the NHS.
5. Of the 28 SHAs, 20 returned their completed templates within the deadline – 31st October 2005. Outstanding returns were submitted at a later date with the last received on 13 January 2006.
5. The purpose of this exercise was to enable the Department to take stock of the progress made by NHS organisations in promoting race equality and for these organisations to share good practice. It should be noted that the nature of information requested by the DH was strategic and high level. SHA responses gave an overview of progress within their local economies rather than reporting on individual organisations. The attached table shows the Equality and Human Rights Group's analysis of responses from the SHAs.

Key findings

6. Some of the high-level messages from the returns are outlined below:
 - No CRE compliance orders have been reported. All NHS organisations have mechanisms in place to identify Commission for Racial Equality (CRE) concerns about local NHS organisations. Many SHAs have stated that they have good relations with the CRE.
 - It is reassuring to see that good practice is usually shared through equality and diversity forums etc, but dealing with poor practice is less well evidenced.
 - It is disappointing to see that some SHA race equality leads reported that they do not consider it their responsibility to ensure their local organisations Race Equality Schemes are complete and in place. *The SHA Race Equality Guide 2004: A Performance Framework* outlines the role of SHAs to performance manage on race equality across their local communities and to ensure all parts of the health system contribute to social justice and improve race relations.
 - In terms of local performance management, our assessment indicates that race equality is included in mechanisms such as Annual Delivery Targets.. Importantly, this may be seen to be reflected in SHA Chief Executive's communications with other Chief Executives in their patch, which tend to focus on Race Equality Schemes and other such major exercises, and are not about mainstreaming race equality or ensuring it is continually kept on the agenda. This kind of leadership approach may be mirrored by the fact that some organisations do not have an executive director lead for race equality, and instead place great reliance on equality and diversity leads having responsibility to present progress reports to the Board and elsewhere.
 - It is encouraging to see that over three quarters of the returns identified using the SHA Performance Framework for Race Equality (available at <http://www.dh.gov.uk/PolicyAndGuidance/EqualityAndHumanRights/fs/en>), and stated that they have self assessed their performance and have used this analysis to set targets for their organisations' Race Equality Schemes.
7. These messages seem to reinforce perceptions around the difficulties of moving beyond a tick box approach to race equality, which maybe gives us food for thought in moving beyond race equality.

Best practice identified

[SHAs who gave examples of processes/practices to promote or mainstream race equality within their patches]

Kent and Medway SHA

- The SHA Chief Executive is engaged in one to one communications with Chief Executives of Trusts and PCTs through the local performance review meetings.

- The SHA uses traffic light system to check progress of local RESs.

North East London SHA

- There is regular feedback at NELSHA's Equalities Network meetings held bi-monthly by each Trust. There are quarterly report submissions and annual reviews using the performance management template.
- Good practices within NELSHA are showcased at Seminars. Trusts and PCTs are asked periodically to submit good practice which is then shared within the local economy. Challenges are discussed at the Equalities Network Meetings.

North Central London SHA

- A London-wide target was set up by the 5 London SHAs to improve the completeness of the ethnic monitoring data collected on staff, in-patients, out-patients, A&E services and Primary Care. Progress is actively monitored by the SHA and Trusts/PCTs penalised via their annual performance rating where these data is incomplete.

Trent SHA

- Trent SHA encourages its Trusts and PCTs to plan strategic objectives and actions in the RES. This ensures that objectives and action plans are regularly reviewed in the mainstream performance management function.
- Examples of good practice are shared through the Diversity Board and a network of diversity leads offers support and expertise.

South West Peninsula

- Implementation of race equality policies are included in the Annual Accountability Agreements between the SHA and its local organisations and progress is included in the formal review arrangements with these organisations.

Thames Valley

- In addition to the SHA's own performance measures, the Executive lead is consulting with Race Equality Councils within Thames Valley to determine if Trusts are meeting their duties. A reference group of users and carers is also being developed to ensure engagement of BME communities to monitor levels of confidence set against the SHA Framework.
- The SHA encourages Trusts to learn from each other by sharing good practice and also consider 'reciprocal benchmarking'. This involves being able to assess progress in their own organisation which is then measured against a similar type of Trust in another locality.

South Yorkshire

- The SHA has mainstreamed race equality in its performance management function as part of the Annual Delivery Agreement with Trusts and PCTs. Race equality is also a standing item on all individual organisational reviews which

taken place annually in November/December. The SHA race equality lead then follows up on actions identified in various Schemes.

Northumberland, Tyne and Wear

- In Northumberland, Tyne and Wear (NTW), directorate managers and policy leads are required to include equality and diversity on the agendas of team/lead meetings. This forms part of the SHA's approach to mainstream race equality through the communication cycle connecting SHA policy leads, NHS policy leads and NHS equality leads.
- NTW ensures that its Trusts progress is monitored regularly. Areas that are lagging amongst Trusts, and identified poor practice are turned into themes to be shared at monthly group meetings. Agreements are made on prioritising sections (those with least scores) within the performance framework.

Birmingham and the Black Country

- The SHA has a strategic plan which includes key strategic targets on tackling inequalities in relation to access, service experience and staffing.
- The SHA is in the process of building actions on race equality into the Foundation Trust and PCT Diagnostic and Development process to ensure that race equality is mainstreamed as an integral part of organisations.

Bedfordshire and Hertfordshire

- In Luton and Dunstable NHS Trust and Luton Teaching PCT there are frequent events celebrating progress and achievements. Identified good and poor practice is brought to the quarterly Equality and Diversity Leads Group which assists organisations where progress has been slow.

Overall Comments

- **Communication from SHA CEO to Trusts/PCTs CEOs** – Responses indicate that most SHA CEOs only write to CEOs of their local Trusts and PCTs when there is a major exercise on race equality or when they need a report on the progress of race equality across the patch. SHA CEOs or the SHA Executive leads for race equality should communicate regularly with CEOs of local NHS organisations on behalf of the SHA CEO, to ensure that race equality is kept on the agenda at all times.

Completing RES a target in performance monitoring – Most NHS organisations seem to address RES as a target in performance monitoring, although this wasn't made explicit in their responses. Only further reading of other action points gave an indication that some NHS organisations had set this as a local target.

- **Local NHS organisations submit their RES to the SHA** – Most SHAs are aware of their performance monitoring role, especially in relation to race equality. Post May 2005, most SHAs requested RESs of their local organisations for review.

- **Objective of SHA race equality lead to ensure local RESs are complete and acceptable** – majority of SHA Race Equality leads have this objective in place. A few however think it is the responsibility of individual Trusts and PCTs to ensure their RESs are complete and acceptable.
- **Executive lead reports to SHA Board that local RESs are complete and acceptable** – A few SHAs appear not to have an Executive lead taking forward this action point. Rather, equality and diversity leads present progress reports to the SHA Board. Having an executive lead or NED responsible for this action will ensure that race equality features in all policies and functions.
- **Findings from self assessment using the SHA Performance Framework used in performance review and, or by race equality lead to set developmental objectives or targets** – Responses indicate that most SHAs and their local NHS organisations use the Performance Framework to self assess their progress and review their performance. However, this was not made explicit in many cases.
- **And/or independent external review of performance of local NHS using the Performance Framework or other method** – There was a fair split with this action point. Whilst some SHAs contracted independent external review of their RES, the other half appeared to have performed in-house reviews.
- **Regular reporting against agreed milestones between SHA and the Trust / PCT as part of LDP** – Although SHAs report on the progress of race equality, it is clear from the responses that most SHAs do not ensure that regular reporting on race equality targets forms part of the LDP between them and their Trusts or PCTs. However, the returns show that there is regular reporting but this is often part of some other process such as Annual Delivery Targets or Strategic Development and Delivery Plans.
- **Race equality is mainstreamed into performance management function / directorate** – this seems to be recognised in most SHAs as the way forward. There are however a few SHAs who do not include race equality in the performance management function. Rather, this is taken forward either as a separate work stream or as part of public health or organisational development function.
- **Agreed process for identifying (and doing something about) good practice and poor practice** – most SHAs appear to share good practices through equality and diversity forums/networks/steering groups. Majority of SHAs don't indicate the process for dealing with poor practice. Cheshire and Merseyside SHA and Trent SHA are the only SHAs which reported processes for dealing with poor practice. Cheshire and Merseyside SHA reports that any identified poor practice will be subject to a recovery plan whilst Trent SHA reports that areas of poor performance will be addressed through the most appropriate route and with the help and support of the Diversity Lead. However, it is not clear who will monitor this.
- **What mechanisms are in place to identify that the Commission for Racial Equality has concerns about a local NHS organisation and or, has issued a compliance notice** – Apart from 2 SHAs, all other 22 SHAs have some sort

of informal arrangements with their Trusts and PCTs as well as a link with the CRE and expect to be informed of any concerns raised by the CRE.

- **Is the SHA aware of any compliance notices issued to its local NHS** – All answered ‘no’ in this instance. From our records, all compliance notices issued by the CRE to health organisations (to date) were to special health authorities. These have all been resolved to the CRE’s satisfaction.

Explanatory notes to the table

Abbreviations	Meanings
(✓)	indicates SHAs have responded positively to questions
(X)	SHA doesn’t answer the question
IP	in progress
EDF	Equality and Diversity Forum(s)
NW	Network(s)
E&D	Equality and Diversity
SDDP	Strategic Development and Delivery Plans
STRAD Rev	STRAD headline review of 3 SHAs race equality schemes
Objs	Objectives
RE	Race Equality
SA	Self Assessment
ADA	Annual Delivery Agreement
PH	Public Health
OD	Organisational Development
HR & W	Human Resources and Workforce
ISIP	Integrated Service Improvement Plans

Action	South East London	Kent & Medway	North East London	Shropshire & Staffordshire	North Central London	North West London	Norfolk, Suffolk & Cambridgeshire	West Yorkshire	Cheshire & Merseyside	Essex	Trent	L N R	S W Peninsula	Dorset & Somerset	Greater Manchester	Thames Valley	Northumberland, Tyne & Wear	County Durham & Tees Valley	N & East Yorkshire & Northern Lincolnshire	South West London	West Midlands	South Yorkshire	Cumbria & Lancashire	A G W	Birmingham & the Black Country	Hampshire & Isle of Wight	Bedfordshire & Hertfordshire	Surrey & Sussex			
What action has the SHA taken to assure itself that its local NHS organisations have RESs that meet requirements (according to the CRE's Statutory Code of Practice)																															
• Regular communication from CEO to CEO	X	✓	✓	X	✓	✓	✓	✓	X	✓	X	X	✓	✓	X	✓	✓	X	✓	✓	✓	X	✓	not regular - last com Apr 05	✓	✓	✓	N	✓		
• Is completing RES a target in performance monitoring for SHAs	✓	✓	✓	X	✓	✓	IP currently separate workstream	Not stated	✓	✓	✓	✓	✓	✓	IP	X	X	✓	X	X	X	X	X	✓	X	X	X	✓			
• All local NHS organisations submit their RES to the SHA	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	X	✓	✓	✓	✓	✓	✓	✓	✓			
• Objective of SHA race equality lead to ensure local RESs are complete and acceptable	✓	✓	✓	✓	X	✓	X it is the responsibility of individual orgs	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	responsibility of diversity facilitator	✓	X	✓	✓	X		
• SHA Executive lead reports to SHA Board that local RESs are complete and acceptable	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X Done by PPI & Equality lead	✓	✓	✓	SHA RE lead reports to Board	Not clear. SHA Board receives Board reports on progress	✓	Board receives report. Not clear whose responsibility	✓	✓	✓	Executive lead reports every 6 mths to the Board & across the patch	✓	
1. How does the SHA organise performance monitoring of progress on race equality?																															
• Findings from self-assessment using the SHA Performance Framework used in performance review and, or by race equality lead to set developmental objectives or targets	X	✓	✓	IP	✓	✓	not mandatory	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	SA used to inform review of RESs	✓	outcome of SAs feedback to Trusts who will then be asked to develop action plans	✓	X	✓	developmental targets to be agreed by end Feb 06	✓
• And/or independent external review of performance of local NHS using the Performance Framework or other method	✓	✓	✓	X	✓	✓	✓	X	X Internal review by E&D manager	X	X	✓	STRAD rev	STRAD rev	X	X	✓	✓	X	X	✓	X	no mention of targets or objs	X	X	IP	✓	✓	X	✓	X
• Regular reporting against agreed milestones between SHA and all Trusts/PCTs as part of LDP	X	X	X	X	X	X	X	X but not part of LDP	X but not part of LDP	X	✓	thru SDDPs	✓	✓	X	X	✓	✓	only as an element of patient surveys	X	✓	NSF targets in LDPs	part of ADA	X	reporting is linked to performance mgt function	X	regular reporting part of LDPs & ISIPs	X	X	reporting is among E&D leads & the Director of HR & W except in PCTs where inequalities agenda is a specific local target	X
• Race equality is mainstreamed into performance management function/directorate	✓	✓	✓	X	✓	X part of PH & OD depts	X separate work stream	✓	✓	✓	✓	✓	IP	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	X	reported in SHA Perf Mgt Framework	✓
• Agreed process for identifying (and doing something about) good practice and poor practice	✓	✓	✓	IP 'Smart Group' forum to be established	X	Y thru EDFs & NWs	IP	✓ shared at forums	✓ shared via NWs. Poor practice subject to recovery plan	✓	✓	✓	✓	✓	✓	✓	✓	shared in SHA Smart magazine	✓	via E&D steering group	✓	✓	✓	mention of process for good practice but not bad practice	✓	✓	✓	sharing gd practice through workshops & action planning for areas of poor practice	X	✓	✓
2. Are there mechanisms in place to identify that the Commission for Racial Equality has concerns about a local NHS organisation and or, has issued a compliance notice?																															
	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	X	Y	X	Y	X	Y	Y	Y	X	
3. Is the SHA aware of any compliance notices issued to its local NHS?																															
	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	X	

