

EASTERN BIRMINGHAM PRIMARY CARE TRUST

DIVERSITY STRATEGY

Version 2

1. Introduction

- 1.1 This paper proposes the development and implementation of a Diversity Strategy. It sets out why such a strategy is needed and proposes an Action Plan (Appendix 1).
- 1.2 The Trust Board approved a Race Equality Scheme in May 2002. This forms a basis for the broader Diversity Strategy.
- 1.3 Eastern Birmingham is a large Primary Care Trust providing Primary and Community Health services to a population of 250,000; some of whom are the most socially deprived and socially excluded people in the country. In addition to core commissioning of hospital services, the PCT undertakes on behalf of other trusts the purchasing of specialist (Tier 1 and Tier 2) and learning disability services. We also host the Birmingham Primary Care Shared Services Agency, which provides estates, elements of Information technology support, FHS and financial services to all four Birmingham PCTs.
- 1.4 The Trust serves a diverse range of communities both economically and culturally. Recognising and celebrating this diversity is essential to ensure that first class healthcare is provided in the most appropriate and sensitive way. In order to do this, the PCT must attract and retain a well-motivated diverse workforce, which as far as possible reflects the population we serve.

2. Scope of Diversity Strategy

- 2.1 The strategy provides a comprehensive approach to issues of race, colour, ethnicity, nationality, religion, gender, age, sexual orientation, mental or physical disability, learning disability, and socio-economic background.
- 2.2 The strategy covers staff employed by the Trust and patients for which the Trust either commissions or provides a service.
- 2.3 The strategy seeks to be particularly relevant to the main communities served by Eastern Birmingham PCT.
- 2.4 The Diversity Strategy responds to:

2.3.1 Trust Goals

- No waiting for health services.
- To improve health and well-being
- To be partner and employer of choice with the most informed community.

2.3.2 National Legislation

- To prevent unlawful discrimination.
- To promote equality of opportunity
- To meet requirements of Race Equality (Amendment) Act 2000

2.3.3 NHS Guidelines

- Improving Working Lives
- Equality of services and access

3. Demographics, disadvantage and diversity

3.1 The NHS Plan sets out a vision that places equality, fair treatment and social inclusion at the heart of plans to modernise the service.

- Income levels for BME communities, disabled people and the socially excluded are generally lower, unemployment rates generally higher and people are more likely to be living in poorer quality accommodation.
- The socially excluded, BME and disabled people generally have poorer health and may require specially focused health care to meet their specific needs.
- The socially excluded and BME communities face difficulties in gaining access to services. There is evidence of a lower referral rate from primary to secondary care for these groups of people.
- Services are sometimes delivered in ways that are not appropriate to the specific needs of these communities, failing, for example to take account of not only different cultural norms but also the affects of harassment and discrimination.
- The socially excluded BME and disabled people are often under-represented within the workforce.

3.2 Currently in Birmingham, 52% of school leavers are from BME groups. Population forecasts for the next 10 years show the white population of the city falling by some 70,000; but the population of BME communities rising substantially – 10,000 each for the Indian, African Caribbean communities and 60,000 for the Pakistani and Bangladeshi communities.

- 3.3 Historically, the level of educational attainment has been lower than the population average among the socially excluded, some of the BME communities and people with disabilities.
- 3.4 More generally, the Trust serves a series of communities some cultural, some geographically based characterized by inequalities of all types including educational attainment, housing standards, access to employment and health status. Birmingham as a whole is one of the most disadvantaged local authorities in the country according to the Government's Index of Multiple Deprivation (2000). Nine of the ten wards in Eastern Birmingham are in the top 15% for deprivation nationally.

4. Drivers for a Diversity Strategy

- 4.1 The introduction and implementation of the Race Relations (Amendment) Act (2000), Disability Discrimination Act (1996) and Human Rights Acts (1998), together with specified national guidance for the NHS, signify the importance the Government attaches to the Diversity agenda and to improving the working lives of staff and quality and appropriateness of treatment for patients.
- 4.2 The Trust is committed to ensuring that awareness of Diversity issues is maximised and that staff feel valued and respected and are representative of the communities it serves.
- 4.3 The PCT is a major employer in the area, and must demonstrate leadership in broadening access to its jobs. Some of the statutory drivers for this are given above. There are also ethical drivers arising, for example, from the Stephen Lawrence Inquiry. There are also business drivers. The changing demographics of Birmingham were referred to above. Over the next 10 years the only growth in the city's labour force will be from minority ethnic, especially Asian, communities. Access to the Trust's jobs must be broadened if recruitment difficulties are not to hinder the achievement of the Trust's core business.
- 4.4 The Health Service has not traditionally reached out as an employer of people with disabilities. It is clear that sufficient attention has not been paid to considering the abilities of disabled people rather than their disabilities. The Trust needs to be proactive in identifying posts that a variety of disabled people could undertake.
- 4.5 The attached information from the 2001 census shows that the educational attainment of a large proportion of the population

within the Eastern Birmingham catchment area is limited. Steps need to be taken to work with other organizations to increase the employability of our population.

5. National and Regional Health Policy

5.1 In February 2004 Sir Nigel Crisp outlined the ten actions that will form the basis for active performance management of all NHS Trusts by the Department in relation to progress on race equality. These are summarised at appendix 1 and addressed here and in the diversity action plan..

5.2 A Wider View: Strategic Framework for Health and Health Services in Birmingham, Solihull and the Black Country – 2004-2010 seeks to look forward to understand the wide range of challenges for improving the health of our population. This strategy highlights addressing the race and equality agenda as a core theme for the local NHS.

The strategy sets out areas for improvement which include:

- Responding to need – poor health, premature deaths and long term chronic ill health and disabilities;
- Barriers to access – identification of particular patterns of inequality of access;
- Positive agenda on employment – action to improve the record of the NHS as an employer both in recruitment and development of staff from BME communities;

For the Strategic Health Authority this should be delivered by:

- Accountability – being committed to race equality and making it a top priority;
- Equality of access to services – ensuring there is accurate data about health and use of health services;
- Equality of access to information – review of provision of language services and health information services;
- Equality of access to choice – tailoring policy on choice to ensure that factors, which affect access to choice do not exacerbate race inequality in access to choice;
- Employment – reviewing employment and recruitment policies in line with recent guidance on best practice.

These challenges are addressed within our diversity action plan.

6. Assessing Diversity Impact

- a. Addressing diversity issues should underpin all that the Trust does whether related to staff or to the provision and commissioning of services. In order to mainstream diversity and

assess the impact of activities on diversity Audits should be carried out across the Trust over a period of time

5.2 The following questions form the basis of the proposed Diversity Audits:

- Is there a possibility that this function or policy could produce an adverse impact?
- Is it discriminatory?
- Does it promote diversity?
- Does it have an influence on relations between different groups and communities?
- Could some groups or communities be affected differently?
- Is there evidence that some groups or communities are being affected differently?
- Does this have adverse consequences?
- Can the impact be avoided?
- Can it be justified?
- What alternative ways are there to achieve the way of working or policy without the adverse impact?
- What options are there to minimise any adverse impact?

5.3 Further work is needed to produce a precise timetable for such Audits. The audits would be carried out on a three year rolling programme or more frequently where identified as necessary.

5.4 It is important that staff, service users, patients and the public are involved in the process. Existing consultation and communication processes should be revised to ensure we reflect the diversity of local communities.

- Staff and Patient Surveys
- PALS
- Black and Minority Ethnic Staff Networks
- Trust Board Meetings and PEC
- Join Negotiating Committee
- Strategy Groups
- Health Improvement Forums
- Public Service Compact/Regeneration groups
- Service redesign Groups

5.5 The Trust is committed to working in partnership to address diversity and regeneration issues. The Trust is playing a strong role in the newly formed Public Service Compact which is bringing together public sector employers and the Voluntary Services Council to raise the profile of the sector as an employer, and increasing diversity has been identified as a core theme which runs through the compact activities in recruitment, diploma development and workforce audit. The PCT is also a

member of the LSC Health and Skills Taskforce and Diversity Partnership, which have prioritized issues of diversity in recruitment, development and retention in the sector.

- 5.6 The trust is developing a network of front line Harassment Advisors. The Advisors exist to support any member of staff in identifying and addressing the issues of unfair treatment before it becomes either an ill health issue or major grievance or disciplinary.

6. Training

- 6.1 The publication of the Diversity Strategy and Race Equality Standard provide an opportunity to develop a comprehensive programme of training in handling diversity at all levels in the PCT.
- 6.2 Other training will also need to be revised and developed to in the areas of Equal Opportunities, Cultural Awareness, Recruitment and Selection Training and other HR Policies, which responds to and reflects the strategy.
- 6.3 Nationally, the Department of Health has commissioned a number of programmes designed to respond specifically to the needs and aspirations of Black and Minority Ethnic staff, and the PCT will seek to learn and adapt this experience.
- 6.4 Working with schools is an essential element to our ability to be able to continue to recruit in the medium-term. It is also a key way of engaging with our local communities. The Trust will collaborate with local schools, Connexions, Job Centre Plus and others to develop our potential and future employees.

7. Monitoring and Evaluation

- 7.1 Regular monitoring reports will be brought to the Board showing progress in delivering the Strategy and its Action Plan. These will particularly cover assessments from the Diversity audits and actions arising.
- 7.2 Annual evaluation reports will assess progress against the aims of the Strategy and the Board's Vision Statement.
- 7.3 To be effective, the Diversity Strategy must be owned by managers and staff and embedded within normal management and performance review processes.

- 7.4 Appropriate information needs to be collected to monitor progress against the NHS Vital Connection targets and that the Trust's policies continue to take account of existing and emerging legislation from the UK Government and the European Union.
- 7.5 Good information is essential for effective monitoring and evaluation. This will include regular reporting of the numbers and grade of minority ethnic groups, gender and those with disabilities within the Trust's workforce, against local and national benchmarks where possible. The Diversity Action Plan gives a commitment to prioritise implementation of ethnic monitoring in PCT patient services and amongst primary care contractor services.

9. Communication

- 9.1 Following approval, the Strategy will form a core element of mandatory training, on diversity issues but also in induction and other programmes.
- 9.2 The PCT will seek to celebrate the positive contribution, which our local diversity makes in our workforce and amongst our communities, through our publications, and award and recognition systems.
- 9.3 The Diversity Strategy, its monitoring and evaluation, will be built into the full range of the Trust's communications and all policies.

March 2005

RACE EQUALITY AND DIVERSITY ACTION PLAN
March 2005

This revised action plan incorporates both new targets and targets brought forward from the previous action plan agreed as part of the Diversity Strategy in January 2004. Where actions have been brought forward, the timescales have been reviewed and amended. Some new targets require progress against a number of actions amalgamated from the previous action plan.

Status Brought forward/new	Task	By When	Person Responsible	Progress
B/F	Diversity Training Session for Trust Board /PEC/Directors	April 05	Head of HR	Completed
B/F	Establish Diversity Steering Group Report to Trust Board for approval	Sept 03	Head of HR	Completed Jan 04
New	Review Diversity Steering Group <ul style="list-style-type: none"> • Establish executive lead • Review community membership 	May 05	Chief Executive	Completed
		June 05	PD - Delivery	
B/F New New	Establish Programme of Equality and Diversity Awareness Training <ul style="list-style-type: none"> - Basic Diversity training - Handling difficult conversations training - Prepare training programme compliant with KSF 	April – Sept 2005 April ff 2005 Sept - Dec 2004	Head of HR	Initiated
New	Implementation of RITEX system	April 05	HR / ICT	
New/ B/F	Launch of new HR policies: Awareness Sessions	April – June 2005	HR Department	Initiated
New	Undertake 3 year audit of policies / functions as per Race Equality Standard	May 2005	Programme Director - Delivery	
	Report to Board on employment of people with a disability			

ATTACHMENT 3.3

B/F	<ul style="list-style-type: none"> - Active monitoring through PRISM - Review current recruitment literature and practices - Network with Disability organizations 	October 05	HR Department	
New	<p>Identify emerging issues/concerns for staff Actively monitor</p> <ul style="list-style-type: none"> - contacts with harassment advisors - use of formal procedures 	Report September 2005	Head of HR	
New	<p>Mentoring and Development</p> <ul style="list-style-type: none"> - Register of mentors in Trust - Programme of training for mentors - Review representation of different groups 	Report January 2006	Education and Development Manager	
B/F	<p>Promote EBPECT as local employer</p> <ul style="list-style-type: none"> - Work with local schools, Job Centre Plus and Connexions - Develop a plan of a co-ordinated visit, on a rotational basis, to local schools and colleges - Deliver the visits which will promote NHS Careers - Develop work placement options - Develop a planned campaign of visits to local community centres to promote and raise awareness of NHS Careers and fill vacancies - Develop local 'hub' approach to employment for Yardley Green site 	Report January 2006	HR Department	
New	<p>Progress report on strategic initiatives</p> <ul style="list-style-type: none"> - Black and Ethnic Minority Development Programme – partnership with UHB. - Public Service Compact - Health and Care Taskforce - Diversity Partnership 	<p>May 05</p> <p>July 05</p> <p>July 05</p> <p>July 05</p>	<p>John Grayland</p> <p>Jane Peters</p> <p>Louise Pritchard</p> <p>Sue Rose</p>	Progress required related to actions implemented in previous action plan
New	Action Plan arising from analysis of patients surveys 2003/4 and 2004/5 to address ward specific concerns	September 05	Corporate Services	
	Representation of Patients and public	Report July 2006	Corporate	

ATTACHMENT 3.3

New	<ul style="list-style-type: none">- Review membership of PPI group and Health Improvement Forums to ensure reflects mix of local communities- Engage PPI group in review of policies and strategies for RES / diversity- Engage PPI group in work on equality audits-		Services	
New	Implement target for ethnic monitoring in primary care	April 2006	Director of P&R	
	Introduce ethnic monitoring in PCT services	April 2006	Director of P&C	
New	Affiliate to Birmingham Race Action Partnership	May 2005	CEO	Initiated
	Develop and deliver polarities workshop on professional and cultural competence	June 2005		
New	Sign off process for prospective assessment of equality impact with focus on service re-design and delivery	May 2005	Programme Director - Delivery	