

**NHS Forth Valley  
Race Equality Scheme  
2005/06 – 2008/09**

**November 2005**

## 1. Introduction

The Race Equality Scheme for NHS Forth Valley for the period 2005 to 2008 sets out how we will promote and ensure the provision of healthcare and employment opportunities that are sensitive to individual cultural needs over the next three years. The key aims of the *Race Relations (Amendment) Act 2000* have determined our approach and priorities. The Scheme reflects the Board's commitment to:

- ❖ **eliminate unlawful racial discrimination**
- ❖ **promote equality of opportunity**
- ❖ **promote good relations between people of different racial groups.**

The Scheme sets our approach and proposals in the following sections:

- ❖ The legislative and policy background to the development of the Scheme
- ❖ A section describing NHS Forth Valley and the demographic profile of the ethnic minority population in the area, drawn from the 2001 Census
- ❖ A Statement of Intent and service principles to demonstrate that NHS Forth Valley as a corporate organisation is committed to promoting race equality and good race relations
- ❖ The section on Promoting Race Equality in Policy and Service Delivery outlines NHS Forth Valley's approach for the assessment and monitoring of functions and policies relevant to the duty and describes how the results of these assessments will be consulted on. The impact assessment of NHS Forth Valley's functions and policies will provide an important mechanism for ensuring that action results in positive change
- ❖ Access and Service Delivery sets out our approach and plans to meet the health needs of the communities in the area, remove barriers to access to services, and the promote health and well-being within communities
- ❖ Promoting Race Equality in Employment covers the employment duties to ensure fair recruitment and selection as well as the monitoring arrangements for employment to meet the specific duty set out in the *Race Relations (Amendment Act) 2000*. It also outlines the training requirements for staff in line with promoting race equality through policy development and the provision and commissioning of service delivery
- ❖ Arrangements for promoting race equality through NHS Forth Valley's policy for the procurement of goods and services

- ❖ Promoting Participation and Involvement
- ❖ An Action Plan and Timetable setting out the proposed actions for the three-year period covered by the Scheme
- ❖ Performance Monitoring
- ❖ Keeping people and communities informed about our progress.

### **NHS Forth Valley Race Equality Scheme 2002 –2005**

The first NHS Forth Valley Scheme was produced in 2002. In compliance with the specific duty imposed by the ***Race Relations (Amendment) Act 2000***, the Scheme has been reviewed annually. There is now a requirement to produce a new Race Equality Scheme rather than update the old scheme to reflect significant new developments and approaches for the delivery of the Scheme.

NHS Forth Valley's initial Race Equality Scheme was prepared in consultation with representatives from ethnic minority community groups alongside our three Council partners and Central Scotland Police. This process identified a number of issues that were seen as being of most significance to community members including

- ❖ Awareness of how to access interpreting and translation services amongst the community and NHS staff
- ❖ The cultural competence and sensitivity of NHS staff to people from an ethnic minority background or people who do not speak English

The priorities of the initial Race Equality Scheme were informed by feedback from community consultation events, contact with community groups and individuals and advisory members of NHS Forth Valley's Fair for All Development Group.

During the period of the initial race Equality Scheme significant progress has been made in addressing a number of key priorities identified through the consultation process. This includes:

- ❖ ensuring full knowledge of the Forth Valley Interpreting and Translation Service and how to access it
- ❖ reviewing catering, handling and mobility, bathing and personal care services
- ❖ auditing Spiritual Care provision
- ❖ the extension of Advocacy Services to include ethnic minority communities
- ❖ developing and cascading a programme of training for both directly employed staff and for staff employed in General Practice covering both race equality and cultural awareness

- ❖ continuing to build effective involvement and consultation networks
- ❖ reviewing the Complaints system to improve accessibility for minority ethnic communities

Although important and significant progress has been made towards implementing the requirements of the legislation, we recognise that in a number of areas we still have work to do to ensure that we meet consistently our obligations. A review of our initial Scheme by an external Consultant indicated that progress in key areas such as Race Impact Assessments, Information and Monitoring and Human Resources procedures has not been as great as we had hoped for when we published our initial Race Equality Scheme.

We are committed to ensuring that NHS Forth Valley accelerates towards full implementation of our requirements and through this Race Equality Scheme set out our priorities for action to allow us to be monitored against clear commitments. NHS Forth Valley's second Race Equality Scheme has been produced with the assistance of an external Consultant working in partnership with key members of the Fair for All Group and in consultation with key stakeholders.

**Appendix 1** defines a number of the key terms in respect of race equality that appear in the course of the Race Equality Scheme.

This document sets out what NHS Forth Valley will do to eliminate racial discrimination, promote equality of opportunity and ensure good race relations. If you would like a copy of this in your language or in braille, on audiotape or in large print please contact:

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هذه الوثيقة تنظم ما سنفعله الخدمات الصحية الوطني في Forth Valley لأزله النفرقه العنصريه

والعمل على تحسين العلاقات بين المجتمعات العرقية و العمل على المساواه في الفرص

إذا أردت الحصول على نسخه من هذه الوثيقة بلغتك الخاصه أو بصوره مقررؤه للعميان أو مطبوعه بصوره أكبر أو التسجيل الصوتي يرجى الإتصال بـ

用您的語言講話

此文件將說明 NHS Forth Valley 將如何行動以消除種族歧視，促進機會均等及形成良好的種族關係。我們準備了用您的母語編輯的版本及盲語版本，備有錄音卡帶也有大尺寸印刷本，如您願意獲得一份我們的材料請洽：

Mówimy w twoim języku

Domument ten opisuje jakie dzia³ania podejmuje NHS Forth Valley, by wyeliminowaæ dyskryminacjê rasow¹, promowaæ równouprawnienie i pozytywne relacje miêdzyrasowe. Jesli chc¹ Pañstwo otrzymaæ egzemplarz tego dokumentu w dowolnie wybranym języku b¹dŸ napisany alfabetem Braila, duŸ¹ czcionk¹, czy teŸ na kasecie audio, proszê skontaktowaæ siê z:

آپ کی زبان میں بات چیت

یہ دستاویز نسلی تعصبات کے خاتمے، برابر مواقعوں اور اچھے نسلی تعلقات کی حوصلہ افزائی کے لئے این ایچ ایس فورٹھ ویلی کے اقدامات بیان کرے گی۔ اگر آپ کو اس کی ایک نقل آپ کی اپنی زبان میں یا بریل میں، آڈیو کیسٹ یا بڑے حروف میں چاہیے تو رابطہ کیجیے:

## 2. Legislative and Policy Framework

Legislation on race equality is provided by the *Race Relations (Amendment) Act 2000* which amended the *Race Relations Act 1976*. The 2000 Amendment Act sets a general duty for public authorities to promote race equality through policy-making, service delivery and employment practice. To achieve this, public authorities, including NHS Boards, are required to produce a Race Equality Scheme setting out a strategy for meeting the general and specific duties legislation.

The general duty expects public authorities to take the lead in promoting race equality and preventing unlawful discrimination. These general duties are supported by a series of specific duties, applicable to both employment and service delivery. Complying with the specific duties will ensure that NHS Forth Valley is delivering on the general duty outlined in the Act.

The specific duties require the Board to:

- ❖ **produce a Race Equality Scheme**
- ❖ **set out arrangements for assessing, consulting on and monitoring its functions and policies for any adverse impact on promoting race equality**
- ❖ **publish the results of assessments, consultations and monitoring**
- ❖ **ensure that the public have access to information and services**
- ❖ **train its staff in relation to the general and specific duties.**

In addition to the above, the Board is also covered by specific employment duties. This duty requires the Board to monitor by racial group the number of:

- ❖ **staff working for the organisation**
- ❖ **applicants for employment, training and promotion;**
- ❖ **staff who receive training;**
- ❖ **staff who benefit or suffer from performance appraisals;**
- ❖ **staff who are involved in grievance procedures;**
- ❖ **staff who are the subject of disciplinary actions; and**
- ❖ **staff who cease employment with the Board.**

NHS Forth Valley is totally committed to making the promotion of race equality central to the work of health services across Forth Valley.

Through the implementation of this Race Equality Scheme, The Board will ensure that it meets both its legal and moral responsibilities as a service provider and employer and ensure that equal opportunities inform all our practice.

The key national policy from the Scottish Executive on race equality is *Fair for All: Working Together Towards Culturally-Competent Services*.

This guidance outlines the responsibilities of NHS organisations resulting from the *Race Relations (Amendment) Act 2000* and the results from the Fair for All 'stock-take' exercise on behalf of the Scottish Executive Health Department. *Fair for All* has subsequently been augmented with the report *Fair Enough?* which reported in 2004 on progress across NHS Scotland and the individual NHS Boards.

*Fair for All* sets out the responsibilities placed upon NHS organisations to deliver a culturally competent service. The outcomes reflect five major strands of policy and competence across necessary to achieve a culturally competent service and to meet the demands of the *Race Relations (Amendment) Act 2000*.

- ❖ **Energising the Organisation:** to demonstrate the extent to which an organisation deals with the challenge of minority ethnic health issues positively and proactively.
- ❖ **Demographic Profile:** to evidence the level of demographic intelligence held by an NHS organisation concerning their catchment status including geographic concentration and relative socio-economic positioning. NHS organisations must have adequate levels of intelligence to facilitate effective planning and commissioning of services.
- ❖ **Access and Service Delivery:** the level to which NHS organisations are active in acknowledging and overcoming barriers to access by minority ethnic populations.
- ❖ **Human Resources:** covering the extent to which NHS organisations have integrated ethnic minority issues into HR strategies relating to the recruitment, development, retention and promotion of staff.
- ❖ **Community Development:** the levels of engagement of NHS organisations in consultation, dialogue and support for minority ethnic communities.

A central component of the work of Fair for All and a key priority for the Scottish Executive is the promotion of a culture change within NHS Scotland that results in awareness of, and responsiveness to, the needs of individuals regardless of ethnic origin. Improving the health and accessibility of services for minority ethnic health service users will also lead to improvements for the whole population. The development of a culture of excellence in these areas demonstrates the capacity of the NHS to be sensitive and responsive to distinctive requirements of all groups in our community.

For the purposes of Fair for All, NHS Scotland has adopted a definition of minority ethnic groups which extends beyond the current legal framework to encompass, for example, gypsy travellers, migrant workers and faith groups.

There is some overlap between the requirements from the RR(A)A and Fair for All as the two processes are in many senses complimentary. This RES primarily sets out to meet the duties defined in the RR(A)A but, in doing so, covers many of the FFA requirements.

### 3. NHS Forth Valley

Forth Valley is located in the central Scotland and covers an area including both urban and rural communities and the three Local Authorities of Falkirk, Stirling and Clackmannanshire.

A comprehensive range of health care services for the population of this area are commissioned by **NHS Forth Valley Board** and provided currently through two operating Divisions:

- ❖ **The Primary Care Operating Division**
- ❖ **The Acute Operating Division.**

***Forth Valley Primary Care Operating Division*** came into being on 1st April 2004 with the move to single system working within NHS Forth Valley. The purpose of the Division is to improve the health of the population through the provision of high quality patient care services. Services are provided from 10 hospital sites, seven day hospitals and 51 health centres and clinics. Over 4,000 people are involved in providing services in the Division including 1,700 nurses, 207 GPs, 92 dentists, 42 opticians and 65 community pharmacists.

**On 1<sup>st</sup> April 2005, three Community Health Partnerships**, co-terminous with the Local Authorities, were introduced in Forth Valley. Falkirk Community Health Partnership serves a population of 145,000; Stirling Community Health Partnership serves a population of 86,000 and Clackmannanshire Community Health Partnership serves a population of 48,000.

Community Health Partnerships are responsible for the provision of services such as:

- ❖ **Family health services, i.e. GPs, dentists, pharmacists and opticians**
- ❖ **Community health services for example District Nurses, Health Visitors and Community Child Health Services**
- ❖ **Mental Health Services**
- ❖ **Learning Disability Services**
- ❖ **Services for older people**
- ❖ **Other clinical services such as Chiropody, Speech and Language Therapy, Nutrition and Dietetics, Creative Arts Therapies, Family Planning, Psychology, Disability Service and Continence Services.**

***Forth Valley Acute Hospitals Operating Division*** was also established on 1 April 2004 and provides acute health services for the entire population of Forth Valley. The Operating Division manages two district general hospitals at Falkirk and Stirling that are located near the centre of each of the towns. The Division is committed to providing acute health services locally and to meet the objectives of the government White Paper, *Designed to Care*, in delivering patient-centred health services.



## Partnerships

NHS Forth Valley works closely with our staff and their representatives, our three local authority partners, Central Scotland Community Race Equality Council, Central Scotland Police and a broad range of voluntary and community organisations and groups. These partnerships work at both the strategic and operational level to improve services.

Community Health Partnerships will provide a major vehicle for partnership working and through their work with local communities and the development of their Public Partnership Fora, help focus our work with black and minority ethnic communities and improve service delivery.

Equally, we will ensure that in taking forward the Joint Future Agenda with Social Work colleagues and providing 'joined up' services for community care clients, we will work with our Local Authority partners to identify the specific needs of our ethnic minority clients and ensuring that these are met.

## Accountability

The Chief Executive of NHS Forth Valley is accountable for ensuring that the organisation's responsibilities under the Act are met and for ensuring that the Race Equality Scheme is implemented. The NHS Board is responsible for approving the scheme and monitoring its implementation. All Directors will use their leadership position to develop and implement the scheme and senior clinical and managerial staff must promote race equality within their departments and ensure that action plans and training are implemented.

NHS Forth Valley established the ***Fair For All Development Group*** in October 2002 to look at all aspects of the ***Race Relations (Amendment) Act 2000*** and the ***Fair For All*** guidance for both patients that use our services and our staff.

The role of the *Fair for All Development Group* is to develop a local implementation plan and performance manage delivery of our key targets and plans in partnership with local people from ethnic minority backgrounds. The Group effectively ensures cross-agency working and the integration of minority issues into strategic policy and planning processes.

The Group, co-chaired by the Director of Human Resources for NHS Forth Valley and the Director of Central Scotland Racial Equality Council, meets quarterly to review progress on both the Race Equality Scheme and Fair for All Action Plan. The remit for the Fair For All Development Group includes:

- ❖ prioritising NHS Forth Valley's functions and policies for race impact assessments
- ❖ advising the NHS Board in race equality matters
- ❖ developing consultative approaches with local minority communities
- ❖ considering complaints and agreeing monitoring requirements.

**NHS Forth Valley  
Race Equality Scheme  
29 November 2005**

The group includes representatives from NHS Forth Valley senior management, the NHS Area Staff Partnership Forum, the three local authorities, Central Scotland Police and the Central Scotland Racial Equality Council. In addition, there are a number of Advisory members on the group who have well-developed links with local minority ethnic communities.

Day-to-day responsibility for meeting the requirements of the Act and mainstreaming race equality into service provision and employment lies with all members of staff. **All staff have a responsibility for the application of the Race Equality Scheme.**

**Demography**

The 2001 Census showed that the total population of the NHS Forth Valley area was 279,480. Of this figure, 3,180 or 1.14% of the population recorded themselves in an ethnic group other than white. This compares with a total non-white population in Scotland of 101,677 or 2.01%. When comparing results by Local Authority area within Forth Valley, Stirling Council area has the highest proportion of residents from a minority ethnic group (1.49%). Stirling ranks 7<sup>th</sup> highest in Scotland (out of 32 council areas), Falkirk ranks 14<sup>th</sup> with 1.03%, whilst Clackmannanshire with 0.84% of its population from minority ethnic groups ranks 19<sup>th</sup>.

**Table 2: Ethnic Group, 2001**

Ethnic Group	Forth Valley		Scotland
	%	N	%
White Scottish	90.37%	252566	88.09%
Other White British	6.55%	18296	7.38%
White Irish	0.74%	2057	0.98%
Other White	1.21%	3381	1.54%
<b>Total White</b>	<b>98.86%</b>	<b>276300</b>	<b>97.99%</b>
Indian	0.12%	344	0.30%
Pakistani	0.40%	1125	0.63%
Bangladeshi	0.01%	35	0.04%
Other South Asian	0.05%	126	0.12%
Chinese	0.16%	455	0.32%
Caribbean	0.03%	79	0.04%
African	0.05%	142	0.10%
Black Scottish or Other Black	0.01%	35	0.02%
Any Mixed Background	0.18%	516	0.25%
Other Ethnic Group	0.12%	323	0.19%
<b>Total Other Ethnicities</b>	<b>1.14%</b>	<b>3180</b>	<b>2.01%</b>
<b>Total</b>	<b>100.00%</b>	<b>279480</b>	<b>100.00%</b>

In 1991, 1,947 Forth Valley residents were recorded as coming from a minority ethnic group; this represented 0.73% of the total population. In 2001, this figure had increased by 63% to 3180 (1.14% of population). Table 2 shows the change in numbers in each ethnic group since 1991.

The white population has shown an increase of 4%, just slightly below the percentage change in the overall population. However the Pakistani & Bangladeshi population has shown an increase of 64% whilst the 'Other ethnic group' population has increased by 75%.

**Table 3: Change in Forth Valley population by ethnic group, 1991-2001**

Ethnic Group	Population		Change	
	1991	2001	No.	%
White	265545	276300	+10,755	+4.05%
Indian	222	344	+122	+54.95%
Pakistani & Bangladeshi	706	1160	+454	+64.31%
Chinese	320	455	+135	+42.19%
Other	699	1221	+522	+74.68%
All minority ethnic groups	1947	3180	+1233	+63.33%
Total	267,492	279,480	+11,988	+4.48%

Source: Census 1991 & 2001

The minority ethnic population has a much younger age profile than the white population of Forth Valley. 66% of the minority ethnic population is under the age of 35, this compares with just 44% of the white population. On the other hand, only 6% of the minority ethnic population are over the age of 60, this compares with 21% of the white population.

Although no precise figures are available, it is commonly believed that the numbers of people from minority ethnic backgrounds are continuing to increase. Numbers of students from overseas at the three campuses of Forth Valley College and the University of Stirling are rising, migrant workers from the expanded European Union, and a large number of tourist from overseas who visit the area each year all contribute to this steady increase.

Official statistics are available on the specific subgroup of Gypsies/Travellers. The Scottish Executive publishes these figures biennially. In July 2003 this population was estimated at approximately 110 people (33 households).

The figures have varied over the last 4 years, and the number in Stirling has dropped considerably, however an outbreak of violence just before the count is thought to have caused many to temporarily leave the encampment.

Whilst the overall numbers of minority ethnic communities numbers may be small, however, the challenges remain as to how best the health needs of these specific groups can be met. The Race Equality Scheme represents a significant vehicle for ensuring the needs of our communities are met and that the Board operates consistently on the basis of race equality.

## 4. Statement of Intent

In producing this scheme, NHS Forth Valley seeks to demonstrate its absolute determination to meet its legal responsibilities under the Race Relations Amendment Act 2000 to promote race equality and good race relations as well as meeting the five specific deliverables laid out in the Fair for All Guidance outlining how to provide a culturally-competent service. Building an inclusive and accessible health service has been the goal for NHS Scotland and we are planning to deliver on the following five major strands of policy published in, *Fair for All: Working Together Towards Culturally Competent Services*.

NHS Forth Valley's Race Equality Scheme is part of our programme continuously to improve the way we deliver services to all. The Board believes in creating a health care service and workforce that:

- ❖ **recognises and respects difference and diversity**
- ❖ **provides a safe and stable environment for everyone**
- ❖ **allows every person to feel that they belong and can prosper.**

NHS Forth Valley recognises that to realise this, it will be essential to demonstrate specific and consistent action to promote race equality and social inclusion to the population it serves, its staff, its partners and the wider community. This will involve showing evidence of a culture change within NHS Forth Valley towards race equality being mainstreamed as part of the everyday actions of our staff and incorporated into the main functions and policies of the organisation.

In addition to eliminating discrimination on the basis of race, NHS Forth Valley will ensure that every individual has equal access to our services, whatever their age, gender, ethnicity, disability, religion, sexual orientation, mental health, economic or other circumstances, and that those services will be of a consistently excellent standard. The Board is fully committed to working in an inclusive manner to ensure that we communicate effectively and that we consider and value all views in shaping our services.

### **Service Principles**

NHS Forth Valley's Fair for All Fair For All Development Group recognises that a series of principles needs to underpin the Board's work in race equality and the implementation of the RES based on the following parameters:

**Equality and Fairness** - NHS Forth Valley is committed to removing any unlawful racial discrimination and promoting race equality through the discharge of its functions and policy-making and all services it commissions and provides.

**Respect** - towards individuals, their culture and religious beliefs, and the promotion of service users' dignity when using NHS services.

NHS Forth Valley will also respect the cultural and religious backgrounds of its staff, thus working to ensure that they are able to maintain their culture and religion whilst at work.

**Valuing Difference** - in ethnicity, culture, religious and linguistic backgrounds that exist within the population.

The organisation acknowledges diversity and takes it into account when discharging its functions, developing policies, commissioning and providing services.

**Rights of Staff** - all staff have the right to be treated fairly at work, which includes being able to work in an environment free from unlawful discrimination and harassment and not have opportunities denied to them because of their ethnic background. NHS Forth Valley will work with its staff and their representatives to promote racial equality through its role as an employer.

**Rights of Service Users** - all service users should have equal access to services and the best possible services, within available resources, without unlawful discrimination. The organisation will work to protect these rights and welcomes the involvement of the community. Local people have a right to participate in the consultation and planning of policies and services that affect them.

**Responsibility** – the Board acknowledges its responsibility for the promotion of race equality in performing its functions and expects its entire staff to promote race equality in carrying out their duties. The NHS Board will have overall responsibility for:

- ❖ **the promotion of race equality;**
- ❖ **the operation and monitoring of the RES and associated annual action plans;**
- ❖ **the review and revision of the RES.**

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

## 5. Promoting Race Equality in Policy and Service Delivery

A central component of promoting race equality is to ensure that all our policies and functions will be subject to a race impact assessment. These assessments focus on assessing and recording the likely equalities impact of any service, strategy, policy or project that we provide. The process involves anticipating the consequences of services, policies and projects on the minority ethnic community and making sure that as far as possible, any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised by:

- ❖ **taking account of the needs, circumstances and experiences of those who are affected**
- ❖ **identifying actual and potential inequalities in outcomes; including unlawful discrimination**
- ❖ **considering other ways of achieving the aims of our policies in order to minimise or remove any possible adverse impact.**

The benefits of carrying out a race impact assessment include:

- ❖ **encouraging staff to anticipate problems and make informed decisions**
- ❖ **making sure that our policies are properly targeted**
- ❖ **improving our ability to deliver suitable and accessible services that meet varied needs**
- ❖ **encouraging greater openness about policy making**
- ❖ **increasing confidence in public services especially amongst ethnic minority communities**
- ❖ **helping to develop good practice**
- ❖ **helping to avoid claims of unlawful racial discrimination.**

During the period covered by this Scheme, NHS Forth Valley will ensure that the Race Impact Assessment process becomes an integral part of the Board's strategic planning and policy development process. The Race Equality Scheme sets out the process and timetable for ensuring all the Board's functions and policies are assessed by 2008.

NHS Forth Valley's Fair for All Development Group has agreed that the Scottish Executive's Equality and Diversity Impact Assessment Toolkit [EQIA] will be used to undertake a systematic and comprehensive review of Board's functions and policies during the period of this Race Equality Scheme. This tool has been designed specifically to meet the legal requirements for NHS organisations carrying out race impact assessments. Relevant staff will be trained in each department and service will be trained in the use of the Equality and Diversity Assessment Tool.

The EQIA toolkit involves a number of steps; some of the key components are:

- ❖ **identifying the aims of the policy being assessed**
- ❖ **reviewing relevant data and research to assess the likely impact of the policy**
- ❖ **considering alternative methods to minimise any negative impact consulting relevant stakeholders.**

In partnership with our local authority partners, we will also introduce the concept of race impact assessments to the Joint Health Improvement Planning Groups that operate with Clackmannanshire, Falkirk and Stirling Councils. We will ensure that the Joint Partnership Agreements between Health and each of the Local Authorities have a race impact assessment undertaken and will ensure that race impact assessments are undertaken on all of our policies.

### **Functions and Policies Identified and Prioritised for Relevance**

NHS Forth Valley's functions and policies have been reviewed to determine their relevance in relation to the Board's core objective of promoting racial equality and ensuring compliance with the General and Specific duties of the legislation as well as relevance to the five Fair for All core elements.

This included the full range of the duties and powers from a Board wide corporate perspective and addressed the delivery of services, regulatory functions and those relating to duties as an employer. The core functions and policies were identified under the following categories:

- ❖ **Delivery of Patient Services and Clinical Governance**
- ❖ **Clinical Policies**
- ❖ **Pharmacy Policies and Procedures**
- ❖ **Corporate and Non-Clinical Services**
- ❖ **Human Resources function**
- ❖ **Information Managements and Technology Functions**
- ❖ **Health and Safety and Risk Management Functions**
- ❖ **Infection Control Policies**

As part of the prioritisation process, all Board policies, procedures and services were assessed against the following criteria:

- ❖ **To which of the Three Requirements of RRA Act does it relate?**
  - Eliminating discrimination
  - Promoting equal opportunities
  - Promoting good race relations
  
- ❖ **Relevance to the Five Fair for All Elements**
  - Energising the organisation
  - Demographic profile
  - Access & Service Delivery
  - Human Resources
  - Community Development

- ❖ **Do we consider that racial groups could be differently affected?  
How much?**
  - No
  - A Little
  - Some
  - Substantial
- ❖ **Are we aware of public concern that this function or policy is operated in a discriminatory manner?**
  - None
  - A little
  - Some
  - Substantial
- ❖ **Other Relevant Information**
  - Is this function contracted out?
  - Any partnership arrangements in delivering this function

The resultant aggregated list has been prioritised and the timetable for carrying out assessments is based on a programme that will see functions and policies that scored High against the criteria assessed during 2006, functions and policies recorded as Medium assessed in 2007 whilst areas that were accorded a low score assessed during 2008. The updated list of policies and functions is attached at Appendix 2.

### **Priorities**

As a result of the assessment of functions and policies a number of functions have been identified as priorities for race impact assessments during year 1 of the Race Equality Scheme. The top 12 priorities for action in 2006/07 are:

- ❖ **Accident and Emergency Services**
- ❖ **Out of Hours Services**
- ❖ **Women & Childrens Services (In-patient Obstetrics & In-patient Paediatrics)**
- ❖ **Adult Mental Health Services**
- ❖ **Cardiology services**
- ❖ **Services for People with Diabetes**
- ❖ **Communication, Public Relations & Public Involvement**
- ❖ **The Complaints Procedure**
- ❖ **Chaplaincy and Spiritual Care Policy**
- ❖ **Catering and Food and Nutrition Policy.**
- ❖ **Sexual Health**
- ❖ **Mortuary Services**

The following list identifies further prioritised areas which will be addressed on completion of the above list during year 1 and will continue into year 2.

- ❖ **Cancer Services**
- ❖ **Family Health Services [including GP Services, Dental Services, Community Pharmacy Services and Optometry Services]**



- ❖ **Community Health Services**
- ❖ **Gynaecology Services & Day Case & Combined Child Health Services**
- ❖ **Oral & Maxillofacial Surgery**
- ❖ **Speech and Language Therapy**
- ❖ **Human Resources**
- ❖ **Public Health**
- ❖ **Health Promotion Services**
- ❖ **Local Health Care Planning**
- ❖ **Risk Management (Including Incident Reporting)**
- ❖ **Procurement**

The complete prioritised list of functions and policies to be subjected to Race Impact Assessments reflects NHS Forth Valley's determination to focus attention on direct patient services and assess how they impact on people needing and receiving treatment and care.

Corporate policies that support delivery of the core clinical services identified as priorities will also be impact assessed. Responsibility for conducting impact assessment will rest with the head of department and original authors of the policies. Impact assessment will also form part of NHS Forth Valley's strategy development and the business planning process to assess possible impact on race equality on new and revised strategies and policies.

Each division and corporate service department including Clinical Governance, Planning and Finance will identify, strategy, local policies, procedures and guidelines that deliver the prioritised functions for impact assessment. General Managers and Heads of Corporate Service Directorates will build this into the directorate work plans. The list of functions and policies will be reviewed every three years for their relevance to race equality.

### **Publishing the Results of Assessments, Consultation and Monitoring**

As part of its duty NHS Forth Valley is required to publish results of:

- ❖ **assessments of its policies or functions**
- ❖ **the monitoring of policies**
- ❖ **consultations undertaken regarding policies it is proposing to adopt.**

NHS Forth Valley will develop guidance in conjunction with our partners and the Consultative Forum to create innovative ways of sharing findings and initiatives with communities, both groups and individuals, for example, using videos, local radio, and further education colleges. NHS Forth Valley Fair for All Development Group will publish an annual race equality progress report, containing a list of the assessments, consultations and monitoring undertaken during the year and their outcomes. Copies of the annual race equality progress report will be made available to the public.

As indicated in Section 2 above, NHS Forth Valley works in partnership with a wide range of statutory, voluntary sector and community organisations. As we move from the development to implementing the Race Equality Scheme we will consult with and involve key organisations and groups involved in race equality work at both a national and local level.

## **Actions**

NHS Forth Valley is committed to carrying out impact assessments on all of our services during the three-year period covered by the Race Equality Scheme. The programme of functions and policies to be assessed is based on the following timetable:

- ❖ **High Priority Services to be assessed in 2006**
- ❖ **Medium Priority Services to be assessed in 2007**
- ❖ **Low Priority Services to be assessed in 2008.**

The results of all impact assessments will be consulted on with communities and the results published.

## **6. Access and Service Delivery**

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

Black and Minority Ethnic communities often experience difficulty in accessing health services, health promotion information and treatment. This means that they often are referred late for diagnosis and treatment. Evidence from UK wide and Scottish studies have shown that minority ethnic communities have a worse health experience in the form of premature deaths, and long term chronic ill health and disabilities, than the host community.

Improving access to information and services is central to the process of eliminating discrimination and promoting equality of opportunity to all health care services. In order to prevent people being unfairly excluded from receiving our services it is essential that we communicate effectively to the range of different communities within our area and listen and respond to their concerns.

Research has demonstrated that there are also other barriers that prevent people from accessing Board services. As set out in Section 5, we are committed to reviewing all services to ensure they are equally accessed by the community as part of an analysis of all our services. We will use this information to plan services that are sensitive to the diverse needs of the communities in Forth Valley.

## Monitoring

The Commission for Racial Equality defines ethnic monitoring as the process of collecting, storing and analysing data about people's ethnic backgrounds to:

- ❖ highlight possible inequalities
- ❖ investigate the underlying causes
- ❖ remove any unfairness or disadvantage.

The Race Equality Scheme sets out NHS Forth Valley's proposed arrangements for monitoring any adverse impact of policies on the promotion of race equality. NHS Forth Valley will develop a framework for monitoring the impact of policies that have been assessed as relevant to the promotion of race equality, based on the EQIA toolkit.

Some of the key components of this framework will be monitoring:

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

The recent **Ethnic Monitoring Tool [Health Scotland/ISD 2005]** identified that across Scotland there is a lack of accurate, quality information on ethnicity and that few organisations have firm plans to achieve this objective.

***“Almost no information is available from routine data sources about the health of Scotland's ethnic minorities. Ethnic group is not routinely recorded in either hospital discharge or primary care databases and there is a general lack of consistency in the ethnic categories used.”***

**Ethnic Monitoring Tool [Health Scotland/ISD 2005]**

NHS Forth Valley recognises that information on ethnicity is essential to assess health inequalities, to target interventions and to monitor progress. There is compelling evidence from many sources that demonstrates that wide inequalities in both risk factor levels and health outcomes by ethnic group exist. Monitoring services by ethnicity is vital to indicate which groups are using services, and how satisfied they are with them. This will allow responses to be developed and targeted to reach under-represented groups and ensure that services are relevant to their needs, provided fairly and are easily accessible.

In line with many other Boards across Scotland, at the present time, NHS Forth Valley does not routinely record use of services by ethnicity. Since the beginning of 2005 patients using the Genito-Urinary Services in Forth Valley have been recorded by ethnicity. Clients using community care services

provided by the local authorities and NHS Forth Valley are also recorded by ethnicity as part of the Single Shared Assessment. This provides useful planning and service delivery information for mental health, learning disabilities, services for older people and services for people with physical disabilities.

Although the above initiatives are important, it is recognised that much more needs to be done to capture and monitor uptake of services based on consistent classifications of ethnicity. It is the intention of NHS Forth Valley to introduce the recording of data on ethnicity of people using health care services across all direct patient services during the lifetime of this Race Equality Scheme based on the Census classifications of ethnic groups.

To achieve this during the period of the Race Equality Scheme, the Board's Information Services Department will work with the Scottish Executive's Information Services Division and the National Resource Centre for Ethnic Minority Health using the **Ethnic Monitoring Tool** to introduce in a phased way recording of ethnicity of patients as a consistent standard.

Staff involved in recording patient data will be given full training on issues of race equality and awareness of the importance of recording data on ethnicity to ensure a sensitive and comprehensive approach to capturing the required information.

### **Monitoring Complaints**

NHS Forth Valley's **Complaint Policy and Procedure** has recently been reviewed. As a result of this it is intended to introduce procedures for recording the ethnicity of people who raise complaints and monitor this information. The results of the monitoring on both the number and the nature of complaints from minority ethnic groups will be reported to the Fair for All Development Group. This information will assist the Group to identify and target areas of service that require training support or attention from a race equality perspective.

### **Needs Assessment**

NHS Forth Valley recognises that in order to provide effective and accessible services an understanding of the diverse needs of the local minority ethnic communities is essential. In order to gain a better understanding of the needs of minority ethnic groups in Forth Valley a programme of needs assessment work will be carried out. This programme will include:

#### ***j) A Review the Uptake of Immunisation and Childhood Surveillance***

As part of the work of the Fair for All Group, research to review the uptake of immunisation and childhood surveillance amongst the Ethnic Minority Communities will be commissioned. Around 3,000 children start school every year at Forth valley. It is estimated that about 10% of these children do not complete the child health surveillance and primary immunisation programme at age of school entry. The study will provide information on the differences, if any, between ethnic groups in the uptake of the child health programmes. It will also identify the reasons for the differences if present.

The study may help to inform the health services providers of the ethnic minorities health needs in the region. The research programme will assist us in identifying the unmet health needs of a section of the minority ethnic community and to plan for better service provision.

***ii) A Survey of Patients Attending Coronary Heart Disease Clinics***

During 2006 all patients attending Coronary Heart Disease Out-patient clinics will be surveyed. The survey will include questions related to the ethnicity and religion of patients, issues around language and interpreting, and how accessible people find the service. This survey will provide important information for planning the future delivery of services.

***iii) A Survey of Patients Attending Diabetes Clinics***

The survey of patients attending Diabetic Out-patient clinics will be based on the same methodology as the survey for Coronary Heart Disease patients and provide valuable information on issues of ethnicity, culture and general service accessibility.

**Working With Communities to Identify and Respond to Need**

During 2004 a major survey of the Chinese communities living in the area was carried out. The aims of the survey included:

- ❖ a needs analysis of the Chinese community
- ❖ collecting information and direct evidence from the Chinese community on their needs, provision, access to information, barriers to uptake of services
- ❖ identifying key characteristics of three priority groups
  - People over the age of 60 years
  - Women over the age of 40 years
  - Hidden and excluded people such as restaurant workers.

The survey identified a number of concerns relating to the three priority groups. A number of these were common across the three groups and included:

- ❖ language barriers and the need for greater language support
- ❖ lower levels of education and literacy
- ❖ support from mainly within the communities rather than from external agencies
- ❖ lack of appropriate information
- ❖ lack of understanding of rights and services
- ❖ need for bilingual staff
- ❖ the Central Scotland Chinese Association having to act as an advocacy body
- ❖ lack of culturally competent mainstream services.

Whilst the above issues were common across the three priority groups, each group also had specific concerns.

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The survey of the Chinese community provided invaluable information and insights into the needs and concerns within the community and will allow NHS Forth Valley to better target and prioritise health responses. The survey of the Chinese community highlighted the key issue of language barriers and the need for greater language support to enable people from the community to better access and receive effective health care services. This reinforces one of the central messages arising from the consultation with representatives from ethnic minority community groups on the development of the Board's initial Race Equality Scheme concerning how to access interpreting and translation services.

As a result of the survey NHS Forth Valley has actively supported an application for Lottery funding from the Community Fund to enable the Central Scotland Chinese Association employ a bilingual support work and administrative support to work within communities and with NHS staff to improve access to services and to support people from the community in receipt of health care services.

We are committed to developing this approach and to work with other communities to identify their specific needs and concerns. It is proposed that during the course of the Race Equality Scheme to undertake a scoping exercise/feasibility study into carrying out similar work with the Pakistani communities across Forth Valley.

### **Targeting GP Practices**

A number of GP Practices across Forth Valley have significant numbers of people from minority ethnic communities registered as patients. Considerable work with these practices has already been carried out, including with a Falkirk practice that has a high number of Libyan students attending the local College.

It is proposed to further develop this work by targeting these practices and the Airthrey Medical Centre at the University of Stirling for staff training on race equality and awareness and for disseminating information in a range of languages on key aspects of health including immunisation and child health, health promotion, heart disease and stroke, cancer, mental health issues, and diabetes. These practices also provide opportunities to undertake surveys on satisfaction with services provided, meeting health needs and identifying any gaps in services or issues with accessing services.

### **Interpreting & Translation Services**

NHS Forth Valley seeks to ensure that language is not a barrier to services for people whose first language is not English. To achieve this, NHS Forth Valley has prepared a policy on Interpreting and Translation (see Appendix 3). The policy is designed to enable clients to access services fairly and equitably and to ensure that service delivery is responsive to clients needs and of a high quality.

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NHS Forth Valley has a contract with Global Voices to provide a complete and customised translation and interpreting service for Ethnic Minority patients within Forth Valley. Previously there were a variety of Interpreting Services utilised within the area but the development of a single service covering the whole of NHS Forth Valley and its services will ensure a standard and consistent approach designed respond effectively to all requests.

As part of this scheme, business card sized 'I need an Interpreter' cards for Cantonese patients have been produced and circulated to all Health Centres, GP Surgeries within Forth Valley.

The cards are also given to key members that have extensive networks within their communities and also displayed in community centres, Dentist Surgeries, Pharmacies and Opticians and other locations. Posters are also available to promote the service.

The Interpreting and Translation Service has been subject to a recent evaluation (autumn 2005). This evaluation highlighted the following:

- ❖ **a high level of satisfaction with service, recorded at 85%**
- ❖ **the main language requested for interpreting was Arabic (over 50%)**
- ❖ **other languages requested included Cantonese and Polish/Lithuanian**
- ❖ **that in a significant minority of cases patients felt that they were not given enough opportunities to ask questions of the clinician treating them.**

In addition to the service provided by Global Voices, a telephone interpreting service provided by the National Interpreting Services is available for patients and posters and promotional materials for this service have been developed.

Monitoring of the uptake of interpreting services within Primary Care again indicates a high level of demand for Arabic and Cantonese/Mandarin, but also a significant use of Urdu. Although there has been an increase in the number of interpretation requests by GP practices since the inception of the service, the concentration of minority ethnic patients within a limited number of practices has resulted in a large demand from a few practices.

The monitoring of the uptake of interpreting services indicates that there is a need for increase awareness (including in dental surgeries) of the availability of the service and during Year 1 of the Race Equality Scheme information targeted at minority ethnic communities and health care professionals will be undertaken.

In order to improve accessibility and responsiveness of the interpreting services, during 2006, NHS Forth valley will introduce dual handset telephone systems in a number of GP Practices with significant number of minority ethnic patients, the Medical Centre at the University of Stirling, Accident and Emergency Departments, and the Out of Hours service.

### A&E Multi-lingual Phrasebook

There is a Multi-Lingual Phrasebook in use in both Accident & Emergency Departments within NHS Forth Valley and also within the Out of Hours Services.

### Spiritual Care Policy

In NHS Forth Valley we are committed to the provision of holistic Healthcare and value the various elements which contribute to personal well-being. We recognise that everyone, whether religious or not, needs support systems, especially in times of crisis.

Many patients, carers and staff, especially those confronting serious or life threatening illness or injury, have spiritual needs and welcome spiritual care. They face ultimate questions about life and death. And often search for meaning in the experience of illness. They look for help to cope with their illness and with suffering, loss, loneliness, anxiety, uncertainty, impairment, despair, anger and guilt.

They conjure with ethical dilemmas which advancing technology and heightened expectations generate at the beginning and end of life. Through this policy we aim to support patients, carers and staff and promote well being.

We have developed and are implementing a Spiritual Care Policy for the provision of Chaplaincy, religious and Spiritual Care services across the range of Health Service provision within Forth Valley. This includes meeting the spiritual and religious needs of any faith community and those who do not identify themselves with any particular faith or belief. The Spiritual Care needs of the people who work in NHS Forth Valley are also important to us. As a consequence of this approach local service providers now provide meaningful and practical spiritual care and support for people from a range of faiths who use our services.

This policy has been developed in partnership with local faith communities, Health Service users & carers, staff, staff representatives and Local Authority partners and has been recently race impact assessed. The results of the assessment and review of the policy will be reported in January 2006.

### Actions

The Board's Information Services Department will introduce in a phased way recording of ethnicity of patients as a consistent standard using the Scottish Executive's **Ethnic Monitoring Tool**

Staff involved in recording patient data on ethnicity will be given full training on issues of race equality and awareness

Procedures for recording the ethnicity of people who raise complaints will be introduced monitored, and reported



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A Needs Assessment Project to review the uptake of immunisation and childhood surveillance amongst the Ethnic Minority Communities will be undertaken

Surveys of patients attending the Coronary Heart Disease and Diabetic Out-patient clinics will be undertaken to gain a better understanding of the ethnicity and cultural backgrounds of patients and identify issues around access to these clinical services

A Feasibility Study on working with the Pakistani communities to identify needs and health care issues will be prepared in conjunction with the communities

To improve accessibility and responsiveness of the interpreting services, during 2006/07, NHS Forth valley will:

- ❖ **target minority ethnic communities and health care professionals will be undertaken (including Dental Practitioners) to increase awareness of the availability of the service;**
- ❖ **introduce dual handset telephone systems in a number of GP Practices with significant number of minority ethnic patients.**

## **7. Promoting Participation and Involvement**

NHS Forth Valley already works with a broad range of organisations and groups representing people from a variety of minority ethnic communities. These include:

- ❖ **The Central Scotland Racial Equality Council Ltd**
- ❖ **The Black Workers Group**
- ❖ **Asian Welfare Association**
- ❖ **Central Scotland Chinese Association**
- ❖ **Central Scotland Chinese Women's Group**
- ❖ **Central Scotland Chinese Association Elderly Project**
- ❖ **Indian Community Association**
- ❖ **Falkirk Islamic Centre**
- ❖ **Central Scotland Islamic Centre**
- ❖ **Community Language Centre (Falkirk Library)**
- ❖ **Central Scotland Bahai Community**
- ❖ **Pakistani Welfare Association**
- ❖ **Stirling University Students Association**
- ❖ **Forth Valley College Overseas Support Service, Falkirk College**
- ❖ **Falkirk Council Bilingual & Traveller Pupil Support Service**
- ❖ **Rainbow Women's Group**
- ❖ **Stirling Multi-cultural Partnership**
- ❖ **Central Scotland Arab Community**
- ❖ **Al-Hafeez Halal Food Store, 52 Baker Street**

All these organisations and groups will receive copies of the Race Equality Scheme for their information and we will work closely with them in developing our specific proposals and in reviewing the Scheme.

In addition the Fair for All Development Group includes a number of **Advisory Members** drawn from the public who have knowledge of the issues and concerns of people from diverse backgrounds. The Advisory Members of the Group will have a major role in both disseminating key issues from the race Equality Scheme and feeding back to the Group reactions and responses from the minority ethnic communities in the area.

### Have Your Say

During autumn of 2005 NHS Forth valley in partnership with the three local authorities and Central Scotland Police undertook a major public involvement initiative to gather information from people from minority ethnic groups about the services provided. The **'Have Your Say'** initiative involved asking people about their experiences of using services, identifying any difficulties people have had in accessing services and how they thought services could be improved. A copy of the **'Have Your Say'** leaflet is attached at Appendix 4.

The comments received from the *Have Your Say* process have informed our proposals set out in the Scheme and we will continue with this approach as part of our ongoing commitment to promoting race equality. This approach will assist all agencies involved plan and deliver appropriate and culturally sensitive services.

### Black Workers' Group

NHS Forth Valley and Central Scotland Racial Equality Council have worked together to establish a minority ethnic or black workers' support group, within the Forth Valley area, to act as a forum to discuss issues around equality and diversity at work. The group is a supportive network to help members raise issues around discrimination in relation to race; encourage local action to create an environment where diversity/multi-culturalism is welcome; develop ideas and solutions to tackle discrimination; promote equality of opportunity and provide a positive way to draw upon the skills and experience of members who are interested and concerned about equality and diversity.

### RAHMAS

NHS Forth Valley has been an active member of the Central Scotland Racial Attacks and Harassment Multi-Agency Strategy Group (RAHMAS). This Group was established in 1993 involving representatives from ethnic minority communities, each Council, Central Scotland Police, Central Scotland Racial Equality Council and the NHS. The members take a 'joined-up' approach to the reporting, recording, monitoring and investigation of racial attacks and harassment. RAHMAS defines a racist incident as "any incident that is perceived to be racist by the victim or any other person".

The group's publication *'Racism-How to Get Help'* expresses the commitment of each partner to combat racism.

This includes reviewing their policies and procedures in the light of policy and legislative change such as the Human Rights Act 1998. The group has also published *Multi-Agency Staff Cultural Awareness-A Practical Handbook* to raise awareness of the need to take account of ethnic and cultural diversity in delivering services. This has been circulated widely within NHS Forth Valley.

RAHMAS has recently published a revised Strategy (the sixth) that sets out its priorities for the future and these include:

- ❖ **partner agencies will encourage an environment that recognises and respects diversity, challenges discrimination and inappropriate behaviour and language, thereby increasing confidence of the victim to report a racist incident**
- ❖ **agencies will provide an effective and accessible system to record, investigate and monitor accurately all incidents reported**
- ❖ **agencies will actively support a victim through inter-agency response to racist attacks and harassment**
- ❖ **agencies will ensure a process exists to identify and adapt staff training to reflect the ethnic and cultural needs of a community.**

## **Actions**

During the period of the Race Equality Scheme, NHS Forth Valley will continue to develop approaches to community involvement and work with organisations and groups representing minority ethnic communities. As part of the development of Community Health Partnerships we will establish mechanisms to ensure the involvement of local communities in planning and service delivery. We will also work closely with other health and public sector organisations to develop effective links with communities.

Work is progressing well on the development of a Public Partnership Forum for each Community Health Partnership within NHS Forth Valley which will help inform local people about the services and information offered by the Community Health Partnership; involve local people in discussion and action to improve health services and support wider public involvement in the planning for and decision-making about local health services.

The Board will also seek direct feedback from service users from minority backgrounds to enhance our understanding and promote informed settings of priorities for the future through the inclusion in every new and revised patient feedback form and/or questionnaire asking about specifically minority ethnic issues.

## 8. Human Resources

The promotion of equal opportunities and opposition to all forms of discrimination is a fundamental principle guiding all our work. We consider that we have an important role to play as a major employer and provider of services and recognise and accepts its social, moral and legal duties to promote equal opportunities and eliminate discrimination.

As an employer, NHS Forth Valley believes it is in its own best interests, and in the interests of all who work in it, that the full range of talent and skills within the community are considered when employment opportunities arise.

To this end, within the framework of the law, NHS Forth Valley is committed, where practicable, to achieving and maintaining a workforce which broadly reflects the local community in which it operates.

Our objectives are that no person, job applicant or employee receives less favourable treatment on the grounds of gender, disability, age, race (including colour, nationality, ethnic or national origin), creed, religion, sexual orientation, marital status, responsibility for dependants or is disadvantaged by unjustifiable conditions or requirements.

### **Duties as an Employer**

#### ***Appointments, training, employment practice and monitoring***

In November 2004, NHS Forth Valley reviewed its current employment monitoring processes and while this review identified that excellent practice was in place in parts of the new single NHS system organisation across Forth Valley, work remained to be done as arrangements across the organisation were not consistent.

In January 2005, NHS Forth Valley's first Employment Monitoring Policy was developed and approved and signalled our commitment to make improvements and to engage in capacity building in relation to our employment monitoring abilities. At this time it was anticipated that the new national Scottish Workforce Information Standard System (SWISS) would be the driver for gaining significant ground in our monitoring capacity. Additionally, NHS Forth Valley had considered options for procuring an improved Human Resources Information System, building on our existing PWA process, already in place in parts of the organisation but which required expansion and improvement.

The profile of employment monitoring has risen, with a number of local workforce reports feeding into formal committees and a requirement for NHS Forth Valley to produce a Workforce Report in early 2006. However, we await the full implementation and uptake by our employees of the SWISS system and the timescale for the improved PWA Human Resources Information system is now June 2006.

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During 2006/07 we expect an increased capacity in employment monitoring to also take account of the wider range of duties in relation to gender and disability and age.

Following the establishment of a single system NHS organisation in April 2004, NHS Forth Valley has developed more integrated systems and ways of working which will enhance our capability in workforce monitoring. This work will continue into 2006. Additionally, during 2005 our HR and related recruitment systems, previously managed separately within Trusts, have been merged so that NHS Forth Valley now has a single HR function and recruitment section.

Once this initiative is completely embedded it will ensure consistent practice and enable us to work consistently across the organisation.

Similarly our moves to integrate our workforce teams will conclude in early 2006 and likewise will ensure a consistent approach. A great deal of work continues to be done in these areas to ensure best practice.

Whilst efforts are being made to generate accurate data on the make up of our workforce overall, this is easier to achieve with new employees joining the organisation. For many years this data has been collected and provides full information on these employees. However, for the greater part of the workforce which is long serving, this has provided more of a challenge.

Our 2004 Diversity survey began a process of raising awareness of our need to have accurate data, however this survey was anonymised and therefore did not add to the picture of our workforce. The SWISS exercise earlier this year requires to be finalised and we await the outcome.

In the meantime, NHS Forth Valley has commissioned an external consultant in the field of equal opportunities who is working with us to develop improved ways to gain this information from our employees. This includes further review of our current systems and processes, for collection and monitoring of our workforce information and reviewing our communications around these issues.

Each of these developments will improve our ability to ensure consistent employment practices and to monitor them. We see this as enhancing our approach both to Human Resources service delivery and in our capacity to fulfil our employment duty.

Our Employment Monitoring Policy initially anticipated quarterly reporting. However, given the relatively stable nature of the NHS Forth Valley workforce, (as identified in regular workforce reports to our Divisional Committees) annual reporting, with a review at 6 months, is considered appropriate to provide the most relevant data over the fields required in employment monitoring.

The period for our current monitoring is April 2005 – March 2006 and a 6 month review is currently in progress for the period April – September. Our annual report will be based on the period April 2005 - March 2006.

Thereafter, on an annual basis and using Census 2001 categories we will continue to monitor by ethnicity as follows:

- ❖ **Number of applicants in post**
- ❖ **Applicants for employment, including those for promoted posts**
- ❖ **Applications for training**
- ❖ **The number of staff who receive training**
- ❖ **The number of staff who benefit or suffer detriment from performance appraisals**
- ❖ **Numbers of staff who are raise grievances**
- ❖ **Numbers of staff who are subject to disciplinary action**
- ❖ **Numbers of staff who leave our employment.**

Through this monitoring we will:

- ❖ **identify and investigate any problem areas showing inequality and will respond appropriately**
- ❖ **review in partnership any practices or policies giving concern and put in place remedial action to resolve the issue**
- ❖ **report on these monitoring outcomes to the NHS Forth Valley Executive Team and to the Staff Governance Committee of the Board as well as to the Area Partnership Forum**
- ❖ **publish our monitoring results on an annual basis.**

We will continue to monitor regularly and as our capacity develop we will identify areas for more regular monitoring than an annual review.

In addition, NHS Forth Valley produces a Staff Governance Plan on an annual basis which has as one of its five focused areas, the fair and equitable treatment of its staff. This Plan is externally audited annually. This is another of the checks and balances in our system from which we demonstrate our commitment to equal opportunities. The annual National Staff Survey provides another opportunity for us to learn about what is going well in terms of NHS Forth Valley as an employer and where we need to improve our practice.

NHS Forth Valley is committed to being a fair employer with equal opportunities for all. Through continued focused effort in the areas highlighted we are committed to the development and delivery of best practice and to use our learning to continuously review and improve our work so that this aspiration is achieved and real change is delivered for our employees, both current and future, and for the population which we serve.

### ***Dignity at Work***

NHS Forth Valley is committed to a working environment that is free from discrimination and intimidation and in which the dignity of the employee is paramount. It recognises that harassment at work is contrary to this as it can seriously affect the morale, work effectiveness, individual dignity, safety and well-being of employees.

The Board's Dignity at Work Policy which was developed in partnership with staff representatives aims to develop a working environment, in which harassment is known to be unacceptable and where individuals can be confident to raise concerns or complaints without fear of ridicule or reprisal. Harassment in certain circumstances is also unlawful

All employees have the right to be treated with consideration and respect, regardless of their grade or function. Every employee is responsible for his/her own behaviour towards colleagues, and should understand the clear view that harassment at work will not be tolerated. Where harassment is found to occur action will be taken. This may include disciplinary action, including dismissal for serious offences.

This Policy reflects the best practice identified in the guidance on ***Dignity at Work – Eliminating Bullying and Harassment in the Workforce*** produced by the Partnership Information Network (PIN) Board in 2001.

### ***Grievances***

Any employee that believes he or she is being treated less favourably on the grounds of their gender, sexual orientation, marital status, race, colour, disability, religion or age is encouraged to raise the matter through the Grievance Procedure.

No employee expressing concern about the application to them of the Equal Opportunities policy will be treated less favourably as a result; or will suffer disciplinary action as a result of raising a grievance on the basis of what they consider to be discrimination.

### ***Training and Development***

NHS Forth Valley is required to train its staff to:

- ❖ **to meet its responsibilities under the general and specific duties of the Act by equipping staff with the necessary knowledge and skills**

- ❖ **identify and train staff and others who will be responsible for managing and implementing the Race Equality Scheme.**

An active training programme on race equality issues has operated across Forth Valley for a number of years. This includes:

- ❖ **a regular *Fair for All – Facts You Need To Know* one day training workshop**
- ❖ **an *Introduction to Fair for All* within Departmental training days and Statutory Training**
- ❖ **a one-day *Induction Programme* for all new staff in the organisation includes a session on Race Equality and Diversity covering the general duties of both the Race Relations (Amendment) Act and Fair for All.**

During 2005, it is expected that around 1,000 staff across Forth valley will have received some form of race equality training through the above approaches.

Two new e-learning equality and diversity packages are now available in NHS Forth Valley. Both packages are practical tools for raising knowledge and awareness and complement a range of existing 'stand up' training. These new packages both include useful links, sign post further information and can also provide management information on activity.

- ❖ **Fair for All- the facts you need to know:** is a user-friendly, interactive and informative introduction to ***Fair for All***. The package takes approximately thirty minutes to complete, requiring simply the ability/skill to use a mouse to navigate the package forwards. Learning is certificated. This package is suitable for **all staff** and is available on demand to any NHS employee with access to the NHS Forth Valley Intranet or via the three NHS Forth Valley Open Learning Centres.
- ❖ **Diversity - Life is not just Black and White** is a more detailed package comprising of five modules. The race, religion and belief module takes approximately two and a half hours to complete, the other modules: age, disability, gender and sexual orientation taking approximately forty five minutes each to complete (approximately five and a half /six hours in total). On completing individual modules, learners are set an on-line quiz by way of assessment and their attainment is certificated. Each module can be worked through individually.

NHS Forth Valley will target the Life is not just Black and White package at managers and staff in key service areas of particular relevance to Equality and Diversity - this would include people in the following groups/roles:

- ❖ **Executive Group Members**
- ❖ **General Managers and Heads of Service**
- ❖ **Human Resources, Recruitment and Organisational Development**



- ❖ **Trade Union Representatives**
- ❖ **Senior Nurses and Clinical Leadership Roles**
- ❖ **Complaints Staff**
- ❖ **Fair for All Development Group Members**
- ❖ **Planners and Service Design Consultants.**

### ***Training and Development - Next Steps***

In addition to above training programme, a more targeted approach to Race Equality training and development work will be introduced across Forth Valley during 2006. This will focus on training programmes for managerial and key clinical staff to ensure that they are aware of race equality issues and are well placed to provide services in a manner that is sensitive to individual cultural needs.

Groups to be targeted in this programme will include:

- ❖ **non-executive and executive directors**
- ❖ **Clinical Directors of Services**
- ❖ **All senior managers**
- ❖ **GP Practice Managers and Receptionists**
- ❖ **Clinical staff in Child and Maternal Services**
- ❖ **Staff working in mental health Services.**

We will also provide training on the general and specific duties for all staff directly involved in conducting impact analysis, gap analysis and action planning on the basis of the EQIA toolkit.

In order that we fulfil our responsibilities under the general and specific duties of the Act it is intended that training on Managing Diversity and Cultural Awareness will be included in the list of mandatory training for staff within NHS Forth Valley.

### ***Appraisal and Personal Development Plans***

In order to ensure that NHS Forth Valley sustains a coherent and consistent focus on race equality issues two major human resources initiatives will be introduced under the Race Equality Scheme:

- ❖ **all senior managers will include within their objectives as part of their formal appraisal process a specific action related to race equality**
- ❖ **all staff will identify with their Manager in their Personal Learning Plans their learning needs under race equality and agree the development actions they will undertake in pursuit of this.**

## Actions

To introduce comprehensive and consistent monitoring of staff according to ethnicity by the second half of 2006 to enable us to report:

- ❖ **Number of staff by ethnic group in post**
- ❖ **Applicants for employment, including those for promoted posts**
- ❖ **Applications for training**
- ❖ **The number of staff who receive training**
- ❖ **The number of staff who benefit or suffer detriment from performance appraisals**
- ❖ **Numbers of staff who are raise grievances**
- ❖ **Numbers of staff who are subject to disciplinary action**
- ❖ **Numbers of staff who leave our employment.**

Targeted training programmes on race equality across NHS Forth Valley

Training for staff who will be required to carry out race impact assessments

Managing Diversity and Race Equality training to become a mandatory training requirement for all staff

Senior managers to include an objective relating to race equality within their key annual objective

All staff to identify their learning needs within their Personal Development Plans.

## 9. Procurement

NHS Forth Valley is aware that we have a responsibility for meeting the general duty and any specific duties when any of our functions or services are sub-contracted to another company and when the general duty to promote race equality applies to these functions. Promotion of race equality is an inherent part of the procurement process to ensure that whenever race equality is relevant it is considered as part of the procurement process.

In pursuit of this:

- ❖ **new contract awards take into consideration any impact they may have that could result in racial discrimination**
- ❖ **a review of arrangements for procurement has been undertaken to ensure that these are open to people/business from ethnic minority group**

- ❖ **Provision and supply of ethnic foods within Acute and Primary Care has been reviewed by the Hotel Services Product Focus Group and contract utilises Punjab Kitchen for Halaal produce with menus translated into seven languages**
- ❖ **A review of Cultural awareness for continence product home delivery service has been carried out by the Procurement Manager**
- ❖ **Ability of suppliers to produce and publish information leaflets in suitable languages. This will be taken forward by the Procurement Manager in conjunction with the Health Promotion Department**
- ❖ **Contractual expectations of racial equality in the supply of agency staff are in place**
- ❖ **Purchasing and tendering procedures has been reviewed to ensure they reflect Race Relations Amendment Act 2000 requirements.**

Finally, Area Wide New Product/Supplier Addition will include relevant checks for compliance with the Act.

## **10. Timetable for Action**

As highlighted at the end of each Section, NHS Forth Valley's Race Equality Scheme commits the organisation to deliver on a number of commitments and actions in line with the legislation and designed to:

- ❖ **Eliminate unlawful racial discrimination;**
- ❖ **Promote equality of opportunity; and**
- ❖ **Promote good relations between people of different racial groups.**

The current section sets out a timetable for action based on delivering the various undertakings identified in the Scheme.

**Year 1**  
**December 2005 – December 2006**

**Circulate and discuss the Race Equality Scheme with community organisations and groups**

**Carry out Race Impact Assessments on functions and policies identified as high priorities**

**Consult with communities on the results of the impact assessments**

**Prepare a Plan and Timetable for the phased introduction of collecting and reporting on patients using NHS Services in Forth Valley based on Census classification of ethnicity**

**Introduce process to record and monitor the ethnicity of people who make complaints through the Complaints procedure**

**Carry out a Needs Assessment of the uptake of immunisation and childhood surveillance amongst the Ethnic Minority Communities**

**Carry out surveys of patients using Coronary Heart Disease and Dietetic Out-patient clinics to identify any issues relating to ethnicity and/or culture around the provision of these services**

**Target minority ethnic communities and health professionals to increase awareness of the availability of the interpreting and translation services**

**Introduce dual handset telephone systems in a number of GP Practices with significant number of minority ethnic patients**

**Develop consistent monitoring of staff according to ethnicity**

**Targeted training on race equality for staff across NHS Forth Valley**

**Training for staff required to carry out race impact assessments**

**Senior managers to include an objective relating to race equality within their key annual objective**

**All staff to identify their learning needs for race equality training within their Personal Development Plans and to develop this through training programmes and e learning materials**

**Review the Scheme to demonstrate that the targets set for Year 1 have been achieved and identify what action should take place in year 2.**

**Year 2**  
**December 2006 – December 2007**

**Carry out Race Impact Assessments on services identified as medium term priorities in the Review of Functions and Policies**

**Publish and Consult with communities on the results of the impact assessments**

**Begin programme of training of staff to allow the phased introduction across services of the collection of the ethnicity of patients using NHS services in line with the Plan and Timetable developed in Year 1.**

**Develop in partnership with the Pakistani community a Feasibility Study into undertaking a Community Survey of Need**

**Targeted training on race equality for staff across NHS Forth Valley**

**Training for staff required to carry out race impact assessments**

**Senior managers to include an objective relating to race equality within their key annual objective**

**All staff to identify their learning needs for race equality training within their Personal Development Plans and to develop this through training programmes and e learning materials**

**Review the Scheme to demonstrate that the targets set for Year 2 have been achieved and identify what action should take place in year 3.**

**Year 3**  
**December 2007 – December 2008**

**Carry out Race Impact Assessments on services identified as low priorities in the Review of Functions and Policies**

**Continue programme of staff training to allow the phased introduction across services of the collection of the ethnicity of patients using NHS services. By end of Year 3 all patient**

**services will be expected to record patient data relating to ethnicity**

**Targeted training on race equality for staff across NHS Forth Valley**

**Training for staff required to carry out race impact assessments**

**Senior managers to include an objective relating to race equality within their key annual objective**

**All staff to identify their learning needs for race equality training within their Personal Development Plans and to develop this through training programmes and e learning materials**

**Review the Scheme to demonstrate that we have met all our targets and identify what further action needs to take place in future years.**

## **11. Performance Monitoring**

The Chief Executive within NHS Forth Valley is responsible for ensuring that the organisation meets the general and specific duties. The Chief Executive is accountable for the development, maintenance and review of the Race Equality Scheme in accordance with legislation. Our achievements in the promotion of race equality through the Race Equality Scheme and the Fair for All guidance will be measured as part of the Scottish Executive's Performance Assessment Framework.

As part of the performance management process, NHS Forth Valley will ensure that:

- ❖ **opportunities for shared learning are developed**
- ❖ **we link our targets for minority ethnic communities to key health issues and to national targets**
- ❖ **progress on commitments in our three year Race Equality Scheme programme will be reported**
  - **on a quarterly basis to the Fair for All Development Group**
  - **on a quarterly basis to the NHS Forth Valley Executive Group**
  - **a progress report every six months to Forth Valley NHS Board**

- ❖ **the objectives and targets relating to the Race Equality Scheme and the Fair for All Guidance are integrated into NHS Forth Valley's Corporate Plans**
- ❖ **the Director of Public Health's Annual report will include a section on Ethnicity and Health Issues within local minority ethnic communities**
- ❖ **an annual audit and review will be carried out on progress in delivering our commitments**
- ❖ **the results of analysis of monitoring of the Race Equality Scheme and Fair for All Action Plan will be fed into future planning.**

The Fair for All Development Group will monitor the performance of NHS Forth Valley in delivering its action plan in consultation with local people from ethnic minority backgrounds. A copy of relevant Board papers reporting progress will be submitted to the Commission for Racial Equality to update on the progress being made towards achieving the goals outlined in our yearly action plans.

The National Resource Centre for Ethnic Minority Health will also monitor the performance of NHS Forth Valley on behalf of the Scottish Executive, with regards to the Fair for All requirements, through the NHS Scotland Performance Assessment Framework.

## **12. How will we keep people informed about our progress?**

The Scheme will be widely circulated to community organisations and groups for information and feedback. The Race Equality Scheme will be available in all Board public areas including all health centres and hospitals. As we develop our detailed proposals for implementation will seek to consult and involve local minority ethnic communities and continue to develop feedback mechanisms such as the ***Have Your Say*** initiative. NHS Forth Valley will continue to develop joint engagement/consultation processes with our partner organisations to ensure that we receive feedback to inform our work in this area.

In order to promote on-going involvement, we will publish the results of the assessments of our services, our consultation with key stakeholders, our action plans and targets and the results of our monitoring work as regularly and as widely as possible.

Public and staff within NHS Forth Valley will be kept informed of our progress through a variety of means including Staff Newsletters, the Intranet and Internet, reports to community groups and through other appropriate publications and events.

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This will include the publishing and dissemination of our Race Equality Scheme, Fair for All Action Plan, the results from assessments, workforce monitoring information, consultations and impact assessments. The scheme and updates will also be published on the Board's web site <http://www.show.scot.nhs.uk>

We recognise that many people do not have access to the internet or use it regularly, so hard copies of any information relating to the scheme will be available from Board staff at all public access areas in the form of print outs from the web site. We will also publicise the existence of this information as widely as possible.

### **Publicity**

To ensure that as wide an audience as possible has access to the scheme, NHS Forth Valley will publicise the availability of new information in a variety of ways:

- ❖ The scheme will be formally launched
- ❖ News releases: any new information will be made available to the local media throughout the year
- ❖ Direct mail: to key stakeholders to inform them of any new developments
- ❖ Translation: we will include a form with all hard copies of the race equality scheme to enable people to request a copy in their own language. The form will also enable people to access information about the scheme in other formats.

### **Keeping our employees informed and involved**

It is NHS staff who will make this scheme work by making the changes necessary to fulfil our duties under the Race Relations (Amendment) Act. The training we are making available to all staff will form part of the Board's new statutory update day, an annual, rolling training session for all staff. Additionally we will use:

- ❖ Intranet: make the scheme and other information available from the Board's intranet (a Fair for All page will be made available from early in 2006)
- ❖ Area Partnership Forum: consultative mechanism of the Board with a key monitoring role for Staff Governance issues
- ❖ Including a regular item on the agenda of the Black Workers Group on progress in implementing the Race Equality Scheme
- ❖ Regular updates to staff in the Staff Newsletter.
- ❖ The Fair for All Development Group will involve interested stakeholders from other agencies and members from the minority ethnic communities.



## Appendix 1

### KEY DEFINITIONS

#### Ethnic minorities

Ethnic minorities are groups of people in the population who share ethnic origin, nationality, culture or religion that are not in the majority in the population at large. This includes gypsy travelers and refugees and asylum seekers. People may change what ethnic group they belong to during their lifetime and the definitions of ethnic groups may also change.

#### Racism

Racism refers to:

*“the belief in race, colour, descent, religion or belief, national or ethnic origin as a factor determining aversion to individuals or groups.”*

***Treaty on European Union, Article 13***

Racism can be personal, cultural or institutional.

- ❖ **Personal racism** has a negative impact on individuals and is usually overt because it is visible, identifiable and often intentional on the part of the perpetrator.
- ❖ **Cultural racism** consists of values, beliefs and ideas, usually embedded in history, which endorse the superiority of one culture over others.
- ❖ **Institutional racism** operates in institutions or organisations and is defined below:

*“Institutional racism is the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to the discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people.”*

***The Stephen Lawrence Inquiry***

#### Discrimination

Discrimination is the act of denying people equal treatment and opportunities based on their personal characteristics, such as race, colour and sex. There are two forms of discrimination: direct and indirect.

**Direct discrimination** can be described as:

*“when a person or public body treats someone less favourably than others on racial grounds. Racial grounds are defined as grounds of colour, race, nationality, ethnicity or national origin.”*

Race Relations Act 1976

***MacPherson W (1999). The Stephen Lawrence Inquiry: Report of an Inquiry by Sir William MacPherson Cmd4262-I, HMSO. 7***

**Indirect discrimination** can be described as:

*“when a condition or requirement which is applied equally to everyone cannot be met by a considerably smaller proportion of people from a particular racial group, to their disadvantage. Any such condition or requirement is unlawful unless it can be justified on non-racial grounds.”*

**Race Relations Act 1976**

**Victimisation** - The Act also makes it unlawful to victimise someone because they:

- ❖ have made a complaint of racial discrimination
- ❖ are thought to have made a complaint
- ❖ or have supported someone else who has made a complaint of racial discrimination.

**General Duty** - The duty stated in Section 71(1) of the Race Relations (Amendment) Act 2000.

**Specific Duty** - A duty imposed by the Race Relations Act 1976 (Statutory Duties) Order 2001.

**Functions** - The full range of a public authority's duties and powers.

**Policies** An authority's formal and informal decisions on how it carries out its duties and uses its powers.

## Appendix 2: ASSESSMENT OF FUNCTIONS AND POLICIES MOST RELEVANT TO PROMOTING RACIAL EQUALITY

	Relevance to RR(A)A	Relevance to FFA Elements	What is the degree of relevance?		Total	Other Relevant Information	
<b>Function or Policy</b>	Which of the 3 aspects does it apply to? <ul style="list-style-type: none"> <li>• Eliminating discrimination (1)</li> <li>• Promoting equality of opportunity(1)</li> <li>• Promoting good race relations(1)</li> <li>• <b>MAX SCORE - 3</b></li> </ul>	Which of the 5 aspects does it relate to: <ul style="list-style-type: none"> <li>• Energising the organisation(1)</li> <li>• Demographic profile(1)</li> <li>• Access &amp; Service Delivery(1)</li> <li>• Human Resources(1)</li> <li>• Community Development(1)</li> </ul> <b>MAX SCORE = 5</b>	Do we consider that some racial groups could be differently affected? How much? a) No 0 b) A Little 1 c) Some 2 d) Substantial 3 <b>MAX SCORE = 3</b>	Are we aware of public concern that this function or policy is operated in a discriminatory manner? a) None 0 b) A little 1 c) Some 2 d) Substantial 3 <b>MAX SCORE =3</b>	Total points for each function, and priority  <b>MAX = 14</b>  LOW = 1-5 MED = 6-9 HIGH = 10-14	Is this function contracted out?	Any partnership arrangements in delivering this function
<b>Family Health Services:</b>							
GP Services	3	3	3	2	11 HIGH	Yes	Yes
Community Dental Services	3	3	3	2	11 HIGH	Yes	Yes
Community Pharmacy Service	3	3	3	2	11 HIGH	Yes	Yes
Optometry Services	3	3	3	2	11 HIGH	Yes	Yes

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	<b>Relevance to RR(A)A</b>	<b>Relevance to FFA Elements</b>	<b>What is the degree of relevance?</b>		<b>Total</b>	<b>Other Relevant Information</b>	
<b>Function or Policy</b>	Which of the 3 aspects does it apply to? <ul style="list-style-type: none"> <li>Eliminating discrimination (1)</li> <li>Promoting equality of opportunity(1)</li> <li>Promoting good race relations(1)</li> </ul> <b>MAX SCORE - 3</b>	Which of the 5 aspects does it relate to: <ul style="list-style-type: none"> <li>Energising the organisation(1)</li> <li>Demographic profile(1)</li> <li>Access &amp; Service Delivery(1)</li> <li>Human Resources(1)</li> <li>Community Development(1)</li> </ul> <b>MAX SCORE = 5</b>	Do we consider that some racial groups could be differently affected? How much? a) No 0 b) A Little 1 c) Some 2 d) Substantial 3  <b>MAX SCORE = 3</b>	Are we aware of public concern that this function or policy is operated in a discriminatory manner? a) None 0 b) A little 1 c) Some 2 d) Substantial 3  <b>MAX SCORE =3</b>	Total points for each function, and priority  <b>MAX = 14</b>  LOW = 1-5 MED = 6-9 HIGH = 10-14	Is this function contracted out?	Any partnership arrangements in delivering this function
<b>Community Health Services:</b> District Nurses Health Visitors School Nurses Community Child Health Services	3	3	3	2	11 HIGH	No	Yes
<b>Mental Health Services:</b> Child & Adolescent Mental Health Services	3	3	3	3	11 HIGH	No	Yes
Adult Mental Health Services	3	3	3	2	11 HIGH	No	No
Adult Clinical Psychology Service	3	2	2	0	7 MEDIUM	No	Yes

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	Relevance to RR(A)A	Relevance to FFA Elements	What is the degree of relevance?		Total	Other Relevant Information	
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Audiology Services	3	2	2	0	7 MEDIUM	No	-
Behavioural Psychotherapy Service	3	2	2	0	7 MEDIUM	No	-
Community Alcohol & Drugs Service	3	2	2	0	7 MEDIUM	No	Yes
Learning Disability Services	3	2	1	1	7 MEDIUM	No	-
Services for Older People	3	2	1	1	7 MEDIUM	No	-
Prescribing & Pharmacy	3	2	1	0	6 MEDIUM	No	No
Podiatry	3	2	1	0	6 MEDIUM	No	-
Speech & Language Therapy	3	3	3	1	10 HIGH	No	-

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Nutrition & Dietetics	3	3	3	1	10 HIGH	No	-
Creative Art Therapies	3	1	0	0	4 LOW	-	Yes
Family Planning Services	3	3	1	0	7 MEDIUM	-	-
Sexual Health	3	4	3	1	11 MEDIUM		
Continence Services	3	3	1	0	7 MEDIUM	-	-
Occupational Therapy	3	1	1	0	5 LOW	-	-
Physiotherapy	3	1	1	0	5 LOW	-	-
Occupational Health	3	2	1	0	6 MEDIUM	-	-
Tissue Viability	3	1	1	0	5 LOW	-	-

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Chaplaincy / Spiritual Care	3	4	2	1	10 HIGH	-	Yes
Advocacy	3	4	2	0	8 MEDIUM	Yes	-
Voluntary Organisations	3	2	1	0	6 MEDIUM	Yes	Yes
Volunteers	3	2	1	0	6 MEDIUM	No	Yes
Accident and Emergency Services	3	3	3	1	10 HIGH	-	-
Out-patient services	3	3	1	0	7 MEDIUM		
Women's & Childrens Services:	3	4	2	1	10 HIGH	-	-
<b>Acute Clinical Services</b>							

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	Relevance to RR(A)A	Relevance to FFA Elements	What is the degree of relevance?		Total	Other Relevant Information	
<b>Function or Policy</b>	Which of the 3 aspects does it apply to? <ul style="list-style-type: none"> <li>Eliminating discrimination (1)</li> <li>Promoting equality of opportunity(1)</li> <li>Promoting good race relations(1)</li> </ul> <b>MAX SCORE - 3</b>	Which of the 5 aspects does it relate to: <ul style="list-style-type: none"> <li>Energising the organisation(1)</li> <li>Demographic profile(1)</li> <li>Access &amp; Service Delivery(1)</li> <li>Human Resources(1)</li> <li>Community Development(1)</li> </ul> <b>MAX SCORE = 5</b>	Do we consider that some racial groups could be differently affected? How much? <ul style="list-style-type: none"> <li>a) No 0</li> <li>b) A Little 1</li> <li>c) Some 2</li> <li>d) Substantial 3</li> </ul> <b>MAX SCORE = 3</b>	Are we aware of public concern that this function or policy is operated in a discriminatory manner? <ul style="list-style-type: none"> <li>a) None 0</li> <li>b) A little 1</li> <li>c) Some 2</li> <li>d) Substantial 3</li> </ul> <b>MAX SCORE =3</b>	Total points for each function, and priority <b>MAX = 14</b> LOW = 1-5 MED = 6-9 HIGH = 10-14	Is this function contracted out?	Any partnership arrangements in delivering this function
Imaging Service	3	2	1	0	6 MEDIUM	No	-
Mortuary Services	3	3	3	1	10 HIGH	No	-
Laboratory Services	3	2	1	0	6 MEDIUM	No	-
Acute Intermediate & Rehabilitation Services	3	1	1	0	5 MEDIUM	-	-
Area Rehabilitation Service	3	2	1	0	6 MEDIUM	No	Yes
<b>Acute Medical Services</b>							
Cancer Services	3	3	2	2	10 HIGH	No	-
Cardiology Services	3	3	2	2	10 HIGH	No	-



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Dermatology Service	3	3	1	0	7 MEDIUM	No	-
Diabetic Services	3	3	2	2	10 HIGH	No	-
Gastroenterology Service	3	3	1	0	7 MEDIUM	No	-
General Medical Services	3	3	1	0	7 MEDIUM	No	-
Haematology	3	3	2	2	10 HIGH	No	-
Neurology Services	3	3	1	0	7 MEDIUM	No	-
Ophthalmology Services	3	3	1	0	7 MEDIUM	No	-
<b>Acute Surgical Services</b>							

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<b>Function or Policy</b>	Which of the 3 aspects does it apply to? <ul style="list-style-type: none"> <li>Eliminating discrimination (1)</li> <li>Promoting equality of opportunity(1)</li> <li>Promoting good race relations(1)</li> </ul> <b>MAX SCORE - 3</b>	Which of the 5 aspects does it relate to: <ul style="list-style-type: none"> <li>Energising the organisation(1)</li> <li>Demographic profile(1)</li> <li>Access &amp; Service Delivery(1)</li> <li>Human Resources(1)</li> <li>Community Development(1)</li> </ul> <b>MAX SCORE = 5</b>	Do we consider that some racial groups could be differently affected? How much? <ul style="list-style-type: none"> <li>a) No 0</li> <li>b) A Little 1</li> <li>c) Some 2</li> <li>d) Substantial 3</li> </ul> <b>MAX SCORE = 3</b>	Are we aware of public concern that this function or policy is operated in a discriminatory manner? <ul style="list-style-type: none"> <li>a) None 0</li> <li>b) A little 1</li> <li>c) Some 2</li> <li>d) Substantial 3</li> </ul> <b>MAX SCORE =3</b>	Total points for each function, and priority <b>MAX = 14</b> LOW = 1-5 MED = 6-9 HIGH = 10-14	Is this function contracted out?	Any partnership arrangements in delivering this function
General Surgical Services	3	3	1	0	7 MEDIUM	No	-
Ear Nose & Throat Service	3	3	1	0	7 MEDIUM	No	-
Gynaecology Services	3	3	2	2	10 HIGH	No	-
Oral & Maxillofacial Surgery	3	3	2	2	10 HIGH	No	-
Orthodontic Services	3	3	1	0	7 MEDIUM	No	-
Orthopaedic Services	3	3	1	0	7 MEDIUM	No	-
Urology Services	3	3	1	0	7 MEDIUM	No	-
Vascular Surgery	3	3	1	0	7 MEDIUM	No	-

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Local health care planning	3	5	2	0	10 HIGH	No	-
Public Health	3	5	2	0	10 HIGH	No	-
Health Promotion	3	5	2	0	10 HIGH	No	-
Partnership Forums/Partnership Working	3	5	2	0	10 HIGH	No	Yes
Public involvement	3	5	2	0	10 HIGH	No	Yes
Health and safety	3	2	1	0	6 MEDIUM	No	-
Professional and Advisory Committee services	3	-	1	0	4 LOW	-	Yes
<b>Corporate and non-clinical services</b>							

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Human Resources	3	5	2	1	11 HIGH	No	Yes
Finance	3	-	1	0	4 LOW	-	-
Communications	3	4	2	1	10 HIGH	No	-
Corporate Services	3	-	1	0	4 LOW	-	-
Information Technology	3	-	1	0	4 LOW	-	-
<b>Forth Valley Facilities:</b>							
Laundry Services	3	1	0	0	4 LOW	-	-
Catering Services	3	4	0	1	10 HIGH	-	-
Transport Services	3	1	1	0	5 LOW	-	-

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Domestic Services	3	1	1	0	5 MEDIUM	-	-
Medical Records	3	1	1	0	5 LOW	-	-
Clinical Effectiveness	3	3	1	0	7 MEDIUM	-	-
Research & Development	3	5	0	0	8 MEDIUM		
Complaints	3	4	2	1	10 HIGH	No	-
Procurement	3	5	2	0	10 HIGH	No	-
Risk Management	3	5	2	0	10 HIGH	No	-
<b>HR Policies:</b>							
Health & Absence	3	1	1	0	5 LOW	-	-

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Freedom of Speech	3	1	2	0	6 MEDIUM	-	-
Substance Use	3	1	1	0	5 LOW	-	-
Redeployment Agreement	3	1	2	0	6 MEDIUM	-	-
Recruitment & Selection	3	3	2	3	11 HIGH	No	-
Equal Opportunities	3	3	2	3	11 HIGH	No	-
Organisational Change	3	1	2	0	6 MEDIUM	-	-
Dignity at Work	3	3	2	2	10 HIGH	No	-
Managing Employee Conduct	3	3	2	2	10 HIGH	No	-
Managing Employee Concerns	3	3	2	2	10 HIGH	No	-

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Paternity Leave Policy	3	1	1	0	5 LOW		
Maternity Leave Policy	3	1	1	0	5 LOW		
Tobacco Policy	3	1	1	0	5 LOW	-	-
Breastfeeding at Work	3	1	2	0	6 MEDIUM	-	-
Rehabilitation to Work Policy	3	1	2	0	6 MEDIUM	-	-
<b>IM&amp;T Policies:</b>							
Intranet (Internet) Services Access Terms & Conditions			0	0	0		
Guidance for Safe Haven Arrangements	3	2	2	0	7 MEDIUM	No	-

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Corporate Security Policy			0	0	0	-	-
Protecting Patient's Information			0	0	0	-	-
Protecting Patient Confidentiality			0	0	0	-	-
Bogus Caller Policy			0	0	0	-	-
Data Protection Policy			0	0	0	-	-
<b>Health &amp; Safety/Risk Management Policies:</b>							
HSE Policy	3	1	0	0	4 LOW	-	-
COSHH Policy	-	1	0	0	1 LOW	-	-



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Security Policy Fire Policy	-	1	0	0	1 LOW	-	-
Incident Reporting & Investigating	3	1	1	0	5 LOW	-	-
SHO Safety Protocol	3	1	1	0	5 LOW	-	-
Guidance on Responsibilities for Health & Safety	3	1	1	0	5 LOW	-	-
Major Emergency Procedures	3	1	1	0	5 LOW	-	-
Guidelines for Opening Mail	-	1	0	0	1 LOW	-	-
Safety Guidelines and Rules for Contractors	-	1	0	0	1 LOW	-	-
Moving & Handling Policy	3	1	2	0	6 MEDIUM	-	-

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Violence & Aggression	3	1	2	0	6 MEDIUM	-	-
Covert Surveillance Policy	3	1	0	0	4 LOW	-	-
Identifying, Recording, Assessing & Controlling Risks	3	1	1	0	5 LOW	-	-
Processing DHSS forms relating to Employee Absence	3	1	0	0	4 LOW	-	-
Radiation Protection	-	1	0	0	1 LOW	-	-
<b>Infection Control Policies:</b>							
Food Hygiene & Safety	1	1	1	0	3 LOW	-	-

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Gastrointestinal Illness	1	1	1	0	3 LOW	-	-
Hand Hygiene	1	1	1	0	3 LOW	-	-
Management of MRSA	1	1	1	0	3 LOW	-	-
Outbreak Policy (non gastro-intestinal) and Major Outbreak Plan	1	1	1	0	3 LOW	-	-
Infection Control for Domestic Services	1	1	1	0	3 LOW	-	-
Domestic Cleaning Specifications	1	1	1	0	3 LOW	-	-
Control of Infection Disinfection	1	1	1	0	3 LOW	-	-
Management of Waste	1	1	1	0	3 LOW	-	-

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Infection Control Manual	1	1	1	0	3 LOW	-	-
Prevention of Blood Borne Virus Infection	1	1	1	0	3 LOW	-	-
Keeping Pets in Hospitals & Residencies	1	1	1	0	3 LOW	-	-
Scabies Identification & Treatment	1	1	1	0	3 LOW	-	-
Management of Pulmonary TB	3	3	1	0	7 MEDIUM	-	-
Standard Infection Control Precautions & Isolation Procedures Policy	1	1	1	0	3 LOW	-	-
Clostridium Difficile Infection	1	1	1	0	3 LOW	-	-
<b>Pharmacy Policies &amp; Procedures:</b>							

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Procedure for Implementing Patient Group Directions	1	1	1	0	3 LOW	-	-
Forth Valley Antimicrobial Guidelines	1	1	1	0	3 LOW	-	-
<b>Clinical Policies:</b>							
Resuscitation Policy	1	1	2	0	4 LOW	-	-
Management Guideline for Enteral Feeding	1	1	2	0	4 LOW	-	-

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