NHS Grampian


July 2008
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If you have a problem reading or understanding the English language, this document is available in a language of your choice. Please ask an English speaking friend or relative to phone, write or email Nigel Firth, Equality and Diversity Manager, NHS Grampian. His contact details are:-

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1. Introduction
This is the NHS Grampian Racial Equality Workforce Monitoring Report for 2007/08, i.e. 1\textsuperscript{st} April 2007 to the 31\textsuperscript{st} March 2008. Production of the report is a statutory requirement to ensure that NHS Grampian is applying the principles of racial equality to its own workforce and to prospective employees. The 2007/08 report has been expanded to include additional information, as required by the Equality and Human Rights Commission (EHRC). The EHRC are the body responsible for monitoring compliance with racial equality and diversity legislation.

2. The ethnic make up of the NHS Grampian workforce
NHS Grampian has collected information on the ethnic origins of its staff in a number of ways. These are :-.

- On an ongoing basis through the staff recruitment and selection process
- By issuing a staff questionnaire in 2004
- By issuing a staff questionnaire in March 2007
- By issuing a staff questionnaire in September 2007

While every effort had been made to encourage staff to volunteer information on their ethnic origins, it should be noted that all employees and prospective employees, have the legal right not to disclose their ethnicity, if they so choose.

Following the most recent questionnaire, informal local canvassing was carried out to find out why so many staff had not returned their questionnaires. While most staff accepted the importance of the questionnaire, there was a general resistance to providing information which most felt was personal and private.

Of the staff who responded to the latest questionnaire, many responded to advise that they did not wish to disclose their ethnic origins.

Information on the ethnic make up of the NHS Grampian workforce as at 31\textsuperscript{st} March 2008, is shown below.
NHS Grampian

The ethnic make up of the NHS Grampian workforce as at 31st March 2008

<table>
<thead>
<tr>
<th>Ethnic Categories (as per 2001 Census)</th>
<th>Number</th>
<th>Percentage</th>
<th>2001 Census, % of population of Grampian in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Percentage</td>
</tr>
<tr>
<td>a) White</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scottish</td>
<td>6,826</td>
<td>47.95%</td>
<td>84.77%</td>
</tr>
<tr>
<td>Other British</td>
<td>1,195</td>
<td>8.28%</td>
<td>11.08%</td>
</tr>
<tr>
<td>Irish</td>
<td>117</td>
<td>0.82%</td>
<td>0.55%</td>
</tr>
<tr>
<td>Any other white background</td>
<td>223</td>
<td>1.6%</td>
<td>1.8%</td>
</tr>
<tr>
<td>b) Mixed</td>
<td>38</td>
<td>0.26%</td>
<td>0.28%</td>
</tr>
<tr>
<td>c) Asian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>229</td>
<td>1.6%</td>
<td>0.20%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>35</td>
<td>0.25%</td>
<td>0.11%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>9</td>
<td>0.06%</td>
<td>0.07%</td>
</tr>
<tr>
<td>Chinese</td>
<td>40</td>
<td>0.28%</td>
<td>0.31%</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>123</td>
<td>0.86%</td>
<td>-</td>
</tr>
<tr>
<td>d) Black</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>12</td>
<td>0.08%</td>
<td>0.36%</td>
</tr>
<tr>
<td>African</td>
<td>66</td>
<td>0.46%</td>
<td>0.16%</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>5</td>
<td>0.04%</td>
<td>0.02%</td>
</tr>
<tr>
<td>e) Other Ethnic Background</td>
<td>36</td>
<td>0.26%</td>
<td>0.29%</td>
</tr>
<tr>
<td>Declined to disclose</td>
<td>5,298</td>
<td>37.2%</td>
<td>-</td>
</tr>
<tr>
<td>Not known</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>14,252</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

To provide top quality healthcare in the 21st Century NHS Grampian must recruit worldwide. This is particularly true for many of the clinical professions where there are shortages of staff such as medicine, nursing and allied health professionals (AHPs). Accordingly, there will never be a perfect correlation between the ethnic make up of the local community in Grampian and the ethnic make up of the NHS Grampian workforce. However, from the table above, it can be seen that the ethnic make up of the NHS Grampian workforce does generally
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mirror the pattern shown by the 2001 Census.

3. Average number of staff in post during 2007/08
The average number of staff in post during 2007/08 was 14,084. This figure excludes Bank Staff who can have several contracts. Accordingly, to avoid double or treble counting, Bank Staff have been excluded from these figures.

4. Recruitment and selection
NHS Grampian has routinely collected recruitment and selection data for a number of years. However, much of this data has not been collated. NHS Grampian has now collated:

- 2007/08 full year data on the ethnic origins of staff appointed.
- Six months of data i.e., 1st October 2007 to 31st March 2008, on the ethnic origins of applicants for posts and the ethnic origins of those candidates shortlisted.

This above information is shown in table form, below. The 2008/09 Report will contain full year data for each of these headings.

a). The ethnic origins of applicants for posts and shortlisted candidates, October 2007- March 2008
The table is shown below. The main points are :-

- 1st October 2007 to 31st March 2008, NHS Grampian received 7,316 applications.
- 4,838 applicants (66.1%) declined to disclose their ethnicity.
- Of the 7,316 applicants, 3,097 applicants were shortlisted (42.33%).
- Candidates with a Scottish ethnic background are under represented. This can be explained in part by the influence of the local oil industry. Jobs in the oil industry are plentiful and offer substantially higher salaries.
- The ethnic origins of staff recruited during 2007/08 are shown as a comparator. Overall, the figures suggest that the NHS Grampian recruitment, short listing and interview processes are fair.
NHS Grampian

The ethnic origins of applicants for posts and shortlisted candidates,
October 2007- March 2008

<table>
<thead>
<tr>
<th>Ethnic Categories (as per 2001 Census)</th>
<th>No. of applicants Oct 07/ Mar 08 (6 months)</th>
<th>Applicants as a % of total</th>
<th>Nos. short Listed Oct 07/Mar 08 (6 months)</th>
<th>Ethnicity as a % of total short listed</th>
<th>Ethnicity of staff appointed 2007/08 (12 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
</tr>
<tr>
<td>a) White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scottish</td>
<td>1585</td>
<td>21.7%</td>
<td>792</td>
<td>49.9%</td>
<td>48.84%</td>
</tr>
<tr>
<td>Other British</td>
<td>117</td>
<td>1.6%</td>
<td>44</td>
<td>37.6%</td>
<td>10.29%</td>
</tr>
<tr>
<td>Irish</td>
<td>12</td>
<td>0.16%</td>
<td>3</td>
<td>25%</td>
<td>1.26%</td>
</tr>
<tr>
<td>Any other white background</td>
<td>196</td>
<td>2.68%</td>
<td>68</td>
<td>34.7%</td>
<td>3.12%</td>
</tr>
<tr>
<td>b) Mixed</td>
<td>25</td>
<td>0.34%</td>
<td>5</td>
<td>20%</td>
<td>0.49%</td>
</tr>
<tr>
<td>c) Asian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>212</td>
<td>2.98%</td>
<td>43</td>
<td>20.3%</td>
<td>3.69%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>13</td>
<td>0.18%</td>
<td>3</td>
<td>23%</td>
<td>0.93%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.10%</td>
</tr>
<tr>
<td>Chinese</td>
<td>19</td>
<td>0.26%</td>
<td>6</td>
<td>31%</td>
<td>0.59%</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>96</td>
<td>1.3%</td>
<td>23</td>
<td>23.95%</td>
<td>2.06%</td>
</tr>
<tr>
<td>d) Black</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>6</td>
<td>0.08%</td>
<td>4</td>
<td>66%</td>
<td>0.10%</td>
</tr>
<tr>
<td>African</td>
<td>186</td>
<td>2.5%</td>
<td>36</td>
<td>19.4%</td>
<td>1.21%</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>2</td>
<td>-</td>
<td>0</td>
<td>0%</td>
<td>0.24%</td>
</tr>
<tr>
<td>e) Other Ethnic Background</td>
<td>9</td>
<td>0.12%</td>
<td>5</td>
<td>55.5%</td>
<td>0.49%</td>
</tr>
<tr>
<td>Declined to disclose</td>
<td>4838</td>
<td>66.1%</td>
<td>2065</td>
<td>42.68%</td>
<td>26.59%</td>
</tr>
<tr>
<td>Not known</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7316</td>
<td>100%</td>
<td>3097</td>
<td>42.33%</td>
<td>100%</td>
</tr>
</tbody>
</table>
b). The ethnic origins of staff appointed during the 2007/08 Financial Year
This information is shown below.

<table>
<thead>
<tr>
<th>The Ethnic Origins of NHS Grampian staff recruited during 2007/08</th>
<th>2007/08</th>
<th>2001 Census, % of population of Grampian in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>a). White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scottish</td>
<td>1,782</td>
<td>48.84%</td>
</tr>
<tr>
<td>Other British</td>
<td>375</td>
<td>10.29%</td>
</tr>
<tr>
<td>Irish</td>
<td>46</td>
<td>1.26%</td>
</tr>
<tr>
<td>Any other white background</td>
<td>114</td>
<td>3.12%</td>
</tr>
<tr>
<td>b). Mixed</td>
<td>18</td>
<td>0.49%</td>
</tr>
<tr>
<td>c). Asian, Asian Scottish or Asian British</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>135</td>
<td>3.69%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>34</td>
<td>0.93%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>4</td>
<td>0.10%</td>
</tr>
<tr>
<td>Chinese</td>
<td>21</td>
<td>0.59%</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>75</td>
<td>2.06%</td>
</tr>
<tr>
<td>d). Black, Black Scottish or Black British</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>4</td>
<td>0.10%</td>
</tr>
<tr>
<td>African</td>
<td>44</td>
<td>1.21%</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>9</td>
<td>0.24%</td>
</tr>
<tr>
<td>e). Other ethnic background</td>
<td>18</td>
<td>0.49%</td>
</tr>
<tr>
<td>Declined to disclose</td>
<td>970</td>
<td>26.59%</td>
</tr>
<tr>
<td>Not known</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Vacancies Filled</td>
<td>3,649</td>
<td>100%</td>
</tr>
</tbody>
</table>
NHS Grampian

The above figures suggest that recruitment and selection procedures within NHS Grampian are generally fair. There is however, an under representation of staff from a Scottish ethnic background. As previously stated, this can be explained in part, by the influence of the local oil industry.

5. Promotion within NHS Grampian

During 2007/08, 213 NHS Grampian staff were promoted. The table below excludes staff who received an increase in salary as a result of the national Agenda for Change re-grading exercise. The ethnic make up of the NHS Grampian workforce as at 31\textsuperscript{st} March 2008, is shown as a comparator.

The main variations highlighted by the table are :-

- An under-representation of staff from a Scottish ethnic background being promoted. This variation will be monitored.

- 73.24\% of promoted staff were prepared to voluntarily disclose their ethnicity.

- The table indicates that appointment arrangements for promoted posts within NHS Grampian are fair.
The ethnic make up of NHS Grampian staff promoted during 2007/08

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>a). White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scottish</td>
<td>83</td>
<td>38.97%</td>
</tr>
<tr>
<td>Other British</td>
<td>39</td>
<td>18.31%</td>
</tr>
<tr>
<td>Irish</td>
<td>4</td>
<td>1.88%</td>
</tr>
<tr>
<td>Any other white background</td>
<td>9</td>
<td>4.22%</td>
</tr>
<tr>
<td>b). Mixed</td>
<td>3</td>
<td>1.41%</td>
</tr>
<tr>
<td>c). Asian, Asian Scottish or Asian British</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>9</td>
<td>4.22%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>1</td>
<td>0.47%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Chinese</td>
<td>4</td>
<td>1.88%</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>2</td>
<td>0.94%</td>
</tr>
<tr>
<td>d). Black, Black Scottish or Black British</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>African</td>
<td>1</td>
<td>0.47%</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>e). Other ethnic background</td>
<td>1</td>
<td>0.47%</td>
</tr>
<tr>
<td>Declined to disclose</td>
<td>57</td>
<td>26.76%</td>
</tr>
<tr>
<td>Not known</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Vacancies Filled</td>
<td>213</td>
<td>100%</td>
</tr>
</tbody>
</table>
6. Leavers

Below is a breakdown of the ethnic origins of staff who left NHS Grampian employment during 2007/08. The ethnic origins of staff recruited during 2007/08 are also shown, as a comparator.

### Breakdown of the ethnic origins of staff who left NHS Grampian employment during 2007/08

<table>
<thead>
<tr>
<th>2001 Census categories</th>
<th>Ethnic Origins of leavers</th>
<th>Ethnic Origins Of staff recruited</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>number</td>
<td>+/-</td>
</tr>
<tr>
<td><strong>a). White</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scottish</td>
<td>1001</td>
<td>1,782</td>
<td>+781</td>
</tr>
<tr>
<td>Other British</td>
<td>188</td>
<td>375</td>
<td>+187</td>
</tr>
<tr>
<td>Irish</td>
<td>27</td>
<td>46</td>
<td>+19</td>
</tr>
<tr>
<td>Any other white background</td>
<td>60</td>
<td>114</td>
<td>+54</td>
</tr>
<tr>
<td><strong>b). Mixed</strong></td>
<td>5</td>
<td>18</td>
<td>+13</td>
</tr>
<tr>
<td><strong>c). Asian, Asian Scottish or Asian British</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>67</td>
<td>135</td>
<td>+68</td>
</tr>
<tr>
<td>Pakistani</td>
<td>15</td>
<td>34</td>
<td>+19</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>2</td>
<td>4</td>
<td>+2</td>
</tr>
<tr>
<td>Chinese</td>
<td>15</td>
<td>21</td>
<td>+6</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>43</td>
<td>75</td>
<td>+32</td>
</tr>
<tr>
<td><strong>d). Black, Black Scottish or Black British</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>4</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>African</td>
<td>18</td>
<td>44</td>
<td>+26</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>1</td>
<td>9</td>
<td>+8</td>
</tr>
<tr>
<td><strong>e). Other ethnic background</strong></td>
<td>9</td>
<td>18</td>
<td>+9</td>
</tr>
<tr>
<td>Declined to disclose</td>
<td>797</td>
<td>970</td>
<td>+173</td>
</tr>
<tr>
<td>Total number of leavers</td>
<td>2252</td>
<td>3,649</td>
<td>+1397</td>
</tr>
</tbody>
</table>
NHS Grampian

The above table would again suggest that recruitment and selection procedures within NHS Grampian are fair and equitable.

7. Training
During 2007/08, NHS Grampian did not routinely collect information on the ethnic origins of staff applying for training and those who received training.

In March 2008, NHS Grampian purchased the “AT Learning” Management System. This new system will be implemented commencing August 2008 with training for key training input administrators. This system will be able to provide data on the ethnic origin of staff applying for training and attending training once it is implemented. It is anticipated that it will take 12-18 months to implement.

8. Staff performance and assessment procedures

a). Executive cohort
The Executive Cohort of NHS Grampian comprises 14 staff. Due to the small size of this group, their ethnic origins have not been detailed since this would identify individuals. For 2007/08 all 14 staff will benefit from the performance assessment procedure.

The responsibility to ensure that the requirements of equality and diversity are being met in this regard, rests with the NHS National Performance Committee.

b). Senior Managers
There are 118 senior managers within NHS Grampian. For 2007/08, 115 senior managers will benefit from the performance assessment process, three will not. Due to the small size of the senior manager group, their ethnic origins have not been detailed since this would identify individuals.

c). Knowledge and Skills Framework (KSF)
KSF is being implemented for all NHS Grampian staff, excluding the executive and senior manager cohorts and medical and dental staff, for whom separate arrangements apply. There will be an ongoing cycle of review, planning, development and evaluation which links organisational and individual developments needs - a commitment to the development of everyone who works in the NHS. KSF outlines are developed for all posts which details the knowledge and skills required for the post covering six mandatory core dimensions of :-

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- Communication
- Personal and People Development
- Health, safety and security
- Service improvement
- Quality
- Equality and Diversity

and specific dimensions which reflect the key activities of the post. At two gateways within a payband, decisions are made about pay progression as well as development, using an assessment against the KSF outline. The Foundation gateway within one year of appointment to the bands checks that the employee can meet the basic demands of their post. The Second gateway confirms that the employee is applying their knowledge and skills to consistently meet the full demands of their posts. Deferment of pay progression can be applied at either gateway.

The inclusion of the Equality and Diversity dimension is very positive as it will assist in ensuring that this is integral within NHS Grampian by making it a responsibility of all employees to act in ways that support equality and diversity.

9. Discipline and grievance procedures

a). Disciplinary action
The ethnic origins of NHS Grampian staff disciplined during 2007/08, are shown in the table below. For comparison purposes, the ethnic make up of the NHS Grampian staff as at 31st March 2008, is also shown.

From the table it can be seen that :-

- 98 staff in total were disciplined during 2007/08, this equates to 0.7% of the total workforce.

- The ethnicity of staff disciplined is generally pro rata with the numbers of staff in each ethnic category.

- There was a small over representation of staff with an African ethnic background being disciplined. However, due to the relatively small numbers of staff involved, i.e. 3, it is hard to draw any firm conclusions. However, there will be ongoing monitoring.
## Ethnic origins of staff disciplined during 2007/08

<table>
<thead>
<tr>
<th>Ethnic Origins of NHS Grampian staff disciplined during 2006/07</th>
<th>2007/08</th>
<th>The ethnic origins of NHS Grampian staff as at 31st March 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>a). White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scottish</td>
<td>43</td>
<td>43.9%</td>
</tr>
<tr>
<td>Other British</td>
<td>13</td>
<td>13.3%</td>
</tr>
<tr>
<td>Irish</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Any other white background</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>b). Mixed</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>c). Asian, Asian Scottish or Asian British</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Chinese</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Any other Asian background</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>d). Black, Black Scottish or Black British</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>African</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Any other Black background</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>e). Other ethnic background</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Declined to disclose</td>
<td>33</td>
<td>33.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>98</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
b). Grievance procedures
There was only one formal grievance lodged during 2007/08. The overwhelming majority of issues that concern staff, are satisfactorily resolved at the local discussion level, without recourse to the formal grievance procedure.

10. Equality and Diversity Impact Assessment
NHS Grampian has an experienced Equality and Diversity Impact Assessor Trainer. There are now 47 NHS Grampian staff who have been trained as Level One Equality and Diversity Impact Assessors. Since May 2005, all new or updated NHS Grampian-wide policies or strategies have been Impact Assessed using the prescribed methodology. Work continues to Impact Assess existing policies and strategies.

If there are any spare places at an Equality and Diversity Impact Assessment Training Seminar, these are offered free of charge to other local organisations. This is done in a spirit of joint working and mutual co-operation, as part of our close inter-agency working.

To date, NHS Grampian has provided Impact Assessor Training for :-
- Aberdeen City Council
- Aberdeenshire Council
- The Moray Council
- The Grampian Police
- The Grampian Fire and Rescue Service
- The Scottish Ambulance Service
- Several other local organisations

11. Demography in Grampian
Grampian is currently undergoing the biggest population change in its history. The 2001 Census showed that Grampian had a diverse range of local ethnic communities, which numbered 18,908. However, these figures are now completely out of date. The Census results do not reflect the substantial influx of mostly Eastern European migrant workers and their families coming to Grampian since the expansion of the European Economic Area on 1st May 2004.

In the period May 2004 to May 2006, it is estimated that approximately 800 migrant workers and their families, came to Grampian every month. From May 2006 to March 2008, this figure increased to approximately 1,200 per month. There is no evidence of this trend changing.
By March 2008, this inward migration had increased the size of the local ethnic communities to approximately 60,508 or 10.8% of the population of Grampian (total population of Grampian 560,336).

More information on the way this estimate has been complied is shown at Appendix I.

An example of the type of information used to compile the estimate is attached at Appendix II. “Language Line” is a telephone based interpretation service which gives staff access to expert interpreters on the telephone, for 120 different languages, in 60-90 seconds. The NHS Grampian Language Line Usage Report January to December 2007, gives details of the most commonly requested local ethnic community languages, broken down by volume and location. This is one piece of the jigsaw of information used to track trends in inward migration in Grampian.

A copy of the NHS Grampian Race Equality Scheme 2005-2008 is attached at Appendix III.

A number of involvement events have been arranged with the local ethnic communities during 2008, to discuss their priorities for health care. This information will form the basis of the updated NHS Grampian Race Equality Scheme 2008-2011, which will be produced in early November 2008, in compliance with the Race Relations (Amendment) Act 2000. This consultation work will also form the basis of the Annual NHS Grampian Racial Equality Action Plans.


It will be widely circulated in both electronic and hard copy formats to:-
- The NHS Grampian Staff Governance Committee
- The NHS Grampian Area Partnership Forum
- All NHS Grampian staff
- The Grampian Racial Equality Council and other local racial equality groups/organisations
- Members of the local ethnic communities
- The three Local Authorities
- Other partner organisations
NHS Grampian

- The Equality and Human Rights Commission
- Community Forums
- Patient Focus Public Involvement Groups
- The wider community in Grampian
- The National Resource Centre for Ethnic Minority Health
- The Scottish Government Reputation and Attraction Unit.

It will also be made available on :-
- The NHS Grampian Website
- Community Websites
- Hi-Net

Comments on the monitoring report will be warmly welcomed. All comments received will be carefully considered by the NHS Grampian Racial Equality Working Group.

14. Compilation of the Report
Grateful thanks are expressed to the many staff who assisted in the compilation of this report. Special mention is due to :-

- Hall Harper, Partnership and Staff Governance Manager
- Ann Miller, Workforce Information Analyst
- Ed Rennie, Head of HR
- Anne Inglis, Head of Learning and Development
- Richard Morrison, Head of Service, Human Resources Service Centre
- Jen Park, Recruitment Manager
- Neil Gordon, HRSC Team leader Systems Development
- Diane Annand, Project Manager Agenda for Change

Nigel Firth,
Equality and Diversity Manager
NHS Grampian
11th July 2008
Demography in Grampian

Grampian is currently undergoing the biggest population change in its history. The main reasons for this increase are:-

(i) Migrant Workers: 1 May 2004 – May 2006
From 1st May 2004, there was a large influx of migrant workers and their families into Grampian from the Eastern European Countries who joined the European Economic Area (EEA). The main countries of origin were Poland, Lithuania and Latvia. It has been difficult to establish definitive figures for the influx. However, both the Grampian Racial Equality Council (GREC) and the NHS Grampian Racial Equality Working Group agreed that from their knowledge, an estimated figure of around 800 migrant workers and family members per month, coming to Grampian, in the period May 2004 to May 2006, was realistic. Of these 800 approximately 400 were Polish.

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

The Ebury House Office of Jobcentre Plus in Aberdeen were able to provide some useful statistics. Ebury House issues National Insurance numbers for all of Aberdeen and large areas of Aberdeenshire. For North Aberdeenshire, National Insurance numbers are issued by the Peterhead Job Centre.

National Insurance numbers are issued to eligible persons who are about to take up employment. But national insurance statistics do not include non-working family members nor people who have obtained their National Insurance numbers elsewhere in the UK then moved to Grampian.

Given the information available, the Grampian Racial Equality Council and NHS Grampian estimate for the period 1 May 2004 to May 2006, would appear to be reasonably accurate.

May 2006 onwards, both GREC and the NHS Grampian Racial Equality Working Group became aware that the numbers of migrant workers and their families coming to Grampian from Eastern European Countries, appeared to be increasing.

For NHS Grampian, this was reflected in the increased usage of “Language Line” telephone interpretation services and requests for “face to face” interpreters. There was also an increase in the volume of requests for health care material to be translated from or into Polish, Latvian, Lithuanian and Russian. GP Practices
NHS Grampian

in areas where there is a substantial migrant worker population, such as North Aberdeenshire LCHP and Aberdeen City CHP, saw an increase in the numbers of migrant worker and their families seeking treatment. There are also increasing numbers of migrant workers and their families coming to Grampian from Estonia and the Czech Republic.

For GREC, the increase in numbers was reflected in a substantial increase in the number of inquiries and personal callers.

NHS Grampian has expanded its sources of information on the numbers of migrant workers and their families coming to Grampian. We now obtain information from:-

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

There are no definitive figures available for the increase in the numbers of migrant workers and their families coming to Grampian, however, the best estimate of the NHS Grampian Racial Equality Working Group and GREC is that since May 2006, to the present day, approximately 1,200 migrant workers and their families per month are now coming to Grampian.

It is stressed that this is an estimate, however, the more information we collect, the more accurate the GREC/NHS Grampian estimate appears.

There is clear evidence that the overwhelming majority of the workers and their families are not “migrant” but are permanently settling in Grampian. However, a very small number of mostly Polish migrants are known to have returned to Poland, often due to difficulties in getting their qualifications recognised in the UK or due to the falling value of the pound against the zloty.
NHS Grampian

(ii) Work Permit Holders
Many non-EEA nationals and nationals from countries that do not have EEA reciprocal agreements enter the UK on a Work Permit each year. In Grampian there are many Work Permit holders, most of whom are located around the Buchan Coast. Most come from China. Work Permit holders and their families are not entitled to free NHS health care if the Work Permit held is for less than 6 months. However, they are entitled to free emergency care. If the Work Permit held is for more than 6 months, the Work Permit holder and their family are entitled to free NHS Health care. Accordingly, Work Permit holders and their families tend to seek routine health care only after they have been in Grampian for over 6 months.

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

(iii) Asylum Seekers. Grampian is not an area to which asylum seekers have been officially relocated, pending the application process. However, there is an unofficial dispersal pattern which has seen approximately 20 asylum seekers per month come to Grampian during since 2005. Most of the asylum seekers are located in the North of Grampian. Asylum seekers are entitled to free NHS health care, while their application for asylum is being considered, but are not permitted to take up gainful employment. Accordingly, asylum seekers are not being included in statistics on the issue of new National Insurance numbers.

(iv) Refugees. There are a small number of refugees in Grampian, mostly located around the Buchan Coast. It is possible that the Government may re-locate some refugees to Grampian as part of a planned dispersal. Refugees are entitled to free NHS health care, while their application for refugee status is being considered, but are not permitted to take up gainful employment. Accordingly, refugees are not included in statistics on the issue of new National Insurance numbers.
NHS Grampian

Appendix II

NHS Grampian Language Line Telephone Interpreting Service; Usage Monitoring Report, January to December 2007

1. Introduction
Language Line is a telephone based interpreting service which provides expert interpreters, on the telephone, in 60-90 seconds, for over 120 different languages. The service is available 24 hours a day, 7 days a week.

Language Line is a useful supplement to our “face to face” interpreters because:-

- It is available in seconds, ideal for emergency/urgent situations in A&E or GP Practices
- Ideal for remote and rural locations
- Provides an interpretation service for those languages for which we do not have “face to face” interpreters
- It is very easy to use
- Is cost effective, we only pay when we use the service

Before Language Line is introduced into an area, the preparatory work undertaken is :-

- Identification of every location where the service is required
- Provision of training to the front line staff who will use the service
- Overcoming of any technical problems
- Provision of customised Access Kits for each access point, containing everything required

During the Language Line training for staff, it is stressed that Language Line is in addition to the use of “face to face” interpreters, it does not replace them. If an important discussion is planned with a non-English speaking patient to talk through their treatment, or if a patient is to receive some bad news about their condition, this should always be done using a “face to face” interpreter, where possible.

This is the usage report for the period January to December 2007. The report is a useful piece in a jigsaw of information which helps to build up a picture of inward migration trends within Grampian. This information is essential for health care planning purposes. The usage report is also helpful to departments, who are about to have clinical information translated. Accordingly, they are anxious to
NHS Grampian

ensure that they translate material into the most appropriate languages, for each location.

2. Distribution of Language Line Access Points by Sector/CHP/LCHP
The number of current language Line Access Points in each Sector/LCHP, as at January 2008, is shown below.

Language Line has been rolled out across NHS Grampian. However, there is increasing demand for training and more Access Kits from School Nurses, Health Visitors and District Nurses. Work is already underway to meet these requests.

Over the next 3 months, it is anticipated that a further 15 Access Kits will be issued.

<table>
<thead>
<tr>
<th>Location</th>
<th>No. of Access Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Sector</td>
<td>99</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>12</td>
</tr>
<tr>
<td>Aberdeen City CHP</td>
<td>78</td>
</tr>
<tr>
<td>Aberdeenshire North LCHP</td>
<td>54</td>
</tr>
<tr>
<td>Aberdeenshire Central LCHP</td>
<td>23</td>
</tr>
<tr>
<td>Moray LCHP</td>
<td>21</td>
</tr>
<tr>
<td>Aberdeenshire South LCHP</td>
<td>43</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>332</td>
</tr>
</tbody>
</table>

3. Mobile Access Kits
Many homes no longer have a fixed telephone line. Accordingly, a “mobile” Language Line Access Kit for use by Health Visitors, District Nurses and other community based staff, in patient’s homes, is already on trial. It is hoped to roll out 30 Mobile Access Kits during 2007/08.

4. Outgoing conference call facility
The third and final phase of the Language Line roll out will be a conference call facility for outgoing telephone calls. This will enable GPs, Practice staff and NHS Grampian staff to get an interpreter on the telephone, before they telephone out to a non-English speaking patient.
NHS Grampian

5. Group discussions within NHS Grampian premises using Language Line

In ITU and the Alan Downie Unit at ARI, and in the Antenatal Clinic at AMH, desktop conference call equipment has been provided.

In ITU for example, it is possible to have several non-English speaking relatives of a seriously ill patient, who are all desperate to find out about the patient’s condition and prognosis. Often, there is insufficient time to source a “face to face” interpreter. The conference call equipment allows all of the relatives present to hear and take part in the discussion.

The desktop conference call equipment has proved popular.

6. Language Line usage, January to December 2007

The Language Line usage figures January – December 2007, are shown below.

<table>
<thead>
<tr>
<th>Location</th>
<th>Customer Account No</th>
<th>Calls</th>
<th>Minutes</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moray LCHP</td>
<td>C7953</td>
<td>182</td>
<td>1,673</td>
<td>£2,509.50</td>
</tr>
<tr>
<td>Acute Sector</td>
<td>C7953A</td>
<td>794</td>
<td>10,417</td>
<td>£15,625.50</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>C7953B</td>
<td>25</td>
<td>417</td>
<td>£625.50</td>
</tr>
<tr>
<td>Aberdeen City CHP</td>
<td>C7953C</td>
<td>474</td>
<td>5,253</td>
<td>£7,879.50</td>
</tr>
<tr>
<td>Aberdeenshire North LCHP</td>
<td>C7953D</td>
<td>214</td>
<td>2,559</td>
<td>£3,838.50</td>
</tr>
<tr>
<td>Aberdeenshire Central LCHP</td>
<td>C7953E</td>
<td>46</td>
<td>642</td>
<td>£963</td>
</tr>
<tr>
<td>Aberdeenshire South LCHP*</td>
<td>C7953F</td>
<td>29</td>
<td>337</td>
<td>£505.50</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>1764</strong></td>
<td><strong>21,298</strong></td>
<td><strong>£31,947</strong></td>
</tr>
</tbody>
</table>

For comparison purposes, the totals for the 12 month period January to December 2006 were :-

<table>
<thead>
<tr>
<th>Location</th>
<th>Customer Account No</th>
<th>Calls</th>
<th>Minutes</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Grampian</td>
<td>-</td>
<td>851</td>
<td>9635</td>
<td>£14,452.50</td>
</tr>
</tbody>
</table>

This represents a year on year increase of **107%** in the volume of calls to Language Line.
7. The most commonly requested languages, broken down by Sector/LCHP/CHP, with call volumes

Attached at Appendix I is a detailed breakdown of the languages requested through Language Line, broken down by Sector/LCHP/CHP, together with call volumes.

The 5 most commonly requested languages during the period January to December 2007 were:

<table>
<thead>
<tr>
<th>Order</th>
<th>Language</th>
<th>No. of Calls</th>
<th>Order</th>
<th>Language</th>
<th>Number of Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Polish</td>
<td>926</td>
<td>1.</td>
<td>Polish</td>
<td>373</td>
</tr>
<tr>
<td>2.</td>
<td>Russian</td>
<td>210</td>
<td>2.</td>
<td>Russian</td>
<td>137</td>
</tr>
<tr>
<td>3.</td>
<td>Lithuanian</td>
<td>118</td>
<td>3.</td>
<td>Lithuanian</td>
<td>85</td>
</tr>
<tr>
<td>5.</td>
<td>Arabic</td>
<td>100</td>
<td>5.</td>
<td>Cantonese</td>
<td>25</td>
</tr>
</tbody>
</table>

From a comparison with 2006 data, it can be seen that demand for Polish telephone interpretation has increased by 148%. Demand for Russian, Lithuanian and Mandarin has remained strong. Arabic has now replaced Cantonese as the fifth most popular language requested.

The above information is consistent with the massive increase in demand for NHS Grampian written material in Polish and the comments of GP Practices and community staff who are seeing more and more Polish patients.
8. Demand for the five most commonly requested languages, month by month, January to December 2007

As yet, we have no explanation for the general dip in demand for telephone interpretation during April and June 2007.

9. Feedback from Staff and Patients
All of the feedback continues to be positive. Staff and non-English speaking patients value Language Line because it facilitates swift and accurate two way communication.

In small local ethnic communities, it is possible for the local “face to face” interpreter to be known to all non-English speaking members of that community. While this can be an advantage, it can lead to problems if the non – English speaking person receiving treatment feels uncomfortable sharing sensitive information with someone they know. Here, the anonymity of language Line is a positive advantage.
10. Conclusions

- Language Line is working extremely well and is popular with both patients and staff.

- There is a clear increase in usage. This reflects both the increasing number of Language Line access points, it also reflects the increasing numbers of non-English speaking migrant workers and their families coming to Grampian, the most accurate estimate puts this figure at a current average of 1,200 per month.

- Language Line is a valuable and cost effective communication tool.

- Information on Language Line usage is one piece in the jigsaw which helps us to build a picture of demographic trends in Grampian.

Nigel Firth, 
Equality and Diversity Manager 
17.1.2008
Appendix I

The Languages requested by Sector/LCHP, showing the call volumes by language

<table>
<thead>
<tr>
<th>Language</th>
<th>Acute Sector No of Calls</th>
<th>Mental Health No of Calls</th>
<th>Aberdeen City CHP No of Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polish</td>
<td>385</td>
<td>Polish</td>
<td>21</td>
</tr>
<tr>
<td>Russian</td>
<td>119</td>
<td>Arabic</td>
<td>3</td>
</tr>
<tr>
<td>Mandarin</td>
<td>56</td>
<td>German</td>
<td>1</td>
</tr>
<tr>
<td>Arabic</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lithuanian</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Czech</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Romanian</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portuguese</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bengali</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cantonese</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latvian</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>French</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indonesian</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slovak</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thai</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punjabi</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tamil</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>794</td>
<td>Grand Total</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Grand Total</td>
</tr>
<tr>
<td>Language</td>
<td>No of Calls</td>
<td>Language</td>
<td>No of Calls</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>Polish</td>
<td>98</td>
<td>Polish</td>
<td>37</td>
</tr>
<tr>
<td>Russian</td>
<td>49</td>
<td>Mandarin</td>
<td>4</td>
</tr>
<tr>
<td>Lithuanian</td>
<td>30</td>
<td>Russian</td>
<td>4</td>
</tr>
<tr>
<td>Portuguese</td>
<td>14</td>
<td>Latvian</td>
<td>1</td>
</tr>
<tr>
<td>Mandarin</td>
<td>10</td>
<td>Lithuanian</td>
<td>24</td>
</tr>
<tr>
<td>Hindi</td>
<td>5</td>
<td>Portuguese</td>
<td>31</td>
</tr>
<tr>
<td>Thai</td>
<td>3</td>
<td>Latvian</td>
<td>1</td>
</tr>
<tr>
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**Grand Total** | 214 | **Grand Total** | 46 | **Grand Total** | 182 |
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**Grand Total** 29
Appendix III

NHS Grampian

NHS GRAMPIAN

RACE EQUALITY SCHEME

2005 - 2008

November 2005
Do you have difficulty understanding the English language?
If you have a problem reading or understanding the English language, this document is available in a language of your choice. Please ask an English speaking friend or relative to phone, write or email Nigel Firth, Equality and Diversity Manager, NHS Grampian. His contact details are:-
Nigel Firth,
Equality and Diversity Manager,
Room 7 Ashgrove House,
Aberdeen Royal Infirmary,
Aberdeen
AB25 2ZA
Telephone Aberdeen (01224) 552245
Email :- Nigel.firth@arh.grampian.scot.nhs.uk

Czy masz trudności w zrozumieniu angielskiego?
Jeżeli masz kłopoty ze zrozumieniem języka angielskiego w mowie lub na piśmie dokument ten jest przetłumaczony na język polski. Poproś znajomego lub kogoś z rodziny, kto mówi po angielsku aby zatelefonował, napisał lub przesłał email do pana Nigela Firth, Equality and Diversity Manager, NHS Grampian. Jego adres i telefon znajduje się poniżej :-
Nigel Firth,
Equality and Diversity Manager,
Room 7 Ashgrove House,
Aberdeen Royal Infirmary,
Aberdeen
AB25 2ZA
Telefon Aberdeen (01224) 552245
Email :- Nigel.firth@arh.grampian.scot.nhs.uk
Do you have a visual impairment?

This document is also available in large print, and other formats, upon request.
NHS Grampian

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2. An introduction to NHS Grampian
3. The NHS Grampian Race Equality Scheme
4. Consultation on the Race Equality Scheme
5. NHS Grampian racial equality policy statement
6. Roles and responsibilities
8. Assessment of health needs
9. The size and diversity of the ethnic population served
10. Strategic approach
11. Priority areas of work in Grampian
12. Interpretation and translation services
13. Training for NHS Grampian staff to better understand the needs of the local ethnic communities
15. Racial equality within NHS Grampian; appointments procedures, promotion, training opportunities and monitoring arrangements
16. Active promotion of health within the ethnic communities
17. Impact assessment
18. Monitoring, complaints and racist incidents
19. Procurement of services
20. Maintaining progress in 2006/07 and 2007/08

Appendix I: The legal framework

Appendix II: NHS Grampian 2005/06 Racial Equality Action Plan
1. **Foreword by the Chairman**

Over the last 18 months, NHS Grampian has made excellent progress towards becoming a culturally competent organisation.

Over the next three years, the NHS Grampian Board have set the ambitious target of NHS Grampian becoming a leader in racial equality matters, in the healthcare field in Scotland. This target will only be achieved with the hard work and commitment of all NHS Grampian staff, the support of our ethnic communities and their representative organisations, partner agencies and other interested parties.

There are many different ethnic communities in Grampian, spread out over a large geographical area. It is vital that NHS Grampian reaches out to all of these communities, to identify their healthcare needs and address them.

Our emphasis in the future must be on practical, lasting, measurable and sustainable improvements, that will directly benefit all members of the communities we serve.

I am confident that we will achieve our goals and set an example of excellence, for others to follow.

*Jim Royan,*  
*Chair*  
*NHS Grampian*  
*17.8.2005*
2. An Introduction to NHS Grampian

(i) What is NHS Grampian?
NHS Grampian is the fourth largest Health Board in Scotland. It comprises three Community Health Partnerships, namely Aberdeen City, Aberdeenshire and Moray, and an Acute Sector, all supported by corporate services such as Finance. A Board made up of representatives from the local Grampian community oversees this work assisted by a management team. The headquarters are based in Summerfield House, Eday Road, Aberdeen.

(ii) What does NHS Grampian do?
The purpose of NHS Grampian is to :-

- Improve the health of the people of Grampian (compared to the rest of Europe)
- Provide safe, high-quality treatment, based on clinical need in comfortable surroundings and within the available resources.

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

(iii) Where do the patients treated by NHS Grampian come from?
NHS Grampian provides a comprehensive Healthcare service to over half a million people living in Grampian. It also provides specialist healthcare services to the Western Isles, Highland, Orkney, Shetland and Tayside as well as other parts of Scotland. The specialist services provided outwith Grampian account for around 6% of total activity.

(iv) Where are services provided?
The aim is to deliver services as close to patients’ homes as it is clinically safe to do so. Services are provided in a range of community settings - workplaces, peoples’ homes, in one of the 91 GP practices or 19 Community Hospitals within Grampian. Highly specialised care is delivered in the acute hospitals of Dr Gray’s, Woodend and Aberdeen Royal Infirmary. Royal Cornhill Hospital provides inpatient and community support for mental health services. For women and children, specialist services are provided at Aberdeen Maternity Hospital or the Children’s Hospital.

(v) Resources used
The 2005/06 budget is approximately £740 million. NHS Grampian employs 16,780 staff.
NHS Grampian

3. **The NHS Grampian Race Equality Scheme**

NHS Grampian as a Public Body has a legal duty to actively promote racial equality in all aspects of the healthcare services it provides. It also has a duty under the Scottish Executive Policy "Fair For All", to develop and implement annual Action Plans to continue to make progress towards cultural competence. A more detailed analysis of the legal framework is shown at Appendix I.

The first NHS Grampian Race Equality Scheme was produced in 2002. In compliance with the specific duty imposed by the Race Relations (Amendment) Act 2000, the Race Relations Scheme was reviewed in May 2005. The Scheme was found to be out of date. In the light of guidance from the Commission For Racial Equality Scotland, it was decided by the NHS Grampian Racial Equality Working Group to produce a new Race Equality Scheme rather than update the old scheme or produce an addendum.

4. **Consultation on The Race Equality Scheme**

The NHS Grampian Race Equality Scheme was issued as a consultation draft on Tuesday 27th September 2005, with a deadline for comments of Friday 11th November 2005.

The consultation draft received a massive circulation. Copies were sent out in both electronic and hard copy format to :- 18 local ethnic community groups, the three Local Authorities, other partner organisations, interested individuals, Community Websites, Community Forums, Hi-Net, Public Focus Public Involvement Groups, all 16,780 NHS Grampian Staff, the NHS Grampian Area Partnership Forum, all Scottish Health Boards, the National Resource Centre for Ethnic Minority Health and the Commission For Racial Equality Scotland. In addition, the Grampian Racial Equality Council used their extensive network to ensure that the consultation draft reached the smaller and more geographically remote ethnic communities. The consultation draft was also made available to the wider community in Grampian.

A large volume of comments were received, all of the comments were extremely positive. There were three main themes :-

- The Race Equality Scheme was commended, especially the NHS Grampian commitment to becoming a leader in racial equality matters in the healthcare field in Scotland, within the next three years.

- On the document itself, specific comments praised the style, tone, readability, and the clearly stated aims, together with the realistic timescales and resource assumptions.
• Surprise at the sheer volume of racial equality work currently ongoing within NHS Grampian.

As a result of these latter comments, the NHS Grampian Racial Equality and Diversity Manager is now looking at ways to better promote the racial equality work of NHS Grampian, within Grampian.

5. **NHS Grampian racial equality policy statement**

• NHS Grampian is totally committed to the promotion of racial equality in all of the services it provides. It will comply fully with the Racial Equality Laws, Scottish Executive Policies and Good Practice Guidelines. NHS Grampian will strive to be a model of good practice within Scotland and work towards cultural competence.

• Racial equality work within NHS Grampian will have two strands. Firstly, to improve and develop services in targeted area of identified need. Secondly, to bring racial equality work into the mainstream.

• There will be full and regular consultation with members of the local ethnic communities, representative groups and the Grampian Racial Equality Council (GREC).

• Whenever possible, NHS Grampian will adopt a partnership approach, working closely with GREC, local ethnic community groups, local authorities and other health Boards and interested parties.

• Annual Racial Equality Action Plans will be developed, implemented and monitored. The emphasis will be on practical and lasting improvements in the quality of services provided. Due to the rapidly changing make-up of the local ethnic population, NHS Grampian will keep under review the needs of the ethnic communities and respond flexibly to any changes required.

• The racial equality work of NHS Grampian will be implemented by the Equality and Diversity Manager, NHS Grampian, supported by a Racial Equality working Group.

• NHS Grampian staff will receive full and appropriate training to help them meet the needs of the local ethnic communities. When proposals are being formulated to enhance existing healthcare services or to develop new
services, the needs of the local ethnic communities will be taken fully into account.

- Any organisation undertaking work on behalf of NHS Grampian, or supplying any type of service, must fully meet the NHS Grampian standards of compliance with the Racial Equality Laws, Scottish Executive Policies and Good Practice Guidelines. Failure to do so will result in the issue of a warning notice setting a reasonable period to effect the improvements required. If, after a reasonable period, the necessary improvements have not been made, NHS Grampian will terminate contracts and may refer the matter to the Commission For Racial Equality Scotland.

6. Roles and responsibilities

The Chief Executive of NHS Grampian is ultimately responsible to the NHS Grampian Board for all matters related to racial equality. This responsibility has been assigned by the Chief Executive, on a day to day basis to the Director of Corporate Communications. Implementing the Race Equality Scheme is the responsibility of the NHS Grampian Equality and Diversity Manager, supported by a Racial Equality Working Group.


The main vehicle to implement the Race Equality Scheme will be Annual Action Plans.

During 2004, a senior and experienced NHS Grampian manager was seconded part-time to develop and vigorously implement an NHS Grampian 2004/05 Racial Equality Action Plan, supported by a newly formed Racial Equality Working Group. The Action Plan was fully funded. This work took NHS Grampian to minimum legal compliance and brought forward a number of worthwhile measurable improvements in the healthcare provided to the local ethnic communities.

From 1st April 2005, NHS Grampian has in place a full time permanent Equality and Diversity Manager, supported by a Racial Equality Working Group. A 2005/06 Racial Equality Action Plan has been developed which is fully funded. The aim is to go far beyond minimum legal compliance. The aim is to make genuine and lasting improvements in the quality of services provided to the local ethnic communities.
and to make NHS Grampian the leader, for other Health Boards to follow. The work undertaken in 2005/06 will be vigorously followed up in 2006/07 and 2007/08 with further fully funded Action Plans.

When compiling the 2005/06 Action Plan, the Working Group were very much aware of the current financial problems facing NHS Grampian. Accordingly, the Action Plan is designed to give a great deal of excellent progress in the identified key areas of need, for a very modest cost. A copy of the 2005/06 Action plan is attached at Appendix II.

The enthusiastic and committed support of the Chief Executive and the Director of Corporate Communications for this work is gratefully acknowledged.

8. Assessment of health needs

The report "Ethnic Health Needs in Aberdeen", commissioned on a joint basis by Grampian Health Board (now NHS Grampian) and Aberdeen City Council, will continue to form the basis of our work during 2005/06. The Report was updated in 2004 when the results of the 2001 Scottish Census became available. For the 2006/07 financial year, a new health needs assessment will require to be commissioned.

The assessment of ethnic community health needs in Aberdeenshire and Moray has been more difficult due to the smaller numbers involved, their geographical dispersal and the absence of a similarly comprehensive report. The assessment of need is therefore based on the views expressed by members of the Aberdeenshire and Moray ethnic communities when available, and the needs identified by frontline NHS Grampian staff who have regular contact with these communities.

Meantime, a more comprehensive assessment of the health needs of the ethnic communities in Aberdeenshire and Moray will be undertaken on behalf of NHS Grampian by the Grampian Racial Equality Council (GREC) during 2005/06. The results of this survey will be used to inform the work of the Working Group, when this becomes available.

The Public Health Department of NHS Grampian mount targeted campaigns to address specific identified clinical needs within the local ethnic communities. Campaigns underway in 2005/06 include :-

- NHS Grampian has an ongoing programme of work to raise the general public’s awareness of sexual health and HIV. An important part of this work
is an awareness campaign targeted at members of the local ethnic communities.

In co-operation with Multi-Ethnic Aberdeen Limited, NHS Grampian, has mounted a sustained education campaign using written material and local radio. The campaign is encouraging anyone with any concerns about sexual health and HIV to make contact with their local health services in Grampian, where specialist help is available, on a totally confidential basis.

A focus group was recently held to identify what further steps and mechanisms are required to further disseminate this information. Follow up work arising from the focus group is now underway.

A Mental Health awareness campaign for members of local ethnic communities.

In July 2005, the Scottish Executive Health Department notified all Health Boards of changes to the UK BCG vaccination programme. The changes mean that the routine schools BCG, where young people aged around 12/13 were all offered a BCG in schools, stopped with immediate effect. In addition, in future, all babies and young people will be risk assessed against criteria and only offered BCG if required. Previously unvaccinated new migrants from high prevalence countries will continue, as previously, to be offered this vaccination.

9. The size and diversity of the ethnic population served

The 2001 Scottish Census figures showed that Grampian had a very diverse range of ethnic communities. The actual numbers stated in the 2001 Census were 18,908, with approximately two thirds based in Aberdeen. However, these figures are now completely out of date. There are two main reasons for this:

- **Migrant Workers.** Since 1\(^{st}\) May 2004, there has been a large influx of migrant workers into Grampian from the Eastern European Countries who joined the European Community on the 1\(^{st}\) May 2004. The main countries of origin are Poland, Lithuania and Latvia. It is difficult to establish definitive figures. However, both the Grampian Racial Equality Council and the NHS Grampian Racial Equality Working Group, agree that from their knowledge, an estimated figure of around 800 migrant workers and family members per month, coming to Grampian, is realistic. Of these 800, approximately 400 are Polish.
Other agencies, such as the Immigration Service and Practitioner Services were approached but could not provide definitive information on the numbers of migrant workers coming to Grampian. The Ebury House Office of Jobcentre Plus in Aberdeen were able to provide some useful statistics. Ebury House issues National Insurance numbers for all of Aberdeen and large areas of Aberdeenshire. For North Aberdeenshire, National Insurance numbers are issued by the Peterhead Job Centre.

Until 18 months ago, Ebury House used to receive approximately 260 requests per month for National Insurance numbers. Latterly, this has increased to 500 requests per month.

Since the 1st May 2004, the Peterhead Job Centre has seen an average increase of 40 requests per month for National Insurance numbers, mostly from nationals of EC accession countries. In addition, a number of migrant workers from non-EC countries such as China, have moved into the area to work, via the Work Permit System.

National Insurance numbers are issued to eligible persons who are about to take up gainful employment. This figure does therefore not include non-working family members.

Given the above information, the Grampian Racial Equality Council and NHS Grampian estimate would appear to be reasonable accurate.

- **Asylum Seekers.** Grampian is not an area to which asylum seekers have been officially relocated, pending the application process. However, there is an unofficial dispersal pattern which has seen approximately 20 asylum seekers per month come to Grampian during 2004/05. Most of the asylum seekers are located in the North of Grampian.

The 2005/06 NHS Grampian Action Plan takes cognisance of this increase in the size and the significant change in the make up of the local ethnic communities.

10. **Strategic approach**

The Racial Equality Working Group have adopted a two pronged approach. Firstly, to target specific areas where improvements are required. Secondly, to integrate racial equality work into the mainstream. To date, this approach has worked well.
11. **Priority areas of work**

The "Ethnic Health Needs in Aberdeen" Report, the Race Relations (Amendment) Act 2000 and the "Fair For All" Scottish Executive Policy highlighted five priority areas of work. Discussions with the Grampian Racial Equality Council (GREC), local ethnic community groups, members of the local ethnic communities and frontline NHS staff who work with members of the ethnic communities, show a broad agreement with these priority areas. The five priority areas are:

(i) Interpretation and translation services

(ii) Training for NHS Grampian staff to better understand the needs of the local ethnic communities

(iii) Access and service delivery

(iv) Racial equality within NHS Grampian; appointments procedures, training, promotion and monitoring arrangements

(v) Actively promoting health within the ethnic communities

During 2004/05, good progress was made in each of these five areas to either provide new services, enhance the quality of existing services or promote health initiatives from within the ethnic communities themselves. The 2005/06 Action Plan will build on the solid work undertaken during 2004/05 and continue these themes. It will also add the two new recently identified priorities of:

(vi) Meeting the healthcare needs of recently arrived migrant workers and their families and asylum seekers

(vii) Introduction of Impact Assessment for all new or updated NHS Grampian-wide policies

The work being undertaken in each of these priority areas is detailed below.

12. **Interpretation and translation services**

The ability of all members of the ethnic communities to communicate clearly and effectively their healthcare needs is essential if we are to achieve equality in healthcare. For most, the biggest barrier is language. To overcome the communication problem, there are two main types of interpretation services provided, these are “face to face” and telephone. In detail:-
(i) “Face To Face” interpretation services
For many years, NHS Grampian has relied upon the services of a dedicated group of “face to face” interpreters. The interpreters provide effective two way communication when NHS Grampian staff are treating non-English speaking patients. The interpreters do an excellent job for planned appointments, but the service does have its limitations. For example, most of the interpreters are Aberdeen based, which means there is limited cover outwith Aberdeen. There is also an increasing demand for the less common Eastern European languages for which we have few or no interpreters. At present, we have “face to face” interpreters for 35 different languages. There are currently 82 different languages represented in Grampian.

Often, the need for interpretation is urgent, for example, at A&E following a road traffic accident, an emergency admission to a ward or an emergency appointment at a GP surgery. Accordingly, our current “face to face” interpretation service is being supplemented by the introduction of “Language Line” telephone interpretation services in all areas of NHS Grampian.

We are currently trying to recruit more “face to face” interpreters in all areas of Grampian. We are also trying to recruit interpreters for those languages currently not covered by our “face to face” service.

There are no National Terms and Conditions of Service for interpreters working for the NHS. During 2005/06, local terms and conditions of service must be developed, in co-operation with the Grampian Racial Equality Council (GREC), Grampian Police and Aberdeen City Council. The terms and conditions will include :-

- Mandatory induction day
- Disclosure Scotland vetting
- Confidentiality undertaking
- Payment rates
- Mileage allowances
- Tax position
- Support arrangements
- Right to decline an assignment
- Quality Monitoring system and feedback from the patients

(ii) Language Line Telephone Interpreting Service
During 2004/05, Moray Community Health partnership (CHP) piloted the Language Line telephone translation service with great success. Language Line are able to provide interpreters on the telephone for 120 languages, in 60-90 seconds. All of the General Managers have agreed to pick up the revenue costs of this service for their areas, which is currently £1.50 per minute. The aim is to roll out the Language Line service NHS Grampian wide by 31st March 2006.
Before Language Line is introduced in an area, the preparatory work required is:-

- Identification of every access point where the service is required
- Provide training to the front line staff who will use the service
- Overcome any technical problems
- Provide Access Kits for each access point, containing everything required

In addition, the Access Kits in areas such as Accident & Emergency Departments, AMH and acute receiving areas will also contain a copy of the British Red Cross Emergency Multilingual Phrasebook.

The "roll out" order will be :-

- Acute Sector
- Mental Health
- G-Med (Out of Hours Primary Medical Services)
- Aberdeen Community Health Partnership (CHP)
- Aberdeenshire Community Health partnership (CHP)
- Summerfield House, Health Board Headquarters

(iii) Document translation services
A good start was made in 2004/05 to translate the 22 key pieces of local healthcare information into the main ethnic community languages of Chinese, Bengali and Arabic. Examples of documents translated include in-patient and outpatient booklets, information on pain relief in labour and the NHS Grampian booklet on Dying and Bereavement. This translation work requires to be completed during 2005/06. In addition, due to the changing make up of the local ethnic population, the key 22 pieces of information will also be translated into Polish. All of these documents will eventually be posted on the new NHS Grampian intranet site.

Any piece of NHS Grampian produced material will be translated into any other language, upon request. In addition, requests for general information or leaflets in other languages will be met from either a trawl of appropriate web sites or translated from reliable sources.

13. Training for NHS Grampian staff to better understand the needs of the local ethnic communities

NHS Grampian has contracted GREC during 2005/06 to provide Equality and Diversity training for approximately 350 managers and 800 staff. This training is an
The training content is:

(i) Management training
High level training for the top managers in NHS Grampian, to explain their Statutory responsibilities under the Racial Equality Acts, Disability Discrimination Act, Diversity and "Fair For All". The training will take the form of half day Seminars. The training will also brief managers on the steps being taken to promote racial equality within NHS Grampian and the sources of information and support.

(ii) Training for front line staff
Subjects covered in this training will include:
- Background information on the cultural, ethnic and religious needs of each of the main ethnic communities represented in Grampian
- Sources of practical help on subjects such as accessing "face to face" or telephone interpreters and the translation of written material,
- Ablutions, moving and handling
- The wider diversity agenda
- The steps NHS Grampian is taking to meet its commitments.

Further training will be provided during 2006/07 and 2007/08.


NHS Grampian has always been careful to address the ethnic, religious and cultural needs of patients. Areas where there is already good work ongoing include:
- Catering (cultural, ethnic and religious dietary considerations)
- Personal care (Ablutions etc)
- Spiritual and religious care
- Handling and mobility
- Advocacy services
- Last offices

During 2005/06, the work currently ongoing will be reviewed to make sure that there are no gaps. The review will also assess what improvements, if any, can be made.
15. **Racial equality within NHS Grampian; appointments procedures, promotion, training opportunities and monitoring arrangements**

A great deal of excellent progress has been made to ensure that NHS Grampian appointment procedures are fair and transparent. Appointment procedures are carefully monitored.

The progress made by NHS Grampian in the field of recruitment needs to be shared with the ethnic communities, the wider Grampian community and within NHS Grampian. An Annual Audit Statement will be produced providing relevant information. This communication process can also be used to encourage applications for vacancies within NHS Grampian from members of the ethnic communities, certain in the knowledge that their application will be treated with absolute fairness.

Our current HR Recruitment Monitoring Systems have collected relevant information about the ethnic origin of applicants, for approximately 12 years. This information is used to ensure that our recruitment procedures are fair.

NHS Grampian is also required to generate information on the ethnic make-up of the whole NHS Grampian workforce, again for monitoring purposes. This latter requirement is much more difficult to achieve because many NHS Grampian staff are long serving and were appointed before ethnic origin information was collected as a routine part of the recruitment/appointments process. Attempts by some organisations to survey their workforce to obtain this information have met with criticism and suspicion. A national NHS Survey was undertaken in June 2005 to collect data on the ethnic origin of all NHS staff. It is not yet known whether this survey has been any more successful than other similar surveys in other organisations. However, through time, the NHS Grampian whole workforce data will become more and more accurate.

NHS Grampian is also required to produce monitoring information on promotion and training opportunities, for members of the ethnic communities, employed within NHS Grampian. We need to ascertain the simplest and most cost effective means to obtain the information required.

16. **Active promotion of health within the ethnic communities**

It is a prime requirement of NHS Grampian to promote the development of positive health and well being within the ethnic communities. Three NHS Community Planning Leads already exist in Grampian, serving Aberdeen, Aberdeenshire and
NHS Grampian

Moray. These leads are the best people to take forward the promotion of positive health and well being within the ethnic communities. The identified health needs of the ethnic communities are an integral part of every Health Improvement Plan. The Racial Equality Working Group will liaise closely with the Community Planning Leads and offer any support or assistance possible.

17. Impact assessment

All new or updated NHS Grampian-wide policies must be impact assessed using the prescribed methodology. This process has been in place since May 2005. NHS Grampian have two managers who have attended the approved training and undertake the impact assessments, in close liaison with the managers and clinicians who have compiled the policies which are being assessed.

18. Monitoring, complaints and racist incidents

There are several methods by which the progress made by NHS Grampian towards becoming a culturally competent organisation is monitored. There are also monitoring systems in place for complaints with a racial element and racist incidents.

(i) The NHS Grampian Racial Equality Working Group
This Group is responsible for driving forward the work of the Annual Racial Equality Action Plans and maintaining progress. The Group meet monthly and includes the monitoring of progress as one of its core functions.

(ii) The NHS Grampian Senior Management Team and Board
Have an overview of progress on an annual basis.

(iii) The Scottish Executive : Performance Assessment Framework (PAF)
The progress made by NHS Grampian in the field of racial equality is monitored as part of the PAF, Section 5. This takes the form of an annual review.

(iv) National Resource Centre For Ethnic Minority Health
This monitoring is done via bi-monthly meetings and questionnaires.

(v) Commission For Racial Equality Scotland (CRE)
The CRE have regular contact with Health Boards and monitor Statutory Compliance and investigate any alleged breaches.

(vi) Complaints
Any complaint received by the NHS Grampian Complaints Officer, from either a member of an ethnic community or with a racial element or a discriminatory element, is immediately copied to the NHS Grampian Equality and Diversity Manager, for follow up, as appropriate. Follow up investigations may involve members of the Racial Equality Working Group, GREC and other individuals and groups, as required.

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

The Racial Equality Working Group receive an Annual Report on all racist incidents occurring in Grampian. This report is compiled by GREC, on behalf of all public bodies in Grampian, from Racist Incident Monitoring Forms.

The Racial Equality Working Group will co-ordinate any action which NHS Grampian requires to take, in co-operation with relevant Departments and agencies.

19. Procurement of services
NHS Grampian is still responsible for meeting the requirements of the Racial Equality legislation and the Scottish Executive Policy “Fair for All”, when services are contracted out to other agencies.

From August 2005, NHS Grampian will :-

(i) Require any new supplier of services to state whether they have in place sound racial equality procedures. If they do not, it will be a condition of contract that they must introduce and enforce racial equality policies.
(ii) As each NHS Grampian contract comes up for renewal, the standard contract documentation will be amended to include reference to the mandatory requirement for the supplier to have in place and to enforce, an effective racial equality policy.

(iii) Any supplier found to be operating in a way inconsistent with the Racial Equality Laws or in a way contrary to good practice, will be given a reasonable period of time to effect the improvements required. Failure to do so will result in the
contract being summarily terminated and the matter may be referred to the Commission for Racial Equality Scotland.

20. **Maintaining progress in 2006/07 and 2007/08**

NHS Grampian will develop and implement Racial Equality Action Plans during 2006/07 and 2007/08. These Action Plans will be ambitious and will fully reflect the feedback and monitoring results from the 2004/05 and the 2005/06 Action Plans.

The monitoring of service provision will continue. However, the Racial Equality Working Group are very much aware that the key indicator of success must be whether the local ethnic communities themselves feel that they have improved access to the healthcare services we provide and that their needs are being met.
The legal framework

1. **The 1976 Race Relations Act**
The 1976 Race Relations Act outlawed racial discrimination in employment and service delivery and also defined direct and indirect discrimination.

2. **The Race Relations (Amendment) Act 2000**
The Relations (Amendment) Act 2000, (RR(A)A) 2000) placed key public bodies (including all Health Boards) under a new statutory general duty to promote race equality which means authorities must have due regard to the need to:

   - Eliminate unlawful discrimination
   - Promote equality of opportunity
   - Promote good relations between people of different racial groups

The RR(A)A has extended the scope of the legislation outlawing racial discrimination in all functions of public authorities. The definition of ‘function’ relates to anything that a Health Board does in the course of its duties. It is important to note that the duty to promote race equality covers all aspects of an organisation’s activities – policy and service delivery, as well as employment practices. This duty is in two parts, general duty and specific duties. In detail :-

(i) **General duty**
This duty means that listed public authorities must have due regard to the need to:

   - Eliminate unlawful racial discrimination
   - Promote equality of opportunity
   - Promote good race relations between people of different racial groups

There are four guiding principles behind the general duty to promote race equality, these are :-

   - Promoting race equality is obligatory for relevant public bodies
   - Public authorities must meet the duty to promote race equality in all relevant functions
   - The weight given to race equality should be proportionate to its relevance
   - Consideration must be given as to how policies might be changed to meet the general duty and then implemented

In practice, public bodies need to target time and resources at functions with potentially the most impact on race equality or community relations; and/or which could affect ethnic communities.
(ii) **Specific duties**

Public bodies must:

- Prepare and publish a **Race Equality Scheme** setting out how they intend to meet their obligations under the general duty and any other proposed specific duties to promote race equality. The initial Race Equality Scheme had to be published by 31st May 2002.
- The legislation also requires public bodies to review their schemes within a period of 3 years from 31st May 2002.
- **Assess** which of its **functions and policies are relevant** to the general duty, with regular subsequent reviews, e.g. three yearly.
- Set out its arrangements for **assessing and consulting on the likely impact** of proposed policies on race equality.
- Set out its arrangements for **monitoring proposed policies for any adverse impact** on the promotion of race equality.
- Set out its arrangements for publishing the results of assessments, consultations and monitoring for any adverse impact on the promotion of race equality.
- Set out its arrangements for ensuring black and minority ethnic groups have access to information and services it provides.
- Set out its arrangements for training staff on issues relevant to the duty to promote race equality.

3. **Equality impact assessment**

All public bodies must consider the impact their policy objectives and proposals will have on race equality.

4. **Employment specific duties**

The specific duties on employment include:

- Monitoring of existing staff, and applicants for jobs, promotion and training, by their ethnic classification.
NHS Grampian

- Public bodies with 150 or more full-time employees have a specific duty to ethnically monitor and analyse grievances, disciplinary action, performance appraisal, training and dismissals and other reasons for leaving.

- Publish annually the results of the ethnic monitoring.
1. Introduction

NHS Grampian as a Public Body has a legal duty to actively promote racial equality in all aspects of the healthcare services it provides. It also has a duty under the Scottish Executive Policy "Fair For All", to develop and implement annual Action Plans to continue to make progress towards cultural competence.

During the period 2002/03 to 2003/04, the promotion of racial equality in NHS Grampian marked time. The Chief Executive determined that this was not an acceptable situation. In 2004/05, a senior manager was seconded part time to develop and vigorously implement an NHS Grampian Racial Equality Action Plan, supported by a newly formed Racial Equality Working Group. This work took NHS Grampian to minimum legal compliance and brought forward a number of worthwhile measurable improvements in the healthcare provided to the local ethnic communities. It also placed NHS Grampian in the top four Health Boards in Scotland in terms of racial equality work.

From 1st April 2005, NHS Grampian has in place a full time permanent Equality and Diversity Manager and a fully funded 2005/06 Racial Equality Action Plan. The aim is to go far beyond minimum legal compliance. The aim is to make genuine and lasting improvements in the quality of services provided to the local ethnic communities and to make NHS Grampian the leader, for others to follow.

When compiling the Action Plan, the Working Group were very much aware of the current financial problems facing NHS Grampian. Accordingly, the Action Plan is designed to give a great deal of excellent progress in the identified key areas of need, for a very modest cost. Details of the costs are shown in Section 11, below. The membership of the Racial Equality Working Group is shown at Appendix I. The enthusiastic and committed support of the Chief Executive and the Director of Corporate Communications for this work is gratefully acknowledged.

A summary of the detailed Supporting Actions is attached at Appendix II.
2. **Review of the current situation**

a. **Assessment of health needs**

The report "Ethnic Health Needs in Aberdeen", commissioned on a joint basis by Grampian Health Board (now NHS Grampian) and Aberdeen City Council, will continue to form the basis of our work during 2005/06. The Report was updated in 2004 when the results of the 2001 Scottish Census became available. For the 2006/07 financial year, a new health needs assessment will require to be commissioned.

The assessment of ethnic community health needs in Aberdeenshire and Moray has been more difficult due to the smaller numbers involved, their geographical dispersal and the absence of a similarly comprehensive report. The assessment of need is therefore based on the views expressed by members of the Aberdeenshire and Moray ethnic communities when available, and the needs identified by frontline NHS Grampian staff who have regular contact with these communities.

Meantime, a more comprehensive assessment of the health needs of the ethnic communities in Aberdeenshire and Moray will be undertaken on behalf of NHS Grampian by the Grampian Racial Equality Council (GREC) during 2005/06. The results of this survey will be used to inform the work of the Working Group, when this becomes available.

The Public Health Department of NHS Grampian mount targeted campaigns to address specific identified clinical needs within the local ethnic communities. Campaigns underway in 2005/06 include:

- NHS Grampian has an ongoing programme of work to raise the general public's awareness of sexual health and HIV. An important part of this work is an awareness campaign targeted at members of the local ethnic communities.

  In co-operation with Multi-Ethnic Aberdeen Limited, NHS Grampian, has mounted a sustained education campaign using written material and local radio. The campaign is encouraging anyone with any concerns about sexual health and HIV to make contact with their local health services in Grampian, where specialist help is available, on a totally confidential basis.

  A focus group was recently held to identify what further steps and mechanisms are required to further disseminate this information. Follow up work arising from the focus group is now underway.

- A Mental health awareness campaign for members of local ethnic communities.
In July 2005, the Scottish Executive Health Department notified all Health Boards of changes to the UK BCG vaccination programme. The changes mean that the routine schools BCG, where young people aged around 12/13 were all offered a BCG in schools, stopped with immediate effect. In addition, in future, all babies and young people will be risk assessed against criteria and only offered BCG if required. Previously unvaccinated new migrants from high prevalence countries will continue, as previously, to be offered this vaccination.

b. **The size and diversity of the ethnic population served**

The 2001 Scottish Census figures showed that Grampian had a very diverse range of ethnic communities. The actual numbers stated in the 2001 Census were 18,908, with approximately two thirds based in Aberdeen. However, these figures are now completely out of date. There are two main reasons for this:

- **Migrant Workers.** Since 1st May 2004, there has been a large influx of migrant workers into Grampian from the Eastern European Countries who joined the European Community on the 1st May 2004. The main countries of origin are Poland, Lithuania and Latvia. It is difficult to establish definitive figures. However, both the Grampian Racial Equality Council and the NHS Grampian Racial Equality Working Group, agree that from their knowledge, an estimated figure of around 800 migrant workers and family members per month, coming to Grampian, is realistic. Of these 800, approximately 400 are Polish.

Other agencies, such as the Immigration Service and Practitioner Services were approached but could not provide definitive information on the numbers of migrant workers coming to Grampian. The Ebury House Office of Jobcentre Plus in Aberdeen were able to provide some useful Statistics. Ebury House issues National Insurance numbers for all of Aberdeen and large areas of Aberdeenshire. For North Aberdeenshire, National Insurance numbers are issued by the Peterhead Job Centre.

Until 18 months ago, Ebury House used to receive approximately 260 requests per month for National Insurance numbers. Latterly, this has increased to 500 requests per month.

Since the 1st May 2004, the Peterhead Job Centre has seen an average Increase of 40 requests per month for National Insurance numbers, mostly from nationals of EC accession countries. In addition, a number of migrant workers from non-EC countries such as China, have moved into the area to work, via the Work Permit System.
National Insurance numbers are issued to eligible persons who are about to take up gainful employment. This figure does therefore not include non-working family members.

Given the above information, the Grampian Racial Equality Council and NHS Grampian estimate would appear to be reasonable accurate.

- **Asylum Seekers.** Grampian is not an area to which asylum seekers have been officially relocated, pending the application process. However, there is an unofficial dispersal pattern which has seen approximately 20 asylum seekers per month come to Grampian during 2004/05. Most of the asylum seekers are located in the North of Grampian.

The 2005/06 NHS Grampian Action Plan takes cognisance of this increase in the size and the significant change in the make up of the local ethnic communities.

### 3. The 2005/06 Racial Equality Action Plan

The "Ethnic Health Needs in Aberdeen" report and a review of the Race Relations (Amendment) Act 2000 and the "Fair For All" Scottish Executive Policy highlighted five priority areas of work, these are :-

(i) Interpretation and translation services

(iii) Training for NHS Grampian staff to better understand the needs of the Local ethnic communities.

(iii) Access and service delivery

(iv) Racial equality within NHS Grampian; appointments procedures, training, promotion and monitoring arrangements

(v) Actively promoting health within the ethnic communities

During 2004/05, good progress was made in each of these five areas to either provide new services, enhance the quality of existing services or promote health initiatives from within the ethnic communities themselves. The 2005/06 Action Plan will build on the solid work undertaken during 2004/05 and continue these themes. It will also add the two new recently identified priorities of :-
(vi) Meeting the healthcare needs of recently arrived migrant workers and their families and asylum seekers.

(vii) Introduction of Impact Assessment for all new or updated NHS Grampian-wide policies

4. **Interpretation and translation services**

The ability of all members of the ethnic communities to communicate clearly and effectively their healthcare needs is essential if we are to achieve equality in healthcare. For most, the biggest barrier is language. To overcome the communication problem, there are two main types of interpretation services provided, these are “face to face” and telephone. In detail:-

(i) **“Face To Face” interpretation services**
For many years, NHS Grampian has relied upon the services of a dedicated group of “face to face” interpreters. The interpreters provide effective two way communication when NHS Grampian staff are treating non-English speaking patients. The interpreters do an excellent job for planned appointments, but the service does have its limitations. For example, most of the interpreters are Aberdeen based, which means there is limited cover outwith Aberdeen. There is also an increasing demand for the less common Eastern European languages for which we have few or no interpreters. At present, we have “face to face” interpreters for 35 different languages. There are currently 82 different languages represented in Grampian.

Often, the need for interpretation is urgent, for example, at A&E following a road traffic accident, an emergency admission to a ward or an emergency appointment at a G.P. surgery. Accordingly, our current “face to face” interpretation service is being supplemented by the introduction of “Language Line” telephone interpretation services in all areas of NHS Grampian.

We are currently trying to recruit more interpreters in all areas of Grampian. We are also trying to recruit interpreters for those languages currently not covered by our “face to face” service.

There are no National Terms and Conditions of Service for interpreters working for the NHS. During 2005/06, local terms and conditions of service must be developed, in co-operation with the Grampian Racial Equality council (GREC), Grampian Police and Aberdeen City Council. The terms and conditions will include:-
NHS Grampian

- Mandatory induction day
- Disclosure Scotland vetting
- Confidentiality undertaking
- Payment rates
- Mileage allowances
- Tax position
- Support arrangements
- Right to decline an assignment
- Quality Monitoring system and feedback from the patients

(ii) Language Line telephone interpreting service
During 2004/05, Moray CHP piloted the Language Line telephone translation service with great success. Language Line are able to provide interpreters on the telephone for 120 languages, in 60-90 seconds.

All of the General Managers have agreed to pick up the revenue costs of this service for their areas, which is currently £1.50 per minute. The aim is to roll out the Language Line service NHS Grampian wide by 31st March 2006.

Before Language Line is introduced in an area, the preparatory work required is :-

- identification of every access point where the service is required
- provide training to the front line staff who will use the service
- Overcome any technical problems
- Provide Access Kits for each access point, containing everything required

In addition, the Access Kits in areas such as Accident & Emergency Departments, AMH and acute receiving areas will also contain a copy of the British Red Cross Emergency Multilingual Phrasebook.

The “roll out” order will be :-

- Acute Sector
- Mental Health
- G-Med (out of hours primary care medical services)
- Aberdeen Community Health partnership (CHP)
- Aberdeenshire Community Health Partnership (CHP)
- Summerfield House, Health Board Headquarters
(iii) Document translation services
A good start was made in 2004/05 to translate the 22 key pieces of local healthcare information into the main ethnic community languages of Chinese, Bengali and Arabic. This work requires to be completed during 2005/06. In addition, due to the changing make up of the local ethnic population, the key 22 pieces of information will also be translated into Polish. All of these documents will eventually be posted on the new NHS Grampian intranet site.

Any piece of NHS Grampian produced material will be translated into any other language, upon request. In addition, requests for general information or leaflets in other languages will be met from either a trawl of appropriate web sites or translated from reliable sources.

5. Training for NHS Grampian staff to better understand the needs of the local ethnic communities

NHS Grampian has contracted GREC during 2005/06 to provide Equality and Diversity training for approximately 350 managers and 800 staff. This training is an integral part of the Agenda For Change “Knowledge and Skills Framework” (KSF) training. Any member of staff who is seeking incremental progression or to enhance their promotion prospects must undergo the appropriate KSF training. The training content is :-

(i) Management training
High level training for the top managers in NHS Grampian, to explain their Statutory responsibilities under the Racial Equality Acts, Disability Discrimination Act, Diversity and "Fair For All". The training will take the form of half day Seminars. The training will also brief managers on the steps being taken to promote racial equality within NHS Grampian and the sources of information and support.

(ii) Training for front line staff
Subjects covered in this training will include :-
- Background information on the cultural, ethnic and religious needs of each of the main ethnic communities represented in Grampian
- Sources of practical help on subjects such as accessing “face to face” and telephone interpreters and the translation of written material,
- Ablutions, moving and handling
- The wider diversity agenda
- The steps NHS Grampian is taking to meet its commitments.
6. **Access and service delivery : in-patient care**

NHS Grampian has always been careful to address the ethnic, religious and cultural needs of patients. Areas where there is already good work ongoing include:
- Catering (cultural, ethnic and religious dietary considerations)
- Personal Care (Ablutions etc)
- Spiritual and Religious Care
- Handling and Mobility
- Advocacy Services
- Last Offices

During 2005/06, the work currently ongoing will be reviewed to make sure that there are no gaps. The review will also assess what improvements, if any, can be made.

7. **Racial equality within NHS Grampian; appointments, procedures, promotion, training opportunities and monitoring arrangements**

Further progress has been made to ensure that NHS Grampian appointment procedures are fair and transparent. The full range of NHS Grampian vacancies can now be viewed on-line and applications submitted on-line, making it easier for applicants to meet closing date deadlines. This facility is being well used by members of the local ethnic communities who live in remote areas. There has also been an increase in the number of applicants for posts from Asia, Africa and Eastern Europe.

All equal opportunities information continues to be monitored closely. This has been made easier by the introduction of a new computerised recruitment system which automates the process.

From 2005/06, NHS Grampian is a now pilot site for the new job “Jump Start” scheme. This is a Scottish Executive funded initiative which involves offering worthwhile career opportunities to local unemployed people from a variety of backgrounds, skills and ages. Members of the local ethnic communities who are unemployed, will be able to apply to join the scheme.

The progress made by NHS Grampian in the field of recruitment needs to be shared with the ethnic communities. An Annual Audit Statement will be produced providing relevant information. This communication process can also be used to
encourage applications for vacancies within NHS Grampian from members of the ethnic communities, certain in the knowledge that their application will be treated with absolute fairness.

Our current H.R Recruitment Monitoring Systems have collected relevant information about the ethnic origin of applicants, for approximately 12 years. This information is used to ensure that our recruitment procedures are fair.

NHS Grampian is also required to generate information on the ethnic make-up of the entire NHS Grampian workforce, again for monitoring purposes. This latter requirement is much more difficult to achieve because many NHS Grampian staff are long serving and were appointed before ethnic origin information was collected as a routine part of the recruitment/appointments process. Attempts by some organisations to survey their workforce to obtain this information retrospectively have met with criticism and suspicion. The recent NHS National Staff Survey on ethnic origins will hopefully provide this information for NHS Grampian. The results of the survey are awaited.

8. **Active promotion of health within the local ethnic communities**

It is a prime requirement of NHS Grampian to promote the development of positive health and well being within the ethnic communities.

Three NHS Community Planning Leads already exist in Grampian, serving Aberdeen, Aberdeenshire and Moray. These Leads are the best people to take forward the promotion of positive health and well being within the ethnic communities. The identified health needs of the ethnic communities are an integral part of every Health Improvement Plan. The Racial Equality Working Group will liaise closely with the Community Planning Leads and offer any support or assistance possible.

9. **Impact assessment**

All new or updated NHS Grampian-wide policies must be Impact Assessed using the prescribed methodology. This process has been in place since May 2005.
10. Implementation

The 2004/05 Racial Equality Action Plan received tremendous support from managers and staff at all levels within NHS Grampian. This was due in large part to the measures put forward being practical common sense and of real assistance to NHS Grampian staff in meeting the health needs of the local ethnic communities. The same type of practical measures have been put forward in the 2005/06 Action Plan. Many of these ideas have come from front line staff.

In terms of strategy, the Racial Equality Working Group have adopted a two pronged approach. Firstly, to target specific areas where improvements are required. Secondly, to integrate racial equality work into the mainstream. To date, this approach has worked well.
## 11. Cost Summary For The 2005/06 Action Plan

<table>
<thead>
<tr>
<th>Interpretation Services</th>
<th>Comments</th>
<th>Cost in 2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Extension of “face to face” interpreting service</td>
<td>The actual extension will have no cost implications because “face to face” interpreters are paid only when their services are used. There is however a one-off cost for the paid Induction Training</td>
<td>£2,000 (one-off cost)</td>
</tr>
<tr>
<td>(ii) Extending Language Line services Grampian-wide</td>
<td>The Sector/CHP General managers have already agreed to meet the revenue costs for their own areas.</td>
<td>£ Already Funded by the Sectors/CHP’s</td>
</tr>
<tr>
<td></td>
<td>The Language Line access kits for the Acute Sector, Mental Health, G-Med and Aberdeen CHP were purchased last financial year</td>
<td>£ Bought in 2004/05</td>
</tr>
<tr>
<td></td>
<td>The cost of Language Line access kits for Aberdeenshire and Summerfield House</td>
<td>£1,750 (one-off cost)</td>
</tr>
<tr>
<td>Translation Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) Document translation Service</td>
<td></td>
<td>£7,000 (one-off allocation)</td>
</tr>
<tr>
<td>(iv) Staff training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training for 350 managers and 800 staff, provided by GREC</td>
<td>Contract Agreed with GREC, already funded</td>
<td>£10,000 (Already Funded)</td>
</tr>
</tbody>
</table>

**Total Funded costs £20,750**
Action Plan Appendix I

Members of The NHS Grampian Racial Equality Working Group

Ms Lynn Thomson, Quality Development Manager
Mrs Lakshmi Mani, Ethnic Community Representative
Mr Barney Crockett, Director, Grampian Racial Equality Council
Ms Jennie Biggs, Partnership Representative
Mrs Jen Park, Recruitment Manager
Mr Nigel Firth, Equality and Diversity Manager (Chair)
Mr Tony Duguid, Patient Service Manager
Ms Laura McKenna, Administration Manager
Ms Christine McClusky, Support Services Manager, Moray CHP
Ms Kate Livock, Service Manager, A&E
Mrs Gill Leiper, Deputy Communications Manager
Mr Gregory Poon, Lead Nurse, Aberdeen City CHP
Mr Bill Mitchell, Support Services Manager, Mental Health
Mr Dave Anderson, Communications Manager
### Racial Equality Action Plan: Supporting Actions

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Action</th>
<th>Actioned By:</th>
<th>Completed By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interpretation and translation services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) &quot;Face To Face&quot; translation services</td>
<td>(a) Develop and implement terms and conditions of service for interpreters</td>
<td>Nigel Firth in co-operation with GREC, Grampian Police and Aberdeen City Council.</td>
<td>November 2005</td>
</tr>
<tr>
<td></td>
<td>(b) Expand the number of “face to face” interpreters by 10, to increase the range of languages available</td>
<td>Nigel Firth in co-operation with Grampian Police and GREC</td>
<td>December 2005</td>
</tr>
<tr>
<td></td>
<td>(c) Stage an Induction Day for interpreters</td>
<td>Nigel Firth and members of the Racial Equality Working Group,</td>
<td>February 2005</td>
</tr>
<tr>
<td>(ii) Language Line telephone interpreting</td>
<td>Implement a programme to “roll out” Language Line Services NHS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Grampian-wide :-

<table>
<thead>
<tr>
<th>Service</th>
<th>Responsible</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Sector</td>
<td>Nigel Firth, Service Managers, Heads of Department, Ward Sisters and Finance Staff</td>
<td>May 2005</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Nigel Firth, Bill Mitchell, Reception Staff and Charge Nurses</td>
<td>August 2005</td>
</tr>
<tr>
<td>G-MED</td>
<td>Nigel Firth, Service Manager, Reception Staff</td>
<td>November 2005</td>
</tr>
<tr>
<td>Aberdeen CHP</td>
<td>Nigel Firth, Practice managers, reception Staff, Nurses and</td>
<td>November 2005</td>
</tr>
<tr>
<td>Aberdeen CHP</td>
<td></td>
<td></td>
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<tr>
<td>Summerfield House</td>
<td>Nigel Firth, Laura McKenna, Reception Staff</td>
<td>March 2006</td>
</tr>
</tbody>
</table>

### (iii) Document translation

- **(a)** Complete the translation of the 22 key pieces of local healthcare information into the main local ethnic community languages of Polish, Chinese, Bengali and Arabic
  
<table>
<thead>
<tr>
<th>Responsible</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigel Firth, Lynn Thomson, Service Managers</td>
<td>January 2006</td>
</tr>
<tr>
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<td>---</td>
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</tr>
<tr>
<td>(b) Translate any piece of NHS Grampian produced healthcare information into any local ethnic community language, upon request.</td>
<td>Nigel Firth, Laura McKenna</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>(c) Translate any piece of patient personal health data, into English, upon request</td>
<td>Nigel Firth, Laura McKenna</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(c) Obtain from an approved source any piece of general healthcare information, upon request, in any language</td>
<td>Nigel Firth</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Training for NHS Grampian staff To better understand the needs of the local ethnic communities</strong></td>
<td>Implement the previously agreed and funded training programme to provide equality and Diversity training for :-</td>
</tr>
<tr>
<td></td>
<td>• 350 managers</td>
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<tr>
<td></td>
<td>• 800 front line staff</td>
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</tbody>
</table>
### 4. Racial equality within NHS Grampian: appointments, procedures, promotion, training opportunities and monitoring arrangements

Continue to monitor the ethnic make up of:
- Shortlists for vacancies
- New staff appointments
- Staff undergoing training
- Staff being promoted

To ensure equality of opportunity

| Jen Park | Ongoing |

### 5. Active promotion of health

Liaise closely and support the three NHS Grampian Community Planning Teams in their health promotion work with the local ethnic communities and Community Planning work

| Nigel Firth and the Community Planning Teams | Ongoing |

### 6. Meeting the healthcare needs of recently arrived migrant workers and their families and asylum

With the assistance of GREC, contact these groups and individuals if possible, to ascertain what steps can be taken to facilitate ease of access to healthcare

| GREC, Barney Crockett, Nigel Firth, Racial Equality Working Group, | Ongoing |
### 7. Impact assessment

| Impact Assess all new or updated NHS Grampian Policies | Tony Duguid and Nigel Firth | Ongoing |

NGF/REWG/12/9/2005