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## Introduction

1. Barts and The London NHS Trust serves an ethnically diverse community and is committed to ensuring that its services are accessible, appropriate and fair for the different communities we serve. The Trust aims to deliver excellence in everything we do, and recognises the importance of an ethnically diverse workforce capable of understanding the needs and culture of its patients, and communicating effectively with them.

## Summary of Progress

2. The first Race Equality Scheme was published in 2002 and reviewed in 2004. Considerable progress in relation to race equality has been made in the following areas in the Trust:
  - **Workforce monitoring** - good workforce data for staff in post, recruitment, training, grievance, disciplinary, capability, bullying and harassment; with new systems developing to monitor promotions, appraisal and PDP's.
  - **Workforce diversity** - a large percentage of the workforce from ethnic minority backgrounds
  - **Recruitment** - strategy for increasing the number of Bangladeshi staff showing encouraging figures in the first quarter
  - **Training and development opportunities:** 2004 staff survey shows significant improvement in the percentage of staff receiving training, and staff who have had appraisals and a personal development plan in the previous 12 months
  - **Introduction to Management training** - has been introduced for **all** new managers and includes race equality scheme
  - **BME Staff Development** - leadership and career development opportunities through coaching and mentoring services and targeted programmes at sector level
  - **Awareness of needs of different ethnic groups** – an examples is Cardiac rehabilitation outreach clinics to reach the local Bengali community following impact assessment using patient ethnic data
  - **Patient and Public Involvement** – includes work with the PPI Forum to establish a Patients' Panel to increase diversity of representation and Medical and Emergency Directorate programme to survey **patients' views in clinics**
  - **Bengali Cancer Advocacy and Awareness Project** - has appointed and advocate, organised seminars and improved access to the service
3. However, further work remains to be done in order to sustain and improve on progress made in relation to the general and specific duties placed on public authorities under the Race Relations Amendment Act. Key employment and service objectives have been prioritised for implementation in this RES as detailed in the action plan (Appendix 1) attached. It seeks to address gaps highlighted in interviews with directorates and in the Trust's progress against the Strategic Health Authority's Race Equality Self Assessment Framework, as well as

legislative requirements and Commission for Racial Equality guidance whilst recognising resource considerations.

### **The Race Relations (Amendment) Act 2000**

4. The Race Relations (Amendment) Act 2000 came into force in April 2001 and places a general duty on public authorities to tackle racial discrimination, promote equal opportunity and promote good race relations. The Act came into effect following the tragic death of Stephen Lawrence and the public enquiry in 1997 into the circumstances surrounding his death and the police investigation. The inquiry drew the conclusion that existing Race Relations legislation had not been sufficient to prevent unfair treatment of Stephen Lawrence and his family by the police.
5. The inquiry defined the concept of ‘*unwitting*’ institutional racism within the Metropolitan Police and other public institutions as:
6. *“a collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin, It can be seen or detected in processes, attitudes, and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people.”* (para 6.4 Stephen Lawrence Inquiry Report 1997).
7. The Race Relations (Amendment) Act 2000 makes provision, through general and specific duties, to ensure that public authorities have mechanisms in place to eliminate all forms of unlawful discrimination, including institutional racism. Further details of the provisions may be obtained at [www.cre.gov.uk](http://www.cre.gov.uk)
8. The general duty requires public authorities to:
  - eliminate unlawful discrimination.
  - promote equality of opportunity and.
  - promote good relations between people of different racial groups.
9. The Act also sets authorities two specific duties, namely :
  - to develop and publish a Race Equality Scheme (RES) showing how the organisation intends to meet the general duty.
  - to monitor the workforce by racial group to ensure it represents the diversity of the population and that minority ethnic groups in the workforce are not disadvantaged in any way.

### **Race Equality Scheme (RES)**

10. A Race Equality Scheme must:
  - identify functions and policies and proposed policies likely to impact on race equality
  - specify arrangements for assessing and consulting on the likely impact on race equality of the organisation’s policies

- specify arrangements for monitoring its policies for any adverse impact on the promotion of race equality, and, where an adverse impact is identified, investigating causes and taking remedial action
  - plan for the publication of the results of the assessments, consultation and monitoring
  - ensure public access to information and services provided
  - state how staff will be trained to fulfil these duties
11. The Act requires that organisations revise their RES every three years. This second Barts and The London NHS Trust Race Equality Scheme lays out how the Trust proposes to meet its general and specific duties under the legislation for the period 2005-08. It lays out the values, principles and standards that underpin the scheme, detailed action points and timescales, information about how the plan will be monitored, and how we will consult with the community and with staff.

### **Race, Health And Equality**

12. The problems of health inequality have been extensively researched and reported. For example
- Death rates from coronary heart disease among first generation South Asians aged 20-69 are 60% higher than England and Wales average.
  - Diabetes is six times more common in South Asians, and up to three times more common in those of African and African-Caribbean descent.
  - Other examples of specific health needs that impact on Trust services are, the prevalence of sickle cell disease in the Afro-Caribbean community; high rates of dental caries amongst Bengali children; and TB amongst new immigrant communities.
13. As well as the clear imperative to ensure equality in order to promote health, improve access to services, opportunities for staff and the experience of patients, there are a number of national programmes that prioritise this work and set standards that the Trust is working towards. These include Vital Connection: An Equalities Framework for the NHS that addresses staff issues, Human Resources Performance Framework for the NHS, Positively Diverse: Programme for Change, National Service Frameworks for specific diseases and patient groups, Sir Nigel Crisp's Action Plan on Leadership and Race Equality and the Improving Working Lives initiative.
14. The Local Delivery Plan sets out the priorities for the local NHS, the Trust's Patient and Public Involvement Strategy and Patient Choice all contribute to providing a framework that will help us to monitor progress, be more accountable to the local community and plan for continuous improvement
15. The Race Equality Scheme is a practical tool to ensure the Trust better meets local health needs and thereby reduces health inequalities. The Trust will continue to work with its partners in health and social care, and

the voluntary sector, playing its part in redressing discrimination and disadvantage as experienced by black and ethnic minority communities.

## **16. Local Population And Health Needs**

17. The Trust is located in East London with one of the most diverse populations in the UK in respect of language, religion, culture and ethnicity. The 2001 census provides invaluable data on the composition of the North East London population with over a million and a half people living in the seven London boroughs and The City of London from which most of the Trust's patients hail. People of Asian, Caribbean and African backgrounds make up 66% of Newham's recorded population. Of Tower Hamlets' 42% minority population 34% are of Bangladeshi origin, with smaller numbers of Indian and Chinese ethnic groups, and a small but sizeable Somali community.
18. The area also faces some of the highest levels of deprivation and social exclusion in employment, housing, health inequalities, etc. London Health Commission 2004 statistics place Tower Hamlets, Newham and Hackney among the top ten unitary authorities in Britain in relation to unemployment.

## **Barts And The London NHS Trust: Our Role**

19. The Trust provides acute hospital services to Tower Hamlets and the wider NE London community from three hospitals, namely St Bartholomew's Hospital, The Royal London Hospital, London Chest Hospital, and the Queen Elizabeth Children's Services.
20. The hospitals provide a wide range of services, inpatient and outpatient facilities and a busy Accident and Emergency department. It is a teaching Trust and has links with the Medical College at Queen Mary's University London and the nursing college based with City University. More information about the Trust's services can be found at [www.bartsandthelondon.nhs.uk](http://www.bartsandthelondon.nhs.uk)

## **Values, Standards And Commitment**

21. The Trust is committed to delivering services that are fair and accessible, and appropriate for all the different communities it serves and expects patients to be treated fairly, with dignity, confidentiality and according to their medical needs, regardless of age, ethnic origin, religion, gender, sexual orientation, income or where they live.
22. The Trust is also committed to a diverse workforce reflective of the population it serves and to eliminating discrimination and promoting equality of opportunity for employees and job applicants. In achieving the common purpose of delivering excellence in everything we do, it is important to demonstrate leadership in positively addressing areas where

adverse impact may result in non equitable treatment for black and minority ethnic people, and take steps to eliminate such negative impact.

23. It will ensure that all staff are made aware of the statutory duties and commitment of the organisation under the Act, and are fully involved in the implementation of the Scheme.

### **Organisational Framework For Delivering The Race Equality Scheme**

24. The Trust Board takes the lead in delivering the Race Equality Scheme. It receives and considers summary reports on equality issues twice a year. An annual report to the Board will include an assessment of compliance with statutory duties and a review of progress in implementing the arrangements specified in the Race Equality Scheme. The Chief Executive has overall responsibility for race equality in the Trust. The lead will be taken jointly by two executive members of the Board, the Director of Human Resources and the Director of Nursing and Quality. The Director of Human Resources has responsibility for all employment, staff and training issues and the Director of Nursing and Quality has responsibility for access to services and delivery of fair and equitable services.
25. The general duties laid out in the Race Equality Scheme will be progressed through regular review and action planning. In this way the Trust will set priorities each year. The action plan for 2005 is laid out in Appendix 1. Race equality is further embedded within the organisation through performance management and the framework for healthcare governance. The work is supported by senior managers within Human Resources and Healthcare Governance teams, and the work overseen by multi-disciplinary groups, the Equality and Diversity Steering Group (Employment) and the Patient and Public Involvement Committee (Services).
26. The contact for queries on the Race Equalities Scheme as it relates employment and staff, **or** to delivery of services as follows:

Ann Macintyre  
Director of Human Resources  
Barts and the London NHS Trust  
1<sup>st</sup> Floor, 9 Prescott St  
Aldgate  
London E1 8PR

Telephone: 020 7480 4355  
Fax: 020 7791 9669  
E-mail: [Ann.Macintyre@bartsandthelondon.nhs.uk](mailto:Ann.Macintyre@bartsandthelondon.nhs.uk)

Katherine Fenton  
Director of Nursing and Quality  
Barts and the London NHS Trust  
The Royal London Hospital

Whitechapel  
London E1 1BB

Telephone: 020 7377 7010  
Fax: 020 7377 7401

E-mail: Katherine.Fenton@bartsandthelondon.nhs.uk

## **Mainstreaming Race Equality**

27. To ensure that race equality is considered as part of the mainstream planning, employment and service delivery activities of the Trust, all Directorates and service areas are required to:

- carry out a local assessment of their functions for relevance
- assess whether there is any adverse impact of policies or practices on any racial groups
- where an adverse impact is identified, investigate the causes and take remedial action
- draw up local priorities and targets and
- monitor progress and review their plan on an annual basis

## **Assessing functions and policies or proposed policies for relevance to meeting the general duty**

28. The functions of the Trust have been assessed for relevance by asking how likely it is that the policy, practice or service has any impact on race equality. The presumption, in an area of high diversity such as East London, is that all our activity will have some impact on race equality. Policies have been rated low, medium or high relevance by the Equalities Leads using a standard set of criteria. All functions of the Trust are listed together with an assessment of their relevance and a timetable for assessment of impact on race equality. (Appendix II)

29. Priorities and targets on race equality for the Trust as a whole are reviewed each year to evaluate progress and set new priorities and ensure all functions are reviewed at least every three years.

## **Arrangements for assessing and consulting on the likely impact of proposed policies on the promotion of race equality**

30. The Trust is required to ensure that all relevant activity is scrutinised for real or potential adverse impact on race equality. The process for assessment of relevance is:

- each directorate/service area examines their own practice in employment and service delivery.
- the local assessments and plans for any remedial action are reviewed centrally by the lead managers for equality, and the Equality and Diversity Steering Group and PPI Committee respectively.

- consultation with the local community and with staff is conducted on a regular basis and their views contribute to the process.
  - progress is reviewed annually and a report of the findings is submitted to the Trust Board.
31. It is important that authors consider race equality when drafting new policies. Any new policies will be subject to impact assessment and will need to demonstrate that they meet the Trusts' legal obligations before they are agreed by the Policies Working Group. Where potential negative impact on race equality is identified the author will amend the policy or protocol and it will be submitted again for approval. Advice and guidance on formulation and review of Trust policies is currently being revised to address this point. The Policies Working Group which is chaired by the Trust Secretary will appoint one of its members to act as champion for race equality issues. It will ensure that patient and community perspectives on race equality are represented on the Group through existing membership or through co-opting new member/s, if necessary. Currently a member of the Patient and Public Involvement Forum sits on the Group.
32. In addition to formal policies there are many written procedures, protocols and service level agreements that govern how services are delivered. In order to help identify those that are relevant to race equality, staff, the public and other stakeholders are welcome to raise concerns with the Equality and Diversity Manager or the Head of Patient and Public Involvement so that issues can be addressed and any adverse impact remedied.

### **Monitoring policies for any adverse impact on the promotion of race equality**

33. The Directorates, via their healthcare governance and Pathfinder Programme Assurance Board (PPAB) will be responsible for monitoring policies for any adverse impact on race equality and advising on remedial action. All policies are formally reviewed every three years and at this point a new impact assessment will be carried out before re-validation of a policy.

### **Arrangements for publishing assessment, consultation and monitoring reports**

34. The Trust has established mechanisms for review and audit of its own performance in relation to race equality and other targets and priorities. These mechanisms include the PPAB and Healthcare Governance Key Performance Standards, as well as monitoring against government Standards for Better Health.
35. Informal channels for receiving feedback from staff, patients and the public will complement formal mechanisms. We will continue to make

staff aware of their responsibilities to ensure the Trust complies with the law and staff are invited to report any concerns to the lead manager for the Race Equality Scheme, the Director of Human Resources or Director of Nursing and Quality.

36. Ethnic group data collection is vital to this process. Whilst the workforce data collection is excellent, ethnic group data collection for patients is currently at 72% (comparable with other similar organisations). To improve this we will continue to take a pro-active approach. Strategies include:
- Training for groups of staff responsible for collection of data.
  - Resources explaining the purpose of data collection and stressing confidentiality.
  - Data recording systems that reflect local population and link with national standards.
  - Make this information easier for staff to access and thus encourage its wider use in impact assessment process.
37. Assessment, consultation, monitoring and progress are reported to the Trust Board annually. These reports are available to the public via the Trust website.

## **Arrangements for making sure the public have access to information and services**

### **Patient information**

- We will continue to be pro-active in getting relevant information to patients at the right time and in an accessible manner and in various languages. Strategies include:
- Advocacy and interpreting services – there are four new posts in Accident and Emergency department in 2005 to provide bi-lingual advocacy 7 days per week for the Somali and Bengali speaking community.
- Translation of written patient information – guidance for staff producing such information has been revised and links made with new translation service providers.
- Clarity in language and presentation – funds have been secured to improve the quality and readability of all Trust publications.
- Outreach and working with community projects – for example the Patient Advice and Liaison Service has regular contact with local groups.
- Consultation with patients and carers – recent work has been undertaken to consult with patients and support groups on the information needs of older people leaving hospital.
- Working with patient organisations other agencies to develop appropriate and culturally competent information in accessible formats – the Trust worked with CERES, the organisation concerned with promoting ethical research, to develop information in community languages; the NE London Cancer Collaborative is producing a

comprehensive directory of information for patients and their families that will include information in other languages and formats.

### **Access to services**

38. We will continue to improve the accessibility and sensitivity of services provided by the Trust. Strategies include:
- Advocacy and interpreting – breast feeding help provided by bi-lingual volunteers in maternity services to improve support and information for new mothers
  - Outreach and working with community projects – recruitment of local people enhanced by working with the local agency through ACE; Cardiac rehabilitation services have opened a community based clinic to improve access to local people.
  - Patient support groups – liaison with groups such as Cancer You are Not Alone (CYANA) in Newham.
  - Consultation with patients and carers - a communication project with Social Action for Health is currently sharing stories between the community and health professionals in Accident and Emergency to improve understanding on both sides; a regular newsletter is sent to community groups locally.
  - Signage and wayfinding – The Royal London Hospital has three talking signs that communicate with patients and visitors in six languages.
  - Providing a welcoming environment – Vital Arts, the Trust arts programme, ensures a range of imaginative and culturally varied exhibitions, projects and installations; the new Breast Care Centre in West Wing at Barts has won a design award for the outstanding environment that it provides.
  - Designing services with reference to the cultural, religious and social needs of the diverse community – demonstrated in the food provided for staff and patients, prayer rooms on all sites, projects such as Muslim bereavement service and the Trust's uniform for nurses.

### **Arrangements for training staff**

39. The Trust developed an awareness training programme in 2004 which was delivered to a cohort of senior managers and will be cascaded out to a wider pool of managers during the year to ensure that they have the necessary understanding and skills to screen policies, undertake impact assessments, and consult with patients and the public on these issues. A toolkit and checklist will be provided as additional guidance. The RES is also covered in the Introduction to Management training programme for all new managers.
40. The Trust will continue to provide ongoing training on cultural awareness, equal opportunities, eliminating discrimination, and recruitment and selection, as set out in the Training and Development Directory programme. This training will be supplemented from time to time by one

off training and events to ensure managers, and other staff, can update and extend their knowledge, understanding and skills in race equality, as well as other equality and diversity issues.

41. It is particularly important to ensure that the Board understand their responsibilities and they will receive a briefing to update their knowledge in June 2005. We will evaluate the effectiveness of staff training and awareness raising on the race equality scheme along with other equality issues through the annual staff survey.

### **Employment Duties**

42. Specific employment duties under the Act requires the Trust to

Monitor by racial group the numbers of

- staff in post
- applicants for employment, training, and promotion those who are offered posts
- applicants for training and those who receive training
- staff who are promoted
- performance assessments
- staff involved in capability, grievance and disciplinary procedures
- staff who leave the Trust,

and to publish the results of this monitoring annually.

### **Progress made on Workforce issues**

43. The Trust is an equal opportunities employer. One of its objectives is to recruit and retain an ethnically diverse workforce. It has made progress in several areas since the Race Equality Scheme (RES) was published in 2002. The Trust has developed robust monitoring systems to meet the duty to monitor by racial group staff in post, applicants for employment and those who are offered posts, staff who receive training, and staff involved in capability, grievance and disciplinary procedures. Quarterly reports from the MAPS and Case Work Database published on the Trust's intranet and available to managers with staff responsibility, allows the Trust to check for trends of adverse impact and to take remedial action where.

44. The quality of workforce monitoring data is high with 95% data capture for ethnicity, broken down by age, gender, staff group, grade and full time or part time status. In relation to representation, the Trust has a diverse workforce with 42% from ethnic minority backgrounds. A new software system, The Learning Manager (TLM) was introduced late last year and is being rolled out across the Trust through a series of training events for managers and staff. In addition to improving monitoring of applicants for and those who receive training, TLM will provide greater scope for monitoring and transparency around personal development plans and

appraisal outcomes as these will be recorded on TLM and will be accessible to both an employee and their manager. The feasibility of developing TLM for monitoring staff who are promoted is being explored, as is a software that enables the Trust to computerise recruitment monitoring

### **Developing the Workforce**

45. As an equal opportunities employer working towards model employer, the Trust recognises the importance of fairness and equal opportunities practices in recruitment, selection, training and promotion. To improve representation of certain groups in the workforce, the Trust has set up the Actions for Community Employment (ACE) Project, a strategy for increasing the number of Bangladeshi staff in the Trust by targeting recruitment in the local community. First quarter reports show encouraging signs of exceeding the 30% target for successful Bangladeshi applicants.
46. The skills escalator and the Knowledge and Skills Framework provide framework for career development for BME staff. The Trust is also a partner in the North East London Strategic Health Authority ADVANCE leadership and mentoring programmes aimed at supporting BME staff to develop their leadership potential and enable them to apply for senior positions. Five employees have been funded by the Trust to undertake the 9-month programme which started in 2004. The Trust also supports staff who wish to participate in the national *Breaking Through* programme and has developed its own leadership programme which includes career development and life coaching for staff.
47. Whilst the level of awareness of the importance of equality of opportunity in the Trust is high as evidenced by staff views expressed in the Improving Working Lives Practice Plus report, further work is required to ensure that the Trust can maintain and improve upon its achievements, both in terms of the policies and practices it has in place, and also by measuring their impact on the workforce more systematically.

### **Procurement**

48. The Trust recognises that it has a duty to effect change for the better through its commissioning and procurement processes. Measures to address this will be considered during the period of this RES 2005-2008.

### **Partnerships**

49. The Trust champions race equality through the local partnerships in which it participates e.g. the Local Strategic Partnership, NE London Cancer Collaborative.

## **Embedding race equality in systems and process**

50. Ethnic group monitoring and other data collection is useful to ensure that services are responsive to local needs. Therefore measures to improve data collection are included in our action plan.

## **Promoting Good Race Relations**

51. We currently undertake a range of activities designed to promote good race relations including:

- Fair employment practices
- Flexible working arrangements
- Improving recruitment from the local area with its large BME population
- An Ethnic Minority Staff Network
- Prayer facilities for Muslim staff and patients and multi-faith chaplaincy
- Bi-lingual health advocacy and interpreting services
- Active links with the Patient and Public Involvement Forum and other voluntary sector organisations
- Dialogue with the local community on hospital developments
- Outreach and events such as Multi-cultural week
- An exhibition of BME contribution to the local NHS is currently in production

52. We will monitor this programme and seek further advice through consultation with staff groups, local organisations and patient groups to further fulfil this obligation.

## **Developing The Action Plan**

53. The action plan that was attached to the first RES in 2002 has been addressed and led to a number of developments. The Trust Board has made clear its commitment and is playing an active part in leading on this issue and arrangements are in place to deliver targets (see above). An audit against the Strategic Health Authority Performance Management Framework and the review described below, have highlighted the strengths of our arrangements and areas for improvement. A programme to address race equality issues is a Key Performance Standard for all Directorates and central to the Patient and Public Involvement Strategy.

54. The advocacy and language support service has continued to grow with recent employment of new bi-lingual health advocates for Somali and Bengali community in A&E. There are close links with the ethnically diverse local Patient and Public Involvement Forum has helped the Trust focus on patient priorities, including in the new hospital development programme. A joint project between the PPI Forums for the Trust and

the PCT together with the two Trusts to recruit members of the community to a local patients' panel has been successfully launched.

### **Review of progress in 2004**

55. The action plan for this RES has been devised following a review of progress that was carried out under the auspices of the chief Executive in 2004. The positive findings were the high level of awareness of race equality issues across the Trust by senior managers, and the good commitment to provide fair and equal access to jobs and services. Examples of good practice include :

- Compliance by management with Human Resources policies
- Pharmacy development programme for BME staff that includes mentoring, job rotation and local management support.
- Training on human resource issues delivered to managers on the ward in Women's and Children's Services
- Partnership with Employment Solutions to recruit local staff in Pathology
- Cardiac rehabilitation outreach clinics to reach Bengali community
- Local programmes to survey patients views in clinics in Medical and Emergency Directorate
- Bengali Cancer Advocacy and Awareness project

56. Despite managers' awareness of race equality it was clear that there is low awareness about the provisions of the Race Relations (Amendment) Act 2000, and the Race Equality Scheme. The following strategies to address gaps were identified:

- More training for managers, particularly in recruitment and selection
- Clearer strategies for meeting trust targets for local recruitment
- Non-professional staff need support to feel more confident that their frontline patient care roles are valued
- Improved patient ethnic group data collection through setting targets, performance management and reporting
- Greater awareness and knowledge about the needs of the local community with use made of ethnic group data
- Need for better recording of complaints about discrimination and monitoring ethnicity of complainants
- Development of an inclusive patient and public involvement strategy

57. The action that has been prioritised by the Trust Executive team is set out in the action plan (Appendix III).

### **Publication Of The Scheme**

58. To ensure transparency and public accountability the Race Equality Scheme will be published. The Scheme will be available to the public on the Trust website, [www.bartsandthelondon.nhs.uk](http://www.bartsandthelondon.nhs.uk), and in printed form on request.

## Dealing With Complaints

59. If anyone believes the Trust is failing to comply with its Race Equality Scheme please let us know by contacting:

Sarah Mudd  
Head of Patient and Public Involvement  
Patient Advice & Liaison Service  
Barts and the London NHS Trust  
Royal London Hospital  
Whitechapel  
London E1 1BB  
Telephone: 020 7943 1335  
Fax 020 7377 7361  
E-mail: [PALS@bartsandthelondon.nhs.uk](mailto:PALS@bartsandthelondon.nhs.uk)

Or

Mary Slater  
Equality & Diversity Manager  
Human Resources Directorate  
Barts and The London NHS Trust  
1<sup>st</sup> Floor, 9 Prescot St  
Aldgate  
London E1 8PR  
Telephone: 020 7377 7000 Ext. (Prescot St) 4330  
Fax: 020 7480 4805  
E-mail: [mary.slater@bartsandthelondon.nhs.uk](mailto:mary.slater@bartsandthelondon.nhs.uk)

60. Complaints from patients about any aspect of their care or treatment including a complaint about any aspect of race equality may be made by contacting the lead for complaints in the area where the person is being cared for, or by writing to

Manny Lewis  
Head of Quality Development  
Barts and the London NHS Trust  
9 Prescot Street  
London E1 1BB  
E-mail: [Manny.Lewis@bartsandthelondon.nhs.uk](mailto:Manny.Lewis@bartsandthelondon.nhs.uk)

## Consultation

61. The Trust approach to consultation is spelt out in the inclusive Patient and Public Involvement Strategy. Mechanisms for feedback include

- Meetings with Patient and Public Involvement Forum/s
- Focus groups
- Reference groups
- Patient surveys
- Participatory events

- Patient and voluntary sector representatives on Trust committees and working groups
  - Staff surveys
  - Staff networks
62. Feedback from public consultation informs the Race Equality Scheme to reflect local concerns. Examples:
- A&E – work with bi-lingual health guides to feedback the experiences of patients attending A&E and promote new advocacy service
  - Cancer – on-going outreach in the Bangladeshi community to promote information, services and screening
  - BME network – to hear staff views
  - ACE – to attract and support local applicants for jobs
63. Staff are consulted through the annual staff survey as well as staff forums such as the Black and Minority Ethnic Staff Network, the Improving Working Lives Group, and staff side for discussion.

### **Review Of The Race Equality Scheme**

64. A formal review of the Race Equality Scheme will be carried out every three years, in consultation with interested parties. We will evaluate its effectiveness in meeting our statutory duties and make any amendments necessary to ensure continuous improvement.

### **Conclusion**

65. The Trust is sensitive to the social and ethnic diversity of the population it serves and to the deprivation in East London. It has therefore taken a lead in action to address discrimination and disadvantage. However, there is no room for complacency. The work needs to be continually under review and the Race Equality Scheme provides a practical framework for this.

**Trust Board**  
**May 2005**