



Race Equality Scheme 2005-2008

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NHS 24

RACE EQUALITY SCHEME

2005 – 2008

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1. JOINT FOREWORD AND STATEMENT OF INTENT

NHS 24 is a national 24-hour service providing clinical assessment and referral, health advice and information to the people of Scotland. Since December 2004 this service has been accessible across all geographical areas in Scotland.

We aim to provide a best practice service based on clinical excellence and cultural competency and to be an exemplar employer. From the outset we have been committed to diversity, the elimination of discrimination and the promotion of equal opportunities, including racial equality.

Our Race Equality Scheme will set out how we will build on this commitment. We will review and revise this document regularly and we will report every year in our Annual Report on the progress we have made and will review the whole scheme again in 2008.

The delivery, implementation and ongoing development of a culturally competent service, recognising historic inequalities for minority ethnic communities, and our commitment to the health of Scotland's people are the ultimate responsibility of the Chief Executive of NHS 24. The Board, comprising the Chairman, Nurse Director, Medical Director, Director of Corporate Services, Employee Director, and their Non-Executive colleagues, also confirms its absolute commitment to the achievement of this objective and to the positive consideration of its requirement in the decisions made on behalf of NHS 24.

In particular, the Board of NHS 24 undertakes to continue to ensure our ongoing commitment to providing a clinically appropriate, best practice service to all of Scotland's communities. We shall strive to deliver this to a consistently excellent standard and will do this by basing our decisions on continuous learning, accumulated evidence and rigorous application of best practice.

We are committed to continually reviewing and improving our service accessibility to all community groups regardless of their age, disability, gender, race/ethnicity, religious faith/belief or sexual orientation.

The Board of NHS 24 is also committed to achieving exemplar employer status. NHS 24 provides equality of opportunity in employment both in principle and in practice. We aim to continue to ensure that no job applicant or employee receives less favourable treatment, either directly or indirectly, on the grounds of race/ethnicity, religious faith/belief, age, gender, disability, marital status or sexual orientation. We shall not tolerate discrimination on any of these grounds. NHS 24 has an equal opportunities policy to ensure that any discriminatory practice is eliminated. NHS 24 also has a robust Dignity at Work policy which ensures employees are protected against bullying and harassment in the workplace.

NHS 24 is a new organisation undergoing a very challenging phase in its development and, like other public authorities, is still learning about and developing the infrastructure to enable us to comply with our obligations under the legislation. We are keen to work with other organisations to meet our aims and build on our achievements. To do this we plan to further strengthen our links with current partner organisations, as well as make new partnerships with organisations across the country in order to share learning.

As the Interim Chair, Chief Executive and Employee Director, we will reflect our commitment to the Commission for Racial Equality Leadership Challenge in Scotland in the aims, objectives and values set out in this Scheme. The commitment of NHS 24 staff will help us to deliver this agenda and we intend to provide the leadership and support they need over the coming months and years to ensure this success.

George King
Interim Chair

John McGuigan
Chief Executive

Bert Bruce
Employee Director

November 2005

2. INTRODUCTION

2.1 About NHS 24

NHS 24 was established as a new Special Health Board on 6th April 2001 with an original brief “to set up and operate a new patient-focused service, providing the people of Scotland with nurse-led advice, guidance, referral and information on health and healthcare services through a network of leading-edge contact centres”.

The organisation has since developed and is now an integral part of NHSScotland.

We receive referrals from all parts of Scotland; therefore, our patient base potentially reflects the full diversity of Scotland’s communities and their needs. We are aware that the population of people from minority ethnic backgrounds varies considerably by geographical location in Scotland and that must be taken into account in the way we deliver our services. ¹

2.2 The Legislative Background

The Race Relations Act 1976 (the 1976 Act) provides the legislative base for action to be taken to address the issue of racial discrimination in Britain.

As a result of the recommendations contained in the Report of the Stephen Lawrence Inquiry the 1976 Act was strengthened and its scope extended by the Race Relations (Amendment) Act 2000 (RR(A)A).

The RR(A)A came into effect on April 2nd 2001 and placed a general duty on public authorities named in Schedule 1A of the Act (encompassing NHS 24) to promote racial equality and eliminate unlawful racial discrimination. All public authorities are required to take account of the requirements of the Act as appropriate in current and future policy development. Supporting the general duty is a series of specific duties, one of which was to publish a Race Equality Scheme (RES) by 30th November 2002 and to revise this by 30th November 2005.

In 2002, NHS 24 was in early start-up phase and consequently the Scottish Executive Health Department (SEHD) agreed to defer the deadline for NHS 24’s production of a RES and so this will be the first published RES. A statement of intent was published on the NHS 24 website in summer 2005.

2.3 What is our Race Equality Scheme (RES)?

The NHS 24 RES is a strategy combined with a practical report on current practice and an associated action plan summarising our approach to race equality and cultural competence, and our linked corporate aims. It includes the requirements of the RRA and takes account of the Scottish Executive Health Department Letter NHS HDL (2002) 51 on Fair for All. It shows how NHS 24 plans to carry out each part of the specific duty in the RRAA regarding:-

- ♣ Identifying and assessing for relevance all functions and policies
- ♣ assessing, consulting on and monitoring its functions and policies for any adverse impact on promoting race equality
- ♣ publishing the results
- ♣ making sure the public have access to information and services
- ♣ training staff in connection with the positive duties
- ♣ monitoring race equality in employment (“the Employment Duty”)

¹ The Census 2001 profile of Scotland’s communities is attached at appendix 1

- ♣ reviewing the functions and policies on a 3-yearly basis
- ♣ delivering the Action Plan and ongoing communication on progress

This RES has been developed with assistance from the Commission for Racial Equality (CRE) and the National Resource Centre for Ethnic Minority Health (NRCEMH), with additional support provided by an external consultant. It is our intention to continue and develop these contacts as well as developing our partnership approach to this initiative within our wide stakeholder community, particularly focusing on the health concerns and issues of the diverse ethnic minority communities.

The NHS 24 Board will seek to increase its focus on all of Scotland's communities and obtain and share best practice guidance pertaining to relevant issues.

This RES is designed to ensure racial equality and enhanced cultural awareness and competence and it forms an integral part of NHS 24's role as an Equal Opportunities Employer and service provider.

2.4 What is Fair For All?

The Scottish Executive Health Department Letter NHS HDL (2002) 51 set out what NHSScotland organisations are expected to do to meet their legislative and executive policy responsibilities. Organisations are expected to take action under the following headings and progress will be monitored through the Performance Assessment Framework

- 1 Energising the organisation
- 2 Demographic profile
- 3 Access and service delivery
- 4 Human resources
- 5 Community development

One of the specific requirements is the approval of a detailed Action Plan with clear targets and resource implications. NHS 24's Race Equality Scheme incorporates a detailed action plan and takes account of the requirements of the Fair for All (FFA) guidance. It is recognised that there are elements, which are specific to FFA.

- ♣ Our commitment to race equality and our proposals for mainstreaming race equality in all our functions and policies fits in with Fair for All Element 1 Energising the Organisation
- ♣ Our commitment to work with local Boards in their research about the minority ethnic demographic make up of the Scottish population and assessments of the needs of minority ethnic communities in relation to our responsibility to improve health fits in with Fair for All Element 2 the Demographic Profile
- ♣ By monitoring and prioritising reviews of our functions and policies we will be able to assess how our services and functions meet the needs of minority ethnic communities and identify where we need to make improvements. This fits in with Fair for All Element 3 Access and Service Delivery
- ♣ Our proposals to meet our specific employment duty fits in with Fair for All Element 4 Human Resources
- ♣ Our arrangements for consultation and partnership working fit in with Fair for All Element 5 Community Development

Although NHS 24 is a national organisation, which does not have direct patient care delivery responsibilities, the action plan has interpreted the spirit and intent of the guidance and applied it to NHS 24 areas of responsibility.

3. NHS 24

3.1 Background information about NHS 24

NHS 24 was established in April 2001 as an NHSScotland Special Health Board. A two and a half year national rollout programme, which linked NHS 24 with Scotland's 15 local NHS Boards' out-of-hours services and the Scottish Ambulance Service, was completed in November 2004. The service now provides clinical health care advice and health information services to the population of Scotland 24 hours a day, 365 days a year.

More than 90% of calls to NHS 24 are made during out-of-hours periods (evenings, weekends, public holidays) when GP practices are closed and 50% of those calls are made at weekends. Out-of-hours services provide assistance to patients who need urgent healthcare advice and support that cannot wait until their GP practice is open.

NHS 24 has contact centres in Aberdeen, South Queensferry (Edinburgh) and Clydebank. The centres are staffed by Call Handlers, Nurse Advisors and Health Information Advisors. They have dealt with over 2.5 million calls since integrating with its first local NHS Board in May 2002, an average of 31,000 calls per week. Whilst calls will usually be answered by the centre serving their local area, contact centre staff can work virtually and take calls from anywhere in Scotland. Our extensive and continuously developing demographics database assists them in this.

The service also accommodates textphone users and has access to more than 120 languages through interpreting service, Language Line.

3.2 2005

In February 2005 NHS 24's new Chief Executive, John McGuigan, launched the transformation programme. The transformation programme sought to address areas of service improvement including the public's access to the service and the use of the call-back process.

This extensive programme took forward the development of the NHS 24 service model and closer partnership working between NHS 24 and local NHS Boards. The development of local satellite or sites based in areas with significant remote and rural populations is part of this programme which also included improvements to make calls to the service smoother and more efficient.

NHS 24 is a patient-centred service working in partnership with local health systems, NHS staff organisations and local communities. NHS 24 supports and adds value to local services. During the day, when GP Surgeries are open, callers can call NHS 24 for a clinical assessment or for health information. Nurse Advisors can give advice on how to treat the callers' symptoms or, if they require further medical help, they will be asked to call their GP Surgery to speak to the appropriate health professional.

In the first three years, the priority has been to achieve integration with other parts of the NHS throughout Scotland – in particular GP Out-of-Hours Services, where NHS 24 will triage calls for these services, assessing patients' symptoms and referring the patients to the most appropriate healthcare professional within an appropriate timescale based on clinical need.

In addition to integration with out-of-hours Services, NHS 24 is integrated with the Scottish Ambulance Service and the Acute Hospitals' Accident and Emergency Departments. This integrated service structure allows patients to treat their symptoms at home or, if they need

to see a doctor, have NHS 24 refer them to the appropriate services. The details of the clinical assessment undertaken by NHS 24 are sent to the doctor before the doctor sees the patient.

The organisation is committed to a culture where organisational values prevail and the opinions and views of the staff are confirmed through staff surveys. The first was undertaken in December 2003 and was responded to by over 70% of staff. The second of these was undertaken in August 2005 when over 60% of staff responded. An action plan is currently under development which will seek to address the points raised by staff.

The organisation structure, at Executive Level, is detailed in Appendix 3.

3.3 NHS 24 Values

A set of values has been developed which guides the development of NHS 24. The Board and staff from across the organisation have been actively engaged and encouraged to provide their views on what the values of NHS 24 should reflect, resulting in the following:

Customer / patient focus	We will ensure the customer / patient is at the heart of everything we do
Partnership	We will work in collaboration with others to improve the quality of both patient and customer care
Continuous improvement	we will achieve excellence in service delivery through a commitment to continuous improvement
Teamwork	We will achieve excellence through teamwork, harnessing the full range of skills in NHS 24
Integrity	We will acknowledge and respect everyone's contribution to the development of NHS 24
Personal growth	NHS 24's culture will encourage staff to develop and flourish.

4. NHS 24 RACE EQUALITY SCHEME

4.1 Objective 1: Identifying relevant Functions and Policies²

Functions and policies relevant to each of the parts of the general duty to promote race equality i.e. eliminating unlawful racial discrimination and promoting equal opportunities and good relations between persons of different racial groups. The list of functions identified for assessment for relevance is provided in Appendix 4.

We will continue to review functions and policies on an on going basis, with each being reviewed at least every three years through the partnership policy sub group.

Process for identifying and assessing relevant functions and policies

NHS 24 set up a small working group (Race Equality Scheme Development Group or RDG), supported by an external consultant, to systematically assess for relevance its functions and policies to ensure an appropriate list was identified which reflected the main business of the organisation. This group identified all functions and policies and performed an initial screening to assess the relevance of all functions and policies for the promotion of race equality.

This has been done using questions detailed in Appendix 5. There are three stages to the process;

- ♣ Identifying the main aims of the function or policy;
- ♣ Collecting/considering any information;
- ♣ Deciding if the policy or function is relevant

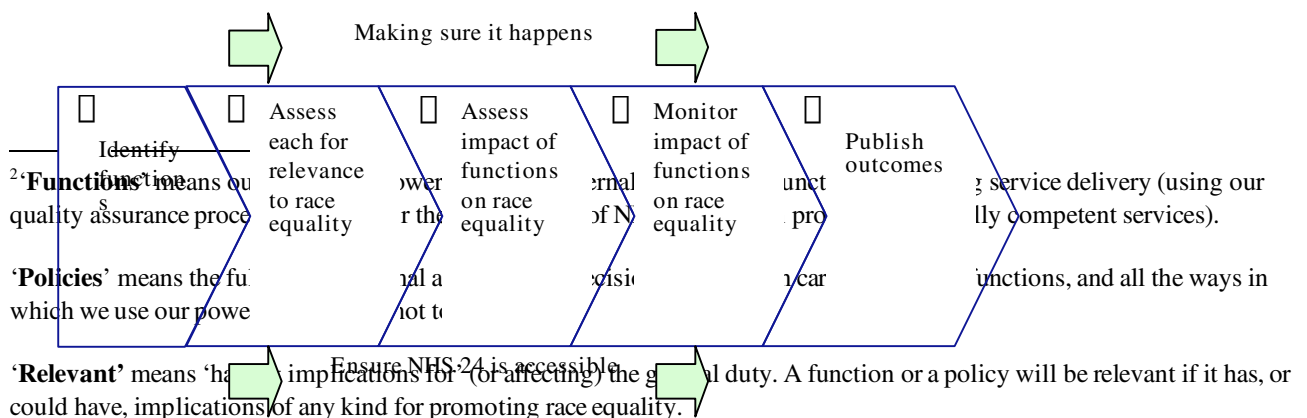
If it was identified that there was no relevance, the process ended.

If relevance was identified, the function or policy has been reviewed for appropriate action and impact assessed. The process shown above will be used to assess new functions and policies, and is also stage I of our impact assessment process.

A final list of all relevant functions and polices is provided in Appendix 4.

4.2 Objective 2: Assessing Adverse Impact of Functions and Policies

Our process for assessing adverse impact is based on guidance provided by the Commission for Racial Equality (CRE) and the Scottish Executive Health Department (SEHD).



Stage 1 The initial screening process

The initial screening process is the same as for assessing the relevance of functions and policies and this is based on CRE guidance (see objective 1). Once identified as relevant, in line with SEHD Guidance on impact assessment, a function or policy will undergo impact assessment in relation to race equality based on its relevance and significance. We will also impact assess across a range of equality and diversity areas in line with the guidance.

Stage 2 Full impact assessment

NHS 24 will carry out a full impact assessment on all its relevant policies and functions identified in Stage 1 based on the NHSScotland's Equality and Diversity Impact Assessment Toolkit. We will prioritise proposed functions and policies, and also aim to assess existing functions and policies. A schedule for full impact assessment based on our assessment of relevance is detailed in the action plan at appendix 6.

Key corporate areas for year 1 include Operating Plans, Communications strategy, Procurement and Contract Management, Knowledge management system, Clinical Advice and Training & Development.

In addition, Directorates will impact assess key areas such as Child Protection, Recruitment and Selection and other Human Resource activities, Reception Services, PFPI and our Partnership Agreements (internal and external).

In order to do this, we will provide training for key staff to be involved in the process, supported initially by external consultancy. Training has been scheduled to commence from January 2006.

When carrying out an impact assessment, we will follow the 8 key stages identified in the CRE's online guidance.

1. Identify all the aims of the policy
2. Consider the evidence used to conduct the assessment
3. Assess the likely impact
4. Consider policy alternatives
5. Consult formally
6. Decide whether to adopt the policy
7. Implement monitoring arrangements; and
8. Publish assessment results

Any assessment of a policy will include an examination of long-standing 'custom and practice' and management decisions, as well as any formal written policy. This includes the standards we develop, the processes by which we review the performance of NHSScotland, the support for clinical governance, practice development initiatives for nurses, midwives and allied health professionals, the development of guidance and advice, including the

composition of our groups such as review teams, and our internal processes and procedures.

4.3 Objective 3: Consulting on impact of functions and policies

Principles

We will decide how much we will consult for each impact assessment based on the relevance and significance of the subject area so that our consultation is proportionate. We will ensure consultation results are analysed promptly and results are fed into decision making. We aim to have consultation which is inclusive, accessible and appropriate to the issues. In order to do this we propose to develop a database of organisations based on existing directories and a mapping of our current partners and networks. Our consultation methods may include open and targeted meetings, paper proposals, advisory groups, focus groups and surveys.

NHS 24, under the direction of the Nurse Director and the guidance of the Board's Public Involvement Forum, will further develop an action plan that supports the involvement of members of the public, patients, carers and staff in the development of NHS 24's services, both in delivery and design

Consulting with Staff

We consult on NHS 24 policies - which are relevant to our staff - through our Partnership Forum. This forum is used as a means of involving staff and their representatives in decisions, which affect their work. We will use these mechanisms to consult staff on the RES and Action Plan

Consulting with minority ethnic communities and other stakeholders

We recognise that our potential service users could be anyone in Scotland. It is therefore important for us to consider how best to identify relevant people for consultation. This is likely to include current and potential service users as well as professionals such as GP's and Health Boards who make information available about our services.

Our arrangements, along with colleagues in other special health boards, includes funding a community development worker based within the National Resource Centre for Ethnic Minority Health to identify and develop appropriate consultative mechanisms to reach minority ethnic communities across Scotland. NHS 24 recognises that to engage meaningfully with stakeholders there is a need to build links with minority ethnic communities, addressing issues of access to information and resources, and developing the necessary skills such as influencing and networking to enable community members to fully participate. It is likely that this capacity building work will be undertaken on a joint basis with other Special Health Boards. The specific detail of this will be included in the organisation's Public Focus Patient Involvement Framework.

In the short term we will make our RES available to our partners and on our website so that we can seek feedback on our priorities and activities.

4.4 Objective 4: Monitoring adverse impact of functions and policies

Monitoring any adverse impact our policies have on promoting race equality will help us to check whether our policies, their application and our organisational culture are discriminating

against some racial groups. Monitoring can also help us find out why and how discrimination takes place and therefore, to consider what action to take to ensure that there is equity of access and impact, regardless of minority ethnic background. We currently monitor our recruitment function and internal HR processes, and as part of our current equal opportunities policies this includes ethnic monitoring. Monitoring methods for access to information and services might include user/non user feedback, satisfaction surveys and focus groups as well as formal evaluations of campaigns and staff surveys. We will set up or review monitoring systems for all relevant functions and policies and arrange to analyse data from monitoring so we can decide what action is needed to deal with issues identified by the monitoring data. We will publish the results of monitoring in our Annual Report.

4.5 Objective 5: Publishing the results of assessments, consultation and monitoring

We will publish this race equality scheme (RES) in full, as part of the organisation's Publication Scheme, and in the form of a user-friendly leaflet to ensure the widest possible awareness of the RES.

We will publish the results of our assessments, consultations, and monitoring of our policies on our website and in other relevant forms such as within our annual report. We wish to ensure our publications are accessible for minority ethnic communities and will consider using diverse formats (including audio, bold print, large print, and in community languages) and wide distribution (through local Health Boards and by personal request) as well as community languages, where appropriate, and explaining what we will do as a result of considering the information.

4.6 Objective 6: Ensuring Access to information and services

We will ensure that all our staff are aware of the facilities available to accommodate their diverse cultural and ethnic requirements

As a virtual national telephone based service, NHS 24 does not have physical face-to-face contact with patients nor an inpatient or "drop in" facility. When we refer a patient caller to a partner organisation e.g. Scottish Ambulance Service, Accident & Emergency Departments, etc., for treatment we pass on all information we collate from the patient telephone consultation and assessment process. Our partners are also part of NHS Scotland and have the same RES duties and responsibilities as NHS 24 and we will engage with them to ensure that due regard is paid to race equality in our partnership working.

NHS 24 is working with the Advocacy Safeguards Agency (ASA) to develop advocacy within the service, particularly around the complaints process and third party calls.

Callers to NHS 24 whose first language is not English can access the service through the "Language Line", which gives access to over 120 languages. NHS 24 Communications Directorate is able to monitor levels of access to each language – this is identifiable to the specific patient call which can then be reviewed as part of the call review process (please see below for further details).

The NHS 24 Web Site provides information about its services in four languages including English.

In addition, callers may request to speak to a male or a female member of staff.

All calls by patients to our contact centres are recorded under clinical governance agreements and our frontline staff of Call Handlers, Nurse Advisers and Health Information Advisers undertake monthly call reviews with Team Leaders including aspects of patient care, particular challenges faced, areas for improvement, training and development needs and sharing of best practice. This includes any ethnic considerations. Every quarter, 1,200 callers are surveyed about their communication experience with NHS 24, with a response rate of 33%. This data is collated and is used to ensure service improvement and provide feedback to participants should they wish it. We will take steps to ensure that caller surveys reflect ethnic diversity.

Included in frontline staff work schedules are periods set aside off-line for reflective practice and professional, clinical and personal development. Staff are supported in this by our Nursing, Medical and Human Resources teams - particularly our highly skilled Practice Educators and Learning and Development staff.

We will use the results of impact assessments and monitoring information to assess where our information and services can be made more accessible.

We also wish to ensure that individuals from all ethnic communities are able to access our complaints procedure. We will therefore review our complaints process to ensure it is not overly bureaucratic, and we will also monitor all complaints to identify issues, which may impact on minority ethnic people.

4.7 Objective 7: Training staff in connection with corporate and individual responsibilities in relation to RRAA duties

A training plan for 2006 has been produced covering key staff and outcomes (see appendix 7). We recognise that staff require to be made aware of their personal and corporate responsibilities in relation to promoting race equality, and that their knowledge and skills level should be sufficient to support this. We believe the new Knowledge and Skills Framework will add weight to this by ensuring that diversity and equality are part of the individual performance framework. We will also ensure staff are trained in relation to specific duties such as impact assessment and ethnic monitoring. Training is evaluated through post-training evaluation forms.

We will review all our current training programmes, both competency and skills training, to make sure that race equality is included in courses as appropriate.

We recognise that to provide appropriate leadership and fulfil their governance role in this area, our Board will also require to be briefed fully about the duty to promote race equality.

As NHS 24 is a relatively new organisation, we will require to use external expert trainers to deliver much of our training programme. Through our procurement programme we will ensure that any external trainers comply with the equality standards we ourselves strive to achieve through our training programme. In order to support ongoing staff development, it is our intention to ensure in-house skills are developed within the learning and development team and other appropriate identified individuals to enable future in-house running of programmes.

Monitoring arrangements for training are part of the Employment Duties and are therefore covered as part of Objective 8.

4.8 Objective 8: Meeting the specific duties for employers

NHS 24 Specific duties for employers requires monitoring of current employees in terms of race.

Legal Requirement

NHS 24 has a current headcount, as at October 2005, of 1,213. Therefore as an employer with over 150 employees NHS 24 has a specific duty to monitor, by reference to racial groups, the number of:

- Staff currently working for us;
- Applicants for employment, training and promotion
- Staff who receive training
- Staff who benefit or suffer from performance appraisals
- Staff who are involved in grievance procedures
- Staff who are the subject of disciplinary action; and
- Staff who end their service.

NHS 24 Reporting and Monitoring Systems

As a fairly new service, NHS 24 has procured a Human Resource Management System, CIPHR, which can monitor and report on all of the above categories. We currently monitor employee profile by Sex, Ethnicity, Age, Disability and Sexual Orientation.

Historical data on each of the above categories is still being gathered, however it is anticipated that by September 06, sufficient data will have been collated for analysis purposes. This data will feed the quarterly equal opportunities report, including ethnic background. From August 2005 however, the Monthly Human Resource Management Information (MI) Report included a diversity monitoring section for staff employed, by ethnic background. Future MI reports will include data on applicants, and will be subject to preserving individual anonymity as required by the Data Protection Act.

Staff currently working for us

A quarterly equal opportunities report is produced detailing the staff working for us by ethnic backgrounds groupings. A monthly Human Resource Management Information Report includes data on ethnic background.

Monitoring of applications for employment

NHS 24 employs a recruitment partner, to manage the volume recruitment application processes. We will ensure our recruitment partner is fully aware of this RES and undertakes to comply with our organisational requirements when recruiting staff on NHS 24's behalf

Non volume recruitment is managed in house under the guidance and support of the HR Directorate..

An equal opportunities questionnaire is sent out to all internal and external applicants.

In summary, applications are monitored and reported by ethnicity for:

- ♣ The number of applicants for volume and non volume posts
- ♣ The number of applicants who get through from telephone interview stage to assessment centres. (volume)
- ♣ The number of applicants who are short-listed (non-volume)
- ♣ The number of applicants who are successful after assessment centre/interview processes.

Monitoring Applications for Training and Training Received.

NHS 24 adopts a study leave process whereby employees are requested to complete a study leave form for approval to attend an external study event. These forms are then sent to the training department for recording. NHS 24 will amend its study leave process to ensure rejected applications are also recorded and monitored.

NHS 24 also has a bursary scheme in place and applicants are requested to complete a form to apply for funding resources. NHS 24 does however need to amend its bursary process to ensure rejected applications are also recorded and monitored.

Ciphr does however have a training request field already in place to gather information to support the above activities..

Monitoring Performance Appraisal

NHS 24 has an Individual Performance Management Process in place. The results of these are collated on the Human Resource Management System CIPHR

The Knowledge and Skills framework is currently under development. Currently no employee suffers financial detriment or benefit as a result of any individual performance management process. However, this may change once the Knowledge and Skills Framework is in place. NHS 24 will monitor promotion and secondment opportunities in relation to race.

Grievances and Harassment/Bullying

NHS 24 will monitor grievances received from staff by the agreed categories i.e. This will be analysed and reported by:

- ♣ The number received
- ♣ The number upheld
- ♣ The number not upheld
- ♣ At what stage the grievance was concluded
- ♣ The number of complaint of harassment/bullying
- ♣ The type of harassment/bullying

In addition, we will continue to roll-out Dignity at Work training and awareness sessions across the organisation

Disciplinary Proceedings

NHS 24 will monitor which of its staff have been the subject of a disciplinary case. Monitoring will be analysed and reported by;

- ♣ Number of employees disciplined under the Policy.
- ♣ Number of employees disciplined at each stage of the Policy

Monitoring of Staff who leave NHS 24

NHS 24 will monitor staff who are dismissed by NHS 24 through conduct or capability as a result of disciplinary procedures, redundancy or non-renewal of a fixed term contract.

NHS 24 will monitor employees who leave the service voluntarily and the reasons why. This information will be reported by:

- ♣ Those leaving for alternative employment/career breaks etc
- ♣ Those retiring and at what age

Using Monitoring Information

Monitoring information, through the quarterly equal opportunities report, will be presented to the Executive Management Team, the Partnership Forum, Staff Governance Committee and the proposed Equality and Diversity Committee. The policy review group of the Partnership Forum will be responsible for using the information to support the ongoing assessments of the impact of employment policies and practices. An annual review of these specific requirements will assist in the identification of any positive action programmes to be initiated.

4.9 Objective 9: Procurement and Partnerships (working with others) in relation to race equality

NHS 24 acknowledges that our responsibility to promote race equality continues to apply in situations where any of our functions or services is contracted or sub contracted to other companies, organisations, groups or individuals as well as direct works such as building works and repairs.

We will impact assess our procurement, tendering and contract management processes as an early measure to ensure that race equality considerations are built in to contracting processes so that services are provided without racial discrimination and including specific provisions as necessary. We will monitor agreements with outsourced service providers, e.g. Recruitment, Health and Safety, Occupational Health, Employee Benefit Schemes, to ensure they are fully aware of this RES and undertake to comply with NHS 24 organisational requirements when acting on our behalf.

We will support this by providing training to staff involved in procurement.

We will also review the way in which we procure services to ensure that it does not have an adverse impact on organisations and firms owned or run by people from minority ethnic communities.

In addition to our role in procurement, we recognise that if we work jointly with other organisations our responsibility to promote race equality in our work continues to apply.

We aim to ensure that all our partners support us in meeting the general duty under the Act. We will ensure that our partners receive a copy of our Race Equality Scheme and that race equality is considered as part of making partnership agreements. We will also review our current list of partners to ensure inclusion of organisations representing minority ethnic community interests.

4.10 Objective 10: Delivering our Action Plan

While the Board is ultimately accountable for the performance of the organisation, the Chief Executive has overall responsibility for our RES.

In order to ensure delivery of the Action Plan, it will be included in the overall Operational Plan for 2006/07 (currently under development). Progress against the specific actions will be monitored through the Programme Office, whilst responsibility will remain with the individual Executive Directors. The Chief Executive will report to the Board on any exceptions on the progress of the Operating Plan.

The Board will minute its continuing commitment to the Leadership Challenge and its aim to continue to develop a culturally competent organisation

The work to date has been supported by a cross-directorate group working with an external consultant. This Race Equality Development Group (RDG) has identified functions and policies, assessed these for relevance and identified key areas for impact assessment and action.

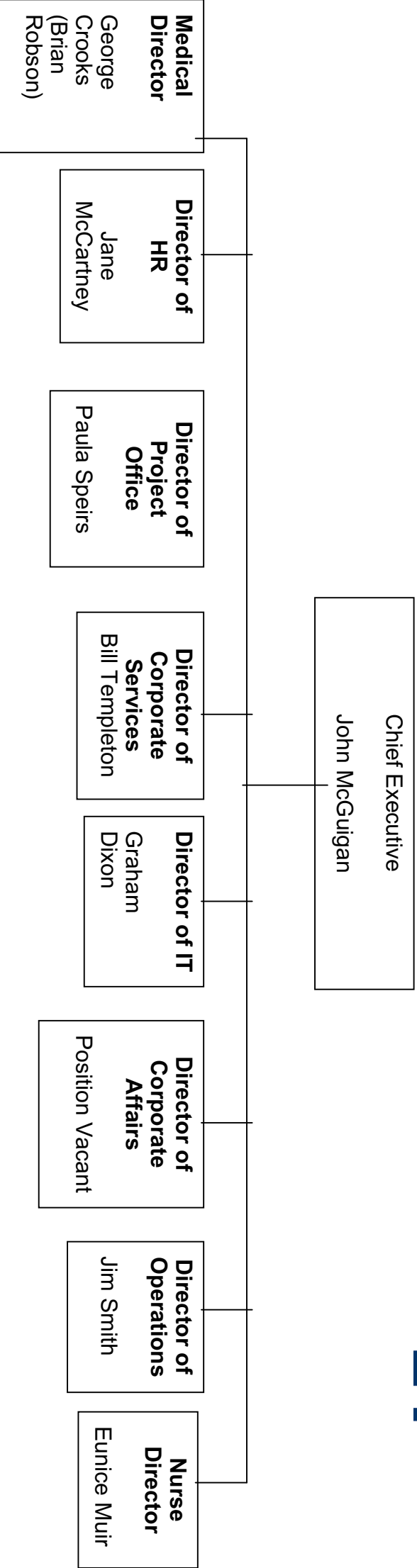
APPENDIX 1:**(a) Scottish Population By Ethnic Group
(from 2001 Census)**

Ethnic Group	% of Total Population	% of Minority Ethnic Population
White	97.99	na
All Ethnic Minority	2.01	100
Indian	0.30	14.79
Pakistani	0.63	31.27
Bangladeshi	0.04	1.95
Chinese	0.32	16.04
Other South Asian	0.12	6.09
Caribbean	0.04	1.75
African	0.10	5.03
Black	0.02	1.11
Mixed background	0.25	12.55
Any other background	0.19	9.41

(b) Population by Health Board Area and Ethnicity (from 2001 Census)

Board	White	Ethnic Minority
Argyll & Clyde	99.01%	0.99%
Ayrshire & Arran	99.32%	0.67%
Borders	99.44%	0.56%
Dumfries Galloway	99.35%	0.65%
Fife	98.73%	1.27%
Forth Valley	98.87%	1.13%
Grampian	98.37%	1.63%
Greater Glasgow	95.46%	4.54%
Highland	99.2%	0.8%
Lanarkshire	98.81%	1.19%
Lothian	97.2%	2.8%
Orkney	99.56%	0.44%
Shetland	98.94%	1.06%
Tayside	98.08%	1.92%
Western Isles	99.36%	0.64%

APPENDIX 3: NHS 24 CHIEF EXECUTIVE'S OFFICE ORGANISATION CHART



APPENDIX 4: FUNCTIONS AND POLICIES RELEVANT TO RACE EQUALITY
 (Detailed scoring and assessment outcomes are in appendix 5).

Function	Related Policies
CLINICAL	Clinical Processes Clinical Advice- Nursing - Pharmacy - Medical Clinical Professional Development Call Management Child Protection Research and Development (clinical)
SUPPORT SERVICES	
HR	HR Policies/Processes ♣ Job Evaluation ♣ Recruitment and Selection ♣ Disciplinary Policy ♣ Grievance Policy ♣ Dignity at Work Policy ♣ Work Life balance Policies ♣ Absence Management Policies ♣ Whistleblowing Policy ♣ Managing Employee Capability Policy ♣ Equal Opportunities Policy ♣ Study Leave Policy ♣ Bursary Policy ♣ Exit Interview Process

	<ul style="list-style-type: none"> ♣ Ex-Offenders Policy ♣ Workforce Planning <p>Learning and Development Strategy</p> <ul style="list-style-type: none"> ♣ Individual Performance Management (KSF Framework) ♣ Induction ♣ Training and Development <p>Employee Wellbeing</p> <ul style="list-style-type: none"> ♣ Health and Safety ♣ Occupational Health ♣ Employee Assistance Programme <p>HR Management Information</p>
Administration	<p>Board Secretariat and general administration</p> <p>Reception services</p>
Finance	<p>Procurement</p> <p>Payroll</p> <p>Fraud and Corruption Policy</p> <p>Standing Financial Instructions</p> <p>Travel and Expenses</p>
KNOWLEDGE MANAGEMENT	<p>Knowledge Management System</p> <p>Health Information Decision Support</p> <p>IT – Data monitoring system for patient equality information</p>

COMMUNICATIONS	<p>Internal communication strategies External communication strategies – partner engagement External communication strategies – marketing and P.R and media PFPI framework and Action Plan</p>
CORPORATE GOVERNANCE	<p>Planning - Three year plan Operating plan Projects (to be developed) Emergency Planning</p> <p>Partnership - Staff Side partnership agreement (internal) Stakeholder Involvement (external)</p> <p>Quality and Risks Contract Management Risk Management Project Management Codes of Conduct Standing Orders Complaints Reviewing and Monitoring (Including Equality Monitoring)</p>

APPENDIX 5 – OUTPUTS OF ASSESSMENT FOR RELEVANCE

Questions to ask when assessing a function or policy for relevance to race equality.								
Is it relevant?			How relevant is it?					
1.	2.	3.	4.	5.	6.	7.	8.	9.
Function or Policy (Name and Aim)	Which of the 3 parts of the General Duty of the RRAA is it relevant to (if any)? a. Eliminating unlawful discrimination 1 b. Promoting equality of opportunity 1 c. Promoting good race relations 1 (list and score)	Is there evidence or reason to believe that some racial groups could be differently affected? 0 No 1 Yes If you said no, is this because there is no research? ½ Yes	How much evidence do you have from, for example, consultation, research, complaints and monitoring? 0 None ½ Don't know 1 A little 2 Some 3 A lot	Is there or could there be public concern about potential discriminatory practices? None 0 A little 1 Some 2 A lot 3	Score	Priority High Medium Low	Comments or Qualifications	Impact Assessment Schedule

CLINICAL								
1.	2.	3.	4.	5.	6.	7.	8.	9.
Clinical Processes	a,b,c 3	1	3	3	10	High		
Child Protection	a,b,c 3	½	½	3	7	High		
Clinical Advice								
Nursing, Pharmacy and Medical	a,b,c 3	½	½	3	7	High		
Clinical Professional development	a,b,c 3	0	½	2	5 ½	Low		
Call management	a,b,c 3	1	½	3	7 ½	High		
Research & development (clinical)	a,b,c 3	½	½	1	5	Low		

HUMAN RESOURCES								
1.	2.	3.	4.	5.	6.	7.	8.	9.
HR Policies and Processes								
Recruitment and Selection Processes	a,b,c 3	1	3	3	10	High	This high priority is reflective of this function being covered by the statutory duty	

Policy								differing treatment on application of process, however recognised as a mechanism for raising equality issues.	
Dignity at Work Policy	a,b,c	3	1	1	2	7	High	Scope for differing treatment on application of process, however recognised as a mechanism for raising equality issues.	
Work Balance Policies	Life a,b,c	3	1	0.5	2	6.5	High	Scope for differing treatment on application of process. Possible content issues which require high priority.	
Absence management policy	a,b,c	3	1	0.5	1	5.5	Medium	Scope for differing treatment on application of process.	
Whistleblowing policy	a,b,c	3	1	0.5	1	5.5	Medium	Scope for differing treatment on application of process,	

									however recognised as a mechanism for raising equality issues.	
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Managing Employee Capability Policy	a,b,c	3	1	0.5	1	5.5	Medium	Scope for differing treatment on application of process	
Equal Opportunities Policy	a,b,c	3	1	3	3	10	High	Sets equality standards to be met in the organisation	
Study Leave Policy	a,b,c	3	1	0.5	1	5.5	Medium	Scope for differing treatment on application of process No evidence of discriminatory practice, however need to amend policy to include applications	
Bursary Policy	a,b,c	3	1	0.5	1	5.5	Medium	Scope for differing treatment on application of process. No evidence of discriminatory practice, will be part of monitoring reports	
Exit Interview Processes	a,b,c	3	1	0.5	2	6.5	Medium	No evidence however data may reveal higher levels of leavers from	

									discrimination would be if the data was manipulated.	
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ADMINISTRATION AND SUPPORT

1.	2.	3.	4.	5.	6.	7.	8.	9.
Board Secretariat and General Administration	a, b, c, 3	1/2	1/2	1	5	Low	Include in PA Group development activity	
Reception Services First point of contact for members of the public seeking to contact HQ	a, b, c, 3	1	1/2	2	6 1/2	Medium	Review training arrangements in place for receptionists, signage at exception areas and services for switchboard (e.g language line, typetalk)	

FINANCE								
1.	2.	3.	4.	5.	6.	7.	8.	9.
Fraud and Corruption Policy	None 0	0	0	0	0	Low	Procedural	
Procurement & Tendering	a, b, c, 3	1	½	2	6 ½	High		
Payroll	a, b, 2	½	½	0	3	Low	Applies to specific elements e.g. exceptions re bank accounts	
Standing Financial Instructions	a and b 2	½	0	1	3½	Low	Only Procurement & Tendering relevant	
Travel & Expenses	None 0	0	2	0	2	Low	Procedural	

KNOWLEDGE MANAGEMENT								
1.	2.	3.	4.	5.	6.	7.	8.	9.
Knowledge Management System	a, b, c 3	½	½	1	5	Medium	Review user requirements in context of RRAA	
							Review contract details	

Health Information Service Provide health information and signposting for members of the public	a, b, c 3	1	1	2	7	Medium	Develop KMS Strategy within context of RRAA	
Decision Support	a, b, c 3	½	½	2	6	Med		
IT System – data monitoring	a, b, c 3	1	3	3	10	High		

COMMUNICATIONS

1.	2.	3.	4.	5.	6.	7.	8.	9.
Internal Communications Strategy – Staff	a, b, c 3	1	1	1	6	Medium	Review the content of the Strategy in the context of RRAA Review Staff Survey for underlying trends Review intranet content	

External Communications Strategy – Partnership Engagement	a, b, c 3	1/2	1	1	5 1/2	Medium	Request sight of partner Racial Equality Scheme and other appropriate documentation to ensure policies are in place	
External Communications Strategy – Marketing & PR, Media	a, b, c 3	1	3	3	10	High	Review of Plan in context of RRAA, e.g. leaflets, media used, publications, etc.	
PFPI Framework and Action Plan	a, b, c, 3	1	3	3	10	High	Review of Framework and associated action plan in context of RRAA eg Language	

									lline, typetalk, spiritual care policy, advocacy policy
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CORPORATE GOVERNANCE

1.	2.	3.	4.	5.	6.	7.	8.	9.
Three Year Plan	a, b, c	3	1	1	2	7	High	Plan for 2006/09 under development – ensure developed in context of RRAA
Operating Plan	a, b, c	3	1	1	2	7	High	Plan for 2006/07 under development – ensure developed in context of RRAA
Partnership Agreement (with staff representatives)	a, b, c	3	1	1	1	6	Medium	Review of Agreement to be undertaken in context of RRAA Review of appointment method of staff representatives and Employee

							Director to ensure compliant with RRAA	
Code of Conduct	a, b, c	3	½	½	1	5	Low	Review of Code in context of RRAA
Standing Orders	a, b, c	3	½	½	1	5	Low	Review of Standing Orders in context of RRAA Review of process of recruitment of co-opted members to Standing Committees Request for assurance from Public Appointments Unit that the RRAA is adhered to when making appointments to the Board
Complaints	a, b, c	3	½	1	3	7 ½	High	Review of Strategy and

APPENDIX 6 : RACE EQUALITY SCHEME ACTION PLAN

Objective 1: Identify relevant functions and policies

	Priority (H, M, L)	Action	Responsibility	Timescale	Resources	Outcome/Indicators	Progress
	H	Identify existing functions and policies	RES Development Group	Nov 2005			
	H	Agree relevance grid and use to assess/revise assessment of existing functions and policies	RES Development Group	Nov 2005			
	H	<ul style="list-style-type: none"> • Agree process • Assess current and proposed functions and policies for relevance • Assess new functions and policies as they arise 	RES Development Group Directors	<ul style="list-style-type: none"> • Nov 2005 • Nov 2005 • ongoing 		Board papers to show rating from assessment for relevance	
	H	Review functions and policies 3-yearly	Directors	Nov 2008			
	H	Approve revised RES	Board/Board Secretary	Nov 2005		Board minuted decision	
	H	<ul style="list-style-type: none"> • Publish revised RES • Publish and disseminate user-friendly leaflet 	Communications Director	Nov 2005 Jan 2006		Final RES available on website and intranet so staff and public are aware of commitments Leaflet issued to partners/stakeholders including staff/contractors	

Objective 2: Assessing adverse impact of functions and policies

	Priority (H, M, L)	Action	Responsibility	Timescale	Resources	Outcome/Indicators	Progress
	H	<ul style="list-style-type: none"> • Agree process • Review SEHD Toolkit and adapt as required 	HR Director	Dec 2005			
	H	<ul style="list-style-type: none"> • Identify yr 1 functions and policies for impact assessment (high relevance) • Schedule within action plan 	<ul style="list-style-type: none"> • RDG • Executive Team 	Nov 2005		Schedule included in grids and Corporate and Directorate action plans	
	H	List medium and low priorities for impact assessment	RDG			Part of assessment for relevance	
	H	Train core group in impact assessment	HR Director	Jan 2006			
	M	Identify relevant staff involved in impact assessment and roll out training	Executive Team / HR Director	Mar 2006			
Corporate impact assessments to be conducted in yr 1 based on assessed relevance	H	Impact assess <ul style="list-style-type: none"> • Operating Plans • Communications strategy • Procurement and Contract Management • Knowledge management system • Admin support • Clinical Advice • Call Management • Training & 	ET/lead for RES	Start Mar 2006		Review progress Sep 2006	

		Development	Director of relevant directorate	Start Mar 2006 Review progress Sep 2006			
Impact assessments to be conducted in yr 1 by appropriate directorate	H	<ul style="list-style-type: none"> Clinical <ul style="list-style-type: none"> • Child Protection • R&D (Clinical) • Clinical processes HR <ul style="list-style-type: none"> • Recruitment & Selection • Dignity at Work • Grievance • Disciplinary • Equal Opportunities Admin <ul style="list-style-type: none"> • Board Secretariat • Reception Services Finance <ul style="list-style-type: none"> • Fraud & Corruption • Financial Standing Instructions Knowledge Management <ul style="list-style-type: none"> • Decision Support Communications Internal Communication <ul style="list-style-type: none"> • Strategy PFPI (as part of review) Corporate Governance • Partnership Agreement • Code of Conduct • Standing Orders 	Director of relevant directorate	Timetable from April 2007			
Medium and Low priority functions and policies to be timetabled after yr 1 for impact assessment	M	<ul style="list-style-type: none"> Clinical HR <ul style="list-style-type: none"> • Job Evaluation • Work-life balance • Absence Management • Whistle-blowing • Employee Capability • Exit Interview Process 	Director of relevant directorate	Timetable from April 2007			

		<ul style="list-style-type: none"> • Ex-Offenders • Employee Wellbeing • HR Mgmt Systems & Processes Admin Finance Knowledge Mgmt Communications Corporate Governance 					
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Objective 3: Consulting on impact of functions and policies

	Priority (H, M, L)	Action	Responsibility	Timescale	Resources	Outcome/Indicators	Progress
	H	Review PFPJ Framework and lead responsibilities in context of RRAA and FFA	Nurse Director /Chair of Public Involvement Forum	Feb 2006			
	H	Review stakeholder/consultation target groups	Nurse Director /Chair of Public Involvement Forum and Directors	Feb 2006			
	M	Identify relevant directories and adapt for NHS24 needs.	Nurse Director /Chair of Public Involvement Forum and Directors	Jun 2006			
	M	Contribute funding towards NRCMH Community Development Worker	Nurse Director /Chair of Public Involvement Forum and Directors	ongoing		Common consultation mechanisms and links with relevant groups for special boards	

Objective 4: Monitoring adverse impact of functions and policies

	Priority (H, M, L)	Action	Responsibility	Timescale	Resources	Outcome/Indicators	Progress
	H	Audit current arrangements for monitoring (e.g. call management, health information, consultation responses, contractors)	Nurse Director	?			
	H	Review IT systems to ensure capacity to capture relevant data i.e. ethnicity of callers, call-monitoring	IT Director	?			
	H	Agree monitoring and analysis arrangements for each directorate, including publishing requirements	Director of relevant directorate	?			
	H	Include monitoring arrangements as part of impact assessment process	HR Director	Dec 2005			
	H	Board & EMT to receive progress reports re RES	Board Secretary			Board and EMT minutes	
	M	Review monitoring arrangements for Language Line	Director of Operations	Sep 2006			

Objective 5: Publishing the results of assessments, consultation and monitoring

	Priority (H, M, L)	Action	Responsibility	Timescale	Resources	Outcome/Indicators	Progress
	H	Review accessibility of information as part of PFP1 impact assessment/review	Nurse Director / Director of Corporate Affairs	Feb 2006			
	H	Publish summary results of impact assessments on internet and intranet and make full reports available through these including in accessible formats	Director of Corporate Affairs	ongoing			
	H	Publish summary monitoring information annually and more frequently as appropriate	Director of Corporate Affairs	ongoing			

Objective 6: Ensuring Access to information and Services

	Priority (H, M, L)	Action	Responsibility	Timescale	Resources	Outcome/Indicators	Progress
		Impact assessment of key functions and policies will support these objectives. Action points to be identified in yr 1. (see objective 2)	RDG Executive Team			Published impact assessments and policies/functions which better reflect ethnic diversity.	
		Ensure awareness-raising about NHS24 services (verbal and written) targets all ethnic groups	Director of Corporate Affairs				
		Review appropriateness and availability of health information in relevant formats and languages to reach different ethnic groups	Nurse Director				
	M	Ensure Complaints process is culturally sensitive and accessible	Nurse Director				
	M/H	Commission research in relation to service users and non-service users and areas for action in relation to race equality	Nurse Director				
	M	Review outcomes of call monitoring in relation to minority ethnic needs	Director of Corporate Affairs				

Objective 7: Training staff in connection with corporate and individual responsibilities in relation to RRAA duties.

	Priority (H, M, L)	Action	Responsibility	Timescale	Resources	Outcome/Indicators	Progress	
		Develop detailed training plan outlining key staff groups and outcomes in relation to knowledge skills framework, induction, ongoing development needs and RRAA duties.	Head of Learning & Development	Nov 2005		Training plan attached to RES.		
		Arrangements for Implementation	Head of Learning & Development	Nov 2005				
		Clinical Professional Development –review to ensure cultural sensitivity and awareness of minority health inequalities	Nurse Director	?				

Objective 8: Meeting the specific duties for employers.

	Priority (H, M, L)	Action	Responsibility	Timescale	Resources	Outcome/Indicators	Progress
Audit areas currently monitored and identify gaps in HR Mgmt Information Systems and Processes			HR Director				
Staff in post		Continue to monitor and publish data by ethnicity	HR Director	ongoing			
Recruitment and Selection		Impact assessment in yr 1 (see objective 2). Review process to capture information at various stages of selection process and increase diversity of applications.	HR Director				
Applications for promotion		Not relevant as no promotion structure, covered under R&S	HR Director				
Applications for training and bursary and study leave		Revise learning and development strategy and related policies to include the collation and review of successful applicants (see impact assessment of training & development – objective 2)	HR Director				
Performance Appraisals	M	<ul style="list-style-type: none"> Individual Performance Management framework to include equality objectives. Review in relation to 	HR Director	<ul style="list-style-type: none"> ? 			
	H	<ul style="list-style-type: none"> Review in relation to 		<ul style="list-style-type: none"> Mar 			

		KSF and benefit/detriment.		2006			
People involved in Grievance or Disciplinary Procedures	H	System has capacity. Implement ethnic monitoring.	HR Director	?			
Leavers	H	System has capacity. Implement ethnic monitoring.	HR Director	?			

Objective 9 - Procurement and Partnerships (working with others) in relation to race equality

	Priority (H, M, L)	Action	Responsibility	Timescale	Resources	Outcome/Indicators	Progress
	H	Impact assessment of procurement and contract management scheduled in year 1 to incorporate race equality requirements.	Director of Corporate Services				
	Low	Review Existing Contracts to ensure RRA compliance on part of the suppliers.	Finance Manager	Time & Staff involvement	31.3.06	RRA compliant suppliers	Ongoing
	High	Create RRA Suppliers Procurement Statement outlining what is expected of suppliers to NHS 24.	Finance Manager	Time & Staff involvement	31.12.06	All suppliers and procuring staff aware of requirements under RRA	Ongoing
	Low	Revise SFT's on procurement to make specific reference promotion of RRA principles and compliance by suppliers.	Finance Manager	Time & Staff involvement	31.3.06	All suppliers and procuring staff aware of requirements under RRA	Ongoing
	High	Incorporate specific RRA obligations in new tender/procurement process.	Finance Manager	Time & Staff involvement	31.3.06	All suppliers and procuring staff aware of requirements under RRA	Ongoing
	M	Review external partnership arrangements to ensure they include race equality considerations.	Director of Development				

Objective 10 - Delivering our Action Plan

	Priority (H, M, L)	Action	Responsibility	Timescale	Resources	Outcome/Indicators	Progress
	H	Establish an equality and diversity committee including terms of reference	??	??	Jan 2006		
		Board seminar	??	??	??		

Function/Service – Programme Directorate
 AIM – To ensure that the organisational goals contained in the Operational Plan are delivered by coordinating and prioritising projects and resources efficiently and effectively.

Objective	Priority (H,M,L)	Action	Responsibility	Resources	Target Date	Outcome	Progress
Project Management Policy & Procedures (To be developed)	Low	Create Project management policy and ensure that RRA obligations are discharged effectively	Programme Director	Time & Staff involvement	TBC	RRA compliant project management	To be started when Directorate is created.
Terms of Reference for Programme Directorate (To be developed)	Low	Create Terms of Reference for Programme Directorate that ensures RRA obligations are discharged effectively.	Programme Director	Time & Staff involvement	TBC	RRA compliant Directorate operations.	To be started when Directorate is created.

APPENDIX 7: RACE EQUALITY TRAINING PLAN

Overall Objective

All NHS 24 staff will be made aware of and trained appropriately on their individual and corporate responsibilities in relation to Race Equality

Target Audience	Training Activity	Target Date	Responsibility	Status
Board and Executive Team Members	Terms of the Commission for Racial Equality Leadership Challenge Understanding of Impact Assessment Requirements General and specific duties arising from Racial Equality Scheme	March 2006	Head of Employment Practice and Head of Learning and Development	
Senior Managers	Understanding of Impact Assessment Requirements General and specific duties arising from Racial Equality Scheme	April 2006	Head of Employment Practice and Head of Learning and Development	

Target Audience	Training Activity	Target Date	Responsibility	Status
Area Partnership Forum and Staff Governance Committee	General and specific duties arising from Race Equality Scheme NHS 24's Race Equality Scheme Audit principles to ensure NHS 24's compliance	June 2006	Head of Employment Practice and Head of Learning and Development	
Human Resources staff	General and specific duties arising from Race Equality Scheme Application of Equal Opportunities procedures Application of Race Equality Scheme requirements to Recruitment and Selection, and Individual Performance Management for staff General awareness of cultural competence	June 2006 ongoing	Head of Human Resources Head of Employment Practice and Head of Learning and Development support	

Target Audience	Training Activity	Target Date	Responsibility	Status
All People Managers in NHS 24	<p>Awareness of general and specific duties arising from Race Equality Scheme</p> <p>Application of Race Equality Scheme requirements to Recruitment and Individual Performance Management for staff</p> <p>General awareness of cultural competence and application of Equal Opportunities procedures</p>	September 2006 ongoing	Head of Learning and Development and Head of Employment Practice	
All NHS 24 employees	<p>NHS 24 employers responsibility arising from Race Equality Scheme</p> <p>General awareness of cultural competence</p>	Commence June 2006 ongoing	Head of Learning and Development and Head of Employment Practice	
All new employees	Induction module on Race Equality Scheme – corporate and individual responsibilities	Jan 2006 ongoing	Head of Learning and Development and Head of Employment Practice	