CP27 ETHNIC MONITORING POLICY

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REPLACES NEP DOCUMENT
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POLICY SUMMARY
The Essex Partnership University NHS Foundation Trust (EPUT) has a statutory obligation to ensure that all practices within the Trust are carried out in a fair, reasonable and consistent manner in line with the Equality Act, 2010. This purpose of this policy is to ensure that all practices within the Trust are carried out in a fair, reasonable and consistent manner. The Trust is committed to providing a service that is not prejudiced against any Trust Workers, potential Trust Workers, Service Users, Relatives, Carers or anyone that deals with the Trust in any way. EPUT has produced this policy to regulate and monitor the Trust’s compliance with the Equality Act, 2010 and general and specific Public Sector Equality Duty (PSED).

The Trust monitors the implementation of and compliance with this procedure in the following ways:
Equality and Inclusion Committee will ensure that compliance is monitored regularly against;
- The Equality and Inclusion Committee Annual Work plan and schedule
- the Equality Delivery System (2) action plan
annual review of its effectiveness to ensure it meets requirements as set out in its terms of reference

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The Director responsible for monitoring and reviewing this procedure is Executive Director of Community Services and Partnerships
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

ETHNIC MONITORING POLICY

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1.0 POLICY STATEMENT

1.1 Under the Equality Act 2010, as a public authority we have legal duties to:
- Eliminate discrimination, harassment, victimisation and any other prohibited conduct.
- Advance equality of opportunity.
- Foster good relations between people.
- Publish objectives to demonstrate how we will meet 1-3 above and publish information on our performance.

The duties apply to nine ‘protected characteristics’: age, disability, gender reassignment, marriage and civil partnership (in relation to point 1 at work), pregnancy and maternity, race, religion and belief, sex and sexual orientation.

1.2 There is a growing wealth of evidence demonstrating that there are differences in health experienced by ethnic minority groups compared to the rest of the population and that many of these are unnecessary and potentially avoidable.

1.3 As a result, the NHS needs to ensure that these inadequacies are addressed and securing knowledge about the populations served is fundamental to this. As a result, it is the purpose of this Ethnicity Monitoring Policy and Procedure to provide a framework for the continuation of ethnicity monitoring within services in South Essex Partnership NHS Trust.

OBJECTIVES OF THE POLICY

2.1 The Ethnic Monitoring Policy seeks to:

- Support the implementation of the national requirements on ethnicity monitoring (DSCN 02/2001, DSCN 03/2001 and DSCN 21/2000) through the provision of appropriate guidance.

- Provide a mechanism to ensure compliance with Equality Act 2010 which requires equal treatment in access to private and public services, regardless of the protected characteristics, which include ethnic background, religion or belief. In addition the broad purpose of the General Public Sector Equality Duty (2011) is to integrate consideration of equality and good relations into the day-to-day business of public authorities. The specific duty requires public bodies to publish information which demonstrates how it is implementing the general duty.

- Ensure that the Trust in (in discussion with local partners including local populations), review and improve our performance for people with characteristics protected by the Equality Act 2010. By using the Equality Delivery System (EDS2) the Trust helped to deliver on the Public Sector Equality Duty.
• Promote a consistent approach to ethnicity data collection with mental health in line with national and local guidance.

• Enable the Trust to secure the appropriate information to monitor access and uptake of services by different populations.

• Enable the Trust to ensure the appropriate information to ensure services are appropriate for use by target communities.

• Clarify the roles played by Trust staff in the collection and use of ethnicity data.

• Provide a best practice framework for the collection and use of ethnicity data.

• Provide a mechanism to ensure that the workforce is broadly representative of local populations.

• Enable the Trust to monitor equality in employment related matters e.g. access to training.

• Provide an enhanced system for monitoring complaints and in particular monitoring where complaints may be racially motivated.

3.0 SCOPE OF POLICY

3.1 This policy and procedure will apply without exception to all individuals within the Trust who undertake ethnicity data collection or input or handle data. It will also apply to all staff responsible for service planning and development.

3.2 Key personnel affected are:

• Human Resources Personnel who are responsible for collecting information form the workforce.

• Key frontline staff (e.g. receptionists, admission clerks,) and their managers who will be responsible for directly asking patients/clients for the information or may need to deal with exceptional or difficult cases.

• Mental health clinical and practitioner staff who may need to ask the question as part of their admission procedure.

• Information staff who need to know how to handle, analyse and report on ethnicity data.

• Senior management who are responsible for strategically developing and planning services.

• Complaints department staff who may collect and use ethnicity data about complainants.
4.0 DEFINITIONS: WHAT IS ETHNICITY?

4.1 It is important to distinguish the term ethnic group from ethnic or racial origin and nationality.

4.2 An ethnic group is identified as people who share characteristics such as language, culture, upbringing, religion, nationality, geographical and ancestral origins and place. This provides the group with a distinct identity as seen by both themselves and by others. People assign their own ethnic group. Essential features to help determine the meaning of ‘ethnic group’ are:
   - A long shared history
   - A common cultural tradition

4.3 In addition, some of the following may be present:
   - Either a common geographical origin or descent from a smaller number of common ancestors.
   - A common language.
   - A common literature.
   - A common religion.
   - A minority within a larger community.

4.4 Ethnic or racial origin is used in medicine to describe the genetic makeup of a person and it is important in, for example, the identification of predisposing risks to conditions such as sickle cell anaemia. This is not self assigned.

4.5 Nationality is man-made and applies to where a person’s citizenship is held. It can be changed when citizenship in another country is adopted.

4.6 This policy and procedure is about collecting ethnicity group data and not nationality or ethnic origin. However, it is expected that ethnicity collection is not undertaken in isolation to the collection of other types of relevant information which may include ethnic origin.

5.0 ETHNICITY CATEGORIES

5.1 The Trust, has implemented the national (16+1) categories which are first level categories (Appendix 1) and these must be abided by at all times. This will ensure consistency and uniformity in the capture and statistical reporting of ethnic related information across services and different areas. They have been developed following much public consultation.

5.2 However, guidance allows for a second character to be used to enable local collection of specific ethnic categories. The use of detailed additional codes can be undertaken in consultation with local partner organisations in consultation with the local health community (e.g. Appendix 2). These categories would reflect populations that are significant within the local area and are based upon the national ‘optional’ second level codes. The use of
more detailed categories or any additions or changes to this list must be agreed at Trust level and must map back to census codes.

6.0 MONITORING AND REVIEW

6.1 Monitoring for all Policy and Procedural Guideline documents, will be ongoing. Details will be included in the appropriate Procedural Guidelines document.

6.2 Each Policy and Procedural Guideline document will have a review date set at the time of its approval. The document will be reviewed for appropriateness and accuracy by this date at the latest.

END