# CPG27 ETHNIC MONITORING PROCEDURE

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## PROCEDURE 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 procedure 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 PROCEDURE

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POLICY STATEMENT

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.

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.

As a result, the NHS needs to ensure that these inadequacies are addressed and securing knowledge about the populations served is fundamental to this.

The purpose of this Procedural Guideline document is to ensure that the ideals set out in its equivalent policy (CP27) are detailed in a way that is understood by all staff thereby ensuring that the policy can be fully implemented, monitored and reviewed within the organisation.

1.0 BEST PRACTICE GUIDANCE FOR COLLECTING AND RECORDING ETHNICITY DATA

Collecting Ethnicity Information from Patients/ Clients

Responsibilities for asking patients/clients about their ethnic group

1.1 Within each service area, the local procedure should make clear who is responsible for asking the ethnicity question. This will normally be the individual who has responsibility for collecting the core details from the patient/client. This may be administrative or nursing staff in our 24 hour input units, out-patients or the clinical staff on the initial assessment visit.

When to collect ethnicity information from patients/ clients

1.2 Collect ethnicity data at the point of the patient’s initial contact or as soon as possible thereafter. Therefore, the majority of patients will be asked to provide this information in the out-patient clinic, on admission. In community or social care services the information should be collected at the point of referral, including self-referral, where appropriate.
How to collect ethnicity information from patients/client: self classification

1.3 It is imperative that the patient/client is not asked to provide this information more than once, therefore, information already collected via another source e.g. by the referrer should be used where possible.

1.4 The patient/client will be asked to sign their own ethnic category. This will follow a discussion with the patient/client regarding why this information is being collected and how it will be used. Written material may be used to support the process.

1.5 At no point should a member of staff determine the patient’s ethnic group on their behalf. Staff may advise patients on how they might identify their ethnic group, i.e. the things the patient might consider (culture, language, religion, skin colour, their origins and how they perceive themselves). They should not, under any circumstances, make assumptions about the ethnic identity of a patient/client.

1.6 If patients/clients are asked to record personal details on every visit, e.g. name, address or other details on first and follow up visits, the question of ethnic group should not be included. In these instances a separate form should be used to collect and record this information and only given once to the patient/client.

Circumstances where ethnicity data may be collected more than once

1.7 A patient may need to be asked again for their ethnicity under the following circumstances:

- The patient/client may ask at any time to change their ethnic group they previously provided.

- The patient/client may be asked for the information again in the event that the ethnic group categories change. This is to enable patients/clients to reconsider their response in the light of new and increased options.

- Where this information may have been collected previously, but there is no record of this data available.

Where to ask patients/clients about their ethnicity

1.8 This information, as with all other patient information, should be treated as confidential. Therefore, any discussion regarding ethnicity should be made in an environment where the staff member or patient cannot be overheard. In the event that this information is collected in a public environment, e.g. outpatients, then the information should be requested by written means using the guideline model in Appendix 3. However, in the event that further discussion is required between the staff member and the patient/client, the discussion must be held in a private environment.
Rights of patients/clients to refuse to provide their ethnic group

1.9 Patients/clients are asked to provide this information voluntarily and have the explicit right to decline to provide this information. Staff should encourage patients/clients to provide this information by ensuring they are informed of the purpose of the information and its confidential nature. If, however, a patient/client continues to decline, staff should accept this decision and code the patient/client as ‘not stated’.

1.10 When patients/clients are offered the opportunity to reconsider their ethnic group (e.g. when new codes are issued), they still have the right to decline. In such instances, staff should ensure that the patient is adequately informed of the reason they are being asked again. If the patient declines the offer to reconsider their code, their old code will stand.

Using the ‘Not Stated’ category

1.11 The ‘not stated’ code must only be used when the patient has been asked for the information, has been provided with an explanation and has declined to choose an ethnic group. It must not be used to indicate that the patient has not been asked or was unable to be asked e.g. too ill to provide information. This category will not be given to patients/clients as an option since the proportion of non-responders has been found to be higher when the option not to respond is shown as a possible reply.

What to do when an individual ticks more than one category

1.12 If an individual ticks more than one category, then the patient should be asked whether they mean they are mixed or are 'any other category' according to the categories chosen. The form should be amended by the member of staff or patient/client to reflect the single category stated.

Using written forms to collect ethnicity data

1.13 Where forms are used to collect ethnicity data, they should comply with the guidance model shown in Appendix 3.

1.14 If ethnicity data is collected in a ‘public’ location the method of collection should be by written form.

1.15 The question of ethnic group should not be included on any form where all patients are asked to complete the forms routinely on every contact.

Collecting ethnicity information in difficult circumstances

1.16 In some instances, it may be difficult to obtain information from patients/clients due to communication or other problems. In such instances, ethnic category data should not be treated any differently to other items of personal information collected.
• If the patient is temporarily confused or traumatised, it may be more appropriate to collect the information at a later date i.e. once the patient has been admitted.

• If the patient is permanently confused e.g. suffering from dementia, experience suggests that ethnic category should be collected from a relative or advocate.

• If the patient is very young, a parent or guardian should be asked to respond. A baby should not automatically be accorded the ethnic category of the mother.

• For children, the same approach and procedures should be adopted as for treatment. When a child is capable of understanding what they are being asked, their views should be sought, involving the parents in the process.

• For adults with learning disabilities, the same procedure as for consent to treatment should be adopted.

• If individuals have a limited understanding of English, they should be helped to utilise the services of an interpreter. However, it is inappropriate to use an interpreter to gather ethnicity information in isolation of other information e.g. assessment of registration.

• If individuals are unable to read English well enough to complete the form, staff should act as the patient’s advocate. This will require staff to provide verbal instruction and information to enable the patient to choose their ethnic group. This should be done in an area where confidentiality can be maintained.

Collecting Ethnicity Information from staff

1.17 New staff will be asked for ethnicity information through correspondence during the recruitment process. Again a clear explanation will be given in writing to newly appointed staff.

1.18 The provision of this information by current and future staff will be on a voluntary basis. The same standards as for collecting information from patients will apply e.g. use of not stated category, self-classification.

Collecting Ethnicity Information from complainants

1.19 Where a patient/client makes a complaint or where an individual makes a complaint on behalf of a patient/client, the ethnicity of the patient/client should be sought. In the first instance if the ethnicity of a patient/client is already known this should be recorded onto the complaints monitoring form and forwarded to the complaints department. The complaints department will then enter this information onto the system.

1.20 Where the ethnic group of the patient/client is not known, the information should be sought from the client/patient as part of the process of handling complaints. In most cases, the responsibility for collection will rest with the
complaints department and this will follow a clear explanation of the purpose and use of this type of information. This will be provided in written format with a clear statement that it will not prejudice any investigation, that it is a voluntary request for information and that the completed form may be returned at any stage of the complaint process. The information will be requested at the same time as the confirmation letter is sent out and then, if not returned, requested again when the final response to the complaint is issued. Complainants will be given the opportunity to discuss any concerns regarding the provision of this information with the complaints department staff.

Recording Ethnicity Data

Recording patient/client ethnicity data

1.21 It is Trust policy for the patient’s ethnic group to be recorded on the Patient Information System Totalcare.

Recording employee ethnicity data

1.22 The ethnicity groups of employees will be recorded onto the Human Resources and payroll system. The data will be inputted by Human Resources staff and will remain confidential.

Recording complainants’ ethnicity data

1.23 The ethnicity of complainants will be recorded onto the system in use by the Trust. Non-attributable data will be provided in statutory returns only.

Aggregating and Reporting Ethnicity Data

1.24 The information and telecommunications team will work with local services to agree a method of reporting and frequency of reporting and suggest means to aggregate data. The team will always report data in an aggregated manner and in line with this policy.

**2.0 USING ETHNICITY DATA**

Why the Trust Uses Ethnicity Data

2.1 It is the responsibility of the Trust, through their policies and procedures, to promote fair opportunities for all patients/client. Using ethnicity data provides a mechanism to do this.

2.2 In addition, it is the responsibility of the Trust to promote good practice in relation to its workforce in order that fair opportunities exist for all staff e.g. access to training opportunities, outcomes of grievances and disciplinary, opportunities for promotion etc. Using ethnicity information will provide a mechanism to do this.
How to Use Ethnicity Data

2.3 To use ethnic category data requires three sets of information – a national demographic baseline, data about service users and data about the workforce.

Baseline Data

2.4 The baseline of the population is needed against which, for example, we can monitor the uptake of patient services. The 2011 Census will provide this data through the availability of aggregated data from enumeration district (generally 100-150 households) to national level.

Data on Service Users

2.5 It is known that inequalities between different ethnic groups may be a factor in:

- Determinants of health.
- Prevalence of disease or of behaviour that have differential health risks.
- Access to an uptake of services which are of potential benefit, for example talking therapies
- The greater extent statistically to which they may be admitted to psychiatric inpatient services compared to White British people
- Measures in health outcome or health status such as differences in mortality.

2.6 As a result ethnicity data on service users is required to establish whether services are meeting the needs of different ethnic populations in order to tackle the inequalities above. This will require collecting ethnicity information of service users and comparing it to baseline data. This type of analysis may be able to identify whether the Trust is:

- Providing culturally sensitive services, for example, is it targeting services to specific communities where inequalities exist or is it ensuring services are sensitive to the different populations’ needs.
- Improving the access and uptake of services, for example, is it encouraging ethnic minority groups to utilise health services fully.
- Improving the outcomes of service users, for example, by linking patterns of morbidity with specific ethnic minority groups and developing services where inequalities exist.
- Ensuring that resources are targeted most effectively to achieve the above.
• Ensuring that services are commissioned, planned and developed to achieve the above.

Data on the Workforce

2.7 Understanding the ethnicity breakdown of the workforce enables the Trust to monitor whether employees broadly represent the populations served. In addition, it allows the Trust to monitor whether it is promoting fair opportunities such as fair access to training or fair opportunities for promotion.

Responsibilities for Using Data

2.8 At a local level, services will be responsible for using the data as identified above to inform decisions regarding services. Where appropriate, consideration should be given to the involvement of patients and community groups in the discussion of the findings and resulting service development proposals. At a Trust level, senior management teams will be responsible for identify the strategic implications of the data to ensure that it influences the strategic planning and delivery of services.

### 3.0 LOCAL WRITTEN PROCEDURES

3.1 In most cases, further written procedures will be required locally to clarify responsibilities of staff in the collection and use of ethnicity information. These procedures should be developed locally and will provide further detail to this policy and procedure. Local procedures should clarify:

• When and where ethnicity information is collected within each service area.

• Who is responsible for collecting ethnicity information.

• The process for collecting ethnicity data which should ensure that the patient is asked only once and should indicate where written/verbal instructions is to be given.

• Who is responsible for inputting data.

• Who is responsible for analysing data.

• Who will have access to data and how the data will be secured.

• How the information will be used by staff and local management and how information will be fed to senior management level.
4.0 STAFF TRAINING

4.1 Training is critical to the successful implementation of ethnicity monitoring and in ensuring that this is understood in the context of promoting cultural diversity. As a result the Trust will ensure that staff are adequately trained to:

- Assist the patient in completing a form if used.
- Provide patients with guidance if requested.
- Collect ethnicity data verbally when required.
- Understand the definition of ethnicity
- Recognise and be able to use the national ethnicity categories.
- Understand and provide examples of inequalities in health.
- Understand racial discrimination.
- Understand how information is used at different levels within the organisation and beyond.
- Deal with difficult circumstances, for example, when there are communication difficulties.

4.2 Training is mandatory for those undertaken ethnicity monitoring. Staff requiring training will include:

- Those responsible for collecting the data.
- Those responsible for inputting the data.
- Team leaders and managers of the above.
- Corporate staff supporting the process.

4.3 It is the responsibility of managers to ensure that new staff undertaken ethnicity monitoring are trained. Managers should also ensure that all existing staff are offered opportunities for refresher training in particular when new codes are introduced.

5.0 ACCESS TO DATA: CONFIDENTIALITY AND DATA PROTECTION

5.1 As with all information which can be linked to an individual, ethnicity data must be treated as strictly confidential and subject to local and national standards for data protection. The local policies which apply are:

- Confidentiality Policy.
- Access to Health Records Policy.
5.2 When ethnicity data has been collected, the Data Protection Act requires that disclosure is allowed only to those who have authorised use for it. If the information is principally used for planning purposes, the it is used in aggregate statistical form only with no need for anyone other than the data collection staff to have knowledge of what response individuals gave. Collection forms must not therefore be filed in the patient’s case notes. These should be destroyed in a confidential manner once the data is transferred to Mobius, Datix or other system.

5.3 It is essential that patients are told the purpose to which the data will be put. At present, the standard ethnic monitoring form states “the information will be kept confidential and will not be used for purposes other than monitoring how health services are used and planning service development and changes”. Should departments wish to use this information for any other purpose e.g. to prompt screening and counselling or as a prompt to nurses to ask questions about patient preferences, then the explanation on the form (or that given verbally) must be amended accordingly.

6.0 RESPONSIBILITIES

Responsibilities of Staff

6.1 The responsibilities of staff are:

- To comply with good practice guidance as laid down in this policy and procedure and any local procedures.
- To undertake training to ensure that they have the necessary skills and understanding to implement ethnicity monitoring.
- To identify how ethnicity data can be used locally to influence service provision involving community groups where appropriate.
- To report to local management any circumstances or issues that may impact on the implementation of this policy and procedure.
- To report to local management any untoward incidents that arise from the implementation of this Ethnicity Monitoring Policy and Procedure.

Responsibilities of Local Management

6.2 The responsibilities of local management are:

- To ensure that local procedures are in place to ensure that high quality ethnicity data is collected in their areas.
- To ensure that data reports are made available to staff to assist teams in developing sensitive services and improving uptake of and access to services.
To involve community groups where appropriate to help understand why differences occur and how services can change, for example, to improve access.

To ensure that staff involved in ethnicity monitoring are trained.

To ensure that ethnicity monitoring is implemented within their service areas according to Trust policy and procedures.

To support staff in the collection and use of ethnicity collection, managing their concerns or issues raised.

To ensure that any issues affecting their ability to implement this policy are raised with senior management.

To monitor quality of data and instigate effective remedies if quality poor.

6.3 Responsibilities of the Information Function

To ensure that systems in each area have the capacity to record the data collected.

To work with local services to ensure that systems are in place to analyse and report on the data collected.

To provide the Trust Board and senior management teams with reports analysing the data collected.

To provide reports that are anonymised and aggregated and are for valid reasons in line with this policy.

7.0 MONITORING AND REVIEW

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

7.2 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.