Delivering Race Equality
~ better information more intelligently used~

East Midlands DRE
Self Assessment Information Toolkit
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The project:

A practical resource for use by all Trusts in the region that will:

- improve collection and use of data – clinical and managerial
- contribute to realising benefits across the DRE characteristics
- result in a more direct outcome focus in performance monitoring and assessment
The project:

Progress to date:

- Desktop evaluation – use of DRE Census data and reports – national, local, regional
- Consultation – experienced informants e.g. Data managers, public health consultants, managers, clinicians, DRE Census lead, commissioners
- Workshop – design focus using experience of the NTA’s Diversity Assessment Package (DAP)
- Pilot testing - LPT
What do we know about the use of information?
“They collect data but do nothing with it”

“... no information comes back ... I would like it if it did”

“The data is not that complicated – its a census”

“Drawing out the main themes is useful”
“The information needs to focus on what is relevant and what matters”

“If equality and diversity is embedded in the right management systems it will be successful”

“You should have robust policies... around diversity – which are systematically monitored and checked”
“We need the organisation to develop a proper, **structured and systematic approach**, rather than rely on a charismatic individual to drive things forward”

“**Targets** need to be included in mainstream business and development planning and review, so it becomes part of normal practice – routine”
FIVE LEVELS OF DEVELOPMENT

Level 1: Collection
Level 2: Analysis
Level 3: Reporting
Level 4: Performance Management
Level 5: Strategy
...across 4 functional areas

- Information Management
- Clinicians
- Commissioners & Planners
- Leadership, Boards and the SHA
• **Information Management**
  – addressed at corporate level
  – how feed into internal systems e.g.
    • board reports;
    • clinical business units;
    • quality & performance;
    • CQC regulations &
    • equality legislation
• Clinicians
  – addressed at frontline staff & clinicians as clinical business unit areas:
    • adults;
    • learning disability;
    • CAMHS;
    • older people &
    • specialist services
• Commissioners & planners
  – addressed at those who need to be directing and framing services through commissioning and planning including:
    • how to use ethnicity & DRE progress in Quality Accounts
    • QuIIPP
    • CQuIINs
Leadership, Boards and the SHA

- Look at the issues for leadership in terms of how Boards & the SHA should seek to use toolkit e.g.:
  - What it means for strategy & regional plans, such as East Midlands Inclusion Strategy
  - Implications of White Paper – GP Commissioning?
The process

- It’s a process of **self assessment** – maturity model
- Questions that are designed to **prompt more in depth thinking** about the collection and use of data
- A means of getting different types of people – providers, commissioners, managers – **working together** on how best to use the information
- **A common framework** by which reasonable assumptions about benchmarks can be worked out for local and regional **performance assessment**
- **A learning tool** – not intended to give all the answers, its about being a critical friend, walking people through
...an example taking Information management

A: Information management
Level 1 – Collection
A1: Are there any written policies, procedures or guidelines on recording the ethnicity of patients?

A2: Do you collect information on ethnicity for:
   - legal status
   - use of seclusion
   - medication
   - protected characteristics
   - use of interpreters and language

A3: Do you collect ethnicity data across all business areas?

A4: Where is the information managed e.g. central or at business unit level?
...an example taking Information management

A: Information management
Level 1 – Collection *continued*...

A5: Do you routinely record the ethnicity of patients on referral?

A6: Do you routinely record the ethnicity of patients on admission?

A7: Do you monitor completion rates below 85%?

A8: Have you identified areas where completion rates are below 95%?

A9: Are you taking action to improve completion rates in these areas?
A: Information management

Level 2 – Analysis

A10: Do you analyse the ethnicity data to determine:
   - equity of access
   - parity of experience
   - equality of outcome

A11: Do you conduct analysis on referral routes?

A12: Do you conduct analysis on admission and detention rates?

A13: Do you conduct the analysis by clinical business unit area?

A14: Have you set meaningful local population benchmarks?

A15: Do you conduct analysis by age and gender with ethnicity?

A16: Does your analysis include the full range of identity characteristics?
A: Information management
Level 3 – Reporting

A17: Do you provide frontline staff with the reports of your analysis?

A18: Do you provide commissioners with reports of your analysis?

A19: Do you provide the Board with regular reports?

A20: Do your audit reports include findings about ethnicity?

A21: Do you provide reports on the ethnicity of staff and representation across staff groups and service areas?

A22: Do you publish and disseminate reports in accessible media and formats for a range of stakeholders?
A: Information management

Level 4 – Performance management

A23: Do you provide information about ethnicity as part of the CQC regulations reporting?

A24: Have you agreed local targets concerning ethnicity with commissioners as part of CQuINs?

A25: Do you include ethnicity as part of routine performance monitoring?

A26: Do you use information on the ethnicity of patients to monitor:

- the number of compulsory admissions;
- use of ECT;
- Seclusion;
- Access to and use of therapies;
- Medication;
- Self harm;
- SUIs;
- CTOs;
- Deaths;
- Complaints.

A27: Do you include local BME groups, service users and carers in performance monitoring?

A28: Do you use information on the ethnicity of patients to monitor employment policies to ensure a match between staff and patient ethnicity?
A: Information management

Level 5 – Strategy

A29: Is there a locally agreed information collection management plan for DRE agreed with commissioners, partners and local stakeholders including BME groups, service users and carers?

A30: Do Board reports provide analysis of information that enables the Board to set strategic priorities?

A31: Do Board reports use performance monitoring to enable recommendations on strategic priorities?

A32: Are reports provided to stakeholders that enable meaningful participation on setting strategic priorities?

A33: Are local BME groups, service users and carers involved in setting strategy?
Information + Engagement

= more appropriate and effective services
"Building a service that is personal, fair and diverse requires recognition of the differing needs and skills offered by groups within our communities. There are real opportunities presented by the implementation of the Equality Act in developing such a service, where everyone counts”.

(Revision to the Operating Framework for the NHS in England 2010/11 section 3. P6)