Coalition for Racial Equality and Rights written response to the Health and Sport Committee
Inquiry into NHS Governance – Creating a culture of improvement

CRER is an independent NGO working to eliminate racial discrimination and promote racial justice across Scotland. Through capacity building, research and campaigning activities which respond to the needs of communities, our work takes a strategic approach to tackling deep rooted issues of racial inequality. CRER has experience of anti-racist work covering areas such as community engagement and empowerment, research and resource development, practical training and equality mainstreaming support for public and voluntary sector organisations.

Most recently CRER supported the Scottish Government's development of the Race Equality Framework 2016-2030. Some of the research included in our answers to the Health and Sport Committee are based on a series of roundtable discussions, consultations and stakeholder events that were used to inform the Framework.

In recent years, research has been conducted on cultural competence and its approach to improving healthcare quality for individuals, communities and populations. Research has also found that cultural competence training for health personnel impacts on immediate outcomes, such as the knowledge, attitudes and skills of health professionals as well as patient satisfaction.[1]

The primary aim of the cultural competence movement is to balance quality, improve equality and reduce disparities in healthcare by specifically improving care for minority ethnic groups. Consideration has also been given to the relationship between the cultural competence approach and the patient centeredness approach (with its focus on the individual), with a study suggesting that both of these are needed.[2]

Additionally we know there are many factors that can contribute to lifelong health inequalities and poorer outcomes for some communities with health boards adopting differing models to address health inequalities in their region. The Integrated Impact Assessment Model is used by some health boards.[3] This model seeks to address broader inequalities and asks those involved to consider equality in healthcare decisions.

In relation to ethnicity, it emphasises that some of those from minority ethnic groups may: [4]

- Require communication support such as interpreters and translated materials, both written and oral.

[1] Beach, M.C. et al. (2005). Cultural competence: A systematic review of health care provider educational interventions. Medical Care.
[2] Saha, S., Beach, M.C., and Cooper, L.A. (2008). Patient centeredness, cultural competence and healthcare quality. Journal of the National Medical Association.
[3] NHS Lothian (2015). Integrated Impact Assessment Guidance.
[4] Ibid.

- Have difference experiences and expectations of health services and may not be familiar with primary care services.
- Have difference experiences of, expressions of and ways of dealing with mental health problems that may not be picked up by mainstream services.
- Have cultural needs in relation to diet, modesty, bathing and personal care, organ and tissue donation, blood sharing, certain drugs and treatments, and burial and death rites.
- Have health issues or concerns particular to their ethnic group.

At present the Staff Governance Standard does not require staff to include any of these recommendations. It also doesn't highlight clearly what employers must do to ensure that those with a protected characteristic receive the care and support that they need.

There are also issues of racism and racial discrimination that need to be addressed. There must be a clear commitment from all senior NHS staff and board members to not only prevent discrimination but to actively promote equality for the benefit of both patients and staff. At present the Governance Standard does not articulate what is required of individuals or boards clearly, and the sections that do relate to diversity are at present very vague with little accountability.

As there is no mention of cultural competence or clear guidance on how to implement equalities practices within the Governance Standard there may well be inconsistencies in its implementation. This may also include examples in which the minimum competencies laid out in the Governance Standard have been superseded. The committee may wish to enquire about how the Governance Standard is applied across all health boards to ensure that there is consistency of care, and where good practice exists it is replicated for the benefit of all staff and service users. Whilst there should rightly be flexibility within the system to support the needs of the communities they serve, the needs of all service users must be met.

There are legal duties placed on the public sector to work towards equality outcomes and to improve diversity. Whilst these duties will undoubtedly be led through the governance of the NHS there must be greater transparency on the role and effectiveness of senior NHS staff and board members in bringing about change.

Whilst we welcome this review and the ambitions to create a culture of improvement there are several ongoing issues in relation to health services and minority ethnic people. For example, roughly 3% of the NHS workforce is BME, with many in lower paid roles.[5] Research gathered by NHS Scotland has found that employee assumptions about inflexibility in work and prejudice attitudes based on ethnicity have hindered career progression. It has also been suggested that the emphasis on internal recruitment can be a barrier where there already exists a low percentage of non-white minority ethnic individuals in employment.[6]

In addition to this the quality of data available on the diversity of NHS Health Boards is insufficient, making national analysis more difficult as it relies on comparable data being published from all 22 boards. Research published in 2013 found that it was very difficult for members of the public to compare data on ethnicity between health boards and in some cases incomplete information regarding the number of staff employed had been published.[7]

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[5] NHS National Services Scotland (2015). Submission to Scottish Parliament Equal Opportunities Committee (Removing Barriers: Race, Ethnicity and Employment).
[6] Ibid.
[7] W. Mejka. (2013) BME people, work & the NHS in Scotland

During a series of roundtable sessions CRER hosted as part of the development of the Race Equality Framework there were several issues raised when discussing health and social care. During the discussions many stakeholders highlighted that there were ongoing problems around accessing services. It was highlighted that more could be done to ensure that services meet the needs of their communities.

There were several suggestions for improvement that the groups discussed:

- Create a safe space to speak openly about sensitive health issues to remove stereotypes and misconceptions
- Awareness raising needed on the availability of interpreters with additional training or peer to peer support available to interpreters
- Encourage Integration Joint Boards (IJBs) to map their populations and draw out meaningful data on the people within those communities
- Ensure that IJBs do more to involve stakeholders and those with a protected characteristic
- A review is needed of the current complaints system as it is over complicated and bureaucratic
- More support to be given to those who have been exposed to violence, or the threat of violence

In order to create demonstrable improvements the Governance Standard must do more to address some of these more embedded issues within the system. The Committee may wish to examine the scope of the current Governance Standards to determine if they address the issues that are highlighted above and remove any barriers to creating a culture for improvement.

Jatin Haria
Executive Director
Coalition for Racial Equality and Rights
8 John Street,
Glasgow
G1 1JQ
jatin@crer.org.uk
www.crer.org.uk