

Equality Monitoring Workshop Report

D2 Lecture Theatre Castle Buildings Stormont Friday 19th September 2008

Equality Monitoring Workshop Friday 19th September 2008

Introduction	3
Policy Context	3
Presentations	
Current Northern Ireland Regional Position	5
Equality Monitoring – A Programme Managers View	6
Patient Equality Monitoring: The Welsh Experience	9
Group Discussion	11
Next Steps	12
Business Case	13
Patient Equality Monitoring questionnaire.....	Appendix 1
Patient Equality Monitoring Project	Appendix 2
- Checklist for Trusts	
Workshop Programme.....	Appendix 3
Guest Speakers.....	Appendix 4
Workshop Delegates.....	Appendix 5

Introduction

1. Heather Robinson, Head of Equality, Human Rights and Public Safety Unit, welcomed everyone to the workshop. She told the audience that interaction and participation throughout the event was encouraged and welcomed. She outlined the format of the event and set out the purpose and objectives as follows.

Purpose

- To review the Northern Ireland position on monitoring and to learn from the Welsh experience,

Objectives

- To share information on current NI position; and
- To identify a way forward to improve equality monitoring

2. Heather introduced the Speakers and invited Mr. Denis Jordan, Equality & Human Rights, DHSSPS, to address delegates.

Policy Context

Mr. Denis Jordan
Equality Officer
DHSSPS

This opening session was designed to encourage both the thought process and audience participation and it set the scene for the presentations to follow. In an open discussion participants were invited to identify the key policy, legislative and other key drivers for equality monitoring. A summary of the discussions is set out below.

- Participants fully recognised the Section 75 legal imperative for equality monitoring and the necessity of such data and information to inform meaningful and effective screening processes and Equality Impact Assessments (EQIAs).
- Various pieces of legislation were cited as having an influence, including the

- *Disability Discrimination Act,*
- *Race Relations Order, and;*
- *Fair Employment and Treatment Order.*

Also, issues such as *Age, Gender Identity and Sexual Orientation law* were cited to have an influence. The *Racial Equality Strategy* was also mentioned as were the difficulties with achieving race equality in service provision without effective monitoring.

- Delegates pointed out that the Department needed equality monitoring data to meet its key aim of improving health and well being in terms of public health information; including for the purposes of identifying morbidly variations, disease prevalence and distribution (epidemiology), and identifying which groups needed particular attention and those most at risk.
- All agreed to the importance of equality monitoring for the effective planning, commissioning and delivery of services. Reference was made to the new local commissioning groups and the need for monitoring information to inform local health needs assessments and to identifying local priorities.
- Delegates referred to the importance of monitoring data to help identify problems in terms of service access and usage.
- Other reasons highlighted for needing equality monitoring included bidding for resources, resource allocation (capitation formula), tracking demographic changes, performance/target monitoring and for workforce development purposes.
- Monitoring information was also considered essential to ensure evidence based policy making, effective policy evaluation and policy review.

The discussion closed with agreement that the importance of equality monitoring needed to be stressed in the context of the new RPA structures and arrangements.

Presentations

1. Current Northern Ireland Regional Position

Dr Tracy Power
Director of Information & Analysis
DHSSPS

Dr Power set out the background and current position on Monitoring in Northern Ireland. She explained to Delegates the role that Information Analysis Directorate, DHSSPS (IAD), plays in the collection, collation and analysis of data. She also told delegates what analysis is being currently conducted, the identified gaps in information and useful recent developments in the monitoring process. She pointed out that data collection was particularly poor when it came to monitoring ethnicity and sexual orientation and that gaps existed with the collection of such information within Community & Social Services (no Person- centered Community Information System), Mental Health point of care (Inpatient Services), Primary care (GP Services) and Allied Health Professional Activity.

Dr Power gave examples of where and how she considered the gaps could be filled e.g. Census questions, use of more input fields in the Patient Administration System, Quality and Outcomes Framework (QOF) of the General Medical Services contract, GP registrations, General Medical Services Information System (GMSIS), NI Longitudinal Study and alterations to Electronic prescribing.

Q& A

Delegates recognised that there is difficulty encouraging ethnic minorities to return census forms and some suggested that it would help to allay suspicions within ethnic communities if census questions focused on nationality as opposed to passports. It was also suggested that, due to the familiarity within ethnic communities of community and voluntary organisations, government departments should consider using the Community & Voluntary sector to help make ethnic communities aware of the importance of equality monitoring and also to help encourage ethnic minorities to complete and return their census forms. Delegates also considered that the school census could focus more on ethnic minorities.

Dr Power stressed the need for consistency in ethnicity classifications and when asked about the GP ethnicity classifications currently used by GPs for QOF she advised that the Patient Administration System (PAS) classifications were used. Dr Power hoped that the Equality Commission Northern Ireland (ECNI) will progress some work with the classifications and advised that IAD will also work with the ECNI to look at QOF along with the current Southern Board work to streamline it and make it work to link with workforce development. Darryl Williams advised that the gathering of ethnicity information in keeping with the QOF was carried out in Wales but the practice was not universal.

It was suggested that perhaps there was a need for a coordinated NI approach to monitoring, supported by Assembly legislation for the sharing and matching of information across government. However, it was recognised that OFMdfM is the equality lead for government departments and therefore it would have to take the lead with any new legislation.

It was highlighted that some GP Surgeries are not considered by the LGBT community as being LGBT friendly environments and that concerns exist with sharing sexual orientation data particularly with GPs. Delegates recognised this concern and Darryl Williams, NHS Centre for Equality advised that sharing sexual orientation data required implicit consent.

It was also suggested that there is a need to make a clear distinction between an illness and a disability in the census form. Dr Power acknowledged and agreed with this and advised that this was an issue she had already raised and she encouraged all delegates to participate in the census consultation.

2. Equality Monitoring – A Programme Managers View

Mr Ralston Perera
Former Project Manager for Partnership Funding EHSSB

Ralston Perera gave delegates a background to his role as former Project Manager for Partnership Funding EHSSB. He told delegates that The Big Lottery Fund, under its Umbrella Grant Scheme, granted funding in August 2003 for the EHSSB to deliver a

range of projects aimed at either of the two programmes within the Umbrella Grant Scheme (UGS):

1. *Coronary heart disease (CHD), cancer and stroke*

Aimed to reduce risks of these diseases through the provision of effective evidence based prevention programmes. It was working to improve access to high quality service for the detection, diagnosis and treatment of these diseases by tackling inequalities in provision, as well as improving facilities to aid early detection and effective treatment.

2. *Palliative care*: Aimed to enhance the provision of palliative care services in the Board area by improving care for all those diagnosed with life threatening conditions and by providing increased support and information for them, their families and carers.

Five themes were identified by EHSSB in support of the two programmes of care - Physical Activity; Food and Nutrition; Cardiac and Stroke; Cancer Prevention; and Palliative Care.

The Board sought for projects which focused on these themes within each programme and overall managed 26 projects for CHD theme and 11 for the Palliative care theme.

Ralston advised delegates that overall 34 of the 37 projects were completed with 172,000 beneficiaries and 85% of the programmes have been sustained and produced results that improved health and lifestyle changes as well as improved levels of care and new services.

Monitoring

Ralston advised that the lottery monitoring requirements, in relation to the projects, were not NI specific and focused on 4 criteria - outputs, outcomes, finance and equality. The projects took a pragmatic approach to gathering data. Overall it was an evolutionary process, sharing good practice across projects, site visits, regular reviewing and encouraging the collection of data.

He also told delegates that confidence issues existed as to what the information collected was being used for and also that there was a big divergence between the Statutory and Voluntary and Community sectors in the quality and type of information collected. Ralston considered that this was about taking time to explain to people why data on them is being collected and also the fact that the voluntary and community groups had more success in asking 'sensitive' questions and securing answers.

Lessons Learned

Ralston told delegates that there were some things he would do differently if he had to do it all again. He would:

- Stipulate the requirement for comprehensive Section75 monitoring at the outset,
- More collaborative working at the start of the project, and;
- Consider a menu of options and techniques that projects could use to collect data.

Q& A

Delegates noted that although the monitoring data gathered by the Projects had no direct influence on programmes of care, it did have an influence on the delivery of services. Ralston used the example of a Breast Screening programme which, when the data collected was analysed, identified a lack of usage of services by black minority ethnic groups and those with a learning disability which resulted in appropriate steps being taken to target those groups.

Delegates also learned that perceptions surrounding data collection presented difficulties and that this reflected the need to take more time to explain to service users why data was being collected. The success of the Cardio rehabilitation project at the Mater Hospital, which had a 70% return rate, was cited as a successful Project and delegates heard that this was due to frontline nursing staff taking time to explain to people that the data collected could help with the sustainability of the service they

were using. There was also recognition of the need for commitment from everyone involved, in particular from senior officers.

Delegates again considered that, in order to help perceptions of data collection, there might be value in government Departments seeking voluntary sector help with collecting data for monitoring purposes

3. Patient Equality Monitoring: The Welsh Experience.

Mr Darryl Williams
Project Manager – NHS Wales

Darryl gave delegates a background to his role. He advised that he had inherited a previous attempt to set up monitoring processes in Wales and after consideration of lessons learned it was decided that a phased implementation of monitoring systems would be difficult for economies of scale reasons and because of the risk of duplication. He believed that the best way to approach monitoring was to adopt a “Big Bang” full implementation approach. He told delegates that there were already levers in place to assist with setting up monitoring systems e.g.

- Legislation,
- Equality + Human Rights commission,
- Healthcare Standards,
- Government initiatives, and;
- Patient Lead – service complaints.

He explained to delegates that the focus for equality monitoring in Wales was to inform commissioning services, to ensure service to all communities and to improve the Patient Experience. Daryl advised that the patient equality monitoring conducted by NHS Wales will help demonstrate its commitment to equality. The information obtained will not only help NHS organisations comply with UK and European equality and human rights legislation but it will also help NHS Wales to understand the needs of individuals and to ensure that appropriate local and national services are provided.

Darryl told delegates that a lot of consideration was given to the type of data required and it was identified that the data collected had to be consistent, relevant, appropriate, inclusive and compatible. He advised of widespread consultation with interested parties to consider and help identify the dataset required.

Darryl circulated a draft of the subsequent Patient Equality Monitoring questionnaire ([Appendix1](#)) which will be used to collect equality monitoring data in Wales. He advised delegates that the categories in the questionnaire are similar to those in the 2011 National Census but slightly expanded to meet the needs of local communities in Wales. The questionnaire will be supported by several information pamphlets which will help inform people of the reasoning behind equality monitoring and explains who will see the information, where people might be asked for information and how and when the information will be used.

As an awareness exercise, Darryl asked delegates to complete the personal information page of the draft Patient Equality Monitoring questionnaire ([Appendix1](#)) giving consideration to its structure and the type of questions asked.

Delegates thoroughly discussed their views on the data collection form and made the following observations. .

- How would patient monitoring data relating to children be collected? - Darryl acknowledged this observation and advised that it was likely that children would have a separate set of questions.
- Questions about National identity on the questionnaire could be confusing for ethnic minorities - Darryl advised that the form is not a declaration of identity.
- The questionnaire is very compact.
- Disability questions were well presented - Darryl acknowledged this and advised that the impairments listed were based on a social model.

Delegates recognised that the questions being asked in the draft questionnaire had potential to raise sensitivities and some believed that using a similar structure in Northern Ireland could present difficulties. Some delegates considered a wholeistic approach to monitoring is required and that in order to take monitoring forward there needed to be a joint approach from voluntary and community organisations to lobby the Department and Government for Section 75 monitoring.

Darryl closed his presentation by sharing and discussing a check list for Trusts carrying out patient equality monitoring in Wales ([Appendix 2](#)). He also referred to the key lessons which emerged from the Welsh project stressing the importance of:

- establishing project management structures;
- developing a business case for equality monitoring; locally and at the Centre;
- engaging with patients and other key stakeholders;
- ensuring an information infrastructure is in place;
- integrating monitoring into Trust practices; and
- carrying out an intensive programme of training.

Group Discussion

Breakout Session

It was originally planned that there would be three breakout groups to;

- Identify major gaps in equality monitoring including priorities
- Identify barriers to effective monitoring
- Identify quick wins, and;
- Agree next steps.

Delegates agreed that the gaps, priorities and barriers had essentially been identified in the presentations leaving the quick wins and next steps to be addressed. As it had become apparent throughout the day that quick wins were not a viable option at this

stage, participants agreed that the focus of the session should be solely on identifying the next steps. This was carried out in open discussion format

Next Steps

Delegates highlighted a wide range of factors that needed to be considered in deciding on the next steps which included;

- the importance of lobbying both internally and externally for equality monitoring,
- the need for consideration to be given to a pilot project,
- the need for a project manager and for a cohesive strategic approach with the Department taking the lead,
- the relevance of the political dimension and involvement of OFMDFM,
- the importance of raising awareness about equality monitoring and highlighting the benefits, particularly organisational,
- resource considerations (including tapping into NISRA funding),
- learning from the experience of others and particularly Wales,
- the need to actively involve the community and voluntary sector, and;
- the contribution that a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis might have.

Business Case

Overall there was a consensus amongst delegates that the best way to move monitoring forward was firstly to develop a business case. This was considered as the best option to gain top level commitment and support for equality monitoring and also the best tool to identify and secure the appropriate resources. Delegates also agreed to the importance of taking the issues raised at the workshop into account when developing the business case.

The session closed with Heather Robinson agreeing that her unit (Equality and Human Rights) would commence work on scoping the business case and when this had been completed the scoping paper would be sent to the Equality and Human Rights Steering Group and members of the Regional Equality Liaison Panel for consideration.

Patient Equality Monitoring

Date of Birth	Preferred Language (Spoken)
Day	English
Month	Welsh
Year	British Sign Language (BSL)
National Identity	Other (Please State)
<i>Please choose as many or as few as apply.</i>	
Welsh	Prefer not to say
English	Preferred Language (Written)
Scottish	English
Northern Irish	Welsh
British / Mixed British	Braille
Irish	Other (Please State)
Other European (Please state)	
	Prefer not to say
Other (Please State)	Disability
	<i>Do you have a physical or mental health condition or other impairment that has lasted, or is likely to last, at least 12 months, or is progressive in nature?</i>
Prefer not to say	Yes
Racial Group	No
<i>White / White British</i>	Prefer not to say
White	<i>Please state the type of impairment which applies to you. You may indicate more than one.</i>
<i>Mixed / Mixed British</i>	Mobility impairment
Mixed White and Black Caribbean	Dexterity impairment
Mixed White and Black African	Other Physical impairment
Mixed White and Asian	Blind or Visually impaired
Mixed other	Deaf or Hearing impaired
<i>Asian / Asian British</i>	Mental health condition
Indian	Learning difficulty
Bangladeshi	Cognitive impairment
Pakistani	Language and communication disorder
Chinese	Long-standing illness or health condition
Asian Other	Other impairment (Please State)
<i>Black / Black British</i>	
Black Caribbean	Prefer not to say
Black African	Gender
Black Other	Female
<i>Other / Other British</i>	Male
Arab	Other
Gypsy / Traveller	Prefer not to say
Other (Please State)	<i>Do you consider yourself to be transgendered?</i>
	Yes
Prefer not to say	No
Religion or Belief	Prefer not to say
No Religion	Sexual Orientation
Christian	Heterosexual / Straight
Muslim	Gay Man
Hindu	Gay Woman / Lesbian
Buddhist	Bisexual
Jain	Other (Please State)
Jewish	
Sikh	Prefer not to say
Other (Please State)	
Prefer not to say	



Patient Equality Monitoring

All Individuals - One Wales



Patient Equality Monitoring Project

Phase 1 - Checklist for Trusts



1. Appoint a **Project Lead** and provide the resourcing to enable them to complete the required work.
2. Ensure the **Trust Board** are informed and supportive of the Trust procedure for collecting this equality data.
3. **Train your staff** who will be at the front line of data collection so that they will be comfortable answering questions and will be able to positively explain why we are asking for this information.
4. **Communicate with employees and managers** details of the Project, regardless of whether they will be asking for data. This should include their role, the Project ethos, and why it is important to the service that this data be collected.
5. Agree **what data** you will collect. While the minimum collection categories must be used, you may collect additional data that is relevant to your particular catchment population. Any extra data categories must be agreed with the PEM Project Manager.
6. Ensure you have **legible, appropriate forms** with the minimum required dataset. Questions should be asked in the order and manner as in the Ministerial Letter.
7. Make every effort so that forms and documentation are available in **suitable languages** for the population who accesses your services.
8. Determine in **which departments and patient areas** you will collect this data. You must be able to justify why any areas are excluded!
9. Decide **how to gather** this data from patients; ie from letters, at time of attendance at clinic, during inpatient stays, or a combination of these.
10. Engage your **Caldicott Guardian** and ensure their satisfaction with the confidentiality arrangements for capturing and holding the data.
11. Arrange for **information posters and leaflets** to be available in the areas where patients will be providing this data.
12. Work with the PEM Project Manager to **identify and correct any issues** that arise during the course of Phase 1.
13. Identify ways to **use the data** at local level to support and/or improve patient care.
14. Complete **evaluation and feedback forms** in a timely manner and submit them to the PEM Project Manager

Workshop Programme

EQUALITY MONITORING WORKSHOP 19th SEPTEMBER - PROGRAMME

9.00 Tea/Coffee on arrival

9.30 INTRODUCTION

Ms Heather Robinson
Head of Equality & Human Rights

Background, Purpose and Objectives of Workshop

Purpose:

To review the Northern Ireland position on monitoring and learn from the Welsh experience.

Objectives:

- (i) To share information on current NI position; and
- (ii) To identify a way forward to improve equality monitoring.

9.45 POLICY CONTEXT

Mr Denis Jordan
Equality & Human Rights DHSSPS

10.00 REGIONAL POSITION

Dr Tracy Power
Director, Information & Analysis
DHSSPS

Questions

10.30 EXAMPLE OF LOCAL MONITORING

Equality Monitoring - A Programme Managers View

Mr Ralston Perera
Planning & Performance Manager
(Children Services)
South & East Trust

11.00 Tea/Coffee

11.20 THE WELSH EXPERIENCE

Mr Darryl Williams
NHS Centre for Equality &
Human Rights. Wales

Questions

12.45/1.00 LUNCH

2.00 BREAK OUT SESSIONS

Informed by the morning discussions break out groups to;

- identify any major gaps in equality monitoring and priorities;
- identify barriers to effective monitoring
- identify quick wins; and
- agree next steps.

3. 30/45 REVIEW AND CLOSE

Guest Speakers

Speakers	Organisation	Related Topic
Denis Jordan	DHSSPS	Equality – The Policy Context
Dr Tracey Power	DHSSPS	The Regional Position
Ralston Perera	South East Trust	Equality Monitoring – A Programme Managers View
Darryl Williams	NHS Centre for Equality & Human Rights Wales.	The Welsh Experience

Workshop DelegatesIn Attendance

Organisation Represented	Name
Boards & Trusts	
Belfast Trust	Colin Jackson
	Martin McGrath
Southern Trust	Karen McCoy
South East Trust	Suzanne McCartney
	Susan Thompson
	Ralston Perera
Western Trust	Hilary Sidwell
	Sara Groogan
	Teresa Conaghan
	Fergal Durey
Northern Ireland Ambulance Service	Heather Lyons
Southern Board	Caroline Cullen
	Maurice Atkinson
	Lyn Donnelly
Eastern Board	Anne McGlade
	David Bickerstaff
Central Service Agency	Anne Basten
	Sandy Fitzpatrick
NI Guardian Ad Litem Agency	Patricia O’Kane
Regional Equality Liaison Panel S75 Groups	
The RAINBOW Project	John O’Doherty
Disability Action	Patricia Bray
Northern Ireland Council for Ethnic Minorities	Patrick Yu
	Helena Macormac
DHSSPS	
Equality, Human Rights & Public Safety Branch	Heather Robinson
Equality, Human Rights & Public Safety Branch	Denis Jordan
Equality, Human Rights & Public Safety Branch	Peter Devine
Equality, Human Rights & Public Safety Branch	Roberta weir
Equality, Human Rights & Public Safety Branch	Lisa Floyd
Information Analysis Directorate	Dr Tracey Power
Information Analysis Directorate	Bill Stewart
NHS Centre for Equality & Human Rights Wales	Darryl Williams