

KING EDWARD'S HOSPITAL FUND FOR LONDON

EQUAL OPPORTUNITIES TASK FORCE

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The Work of the Equal Opportunities
Task Force 1986-1990

- a final report

Final Report


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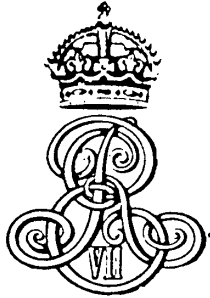


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INTRODUCTION

This is a report of the work of the Equal Opportunities Task Force which was funded by the Department of Health and the King's Fund from May 1986 to December 1990 to help health authorities to tackle racial discrimination. Part I contains a summary of the Task Force's activities, its conclusions and recommendations. Part II is a detailed account of the work undertaken.

PART ONE

1 SUMMARY OF THE WORK OF THE TASK FORCE

- 1.1 In 1986 Sir Barney Hayhoe, then Minister for Health, announced that the Task Force was being set up because health authorities were putting equal opportunities policies into practice too slowly. The Task Force remit was to stimulate progress by providing practical advice, particularly in relation to employment practices and implementation of the Commission for Racial Equality's (CRE) code of practice.
- 1.2 The Task Force consisted of 11-14 members, mainly drawn from the health service, with a staff of 3-4 officers. Members and officers are listed in an appendix to this paper. The background to all Task Force work was regular contact with health authorities to ensure that guidance disseminated was sound and based on practical experience. This was achieved by providing advice and assistance to individual authorities, occasional requests for information to all authorities, workshops, and invitations to health service staff to meet with the Task Force.
- 1.3 The volume of requests for assistance varied dependent on other pressures on the service. The Task Force met all requests received - by meetings and presentations, commenting on documents, and providing a clearing house of expertise and experience. Many such requests were helped by a data-bank compiled of health authorities' equal opportunities documents. Contacts with authorities led to identification of the issues which caused them most difficulty and other areas of concern for racial equality, on which the Task Force published occasional papers for the benefit of all authorities.
- 1.4 Particularly close liaison was maintained with NHS equal opportunities advisers, whose numbers grew from about eight to thirty during the Task Force term of office. The Task Force provided training and regular workshops

for them and benefitted in turn from their experience and the examples of good practice they initiated.

- 1.5 Six occasional papers were published, which have sold well. Complimentary copies were provided for all health authorities. An additional informal paper was circulated for authorities to reproduce and use for training purposes. All publications included guidance on good practice in their respective areas, with recommendations for action by authorities and other bodies.
- 1.6 The Task Force undertook a number of projects relating to areas of particular concern. These included the under-representation of black and ethnic minority senior managers in the service; the Task Force assisted the National Health Service Training Authority to review recruitment practices for the general management training scheme. Concern about lack of ethnic minority involvement in planning, management and resource decisions was also reflected in a Task Force survey of the ethnic origins of health authority members, together with the methods used to attract members from minority communities. Other projects included racial equality in the nursing profession and in hospital medical appointments.
- 1.7 The Task Force worked alongside the National Steering Group on Equal Opportunities for Women in the NHS and the National Association of Health Authorities Working Party on equality of opportunity in service provision for black and minority ethnic groups. It acknowledged the links between its work and wider equal opportunities issues, and sought to ensure that guidance issued to the service by the different groups was complementary.

2 CONCLUSIONS

- 2.1 The Task Force experience of equal opportunities development in the NHS over the last four years has led to the conclusions set out below. This section also highlights particular issues which are of concern for racial equality and need to be addressed.
- 2.2 When the Task Force was set up in 1986 a minority of health authorities had formally adopted an equal opportunities policy. Most have now done so. However few authorities have translated their policy into a timetabled programme of action, allocated responsibilities and resources for bringing about change and monitored progress. Without these a policy is ineffective.

- 2.3 Some examples of good practice have emerged, but there are too few and managers wishing to learn from them would have to seek them out. In the main such initiatives have been the work of equal opportunities advisers. Methods are required, such as a nominated equal opportunities officer or personnel officers' forum in each region, to disseminate examples of good practice.
- 2.4 Progress in implementing an equal opportunities programme is still heavily dependent on the personal commitment of individual officers. Often progress loses momentum or is halted with staff changes. Real and consistent progress throughout the service will only be achieved when action to ensure equal opportunities becomes a formal and routine part of the duties and responsibilities of all health service managers.
- 2.5 The Task Force has tackled some areas of concern but, as a short term unit with a very small staff, these have been limited. Other issues deserve attention, such as entry to professions allied to medicine, promotion to middle and senior management positions, and selection for training courses which lead to career development. All professional groups in the NHS need to examine their composition, structures, policies and practices in relation to racial equality issues, in the way that the Task Force initiated in nursing.
- ✓ 2.6 Lack of equal opportunities in promotion is one of the major issues in the NHS. Racial inequalities between managers and staff in the service are glaring. They demand investigation and action, particularly in the light of the long service of many black and ethnic minority staff. Lack of promotion prospects and the under-representation of black and ethnic minority managers affects the image of the NHS as an employer and will affect recruitment and retention. Black and ethnic minority staff will not join or remain in a service which they do not see as providing good and fair career prospects.
- 2.7 Ethnic monitoring is developing too slowly in the service. Few authorities have produced data about the ethnic composition of their workforce or monitor the outcome of selection decisions, which the code of practice recommended in 1984. Such information is now routinely compiled by the Civil Service and large private sector organisations and regularly published. Data should be available for the NHS; the Task Force welcomed the recent decision to include ethnic origin information in the minimum data set for health service personnel. The data must be collated and analysed. Without monitoring information health authorities have

no effective means to measure the impact of their equal opportunities programmes or to target initiatives and resources efficiently in this area of work.

- 2.8 Racial inequalities in the NHS will not be eradicated without determined and consistent effort. Policies which are put into effect only when no other pressing issues intervene will be ineffective. Intermittent implementation of an equal opportunities policy leads to doubt on the part of managers, black and ethnic minority staff and the wider community about the determination of the service to tackle racial inequalities.
- 2.9 The Task Force has become concerned that action in relation to achieving equal opportunities for women in the NHS is not paralleled by similar attention to other groups which suffer discrimination. Strategies are required to ensure equality of opportunity for all groups who are presently disadvantaged in the NHS. Whilst demographic factors will compel authorities to address gender issues over the next few years, such imperatives will not apply with equal force to the much smaller numbers in the black and ethnic minority communities. Market forces cannot be relied upon as the prime means of achieving racial equality in the NHS.
- 2.10 The lead given by the most senior level of management is vital, whether in a district, region or the service as a whole. Health service managers will only allocate priority and resources to issues which are formally acknowledged as significant, where targets are set and their performance evaluated.
- 2.11 Health service management has a continuing need for expertise in this relatively new and difficult area of work and will no longer be able to call on the Task Force. Appropriate expertise might be obtained in a variety of ways - such as employing an adviser (as already happens in relation to health care), through consultancy, or by setting up a unit similar to that in the Management and Personnel section of the Cabinet Office which advises on equal opportunities issues in the civil service. Advice on racial equality issues in NHS employment is needed at a senior level - to help the Management Executive devise appropriate strategies for the service, to assist with setting realistic targets for authorities and evaluating their performance, to encourage new initiatives and to disseminate good practice.
- 2.12 Attention must be given to how continued progress towards equal opportunities is to be ensured under the new arrangements for the NHS, in particular through the contracting process. Provider units and trusts,

determined to keep down costs and prices, will economise on issues which they do not regard as deserving priority, which may include implementing effective equal opportunities programmes. Contracts should therefore routinely include equal opportunities requirements, which should not be restricted to basic compliance with legislation. Agreed standards and targets for movement towards equal opportunities in employment should be negotiated by purchasing authorities with provider units and trusts, included in contracts, and performance monitored.

3 MAIN RECOMMENDATIONS

- 3.1 Although equal opportunities development is now more firmly recognized as an issue for the health service agenda than when the Task Force was set up, it remains the case that very few authorities could claim to be complying with the recommendations of the CRE code of practice. Pressure to ensure continuing progress is still required. In addition to points made in section two, the Task Force makes the following main recommendations:

Recommendation 1

- 3.2 The implementation of equal opportunities employment policies and movement towards racial equality should be a formal objective for the NHS, set by the Policy Board for the Management Executive, with action regularly monitored. The objective should be included in all authorities' review systems, with annual targets set and performance evaluated as in other areas of personnel activity. There should also be an obligation for self governing trusts to meet the equal opportunities standards set for the rest of the NHS.

Recommendation 2

- 3.3 An early performance objective should be for employing authorities to analyse the ethnic composition of their workforce by staff group, location and grade so that racial inequalities can be identified and appropriate remedial action programmes developed. Subsequent performance objectives should include regular updating of monitoring analyses so that progress toward equal opportunities can be measured, and remedial action programmes revised as necessary, both for individual authorities and for the NHS as a whole.

Recommendation 3

- 3.4 The Department of Health and the Management Executive should routinely consider the impact on racial equality of all new policies and procedures developed for the NHS - to ensure that they do not conflict with, and wherever possible are designed to enhance, equal opportunities objectives. This practice has been adopted in the Civil Service where it is known as "equal opportunities proofing".

Recommendation 4

- 3.5 The Management Executive needs expert advice on racial equality issues in NHS employment - to ensure that appropriate strategies are devised to bring about equality of opportunity, to develop relevant objectives and performance measures for all authorities, and to monitor progress.

Recommendation 5

- 3.6 All contracts between purchasing authorities and health care providers should include a standard item requiring the implementation of effective equal opportunities policies. Without this, progress which has been made in this field is unlikely to be maintained.

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PART TWO

REPORT OF THE WORK OF THE TASK FORCE 1986 - 1990

The Task Force programme has fallen into three main areas - work with individual health authorities, publications, and projects. This section describes the work undertaken and includes some evaluation.

4 WORK WITH HEALTH AUTHORITIES

Advice and assistance

- 4.1 Task Force staff have been an on-tap source of advice and expertise about the development and implementation of equal opportunities policies, providing guidance by telephone, correspondence, at meetings and in workshops arranged by the Task Force and by health authorities. A data bank of health authority equal opportunities documents and other material has been built up, available to authorities on request.
- 4.2 Most enquiries have been from directors of personnel and other personnel staff, training officers, equal opportunities advisers and, less frequently, general and nurse managers and staff representatives. Authorities throughout the country have contacted the Task Force including Scotland, Wales and Northern Ireland. Regular liaison has been maintained with a small number of authorities, others have made intermittent contact and a large number of one-off enquiries have been received. Whilst the authorities making most use of Task Force services have been located in geographic areas with significant black and ethnic minority populations, others have pursued equal opportunities issues because of the commitment of the authority or of individual managers, following complaints to industrial tribunals, or after equal opportunities progress has been included in their performance review.
- 4.3 Initially enquiries tended to be general and about introducing an equal opportunities policy; latterly more have been about the detailed implementation of specific initiatives. The bulk of requests for help have been about :
- persuading senior managers and authority members of the need for action to achieve equal opportunities and for the allocation of appropriate resources;

- the content of an equal opportunities policy and programme of action;
- the implementation of a programme, in particular training, non-discriminatory selection procedures, ethnic monitoring and positive action;
- the use of equal opportunities advisers and committees, and staff-side consultation.

4.4 The volume of requests for assistance fluctuated over the four years. Initially requests were restricted to those authorities already committed to an equal opportunities policy. This changed following a lead by the then NHS Director of Personnel (a Task Force member) and requests reached their peak with the introduction of equal opportunities progress into authorities' performance review system. The nurses clinical regrading exercise led to a considerable reduction in requests for assistance for about nine months. Interest temporarily revived prior to publication of the White Paper "Working for Patients". Some authorities, predominantly those anticipating trust status, saw this as an occasion to scale down their equal opportunities work. During preparation for implementation of the NHS and Community Care Act, which has coincided with the last nine months of the Task Force, fewer requests for assistance have been received; and these have tended to come from junior staff in personnel and training departments and from equal opportunities advisers.

4.5 Indicators such as repeat requests for advice, recommendations of Task Force services and willingness to pay for them suggest that the advice and assistance provided have been valued.

Role models and pilot projects

4.6 The Task Force has attached importance to working with authorities with the most advanced equal opportunities policies, as well as the less well developed, to encourage examples of good practice which the Task Force could disseminate in the service. Such examples have also demonstrated that the recommendations of the CRE's code of practice (on which Task Force advice has been based) are practical and affordable in the NHS. During the four years a small number of authorities have developed initiatives such as:

- a timetabled race equality strategy with responsibilities allocated for its implementation;

- reviews of selection practices for recruitment, training and promotion with the introduction of non-discriminatory techniques;
- relevant training strategies, programmes and materials;
- ethnic monitoring of their workforce, applicants for employment and nurse trainees, with analyses of inequalities and remedial action plans;
- positive action initiatives, including access courses for nurse training, management development for black and ethnic minority potential managers, and outreach work with young people from black and ethnic minority communities to encourage them into NHS employment.

4.7 There are too few such examples but, together with Task Force publications, they cover all major aspects of implementing an equal opportunities programme. They demonstrate that, given the will and resources to do so, effective race equality strategies are achievable in the service.

4.8 The Task Force has also assisted health authorities with a number of equal opportunities projects. One such was a workshop for top managers "Strategic Planning to Achieve Equal Opportunities" organised jointly with North East Thames regional health authority and the National Health Service Training Authority (NHSTA). A report of the workshop, including lessons drawn for equal opportunities training in the NHS, was circulated to all regional health authority Chairs and publicized in the NHSTA publication "Directions". Other projects with which the Task Force was associated included membership of a regional equal opportunities group in the West Midlands and conferences about equal opportunities legislation and case law organised by the NHS Employment Law Register. The Task Force also facilitated discussions about an "ethnic minorities information exchange" which the Department has now agreed to fund at the King's Fund Centre.

Equal Opportunities Advisers

4.9 When the Task Force was set up in 1986 there were eight advisers dealing with employment and service provision issues. By the end of 1990 there were at least thirty such posts and advisers were also being appointed to specialist services and to family health service authorities. The Task Force has maintained the only complete list of advisers, which has been in wide demand.

- 4.10 The Task Force has not taken the view that appointing an adviser is a pre-requisite for the implementation of an effective equal opportunities programme. It sought however to ensure that this new NHS role was developed effectively, that advisers were helped to work efficiently and given support in their difficult role. The Task Force also came to recognize the expertise and momentum which advisers brought to the development of the equal opportunities programme in their authorities, and their contribution in initiating many of the best examples of good practice.
- 4.11 The value which health authorities have found in employing an adviser has been demonstrated not only by steady growth in the number of such posts but by their absorption into mainstream funding; the replacement of temporary by permanent contracts; the separation of equal opportunities employment and service provision roles; the employment of more than one adviser; and by the upgrading of posts.
- 4.12 The Task Force published guidance for authorities about the advisers role, provided an assessor on selection panels, arranged training for new advisers, held regular workshops for advisers for information exchange and training purposes, and facilitated the development of an NHS Advisers Association (which it is hoped may take on some tasks previously undertaken by the Task Force). Workshops for advisers included wider equal opportunities concerns, in relation to gender and disability, reflecting the employment advisers' remit.
- 4.13 Most recently the Task Force has sought to help advisers to formulate their role in the contracting process. The steady growth in the number of advisers' posts in the service provision field has been maintained, but since "Working for Patients" was published a number of employment posts have been left vacant and fewer new posts have been created. There is a risk that some innovative projects in the employment field could be halted and that the gradual increase in examples of good practice might not be maintained. Provider units and trusts need to maintain and develop the specialist adviser role which district health authorities have initiated, and regions and districts need to re-think the advisers' role in relation to examining the equal opportunities stance of their contractors.
- 4.14 Two evaluations of the Task Force advisers workshops (for which authorities were charged) indicated that they were highly rated; a message underlined by the encouraging attendance. The Task Force occasional paper

about advisers has been widely used, and a large number of requests were received from authorities for Task Force staff to act as professional assessor on selection panels.

5 PUBLICATIONS

- 5.1 The Task Force has published six occasional papers, providing complimentary copies to all health authorities.

<u>Publication</u>	<u>Date</u>	<u>Copies distributed*</u> <u>(Nov 1990)</u>
<i>A model policy for equal opportunities in the NHS</i>	1987	733
<i>Equal opportunities advisers in the NHS</i>	1st edition 1988	500
	2nd edition 1989	140
<i>Equal opportunities employment policies in the NHS - ethnic monitoring</i>	1988	661
<i>Health authority equal opportunities committees</i>	1989	451
<i>Ethnic minority health authority membership: a survey</i>	1990	315
<i>Racial Equality: the nursing profession</i>	1990	1379

- * Distribution figures include sales and complimentary copies to health authorities.

- 5.2 Task Force publications made available to all authorities the advice and expertise provided to individual authorities in responsive work. They were moderately priced to facilitate wide circulation. Publication followed extensive consultation with health authorities, equal opportunities advisers and other interested organisations. The subjects selected were those which authorities reported as causing most difficulty, or where the Task Force judged there was cause for concern.

- 5.3 The Task Force model equal opportunities policy was supplemented by detailed practical guidance about ethnic monitoring which, together with training, constituted the most frequent request for assistance. These were complemented by an Equal Opportunities Training and Resource Pack published by the NHSTA.
- 5.4 The papers about equal opportunities advisers and committees also responded to numerous requests for help from authorities. They were designed to help them to decide whether an adviser or committee would contribute to their equal opportunities development and, if so, how to ensure that they functioned most effectively. The paper about advisers was updated with further experience when a second edition was required.
- 5.5 The papers about health authority membership and the nursing profession are described in paragraphs 6.2 and 6.4 below.
- 5.6 Feedback indicated that Task Force guidance was welcomed and seen as practical and relevant to health service circumstances. This is reflected in the sales figures.

6 PROJECTS

- 6.1 The Task Force tackled a number of issues which it felt were cause for concern for racial equality in the NHS.

The under-representation of black and ethnic minority health service senior managers and authority members

- 6.2 The Task Force shared concerns expressed in the National Association of Health Authorities publication "Action not Words" about the under-representation of people from black and ethnic minority communities in planning and managing services, and the consequences for adequate and appropriate health service provision. It was concerned too about the poor equal opportunities image of the NHS which the under-representation of black and ethnic minority members and managers projects and the consequent disincentives, for example in the scarcity of role models, for people from minority communities to join the service and aspire to senior management. The Task Force undertook some work relating to both members and management.

Task Force staff worked with the NHSTA to ensure that recruitment practices for entry to the first level national general management training scheme complied with the code of practice. Recommendations were made

for changes to advertising the scheme and selection methods; equal opportunities training was provided for selectors; and help given with the introduction of an ethnic monitoring scheme.

The Task Force undertook a survey of the gender and ethnic origins of health authority members, which was published as an occasional paper. This included practical advice about nominating, appointing and retaining the services of black and ethnic minority members - a matter of relevance to the new membership of health authorities and to self governing trusts. Recommendations were made to both nominating and appointing organisations; the Task Force was pleased that the Department subsequently agreed to monitor the ethnic origins of those nominated and appointed to health authorities.

Hospital Medical Appointments

- 6.3 Lack of equal opportunities in the appointment of hospital medical staff was the issue which the Task Force was most frequently asked to tackle. It provided advice to the Department at their request, and subsequently circulated a paper to all health authorities. This included an example of guidance for authorities to provide for selection panel members.

Racial Equality in the Nursing Profession

- 6.4 The final occasional paper itemised concerns expressed to the Task Force by nurses, the largest staff group in the service. The paper followed a series of discussions between the Task Force and representatives of the statutory bodies, trades unions and professional associations which regulate and represent the nursing, health visiting and midwifery professions. Its purpose was to draw wide attention to areas of concern in the profession, with recommendations for action by health authorities and nursing bodies. These have been formally considered by the organisations concerned and in a number of cases are being implemented. The Task Force particularly welcomed the decision by the English National Board for Nursing, Midwifery and Health Visiting to analyse by ethnic origin applications received for nurse training and their progress through the selection system.

7 OTHER WORK

Liaison

- 7.1 In addition to coordinating with the National Steering Group on Equal Opportunities for Women in the NHS and the NAHA working party on racial equality in service provision, the Task Force liaised with the NHSTA equal opportunities advisory group, the Department's ethnic minorities adviser (service provision) and with other groups. Some joint projects, including regional equal opportunities seminars, were undertaken.

Task Force staff also maintained contact with equal opportunities specialists outside the NHS, in both public and private sector organisations, to ensure that examples of good practice elsewhere were available to the service. This included membership of a Cabinet Office committee looking at the role of equal opportunities officers in the Civil Service.

Requests from other organisations and individuals

- 7.2 The Task Force has also given assistance by way of advice, presentations and by other means to health service trades unions and professional associations, Racial Equality Councils (formerly Community Relations Councils) and other bodies working to promote racial equality in the NHS. A large number of approaches have been received from outside the service, such as from researchers and the media, which have been met when falling within the Task Force remit. Many of these have included requests for information about the ethnic composition of staff groups within the service, which is not presently available.

The Task Force has not dealt with individual complaints of discrimination, although many such enquiries have been received. Complainants have been told of their legal rights and directed to organisations which might assist them.

The King's Fund

- 7.3 Advice and assistance has also been provided to the King's Fund with developing their equal opportunities employment policy. The Task Force welcomed the setting up of a Health and Race Information Exchange at the King's Fund Centre. It would also like to thank the Fund's Library and Information Services for their cooperation in ensuring that the data bank compiled by the Task Force remains available to the service.

TASK FORCE PUBLICATIONS

A model policy for equal opportunities in employment in the NHS. Occasional paper no 1. London, King Edward's Hospital Fund for London, 1987. Price £1.50

Equal Opportunities advisers in the NHS. Occasional paper no 2. London, King Edward's Hospital Fund for London, 1988, revised 1989. Price £3.25

Equal Opportunities employment policies in the NHS - ethnic monitoring. Occasional paper no 3. London, King Edward's Hospital Fund for London, 1988. Price £3.00

Health authority equal opportunities committees. Occasional paper no 4. London, King Edward's Hospital Fund for London, 1989. Price £2.25

Ethnic minority health authority membership: a survey. Occasional paper no 5. London, King Edward's Hospital Fund for London, 1990. Price £7.50

Racial Equality: the nursing profession. Occasional paper no 6. London, King Edward's Hospital Fund for London, 1990. Price £3.95

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EQUAL OPPORTUNITIES TASK FORCE (December 1990)

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