

Developing a Culturally Competent Hospital: The role of legislation and guidance in Scotland.

Introduction

Provision of culturally competent hospital care should be considered as normal best practice in an ethnically diverse society. However development of best practice can be considerably enhanced if there exists a supporting legislative framework.

The British National Health Service was founded on the principle of equality of care for all but it took events in another part of the public service to stimulate a radical re-examination of how well health care was being delivered in a culturally competent way. In April 1993 a young black man, Stephen Lawrence, was murdered in South-east London. The Metropolitan Police were criticised for the way they dealt with the investigation and an inquiry was established into police handling of the case. Although the final report, published in 1999, related to the Metropolitan Police Service it became clear that the findings of the inquiry were equally relevant to all public services. Consequently the British Parliament passed the *Race Relations (Amendment) Act 2000* which requires all public authorities to ensure they encourage good race relations in the way they carry out their functions. Around the same time as this legislation was passed the devolved Scottish Government, the Scottish Executive, was conducting a study specifically into cultural competence within the National Health Service in Scotland. The study highlighted a number of shortcomings. As a result the Scottish Executive Health Department issued guidance, *Fair for All*, which set out how the National Health Service in Scotland was expected to deliver culturally competent care. Together the *Race Relations (Amendment) Act 2000* and *Fair for All* form a strong foundation on which the National Health Service in Scotland is building culturally competent practice.

Race Relations (Amendment) Act 2000

The main provisions of this Act vary according the public authority involved.

For all public authorities there are general duties to:

- Eliminate unlawful racial discrimination
- Promote equality of opportunity
- Promote good relations between peoples of different racial groups

Under these duties all public authorities must examine how they carry out their role and functions. Changes are to be made where necessary to ensure they meet the requirements of the general duties.

Hospitals are one of a number of public authorities that have additional specific duties under this legislation. These duties are to:

- Publish a Race Equality Scheme.

This scheme is intended to show how the hospital will ensure it does not discriminate in the way it carries out its functions or policies. As part of this scheme hospitals are required to carry out a diversity impact assessment of functions and policies. This involves examining all functions and policies to assess the degree to which they might adversely affect minority ethnic communities. Any policies or functions identified as having such an adverse affect have to be revised.

- An employment duty.

This duty is intended to ensure that the hospital gives equality of opportunity in employment, training and promotion. The hospital is also to ensure that it does not discriminate against anyone on grounds of racial group in the way it carries out its employment functions. Hospitals are required to monitor the ethnic make up of the workforce.

Hospitals are required to publish an annual report showing: which policies and functions have been assessed and what changes have been made; what consultations have been carried out with the local communities and an analysis of the workforce. The Commission for Race Equality monitors the level to which public authorities comply with the legislation. This Commission can take legal enforcement action against any authority that does not comply with the Act. A number of authorities have already received formal warnings about failures to meet the requirements of the Act.

Fair for All

Fair for All, unlike the *Race Relations (Amendment) Act 2000*, relates only to the Health Service. Following analysis of the national survey five elements were identified for delivery of culturally competent care:

- **Energising the organisation**
This refers to the extent to which the organisation meets the challenges of minority ethnic health. It sets out the need to change the culture of the organisation itself so that it is better able to identify and respond to the needs of those from minority ethnic communities.
- **Demographic profiling**
To give a clear understanding of the minority ethnic make-up of the local population. This profile relates to disease and socio-economic patterns as well as numbers within each ethnic group.
- **Access and Service Delivery**
Ensuring services meet the needs of an ethnically mixed population in a way that is non-discriminatory and appropriate to the culture of each ethnic group.
- **Human Resources**
Ensuring the organisation offers equal opportunity in employment

- **Community Development**

The organisation involves and supports the local minority ethnic community in promoting their own health needs

Hospitals and other health care providers are assessed against quality standards in regular performance reviews by the Scottish Executive Health Department.

National Resource Centre for Ethnic Minority Health

The national survey, which preceded the *Fair for All* guidance, had highlighted how much work needed to be done in making the National Health Service in Scotland culturally competent. Recognising the scale of this task the Scottish Executive established the National Resource Centre for Ethnic Minority Health. The Resource Centre is unique to the health service providing support and advice directly to Health Service organisations. Projects relating to a number of specific conditions are supported including mental health, haemopathologies and diabetes. It also works through three networks that bring together key personnel from across the National Health Service in Scotland. These networks are taking forward work on Policy Development, Training and Communications and Information. A Steering Group composed of Senior Health Professionals, Academics, Government Officials, Voluntary Sector Representatives and Local Government Representatives guides the networks and the Resource Centre. The Centre is proving very effective in supporting Health Care providers and continues to expand its work.

Conclusion

Much still needs to be done to achieve cultural competence in the British National Health Service. However with the legal framework that is in place a great deal of progress is being made. With the support of the National Resource Centre progress in Scotland has been particularly rapid.

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