Equalities in the budgeting process

- How were equalities issues taken into consideration in allocating budgets in 2012-13? (Please describe the process undertaken)

Whilst the Board does not have a dedicated cost centre for equalities they are an inherent part of budget setting and allocation process with all budget holders considering any requirement for funding for specific equalities issues. These cost pressures relate to staff time and training courses. The training courses are allocated from the Board’s training budget and staff time have been incorporated into use of existing posts. In addition when budget holders are preparing efficiency schemes they are required to complete a template which considers the impact on equality of the proposed scheme. No efficiency schemes have been implemented that have adversely affected any equality groups.

- Was the approach taken for the 2012-13 budget any different from that taken in 2011-12? (If YES, please describe what changed in your approach)

The approach taken in 2012-13 was the same as in prior years.

- Can you provide any examples of how equalities considerations influenced agreed budgets? (Please provide up to THREE examples)

As noted above the impact on equality is considered with agreeing efficiency schemes for the year, which is a fundamental part of the budget setting process. There have been no specific equalities considerations that have impacted on the financial position of the Board.

Equalities in mainstream services

- For your three most significant mainstream services (in terms of cost), please provide details of—

a) The total budget for this service in 2011-12 and 2012-13
   The total budget for the Board is £124m per annum in 2012/13 and £121m in 2011/12. The three main clinical services for the Board are Orthopaedics, Cardiothoracic and Cardiology, these are incorporated within the total budget above.

b) The impact (positive or negative) that this service has on equality groups
   These services have no adverse impact on equality groups.

c) The impact (if any) that any budget changes have had on equality groups
   No budget changes have impacted on any equality groups

Service provision for equalities groups
For up to THREE services with a specific focus or provision for equalities groups, please provide details of—

a) *The total budget for this service in 2011-12 and 2012-13*
   The total estimated spend for equalities which is included within the Boards budgets are approx £16,000 per annum for training events, Stonewall membership etc. Staff time is included within existing job requirements and therefore no additional cost.

b) The impact that this service has on equality groups
   This cost develops the equality work for the Board.

c) The impact (if any) that any budget changes have had on equality groups
   The impact has not been quantified but there must be benefits for the equality groups through the increased training.

**Mainstreaming equalities**

What specialist services or programmes have been, or are being altered, in the interests of mainstreaming?
Our strategy has always been to mainstream equalities and this is evidenced by the approach we have taken to Equality and Diversity within our Board. For example:
- We have an Involving People Strategy that encompasses both the PFPI and the Equalities agenda.
- Our model has been to have a number of equality leads across our Board who are in a range of substantive positions. This significantly supports embedding and mainstreaming.

What monitoring is in place to ensure that the relevant equality groups continue to access an appropriate service?
We carry out specific workforce monitoring and this is reviewed by our Equalities Group and NWTC Board.
We monitor our inpatients and outpatients through the SMR process and we have an extremely high level of completion.
Given the nature of our national and regional Health Board in that we do not have our own patient populations, we address monitoring issues through discussion with specific patient populations eg British Heart Foundation.
All policies and strategies must go through our EQIA process prior to approval.

Julie Carter
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National Waiting Times Centre Board
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