East Kent Hospitals University NHS Foundation Trust

The Gender Equality Scheme

Approved by Trust Board: Oct 10
Date for Review: Apr 13

Putting patients first

Index

Foreword

FOREWORD

The duty to promote gender equality arose at a time when we were experiencing large-scale service modernization, and the drive to improve performance, openness and accountability was, and is, rapidly changing the way we work. However, we feel it is a positive move and welcome this opportunity to review and implement the Gender Equality Scheme which will help us achieve our vision of being known as one of the top ten hospital trusts in the country by providing patient focused health services for the people of Kent, and particularly for those who are most vulnerable. The following scheme therefore aims to ensure that we live up to the Trust's stated values by celebrating diversity and by giving all individuals within our community the full opportunity to benefit from our services and be included in the employment opportunities we provide.

Nic Wells   Stuart Bain
Chairman, EKHU NHS FT   Chief Executive, EKHU NHS FT

1. Introduction

The Sex Discrimination Act (SDA) 1975 has been amended by The Equality Act of 2006, and has been extended to cover all public functions. The Act places a statutory duty on all public authorities when carrying out their functions, to have due regard to the need to:

- Promote equality of opportunity between men and women.
- Eliminate discrimination and harassment that is unlawful under the SDA and in relation to employment and vocational training, eliminate discrimination and harassment against transgender individuals.

This general duty came into effect on 6 April 2007. The Equality Bill (published in April 2009 and expected to become law in 2010) also has a number of key elements relevant to Gender:

- Extending the "*protected characteristics*" to include gender and gender reassignment; and
- Strengthening the use of "*positive action"* by allowing its use to alleviate disadvantage by those with a shared protected characteristic, giving the Trust as both employer and service provider greater freedoms to address disadvantage and under-representation.

This Gender Equality Scheme will show how East Kent Hospitals NHS University Foundation Trust (EKHU NHS FT) meets this general duty along with the more specific duties of:

- Identification of its functions and policies, or proposed policies which the organisation has assessed as relevant to its performance of the duty imposed by the SDA 1975 as amended by The Equality Act of 2006 (see Appendix A and B);
- Consultating with staff, patients and stakeholders to identify gender equality objectives and the actions needed to meet them;
- Reportinhg against the Scheme every year and reviewing it at least every 3 years; and
- Stating the organisation's arrangements for –
  • assessing and consulting on the likely impact of its proposed policies on the promotion of gender equality;
  • monitoring its policies for any adverse impact on the promotion of gender equality;
  • publishing the results of assessments, consultation and monitoring;
  • ensuring public access to information and services which it provides; and
  • training staff in connection with the duties imposed by the SDA 1975 as amended by The Equality Act of 2006

EKHU NHS FT recognises that promoting equality will improve public services for everyone. Our aim, therefore, is to make equality a central part of the way the Trust works by putting it at the centre of policy making, service delivery, regulation, enforcement, and employment practice. We also aim to give priority to those most in need and to work to help people overcome

disadvantage, as recognised in the organizational mission statement. Our Gender Equality Scheme therefore aims to ensure that all groups and individuals within the community are given full opportunity to benefit from the service and job opportunities we provide. This idea of fairness is at the heart of the NHS and is enshrined in the fist principle of the NHS Constitution "*The NHS provides a comprehensive service, available to all irrespective of gender………. It has a duty to each and every individual that it serves and must respect their human rights. At the same time it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.*"

EKHU NHS FT has developed a set of Values in order to influence the organizational culture. These Values support the need for all staff to put the specific needs of all patients first, act professionally, fairly, sensitively and in a way which promotes equality of opportunity for all and celebrates the diversity of both staff and patients. Under the specific duty of the Equality Act 2006 the Trust prepared and published a Gender Equality Scheme by 30th April 2007, showing how we intended to fulfill the general and specific duties and setting out our gender equality objectives. This Scheme was reviewed in 2010 and now sets out how we plan to continue to meet the general and other specific duties to promote gender equality.

2. What does this mean?

This Gender Equality Scheme is effectively a strategy and action plan. It summarises our approach to gender equality and our corporate objectives. It includes details of how we plan to meet each part of the duties, that is, our arrangements for assessing, consulting, monitoring and training. Our Gender Equality Scheme aims to ensure that all groups and individuals within the community are given full opportunity to benefit from the service and job opportunities we provide.

This work needs to be seen as part of the mainstream business function of the organization and for this reason it is important that gender equality issues are considered as part of the business planning processes. We aim to ensure that Gender Equality becomes a central part of the Trust's policies, procedures and decision making processes by:

- Including activity and improvement in this area in objective setting for senior managers and clinicians; and

- Developing clear staff training and awareness raising programmes.

In addition we will act to eliminate direct, indirect discrimination and institutional inequality through:

- Regular monitoring and assessment of gender information in relation to patients and staff;

- Clear policies on harassment, equalities, grievances etc;

- Zero tolerance of all forms of harassment against staff and patients; and

- Examining processes, systems and structures of the organisation.

We will also ensure we meet the diverse needs of the community we serve and promote good relations between staff by:

- Introducing diversity training at all levels in the organization. This has been embedded in all courses delivered by EKHU NHS FT and all staff are required to carry out on-line mandatory diversity training. The national Staff Survey results in 2009 put EKHU NHS FT as a high performer in this area.

Developing links with the local community and voluntary groups as well as valuing the diversity of our patients and staff is a key requirement of the Trust's strategy, along with ensuring that services are accessible by all. This scheme will outline the assessment method by which all policies will be considered for their relevance to gender equality and set out a timescaled action plan for improvements in service equality where inequities are found or are suspected to exist. Nationally the links have been made between the service involvement agenda and the Gender Equality Scheme and the Trust will ensure that it considers activities flowing from this agenda in areas such as:

- Planning and Service Development. In planning our services we aim to listen to the views of all sections of the community, especially those whose voices are sometimes not heard. We will treat all users of our services with respect and dignity and try to provide services that are appropriate to any special needs they may have;

- Clinical Governance and risk management;

- Research and Development;

- Reduction of health inequalities;

- The NHS Performance assessment framework;

- Information for Health;

- Patient and Public Involvement; and

- Developing partnerships.

Our commitment to promoting gender equality should be plain to our staff, and to the general public, as well as to audit or inspection teams who will need to assess our response to our duties under the Act (The Care Quality Commission will be responsible for validating compliance with the Act as part of their annual reviews). The successful delivery of the first Gender Equality Scheme targets were the foundation upon which our future work in this area will be developed and monitored.

These were to:

- Establish gender monitoring systems for service users and staff and ensure diversity aware service and employment provision;

- Identify those groups of service users and staff for whom benefits could accrue if specific developments took place and identify plans in these areas;

- Review all existing and new policies to ensure they are not having an adverse impact on people with disabilities;

- Review our communication strategies to ensure equal access to services and employment; and

- Deliver the action plan included in the previous Gender Equality Scheme.

3. How stakeholders have been involved in Developing the Scheme

The Trust has existing mechanisms in place to involve and consult with staff and service users. This Gender Equality Scheme is subject to extensive and ongoing review in partnership with our service users. A draft of this document was circulated to the Trust Gay, Lesbian, Bi-sexual and Transgender staff support group for input and comment. The same group also helped develop the guidelines prepared for mangers on working and inter-acting with transgender individuals. In addition a draft of this review of the Gender Equality Scheme was also sent to the *Gender Trust,* a national group who support those affected by gender identity issues, for comment and input. The Scheme was also discussed with the local Staff Committee and approved at Board level. To achieve all its objectives the Trust recognizes the importance of working in partnership with its stakeholders. In particular it works closely with local Primary Care and Mental Health Trusts as well as the local Higher Educational Institutions and Deaneries to ensure that its approach to all issues, including gender equality, is aligned across all these organisations

The Trust regards consultation and involvement on a new or existing policy or service as both fundamental and vital to the ongoing development of the Trust's policy development and evaluation process. Both in general terms and in relation to this Gender Equality Scheme the Trust will aim to ensure that our consultation and involvement is:

- Meaningful: service users to form a genuine part of the decision-making process;

- Representative: based upon a proper cross-section of views as to whether the policy is likely to have a differential impact by gender – this will link to the equality impact assessment process within the organization; and

- Effective: having a genuine impact on the day to day business of the Trust.

In order to determine the impact of Trust policies and service delivery on gender issues a robust gender profile of service users will be collected.

This will be done by analysing existing data on service user needs, satisfaction and outcomes by gender, and ensuring all future information is collated by gender.

This will include:-
- National patient survey data;
- Local patient survey data;
- Complaints; and
- Service user profiles.

A service user action plan will be developed to improve hospital services and to ensure a regular involvement is maintained for all service improvement plans for the future. The Gender Equality Action Plans (see Appendices A and B) will be monitored through the Trust's Equality, Diversity and Human Rights Steering Group. In addition The Trust Board has discussed and approved this Gender Equality Scheme, which will need further review in 2013.

4.   Equality Impact Assessments

At East Kent Hospitals NHS Trust we need to understand whether our services are meeting everyone's needs and that people who need our services have access to them. To help us to do this we will carry out an Equality Impact Assessment (see Appendix C details).

What are Equality Impact Assessments?

An Equality Impact Assessment (EIA) is a way of deciding whether an existing or proposed policy, procedure, practice or service does (or may) affect people differently, and if so, whether it affects them in an adverse way(see Appendix D for list of completed EIAs).

EKHU NHS FT plans to carry out EIAs on all revised policies and services during 2010 to 2013. Assessments will also be carried out on new policies (see Appendix E for list of policies) and services (see Appendix F for list of functions), as they are developed and over time on all other existing policies and services. These assessments will be available on the Trust web-site for input and comment. Gender and transsexual issues will be considered alongside other equality issues such as race and disability and will involve key stakeholders. All policies and Business Cases approved within EKHT are required to have been audited against the duty to promote Gender Equality. In addition the authors are required to indicate how data on gender has been used in the production of the policy and state how the policy/business case will contribute to the provision of diversity sensitive care.

This scheme will be made available to all staff and public who request a copy. A brief on the progress against the scheme will be published in the Annual

report of the Trust Board. Regular updates will appear in the Staff Newsletter HOSPITAL LIFE

5. Mapping

It is essential to have some idea of how we currently performing on gender equality in order to inform our Gender Equality Scheme. This is done by mapping our current performance areas and identifying further actions for improvement. (see Appendix C and D). It is however not only the material aspect that has to be addressed but also the culture and attitude.

6.   The General Duty to Eliminate Unlawful Discrimination and Harassment

In EKHU NHS FT no service user/carer or potential service user, employee or job applicant will be unfairly discriminated against or receive less favourable treatment on grounds of gender.

We will ensure this by recognizing the different needs, patterns and attitudes of men and women when accessing health services. Methods of access and service provision will be monitored to ensure that these differences are recognized and changes made to positively address any gender discrimination issues. The gender of all patients is recorded and access to services and the outcomes of such interventions are monitored by gender and reported to the Board every year

This work will be further progressed working closely with service users. A multifaceted approach will be used to reflect and include the diverse needs of the local population. This is reflected in the content of customer care training which teaches staff to identify patient and carer needs on an individual basis as well as deal with unusual situations which may arise as a result of the diverse nature of patients and their needs. All Trust staff are required to carry out Equality and Diversity training

The Trust has a specific Women's Health Directorate and a privacy and dignity project which deal with gender issues arising from clinical need and the hotel facilities provided to patients. Services based largely around the needs of specific genders are however also designed to be flexible enough to cater for patients who are not of that gender (e.g. urology and breast screening). Patient complaints about gender issues will be dealt with through existing procedures where appropriate (i.e.NHS complaints policy). Where a complaint is not covered by these policies they may be addressed to the Chief Executive who will arrange for investigation. An annual summary of all complaints in relation to the Gender Equality Scheme will be provided to the Board.

Though the gender of service users is recorded on the Patient Administration System and analysed, currently there is no facility to record transgender patients. This issue has however been taken up with the software provider. Local population and Census figures are also used to ensure access to

services and clinical outcomes are not effected by gender. Investment has also been provided by the Trust to develop gender specific services. In 2009 and 2010 midwifery delivered birthing units were opened on an extra two sites to provide women in Ashford and Margate with more choice and in 2010 the breast screening service was selected as the beneficiary of a major Trust charity fundraising drive. All national and local patient surveys collect information by gender and all genders are actively engaged as part of service specific user groups. The database of all local interest groups is also used to try to engage with gender specific elements of the population in order to consult on important issues and positive action has been taken to ensure the gender diversity of our FT membership is more reflective of our local population. Independent business partners of EKHU NHS FT are also required to comply with gender equality in all they do through the contract they enter into with the Trust.

In order to comply with the employment aspects of the gender equality duty the Trust ensures that discrimination and harassment in employment practices are eliminated and actively promotes gender equality in the workplace. The methodology involves the collecting and analysing of data, the development and implementation of an action plan and monitoring outcomes to inform future action. These are reflected in Appendix B. In addition the Trust has published an Equal Pay statement:

"East Kent Hospitals University NHS Foundation Trust is an equal opportunities employer and, as such, is committed to the principle of equal pay in employment".

In addition the Trust has established, with staff committee, a system for Equal Pay reviews to take place every three years within the organisation.   The Trust believes that its male and female workers should receive equal pay for like work, work rated as equivalent or work of equal value and in order to achieve this will endeavour to maintain a pay system that is transparent, based on objective criteria and free from bias.

The Trust will:

- On an ongoing basis, monitor all of its pay practices, including those for workers in non-standard employment and those absent on maternity leave;

- Provide information to workers on the Trust's pay policies;

- Ensure that workers are informed about how their own pay is calculated;

- Provide suitable training and guidance for those members of staff involved in decisions relating to pay and benefits: and

- Consult with workers, their representatives or trade unions on the Trust's equal pay policy where appropriate.

The NHS has already taken some action to address the pay gap in the form of Agenda for Change which aims to bring fairer pay to non-medical staff in the NHS, including women. The new pay system ensures fair pay and a clearer system for career progression. Staff are paid on the basis of the jobs they are doing and the skills and knowledge they apply to these jobs. The system is underpinned by a job evaluation scheme specifically designed for the NHS. Equal Pay reviews will be undertaken by the organisation every three years. Guidelines for managers and staff have also been provided on supporting transgender people in the workplace. We also encourage job applications from all sections of the community, particularly those who are under represented in our workforce. In addition:

- We select employees on merit alone, being flexible to meet the requirements of internal redeployment issues;

- We will try to be flexible employers by recognising the practical, caring and developmental needs of our staff, as long as we can meet the needs of our service users;

- Everyone is entitled to dignity and respect. We expect all our employees to work to create a positive climate in the workplace. We will not tolerate harassment, bullying or discrimination of any kind. Complaints will be treated very seriously and may be investigated under the disciplinary procedure. The Trust has an Equality Policy and Dignity at Work Policy which includes zero tolerance to discrimination and harassment;

- We aim to ensure that our employment terms and conditions are applied fairly to all employees, comply with all relevant legislation and match the codes of good practice;

- We want all our employees to achieve their potential and expect managers to encourage all their staff through training and development opportunities; and

- Every year a report published at a Board meeting will also show the results of the monitoring process, for the following;

  - Applicants for employment, interview, short-listing and employment;

  - The gender composition of the workforce (this is also published in the Annual Report);

  - Received training, appraisals and mentoring;

  - Subject to capability procedures;

  - Involved in grievances, dignity at work procedures and Employment Tribunals;

  - Pay Bands;

  - Promotion;

- Subject to disciplinary procedures;

- Leaving the Trust; and

- Sickness Absence.

Though the Trust has had an equal opportunities policy for some time, we also recognise that this has not always resulted in demonstrable actions that support the organisation becoming a truly diverse employer as there are barriers that prevent some people participating equally in delivering services. These specific issues are however addressed within the associated action plan.

Trust's policies and procedures relevant to the Elimination of Unlawful Discrimination and Harassment

Sickness Absence and Redeployment Policy – Sickness absence rates and redeployment of staff is monitored by gender and reported.

Incidents of violence and aggression towards staff - These are currently monitored through non-clinical incident reporting and the staff survey. The Trust also prosecutes members of the public who assault or harass staff

Dignity at Work Policy, Grievance Procedure, Capability Procedure and Disciplinary procedure. Actions taken under these procedures are also monitored by gender. Details are collected and held centrally by Human Resources and are reported on annually. This information will be used to help to identify any inequalities in the use of the procedures and sanctions taken within them. The Trust also has a number of ACAS trained mediators available in the workplace.

Procedure for banding requests and Advancement to Agenda for Change– Applications for regrading requests and variations to AfC and their agreement are monitored by gender. The grading and pay panel are responsible for ensuring this information is kept up to date and reported on a regular basis.

Procedure for the allocation of discretionary points – Applications and allocations of points are monitored by gender. This information is made available to the Governance Committee and Board when agreeing the allocation committee's recommendations. The Discretionary points panel for Medical staff has been trained in equal opportunities to ensure panel members are sensitive to the issues. Training will be provided to new members, when appointed, at refresher training provided when necessary.

7.   The General Duty to Promote Equality of Opportunity between Men and Women

The Equality Act sets out this duty which must be addressed in Gender Equality Schemes. These are aimed at providing a framework for measuring the progress of equality of opportunity within public sector employment and

service delivery which must also be published annually. In compliance with the employment based duty the Trust has already put in place a system to monitor by gender all existing staff and all applications for jobs and promotions as well as other relevant measures (see pages 11 and 12 above for details).

The monitoring of such data will allow us to identify any patterns of inequality and then to take any necessary action to remove barriers and promote equality of opportunity. This will require sensitive yet realistic consideration, as the data revealed by such monitoring may be explained by a number of factors some of which may be beyond the influence of the Trust. However, we will always ensure, as a first step, that all Human Resources procedures are examined closely to find out where and how barriers may be inhibiting equality of opportunity and then consider what changes, if any, can be introduced to address this.

We encourage job applications in our published adverts from all sections of the community, particularly those who are under represented in our workforce. We will undertake an impact assessment on the strategies, policies and business cases of the Trust in order to assess their impact on gender equality. We select employees on merit alone, being flexible to meet the requirements of internal redeployment issues. In line with best practice the equalities monitoring forms are removed and not available for the selection process. We will try to be a flexible employer by recognising the practical, caring and developmental needs of our staff, as long as we can meet the needs of our service users. This is implemented via our Flexible Working Policy and monitored annually through the Staff Survey.

Everyone is entitled to dignity and respect. We expect all our employees to work to create a positive climate in the workplace. We will not tolerate harassment, bullying or discrimination of any kind. Complaints will be treated very seriously and may be investigated under the disciplinary procedure. We also aim to ensure that our employment terms and conditions are applied fairly to all employees, comply with all relevant legislation and match the codes of good practice recommended by the Equal Opportunities Commission. We want all our employees to achieve their potential and expect managers to encourage all their staff through training and development opportunities. Patients are also given the opportunity to determine the timing and location of their treatment; this therefore provides a more personalised service for all patients and allows for any consideration of specific gender issues.

Where monitoring reveals that current policies, practices and procedures have an adverse impact on equality of opportunity, but are not actually causing unlawful discrimination, we will also consider implementing changes to address any adverse impact.

Results of any monitoring and actions taken to address areas of concern will be reported annually to the Trust Board and will be communicated to the staff and public through the Annual Report of the Trust Board. Regular articles will also be published in the Trust's newsletter and information will be provided on the Trust's Intranet site.

The Trust gathers data on recruitment applications by gender. As at 2010 c70% of applications to the Trust are from females whilst the numbers of offers are consistently around c65% female, we therefore recruit roughly in proportion to the applications received. As at the beginning of FY 2010 78% of the workforce is female, compared to 77% reported in the Annual Workforce Review of June 2006. Clearly the workforce is disproportionately female in relation to the local population, although this is reflected throughout the NHS. The workforce appears to also be becoming slightly more female.

Figures show that c93% of qualified nurses are female, whereas only 36% of doctors are female. However the proportion of female doctors is increasing (from 30% in June 2006 and 33% in 2007).

Total workforce by occupation and sex (all figures below refer to 2010)

Occupation Group	Female	Male
Admin & Estates	81%	19%
HCA & other Support	81%	19%
Medical & Dental	36%	64%
Nursing & Midwifery	93%	7%
Scientists, Therapists & Techs	81%	19%
Healthcare Scientists	69%	31%

There are several areas where male staff are over-represented compared to their occurrence in the total non-medical workforce, specifically Administration and Estates staff at Band 8 + and Scientists, Therapists and Technicians at Band at 8+. In the Band 8 + group across the Trust a higher percentage of the group are male, this could suggest that men have better opportunities for promotion. Males are also over–represented in all the Band 5-7 groups apart from Nursing, Scientists, Therapists and Technicians.

64% of all medical staff are male compared to 22% of the total workforce, 78% of Consultants and 68% of SAS grades are male (though this measure is becoming more representative as in 2007 the figures were 80% and 75% respectively). In 2007 58% of Doctors in Training were male, in 2010 this figure had fallen to 52%. This suggests a continued improvement in access for women to medical training within the Trust; this is also being reflected in consultant appointments within the Trust. All the National Staff survey results are reported by demographic groups across the key indicators. This has revealed some interesting differences, with more women taking advantage of flexible working options than men, and more women have received job relevant training than men in the last year. In the past significantly more women reported suffering work related stress in the previous year and experiencing physical violence and bullying and harassment from patients/relatives in the previous 12 months. These gender differences have however now been reduced. Further analysis will be undertaken in future in this area to understand whether this bias relates to professional group rather than gender. Actions to address areas of concern in the staff survey are addressed by Directorate specific action plans.

Trust's policies and procedures relevant to the Promotion of Equality of Opportunity between Men and Women

Policy for Diversity and Equality – This is reviewed regularly with staff committee.

Dignity at Work Policy, Grievance Procedure, Capability Procedure, Disciplinary procedure – Actions taken under these procedures will be monitored by gender. Details are collected and held centrally by Human Resources and are reported on annually. This information will be used to help to identify any inequalities in the use of the procedures and sanctions taken within them. The Trust also has a number of ACAS trained mediators available in the workplace.

Performance Appraisal – This is monitored by the directorates as it is a devolved function. Performance appraisal targets are set for each area at 100% and the outcome of appraisal does not lead to any financial benefit except where an individual is being assessed against a KSF gateway. Staff passing through these gateways will be monitored by gender. This appraisal and personal development process also requires staff to exhibit their knowledge of equality issues. Where appraisal in a directorate or department is under 100% the senior manager in the area is asked to provide monitoring information on those who have had and have not had a performance appraisal in the last 12 months. The information will be reported annually as part of the Trust's report on equality issues. This information is also reported as part of the Annual Trust Staff Survey

Guidelines for managers on transgender workers and patients – Guidelines have been written and are available for managers on supporting transgender employees and patients, in particular those undergoing gender reassignment. These guidelines have been shared with the Gay, Lesbian, Bisexual, Transgender Group for comments.

**8.	Specific Duties**

Our Action Plans and Timetables

The action plan is attached this will be agreed with the Staff Committee, the Gay, Lesbian, Bi-sexual and Transgender Staff support Group and the *Gender Trust.* The effects of the plan will be reviewed by the Trust Board annually though it is accepted by the Trust that this Scheme will need a mechanism for more regular review to ensure that it is meeting the strategic aims it set out to achieve and this will be carried out by the Equality, Diversity and Human Rights Steering Group.

Our Gender Equality Indicators

In the first year the gender equality indicators focused on establishing systems rather than monitoring outcomes. Progress was made by achieving:

> • All staff receiving request to provide gender origin details as part of an employment census; and

• 100% gender recorded in new patient records.

From 2005 the following services were prioritised for review. This monitoring process determined use of the service by equality groups and compared this to population figures to ensure that services are provided effectively to all our communities. The use of complaints information was to ensure all groups are equally satisfied with the service. In addition, clinical outcomes for equality groups were also monitored. The services were and are monitored to ensure they meet the different needs of our patients. If it is found that one of our services is not catering for the needs of a certain gender group, EKHU NHS FT will amend the service to ensure that it eliminates unlawful gender discrimination. This is the process, by which the Trust considers evidence that any functions or policies are having a disparate impact, or causing discrimination or public concern against any Gender group:

- Coronary Heart Disease
- Diabetes
- Child and Adolescent Mental Health Services (CAMHS)
- Child Development
- Infertility
- Obstetrics
- Foetal Medicine.

In 2006 the following services and policies were assessed against the requirements of the Equality Act 2006:

- Acute Medicine
- A & E
- Cancer, Haemophilia (including Sickle Cell) and Clinical Haematology
- Specialty Medicine (not cardiology or Diabetes, though includes Angiography and Angioplasty as a new service) including Renal, Hepatitis C, Tuberculosis, Stroke and Thalassaemia
- Rehabilitation and Intermediate Care
- Women's Health (excluding Obstetrics)
- Radiology and Nuclear Medicine.

In 2007 the following services and policies were assessed against the requirements of the Equality Act 2006.

- General Surgery (include Vascular as a new service)
- Head & Neck (include vitreous-retinal as a new service)
- T & O
- Anaesthesia and Day Surgery
- Pharmacy
- Pathology
- Child Health (not Child Development or CAMHS)

The process was then undertaken all over again, so that all clinical services are reviewed on a 3 yearly basis. The reports from this monitoring were all discussed by the Trust Board, as was the results of the employee monitoring described on p.11 and 12 above

Monitoring

The Trust Board will monitor the implementation of the equality action plans. The results of the monitoring will be shared widely with partners, staff and service users on the extranet. Staff and service users will be involved in monitoring to ensure objectivity.

Responsibilities for Equality and Diversity
Equality Leads

The Trust Executive lead for Equality and Human Rights is the Director of Human Resources and Corporate Affairs. The Trust employs an Equality and Human Rights Manager to manage all Equality Scheme Action Plans and deal with day to day equality issues.

Equality, Diversity and Human Rights Steering Group

The Trust's Equality, Diversity and Human Rights Steering Group meets every two months and is chaired by the Director of Human Resources and Corporate Affairs. Membership is drawn from all directorates and includes the Chairs of Staff networks/groups.

The key purposes of the group as outlined in its terms of reference are as follows (see Appendix G for details):

> • The group will provide leadership to the achievement of equality of opportunity in employment and service provision within EKHU NHS FT by:
> • Recruiting, developing and retaining a workforce that is able to deliver high quality services that are fair, accessible, appropriate and responsive to the diverse needs of the different groups and individuals.
> • Being a good employer that achieves equality of opportunity and fair outcomes for staff in the workplace.
> • Board reports on workforce and service equality, diversity and human rights issues will be approved by this group
> • Positively influencing and using its resources as an employer to make a difference to the life opportunities and health of the local community, especially those who are disadvantaged for whatever reason.
> • Ensuring that all services are delivered in a way that is sensitive to individual needs (e.g. religious, disability, gender, age, sexuality and physical characteristics)
> • Identify and secure dedicated resources for addressing Equality and Diversity issues across the Trust
> • Mainstream the Trust Equality and Diversity Policy in all work
> • The implementation and monitoring of all Equality Schemes

Trust staff

All staff are required to undergo training in Diversity and Equality at least once every five years. This training is regularly updated to take account of

developments in the field. This training highlights their specific and general duties. This training is monitored to ensure compliance. The results of the annual staff survey show that EKHU NHS FT is nationally a high performer in this area.

Equality and Human Rights Governance Arrangements
Risk Management and Governance Group

The Equality, Diversity and Human Rights Steering Group will present the following to the Risk Management and Governance Group.

- The current rolling Equality, Diversity and Human Rights action plan with progress to-date; and
- The current EIA register.

Trust Board

The Steering Group presents to the Trust Board Annual Equality Reports covering employment and service issues including progress against Equality Schemes. In addition all Equality Schemes are approved by the Board.

Consultation

Changes to the plan will be consulted on with groups representing service users and the staff consultative committee as well as the Gay, Lesbian, Bi-sexual and Transgender Staff Support Group

Publication and Dissemination

This scheme will be made available to all staff and public who request a copy. A brief on the progress against the scheme will be published in the Annual report of the Trust Board. All impact assessments of services and policies will be available to staff and the public on the web site. The annual, Board approved, monitoring reports in terms of both employment and service provision will also be published on the Trust web site. The HOSPITAL LIFE newsletter will also contain articles providing information on Trust equality initiatives and the publication of the Annual Staff Survey results will also provide further evidence.

The Relevant Functions of the Trust

These are listed at Appendix F. These services will be reviewed every three years to ensure: unlawful discrimination is eliminated; they promote equality of opportunity and good gender relations. For a list of associated policies relevant to the Gender Equality Duty please also see Appendix E. All these services and policies are subject to gender monitoring and Equality Impact Assessments which are all available on the Trust web-site for information and public input

Director of Human Resources
Aug 2010

Service User Action Plan

Task	Outcome	Date	Lead
Training for the Trust Board on their specific responsibilities in terms of Equality, Diversity and Human Rights	Improved and more responsive service provision	Oct 10	Dir of HR & CA
Provide the annual Equality Review of service provision to the Trust Board	Understanding of any gender equality issues in service delivery	Nov 10	Dir of HR & CA
Publish all E,D & HR SG Mins on the Trust web-site	Better public and staff understanding of our work	Dec 10	E&D Man
Improve Privacy and Dignity for all patients throughout the hospitals	Improved service user experience	Dec 10	Nurse Project Man (Quality)
Ensure all new patient surveys are assessed by gender and resolve any issues	Improved service user experience	Dec 10	Head of Risk and Governance
Provide training to managers on completion of EIAs	Improved EIAs	Mar 11	E&D Man
Amend EIAs to prompt assessors to consider impacts on transgender groups	Improved EIAs	Mar 11	Dir of HR & CA
Enhance local engagement with groups who can be consulted on gender issues	Improved involvement	Mar 11	Pub/Pat Involvement Lead
Improve ability to monitor service use and clinical outcomes	Improved monitoring	Mar 11	Dir of HR & CA

for transgender patients			

Employment Action Plan

Task	Outcome	Date	Lead
Conduct and Publish an Equal Pay Review for all staff	Compliance with SDA	Jan 11	Head of Corporate HR
Raise awareness of internal mediation service	Better treatment of Staff	Jan 11	Head of Corporate HR
Provide the annual Equality Review of workforce to the Trust Board. Include staff on maternity as a category	Understanding of any gender equality employment issues	Mar 11	Head of HR
Identify any possible barriers to career progression to Band 8 for female employees	Improved senior AfC career opportunities for female staff	Mar 11	Head of HR
Enhance support to the GLBT staff group	Enhance effectiveness of staff support groups	Mar 11	Head of HR
Try to get national ESR group to include Transgender as a field on the NHS workforce system	Better monitoring capability of gender issues	Mar 11	Head of Workforce Information
Improve performance in terms of bullying and harassment of staff	Improved staff morale and less discrimination	Mar 11	Dir of HR & CA
Continue to train staff on interview panels in equality and diversity issues	Fairer selection	Mar 11	Head of Employee Services
Use recruitment strategies that support local employment needs	Workforce reflect of the local population	Mar 11	Head of Employee Services

Carry out annual Staff Surveys and act on the results	Better treatment of staff	Mar 11	Head of HR
Consult with staff side representatives on employment policies	Better treatment of staff	Mar 11	Head of Corporate HR
Carry out 6 monthly appraisals and PDPs with staff	Better treatment of staff	Mar 11	Head of Training Development and Business Partnering

Equality Impact Assessment

When to do an Equality Impact Assessment (EIA)

You should produce a written Equality Impact Assessment as you produce and review all new policies, strategies, functions and business cases. This must be completed using the attached Trust documentation and be submitted to the PA to the HR Director for monitoring and comment by the Equality, Diversity and Human Rights Steering Group.

How to do a Equality Impact Assessment

You should use the EIA Screening form to help you, increasing the size of the boxes where appropriate.

Stage 1: Screening

You should work on the assumption that all proposed policies, strategies, functions and business cases are relevant to the Equality duties, (ethnicity, disability, religion, age, gender, language and sexuality) until you have had a chance to screen them.

Any changes you make to a policy, strategy, function or business case should also be screened, to see if they have implications for meeting the duty.

Proposals specifically designed to tackle evidence of racial disadvantage or potential discrimination, as revealed through monitoring, should not need to be screened or assessed for their relevance to the race equality duty.

In some instances, where it is clear that a proposed policy, strategy, function or business case is unlikely to be relevant to the duty to promote equality, the screening stage should be relatively brief. In other cases, you will save yourself time in the long run if you approach the screening stage methodically and screen the proposal as thoroughly as possible.

To work out if a proposal is relevant to the Equality duties, you will find it useful to work through the three stages described below and to consider all the questions listed at each stage.

Identify main aims of the policy

It is vital to begin the assessment process with a clear understanding of the policy, strategy, function or business case you want to develop.

Your answers to the following questions should help you to consider your proposals within a wider context, and provide the terms of reference for the assessment.

Checklist - main aims of the policy

What is the purpose of the proposed policy, strategy (or the changes you want to make), function or business case?

What are you trying to achieve through the proposed policy, strategy, function or business case and why?

Who is intended to benefit from the proposals, and how? Who else may be effected?

Are there associated aims of the proposals? What are they?

Is responsibility for the proposed policy, strategy, function or business case shared with another department or authority or organisation? If so, what responsibility, and which bodies? You should make every effort to involve

partners or collaborators in the screening process, and in any subsequent assessments. In situations where your plans involve working in partnership with another public authority or contracting implementation of the proposals out to another organisation, you will find the Equalities Commission guidance on partnerships and procurement useful.

Collect information
It is important to have as much up-to-date and reliable information as possible about the different groups the proposed policy, strategy, function or business case is likely to affect.

The information you will need will depend on the nature of the proposals.

Sparse information will make it more difficult to assess the likely impact of your proposals on service users and staff, but this should not stop you from using the available material to draw provisional inferences. At the same time, you could commission a one-off study or survey, or hold informal consultation exercises, to supplement the available statistical and qualitative data.

You will find the following types of information useful:

Demographic data and other statistics, including census findings

Recent research findings, including studies of deprivation

The results of consultations or recent surveys

The results of equality monitoring data, from your authority and other authorities

Information from groups and agencies directly in touch with particular groups in the communities you serve, for example qualitative studies by trade unions and voluntary and community organisations

Comparisons between your policies and similar policies in other departments, or authorities

Analysis of records of public enquiries about your services or policies, or complaints about them

Analysis of complaints of discrimination by your authority in employment or service delivery

Recommendations of inspection and audit reports and reviews, such as 'best value'

Decide if the policy, strategy, function or business case is relevant

You should now be in a position to judge whether the proposal is relevant to the Equality duties, and how relevant it is likely to be. The following questions will help you to focus on the main issues.

Checklist – decide if the policy, strategy, function or business case is relevant
Will the proposals involve, or have consequences for, the people your service serves or employs?

Could these consequences differ according to people's groups, for example, because they have particular needs, experiences or priorities?

Is there any reason to believe that people could be affected differently by the proposals, according to their racial, nationality, disability, religious, age, gender, language or sexuality group, for example in terms of access to a service, or the ability to take advantage of proposed opportunities?

Is there any evidence that any part of the proposals could discriminate unlawfully, directly or indirectly, against people from some groups?

Is there any evidence that people from some groups may have different expectations of the proposals in question?

Is the proposed policy, strategy, function or business case likely to affect relations between certain groups, for example because it is seen as favouring a particular group or denying opportunities to another?

Is the proposed policy, strategy, function or business case likely to damage relations between any particular group (or groups) and your authority?

If you have answered 'yes' to any of these questions, the proposed policy will be relevant to your responsibilities under the Equality duty, and you should carry out a full assessment of the effects your proposals are likely to have on people from different groups.

If you decide the proposed policy is not relevant to the organisational duty to, not discriminate against people, promote good relations between different groups and support equal opportunities you should make sure this decision is noted and approved by your CSM or Clinical Director. This should help in the event that you are challenged at any stage about how you have met the **Equality duty.**

If you decide that the proposed policy is relevant, you may also find it useful at this stage to decide how far short your proposed policy, strategy, function or business case is to meeting each part of the Equality duties, so that you can build the time and resources needed for the full assessment into the timetable for developing the proposals.

The screening process may only produce rough estimates of the different ways your proposals are likely to affect people from different groups – these may be positive, neutral or negative – but you should have enough information at this stage to decide what weight the assessment should have in the development of the policy.

Equality Impact Assessments

Stage 1 Screening

Type of Component (policy, procedure or strategy) Please do a separate one for each document – but if it interlinks with or has an impact on another component, do them together) Version: State if new or is planned Author(s): If responsibility is shared with internal/external partners please state	Component: Version Authors: Date Created: Next Review:
PHASE 1 – Initial Screening for Relevance **Summary of aims** (consider any proposed changes to be made to an existing component**.** Ask why it is needed) **Summary of Objectives and Outcomes** ((consider what it will achieve, how it will be applied, and by whom, who are the beneficiaries and how will they benefit. Who else may be affected)	Aim: Objectives: Outcomes:
PHASE 2 – Collect Information Evidence could be equalities monitoring, public health evidence, complaints, consultations, patient feedback, research, national data etc	Evidence used to establish relevance and a brief summary of what evidence tells us:-
PHASE 3 – Decide if the policy is relevant **Confirming if component is relevant or not relevant to Equalities Duties – ethnicity, disability, religion, age, gender, sexuality-**	Tick appropriately A) COMPONENT HAS RELEVANCE TO EQUALITIES - Proceed to Full Assessment ' B) COMPONENT HAS NO RELEVANCE TO EQUALITIES (sign off and process ends here) ' Clinical Director/CSM Sign off and Date:- Send to PA to HR Director

How to do a Full Equality Impact Assessment
Write a report using the sub headings detailed below

Stage 2: Full assessment
A full assessment involves interrogating all aspects of your proposed policy, strategy, function or business case through the filter of the Equality duties, and forecasting its likely effects on different groups.
The process is no different from the methods you normally use to frame a policy, validate its proposals and estimate its effectiveness.
It is important to remember that doing an Equality Impact Assessment is not an end in itself, but a means of ensuring that your policy or proposals do not result in unlawful discrimination, and that they promote equal opportunities and good race relations. It should be remembered that not only is this good practice and sound business sense, **it is a legal requirement too.**

Paras 3 - 5. Identify all aims of the policy, strategy or business case
The first step, as at the screening stage, is to be clear about the proposal: Why is it needed? What do you hope to achieve through it? What are EKHT's specific responsibilities? You need to be very clear about the purpose of the proposals, the context within which it will operate (including other policies), the activities, who it is intended to benefit, who else may be affected, who is responsible for implementing it and the results you hope to achieve.

Paras 6 – 8a. Assess likely impact
This stage lies at the heart of the impact assessment process. Your starting point will be any disparities or potential disparities you have identified during the screening process. You now have to make a judgement as to whether these amount to adverse impact. This involves systematically evaluating the proposals against all the information and evidence you have assembled and are using as a benchmark, and making a reasonable judgement as to whether the policy is likely to have significant negative consequences for a particular group (or groups).
If your analysis of the information shows that the disparities between groups for example are statistically significant and not the result of chance, you should first consider whether they could be explained by factors other than race, religion, sex, disability, sexual orientation or age.
If not you should review the proposed policy and consider other options, including measures to mitigate the adverse impact; it is essential that your proposals should not avoidably create or perpetuate inequalities between groups. You may also find that a proposal could have both positive and negative implications for some groups and you may have to balance these before reaching a decision about the likely net overall effects of the policy. If the proposed policy, strategy or business case is likely to be unlawfully discriminatory, you should look for other, non-discriminatory ways of achieving your aims.
You may find that the results of surveys, consultation and qualitative research present a very different picture to the one presented by the quantitative data; for example, some groups may express stronger perceptions of unequal treatment in a survey on prejudice. Remember, you should be able to justify the validity of the evidence you finally use as a basis for deciding how to continue with the policy.

Para 8b- 8c. Consider alternatives
Checklist – consider alternatives
Answering the questions below should help to structure this difficult and decisive stage of the impact assessment process.

Does your assessment show that the proposals could have an adverse impact on some groups? If so, you should look again at the purpose of the policy, strategy, function or business case and the aims you have drawn up for it, to see if you should reconsider your approach.

Are there aspects to your proposals that could be changed, or could you take additional measures, to reduce or remove adverse impact on a particular group, without affecting the proposals overall aims? Could this unintentionally result in disadvantaging another group? Would you be able to justify this, on balance?

How does each proposal option advance or hinder equality of opportunity?

Could the proposals lead to tensions between groups? Are there steps you could take to reduce tensions, resentment or misunderstanding, by explaining the aims of the proposals and showing that it is intended to tackle inequalities, not to create them.

Will the social and economic costs or benefits to the group in question of implementing the option outweigh the costs to you or other groups? What are the net social benefits of implementing each option?

If you decide not to adopt the approach that is best for meeting the duties, what are the consequences for the groups that might be adversely affected as a result, and for your authority? What would be the consequences for you, in law, and in the possible loss of credibility and confidence among some groups? Are you sure you can justify proceeding with an indirectly discriminatory proposal, that is, can you argue convincingly that the purpose and aims of the proposals were necessary and appropriate in order to carry out your functions.

Para 9 - 11. Consider the evidence
The screening stage will have made you aware of the amount of information available about the different groups likely to be affected by the proposals. Your answers to the questions about the main aims of the policy, strategy, function or business case at the screening stage will also have given you a better idea of what further work might be needed, for example by way of research or consultation.

The answers to the questions at this point (and those asked at the screening stage) will help to shape this important stage of the process. It is worth spending time and resources in getting this right, as the information and evidence you gather and prepare will provide a benchmark or point of reference for most of the decisions you will have to make on the proposals in question, and for any justifications of these that you might be asked for. The validity of your assessment will depend on the quality of the information you use which may already be available through other sources.

The aim, ultimately, should be to establish a reliable and extensive database of information on all equality factors, such as age, religion or belief, sex, disability, sexual orientation and racial group, so that you can look at the possible implications of a proposal for, say, young women from a particular racial group, or people with different types of disability who need to observe certain religious customs.

Para 12 - 14. Consult formally

Formal consultation on policy, strategy, function or business case options is one step – an important one – in the process of assessment.

However, consultation should be an on-going process throughout the impact assessment, to inform the decisions you have to make along the way; for example, through the advisory group, focus groups, citizens' juries, staff, trade unions, staff associations, and any consultation network your authority uses.

Whom you consult will be critical. It will affect both the legitimacy of the proposals when they are put into effect, and the trust people feel they can place in you. You should consult people who are directly or indirectly affected by the proposals.

If there is an impression that the consultation is 'token' or that it has been manipulated to win approval for a generally disliked or discredited proposal, the damage to your credibility may be far-reaching. You also run the risk of failing to meet your responsibilities under the Equality duties. Your aim should be to make sure that anyone who is likely to be affected by the proposals, both inside and outside your service, has the opportunity to express his or her views, concerns and suggestions.

Groups that tend to be overlooked in consultations include:

New migrants, including asylum seekers and refugees

Groups that have proved difficult to reach, such as Gypsies and Travellers

People from ethnic minorities living in isolated rural areas

Women, elderly and young people.

Try to use a variety of consultation methods, so that you can accommodate people's different circumstances and preferences. For example, some people may be less inhibited about expressing their views when the meeting is held in the familiar surroundings of a local community centre they use regularly than in the more formal setting of the town hall.

Have you identified all the groups likely to be affected by the proposals, directly and indirectly?

Which organisations and individuals are likely to have a legitimate interest?

What methods of consultation are most likely to succeed in attracting the people you want to reach?

Have other departments or authorities held formal consultations on similar proposals? If so, and if the results are relevant and still up to date, you may be able to consider other methods of consultation, in order to get particular sections of the population more involved, for example by holding separate meeting for particular communities, and also for groups within these communities, such as young people, older people, women, people with disabilities, Gypsies and Travellers, and new migrants, including asylum seekers and refugees.

Have you asked members of the advisory group to carry out consultations in their sectors or areas of expertise?

If your service is in an area with a sizeable multi-ethnic population, and you have a list of 'community representatives' whom you consult, or rely on the same network or panel for all consultations, is the list, network or panel up-to-date? You should take special care not to restrict your consultations to official 'leaders' or 'representatives' of local communities and associations. However, you should certainly use their experience and knowledge to set up direct consultation exercises with different sections of the communities they represent.

If meetings are held have you made sure that they do not clash with religious festivals?
Have previous attempts to consult particular communities been unsuccessful? If so, why, and what can you do to overcome any obstacles?
Have you made resources available (e.g. translations and interpreters) to encourage full participation by groups that have proved hard to reach?

Paras 15 - 16. Decide whether to adopt or change the policy
You should now be in a position to decide whether to adopt the policy, strategy, function or business case.
Your decision will be based on four important factors:
The aims of the proposals
The evidence you have collected
The results of your consultations, formal and informal
The relative merits of alternative approaches.
The Race Relations Act, Age and Sex Discrimination Legislation gives you a duty to have 'due regard' to the need to promote equality. This should mean more than just ticking the right boxes. Equality should be given its proper weight, alongside your other statutory duties. You should make sure your approach is methodical and logical, so that you can keep records of the procedures and justify your decisions at each stage.
The decisions you will have to make will involve careful balancing and may finally represent the best accommodation you can make between conflicting interests. The important point is to make sure you are able to explain the conclusions you reach, particularly where the data can be interpreted in different ways.

Checklist - decide whether to adopt the policy, strategy, function or business case.
You should consider the following question:
Does the assessment show that the proposed policy will have an adverse impact on a particular group (or groups)?
If you are considering proceeding with the proposal, even though you know it is likely to have adverse impact on some groups, you must first satisfy yourself of the following.
If the proposal is directly discriminatory in any of the areas covered by equality legislation – that is, it would lead to people from a particular group (or groups) being treated less favourably than people from other groups – it would be unlawful and should be rejected straightaway. A directly discriminatory policy cannot be justified and you should find other ways of achieving your goals.
If the proposal is indirectly discriminatory, that is, it would disadvantage people from some groups, you may also need to reject it, unless you can justify the policy on grounds that have nothing to do with race, age, sex, disability, belief or sexual orientation. This means you would probably have to show in court that:

- the proposal was necessary in order to carry out your functions
- you were unable to find another way of achieving the aims that had less discriminatory effect

- you believe that the means you have employed to achieve the aims are proportionate, necessary and appropriate.

Make sure you keep a record of your conclusions at each stage of the decision-making process, and bring your conclusions together in this equality impact assessment report.

The report should clearly show the relative weight you have decided to give to each type of evidence: monitoring data, research findings, other statistics, and the results of your consultations (formal and informal). You can then explain the reasons for your decision, and make recommendations on how to put the proposals into practice, including suggestions for training and monitoring.

Paras 17. Make monitoring arrangements

Your assessment of the proposals, and your consultations on it, will have helped you to anticipate its likely effects on different groups but you could pilot the proposals first to see how they affect people.

The policy, strategy, function or business case you finally put into effect may have been revised to take account of some or all of these findings, but you will only know the actual impact once it is in operation. This means you will have to monitor it regularly on an ongoing basis to know what is happening in reality.

The duties includes a requirement to make arrangements to monitor policies, strategies, functions or business cases for any adverse impact, and to publish monitoring reports, and you should make sure your systems are adequate for the purpose. This means that you will have to decide what data is collected, how it will be analysed and who will undertake this monitoring and to what timetable.

Para 18. Publish assessment results

Under the specific duty to produce and publish race, gender and disability equality schemes you must make arrangements for publishing the results of the assessments, consultations and monitoring you have carried out of any policy, strategy, function or business case that is relevant to the Equality duty.

The aim is to be open about the way decisions on policies, strategies, functions and business cases are made, and to be answerable to the public for the decisions that shape the services they receive. The benefits, if the policies, strategies, functions or business cases can be seen to be working equally for everyone, are greater public confidence and trust, particularly among groups whose needs and concerns have been overlooked.

The report you publish on the these equality impact assessments should be a cogent description of the aims of the policy, strategy, function or business case and all the main findings. It should be tailored to the nature and scope of the policy, strategy, function or business case and to their relevance to meeting the Equality duties. A particularly complex set of proposals may require several impact assessments of the discrete policies contained within it, although the reports could be brought together within a single publication.

You may also want to consider publishing brief summary reports on the impact assessments and consultations you have carried out, for example through your annual report, your website or a newsletter (should you have one), and explaining that full reports are available on request.

The published report should be readily available to anyone who requests a copy, and arrangements should be made for providing translations in languages other than English, including Braille, and specially formatted versions and audio tapes, on request. A full report of the assessment and consultation should also be available, on request.

SECTION 2
FULL EQUALITY IMPACT ASESSMENT FORM
Race, Religion/Belief, Disability, Gender,
Sexual Orientation and Age

1. Name of the function, strategy, project or policy

2. Name, job title, department, and the telephone number of staff completing the assessment form

3. What is the main purpose and outcome of the function, strategy, project or policy?

4. List the main activities of the function, project/policy (for strategies list the main policy areas)

5. Who will be the main beneficiaries of the strategy/project/function/policy and who else will be effected?

6. Is it relevant to: **Yes**   **No**

The Employment Equality Regulations

Race Relations (Amendment) Act 2000

Disability Discrimination Act (1995)

Gender

Sexual Orientation

Age

7. Use the table below to answer: Do you think that the function/strategy/project/policy in the way it is planned or delivered could have a negative impact on any of the equality target groups or could it have a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups. Please refer to the guidance notes.

Groups affected	Which of the 3 parts does it apply to (if any): 1. Eliminating discrimination 2. Promoting equal opportunities 3. Promoting good community	Is there evidence or reason to believe that some groups could be adversly affected If so	Is there any concern that the function or policy is being carried out in a discriminatory way. If so explain

relations   **explain**

Race:

Remember that impact might be on a majority group as well as a minority group

Faith groups

Disability groups

Gender groups

Sexual Orientation groups

Age groups

8 (a). If you have indicated there is a   **Yes**   **No**
negative impact on any group, is that impact:

**Legal/Lawful i.e. it is not discriminatory
under anti-discriminatory legislation**

Intended?

8 (b). Could you minimise or improve any negative impact? Explain how

**8 (c). Is it possible to consider a different policy which still achieves your aim,
but avoids any adverse impact on Equality?**

9. Examine available data and research to properly assess likely impact:

Check available data research, studies, reports, audits, surveys, feedback etc. concerning each equality target group (race, religion/belief, disability, gender, sexual orientation and age) for this particular function or policy and list them below for each area.

10. Where, if any are the gaps in the information required? What are the reasons for any lack of information? Please list them below in each area of race, religion/belief, disability, gender, sexual orientation or age

11. Do you need to commission the provision of additional information? if yes what exactly do you intend to carry out and how?

12. What previous or planned consultation (both locally and nationally) on this function /topic/ policy/area/project has taken place / will take place with groups/individuals from equality target groups? If there has already been consultation what does it indicate about negative impact and how people view this function, strategy, project or policy?

Equality target groups	Summary of consultation carried out or planned
Race: Black & minority ethnic communities	
Faith groups	

**Disability
groups**

**Gender
groups**

**Sexual
Orientation
groups**

Age Groups

13. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues. Please list them and explain how you will obtain their views.

14. Have you involved your staff (who have or will have direct experience of implementing the strategy/policy/function/working on the project) in taking forward this impact assessment? If yes how?

15. In light of all the information detailed in this form: what practical actions, if any, would you take to reduce or remove any adverse / negative impact?

Please list all actions directly in the action sheet at the end of this form

Note: Any consultation detailed in the impact assessment must be undertaken within a recognised period so that your action plan can address this specific function/policy. Also it is your responsibility to ensure that feedback is provided to individuals/groups you have consulted with and update them on any actions which you may take to address the negative impact.

Signed: …………………………….   Date: ………………………………

1. EQUALITY IMPACT ASSESSMENT ACTION PLAN

Issue	Action Required	How would you measure Impact/outcomes in practice	Timescale	Responsible Officer

Part b) TO BE COMPLETED WHEN ASSESSMENT, CONSULTATION AND
2. RESEARCH HAS BEEN CARRIED OUT

16. As a result of this assessment/consultation/research and available evidence collected, including consultation, state what changes have been made to the policy, strategy, function or the action plan.

**17 (a). Have you set up a continuous   Yes   No
monitoring/evaluation/review process to check the successful
implementation of the strategy, project, function or policy?**

17 (b). Please explain how this will be done?

18. Please explain how you aim to publish the result of the assessment and monitoring? (please refer to notes)

Signed: …………………………………….. Date:
……………………………………….

Print Name:
……………………………………………………………………...

Equality Impact Assessments

Draft EIAs

➢ EIA - Protocol for Stroke Brain Perfusion and CTA Cartoid Imaging 09/09/2010
➢ EIA - Clinical Photography and Video Recordings of Patients Policy 09/08/2010
➢ EIA Purchase of SimMan 3G for training 02/08/2010
➢ EIA Business Case for iLab Upgrade 02/08/2010
➢ EIA: To ensure all EKHUFT healthcare records which have been archived in an electronic format can be 02/08/2010
➢ EIA: Upgrade of audio visual and video conferencing facilities in the Education Centres in EK 02/08/2010
➢ EIA: Consultant Job Planning software MyJobPlan 02/08/2010
➢ EIA: Service Development Business Case Medical Equipment –CDU/Bethersden Wards at WHH 02/08/2010
➢ EIA: To provide additional Respiratory resources 02/08/2010
➢ EIA Investment Decision - Nasendoscopes 02/08/2010
➢ EIA External consultancy and legal resources required to support the facilities re tendering project 02/08/2010
➢ EIA Improve patient experience and flow in the QEQM hospital 02/08/2010
➢ EIA: Support the Trust's pressure ulcer prevention and management strategy 02/08/2010
➢ EIA: Business Case for PAS Upgrade and implementation of 18 weeks functionality 02/08/2010

EIAs

➢ Equality Impact Assessment - Patient Access Policy 14/06/2010
➢ Equality Impact Assessment - HR, Communications and Membership 17/05/2010
➢ Equality Impact Assessment - Policy for Delivering Same Sex Accommodation 13/04/2010
➢ Equality Impact Assessment - Police Check Policy and Guidance 31/03/2010
➢ Equality Impact Assessment - Employment Check Policy 31/03/2010
➢ Equality Impact Assessment - Recruitment and Selection Policy 31/03/2010
➢ Equality Impact Assessment – Special Severance Payments Policy 31/03/2010
➢ Equality Impact Assessment - Long Service Awards 31/03/2010
➢ Equality Impact Assessment - Flexible Working Policy 31/03/2010
➢ Equality Impact Assessment - Purchase Ureterenoscopes 08/02/2010
➢ Equality Impact Assessment - Employ a new member of staff in Payments 08/02/2010
➢ Equality Impact Assessment - Maximise utilization of existing estates 08/02/2010
➢ Equality Impact Assessment - Appoint urology prostate CNS 08/02/2010
➢ Equality Impact Assessment - Renal, Vascular and Interventional Radiology Directorate meeting patien 08/02/2010

- Equality Impact Assessment - QEQM re-design and build 08/02/2010
- Equality Impact Assessment - Recruit 12 Apprentices in Estates 08/02/2010
- Equality Impact Assessment - Direct Access TIA clinics to MRI scanning 08/02/2010
- Equality Impact Assessment - Automated Blood Science laboratory 08/02/2010
- Equality Impact Assessment - Urology scopes 08/02/2010
- Equality Impact Assessment - Business case to recruit 2 Project Managers in Strategic Estates 08/02/2010
- Equality Impact Assessment - Urology Interim Plan 07/01/2010
- Equality Impact Assessment - Implement PPCI service at WHH 07/01/2010
- Equality Impact Assessment - General Surgery Medical Staff 07/01/2010
- Equality Impact Assessment - Expanding Neurological Service 07/01/2010
- Equality Impact Assessment - Cycle to Work 07/01/2010
- Equality Imapct Assessmnet - Sickle cell guidelines 24/12/2009
- Equality Impact Assessment - Induction Policy 21/12/2009
- Equality Impact Assessment - Guide to Appointment of the Chair and Non-Executive Directors of the Bo 25/11/2009
- Equality Impact Assessment - Obtaining and recording patient consent 09/11/2009
- Equality Impact Assessment - Neuclear Medicine Rooms refurbishment 06/11/2009
- Equality Impact Assessment - Youth Offender Worker 06/11/2009
- Equality Impact Assessment - In house prescribing of renal disease Immunomodulatory treatment 06/11/2009
- Equality Impact Assessment - Oncology refurbishment 06/11/2009
- Equality Impact Assessment - National Screening Programme for Abdominal Aortic Aneurysm across Kent 06/11/2009
- Equality Impact Assessment - Whole body cooling for Neonates 06/11/2009
- Equality Impact Assessment - Software Package 06/11/2009
- Equality Impact Assessment - Cancer club funded post 06/11/2009
- Equality Impact Assessment - League of Friends post 06/11/2009
- Equality Impact Assessment - Harmonic Scalpel 06/11/2009
- Equality Impact Assessment - Purchase of NIM response 2.0 nerve monitoring system 06/11/2009
- Equality Impact Assessment - Workforce Levels in Midwifery Services at WHH & QEQM 06/11/2009
- Equality Impact Assessments - Hand Therapy K&C 06/11/2009
- Equality Impact Assessment - League of Friends funded post 30/10/2009
- Equality Impact Assessment - Cancer club funded post 30/10/2009
- Equality Impact Assessment - Introduction of a new test (urine Albumin) within Pathology 19/10/2009
- Equality Impact Assessment - Establishment of a Bowel Cancer Screening Programme for East Kent 05/10/2009
- Equality Impact Assessment - WHH Catering (capital only) 25/09/2009
- Equality Impact Assessment - Outpatient Management Software Business Case 25/09/2009

- Equality Impact Assessment - New Equipment Proposal to Introduce Vacuum tube systems at WHH and K&C 23/09/2009
- Equality Impact Assessment - Strategy to Improve the Scope and Capacity of the Supplies Department 23/09/2009
- Equality Impact Assessment - Policy for the Reporting and Management of Incidents 07/09/2009
- Equality Impact Assessment - Procurement of CT scanning equipment at WHH and QEQM 07/09/2009
- Equality Impact Assessment - Provision of Digital Symptomatic Breast Imaging Services 07/09/2009
- Equality Impact Assessment - Age Related Macular Degeneration 07/09/2009
- Equality Impact Assessments: Procurement of CT scanning equipment and associated equipment at WHH an 01/09/2009
- Equality Impact Assessment - Provision of Digital Symptomatic Breast Imaging Services for East Kent 01/09/2009
- Equality Impact Assessments EWTD and Maintaining Quality 28/08/2009
- Equality Impact Assessments - WHH Catering 28/08/2009
- Equality Impact Assessments - Secure Hazardous Wast Management 28/08/2009
- Equality Impact Assessments Diabetes Specalist Nurses 28/08/2009
- Equality Impact Assessments - video in WHH pathology meeting room 28/08/2009
- Equality Impact Assessments - Organisational Workforce Plan 19/08/2009
- Equality Impact Assessment - Guidance to ensure compliance with provision of written information to 07/08/2009
- Equality Impact Assessment - Workforce, Communications and Membership Strategy 2009/2010 22/07/2009
- Equality Impact Assessments - Maxillo Facial - Medical Staffing development 20/07/2009
- Equality Impact Assessments - Respiratory Virus 20/07/2009
- Equality Impact Assessments - Extension BC 2009-10 20/07/2009
- Equality Impact Assessments - Sifting Projec 20/07/2009
- Equality Impact Assessments - Chloraprep Frepp 20/07/2009
- Equality Impact Assessments -Heart Failure Multidisciplinary Team 20/07/2009
- Equality Impact Assessments -Locum Extention 20/07/2009
- Equality Impact Assessments - Transfusion Practitioners 20/07/2009
- Equality Impact Assessments - Restorative Dent 20/07/2009
- Equality Impact Assessments - Osteoporosis and Combined orthogeriatric and Falls Nurses 20/07/2009
- Equality Impact Assessment - Dignity at Work Policy and Procedure 29/06/2009
- Equality Impact Assessments - Achieving the nationally recommended workforce levels in midwife servi 24/06/2009
- Equality Impact Assessments - Business case for digital blood film morphology equiptment 24/06/2009
- Equality Impact Assessments - Business plan for PR4 families 24/06/2009

- Equality Impact Assessments - Business case to secure funding for additional medical staff within pe 24/06/2009
- Equality Impact Assessment - Video Conferencing 22/06/2009
- Equality Impact Assessment - NHSLA Level 3 Business Case 22/06/2009
- Equality Impact Assessment - Project manager for 2 week wait rapid access clinics 22/06/2009
- Equality Impact Assessment - Additional Staffing 22/06/2009
- Equality Impact Assessment - Infusion pumps 22/06/2009
- Equality Impact Assessment - Over Labelling Staff 22/06/2009
- Equality Impact Assessment - Develop Mobile PET-CT service provision at K&C 10/06/2009
- Equality Impact Assessment - Enhancement and improvement of service to allow more effective use of v 10/06/2009
- Equality Impact Assessment - Interferon Gamma Release 10/06/2009
- Equality Impact Assessments –Procurement of an additional Leica Peloris Tissue Processor 10/06/2009
- Equality Impact Assessment - Theatres staffed 52 weeks a year 10/06/2009
- Equality Impact Assessment for An Organisation-Wide Document for the Development & Management of Pro 10/06/2009
- Equality Impact Assessment - Introduction of Vacuum (pneumatic) tube system at the WHH and K&C 10/06/2009
- Equality Impact Assessments Gyrus ENT Debrider Blades For ENT Surgery 10/06/2009
- Equality Impact Assessment - Facilitation of the development of Clinical Services 10/06/2009
- Equality Impact Assessment - Surgical Practitioners 10/06/2009
- Equality Impact Assessment - Max Fax Centralisation 10/06/2009
- Equality Impact Assessment - Special Severance Payments Policy 10/06/2009
- Equality Impact Assessment - Long Service Award 10/06/2009
- Equality Impact Assessment - Nurse Consultant post, Breast Services 27/04/2009
- Equality Impact Assessment - Surgical Care Practitioner 27/04/2009
- Equality Impact Assessment - Extend and formalize "at risk" breast screening 27/04/2009
- Business Case for an Integrated Access Management Solution 27/04/2009
- Equality Impact Assessment - Purchase of an ultrasound machine for the Vascular and IR service 27/04/2009
- Equality Impact Assessment - Datix on-line reporting 27/04/2009
- Equality Impact Assessment - Waiting List Co-ordinators 27/04/2009
- Business Case - Managing the request for projected increase in activity for the Wheelchair Assessmen 27/04/2009
- Business Case Managing the Increasing Demand on Acute Dermatology 27/04/2009
- Equality Impact Assessment - Strengthening the Information Service 27/04/2009
- Equality Impact Assessment - Electrical upgrade WHH 27/04/2009

- Equality Impact Assessment - Case for 6 additional BMS posts in Blood Science 27/04/2009
- Equality Impact Assessment - Creation of Intelligence Unit 27/04/2009
- Business case for additional 76 units of staff accommodation 27/04/2009
- Equality Impact Assessment: Recruitment of a Band 7 Renal Dialysis Access Nurse 27/04/2009
- Equality Impact Assessment: Provision of alternative & Improved accommodation for Clinical Coders 27/04/2009
- Business case for increase in EKHUT critical care nursing establishment 27/04/2009
- Equality Impact Assessment: FBC for waste manager 27/04/2009
- Business Case for an Enterprise Single Sign-on Solution 27/04/2009
- New Medical Equipment Business Case: Web viewing licences 27/04/2009
- Equality Impact Assessment - Urology Specialist Nursing 27/04/2009
- Equality Impact Assessment - Expansion of MRSA screening to elective and day case patients 27/04/2009
- Equality Impact Assessment - Provision of an additional ultrasound suite at K&C 27/04/2009
- Equality Impact Assessment - Provide Additional staffing resources in Technical Services within the 27/04/2009
- Equality Impact Assessment: Frozen Section Pathology Service QEQM 27/04/2009
- Equality Impact Assessment - Decontamination of reusable medical devices 27/04/2009
- Equality Impact Assessment - Additional Resectoscope Equipment 27/04/2009
- Equality Impact Assessment - Women's Health - Clinical Facilitators 27/04/2009
- EIA - Business case for Improvement in Chief Executive and Board support 06/03/2009
- EIA Guideline for the transfer of Patients within the Trust 06/03/2009
- Full Business Case: Consultant Physician based in A&E Majors QEQM 17/12/2008
- EIA: Datix on-line reporting 17/12/2008
- EIA: Healthcare strategy to realign the PTS ambulance service 17/12/2008
- EIA: Provision of alternative & Improved accommodation for Clinical Coders 17/12/2008
- EIA: Strengthening the Information Service 17/12/2008
- EIA: Creation of Intelligence Unit 17/12/2008
- Developing a co-located midwifery-led unit at QEQM. Full EIA 17/12/2008
- EKHUT Performance Management Policy and Procedure 17/12/2008
- Access to Kent Oncology Management System (KOMS) 17/12/2008
- National Audit Compliance 17/12/2008
- Facilitating compliance to NHS Estates HTM/03 within Endoscopy FT 2008-68 17/12/2008
- Business case FT 2008-70: Appointing operations manager 17/12/2008
- EIA Business case FT 2008-73: Appointing IT manager 17/12/2008
- Equality impact assessment - CAMHS non verbal therapists 27/10/2008

- Equality impact assessment - centralised admissions lounge QEQM 21/10/2008
- Equality impact assessment - deputy IT manager Pathology 21/10/2008
- Full equality impact assessment - Dover health services 21/10/2008
- Full equality impact assessment - community child health therapy service 21/10/2008
- Equality impact assessment - Dover health services 21/10/2008
- EIA Re-design and refurbishment of St. Nicholas Suite December 2007 21/08/2008
- EIA Pallative Care - Improve rest facilities July 2008 21/08/2008
- EIA Strategic Development - Theatre Productivity June 2008 21/08/2008
- EIA Clinical Coding 21/08/2008
- EIA Integrated Business Plan (IBP) as part of the Foundation Trust Application 21/08/2008
- EIA Development of Direct Access TIA Clinics 21/08/2008
- EIA Development of Direct Access TIA Clinics - Thrombolysis 21/08/2008
- EIA Head of Patient Safety & Information Analyst 21/08/2008
- EIA Additional Radiologist Capacity 21/08/2008
- EIA Information Governance Manager April 2008 21/08/2008
- EIA Re-design and refurbishment of St. Nicholas Suite 20/08/2008
- EIA Equality and Diversity Manager new post April 2008 20/08/2008
- EIA Business Case for Employee Relations Adviser June 2008 20/08/2008
- EIA Computer aided cyto-screening technology June 2008 20/08/2008
- EIA Pharmacy New Post June 2008 20/08/2008
- Equality Impact Assessment Screening - Midwifery Led Unit (WHH) 24/06/2008
- Equality Impact Assessment - Leaving Procedure 24/06/2008
- Equality Impact Assessment – Grievance Procedure 23/06/2008
- Equality Impact Assessments: Emergency Planning Officer Development 23/06/2008
- Equality Impact Assessments: Business for Membership Management 23/06/2008
- Equality Impact Assessments: Diagnostics – Mobile Facilties 23/06/2008
- Equality Impact Assessment - Endoscopy Expansion 30/11/2007
- Equality Impact Assessment - Cellular Pathologist Accommodation 30/11/2007
- Equality Impact Assessment - Royal Victoria Hospital 30/11/2007
- Equality Impact Assessment - Point of Care Testing (Pathology) 30/11/2007
- Equality Impact Assessment - Maxillo facial services 30/11/2007
- Equality Impact Assessment - NICU services 20/11/2007
- Equality Impact Assessment - Extending CAMHS service 20/11/2007
- Equality Impact Assessment - Child Audiology 20/11/2007

Relevant Policies

- Primary hyperaldosteronism – guidelines for investigation 09/09/2010
- Protocol for Stroke Brain Perfusion and CTA Carotid Imaging 09/09/2010
- Policy for Clinical Photography and Video Recordings of Patients 09/08/2010
- Managers Guidance on Redeployment 03/08/2010
- Roster Policy 02/08/2010
- Pathology Health and Safety Handbook 26/07/2010
- 24/7 Stroke Thrombolysis Operational Plan 26/07/2010
- TIA clinical management pathway 26/07/2010
- Guidelines for Surveillance Following Adenoma Removal 26/07/2010
- Managing Change Policy 26/07/2010
- Capability Policy 26/07/2010
- Sickness Absence Policy 26/07/2010
- CT On Call Operational Policy 22/07/2010
- Urinary Continence Care Pathway 22/07/2010
- Management of Patients with Parkinsons Disease 22/07/2010
- Hip Fracture Assessment for over 75s 22/07/2010
- KMOG - Secondary Prevention of Osteoporosis in Post-menopausal Women 22/07/2010
- CT Protocols - Vascular 19/07/2010
- Freedom of Information: Complaints Procedure 19/07/2010
- Administrative Guidance Notes - Freedom of Information 19/07/2010
- Freedom of Information Act Policy 19/07/2010
- Monitoring patients on clozapine 07/07/2010
- Clinical Biochemistry users handbook (June 2010) 07/07/2010
- Counselling screening service for vascular amputee patients at Kent and Canterbury Hospital - Operat 05/07/2010
- Clincial supervision guidelines version 4a 05/07/2010
- Follow-up Algorithm for Inguinal and Incisional Hernia Repairs 05/07/2010
- Practitioner Follow-up Algorithm for Hellers Cardiomyotomy 05/07/2010
- Licence to Operate 24/06/2010
- Managers Guide on Probationary Period 24/06/2010
- Probationary Period Policy 24/06/2010
- Using NHSmail from home 24/06/2010
- Management & Control of MRSA in Patients Having Elective Caesarean Section No 120 18/06/2010
- East Kent Health Child Death Reporting Process 14/06/2010
- Guidelines on the Management of Viral Gastroenteritis in Children 14/06/2010
- Guidelines for the Newborn Blood Spot Screening Programme in East Kent 14/06/2010
- Guidelines on the Management of acute asthma in childhood 14/06/2010
- Guidelines on the Management of bronchiolitis in childhood 14/06/2010
- Poster service guidance and checklist 11/06/2010
- Venepuncture 11/06/2010

- Roles and Responsibilities of the Surgical directorate staff in responding to complaints 08/06/2010
- Hyperemesis Gravidarum - No 50 03/06/2010
- Clinical policy for DEVELOPMENT AND IMPLEMENTATION OF PATIENT GROUP DIRECTIONS 01/06/2010
- Alcohol, Drugs and Substance Misuse policy 25/05/2010
- Short Synacthen test - investigation of suspected adrenal hypofunction 25/05/2010
- Depot (1 mg) Synacthen test – investigation of suspected adrenal hypofunction 25/05/2010
- Adrenocorticotrophic hormone (ACTH) – guidelines for requesting 25/05/2010
- Xanthochromia – policy for collection of samples 25/05/2010
- Water deprivation test – investigation of suspected Diabetes Incipidus 25/05/2010
- Thyroglobulin – guidelines for requesting 25/05/2010
- Subfertility - biochemical assessment and initial investigations 25/05/2010
- Diabetes Mellitus – guidelines for screening for Microalbuminuria 25/05/2010
- Ammonia - policy for collection of blood samples 25/05/2010
- Paraproteins - management of patients 25/05/2010
- Lipid testing guidelines 25/05/2010
- Anaphylactic reactions - guidelines for investigation 25/05/2010
- Dexamethasone supression test - investigation of suspected Cushing's Syndrome 25/05/2010
- Serum HCG - guidelines for measurement in early pregnancy 25/05/2010
- Thyroid Antibodies - guidelines for requesting 25/05/2010
- Guidelines for the use of Anti cyclic citrullinated peptide antibodies 25/05/2010
- IgG subclasses - guidelines for investigation 24/05/2010
- Unilateral pleural effusion in adults - biochemical investigation 24/05/2010
- Valproate - guidelines for requesting 24/05/2010
- Parathyroid Hormone (PTH) - guidelines for requesting 24/05/2010
- Fasting blood tests - information for patients 24/05/2010
- Diabetes Mellitus - diagnostic algorithm 24/05/2010
- Copper – guidelines for use in the investigation of Wilson's Disease 24/05/2010
- Cardiac chest pain - guidelines for biochemical investigation 24/05/2010
- Medical Microbiology & Infection Control Service User Guide 18/05/2010
- Information Sharing Protocol / Agreement - for organisations in the South East Coast area 12/05/2010
- Botox Competency 2010 10/05/2010
- Botox Guidelines 2010 10/05/2010
- Central Alert System and Internal Alerts Policy 30/04/2010
- Policy for Delivering Same Sex Accommodation. 30/04/2010
- Management of Hyperglycaemia during AMI 26/04/2010
- Blood Glucose Monitoring Chart 26/04/2010
- Management of Hyperglycaemia (Nursing Staff) 26/04/2010
- Bladder Care Guidelines for Labour and Post Partum Period 20/04/2010
- IV and metformin protocols 2009/2010 19/04/2010

- Post Adverse Event Staff Support Checklist 07/04/2010
- Engaging the temporary workforce policy 01/04/2010
- Internal medical locum rates of pay 2009 01/04/2010
- Disciplinary Policy and Procedure 29/03/2010
- The CDU and Bethersden Operational Policy 05/03/2010
- Information Governance Policy 18/02/2010
- Information Security Policy 17/02/2010
- Patient Use of Trust Computers 17/02/2010
- Policy for the Use of Portable Data Storage Devices and Media 17/02/2010
- Obstetric Ultrasound Scans 13/02/2010
- Agenda for Change Terms and Conditions Handbook (2010) 05/02/2010
- Supporting Parents In Anticipated or Poor Outcome to Pregnancy No 74 04/02/2010
- Transfer / Admission to NICU / SCBU / Acute Postnatal Ward No 85 04/02/2010
- Neonatal Collapse Including Resuscitation & Attendance of the Neonatal Team No 75 04/02/2010
- Transfer of a Woman between Acute Sites in the Trust & to Out of Area Locations No 41 04/02/2010
- Handover of Care (On Site) No 76 04/02/2010
- Guidance for the Provision of Information to Women throughout Childbirth No 98 03/02/2010
- Naso-Gastric Feeding Tube Insertion (adults) 26/01/2010
- Diagnostic Haemostasis Laboratory User Guide 25/01/2010
- Acute Nutrition Policy 25/01/2010
- Obsteric Ultrasound Scans No 32 22/01/2010
- Control of Legionella Policy November 2009 21/01/2010
- Policy for Management of Complaints, Concerns Comments and Compliments 14/01/2010
- Policy for Induction of All Junior Doctors and Dentists in Training 13/01/2010
- Template - Role Development 12/01/2010
- Template - Clinical policy 12/01/2010
- Template - Clinical Protocol 12/01/2010
- Template - Clinical Guidelines 12/01/2010
- Trust policy on sponsorship/secondment opportunities for health care assistants and maternity care a 05/01/2010
- Verification of Expected Death policy 05/01/2010
- Guidelines for the Use of Anti-Embolic Stockings 05/01/2010
- Resuscitation Policy October 2009 04/01/2010
- Guidelines for manual handling in resuscitation 2003 18/12/2009
- Instructions for the Cleaning & Laundering of Manual Handling aids & Equipment 18/12/2009
- Treatment of Patients with Haemophilia Out of Hours 07/12/2009
- Kent Haemophilia Prophylaxis Centre - 2009 07/12/2009
- Home Treatment Therapy 2009 07/12/2009
- Protocol for the management of labour potentially affected by haemophilia 07/12/2009

- Treatment of Acute Bleeding Episodes 07/12/2009
- Addendum to the EKHUFT Guidelines for Fine-Bore Naso-gastric feeding tube insertion (Adults) 03/12/2009
- Policy for Management of Pain in A & E, MIU and ECC 03/12/2009
- Clinical Guidelines on the use of the Flexi-Seal Bowel Management Systems (BMS) 03/12/2009
- Competency Signatory Sheet 01/12/2009
- Patient Specific Direction 01/12/2009
- Cannulation of arteriovenous fistulae and grafts 01/12/2009
- Addendum to the EKHUT Policy for the implementation of Self-Administration of medicines 01/12/2009
- Infection Prevention and Control Annual Programme 2009 - 2010 30/11/2009
- Policy for Archiving for Clinical Research Trials 26/11/2009
- Management Of Research And Development Policy 26/11/2009
- Research and Development - Intellectual Property policy 26/11/2009
- Confidentiality In Medical Research 26/11/2009
- Prevention of Misconduct in Medical Research 26/11/2009
- Commercial Clinical Research Trials 26/11/2009
- Non-Commerical Clinical Research Trials Policy 26/11/2009
- Research Protocol Amendments 26/11/2009
- Return to Practice Policy January 2010 26/11/2009
- Guide to the Appointment of the Chair and Non Executive Directors of the Board 25/11/2009
- Policy for the Development and Management of Organisation Wide Policies and Other Procedural Documen 24/11/2009
- Police Check Procedure and Guidance - Revised 2009 24/11/2009
- Policy on the Indentification, Assessment, Analysis and Management of Risk 24/11/2009
- Consent to examination or treatment policy - November 2009 24/11/2009
- Preparing and Co-Ordinating Assessments and Visits by External Bodies 24/11/2009
- Guidance on the Investigation of Adverse incidents 20/11/2009
- Policy for the Reporting and Management of Incidents, Including SUI's 20/11/2009
- Policy for Patient Transfer 16/11/2009
- Section 3C - Policy for the Management of Potential Blood Borne Virus Exposures in the Community 12/11/2009
- Section 3B - Policy for the Management of Occupational Exposure to Blood-borne Viruses 12/11/2009
- Section 3A - Standard (Universal) Infection Control 12/11/2009
- Assurance Framework Policy for the Management of Risk Associated with Healthcare Associated Infectio 11/11/2009
- Risk Management Training Policy 10/11/2009
- Employment Check Policy 05/11/2009
- Recruitment and Selection Policy For Non-Medical Staff 05/11/2009

- SOP Safe Workload Management in the case of Critical Staffing Levels in EKMS 22/10/2009
- moving & handling patients - induction handout 2008 22/10/2009
- Sponsorship to Nursing & Midwifery Training Policy 16/10/2009
- Policy for The Prevention of Falls and Fractures in Older People in Hospital 13/10/2009
- Local Protocol for the Care of Children in A&E / MIU 13/10/2009
- 10 important points for hand hygiene/glove use in theatres 13/10/2009
- 10 important points for hand washing and glove use 13/10/2009
- Confidentiality Agreement for non-NHS staff 09/10/2009
- Discharge and Transfer of Care policy 30/09/2009
- Safeguarding Vulnerable Adults policy 30/09/2009
- Policy for the Implementation of Recommendations arising from National Confidential Enquiries and ot 28/09/2009
- Manual Handling Implementation Procedure 28/09/2009
- Management of Claims policy 28/09/2009
- Policy for the Implementation of NICE, National Service Frameworks and other National Guidelines 28/09/2009
- Preparing & Co-Ordinating Assessments and Visits 28/09/2009
- Manager's Guidelines on the Application of the Dignity at Work Policy and Procedure 28/09/2009
- Dignity at Work Policy 28/09/2009
- Sending communications to patients 21/09/2009
- Work Experience within Nursing Environments Application Process 15/09/2009
- BTEC Vocational Placements - Application Process 15/09/2009
- Colon Cleansing Guideline for adult surgical patients 06/09/2009
- Bariatric Patient Manual Handling Protocol 2006 04/09/2009
- Clinical Algorithm for Colon cleansing in Adult surgery and colonoscopy with Moviprep 02/09/2009
- Clinical Algorithm for Colon cleansing with picolax 02/09/2009
- Perioperative management of antiplatelet therapy guidelines 28/08/2009
- Guidance on access to Health Records 10/08/2009
- Policy for Agreeing Remuneration in Exceptional Circumstances for Employees and NHSP Workers 10/08/2009
- The Information Lifecycle policy 27/07/2009
- Safe Haven Policy July 2009 27/07/2009
- Therapies - Issuing of Walking Aids in A&E 21/07/2009
- Trauma and Orthopaedic Rota Policy 21/07/2009
- Trauma & Orthopaedic Weekend Operational Policy 21/07/2009
- Therapy On-call Policy 21/07/2009
- Therapy - On Call Operational Procedure 21/07/2009
- Therapy Directorate A&E On-Call Policy 21/07/2009
- PGD List 08/07/2009
- Unlicensed Drug Policy 2009 02/07/2009
- Trust e-mail guidance 02/07/2009
- Guidelines for Relocation and Associated Expenses 15/06/2009

- Long Service Award Policy 15/06/2009
- Knowledge and Skills Framework Pay Gateway Review 15/06/2009
- Flexible Working Policy 15/06/2009
- Registration for Clinical Staff 15/06/2009
- Raising Concerns Policy 15/06/2009
- Procedure for Taking Statements from Employees 15/06/2009
- Lone Worker Policy 15/06/2009
- Guidelines on Termination of Employment 15/06/2009
- Grievance Policy and Procedure 15/06/2009
- Fixed Term Contract Guidance 15/06/2009
- Diversity and Equality Policy 12/06/2009
- Agenda for Change Post Banding Policy 12/06/2009
- Policy for Knee CPM 11/06/2009
- Insertion, Management and Removal of Urinary Catheters and Drainage Systems (adults) 11/06/2009
- Amputee respiratory guidelines 09/06/2009
- Policy for Radiologically-Guided Biopsies 09/06/2009
- The Duty to Promote Disability Equality 04/06/2009
- Conscious Sedation Policy 01/06/2009
- Kent & Medway High Cost Drug Manual 2009/10 11/05/2009
- Smoking Cessation Treatments available in EKHUT 07/05/2009
- Discharge Policy - No 104 15/04/2009
- Antenatal Screening Policy - no 122 15/04/2009
- Staphylococcus aureus (MRSA) screening policy 26/03/2009
- Policy on Clinical Note-Keeping within Patient Health Records 25/03/2009
- Local Protocol Agreement with Kent Police 23/03/2009
- Disposal of pharmaceutical waste in community pharmacies 11/03/2009
- The treatment, recovery, recycling and safe disposal of waste electrical and electronic equipment 11/03/2009
- Safe Management of Healthcare Waste 11/03/2009
- Waste Management Procedures (October 2009) update 11/03/2009
- Staff Car Parking Policy 06/03/2009
- Policy for the Decontamination of Reusable Medical Devices outside the Sterile Services Department 05/03/2009
- Policy for Patient Handover to a New Consultant 23/02/2009
- Guidance on managing the retirement process 13/02/2009
- Maternity Staff - Patient Centre User Guide 30/01/2009
- Birth Centre/Home Birth criteria 119 07/01/2009
- Polyhydramnios No. 57 07/01/2009
- Umbilical Cord Prolapse No. 40 07/01/2009
- Rupture of the uterus No. 30 07/01/2009
- Amniotic Fluid Embolism No. 28 07/01/2009
- Umbilical cord blood analysis No. 26 07/01/2009
- Fetal Blood Sampling and Cord Blood Analysis No. 24 07/01/2009
- External Cephalic Version No. 13 07/01/2009
- Recruitment and Retention 07/01/2009

- Risk Management Strategy (July 2009 Update) 07/01/2009
- Policy for Health & Safety of Employees Under 18 and Work Experience Trainees 06/01/2009
- Thalidomide Policy (Pharmion) 13/12/2008
- Guide to the Harvard referencing system 12/12/2008
- Adverse incident reporting 10/12/2008
- Patient consent information 10/12/2008
- Coroners Information guidelines 10/12/2008
- KSS Study Leave guidelines 10/12/2008
- K&C GPST Study Leave Guidelines 10/12/2008
- Foundation Programme Handbook 08/12/2008
- Journal article request form for East Kent Hospitals University NHS Trust 05/12/2008
- Kent and Canterbury Hospital Library; Literature Search Request Form 04/12/2008
- East Kent Hospitals University NHS Trust Library Policy: Charging for Services Policy 04/12/2008
- East Kent Hospitals NHS Trust Library Policy: Access Policy 04/12/2008
- Policy for Operational Guideline Development No 17 04/12/2008
- Notekeeping Operational Policy No 16 04/12/2008
- Development of Clinical Guidelines and Policies No 15 04/12/2008
- Training Needs Analysis Operational Policy No 14 04/12/2008
- Transfer Guideline Operational Policy No 13 04/12/2008
- Disability Operational Policy No 12 04/12/2008
- Sick Mother Operational Policy No 11 04/12/2008
- Record keeping and Maternity Notes Management Operational Policy No 09 04/12/2008
- Admission of General Patients Operational Policy No 08 04/12/2008
- Booking Out of Area Operational Policy No 07 04/12/2008
- Stem Cell Collection Operational Policy No 06 04/12/2008
- Newborn Security Operational Policy No 05 04/12/2008
- Midwives On-Call Operational Policy No 03 04/12/2008
- Parent Education Operational Policy No 02 04/12/2008
- Closure of Unit Operational Policy No 01 04/12/2008
- Lone Worker Operational Policy No 10 04/12/2008
- Security fob application 04/12/2008
- Therapy- manual handling policy 27/11/2008
- Therapy - Unattended patients Feb 09 27/11/2008
- Therapy Directorate Clinical policy flowchart 27/11/2008
- Therapy - Hydrotherapy and Walking Aids Policy Feb 2009 27/11/2008
- Therapy - Policy for Provision of Mobile Hoist in Patient's Home 27/11/2008
- Therapy - Occupational Therapy Home Visiting Policy 27/11/2008
- Therapy - hydrotherapy spectator policy 27/11/2008
- Therapy - hydrotherapy referral policy screening form 27/11/2008
- Therapy - hydrotherapy re- referral policy 27/11/2008
- Therapy - hydrotherapy policy chemical testing 27/11/2008

- Therapy - hydrotherapy policy - hoist 27/11/2008
- Therapy - hydrotherapy cleaning policy 27/11/2008
- Therapy - bariatric policy 27/11/2008
- Policy for Therapy Assessment of Medical Patients 2009 27/11/2008
- Therapy - hydrotherapy fire policy 27/11/2008
- Hepatitis B 13/11/2008
- Oxytocin (Syntocinon) infusion (Guideline 58) 07/10/2008
- Assisted vaginal delivery (Guideline 55) 07/10/2008
- Section 13 Policy for the Admission, Movement/Transfer and discharge of patients with an infection/i 30/09/2008
- Section 14 Policy for aseptic non touch technique (ANTT) 30/09/2008
- Section 12 policy for pre-operative hair removal 30/09/2008
- Section 11 policy for the management of infectious diarrhoea 30/09/2008
- Section 10 Group A Streptococcal disease 30/09/2008
- Section 8 Policy for the care of asplenic patients 30/09/2008
- Section 7 Mattress policy 30/09/2008
- Section 9 ESBLS 30/09/2008
- Section 6 Ward kitchens and patient food handling policies 30/09/2008
- Section 5 Outbreaks 30/09/2008
- Section 4 Disinfection policy 30/09/2008
- Section 2 J Norovirus 30/09/2008
- Section 2 Isolation Policy 26/09/2008
- East Kent Hospitals University NHS Trust internet and e-mail policy September 2008 22/09/2008
- Protocol For Gynaecological Ultrasound Examinations 17/09/2008
- Thromboprophylaxis in Patients Undergoing Orthopaedic Surgery 09/09/2008
- Thrombosis Risk Assessment of Medical (non-surgical) Patients 09/09/2008
- Diagnosis and Outpatient Care of Deep Venous Thrombosis 09/09/2008
- Policy on use of the D-Dimer Assay 09/09/2008
- Protocol for the Management of Patients of Anticoagulant Therapy 09/09/2008
- Disability and employment – Managers guidelines 01/09/2008
- National Data Matching Exercise 13/08/2008
- EKHUT Information Security Policy V31 2007 revised rjr 13/08/2008
- Data Protection Policy v3EKHUT Feb07 13/08/2008
- Clinical Governance Implementation Team: Terms of Reference 07/08/2008
- FOOT DEFORMITIES IN NEONATES No. 44 23/07/2008
- Waste Policy 07/07/2008
- EKHT Fax Policy 04/07/2008
- Procurement Computer Equipment Request Form (CERF) 04/07/2008
- Wound Care Guidelines 02/07/2008
- Wound Classification Chart 02/07/2008
- Wound Dressings Formulary 02/07/2008
- Wound Assessment Chart 02/07/2008
- Tissue Viability Website 02/07/2008
- Procedure for cleaning and decontaminating pressure relieving devices 02/07/2008

- Pressure Ulcer Prevention and Management Guidelines 02/07/2008
- Nutrition and Pressure Ulcer Screening tool 02/07/2008
- Managing Pressure Relieving Equipment 02/07/2008
- Procedure for cleaning and decontaminating dynamic support surfaces (and quick check list) 02/07/2008
- Severe pre eclampsia/eclampsia management No. 19 01/07/2008
- Alcohol Withdrawal Guidelines 26/06/2008
- Contrast-induced nephropathy V2 26/06/2008
- Indication plain abdo radiographs 26/06/2008
- Mandible Trauma 26/06/2008
- Equal Opportunity report – Workforce Overview 24/06/2008
- Mammography reporting 23/06/2008
- Non Accidental Injury (INA) - Skeletal Survey Policy 23/06/2008
- Work wear policy version 1 20/06/2008
- East Kent Hospitals NHS Trust uniform policy 20/06/2008
- Thromboprophylaxis Policy 2004 14/05/2008
- Guidelines for Thromboprophylaxis of Adult Surgical Patients 14/05/2008
- Growth Hormone Prescribing Request (adult patients) 14/05/2008
- Growth Hormone Prescribing Request (children) 14/05/2008
- Rotigotine (Neupro®) Shared Care Guidelines 14/05/2008
- ECKPCT Rosaiglitazone Guidance 14/05/2008
- ECKPCT Perindopril Guidelines 14/05/2008
- ECKPCT Isotretinoin Dispensing Community Pharmacy 14/05/2008
- Bortezomib Algorithm: Initiation of Treatment and Velcade Resonse Scheme 14/05/2008
- EKHT Guidance on Safe Written Clinical Communication 14/05/2008
- EKHT Perindopril Prescribing Guidelines 14/05/2008
- Thromboprophylaxis Risk Assessment of Medical (non-surgical) Patients 14/05/2008
- Kent and Medway Statement on EAP and Compassionate Access to Drugs 14/05/2008
- MRSA: A Guide for Staff 07/05/2008
- Privacy, Dignity and Respect - Policy and Procedures for Patient Care 2008 07/05/2008
- PGDs - CLINICAL POLICY 07/05/2008
- Protected Meal Times - CLINICAL POLICY 07/05/2008
- Peripheral Venous cannulation, management and removal (Adults) 07/05/2008
- The Use of Red Trays - CLINICAL GUIDELINES 07/05/2008
- Pain management in A+E/MIU 07/05/2008
- Competency Assessment for Removal of Sutures 07/05/2008
- Removal of Sutures by Allied Health Professionals and HCAs - CLINICAL GUIDELINES 07/05/2008
- Role Development Policy for Nurses 2009 07/05/2008
- Guidelines for Continuous Subcutaneous Infusion of Medication for Symptom Control Portable Syringe D 07/05/2008
- Patient Self Administration of Medicines Policy 2008 07/05/2008

- Oral Drug administration 06 - CLINICAL POLICY 07/05/2008
- Mixed sex accomodation guideline 07/05/2008
- Guidelines for writing Policies, Protocols, Clinical Guidelines and Role Developments 2006 07/05/2008
- Manual Handling Risk Assessments - CLINCIAL PROTOCOL 07/05/2008
- Manual Handling 2004 (most updated version) -CLINICAL POLICY 07/05/2008
- Framework for the development of Healthcare Assistants in the Renal Department 06/05/2008
- Falls Screening Tool 06/05/2008
- Falling from bed - risk assesment form 06/05/2008
- Domestic Violence - The management of individuals within the Accident and Emergency units 06/05/2008
- CORE CARE PLAN- Blood transfusion 06/05/2008
- Core Care Plan - TED Stockings 2006 06/05/2008
- Blood cultures - steps 1- 3 02/05/2008
- Blood Cultures - 12 Important points 02/05/2008
- Bed rails - use of (2006) 02/05/2008
- SOP master index 02/05/2008
- Policy for Assessment of Competency for Registered and Non Registered Clinical Practitioners 02/05/2008
- Policy for written patient information 01/05/2008
- Policy for the employment of an interpreter 01/05/2008
- Policy for the procurement of a sign language interpreter 01/05/2008
- Guidance on the Investigation of Adverse Events: RCA Tools for Investigation 01/05/2008
- Guidance on the Investigation of Adverse Events: RCA Contributing Factors 01/05/2008
- EKHT Novel Treatments Policy - November 2007 01/05/2008
- Smoking Cessation in Secondary Care Guideline 01/05/2008
- Smoke-free Hospitals - A Guide for Staff 01/05/2008
- Smoke Free Policy 01/05/2008
- Non-Medical Prescribing Policy and Guidance 01/05/2008
- Patient Identfication Policy 01/05/2008
- Manual Handling Policy 2009 01/05/2008
- Procedure for the loan of Medical Devices / Equipment to Patients 01/05/2008
- Stress Management Policy Appendix 1 01/05/2008
- Policy on the loan of equipment 30/04/2008
- Policy for the Management of Medical Devices and Equipment 30/04/2008
- Guidelines on the Clinical Management of Jehovah's Witnesses 30/04/2008
- Adverse Incident Report Form 30/04/2008
- Guidance on the Identification, Assessment and Analysis of Risk 30/04/2008
- Procedure for the management of early and mid term pregnancy loss (UNDER 24 week gestation) 30/04/2008
- Women Who Refuse Care from a Male Obstetrician No. 109 30/04/2008
- Women who refuse blood & blood products No. 7 30/04/2008
- Thrombo-Phrophylaxis in Maternity No. 6 30/04/2008

- Thermoregulation of the Newborn No 89 30/04/2008
- Termination 2nd trimester (Including Fetacide) No 47 30/04/2008
- Sweeping the Membranes No. 59 30/04/2008
- Suspected Obstetric Cholestasis No. 103 30/04/2008
- Suspected Fetal Growth Retardation (F.G.R.) No. 54 30/04/2008
- Supervision of Midwives No. 71 30/04/2008
- Screening & Referral of Developmental Dysplasia of the Hip No. 111 30/04/2008
- Rupture Of Membranes At 37 Weeks Or More (Pre-labour) No. 15 30/04/2008
- Rupture Of Membranes (Pre-labour-Pre-term) No. 16 30/04/2008
- Antenatal Clinical Risk Assessment No. 1 30/04/2008
- VBAC No. 49 30/04/2008
- Detection & Referral of Women with Pre-eclampsia No. 72 30/04/2008
- Vitamin K administration No. 92 30/04/2008
- Weighing Babies No. 67 30/04/2008
- Women who are Non-immune to Rubella No. 101 30/04/2008
- Waterbirth No. 64 30/04/2008
- Substance Abuse No. 106 29/04/2008
- Shoulder Dystocia No. 27 29/04/2008
- Transfer of pre-term Labours No. 41 29/04/2008
- Referral to Consultant Obstetrician No 43 29/04/2008
- Referral to an Anaethetist (Guidelines for) No. 42 29/04/2008
- Recovery Following Caesarean Section and Other Procedures No 46 29/04/2008
- Pyrexia In Labour No. 25 29/04/2008
- Pre-term Labour (Management of) No. 17 29/04/2008
- Women who attend A&E (Guideline 53) 29/04/2008
- Postnatal Care Planning No. 65 29/04/2008
- Postnatal Concerns No. 66 29/04/2008
- Post Partum Haemorrhage No. 34 29/04/2008
- Perineal repair, including 3rd & 4th degree tears No. 33 29/04/2008
- Perinatal Mental Health No 117 29/04/2008
- Neonatal Jaundice No. 68 29/04/2008
- Neonatal BCG Vaccinations in High Risk Groups No. 12 29/04/2008
- National Neonatal Screening Test (NNST) No. 69 29/04/2008
- Multiple Pregnancies No. 9 29/04/2008
- Midwives Requesting Pathology Tests No. 113 29/04/2008
- No 88 Meconium Stained Liquor at Delivery 29/04/2008
- Maternal Death No 48 29/04/2008
- Maternal Collapse No. 36 29/04/2008
- Epilepsy during Pregnancy Labour and the Puerperium No 126 29/04/2008
- Body Mass Index Guideline 29/04/2008
- Management for Severe Pre Eclampsia/Eclampsia - Magnesium Sulphate Guidelines No. 21 29/04/2008
- Infection Control No. 107 29/04/2008
- Infant Feeding No. 80 29/04/2008
- Induction and Augmentation of Labour (including sweeping of the membranes) No 11 29/04/2008

- Maternal Transfer from Community, MLUs, Birth Centres & Home No 73 29/04/2008
- Glucose Screening & Hypoglycaemia in the Neonate No 87 29/04/2008
- Homebirth No. 60 29/04/2008
- Severely Ill Pregnant Woman No. 35 29/04/2008
- Haemoglobinopathies (Management of) No. 3 29/04/2008
- Group B Streptoccoccus (GBS) Management of Women & Babies No 5 29/04/2008
- Grand Multiparity No. 10 29/04/2008
- Genital Tract Sepsis No. 125 29/04/2008
- Fluid Guidelines No. 22 29/04/2008
- Syphillis guidelines No. 56 28/04/2008
- Female genital Mutilation (FGM) No. 123 28/04/2008
- Failed Intubation No. 86 28/04/2008
- Examination of the newborn No. 90 28/04/2008
- Epidural Analgesia in Labour No. 83 28/04/2008
- Caesarean section (Guideline 37) 28/04/2008
- Fetal Heart Monitoring No. 23 28/04/2008
- Domestic Violence No. 124 28/04/2008
- Diabetes in Pregnancy No 39 28/04/2008
- Decreased or Absent Fetal Movements No. 96 28/04/2008
- Dealing with Pregnant Asylum seekers No. 128 28/04/2008
- Antenatal Care For the Healthy Pregnant Woman No 51 28/04/2008
- Abdominal Pain No. 94 28/04/2008
- Guidelines for Use of FP10NC 28/04/2008
- Treatment of Stable Angina Myocardial Ischaemia 28/04/2008
- Teriparatide Guidelines 28/04/2008
- Subutex protocol in narcotic addiction 28/04/2008
- Self and family prescribing (April06) 28/04/2008
- Rasagaline Shared Care Guidelines 28/04/2008
- Pulmonary Hypertension EKHT Guidance 28/04/2008
- Policy for Thromboprophylaxis of Medical Patients 28/04/2008
- Piroxicam Guidance 28/04/2008
- Phosphate binders in CKD 28/04/2008
- Pallative Care Guidelines 28/04/2008
- Novel Treatments Summary 28/04/2008
- Novel treatments Policy 28/04/2008
- New Drug Introduction or Brand Change 28/04/2008
- Kent & Medway sitagliptin guideline 28/04/2008
- Kent & Medway exenatide shared care 28/04/2008
- Guidelines for the use of Cholinesterase inhibitors in patients with dementia 28/04/2008
- Guidelines for the treatment of lung cystic fibrosis 23/04/2008
- Guidelines for prescribing of Varenicline 23/04/2008
- Guidelines for prescribing of Strontium Ranelate 23/04/2008
- Guidelines for Prescribing of Omalizumab 23/04/2008

- Guidelines for Ibandronic Acid 23/04/2008
- Guidelines for biologic agents in psoriasis 23/04/2008
- Guidelines for Atypical Antipsychotics in Schizophrenia 22/04/2008
- Guidelines for Alemtuzumab 22/04/2008
- Guidelines endocrine therapy breast cancer 22/04/2008
- Guidance re pharmaceutical samples 22/04/2008
- Guidance on relationship with Pharmacetutical and Biomedical industry (March 2006 update) 22/04/2008
- Guidance on issuing Private Prescriptions for NHS Patients 22/04/2008
- Ciprofloxacin restriction 22/04/2008
- Kent and Medway ADHD guidelines 22/04/2008
- Acceptible Ways for instructions for a drug to be given in EKHT 22/04/2008
- Guidance on Abbreviations in Prescribing 22/04/2008
- SOP Owing Outpatient Prescriptions 22/04/2008
- SOP Owing Inpatient Prescriptions 22/04/2008
- SOP Transferring Dispensed Products to Patients 22/04/2008
- SOP Assembling and Labelling of Medicinal Products 22/04/2008
- SOP Accuracy Checking a Dispensed Item 22/04/2008
- SOP Intervention and Problem Solving of Prescriptions 22/04/2008
- Legal Requirements for a Valid Prescription 22/04/2008
- SOP Pharmaceutical Assessment 22/04/2008
- SOP Taking in Private Outpatient Prescriptions 22/04/2008
- SOP Taking in NHS Prescription 22/04/2008
- Guidance on Use of Eye Preparations in Hospitals 22/04/2008
- Introduction, Amendment or Removal of Free Text Labels 22/04/2008
- SOP for dispensing unlicensed drugs 22/04/2008
- SOP for procurement of unlicensed drugs 22/04/2008
- Policy for use and supply of unlicensed medicines including the use of licensed medication out of li 22/04/2008
- Stress Management Policy 2009 21/04/2008
- Acute Upper Airway Obstruction Guidelines 18/04/2008
- Acute Pain Management Handbook 18/04/2008
- Treatment Failure and trouble-shooting of Non-invasive ventilation 18/04/2008
- What is Continuous Positive Airway Pressure (CPAP)? 18/04/2008
- An Introduction to BiPAP 18/04/2008
- Guidelines for the use of Non Invasive Ventilation (NIV) 18/04/2008
- Criteria for the appropriate use of NIV 17/04/2008
- CPAP and BiPAP treatment algorithms 17/04/2008
- Guidelines on Surgical Procedures Suitable for Day Cases 17/04/2008
- Fasting Policy for Adults and Children Undergoing Planned Surgery 17/04/2008
- Standards for the Anaesthetic Directorate 17/04/2008
- Guidelines for Pre-Operative/Procedure Site Marking 17/04/2008
- Recommendations for standards of monitoring during anaesthesia and recovery 17/04/2008
- NICE Guidelines on the use of routine preoperative tests 17/04/2008
- Failed Ventilation Guidelines 17/04/2008

- Checklist for Anaesthetic Equipment 2004 17/04/2008
- Failed Intubation Guidelines 17/04/2008
- Management of Major Haemorrhage 17/04/2008
- Management of a Patient with Suspected Anaphylactic Reactions 17/04/2008
- Guidelines for the Management of a Malignant Hyperpyrexia Crisis 17/04/2008
- Guidelines for the transport of the critcially ill 17/04/2008
- Anesthetic Directorate Objectives 2006-2007 17/04/2008
- Allergy diagnosis - clinical biochemistry guideline 17/04/2008
- Education and Development Policy and Strategy 10/04/2008
- Rockall score - endoscopy 10/04/2008
- Mentoring Policy 09/04/2008
- Study Leave policy 07/04/2008
- Organisational Human Resources Strategy and Business Plan 03/04/2008
- Staff appraisals policy 03/04/2008
- Recruitment Policy and Procedure 03/04/2008
- Policy and protocol Acting Down by Consultant, Medical and Dental Staff 03/04/2008
- Allocating Associate Specialists' Discretionary Points & Staff Grade Doctors' Optional Points 03/04/2008
- Guidance for maintenance of Personal files 03/04/2008
- Mandatory Training Requirements 02/04/2008
- Medical Personnel Bleep Policy 02/04/2008
- Policy for Recruitment and Selection of Consultant Medical Staff 02/04/2008
- Disability Equality Scheme 02/04/2008
- Gender Equality Scheme May 2007 02/04/2008
- Disability and Employment 02/04/2008
- Protocol for booking locum medical staff Dec 2007 02/04/2008
- Staff Appraisal form 01/04/2008
- Support for Clinical Staff Requiring Professional Registration form 01/04/2008
- Maintaining High Professional Standards 31/03/2008
- Application of the Trust Grievance Procedure November 2008 28/03/2008
- Request and Record Form for Permanent Vascular Access 27/03/2008
- Air Embolism and IV Lines 27/03/2008
- Procedure for taking blood cultures 27/03/2008
- Line Infection Guidelines 27/03/2008
- Hickman Skin Tunnelled Lines 27/03/2008
- Groshong Skin Tunnelled Lines 27/03/2008
- Port Guidelines 27/03/2008
- Central Venous Catheters (CVC) Guidelines 27/03/2008
- Arterial Lines 27/03/2008
- Peripherally Inserted Central Catheter (PICC) Guidelines 27/03/2008
- Peripheral Venous Cannulation Guidelines 27/03/2008
- Vascular Guidelines - 10 Important Points 27/03/2008
- Unstable bladder 27/03/2008
- Unattended Patients 27/03/2008
- Therapy Directorate - Students policy 27/03/2008

- Introduction to Vascular Access Devices 27/03/2008
- Reducing the risk of infection from and the presence of Clostridium difficile 27/03/2008
- Strapping and taping guidelines 27/03/2008
- Urinary Catheter Care (standard) 27/03/2008
- Prolapse protocol 27/03/2008
- Peripheral Line Care (standard) 27/03/2008
- Post-op Shoulder Surgery protocol 27/03/2008
- Central Venous Catheter Care (standard) 27/03/2008
- Protocol for examination and assessment of the female pelvic floor 27/03/2008
- Preventing the risk of microbial contamination (standard) 27/03/2008
- Occupational Therapy outreach protocol 27/03/2008
- Guidance for using the High Impact Interventions spreadsheets 27/03/2008
- Guidance on using High Impact Interventions (HIIs) 27/03/2008
- Hemocue B Haemoglobin System 27/03/2008
- Hemocue HB201 System Haemoglobin Meter 27/03/2008
- MRI competences 27/03/2008
- Procedure for performing Sweat Tests 27/03/2008
- Manual hyperinflation guidelines 27/03/2008
- Bayer Rapidpoint 400 series Blood gas analyser 27/03/2008
- Medisense Precision PCX Blood Glucose meter 27/03/2008
- Madisense Optium blood glucose meter 27/03/2008
- Trauma and Orthopaedic Therapy protocol for Knee Arthroscopy 27/03/2008
- Kent and Medway Neutropenia Guidelines 27/03/2008
- Intermittent Positive Pressure Breathing guidelines 27/03/2008
- Dresscode policy from the Therapy Directorate 27/03/2008
- Discectomy protocol 27/03/2008
- Pathology Directorate Turnaround Times 26/03/2008
- Scheme of work for the administration of IV non-ionic contrast media 26/03/2008
- Radiology standards 26/03/2008
- Radiology staff injection 26/03/2008
- Protocol injection of IV contrast CT and IVU v2 26/03/2008
- Prior to injection of IV contrast CT and IVU 26/03/2008
- Orthopaedic plain film standards 26/03/2008
- NICE imaging of the head 26/03/2008
- Metformin policy 26/03/2008
- Life threatening results standard (Radiology policy) 26/03/2008
- IV Contrast Print 26/03/2008
- Trustwide plain film reporting 26/03/2008
- Triage nurse requesting x-rays 26/03/2008
- Contrast-induced nephropathy V2 26/03/2008
- Interventional patient transfers (Radiology policy) 26/03/2008
- GP report protocol 26/03/2008
- External examination requests policy 26/03/2008
- Equipment breakdown (Radiology policy) 26/03/2008
- DNA policy (Radiology policy) 26/03/2008

- Deceased patients (Radiology policy) 26/03/2008
- Thromboprophylaxis guidelines of adult medical patients 26/03/2008
- Management of Enterally Fed Adult Patients 26/03/2008
- Heart Failure Guidelines 26/03/2008
- Consultant Contract - Job Planning Policy 2006-07 26/03/2008
- Congenital Acquired Heart Disease in Pregnancy No. 121 26/03/2008
- Communication Throughout The Childbirth Process No. 2 26/03/2008
- Communicating with Non-English speaking Women No. 118 26/03/2008
- Library IT Policy 26/03/2008
- Library Health and Safety Policy 26/03/2008
- Library User Consultation Policy 26/03/2008
- Library Collection development policy 25/03/2008
- Library Acquisitions policy 25/03/2008
- Library Complaints Management Policy 25/03/2008
- Library Charging for services policy 25/03/2008
- Library Access Policy 25/03/2008
- Library Quality Standards 25/03/2008
- Library Services Charter 25/03/2008
- Protocol for the use of Betadene 25/03/2008
- Guidelines for DVT Prophylaxis 25/03/2008
- Emergency Urology Guidelines 25/03/2008
- Small Bowel Obstruction 25/03/2008
- Large Bowel Obstruction 25/03/2008
- Pancreaticobiliary Emergencies 25/03/2008
- Surgical protocol for patients with Haemophilia 25/03/2008
- Information Sheet for Parents : Intracranial bleeding in the neonate 25/03/2008
- Management of Children 25/03/2008
- Healthcare transport eligibility criteria 25/03/2008
- Cholecystitis and Biliary Colic 25/03/2008
- Cholangitis 25/03/2008
- Choice of access device - Vascular guideline 25/03/2008
- Chickenpox (Varicella) and pregnancy No. 105 20/03/2008
- Cervical spine reporting 20/03/2008
- Third stage of labour inc retained placenta management No.63 20/03/2008
- Care in the Second Stage of Labour No. 62 20/03/2008
- First Stage of Labour No. 61 20/03/2008
- Cancer patients reporting standards 20/03/2008
- Caesarean Section Preparation No. 95 20/03/2008
- Breech Presentation No. 14 20/03/2008
- Botulinum toxin prescribers 20/03/2008
- APEX User Manual 19/03/2008
- EKHT Blood Transfusion Policy 19/03/2008
- Bed Sharing Between Mother & Baby No. 79 19/03/2008
- Babies born on the edge of viability No. 93 19/03/2008
- Attendance of Neonatal Team at Delivery No. 29 18/03/2008
- App 7 Guidelines management of risks ver 2.0 Nov 18/03/2008

- App 6 Guidelines management of risks ver 2.0 Nov 18/03/2008
- App 5 Guidelines management of risks ver 2.0 Nov 18/03/2008
- Anti-retroviral policy 17/03/2008
- Management for Severe Pre Eclampsia/Eclampsia - Antihypertensive Guidelines No. 20 17/03/2008
- Anti D Prophlaxis No. 110 17/03/2008
- Antepartum Haemorrhage No. 8 17/03/2008
- HIV Screening & Management No. 4 17/03/2008
- Allocating Expiry Dates to Dispensed Items 14/03/2008
- Administrative Guidance Notes Emergency Booking Procedure Main Theatres 14/03/2008
- Agenda for Change On Call Policy and Procedure 14/03/2008
- Agenda for Change Management Guidance on Starting Salaries 14/03/2008
- Adult Suction - Physiotherapy 14/03/2008
- Acute Utrine Inversion No. 31 13/03/2008
- Acute Medical Algorithms 13/03/2008
- Venous Thrombo-Embolism (VTE) in Maternity No 127 13/03/2008
- Acute Abdominal Pain 13/03/2008
- Acupuncture standards 13/03/2008
- Post Dural Puncture Headache & Management of Accidental Dural Tap During Labour No 84 13/03/2008
- A&E emergency guidelines for the ENT service 13/03/2008
- A&E emergency guidelines - Ophthalmology 13/03/2008
- A Guide to the Urgent Referral for Suspected Cancer 13/03/2008
- C difficile policy 04/03/2008
- MRSA policy 04/03/2008
- ENT and ophthalmology referral process 09/10/2007
- Xrays - How Safe Are They? 16/04/2007
- Fit for the future - 2nd March 2007 05/04/2007
- Disability equality scheme 05/04/2007
- Media relations protocol 05/04/2007
- Procedure for rewarding staff who take on different duties on a temporary basis 05/04/2007
- Induction policy 05/04/2007
- AFC trust guide to pay terms and conditions 05/04/2007
- Annual Leave policy 05/04/2007
- Disability employment guidelines 05/04/2007
- Procedure for the issue and receipt of alert letters for health professionals in EKHT 05/04/2007
- Allocation of discretionay points for nurses, midwives and allied health professionals policy 05/04/2007
- Smoke Free Policy 05/04/2007
- Working time regulations 05/04/2007
- Maternity policy 05/04/2007
- Management of non patient records 04/04/2007
- Environment policy 04/04/2007

- Your outpatient appointment 04/04/2007
- Disability equality scheme 04/04/2007
- Counter fraud policy 04/04/2007
- Statutory instrument no. 897 04/04/2007
- Statutory instrument no.896 04/04/2007

Trust Functions

FUNCTIONS	SERVICES	FACILITIES
Acute Medicine and A & E	Major and Minor Injury Units (A&E)	WHH, QEQMH
	Emergency Care Centre	K&C
	Minor Injury Unit	BHD, RVHF, Victoria Hospital Deal
	General Medicine	K&C, WHH, QEQMH
Anaesthesia & Day Surgery	Main Theatres	K&C, WHH, QEQMH
	ITU	K&C, WHH, QEQMH
	Day Surgery	K&C, WHH, QEQMH
	Chronic Pain	K&C, WHH, QEQMH
	Acute Pain	K&C, WHH, QEQMH
Cancer & Clinical Haematology	Out Patient Chemotherapy	K&C, WHH, QEQMH
	Day Patient Chemotherapy	K&C, WHH, QEQMH
	Palliative Care	K&C, WHH, QEQMH
	Haemato-Oncology	K&C, WHH, QEQMH
	Trust Counselling Service – Oncology	Trust-wide
	Cancer Support Nurse Specialist Service	K&C, WHH, QEQMH
	Haemaphilia Centre	K&C
Child Health	Child & Adolescent Mental Health Services	Thanet, Canterbury, Ashford, Shepway, Dover/Deal
	Psychology	Thanet and Beaumont House, Herne Bay multi-agency service with Social Services
	Child Development	Ashford – Jubilee House Canterbury – K&C Shepway – Seabrook Centre Hythe Dover – Dover Health Centre Thanet – Kingfisher Centre (PCT)
	Learning Disabilities and Challenging Behaviour	RVHF – East Kent service
	Secondary Hospital Services - Paediatric Inpatient wards	QEQMH - Rainbow Ward & SCBU

		WHH - Padua Ward, NICU & SCBU
	Child Health Therapies Physiotherapy Occupational Therapy Speech & Language Therapy	S.E. Kent area
	Community Children's Nursing Team	S E Kent area based at WHH and BHD
	Ambulatory Centre	Carousel Ward, BHD and Dolphin Ward K&C
	Child Health Community Support Teams	RVH, Folkestone Queens House, Ramsgate
	Neonatal Audiology	RVH, Folkestone
General Surgery	Urology and Vascular	Clarke Ward, Kent Ward, Urology Suite K&C, Derry Unit, RVHF
	General Surgery Colorectal Breast	Kings A1, Kings A2, Kings B WHH, Cheerful Sparrows Male/Female and Fordwich QEQMH
Head & Neck	Ophthalmology	K&C, WHH, QEQMH
	Orthoptics	K&C, WHH, QEQMH, RVHF, Community – Vicarage Road, Ashford Child Health, Dover Child Health
	ENT	K&C, WHH, QEQMH
	Orthodontics	K&C, WHH
	Maxillo Facial	K&C, WHH
	Restorative Dentistry	K&C
	Audiology	K&C, WHH, QEQMH
Specialist Medicine	Cardiology	K&C, WHH, QEQMH
	Rheumatology	K&C, WHH, QEQMH, BHD
	Gastroenterology	K&C, WHH, QEQMH, BHD
	MAU	K&C, WHH, QEQMH
	Dermatology	K&C, WHH, QEQMH, BHD
	Diabetes	K&C, Paula Carr Centre WHH, QEQMH
	Renal	K&C, Satellites at WHH,QEQMH, BHD Medway Hospital and Maidstone
	Respiratory	K&C, WHH, QEQMH
	Neurology	K&C, WHH, QEQMH, BHD

Health Care of the Older Person		K&C, WHH, QEQMH
Pathology	Clinical Chemistry	K&C, WHH, QEQMH
	Haematology	K&C, WHH, QEQMH
	Cellular Pathology	WHH
	Microbiology	WHH, QEQMH
	Phlebotomy	K&C, WHH, QEQMH
	Haemophilia	K&C
Pharmacy	Pharmacy	K&C, WHH, QEQMH
	Clinical Pharmacy	K&C, WHH, QEQMH
	Aseptic Services	K&C
	Dispensary Services	K&C, WHH, QEQMH
	Medicines Information	WHH
Radiology	Imaging Services	WHH, BHD
	General Radiology	K&C, WHH, QEQMH, BHD, RVHF
	Nuclear Medicine	K&C, QEQMH, WHH
	Ultrasound	K&C, WHH, QEQMH, BHD, RVHF
	Paediatric Radiology	K&C
	Cross Section Imaging	K&C, QEQMH, WHH
	CT	K&C, QEQMH, WHH
	MRI	K&C, WHH, QEQMH
Therapies	Occupational Therapy	K&C, WHH, QEQMH, BHD, RVHF
	Physiotherapy	K&C, WHH, QEQMH, BHD, RVHF
T&O	T&O Elective & Trauma	Elective inpatients – WHH, QEQMH Trauma – WHH, QEQMH Elective Day Cases – K&C, WHH, QEQMH
	Fracture Clinic	K&C, WHH, QEQMH
	Orthopaedic Paediatrics	QEQMH

	Orthopaedics – Spines
	                        Shoulders
	                        Hands
		WHH, QEQMH
		WHH
		WHH, QEQMH

Women's Health	General Gynae & Obs	WHH, QEQMH, BHD,
	Colposcopy	K&C, WHH, QEQMH, BHD
	Infertility	RVHF
	Rapid Access	K&C, WHH, QEQMH

	Uro-Gynae	QEQMH, WHH, BHD, RVHF
	Foetal Medicine	WHH, QEQMH
	Ante Natal & Gynae Clinics	K&C, WHH, QEQMH, BHD, RVHF, Deal Hospital, Cedars Surgery, QVH Herne Bay
	Gynae Oncology	QEQMH
	Uro-Dynamic Studies	QEQMH
	High Risk Clinic	QEQMH
	Day Surgery Theatre	K&C, QEQMH, WHH
	Menorrhagia Clinic	K&C, QEQMH
	Early Pregnancy Access Unit	K&C, QEQMH
Human Resources and Corporate Affairs	Recruitment	K&C
	Workforce Information	K&C
	Employee Relations	WHH, QEQMH
	Occupational Health	K&C, WHH, QEQMH
	Management Training	K&C
	Business Partners	K&C, WHH, QEQMH
	Nurseries	K&C, WHH, QEQMH
	Communications	K&C
	Trust Secretariat	K&C
Clinical Governance and Patient Safety	Clinical Governance	K&C
	Public Patient Involvement	K&C
	Complaints and PALS	K&C, WHH, QEQMH
	Patient Safety and Risk Management	K&C
	Clinical Practice for Nursing	K&C, WHH, QEQMH
	Clinical Audit	BHD
Finance	Financial Planning	K&C
	Financial Management	K&C
	Performance Management	K&C
Operations	Hospital Management	K&C, WHH, QEQMH
	Health Records	K&C, WHH, QEQMH
	Patient Service Centre	K&C
Strategic Development and Capital Planning	Strategy Development	K&C
	Catering	K&C, WHH, QEQMH
	Cleaning	K&C, WHH, QEQMH, BHD, RVHF
	Portering	K&C, WHH, QEQMH
	Car Parking	K&C, WHH, QEQMH, BHD, RVHF

	Switchboard	K&C
	IT	K&C, WHH, QEQMH
	Patient Transport	Ross House
	Estates Maintenance and Builds	K&C, WHH, QEQMH, BHD
	Health and Safety	K&C, WHH, QEQMH
Medical Education	Doctor Education and Training	K&C, WHH, QEQMH
Research and Development	Approve and Manage Research	BHD

Equality, Diversity and Human Rights Steering Group Terms of Reference

Remit and Functions

The group will provide leadership to the achievement of equality of opportunity in employment and service provision within East Kent Hospitals NHS Trust (EKHT) by:

1. Recruiting, developing and retaining a workforce that is able to deliver high quality services that are fair, accessible, appropriate and responsive to the diverse needs of the different groups and individuals.

2. Being a good employer that achieves equality of opportunity and fair outcomes for staff in the workplace.

3. Board reports on workforce and service equality, diversity and human rights issues will be approved by this group

4. Positively influencing and using its resources as an employer to make a difference to the life opportunities and health of the local community, especially those who are disadvantaged for whatever reason.

5. Reviewing all Equality Impact Assessments.

6. Ensuring that all services are delivered in a way that is sensitive to individual needs (e.g. religious, disability, gender, age, sexuality and physical characteristics)

7. Identify and secure dedicated resources for addressing Equality and Diversity issues across the Trust

8. Mainstream the Trust Equality and Diversity Policy in all work

9. The implementation and monitoring of all Equality Schemes

10. Helping ensure that the organisation achieves the relevant CQC Standards

GOVERNANCE - STANDARD C7e
Healthcare Organisations challenge discrimination, promote equality and respect human rights
GOVERNANCE - STANDARD C8b
Healthcare Organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups
PATIENT FOCUS – STANDARD C13a
Healthcare Organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect

ACCESSIBLE and RESPONSIVE CARE – STANDARD C18
Healthcare Organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably

Relationships and Reporting
The group reports to the Risk Management and Governance Group.

Membership
The Membership will reflect the equality and diversity within the Trust as well as Directorate representation. The following or their representatives will be standing members of the Steering Group

Director of HR and Corporate Affairs	Clinical Director Acute Medicine
Director of Nursing	Clinical Director Speciality Medicine
Medical Director	Clinical Director Child Health
Director of Strategic Development	Clinical Director Women's Health
Head of HR	Head of Therapies
Deputy Director of Operations	Head of Pathology
Assistant Director of Finance (Planning)	Head of Radiology
Risk and Legal Services Manager	Head of OPD
HR Manager QEQMH	Head of ITU
Head of PALS	Equality And Human Rights Manage
Facilities Representative	
Chair BME Support Group	
Chair Staff Disability Forum	
Chair Staff Lesbian, Gay, Bi-sexual and Transsexual Group	
Clinical Director Anaesthetics	
Clinical Director General Surgery	
Clinical Director Head and Neck	
Clinical DirectorA&E/ECC	

Conduct of the Steering Group

The Steering Group will be administered in the following way:

- The group will meet bi-monthly.

- Meetings will be planned one year in advance.

- Agendas will be sent out one week before each meeting.

- Minutes will be sent out within 2 weeks of the meeting.

- The meeting will be quorate when 6 members including the Chair or Deputy Chair are present.

The papers from the meeting are internal documents within the Trust.

Review of Terms of Reference

These terms of reference will be reviewed annually