Disability Equality Scheme.

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Disability Equality Scheme

Contents

1 Foreword

The duty to promote disability equality arose at a time when we were experiencing large-scale service modernisation, and the drive to improve performance, openness and accountability was rapidly changing the way we worked. We feel it was a positive move and welcome this opportunity to review, publish and implement a new Disability 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 celebrate diversity by giving all individuals within our community the full opportunity to benefit from our services and be included in the employment opportunities we provide.

Nick Wells   Stuart Bain
Chairman, EKHUNHSFT   Chief Executive, EKHUNHSFT

2 Introduction

The Disability Discrimination Act 1995 amended by the Disability Discrimination Act 2005, places a statutory General Duty on all public authorities to promote disability equality. The 2005 Act provides an increasingly robust legislative framework which requires public sector organisation's to actively promote disability equality. This means that public authorities must, in carrying out all functions, have due regard to the need to:

- *Eliminate unlawful discrimination*
- *Eliminate unlawful harassment*
- *Promote equality of opportunity between disabled persons and other persons*
- *Take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons*

East Kent Hospitals NHS Trust 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 and enforcement, and employment practice. Under the specific duty of the Disability Discrimination Act 2005 the Trust published a Disability Equality Scheme in December 2006 and reports annually on the progress made towards its implementation. This Scheme has been reviewed every 3 years and this new scheme sets out how we plan to meet the general and other specific duties to promote disability equality.

3 What does this mean?

The Disability Equality Scheme is effectively a strategy and action plan. It summarises our approach to Disability equality and our corporate objectives. It also states how we plan to meet each part of the duties, that is, our arrangements for assessing, consulting, monitoring and training.

Within the scheme the Trust assesses and prioritises all of its delivery functions in terms of their impact on Disability equality with relevance to:

- Eliminating unlawful discrimination
- Promoting equality of opportunity

The scheme outlines the assessment method (See appendix D) by which all policies will be assessed for their relevance to Disability equality and sets out a time-scaled action plan for improvements in service equality where inequities are found or are suspected to exist (See Appendix B). This assessment will involve all aspects of service planning, policy making, service delivery, regulation, inspection, enforcement and employment.

In addition the scheme sets out details of:

- The equality targets being worked towards
- Community consultation mechanisms
- How complaints regarding disability discrimination will be handled.
- How progress will be monitored
- How staff and the community are to be informed of progress made
- How information about Trust services will be disseminated to the community

- How staff will be trained in disability equality and anti-discriminatory issues

This work needs to be seen as part of the mainstream business function of the organisation and for this reason it is important that disability equality issues are considered as part of the business planning processes in place for this financial year as well as reviewing action plans already in place to ensure they are consistent with the principles of the Act.

Valuing the diversity of our patients and staff is a key requirement of the NHS, along with ensuring that services are accessible by all and the action plan will ensure that the Trust meets this requirement. The Trust will ensure that the scheme includes activities flowing from this agenda in areas such as:

- Planning and Service Development
- Service Modernisation
- Clinical Governance and risk management
- Research and Development
- Reduction of health inequalities
- The NHS Performance assessment framework
- Health Improvement Programmes
- Information for Health
- PALS services
- Developing partnerships
- Improving Working Lives and the Positively Diverse programme

Our commitment to promoting disability 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.

4 How disabled people have been involved in Developing the Scheme

The Trust has existing mechanisms in place to involve and consult with staff and service users. These groups have been updated on the change to legislation and how this will affect the Trust as both an employer and health service provider. Staff and service users will be consulted about this document. The results of these consultations will be incorporated into the document and re-circulated to the group for agreement. In this way the trust will encourage disabled people to participate in public life and take action to identify barriers to participation.

5 Equality Impact Assessments (EIA's)

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 Equality Impact Assessments. This will involve access to medical equipment as well as access to buildings and services.

6   What are Equality Impact Assessments?

An Equality Impact Assessment 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. The East Kent Hospitals NHS Foundation Trust has carried out Equality Impact Assessments on most policies and services since 2007. Assessments will be carried out on new policies and services, as they are developed and over time on all other existing policies and services. Disability issues will be considered alongside other equality issues such as race and gender and will involve disabled people. A list of the Equality Impact Assessments is shown at Appendix F

7   Mapping

It is essential to have some idea of how we are currently performing on disability equality in order to inform our Disability Equality Scheme. This is done by mapping our current performance areas and identifying further actions for improvement. East Kent Hospitals Trust has undertaken disabled access audits across each of the sites with the involvement of service users. A detailed analysis of these inspections has been undertaken. To enable us to improve our facilities and services actions will be included in our plan. It is not only the material aspect that has to be addressed but also the culture and attitude. We have achieved this by looking at our current policies and assessing how we need to change to provide equality to everyone, and how to improve our recruitment, development and retention of disabled people.

8   The Social Model

Traditionally disability has been viewed from a negative perspective which can be defined as the 'Medical Model of Disability'. The Social Model was created by disabled people themselves, out of their own experiences. It was initially defined as:

> *"Disability is caused by social organisation, which takes little or no account of people who have impairments and thus excludes them from participation in the mainstream of social activities" [Fundamental Principals of Disability, UPIAS, 1976].*

The Social Model is an intrinsically more positive approach to disability. Here disability is viewed as something which is imposed on people with impairments [whether they have a physical impairment, sensory impairment, learning difficulty or mental health issue], by a society which creates barriers to equality. People with impairments are thus 'dis-abled' by the way society imposes barriers on their full participation in the community. Viewing disability in this light means that a wheelchair user is not disabled by their wheelchair, but by the barriers society erects that work against them [such as steps]. People with impairments are thus 'disabled' through such things as lack of physical access, people's attitudes, structural discrimination and any other barriers society may erect against them. For disabled people, this is a far more positive approach to disability, because we are all members of society and, if we create barriers, then we can also remove them. It is a far less negative and demoralizing approach to disability than the traditional model.

9   Access to Health

The Trust will ensure that the organisation encourages and supports the use of the social model of disability. As part of the action plan annual access audits will be undertaken for both the fabric of the buildings and staff awareness and attitude. Other access issues will be included in the action plan to monitor the availability of leaflets in large print and other methods of communication to be used for those who are blind and with other disabilities.

10 Employment duties

The DDA 2005 places specific responsibilities on the organisation as an employer. These are aimed at providing a framework for measuring the progress of equality and opportunity within public sector employment and must be published annually.

11 Recommendations

The Trust Board is asked to ratify the attached Disability Equality Scheme, which will need further review in 2012.

12 How we will deliver the Disability Equality Scheme

Our Disability Equality Strategy 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.

13 East Kent Hospitals NHS Trust Equalities statement

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, race, colour, ethnic or national origin, disability, marital status, family commitments, hours worked, sexuality, age, religious or political beliefs, social class or trade union activity.

14 Services to our patients and community:

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 aim to give priority to those most in need and to work to help people overcome disadvantage. 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. The Trust encourages disabled people to become members of the Trust.

The 2001 National Census showed the percentage of 'people of working age with a long-term illness, health problem or disability which limits their daily activities or the work they do'.

The breakdown within East Kent is as follows:-

Area	People of working age with a long-term illness, health problem or disability which limits their daily activates or the work they do
Canterbury	12.6%
Thanet	17.0%
Dover	15.2%
Shepway	15.0%
Ashford	11.8%
Average for East Kent Area	14.3%
Average for South East England	10.6%
Average for England and Wales	13.6%

15 Equality of Opportunity for our staff

- We encourage job applications from all sections of the community, particularly those who are under represented in our workforce.
- 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
- 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 recommended by the Disability Rights Commission and the Government Two Ticks positive about disabled people initiative.
- We want all our employees to achieve their potential and expect managers to encourage all their staff through training and development opportunities.
- Every year the Annual Workforce Monitoring Report published and discussed at a Board Meeting will articulate the number of staff employed with a disability in EKHUNHSFT. The same report will also show the results of the monitoring process, for the following:
- Applicants for employment, training and promotion;
- Received training;
- Subject to capability procedures;
- Involved in grievances;

- Subject to disciplinary procedures and;
- Leave the Trust

16 Strategic aims and objectives

We aim to:

Ensure that Disability Equality becomes a central part of the Trust's policies, procedures and decision making processes by:

- Including as a target for each business area
- Including activity and improvement in this area in objective setting for senior managers and clinicians
- Developing clear staff training and awareness raising programmes. Act to eliminate direct, indirect discrimination and institutional inequality through:
- Regular monitoring and assessment of disability data in relation to patients and staff
- Clear policies on harassment, equalities, grievances etc
- Zero tolerance of all forms of harassment against staff and patients
- Examining processes, systems and structures of the organisation.

Ensure we meet the diverse needs of the community we serve and promote good relations between staff by:

- Introducing disability awareness training at all levels in the organisation. This has been embedded in all courses delivered by EKHUNHSFT and all staff are required carry out on-line mandatory diversity training
- Developing close links with the local community and voluntary groups.

17 How we will meet the general duty

We will undertake an impact assessment on the major functions of the Trust in order to prioritise and assess their impact on disability equality. The key functions to be assessed are:

- Planning and service development
- Modernisation
- Clinical Governance
- Operational delivery
- Patient & Public Involvement

All policies and Business Cases approved within EKHT are required to have been audited against the duty to promote Disability Equality. In addition the authors are required to indicate how data on disability 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.

18 Our action plans and timetables

The action plan is attached. The plan will be reviewed by the Trust Board annually to allow for amendments and additions. 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. This will be provided by the Equality, Diversity and Human Rights Steering Group.

19 Our disability and equality targets

This year's targets will be the foundation upon which future work will be developed and monitored. These are to:

- Establish disability 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 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.

20 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 using publications, events and our website. Staff and service users will be involved in monitoring to ensure objectivity.

21 Consultation

Changes to the plan will be consulted on with the Patients Forum, local groups or individuals representing disabled users, staff disability forum and consultative committee.

22 Complaints

Complaints will be dealt with through existing procedures where appropriate (NHS complaints policy, Trust grievance policy etc). 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 Disability Equality Scheme will be provided to the Board.

23 Publication and Dissemination

This scheme will be made available to all staff and public through our website and on request in other appropriate media. 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 CONNECT. All impact assessments of services and policies will be appended to the Disability Equality Scheme.

24 The Employment requirements of the Disability Discrimination Amendment Act (2005).

"There is no such thing as a 'typical' citizen. People's needs and concerns differ: between men and women for example, between the young and the old; and between those of different social, cultural and educational backgrounds and people with disabilities. Some of these concerns have not been given sufficient recognition in the past. We must understand the needs of all people and respond to them. This, too, is a crucial part of the modernizing government"

From: Modernising Government, p12.

The Trust has had an equal opportunities policy for some time, however recognizes that this has not always resulted in demonstrable actions that support the organisation becoming a truly diverse employer. The Trust recognizes that there are barriers that prevent Disabled people participating equally in delivering services. People delivering services may themselves be subject to discrimination in promotion and education opportunities. In addition to the Disability Discrimination Act there are a number of drivers for change nationally. The government has set a national agenda of inclusion and involvement. These national drivers include National Service Frameworks and the Vital Connection. In particular the Vital Connection, the equalities framework for the NHS, sets out three main aims:

25 Equality and Diversity

To recruit, develop and retain a workforce that is able to deliver high quality services that are accessible, responsive and appropriate to meet the diverse needs of different groups and individuals

26 Aiming for equity

To ensure that the NHS is a fair employer achieving equality of opportunity and outcomes in the workplace

27 Working with difference

To ensure that the NHS uses its influence and resources as an employer to make a difference to the life opportunities and the health of its local community especially those who are shut out or disadvantaged.

28 Disability Discrimination Act (2005)

The DD(A)A sets out more specific duties in relation to employment which must be addressed in Disability Equality Schemes. These are aimed at providing a framework for measuring the progress of equality of opportunity within public sector employment and must be published annually. In compliance with this specific employment based duty the Trust has already put in place a system to monitor by Disability all existing staff and all applications for jobs and promotions. In addition we will be monitoring by Disability:

- Grievances
- Disciplinary action
- Rebanding, variation requests and awarding of discretionary points
- Training
- Dismissals
- Sickness absence
- Leavers

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 discrimination might be happening and then consider what changes, if any, can be introduced to address this. 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 CONNECT and information will be provided on the Trust's Intranet site.

29 Monitoring classification systems

The Trust has chosen to adopt the classification in line with the Disability Discrimination Act definition. New applicants are required to indicate whether they have a disability on the job application form. The Trust has amended the 'New Starter form' definitions and descriptions in consultation with Disabled staff. The Trust has also included a tick box for 'Not Stated' so that this additional field can assist the Trust to analyze the data and make recommendations.

30 Recruitment practices

The Trust gathers data on applications for post by Disability and whether they are short listed and successful into post. The Trust has adopted the Two Ticks positive about Disabled people symbol, and advertises this on recruitment adverts and on recruitment letters. The Trust has included the 5 commitments to this within the Trust policy for Disability and Employment and ensures that a guaranteed interview scheme is incorporated into the Recruitment process. The Trust has a Service Level Agreement with Royal British Legion Industries (RBLI). They offer assistance to applicants and existing staff by supporting adjustments, purchase of equipment and Disability Awareness Training. The Trust sends the weekly vacancy bulletin to RBLI so that their clients can be made aware of the Trust vacancies.

As monitoring has revealed that people with a Disability are underrepresented in the workforce the Trust may consider the use of further 'positive action' measures. We analyse how many applications we get from Disabled groups as a percentage of the relevant population we recruit from. In the future we will seek information from education providers on the diversity of local school leavers and ensure there are no barriers to entry to posts in the organisation. We will also work in collaboration with local colleges to ensure there is equal access to education courses we provide work experience for. Once we have robust data, we will analyse the success rates of applicants with a Disability, both for short-listing and for job offers.

31 Trust's policies and procedures relevant to the Disability Discrimination Act 2005.

A full list of all Trust policies is given at Appendix C. These policies will all be reassessed to establish whether they are relevant to the Disability

Discrimination Act 2005. The following policies are those that most take account of the Act.

31.1 Disability and Employment Policy

This has already been reviewed in light of the amendment to the DDA and will be reviewed by Equality and Diversity and Human Rights Steering Group

31.2 Policy for Diversity and Equality

This will be reviewed with staff committee.

31.3 Dignity at Work Policy, Grievance Procedure, Capability Procedure,

31.4 Disciplinary procedure

Actions taken under these procedures will be monitored by ethnicity, sex, age and disability. 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.

31.5 Sickness Absence and Redeployment Policy

This will be reviewed with involvement from Disabled staff to ensure it meets the requirements of the Disability Discrimination Act.

31.6 Incidents of violence and aggression towards staff

These are currently monitored through non-clinical incident reporting and are not monitored by disability. Work on this will be progressed in the next year, please see action plan for details.

31.7 Procedure for banding requests and Advancement to Agenda for Change

Applications for re-grading requests and variations to AfC and their agreement are monitored by ethnic group, sex, age and disability. The grading and pay panel are responsible for ensuring this information is kept up to date and reported on a quarterly basis to the Director of Human Resources. The information will also be compiled annually as part of the Trust's annual report on Disability Equality issues.

31.8 Procedure for the allocation of Clinical Excellence Awards

Applications and allocations of points are monitored by ethnic group, sex, age and disability. This information is made available to the Equality and Diversity and Human Rights Steering Group and Board when agreeing the allocation committee's recommendations. The 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, and refresher training provided when necessary. The information will be reported annually as part of the Trust's report on disability equality issues.

31.9 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 accept where an individual is being

assessed against a KSF gateway. Staff passing through these gateways will be monitored by ethnic group, sex, age and disability. 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 disability equality issues.

32   Our action plan and timetable

Please see attached at Appendix B

33   Reporting and monitoring

By analyzing the data over time we will be able to tell whether any inequalities that exist have been reduced or removed. We will also be able to assess whether the actions we have taken to promote disability equality in employment is working. The information will also guide any necessary strategy review. HR will undertake reviews of the information in collaboration with our colleagues from the Trade Unions and staff representatives with a disability. Any future staff survey results will be produced by disability as well as grade, age, sex and ethnic origin. All this monitoring information will be published.

34 Consultation

Consultation on changes to this scheme or the procedures identified within the scheme will be undertaken with the Trade Unions. The Trust has promoted the development of a Disability Forum to ensure involvement in the development of new procedures and the review of monitoring information collected.

35 Complaints

Complaints in relation to the employment aspects of the Disability Equality Scheme should be directed to the Director of Human Resources.

36 Publication and dissemination

This scheme will be made available to all staff and public on the trust website. The document is available in large print, Braille and foreign languages. 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 CONNECT.

37   Appendix A. Functions

FUNCTIONS	SERVICES	FACILITIES
Acute Medicine and A & E	Major Injury Unit (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	Out Patient Chemotherapy	K&C, WHH, QEQMH
Haematology	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
	Haemophilia 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 – Mary Sheridan Centre 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
	Child Health Community Support Teams	House 1, Folkestone RVH, Folkestone Queens House, Ramsgate Hemlingford Bungalow, Whitstable & Tankerton Hospital Temple Ward, St Martin's Hospital, Canterbury

	Neonatal Audiology	House 1, Folkestone
General Surgery	General Surgery Urology Colorectal Breast Vascular	Clarke Ward, Kent Ward, Urology Suite K&C, Kings A1, Kings A2, Kings B WHH, Cheerful Sparrows Male/Female) & Fordwich QEQMH Derry Unit, RVHF
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	East Ward K&C, Satellites at QEQMH, Medway Hospital, Preston Hall
	Respiratory	K&C, WHH, QEQMH
	Neurology	K&C, WHH, QEQMH, BHD
Rehabilitation & Intermediate Care		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	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	WHH, QEQMH
	Shoulders	WHH
	Hands	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	Whole Trust
	Workforce Information	Whole Trust
	Employee Relations	Whole Trust
	Occupational Health	Whole Trust
	Management Training	Whole Trust
	Business Partners	Whole Trust
	Nurseries	Whole Trust
	Communications	Whole Trust
	Trust Secretariat	Whole Trust
Clinical Governance and Patient Safety	Clinical Governance	Whole Trust
	Public Patient Involvement	Whole Trust
	Complaints and PALS	Whole Trust
	Patient Safety and Risk Management	Whole Trust
	Clinical Practice for Nursing	Whole Trust
	Clinical Audit	Whole Trust
Finance	Financial Planning	Whole Trust
	Financial Management	Whole Trust
	Performance Management	Whole Trust
Operations	Hospital Management	Whole Trust
	Health Records	Whole Trust
	Patient Service Centre	Whole Trust
Strategic Development and Capital Planning	Strategy Development	Whole Trust
	Catering	Whole Trust
	Cleaning	Whole Trust
	Portering	Whole Trust
	Car Parking	Whole Trust
	Switchboard	Whole Trust
	IT	Whole Trust
	Patient Transport	Whole Trust
	Estates Maintenance and Builds	Whole Trust
	Health and Safety	Whole Trust
Medical Education	Doctor Education and Training	Whole Trust
Research and Development	Approve and Manage Research	Whole Trust

38 Appendix B - Equality & Human Rights Steering Group Action Plan – 2009- 2012

Objective	Action/Task	Expected Results / Success Criteria	Resources / Support Required	Time Scale	Nominated Lead
Encourage disabled people to participate in public life	Develop arrangements for involvement with and consultation of disabled people.	Improved involvement of Disabled people and compliance with DDA duty.	£10K	April 2011	Head Of Patient Involvement
Improve quality of disability information from service users.	Gather information on the impact of policies and practices on the recruitment, development and retention of disabled employees.	Improved intelligence	Nil	April 2011	Head of Human Resources
	Monitor by impairment type when the Trust has suitable processes in place to use this information effectively.	Improved intelligence	Nil	April 2011	Head of Human Resources
	Gather information on the extent to which the services provided and other functions performed take account of the needs of a wide range of disabilities and disabled people.	Begin the development of a harassment policy for service users.	Nil	April 2011	Manager Equality & Human Rights
	Gather detailed information to identify if there is an existing problem regarding the harassment of disabled people and report on how it intends to tackle those issues.	Improved intelligence	Nil	April 2011	Manager Equality & Human Rights
Demonstrate that the Trust is paying due regard to the duty to encourage participation of disabled people in public life.	Arrange a specific disability equality forum for service users and a comprehensive strategy for using existing systems to gather disability equality information.	Compliance with legal duties	£2000	Nov 2010	Head Of Patient Involvement
	The Trust's literature and communications should take account of the need to promote positive attitudes towards disabled people. This function should be impact assessed with this duty in mind.	Compliance with legal duties	Nil	April 2011	Director of HR & CA

Putting patients first

Objective	Action/Task	Expected Results / Success Criteria	Resources / Support Required	Time Scale	Nominated Lead
Demonstrate visible leadership	Training for the Board and senior managers on their specific responsibilities.	Compliance with legal duties	£20K	Aug 2011	Director of HR & CA
	Record the number of staff benefiting from reasonable adjustments, the number of staff on long-term sick leave, the number of staff under the care of Occupational Health, or the number of staff being dismissed on the grounds of capability due to ill health.	Monitoring these areas will allow the Trust to assess what is happening to disabled staff and whether reasonable adjustments are being made. It will also be good evidence of a due regard to taking account of disabled peoples disabilities.	Nil	April 2011	Head of Human Resources
	Provide training to senior managers regarding the assessment of whether reasonable adjustments should be adopted.	Compliance with legal duties	£20K	April 2011	Head of Human Resources
	Financial support for 'Access to work' to come from central fund to prevent discrimination.	Department top sliced to provide central fund managed by E&HR	Nil	Aug 2010	Director of HR & CA
	Consider provision of online access information for disabled service users.	Compliance with legal duties	£17K plus £3.4K per annum	Aug 2010	Director of HR & CA

39   Appendix C - Relevant Policies

1   A Policy and procedure for Managing Change 15/06/2009

2   Abdominal Pain No. 94 28/04/2008

3   Access to work guidance 31/03/2008

4   Accidental Dural Tap During Labour (Management of) No. 84 13/03/2008

5   Acupuncture standards 13/03/2008

6   Acute Abdominal Pain 13/03/2008

7   Acute management of Thromboembolic Disease in Pregnancy & the Puerperium No. 127 13/03/2008

8   Acute Medical Algorithms 13/03/2008

9   Acute Utrine Inversion No. 31 13/03/2008

10   Adult Suction - Physiotherapy 14/03/2008

11   Adverse incident reporting 10/12/2008

12   AFC trust guide to pay terms and conditions 05/04/2007

13   Agenda for Change Management Guidance on Starting Salaries 14/03/2008

14   Agenda for Change On Call Policy and Procedure 14/03/2008

15   Agenda for Change Post Banding Policy 12/06/2009

16   Agenda for Change: Pay Circular Feb 1/2009 01/04/2008

17   Alcohol Withdrawal Guidelines 26/06/2008

Allocating Associate Specialists' Discretionary Points & Staff Grade Doctors' Optional Points

18   03/04/2008

19   Allocating Expiry Dates to Dispensed Items 14/03/2008

Allocation of discretionary points for nurses, midwives and allied health professionals policy

20   05/04/2007

21   Annual Leave policy 05/04/2007

22   Anti-retroviral policy 17/03/2008

23   APEX User Manual 19/03/2008

24   App 5 Guidelines management of risks ver 2.0 Nov 18/03/2008

25   App 6 Guidelines management of risks ver 2.0 Nov 18/03/2008

26   App 7 Guidelines management of risks ver 2.0 Nov 18/03/2008

27   Application of the Trust Grievance Procedure November 2008 28/03/2008

28   Atosiban Tocolysis for Pre-Term Labour No. 18 18/03/2008

29   Attendance of Neonatal Team at Delivery No. 29 18/03/2008

30   Babies born on the edge of viability No. 93 19/03/2008

31   Bayer Rapidpoint 400 series Blood gas analyser 27/03/2008

32   Bed Sharing Between Mother & Baby No. 79 19/03/2008

33   Botulinum toxin prescribers 20/03/2008

34   Breech Presentation No. 14 20/03/2008

35   C difficile policy 04/03/2008

36   Caesarean section (Guideline 37) 28/04/2008

37   Cancer patients reporting standards 20/03/2008

38   Capability Guidelines for Managers 26/11/2009

39   Cardiac chest pain (protocol for biochemical investigation) 26/03/2008

40   Care in the Second Stage of Labour No. 62 20/03/2008

41   Cervical spine reporting 20/03/2008

42   Chickenpox (Varicella) and pregnancy No. 105 20/03/2008

43   Choice of access device - Vascular guideline 25/03/2008

44   Cholangitis 25/03/2008

45   Cholecystitis and Biliary Colic 25/03/2008

Clinical Algorithm for Colon cleansing in Adult surgery and colonoscopy with Moviprep
46   02/09/2009

47   Clinical Algorithm for Colon cleansing with picolax 02/09/2009

48   Code of Conduct for NHS staff and managers 26/03/2008

49   Collective Dispute procedure 12/06/2009

50   colonic cleaning guidelines for surgical patients 06/09/2009

51   Commercial Clinical Research Trials 26/11/2009

52   Communicating with Non-English speaking Women No. 118 26/03/2008

53   Confidentiality Agreement for non-NHS staff 09/10/2009

54   Confidentiality In Medical Research 26/11/2009

55   Congenital Acquired Heart Disease in Pregnancy No. 121 26/03/2008

56   Consultant Contract - Job Planning Policy 2006-07 26/03/2008

57   Contrast-induced nephropathy V2 26/03/2008

58   Coroners Information guidelines 10/12/2008

59   Data Protection Policy v3EKHUT Feb07

60   Dealing with Pregnant Asylum seekers No. 128 28/04/2008

61   Deceased patients (Radiology policy) 26/03/2008

62   Decreased or Absent Foetal Movements No. 96 28/04/2008

63   Diagnostic Algorithm for diabetes Mellitus 26/03/2008

64   Dignity at Work Policy 28/09/2009

65   Disability and employment – Managers guidelines 01/09/2008

66   Disability Equality Scheme 02/04/2008

67   Discectomy protocol 27/03/2008

68   Disciplinary policy and procedure 31/03/2008

69   Diversity and Equality Policy 12/06/2009

70   DNA policy (Radiology policy) 26/03/2008

71   Domestic Violence No. 124 28/04/2008

72   Dresscode policy from the Therapy Directorate 27/03/2008

73   East Kent Hospitals NHS Trust Library Policy: Access Policy 04/12/2008

74   East Kent Hospitals University NHS Trust internet and e-mail policy September 2008 22/09/2008

75   East Kent Hospitals University NHS Trust Library Policy: Charging for Services Policy 04/12/2008

76   Education and Development Policy and Strategy 10/04/2008

77   EKHT Fax Policy 04/07/2008

78   EKHUT Information Security Policy V31 2007 revised rjr 13/08/2008

79   Emergency Urology Guidelines 25/03/2008

80   Employment Check Policy 05/11/2009

81   Epidural Analgesia in Labour No. 83 28/04/2008

82   Equal Opportunity report – Workforce Overview 24/06/2008

83   Equipment breakdown (Radiology policy) 26/03/2008

84   Examination of the newborn No. 90 28/04/2008

85   External examination requests policy 26/03/2008

86   Failed Intubation No. 86 28/04/2008

87   Female genital Mutilation (FGM) No. 123 28/04/2008

88   Foetal Heart Monitoring No. 23 28/04/2008

89   First Stage of Labour No. 61 20/03/2008

90   Fit for the future - 2nd March 2007 05/04/2007

91   Fixed Term Contract Guidance 15/06/2009

92   Flexible Working Policy 15/06/2009

93   Fluid Guidelines No. 22 29/04/2008

94   Foundation Programme Handbook 08/12/2008

95   Gender Equality Scheme May 2007 02/04/2008

96   Genital Tract Sepsis No. 125 29/04/2008

97   GP report protocol 26/03/2008

98   Grand Multiparity No. 10 29/04/2008

99   Grievance Policy and Procedure 15/06/2009

100   Group B Streptococcus management of mother & baby No. 5 29/04/2008

101   Guidance for maintenance of Personal files 03/04/2008

102   Guidance notes for the administration of IV non-ionic contrast media 26/03/2008

103   Guidance on Abbreviations in Prescribing 22/04/2008

104   Guidance on access to Health Records 10/08/2009

105   Guidance on managing the retirement process 13/02/2009

106   Guidance on the Identification, Assessment and Analysis of Risk 30/04/2008

107   Guidance on Use of Eye Preparations in Hospitals 22/04/2008

108   Guide to the Appointment of the Chair and Non Executive Directors of the Board 25/11/2009

109   Guidelines for DVT Prophylaxis 25/03/2008

110   Guidelines for fasting blood tests 26/03/2008

111   Guidelines for Relocation and Associated Expenses 15/06/2009

112   Guidelines for requesting Parathyroid Hormone (PT) 26/03/2008

113   Guidelines for Serum Valproate 27/03/2008

114   Guidelines for the investigation of a Unilateral Pleural Effusion 26/03/2008

115   Guidelines for Thyroid Antibody Requesting 27/03/2008

116   Guidelines on Termination of Employment 15/06/2009

117   Guidelines on the Clinical Management of Jehovah's Witnesses 30/04/2008

118   Guidelines to the measurement of HCG in early pregnancy 27/03/2008

119   Haemoglobinopathies (Management of) No. 3 29/04/2008

120   Heart Failure Guidelines 26/03/2008

121   High Dependency Care No. 35 No. 35 29/04/2008

122   Homebirth No. 60 29/04/2008

123   Hyperemesis Gravidarum (Management of) No. 50 29/04/2008

124   Hypoglycaemia Prevention and Treatment No. 87 29/04/2008

125   Indication plain abdo radiographs 26/06/2008

126   Indications for transfer of women in labour to from CBC – DFBC or home No.73 29/04/2008

127   Induction and Augmentation of Labour (including sweeping of the membranes) No 11 29/04/2008

128   Induction policy 05/04/2007

129   Infant Feeding No. 80 29/04/2008

130   Infection Control No. 107 29/04/2008

131   Intermittent Positive Pressure Breathing guidelines 27/03/2008

132   Interventional patient transfers (Radiology policy) 26/03/2008

133   Introduction, Amendment or Removal of Free Text Labels 22/04/2008

134   Investigation of patients with suspected Cushing's syndrome 27/03/2008

135   Investigation of Patients with Suspected Primary Hyperaldosteronism 27/03/2008

136   Investigation of Suspected Anaphylactic reaction 26/03/2008

137   IV Contrast Print 26/03/2008

138   Journal article request form for East Kent Hospitals University NHS Trust 05/12/2008

139   K&C GPST Study Leave Guidelines 10/12/2008

140   Kent and Canterbury Hospital Library; Literature Search Request Form 04/12/2008

141   Kent and Medway Neutropenia Guidelines 27/03/2008

142   Knowledge and Skills Framework Pay Gateway Review 15/06/2009

143   KSS Study Leave guidelines 10/12/2008

144   Large Bowel Obstruction 25/03/2008

145   Legal Requirements for a Valid Prescription 22/04/2008

146   Library Access Policy 25/03/2008

147   Library Acquisitions policy 25/03/2008

148   Library Charging for services policy 25/03/2008

149   Library Collection development policy 25/03/2008

150   Library Complaints Management Policy 25/03/2008

151   Library Health and Safety Policy 26/03/2008

152   Library IT Policy 26/03/2008

153   Library Quality Standards 25/03/2008

154   Library Services Charter 25/03/2008

155   Library User Consultation Policy 26/03/2008

156   Life threatening results standard (Radiology policy) 26/03/2008

157 Lipid Testing Guidelines 26/03/2008

158 Lone Worker Policy 15/06/2009

159 Long Service Award Policy 15/06/2009

160 Madisense Optium blood glucose meter 27/03/2008

161 Maintaining High Professional Standards 31/03/2008

162 Mammography reporting 23/06/2008

163 Management of Claims policy 28/09/2009

164 Management of Enterally Fed Adult Patients 26/03/2008

165 Management of pregnancy and childbirth in women with extremes of BMI No. 129 29/04/2008

166 Management Of Research And Development Policy 26/11/2009

167 Management of Women with Epilepsy During Pregnancy and Childbirth No. 126 29/04/2008

168 Management toolkit on how to manage change 02/04/2008

169 Manager's Guidelines on the Application of the Dignity at Work Policy and Procedure 28/09/2009

170 Managers Guidance on Redeployment 18/06/2009

171 Managers guide to recruitment version 5 26/11/2009

172 Mandatory Training Requirements 02/04/2008

173 Mandible Trauma 26/06/2008

174 Manual Handling Implementation Procedure 28/09/2009

175 Manual hyperinflation guidelines 27/03/2008

176 Maternal Death No 48 29/04/2008

177 Maternity policy 05/04/2007

178 Media relations protocol 05/04/2007

179 Medical Personnel Bleep Policy 02/04/2008

180 Medical Photography Policy 26/03/2008

181 Medisense Precision PCX Blood Glucose meter 27/03/2008

182 Mentoring Policy 09/04/2008

183 Metformin policy 26/03/2008

184 Midwives Requesting Pathology Tests No. 113 29/04/2008

185 MRSA policy 04/03/2008

186 Multiple Pregnancies No. 9 29/04/2008

187 National Association of Neurological Occupational Therapists (NANOT) 27/03/2008

188 National Neonatal Screening Test (NNST) No. 69 29/04/2008

189 Neonatal BCG Vaccinations in High Risk Groups No. 12 29/04/2008

190 Neonatal Jaundice No. 68 29/04/2008

191 NICE imaging of the head 26/03/2008

192 No 88 Meconium Stained Liquor at Delivery 29/04/2008

193 Non Accidental Injury (INA) - Skeletal Survey Policy 23/06/2008

194   Non-Commercial Clinical Research Trials Policy 26/11/2009

195   Occupational Therapy outreach protocol 27/03/2008

196   Oral Glucose Tolerance Test (GTT) abbreviated version 26/03/2008

197   Oral Glucose Tolerance Test (GTT) verbose 26/03/2008

198   Orthopaedic plain film standards 26/03/2008

199   Pancreaticobiliary Emergencies 25/03/2008

200   Pathology Directorate Turnaround Times 26/03/2008

201   Patient consent information 10/12/2008

202   Perinatal Mental Health No 117 29/04/2008

203   Perineal repair, including 3rd & 4th degree tears No. 33 29/04/2008

204   Perioperative management of antiplatelet therapy guidelines 28/08/2009

205   Police Check Procedure and Guidance - Revised 2009 24/11/2009

206   Policy and protocol Acting Down by Consultant, Medical and Dental Staff 03/04/2008

207   Policy for Agreeing Remuneration in Exceptional Circumstances for Employees and NHSP Workers 10/08/2009

208   Policy for Archiving for Clinical Research Trials 26/11/2009

209   Policy for collection of blood samples for ammonia 26/03/2008

210   Policy for Health & Safety of Employees Under 18 and Work Experience Trainees 06/01/2009

211   Policy for the Development and Management of Organisation Wide Policies and Other Procedural Document 24/11/2009

212   Policy for Therapy Assessment of Medical Patients 2009 27/11/2008

213   Policy for use and supply of unlicensed medicines including the use of licensed medication out of li 22/04/2008

214   Post Partum Haemorrhage No. 34 29/04/2008

215   Postnatal Care Planning No. 65 29/04/2008

216   Postnatal Concerns No. 66 29/04/2008

217   Post-op Shoulder Surgery protocol 27/03/2008

218   Preparing & Co-Ordinating Assessments and Visits 28/09/2009

219   Preparing and Co-Ordinating Assessments and Visits by External Bodies 24/11/2009

220   Prevention of Misconduct in Medical Research 26/11/2009

221   Prior to injection of IV contrast CT and IVU 26/03/2008

222   Procedure for rewarding staff who take on different duties on a temporary basis 05/04/2007

223   Procedure for Taking Statements from Employees 15/06/2009

224   Procedure for the issue and receipt of alert letters for health professionals in EKHT 05/04/2007

225   Prolapse protocol 27/03/200

226   Protocol for booking locum medical staff Dec 2007 02/04/2008

227   Protocol for examination and assessment of the female pelvic floor 27/03/2008

228   Protocol injection of IV contrast CT and IVU v2 26/03/2008

229   Radiology staff injection 26/03/2008

230   Radiology standards 26/03/2008

231   Raising Concerns Policy 15/06/2009

232   Recognition Agreement between EKHUFT and the Recognised Trade Unions 18/06/2009

233   Recruitment and Retention 07/01/2009

234   Recruitment and Selection Policy For Non-Medical Staff 05/11/2009

235   Registration for Clinical Staff 15/06/2009

236   Request and Record Form for Permanent Vascular Access 27/03/2008

237   Research and Development - Intellectual Property policy 26/11/2009

238   Research Protocol Amendments 26/11/2009

239   Return to Practice Policy January 2010 26/11/2009

240   Rockall score - endoscopy 10/04/2008

241   Safe Haven Policy July 2009 27/07/2009

242   Scheme of work for the administration of IV non-ionic contrast media 26/03/2008

243   Screening For Microalbuminuria in Diabetes Mellitus 26/03/2008

244   Security fob application 04/12/2008

245   Sickness Absence policy and procedure 05/04/2007

246   Small Bowel Obstruction 25/03/2008

247   Smoke Free Policy 05/04/2007

248   SOP Accuracy Checking a Dispensed Item 22/04/2008

249   SOP Assembling and Labelling of Medicinal Products 22/04/2008

250   SOP for dispensing unlicensed drugs 22/04/2008

251   SOP for procurement of unlicensed drugs 22/04/2008

252   SOP Intervention and Problem Solving of Prescriptions 22/04/2008

253   SOP Owing Inpatient Prescriptions 22/04/2008

254   SOP Owing Outpatient Prescriptions 22/04/2008

255   SOP Pharmaceutical Assessment 22/04/2008

256   SOP Taking in NHS Prescription 22/04/2008

257   SOP Taking in Private Outpatient Prescriptions 22/04/2008

258   SOP Transferring Dispensed Products to Patients 22/04/2008

259   Staff Appraisal form 01/04/2008

260   Staff appraisals policy 03/04/2008

261   Strapping and taping guidelines 27/03/2008

262   Study Leave policy 07/04/2008

263   Subfertility Initial Investigations 26/03/2008

264   Support for Clinical Staff Requiring Professional Registration form 01/04/2008

265   Syphilis guidelines No. 56 28/04/2008

266   The Duty to Promote Disability Equality 04/06/2009

267   The Information Lifecycle policy 27/07/2009

268   Therapy - bariatric policy 27/11/2008

40 Appendix D - 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

Appendix D - Equality Impact Assessment

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.

Appendix D - Equality Impact Assessment

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 relations?	Is there evidence or reason to believe that some groups could be differently affected (either positively or negatively)? If so explain	Is there any concern that the function or policy is being carried out in a discriminatory way. If so 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 negative impact on any group, is   Yes   No
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: ………………………………

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
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 monitoring/evaluation/review   Yes   No
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: ………………………………………………………………………………...

Appendix E - Terms of Reference

41 Appendix E
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:

- 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.

- Reviewing all Equality Impact Assessments.

- 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

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

Appendix E - Terms of Reference

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

Director of Nursing

Medical Director

Director of Strategic Development

Deputy Director of HR

Deputy Director of Operations

Assistant Director of Finance (Planning)

Risk and Legal Services Manager

HR Manager QEQMH

Head of PALS

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/Urology

Clinical Director T&O

Clinical Director Head and Neck A&E/ECC

Clinical Director Acute Medicine

Clinical Director Speciality Medicine

Clinical Director Child Health

Clinical Director Women's Health

Head of Therapies

Head of Pathology

Head of Radiology

Head of OPD

Head of TU

Equality And Human Rights Manager

Other individuals will be co-opted to attend permanently or temporarily as required.

Appendix E - Terms of Reference

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 by the group

42 Appendix F
Completed Equality Impact Assessments

	Title	Last Assessed
1	Access to Kent Oncology Management System (KOMS)	17/12/2008
2	Achieving the nationally recommended workforce levels in midwife service	24/06/2009
3	Additional Radiologist Capacity	21/08/2008
4	Additional Resectoscope Equipment	27/04/2009
5	Additional Staffing	22/06/2009
6	Age Related Macular Degeneration	07/09/2009
7	Business Case - Managing the request for projected increase in activity for the Wheelchair Assessment	27/04/2009
8	Business case for additional 76 units of staff accommodation	27/04/2009
9	Business Case for an Enterprise Single Sign-on Solution	27/04/2009
10	Business Case for an Integrated Access Management Solution	27/04/2009
11	Business case for digital blood film morphology equipment	24/06/2009
12	Business Case for Employee Relations Adviser June 2008	20/08/2008
13	Business case for Improvement in Chief Executive and Board support	06/03/2009
14	Business case for increase in EKHUT critical care nursing establishment	27/04/2009
15	Business case FT 2008-70: Appointing operations manager	17/12/2008
16	Business case FT 2008-73: Appointing IT manager	17/12/2008
17	Business Case Managing the Increasing Demand on Acute Dermatology	27/04/2009
18	Business case to secure funding for additional medical staff within pe	24/06/2009
19	Business for Membership Management	23/06/2008
20	Business plan for PR4 families	24/06/2009
21	CAMHS non verbal therapists	27/10/2008
22	Cancer club funded post	30/10/2009
23	Cancer club funded post	06/11/2009
24	Case for 6 additional BMS posts in Blood Science	27/04/2009
25	Cellular Pathologist Accommodation	30/11/2007
26	centralised admissions lounge QEQM	21/10/2008
27	Child Audiology	20/11/2007
28	Chloraprep Frepp	20/07/2009
29	Clinical Coding (36 KB)	21/08/2008
30	community child health therapy service	21/10/2008
31	Computer aided cyto-screening technology June 2008	20/08/2008
32	Creation of Intelligence Unit	17/12/2008
33	Creation of Intelligence Unit	27/04/2009
34	Cycle to Work	07/01/2010
35	Datix on-line reporting	17/12/2008
36	Datix on-line reporting	27/04/2009

Appendix E - Terms of Reference

37	Decontamination of reusable medical devices	27/04/2009
38	deputy IT manager Pathology	21/10/2008
39	Develop Mobile PET-CT service provision at K&C	10/06/2009
40	Developing a co-located midwifery-led unit at QEQM. Full EIA	17/12/2008
41	Development of Direct Access TIA Clinics	21/08/2008
42	Development of Direct Access TIA Clinics - Thrombolysis	21/08/2008
43	Diabetes Specialist Nurses	28/08/2009
44	Diagnostics – Mobile Facilities	23/06/2008
45	Dignity at Work Policy and Procedure	29/06/2009
46	Dover health services	21/10/2008
47	Dover health services	21/10/2008
48	EKHUT Performance Management Policy and Procedure	17/12/2008
49	Electrical upgrade WHH	27/04/2009
50	Emergency Planning Officer Development	23/06/2008
51	Endoscopy Expansion	30/11/2007
52	Enhancement and improvement of service to allow more effective use of video conferencing	10/06/2009
53	Equality and Diversity Manager new post April 2008	20/08/2008
54	Establishment of a Bowel Cancer Screening Programme for East Kent	05/10/2009
55	EWTD and Maintaining Quality	28/08/2009
56	Expanding Neurological Service	07/01/2010
57	Expansion of MRSA screening to elective and day case patients	27/04/2009
58	Extend and formalize "at risk" breast screening	27/04/2009
59	Extending CAMHS service	20/11/2007
60	Extension BC 2009-10	20/07/2009
61	Facilitating compliance to NHS Estates HTM/03 within Endoscopy FT 2008-68	17/12/2008
62	Facilitation of the development of Clinical Services	10/06/2009
63	FBC for waste manager	27/04/2009
64	Frozen Section Pathology Service QEQM	27/04/2009
65	Full Business Case: Consultant Physician based in A&E Majors QEQM	17/12/2008
66	General Surgery Medical Staff	07/01/2010
67	Grievance Procedure	23/06/2008
68	Guidance to ensure compliance with provision of written information to	07/08/2009
69	Guide to Appointment of the Chair and Non-Executive Directors of the Bo	25/11/2009
70	Guideline for the transfer of Patients within the Trust	06/03/2009
71	Gyrus ENT Debrider Blades For ENT Surgery	10/06/2009
72	Hand Therapy K&C	06/11/2009
73	Harmonic Scalpel	06/11/2009
74	Head of Patient Safety & Information Analyst	21/08/2008
75	Healthcare strategy to realign the PTS ambulance service	17/12/2008
76	Heart Failure Multidisciplinary Team	20/07/2009

Appendix E - Terms of Reference

77	Implement PPCI service at WHH	07/01/2010
78	In house prescribing of renal disease Immunomodulatory treatment	06/11/2009
79	Induction Policy	21/12/2009
80	Information Governance Manager April 2008	21/08/2008
81	Infusion pumps	22/06/2009
82	Integrated Business Plan (IBP) as part of the Foundation Trust Application	21/08/2008
83	Interferon Gamma Release	10/06/2009
84	Introduction of a new test (urine Albumin) within Pathology	19/10/2009
85	Introduction of Vacuum (pneumatic) tube system at the WHH and K&C	10/06/2009
86	League of Friends funded post	30/10/2009
87	League of Friends post	06/11/2009
88	Leaving Procedure	24/06/2008
89	Locum Extension	20/07/2009
90	Long Service Award	10/06/2009
91	Max Fax Centralisation	10/06/2009
92	Maxillo Facial - Medical Staffing development	20/07/2009
93	Maxillo facial services	30/11/2007
94	Midwifery Led Unit (WHH)	24/06/2008
95	National Audit Compliance	17/12/2008
96	National Screening Programme for Abdominal Aortic Aneurysm across Kent	06/11/2009
97	New Equipment Proposal to Introduce Vacuum tube systems at WHH and K&C	23/09/2009
98	New Medical Equipment Business Case: Web viewing licences	27/04/2009
99	NHSLA Level 3 Business Case	22/06/2009
100	NICU services	20/11/2007
101	Nuclear Medicine Rooms refurbishment	06/11/2009
102	Nurse Consultant post, Breast Services	27/04/2009
103	Obtaining and recording patient consent	09/11/2009
104	Oncology refurbishment	06/11/2009
105	Organisational Workforce Plan	19/08/2009
106	Organisation-Wide Document for the Development & Management of Pro	10/06/2009
107	Osteoporosis and Combined orthogeriatric and Falls Nurses	20/07/2009
108	Outpatient Management Software Business Case	25/09/2009
109	Over Labelling Staff	22/06/2009
110	Palliative Care - Improve rest facilities July 2008	21/08/2008
111	Pharmacy New Post June 2008	20/08/2008
112	Point of Care Testing (Pathology)	30/11/2007
113	Policy for the Reporting and Management of Incidents	07/09/2009
114	Procurement of an additional Leica Peloris Tissue Processor	10/06/2009
115	Procurement of CT scanning equipment and associated equipment at WHH	01/09/2009
116	Procurement of CT scanning equipment at WHH and QEQM	07/09/2009

Appendix E - Terms of Reference

117	Project manager for 2 week wait rapid access clinics	22/06/2009
118	Provide Additional staffing resources in Technical Services within the	27/04/2009
119	Provision of alternative & Improved accommodation for Clinical Coders	17/12/2008
120	Provision of alternative & Improved accommodation for Clinical Coders	27/04/2009
121	Provision of an additional ultrasound suite at K&C	27/04/2009
122	Provision of Digital Symptomatic Breast Imaging Services	07/09/2009
123	Provision of Digital Symptomatic Breast Imaging Services for East Kent	01/09/2009
124	Purchase of an ultrasound machine for the Vascular and IR service	27/04/2009
125	Purchase of NIM response 2.0 nerve monitoring system	06/11/2009
126	Recruitment of a Band 7 Renal Dialysis Access Nurse	27/04/2009
127	Re-design and refurbishment of St. Nicholas Suite	20/08/2008
128	Re-design and refurbishment of St. Nicholas Suite December 2007	21/08/2008
129	Respiratory Virus	20/07/2009
130	Restorative Dent	20/07/2009
131	Royal Victoria Hospital	30/11/2007
132	Secure Hazardous Waste Management	28/08/2009
133	Sickle cell guidelines	24/12/2009
134	Sifting Project	20/07/2009
135	Software Package	06/11/2009
136	Special Severance Payments Policy	10/06/2009
137	Strategic Development - Theatre Productivity June 2008	21/08/2008
138	Strategy to Improve the Scope and Capacity of the Supplies Department	23/09/2009
139	Strengthening the Information Service	17/12/2008
140	Strengthening the Information Service	27/04/2009
141	Surgical Care Practitioner	27/04/2009
142	Surgical Practitioners	10/06/2009
143	Theatres Productivity Managers	20/11/2007
144	Theatres staffed 52 weeks a year	10/06/2009
145	Transfusion Practitioners	20/07/2009
146	Urology Interim Plan	07/01/2010
147	Urology Specialist Nursing	27/04/2009
148	Video Conferencing	22/06/2009
149	video in WHH pathology meeting room	28/08/2009
150	Waiting List Co-ordinators	27/04/2009
151	WHH Catering	28/08/2009
152	WHH Catering (capital only)	25/09/2009
153	Whole body cooling for Neonates	06/11/2009
154	Women's Health - Clinical Facilitators	27/04/2009
155	Workforce Levels in Midwifery Services at WHH & QEQM	06/11/2009
156	Workforce, Communications and Membership Strategy 2009/2010	22/07/2009
157	Youth Offender Worker	06/11/2009