

# The Race Equality Scheme.

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## 1 Foreword

The duty to promote race equality has arose at a time when we were experiencing large-scale service modernization, and the drive to improve performance, openness and accountability was and is rapidly changing the way we work. However, we feel it is a positive move and welcome this opportunity to review the Race 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 and support good race relations 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  
Chairman, EKHUNHSFT

Stuart Bain  
Chief Executive, EKHUNHSFT

## 2 Introduction

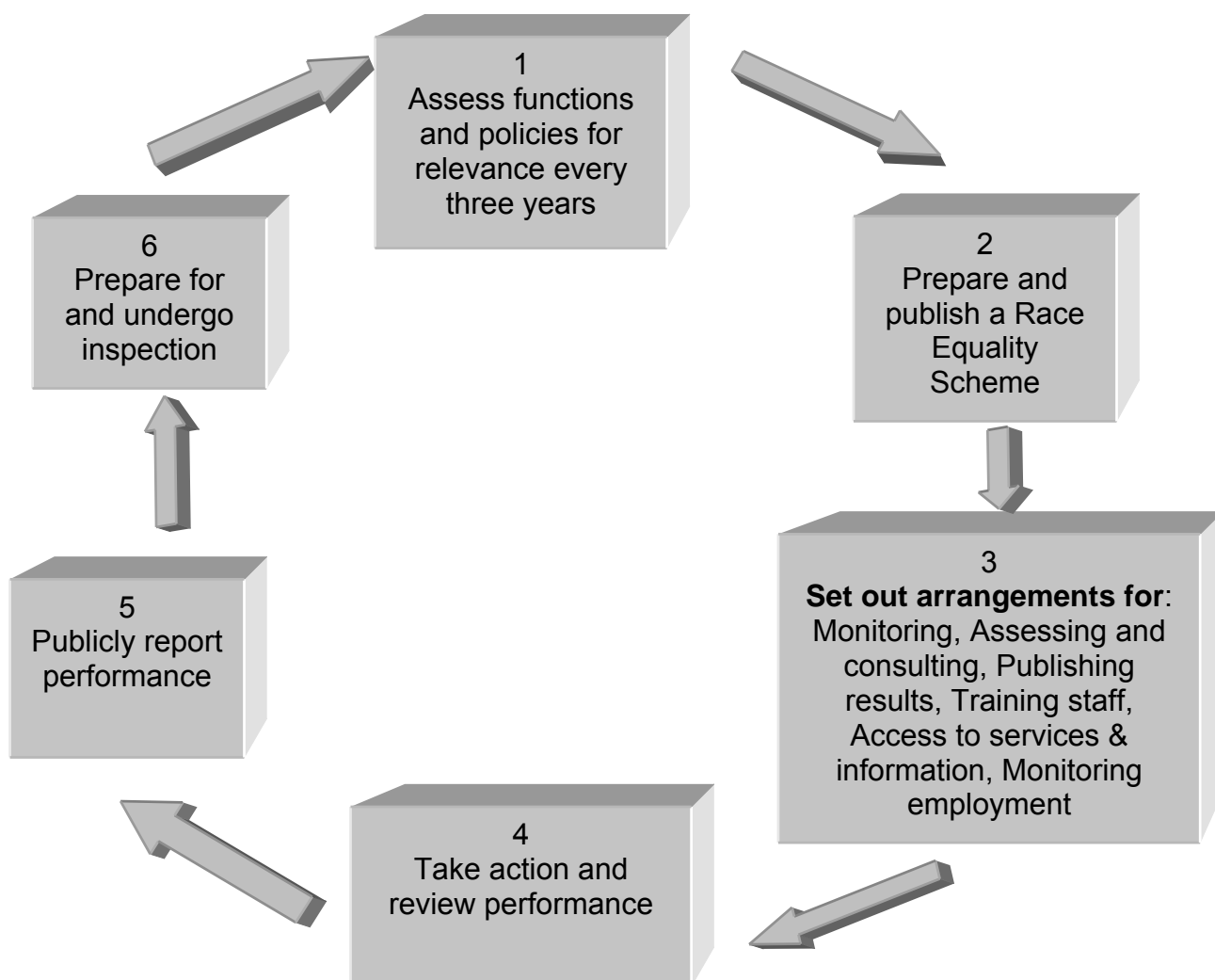
The Race Relations Amendment Act was drawn up by the government in response to the recommendations of the Stephen Lawrence Enquiry.

Under the specific duty of the Race Relations (Amendment) Act 2000 the Trust had to prepare and publish a Race Equality Scheme by 31 May 2002 and report annually on the progress made towards its implementation. This Scheme must be reviewed every 3 years and should set out how we plan to meet the general and other specific duties to promote race equality.

The order, which sets out the specific duties, requires that the Race Equality Scheme shall state, in particular:

- a) those of its functions and policies, or proposed policies, which the organisation has assessed as relevant to its performance of the duty imposed by section 71 (1) of the Race Relations Act; and
- b) the organisation's arrangements for –
  - assessing and consulting on the likely impact of its proposed policies on the promotion of race equality;
  - monitoring its policies for any adverse impact on the promotion of race equality;
  - publishing the results of assessments, consultation and monitoring;
  - ensuring public access to information and services which it provides; and
  - training staff in connection with the duties imposed by section 71 (1) of the Race Relations Act and this order.

Such an organisation shall, within a period of three years from 31st May 2002, and within each further period of three years, review the assessment made.



### 3 What does this mean?

The Race Equality Scheme is effectively a strategy and action plan. It should summarise our approach to race equality and our corporate objectives. It should also say 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 should assess and prioritise all of its delivery functions in terms of their impact on race equality with relevance to:

- Eliminating unlawful discrimination
- Promoting equality of opportunity

## EKHUNHSFT Race Equality Scheme

- Promoting good race relations.

The scheme should outline the assessment method by which all policies will be assessed for their relevance to race equality and should set out a time-scaled action plan for improvements in service equality where inequities are found or are suspected to exist. This assessment should involve all aspects of service planning, policy making, service delivery, regulation, inspection, enforcement and employment. In addition the scheme should set out details of:

- The race equality targets being worked towards
- Community consultation mechanisms
- How complaints regarding race 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 race equality and anti-discriminatory issues.

This work needs to be seen as part of the mainstream business function of the organization and for this reason it is important that race equality issues are considered as part of the business planning processes in place for the 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. Nationally the links have been made between the service involvement agenda and the Race Equality Scheme, the Trust should therefore 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

- Information for Health
- PALS services
- Developing Partnerships
- The Vital Connection – The NHS Equalities Framework

Our commitment to promoting race 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 (CQC will be responsible for inspecting for compliance with the Act as part of their reviews).

### **4 Tackling inequalities in health**

Research has shown that disadvantaged groups, particularly black and ethnic minority communities, bear an over-proportional share of health problems. The health of black people is then negatively affected by the ways institutions, policies and practices organize and deliver health services. Health disparities can be rooted in social, and economic exclusion, which may be linked to racism and other forms of discrimination. Services need to respond differently to ethnic minorities and the problems ethnic minority groups have accessing health care.

For example research has shown that:-

- Pakistani, Bangladeshi and African-Caribbean are more likely to report suffering from ill-health
- People from the Indian sub-continent are more likely to suffer from coronary heart disease
- African-Caribbeans are more likely to suffer from hypertension and many minority groups are more at risk of suffering from diabetes
- Schizophrenia is disproportionately high among African-Caribbean people.

Examples of how the Trust has started addressing this issue include:

- Personal and organisational development, developing cultural competence throughout the organization
- Better and more specific needs assessment recognizing diversity and working in partnership with communities. This would lead, for example, to the Trust:- providing and making available interpreters / translators, and the provision of information leaflets in different languages
- Positive action to ensure the ethnic diversity of our FT membership at least reflects that of the local population
- Review the experience of Asylum seekers and develop approaches that will encourage access to the health care system.

## **5 Employment duties**

The RR(A)A places specific responsibilities on the organization 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.

## **6 The East Kent Hospitals University NHS FT Approach**

### **6.1 Statement of East Kent Hospitals University NHS Foundation Trust**

Our Race Equality Scheme aims to ensure that all groups and individuals within the community are given full opportunity to benefit from the service and job opportunities we provide.

## **7 The General Duty to Prevent Discrimination**

### **7.1 East Kent Hospitals University NHS Foundation 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.

### **7.2 How we ensure this**

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 deliver services that are appropriate to any special needs they may have. The Trust monitors access and clinical outcomes of all services on a rolling basis in terms of ethnicity. The Trust customer service training module is based around identifying and treating individual needs. All Trust staff are required to carry out Equality and Diversity Training and the Trust has an increasingly ethnically diverse workforce



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The **Office for National Statistics** estimates that the mid-2007 ethnic make-up of the population of East Kent was as follows:

	White British	White Irish	White Other	Any Other	BME Total	Not Stated	Total
East Kent Population	660,200 90.6%	6,100 0.8%	20,200 2.8%	3,500 0.5%	38,900 5.3%		728,900 100.0%
East Kent Hospitals Staff	5681 78.6%	60 0.8%	282 3.9%	62 0.9%	856 11.8%	288 4.0%	7229 100.0%

The Trust has an Equality Policy and a Dignity at Work Policy which includes zero tolerance to discrimination and harassment. In addition the Trust has a number of work place ACAS trained mediators. The Trust also prosecutes members of the public who assault or harass staff. The Trust monitors all Employment Duties on an annual basis and publishes the results through Trust Board approval. The Appraisal and Personal Development Process for staff includes knowledge of Equality issues and the Annual Staff survey results are monitored by ethnicity.

All EKHUNHSFT procurement processes are also inline with policies determined by the NHS Supplies Agency and as such comply with the requirements of the Race Equality Schemes. As a result all EKHUNHSFT contractors are also contractually obliged to comply with the same requirements.

## 8 The General Duty to Promote Equality of opportunity

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

Everyone is entitled to dignity and respect. We expect all our employees to work to create a positive climate in the workplace. We will not tolerate harassment, bullying or discrimination of any kind. Complaints will be treated very seriously and may be investigated under the disciplinary procedure. We also aim to ensure that our employment terms and conditions are applied fairly to all employees, comply with all relevant legislation and match the

## EKHUNHSFT Race Equality Scheme

codes of good practice recommended by the Equal Opportunities Commission and the Commission for Racial Equality. 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 Employment Report of Race Equality, published and discussed at a Board Meeting will articulate the number of staff employed by racial group in EKHUNHSFT. In addition it will show the monitoring process by racial group for the following:-

- Applicants for employment;
- Received training;
- New Starters;
- Subject to capability procedures;
- Appraisals
- Involved in grievances;
- Promotions
- Subject to disciplinary procedures and;
- Leave the Trust.

Patients are given the opportunity to determine the timing and location of their treatment; this therefore provides a more personalised service for all patients and telephone interpretation is available 24/7 in the A&E departments. This allows all patients to give reasoned consent and to understand their treatment.

There is also evidence that for some BME groups EKHUNHSFT is the hospital of choice and the provision of increasingly complex cardiology services by EKHUNHSFT is providing better opportunity for all patients, though this improvement is relatively more important for our local BME service users.

We aim to ensure equality of opportunity in the Trust's policies, procedures and decision making processes by including improvement in this area in objective setting for senior managers and clinicians. The trust has also developed clear staff training and awareness raising programmes to promote equality of opportunity.

The Trust will also act to eliminate direct, indirect discrimination and institutional racism through:

- Regular monitoring and assessment of ethnicity data in relation to patients and staff.
- Having clear policies on harassment, equalities and grievances.
- Having zero tolerance of all forms of harassment against staff and patients

## **9 The General Duty to Promote Good Race Relations**

We will ensure we meet the diverse needs of the community we serve and promote good relations between different racial groups by:

- Introducing cultural awareness training at all levels in the organization. Though this has been embedded in all courses delivered by EKHU NHS FT, the requirement to carry out on-line diversity training became mandatory for all staff from April 2006.
- Developing consultation with the local community and voluntary organisations by setting up meetings with Minority Ethnic community groups and individual FT members who have an interest in minority issues, in order to feedback their views into the business planning process.
- Ensure tendering and purchase procedures take account of this duty.
- The Trust will actively support a BME network for staff.
- In all Trust literature the use of positive BME role models is considered.
- Provision and promotion of availability of translation and interpretation services.
- Employing an increasing ethnically diverse workforce.

A needs assessment was requested by EKHUNHSFT from PCT Public Health leads in East Kent to establish a baseline and develop a plan agreed with our Commissioners to ensure culturally sensitive services are delivered. At the time the PCT Public Health Commissioners however decided that it was appropriate to look at Black and Minority Ethnic (BME) health needs on a service by service basis when commissioning, rather than produce an overall BME health strategy for the area.

## **10 SPECIFIC DUTIES**

### **10.1 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 and this will be carried out by the Equality, Diversity and Human Rights steering Group.

### **11 Our Race and Equality Targets**

The first year's targets were the foundation upon which future work will be developed and monitored. These were to:

- Establish ethnic monitoring systems for service users and staff and ensure culturally 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 some racial groups
- Review our communication strategies to ensure equal access to services and employment.

### **12 Our Race Equality Indicators**

In the first year (in the absence of baseline data) the race equality indicators focused on establishing systems rather than monitoring outcomes. Progress was made by achieving:

- All staff receiving request to provide ethnic origin details as part of employment census
- 100% ethnic origin recorded in new patient records
- 50% ethnic origin recorded in continuing patient records, by April 2010 this figure had been raised to 90%.
- Meeting the targets agreed in the action plan.

From 2005 the following services and policies were prioritised for review. This monitoring process determined use of the service by racial groups and compared this to population figures to ensure that services are provided effectively to all our communities. The use of complaints and survey information was used to ensure all groups are equally satisfied with the service. In addition, clinical outcomes for BME group were monitored in the same way. The services were and are monitored to ensure they meet the different cultural needs of our patients. If it is found that one of our services is not catering for the needs of a certain racial group, EKHUNHSFT will amend the service to ensure that it does promote good race relations and eliminates unlawful racial discrimination. This is the process, by which the Trust considers evidence that any functions or policies are having a disparate impact, or causing discrimination or public concern against any ethnic group:

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

In 2006 the following services and policies were assessed against the requirements of the Race Relations Amendment Act:

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

In 2007 the following services and policies were assessed against the requirements of the Race Relations Amendment Act.

- General Surgery (include Vascular as a new service)
- Head & Neck (include vitreous-retinal as a new service)
- T & O
- Anaesthesia and Day Surgery
- Pharmacy
- Pathology

- Child Health (not Child Development or CAMHS)

The process was then undertaken all over again, so that all clinical services are reviewed on a 3 yearly basis.

## **13 Monitoring**

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

## **14 Responsibilities for Equality and Diversity**

### **Equality Leads**

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

### **Equality, Diversity and Human Rights Steering Group**

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

The key purposes of the group as outlined in its terms of reference are as follows:

- The group will provide leadership to the achievement of equality of opportunity in employment and service provision within East Kent Hospitals NHS Foundation Trust (EKHUNHSFT) 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.

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- Ensuring that all services are delivered in a way that is sensitive to individual needs (e.g. religious, disability, gender, age, sexuality and physical characteristics)
- Identify and secure dedicated resources for addressing Equality and Diversity issues across the Trust
- Mainstream the Trust Equality and Diversity Policy in all work
- The implementation and monitoring of all Equality Schemes

### **Trust staff**

All staff are required to undergo training in Diversity and Equality at least once every five years. This training is regularly updated to take account of developments in the field. This training highlights their specific and general duties. This training is monitored to ensure compliance. The results of the annual staff survey show that EKHUNHSFT is nationally a high performer in this area.

## **15 Equality and Human Rights Governance Arrangements**

### **Risk Management and Governance Group**

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

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

### **Trust Board**

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

## **16 Consultation**

Changes to the plan will be consulted on with the Patients Forum, local groups representing ethnic minority service users (i.e. Diversity House) and the staff consultative committee.

## **17 Complaints**

Complaints will be dealt with through existing procedures where appropriate (e.g. NHS complaints policy, Trust grievance policy). Where a complaint is not covered by these policies they may be addressed to the Chief Executive who will arrange for investigation. An annual summary of all complaints in relation to the Race Equality Scheme will be provided to the Board in the annual review of this scheme from a workforce and service perspective.

## **18 Publication and Dissemination**

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

## **19 The Relevant Functions of the Trust**

(These are listed at Appendix A)

These services will be reviewed every three years to ensure: unlawful discrimination is eliminated; they promote equality of opportunity and; they promote good race relations. For a list of associated policies relevant to the Race Equality Duty please see Appendix C. The above functions have also been prioritised in terms of relevance to the Race Equality Duty. This was completed by the Director of HR & Corporate Affairs, and the Equality and Diversity Manager on the basis of services which are acknowledged to have an element of health inequality determined by race. These decisions were verified by the Board of Directors. The functions and policies that were prioritised as a result are:

- A&E - Higher attendance at A&E, as opposed to GP services, by South Asian and Gypsies;
- Haemophilia – Very high prevalence of Sickle Cell disease in BME population;
- Cardiology – CHD and hypertension more prevalent in BME population;
- Diabetes – More prevalent in BME population;
- Renal – More prevalent in BME population;
- NICU – Greater usage for BME, gypsy and immigrant population; and
- Recruitment – Evidence of lower than expected rates of interview success for BME job applicants.

## **20 The Response of EKHU NHS FT to the Employment Requirements of the Race Equality Scheme**

### **20.1 Introduction**

“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 organization becoming a truly diverse employer. The Trust recognizes that there are barriers that prevent black and minority ethnic people participating equally in delivering services. People delivering services may themselves be subject to discrimination in promotion and education opportunities, and racial harassment is still experienced by many black staff. In addition to the RR(A)A there a number of drivers for change both national and local; locally the population is increasingly diverse, nationally the government has set a national agenda of inclusion and involvement.

## **20.2 Race Relations Amendment Act (2000)**

The RR(A)A sets out more specific duties in relation to employment which must be addressed in Race 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.

To comply with this specific employment based duty the Trust has put in place a system to monitor by ethnic group all existing staff and all applications for jobs and promotions. In addition we will be monitoring by ethnic group:

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

The monitoring of such data allows us to identify any patterns of inequality and then to take any necessary action to remove barriers and promote equality of opportunity. This requires sensitive yet realistic consideration, as the data revealed by such monitoring can often 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 and good race relations, 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 are reported annually to the Board of Directors and are communicated to staff and the public through the Annual Report of the Trust. Regular articles are published in the Trust's newsletter CONNECT and information is provided on the Trust's website.

### **20.3 Monitoring classification systems**

The Trust has chosen to adopt the ethnic classification systems used in the 2001 census. New applicants are required to indicate their ethnic origin on the job application form. Data held for current staff is regularly revised by sending out an "Employment Census" form to confirm and amend data that is currently held on employees in the Trust's Human Resources database, ESR (Electronic Staff Record). This review process has been completed three times since the inception of the Race Relations Amendment Act.

### **20.4 Recruitment practices**

If monitoring reveals that some racial groups are under-represented in the workforce the Trust may consider the use of 'positive action' measures. These have been particularly useful in other NHS organizations, for example: Bradford, through years of work and investment throughout the education system has successfully addressed inequalities in the numbers of Muslim nurses employed.

The Resourcing team use NHS Jobs for all job adverts and recruitment process and we use the data provided from this system to analyse how many applications we get from different racial groups as a percentage of the relevant population we recruit from. We also analyse the success rates of applicants from different racial groups, both for short-listing and for job offers.

## **21 Trust's policies and procedures relevant to the Race Equality Scheme.**

The trust policies are list in alphabetical order at Appendix C. Every policy when written will be assessed for relevance to the Race Equality Duties. Policies will be reviewed every three years and will be assessed for relevance against the duties at that time. Thus all policies will have been assessed for relevance within three years.

## **22 Our action plan and timetable**

Please see Appendix B.

## **23 Our race equality targets**

The Vital Connection has given the Trust a number of targets to meet in relation to equality. This includes the requirement for the Trust Board to be trained in equality

issues and for the Board as well as the workforce to be representative of the local population. The Trust is on target to meet these requirements.

### **24 Reporting and monitoring**

By analysing the data over time we are able to tell whether any inequalities that exist have been reduced or removed. We are also able to assess whether the actions we have taken to promote race equality in employment is working. The information will also guide any necessary strategy review.

The HR team also reviews information in collaboration with our colleagues from the Trade Unions and staff representatives from black and ethnic minorities. All staff survey results are produced by ethnic origin as well as grade, age, sex and disability.

### **25 Consultation**

Consultation on changes to this scheme or the procedures identified within the scheme will be undertaken with the Trade Unions, the BME Network the Patients Forum, local groups representing ethnic minority service users (i.e. Diversity House) and the staff consultative committee.

### **26 Complaints**

Complaints in relation to the employment aspects of the Race Equality Scheme should be directed to the Director of Human Resources and Corporate Affairs.

### **27 Publication and dissemination**

This scheme is made available to all members of staff and the public through the Trust Website, the Communications Team and Human Resources.

## 28 Appendix A Functions

FUNCTIONS	SERVICES	FACILITIES
Acute Medicine and A & E	Major Injury Unit (A&E) Emergency Care Centre	WHH, QEQMH K&C
	Minor Injury Unit	BHD, RVHF, Victoria Hospital Deal
	General Medicine	K&C, WHH, QEQMH
Anaesthesia & Day Surgery	Main Theatres ITU	K&C, WHH, QEQMH K&C, WHH, QEQMH
	Day Surgery	K&C, WHH, QEQMH
	Chronic Pain	K&C, WHH, QEQMH
	Acute Pain	K&C, WHH, QEQMH
Cancer & Clinical Haematology	Out Patient Chemotherapy	K&C, WHH, QEQMH
	Day Patient Chemotherapy	K&C, WHH, QEQMH
	Palliative Care	K&C, WHH, QEQMH
	Haemato-Oncology	K&C, WHH, QEQMH
	Trust Counselling Service – Oncology	Trust-wide
	Cancer Support Nurse Specialist Service	K&C, WHH, QEQMH
	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

## Appendix A Functions

	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

## Appendix A Functions

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 Shoulders Hands	WHH, QEQMH WHH WHH, QEQMH
Women's Health	General Gynae & Obs	WHH, QEQMH, BHD,
	Colposcopy	K&C, WHH, QEQMH, BHD
	Infertility	RVHF
	Rapid Access	K&C, WHH, QEQMH
	Uro-Gynae	QEQMH, WHH, BHD, RVHF
	Foetal Medicine	WHH, QEQMH
	Ante Natal & Gynae Clinics	K&C, WHH, QEQMH, BHD, RVHF, Deal Hospital, Cedars Surgery, QVH Herne Bay
	Gynae Oncology	QEQMH
	Uro-Dynamic Studies	QEQMH

## Appendix A Functions

	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





## 29 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
Review of current workforce based on annual report	Review reports to ensure broadly consistent with the requirements of the Act	Produce equality targets for next year	Nil	annual	Head of Human Resources
Continue to review and enhance monitoring information held.	Resource Link update and employment census	Ethnic origin held for 100% of staff	Nil	ongoing	Head of Human Resources
Staff Issues	Recruitment database implementation	Recording of recruitment information at each stage of the recruitment process	Nil	ongoing	Head of Human Resources
	Record and analyse data regarding career progression including clinical excellence awards by specific racial group.	No difference expected between groups	Nil	annual	Head of Human Resources
	Monitor applicants for training and promotion by specific racial group.	No difference expected between groups	Nil	annual	Head of Human Resources
	Monitor failure to progress through KSF Gateways by ethnicity.	No difference expected between groups	Nil	annual	Head of Human Resources
	Identify any possible barriers to career progression to Band 8 for female employees	No difference expected between groups	Nil	annual	Head of Human Resources
	It is recommended that the Trust considers widening its current monitoring to include non mandatory training and other learning or development opportunities. Subject to the proportionality principle the Trust should aim to monitor access to those activities with the	No difference expected between groups		Nil	annual

Appendix B – Equality, Diversity and Human rights steering group Action plan 2010 – 2012

	most potential to develop an individual's career.				
	The Trust is monitoring staff who leave its service by reference to ethnic group for both Agenda for Change Staff and Medical and Dental staff. However, the data is not presented in such a way as to make it easily identifiable whether some ethnic groups are disproportionately represented.	The data could be improved by expressly comparing the percentage of leavers by ethnic group, against the percentage of employees of that ethnic group employed at the Trust.	Nil	annual	Head of Human Resources
	The existence of and support given to the BME staff network assists the Trust in meeting this duty, but it is recommended that the Trust take a more active role in promoting this group and engaging with it to help fulfil this duty.	Dir Human Resources and Corporate Affairs to voice support for staff networks and ensure managers encourage relevant staff to attend meetings during working hours at trust expense.	Nil	annual	Dir HR&CA
Equality Impact Assessments	Ensure there is a process in place for reviewing the effectiveness of EIAs.	Improved EIAs	Nil	annual	Head of Human Resources
	EIAs are of very varying quality. Training for managers on carrying out the EIA process is recommended to improve the quality of EIA outcomes.	Improved EIAs	Nil	annual	Manager Equality & Human Rights
	Trust website to provide a specific link to access full Eia forms once completed	Improved EIAs	Nil	annual	Head of Comms

Appendix B – Equality, Diversity and Human rights steering group Action plan 2010 – 2012

<p>The Trust identifies ways in which the Board's ownership and commitment to the equality agenda could be more effectively conveyed to staff and the community.</p> <p>Ensure each service undertakes an Equality Review</p>	<p>Non-executive Director to have oversight of Equality and Human rights agenda</p>	<p>Improved compliance with specific and general duties</p>	<p>Nil</p>	<p>Dec 2010</p>	<p>Dir HR&amp;CA</p>
	<p>Director Clinical Quality and Patient Safety to sit on Equality and Human Rights Steering Group</p>	<p>Improved compliance with specific and general duties</p>	<p>Nil</p>	<p>Dec 2010</p>	<p>Dir HR&amp;CA</p>
	<p>The Board &amp; EDHRSG to receive training on their specific responsibilities under the Trust's race equality duty This should be implemented as a priority.</p>	<p>Improved compliance with specific and general duties</p>	<p>Nil</p>	<p>Dec 2010</p>	<p>Manager Equality &amp; Human Rights</p>
	<p>Include as part of business planning process</p>	<p>Delivery of more personalised services</p>	<p>Nil</p>	<p>Jul-2010</p>	<p>Director of HR &amp;CA</p>
<p>Improve involvement of relevant community groups</p>	<p>Develop a toolkit for service managers to stimulate patient involvement</p>	<p>Greater involvement of local BME population</p>	<p>Nil</p>	<p>Dec-2010</p>	<p>Head of Patient involvement</p>
	<p>Continue to establish an annual forum for BME and other communities to link with the business planning process</p>	<p>Greater involvement of local BME population</p>	<p>£1000</p>	<p>Sep 2011</p>	<p>Director of HR &amp;CA</p>
	<p>Identify ways in which the Trust can better promote good race relations and include details in the RES.</p>	<p>Improved RES</p>	<p>Nil</p>	<p>Sep 2012</p>	<p>Manager Equality &amp; Human Rights</p>
	<p>Develop suitable specific consultation and engagement arrangements with regard to the race equality duty (and across all equality strands).</p>	<p>Improved Involvement</p>	<p>Time</p>	<p>Ongoing</p>	<p>Manager Equality &amp; Human Rights</p>

Appendix B – Equality, Diversity and Human rights steering group Action plan 2010 – 2012

	Develop an engagement group or groups including representation of all local race communities, with whom it can consult regularly on race equality issues.	Improved Involvement	Time	Ongoing	Manager Equality & Human Rights
	Evidence of compliance to promote good relations would be to set out focus groups and consultation forums with a mixed ethnic background to encourage open discussion. The absence of such forums is a significant barrier to meeting this duty.	Improved Involvement	£5000	Ongoing	Manager Equality & Human Rights
The Trust needs to demonstrate a clearly developed and implemented strategy to ensure access to both information and services to evidence that it is paying due regard to the general duty.	The Trust is using mainstream engagement and monitoring processes to assist it to monitor equality issues such as access to services. The Trust should consider ways of adapting these systems to fulfil its monitoring requirements in addition to the development of specific equality forums.	Improved Involvement	Nil	Ongoing	Manager Equality & Human Rights
	It is recommended that the Trust gives consideration to whether its monitoring systems (particularly for service users) go far enough to really enable the Trust to identify potential and actual adverse impact and address it appropriately.	Better Service Delivery	Nil	Ongoing	Director of HR &CA
Interpreter Service	The website provides that an Interpreter Service is available, and the Trust offer spoken and/or written translation in various different languages, upon request. However, the website does not include details regarding which languages are on offer by way of translation and it is unclear which information can be made available in different languages, i.e. the services it provides or copies of the Trust information packages. This should be clarified.	Better Service Delivery	Nil	Ongoing	Manager Equality & Human Rights

Appendix B – Equality, Diversity and Human rights steering group Action plan 2010 – 2012

Purchasing	The Trust could do more to pro-actively assess the equality standards of its suppliers in order to comply with the duty to promote equality of opportunity.	Better Service Delivery			Manager Equality & Human Rights
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## 30 Appendix C - Relevant Policies

- 40 Care in the Second Stage of Labour No. 62 20/03/2008
- 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
- 18 Allocating Associate Specialists' Discretionary Points & Staff Grade Doctors' Optional Points 03/04/2008
- 19 Allocating Expiry Dates to Dispensed Items 14/03/2008
- 20 Allocation of discretionary points for nurses, midwives and allied health professionals policy 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
- 41 Cervical spine reporting 20/03/2008
- 42 Chickenpox (Varicella) and pregnancy No. 105 20/03/2008

## Appendix D - Equality Impact Assessment

- 43 Choice of access device - Vascular guideline 25/03/2008
- 44 Cholangitis 25/03/2008
- 45 Cholecystitis and Biliary Colic 25/03/2008
- 46 Clinical Algorithm for Colon cleansing in Adult surgery and colonoscopy with Moviprep 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

## Appendix D - Equality Impact Assessment

- 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



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- 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  
Indications for transfer of women in labour to from CBC – DFBC or home
- 126 No.73 29/04/2008  
Induction and Augmentation of Labour (including sweeping of the
- 127 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  
Investigation of Patients with Suspected Primary Hyperaldosteronism
- 135 27/03/2008
- 136 Investigation of Suspected Anaphylactic reaction 26/03/2008
- 137 IV Contrast Print 26/03/2008  
Journal article request form for East Kent Hospitals University NHS Trust
- 138 05/12/2008
- 139 K&C GPST Study Leave Guidelines 10/12/2008  
Kent and Canterbury Hospital Library; Literature Search Request Form
- 140 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

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- 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  
Management of pregnancy and childbirth in women with extremes of BMI
- 165 No. 129 29/04/2008
- 166 Management Of Research And Development Policy 26/11/2009  
Management of Women with Epilepsy During Pregnancy and Childbirth No.
- 167 126 29/04/2008
- 168 Management toolkit on how to manage change 02/04/2008  
Manager's Guidelines on the Application of the Dignity at Work Policy and
- 169 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  
National Association of Neurological Occupational Therapists (NANOT)
- 187 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

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- 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

## Appendix D - Equality Impact Assessment

- 229 Radiology staff injection 26/03/2008
- 230 Radiology standards 26/03/2008
- 231 Raising Concerns Policy 15/06/2009
- Recognition Agreement between EKHUFT and the Recognised Trade
- 232 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
- Scheme of work for the administration of IV non-ionic contrast media
- 242 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
- Support for Clinical Staff Requiring Professional Registration form
- 264 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

## Appendix D - Equality Impact Assessment

- 269 Therapy - hydrotherapy cleaning policy 27/11/2008
- 270 Therapy - hydrotherapy fire policy 27/11/2008
- 271 Therapy - hydrotherapy policy - hoist 27/11/2008
- 272 Therapy - hydrotherapy policy chemical testing 27/11/2008
- 273 Therapy - hydrotherapy re- referral policy 27/11/2008
- 274 Therapy - Lone Working Policy 27/11/2008
- 275 Therapy Directorate - Students policy 27/03/2008
- 276 Third stage of labour inc retained placenta management No.63 20/03/2008
- 277 Thromboprophylaxis guidelines of adult medical patients 26/03/2008  
Trauma and Orthopaedic Therapy protocol for Knee Arthroscopy  
27/03/2008
- 279 Triage nurse requesting x-rays 26/03/2008
- 280 Trust e-mail guidance 02/07/2009
- 281 Trust Guide to Agenda for Change Pay Terms and Conditions 01/04/2008
- 282 Trustwide plain film reporting 26/03/2008
- 283 Unattended Patients 27/03/2008
- 284 Unstable bladder 27/03/2008
- 285 Water Deprivation Test 26/03/2008
- 286 Working time directive opt out agreement 01/04/2008
- 287 Working time directive policy 01/04/2008
- 288 Working time regulations 05/04/2007
- 289 Working time regulations policy 03/04/2008
- 290 X-rays - How Safe Are They? 16/04/2007

## **31 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

## Appendix D - Equality Impact Assessment

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?

## Appendix D - Equality Impact Assessment

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.



Appendix D - Equality Impact Assessment

**Equality Impact Assessments**

Stage 1 Screening

<p>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)</p> <p>Version: State if new or is planned</p> <p>Author(s): If responsibility is shared with internal/external partners please state</p>	<p>Component:</p> <p>Version</p> <p>Authors:</p> <p>Date Created:</p> <p>Next Review:</p>
<p>PHASE 1 – Initial Screening for Relevance</p> <p><b>Summary of aims</b> (consider any proposed changes to be made to an existing component. Ask why it is needed)</p> <p><b>Summary of Objectives and Outcomes</b> ((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)</p>	<p>Aim:</p> <p>Objectives:</p> <p>Outcomes:</p>
<p>PHASE 2 – Collect Information</p> <p>Evidence could be equalities monitoring, public health evidence, complaints, consultations, patient feedback, research, national data etc</p>	<p>Evidence used to establish relevance and a brief summary of what evidence tells us:-</p>
<p>PHASE 3 - Decide if the policy is relevant</p> <p>Confirming if component is relevant or not relevant to Equalities Duties - ethnicity, disability, religion, age, gender, sexuality-</p>	<p>Tick appropriately</p> <p>A) COMPONENT HAS RELEVANCE TO EQUALITIES - Proceed to Full Assessment</p> <p>‘</p> <p>B) COMPONENT HAS NO RELEVANCE TO EQUALITIES (sign off and process ends here)</p> <p>‘</p> <p>Clinical Director/CSM Sign off and Date:- Send to PA to HR Director</p>

## **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.

## Appendix D - Equality Impact Assessment

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

## Appendix D - Equality Impact Assessment

- 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.

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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.

Appendix D - Equality Impact Assessment

SECTION 2

FULL EQUALITY IMPACT ASSESSMENT 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:

The Employment Equality Regulations  
Race Relations (Amendment) Act 2000  
Disability Discrimination Act (1995)  
Gender  
Sexual Orientation  
Age

Yes No



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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
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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

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

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

## Appendix D - Equality Impact Assessment

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

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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: .....

Appendix D - Equality Impact Assessment

EQUALITY IMPACT ASSESSMENT ACTION PLAN

<b>Issue</b>	<b>Action Required</b>	<b>How would you measure Impact/outcomes in practice</b>	<b>Timescale</b>	<b>Responsible Officer</b>
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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 process to check the successful implementation of the strategy, project, function or policy? Yes    No

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

### 32 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:

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

#### 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

## Appendix E - Terms of Reference

### ACCESSIBLE and RESPONSIVE CARE – STANDARD C18

Healthcare Organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably

#### Relationships and Reporting

The group reports to the Risk Management and Governance Group.

#### Membership

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

Director of HR	Clinical Director Anaesthetics
Director of Nursing	Clinical Director General Surgery/Urology
Medical Director	Clinical Director T&O
Director of Strategic Development	Clinical Director Head and Neck A&E/ECC
Deputy Director of HR	Clinical Director Acute Medicine
Deputy Director of Operations	Clinical Director Speciality Medicine
Assistant Director of Finance (Planning)	Clinical Director Child Health
Risk and Legal Services Manager	Clinical Director Women's Health
HR Manager QEQMH	Head of Therapies
Head of PALS	Head of Pathology
Facilities Representative	Head of Radiology
Chair BME Support Group	Head of OPD
Chair Staff Disability Forum	Head of TU
Chair Staff Lesbian, Gay, Bi-sexual and Transsexual Group	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

### 33 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

East Kent Hospitals NHS Trust

Equality, Diversity and Human Rights Steering Group

Terms of Reference

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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
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

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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
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

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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
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

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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