

**Race Equality Scheme (RES)
2005 - 08
Report on the progress of
Race Equality Impact Assessment (REIA)**

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1. Introduction

This report is prepared to update the Trust Board on the progress and outcomes of the Race Equality Scheme Impact Assessments.

The Trust published its revised Race Equality Scheme 2005-08 in July 2006 and agreed to review the scheme annually. The Board also agreed as part of its duty under RRAA to strengthen the arrangements to undertake assessments of all functions and related policies on their relevance to the general duty.

The aim of this review is to ensure that the Trust's RES is fully compliant with the Race Relations (Amendments) Act (RRAA) by:

Setting up systems and arrangements:

- To assess all its functions and related policies on their relevance to the general duty of race equality duty
- To prioritise those functions and related policies with high relevance to race equality duty using Trust's set of criteria.
- To carry out full impact assessments of all new policies and those of existing policies assessed to have a high adverse impact on race equality
- To establish links and consult with Black and Minority Ethnic and Faith Communities using Trust's services
- Improve the quality and completion of ethnicity data of staff and users of the service
- Train all staff on equality and diversity issues and legislations
- Support staff forums to discuss equality and diversity issues that affect them

2. Equality Impact Assessment (EqIA) – systems/arrangements in place

Since the publication of the revised RES in July 2006 the Trust has taken the following steps to strengthen and clarify its race equality impact assessment arrangements:

- In order to provide clear leadership and accountability for equality and diversity strategies the Trust has revised and restructured its Equality and Diversity leadership structure by appointing a new Equality and Diversity Strategy Board chaired by the Executive Director for Operations with internal and external membership of senior executives including the Executive Director for Governance and Nursing, Director of Human Resources, Director of Communication, Chair of RBHT PPI Forum, Director of Kensington, Chelsea and Westminster BME Health Forum, Director of Hammersmith and Fulham Action for Disability.
- The Directors in the Equality Board has agreed that all new policies or proposed changes to existing policies and services should carry out equality impact assessments before approval by the management committee.

- The Equality and Diversity Team has produced clear guidelines and a template on how to undertake assessments for relevance on all equality strands. The guideline was circulated to all departments. Further information on equality impact assessments is also available on the equality and diversity portal on the Trusts website and intranet.
- The E&D Team attends department meetings to provide further support and advice.
- Equality Impact Assessments Leads from each department will be attending training for two days on e –tool EqIA in partnership with Trinity Development.
- The Trust established formal links with internal and external BME networks and forums for equality impact assessment consultations.
- Ethnic monitoring information/systems in place to measure progress in mainstreaming race equality in service delivery, health outcome and employment opportunities.
- The Trust has set up procedures to make the whole process transparent and inclusive by publishing the outcome of assessments in the website.

2.1. Training of staff

EqIA Training

The EqIA training target group includes those engaged in formulating strategy at board and senior management levels, people who develop policies and those undertaking planning or who deliver services directly to the public. In September 2007 key policy leads from each directorate are to be trained on e-tool equality impact assessments, which has been developed in partnership with Trinity Development which is one of the leading EqIA development agencies.

Equality and Diversity Awareness Training, Workshops and Inductions

This training is aimed at the broad range of people including those who joined the Trust, a wide range of courses and modules covering Equality and Diversity legislations, roles and responsibilities of staff at all levels. At present the Trust provides the following awareness workshops and training:

- The Trust's mandatory corporate induction programme for new staff
- Mandatory sessions on equality and diversity awareness workshop for all staff
- People's management training for Band 6 clinical staff
- Student nurses E&D sessions as part of their nursing basic training
- Induction of Junior Doctors and SHOs
- A module in the 'Introduction to Line Management' training programme which is compulsory
- Clinical governance academic days for clinicians including consultants

In the last six months over 350 staff attended the above courses, workshops and inductions on equality and diversity.

2.2 Ethnic monitoring information

A new patient registration system has been introduced to capture ethnicity, nationality, religion,

language and disability of patients using the Trust services. The data will be regularly updated and analysed to measure performance of the Trust on race and other equality duties. The outcome of the ethnic monitoring including actions will be published in the Trust's Annual Report.

Similarly there is an improvement in workforce information which is now possible to conduct ethnic monitoring of recruitment and selection, ethnicity of staff in post and the grades they are in, training uptake, disciplinary, appraisal of performance and promotions, staff leaving the Trust. The monitoring data will be available to all managers through Electronic Staff Records (ESR). Monitoring reports will be reported to the Trust Board and published annually.

2.3. Arrangements for consulting with BME communities and forums

The Trust acknowledges the importance of consultation in the development and implementation of the Scheme and is committed to full and meaningful consultations on its Race Equality Scheme, impact assessments and monitoring arrangements.

It has already established formal links with some local, regional and national links with the not for profit organisations and BME community networks and forums.

The Trust intends to carry out joint consultations with Hillingdon Hospital, North West London Equality and Diversity Network and other public authorities in the borough of Hillingdon, Kensington and Chelsea, Brent PCT, Hammersmith and Fulham PCT, Ealing PCT.

2.3.1 Internal Consultation

The Trust will use its agreed procedure mechanism to consult with the staff side and trade union and professional organisational representatives. The Trust will also consult the RBHT Equality and Diversity Forums and Trade Union staff side.

The Trust will also make copies of the EQIA consultation questions and forms available throughout its premises to enable staff and patients to consider its proposals. It will also be made available in the e-tool systems of EqIA as part of the Equality and Diversity website portal.

2.3.2 External consultation

The Trust has already started consultation with BME groups and will continue to consult as widely as possible to ensure that any organisation or group which has a particular interest in the Trust's work, and/or the likely impact of its policies on the promotion of equality of opportunity and good relations will be included in engaging in the consultation process. The Trust will make particular effort to ensure that the black and minority voluntary and community sector, including refugee and faith communities in North West London and Hillingdon, are also consulted.

2.3.3 Ensuring inclusive consultation

In consulting on any matter relating to this scheme, the Trust will work with representative groups and individuals to identify how best to obtain their views. This may involve face-to-face meetings, advisory groups, surveys or consultative panels, focus groups and other innovative ways of consulting during the life of the scheme, for example, café style consultation.

The Trust will take into consideration producing the proposal in plain language and translating it into relevant languages, different forms, i.e. Braille, etc. In conjunction with the communication

department, systems will be established to ensure that information will be available in accessible formats as required by our patients and staff.

A database of all bodies consulted, along with the relevant officer(s) in every organisation and some data on when they were consulted and if they responded will be kept.

The Trust will keep a copy of all consultations and responses in an accessible place. It will map out consultation events systematically to ensure coordination with all stakeholders. Barring issues around confidentiality and data protection, the Trust will make public, if requested the full details of any consultations.

The outcome of consultation and the list of individuals and groups already consulted are presented in Appendix 3.

2.3.4. PPI Forum

The PPI Forum Chair participated in one of the consultation meetings with Kensington and Chelsea BME Health Forum. The Chair commented that the Forum welcomed the start of the consultation process, but that the Trust needed to organise more structured consultation events to involve BME groups and users of Trust services. It was suggested that a Café style consultation could be a more appropriate way of engaging BME users and carers more directly. The Forum would like to participate in future EqIA consultation events of this sort, particularly with regards to looking at access to services and the experiences of outpatients.

3. Equality Impact Assessment – approaches/ processes

Equality Impact Assessment is a systematic process of ensuring that the Trust delivers its services, employs and treats its staff fairly, encourages and trains staff to treat people with respect and dignity, eliminates unlawful discrimination, as well as promotes equality of opportunity.

The Trust has adapted a two step process in its duty to carry out a systematic review of all its existing and new functions and related policies to determine whether they are relevant to the equality duty. Almost all of its functions and policies will have some relevance to race equality, but some will have more relevance than others and the Trust will use a set of criteria to prioritise those functions and related policies with higher impact.

Step 1

Assessment for relevance of functions and related policies and identifying priority areas for EqIA

The Trust has assessed most of its functions and related policies for relevance to race equality general duty as required by the Race Relations Amendments Act (RRAA) 2000. It has also put systems in place to assess the impact of new functions and related policies before approval by the Management Committee and Trust Board. The assessment for relevance will continue until all policies and functions are completed.

Key people from each department have been identified to lead and be responsible for undertaking the Equality Impact Assessment and other people or partner organisations who will contribute to the assessment. The Steering Group champions the implementation of the EqIA action plan. The

group has a balance of skills and experience as well as mix of staff at different levels. For some (smaller) assessments, it was easier to have a “virtual team” with one or two people taking responsibility for the review but drawing on the knowledge and expertise of the Equality and Diversity team as and when necessary.

The Trust is organised into the following functional structures and directorates and this structure is used to assess its services, functions and related policies on their relevance to the general duty of the RRAA.

Operations:

- Clinical services
- Non-clinical support services
- Estates
- Pharmacy

Governance and Nursing:

- Patient Advice and Liaison Service (PALS)
- User and community involvement
- Research and Development
- Education and training

Human Resources:

- Recruitment and selection
- Policy development
- Learning and development
- Workforce development

Executive Directorate & Finance Directorate:

- Internal Audit
- procurement
- performance management

Committees & Steering Groups:

- OMT (Operational Manager Team)
- Trust Risk Committee
- Nutrition steering group

The Directorates will identify and assess the relevance of their functions and related policies using the recommended assessment grid or template and relevance will be measured as high or low (see Appendix 4 for details).

During April – August 2007 a total of 149 Trust wide functions, services and related policies were assessed for relevance. The list of relevant services, functions and policies assessed so far are listed in Appendix 1 and copies of the forms used to assess these policies are also available on the Trust’s website <http://www.2rbht.nhs.uk/welcome/about-us/equality-and-diversity/impact-assessment>.

Out of the 149 functions/services and related policies assessed for relevance 57 were identified as having relevance or impact on the equality duty. The Trust has used the following criteria to prioritise the service areas and related policies which need to be fully assessed for their impact on

race equality as listed in Appendix 2.
The criteria are:

- Is there any evidence of higher or lower participation or uptake by different racial, ethnic groups or by religious groups?
- Is there any evidence that different care groups have different needs, experiences, issues and priorities in relation to a particular policy or service? Source of information include reports and findings of independent inquiry, staff/patient survey, staff forum feedback, internal audit, health care commission inspection, etc.
- Is there an opportunity to improve equality by altering the policy or service or working with others internally or the community at large?
- Have consultations or communications in the past with relevant user representatives (PPI), organisations or individuals within groups indicated that particular policies or services create problems that are specific to them? For example Trust's complaints procedure, availability of information and communication support in easy to read, different languages and in Braille or tapes.
- Support and add value to the work of the Trust on related duties and priorities such as
 - o Standards for Better Health
 - o Health Inequalities
 - o Dignity in Care
 - o Commissioning a Patient-Led NHS
 - o Delivering patient choice
 - o Providing more personalised services and ensuring that people have a stronger voice
 - o Protecting the most vulnerable people

Stage 2 – Full Equality Impact Assessment

Assessment of the likely impact on equality is found by examining the relevant function or policy, taking into account information gathered, supported by involvement and / or consultation. If the results of the analysis lead to a finding of potential adverse impact and / or unlawful discrimination, the policy or service will need to be revised and any barriers or failings tackled.

Considering existing data and research

Exploring the available data and research relevant to the development of the service or policy is a vital part of EqIA. For example, patterns and trends data may show that a particular group of people are not accessing a service. Both qualitative and quantitative data can be used (in the right context). This may include service activity, ethnicity and workforce profiles, information from formal audits or enquires, consultation exercises (with users and staff), surveys, information of the local population and census data. Where data by equality group are limited or not available, managers should identify this as a limitation and devise action plans to overcome this e.g. completion of ethnicity data of inpatients in Brompton.

Involve and consult relevant stakeholders

EqIAs must be informed by consultation. This includes engaging with staff and members, staff associations or trade unions, other public bodies or voluntary and community groups. If relevant

and recent consultation data exists which can be analysed by the different equality groups we can use that. If we do not, then we will need to undertake consultation as part of the assessment process. There may be consultation processes or forums already in place, which should be used; however such mechanisms should be representative of the local community.

In January 2008 the Trust will organise a café style consultation on Patient and Public Involvement Strategy and will make sure that there will be workshops on each equality strand including race, gender, disability, age, sexual orientation.

Produce an action plan, if required

An implementation plan should be produced, which sets out clearly and simply any actions we have identified as a result of undertaking the EqIA. These may include actions that need to be carried out before the EqIA can be completed or longer-term actions that will be carried out as part of policy development or service delivery. Actions should be prioritised based on the criteria used at the screening stage.

Sign off the Equality Impact Assessment report and agree the policy/service changes

It is at this stage of the assessment process that a decision should be made regarding the effectiveness of the policy. The Equality Impact Assessments should be discussed within the team and signed off by the relevant service manager. Where a report to the Trust Board, Equality and Diversity Strategy Board or Senior Management Team is recommending the adoption of a new or revised policy or service, the EqIA should be attached as an appendix to the report. The equalities implications paragraph on the coversheet should then summarise the main issues within the EqIA.

Publish the results

Publishing results of EqIAs shows a commitment to promoting equality and will also demonstrate that the Trust is carrying out the specific duties of assessing, involvement, consulting and monitoring. Once completed, a copy of the EqIA report should be forwarded to the Diversity & Equality Manager for publication to the Trust's website in a format that is accessible.

Set up monitoring and review arrangements

EqIA is not a one-off exercise. The actual impact will only be realised when it has been put into practice and a review date should be planned as practicable to see how the function or policy is working in practice. Checking for and reporting any potential for adverse impact in the future is a crucial element of the EqIA process. Such exception reporting can be used within existing performance management processes.

4. Complaints

When a complaint is made on the grounds that the Trust has failed to comply with the RRAA general duty, the point of contact will be the Trust's Executive Director Lead on Equality and Diversity/Director of Operations.

An internal investigation of the complaint will be carried out. The complaint will be acknowledged in accordance with the Trusts complaints policy and procedures. During this process the complainant will be kept fully informed. The Trust will also undertake in assisting any complainant who requires information in a format that ensures an equality of opportunity.

In any subsequent inspection by the Equality Commissioners or Healthcare Commission, the Trust will cooperate fully, providing access to any relevant documentation that the Inspectorates or Commissions may require.

5. Inclusion of Race EqIA in Trust's Single Equality Scheme (SES)

The Trust's work on the race EqIA will be presented to the national SES seminar in October. The aim of the seminar is to share the experiences of the DH Learning Sites on SES with other NHS Trusts and partners.

6. Conclusion & recommendation

Proactive equality legislations and associated equality impact assessments are fairly new statutory requirements for most public services and NHS organisations particularly for specialist centres like the Royal Brompton and Harefield NHS Trust.

The development and implementation of the race equality scheme and carrying out equality impact assessments in particular has been a steep learning curve and a big cultural shift for the Trust to fully understand its implications in its employment and service delivery functions and related policies. However, the progress made so far in carrying out race equality impact assessment has been encouraging and there is adequate evidence that the RES has now being declared compliant in this year's Annual Health Check.

The Equality and Diversity Strategy Board should continue to monitor the process of equality impact assessments and ensure the outcomes are published and acted upon to remove the adverse impact. The RES 2005 – 08 should be revised regularly based on the outcome of the EqIA action plan.

Patrick Mitchell
Director of Operations
Chair of Equality & Diversity Strategy Board

Yohannes Fassil
Equality & Diversity Development Manager

Appendix 1 List of relevant functions

Directorates	RRAA General Duty Requirements			Priority
	Does the policy/function have relevance in these duties?			
Name of functions, policies , strategies, projects, change of services	<i>Promote</i> <i>Good race relations</i>	<i>Promote</i> <i>Equality of</i> <i>Opportunity</i>	<i>Eliminate</i> <i>Unlawful Racial</i> <i>Discrimination</i>	High/Low
1. Operations Directorate (92)				
Infection control	N	N	Y	Low
Accurate Patient Identification and Printed Patient Identity Wristbands	Y	Y	Y	Low
Administration of Parenteral Medicines for all Healthcare Professionals	N	N	N	Low
Administration of via all Routes other than Intravenous or Epidural	Y	Y	Y	High
Admission and discharge policy patient transfers, staff roles, HDU admissions & discharges of adults and children from hospital	Y	Y	Y	High
Admissions, transfers and discharge of Adult and Paediatric Patients from Hospital	Y	Y	Y	Low
Adult Parenteral Feeding (HH)	N	N	N	Low
AICU re-breathing technique	N	N	N	Low
Appropriate Use of Life-Sustaining Treatment in Children	Y	Y	Y	High
Appropriate Withdrawal of Life-Sustaining Treatment From Adult Patients	Y	Y	Y	High
Arterial Blood Gas Sampling from Arterial Cannulae	N	N	N	Low
Blood for Transfusion of Blood Components (Adult and Paediatric)	Y	Y	Y	High
Cancer Services	Y	Y	Y	High
Cardiology pre assessment	Y	Y	Y	High
Controlled Drugs, Supply, Security, Destruction	N	N	N	Low
Cot Sides (RBH) – Use of R/V by Paediatrics	N	N	N	Low
Diathermy In The Operating Department, Adult and Paediatric Intensive Care Departments – Use Of	N	N	N	Low
Drugs – Potassium, Chloride	N	N	N	Low
Drugs – Supplementary Prescribing	N	N	N	Low
Drugs – Use of Inhaled Nitric Oxid	Y	Y	Y	Low
Endotracheal Suctioning on Ventilated Children (PICU) – Procedure for Performing	N	N	N	Low
Enteral Feeding – Adult	Y	Y	Y	High

Directorates	RRAA General Duty Requirements			Priority
	Does the policy/function have relevance in these duties?			
Name of functions, policies , strategies, projects, change of services	<i>Promote</i> <i>Good race relations</i>	<i>Promote</i> <i>Equality of</i> <i>Opportunity</i>	<i>Eliminate</i> <i>Unlawful Racial</i> <i>Discrimination</i>	High/Low
Operations Directorate (cont)				
Fasting of Adult and Paediatric Patients	Y	Y	Y	High
Femoral Sheaths – Policy for Management	Y	Y	Y	Low
Guidance for the use of Placebo Inhaled Medication Devices in clinical Practice	N	N	N	Low
Guidelines and protocol for the prevention of contrast nephropathy following the use of iodinated radiographic contrast media – Adult Cardiology	N	N	N	Low
Health Records Policy – Disclosure of	Y	Y	Y	High
Inhalation challenge protocol (PC20)	N	N	N	Low
Insertion & Management of Intravenous Access Devices	N	N	N	Low
Intensive Insulin Therapy in Critical Care	Y	Y	Y	High
Intravenous Patient Controlled Analgesia (PCA) – Adults	Y	Y	Y	High
Ionising Radiation – Identification of Patients undergoing Procedures involving...	N	N	N	Low
Ionising Radiation – Requests for an Exposure to...	N	N	N	Low
Ionising Radiation Exposure much greater than expected	N	N	N	Low
Ionising Radiation of Women who are or may be Pregnant and who may be Breastfeeding – Exposure to	N	N	N	Low
Medicines in Clinical Areas, Safe and Secure Handling of	Y	Y	Y	High
Medicines Management for Prescribing, Supply and Administration of Cytotoxic Chemotherapy	N	N	N	Low
Medicines Management policy of patients (both adults and children)	Y	Y	Y	High
Nasogastric & Nasojejunal Tube Placement	N	N	N	Low
Near Patient Testing (NPT) Policy	N	N	N	Low

Directorates	RRAA General Duty Requirements			Priority
	Does the policy/function have relevance in these duties?			
Name of functions, policies , strategies, projects, change of services	Promote <i>Good race relations</i>	Promote <i>Equality of Opportunity</i>	Eliminate <i>Unlawful Racial Discrimination</i>	High/Low
Operations Directorate (cont)				
Nutrition Policy – Patient	Y	Y	Y	High
Oral In-patient Anticoagulant Therapy	N	Y	Y	High
Outpatient services	Y	Y	Y	High
Pacing Wires – Procedures for the Management and Removal of Epicardial and Transvenous	N	N	No	Low
Paediatric Enteral Feeding Policy	N	N	N	Low
Paediatrics	Y	Y	Y	High
Patient's Own Drugs and the Self-Administration of Medicines by Adult Patients (Medicines Management)	Y	Y	Y	High
Post Operative Paravertebral Block Analgesia in Adult and Paediatric Patients	Y	Y	Y	High
Preparation of Staff for the Insertion and Removal of Peripheral Long Lines	Y	Y	Y	Low
Preparation of Staff for the Insertion and Removal of Peripheral Long Lines	N	N	N	Low
Private patients	Y	Y	Y	High
Programmes Involving Medical Exposure to Ionising Radiation – (Procedure for Medical Research)	N	N	N	Low
Proposal for a new MSCT scanner	N	N	N	Low
Protocol for Blood Gas Analysis	N	N	N	Low
Protocol for hyperventilation testing	N	N	N	Low
Protocol for Jaeger exercise testing	N	N	N	Low
Protocol for patient appointments at the Respiratory Unit	N	N	N	Low
Provision of Perioperative Red Cell Salvage	Y	Y	Y	High
Pulmonary Artery Catheter in Situ – Policy for he Management	N	N	N	Low
Request Form Completion, Patient Identification & Labelling of Laboratory Medical Specimens	Y	Y	Y	High
Safe Handling and Administration of Cyclophosphamide, Azathioprine, Ganciclovir and Mycophenolate	N	N	N	Low
Sedation Policy	Y	Y	Y	High

Directorates	RRAA General Duty Requirements			Priority
	Does the policy/function have relevance in these duties?			
Name of functions, policies , strategies, projects, change of services	Promote <i>Good race relations</i>	Promote <i>Equality of Opportunity</i>	Eliminate <i>Unlawful Racial Discrimination</i>	High/Low
Operations Directorate (cont)				
Sending and Checking of Patients requiring Surgery, Invasive Cardiology or Endoscopy Procedures	Y	Y	Y	High
Suicide Risk – Assessment & Management of	Y	Y	Y	High
Supply, Security, Administration and Destruction of Controlled Drugs	N	N	N	Low
Surgery	N	Y	N	Low
Swabs, Sharps and Instruments Counting	N	N	N	Low
Transport of Specimens by Porter, Van courier or by post	N	N	N	Low
Urgent transfer of patients from Ealing to RBHT	Y	Y	Y	High
Urinary Catheters – Insertion & Management	Y	Y	Y	Low
Weaning and Extubating Adult Patients off the Ventilator in Intensive Care and Recovery (Cardiac Patients only – Recovery RBH)	Y	Y	Y	Low
Weaning And Extubating Children On P.I.C.U	Y	Y	Y	High
2. General Operational policies				
Major Incident Policy and Emergency Response Plan	Y	Y	Y	Low
Access to all hospital premises	Y	Y	Y	High
Avoidance of discrimination in patient care	Y	Y	Y	High
Bomb and Chemical/Biological Weapon Threat	Y	Y	Y	High
Confidential Policy	Y	Y	Y	Low
Data Quality Policy	Y	Y	Y	High
IM & T Security Policy	Y	Y	Y	Low
Inpatient, day case Access & Booking Policy	Y	Y	Y	High
IT Acquisition Policy and Procedures	N	N	N	Low
IT Equipment and Software Standards Policy	Y	Y	Y	Low
IT Service Level Agreement	N	N	N	Low
Managing Outpatient Appointments	Y	Y	Y	Low
Non-Emergency Patient Transport Policy	Y	Y	Y	High

Directorates Name of functions, policies , strategies, projects, change of services	RRAA General Duty Requirements Does the policy/function have relevance in these duties?			Priority
	<i>Promote</i> Good race relations	<i>Promote</i> Equality of Opportunity	<i>Eliminate</i> Unlawful Racial Discrimination	High/Low
General Policies (cont)				
Policy for Training Users of the Patient Administration System	N	N	N	Low
Security Policy	N	Y	Y	High
Staff Congestion Charging Reimbursement Arrangements	N	N	N	Low
Telephone Failure Procedure	N	N	N	Low
Tenants Code of Behaviour	Y	Y	N	High
Use and Abuse of Email and Intra/internet Services	Y	Y	Y	Low
Waste Disposal Policy	N	N	N	Low
3. Governance and Nursing (21)				
Child Protection Policy	Y	Y	Y	High
Clinical Negligence, Personal Injury and Property Claims Handling Policy	Y	Y	Y	High
Consent to Examination and Treatment policy	Y	Y	Y	High
Copying Letters to Patients	Y	Y	Y	High
Death and Bereavement – Management of Patients and Families during	Y	Y	Y	High
Health & Safety Policy	Y	Y	Y	High
Last Offices and Containment of Body Fluids after Death	Y	Y	Y	High
Latex Allergy – Policy for the Management of Patients and Staff with a Natural Rubber	N	N	N	Low
Living Wills	Y	Y	Y	Low
Managing Patients Complaints	Y	Y	Y	High
Managing Violent and Abusive Patients, Carers and Visitors	Y	Y	Y	High
NICE Guidance/Guidelines and New Interventional procedures	Y	Y	Y	High

Directorates	RRAA General Duty Requirements			Priority
	Does the policy/function have relevance in these duties?			
Name of functions, policies , strategies, projects, change of services	Promote <i>Good race relations</i>	Promote <i>Equality of Opportunity</i>	Eliminate <i>Unlawful Racial Discrimination</i>	High/Low
Governance and Nursing (cont)				
PALS	Y	Y	Y	High
Patient and public involvement	Y	Y	Y	High
Policy for Format and Control of Policies, Procedures and Guidelines	N	N	N	Low
Policy on the Management of Intellectual Property	N	N	N	Low
Presence of Senior Medical Staff During Major Medical Procedure	N	N	N	Low
Procedure for Inquiry and Investigation ino scientific misconduct and fraud	Y	Y	Y	High
Property policy – patients	Y	Y	Y	Low
Reimbursement and payment policy for voluntary participation in Trust activities.	Y	Y	N	High
Research Governance Policy and Procedure	N	N	N	L
4. Communications (5)				
Design of website	Y	Y	Y	High
Internal publications	Y	Y	Y	High
Interpreting and translation service	Y	Y	Y	High
Media and press	Y	Y	Y	High
Patient Information Leaflets	Y	Y	Y	High
5. Human Resources (14)				
Agenda for Change	N	Y	Y	High
Alcohol and substance misuse policy	Y	N	N	Low
Annual Leave Policy	Y	Y	Y	High
Anti-Harassment policy	Y	Y	Y	High
Disciplinary and appeal procedure	Y	Y	Y	High
Diversity Policy	Y	Y	Y	High

Directorates	RRAA General Duty Requirements			Priority
	Does the policy/function have relevance in these duties?			
Name of functions, policies , strategies, projects, change of services	Promote <i>Good race relations</i>	Promote <i>Equality of Opportunity</i>	Eliminate <i>Unlawful Racial Discrimination</i>	High/Low
Human Resources (cont)				
Flexible Working Policy	Y	Y	Y	High
Improving Working Lives	Y	Y	Y	High
Learning and Development	Y	Y	Y	High
Maternity Leave Policy	N	N	N	Low
Organisational changes	N	N	N	Low
Personal and Familial Relationship Policy	Y	Y	Y	High
Recruitment and selection	Y	Y	Y	High
Retirement policy	Y	N	N	Low
6. Finance & Chief Executive (6)				
Capital Asset Register Policy Document	N	N	N	Low
Conflict of Interest Policy	N	N	N	Low
Freedom of Information Act 2000	Y	Y	Y	High
Information Governance Policy	N	N	N	Low
Internal Audit	Y	Y	Y	Low
Standing Financial Instruction	N	N	N	Low
7. Committees (11) Trust Risk Committee and Management Committee				
Adverse Incident Reporting Policy	Y	Y	Y	Low
Food Hygiene Policy	N	N	N	Low
Lone Worker Policy	N	N	N	Low
Medical Equipment Management Policy	N	N	N	Low
Risk Assessment Policy and Procedures	Y	Y	Y	High
Risk Management Operational Policy	Y	Y	Y	High
Risk Management Strategy	N	N	N	Low
Safety Alert Broadcasting System	N	N	N	Low
Serious Untoward Incident Policy	Y	Y	Y	High
Records Management Strategy	N	N	N	Low
Reimbursement and Payment Policy for Voluntary Participation in Trust Activities	Y	Y	Y	High
Total: 149 High Impact: 57				

Appendix 2 – Action plan of priority service areas, functions and related policies for full EqIA

Service Area	Functions and related policies	Timescale
Clinical services	Admission and discharge policy of adults and children from hospital	2007
	Sending and Checking of Patients requiring Surgery, Invasive Cardiology or Endoscopy Procedures	2008
	Appropriate Use of Life-Sustaining Treatment in Children	2008
	Health Record Policy – disclosure of	2008
	Request Form Completion, Patient Identification & Labelling of Laboratory Medical Specimens	2008
	Medicines in Clinical Areas, Safe and Secure Handling of	2008
	Blood for Transfusion of Blood Components (Adult and Paediatric)	2008
	Enteral Feeding – Adult	2008
	Suicide Risk – Assessment & Management of	2008
	Special Diets (Manual) – Information for Ward Staff	2008
	Nutrition Policy – Patient	2008
	Outpatient services	2008
	Cancer services	2008
	Medicine Management policies of in-patients and out-patients	2008
Paediatrics	2008	
Non-clinical support services	Inpatient, day case Access & Booking Policy	2007
	Data Quality Policy	2007
	Avoidance of discrimination in patient care	2007
	Non-Emergency Patient Transport Policy	2007
	Access to all hospital premises	2007
	Security policy	2007
	Managing Patients Complaints	2007 - 08
Governance & Nursing	Health & Safety Policy	2007-08
	Patient and public involvement	2007-08
	PALS	2007-08
	Reimbursement and payment policy for voluntary participation in Trust activities.	2007 - 08
	Managing Violent and Abusive Patients, Carers and Visitors	2008
	Copying Letters to Patients	2008
	Clinical Negligence, Personal Injury and Property Claims Handling Policy	2008
	Procedure for Inquiry and Investigation into Scientific Misconduct and Fraud	2008
	Child Protection Policy	2008

Communications	Design of website	2007
	Patient Information Leaflets	2007
	Interpretation services	2008
Human Resources	Recruitment & selection	2007-08
	Learning and development	2007
	Bullying and Harassment	2007
	Workforce development	2007
	Annual Leave Policy	2007
	Diversity Policy	2007
	Disciplinary and appeals policy	2008
	Flexible working	2008
CEO & Finance	Procurement	2008
Committees	Serious Untoward Incident Policy	2008
	Risk Assessment Policy and Procedures	2008

Appendix 3

List of individuals and organisations consulted on Race Equality Impact Assessments and issues they have raised.

There were two consultation meetings with the following organisations and forums:

1. Muslim Health and Social Care Forum (MHSC) in Brent PCT.

On June 13 a consultation meeting with members of the MHSC Forum was held to discuss race and faith equality and processes for equality impact assessments.

Most people in the meeting have or members of their family or community have used RBHT services over the last two years.

They all welcomed the effort made by the Trust to involve them in the assessment of functions and policies and agreed on the issues and approaches.

Key issues raised were:

- Two people had an impression that the Trust was a private hospital and more care and attention seemed to be given to the private patients.
- GPs do not like referring patients from the community to specialist hospitals because it is expensive.
- People were not aware of the “choose and book” systems.
- Staff in outpatients were reluctant to book for an interpreter, saying, “*We have been asked to bring our own people who speak our language*”
- The prayer room should be visited by a Muslim chaplain?
- Information in Arabic helps – it would be good if available on the Trusts website.
- Gather information of patients’ faith or spiritual needs
- Access to specialist services in general and cancer services in particular

Muslim Health and Social Care Forum Members

Name	Organisation
Firdous Khan	Association of Muslims with Disabilities
Hussein Elota	Lebanese Welfare Community
Abdullah Salloo	I.C.C Wembley
Muhammed Butt	Brent Labour Cllr, I.C.C Wembley
Beena Faridi	Islamic Human Rights Commission
Saba R Shah	An-Nisa Society
Maha Ridha	Al-Khoei foundation
Masuma Jaffer	Al-Khoei foundation
Suad Hussein	BAKI Organisation
Saida Farah	Hiiraan women
Humera Khan	An-Nisa Society

2. Kensington and Chelsea and Westminster BME Health Forum

Over 50 organisations and individuals attended the consultation meeting held on 19 June 2007. PPI Forum Chair attended the meeting.

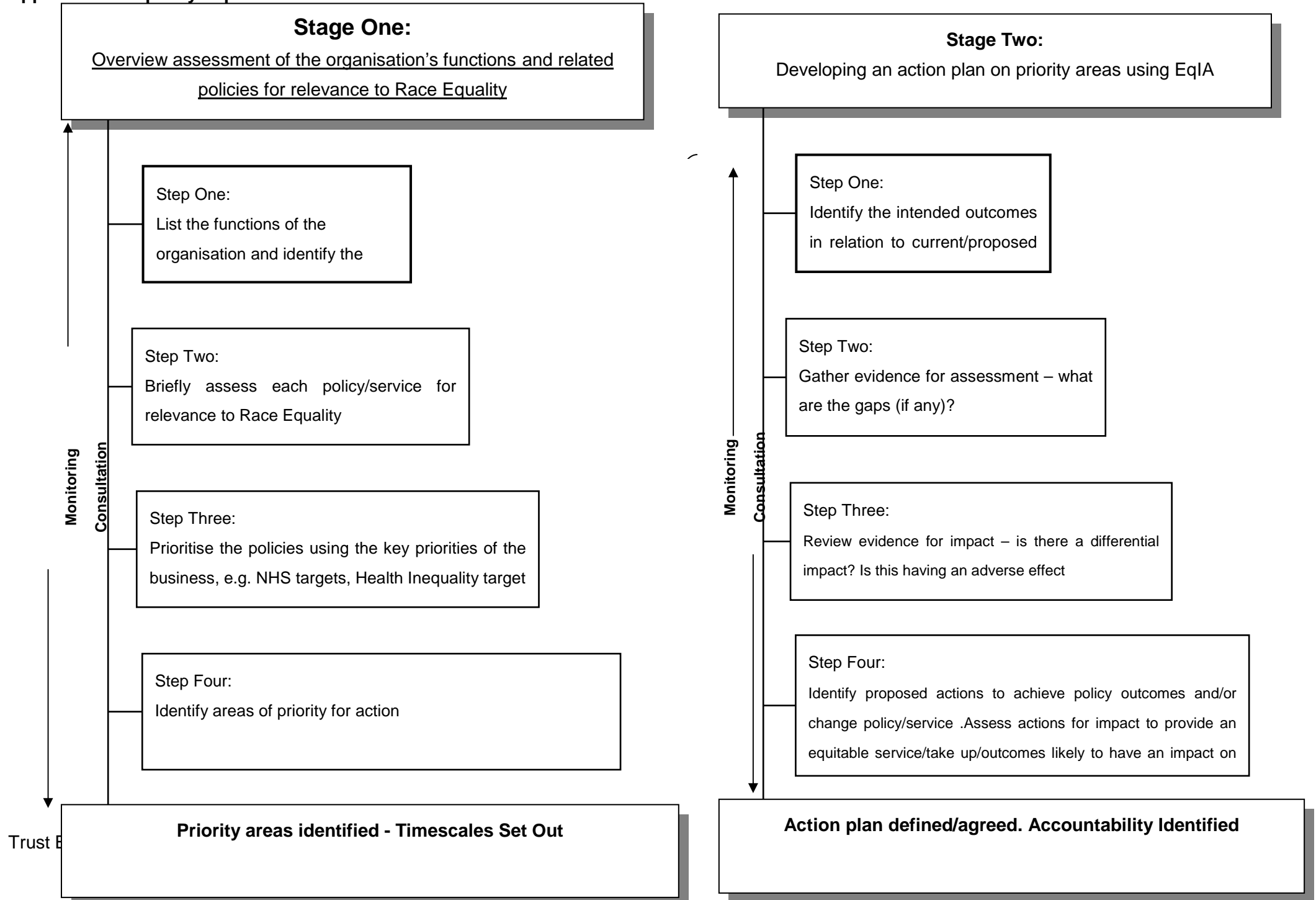
Members of the BME Forum were happy to be involved in the consultation and would like to participate in more focused discussions in the future.

The issues they would like to discuss were:

- Access to services and information on how to get referred and would like to know more about choose and book.
- Advise the Trust on how to make services more responsive to their needs.
- Employment opportunities for local people.
- Arrange future meetings at the Trust to discuss how BME groups can be involved in EqIA on priority services such as cancer, outpatients and children services
- Encourage members of the community to participate in the PPI forums and discussion

A list of individuals and organisations present is available on request.

Appendix 4 – Equality Impact Assessment Process



Appendix 5 Equality Impact Assessment Screening Form

Name of policy, strategy or project area:

Department/Directorate and service area:

Name and contact details of main individual completing the assessment:

What is the main purpose of the policy/function/procedure/strategy/project (or the main purpose of the changes you want to make)

What are the main activities of the policy/project/strategy?

Who is intended to benefit from the policy/strategy/project/ of the proposed changes?

Is the policy/strategy/project/function/change consistent with the Trust equality policies and human rights legislation? (if in doubt-note this and confirm advice has been sought)

What impact is the policy/strategy/function/project/change likely to have on different sections of the community and staff? You may wish to use the table below as a prompt.

Questions	Race/&Ethnicity Yes /No
Do different groups have different needs, experiences, issues and priorities in relation to the policy, function, strategy, project, changes?	
Is there potential for, or evidence that, the policy will promote equality of opportunity for all and promote good relations between different groups?	
Is there potential for, or evidence that, the policy will affect different population groups differently (including possibly discriminating against certain groups	
Is there public concern (including media, academic, voluntary or sector specific interest) in the policy area about actual, perceived or potential discrimination against a particular population group or groups?	
Is there doubt about answers to any of the above questions (eg there is not enough information to draw a conclusion)?	
If the answer to any of the above is 'yes', you will need to carry out an equality assessment in the relevant equality area(s)	
If you have indicated there is a possible negative impact, would this difference be legal?	
what is the expected level of impact "Low" or "High" on each equality area	
Why have you come to these conclusions? Write short notes to explain why you have drawn your conclusions, including any evidence (of whatever type) that you have to support your assessment.	
Based on the information set out above, I have decided that an equality impact assessment is/is not necessary on....	
Are there other ways you could adapt the policy/strategy/project so that it further promotes equality or improved relations , please explain	

Please sign and date this form and send to the Equality and Diversity Team who will arrange for the results to be published on the Trust's website:

Signed:
Equality and Diversity Team comments:
Signed

Date:

Date: