

SINGLE EQUALITIES SCHEME (SES) FRAMEWORK

A pathway to fair and personalised care for all

Single Equality Scheme incorporates:

- Race Equality Scheme
- Disability Equality Scheme
- Gender Equality Scheme
- Response to equalities and human rights legislation
- A three year strategy and action plan (2008 – 2010)

It also states our values and commitments on all equality issues including sexual orientation, age, religion and belief and shows how we intend to provide a fair and personalised hospital care for all

If you want to be involved in the consultation process, or support us to achieve our objectives, please contact:

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This document will be available in large prints, and other formats and relevant languages as required – contact E&D Team at 020 7352 8121 ext 2727
It is also available on our website www.rbht2.nhs.uk

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1. Foreword

The Trust is proud to be part of the Department of Health's national learning sites on the Single Equality Scheme (SES) for specialist services in partnership with Papworth and Liverpool Women's Trust and other NHS Trusts.

The **SES Framework**, which is an inclusive and comprehensive scheme covering current and impending statutory duties for gender, race, disability, religion/belief, age, and sexual orientation. This clearly supports the Trust's strategy of mainstreaming diversity into the structures and functions of the organisation and has taken into consideration the following:

- NHS Operating Framework and NHS Board Guide
- The Healthcare Commission's better standards for health
- Existing equality commissions' legal compliance *and the*
- Transition to the Commission for Equality and Human Rights
- The Trust's business plan

Essential to the success of our SES is:

- Board level commitment and visible leadership to support and monitor progress
- A firm link with the Trust's strategic objectives and a corporate culture to promote equality of opportunity
- A clear action plan identifying responsibilities and timescales, and
- A way of measuring progress and outcomes via integrated governance.

This SES is therefore intended to be more than a written plan. It includes employee and community consultation feedback, current monitoring information, current action plans and details of progress to date.

The Commission for Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission have all stated in their codes of practice and public documents that it is acceptable for public authorities to produce one set of planning documentation (Single Equality Schemes and/or action plans) which covers the three duties, provided that the requirements of the three duties are met, and that it is clear to people what action they can expect to see on each of the three equality issues. There are, however, slight differences in the requirements of the three duties. This SES will also show clearly and specifically which elements of the overall equality scheme refer to individual race, disability and gender equality schemes.

This is a living document. We have drawn up this Scheme with the information we have to date; as more information becomes available, we will update the Scheme. Furthermore, the Trust is not a static organisation. Any changes to our remit or targets will be reflected in changes to the Scheme as required. We also recognise that there is a tremendous amount of expertise both in Trust itself, and in the wider community. We therefore invite your comments so that we can refine and develop the Scheme on an ongoing basis. In line with the Trust's policy of openness, copies of the responses we receive may be made publicly available through the Trust website.

Thank you for your support and interest in the Trust's work to develop and implement the Single Equality Scheme. We will keep you informed on the progress of our work through our website and our publications so watch the space!



Patrick Mitchell
Chair of Equality and Diversity Board/Executive Director of Operations

2. About the Trust

The Trust was established on 1st April 1998 when two hospitals, the Royal Brompton Hospital and Harefield Hospital merged.

The Trust, the largest post-graduate specialist heart and lung centre in the UK, is based on two sites, one in central London, the other in outer London, Middlesex. Services on each site vary, but each provides a set of unique and comprehensive services for the diagnosis and treatment of children, adolescents and adults suffering from congenital heart disease or cardio-thoracic conditions. The Trust is also Europe's largest centre for the research and treatment of cystic fibrosis and the provision of leading edge work into gene therapy.

Our mission, to be the leading national and international centre for the diagnosis treatment and care of patients with heart and lung disease, requires that equality of access to our services and the elimination of discrimination to our service users and staff is a priority. This can only be achieved when recognition, consultation and then action, born of education, understanding and respect. Through this scheme we aim to deliver specialist services of high quality which are fully accessible and personal for all.

3. Executive Summary

The Trust's SES is a framework for a fair and personalised care for all. It also sets out the way in which the Trust intends to meet its duties under the Race Relations Amendment Act 2000, the Disability Discrimination Act 2005 and the Sex Discrimination Act as amended by the Equality Act 2006. The Trust will also progress action on religion or belief, sexual orientation and age. Action relevant to each strand is highlighted in the action plans (*Appendix 1-3*).

In producing this and the previous equality schemes, the Trust in collaboration with local organisations have allowed time to gather views, and involve people in discussing how it might be improved, and the action plans has been developed in consultation with staff, users, carers and local interest groups.

In line with the disability duty, disabled people were involved in the development of the Scheme through a day-long workshop and their views informed both the Scheme and the action plan. As we further develop and put this Scheme into effect, we intend to build in the involvement of local disabled people at every stage, including monitoring the action plan and DDA audit we are currently undertaking.

The implementation of this Scheme will be monitored within the Trust internal business planning processes. The Director of Operations will report on progress to the Equality and Diversity Strategy Board, Management Committee and the Trust Board on a six-monthly basis.

The Trust will publish a report on the progress of the Scheme as part of its annual report.

Central to the development of this Scheme is the framework on how the Trust will address the overarching strategic aspects of the three public duties specified in the legislation. This includes the way in which the Trust will conduct its equality impact assessments (EqIAs). Information gathering to support EqIAs will include monitoring data, consultation processes and feedback on the outcome

of the EqIA and consultation process. EqIA will be made at an early stage of and will inform policy development. No new policy will be approved by the Trust without undertaking EqIA.

If the EqIA shows that the policy has the potential to affect particular groups of people in a way that disadvantages them, then the policy will be amended where possible. In terms of disability, it may be necessary to think of 'reasonable adjustments' which would enable disabled service users or staff to access services and opportunities. It may also be necessary to make provision for alternative services.

As a direct outcome of the feedback from the consultation process the Scheme will include an action on access to information and better communication with patients. The Trust has a policy of openness and transparency. It will publish and release all information including the SES, use language appropriate to lay people and ensure our information is available in accessible formats including for people with learning disabilities.

The way the Trust engages users, carers and other key stakeholders (including different communities) will be improved as part of the Trust's Public and Patient Involvement (PPI) strategy currently under-review. Consultation is an essential part of assessing the impact of new policies, and the Trust is undertaking actions to ensure that robust consultative mechanisms will enable policy makers to collect the relevant information and viewpoints. The action plan outlines a series of specific actions on involvement.

Monitoring is an essential tool for ensuring that there is no disproportion in the way services are accessed. Much of the action the Trust will be taking in the next three years includes the development of improved data gathering on all the equality strands as well as improved methods for analysing data and acting upon the information received to improve patient care and fair employment practices.

The Trust will train all staff in the implementation of the equality duties including anti-discrimination practices fair employment practices, good customer care and treating people with dignity and respect. It will involve disabled people and their organisations in the training of staff on the social model of treating people with disabilities.

Through this scheme the Trust will improve the representation of women, black and minority ethnic staff, and disabled staff in the senior staff group. In addition, a series of measures will be taken to improve the representation and experience of different groups of staff at all levels of the organisation. The Trust will be conducting an equal pay audit, looking at ethnicity, gender and disability. An action plan will be drawn up to address any disparity in pay. A mentoring programme will be developed to support BME and disabled staff progress in their clinical and management carer progression.

4. What is the Single Equality Scheme?

The purpose of this Scheme is to set out the way in which the Trust will meet its duties under the Race Relations Amendment Act 2000, the Disability Discrimination Act 2005 and the Sex Discrimination Act as amended by the Equality Act 2006 over the next three years (2008-2010).

The aim of the SES framework is:

- to develop measures and actions that ensure discrimination on the grounds of race, disability and gender does not occur,
- to positively promote equality of opportunity *and*
- to provide a fair and personalised care for all.

An equality scheme is a plan that outlines a public authority's action over three years, aiming to address aspects of the general duty as outlined in equality legislations. The general duty is a positive duty that builds equality into the beginning of the process of policy-making rather than making adjustments at the end of the process. It represents a change from a legal framework where the onus is on the individual to bring a complaint of discrimination to one where the onus is on the public sector to seek out actual or potential discrimination and address it.

The Government is bringing together the three existing statutory equality commissions (Commission for Racial Equality [CRE], Equal Opportunities Commission [EOC] and Disability Rights Commission [DRC]) to create a Commission on Equality and Human Rights that will, from October 2007, cover all equality strands (sexual orientation, religion and belief, and age in addition to race, gender, disability) and human rights.

The Government is also undertaking a review of equality legislation and plans to introduce a Single Equality Bill that will cover all the traditional strands of equality. In addition to these governmental measures, the Trust recognises that each individual will have different needs that will influence their health and social care requirements. For all these reasons, the Trust has produced this Single Equality Scheme that includes race, disability and gender and has, where possible, addressed action to eliminate discrimination on the grounds of age, religion or belief, or sexual orientation.

The Scheme was developed as part of the national learning site supported by the DH's Equality and Human Rights Group and 18 NHS Trusts. The action plan was drawn up based on the work of the Equality and Diversity Team in collaboration with the E&D Steering Group and Staff Forums. The team attended various departmental meetings, carried out EqIA of Trust policies and functions and following (a day-long) workshop with PPI leads, users and invited community groups.

5. Equality and Diversity Schemes - progress to date

Much work has already been undertaken in the development and implementation of our Race Equality Scheme, Disability Equality Scheme and Gender Equality Scheme. This experience will be used to support the development and implementation of the SES.

A progress report on individual schemes will be available on the Trust's website.

The progress below is on cross cutting equality and diversity strategic areas.

5.1 Governance and leadership

The Equality and Diversity Strategy Board was established to oversee and lead on all Trust's equality and diversity policies and strategies.

A Steering Group was also established to champion and lead E&D initiatives and raise the profile of the agenda via departmental meetings and other structures.

An E&D team made of a part-time manager and a full-time co-ordinator who have lead responsibilities to facilitate and coordinate the day to day function of the Trust's equality duties.

5.2 Access to services and information:

- Trust's premises audited on access for disabled people
- Review of all Trust publications and website including carrying out equality impact assessments
- Introduction of portable hearing loops in hospital wards at both sites
- Exploring a better way of using text-phone (minicom) communication system for deaf and hard of hearing users in collaboration with RNID
- Review of complaints information system to meet the needs of people with learning disabilities
- Review of interpreting, translation and BSL services

5.3 Workforce planning, development and monitoring

Our workforce data is routinely collected through the Electronic Staff Records (ESR) systems. HR prepares a quarterly report on workforce data for:

- Planning and monitoring on the selection and recruitment
- Training
- Banding of staff in post
- Disciplinary,
- Bullying and harassment
- Leavers by ethnicity, gender, disability, age, religion and sexual orientation.

The E&D team published the annual workforce monitoring report.

The E&D Staff Network has been re-launched and subsequent meetings were well attended. A programme of mentoring is now being developed to incorporate diversity mentoring.

5.4 Learning and Development

Equality and diversity training has now been incorporated into:

- The Trust's mandatory corporate induction programme for new staff,
- Mandatory sessions on equality and diversity awareness workshops for all staff
- People's management training for Band 6 nurses, physio, theatre staff,
- Student nurses have E&D sessions as part of their basic nurse training
- Junior Doctors and SHOs inductions
- Equality & Diversity compulsory module in the "Introduction on Line Management" course
- Clinical governance academic day for clinicians including consultants

- Proposed e-learning systems

Over the last six months around 400 staff attended the above courses on equality and diversity sessions.

A plan is already under way to train 12-15 key policy leads from each directorate on e-tool equality impact assessment developed in partnership with one of the leading EqIA development agencies.

5.5 Engaging users, carers, staff, relevant communities and forums

The Trust acknowledges the importance of consultation in the development and implementation of the SES and is committed to full and meaningful consultations on all its equality schemes, impact assessments and monitoring arrangements.

It has already established formal links with some local, regional and national links with the not for profit disability organisations and BME/faith 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 and not for profit/community organisations and groups in the borough of Hillingdon, Kensington and Chelsea, Brent PCT, Hammersmith and Fulham PCT, Ealing PCT.

5.5.1 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 SES consultation questions and forms available throughout its premises to enable staff and patients to consider its proposals. A copy of the SES draft for consultation will also be available on the Equality & Diversity page on the Trust's website.

5.5.2 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 sectors, including refugee and faith communities in North West London and Hillingdon, are also consulted.

5.5.3 Ensuring inclusive consultation

In consulting on any matter relating to the equality schemes, the Trust works 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 consultations.

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. Barring issues around confidentiality and data protection, the Trust will make public, if requested the full details of any consultations.

6. Equality Impact Assessments (EqIA)

The Trust is committed to carrying out a systematic review of all its existing and proposed policies and procedures, services and functions to determine whether there are any equality implications. It has now put in place all relevant guidelines and templates on the website (see Appendix 4-7). The E&D team meet with department leads on policies and services.

The Trust will consider the impact of each current and proposed policy, function and changes in service on equality in terms of race, ethnicity, religion and belief, disability, gender, sexual orientation and age. For each policy, service and function the following criteria will be applied:

- Is there any evidence of higher or lower participation or uptake by different racial, ethnic groups or by religion, age, disability, gender, sexual orientation?
- Is there any evidence that different groups have different needs, experiences, issues and priorities in relation to a particular policy or service?
- 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 representatives, organisations or individuals within groups indicated that particular policies or services create problems that are specific to them?

The assessment processes will take into consideration factors such as demographic data and other statistics, including census findings; available research findings; comparisons between similar policies in own or other NHS Trusts; survey data; ethnic monitoring data; one-off data-gathering exercises; and specially commissioned research. However, there is a big gap in the type and quality of diversity data of both patients and staff. Initially, the Trust will improve the quality of data before it launches full scale EqIA.

If EqIAs show that a current policy, service or function results in a greater adverse impact, or if opportunities arise which would allow a greater equality of opportunity to be promoted, the Trust will ensure that the policy, service or function is revised.

7. How the Trust will meet its equality duty in the SES?

Essential to progressing the Single Equality Scheme are:

- Board level commitment and support to provide clear and strong leadership
- A firm link with the trust's strategic objectives and priorities
- A strong business case
- Engaging staff to own and lead the implementation of the integrated strategy and action plan
- A clear action plan identifying responsibilities and timescales
- A way of measuring progress and outcomes.

Developing the SES is not just bringing together all strands of equality; it is also a step further in mainstreaming equality in the business of the Trust.

It is proposed that the Trust takes the following objectives and action points to progress SES:

7.1 Develop a strong leadership and corporate culture to promote equality and diversity across the Trust

Clear lines of corporate accountability and leadership are essential to ensure equality and *diversity is embedded into all structures and functions of the Trust. Tackling health inequalities, clinical governance and risk management, investing in people, improving access and quality of care including treating every individual with fairness, dignity and respect are the corporate levers that the SES should be linked to.*

The Equality Strategy Board leads on the development of SES on behalf of the Trust Board. The Executive Director of Operations is the lead on the implementation of the SES.

Proposed action:

- The organisation is recognisably committed to promoting equality of opportunity and eliminating discrimination of all sorts.
- The Board individually and together ensure equality and diversity is part of the main business of the organisation at all levels and across all relevant activities of policy development and decision-making processes.
- The Board sends a clear message that discrimination, bullying and harassment of any form is not tolerated.
- Board to receive, discuss and approve draft SES and action plan.
- Board to receive briefings and training on equalities legislation, regular reports (quarterly) on monitoring of employment duty by ethnicity, disability, gender, age, sexual orientation, religion/belief.

- The Board ensures that the outcome of monitoring reports and equality impact assessment of functions and policies are published at least once a year on the internet and as part of the Trust's annual reports.
- SES to be promoted at staff meetings, corporate induction, and published on the intranet and website.
- Equality impact assessments to become integral to policy development and decision-making – services, functions, procedures and related policies and strategies must be assessed on their impact to equality before presented to the Management Committee and Trust Board.
- An Executive Director to chair SES Strategy Board/Committee with membership from executive and non-executive directors and external representation of equality groups.

7.2 Provide a fair and personalised specialist care for all

- Ensure fair access, responsive services and choice for all
- Priorities should be influenced by the health needs of all groups.
- Evidence based strategies and plans are used to reduce health inequalities in different community groups;

Proposed action:

- Carry out DDA access audit as well as clinical audit and implement recommendations from the audit.
- The collection, accuracy, and completeness of patient data relating to the six equality groups, and analysing and using this data will be a key strand of the SES action plan. The aim is to support and encourage clinical and clinical support directorates to routinely analyse this data as part of the process of planning and delivering services which is fair and personal for all reflecting the diversity of patients and communities.
- All sections of the community are able to access and use the complaints system and their concerns are appropriately addressed.
- Outcomes of treatment for all groups are analysed through benchmarking systems as part of the clinical governance benchmarking process of ensuring quality of care.
- The manager for equality and diversity will work closely with other directorates to facilitate their understanding of the importance and relevance of these issues, seek and analyse data on both patients and the local population, and ensure this is integral to the way services are planned and delivered.
- Prioritise and carry out more policy impact assessments and publish the outcome regularly appropriate information for disabled people and those who have communication problems thorough various media including internet, radio, leaflets, events, etc.
- Training on antidiscrimination practices for all staff

- Improve interpreting and communication services
- The Trust is knowledgeable about the health and inequalities experienced by local people from all groups.
- Publish demographic and disease information and health needs assessment relevant to SES.
- The E&D manager should work with department of health partners in the learning sites and other sources of expertise to analyse data and share information.
- Evaluate outcomes of treatments, under - diagnosis of certain heart and lung diseases in different equality/age groups through research and development projects.

7.3 Effective engagement of patients, staff and communities

Consulting staff

As the first step in this consultation, questionnaires or focus group discussion with staff/service heads networks, department meetings, Equality and Diversity Forums should be used to consult staff. It would be easier for staff to complete a brief questionnaire online, on how they want to be involved in the development of SES.

Issues for consideration:

- Consultation vs involvement - the Race Duty and Gender Duty require “consultation” whereas the Disability Duty requires “involvement” of disabled people. (see DRC Guidance on Involving Disabled People)
- Not to depend solely on electronic version of consultation documents. (many people have limited/no access to internet and some websites are not accessible to disabled people or people whose first language is not English)
- Consider how you can use/extend existing consultative and involvement forums e.g PPI Forums, Disabled People Forums, Community Networks.
- Seriously consider how you can work with local authorities and other health and Not for Profit (NfP) partners to minimise consultation fatigue and pool resources and it does make sense for local people.

Proposed action:

- Develop a PPI strategy to ensure a more coordinated and systematic approach to regularly involving users, carers and community groups in the priorities identified for SES action plan.

- Ensure patient surveys include questions which address equality and diversity issues and reach out as diverse groups as possible including the traditionally excluded groups.
- More information on the website about how to get involved, and more opportunities to do this via email.
- Remember to feed back to local people and patients the progress that has been made and issues to be tackled.
- Use innovative way of engaging people who traditionally don't get the chance to give their views on how services are planned or delivered (e.g. café style joint consultation events and focus groups on specific issues such as equality impact assessment).

7.4 Workforce planning, development and monitoring of employment duty

- Staffs from all groups experience the organisation as a fair and rewarding place to work and want to stay.
- Staff in all services and directorates actively promote equality and diversity in their work and are confident in their ability to challenge unlawful discrimination, bullying and harassment of any kind.
- Staff reflects the community and all groups they serve at all levels in the organisation.

Proposed action points

- Recruitment rounds lead to candidates from all groups gaining jobs at all levels and in all areas of the organisation.
- Continue with range of equal opportunities monitoring.
- New KIP measuring report processes to start soon.
- New Electronic Staff Record System will enable clearer analysis of workforce data from 2007.
- Continue to support the E&D Staff Network and encourage membership from across the different staff groups.
- Review the Diversity Awareness Training programmes and resources.
- Encourage recruitment of disabled people and volunteers from all sectors of the community.
- Workforce development on race equality – developing mentoring programme, improved data quality, IWL issues on diversity and equality, training and development, E&D staff forum.

7.5 Partnership in the development of the SES

Through the Learning Sites programme develop effective partnership working with Papworth and Liverpool Women's Hospital Foundation Trust. Through the SES we will establish good working partnership with local hospitals, PCTs and voluntary organisations in the two sites.

7.6 Finance and procurement

- The Trust invests to promote equality and diversity in the development of SES e.g. Disability access audit and implementation of its outcome.
- List of all Trust's funding to progressing and embedding Equality and Diversity agenda throughout the organisation e.g. interpreting and translation services, training on equalities, etc.
- Use the Department of Health Guidelines on equality in procurement for the NHS

7.7 Information communication technology

- The new website upholds the highest accessibility standards i.e. assessed and designed to consider reasonable adjustments to meet the needs of people with disabilities.
- Update the website accessibility guideline regularly; provide best practices for content originators.
- maximises opportunities for staff to access information to support this work e.g. E&D staff network page in the intranet.
- Further debate and discussion will be needed to clarify what we record, how we record it, and who access the information?
- Carry out impact assessment on other communication policies and procedures e.g. media, public and staff information service.

7.8 Equality Impact Assessments

Under current equalities legislation covering race, disability and gender the Trust is required to review all functions and policies for relevance to equality duty.

Most policies that involve and affect people have the potential to affect different groups of people in different ways. Therefore all policies should be screened as part of the process of policy development to test their relevance to the three elements of the general duty.

A framework for assessing the impact of policies, services and functions on the six equality groups have been developed and agreed. A simplified version has been circulated to support staff in carrying out impact assessments.

With effect from February 2007, all new trust policies must have an impact assessment carried out before they can be approved by the Management Committee.

All existing patient related and general policies have been screened and prioritised as low or high on their relevance to the general duty of all equality groups. Over 50 services, functions and related policies have been identified to have high impact on equality duty. The Trust is currently introducing an e-tool system to carry out full impact assessment of those policies and functions with high impact.

Proposed action:

- Continue to assess policies, functions, strategies and services on their relevance to all six equality strands.
- Train key policy leads from each directorate on EqlA e-tool.
- Conduct full EqlA on those assessed to have high impact on the relevant duty involving users and other stakeholders.
- Make relevant data available to enable full impact assessment process.
- Publish outcome of EqlA including the options and action plans to tackle adverse impacts.

7.9 Publishing Information

Trusts are required to publish and make available their RES and other relevant information such as ethnic monitoring data, results of policy impact assessments, examples of good practice on making services more responsive to the needs of ethnic minority groups, and using ethnic monitoring data to improve services.

Ethnic monitoring data should be on the Trust's intranet and website and is updated quarterly.

A page has been created on the intranet and website about the RES including information on the RR (A) A, ethnic monitoring, positively diverse, and cultural and religious awareness, with links to websites on national policy and research findings.

Proposed action:

- The public website should have an updated and in appropriate format comprehensive information on accessing services, patient information leaflets, and complaints procedures.
- Publish and circulate job vacancies.
- Translate Trust's information in the most appropriate format and languages.
- Trust's Annual Report will have a chapter on E&D development and workforce profile.

7.10 Monitoring and evaluation

In 2004, the Strategic Health Authority in England developed a race equality performance framework to measure trusts' progress in eight dimensions:

- Leadership and corporate commitment
- Strategy and services
- Patient and public involvement
- Health
- Workforce
- Partnership
- Finance and procurement
- Information and communication technology.

Proposed action

- Based on the above race equality performance management framework and HCC core and developmental standards develop key performance indicators for equality and diversity.
- Prepare annual health checks on single equality scheme.
- Prepare periodic report on performance to the Strategy Board and Trust Board.

7.11 Meeting the specific duties as an employer

The Trust recognises its obligation under the Race Relations Act to monitor internal staffing matters by reference to ethnicity and the following monitoring requirements are already included in the RES:

- Monitoring leavers (including reasons for staff leaving)
- Monitoring the numbers of applicants, those short listed and those appointed.
- Access to training and development process, including staff appraisal.
- Monitoring of disciplinary and grievances disputes/cases.
- Monitoring of bullying and harassment based on race and other grounds

APPENDIX 1

ACTION PLAN –RACE EQUALITY SCHEME 2005-2008

Objective	Action to achieve objectives	Timescale	Lead person or group	Evidence of progress
Raise awareness and understanding of race equality among staff groups and management	<ul style="list-style-type: none"> • Training of members of Trust Board • E&D training is part of mandatory corporate induction • E*D training is core course in the training of line managers • E&D workshops in departmental meeting • E&D session in Nursing Education • E&D session in people management grade 6 Nurses 	2006 2007 – 2008 2007 2007 2007 2007	E&D C	Participants list and evaluation report
Carry out Equality Impact Assessment (EqIA)	<ul style="list-style-type: none"> • Set systems in place including guidelines, relevant templates • Raise the awareness of lead policy people • Attend department meetings to present EqIA • Organise and deliver training on E-tool EqIA for lead policy people • Assess relevance of functions and related policies to equality duty • Prioritise those with high impact for full impact assessment • Report on the progress of EqIA to Trust Board • Carry out full equality impact assessment of high impact services and related policies 	March 2007 On-going On-going July 2007 On-going Sept. 2007 Sept. 2007 On going from Sept. 2007	E&D Manager E&D Team E&D Manager E&D Co-ordinator & Trinity All dept. leads E&D SB E&D Manager All depart leads supported by E&D Team	Copies of templates and guidelines in the website List of participants and evaluation report
Prepare, consult and publish outcome of EqIA and employment duty	<ul style="list-style-type: none"> • Gather relevant information or data • Consult with service users and carers on specific service or policy • Publish outcomes and action plan 	On-going Jan-March 2008	All dept. + E&D Team Ditto	Reports on EQIA and workforce monitoring published

monitoring	<ul style="list-style-type: none"> Set systems and arrangements to monitor progress 			Trust Board reports
Improve data quality on ethnic monitoring to achieve national targets	<ul style="list-style-type: none"> Work with ward managers and clerks to identify barriers and gaps Produce guidelines and information leaflets Advice and support departments to use equality data to plan services and meet individual care needs Roll out the improvement programme across the Trust and publish results 	<p>Sept. – Dec. 2007</p> <p>Jan – March 2008</p> <p>March 2008</p>	<p>Paediatrics and Out Patient Dept with support of E&D Team</p> <p>E&D Team</p>	<p>Achieve 95% target</p> <p>Produce a report on the evidence using data to improve services</p>
Setting and running E&D staff Forum	<ul style="list-style-type: none"> Set up and run effective E&D forums in both sites with membership from all equality interest groups including LGBT Organise events to celebrate diversity Develop partnership working with other E&D staff Forums and networks 	<p>2007</p> <p>2007</p> <p>On-going</p>	<p>E&D Team and Steering Group</p> <p>E&D Team</p>	<p>Annual reports on the activities of the Forums and outcome of the events</p>
Develop BME mentoring programme	<ul style="list-style-type: none"> Design a programme of mentoring Invite mentors and mentees Organise training for mentors and mentees Run the programme for a specified time Evaluate the outcome of the programme Roll out to other equality strands 	<p>Dec. 07</p> <p>Jan.08</p> <p>Feb.08</p> <p>March – 08</p> <p>Dec.08</p> <p>Jan.09</p>	<p>L&D with support from E&D Team</p>	<p>10-12 BME staff enrolled in mentoring programme</p>
Improve information about services for patients and carers	<ul style="list-style-type: none"> Assess availability and appropriateness of patient information leaflets about services Assess relevance of media and press policy on relevance to equality Improve available and quality of information to reach out traditionally excluded users and carers 	<p>July 2007</p> <p>July 2007</p>	<p>Communication Team</p>	<p>Appropriate patient information leaflets available for all patients</p>

APPENDIX 2

ACTION PLAN - DISABILITY EQUALITY SCHEME

Priority area and objectives	Intended Outcome?	DES Action Plan	Effective Measure	Time Scale	Lead Person/Group
<p>Access to services and employment opportunities</p> <ul style="list-style-type: none"> • Improve access and responsiveness of services to meet individual needs of disabled users and their carers • Improve job opportunities for disabled people 	<p>All Trust premises are easily accessible, information about services is easily available in an appropriate format, services are responsive to the individual health needs of a disabled person</p>	<ul style="list-style-type: none"> • Commission a comprehensive access audit of all Trust premises and make recommendations to make all Trust premises accessible for disabled people • Review BSL interpreting service, minicom communication and induction loops • Set up a system to gather information about disabled people and use the information effectively to improve accesses and responsiveness of our services • Review parking policy to ensure dedicated parking space is provided for disabled staff 	<p>Audit report to SMT</p> <p>Report to Equality & Diversity Corporate Group</p> <p>Report to Equality & Diversity Corporate Group</p>	<p>2007</p> <p>2007</p> <p>2007-2008</p>	<p>Estates – Mark Lynn</p> <p>DES Working Group</p> <p>E&D Team</p> <p>E&D Team</p> <p>DES Working Group</p> <p>HR and Estates</p> <p>Equality Champion</p>
<p>Involvement, participation and consultation of disabled people</p> <ul style="list-style-type: none"> • Actively engage 	<p>The Trust will establish links with users, specialist groups and local communities to inform service</p>	<ul style="list-style-type: none"> • Involve disabled people, staff and their organisations in the development of DES • Set up external working groups of members and other stakeholders, focus groups to test practicalities 	<p>List of organisations involved in DES</p>	<p>2006</p> <p>2007</p>	<p>DES Working Group</p> <p>PPI and DES</p>

<p>disabled patients, groups and communities representing disabled people in all of the Trust's work</p> <ul style="list-style-type: none"> Involve staff in the equality and development activities 	<p>planning and improvements</p> <p>Staff are informed and involved in the development and implementation of E&D strategies</p>	<ul style="list-style-type: none"> Review Trust's PPI consultation, policies, procedures and processes in particularly the way we engage disabled people and their carers to identify service gaps and examples of good practice Make information available for patients to join the Expert Patient Programme Support the E&D Staff Forums at both sites Promote a positive image of disabled people through the Trust website, newsletters and events 	<p>Report to the PPI Group, Equality & Diversity Steering Group</p> <p>Website available</p>	<p>Ongoing</p>	<p>Working Group</p> <p>PPI Lead</p> <p>E&D Coordinator</p> <p>E&D Team</p> <p>Web designer</p>
<p>Organise the workforce to deliver Trust's priority</p> <p>Develop disability awareness training and induction programme for all Trust staff</p>	<p>Staff are aware of disability rights and treat disabled people with dignity and respect</p>	<ul style="list-style-type: none"> Expand the remit of the E&D Forum to include implementation of DES Review training programmes to ensure training in disability equality and the social model both for front-line staff and also for those responsible for determining (and impact assessing) policies and programmes. Review and amend the way the Trust advertise the post to reach out to disabled groups Monitor and publish numbers of disabled people applying, short listed for Trust vacancies. Time off for treatment and therapies – a consistent approach and guidance for managers on supporting 	<p>Disability Champion in place</p> <p>Disability awareness training and online diversity training in place</p> <p>Amended job adverts</p> <p>Report published</p> <p>Time off</p>	<p>2007</p> <p>2007</p> <p>2007</p> <p>2007</p> <p>2007</p>	<p>HR and Learning & Development</p>

		<p>disabled staff</p> <ul style="list-style-type: none"> Monitor disabled staff taking up training, and ensure training is accessible 	<p>guidelines published</p> <p>Report on take up of training</p>	<p>2007</p>	
<p>Monitoring and delivery of services and employment practices</p>	<p>Trust policies, functions and procedures are disability equality proofed/compliant</p>	<ul style="list-style-type: none"> Ensure all Trust functions are compliant with the DDA. 1. Carry out an analysis of assessment of functions by each directorate Identify what data is available and how to obtain data in the future Establish arrangements for full impact assessment of all proposed policies and functions Prioritise those with high impact on disability equality and conduct full Equality Impact Assessment (EQIA) Identify arrangements for assessment of services outsourced Report the findings of the EQIA as part of SES Benchmarking with other NHS Trusts monitor systems and arrangements 	<p>Annual progress report to the Board</p> <p>Database developed</p> <p>Publish findings of EQIA in the PCT Annual Report</p>	<p>2007</p> <p>2007/8/9</p>	<p>All Trust Departments Supported and lead by E&D Manager</p> <p>Trinity Development</p>

APPENDIX 3

ACTION PLAN – GENDER EQUALITY SCHEME

Employment duty

Name of Directorate: Human Resource
Accountable Director: Tony Vickers
Directorate Lead on Equality and Diversity: Grace Twumasi

Objective	Steps to achieve	Outcomes required	Time-scales	Resources required	Responsible Team/Person
Arrange gender equality awareness training for staff including doctors and consultants as part of main E&D Training programme	Training Sessions; Guidance on intranet; e-learning on diversity and equality. Evaluation of effectiveness of training. Staff involved in recruitment process should be trained in interviewing skills and equal and diversity policies/legislations	That all staff will be aware of equality issues and will consider these in their dealings with colleagues and customers	From April 2007 on going thereafter	E&D training is part of the overall learning and development training budget	Learning & Development Line Managers
Improve quality and use of data about staff to promote gender equality	Conduct analysis of grievances and complaints data. Gather information on gender identity of job applications and vocational training.	Good quality data to enable managers monitor progress on gender equality	October 2007	No additional resources needed	HR Team - workforce planning and HR Business Partners
Review all employment policies for impact on gender equality	Use equality impact assessment screening tool/framework	All employment policies are equality proofed and outcome published in the trust website	April 2008	Resource to be identified	Head of HR Policy Development
Set gender equality targets (according to proportions of men/women in senior	Develop positive action development schemes; Review of recruitment/promotion policies; career succession planning	An equal balance of men/women in senior positions matched with equal pay through out the Trust	March 2008 From April 2007		Workforce Planning Team

positions)	and mentoring				
Create a working environment where bullying, harassment and discrimination on gender or other grounds is not tolerated	<p>Raise awareness through the existing bullying and harassment training</p> <p>Train staff on handling & identifying gender related bullying and harassment complaints</p> <p>Train harassment advisors</p> <p>Adopt complaints and investigations procedures for dealing formally and informally with incidents of sexual harassment and bullying</p>	<p>Report on the issues and outcomes of bullying and harassment events</p> <p>Number of trained staff and cases handled or identified before they become a case</p> <p>Number of trained advisors</p> <p>Report on cases of harassment to the Equality Strategy Board and Trust Board</p>	<p>Sept. 2007</p> <p>March 2008</p> <p>March 2008</p> <p>April 2008</p>	HR Business Partners	<p>H&B Advisory Service</p> <p>Learning and Development</p> <p>HR and Operations</p>
Involving staff in developing, implementing and monitoring of GES	<p>Set up a gender equality working group</p> <p>Engage staff in the Equal Pay review.</p> <p>The E&D Forum to raise awareness on transgender and transsexual equality legislations and diversity issues</p>	<p>Report on the outcome of staff involvement</p> <p>Better staff satisfaction level,</p> <p>Informed workforce on transsexual and transgender people's health care needs Better involvement of transgender people in E&D Forum activities and consultation processes</p>	<p>April 2008</p> <p>April 2008</p> <p>April 2008</p>		Staff Forum

Service provision

Executive Director for Operations: Patrick Mitchell

Executive Director of Governance and Nursing: Caroline Shuldham

Director of Communications: Jo Thomas

Objective	Steps to achieve	Outcomes Required	Time-scale	Resources Required	Responsible Team/Person
Review policies for impact on gender equality	Use of existing mandatory two-stage process of equality impact assessments developed to ensure that all new and proposed policies and projects have taken gender into consideration before final approval.	Gaps in services identified and addressed Outcome published in the Trust website	April 2008	No additional resources required	All departments supported by E& D Team?
Provide Gender specific information on heart and lung health and services	Carry out information needs analysis to provide gender specific information targeted at improving understanding and knowledge of health service	Improved access to gender specific information	April 2008	Yes there is resource implication	Operations & communication
Improve access to crèche facilities at both sites' out patient departments	Map out current crèche facilities Identify gaps in the provision of the service	Better access to crèche facilities in appropriate departments	April 2008	There may be resource implications	Estates and facilities
Involving men and women in decision making and planning changes	Assess patient related policies and functions on relevance to gender equality duty Establish links with groups interested in gender equality and identity	Effective gender sensitive engagement	April 2008	No additional resources required	User and community involvement

APPENDIX 4

Equality Impact Assessment for relevance

Trust functions, services and related policies	<i>Relevance to General Duty Requirements</i> Does the policy/function have relevance in these duties?						Relevance? (high or low)
	Race	Disability	Gender	Age	Sexual Orientation	Religion	
2. Accurate Patient Identification and Printed Patient Identity Wristbands	Y	Y	Y	N	N	N	Low
Administration of Parenteral Medicines for all Healthcare Professionals	N	N	N	N	N	N	Low
Administration of via all Routes other than Intravenous or Epidural	Y	Y	N	Y	N	N	Low
Adult Parenteral Feeding (HH)	N	Y	N	N	N	N	Low
Adverse Incident Reporting Policy	Y	Y	Y	Y	Y	Y	High
Alcohol and Substance Misuse	N	N	N	N	N	N	Low
Annual Leave Policy	Y	N	Y	N	Y	Y	Low
Appropriate Withdrawal of Life-Sustaining Treatment From Adult Patients	Y	Y	N	Y	Y	N	Low
Arterial Blood Gas Sampling from Arterial Cannulae	N	N	N	N	Y	N	High
Avoidance of Discrimination in Patient care	Y	Y	Y	Y	Y	Y	Low
Appropriate Use of Life-Sustaining Treatment in Children	Y	Y	N	Y	Y	N	High
Blood for Transfusion of Blood Components (Adult and Paediatric)	Y	N	N	N	Y	N	Low
Bomb and Chemical/Biological Weapon Threat	Y	Y	Y	N	N	N	High
Capital Asset Register Policy Document	N	N	N	N	N	N	Low

Trust functions, services and related policies	Relevance to General Duty Requirements Does the policy/function have relevance in these duties?						Relevance? (high or low)
	Race	Disability	Gender	Age	Sexual Orientation	Religion	
15. Child Protection Policy	Y	Y	Y	Y	Y	Y	High
Clinical Negligence, Personal Injury and Property Claims Handling Policy	Y	Y	Y	N	N	N	High
Complaints Policy	Y	Y	Y	Y	Y	Y	High
Confidential Policy	Y	Y	Y	Y	Y	Y	High
Conflict of Interest Policy	N	N	N	N	N	N	Low
Consent to Examination and Treatment	Y	Y	N	Y	Y	Y	High
Controlled Drugs, Supply, Security, Destruction	N	N	N	N	N	N	Low
Copying Letters to Patients	Y	Y	Y	Y	N	N	High
Cot Sides (RBH) – Use of R/V by Paediatrics	N	Y	N	Y	N	N	Low
Data Quality Policy	N	N	N	N	N	N	Low
Death and Bereavement – Management of Patients and Families during	Y	Y	N	Y	Y	Y	High
Diabetes – Management of	Y	Y	N	Y	N	N	High
Diathermy In The Operating Department, Adult and Paediatric Intensive Care Departments – Use	N	N	N	N	N	N	Low
Discharge of Adult and Paediatric Patients from Hospital	Y	Y	Y	Y	Y	Y	High
Drugs – Potassium, Chloride (Medicines Management)	N	N	N	N	N	N	Low
Drugs – Supplementary Prescribing(Medicines Management)	N	N	N	N	N	N	Low
Drugs – Use of Inhaled Nitric Oxid(Medicines Management)	Y	Y	N	Y	N	N	High
Endotracheal Suctioning on Ventilated Children (PICU) – Procedure for Performing	N	N	N	N	N	N	Low
33. Enteral Feeding - Adult	Y	Y	N	Y	Y	N	High

Trust functions, services and related policies	Relevance to General Duty Requirements Does the policy/function have relevance in these duties?						Relevance? (high or low)
	Race	Disability	Gender	Age	Sexual Orientation	Religion	
34. Fasting of Adult and Paediatric Patients	Y	Y	N	Y	Y	N	High
Femoral Sheaths – Policy for Management of	Y	Y	Y	Y	N	Y	High
Flexible Working Policy	N	Y	Y	Y	Y	N	High
Food Hygiene Policy	N	N	N	N	N	N	Low
Freedom of Information Act2000	Y	Y	Y	Y	Y	Y	High
Guidance for the use of Placebo Inhaled Medication Devices in clinical Practice	N	N	N	N	N	N	Low
Guidelines on prevention of contrast nephropathy following use of iodinated radiographic contrast media Adult Cardiology	N	N	N	N	N	N	Low
Guidance for the use of Placebo Inhaled Medication Devices in clinical Practice	N	N	N	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	N	N	N	Low
Harassment and bullying	Y	Y	Y	Y	Y	Y	High
Health Records Policy – Disclosure of	N	Y	Y	N	N	Y	High
IM & T Security Policy	Y	Y	Y	Y	Y	Y	High
Information Governance Policy	N	N	N	N	N	N	Low
Insertion & Management of Intravenous Access Devices	N	Y	N	N	N	N	Low
Intensive Insulin Therapy in Critical Care	Y	N	N	N	Y	N	Low
Internal Audit	N	N	N	N	N	N	Low
Intravenous Patient Controlled Analgesia (PCA) – Adults	Y	Y	N	Y	N	N	High
Ionising Radiation – Identification of Patients undergoing Procedures involving	N	N	N	Y	N	N	Low
52. Ionising Radiation – Requests for an Exposure	N	N	N	Y	N	N	Low

Trust functions, services and related policies	Relevance to General Duty Requirements Does the policy/function have relevance in these duties?						Relevance? (high or low)
	Race	Disability	Gender	Age	Sexual Orientation	Religion	
53. Ionising Radiation Exposure much greater than expected	N	N	N	Y	N	N	Low
Ionising Radiation of Women who are or may be Pregnant and who may be Breastfeeding – Exposure to	N	N	N	Y	N	N	Low
IT Acquisition Policy and Procedures	N	N	Y	N	N	N	Low
IT Equipment and Software Standards Policy	N	N	Y	N	N	N	Low
IT Equipment and Software Standards Policy	N	N	Y	N	N	N	Low
IT Service Level Agreement	N	N	N	N	N	N	Low
Last Offices and Containment of Body Fluids after Death	Y	Y	Y	Y	Y	Y	High
Latex Allergy – Policy for the Management of Patients and Staff with a Natural Rubber	N	Y	N	Y	N	N	Low
Living Wills	Y	Y	Y	Y	Y	Y	High
Lone Worker Policy	N	Y	Y	Y	N	N	Low
Major Incident Policy and Emergency Response Plan	Y	Y	Y	N	N	N	Low
Managing Outpatient Appointments	Y	Y	Y	Y	Y	Y	High
Managing Violent and Abusive Patients, Carers and Visitors	Y	Y	N	N	N	N	Low
Media Policy	Y	Y	Y	Y	Y	Y	High
Medical Equipment Management Policy	N	N	Y	N	N	N	Low
Near Patient Testing (NPT) Policy	N	N	N	N	N	N	Low
NICE Guidance/Guidelines and New Interventional Procedures	Y	Y	Y	Y	Y	Y	High
No-Emergency Patient Transport Policy	Y	Y	Y	Y	N	N	High
Nutrition Policy – Patient	Y	Y	N	Y	Y	N	High
72. Oral In-patient Anticoagulant Therapy	Y	Y	N	Y	N	N	Low

Trust functions, services and related policies	Relevance to General Duty Requirements Does the policy/function have relevance in these duties?						Relevance? (high or low)
	Race	Disability	Gender	Age	Sexual Orientation	Religion	
73. Organisational Change Management	N	N	N	N	N	N	Low
Pacing Wires – Procedures for the Management and Removal of Epicardial and Transvenous	N	Y	N	Y	N	N	Low
Paediatric Enteral Feeding Policy	N	N	N	Y	N	N	Low
Patient information	Y	Y	Y	Y	Y	Y	High
Patient's Own Drugs and the Self-Administration of Medicines by Adult Patients (Medicines Management)	Y	Y	N	Y	N	N	High
Policy/Procedure for Managing Pts Complaints	Y	Y	Y	N	N	Y	High
Policy for Format and Control of Policies, Procedures and Guidelines	N	N	Y	N	N	N	Low
Policy for Training Users of the Patient Administration System	N	N	Y	N	N	N	Low
Policy on the Management of Intellectual Property	N	N	N	N	N	N	Low
Post Operative Paravertebral Block Analgesia in Adult and Paediatric Patients	Y	Y	N	Y	N	N	Low
Preparation of Staff for the Insertion and Removal of Peripheral Long Lines	Y	Y	Y	N	N	N	Low
Preparation of Staff for the Insertion and Removal of Peripheral Long Lines	N	N	N	N	N	N	Low
Presence of Senior Medical Staff During Major Medical Procedure	N	N	N	N	N	N	Low
Proactive media approaches	Y	Y	Y	Y	Y	N	High
Procedure for Inquiry and Investigation into Scientific Misconduct and Fraud	Y	Y	Y	Y	Y	Y	High
Programmes Involving Medical Exposure to Ionising Radiation – (Procedure for Medical Research)	N	N	N	Y	N	N	Low
89. Property Policy – Patient	Y	Y	N	Y	N	N	Low

Trust functions, services and related policies	Relevance to General Duty Requirements Does the policy/function have relevance in these duties?						Relevance? (high or low)
	Race	Disability	Gender	Age	Sexual Orientation	Religion	
90. Provision of Perioperative Red Cell Salvage Pulmonary Artery Catheter in Situ – Policy for the Management	Y	Y	N	N	Y	N	High
Records Management Strategy	N	N	N	N	N	N	Low
Recruitment and selection	N	N	Y	N	N	N	Low
Reimbursement and Payment Policy for Voluntary Participation in Trust Activities	Y	Y	Y	Y	Y	Y	High
Request Form Completion, Patient Identification & Labelling of Laboratory Medical Specimens	Y	Y	Y	Y	N	N	High
Research Governance Policy and Procedure	Y	N	N	N	N	Y	Low
Risk Assessment Policy and Procedures	N	N	N	N	N	N	Low
Risk Management Operational Policy	Y	Y	Y	N	N	N	Low
Risk management Strategy	Y	Y	Y	N	N	N	Low
Safety Alert Broadcasting System	N	N	Y	N	N	N	Low
Security Policy	Y	Y	Y	Y	N	N	High
Sedation Policy	Y	Y	N	Y	N	N	High
Sending and Checking of Patients requiring Surgery, Invasive Cardiology or Endoscopy Procedures	Y	Y	Y	Y	N	N	High
Serious Untoward Incident Policy	Y	Y	Y	Y	Y	Y	High
Special Diets (Manual) – Information for Ward Staff	Y	Y	N	Y	Y	N	High
Staff information	Y	Y	N	N	N	N	Low
Standing Financial Instruction	N	N	N	N	N	N	Low
Suicide Risk – Assessment & Management of	Y	Y	N	N	Y	N	Low
109. Supply, Security, Administration and Destruction of Controlled Drugs, swaps, sharps and instruments – counting	Y	Y	N	N	Y	N	Low
	N	N	N	N	N	N	Low

Trust functions, services and related policies	Relevance to General Duty Requirements Does the policy/function have relevance in these duties?						Relevance? (high or low)
	Race	Disability	Gender	Age	Sexual Orientation	Religion	
110. Telephone Failure Procedure	N	Y	Y	N	N	N	Low
Tenants Code of Behaviour	N	N	N	N	N	N	Low
To improve accessibility of the website for all users	Y	Y	N	N	N	Y	High
Transport of Specimens by Porter, Van courier or by post	N	N	N	N	N	N	Low
Urinary Catheters – Insertion & Management	Y	Y	Y	Y	N	Y	High
Use and Abuse of Email and Intra/internet Services	N	N	Y	N	N	N	Low
Waste Disposal Policy	N	N	Y	N	N	N	Low
Weaning and Extubating Adult Patients off the Ventilator in Intensive Care and Recovery (Cardiac RBH Patients Recovery)	Y	Y	N	Y	N	N	High
118. Weaning And Extubating Children On P.I.C.U	Y	Y	N	Y	N	N	Low

APPENDIX 5 - Priority service areas, functions and related policies for full EqIA

The Trust will undertake full EqIA on the following service areas and policies over the period of three years

Service Area	Functions and related policies	Responsible manager/dept.	Timescale
Clinical services	Admission and discharge policy of adults and children from hospital	Respiratory Medicine	2009-10
	Appropriate Use of Life-Sustaining Treatment in Children	Paediatrics	2008
	Health Record Policy – disclosure of	Risk management	2009-10
	Request Form Completion, Patient Identification & Labelling of Laboratory Medical Specimens	To be identified	2009-10
	Medicines in Clinical Areas, Safe and Secure Handling of	To be identified (TBI)	2009-10
	Blood for Transfusion of Blood Components (Adult and Paediatric)	TBI	2008
	Suicide Risk – Assessment & Management of	TBI	2009-10
	Special Diets (Manual) – Information for Ward Staff	Isabel Skypala	2009-10
	Nutrition Policy – Patient	Nutrition Steering Group?	2009-10
	Outpatient services	OPD	2008
	Cancer services	Cancer Services	2009-10
	Medicine Management policies of in-patients and out-patients	Medicine Management	2009-10
	Paediatrics	Paediatrics	2008
	Non-clinical support services		
Inpatient, day case Access & Booking Policy		Operations	2008
Data Quality Policy		ITS	2009-10
Non-Emergency Patient Transport Policy		Transport	2009-10
Access to all hospital premises		Estates	2008
Security policy		Estates	2009-10
Governance & Nursing			

	Managing Patients Complaints	Complaints Manager	2008
	Health & Safety Policy	Risk Management	2009-10
	Patient and public involvement	PPI Manager	2008
	PALS	PALS Manager	2008
	Reimbursement and payment policy for voluntary participation in Trust activities.	PPI Manager	2008
	Managing Violent and Abusive Patients, Carers and Visitors	Risk Management	2009-10
	Copying Letters to Patients	Complaints Manager	2008
	Clinical Negligence, Personal Injury and Property Claims Handling Policy	Risk Management	2009-10
	Procedure for Inquiry and Investigation into Scientific Misconduct and Fraud	Research & Development	2009-10
	Child Protection Policy	Clinical Governance	2009-10
Communications			
	Design of website	Communications	2007 (completed)
	Patient Information Leaflets	Communications	2008-09
	Interpretation services	HR/Agency staff	2008-09
Human Resources			
	Recruitment & selection	HR	2008-09
	Learning and development	L&D Manager	2008
	Bullying and Harassment	HR	2008
	Workforce development	HR	2008
	Annual Leave Policy	HR	2008
	Diversity Policy	HR	2008
	Disciplinary and appeals policy	HR	2008
	Flexible working	HR	2009
CEO & Finance			
	40. Procurement	Finance Directorate	2009

This guide has been produced to help health professionals carry out robust and integrated Equality Impact Assessments of policies, strategies, functions or services at a national and local levels.

Policy

An official or prescribed plan, intended to guide decisions and actions.

Examples: Child Protection Policy, Complaints Policy, Infection Control Policy, Recruitment Policy, discharge policy

Strategy

A long-term plan of action designed to achieve particular goals or objectives.

Examples: Food Strategy, Service Development Plan, Business Plan

Function

The actions and activities assigned to, or required/expected of, a person, group or organisation.

Examples: finance and budgeting, health and safety, emergency planning, performance management, risk assessment, internal audit, management committee

Service

A department or team of the Trust that provides specified care

Examples: cancer and palliative care services, out patient department, respiratory care, paediatrics, surgery, etc.

Q. What is an Equality Impact Assessment?

An Equality Impact Assessment (EqIA) is a tool aimed at improving the quality of local health services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups. It involves anticipating the consequences of the Trust's policies and services on different communities and making sure that any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

An EIA consists of two main parts:

- (a) An **initial screening** process
- (b) A **full assessment**, if the initial screening has identified a possible adverse/negative impact.

A **negative or adverse impact** is an impact that could disadvantage one or more equality groups. This disadvantage may be differential, where the negative impact on one particular group is likely to be greater than on another.

A **positive impact** is an impact that could have a positive effect on one or more equality groups, or improve equal opportunities and /or relationships between groups. This positive impact may be differential, where the positive effect on one particular group of individuals is likely to be greater than on another.

Q. Why should we carry out Equality Impact Assessments?

We undertake Equality Impact Assessments because:

We need to

If we are to appropriately serve our diverse local community, and ensure health services are provided equitably, are fair and personal and accessible to all.

We have to

All public bodies must undertake impact assessments of their policies and functions, as set out in equalities legislation. Equality Impact Assessments are not optional.

We want to

Equality Impact Assessments actively support the practical delivery of policies and strategies, helping us meet the Healthcare Commission's Standards for Better Health and contribute towards other inspection regimes and partnership arrangements.

Q. When should I carry out an Equality Impact Assessment?

An impact assessment should be carried out when:

- Developing a new policy, strategy, service or function
- Reviewing existing policies, strategies, services or functions
- The Trust's Senior Management Team or Equality Strategy Board has identified policies, strategies, services or functions as specifically requiring an EqIA.

Q. What areas should the impact assessment cover?

Impact assessments should cover the six key equality dimensions as covered by current (and forthcoming) legislation, namely:

Race or Ethnicity
Gender
Disability
Age
Sexual Orientation
Religion and Belief

Q. Do I need to assess both existing and new services and policies?

Yes. All current policies and services – both new and existing – Trust wide or local - must be monitored and regularly reviewed for relevance and checked for their impact. However, when deciding what existing policies or services to review, Trusts should take a **proportionate** approach – assessing the equalities impact of the policy should be proportionate to the likely impact of the policy itself. Issues for consideration should include the number of people likely to be affected, the financial and human resources involved, Trust's priority, the extent of the proposed change and the wider public policy implications.

Q. How do equality impact assessments relate to the Trust's existing equality schemes?

By April 2007, Trusts will be legally required to conduct race, disability and gender impact assessments on all policies and services. There will be similar requirements for age, sexual orientation and religion/belief over the next two to three years. Conducting equality impact assessments ensures that we are complying with both existing and future legislation.

Q. Can I build equality impact assessment into other existing systems and processes?

Yes. We positively encourage managers to build equality impact assessment into existing business planning cycles, processes and service reviews. Examples include: health equity audit and clinical governance action plans, risk assessment, internal audit, performance management, policy approval process.

Q. Who is responsible for conducting EqIA?

The manager responsible for the policy or service under consideration is the person responsible for ensuring that an EqIA is carried out. However, all employees and health professionals, directors and board members, have some degree of responsibility for ensuring that EqIAs are conducted.

The Trust Board is ultimately accountable for ensuring that Equality Impact Assessments are completed and published. When policy or service proposals are submitted to the Management Committee or Trust Board for consideration, executive directors and members will now be expecting to see the results of an EqIA within these reports.

Q. How do I carry out an Equality Impact Assessment?

A two page step-by-step guide follows this introduction. There are also a number of supporting documents that can assist you in carrying out an impact assessment. For quick reference, the EqIA process has also been summarised in a one page flowchart diagram on page 6.

Step by Step Guide to Equality Impact Assessment

① Decide who will contribute to the Equality Impact Assessment

Identify the people who will lead and be responsible for undertaking the Equality Impact Assessment and other people or partner organisations who will contribute to the assessment. Try to get a balance of skills and experience as well as mix of staff at different levels. For some (smaller) assessments, it may be easier to have a “virtual team” with one or two people taking responsibility for the review but drawing on the knowledge and expertise of others as and when necessary.

② Identify your policy or service aims

Only by being clear about the aims of your policy or the focus of your service can you meaningfully assess whether it will have a positive or negative impact on certain groups, and whether this impact will be high medium or low.

③ Carry out an initial assessment of likely impact (screening)

At the screening stage, you should be assessing obvious negative / positive impact or gaps in knowledge about likely impact. It should be a relatively short process that makes use of previous consultation results, personal knowledge & experience, internal reports, staff with previous experience of similar policies, strategies or services, etc. If there is a lack of data or information concerning a particular area, this should not be a reason to stop the process. If the likely impact on a particular group is unknown then action needs to be taken to acquire this information.

Once the initial screening has been completed, a full assessment is only required if:

- The impact is potentially discriminatory under equality or anti-discrimination legislation
- Any of the key equality groups are identified as being potentially disadvantaged or negatively impacted by the policy or service
- The impact is assessed to be of high significance

If none of the above is true, then go straight to **Step 8 – Setting up monitoring and review arrangements.**

④ Consider 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, workforce profiles, information from formal audits, consultation exercises (with the public 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 (see step 8).

⑤ Involve and consult relevant stakeholders

EqIAs must be informed by consultation. This could include 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 you can use that. If you do not, then you 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.

⑥ Assess the likely impact on equality

Assessment of the likely impact on equality is found by examining the 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. In some cases, it may be appropriate to consider alternative ways to achieve the policy or service objectives. Before making a decision, it is important to make sure that reducing the adverse impact on one particular group does not create an adverse impact on another group. If this is unavoidable it will be necessary to satisfy that this can be justified on non-discriminatory grounds.

⑦ Produce an action plan, if required

An implementation plan should be produced, which simply and clearly sets out any actions you 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.

⑧ Set up monitoring and review arrangements

EqIA should not be considered as 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.

⑨ Sign off the Equality Impact Assessment report and agree the policy/service

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, Executive Committee 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.

⑩ Publish the results Equality Impact Assessment (EqIA)

Publishing results of EIAs show commitment to promoting equality and will also demonstrate that the organisation 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 Trust Equality and Diversity Co-ordinator for publication to the Trust's website in a format that is accessible.

See the schematic chart below on the step by step EqIA process

What matters to patients?

Report to participants in response to feedback obtained at the patient and public involvement (PPI) and Single Equality Scheme (SES) consultation event held on the 18th December 2007

Introduction

This report describes how we met with patients, carers, representatives of voluntary organisations and staff to understand what matters to those who use our services and how we can involve users from all backgrounds when we plan and deliver services in the future.

The information collected at the event is helping to inform our new patient and public involvement (PPI) strategy and the Single Equality Scheme (SES) framework. Over 60 people attended the event and from the 49 evaluation forms we collected on the day, many participants commented positively about the event. This encourages us to take a similar approach in the future.

How the day was organised

We organised the day so that there were two main discussions. Both sessions were ambitious and at future events, we would aim to spend more time exploring specific issues or topics in more depth. This event enabled us to identify common themes that merit attention. We would also increase the proportion of users represented. Reimbursement of travel expenses and childcare were offered to those not employed by the Trust in advance of the event. This type of event is a significant way of raising awareness of PPI particularly with staff.

Findings

The discussions in the morning and the afternoon generated a huge amount of information. At the end of each discussion we summarised the main points from each table and some common themes emerged. It is clear that in many, but not all cases, users are satisfied with the clinical care they receive but more could be done to genuinely personalise their experience. This will be achieved by taking more time to establish what users expect when they come into hospital and by understanding how to support people more effectively. For example, services may be responsive to the need for an interpreter in one department but this is not continued as the patient moves around the hospital.

By using the common themes identified on the day we have identified the following areas that require attention as a priority. We actively encourage any participants who have a particular interest in one or more of these areas to get in touch with us to help us in our improvement work.

Areas for improvement & proposed actions

1. Welcome - Making it easier to get around

- Implement the recommendations from the Disability Discrimination Act (DDA) audit and pathfinder audit for example to improve signage and disabled access
- Increase the number of volunteers available to help users find their way around our sites
- Review how letters to patients are generated and identify examples of good practice which can be shared across the organisation

- Identify and develop key information points for example improve publicity of the Patient Advice and Liaison Service (PALS)
- Update and improve the site map for the Royal Brompton Hospital site

2. Telephone communication/First contact

- Identify examples of good practice at first point of contact e.g. reception areas, switchboard, departmental contacts, voicemail and share this across the organisation
- Implement a “mystery shopper” programme to systematically evaluate response to enquiries
- Improve access to telephone interpreting services and Mincom facilities

3. Patient information – giving people information in a way they can understand

- Revise approach to the creation of patient information – this will be done jointly with the communications team
- Investigate the availability of decision – making aids for cardio-respiratory conditions and pilot tools if appropriate and relevant. These tools are used in other specialist areas for example for patients diagnosed with prostate cancer
- Increase access to PALS by those who have traditionally used the service less for example those with a disability or those whose first language is not English

4. Customer care – putting users first

- Identify a service area to test new approaches
- Learning and Development – evaluate and plan existing and future programmes
- Recruitment/local induction – target key areas for example reception areas

5. Supporting and empowering (encouraging) users

- Establish a multidisciplinary group to look at the evidence to support this and identify new approaches

6. Supporting users from all backgrounds

- Establish training to help users with disabilities, and other needs
- Improve diversity data quality, interpretation and application
- Provide information for users to explain why we need their personal details and special need information using examples of how we improve services
- Promote activities from the equality and diversity steering group
- Establish partnerships with voluntary organisations to help us support more users
- Increase appointment/consultation time for users with learning difficulties/sensory impairment

7. Privacy and Dignity

- Utilise feedback collected from users in the patient environment action team inspection, from the privacy and dignity benchmark exercise and single sex facility audit and implement recommendations.
- Investigate concerns about confidentiality/ positive patient identification/Identity protection
- Complete visiting hours review and implement recommendations

8. Supporting faith and spiritual needs

- Re – launch chaplaincy service at RBH and identify ways to meet faith, spiritual and pastoral needs of users on both sites
- Improve access to multi-faith rooms and review the appropriateness of available facilities

9. You said... We did

- Increase publicity about changes and improvement. We need to tell people what actions are taken in response to user feedback from all sources.

Support for the action plan

We should continue to utilise the support we have from users to ensure action is taken. The following groups could be invited to sponsor specific improvement areas in addition to staff identified to lead each project; PPI Core Group/Patient Panels/Volunteers/ Prospective FT Governors.

Future Events

We anticipate holding smaller events over the next few months to gather more information to inform the single equality scheme. We will plan to hold a similar event in the second half of 2008 to let participants know about changes we have made. In the future, each service should consider engaging with users in this way so that more direct changes can be made.

Evaluation comments

What did you like about the event?

- Meeting and talking to a range of people particularly the staff of the Trust.
- Involving people, interesting day.
- The opportunity to be involved in "change".
- Meeting patients and their families, group work.
- A good range of people to give comprehensive and stimulating ideas. Good to see the policy document.
- Interesting mix.
- Good to meet so many of the staff. Very friendly. A very good event.
- Most interesting and informative. A good mix of participants.
- Mixture of people.
- A good start to a very difficult task.
- The energy that has been put into this.
- Meeting different people with different issues.
- Ability to speak freely with specialists.
- Very useful.
- Lots of good questions and replies.
- Chance to meet and talk with many different people.
- Meeting carers and patients in a more equal setting.
- Enjoyable to think an individual voice can be heard.
- Discussion with group about important issues.
- Diversity
- Diversity of patient's experiences and general similarity of concerns.
- Very good
- The informal atmosphere which provided a comfortable arena for discussion. It was good to hear different perspectives which we may consider to be normal and universal but is often unheard and dismissed. It also brought to light issues which we are unaware of as we are not affected

- by the circumstances e.g. disabilities, religions and age.
- Discussion on tables easier to relate - interesting people.
- Morning sessions - it was clear what you wanted feedback on. Good mix of people.
- Plenty of opportunity for discussion.
- Workshop, group work.
- The large and varied attendance, meeting patients.
- Meeting people from Trust and patients and user groups.
- Lunch, meeting people, good discussion.
- Good range of people who participated well.
- Discussing issues relevant to carers, patients and users. And meeting other delegates staff and patients. Good day, thank you.
- Good to share ideas with others.
- Meeting different specialities. Feeling a valued team member.
- Meeting other people in the Trust. Good length of time to discuss.
- The range of individuals/staff patients, carers being consulted.
- Enjoyed the day
- Meeting other people from with the Trust and the 2 patients I invited.
- Meeting a variety of people and other staff members, without the baggage of roles and hierarchy, makes it much easier to talk freely.
- It was well arranged and staff by friendly, welcoming and helpful people.
- Meeting different people, different professionals.
- Access to staff and patients

Is there anything that you think may improve future events?

<ul style="list-style-type: none"> • Lunch was lovely, but not healthy, where was the fresh fruit?
<ul style="list-style-type: none"> • Clarity on the questions being asked. • More group discussion, greater diverse population.
<ul style="list-style-type: none"> • More on medical aspects of the policy. I know there was one doctor present. • No except to hold similar events more frequently as they prove so helpful. • Allow more time. • Yes food was not enough. • Training people. • Everything been said.
<ul style="list-style-type: none"> • Good quality facilitators very important. Also making clear areas for discussion. Lunch was very nice but possibly need to make it healthier.
<ul style="list-style-type: none"> • Room acoustics challenging at times, use a microphone, some people couldn't hear everything • feedback/summing up. • Better timing/weather and holidays included i.e. spring as opposed to winter. Some sort of audio/microphone system. • More training. • Too many hospital staff/ professionals need more patients. • Microphone for hard of hearing, it is difficult to hear properly when we are far from the speaker.

- Longer to discuss feedback.
- More time for feedback.
- More focus on the equality strands.
- Knowing who else is attending. Having docs to read in advance eg. SES policy.
- No.
- PA system for speakers.
- Would like to see more medical staff participating.
- Increase number of patients/carers etc.
- Better time keeping.
- Not being able to hear some people.
- Meeting with specific groups of people eg older people. Would have like to have had documentation prior to event.
- A microphone.
- Attracting younger people, more people from different cultural backgrounds.
- Feedback form last.

List of participants

Kathryn Farrow	Senior Nurse/Modern Matron
Rachel Lewis	Service Manager Surgery
Mary Kiernan	Clinical Nurse Specialist Cardiology
Marina Nicholas	Practice Educator Cardiology
Lorna Swan	Consultant - Cardiology
Liz Saunders	Ass. General Manager Cardiology
Ashi Firouzi	Research Sister
Jason Simons	Charge Nurse Transplant
Ross Ellis	Clinical Nurse Specialist (ILD)
Libby Haxby	Lead Clinician - Clinical Risk
David Hunter	Consultant - Anaesthetics & Critical Care
Michele Hiscock	Head of Nursing Development and Quality
Sue Knott	Senior Quality Coordinator
John Pearcey	Business Manager - Outpatients
Catherine Philpott	Disability Champion / Planning
Katie Burke	Lecturer - Practitioner
Jessica Van Schreven	Senior Pharmacist
Natalie Turner	Clinical Nurse Specialist
Victoria Lord	Senior Physiotherapist
Shaan Malhotra	Voluntary Services Manager
Steven Rennie	Audit Facilitator
Diane Richards	Research Performance Manager
Jean Booth	Senior Clinical Scientist
Caroline Shuldham	Director of Governance, Nursing & Quality
Claire Read	Internal Communications Manager
Liz Allibone	Nurse Teacher
Alex Weller	Head of Clinical Audit & Effectiveness
Clothilde Kapufi-Morrison	Quality Coordinator
Susie Stewart	Equality & Diversity Coordinator
Yohannes Fassil	Equality & Diversity Development

Rachel Matthews	Senior Nurse User Involvement
Steve Moore	General Services Manager
Christina Croft	Non-Executive Director
Peter Kircher	Re-Beat & Dacorum PPI Forum
Steve Syer	Harefield Transplant Club
Kim Fligelstone	Scleroderma Society
Jeannie Lamb	Open Age/Sixty Plus
Anne Smith	Sixty Plus
Caroline Greenhalgh	Prospective FT Governor
Shelagh Eaton	Prospective FT Governor
Amjad Taha	BME Health Forum
Rukshana Kapasi	Parent
Aisha Khan	Brent PCT , Multifaith Forum
Kate Pieroudis	Action Disability K&C
Sheila Lewis	Action Disability K&C
Ann Langani	Volunteer
Deborah Trenchard	Volunteer
Emma Dalton	Volunteer
Sally Ann Merton	Volunteer
Sue Eden	Volunteer
Madalena Vosconcelos	Volunteer
Bonnie Yandall	Cancer Network
David Hossack	Carer
Maureen Hossack	Patient
Derek Patenall	Patient
Doris McDonald	Patient
Stephanie White	Patient
Ian Harrison	Patient
Patricia Jarrett	Patient
Joan Percival	Visitor
Judith Lockhart	PPI Lead - Brent PCT
Yamina Sari	Action Disability K&C
Romena Toki	London Youth Group
Roxy	London Youth Group