

RACE EQUALITY SCHEME INCLUDING DIVERSITY

2003-2006

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This document was made possible with the help of:

Geeta Patel – Patient

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Joanne Taylor – Sensory Impairment and Disability Co-ordinator

John Payne – Security Adviser

Dr Brian Silk –Chairman

Alan James – Director of Human Resources & Communications

Flavia Defreitas – PALS Manager

Dinesh Kotecha – Non-Executive Director

Helen Feely – Acting Divisional HR Manager

Judith Glashen – HR

When the vision of reality comes,
the veil of ignorance is completely removed.

As long as we perceive things falsely,
our false perception distracts and makes patients miserable.

When our false perception is corrected,
Misery ends also.

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INTRODUCTION

This document is intended to provide a platform for the Trust to address the areas of Race and Diversity for its patients and staff. The Trust has always considered these areas to be important but recognises they have not always been given prominence within the Trust. The Trust Race Equality Scheme will provide a baseline for raising the profile of these issues and the Scheme must be continuously monitored and reviewed annually to ensure its effectiveness. The two areas that the Scheme will concentrate on relate to:

- Policy and Service Delivery
- Employment

PART A – POLICY AND SERVICE DELIVERY

The Trust believes in equality for all its patients hence its decision to focus not only on ethnicity but include all areas of diversity. The Trust also has a legal obligation to meet the following:

Disability Discrimination Act (1995)

Race Relations Amendment Act (as amended by the Race Relations (Amendment) Act 2000)

Human Rights Act

Health and Social Care Act 2001(Section11)

The challenge for the organisation is to work with the staff to achieve the actions set out in the scheme, especially when staff have other high priority objectives to meet. The Trust however will not condone any form of discrimination and will be proactive in dealing with discrimination when it occurs.

In compiling this Race Equality Scheme, patients and the public were consulted. Some of the issues raised were:

PATIENT:

1. Difficulties obtaining written information and have to obtain personally.
2. Not advised where to find information or who to contact.
3. Not asked if interpreter required.
4. Not able to use kitchen facilities to heat up own food.
5. Lack of understanding of cultural needs and clinical care.
6. Poor communication with patients from different ethnic backgrounds.

RELATIVES :

1. Not informed re reports/updates especially when English is not the patient's first language.
2. Not asked to interpret or be present when giving information/being consented for ops/procedures.

STAFF :

1. Not asked re translating abilities or how to apply/become involved.
2. Not all staff aware re internet access to KGH staff translators.
3. No recently updated information on the wards re cultural information.
4. Poor use of translators.
5. No race awareness issues discussed on KGH induction days and no study days to improve staff awareness.
6. Train staff to positively listen to patients' feedback. This will show respect for patients and builds trust with staff.

Trust leadership, with support from staff, will ensure that the work already under way within the organisation will continue. However the Trust also has to consult with all the different external groups on all aspects of health-care, to build a relationship with these groups so they will work with the organisation to enable the Trust to meet it's mission statement:

“To provide the best healthcare to our patient's”

COMMITMENT AND RESPONSIBILITY

The Chief Executive and the Chairman are ultimately accountable for the implementation of the Strategy.

The Trust has agreed that Race and Diversity will be considered in all items appearing on Trust Board and its Committees' Agendas.

The Trust believes the whole organisation has to be involved as Race and Diversity needs to be mainstream within the Organisation. Therefore Race and Diversity will be an agenda item on each Directorate Clinical Governance Agenda. A reporting form has to be completed each quarter and sent to Operational Board meetings (Appendix 4).

To be inclusive of all Departments throughout the Trust, a reporting form will also need to be completed by areas not included in Clinical Governance e.g. Estates Department, Volunteers, Chaplaincy etc.

For all incidents that are reported relating to discrimination, a clinical incident form will be completed. Where the incident relates to patients or the public, the form will be sent to the Director of Nursing & Midwifery. If the incident involves staff, the incident form will be sent to the Director of Human Resources. The responsibility will include reporting racial discrimination and harassment, where appropriate, to the police.

FUNCTIONS OF THE TRUST

The function of Kettering General Hospital NHS Trust is to provide a range of acute outpatient and inpatient services to a local population of nearly 320,000. Services are provided at the main site at Kettering, but a range of outpatient services are provided at Corby, Rushden, Wellingborough, Market Harborough, and Thrapston.

The Trust has 544 inpatient beds, 65 cots and 42-day case beds.

It employs 2,814 staff.

It deals with more than 330,000 patients each year.

PURPOSE OF THE TRUST

“The purpose of the Trust is to deliver high quality healthcare for patients when it is needed. The Trust will achieve this by aiming for excellence in all that it does. Our ambition is to be the best hospital of its kind in the NHS by 2005”.

FUNCTIONS OF THE TRUST

1. To provide a range of outpatient and inpatient services to the local Community.

Accident & Emergency

Anaesthetics

General Surgery

Medicine

Ear, Nose & Throat

Obstetric & Gynaecology

Pathology

Radiology

Trauma & Orthopaedics

2. To meet Government targets for the delivery of healthcare.
3. To contribute to health education to patients and their families.
4. To work with staff and the local community to plan, develop and implement healthcare designed around the needs of the community.
5. To recruit, train and supervise staff to ensure delivery of a high quality service to patients.
6. To take part in local and national audits.

RACE EQUALITY SCHEME

Service Delivery

The purpose of the Race Equality Scheme is to:

- Eliminate unlawful racial discrimination.
- Promote equality of opportunity.
- Promote good race relations between people of different racial groups.

The Race Relations (Amendment) Act (RRA) 2000 received Royal Assent on 30th November 2000 and came into force in April 2001

The aim of the general duty is for health organisations to:

- Assess whether their functions and policies are relevant to race equality.
- Monitor their policies to see how they affect race equality.
- Assess and consult on policies they are proposing to introduce.
- Publish the results of their consultations, monitoring and assessments.
- Ensure that the public have access to the information and services they provide.

There are specific duties that relate to employment, these are:

- Train their staff on the new duties.
- Monitor staff, applicants and employment processes, by ethnic group.

Health & Social Care Act 2002 (Section 11)

Section 11 provides a wider duty to involve and consult patients and the public:

- not just when a major change is proposed, but in the on-going planning of services;
- not just when considering a proposal but in developing that proposal; and
- in decisions that may affect the operation of services.

The Trust, as a public organisation has a range of policies that govern how the organisation works and how staff fulfils their duties. These policies (as listed below) will be assessed for potential negative impact for our minority ethnic patients. Due to the number of policies, it is anticipated that the timescale for this work will be 2-5 years.

Priorities for 2003/2004

- Commence impact assessment on policies for service delivery – prioritise as:
 1. Nursing Core Policies
 2. Infection Control Policies
 3. Resuscitation
 4. Risk
- All new policies should have impact assessment as standard using the assessment tool (Appendix 1).
- All Trust policies are subject to reviews (timescale varies) but impact assessment now needs to be included in this review process using the assessment tool (Appendix 1).

Within the Scheme the proposed approach is to deal with the policies over a 2-5 year monitoring period. Three strands will be followed:

1. Assessment of current performance against the standard and implementation of any actions required.
2. Employment Action Plan.
3. Impact assessment of all policies and procedures.

STANDARD	CURRENT PRACTICE	FUTURE ACTION	EVIDENCE	TIMESCALE
<p>Access to information</p> <p>Arrangements in place so people from ethnic minority groups can access services.</p>	<p>Some leaflets available in other languages e.g. complaints.</p> <p>Service of Community Access & Language Service available for interpreting and translating.</p>	<p>Patient & Public Council with Clinical Governance Support Unit to audit the extent of patient information available in different languages.</p> <p>PALS Manager to produce a staff policy for interpreting services provided by the Trust</p>	<p>Audit report.</p> <p>Policy available.</p>	<p>August 2003.</p> <p>July 2003.</p>
<p>All patient information available in the Trust assessed for discrimination.</p>	<p>Not Established.</p>	<p>Patient Information and Standards Committee to assess all patient information for discrimination. Using Policy Assessment tool (Appendix 1).</p>	<p>Minutes of meetings and copy of Standard.</p>	<p>June 2003.</p>
	<p>Trust has set up a list of staff that can interpret for patients. This is available 24 hours a day via Trust intranet site.</p>	<p>Ensure staff are aware of this service via Modern Matrons and Trust Media & Communications manager.</p> <p>Patient Entertainment System.</p>	<p>Acute News.</p> <p>Minutes of staff meetings.</p> <p>Information to be added to the system.</p>	<p>Immediate.</p> <p>December 2003.</p>

STANDARD	CURRENT PRACTICE	FUTURE ACTION	EVIDENCE	TIMESCALE
	Kiosk in PALS Reception provides a range of information in 5 main languages for the community, Urdu, Gujarati, Punjabi, Chinese and Bengali.	<p>PALS Manager to organise extending the range of information available.</p> <p>Focus Group with local ethnic community to access needs. To be held in partnership with Northamptonshire Racial Equality Council.</p>	<p>Communication with “In Touch with Health Company”</p> <p>Minutes of meeting.</p>	<p>Immediate</p> <p>Business case submitted to Heartlands Primary Care Trust.</p>

STANDARD	CURRENT PRACTICE	FUTURE ACTION	EVIDENCE	TIMESCALE
<p>Consultation</p> <p>Trust has arrangements for consulting on all areas of healthcare.</p>	<p>Patient & Public Council has one ethnic minority representative.</p>	<p>More active recruitment for Patient & Public Council by Council members and supported by the Trust.</p> <p>Trust has signed up to Northamptonshire Compact, which includes the Black Minority Ethnic Code. Staff to be informed by Media and Communications Manager, Training Department and Modern Matrons.</p> <p>Work with Northamptonshire Racial Equality Council to hold Focus Groups.</p>	<p>Recruitment Posters</p> <p>Local media and local press</p> <p>BME Code.</p> <p>Acute News.</p> <p>Minutes of staff meetings.</p> <p>Report from Focus Groups.</p>	<p>May 2003.</p> <p>Awaiting response from submitted business case.</p>

STANDARD	CURRENT PRACTICE	FUTURE ACTION	EVIDENCE	TIMESCALE
<p>Profile</p> <p>Trust routinely collects the following patient data:</p> <p>Age Sex Ethnicity Preferred Language Disability Involvement (if any) of carer Preferred emergency contact Religion</p>	<p>See attachment for example of current information on ethnicity.</p>	<p>IT training for staff.</p> <p>Continuously raise awareness with staff of the importance of accurate data collection to aid delivery of healthcare that reflects the community.</p>	<p>Quarterly report from IT Department.</p> <p>Acute news. Staff meetings. Staff appraisal.</p>	<p>To commence immediately.</p> <p>Immediate.</p>
<p>Data Collection</p> <p>Data collected is used in planning future healthcare.</p>	<p>Data currently available not accurate (Appendix 2).</p>	<p>Use quarterly reports from IT Department.</p>	<p>Information will be reflected in Business Cases.</p>	<p>September 2003.</p>

STANDARD	CURRENT PRACTICE	FUTURE ACTION	EVIDENCE	TIMESCALE
<p>Policy</p> <p>The Trust Patient and Public Involvement Strategy explicitly mentions ethnic minority groups.</p>	<p>Not mentioned in current Patient and Public Involvement.</p>	<p>Patient & Public Involvement Strategy under development by PALS Manager.</p>	<p>Patient and Public Involvement Strategy.</p>	<p>July 2003.</p>

STANDARD	CURRENT PRACTICE	FUTURE ACTION	EVIDENCE	TIMESCALE
Monitoring Adverse Impact				
All Trust policies reviewed.	Few have included ethnic issues e.g. Bereavement.	Scrutiny Policy Group includes ethnic monitoring in its standard for reviewing all current and new policies (Appendix 1).	Minutes from Scrutiny Group.	April 2003.
The Trust Patient and Public Involvement Strategy explicitly mentions ethnic minority groups.	Not mentioned in current Patient and Public Involvement.	Under development by PALS Manager.	Patient and Public Involvement Strategy.	Immediate.

Diversity Action Plan

As a Trust we need to ensure that the service we deliver caters for the diverse population it serves. This includes the disabled, ethnic minorities and same sex couples. This needs to be demonstrated in policies business cases and any long-term strategies that the trust produces.

Disability Discrimination Act (1995)

- Review and where appropriate alter policies, procedures and practices that make it impossible for or difficult for disabled people to use the service.
- Provide auxiliary aids and services, which enable disabled people to use the service.
- Overcome any physical barriers by providing the service in an alternative way or make reasonable adjustments to existing facilities.

Human Rights Act

There are 18 articles included within the convention, however the following ones have particular relevance to healthcare:

Article 6 The right to a fair trial.

Article 8 The right to respect for privacy and family life, home and correspondence.

Article 9 Freedom of thought, conscience and religion.

Article 10 Freedom of expression.

Article 11 Freedom of assembly and association including the right to join Trade Unions.

Article 14 Prohibition of discrimination on any grounds.

STANDARD	CURRENT PRACTICE	FUTURE ACTION	EVIDENCE	TIMESCALE
<p>Diversity</p> <p>Policies, where applicable, to not discriminate against patients, to include:</p> <p>Age Race Culture Disability Sex Sexual Orientation Faith/Belief</p>	<p>Privacy and Dignity Policy covers the issue of gender re-assigned patients.</p>	<p>Scrutiny Policy Group to include these issues as part of its standards for monitoring trust policies.</p>	<p>Minutes of meeting.</p>	<p>May 2003.</p>
<p>Disability</p> <p>Trust meets its requirement under the Disability Discrimination Act 1995.</p>	<p>Not established.</p>	<p>Policy and information development which involve the Trust Sensory Impairment & Disability Group.</p>	<p>Needs a representative on the Patient Information and Standards Committee.</p>	<p>June 2003.</p>
<p>Support is provided to make it easier for disabled people to make use of its services.</p>	<p>Loop systems established in the Trust and portables available via Medical Equipment Library. Names of staff Sign Language</p>	<p>Sensory & Disability Group in the Trust to look at other areas.</p>	<p>Minutes of meetings. Copies of Audits.</p>	<p>On-going</p>

STANDARD	CURRENT PRACTICE	FUTURE ACTION	EVIDENCE	TIMESCALE
	<p>interpreters available via the Trust intranet 24 hours a day.</p> <p>Continue 3 access audits per year.</p>			
<p>Leadership</p> <p>Trust has nominated leads for older people at Trust Board. Clinical lead.</p>	<p>Non Executive Director Lead at Trust Board Divisional Director as Clinical Lead.</p>	<p>To continue with existing posts.</p>	<p>Minutes of meetings.</p>	<p>2003.</p>
<p>Policy Review</p> <p>All policies reviewed.</p>	<p>Policy Scrutiny Group.</p>	<p>Continue to monitor.</p>	<p>Recommendation from Scrutiny Group made available to Trust Board.</p>	<p>On-going.</p>
<p>Physical Access</p> <p>Trust provides reasonable alternative where physical features make accessing services difficult.</p>	<p>Audit programme by Disability and Sensory Impairment Group: has access for wheelchairs; wheelchairs accessible at various points around the Trust for patients and visitors; home visits</p>	<p>Further audits – link with PALS Office to highlight areas of concern.</p> <p>Recent joint audit by PALS Office and Disability Co-ordinator.</p>	<p>Improved disabled parking.</p> <p>Ramps.</p> <p>Different height seating.</p>	<p>On-going.</p>

STANDARD	CURRENT PRACTICE	FUTURE ACTION	EVIDENCE	TIMESCALE
	offered by Audiology Department.			
Trust building is altered and future builds planned to account for needs of disabled and religious needs of patients, public & staff.	NED Design Champions.	Disability and Sensory and Impairment Group representative on Committee for the Accelerated Care and Diagnostic Unit Group. Need to include Chaplaincy & Spiritual care Department.	Minutes of meetings	On-going. Immediate.
Audit Trust audit of service with involvement of disabled people.	Disability and Sensory and Impairment Group conducts regular audits.	Audit programme includes assessing Trust premises.	Minutes of meetings and copies of audits.	On-going.

APPENDIX 1

POLICY ASSESSMENT TOOL

1. Does the policy discriminate on the grounds of:
 - Age
 - Race
 - Gender
 - Culture
 - Religion
 - Sexual orientation
 - Disability
2. Does it promote equality?
3. Could some groups be affected differently?
4. Is there any evidence that some groups are affected differently?
5. Do we need to gather evidence?
6. Is the impact of the policy likely to be negative?
7. Is it unlawful?
8. Is there an alternative to achieving the policy?

APPENDIX 2

INPATIENTS 2001 & 2002

Total 2001

	Total for 2001	2001 Percentage
AFRICAN	65	0.11%
BANGLADESHI	56	0.10%
BRITISH	44191	77.59%
CARIBBEAN	141	0.25%
CHINESE	54	0.09%
INDIAN	568	1.00%
IRISH	98	0.17%
NOT STATED	10343	18.16%
OTHER ASIAN BCKGRND	50	0.09%
OTHER BLACK BACKGRND	68	0.12%
OTHER ETHNIC GROUP	86	0.15%
OTHER MIXED BCKGRND	66	0.12%
OTHER WHITE BCKGRND	298	0.52%
PAKISTANI	60	0.11%
PATIENT NOT ASKED	360	0.63%
PATIENT NOT PRESENT	287	0.50%
WHITE AND ASIAN	30	0.05%
WHITE BLACK AFRICAN	28	0.05%
WHITE BLACK CARIBBEA	104	0.18%
Grand Total	56953	100.00%

Total 2002

	Total for 2002	2002 Percentage
AFRICAN	48	0.09%
BANGLADESHI	90	0.16%
BRITISH	37270	67.35%
CARIBBEAN	116	0.21%
CHINESE	36	0.07%
INDIAN	415	0.75%
IRISH	125	0.23%
NOT STATED	7475	13.51%
OTHER ASIAN BCKGRND	70	0.13%
OTHER BLACK BACKGRND	61	0.11%
OTHER ETHNIC GROUP	100	0.18%
OTHER MIXED BCKGRND	96	0.17%
OTHER WHITE BCKGRND	330	0.60%
PAKISTANI	40	0.07%
PATIENT NOT ASKED	2550	4.61%
PATIENT NOT PRESENT	6341	11.46%
PATIENT REFUSED	58	0.10%
WHITE AND ASIAN	29	0.05%
WHITE BLACK AFRICAN	26	0.05%
WHITE BLACK CARIBBEA	63	0.11%
Grand Total	55339	100.00%

OUTPATIENTS 2001 & 2002

Total 2001

	Total for 2001	Percentage for 2001
AFRICAN	120	0.07%
BANGLADESHI	123	0.07%
BRITISH	102203	58.65%
CARIBBEAN	358	0.21%
CHINESE	181	0.10%
INDIAN	1119	0.64%
IRISH	256	0.15%
NOT STATED	29887	17.15%
OTHER ASIAN BCKGRND	86	0.05%
OTHER BLACK BACKGRND	144	0.08%
OTHER ETHNIC GROUP	273	0.16%
OTHER MIXED BCKGRND	123	0.07%
OTHER WHITE BCKGRND	710	0.41%
PAKISTANI	99	0.06%
PATIENT NOT ASKED	10072	5.78%
PATIENT NOT PRESENT	28026	16.08%
PATIENT REFUSED	271	0.16%
WHITE AND ASIAN	26	0.01%
WHITE BLACK AFRICAN	43	0.02%
WHITE BLACK CARIBBEA	144	0.08%
Grand Total	174264	100.00%

Total 2002

	Total for 2002	Percentage
AFRICAN	89	0.05%
BANGLADESHI	180	0.09%
BRITISH	95628	48.47%
CARIBBEAN	351	0.18%
CHINESE	197	0.10%
INDIAN	962	0.49%
IRISH	325	0.16%
NOT STATED	31240	15.83%
OTHER ASIAN BCKGRND	116	0.06%
OTHER BLACK BACKGRND	158	0.08%
OTHER ETHNIC GROUP	263	0.13%
OTHER MIXED BCKGRND	162	0.08%
OTHER WHITE BCKGRND	721	0.37%
PAKISTANI	101	0.05%
PATIENT NOT ASKED	16522	8.37%
PATIENT NOT PRESENT	49415	25.04%
PATIENT REFUSED	682	0.35%
WHITE AND ASIAN	17	0.01%
WHITE BLACK AFRICAN	41	0.02%
WHITE BLACK CARIBBEA	137	0.07%
Grand Total	197307	100.00%

APPENDIX 3

Ref	Policy Description	Author(s)	Review Date
A05	Abduction Policy: Child/Infant	Security Advisor	03/05
A17	Accounting Procedures	Deputy Director of Finance	Continuously reviewed
A30	Admission and Discharge: ITU & HDU	Director of ICU	09/03
A40	Admission, Discharge & Transfer	Patient Records Services Manager	03/03
A50	Admission: Emergency Protocol	DGM: Medicine	10/02
A80	Advanced Directives/Living Will	Assistant Director of Clinical Governance	05/04
A90	Advocacy Guidelines	PALS Manager	05/04
B05	Basic Life Support Guidelines	Resuscitation Council	12/04
B10	Bomb Threats	Trust Security Advisor	03/04
B20	Business Continuity Plan – Confidential document, refer to Assistant Director of Clinical Governance	Risk Manager	11/03
C05	Caring for the Bereaved Protocol	Assistant Director of Nursing	12/04
C08	Clinical Governance Development Plan	Assistant Director of Clinical Governance	06/04
C30	Communication Strategy	Director of Human Resources & Communications	01/04
C40	Confidentiality	Patient Records Services Manager	01/05

Ref	Policy Description	Author(s)	Review Date
C50	Control of Medicines: Hospitals & Community	Director of Pharmacy Services	09/03
C70	Controls Assurance Strategy	Director of Nursing & Midwifery	12/04
D10	Developing Policies, Procedures & Protocols	Assistant Director of Clinical Governance / Knowledge & Library Services Manager	03/04
D45	Discharge of Patients from Hospital (Under review)	Assistant Director of Nursing	07/01
D60	Drug Administration using a Syringe Pump/Driver or Infusion Pump: Checking Procedure for	Director of Pharmacy Services	02/04
D65	Safe Storage & Handling of Potassium containing solutions for IV infusion	Principal Pharmacist	10/03
D70	Safe & Secure Handling of Controlled Drugs	Principal Pharmacist	05/04
D75	Adding new Drugs to the Formulary	Director of Pharmacy Services	01/04
D80	Unlicensed Medicines	Director of Pharmacy	05/05
E10	Equal Opportunities	Director of HR & Communications	11/03
F10	Fire Safety	Fire Officer	09/03
F25	Food & Nutritional Policy	Dietetic & Catering	05/04
F30	Food Safety Management System	Catering Manager	08/03

Ref	Policy Description	Author(s)	Review Date
F60	Framework for Investigations	Patient Relations Manager	04/04
G20	Giving Patient Details over the Phone	Patient Records Services Manager	11/04
G40	Good Practice: Recognising and working with Carers (under review)	Assistant Director of Nursing & Midwifery	04/02
G70	Guidelines for DGM's on call	Director of Nursing & Midwifery	07/03
H05	Handling of Clinical Negligence & Personal Injury Claims	Legal Manager	04/04
H10	Health & Safety	Health & Safety Manager	03/04
H20	Health & Safety: Pathology	Pathology Manager	04/04
H40	Hot-line Arrangements	Assistant Director of Clinical Governance	04/04
H50	Human Resources Handbook	Director of Human Resources	11/03
I20	Infection Control Policies	Infection Control	Various
I25	Information Technology Standards & Security Policy (under review)	Security & Development Manager	04/02
I30	Obtaining Consent to Examination or Treatment: Policy for	Risk Manager	09/03
I40	Information Relatives of a Patient's Death	Assistant Director of Clinical Governance	¾
I50	Intellectual Property	Assistant Director of Clinical Governance	05/04

Ref	Policy Description	Author(s)	Review Date
I60	Intranet/Internet Usage: Security	Security & Development Manager	11/03
I80	Introduction & Development of New Techniques and Procedures	Medical Director / Director of Nursing & Midwifery	11/03
K10	Key Holding & Key Issues Procedure	Director of Facilities	08/03
K20	Key Systems Disaster Recovery Confidential document, refer to IT Security & Development Manager	Security & Development Manager	
L03	Latex Allergy in Patients & Staff, The Management of	Director of Pharmacy / Facilities Project Officer	01/04
L10	Loss of Keys & Replacement Locks to Drug Trolley	Trust Security Advisor & Director of Pharmacy	03/06
M10	Major Incident Plan (Under review)	Medical Director	05/03
M15	Management of Intellectual Property	Director of HR & Communication	04/05
M20	Management of Outliers Protocol	DGM: Medicine	09/04
M30	Management of Patient's Property	Director of Nursing & Midwifery	04/04
M35	Management of Risk Management Issues arising from Incidents, Complaints & Claims	Legal Manager	02/04
M40	Managing Complaints, Policy for	Patient Relations Manager	04/04
M45	Managing the	Assistant Director of	05/03

Ref	Policy Description	Author(s)	Review Date
	Implementation of NICE guidance relating to drugs	Pharmacy	
M48	Medical Staff Escalation Procedures	Medical Division, Assistant Directorate General Manager	08/03
M49	Medicine Management in NBM Patients in Surgery, Guidelines for	Director of Pharmacy	06/04
M50	Missing Patients	Trust Security Advisor	03/06
N10	Nursing Core Policies	Assistant Director of Nursing	Various Dates
O10	Occupational Health	Director of Human Resources	12/04
O20	Operation of CCTV: Code of Practice Confidential document, refer to Trust Security Advisor	Kettering Borough Council	
O40	Outlying Patients into the Director of Surgery & Urology, Guidelines for (Under review)	Matron, General Surgery & Urology	03/03
P02	Patient Advice & Liaison Service: Guidelines for Staff	PALS Manager	02/04
P03	Patients' Privacy & Dignity, Policy for Maintaining	Practice Development Co-ordinator	01/05
P05	Prescribing Medication of Out-patients Procedure	Deputy Director of Pharmacy Services	03/04
P09	Patient Information – Production of Written	Patient Records Services Manager	01/04

Ref	Policy Description	Author(s)	Review Date
	Information		
R10	Recruitment & Selection: Guidance for Managers	Human Resources Manager	11/03
R19	Referral of Deaths to the Coroner	Director of Mortuary	12/04
R20	Referral of Deceased Patients for Post Mortem	Director of Mortuary	12/04
R30	Reporting of Accidents & Incidents	Risk Manager	08/03
R35	Research Conducting incorporating Research Governance	Assistant Director of Clinical Governance	03/04
R36	Research & Development Strategy 2003/2004	Assistant Director of Clinical Governance	03/04
R40	Resuscitation Training	Resuscitation Training Officer	04/04
R50	Resuscitation: 'Do Not Resuscitate'	Chairman, CPR Committee	11/04
R60	Resuscitation: Corporate	Chairman, CPR Committee	04/04
R70	Resuscitation: Out-patients	Chairman, CPR Committee	01/06
R80	Risk Assessment: A Guide for Managers	Risk Manager	07/03
R90	Risk Management Strategy	Risk Manager	01/04
S05	Safe and Secure Handling of Medicines (Under review)	Principal Pharmacist	05/03
S10	'Safe Haven' Procedure (Under review)	Security & Development Manager	02/01
S15	Safeguarding Records Policy	Patient Records Services Manager	01/05
S20	Searching of Hospital Staff	Security Advisor	03/06

Ref	Policy Description	Author(s)	Review Date
S30	Security Strategy, Towards an Integrated ...	Security Advisor	06/06
S35	Single Patient Use for all Injections	Approved by Consultant Microbiologist & Director of Pharmacy	09/04
S40	Standard Abbreviations: Patient Medical Records (Under review)	Patient Records Services Manager	05/03
S45	Standing Financial Instructions	Deputy Director of Finance	10/04
S50	Stress at Work	Occupational Health Manager	12/04
S70	Supplies & Procurement Policy	Director of Facilities	04/04
U10	Under/Over payments Policy	Deputy Director of Finance	Continuously reviewed
V10	Violence at Work Policy	Trust Security Advisor	03/06
W10	Waiting List Management (Under review)	Patient Records Services Manager	01/03
W20	Waste Management	Senior Engineer, Estates	06/04

APPENDIX 4
QUARTERLY REPORTING FORM FOR RACE EQUALITY

Directorate :

Quarter :

Date :

STANDARD Please refer to Trust Race Equality Scheme Including Diversity 2003-2006	WHAT HAS BEEN ACHIEVED	DIFFICULTIES ENCOUNTERED
Access to Information		
Consultation		
Data Collection		

STANDARD Please refer to Trust Race Equality Scheme Including Diversity 2003-2006	WHAT HAS BEEN ACHIEVED	DIFFICULTIES ENCOUNTERED
Policy		
Monitoring Adverse Impact		

QUARTERLY REPORTING FORM FOR DIVERSITY AND DISABILITY

Directorate :

Quarter :

Date :

STANDARD Please refer to Trust Race Equality Scheme Including Diversity 2003-2006	WHAT HAS BEEN ACHIEVED	DIFFICULTIES ENCOUNTERED
Diversity		
Disability		
Leadership		

STANDARD Please refer to Trust Race Equality Scheme Including Diversity 2003-2006	WHAT HAS BEEN ACHIEVED	DIFFICULTIES ENCOUNTERED
Policy Review		
Audit		

PART B - EMPLOYMENT

INTRODUCTION

There are three key drivers to the Trust's quality and diversity agenda for its staff:

1. Race Relations Act 1976 (as amended by the Race Relations (Amendment) Act 2000)

This places both a general duty and specific employment duties on employers which are mainly, but not exclusively, centred on establishing effective internal monitoring systems and taking appropriate action arising from the monitoring data.

There is also a specific duty under the "Policy and Service Delivery" section to train staff in connection with the duties imposed by the Act.

2. The Vital Connection – The NHS Equalities Framework

In addition to setting out strategic aims and specific tasks and targets, Trusts are required to work towards capturing and utilising data on a specified range of equalities indicators. The information arising from this should be used to provide indicators of progress against planned actions for inclusion in annual equality statements.

3. Diversity in Employment

The decision by the Trust Board that the principles underpinning both the Race Equality Scheme and the NHS Equalities Framework should be extended to include all aspects of diversity both in:

- 1. Policy and Service Delivery**
- 2. Employment**

Inevitably there is a great deal of commonality in the action that needs to be taken to satisfy all three key drivers – equally there are some differences.

What follows therefore is a generic approach designed to meet the three sets of requirements.

REQUIREMENTS

1. Race Relations Act 1976 (as amended by the Race Relations (Amendment Act) 2000)

The RRA 1976 (as amended) places a general duty on public authorities to promote race equality. Under the general duty when they carry out their functions Public Authorities must aim to:

1. Eliminate unlawful racial discrimination
2. Promote equality of opportunity and
3. Promote good relations between people of different racial groups

The general duty as it relates to employment requires the Trust to:

1. Carry out an audit of all employees, by grade, type of contract, pay and other benefits, length of service, sex disability and racial group.
2. Compare the information collected with information on the population from which the Trust normally recruits. Check if there are any significant differences between racial groups.
3. Monitor all stages of the recruitment process for internal and external applicants.
4. If there are differences, review current recruitment and selection policies and procedures. If any barriers are found to equal opportunities look at what can be done to remove them.

5. Consider using positive action if people from certain racial groups are under-represented among staff.
6. Carry out regular reviews of personnel policies and procedures.
7. Make sure staff know about and understand any changes to employment policies and procedures and have the necessary skills to put them into practice.

Under the specific duty as relates to employment, the Trust must monitor by racial group:

1. Grievances
2. Disciplinary action
3. Performance appraisals
4. Training
5. Staff leaving the Trust
6. Applicants for jobs

The Trust must publish its ethnic monitoring results annually.

2. The Vital Connection – The NHS Equalities Framework

The Vital Connection provides a broad framework for action to make progress on the three underpinning equality aims:

1. A workforce for equality and diversity.
2. A better place to work.
3. A service using its leverage to make a difference.

The Trust is expected to work towards a core set of equality indicators and will be able to draw on this evidence for inclusion in its annual equality statement.

Equality Indicators

1. Profile by ethnicity, disability, gender age
2. Disability
3. Recruitment
4. Training and Development plans
5. Discipline and grievance procedures
6. Harassment
7. Sickness absence
8. Violence
9. Staff turnover
10. Flexible working

Information for indicators 4 -10 should be analysed using the following variables

1. Gender
2. Disability
3. Ethnic origin
4. Fulltime/part-time
5. Occupation
6. Length of service with employer
7. Age

3. Diversity in Employment

In December 2002 the Trust introduced an Equality and Diversity policy (B.9.), which sets out the Trust's philosophy and stance on equality and diversity in employment. Its aim is to establish an overarching set of principles setting out how the Trust's existing employment framework of policies, procedures, guidance and practices should be interpreted and applied.

ACTION PLAN

A key employment requirement is the need to monitor. The results of this must be published each year. A review needs to be undertaken of what the Trust can currently audit and what systems need to be implemented to ensure that monitoring can be undertaken. What follows is an action plan analysing the present situation and the changes that need to be taken to achieve the requirements of the key drivers identified above.

ACTION PLAN – EMPLOYMENT

STANDARD	CURRENT PRACTICE	FUTURE PRACTICE	TIMESCALE
The Trust has in place a written equality policy for employment.	Written Equality and Diversity Strategy that underpins current policies related to Equality of Opportunity.	To review policy to ensure in line with RRA.	
Review of employment policies and procedures. Procedures and polices in place and staff are aware, on bullying, harassment, whistle blowing, tackling violence, racial and other forms of discrimination.	Review policies by review date and approved by staff side.	To promote amendments to staff.	Ongoing.
To monitor the effectiveness of the recruitment process.	Equal opportunities forms completed and returned.	New forms and database to capture data relating to applicants. To include ethnic origins, disability, marital status and age. To publish data yearly.	May 2003 and ongoing.
Training staff in diversity.	All staff receive training in appreciating difference.	Review current training and incorporate RRA awareness.	Ongoing through Staff Development.

	Managers to attend Managing Diversity training. Monitoring of staff attending training.	Proactive promotion of training to staff. Central training register of attendees.	
Promotion of Equality and Diversity.	Acute News IWL newsletter policies.	Action Plan to be developed on promoting Equality and Diversity and delivered to the Trust.	Implement from August 2003.
Profile by ethnicity, disability, gender and age. Black and ethnic minority staff as % of total headcount employed. Female staff as % of total headcount employed. Staff employed in various age bands as % of total headcount employed. Number of staff who declare themselves to be disabled.	Information currently obtained from HR planning on a yearly basis. Provided to divisions.		
Disability Meet the criteria to use the Employment Service disability symbol (Two Ticks symbol).	<ul style="list-style-type: none"> • Interview candidates who meet the minimum criteria. • Redeployment policy proactively used if staff become disabled and are unable to continue in their 	<ul style="list-style-type: none"> • Monitor performance development plans for staff with disabilities. Ensure action plans are implemented. • Review take up of disability awareness training ensuring 	Yearly reviews.

<ul style="list-style-type: none"> • To interview all applicants with a disability who meet the minimum criteria. • To ensure there is a mechanism in place to discuss at least once a year with disabled employees what can be done to make sure they can develop and use their abilities. • To make every effort when employees become disabled to make sure they can stay in employment. • To take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments to work. • Each year review the five commitments and plan any improvements. 	<p>current role.</p> <ul style="list-style-type: none"> • Reasonable adjustments for some staff if the need arises. • Disability awareness training developed throughout the year. 	<p>target audience is correct.</p>	
<p>Recruitment</p>	<ul style="list-style-type: none"> • Equal Opportunities monitoring forms completed 	<ul style="list-style-type: none"> • Implementation of an Equal Opportunities monitoring 	<p>Rollout May/June 2003.</p>

Ethnic and gender profile of recruitment episodes for each occupational group over the reporting year, through all stages of recruitment.	<p>for each recruitment episode.</p> <ul style="list-style-type: none"> Data held centrally. 	<p>database.</p> <ul style="list-style-type: none"> New monitoring form. Designed and implemented. 	
<p>Training and development plans</p> <p>Staff have group or individual training plans as % total headcount employed.</p>	<ul style="list-style-type: none"> Haphazard monitoring of plans in place. 	<ul style="list-style-type: none"> Centralised records of training plans. Yearly review of training plans. HR auditing to ensure divisions are carrying out appraisals that involve training plans. 	TBC with Staff Development.
<p>Discipline and grievance procedures</p> <p>Ratio of cases of formal disciplinary action to total headcount employed.</p> <p>Ration of grievance cases (brought by staff/brought against staff) to total headcount employed.</p>	<ul style="list-style-type: none"> HR involvement in discipline and grievance procedures. 	<ul style="list-style-type: none"> Utilisation of prism to record any disciplinary and grievance procedures. HRA's to include in audit reports. 	June 2003 and ongoing.

HR MANAGEMENT HANDBOOK

The Trust has a range of policies that support the recruitment and retention of staff as well as dealing with varying employment issues. These policies (as listed below) are reviewed and updated within agreed time scales. All amendments are approved by Joint Staff Side committee before being published. This is not an exhaustive list but are the key policies relating to the employment requirements of the Race Equality Scheme.

Ref	Policy Description	Revision Date
A.1.	Recruitment Policy, Procedure & Guidance	11/03
Addendum to A.1.	Recruitment & Selection	07/03
A.1.1.	Rehabilitation of Offenders Act 1974 – Policy & Procedure	11/03
A.1.2.	Disclosure or Criminal Background – Policy & Procedure	12/04
A.1.3.	Identification Badges – Procedure	11/03
A.2.	Personal Records Policy	05/05
A.3.2.	Special Leave for Invitro-Fertilization (IVF) and Other Fertility Treatment	08/03
A.3.3.	Special Leave – Guidelines	12/04
A.3.4.	Adoption, Maternity & Paternity Leave – Guidance	04/05
A.3.5.	Emergency Special Leave – Dependants	06/05
A.3.6.	Career Break Scheme	12/03
A.3.7.	Long Service Leave Policy	02/04
A.4.	Staff Required to be Contactable at Home by Telephone Policy	10/04
A.5.	Retirement Policy	05/05
A.6.	Statutory Sick Pay (SSP) and Self-Certification – Guidance Note	11/03

A.9.	Work Experience Policy & Procedure	12/04
A10.2.	Job Share Policy	12/04
A.10.3.	Flexible Working Arrangements Policy	11/03
A.10.3.1.	Flexible Working Hours Scheme	02/04
A.10.3.2.	The Right to Request Flexible Working Hours	05/05
A.11	Standards of Business Conduct For NHS Staff – Policy, Procedures & Guidelines	11/03
A.12.	Staff on Relations with the Public and the Media – Guidance Paper	12/03
A.13.	Trust Contracts of Employment – Guidance Paper	12/04
A.14.	Professional Registration Policy	11/03
A.16.	Staff Involvement	05/05
A.19.	Exit Interview Procedure	12/03
B.1.	Performance & Conduct Policy & Procedure	12/04
B.1.1.	Disciplinary Procedures for Career Grade Medical Staff	02/04
B.1.2.	Disciplinary Procedures for Medical Staff in Training	11/03
B.1.3.	Allegations of Criminal Offences Policy	08/03
B.2.	Dispute & Grievance Procedure	11/03
B.2.1.	Request for Regarding Procedure	12/03
B.3.	EU Working Time Directive Regulations Policy & Guidance	12/04
B.4.	Absence due to Ill Health – Policy, Procedure & Addendum	08/03
B.8.	Disclosure of Information Policy	03/04
B.9.	Equality & Diversity	12/04

B.9.1.	Equal Opportunities Policy	11/03
B.12.	Staff Redeployment and Identifying Suitable Alternative Employment Policy	12/04
B.13.	Staff Affected by Organisational change Policy	12/04
B.13.1.	Organisational Change – Protection of Pay & Conditions of Service Policy	03/04
B.15.	Trust Joint Staff Consultative & Negotiating Committee (JCNC) – Constitution	04/04
B.16.	Trade Union Recognition Agreement	04/04
C.1.	Training & Development Policy	09/03
C.2.	Study Leave Procedure	09/03
C.3.	Induction of New Employees – Policy & Procedure	04/05
C.4.	Staff Appraisal System – Guidance Pack	05/05
C.5.	Continuing Professional Development	07/03
C.6.	Lifelong Learning & Development Strategy	07/04
C.7.	Leadership & Management Development Strategy	08/04
D.1.	OH Specification for Service Level Agreement for KGH	04/03
D.2.	Occupational Health Policy	12/04
D.2.1	Pre-Employment Health Screening – Policy & Procedure	12/04
D.2.2.	Management Referrals to the Occupational Health Department – Guidance Paper Appendices	12/04
D.3.	Stress at Work	12/04
D.4.	Staff Alcohol & Substance Misuse in the Workplace – Policy	12/04

D.7.	The National Health Service Injury Benefits Scheme Procedure & Guidance	12/04
D.9.	Access to medical Reports Act 1988 – Guidance Paper	12/04
D.11	Smoking Policy	10/02
D.12.	AIDS/HIV – The Management of Infected Healthcare Workers	08/03
D.14.	Protecting Healthcare Workers and Patients from Hepatitis B – Policy	11/02
D.15.	Employee Counselling – Policy and Guidance Note	05/05
E.1.	Pay and Grading Policy	12/04

References

CRE – Good Practice

The duty to promote race equality

19th February 2003

KGH NHS Trust Annual Report

2001-2002

Leicestershire, Northamptonshire and Rutland Health Community

A Framework for Service and Workforce Equality – Version 2

January 2003

Race Relations Amendment Act

Strengthening Accountability

Involving Patients and the Public

Policy Guidance

Section 11 of the Health and Social Care Act 2001

The Vital Connection: An Equalities Framework for the NHS

Positively Diversity Report 2000

Equality and Diversity Policy B.9.