

RACE EQUALITY SCHEME

2005 - 2008

Effective from: September 2005

Review Date: May 2008

Last Revised: 20th October 2006

1. Introduction

It is a statutory requirement under the Race Relations (amendment) Act 2000 for all public authorities to develop and implement a Race Equality Scheme (RES), which will describe how public authorities will meet the statutory general duty to eliminate unlawful racial discrimination and promote equality of opportunity and good relations between people of different racial groups. As a public authority The Newcastle upon Tyne Hospitals NHS Foundation Trust must meet this requirement.

The Race Relations (amendment) Act 2000 also imposes a number of specific statutory duties

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

This updated RES sets out actions to date and further requirements. This is a living document, which is under constant review. In addition, the Trust makes a commitment to undertake the statutory three year race equality review of their functions, policies and proposed policies.

This will be supported by the Trust's established and systematic approach to policy review.

1.1 The Newcastle upon Tyne Hospitals NHS Foundation Trust

The Trust provides integrated services across six sites collectively known as The Newcastle upon Tyne Hospitals NHS Foundation Trust. These are the Freeman Hospital, The Royal Victoria Infirmary, Newcastle General Hospital, The Dental Hospital, Walkergate Hospital and the International Centre for Life. All of the sites are covered by the RES. The Trust acts as a general hospital for a local population of around 300,000 and provides a complete range of tertiary services to a population of 2-3 million. In addition, a number of supra regional services are provided to patients across the country and Ireland. The Trust employs approximately 10,000 staff. (For details of staff and service users composition by Ethnic Group See Appendix 1).

1.2 Values and Principles of the Trust

Equality is central to the aims of the Trust and the way in which they are delivering race equality is a key responsibility encompassed within this and forming a part of the wider NHS agenda, to build an equitable health service.

The Race Relations (Amendment) Act 2000 places responsibility on every NHS employee to ensure race equality in the delivery of services, and this updated Race Equality Scheme demonstrates this commitment. In addition to satisfying our legal responsibilities under the 2000 Act, it provides a framework of standards and principles, which can be applied throughout the Trust, to ensure the delivery of high quality public services. This ensures that services reflect the needs of the community, that patients are treated in an equitable manner, and that the diversity of the workforce reflects the community in which we work.

1.3 Aims of the Trust

- i. To promote equality in health care and, in collaboration with other organisations be responsive to the needs and wishes of patients and their relatives
- ii. To be accessible and user friendly, and to ensure that patients continue to receive the supportive and personalised care they need
- iii. To enable staff to deliver a high quality of service to patients, recognise the commitment of staff and endeavour to develop and reward them appropriately
- iv. To maintain and enhance our reputation as a centre of excellence in the fields of teaching, training and research and to further consolidate our relationships with the two local universities and other relevant organisations
- v. To secure the appropriate resources within which we will seek to operate effectively and efficiently to ensure value for money
- vi. To address the organisational and communications challenges posed within a large, technically complex and diverse organisation
- vii. To develop the existing strong patterns of team work and shared purpose, and use these as a foundation for further co-operation in the changing patterns of health care delivery
- viii. To ensure that the benefits of development, advances and innovations in health care continue to be made available to patients and shared with other service providers

In implementing the RES the Trust aims:

- To ensure that race equality is integral into the Trust's business.
- To create a climate in which racial discrimination is unacceptable and good race relations flourish
- To develop a workforce which is at least as diverse as the population it serves, at all levels of the organisation, and which affords genuine equality of opportunity for development and promotion.
- To ensure that in carrying out the Trusts functions none of its staff or service users is disadvantaged because of their race, ethnic/language/religious group or cultural background.

1.4 The Race Equality Scheme encompasses:

- i. The functions and policies of the organisation and their impact on race equality
- ii. The processes that are adopted to monitor adverse impact on race equality in relation to current or proposed policies and functions
- iii. The timetable for the processes to demonstrate that all functions and policies will be reviewed within three years and subject to review thereafter
- iv. How service users, patients and the public will be involved in the processes
- v. How results of reviews will be made available and accessible to the public at large
- vi. Plans for ensuring services, patients and the public have access to information on health and local services in a way that meets the needs of the individual

- vii. Plans for staff training and monitoring of policy and practice to eliminate race discrimination in employment

2. Implementation

2.1 Assessment of functions and policies

The Race Relations Act 2000 (RR(A)A) impacts on many of the Trust's policies, and much of its operational work. The Trust considers it appropriate to meet the requirements of the Act by incorporating Race Equality issues into existing Trust policies and procedures to ensure this becomes an integral part of its day-to-day work.

All Trust policies (Appendix 2) are subject to regular structured review by designated officers, and are accessible via the Trust Internet and intranet sites. Those specifically underpinning the principles of the Race Relations Act and the Equality and Diversity agenda are:

- Equality & Diversity Strategy
- Equal Opportunities Policy
- Dignity & Respect at Work Policy
- Whistle Blowing Policy
- Withdrawal of Treatment Policy
- Zero Tolerance Policy
- Improving Working Lives Policy

2.2 Monitoring

All managers have responsibility for monitoring the impact of their policies in accordance with the requirements of the Race Relations Amendment Act. The Patient Services Directorate and the Personnel Department work collaboratively to over see the monitoring the implementation of the Trust Race Equality Scheme throughout the Trust. The Equality and Diversity Working Group, which meets bi-monthly, helps to co-ordinate the implementation of the scheme.

In order to ensure that policies reflect the needs of the service users work is ongoing to improve data collection in respect of ethnic monitoring. The collection of outpatient data is not yet mandatory; however efforts continue to collect this data (See Action Plan). As a Trust, the Newcastle upon Tyne Hospitals performs well in relation to data completeness for inpatient monitoring, being well above the English average. In 2004/05, the statistics, published by the Health Care Commission, identify the Trust's compliance for inpatient ethnic monitoring at 92.75 %. The data collected is used to inform service and policy development to ensure that the needs of service users are reflected.

The Trust also has information relating to the ethnicity of all existing staff, and routinely collects updated information from new staff through the recruitment process. This information is used to monitor the composition of the workforce in relation to the population served, and to ensure the recruitment process is fair and equitable. This information is routinely reported to the Trust Board on

a six monthly basis, further demonstrating top-level commitment to the RR(A)A 2000.

At present the Trust maintains a data base of any grievance procedures, dismissals, including those relating to race discrimination. There are plans in place to extend this to include monitoring the ethnicity of all respondents in such cases to ensure everyone is treated with fairness and equality. (Action Plan Appendix 5)

A systematic and structured process of impact assessment is being established to review:

- The potential impact the Trust's functions and policies on different groups
- Variations in impact racial groups
- Whether any identified differences constitute an adverse impact (witting or unwitting)
- Any possible causes/reasons for those differences

The Trust will then seek to address any shortcomings.

3. Review of functions and policies

There is a systematic process of review for all Trust policies which is co-ordinated by the Clinical Governance and Risk Department. All policies clearly identify those responsible for undertaking the review, and the date by which this must be achieved. The development of new policies is undertaken through a process of consultation with a range of relevant stakeholders. This may involve staff, staff representatives and services users.

The Trust aims to ensure that patient and public involvement throughout its catchment area, is integral to its everyday activities as a provider of local, regional and national services. Within the Trust, the Patient, Carer and Public Involvement Committee and the Patient and Public Involvement Forum and Community Advisory Panel have a role in obtaining the community's views on the services provided and advising the Trust accordingly, including Race and Equality Issues.

'Our Voice', a Strategic Health Authority wide forum, is being established to give people from minority ethnic communities an opportunity to influence the development of local health services. The Newcastle upon Tyne Hospitals NHS Trust receives feedback from this forum to ensure that wider views of the communities served influence policy and service development.

3.1 Monitoring the application of the RES

The Trusts Annual Report refers to progress made against the Trust's Race Equality Scheme. Further work continues to establish regular reporting mechanisms and dissemination throughout the Trust. (See Action Plan – Appendix 5)

3.2 Impact Assessment

Is a means of systematically and thoroughly assessing, and consulting on, the effects that a policy is likely to have on any racial group. The purpose of a race equality impact assessment is to ensure that the proposed policy could affect some racial groups unfavourably.

A race equality impact assessment is made up of two stages:

- Stage 1 Involves screening the policy to see if it is relevant to race equality. All policies should be screened.
- Stage 2 Involves fully assessing policies identified as being relevant to make sure they do not have adverse effects on racial groups.

Introducing this process within the Trust is a major logistical exercise as there are in excess of 300 written policies and procedures which need to be impact assessed. In addition, there will be a huge range of local policies and procedures that also need to be included in the process.

Within the Trust a systematic approach to impact assessment has been established.

- Two members of the Trust's Training Department underwent a structured training programme, provided by TRESKOM in collaboration with the then, Northumberland, Tyne & Wear SHA.
- An Impact Assessment and Screening Tool has subsequently been developed for use throughout the organisation (Appendix 3)
- Awareness raising sessions have been convened for a number of senior managers, to compliment an on-going training programme.
- 14 policies were identified as being the "highest priority" and in August 2006 the initial screening process was undertaken and Lead Officers identified to roll out the process of full impact assessment (Appendix 4)

Following this the impact assessment process proper will commence in October 2006.

Whilst this first round of screening and assessment included only a relatively small central group, this was to establish a consistent approach and to pilot the documentation. It is intended to widen out this responsibility with the on-going review and development of policies including, as part of the process, impact assessment and screening. It is proposed that a database to record the outcomes of all screening and assessments will be established and maintained within Patient Services. This will be reviewed on a regular basis and monitored as part of the Race Equality Scheme's action plan.

3.2 Service Issues

The Trust clearly demonstrates its commitment to equality of access for patients and this is demonstrated by a number of initiatives:

- i. The Trust has a Dignity and Respect at Work Policy, which recognises that each and every employee whether full or part-time, has a right to be treated with dignity and respect whilst at work. The policy also states that “the same right applies to all other people who use or work in the hospitals of the Trust, be they employees of other organisations, volunteers, contractors, visitors or patients”.
- ii. The Trust has an Interpreter Service Policy, available on the intranet, which states the Trust’s commitment to assist all patients and their carers who require the presence of a trained interpreter. The policy also states the importance of identifying the patient’s need for an interpreter both language and sign language, at the earliest opportunity.
- iii. Training in relation to dignity and respect is included, for all staff, at the time of induction, and is also included in Customer Care and Equality and Diversity training which is mandatory. In addition, nursing staff development programmes address this issue. Monitoring of attendance is not undertaken in terms of numbers, but content is reviewed on the basis of participant evaluation and trainer review.
- iv. An Equality and Diversity website exists on the Trust intranet site to support staff in meeting the needs of individual patients, whether these be in relation to race, disability, religion or diet. Within the site there is a folder written by one of the Hospital Chaplains, regarding cultural needs and how to deal with specific needs.
- v. The Trust has an Equal Opportunities Policy, available on the intranet, whilst this is primarily a Personnel Policy it refers to a need to ensure that all who use its services feel they are welcomed into hospitals where they can be confident they are getting the best possible treatment from skilled, caring and responsible staff. It also refers to the Trust’s commitment to creating a culture where all who use its premises are treated with dignity and respect.
- vi. The Estates Department have concluded a series of audits to ensure compliance with Disability Discrimination Act 1995 (DDA) and where appropriate the development of relevant action plans.
- vii. A major building project, Transforming Newcastle’s Hospitals, commenced in April 2005, as a Private Finance Initiative. An “Access Consultant” has been employed as part of the team to ensure DDA compliance in the new buildings.
- viii. The Trust has an Equality and Diversity Strategy published on its intranet site which refers to the “promotion of equality and respect for diversity being fundamental to achieving an equitable health service”.

In addition to the Trust’s local policies and procedures, which guide and ensure best practice, all professional staff work within the defined codes of conduct of their Regulatory Bodies, which support this principle. The shared values of all the HCC United Kingdom Health Care regulatory bodies are noted to be:

- Respect the patient or client as an individual
- Obtain consent before you give any treatment or care

- Protect confidential information
- Co-operate with others in the team
- Maintain your professional knowledge and competence
- Be trustworthy
- Act to identify and minimise risk to patients and clients

3.3 Service Standards

The Health Care Commission Annual Health Check 'Standards for Better Health' were implemented in April 2005, and will form part of the national performance framework. These standards explicitly require that service provision takes into account different cultural and religious needs, and that information both written and verbal is provided in ways that are accessible to individual patients. The Trust has demonstrated compliance in this regard. All Directorate Management Teams will be monitored on their achievement of these standards, and corporate support will be provided to address any deficits. (See Action Plan)

4. Employment Issues

4.1 Staff Training and Development

In order to successfully implement the RES, the Trust will ensure that staff are properly informed and trained to enable them to fulfil their responsibilities.

A comprehensive range of training workshops are available to all staff throughout the Trust. All newly recruited staff attend Corporate Induction, where Equality and Diversity is included in the information presented and included in the Staff handbook which is provided to each individual.

The Trusts In-House programmes focus on:

Practical Skills Support Staff

General Principles for Best Practice (Support Staff)

Equality & Diversity for managers

Aids to Communication Clinical/Clerical Staff

Equality & Diversity Facilitator Training (to cascade within departments)

Awareness training facilitated by Training department on request from Managers Trust Wide

Equality Awareness also embedded in corporate programmes e.g. Recruitment and Selection, Appraisal, Supervisor Management, (Impact Assessment training will commence early 2006).

Further evidence of this approach is demonstrated through:

Staff Handbook

The Trust Equality and Diversity Workbook.

4.2 Employment

The Trust collects ethnic group data on all job applicants and existing employees. It will continue to develop corporate procedures for the collection, analysis and use of the data in workforce planning and in assessing impact on race equality. This includes evaluating data from:

- Recruitment and selection (including internal promotions)
 - Access to training
 - Disciplinary and Grievance hearings.
 - Access to appraisal
 - Harassment
- (These will be pursued through the RES Action Plan)

The Trust Equal Opportunities Policy implemented in May 2001, states that to deliver high quality services it must recruit, develop and retain a workforce which is valued and whose diversity reflects the communities it serves. The policy states that the Trust is committed to creating a culture where all who use its premises are treated with dignity and respect and where every employee is treated fairly and valued equally, and that no employee or potential employee should receive less favourable treatment on any grounds.

All employment policies and procedures of the Trust are designed to eliminate practices which prevent equality of opportunity and as part of their development are consulted upon with designated management and staff side representatives prior to approval by the Trust Board.

4.3 Procurement

Trust staff responsible for procurement have been briefed in relation to the new standards relating to racial equality of the NHS Terms and Conditions. The new changes to the Terms and Conditions are applied to all business undertaken by the Trust.

5. Summary

The Trust has an Equality and Diversity Working Group chaired by the Head of Personnel/Deputy Director of Nursing. The Personnel Manager the Nursing and Patient Services Director have a joint responsibility to the Trust Board for all employment and service related issues respectively.

The Trust is represented at a senior level on the Strategic Health Authority's Equality and Diversity Group. And it is recognised that further work is required to widen involvement local BME groups and stakeholders.

This document was written in consultation with a range of stakeholders and will be kept under review.

Any one wishing to comment or make suggestions for change is invited to do so and should forward their comments to:

- 1 For Patient Service related issues: Deputy Director of Nursing (RVI/NGH)
- 2 For Staff/employment related issues: Head of Personnel (Freeman)

February 2006

6. Useful Website Addresses.

Commission for Racial Equality: www.cre.gov.uk

National Audit Office (Census Data) : www.nao.gov.uk

**APPENDIX 1 – ETHNIC COMPOSITION OF TRUST STAFF AND SERVICE
USERS**

Below are listed the Trust functions and policies with a rating for their relevance to performing the statutory general duty which is:

“To eliminate racial discrimination and to promote equality of opportunity and good relations between people of different racial groups.”

Relevance

For the purposes of the Race Relations Act, ‘relevance’ means 'having implications for' (or affecting) the general duty. A function or a policy will be relevant to race equality, if it has, or could have, implications for promoting race equality.

Relevance is about how far a function or policy affects people - as members of the public and as employees of the authority.

Racial group

A group of people defined by race, colour, nationality and ethnic or national origins. All racial groups are protected from unlawful racial discrimination

The functions are to be assessed against the three areas of the General Duty:

- 1) **Eliminate unlawful racial discrimination**- no service provider or member of staff is subject to less favourable treatment based on racial grounds (i.e. Colour, ethnic origin, race etc.).
- 2) **Promote equality of opportunity for all**- everyone has an equal chance to service provision and employment opportunities in your organisation.
- 3) **Promote good relations between different racial groups**- no one group is seen to have less favourable treatment and that all racial groups have equal access to services, employment **and funding opportunities**.

The ratings are based on a scale of **0 to 3** where:

- 0** = no relevance
- 1** = a little relevance
- 2** = some relevance
- 3** = very relevant

Wherever a function is provided directly for and to patients or it is a function with significant impact on patients/public, it has been assessed as very relevant to the general duty because there is always the potential that these functions could be delivered in discriminatory ways

| Function | Relevance |
|--|-----------|
| Directorate of Nursing and Patient Services | |
| Bed Management | 3 |
| Chaplaincy | 3 |
| Equality and Diversity | 3 |
| Interpreting Service | 3 |
| Outpatients | 3 |

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| Patient Advice and Liaison Service (PALS) | 3 |
| Patient, Carer and Public Involvement | 3 |
| Patient Relations | 3 |
| Medical Directorate | |
| Care Pathways | 3 |
| Clinical Effectiveness | 3 |
| Clinical Governance | 3 |
| Clinical Quality | 3 |
| Data Protection | |
| Drugs and Therapeutics Committee | 3 |
| Medical Education | 3 |
| Research and Development | 3 |
| Risk Management | |
| Business Development | |
| Corporate Performance | 3 |
| Informatics | 2 |
| Patient Access | 3 |
| Performance Improvement | 3 |
| Planning | 3 |
| Strategic projects | 3 |
| Operational Services | |
| Catering | 3 |
| Chaplaincy | 3 |
| Hotel Services | 2 |
| Portering and security | 3 |
| Telecommunications | 2 |
| Transport | 2 |
| Sterile Services Department | 1 |
| Human Resources | |
| Childcare facilities | 3 |
| Green Transport | 2 |
| HR services | 3 |
| Improving Working Lives | 3 |
| Finance | |
| Financial Management | |
| Financial Services | |
| Internal Audit | |
| Service Agreements | 3 |
| Supplies | 2 |
| Strategic Projects | 2 |
| Information Services | 0 |
| Information Technology | 0 |
| Facilities – Estates | |
| Bricklayers | 0 |
| Building Workshop | 0 |
| Craftsmen | 0 |
| Electricians | 0 |
| Engineers | 0 |
| Fitters | 0 |
| Gardening | 0 |
| Joiners | 0 |

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| Maintenance | 0 |
| Painters | 0 |
| Plumbers | 0 |
| CLINICAL DIRECTORATES | |
| Cancer Services | |
| Comprehensive non surgical oncology services including radiotherapy and chemotherapy | 3 |
| Palliative care | 3 |
| Cardiothoracic Services | |
| Adult & paediatric cardiology | 3 |
| Adult & paediatric respiratory medicine | 3 |
| Adult & paediatric cardiothoracic surgery | 3 |
| Adult & paediatric cardiopulmonary transplantation | 3 |
| Electrophysiology | 3 |
| Pacing | 3 |
| Angioplasty | 3 |
| Thoracic surgery | 3 |
| Sleep investigation | 3 |
| Paediatric extra corporeal membrane oxygenation | 3 |
| Cardiothoracic anaesthesia | 3 |
| Primary Pulmonary Hypertension | 3 |
| Children's Services | |
| Paediatric medicine | 3 |
| Paediatric & neonatal surgery | 3 |
| Paediatric oncology including neuro-oncology | 3 |
| Paediatric nephrology | 3 |
| Paediatric respiratory medicine | 3 |
| Paediatric rheumatology | 3 |
| Paediatric gastroenterology | 3 |
| Forensic paediatrics | 3 |
| Paediatric endocrinology | 3 |
| Paediatric metabolic disease | 3 |
| Paediatric intensive care | 3 |
| Paediatric immunology and infectious diseases including severe combined immunodeficiency syndrome | 3 |
| Paediatric neurology and neurosurgery | 3 |
| Paediatric bone marrow transplantation | 3 |
| Clinical Support Services | |
| Physiotherapy | 3 |
| Occupational therapy | 3 |
| Dietetics | 3 |
| Speech therapy | 3 |
| Chiropody | 3 |
| Pharmacy | 3 |
| Psychology | 3 |
| Dental Services (dedicated Dental Hospital and School) | |
| Restorative Dentistry | 3 |
| Oral surgery | 3 |
| Oral medicine | 3 |
| Paediatric dentistry | 3 |
| Orthodontics | 3 |

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| Specialist Radiology | 3 |
| Prosthodontics | 3 |
| Periodontology | 3 |
| Dental sedation | 3 |
| Dental Emergency Clinic | 3 |
| Undergraduate Training | 3 |
| Postgraduate Training | 3 |
| Dermatology Services | 3 |
| Dermatology outpatient clinics, including direct access melanoma screening clinic and nurse-led clinics | 3 |
| Dermatology outpatient treatments including UVB, UVA and vascular laser treatment | 3 |
| Dedicated Dermatology inpatient services | 3 |
| Specialist Dermatological Surgery | 3 |
| Paediatric dermatology | 3 |
| Photodynamic Therapy | 3 |
| Elderly Care Services | |
| Acute elderly care | 3 |
| Cardiovascular investigation unit | 3 |
| Elderly rehabilitation including stroke | 3 |
| Continuing care | 3 |
| Day hospital | 3 |
| Respite care | 3 |
| Intermediate care | 3 |
| Genetics Service | |
| Clinical Genetics | 3 |
| Cytogenetics | 3 |
| Molecular Diagnostic Genetics | 3 |
| Diagnostic Service for Rare Neuromuscular Diseases | 3 |
| Maternal Serum Screening Service | 3 |
| Genetics Knowledge Park | 3 |
| Internal Medicine Services | |
| Emergency admissions | 3 |
| General medicine | 3 |
| Endocrinology | 3 |
| Diabetes | 3 |
| Respiratory medicine | 3 |
| Acute Stroke Medicine | 3 |
| Gastroenterology | 3 |
| Cardiology | 3 |
| Clinical immunology | 3 |
| Infectious diseases & tropical medicine (including high security isolation unit) | 3 |
| Hepatology | 3 |
| Clinical Pharmacology | 3 |
| Accident & Emergency Services | 3 |
| Urgent Care Services (in collaboration with Newcastle PCT) | 3 |
| Walk-in-Centre (in collaboration with Newcastle PCT) | 3 |
| Laboratory Medicine | |
| Clinical biochemistry | 3 |
| Clinical haematology and blood transfusion | 3 |

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| Microbiology and Infection Control | 3 |
| Cellular Pathology (including Neuropathology) | 3 |
| Muscle and Nerve Biopsy Service | 3 |
| Open access services | 3 |
| Industrial and occupational | 3 |
| Cytology | 3 |
| Freeman laboratories | 3 |
| Medical Physics (Regional network) | |
| Nuclear medicine | 3 |
| Clinical and scientific computing equipment development and calibration | 3 |
| Clinical measurements | 3 |
| Radiation protection | 3 |
| Bioengineering | 3 |
| Musculoskeletal Services | |
| Trauma | 3 |
| Adult orthopaedics | 3 |
| Paediatric orthopaedics | 3 |
| Rheumatology | 3 |
| Metabolic bone disease services | 3 |
| Bone tumour services | 3 |
| Specialist spinal surgery | 3 |
| Neuroscience Services | |
| Neurosurgery | 3 |
| Neurology | 3 |
| Neurophysiology | 3 |
| Neuroradiology | 3 |
| Ophthalmology and Plastic Surgery Services | |
| Eye casualty service | 3 |
| Ophthalmology outpatient clinics | 3 |
| Ophthalmology procedures | 3 |
| Optometry and orthoptic review clinics | 3 |
| Rehabilitation information service for newly registered blind and partially sighted patients | 3 |
| Day case surgery, including nurse-led pre-admission assessment clinics, and paediatric service | 3 |
| Ophthalmology inpatient care | 3 |
| Plastic and reconstructive surgery | 3 |
| Vascular laser treatment | 3 |
| Cleft lip and palate surgery | 3 |
| Burns service | 3 |
| Hand surgery | 3 |
| Otolaryngology, Head, Neck & Maxillo Facial Services | |
| Ear, nose and throat | 3 |
| Head & neck surgery | 3 |
| Audiometry & hearing aid services | 3 |
| Oral & maxillofacial surgery | 3 |
| Perioperative and Critical Care Services | |
| Anaesthetics | 3 |
| Theatres | 3 |
| Intensive care | 3 |

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| Chronic & acute pain management | 3 |
| High dependency care | 3 |
| Recovery | 3 |
| Multi-specialty day unit | 3 |
| Home ventilation | 3 |
| Outreach service | 3 |
| Radiology | |
| General services (full range of plain film and contrast studies) | 3 |
| Comprehensive interventional radiology | 3 |
| Open access services | 3 |
| Cross Sectional Imaging (Ultrasound, Computerised Tomography, Magnetic resonance imaging) | 3 |
| Ultrasound | 3 |
| Renal Services | |
| Acute nephrology | 3 |
| Haemodialysis | 3 |
| Specialist Hypertension services | 3 |
| Transplantation | 3 |
| Continuing care and support | 3 |
| Specialist Haematology Services | |
| Haemato-oncology | 3 |
| Haemophilia | 3 |
| Bone marrow transplantation | 3 |
| Thrombophilia | 3 |
| District General Hospital Outreach | 3 |
| Surgical Services | |
| General surgery | 3 |
| Upper gastro-intestinal services | 3 |
| Vascular surgery | 3 |
| Colorectal surgery | 3 |
| Endocrine surgery | 3 |
| Liver transplantation | 3 |
| Renal transplantation | 3 |
| Hepatobiliary and pancreatic surgery | 3 |
| Breast care services | 3 |
| Disablement services | 3 |
| Endoscopy | 3 |
| Urology Services | |
| General and specialised urological surgery | 3 |
| Urodynamics | 3 |
| Andrology | 3 |
| Lithotripsy | 3 |
| Women's Services | |
| Gynaecology including urogynaecology and colposcopy | 3 |
| Obstetrics | 3 |
| Fetal medicine | 3 |
| Reproductive medicine | 3 |
| Neonatal intensive care | 3 |
| Family Planning services | 3 |
| Community midwifery services | 3 |
| Maternity | 3 |

APPENDIX 2 -

The Newcastle upon Tyne Hospitals NHS Trust Race Equality Scheme 2005-08

Policies A-Z

| Title | Relevance |
|--|-----------|
| Acceptance and Rejection of Incorrectly Identified Patient Samples and Request Forms Policy | 0 |
| Access Control Security Policy | |
| Accident & Incident Reporting: Operational Policy & Procedure | 2 |
| Ad Hoc Appointments - Employed and Self-Employed | 0 |
| Admission of Patients and Responsibilities of Staff Involved | 3 |
| Adoption Leave Policy | 3 |
| Alcohol, Drugs & Other Substances Workplace Policy | 3 |
| Alert Letters procedure | 0 |
| Animals on Hospital Premises | 0 |
| Annual Leave and Bank Holidays | 3 |
| Annual Leave Calculation | 3 |
| Application to the Workforce Panel for Non-Exchequer (soft funded) Funded Posts | 2 |
| Appointment of Consultant Medical and Dental staff | 3 |
| Archiving and/or Destruction of Casenotes | 0 |
| Assessment Checklist for Pre-operative Patients | 2 |
| Authorisation of Access | 0 |
| Balliol Storage Facility Application Form | 0 |
| Balliol Storage Policy Statement | 0 |
| Balliol Store Procedures for Use | 0 |
| Bank Nurse Identification Policy | 2 |
| Batch header Procedure | 0 |
| Bed Management Guidelines | 2 |
| Bloodborne Viral Infections- Guidelines for Management of Patients | 3 |
| Cadaver Bags, Policy For The Use Of | |
| Car Parking Policy | 0 |
| Cardiopulmonary Resuscitation (CPR) Training and Risk Management Strategy | 0 |
| Cardiopulmonary Resuscitation Policy | 3 |
| Category 2 Patients | |
| Centralised Room Booking Policy | 0 |
| Check – List ALERT Signs | 0 |
| Child Protection: Policies and Procedures | 3 |
| Cleaning and Repair of Trust Owned Nimbus, AutoExcell, AlphaXcell and Static Foam Mattresses | 0 |
| Clinical Practice Guidelines and Protocols Policy | 0 |
| Clinical Recordings of Patients Policy on Confidentiality, Consent, Copyright and Storage | |
| Code of Practice for Pharmaceutical Companies | 3 |
| Complaints Handling Reference Pack | 3 |
| Complaints Policy | 3 |

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| Complementary Therapies | 3 |
| Completion and Filing of Anaesthetic Records | 0 |
| Concerns Relating to the Performance, Professional Behaviour and Personal Conduct of Medical and Dental Staff | 3 |
| Confidentiality Statement | 1 |
| Consent to Examination and Treatment | 3 |
| Consultant Appointment Checklist | 0 |
| Consultant Appraisal Policy & Questionnaire Results | 0 |
| Contract Car Hire Scheme Procedure | 0 |
| Control of Infection in Health Care Workers | 2 |
| Control Of Meningococcal Disease | |
| Control of MRSA in the Newcastle Hospitals | |
| Control of Substances Hazardous to Health | 0 |
| Copy Letters to Patients | 3 |
| Corporate Communication Guideline | 2 |
| Count Procedure | |
| Critical Care Escalation Policy | |
| Cytotoxic Chemotherapy - Guidelines For The Disposal Of Waste | 0 |
| Cytotoxic Chemotherapy - Guidelines On The Management Of Spillage | 0 |
| Cytotoxic Chemotherapy - Procedure For The Administration Of Bolus Intravenous Injection | 0 |
| Cytotoxic Chemotherapy - Procedure For The Administration Of Intravenous Infusion | 0 |
| Cytotoxic Chemotherapy - Transportation And Storage Of Parental Cytotoxic Chemotherapy | 0 |
| Data Accreditation: Appendix 05 Data Definitions | 0 |
| Data Accreditation: Appendix 3 HM Prison Service Patients | 0 |
| Data Accreditation: Data Quality | 0 |
| Data Accreditation: Section 01 Confidentiality and Security | 0 |
| Data Accreditation: Section 02 TotalCARE PAS – general guidance | 0 |
| Data Accreditation: Section 03 PMI User Functions | 0 |
| Data Accreditation: Section 04 Printing | 0 |
| Data Accreditation: Section 05(1) Procedure Manual for TotalCARE Outpatient Users | 0 |
| Data Accreditation: Section 05(2) Procedure manual for totalcare outpatient managers | 0 |
| Data Accreditation: Section 05(3) Procedure manual for outpatient departments | 3 |
| Data Accreditation: Section 06 TotalCARE waiting list procedures and operational procedures for waiting lists | 0 |
| Data Accreditation: Section 07 Admission, Transfer & Discharge Procedures | 0 |
| Data Accreditation: Section 07(I) Procedure Manual for Admissions Freeman Hospital | 3 |
| Data Accreditation: Section 07(II) Procedure manual for admissions | 0 |
| Data Accreditation: Section 08 Procedure manual for medical records keeping | 0 |
| Data Accreditation: Section 08(II) Operational procedure for casenote tracking in totalcare | 0 |
| Data Accreditation: Section 10 Completing Ward Record Sheets, Admissions Direct To The Ward And General Guidance On Collecting | 0 |

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| Patient Details | |
| Data Accreditation: Section 11 Operational Policy for Ethnic Monitoring | 0 |
| Data Accreditation: Section 12 Accident & Emergency Department Newcastle General Hospital | 0 |
| Data Accreditation: Section 14 Operational policy for obtaining NHS numbers | 0 |
| Data Accreditation: Section 15 Operational policy for monitoring cancer waiting times | 0 |
| Data Accreditation: Section 16 Operational procedure for patient charter monitoring | 0 |
| Data Accreditation: Section 17 Manual backup procedures in the event of system unavailability | 0 |
| Data Accreditation: Section 18 NHS Numbers for Babies (NN4B) | 0 |
| Data Accreditation: Section 19 Augmented Care Period Users Manual | 0 |
| Deceased Patient | 3 |
| Declaration Of Contamination Status | 0 |
| Decontamination of Health Care Equipment | 0 |
| Destruction of Confidential Documents | 0 |
| Dignity & Respect in the Workplace Policy | 3 |
| Disabled Persons | 3 |
| Discharge Policy | 3 |
| Disciplinary Policy/Procedure | 3 |
| Disciplinary Procedure - Appendix A | 3 |
| Disciplinary Procedure - Appendix B, C, D | 3 |
| Disclosure of Information to the Police | 3 |
| Disinfection Policy | 1 |
| Display Screen Equipment | 0 |
| Disposable Gloves Policy | 0 |
| Disposal of Pharmaceutical and Cytotoxic Waste | 0 |
| Disposal of Toxic Chemical Waste | 0 |
| Donation of Money | 0 |
| Dress Code | 3 |
| E-Mail Security Policy | 0 |
| Emergency Duty Pharmacist- Level of Service Guidance | 0 |
| Endoscopy Equipment: Cleaning and Disinfection | 0 |
| Energy Policy | 0 |
| Environment Policy and Strategy | 0 |
| Equal Opportunities Policy | 3 |
| Equality and Diversity Strategy | 3 |
| Establishment of, and Appointment to Non-Recurrently Funded Posts | 3 |
| Expressed Breast Milk | 2 |
| Fire Policy | 0 |
| Fire Procedure | 0 |
| First Aid Policy | 0 |
| Flexible Working Application Form | 3 |
| Flexible Working Policy | 3 |
| Food Hygiene - Codes of Practice | 0 |
| Fraud Policy and Response Plan | 0 |
| Grading of Posts | 0 |
| Grievance Form | 3 |

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| Grievance Procedure | 3 |
| Grievance Procedure Appendix A | 3 |
| Hand Hygiene Policy | 0 |
| Handling Habitual or Vexatious Complaints | 3 |
| Hassockfield Secure Training Centre: Guidelines for the Care and Treatment of Patients Who Are Trainees | 0 |
| Hazardous Materials | 0 |
| Health & Safety Operational Policy | 0 |
| Health at Work | 3 |
| Health at Work Appendix A Sickness Absence/Return to Work Record | 3 |
| Health Service Circular 2002/011 | |
| Health Service Circular 2002/011 annex | |
| Hospital Isolation Policy | |
| Hospital Laundry Policy Including Arrangements for Used, Foul/Infected and Personal Linen | 0 |
| Hot Working Conditions: Advice and Guidance | 3 |
| Illegal Drugs | 0 |
| Immunisation Policy for Trust Staff and Protection Against Infectious Disease | 3 |
| Improving Working Lives: Flexible Working Information | 3 |
| Incident Management Policy | 3 |
| Incidents, Accidents And The Trust Disciplinary Process - Guidelines For Managers, Clinical Directors And Employees | 3 |
| Industrial Waste Disposal | 0 |
| Infection Control Practice In The Operating Department | 0 |
| Infection Control: Major Outbreak Contact list | 0 |
| Infection Control: Major Outbreaks, Investigation and Control | 0 |
| Infection Control: Universal Precautions | 0 |
| Information Security Policy | 0 |
| Internet Policy | 0 |
| Interpreter Service | 3 |
| Intravenous Drug Administration | 0 |
| Jehovah's Witnesses | 3 |
| Latex Allergy Policy | 0 |
| Laying of Carpets in Clinical Areas | 0 |
| Legionnaire's Disease: Precautions Against Hospital Acquired Disease | 0 |
| Litigation and Use of the Hospital Lawyer | 0 |
| Living Wills | 3 |
| Living Wills - Patient's notes | 3 |
| Living Wills Form | 3 |
| Lone Workers Safety | 3 |
| Maintenance of NMC Registration | 0 |
| Major Incident Plan | 0 |
| MAKING A DIFFERENCE position statement | |
| Management of Health Care Workers Infected with Human Immunodeficiency Virus (HIV) and Hepatitis C and for the Prevention and Management of Hepatitis B Infection | 3 |
| Management of Medical Gas Systems | 0 |
| Management of Medical Gas Systems - Freeman Hospital | 0 |
| Management of Medical Gas Systems - Royal Victoria Infirmary | 0 |

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| Management of Medical Gas Systems - Walkergate Hospital | 0 |
| Manual Handling of Waste | 0 |
| Mattress Disposal Policy | 0 |
| Medical and Dental Staff Locum Appointment Procedure | 3 |
| Medical Devices Policy | 0 |
| Medical Equipment Library - Flowchart | 0 |
| Medical Equipment Library – Guidelines For Access To Service | 0 |
| Medical Photography Consent Form | 0 |
| Medical Photography Guidance | 0 |
| Mental Health Act 1983 | 0 |
| Mercury Spillages and Waste | 0 |
| Minor Works Request - White Form | 0 |
| Missing Controlled Drugs | 0 |
| Missing Patients | 3 |
| Monitoring of Delayed Transfers of Care | 3 |
| Mouth Care Preparations | 0 |
| Moving And Handling Of The Heavyweight Patient | 0 |
| Moving and Handling Policy | 0 |
| Nail Cutting | 0 |
| Needlestick Injuries: Code of Practice | 0 |
| Newcastle Hospitals and Community Policy on Medicines | 0 |
| No Smoking Policy | 0 |
| North of Tyne PALS Operational Policy | 3 |
| Notifiable Diseases | 0 |
| Nurse Bank Interim Operational Policy | 0 |
| Nurse Bank: Booking of Staff | 0 |
| Nurse Escorts | 0 |
| Nurse Prescribing | 0 |
| Nursing and Midwifery Strategy 2002 - 2005 | 0 |
| Nursing Strategy - Infection Control A New Way of Working 2002 - 2005 | 0 |
| Nursing Study Leave | 0 |
| Nutrition Policy | 3 |
| Off Site and Data Transfer Policy | 0 |
| Operation List | 0 |
| Operational Policy for Ethnic Monitoring | 3 |
| Operational Cleaning Plan | 0 |
| Organ and Tissue Donation | 3 |
| Organisation Information Security Policy | 0 |
| Organisational Change Policy | 0 |
| Out of Hours Drug Dispensing Policy | 0 |
| Parvovirus B19 – Infection Control In The Healthcare Setting | 0 |
| Patient Access Policy | 3 |
| Patient Choice Directive Policy & Guidance | 3 |
| Patient Self Administration of Drugs | 3 |
| Patients Property Policy | 3 |
| Patient's Wills | 3 |
| Periods of Notice | 3 |
| Personal Protective Equipment | 3 |
| Personnel Security | 3 |
| Portable Oxygen Management | 0 |

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| Preceptorship | 3 |
| Pre-Employment Checks & Use Of The Criminal Records Bureau | 3 |
| Pre-Filled Patient Controlled Analgesia (PCA) Syringes | 0 |
| Pregnant workers | 3 |
| Prescribing Protocol Programme | 0 |
| Press Enquiries and Public Relations | 3 |
| Prevention Of Inoculation Injuries | 0 |
| Private Patients: Treatment and Admission | 3 |
| Procedure For All Blood Components Via Peripheral Access (Blood transfusion) | 0 |
| Procedure for Issuing Section 2 and 5 Notifications | 3 |
| Procurement of Medicines from the Trust by Medical Staff | 0 |
| Professional Advice and Services | |
| Professional Registration | 3 |
| Protocol For The Positioning Of Patients In Eschmann Pneumatic Stirrups For Longer Than Two Hours | 0 |
| Protocol for the Positioning of Patients in Standard Lloyd Davies Leg Supports for Procedures expected to take longer than Two Hours | 0 |
| Purple Book: Procedures for the Prescribing, Recording & Administration of Medicines | 0 |
| Radiation Protection for Staff in the Medical Use of Ionising Radiation and Lasers | 0 |
| Radioactive Waste Policy | 0 |
| Raffles and Lotteries | 0 |
| Receipt and Handling of Hazard and Safety Notices | 0 |
| Recognition Agreement for Trade Unions/ Professional Staff Organisations | 3 |
| Recognition of Loyalty award | 3 |
| Recommendations For Preventing The Spread Of Glycopeptide-Resistant Enterococci | 0 |
| Record Keeping | |
| Recruitment and Selection policy – Non Medical | 3 |
| Recruitment and Selection policy - Summary of Actions, Responsibilities and Timescales Appendix 1 | 3 |
| Recruitment and Selection policy, Appendix 2 - 'Fast-track' Flowchart | 3 |
| Recruitment and Selection policy, Appendix 2 - 'Fast-track' Procedure | 3 |
| Relocation Expenses Policy | 3 |
| Relocation Forms | 3 |
| Repairs To Teeth Damaged During Treatment Within The Trust | 0 |
| Requesting Therapy Bed or Mattress Product Policy | 0 |
| Research Governance | 3 |
| Research- Management Of Commercially Contracted, | 3 |
| Research Studies- Use Of Unlicensed Drugs | |
| Researchers Guidance Note | 3 |
| Reservation of Powers to the Board and Delegation of Powers | |
| Respecting the Religious Needs Of Patients | 3 |
| Restraint Policy | 3 |
| Right of Access to Health Records Act 1990 | 3 |
| Safeguards Contents: Cross Reference List.htm | 0 |
| Safeguards For Invasive Procedures | 0 |
| SARS Management | 0 |

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| Scope of Professional Practice | 3 |
| Scrubbing Up Procedure | 0 |
| Security and Protection of Paper-Held Patient Information | 0 |
| Security Policy | 2 |
| Service Continuity Management | 0 |
| Small Claims Procedure | 0 |
| Smallpox Emergency Plan | 0 |
| Software Control | 0 |
| Special Leave | 3 |
| Specialist Unit - Ward 25 NGH | 0 |
| Spillages Management | 0 |
| Staff Appraisal Forms (non-medical) Appendix 1 - Self Assessment | 3 |
| Staff Appraisal Forms (non-medical) Appendix 1A - Team Preparation | 3 |
| Staff Appraisal Forms (non-medical) Appendix 2 - Appraisal Record | 3 |
| Staff Appraisal Forms (non-medical) Appendix 3 - Managers Review | 3 |
| Staff Appraisal Forms (non-medical) Appendix 4 - Team Appraisal Record | 3 |
| Staff Appraisal Forms (non-medical) Appendix 5 - PDP | 3 |
| Staff Appraisal policy (Non-medical) | 3 |
| Standards of Business Conduct for Staff | 3 |
| Standing Financial Instructions (SFIs) | 0 |
| Standing Orders | 0 |
| Strategic Cleaning Plan | 0 |
| Strong Potassium Solutions - Restrictions on supplies Freeman Hospital | 0 |
| Study Leave and Official Duty | 3 |
| Subcutaneous Drug & Fluid Administration | 0 |
| Surgical Equipment On Loan | 0 |
| Surgical Patients with Body Piercing- Guidelines for Principles of Safe Practice | 3 |
| Suspicion of Child Abuse | 3 |
| Theatre Uniform | 3 |
| Total Parenteral Nutrition (TPN) Administration via Central Line | 0 |
| Transport of Clinical Specimens | 0 |
| Tuberculosis: Prevention and Control in Newcastle Hospitals | 0 |
| Tuberculosis: Prevention and Control in Newcastle Hospitals - Addendum for HIV-Related and MDR-TB | 0 |
| Vacancy Panel: Application Form (pdf Version) | 3 |
| Vacancy Panel: Application Form (Word Version) | 3 |
| Verification of Expected Death by Nurses | 3 |
| Violence and Aggression | 3 |
| Viral Haemorrhagic Fever: Guidance for Admitting Physicians | 0 |
| Vocational Training Development | 3 |
| Vulnerable Adults | 3 |
| Ward Food Hygiene Policy | 1 |
| Waste Hazard Groups | 0 |
| Waste Management Table 1 and 2 - RVI Clinical Waste Procedures | 0 |
| Waste Management Table 3 and 4 - FH Clinical Waste Procedures | 0 |
| Waste Management Table 5 and 6 NGH Clinical Waste Procedures | 0 |
| Waste Management Table 7 - Domestic Waste - All sites | 0 |
| Waste Management Clinical Waste Disposal Routes Wall Chart | 0 |

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| Waste Management Policy and Procedures (complete) | 0 |
| Waste Management Procedure for Dealing with Sharps | 0 |
| Waste Policy Introduction slide show | 0 |
| Water Coolers and Ice-Making Machines | 0 |
| Wheelchairs: Use/Provision And Management Of Trust Wheelchairs | 3 |
| Whistleblowing: Policy on Voicing Concerns about Malpractices, Misdemeanours, Inappropriate Behaviour or Actions | 3 |
| Whooping Cough: Infection Control Policy For Suspected Cases | 2 |
| Withdrawal of Treatment From Violent Or Abusive Patients | 3 |
| Withdrawal/Withholding Treatment from Children | 3 |
| Women's Services: Risk Management Policies and Procedures | 3 |
| Women's Services: Clinical Risk Assessment: Policy and Procedure | 3 |
| Work Experience and Placement | 3 |
| Work Related Stress Policy | 3 |
| Working Time Agreement - Career Grade Doctors | 3 |
| Working Time Agreement | 3 |
| Young Persons Under 18 years of Age Policy | 3 |

Race Equality Impact Assessment (REIA) Record

SECTION A: TRUST POLICY, PROCEDURE or FUNCTION

| | | | |
|---|------------------------------|-----------------------------|---------------------|
| Title: | | | |
| Corporate: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Department: |
| Effective Date: | | | Review Date: |
| Person Responsible for Policy Review: | | | |
| Key elements of the Policy, Procedure or Function: | | | |
| | | | |

| |
|---|
| List the knowledge, skills and experience required by members of the group to carry out the Screening Stage of the REIA process: |
| |

SCREENING GROUP MEMBERS (identify lead)

| Name | Title | Department | Phone No. or e-Mail |
|------|-------|------------|---------------------|
| | | | |

SECTION B: SCREENING

What is the relevance of the policy, procedure or function for patients, communities or staff from black and minority ethnic background, or others? Indicate if the general aim and key elements of the policy are relevant to the three race equality duties and state your reasons

| RACE EQUALITY DUTY | ✓ if Relevant | REASONS FOR RELEVANCE |
|---|---------------|-----------------------|
| 1: Elimination of unlawful discrimination | | |
| 2: Promotion of equality of opportunity | | |
| 3: Promotion of good relations between different groups | | |

If any relevance has been identified above, a full Impact Assessment must be carried out (see Section C). If this is not required, please forward an electronic version of this form to within one week.

SCREENING SUMMARY

| | | | |
|--|-------------|---|-------------------|
| Screening Date: | | Full I.A. Required? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Screening Group Lead: | Name | Job Title | Signature |
| Person responsible for leading full I.A. process: | Name | Job Title | Department |

Race Equality Impact Assessment (REIA) Record

SECTION C: FULL IMPACT ASSESSMENT

| | | | |
|------------------------------|-------------|------------------|-------------------|
| Policy Title: | | | |
| Lead Impact Assessor: | Name | Job Title | Department |
| | | | |

List the knowledge, skills and experience required by members of the group to carry out the Full Impact Assessment:

IMPACT ASSESSMENT GROUP MEMBERS

Careful consideration must be given to group membership to ensure full and appropriate representation of those potentially affected, e.g. you may wish to include a representative from staff side, a member of the Governor's Council, or a member of a public and/or patient group.

| Name | Title | Department/Organisation | Phone No. or E-Mail |
|-------------|--------------|--------------------------------|----------------------------|
| | | | |

SCOPING & DATA GATHERING

DUTY 1: Elimination of Unlawful Discrimination

What data/information would we expect to see to provide assurance that the policy eliminates unlawful discrimination?

What data/information are we able to provide?

What data/information is required? – Action Plan

| Action | Timescale | Person responsible |
|--------|-----------|--------------------|
| | | |

SCOPING & DATA GATHERING

DUTY 2: Promoting Equality of Opportunity

What data/information would we expect to see to provide assurance that the policy promotes equality of opportunity?

What data/information are we able to provide?

What data/information is required? – Action Plan

Action

Timescale

Person responsible

SCOPING & DATA GATHERING

DUTY 3: Promoting Good Relations

What data/information would we expect to see to provide assurance that the policy promotes good relations?

What data/information are we able to provide?

What data/information is required? – Action Plan

| Action | Timescale | Person responsible |
|---------------|------------------|---------------------------|
| | | |

ANALYSIS & RECOMMENDATIONS

DUTY 1: Elimination of Unlawful Discrimination

State findings and indicate positive and/or negative effects regarding the elimination of unlawful discrimination

| Recommended Actions | Responsibilities |
|---------------------|------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

| Date Implemented | Reasons (if not implemented) |
|------------------|------------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

ANALYSIS & RECOMMENDATIONS

DUTY 2: Promoting Equality of Opportunity

State findings and indicate positive and/or negative effects regarding the promotion of equality of opportunity

| Recommended Actions | Responsibilities |
|---------------------|------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

| Date Implemented | Reasons (if not implemented) |
|------------------|------------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

ANALYSIS & RECOMMENDATIONS

DUTY 3: Promoting Good Relations

State findings and indicate positive and/or negative effects regarding the promotion of good relations

| Recommended Actions | Responsibilities |
|---------------------|------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

| Date Implemented | Reasons (if not implemented) |
|------------------|------------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

APPENDIX 4 – HIGH PRIORITIES FOR IMPACT ASSESSMENT

Policies identified as “High Priority” for Impact Assessment

| POLICY | IMPACT ASSESSMENT LEAD OFFICER |
|--|---|
| Concerns relating to performance and behaviour of medical and dental staff | Head of Medical Staffing |
| Interpreter Service | Medical Records and Out-Patients Manager |
| Consent to Examination | Clinical Governance and Risk Manager |
| Special Leave | Heads of Personnel |
| Health at Work | Heads of Personnel |
| Disciplinary | Heads of Personnel |
| Study Leave and Official Duty | Head of Training and Development |
| Annual Leave Calculation | Heads of Personnel |
| Dignity & Respect | Heads of Personnel |
| Flexible working | Heads of Personnel |
| Recruitment and Selection – non medical | Heads of Personnel |
| Grievance | Heads of Personnel |
| Operational Policy for Ethnic Monitoring | Medical Records and Out-patients Manager / Head of Information Management |
| Performance Appraisal | Head of Training and Development |

APPENDIX 5 – ACTION PLAN

The NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

Race Equality Scheme 2005-2008 – Action Plan

Review December 2006

| Duty | Action | Timescale | Lead | Outcome |
|--|--|------------|---|--|
| 1. Assessment of functions and policies | Develop a framework for policy assessment ('impact assessments') and schedule a plan to undertake review of current Trust policies to determine impact on the promotion of race equality | March 2006 | Head of Personnel Freeman/Deputy Director of Nursing and Patient Services Head of Training & Development | <p>The Trust will ensure the development of services, functions and policies which meets the needs of the population it serves.</p> <p>A robust process of impact assessment will be established and implemented throughout the Trust.</p> |

| | | | | |
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| | <p>The process for impact assessment will be rolled out across the Trust. This will include:</p> <ul style="list-style-type: none"> • Guidance for impact assessment for directorates to be developed. • Directorates will draw up a prioritised list detailing when they will carry out their impact assessments • Directorates to report progress, emerging issues, gaps and remedial action planned/taken through the performance management framework • Problems will be discussed at performance management meetings • Reports will be reviewed corporately and support and guidance given as necessary | <p>MAY 2006</p> <p>FROM JUNE 2006</p> | <p>Head of Personnel Freeman/ Deputy Director of Nursing and Patient Services</p> <p>Head of Personnel & Deputy Director of Nursing and Patient Services to Liaise With Performance Management Teams</p> | |
| | <p>To ensure all new policy and guidance documents are reviewed in respect of adherence to the race equality duties.</p> | <p><u>Ongoing</u></p> | <p>All relevant Clinical Directors and Directorate Managers/Employment Policies Group and JSCC.</p> | |
| <p>2. Monitoring of policy impact</p> | <p>Continue work to improve the level of ethnic coding for all inpatients and monitor on an annual basis.</p> | <p><u>Ongoing</u></p> | <p>Medical Records/ Outpatient Manager (Liz Hogarth)</p> | <p>Contribute to better information to identify</p> |

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| | Developing reporting mechanisms to inform changes and developments in service delivery and equality of access to services. | <u>September</u> | Information Services Department | possible discrimination with regard to access to services and steps will be taken to prevent or eliminate it |
| | Establish the routine collection of ethnic group data in outpatients by working with primary care colleagues to collect data at point of referral | <u>September 2006</u> | Medical Records/ Outpatient Manager (Liz Hogarth) | Comprehensive ethnic monitoring data will be available to inform service delivery and development. Director of Nursing and Patient Services will co-ordinate the work with a paper to Trust Board outlining proposals by September 2006. |
| 3. Review of functions and policies | Priorities for review will be established and publicised to inform impact assessment. | <u>April 2006</u> | Equality and Diversity Working Group | Policies are structured to ensure the needs of all Ethnic groups are met |
| 4. Involvement of service users, patients and the public | Ensure the Trust has a link with the 'Our Voice' Forum to gain feedback from discussions | | Deputy Director of Nursing and Patient Services/Head of Personnel Freeman | Service changes will be made on the basis of a wide range of views in ways that promote equality |
| 5. Accessibility of results | Results of reviews consultations and new legislation will be discussed in the Equality and Diversity Working Group | Bi-monthly | Deputy Director of Nursing and Patient Services. Equality and Diversity Working Group | It will be evident that the Trust is actively engaging with local communicates to improve services. |

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| | To facilitate further discussion and dissemination regarding the publication of results in order to establish the most appropriate mechanism for particular groups | Ongoing | Head of Personnel & Deputy Director of Nursing and Patient Services. | |
| 6. Access to information and services | To assess the use of the Interpreters Services and raise awareness of the service in the Trust. The Interpreting service will continue to develop, and with partner organisations determine a process for assessing the views of patients who use the service. | Ongoing from June 2006 | Trust Rep on Interpreter Services Group via Equality & Diversity Group | Ensure that the Service is appropriately accessible and that information made available in other languages and formats as appropriate |
| | Role out of training programme in relation to impact assessments, including the production of a guide for staff undertaking impact assessments | April 2006 | Head of Training and Development | |
| | | | Interpreting Services Manager – Report via Equality & Diversity Group. | Patient satisfaction with service provision will be ensured. |
| 7. Staff Training and Employment | Review current mechanisms for Training and Development in relation to Race Equality Issues. | December 2006 | Head of Training and Development | Staff awareness will be raised to ensure that appropriate staff access, appropriate training and development in a timely manner. |
| | To review methods of data collection, take steps to remedy any negative implications highlighted during review. | June 2006 | Head of Personnel | |
| | As a consequence of Impact Assessment any employment policies which require amendment will be actioned and all staff | December 2006 | Head of Personnel (Freeman) | |

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|-------------------------|---|-----------------------|---|---|
| | made aware of changes | | | |
| | Meet the equality and diversity standards expected at Practice Plus level of Improving Working Lives | | | |
| Service Delivery | Identify existing local groups representing ethnic minority groups and establish links in order to involve and consult with BME communities | June 06 | Public and Patient Involvement Lead | |
| | Raise awareness among directorate managers in order to mainstream into Trust activity | | | |
| Partnerships | The Trust will seek to ensure that in all its partnership working its staff take the responsibility to raise race equality issues if these have not been explicitly addressed | <u>Ongoing</u> | All staff working with external organisations | Race equality is integrated in all aspects of partnership working |

Work to achieve these actions will be ongoing, and formal review and reporting will be undertaken initially in December 2006

