

Annual Equality and Diversity Report

November 2009 to
October 2010

Buckinghamshire Healthcare
NHS Trust

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ANNUAL REPORT ON EQUALITY AND DIVERSITY

November 2009 to October 2010

1. Introduction

- This report summarises the main actions that the Trust has undertaken in the last 12 months to promote equality of opportunity and the elimination of unlawful discrimination.
- Throughout 2009/2010 Buckinghamshire Healthcare NHS Trust has continued to embed its equality and diversity schemes into the core functions of the Trust. This work programme is led by the Diversity Steering Committee chaired by the Joint Directors of Strategy and System Reform in the role of Executive leads for Equality and Diversity.
- In 2010 new Equalities legislation was passed replacing existing anti-discrimination legislation laws with a single Act. This brings in new obligations for all organisations that provide a public service.
- In 2010 Buckinghamshire Healthcare published a new Single Equality Scheme and action plan to ensure we continue to meet our obligations. This annual report sets out our key achievements and actions against the Trust's Single Equality Scheme (SES) and makes appropriate recommendations as to how Buckinghamshire Healthcare NHS Trust can continue to fulfill its obligations as set out in the Equality Act 2010.
- In April 2010 Buckinghamshire Hospitals NHS Trust integrated with Community Health Buckinghamshire. As a result, Buckinghamshire's community health service's staff transferred into the Trust, creating a combined total of approximately 6,000 staff.
- Over the last year the Trust's Single Equality Scheme and infrastructure for ensuring Equality and Diversity are central to the Trust's developments and policies have been adapted to reflect the newly integrated organisation. This is reflected within this Annual Report.

Summary of recommendations and suggested areas for development in 2010/11

Strengthen enforcement

- Continue to progress against our Single Equality Scheme.
Action: Diversity Steering Committee.
- To migrate this approach to the new Equality and Diversity System in line with Department of Health recommendations.
Action: Joint Director of Strategy and System Reform.
- To continue to ensure new obligations under Equality Act 2010 are met.
Action: Diversity Steering Committee.
- To develop a four-year Equality Strategy and annual improvement plan for 2012 onwards, inline with the new Equality Delivery System.
Action: Joint Director of Strategy and System Reform.

Human Resources

- Monitor the recruitment process more closely, particularly at the interview stage. (see page 28)
- To develop further internal training for line managers in equality & diversity, and particularly in equality in recruitment & selection. (see page 8)
Action: Education, Learning and Development and Recruitment.
- To address current gaps in diversity data. (see pages 19 and 23)
Action: Medical Staffing / Workforce Information.
- Implement a plan to ensure long term succession planning takes place. (see page 25)
Action: Recruitment and Workforce Information.
- To attract more applicants with a disability. (see page 31)
Action: Recruitment and Workforce Information.

To increase the uptake of equality and diversity training
Action: Education, Learning and Development

All the above actions to report back to the Equality and Diversity Committee and through to the HR and Workforce Committee.

2. Equality Act (2010)

In 2010 equalities legislation was significantly updated with the passing of a new Equality Act. The Equality Act (2010) has two aims, which are to harmonize and consolidate the strands of discrimination law into one single Act, thus simplifying and strengthening the law to support progress on equality. Most of the Equality Act came into force on 1st October 2010; the Public Sector Equality Duty will follow in April 2011. The key elements of the act are to:

- Extend the ban on age discrimination from employment only to the provision of services and public functions
- Extend the current six equality strands to become nine '*protected characteristics*';
 - Age
 - Disability
 - Race
 - Sex
 - Pregnancy and maternity
 - Gender reassignment
 - Marriage or civil partnership status
 - Religion or belief
 - Sexual orientation
- Introduce new public sector equality duties to:
 - Eliminate discrimination, harassment, victimization and any other conduct that is prohibited by or under the Act
 - Strengthen the use of '*positive action*' by allowing its use to alleviate disadvantage by those who share a protected characteristic, giving employers and service providers greater freedom to address disadvantage and under-representation
 - Extend the ban on discrimination by association to all strands of discrimination law
 - Extend protection for disabled people from direct discrimination only to include indirect and third party or associative harassment and/or discrimination
 - Make socio-economic factors central to decision-making

Buckinghamshire Healthcare's new Single Equality Scheme and action plan have been written to ensure that the Trust is compliant with this new legislation.

3 Single Equality Scheme

3.1 Introduction to our Single Equality Scheme

Our Single Equality Scheme (SES) is a public commitment of how Buckinghamshire Healthcare intends to meet the duties placed on it by equalities legislation.

More specifically the SES has three purposes for the Trust:

1. Provides an environment for patients in which their dignity and preferences are respected.
2. Provides a framework for managers and staff to ensure that all employees are treated with dignity, fairness and respect regardless of their background
3. Details an action plan aiming to ensure that services are provided to the right people in the right way.

During the last year we have developed and published our new Single Equality Scheme and Action plan covering 2010 to 2013.

The plan has 4 strategic objectives and the action plan covers a wide range of actions that will ensure that the Trust delivers on its SES over the next 3 years.

Single Equality Scheme Action Plan 2010-13 Strategic Objectives

- **Leadership partnership and organisational commitment** – commitment to ensuring equality is part of the main business of the organisation at all levels and across all activities
- **Responsive services, access and customer care through the embedding of evidence-based Equality Impact Assessment**
- **A modern and diverse workforce** – to recruit and develop a workforce in all areas of the Trust that reflects the diversity of the local community
- **Patient and public engagement** – full involvement of stakeholders and partners in shaping and developing new services

3.2 Governance of the Single Equality Scheme

The Single Equality Scheme is publicised and circulated through the Trust's induction process, equality and diversity training, intranet and the Trust's internet site. The scheme is also available to members of the public on request. We actively encourage staff and members of the public to feed back to us on SES and contact details are provided for this in the document.

The SES was formally agreed by the Trust Board in July 2010 and progress against the action plan is monitored through the Diversity Steering Committee.

3.3 Summary of key Achievements against our Single Equality Scheme

The following section highlights the Trust's key achievements against our Single Equality Scheme, grouped according to the strategic objectives of the plan.

3.3.1 Leadership, partnership and organisational commitment

Revision of the Trust's Patient Promises

The Trust's patient promises underpin how we deliver care within Buckinghamshire Healthcare. These were developed with patients and are based on what users of our services have told us are important when accessing healthcare. In 2010 these were updated to reflect our new range of community and acute services.

Service Standards

During 2010 the Trust continued to ensure that our Service Standards were embedded into everyday practice to support the delivery of our Patient Promises. This formed a key corporate objective for the year.

Extract from Trust Objectives 2010/11

Objective three:

Embed service standards into everyday practice

Includes:

- raise awareness of the services standards by revised recruitment,
- induction and appraisal activities
- use patient feedback to develop action plans accordingly.

Director lead:

Director of HR and organisation development

Role of Equality and Diversity Champions

In October 2010 we relaunched the role of Equality & Diversity champions providing a formal role description for those undertaking this role. All our Divisions now have in place a Champion who receives additional training and information on all matters relating to the diversity agenda. Their role in addition to delivering against the SES and supporting the Equality Impact Assessment process is to act as a source of information, sponsor of best practice and general support to their colleagues. They also ensure that Divisional Boards give prominence to the diversity agenda.

Trust Board training

In July 2010 the Trust Board received a presentation on the new Equalities act and the new, 3-year Single Equality Scheme action plan for Buckinghamshire Healthcare.

Protection of Vulnerable Adults/Children

The Trust continues to ensure Criminal Records Bureau (CRB) clearance is obtained for all staff entering the organisation whose role will involve either direct or indirect patient contact, and that effective monitoring arrangements are in place.

3.3.2 Responsive services, access and customer care through the embedding of evidence-based Equality Impact Assessment

New Equality Impact Assessment (EQIA) System

Equality Impact Assessment is the process by which we examine our activities in order to minimise the potential for discrimination. An Equality Impact Assessment is undertaken on all strategies, policies and projects and assesses the impact on people who possess one or more of the protected characteristics.

In 2010 we redesigned our EQIA process, greatly simplifying it with the aim of ensuring all staff are readily able to conduct assessments. The new process was launched in November 2010 along with a new toolkit to guide people through the process. This toolkit and associated documents are available on the Trust Intranet. Diversity Champions provide support to staff within their division to ensure EQIA's are conducted thoroughly. Where it is found that policies or functions may not be appropriately ensuring equality, an action plan is drawn up and this is monitored through the Diversity Steering Committee.

3.3.3 A modern and diverse workforce

Section 5 and 6 of this report provide detailed information relating to workforce and training.

Black and Minority Ethnic (BME) Network

The Trust continues to support the BME network. A programme of work has been agreed by the BME network members and regular feedback on the work of this group is received at the Diversity Steering Committee. Examples of specific actions undertaken to support this group included the agreement of a definition of protected time to enable BME members to attend the group and continued dissemination of regional and national training course information to the group.

Equality training

In April 2010, the training department launched a new e-learning module for equality and diversity. The module provides a general introduction, a legislative overview and a number of interactive activities relating to equality, diversity and human rights. Successful completion of the module is compulsory for all staff and is measured through a multiple choice assessment where staff are required to score a minimum of 80%.

Leading and Managing Teams

The Trust has launched a 'Leading and Managing Teams' programme at Band 7, which actively encourages applicants from all backgrounds across the organisation. Furthermore, the programme specifically promotes the value of diversity within the workforce to programme participants.

NHS Breakthrough Scheme

The NHS Breakthrough Scheme identifies supports and guides people from black and minority ethnic (BME) backgrounds with the talent and potential essential to assuming senior leadership roles. The programme provides opportunities to design personal development plans, gain support in career planning and progression and build on leadership skills and is specifically aimed at current NHS employees at Band 8 and above. The scheme seeks to help employees of BME origin to develop within

their existing roles, eroding the barriers felt by BME employees aspiring to achieve upward mobility within their NHS organisation.

Further internal training for line managers is still needed in specific areas of equality & diversity.

Recommendation: Education, Learning and Development and Recruitment to develop further internal training for line managers in inequality & diversity, and particularly in equality in recruitment & selection.

3.3.4 Patient and public engagement

Foundation Trust Membership

Despite our application to become an NHS Foundation Trust being paused, membership has continued to grow and at end of October 2010 we had over 12,400 members. The engagement has remained strong with an annual programme of involvement events. The programme demonstrates our commitment to the diversity agenda and in seeking the views of those groups who are often seldom heard. Events have been run throughout the year and future events will, like this, aim to target different seldom heard groups. Topics for the past year included: patients' perspective on how we are delivering against our service standards and patient promises; and the development of our complaints, PALS and accolades processes.

The Trust's membership and involvement strategy is inclusive, and clearly states this as its primary aim. Members are asked to declare their ethnicity as part of our membership form. Collation of this data is helpful to monitor that our membership remains largely representative of the communities that we serve.

The members' events are all held in locations with wheelchair access. Hearing loop facilities are requested in venues wherever possible. In addition, all Foundation Trust newsletters and members' correspondence is available in large print upon request. Summaries of events along with presentations and programmes are also published on our website for those who wish to view online, which enables those who have impaired sight to enlarge and view.

The data in the following table is derived from our database, which details the profile of the Trust's membership of 12,460 public and staff members; this includes volunteers and independent contractors. The base population is 492,732; these figures are compiled using Acorn and Census data. Numbers relate to October 2010.

	Public	% of Membership	Base	% of Area
Age	6,866	100.00	492,732	100.00
0-16	5	0.07	107,582	21.83
17-21	268	3.90	29,015	5.89
22-29	268	3.90	42,555	8.64
30-39	588	8.56	64,871	13.17
40-49	777	11.32	78,079	15.85
50-59	822	11.97	63,119	12.81
60-74	2,160	31.46	71,140	14.44
75+	1,808	26.33	36,371	7.38
Not stated	170	2.48	0	0.00
Gender	6,866	100.00	492,732	100.00
Unspecified	14	0.20	0	0.00
Male	3,123	45.48	241,386	48.99
Female	3,729	54.31	251,346	51.01
Ethnicity	6,866	100.00	479,044	100.00
White - British	5,380	78.36	419,795	87.63
White - Irish	65	0.95	5,761	1.20
White - Any other White background	197	2.87	15,762	3.29
Mixed - White and Black Caribbean	26	0.38	2,450	0.51
Mixed - White and Black African	78	1.14	445	0.09
Mixed - White and Asian	18	0.26	1,844	0.38
Mixed - Any other mixed background	19	0.28	1,536	0.32
Asian or Asian British - Indian	111	1.62	5,098	1.06
Asian or Asian British - Pakistani	145	2.11	15,046	3.14
Asian or Asian British - Bangladeshi	6	0.09	383	0.08
Asian or Asian British - Any other Asian background	62	0.90	1,548	0.32
Black or Black British - Caribbean	80	1.17	4,503	0.94
Black or Black British - African	60	0.87	1,208	0.25
Black or Black British - Any other Black background	8	0.12	470	0.10
Other Ethnic Groups - Chinese	35	0.51	1,625	0.34
Other Ethnic Groups - Any other ethnic group	22	0.32	1,570	0.33
Not stated	554	8.07	0	0.00

Volunteers

Volunteers are fully representative of the communities the Trust serves. The volunteers from Community Health Buckinghamshire (CHB) areas have not yet been assimilated into our database, therefore the figures below relate to Amersham, Stoke Mandeville & Wycombe Hospital sites. Across the three hospitals, over 780 volunteers provide links from the community to our patients. 80% of these volunteers work in directly patient-facing roles such as ‘befrienders’ on wards or ‘meeters and greeters’ on receptions. Other volunteers outside these roles perform administrative tasks to free staff up to spend more time with patients, or undertake other tasks such as garden litter picking to improve the patients’ environment.

The range of roles available to volunteers means that there is generally something to suit everyone's abilities, including those with learning disabilities or other conditions which may preclude them from working in paid employment. Whilst the main bulk of the volunteer workforce is aged 60-75 years, over 30% are outside this age range, with volunteers ranging from 16 to 90 years. Disabled volunteers make up 5% of the volunteer workforce. 12% of the volunteer population is from an ethnic minority.

The profile of our volunteers is broadly as follows:

	Total	%
Total number of volunteers registered as at 11th November 2010	784	
<i>Breakdown categories below</i>		
Male	207	26
Female	577	73
Disabled (self declared)	38	5
Ethnic Minorities (self declared)	91	12

Patient Experience Group

The Trust has a well established Patient Experience Group (PEG), which recognises the need to embrace the diverse community we serve and support the development of services that will meet these needs. It enables a two-way dialogue with representatives of local service user or community groups as well as providing a monitoring role and service user approval of all new patient information leaflets.

Membership of PEG includes representatives from groups such as Bucks Vision (for those with impaired sight), Bucks Carers (who are involved with many people with disabilities), Diabetes UK, older people champions and a local stroke group. The Chair of the Trust’s BME Network is also a member and represents other community groups.

Public involvement

Increasing the involvement of patient and resident groups in work programmes designed to deliver service change was a specific objective for the Trust this year. The aim of this work is to ensure that new service developments are designed around patient needs and offer a fair, equitable and accessible service. As we integrate acute and community services we have been presented with many opportunities to better streamline services and the involvement of service users, this work has been central to our developments. For example we have undertaken work

with children and their families who use our speech and language services, many of whom have a disability, we have redesigned our COPD (Chronic obstructive pulmonary disease) services with users of that service. We have also worked with patients and the public in more general projects, for example the development of our patient promises.

The Trust is specifically proactive in seeking the views of seldom heard groups. In April 2010 the Trust worked in partnership with Talkback, a charitable organisation that supports people with learning disabilities, to host three targeted sessions for patients with a learning disability to ask them if we were delivering on our five patient promises. The events followed an 'in your shoes' format and were encouraging those whom attended to share their hopes and fears about visiting hospital with staff members, the Chief Executive and Chairman, enabling the trust to formulate an action plan to improve the patient experience for learning disabilities service users. The Trust also commissions Talkback to provide learning disability awareness training for staff, 'Treat me not my knee'.

Formation of SPIN

A project to review public and patient involvement in our national spinal injuries centre commenced in January 2010. Starting with a workshop for service users and outpatients, we asked participants to share their views of current involvement methods and process. The project aimed to make improvements based on patient and service user feedback. Driving up attendance, improving motivation of patients to get involved, making involvement meaningful and keeping service users better informed of outcomes from their involvement were all key drivers.

The analysis of information resulting from the workshop was translated into a series of 16 recommendations which was presented to the NSIC divisional Board in April 2010. Approval of all recommendations was given and an action plan was implemented throughout 2010. Implementation of this continues and progress is reported through the NSIC divisional board.

A new package of involvement activities have been developed based entirely on patient feedback, named by patients and staff as Spinal Patients Involved – SPIN. The package includes a new format of face to face involvement activity, the development of a growing cascade list of interested individuals providing an instant source of opinion and patient views, a designated SPIN involvement email address, a new designated SPIN web page and a designated area within SCI news.

The cascade list already has 150 interested patients and continues to increase and the feedback on actions taken in light of feedback has improved. In addition, patients asked for staff to be involved in the face to face activities and this has also been implemented with some benefits being seen for staff awareness and understanding of the patient perspective. Carers are also invited to the face to face activity.

This has been a successful patient centred project with positive outcomes for patients and staff. This work is also valuable in preparing for our second CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation.

Buckinghamshire Interpreting and Translation Service

Since 2005 all the NHS Trusts in Buckinghamshire have contracted with Hertfordshire Interpreting and Translation service to provide interpreting and

translation services. Interpreting is provided either face to face or via the telephone and is available 24 hours a day 365 days a year in over 40 languages. The 3 most commonly required languages currently are Urdu/Punjabi, Polish and Cantonese; there is also a high demand for British Sign language. The average number of requests per annum for face to face interpreting (the vast majority of requests made) is 414. If documents or patient information leaflets need translating this can also be done in a matter of days.

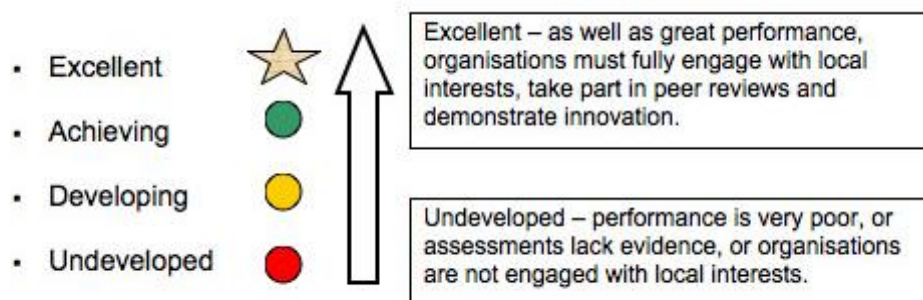
4 Looking forward – the new Equality Delivery System

The Department of Health, through the Equality and Diversity Council, is introducing a new Equality Delivery System aimed at improving the equality performance of the NHS, embedding equality into mainstream business and ensuring all NHS organisations are meeting their obligations under the Equality Act 2010.

During 2011/12, in full engagement with a range of local stakeholders, including the LINK, NHS organisations are required to develop four-year Equality Strategies and priorities, based on a grading of their equality performance against a set of EDS goals and outcomes. There are 13 outcomes, grouped under five goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Beyond compliance
4. Workforce – the NHS as a fair employer
5. Inclusive leadership at all levels.

Based on transparency and evidence, NHS organisations and local interests will agree one of four grades for each outcome.



Based on the grading Annual Improvement Plans will show how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interests will assess progress and carry out a fresh grading exercise. In this way, the EDS will foster continuous improvements. The first Annual Improvement Plans need to be produced April 2012.

In line with all NHS organisations, Buckinghamshire Healthcare NHS Trust will work through 2011/12 to ensure that the above timetable is met. The new Annual Improvement Plan will replace the Single Equality Scheme action plan from April 2012.

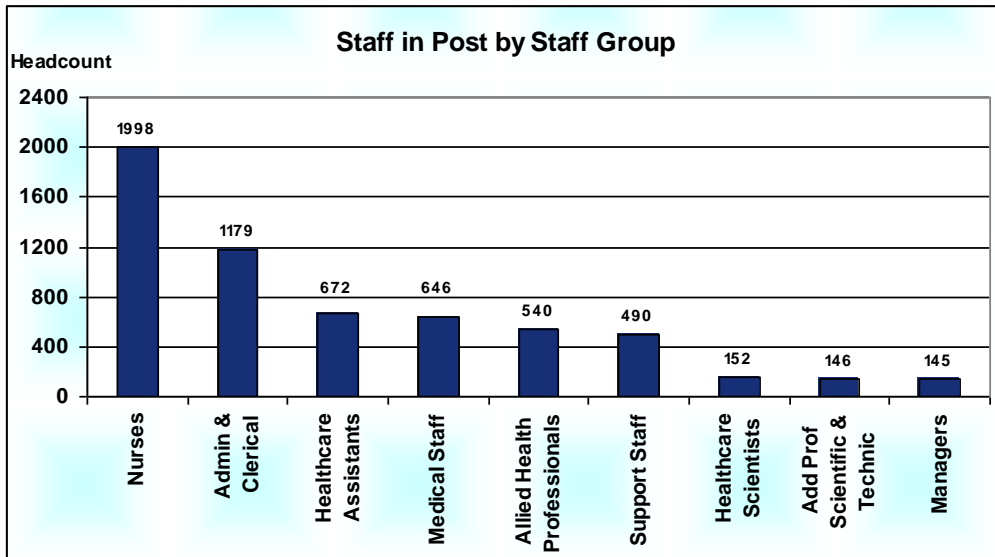
Progress with our Equality Delivery System will be reported in next year's Annual Report.

5. Workforce (as of 30 September 2010)

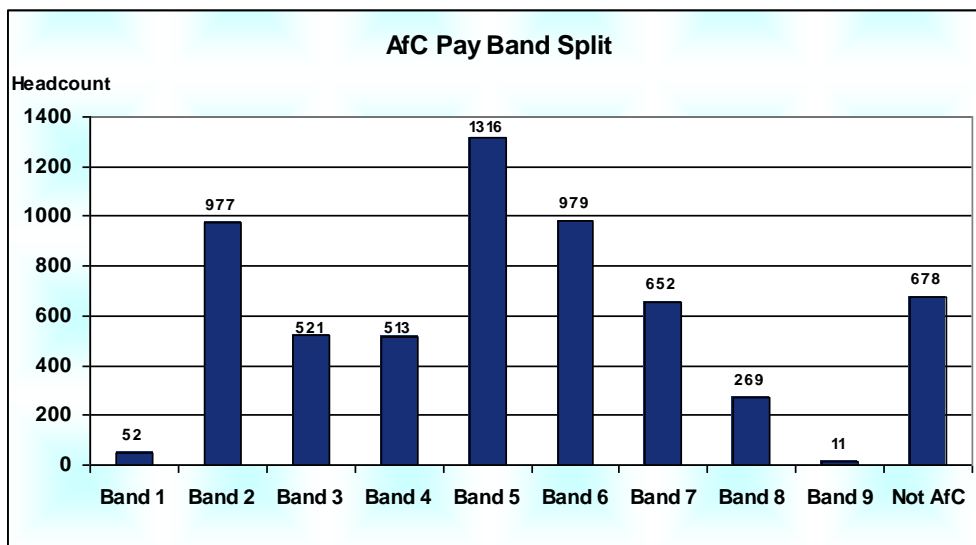
Buckinghamshire’s community health services staff transferred in from NHS Buckinghamshire in April 2010, creating a workforce of approximately 6,000 staff. The two main impacts of this change are:

- it has shifted the ethnicity profile towards a slightly lower percentage of staff in ‘any other ethnic group’, because Community Health Buckinghamshire (CHB) had a lower percentage of staff in this group than Buckinghamshire Hospitals NHS Trust (BHT) (across all Salary Bands).
- the age profile has shifted towards the higher age ranges compared to last year. This is partly due to the incorporation of former CHB staff, as CHB had a higher proportion of staff in the higher age ranges than BHT.

i) General Workforce and Pay Profile

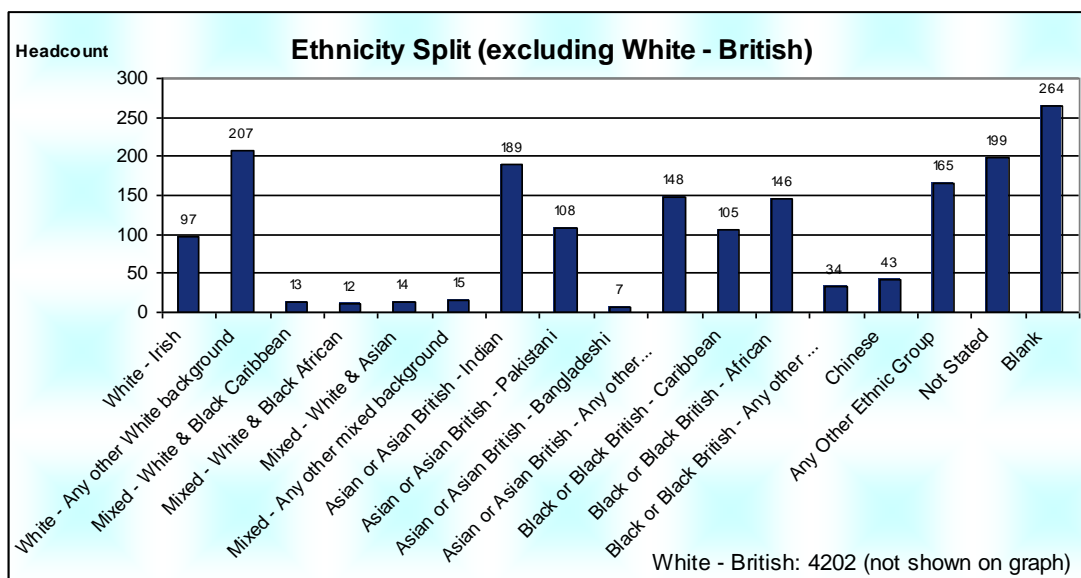


Note: the table above includes AfC staff, doctors and directors



ii) Ethnicity

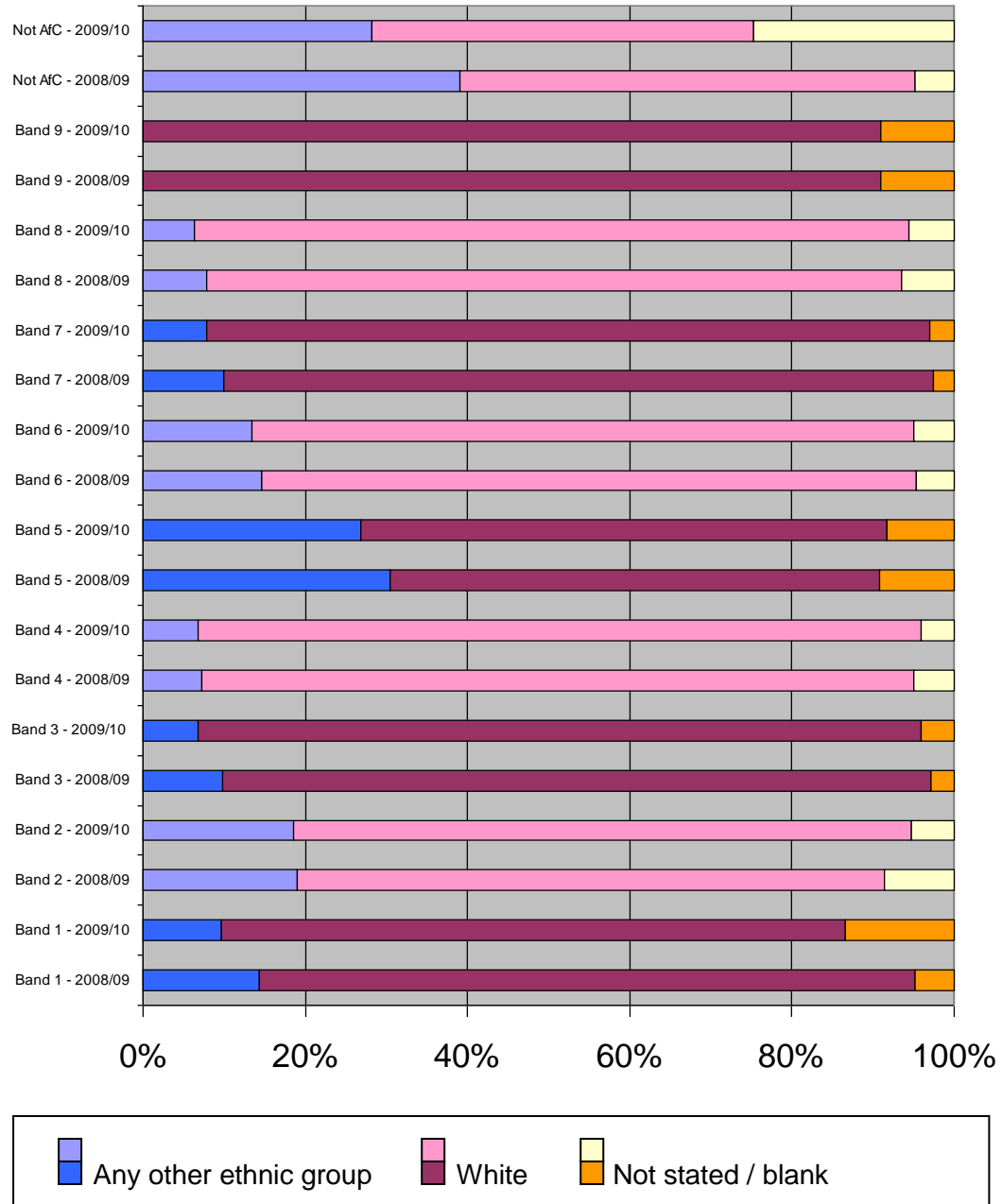
The ethnic makeup of our workforce continues to mirror that of our surrounding communities. However the figures are not so easy to benchmark against local population estimates until the 2011 national census figures are released. (The next census is on 27 March 2011).



Headcount Breakdown by Ethnicity and Salary Band

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	Band 9	Not AfC	Total
White	40	744	465	457	853	800	581	237	10	319	4506
Any other ethnic group	5	181	35	35	353	131	51	17	0	191	999
Not stated / blank	7	52	21	21	110	48	20	15	1	168	463
Total	52	977	521	513	1316	979	652	269	11	678	5968

Ethnicity by Salary Band - Comparison with Previous Year



Overall the percentage of staff in 'any other ethnic group' fell to 16.7%, down from 20.9% last year. The decrease in the percentage of staff in 'any other ethnic group' is seen across all Salary Bands. Much of the decrease is due to the incorporation of Community Health Buckinghamshire (CHB) staff into Buckinghamshire Healthcare NHS Trust. CHB had a lower percentage of staff in 'any other ethnic group' (6.6% as of Jul 2010) than Buckinghamshire Hospitals NHS Trust (20.9% last year) across all Salary Bands. This effect is particularly noticeable for Band 5, due to the incorporation of about 300 nurses from CHB who declared themselves to be 'white'.

The 'not AfC' group shows a considerable decrease in the percentage of staff from 'any other ethnic group'. This is probably at least partly attributable to an increase in the percentage of 'blanks' ie. no data. There may also be a small effect due to the change in work permit rules, resulting in doctors needing to be a higher grade before they can obtain a work permit.

Medical Staff include approximately 200 junior rotational doctors, and for many of these no ethnicity data is available, because the applications come via the deanery rather than through NHS Jobs. Actions are now in place to address the gaps in ethnicity data for Medical Staff, and pre-employment forms for new junior rotational doctors have recently been expanded to include ethnicity.

Recommendation: Medical Staffing to continue to address the number of 'blanks' in ethnicity data, and in particular for junior rotational doctors.

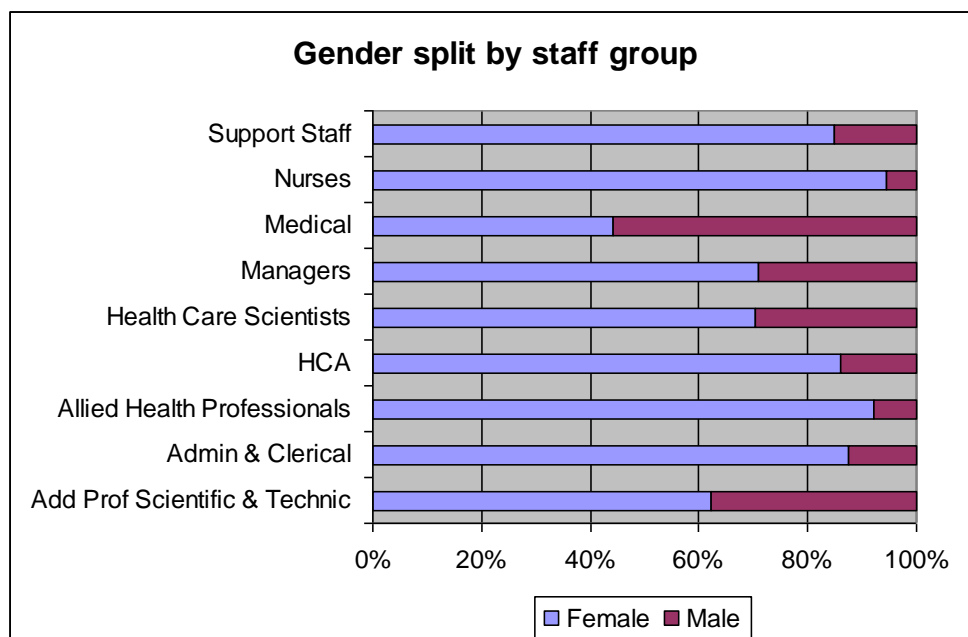
iii) Gender

Gender Breakdown by Staff Group and Salary Band

		Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	Band 9	Not AfC	Total
Add Prof Scientific & Technic	Female	–	–	–	–	32	24	13	22	–	–	91
	Male	–	–	–	–	12	27	7	7	2	–	55
Admin & Clerical	Female	5	312	227	315	90	55	12	8	–	7	1031
	Male	3	25	22	31	26	18	10	8	–	5	148
Allied Health Professionals	Female	–	–	–	1	66	179	193	58	–	1	498
	Male	–	–	–	–	9	13	9	11	–	–	42
Healthcare Assistants	Female	–	386	167	25	–	–	–	–	–	–	578
	Male	–	78	15	1	–	–	–	–	–	–	94
Healthcare Scientists	Female	–	–	–	–	13	48	33	12	–	1	107
	Male	–	–	–	–	5	19	6	13	–	2	45
Managers	Female	–	–	–	–	2	12	31	50	4	4	103
	Male	–	–	–	–	1	1	10	20	5	5	42
Medical	Female	–	–	–	–	–	–	–	–	–	286	286
	Male	–	–	–	–	–	–	–	–	–	360	360
Nurses	Female	–	–	–	2	953	561	312	57	–	2	1887
	Male	–	–	–	–	71	21	15	3	–	1	111
Support Staff	Female	24	146	78	129	33	1	1	–	–	4	416
	Male	20	30	12	9	3	–	–	–	–	–	74
	Female Total	29	844	472	472	1189	880	595	207	4	305	4997
	Male Total	23	133	49	41	127	99	57	62	7	373	971
	Band Total	52	977	521	513	1316	979	652	269	11	678	5968

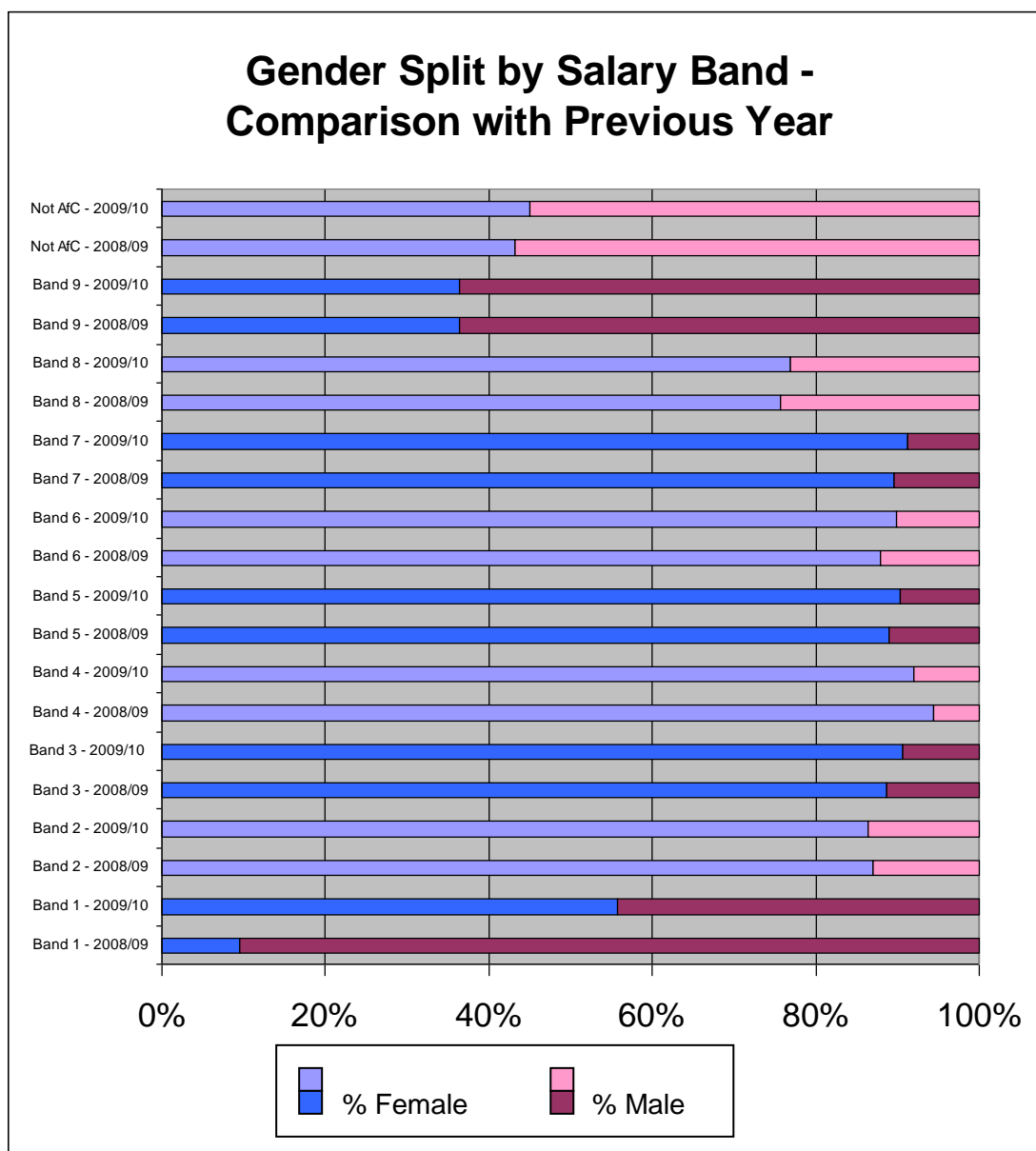
Comparison of the Percentage of Total Female and Male Staff in each Salary Band

	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	Band 9	Not AfC	Total
Female	55.8%	86.4%	90.6%	92.0%	90.3%	89.9%	91.3%	77.0%	36.4%	45.0%	83.7%
Male	44.2%	13.6%	9.4%	8.0%	9.7%	10.1%	8.7%	23.0%	63.6%	55.0%	16.3%



As can be seen from the graph, the Trust continues to employ a predominately female workforce in all disciplines apart from medical staff. (This will change as female medical students currently outnumber males.)

The overall Gender split is 83.7% Female and 16.3% male, showing a slight increase in the percentage of female staff compared to 81.7% in 2008/09. We are unfortunately unable to report on transgender as the electronic staff record system does not facilitate the recording of this information.

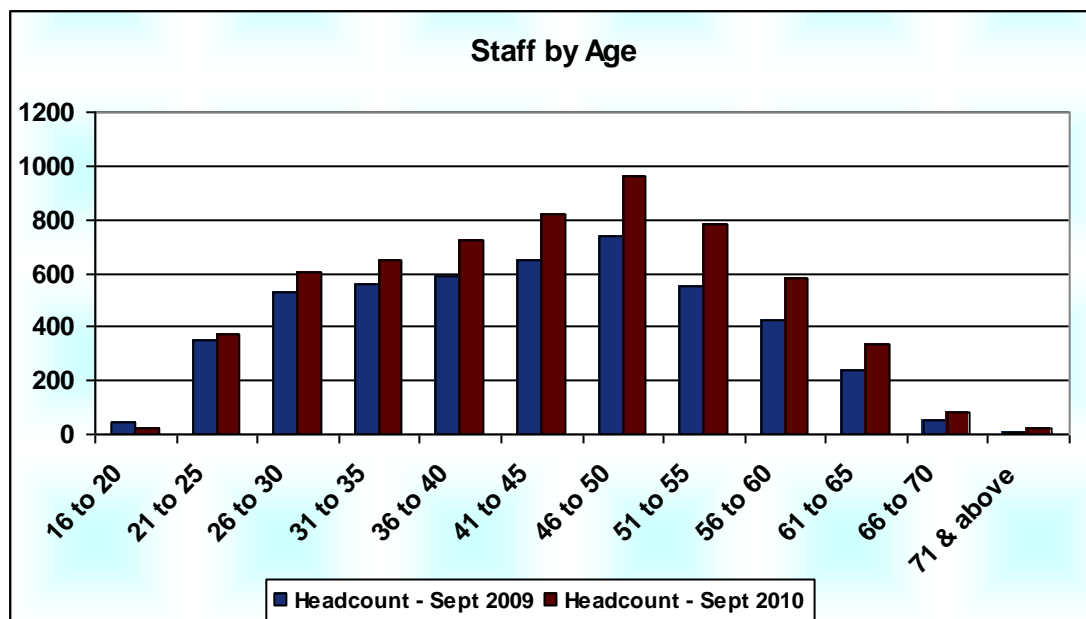


Although there are more male than female staff in Band 9, the total number of staff in this Band is very small.

There is a large increase in the percentage of female staff in Salary Band 1, compared to last year. This is due to the addition of female former CHB staff, mostly in housekeeper jobs.

Pay group 'Not AfC' shows a 4% increase in the percentage of female staff. All other Salary Bands show less than a 3% change in the percentage of female staff, so these changes are unlikely to be statistically significant.

iv) Age



The age profile has shifted towards the higher age ranges compared to last year. This is partly due to the incorporation of former CHB staff, as CHB had a higher proportion of staff in the higher age ranges than Buckinghamshire Hospitals NHS Trust (BHT).

More than one-sixth of staff (1022 staff) are due to reach retirement age (65 years) in the next ten years.

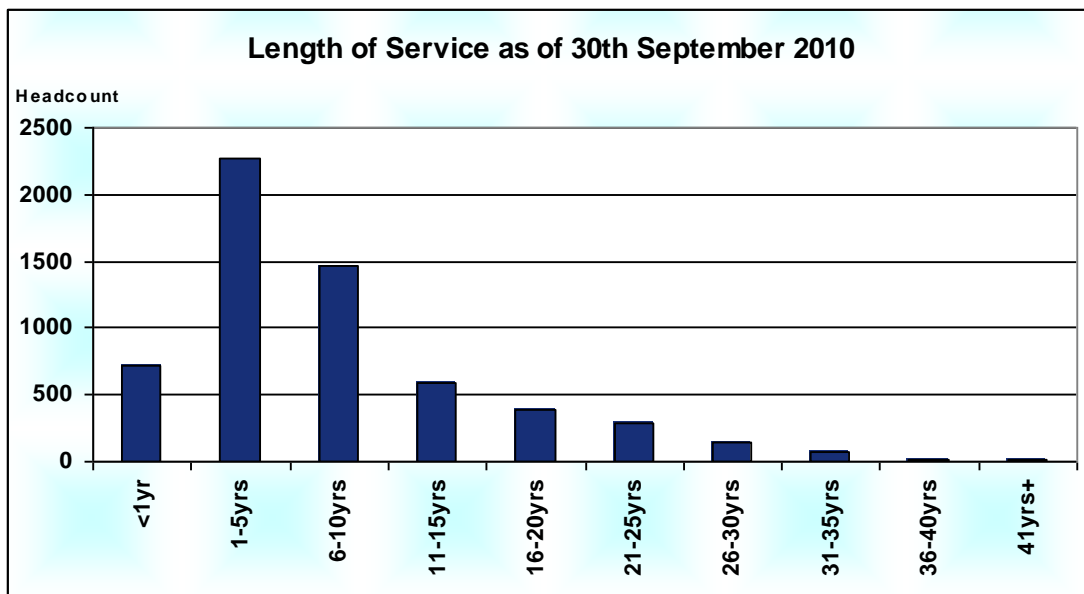
In addition, as a result of the Age regulations, we are beginning to see a slight increase in the number of staff choosing to remain at work rather than retire. This is likely to increase again going forwards with the change in the retirement legislation in 2011 as a result of the 2010 Equality Act.

There will be a need for careful long term succession planning in order to prevent gaps in essential posts in the future.

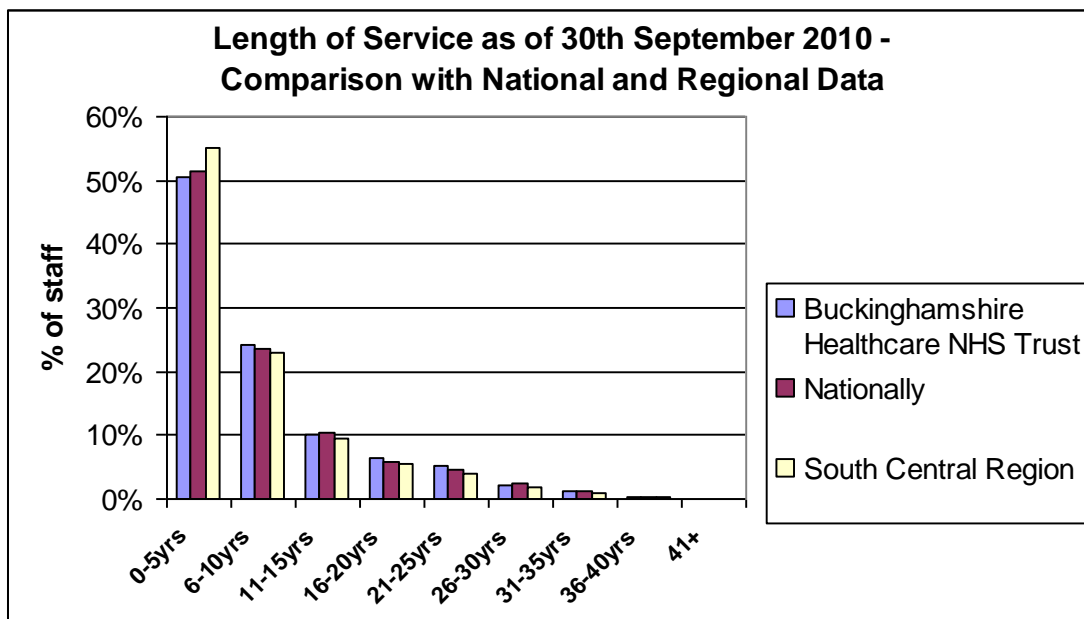
Recommendation: Recruitment and Workforce Information to

- analyse the age profile by staff group and pay band, to ascertain where potential gaps may occur
- to break this analysis down by job title for areas where there are potential gaps
- to develop an action plan to address areas where there are potential gaps
- to report back to the HR and Workforce Committee.

v) Length of Service

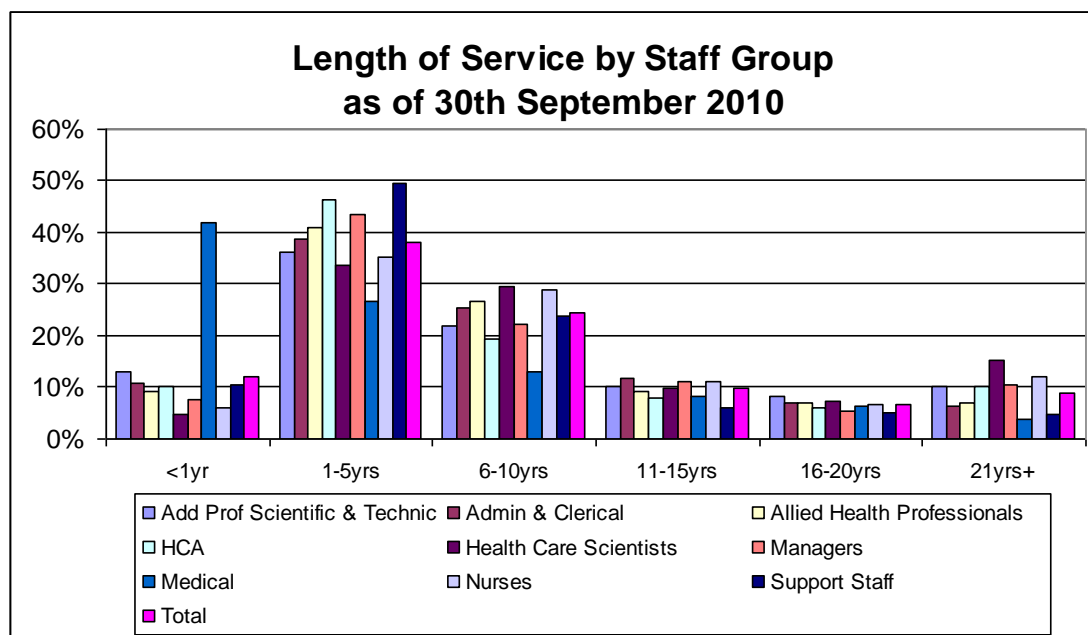


Buckinghamshire Healthcare NHS Trust shows a similar length of service profile as is seen nationally and for NHS South Central, indicating that there are no overall issues with the retention or turnover of staff.



Source: Data Warehouse

The breakdown of length of service by staff group shows a high percentage of Medical staff with less than one year's service due to the rotation of junior doctors.



vi) Data completeness

Working towards complete data is an ongoing task, with the current percentage of undefined categories being very high, particularly concerning those staff and applicants declaring information relating to disability, sexual orientation and religion.

Recommendation: Workforce Information to address current gaps in ESR data as the current percentage of undefined categories is very high, particularly concerning those staff and applicants declaring information relating to disability, sexual orientation and religion.

6. Training

The Trust is committed to delivering both safe and high quality patient care by investing in the education, training and development of staff within the available resources to ensure that staff are appropriately skilled and qualified. The Trust's aim is to ensure that staff have equality of opportunity in accessing education, training and development to enable them to achieve their full potential within their individual roles.

Training data for all attendances at mandatory training courses is held on OLM. All data for 1 October 2009 to 30 September 2010.

Attendances at Mandatory Training Courses

Ethnicity – All Courses

Ethnic Origin	Attendances	Total no. of staff	Average no. of attendances per member of staff	% of attendances	% of staff
White	13107	4506	2.91	74.3%	75.5%
Any other ethnic origin	3390	999	3.39	19.2%	16.7%
Undefined / not stated	1133	463	2.45	6.4%	7.8%
Total	17630	5968	2.95	100.0%	100.0%

On average, staff who declared themselves to be from 'any other ethnic group' attended slightly more training courses than staff who declared themselves to be 'white'.

Gender – All Courses

	Attendances	Total no. of staff	Average no. of attendances per member of staff	% of attendances	% of staff
Female	14964	4997	2.99	84.9%	83.7%
Male	2666	971	2.75	15.1%	16.3%
Total	17630	5968	2.95	100.0%	100.0%

On average, female staff attended slightly more training courses than male staff. This may reflect the different training requirements for the staff groups that have differing proportions of male and female staff. However, further analysis would be needed to confirm this.

Equality and Diversity Training

834 or 14% of staff received Equality and Diversity Training during the year.

Recommendation: Education, Learning and Development to increase the uptake of this training

7. Recruitment

The Trust seeks to attract and appoint the best candidates for employment and believes that discrimination is unacceptable in any form either directly or indirectly, on the grounds of their age, disability, gender reassignment, marriage and civil partnership (marital status), pregnancy and maternity, race (including ethnic or national origins, colour and nationality) religion or belief, sex, sexual orientation, trade union membership or spent criminal conviction.

The Trust believes that the recruitment process is effective and fair and will confirm to staff and the local community, the Trust's commitment to equal opportunities and its role as a responsible employer. The Trust wishes to convey to all of its potential applicants, that it is a professional health care organisation, which cares for all applicants, provides good information and treats them fairly with respect and dignity.

Candidates are assessed on a meritocratic basis and their ability to do the job for which they have applied. Qualifications, relevant knowledge, experience and personal attributes are identified in the job description and person specification and candidates applications are assessed against these.

The data relating to applicants and shortlisting by staff group is provided from NHS Jobs. Data relating to appointments is provided from ESR. The Electronic Staff Record (ESR) solution is an integrated Recruitment, HR, payroll and learning management system; in place in all NHS organisations.

99% of applications were made on-line using NHS Jobs, up from 96% last year. The nursing & midwifery and support worker staff groups are where the highest numbers of off-line applications are received. These staff groups also have the highest percentage of offline applications (2% for nursing & midwifery, 1.4% for support workers), but these percentages are still low enough to not be a cause for concern.

In the period covered by this report we have appointed 515 new staff. This includes consultants but excludes rotational doctors.

This section on recruitment covers the staff that we actively recruit. The Deanery handle the selection and recruitment of all but a few junior rotational doctors. Junior rotational doctors are therefore not reported on here, as we are not involved in their selection process.

i) Gender

Staff Group	Total Applications	Male	Female	% Male	% Female
A&C	3951	1264	2675	32.0%	67.7%
AHP	941	319	621	33.9%	66.0%
Healthcare Scientists	97	54	43	55.7%	44.3%
Medical Staff	1974	897	1075	45.4%	54.5%
Nursing & Midwifery	1487	230	1256	15.5%	84.5%
Support Worker	4877	1622	3249	33.3%	66.6%
Add Prof Scientific & Technical	462	234	227	50.6%	49.1%
Total	13789	4620	9146	33.5%	66.3%

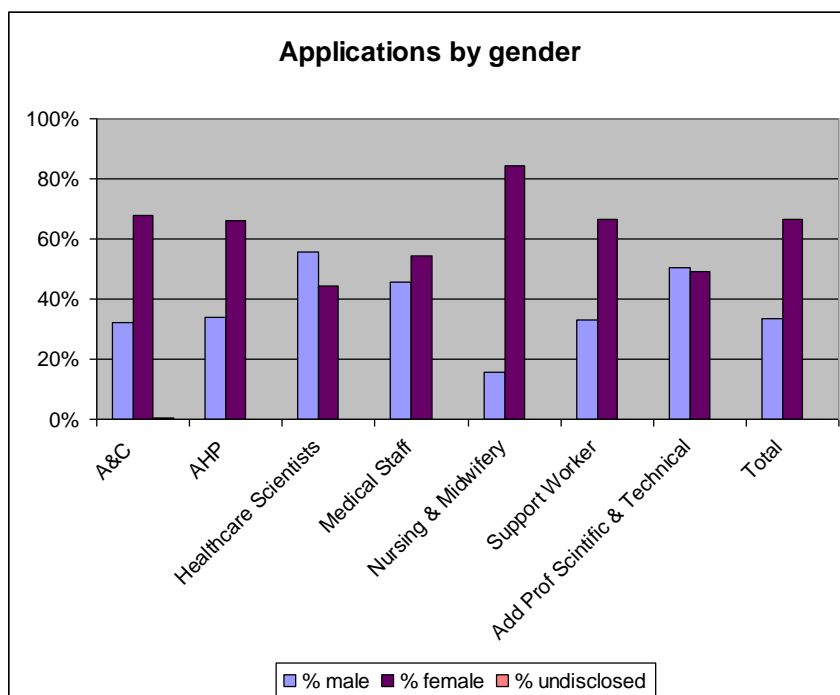
In total 66.3% of applications received were from female candidates, down slightly from 69% last year. This trend is reflected amongst other NHS organisations – for England and Wales 66.5% of applications were from female candidates for the same period.

Statistics for England and Wales

Staff Group	% Male	% Female
Medical and Dental	63.1%	36.7%
Healthcare Scientists	46.7%	53.1%
Add Prof Technical & Scientific	39.3%	60.5%
All Staff Groups	33.4%	66.5%

Source: NHS Jobs

The areas in which we receive the highest percentage of male applicants are Medical Staff, Additional Professional, Scientific and Technical and Healthcare Scientists, which would suggest that males in the healthcare setting are more attracted to medical and scientist posts. This trend is reflected in the Statistics for England and Wales, which show a higher percentage of male applicants in Medical and Dental Additional Professional, Scientific and Technical and Healthcare Scientists than for All Staff Groups.



Applicants, Shortlisted Applicants and New Starters by Gender

Female applicants form a higher proportion of new starters than they do of applicants, but the reason for this is not clear.

Gender	Applicants		Shortlisted applicants		New starters*	
	Headcount	%	Headcount	%	Headcount	%
Female	9146	66.4%	7055	70.8%	408	79.2%
Male	4620	33.6%	2912	29.2%	107	20.8%
Total	13766	100.0%	9967	100.0%	515	100.0%

* excludes Junior Rotational Doctors.

ii) Disability

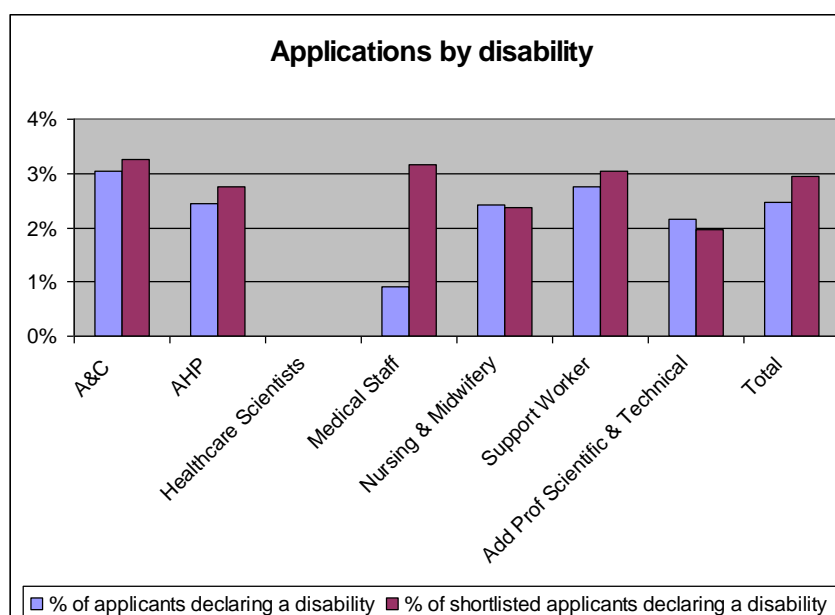
The Trust is a holder of the 'Positive about Disability' or 'Two Ticks' symbol and as an employer, the Trust has a commitment to encouraging people with a disability to apply for posts. This year applicants declaring a disability are about 2.5% of applications, down from 3% last year. Admin and Clerical was the staff group with the highest percentage of applicants (3.04%) declaring a disability.

	% of applicants declaring a disability
A&C	3.04%
AHP	2.44%
Healthcare Scientists	0.00%
Medical Staff	0.91%
Nursing & Midwifery	2.42%
Support Worker	2.75%
Add Prof Scientific & Technical	2.16%
Total	2.47%

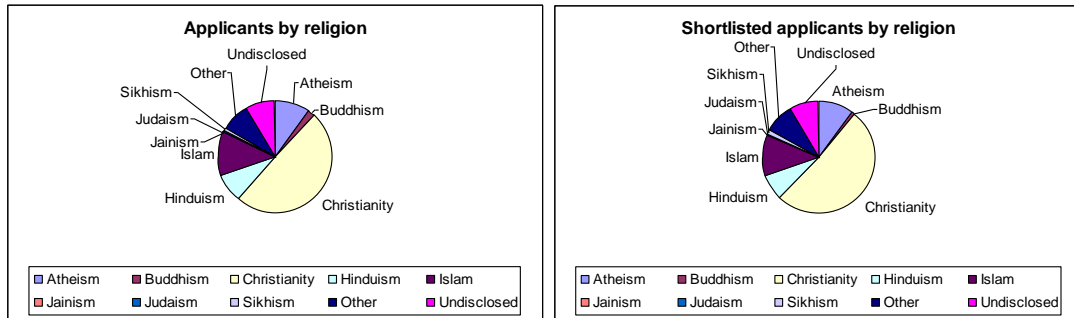
We need to look this year at how we can attract more applicants with a disability, and at how many of those applicants are appointed to positions in the Trust. It is clear that as one of the largest employers in the county we need to do more to attract potential staff with disabilities. Unfortunately however, the figures in this report are difficult to benchmark against local population estimates until the next national census in 2011.

Recommendation: Recruitment and Workforce Information to

- look at how we can attract more applicants with a disability,
- look at how many of those applicants are appointed to positions in the Trust;
- report back to the Equality and Diversity Committee and Workforce Committee

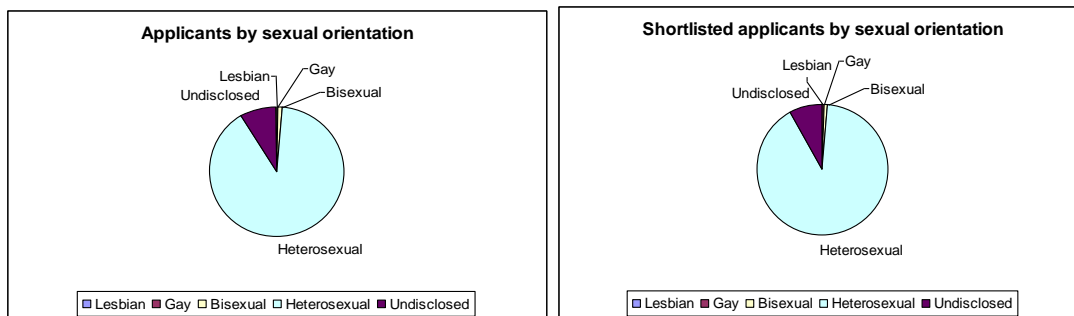


iii) Religion



The breakdown by religion for shortlisted applicants is in close alignment to that for applicants.

iv) Sexual orientation



The breakdown by sexual orientation for shortlisted applicants is in close alignment to that for applicants.

v) Ethnicity

Comparison of Applicants, Shortlisted Applicants and New Starters by Ethnicity

	Applicants	Shortlisted	New Starters
WHITE - British	39.7%	48.2%	68.5%
WHITE - Irish	0.9%	1.1%	1.7%
WHITE - Any other white background	8.7%	7.4%	4.3%
ASIAN or ASIAN BRITISH - Indian	13.2%	10.8%	4.1%
ASIAN or ASIAN BRITISH - Pakistani	8.9%	7.4%	1.9%
ASIAN or ASIAN BRITISH - Any other Asian background	7.0%	4.9%	1.0%
MIXED - White & Asian	0.7%	0.8%	0.4%
MIXED - any other mixed background	2.2%	2.2%	0.6%
BLACK or BLACK BRITISH - Caribbean	2.0%	2.3%	1.7%
BLACK or BLACK BRITISH - African	10.4%	9.8%	4.1%
BLACK or BLACK BRITISH - Any other black background	0.6%	0.6%	1.0%
OTHER ETHNIC GROUP - Chinese	0.7%	0.7%	0.8%
OTHER ETHNIC GROUP - Any other ethnic group	3.6%	2.5%	2.9%
Undisclosed / blank / not stated	1.5%	1.3%	7.0%
Total Applications	100.0%	100.0%	100.0%

Note: new starters exclude junior rotational doctors.

Comparison of Applicants, Shortlisted Applicants and New Starters by Ethnicity and Staff Group

When managers are shortlisting candidates for interview, they do not have the candidates' personal information, such as names or ethnicities, so this step in the selection process is inherently unbiased. The focus for equality and diversity in recruitment is therefore to ensure that the interview process is fair.

People who declared themselves to be from 'any other ethnic group' form a lower proportion of new starters than they do of applicants, but the reason for this is not clear.

Recommendation: Recruitment Team to

- investigate why people who declared themselves to be from 'any other ethnic group' form a lower proportion of new starters than they do of applicants;
- take appropriate mitigating action to ensure the selection process is fair across all ethnic groups,
- report back to the Equality and Diversity Committee and the HR and Workforce Committee.

Total	Applicants	Shortlisted Applicants	New Starters
White	49.2%	56.7%	74.6%
Any other ethnic group	49.2%	42.0%	18.4%
Not stated / blank	1.5%	1.3%	7.0%
Total	100.0%	100.0%	100.0%
A&C	Applicants	Shortlisted Applicants	New Starters
White	55.5%	58.9%	86.3%
Any other ethnic group	42.6%	39.1%	8.1%
Not stated / blank	1.9%	2.0%	5.6%
Total	100.0%	100.0%	100.0%
AHP	Applicants	Shortlisted Applicants	New Starters
White	49.6%	55.9%	91.8%
Any other ethnic group	49.2%	42.9%	8.2%
Not stated / blank	1.2%	1.1%	0.0%
Total	100.0%	100.0%	100.0%
Healthcare Scientists	Applicants	Shortlisted Applicants	New Starters
White	22.7%	29.6%	66.7%
Any other ethnic group	75.3%	69.0%	33.3%
Not stated / blank	2.1%	1.4%	0.0%
Total	100.0%	100.0%	100.0%
Medical Staff	Applicants	Shortlisted Applicants	New Starters
White	29.3%	52.9%	30.4%
Any other ethnic group	68.3%	45.0%	30.4%
Not stated / blank	2.4%	2.0%	39.1%
Total	100.0%	100.0%	100.0%
Nursing & Midwifery	Applicants	Shortlisted Applicants	New Starters
White	54.1%	56.4%	81.3%
Any other ethnic group	45.1%	43.0%	14.6%
Not stated / blank	0.8%	0.6%	4.1%
Total	100.0%	100.0%	100.0%
Support Worker	Applicants	Shortlisted Applicants	New Starters
White	51.7%	56.8%	71.9%
Any other ethnic group	47.3%	42.3%	26.0%
Not stated / blank	1.0%	0.9%	2.1%
Total	100.0%	100.0%	100.0%
Add Prof Scientific & Technical	Applicants	Shortlisted Applicants	New Starters
White	44.4%	48.9%	38.9%
Any other ethnic group	53.2%	48.3%	44.4%
Not stated / blank	2.4%	2.8%	16.7%
Total	100.0%	100.0%	100.0%

Note: new starters exclude junior rotational doctors.

vi) Age

Age range	Applicants	Shortlisted		Age Range	Starters
Under 20	4.1%	4.9%		16-20	2.9%
20-24	21.1%	22.7%		21-25	16.7%
25-29	23.3%	20.4%		26-30	19.2%
30-34	16.8%	14.5%		31-35	11.3%
35-39	10.1%	10.3%		36-40	12.6%
40-44	9.2%	9.8%		41-45	10.1%
45-49	7.1%	8.1%		46-50	10.1%
50-54	5.0%	5.7%		51-55	7.0%
55-59	2.5%	2.8%		56-60	3.9%
60-64	0.5%	0.6%		61-65	5.2%
65-69	0.1%	0.1%		66+	1.0%
70+	0.0%	0.0%			
Undisclosed	0.1%	0.1%			
Total	13789	9989		Total	515

Note: Starters excludes Junior Rotational Doctors.

Shortlisted applicants over 35 appear to be more successful at interview than younger applicants.

Promotions

Promotions – 25 November 2009 to 30th September 2010

Ethnicity	Headcount
White - British	47
White - Irish	3
White - Any other White background	4
Mixed - White & Asian	1
Mixed - Any other mixed background	2
Asian or Asian British - Indian	3
Asian or Asian British - Pakistani	1
Black or Black British - Caribbean	2
Black or Black British - Any other Black background	1
Any Other Ethnic Group	5
Not Stated	2
Total	71

Notes:

These figures are likely to be under reported in ESR, due to the way the way the 'promotions' field in ESR works.

These figures cannot be directly compared with those from last year's report due to a change in reporting method.

8. Employee Relations cases by ethnicity.

		Total Cases	Non Medical Cases	Medical Cases	Total No. of Staff	Total Cases as % of Total No. of Staff
Disciplinary 57 cases Medical Conduct 3 cases	White	33	31	2	4506	0.7%
	Any other ethnic group	16	15	1	999	1.6%
	Not stated / blank	11	11	0	463	2.4%
	Total	60	57	3	5968	1.0%
Capability 18 cases	White	12	10	2	4506	0.3%
	Any other ethnic group	6	6	0	999	0.6%
	Not stated / blank				463	
	Total	18	16	2	5968	0.3%
Dignity & Respect 11 cases	White	4	4	0	4506	0.1%
	Any other ethnic group	7	6	1	999	0.7%
	Not stated / blank				463	
	Total	11	10	1	5968	0.2%
Ill Health Retirement 11 cases	White	6	5	1	4506	0.1%
	Any other ethnic group	4	4	0	999	0.4%
	Not stated / blank	1	0	1	463	0.2%
	Total	11	9	2	5968	0.2%
Employment Tribunal 4 cases	White	2	2	0	4506	0.0%
	Any other ethnic group	2	1	1	999	0.2%
	Not stated / blank				463	
	Total	4	3	1	5968	0.1%
Sickness Absence 422 Cases	White	248	246	2	4506	5.5%
	Any other ethnic group	85	83	2	999	8.5%
	Not stated / blank	89	89	0	463	19.2%
	Total	422	418	4	5968	7.1%
Redundancy 20 cases	White	18	18	0	4506	0.4%
	Any other ethnic group	2	2	0	999	0.2%
	Not stated / blank				463	
	Total	20	20	0	5968	0.3%
Grievance 14 cases	White	10	10	0	4506	0.2%
	Any other ethnic group	2	2	0	999	0.2%
	Not stated / blank	2	1	1	463	0.4%
	Total	14	13	1	5968	0.2%

Note: Non-Medical data – 1st October 2009 to 30th September 2010; Medical HR Casework as of 6th October 2010.

The staff numbers and percentages for each ethnic category are small; therefore it is difficult to draw any fixed conclusions from these figures. We are not aware of any specific reason - demographic, medical, gender or other, which would enable us to draw any clear conclusions from the data, as there is too little information available. Some ethnic groups may be pre disposed to certain types of illness, but there is not enough data to indicate whether this is the case.

We will continue to monitor and investigate this further going forward, in particular to ensure the selection criteria are being applied fairly and to determine whether there are any patterns that should be followed up. Efforts to clarify the 'unknown' ethnicity group would also further the analysis.

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February 2011

Acknowledgements

Nick Bigwood	Head of Patient Advice and Liaison Service
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Helen Wareham	Voluntary Services Manager
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Michael Thompson	Head of Employment Best Practice
Kathy Gillman	Assistant Director of Human Resources
Debbie Milne	Contracts and Information Manager

Appendix 1 - SES action plan

BUCKINGHAMSHIRE HOSPITALS NHS TRUST SINGLE EQUALITY SCHEME ACTION PLAN; 2010-2013

The strategic objectives form the basis for the Strategic Equality Scheme Action Plan 2010 – 2013. The action plan gives an overview of the steps we have taken, and those steps we are committed to undertake, towards ensuring that services are provided to the right people in the right way.

Leadership, partnership and organisational commitment

The Trust will be committed to promoting equality, good relations and eliminating discrimination ensuring equality is part of the main business of the organisation at all levels and across all activities.

Responsive services, access and customer care through the embedding of evidenced-based Equality Impact Assessment

The Trust will be knowledgeable, sensitive and responsive in relation to health needs of groups and use evidence based strategies and action plans to reduce any inequalities in health experience. New policies and services are impact assessed for potential adverse effects before consideration by Executive Management. In line with the relevant EQIA action plan, actions should be undertaken in order to establish robust date sets and regular monitoring on equality to ensure inequalities in access and quality of care.

A modern & diverse workforce

The Trust will recruit and develop a workforce at all levels and in all areas of the Trust's activities that reflects the diversity of the local community ensuring that staff of all backgrounds experience the organisation as a fair and rewarding place to work and want to stay and that all staff promote equality and good relations in their work and are confident in their ability to challenge any form of discrimination.

Patient & public engagement and satisfaction

The Trust will increasingly look to patients/service users to be involved in the shaping and design of the services we provide ensuring that local people from all groups know what is available from the Trust, have similar levels of satisfaction with services and consider that services work with their needs in mind, and know about and use opportunities to influence the development and delivery of services. The Trust will fully involve relevant stakeholders and partners in shaping and developing new systems and practices to progress promotion of equality, good relations and eliminating discrimination.

This action plan is produced in accordance with the 'Equality Framework for the NHS; The Journey to Excellence' from the Improvement and Development Agency and NHS Employers. (February 2010)

Objective	Action	Lead
Leadership, partnership & organisational commitment	The Board to formerly approve the Single Equality Scheme 2010-2013 and commit to promoting equality.	
	The trust's patient promises will be revised to reflect the newly integrated organisation	
	Annual engagement with the trust board to ensure that the trust's equalities agenda is endorsed 'top-down' throughout the organisation; <ul style="list-style-type: none"> • The board is knowledgeable and able to pro-actively maintain the Equality duties of the trust • The board to receive the annual equality and diversity report*, informing them of the trust's current performance against their equalities agenda <i>*Annual report to include all statutory workforce monitoring information and analysis.</i>	
	Re-launch the role of our 'equality champions' to effectively embed the trust's equalities agenda within divisions and corporate departments; <ul style="list-style-type: none"> • Ensure all champions are trained in using the trust's EqIA toolkit and understand the trust's legal obligations under the Equality Act 2010 • Ensure equality, diversity and human rights is a standing agenda item at each divisional board meeting 	
	Specific training for senior managers in equality, diversity and human rights to ensure the trust's equalities agenda is embedded throughout the organisation; <ul style="list-style-type: none"> • Managers to be adequately trained to identify, prevent and deal effectively with harassment and bullying in the workplace • Managers to be competent in using the trust's EqIA toolkit to carry out evidence-based equality impact assessment where appropriate (<i>service transformation in particular</i>) 	
	The Single Equality Scheme action plan is driven by the Diversity Steering Committee.	

Objective	Action	Lead
Responsive services, access and customer care achieved by the embedding of evidence-based equality impact assessment	The current Equality Impact Assessment templates will be redesigned to reflect the upcoming Equality Act 2010 and re-launched throughout the organisation; training all staff with strategic, policy, procurement and or service development/redesign capacity to use the EqIA toolkit.	
	EqIAs involve appropriate community and/or stakeholder groups and are made public; <ul style="list-style-type: none"> • List of EqIAs completed to be published on the trust external website (updated regularly) 	
	The trust works with their colleagues in public health to gather evidence upon the extent of inequality and current health issues faced by the communities it serves; <ul style="list-style-type: none"> • Analysis of the Joint Strategic Needs Assessment (published by NHS Buckinghamshire) 	
	All commissioning and procurement processes take account of equality issues; contracts include a requirement to deliver an appropriate service fairly and equitably.	
	Structures are in place to ensure equality outcomes are integrated into service objectives.	
	Appropriate mechanisms are in place to ensure that sufficient consideration is given to issues faced by those staff and service users whom fall under one of the nine 'protected characteristics'* (*set out in the Equality Act, 2010)	

Objective	Action	Lead
A modern and diverse workforce	Improve the accuracy and completeness of workforce monitoring data, regularly analysing and publishing employment data to fulfil statutory requirements; <ul style="list-style-type: none"> • Workforce data to include publication of the trust's gender pay gap as per the requirements set out by the Equality Act, 2010 (due to be implemented during 2013). • Any adverse trends identified from analysis of monitoring data will result in implementation of an action plan overseen by the Diversity Steering Committee 	
	Effectively monitor evidence of recruitment applications & appointments, staff turnover, sickness, retirement, grievances and employee relations cases; <ul style="list-style-type: none"> • Any adverse trends identified from analysis of monitoring data will result in implementation of an action plan overseen by the Diversity Steering Committee 	
	Ensure all staff receive appraisals in line with their respective KSF outlines; <ul style="list-style-type: none"> • Equality issues are integrated into appraisal systems and the Knowledge & Skills Framework processes 	
	Staff are positively engaged in service transformation and in developing new ways of working	
	The trust will work in partnership with the staff BME Network to address issues faced by BME staff and service users; <ul style="list-style-type: none"> • The staff BME network to inform the trust of issues faced by BME patients and visitors to make the trust's services more user friendly and accessible to service users from a BME background • The trust will proactively support the BME Network, facilitating the opportunity to attend regular meetings and attend talks from guest speaks through 'protected time' 	

Objective	Action	Lead
Patient & public engagement and satisfaction	The Trust will continue to robustly promote equality with local organisations and within local strategic partnerships including LINKs and other patient and public involvement forums.	
	The trust will aim to be more proactive in seeking the views of the seldom heard, vulnerable and marginalised groups, upholding an inclusive approach to involvement activities and service redesign. The Foundation Trust Membership, PEG, PALS and Complaints are also roots for potential involvement in improvement.	

Appendix 2 - Equality Impact Assessments - Tracking sheet for Scrutiny panel approval - 2010

Date received	Document	Status	Date	Comments	Contact
04.01.10	Mobile Communications policy	approved	22.01.10		Elizabeth Crocker
04.01.10	Sickness absence policy	approved	22.01.10		Emma Whitmore
04.01.10	Discharge policy	approved	22.01.10		Karen Brown
04.01.10	Heatwave plan	approved	22.01.10		Karyn Finch
04.01.10	Major incident plan	approved	22.01.10		Karyn Finch
04.01.10	Staffing levels of anaesthetists	approved	22.01.10	Approved, subject to minor changes	Julie Everett
04.01.10	Antenatal screening	approved	22.01.10	Approved, subject to minor changes	Julie Everett
04.01.10	Pre-labour rupture of membranes	approved	22.01.10	Approved, subject to minor changes	Julie Everett
04.01.10	Guideline for safe preparation, storage & handling of milk	approved	22.01.10	Approved, subject to minor changes	Julie Everett
04.01.10	Examination of the newborn	approved	22.01.10	Approved, subject to minor changes	Julie Everett
04.01.10	Minimum safe staffing levels for labour ward	approved	22.01.10	Approved, subject to minor changes	Julie Everett
04.01.10	Management of Group B haemolytic streptococcal infection	approved	22.01.10	Approved, subject to minor changes	Julie Everett
04.01.10	Support of parents of actual or suspected poor outcome	approved	22.01.10	Approved, subject to minor changes	Julie Everett
04.01.10	Bladder care in antenatal, intrapartum and postpartum period	approved	22.01.10	Approved, subject to minor changes	Julie Everett
04.01.10	Recognising signs of illness in the newborn	approved	22.01.10	Approved, subject to minor changes	Julie Everett
04.01.10	Neonatal resuscitation	approved	22.01.10	Approved, subject to minor changes	Julie Everett
04.01.10	Newborn feeding	approved	22.01.10	Approved, subject to minor changes	Julie Everett
04.01.10	Information Governance Policy	approved	22.01.10	Approved, subject to minor changes	Susan Abraham
03.02.10	Pandemic Flu Plan	approved	03.02.10	Approved	Karyn Finch
03.02.10	Registration Authority Policy	approved	03.02.10	Approved	David Kenny
03.02.10	Generic Safety Policy - MRI	approved	03.02.10	Approved, subject to minor changes	Catherine Brown

03.02.10	Post natal management of dural puncture guideline	approved	03.02.10	Approved	Julie Everett
03.02.10	Caesarean section under regional anaesthetic guideline	approved	03.02.10	Approved, subject to minor changes	Julie Everett
03.02.10	Caesarean section under general anaesthetic guideline	approved	03.02.10	Approved, subject to minor changes	Julie Everett
03.02.10	Follow up children whom fail to attend appointments guideline	approved	03.02.10	Approved, subject to minor changes	Tricia Bratby
03.02.10	Haemoglobinopathies guideline	approved	03.02.10	Approved	Julie Everett
01.04.10	Non-ionising Radiation Safety Policy	approved	06.04.10	approved	Pramjeet Singh
01.04.10	Legionnaires policy	approved	06.04.10	approved subject to minor changes	Wendy Wasey
26.04.10	Still birth or neonatal death - leaflet	approved	07.05.10	approved	Julie Everett
26.04.10	Miscarriage before 20 weeks of pregnancy - leaflet	approved	07.05.10	approved	Julie Everett
26.04.10	Medical termination for fetal abnormality - leaflet	approved	07.05.10	approved	Julie Everett
26.04.10	Surgical termination for fetal abnormality - leaflet	approved	07.05.10	approved	Julie Everett
26.04.10	Miscarriage after 20 weeks, a stillbirth or neonatal death - leaflet	approved	07.05.10	approved	Julie Everett
26.04.10	Urine Pregnancy test guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Admission to neonatal unit guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Transcervical resection of fibroids guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Nurse led discharge criteria guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Antenatal triage in maternity guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Retained placenta guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Down's syndrome screening guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Waterbirth guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Record keeping in maternity guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Chlamydia screening guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Postnatal vaccination by midwives guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Neonatal blood spot screening guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Abdominal hysterectomy guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Going home after major gynae surgery - guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	TVT procedure	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Antenatal surrogate mother & babies guideline	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Nutrition in labour guideline	approved	07.05.10	approved subject to minor changes	Julie Everett

26.04.10	Maternal death flowchart	approved	07.05.10	approved subject to minor changes	Julie Everett
26.04.10	Postnatal transfer of midwifery care in community to another area	approved	07.05.10	approved subject to minor changes	Julie Everett
11.05.10	Obstetric Choleatius leaflet	approved	11.05.10	approved	Julie Everett
12.05.10	Access policy	approved	28.06.10	approved	Sharon Webb
17.05.10	Admission to obstetric observation area guideline	approved	28.06.10	approved	Tracy Payne
18.05.10	ITU admissions and discharge policy	approved	28.06.10	approved	Jayne Skinner
26.05.10	Endometriosis leaflet	approved	28.06.10	approved	Julie Everett
26.05.10	Fibroid embolisation leaflet	approved	28.06.10	approved	Julie Everett
26.05.10	Hysteroscopy under general anaesthesia leaflet	approved	28.06.10	approved	Julie Everett
26.05.10	Hysteroscopic endometrial resection leaflet	approved	28.06.10	approved	Julie Everett
14.06.10	Staff administering medicines on neonatal ward guideline	approved	28.06.10	approved subject to minor changes	Carol Duffin
21.06.10	Transcervical resection of fibroids leaflet	approved	28.06.10	approved	Julie Everett
21.06.10	Treatment of uterine fibroids leaflet	approved	28.06.10	approved	Julie Everett
21.06.10	Hysteroscopy in outpatients leaflet	approved	28.06.10	approved	Julie Everett
21.06.10	Laparoscopic hysteroscopy leaflet	approved	28.06.10	approved	Julie Everett
21.06.10	Laparoscopy leaflet	approved	28.06.10	approved	Julie Everett
22.06.10	Laparoscopic key hole surgery leaflet	approved	28.06.10	approved	Julie Everett
22.06.10	Laparoscopic sterilisation leaflet	approved	28.06.10	approved	Julie Everett
22.06.10	Clinical nurse specialist & key worker leaflet	N/A	28.06.10	Does not require an EIA	Julie Everett
23.06.10	Computer usage policy	approved	26.07.10	approved subject to minor changes	Susan Abraham
28.06.10	Childrens acute bed management policy	approved	26.07.10	approved subject to minor changes	Carol Duffin
29.06.10	Latex allergy policy	approved	26.07.10	approved subject to; substantiation of answers relating to impact	Ged Marsden
13.07.10	Data quality policy	approved	26.07.10	approved	Caroline Trotter
13.07.10	Clinical coding policy	approved	26.07.10	approved	Caroline Trotter
14.07.10	Unified do not attempt cardiopulmonary resuscitation policy	approved	26.07.10	approved subject to minor changes	Jenny Wright
19.07.10	Children & Young Person's Advance Care Plan Policy	approved	26.07.10	approved subject to minor changes	Carol Duffin
22.07.10	Point of care testing policy	approved	26.07.10	approved subject to minor changes	Katy Andrews
26.07.10	Non-invasive use of ventilation guideline	approved	26.07.10	approved	Jenny Ricketts

13.08.10	Patient safety strategy	approved	16.08.10	approved	Jackie Smith
13.08.10	Health & safety policy	approved	16.08.10	approved	Catherine Brown
18.08.10	Strategy for prevention of VTE in hospital inpatients	approved	23.08.10	approved	Graz Luzzi
31.09.10	Fundal height measurement and use of customized growth charts				Julie Everett
31.08.10	Homebirth Guideline				Julie Everett
06.09.10	Bereavement Policy				Carol Duffin
06.09.10	Admissions Policy Children & Young People				Carol Duffin
21.09.10	Policy and Procedure for the Storage and Administration of Oxygen				Jenny Ricketts
21.09.10	Guideline for the use of non invasive ventilation (NIV) outside of the ICU				Jenny Ricketts
22.9.10	Large for gestational age pregnancy in non-diabetic women				Julie Everett
28.9.10	Fire Safety Policy				Chris Bunce
12.10.10	IT Computer Access policy				Susan Abraham
14.10.10	Guidelines for Expressing using a Mechanical Pump				Julie Everett
14.10.10	Breastfeeding – Engorgement Guideline				Julie Everett
14.10.10	Thrush and Breastfeeding Guideline				Julie Everett
19.10.10	Guidelines for the management of stored , expressed breastmilk				Julie Everett

