



FOI REF: 23/649

21st February 2024

Tel: 0300 131 4500
Website: www.esht.nhs.uk

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

I am writing regarding any policy and procedures related to the identification and implementation of reasonable adjustments for patients with disabilities, in accordance with the Equality Act 2010.

- 1) A copy of your policy or guidelines regarding the identification and implementation of reasonable adjustments for patients under the Equality Act 2010.**

East Sussex Healthcare NHS Trust does not have a specific clinical policy for reasonable adjustments.

You can find our Equality Diversity information on the Trust website via the following link: <https://www.esht.nhs.uk/about-us/equality-and-human-rights/>

Please also find a copy of the following Trust's policies and assessment form:

- Policy for the Care of People with a Learning Disability in the Acute Hospital Trust
- Workforce Equality, Diversity and Inclusion Policy
- Equality, Diversity, Inclusion and Human Rights Policy
- Equality Impact Assessment Form

Cont.../

- 2) **Information on the processes and procedures in place for health and care workers within your organisation to record and communicate reasonable adjustments for patients, including the use of the Reasonable Adjustment Flag on the NCRS.**

Any reasonable adjustments would be planned in advance of elective admissions or made when needed when a patient presents to hospital.

- 3) **Details about the categories of adjustments and types of adjustments that can be recorded for patients on the Reasonable Adjustment Flag, as specified in the NHS guidance.**

Alerts are set up on PAS to inform users to any adjustments required:

COMM - HEARING AND VISUALLY IMPAIRED
COMM - HEARING IMPAIRED
COMM - LEARNING DISABILITIES
COMM - NON ENGLISH SPEAKING NO IMPAIRMENT
COMM - NON ENGLISH SPEAKING WITH IMPAIRMENT
COMM - VISUALLY IMPAIRED
COMM - BLIND
COMM - DEAF
PATIENT NEEDS LARGE PRINT

- 4) **Any documents or guidelines that you provide to your staff regarding the assessment and recording of patients' needs for reasonable adjustments, including communication requirements and impairments.**

Please see attached the Trust's Equality Impact Assessment Form.

- 5) **Information on how you ensure that reasonable adjustments are applied promptly and consistently across all care settings within the hospital.**

Please refer to question 1.

- 6) **Any data or statistics related to the number of patients within your organisation who have been flagged as needing reasonable adjustments, and the types of adjustments commonly provided.**

There are 390 patients with alerts associated with them. Some patients have more than one alert.

- 7) **Information on how you comply with the legal obligation under the Equality Act 2010 to make anticipatory reasonable adjustments, particularly in cases where patients are referred or present for care.**

Please refer to question 1.

8) Any additional documentation, reports, or guidance related to your efforts to satisfy your legal obligations under the Equality Act 2010 and NHS contracts.

I can confirm that we hold the information requested above. However, the information is exempt from disclosure under Section 21 of the Freedom of Information Act 2000. This is because the information is accessible to you, as it is already in the public domain and can be accessed by the following links:

[Equality and human rights – East Sussex Healthcare NHS Trust \(esht.nhs.uk\)](http://esht.nhs.uk)

[Accessible information – East Sussex Healthcare NHS Trust \(esht.nhs.uk\)](http://esht.nhs.uk)

This is an absolute exemption and there is, therefore, no requirement to consider the public interest.

The Trust carry out Equality and Health Inequality Impact assessments for all policies/SOPs (attached) This is currently being reviewed.

9) Details on any training or education provided to staff within your organisation regarding reasonable adjustments for patients with disabilities.

The Trust have the accessible information standard eLearning on MyLearn this directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.

10) The contact information of the designated individual or department responsible for overseeing the implementation of reasonable adjustments within your organisation.

The Trust does not have a specific individual or department responsible for overseeing the implementation of reasonable adjustments.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours faithfully

Freedom of Information Department
esh-tr.foi@nhs.net

Policy for the Care of People with a Learning Disability in the Acute Hospital Trust

Document ID Number	1409
Version:	V3
Ratified by:	Clinical Documentation and Policy Ratification Group.
Date ratified:	14 February 2023
Name of author and title:	██████████, Acute Liaison Nurse Learning Disabilities
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Name of responsible committee/individual:	Corporate Division, Safeguarding Department
Date issued:	17 March 2023
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Target audience:	Nursing and Medical Staff of ESHT
Compliance with CQC Fundamental Standard	Person centred Care – Regulation 9 Dignity and Respect – Regulation 10 Need for Consent – Regulation 11 Safe care and treatment – Regulation 12 Safeguarding from Abuse – Regulation 13
Compliance with any other external requirements (e.g. Information Governance)	N/A
Associated Documents:	Guidance for Staff on the implementation of Mental Capacity Act (MCA) Guidance for staff on the implementation of the Deprivation of Liberty Safeguards (DoLS) Patient Privacy and Dignity Policy Clinical Guideline for the care of the surgical patient (adult and child) with a learning disability Physical Intervention / Restraint policy Equality and Human Rights Policy

Did you print this yourself?

Please be advised the Trust discourages retention of hard copies of the procedural document and can only guarantee that the procedural document on the Trust website is the most up to date version

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V1.0 2013183	September 2013	[REDACTED]	New Document	New Document
V2.0 2018245	January 2018	[REDACTED]	Review	<ol style="list-style-type: none"> 1) Explanation of learning disability 2) Inclusion of accessible information standard 3) Explanation of reasonable adjustments 4) LeDeR reporting requirements 5) Core principles flow chart 6) Outpatient attendance flow chart 7) Emergency department attendance flow chart 8) Hyperlinking of pathways, assessment tools and passport
V3	October 2022	[REDACTED]	Review	<ol style="list-style-type: none"> 1. Section 1 last bullet point added 2. Section 1, paragraph 1 inclusion of LeDeR 3. Section 3.1.3 Paragraph 3 word changes 4. Section 3.2 sentence 1 word changes 5. Section 3.2.1 word added 6. Section 3.2.2 bullet point 4 word changes 7. Section 3.2.3 bullet point 1 added easy read reference 8. Section 3.2.4 bullet point 3 word changes 9. Section 3.2.6 bullet point 3&4 contact details

				updated 10. Section 3.2.7 word changes

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Gail Gowland	Head of Safeguarding	October 2022
██████████	Named Nurse for Adult Safeguarding	October 2022
Heads of Nursing	All Areas	October 2022
Dr Tuhin Goswami & Dr James Bennett	Anaesthetists & Clinical Leads for Learning Disabilities	October 2022
Learning Disabilities Champions	All Areas	October 2022
Amy Collis & Ross Williams	Heads of Nursing Emergency Department	October 2022

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

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1. Introduction

There is a large body of research which shows that people with a learning disability have higher levels of health care needs than the general population (Emerson et al 2012) and they are at further risk of dying both prematurely and avoidably in the acute hospital setting (CIPOLD 2013) due to a number of factors, namely:

- Delays in care pathways
- Delays in reporting of symptoms and correct diagnosis
- Lack of reasonable adjustments to help people access health care services
- Difficulties with communication
- Atypical presentations
- Lack of training and education
- Diagnostic over-shadowing
- Lack of understanding in regard to capacity and consent.

This is further supported by the Learning from lives and deaths – People with a learning disability and autistic people, or LeDeR (formerly known as the Learning from Deaths Review Programme). <https://www.england.nhs.uk/wp-content/uploads/2021/03/B0428-LeDeR-policy-2021.pdf>

1.1 What is a Learning Disability?

Learning Disability refers to a significant general impairment in intellectual functioning that is acquired during childhood (Emerson et al 2010)

The white paper, Valuing People (2001) identified three characteristic features of learning disability that are still used for diagnostic purpose in the UK today:

- Significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence)
- A reduced ability to cope independently (impaired social functioning)
- Which started before adulthood and had a lasting effect on development

2. Purpose

2.1 Rationale

The aim of this policy is to provide clear guidance to staff regarding good practice to ensure that East Sussex Healthcare NHS Trust meet the needs of people with a learning disability during inpatient admissions and outpatient's clinic appointments. This includes our legal duties under the Equality Act (2010) and the Mental Capacity Act (2005)

2.2 Scope

This Policy applies to all clinical and non-clinical staff that comes in contact with and cares for patients who have a learning disability.

3. Procedures and Actions to Follow

3.1 Communication

All NHS organisations including ESHT must follow the Accessible Information Standard (AIS) by law (S250 of the Health and Social Care Act 2012, S212 Equality Act 2010) from 31st July 2016. The Accessible Information Standard aims to make sure that disabled people have access to information that they can understand and any communication support they might need Healthcare and Information about it must be accessible; this includes providing interpreters, note-takers or advocates at appointments; allocating longer appointment times; providing information in alternative formats such as braille, large print, easy read, audio to comply with the AIS we must take 5 steps:

- Ask people if they have any information or communication needs
- Record those needs in the alert section in the patient's records
- Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met. This needs to be flagged in the alert section of OASIS, SystmOne and any other patient administration system the Trust uses.
- Share information about a person's need with other NHS and adult social care providers if we have consent or permission to do so. This can be on referral letters, discharge summaries, & during handover meetings.
- Make sure that people get information in an accessible way and communication support they need. Equipment such as hearing amplifiers and communication picture books can be requested through the A1 email.

The Accessible Information Standard (AIS) requires an assessment of the patient's preferred communication method must be undertaken and staff should check if the patient has documentation that highlights how they communicate i.e. Disability Distress Assessment Tool, " (DisDAT), This is me" my care passport. The Hospital Communication Book (versions 1 & 2), Hospital Communication Book, Part 1 & Hospital Communication Book (Pictures) Part 2, developed specifically for patients with learning disability are available on the wards/departments and ESHT intranet.

In order to maximise engagement with a patient with learning disabilities understanding of individual communication styles is essential. The patient may attend with a completed DisDAT, (or one can be issued by hospital staff if required) or a personalised communication passport. Access to the hospital communication books (designed specifically for people with learning disabilities) is available via the intranet DisDAT & This is me my care passport (Adults) & This is my passport (Children)

3.1.1 This is my care passport

- The passport is specifically designed for people with a learning disability coming into hospital. It works on a traffic light system and gives important information about the health and individual needs of the person, specifically for hospital staff to use.
- Patients who have 'This is me my Hospital Passport' are encouraged to bring it with them when attending any appointment / admission.
- For patients who attend without a passport they are available on the East Sussex Healthcare NHS Trust website <http://www.esht.nhs.uk/our-service/patients-with-a-learning-disability/> , via the Trust intranet and in the learning disability resource boxes on the wards/departments.

3.1.2 Disability Distress Assessment Tool (DisDAT)

The DisDAT is a communication aid used when someone with a learning disability has impaired communication skills and enables the identification of non-verbal distress cues (which may be caused by pain, fear, frustration, anger) including those with atypical presentations. The DisDAT is available via the sources listed above in section 3.1.1.

3.1.3 Pathways / Assessment Tools

The health needs of patients with a learning disability are frequently complex and as such may need additional assessment and provision of reasonable adjustments (as per the Equality Act 2010).

A pathway of care / reasonably adjusted pathway of care is considered the best way to understand and address the needs of a patient with a learning disability. Within ESHT the following is available:

- Clinical Guideline for the care of the surgical patient (adult and child) with learning disabilities and / or dementia Clinical Guideline for care of a Surgical Patient
- Additional pre-operative assessment questionnaire devised to assess specific needs related to the presence of the learning disability (including on page 11 of the Clinical Guidance for the care of the surgical patient (adult or child) with learning disabilities and / or dementia
- Guidance for in-patient care: Assessment and provision of reasonable adjustments for patients with a learning disability. Guidance for In-patient Care – Learning Disabilities

For individual patients who present with complex challenging behaviours affecting their ability to accept treatment, multi-disciplinary team meetings are convened to plan the individual reasonably adjusted pathways and as required a care plan is developed involving all parties involved in the admission. This includes where possible the patient, family members, carers and other health and social care professionals actively involved in their care.

3.1.4 Reasonable Adjustments

Under the Equality Act (2010) public health service providers have a duty to make 'reasonable adjustments' to ensure that their services are fully accessible to people with a learning disability. Failures on the part of any hospital to make adjustments that take account of a patient's level of cognitive or communication needs may be considered to be a breach of the Act.

Core Principles of Caring for People with Learning Disability in the Acute Hospital Setting, see Appendix A.

3.1.5 Learning Disability Alert

All patients with a learning disability can have an alert placed on their hospital file indicating they have a learning disability and referencing the contact details for the Learning Disability Liaison Nurse.

3.2 Out-Patient Appointments

It is good practice for patients who have been identified as having a learning disability to:

- Be offered a choice of appointment; all patients with learning disabilities will be placed as near to first clinic slots as possible or one which suits their individual needs. See Appendix B.
- Be offered a quiet private place to wait if needed or preferred (if available).
- Experience minimal waiting times
- Be asked if they have a 'This is me', My Hospital Passport and/ or a DisDAT
- Be asked about their communication needs and staff should ensure that these needs are met.
- Be given information leaflets in easy-read format where available
- Be offered the opportunity to undertake introductory and/or de-sensitisation visits if they need a planned admission.
- Be asked if they are or have been in contact with their local Community Learning Disability Team. If so, staff should record this information for future use.
- Where a decision to admit the patient in the future is made then issues of 'Capacity' and 'Best Interest' should be discussed. The doctor putting the patient on the waiting list for a procedure / operation is 'the Decision Maker' and the patient will usually be accompanied by a carer, relative, or paid key worker. If these people are present, then this is the best time to hold a 'best interest' meeting to ensure all the issues are discussed. Where the patient lacks capacity to consent and has no family or independent friend the decision maker will need to refer to an Independent Mental

Capacity Advocate (IMCA) (for serious medical treatment) as per the requirements of the Mental Capacity Act 2005 and Trust policy for consent to treatment and care issues
Implementation of the Mental Capacity Act 2005.

3.2.1 Pre-operative Assessment Appointments

All patients requiring elective surgery will have a pre-operative assessment and it is at this time that specific needs related to the learning disability are noted and forwarded to the Learning Disability Liaison Nurse, anaesthetic and surgical teams as appropriate.

The Learning Disability Liaison Nurse will liaise with other members of the wider multi-disciplinary team as required and hold individual planning meetings where indicated.

- Pre admission visits can be arranged if required
- Date of surgery / medical admission must be passed to the bed management/clinical site team and ward. The need for MRSA & COVID screening should be explained.
- Liaise with Community Learning Disability Team (CLDT) for information and advice if the patient is known to them or if a specific concern is identified.

3.2.2 Admission

Where at all possible transfer of a patient with a learning disability between or within wards should be avoided unless specifically clinically indicated in order to ensure a consistent environment is maintained.

- Nursing staff should make every effort to ensure that they are aware of the patient's communication and care needs and should ensure that they have the appropriate resources to be able to provide appropriate care.
- Issue the 'This is me' my care passport and DisDAT for completion if not provided by the patient or carer.
- Those who know the patient well should be asked to contribute information about the patient's needs, home circumstances and their expertise in caring for the patient.
- The assessment tool 'Guidance for inpatient care: Assessment and provision of reasonable adjustments can assist in evidencing assessed need and highlight appropriate reasonable adjustments required including levels of support in conjunction with 'This is me my Hospital Passport' and the Integrated Patient Document (IPD).
- In situations where the patient has communication or comprehension difficulties, the family carer and/or support worker may contribute information on the patient's condition and/or care including information on the patient's usual presentation at base line before the need for admission arose.
- Nursing staff should discuss and agree the level of input the family carer and/or support worker will provide. Information about this should be recorded in the nursing notes.

3.2.3 During the Admission

- Explanation of probable treatment regimens and practices should be discussed with the patient/carers, enabling anxieties and fears to be acknowledged and explored. The use of easy read information can aid these discussions.
- A clear individualised care plan should be written for the patient and all care discussed with the patient and their family/carers/key workers.
Nursing staff should involve the family carer, support workers and CLDT team (where appropriate) in discussions regarding on-going care and treatment. The patient should be included using forms of communication suitable for their needs. This should also be clearly documented in the patients IPD.

3.2.4 Presentation to the Accident and Emergency Department

- If an individual with Learning Disabilities is admitted unaccompanied the Triage Nurse should attempt to identify a main carer and to make contact to them as soon as possible
- Where there are particular concerns regarding the mental capacity of a patient with Learning Disability to give informed consent the Nurse or Doctor should refer to the Trust Policy for the implementation of the Mental Capacity Act.
- Consideration should be given to referrals to the Acute Learning Disability Nurse, Safeguarding Team, Mental Capacity Lead and Mental Health Liaison Team as required.

3.2.5 Discharge Planning

- Nursing Staff should inform the family, Carers, the CLDT, and key workers of the planned date of discharge as soon as possible and they must be involved in the discharge planning, particularly if they will be taking a role in the patient's care following discharge from hospital.
- Advice should also be given regarding any new medication supplied
- Where required a discharge planning meeting should be undertaken with any carers, community staff and other members of the multidisciplinary team involved so that all arrangements can be made to ensure a safe and effective discharge from hospital. Any advice or training with regard to on-going treatment, for example, care of catheters, wounds, stomas, medication etc. Must be clearly explained and documented.
- The patients discharge plan in the Integrated Patient Document (IPD) must be completed.
- Any additional advice should be given to carers as necessary including the signs and symptoms of complications to look out for. This conversation should also be documented in the patients IPD.

3.2.6 Working with and involving health and social care professionals

- The Acute Liaison Nurse Learning Disabilities and/or the Community Learning Disability Team (CLDT) can provide advice and support to acute nursing staff and can provide on-going support following discharge.
- Acute nursing staff should work in partnership with the Acute Liaison Nurse LD and/or the CLDT nurses to ensure the best outcomes for the patient.

- All wards should have up-to-date and accurate information about the Acute Learning Disability Liaison Nurse within ESHT (information can be found on the intranet and extranet) and the local CLDT.
- If Adult Social Care (ASC) input is required, nursing staff should liaise with the ASC Learning Disability Duty Team by emailing LDTR@eastsussex.gov.uk or calling 01323 747117 / 01424 724900

3.2.7 Pregnancy and Maternity care

It is often only when individuals come into contact with services, such as during pregnancy, that an inability to fully engage with health advice and systems of care becomes apparent. This may alert practitioners to consider the potential capacity of the prospective parents to have the ability to care for their unborn child.

- Give more time at this appointment and consider a booking at home in their familiar surroundings.

Establish the level of their learning disability and try to arrange a person whom they trust at the appointment.

- Referral to Adult Services if appropriate to offer additional support for the client and their family.
- Where there are particular concerns regarding the mental capacity of a patient with Learning Disability to give informed consent the Nurse or Doctor should refer to the Trust Policy for the implementation of the Mental Capacity Act.
- Learning disability may impact on the woman's ability to care for her baby and safeguard her baby from risk or potential risk. Discuss with the safeguarding team and consider a referral to Children's Social Care (SPOA).
- Consideration should be given to referrals to the Acute Learning Disability Nurse, Mental Capacity Lead and Mental Health Liaison Team as required
- If additional support is required, to work with the multi- agency team to safeguard the unborn and the client throughout the antenatal, birth and post-natal period.
- Assessments of understanding may need to be assessed by an appropriate practitioner in view of pregnancy, health needs and parenting capacity.
- Preparation for labour and birth, birth plan with discussions with Obstetric and Anaesthetic team if necessary.
- Plans in place during post-natal stay to minimize anxiety and distress e.g. carers to stay with client.
- Liaison for discharge to community with community midwifery, consider a discharge planning meeting.

3.2.8 Learning Disability Mortality Review Programme (LeDeR)

As of October 2017, it is now a requirement that all deaths of learning disabled patients and patients diagnosed with autism in the acute setting are notified via LeDeR. Anyone can tell LeDeR about the death of a person with a learning disability or an autistic person. This includes family doctors (GPs), health and social care staff, family members, friends and carers. This can be undertaken by the Acute Liaison Nurse Learning Disabilities. This results in external review of events leading to death from a multiagency perspective. Feedback from reviews will be sent to the local LeDeR steering group for discussion and dissemination back to East Sussex Hospital NHS Trust.

4. Equality and Human Rights Statement

An Equality Impact Analysis has been completed for this document, Appendix D.

5. References

- Mencap (2007) Death by indifference, Mencap report (online) last accessed October 2022 at [2006.423 report \(basw.co.uk\)](https://www.basw.co.uk/2006.423-report)
- Heslop P, Blair P, Fleming P, Hoghton M, Marriott A and Russ L (2013) Norah Fry Research Centre - Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD) (online) last accessed October 2022 at [fullfinalreport.pdf \(bristol.ac.uk\)](https://www.bristol.ac.uk/learning-disability-research/research-projects/cipold/)
- Government Equalities Office and Equality and Human Rights Commission (2013) Equality Act 2010; guidance (online) last accessed October 2022 at [Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244242/Equality_Act_2010_guidance.pdf)

6. Bibliography

- Mencap (2012) Death by Indifference: 74 Deaths and Counting
- Michael, J (2008) Healthcare for all: report of the independent inquiry into access to healthcare for people with learning disabilities. London: Department of Health
- GAIN (2010) Caring for people with learning disabilities in general hospital settings.

7. Document Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Compliance with Policy	Erica Pope & Claire Slade – Learning Disability Liaison Nurses	Planning meetings, audits, Datix incident reporting, complaints, SAAR & LeDeR.	As and when required; minimum monthly, maximum weekly	As relevant; Dr T Goswami, Dr James Bennett, & [REDACTED] All Consultant Anaesthetists All Consultant Surgeons All Nursing Divisions Director of Nursing	As relevant; Dr T Goswami, Dr James Bennett, [REDACTED] All Consultant Anaesthetists All Consultant Surgeons All Nursing Divisions Director of Nursing	As relevant; Dr T Goswami, Dr James Bennett, [REDACTED] All Consultant Anaesthetists All Consultant Surgeons All Nursing Divisions Director of Nursing

Appendix A

CARE OF A PATIENT WITH A LEARNING DISABILITY IN THE ACUTE HOSPITAL

Core Principles

With reference to Brighton & Sussex University Hospital Trust

Patient referred for treatment or admission – advise the Learning Disability Liaison Nurse

- Elective
- Investigations
- Outpatients
- Accident and Emergency and other Receiving Areas

APPLY THE PRINCIPLES OF INFORMED CONSENT

- Patient *consent* is required in all areas of care/treatment
- Consent *cannot be given* on behalf of another adult, unless there is relevant Health & Personal Welfare Lasting Power of Attorney
- All patients must be *treated as equal*, having the same rights to care
- It should *not be assumed* that patients with a learning disability **cannot** give informed consent
- Clinical staff should *assess the capacity* of the patient to give consent; provided the patient does not object, assistance should be obtained from the people who know them best
- All care given must clearly be *in the patient's best interests*; ultimately the attending clinician may make a decision to proceed without consent.
- Liaise with people who know the patient e.g. main carer or parent
- Patients with a learning disability *should not be excluded* from treatment unless clinically indicated
- Seek support from the **Learning Disability Liaison Nurse**.

Pre-admission Planning including investigations and / or Treatment including Outpatient – liaise with:

- Patient and carer
- **LD Liaison Nurse**
- **LD MDT**
- Patient's community supports
- Other agencies e.g. Social Work
- Primary Care Team
- Community Learning Disability Team

Complete Nursing Assessment & Guidance for inpatient care: Assessment & provision of Reasonable Adjustments

- Assess need for additional nursing/caring resources
- Inform **LD Liaison Nurse** of admission
- Ensure carer involvement at an appropriate and mutually acceptable level
- Ensure good communication between all parties.

Care delivered according to care plan and protocols

Discharge Planning

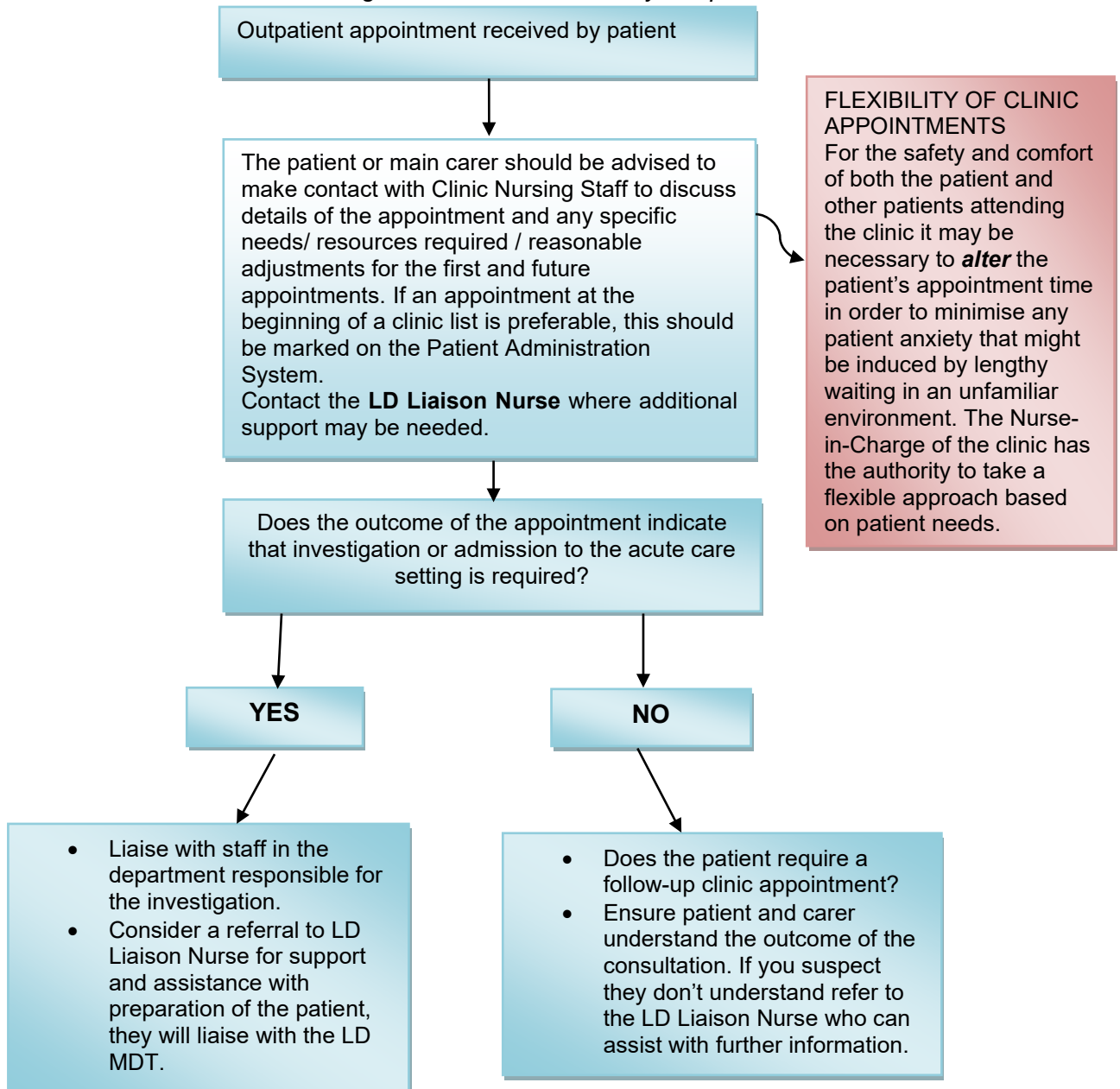
Refer to Trust Discharge Planning Policy and follow appropriate flow chart.

- Ensure involvement of
- Patient
 - Carers
 - Other agencies e.g. social work
 - Primary Care Team
 - Community Learning Disability Team as required
 - **LD Liaison Nurse**

CARE OF A PATIENT WITH A LEARNING DISABILITY IN THE ACUTE HOSPITAL

Out-Patient Attendance

With reference to Brighton & Sussex University Hospital Trust



Emergency Department Care Pathway

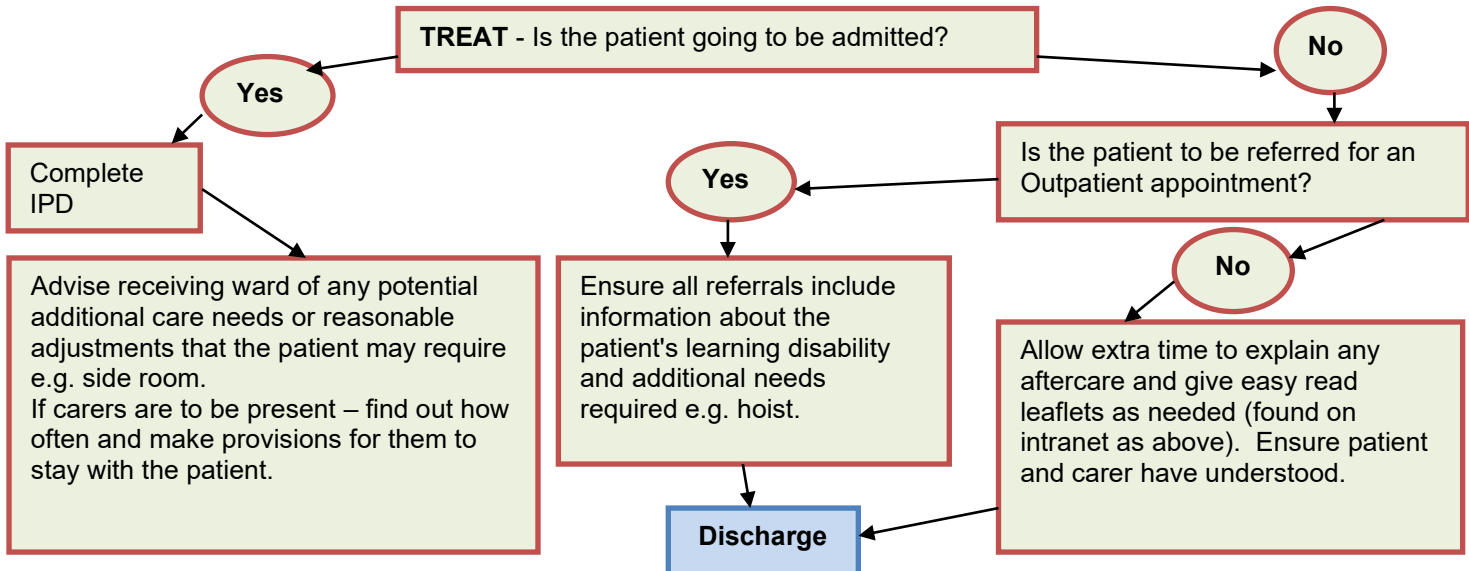
A person with a learning disability presents at the Emergency Department
Where possible Reception staff to fast track or offer quieter place to wait if required - ask person or carers what additional help or support may be needed.
Reasonable adjustments need to be considered at every stage in the process.

- Examples of Reasonable Adjustments:**
- Involve carers
 - Does patient need quiet area to wait?
 - Ask what additional help is needed
 - Ensure My Care Passport in place.
 - Offer side room if required
 - Use words people can understand
 - Explain every procedure clearly and simply
 - Find out how the patient communicates
 - Safe and effective handover or transfer

- Triage the patient**
- The nurse / clinician will ensure patients safety and deal with immediate health care need.
 - Check whether the patient is a regular attendee and if there is an alert on E-Oasis
 - The triage process does not necessarily have to happen in A&E. Consider a quieter environment - ENP suite/AMB care
 - Are family carers or carers with the patient? If not, do they need to be? Carers usually have essential information and need to be involved in assessment
 - Has the patient brought in a care plan (**This is me my care passport / DisDAT**) or other document to support caring? If not, issue pack.
 - Staff should be aware that all behaviour is a means of communicating and that patients with learning disabilities may express feelings of fear, anxiety and/or pain through odd or unusual/challenging behaviours. It is essential to ascertain:
 - onset of any behavioural presentation
 - changes to intensity, frequency and duration of behavioural presentation from baseline presentation↓
 - has behaviour occurred in the past? What were the reasons and what helped?

- Gather all relevant information. Complete CAS Card
- Identify the main carer/guardian and contact them as soon as possible
- Ensure all information about the patient's needs is handed over to the doctor. - Refer to the Learning Disability Liaison Nurse - EDGH 3458, Monday - Friday 9-5. sxicb.ldtreferrals@eastsussex.nhs.net

Explain treatment options/procedures, attempt to seek easy read information to gain informed consent (some examples on intranet under Department>Learning Disabilities>Easy Read Health Leaflets) also www.easyhealth.org.uk.
 If patient is unable to give informed consent or you question their ability, refer to the **Trusts Mental Capacity Act Policy and Guidance or speak to the Trust MCA Lead.**



Appendix D - Equality and Human Rights Statement

Due Regard, Equality & Human Rights Analysis

<p>Title of document: Policy for the care of people with a learning disability in the acute hospital trust</p>
<p>Who will be affected by this work? E.g. staff, patients, service users, partner organisations etc. Patients with a learning disability and all staff groups supporting them</p>
<p>Please include a brief summary of intended outcome: To improve the care and safety of patients with a learning disability and thus reduce the risk of premature and avoidable deaths by increasing awareness of the problems faced when accessing healthcare and to further provide guidance on the actions required to minimise risk associated with these problems.</p>

		Yes/No	Comments, Evidence & Link to main content
1.	Does the work affect one group less or more favourably than another on the basis of: (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number)		
	• Age	Yes	
	• Disability (including carers)	Yes	
	• Race	No	
	• Religion & Belief	No	
	• Gender	No	
	• Sexual Orientation (LGBT)	No	
	• Pregnancy & Maternity	No	
	• Marriage & Civil Partnership	No	
	• Gender Reassignment	No	
	• Other Identified Groups	No	
2.	Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	Yes	page 4 of policy section 1 CIPOLD 2013 There is a large body of research which shows the people with learning disability (LD) have higher levels of health care needs than the general population and are at risk of dying prematurely in the acute hospital setting for several reasons.
3.	What are the impacts and alternatives of implementing / not implementing the work / policy? Without the provision of reasonable adjustments as per the Equality Act (2010) requirements there will be an increase in undiagnosed health conditions, delays in treatment and premature death		Page 7 of policy section 3.1.4 Page 10 of policy Bibliography – Michael J, (2008) Health care for all: report of the independent inquiry into access to healthcare for people with learning disabilities. London: Department of Health

4.	<p>Please evidence how this work / policy seeks to “eliminate unlawful discrimination, harassment and victimisation” as per the Equality Act 2010?</p> <p>By increasing awareness of the additional needs of people with learning disability and identifying alternative individualised reasonably adjusted pathways to meet specific need – ensuring equal access to service provision and reducing inequalities and avoidable deaths</p>	<p>Page 6 of policy – hyperlink to clinical guideline for the care of the surgical patient and Guidance for in-patient care: assessment and provision of reasonable adjustments</p>
5.	<p>Please evidence how this work / policy seeks to “advance equality of opportunity between people sharing a protected characteristic and those who do not” as per the Equality Act 2010</p> <p>As point 4 above</p>	<p>Page 6 as above</p>
6.	<p>Please evidence how this work / policy will “Foster good relations between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?</p>	
7.	<p>Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)</p> <p>This whole policy is aimed at ensuring the above and specifically with regards to:</p> <p>Right to life Prohibition of torture inhuman or degrading treatment Right to liberty and security Right to respect for private and family life Freedom of expression Prohibition of discrimination with respect to human rights</p>	<p>The FREDA principles are outlined in each section of the policy. This is further evidenced by the specifically designed reasonably adjusted pathways hyperlinked in the document (page 6) and the flow charts detailing ‘core principles’ treatment, admission planning etc page 12, outpatient attendance page 13 and Emergency Department Care page 14</p>
8.	<p>Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?</p>	<p>Page 2 of policy</p>

	Consultation occurred with relevant stakeholders	
9.	Have you have identified any negative impacts or inequalities on any protected characteristic and others? (Please attach evidence and plan of action ensure this negative impact / inequality is being monitored and addressed). No	

Workforce Equality, Diversity and Inclusion Policy

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Please be advised the Trust discourages retention of hard copies of the procedural document and can only guarantee that the procedural document on the Trust website is the most up to date version

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V1	29/10/21	[REDACTED]	New Document	New Document

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
BAME staff network	Mike Dickens	15/09/21
Disability staff network	[REDACTED]	16/10/21
LGBTQI+ staff network	[REDACTED]	16/10/21
Staff Health and Wellbeing	Jacque Fuller	08/07/21
Occupational Health & Wellbeing	Liz Lipsham, Specialist Nurse Manager	09/07/21
Recruitment	Grieg Woodfield	09/07/21
Operational HR	[REDACTED]	08/07/21
Chaplaincy Team	[REDACTED]	17/09/21
Training Team	Dawn Urquhart	24/09/21

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

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1.0 Introduction

- 1.1 At ESHT, we are committed to the equality of opportunity, treatment and behaviour, employment, promotion and development. This encompasses giving equal access to all services wherever possible, having 'due regard' as we develop services and ensuring equality and diversity is an integral part of the Trust's decision making processes.

As an employer, we recognise and value people as individuals and accommodate differences wherever possible by making adjustments to working arrangements or practices.

We actively work to remove any discriminatory practices, eliminate all forms of harassment and promote equality of opportunity in our recruitment, training, performance management and development practices to ensure that no employee, or potential employee, receives less favourable treatment on the grounds of gender, race, ethnic or national origin, sexual orientation, marital status, religion or belief, age, trade union membership, disability, offending background, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or any other personal characteristic.

Diversity is viewed positively and, in recognising that everyone is different, the unique contribution that each individual's experience, knowledge and skills can make is valued equally.

We are proud of our diverse workforce who are representative of the communities we serve and support us in the delivery of our equality agenda. In addition, by continuing to work closely with internal and external stakeholders we will continue to improve our services to provide a fairer, more inclusive NHS Trust.

2.0 Purpose

- 2.1 This policy aims to eliminate inequalities and barriers enabling the Trust to:

- Promote an inclusive, diverse workforce
- Eliminate unlawful discrimination
- Advance equality of opportunity
- Foster good relations

- 2.2 As a Trust, we aim to ensure that the principles of equality, diversity and inclusion underpin all our employment, service policies and procedures. We are committed to effectively resolving any case of discrimination in the organisation and aim to ensure that managers and staff are aware of their responsibilities in this area.

- 2.3 ESHT will comply with all staff and patient rights, legal duties as laid out in the NHS Constitution, Equality Act 2010, Human Rights Act 1998 and the Care Quality Commission's Essential Standards of Quality and Care.

- 2.4 Aims

This policy aims to assist the Trust to:

Ensure that no-one receives less favourable treatment on the grounds of their age, disability, gender, gender identity, marital or civil partnership status, maternity or pregnancy

status, race (including nationality or culture), religion or belief, sexual orientation, caring responsibilities, or any other relevant criteria in any aspect of their employment.

Create an organisation that provides a culture free from discrimination, harassment or victimisation and actively promotes equality of opportunity for all, including patients and their carers, relatives, partners, service users, visitors and staff.

Promote diversity in employment and employ a workforce that is representative of the communities it serves.

Recognise and welcome the fact that people bring a range of different work experiences and personal styles, and a variety of different values, beliefs and attitudes.

2.5 Scope

As set out in the NHS Constitution, all staff can expect to be treated fairly during the course of their employment. No member of staff will be treated less favourably or unlawfully discriminated against when applying for internal jobs, training opportunities, appraisals, nor in disciplinary and grievance procedures and all other aspects of day-to-day management.

3.0 Legislation

3.1 The Equality Act 2010 requires ESHT and its employees to have due regard of the need to

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not.

3.2 As a public organisation we will not only comply with current legislation but regularly review our functions and services to enable us to exceed expectations of all who use, visit or work for us.

3.3 In accordance with the NHS Constitution and the Public Sector Equality Duty, we will actively seek to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between those who share a protected characteristic (age, race religion, gender, gender reassignment, sexual orientation, marriage and civil partnership, pregnancy and maternity and disability – including carers) and those who do not.

3.4 Everyone has different needs in relation to our services in that it is widely accepted, at times certain individuals/groups can experience unfair and unequal outcomes, therefore we will use new and current legislation and give regard to the NHS Constitution in the exercise of our daily functions to aid us in eliminating those inequalities.

3.5 Equality Objectives

In implementing our workforce Equality Diversity and Inclusion (EDI) duties, we have defined the following equality objectives for 2021-2023:

- Recruit and retain staff from our diverse communities
- Remove barriers by making sure people from all sections of the community have fair and equal opportunities in the workplace

- Respect and value people's differences and treat them in an appropriate way
- Make sure that people feel comfortable to be themselves and engender a culture of inclusion and belonging for all

3.6 As a public organisation the Trust has a legal obligation to comply with The Equality Act 2010. More specifically, section 149 - the Public Sector Equality Duty (PSED). Within the PSED there are two main duties, as follows, that the Trust will endeavour to adhere to at all times during the exercise of its functions:

3.7 General Equality Duty:

The public sector Equality Duty came into force on 5 April 2011. The General Equality Duty requires public bodies to consider all individuals when carrying out their day-to-day work. This includes shaping policy, delivering services and in relation to employees. The three aims of the General Equality Duty are to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, and victimisation and any other conduct that is prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The General Equality Duty also requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.

3.8 Specific Duties

The Specific Duties came into force on 10 September 2011. The Specific Duties require public bodies to publish relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives

4.0 Definitions

4.1 **Protected Characteristics** - as defined by the Equality Act 2010

- Age
- Disability (including carers)
- Gender
- Gender Reassignment & Identity
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race
- Religion
- Sexual Orientation

4.2 **Diversity** – Recognising, respecting and valuing people's individual differences. These can be along the dimensions of culture, race, ethnicity, gender, sexual orientation, age, physical abilities, religious beliefs or not, or other ideologies. Valuing people's differences enables individuals to realise their potential and promotes participation.

4.3 **Equality** – The term used to ensure individuals or groups of individuals are treated fairly and no less favourably because of a protected characteristic, therefore providing equal access to opportunities to all who come into contact with the Trust or any of the services

provided by the Trust. Promoting equality aims to minimise disadvantage, eliminate discrimination and maximise individual potential.

- 4.4 **Inclusion** – Ensuring that everyone has an equal opportunity to contribute to and influence every part and level of a workplace
- 4.4 **Due Regard** - To ‘have due regard’ means that in making decisions and in its other day-to-day activities a body subject to the Public Sector Equality Duty, must consciously consider the need to do the things set out in the general equality duty: eliminate discrimination, advance equality of opportunity and foster good relations.
- 4.5 **Reasonable Adjustments** – Making reasonable adjustments means to ensure individuals who have a disability, neuro diversity or those with long term health conditions, as far as is reasonable, have the same access to employment and healthcare services. This is in relation to there being equity for everyone through every part of the process involved in applying for, being recruited to and undertaking a job. When this arises, the Trust is under a positive and proactive duty to take steps to remove, reduce or prevent the obstacles faced as a disabled patient, service user, employee or job applicant. The Trust only has to make adjustments where it is aware, or reasonably aware, that a person has a disability and requires modifications.
- 4.6 **Discrimination** - as defined by the Equality Act 2010.
- 4.7 **Direct Discrimination** – A person discriminates against another if they treat a person, (because of a protected characteristic), less favourably than they would treat others. For instance making jokes at the expense of someone’s sexual orientation or faith.
- 4.8 **Indirect Discrimination** – A person discriminates against another if they apply a provision, criterion or practice which is discriminatory in relation to a relevant protected characteristic. For example if something is applied universally, but its practical effect disproportionately disadvantages one or more specific groups. For instance having an inflexible dress code or uniform policy that prohibits people wearing headwear, could potentially disadvantage certain religious groups as this is a requirement of their religion.
- 4.9 **Associative Discrimination** – This is direct discrimination against someone because they associate with another person who possesses a protected characteristic. For instance deciding someone is unable to do a job because of their caring responsibilities for someone who is disabled.
- 4.10 **Discrimination Arising from Disability** – This occurs when a disabled person is treated unfavourably because of something connected with their disability and the unfavourable treatment cannot be justified. For example a parent seeks admission to a crèche for their child who has a disability which means that they do not have full bowel control. The crèche says that they cannot admit the child because they are not toilet trained and the children at the crèche are required to be. The refusal to admit the child is not because of the disability itself; but due to experiencing detrimental treatment as a consequence of their incontinence.
- 4.11 **Perceptive Discrimination** - This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that protected characteristic.
- 4.12 **Harassment** – as defined by the Equality Act 2010. This takes place where, for a reason that relates to person’s protected characteristic, the harasser engages in unwanted conduct which has the purpose or effect of violating the person’s dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for him/her.

- 4.13 **Victimisation** – Occurs when an employee is punished or treated unfavourably as a result of complaining or supporting a complaint of discrimination/harassment. For example, an employee raises a grievance about disability discrimination and is dismissed as a result.
- 4.14 **Genuine Occupational Requirement** - In limited circumstances it can be lawful for an employer to require a job applicant or worker to have a particular protected characteristic. This requirement has to be both intrinsic to the role, and has to be a proportionate means of achieving a legitimate aim.
- 4.15 **Hate Crime** - Any criminal activity (for example physical assault, verbal abuse, vandalism, etc.) that is targeted at a person because of prejudice towards a person's Race or Ethnicity, Disability, Sexual Orientation (eg, biphobia, homophobia, heterophobia), Gender Identity (eg transphobia).
- 4.16 **Biphobia** - The irrational fear, dislike or prejudice against bisexuality or bisexuals, which may include negative stereotyping or denial of the existence of bisexuals.
- 4.17 **Heterophobia** - The irrational fear, dislike or prejudice against heterosexuality or heterosexuals.
- 4.18 **Homophobia** - The irrational fear, dislike or prejudice against homosexuality or homosexuals
- 4.19 **Transphobia** - The irrational fear, dislike or prejudice against transgender (trans) people.

5.0 Accountabilities and Responsibilities

5.1 Chief Executive

The Chief Executive has the overall responsibility for ensuring the Trust has systems and processes relating to Equality, Diversity and Inclusion in place.

5.2 Chairman

The Chairman will have overall operational responsibility for this policy, and can assign other Directors/Managers to be a champion for the needs of particular protected characteristics.

5.3 Workforce Equality & Diversity Lead

The Workforce Equality & Diversity Lead will:

- Ensure that the Workforce EDI Policy is being disseminated and implemented within the Trust. Define statutory equality schemes and monitor progress against associated action plans and the collection and reporting of data.
- Provide a route for monitoring compliance with statutory and other compliance requirements.
- Provide assurance to the Workforce Equality Group on progress and issues to be addressed.
- Share best practice and emerging themes and initiatives.

5.4 The Trust Board

Have responsibility to:

- Set strategic direction in line with statutory responsibilities.

- Gain assurance that this policy along with the three year EDI Plan and action plans are being implemented and applied throughout the organisation.
- Hold leads accountable for the delivery of agreed workforce Equality, Diversity and Inclusion action plans.
- Provide leadership and role modelling of Equality, Diversity and Inclusion.

5.5 Managers

Every manager has the responsibility for ensuring that they understand the policy and implements it within their areas of responsibility. This will require:

- Understanding the legislation involved and the implication of not carrying out this policy
- Demonstrating commitment to EDI by positively promoting the Trust's Equality, Workforce EDI Policy and leading by example at all times
- Ensuring that all their employees are clear about their responsibilities under this policy; any breaches of this policy will be dealt with under one of the following Human Resources (HR) policies whichever is deemed most appropriate following advice from HR; Dignity at Work, Disciplinary and Grievance policies. Cases of discrimination will be taken seriously and may be considered gross misconduct and subject to dismissal
- Applying all organisational policies and procedures in a fair and consistent manner
- Committing to the elimination of discrimination and bias in recruitment, promotion, training opportunities or any other employment matter
- Attending relevant training events to ensure that individuals possess the necessary skills and knowledge to implement good equitable practice
- Ensuring that employees are aware of their rights and obligations laid out in the NHS Constitution
- Where required ensure that mechanisms are in place to support reasonable adjustments for staff.
- Adhere to and support the principles of the Trust's values and behaviours (Appendix A)
- Provide governance for safety and quality for their areas of responsibility – this includes ensuring 'due regard' is given to equality considerations

5.6 Trade Union Representatives

Trades Union Representatives have responsibility to:

- Explain and positively promote the Trust's Workforce Equality, Diversity and Inclusion Policy to their members;
- Discourage their members from any involvement in discriminatory practice;
- Take action when discrimination is identified on instruction of a member of staff. ;
- Ensure appropriate action of the policy through the staff side Joint Staff Committee.

5.7 Employees

Every employee has a part to play in ensuring that the Trust provides an environment in which everyone is treated fairly and with respect. Employees are expected to abide by, adhere to, and support the principles of our Values and Behaviours.

In addition employees must:

- Support the Trust in promoting equality of opportunity and adhere to this policy

- Not to harass, abuse or intimidate any employee, patient, service user or visitor to the Trust, on any grounds, but with particular reference to the protected characteristics
- Not make remarks or commit acts that are likely to cause offence
- Not to induce or coax others to discriminate against any colleague, patient, service user or visitor to the Trust
- Challenge or draw to the attention of management any concerns regarding incidents, or suspected incidents of discrimination at all times
- Support patients, their carers and other service users by ensuring that, where possible, any reasonable adjustments are met
- Support colleagues, patients or service users (including their partners) or carers who make a complaint of discrimination and/or harassment
- Not to victimise or attempt to victimise people on the grounds that they have made a complaint or provided information about a concern in relation to discrimination and/or harassment
- Undertake training for Equality, Diversity and Human Rights – EDHR Awareness training is mandatory for all staff
- To ensure that any equipment issued by the Trust (e.g. laptop computers, personal computers, mobile phones etc.) are not used in any way for activities or communications that are discriminatory, harassing or contributing to victimisation. This also includes the use of social media e.g. Twitter, Facebook, etc. Further details can be found in the Trust's Use of Social Media policy.

6.0 Process

6.1 Values and Behaviours

The Trust's values and behaviours statements (Appendix A) highlight the expected behaviour that every member of Trust staff is required to both display and promote. The values and behaviours statements can be found on the Trust's extranet and posters displayed throughout the Trust's sites. Non-compliance with this requirement may result in disciplinary action.

6.2 Recruitment Advertising

The Trust will ensure that no job applicant will receive less favourable treatment than another, due to any of the protected characteristics. With the exception of posts that have been specifically 'ring fenced' for at risk or displaced staff, all job vacancies will be open to competition and publicised accordingly.

6.3 Where there may be a need to apply a Genuine Occupational Requirement, Recruiting Managers will give careful consideration to the specifications of the post against the justification for specifying applicants from a particular protected characteristic in line with advice from Human Resources and/or the Workforce Equality team.

6.4 The Trust will not discriminate directly or indirectly when advertising a post by including any requirement or criteria which is unnecessary to the post and which may, unintentionally, exclude certain groups of potential applicants from applying.

6.5 No discriminatory language will be included in advertisements; further advice can be sought from the Trust's Recruitment Team, Human Resources Department or Workforce Equality, Diversity Lead.

6.6 Disability Provisions

The Trust is committed to both employing and retaining people with disabilities. To show this commitment, the Trust holds the Disability Confident Employer status.

The Trust recognises that applicants with disabilities have abilities to perform most roles within the Trust and can contribute a great deal to meeting our Trust objectives. Not only do we value the commitment and contributions made by all current employees with disabilities, but we also welcome and encourage applications from people with disabilities.

The Disability Confident Employer award is administered by Job Centre Plus, to employers who have agreed to meet five commitments in regard to the Recruitment, Employment, Retention and Career Development of Disabled People. The five commitments that the Trust has to meet are:

- to interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities
- to discuss with disabled employees, at any time but at least once a year, what both parties can do to make sure disabled employees can develop and use their abilities
- to make every effort when employees become disabled to make sure they stay in employment
- to take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work
- to review these commitments each year and assess what has been achieved, plan ways to improve on them.

6.7 Recruitment and Selection

The intention of the Recruitment and Selection Policy is to ensure the appropriate response to any employment vacancies in the Trust. This means that candidates for any post within the Trust will be assessed (where appropriate) solely on qualifications, relevant knowledge, skills, experience and job related criteria regardless of marital status, domestic responsibilities, social background and any of the protected characteristics. At the same time, the Trust has a duty to promote employment opportunities to address areas of under representation. For example:

- Providing development and training programmes for a particular group of people who share a protected characteristic in areas where they have been underrepresented.
- Strictly adhering to the commitments of a Disability Confident employer (see section 6.6).

6.8 In the Equality Act 2010, there is the provision to select a candidate that has an underrepresented protected characteristic and is qualified and/or has adequate skills and experience to fulfil the requirements of the post. In theory it is possible to select this candidate above other candidates with equivalent qualification and skills/experience, but without an underrepresented protected characteristic. However, this is a rather unlikely situation, and this provision will not be implemented without consultation with Operational Human Resources and/or Equality, Diversity and Inclusion team.

6.9 However, all selection decisions will always be based on the suitability of the candidate for the post. The Trust recognises that positive discrimination in most cases as opposed to positive action is unlawful. This means, for example, that it is unlawful to discriminate in favour of a female or ethnic minority candidate at the point of selection (under this premise there could be other better qualified candidates).

- 6.10 In accordance to the Rehabilitation of Offenders Act 1974, the Trust will not discriminate against or dismiss the applications of candidates with spent convictions for posts which are not exempt from this legislation.

6.11 Training and Development

Every new employee will receive appropriate trust-wide and departmental induction training as specified within the Induction and Core Skills Training policy.

Opportunities for support, supervision, training, promotion and career development will be available to all staff on the basis of individual and service needs.

For staff that have a learning difficulty, learning disability or health condition that puts them at a disadvantage for training, they should raise this issue with their Line Manager, course facilitator, Learning and Development department or Equality, Diversity and Inclusion team. This will enable any reasonable adjustments/alternatives to be fully explored.

Positive Action initiatives may be used for underrepresented groups (as identified during the Equality & Diversity monitoring process) to enable staff to pursue career development opportunities.

The Trust will ensure that all staff especially those involved in the recruitment process receive Equality, Diversity and Human Rights Awareness and Recruitment and Selection training (if appropriate) courses.

6.12 Managing Performance

Managers will ensure that performance management process e.g. appraisal and development schemes, and disciplinary procedures are applied fairly, objectively and within the spirit of this policy and the Performance Improvement Procedure.

Every member of staff will have a personal development plan that is designed to meet their specific needs

6.13 Grievance & Complaints

All staff should be aware that direct or indirect discrimination, victimisation and instances of harassment or abuse are in contravention of the Trust's policies and/or the law. Such incidents will be treated as disciplinary offences and will be subject to the Trust's Dignity at Work Procedure and /or Disciplinary Procedure which could result in dismissal.

If a staff member believes that the Workforce Equality, Diversity and Inclusion policy has not been applied in a particular case involving themselves or another, they should in the first instance, seek advice from their manager, Union representative and / or the Workforce EDI Lead, who will then, if appropriate, consult with Human Resources and or refer to the Grievance Policy. Should a member of staff need support in raising concerns, they can also refer to the Freedom to Speak up Guardian. Should a member of staff require additional support during this time, their manager should refer them to Occupational Health so that this can be given.

When a grievance is received by Human Resources there will be prompt acknowledgement of the complaint and will ensure that the complaint is dealt with quickly, effectively and confidentially, that it is fully investigated, and that any necessary action is taken in accordance with the Trust's Grievance Policy and Procedures. Managers should consult the Human Resources Department for further advice.

Complaints received by a patient or service users (including their partners), carer, visitor or member of the public will be processed by the Complaints Department in accordance with the Trust's Investigation of Incidents, Complaints and Claims Procedure.

6.14 Disciplinary Action

All allegations of discrimination will be investigated in accordance with the Dignity at Work Procedure or Disciplinary Procedure.

Behaviour or action which goes against the essence of the Workforce Equality, Diversity and Inclusion Policy will normally constitute serious misconduct liable to disciplinary action, which may include dismissal.

Managers must take particular care to deal effectively with all allegations of discrimination, victimisation, bullying or harassment. It should not be assumed that such allegations arise out of over-sensitivity. Failure to undertake the responsibility of dealing appropriately with allegations of discrimination may be regarded as a disciplinary offence.

All members of staff can use the grievance procedure (or appeals procedure in relation to disciplinary matters) if they feel that they have been discriminated against.

6.15 Terms and Conditions of Employment

The Human Resources Department will ensure that policies covering pay, benefits, banding and other terms and conditions are formulated and implemented to be free from bias against any group likely to experience discrimination on any of the grounds identified in the policy introduction.

6.16 Hours of Work

The Trust will positively look at opportunities to adjust hours of work where such adjustment would be helpful in promoting equal employment opportunities (e.g. in the case of a member of staff returning to work after maternity leave etc.) Further information can be found in the Work Life Balance and Special Leave Policy or speak to the Human Resources department.

6.17 Working Environment

Managers will ensure that employees are provided with an environment where they are able to work free from harassment or intimidation, and where due regard is given for their individual needs. This will include taking action where there is bullying, harassment or intimidation regardless of whether that person is a member of staff, a patient, service user or member of the public.

The Equality Act 2010 makes it unlawful to discriminate against current or prospective members of staff, patients or service users (including their partners), carers and visitors with disabilities. Discrimination includes (but is not limited to) treating a disabled person less favourably than other people for reasons relating to their disability, without justification, or for failing to comply with a duty to make reasonable adjustments.

In compliance with this, managers will be responsible for making arrangements for reasonable adjustments to working conditions or the physical environment where that help would overcome the practical effects of disability. Further guidance can be obtained by contacting Human Resources.

Advice can be obtained from the Human Resources or Occupational Health Department about potential external sources of funding and other help available such as Access to Work.

6.18 Cultural and Religious Needs

Where a member of staff has particular cultural and or religious needs which may conflict with existing work requirements such as meetings, training days and other day to day functions, the Trust will consider whether it is reasonably practical to vary or adapt these requirements to enable such cultural/religious needs to be met. However, the request will ultimately depend on business/service needs.

The Trust will work closely with the Chaplaincy Service to identify where the needs are, and explore ways to accommodate those needs.

If a member of staff requests an extended period of annual leave or unpaid leave in order to visit relatives or attend religious events overseas, sympathetic consideration will be given. However, the request will ultimately depend on business/service needs.

If a member of staff requests time off for additional religious holidays to the English public holidays that should be regarded as annual leave. However, sympathetic consideration will be given to requests for unpaid leave, or exchanging the two religious English public holidays for other religious holidays (if the service permits) is a preferable solution.

6.19 Transgender Staff and Patients

Specific guidance on how to support Transgender staff is available on the Trust Equality & Diversity extranet page. Further support can be obtained from Human Resources, Occupational Health and the Workforce Equality & Diversity team.

6.20 Providing a Fair and Equitable Service

The Trust is committed to ensuring that no one should receive a negative experience when accessing any Trust services, especially relating to their protected characteristic. The Trust will regularly review patient experience using local or national surveys, interviews, complaints monitoring and other methodology to understand patient experience. The Trust will ensure any issues identified are dealt with quickly and appropriately.

All staff will endeavour to meet the language and communication needs of patients by making sure that appropriate interpreters, accessible information and/or additional support is provided to meet the patient or service user's individual needs in line with the 'Language and Communication Policy' and the 'Interpreter request and cancellations' which is available on the Equality and Diversity extranet page.

In line with the Duty of Candour and the pledges on patient rights outlined in the NHS Constitution the Trust commits to:

- Provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution
- Make decisions in a clear and transparent way, so that patients, service users and the public can understand how services are planned and delivered
- Make the transition as smooth as possible when patients are being referred between services, and to ensure patients, services users (including their partners) and their carers are fully informed and involved in the decision making process and their views and wishes are considered at every step.

6.22 Special Considerations

To ensure the Trust is compliant with the Public Sector Equality Duty, positive steps are taken to ensure prevention of discrimination in the development and application of Trust policies, strategies, procedures and service developments. Policy writers/managers will use a Due Regard, Equality & Human Rights Analysis (EHRA) to enable the Trust the means to meet its statutory obligations in identifying, monitoring and publishing information on those that may be affected by our processes or policies.

6.23 EHRA's will be undertaken for all internally produced policies, strategies, procedures and guidance documents developed by or introduced into the Trust. This will include Trust-wide policies applicable to all staff and service users, along with local level or departmental policies covering smaller groups of staff/and or service users.

6.24 Guidance on how to complete the EHRA can be found on the Equality & Diversity extranet page or by attending one of the regular workshops offered by the EDHR department.

7.0 NHS Equality Standards

7.1 Gender Pay Gap

The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce.

The gender pay gap calculations are based on employer payroll data drawn from a specific date each year. This specific date is called the 'snapshot date' and NHS trusts use the data to develop and publish an action plan

7.2 Workforce Disability Equality Standards (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) as a tool which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. The metrics include workforce data, National NHS Staff Survey and Trust Board Representation. NHS trusts use the metrics data to develop and publish an action plan.

7.3 Workforce Race Equality Standards (WRES)

The Workforce Race Equality Standard (WRES) has been developed as a tool to measure improvements in the workforce with respect to Black & Minority Ethnic (BAME) staff with many of the methods being transferable to focusing on other groups. There are a total of nine indicators that make up the WRES split across workforce data, National NHS Staff Survey and Trust Board Representation. These are designed to help us track our progress in tackling any inequalities in the workforce.

7.4 Equality Delivery System (EDS)

The Equality Delivery System (EDS) is a mandatory NHS England standard that requires NHS organisations to show how they are improving outcomes for people who share protected characteristics as defined by the Equality Act 2010.

As a Trust, we are committed to the NHS Standards to continuously monitor, review and evaluate our position in relation to equality, diversity and inclusion, to create a fairer and more equitable environment for our workforce.

8.0 Training

Please refer to the Induction and Mandatory Training Policy and the Training Needs Analysis. Online guidance of the policies referred to in this policy can be found via the Extranet Page, Human Resources or Liveflo.

9.0 Equality and Human Rights Statement

An Equality and Human Rights Impact assessment has been carried out and is documented in Appendix B.

10.0 Document Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Recruitment Monitoring – from shortlisting to appointment stage to identify if there is any inequality relating to disability or race, within the recruitment and selection process.	Recruitment Lead and Workforce EDI Lead.	Collate and analyse recruitment data. Published EDS2, WDES and WRES.	Annually	WDES, & WRES Task and Finish Groups Workforce Equality Group	Staff network Groups WDES, & WRES Task and Finish Groups Workforce Equality Group	Trust wide
Workforce Monitoring – to identify any staff groups under representation within the organisation	Workforce Information team and Workforce EDI Lead.	Collate and analyse workforce demographic data Published in EDS2, WDES and WRES	Annually	WDES, & WRES Task and Finish Groups Workforce Equality Group	Staff network Groups WDES, & WRES Task and Finish Groups Workforce Equality Group	Trust wide
Employee Relations Monitoring – to assess if there is any particular group that is unfairly treated within.	HR Operational Team.	Collate and analyse formal employee relation cases published in EDS2, WDES & WRES	Annually	WDES, & WRES Task and Finish Groups Workforce Equality Group	Staff network Groups WDES, & WRES Task and Finish Groups Workforce Equality Group	Trust wide
All policies, strategies & procedural documents to have a Due Regard, Equality & Human Rights Analysis completed.	Workforce EDI Lead	Data collected from Ratification Groups.	Annually	WPPG	Operational HR & Workforce EDI Lead	WPPG

Appendix A - Values and Behaviours

Our Values

Our Values with the involvement of many people from across the organisation are:

Working Together

"We care about building on everyone's strengths"

Improvement and Development

"We care about striving to be the best"

Respect and Compassion

"We care about acting with kindness"

Engagement and Involvement

"We care about involving people in our planning and decision-making"

Our strategic objectives

- Safe patient care is our highest priority. We will provide high quality clinical services that achieve and demonstrate optimum clinical outcomes and provide an excellent care experience for patients.
- All ESHT's employees will be valued and respected. They will be involved in decisions about the services they provide and offered the training and development that they need to fulfil their roles.
- We will work closely with commissioners, local authority, and other partners to plan and deliver services that meet the needs of our local population in conjunction with other care services.
- We will operate efficiently and effectively, diagnosing and treating patients in timely fashion and expediting their return to health.
- We will use our resources efficiently and effectively for the benefit of our patients and their care to ensure our services are clinically, operationally, and financially sustainable.


Appendix B – Due Regard, Equality and Human Rights Analysis

Equality Impact Assessment Form

Please refer to the accompanying guidance document when completing this form.

Strategy, policy or service name	Workforce Equality, Diversity & Inclusion Policy
Date of completion	June 2021
Name of the person(s) completing this form	[REDACTED]
Brief description of the aims of the Strategy/ Policy/ Service	Workforce Equality Diversity & Inclusion Policy
Which Department owns the strategy/ policy/ function	HR Department/Workforce Equality & Diversity Team
Version number	V1 Draft
Pre Equality analysis considerations	The Equality Act 2010, Human Rights Act 1998 and Public Sector Equality Duties
Who will be affected by this work? E.g. staff, patients, service users, partner organisations etc.	All workforce either paid or unpaid e.g. students, interns and volunteers
Review date	3 years unless equality legislation changes
If negative impacts have been identified that you need support mitigating please escalate to the appropriate leader in your directorate and contact the EDHR team for further discussion.	To whom has this been escalated? Name: Click here to enter text. Date: Click here to enter a date.
Have you sent the final copy to the EDHR Team?	Yes

2. EIA Analysis

		<p>Evidence:</p>																				
<p>Will the proposal impact the safety of patients', carers' visitors and/or staff?</p> <p><i>Safe: Protected from abuse and avoidable harm.</i></p>	<p>Choose: Positive</p>	<p>This policy address our legal specific Public Sector Equality Duty (PSED) where we must, in the exercise of our functions, have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. • Advance equality of opportunity between people who share a protected characteristic and those who do not. • Foster good relations between people who share a protected characteristic and those who do not. 																				
<p>Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</p>	<p>Choose: Positive</p>	<table border="1"> <thead> <tr> <th>Race</th> <th>Gender</th> <th>Sexual orientation</th> <th>Age</th> <th>Disability & carers</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Gender reassignment</td> <td>Marriage & Civil Partnership</td> <td>Religion and faith</td> <td>Maternity & Pregnancy</td> <td>Social economic</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																		
<p>Is the proposal of change effective?</p> <p>Effective: Peoples care, treatment and support achieves good outcomes, That staff are enabled to work in an inclusive environment. That the changes are made on the best available evidence for all involved with due regards across all 9 protected Characteristics</p>		<p>The policy will achieve our general equality duty where we will have to demonstrate due regard for advancing equality by:</p> <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low. 																				
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<p>What impact will this have on people receiving a positive experience of care?</p>	<p>Choose: Positive</p>	<p>There is strong evidence that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves.</p> <p>https://www.england.nhs.uk/ournhspeople/online-version/belonging-in-the-nhs/</p>																				

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<p>Does the proposal impact on the responsiveness to people's needs?</p>	<p>Choose: Positive</p>	<p>The policy makes reference to effectively resolving any case of discrimination or in-equal treatment of opportunity in the organisation and aim to ensure that managers and staff are aware of their responsibilities in this area.</p>																				
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<p>What considerations have been put in place to consider the organisations approach on improving equality and diversity in the workforce and leadership?</p>	<p>Choose: Positive</p>	<p>The trust have a number of programmes such as : New managers orientation, bite size training for managers where sessions on improving equality and diversity is delivered to managers A robust governance structure in place were reporting on workforce EDI objectives are reviewed at the POD Committee and Trust Board for assurance</p>																				
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<p>Access Could the proposal impact positively or negatively on any of the following:</p>																						
<ul style="list-style-type: none"> • Patient Choice 	<p>Choose: Positive</p>	<p>The policy states how a patients diversity should be taken into consideration in delivering care</p>																				
<ul style="list-style-type: none"> • Access 	<p>Choose: Positive</p>	<p>This addresses the need for access barriers for those with a physically or hidden disability. The policy also takes into consideration the Accessible Information Standard</p>																				
<ul style="list-style-type: none"> • Integration 	<p>Choose: Positive</p>	<p>This policy has a positive impact that all staff feel that they belong to ESHT and come to work as their whole self and understand needs other protected characteristics that they do or do not share</p>																				

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<p>Engagement and Involvement How have you made sure that the views of stakeholders, including people likely to face exclusion have been influential in the development of the strategy / policy / service:</p>	<p>Choose: Positive</p>	<ul style="list-style-type: none"> • BAME staff network • Disability staff network • Head of Recruitment • Head of Learning & Development • LGBTQI+ staff network • Staff Health and Wellbeing • Lead Chaplin • Occupational Health & Wellbeing • Operational HR • Training Team • Workforce Policies Partnership Group 																						
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<p>Duty of Equality Use the space below to provide more detail where you have identified how your proposal of change will impact.</p>	<p>Choose: Positive</p>	<p>The policy states expectations to its staff of the behaviours expected from them with regards to our legal duties and the culture in our organisation where each individual staff, patient, service user and their families will be treated with dignity and respect.</p>																						
<p>Characteristic</p>	<p>Rating ☺ ☹ ☹</p>	<p>Description</p>																						
<p>Race</p>	<p>Choose: Positive</p>	<p>This policy has a positive impact for all staff regardless of their race or ethnicity</p>																						
<p>Age</p>	<p>Choose: Positive</p>	<p>This policy protects staff from all age groups no matter what age they are as outlined in the Equality Act 2010</p>																						
<p>Disability and Carers</p>	<p>Choose: Positive</p>	<p>This policy has a positive impact on all staff that have a disability or long term health condition. It links into the (Dis)Ability & Health Passport to enable adequate adjustment to take place and the Carers Passport to achieve a work life balance</p>																						

Religion or belief	Choose: Positive	This policy has a positive impact on all staff the wish to observe religious practices and those that don't
Sex	Choose: Positive	This policy has a positive impact on gender and looks at statutory duties under the Gender pay Gap
Sexual orientation	Choose: Positive	This policy has a positive impact on staff no matter what their sexual orientation is.
Gender re-assignment	Choose: Positive	This policy has a positive impact on those that are transitioning from their gender assigned at birth to another gender. This policy links into the Gender Recognition Act 2004
Pregnancy and maternity	Choose: Positive	This policy has a positive impact on pregnancy, maternity and also including paternity rights with, The Employment Rights Act 1996 which sets out rights to health and safety, time off for ante-natal care, maternity leave and unfair dismissal.
Marriage and civil partnership	Choose: Positive	This policy does not have a negative impact on a member of staffs marital or civil partnership status

Human Rights

Please look at the table below to consider if your proposal of change may potentially conflict with the Human Right Act 1998

Articles		Y/N
A2	Right to life	No
A3	Prohibition of torture, inhuman or degrading treatment	No
A4	Prohibition of slavery and forced labour	No
A5	Right to liberty and security	No
A6 & 7	Rights to a fair trial; and no punishment without law	No
A8	Right to respect for private and family life, home and correspondence	No
A9	Freedom of thought, conscience and religion	No
A10	Freedom of expression	No
A11	Freedom of assembly and association	No
A12	Right to marry and found a family	No
Protocols		
P1.A1	Protection of property	No
P1.A2	Right to education	No
P1.A3	Right to free elections	No

Equality Diversity Inclusion and Human Rights Policy

Document ID Number:	2519
Version:	V1
Ratified by:	Clinical Documentation & Policy Ratification Group
Date ratified:	13 June 2023
Name of author and title:	Sarah Feather Workforce Equality Inclusion & Human Rights Lead
Date originally written:	June 2021
Date current version was completed:	February 2023
Name of responsible committee/individual:	Chief People Officer
Date issued:	19 June 2023
Review date:	June 2026
Target audience:	All Staff, ESHT Management Board, Patients and Service Users
Compliance with CQC Fundamental Standard:	Well led domain
Compliance with any other external requirements (e.g., Information Governance):	Equality Act 2010 Human Rights Act 1998 NHS Constitution Public Sector Equality Duties Care Act Human Rights Act 1998 Equality Act 2010 Workforce Race Equality Standard Workforce Disability Standard Gender Recognition Act
Associated Documents:	Dignity at Work Policy Resolution Policy Induction Policy Recruitment and Selection Policy

Did you print this yourself?

Please be advised the Trust discourages retention of hard copies of the procedural document and can only guarantee that the procedural document on the Trust website is the most up to date version

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
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Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
WPPG	Workforce Policy Group	09/02/23
BAME staff network	Mike Dickens	15/09/21
Disability staff network	[REDACTED]	16/10/21
LGBTQI+ staff network	[REDACTED]	16/10/21
Staff Health and Wellbeing	Jacque Fuller	08/07/21
Occupational Health & Wellbeing	Liz Lipsham, Specialist Nurse Manager	09/07/21
Recruitment	Grieg Woodfield	09/07/21
Operational HR	[REDACTED]	08/07/21
Chaplaincy Team	[REDACTED]	17/09/21
Training Team	Dawn Urquhart	24/09/21

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

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1. Introduction

The Trust is committed to equality of opportunity, treatment and behaviour, employment, promotion, and development. This encompasses giving equal access to all services wherever possible, having 'due regard' as we develop services and ensuring equality and diversity is an integral part of the Trust's decision-making processes.

As a public organisation we will not only comply with current legislation but regularly review our services to enable us to exceed expectations of all who use, visit or work for us,

We are proud of our diverse workforce who are representative of the communities we serve and support us in the delivery of our equality agenda. In addition, by continuing to work closely with internal and external stakeholders we will continue to improve our services to provide a fairer, more inclusive NHS Trust.

In accordance with The NHS Constitution and the Public Sector Equality Duty, we actively work to remove any discriminatory practices, eliminate all forms of harassment and promote equality of opportunity in our recruitment, training, performance management and development practices to ensure that no employee, or potential employee, receives less favourable treatment on the grounds of gender, race, ethnic or national origin, sexual orientation, marital status, religion or belief, age, trade union membership, disability, offending background, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or any other personal characteristic.

Our People Strategy ([People Strategy \(esht.nhs.uk\)](https://www.esht.nhs.uk)), which is based on the NHS People Plan ([NHS England » NHS People Plan](#)), prioritises a culture that supports and grows our people. Looking after our people means creating a positive, engaging working environment and keeping colleagues safe and healthy – both physically and psychologically. It is everyone's responsibility to contribute to an inclusive culture where all colleagues feel that they are treated according to trust values and demonstrate those values in our own compassionate behaviour, to inspire each one of us to thrive and develop to our full potential.

Everyone has different needs in relation to public services both in the workplace and as service users; it is widely accepted, at times certain individuals/groups can experience unfair and unequal outcomes, therefore we will use new and current legislation and give regard to The NHS Constitution in the exercise of our daily functions to aid us in eliminating those inequalities.

The Trust aims to ensure that the principles of equality, diversity and inclusion underpin all our employment, service policies and procedures. The Trust is committed to effectively resolving any case of discrimination in the organisation and aims to ensure that managers and staff are aware of their responsibilities in this area.

The Trust will comply with all staff and patient rights, legal duties as laid out in the NHS Constitution, Equality Act 2010, Human Rights Act 1998, Health and Social Care Act 2012, Accessible Information Standard, and the Care Quality Commission's Essential Standards of Quality and Care. See Appendix B for further information.

2. Purpose

This policy aims to eliminate inequalities and barriers enabling the Trust to:

- Deliver better health outcomes
- Improve patient and staff experience
- Promote an inclusive, diverse workforce
- Eliminate unlawful discrimination,
- Advance equality of opportunity
- Foster good relations.

2.1. Rationale

As a public organisation the Trust has a legal obligation to comply with The Equality Act 2010. More specifically, section 149 - the Public Sector Equality Duty (PSED). Within the PSED there are two main duties, as follows, that the Trust will endeavour to adhere to at all times during the exercise of its functions:

2.1.1. General Equality Duty:

The public sector Equality Duty came into force on 5 April 2011. The General Equality Duty requires public bodies to consider all individuals when carrying out their day-to-day work. This includes shaping policy, delivering services and in relation to employees. The 3 aims of the General Equality Duty are to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, and victimisation and any other conduct that is prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The General Equality Duty also requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.

2.1.2. Specific Duties

The Specific Duties came into force on 10 September 2011. The Specific Duties require public bodies to publish relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives.

2.2. Principles

This policy aims to assist the Trust to:

Ensure that no-one receives less favourable treatment on the grounds of their age, disability, gender identity, marital or civil partnership status, maternity or pregnancy status, race (including nationality or culture), religion or belief, sex, sexual orientation, caring responsibilities, or any other irrelevant criteria in any aspect of their employment.

Create an organisation that provides a culture free from discrimination, harassment or victimisation and actively promotes equality of opportunity for all, including patients and their carer's, relatives, partners, service users, visitors and staff.

Promote diversity in employment and employ a workforce that is representative of the communities it serves.

Recognise and welcome the fact that people bring a range of different work experiences and personal styles, and a variety of different values, beliefs and attitudes.

Meet the Trust's legal requirements including those set out in the Equality Act (2010), and the Accessible Information Standard

2.3. Scope

As set out in the NHS Constitution, all staff can expect to be treated fairly during their employment. No member of staff will be treated less favourably or unlawfully discriminated against when applying for internal jobs, training opportunities, appraisals, nor in disciplinary and grievance procedures and all other aspects of day-to-day management.

Patients and service users (including their partners), carers and visitors are treated with dignity and respect, and do not suffer any level of discrimination, harassment, or victimisation from the Trust.

3. Definitions

Protected Characteristics

As defined by the Equality Act 2010

- **Age**
- **Disability (including carers)**
- **Gender Reassignment**
- **Marriage & Civil Partnership**
- **Pregnancy & Maternity**
- **Race**
- **Religion or belief**
- **Sex**
- **Sexual Orientation**

Diversity – Recognising, respecting, and valuing people’s individual differences. These can be along the dimensions of culture, race, ethnicity, sex, sexual orientation, age, gender reassignment, physical abilities, religious beliefs or not, or other ideologies. Valuing people’s differences enables individuals to realise their potential and promotes participation.

Equality – The term used to ensure individuals or groups of individuals are treated fairly and no less favourably because of a protected characteristic, therefore providing equal access to opportunities to all who come into contact with the Trust or any of the services provided by the Trust. Promoting equality aims to minimise disadvantage, eliminate discrimination, and maximise individual potential.

Due Regard - To ‘have due regard’ means that in making decisions and in its other day-to-day activities a body subject to the Public Sector Equality Duty, must consciously consider the need to do the things set out in the general equality duty: eliminate discrimination, advance equality of opportunity and foster good relations

Reasonable Adjustments – Making reasonable adjustments aims to ensure that a disabled person, as far as is reasonable, has the same access to healthcare services or everything that is involved in getting and doing a job as a non-disabled person. When the duty arises, the Trust is under a positive and proactive duty to take steps to remove, reduce or prevent the obstacles faced as a disabled patient, service user, employee or job applicant. The Trust only has to make adjustments where it is aware, or reasonably aware, that a person has a disability.

Discrimination - as defined by the Equality Act 2010

- **Direct Discrimination** - A person discriminates against another if they treat a person, (because of a protected characteristic), less favourably than they would treat others. For instance, making jokes at the expense of someone’s sexual orientation or faith.

- **Indirect Discrimination** – A person discriminates against another if they apply a provision, criterion or practice which is discriminatory in relation to a relevant protected characteristic. For example, if something is applied universally, but its practical effect disproportionately disadvantages one or more specific groups. For instance, having an inflexible dress code or uniform policy that prohibits people wearing headwear, could potentially disadvantage certain religious groups as this is requirement or their religion.
- **Associative Discrimination** – This is direct discrimination against someone because they associate with another person who possesses a protected characteristic. For instance, deciding someone is unable to do a job because of their caring responsibilities for someone who is disabled.
- **Discrimination Arising from Disability** – This occurs when a disabled person is treated unfavourably because of something connected with their disability and the unfavourable treatment cannot be justified. For example, a parent seeks admission to a crèche for their child who has a disability which means that they do not have full bowel control. The crèche says that they cannot admit the child because they are not toilet trained and the children at the crèche are required to be. The refusal to admit the child is not because of the disability itself; but due to experiencing detrimental treatment as a consequence of their incontinence.
- **Perceptive Discrimination** - This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that protected characteristic.

Health Inequalities- differences in access, experience or outcomes between populations and groups. This can be related to protected characteristics.

Harassment – as defined by the Equality Act 2010. This takes place where, for a reason that relates to person's protected characteristic, the harasser engages in unwanted conduct which has the purpose or effect of violating the person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for him/her.

Victimisation – Occurs when an employee is punished or treated unfavourably as a result of complaining or supporting a complaint of discrimination/harassment. For example, an employee raises a grievance about disability discrimination and is dismissed as a result.

Genuine Occupational Requirement - In limited circumstances it can be lawful for an employer to require a job applicant or worker to have a particular protected characteristic. This requirement has to be both intrinsic to the role and has to be a proportionate means of achieving a legitimate aim.

Hate Crime - Any criminal activity (for example physical assault, verbal abuse, vandalism, etc.) that is targeted at a person because of prejudice towards a person's Race or Ethnicity, Disability, Sexual Orientation (e.g., biphobia, homophobia, heterophobia), Gender Identity (e.g., transphobia).

Biphobia - The irrational fear, dislike or prejudice against bisexuality or bisexuals, which may include negative stereotyping or denial of the existence of bisexuals.

Heterophobia - The irrational fear, dislike or prejudice against heterosexuality or heterosexuals.

Homophobia - The irrational fear, dislike or prejudice against homosexuality or homosexuals

Transphobia - The irrational fear, dislike or prejudice against transgender (trans) people

4. Accountabilities and Responsibilities

4.1. Chief Executive

The Chief Executive has the overall responsibility for ensuring the Trust has systems and processes relating to Equality, Diversity and Human Rights at the Trust.

4.2. Chief of Staff

The Chief of Staff will have overall operational responsibility for this policy and can assign other Directors/Managers to be a champion for the needs of particular protected characteristics.

4.3. Equality, Diversity & Human Rights (EDHR) staff and the Head of Health Inequalities (Including EDHR patients) (collectively referred to here as 'EDHR leads')

The EDHR Leads will:

- Ensure that the Equality, Diversity, Inclusion and Human Rights Policy is being disseminated and implemented within the Trust. Define statutory equality schemes and monitor progress against associated action plans and the collection and reporting of data.
- Provide a route for monitoring compliance with statutory and other compliance requirements.
- Provide assurance to the Management Board and Workforce Equality Group on progress and issues to be addressed.
- Share best practice and emerging themes and initiatives.

4.4. The Trust Board

Has responsibility to

- Set strategic direction in line with statutory responsibilities.
- Gain assurance that this policy along with the Four-Year Equality objectives are being implemented and applied throughout the organisation.
- Hold leads accountable for the delivery of agreed equality action plans.
- Provide leadership and role modelling of Equality, Diversity, Inclusion and Human Rights

4.5. Services

Every service has responsibility for ensuring that the service is delivered in line with the requirements set out in the Equality Act (2010) and meets the Trusts Equality and Health Inequalities duties and expectations.

Services should:

- Ensure that where patient systems allow, they record demographic information relevant to health inequalities. This includes protected characteristics, postcode and carer status.
- Routinely review patient access, outcome and patient experience data
- Use Equality and Health Inequality Impact Assessment (EHIA) to systematically review the potential for their service to lead or contribute to differences in access, experience or outcomes for patient groups and take action to mitigate any potential or identified.

4.6. Managers

Every manager has the responsibility for ensuring that they understand the policy and implement it within their areas of responsibility. This will require:

- Understanding the legislation involved and the implication of not carrying out this policy
- Demonstrating commitment to diversity and inclusion by positively promoting the Trust's Equality, Diversity, Inclusion and Human Rights Policy and always leading by example.
- Ensuring that all their employees are clear about their responsibilities under this policy; any breaches of this policy will be dealt with under one of the following Human Resources (HR) policies whichever is deemed most appropriate following advice from HR; Dignity at Work, Disciplinary and Grievance policies. Cases of discrimination will be taken seriously and may be considered gross misconduct and subject to dismissal
- Applying all organisational policies and procedures in a fair and consistent manner
- Committing to the elimination of discrimination and bias in recruitment, promotion, training opportunities or any other employment matter
- Attending relevant training events to ensure that individuals possess the necessary skills and knowledge to implement good equitable practice
- Ensuring that employees are aware of their rights and obligations laid out in the NHS Constitution
- Ensuring (where relevant) that employees are aware of and acting on the need to ensure that patient's demographic information is collected and recorded in an appropriate manner in line with Trust policies
- Where required ensure that mechanisms are in place to support reasonable adjustments for staff, patients, service users and carers.
- Adhere to and support the principles of the Trust's values and behaviours
- Provide governance for safety and quality for their areas of responsibility – this includes ensuring 'due regard' is given to equality considerations

4.7. Trades Union Representatives

Trades Union Representatives have responsibility to:

- Explain and positively promote the Trust's Equality, Diversity, Inclusion and Human Rights Policy to their members
- Discourage their members from any involvement in discriminatory practice
- Take action when discrimination is identified
- Ensure appropriate action of the policy through the staff side JSC.

4.8. Employees

Every employee has a part to play in ensuring that the Trust provides an environment in which everyone is treated fairly and with respect. Employees are expected to abide by, adhere to, and support the principles of our Values and Behaviours

In addition, employees must:

- Support the Trust in promoting equality of opportunity and adhere to this policy
- Not harass, abuse or intimidate any employee, patient, service user or visitor to the Trust, on any grounds, but with particular reference to the protected characteristics.
- Not make remarks or commit acts that are likely to cause offence
- Not induce or coax others to discriminate against any colleague, patient, service user or visitor to the Trust
- Challenge or draw to the attention of management any concerns regarding

incidents, or suspected incidents of discrimination at all times

- Support patients, their carers and other service users by ensuring that, where possible, reasonable adjustments are made
- Support colleagues, patients, and service users (including their partners) or carers who make a complaint of discrimination and/or harassment
- Not to victimise or attempt to victimise people on the grounds that they have made a complaint or provided information about a concern in relation to discrimination and/or harassment
- Be aware of and act on the need to ensure that patient's demographic information is collected and recorded in an appropriate manner in line with Trust policies
- Undertake training for Equality, Diversity and Human Rights – EDHR Awareness training is mandatory for all staff

To ensure that any equipment issued by the Trust (e.g., laptop computers, personal computers, mobile phones etc.) are not used in any way for activities or communications that are discriminatory, harassing or contributing to victimisation. This also includes the use of social media e.g., Twitter, Facebook, etc. Further details can be found in the Trust's mobile technologies and social media policies.

4.9. Patients or Service Users (including their partners), Carers and Visitors

The Trust requires any person who comes into contact with the organisation, whether as a patient, service user (and their partners), carers or visitor, to abide by this policy. The Trust will not tolerate any discrimination towards its staff or other patients or service users (including their partners), carers or visitors and will take appropriate actions.

5. Procedures and Actions to Follow

5.1. Values and Behaviours

The Trust's values and behaviours statements (Appendix C) highlight the expected behaviour that every member of Trust staff is required to both display and promote. The values and behaviours statements can be found on the Trust's extranet, wallet sized cards and posters displayed throughout the Trust's sites.

5.2. Recruitment Advertising

The Trust will ensure that no job applicant will receive less favourable treatment than another, due to any of the protected characteristics. With the exception of posts that have been specifically 'ring fenced' for at risk or displaced staff, all job vacancies will be open to competition and publicised accordingly.

Where there may be a need to apply a Genuine Occupational Requirement, Recruiting Managers will give careful consideration to the specifications of the post against the justification for specifying applicants from a particular protected characteristic in line with advice from Human Resources and/or Equality Diversity and Inclusion team.

The Trust will not discriminate directly or indirectly when advertising a post by including any requirement or criteria, which is unnecessary to the post and which may, unintentionally, exclude certain groups of potential applicants from applying.

No discriminatory language will be included in advertisements; further advice can be sought from the Trust's Recruitment Team, Human Resources Department or Equality Diversity and Inclusion team.

5.3. Disability Provisions

The Trust is committed to both employing and retaining people with disabilities. To show this commitment, the Trust is a Disability Confident Employer

The Trust recognises that applicants with disabilities have abilities to perform most roles within Trust and can contribute a great deal to meeting our Trust objectives. Not only do we value the commitment and contributions made by all current employees with disabilities, but we also welcome and encourage applications from people with disabilities.

Disability Confident is voluntary and has been developed by employers and disabled people's representatives. The Disability Confident scheme has 3 levels that have been designed to support the Trust on its Disability Confident journey. Employers must complete each level before moving on to the next. A self-assessment is carried out every three years to demonstrate commitment and progress.

The Disability Confident Employer award is administered by Job Centre Plus, to employers who have agreed to meet five commitments in regard to the Recruitment, Employment, Retention and Career Development of Disabled People. The five commitments that the Trust has to meet are:

- to interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities
- to discuss with disabled employees, at any time but at least once a year, what both parties can do to make sure disabled employees can develop and use their abilities
- to make every effort when employees become disabled to make sure they stay in employment
- to take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work
- to review these commitments each year and assess what has been achieved, plan ways to improve on them.

Accessible Information Standards

From 1 August 2016 onwards, all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

The Standard says that patients, service users, carers and parents with a disability, impairment or sensory loss should:

- Be able to contact, and be contacted by, services in accessible ways, for example via email or text message.
- Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print.
- Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
- Get support from health and care staff and organisations to communicate, for example to lip-read or use a hearing aid.

5.4 Religion and Religious Observance

Religion and Belief (which includes humanistic beliefs) or none is a protected characteristic. ESHT recognises the importance of religious faith or humanistic belief to many of our staff. The Trust seeks to ensure that all staff, service users and carers of all faiths and none receive equal respect and a safe place to work.

Religion and Belief (which includes humanistic beliefs) is a protected characteristic. Staff, service users and carers can expect to be treated with respect, supported in their beliefs, and not experience discrimination with respect to those beliefs. The expression of a belief is not an absolute right, however, and must be set alongside and balanced with other protected

characteristics. With respect to religious beliefs, the Trust operates a policy, with regard to spiritual support, of person-centred care. This principle should inform all dealings with patients with respect to spiritual support. It is the job of staff to support a patient in their own chosen beliefs and ethical values unless these would lead to illegal actions or harm to self or others.

Staff members requiring modifications to their working practice or environment in conformance with their religious or philosophical beliefs may make such a request to their line manager or a member of HR. This could include (but is not limited to): requests for time off, dietary needs, prayer needs and clothing. The UK provides two religious bank holidays a year Good Friday and Christmas Day. Upon receiving a request, reasonable options and alternatives will be explored in consultation with the individual staff member. The requests will be considered (alongside health and safety considerations) to see if policies or procedures are discriminating or not. Where reasonable the Trust will try wherever possible to accommodate staff needs and avoid adverse impact. The Trust Spirituality guidelines provide for a Spiritual Room in each inpatient unit, suitably resourced, where staff, patients and carers may practice their faith. The Trust employs a Spiritual Support team to ensure the spiritual and religious needs of staff, service users and carers are met, and resources provided, including links to faith communities.

5.5 Age Discrimination

No individual or population groups will receive less favourable treatment on the ground of their age or compared with groups of different age. This will apply to employment laws and the delivery of our services Our services provide provisions to recognise age within our services such as older age and children and young people's services.

Employment laws work in conjunction with the Equality Act 2010 to ensure that we do not discriminate against any individual relating to their age in the recruitment employment at the trust. Any issues arising from age harassment discrimination are managed in accordance with the Trust's Dignity at Work (Harassment and Bullying) Policy and/or Prevention & Management of Violence & Aggression

5.6 Sexual Orientation Discrimination

The Equality Act 2010 makes it unlawful to discriminate against anyone because of their sexual orientation or perceived sexual orientation. The law applies equally whether someone is a lesbian, gay, heterosexual, or bisexual.

The Act defines sexual orientation as: • orientation towards people of the same sex (lesbians and gay men) • orientation towards people of the opposite sex (heterosexual) • orientation towards people of the same sex and the opposite sex(bisexual). Any individual working for the Trust will not harass or victimise another individual on the grounds of sexual orientation. Any issues arising from sexual harassment discrimination are managed in accordance with the Trust's Dignity at Work (Harassment and Bullying) Policy and Procedure and/or Prevention & Management of Violence & Aggression.

5.7 Transgender Discrimination

The Equality Act 2010 protects anyone who proposes to start, starts or has completed a process to change their gender from discrimination. This includes someone who is not currently undergoing medical supervision, or a transgender individual who decides they do not want to have any medical procedures

Any time off an individual needs because of gender reassignment issues, such as counselling, advice or surgery is protected under the Equality Act 2010. Any issues arising from Transgender harassment discrimination are managed in accordance with the Trust's Dignity at Work (Anti-harassment and Bullying) Policy and the Management of Violence and Aggression Policy. See also Supporting transitioning staff at work Policy

5.8 Pregnancy & Maternity Discrimination

The Trust will not treat any individual or population group unfairly on the ground of pregnancy, the potential to become pregnant maternity or breastfeeding status. Under the Equality Act of 2010 the Trust must not give any unfavourable treatment or victimisation to our staff, service users, patients, carers and members of the public on the grounds of pregnancy or maternity. The right for women to breastfeed in public is covered by the act and it is unlawful to discriminate or harass an individual from breastfeeding on any of the Trust's premises.

For more information on Trust employee benefits of maternity, adoption, maternity support (paternity) and additional paternity leave available to all staff please refer to the Maternity, Adoption & Maternity Support (Paternity) Leave policy

5.9 Race Discrimination

The Equality Act of 2010 makes it unlawful to discriminate against anyone on the grounds of their race; this includes skin colour, nationality and ethnic or national origin. This will also include the Gypsy Roma and Traveller communities All staff, service users, patients and carers have a legal duty not to discriminate between populations who share a race/ethnicity and those who don't share the same race/ethnicity.

Any issues arising from race discrimination should be managed in accordance with the Trust's Dignity at Work (Anti-harassment and Bullying) Policy and the Management of Violence and Aggression Policy

5.10 Sex Discrimination

Men and women have the right not to be discriminated based on their sex under the Equality Act 2010. This applies to all our staff and service users, patients and carers

The Equality Act however says it is lawful to separate services for men or women if this is a better or more effective way of providing services. e.g., single sex accommodation

Any issues arising are managed in accordance with the Trust's Dignity at Work (Anti-harassment and Bullying) Policy and the Management of Violence and Aggression Policy

5.11 Marriage & Civil Partnerships Discrimination

The Equality Act 2010 protects individuals from discrimination because of marriage and civil partnership. Neither marriage nor civil partnership is defined in the Act but the legislation is taken to broadly cover

- People who are married in a legally recognised union. Either same sex or opposite sex
- People who are in a civil partnership, a legally recognised and registered relationship between two people of the same sex.

The protected characteristic of marriage and civil partnership does not cover:

- People living together as a couple (also known as cohabiting) who are not married or registered civil partners
- Individuals who are engaged to be married, who are intending to marry or enter into a civil partnership
- People whose civil partnership has been dissolved
- Divorced people
- Widows or widowers
- Single people.

Any issues arising are managed in accordance with the Trust's Dignity at Work (Anti-harassment and Bullying) Policy.

5.12. Recruitment and Selection

The intention of the Recruitment and Selection Policy is to ensure the appropriate response to any employment vacancies in the Trust. This means that candidates for any post within the Trust will be assessed (where appropriate) solely on qualifications, relevant knowledge, skills, experience and job-related criteria regardless of marital status, domestic responsibilities, social background and any of the protected characteristics. At the same time, the Trust has a duty to promote employment opportunities to address areas of under representation. For example:

- Providing development and training programmes for a particular group of people who share a protected characteristic in areas where they have been underrepresented.
- Strictly adhering to the commitments of a Disability Confident employer (see section 6.6).

In the Equality Act 2010, there is the provision to select a candidate that has an underrepresented protected characteristic and is qualified and/or has adequate skills and experience to fulfil the requirements of the post. In theory it is possible to select this candidate above other candidates with equivalent qualification and skills/experience, but without an underrepresented protected characteristic. However, this is a rather unlikely situation, and this provision will not be implemented without consultation with Operational Human Resources and/or Equality, Diversity and Inclusion team.

However, all selection decisions will always be based on the suitability of the candidate for the post. The Trust recognises that positive discrimination in most cases as opposed to positive action is unlawful. This means, for example, that it is unlawful to discriminate in favour of a female or ethnic minority candidate at the point of selection (under this premise there could be other better qualified candidates).

In accordance with the Rehabilitation of Offenders Act 1974, the Trust will not discriminate against or dismiss the applications of candidates with spent convictions for posts which are not exempt from this legislation.

5.13. Training and Development

Every new employee will receive appropriate Trust-wide and departmental induction training as specified within the Induction procedure that can be found on the Extranet.

Opportunities for support, supervision, training, promotion and career development will be available to all staff on the basis of individual and service needs.

For staff that have a learning difficulty, Learning Disability or health condition that puts them at a disadvantage for training, they should raise this issue with their Line Manager, course facilitator, Learning and Development department or Equality, Diversity and Human Rights department. This will enable any reasonable adjustments/alternatives to be fully explored.

Positive Action initiatives may be used for underrepresented groups (as identified during the Equality & Diversity monitoring process) to enable staff to pursue career development opportunities.

The Trust will ensure that all staff especially those involved in the recruitment process receives Equality, Diversity and Human Rights Awareness and Recruitment and Selection training (if appropriate) courses.

5.14. Managing Performance

Managers will ensure that performance management process e.g., appraisal and development schemes, and disciplinary procedures are applied fairly, objectively and within the spirit of this policy and the Performance Improvement Procedure.

Every member of staff will have a personal development plan that is designed to meet

their specific needs.

5.15. Grievance & Complaints

All staff should be aware that direct or indirect discrimination, victimisation and instances of harassment or abuse are in contravention of the Trust's policies and/or the law. Such incidents will be treated as disciplinary offences and will be subject to the Trust's Dignity at Work Procedure and /or Disciplinary Procedure which could result in dismissal. These procedures can be found on the Extranet.

If a staff member believes that the Equality, Diversity, Inclusion and Human Rights Policy has not been applied in a particular case involving themselves or another, they should in the first instance, seek advice from their manager, Occupational Health, Union representative and or the Equality, Diversity and Inclusion Lead, who will then, if appropriate, consult with Human Resources and or refer to the Grievance Policy.

When a grievance is received by Human Resources there will be prompt acknowledgement of the complaint and will ensure that the complaint is dealt with quickly, effectively and confidentially, that it is fully investigated, and that any necessary action is taken in accordance with the Trust's Grievance Policy and Procedures.

Managers should consult the Human Resources Department for further advice.

Complaints received by a patient or service users (including their partners), carer, visitor or member of the public will be processed by the Complaints Department in accordance with the Trust's complaints procedure.

5.16. Disciplinary Action

All allegations of discrimination will be investigated in accordance with the Dignity at Work Procedure or Disciplinary Procedure.

Behaviour or action which goes against the essence of the Equality, Diversity, Inclusion and Human Rights Policy will normally constitute serious misconduct liable to disciplinary action, which may include dismissal.

Managers must take particular care to deal effectively with all allegations of discrimination, victimisation, bullying or harassment. It should not be assumed that such allegations arise out of over-sensitivity. Failure to undertake the responsibility of dealing appropriately with allegations of discrimination may be regarded as a disciplinary offence.

All members of staff can use the grievance procedure (or appeals procedure in relation to disciplinary matters) if they feel that they have been discriminated against.

5.17. Terms and Conditions of Employment

The Human Resources Department will ensure that policies covering pay, benefits, banding and other terms and conditions are formulated and implemented to be free from bias against any group likely to experience discrimination on any of the grounds identified in the policy introduction.

5.18. Hours of Work

The Trust will positively look at opportunities to adjust hours of work where such adjustment would be helpful in promoting equal employment opportunities (e.g., in the case of a member of staff returning to work after maternity leave etc.) Further information can be found in the Work Life Balance and Special Leave Policy.

5.19. Working Environment

Managers will ensure that employees are provided with an environment where they are able to work free from harassment or intimidation, and where due regard is given for their

individual needs. This will include taking action where there is bullying, harassment or intimidation regardless of whether that person is a member of staff, a patient, service user or member of the public.

The Equality Act 2010 makes it unlawful to discriminate against current or prospective members of staff, patients or service users (including their partners), carers and visitors with disabilities. Discrimination includes (but not limited to) treating a disabled person less favourably than other people for reasons relating to their disability, without justification, or for failing to comply with a duty to make reasonable adjustments.

In compliance with this, managers will be responsible for making arrangements for reasonable adjustments to working conditions or the physical environment where that help would overcome the practical effects of disability. Further guidance can be obtained by contacting Occupational Health.

Advice can be obtained from the Human Resources, Occupational Health Departments about potential external sources of funding, such as Access to Work, and other help available.

5.20. Cultural and Religious Needs

Where a member of staff has cultural and or religious needs which may conflict with existing work requirements such as meetings, training days and other day to day functions, the Trust will consider whether it is reasonably practical to vary or adapt these requirements to enable such cultural/religious needs to be met. However, the request will ultimately depend on business/service needs.

The Trust will work closely with the Chaplaincy Service to identify where the needs are and explore ways to accommodate those needs.

If a member of staff requests an extended period of annual leave or unpaid leave in order to visit relatives or attend religious events overseas, sympathetic consideration will be given. However, the request will ultimately depend on business/service needs.

If a member of staff requests time off for additional religious holidays to the English public holidays that should be regarded as annual leave. However, sympathetic consideration will be given to requests for unpaid leave, or exchanging English public holidays for religious holidays (if the service permits)

When a patient is admitted into any of the Trust's facilities every effort should be made to identify whether the patient has any religious or cultural requirements. Further advice can be sought from the Chaplaincy Service, and in terms of dietary requirements the Nutrition and Dietetics Department/Main Kitchen, or the Trust's Nutrition Policy. Printed booklets are available from Chaplaincy and the EDHR department to provide guidance on religious and cultural dietary requirements and end of life procedures.

5.21. Trans Staff and Patients

Specific guidance on how to support Trans patients and staff are available on the Trust Equality & Diversity extranet page, Further support can be obtained from HR, OH, Director of Nursing and the Trust EDHR Lead.

5.22. Providing a Fair and Equitable Service

The Trust is committed to ensuring that no one should receive a negative experience when accessing any Trust services, especially relating to their protected characteristics. The Trust will regularly review patient experience via the local or national surveys, interviews, complaints monitoring and other methodology to understand patient experience. The Trust will ensure any issues identified are dealt with quickly and appropriately.

5.23 Translation and interpreting

All staff will endeavour to meet the language and communication needs of patients by making sure that appropriate interpreters, accessible information and/or additional support is provided to meet the patient or service user's individual needs, including those set out in the Accessible Information Standard, and in line with the 'Language and Communication Policy' and the 'Staff Guide to Accessing Interpreters' which is available on the EDHR extranet under the 'Equality Extranet pages.

To support our Equality and health inequalities duties we also make arrangements to support the communication needs of people who do not speak and/ or read English, including for British Sign Language users.

This includes:

- Translation of appointment, admission and clinical information for patients into community foreign languages
- Access to interpreters on demand through telephone and/ or video interpretation services for speakers of community foreign languages and people who use British Sign Language (BSL), including to support remote appointments and telephone calls to patients
- Access to pre-booked in person interpreters (with sufficient notice) in community foreign languages and BSL
- Access to bi-lingual advocacy for more complex situations (availability from April 2023)

How to access communication support

- For on demand telephone and video translation please read the detailed guidance on how to access this on Trust devices on the Trust's Equality Extranet
- To request bookable and in person services please complete the interpretation and translation request form on the Equality Extranet pages
- Services requiring frequent translation of documents can request direct access to the booking system for our external provider (please ask the accessible information team for this)

For further advice please contact the accessible information team: [Interpreter request and cancellations \(Equality and diversity\) - tasks and guides \(esht.nhs.uk\)](#) Email: esh-tr.accessibleinformation@nhs.net

5.24. Commissioning and Procurement

Any external organisation that supplies or undertakes work on behalf of the Trust will be required to demonstrate that they are operating in an equitable manner that is compliant with the principles set out in the Equality Act 2010.

This will be built into tendering process and will form part of the contract which will be monitored. Further details can be obtained by contacting the Procurement Department.

6. Equality and Health Inequality Impact Assessments (EHIA)

To ensure the Trust is compliant with the Public Sector Equality Duty, positive steps are taken to ensure prevention of discrimination in the development and application of Trust Policies, strategies, procedures, and service developments.

Equality and Health Inequalities Assessments (EHIA) are an effective way of improving policy development and service delivery, making sure that we consider the needs of the community, identify potential steps to promote equality and do not discriminate.

The Trust has developed guidance for staff to ensure that all staff understand how to complete an EHIA when:

- Considering any new or changing activity
- Developing or changing service delivery
- Procuring services
- Developing projects
- Developing a policy / procedure / guidance or changing or updating existing ones

Guidance on how to complete the EHIA can be found on the Equality extranet page.

7. Training

All Trust staff are required to undertake the mandatory Equality, Diversity and Human Rights training once every three years. The course content underpins the principles set within this policy. Additional non-mandatory training is available to support Managers with completion of EHIA for policies, procedural documents, strategies and service delivery & change.

The Trust employs a dedicated Equality, & Inclusion Team who will conduct mandatory and non-mandatory training or find other organisations to deliver training on a specific topic.

8. Monitoring Compliance with the Document

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group / Committee for review of results/report	Responsible individual/group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Recruitment Monitoring -from, shortlisting to appointment stage to identify if there is any inequality relating to race, within the recruitment and selection process.	Recruitment Services Manager and EDI Lead.	Collate and analyse recruitment data. Published EDS2 and WRES.	Annually	WPPG, Workforce Race Equality Standard & Equality Steering Group (ESG)	WPPG, WRES & Equality Steering Group	WPPG, WRES & Equality Steering Group
Workforce Monitoring – to identify any BME under representation within the organisation.	Recruitment Services Manager and EDI Lead.	Collate and analyse workforce demographic data Published in EDS2 and WRES	Annually	WPPG, WRES & Equality Steering Group (ESG)	WPPG, WRES & Equality Steering Group (ESG)	WPPG, WRES & Equality Steering Group (ESG)
Patient Complaints – to assess if there is any particular group that is unfairly treated within.	Patient Experience Manager and EDI Lead.	Collate and analyse complaints data. Published in EDS2 & WRES.	Annually	PESG EDHRSG	PESG EDHRSG	PESG EDHRSG
All policies, strategies & procedural documents to have a Equality & Human Inequality Assessment completed.	EDI Lead	Data collected from Ratification Groups Published in EDS2	Annually	EDHRSG	EDHRSG	EDHRSG

9. References

The NHS Constitution 2015. Available at www.gov.uk

Equality Act 2010. Available at www.opsi.gov.uk

Human Rights Act 1998. Available at: www.opsi.gov.uk

NHS England – Online: Equality Hub. Available at www.england.nhs.uk

Equality & Human Rights Commission – Online: Public Sector Providers. Available at www.equalityhumanrights.com

Appendix A: EHRA Form

A Due Regard, Equality & Human Rights Analysis form must be completed for all procedural documents used by East Sussex Healthcare NHS Trust. Guidance for the form can be found [here on the Equality and Diversity Extranet page](#).

Due Regard, Equality & Human Rights Analysis

Title of document: Equality, Diversity & Human Rights Policy
Who will be affected by this work? staff, patients, service users, visitors and partner organisations.
Please include a brief summary of intended outcome: To ensure all who come into contact with the Trust and it's services, whether they are an employee, visitor, patient, service user, carer or relative - are aware of their legal and moral duties to make the Trust a fair and discrimination free organisation.

		Yes/No	Comments, Evidence & Link to main content
1.	Does the work affect one group less or more favourably than another on the basis of: (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number)		
	<ul style="list-style-type: none"> • Age 	Yes	Section 2.2 Principles Section 3 - Definitions
	<ul style="list-style-type: none"> • Disability (including carers) 	Yes	Section 2.2 Principles Section 3 - Definitions Section 5.2 Disability Two Ticks Scheme
	<ul style="list-style-type: none"> • Race 	Yes	Section 2.2 Principles Section 3 – Definitions Monitoring table to identify under represented groups.
	<ul style="list-style-type: none"> • Religion & Belief 	Yes	Section 2.2 Principles Section 3 - Definitions Section 5.12 Cultural and Religious Needs
	<ul style="list-style-type: none"> • Gender 	Yes	Section 2.2 Principles Section 3 - Definitions
	<ul style="list-style-type: none"> • Sexual Orientation (LGBT) 	Yes	Section 2.2 Principles Section 3 - Definitions
	<ul style="list-style-type: none"> • Pregnancy & Maternity 	Yes	Section 2.2 Principles Section 3 - Definitions
	<ul style="list-style-type: none"> • Marriage & Civil Partnership 	Yes	Section 2.2 Principles Section 3 - Definitions
	<ul style="list-style-type: none"> • Gender Reassignment 	Yes	Section 2.2 Principles

			3 - Definitions
	<ul style="list-style-type: none"> Other Identified Groups 	No	
2.	Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	Yes	The aim of this policy is to provide protection to all groups
3.	What are the impacts and alternatives of implementing / not implementing the work / policy?	Implementing the policy along with training will ensure all staff are aware of their legal and moral obligations regarding Equality.	
4.	Please evidence how this work / policy seeks to “eliminate unlawful discrimination, harassment and victimisation” as per the Equality Act 2010?	Section 3 – Definitions; gives clear definitions of the types of discrimination and phobias Section 5.8 – Disciplinary Action	
5.	Please evidence how this work / policy seeks to “advance equality of opportunity between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?	Section 3 – Definitions; gives clear definitions of the types of discrimination and phobias giving clear direction of the types of behaviour that is not accepted within the Trust Section 5.12 - Cultural and Religious Needs Section 5.2 – Disability Two Ticks Scheme Section 5.2 – Disability Two Ticks Scheme Monitoring table to identify under represented groups.	
6.	Please evidence how this work / policy will “Foster good relations between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?	Section 4.6 - Employees Section 5.12 - Cultural and Religious Needs Monitoring table to identify under represented groups and promote recruitment of under-represented groups. Section 5 & 5.7 -	
7.	Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)	The entire policy aims to promote the FREDA principles and the pledges contained in the NHS Constitution. Section 1	
8.	Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?	See consultation table page 1	
9.	Have you have identified any negative impacts or inequalities on any protected characteristic and others? (Please attach evidence and plan of action ensure this negative impact / inequality is being monitored and addressed).	None as this policy seeks to eliminate inequalities.	

Legislation

Equality Act 2010

The Equality Act 2010 aims to create: “A society built on fairness and respect where people are confident in all aspects of their diversity.”

The Equality Act 2010 simplifies and harmonises several pieces of legislation, and strengthens the law to support progress on equality. The Act replaces all existing equality legislation including the Equal Pay Act. The main provisions of this Act came into effect on 1 October 2010, followed by the Public Sector Equality Duty that came into effect April 2011 and then a ban on age discrimination in 2012.

The act strengthens the law in a number of key areas by:

- Creating a general public duty.
- Extending the range of lawful positive action to overcome or minimise a disadvantage arising from a protected characteristic.
- Extending the circumstances in which a person is protected against discrimination, harassment or victimisation because of a protected characteristic.

The Marriage (same sex couples) Act 2013

The Act, which applies to England and Wales:

- Allows same sex couples to marry in civil ceremonies
- Allows same sex couples to marry in religious ceremonies, where the religious organisation has ‘opted in’ to conduct such ceremonies and the minister of religion agrees
- Protect those religious organisations and their representatives who do not wish to conduct marriages of same sex-couples from successful legal challenge
- Enables civil partners to convert their partnership to a marriage, if they wish
- Enables married individuals to change their legal gender without having to end their marriage

The Civil Partnership Act 2004

The Act creates a new legal relationship of civil partnership, whereby two people of the same-sex can form by signing a registration document. It also provides same-sex couples who form a civil partnership with parity of treatment in a wide range of legal matters with those opposite-sex couples who enter into a civil marriage.

The Human Rights Act 1998

All national legislation is underpinned by the Human Rights Act 1998, which came fully into force on 2 October 2000. The Act gives further effect in the UK to rights contained in the European Convention of Human Rights (ECHR), signed on 4 November 1950. The ECHR in turn stems from the Universal Declaration of Human Rights, adopted by the United Nations on 10 December 1948. The Act:

- Makes it unlawful for a public authority to breach Convention rights, unless an Act of Parliament meant it could not have acted differently;
- Means that cases can be dealt with in a UK court or tribunal;
- Says that all UK legislation must be given a meaning that fits with the Convention rights, if that is possible.

The key articles relevant to the delivery of health services within the Convention include:

Article 2 - Everyone has the right to life, except in very limited circumstances, e.g. defending oneself or someone else from unlawful violence.

Article 3 - No one shall be subjected to degrading or dehumanising treatment

Article 5 - Everyone has the right to liberty and security of person

Article 8 - Everyone has the right to respect for their private and family life, home and correspondence

Article 9 - Everyone has the right to freedom of thought, conscience and religion subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, public order, health, morals, or the freedoms of others

Article 10 - Everyone has the right to freedom of expression (subject to the same requirements as Article 9), but the exercise of those freedoms carries duties and responsibilities to the rights of others

Article 11 - A person has the right to assemble with other people in a peaceful way. They also have the right to associate with other people, including the right to form a trades union. These rights may be restricted only in specified circumstances

Article 14 - Prohibition on Discrimination. The enjoyment of the rights and freedoms set forth in the convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin. (Not a standalone right)

The Universal Declaration of Human Rights forms a basis that underpins all of our work in the NHS - see NHS Constitution for more information about rights for staff and service users.

Appendix C: Trust Values

East Sussex Healthcare NHS Trust Values

Respect and compassion

We care about acting with kindness. We want our staff, patients and local people to have a positive experience of us.

Working together

We care about building on everyone's strengths. We develop strong teams and partnerships to benefit local people.

Engagement and involvement

We care about involving people in our planning and decision-making. We want patients, staff and the public to help us to shape the delivery of high quality and safe care.

Improvement and development

We care about striving to be the best. We want to continue to improve our services and make the best use of our people and resources for the benefit of our patients.



Equality Impact Assessment Form

1. Cover Sheet

Please refer to the accompanying guidance document when completing this form.

Strategy, policy or service name	Click here to enter text.
Date of completion	Click here to enter text.
Name of the person(s) completing this form	Click here to enter text.
Brief description of the aims of the Strategy/ Policy/ Service	Click here to enter text.
Which Department owns the strategy/ policy/ function	Click here to enter text.
Version number	Click here to enter text.
Pre Equality analysis considerations	Click here to enter text.
Who will be affected by this work? E.g. staff, patients, service users, partner organisations etc.	Click here to enter text.
Review date	Click here to enter text.
If negative impacts have been identified that you need support mitigating please escalate to the appropriate leader in your directorate and contact the EDHR team for further discussion.	To whom has this been escalated? Name: Click here to enter text. Date: Click here to enter a date.
Have you sent the final copy to the EDHR Team?	Choose an item.

2. EIA Analysis

	😊 😐 😞	Evidence:																							
<p>Will the proposal impact the safety of patients', carers' visitors and/or staff?</p> <p><i>Safe: Protected from abuse and avoidable harm.</i></p>	Positive Neutral Negative	Click here to enter text.																							
<p>Equality Consideration</p> <p><i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i></p>		<table border="1"> <tr> <td>Race</td> <td>Gender</td> <td>Sexual orientation</td> <td>Age</td> <td>Disability & carers</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender reassignment</td> <td>Marriage & Civil Partnership</td> <td>Religion and faith</td> <td>Maternity & Pregnancy</td> <td>Social economic</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Race	Gender	Sexual orientation	Age	Disability & carers																					
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Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
<p>Is the proposal of change effective?</p> <p>Effective: Peoples care, treatment and support achieves good outcomes, That staff are enabled to work in an inclusive environment. That the changes are made on the best available evidence for all involved with due regards across all 9 protected Characteristics</p>	Positive Neutral Negative	Click here to enter text.																							
<p>Equality Consideration</p> <p><i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i></p>		<table border="1"> <tr> <td>Race</td> <td>Gender</td> <td>Sexual orientation</td> <td>Age</td> <td>Disability & carers</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Gender reassignment</td> <td>Marriage & Civil Partnership</td> <td>Religion and faith</td> <td>Maternity & Pregnancy</td> <td>Social economic</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Race	Gender	Sexual orientation	Age	Disability & carers																					
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
<p>What impact will this have on people receiving a positive experience of care?</p>	Positive Neutral Negative	Click here to enter text.																							

<p>Equality Consideration</p> <p><i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i></p>		Race	Gender	Sexual orientation	Age	Disability & carers		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the proposal impact on the responsiveness to people's needs?</p>	<p>Positive</p> <p>Neutral</p> <p>Negative</p>							
<p>Equality Consideration</p> <p><i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i></p>		Race	Gender	Sexual orientation	Age	Disability & carers		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>What considerations have been put in place to consider the organisations approach on improving equality and diversity in the workforce and leadership?</p>	<p>Positive</p> <p>Neutral</p> <p>Negative</p>	<p>Click here to enter text.</p>						
<p>Equality Consideration</p> <p><i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i></p>		Race	Gender	Sexual orientation	Age	Disability & carers		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Access</p> <p>Could the proposal impact positively or negatively on any of the following:</p>								
<ul style="list-style-type: none"> • Patient Choice 	<p>Positive</p> <p>Neutral</p> <p>Negative</p>							
<ul style="list-style-type: none"> • Access 	<p>Positive</p> <p>Neutral</p> <p>Negative</p>							
<ul style="list-style-type: none"> • Integration 	<p>Positive</p> <p>Neutral</p> <p>Negative</p>							

Equality Consideration <i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i>		Race	Gender	Sexual orientation	Age	Disability & carers
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Engagement and Involvement How have you made sure that the views of stakeholders, including people likely to face exclusion have been influential in the development of the strategy / policy / service:	Positive Neutral Negative	
--	---------------------------------	--

Equality Consideration <i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i>		Race	Gender	Sexual orientation	Age	Disability & carers
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Duty of Equality Use the space below to provide more detail where you have identified how your proposal of change will impact.	Positive Neutral Negative	
--	---------------------------------	--

Characteristic	Rating	Description
	😊 😐 😞	
Race		
Age		
Disability and Carers		
Religion or belief		
Sex		
Sexual orientation		
Gender re-assignment		
Pregnancy and maternity		
Marriage and civil partnership		

Human Rights

Please look at the table below to consider if your proposal of change may potentially conflict with the Human Right Act 1998

Articles		Y/N
A2	Right to life	Y/N
A3	Prohibition of torture, inhuman or degrading treatment	Y/N
A4	Prohibition of slavery and forced labour	Y/N
A5	Right to liberty and security	Y/N
A6 &7	Rights to a fair trial; and no punishment without law	Y/N
A8	Right to respect for private and family life, home and correspondence	Y/N
A9	Freedom of thought, conscience and religion	Y/N
A10	Freedom of expression	Y/N
A11	Freedom of assembly and association	Y/N
A12	Right to marry and found a family	Y/N
Protocols		
P1.A1	Protection of property	Y/N
P1.A2	Right to education	Y/N
P1.A3	Right to free elections	Y/N