

FOI REF: 25/896

15<sup>th</sup> January 2026

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## 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:

1. **How many sexual safety incidents took place in trust premises since 1 Jan 2020 to date?**

<b>Total</b>	<b>31</b>
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2. **Please provide a breakdown of the total provided in question 1 by calendar year\***

a)	2020	1
b)	2021	3
c)	2022	1
d)	2023	4
e)	2024	3
f)	2025 to date	19

Please note the following:

- The data is collated from different data sources so numbers may have been counted twice.
- Increase in sexual misconduct cases reported due to the Sexual Safety Charter being introduced.

3. **Please provide a breakdown of the total provided in question 1 by type of sexual safety incident - e.g. a) rape, b) sexual assault etc**

a)	Rape	0
b)	Sexual assault	16
c)	Sexual harassment	13
d)	Stalking	2
e)	Abusive sexual remarks	0
f)	Other	0

4. Please provide a breakdown of the total provided in question 1 by age of victim in the following categories:

- a) under 18,
- b) 18-64 and
- c) 65 and over\*\*

We do not hold this information as we do not record the age of the victim.

5. Please provide a breakdown of the total provided in question 1 by status of the victim and perpetrator in the following categories:

- a. Perpetrator was a staff member and victim was staff member

23.

- b. Perpetrator was a member of the public (or patient) and victim was a member of the public (or patient)

0.

- c. Perpetrator was a member of the public (or patient) and victim was a staff member

8.

- c. Perpetrator was a staff member and victim was a member of the public (or patient)

0.

6. Please provide a breakdown of the total number of rapes since 1 Jan 2020 (i.e. the answer to 3.a) by the age of the rape victim in the following categories:

- a) under 18,
- b) 18-64 and
- c) 65 plus\*\*

There have been no cases recorded during the period requested.

7. Does your trust have a dedicated policy to deal with sexual assault and harassment? If so please provide a copy of your trust's written policy and if possible provide a date that the current policy was put in place.

Yes, the 'Dignity, Respect and Sexual Safety at Work policy' (attached) and the 'Violence and Aggression Reduction Policy', both issued in 2024.

Please note that it is the Trust's FOI policy to only provide the names of staff that are grade 8a or above. Staff that are below this grade have therefore been redacted from the attached 'Dignity, Respect and Sexual Safety at Work policy'.

Section 31(1)(a) has also been applied to the names of the Trust IT systems within this document; therefore, these have also been redacted.

Under Section 1(1)(a) of the Freedom of Information Act (FOIA), the Trust can confirm that it holds information relevant to your request, however, we are unable to disclose it for the reasons explained below.

Historically, we would disclose information relevant to the Trust's IT systems, infrastructure and software as part of our transparency agenda under the terms of the Freedom of Information Act (FOIA). However, in light of the recent cyber-attacks on NHS hospitals and the serious impact these have had on patient services and the loss of patient data, we are having to reconsider this approach. Please see several links to news articles about these recent cyber incidents provided below for your information.

- [\*NHS England — London » Synnovis Ransomware Cyber-Attack\*](#)
- [\*NHS England confirm patient data stolen in cyber attack - BBC News\*](#)
- [\*Merseyside: Three more hospitals hit by cyber attack - BBC News\*](#)

As a result of these attacks, thousands of hospital and GP appointments were disrupted, operations were cancelled, and confidential patient data was stolen which included patient names, dates of birth, NHS numbers and descriptions of blood tests.

When we respond to a Freedom of Information request, we are unable to establish the intent behind the request. Disclosure under the FOIA involves the release of information to the world at large, free from any duty of confidence. Providing information about our systems or security measures to one person is the same as publishing it for everyone. While most people are honest and have no intention of misusing information to cause damage, there are criminals who look for opportunities to exploit system weaknesses for financial gain or to cause disruption.

In the context of the FOIA, the term "public interest" does not refer to the private or commercial interests of a requestor; its meaning is for the "public good". The Trust receives a significant number of requests each year regarding our IT systems, infrastructure and cyber security measures. Most of these requests are commercially driven and serve no direct public interest. Information relevant to our IT portfolio is often requested by consultancy companies who then pass on this information to their client base. Many of these requests are submitted through the FOI portal [whatdotheyknow.com](#) who publish our responses, making this information available to an even wider audience.

As a large NHS Trust we hold extensive personal data relevant to our patients and staff, much of which is considered very sensitive. A lot of this information is held electronically on various administration and clinical systems. We have a duty under the Data Protection Act 2018 and the UK GDPR to protect this personal information and take all necessary steps to ensure this data is kept safe. This means not disclosing information that could allow criminals to gain unlawful access to our systems and infrastructure. The Trust can be heavily fined should it be found to have acted in a negligent way which results in a personal data breach. We need to

demonstrate that we comply with our legal obligations under data protection and freedom of information legislation, but we must be careful that too much transparency does not result in harm to our patients or staff, or cause disruption to our services.

Moreover, under the Network and Information Systems (NIS) Regulations Act 2018, operators of essential services such as NHS organisations like ours have a legal obligation to protect the security of our networks and information systems in order to safeguard our essential services. By releasing information that could increase the likelihood or severity of a cyber-attack, the Trust would fail to meet its security duties as stated in Section 10 of the Network and Information Systems Regulations 2018. Should we not comply with these requirements regulatory action can be taken against the Trust. Further information about the Network and Information Systems (NIS) Regulations Act 2018 can be found here – [The Network and Information Systems Regulations 2018: guide for the health sector in England - GOV.UK](#)

Your request asks for policy documents which unfortunately mention specific details regarding our IT Systems which, for the reasons explained above, would be inappropriate to release into the public domain. If disclosed, it is possible that patient data as well as other confidential information would be put at risk. Such disclosure could also impact on the security of our systems and result in serious disruption to the health services we deliver to the local community. Section 31(1)(a) of FOIA provides that information is exempt if its disclosure would, or would be likely to, prejudice (a) the prevention or detection of crime. In this case, disclosure would be likely to prejudice the prevention of crime by enabling or encouraging malicious acts which could compromise the Trust's IT systems and infrastructure. The Trust's capacity to defend itself from such acts relates to the purposes of crime prevention and therefore Section 31(a) exemption is applicable in these circumstances. For these reasons, the Trust considers disclosure of the information you are seeking to be exempt under Section 31(1)(a) [*law enforcement*] of the FOIA and the names of the systems within the policy is being withheld. The full wording of Section 31 can be found here: [Freedom of Information Act 2000](#)

Section 31 is a *qualified* exemption and therefore we must consider the prejudice or harm that may be caused by disclosure of the information you have requested, as well as apply a public interest test that weighs up the factors in maintaining the exemption against those in favour of disclosure.

In considering the prejudice or harm that disclosure may cause, as explained should the Trust release information into the public domain which draws attention to any weaknesses relevant to the security of our systems or those of a supplier, this information could be exploited by individuals with criminal intent. Increasing the likelihood of criminal activity in this way would be irresponsible and could encourage malicious acts which could compromise our IT systems or infrastructure, result in the loss of personal data and/or impact on the delivery of our patient services. We consider these concerns particularly relevant and valid considering the increasing number of cyber incidents affecting NHS systems in recent years and the view by government, the ICO and NHS leaders that the threat of cyber incidents to the public sector is real and increasing.

- [Organisations must do more to combat the growing threat of cyber attacks | ICO](#)

In the Government's Cyber Security Strategy 2022-2030, the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office states on page 7:

*“Government organisations - and the functions and services they deliver - are the cornerstone of our society. It is their significance, however, that makes them an attractive target for an ever-expanding army of adversaries, often with the kind of powerful cyber capabilities which, not so long ago, would have been the sole preserve of nation states. Whether in the pursuit of government data for strategic advantage or in seeking the disruption of public services for financial or political gain, the threat faced by government is very real and present.*

*Government organisations are routinely and relentlessly targeted: of the 777 incidents managed by the National Cyber Security Centre between September 2020 and August 2021, around 40% were aimed at the public sector. This upward trend shows no signs of abating.”*

With this in mind, we then considered the public interest test for and against disclosure. It should be noted that the public interest in this context refers to the public good, not what is 'of interest' to the public or the private or commercial interests of the requester. In this case we consider the public interest factors in favour of disclosure are:

- Evidences the Trust's transparency and accountability
- Provides information relevant to the IT systems and applications the Trust uses
- Reassures the public and partners that the Trust procures these systems in line with Procurement legislation
- Reassures the public and partners that the Trust's IT infrastructure and systems are secure

Factors in favour of withholding this information are:

- Public interest in crime prevention
- Public interest in avoiding disruption to our health services
- Public interest in maintaining the integrity and security of the Trust's systems
- Public interest in the Trust avoiding the costs associated with any malicious acts (e.g. recovery, revenue, regulatory fines)
- Public interest in complying with our legal obligations to safeguard the sensitive confidential information we hold

In considering all of these factors, we have concluded that the balance of public interest lies in upholding the exemption and not releasing the information requested. Although disclosure would provide transparency about our software systems and IT infrastructure, this is outweighed by the harm that could be caused by people who wish to use this information to assess any vulnerabilities in our security measures and consequently use this information for unlawful purposes. Cybercrime can not

only lead to major service disruption but can also result in significant financial losses. As a publicly funded organisation, we have a duty for ensuring our public funding is protected and spent responsibly. Moreover, as a public body the Trust must demonstrate that it keeps its confidential data and IT infrastructure safe and complies with relevant legislation, but at the same time we must be vigilant that transparency does not provide an opportunity for individuals to act against the Trust. In considering the impact that recent cyber-attacks have had on NHS services, including the cancellation of thousands of patient appointments and procedures as well as the loss of confidential patient data, we consider the overriding public interest lies in withholding this information. The private or commercial interests of a requester should not outweigh the public interest in protecting the integrity of our systems and continuity of our essential patient services. Although we appreciate there may be legitimate intentions behind requesting this information, we must take a cautious approach to requests of this nature and appreciate your understanding in this matter.

Whilst the Trust holds the information requested, in respect of the Trust's Violence and Aggression Reduction Policy, it is applying a Section 31(1)(a) exemption to this part of your request, because disclosure of this information under the Act would, or would be likely to, prejudice the prevention or detection of crime.

The Trust considers that the release of this information would make the Trust more vulnerable to crime.

In applying the exemption consideration has been given to the public interest in enabling scrutiny of public sector decision making and the general public interest in accountability and transparency.

In this instance, we consider that the public interest in preventing the prejudice outweighs the public interest in disclosure due to the significant impact successful violence and aggression against staff can have.

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](mailto: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 sincerely

Freedom of Information Department  
[esh-tr.foi@nhs.net](mailto:esh-tr.foi@nhs.net)

# Dignity, Respect and Sexual Safety at Work Policy (Supporting a Culture of Civility and Respect)

Document ID Number:	1142
Legacy ID Number	2424
Version:	V1.2
Ratified by:	Clinical Documentation and Policy Ratification Group
Date ratified:	13 November 2025
Name of author and title:	██████████, Employee Relations Manager/██████████ HR Advisor
Date Originally Written:	October 2022
Date current version was completed:	August 2025
Name of responsible committee/individual:	Chief People Officer, Human Resources
Date issued:	November 2025
Review date:	November 2028
Target audience:	All Staff
CQC Fundamental Standard:	Good Governance
Compliance with any other external requirements (e.g. Information Governance):	Advisory, Conciliation and Arbitration Service (ACAS)
Associated Documents:	Resolution Procedure Disciplinary Procedure Freedom to Speak Up; Raising Concerns (Whistleblowing) Policy Equality Diversity and Human Rights Policy Policy for Safeguarding Allegations Against Staff

**Did you print this yourself?**



Please be advised the Trust discourages retention of hard copies of procedural documents 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	October 2022	[REDACTED]	Review and refine processes	Focus on creating positive culture; replaces Anti-Harassment & Bullying Policy
V1.1	March 2024	[REDACTED]	Sexual Safety Charter	Inclusion of Sexual Safety at Work
V1.2	August 2025	Lucy Birch	Periodic review	None

## 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
Human Resources Directorate stakeholders		August 2025
Workforce Policies Partnership Group		Oct 2025

**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

- 1.1 The Trust is committed to encouraging positive employee relations and providing a working environment free from harassment and bullying and promoting sexual safety. Ensuring all colleagues are treated and treat each other with civility and respect; in line with Trust Values.
- 1.2 We expect all colleagues to consistently demonstrate the Trust Values. However, as part of their professional and other standards our expectation is that colleagues act and take ownership to challenge inappropriate behaviour and address concerns, speak up about concerns and / or compassionately address concerns.
- 1.3 The Trust leaders endeavour to create an environment where people feel safe to speak up and have the confidence that any concerns will be addressed.
- 1.4 It is important to recognise incivility and act on it to prevent behaviours escalating. A timely resolution will be aided by addressing incivility in a respectful and caring manner, with open dialogue.
- 1.5 Our People Strategy ([People Strategy \(esht.nhs.uk\)](https://www.esht.nhs.uk/people-strategy)), which is based on the NHS People Plan ([NHS England » NHS People Plan](https://www.nhs.uk/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.

East Sussex Health Care Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity. The Trust will not tolerate unlawful discrimination on the basis of, spent criminal convictions, Trade union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity for and fostering good relations between, people from different groups and people with protected characteristics as well as carers, and those from the Armed Forces community, in line with the NHS Covenant Duty.

## 2. Purpose, Principles and Scope

- 2.1 This policy covers inappropriate behaviour including, incivility, discrimination, harassment, bullying or a 'sexual incident' which occurs at work and out of the workplace, such as on business trips or at work-related events or social functions. It covers bullying and harassment by colleagues (which may include external consultants, volunteers, contractors, and agency workers) and by third parties such as patients, suppliers, or visitors to our premises.
- 2.2 This policy does form part of the contract of employment, and it may be amended at any time following the usual process for changing policies.

- 2.3 Should colleagues raise a concern regarding incivility, harassment, discrimination, bullying, or sexual safety privacy and confidentiality will be respected as far as possible; however, colleagues must be aware the issues raised may be disclosed through the process when seeking a resolution.

### 3. Definitions

#### 3.1 What is Civility?

- 3.1.1 Civility is a collection of positive humane behaviours that produce feelings of respect, dignity, and trust. It's as simple as being polite to each other.
- 3.1.2 Civil workplaces provide better job satisfaction and improved mental health. Civility also builds trust and improves patient satisfaction and outcomes; civility saves lives. [Home | Civility Saves Lives | England](#)

#### 3.2. What is incivility?

- 3.2.1 Incivility is different for each of us. Some people don't like to hear bad language, some don't like shouting. In general terms, incivility is belittling behaviour, being treated rudely or disrespectfully. It can also be gossiping, being ridiculed or excluded or being subjected to jokes or teasing that go too far. These experiences and perceptions can emerge over weeks, months or years and be so subtle that they may not fit a formal definition of bullying, harassment, or discrimination.

#### 3.3 What is Discrimination?

- 3.3.1 **Direct Discrimination** is the unfair or unjust treatment of someone regarding one or more protected characteristic related to age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, (colour, nationality, ethnic or national origin), religion or belief, sex, or sexual orientation. A single incident can amount to discrimination.

For Example:

An employer is looking to hire an Executive Assistant. In the job application form, there's a question asking if the applicant has any disabilities that will make doing the job difficult.

As disability is a protected characteristic, this question is against the law. The employer should instead ask all applicants if they need any reasonable adjustments to complete the interview or any part of the recruitment process.

- 3.3.2 **Indirect Discrimination** is where there are rules or arrangements that apply to a group of employees, but in practice are less fair to a certain protected characteristic.

For example:

An employer decides that all staff must start a new shift pattern which involves working late in the evening. No staff can opt out. One member of the team takes medication which makes them feel very sleepy in the evenings, so they are not able to work late shifts.

This is likely to be indirect discrimination as it puts individual at a disadvantage.

But it will not be discrimination if the employer is able to justify the arrangement by showing that it is:

- for a good reason, and
- appropriate and necessary.

### **3.4 What is Harassment?**

3.4.1 Harassment is any unwanted physical, verbal or non-verbal conduct that has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. A single incident can amount to harassment.

3.4.2 It also includes treating someone less favourably because they have submitted or refused to submit to such behaviour in the past.

3.4.3 Unlawful harassment may involve conduct of a sexual nature (sexual harassment), or it may be related to age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation. All harassment is unacceptable even if it does not fall within any of these categories.

3.4.4 Harassment may include for example:

- a. unwanted physical conduct or "horseplay", including touching, pinching, pushing and grabbing;
- b. unwelcome sexual advances or suggestive behaviour (which the harasser may perceive as harmless);
- c. offensive emails, text messages, or social media content;
- d. mocking, mimicking or belittling a person's disability;
- e. unwelcome behaviour that is dismissed as 'banter'.

### **3.5 What is Bullying?**

3.5.1 Bullying is offensive, intimidating, malicious or insulting behaviour involving the misuse of power that can make someone feel vulnerable, upset, humiliated, undermined, excluded, discriminated against, or threatened. Power does not always mean being in a position of authority but can include both personal strength and the power to coerce through fear or intimidation.

3.5.2 Bullying can take the form of physical, verbal, and non-verbal conduct. Bullying may include, by way of example:

- a. physical or psychological threats;
- b. overbearing and intimidating levels of supervision;
- c. inappropriate derogatory remarks about someone's performance;
- d. cyber-bullying/social media misuse;

3.5.3 Legitimate, reasonable, and constructive criticism of someone's performance or behaviour, or reasonable instructions given to someone in the course of their employment, will not amount to bullying on their own.

### **3.6 What is Sexual Safety?**

3.6.1 Sexual Safety; is feeling safe from sexual harm, which includes feeling free from being made to feel uncomfortable, frightened, or intimidated in a sexual way.

- 3.6.2 Sexual Wellbeing; is defined as feeling and being sexually safe in and being free from unwanted sexual activity, sexual harassment, and sexual assault.
- 3.6.3 Sexual Incidents are any behaviour of a sexual nature that is unwanted, or makes another person feel uncomfortable or afraid. It also extends to being spoken to using sexualised language or observing other people behaving in a sexually disinhibited manner, including nakedness and exposure. Sexual incidents may also include the unwanted exposure to pornography.
- 3.6.4 Sexual abuse: this includes rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- 3.6.5 Sexual violence: Encompasses acts that range from verbal harassment to forced penetration, and an array of types of coercion, from social pressure and intimidation to physical force
- 3.6.6 Sexual assault: This definition is adapted from The Crown Prosecution Service: *'Is when a person is coerced or physically forced to engage in sexual activity against their will, or when a person (of any gender) touches another person sexually without their consent. Touching can be done with any part of the body or with an object'*. Sexual assault does not always involve physical violence, so physical injuries or visible marks may not be seen.
- 3.6.7 Sexual harassment: Sexual harassment includes any behaviour that is characterised by inappropriate sexual remarks, gestures or physical advances which are unwanted and make a person feel uncomfortable, intimidated or degrade their dignity.
- Verbal and non-verbal sexual gestures or behaviours are categorised as sexual harassment (including staring, leering, and suggestive comments/jokes). These unwanted behaviours may only happen once or be an ongoing series of events. Sexual harassment also includes exposure to body parts and/or self-stimulation and exposure to unwanted online sexual activity (use of the internet, text, audio, video), and this includes unwelcome sexual advances or unwelcome requests for sexual conduct. Sexual harassment may also include unwanted or non-consenting exposure to pornography.
- 3.6.8 Sexual misconduct: describes a range of behaviours including sexual assault, sexual harassment, stalking, voyeurism, and any other conduct of a sexual nature that is non-consensual or has the purpose or effect of threatening, intimidating, undermining, humiliating, or coercing a person
- 3.6.9 Other: This category is for sexual incidents where an individual may have witnessed or experienced something of a sexual nature that does not fit into the categories of sexual harassment or assault, and which made the person feel uncomfortable and/or sexually unsafe.

#### **4. Accountabilities and Responsibilities**

Regardless of status, everyone working within the Trust is expected to treat colleagues with, civility, dignity, and respect in keeping with the Trust Values.

Every colleague has personal responsibility for their own behaviours in relation to this policy and to actively promoting civility in the workplace.

**4.1 Management Responsibilities** - It is the duty of managers to establish and maintain an environment that supports civility, respect, and sexual safety and is free from sexual harm, harassment and bullying by:

- 4.1.1 ensuring that their own working practices reflect the above duty.
- 4.1.2 ensuring that all colleagues in their area of work are made aware that this policy exists and that they have a right to be treated with civility, respect and feel sexually safe and not be bullied, harassed, experience sexual harm or discriminated at work.
- 4.1.3 This includes ensuring that reasonable adjustments are considered and implemented where required, and that managers are alert to the specific challenges faced by colleagues with disabilities.
- 4.1.4 taking prompt action to stop incivility, harassment, sexual harm, discrimination, and bullying. Highlighting that the behaviour is unacceptable, managers may be able to effectively put a stop to the problem without the need for formal action.
- 4.1.5 ensuring all complaints of incivility, harassment, sexual harm, discrimination, and bullying are treated seriously, compassionately and with confidence.
- 4.1.6 ensuring colleagues understand that the victimisation of anyone making a complaint or supporting someone making a complaint is unacceptable and where appropriate will be treated as a disciplinary matter.

**4.2 All Staff** – all colleagues have a responsibility to:

- 4.2.1. refrain from participating in, encouraging or condoning incivility, harassment, sexual harm, discrimination, or bullying.
- 4.2.2 report incidents of incivility, harassment, sexual harm, discrimination, or bullying in the knowledge that complaints will be dealt with in a sensitive manner.
- 4.2.3 support colleagues who raise concerns of incivility, harassment, sexual harm, discrimination, or bullying and encourage them to seek help from an appropriate source.

**5. Procedures and Actions to Follow**

**5.1 If Colleagues are being treated with Incivility**

- 5.1.1 Colleagues should consider whether they feel able to raise the problem informally with the person responsible. They should explain clearly to their colleague that their behaviour is not welcome or makes them feel uncomfortable. If this is too difficult they should speak to their line manager (or line manager's manager), the Human Resources Department, their Trade Union Representative, or Speak up Guardian who can provide confidential advice and assistance in resolving the issues.

Where power imbalances exist (e.g. junior staff, overseas trained staff, apprentices, or those on fixed term contracts), some informal routes may not be appropriate and it may sometime be more appropriate for matters to be dealt with formally.

5.1.2 Addressing concerns informally are always the preferred course of action, the reasons for this are;

- sometimes colleagues are not aware that their behaviour is unwelcome, and an informal discussion can lead to greater understanding and an agreement that the behaviour will cease
- an informal process will always be less damaging to working relationships and less stressful for all those involved.

5.1.3 Should a colleague feel raising the problem directly with the colleague responsible has not been successful consideration should be given to whether further action under the Trust's Resolution Procedure will enable the matter to be resolved.

## **5.2 If you are being harassed, bullied, or discriminated against**

5.2.1 Colleagues should consider whether they feel able to raise the problem informally with the person responsible. They should explain clearly and politely to them that their behaviour is not welcome or makes them feel uncomfortable. If this is too difficult, they should speak to their line manager (or line manager's manager), the Human Resources Department, the Freedom to Speak Up Guardian, or their Trade Union Representative who can provide confidential advice and assistance in resolving the issues formally or informally.

5.2.2 Raising concerns informally may be appropriate if the colleague raising the concern believes the behaviour is unintentional and the person accused is unaware of its impact.

5.2.2 If informal steps are not appropriate, or have not been successful, colleagues should raise the matter through Formal Resolution under the Trust's Resolution Procedure.

5.2.4 Once the formal resolution process is complete, if it is considered that a colleague has been harassed, discriminated against or bullied by another colleague, the matter may be dealt with under the Disciplinary Procedure as a case of possible misconduct or gross misconduct. If the harasser or bully is a third party such as a patient, or other visitor, the Trust will consider what action would be appropriate to deal with the problem. Whether or not the complaint is upheld, it will then be considered how best to manage any ongoing working relationship between the colleague raising the complaint and the person concerned.

## **5.3 If a colleague experience sexual harm**

5.3.1 It can be very difficult to tell someone about a sexual assault or incident. Colleagues are encouraged to speak to a member of staff they trust as soon as possible. Colleagues can also report incidents with their line manager (or line manager's manager), the Human Resources Department, the Freedom to Speak Up Guardian, or their Trade Union Representative, who can provide confidential advice and assistance.

Colleagues will be listened to with compassion and provided support to feel confident and safe to talk about what has happened.

5.3.2 When a sexual incident has been reported the line manager should complete a fact find of the incident and complete a Resolution and Dignity & Work checklist. Line Managers can seek advice from HR Solutions.



- 5.3.3 Any colleague wishing to report any incident to the police will be supported in doing so by their line manager. Line managers can seek advice from HR Solutions.
- 5.3.4 Colleagues will be supported throughout any processes by a direct referral from the manager to [REDACTED]. In order to make the referral the manager will require express consent from the colleague who has experienced the sexual harm, See Appendix B
- 5.3.5 If a sexual incident at work is impacting on a colleague's ability to attend or remain in work, the line manager, with the colleague's consent, should make an Occupational Health referral for further guidance on support.
- 5.3.6 Following the incident the line manager may wish to consider an individual stress risk assessment for the colleague to identify any areas which are triggering stress at work and identify any additional support that may be required.
- 5.3.7 Any reported incidents of sexual harm will be dealt with under the Trust Disciplinary Procedure

#### **5.4 Victimization – Protection and support for those involved**

- 5.4.1 Should a colleague make a complaint or participate in good faith in any investigation they must not suffer any form of reprisal or victimisation as a result. Anyone found to have retaliated against or victimised others in this way will be subject to disciplinary action under our Disciplinary Procedure.
- 5.4.2 Should a complaint be raised against a colleague and subsequently the outcome is the complaint is unfounded the colleague raising the complaint must not suffer any form of reprisal or victimisation as a result. Anyone found to have retaliated or victimised in this way will be subject to disciplinary action under our Disciplinary Procedure.
- 5.4.3 Should it be found that a complaint is malicious or vexatious, further action may be taken under the Trust's Disciplinary Procedure.

#### **5.5 Employee Support**

- 5.5.1 Being subject to incivility, bullying, discrimination, sexual harm, harassment, or victimisation or being subject to difficulties in the workplace giving cause to raise concerns can be very upsetting and stressful for the member of staff and other colleagues affected, including those whom allegations may have been raised against. Managers will use the Staff Support Checklist to ensure that support is identified for all colleagues affected (Appendix A).
- 5.5.2 Where there are concerns about an employee's health or wellbeing, Occupational Health advice will be obtained.
- 5.5.3 Members of staff, including other colleagues affected, will have access to [REDACTED] and can obtain information on support services available via the Occupational Health and Wellbeing, Supporting the Emotional Wellbeing of Staff extranet page

## **5.6 Record Keeping**

- 5.6.1 Information about a complaint by or about a colleague may be placed on their personal file, along with a record of the outcome and of any notes or other documents compiled during the process. These will be processed in accordance with our Data Protection Policy.

Data collected from the point at which the Trust commences action under this policy is held securely and accessed by, and disclosed to, individuals only for the purposes of managing a complaint.

Inappropriate access or disclosure of employee data constitutes a data breach and should be reported in accordance with the organisation's data protection policy immediately. It may also constitute a disciplinary offence, which will be dealt with under the Trust's disciplinary procedure.

## **6. Equality and Human Rights Statement**

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

## **7. Training**

Please refer to the Induction and Mandatory training policy and the Training Needs Analysis. Sexual Safety mandatory training module is accessed via [REDACTED].

**8. Monitoring Compliance with the Document****Monitoring Table**

<b>Element to be Monitored</b>	<b>Lead</b>	<b>Tool for Monitoring</b>	<b>Frequency</b>	<b>Responsible Individual/Group/ Committee for review of results/report</b>	<b>Responsible individual/ group/ committee for acting on recommendations/action plan</b>	<b>Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented</b>
Number of informal and formal complaints, time taken, outcomes and learning	Deputy Director of HR	HR case management log which provides data on cases in terms of ethnicity, age, gender and staff group	Half Yearly	Quality and Safety Committee	People and Organisational Development Committee.	Quality and Safety Committee
Staff Perceptions of Harassment and Bullying	Assistant Director of HR; Workforce Development	Staff Survey Results	Annually	Assistant Director of HR to provide a report to Management Team.	People and Organisational Development Committee	People and Organisational Development Committee

## **9. References**

ACAS – Bullying and Harassment at Work

NHS Terms and Conditions of Service

Civility saves lives website

Just culture

Safety II Suzette Woodward

Equality Act 2010

NHS Sexual Safety Charter

## Appendix A: Staff Support Checklist

This checklist should be used to ensure that staff are provided with timely and appropriate support and that a record of actions taken is kept.

**This form should be completed as appropriate (at the outset of the process and revisited on at least one further occasion) and retained by the manager until the matter is at an end. A copy of checklist should be forwarded to the HR Dept. so that it may be used for the annual audit process.**

<b>Employee name</b>			
<b>Job title</b>			
<b>Manager name</b>			
<b>Date completed</b>			
<b>SUPPORTING STAFF</b>		<b>Initial support</b>	<b>Follow-up</b>
		<b>Date</b>	
<b>1.</b>	Has there been a report of sexual harm? <i>Consider [REDACTED] referral, Occupational Health referral, individual stress risk assessment</i>		
<b>1.</b>	Has a 'Buddy/Mentor' been offered, identified and agreed?		
<b>2.</b>	Has the staff member been signposted to [REDACTED]?		
<b>3.</b>	Was a referral to Occupational Health & Wellbeing discussed with the employee? give details, dates etc		
<b>4.</b>	Has other support been offered to the employee? Yes / No If yes, detail any support taken up. <i>Include any considerations given for staff with protected characteristics and the impact any action may have e.g. disability, race; where necessary seek advice from ESHT Workforce Human Rights &amp; Equality lead.</i> <i>Consider other support available from Staff Networks and national support e.g. NHS employers' Armed Forces toolkit</i>		
<b>5.</b>	Has a copy of the procedure been provided to the employee and the process explained?		

--	--	--	--

Initial Support	
Manager Signature	Date
Employee Signature	Date

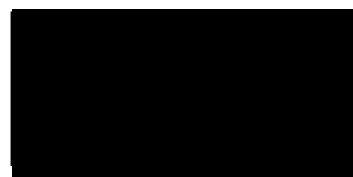
Follow-Up Support	
Manager Signature	Date
Employee Signature	Date

**ACTIONS**

Copy of completed form given to employee  
 Original Form to be filed in staff member's file  
 Copy of completed form sent to Human Resources

Appendix B: [REDACTED] Referral Form

# Referral Form



## Instructions

Please complete all the fields below and carefully read the statement regarding explicit consent for TERC to process the personal data provided in this form. Please ensure you refer Clients in all cases to our Privacy Policy at [REDACTED] for further information on how we process their data. **Please email to [REDACTED]**

## Client Details

Client Full Name:	Reference Number (Internal Use Only)
*Date of Birth:	

\* This information is only required for an additional cross check when we enter your data into our system in the event that we have a client with the same name.

## Contact Information

Home Telephone Number:	
Work Telephone Number: (Please provide full number including any area code and extension)	
Mobile Number:	
Can we send SMS text messages to the above number? Any Special Contact Instructions:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick accordingly)
E-Mail Address:	
Can we send E-Mail to the above address? Any Special Contact Instructions?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick accordingly)

Please detail ANY special CONTACT instructions about messages or confidentiality that the Counsellor needs to be aware of when they need to contact the client.

## Employer Details

Referred By:	Company:
Job Title:	

## Consent

*Has the client provided explicit consent?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (please tick accordingly)
--	--

**IMPORTANT!** Please be aware that we are required BY LAW to have obtained EXPLICIT consent from the above individual and have verifiable evidence of that in the event of a compliance audit by ourselves or the Regulator. If you do NOT have this, you CANNOT process the personal data of this data subject or complete this referral form.

Signature:

Signature of the Person Submitting this Form

Name

Name of the Person Submitting this Form (print)

Date of Signature:

## **Appendix C: Equality and Health Inequalities Impact Assessment (EHIA) template**

Undertaking EHIA helps us to make sure that our services and policies do not inadvertently benefit some groups more than others, ensuring that we meet everyone's needs, and our legal and professional duties.

This is important because:

- Assessing the potential for services and policies to impact differently on some groups compared with others is a legal requirement.
- People who find it harder to access healthcare services are more likely to present later when their disease may be more progressed, have poorer outcomes from treatment, and need more services than other groups who have better access.

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It is against the law to discriminate against anyone because of:

- age
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex
- sexual orientation.

These are called 'protected characteristics'. The Act requires that public sector organisations meet specific equality duties in respect of these protected characteristics. This is known as the public sector equality duty.

### **Public Sector Equality Duty**

Public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees.

Public bodies must have due regard to the need to:

- eliminate discrimination
- advance equality of opportunity
- foster good relations.



## Armed Forces Covenant Duty

The new Covenant Duty raises awareness of how Service life can impact on the Armed Forces community, and how disadvantages can arise due to Service when members of that community seek to access key local services. The Duty requires organisations to pay due regard to the Covenant principles when exercising functions in healthcare. “Due regard” means that we need to consciously consider the unique obligations and sacrifices made by the Armed Forces; that it is desirable to remove disadvantages faced by the Armed Forces community; and that special provision may be justified in some circumstances.

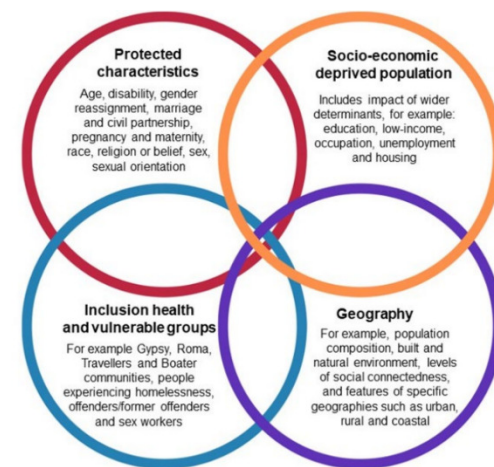
### Health Inequalities Duties- Equity for all

In addition to our legal duties in relation to Protected Characteristics, the Health and Social Care Act and other legislation, NHS Planning Guidance and sector specific recommendations require the NHS to have regard to the need to address health inequalities (or differences in access to or outcomes from healthcare) and take specific action to address them.

Figure 1 shows the different population groups, factors associated with where we live, or our individual circumstances, which separately, or when combined, influence access to and outcomes from health care.

Getting equal outcomes may require different inputs (or services). In completing an EHIA its important to think about whether a one size fits all approach will generate the same good outcomes for everyone, or whether we might need to make some tweaks or adjustments to enable everyone to benefit equally. The health tree diagram shows that unless we think about the needs of different people, equal services might generate unequal outcomes.

The Health Tree<sup>1</sup>



The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the Trust must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.

<sup>1</sup> [https://www.researchgate.net/figure/Equality-and-equity-of-medical-resources-distribution\\_fig2\\_323266914](https://www.researchgate.net/figure/Equality-and-equity-of-medical-resources-distribution_fig2_323266914)



- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the Trust is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy/process is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

NB: Filling out this EHIA in itself does not meet the requirements of the equality and health inequalities duties. All the requirements above must be fulfilled or the EHIA (and any decision based on it) may be open to challenge. Properly used, an EHIA can be a tool to help us comply with our equality and health inequalities duty and as a record that to demonstrate that we have done so. It is advised that you complete the short EHIA training session on [REDACTED] before completing this EHIA.

## SECTION A ADMINISTRATIVE INFORMATION

This form is a central part of how the Trust makes sure and can demonstrate to others that we are meeting our legal duties; and how we can assure ourselves that all patients will get the best outcome for them from our services.

A completed copy of this form must be provided to the decision-maker to your proposal. The decision-makers must consider the assessment when they make their decision about your proposal. Policy/service name and number:	Dignity Respect and Sexual Safety at Work		
Main aims and intended outcomes of the function/policy/service of the changes you are making (if existing policy/service):	This policy addresses inappropriate behavior, including incivility, discrimination, harassment, bullying, and sexual incidents, both at work and during work-related activities. It applies to interactions with colleagues, external consultants, volunteers, contractors, agency workers, and third parties such as patients, suppliers, or visitors. While it is part of the employment contract and subject to change, any concerns raised will be handled with respect for privacy and confidentiality, though some disclosures may be necessary to resolve issues.		
How will the function/policy/service change be put into practice?	Updated policy published via extranet		
Who will be affected/benefit from the policy?	Workforce		
State type of policy/service	Policy <input checked="" type="checkbox"/>	Service	
	Business Case	Function	Existing
Is an EHIA required?	Yes <input type="checkbox"/>		

NB :Most policies/functions will require an EA with few changes as routine procedures	
Accountable Director: (Job Title)	Chief People Officer
Assessment Carried out by:	Name: <span style="background-color: black; color: black;">[REDACTED]</span>
Contact Details:	734616
Date Completed:	17.06.24

## SECTION B ANALYSIS AND EVIDENCE

### Analysis of the potential impact – Equality and Health Inequalities Duties

For this section you will need to think about all the different groups of people who are more likely to experience poorer access or have poorer outcomes from health and care services. For each group please describe in the first column the potential impact you have identified, in the second column explain how you have arrived at this conclusion and what information you used to identify the potential impact, and in the third column say what you are going to do to prevent it from happening, or which elements of a service or policy specifically address the potential impact. Key things to remember.

- Everyone has protected characteristics but some groups who share one or more protected characteristics may be more likely to have poorer outcomes or access compared with others – and it is this potential that the EHIA process seeks to identify and address.
- The information included here should be proportionate to the type and size of the policy/service/change.
- An update to a policy should demonstrate that you have considered the potential for the policy to impact differently on different groups and taken steps to address that.
- A minor policy update is likely to need to be much less comprehensive than an EHIA for a major service change.
- You will need to know information about who uses or could use your service/policy will apply to (the population). You can use information about current patients or staff, and about the general population the Trust serves.

### 3. PROTECTED CHARACTERISTICS - Main potential positive or negative impact of the proposal for protected characteristic groups summarised

Please write in the box below a brief summary of the main potential impact (positive or negative) Please state **N/A** if your proposal will not impact adversely or positively on the protected characteristic groups listed below, but make sure you include information on how you know there will be no impact.

This policy addresses inappropriate behavior, including incivility, discrimination, harassment, bullying, and sexual incidents, both at work and during work-related activities. East Sussex Health Care Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity. The Trust will not tolerate unlawful discrimination on the basis of, spent criminal convictions, Trade union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity for and fostering good relations between; people from different groups and people with protected characteristics.

Protected characteristic	Summary explanation of the positive or adverse impact of your	How do you know this? (include here a brief of what information you have used to identify adverse impact e.g. NICE guidance, local data, news, stakeholder or patient feedback	Action that will be taken to address or negative impact.
<b>Age:</b> older people; middle years; early years; children and young people.	This policy addresses inappropriate behavior, including incivility, discrimination, harassment, bullying, and sexual incidents across all protected characteristics.	<a href="#">NHS England » Civility and respect</a> <a href="#">NHS England » Sexual safety in healthcare – organisational charter</a>	
<b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.	This policy addresses inappropriate behavior, including incivility, discrimination, harassment, bullying, and sexual incidents across all protected characteristics. However, it is recognised that there is a risk of under-reporting due to stigma	<a href="#">NHS England » Civility and respect</a> <a href="#">NHS England » Sexual safety in healthcare – organisational charter</a>	Promote Disability & Neurodiversity Network support.

Protected characteristic	Summary explanation of the positive or adverse impact of your	How do you know this? (include here a brief of what information you have used to identify adverse impact e.g. NICE guidance, local data, news, stakeholder or patient feedback	Action that will be taken to address or negative impact.
<b>Gender Reassignment and/or people who identify as Transgender</b>	This policy addresses inappropriate behavior, including incivility, discrimination, harassment, bullying, and sexual incidents across all protected characteristics.	<a href="#">NHS England » Civility and respect</a> <a href="#">NHS England » Sexual safety in healthcare – organisational charter</a>	
<b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.	This policy addresses inappropriate behavior, including incivility, discrimination, harassment, bullying, and sexual incidents across all protected characteristics.	<a href="#">NHS England » Civility and respect</a> <a href="#">NHS England » Sexual safety in healthcare – organisational charter</a>	
<b>Pregnancy and Maternity:</b> before and after childbirth and who are breastfeeding.	This policy addresses inappropriate behavior, including incivility, discrimination, harassment, bullying, and sexual incidents across all protected characteristics.	<a href="#">NHS England » Civility and respect</a> <a href="#">NHS England » Sexual safety in healthcare – organisational charter</a>	
<b>Race:</b>	This policy addresses inappropriate behavior, including incivility, discrimination, harassment, bullying, and sexual incidents across all protected characteristics. However, overseas-trained colleagues may face additional barriers reporting concerns.	<a href="#">NHS England » Civility and respect</a> <a href="#">NHS England » Sexual safety in healthcare – organisational charter</a>	Ensure accessible reporting routes and cultural competence training
<b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.	This policy addresses inappropriate behavior, including incivility, discrimination, harassment, bullying, and sexual incidents across all protected characteristics.	<a href="#">NHS England » Civility and respect</a> <a href="#">NHS England » Sexual safety in healthcare – organisational charter</a>	
<b>Sex:</b>	This policy addresses inappropriate behavior, including incivility, discrimination, harassment, bullying, and sexual incidents across all protected characteristics.	<a href="#">NHS England » Civility and respect</a> <a href="#">NHS England » Sexual safety in healthcare – organisational charter</a>	

Protected characteristic	Summary explanation of the positive or adverse impact of your	How do you know this? (include here a brief of what information you have used to identify adverse impact e.g. NICE guidance, local data, news, stakeholder or patient feedback	Action that will be taken to address or negative impact.
<b>Sexual orientation</b>	This policy addresses inappropriate behavior, including incivility, discrimination, harassment, bullying, and sexual incidents across all protected characteristics.	<a href="#">NHS England » Civility and respect</a> <a href="#">NHS England » Sexual safety in healthcare – organisational charter</a>	
<b>Veterans/Armed Forces Communities</b>	This policy addresses inappropriate behavior, including incivility, discrimination, harassment, bullying, and sexual incidents across all protected characteristics. However, frequent relocation may impact continuity of support.	<a href="#">NHS England » Civility and respect</a> <a href="#">NHS England » Sexual safety in healthcare – organisational charter</a>	Ensure line managers consider Covenant Duty.

#### 4. HEALTH INEQUALITIES -Potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). **If the policy/procedure is unrelated to patients, this sections does not require completion.**

Please state none if you have assessed that there is not an impact, but please make sure you complete the 'how do you know this' column to demonstrate that you have considered the potential for impact. **If you identify the potential for impact for one or more of these groups please complete the full assessment in Appendix A**

Groups who face health	Summary explanation of the potential positive impact of your proposal	How do you know this? (include here a brief of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder feedback	Action that will be taken to address or potential for negative impact.
------------------------	---	---	--

Groups who face health	Summary explanation of the potential positive impact of your proposal	How do you know this? (include here a description of what information you have used to assess potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder feedback)	Action that will be taken to mitigate potential for negative impact.
<p><b>This includes all groups of people who may have poorer access to or outcomes from healthcare services. It includes:</b></p> <p>People who have experienced the care system; carers; homeless people; people involved in the criminal justice system; people who experience substance misuse or addiction; people who experience income or other deprivation; people with poor health literacy; people living in rural areas with limited access to services; refugees or asylum seekers; people in or who have been in the armed force; other groups who you identify as potentially having poorer access and outcomes.</p>			

## SECTION C ENGAGEMENT

### 5. Engagement and consultation

a. Talking to patients, families and local communities can be a rich source of information to inform health care services. If you are making substantial changes it's likely that you'll have to undertake specific engagement with patients. For smaller changes and policies you may have undertaken some engagement with patient groups, gained insight from routine sources e.g. patient surveys, PALS or Complaints information or information from Healthwatch, you may also have looked at relevant engagement that others have undertaken in the Trust, or locally



Have any engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	-----------------------------

b. If yes, please ensure all stakeholders are listed in the consultation table at the beginning of the policy.

## SECTION D SUMMARY OF FINDINGS

Reflecting on all of the information included in your review-

### 6. EQUALITY DUTIES: Is your assessment that your proposal will support compliance with the Public Sector Equality Duty?

Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	x	x	x
The proposal may support?			
Uncertain whether the proposal will support?			

### 7. HEALTH INEQUALITIES: Is your assessment that your proposal will support reducing health inequalities faced by patients?

Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?		
Uncertain if the proposal will support?		


### 8. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered	Type of consultation, research or other evidence that would address the issue and/or answer the question
1	



2		
3		

**9. EHIA sign-off: (this section must be signed)**

<b>Person completing the EHIA:</b>		<b>Date: 19/06/24</b>
<b>Line Manager of person completing:</b>	<b>Lucy Birch</b>	<b>Date: 19/06/24</b>

**Appendix A**

Breakdown of Groups who are more likely to experience health inequalities:

Groups who face health	Summary explanation of the ative or adverse impact of your	How do you know this? (include here ation of what information you have fy potential adverse impact e.g. NICE al data, evidence reviews, stakeholder edback	Action that will be taken to address the egative impact.
<b>Looked after children and young people</b>			
<b>Carers of patients</b>			
<b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs.			

---

Groups who face health	Summary explanation of the ative or adverse impact of your	How do you know this? (include here ation of what information you have fy potential adverse impact e.g. NICE al data, evidence reviews, stakeholder dback	Action that will be taken to address the egative impact.
<b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.			
<b>People with addictions and/or substance misuse issues</b>			
<b>People or families on a low income</b>			
<b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills).			
<b>People living in deprived areas</b>			
<b>People living in remote, rural and island locations</b>			
<b>Refugees, asylum seekers or those experiencing modern slavery</b>			
<b>People who have served in the Armed Forces</b>			
<b>Other groups experiencing health inequalities (please describe)</b>			

#### Appendix B – EHIA Resources

Sources of Information on the East Sussex population and sources of community or patient insight.

Population Data

[State of the County 2021 Focus on East Sussex](#)

[East Sussex JSNA](#)

[Community Insight](#)

[Further Reading on Equality and Health Inequalities](#)

[Training](#)