

Promoting Equality, Valuing Diversity and Protecting Human Rights Policy

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Lincolnshire Community Health Services NHS Trust

Promoting Equality, Valuing Diversity and

Protecting Human Rights Policy Policy Statement

Background

As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of the nine protected characteristics defined by the Equality Act (2010) age, disability, gender, gender reassignment, sexual orientation, religion & belief, civil partnership/marriage, pregnancy/maternity and race.

Statement

We recognise that everyone has different needs in relation to public services, and that in both the workplace and as service users, certain individuals / groups of individuals can experience unfair and unequal outcomes and this policy states our commitment to overcoming these.

Responsibilities

All staff

Training

Training will be provided through Induction and Mandatory yearly training.

Dissemination

Website, training

Resource implication

None

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1 Introduction

As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, appearance, nationality or culture.

As a Community Trust, we recognise that everyone has different needs in relation to public services, and that in both the workplace and as service users, certain individuals / groups of individuals can experience unfair and unequal outcomes.

2 Purpose and Scope

This policy sets out how Lincolnshire Community Health Services NHS Trust will use equality legislation as a lever to enable our trust to achieve two key things: firstly to deliver patient-centered services that are accessible to everyone; and secondly to become a model employer that attracts and retains the best employees who reflect the population that we serve.

This policy applies to all staff working within the Trust, (including temporary staff, contractors, students and those with honorary contracts) and relates to other Trust staff, contractors and staff from other organisations working on Trust premises.

It applies to all Trust premises and to all Trust staff working in other premises.

3 Definitions

Equal opportunities - emphasises the structures, systems and measures of groups within society and within organisations. Equality of opportunity is about addressing representation and balance.

Equality - is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination based on membership of a particular group.

Diversity - is about the recognition and valuing of difference in the broadest sense. It is about creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and individuals.

Direct discrimination – is where a criterion is applied overtly, that results in less favourable treatment of someone because of their ethnicity, gender, maternity, marriage or civil partnership, disability, religion or belief, sexual orientation, or age e.g. “No Irish served here”.

Indirect discrimination – is where a group of people of the same race, ethnicity, gender, marital or civil partnership status, disability, religion or belief, sexual orientation or age are unjustifiably at a disadvantage in their ability to comply with a specific provision, criterion or practice e.g. a rule saying all staff must be over five feet ten tall is likely to discriminate against women and some racial groups even though it doesn't specifically say no women.

4 *Equality Delivery System (EDS2)*

The Equality Delivery System (EDS) for the NHS was made available in June 2011. It was formally launched on 11 November 2011. Following an evaluation of the implementation of the EDS in 2012, and subsequent consultation with a spread of the NHS organisations, a refreshed EDS is now available. It is known as EDS2.

The main purpose of the EDS, was, and remains, to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the public sector Equality Duty (PSED).

EDS is a tool to support the NHS to integrate equality and meet the requirements of the Equality Act 2010. The EDS was re-launched in November 13 and is now known as *EDS2*. It is more streamlined and simpler to use compared with the original EDS. At the heart of the EDS2 there are 18 outcomes, grouped under 4 Goals, shown in the below table. These outcomes relate to issues that matter to people who use, and work in, the NHS.

Goal	
1	Better Health Outcomes
2	Improved patient access and experience
3	A representative and supported workforce
4	Inclusive Leadership

The challenges that we as an organisation have regarding Equality and Diversity is to ensure that we are in line with the general and specific duties of the Equality Act 2010. Engaging and involving our service users and staff are key to make sure we are meeting our local communities needs within Lincolnshire and beyond.

LCCHS continues to consolidate existing equality legislation to ensure there is no discrimination against people with the following nine protected characteristics.

Workforce Race Equality Standard (WRES)

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Recent research has demonstrated that the treatment and experience of BME staff within the NHS is very significantly worse, on average, than that of NHS white staff. The publication of “The Snowy White Peaks of the NHS” (2014), demonstrated that BME staff were absent from the leadership of many organisations even where the workforce had substantial numbers of BME staff and where the organisation provided services to communities with large number of BME patients.

The report also summarised research over recent years showing that BME staff were treated less favourably by every measure, including promotion, grading, discipline, bullying, and access to non-mandatory training. It demonstrated that such evidence as exists showed little or no progress in recent years despite the growing number of BME staff employed as doctors, nurses and other staff.

There are nine indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator considers the representativeness of the organisation’s Board. NHS organisations analyse their performance against the nine indicators and use the results to develop action plans to make continuous improvements.

LCHS welcomed the decision to have a Workforce RacP_HR_27 Promote Equality Diversity Protect Human Rightse Equality Standard and have developed an action to make continuous improvements.

5 **Equality Legislation**

The Equality Act 2010 aims to harmonise existing discrimination law and places a **general** duty upon public bodies to eliminate unlawful discrimination and harassment and promote Equality.

The Equality Act gives the UK a single Act of Parliament, requiring equal treatment in access to employment as well as private and public services, regardless of age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation. The Equality Act aims to simplify the law by bringing together several pieces of anti-discrimination legislation. It replaces the following employment legislation:

- Equal Pay Act 1970
- Sex Discrimination Act 1975
- Race Relations Act 1976
- Disability Discrimination Act 1995
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Age) Regulations 2006
- Equality Act 2006, Part 2
- Equality Act (Sexual Orientation) Regulations 2007

The public sector Equality Duty (PSED), part of the Equality Act, came into force in April 2011. It requires NHS organisations to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations.

The duty has a key role to play in making sure that fairness is at the heart of public bodies' work and that public services meet the needs of different groups. It covers a range of public bodies, including NHS organisations, government departments, local authorities, schools and police authorities. The duty replaces the three former duties that required government departments, local authorities and other public bodies to take into account gender, race and disability equality both as employers and when making policy decisions and delivering services. The duty standardises this requirement and also extends it to cover age, marriage and civil partnership, religion or belief, sexual orientation, pregnancy and maternity and gender reassignment.

5.1 **The general equality duty**

Section 149(1) of the Equality Act 2010 puts various requirements on NHS organisations when exercising their functions. The general duty requires NHS organisations to have due regard to:

- eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having *due regard* means consciously thinking about the three aims of the PSED as part of the process of decision-making. This means that consideration of equality issues must influence the decisions reached by NHS trusts, such as:

- how they act as employers
- how they develop, evaluate and review policy
- how they design, deliver and evaluate services
- how they commission and procure from others.

5.2 The specific equality duty

In addition to the PSED, Section 153 of the Act gives the government powers to impose specific duties on certain public bodies to help them perform the PSED more effectively.

To help public bodies perform the public sector Equality Duty (PSED) more effectively, regulations were approved in Parliament on the 6 September 2011 that introduce two specific duties. The duties mean that NHS organisations are required to:

- publish information to demonstrate compliance with the PSED at least annually starting from 31 January 2012
- Prepare and publish equality objectives at least every four years starting from 6 April 2012.

6 Human Rights

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; and 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 trade 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

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.

7 Roles and Responsibilities

It is the responsibility of every person to act in ways that support equality and diversity. Equality and diversity is related to the actions and responsibilities of everyone – users of services including patients, clients and carers; work colleagues; employees; people in other organisations; the public in general.

Successful organisations are ones that reflect the richness of diversity that exists in society and will include people of different: abilities; ages; bodily appearances; classes; castes; creeds; cultures; genders; geographical localities; health, relationship, mental health, social and economic statuses; places of origin; political beliefs; race; religion; sexual orientation; and those with and without responsibilities for dependents.

LCCHS is committed to ensuring that high performance is rewarded and that all staff have the opportunity to develop in role to reach their potential. It is also essential that we have assurance that performance management systems are in place. LCCHS performs yearly Appraisals through the 'Your Performance Matters', Equality & Diversity is embedded in this process.

All staff members are responsible for their own behaviour and for ensuring that they comply with this policy.

All managers have a responsibility to implement this policy and to bring it to the attention of staff members in their work area, in order to establish and maintain a work environment free of discrimination. They must:

- Act in accord with the guidance and values set out in the NHS Constitution²
- Consult with their Workforce and Equality & Diversity Lead at any time for advice\ support and guidance
- Promote equality in their working environment
- Raise any areas of equality concerns through the appropriate channels i.e. line manager and or via the Equality & Diversity Lead set a positive example by treating others with respect and dignity setting standards of acceptable behavior
- Tackle, and where possible, resolve incidents of discrimination

The Trust Board and Chief Executive have a role in promoting equality, valuing diversity and protecting human rights throughout the Trust

¹ NHS Constitution and Explanatory Guide. Department of Health (2009) <http://www.dh.gov.uk/nhsconstitution>

7.1 Role of the Equality and Diversity Steering Group

The Equality and Human Rights Sub Committee has a responsibility to ensure that the policy is followed. Their duties will involve:

- Ensuring the effective implementation and monitoring of the Single Equality Strategy Incorporating the Equality Delivery System (EDS2)
 - Reviewing and amending the policy as necessary
 - Reporting to the Trust Board on progress
 - Address any Equalities & Human rights issues that may arise or occur
- Review the progress of the EDS2 & WRES action plans on a regular basis

8 Procedure for promoting equality, valuing diversity and protecting human rights

We will continue to actively encourage all staff, patients, carers and members of the public to report any incidents of direct and indirect discrimination or areas of concern.

We will also ensure that positive steps are taken to ensure prevention of indirect discrimination in the development and application of Trust policies, procedures and service developments through equality analysis/equality impact assessments

8.1 Single Equality Strategy incorporating EDS2 Action Plan 2015 - 2018

The Lincolnshire Community Health Services NHS Trust Single Equality Strategy aims to improve the quality of healthcare by:

- **Reducing inequality and eliminating unlawful discrimination** in all aspects of in the Trusts delivery of local health services;
- **Promoting equality of opportunity** while valuing diversity, both among employees within the Trust and across communities within Lincolnshire;

The Single Equality Scheme details how we have met the specific duty to develop and publish a three– yearly single equality scheme identifying our equality goals and associated action plan which also sets out what we will do to meet each of our specific equality duties. The Single Equality Scheme covers the nine equality strands of age, race, disability, gender, gender reassignment, sexual orientation, religion/belief, maternity & pregnancy, marriage and civil partnership as well as looking into actions that the Trust can take to promote equality in healthcare for those at a socio-economic disadvantage. The action plan aims to meet both high level and local action plans, in consultation with employees, Trade Unions and external stakeholders (including local community and voluntary organisations and other public bodies).

8.2

The Single Equality Scheme and action plan:

- Is available in a range of formats via our website
- Has been developed in consultation with staff, service users, carers and local voluntary / community sector organisations
- It is monitored for progress every 6 months (December and June)
- Reviewed annually for any additional actions (inviting comments from all stakeholders)
- Refreshed every three years

8.3 **Accountability of the Single Equality Scheme 2012 – 2015**

The overall accountability and responsibility of the Single Equality Strategy & EDS2 Action Plan is with the Director of Nursing & Operations ion with the Director of Workforce & Transformation and with the Equality & Diversity Lead. The Equality & Diversity Steering Group meets bi-monthly and will review progression on our Equality Objectives, the EDS2 and the WRES Action Plans, and will address Equality & Diversity issues that may arise.

9 **Equality Analysis**

The duty does not set out a particular process for equality analysis that all public authorities are expected to follow. This means that an organisation can choose whether to extend an existing impact assessment approach to the new protected characteristics, or to develop a new approach for your organisation.

LCBS has chosen to work with the Equality Analysis tool. The change in terminology from ‘equality impact assessment’ to ‘analysis of the effects on equality’ is intended to focus more attention on the quality of the analysis and how it is used in decision-making, and less on the production of a document, which some may have taken to be an end in itself. All work on Equality Analysis is to be linked with equality work.

For example, you can use information gathered in your analysis when reviewing functions and when

planning engagement. The issues raised by your analysis may also be valuable when setting your objectives.

The change in terminology from 'impact assessment' to 'analysis of the effects' is intended to focus more attention on the quality of the analysis and how it is used in decision-making, and less on the production of a document.

Case law has established that analysis of the potential effect on equality should be done when you start to develop or review a policy or service. This will inform policy/service design and final decision-making. When completing equality analysis the organisation's template should be adhered to (the template can be found on the staff website). This should be an accurate, dated, written record of the steps you have taken to analysis of the impact on equality. This will help you to check whether you are complying with the duty and it will be useful if your decisions are challenged. Equality Analysis should be completed by the author of the said policy/service change. Advice for completion of the analysis can be sort from the Equality Lead for the Trust.

Using the Equality Analysis tool, The Trust will analyse the effect of new policies and services for all of the protected characteristics, and all aims of the duty, with the following exception:-

- In relation to marriage and civil partnership, the analysis applies only to the elimination of discrimination.

10 Age Discrimination

The Equality Act 2010 includes provisions that ban age discrimination against adults in the provision of services and public functions. The ban came into force on 1 October 2012 and it is now unlawful to discriminate on the basis of age unless:

- the practice is covered by an exception from the ban
- good reason can be shown for the differential treatment ('objective justification')

The ban on age discrimination is designed to ensure that the new law prohibits only harmful treatment that results in genuinely unfair discrimination because of age. It does not outlaw the many instances of different treatment that are justifiable or beneficial. <https://www.gov.uk/equality-act-2010-guidance>

11 Reporting incidences of Direct and Indirect Discrimination

- Where **direct discrimination** occurs between members of staff those affected are advised to use the procedure set out in the Trust's Bullying and Harassment policy.
- Where **direct discrimination** occurs against a member/s of staff by a service user/s then the person/s affected should report this to their immediate line manager and complete the necessary documentation to report it.
- Where **direct discrimination** occurs between service users we encourage you to report this via Datix.
- Where **direct discrimination** occurs against a service user/s by a member of staff then those affected are encouraged to report the incident via Datix.

- Where **indirect discrimination** occurs or is suspected we encourage both staff and service users to use the complaints procedure and Datix.

12 Consultation, Approval and Ratification Process

The procedures described in this policy have been will be discussed and agreed with the following:

Policy Development Group

Equality & Human Rights Sub Committee

13 Review and Revision Arrangements including Version Control

This policy will be reviewed every three years. The Equality & Diversity Lead, with support from the Workforce & Transformation Team are responsible for reviewing this policy.

14 Dissemination and Implementation

This policy will be disseminated to the following:

- All staff and contractors working for the Trust
- The policy is kept electronically on the on the Trusts Website
- Equality & Diversity Lead

The Trust will make the following training provisions to ensure this policy is disseminated consistently:

- All new staff, including temporary and locum staff will be made aware of this policy during the induction process
- Existing staff will have access to Mandatory training which includes Equality and Diversity awareness
- Bespoke equality and diversity training sessions on request

15 Document Control including Archiving Arrangements

This document is placed on the Website and it will be archived automatically when superseded by subsequent versions on the Trust Website.

16 Monitoring Compliance With and the Effectiveness of this policy

Compliance with this policy will be monitored in the following ways:

Area for monitoring	Method of monitoring	Frequency	Responsibility	Monitoring Group / Committee
Single Equality Strategy EDS Action Plan 2015 – 2018 (non-operational actions)	Progress on implementation of each action point of the Single Equality Scheme Action Plan	Annually	Equality & Diversity Lead	Equality and Human Rights Sub Committee Workforce & Transformation Board of Assurance Quality & Risk Trust Board
Single Equality Strategy EDS Action Plan 2015 – 2018 (operational actions)	Progress on implementation of each action point of the Single Equality Scheme EDS2 Action Plan	Annually	Equality & Diversity Lead	Equality and Human Rights Sub Committee Workforce & Transformation Board of Assurance Quality & Risk Trust Board

Equality Analysis completed and made available to the public	All policies available on Trusts website to include an Equality Analysis Data base to be set up to monitor - 2016	Annually	Equality & Diversity Lead	Equality and Human Rights Sub Committee
Production of an annual Equality report on workforce	Annual Equality review to the Trust Board and made available to the public	Annually	Equality & Diversity Lead	Equality and Human Rights Sub Committee Quality & Risk Committee Trust Board
Measuring performance of related policies (e.g. Bullying & Harassment)	Analysis of equality monitoring data relating to other policies (e.g. Bullying & Harassment, Complaints)	Annually	Workforce & Transformation Team & Equality & Diversity Lead	Equality and Human Rights Sub Committee
Workforce Race Equality Standard (WRES)	Progress of implementation on all 9 indicators	Annually	Equality & Diversity Lead and representative from the Workforce & Transformation Team	Equality & Human Rights Sub Committee Workforce & Transformation Board of Assurance Quality & Risk

17 **References**

The following Acts of Parliament may be connected to Promoting Equality, Valuing Diversity & Protecting Human Rights:

- Civil Partnership Act 2004
- Crime and Disorder Act 1998
- Criminal Justice and Public Order Act 1994
- Disability Discrimination Act 1995
- Disability Discrimination Act 2005
- Employment Act 2002
- Employment Equality (Age) Regulations 2006
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Rights Act 1996
- Equal Pay Act 1970
- Equality Act 2010
- Equality Duty 2010
- Gender Recognition Act 2004
- Health and Safety at Work Act 1974
- Health Bill 2009
- Human Rights Act 1998
- Protection from Harassment Act 1997
- Race Relations (Amendment) Act 2000
- Race Relations Act 1976
- Racial and Religious Hatred Act 2006
- Sex Discrimination Act 1975 (as amended by the Sex Discrimination Act 1986)
-

18 **Associated Documentation**

The associated Trust documentation may be found on Trust website and are entitled:

- Disciplinary Policy
- Grievance Policy
- Dignity at Work Policy
- Induction Policy
- NHS Constitution

19 **Equality Monitoring**

It is both a requirement and good practice to know the composition of our patients and workforce so that issues of under-representation can be addressed and needs provided for. The Trust uses equality data to understand whether people from all backgrounds are being treated fairly. Even in equality areas where there is no legal requirement to monitor, it is good practice for the Trust to know whether its services are accessible and used by all groups, so that issues of under-representation can be addressed.

Monitoring gives equal opportunities credibility and integrity and it is the basic foundation for evaluating the extent of diversity. The results of equality monitoring can inform the effective use of resources, improve competitiveness by attracting and retaining staff, and enhance service delivery by understanding who our patients and service users are.

Equality data can be used to monitor the effects of policies, practices and activities on staff, patients, and service users from all equality groups and identify where there may be an adverse effect on particular groups. Without equality monitoring, the Trust will never know whether its equality policies are working. In turn, this can help to identify positive changes that can be made to improve equality and diversity in every aspect of The Trust, including access and levels of satisfaction amongst patients and service users through to staff recruitment employment or training.

19.1 ***Equality Monitoring under 16's***

The Trust has taken a decision not to equality monitor children under the age of 16 around the areas of sexual orientation, gender reassignment, marriage/civil partnership or pregnancy and maternity. Unless it is in the area of sexual health.

Religion & Belief, gender, age, disability, race and ethnicity will be collected for under 16's.

Equality Analysis

Title: Promoting Equality, Valuing Diversity and Protecting Human Rights Policy

Relevant line in: Promoting Equality, Valuing Diversity and Protecting Human Rights Strategy

What are the intended outcomes of this work? *Include outline of objectives and function aims.* This policy sets out how the Lincolnshire Community Health Services NHS Trust will use Equality Act and the Care Quality Commissions Care standards as a lever to enable our trust to achieve two key things: firstly to deliver patient centered services that are accessible to everyone; and secondly to become a model employer that attracts and retains the best employees who reflect the population that we serve.

Who will be affected? *e.g. staff, patients, service users etc.* All

Evidence *The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.*

What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

The policy provides the backdrop to the Single Equality Strategy which fulfils the duties set out in EDS goals & Outcomes and also the Equality Act by developing and setting Equality Objective. It also details who is responsible for ensuring that equality is promoted, diversity is valued and human rights are protected in every action / interaction that the Trust has with staff and service users.

Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

No

Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

No

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travelers, language barriers.*

No
<p>Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</p> <p>No</p>
<p>Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</p> <p>No</p>
<p>Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</p> <p>No</p>
<p>Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</p> <p>No</p>
<p>Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</p> <p>No</p>
<p>Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</p> <p>No</p>
<p>Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</p> <p>No</p>

• **Engagement and involvement**

Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve)?
Yes

How have you engaged stakeholders in gathering evidence or testing the evidence available? NA

How have you engaged stakeholders in testing the policy or programme proposals? No

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

N/A

Summary of Analysis *Considering the evidence and engagement activity you listed above, please summarize the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

This Policy is to support the implementation of Equality & Diversity into the organisation.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

Eliminate discrimination, harassment and victimisation *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

N/A

Advance equality of opportunity *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

The Policy helps the Trust to comply with the general equality duty requiring public authorities, in the exercise of their functions, to have due regard to the need to:

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

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

N/A

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

Overall impact will be that Equality & Human Rights will be Mainstreamed into the Trust.

For the record

Name of person who carried out this assessment:

Rachel Higgins, Equality & Diversity Lead

Date assessment completed: 08.08.2016

Name of responsible Director/ General Manager: Lisa Green, Director of Nursing & Operations

Addressing the impact on equalities Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.

Through our corporate EDS2 Strategy & Action plan 2012-2015

Action planning for improvement Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

This policy is to be used in line with the EDS2 Strategy & Action plan 2015-2018

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

Plans already under way or in development to address the **challenges** and **priorities** identified. Arrangements for continued engagement of stakeholders.

- Arrangements for continued monitoring and evaluating the policy or service for its impact on different groups as the policy/service is implemented (or pilot activity progresses)
- Arrangements for embedding findings of the assessment within the wider system, other agencies, local service providers and regulatory bodies
- Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
- Arrangements for making information accessible to staff, patients, service users and the public
- Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.
-
-

Date assessment was signed:

Human Rights Assessment Tool

The Human Rights Act, which came into force in October 2000, incorporates into domestic law the European Convention on Human Rights to which the UK has been committed since 1951. Section 6 of the Human Rights Act makes it unlawful for a public authority to act in a way that is compatible with a Convention right. The underlying intention of the Act is to create a Human rights culture in public services.

		Yes/No	Comments
1	Will it affect a person's right to life?	No	
2	Will someone be deprived of their liberty or have their security threatened?	No	
3	Could this result in a person being treated in a degrading or inhuman manner?	No	
4	Is there a possibility that a person will be prevented from exercising their beliefs?	No	
5	Will anyone's private and family life be interfered with?	No	

If the answer is "yes" to any of the above questions on the proforma can the policy be amended to avoid impacting on Human Rights? If not, please refer it to the Equality & Human Rights Lead for advice and guidance.

