



Northamptonshire Healthcare
NHS Foundation Trust

Equality, Inclusion and Human rights Policy
2016-2020

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Table of Contents

1. Background	4
2. Legislative Framework	6
2.1 Equality Act 2010.....	6
2.2 Public Sector Equality Duty (PSED).....	7
2.3 Specific Duties for Public Sector Bodies.....	8
2.4 Equality Analysis and Due Regard.....	9
2.5 NHS Equality Delivery System (EDS).....	10
2.6 Workforce Race Equality Standard (WRES).....	11
2.7 Equality Objectives.....	12
2.8 Accessible Information Standard (AIS).....	13
2.9 Gender Pay Gap (GPG).....	14
3. Duties and responsibilities.....	15
4. Information sharing and engagement.....	25
5. Review and Renewal.....	29
Appendix 1 Definitions/explanations	
Appendix 2 Equality/Due regard Flow diagram	

Equality, Inclusion and Human rights Policy

1. Background

This policy sets out Northamptonshire Healthcare Foundation Trust commitment to tackle discrimination, promote human rights, equality and diversity for service users, patients, staff and carers in all areas of employment practice and service delivery.

The Trust is a major employer and healthcare provider within Northamptonshire and outside of the county. With a large, diverse workforce and patient population, the Trust recognises the importance of promoting human rights, equality, inclusion and diversity whilst tackling inequality, discrimination and harassment are central to the achievement of our vision and core values.

Our vision is for NHFT is to become a leader in the field of promoting equality, valuing diversity and tackling health inequalities whilst building strong and sustainable partnerships with local stakeholders.

The Trust recognises that certain groups have historically been disadvantaged in regards to their experiences as service users, patients, carers or employees of the organisation on the basis of their protected characteristic. Evidence from national and local surveys, consultation and research shows that some groups experience more health inequalities than others in terms of:

- Access into service
- Experience in services
- Outcomes of treatment and care.

This policy provides a framework for the Trust that will ensure compliance with the Equality Act 2010 and Human Rights Act 1998 in respect of our duties as an employer and provider of NHS services.

The policy outlines rights and responsibilities of the Trust (as an employer and service provider), staff (as employees) and patients (as users of services). We are committed to ensuring the development and enhancement of a culture of inclusion within the organisation, where dignity, respect, fairness and equality for all is the basis.

It is the aim of the Trust to ensure that there is no unlawful discrimination (direct / indirect or by way of victimisation) against its service users, patients, carers, visitors, existing employees or those wishing to seek employment with the Trust. The purpose of this policy is to set out the steps that the Trust will take to achieve this.

This policy seeks to ensure that all decisions are fair and based on valid and relevant criteria and not based on prejudice or bias. The policy also sets out the steps for individuals to raise concerns if they feel that they have not been treated fairly related to a protected characteristic.

This policy covers the key aspects of human rights, equality and diversity in employment and service delivery. This policy applies to:

- All Trust employees, students, governors, volunteer staff on all sites and contractors
- Service users, patients, their families and their carers

The Trust is committed to meeting the targets that relate to health inequalities and treatment and the standards set out by the Care Quality Commission.

The Trust's approach to equality, inclusion and diversity also draws on the Policy of the NHS Executive, the NHS Constitution, the Agenda for Change Handbook and the relevant Codes of Practice that have been developed by organisations including the Commission for Equality and Human Rights and the Government Equalities Office

2. Legislative Framework

2.1 The Equality Act 2010 sets out our legal responsibilities in relation to discrimination law in relation to provision of services to service users and employment. It replaces previous discrimination law (e.g. Disability Discrimination Act 1995) and includes the following:

- Extends the groups protected (protected characteristics)
- Removal of health questionnaires
- Bans discrimination by association
- Bans direct and indirect discrimination
- Ban on Age Discrimination in the provision of goods and services
- Bans harassment, victimisation and failure to make reasonable adjustments
- Replaces all previous discrimination law
- Introduces harassment by third parties

2.2 Equality Act 2010 requires all public bodies to consider the need to have due regard to:

- Eliminate discrimination, harassment and victimisation or any other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity
- Foster good relations between groups of people sharing a protected characteristic and those that do not
- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

These specific duties require public bodies to publish relevant proportionate information showing compliance with the PSED, and to set Equality Objectives.

2.3 The protected characteristics:

The Act identifies nine characteristics as protected by the Act:

- **Age** - including specific ages and age groups
- **Disability** - including cancer, HIV, multiple sclerosis, and physical or mental impairment where the impairment has a substantial and long-term adverse effect on the ability to carry out day-to-day activities
- **Race** - including colour, nationality and ethnic or national origins
- **Religion or belief** - including a lack of religion or belief, and where belief includes any religious or philosophical belief
- **Sex**
- **Sexual orientation** - meaning a person's sexual orientation towards persons of the same sex, persons of the opposite sex and persons of either sex
- **Gender re-assignment** - where people are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex
- **Pregnancy and maternity**
- **Marriage and civil partnership**

2.2 Public Sector Equality Duty (PSED)

Section 149 of the Equality Act 2010 imposes a duty on public authorities in the exercise of their functions to have due regard to the need to:

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

1. Eliminating discrimination:

- The Act prohibits direct and indirect discrimination, harassment and victimisation of people with relevant protected characteristics

2. Advancing equality of opportunity involves:

- Removing or minimising disadvantage experienced by people due to their personal characteristics
- Meeting the needs of people with protected characteristics
- Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

3. Fostering good relations involves:

- Tackling prejudice, with relevant information and reducing stigma, and
- Promoting understanding between people who share a protected characteristic and others who do not.

Having due regard entails considering the above three aims of the PSED in all the decision making as in:

- How the organisation acts as an employer
- Developing, reviewing and evaluating policies
- Designing, delivering and reviewing services
- Procuring and commissioning
- Providing equitable access to services

The legislation acknowledges that in some circumstances compliance with the PSED may involve treating some persons more favourably than others, but not where this would be prohibited by other provisions of the Act.

2.3 Specific Duties for Public Sector Bodies

This policy sets out our commitment to ensure that as a public body listed in Schedule 19 of the Act we will adhere to the Public Sector Equality Duty (PSED). NHS organisations are listed as public authorities.

The Equality Act 2010 (Specific Duties) Regulations 2011 require all listed public bodies to:

1. Publish information to demonstrate its compliance with the duty imposed by section 149(1) of the Act. This must be done no later than 31st January 2012 and at subsequent intervals not greater than one year beginning with the date of the last publication.
2. Prepare and publish one or more objectives, by 6th April 2012 and subsequently at intervals not greater than four years, it thinks it should achieve to do any of the things mentioned in section 149 of the Act.

The publication of information needs to include the following:

- It's employees (for authorities with more than 150 staff)
- People affected by its policies and practices (for example, service users)
- The information must be published in a manner that is accessible to the public
- Procurement and commissioning (anyone who exercises public functions, must also, in the exercise of their functions have due regard to this duty)

2.4 Equality Analysis and Due Regard

Following on from the NHFTs work in creating appropriate and effective governance processes for its business, NHFT is committed to ensuring there is an effective, proportionate and live method of considering equality, inclusion and human rights (EIHR) for all relevant decisions it makes that is consistent across the organisation.

The process of Equality Analysis and demonstrating 'Due Regard' for adverse impacts upon any of the Protected Characteristics is designed to embed EIHR considerations into NHFTs business processes and enable a more evidenced approach.

The Due Regard element of the process is where NHFT can evidence that decisions have been influenced appropriately by the Equality Analysis that has been undertaken therefore ensuring a proactive approach to inclusive practice while also meeting the requirements of the of the Public Sector Equality Duty under the Equality Act 2010.

NHFT is committed to ensuring that decisions, business cases, cost improvement programmes, and any other business plans are evaluated for their impact on both quality and to ensure that we give 'due regard' to their impact on equality as required by the Equality Act 2010.

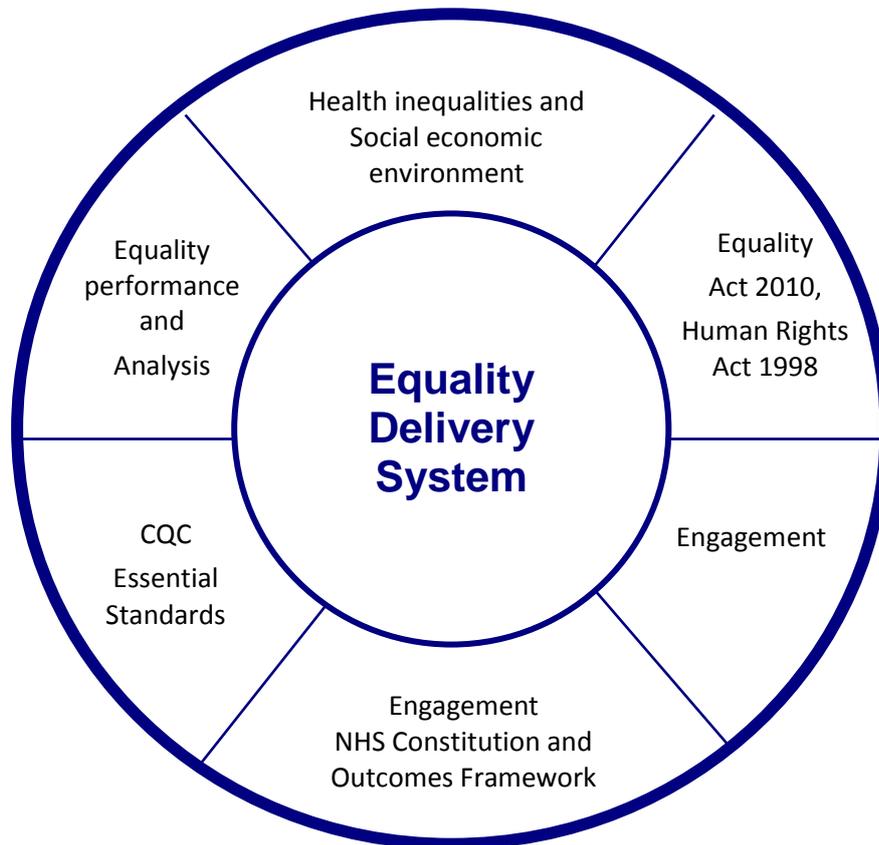
NHFT have refreshed the Equality Impact Assessment procedure to include method and further guidance on conducting analysis and providing 'Due Regard' can found in [Appendix 4](#) the process flow chart is [Appendix 3](#).

The purpose of Equality Analysis and 'Due regard' in this Policy is to set out the responsibilities; process and format to be followed when undertaking a combined impact assessment and analysis of the effects of our actions on the population and specifically the Protected Characteristics.

To ensure we are compliant with the Public Sector Equality Duty, we use equality information and the evidence from our consultations and engagement to identify the likely or actual effects on individuals, groups and communities in respect of the different protected characteristics. We look for opportunities to promote equality, as well as identifying any actual or potential adverse impact so that, where possible, it can be removed or mitigated.

2.5 NHS Equality Delivery System (EDS)

The Equality Delivery System (EDS) framework was designed by the NHS to support NHS commissioners and providers to meet their duties under the Equality Act. The EDS has four goals, supported by 18 outcomes. NHFT will use the EDS as a tool kit to meet the requirements under the Equality Act and we believe this will impact positively in other areas of work as in the diagram below:



This policy sets out our commitment use principles of the Equality Delivery System² (EDS²) to create a service that meets the needs of all regardless of their protected characteristic or disadvantage. A service that delivers better outcomes for patients, communities and better working environments for staff, which are personal, fair and diverse.

2.6 NHS Workforce Race Equality Standard (WRES)

This policy sets out a commitment to ensure that we will implement and adhere to the requirements of the NHS Workforce Race Equality Standard (WRES) and the required quantitative equality analysis of the workforce in terms of race and ethnicity. Compliance with the WRES requires a report covers nine indicators:

Workforce Indicators:

1. Percentage of BME staff in Bands 8-9, and amongst Very Senior Managers (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce
2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts
3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (based on data from a two year rolling average of the current year and the previous year)
4. Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff

Staff Survey Indicators

5. KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6. KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7. KF 27. Percentage believing that their organisation provides equal opportunities for career progression or promotion
8. Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Boards

9. Boards are expected to be broadly representative of the population they serve.

2.7 Equality Objectives 2016 -2020

In accordance with Public Sector Equality Duty under Equality Act 2010 and in consultation with stakeholders the Trust is committed to preparing and publishing equality objectives every four years and reviewing our progress annually.

As required by the PSED the Trust will publish:

- **Information to demonstrate its compliance with the public sector Equality Duty at least annually**
- **Equality objectives at least every four which are objectives must be specific and measurable.**

The four overarching Equality Objectives 2016 -2020, agreed by the Board of Directors to help meet the general duty under the Equality Act 2010 are to improve equality:

SMART Equality Objectives 2016 – 2020	
1. Equality Objective	Increase the proportion of staff disclosing their disability from 3% and sexual orientation from 1.25% by 1% percentage as a minimum each year
2. Equality Objective	Increase the proportion of service user data completed on the patient profiles (single patient profile) setting baseline figures 2017 across the all protected groups and then setting targets in 2018 to meet by 2020
3. Equality Objective	Increase the representation of BME Staff above at Bands 7-8 (and above) by 5% by 2020 (implementing WRES – action plan) , this excluded medical staffing
4. Equality Objective	Each pathway to develop one (SMART) Equality Objective by 2018 that will be reviewed annually until 2020
Expected outcomes	We want to improve the information we have about patients and staff by in protected groups and improve how we use this information to develop services responsive and appropriate as a diverse workforce that is supported and inclusive.

The Trust objectives are supplemented with SMART action plan (Specific, Measureable, Attainable, Realistic and Timely). The Equality Objectives are reviewed quarterly and monitored through the Equality and Inclusion Assurance Board.

2.8 Accessible Information Standard (AIS)

The NHS 'Accessible information standard' requires that all organisations which provide NHS or adult social care must follow the accessible information standard by law. It directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs. NHFT makes an explicit commitment to ensure through the operation of this policy that this is adhered to.

This includes, but is not limited to, people who are blind or have some visual loss, people who are d/Deaf or have some hearing loss, people who are deafblind and people with a learning disability. The Accessible Information Standard applies to – and therefore must be implemented and adhered to by – all providers of NHS and publicly funded adult social care.

Required Activities

The Trust is committed to implementing the Standard, which requires the organisation complete five distinct stages or steps leading to the achievement of five clear outcomes:

1. **Identification of needs:** a consistent approach to the identification of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss.

2. **Recording of needs:**
 - a. Consistent and routine recording of service users', carers' and parents' information and communication needs, where they relate to disability, impairment or sensory loss, as part of patient/service user records and clinical management/patient administration systems;

 - b. Use of defined clinical terminology to record such needs in electronic systems;

 - c. Use of specified English definitions indicating needs, where systems are not compatible with any of the three clinical terminologies or where paper-based systems/records are used;

 - d. Recording of needs in such a way that they are "highly visible"

3. **Flagging of needs:** establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and/or communication need, and prompt staff to take appropriate action and/or trigger auto-generation of information in an accessible format/other actions such that those needs can be met.

4. **Sharing of needs:** inclusion of recorded data about individuals' information and/or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes
5. **Meeting of needs:** taking steps to ensure that the individual receives information in an accessible format and any communication support that they need.

2.9 Gender Pay Gap (GPG)

The Equality Act 2010 (Specific Duties) Regulations 2011 (SDR) required bodies with 150 or more employees to publish information on the diversity of their workforce. The Government Equalities Office (GEO) and the Equality and Human Rights Commission (EHRC) provided guidance that made it clear that employers should consider including GPG information in the data they already publish.

As NHFT has more than 250 employees we will adhere to the requirement to publish the following information annually for all employees who are employed under a contract of employment, a contract of apprenticeship or a contract personally to do work. This will include those under Agenda for Change terms and conditions, medical staff and very senior managers.

Publishing requirements and monitoring

- The information outlined above will need to be published within one year of the date for the 2017 snapshot (by 30 March 2018).
- The information must be published on a website that is accessible to employees and the public free of charge. The information should remain on the website for a period of at least three years beginning with the date of publication.
- The EHRC will be responsible for monitoring how public bodies are complying with the GPG reporting requirements and can take enforcement action.

3. Duties and responsibilities

3.1 All NHFT staff have a responsibility to implement this policy. We will ensure that staff understand that they can be held personally liable for any acts of unlawful discrimination or harassment. The Equality Act 2010 requires us to pay 'due Regard', when considering the effects on different groups protected from discrimination (protected characteristics). The requirement to give 'due regard' will be demonstrated by carrying out an equality analysis (EA) on relevant Trust functions.

3.2 The Trust has an on-going equality programme of work to deliver on its Equality Objectives across all functions and this programme is quality assured by the Equality and Inclusion Assurance Board (EIAB), and Equality and Inclusion Networks

3.3 The principle of promoting equality, human rights, inclusion and meeting individual needs is part of the ethos of all policy and service development.

3.4 All staff receive equality and inclusion basic skills through induction, staff briefings, face to face and e-learning training.

3.5 All policies, strategies, service redesign and organisational changes (including budget decisions) will undergo an equality analysis (Due Regard) at the start of the development process, and the outcomes of these are implemented. Service users, including patients and staff will be involved in the development of new policies, services and the monitoring of progress to achieve actions plans.

4. Trust

NHFT has a moral and legal responsibility for promoting human rights, equality, valuing diversity and tackling discrimination and ensuring that adequate resources are allocated in order to achieve the aims of this policy.

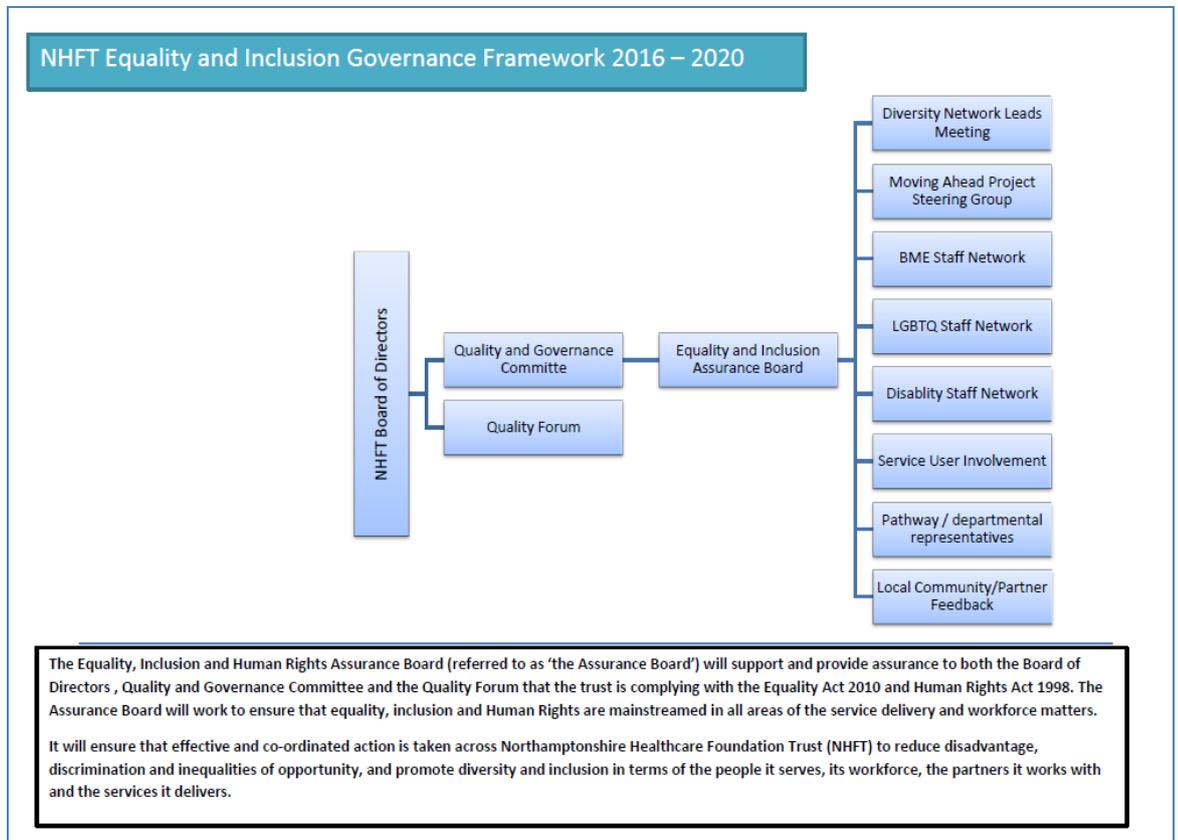
The Trust Board has overall corporate responsibility for ensuring that the Trust complies with their legal and ethical obligations (With regards to equality and inclusion) in their dealings with staff, service users, patients, carers, the public and other stakeholders.

In addition the respective Boards will:

- Ensure that the organisation has equality objectives that meet the requirements of the public sector equality duty as set out under the provisions of the Equality Act 2010. Fully support the government's objectives to eradicate modern slavery and human trafficking (Modern Slavery Act 2015).
- The Board of Directors will receive and consider regular reports in order to evaluate the effectiveness of the policy and review and approve the annual Equality Information Report (EIR).

- The Director of Nursing is responsible for the effective operation of this policy and the Equality and Inclusion Assurance Board will assure the Trust Board of compliance with Equality Act 2010:

Equality and Inclusion Governance Framework



The NHFT Equality and Inclusion & Human rights Assurance Board (EIAB) will provide the governance arrangements and quality assurance of the Trust’s equality and inclusion work.

The EIAB will be responsible for ensuring that there are robust processes in place to deliver our commitment to equality and inclusion and will raise any risks appropriately to the Quality Forum, Quality and Governance Committee or the Trust Board as appropriate.

Equality and Inclusion Team

The Equality and Inclusion team will be responsible for driving the equality, inclusion and human rights agenda forward and progress is reported to the Trust Board.

Implementation of this policy will be led by the Equality and Inclusion Lead who will provide advice and assistance.

- Advise the Equality and Inclusion Assurance Board to enable them to comply with equality and human rights legislation

- Support the Trust with setting and achieving its equality objectives.
- Build and maintain relationships with other stakeholders who have a role to play in ensuring the Trust meets their equality objectives
- Manage and report on the equality work plan
- Work with Directors and managers to ensure that they are achieving their equality objectives and their equality analyses consider and evidence that due regard is taken and that it is proportionate, relevant and meaningful
- Obtain feedback from service users, patients, carers, staff and other stakeholders on how the organisation is performing with respect to promoting equality and eliminating discrimination.
- Use the NHS EDS2 as a toolkit to ensure the Trust is working towards compliance with the Equality Act and check the outcomes from the traffic light assessment process with key local stakeholders.

Staff

Compliance with and promotion of equality and inclusion, together with a clear understanding of what this means, is the responsibility of each and every employee of the Trust. All employees are responsible for the following:

- If appropriate and if able to, to challenge unwanted behaviour at the first instance
- Line Manager, and/or HR, are informed if they suspect or are aware that discrimination of any kind is taking place.
- Treat all individuals with respect and dignity
- Not victimising or attempt to victimise individuals on the grounds that they have made complaints or provided information on discriminatory practice.
- Not harassing, bullying or intimidating other staff, including their peers, subordinates / seniors or patients based on protected characteristics.

❖ **Managers**

Managers are responsible for ensuring that all employees are aware of this policy and their responsibilities within it and this policy is implemented in all areas of employment and service delivery including:

- Recruiting and selecting staff utilising positive action when necessary and adhering to the limitations upon pre-employment health questions as outlined by the Equality Act 2010.
- Undertaking an equality analysis of all change programmes prior to implementation to measure impacts, benefits and mitigate against negative disproportionate impacts found.
- Conducting fair and transparent appraisals. Making transparent, fair and equitable decisions on promotion, pay rise or incremental pay increases and staff development and training.
- Applying Trust policies and procedures with an understanding of the application of human rights, equality and diversity in this context.
- Ensure staff involvement and implementation of staff consultation exercises making reasonable adjustments when necessary.
- Making fair and equitable selection for transfer, redundancy and retirement.
- Dealing assertively with harassment, bullying and Victimisation. Ensuring appropriate responses to the types of harassment and bullying behaviour which occurs in reference to each respective protected characteristic e.g. An appropriate response to homophobic bullying or harassment may differ from the response required for sexist bullying or harassment.
- Dealing assertively with reported incidents of harassment, bullying or discrimination by patients, service users or their family / carers towards a member of staff. Ensuring that staff are supported and the matter is dealt with fairly and transparently.
- Complaints made under this policy are dealt with in a fair and consistent manner

❖ **Contractors**

All contractors working within the Trust must adhere to the principles of this policy. We expect commissioned organisations and other companies we engage with to

ensure their goods; materials and labour-related supply chains fully comply with the Modern Slavery Act 2015

Patients, Service users, patients Carers and Visitors

Patients, service users, carers and visitors will be expected to recognise and comply with the principles set out in this policy whilst on the Trust's premises or whilst receiving care originating from the Trust. Every effort will be made by the Trust to ensure all relevant information is available in a suitable format to achieve this aim.

Patients, service users, carers and visitors are expected to be respectful to all staff and other patients. Those who are verbally or physically abusive or who make derogatory statements that are of a discriminatory nature to any staff or other patients should be aware that they will be challenged about their behaviour. Where appropriate, the Trust may consider limiting or withdrawing the services provision.

3.2 Policy detail

❖ Equality Monitoring and Publishing

- In order to monitor our performance with regard to equality, the Trust will actively collect equality monitoring data across the nine protected characteristics in order to ensure equal access and outcomes by protected characteristics.
- We are committed to publishing our equality information in an accessible format and that follows the Public Sector Transparency Board's Public Data Principles as well as ensuring that the equality information we publish complies with the Data Protection Act 1998. This data can be found on the Trusts internet site. Any information that could make someone identifiable will not be published.

❖ Equality and Inclusion in the work place

- All staff will receive equality, diversity and human rights training through induction, mandatory refresher training, face to face and e-learning training.
- Trust employees will receive equitable treatment in all relevant aspects of the employment relationship including:
 - Job descriptions, recruitment and selection
 - Terms and conditions
 - Induction
 - Maternity and paternity provision
 - Secondment / Acting up
 - Appraisal, training and development
 - Flexible working, annual leave and special leave
 - Promotion
 - Sickness absence
 - Retirement
 - Discipline, grievance, redundancy and pension provision
- Breaches of this policy will be regarded as misconduct and could lead to disciplinary action.
- The Trust strongly supports the establishment of inclusive Equality Staff Networks to provide support groups for staff who represent a protected characteristic or equality group. The Staff Networks also provide a consultative forum for policy development. Time off (maximum of 2 hours plus travel time paid per six weeks) to attend staff

networks meetings should be encouraged by managers subject to work obligations and priorities. Permission will be granted by line managers subject to consideration of service need at the planned time and dates requested being available without impacting of staffing levels.

❖ **Genuine Occupational Requirements (GOR)**

- It is ONLY lawful to discriminate in recruitment in favour of certain protected characteristics in defined situations. Where the nature of employment means that being of a particular sex, having a particular racial, ethnic or national origin, or being disabled is a genuine and determining occupational requirement - it is lawful to discriminate in these circumstances.
- Evidence must be provided in all cases where such an occupational requirement is deemed to be applicable and this must be clearly stated in all recruitment activity.

❖ **Provision for Disability**

- The Trust complies with the new definition of disability as stated in the Equality Act 2010, a person has a disability if
 - They have a physical or mental impairment
 - The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities
 - For the purposes of the Act, these words have the following meanings:
 - 'Substantial' means more than minor or trivial
 - 'Long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
 - 'Normal day-to-day activities' include everyday things like eating, washing, walking and going shopping
- Progressive conditions considered to be a disability. There are additional provisions relating to people with progressive conditions. People with HIV, cancer or multiple sclerosis are protected by the Act from the point of diagnosis. People with some visual impairment are automatically deemed to be disabled.
- The Trust fully supports the employment of disabled staff and will make every effort to ensure reasonable adjustments are made to the workplace to enable staff to work effectively. For new starters, staff who become disabled this will involve arranging an Access to Work assessment within a reasonable time frame in collaboration with the relevant Disability Employment Adviser who can be accessed at the local Job Centre.
- The Trust will encourage staff to disclose disability, so support and reasonable adjustments can be made. If a member of staff has a disability or a long-term health

condition that places them at a disadvantage then 'reasonable adjustments' can be made. Examples of reasonable adjustments are:-

- Providing voice recognition technology for blind or partially sighted staff
- Adapting premises for wheelchair users
- Non- financial adaptations such as altering hours/locations of work
- Reallocating heavy lifting duties
- Strategies to control stress

❖ **Bullying and harassment in the workplace**

- The Trust takes seriously their ethical, moral and legal obligations to maintain high standards in the important area of equality, diversity and human rights and operates a zero tolerance policy to bullying, harassment or victimisation and is committed to leading by example. Please refer to the definitions above associated with this section.
- The Trust acknowledges that some incidents of bullying and harassment may be related to an individual's protected characteristic or membership of an equality group. We will take action to protect employees, independent contractors and service users, patients from being bullied or harassed. We recognise that this can be a barrier to achieving our commitment to equalities.

❖ **Equal Access in Service Delivery**

- The Trust is committed to ensuring that its services are non-discriminatory, accessible and that the provision of these services meets the requirements of the Equality Act 2010. The Trust strives to ensure that every service user is treated with dignity and respect in a safe environment. The services they provide will be delivered in a fair and equitable manner. The Trust will not tolerate any practices that result in the provision of a lower standard of service due to unlawful discrimination

The Trust firmly believes that all services should be responsive and adaptive to the individual needs of service users, patients and carers. Services will not be based on assumptions, stereotypes and prejudice of any equality groups, but on information gained through consulting with service users, patients, carers and the public.

- The Trust, through the Equality and Inclusion Assurance Board will ensure that there is a specific, focussed drive and a rigorous approach to mainstreaming the principles of human rights, equality and inclusion across all work streams.
- The Trust will ensure that priorities are influenced and set by the health needs of all protected characteristic groups and health inequalities gaps are narrowed.
- Positive Action measures may be used to target services at particular communities where there is low usage of service compared to disease profile for those particular communities.

- The Trust will ensure that improvements in patient experiences are reported by all protected characteristic groups.
- The Trust will actively involve and engage with the community ensuring that all protected characteristic groups have the opportunity to influence and shape services.
- The services provided will be accessible and sensitive to the needs of our diverse communities and will not unfairly disadvantage on the basis of any protected characteristics or equality group or caring commitments, social/economic background, HIV status, or any other difference.
- During any clinical assessment process all staff are encouraged to obtain information on individual service users, patients and carer's needs, and to act on this information. This may include acquiring aids for a disabled person, providing an interpreter for a non-English speaking patient, providing access to religious materials and/or delivering services that are culturally sensitive to the needs of a service users, patients and carers.

❖ **Service User Involvement and Engagement**

- The Trust is committed to building strong partnership with patients, service users, patients, carers and the public to ensure their views influence service planning and delivery. This is clearly set out in the Trusts Involvement Policy and Policy. The Trust recognise that effective involvement is integral to eliminating discrimination from its policies, procedures and functions and to raise the quality of the services they provide.
- The Trust recognises that non-discriminatory practice will only be achieved if a wide range of individuals and groups represent the public and are involved in our consultation and engagement work. However, it is aware that some equality target groups require additional support and help to have their voices heard. The Equality and Inclusion Team will work to identify new groups and positively engage with them in order to learn how they want to be involved and have their voices heard.
- The Equality and Inclusion team will actively develop strong working relationships with diverse stakeholders groups, to help the Trust gain feedback to inform all service areas.

❖ **Mandatory Training**

All staff will receive Equality and Inclusion training, this is a mandatory and staff will be expected to update it annually.

Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. Management of training will be in accordance with the Trust's Statutory and Mandatory Training Policy

❖ **Specific Training not covered by Mandatory Training**

Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description will include equality analysis, learning disability awareness training and bespoke cultural awareness training.

4 Information sharing and engagement

A cornerstone of the NHS reforms and delivering on the PSED will be how we communicate, share information and engage with:

- Patients
- Carers
- Staff
- People from the protected characteristic groups
- Voluntary sector, and
- Others

This effectively will deliver a two-way flow of information. By developing an inclusive approach with sustained engagement with local interests including protected and disadvantaged groups will assist in collating evidence and using the evidence to influence our performance and decision making.

By promoting collaboration within the local health economy and partners such as local authorities to share best practice, undertake joint engagement activities, encourage joined-up thinking, sharing qualitative and quantitative evidence in addressing local inequalities. Local links and cooperation with public health and also the health and well-being board will help to identify needs and develop local solutions.

4.1 How this Policy will be monitored for compliance and effectiveness

The success of the policy depends upon the degree of commitment of all employees. Therefore, the Trust will monitor its Equality and Inclusion policy as a means of measuring its success, impact and progress.

To facilitate this process the Trust will maintain records of gender (including gender reassignment), faith and belief, race, disability, sex, age, and sexual orientation (including marriage and civil partnership) of all employees and job applicants. Such records will be used solely for the purpose of monitoring equal opportunities and the provisions of the Data Protection Act will protect confidentiality.

The Trust will monitor demographic information relating to patients gender, faith and belief, race, disability, sex, age, and sexual orientation. We will not publish information which could make individuals identifiable or relating to a person's gender reassignment.

The monitoring process will allow both quantitative and qualitative analysis of the Trust's employment practices and service delivery on a regular basis.

Workforce monitoring will include analysis of:

- The protected characteristics of staff by post and grade
- Data concerning the employment of disabled people
- Recording and monitoring of all aspects of the employment process by protected characteristics including training and development.
- Recording numbers of reported incidents of bullying and harassment by protected characteristics' for both service users, patients and staff.
- Utilising the NHS staff survey results to action plan
- Identifying groups of employees who are over or under represented in certain jobs or pay grades; amongst applicants and those selected; and exits from the Trust.
- The Trust will assess the reasons for this and where appropriate, make use of current legislation to take positive action.

The results of this monitoring will be published on an annual basis and will be analysed to facilitate the investigation of any of the processes that have resulted in any identified differences and to allow action to be taken to remove barriers or failings and promote equal opportunities.

For service delivery, the analysis will include:

- Collection and analysis of relevant patient data against indicators and targets set by the requirements of the Equality Act 2010
- NHS National Patient Satisfaction survey results
- Patient Experience feedback and Complaints
- Feedback from the consultation and engagement with representative community groups and the third sector partners.

The table below outlines the Trust’s monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				
Compliance with duties required within The Equality Act 2010.	Publication of the annual Equality Information Report. Ensuring it provides: Data analysis of all staff and service users, patients by protected characteristics	Equality and Inclusion Manager	Annually	Equality and Inclusion Assurance Board	Director of Nursing and Quality
Public Sector Equality Duty:	Review and publication of NHFT’s Equality Objectives	Equality and Inclusion Manager	Reviewed annually and set every four	As above.	As above.

			years		
Patient Experience	Equality Analysis of National NHS Patient Satisfaction Survey results & Friends and Family Test results	Service User Lead and Equality and Inclusion Manager	Annual Quarterly	As above.	As above.
Staff Experience	Employee Equality Information recorded on Electronic Staff Record. Equality Analysis of National NHS Staff Survey results	Human Resources Business Partners and Equality and Inclusion Officer	Annual		Director of Human Resources
Equality and Diversity Training for all staff	Training will be monitored in line with the Statutory and Mandatory Training Policy.				
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					

5 Review and Renewal

The NHFT Equality and Inclusion Assurance Board (EIAB) will provide the governance arrangements and quality assurance of the Trust's equality and inclusion work.

The EIAB will be responsible for ensuring that there are robust processes in place to deliver our commitment to equality and inclusion.

Appendix 1 Definitions/explanations

Diversity	Diversity is the recognition and valuing of difference in its broadest sense. It is about creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation, its workforce and the individual, including patients.
Equality Delivery System	The Equality Delivery System 2 (EDS) is a tool that supports the NHS to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse.
Equality Monitoring	Equality Monitoring is the process by which we ask for and gather personal information from our patients, service users, patients and staff related to their protected characteristics
Human Rights Act 1998	The Human Rights Acts provides protection to the basic rights all individuals have, regardless of who they are, where they live or what they do.
Inclusion	The action taken to include all sectors of society in planning and other decision-making by reducing inequalities between the least advantaged groups and communities and the rest of society by closing the opportunity gap and ensuring that support reaches those who need it most
Protected characteristics	The protected characteristics covered by the Equality Duty are: <ol style="list-style-type: none"> 1. Age 2. Disability 3. Gender re-assignment 4. Marriage and civil partnership 5. Pregnancy and maternity 6. Race – this includes ethnic or national origins, colour or nationality 7. Religion or belief – this includes lack of belief 8. Sex 9. Sexual orientation
Reasonable Adjustments (part of the Equality Act)	<p>An adjustment is a change. This can be a physical change or a change in the way something is done.</p> <p>Reasonable will depend on a number of circumstances which will include a consideration of cost and the practicality of the change.</p> <p>Reasonable will depend on a number of circumstances but the tests include:</p> <ul style="list-style-type: none"> • How much will a reasonable adjustment reduce the disadvantage? • The practicality of the change. • The financial (and other costs) and the extent of any disruption caused.

	<p>The extent of the Trusts financial & other resources.</p> <p>Although the Trust must consider reasonable adjustments for employees who have a disability or are pregnant, it is best practice for them to be considered for all employees to facilitate attendance and implemented where service delivery allows.</p>
Institutional Discrimination	<p>Institutional discrimination is the collective failure of an organisation to provide an appropriate service to people because of their differences including race, gender, caring responsibilities, disability, gender re-assignment, age, social class, sexual orientation and religion or belief. It can be seen through processes, attitudes, behaviour and power imbalances that discriminate through unwitting prejudice, ignorance, thoughtlessness and stereotyping, which disadvantage these people.</p>
Age discrimination	<p>Assumptions can be made about people because of their age – in particular young people and older people. The assumptions can be that young people lack maturity and that older people lack flexibility and the ability to learn. These attitudes can become built into organisations and shown in their policies and practices</p>
Disability discrimination	<p>Physical barriers in the environment and attitudes in society lead to disability discrimination. Disabled people are disadvantaged by these factors rather than their Impairment.</p>
Racism	<p>Racism is a general term to describe the conduct, practice and attitude that places people at a disadvantage or advantage because of their skin colour, culture or ethnic origin.</p> <p>Institutional racism is the failure of an organisation to provide a service to people because of their skin colour, culture or ethnic origin. It can be seen in processes, attitudes, behaviour and power imbalances that discriminate through unwitting prejudice, ignorance and thoughtlessness – it leads to the disadvantage of black and minority ethnic people</p>
Sexism	<p>Sexism comes from the belief that one gender is superior to the other. Sexism can be seen in an organisation’s power holders, structures, systems and practices.</p>
Heterosexism	<p>Heterosexism is the belief that heterosexuality is the norm and any other form of sexuality is abnormal</p>
Homophobia	<p>Homophobia is a collection of negative attitudes and prejudices that lead to discrimination against individuals on the grounds of their sexuality.</p> <p>We acknowledge the discrimination that lesbians, gay men and bisexuals face and we will create a climate of respect in the workplace where all staff feel safe to “come out” if they wish to.</p>
Religious Discrimination	<p>Making jokes about someone’s faith, belittling beliefs or unreasonably promoting your own faith can be offensive. To hold a religious or other belief is a basic human right and should be treated with respect and tolerance.</p>

	We will endeavour to promote a culture where people can practice their religion or belief in safety and without fear of harassment and discrimination.
Discrimination based on gender reassignment	This is any action that places a transsexual person at a disadvantage by the Trust.

Discrimination	Section 13 of the Equality Act 2010 states that direct discrimination occurs when a person or a group of people are treated less favourably than another on the grounds of their protected characteristic
Discrimination Arising from Disability	This is to treat a disabled person unfavourably because of something connected with their disability
1. Discrimination based on Association 2. Discrimination based on Perception	<p>a. This is direct discrimination against someone because they associate with another person who possesses a protected characteristic. For instance deciding someone is unable to do a job because of their carer duties for someone who is disabled.</p> <p>b. This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.</p>
3. Dual Discrimination	<p>a. A person discriminates against another if, because of a combination of two relevant protected characteristics, they treat that person less favourably than they would treat a person who does not share either of those characteristics. For instance discriminating against someone because they are female and of a certain ethnicity.</p>
4. Equality Analysis	<p>a. Equality Analysis is the process of systematically analysing a policy or service function to identify what effect or likely effect will follow from the implementation and/or operation of the policy or service function on the people from the different protected characteristic.</p>
5. Harassment	<p>a. The Act outlines three main types of harassment. It is unwanted conduct related to any of the nine protected characteristics that has:</p> <p>6. the purpose or effect of creating an intimidating, hostile, degrading, humiliating or offensive environment for the complainant, or violating the complainant’s dignity</p> <p>7. unwanted conduct of a sexual nature (sexual harassment)</p>

	<p>a. Treating a person less favourably than another person because they have either submitted to, or did not submit to, sexual harassment or harassment related to sex or gender reassignment .</p> <p>b. The key is that the actions or comments are reasonably viewed as demeaning, hostile and unacceptable to the recipient. The conduct is unreciprocated or unwanted and affects the dignity of staff, service users, patients and carers.</p> <p>Note: An employee or service user can claim harassment even if the harassment was not actually directed at them, e.g. where a member of staff overhears a colleague being verbally harassed by another colleague and they feel that it violates their own dignity.</p>
8. Protected characteristics	<p>a. This policy is intended to protect employees and service users, patients from unfair treatment, regardless of their background. Our definition of ‘protected characteristics’ is based on those set out in the Equality Act 2010. The nine protected characteristics are listed in section 2.4 of this policy.</p>
Indirect discrimination	<p>a. Indirect discrimination occurs when a provision, criterion or practice is superficially neutral, but its impact particularly disadvantages people with a protected characteristic unless it can be justified as a means of achieving a legitimate aim.</p>
Victimisation	<p>1. a. Victimisation takes place where one person treats another less favourably because he or she has asserted their legal rights in line with the Act or helped someone else to do so</p>

Appendix 2 Equality/Due regard Guidance sheet

NHFT as a public body has a duty to have Due Regard to the need to:

1. Eliminate discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
This involves considering the need to:
 - Remove or minimise disadvantages suffered by people due to their protected characteristics
 - Take steps to meet the needs of people with protected characteristics that are different from the needs of people who do not share them
 - Encourage people with protected characteristics to participate in public life or in other activities where their participation is law
3. Foster good relations between people from different groups. This involves tackling prejudice and promoting understanding between people from different groups.

It is necessary to actively seek opportunities to fulfil the above duties.

Protected Characteristics

- Age
- Disability (& carers)
- Gender Re-assignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race
- Religion & Belief
- Sex
- Sexual Orientation

Questions to consider

- Does Due Regard apply and why / why not?
- Which Protected Characteristics / Human Rights could potentially be impacted negatively?
- What is the potential impact?
- What data and information sources would you use to inform your work to help apply Due Regard?
- Who do you need to talk to / involve?
- What are the relevant factors?
- Have all views been considered?
- What mitigations could be considered? Are they practical / doable?
- If the mitigations are not practical / doable, what is the justification?

Human Rights; 5 principles

- **Fairness**
- **Respect**
- **Equality**
- **Dignity**
- **Autonomy**

Think NHS Constitution;

- Duty to protect and promote Human Rights for every individual