

# Equality and Human Rights Policy

Version No: 1

**Document Summary:**

- Ensure that the Trust meets its statutory requirements as defined by the Equality Act 2010
- Support the Human Rights of patients, visitors and employees in the Trust as defined by the Human Rights Act 2008
- Ensure that the Trust anticipates the consequences of its actions on our local communities and ensure that as far as possible, negative consequences are eliminated and opportunities for promoting equality are maximised wherever possible.

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<b>Policy Author</b>	Head of Patient Inclusion and Experience	
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The intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as “uncontrolled”, as they may not contain the latest updates and amendments

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## Document Control

Section 1 – Document Information	
<b>Title</b>	Equality and Human Rights Policy
<b>Directorate</b>	Quality & Risk
Brief Description of amendments	
Transferred the policy into new MWL template Updated Job Titles Updated guidance/links to guidance Included information and link for EDS 2022	
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<b>Are all mandatory headings complete?</b>	Yes
<b>Does the document outline clearly the monitoring compliance and performance management?</b>	Yes
<b>Equality Analysis completed?</b>	Yes
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Section 3 – Version Control		
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1 PD	02/08/2023	Transferred the policy into new MWL template Updated Job Titles Updated guidance/links to guidance Included information and link for EDS 2022
2	22/27/20	Amended responsibilities of individual members of staff, added recruitment into reasonable adjustments section

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## 1. Scope

This policy applies to all Trust employees, contractors and temporary workers, together with any applicants for employment in the Trust, service users and/or any external persons who have a connection with the business of the Trust.

This policy covers all aspects of service delivery including access to services, appointments, referrals and discharge, treatment and care, consultation, communication, access to information and complaints.

The policy also covers all aspects of employment including recruitment and selection, terms and conditions of employment, training and development, and equal opportunities for all staff employed by Mersey and West Lancashire Teaching Hospitals NHS Trust.

## 2. Introduction

Mersey and West Lancashire Teaching Hospitals NHS Trust is committed to creating an inclusive organisation, which seeks to recognise diversity, promote equal opportunities and supports Human Rights in the provision of health services for the communities it serves and in its practice as a lead employer.

Equality, Diversity and Human Rights are central to the vision, values and long term development of Mersey and West Lancashire Teaching Hospitals NHS Trust and therefore, it is important that all three are embedded throughout the organisation in everything we do for both patients and staff.

In order to do this we endeavour to meet our Public Sector Equality Duties (General Duties) described by the Equality Act 2010 as outlined in more detail in section 6.1 below.

The Trust is also committed to delivering the expected outcomes as identified in the national Equality Delivery System 2022 (EDS22) and meet the specific equality duties defined by the Equality Act 2010.

The Trust promotes and supports the positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, religion or belief, sex or sexual orientation as defined by the Equality Act 2010, and also members of Inclusion Health Groups such as Gypsies, Roma and Travellers, refugees, asylum seekers, street workers, drug and alcohol users and homeless individuals.

The Trust recognises the impact that effective implementation of a Human Rights based approach to healthcare has upon an organisation and is committed to embedding the 'FREDA' principles (freedom, respect, equality, dignity, autonomy) into all areas of the Trust.

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### 3. Statement of Intent

The aim of this policy is to build a fully inclusive organisation. This will be achieved by:

- Serving our local communities in a way which is appropriate, accessible and responsive;
- Making the best use of the range of talent and experience available within both the current and future workforce;
- Participating in the Equality Delivery System to demonstrate the organisation can identify areas for improvement and demonstrate that improvement has been made;
- Fulfilling our legal obligations as defined in the Equality Act 2010 and the Human Rights Act 1998.

#### The Trust endorses the following principles in relation to equality and Human Rights issues:

- To ensure that the health and wellbeing of all our patients and staff are at the heart of everything we do
- To ensure active engagement with the public, our patients, staff and clinicians
- To work through partnership to achieve mutual benefit
- To respect individuals and embrace the diversity of our patients and staff
- To work safely, with integrity and honesty

### 4. Definitions

Term	Definition/meaning
Equality	Is creating a fairer society in which everyone has the opportunity to fulfil their full potential, whatever that potential might be.
Diversity	Is recognising and valuing difference in its broadest sense. Differences in individuals and/or groups of individuals and placing a positive value on those differences.
Inclusion health groups	“Inclusion health” was developed as a term to describe the need to address the specific health needs of groups that are traditionally excluded. These groups face a wide range of health inequalities and are, by their own nature, diverse. These groups include: <ul style="list-style-type: none"><li>• Asylum seekers and refugees</li><li>• Drug and Alcohol users</li><li>• Gypsies and Travellers</li><li>• Sex workers</li><li>• Vulnerable homeless people</li></ul>
Protected characteristics	The Equality Act 2010 introduced the term " <b>protected characteristics</b> " to refer to groups that are protected from discrimination under the provisions of the Equality Act 2010 nine groups are given protection on the grounds of: <ul style="list-style-type: none"><li>• Age</li><li>• Disability</li><li>• Gender reassignment</li><li>• Marriage or civil partnership</li><li>• Pregnancy or maternity</li><li>• Race</li></ul>

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	<ul style="list-style-type: none"> <li>• Religion or Belief</li> <li>• Sex</li> <li>• Sexual orientation</li> </ul>
<b>Discrimination</b>	Treating people differently, people being thought of as having different worth or value, being treated less favourably or given fewer opportunities because they are in possession of one or more protected characteristic(s) or belong to one (or more) of the inclusion health groups.
<b>Harassment</b>	Is unwanted conduct on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation which has the purpose or effect of either violating a person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them.
<b>Direct discrimination</b>	Is treating someone less favorably <b>because</b> they have one or more protected characteristics
<b>Indirect discrimination</b>	Is discriminating by means of introducing rules, regulations or procedures that may appear to be neutral, but which actually discriminate against certain groups of people. Not intentional, but is important to ensure that indirect discrimination is not introduced by carrying out a robust equality analysis (equality impact assessment).
<b>Human Rights</b>	The Human Rights Act (HRA) was introduced in 1998 and is a comprehensive legal framework which sets out the legal obligations of public authorities in relation to Human Rights. The Act obliges public authorities to treat people in accordance with their Human Rights (as set out in the European Convention of Human Rights).

## 5. Duties, Accountabilities and Responsibilities

### 5.1 Chief Executive

The Chief Executive has overall responsibility for the strategic and operational management of the Trust including and ensuring that this Trust policy complies with all legal, statutory and good practice guidance requirements.

### 5.2 Director of Nursing, Midwifery and Governance

The Director of Nursing, Midwifery and Governance has delegated responsibility for ensuring this policy is implemented effectively across the Trust. Moreover, they are responsible and accountable for providing the Board of Directors with assurance reports of compliance and exception reports where instances of non-compliance occur.

### 5.3 Management Responsibilities (including Directors, Heads of Service, Managers and Supervisors)

All managers and service leads are responsible for implementing this policy in the areas they are responsible for and for maintaining high standards of Equality and Human Rights practice.

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**All managers must ensure that:**

- They lead by example adopting personal standards of behaviour which treat all employees with dignity and respect;
- Staff are aware of this policy and its location;
- All staff grievances and patient complaints are dealt with fairly, appropriately and in a timely manner;
- All staff are aware of their individual responsibility for the promotion and practice of equal opportunities and the avoidance of discrimination;
- Patients are made aware of the policy in general patient information;
- They fully support and undertake an Equality Analysis (EA) on all policies, functions, service changes or reconfigurations, transformation projects and cost improvement initiatives within the areas they have responsibility for.

**5.4 Individual members of staff:**

**All Trust employees (including contractors and temporary workers) must:**

- Take a personal responsibility to carry out their duties and behave at all times in a way which supports equality, recognises diversity and upholds the Human Rights of service users, colleagues and visitors to the Trust.
- Undertake relevant training and development to ensure they are kept up to date with equality, diversity and Human Rights legislation and best practice.
- Be aware that unlawful discrimination on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation is illegal and could result in legal proceedings against the Trust and/or against the individual.
- Be aware they have a duty to report any unlawful discrimination or suspected discrimination occurring within the Trust whether by colleagues, service users, visitors or contractors. Help and advice is available from their line manager, Head of Patient Inclusion and Experience Lead, Head of Workforce EDI, HR business partner/advisor or Trade Union representative (for those members of staff who are members of a Trade Union).

## 6. Embedding Equality, Diversity and Human Rights

### 6.1 Public sector equality duty (the duty)

On 5<sup>th</sup> April 2011 the Public Sector Equality Duty (PSED/the equality duty) came into force in England, Scotland and Wales. This duty replaces the existing race, disability and gender equality duties.

The public sector equality duty consists of a general equality duty, which is set out in section 149 of the Equality Act 2010 itself.

**In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:**

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
  - Direct Discrimination, Indirect Discrimination, and Discrimination arising from a disability,
  - Failure to provide a disability reasonable adjustment,

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- Harassment, Sexual Harassment, and Victimisation.
- 
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
  - Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
  - Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it
  - Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low
- Foster good relations between people who share a protected characteristic and those who do not.
  - Tackle prejudice, and
  - Promote understanding

The relevant protected characteristics which must be considered as part of this duty are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

## 6.2 Equality Analysis (Equality Impact Assessment)

In order to meet the duty all policies, functions, service changes, reconfigurations, transformation projects and cost improvement initiatives must have an Equality Impact Assessment completed as early as possible, ideally during the planning stages of any proposed changes. Retrospective EAs are unlikely to demonstrate **due regard** to the aims of the duty at the point when decisions were being made and could leave the Trust open to legal challenge.

An EA is a way of identifying any potential discrimination (direct or indirect) at the earliest possible stages of the planning process and enables action to be taken to eliminate discrimination at the earliest possible opportunity.

The assessment is a systematic analysis of the impact of the following on people from each of the groups given protection from discrimination by the Equality Act 2010:

- Policies/standard operating procedures (SOPs)
- Functions
- Service changes or reconfigurations/decommissioning of services
- Cost improvement initiatives
- Transformation programmes
- Organisational changes

A thorough assessment should involve the use of all available equality information, and wherever possible the results of engagement with all relevant groups e.g. service users, staff, carers and visitors in order to fully understand the impact on individuals from each of the protected groups and demonstrate due regard.

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### 6.3 In addition to identifying any potential negative impacts, the EA is also a useful tool in identifying areas of good practice in the TrustDuty to make 'reasonable adjustments'

The Equality Act 2010 places a duty on the Trust to make reasonable adjustments to working arrangements, physical features of the premises or services which may place a disabled employee, applicant or service user at a substantial disadvantage (in comparison to non-disabled individuals); this is to help disabled people to overcome the practical effects of their disability wherever possible.

The duty does not arise if the Trust is not aware (or could not reasonably be expected to know) that a disabled person has a disability and is, therefore, likely to be substantially disadvantaged, compared to non-disabled individuals.

Examples of reasonable adjustments could include:

- Changing the Trust estate to ensure all areas are accessible to all patients and visitors to the Trust
- Providing verbal and non-verbal interpreting services for patients whose first language is not English
- Ensuring signage across the Trust is clear, visible and accessible to all patients and visitors to the Trust
- Providing longer appointment times for patients with Learning Disabilities
- Providing information in accessible formats for patients who may have additional communication needs
- Providing patients with a Health Passport in which they can record all reasonable adjustments needed that they can take to appointments with them, a copy should also be stored on their electronic notes
- Flexible working
- Changes to working pattern/shift patterns
- Changes to working environment (structural or physical)
- Changes to equipment used
- Redeployment to a more suitable available post in the Trust
- Arranging training sessions in accessible locations/asking delegates if they need any reasonable adjustments to attend training

Where the duty to make reasonable adjustments applies, the Trust may be able to justify not making the adjustment on the basis that:

- It was not reasonable or practicable to do so, due to costs, disruption to activities, etc. It is important to note, that if using 'cost' as justification for not making a reasonable adjustment, the financial position of the whole organisation is taken into consideration and not an individual area or department;
- The only reasonable adjustment that could have been made would not have made a difference i.e. the individual would still remain disadvantaged.

### 6.4 Patients and services

Patients, their relatives or carers should be treated with dignity, respect and due consideration at all times.

Patients should be afforded healthcare in a consistent and non-discriminatory manner, regardless of their possession of one or more protected characteristic(s).

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To ensure equality of access for all our patients access to Trust services, healthcare arrangements or Trust buildings (estate) will be subject to any reasonable adjustments necessary, or appropriate to meet the needs of patients who have a disability.

Religious beliefs and cultural requirements need to be considered when planning a patient's care where necessary and should include ensuring their dietary requirements are met.

Patients whose first language is not English should be identified at the time of booking their first appointment and relevant interpreters arranged, this includes providing British Sign Language or other non-verbal interpreters. Patient information can be provided on request in the appropriate format to ensure that patients are well informed and can be as involved in their care as they wish to be.

Any patient who considers they have been the victim of discrimination from another service user, carer, relative or a member of staff should be encouraged to address their issue through the Trust's Policy for the Management of Incidents of Unacceptable Behaviour or the Trust's complaints procedure.

All booking and scheduling staff and clinical staff are responsible for making reasonable efforts to obtain equality information from patients, or if appropriate from the relatives or carers, at the earliest possible point of patient access to the Trust's services

## 6.5 Accessible Information Standard

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. This Trust is compliant with this standard and can provide communication support in a variety of formats, including non-verbal interpreting services.

The guidance for the Accessible Information Standard can be found at:

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

## 6.6 Recruitment, selection and promotion of staff

The Trust will ensure that its recruitment, selection and promotion practices provide equal access/opportunities for all persons and are free from unfair or unlawful forms of discrimination.

No advertisement placed on behalf of the Trust will contain wording which implies there are restrictions upon eligibility to apply for employment in the Trust **except** in instances where a genuine occupational requirement applies.

Job applicants or employees shall receive no less favourable treatment on the grounds of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

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The Trust strives to have a workforce that is representative of the local populations that it serves.

### 6.7 Disability Confident Accreditation

Disability Confident Accreditation replaced the 'Two Ticks, Positive about Disability' scheme in 2016. This accreditation has 3 levels:

1. Disability Confident – Committed
2. Disability Confident – Employer
3. Disability Confident – Leader

Mersey and West Lancashire Teaching Hospitals NHS Trust is at Level 3, so is a Disability Confident Leader.

[Disability Confident: guidance for levels 1, 2 and 3 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/disability-confident-guidance-for-levels-1-2-and-3)

### 6.8 Workforce Race Equality Standard (WRES)

In April 2015 the Workforce Race Equality Standard became a mandatory requirement for NHS organisations. This standard requires NHS organisations to publish data annually demonstrating how they perform against a set of metrics designed to capture the opinions and experiences of Black and Minority Ethnic (BME) staff. The focus of this standard is not simply to collect the data but also to deliver real improvements and outcomes for BME staff employed in the Trust, therefore, in addition to the collecting and publishing the data, an action plan is also produced.

The WRES guidance can be found at:

[NHS England » Workforce Race Equality Standard Technical Guidance](#)

### 6.9 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures which enables NHS organisations to compare the workplace opinions and experiences of disabled and non-disabled staff. The WDES enables NHS organisations to better understand the experiences of their disabled staff and supports positive change for all existing employees and enable a more inclusive environment for disabled people working in the NHS. The focus of this standard is not simply to collect the data but also to deliver real improvements and outcomes for disabled staff employed in the Trust, therefore, in addition to the collecting and publishing the data, an action plan is also produced.

The WDES guidance can be found at:

[NHS England » NHS Workforce Disability Equality Standard: Technical Guidance](#)

### 6.10 Equality Delivery System 2022

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

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To take account of the significant impact of COVID-19 on Black, Asian, and Minority Ethnic community groups, and those with underlying and long-term conditions such as diabetes, the EDS now supports the outcomes of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) by encouraging organisations to understand the connection between those outcomes and the health and wellbeing of staff members. The EDS provides a focus for organisations to assess the physical impact of discrimination, stress and inequality, providing an opportunity for organisations to support a healthier and happier workforce, which will in turn increase the quality of care provided for patients and service users.

The EDS comprises eleven outcomes spread across three domains, which are:

- 1) Commissioned or provided services
- 2) Workforce health and well-being
- 3) Inclusive leadership

The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement.

For more information and guidance:

[NHS England » Equality Delivery System 2022](#)

### 6.11 Access to training and development

All employees will be given equal opportunity and encouragement to progress and have equal access to learning and development opportunities both within the Trust and externally, so they are given the opportunity to achieve their full potential.

Reasonable adjustments will be made to ensure that employees with disabilities (including learning disabilities) have the same access to training and development opportunities as those members of staff who do not have a disability.

When providing training to external delegates the Trust ensures it meets its duty to take into consideration any reasonable adjustments potential delegates may need in order to allow them to access the training.

### 6.12 Service delivery – public and patient involvement

The Trust will ensure that its services are non-discriminatory, enabling equality of access and provision and that it meets the requirements of the general and specific duties of the Equality Act 2010.

The Trust will ensure that priorities are influenced and set by the health needs of our local communities and health inequalities are narrowed by seeking the views of the community and working cohesively with our local commissioners, HealthWatch representatives and patient groups to identify and work towards improving health inequalities.

The Trust will actively engage with people from all of our local communities in order to give them the opportunity to help influence and shape the services we offer.

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### 6.13 Complaints of unlawful discrimination

The Trust will not tolerate any form of unlawful discrimination or harassment and will investigate all complaints of discrimination whether the alleged discriminator is an employee, service user, carer or relative, contractor or volunteer in the Trust.

The Trust will ensure that all complaints are dealt with sensitively, thoroughly and in a timely manner in line with the Trust's Managing Concerns and Complaints Policy.

Any member of staff who considers they have been the victim of discrimination or harassment from a service user, carer, relative or another member of staff may pursue the matter through the Trust's Policy for the Management of Incidents of Unacceptable Behaviour by Patients, Visitors and Members of the Public

Any job applicant, who considers they have been unfairly treated or discriminated against in the operation of the Trust's recruitment and selection procedures should be encouraged to initiate a formal complaint in writing to the Human Resources Department.

### 6.14 Harassment at work

The Trust is committed to ensuring that all staff have a working environment that upholds the right of the individual to be treated with consideration, dignity and respect. Harassment at work in any form is unacceptable and may in certain circumstances be unlawful.

The Trust takes its duty to protect staff from harassment seriously and will take action whether the harassment is from colleagues, service users, carers or visitors. Any member of staff who believes they have been harassed should take action as described in the Trust's Policy for the Management of Incidents of Unacceptable Behaviour by Patients, Visitors and Members of the Public or the Respect and Dignity at Work Policy.

### 6.15 Procurement

As a major procurement organisation, the Trust will encourage best practice and non-discriminatory principles from within its existing and prospective supplier base. This will form, where appropriate, part of the Trust's formal contractual arrangements and obligations with suppliers.

Private and honorary contractors employed by the Trust in any activity (for example; suppliers of goods or services, researchers) will be required to fully comply with the Trust's Equality and Human Rights Policy when on any of the Trust sites or if conducting business or activity on behalf of the Trust elsewhere.

### 6.16 Who has legal duties under the Human Rights Act?

Only public authorities or bodies exercising public functions have legal duties under the Human Rights Act (HRA).

#### **This includes:**

- NHS organisations and staff (ALL staff)
- Outsourced NHS services provided by the private sector or charities
- Private nursing and care arranged and/or paid for by a public authority or funded by the NHS
- Local authorities and their employees e.g. Social Services staff etc.

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- Regulators of services

**Everyone who works in a public health authority will have legal responsibilities under the Human Rights Act, these responsibilities are to:**

**Respect:**

This means ensuring you respect people’s rights. This can help you to avoid interfering with someone’s rights, unless it is a right you can restrict and you have followed the correct legal process for doing this. This is called a ‘negative duty’.

**Protect:**

This requires action to protect people’s Human Rights in certain circumstances. This can include protecting a person known to be at risk of serious harm. This is often called a ‘positive duty’ or ‘obligation’.

**Fulfil:**

This means taking steps to strengthen access to and realisation of Human Rights. It includes having systems in place to prevent or investigate Human Rights abuses. This is called a ‘procedural duty’.

**The key rights relevant to working in a healthcare organisation are:**

- The right to life (article 2)
- The right not to be tortured or treated in an inhuman or degrading way (article 3)
- The right to liberty (article 5)
- The right to respect for private and family life, home and correspondence (article 8)
- The right not to be discriminated against in relation to any of the rights in the Human Rights Act (article 14)

**6.16.1 A Human Rights based approach to healthcare - The FREDA principles**

A Human Rights based approach is the process by which Human Rights can be protected by adherence to the underlying core values of:

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

These principles are the basics of good clinical care and should be used to inform decisions not determine them.

Individual healthcare professionals working in accordance with their profession’s codes of practice have the daily opportunity to demonstrate Human Rights principles in practice by offering healthcare that epitomises the values of fairness, respect, equality, dignity and autonomy.

**7. Training**

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What aspect/s of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Statutory & Mandatory Training Policy?	If no, how will the training be delivered?	Who will deliver the training?	How often will staff require training	Who will ensure and monitor that staff have this training
EDI training	All	yes		online	3 yearly	Learning and Development

## 8. Monitoring Compliance

### 8.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1.	Systematic screening of equality analysis (equality impact assessments)
2.	Annual patient profile report
3.	Annual workforce profile report
4.	Recruitment and selection process report

### 8.2 Performance Management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
A systematic screening equality analysis is carried out on all changes to Trust services, cost improvement programmes, business and strategic plans and policies and practices. <b>Ensuring that when necessary a full equality analysis is carried out.</b>	Heads of Patient and Workforce EDI	Audit of 10% of updated/new policies and <b>all</b> cost improvement plans and service changes.	Biannually	Diversity and Inclusion Group	Managers responsible for producing EA's
Annual patient profile to include demographics	Head of Patient Inclusion	Report	End Q4	Patient Experience Council	Head of Patient Inclusion and Experience

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of patients accessing services in the Trust to demonstrate if service users are representative of the local communities	and Experience				
Annual workforce profile to include demographics of staff employed in the Trust and data demonstrating the numbers of staff involved in formal HR processes (disciplinary, grievances etc) and accessing learning and development opportunities. Also to determine if workforce profile mirrors local community profile	Head of Workforce EDI	Report	End Q4	People Council	Head of Workforce EDI
<b>Recruitment and selection process report</b> – all stages including applications, shortlisting and appointments will be monitored by protected characteristic to identify if any particular group(s) fail to progress through all	Resourcing Lead	Report	End Q4	People Council	Head of Human Resources



stages of the recruitment and selection process.					
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## 9. References/Bibliography/Relevant Legislation/National Guidelines

No	Reference
1.	Equality Act 2010
2.	Human Rights Act 1998
3.	Workforce Race Equality Standard (WRES) Technical Guidance, April 2017
4.	A Refreshed Equality Delivery System for the NHS (EDS2), November 2013
5.	Accessible Information Standard Guidance (version 1.1), August 2017
6.	Workforce Disability Equality Standard Guidance, March 2019

## 10. Related Trust Documents

No	Related Document
1.	Recruitment and Selection Policy
2.	Managing Concerns and Complaints Policy
3.	Trust's Policy for the Management of Incidents of Unacceptable Behaviour by Patients, Visitors and Members of the Public
4.	Respect and Dignity at Work Policy
5.	Equality Analysis Standard Operating Procedure
6.	Reasonable Adjustments Policy
7.	Policy to meet the communication needs of patients
8.	Caring for transgender patients policy
9.	Transgender staff support policy

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## 11. Equality Analysis Form

The screening assessment must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process to ascertain whether a full equality analysis is required. This assessment must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Head of Patient Inclusion and Experience for monitoring purposes via the following email, [Cheryl.farmer@sthk.nhs.uk](mailto:Cheryl.farmer@sthk.nhs.uk). If the assessment is related to workforce a copy should be sent to the workforce Head of Equality, Diversity and Inclusion [darren.mooney@sthk.nhs.uk](mailto:darren.mooney@sthk.nhs.uk). If this screening assessment indicates that discrimination could potentially be introduced then seek advice from either the Head of Patient Inclusion and Experience or workforce Head of Equality, Diversity and Inclusion. A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes that could have an impact on patients or staff.

Equality Analysis			
<b>Title of Document/proposal /service/cost improvement plan etc:</b>		Equality and Human Rights Policy	
<b>Date of Assessment</b>	18/07/2023	<b>Name of Person completing assessment /job title:</b>	Cheryl Farmer Head of Patient Inclusion and Experience
<b>Lead Executive Director</b>	Director of Nursing, Midwifery & Governance		
<b>Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:</b>		<b>Yes / No</b>	<b>Justification/evidence and data source</b>
1	Age	No	It is clear in the policy that patients and staff should not be treated less favourably on the grounds of their possession of one or more protected characteristic.
2	Disability (including learning disability, physical, sensory or mental impairment)	Yes	The duty on the Trust to make reasonable adjustments for staff with disabilities is clear in the policy and includes information on making reasonable adjustments for current employees, patients, applicants for employment, visitors attending the Trust for interview or training. The Trust is a disability confident employer, which demonstrates that the Trust is committed to improving employment opportunities and career development opportunities for disabled people. The Trust also participates in the WDES to enable the Trust to better understand the opinions and experiences of disabled staff and support positive change and create a more inclusive environment for people working in the Trust. The Trust is compliant with the requirements of the Accessible Information

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			Standard and provides communication support in various formats for patients who require additional communication support relating to their disability, including non-verbal interpreters.
3	Gender reassignment	No	It is clear in the policy that patients and staff should not be treated less favourably on the grounds of their possession of one or more protected characteristic. Refers reader to related transgender patient and staff policies
4	Marriage or civil partnership	No	It is clear in the policy that patients and staff should not be treated less favourably on the grounds of their possession of one or more protected characteristic.
5	Pregnancy or maternity	No	It is clear in the policy that patients and staff should not be treated less favourably on the grounds of their possession of one or more protected characteristic.
6	Race	No	It is clear in the policy that patients and staff should not be treated less favourably on the grounds of their possession of one or more protected characteristic. The Trust also participates in the WRES to enable the Trust to better understand the opinions and experiences of staff from Black, Asian or Minority Ethnic backgrounds and support positive change and create a more inclusive environment for people working in the Trust.
7	Religion or belief	No	It is clear in the policy that patients and staff should not be treated less favourably on the grounds of their possession of one or more protected characteristic. The policy highlights the need of staff to be aware of the religious or cultural requirements of patients including the duty to provide communication support where needed for patients whose first language is not English, this includes interpretation and translation services
8	Sex	No	It is clear in the policy that patients and staff should not be treated less favourably on the

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			grounds of their possession of one or more protected characteristic
9	Sexual Orientation	No	It is clear in the policy that patients and staff should not be treated less favourably on the grounds of their possession of one or more protected characteristic
<b>Human Rights – are there any issues which might affect a person’s human rights?</b>		<b>Yes / No</b>	<b>Justification/evidence and data source</b>
1	Right to life	No	<a href="#">Click here to enter text.</a>
2	Right to freedom from degrading or humiliating treatment	No	<a href="#">Click here to enter text.</a>
3	Right to privacy or family life	No	<a href="#">Click here to enter text.</a>
4	Any other of the human rights?	No	<a href="#">Click here to enter text.</a>
<b>Lead of Service Review &amp; Approval</b>			
<b>Service Manager completing review &amp; approval</b>		Cheryl Farmer	
<b>Job Title:</b>		Head of Patient Inclusion and Experience	

## 12. Data Protection Impact Assessment Screening Tool

If you answer **YES** or **UNSURE** to any of the questions below a full Data Protection Impact Assessment will need to be completed in line with Trust policy.

	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g. health records, criminal records or other information people would consider particularly private?		X		
Will the procedural document lead to the collection of new information about individuals?		X		
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		X		
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive?		X		
Will the information about individuals be disclosed to organisations or people who have not previously had routine access to the information?		X		
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g. biometrics or facial recognition		X		
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?		X		
Will the implementation of the procedural document compel individuals to provide information about themselves?		X		

Sign off if no requirement to continue with Data Protection Impact Assessment:

Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment

**Policy author Cheryl Farmer**

**Date 19/07/23**

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