

Equality, Inclusion and Human Rights Policy

V3.5

January 2018

Table of Contents

1. Introduction.....	3
2. Purpose of this Policy	3
3. Scope	4
4. Definitions / Glossary.....	4
5. Ownership and Responsibilities	4
5.1. Role of the Trust’s Human Rights, Equality and Inclusion Lead	5
5.2. Role of Managers	5
5.3. Role of Individual Staff.....	6
5.4. Role of the Equality and Inclusion Steering Group	6
6. Standards and Practice	7
6.1. Recruitment, selection and promotion of staff	7
6.2. Training, education and development.....	7
6.3. Quality of working life	8
6.4. Supporting religious and cultural needs.....	8
6.5. Handling complaints of unlawful discrimination	9
6.6. Harassment at work.....	9
6.7. Discipline	9
6.8. Hate Crime	9
6.9. Patients and Services.....	10
6.10. Consultation.....	11
6.11. Suppliers.....	11
6.12. Policy/Service Developments and Equality Impact Assessments.....	11
7. Dissemination and Implementation.....	12
8. Monitoring compliance and effectiveness.....	13
9. Updating and Review	14
10. Equality and Diversity	14
10.1 General statement.....	14
10.2 Equality Impact Assessment	14
Appendix 1. Governance Information	15
Appendix 2. Initial Equality Impact Assessment Screening Form	18
Appendix 3. Glossary.....	21

1. Introduction

1.1 The Royal Cornwall Hospital Trust [“the Trust”] is committed to leading and promoting diversity, equal opportunities and supporting human rights in terms of the provision of health services for the community it serves and in its practice as a leading employer.

1.2 This is enshrined in the *Trust’s Equality and Diversity Statement* as follows:

Royal Cornwall Hospitals Trust is committed to delivering inclusive health services for all in a dignified and respectful way by a workforce which is equally respected. We recognise that all patients, staff and members of the public are individuals and we will strive to meet their needs. As an organisation we will endeavour to ensure that no one is discriminated against or treated unfairly due to age, disability, race, religion or belief, gender, sexual orientation, gender reassignment, marriage/civil partnership or pregnancy/maternity. Where necessary we will make every effort to ensure adjustments are made to prevent less equitable experiences occurring.

Discriminatory behaviour is not acceptable and, in relation to the characteristics above, may be unlawful. RCHT will not tolerate discrimination from anyone - staff, the public or patients.

1.3. This forms an important aspect of the Trust’s commitment towards achieving and maintaining the highest possible standards of quality, honesty, openness and accountability in all of its practices and the Trust’s values:



1.4 The document details the Trust’s policy for the commitment, practice and sustainable evidence that is required for the Trust to remain and be seen to be fully compliant with current UK Equality legislation. The Policy is also in line with the existing *Human Rights Act 1998*.

1.5 It has been reviewed as part of the Trust’s compliance with the Care Quality Commission (CQC) Standards and this version supersedes any previous versions of this document.

2. Purpose of this Policy

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

- serving the community in a way which is appropriate, accessible and responsive.
- communicating with and listening to staff so that together the Trust will be recognised as a good place to work

- making the best use of the range of talent and experience available within the workforce and potential workforce by ensuring that recruitment and career progression is fair and transparent.
- the Trust and individuals fulfilling their legal obligations.

2.2 The policy sets out the Trust's Equalities, Inclusion and Human Rights commitments and details how equality, inclusion and human rights will be applied across employment, service planning and delivery and community engagement.

2.3 The policy upholds and supports all actions and outcomes as identified in the Trust's Equality and Diversity Strategy and supporting actions.

2.4 The policy will enable the Trust to deliver the expected outcomes as identified in the national Equality Delivery System (EDS2) and the Workforce Race Equality Standard and meet its statutory requirements set out in the Equality Act 2010.

3. Scope

3.1 This policy covers both employment and operational design and delivery. It extends to all areas of equality legislation (race, disability, gender, age, sexual orientation, gender re-assignment, pregnancy and maternity, marriage and civil partnership and religion & belief), including Human Rights.

3.2 This policy applies to all staff employed, paid or otherwise, within the Trust. Each member of staff or individual carries personal responsibility for their own behaviour in relation to this policy.

3.3 This policy also applies to all workers (i.e.Kernowflex), agency workers, volunteers, secondees, work placements, students and patients placed at the Trust.

3.4 Contractors and suppliers are also expected to conform to the standards set by the Trust. The Trust will require organisations with which it has service contracts to have operational policies in place that do not conflict with the principles or procedures in this document. Where these standards are not met, appropriate action will be taken by the Trust, after the proper investigations have taken place.

4. Definitions / Glossary

As defined in Appendix 3.

5. Ownership and Responsibilities

- The Trust strives to be an equal opportunities employer and consistent provider of healthcare services to all users within its catchment or area that reflects the equality needs of the population. The Trust will ensure that all employees and the public understand their rights and responsibilities under this policy by ensuring it is available on the Trust internet. The Board will ensure that equality is embedded throughout the organisation's services and workforce management through partnership working with Staff Side/Trade Unions.
- The Trust's Director of Human Resources and Organisational Development and the Equality and Inclusion Steering Group (EISG), supported by the Trust Human Rights, Equality and Inclusion lead, will be responsible for the

implementation and review of the Trust's Equality, Inclusion and Human Rights Policy.

5.1. Role of the Trust's Human Rights, Equality and Inclusion Lead

The Trust's Equality and Inclusion Lead is responsible for:

- ensuring that critical milestones are completed by the timeframe set for the RCHT equality objectives action plan by the Equality and Inclusion Steering Group and that key stakeholders (staff, patients, carers, visitors, local interest groups) are consulted / engaged as appropriate.
- ensuring that actions are achieved relating to the Workforce Race Equality Standard; and agreed and published on an annual basis.
- ensuring key stakeholders have access to available support and information on equality and inclusion issues.
- ensuring sub-groups or individuals representing the Trust or leading key initiatives will feed back their progress at each meeting as appropriate.

5.2. Role of Managers

5.2.1. Every manager employed by the Trust is responsible for promoting equality inclusion and human rights in their sphere of management and for preventing undue discrimination in practice.

5.2.2. All Divisions and Service Leads are responsible for implementing the policy in their Directorates, Business Units and Departments and for maintaining high standards of equality and inclusion practice. This includes taking appropriate action where staff, patients, visitors or other individuals have acted in contradiction to the principles of this Policy.

5.2.3. Managers must ensure that:

- all staff are aware of the policy and its location
- all staff grievances or patient complaints are dealt with fairly, appropriately and as quickly as possible
- appropriate records are maintained in accordance with this and subsequent policies and procedures
- all staff are aware of their individual responsibility for the promotion and practice of equal opportunities and for avoidance of discrimination
- patients are made aware of the Policy in general patient information
- they fully support and undertake the Equality Impact Assessment process in their respective spheres of management
- they encourage staff within their teams to provide the Trust with up to date personal details related to the nine protected characteristics i.e. age, gender, race, sexual orientation, religion/belief, disability, transgender, marital status/civil partnership and pregnancy/maternity.

This will support the Trust to publish the Annual Equality report which includes the equality data for the workforce and people who use the services.

5.3. Role of Individual Staff

5.3.1. All employees have a personal responsibility to carry out their duties and behave at all times in accordance with the principles of this Policy. Staff must not practice unlawful discrimination, coerce others to discriminate or victimise individuals who make complaints of discrimination or provide information for investigation.

5.3.2. Staff must be aware that unlawful discrimination on the grounds of age, disability, gender / gender identity/ gender reassignment, marital status / civil partnership, maternity / pregnancy, race, religion or belief, or sexual orientation is illegal and could result in legal proceedings against the Trust and / or against the individual.

5.3.3. Staff have a duty to report any unlawful discrimination or suspected discrimination occurring within the Trust whether by colleagues, service users, visitors or contractors. Staff can seek advice on any aspect of this policy from their Line Manager, Human Resources Practitioner Teams, Independent Listeners, the Human Rights, Equality and Inclusion Lead or Staff Side/Trade Union Representative.

5.3.4. In particular, all staff should:

- comply with the policy and related arrangements
- not discriminate in their day to day activities or encourage others to do so
- not victimise, harass or intimidate other staff or patients on the grounds outlined in this policy
- ensure individual patients' health needs are assessed and met in appropriate and effective ways that maintains patient respect, privacy and dignity by considering their culture, beliefs, values and traditions
- advise their manager if they become aware of any discriminatory practice or behaviour directed against staff or patients
- attend any update training for equality.

5.3.5. All Trust employees will be encouraged to help the Trust meet its statutory compliance duties by completing, when requested, Equal Opportunities Monitoring forms at recruitment, development and training stages and/or any monitoring requirement as determined under statutory compliance.

5.4. Role of the Equality and Inclusion Steering Group

The Equality and Inclusion Steering Group is responsible for:

- overseeing the development and implementation of the Equality Objectives to ensure integration of equality and inclusion into mainstream services, corporate functions and any equality and inclusion initiatives.
- undertaking systematic monitoring of progress in order to assure the Governance Committee that the Trust meets all statutory equality duties, making recommendations where required.

6. Standards and Practice

Inclusive practices

To provide an inclusive environment and services which meet everyone's needs it is important that consideration is given to all aspects of the individual. The person's race, gender, culture, beliefs etc. will all have an impact on what they need and how they wish to have that need met. Ask questions, don't make assumptions or stereotype people.

Equality Procedures

6.1. Recruitment, selection and promotion of staff

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

6.1.2. No advertisement placed on behalf of the Trust will contain wording designed to convey restrictions upon eligibility to apply for employment, other than through a genuine occupational requirement, qualification or experience.

6.1.3. Advertisements will not be unjustifiably confined to particular areas or publications, which would effectively exclude or inhibit applicants from varying backgrounds from applying. Nor will they indicate directly, or indirectly, that a post is restricted to either gender, unless there is a genuine occupational requirement or qualification required for the role.

6.1.4. Job applicants or employees shall receive no less favourable treatment on the grounds of age, disability, race and ethnicity, gender/gender identity/ transgender, sexual orientation, religion or belief, marital status, pregnancy and maternity or social class. The workforce should be representative of the local working population.

6.1.5. The Trust will continue to meet the standards required by the Disability Confident Scheme in the recruitment and retention of people with a disability or long term health condition and will aspire to reach Disability Confident Leader status.

6.1.6. At least one member of the recruitment panel must have undertaken appropriate recruitment training as identified in the RCHT Recruitment Policy. The chair of the panel is required to ensure this is adhered to.

6.2. Training, education and development

6.2.1. All employees will be given equal opportunity and encouragement to progress and have equal access to learning and development within the Trust to reach their full potential.

6.2.2. All employees of the Trust will undertake mandatory equality training either as a stand alone course or as part of their induction programme.

6.2.3. Every employee will have an annual appraisal and a personal development plan, linked to the Agenda for Change Knowledge and Skills

Framework. Medical and dental staff have their own personal appraisal scheme.

6.2.4. There will be no discrimination against staff from minority ethnic groups in the provision of resources or facilities for training. Positive efforts will be made when necessary to assist staff with cultural or language difficulties in their integration into the work force to improve communication with their colleagues and supervisors and promote their development.

6.2.5. Staff from minority ethnic groups may be specifically targeted offering coaching, mentoring and career buddies to improve their career progression opportunities in line with the Workforce Race Equality Standard.

6.2.6. Reasonable adjustments will be made for persons with impairments (including, for example, dementia or learning disabilities) to access equal opportunities. Where necessary, Occupational Health may be involved to provide advice to the manager on possible adjustments. If there is a disagreement with the individual and their manager further advice and support can be obtained from their Human Resources person or the Human Rights, Equality & Inclusion Lead.

6.2.7. All staff will be encouraged to access the learning and development facilities available, which will be widely publicised, to enable them to progress within the Trust and wider NHS. The learning and development attendances will be monitored and shared within the annual equality report.

6.2.8. Training and guidance will be made available to managerial and supervisory staff, so that they can exercise their responsibilities under equal opportunities employment legislation and the Trust's Policy.

6.2.9. Inclusion is to be addressed in all training materials and courses that are delivered internally, where applicable.

6.3. Quality of working life

6.3.1. Flexible working practices will be considered and encouraged, particularly when introduced in support of patient needs that will enable the effective provision of Health Services.

6.3.2. Any Trust employee with a declared impairment (including mental health conditions such as dementia) should be subject to appropriate reasonable adjustment considerations wherever possible, in line with the Trust's commitment to encouraging and supporting disabled employees.

6.4. Supporting religious and cultural needs

6.4.1. The Trust recognises the need for staff to balance their work and religious/ cultural needs and that, at times, their religious and cultural needs may conflict with existing work requirements. The Trust will give due consideration as to whether it is reasonably practicable to vary or adapt these requirements to enable such needs to be met.

6.4.2. The Trust has a multi-faith facility room and an ablutions facility for individuals who may wish to participate in religious observance whilst at work. Staff should contact the Hospital Chaplaincy for further details.

6.5. Handling complaints of unlawful discrimination

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

6.5.2. The Trust will ensure that all complaints are treated sensitively, confidentially, thoroughly and in a timely manner. All staff found to have been discriminated against can expect action to be taken on their behalf and support received from the Trust.

6.5.3. Any member of staff employed by the Trust who considers that they have been unlawfully discriminated against in matters covered by this policy may pursue the matter through the Trust's Dignity at Work Procedure and Guidance, a copy of which can be accessed via the H.R. section of the Trust's document library.

6.5.4. Any job applicant, not employed by the Trust, who considers that they have been unfairly treated or discriminated against in the operation of the Trust's Recruitment and Selection Procedures, will be encouraged to initiate a formal complaint via the recruitment team.

6.6. Harassment at work

6.6.1. The Trust is committed to ensuring that all staff enjoy their working environment and 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.

6.6.2. The Trust has a duty to protect staff from harassment, whether from other staff members, patients or visitors. Individuals who believe that they have been harassed have a right to receive sympathetic and supportive help in accordance with the Trust's Dignity at Work Procedure and Guidance (available on the document library).

6.7. Discipline

6.7.1. All staff will be expected to comply with the provisions of this policy.

6.7.2. Breaches may lead to action in accordance with the Disciplinary Policy and Procedure.

6.8. Hate Crime

6.8.1. If the discrimination or harassment is based on the person's race, religion, sexual orientation, disability or gender it may be defined as a Hate Incident which may be reportable to the police.

6.8.2. When completing a Datix the staff member needs to tick the discrimination box which will then notify the Human Rights, equality and Inclusion Lead of the incident. The HREI Lead may contact the victim/incident

reporter to ascertain if it is a Hate Incident and ask if the victim would like support to report it to the police or to a Third Party Reporting Centre.

6.9. Patients and Services

6.9.1. Patients and their relatives or identified carer(s) will be treated with respect and due consideration. Patients will be afforded healthcare in a consistent and non-discriminatory manner irrespective of their ethnicity, gender, age, disability, sexual orientation, marital/civil partnership status, religion and belief, trans-gender and social status. This will be in line with the Trust's Clinical Policies and Dignity at Work Procedure and Guidance.

6.9.2. Patient access to Trust services, the Trust site or healthcare arrangements will be subject to any reasonable adjustments necessary, or appropriate, to meet the needs of patients with impairment. Patients, carers and communities will not be denied access on unreasonable grounds.

6.9.3. Patient religion, belief and cultural needs will be considered as part of any care planning process. If appropriate, the Trust will discuss with the patient and/or relatives or designated carer(s) any particular needs in terms of health care provision or service provided by the Trust.

6.9.4. Patient language and interpretation needs will be covered as necessary by the Trust's interpretation services. Patients will not be denied access to language and interpretation services and all other information will be made available to them in appropriate formats. The Interpreting and Translation Services policy states that family members should not be used as interpreters for the patient; however, if the patient's communication difference would not be addressed by using an interpreter e.g. aphasia, family members may be the best solution in the short term.

6.9.5. When using interpretation services staff should consider:

Do	Don't
<ul style="list-style-type: none"> ▪ Give the interpreter time to introduce themselves to the patient. ▪ Speak to the patient, not the interpreter ▪ Speak clearly using no jargon ▪ Allow plenty of time ▪ Consider gender, language and dialect when booking an interpreter 	<ul style="list-style-type: none"> ▪ Expect the interpreter to take responsibility for a difficult client ▪ Use children or family members to interpret ▪ Expect the interpreter to work with two patients at the same time ▪ Talk to the interpreter as an "aside" to the patient

6.9.6. Patient privacy needs will be encouraged and managed under existing Trust Dignity in Care and Chaperoning Policy and national guidance.

6.9.7. Patient and carer feedback regarding equality experiences of their treatment will be listened to and respected.

6.9.8. Patient's and carer complaints that identify unlawful discrimination will be escalated in accordance to the Trust's complaints procedures.

6.9.9. All clinical and support employees will be responsible for making reasonable efforts to obtain equality information from patients or, if appropriate and/or permissible, from their relatives or carers at the earliest possible point of patient access to the Trust's services.

6.9.10. Any prejudiced act which is based on the individual's disability, race, religion, sexual orientation or gender reassignment may be viewed as a hate incident or hate crime which is reportable to the police. More information about hate crime in Cornwall can be found here <http://safercornwall.co.uk/what-we-do/hate-crime/> . If a member of staff is unsure if they have been involved in or witnessed a hate incident they can contact the Human Rights, Equality & Inclusion Lead for advice.

6.10. Consultation

6.10.1. The Trust will aim to uphold, as part of its consultation arrangements with its formal or informal stakeholder groups (e.g. local communities, patient groups, carers groups, employees, union representatives) that, wherever possible, the widest and most reflective representation of these groups are approached for their views, in order to ensure a broad spectrum of opinion and feedback is received. This feedback will be published annually within the Equality Report.

6.10.2. Where appropriate these consultation arrangements or opportunities will be made available in alternative formats (i.e. Braille) or in different languages to reflect the targeted community or stakeholder group needs, as identified.

6.11. Suppliers

6.11.1. 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 our formal contractual arrangements and obligations with suppliers.

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

6.12. Policy/Service Developments and Equality Impact Assessments

6.12.1. The Trust is legally required to analyse and publish the effect of its policies and practices; including how the policies further the equality aims, how due regard has been given and the sources of information used to inform the decisions.

6.12.2. The term 'policy' is used as shorthand to describe the full range of policies, practices (whether it is formally written down or whether it is informal custom and practice), service activities and decisions (including service re-design/ new services) and also joint partnership and commissioning arrangements.

6.12.3. Senior managers must ensure that Equality Impact Assessments are undertaken before making any relevant policy decision, including consideration as to whether possible detrimental impacts can be mitigated or whether the policy decision needs to be reviewed.

6.12.4. The good relations duty now applies across all of the protected characteristics and therefore policy developers must demonstrate that due regard has been taken to tackle prejudice and promote understanding between people who share a protected characteristic and those who do not.

6.12.5. Policies specifically designed to advance equality will also need to be analysed for their effect on equality across all of the protected groups as any one group is likely to have several protected characteristics within it.

6.12.6. Policy developers must ensure that equality impact starts prior to policy development or at the early stages of a policy review. The analysis remains ongoing and cyclical to ensure equality considerations are taken into account before a decision is made. This includes undertaking equality impact assessments prior to service delivery changes and commissioning of new services to ensure they are designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities.

6.12.7. In partnership / commissioning arrangements the lead or accountable public sector organisation will be allocated the responsibility for undertaking or leading the Equality Analysis and presenting or publishing the findings and actions in an appropriate report, alongside the document it relates to.

6.12.8. If costs are incurred as a result of the equality analysis (i.e. consultation events), then the partners will come to a joint agreement as to how those costs will be met.

6.12.9. Should actions arise from the Equality Analysis, then partner organisations will allocate responsibilities and deadlines for completion.

6.12.10. If the adverse impacts of the arrangements can not be resolved or mitigated against, then public sector organisations will reconsider their involvement / participation.

6.12.11. Each public sector organisation involved in the arrangement has the right to monitor or scrutinise the progress and outcomes of the Equality Analysis.

7. Dissemination and Implementation

7.1 All managers are responsible for the implementation of this policy with support from HR.

7.2 Following ratification, a copy of the policy will be stored electronically in the HR section of the Trust's document library on the internet/intranet site.

7.3 A copy of the policy will be circulated to members of the HR Practitioner Teams to enable them to support the implementation of the policy.

7.4 A clear communication will be sent to managers to make them aware that the revised policy has been issued and that they are responsible for cascading the information to their staff members, including staff members who do not have regular access to email.

7.5 The Trust Directors and Chairs of both Staff Side Committees (JCNC and JLNC) will be advised of the issuing of the new policy.

7.6 Information to promote awareness of the revised policy will also be included in the daily bulletins circulated to all staff.

7.7 Managers will ensure that all staff and volunteers are aware of this policy either as current members of staff or new employees. Employees and volunteers must have a level of knowledge and skill in this area consistent with their duties

7.8 Equality and inclusion issues are covered in the Trust's induction process for staff and volunteers.

8. Monitoring compliance and effectiveness

Element to be monitored	All elements of this policy will be monitored as part of the Equality Delivery System (EDS2) and outcomes framework. This includes publishing equality performance and objectives in line with our legal duties. Staff race equality will be monitored through the Workforce Race Equality Standard and published annually.
Lead	Human Rights, Equality and Inclusion Lead
Tool	Qualitative and quantitative data, e.g. PAS data, Electronic Staff Records, patient satisfaction reports, complaints, PALS, quality reports, board reports, staff surveys, equality questionnaire and consultation events.
Frequency	Quarterly reports
Reporting arrangements	Identified gaps and progress against the equality objectives action plan will be tabled at the quarterly Equality and Inclusion Steering Group (EISG). Minutes of these meetings are presented to the Governance committee.
Acting on recommendations and Lead(s)	Areas for action and nominated leads will be identified by the Chair of the EISG
Change in practice and lessons to be shared	A lead member will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

9. Updating and Review

9.1 This policy will be agreed by Trust management and Staff Side/Trade Union representatives under the partnership arrangements for the implementation of Agenda for Change.

9.2 This policy and procedure will be fully reviewed every 3 years from approval, or earlier if indicated by the result of monitoring and review, legislation or changes to the NHS or Trust terms and conditions of employment.

10. Equality and Diversity

10.1 General statement

This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement (page 6).

10.2 Equality Impact Assessment

As part of its development this policy has been reviewed in line with the Trust's current Equality Impact Assessment Process. The purpose of the assessment is to identify and reduce or, if possible, remove any unfair disproportionate impact on individuals who come in contact with the Trust (i.e. employees, patients, visitors and members of the community) on the grounds of their 'protected characteristics' (formerly 'diversity strands'). No detriment was identified.

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Equality, Inclusion and Human Rights Policy			
Date Issued/Approved:	17 th January 2018			
Date Valid From:	5 February 2018			
Date Valid To:	5 February 2021			
Directorate / Department responsible (author/owner):	Debby Lewis Human Rights, Equality and Inclusion Lead			
Contact details:	01872 258128			
Brief summary of contents	An overarching reference policy that ensures equality, diversity and human rights is at the very core of the organization.			
Suggested Keywords:	Equal Opportunities, Diversity, Human Rights, Equality Scheme, Equalities Act 2010, Fair Treatment, Discrimination, Equality and Diversity, Human Rights			
Target Audience	RCHT ✓	CFT	KCCG	Public
Executive Director responsible for Policy:	Director of Human Resources & Organisational Development			
Date revised:	January 2018			
This document replaces (exact title of previous version):	Equality and Human Rights Policy			
Approval route (names of committees)/consultation:	JCNC, JLNC, RCHT Operational Group, Senior Matrons, EISG			
Divisional Manager confirming approval processes	Deputy Director of Human Resources and Organisational Development			
Name and signature of JCNC Chair or nominated deputy	{Original Copy Signed}			
Signature of Executive Director giving approval	{Original Copy Signed}			
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Human Resources			
Links to key external standards	Care Quality Commission Standards Equality Delivery System – outcomes Workforce Race Equality Standard			

Related Documents:	RCHT policy on Equality Impact Assessments RCHT Recruitment Policy RCHT Dignity at Work Procedure and Guidance RCHT Grievance and Dispute Policy and Procedure RCHT Disciplinary Policy & Procedure RCHT Special Leave Policy RCHT Attendance Management Policy RCHT Protocol for Care of Children and Adult Patients with a Learning Disability RCHT Dignity in Care and Chaperoning policy Cornwall Health Community Your Guide to Family Friendly Rights and the Managers Guide to Shared Parental Leave Interpreting and Translation services policy
Training Need Identified?	Yes

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
September 2007	1.0	Equality and Diversity - General Principles	Helen Strickland HR Manager
September 2009	2.0	Policy Revision Title amended to: Equality and Human Rights.	Vincent Hodges Equality and Diversity
December 2010	3.0	Policy revision to take into account the requirements of the Equality Act 2010.	Roy Ebanks Diversity Lead
	3.1	Policy reformat in line with the Trust ' <i>Policies on Policies</i> ' document	Helen Strickland HR Business Partner
September 2011	3.2	Policy reformat RCHT policy template. Revised Equality Impact Assessment template to	Sandra Arnold Lead ED&HR
June 2012	3.3	Policy resubmitted to JCNC for consultation. Minor amendments made to partnership	Sandra Arnold Lead ED&HR
Sept 2012	3.3	Policy resubmitted to OMG members	Sandra Arnold Lead ED&HR
Feb 2014	3.3	Policy resubmitted for minor adjustments. Equality statement amended. EDS changed to EDS2. Equality, Diversity & Human Rights changed to Equality, Inclusion and Human	Debby Lewis Human Rights, Equality & Inclusion Lead
Jan 2016	3.4	Review undertaken to include minimal changes including: <ul style="list-style-type: none"> ▪ the addition of the Trust's values ▪ managers' responsibilities now include to encourage staff to provide their equality data. ▪ inclusion of the Workforce Race Equality Standard ▪ additional advice on the use of interpreters ▪ inclusion of Hate Crime 	Debby Lewis Human Rights, Equality & Inclusion Lead

Jan 2018	3.5	Disability Confident Employer Scheme 6.1.15 Introduction of Hate Crime information in 6.8.2 and 6.8.10. Changed from two ticks system to the Disability Confident Scheme.	Debby Lewis Human Rights, Equality & Inclusion Lead
----------	-----	--	---

**All or part of this document can be released under the Freedom of Information Act
2000**

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Screening Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

<i>Name of Name of the strategy / policy /proposal / service function to be assessed</i>						
Equality, Inclusion and Human Rights policy						
Directorate and service area: Human Resources/Equality, Inclusion and Human Rights			Is this a new or existing Policy? Existing			
Name of individual completing assessment: D.Lewis			Telephone: 01872 258128			
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>		The aim of this Policy is to set the Trust's position on Equality and Inclusion and confirm the Trust's commitment to that Policy.				
2. <i>Policy Objectives*</i>		To highlight and identify staff responsibilities in connection with Equality and Inclusion; upholding and protecting the human rights of all its staff and stakeholders and to a policy of achieving equality of opportunity, preventing discrimination and valuing diversity in the provision of services to the community that it serves and in the employment of staff.				
3. <i>Policy – intended Outcomes*</i>		To building equality, diversity and inclusiveness into mainstream business and ensuring everyone is treated with dignity and respect. The policy ensures no one is denied treatment or employment opportunity on the basis of their gender, race, age, disability, sexual orientation, marital status, religion, ethnic or national origin, political affiliation, trade union membership or gender reassignment. Promoting the practice of equality of opportunity and inclusion to ensure that all staff understand, support and follow the Equality and Inclusion Policy and realise that they have a responsibility not to discriminate unlawfully or to knowingly assist in discriminatory practices.				
4. <i>*How will you measure the outcome?</i>		Workforce information – including gender / pay, disability, education and training, ethnicity, promotions, grievances as well as patient feedback, complaints and sampling of completed equality analysis.				
5. <i>Who is intended to benefit from the policy?</i>		Staff, patients, carers and the community as a whole.				
6a <i>Who did you consult with</i>		Workforce	Patients	Local groups	External organisations	Other
		✓				✓

b). Please identify the groups who have been consulted about this procedure.	Please record specific names of groups Equality & Inclusion Steering Group (which includes public membership). Previously with the Disability staff network and the minority ethnic staff network.
What was the outcome of the consultation?	Agreed with the changes to the policy which aligns to the hate crime process.

7. The Impact
Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy could have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		✓		The policy pays attention to ensuring all equality strands are considered and practiced in all recruitment processes and for patients' accessing our services.
Sex (male, female, trans-gender / gender reassignment)		✓		The policy highlights that users will be accorded care that takes into account all equality strands and where appropriate, measures ARE taken to remove potentially discriminatory practice e.g. transgender patients on incorrect single sex ward. Gender (including trans) and workforce are supported through non-discriminatory employment practices.
Race / Ethnic communities /groups		✓		There may be difficulty in understanding amongst individuals whose first language isn't English. This will be redressed by ensuring that information is available in a variety of languages and formats and access to interpretation services.
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		✓		Arrangements must be made to ensure availability of information in accessible formats, eg 'easy read' to mitigate any differential impact. Reasonable adjustments must be made to enable access to our services and in our employment practices. The Trust operates within the Disability Confident Scheme.
Religion / other beliefs		✓		The Trust recognises the need for staff to balance their work and religious/cultural needs and that, at times, their religious and cultural needs may conflict with existing work requirements. The Trust will give due consideration to whether it is reasonably practicable to vary or adapt these requirements to enable such needs to be met. Patients must have their religion and other beliefs (including non-belief), respected and have access to multi-faith facilities or be visited on the ward.
Marriage and Civil partnership				The policy demonstrates due regard to marital status and civil partnership.

Pregnancy and maternity				The policy states that due regard must be given to users. Recruitment processes are fair and transparent.				
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian				The policy states that due regard must be given to sexual orientation of all users. Recruitment processes are fair and transparent.				
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 								
8. Please indicate if a full equality analysis is recommended.				<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>✓</td> </tr> </table>	Yes		No	✓
Yes		No	✓					
9. If you are not recommending a Full Impact assessment please explain why.								
All individuals and groups will have a positive outcome from this policy.								
Signature of policy developer / lead manager / director			Date of completion and submission 2/2/2018					
Names and signatures of members carrying out the Screening Assessment		<ol style="list-style-type: none"> Human Rights, Equality & Inclusion Lead 						

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust's web site.

Signed _____

Date _____

Appendix 3. Glossary

1. STATUTORY REQUIREMENTS AND GUIDANCE

- This policy and any associated arrangements shall be implemented in accordance with the appropriate statutory requirements as defined under the **Equality Act 2010** and as previously defined within the former: Equal Pay Act 1970; Rehabilitation of Offenders Act 1974; Sex Discrimination Act 1975; Race Relations Act 1976; Race Relations (Amendment) Act 2000; Employment Equality (Sexual Orientation) Regulations 2003; Employment Equality (Religion and Belief) Regulations 2003; Disability Discrimination Acts 1995 and 2005 and Equalities Act 2006.
- The Trust will comply fully with All Equality Duties as applicable to Race, Disability and Gender or any other protected characteristics (or 'equality strand') as part of the Trust's Single Equalities and Human Rights Scheme.
- The Trust will also take full account of any Codes or Practice issued by the Equalities and Human Rights Commission, plus equalities guidance or compliance instruction as and when issued from the Care Quality Commission, NHS and governmental departments (i.e. Department of Health and Department of Works and Pensions) and also any statutory body as they become available.

2. DEFINITIONS OF DISCRIMINATION

2.1. Indirect Discrimination

Indirect discrimination refers to applying a provision, criterion or practice which disadvantages people of a particular group (e.g. defined by sex, race, disability, sexual orientation, religious belief or age). Indirect discrimination is illegal if it cannot be justified as a proportionate means of achieving a legitimate aim.

Examples

Examples of indirect discrimination include:

- requiring that the employee be six feet tall would disproportionately disadvantage women
- uniform requirements stating that employees may not wear any headwear would indirectly discriminate against Sikh men
- Not recognising 'carers rights' when considering work patterns or shifts.

2.2 Direct Discrimination

Direct discrimination means treating one person less favourably on the grounds of sex, race, disability, sexual orientation, religion/belief, or age. For example, requiring that an employee must be male or must be practicing Hindu.

Examples

Direct discrimination may be overt or covert as in the appointment of individuals to vacant posts where the reasons for non-selection may not be disclosed by an employer or denying or poorly administering patient care on the basis of a patient's ethnicity or disability when that had no bearing on the treatment they should have received.

Direct discrimination is unlawful under ALL anti-discrimination law, unless there is a Genuine Occupational Requirement (GOR) that the employee be from (or not) a particular group.

2.3 Perception-based discrimination

This is a form of direct discrimination and occurs when a person is treated less favourably because others wrongly think they have a protected characteristic and treat them on the basis of such a perception.

2.4 Discrimination by Association

This is a form of discrimination that occurs when a person is treated less favourably because of association with an individual with a protected characteristic.

3. VICTIMISATION

Victimisation occurs when a person receives less favourable treatment or is discriminated against as a result of pursuing (or assuming to pursue) their rights under the appropriate equalities legislation, the Trust's employee DIGNITY AT Work policy or, if a patient, under the Trust's Complaints Handling Process.

4. HARASSMENT

Unwanted conduct that violates people's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment. This definition is limited to anti-discrimination legislation and therefore only applies to harassment on grounds of age, sex, gender identity/ reassignment, race, disability, sexual orientation, religion or belief, maternity /pregnancy and marital status / civil partnership.

5. REASONABLE ADJUSTMENTS

The Trust will consider and make reasonable adjustments under the requirements of the Equality Act 2010. For example, reasonable adjustments to employment practices, or working arrangements; alterations to premises for staff and/or patient access; provision of equipment or aids for example, inductive 'hearing loops' in reception areas or wards.

6. HUMAN RIGHTS CONSIDERATIONS

The Human Rights Act 1998 defines the rights all UK citizens can expect, for example, right to life, freedom from inhuman or degrading treatment, right to liberty and right to respect for family life.

Human rights are based on principles of Fairness, Respect, Equality, Dignity & Autonomy.

A human rights based approach (HRBA) is the process by which human rights are put into practice. It has five key principles:

- Putting human rights principles and standards at the heart of policy and planning
- Empowering staff and patients with knowledge, skills and organisational leadership and commitment to achieve human rights based approaches
- Enabling meaningful involvement and participation of all key stakeholders or people
- Ensuring clear accountability throughout the organisation
- Non-discrimination and attention to vulnerable groups.

Using a HRBA can improve the quality of services, patient experience and also reduces risk of complaints and litigation.

The Trust fully endorses the view that all patients and their relatives or carers have the right to be treated with dignity and respect.

The Trust will afford all patients with the highest possible standards of care and attention. We will endeavour to provide suitable patient privacy arrangements and discuss with or inform patients or their relatives or carers, of the identified treatment options or healthcare needs, in a sympathetic and considerate manner or format appropriate (e.g. in different languages) that reflect the needs of the patient.