

# Equality and Diversity Policy

2022-2025, v1.3

October 2022

## TARGET AUDIENCE (including temporary staff)

People who need to know this document in detail	Senior managers; HR managers; or patient safety, complaints, and procurement teams
People who need to have a broad understanding of this document	Workers, including employees, bank staff, contractors (agency workers), and officeholders
People who need to know that this document exists	Patients, service-users, volunteers (in terms of providing a service), suppliers

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Approved by:	Tackling Inequalities Steering Group	Date:	18 September 2022
Ratified by:	Executive Committee	Date:	24 October 2022
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VERSION CONTROL

Record of Document Changes		
Date	Version	Changes / Comments
July 2022	1.3(1)	Significant rewrite of multiple sections. Update to new policy template.
October 2022	1.3	Document circulated for consultation and feedback and comments incorporated to the final ratified version.

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# 1. Introduction

## 1.1 Purpose

This policy tackles unfair, avoidable, and systemic differences in health and employment between different population groups. This includes discrimination and other types of conduct prohibited under the Equality Act 2010. It also promotes equality of opportunity for patients and people from all groups in society accessing or using our services, and to promote equality of opportunity for its workers. This policy is also the Trust's accessible information policy.

## 1.2 Scope

This policy applies to **workers**, which for this policy includes all employees, bank workers, apprentices, officeholders (e.g., non-executive directors), work experience, people working unpaid to gain professional experience, or to assess suitability for employment.

This policy applies to **agents**, which includes secondees, agency workers, contract workers (including those sub-contracted), one-person companies, and the self-employed.

This policy has effect across all sites and settings, whether owned by the Trust or not. There are very limited and narrow exceptions to discrimination and prohibited conduct that are set out in the Equality Act 2010.

## 1.3 Definitions

We use different wording throughout this policy to mean different things:

- We use '*have to*' or '*must*' or '*will*' and a doing word (verb) for policy obligations
- We use '*should*' to identify things recommended to do
- We use '*could*' or '*can*' or '*may*' about things that are optional.

For a full list of definitions, please refer to the Glossary in **Appendix L**.

# 2. Equality and Diversity

The Trust has four proactive equality and diversity commitments (a-d). When delivering services or public functions, the Trust will give due regard to:

- Advancing equality** – removing or minimising disadvantage, meeting the needs of different people, and encouraging participation where it is disproportionately low
- Eliminating discrimination** – giving advance consideration to issues of discrimination, harassment, and victimisation in our services and at work

- (c) **Fostering good relations** – tackling prejudice and promoting understanding
- (d) **tackling inequalities** – addressing unfair, avoidable, and systemic differences in health between different population groups defined socially, economically, demographically, or geographically.

These commitments apply to any function the Trust contracts out to external organisations ('contractors') to deliver on our behalf e.g., provision of training, delivering healthcare, or provision of services delivered to Trust staff.

## 2.1 Anchor institution

The Trust has an important presence as the main provider of community healthcare services within West Sussex, Brighton & Hove, and East Sussex, and to the patient populations accessing our specialist services, and it has a mission, histories, physical assets, and local relationships that anchor the institution firmly to Sussex.

## 2.2 Tackling inequalities

Managers should pursue policies to reduce unequal exposure to disease or harm for disadvantaged people, and to reduce their unequal effects (their "susceptibility").

Managers should prioritise prevention of ill health or injury ("upstreaming") where assessment of the evidence suggests it is the most effective option.

Managers should ensure their services are accessible for our patient population groups, which means that they are approachable, acceptable, available and accommodating, affordable, and appropriate (Levesque et al., 2013).

Managers should involve communities and partners to develop the required confidence, skills, and knowledge for patients to access their service.

Managers must ensure services provide equitable consequences of care for the patient population in terms of health, satisfaction, and economics.

Workers can follow the Cultural Inclusion Procedures in **Appendix D**

Managers must follow the Equality and Health Inequalities Impact Assessment (EHIA) Procedure in **Appendix E**, and the Trust EHIA guidance available on The Pulse. Managers must screen services and procedural documents through the completion of an initial equality and health inequalities impact assessment (EHIA). If the screening form shows that the work is relevant, managers must identify risk or protective factors to health, wellbeing, or other relevant outcomes by completing a full EHIA.

## 2.3 Just governance

The Tackling Inequalities Steering Group will direct delivery of the tackling inequalities agenda. Managers should control delivery of the agenda through the Trust's governance processes. Managers should identify, assess, and control population inequalities within the Trust's risk and impact management framework.

Managers and workers should act against inequalities through the Trust's Service Development, Quality Improvement, Research and Development, Corporate Governance, Policy development, digital transformation, and procurement functions. This may optionally include following the Positive Action Procedure set out in **Appendix F**.

Senior managers must ensure governance structures promote justice through fair and equitable processes.

## **2.4 Involvement**

Managers and the Communications & Engagement team should involve patients and service users at an appropriate level and should seek to work with partner agencies and groups to take action to tackle inequalities. Co-production should be a key part of work carried out by the Trust's Research and Development department.

## **2.5 Digital**

Managers and the Digital team should work to reduce digital exclusion for people using our systems and accessing our services. For example, by considering user experience and applying user-centred design principles across the programme. This approach will help identify barriers to people accessing and using digital solutions. In addition, systems must be used to support data analysis to further managers' understanding of the health inequalities of the population the trust is serving, with the aim of improving access to patient-centred services.

## **2.6 Leadership**

Senior managers, supported by the Organisational Development team and the Communications & Engagement team, should lead by example to build an inclusive culture, influencing positively the wider cultural norms and values and challenging exclusionary practice, social stigma, and discrimination.

Senior managers should demonstrate visible ethical, compassionate, and inclusive personal leadership by modelling the highest standards of personal behaviour and ensuring workers follows this example.

Managers should support corporate inclusive leadership development initiatives within their teams and services and should develop local initiatives where the evidence suggests disparities.

Managers should support all workers to access networks of influence at work equitably and must allow workers reasonable time off from day-to-day duties to participate in staff networking.

Managers should ensure that the workplace is inclusive and welcoming to all team members in all ways, including when developing staff talent. Managers can follow the *Leading behaviour change* procedure set out in Cultural Inclusion Procedures in **Appendix D**.

Workers must undertake appropriate development opportunities about health inequalities, inclusion, and equality.

## **2.7 Employment and professional development**

Line managers, supported by the People Directorate, should maximise the positive impact of work on people's health and wellbeing, by:

- Promoting the availability of work in protecting people's health and reducing health inequalities, both indirectly by increasing incomes through earnings and by providing a beneficial social network, and directly by fulfilling workers psychological needs
- Widening participation in our workforce to diverse groups, including supported employment programmes and vocational opportunities to tackle unemployment in Sussex.
- Promoting good quality work that maximises people's autonomy and discretion and protecting workers from stressors and dangers—including discrimination and harassment—that increase the risk of mental or physical illness or injury.

## **2.8 Procurement**

Senior managers must invest in our local neighbourhoods by giving local suppliers greater weight in procurement processes, in turn creating new employment locally. The Procurement team should consider social value (defined as 'economic, social, and environmental wellbeing in connection with public services') in the design of contracts, and weight scoring for social value within all procurement.

Contractors must fulfil the four equality and diversity commitments and comply with all equality legislation when delivering Trust contracts. Contractors must use all reasonable endeavours to ensure that when procuring sub-contractors, they also cooperate with the Trust in satisfying the requirements.

## **2.9 Estates**

Senior managers and the Estates & Facilities team should make use of our lands and buildings to improve health and wellbeing, by improving access to services and by providing meeting spaces (inside or outside) to support community life and community development. The Trust's Estates Strategy and delivery plans should explicitly include how to improve the accessibility of the estate to ensure Trust services are appropriately available to our population according to need.

## **2.10 Sustainability**

Managers supported by the Care Without Carbon team, should ensure populations have access to information about the potential benefits, opportunities, and risks of our decisions that may impact on the environment, such as waste disposal and the use of chemicals and our carbon emissions/impact on air quality.

The Trust recognises that disproportionate exposure to environmental risks is correlated with race and class, with higher environmental risks often for people of colour and low-income communities (Turner and Wu, 2002).

Within our Green Plan the Trust sets out the Sustainable Healthcare Principles, of which 'Healthier Lives' is relevant for managers in supporting care that is preventative, which includes addressing health inequalities such as access to green spaces, cleaner air, warmer homes and healthier food.

## **2.11 Human rights and liberties**

Those workers with public health responsibilities must promote and protect the health and wellbeing of people at a population level. They must restrict liberty-limiting interventions to only those instances where persons pose a significant risk of harm to others or themselves, in line with all public health standards and regulations.

Senior managers must assess any limitations or qualifications on human rights prior to decision-making, seeking legal advice where relevant. They should identify, prevent, mitigate, and account for any adverse impact on human rights through the Trust's risk and impact management processes, and through grievance and complaints mechanisms.

## **3. Discrimination and prohibited conduct**

Avoiding discrimination is about not aiding, causing, instructing, or inducing conduct prohibited under the Equality Act 2010. It is also about making reasonable adjustments for disabled people, including providing accessible information.

How to raise and respond to discrimination and prohibited conduct differs depending on who raises it (patients and the public, or workers), and whether it is about healthcare or about work. Managers must follow the Responding to Prohibited Conduct Claims Procedure in **Appendix B** for all claims.

### **3.1 Patient and public complaints**

The Trust and its workers or agents will not discriminate against a person requiring, or seeking to obtain or use, a service by not providing that person with the service. Not providing a service includes:

- refusing to provide the person with the service
- not providing the person with the service of the quality usually provided to the public (or the section of the public that includes that person), or
- not providing the person with the service in the manner or on the terms usually provided to the public (or the section of the public that includes that person).

The Trust and its workers or agents will not discriminate against a person:

- in relation to the terms on which the service is provided to that person
- by terminating the service to that person, or
- by subjecting that person to any other detriment.

The Trust and its workers or agents will not discriminate against former patients, or service users where the discrimination or harassment arises out of and is closely connected to a relationship which has ended.

Staff must raise complaints of discrimination, harassment, or other prohibited conduct reported by patients, people using our services, members of the public, or their representatives, to a manager at the Trust, as per the Complaints Policy and procedures.

Staff must notify the appropriate Safeguarding Lead(s), if a child or vulnerable adult, or their representative (including staff), raises a complaint of discrimination, harassment, or other prohibited conduct.

Staff must report incidents they witness, and support other witnesses to report incidents, that involve patients or members of the public, or involve patient care, in line with the Raising Prohibited Conduct at Work Procedure at **Appendix A**.

### **3.2 Work grievances, incidents, and concerns**

The Trust and its workers or agents will not discriminate against or victimise a worker:

- in their terms of employment
- in the way they have access to opportunities for promotion, transfer, or training, or for receiving any other benefit, facility, or service
- in dismissing the worker, or
- subjecting them to any other detriment

The Trust and its workers or agents will not discriminate or victimise job applicants in:

- the arrangements made for deciding who should be offered employment
- in the terms on which they offer employment, or
- by not offering employment to the applicant.

The Trust and its workers or agents will not discriminate against former workers where the discrimination or harassment arises out of and is closely connected to a relationship which has ended. The Trust will not discriminate against, harass, or victimise people who are or wish to become personal officeholders.

### **3.3 Recording claims**

Teams handling the management of claims (i.e., the Patient Experience and Complaints team, the Employee Relations team, the Resourcing team, the Procurement team, and the Security team) must follow the Recording Prohibited Conduct Claims Procedure in **Appendix C**.



## 4. Reasonable adjustments

If a disabled person identifies something about our services or work that would cause a substantial disadvantage to them, our workers must take all reasonable steps with the disabled person to identify a reasonable adjustment to overcome it.

### **Appendix A Workers must anticipate reasonable adjustments for disabled patients, populations or groups who access their services. All workers must follow the Reasonable Adjustments Procedure: Patients and Service Users Equality and Health Inequalities Impact Assessment (EHIA) Procedure**

Workers and decision-makers must follow all equality and health inequalities impact assessment guidance published by the Trust.

Workers must impact assess changes that affect their service or their teams before and during the development of work.

Workers must take a conscious approach with specific consideration of inequalities. They must approach them with substance, with rigour and with an open mind.

Workers must draw the attention of decision-makers to impacts on the advancement of equality within decisions. They must ensure the decision-makers understand the Trust's obligations under the general equality duty and health inequalities. They must ensure decision-makers have sufficient information.

Decision-makers must ensure impact assessment is integral to the way the Trust operates. They must demonstrably take information about the Trust's obligations to advance equality fully into account throughout the decision-making process.

The chairpersons of panels, committees, or boards authorised by the Trust to make decisions are responsible for ensuring that members' behaviour and decision-making prioritises health and gives due regard to the need to advance equality of opportunity, including by arranging for the publication of non-FOI exempt Equality and Health Inequalities Assessment (EHIA) forms.

Workers and decision-makers should follow the guidance published in *Meeting the Equality Duty in Policy and Decision-Making* (Equality and Human Rights Commission, 2012) and *Technical Guidance on the Public Sector Equality Duty: England* (Equality and Human Rights Commission, 2014)

#### E.1 Identifying impact

Managers should take steps to identify and tackle inequalities within their service or within their team, either focussing on meeting the identified needs of specific vulnerable groups, or by focussing on the gaps in health and wellbeing outcomes between two different identified groups (including protected groups), or by focussing on the distribution of health and wellbeing across an entire population.

Workers must focus upon identifying disparities in the social determinants of health inequalities (systemic imbalances in power and access to resources), or the social determinants of health (the circumstances in which people are born, grow, live and work).

Policy authors, service managers, and decision-makers must complete and consider the results of the screening stage of the equality and health inequalities impact assessment (EHIA) to ensure that there has been adequate consideration.

## E.2 Assessing impact

In assessing how our services impact populations or groups, workers must identify risk or protective factors to health that are both amenable to change (i.e., avoidable) and which if not addressed lead to a matter of unfairness. Workers must assess these factors within an equality and health inequalities impact assessment.

Workers must use information about disparities and the results of any engagement to understand the impact (or potential impact) of our policies, practices, or decisions on people with different protected characteristics and for different population groups.

To eliminate discrimination, workers must assess relevant risk factors to illness or injury. These include identifying any discriminatory provisions, criteria, or practices within service access, utilisation, or quality. They might also include workplace discrimination, or wider systemic discrimination and stigma which give rise to injury or trauma, or other disparities between the life chances of different population groups.

To promote good community relations, workers must assess relevant protective factors. These include assessing community life, social connections, and the voice of people into decision-making, and the differences the wider social determinants of health between different population groups.

Impact assessment is an integral part of policy development and decision making. It involves managers and decision-makers considering whether to continue, amend, or to stop a provision, criterion, or practice to better advance equality.

It also involves managers and decision-makers determining where there is an adverse impact on protected groups, whether it is potentially justifiable to continue with the provision, criterion, or practice, or whether it is possible to achieve the same aim in a way which reduces the adverse impact.

## E.3 Taking action to tackle inequalities

In identifying and assessing which actions to improve population health, workers must plan actions to tackle inequalities either within policy development, a quality improvement project, a service development project, a procurement, a research project, or as part of an agreed learning or education course.

Actions may include improving access, utilisation, and quality of healthcare for patient populations or groups, but all work should prioritise actions to prevent ill-health or injury (upstreaming) whenever it is relevant and proportionate to do so.

Workers taking action to tackle inequalities must consider partnership working and taking an integrated approach with other providers and agencies. Workers must involve patients, services users, and their families at a level and of a type that is relevant to the work. Workers taking action to tackle inequalities must not itself be unlawfully discriminatory.

On an individual or family level, workers must take action to address the wider social needs of patients or individuals, where this would improve their health or wellbeing. This must form part of their care plan.

Workers may take advice on actions to tackle inequalities from the Trust's Population Health Consultant or any senior public health intelligence analyst, epidemiologist, senior statistician, health visitor, school nurse, public health nurse (health protection, health promotion, TB, or infection control), midwife, or advanced health improvement practitioner.

#### E.4 Positive action

Managers may optionally take positive action measures to improve equality for people who share a protected characteristic, where this meets the relevant requirements set out in the separate positive action (services) procedure, or the recruitment and selection inclusion procedure.

## Appendix B Positive Action Procedure

This procedure covers how a manager may undertake positive action with disadvantaged, or under-represented patient (or public) populations, or with differential needs, to target healthcare, services, public functions, or employment, selection processes for recruitment, or promotion.

### F.1 Positive action: general requirements

Managers may undertake positive action either within service delivery or in the recruitment and promotion of workers.

Managers may use positive action measures when they reasonably evidence within a business case that:

- (a) People with a protected characteristic suffer a disadvantage connected to that characteristic, or
- (b) People with a protected characteristic have needs that are different from the needs of people without it, or
- (c) Participation in an activity by people who share a protected characteristic is disproportionately low

The action a manager can take must be a proportionate means of achieving at least one of the following aims, evidenced within a business case:

- (a) Enabling or encouraging people with the protected characteristic to overcome or minimise that disadvantage,
- (b) Meeting those needs, or
- (c) Enabling or encouraging persons with the protected characteristic to participate in that activity

Examples may include clinics limited to people over 60 years old, or an outreach therapy service for members of South Asian communities, or a male health improvement campaign.

Another example might be where an analysis of workforce representation revealed under-representation of BAME people accessing leadership opportunities, so in response the Trust holds leadership development workshops targeted at BAME employees.

Managers must ensure that any positive action taken is time-limited since the conditions necessary for it to remain lawful may change over time, e.g., as health outcomes change over time.

### F.2 What is Proportionate

A manager should identify within a business case that the potentially discriminatory effect of any practice should be significantly outweighed by the importance and

benefits of its legitimate aim, and have assessed that there is no reasonable alternative.

Managers may take advice from the Trust's Diversity and Inclusion Lead and follow the guidance set out in the Equality Act 2010 Statutory Code of Practice Services, Public Functions and Associations (Equality and Human Rights Commission, 2011a).

### F.3 Positive action: recruitment and promotion

Recruiting managers may take a protected characteristic into consideration when deciding whom to recruit or promote following a competitive selection process, where either:

- (a) People with a protected characteristic suffer a disadvantage connected to that characteristic, or
- (b) Participation in an activity by people with a protected characteristic is disproportionately low

Recruiting managers can only take positive action where the candidates are equally as qualified as each other. The judgement of whether one person is as qualified as another is not just about qualifications, but rather an objective judgement based on the criteria the recruiting manager has used to establish the best candidate for the job. The recruiting manager must consider each case on its own merits.

Any action taken must be a proportionate means (see 'What is proportionate?' above) to:

- (a) Overcome or minimise that disadvantage, or
- (b) Participate in that activity.

There is no definitive list of positive actions, but managers may consider:

- Setting targets for increasing participation of the targeted group
- Providing bursaries to obtain qualifications in a profession for members of the group whose participation in that profession might be disproportionately low
- Outreach work such as raising awareness within the community
- Reserving places on training courses for people with the protected characteristic, for example, in management
- Targeted networking opportunities, for example, in healthcare
- Working with local schools and further education colleges, inviting students from groups whose participation in the workplace is disproportionately low to spend a day at the Trust
- Providing mentoring.

Reasonable Adjustments Procedure: Patients and Service Users in **Appendix G**.

Managers must make reasonable adjustments for workers if they know, or could reasonably be expected to know, that a worker is disabled. All workers must follow Reasonable Adjustment Procedures in **Appendix L**.

## 5. Accessible information

Workers must make reasonable adjustments that include providing accessible information, whether that is about improving information and communication as part of adjusting services or policies, or changing an aspect of the physical environment, or providing an auxiliary aid or service (e.g., reformatting or interpreting).

Workers must identify, record, flag, share and meet the accessible information and communication support needs of disabled patients and service users, carers, and parents, or of those who have a health impairment or sensory loss following Accessible Information and Communication Support Procedures.

They must meet patient or carers language, interpreter, and communication support worker needs, booking and working with specialist professionals where required.

All staff in patient facing roles must complete Accessible Information Standard training and any relevant additional training as necessary on working with different communication support workers. The Trust also offers Communication Access training, which staff may opt to complete.

Workers must follow the Accessible Information and Communication Support Procedures **Appendix J**.

## 6. Patient Focus

This policy provides anyone who believes the Trust has discriminated them with a way to achieve justice and resolution.

It supports staff to involve patients in their own care through identifying, flagging, recording, meeting, and appropriately sharing information about their health and social care needs.

It supports workers and managers to make reasonable adjustments for disabled people to overcome substantial disadvantage in our services and at work.

Where society has spread the causes and effects of disease and harm unequally between different communities, this policy supports managers to deliver more inclusive and accessible care by assessing and improving it.

This policy restates the vital impact of employment upon people's health and wellbeing, and the Trust's role to promote inclusion and widen participation as a major local employer and an institution anchored in the communities we serve.

Patient feedback has informed the development of this policy through learning from patient complaints and via consultation with the Patient Experience Group. An accessible summary is available.

## 7. Responsibilities

The **Chief Executive** has ultimate responsibility for the organisation, supported by the Executive Directors.

**Managers** are responsible for promoting and implementing the policy.

**All workers** must complete in full and as directed the procedures within this policy.

## 8. Associated Documents and References

Trust documents associated with this policy include the Supporting Trans People guidance, the Equality and Health Inequalities Impact Assessment (EHIA) form, and the EHIA Guidance. References include:

Equality and Human Rights Commission, 2011a. Equality Act 2010 Statutory Code of Practice Services, public functions and associations. HMSO, London.

Equality and Human Rights Commission, 2011b. Equality Act 2010 Employment Statutory Code of Practice. HMSO, London.

Equality and Human Rights Commission, 2012. Meeting the Equality Duty in Policy and Decision-Making. HMSO, London.

Equality and Human Rights Commission, 2014. Technical Guidance on the Public Sector Equality Duty: England. HMSO.

Fish, J., Evans, D.T., 2016. Guest Editorial: Promoting cultural competency in the nursing care of LGBT patients. Journal of Research in Nursing.

Levesque, J.F., Harris, M.F., Russell, G., 2013. International Journal for Equity in Health 12.

Turner, R., Wu, D., 2002. Berkeley Workshop on Environmental Politics.

Yates, L., 2015. Social Movement Studies 14.

## 9. Monitoring Compliance

The Diversity and Inclusion Lead will prepare the publication of the annual equality report to include assurance about the performance of the policy, with evidence drawn from Electronic Staff Records (ESR), employee relations monitoring, staff and patient surveys, incident reporting, PALS and complaints, and patient administration systems.

The Tackling Inequalities Steering Group (TISG) will approve the annual equality report internally before it goes to the Trust Board with improvement actions agreed for implementation.

## 10. Dissemination and Implementation

This policy will be on the Trust's intranet (The Pulse) and internet sites and publicised through internal staff publications and staff networks. There is training for all staff, with review of the Trust's training needs analysis as relevant. The policy will be part of induction, procurements, and partnership working arrangements.

## 11. Consultation, Approval, Ratification & Review

The author has consulted the following groups in the creation of this policy:

- Tackling Inequalities Steering Group,
- Population Health Development Group
- Patient Experience Group,
- Disability and Wellbeing Network (DAWN)
- Religion and Belief (R&B) Network,
- Lesbian, Gay, Bisexual, Trans and other sexual and gender minority staff (LGBT+) Network,
- Black, Asian, and Minority Ethnic staff (BAME) Network,
- Terms and Conditions Group.

The Joint Consultative and Negotiating Committee (JCNC) will ratify the policy. The author will review it every three years or sooner if necessary (e.g. due to legislative changes).



## 12. Appendices

### Appendix C Raising Prohibited Conduct at Work Procedure

This procedure summarises how workers must raise prohibited conduct at work for resolution, or report incidents involving patients or patient care, as well as general reporting considerations for all workers to raise prohibited conduct. These procedures also apply to people who formerly had a work relationship with the Trust, including ex-employees. The procedure for patients and members of the public are set out in the main policy document.

#### A.1 Employees

Employees and former employees should raise work problems ('grievances') of discrimination, harassment, or other prohibited conduct to their manager, in line with the Grievance (including Bullying & Harassment) Policy. This includes women, and people who are pregnant or on maternity, and who believe they are receiving lower pay or less favourable terms in their contract.

Employees that feel a fellow worker is harassing them, can also talk directly to them, as per the staff guidance in the Grievance (including Bullying & Harassment) Policy. They may also seek support from the Freedom to Speak Up Guardian, a trade union rep, or the Human Resources team.

#### A.2 Bank workers

Bank workers should contact the Temporary Workforce or Employee Relations teams in the People directorate if they experience prohibited conduct whilst deployed or on assignment with the Trust.

#### A.3 Contractors, agency workers, and secondees

Contractors, agency workers, or secondees should contact their employer. Self-employed contractors should contact their contract lead at in the Procurement team.

#### A.4 People seeking work

Job applicants who experience discrimination within any part of the recruitment and selection process (e.g., advertising, job descriptions, person specifications, application forms, interviews, tests, short-listing, or appointments) should contact either the Resourcing team, the recruiting manager, or the contact person listed on the job advert.

#### A.5 Incidents involving patients or members of the public, or patient care

Workers must report incidents of discrimination, harassment, or prohibited conduct involving patients or members of the public on the Trust's incident reporting system, Datix, under the Incident Management and Reporting Policy. Workers must code the type of discrimination, harassment, or other prohibited conduct (e.g., racial harassment) on the form using the appropriate options.

Workers must notify the appropriate Safeguarding Lead(s), if they witness or become aware of an incident or a concern about prohibited conduct by a worker that involves a child or vulnerable adult.

Workers can report hate incidents from patients or members of the public as per the Managing Violence and Aggression at Work Policy.

#### A.6 General prohibited conduct reporting considerations

Any worker can raise concerns of discrimination, harassment, or prohibited conduct they experience, witness, or become aware of, to:

- A manager at the Trust
- A member of the Employee Relations team in the People directorate
- Their union representative
- The Trust's Freedom to Speak Up (FTSU) Guardian or a FTSU Ambassador

They can also raise issues under the Raising Concerns ('Whistleblowing') Policy.

Any worker receiving notification of legal proceedings in connection to alleged discrimination whilst working for the Trust must forward it immediately to the Employee Relations team in the People directorate.

## Appendix D Responding to Prohibited Conduct Claims Procedure

This procedure sets out how managers must respond to claims from workers, patients and service users, or the public about prohibited conduct. It includes information about how to have exploratory discussions and how to commission and complete investigations into prohibited conduct.

The procedure signposts to the relevant resolution policy or procedure a manager must follow, dependent on whose conduct is potentially discriminatory. It also includes the standards for managers to follow when responding to claims about employee conduct.

### B.1 Exploratory discussions and investigations

The manager overseeing an exploratory discussion, or commissioning a formal investigation in response to a complaint, grievance, or incident, must identify the following in advance of the discussions or within the terms of reference for an investigation:

1. The grounds for the conduct *i.e.*, *the relevant protected characteristics (except victimisation)*
2. The potential types of prohibited conduct (see Glossary in **Appendix N**)
3. The claims, *i.e.*, *the types of conduct and on what grounds*

Following exploratory discussions, a manager may need to expand the number of claims to further explore or to formally investigate.

An investigator writing an investigation plan or having considered evidence, may identify further grounds or further types of prohibited conduct that the commissioning manager did not include within the original investigation terms of reference, and if so must amend them.

The commissioning manager or the investigator must arrange documentation of any disagreement between any party, including the person raising the claims, on the claims to explore or investigate.

When a manager commissions a formal investigation, they must consider in the terms of reference the requirement for specialist diversity and inclusion advice to the assigned investigator and the arrangements for this.

If a person raising a different matter already under separate investigation, then goes on to suggest conduct prohibited under this policy, the lead manager must consider with either the Employee Relations or Complaints team advisor, whether to modify the original terms of reference, or whether to commission a separate investigation.

#### Identifying grounds

The person raising a complaint, grievance, or incident must identify the grounds for the potential prohibited conduct. The grounds will be the relevant protected characteristic, except for victimisation claims. Patients may require an advocate to assist them.

For harassment claims, associative discrimination claims and perceptive discrimination claims, the person(s) do not need to necessarily have the characteristic themselves.

The manager or investigator must accept the grounds that the person shares, except when a specific worker's disability is unclear for a relevant claim at work, where they may also accept a documented impact statement from the individual, or other expert evidence (from a clinician), or any other medical evidence available (e.g., from occupational health), or any evidence from a supporting witness.

There is no need to declare a protected characteristic for a victimisation claim, just for the person raising the claim(s) to show they have done a 'protected act' under the meaning given to it in the Equality Act 2010 or to show that another worker believed them to have done a 'protected act' and then show they subjected them to a detriment.

Example 1a: an employee claims their supervisor has put them on performance measures following a deterioration in their age-related (grounds 1), long-term ill health (grounds 2). After that they claim the manager accused them of going to the FTSU Guardian complaining of discrimination (grounds 3) and shouting at them using an offensive slur about people with mental health issues in front of colleagues. The employee relations advisor in the People directorate advises the supervisor's manager that ground 1 is age, ground 2 is potential disability, and ground 3 is the perception the employee has done a 'protected act' from victimisation.

A manager or investigator must infer a disability if they establish that the health of the person bringing the complaint or grievance, or affected within a patient safety incident, had substantial and long-term adverse effects upon their day-to-day activities (using the meanings given within the Equality Act 2010) relevant to the complaint, even if the person does not identify as disabled or identify with a disability.

Where a person raises a complaint of disability and health enquiries, a manager or investigator does not need to establish if they have a disability. Please refer to the Disability and Health Inquiries procedure in **Appendix K** for further information.

### Identifying types

A manager or investigator must consider all types of potential prohibited conduct within a complaint, grievance, or incident. This may be more specific or more numerous than the person raising it. They may take expert advice and guidance.

Example 1b: having established the grounds in the staff member's grievance, the manager establishes that the supervisor potentially subjected the employee to a detriment at work, which may be potential direct discrimination (type 1) on the grounds of age or disability, or it may be disability-related discrimination (type 2). The decision to go to performance measures may represent a failure to make reasonable adjustments (type 3). Taking the decision to go down the performance route after accusing the employee of raising a concern may be victimisation (type 4) and shouting at them using an offensive mental health slur in front of colleagues may be harassment on the grounds of disability (type 5).

### Identifying claims

The manager must consider the total number of claims, including where a complaint, grievance, or incident contains a type of prohibited conduct on more than one ground.

Example 1c: having established the three grounds and the five types of prohibited conduct contained in the grievance, the manager commissions an investigation, setting the terms of reference for the investigator to make decisions about six separate claims: direct age discrimination (claim 1), direct disability discrimination (claim 2), disability-related discrimination (claim 3), a failure to make reasonable adjustments (claim 4), victimisation (claim 5), and disability harassment (claim 6).

During the witness statements, three other people come forwards to support the staff member's statement about the offensive slur, with all three claiming it created a degrading environment for them individually at work. Each witness now has a separate claim of disability harassment, meaning there are a further three claims in addition to the original five claims of prohibited conduct.

Altogether there are eight claims of prohibited conduct. The investigator chooses to consider evidence about the first three claims (1-3) together, but under advice with the Diversity and Inclusion Lead on the correct comparator tests to apply, concludes different findings for each claim and presents the findings separately in the final investigation report. The investigator also decide on all four witnesses claims of disability harassment together under one heading within the final report.

The manager in exploratory discussions must consider each claim and keep a record of this. Managers exploring most claims will need to decide if differential treatment occurred, however different types of claim (e.g., pregnancy discrimination claims, or disability-related discrimination claims, or equal pay claims) have different tests that the manager must seek and follow expert advice upon, i.e., from the Employee Relations team, the Complaints team, or the Diversity and Inclusion Lead.

If the manager goes on to commission an investigation, they must ensure the investigator decides against each claim separately, reflecting this within the investigation's terms of reference and specifying this within the final investigation report.

Example 2: a parent complains of racism by staff without specifying exactly which type. The manager commissioning the investigation ensures the terms of reference include for the investigator to address whether the patient experienced potential direct racial discrimination (claim 1), potential indirect racial discrimination (claim 2), or potential racial harassment (claim 3) on the grounds of the parent – or their child's (claim 4) – skin colour, nationality, national origins, or ethnicity. The investigator upholds three out of the four claims in the final investigation report.

### Internal decisions

An internal decision in this procedure refers to the final decision on a prohibited conduct claim taken following exploratory discussions or following an investigation.

The manager who led the exploratory discussions will decide each claim unless referred for investigation, in which case the investigator will decide.

The manager or the investigator must make each decision on the **balance of probabilities**; the evidence does not need to be beyond reasonable doubt. The standard of evidence does not need to meet the threshold for a criminal case. The manager or investigator may make inferences from facts, including considering emails, documents, and interviews.

Internal decisions include those decided by the Trust or decided by an external agency on behalf of the Trust. There are four potential types of internal decision:

#### Uphold

If on the balance of probabilities, in the absence of any other explanation, the manager or investigator determines it is more likely than not that the person raising the claim's version of the facts is true, then the decision must be to uphold the claim.

#### Partially uphold

If it is impossible, having considered all the evidence in investigation, to determine which person's version of the facts is likely to be true, an investigator must decide to partially uphold the claim. This option is not available to managers following exploratory discussions. If a manager cannot partially uphold a claim, they must refer the matter for full investigation to try and make a definitive decision.

#### Not uphold

A manager or investigator must not uphold a claim if on the balance of probabilities, it is more likely the person raising the complaint, grievance, or incident is wrong.

A manager or investigator must also not uphold a claim where there is a specific and clear defence of either objective justification (e.g., public safety) or statutory exception (e.g., regulatory ionising radiation dose limits for men and women) given by a person responding to the complaint, grievance, or incident.

Where a person relies on one or more of these defences, the manager or investigator must take advice from the Diversity and Inclusion Lead or from legal services. Where the defence is unclear or not specific in exploratory discussions, the manager must refer the matter for formal investigation.

A manager, employee relations advisor, complaints handler, or an executive may request for the review of an investigation report into claims of prohibited conduct by the Diversity and Inclusion Lead. The person assigned will not reinvestigate unless specifically instructed.

If a complaint, grievance, or incident concerns the conduct of the Diversity and Inclusion Lead, the Chief People Officer will put in place alternative expert advice.

#### Bad faith

If a manager believes a worker or agent raising a claim of prohibited conduct has, or may have, given evidence or information, or made allegations, in bad faith, during exploratory discussions, they must refer that person's claim of prohibited conduct for a formal investigation to make an independent determination.

Where a person admits to voluntarily acting in bad faith, for example maliciously giving false evidence, their manager must handle this as an admission to gross misconduct and manage it under the disciplinary policy. The manager or an investigator must not uphold the prohibited conduct claim for that individual.

If an investigator decides that an employee raising a claim of prohibited conduct, or an employee acting as witness, has given evidence or information, or made allegations, in bad faith, the investigator must refer this individual back to their manager for gross misconduct under the disciplinary policy.

An investigator must not uphold any claim of prohibited conduct if a formal investigation determines the person raising any claim gave their evidence or information, or made allegations, in bad faith. If one person acts in bad faith, it does not necessarily follow that other people or witnesses acted in bad faith and the investigator must decide each person's individual claims separately.

If a manager believes a temporary worker or secondee raised a claim of prohibited conduct, or has, or may have, given evidence or information, or made allegations, in bad faith, they must either refer them to the Head of Resourcing or Employee Relations. Similarly, if it involves a person on an honorary contract, they must refer them back to the sponsoring manager for resolution, or if they are a contractor, they must refer them to the Head of Procurement.

If a complaints manager or investigator appointed under the complaints policy determines that a member of the public (or their representative) is acting in bad faith, they will deal with this under the *unreasonable complaints* provisions of the complaints policy.

If a person bringing or supporting a prohibited conduct claim acted is factually wrong or provided information in relation to proceedings which were unsuccessful, it does not follow that they acted in bad faith.

#### False or misleading statements

It is a criminal offence, punishable by a fine of (currently) up to £5,000, for an employee to make a false or misleading statement to aid, cause, instruct, or induce someone to carry out conduct prohibited under the Equality Act.

If a manager or an investigator determines that a person responding to a request for information about a complaint, grievance, or incident of prohibited conduct has made such a false or misleading statement, they will refer this for separate investigation under the Trust's disciplinary policy. If found true, it will be gross misconduct. False or misleading statements by agents will be breach of contract and will be determined through Procurement management processes.

#### Services or policies

If an exploratory discussion or an investigation into a complaint, grievance, incident, or concern, finds any of the following:

- Service, commissioning, or policy provisions, criteria, or practices (PCPs) which are potentially (or actually) discriminatory, or

- features of the physical environment, or the lack of provision of adequate aids, or the lack of information accessibility puts (or could put) disabled people at a disadvantage

These must always be a written action plan to review that service or policy's Equality and Health Inequalities Impact Assessment (EHIA), and / or the Disability Access Audit (DAA) for the relevant building, by arrangement with that policy author or service manager.

## B.2 Employee conduct

Managers must manage workers grievances of discrimination, harassment, or other prohibited conduct under the Trust's Grievance Policy (including Bullying and Harassment).

Managers must manage incidents, patient or public complaints, or complaints from job applicants, about the potential prohibited conduct of Trust employees, or of student healthcare professionals placed at the Trust, under the Trust's Disciplinary Policy, and if applicable the Managing Concerns About Medical and Dental Staff policy.

The Trust does not accept discrimination and harassment by employees, and is committed to addressing this. Managers must uphold the following standards when handling, resolving, and taking actions in response to claims of discrimination:

- (d) Managers must not manage potential (or actual) discrimination, harassment, or other prohibited conduct claims as *minor misconduct*.
- (e) Managers must inform people raising claims of this before proceeding.
- (f) Managers must not resolve prohibited conduct claims with their staff through regular supervision or one-to-one meetings. They must either resolve these under the exploratory discussions stage or the formal action stage of the Trust's Disciplinary Policy.
- (g) If a Disciplinary hearing finds that prohibited conduct has taken place, this should not be considered minor misconduct. A stage 1 warning would not therefore be appropriate, and a higher level of sanction should be considered.

## B.3 Temporary worker conduct

Managers must report complaints, incidents, or concerns of the potential prohibited conduct of bank workers, agency staff, or locums (temporary staff) to the Head of Resourcing in the People directorate.

A member of the Temporary Workforce or Employee Relations teams assigned by the Head of Resourcing must follow the appropriate procedure to manage the complaint or concern.



#### B.4 Conduct of people with honorary contracts

Managers will report complaints, incidents, or concerns raised about the potential prohibited conduct of a worker on an honorary contract (e.g., a researcher on assignment from an outside organisation) to the sponsoring manager for their post at the Trust.

The sponsoring manager will take the advice of the Employee Relations team in the People directorate and determine if it breaches the terms of the contract, and the Trust reserves the right to suspend or terminate the honorary contract with immediate effect, following an appropriate procedure.

#### B.5 Contractor conduct

Managers must report complaints, incidents or concerns raised about the potential prohibited conduct of a contractor whilst working on behalf of the Trust, to the Head of Procurement to arrange for resolution under contract management procedures.

Alternatively, if the complaint is about a security contractor, managers must immediately report it to the Accredited Security Management Specialist (ASMS) in the Trust's Security team to manage it under their separate resolution processes.

External agencies contracting with the Trust that receive complaints, incidents, or concerns raised about the potential prohibited conduct of their workers whilst acting on behalf of the Trust, including those workers that were further sub-contracted or casual labour, must notify the Trust immediately.

External agencies contracting with the Trust must comply with requests for information from the Trust about the handling and investigation of discrimination or prohibited conduct claims against the agency's workers.

External agencies contracting with the Trust must investigate the claims to completion using their internal resolution mechanisms and this should be within two weeks unless by prior agreement with the Trust. The findings must address whether the prohibited conduct of the contractor's worker(s) was with or without the authority of the Trust.

The external agency must share the draft findings with their contract lead at the Trust, or another appointed manager, for prior agreement of the findings, before then sharing the results with the person(s) raising the complaint, concern, or incident.

If an external agency indicates prohibited conduct by a Trust employee – including making false or misleading statements – they must notify the Trust's Procurement team immediately. If the employee implicated is a member of the Procurement team, or a contract lead working for the Trust, the agency must contact the Chief Finance Officer or the Chief People Officer to identify an alternative point of liaison. The assigned manager at the Trust will handle or refer matters of employee conduct under the Trust's disciplinary policy as detailed above.

The Head of Procurement or the ASMS will assign a member of their respective teams to code the complaint or concern on their management systems, as set out in the recording and monitoring section.

## B.6 Complaints about patients or members of the public

Managers must always inform people that in addition to these procedures, workers and staff can separately report hate incidents if they think a crime has occurred, as per the Trust's Managing Violence and Aggression at Work Policy.

If required, a manager should arrange an appropriate interpreter, or communication support worker to meet people's information or communication needs throughout all proceedings.

## Appendix E Recording Prohibited Conduct Claims Procedure

This procedure sets out standards for how services responsible for handling prohibited conduct claims must record and monitor them.

### C.1 Recording

A person assigned by a manager from one or more of the teams listed below, will arrange for the coding of certain information to record prohibited conduct claims:

- Patient Experience and Complaints team
- Employee Relations team
- Resourcing team (for claims involving temporary workers)
- Procurement team (for claims involving contractors)
- Security team (for claims involving security contractors)

The person assigned from this team will arrange to code the following information:

- the grounds (e.g., protected characteristics) for each claim of prohibited conduct
- the types of potential prohibited conduct (see glossary) in each claim
- the internal decision (upheld, partially upheld, or not upheld) for each claim
- the demographic details of the person(s) raising the claim(s), including their protected characteristics (*voluntarily shared and compliant with data protections*)
- whether person(s) named as having undertaken prohibited conduct, are either an employee or an agent of the Trust
- where an internal decision upheld or partially upheld, whether an investigator or manager found any of the following to be a contributor:
  - (a) provisions, criteria, or practices (PCP) in policies or service provision
  - (b) features of the physical environment that put people at a disadvantage
  - (c) a lack of adequate auxiliary aids or auxiliary services
  - (d) a lack of information accessibility

The person assigned will notify the Diversity and Inclusion Lead immediately if any of these (a – d) are present

- where an internal decision upheld a claim(s) of prohibited conduct, the type (formal or informal) and stage of disciplinary action taken against an employee by the Trust, or against an agent by their employer

- whether there is an appeal of the internal decision, whether this is by the claimant or by the respondent, and the appeal finding
- whether the Trust receives notice from an external body that a person has escalated a claim to them, and the name of the body (e.g., ACAS or PHSO)

## C.2 Monitoring prohibited conduct

The manager from the relevant teams specified above, will arrange to report anonymised information about complaints and grievances of prohibited conduct, including within the Trust's statutory annual equality report.

The relevant manager will arrange for the triangulation of anonymised data with other datasets where available. For example: (a) experiential data, which may include insights from people and survey feedback about discrimination, or other barriers to access and utilisation of services or employment; and with (b) outcomes data about health, work, or other benefit.

The relevant manager will arrange to disseminate reports of this analysis within performance and quality governance mechanisms within the Trust.

## Appendix F Cultural Inclusion Procedures

These procedures support managers and workers to support and provide culturally inclusive care, including spiritual, pastoral, and religious care for patients and service users, and to promote religious and belief equality for workers.

### D.1 Developing cultural inclusion

#### Culturally sensitive care

Culturally sensitive care occurs through a person's recognition of the values, norms and relationships of specific groups, and how these interact within a local context, such as neighbourhoods or services within Sussex.

- Culturally sensitive care provides patients, carers, and families with more opportunities to access healthcare services that reflect cultural perspectives on their health and on help-seeking, and on culturally sensitive approaches towards healing or managing their presenting condition
- Culturally sensitive care provides those patients identifying with – or wishing to identify with – a culture, opportunities to explore the impact of those beliefs, norms, and values on their physical and mental health, including:
  - the impacts of primary enculturation on child development (from imprinting and socialisation e.g., on ideas of gender role and family),
  - the impacts of acculturation (i.e., the strategies of members from one culture to live within another culture, e.g., via migration or *coming out*) or
  - of generational trauma (e.g., the health of children of people who have experienced trauma, e.g., refugees displaced by conflict or abuse survivors)
- Culturally responsive practice recognises the fundamental importance of language and the rights to professional communication support and accessible information. Culture is rooted in patients' languages and by leveraging linguistic differences and adapting communication styles workers can have a positive effect on responses to treatment and subsequent adherence, in line with the separate accessible information and communication procedure
- Culturally sensitive care recognises that social positioning, discrimination, and bias – including from past experience of health services – mediates people's experience of illness (Fish and Evans, 2016).

#### Cultivate cultural humility

Workers must identify and meet the social, cultural needs of individual patients, carers, and service users, signposting to culturally appropriate health resources and groups to make every contact count. Workers and managers should include social needs and cultural inclusion within supervision and performance development and review.

Workers should develop a critical consciousness and reflection about their own social position (their 'self'), to develop empathy and compassion for other people. One way

staff may do this is through *cultural humility*, which is the process of learning, self-critique, and self-reflection, rather than knowledge or mastery, to:

- Increase understanding of the significance of the socio-historical, structural, and cultural contexts that surround people’s care-seeking behaviours and choices
- Increase knowledge of traditional, spiritual, and popular approaches to healing
- Increase knowledge of the dynamic relationships between stigma, diagnosis and healing practices that influence and impact people’s life stories

This may be through participation in inclusive leadership and inclusive care courses, or by using self-study and self-directed group facilitation, such as reading and discussion groups.

### **Leading behaviour change**

Managers must apply behavioural and social science approaches to improve equity, including steering people to make better choices, and must non-intrusively “push” to create behaviour change without impacting people’s autonomy. This may include:

- Sponsoring the roll-out of service EHIA and equity audit tools
- Commissioning service-level training from local community groups / charities on cultural differences in healthcare for workers
- Supporting professional-led quality improvement (QI) initiatives to evaluate and roll out cultural assessment tools within care
- Establishing or reviewing service-level patient forums and co-production initiatives to involve a more representative range of individuals
- Establishing QI initiatives, service development projects, and R&D projects to improve service-level processes to remove bias, increase access, and improve satisfaction for people from disadvantaged population groups
- Priming staff through communication campaigns that display messages and images in workplaces to promote inclusive behaviour (e.g., “expect respect”)
- Encouraging team members to take part in inclusive leadership development, such as reverse mentoring, coaching courses, staff networking and co-production
- Speaking and motivating people from under-represented communities to consider the Trust as a potential employer, working with universities, colleges, and community groups
- Creating placements and hosting students, interns, trainees, and apprenticeships targeted at people from groups under-represented in our workforce
- Ensuring socialising and informal work-related activities amongst and between team members is welcoming, valuable, and accessible to all.

### **Community-centred and partnership approaches**

Workers should promote community-centred and partnership approaches to health and wellbeing that redistribute power and people's access to resources:

Encouraging health and social activism

Workers may facilitate the setting for social movements through *preconfiguration*, which involves five processes (Yates, 2015):

- Collective experimentation, e.g., people spending time and occupying meeting spaces and online platforms, such as Facebook to find ways of exchanging ideas on a topic of health or social inequality
- The imagining, production and circulation of health meanings and messages to prefigure the kind of future they want, e.g., participatory, grassroots, inclusive
- The creating of new and future social norms or behaviour, e.g., healthcare that is dynamic, flexible, and sustainable in resistance to the more rigid hierarchies
- Their consolidation in movement infrastructure, e.g., placards, videos, posters, health leaflets, stalls, floats
- The diffusion of ideas, messages and goals to wider networks and populations, e.g., 'pledges', 'change stories', public speeches

Workers may consider marches / non-violent demonstrations (e.g., Pride), press releases, presentations to communities, sit-ins, hosting discussions and debates, holding planning sessions, hosting petitions, organising collections / donations (e.g., food banks). They must take the advice of the Communications & Engagement team for any campaign or initiative at the planning stage, and always prior to announcement externally.

Co-producing health and liberating people

To tackle health inequalities in an inclusive way that involves people, workers may use either of the following approaches:

- Co-production approaches (e.g., co-researchers, co-facilitators, reciprocal mentoring); or
- Liberation approaches (e.g., community development, delegation of commissioning decision-making to communities, community participatory budgeting, citizens juries, reverse mentoring).

In all initiatives, workers must take the advice of the Patient Experience team or the Communication & Engagement team during the planning phase.

Decolonising and health knowledge

Workers may use counter-storytelling and counter narratives to identify, analyse, and to undo, disrupt, and de-link knowledge rooted in stereotypes, ignorance, or a lack of access to healthcare, to objective reporting in the media, or to a wide education. They must take the advice of the Communications & Engagement team at the planning stage.

## D.2 Spiritual, pastoral, and religious care

**Spiritual care** is the care of the 'spirit'. The term 'spirit' captures the essence of the uniqueness of each person, their values, beliefs, and experiences. It is 'what gives us meaning and purpose' and includes those aspects of life which enables people to feel fulfilled, such as respect for their uniqueness, dignity, values, beliefs, aims, cultural expression, relationships, or lifestyle choices, as well as those ways in which people interpret challenging times, pain, loss, or bereavement.

It is important to recognise that not everyone considers themselves to be 'spiritual' or will find that term meaningful for them.

Spiritual care acknowledges partially or wholly meeting the following needs for people:

- To find meaning and purpose in life's events e.g., illness, pain, loss, bereavement
- For drawing upon sources of strength and hope
- For love, relatedness, and forgiveness
- For self-esteem, dignity, and respect
- For advocacy and support
- To cope with fear, anxiety, and anger
- To draw upon hope and trust
- To be creative
- To express spiritual beliefs and values
- To express range of belief in a god or a deity
- To maintain spiritual practices
- To have space and time to think about the *big questions*.

**Pastoral care** is associated with a person's well-being, emotions, and relationships. It occurs when an individual feels 'cared for' by others or within the organisation.

**Religious care** requires the meeting of spiritual needs expressed through a religious belief or commitment. The initial assessment of a patient's needs should ensure that any clinical or medical care given by the Trust does not compromise their spiritual or religious beliefs. Staff must give attention:

- objections to treatment or care (e.g., use of blood products, shaving, treatment by members of a particular sex)
- everyday customs (diet, washing)



- worship needs
- privacy and dignity
- customs and procedures around significant life events, e.g., birth and death

The assessment of spiritual care needs within clinical care should follow evidence-based tools, or any member of staff clinical or non-clinical may refer to chaplaincy or signpost to chapels, prayer rooms and quiet spaces where patients, carers, family members indicate a need informally. Workers may take the advice of any Trust chaplain who supports their service.

Workers and managers may take the advice of the Trust's spiritual care lead, in any of the matters identified above.

Workers will identify, record, flag, meet, and where appropriate share the religious, philosophical, social, emotional, and spiritual needs of patients and people using any of our services.

Staff must ensure that spiritual, pastoral, and religious care is accessible to all who use the Trust's services

Staff must respect the diversity of faiths, beliefs, lifestyles, and cultural backgrounds of those who use Trust services and of Trust workers.

Staff must avoid assumptions about personal conviction or life orientation and provide care and non-care activities in a person-centred manner.

Staff must signpost to the Trust's spiritual care / chaplaincy workforce as the key providers and enablers of spiritual and pastoral care to patients, carers, and workers.

### D.3 Observance of religious or philosophical beliefs at work

Workers who want changes at work to support their religious or philosophical beliefs must request these via their manager.

Managers must identify prayer or quiet space, or local arrangements to support workers observe their beliefs, within their workplace upon individual request or when indicated. Managers may take the advice of the Spiritual Care Lead or the Estates team to identify designated space.

Requests for changes to uniform must be in line with the Trust's uniform policy. Managers may take the advice of their professional lead.

Requests for leave must be in line with the Trust's employee leave policy. Managers may take the advice of the employee relations team.

## Appendix G Equality and Health Inequalities Impact Assessment (EHIA) Procedure

Workers and decision-makers must follow all equality and health inequalities impact assessment guidance published by the Trust.

Workers must impact assess changes that affect their service or their teams before and during the development of work.

Workers must take a conscious approach with specific consideration of inequalities. They must approach them with substance, with rigour and with an open mind.

Workers must draw the attention of decision-makers to impacts on the advancement of equality within decisions. They must ensure the decision-makers understand the Trust's obligations under the general equality duty and health inequalities. They must ensure decision-makers have sufficient information.

Decision-makers must ensure impact assessment is integral to the way the Trust operates. They must demonstrably take information about the Trust's obligations to advance equality fully into account throughout the decision-making process.

The chairpersons of panels, committees, or boards authorised by the Trust to make decisions are responsible for ensuring that members' behaviour and decision-making prioritises health and gives due regard to the need to advance equality of opportunity, including by arranging for the publication of non-FOI exempt Equality and Health Inequalities Assessment (EHIA) forms.

Workers and decision-makers should follow the guidance published in *Meeting the Equality Duty in Policy and Decision-Making* (Equality and Human Rights Commission, 2012) and *Technical Guidance on the Public Sector Equality Duty: England* (Equality and Human Rights Commission, 2014)

### E.1 Identifying impact

Managers should take steps to identify and tackle inequalities within their service or within their team, either focussing on meeting the identified needs of specific vulnerable groups, or by focussing on the gaps in health and wellbeing outcomes between two different identified groups (including protected groups), or by focussing on the distribution of health and wellbeing across an entire population.

Workers must focus upon identifying disparities in the social determinants of health inequalities (systemic imbalances in power and access to resources), or the social determinants of health (the circumstances in which people are born, grow, live and work).

Policy authors, service managers, and decision-makers must complete and consider the results of the screening stage of the equality and health inequalities impact assessment (EHIA) to ensure that there has been adequate consideration.

## E.2 Assessing impact

In assessing how our services impact populations or groups, workers must identify risk or protective factors to health that are both amenable to change (i.e., avoidable) and which if not addressed lead to a matter of unfairness. Workers must assess these factors within an equality and health inequalities impact assessment.

Workers must use information about disparities and the results of any engagement to understand the impact (or potential impact) of our policies, practices, or decisions on people with different protected characteristics and for different population groups.

To eliminate discrimination, workers must assess relevant risk factors to illness or injury. These include identifying any discriminatory provisions, criteria, or practices within service access, utilisation, or quality. They might also include workplace discrimination, or wider systemic discrimination and stigma which give rise to injury or trauma, or other disparities between the life chances of different population groups.

To promote good community relations, workers must assess relevant protective factors. These include assessing community life, social connections, and the voice of people into decision-making, and the differences the wider social determinants of health between different population groups.

Impact assessment is an integral part of policy development and decision making. It involves managers and decision-makers considering whether to continue, amend, or to stop a provision, criterion, or practice to better advance equality.

It also involves managers and decision-makers determining where there is an adverse impact on protected groups, whether it is potentially justifiable to continue with the provision, criterion, or practice, or whether it is possible to achieve the same aim in a way which reduces the adverse impact.

## E.3 Taking action to tackle inequalities

In identifying and assessing which actions to improve population health, workers must plan actions to tackle inequalities either within policy development, a quality improvement project, a service development project, a procurement, a research project, or as part of an agreed learning or education course.

Actions may include improving access, utilisation, and quality of healthcare for patient populations or groups, but all work should prioritise actions to prevent ill-health or injury (upstreaming) whenever it is relevant and proportionate to do so.

Workers taking action to tackle inequalities must consider partnership working and taking an integrated approach with other providers and agencies. Workers must involve patients, services users, and their families at a level and of a type that is relevant to the work. Workers taking action to tackle inequalities must not itself be unlawfully discriminatory.

On an individual or family level, workers must take action to address the wider social needs of patients or individuals, where this would improve their health or wellbeing. This must form part of their care plan.

Workers may take advice on actions to tackle inequalities from the Trust's Population Health Consultant or any senior public health intelligence analyst, epidemiologist, senior statistician, health visitor, school nurse, public health nurse (health protection, health promotion, TB, or infection control), midwife, or advanced health improvement practitioner.

#### E.4 Positive action

Managers may optionally take positive action measures to improve equality for people who share a protected characteristic, where this meets the relevant requirements set out in the separate positive action (services) procedure, or the recruitment and selection inclusion procedure.

## Appendix H Positive Action Procedure

This procedure covers how a manager may undertake positive action with disadvantaged, or under-represented patient (or public) populations, or with differential needs, to target healthcare, services, public functions, or employment, selection processes for recruitment, or promotion.

### F.1 Positive action: general requirements

Managers may undertake positive action either within service delivery or in the recruitment and promotion of workers.

Managers may use positive action measures when they reasonably evidence within a business case that:

- (h) People with a protected characteristic suffer a disadvantage connected to that characteristic, or
- (i) People with a protected characteristic have needs that are different from the needs of people without it, or
- (j) Participation in an activity by people who share a protected characteristic is disproportionately low

The action a manager can take must be a proportionate means of achieving at least one of the following aims, evidenced within a business case:

- (d) Enabling or encouraging people with the protected characteristic to overcome or minimise that disadvantage,
- (e) Meeting those needs, or
- (f) Enabling or encouraging persons with the protected characteristic to participate in that activity

Examples may include clinics limited to people over 60 years old, or an outreach therapy service for members of South Asian communities, or a male health improvement campaign.

Another example might be where an analysis of workforce representation revealed under-representation of BAME people accessing leadership opportunities, so in response the Trust holds leadership development workshops targeted at BAME employees.

Managers must ensure that any positive action taken is time-limited since the conditions necessary for it to remain lawful may change over time, e.g., as health outcomes change over time.

### F.2 What is Proportionate

A manager should identify within a business case that the potentially discriminatory effect of any practice should be significantly outweighed by the importance and

benefits of its legitimate aim, and have assessed that there is no reasonable alternative.

Managers may take advice from the Trust's Diversity and Inclusion Lead and follow the guidance set out in the Equality Act 2010 Statutory Code of Practice Services, Public Functions and Associations (Equality and Human Rights Commission, 2011a).

### F.3 Positive action: recruitment and promotion

Recruiting managers may take a protected characteristic into consideration when deciding whom to recruit or promote following a competitive selection process, where either:

- (c) People with a protected characteristic suffer a disadvantage connected to that characteristic, or
- (d) Participation in an activity by people with a protected characteristic is disproportionately low

Recruiting managers can only take positive action where the candidates are equally as qualified as each other. The judgement of whether one person is as qualified as another is not just about qualifications, but rather an objective judgement based on the criteria the recruiting manager has used to establish the best candidate for the job. The recruiting manager must consider each case on its own merits.

Any action taken must be a proportionate means (see 'What is proportionate?' above) to:

- (c) Overcome or minimise that disadvantage, or
- (d) Participate in that activity.

There is no definitive list of positive actions, but managers may consider:

- Setting targets for increasing participation of the targeted group
- Providing bursaries to obtain qualifications in a profession for members of the group whose participation in that profession might be disproportionately low
- Outreach work such as raising awareness within the community
- Reserving places on training courses for people with the protected characteristic, for example, in management
- Targeted networking opportunities, for example, in healthcare
- Working with local schools and further education colleges, inviting students from groups whose participation in the workplace is disproportionately low to spend a day at the Trust
- Providing mentoring.

## Appendix I Reasonable Adjustments Procedure: Patients and Service Users

This procedure supports workers to identify, consult about, and make reasonable adjustments for disabled patients and service users, including disabled people accessing any Trust service. This includes users of Trust facilities and people who benefit from or are subject to the Trust's public functions, such as safeguarding. Disabled people who attempt to or want to use a Trust service or benefit from a public function may also be 'service users', even if they cannot actually use the 'service' because of disability discrimination.

### G.1 Patients and people using services

If a disabled person identifies something that would cause a substantial disadvantage to them, workers must take all reasonable steps with the disabled person to identify a reasonable adjustment to overcome it.

Workers must always consult a disabled person about reasonable adjustments before taking any decision about them. Workers must always consider the steps suggested by an individual disabled person, even if it later agreed with the individual that it is more reasonable to consider other adjustments.

If a disabled person using a Trust service identifies they already have a reasonable adjustment (e.g., an electric mobility scooter), workers must ensure they do not put that person at a further disadvantage in the way they treat them, or in the arrangements for handling or storing reasonable adjustments (e.g., areas for parking the scooter). Workers must not remove a person's reasonable adjustment (e.g., specialist pill dispenser) without the individual's permission.

Workers must respect people's autonomy, although if it is apparent that a disabled person is at a substantial disadvantage and may require reasonable adjustments, workers must help sensitively. This assessment may form part of a person's care assessment if it is relevant.

Workers should document reasonable adjustments for disabled patients in a confidential manner with the permission of the individual in their records. Where an individual does not want their reasonable adjustments formally recorded, workers must explain that this may impact their care in the future.

Workers must forward plan reasonable adjustments to meet any continuing or long-term healthcare needs, including the self-management of long-term conditions or health improvement.

Failure to make reasonable adjustments is disability discrimination and workers must follow the procedures in this policy in raising and responding to a claim.

### G.2 Anticipating reasonable adjustments

Workers must anticipate reasonable adjustments for disabled patients and people using services as a whole. This does not mean anticipating the needs of every

disabled person, but workers should consider types of disability, e.g., blind patients, patients with learning disabilities.

Staff must report any risks they identify of substantial disadvantage that disabled people may face, via the Trust's risk management system. As a control measure, managers should liaise with Estates and Facilities to ensure that each site or location has an up-to-date access audit and (if necessary) an improvement plan, including ensuring there are arrangements in place for resourcing. The improvement plan may form part of their maintenance or capital improvement plans. Each service management team will develop an equality analysis of the impacts of their services on disabled people and keep it up to date.

Staff will ensure that they are aware of how to source or use any relevant reasonable adjustments within their services, e.g., how to book a British Sign Language (BSL) interpreter. Managers and supervisors will support staff to know how to operate and maintain reasonable adjustments, such as induction loop systems: a type of communication aid used by certain deaf and hard-of-hearing people who use hearing aids or loop listeners to hear sounds more clearly by reducing background noise.

### G.3 Accessible information

Workers must make reasonable adjustments that include providing accessible information, as per the separate accessible information and communication support procedure.



## Appendix J Accessible Information and Communication Support Procedures

These procedures support workers to identify, record, flag, share and meet the information and communication support needs of patients, service users, carers and parents with a disability, impairment, or sensory loss.

**Identify** – workers must ask people if they have any information or communication needs, and find out how to meet their needs

**Record** – workers must record those needs clearly and in a set way

**Flag** – workers must highlight or flag the person’s file or notes so it is clear that they have information or communication needs and how to meet those needs

**Share** – workers must share information about people’s information and communication needs with other providers of NHS and adult social care when they have consent or permission to do so

**Meet** – workers must take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it

Workers must apply the same principles to any person with a community language need.

Managers must ensure that there are arrangements at a service level to enable workers to comply with accessible information and communication support procedures.

### H.1 Identifying individuals with information / communication needs

All patient-facing staff, including those whose roles only included limited patient contact, and staff who have contact with any member of the public must identify individuals’ information and communication needs, and answer the standard questions below:

Standard questions (information and communication)
Does the patient use any communication support?
Does the patient use an advocate, or do we need to provide an advocate to support with communication?
Do we need to provide a communication professional (eg an interpreter)?
Do we need to provide written information in a specific format?

Staff must ask questions about a person’s information or communication needs before or upon initial contact of a patient with their service, or staff may receive information as part of a referral and check it upon registration.

Details of a person's information and communication needs may become apparent at any stage before or during care or contact with a service. A representative, carer, or advocate may identify the patient's communication needs. Staff may also identify carer's information and communication needs separately.

Staff must record information present in a health passport, handheld health record, or other information carried by the patient.

When asking questions, staff must ensure that the environment maintains the person's privacy and dignity.

Staff may capture and code this information on patient registration, or any other part of the patient pathway

Staff must always review information about communication and information needs every 12 months from when staff last reviewed the information or first identified it, or sooner if needed.

Service managers must ensure that there are local procedures or processes in place for appropriate staff to identify information and communication needs.

Service managers should ensure there is publicity displayed for people to inform us of their accessible information and communication support needs, e.g., leaflets, posters, texts.

## H.2 Recording information and communication needs

Staff must have the consent of the individual to have their needs recorded.

Staff must code information and communication needs as part of existing record systems and administrative processes. This includes digital and paper records. Standard values and codes are part of the SystmOne accessible information form.

All staff who input into care records must record this information. It does not necessarily require clinical input as it is based on the knowledge and view of the service user unless the person requires support in identifying their needs.

Where a person is a carer with accessible information or communication needs, staff must record these separately. This function is included in SystmOne

It is the responsibility of all staff to regularly check that this information is current and update information for people who are active users of our services at their request or following checks that personal information is up-to-date. If a person has not been asked within the previous 12 months then staff should verify that the information is accurate.

Service managers must ensure that other administration systems and processes support staff to record information and communication needs using standard values, and that staff are competent and confident in their use.

Service managers should seek advice from the application support team and must ensure the use of standard codes to record findings about accessible information requirements, community language spoken or read and interpreter requirements.

### H.3 Flagging information and communication needs

Staff must always ensure they check flags or alerts. Recording information and communication needs will automatically create an alert on SystmOne for other staff.

Service managers must ensure other systems have a means of highly visible alerting / flagging or prompting of staff to an individual's information or communication needs whenever staff access the record, to prompt them to take relevant action.

Staff must be alert to flags and act upon them as a reminder when needed, for example booking an appointment, sending a letter, or upon discharge.

### H.4 Sharing information and communication needs

Staff must share details of people's information and communication needs with other health and social care services when needed. This means that other services can also respond to the person's information and communication needs.

Staff must ensure the person consents to share information about their information and communication needs and must include this within multi-agency sharing, and referrals / transfers.

Service managers must ensure referral and information sharing systems include processes for transferring individual information about information and communication needs where consented.

### H.5 Meeting information and communication needs

Staff must use accessible ways to contact individuals with information / communication needs and for them to contact the service, for example via email, text message or telephone.

Staff must send correspondence in alternative formats for example in large print, via email, in easy read, in braille.

Staff must arrange for patient information to be provided in accessible formats for example patient information leaflets in 'easy read' or other languages.

Staff must book longer appointments for a patient or service user with communication needs that extends the length of time required.

Staff must ensure care plans must include actions about how their information and communication needs relevant to their care will be met on an ongoing basis.

Managers must ensure that relevant staff understand how they can support patient groups with diverse types of information, communication, and disability-related needs, and provide learning opportunities, such as how to communicate confidently to people who lipread, or how to use and maintain the hearing loop installed in clinics. For example, giving staff time to attend online Communications Access training.

Managers must ensure that relevant staff have undertaken the mandatory accessible information standards training relevant to their role.

### **External suppliers**

Staff should purchase off the Trust's central frameworks for interpreting, translation, and communication support services. Providers under these frameworks are compliant with relevant national standards for the services they provide. If staff do not purchase off these frameworks, they must seek the advice first of procurement, unless it is an emergency.

Information on the types of communication support services bookable by staff to support patient care is on The Pulse, under the '*How do I book an interpreter*' section.

### **Advocacy**

Advocacy is available to people using our services through the arrangements also outlined in the Trust patient information leaflet titled 'Advocacy in Sussex' available from the Trust's website. Bilingual advocacy is also available from the interpret providers.

### **Professional roles**

Interpreters, and other language and communication support will be provided by an appropriately qualified and registered professional and not by an individual's family members, friends, or members of staff.

Where staff are able to communicate in BSL or another language they will not be discouraged from doing this for day-to-day communications, however an Interpreter must be used in delivering specific clinical support and assessment unless language skill is a specific element of the persons job description.

### **Easy Read**

Any services that provide services to people who require Easy Read information must provide that information in an accessible format.

Individual services are responsible for identifying how to provide Easy Read using either an internal or an external provider.

The communications team will consider, with the author, if a corporate document is likely to require an Easy Read version. For significant publications advice may be sought from experts by experience, including the Trust's reading group, about the best way to make the content available to relevant stakeholders.

## Appendix K Recruitment and Selection Inclusion Procedures

These procedures set out how managers must promote inclusive recruitment practices. It also sets out how they can comply with the law regarding employing people with a specific protected characteristic (occupational requirements), when and how it is lawful for workers to make enquiries about the disability or health of a person seeking work.

The procedure does not include when and how managers can use actions to target recruitment and promotion activities towards specific protected groups, which are within the separate positive action procedure. The procedure to follow for how to make reasonable adjustments for disabled people seeking work are set out within the separate reasonable adjustments at work procedure.

### I.1 Inclusive recruitment practices

Managers and workers must comply with the Trust's Recruitment and Selection Policy and guidelines. Recruiting managers will ensure that no job descriptions and person specifications include requirements that are discriminatory.

Recruiting managers must avoid biased language and only apply age bars / limits that meet the objective justification test or are lawful and must only do so in conjunction with advice from the People directorate.

Recruitment panel members must have undertaken enhanced training that covers measures to overcome bias. Recruiting managers must assemble an interview panel for senior leader posts (agenda for change 8a+) to include at least one appropriately trained member of an under-represented population in the workforce with full and equal scoring privileges (this may for example be someone from a Staff Network).

Recruiting managers may involve staff networks within a staff engagement panel stage as part of a wider recruitment processes when relevant and proportionate.

Recruiting managers must operate a guaranteed interview scheme for disabled applicants who meet the minimum criteria of the post specification in line with the 'disability confident' scheme operated through the Department for Work and Pensions. Recruiting managers may use alternatives to interview which ensure there is a fair selection process as a reasonable adjustment for disabled applicants.

All job adverts will feature a link or a copy of this policy and feature the 'Disability Confident' logo.

### I.2 Occupational requirements

Occupational requirements are a general exception to unlawful direct discrimination in relation to work. They apply where because of the nature or context of the work a post specifies a person must be of a particular sex, race, disability, religion or belief, sexual orientation, or age – or not to be a transsexual person, married or a civil partner.

The requirement must not be a sham or pretext, or it could give rise to a claim of unlawful direct discrimination. There must be a link between the requirement and the

job, for example a service manager decides that a new therapist post-holder must be female, and this is required because her role will be working with female victims of sexual abuse.

Managers who require a post-holder to have a particular occupational requirement must first contact the People directorate for advice and agreement. The recruitment case must follow the guidance set out in the EHRC Employment Statutory Code of Practice (Equality and Human Rights Commission, 2011b).

The recruiting manager must demonstrate that the following conditions are met in relation to the nature or context of the work, and evidence documented, prior to applying an occupational requirement:

- The requirement is an occupational requirement
- The application of the requirement is a proportionate means of achieving a legitimate aim; and
- The applicant or worker does not meet the requirement; or,
- Except in the case of sex, the employer has reasonable grounds for not being satisfied that the applicant or worker meets the requirement.

In relation to whether the occupational requirement is a proportionate means of achieving a legitimate aim, the recruiting manager must as a minimum address the following considerations:

- Do any or all the duties of the job need to be performed by a person with a particular characteristic?
- Could the employer use the skills of an existing worker with the required protected characteristic to do specific aspects of the job?

If all these conditions are true and then an occupational requirement may be applied in relation to the following circumstances

- The arrangements made for deciding whom to offer employment
- An offer of employment
- The provision of access to opportunities for promotion, transfer, training, or
- Except in relation to sex, dismissals, expulsions, and terminations.

The recruiting manager must clearly identify the occupational requirement at the beginning of the recruitment, training, or promotion process and within all advertising.

Recruiting managers must re-assess the job whenever it becomes vacant to ensure that the statutory conditions for applying the occupational requirement exception still apply.

### I.3 Disability and health enquiries

Managers and workers must comply with the Trust's recruitment policy and not make health or disability-related enquiries prior to making someone a job offer or including someone in a pool of successful candidates, unless one of these conditions apply:

- To establish whether an applicant will be able to comply with a requirement to undergo an assessment, or to establish if there is a duty to make reasonable adjustments for the applicant to undergo an assessment
- To establish whether the applicant will be able to carry out a function that is intrinsic to the work concerned (once all reasonable adjustments have been made)
- To monitor diversity in the range of persons applying to the Trust for work
- To take positive action (see positive action procedure above)
- To establish whether an applicant is disabled, where it is an occupational requirement of a particular role for the post-holder to have a particular disability (see 'occupational requirements' below).

## Appendix L Reasonable Adjustment Procedures for Workers

This procedure supports managers make reasonable adjustments for disabled workers and to any disabled work applicants or a disabled person who is considering applying. Managers may also have a duty after employment, or after a service contract has ended.

### J.1 Workers

Managers must make reasonable adjustments for disabled workers in all parts of their job. For disabled workers, the Trust has a duty to make an adjustment if they know, or could reasonably be expected to know, that the worker has a disability and is, or is likely to be, placed at a substantial disadvantage.

All decisions about reasonable adjustments should be mutually agreed between the Trust and the person with the disability and must be recorded within the staff health and wellbeing passport or other similar reasonable adjustment passport. Managers should always consider the steps suggested by an individual disabled person, even if it later agreed with the individual that it is more reasonable to consider other adjustments.

Managers will do all they can be reasonably be expected to do to find out whether an individual requires reasonable adjustments (e.g., private routine discussions about health, disability, and reasonable adjustments during staff appraisal with managers).

The Trust respects the right to privacy for a disabled person to keep a disability confidential, however if a worker keeps a disability confidential then the Trust will not be under a duty to make a reasonable adjustment, unless it could reasonably be expected to have known of its existence.

If a Trust worker (such as an occupational health nurse or a HR advisor) or Trust agent (e.g., a recruitment agent) knows professionally of a worker, applicant or potential applicant's disability, the Trust will not usually be able to claim that they did not know of the disability and that they would have had no duty to make a reasonable adjustment. The Trust acknowledges that information about disabled people may come through different channels and that there are suitably confidential processes within recruitment, subject to the disabled person's consent, to bring that information together to make it easier for the Trust to fulfil its duty.

If a manager or worker is unsure about what may be considered a reasonable adjustment this should be handled through case-specific risk-assessments in partnership with the Occupational Health department, Human Resources Department, and where appropriate Estates and Facilities or IT.

When making enquiries about a disability, staff must consider issues of dignity and privacy and ensure that personal information is dealt with confidentially. Members of staff cannot necessarily expect to be told about why certain reasonable adjustments are being made without the consent of the disabled person concerned.

Managers can use a central fund to meet the costs of making reasonable adjustments (eg from buying equipment). Occupational Health can provide more information about this. Managers will never use reasonable adjustments as a reason to penalise or dismiss an individual.



## J.2 Reasonable adjustments for disabled people seeking work

Workers must make reasonable adjustments for disabled people who seek work at the Trust within any part of the recruitment and selection process (advertising, job descriptions, person specifications, application forms, interviews, tests, short-listing, or appointments etc.).

Workers only need to make an adjustment if they know, or could reasonably be expected to know, that a disabled person is, or may be, an applicant for work.

There are restrictions on when health or disability-related enquiries can be made prior to making a job offer or including someone in a pool of people to be offered a job. However, questions are permitted to determine whether reasonable adjustments need to be made in relation to an assessment (e.g., a BSL interpreter is required) such as an interview or other process designed to give an indication of a person's suitability for the work concerned (see 'Disability and health enquiries' above)

Recruitment managers and panel members must not use reasonable adjustments as a reason to not appoint an individual.

## J.3 Access to Work programme<sup>1</sup>

Access to Work is a specialist disability service delivered by Jobcentre Plus, which gives practical advice and support to disabled people, whether they are working, self-employed or looking for employment. Access to Work is provided where someone needs support or adaptations beyond the reasonable adjustments that an employer is legally obliged to provide under the Equality Act. (Department for Work and Pensions 2014)

The Trust are unable to approach the service on the member of staff (or potential member of staff's behalf as the service is designed specifically to assist the individual). A person with a disability should access support directly at the earliest possible opportunity (<https://www.gov.uk/access-to-work>) and should discuss the matter with their manager or supervisor. New starters should, wherever possible, apply to Access to Work within six weeks of starting work at the Trust to maximise external funding.

Following an assessment by the Access to Work Adviser, the disabled person's manager will be responsible for assessing the recommendations and identifying funding where appropriate and then arranging for the support to be put in place from the options identified and to then claim the partial grant back from Access to Work.

Access to Work can support disabled people in a number of ways. For example, it can provide funds towards:

- Special aids and equipment

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<sup>1</sup> [Access to Work](#)

- Adaptations to equipment
- Travel to work
- Travel in work
- Communication support at interviews
- A wide variety of support workers.

## Appendix M Supporting Gender Transition Procedure

Managers must support workers who signal they intend to undergo, or who are undergoing, or who have undergone any part of a process to confirm their gender where this impacts at work

Managers must support workers including consideration of time away from work, including special leave for employees, to attend any counselling or medical appointments, to deal with the reactions of other people, to educate workers about inclusion and privacy.

All workers will observe the relevant parts of the Supporting Trans People Guidance available on the Pulse<sup>2</sup>.

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<sup>2</sup> [Supporting Trans People](#)

## Appendix N Glossary

Age	This refers to a person having a particular age (for example, 32-year-olds) or being within an age group (for example, 18–30-year-olds). This includes all ages, including children and young people. Age is one of the nine protected characteristics in the Equality Act 2010. It is explained more fully in paras 2.1 – 2.7 of the Employment Code (Equality and Human Rights Commission, 2011b).
Alternative formats	Media formats which are accessible to disabled people with specific impairments, for example Braille, audio description, subtitles, and Easy Read.
Assessing impact	This involves looking at equality and inequalities information and the results of any engagement to understand the impact (or potential impact) of the Trust’s decisions, practices, or policy on people with different protected characteristics or different population groups. Assessing impact on equality or inequality should be an integral part of policy development and decision-making. It involves considering whether a policy or practice could be revised or delivered in a different way to better advance equality or tackle inequalities. If there is adverse impact on people with a particular characteristic, it involves considering whether or not it is justifiable to continue with the decision, practice or policy, or whether to achieve the same aim in a way which reduces the adverse impact, or which does not disadvantage people with that characteristic.
Auxiliary aid or service	Provides additional support or assistance to a disabled person. Examples may include: a special piece of equipment; the provision of a sign language interpreter, lip-speaker, or deaf-blind communicator; extra staff assistance to disabled people.
Civil partnership	Legal recognition of a couple’s relationship. Civil partners must be treated the same as married couples. ‘Marriage and civil partnership’ is one of the nine protected characteristics in the Equality Act 2010. It is explained more fully in paras 2.31 – 2.34 of the Employment Code (Equality and Human Rights Commission, 2011b).
Commissioning	The process for deciding how to use the total resource available in order to improve outcomes in the most efficient, effective, equitable and sustainable way. It includes the whole cycle of planning from assessing needs, designing services and securing and funding delivery
Decision-maker	The person(s) who is making the decision or advising the decision-maker about a function, policy, or provision, criteria, or practice. It includes those exercising the functions of the

	Trust relevant to the duty at whatever level within the organisation. It includes all members of all committee structures.
Different needs	The different requirements that people may have which either must or should be met to provide equality, including equality of opportunity and access. Having due regard to the need to meet different needs is one element of having due regard to Advancing equality of opportunity
Direct discrimination	Less favourable treatment of a person compared with another person because of a protected characteristic. It includes discrimination because someone is perceived to have a protected characteristic or where someone is discriminated against because they are associated with someone else who has a protected characteristic. Direct discrimination is explained in Chapter 3 of the Employment Code (Equality and Human Rights Commission, 2011b) and Chapter 4 of the Services Code (Equality and Human Rights Commission, 2011a).
Disability	A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Disability is one of the nine protected characteristics in the Equality Act 2010. It is explained in paras 2.8 – 2.20 and Appendix 1 of the Employment Code (Equality and Human Rights Commission, 2011b) and paras 2.5 – 2.16 and the Appendix to the Services Code (Equality and Human Rights Commission, 2011a).
Disabled person	Someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.
Disadvantage	A detriment or impediment – something that the individual affected might reasonably consider changes their position for the worse. Having due regard to the need to remove or minimise disadvantage is one element of having due regard to Advancing equality of opportunity.
Discrimination arising from disability	When a person is treated unfavourably because of something arising in consequence of their disability. This is explained in Chapter 5 of the Employment Code (Equality and Human Rights Commission, 2011b) and Chapter 6 of the Services Code (Equality and Human Rights Commission, 2011a).
Discriminatory effect:	Where the consequences of a decision or policy result in less favourable treatment because of a protected characteristic. See also Direct discrimination and Indirect discrimination.

Disproportionately low	Refers to situations where people with a protected characteristic are under-represented (for example in the workforce or among service users) compared to their numbers in the population.
Due regard	A body subject to the general equality duty, such as the Trust, has to have due regard to the equality aims in exercising its functions. The courts have given guidance on what due regard means, including the so-called 'Brown Principles'.
Duty to make reasonable adjustments	<p>Where a disabled person is at a substantial disadvantage in comparison with people who are not disabled, there is a duty to take reasonable steps to remove that disadvantage by</p> <ul style="list-style-type: none"> <li>i. changing provisions, criteria, or practices</li> <li>ii. (ii) altering, removing, or providing a reasonable alternative means of avoiding physical features, and</li> <li>iii. (iii) providing auxiliary aids.</li> </ul> <p>This is explained in Chapter 6 of the Employment Code (Equality and Human Rights Commission, 2011a) and Chapter 7 of the Services Code (Equality and Human Rights Commission, 2011a).</p>
Eliminating discrimination	The first of the equality aims: to eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010 (s.149(1)(a) of the Equality Act 2010).
Encouraging participation	Having due regard to the need to encourage participation in public life or any other activity in which participation by such people is Disproportionately low (see above). This is one element of having due regard to advancing equality of opportunity.
Engagement	A broad term, intended to cover the whole range of ways in which the Trust interacts with their service users, workers and other stakeholders, over and above what they do in providing services or within a formal employment relationship.
Equality Act 2010	This Act reformed and harmonised equality law (repealing previous equality legislation) and introduced the public sector equality duty which replaced the separate equality duties applying to race, disability, and gender.
Equality aims	The general equality duty requires due regard to the need to eliminate discrimination; advance equality; and foster good relations. They are set out in s.149 of the Equality Act 2010.
Equality clause	The Equality Act 2010 implies a sex equality clause automatically into a woman's contract of employment,

	modifying it where necessary to ensure her pay and all other contractual terms are no less favourable than a man, where she is doing equal work with him in the same employment.
Equality evidence	The information that workers hold (or will collect) about people with protected characteristics, and the impact of their decisions and policies on them.
Equality outcome	The results that individuals or groups actually achieve and are able to benefit from. For example, equal pay between men and women.
Equality training	Training on equality law and effective equality practice.
Fostering good relations	The third of the equality aims: to foster good relations between persons who share a relevant protected characteristic and persons who do not share it (s.149(1)(c) of the Equality Act 2010). S.149(5) Equality Act 2010 states that having due regard to the need to foster good relations between people who have a particular protected characteristic and those who don't have it involves, in particular, having due regard to the need to tackle prejudice and promote understanding.
Function	The full range of Sussex Community NHS Foundation Trust's activities, duties, and powers exercised by staff.
Gender	The wider social roles and relationships that structure men's and women's lives. These change over time and vary between cultures. See also Sex.
Gender identity	The stated gender of a person. Includes man, woman, non-binary, and Trans.
Gender reassignment (or confirmation)	The law defines gender reassignment as changing physiological or other attributes of sex. It is the process of transitioning from one sex to another. See also trans, transgender, transsexual. People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex have the protected characteristic of gender reassignment under the Equality Act 2010. It is one of the nine protected characteristics under the Equality Act 2010 and is explained in paras 2.21 – 2.30 of the Employment Code (Equality and Human Rights Commission, 2011b) and paras 2.17 – 2.27 of the Services Code (Equality and Human Rights Commission, 2011a). In practice, people may prefer to use the term 'gender confirmation' or 'gender affirming care', which highlights how they are transitioning their physical characteristics to match their gender.



General equality duty	The duty on the Trust when carrying out its functions to have due regard to the three equality aims. The duty also applies to other bodies when carrying out public functions.
Harassment	Unwanted behaviour that has the purpose or effect of violating a person’s dignity or creates a degrading, humiliating, hostile, intimidating or offensive environment. Harassment is explained in Chapter 7 of the Employment Code (Equality and Human Rights Commission, 2011b) and Chapter 8 of the Services Code (Equality and Human Rights Commission, 2011a).
Health inequity	Health differences that are socially produced, systematic in their distribution across the population, and unfair.
Impact	This term refers to the effect or potential effect that a decision, policy or practice has on persons with protected characteristics or from a population group. Impacts can be positive, negative, or neutral.
Impairment	A functional limitation which may lead to a person being defined as disabled according to the definition under the Equality Act 2010. See also Disability.
Indirect discrimination	The use of an apparently neutral practice, provision or criterion which puts people with a particular protected characteristic at a disadvantage compared with others who do not share that characteristic, and applying the practice, provision or criterion cannot be objectively justified. This is explained in Chapter 4 of the Employment Code (Equality and Human Rights Commission, 2011b) and Chapter 5 of the Services Code (Equality and Human Rights Commission, 2011a).
Marriage	Marriage is no longer restricted to a union between a man and a woman and now includes a marriage between two people of the same sex. Couples can also have their relationships legally recognised as 'civil partnerships.' 'Marriage and civil partnership' is collectively described as one of the nine protected characteristics in the Equality Act 2010. It is explained in paras 2.31 – 2.34 of the Employment Code (Equality and Human Rights Commission, 2011b).
Maternity	See Pregnancy and maternity.
Maternity equality clause	The Equality Act 2010 implies a maternity equality clause automatically into a person’s contract of employment, modifying it where necessary to ensure they do not receive lower pay or inferior contractual terms at work for a reason relating to their pregnancy or maternity.



Mitigation	This is when measures are put in place that lessen the negative effects of decisions, practices or policies on people with protected characteristics.
Objective justification test	This is when something (for example, an otherwise discriminatory action) can be objectively justified.
Objectively justified	This is when something can be shown to be a proportionate means of achieving a legitimate aim – that is, the way of achieving the aim is appropriate and necessary. See also Indirect discrimination.
Permissive exceptions	Exceptions which allow but do not require different treatment for people with different protected characteristics. Exceptions are explained in Chapter 13 of the Employment Code (Equality and Human Rights Commission, 2011b) and Chapter 13 of the Services Code (Equality and Human Rights Commission, 2011a).
Physical feature of a building or premises	Any feature arising from the design or construction of a building; any feature on the premises of any approach to, or exit from, or access to a building; any fixtures, fittings, furnishings, furniture, equipment in or on premises; and any other physical element or quality. The feature may be temporary or permanent. A building means an erection or structure of any kind
Positive action	Refers to a range of lawful actions that seek to overcome or minimise disadvantages (for example, in employment opportunities) that people who share a protected characteristic have experienced, or to meet their different needs. Positive action is explained in Chapter 12 of the Employment Code (Equality and Human Rights Commission, 2011b) and Chapter 10 of the Services Code (Equality and Human Rights Commission, 2011a).
Pregnancy and maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. Pregnancy and maternity is one of the nine protected characteristics in the Equality Act 2010. It is explained in para 2.35 and Chapter 8 of the Employment Code (Equality and Human Rights Commission, 2011b) and paras 2.28 and 4.34 – 4.38 of the Services Code (Equality and Human Rights Commission, 2011a).
Principal	Sussex Community NHS Foundation Trust is the principal legal body in this policy that authorises agents to create

	relationships with third parties (e.g., agency workers or sub-contractors)
Procurement	The range of goods and services the Trust requires and delivers. It includes sourcing and appointment of a service provider and the subsequent management of the goods and services being provided.
Prohibited conduct	Conduct by workers for which the Trust has a duty to avoid, i.e., direct discrimination, discrimination arising from disability, gender reassignment discrimination (cases of absence from work), pregnancy and maternity discrimination, indirect discrimination, failures to make reasonable adjustments, harassment, victimisation. It also includes inappropriate or unjustified enquiries about disability and health, or breaches of equality clauses.
Prohibited conduct	Conduct prohibited by the Equality Act 2010. Eliminating discrimination (see above) relates to such conduct.
Proportionality	The weight given to equality should be proportionate to its relevance to a particular function. This means giving greater consideration and resources to decisions, procedures, policies, or functions that have the most effect on equality.
Protected belief	UK law protects three types of belief; religion, religious belief and philosophical belief.
Protected characteristics	Characteristics of a person’s identity defined and protected under the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation
Protected characteristics	The nine characteristics protected under the Equality Act 2010. The public sector equality duty applies fully to eight of these: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These are known as the ‘relevant protected characteristics’. It also applies in a more limited way to the ninth characteristic, marriage and civil partnerships. This is explained in para 2.9 of this guidance. The protected characteristics are explained in detail in Chapter 2 of the Employment Code (Equality and Human Rights Commission, 2011b) and Chapter 2 of the Services Code (Equality and Human Rights Commission, 2011a).
Provision, criterion, or practice (PCP)	Any formal or informal policies, rules, practices, arrangements, criteria, conditions, prerequisites, qualifications, or provisions. May include future decisions, policies or criterion not yet applied, as well as ‘one-off’ or discretionary decisions

Race	This is the protected characteristic of race. It refers to a group of people defined by their colour, nationality (including citizenship), ethnic or national origins. It is one of the nine protected characteristics under the Equality Act 2010 and is explained more fully in paras 2.36 – 2.49 of the Employment Code (Equality and Human Rights Commission, 2011b) and paras 2.29 – 2.42 of the Services Code (Equality and Human Rights Commission, 2011a).
Reasonable adjustment	See Duty to make reasonable adjustments.
Relevance	How far a function or policy affects people, as members of the public, and as workers of the Trust. Some functions may be more relevant to people with certain protected characteristics than to others, and to one or more of the three aims of the general equality duty. Identifying relevance to the general equality duty is established through the screening process in the equality and health inequalities procedure.
Relevance	How far a function or policy affects people, as members of the public, and as workers for the Trust. Some functions may be more relevant to people with certain protected characteristics than to others, and to one or more of the three aims of the general equality duty.
Relevant protected characteristics	The eight protected characteristics in S.149(7) of the Equality Act 2010. The public sector equality duty applies in full to these characteristics and in a more limited way to marriage and civil partnership. See also Protected characteristics.
Religion or belief	Religion means any religion, including a reference to a lack of religion. Belief includes religious and philosophical beliefs including lack of belief (for example, Atheism). Religion or belief is one of the nine protected characteristics under the Equality Act 2010 and is explained more fully in paras 2.50 – 2.61 of the Employment Code (Equality and Human Rights Commission, 2011b) and paras 2.43 – 2.54 of the Services Code (Equality and Human Rights Commission, 2011a).
Service user(s)	People who are users of 'services' provided by the Trust. This includes users of facilities and people who benefit from or are subject to the Trust's public functions. People who attempt to or want to use a service or benefit from a public function may also be 'service users', even if they cannot actually use the 'service' because of discrimination.
Sex	Someone being a man or a woman. It is one of the nine protected characteristics under the Equality Act 2010 and is explained more fully in paras 2.62 – 2.63 of the Employment Code (Equality and Human Rights Commission, 2011b) and

	paras 2.55 – 2.57 of the Services Code (Equality and Human Rights Commission, 2011a).
Sexual orientation	This is whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. It is one of the nine protected characteristics under the Equality Act 2010 and is explained more fully in paras 2.64 – 2.68 of the Employment Code (Equality and Human Rights Commission, 2011b) and paras 2.58 – 2.62 of the Services Code (Equality and Human Rights Commission, 2011a).
Single-sex services	A service provided only to men or women. It is not always discriminatory to provide single-sex services, for example provision of single-sex changing facilities in a leisure centre, or single-sex wards in a hospital. This is explained at paras 13.54 – 13.56 of the Services Code (Equality and Human Rights Commission, 2011a).
Stakeholders	People with an interest in a subject or issue who are likely to be affected by any decision relating to it and/or have responsibilities relating to it.
Trans	The terms 'trans people' and 'transgender people' are both often used as umbrella terms for people whose gender identity and/or gender expression differs from their birth sex, including transsexual people, transvestite/cross-dressing people androgyne/polygender people, and others who define as gender variant. See also Gender reassignment.
Transgender	An umbrella term for people whose gender identity and/or gender expression differs from their birth sex. They may or may not seek to undergo gender reassignment hormonal treatment/surgery. Often used interchangeably with trans. See also Gender reassignment.
Transsexual	A person who intends to undergo, is undergoing or has undergone gender reassignment (which may or may not involve hormone therapy or surgery). Transsexual people have the protected characteristic of gender reassignment under the Equality Act 2010. See also Gender reassignment.
Victimisation	Subjecting a person to a detriment because they have done a protected act or there is a belief that they have done a protected act i.e. bringing proceedings under the Equality Act 2010; giving evidence or information in connection with proceedings under the Equality Act 2010; doing any other thing for the purposes or in connection with the Equality Act 2010; making an allegation that a person has contravened the Equality Act 2010. Victimisation (including the meaning of 'protected act') is explained in Chapter 9 of the Employment Code (Equality and Human Rights Commission, 2011b) and

	Chapter 9 of the Services Code (Equality and Human Rights Commission, 2011a).
Worker	People who are working for Sussex Community NHS Foundation Trust, either under a contract of employment or not. Includes temporary workers. A worker may include job applicants, or former workers, except where specifically excluded. Where the term 'employee' is used it indicates that only employees (within the legal meaning of the word) are affected by that particular provision. The term excludes volunteers, unless on work experience, or unpaid work to gain professional experience or suitability for employment.

## 13. Ratification Checklist

**Sections 1 – 4** of the Ratification Checklist must be completed and submitted with the document for approval.

**All sections** must be completed and submitted to the ratification group - please note the ratification group is sighted on the ratification checklist only therefore it should be completed comprehensively.

### JCNC Date TBC

Agenda Item: To follow  
 Policy Title: Equality and Diversity Policy  
 Policy Author: Jourdan Durairaj, Diversity and Inclusion Lead  
 Presented By: Hazel Foss, Associate Director - Human Resources & Inclusion  
 Purpose: Ratification

Checklist for Ratification													
1.	Reason for Review:												
	<table border="1"> <tr> <td>New Policy</td> <td>No</td> </tr> <tr> <td colspan="2">Revision/update to current Policy</td> </tr> <tr> <td>Please state <b>the reason</b> for updating, e.g. compliance with new or updated legislation</td> <td>Usability of policy for end-users, audit feedback, increase in scope of the national policy context to include population health, enhancing compliance with national accessible information standard, and learning from handling of local complaints and grievances.</td> </tr> <tr> <td>Please state briefly what amendments/updates were made, what section/page number and where they can be located within the document</td> <td>The updates affect the entirety of the document text.</td> </tr> <tr> <td>Other – please state</td> <td></td> </tr> <tr> <td colspan="2">Review date due or expired (<i>please state date</i>): Expired</td> </tr> </table>	New Policy	No	Revision/update to current Policy		Please state <b>the reason</b> for updating, e.g. compliance with new or updated legislation	Usability of policy for end-users, audit feedback, increase in scope of the national policy context to include population health, enhancing compliance with national accessible information standard, and learning from handling of local complaints and grievances.	Please state briefly what amendments/updates were made, what section/page number and where they can be located within the document	The updates affect the entirety of the document text.	Other – please state		Review date due or expired ( <i>please state date</i> ): Expired	
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Other – please state													
Review date due or expired ( <i>please state date</i> ): Expired													
2.	Summary												
	This policy tackles unfair, avoidable, and systemic differences in health and employment between different population groups. This includes discrimination and other types of conduct prohibited under the Equality Act 2010. It also promotes equality of opportunity for patients and people from all groups in society accessing or using our services, and to promote equality of opportunity for its workers. This policy is also the Trust’s accessible information policy.												

	<p>This policy applies to all staff providing any service, or exercising any function (e.g., Liberty Protection Safeguards). This policy applies to all workers, including employees, bank staff, contractors (e.g., agency workers), and officeholders (e.g., non-executive directors).</p> <p>This policy applies to people applying for jobs with the Trust, it applies during the work relationship, and it applies after the work relationship has ended where conduct is closely connected. This policy applies to volunteers only as far as their activities support patients and does not imply any additional individual rights.</p> <p>This policy has effect across all sites and settings, whether owned by the Trust or not. There are very limited and narrow exceptions to the prohibited conduct provisions that are set out in the Equality Act 2010.</p>		
<b>3.</b>	<b>Format</b>		
	<p>Has the standard SCFT template been used? If not, please refer to the Policies and Procedures page on the Pulse and download an up to date policy template.</p>	<b>No</b>	<p>Comments: The SCFT template has been modified slightly to enhance accessibility for people who are partially sighted and remove visual background noise below the accessibility statement on the title page, and the EHRA appendix has been removed because this policy is removing this requirement and replacing it with a one for a new standalone EHIA form.</p>
<b>4.</b>	<b>Consultation</b>		
	<b>Name</b>	<b>Group Member</b>	<b>Response Y/N</b>
	Please state the consultation - who has been consulted on (as per point 8 of the template):	Tackling Inequalities Steering Group Population Health Development Group Patient Experience Group Disability and Wellbeing Network Religion and Belief (R&B) Network LGBT+ Network BAME Network Terms and Conditions Group Corporate services teams	Yes
<b>5.</b>	<b>Dissemination/Implementation Process</b>		
	<p>This policy will be on the Trust intranet and internet and publicised through internal staff publications and staff networks. There is training for all staff, with review of the Trust's training needs analysis as relevant. The policy will be part of induction, procurements, and partnership working arrangements.</p>		
<b>6.</b>	<b>Cost/Resource Implications</b>		
	Does this policy have any cost and/or resource implications?		Yes
	If Yes:		
	Please provide details of the cost/resource implications: Mandatory training and staff participation are already core business costs		
	Has this been agreed by the accountable Director? Name: Caroline Haynes		Yes

	Job title: Chief People Officer Date: September 2022		
7.	Approval		
	Please state the name of the Group that has approved this document?	Name: Tackling Inequalities Steering Group	
	Date of Group Approval:	Date: 18 September 2022	
8.	Equality Analysis		
	Has the Equality and Human Rights Assessment (EHRA) form been completed by the author and sent for review to the Equality and Diversity team?	No	This policy brings into effect a new standalone Equality and Health Inequalities Assessment (EHIA) form that replaces the predecessor EHRA form embedded in the procedural documents template. The new procedure does not require a review by the E&D team.
	Has the Equality and Diversity Team reviewed the policy and signed EHRA form?	Yes	The new procedure does not require a review by the E&D team.
9.	Patient Focus		
	To ensure that all SCFT policies/procedures are consistently patient focused, have you detailed the benefits of the policy/procedure to SCFT users/patients?	Yes	Comments:
10.	Review		
	Please state the timescale for review:	Three years	

### Decision, Outcome & Recommendations

(to be completed after ratification)

For completion by the Chair of the Group or Committee considering ratification.

Is the Committee / Group satisfied and assured that due process has been followed in order to produce or review the Policy?	Yes	Comments:
Is the Committee / Group satisfied and assured with the consultation on the Policy?	Yes	Comments:
Does anybody (group or individual) else need to be consulted prior to ratification?	No	Please state who:
Other Comments		
Outcome: Was the Policy ratified?	<b>Yes</b>	



Other comments: Including strengths and good practice.	
Additional actions required for ratification: Must be SMART	The policy is ratified subject to the amendments noted at Executive Committee on 24 October 2022.
Mike Jennings   Interim Chief Executive   November 2022	