

## CP27 EQUALITY MONITORING POLICY

<b>POLICY REFERENCE NUMBER:</b>	CP27
<b>VERSION NUMBER:</b>	2.0
<b>KEY CHANGES FROM PREVIOUS VERSION</b>	Three year review; implementation of Sexual Orientation Monitoring Information Standard; significant changes throughout
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<b>CONSULTATION GROUPS:</b>	Equality and Inclusion Sub-Committee, Staff Engagement Lead, Workforce, Development and Training, Patient Experience Team, Operational services (MH and Community)
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<b>LAST REVIEW DATE:</b>	August 2021
<b>NEXT REVIEW DATE:</b>	August 2024
<b>APPROVAL BY CLINICAL GOVERNANCE AND QUALITY SUB-COMMITTEE:</b>	July 2021
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### POLICY SUMMARY

Essex Partnership University NHS Foundation Trust (EPUT) has a statutory obligation to ensure that all practices within the Trust are carried out in a fair, reasonable and consistent manner in line with the Equality Act, 2010. The purpose of this policy is to ensure that all practices within the Trust are carried out in a fair, reasonable and consistent manner. The Trust is committed to providing a service that is not prejudiced against any Trust Workers, potential Trust Workers, Patients, Relatives, Carers or anyone that deals with the Trust in any way. EPUT has produced this policy to regulate and monitor the Trust's compliance with the Equality Act, 2010 and general and specific Public Sector Equality Duty (PSED).

#### **The Trust monitors the implementation of and compliance with this policy in the following ways:**

Equality and Inclusion Sub-Committee will ensure that compliance with this Policy is monitored against;

- The Equality and Inclusion Sub-Committee Annual Work plan and schedule
- The Equality Delivery System action plan (EDS2)

A review of its effectiveness will be undertaken after one year following the approval of this Policy.

Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this procedure is the Executive Director of People and Culture.**

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**EQUALITY MONITORING POLICY**

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## EQUALITY MONITORING POLICY

<b>1.0 POLICY STATEMENT</b>
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- 1.1 Under the Equality Act (2010), as a public authority we are held to the Public Sector Equality Duty (2011) (PSED), stating that we have legal duties to:
- Work to eliminate discrimination, harassment, victimisation and any other prohibited conduct.
  - Advance equalities of opportunity, and make improvements where opportunities are not equally available or accessible
  - Foster good relations between people from protected characteristic groups and those who are not from these groups.
  - Publish objectives to demonstrate how we will meet 1-3 above and publish information on our performance such as the WDES, WRES and EDS2

The PSED applies to nine 'protected characteristics': age, disability, gender reassignment, marriage and civil partnership (in relation to point 1 at work), pregnancy and maternity, race, religion and belief (including lack thereof), sex and sexual orientation.

- 1.2 There is a growing wealth of evidence demonstrating that there are inequalities experienced by marginalised or minority groups, including but not limited to:
- Black, Asian and other Ethnic Minority communities
  - LGBTQ+ communities
  - Those with disabilities, mental health conditions or long term conditions
  - Faith and Spirituality Communities
  - Those providing care to a friend, family member or loved one

in comparison to the rest of the population and that many of these are unnecessary and potentially avoidable.

- 1.3 As a result, the NHS needs to ensure that these inadequacies are addressed and securing knowledge about the populations served is fundamental to this. As a result, it is the purpose of this Equality Monitoring Policy and Procedure to provide a framework for the continuation of protected characteristic monitoring within services in Essex Partnership University NHS Foundation Trust. This Policy and Procedure shall also provide guidance when systems are lacking in options to correctly record a patient's protected characteristic information.
- 1.4 This Policy and procedure has been updated from the Ethnicity Monitoring Policy (implemented in February 2018) to include the Guidance of the Sexual Orientation Monitoring Information Standard. This Policy and Procedure is also able to expand and accommodate future updates to reflect the increasing need for Equal and Inclusive systems in NHS services.

## 2.0 OBJECTIVES OF THE POLICY

### 2.1 The Equality Monitoring Policy seeks to:

- Support the implementation of the national requirements on ethnicity monitoring (DSCN 02/2001, DSCN 03/2001 and DSCN 21/2000) through the provision of appropriate guidance (Appendix A).
- Support the Implementation of the Sexual Orientation Monitoring Standard, developed by NHS England Equality and Health Inequalities Unit, this mechanism supports the recording of sexual orientation for all patients aged 16 years and over across health services and Local Authorities with responsibilities for Adult social care.
- Provide mechanisms to ensure compliance with the Equality Act (2010) which requires equal and equitable treatment in access to private and public services, regardless of a person's protected characteristics. In addition, the broad purpose of the General Public Sector Equality Duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. This specific duty requires public bodies to publish information which demonstrates how it is implementing the general duty.
- Ensure that the Trust (in discussion with local partners including local populations), reviews and improves our performance for people with characteristics protected by the Equality Act 2010. By using the Equality Delivery System (EDS2), the Trust helped to deliver on the Public Sector Equality Duty.
- Promote a consistent approach to protected characteristic data collection in line with national and local guidance.
- Enable the Trust to secure the appropriate information to monitor access and uptake of services
- Enable the Trust to ensure the appropriate information to ensure services are appropriate for use by everyone, including those from marginalised or minority communities.
- Clarify the roles played by Trust staff in the collection and use of Protected Characteristic data.
- Provide a best practice framework for the collection and use of Protected Characteristic data.
- Provide mechanisms to ensure that the workforce is representative of local populations, and that equitable support is given in the recruitment and promotion opportunities available to staff members from marginalised or minority communities

- Enable the Trust to monitor equality in employment related matters (e.g. access to training and employment opportunities for members of any minority or marginalised community)
- Provide an enhanced system for monitoring complaints and in particular monitoring where complaints may be discrimination motivated.

### **3.0 SCOPE OF POLICY**

3.1 This policy and procedure will apply without exception to all individuals within the Trust who undertake patient or staff data collection, input or handle data of this nature. It will also apply to all staff responsible for service planning and development.

3.2 Key personnel affected are:

- Human Resources Personnel who are responsible for collecting information from the workforce.
- Staff members responsible for collating and presenting the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)
- Key frontline staff (e.g. receptionists, admission clerks,) and their managers who will be responsible for directly asking patients / carers for the information or may need to deal with exceptional or difficult cases.
- Mental health clinical and practitioner staff who may need to ask the question as part of their admission procedure.
- Information staff who need to know how to handle, analyse and report on protected characteristic data.
- Senior management who are responsible for strategically developing and planning services.
- Complaints department staff who may collect and use this data as part of the Complaints Process or the Patient Advice and Liaison Service.

#### 4.0 DEFINITIONS: ETHNICITY AND SEXUAL ORIENTATION

- 4.1 **It is important to distinguish the term ethnic group from ethnic or racial origin and nationality.**
- 4.2 An ethnic group is identified as people who share characteristics such as language, culture, upbringing, religion, nationality, geographical and ancestral origins and place. This provides the group with a distinct identity as seen by both themselves and by others. People assign their own ethnic group. Essential features to help determine the meaning of 'ethnic group' are:
- A long shared history
  - A common cultural tradition
- 4.3 In addition, some of the following may be present:
- Either a common geographical origin or descent from a smaller number of common ancestors.
  - A common language.
  - A common literature.
  - A common religion.
  - A minority within a larger community.
- 4.4 Ethnic or racial origin is used in medicine to describe the genetic makeup of a person and it is important in, for example, the identification of predisposing risks to conditions that are specific to certain ethnicity groups. This is not self assigned.
- 4.5 A person's Nationality is a societal construct and applies to where a person's citizenship is held. It can be changed when citizenship in another country is adopted.
- 4.6 This policy and procedure focuses on collecting ethnicity group data and not nationality or ethnic origin. However, it is expected that ethnicity collection is not undertaken in isolation to the collection of other types of relevant information which may include ethnic origin.
- 4.7 **It is important distinguish the terms Sexual Orientation, Anatomical Sex and Gender Identity.**
- 4.8 Whilst this Policy covers the Sexual Orientation Monitoring Information Standard, all three have been explained to demonstrate their relationship and how these are linked. Please note the Sexual Orientation Monitoring Information Standard only requests Sexual Orientation information.
- 4.9 Sexual orientation is an enduring pattern of romantic or sexual attraction (or a combination of these) to persons of the opposite sex or gender, the same sex or gender, or to all anatomical sexes and gender identities. A person's sexual orientation and sexual identity (a person's identified sexuality) is a protected characteristic under the Equality Act 2010.

- 4.10 Anatomical Sex refers to the biological traits that are used to assign a person's sex, such as their chromosomes or genitalia. This is commonly either Male or Female, but many individuals are born with features of both Sexes (Intersex). A person's Sex is a protected characteristic under the Equality Act 2010.
- 4.11 Gender identity is a social construct and is a person's internal, personal sense of being a man or a woman. Whilst many identify with the gender they were assigned at birth based on their sex (Cisgender), Transgender people do not identify with the sex they were assigned at birth, as their own gender identity does not match this. People can also identify as "Non-Binary" in which they do not identify as either a "man" or "woman" and choose to identify as neither or a combination of the two. Transgender people are protected under the "Gender Reassignment" characteristic of the Equality Act 2010.
- 4.13 It should be recognised that Gender Identity, Biological Sex and Sexual Orientation are all spectrums, and are not dichotomous choices. There are many different formal and informal terms for people and how they view themselves in these contexts. Care should be taken when discussing these topics by staff, and to discuss which words the patient or carer is comfortable using to refer to themselves.

## 5.0 CATEGORIES

- 5.1 For the monitoring of Ethnicity, The Trust has implemented the national (16+1) categories which are first level categories (Appendix A) and these must be abided by at all times. This will ensure consistency and uniformity in the capture and statistical reporting of ethnic related information across services and different areas. They have been developed following much public consultation.
- 5.2 However, guidance allows for a second character to be used to enable local collection of specific ethnic categories. The use of detailed additional codes can be undertaken in consultation with local partner organisations in consultation with the local health community, e.g. Appendix A. These categories would reflect populations that are significant within the local area and are based upon the national 'optional' second level codes. The use of more detailed categories or any additions or changes to this list must be agreed at Trust level and must map back to census codes.
- 5.3 For Monitoring Sexual Orientation, the Trust has implemented the recommendations of The Sexual Orientation Monitoring Information Standard (2017). Monitoring of sexual orientation will help to ensure that:
- Care providers are able to demonstrate that there is equitable access for lesbian, gay and bisexual (LGB) individuals.
  - Care providers have an improved understanding of the impact of inequalities on health and care outcomes for LGB populations.
  - Policy makers and care providers can better identify health risks at a population level. This will support targeted preventative and early intervention work to address health inequalities for LGB populations, thereby reducing expenditure linked to treatment costs further down the line.

The standard has been based on research conducted by the Office for National Statistics (ONS) and the Equality and Human Rights Commission (EHRC), and on current practice by those organisations which monitor sexual orientation.

## **6.0 RECORDING PROTECTED CHARACTERISTICS IN EPUT**

- 6.1 When recording protected characteristics of a staff member, patient or carer, take care to explain why you are requesting this information. Individuals from marginalised or minority groups may be reluctant in sharing this information if they feel it may lead to a negative response or impact (e.g. losing an employment or promotion opportunity if they disclose a disability or being judged by others for disclosing their sexuality or gender identity). Be mindful that they may have previously experienced this.
- 6.2 When it is not possible to record a person's protected characteristics using the options provided (such as a data-entry form in Paris or Mobius), staff should explain this to the patient and record this in the patient or staff member's notes as a priority, using an alert feature on these records if available.
- 6.3 The Accessible Information Standard (as listed in CP24, Equality, Inclusion and Human Rights Policy) gives a clear guideline on how to record a patient's accessibility needs and how to communicate these to other staff members, these steps should be used when recording all data about a patient's faith, gender identity, sexual orientation or any other protected characteristic. This is important in promoting person-centred care and a positive patient experience.

## **7.0 MONITORING AND REVIEW**

- 7.1 Monitoring for all Policy and Procedural Guideline documents, will be ongoing. Details will be included in the appropriate Procedural Guidelines document.
- 7.2 Each Policy and Procedural Guideline document will have a review date set at the time of its approval. The document will be reviewed for appropriateness and accuracy by this date at the latest.

**END**