

## EQUALITY MONITORING PROCEDURE

<b>PROCEDURE REFERENCE NUMBER:</b>	CPG27
<b>VERSION NUMBER:</b>	2.0
	Three year review; implementation of Sexual Orientation Monitoring Information Standard; significant changes throughout
<b>AUTHOR:</b>	[REDACTED]: Equality Advisor
<b>CONSULTATION GROUPS:</b>	Equality and Inclusion Sub- Committee
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### PROCEDURE SUMMARY

The purpose of this procedure is to ensure that all practices within the Trust are carried out in a fair, reasonable and consistent manner in accordance with CP27.

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

Equality and Inclusion Sub-Committee will ensure that compliance is monitored regularly against;

- The Equality and Inclusion Committee Annual Work plan and schedule
- The Equality Delivery System (2) action plan

An annual review of its effectiveness will be undertaken to ensure it meets requirements as set out in its terms of reference

Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

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

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**EQUALITY MONITORING PROCEDURE**

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## EQUALITY MONITORING PROCEDURE

<b>PROCEDURE STATEMENT</b>
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The purpose of this Procedural Guideline document is to ensure that the ideals set out in its equivalent policy (CP27) are detailed in a way that is understood by all staff thereby ensuring that the policy can be fully implemented, monitored and reviewed within the organisation.

Although this document was previously EPUT's Ethnic Monitoring Policy, this has been expanded to include all protected characteristics as well as the Sexual Orientation Monitoring Information Standard Codes. Whilst this document gives guidance on implementing and utilising the DSCN 02 2001 Ethnicity Codes, it now also provides further guidance on recording other factors, including but not limited to Faith and Spirituality, Sexual Orientation, Gender Identity, Disability and all other protected characteristics.

<b>1.0 BEST PRACTICE GUIDANCE FOR COLLECTING AND RECORDING PROTECTED CHARACTERISTICS DATA</b>
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### Collecting Protected Characteristic Information from Patients / Clients

#### **Responsibilities for asking patients / clients about their protected characteristics**

- 1.1 Within each service area, the local procedure should make clear who is responsible for collecting information about a patient's faith, sexuality, ethnicity accessibility needs or any other information about their protected characteristics. This will normally be the individual who has responsibility for collecting the core details from the patient / client. This may be administrative or nursing staff in our 24 hour input units, out-patients or the clinical staff on the initial assessment visit.

#### **When to collect protected characteristic information from patients/clients**

- 1.2 Collect data at the point of the patient's initial contact or as soon as possible thereafter. Therefore, the majority of patients will be asked to provide this information in the out-patient clinic, on admission. In community or social care services the information should be collected at the point of referral, including self-referral, where appropriate. Care should be taken to explain why this information is being requested.
- 1.3 The EPUT "*Identifying and Supporting Protected Characteristics*" Toolkit contains guidance and information on how to collect information for all nine protected characteristics, as well as how best to discuss this with people accessing our services.

**How to collect protected characteristic information from people using our services: self-classification**

- 1.4 It is imperative that the Service User is not asked to provide this information more than once, therefore, information already collected via another source e.g. by the referrer should be used where possible.
- 1.5 The Service User will be asked to sign their own ethnic category using DSCN 02/2001 ethnicity codes. This will follow a discussion with the Service User regarding why this information is being collected and how it will be used.
- 1.6 At no point should a member of staff determine the patient's protected characteristics on their behalf. Staff may advise patients on how they might identify these factors in the following ways:
- For a person's ethnicity: a patient might consider their culture, language, religion, skin colour, their origins and how they perceive themselves.
  - For a patient's accessibility needs: this could be a previously identified disability, long term condition or areas where they may need more support due to factors such as sensory impairment, physical impairment or a mental health condition / neurodiversity.
  - For sexual orientation and gender identity: this is based on the way the person sees themselves both in their relationships and the way they see themselves. EPUT as a Trust provides LGBTQ+ resources for staff members who would like to learn more about this subject.
  - Staff should not, under any circumstances, make assumptions about the identities of a Service User or use information provided in previous uses of our services, since many of these factors are fluid and may change over time.
- 1.7 If patients/clients are asked to record personal details on every visit, e.g. name, address or other details on first and follow up visits, protected characteristics data should not be included. In these instances a separate form should be used to collect and record this information and only given once to the Service User.

**Circumstances where this data may be collected more than once**

- 1.8 A patient may need to be asked again for their protected characteristic details under the following circumstances:
- The Service User may ask at any time to change information they had previously provided.
  - The Service User may be asked for the information again in the event that group categories change. This is to enable patients/clients to reconsider their response in the light of new and increased options.

- Where this information may have been collected previously, but there is no record of this data available. This should be explained and an apology given when requesting this information as a courtesy.

### **Where to ask patients/clients about their protected characteristics**

- 1.9 This information, as with all other patient information, should be treated as confidential. Therefore, any discussion should be made in an environment where the staff member or patient cannot be overheard. In the event that this information is collected in a public environment, e.g. out-patients, then the information should be requested by written means using the guideline model in Appendix C. However, in the event that further discussion is required between the staff member and the Service User, the discussion must be held in a private environment.

### **Rights of patients/clients to refuse to provide their protected characteristics**

- 1.10 Patients/clients are asked to provide this information voluntarily and have the explicit right to decline to provide this information. Staff should encourage patients/clients to provide this information by ensuring they are informed of the purpose of the information and its confidential nature. If, however, a Service User continues to decline, staff should accept this decision and code the Service User as ‘not stated’ or a similar option.
- 1.11 When patients/clients are offered the opportunity to reconsider, they still have the right to decline. In such instances, staff should ensure that the patient is adequately informed of the reason they are being asked again. If the patient declines the offer to reconsider, this information will stay as a neutral option (“not stated”, “would prefer not to say”).

### **Using neutral / non-specific categories**

- 1.12 Neutral Categories (for example, “Not Stated” on ethnicity code or “I prefer not to say” on other items) must only be used when the patient has been asked for the information, has been provided with an explanation and has declined to choose. It must not be used to indicate that the patient has not been asked or was unable to be asked e.g. was unable to provide this information due to their current physical or mental health state.

### **What to do when an individual chooses more than one category**

- 1.13 If an individual chooses more than one answer on any question, this may be a valid (such as a person’s accessibility requirements), but at times where these options may conflict or only one option is possible (for example ethnicity codes) the patient should be asked to clarify this as best as they can. This information should be amended by the member of staff or Service User to ensure this is correctly listed.

### **Using written forms to collect Protected Characteristic Data.**

- 1.14 Where forms are used to collect protected characteristics data, they should comply with the guidance model shown in Appendix C.

- 1.15 If protected characteristics data is collected in a 'public' location the method of collection should be by written form. This is to empower the individual by allowing them to do this discretely in a safe space.
- 1.16 Protected characteristic data should not be included on any form where all patients are asked to complete the forms routinely on every contact.

### **Collecting protected characteristic information in difficult circumstances**

- 1.17 In some instances, it may be difficult to obtain information from patients/clients due to communication or other problems. In such instances, this should not be treated any differently to other items of personal information collected.
- If the patient is temporarily confused or traumatised, it may be more appropriate to collect the information at a later date i.e. once the patient has been admitted.
  - If the patient is permanently confused e.g. suffering from dementia, experience suggests that this data should be collected from a relative or advocate.
  - If the patient is very young, a parent or guardian should be asked to respond. Questions that may be inappropriate (such as sexual orientation) should be omitted. Factors should not be estimated based on the protected characteristics of the parent or guardian.
  - For children, the same approach and procedures should be adopted as for treatment. When a child is capable of understanding what they are being asked, their views should be sought, involving the parents in the process.
  - For adults with learning disabilities, the same procedure as for consent to treatment should be adopted.
  - If individuals have a limited understanding of English, they should be helped to utilise the services of an interpreter. However, it is inappropriate to use an interpreter to gather protected characteristic information in isolation of other information e.g. assessment of registration.
  - If individuals are unable to read English well enough to complete the form, staff should act as the patient's advocate. This will require staff to provide verbal instruction and information to enable the patient to choose their ethnic group. This should be done in an area where confidentiality and dignity can be maintained.

### **Collecting Protected Characteristic Information from staff**

- 1.18 New staff will be asked for protected characteristic information through correspondence during the recruitment process. Again a clear explanation will be given in writing to newly appointed staff.

- 1.19 When collecting data regarding a person's accessibility needs, disability or mental health conditions, or if they provide unpaid care for a friend, loved one or family member; a discussion of reasonable adjustments should be had when they are joining the Trust. A Reasonable Adjustments Passport (HRPG26G - Appendix 2) is a toolkit designed to facilitate this conversation and to keep this dialogue ongoing through the staff member's employment.
- 1.20 The provision of this information by current and future staff will be on a voluntary basis. The same standards as for collecting information from patients will apply e.g. use of not stated category, self-classification.
- 1.21 Staff members should be encouraged to complete their personal information via the Electronic Staff Records, including their protected characteristics. Whilst disclosing these details is not mandatory, staff should make sure they have selected options where they have willingly chosen not to disclose this information instead of leaving these details blank as a minimum requirement.

### **Collecting Protected Characteristic Information from complainants**

- 1.22 Where a Service User makes a complaint or where an individual makes a complaint on behalf of a Service User, the protected characteristics details of the Service User should be sought. In the first instance if the protected characteristics of a Service User are already known this should be recorded onto the complaints monitoring form and forwarded to the complaints department. The complaints department will then enter this information onto the system.
- 1.23 Where the protected characteristics data of the Service User is not known, the information should be sought from the Service User as part of the process of handling complaints. In most cases, the responsibility for collection will rest with the complaints department and this will follow a clear explanation of the purpose and use of this type of information. This will be provided in written format with a clear statement that it will not prejudice any investigation, that it is a voluntary request for information and that the completed form may be returned at any stage of the complaint process. The information will be requested at the same time as the confirmation letter is sent out and then, if not returned, requested again when the final response to the complaint is issued.
- 1.24 Complainants will be given the opportunity to discuss any concerns regarding the provision of this information with the complaints department staff.

### **Recording Protected Characteristics Data**

#### **Recording Service User protected characteristic data**

- 1.25 It is Trust policy for the service user's ethnic group to be recorded on the Patient Information System Totalcare.
- 1.26 All other data in regards to a service user's protected characteristics should also be clearly recorded in a similar fashion where possible on their records.

- 1.27 In the event that a form does not have an appropriate field, please ensure any pertinent information is clearly recorded in the patient's notes in a way that is visible to anyone accessing these records for their care.

### **Recording employee protected characteristic data**

- 1.28 The ethnicity groups of employees will be recorded onto the Human Resources and payroll system. The data will be inputted by Human Resources staff and will remain confidential.
- 1.29 All other data in regards to an employee's protected characteristics should also be clearly recorded in a similar fashion where possible on the Electronic Staff Record (ESR).

### **Recording complainants' protected characteristic data**

- 1.30 The ethnicity of complainants will be recorded onto the system in use by the Thrust. Non-attributable data will be provided in statutory returns only.
- 1.31 All other data in regards to an employee's protected characteristics should also be clearly recorded in a similar fashion where possible. Pertinent Information relevant to the complaint (if this was in regards to discriminatory behaviour) should be recorded as part of the complaint.

## **2.0 USING PROTECTED CHARACTERISTICS DATA**

### **Why the Trust Uses Protected characteristics Data**

- 2.1 It is the responsibility of the Trust, through their policies and procedures, to promote fair opportunities for all patients/client. Using data collected regarding our patient's ethnicity and protected characteristics provides a mechanism to do this.
- 2.2 In addition, it is the responsibility of the Trust to promote good practice in relation to its workforce in order that fair opportunities exist for all staff e.g. access to training opportunities, outcomes of grievances and disciplinary, opportunities for promotion etc. Using this information in conjunction with other functions (such as the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) and Staff / Service User Survey Results) will provide a mechanism to do this.

### **How to Use Protected Characteristics Data**

- 2.3 To best utilise Protected Characteristics data, we as a Trust require three sets of information – a national demographic baseline, data about our service users and data about the workforce.



## Baseline Data

- 2.4 The baseline of the population is needed against which, for example, we can monitor the uptake of patient services. This was previously taken from the 2011 Census, but will be available from the updated 2021 Census.

## Service User Data

- 2.5 It is known that inequalities faced by marginalised groups may be a factor in:
- Determinants of health.
  - Prevalence of disease or of behaviour that have differential health risks.
  - Access to an uptake of services which are of potential benefit, for example talking therapies
  - The greater extent statistically to which they may be admitted to psychiatric inpatient services compared to their counterparts.
  - Willingness to engage with Inpatient or Community services
  - Measures in health outcome or health status such as differences in mortality.
- 2.6 This data is required to establish whether services are meeting the needs of different populations in order to tackle the inequalities above. This will require collecting information of those accessing our services and comparing it to baseline data. This type of analysis may be able to identify whether the Trust is:
- Providing culturally sensitive services, for example, is it targeting services to specific communities where inequalities exist or is it ensuring services are sensitive to the different populations' needs.
  - Improving the access and uptake of services (for example, is it encouraging ethnic minority groups to utilise health services fully?)
  - Improving the outcomes of service users, for example, improving the ways that staff understand these marginalised and minority groups and how to better provide person-centred care.
  - Ensuring that resources are targeted most effectively to achieve the above.
  - Ensuring that services are commissioned planned and developed to achieve the above.

## Data on the Workforce

- 2.7 Understanding the protected characteristic breakdown of the workforce enables the Trust to monitor whether employees broadly represent the populations served. In addition, it allows the Trust to monitor whether it is promoting fair opportunities such as fair access to training or fair opportunities for promotion.

## Responsibilities for Using Data

- 2.8 At a local level, services will be responsible for using the data as identified above to inform decisions regarding services. Where appropriate, consideration should be given to the involvement of patients and community groups in the discussion of the findings and resulting service development proposals. At a Trust level, senior management teams will be responsible for identify the strategic implications of the data to ensure that it influences the strategic planning and delivery of services.

### 3.0 LOCAL WRITTEN PROCEDURES

- 3.1 In most cases, further written procedures will be required locally to clarify responsibilities of staff in the collection and use of protected characteristic data. These procedures should be developed locally and will provide further detail to this policy and procedure. Local procedures should clarify:
- When and where this information is collected within each service area.
  - Who is responsible for collecting this information.
  - The process for collecting data which should ensure that the patient is asked only once and should indicate where written/verbal instructions is to be given.
  - Who is responsible for inputting data.
  - Who is responsible for analysing data.
  - Who will have access to data and how the data will be secured.
  - How the information will be used by staff and local management and how information will be fed to senior management level.

### 4.0 STAFF TRAINING

- 4.1 Training is critical to the successful implementation of equality monitoring and in ensuring that this is understood in the context of promoting cultural diversity and more aware services. As a result the Trust will ensure that staff are adequately trained to:
- Assist the patient in completing any documentation used.
  - Provide patients with guidance if requested.
  - Collect protected characteristic data verbally when required.
  - Understand key concepts and definitions in Equality and Inclusion (Such as race)
  - Recognise, understand and be able to use the categories provided in Appendix A and B.
  - Understand and provide examples of inequalities in health.
  - Understand the negative impacts of racism, homophobia, transphobia, ableism and any other discriminatory behaviour.
  - Understand how information is used at different levels within the organisation and beyond.
  - Deal with difficult circumstances, for example, when there are communication difficulties.

4.2 Training is mandatory for those undertaking this monitoring. Staff requiring training will include:

- Those responsible for collecting the data.
- Those responsible for inputting the data.
- Team leaders and managers of the above.
- Corporate staff supporting the process.

4.3 It is the responsibility of managers to ensure that new staff undertaken this monitoring are trained. Managers should also ensure that all existing staff are offered opportunities for refresher training or the ability to attend EPUT Equality and Inclusion Training sessions and learning events.

## **5.0 ACCESS TO DATA: CONFIDENTIALITY AND DATA PROTECTION**

5.1 As with all information which can be linked to an individual, protected characteristic data must be treated as strictly confidential and subject to local and national standards for data protection. The local policies which apply are:

- Data Protection and Confidentiality Policy (CP59)
- Records Management Policy (CP9)

5.2 When data has been collected, the Data Protection Act requires that disclosure is allowed only to those who have authorised use for it. If the information is principally used for planning purposes, then it is used in aggregate statistical form only with no need for anyone other than the data collection staff to have knowledge of what response individuals gave. Collection forms must not therefore be filed in the patient's case notes. These should be destroyed in a confidential manner once the data is transferred to Mobius, Datix or other system.

5.3 It is essential that patients are told the purpose to which the data will be put. At present, the standard ethnic monitoring form states "the information will be kept confidential and will not be used for purposes other than monitoring how health services are used and planning service development and changes". Should departments wish to use this information for any other purpose e.g. to prompt screening and counselling or as a prompt to nurses to ask questions about patient preferences, then the explanation on the form (or that given verbally) must be amended accordingly.

## **6.0 RESPONSIBILITIES**

### **Responsibilities of Staff**

6.1 The responsibilities of staff are:

- To comply with good practice guidance as laid down in this policy and procedure and any local procedures.
- To comply with good practice guidance as laid down in this policy and procedure and any local procedures.

- To undertake training to ensure that they have the necessary skills and understanding to implement protected characteristics monitoring.
- To identify how this data can be used locally to influence service provision involving community groups where appropriate.
- To report to local management any circumstances or issues that may impact on the implementation of this policy and procedure.
- To report to local management any untoward incidents that arise from the implementation of this Ethnicity Monitoring Policy and Procedure.

### **Responsibilities of Local Management**

6.2 The responsibilities of local management are:

- To ensure that local procedures are in place to ensure that high quality data is collected in their areas.
- To ensure that data reports are made available to staff to assist teams in developing sensitive services and improving uptake of and access to services.
- To involve community groups where appropriate to help understand why differences occur and how services can change, for example, to improve access.
- To ensure that staff involved in this monitoring are trained.
- To ensure that monitoring is implemented within their service areas according to Trust policy and procedures.
- To support staff in the collection of protected characteristics data, managing their concerns or issues raised.
- To ensure that any issues affecting their ability to implement this policy are raised with senior management.
- To monitor quality of data and instigate effective remedies if the quality of this data is poor or if no data is available.

### **6.3 Responsibilities of the Information Function**

- To ensure that systems in each area have the capacity to record the data collected.
- To work with local services to ensure that systems are in place to analyse and report on the data collected.
- To provide the Trust Board and senior management teams with reports analysing the data collected.
- To provide reports that are anonymised and aggregated and are for valid reasons in line with this policy.

**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**

SAMPLE ONLY