



# CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT

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<b>CONSULTATION GROUPS:</b>	Sexual Safety Working Group
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<b>CLINICAL GUIDELINE SUMMARY</b>
Essex Partnership University NHS Foundation Trust (EPUT) has a statutory duty to ensure that all clinical and corporate practices within the Trust are carried out in a fair, reasonable and consistent manner that prevents discrimination against Transgender people in line with the Equality Act (2010) and the Gender Recognition Act (2004). EPUT ensures that all service users are respected, valued and worked with in a collaborative, affirmative and non-discriminatory way that is sensitive to the needs of each service-user.
<b>The Trust monitors the implementation of and compliance with this clinical guideline in the following ways:</b>
This procedural guidance will be reviewed every three years by the Clinical Governance and Quality Sub-committee. Monitoring of this procedure will be undertaken through an audit of concerns and complaints raised in relation to the care of patients or service users who identify as trans, as well as through an audit of OLM training uptake

<b>Services</b>	<b>Applicable</b>	<b>Comments</b>
Trustwide	✓	
Essex MH&LD		
CHS		

**The Director responsible for monitoring and reviewing this Clinical Guideline is the Executive Nurse**

**CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT**

**CONTENTS**

This is an interactive contents page, by clicking on the titles below you will be taken to the section that you want

- 1.0 INTRODUCTION**
- 2.0 SCOPE**
- 3.0 GLOSSARY**
- 4.0 LEGISLATION AND THE PROTECTION OF TRANS PEOPLE**
- 5.0 CARING FOR OUR TRANS PATIENTS (ADULTS), SERVICE USERS AND THEIR FAMILIES AND CARERS**
- 6.0 CARING FOR OUR TRANS AND GENDER-QUESTIONING CHILDREN AND YOUNG PEOPLE AND THEIR FAMILIES AND CARERS**
- 7.0 WORKING PSYCHOLOGICALLY WITH TRANS SERVICE USERS**
- 8.0 TRANSPHOBIC HARASSMENT AND TRANSPHOBIC CRIME**
- 9.0 GENERAL PRINCIPLES OF GOOD PRACTICE**
- 10.0 STAFF TRAINING**
- 11.0 RECOMMENDED READING**
- 12.0 REVIEW AND MONITORING**
- 13.0 CLINICAL GUIDELINE REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)**
- 14.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)**

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT**

**Equality and Diversity Statement**

The Trust is committed to ensuring that equality, diversity, and inclusion is considered in our decisions, actions and processes. The Trust and all trust staff have a responsibility to ensure that they adhere to the Trust principles of equality, diversity, and inclusion in all activities. In drawing up this policy all aspects of equality, diversity, and inclusion have been considered to ensure that it does not disproportionately impact any individuals who have a protected characteristic as defined by the Equality Act 2010

**1.0 INTRODUCTION**

- 1.1 Essex Partnership University NHS Foundation Trust (EPUT) has a statutory duty to ensure that all clinical and corporate practices within the Trust are carried out in a fair, reasonable and consistent manner that prevents discrimination against Transgender people in line with the Equality Act (2010) and the Gender Recognition Act (2004). EPUT ensures that all service users are respected, valued and worked with in a collaborative, affirmative and non-discriminatory way that is sensitive to the needs of each service-user.
- 1.2 Transgender (often abbreviated to 'trans') is used as an umbrella term referring to anyone whose gender identity does not fully correspond with their assigned sex at birth (natal sex). A person's gender identity is a personal definition, does not always involve medical intervention and is independent of their sexual orientation. Transgender (trans) people are entitled to be treated with dignity and respect and given access to our services that is free from harassment, unfair discrimination and/or unnecessary barriers.
- 1.3 This procedural guidance supports the Trust in its delivery of inclusive services and ensures that it does not breach the Equality Act (2010) in relation to the care of Transgender service users and their families. This legislation provides Transgender people with the legal right to be recognised as Transgender without them needing to provide proof of the gender they say they are. For example, a person who says they are transgender does not need to be under medical supervision and is not required to have a Gender Recognition Certificate (GRC) in order to be recognised as trans; they must be treated as the gender they have chosen to be as required by law (see Section 4 – 'Legislation and the Protection of Trans People').

## CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT

### 2.0 SCOPE

- 2.1 This procedural guidance provides staff and managers with the information and good practice required to care for Transgender (trans), non-binary or gender-questioning adults, children and young people who access its services. It applies to all staff working in EPUT whether employed in a substantive or bank role, or otherwise contracted by the Trust.
- 2.2 All Directors, Managers and Heads of Services are responsible for ensuring that the Trust is compliant with legislation and governmental guidance, including Equality and Human Rights legislation, and, as such, to promote a culture of valuing inclusion and diversity in its broadest sense.
- 2.3 Everyone working in EPUT has a responsibility to treat service-users, carers and colleagues with dignity and respect and with fairness and equity, in line with the NHS Constitution. All employees are responsible and accountable for their own behaviour and actions, and must understand the way in which their behaviour may affect others. All staff members are responsible for complying with this policy and for challenging/reporting discriminatory practice or language that may occur.

### 3.0 GLOSSARY

There is a broad range of terminology in describing trans people and it is recognised that trans people identify in many ways. It is also important to recognise the fact that language changes and evolves over time as understanding and perceptions also change. Different trans communities will adopt different terms and usage.

Term	Meaning
<b>Transgender, or trans</b>	An umbrella term referring to anyone whose gender identity or gender expression does not fully correspond with their assigned sex at birth (natal sex). A person's gender identity is a personal definition, does not always involve medical intervention and is independent of their sexual orientation.
<b>Gender Identity</b>	An individual's gender identity is their internal self-perception and psychological experience of their own gender. A person may identify as a male or female, or their identity may involve both of these aspects (gender fluid) or neither (non-binary).
<b>Gender Expression</b>	Refers to the way a person communicates gender identity to others through behaviour, clothing, hairstyles, voice, or body characteristics
<b>A Trans woman</b>	Someone who was assigned male at birth but experiences a clear and constant gender identity as a woman.
<b>A Trans man</b>	Someone who was assigned female at birth but experiences a clear and constant gender identity as a man.

**CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT**

<b>Cisgender or cis</b>	Refers to a person who either fully or partly identifies with the sex they were assigned at birth.
<b>Pronouns</b>	<p>Trans people’s pronouns are often an important part of their identity. Trans men may use he/him and trans women may use she/her, but there are many more options. Some trans people use gender-neutral pronouns such as they/them, one, ze, sie, hir, co, ey, while others use the conventional binary pronouns he or she. Some trans people change their pronouns frequently (such as between she and xe), some use multiple sets of pronouns (such as he and they), and some prefer to use only their name and not use pronouns at all. Some people will also include their preferred pronouns in their email signatures.</p> <p>Moreover, non-binary people usually choose more neutral pronouns such as: they, zie, fey; non-gender people may use the pronoun ‘per’. Titles Mx or Pr may be preferred to Mr, Mrs, Miss or Ms. Using the name that a person was given at birth, after they have transitioned is unacceptable, and may be referred to as ‘dead-naming’.</p>
<b>Non-binary or Genderqueer</b>	<p>Refers to people who identify outside of the gender binary of male or female and may include bi-gender, pangender, genderless, agender, neutrois, third gender and gender fluid people.</p> <p>People may identify as one or more of the following:</p> <p>Multiple genders, such as both man and woman (bigender, pangender)</p> <p>Having no gender (genderless, agender) Moving between multiple genders (gender fluid)</p> <p>Third gender or other-gendered. This includes those people who do not place a name to their gender. There may be an overlap of, or blurred lines between, gender identity and sexual orientation. Some individuals may refer to this specifically as genderqueer. Non-western genders such as Two Spirit may also be considered to be other-gendered</p>

**CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT**

<b>Transsexual and transvestite</b>	Medically defined terms which appear in diagnostic guides and some legal texts. However, these terms are usually seen as <b>offensive and stigmatising</b> and should be avoided, unless specifically used by a patient to refer to themselves.
<b>Bi-gendered</b>	A person who considers themselves to be both male and female at different times
<b>Cross dresses</b>	A person who <b>cross dresses</b> (also known as a ' <b>transvestite</b> ') is someone who sometimes wears clothes traditionally worn by and associated with the opposite sex. People who cross dress do not generally seek physical reassignment; they can be male or female.
<b>Gender dysphoria / Gender Incongruence</b>	Refers to a person's sense of distress or discomfort around some aspect of their gender experience. This can be physical dysphoria (i.e. a trans person who is distressed about their genitalia, face or body hair), or it can be social dysphoria (i.e. a trans person who is distressed about people assuming their gender incorrectly, and using incorrectly gendered language to refer to them). A transgender person may or may not have been medically diagnosed with 'gender dysphoria'.
<b>Gender euphoria</b>	Refers to a person's sense of joy around an aspect of their gender experience. Like dysphoria, this can be physical (i.e. a trans person being able to wear the clothes they feel most comfortable in for the first time), or social.
<b>Gender-questioning</b>	Refers to anyone's questioning of their sexuality or gender, along with the diverse areas related to it. It is a stage where exploration, learning and experimenting often occurs. While some people have little to no issue in self-identifying, some encounter a great deal of confusion and uncertainty. They may have difficulties understanding their sexual orientation, gender identity, or whether or not they fit into any preconceived social normative labels.
<b>Transitioning</b>	The process by which a public change of gender presentation takes place, sometimes with accompanying formal change of gender with associated documentation, and sometimes with accompanying medical transition. It is the way in which a person changes the way they live in order to bring these in line with their gender identity.

**CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT**

<b>Gender reassignment</b>	Refers to the language used in the Equality Act (2010) to refer to any part of the process of transitioning to live in a different gender (regardless of whether any hormonal or surgical changes take place).
<b>Gender Affirming Treatment</b>	Or <b>Sex reassignment therapy</b> can include hormone replacement therapy (HRT) to modify secondary sex characters, surgery to alter primary sex characteristics, or permanent hair removal.
<b>A Gender Recognition Certificate (GRC)</b>	Enables trans people to be legally recognised in their self-identified/affirmed gender and to be issued with a new birth certificate. Not all trans people will, or want, to apply for a GRC and a person must be over 18 years to do so. An employer or service provider does not need to see a GRC in order to recognise an employee's or person's gender.
<b>Intersex</b>	<p>Intersex people are individuals who have a less common combination of sex chromosomes and thus have ambiguous sexual characteristics. The NHS defines it as '<i>Differences in Sex Development (DSD)</i>', which is a group of rare conditions involving genes, hormones and reproductive organs, including genitals. It means a person's sex development is different to most other people.</p> <p>In addition to undergoing medical procedures, trans people who go through sex reassignment therapy usually change their social gender roles, legal names and legal sex designation. Generally speaking, physicians who perform sex-reassignment surgery require the patient to live as members of their identified gender in all ways possible for at least a year, prior to the start of surgery, in order to assure that they can psychologically function in that life role. This period is sometimes called the Real-Life Experience; it is part of a number of requirements. Other frequent requirements are regular psychological counselling and letters of recommendation for this surgery.</p>
<b>Sexual Orientation</b>	Refers to an enduring pattern of emotional, romantic and/or sexual attractions to men, women or both sexes. Sexual orientation also refers to a person's sense of identity based on those attractions, related behaviors and membership in a community of others who share those attractions. Research over several decades has demonstrated that sexual orientation ranges along a continuum,

# CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT

	from exclusive attraction to the other sex to exclusive attraction to the same sex. Sexual orientation is distinct from other components of sex and gender, including biological sex, gender identity (the psychological sense of being male or female) and social gender role (the cultural norms that define feminine and masculine behavior) - <i>American Psychological Association</i> .
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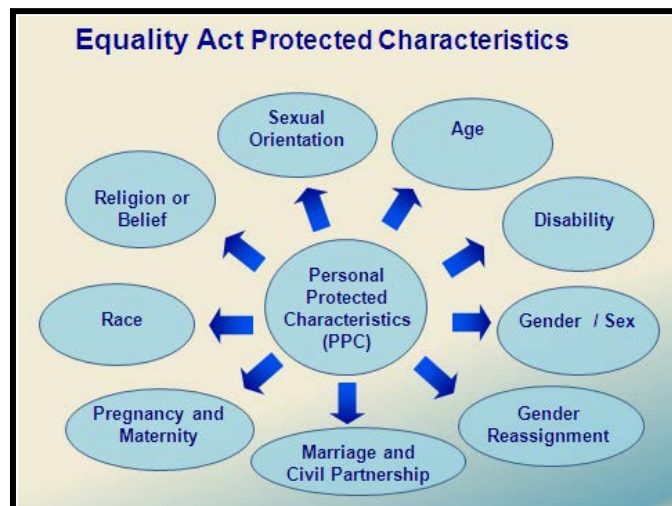
## 4.0 LEGISLATION AND THE PROTECTION OF TRANS PEOPLE

### 4.1 The Equality Act 2010

4.1.1 The Equality Act 2010 provides protection for individuals with the following “protected characteristics”:

- Race
- Sex
- Disability
- Age
- Sexual orientation
- **Gender reassignment**
- Religion or belief
- Pregnancy and maternity
- Marriage and civil partnership

4.1.2 The Equality Act 2010 (The Act) protects trans people on the basis of ‘**gender reassignment**’ from direct and indirect discrimination and harassment. This includes discrimination by association and discrimination against people perceived to have the protected characteristic of gender reassignment. The Act also places a proactive duty on public organisations to promote equality of opportunity, foster good relations and eliminate unlawful discrimination between people who have the protected characteristic of gender reassignment and people who do not. The Equality Act (2010) also protects pupils from discrimination in schools.





## **4.2 The Gender Recognition Act 2004**

- 4.2.1 This Act of Parliament allows trans people to apply for a full Gender Recognition Certificate (GRC), which changes their legal gender and provides them with a new birth certificate. There are a number of restrictions and requirements on the issuing of a full GRC, including that the trans person is not married and not in a civil partnership. When a trans person has obtained a GRC any disclosure of information regarding that person's gender history, which has been obtained in an official capacity, constitutes a criminal offence if consent was not given by the person as per Section 22 of the Gender Recognition Act (*Gender Identity Research and Education Society, GIRES*).
- 4.2.2 Not all trans people choose to apply for a GRC and it is important to note that a GRC is not required for protection against discrimination.

## **4.3 The Human Rights Act 1998**

This legislation safeguards trans people against discrimination and protects their right to be treated with dignity and respect.

## **4.4 The Data Protection Act 2018**

This act controls how personal information can be processed and used. Trans history is treated as 'sensitive information' under the Data Protection Act.

## **4.5 Non-Binary identities and the law**

- 4.5.1 There is a lack of clarity regarding non-binary identities within current legislation, and non-binary identities are not currently recognised within the law. However, it should be noted that, in 2020, an **Employment Tribunal** upheld a non-binary employee's claims of harassment, direct discrimination, victimisation and constructive dismissal against their employer in the UK; this landmark ruling highlights that gender is a spectrum and that people who identify as non-binary or gender-fluid are equally protected against discrimination under the Equality Act (Taylor vs JLR, 2020).
- 4.5.2 All staff should remember that people who self-identify as non-binary form part of the wider trans umbrella and should be treated in a person-centred, respectful, sensitive and flexible manner that is responsive to their unique gender needs (*Gender Identity Research and Education Society, GIRES*).

**5.0 CARING FOR OUR TRANS PATIENTS (ADULTS), SERVICE-USERS AND THEIR FAMILIES AND CARERS**

5.1 Good practice requires that clinical responses be patient-centred, respectful and flexible towards all transgender people, whether they live continuously or temporarily in a gender role that does not conform to their natal sex (NHSI, 2019). General key points, advised by the Gender Identity Research and Education Society (GIREs), are:

- Trans people should be accommodated according to their gender identity: the way they dress, and the name and pronouns they currently use. Different physical appearance should not be a barrier to this
- They way trans people present may not always accord with the physical sex appearance of the chest or genitalia
- It does not depend on their having a gender recognition certificate (GRC) or legal name change
- It applies to toilet and bathing facilities (except, for instance, that preoperative trans people should not share open shower facilities)

**5.2 Admission to Inpatient Units: Adult Trans Patients**

5.2.1 Transgender people should be accommodated in their gender-preferred ward (i.e. in the ward that best accommodates their identified gender) and should be allowed to:

- present and dress according to their identified gender
- adopt gender appropriate names and modes of address (e.g. pronouns)
- access items to maintain gender appearance, subject to risk assessment

5.2.2 Inquiries about the gender status of service-users should be made at the time of considering a referral for admission in order to ensure that all staff involved in the service-user's care can make the appropriate clinical and management decisions in advance of their arrival at the unit. It is recognised that this information may not always be available prior to admission but staff should make every effort to locate this as soon as possible.

5.2.3 If, upon admission, a staff member is unsure of a person's gender identity they should, where possible, ask discreetly where the person would be most comfortably admitted to. For non-binary people, asking where they would be most comfortably cared for should be explored. The following guidance should be adhered to:

- All decisions should be proportionate to achieve a safe environment for the individual; confidentiality and sensitivity are essential. Discussions related to placing/admitting a person in an inpatient environment and meeting their needs should be undertaken only with relevant persons and with the consent of the trans person

## CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT

- At times, the views of family members may not be in accord with the trans person's wishes. In this case, the trans person's view must take priority
- If, upon admission, it is impossible to ask the view of the person because they are unwell and unable to hold conversation, and/or lack capacity, in the first instance, inferences should be drawn from presentation and mode of dress on a case by case basis, with consent obtained as soon as is reasonably practicable. All decisions should be recorded

*(Gender Identity Research and Education Society, GIRES)*

5.2.4 Addressing trans people using correct and preferred pronouns is of great importance in maintaining dignity and respect. All staff must therefore take every care to avoid inadvertently misgendering patients (i.e. using their previous name or dead name) or sharing details of their former identity. If staff are unsure of a person's gender, they should, as with any other service-user, ask how they would like to be addressed and what pronouns they use. Their gender and pronoun choice should be recorded as their preferred gender within their admission notes and medical records.

### 5.3 Using toilets and showers

Trans people have equal rights to access single sex toilets or showers and should use the facilities which are consistent with their gender identity. Where available, gender-neutral toilets and facilities should be offered. Trans patients **must never** be asked to use a disabled/accessible toilet (which may be unisex) as this is considered discriminatory.

### 5.4 Physical Examinations

5.4.1 No investigations as to the genitalia of the person should be undertaken unless this is specifically necessary in order to carry out treatment.

5.4.2 Extra care may be required to ensure that privacy and dignity are maintained as a trans person, particularly post-operatively or if unconscious for any reason. For example, extra care should be taken if a trans person is required to remove their clothing or wear an open gown for a procedure, as they may feel especially vulnerable. If a trans person in your care is wearing a wig, a chest binder or any other item that aids in their gender presentation please be careful not to remove them unless absolutely necessary.

### 5.5 Physical Searches (e.g. Secure Services)

When physical searches of a patient's person are undertaken by staff (including security staff), it is important to ensure that such searches are undertaken by nursing personnel of the patient's identified gender.

## **CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT**

### **5.6 Other Areas/Clinics**

Staff need to consider the following points:

- Identify a private area, if possible, for the trans person to register their details only if they choose to do so, rather than in front of other patients or staff
- Provide trans people with opportunities to discuss any concerns or specific arrangements to meet their needs

### **5.7 Risk Assessment and Management of Trans Adults**

5.7.1 Effective clinical risk assessment and management is central to maintaining a safe therapeutic environment for all patients in an inpatient unit. Risks to and from a trans patient must be identified and managed appropriately by the multi-disciplinary team (MDT). On occasion, this may impact on the way a trans person is able to live their life. Where this is the case, the Responsible Clinician and MDT will work together with the patient to formulate a risk management and care plan that will:

- Consider the capacity of the patient in relation to the Mental Capacity Act (2005)
- Consider where the patient would feel most comfortably accommodated and the reasons for this (e.g. considering vulnerabilities and mental health issues associated with being placed in a ward with others of their assigned gender or preferred gender)
- Outline how we will keep them and others safe when in hospital, including where the patient would be best able to complete their care and treatment plan
- Maximise opportunities for them to spend as much time as possible with people of their identified gender where possible
- Minimise the risks, if any, from the individual to other patients in the service, and the risks, if any, to the individual from other patients in the current and potential service.

5.7.2 The outcome and supporting rationale following the management care plan must be documented in the patient's medical records.

**6.0 CARING FOR OUR TRANS AND GENDER-QUESTIONING CHILDREN AND YOUNG PEOPLE AND THEIR FAMILIES AND CARERS**

- 6.1 As with the care of adult trans and gender-questioning people at EPUT, all care for trans, non-binary and gender-questioning children and young people must be patient-centred, respectful and flexible, regardless of how they present.
- 6.2 These principles are listed to help staff care for children and young people in an inclusive environment. There may be situations on occasion where staff, care providers and commissioners find that their duty to recognise and respond appropriately and sensitively to an individual's chosen gender conflicts with other responsibilities. The following are the principles that staff at EPUT need to consider.
- 6.3 **Admission to Inpatient Units: Trans and Gender-Questioning Children and Young people**
- 6.3.1 EPUT's inpatient services for young people comprise mixed gender wards with male and female sleeping zones. Trans and gender-questioning children and young people admitted to inpatient units should be accommodated in their gender preferred sleeping zone and should be allowed to:
- present and dress according to their identified/preferred gender
  - adopt gender appropriate names and modes of address (e.g. pronouns)
  - access items to maintain gender appearance, subject to risk assessment
- 6.3.2 Discussions related to accommodating a child and meeting their needs should be undertaken with relevant persons and with the consent of the child. It is possible that the views of parents/carers may not be in accord with the trans or gender-questioning child or young person's wishes. In this case it is important that open and sensitive discussions take place with the parents/carers and other relevant people, and that the trans or gender-questioning child's or young person's view is strongly taken into account with Gillick competence and Fraser guidelines being considered. If possible, the child's preference should prevail even if the child is not Gillick competent (*Gender Identity Research and Education Society, GIRES*).
- Further details can be found here: <https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf>
- 6.3.3 All decisions should continue to be proportionate to achieve a safe therapeutic environment for the individual.
- 6.3.4 More in-depth discussion and greater sensitivity may need to be extended to adolescents whose secondary sex characteristics have developed and whose view of their gender identity may have consolidated in contradiction to their sex appearance. It should be noted that many trans adolescents will continue, as adults, to experience a gender identity that is inconsistent with their natal sex appearance. Therefore, their current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities (*Gender Identity Research and Education Society, GIRES*).

## CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT

**6.4 NOTE: Following a decision in the High Court on 1 December 2020, the provision of hormone blocking and gender affirming medication may have to be approved by a Court order (*GIRES*).**

### **6.5 Risk Assessment and Management of Trans Children and Young Adults**

6.5.1 Effective clinical risk assessment and management is central to maintaining a safe therapeutic environment for all patients in an inpatient Unit. Risks to and from a trans patient must be identified and managed appropriately by the multi-disciplinary team (MDT). On occasion, this may impact on the way a trans child or young person is able to live their life. When this is the case, the Responsible Clinician and MDT will work together with the patient to formulate a risk management and care plan that will:

- Consider the capacity of the patient in relation to the Mental Capacity Act (2005)
- Consider where the patient would feel most comfortably accommodated and the reasons for this (e.g. considering vulnerabilities and mental health issues associated with being placed in a ward with others of their assigned gender or affirmed gender)
- Outline how we will keep them and others safe when in hospital, including where the patient would be best able to complete their care and treatment plan
- Maximise opportunities for them to spend as much time as possible with people of their chosen gender where possible
- Minimise the risks, if any, from the individual to other patients in the service, and the risks, if any, to the individual from other patients in the current and potential service.

6.5.2 The outcome and supporting rationale following the management care plan must be documented in the patient's medical records.

### **6.6 Caring for Transitioning Patients**

6.6.1 If the patient is near the beginning of the reassignment process staff need to be aware that trans patients may need sensitive support for some areas of their care, e.g. a female may need to shave facial hair, a male may need feminine hygiene products such as sanitary towels. Staff may need to support patients in disposing sanitary towels if no bin is available in the ward's toilet/bathroom.

## **CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT**

6.6.2 The patient may be anxious and sensitive due to having high hormone levels from taking medication (this may be more notable for men transitioning to women). Additionally, the patient may be anxious about how they will be treated while in hospital due to past negative experiences of healthcare. It is therefore important that all staff are aware of this and ensure that trans patients are treated with the same level of respect and sensitivity as with all other patients.

### **6.7 Caring for Post-Transition Patients**

Patients who have permanently transitioned may have undertaken gender affirming treatment such as surgery and hormonal treatment. Such patients will therefore require on-going post-surgical care and self-care which may continue for many months or years. For example, trans women who have undergone surgery will need to dilate their vagina, at medically prescribed intervals, using a vaginal dilator in order to ensure that the vagina does not shrink and/or close (e.g. initially, twice daily immediately following surgery). It is important that staff are aware of such physical healthcare needs and that patients are supported to undertake these important self-care tasks with privacy and dignity, and in line with infection control procedures. It should be noted that vaginal dilators are medical devices and should not be considered, or referred to as, sex toys under any circumstances.

### **6.8 Medical Records**

6.8.1 It is acknowledged that medical record-keeping for trans people can be a challenging process. However, it is important that medical records are accurate, respectful and in alignment with patients' wishes:

- Trans patients have a legal right to change their name and gender on their NHS medical records and do not need a Gender Recognition Certificate (GRC) to do so. Requests by trans patients to have their details changed on their medical record (e.g. name, pronouns and gender) must be acceded to. Such requests should be submitted in writing by patients and signed
- When the medical record details appear incorrect (e.g. a trans woman's recorded gender is male), it is important that staff inform the patient of this and ask them whether they would like to request these details to be changed

6.8.2 Changes to medical records may inadvertently lead to physical health care needs being missed. For example, a trans woman may still require Prostate Specific Antigen (PSA) testing even if they have had reassignment surgery; their prostate gland is not removed during surgery and they may therefore still be at risk of prostate cancer. A trans man may still require smear tests to be undertaken.

## **7.0 WORKING PSYCHOLOGICALLY WITH TRANS SERVICE USERS**

7.1 Gender diversity is a natural part of human experience and variation and, in itself, is not evidence of psychopathology (BPS, 2019). EPUT views all gender identities, including trans, non-binary and gender-fluid identities, as fully valid and legitimate identities and, as such, is committed to providing its trans communities with psychological services that are inclusive and affirming of gender diversity.

## CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT

- 7.2 'Conversion therapy' is "an umbrella term for a therapeutic approach, or any model or individual viewpoint, that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of sexual orientation or gender identity, or seeks to suppress an individual's expression of sexual orientation or gender identity on that basis" (MoU, 2017). EPUT agrees that 'conversion therapy' constitutes unethical and potentially harmful practice, and is committed to the *'Memorandum of Understanding on Conversion Therapy in the UK'* jointly signed by twenty health, counselling and psychotherapy organisations including the British Psychological Society (MoU, 2017).
- 7.3 Clinical practitioners working in EPUT, including Psychologists, Psychotherapists, Psychological Therapists, Occupational Therapists, Social Workers, Nurses and Psychiatrists who may be involved in clinical interventions must not practise any form of or attempt at 'conversion therapy' and must have sufficient knowledge, skills and experience to work affirmatively, inclusively and respectfully with trans service-users. Psychological practitioners should refer to the British Psychological Society's *'Guidelines for psychologists working with gender, sexuality and relationship diversity'* (BPS, 2019) in their work with gender diverse service-users. Psychiatrists should refer to the Royal College of Psychiatrists' position paper *'Supporting transgender and gender-diverse people'* (2018).

### 8.0 TRANSPHOBIC HARASSMENT AND TRANSPHOBIC CRIME

- 8.1 It is widely known that Transgender people experience significant levels of transphobia and transphobic hate crime in their personal, social and occupational lives. EPUT has a responsibility to ensure that all patients are protected from any form of harassment, prejudice and discrimination.
- 8.2 Transphobia is defined as the "*the fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans*" (Stonewall.org.uk). The Equality Act (2010) defines discrimination as being treated unfairly because of who you are; this includes being trans.
- 8.3 A study undertaken by Stonewall (*LGBT in Britain, Trans Report*) found the following key results based on a sample of 871 trans and non-binary people who took part in the study in 2017:
- Two in five trans people (41%) and three in ten non-binary people (31%) have experienced a hate crime or incident because of their gender identity in the last 12 months
  - Two in five trans people (41 per cent) said that healthcare staff lacked understanding of specific trans health needs when accessing general healthcare services in the last year.



## CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT

- More than a quarter of trans people (28%) in a relationship in the last year have faced domestic abuse from a partner
  - One in four trans people (25%) have experienced homelessness at some point in their lives
  - One in eight trans employees (12%) have been physically attacked by colleagues or customers in the last year.
  - More than a third of trans university students (36%) in higher education have experienced negative comments or behaviour from staff in the last year
  - **Younger trans adults are at greatest risk:** 53% of trans people aged 18 to 24 have experienced a hate crime or incident based on their gender identity in the last 12 months
  - Hate crime against trans people is significantly underreported; most trans people - four in five (79%) - don't report it to the police. Some trans people who report a hate crime don't feel supported by the police or experience even further discrimination.
- 8.4 Clinicians and managers should, where required, put in place measures to manage the risk of transphobic harassment and hate crime to trans patients. All risk management plans should be documented in the patient's medical records.
- 8.5 All staff should be aware that the difficulties and challenges faced by trans people in society due to their gender identity are often amplified when intersectionality exists; for example, black trans people are more at risk of transphobia than white middle-class people. In the US, at least 26 trans or gender non-conforming people were killed by violent means in 2019; 91% of them were black women (Trans Actual, 2021).
- 8.6 Discrimination from staff, other patients or members of the public will not be tolerated. In the case of staff behaving in a discriminatory manner towards a trans patient or their family, managers will use the Trust's existing policies and procedures to manage the behaviour (e.g. Dignity, Respect and Grievance Policy; Disciplinary Policy; Capability and Conduct Policy).

**9.0 GENERAL PRINCIPLES OF GOOD PRACTICE**

9.1 Trans people are a marginalised part of our community and face significant prejudice and discrimination in society. It is important that trans people are able to freely access all healthcare services without fear of discrimination or harassment. All staff at EPUT strive to provide the best level of care for all service-users of all gender identities. Below are some principles of good practice:

- Treat trans people with dignity and respect. You can show respect by being relaxed and courteous, avoiding negative facial expressions, and by speaking to trans people as you would any other patient or service user
- Do not make assumptions about people's gender identity or trans identity by their appearance
- Do not make assumptions that a person's medical issues are related to their gender identity (for example a person's suicidal behaviours are not necessarily or automatically attributable to them being trans). However, this should not preclude staff from sensitively exploring a person's gender identity as part of taking a holistic approach to treating their mental health condition
- Where possible avoid unnecessarily gendered language (for example, if having a conversation about menstrual health, do not use terms such as 'women do this')
- The presence of a trans person in your ward, unit or department is not a training opportunity for other staff. However, such as in other situations where a patient has a rare or unusual physical health finding (that is unrelated to their gender identity), asking a trans person's permission is a necessary first step before inviting in a colleague or a trainee
- Like most people, many trans people wish to maintain control over who sees them unclothed. Therefore, care should be taken where a trans person is getting changed. When patients are observed without first asking their permission, it can quickly feel like an invasion of privacy and creates a barrier to respectful and competent health care
- It is inappropriate to ask a trans person about their previous name, sex at birth, or genitals if it is unrelated to their care. A person's genital status – whether one has had any lower surgery or not – does not determine that person's gender identity for the purposes of social behaviour, service provision, or legal status. Remember that trans people might be very

## CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT

sensitive about that area of their body. Trans women may not wish to use a bottle and trans men may not wish to use a slipper pan for example.

- **Never disclose a person's trans status or gender identity history to anyone who does not explicitly need the information for their care.**

A person's status may be recorded in their medical record (if they have consented for this to be included). It is a criminal offence, under Section 22 of the Gender Recognition Act (2004), to disclose a trans person's gender history without their consent and breaches of such confidentiality must be reported on Datix and will be taken seriously. Trans status must also be treated as sensitive information under the Data Protection Act. Just as you would not needlessly disclose any other medical information, a person's gender identity is not an item for discussion or gossip. If disclosure is relevant to care, consent must be obtained where reasonably practicable.

- Remember to keep the focus on care rather than indulging in questions out of curiosity. In some health care situations, information about biological sex and/or hormone levels is important for assessing risk and/or drug interactions. However, in many health care situations, gender identity is irrelevant. Asking questions about a person's transgender status, if the motivation for the question is only your own curiosity and is unrelated to care, is inappropriate and can quickly create a discriminatory environment.
- Become knowledgeable about trans healthcare issues (which may include hormone treatments, vaginal dilation, chest binding or mental health issues related to gender dysphoria). Undergo training, stay up to date about trans issues, and know where to access resources to support your practice (see Section 10 – Staff Training).
- Safeguarding patients is a priority, transphobic abuse from staff or other patients and families must be submitted through the Datix incident reporting system, as this is a possible hate crime. Staff who are suspected of transphobic abuse may be subject to a disciplinary procedure.

*(Transgender Law Centre, 2012)*

## 10.0 STAFF TRAINING

10.1 All staff must be knowledgeable about caring for Trans patients (adults, children and young people) and must continue to update their knowledge in line with both Trust and national policies, guidelines, legislation and clinical procedures.

10.2 All staff must attend Trust provided and externally provided e-learning training programmes and/or classroom training as directed by their service manager. Training programmes are available through OLM, which will enable monitoring of uptake.

### 10.3 Recommended Training for Clinical and Non-Clinical Staff:

#### 10.4 *EPUT Resources*

10.5 The Trust has a range of learning and training resources that can be accessed by all staff. Please visit the Equality and Inclusion Hub on Input for further information at <https://input.eput.nhs.uk/Staff/networks/Pages/Home.aspx>

#### 10.6 External Resources

#### 10.7 The Gender Identity Research and Education Society (GIRES)



The **Gender Identity Research and Education Society** offers the following free online training sessions:

#### ✓ **Gender Diversity Training for Primary Care Teams**

<https://www.gires.org.uk/e-learning/>

GIRES has produced CPD accredited e-Learning to support Primary Care Teams providing care for gender diverse individuals. Cultural competence is also addressed, as this is an essential element in underpinning the successful care across a broad range of medical and social services for service users of all ages. The e-learning programme is designed for:

- Health and social care providers including people working in care-homes, hospitals, schools and GP surgeries;
- Medical professionals;
- Non-clinical staff working in primary care
- Educational professionals including school nurses; and
- Gender diverse people and their families.

## CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT

The training consists of two modules:

**Module 1:** Healthcare for gender diverse (transgender, non-binary, non-gender) adults. The Training includes definitions of key terms, an overview of treatment and the role of Primary Care with regard to referral pathways, ongoing treatment and monitoring in collaboration with specialised services.

**Module 2:** Describes the care of gender diverse children and young people and gives an overview of the support and treatment provided to this group. Gender diversity may be experienced and expressed by young people of all ages, including pre-school children. The module also covers Primary Care responsibilities with regard to referral pathways, ongoing treatment and monitoring in collaboration with specialised services. Following a decision in the High Court on 1 December 2020, the provision of hormone blocking and gender affirming medication, as described in this resource, may have to be approved by a Court order.

✓ <b>Supporting Gender Diverse Children and Young People</b>
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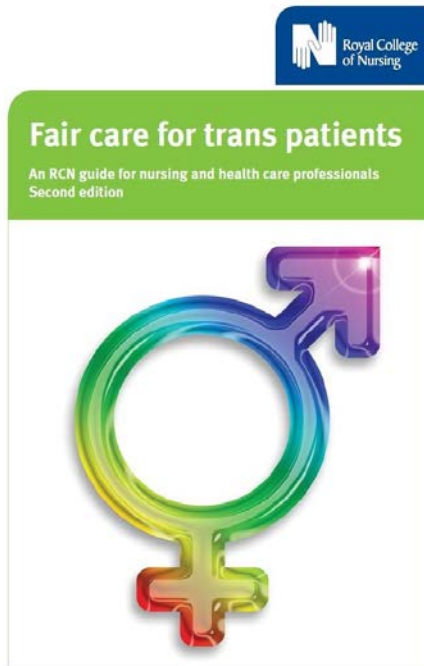
<https://www.gires.org.uk/e-learning/>

GIRES and Surrey and Borders Partnership NHS Foundation Trust have created this CPD accredited e-learning resource to help professionals and families understand the needs of gender diverse children and young people. The e-learning programme is designed for:

- Health and social care providers
- Medical professionals
- Educational professionals
- Families of gender diverse children and young people

The programme consists of three e-learning modules each of which will take about 25 minutes to complete.

11.0 RECOMMENDED READING

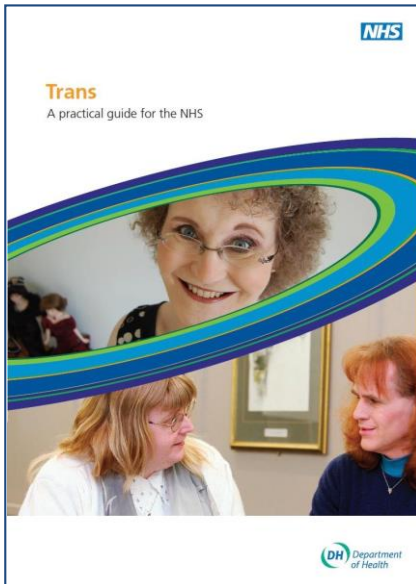


**FAIR CARE FOR TRANS PATIENTS**

An RCN Guide for Nursing and Healthcare Professionals  
*Second Edition*

This resource is designed to help you respond to the needs of patients and clients who identify as ‘transgender’ or simply as trans. Initially created in response to an RCN Congress resolution, this guidance has been updated following further research from other organisations.

The Royal College of Nursing (RCN) recognises that trans people frequently experience prejudice and discrimination. The nursing community can, through its professional actions and interests, work to eliminate and significantly reduce this at both an individual and a societal level in partnership with a range of organisations, including those that represent the needs of trans people.



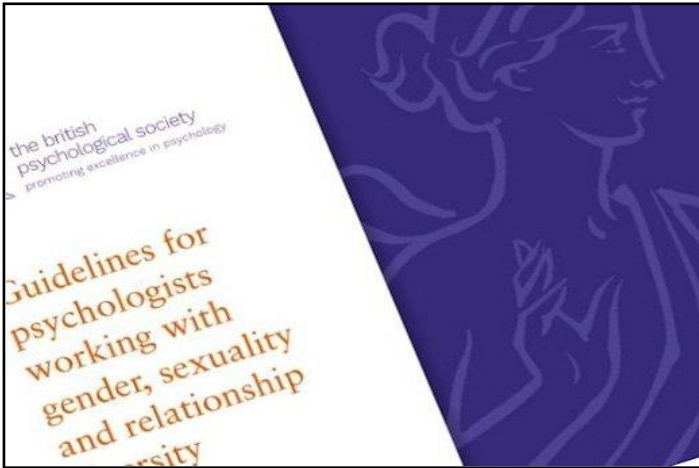
**TRANS**

A Practical Guide for the NHS

This guide is designed to equip NHS managers at all levels – as employers and as planners, commissioners and providers of services – to understand the needs of trans people so that they can ensure we care for them equally, alongside everyone else who works for the NHS or has need of our care.

**GUIDELINES FOR PSYCHOLOGISTS WORKING WITH GENDER, SEXUALITY AND RELATIONSHIP DIVERSITY**

For adults and young people (aged 18 and over)



These guidelines are aimed at applied psychologists working with mental distress, but may also be applied in associated psychological fields. Indeed, the principles they are based upon, derived as they are from both the literature and best practice agreement of experts in the field, may be applied to other disciplines, such as counselling, psychotherapy, psychiatry, medicine, nursing and social work.



**MEMORANDUM OF UNDERSTANDING ON CONVERSION THERAPY IN THE UK (VERSION 2)**

The primary purpose of this Memorandum of Understanding (MoU) is the protection of the public through a commitment to ending the practice of ‘conversion therapy’ in the UK.

Signatory organisations agree that the practice of conversion therapy, whether in relation to sexual orientation or gender identity, is unethical and potentially harmful.

This MoU also intends to ensure that:

- the public are well informed about the risks of conversion therapy
- healthcare professionals and psychological therapists are aware of the ethical issues relating to conversion therapy
- new and existing psychological therapists are appropriately trained
- evidence into conversion therapy is kept under regular review
- professionals from across the health, care and psychological professions work together to achieve the above goals

## 12.0 REVIEW AND MONITORING

- 12.1 This procedural guidance will be reviewed every three years by the Clinical Governance and Quality Sub-committee. Monitoring of this procedure will be undertaken through an audit of concerns and complaints raised in relation to the care of patients or service users who identify as trans, as well as through an audit of OLM training uptake.

## 13.0 CLINICAL GUIDELINE REFERENCES / ASSOCIATED DOCUMENTATION (EXTERNAL)

**American Psychological Association.** Answers to Your Questions ABOUT TRANSGENDER PEOPLE, GENDER IDENTITY, AND GENDER EXPRESSION - accessed at <https://www.apa.org/topics/lgbt/transgender.pdf>

**British Psychological Society (2019).** *Guidelines for psychologists working with gender, sexuality and relationship diversity.* Accessed at: <https://www.bps.org.uk/news-and-policy/guidelines-psychologists-working-gender-sexuality-and-relationship-diversity>

**Cambridge University Hospitals NHS Foundation Trust.** *Transgender Care Policy*

**Department of Health (2008).** Trans – a practical guide for NHS, PMSO, London. – accessed at [https://webarchive.nationalarchives.gov.uk/20130124044414/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_089939.pdf](https://webarchive.nationalarchives.gov.uk/20130124044414/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089939.pdf)

**Elysium Healthcare.** *The Care and Management of Transgender Patients*

**Gender Identity Research and Education Society** - accessed at <https://www.gires.org.uk>

**Gender Identity Research and Education Society.** *E-Learning* – accessed at <https://www.gires.org.uk/e-learning/>

**HM Government (2010).** *Equality Act*, PMSO, London

**HM Government (2004).** *Gender Recognition Act*, PMSO, London

**HM Government (1998).** *Data Protection Act*, PMSO, London

**Memorandum of Understanding on Conversion Therapy in the UK version 2 (2017).** Accessed at <https://www.bps.org.uk/news-and-policy/memorandum-understanding-conversion-therapy-uk>

**NHS England (2015).** Treatment and support of transgender and non-binary people across the health and care sector: Symposium Report – accessed at <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/symposium-report.pdf>

**NHS Improvement (2019).** Delivering same-sex accommodation (Annex B: Delivering same-sex accommodation for trans people and gender variant children) – accessed at



## CG97 - CLINICAL GUIDELINE FOR THE CARE AND MANAGEMENT OF TRANSGENDER PATIENTS (ADULTS & CHILDREN) IN EPUT

[https://improvement.nhs.uk/documents/6005/Delivering\\_same\\_sex\\_accommodation\\_sep2019.pdf](https://improvement.nhs.uk/documents/6005/Delivering_same_sex_accommodation_sep2019.pdf)

**NSPCC.** *Gillick competency and Fraser guidelines* accessed at:  
<https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf>

**Royal College of Nursing (2017).** Fair Care for Trans Patients – accessed at  
<https://www.rcn.org.uk/professional-development/publications/pub-005575>

**Royal College of Psychiatrists (2018).** *Supporting transgender and gender-diverse people*: Position Statement.

**Royal Cornwall Hospitals NHS Trust (2020).** *Supporting People who Are Transgender Policy*

**Stonewall (2018).** LGBT in Britain: Trans Report – accessed at  
[https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_-\\_trans\\_report\\_final.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf)

**Taylor vs JLR (2020).** *Employment Tribunal Decision* (Case No: 1304471/2018). Accessed at:  
[https://assets.publishing.service.gov.uk/media/5f68b2ebe90e077f5ac3bb5a/Ms\\_R\\_Taylor\\_V\\_Jaguar\\_Land\\_Rover\\_Ltd\\_-\\_1304471\\_2018\\_-\\_judgment.pdf](https://assets.publishing.service.gov.uk/media/5f68b2ebe90e077f5ac3bb5a/Ms_R_Taylor_V_Jaguar_Land_Rover_Ltd_-_1304471_2018_-_judgment.pdf)

**Transgender Law Centre.** *10 Tips for Working with Transgender Patients*. Accessed at:  
<http://www.wright.edu/sites/www.wright.edu/files/page/attachments/10Tips85x11.pdf>

**TransActual (2021).** <https://www.transactual.org.uk/>

**University Hospitals of Morecambe Bay (2017).** UHMB Transgender Care Policy

### 14.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES (INTERNAL)

CP24 – Equality, Inclusion & Human Rights Policy & Procedure

CPG9b – Accessing Health Records Procedure

CPG9c – Storage, Retention and Destruction of Records

HR2 – Dignity, Respect and Grievance Policy

HR27a – Disciplinary policy

HR27b – Conduct and Capability Policy

HR32 – Conduct and Capability Policy (medical staff)

CLP28 – Clinical Risk Assessment & Safety Management Policy

SSOP22 – Searching of Patients, Patients' Property, Visitors and Areas Protocol

END

## EQUALITY, INCLUSION & HUMAN RIGHTS POLICY

<b>POLICY REFERENCE NUMBER</b>	CP24	
<b>VERSION NUMBER</b>	2.1	
<b>KEY CHANGES FROM PREVIOUS VERSION</b>	Extended until April 2024 (Dec 23 PORG)	
<b>AUTHOR</b>	EPUT Equality Advisor	
<b>CONSULTATION GROUPS</b>	Equality and Inclusion Sub-Committee (EPUT), Employee Experience Lead, Workforce, Development and Training, Patient Experience Team, Operational services (MH and Community) Quality Committee	
<b>IMPLEMENTATION DATE</b>	April 2017	
<b>AMENDMENT DATE(S)</b>	September 2020; January 2024	
<b>LAST REVIEW DATE</b>	December 2020	
<b>NEXT REVIEW DATE</b>	Extended to April 2024	
<b>APPROVAL BY EQUALITY &amp; INCLUSION (E&amp;IC) SUB-COMMITTEE</b>	09 October 2020	
<b>RATIFICATION BY QUALITY COMMITTEE</b>	December 2020	
<b>COPYRIGHT</b>	© Essex Partnership University NHS Foundation Trust 2017. All rights reserved. Not to be reproduced in whole or part without the permission of the copyright owner	
<b>POLICY SUMMARY</b>		
<p>Essex Partnership University NHS Foundation Trust (EPUT) has a statutory duty 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. This policy aims to promote equality of opportunity between people who share a protected characteristic and those who do not, prevent discrimination and foster good relationships.</p> <p>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) including the EDS2, as well as explaining key concepts.</p>		
<b>The Trust monitors the implementation of and compliance with this procedure in the following ways:</b>		
<p>Equality and Inclusion Sub-Committee will ensure that compliance is monitored regularly against:</p> <ul style="list-style-type: none"> <li>• The Equality and Inclusion Sub-Committee Annual Work plan and schedule</li> <li>• The Equality Delivery System (EDS2) action plan</li> <li>• Annual review of its effectiveness to ensure it meets requirements.</li> </ul>		
<b>Services</b>	<b>Applicable</b>	<b>Comments</b>
Trustwide	✓	

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

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**EQUALITY, INCLUSION AND HUMAN RIGHTS POLICY**

**CONTENTS**

**THIS IS AN INTERACTIVE CONTENTS PAGE, BY CLICKING ON THE TITLES BELOW YOU WILL BE TAKEN TO THE SECTION THAT YOU WANT.**

- 1.0 POLICY STATEMENT**
- 2.0 RELEVANT LEGISLATION**
- 3.0 SCOPE OF POLICY**
- 4.0 DEFINITIONS AND TYPES OF DISCRIMINATION**
- 5.0 GUIDING PRINCIPLES**
- 6.0 ROLE OF THE TRUST**
- 7.0 MONITORING**
- 8.0 POLICIES REFERENCED**

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**EQUALITY, INCLUSION AND HUMAN RIGHTS POLICY**

**1.0 POLICY STATEMENT**

- 1.1 The purpose of this policy is to ensure that all practices within the Trust are carried out in a fair, reasonable and consistent manner.
- 1.2 The Trust is committed to providing a service that promotes equality, inclusion and human rights, and does not discriminate against any Trust workers, potential Trust workers, service users, relatives, carers or anyone that interacts with the Trust in any way.
- 1.3 This policy is at the heart of enabling the Trust to deliver its Core Values. Through the implementation of this policy Essex Partnership University NHS Foundation Trust (EPUT) will ensure that commitment to fairness and equality is evident in every department and at every level throughout the Trust and that everyone has equal access to opportunities, fair treatment and freedom from discrimination within EPUT, regardless of background or personal characteristics.
- 1.4 The Policy introduces the Trust's Principles in relation to ensuring equality in employment practices, service provision and respecting diversity among staff, service users and carers.
- 1.5 The Trust will promote equality and integrate an anti-discriminatory approach into all areas of its work. It will ensure that barriers to accessing services and employment are identified and removed, and that no person is treated less favourably on the grounds of their race, ethnicity, religion or belief, age, biological sex, marital status, gender identity, disability or long term condition, sexual orientation or pregnancy and maternity (protected characteristics defined by Equality Act 2010). The Trust also commits to providing equal access to services and employment regardless of mental health status, caring responsibilities or socio-economic background.
- 1.6 The Trust recognises the importance of this policy in both the employment relationship and service provision, and will reflect these commitments in all Trust policies. The basis for employment, assessment of performance, advancement and training will be objective criteria only (e.g. ability, qualification and skills).
- 1.7 Trust staff have the right to be treated in a fair, reasonable and consistent way with dignity and respect and without the fear of discrimination, harassment or victimisation.
- 1.8 Trust staff have the right to be protected against discriminatory behaviour from service users and carers.
- 1.9 Service Users, their relatives and their carers have the right to be treated in a fair, reasonable and consistent way with dignity and respect and without the fear of discrimination, harassment or victimisation.

## CP24 – Equality, Inclusion & Human Rights Policy

- 1.10 Anyone that deals with the Trust, including Partners and stakeholders will receive equitable treatment whether they are receiving a service, providing a service, tendering for a contract or any other relationship.
- 1.11 The Trust will uphold the Human Rights of all service users, carers and staff and anyone else with a relationship to the Trust. These include practices which reflect the principles of the right to a fair trial, respect for private and family life and freedom of thought, conscience and religion. Any restriction placed on the rights of service users, for example those detained under the Mental Health Act (1983) or subject to the Mental Capacity Act (2005), will be considered and proportionate. The 'least restrictive principle' will always be applied.
- 1.12 The Trust is committed to the ongoing development of staff awareness of Equality, Inclusion, and Human Rights issues throughout an individual's relationship with the Trust.
- 1.13 The Trust is committed to monitoring, evaluating and reporting on issues of Equality and Inclusion in services, carers and the workforce.
- 1.14 The Trust recognises these benefits which will arise from implementation of the Equality, Inclusion and Human Rights policy:
- Flexible provision of service that will meet individual service users' and carers' needs and will ensure a high level of satisfaction with services.
  - Employing staff from diverse backgrounds will allow for a better understanding of the needs of all service users and carers, and will create a diverse workforce that reflects the wider community.
  - Employing a diverse workforce will provide greater flexibility within working practices.
  - Valuing staff and ensuring they have been treated fairly and that their protected characteristics are considered when making decisions will improve morale, motivation, physical and mental health and job satisfaction, and reduces staff turnover.
- 1.15 The Trust will continually review best practice standards of Equality & Inclusion under the Equality Act (2010) and the Human Rights Act (1998).
- 1.16 The Trust will work to reduce health inequalities for service users and carers.
- 1.17 The Trust will continue to be transparent and report on disciplinaries, grievances and harassment in conjunction with regulatory requirements

### 2.0 RELEVANT LEGISLATION

2.1 The key articles of legislation underpinning this policy are:

- The Human Rights Act (1998)
- The Equality Act (2010)
- Care Act (2014)

### 3.0 SCOPE OF POLICY

3.1 This policy applies to substantive and fixed term contract staff, and all Agency and Bank Workers who work for this organisation.

3.2 The policy also applies to service users, their families and carers, throughout their relationship with the Trust.

3.3 This is not an exhaustive list. The policy applies to anyone that has dealings with the Trust.

### 4.0 DEFINITIONS & TYPES OF DISCRIMINATION

4.1 **Direct Discrimination:** When a person or group is treated less favourably than others are due to no other reason other than a protected characteristics.

4.2 **Indirect discrimination:** Occurs when a provision, criterion or practice is applied, whether intentionally or not, which adversely affects one protected characteristic group more than others and cannot be justified.

4.3 **Discrimination by association:** When someone is treated less favourably than others are due to no other reason other than their connection with a person from a protected characteristic group.

4.4 **Discrimination by perception:** When someone is treated less favourably than others are due to no other reason other than the perception that the person is from a protected characteristic group (even if this is perception is incorrect).

4.5 **Victimisation:** Occurs when a person or group is treated less favourably because they have: brought proceedings in relation to this policy; or provided information in support of a third party claim in relation to this policy; or made an allegation that a breach of this policy has taken place. See policy on **Whistleblowing (CP53)**

4.6 **Harassment:** The violation of dignity or creation of an offensive environment Harassment is subjective, the individual decides on whether they feel conduct is either acceptable or offensive. See also the **Dignity, Respect (Bullying, Harassment and Discrimination) Grievance Policy (HR2)**

4.7 **Vicarious Liability** means that the Trust can be held responsible for the discriminatory actions of its workers, even if they are carried out without the Trust's knowledge or approval, if due care is not provided in upholding this

## CP24 – Equality, Inclusion & Human Rights Policy

policy within working practices and raising staff awareness of the Trust's position on equality, inclusion and human rights.

- 4.8 **Genuine Occupational Requirement** occurs in limited circumstances when jobs can be legally ring-fenced to a particular protected characteristic group on the grounds of authenticity or to preserve privacy and dignity.
- 4.9 **Burden of Proof** In any accusation, this falls upon on the respondent, once the applicant has evidence of behaviours or actions that could be interpreted as discriminatory.
- 4.10 **Unconscious Bias** Unconscious bias refers to discrimination that takes place unknowingly, and can happen inadvertently when protected characteristics are not considered. It is a bias that occurs when making quick judgments and assessments of people and situations, influenced by our background, cultural environment and personal experiences.
- 4.11 **Macro-aggressions and Micro-aggressions:** A Macro-aggression is an overt act of aggression or discrimination against someone based on their protected characteristics. A Micro-aggression is an intentional or unintentional verbal, behavioural or environmental action that communicates hostile, derogatory or prejudicial attitudes towards a minority or culturally marginalised group.
- 4.12 **Racism:** The Trust is committed to eliminating racism in the workplace and works with a range of action plans and guidelines to tackle racism and racial harassment including the Workforce Race Equality Standard and the NHS People Plan. We are committed to working in partnership with the Black, Asian and Minority Ethnicity (BAME) Staff Equality Network.

### 5.0 GUIDING PRINCIPLES

- 5.1 All new Trust policies, procedures and practices must be Equality Impact Assessed to ensure that the any changes in the policies may have on protected characteristic groups are discussed and considered.
- 5.2 Equality Impact Assessments should be reviewed at any significant change to a policy and at the standard three year review.
- 5.3 Service users and carers should be involved in the development of new policies, services and the monitoring of progress to achieve actions plans, where appropriate.
- 5.4 Trust employees will receive equitable treatment in all relevant aspects of the employment relationship in line with Trust with Trust HR policy and procedures.
- 5.5 Training in Equality and Inclusion will be provided to all staff in accordance with the Trust's approved training matrix.

## CP24 – Equality, Inclusion & Human Rights Policy

- 5.6 The Trust will aim to ensure that there are no barriers to opportunity within the Trust for people potentially at a disadvantage e.g. providing reasonable adjustments that will allow persons with a disability to carry out their duties or receive an equitable service.
- 5.7 Everyone has the right to seek redress of any perceived injustice. This will ordinarily be through the **Dignity, Respect (Bullying, Harassment and Discrimination) Grievance Policy (HR2)** for Trust workers, or the **Complaints Policy (CP2)** for Service Users or any other non-Trust workers.
- 5.8 **EPUT's 2018-2022 Equality Strategy** defines the Trust's objectives as the following during this period:
- **Equality Objective 1:** We will ensure that everyone is able to access our buildings, services and information.
  - **Equality Objective 2:** We will empower our staff to build strong and healthy communities by being open and compassionate when involving people from all communities and groups.
  - **Equality Objective 3:** We will ensure all staff feel safe, included and have fair access to employment.
- 5.9 The Equality Duty requires that the Trust, in the exercise of its functions, pays due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act (2010).
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - Foster good relations between people who share a protected characteristic and those who do not.



**6.0 ROLE OF THE TRUST**

- 6.1 The Trust has legal and moral responsibility for ensuring equality of opportunity, respect for diversity and inclusion of minority or marginalised groups. The Trust Board and Executive Directors have primary legal and moral responsibility for ensuring that it and its employees do not discriminate unlawfully and that it should not merely seek to avoid such discrimination, but should develop positive policies & practices and strong governance arrangements to monitor and promote inclusive behaviours.
- 6.2 The Equality Delivery System (EDS2) will serve as an Equality and Inclusion Workplan that will be monitored by the Trust's Equality Advisor and will be one of the main focuses of the Equality and Inclusion Sub-Committee.
- 6.3 The Executive Director of People & Culture has overall responsibility for the co-ordination of this policy and the Trust Wide Equality and Inclusion Sub-Committee. This is overseen by the Executive Chief Officer of the Trust.
- 6.4 All managers will be responsible for ensuring that principles of equality, inclusion and human rights are understood and applied within their areas of responsibility, and that legal requirements are observed.
- 6.5 All operational leads and team managers will be responsible for ensuring an Equality Impact Assessment (Appendix 1) is completed when a new Trust policy, service or function is developed within their services.
- 6.6 An initial EIA will be developed for all new policies, services or functions within the Trust. A full EIA will be completed if concerns of positive or negative impacts on minority or marginalised groups are identified. The full EIA will ensure that these are taken into account with actions to develop, reduce or negate these.
- 6.7 All staff will have a wellbeing and inclusion discussion with their manager at least once annually to ensure that any personal and individual needs regarding their protected characteristics are being met, and to support them in attending Staff Equality Networks or Equality and Inclusion Training and Learning opportunities as part of the Trust's commitment to Equality and Inclusion.
- 6.8 All managers have a responsibility for ensuring that any allegations of discrimination, harassment or victimisation are fully reported and appropriate action taken in line with policy.

## CP24 – Equality, Inclusion & Human Rights Policy

- 6.9 Any employee who feels that they have been discriminated against or victimised by another member of staff or the Trust should raise this with the Trust resources below:
- The Trust's Equality Advisor
  - Their Line Manager
  - EPUT Equality Champions
  - The Staff Engagement Team
  - Their Human Resources Advisor or Human Resources Team (for a formal grievance)
  - The relevant Equality Network
  - EPUT's Freedom to Speak up Guardians (confidential)
  - Their Trade Union (if applicable)
- 6.10 All managers have a responsibility to ensure that a Datix Incident Report is completed when a staff member experiences discriminatory abuse from a Staff Member or Service User and that these are reported to the Local Security Management Specialist (within the Risk Management Team)
- 6.11 Managers should facilitate and resolve Equality & Inclusion issues raised by the families and carers of Service Users in an open and approachable manner.
- 6.12 Operational managers should deal with equality and inclusion issues raised by families and carers of service users in an open, transparent and approachable manner. Service users and carers with a concern should use the EPUT PALS or Complaints Procedures.
- 6.13 Every employee has a duty to comply with this policy and Equality and Inclusion legislation and should be aware of their responsibilities, the basic legislative framework and how they can be involved in these projects.
- 6.14 All staff members should have an understanding of Equality and Inclusion as part of their training and personal development and will be encouraged to do so by the Trust, including but not limited to:
- Micro-aggressions
  - Unconscious Bias
  - Challenging Discrimination and Inequality
  - Promoting and living a positive culture of Equality and Inclusion in EPUT as part of our "Be You" Programme and Trust Engagement
  - The Equality Framework within the Trust including EPUT Equality Champions and Staff Equality Networks
  - Raising concerns of discrimination within the Trust
- 6.15 It is everyone's responsibility to inform their manager, the Equality Advisor or their Human Resources Advisor if they suspect that discrimination, harassment or victimisation is taking place, anywhere within the Trust.
- 6.16 Ongoing training on Equality and Inclusion issues and concepts will be available and mandatory for those who manage staff, or are members of recruiting panels. Staff should be encouraged to raise these needs with their line manager if they are unaware of how to access this.

## CP24 – Equality, Inclusion & Human Rights Policy

- 6.17 Trade Unions / Professional Associations have an important role to play in working in partnership with the Trust to prevent discrimination and victimisation and to promote equality and inclusion. They must seek to ensure that their members are treated with dignity and respect, at all times.
- 6.18 Where employees have particular needs in relation to their protected characteristics under the Equality Act (2010), the Trust will not only consider whether it is reasonably practicable to vary and/or adapt work requirements to meet these needs (reasonable adjustments) – but take as many steps as they can to not only ensure this employee is not placed at a disadvantage but that they are supported and retained at work in employment with the Trust in a positive way.

### 7.0 MONITORING

- 7.1 In order to assess the effectiveness of its Equality, Inclusion and Human Rights Policy the Trust will maintain, analyse and publish the following information for staff:
- 7.1.1 Gender, age, disability, sexual orientation, religion or belief and ethnic origin of job applicants, short-listed candidates and existing and new employees and their deployment within the Trust.
  - 7.1.2 Details of selection, decisions for recruitment, redeployment, promotion, transfer and training and reasons for these decisions.
  - 7.1.3 The Trust will maintain, analyse and publish anonymous/statistical information on the protected characteristics of service users/carers.
  - 7.1.4 Reviewing current progress against statistical tools available (Including Staff Survey scores, the NHS Friends and Family Test for patients and carers, the WDES and the WRES) will be used for measuring the achievement of the Trust's in comparison to the Public Sector Duty, and effectiveness of the Trust's Equality and Inclusion Sub-Committee.
- 7.2 Where information is collated in line with the Equality, Inclusion and Human Rights Policy, it will be published using established communication mechanisms in line with the Trust **Data Protection and Confidentiality Policy (CP59)**

### 8.0 REFERENCES TO OTHER TRUST POLICIES

- **Dignity Respect (Bullying, Harassment and Discrimination) Grievance Policy (HR2)**
- **Complaints Policy (CP2)**
- **Raising Concerns (Whistleblowing) Policy (CP53)**
- **Data Protection and Confidentiality Policy (CP59)**

**END**

## EQUALITY, INCLUSION & HUMAN RIGHTS PROCEDURE

<b>PROCEDURE REFERENCE NUMBER:</b>	CPG24	
<b>VERSION NUMBER:</b>	2.1	
<b>KEY CHANGES FROM PREVIOUS VERSION</b>	Extended until April 2024	
<b>AUTHOR:</b>	EPUT Equality Advisor	
<b>CONSULTATION GROUPS:</b>	Equality and Inclusion Committee (EPUT), Head of Staff Engagement, Workforce, Development and Training, Patient Experience Team, Operational services (MH and Community) Staff Equality Networks	
<b>IMPLEMENTATION DATE:</b>	April 2017	
<b>AMENDMENT DATE(S):</b>	September 2020; January 2024	
<b>LAST REVIEW DATE:</b>	December 2020	
<b>NEXT REVIEW DATE:</b>	Extended to April 2024	
<b>APPROVAL BY EQUALITY &amp; INCLUSION (E&amp;IC) SUB-COMMITTEE:</b>	8 October 2020	
<b>RATIFICATION BY QUALITY COMMITTEE:</b>	December 2020	
<b>COPYRIGHT</b>	© Essex Partnership University NHS Foundation Trust 2017. All rights reserved. Not to be reproduced in whole or part without the permission of the copyright owner	
<b>PROCEDURE SUMMARY</b>		
<p>Essex Partnership University NHS Foundation Trust (EPUT) has a statutory duty 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. This procedure aims to promote equality of opportunity between people who share a protected characteristic and those who do not, prevent discrimination and foster good relationships.</p> <p>EPUT has produced this procedure to regulate and monitor the Trust's compliance with the Equality Act (2010) and general and specific Public Sector Equality Duty (PSED) including the EDS2, as well as explaining key concepts.</p>		
<b>The Trust monitors the implementation of and compliance with this procedure in the following ways:</b>		
<p>Equality and Inclusion Sub-Committee will ensure that compliance is monitored regularly against:</p> <ul style="list-style-type: none"> <li>• The Equality and Inclusion Sub-Committee Annual Work plan and schedule</li> <li>• The Equality Delivery System (EDS2) action plan</li> <li>• Annual review of its effectiveness to ensure it meets requirements.</li> </ul>		
<b>Services</b>	<b>Applicable</b>	<b>Comments</b>
Trustwide	✓	

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

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**EQUALITY, INCLUSION & HUMAN RIGHTS PROCEDURE**

**CONTENTS**

**THIS IS AN INTERACTIVE CONTENTS LIST – PLEASE CLICK ON THE SECTION HEADINGS TO GO TO THE SECTIONS**

- 1.0 INTRODUCTION**
- 2.0 HUMAN RIGHTS ACT (1998)**
- 3.0 EQUALITY ACT (2010) AND PUBLIC SECTOR EQUALITY DUTY**
- 4.0 WORKFORCE RACE EQUALITY STANDARD (WRES)**
- 5.0 WORKFORCE DISABILITY EQUALITY STANDARD (WDES)**
- 6.0 ACCESSIBLE INFORMATION STANDARD (AIS)**
- 7.0 “WE ARE THE NHS” PEOPLE PLAN 2020-21**
- 8.0 HOW DO WE IMPLEMENT OUR PUBLIC SECTOR EQUALITY DUTIES?**
- 9.0 EQUALITY CHAMPIONS**
- 10.0 MONITORING**
- 11.0 POLICES REFERENCED**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

EQUALITY, INCLUSION AND HUMAN RIGHTS PROCEDURE

1.0 INTRODUCTION

The purpose of this procedure 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 promotes equality, inclusion, human rights and does not discriminate.

In order achieve this the Trust will implement systems and processes to comply with national legislation, Department of Health and Social Care, NHS England and NHSI requirements and good practice set out in this procedure below.

2.0 THE HUMAN RIGHTS ACT (1998)

The Human Rights Act (1998) brought the European Convention on Human Rights (ECHR) into UK law. As a result key human rights applicable for healthcare include:-

- **Article 2, the right to life:** This has implications for treatment decision-making and providing access to services and places a positive obligation on the government and public bodies, to preserve life.
- **Article 3, the right not to be tortured or treated in an inhuman or degrading way:** This protects patients over poor conditions, lack of regard to dignity, neglect or abusive treatment, excessive force and treatment without consent.
- **Article 5, the right to liberty and security of person:** This article has led to the Deprivation of Liberty Safeguards amendment to the Mental Capacity Act (2005)
- **Article 8, the right to respect for private and family life, home and correspondence:** This protects patients over issues of consent, privacy and access to records, ensures that people are involved in decisions made about their treatment and care and that there is respect for diverse families and access to family visits;
- **Article 14, the right not to be discriminated against in the enjoyment of other human rights:** This means we must not deny treatment solely on the basis of a person's protected characteristics, and should provide services that are equal and inclusive of all.

High quality care services that respect people's dignity and the rights listed above should:

- Have a zero tolerance of all forms of abuse
- Support and care for our staff and the people using our service
- Treat each person as an individual by offering person-centred care
- Enable people to maintain the maximum possible level of independence, choice and control
- Listen and support people to express their needs and wants
- Respect people's right to privacy

## CPG24 – Equality, Inclusion & Human Rights Procedure

- Consider their protected characteristics and make sure this is reflected in their care, and ensure that those from marginalised or minority groups are not negatively affected
- Treat people equally without discrimination
- Ensure people feel able to provide positive or negative feedback without fear of retribution, and that mechanisms to do this are accessible to all
- Engage with family members and carers as care partners
- Assist people to maintain confidence and positive self-esteem as part of their care

### 3.0 THE EQUALITY ACT (2010) AND PUBLIC SECTOR EQUALITY DUTY

As a public sector organisation, EPUT has a statutory duty to ensure that equality, inclusion and human rights are embedded into all its functions and activities as required by the Equality Act (2010), the Human Rights Act (1998) and the NHS Constitution.

The Equality Act (2010) replaces all previous equality legislation, such as the Race Relations Act (1965), the Disability Discrimination Act (1995), the Sex / Gender Discrimination Act (1975), Religion and Belief Regulations (2003) and Sexual Orientation Regulations (2003).

The Equality Act is a key part of the legal framework that underpins the way the Trust provides its services and supports its staff.

The Trust will ensure compliance with the requirements of the Equality Act 2010 specifically as follows:

#### 3.1 Compliance with Public Sector Equality Duties (PSED)

The Equality Act (2010) places a Public Sector Equality Duty on all public authorities in the form of General and Specific Duties.

3.1.1 The **General** Duty requires that we:

- Eliminate discrimination.
- Promote and advance equality of opportunity.
- Foster good relations between protected characteristics.

3.1.2 The **Specific** Duty requires that we:

- Set out and publish our Equality Objectives
- Report on the progress on meeting those objectives, using our Equality and Diversity System 2 framework
- Publish our equality objectives and an annual progress report on those objectives. This includes collecting, analysing and publishing workforce equality data and service user equality data
- Gather and analyse this data to improve equality and inclusion outcomes
- Consult with and involve service users and carers
- Pay due regard to the Personal Protected Characteristics
- Review the Trust's approach every four years

### 3.2 Protected Characteristics

The Equality Act 2010 provides protection for individuals with the following “protected characteristics”:

- Race,
- Sex (referring to a person’s biological Sex)
- Disability (including long term conditions),
- Age,
- Sexual orientation,
- Gender reassignment,
- Religion or belief,
- Pregnancy and maternity and
- Marriage and civil partnership.

Under this act, it is unlawful for the Trust to discriminate against an individual in any of the following ways:

- **Direct discrimination:** A person or group treated less favourably than others are, or would be, treated in the same or similar circumstances due to no other reason other than their protected characteristics
- **Indirect discrimination:** Applying a provision, criterion or practice that has the intentional or unintentional effect of disadvantaging those from certain protected characteristic groups
- **Discrimination by association:** Treating somebody less favourably or harassing them because of their connection with a person who has a protected characteristic
- **Discrimination by perception:** Treating somebody less favourably because they are believed to have a protected characteristic even if that perception is mistaken
- **Victimisation:** Treating someone less favourably because they have: brought proceedings in relation to this policy; or provided information in support of a third party claim in relation to this policy; or made an allegation that a breach of this policy has taken place, this in line with the **Raising Concerns (Whistleblowing) Policy (CP53)**
- **Harassment** - unwanted conduct that has the purpose or effect of creating an intimidating, hostile, degrading, humiliating or offensive environment for an individual, or violating an individual’s dignity. See also the **Grievance Policy (HR2)**.
- **Third party harassment** – Harassment of an employee related to a protected characteristic under the Equality Act 2010 (other than marriage and civil partnership, and pregnancy and maternity) by third parties, for example service users or customers.



## CPG24 – Equality, Inclusion & Human Rights Procedure

- **Failure to make reasonable adjustments:** The Act extends the duty to make reasonable adjustments to prevent staff being placed at a disadvantage in the workplace due to their protected characteristics (Most commonly pregnancy, maternity and disability or mental health). Occupational Health Assessments should be provided to EPUT Staff members who request reasonable adjustments, or who are identified to be placed at a disadvantage by their supervisor.

Whilst the Equality Act (2010) covers nine protected characteristic groups, care should also be taken to include all marginalised communities (those that may receive less support or may be stigmatised or discriminated against in society), these include but are not limited to a person's medical status (for example a person who is or is suspected of testing positive for a medical condition), homeless people, travelling communities or those with dietary requirements (including allergies and faith or belief based diets including Vegetarianism and Veganism)

### 3.3 The NHS Equality Delivery System (EDS2):

The EDS2 is a mandatory tool and is mandated in the NHS standard contract.

The Trust undertakes with key stakeholders an annual self-assessment against the EDS2 domains and areas identified for improvement are included within the Trust equality objectives, and service operational action plans where appropriate. These action plans are monitored via the EDS2 framework by the Equality and Inclusion Committee.

The Trust also publishes an annual Equality and Inclusion report on our progress on our own Trust website.

### 3.4 Equality Impact Assessments

- 3.4.1 An Equality Impact Assessment (EIA) is a process designed to ensure that a policy, project, service development or scheme does not discriminate against any disadvantaged or vulnerable people. The Trust strongly believes that Equality Impact Assessment processes improve and promote equality and inclusion and therefore should be standard practice in everything that we do.
- 3.4.2 Staff are required to undertake an initial Equality Impact Assessment (EIA) when developing any new Trust policy, service or function. This would then be sent to EPUT's Compliance, Assurance & Risk Assistant / Trust Policy Controller. If these initial screening questions identify that certain groups will be negatively impacted by this policy, service or function, a full screening will need to be conducted by the author of this policy, service or function and this will need to be approved by the EPUT Equality and Inclusion Sub-Committee
- 3.4.3 Authors of new policies, services or functions must gauge their impact on the nine protected characteristic groups under the Equality Act (2010). The lead assessor is responsible for ensuring these actions are incorporated into the departmental plan, and it is the responsibility of the assessor to notify their Director and any nominated staff members of these actions.

## CPG24 – Equality, Inclusion & Human Rights Procedure

- 3.4.4 Templates together with guidance have been developed to enable staff to undertake either EIA screening **See Appendix 1**
- 3.4.5 This also links to the Quality Impact Assessment process which is completed for all Cost Improvement Programmes.
- 3.4.6 The Trust is required to reference Equality Impact Assessments within the Annual Governance Statement signed off by the Chief Executive Officer as part of NHSI Annual Reporting Requirements.

### **4.0 WORKFORCE RACE EQUALITY STANDARD (WRES)**

Implementing the Workforce Race Equality Standard (WRES) is a requirement for all NHS commissioners and NHS provider organisations and forms part of the annual NHS Standard Contract.

Each year the Trust will produce a report, reviewing the performance across the relevant workforce metrics. An action plan will be developed to address and reduce any inequalities between Black, Asian and Minority Ethnicity Group (BAME) staff experiences in comparison to White staff (for the WRES)

### **5.0 THE WORKFORCE RACE DISABILITY EQUALITY STANDARD (WDES)**

Implementing the Workforce Disability Equality Standard (WDES) are requirements for all NHS commissioners and NHS provider organisations and forms part of the annual NHS Standard Contract.

Each year the Trust will produce a report, reviewing the performance across the relevant workforce metrics. An action plan will be developed to address and reduce any inequalities between staff experiences of those with disabilities in comparison to staff members who do not have disabilities.

### **6.0 ACCESSIBLE INFORMATION STANDARD**

The Accessible Information Standard aims to ensure that people who have a disability or sensory loss receive information that they can access and understand, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

The Accessible Information Standard recommends a specific and consistent approach towards *identifying, recording, flagging, sharing and meeting information and communication* needs of patients, carers and friends or family members of patients (henceforth referred to under the collective term 'service-users') that relate to disability.

Promotional materials to share this with staff and service users are available on the Trust Intranet and from the Equality Advisor for the Trust, and should be displayed at all sites.

## CPG24 – Equality, Inclusion & Human Rights Procedure

Compliance with the Accessible Information Act is the responsibility of all staff, with information on the Trust intranet to help staff record and understand the communication needs of service-users. Support is available from the Communications Team for requesting accessible versions of Trust documents.

### **7.0 “WE ARE THE NHS” PEOPLE PLAN 2020-21**

- 7.1 The NHS People Plan was developed by NHS England in August 2020, and sets out actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as actions to grow our workforce, train our people, and work together differently to deliver patient care. This guidance applies to all organisations in the provision or commissioning of NHS care.
- 7.2 The section “Belonging in the NHS” highlights the support and actions needed to create an organisational culture where everyone feels they belong and all staff have a voice within the Trust.
- 7.3 EPUT will follow this guidance and use the systems provided by NHS England to ensure that they are providing Equality and Inclusion in line with all other NHS organisations, and to meet the expectations of commissioners.

### **8.0 HOW DO WE IMPLEMENT OUR PUBLIC SECTOR DUTIES?**

#### **8.1 EQUALITY AND INCLUSION SUB-COMMITTEE (EIC)**

The Equality and Inclusion Sub-Committee is a sub-committee of the People, Innovation and Transformation (PIT) Committee and has delegated responsibilities to:

- Ensure that the Trust remains compliant with Public Sector Equality duties
- Provide assurance and support in respect of compliance and delivery of the Equality Delivery System (EDS2 Framework) and work plan. The EDS2 provides the Trust with a framework to monitoring our progress on our PSED.

The E&IC is chaired by an Executive Director who is the executive lead for Equality and Inclusion and the Equality Lead

This committee should be attended by operational leads and should have representation from all facilities and services within the Trust. Members of the committee will play an active part in ensuring this information is shared with the Trust.

The E&IC meets regularly to monitor the equality work plan and is responsible for ensuring that the Trust delivers on our Public Sector Equality duties, and our mandatory reporting and publication requirements, as outlined above.

This sub-committee reports to the People, Innovation and Transformation (PIT) Committee and Trust Board.

## **8.2 RECORDING OF INFORMATION**

8.2.1 In order to assess the effectiveness of its Equality, Inclusion and Human Rights Policy and Procedure the Trust will maintain, analyse and publish the following information for staff:

- a. Gender, age, disability, sexual orientation, religion or belief and ethnic origin of:
  - Job applicants
  - Short-listed candidates;
  - Existing and new employees and their deployment within the Trust.
- b. Details of selection decisions for recruitment, redeployment, promotion, transfer and training and reasons for these decisions.

8.2.2 The Trust will maintain, analyse and publish anonymous/ statistical information on the protected characteristics of service users/ carers.

8.2.3 Statistical information will be used for measuring the achievement of the Trust's Public Sector Duty, and effectiveness of the Trust's Equality and Inclusion Steering Group.

8.2.4 Where information is collated in line with the Equality & Diversity Policy, it will be published using established communication mechanisms and in line with the **Data Protection and Confidentiality Policy (CP59)** where required.

8.2.5 Although Staff do not have to declare their equality information, the Trust encourage staff to share this with us to ensure we can reflect their needs at work.

## **8.3 TRAINING AND DEVELOPMENT**

It is essential that all employees understand and appreciate their responsibilities in relation to equality and inclusion. It is therefore mandatory for all employees to undertake Equality and Inclusion training, as new employees, as part of the Trust's Corporate Induction Programme, and on an annual refresher basis through the OLM E-learning module.

## **8.4 EQUALITY AND INCLUSION NETWORKS**

### **8.4.1 Staff Equality Networks**

There are five Staff Equality Networks within the Trust; these Networks are created based on Staff feedback as well as identified needs of the Trust. They work in conjunction with existing staff functions including Human Resources, Chaplaincy, Communications and the Equality and Inclusion Sub-Committee. At present the Trust has the following Staff Equality Networks.

- Black, Asian and Minority Ethnicity (BAME) Staff Equality Network
- Disability and Mental Health Staff Equality Network
- Faith and Spirituality Staff Equality Network

## CPG24 – Equality, Inclusion & Human Rights Procedure

- Lesbian, Gay, Bi, Trans and any other sexual or gender minority group (LGBTQ+) Staff Equality Network
- Staff Carers Staff Equality Network

The role of these Networks includes:

- Discussing and creating actions to improve staff experience for their represented group
- Raising awareness of Equality and Inclusion for their represented group
- Allowing all staff members to attend and share their lived experience and feedback, also providing advice and signposting if required
- Completing an Action Log after each Network to document their actions and the progress made on these actions
- The Chair will attend the Equality and Inclusion Sub-Committee and provide feedback on behalf of their Network
- Network Chairs will attend quarterly meetings with the Executive Director of People and Culture and will attend relevant Equality and Inclusion events where appropriate

### 8.5 EQUALITY AND INCLUSION, THE ROLE OF STAFF

The success of this procedure requires the active commitment of everyone in the organisation from Board to front-line service delivery. All EPUT staff play a vital role in delivering a service which promotes equality and inclusion:

- Recognising discrimination and identifying risks of discrimination - whether direct discrimination, indirect discrimination or harassment
- Understanding the potential consequences of discrimination
- Challenging discrimination and understanding how to raise these concerns within the Trust
- Playing an active part in supporting colleagues from other groups, engaging with them and helping to create a positive workplace culture that does not tolerate discrimination of any form
- Being able to identify and respond to the specific needs of diverse patients, service users and carers which arise from their personal, social or cultural background;
- Supporting a service which demonstrates good equality and diversity practice;
- Supporting the empowerment of patients, service users and their carers so that they may be involved in their own care and health improvement.

Good equality and inclusion practice involves:

- Communicating with patients, service users and carers in a way that is accessible to them;
- Supporting colleagues who have experienced discriminatory behaviour and reporting this through the correct channels;
- Ensuring that teams not only have an Equality Champion, but also that teams are aware of how to access these resources to support patients and staff.
- Making reasonable adjustments in the way we do our work and deliver our services to take account of the particular needs of disabled people;

## CPG24 – Equality, Inclusion & Human Rights Procedure

- Understanding the role that cultural and religious beliefs play in health care and peoples' experiences of health services;
- Ensuring that everyone gets care which takes account of their individual needs;
- Managers ensuring that staff members have reasonable adjustments in place for disabilities, mental health conditions, faith and spirituality and any other protected characteristic.
- Ensuring that all staff members (not only Equality Champions or Staff Network Members) are able to participate in equality and inclusion training / feedback opportunities provided by the Trust;
- Treating everyone with dignity and respect at all times

### 9.0 EQUALITY CHAMPIONS

Equality Champions are members of EPUT Staff who volunteer to promote Equality and Inclusion within the Trust alongside the Equality Advisor. The purpose of the Equality Champion role is to play an active part in raising awareness of and supporting Equality, Inclusion and Protected Characteristics within the Trust, as well as sharing relevant information from the Equality and Inclusion Sub-Committee and the Staff Equality Networks.

This includes:

- Sharing good practice
- Providing advice and support, advising colleagues who want to know more about specific equality issues
- Ensuring their teams are aware of how to access Trust Equality and Inclusion resources and signpost staff members to find information about these subjects
- Give opinions and suggestions about work practices and improvements that can be made
- Draw attention to matters of concern so that the organisation can take action to address them
- Participate in equality accreditations and charter marks;
- Promote Equality Champions and Staff Equality Networks across the organisation
- Take part in Equality and Inclusion projects across the Trust, including workshops, seminars and forums

Equality Champions act as volunteers to help promote a positive culture of Equality and Inclusion as well as an extension of the Equality Advisor role, promoting Equality and Inclusion projects within the Trust and sharing service user and staff lived experience, feedback and concerns.

**10.0 MONITORING**

- 10.1 The Equality and Inclusion Sub-Committee has responsibility for overseeing the implementation of the Equality, Inclusion and Human Rights Policy and associated procedure.
- 10.2 The committee will ensure that progress is monitored regularly against the EDS2 action plan, which also acts as an Annual Work plan and schedule
- 10.3 The committee will ensure that the People, Innovation and Transformation Committee (PIT) is kept informed of any issues or significant risks through regular assurance reports.
- 10.4 The Equality and Inclusion Sub-Committee will also undertake an annual review of its effectiveness to ensure it meets requirements as set out in its terms of reference and provides robust assurance to the PIT.
- 10.5 The Trust through its approved governance structure and arrangements will receive a range of reports detailing complaints, compliments and serious incidents and will challenge these for evidence of any actual or potential non-compliance with the Human Rights Act (1998) or Equality Act (2010).

**11.0 REFERENCES TO OTHER TRUST POLICIES**

- **Dignity Respect (Bullying, Harassment and Discrimination) Grievance Policy (HR2)**
- **Raising Concerns (Whistleblowing) Policy (CP53)**
- **Data Protection and Confidentiality Policy (CP59)**

**END**

## Equality Impact Assessment (EIA)

<b>Date</b> (DD/MM/YYYY)	
<b>Directorate / Locality / Department</b>	
<b>Name of New Policy / Service / Function</b>	
<b>Is this a New Policy / Service / Function or a change / review to an existing one?</b>	
<b>Name of Person(s) completing this EIA and their Role(s) within the Trust</b> <i>(begin with the lead completing this assessment)</i>	
<b>Name of Service Director</b>	
<b>Contact Email address of Assessor</b>	
<b>Has this been previously assessed?</b> <i>(If yes, please provide details of the last assessment and attach a copy)</i>	

### Guidance on Completing this Document

The Equality Impact Assessment (EIA) is made up of two parts, an Initial Screening Tool and a Full Equality Impact Assessment. These are designed to make sure that our policies, services and functions do what they are intended to do in a way that does not discriminate against any protected characteristic groups in line with the Equality Act (2010).

Authors of new Policies, Services or Functions must gauge their impact on the nine Protected Characteristic Groups under the Equality Act. This is done using the Initial Screening Tool (Pages 2, 3 and 4)

**If a positive or negative impact is identified, you will also need to complete the Full Equality Impact Assessment (Pages 4, 5, 6 and the action plan on Page 7).** Please note that the lead assessor is responsible for ensuring these actions are incorporated into the departmental plan, and it is the responsibility of the assessor to notify their Director and any nominated staff members of these actions.

#### This document is designed to help us consider the following:

- What is this Policy / Service / Function aiming to achieve?
- Who will this benefit?
- Could this lead to negative impact or discrimination against different groups?
- Does this activity have a positive impact on Equality and Inclusion?

#### Glossary:

**Service:** your department / service area and its employees

**Functions:** your department / service area's activities

**Projects:** your department / service area's work programmes

**Strategy:** a plan of action intended to accomplish a specific goal

**Policy:** a plan of action to influence and determine decisions, actions and other matters

**Procedure:** a series of steps taken to implement a policy

**Protected Characteristic:** Any characteristic protected under the Equality Act 2010



## Initial EIA Screening Tool

Does this Policy/Service/Function effect one group less or more favourably than another on the basis of:	Yes / No	What / where is the evidence / reasoning to suggest this?
<p style="text-align: center;"><b>Race, Ethnic Origins, Nationality</b> (including traveling communities)</p>		
<p style="text-align: center;"><b>Sex</b> (Based on Biological Sex; Male, Female or Intersex)</p>		
<p style="text-align: center;"><b>Age</b></p>		
<p style="text-align: center;"><b>Sexual Orientation</b> Including the LGBTQ+ Community</p>		
<p style="text-align: center;"><b>People who are Married or are in a Civil Partnership</b></p>		
<p style="text-align: center;"><b>People who are Pregnant or are on Maternity / Paternity Leave</b></p>		

Does this Policy/Service/Function effect one group less or more favourably than another on the basis of:	Yes / No	What / where is the evidence / reasoning to suggest this?
<b>People who are Transgender / who have had gender reassignment treatments</b> As well as gender minority groups		
<b>Religion, Belief or Culture</b> Including an absence of belief		
<b>Disability / Mental, Neurological or Physical health conditions</b> Including Learning Disabilities		
<b>Other Marginalised or Minority Groups</b> Carers, Low Income Families, people without a fixed abode or currently living in sheltered accommodation.		

### Guidance on Completing this Document

This screening tool asks for evidence to ensure that these considerations are done in collaboration with groups that may be affected. Listed below are the ways that this evidence can be gathered to support this decision:

- Reviews with Staff who may be impacted by these changes
- Service User / Carer feedback or focus groups
- Guidance from national organisations (CQC / NHS Employers)
- The Equality and Inclusion Hub (on the Staff Intranet)
- Input from Staff Equality Networks or the Equality Advisor
- Reviewing this against good practice in other NHS Trust

Initial Screening Question	Response
<p>If you have identified no negative impacts, then please explain how you reached that decision. please provide / attach reference to any reasoning or evidence that supports this:</p> <p>(Nature of policy, service or function, reviews, surveys, feedback, service user or staff data)</p>	
<p>Is there a need for additional consultation? (Such as with external organisations, operational leads, patients, carers or voluntary sector)</p>	
<p>Can we reduce any negative impacts by taking different actions or by making accommodations to this proposed Policy / Service / Function?</p>	
<p>Is there any way any positive impacts to certain communities could be built upon or improved to benefit all protected characteristic groups?</p>	
<p>If you have identified any negative impacts, are there reasons why these are valid, legal and/or justifiable?</p>	

**Please complete this document and send a copy to EPUT's Compliance, Assurance & Risk Assistant / Trust Policy Controller) at [epunft.risk@nhs.net](mailto:epunft.risk@nhs.net) as part of the Approval Process, if this proposal / policy etc. has no positive or negative impacts on protected characteristic groups, a Full Equality Impact Assessment will not need to be completed**

To be completed by the Trust Policy Controller						
<b>Is a Full Equality Impact Assessment Required for this Policy, Service or Function?</b>			<b>Yes</b>		<b>No</b>	
<b>Name:</b>						
<b>Date:</b>						

## Full Equality Impact Assessment Tool

Please complete this accompanying document if the Initial Screening Tool highlights any areas where a negative or discriminatory impact is identified.  
This assessment should be included alongside the initial screening tool.

**In which Equality Areas are there concerns? Please Mark all that apply:**

<b>Race</b>	
<b>Sex</b>	
<b>Age</b>	
<b>Sexual Orientation</b>	
<b>Marriage and Civil Partnership</b>	
<b>Pregnancy / Maternity Leave</b>	
<b>Gender Reassignment / Identity</b>	
<b>Religion, Belief and Culture</b>	
<b>Disability, Mental / Physical / Neurological health conditions</b>	
<b>Other Marginalised or Minority Groups</b> e.g. Carers, Low Income Families, people without a fixed abode or currently living in sheltered accommodation. Please give details of how these groups may be affected in the space below.	

### **Guidance on Completing this Document**

**If after completing the initial screening tool, there is a positive or negative impact caused by this New Policy / Service / Function on one or more protected characteristic groups, or there is not enough evidence to show the impact, the assessor is asked to complete the Full Equality Impact Assessment.**

These additional pages provide further questions to better understand the impact and a departmental action plan to mitigate negative impacts and build upon positive impacts.

Please note that the lead assessor is responsible for ensuring these actions are incorporated into the departmental plan, and it is the responsibility of the assessor to notify their Director and any nominated staff members of these actions.

**Full Equality Impact Assessment Tool**

Question	Response
<p><b>What is the aim, purpose or objective of this Policy, Service or Function?</b> How does this promote or support Equality &amp; Inclusion in EPUT?</p>	
<p><b>Do staff involved have appropriate training and resources in these areas of concern?</b> (e.g. LGBTQ+ Awareness, Trust E&amp;I Training, Unconscious Bias Training)</p>	
<p><b>Are there any barriers that affect the way this is delivered that could have created these negative impacts?</b> <i>(Such as lack of accessibility to certain groups; translation and interpreting services; non-inclusive wording or language)</i></p>	
<p><b>Has this been subject to any previous complaints or concerns by service users or staff regarding Equality and Inclusion?</b> How are you using this information?</p>	
<p><b>What arrangements are going to be made to monitor and review adverse impacts in the future in this Policy, Service or Function?</b></p>	

**Full Equality Impact Assessment Tool**

Question	Response
<p><b>What consultation has taken place with local people / patient groups / organisations in order to address these concerns as part of a Full Equality Impact Assessment?</b></p>	
<p><b>What consultation has taken place with EPUT staff / stakeholders / those we work in partnership with / those we contract with in order to complete this full EIA?</b></p>	
<p><b>What Equality research / studies / reports have you referred to in order to complete this full EIA?</b></p>	
<p><b>Does this Policy / Service / Function comply with EPUT's Equality Strategy and the Equality Act 2010?</b> If not, how will this be remedied?</p>	
<p><b>What positive impacts could this Policy/Service/Function have on the Trust providing Equal, Equitable and Inclusive services? Which protected characteristic groups would be impacted positively?</b></p>	

### Full Equality Impact Assessment Screening Tool: Action Plan

Please list below any actions that you plan to take during the implementation of this new policy, service or function as a result of any negative or positive impacts:

Action required to remove or minimise identified impacts	Lead (Person Responsible)	Timescale (How long would this take to implement?)	Resource implications (What resources would be needed to put this into place?)	Any other comments

**After Completion, Please send a copy to Thomas Way (Compliance, Assurance & Risk Assistant / Trust Policy Controller) at [epunft.risk@nhs.net](mailto:epunft.risk@nhs.net) and this will be raised with the Equality and Inclusion Sub-Committee as part of the Approval Process.**

<b>This section to be completed by the Equality and Inclusion Lead in agreement with the EPUT Equality and Inclusion Sub-Committee</b>			
<b>Full Impact Assessment Authorised by:</b>			
<b>Name:</b>		<b>Role:</b>	
<b>Date:</b>			