Essex Partnership University
NHS Foundation Trust

Freedom of Information Request

Reference Number: EPUT.FOI.24.3537
Date Received: 20 May 2024

Information Requested:

1. Gender reassignment and/or transgender guidance and policies relating to staff
   Please see attached: CP24**:** Equality, Inclusion and Human Rights Policy and Procedure.

2. Gender reassignment and/or transgender guidance and policies relating to patients including policies on mixed sex /same sex accommodation
   Please see attached: CP24**:** Equality, Inclusion and Human Rights Policy and Procedure

3. Related Equality Impact Assessments if separate
   Please see attached: CP24: Appendix 1 Equality Impact Assessment (2024) which are attached to all papers submitted to Board, the Executive Team or any other committee within EPUT.

Publication Scheme:

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT's Publication Scheme is located on its Website at the following link https://eput.nhs.uk

POLICY AT A GLANCE

NHS
Essex Partnership University
NHS Foundation Trust

This is a summary of the Policy for Equality, Inclusion and Human Rights (CP24) April 2024

01 Policy Purpose

The purpose of this policy is to ensure that all practices within Essex Partnership University NHS Foundation Trust (EPUT) are carried out in a fair, reasonable and consistent manner.

02 Principles

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. Trust staff have the right to be protected against discriminatory behaviour.

03 Legislature

We as an organisation adhere to legislature as part of the Public Sector Equality Duty, as well as actions developed by NHS England to improve Equality and Inclusion. This influences our reporting and planning throughout the year.

04 Scope

This policy applies to:

- All staff who provide care or services within this organisation.
- Service users, their families and carers, throughout their relationship with the Trust.
- Anyone that has dealings with the Trust.

This policy applies to the conduct and contributions of EPUT staff with our regional and national NHS partners in other provider organisations.

05 Responsibilities

Equality, Inclusion and Human Rights, as well as challenging, preventing and mitigating discriminatory behaviour is the responsibility of all EPUT staff. Supporting those who may be affected by discriminatory behaviour is part of ensuring an inclusive culture within EPUT and the wellbeing of those accessing and working in our services.

06 Staff Networks and the Equality and Inclusion Committee

Our commitment to foster Equality and Inclusion in EPUT is recognised at Board Level, and supported by our Executive Team as well as our Staff Equality Networks. This is governed by our Equality and Inclusion Committee as part of PECC.

POLICY AT A GLANCE

NHS
Essex Partnership University
NHS Foundation Trust

This is a summary of the Policy for Equality, Inclusion and Human Rights (CP24) April 2024

STAFF RESPONSIBILITY

Staff are expected to

- ✓ Identify and challenge discriminatory behaviour or language.
- ✓ Support those experiencing or affected by discriminatory behaviour, language, bullying or harassment
- ✓ To ensure that the protected characteristics of our workforce are taken into account as part of their appraisal and wellbeing conversations.
- ✓ To ensure that the protected characteristics of our service users are taken into account as part of their care planning and treatment
- ✓ Ensure that EPUT continues to be an Anti-Racist Trust, ensuring that potential discrimination and bias is addressed and mitigated in our recruitment and disciplinary processes and procedures.
- ✓ To support those from marginalised or minority communities in line with the Public Sector Equality Duty and best practice.

Essex Partnership University
NHS Foundation Trust

Document title:	**EQUALITY, INCLUSION & HUMAN RIGHT POLICY**		
Document reference number:	CP24	**Version number:**	3.0
Document type: (Policy/ Guideline/ SOP)	Policy	**To be followed by:** (Target Staff)	All staff
Author:	EPUT Equality Advisor, Gary Brisco		
Approval group/ committee(s):	Equality and Inclusion Committee (EPUT), Staff Network representatives		01 March 2024
Professionally approved by: (Director)	Director of Employee Experience, Lorraine Hammond		
Executive Director:	Interim Chief People Officer, Marcus Riddell		
Ratification group(s):	Policy Oversight and Ratification Group (PORG)		03 April 2024
CQC Quality Statement	S6 Safe and effective staffing E2 Delivering evidence-based care and treatment C5 Workforce wellbeing and enablement R5 Equity in access R6 Equity in experiences and outcomes R7 Planning for the future W4 Workforce equality, diversity and inclusion W7 Learning, improvement and innovation		
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Related Trust documents (to be read in conjunction with)
• Dignity Respect (Bullying, Harassment and Discrimination) Grievance Policy (HR2) • Complaints Policy (CP2) • Raising Concerns (Whistleblowing) Policy (CP53) • Data Protection and Confidentiality Policy (CP59) • Leave Policy (HR24) • Employee Well-being, Sickness & Ill-Health Policy (HR26) • Recruitment and Retention Procedure and Policy (HR57)

Document review history:			
Version No:	**Authored/Reviewer:**	**Summary of amendments/ record documents superseded by:**	**Issue date:**
1	Carla Fourie	Initial Version	01 April 2017
2	Gary Brisco	Updated to reflect new terms and guidance for marginalised groups	01 December 2020
2.1	Gary Brisco	Reformatted to new template.	30 November 2023
3.0	Gary Brisco	Updated to include new national legislation (including NHS EDI Improvement Plan 2023-2025) New terms and updated guidance in line with EPUT People and Culture strategy and Behavioural Framework Additional Guidance on supporting staff and service users against discrimination or potential inequalities. Equality Impact Assessment simplified for ease of use and streamlined approval process	01 April 2024
			Date
			Date
			Date

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1 Introduction

1.1 The purpose of this policy is to ensure that all practices within Essex Partnership University NHS Foundation Trust (EPUT) are carried out in a fair, reasonable and consistent manner.

1.2 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.

1.3 This policy is at the heart of enabling the Trust to deliver its core values. Through the implementation of this policy 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 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).

2 Principles

2.1 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.

2.2 The Trust will promote equality and embed 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 the protected characteristics under the Equality Act 2010; race or heritage, religion or belief, age, biological or anatomical sex, marital or civil partnership status, gender reassignment or identity, disability, mental health or long-term condition, sexual orientation or pregnancy and maternity status. This also applies to those with caring responsibilities and other identified marginalised communities (including veterans).

2.3 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. Trust staff have the right to be protected against discriminatory and violent behaviour from service users, their families and carers.

2.4 Service users, their families and 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.

2.5 Anyone that interacts with the Trust, including partners and stakeholders will receive inclusive treatment whether they are receiving a service, providing a service, tendering for a contract or any other relationship.

2.6 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 that 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.

2.7 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.

2.8 The Trust is committed to monitoring, evaluating and reporting on issues of and inclusion in services, carers and the workforce.

2.9 The Trust will continually review best practice standards of equality & inclusion under the **Equality Act (2010) and the Human Rights Act (1998)**.

2.10 The Trust will work to reduce health inequalities for service users and carers accessing our services and in the communities we serve.

2.11 Service users and carers should be collaboratively involved in the development of new policies, services and the monitoring of progress to achieve actions plans, where appropriate. The input of marginalised communities should be sought to ensure inclusive development.

2.12 Trust employees will receive equitable treatment in all relevant aspects of the employment relationship.

2.13 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 or implementing targeted recruitment programs at marginalised communities.

2.14 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.

2.15 EPUT's People and Education Strategy is aligned with the Trust's strategic vision, values and objectives, with everyone taking an active role to reduce inequalities, respecting one another and building an open and equitable culture within our organisation that celebrates diversity.

2.16 This strategy is owned by the EPUT Equality and Inclusion Committee (EIC). The EIC drive and monitor progress, reporting to the People Equality and Culture Committee (PECC). This plan is aligned to the EDI Framework developed in partnership with the Mid and South Essex Integrated Care System EDI Sub-Group and is influenced by the implementation of the NHS EDI Improvement Plan (2023) actions.

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3 Benefits of Equality & Inclusion

3.1 The Trust recognises the benefits that 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.

3.2 With these principles, EPUT as an organisation that respects its workforce's diversity and human rights should:

- Not tolerate any form of abuse, discrimination, bullying or harassment
- Treat each person as an individual and respect their culture and diversity
- Not tolerate any form of abuse, discrimination, bullying or harassment
- Treat people equally and equitably and address potential discrimination within the organisation
- Ensure staff are able to provide positive or negative feedback without fear of retribution, and that mechanisms to do this are accessible to all.
- Ensure measures are in place to support and debrief staff who have experienced bullying, harassment or abuse motivated by discrimination.

3.3 With these principles, EPUT as an organisation that respects the diversity and human rights of the people accessing our services should:

- Not tolerate any form of abuse, discrimination, bullying or harassment
- Treat each person as an individual by offering person-centred care
- Enable people to maintain the maximum possible level of independence, choice and control in line with their protected characteristics, culture and identity.
- Listen and support people to express their needs and wants
- Respect people's right to privacy
- Strive for inclusivity and make sure this is reflected in their care, and ensure that those from marginalised or minority groups are not discriminated against
- 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

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4 Scope

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

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

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

4.4 This policy applies to the conduct and contributions of EPUT staff with our regional and national NHS partners in other provider organisations.

5 Definitions / Glossary

5.1 PROTECTED CHARACTERISTICS

The Equality Act (2010) states that the following characteristics should not be discriminated against:

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

5.2 Whilst the Equality Act (2010) covers nine protected characteristic groups, we as an organisation acknowledge marginalised communities outside of these (those that may receive less support or may be stigmatised or discriminated against in society). EPUT also acknowledges intersectionality and the impact that this may have on someone who is part of multiple marginalised communities.

5.3 Additional marginalised communities 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).
- Unhoused people
- Travelling communities
- Veterans

Those with dietary requirements (including allergies, intolerances, faith or belief based diets including vegetarianism and veganism).

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Term	Definition / Meaning
Protected Characteristic	Characteristics that cannot be discriminated against in a public organisation, specifically listed under the Equality Act (2010)
Direct Discrimination	Treating someone with a protected characteristic less favourably than others.
Indirect discrimination	Use this section to describe any specialist terms or acronyms that appear within the policy document - just type over this text.
Discrimination by association	When a person is treated less favourably because they are linked or associated with a protected characteristic.
Discrimination by perception	When a person is discriminated against because they are thought to have a particular protected characteristic when in fact they do not.
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 **Whistleblowing (CP53)**
Bullying	Bullying is similar to harassment in terms of it being a violation of dignity, often bullying is described as a form of harassment. However, Bullying is usually a series of acts over a period of time i.e. Bullying is persistent behaviour, directed against an individual, which is offensive, intimidating, malicious or insulting, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient. Bullying is largely identified not by what has actually been done but rather by the effect it has on its target. Definition from **Dignity, Respect (Bullying, Harassment and Discrimination) Grievance Policy (HR2)**
Harassment	Harassment is the violation of dignity or creation of an offensive environment directed at one person or many people: an unwanted behaviour, which a person finds intimidating, upsetting, embarrassing or humiliating. Harassment is largely subjective the individual will decide on whether they feel conduct is either acceptable or offensive i.e. it is not the intention of the perpetrator that is key in deciding whether harassment has occurred. Harassment may take the form of a single act or a series of acts over a period of time. Definition from **Dignity, Respect (Bullying, Harassment and Discrimination) Grievance Policy (HR2)**
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 policy within working practices and raising staff awareness of the Trust's position on equality, inclusion and human rights.

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Term	Definition / Meaning
Marginalised Group / Community	Groups of people within a given culture, context and history at risk of being subjected to discrimination or unequitable treatment due to the interplay of different personal characteristics or grounds, such as sex, gender, age, ethnicity, religion or belief, health status, disability, sexual orientation, gender identity, education or income, or living in various geographic localities. Marginalised groups experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions.
Minority Group / Community	An alternate term for marginalised group / community.
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.
Micro and Macro 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.
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.
Reasonable adjustments	Where someone meets the definition of a disabled person in the **Equality Act 2010**, employers are legally required to make reasonable adjustments to any elements of the role which may place a disabled person at a substantial disadvantage compared to non-disabled people. Where limits in finance or implementation go beyond "reasonable", it is best practice to explain the limitations faced and develop an alternative solution.
Intersectionality	The connection of various forms of discrimination centred on race, gender, class, disability, sexuality, and other forms of identity. Intersectionality referring to how these interact to produce particularized forms of discrimination and disadvantage.
Racism	When a person is treated worse, excluded, disadvantaged, harassed, bullied, humiliated or degraded because of their race or ethnicity, including their perceived race or ethnicity.

Term	Definition / Meaning
BME	An abbreviation for "Black, Asian and minority ethnicity". This term is commonly used to refer to communities of people from marginalised ethnicity groups. **NB:** Whilst "BME" is used when referring to large groups of people, it should be avoided when discussing individuals, care should be taken to refer to a person's actual ethnicity where possible instead of using "catch all" terms.
LGBTQ+	An abbreviation for "Lesbian, Gay, Bi, Trans and any other sexual orientation or gender identity." **NB:** "LGBTQ+" is commonly used when referring to large groups of people and should be avoided when discussing individuals, care should be taken to refer to a person's sexual orientation or gender identity where possible instead of using "catch all" terms.
Disability	Disability (or being disabled) under the **Equality Act 2010** is a physical or mental impairment that has a substantial and long-term negative effect on someone's ability to do normal daily activities: • Substantial: More than minor or trivial (i.e. Taking much longer than it usually would to complete a daily task like getting dressed). • Long-term: means twelve months or more (i.e. A breathing condition that develops as a result of a lung infection)
Transgender	Denoting or relating to a person whose gender identity does not correspond with the sex assigned to them at birth ("cisgender"). Gender identity is separate from sexual or romantic orientation.
Non-Binary	Non-binary people may identify as an intermediate or separate third gender, identify with more than one gender, no gender, or have a fluctuating gender identity. Gender identity is separate from sexual or romantic orientation.

5.4 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 service users, carers and friends or family members of service users that relate to disability. Promotional materials to share this with staff and service users are available within the Trust, and should be displayed at all sites.

5.5 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 and developing accessible versions of Trust documents, as well as accessing interpreters for multilingual versions or translation to requested formats.

6 Key Legislation

6.1 THE EQUALITY ACT (2010)

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.

6.2 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).

6.3 This act is a key part of the legal framework that underpins the way the Trust provides its services and supports its staff. The act includes the legal definitions for discrimination, disability and reasonable adjustments.

6.4 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.

6.5 General duties:

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

6.6 Specific duties:

- Report on the progress on meeting those objectives, using the Equality and Diversity System (EDS) 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 of our workforce and ensure equitable treatment is in place for those from marginalised groups.
- Review the Trust's approach every four years

6.7 The Public Sector Equality Duty (as part of the Equality Act 2010) 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.

6.8 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 service users 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 service users 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 based on a person's protected characteristics, and should provide services that are equal and inclusive of all.

7 Duties

7.1 Essex Partnership University NHS Foundation Trust

EPUT has a legal and moral responsibility for ensuring equality of opportunity, respect for diversity and inclusion of marginalised groups.

7.2 The Chief Executive Officer has overall responsibility for the effective operation of EPUT's implementation and delivery of equality, diversity and inclusion, as well as ensuring compliance with the PSED and **Equality Act 2010**.

7.3 The Trust Board and Executive Directors have primary legal and moral responsibility for ensuring that it and its employees, systems and practices do not discriminate. 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. This is in line with the PSED.

7.4 **The Senior Responsible Officer (SRO) for Inclusion** has overall responsibility for chairing the Equality and Inclusion Committee and monitoring of EDI work streams and priorities.

7.5 **All managers** will be responsible for ensuring that principles of equality, inclusion and human rights are understood and applied within their areas of responsibility.

7.6 **All staff** should have an inclusion discussion with their manager as part of their appraisal to ensure that any personal and individual needs are being met and to support them in attending Staff Equality Networks or identifying training and learning opportunities as part of the Trust's commitment to Equality and Inclusion.

7.7 **It is the responsibility of all staff** to challenge discriminatory comments within the organisation, and to inform their line manager or Employee Relations team if they suspect that discrimination, harassment or victimisation is taking place within the Trust. The Freedom to Speak up Guardian and Employee Experience Team is able to provide support.

7.8 **All Staff** have a responsibility for ensuring that any allegations of discrimination, harassment or victimisation are fully reported and to ensure appropriate action is taken in line with EPUT Policy in the same way as any other anti-social behaviour. This includes (but is not limited to) racism, ableism, misogyny, misandry, homophobia, biphobia and transphobia. This includes any other discrimination or negative treatment based on a protected characteristics (or perception of being from a marginalised community).

7.9 Incidents of discriminatory bullying, abuse or harassment should be reported to a line manager and steps should be taken by the manager to challenge this behaviour.

7.10 Any employee discriminated against or victimised can raise this with the Trust resources below:

- A senior member of staff within their team (manager, supervisor, head of services)
- An Employee Experience Manager
- The Employee Relations team
- EPUT's Freedom to Speak up Guardians (confidential)
- Their Trade Union (if applicable)

7.11 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.

7.12 All EPUT Employees are expected to challenge discriminatory behaviour when witnessing it. Colleagues should consider speaking up and giving feedback to other colleagues and service users alike to:

- Challenge discriminatory comments, behaviour, assault and / or abuse.
- Remind others that this is not acceptable when they see it and against the Trust's policy, procedure and ethos.

- Encourage staff to report and raise any incidents, as well as supporting those affected or witnessing this discriminatory behaviour.
- Support teams to challenge any service user, carer or member of the public that exhibits bullying, abuse, harassment or any other behaviour motivated by discrimination.
- Thorough records should be kept of this behaviour, as well as measures taken to challenge or mitigate it.
- Discussions on challenging service users, carers or members of the public at a later date should be held if challenging presents a risk to staff safety or wellbeing.

7.13 When challenging, ensure feedback is communicated clearly and is supportive and respectful. Staff should use the following examples below for guidance:

- In the first instance dependent on the incident, staff should make the other person aware that they are making a discriminatory comment, or behaving in a discriminatory fashion.
- A manager or senior manager should be made aware when staff witness discriminatory language or discriminatory abuse, bullying or harassment.
- If an incident is raised with the manager or supervisor, they should ensure that they have spoken to the person affected and offer support and interventions to promote their wellbeing. This should also be offered to the wider team due to the negative impact of witnessing discrimination.
- Staff may also report incidents formally if they do not feel they can raise them with their manager through appropriate Trust channels, including those listed in **section 7.11.**

7.14 Staff should complete a DATIX incident reporting form when they have experienced discriminatory behaviour, to ensure that their wellbeing is supported and that a clear incident log is established for investigation and intervention. The manager or supervisor should offer support and an opportunity to debrief when a team has experienced discriminatory behaviour, abuse, bullying or harassment.

7.15 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.

7.16 **Managers** should facilitate and resolve issues raised by the families and carers of Service Users in an open and approachable manner.

7.17 **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 Patient Advice and Liaison Service (PALS) or Complaints Procedures.

7.18 **Trade Unions / Professional Associations**

Trade Unions and 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.

8 Preventing Discrimination against Staff and Service Users

8.1 All managers have a responsibility to ensure that a DATIX Incident Report is completed when a staff member or service user experiences discriminatory language or behaviour from a Staff Member or Service User.

8.2 Whilst guidance has been provided throughout this document, staff, managers and operational leads should be aware that inclusive practice involves collaborative engagement. Agreeing with the person on how they would like to be treated, the terms they would like to use and adjustments they require in the workplace.

8.3 Supporting those experiencing racism or racially motivated behaviour

EPUT is an Anti-Racist Trust, and care should be taken within the organisation at all levels to appropriately challenge racism and discrimination related to a person's culture, heritage or race:

- EPUT will be transparent with publishing data in relation to the experiences of our Black, Asian and minority ethnicity (BME) workforce and service users, such as the Workforce Race Equality Standard (WRES) and PSED reporting.
- EPUT empowers all staff to challenge those behaving in a discriminatory fashion, and information should be visible to staff and service users in a care setting that clearly states we as an organisation do not tolerate this behaviour.
- EPUT will ensure that a volunteer inclusion ambassador will be involved in employee relations investigations concerning BME staff within the organisation.
- EPUT will ensure that tools and training are provided to reduce and remove potential bias from our shortlisting and recruitment processes.
- EPUT will work collaboratively with the Ethnic Minority and Race Equality Network to drive positive changes within the Trust.
- EPUT will also work alongside our Integrated Care Board partners to ensure that we implement improvements within our organisation with a view of reducing and mitigating racism and race-motivated bias or discrimination.

8.4 In instances where a service user, carer or relative requests that they do not receive treatment or service from a member staff in our services due to their race, heritage or ethnicity, this will be refused. This will be challenged appropriately on the grounds that we do not allow those accessing our services to discriminate against staff members under these grounds, and that racially motivated abuse, discrimination, bullying or harassment is unacceptable in the Trust.

8.5 In instances where a service user, carer or relative requests that they do not receive treatment or service from a member of staff in our services due to any protected characteristic or perceived protected characteristic, this will be refused. This will be challenged appropriately on the grounds that we do not allow those accessing our services to discriminate against staff members, and that discriminatory motivated abuse, bullying or harassment is unacceptable in the Trust.

8.6 Whilst guidance has been provided throughout this document, staff, managers and operational leads should be aware that inclusive practice involves collaborative engagement. Agreeing with the person on how they would like to be treated, the terms they would like to use and adjustments they require in the workplace.

8.7 Supporting Staff with Gender Reassignment or Transition

Where a staff member declares that they want to be treated in accordance with a gender different from the one they were assigned at birth, including transgender or non-binary identities, they should be treated in line with their declared Gender (or lack thereof).

8.8 This includes the usage of preferred pronouns, updating their staff records and access to appropriate toilet and changing facilities. The Trust will support this in line with the **Equality Act 2010** and a Gender Recognition Certificate will not be required for this inclusive treatment.

8.9 **Managers** should ensure that this reflected in the staff member's support within the Trust, including but not limited to staff records, ID cards, badges and Trust Communications. The manager or supervisor should discuss this with the staff member to identify any key areas of concern and appropriate interventions. Any changes to working conditions or access to facilities (because of the staff member's transition) should have a collaborative approach between the staff member and their manager.

8.10 Supporting Service Users with Gender Reassignment or Transition

Where a service user declares that they would like to be treated in accordance with an identified gender different from the one they were assigned at birth, including but not limited to transgender or non-binary identities, they should be treated in line with their declared Gender (or lack thereof).

8.11 This includes the usage of preferred pronouns, updating their patient records to reflect this and access to appropriate toilet, accommodation and changing facilities. The Trust will support this in line with the **Equality Act 2010** and a **Gender Recognition Certificate** will not be required for this inclusive treatment.

8.12 The service providing this care should ensure that this reflected in their patient records, care plan and treatment. Staff will respect this in line with the **Equality Act 2010** and a Gender Recognition Certificate will not be required.

8.13 In the event that adjustments cannot be made to reflect the accommodations listed in this section, a discussion should be had with the person affected clearly listing the reasons or decision behind this rationale and this should be recorded in the person's records.

8.14 The measures listed above shall also be applied to visitors to the Trust, members of the public and carers accessing our services or sites.

8.15 Where service users are concerned, guidance should be in line with **CG97 (Clinical Guideline for the Care and Management of Transgender Patients, Adults and Children).**

8.16 Supporting Staff with disabilities and long-term conditions.

Where employees have a disability or long-term condition, the Trust will consider whether it is reasonably practicable to vary and/or adapt work requirements to meet these needs (referred to as "reasonable adjustments") to ensure this employee is not placed at a disadvantage.

8.17 The Trust will take any possible steps 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. Where this is not viable, a clear explanation of the decision will be provided to the person affected.

8.18 Reasonable Adjustments should be agreed and put in place with a Reasonable Adjustments Passport, using the template and guidance in EPUT's **Employee Well-being, Sickness & Ill-Health Policy (HR26).**

8.19 Reasonable Adjustments are also permitted for Staff Carers to mitigate potential disadvantages and support them in their role in the Trust alongside the care of their dependant (cared-for).

8.20 Supporting Staff Carers

The Trust will recognise the introduction of the **Carer's Leave Act (2023),** a new statutory leave entitlement that grants up to one week of unpaid carer's leave per year, to employees who are caring for a dependant with a long-term care need.

8.21 Under the **Carer's Leave Act (2023**), a person is a dependant (cared-for) of an employee if they:

- Are a spouse, civil partner, child or parent of the employee
- Live in the same household as the employee, otherwise than by reason of being the employee's boarder, employee, lodger or tenant
- Reasonably rely on the employee (carer) to provide or arrange care

8.22 The dependant of an employee is seen by the Trust as having a long-term care need if:

- They have an illness or injury (whether physical or mental) that requires, or is likely to require, care for more than three months
- They have a disability for the purposes of the Equality Act 2010
- They require care for a reason connected with their old age.

8.23 To be entitled to the provision, employees need to be providing long-term care to a dependent based on the definitions above. This will enable carers to better balance their caring and work responsibilities, supporting them to remain in employment.

- The leave will be able to be taken in half or full days, up to and including taking a block of a whole week of leave at once.
- The notice period an employee needs to give to take the leave is twice the length of time that needs to be taken in advance of the earliest day of leave.
- An employee does not need to notify their employer in writing regarding their request to take Carer's Leave, although they can do so if they wish to.
- Importantly, employees taking Carer's Leave will have the same employment protections as associated with other forms of family related leave. This includes protection from dismissal or detriment as a result of having taken the leave.

8.24 Supporting Spirituality, Religion and Faith (including lack thereof)

Staff should discuss with their line manager if they require time during their shift for prayer and this should be negotiated in a way that ensures they are able to fulfil their role as well as observe their faith in line with EPUT's **Spiritual Care Policy for All Faiths and None (CP14)**.

8.25 Support is available from EPUT's Chaplaincy Team for staff and service users to ensure a person's spiritual or faith needs are met within EPUT services.

9 Equality Systems and Processes

9.1 THE NHS EQUALITY DELIVERY SYSTEM (EDS2022 or EDS):

The Equality Delivery System 2022 (commonly referred to as EDS), implemented by NHS England, is a tool designed to support the NHS in making improvements on equality, diversity, wellbeing and inclusion for the benefit of service users and staff. In addition, it responds to individuals and groups protected by the Equality Act 2010 and supports our organisation in meeting our Public Sector Equality Duties. It focuses on two areas: commissioned or provided services, and workforce health and wellbeing.

9.2 The EDS is a requirement for NHS provider organisations and is shared with system partners. The EDS is included in the NHS standard contract and organisations use ta summary report template to produce and publish a summary of their equality and inclusion implementation. This process involves the collection of evidence since the submission of the previous report on our progress (implementing and embedding equality, inclusion and wellbeing in EPUT). This evidence is then presented to stakeholder volunteers for scoring, and takes place across three domains:

- **Domain One: Commissioned or Provided Services** Led by the Patient Experience Team and graded by patient, careers and volunteers.

- **Domain Two: Workforce Health and Wellbeing** Led by the Employee Experience Team and graded by staff volunteers.

- **Domain Three: Inclusive Leadership** Led by the Employee Experience Team and graded by an independent evaluator, peer reviewer and Trade Union representative.

9.3 THE NHS EDI IMPROVEMENT PLAN (2023)

Launched in June 2023, The improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

The NHS EDI Improvement plan:

- Sets out why equality, diversity and inclusion is a key foundation for creating a caring, efficient, productive and safe NHS
- Explains the actions required to make the changes that NHS staff and service users expect and deserve, and who is accountable and responsible for their delivery
- Describes how NHS England will support implementation
- Provides a framework for integrated care boards to produce their own local plans.

9.4 This plan prioritises the following six high impact actions to address the intersectional impacts of discrimination and bias.

- **High impact action 1:** Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.
- **High impact action 2:** Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
- **High impact action 3:** Develop and implement an improvement plan to eliminate pay gaps.
- **High impact action 4:** Develop and implement an improvement plan to address health inequalities within the workforce.
- **High impact action 5:** Implement a comprehensive induction, on-boarding and development programme for internationally recruited staff.
- **High impact action 6:** Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

9.5 The NHS EDI Improvement Plan and the targets set for the High Impact Actions range from 2023-2025 and serve as our EDI Strategy as a Trust. Implementation is the responsibility of the Executive Team and Senior Responsible Officer for Equality and Inclusion within the organisation, leading these improvements through appropriate service leads.

9.6 WORKFORCE RACE EQUALITY STANDARD (WRES)

The WRES was created by NHS England to lead the race equality agenda in the NHS and to challenge organisations to improve their performance in relation to race equality and diversity. The goal of this is for employees from Black, Asian and minority ethnic (BME) backgrounds to have equal access to career opportunities and receive fair treatment in the workplace. Consisting of 10 indicators, it measures the experiences of BME staff within the organisation and compares this to the experiences of their white counterparts.

9.7 As these reports are submitted on an annual basis, they evolve to best capture the experiences of BME staff across the NHS in comparison to their white counterparts (including Bank Staff in the BWRES and Medical Staff in the MWRES). This data is also submitted to NHS England for use in national reporting.

9.8 This data is used to collaboratively develop an action plan with the Ethnic Minority and Race Equality Network (EMREN). After approval from the Equality and Inclusion Committee (EIC) and the People, Equality and Culture Committee (PECC), this is then approved by the Executive Team. They are then published on EPUT's website and the staff intranet

9.9 WORKFORCE DISABILITY EQUALITY STANDARD (WDES)

The WDES was created by NHS England to lead the disability equality agenda in the NHS and to challenge organisations to improve their performance in relation to supporting those with disabilities in the workplace. The goal of this is for disabled staff to have equal access to career opportunities and receive fair treatment in the workplace. Consisting of 10 metrics, it measures the experiences of staff with disabilities within the organisation and compares this to the experiences of their non-disabled counterparts. These reports are published online as part of EPUT's wider Public Sector Equality Duty, and are completed collaboratively with the Disability and Mental Health Staff Network in EPUT.

9.10 As these reports are submitted on an annual basis, they evolve to best capture the experiences of disabled staff across the NHS in comparison to their non-disabled counterparts. This data is also submitted to NHS England for use in their wider WDES.

9.11 This data is used to collaboratively develop an action plan with the Disability and Mental Health Equality Network. After approval from the Equality and Inclusion Committee (EIC) and the People, Equality and Culture Committee (PECC), this is then approved by the Executive Team. They are then published on EPUT's website and the staff intranet

9.12 PAY GAP REPORTING

It is a statutory obligation for organisations with 250 or more employees to report annually on their pay gap (commonly referred to as the Gender Pay Gap). NHS organisations are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations, which came into force on 31 March 2017.

9.13 These regulations underpin the Public Sector Equality Duty and require the relevant organisations to publish their pay gap data by annually, including mean and median gender pay gaps; the mean and median gender bonus gaps.

9.14 In line with the NHS EDI Improvement Plan (2023), the report will be updated in line with improvement targets to ensure the gap is narrowed year-on-year, and that data is also provided for Race, Disability and all other protected characteristics.

9.15 THE PATIENT AND CARER RACE EQUALITY FRAMEWORK (PCREF)

This mandatory NHS England framework will support trusts and providers on their journeys to becoming actively anti-racist organisations by ensuring that they are responsible for co-producing and implementing concrete actions to reduce racial inequalities within their services. It will become part of Care Quality Commission (CQC) inspections. The PCREF will support improvement in three main domains:

- **Leadership and governance**: Trust Board will lead on establishing and monitoring concrete plans of action to reduce health inequalities
- **Data**: EPUT will publish PCREF data on improvements in reducing health inequalities, as well as details on ethnicity in all existing core data sets.
- **Feedback mechanisms**: Visible and effective ways for service users and carers to feedback will be established, as well as clear processes to act and report on that feedback.

9.16 EPUT will work with service users with lived experience based on guidance and best practice provided by NHS England, and will publish this data in line with the Public Sector Equality Duty (PSED).

10 Training requirements

10.1 TRAINING AND DEVELOPMENT

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:

- Proper conduct and behaving in an inclusive manner in line with EPUT's behavioural framework
- Unconscious Bias and how this can impact their decision making
- Challenging and reporting discrimination and inequality
- Raising concerns of discrimination within the Trust, and supporting those impacted

10.2 Additional training and resources for equality and inclusion are available for those who manage staff as part of EPUT's Management Development Programme (MDP). This should be requested from the Workforce Development and Training team.

10.3 A de-bias toolkit for equality and inclusion is available for hiring managers or any EPUT staff member who is present on an interview panel. This should be requested from the Recruitment team in the Trust.

10.4 Staff should be encouraged to raise any training need with their line manager or supervisor if they are unaware on how to best support a colleague or service user from a marginalised community.

10.5 Staff can access the EDI Training Hub available on the Staff Intranet for useful resources.

11 Monitoring and audit

11.1 The Equality and Inclusion Committee is a committee with responsibilities to:

- Ensure that the Trust remains compliant with Public Sector Equality duties, including updating on key reports including the WRES, WDES and PCREF
- Provide assurance and support in respect of compliance and delivery of the Equality Delivery System (EDS Framework) and actions developed in response to reported EDI data and trends.
- The EDS provides the Trust with a framework to monitoring our progress on our PSED.

11.2 The EIC is chaired by an Executive Director and the Senior Responsible Officer for Inclusion.

11.3 This committee should be held in line with its Terms of Reference.

11.4 The EIC meets bi-monthly to monitor and update equality and inclusion projects and mandatory reporting requirements, the EIC is responsible for ensuring that the Trust delivers on our Public Sector Equality duties, and our mandatory reporting and publication requirements, as outlined above.

11.5 The Equality and Inclusion Committee has responsibility for overseeing the implementation of the Equality, Inclusion and Human Rights Policy and associated procedure.

11.6 The committee will ensure that the People, Equality and Culture Committee (PECC) is kept informed of any issues or significant risks through attendance by the senior responsible officer.

11.7 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).

11.8 The Equality Delivery System (EDS2022), WRES, WDES and NHS Improvement Plan will steer the wider People and Culture work plan that will be monitored by the Trust's SRO for Equality and Inclusion, and will be one of the main focuses of the Equality and Inclusion Committee (EIC).

11.9 The Trust will continue to be transparent and report on disciplinary, grievance and harassment rates in conjunction with regulatory requirements.

11.10 In order to meet the requirements of the Public Sector Equality Duty and to assess the effectiveness of its strategies and actions, the Trust will maintain, analyse and publish the following information for staff:

- 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.
- Details of selection, decisions for recruitment, redeployment, promotion, transfer and training and reasons for these decisions.
- The Trust will maintain, analyse and publish anonymous/statistical information on the protected characteristics of service users/carers.

11.11 Reviewing current progress against statistical tools available (Including Staff Survey scores, the NHS Friends and Family Test for service users and carers, the WDES and the WRES) will be used for measuring the achievement of the Trust in comparison to the Public Sector Duty, and effectiveness of the Trust's Equality and Inclusion Committee.

11.12 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).

12 Equality Impact Assessment (EIA)

12.1 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. A copy of the template for use within the Trust is available via APPENDIX 1

12.2 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. Staff are required to undertake an initial Equality Impact Assessment (EIA) when developing any new Trust policy, service or function.

12.3 The initial screening assessment will need to be approved by the EPUT Equality and Inclusion Sub-Committee. Authors of new policies, services or functions must gauge their impact on the nine protected characteristic groups under the Equality Act (2010).

12.4 Templates together with guidance have been developed to enable staff to undertake either EIA screening See Appendix 1. This also links to the Quality Impact Assessment process which is completed for all Cost Improvement Programmes. 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.

12.5 An initial EIA will be developed for any new policy, service or function within the Trust. If concerns of positive or negative impacts on marginalised groups are identified by the Equality and Inclusion Committee. The full EIA will ensure that these are taken into account with actions to or negate these.

12.6 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.

12.7 An EIA should form part of any new policy, event or funding activity and be factored in as early as one would for other considerations such as risk, budget or health and safety. Actions proposed as part of an Equality Impact Assessment to address inequalities or negative impacts are the responsibility of the senior lead or supervisor for the policy, service or function.

13 Staff Equality Networks

13.1 There are five Staff Equality Networks within the Trust; these Networks are created based on Staff feedback. They work in conjunction with existing staff functions including Employee Relations, Chaplaincy, Communications and the Equality and Inclusion Committee. At present, EPUT has the following Staff Equality Networks.

- Ethnic Minority and Race Equality Network (*EMREN)*
- Disability and Mental Health (*including neurodiversity and long-term conditions*)
- Faith and Spirituality (*including a lack of faith or philosophical belief system)*
- Lesbian, Gay, Bi, Trans and any other sexuality or gender identity group (*LGBTQ+)*
- Gender Equality Network

13.2 The role of these Networks is dictated by their own Terms of Reference (TOR), which is reviewed on an annual basis by the management team of the Network and agreed by the wider membership. Whilst each Network has their own individual priorities that are updated on a regular basis, their overall responsibilities include:

- 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
- Documenting their actions and the progress made in achieving goals set by the membership.
- The Chair will attend the Equality and Inclusion Committee and provide feedback on behalf of their Network
- Members of the management team will attend Equality and Inclusion events where appropriate

13.3 Each Network will be assigned at least one Executive Sponsor (a senior member of the Trust executive board acting as an ally to the Network), who visibly supports, listens and champions the Staff Equality Networks across the Trust as well as supporting them in sharing their lived experiences.

13.4 The benefit of the sponsor is to build positive working relationships by linking directly with network members using their connections and knowledge to support the network in delivering great events, widening membership and inspiring staff across Trust.

13.5 The Executive Sponsor will endeavour to:

- Attend bi-monthly meetings to support the Chair in driving discussion around topics on the agenda
- Gain validation and approval for their network as an essential function of the Trust
- Drive the vision for the network, including commitment to delivery of key actions for the network they represent
- Support the monitoring of project progress at a strategic level, ensuring alignment with business plans and strategy within the organisation
- Champion the causes of the Network, providing a key interface to other business areas to ensure there is buy-in at all levels of the Trust
- Facilitate in the removal of 'blockages' experienced by the network in the delivery of actions
- Approves relevant project documentation (such as policies or procedures reviewed by the Network)
- Approves formal project closure / sign off

14 Approval and implementation

14.1 All equality and inclusion related policies, procedures and guidelines will be approved by the (Equality and Inclusion Committee), which is the specialist group with the authority to approve local EDI documents. These will then be forwarded to the Policy team for submission and ratification by the Policy Oversight and Ratification Group.

14.2 It is the author's responsibility to inform the Equality & Inclusion Committee of the approved documents when they are uploaded to the Trust's Intranet.

15 Preliminary equality analysis

15.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals. An Equality Impact Assessment has been completed for this combined policy and procedure.

(Refer to appendix 2)

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16 References

Acts of Parliament (UK Statutes):
Equality Act 2010, c.15 Available at:
https://www.legislation.gov.uk/ukpga/2010/15/contents [Accessed 31/01/2024]

Public Sector Equality Duty, as part of the Equality Act (2010)*, c.1*. Available at:
https://www.legislation.gov.uk/ukpga/2010/15/section/149 [Accessed 31/01/2024]

Human Rights Act 1990, c. 42. Available at:
https://www.legislation.gov.uk/ukpga/1998/42/contents [Accessed 31/01/2024]

Care Act 2014, c. 23. Available at: https://www.legislation.gov.uk/ukpga/2014/23/contents [Accessed 31/01/2024]

Carer's Leave Act 2023 c18. Available at:
https://www.legislation.gov.uk/ukpga/2023/18/enacted [Accessed 08/02/2024]

Equality Delivery System (EDS2022), Available at:
https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/contents [Accessed 31/03/2024]

Workforce Disability Equality Standard (WDES). Available at:
https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes/ [Accessed: 31/01/2024].

Workforce Race Equality Standard (WRES). Available at:
https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/ [Accessed: 31/01/2024].

NHS equality, diversity and inclusion (EDI) improvement plan. Available at:
https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/ [Accessed: 31/01/2024].

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Appendix 1: Equality Impact Assessment

Click here

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Appendix 2: Initial Equality Impact Assessment analysis

This assessment relates to: CP24 Equality, Inclusion & Human Rights Policy
(Please tick all that apply)
Link to Full Equality Impact Assessment can be found in InPut Here:

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?
Race, Ethnic Origins, Nationality (including traveling communities)	Yes	Improvements made to guidance for supporting staff members affected by racism or discriminatory abuse, bullying or harassment. Clear guidance to empower staff to challenge these incidents and seek support from their managers
Sex (Based on Biological Sex; Male, Female or Intersex)	No	No new additions but the wider policy promotes inclusion of all protected characteristic groups.
Age	No	No new additions but the wider policy promotes inclusion of all protected characteristic groups.
Sexual Orientation Including the LGBTQ+ Community	Yes	Improvements made to guidance for supporting staff members and service users considering transition within our services, or who already identify as transgender / non-binary / genderfluid
People who are Married or are in a Civil Partnership	No	No new additions but the wider policy promotes inclusion of all protected characteristic groups.
People who are Pregnant or are on Maternity / Paternity Leave	No	No new additions for pregnancy or maternity, but the wider policy promotes beneficial inclusion of all protected characteristic groups.
People who are Transgender / who have had gender reassignment treatments As well as gender minority groups	Yes	Improvements made to guidance for supporting staff members and service users considering transition within our services, or who already identify as transgender / non-binary / genderfluid

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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?
Religion, Belief or Culture Including an absence of belief	No	No new additions for religion, belief or culture, but the wider policy promotes beneficial inclusion of all protected characteristic groups.
Disability / Mental, Neurological or Physical health conditions Including Learning Disabilities	No	Improved guidance on Reasonable Adjustments policy and procedure and responsibility of manager or supervisor to facilitate this.
Other Marginalised or Minority Groups Carers, Low Income Families, people without a fixed abode or currently living in sheltered accommodation.	No	No new additions for other marginalised groups, but the wider policy promotes beneficial inclusion of all protected characteristic groups.

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

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Initial Screening Question	Response
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: (Nature of policy, service or function, reviews, surveys, feedback, service user or staff data)	
Is there a need for additional consultation? (Such as with external organisations, operational leads, patients, carers or voluntary sector)	
Can we reduce any negative impacts by taking different actions or by making accommodations to this proposed Policy / Service / Function?	
Is there any way any positive impacts to certain communities could be built upon or improved to benefit all protected characteristic groups?	
If you have identified any negative impacts, are there reasons why these are valid, legal and/or justifiable?	

Please complete this document and send a copy to EPUT's Compliance, Assurance & Risk Assistant / Trust Policy Controller) at 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				
Is a Full Equality Impact Assessment Required for this Policy, Service or Function?	**Yes**		**No**	
Name:				
Date:				

Essex Partnership University
NHS Foundation Trust

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

CLINICAL GUIDELINE REFERENCE NUMBER:	CG97
VERSION NUMBER:	1
KEY CHANGES FROM PREVIOUS VERSION	New Clinical guideline; adopted from Secure Services local policy
AUTHOR:	Dr Kristoff Bonello Head of Psychology Secure Services Adapted for Trustwide use by Jo Paul, Deputy Director of Quality Transformation
CONSULTATION GROUPS:	Sexual Safety Working Group
IMPLEMENTATION DATE:	August 2021
AMENDMENT DATE(S):	-
LAST REVIEW DATE:	-
NEXT REVIEW DATE:	August 2024
APPROVAL BY CLINICAL GOVERNANCE AND QUALITY SUB-COMMITTEE:	August 2021
COPYRIGHT:	

CLINICAL GUIDELINE SUMMARY
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.
The Trust monitors the implementation of and compliance with this clinical guideline in the following ways:
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

Services	**Applicable**	**Comments**
Trustwide	✓	
Essex MH&LD		
CHS		

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

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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

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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)'.

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
Transgender, or **trans**	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.
Gender Identity	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).
Gender Expression	Refers to the way a person communicates gender identity to others through behaviour, clothing, hairstyles, voice, or body characteristics
A Trans woman	Someone who was assigned male at birth but experiences a clear and constant gender identity as a woman.
A Trans man	Someone who was assigned female at birth but experiences a clear and constant gender identity as a man.

Cisgender or cis	Refers to a person who either fully or partly identifies with the sex they were assigned at birth.
Pronouns	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. 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'**.**
Non-binary or **Genderqueer**	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. People may identify as one or more of the following: Multiple genders, such as both man and woman (bigender, pangender) Having no gender (genderless, agender) Moving between multiple genders (gender fluid) 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

Transsexual and **transvestite**	Medically defined terms which appear in diagnostic guides and some legal texts. However, these terms are usually seen as **offensive and stigmatising** and should be avoided, unless specifically used by a patient to refer to themselves.
Bi-gendered	A person who considers themselves to be both male and female at different times
Cross dresses	A person who **cross dresses** (also known as a '**transvestite**') 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.
Gender dysphoria / Gender Incongruence	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'.
Gender euphoria	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.
Gender-questioning	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.
Transitioning	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.

Gender reassignment	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).
Gender Affirming Treatment	Or **Sex reassignment therapy** can include hormone replacement therapy (HRT) to modify secondary sex characters, surgery to alter primary sex characteristics, or permanent hair removal.
A Gender Recognition Certificate (GRC)	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.
Intersex	Intersex people are individuals who have a less common combination of sex chromosomes and thus have ambiguous sexual characteristics. The NHS defines it as '*Differences in Sex Development (DSD)*', 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. 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.
Sexual Orientation	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,

	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) - *American Psychological Association*.

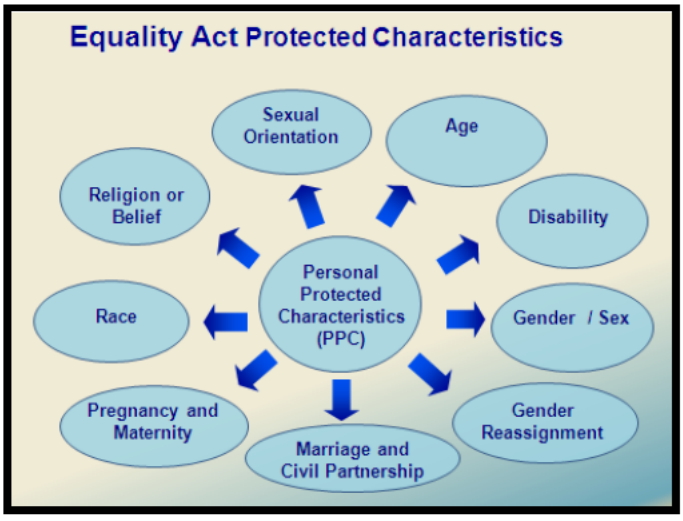
4.0 LEGISLATION AND THE PROTECTION OF TRANS PEOPLE

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 Tribuna**l 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

- 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 noes 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.

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).*

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.

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 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.

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.

- 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 that 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

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.

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.

✓ **Supporting Gender Diverse Children and Young People**

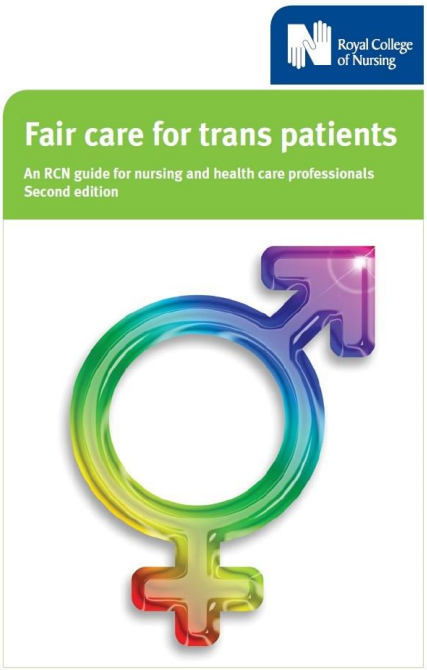
https://www.gires.org.uk/e-learning/

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

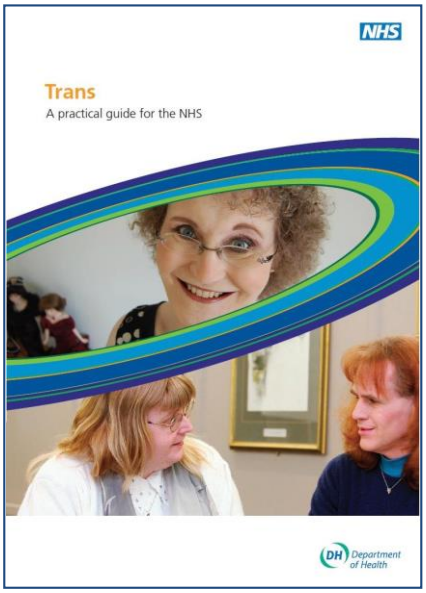


FAIR CARE FOR TRANS PATIENTS

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.



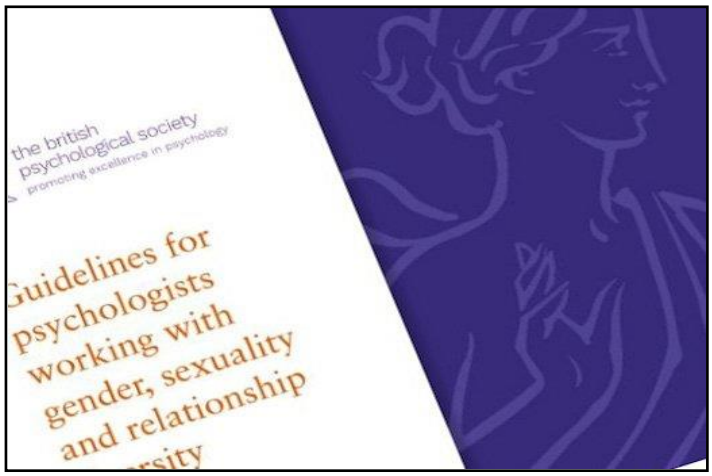
TRANS

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/grougr/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

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

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

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

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

CP24 – Appendix 1 Equality Impact Assessment (2024)

Please Note: An EIA must be attached to papers submitted to Board, the Executive Team or any other committee within EPUT. The Equality Impact Assessment (EIA) is designed to make sure that our policies, services and functions do not discriminate in line with the Equality Act (2010). The author must gauge the impact of what they propose against marginalised and minority groups.

How to complete this EIA

The lead assessor must be a member of the team leading the implementation of the service, function or project. If this is not the case, the final assessment should be approved by the lead before submission, examples of what warrants an EIA include:

- Introducing a new way of working into the Trust, or developing new services.
- Implementing new technology or processes.
- Creating a new policy or process that will affect staff in EPUT, or patients in their care.
- Implementing significant changes to an existing service, function or process within EPUT.

1) **Review evidence:** What evidence do you have that this may affect those from minority or marginalised communities? Have you looked at similar projects to identify best practice or discussed this in your team?

2) **Consultation:** Have you discussed this with stakeholders in the Trust or sought evidence?
   - Involving staff or patients who would be impacted in the decision-making process
   - Guidance from national organisations *(CQC / NHS Employers)*
   - The Equality and Inclusion Hub *(on the staff intranet)*
   - Input from Staff Equality Networks
   - Reviewing this against good practice in other NHS Trusts

3) **Provide rationale:** Explain clearly why this project will not affect marginalised or minority groups in the section below. Discuss this with your team and ensure that you are involving as many diverse viewpoints as possible in the conversation. List your reasons clearly in the boxes overleaf.

   The Equality and Inclusion Committee can review this and develop actions to support with implementation. You should also make a note on if this might benefit one group over others (for example, if an initiative improves the experience of those with disabilities or long-term conditions). This information can be used to suggest future improvements.

4) **Submission:** Please send a copy to epunft.equality@nhs.net for approval by the Equality and Inclusion Committee. These will be reviewed and approved as part of the next committee meeting. Actions may be suggested if concerns are raised by the initial screening. Please ensure that clear actions for these concerns is part of the final EIA document.

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

Date (DD/MM/YYYY)		
Directorate / locality / department		
Name of new policy / service / function		
Is this a new policy / service / function or a change / review to an existing one?		
Name of person(s) completing this EIA and their role(s) within the Trust *(Inc. the lead assessor completing this assessment)*	Name:	Role:
	Name:	Role:
	Name:	Role:
Name of relevant director of services		
Contact email address of lead assessor		

Actions as a result of this EIA:

Actions developed if requested by the Equality and Inclusion Committee following completion of screening questions and project details:

	E&IC suggested action (To be completed by the EIC in response to a concern raised by the screening questions overleaf)	**How / when was this completed?** (please provide a short summary of how this was addressed and when)
1		
2		
3		

This section to be completed by the Chair, following approval by the EPUT Equality and Inclusion Committee			
Equality Impact Assessment Authorised by:			
Name:		**Role:**	
Date:			

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

Screening Questions: *To be Completed by lead assessor:*

Does this work affect this group more / less favourably than another on the basis of:	Yes / No	What / where is the evidence / reasoning to suggest this?
Race, Ethnic Origins, Nationality (including traveling communities)		
Sex (Based on Biological / Anatomical Sex; Male, Female or Intersex)		
Age		
Sexual Orientation Including Heterosexual, Lesbian, Gay, Bisexual or any other orientation.		
People who are/were Married or are/were in a Civil Partnership		
People who are Pregnant or are on Maternity / Paternity Leave		
Transgender people, including those undergoing gender reassignment or those who do not identify as the gender they were assigned at birth		
Religion or Belief Including an absence of belief or philosophical beliefs such as Veganism		
Disability / Mental, Neurological or Physical health conditions Including Learning Disabilities		
Other Marginalised or Minority Groups Carers, Low Income Families, people without a fixed abode or currently living in sheltered accommodation.		