



**EQUALITY, DIVERSITY & INCLUSION PLAN 2018-2022**

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**Purpose of the report & summary:**

The Equality Plan provides an overview of activity by the Trust over the next four years and clarifies five priorities for action that link to the person centred model for Equality & diversity (that this plan is focused around). These principle are:

- Human Rights are Promoted
- Equally Good Experience
- Equity of Access
- Equity in Outcomes
- Evaluation of impact of this plan

The plan also include two themes that should thread throughout future activity as identified throughout the co-production of this plan:

- Removal of systemic barriers
- Develop a wider understanding of Intersectionality

The plan has been co-produced and through three iterations prior to this final version. Co-production of the initial drafts were through collaborative work of staff, service users and carers with further engagement with third sector organisations following this.

The plan is designed to achieve a significant, measurable, change in advancing equality of opportunity for all people coming into contact with the organisation.

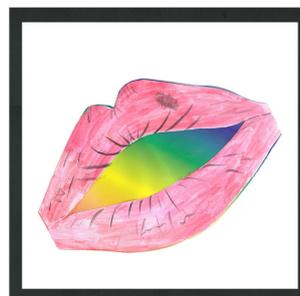
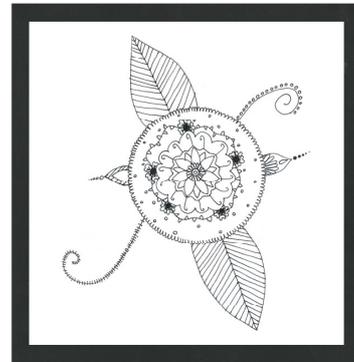
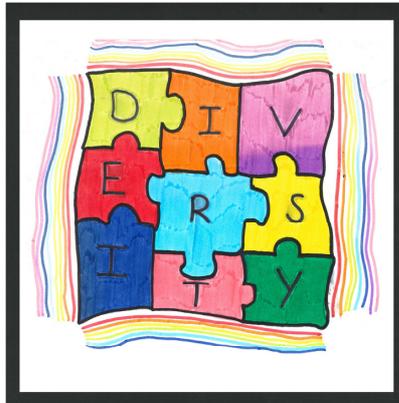
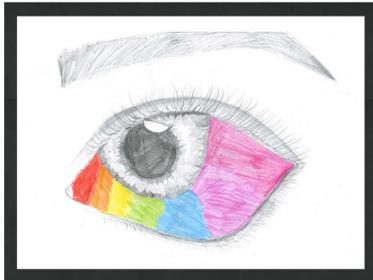
**Seen by the following committee(s) on date:**

**Finance & Investment/Integrated Governance/Executive/Remuneration/Board/Audit**

Seen by:

- Quality & Risk Management Committee (QRMC) – 25 April 2018 (approval given to proceed to Integrated Governance Committee pending minor changes)
- Integrated Governance Committee (IGC) – 10 May 2018 (approved on behalf of Trust Board for publication)

# Equality, Diversity & Inclusion Plan 2018 - 2022



## **What does equality, diversity & inclusion mean to you?**

In 2018, we asked young people in Forest House Adolescent Unit to develop some art that showed what equality, diversity & inclusion meant to them. A selection of this is provided on the front cover of the plan.

## **Acknowledgments**

We would like to thank all of those who contributed to the co-production of this plan. We hope you seen your contributions included throughout and we couldn't have done it without you!

## 1. Foreword

At Hertfordshire Partnership University NHS Foundation Trust (HPFT), we believe that Equality, Diversity & Inclusion should be at the heart of what we are delivering for service users, carers and staff across Health & Social Care. We also believe that people perform better when they can be themselves and are committed to helping people to achieve this.

Seeing someone as a whole person means they are more likely to feel they are living with a good level of wellbeing, perform better in the workplace and feel more able to have control over their overall health and wellbeing; enabling more choices for the future.

This plan supports our mission as an organisation of supporting people of all ages to keep mentally and physically well. It also reinforces our commitment to challenging inequality and promoting equity for all who use our services and are employed by the Trust.

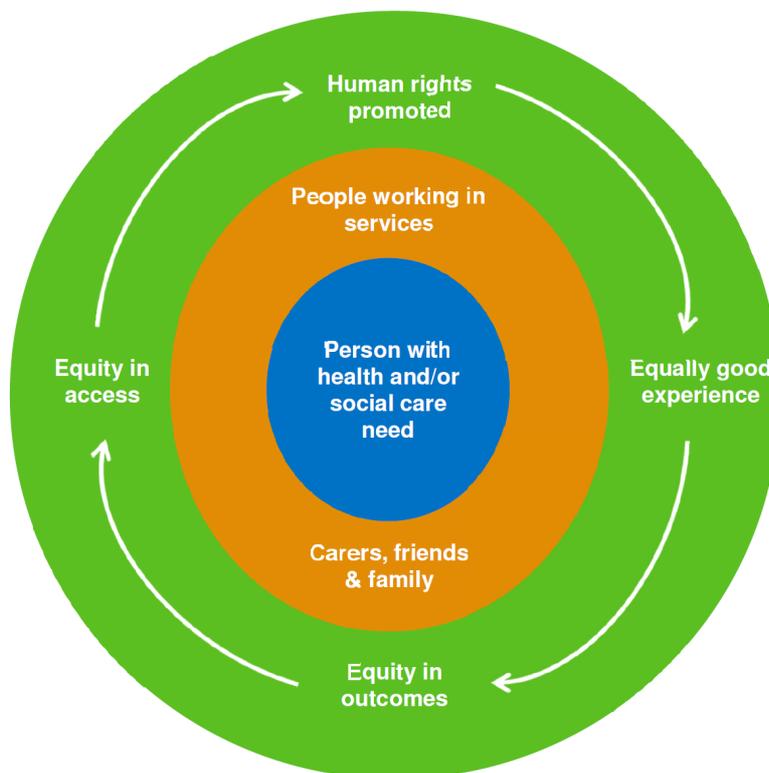
We are proud to lead a diverse organisation and pleased that this plan has been co-produced by a range of our stakeholders including service users, carers, staff and colleagues from external organisations.

## 2. Our model for Equality, Diversity & Inclusion

This plan and its priorities are based on the person centred model for Equality, Diversity & Inclusion<sup>1</sup>. Put simply, this means that the person receiving services is at the centre of this model and that staff within the Trust and families/carers are closely linked to this. The model also means that working towards equality, diversity and inclusion is a continual process meaning that the following four elements constantly need to be considered:

- Human rights promoted
- Equally good experiences
- Equity in outcomes
- Equity in access

The diagram below explains this visually:



Wider factors leading to health inequalities and inequalities in life chances

All priorities in this plan link to this model to enable us to measure improvements at both an individual and population level re: the services and employment we provide.

### 3. The importance of equality, diversity and inclusion to HPFT

The Trust is required to ensure it complies with the law around equality, diversity and inclusion as well as NHS England's requirements for NHS organisations. This means ensuring compliance with:

- Equality Act 2010
- Public Sector Equality Duty (PSED)
- NHS Five Year Forward View for Mental Health
- Equality Delivery System 2 (EDS)
- NHS Workforce Race Equality Standard (WRES)
- Sexual Orientation Monitoring Information Standard
- NHS Workforce Disability Equality Standard (WDES)
- Gender Pay Gap reporting
- Accessible Information Standard

More information is available about each of these in Appendix 1 and we have included a glossary of some of the terms used in this plan in section 11.

However, if we are going to provide the best opportunities for people it is important that we think beyond the law. The Trust is working towards delivering Great Care and Great Outcomes for people together. This is the overall theme of the Trust five year 'Good to Great' strategy as detailed in the diagram below.



The Trust strategy is centred around the five key principles below:

- Ensuring the best service user and carer experience
- Improving staff experience
- Championing innovation and improvement
- Adding value
- Developing relationships and partnerships

When developing our services and workplaces we are committed to making sure these clearly show our values of being Kind, Welcoming, Positive, Respectful and Professional. We want to make this work for everyone.

All of this links nicely with the NHS constitution (Principle 1) that 'The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.'<sup>2</sup>

The reason that this plan is needed is because we know there are inequalities that people still experience and we need to work harder to make improvements to the way we do things. The examples below show why some of this work is still needed:

HPFTs values show how people should expect to be supported by the organisation and we need to show that these work for everyone.	The Trust reported a gender pay gap of 7.6% in March 2018, meaning that on average female staff are paid 7.6% less per hour than male staff.
Reducing health inequalities are a matter of fairness and social justice; Health inequalities result from social inequalities. <sup>3</sup>	The Trust has an under-reporting of information from service users and carers with regards to disability, sexual orientation and religion/belief.
We know that people from some ethnic minority backgrounds <sup>4</sup> , sexualities <sup>5</sup> and gender identities <sup>6</sup> are more likely to need support for their mental health.	We have legal responsibilities under the Equality Act 2010 and Public Sector Equality Duty (PSED) to ensure that we are eliminating discrimination, promoting equality of opportunity and fostering good relations between different groups <sup>7</sup> .
Staff from ethnic minority backgrounds and with disabilities report that they experience more discrimination at work than other staff. <sup>8</sup>	The Workforce Race Equality Standard shows that there are inequalities for ethnic minority staff across the NHS. <sup>9</sup>
There are clear links between the physical working environment and health/wellbeing. <sup>10</sup>	Across the NHS people from all religions report experiencing discrimination on the basis of their faith, but reporting is by far the highest among Muslims. <sup>11</sup>
There are a number of specific national and international issues in the spotlight that impact on us locally E.g. women and girls, religious discrimination, mental health stigma.	Being a leader in Equality, Diversity & Inclusion improves our reputation and trust in us as an employer and service provider.

#### 4. Our priorities for the next four years

As this plan uses the person centred model for equality, diversity & inclusion, our priorities for the next four years fall under the following headings:

1. People have equally good experiences
2. People have equity in outcomes
3. People have equity in access
4. People's human rights are promoted
5. Evaluating and monitoring the impact of this plan

Throughout each of these there are two key themes that those co-producing this plan felt needed more focus over the next four years. These are:

- Removal of systemic barriers – as the name suggests, these are policies, practices or procedures across a whole system (E.g. the Trust) that result in some people having unequal access or being excluded. They can also be psychological barriers caused by fear and mistrust based on personal experiences. It is therefore important that we look at solutions to addressing these barriers to make sure that people have equal experiences of services/employment and equity of access to our services.
- More awareness and understanding of intersectionality – Intersectionality is a term used to describe multiple types of discrimination that someone might experience when their identity overlaps across a number of different groups, such as gender, age, ethnicity, sexuality etc. This means we have to get better at understanding people as a whole so that we understand how to reduce inequalities for them and others. In doing this we make to make sure that no protected characteristic outweighs another and that we understand someone's entire experience.

All of our work from this plan will feed into the Trust Equality Delivery System and our compliance with the Public Sector Equality Duty (and wider Equality Act 2010).

## 5. What will our work look like over the next four years?

This section breaks down each of our priorities (mentioned in the previous section) and says what we will do to address these.

Priority	For our service users and carers	For our staff
<p><b>1. People have equally good experiences</b></p>	<p>We will change the way that we analyse our feedback from services to reflect our legal responsibilities. This will mean we improve our understanding of the experiences of different groups and that we reduce inequalities through clear action planning and working alongside service users and carers to achieve this.</p> <p>Part of this will involve developing and using new performance measurements for equality, diversity &amp; inclusion as well as an action plan for addressing programmes of work around areas such as accessible Information and discrimination. We will expand the organisations approach to intersectionality (see section 4) to help with this.</p>	<p>We will ensure that in delivering our Organisational Development strategy it includes opportunities for diverse groups of staff to share and debate the issues that are important to them and where they feel inequality may exist.</p> <p>We will also continue to monitor this through our data about staff experiences at work, including the national staff survey, our internal PULSE survey and other mechanisms of staff feedback such as staff networks. Our staff networks (see section 11) will also identify specific topics that are relevant to certain groups of staff E.g. issues affecting women in the workplace, staff with disabilities etc and we will agree with them what action needs to be taken. We will provide safe and supportive environments for these discussions.</p>
<p><b>2. People have equity in outcomes</b></p>	<p>Achieving equity in health outcomes is central to this plan. To do this we will develop an innovative programme of work that is focused on identifying and removing systemic barriers that can lead to inequity in outcomes. This will include (but not be limited to) taking action to reach under-represented groups at an earlier stage, reviewing trends for inpatient admissions and ensuring that we are monitoring the Trust Clinical Outcomes Framework (COF) against principles of equity (E.g. quality of life outcomes).</p> <p>We will revise the Trust carer pathway and approach to the triangle of care to ensure consistent levels of quality across all service areas – we will also pay particular attention to identifying under-represented groups of carers.</p>	<p>We will continue to put in place dynamic programmes of work that address the needs of BME, Disabled and LGBT staff whilst having a clear action plan to eliminate the Trust gender pay gap. We will also ensure that our senior leaders have a collective understanding of how to remove barriers and promote equality of opportunity so that improvements can be measured on a local and Trust wide basis.</p> <p>To support this we will ensure our Organisational Development strategy strengthens the competencies required from staff re: improved approaches to creating equity at work.</p>
<p><b>3. People have equity in access</b></p>	<p>We will commission a new online and app based service to provide disability access guides for all of our services.</p> <p>We will also gather information about some of the wider factors that influence the way people access services (e.g. socio economic, cultural etc) and aim to have more of a presence in local communities by 2020. (With particular focus on local BME communities, Gypsy and Traveller Communities and work with people who feel isolated from their communities due to their mental health or learning disability.)</p>	<p>We will do a piece of work to review our recruitment and training processes to ensure they are accessible for all. This will support our work against the NHS Learning Disability Employment Pledge as well as our overall plan for keeping staff in the Trust and understanding more about people's access to employment and support at work.</p> <p>We will develop more opportunities for staff of all levels (and particularly line managers) to learn about leadership and equity. This will include specialised training programmes, opportunities to link into discussions about leadership and peer support forums for staff exploring issues relating to different protected groups.</p>

Priority	For our service users and carers	For our staff
<p><b>4. People's human rights are promoted</b> (see appendix 2 for overview)</p>	<p>We will be putting in place a two year plan of action to fully embed the FREDA principles across HPFT services. This ensures standards for services that actively ensure Fairness, Respect, Equality, Dignity and Autonomy (FREDA).</p> <p>We will make changes to the way we foster supportive conversations with carers and promote open communication to reduce barriers caused by issues of confidentiality. This will support the promotion of principles around 'right to a family life'.</p>	<p>We will develop a programme of workplace inclusion that addresses issues of 'power and privilege' and develops messages that speak to all staff. This will be reinforced through our training programmes for staff as outlined in the organisational development strategy.</p> <p>We will provide specific development options for staff to understand human rights and what principles to apply within workplaces and services. This will be part of the way we measure improvements and we will provide opportunities to apply this to specific communities E.g. awareness to individuals the importance of physical health and physical health screening with traveller communities.</p>
<p><b>5. Evaluating and monitoring the impact of this plan</b></p>	<ul style="list-style-type: none"> <li>• By the end of 2018 we will have a clear set of measures for tracks improvements in health outcomes for different protected groups.</li> <li>• We will measure service user views on access to services pre and post implementation of our new disability access guides.</li> <li>• In 2018 we will develop a new performance framework for equality and diversity that will help us to track progress of our strategic priorities (and any actions).</li> <li>• By 2019 we will work with our research and development colleagues to identify specific research based measures for equity.</li> <li>• Will we link our strategic priorities (and actions) with the HPFT annual plan to show clear links between this plan and the overall Trust plan.</li> <li>• By 2020 we will have a stronger visual presence and link with local communities to support the development of equal opportunities within our services and workplaces.</li> </ul>	<ul style="list-style-type: none"> <li>• By 2019 we will review and revise our approach for Equality Analysis/Impact Assessment to ensure that we are able to measure 'due regard' in relation to different groups.</li> <li>• By 2019 we will see improvement in data quality for staff reporting they have a disability or are lesbian, gay or bisexual.</li> <li>• By 2021 our gender pay gap will be eliminated</li> <li>• By 2020 we will be listed as one of the top 100 places to work in the NHS, and by 2019 will be listed in the Stonewall top 100 employers in England.</li> <li>• By 2022 we will have eliminated any differential in experience for BME staff (when compared with white staff) and disabled staff (when compared with non-disabled staff).</li> <li>• By 2022 we will have shown measured improvements on staff engagement and experiences in relation to different protected groups.</li> </ul>

Central to all of our priorities is the importance of celebrating difference as well as the things that bind us together. With this in mind, it is essential that the above contributes to us being able to show measurable improvement in our implementation of the person centred model for Equality & Diversity.

Promoting our values and how these link to equality, diversity and inclusion is key to this as well as openly discussing topics of inclusion and targeting these to particular groups

## **6. Working geographically**

The Trust provides services and employment across Hertfordshire, Essex, Norfolk & Buckinghamshire. It is therefore essential that our plan support local work so that organisationally we can see more substantial improvements.

The NHS Equality Delivery System provides us with an opportunity to do this and we will be using this framework to identify localised plans focus on address each strategic priority from this plan, but at a local level.

We feel by doing this we will ensure that approaches to equality, diversity and inclusion are not diluted, are personal and tailored to the needs of service users, staff and carers in local areas. This work will then contribute to a wider organisational action plan. Linking in with existing organisational strategic and business plans for individual strategic business units<sup>1</sup> will also help with this.

## **7. Action planning**

This four year plan has been written to show what we want to achieve by 2022 and sits alongside the Trust 'Good to Great' strategy. It is designed to promote the Trust vision of delivering great care and great outcomes for people – together and also link with Key Lines of Enquiry<sup>2</sup> used by the Care Quality Commission (CQC) when reviewing NHS services.

The plan identifies areas where focus is needed over the next four years so that actions can be set to address gaps for certain groups, spread good practice and developed a more advanced understanding of equality, diversity and inclusion.

There will be an action plan, refreshed annually, that will detail the specific action that is needed to help us achieve our strategic principles. This will include annual as well as longer term actions. Our governance process for Equality, Diversity & Inclusion (see section 9) will oversee the action plan to ensure issues are escalated as needed in relation to performance issues. This will be led by the Equality, Diversity and Inclusion Group.

We will also open ourselves up to scrutiny from our stakeholders on how we are performing but also on how we agree our actions for the future and all actions will link to the organisational annual plan, wider Equality Delivery System (EDS) objectives and best practice in the field of equality, diversity and inclusion.

## **8. Celebrating our achievements and developments**

At HPFT we have gained a reputation for marking national and international events providing staff, carers and service users toolkits to develop their understanding of equality and the obstacles that many people still face. Our annual programme of events to include International Women's Day, IDAHOBIT, and our local WRES event during Black History Month provides people with the opportunity to engage we are raising awareness and improving practice.

It is important to us that whilst making changes to address inequality (and through doing this) that we celebrate the achievements of individuals and groups and provide a positive environment to celebrating the value that diversity brings.

At the time of writing this plan, our work with national and local services has seen us increase our investment to Equality, Diversity & Inclusion and promote opportunities for people to learn about different topics E.g. Unconscious Bias, Gender Identity etc.

We believe that people perform better when they can be themselves and are committed to achieving this.

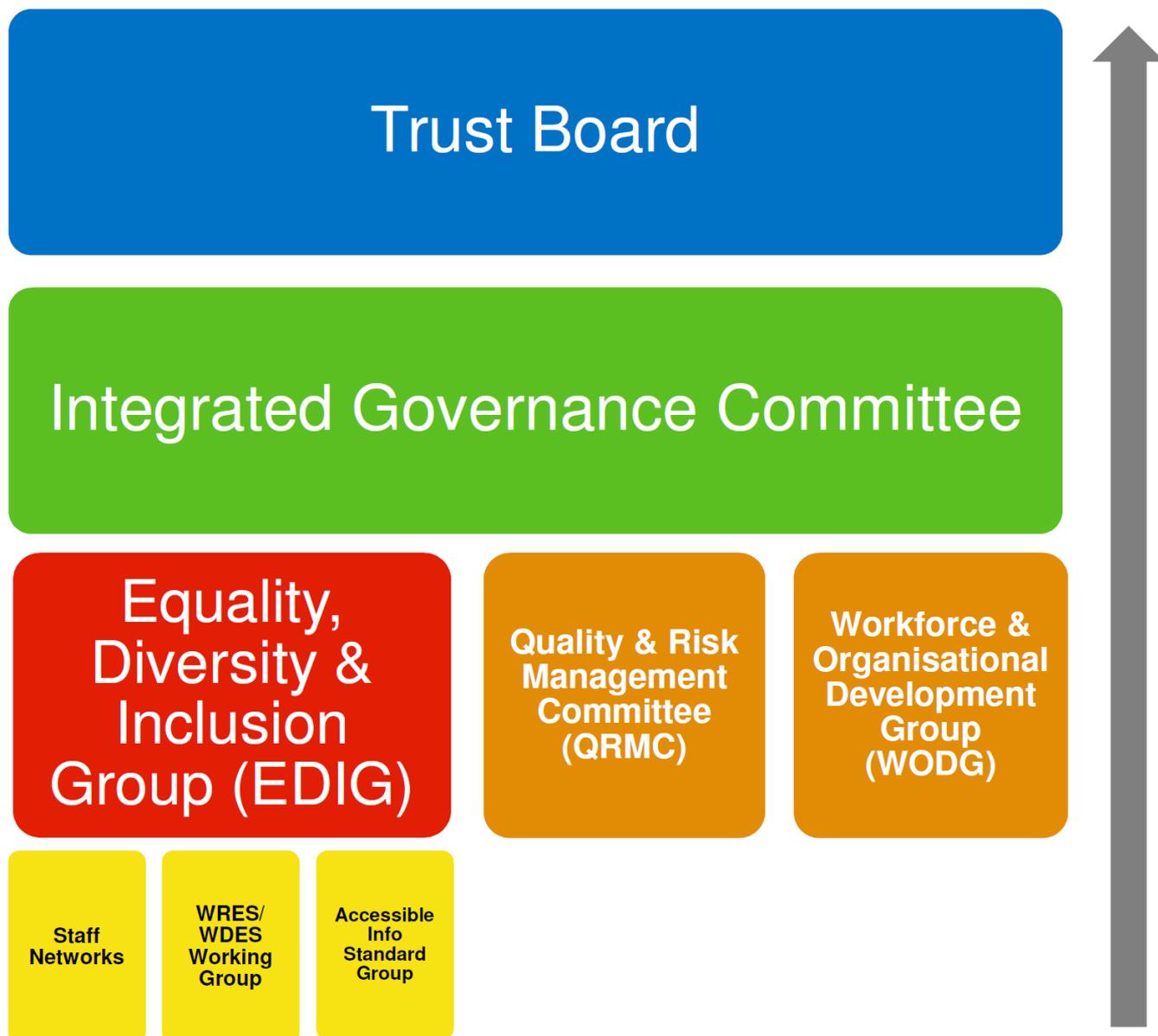
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<sup>1</sup> The Trust structures its services into three strategic business units, each with a management structure that feeds into the Trust Executive team.

<sup>2</sup> The CQC Key Lines of Enquiry that the Trust's performance is inspected against are Safe, Effective, Caring, Responsive, Well-Led.

## 9. Governance for Equality, Diversity & Inclusion

The diagram below provides an overview of the Trust governance structure for Equality, Diversity & Inclusion. The EDIG (marked in red) will have oversight of this plan and the action plan that will accompany it.



## 10. Contact and Involvement

Should you want to become more involved in the Trusts work on Equality, Diversity and Inclusion or have any questions please contact us using the details below:

- Email – [equality@hpft.nhs.uk](mailto:equality@hpft.nhs.uk)
- Telephone – 01727 804418 (Inclusion & Engagement Team)
- Post – Inclusion & Engagement Team, HPFT, 99 Waverley Rd, St Albans, AL3 5TL

## 11. Glossary

- Equality – Equality is about promoting fairness but can only fully work if people are starting from the same place. This is where equity is important (see below).
- Equity – This is about providing everyone with what they need to be successful. This is usually measured by looking at equality of outcomes or access.
- Diversity – This describes the similarities and differences that people have. In a setting such as the NHS it is also about how we promote respect for the value of those differences.
- Inclusion – This is considered a universal human right and is about ensuring people are able to be included irrespective of their background, experiences or level of privilege.
- WDES – NHS Workforce Disability Equality Standard
- WRES – NHS Workforce Race Equality Standard
- BME – Black & Minority Ethnic
- LGBT+ – Lesbian, Gay, Bisexual, Trans + (The + identifies all other ways people categorise)
- Unconscious Bias – This is where your background, personal experiences, societal stereotypes and cultural context can have an impact on your decisions and actions without you realising.
- Protected Group/Characteristic – Groups that receive protections under the Equality Act 2010. They are Age, Disability, Gender, Gender Identity, Race, Sexual Orientation, Religion/Belief, Marriage/Civil Partnership and Pregnancy/Maternity. Other groups such as carers are also included as an 'associated' group.
- IDAHOBIT – International Day Against Homophobia, Biphobia and Transphobia

## 12. References

1. CQC. *Equally Outstanding: Equality and Human Rights - Good Practice Resource.*; 2017. <http://www.cqc.org.uk/publications/equally-outstanding-equality-human-rights-good-practice-resource>.
2. Department of Health. NHS Constitution for England. *NHS Const Establ Princ values NHS Engl.* 2015;(July):1. doi:26 March 2013.
3. Marmot M, Bell R. Fair society, healthy lives. *Public Health.* 2012;126(SUPPL.1). doi:10.1016/j.puhe.2012.05.014.
4. JCPMH. *Guidance for Commissioners of Mental Health Services for People from Black and Minority Ethnic Communities.*; 2014. <https://www.jcpmh.info/resource/commissioning-mental-health-services-for-bme-communities/>.
5. Somerville C. *Unhealthy Attitudes: The Treatment of LGBT People within Health and Social Care Services.*; 2015. [https://www.stonewall.org.uk/sites/default/files/unhealthy\\_attitudes.pdf](https://www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf).
6. Nuno N, Elizabeth P, Tyler A, Rivers I. *The RARE Research Report: LGB&T Mental Health - Risk and Resilience Explored.*; 2015. [http://www.queerfutures.co.uk/wp-content/uploads/2015/04/RARE\\_Research\\_Report\\_PACE\\_2015.pdf](http://www.queerfutures.co.uk/wp-content/uploads/2015/04/RARE_Research_Report_PACE_2015.pdf).
7. Gov.uk. *Equality Act 2010: Guidance.*; 2013. doi:ISBN 978-0-10-541510-7.
8. NHSE. 2016 National NHS staff survey: Results from Hertfordshire Partnership University NHS Foundation Trust. 2017.
9. kline roger. The “Snowy white peaks” of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England. *Middlesex Univ Bus Sch.* 2014:1-76. doi:<http://dx.doi.org/10.1016/j.sigpro.2012.10.020>.
10. Public Health England. *Promoting Good Quality Jobs to Reduce Health Inequalities.*; 2015. <http://www.instituteofhealthequity.org/resources-reports/local-action-on-health-inequalities-promoting-good-quality-jobs-to-reduce-health-inequalities-/local-action-on-health-inequalities-promoting-good-quality-jobs-to-reduce-health-inequalities-briefing>.
11. West M, Dawson J, Kaur M. *Making the Difference, Diversity & Inclusion in the NHS.*; 2015. [https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/Making-the-difference-summary-Kings-Fund-Dec-2015.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Making-the-difference-summary-Kings-Fund-Dec-2015.pdf).

## **Appendix 1 - The law and NHS strategy/policy**

### **Equality Act 2010**

The Equality Act 2010 is a single piece of legislation that protects people from discrimination. It defines some of the groups of people that have certain protections (protected groups) which applies to Age, Disability, Race/Ethnicity, Gender, Gender Identity (including Gender Reassignment), Religion & Beliefs, Sexual Orientation.

For people in employment there are also additional protections around pregnancy/maternity and marriage/civil partnership.

This plan has been written for all people. The reason it is important that this applies to everyone is that a fundamental part of equality, diversity and inclusion is about creating balance and fairness for people in relations to others. Put simply, everyone deserves to be treated as an individual and have an equal opportunity. The plan should reflect and reinforce that.

### **Public Sector Equality Duty (PSED)**

The Public Sector Equality Duty (PSED) ensures that all public bodies take responsibility in making society fairer by tackling discrimination and providing equality of opportunity for all.

The PSED has three aims:

- I. Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010
- II. Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- III. Foster good relations between people who share a protected characteristic and people who do not share it.

This plan will help the Trust to embed the Equality Act 2010 and PSED by:

- Focusing on outcomes/action that help to eliminate discrimination, harassment and victimisation
- Concentrating on achieving equality of opportunity for people by removing barriers for people.
- Sustained and meaningful engagement that helps to provide an agreed way forward and to foster good relations between groups.

### **Five Year Forward View for Mental Health**

The Five Year Forward View is the overview 5 year plan for the NHS. Linked to this is the Five Year Forward View for mental health which shines a light on some of the areas of improvement required. This plan is designed to contribute to improving equity of service provision in relation to some of these issues. Currently some of the issues that need addressing are:

- People in marginalised groups are at greater risk, including black, Asian and minority ethnic (BAME) people, lesbian, gay, bisexual and transgender people, disabled people, and people who have had contact with the criminal justice system, among others.
- 1 in 10 children aged 5-16 years have a diagnosable mental health problem
- One in five older people living in the community are affected by depression
- One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth
- Physical and mental health are closely linked – people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England.
- There is a lack of access to physical healthcare for people with mental health problems.

- Stable employment and housing are both factors contributing to someone being able to maintain good mental health and are important outcomes for their recovery if they have developed a mental health problem.
- Suicide is now the leading cause of death for men aged 15–49. Men are three times more likely than women to take their own lives.

All of the above are taken from the NHS Five Year Forward View for Mental Health and show a need to work in more preventative ways to reduce the gaps in experience for people from certain groups.

## National NHS Equality Programmes

Over recent years the NHS has developed its oversight of performance in relation to Equality & Diversity. There are now a number of requirements that NHS organisations are either required to fulfil as a part of their standard contracts or as part of their data requirements (i.e. information they are required to collect from people using services). These are detailed below with an indication of how HPFT approaches these:

- **Equality Delivery System 2 (EDS)** – This system is designed to help organisations look at everything they are doing for people from different backgrounds. There are four main goals that organisations work towards achieving. In HPFT we work annually with a group of stakeholders (service users, carers, staff, local groups) to review our performance. We then publish the results of this review on our website and agree some objectives for the year.
- **NHS Workforce Race Equality Standard (WRES)** – This has been created by the NHS to address the inequalities that exist in the NHS workforce for people from ethnic minority backgrounds. This requires organisations to report annually on how well it is doing to recruit people and treat staff fairly with regards to race equality. HPFT publishes its annual action plan on its website and looks at performance at regular management meetings.
- **Sexual Orientation Monitoring Information Standard** – This standard has been developed to improve the way that services understand information about sexual orientation who are using services. For HPFT we will be required to collect this data from 1<sup>st</sup> April 2018. People can refuse to give this data but we must provide them with an opportunity and understand the value of this information.
- **NHS Workforce Disability Equality Standard (WDES)** – This will be in place from 1<sup>st</sup> April 2018 and works on the same principle as the WRES. It is about creating an environment when staff with disabilities have equal treatment and are better represented across the organisation.
- **Gender Pay Gap reporting** – from 1<sup>st</sup> April 2018 all NHS organisations are responsible for publishing data on the gender pay gap within the organisation. We believe this will support open conversations about the fairness of pay as well as representation of different genders across the whole structure of the Trust.
- **Accessible Information Standard** – This has been developed by the NHS to support people who have communication needs (that are related to a disability) in order to access services. It has been developed with the principle that having a disability should not impact in any way on someone's ability to understand the service or their care. We began implementing this in 2016.

However beyond the specific programmes of work listed above there is a need for the Trust to be progressive in ensuring due regard is paid to all protected groups and steps are taken to remove barriers to services or employment within the organisation.

## Appendix 2 – Human Rights

Human Rights are rights and freedoms that belong to all individuals regardless of their nationality and citizenship. They are fundamentally important in maintaining a fair and civilised society.

As a public organisation, we need to demonstrate that we respect and promote the need to recognise Human Rights as well as be aware of how we are complying with the Human Rights Act 1998. All Human Rights relate to the Trust in some part as they affect those using our services, their carers and our staff.

The important thing for us is to ensure that we are always treating people with dignity and respect. If we understand people as individuals, and we are clear with people about the care that we might be providing, then it is likely that we will be paying due regard to someone's human rights.

Human rights operate differently in certain situations. For a Trust such as HPFT there are instances where we may need to take decisions for people if there is a legal precedent to do so. A common example of this is where someone is detained under the Mental Health Act but there may be many other more common situations that relate more to someone's overall mental capacity.

The Deprivation of Liberty Safeguards (DOLS) is a piece of legislation that ensures we are not unnecessarily taking these decisions away from people and to ensure that, where we may need to make a decision for someone, it is in their best interests and affirming of their human rights. It also ensures that they are protected at all times when being detained under the mental health act in any of our services.

We generally aim to work with a set of principles that outline an approach for Human Rights in Healthcare. This approach is called FREDA and means we should work to ensure we take account of:

- **Fairness** – opportunity for point of view to be listened to and considered.
- **Respect** - unbiased consideration and regard for the rights, values, beliefs and property of other people.
- **Equality** - equity of access and equity of treatment
- **Dignity** - care, in any setting, which supports and promotes, and does not undermine, a person's self-respect regardless of any difference
- **Autonomy** - a person is allowed to make free choices about what happens to them, that is, the freedom to act and the freedom to decide, based on clear, sufficient and relevant information and opportunities to participate in the decision-making.