

**Title of Document**

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| Document Type: | Policy |
| Document Reference: | *To be applied by the policy management team* |
| Version Number: | *To be applied by the policy management team* |
| Author (name & job title) |  |
| Executive Director (name & job title): |  |
| Name of approving body: | *QPAS/ODG minor amendments.*  *EMT new policies or significant amendments.* |
| Date of approval: |  |
| Date Ratified at Trust Board | *for new policies / significant amends* |
| Next Full Review date: | *3 yearly as standard* |

*Policies should be accessed via the Trust intranet to ensure the current version is used*

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# Policy Statement

*A statement of intent, describing the approach or course of action the Trust is taking in respect of a particular issue. Use this section to give background information, including national policy drivers and legislation.*

# Scope

*Explain who the policy is aimed at, who it covers; for example, which banding of staff or job role, which service area, whether it applies to students, agency staff or non-employees of the Trust such as contractors. It might also include specific areas which the policy does not address as they are covered in other policies or are not relevant.*

# Definitions

*Provide definitions of relevant terms used within the document, to provide further context and clarify. (if required)*

# Duties and Responsibilities

*This clearly states the accountability and responsibility of staff at all levels including the Executive Director, the Trust Board, EMT, Other committees and groups, Heads of Service, Departmental heads, Key personnel and all Trust staff.*

# Procedures relating to the policy

*The procedural section of a policy is the description of a process in support of the policy. This is detailed instruction which should be followed, or steps which should be taken. It can be incorporated within the policy or published specifically and separately, depending on the complexity of the procedure.*

# Training

*This section will outline specific training requirement and supervision arrangements describing access to training and details of specific role requirements.*

# Dissemination and Implementation

*This describes how staff are to be made aware of the policy and how it will be put into practice. The standard paragraph to include here is:*

*This policy will be disseminated by the method described in the Document Control Policy (C-003).*

*Go on to describe any additional activity associated with the implementation of the policy.*

*Describe any resources required to implement the policy. If the policy is to be implemented within existing resources, state:*

*The implementation of this policy requires no additional financial resource.*

# Monitoring and Compliance

*This explains how the policy is to be monitored or audited, and who is responsible for carrying this out, when and how often. Areas to include are:*

* *State the key element(s) that require(s) monitoring.*
* *State who will lead on this aspect of monitoring. Name the lead’s role and what is the role of the multidisciplinary team or others, if any.*
* *State the tool that will be used to monitor.*
* *State the frequency of monitoring.*
* *State the committee/group that the completed report will be presented to.*

# References / Related Trust Documents

*Include any legislation, code of practice etc. which mandates the need for this policy. Reference should be made here to any other associated relevant Trust policies or documents.*

*References provide an evidence base.*

# Appendix 1 – Document Control Sheet

*This document control sheet, when presented for approval/ratification must be completed in full to provide assurance. The master copy of the document is to be held by the Policy Management Team.*

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| Document Type | Policy | | |
| Document Purpose |  | | |
| Consultation: | Date: | Group / Individual | |
| *list in right hand columns consultation groups and dates -* |  |  | |
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| Approving Body: |  | Date of Approval: |  |
| Date of Board Ratification: |  | | |
|  | | | |
| Training Impact Analysis: | None [ ] | Minor [ ] | Significant [ ] |
| Financial Impact Analysis: | None [ ] | Minor [ ] | Significant [ ] |
| Capacity Impact Analysis: | None [ ] | Minor [ ] | Significant [ ] |
| Equality and Health Inequalities Impact Assessment (EHIIA)undertaken? | Yes [ ] | No [ ] | N/A [ ]  Rationale: |

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| ***Document Change History:*** | | | |
| *Version Number* | *Type of Change*  *(full/interim review, minor or significant change(s))* | *Date* | *Details of Change and approving group or Executive Director* ***(if very minor changes as per the document control policy)*** |
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# Appendix 2 – Equality and Health Inequalities Impact Assessment (EHIIA) Toolkit

**Equality and Health Inequalities Impact Assessment (EHIIA) Toolkit**

**For strategies, policies, procedures, processes, guidelines, protocols, tenders, services**

1. Document of Process or Service Name
2. EHIIA Reviewer (name, job title, base and contact details)
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?

|  |
| --- |
| **Main Aims of the Document, Process or Service**  To set out the requirements that must be met for approval, ratification and dissemination of all Humber Teaching NHS FT policies. |
| Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the proforma |

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| Equality Target Groups  This toolkit asks services to consider the impact on people with protected characteristics under the Equality Act 2010 as well as the impact on additional groups who may be at risk of experiencing inequalities in access, outcomes and experiences of health and care. | Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?  Equality Impact Score  Positive = evidence of positive impact  Neutral = little or no evidence of concern (Green)  Moderate negative = some evidence of concern (Amber)  High negative = significant evidence of concern (Red) | How have you arrived at the equality impact score?   * who have you consulted with? * what have they said? * what information or data have you used? * where are the gaps in your analysis? * how will your document/process or service promote equality and diversity good practice? |

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| **Equality Target Group** | **Definitions (Source: Equality and Human Rights Commission, 2024)** | **Equality Impact Score** | **Evidence to support Equality Impact Score** |
| **Age** | A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds). |  |  |
| **Disability** | A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. |  |  |
| **Sex** | Man/Male, Woman/Female. |  |  |
| **Marriage/Civil Partnership** | Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples. |  |  |
| **Pregnancy/Maternity** | Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. |  |  |
| **Race** | A race is a group of people defined by their colour, nationality (including citizenship) ethnicity or national origins. A racial group can be made up of more than one distinct racial group, such as Black British. |  |  |
| **Religion or Belief** | Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition. |  |  |
| **Sexual Orientation** | Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. |  |  |
| **Gender Re-assignment** | Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person’s sex by changing physiological or other attribute of sex |  |  |
| **Poverty** | People on welfare benefits, unemployed/low-income, fuel poverty, migrants with no recourse to public funds |  |  |
| **Literacy** | Low literacy levels, including includes poor understanding of health and health services (health literacy) as well as poor written language skills |  |  |
| **People with English as an additional language** | People who may have limited understanding and/or ability to communicate in written or spoken English |  |  |
| **Digital exclusion** | People who can’t or don’t want to use digital technology due to cost, access to connectivity or devices, digital skills or lack of confidence or trust in digital systems |  |  |
| **Inclusion health groups** | People who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This includes: |  |  |
| * People who experience homelessness |  |  |
| * Drug and alcohol dependence |  |  |
| * Vulnerable migrants |  |  |
| * Gypsy, Roma and Traveller communities |  |  |
| * Sex workers |  |  |
| * People in contact with the justice system |  |  |
| * Victims of modern slavery |  |  |
| **Rurality** | People who live in remote or rural locations who may have poor access to services. |  |  |
| **Coastal communities** | People who live in coastal communities which may experience unemployment, low educational attainment, poor social mobility, poor health outcomes and poorer access to services. |  |  |
| **Carers** | Carers and families of patients and service users, including unpaid carers and paid carers |  |  |
| **Looked after children** | A child or young person who is being cared for by their local authority. They might be living in a children’s home, or with foster parents, or in some other family arrangement. |  |  |
| **Veterans** | Anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations. |  |  |
| **Neurodivergence** | People with alternative thinking styles such as autism, attention deficit hyperactivity disorder, dyslexia, developmental co-ordination disorder (dyspraxia), dyscalculia. |  |  |
| **Other** | Any other groups not specified in this toolkit who may be positively or negatively impacted |  |  |

**Summary**

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| --- | --- |
| Please describe the main points/actions arising from your assessment that supports your decision above | |
| **EIA Review:** |  |
| **Date Completed:** | **Signature:** |