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| **Developed by:** | Update of previous guidance  |
| **Director leads:** | Deputy Director of Corporate Governance, Performance and Risk  |
| **Contact for advice:** | Deputy Director of Corporate Governance, Performance and Risk |

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1. **Introduction**

Public authorities in the UK have obligations to promote and protect human rights, and all public authorities must act in a way that is compatible with the European Convention on Human Rights. This means treating individuals fairly, with dignity and respect, whilst also safeguarding the rights of the wider community.

This requirement is also compatible with the International Bill of Human Rights (consisting of the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights and its two Optional Protocols).

*“All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.”*

The **Equality Act 2010** also legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it’s unlawful to treat someone.

South West Yorkshire Partnership NHS Foundation Trust is committed to ensuring all its services respect human rights, treat people fairly and equitably, recognise the needs of the diverse communities we serve and meet local needs.

To this end the Trust takes responsibility for ensuring that all of its policies, functions and services do not discriminate against any sections of our community and that our policies and practices are underpinned by valuing diversity and equality as set out in the Trust’s Equality First Strategy.

1. **What is the Human Rights Act?**

The **Human Rights Act (HRA) 1998**, which came into force in full on **2nd October 2000**, brings the European Convention on Human Rights ("the conventions") into UK law. The Convention describes a number of specific rights, such as the right to life or the right to a fair trial and allows people to enforce the rights given by the Convention in the UK courts.

Public authorities in the UK have obligations to promote and protect human rights, and all public authorities must act in a way that is compatible with the European Convention on Human Rights. This means treating individuals fairly, with dignity and respect, whilst also safeguarding the rights of the wider community.

The Act urges public authorities to apply a human rights framework to decision making across public services in order to achieve better service provision.

Applying a ‘human rights framework’ means including core human rights values, such as equality, dignity, privacy, respect and involvement in decision making, whether a public service is being delivered directly to the public or a new plan or procedure is being devised.

The Act applies to all public authorities (such as central government departments, local authorities and NHS trusts) and other bodies performing public functions (such as private companies operating prisons). These organisations must ensure that they are acting compatibly with the Convention rights when providing a service or making decisions about individuals.

The Trust aims to support its staff in acting in accordance with the Convention Rights, through its Organisational Development approach to the delivery of its mission supported through the Trust values, which underpin all we do.

**Our mission**

We help people reach their potential and live well in their community

**Our values**

We put the person first and in the centre

We know that families and carers matter

We are respectful, honest, open, and transparent

We improve and aim to be outstanding

We are relevant today and ready for tomorrow

1. **How is the Human Rights Act structured and what does it cover?**

The Human Rights Act has its basis in the European Convention of Human Rights (ECHR). The Convention has two main parts: the original treaty and the Protocols.

Protocols amend or supplement the original treaty, i.e. they give additional or extra rights, or expand on the rights in the original treaty.

The Act sets out a person’s human rights in a series of ‘Articles’. Each Article deals with a different right. These are all taken from the ECHR and are commonly known as ‘the Convention Rights’:

* Article 2 Right to life
* Article 3 Freedom from torture and inhuman or degrading treatment
* Article 4 Freedom from slavery and forced labour
* Article 5 Right to liberty and security
* Article 6 Right to a fair trial
* Article 7 No punishment without law
* Article 8 Respect for your private and family life, home and correspondence
* Article 9 Freedom of thought, belief and religion
* Article 10 Freedom of expression
* Article 11 Freedom of assembly and association
* Article 12 Right to marry and start a family
* Article 14 Protection from discrimination in respect of these rights and freedoms
* Protocol 1, Article 1 Right to peaceful enjoyment of your property
* Protocol 1, Article 2 Right to education
* Protocol 1, Article 3 Right to participate in free elections
* Protocol 13, Article 1 Abolition of the death penalty

**Articles 1 and 13**

Articles 1 and 13 of the ECHR do not feature in the Act. This is because the Human Rights Act itself fulfils these rights.

For example, Article 1 says that states must secure the rights of the Convention in their own jurisdiction. The Human Rights Act is the main way of doing this for the UK.

Equally, Article 13 ensures that if people’s rights are violated, they are able to access effective remedy – this means they can take their case to court to seek a judgment. The Human Rights Act is designed to ensure that this happens.

1. **Human Rights implications for South West Yorkshire Partnership NHS Foundation Trust.**

### As well as ensuring that all of the services it provides respect and promote the human rights of those using them, the Trust needs to monitor and mitigate any potential breaches. The organisation has a range of policies that are designed to ensure equity and fairness both as an employer and service provider. These are listed in Appendix A.

### Some Human rights – like the right not to be tortured – are absolute and cannot be interfered with in any circumstances. Most human rights are not absolute and can be limited in certain circumstances as set out in the specified Article of the European Convention on Human Rights, i.e. where this is necessary to protect the rights of others or in the interests of the wider community.

### The Human Rights Act Articles and their relevance to South West Yorkshire Partnership NHS Foundation Trust

The following Articles and Protocols are **relevant** to the work of South West Yorkshire Partnership NHS Foundation Trust as a provider of healthcare services and as an employer.

The following rights are protected by the Human Rights Act 1998.

**Article 2** – **Right to life**

Under this Article, a public authority must do what it can to protect a person’s life if the public authority is responsible for that person. Article 2 often works alongside Article 3, particularly in relation to a person’s right to access healthcare

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| This applies to the Trust in our duty of care to people using our services, for example, in our duty to safeguard individuals who may be at risk of death due to self-harming behaviour or when making decisions which may put an individual in danger or affect their life expectancy Learning Disabilities, Mental Capacity and/ or Child and Adolescent Mental Health Services (CAMHS) (as examples). This duty will be addressed through the Trusts policies and procedures around risk assessments and care plans. The Trust also has a duty of candour to report any failings to individuals and their families as applicable.  |

**Article 3 – Freedom from torture and inhuman or degrading treatment**

Article 3 says *‘no one should be subjected to torture or to inhuman or degrading treatment'.* Inhuman treatment can cover serious physical assaults, psychological interrogation, inhuman detention, failure to give medical treatment, treatment causing severe mental harm. Degrading treatment means treatment that is grossly humiliating and undignified.

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| For example, the Trust has a duty to protect people using its services from harm as a result of serious abuse; it also has a duty to intervene if we believe you may be suffering inhuman or degrading treatment from someone else. **The Equality Act 2010** - draws together the previous public sector duties into a broader approach that covers other equality groups that are offered protection from unfavourable treatment. These are now known as **protected characteristics** and cover:* Race
* Gender
* Disability
* Age
* Sexual orientation
* Religion or belief
* Gender reassignment
* Marriage/civil partnerships
* Pregnancy/maternity
* Additionally as a Trust we class ‘carers’ as a protected characteristic

The Trust’s approach to the Equality Act 2010 is set out in its Equality First Strategy. |

**Article 4 – Freedom from slavery and forced labour**

Nobody should be held in slavery or servitude or made to do forced labour. Slavery is when someone owns you like a piece of property. Servitude is like slavery, you might live on the person’s premises, work for them and be unable to leave, but they don’t own you.

Forced labour means you are forced to do work that you have not agreed to, under the threat of punishment. Your right to be protected against slavery and servitude is absolute, which means it can never be restricted.

The right relating to forced labour is also absolute. However, it does not apply to work that you have to do as part of a prison or community sentence or is part of normal civic obligations, like jury service.

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| This could be relevant where a person has volunteered their services to the Trust, through supervision we need to ensure they are happy and supported doing the work allocated. |

**Article 5 - Right to liberty and security**

Everyone has the right to liberty and personal freedom (but it is not the right to be free to do whatever you want). This means that a person should not be kept by police or arrested without a good reason. The right to liberty is a limited right, it can be limited in a number of specific circumstances, i.e. the lawful detention of someone who has mental health issues.

The Trust has released animation videos to explain the process which is followed when someone is detained under the Mental Health Act in a forensic setting. These videos can be found on the Trust You Tube channel;

[https://www.youtube.com/@swypft/videos](https://www.youtube.com/%40swypft/videos)

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| This could be relevant if a person is being detained in a unit against their wishes, or if failure to provide appropriate support in the community means that a person has to be cared for in hospital The Trust is by law, required to comply with both the Mental Health Act and the Mental Capacity Act and “deprivation of liberty” (DoLS). This could also be relevant in cases where patients are not provided with interpreting, if English is not their first language. This could also be relevant in cases where mental health detainees or inpatients are not provided with interpreting, if English is not their first language. The Trust has implemented the accessible information standard which aims to make sure that people who have a disability, impairment or sensory loss are given information in a way that they can access and understand, and any communication support that they need is identified and provided.This is also relevant to the safety of patients and staff being protected from harm from other patients or staff through MAV training, reminders around behaviours i.e. Respect and Dignity posters. |

**Article 6 - Right to a fair trial**

You have the right to a fair and public hearing if:

* you are charged with a criminal offence and have to go to court;
* a public authority is making a decision that has a decisive impact upon your civil rights or obligations.

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| Patients may claim breaches in their human rights when making claims for negligence in treatment.Staff may cite this article in relation to a fair hearing in relation to disciplinary investigations and action. Service users may cite this article in relation to the Trust’s responsibilities in administering statutory hearings such as MHA Tribunals and Managers Appeals Hearings. |

**Article 7 – Not applicable**

**Article 8 - Right to respect for private and family life, home and correspondence**

Article 8 gives a person a right to respect for their privacy, private life, family life and home, home and correspondence, but at the same time, they must also respect the rights of other people.

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| **Privacy**This includes the right for a person to access information relating to their private life, including medical records. Public authorities have to justify why they do not provide access to these records, if they are withheld under the Data Protection Act.The courts have interpreted the concept of ‘private life’ in a very broad way. It covers things like your right to choose your sexual identity, your lifestyle, and the way you look and dress. It also includes your right to control who sees and touches your body. For example, this means that public authorities cannot do things like leave you undressed in a busy ward, or carry out any invasive treatment without your permission, unless this is covered by other legislation such as the Mental Health Act or Mental Capacity Act. |

**Family life**

You have the right to enjoy your family relationships without interference from the government. This includes the right to live with your family and, where this is not possible, the right to regular contact.

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| ‘Family life’ can include the relationship between an unmarried couple, an adopted child and the adoptive parent, and a foster parent and fostered child. The right to respect for family life could be used where a family member is refused permission to visit someone in the Trust’s care. |

**Home**

The right to respect for your home is not a right to housing. Instead, it is a right to enjoy your existing home peacefully. This means that public authorities should not stop you entering or living in your home without very good reason.

Your correspondence should generally be kept confidential and should not be interfered with. Correspondence includes telephone calls, letters, emails, faxes etc.

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| This may be relevant for communicating with speakers of other languages or people with learning difficulties who are living / being cared for at home. It may also apply where the absence of appropriate support services prevents someone continuing to live independently.Where it is necessary for services to vet a person’s mail or telephone calls for reasons of safety or security, the Trust must obtain legal authority to do so. |

**Article 9 – Freedom of thought, belief and religion**

The Human Rights Act protects your right to have your own thoughts, beliefs and religion. This includes the right to change your religion or beliefs at any time. You also have the right to put your thoughts and beliefs into action.

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| For example, public authorities cannot stop you practising your religion, publicly or privately, without very good reason, as outlined in the restrictions. Importantly, this right protects a wide range of religious beliefs and other beliefs including veganism, pacifism, agnosticism and atheism. The Trust supports this right through the provision of multi-faith/quiet rooms and the Trust has produced the Spirituality and Wellbeing Guidance which is available on the Trust Intranet. The Trust has a responsibility to ensure service users (in particular inpatients) are able to practice their beliefs around diet, washing, and observance of particular customary practices.  |

**Article 10 - Freedom of expression**

Individuals have the freedom to have their own opinions and to express them freely without government interference, but individuals have a duty to behave responsibly and to respect other people’s rights. Freedom of expression includes the right to receive information and give information to other people.

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| This includes the requirement to make sure that any information provided to people is accessible, i.e. deaf people have signers at public meetings or literature is available in a variety of languages and formats. Article 10 could be used to reinforce complaints brought under the Disability Discrimination Act.This could also apply to patients receiving information – written or verbal - about their conditions and treatment in a way that they can understand, including people with learning difficulties, deaf people and people for whom English is not their first language.  |

**Article 11 - Freedom of assembly and association**

This gives people the right to hold meetings, marches and demonstrations in public places. You have the right to protest by holding meetings and demonstrations with other people. But you must act peacefully and without violence or threat of violence.

You also have the right to form and be part of a trade union, a political party or another association or voluntary group.  Nobody has the right to force you to join a protest, trade union, political party or another association.

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| This article is relevant to South West Yorkshire Mental Health NHS Trust staff and union membership being recognized, but staff not being pressured into joining a union because union members are or are perceived to be treated differently by the Trust. |

**Article 12 - The right to marry**

Men and women of marriageable age have the right to marry and to start a family. The courts have decided that this right extends to trans-gender people who are now able to marry in their new sex.

The Civil Partnership Act 2004 means that gay men and lesbian women in the UK are now able to register civil partnerships. Couples who register a civil partnership have the same rights as heterosexual married couples in areas like tax, social security, inheritance, and workplace benefits.

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| Challenges under this article could apply where a person with a learning disability is given contraception without consent because of a learning disability or where a person has a child taken into care because of a learning disability or mental health problem.This is also relevant for the rights of same sex partners to be involved in treatment decisions or get information about a civil partner’s condition.  |

**Article 14 – Prohibition of Discrimination**

The enjoyments of the rights and freedoms set out in the Act, must be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

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| This would include the refusal of medical treatment to an older person solely because of their age and non-English speakers being presented with health options without the use of an interpreter. |

**Protocol 1 : Article 1 - protection of property**

This ensures that a person's belongings are not unfairly interfered with, it guarantees a person's right to be able to enjoy their possessions, but there are two exceptions: the Government can take those possessions away in some circumstances, and in some situations, the Government can control how someone uses their possessions.

A person's belongings could include benefits and equipment provided for a person e.g. because of their deafness.

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| This could apply where property required for daily living is removed from someone during an inpatient stay.This may also apply to a person’s belongings in residential care or during an inpatient stay, if they are denied access to them without good reason or if property removed for safe keeping is mislaid. Documentation needs to be clear around the reason for removal such as safe guarding the service user and/or others. |

1. **Limitations**

Courts must, when considering cases brought under this Act:

* Balance the interests of the individual bringing the case with the interests of society.
* Make sure that if a right under the Act is being restricted then the reason for doing this, is important enough to justify limiting the rights.
* Make sure that the public authority is acting consistently and is not being unfair.
* Check that the measures the public authority has used to limit the rights of an individual must be balanced with the purpose of the public authority.

To bring a case against a public authority you must be:

* A person (individual or organisation, although not a public authority) directly affected by the act in question. An ''indirect victim'' can bring a claim if they are a close relative of the victim, if they have suffered some injury as well and the ''victim'' is unable to proceed.
* Bring a case within one year of the unlawful act by the public authority. (Although this can be extended if the court thinks this would be fair to do so. If the case is a judicial review, the time limit is three months).
1. **Raising concerns about Human Rights**

South West Yorkshire Partnership NHS Foundation Trust is committed to treating all staff and service users equally, and with dignity and respect. Therefore, all policy authors must Equality Impact Assess Policies against equalities legislation and against the Human Rights Act to avoid potential breaches.

Staff who feel there may be a potential Human Rights breach should raise the issue with their manager. Staff also have access to the grievance procedure and whistle blowing policy for raising concerns about fair treatment at work or in the workplace.

Patients or service users who feel there has been a breach of their human rights whilst accessing South West Yorkshire Partnership NHS Foundation Trust services should use the organisation’s Complaints Procedure to raise their concerns.

An easy read version of the Human Rights Act can be accessed through the following link:

<https://www.publications.parliament.uk/pa/jt200708/jtselect/jtrights/40/40ieasyread.pdf>

**Appendix A**

**Policies and procedures that support the Trust’s compliance with Human Rights legislation**

Adoption Rights and Benefits policy

Bedrails policy

Bathing of vulnerable service users

Cardio pulmonary resuscitation policy (Do not attempt)

Health records management policy

Surveillance Camera Policy (CCTV and Automatic Number Plate Recognition (ANPR), Body Worn Video Cameras (BWV)

Equality, involvement, communication and membership strategy

Customer services policy – incorporating complaints management (Complaints policy)

Standards of Conduct in Public Service policy (including managing conflicts of interest)

Guidelines for obtaining consent to examination and treatment or clinical intervention (consent to treatment/examination policy)

Control of substances Hazardous to Health (COSHH)

Security management policy

Disciplinary procedure

Disclosure and barring service (DBS) policy

Domestic Violence policy (Service users)

Equal opportunities in Employment policy

Trans Equality Policy (Transgender/Transsexual) – service users

Physical examination of service users policy

Flexible working policy & procedure

Grievance policy & Collective Grievance procedure

Harassment and bullying policy

Health and safety policy

Incident reporting and management (including serious untoward incidents)

Infection prevention and control arrangements

Data Security & Protection

Inpatient observation and engagement policy

Ligature and suicide risk: environmental assessment and management

Lockdown policy

Lone worker policy & guidance

Standards of Conduct in Public Service policy (including managing conflicts of interest)

Maternity leave policy

Mental Health Act policies: Mental Health Act – section 132 (patients’ rights), Mental Health Act – section 134 withholding patients’ mail, Mental Health Act – section 17 (leave of absence), Mental Health Act – section 5 (4) (nurses’ holding powers)

Paternity Leave, Shared Parental Leave and Parental Leave Policy and Procedure

Service user property policy

Safeguarding and promoting the welfare of children policy (Trustwide)

Special leave policy

Sickness and Attendance Policy - amended for leave

Spiritual and Wellbeing Guidance

**Equality Impact Assessment**

**Human Rights Statement and Guidance**

**Date of EIA: January 2023 Review Date: March 2025**

**Completed By: Andy Lister, Head of Corporate Governance and Asma Sacha, Corporate Governance Manager**

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|  | **QUESTIONS** | **ANSWERS AND ACTIONS** |
| **1** | **What is being assessed?**Prompt: what is the function of this document (new or revised) | This document is a revision of the Human Rights Statement and Guidance (2017) |
| **2** | **Description of the document**Prompt: What is the aim of this document | As well as ensuring that all of the services it provides respect and promote the human rights of those using them, the Trust needs to monitor and mitigate any potential breaches. The organisation has a range of policies that are designed to ensure equity and fairness both as an employer and service provider. Some Human rights e.g., the right not to be tortured – are absolute and cannot be interfered with in any circumstances. Most human rights are not absolute and can be limited in certain circumstances as set out in the specified Article of the European Convention on Human Rights, i.e., where this is necessary to protect the rights of others or in the interests of the wider community. |
| **3** | **Lead contact person for the Equality Impact Assessment** | **Andy Lister**  | **Head of Corporate Governance**  |
| **4** | **Who else is involved in undertaking this Equality Impact Assessment** | **Advice sought from Equality and Involvement Managers**  |
| **5** | **Sources of information used to identify barriers etc**Prompts: service delivery equality data – refer to equality dashboards ([BI Reporting - Home (sharepoint.com)](https://swyt.sharepoint.com/sites/BIReporting) satisfaction surveys, complaints, local demographics, national or local research & statistics, anecdotal. Contact InvolvingPeople@swyt.nhs.uk for insight**What does your research tell you about the impact your proposal will have on the following equality groups?** | **March 2022 Workforce Monitoring Report and current service user data where applicable** The fundamental aim of this document is to guide staff in relation to the Human Rights Act, its articles and principles and their relevance to the work of South West Yorkshire Partnership NHS Foundation Trust.The Trust currently employs approx.4,530 staff delivering a range of services including mental health, learning disability, forensic, some physical health and an extensive range of community services. |
| **5a** | **Disability Groups:**Prompt: Learning Disabilities orDifficulties, Physical, Visual, Hearing disabilities and people with long term conditions such Diabetes, Cancer, Stroke, Heart Disease etc. Accessibleinformation standard | * Potential barrier with access to the policy (use of technology)
* The area reporting high numbers of staff with disabilities is Barnsley care group and the policy holder to ensure staff disabilities and accessibility is considered during the writing of the policy or procedure/guidance.
* The data shows 8.4% of staff consider themselves to have a disability
* Staff can access this guidance using the accessibility mode where the guidance can be read out.
* Staff can request using an interpreting service for deaf and hearing-impaired staff
* We will use the service EIA to ensure we fully understand the nature of the disability so we can adjust and adapt our services according to need, remaining person centred throughout.
* The guidance has been sent to the staff Disability Network for consultation and no feedback received.
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|  | **Disability (March 2022)**

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| **Area** | **Yes** | **No or** **Unknown** | **Grand Total** |
| Barnsley | 91 | 1,082 | 1,173 |
| *7.8%* | *92.2%* |
| Calderdale and Kirklees | 84*10.0%* | 760*90.0%* | 844 |
| Wakefield | 31 | 334 | 365 |
| *8.5%* | *91.5%* |
| Forensic Services | 70*11.2%* | 557*88.8%* | 627 |
| CAMHS BDU | 28 | 299 | 327 |
| *8.6%* | *91.4%* |
| Inpatient Services | 33*9.8%* | 304*90.2%* | 337 |
| Support Services | 38 | 715 | 753 |
| *5.0%* | *95.0%* |
| **Sub-total** | **375*****8.5%*** | **4,051 *91.5%*** | **4,426** |
| Medical Staff | 9 | 159 | 168 |
| *5.4%* | *94.6%* |
| **Grand Total** | **384*****8.4%*** | **4,210 *91.6%*** | **4,594** |

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|  | **QUESTIONS** | **ANSWERS AND ACTIONS** |
| **5b** | **Gender:**Prompt: Female & Male issues should be considered.  | This guidance applies equally to all members of staff* Gender split of staff is 21% male 79% female – this is indicative of all NHS bodies.
* No barrier identified by gender in accessing the guidance
* Gender neutral pronouns to be considered when forming a policy/procedure/guidance to avoid distinguishing roles according to people’s sex or gender.
* The Trust’s approach to the Equality Act 2010 is set out in its Equality First Strategy.
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|  | **Staff in post by gender and area March 2022**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender/Area**  | **Barnsley** | **Calderdale and Kirklees Wakefield** | **Forensic Services** | **CAMHS BDU** | **Inpatient Services** | **Support Services** | **Medical Staff** |
| **Female** | 1,020 87.0% |  689 303 81.6% 83.0% | 46474.0% | 28888.1% | 26177.4% | 54171.8% | 6840.5% |
| **Male** | 15313.0% | 15518.4% | 6217.0% | 16326.0% | 3911.9% | 7622.6% | 21228.2% | 10059.5% |
| **Grand Total** | 1,173 | 844 | 365 | 627 | 327 | 337 | 753 | 168 |

 |
| **5c** | **Age:**Prompt: Older people & Young People issues should be considered | This guidance applies equally to all members of staff* The highest number of Trust staff fall in the age bands 40 – 49 and 50 – 59 with just under 53% of total staff being between 40 and 59.
* Potential barrier with access to the guidance (use of technology)
* The Trust is mindful that staff are choosing to work longer, and an older workforce may require consideration from a health and wellbeing perspective regarding initiatives and support to maintain them in employment.
* Guidance holder to consider use of technology and appropriate training when forming new policies/procedures/guidance.
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|  | **Age by area (March 2022)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Area** | **19 & Under** | **20-29** | **30-39** | **40-49** | **50-59** | **60-69** | **70+** | **Grand Total** |
| Barnsley |  | 118 | 286 | 291 | 345 | 124 | 9 |  1,173 |
|  | *10.1%* | *24.4%* | *24.8%* | *29.4%* | *10.6%* | *0.8%* |
| Calderdale and Kirklees | 1*0.1%* | 110*13.0%* | 205*24.3%* | 216*25.6%* | 231*27.4%* | 78*9.2%* | 3*0.4%* |  844 |
| Wakefield | 1 | 32 | 86 | 83 | 115 | 45 | 3 |  365 |
| *0.3%* | *8.8%* | *23.6%* | *22.7%* | *31.5%* | *12.3%* | *0.8%* |
| Forensic Services | 6*1.0%* | 145*23.1%* | 157*25.0%* | 141*22.5%* | 140*22.3%* | 34*5.4%* | 4*0.6%* |  627 |
| CAMHS BDU |  | 57 | 101 | 77 | 74 | 18 |  |  327 |
|  | *17.4%* | *30.9%* | *23.5%* | *22.6%* | *5.5%* |  |
| Inpatient Services | 1*0.3%* | 94*27.9%* | 84*24.9%* | 57*16.9%* | 80*23.7%* | 20*5.9%* | 1*0.3%* |  337 |
| Support Services |  | 51 | 120 | 183 | 277 | 119 | 3 |  753 |
|  | *6.8%* | *15.9%* | *24.3%* | *36.8%* | *15.8%* | *0.4%* |
| **Sub-total** | **9*****0.2%*** | **607*****13.7%*** | **1,039 *23.5%*** | **1,048 *23.7%*** | **1,262 *28.5%*** | **438*****9.9%*** | **23*****0.5%*** |  **4,426** |
| Medical Staff |  | 9 | 38 | 58 | 50 | 12 | 1 |  168 |
|  | *5.4%* | *22.6%* | *34.5%* | *29.8%* | *7.1%* | *0.6%* |
| **Grand Total** | **9*****0.2%*** | **616*****13.4%*** | **1,077 *23.4%*** | **1,106 *24.1%*** | **1,312 *28.6%*** | **450*****9.8%*** | **24*****0.5%*** |  **4,594** |

 |
| **5d** | **Sexual Orientation:**Prompt: Heterosexual, Bisexual, Gay, Lesbian groups are included in this Category | This guidance applies equally to all members of staff* The guidance has been sent to the staff LGBT+ network group for consultation and no feedback received.
 |
|  | **Sexual Orientation (March 2022)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area** | **Heterosexual** | **Gay or Lesbian** | **Bisexual** | **Unknown** | **Grand Total** |
| Barnsley | 1,005 | 19 | 8 | 141 | 1,173 |
| *85.7%* | *1.6%* | *0.7%* | *12.0%* |
| Calderdale and Kirklees | 701*83.1%* | 24*2.8%* | 11*1.3%* | 108*12.8%* | 844 |
| Wakefield | 300 | 12 | 3 | 50 | 365 |
| *82.2%* | *3.3%* | *0.8%* | *13.7%* |
| Forensic Services | 513*81.8%* | 24*3.8%* | 13*2.1%* | 77*12.3%* | 627 |
| CAMHS BDU | 291 | 5 | 10 | 21 | 327 |
| *89.0%* | *1.5%* | *3.1%* | *6.4%* |
| Inpatient Services | 271*80.4%* | 9*2.7%* | 6*1.8%* | 51*15.1%* | 337 |
| Support Services | 586 | 10 | 5 | 152 | 753 |
| *77.8%* | *1.3%* | *0.7%* | *20.2%* |
| **Sub-total** | **3,667 *82.9%*** | **103*****2.3%*** | **56*****1.3%*** | **600*****13.6%*** | **4,426** |
| Medical Staff | 138 | 5 | 1 | 24 | 168 |
| *82.1%* | *3.0%* | *0.6%* | *14.3%* |
| **Grand Total** | **3,805 *82.8%*** | **108*****2.4%*** | **57*****1.2%*** | **624*****13.6%*** | **4,594** |

 |
| **5e** | **Religion & Belief:**Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered | This guidance applies equally to all members of staff.The Trust has a Spirituality and Wellbeing Guidance to support staff from faith and non-faith groups to use time at work for meditation or prayer.  |
|  | **Religious belief (March 2022)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Atheism** | **Christianity** | **Islam** | **Other\*** | **Unknown** | **Grand Total** |
| Barnsley | 193 | 649 | 10 | 118 | 203 | 1,173 |
| *16.5%* | *55.3%* | *0.9%* | *10.1%* | *17.3%* |
| Calderdale and Kirklees | 187*22.2%* | 353*41.8%* | 48*5.7%* | 95*11.3%* | 161*19.1%* | 844 |
| Wakefield | 65 | 181 | 5 | 48 | 66 | 365 |
| *17.8%* | *49.6%* | *1.4%* | *13.2%* | *18.1%* |
| Forensic Services | 159*25.4%* | 271*43.2%* | 24*3.8%* | 64*10.2%* | 109*17.4%* | 627 |
| CAMHS BDU | 94 | 148 | 5 | 49 | 31 | 327 |
| *28.7%* | *45.3%* | *1.5%* | *15.0%* | *9.5%* |
| Inpatient Services | 64*19.0%* | 143*42.4%* | 19*5.6%* | 44*13.1%* | 67*19.9%* | 337 |
| Support Services | 117 | 364 | 22 | 82 | 168 | 753 |
| *15.5%* | *48.3%* | *2.9%* | *10.9%* | *22.3%* |
| **Sub-total** | **879*****19.9%*** | **2,109 *47.7%*** | **133*****3.0%*** | **500*****11.3%*** | **805*****18.2%*** | **4,426** |
| Medical Staff | 20 | 44 | 36 | 47 | 21 | 168 |
| *11.9%* | *26.2%* | *21.4%* | *28.0%* | *12.5%* |
| **Grand Total** | **899*****19.6%*** | **2,153 *46.9%*** | **169*****3.7%*** | **547*****11.9%*** | **826*****18.0%*** | **4,594** |

 |
| **5f** | **Marriage and Civil Partnership**Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status are included in this category | This guidance applies equally to all members of staff |
|  | **Marital Status (March 2022)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Civil** **Partnership** | **Divorced/Legally Separated** | **Married** | **Single** | **Widowed** | **Unknown** | **Grand Total** |
| Barnsley | 11 | 125 | 651 | 366 | 15 | 5 | 1,173 |
| *0.9%* | *10.7%* | *55.5%* | *31.2%* | *1.3%* | *0.4%* |
| Calderdale and Kirklees | 15*1.8%* | 85*10.1%* | 385*45.6%* | 337*39.9%* | 9*1.1%* | 13*1.5%* | 844 |
| Wakefield | 6 | 38 | 195 | 120 | 4 | 2 | 365 |
| *1.8%* | *10.1%* | *45.6%* | *39.9%* | *1.1%* | *1.5%* |
| Forensic Services | 9*1.4%* | 45*7.2%* | 245*39.1%* | 318*50.7%* | 4*0.6%* | 6*1.0%* | 627 |
| CAMHS BDU |  | 36 | 155 | 132 |  | 4 | 327 |
|  | *11.0%* | *47.4%* | *40.4%* |  | *1.2%* |
| Inpatient Services | 3*0.9%* | 31*9.2%* | 122*36.2%* | 178*52.8%* | 2*0.6%* | 1*0.3%* | 337 |
| Support Services | 8 | 77 | 422 | 233 | 7 | 6 | 753 |
| *1.1%* | *10.2%* | *56.0%* | *30.9%* | *0.9%* | *0.8%* |
| **Sub-total** | **52*****1.2%*** | **437*****9.9%*** | **2,175 *49.1%*** | **1,684 *38.0%*** | **41*****0.9%*** | **37*****0.8%*** | **4,426** |
| Medical Staff | 2 | 3 | 127 | 34 | 1 | 1 | 168 |
| *1.2%* | *1.8%* | *75.6%* | *20.2%* | *0.6%* | *0.6%* |
| **Grand Total** | **54*****1.2%*** | **440*****9.6%*** | **2,302 *50.1%*** | **1,718 *37.4%*** | **42*****0.9%*** | **38*****0.8%*** | **4,594** |

 |
| **5g** | **Pregnancy and Maternity**Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered | This guidance applies equally to all members of staff |
| **5h** | **Gender Re-assignment**Prompt: Transgender issues should be considered | This guidance applies equally to all members of staff |
| **5i** | **Carers**Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered | This guidance applies equally to all members of staff* The guidance has been sent to the staff carers network for consultation.
* This EIA has also been considered alongside Article 8 of the Human Rights Statement for the right to have respect for private and family life, home and correspondence.
 |
| **5j** | **Race**Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.) | * The Trusts staff profile shows just under 89% consider themselves white. Of the remaining 11.3%, the largest group (5.1%) consider themselves of Asian origin.
* Staff can request the guidance is interpreted into a different language
* The guidance has been sent to the REACH (Race, Equality and Cultural Heritage) staff network for consultation and no feedback has been received.
 |
|  | **Workforce ethnicity**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Area** | **Asian** | **Black** | **Chinese or Other** | **Mixed** | **White** | **Unknown** | **Grand Total** |
| Barnsley | 13 | 12 | 7 | 9 | 1,131 | 1 | 1,173 |
| *1.1%* | *1.0%* | *0.6%* | *0.8%* | *96.4%* | *0.1%* |
| Calderdale and Kirklees | 52*6.2%* | 34*4.0%* | 6*0.7%* | 14*1.7%* | 737*87.3%* | 1*0.1%* | 844 |
| Wakefield | 7 | 6 | 3 | 7 | 342 |  | 365 |
| *1.9%* | *1.6%* | *0.8%* | *1.9%* | *93.7%* |  |
| Forensic Services | 25*4.0%* | 44*7.0%* | 7*1.1%* | 11*1.8%* | 538*85.8%* | 2*0.3%* | 627 |
| CAMHS BDU | 9 | 12 | 2 | 5 | 299 |  | 327 |
| *2.8%* | *3.7%* | *0.6%* | *1.5%* | *91.4%* |  |
| Inpatient Services | 21*6.2%* | 31*9.2%* |  | 5*1.5%* | 280*83.1%* |  | 337 |
| Support Services | 27 | 11 | 13 | 10 | 688 | 4 | 753 |
| *3.6%* | *1.5%* | *1.7%* | *1.3%* | *91.4%* | *0.5%* |
| **Sub-total** | **154*****3.5%*** | **150*****3.4%*** | **38*****0.9%*** | **61*****1.4%*** | **4,015 *90.7%*** | **8*****0.2%*** | **4,426** |
| Medical Staff | 79 | 9 | 17 | 5 | 58 |  | 168 |
| *47.0%* | *5.4%* | *10.1%* | *3.0%* | *34.5%* |  |
| **Grand Total** | **233*****5.1%*** | **159*****3.5%*** | **55*****1.2%*** | **66*****1.4%*** | **4,073 *88.7%*** | **8*****0.2%*** | **4,594** |

 |

**6. Action Plan**

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

* + **Under-developed** – red – **No data**. **No strands** of equality
	+ **Developing** – amber – **Some census data plus workforce**. **Two strands** of equality addressed
	+ **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
	+ **Excelling** – purple –**All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

**Action 1:**

| **Who will benefit from this action? (tick all that apply)** | **Action 1: This is what we are going to do** | **Lead/s**  | **By when** | **Update -outcome** | **RAG** |
| --- | --- | --- | --- | --- | --- |
| **Age** |  x | The Trust will ensure that staff of all backgrounds, identities and ages in their present circumstance will receive guidance on the Human Rights Act and its articles and protocols  | Corporate Governance Team | March 2023 | Involve the staff networks (LGBT, REACH (formerly BAME), Carers and Disability) and via the Comms team (Headlines)  | **Developing** |
| **Disability** |  x |
| **Gender reassignment**  |  x |
| **Marriage and civil partnership** |  x |
| **Race** |  x |
| **Religion or belief** |  x |
| **Sex** |  x |
| **Sexual Orientation** |  x |
| **Pregnancy maternity**  |  x |
| **Carers** | X |

**Action 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Who will benefit from this action? (tick all that apply)** | **Action 2: This is what we are going to do** | **Lead/s**  | **By when** | **Update -outcome** | **RAG** |
| **Age** |  x | 2. To update the policy with new National UK Census data when this becomes available. | Head of Corporate Governance  | Ongoing | To ensure the most up to date national data is available to compare to our Trust workforce data.  | **Developing** |
| **Disability** |  x |
| **Gender reassignment**  |  x |
| **Marriage and civil partnership** |  x |
| **Race** |  x |
| **Religion or belief** |  x |
| **Sex** |  x |
| **Sexual Orientation** |  x |
| **Pregnancy maternity**  |  x |
| **Carers** |  X |

**Action 3**

| **Who will benefit from this action? (tick all that apply)** | **Action 2: This is what we are going to do** | **Lead/s**  | **By when** | **Update -outcome** | **RAG** |
| --- | --- | --- | --- | --- | --- |
| **Age** |  x | In relation to Article 5 of the Human Rights Act, Right to liberty, the detention under the Mental Health Act is not broken down into specific groups, although it is reported nationally that there is a higher incidence of people from black, Asian and mixed race groups who are disproportionately detained under the Mental Health Act. | MDT  | Ongoing | The Trust Performance and Information department recently took a snap shot of 1 quarter of the admission and detention rate under the Mental Health Act and concluded that this was consistent with the national picture. The Trust is undertaking significant work to understand the data and draw some conclusions. | **Developing** |
| **Disability** |  x |
| **Gender reassignment**  |  x |
| **Marriage and civil partnership** |  x |
| **Race** |  x |
| **Religion or belief** |  x |
| **Sex** |  x |
| **Sexual Orientation** |  x |
| **Pregnancy maternity**  |  x |
| **Carers** |  X |

|  |
| --- |
| **7. Involvement & Insight: New or Previous (please include any evidence of activity undertaken in the box below)** An integral element of the guidance is to involve the various groups and support networks, i.e., LGBT+, REACH (formerly BAME), carers and Disability staff network groups to ensure there continues to be no unintended consequences to individuals.  |
| **8. Publishing the Equality Impact Assessment**This is available on the Trust intranet, internet and the via Freedom of Information request. |
| **9. Methods of Monitoring progress on Actions**The guidance will be reviewed by the Corporate Policy, Procedure and Risk Group (Chair, Head of Corporate Governance/ Company Secretary)  |
| **10. Signing off Equality Impact Assessment:** Adrian Snarr, Executive director of Finance, estates and resources – approved Greg Moores, Chief people officer – Peer review – approved Julie Williams, Deputy Director of Corporate Governance – approvedZahida Mallard, Equality and Involvement Manager – EIA grading: developing (approved 07.02.2023)  |

***Once approved, you must forward a copy of this***

***Assessment/Action Plan by email to:***

**InvolvingPeople@swyt.nhs.uk**

**Appendix C - Checklist for the Review and Approval of Procedural Document**

*To be completed and attached to any policy document when submitted to EMT for consideration and approval.*

|  | Title of document being reviewed: | Yes/No/Unsure | Comments |
| --- | --- | --- | --- |
| 1. | Title |  |  |
|  | Is the title clear and unambiguous? | Yes |  |
|  | Is it clear whether the document is a guideline, policy, protocol or standard? | Yes |  |
|  | Is it clear in the introduction whether this document replaces or supersedes a previous document? | Yes |  |
| 2. | Rationale |  |  |
|  | Are reasons for development of the document stated? | Yes |  |
| 3. | Development Process |  |  |
|  | Is the method described in brief? |  Yes |  |
|  | Are people involved in the development identified? | Yes |  |
|  | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | Yes |  |
|  | Is there evidence of consultation with stakeholders and users? | Yes |  |
| 4. | Content |  |  |
|  | Is the objective of the document clear? | Yes |  |
|  | Is the target population clear and unambiguous? | Yes |  |
|  | Are the intended outcomes described?  | Yes |  |
|  | Are the statements clear and unambiguous? | Yes |  |
| 5. | Evidence Base |  |  |
|  | Is the type of evidence to support the document identified explicitly? | Yes |  |
|  | Are key references cited? | Yes |  |
|  | Are the references cited in full? | Yes |  |
|  | Are supporting documents referenced? | Yes |  |
| 6. | Approval |  |  |
|  | Does the document identify which committee/group will approve it?  | Yes |  |
|  | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? |  N/A |  |
| 7. | Dissemination and Implementation |  |  |
|  | Is there an outline/plan to identify how this will be done? | Yes |  |
|  | Does the plan include the necessary training/support to ensure compliance? | Yes |  |
| 8. | Document Control |  |  |
|  | Does the document identify where it will be held? | Yes |  |
|  | Have archiving arrangements for superseded documents been addressed? | Yes |  |
| 9. | Process to Monitor Compliance and Effectiveness |  |  |
|  | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | No  |  |
|  | Is there a plan to review or audit compliance with the document? | Yes |  |
| 10. | Review Date |  |  |
|  | Is the review date identified? | Yes |  |
|  | Is the frequency of review identified? If so is it acceptable? | Yes |  |
| 11. | Overall Responsibility for the Document |  |  |
|  | Is it clear who will be responsible implementation and review of the document? | Yes |  |

**Appendix D - Version Control Sheet**

*This sheet should provide a history of previous versions of the policy and changes made*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Date | Author | Status | Comment / changes |
| 1 | March 2017 | Director of Corporate Governance | Approved | Two yearly review (delay in the date of review due to the Covid-19 pandemic)  |
| 2 | March 2023 | Deputy Director of Corporate Governance, Performance and Risk | Approved | Two yearly reviewApproved by EMT: 9 March 2023 |
|  |  |  |  |  |
|  |  |  |  |  |