

## CPFT Equality, Diversity, Inclusion and Human Rights Policy (including discrimination)

Document Type:	Policy		
Secretariat Index Number:	HR09	Version No:	5.0
Document Owner:	Equality & Diversity Officer		
Clinical/Non-Clinical:	Clinical and Non-clinical		
Directorate:	Corporate		
Team/Service:	Equality Diversity and Inclusion Team		
Target Audience:	All staff across all sites		
Standards, legislation and key related documents:	<p> <a href="#">Equality Act 2010   EHRC</a>  <a href="#">The Human Rights Act   EHRC</a>  <a href="#">Strategic Plan 2025-2028 WEB - 754</a>  <a href="#">The Public Sector Equality Duty (PSED)   EHRC</a>  <a href="#">Codes of Practice   EHRC</a>  <a href="#">Protected characteristics   EHRC</a>  <a href="#">UK Supreme Court ruling on the meaning of sex in the Equality Act: our work   EHRC</a> </p> <p>           Various trust policies to read alongside this policy, but not sure about inclusion so have placed a few for consideration:  <a href="#">cp92-staff-who-are-victims-of-domestic-abuse-or-sexual-misconduct-sop.pdf</a>  <a href="#">hr102-allegations-against-staff-sop.pdf</a>  <a href="#">hr96-transgender-policy-for-staff-v10pdf.pdf</a>  <a href="#">mha30-guidelines-on-conveyance-of-patients-in-relation-to-mental-health-act-assessment.docx</a>  <a href="#">hr97-transgender-policy-for-service-users-v11pdf.pdf</a>  <a href="#">cl33-transfer-protocol-adult-mental-health-to-older-peoples-services.doc</a>  <a href="#">cl14-transfer-camhs-to-adult-mental-health-services-protocol.docx</a>  <a href="#">cl03-admission-transfer-discharge-policy.docx</a> </p>		
<b>APPROVAL</b>			
<u>Level 1</u> Speciality Oversight Group:	Equality Diversity and Inclusion Steering Group		
	Date Approved:	17/02/2026	Review Date: 17/02/2029
<u>Level 2</u> Approval Group:	Joint Consultation and Negotiating Partnership (JCNP)		
	Date Approved:	24/03/2026	Review Date: 24/03/2029
<u>Level 3</u> Ratification Committee:	People and Culture Committee (PCC)		
	Date Approved:	15/04/2026	Review Date: 15/04/2029
Financial Implications:			

	Where a document has any financial implication on the Trust, the Local Counter Fraud Specialist (LCFS) has the authority to investigate and challenge this document with regards to current fraud and bribery legislation and to ensure appropriate counter fraud measures are in place.		
Counter Fraud Approval:	Yes or No:	No	Date: 05/03/2026
Equality Impact Assessment: (Policies only)	The author has carried out an EIA and there are <b>no negative or unknown</b> impacts. The EIA Form is attached to this document.		
Staff Side Approval:	Yes or No:	Yes	Date: 23/03/2026

## AUTHOR'S CHECKLIST

Document Title:	CPFT Equality, Diversity, Inclusion and Human Rights Policy
Secretariat Index Number:	

*To be completed when reviewing existing published documents*

Consideration for all documents		Y/N	Action to be taken	
			'Yes'	'No'
1.	Is the document still required?	Y	Go to question 2.	Arrange document removal with the Executive Lead/Approval Group and inform the Corporate Governance Team ( <a href="mailto:corporateoffice@cpft.nhs.uk">corporateoffice@cpft.nhs.uk</a> )
2.	Has there been any change in guidance or national policy since the previous version?	Y	Go to question 4.	Go to question 3.
3.	Can Executive authorisation (only) be granted if <b>minor</b> changes have been made to the document?	Y	Executive lead to approve new review date by email.  Update dates on the document and send the updated document and Exec email to the Corporate Governance Team ( <a href="mailto:corporateoffice@cpft.nhs.uk">corporateoffice@cpft.nhs.uk</a> )	Go to question 3.
4.	Can formal ratification be granted if <b>major</b> changes have been made to the document?	Y	Agree content at Level 1 Specialty Oversight Group.  Seek Approval at Level 2 Exec Led Approval Group.  Seek Ratification at NED led Board Sub-Committee (via: <a href="mailto:corporateoffice@cpft.nhs.uk">corporateoffice@cpft.nhs.uk</a> )	Go to question 3.

## VERSION CONTROL SUMMARY

### FORMAL RATIFICATION RECORD

Version	Date	Author	Details of Previous Version:	Oversight Group	Approval Group	Ratifying Committee	Date:
V5.0	August 2025	Associate Director of Recovery and Inclusion	Review of policy V4.0.			Business and Performance Board Sub-Committee	

### MINOR CHANGE RECORD

Version	Date	Author	Description of Change/s Made:	Authorising Executive	Date:
V5.0	August 2025	Associate Director of Recovery and Inclusion	Review of policy V4.0 and update in line with the Updates to the Equality Act 2010 following Supreme Court Ruling April 2025	Stephen Legood	01/05/23
V5.0	Feb 2026	Associate Director of Recovery and Inclusion	Review of policy V5.0 and consideration in line with Annual review process	Stephen Legood	Feb 2026

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**Any printed copies must be checked against the Document Library version to ensure that the latest version is being used.**

## 1.0 INTRODUCTION

- 1.1 Everyone has the right to be treated with dignity and respect, and the policy highlights the Trusts commitment to creating a culture in which equality, diversity, inclusion, and human rights are promoted actively, and unlawful discrimination is not tolerated. The aim of this policy is to ensure those rights are upheld and to ensure the Trust has a zero-tolerance approach to unlawful discrimination, intimidation, bullying and harassment. The Trust has policies (Early Resolution, Grievance and Dignity at Work and Disciplinary Policy) on how these issues will be dealt with formally.
- 1.2 As an equal opportunity employer, CPFT will promote equality diversity and inclusion with due regard to the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The organisation will also uphold the human rights of all its staff and service users in accordance with the Human Rights Act 1998.
- 1.3 Everybody has a right to be treated with dignity and respect and in doing so, the Trust recognises its legal duties under the Equality Act 2010 and Human Rights Act 1998.
- 1.4 The Trust recognises that the experiences and needs of every individual are unique and strives to respect and value the diversity of its staff, patients, services users, carers, and the public it serves in achieving its commitment to be an exemplary organisation in terms of equality, diversity, and inclusion.
- 1.5 This policy sets out guidance for minimising the risks of breaching equality and human rights legislation and examples of best practice to ensure the Trust maintains an environment which provides equality of opportunity for all.
- 1.6 This policy should be read in conjunction with equality legislation and other associated documents including:
  - A. NHS Constitution
  - B. Equality Delivery System 22 (EDS22)
  - C. Recruitment and Selection Policy and Guidance
  - D. Complaints Policy
  - E. Corporate and Local Induction Policy
  - F. Mandatory Training Policy
  - G. Study Leave Policy
  - I. Safeguarding Children Policy and Procedures
  - J. Safeguarding Adults Policy and Procedures
  - K. The Use of Possible Intervention Policy
  - L. Guidance on supporting transgender service users
  - M. Transgender policy for staff and service users
  - N. Early Resolution, Grievance and Dignity at Work Policy
  - O. Freedom to Speak Up (Raising Concerns) Policy
- 1.7 This policy applies to all service users, staff (including permanent, apprentices, locum, secondee, students, agency, bank and voluntary) and contractors working with CPFT staff or service users, and other staff on placement with CPFT. All Trust staff must follow the policies agreed by the Trust. Breaches of adherence to Trust policy may have potential consequences and constitute a disciplinary offence.

## 2.0 OBJECTIVES and AIMS

- 2.1 To embed Equality, Diversity, and Inclusion (EDI) in everything that we do. To proactively eliminate discrimination, promoting equality of opportunity and fostering positive relationships and ways of working in a manner that values, preserves and responds to diversity.
- 2.2 The Trust is committed to promote awareness and understanding of the key issues that impact on our function as a service provider and employer. The embedment of EDI is important to the Trust as it will help to:
  - ensure that the services we provide are accessible to all people, actively promote equality diversity and inclusion and are free from unlawful discrimination, intimidation bullying, harassment, and victimisation.
  - develop services which best meets the needs of our diverse communities.
  - eliminate from our services, policies and decision making, that have any adverse impact on the promotion of equality and inclusion for our patients and staff.
  - Identify the potential risks involved with not adhering to the Policy, based on equality and human rights legislation and
  - enhance the corporate reputation of the organisation.
  - To meet the Trust's duties under the Equality Act 2010 and the Human Rights Act 1998

## 3.0 DUTIES, ROLES and RESPONSIBILITIES

- 3.1 This policy outlines CPFT's approach to equality, diversity, inclusion, and human rights, based on the following definitions.
- 3.2 Equality: (or equal opportunities) is based on a principle of providing equal access to opportunities and services. Equality legislation aims to protect individuals against discrimination or harassment due to their:
  - a. Race
  - b. Disability
  - c. Age
  - d. Gender reassignment
  - e. Sex
  - f. Sexual Orientation
  - g. Religion or Belief
  - h. Pregnancy and maternity
  - i. Marriage and Civil PartnershipThese characteristics are referred to as the nine 'protected characteristics' in the Equality Act 2010.
- 3.3 Diversity: is based on a principle of recognising, responding to, and valuing visible and non-visible differences amongst individuals ensuring everyone can thrive and contribute.
  - a. The right to life
  - b. The right not to be tortured or treated in an inhuman or degrading way
  - c. The right to liberty
  - d. The right to a fair trial
  - e. The right to respect private and family life, home, and correspondence
  - f. The right not to be discriminated against

Further information about human rights and potential health service implications are contained in Appendix 1.

- 3.4 **Discrimination:** is defined as the prejudicial treatment of an individual or group based on their actual or perceived membership in a certain group or category
- 3.5 **Direct discrimination:** Treating a person less favourably because of a protected characteristic, or a combination of protected characteristics. An example of direct discrimination would be refusing to employ a woman because she is pregnant.
- 3.6 **Indirect discrimination:** Applying criteria or practice equally to all people but which has the effect of disadvantaging one group of people. An employer requires all staff to use a different desk each day as part of a hot-desking policy. An employee with autism, who benefits from routine and consistency, finds the constant change of environment highly distressing and disruptive. While the rule is the same for everyone, it disproportionately disadvantages this employee because of their disability.
- 3.7 **Discrimination by perception or association:** Treating a person less favourably because they are perceived to have a particular protected characteristic or that they are associated with a third party that has a particular protected characteristic.
- 3.8 **Combined discrimination:** (initially referred to as multiple or dual discrimination) is where a person suffers unfavourable treatment because of a combination of two protected characteristics, for example race and sex.
- 3.9 **Discrimination arising from a disability:** This means that discrimination will occur against a disabled person if they are treated in a particular way and because of their disability the treatment amounts to a detriment, unless there is justification (from an employer) that the treatment was a proportionate means of achieving a legitimate aim. In addition, the indirect discrimination provisions will also apply to disability discrimination.
- 3.10 **Bullying:** Bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate, or injure the recipient.
- 3.11 **Harassment:** is defined as unwanted conduct related to a relevant protected characteristic which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual. An example of harassment would be offensive comments, banter and behaviours that is specifically directed towards protected or personal characteristics. This can be one significant incident or an ongoing pattern of behaviour.
- 3.12 **Dignity:** is defined as the state or quality of being worthy of honour or respect, being treated with respectfulness in a way that is respectful of them as valued individuals. Dignity may be promoted or diminished by the physical environment, organisational culture and attitudes and behaviours of others.
- 3.13 **Victimisation:** is defined as treating someone badly because they have acted or supported someone else to act, relevant to grievance and dignity at work) An example of this is when a disabled worker is treated less favourably than other workers after making a complaint.

## 4.0 TRAINING and COMPETENCY

- 4.1 Promoting equality and human rights is one of the cornerstones of all CPFT's functions and activities, as an employer and provider of services. This will be applied by ensuring that:
- a. CPFT has an ongoing equality, diversity and inclusion programme of work, which includes objectives across all functions, and this programme is quality assured by the Equality, Diversity and Inclusion (EDI) Steering Group, an appropriate sub-committee of the Board and Staff Side trade unions.
  - b. Where practical and relevant, policies and strategies including any service redesigns and commissioning of services must undergo an equality analysis/impact assessment at the start of the development process, (Equity Impact guidance can be found on the Intranet at [Equity Impact Assessments](#))
  - c. All staff must undertake the mandatory Treating People with Respect training upon joining the organisation at induction, via eLearning training as part of the statutory training requirement for all staff. This training is refreshed by staff every three years. Informal training will take place via the (CPFT Academy) at staff briefings and at local departmental team meetings and during supervision.
  - d. All relevant policies, for example, Early Resolution, Grievance and Dignity at Work Recruitment and Selection, Safeguarding Children / Adults reference this policy.
  - e. The principle of promoting equality and meeting individual's needs is part of the ethos of all policy and service development.
  - f. There are effective and sensitive staff support, and complaints mechanisms should staff, or service users feel that they have experienced discrimination including Patient Advice & Liaison (PALS), Human Resources, Freedom to Speak Up Guardians, Staff Networks, the Trade Unions, and the EDI team.
  - g. Workforce, service user and complaints data are monitored by CPFT in accordance with its duties under the Equality Act 2010 and reported to the Board and Staff Side on a quarterly basis.
  - h. Where inequity, discrimination or harassment have been identified or needs through research have been highlighted then positive action initiatives will be considered to redress any disadvantage experienced by people with protected characteristics.

## 5.0 PROCESS and CONTENT

- 5.1 Responsibilities of the Board  
It is the responsibility of the CPFT Board to:
- a. Annually review and approve the Equality, Diversity, and Inclusion Annual Report to ensure compliance to our legal duties.
  - b. Ensure that the organisation has equality objectives that meet the requirements of the public equality duties of the Equality Act 2010.

- c. Review the progress of the equality work plan through regular update reports to the Patient Safety and Quality (PSQ), People Strategy Delivery Group (PSDG), Joint Consultation Negotiating Partnership (JCNP) and EDI steering group.
- d. Ensure systems and processes are in place to promote equality, diversity, and human rights.
- e. Approve CPFT's Equality, Diversity and Human Rights Policy.

## 5.2 Responsibilities of the Chief Executive

It is the responsibility of the Chief Executive to:

- a. Have overall responsibility for ensuring that a policy is in place for CPFT which promotes equality, eliminates discrimination, and promotes good relationships between different groups and individuals.
- b. Have overall responsibility for ensuring that CPFT staff and service users are confident that any complaints related to this policy will be dealt with effectively and appropriately.

## 5.3 Responsibilities of the Director of Operations

It is the responsibility of the Director of Operations to:

- a. Have overall responsibility for ensuring that a policy is in place for CPFT services which promotes equality, eliminates discrimination, and promotes good relationships between different groups and individuals.
- b. Have overall responsibility for ensuring that CPFT staff and service users are confident that any complaints related to this policy will be dealt with effectively and appropriately.
- c. Ensure that the Annual Equality Report is prepared and that it meets CPFT's equality duties under the Equality Act 2010.
- d. Ensure that an equality and diversity work plan is developed and delivered to meet the organisation's equality objectives and its equality duties.
- e. Ensure that the Equality, Diversity, and Inclusion Steering Group provides assurance that the equality programme of work is being delivered.

## 5.4 Responsibility of Directors

It is the responsibility of all Directors to ensure that:

- a. The Equality, Diversity and Human Rights Policy is implemented within their Directorate and that managers are aware of their responsibilities.
- b. They work with the Equality, Diversity, and Inclusion team to articulate evidence-based equality objectives for their function and that this is reflected in their equality work plan.
- c. Actions are implemented and reported on where they are the Lead Officer identified in the equality work plan.

## 5.5 Responsibility of Equality, Diversity and Inclusion Steering group

- a. It is the responsibility of the Equality, Diversity, and Inclusion Steering Group to provide assurance to the Board that the organisation is meeting its requirements under the Equality Act 2010 and the Human Rights Act 1998.
- b. Monitor the equality work plan on a quarterly basis.
- c. To identify any gaps/trends in relation to equality and diversity, and to ensure effective operation of this policy through relevant and practical actions.

## 5.6 Responsibility of the Associate Director of Inclusion

It is the responsibility of the Associate Director of Inclusion to provide strategic direction, leadership and advice that stretches a broad portfolio of EDI agendas that support the Trust's aims and objectives as detailed in the Strategic and People Plan.

#### 5.7 Responsibility of the Equality, Diversity, and Inclusion Lead

- a. Advise the Equality, Diversity, and Inclusion Steering Group to enable them to fulfil their requirement to ensure that the organisation complies with equality and human rights legislation.
- b. Support CPFT with setting and achieving equality objectives.
- c. Manage and report on the equality work plan.
- d. Support the Learning and Development Team to ensure that staff are able to access high quality and appropriate equality and diversity training and ensure that the principles of promoting equality are embedded into all training materials as appropriate.
- e. Work with Directors and Managers to ensure that they are achieving their equality objectives and that equality analyses are proportionate and meaningful.
- f. Build and maintain relationships with other stakeholders who have a role to play in ensuring CPFT meets its equality objectives.
- g. Obtain feedback from service users, staff, staff side and other stakeholders on how the organisation is performing with respect to promoting equality and eliminating discrimination.
- h. Work collaboratively with Human Resources and Trade Unions to identify actions and work in partnership to implement.

#### 5.8 Responsibility of Managers

It is the responsibility of all managers to:

- a. Implement this policy and bring it to the attention of staff in their sphere of responsibility.
- b. Treat complaints related to this policy seriously and deal with them promptly and confidentially, using the appropriate procedure.
- c. Promote equality and diversity and take all reasonable steps to reduce discrimination in their working environment.
- d. Ensure that all staff they manage are enabled to develop the skills they need to promote equality and diversity.
- e. Ensure that equality and diversity is included in staff development reviews and identify areas of skills development in personal development plans.
- f. Ensure that they have the necessary skills to effectively apply the Recruitment and Selection policy in any recruitment activity they participate in on behalf of CPFT.
- g. Ensure that they are familiar with and can apply the employment policies including Early Resolution, Grievance and Dignity at Work.

#### 5.9 Responsibility of Staff

All staff have the responsibility to promote equality and diversity by:

- a. Conducting themselves in a professional and considerate manner always ensuring compliance with all Trust policies.
- b. Developing their knowledge of diversity and supporting the organisation to promote equality by:

- i. Developing their knowledge of the diverse needs of different groups, particularly with respect to cultural, language or religious differences, and sharing this knowledge with colleagues as appropriate.
- ii. Where appropriate to their role, supporting the organisation by collecting equality monitoring information of staff or service users. This helps the organisation to assess its equality impact.
- c. Respecting and reasonably responding to the diverse needs of staff, service users, patients, and others. To report any incidents of discrimination, bullying or harassment via the Trust's incident reporting process using Datix.

#### 5.10 Trade Unions

Representatives of recognised trade unions and staff associations will participate fully with managers in the exercising of the Trust's legal responsibility and of this policy. To work in partnership with the Trust, specifically the EDI team in respect of reviewing and amending this policy, to monitor the Equalities Workplace quarterly, identifying any gaps and trends and devising and contributing to action plans to achieving the aims of this policy. To ratify this policy at the JCNP

## 6.0 LEGAL REQUIREMENTS

- 6.1 In applying this policy, CPFT recognises its duties under:
  - a. The Equality Act 2010
  - b. The Human Rights Act 1998
- 6.2 The Equality Act 2010 requires CPFT to:
  - a. Promote equality across all its functions for all protected groups
  - b. Eliminate discrimination
  - c. Promote positive relationships between different groups of people
- 6.3 Duties under The Human Rights Act 1998 are to ensure that all staff and service users are equally able to access all their human rights as set out in the Act, both as employees and service users of CPFT.

## 7.0 DEALING WITH DISCRIMINATION

- 7.1 The Trust is opposed to all forms of unlawful and unfair discrimination and victimisation and expects its staff to be treated by all patients, visitors, service users and colleagues with dignity and respect, in a non-discriminatory manner and in accordance with their individual needs. In turn, staff will treat all patients, visitors, service users and colleagues in an equally respectful and dignified manner.
- 7.2 Handling complaints of discrimination

Unlawful discrimination in any form will not be tolerated by the Trust and action will be taken where discrimination has occurred, whether the perpetrator is an employee, a service user, or service user's relative, partner or a contractor.

As a result:

- a. Employees who are found to be involved in unlawful discriminatory activities or practices in relation to their duties are liable to face disciplinary proceedings.

- b. The Trust is committed to ensuring that complaints in all cases will be treated sensitively, confidentially, thoroughly, and swiftly.
- c. All employees who have suffered unlawful discrimination can expect action to be taken on their behalf and will receive support from the Trust and their Trade Union Representatives (if applicable).
- d. An individual not employed by the Trust or another NHS organisation who considers they have been unlawfully discriminated against by a Trust employee may make a formal complaint, which will be dealt with through the Trust Complaints Procedure.
- e. An individual employed by the Trust who considers they have been unlawfully discriminated against may pursue the matter through the Early Resolution, Grievance and Dignity at Work Policy.

### 7.3 Support for CPFT employees

We acknowledge that discrimination can have a huge impact on an employee, both physically and emotionally and we want to ensure staff are supported through this difficult time. Support can be obtained from the following places:

- a. HR team, to guide staff through the processes
- b. Trade Unions (if a member)
- c. The Equality, Diversity, and Inclusion team
- d. Freedom to Speak up Guardians
- e. Staff Networks
- f. Staff Wellbeing Service

At times we understand that specific support maybe required from outside of the Trust (for e.g., racism counselling) if there are no specialists in the Trust. This is discussed on an individual basis and agreed by the Director of People and Business Development

## 8.0 MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY

- 8.1 The effectiveness of this policy will be monitored and reported through the Annual Equality, Diversity, and Inclusion Report, based on performance against equality objectives and actions outlined in the equality work plan.
- 8.2 Staff, service users, staff side and other stakeholders will be encouraged to provide feedback on the organisation's performance against its equality objectives through a variety of accessible forums. This feedback will be considered by the Equality, Diversity and Inclusion Steering Group, the Trust Executive and the Trust Board and where appropriate, new actions will be added to the equality work plan.

## 9.0 COMPLAINTS

- 9.1 Staff who believe that this policy has been breached may raise their concerns under the Trusts Early Resolution, Grievance and Dignity at Work Policy and Incident Reporting Procedure via Datix.

- 9.2 Complaints about breaches of this policy in relation to the provision of services can be made to the Patient Advice and Liaison Service (PALs) and the Incident Reporting Procedure.
- 9.3 Other support can be obtained from trades unions representatives and groups internally and externally including staff networks.

## 10.0 EQUALITY IMPACT ASSESSMENT

Where relevant, and/or required by third party partners/commissioners, an Equity Impact Assessment will be completed to highlight and mitigate any adverse impact of Trust actions/policies/ initiatives/functions.

Where relevant and possible, Equity Impact Assessment should be undertaken in partnership with trade union/staff side equalities lead.

The Equity Impact Assessment of this policy can be found at Appendix 2.

## 11.0 USEFUL LINKS

- a. [CPFT Equality and Diversity Page in the Intranet](#)
- b. [Equality and Human Rights Commission](#)
- c. [Cambridge Ethnic Community Forum](#)
- d. [Local Government Information Unit](#)
- e. [CPFT Freedom to Speak Up Policy and intranet Page](#)
- f. [Transgender policy for staff](#)
- g. [Transgender policy for service users](#)
- h. [Trade Union and Staff Side Page link](#)

## 12.0 MONITORING COMPLIANCE

Document Section		Control	Check to be carried out	How often will the check be carried out	Responsible for carrying out the check	Results of check reported to	Frequency of reporting
Page	Section	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
Whole policy (staff-fo cused)	N/A	Equality, Diversity, Inclusion and Human Rights compliance for staff	Review of workforce equality data (WRES, WDES), Staff Survey findings, complaints and grievance trends (Datix), training compliance (Treating People with Respect), and progress against the EDI work plan and Equality Objectives	Ongoing monitoring with formal review annually	Equality, Diversity and Inclusion Team, with assurance from the Equality, Diversity and Inclusion Steering Group	Equality, Diversity and Inclusion Steering Group; Joint Consultation and Negotiating Partnership (JCNP)	Quarterly to EDI Steering Group; annually via the EDI Annual Report
Whole policy (service -user-fo cused)	N/A	Equality, Diversity, Inclusion and Human Rights compliance for service users	Review of service-user experience and outcomes through complaints and feedback (PALS), incident data (Datix), EDS22 assessment outputs, PCREF engagement activity, and themes relating to discrimination, dignity and human rights	Ongoing monitoring with formal review annually	Equality, Diversity and Inclusion Team, working with relevant clinical and operational leads	Equality, Diversity and Inclusion Steering Group; Trust Board via the Annual EDI Report	Quarterly via EDI governance routes; annually to Trust Board

## APPENDIX 1: DEFINITION OF TERMS

Human Right	Health Care Applications
<p><b>The right to Life</b> Public authorities must:</p> <ul style="list-style-type: none"> <li>a. Not take away a personal life, except in a very few specific and limited circumstances, such as lawfully defending someone from violence</li> <li>b. Take reasonable steps to protect a person's life in nearly all circumstances</li> <li>c. Although the right to life is fundamental, there is no corresponding right to medical treatment in all circumstances</li> </ul>	<ul style="list-style-type: none"> <li>a. Do not resuscitate orders</li> <li>b. Refusal of life saving medical treatment</li> <li>c. Active or passive euthanasia</li> <li>d. Advance directives</li> <li>e. Death through negligence</li> <li>f. Investigations including inquests where death is suspicious or unexpected</li> </ul>
<p>The right not to be tortured or treated in an inhuman or degrading way</p> <ul style="list-style-type: none"> <li>a. Inhuman treatment means the treatment causing severe mental or physical harm</li> <li>b. Degrading treatment means treatment that is grossly humiliating and undignified</li> <li>c. Inhuman or degrading treatment does not have to be deliberate</li> </ul>	<ul style="list-style-type: none"> <li>a. Physical or mental abuse</li> <li>b. Unchanged sheets</li> <li>c. Leaving food &amp; drinks without helping patient to eat when they require assistance to achieve</li> <li>d. optimum nutrition and hydration</li> <li>e. Excessive force to restrain patients</li> <li>f. Assisting with personal care without regard to dignity</li> <li>f. Staff not being protected from discrimination, harassment, or violence of any sort</li> </ul>
<p>The right to liberty</p> <ul style="list-style-type: none"> <li>a. The right to liberty is not the right to be free to do whatever you want</li> <li>b. The right to liberty is a right not to be locked in a cell or a room, or have any other extreme restriction place on movement</li> <li>c. The right to liberty is a limited right. It can be limited in number of specific circumstances, for example the lawful detention of someone who has mental health issues</li> </ul>	<ul style="list-style-type: none"> <li>a. Informal detention of patients who do not have the capacity to decide whether they would like to be admitted into hospital such as service users without current capacity or ability.</li> <li>b. Delays in reviewing whether service users/ patients detained under the MHA should still be detained</li> <li>c. Delays in releasing mental health patients once they have been discharged by the Mental Health Review Tribunal</li> <li>d. Excessive restraint of patients e.g., unnecessary use of sedation, seclusion, or improper/illegal restraint by tying to t beds or chairs or using unfair coercion to achieve an aim that may not be in the best interests of the patient</li> </ul>
<p>The right to a fair trial</p> <p>The right to a fair trial contains several principles that need to be considered, at some stage during the decision-making process.</p> <p>The person whose rights will be affected has the right to: -</p> <ul style="list-style-type: none"> <li>a. Independent and impartial tribunal</li> <li>b. Be present at some stage during the decision-making process</li> </ul>	<ul style="list-style-type: none"> <li>a. Staff disciplinary proceedings</li> <li>b. Compensation claims</li> <li>c. Independence of tribunals. e.g., the Mental</li> <li>d. Health Review Tribunal</li> <li>e. Early Resolution Grievance and Dignity at</li> <li>f. Work Policy and Procedure</li> </ul>

<ul style="list-style-type: none"> <li>c. A reasonable opportunity to present their case before a decision is made</li> <li>d. An adversarial hearing</li> <li>e. Disclosure of all relevant documents</li> <li>f. Having their hearing take place within a reasonable time</li> <li>g. Be given reasons to enable them to understand the decision that has been made</li> </ul>	
<p>The right to respect private and family life, home and correspondence</p> <p>This right protects</p> <ul style="list-style-type: none"> <li>a. Family life, which is interpreted broadly and does not just cover blood relatives</li> <li>b. Private life also interpreted broadly. It covers more than just privacy, including issues such as personal choices, relationships, physical and mental wellbeing, excessive to personal information and participation to community life</li> <li>c. The right to respect for home is not a right to housing, but a right to respect for the home somebody already has</li> <li>d. Correspondence covers all forms of communication including phone calls, letters, faxes, email, etc.</li> <li>e. This right is a qualified right and maybe interfered with in order to take account of rights of other individuals and/or the wider community</li> </ul>	<ul style="list-style-type: none"> <li>a. Privacy on wards and in care homes</li> <li>b. Being provided with adequate information to enable informed choice</li> <li>a. Family visits</li> <li>c. Sexual and other personal relationships</li> <li>d. Participation in social and recreational activities</li> <li>e. activities</li> <li>f. Personal records including medical, financial</li> <li>g. independent living</li> <li>h. Closure of residential care and hospitals</li> <li>i. Separation of families due to residential care placements</li> </ul>
<p>The right not to be discriminated against</p> <p>The right not to be discriminated against is in relation to the other human rights contained in the Human Rights Act. Discrimination takes place when someone is treated in a different way compared to someone in a similar situation, or where people in very different situations are treated the same. However, an action or decision will only be considered discriminatory if it cannot be reasonably or objectively justified.</p>	<ul style="list-style-type: none"> <li>a. Refusal of medical treatment to an older person solely because of their age</li> <li>b. Refusal of medical Treatment due to ability?</li> <li>c. Non-English speakers being presented with health options without the use of an interpreter</li> <li>d. Discrimination against NHS Trust staff based on their caring responsibilities at home</li> </ul>

# Enhanced Equity Impact Assessment Form (CPFT and NHSE collated document) *Incorporating NHS England best practice elements*

## Introduction

The [World Health Organisation](#) defines health equity as “the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.”

The [NHS Act 2006](#), as amended by the [Health and Care Act 2022](#) and Section 2N, means that Trusts have a responsibility to reduce inequalities:

- with respect to people’s ability to access health services
- with respect to the outcomes achieved for them by the provision of those services

The general equality duty that is set out in the [Equality Act 2010](#) requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

Training on undertaking Equity Impact Assessment can be made available for individuals or teams on request. If there is something that is not clear regarding the EIA process, or you need help to complete the EIA form, please contact:

[EDI@cpft.nhs.uk](mailto:EDI@cpft.nhs.uk)

Are you completing the EIA for you identified change	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Equity Impact Assessment (EIA) is not completed, document the rationale and retain within governance file for the initiative	
<b>Please note if you complete the box above no further part of the EIA form is required, please retain your justification with the documents related to the change</b>	

## Stage 1: Assessment

### Basic Information

Name of Proposal - policy, strategy, function, service being assessed:	CPFT Equality, Diversity, Inclusion and Human Rights Policy (V5.0)
Is this a new or existing policy, practice or change to a service?	Existing policy – full review and update (Version 5.0)
Directorate, Department / Service:	Corporate Directorate – Equality, Diversity and Inclusion
Those involved in the assessment:	Sharon Gilfoyle Associate Director of Recovery and Inclusion Jo Wallis EDI Lead
Date:	04/03/2025
List any associated policies / procedures:	<a href="#">cp92-staff-who-are-victims-of-domestic-abuse-or-sexual-misconduct-sop.pdf</a> <a href="#">hr102-allegations-against-staff-sop.pdf</a> <a href="#">hr96-transgender-policy-for-staff-v10pdf.pdf</a> <a href="#">mha30-guidelines-on-conveyance-of-patients-in-relation-to-mental-health-act-assessment.docx</a> <a href="#">hr97-transgender-policy-for-service-users-v11pdf.pdf</a> <a href="#">cl33-transfer-protocol-adult-mental-health-to-older-peoples-services.doc</a> <a href="#">cl14-transfer-camhs-to-adult-mental-health-services-protocol.docx</a> <a href="#">cl03-admission-transfer-discharge-policy.docx</a>

### Aim and Scope

What are the aims, objectives, and purpose of this practice and/or service change, programme, or other form of business decision?	<ul style="list-style-type: none"> <li>• Ensure CPFT meets its statutory duties under the <b>Equality Act 2010</b> and <b>Human Rights Act 1998</b></li> <li>• Eliminate unlawful discrimination, harassment, bullying and victimisation</li> <li>• Embed Equality, Diversity and Inclusion (EDI) across all Trust functions as an employer and service provider</li> <li>• Promote dignity, respect and human rights for staff, service users, carers and the public</li> </ul>
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	<ul style="list-style-type: none"> <li>• Provide a clear framework for managing, reporting and responding to discrimination-related concerns</li> </ul>
<b>Who the practice and/or service change affects and intended outcomes if known?</b>	<ul style="list-style-type: none"> <li>• All CPFT staff (permanent, temporary, bank, agency, volunteers, students)</li> <li>• Service users and patients</li> <li>• Carers and families</li> <li>• Contractors and partner organisations</li> <li>• Members of the public interacting with CPFT services</li> </ul>
<b>What does this policy, function, process link to in terms of wider Business plans and objectives?</b>	<ul style="list-style-type: none"> <li>• CPFT Strategic Plan and People Plan</li> <li>• NHS People Promise</li> <li>• Equality Delivery System (EDS22)</li> <li>• Workforce Race Equality Standard (WRES)</li> <li>• Workforce Disability Equality Standard (WDES)</li> <li>• Patient and Carer Race Equality Framework (PCREF)</li> <li>• Statutory Public Sector Equality Duty (PSED)</li> </ul>

## Equality Information

<b>What equality information is available? (Quantitative and qualitative) <i>Design teams should have access to local workforce data packs and sources including Staff Surveys.</i></b>	<ul style="list-style-type: none"> <li>• Workforce equality data (WRES, WDES)</li> <li>• Staff Survey results</li> <li>• Incident and complaint data (Datix, PALS)</li> <li>• EDS22 assessments</li> <li>• PCREF development work and engagement outputs</li> <li>• Trade union and staff network feedback</li> </ul>
<b>Are there any information gaps you are aware of? If so, what are they?</b>	<ul style="list-style-type: none"> <li>• Emerging PCREF data is still developing and not yet longitudinal</li> <li>• Intersectional impacts not consistently captured across all datasets</li> </ul> <p>These gaps will be addressed through enhanced monitoring, PCREF implementation and qualitative engagement.</p>

## Stakeholder Identification

<b>Who are the stakeholders for this practice or service change?</b>	<ul style="list-style-type: none"> <li>• Staff networks (Race, Disability, LGBTQ+, Faith, Carers)</li> <li>• Trade unions and staff side</li> <li>• Staff who are also service users and carers</li> <li>• Equality, Diversity and Inclusion Steering Group</li> <li>• Human Resources</li> <li>• Clinical and operational leaders</li> </ul>
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## Engagement

<b>What engagement has been done with stakeholders, both internal &amp; external?</b>	<ul style="list-style-type: none"> <li>• Policy reviewed with EDI Steering Group and Staff Side</li> <li>• Feedback incorporated from staff networks where available</li> <li>• Alignment checked against national guidance (EHRC, NHS England)</li> </ul>
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## Impact assessment: Protected Characteristics

**For each protected characteristic, assess the impact before and after mitigations:**

Protected Characteristic	Impact Before Mitigations	Description of Impact and Mitigating Actions	Impact After Mitigations
<b>Age</b> <i>Consider age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i>			
<p><b>Assessment</b></p> <p>The policy applies equally across age groups and supports fair treatment for younger and older people. It helps prevent overt age-based discrimination and promotes consistent standards of behaviour. However, there is a risk of indirect age discrimination if access to training, development or flexible working is not routinely monitored, particularly for older staff or younger staff in junior roles. Without active oversight, age-related disadvantage may remain unrecognised.</p>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure	<ul style="list-style-type: none"> <li>• Monitoring of workforce data by age, including training and progression</li> <li>• Review of complaints and grievances for age-related themes</li> </ul>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure
<b>Disability</b> <i>Consider attitudinal, physical and social barriers towards visible and invisible disability</i>			
<p><b>Assessment</b></p> <p>The policy establishes a clear organisational commitment to preventing disability-related discrimination and promoting dignity and respect for disabled staff and service users, including those with visible and non-visible impairments. In practice, the policy strengthens the framework through which disabled individuals can challenge discriminatory behaviour and seek redress. However, the policy does not itself provide operational detail on reasonable adjustments, meaning that the lived impact for disabled people is highly dependent on managerial</p>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure	<ul style="list-style-type: none"> <li>• Routine monitoring of reasonable adjustment outcomes and disability-related grievances</li> <li>• Targeted manager development on disability inclusion and adjustment decision-making</li> <li>• Use of WDES data to identify structural barriers and address systemic issues</li> </ul>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure

<p>competence, confidence and consistency. Where reasonable adjustments are not proactively anticipated or implemented, disabled staff may continue to experience disadvantage despite the policy's intent.</p>			
<p><b>Gender Identity or Reassignment</b>  <i>Consider transgender people. This can include issues such as privacy of data and harassment.</i></p>			
<p><b>Assessment</b></p> <p>The policy explicitly includes gender reassignment as a protected characteristic and reinforces the Trust's commitment to dignity and respect for trans and non-binary staff and service users. Clear links to dedicated transgender policies support consistency. However, the practical impact is dependent on staff awareness and confidence in applying policy principles, particularly in relation to confidentiality, language and responding to harassment. Inconsistent understanding may limit the policy's effectiveness.</p>	<p><input type="checkbox"/> Positive  <input checked="" type="checkbox"/> Neutral  <input type="checkbox"/> Negative  <input type="checkbox"/> Unsure</p>	<ul style="list-style-type: none"> <li>Monitoring of incidents and complaints involving trans staff and service users</li> <li>Promotion of transgender policies and guidance</li> <li>Ongoing engagement with LGBTQ+ staff networks</li> </ul>	<p><input type="checkbox"/> Positive  <input checked="" type="checkbox"/> Neutral  <input type="checkbox"/> Negative  <input type="checkbox"/> Unsure</p>
<p><b>Marriage and Civil Partnership</b>  <i>Consider if the policy unjustifiably treat people differently based on marital status. Are there hidden assumptions favouring married couples over single people.</i></p>			
<p><b>Assessment</b></p> <p>The policy applies consistently regardless of marital or civil partnership status and does not introduce differential treatment. It reinforces legal protections and supports fairness in the workplace. No specific adverse impacts have been identified, though continued monitoring is required to ensure equality is maintained in practice.</p>	<p><input type="checkbox"/> Positive  <input checked="" type="checkbox"/> Neutral  <input type="checkbox"/> Negative  <input type="checkbox"/> Unsure</p>	<ul style="list-style-type: none"> <li>Monitor complaints data for any emerging issues</li> </ul>	<p><input type="checkbox"/> Positive  <input checked="" type="checkbox"/> Neutral  <input type="checkbox"/> Negative  <input type="checkbox"/> Unsure</p>
<p><b>Pregnancy and Maternity</b>  <i>Consider working arrangements, part-time working, infant caring responsibilities.</i></p>			
<p><b>Assessment</b></p> <p>The policy protects against discrimination related to pregnancy and maternity and reinforces the Trust's commitment to dignity and fairness. In practice, the extent to which this advances equality depends on managerial awareness of pregnancy-related rights and flexibility. Without consistent application, staff may continue to experience disadvantage during pregnancy or return to work. This policy may be read with in conjunction</p>	<p><input type="checkbox"/> Positive  <input checked="" type="checkbox"/> Neutral  <input type="checkbox"/> Negative  <input type="checkbox"/> Unsure</p>	<ul style="list-style-type: none"> <li>Monitor grievances and workforce data</li> <li>Reinforce links with family-friendly and flexible working policies</li> </ul>	<p><input type="checkbox"/> Positive  <input checked="" type="checkbox"/> Neutral  <input type="checkbox"/> Negative  <input type="checkbox"/> Unsure</p>

with other policies such as Special Leave policy and New Parents Policy			
<b>Race</b> <i>Consider different ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers. See Trust website for the Patient and Carer Race Equality Framework.</i>			
<b>Assessment</b> The policy aligns with anti-racist principles by supporting dignity, respect and fairness for racially minoritised staff and service users. It provides a consistent organisational position that supports PCREF objectives and promotes accountability. However, without strong implementation, visible leadership commitment and active engagement with lived experience, the policy alone may not lead to improved trust or outcomes for racially minoritised groups. There is a risk that structural inequalities persist if monitoring and action are not sustained.	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure	<ul style="list-style-type: none"> <li>• Monitor WRES and PCREF metrics</li> <li>• Use qualitative PCREF engagement feedback</li> <li>• Clear leadership accountability through EDI governance and reporting</li> </ul>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure
<b>Religion or Belief</b> <i>Consider people with different religions, beliefs or no belief.</i>			
<b>Assessment</b> The policy promotes dignity and respect for people of all religions, beliefs and none. It establishes a clear expectation of non-discriminatory behaviour. However, it is not within the scope of this policy to provide operational guidance on accommodating religious practices, meaning that practical impact depends on local decision-making. Also, the experience, confidence and consistency of those managing the issues	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure	<ul style="list-style-type: none"> <li>• Use qualitative feedback from staff surveys and complaints</li> <li>• Escalate themes through EDI Steering Group</li> </ul>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure
<b>Sex (Gender)</b> <i>Consider men and women (potential to link to carers below).</i>			
<b>Assessment</b> The policy provides a robust zero-tolerance position on sex-based discrimination, harassment and victimisation, reinforcing organisational expectations regarding dignity and respect. It creates a clearer route for raising concerns and supports a culture in which unacceptable behaviour is explicitly challenged. However, the practical impact for women and men is influenced by levels of confidence in reporting, particularly in relation to sexual	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure	<ul style="list-style-type: none"> <li>• Monitor complaints and grievances by sex</li> <li>• Reinforce links with Dignity at Work and Domestic Abuse policies</li> <li>• Use Staff Survey data to assess confidence in reporting and psychological safety</li> </ul>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure

harassment or abuse of power. Without consistent, trauma-informed application of complaints processes, individuals may remain reluctant to come forward.			
<b>Sexual Orientation</b> <i>Consider heterosexual people as well as lesbian, gay and bi-sexual people.</i>			
<b>Assessment</b>  The policy clearly identifies sexual orientation as a protected characteristic and reinforces expectations of respectful and inclusive behaviour. It provides reassurance that discrimination will not be tolerated. However, cultural and psychological barriers may continue to affect the willingness of LGBTQ+ staff and service users to report discrimination, particularly where trust in organisational response is variable.	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure	<ul style="list-style-type: none"> <li>Monitor Staff Survey responses and complaints trends</li> <li>Engage LGBTQ+ staff networks to identify lived experience</li> </ul>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure

## Impact assessment: Other Groups at Risk of Health Inequalities

Socio-economic status/Geography	Others who face health inequalities:		
<ul style="list-style-type: none"> <li>People living in deprived areas</li> <li>People who are unemployed</li> <li>People with low incomes</li> <li>People living in remote, rural and coastal locations.</li> <li>People with poor literacy or health literacy</li> </ul>	<ul style="list-style-type: none"> <li>Looked after and accommodated children and young people.</li> <li>Carers: paid/unpaid, family members.</li> <li>Homeless people or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&amp;Bs.</li> <li>Those involved in the criminal justice system: offenders in prison/on probation, ex-offenders.</li> <li>People with addictions and substance misuse problems.</li> <li>Sex workers</li> <li>Vulnerable migrants</li> <li>Armed forces community</li> </ul>		
Group	Impact Before Mitigations	Description of Impact and Mitigating Actions	Impact After Mitigations
<b>Carers</b> <i>Consider part-time working, shift-patterns, general caring responsibilities, protected characteristics of the carer themselves.</i>			
<b>Assessment</b>  Carers are not a protected characteristic under the Equality Act; however, many carers also share protected characteristics. The policy applies generally but does not explicitly reference caring responsibilities, creating a risk that carers'	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure	<ul style="list-style-type: none"> <li>Monitor Staff Survey data</li> <li>Engagement with Carers Network and flexible working policies</li> </ul>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure

needs are not consistently recognised. Without active consideration, carers may experience indirect disadvantage. Policy applies generally but does not explicitly			
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**Armed Forces community (including Veterans and reservists)**

*Consider different groups experiencing disadvantage and barriers.*

<b>Assessment</b>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure	<ul style="list-style-type: none"> <li>Review of complaints and workforce data if issues emerge</li> </ul>	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/> Unsure
The policy applies equally to members of the Armed Forces community, including veterans and reservists, and no specific adverse impacts have been identified. However, without explicit reference, issues unique to this group may remain less visible.			

**Add further group sections as required:**

### External Impact of the Change

<b>Are there any specific external impacts or impacts on Human Rights?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>If so, please describe the impact:</b>	

### Summary of Negative or Unsure Impacts

<b>Any Negative or Unsure Impact Identified for Protected Characteristics?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Any Negative or Unsure Impact Identified for Other Groups?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Any Specific Human Rights Impact Identified?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

*If any of the above answers are 'Yes', please complete Stage 2. Otherwise go to the sign off section.*

## Stage 2: Monitoring and Risk Management

### Monitoring the Impact

<b>Is there a system in place to monitor the impact?</b>	N/A
<b>If not, describe how you will answer the question "Has this policy had an impact on people?" in the future:</b>	N/A
<b>How will you use the data?</b>	N/A

## Break Down Barriers and Foster Good Relations

Are there any opportunities to break down barriers, meet the needs of different groups, and encourage good relations between groups?	N/A
If so, describe this opportunity and what you intend to do:	N/A

## Risk Management

Have you considered whether the practice and/or service change has any Operational, Reputational, Legal, and Financial Risk?	N/A
Please list any risks you have identified:	N/A

## Stage 3: Equality Impact Assessment Action Plan

Outline key actions based on any gaps, challenges, and opportunities you have identified and will be addressed through consultation or further research.			
No specific adverse impacts relating to protected characteristic or other groups have been identified through this assessment. The policy establishes clear principles and decision-making parameters which allow for proportionate consideration of individual circumstances where relevant. Should unintended impacts arise during implementation, these will be reviewed and addressed through appropriate governance and equality oversight.			
Category	Actions required to address gaps and issue/s	Target date	Person responsible and their division
Gaps and Challenges	Strengthen PCREF monitoring	Ongoing	Associate director of inclusion, EDI Team
	Improve intersectional data analysis	Annually	HR/EDI
Monitoring, evaluating & reviewing	Annual review via EDI Annual Report	Ongoing	EDI Team
	Quarterly monitoring through EDI Steering Group	Ongoing	EDI Team
	Review of complaints, grievances and incident data	Ongoing	EDI Team
Signed off by EDI Team	<b>Name:</b>  <b>Jo Wallis EDI Lead</b>		<b>Date:</b>  <b>05/03/2026</b>

Please add more actions if necessary.

Completed form should be sent to: [EDI@cpft.nhs.uk](mailto:EDI@cpft.nhs.uk)

If you require this policy in a different format (e.g. larger print, Braille, different language or audio) please contact the Corporate Governance Team ([corporateoffice@cpft.nhs.uk](mailto:corporateoffice@cpft.nhs.uk)).

## APPENDIX 4: QUALITY ASSURANCE CHECKLIST

### TO BE COMPLETED BY THE CORPORATE GOVERNANCE TEAM

		Y/N	Comments
1.	Title of document		
	Is the title clear and unambiguous	Y	
2.	Type of document (e.g. policy, guideline etc)		
	Is it clear whether the document is a policy, guideline or procedure?	Y	
3.	Introduction		
	Is the introduction clear?	Y	
	Are reasons for the development of the document clearly stated?	Y	
4.	Content		
	Is the correct corporate template used?	Y	
	Is the document in the correct format?	Y	
	- Paragraphs numbered consecutively?	Y	
	- Headers: logo on front page only?	Y	
	- Footers: on every page except front page?	Y	
	Are the version control numbers correct on the front page and in footer?	Y	
	Are objectives/aims clearly stated?	Y	
	Are duties, roles and responsibilities clearly explained? (Policies only)	Y	
	Are definitions of terms clearly explained?	Y	
	Does this document concern the handling, moving or storage of personal identifiable or commercially sensitive information? If yes, has there been engagement with the Information Governance Team?	Y	N/A
	5.	Evidence Base	
Is the type of evidence to support the document explicitly identified?		Y	
Are associated documents referenced?		Y	
6.	Approval		
	Does the document identify which Oversight Working Group is responsible for reviewing the content?	Y	
	Does the document identify which Exec Led Approval Group is responsible for approval?	Y	
	Does the document identify which NED led Ratification Group is responsible for ratifying?	Y	
7.	Review Date		
	Is the review date identified and 3 years (max) following initial development (sign off by Oversight Working Group)?	Y	
8.	Equality and Diversity		
	Is a completed Equality Impact Assessment attached?	Y	
9.	Monitoring Compliance		
	Has section 'Monitoring Compliance' been completed?	Y	