OP73
Undertaking an Equality Analysis (EA)

Contents

OP73 Undertaking an Equality Analysis

1.0 Policy statement

The purpose of this policy is to ensure that Equality Analysis (EA) is employed to determine the positive or negative impact (or likely impact) of proposed or existing functions, policies etc. (see definitions), to see if there is a differential impact upon certain people or groups of people in relation to one or more of the Protected Characteristics (PC), and if so, whether the impact can be justified. EA will also help demonstrate that the Trust has shown due regard to the Public Sector Equality Duty (PSED) by considering the impact of our functions and policies. PCs under the Equality Act 2010 are in the table below.

Age	Race
Disability	Religion or belief
Gender re-assignment	Sex
Marriage/civil partnership	Sexual orientation
Pregnancy/maternity	

Applying one EA which covers all the PCs aims to ensure that no group could be disadvantaged.

The Trust needs to consciously think about the general equality duty as set out in the Equality Act 2010 as an integral part of our decision-making processes. It is not a tick box exercise; it is about giving **real consideration** and attention with an open mind and **using evidence** to **influence the final decision**. EA will help staff evidence that they have paid '**due regard**' to the aims of the general equality duty (as per the Public Sector Equality Duty) in their decision-making processes. See section 4. For further information see '*Meeting the equality duty in policy and decision making'*.

A proportionate approach must be taken in what needs to be considered; it must be suitable to the size, functions and resources of the Trust along with the relevance of the decision to equality.

EAs cannot be delegated to organisations that carry out functions on our behalf.

2.0 Definitions

What is an equality analysis (EA)?
An EA is the on-going process of assessing and demonstrating that the Trust has paid due regard to the PSED by considering equality in our functions/policies etc., to show they do not discriminate. It helps in assessing the impact or potential impact (positive and negative) of existing or proposed functions and policies on people with PCs. EA is designed to provide a practical way to enable you to understand the effect of functions and policies on people with PCs to ensure that **due regard** is given to **all** the **PC's** in decision making and activities.

EA helps to identify actions to reduce or remove potential adverse impacts or inequalities as well as maximising opportunities for promoting equality. EA must be monitored and included in all policy development and review.

EA is a systematic tool that: facilitates compliance with equalities duties, demonstrates a commitment to equality, is a fair way of making decisions, takes account of different people's needs, improves services, improves working environments, improves access to employment opportunities, stops direct and indirect discrimination, provides an opportunity to mitigate possible adverse impacts, and has the potential to avoid legal challenges.

This Equality Analysis Tool has been changed to reflect elements of the Health Equity Assessment Tool (HEAT)[1].

What is a function or a policy?
A function includes all powers and duties, meaning everything that we are required or allowed to do. For example, budgetary decisions, policy decisions, service provision, employing staff, public appointments, procurement of goods or services, commissioned and de-commissioning services, and contracted out services. **Policy** includes written documents, individual decisions and activities, and informal customs and practices such as policies, strategies, guides, guidance, procedures, processes, projects, schemes, leaflets, posters, business cases, project initiation documents, manuals etc. In summary, the EA tool covers whatever it is that you do, every aspect of decision-making, and in whatever remit that may be.

What is meant by impact?
A **negative** or adverse impact is something that could disadvantage a section of the community. **For example, a** policy that the Trust will accept complaints only in writing would have a negative or adverse impact on people with learning disabilities, people who do not use English as their first language, and people for whom written communication is not a strong cultural norm, such as British Sign Language users.

A **positive** impact is a beneficial effect on the community and/or improves equal opportunities, outcomes and/or relationships between different sections of the community. The positive impact on one section of the community may be greater than on another. However, all parts of the community must be considered. **For example,** a Trust's Minor Injuries Unit had lower levels of uptake and lower levels of satisfaction among some racial groups, so the Trust sent information about its unit to everyone in the community in various languages and formats and trained front line staff on how to treat patients from different cultural backgrounds.

What is harassment?
This is unwanted conduct which has the purpose or effect of violating an individual's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment.

What is victimisation?
Occurs when someone is treated less favourably (badly) because they have done a 'protected act', are suspected of doing so, or may do in the future.

A 'protected act' includes bringing proceedings under the Equality Act, giving information or evidence in connection with proceedings brought under the Equality Act, and making allegations that someone has breached the Equality Act.

[1] Health Equity Assessment Tool (HEAT) - GOV.UK (www.gov.uk) (accessed 01/09/2022)

Direct discrimination
Applies where someone is treated less favourably because of a PC. This must be comparable: it is discrimination to deny an older person a potentially beneficial treatment based on purely their age, but it is not discrimination if the treatment is only likely to be beneficial to a younger person.

Indirect discrimination
This can occur when an organisation applies (or would apply) an apparently neutral provision, rule, condition, policy or practice (way of doing things) that applies to everyone but particularly disadvantages (or has a worse effect) on people who share a PC.

What is positive action?
These are lawful actions (steps) aimed to minimise or overcome disadvantages that people who share a PC have experienced, or to meet their individual needs.

What is objective justification?
Functions and policies that amount to discrimination (with no exception or positive action) could still be objectively justified e.g., showing a proportionate means of achieving a legitimate aim. Objective justification must only be used in **very limited** circumstances; all other avenues to adhere to the general equality duty must be explored first as the Trust does not want to discriminate. For example, a service needs a ramp for disability access, however, the building is classed as a listed building and a permanent ramp cannot be installed. Reasonable adjustment that could be done include providing a portable ramp, doing a domiciliary visit instead, or seeing the patient at an accessible location. Seek legal advice and ensure you have robust evidence to support your reasons.

Discrimination by association
Someone who is connected to or associated with another person with a PC and has been treated less favorably as a consequence.

Discrimination by perception
Where someone is thought to have a PC (whether they have or not) and has been treated less favourably as a consequence.

Discrimination arising from disability
This is when a disabled person is treated less favourably because of something arising in consequence of their disability and the Trust cannot show that the treatment is a proportionate means of achieving a legitimate aim.

Genuine Occupational Requirement
It may be lawful for an employer to treat people differently when recruiting. In very limited circumstances, if an employer can show that someone with a particular PC (on grounds of age, disability, gender reassignment, marriage and civil partnership, race, religion, belief, sex or sexual orientation) is central to a particular job, then they can insist that only someone who has that particular PC is suitable for the job. This would be a genuine 'occupational requirement' (GOR).

3.0 Accountabilities

The Trust Board is ultimately responsible for ensuring that all policies and functions etc., have undertaken an EA (where relevant).

The Head of Governance and Legal Services is responsible for ensuring that this policy is embedded within OP01 *Development and Control of Trust policy and procedural documents.*

Divisional Management teams are responsible for the communication and implementation of this policy within their divisions.

Policy authors are responsible for ensuring they undertake EA at the start of their policy review or development and a summary is included within their policy. Authors are responsible for ensuring that following final approval their EA has been submitted to the Equality, Diversity and Inclusion Officer. Any business case considered must contain details of completed EA prior to approval.

The Head of Patient Experience and Public Involvement (HOPE), Equality, Diversity and Inclusion Officer are responsible for publishing the results of EAs on the Trust intranet and web site.

The HOPE and Equality, Diversity and Inclusion Officer are responsible for; logging completed EAs and ensuring that this policy is embedded and linked to OP01 *Development and Control of Trust policy and procedural documents*.

4.0 Policy detail

4.1 Legal Context and why an Equality Analysis should be undertaken

Several items of key legislation or guidance underpin the requirement for an Equality Analysis to be undertaken as described below

- **The Equality Act 2010 -** To comply with the Public Sector Equality Duty (PSED), the Trust has a duty to publish the results of EA; e.g., records showing how due regard to the aims of the General Equality Duty in decision-making has been met.
- **The Public Sector Equality Duty (PSED) 2011** is made up of a general overarching equality duty supported by specific and general duties which are intended to help performance.
  General equality duty - In the exercise of functions, the Trust must have due regard to the need to: (1) eliminate unlawful discrimination, harassment, victimisation and other prohibited conduct; (2) foster good relations between people who share a PC characteristic and people who do not; (3) advance equality of opportunity between people who share a PC and people who do not. This includes taking into account the needs of disabled people and treating some people more favorably.
  The specific duties - The specific duties break down the general equality duty to make compliance more manageable. A key element of demonstrating compliance with the PSED is EA as this gives us evidence of work undertaken to consider equality. Without this, it would be difficult

to demonstrate paying due regard to the aims of the general equality duty and therefore, compliance to the PSED.

- **To help comply with the Human Rights Act 1998 -** including the core values FREDA (Fairness, Respect, Equality, Dignity, and Autonomy).
- The principles of the NHS Constitution – including the 7 principles which are underpinned by the NHS values.
- **Health Inequalities: Health and Social Care Act 2012 -** The Act places a duty on health providers to pay due regard to reducing health inequalities. An individual's chance of enjoying good health is determined by the social and economic conditions in which they are born, grow, work and live. Such inequalities are reinforced by factors such as poor housing, health behaviors or risk factors such as smoking and diet, physical activity, and unequal access to health services.

Reducing health inequalities was made an important priority in the former Public Health England's strategy 2022-2025 and within the NHS long Term Plan. In 2020 PHE published its Health Equity Assessment Tool (HEAT) to help organizations to assess the health impact of the policies and work programs. The tool consists of a series of questions and prompts designed to assess the health impact of policies and identify what action needs be taken to reduce inequalities.

The key questions from HEAT have been integrated into the Trust EA methodology.

- What health inequalities (HI) exist in relation to your work?
- How might your work affect HI (positively or negatively)?
- What specific actions will you take to address health inequalities and the needs of groups/communities with protected characteristics?

The EA guidance notes and the proforma has been amended accordingly
Further information can be found at: Health Equity Assessment Tool (HEAT) - GOV.UK (www.gov.uk)

To comply with the general equality duty, the Trust must have due regard to its aims. This means that staff carrying out EAs must ensure that they have rigorously considered the potential impact of the policy or function etc., on equality. This must be done with an open mind and given fair consideration and attention.

EAs are especially important where the results of the function or policy could affect people with PC disproportionately whether they are **staff** or **service users**, **visitors** etc.

Non-consideration of equality could result in a successful legal challenge or judicial review, damage to the Trust's reputation, and contribute to poor health outcomes and greater inequality etc.

EA could avoid wasting resources by identifying possible discrimination and changed it before implementation. **For example,** if a service were to re-locate, an EA could be utilised to consider possible impacts and prompt consultation with the public. A range of possible issues could be identified such as appropriate Blue Badge parking, baby changing and breast-feeding facilities etc.

Staff have a duty not to discriminate against patients or staff and to adhere to **equal** opportunities, **equality** and **human rights** legislation.

4.2 When must EA be carried out?

- As soon as the decision has been made to develop **new** functions or policies, or to **review, change** or redesign existing functions or policies. EA must be integral and not an 'add on' at the end of the process.
- EAs must be undertaken when involved in partnership work and for assessing the impact of government policies as there may be choices on how to implement them.
- If one or more functions or policies are changed together e.g., major service review and budget setting, and a small impact has been identified on each policy, the combined impact may be a major one overall.
- When procuring, contracting out, commissioning or de-commissioning goods or services.
- Where complaints have highlighted that equality performance or access could be improved.

An EA **need not be completed** for some business cases where the above would not be affected e.g., maintenance machinery or a policy checking the temperature of fridges in hospital. Where this is the case, the policy definition section of the EA proforma must state why not. This must be completed by a senior member of staff such as a head of department or higher.

EA is an ongoing process, not a process that happens once, and must develop alongside our functions and policies. EA must not be done after a policy has been ratified or implemented.

EA must be a practicing consideration for any change in service or /function, business cases, strategies or policy.

Not all functions and polices are expected to benefit all people equally, especially if they are targeted at a group of people to address problems affecting them e.g., regular cancer breast screening programmes for women with learning disabilities.

4.3 Who is responsible for carrying out EAs?

EA must be completed by the **policy writer or head of department** ensuring they have reviewed the policy in line with the EA guidance. Anyone who is developing or reviewing functions or policies, or undertaking decisions covered by the function or policy is responsible for the completion of the EA to support their conclusions.

4.4 How do I carry out an EA?

A revised EA proforma (Appendix 1) has been designed to help you carry out the assessment. It consists of four steps. This includes guidance notes where necessary.

Step one – policy definition and description. This contains a section which asks whether an EA is needed. If a decision had been made not to go ahead, you will need to state your reason.

Step two - gather supporting evidence and information from monitoring data, research and engagement activities.

Step three – assessment of impact.

Step four - sign off.

5.0 Financial risk assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff?	No
	Other comments	

6.0 Equality Analysis

The entire content of this policy relates to issues regarding Equality Analysis. An EA has been completed and highlights the positive impact on PC's covered by the Equality Act 2010.

7.0 Maintenance

The Head of Patient Experience and Public Involvement will coordinate the review of the policy, ensuring it is kept up to date and all revisions must be approved by the Policy Committee.

8.0 Communication and training

The policy will be communicated via the Divisional structures and accessible on the Trust intranet.

The EA proforma details guidance notes where appropriate. Support to complete EAs can be provided by Equality and Diversity Officer on 81678 or Rwh-tr.EqualityandDiversity@nhs.net if after reading the document support is still required.

9.0 Audit process

Criteria	Lead	Monitoring method	Frequency	Committee
EA section must be completed on OP1's Checklist for the Review and Approval of Policy / Procedural	OP01 process / Author responsibility and Equality & Diversity Officer	OP1 via checklist	Ongoing	Policy Group

documents				
Completed EAs	Equality and Diversity Officer	a) Completed EAs are held on database b) Register published on website (EAs available for spot check by commissioners)	a) Ongoing b) Annually produced register and spot check	N/A
The Equality and Human Rights Commission can also check for EA compliance	External organisation	Spot check	Spot check	External organisation

10.0 Bibliography / References

1. Department of Health. (8 March 2012), '*The NHS Constitution*' © Crown Copyright 2012. Department of Health. www.orderline.dh.gov.uk
2. Equality and Human Rights Commission. (January 2011), '*Equality Act 2010 Statutory Code of Practice Employment'* © Crown Copyright 2011. London : The Stationery Office Limited. www.equalityhumanrights.com www.tsoshop.co.uk
3. Equality and Human Rights Commission. (January 2011), '*Equality Act 2010 Statutory Code of Practice Services, public functions and associations'* © Crown Copyright 2011. London: The Stationery Office Limited. www.equalityhumanrights.com www.tsoshop.co.uk
4. Equality and Human Rights Commission. (October 2014), '*Meeting the equality duty in policy and decision making'* © Equality and Human Rights Commission. ISBN 978-1-84206-571-6 Essential Guides [accessed 16.5.2016]
5. Equality and Human Rights Commission. (July 2014), '*The essential guide to the public sector equality duty*' © Equality and Human Rights Commission. ISBN 978-1-84206-544-0 Essential Guides [accessed 16.5.2016]
6. Equality and Human Rights Group. (October 2008), '*Human Rights in Healthcare A framework for local action (2nd Edition)'* © Crown copyright 2008. 289869**.** Gateway Ref 10482**.** London: Department of Health. www.orderline.dh.gov.uk : www.dh.gov.uk/publications Human Rights in Healthcare [accessed 16.5.2016]
7. Government Equalities Office. '*Equality Act 2010 'Banning Age Discrimination in Services An overview for service providers and customers'* © Copyright 2012 ISBN 978-1-84987-935-4 978-1-84987-935-4 www.homeoffice.gov.uk/equalities http://www.homeoffice.gov.uk/publications/equalities/equality-act-publications/equality-act-guidance/age-discrimination-ban?view=Binary
8. Royal Wolverhampton Hospitals NHS Trust. (May 2013), '*OP73 Undertaking an Equality Impact Assessment*' . Royal Wolverhampton Hospitals NHS Trust
9. The Universal Declaration of Human Rights http://www.un.org/en/documents/udhr/index.shtml

10. Health Equity Assessment Tool (HEAT)

    Health Equity Assessment Tool (HEAT) - GOV.UK (www.gov.uk)

11.0 Appendices

Appendix 1 – EA proforma

Reference Number and Policy name: **OP 73 Undertaking an Equality Analysis (EA)**	**Version: 6.0**		**Status: Final**	**Author:** Head of Patient Experience and Public Involvement **Director Sponsor:** Chief Nurse
Version / Amendment History	Version	Date	Author	Reason
	1	July 2008	Patient Experience Lead	Original Policy
	2	Feb 2012	Patient Experience Lead / Equality and Diversity Officer	Review of Policy and Process and update of legislation (Equality Act 2010 and Public Sector Equality Duty 2011)
	3	May 2013	Patient Experience Lead	Review of Policy and Process and update of legislation (Equality Act 2010 and Public Sector Equality Duty 2011)
	4	June 2016	Head of Patient Experience and Public Involvement	Policy review
	5	April 2019	Head of Patient Experience and Public Involvement	Policy review – no amendments virtual sign off only
	5.1	April 2021	Head of Patient Experience and Public Involvement	Policy amended to reflect the changes made to the proformas being used to record EAs
	5.2	May 2022	Head of Patient Experience and Public Involvement	Extension
	5.3	Aug. 2022	Head of Patient Experience and Public Involvement	Extension

	6	October 2022	Head of Patient Experience and Public Involvement	**Policy review – to reflect elements of the Health Equity Assessment Tool (HEAT)**

Intended Recipients: All staff who need to undertake an EA.	
Consultation Group / Role Titles and Date:	
Name and date of Trust level committee where reviewed	Trust Policy Group – October 2022
Name and date of final approval committee	Trust Management Committee – October 2022
Date of Policy issue	November 2022
Review Date and Frequency [standard review frequency is 3 yearly unless otherwise indicated]	October 2025 (3 years)
Training and Dissemination: Guidance and support to complete EAs is provided by Equality, Diversity and Inclusion Officer.	
To be read in conjunction with:	
Initial Equality Analysis [all policies]: **Completed Yes (in all cases)** **(Step one only on proforma)** **Full Equality Analysis [as required]:** **Completed Yes or No** **(Steps 2-4 on proforma)** If you require this document in an alternative format e.g., larger print, please contact the Equality, Diversity and Inclusion Officer on 691678 or e-mail Rwh-tr.EqualityandDiversity@nhs.net	
Contact for Review	Chief Nurse
Implementation plan / arrangements [Name implementation lead]	Head of Patient Experience and Public Involvement
Monitoring arrangements and Committee	Governance Secretary via Checklist for the Review and Approval of Policy / Procedure. Equality and Diversity Officer via database for EA results publication.
Document summary / key issues covered: All functions/policies are to undertake an Equality Analysis to determine the extent to which they may impact upon people with Protected Characteristics (PC) as per the Equality Act 2010.	

This policy has been based on legislation and good practice at the time of development.

VALIDITY STATEMENT

This document is due for review on the latest date shown above. After this date, policy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies must not be relied upon to contain the latest updates and amendments.

Equality Analysis Including Guidance Notes

Legislation requires that our policy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps to address inequalities by identifying steps that can be taken to ensure equal access, experience and outcomes for all groups of people.

This analysis has been amended to also reflect the principles of the Health Equity Analysis Tool (HEAT) as defined by Public Health England.

Health equality means giving everyone the same thing, while health equity means everyone receives individualised care to bring them to the same level of health.

Step One – Policy Definition

This section helps to determine whether the policy under consideration needs an assessment.

Function/policy name and number:		
Main aims and intended outcomes of the function/policy:		
How will the function/policy be put into practice?		
Who will be affected/benefit from the policy? How do you expect your work to reduce health inequalities?		
Is an full Equality Assessment required? NB :Most policies/functions will require an EA with few exceptions such as routine procedures-see guidance attached	Yes ☐	
	No ☐ (If no state reasons)	
Accountable Director: (Job Title)		
Assessment Carried out by:	Name:	Job Title:
Contact Details:		
Date Completed:		

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below the and prompts for each PC indicated in Step 3. Think about due regard under the general equality duty, NHS Constitution and Human Rights.

KEY QUESTIONS

- Are people with PCs likely to be affected differently even though the policy is the same for everyone? Does the policy change truly provide health equity?
- Could there be issues around access, differences in how a service or policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

- What health inequalities (HI) exist in relation to your work?
- How might your work affect HI (positively or negatively)?
- What specific actions will you take to address health inequalities and the needs of groups/communities with protected characteristics?

It is important that, where adverse impact is known or is likely, mitigation measures must identified and acted upon to reduce or minimise the impact.

Step Two – Evidence & Engagement

EA s should be underpinned by sound data and information. This should be sought from a variety of sources including information on Trust record systems, consultation and engagement activities, demographic sources

What evidence have you identified and considered? This can include research (national, regional, local), surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, information about Wolverhampton's demographics, RWT equality and diversity reports ,JSNA or other equality analysis, WRES or WDES data, anecdotal evidence.

What are the key sources of data, indicators, and evidence that allow you to identify Health Inequalities in your policy or topic?

- Consider nationally available data such as health profiles and RightCare
- Consider local data such as that available in JSNA, performance data, and qualitative data from local research

Research/Publications	**Working Groups**	**Clinical Experts**

Engagement, Involvement and Consultation:

Involve protected characteristic patient groups in co-designing the policy/project – do not assume that you have the right answer or solution. Truly involve patients at the beginning of change. If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	**Protected Characteristic/ Group/ Community**	**Date**

For each engagement activity, please state the key feedback and how this affected / or will shape policy / service decisions (E.g. patient told us …. So we will …..):

STEP 3 – ASSESSMENT OF IMPACT

Complete relevant boxes below to help you record your findings. Consider information and evidence from engagement activities, Equalities monitoring data and wider research. Consider which populations face the biggest health inequalities for your policy/process, according to the data and evidence above?

Protected Characteristic (PC)	**List concerns raised for possible negative impact OR List beneficial impact** (utilise information gathered during assessment) • **Positive OR Negative Impact** (not both) How might your work affect HI (positively or negatively)? • Consider the causes of these inequalities. What are the wider determinants? • Think about whether outcomes vary across groups, and who benefits most and least • Consider what the unintended consequences of your work might be		What are the next steps? What specific actions will you take to address health inequalities and the needs of groups/communities with protected characteristics? **List actions to redress concerns raised if a negative impact has been identified in previous column**	**Lead** [title] And Timescale	**How are actions going to be monitored/reviewed / reported**? (incl. after implementation)
	Positive Impact **HIGH** **MEDIUM** **LOW**	**Negative Impact** **HIGH** **MEDIUM** **LOW**			
1) Age Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:					
2) Disability Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:					
3) **Gender re-assignment** Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:					

4) **Marriage and civil partnership** Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:					
5) **Pregnancy and maternity** Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:					
6) Race Describe race related impact and evidence**.** This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:					
7) **Religion or belief** Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:					
8) Sex Describe any impact and evidence on men and women. This could include access to services and employment:					
9) **Sexual orientation** Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and					

social barriers:					
10) Other marginalised groups e.g., homeless people Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)					
11) Privacy, dignity, respect, fairness etc.					

Step Four – Assurance

This section must be approved by a senior member of staff such as a head of department or higher.

Signed		**Please forward a copy to :**	**Equality and Diversity Officer in Patient Experience** **E-mail:** rwt-tr.EqualityandDiversity@nhs.net **Tel:** 01902 691678
Name (print)			
Title			
Date			