

Human rights statement and guidance

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Document author:	Jayna Chapman, equality and diversity manager
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1. Purpose

To provide comprehensive advice and guidance to colleagues and the public about the law on human rights and what this means in a healthcare environment.

2. Responsibility

This document applies to all colleagues who work for NHS Kernow Clinical Commissioning Group (NHS Kernow), and attempts to ensure human rights principles underpins the commissioning process, provision of services and the employment of staff. The document is the responsibility of the equality and diversity manager.

3. Definitions

This document is an explanation of the law surrounding human rights and guidance for colleagues on how human rights affect their work.

4. Training implications

Human rights training forms part of the NHS Kernow mandatory equality and diversity training.

5. Equality, diversity and human rights impact

Promoting human rights issues within the organisation is relevant to all diversity strands.

6. Introduction

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

To this end, NHS Kernow makes the following human rights statement:

Issues of equality and human rights are central to all of the work of NHS Kernow of local health services, and as an employer.

NHS Kernow is committed to ensuring all NHS services respect human rights, treat people fairly and equitably, recognise the needs of the diverse communities we serve and meet local needs. To this end, the organisation takes responsibility for ensuring that:

- All of its policies, functions and services aim to reduce discrimination in our community;
- Contracts being procured for NHS services require the provider to show compliance with the Human Rights Act 1998 and relevant equalities legislation.

All policies and practices are underpinned by a value for diversity and equality for all existing and potential colleagues.

It is important to note that this document gives examples of where Human Rights applies in NHS Kernow's work; however, it will not provide an exhaustive list of all examples.

7. What is the Human Rights Act?

The Human Rights Act 1998, which came into force in full on 02 October 2000, brings the European Convention on Human Rights ("the convention") into UK law. It is a key component of the government's programme to modernise the constitution. The convention describes a number of specific rights, such as the right to life and the right to a fair trial, and allows people to enforce the rights given by the convention in the UK courts.

Public authorities in the UK have obligations to promote and protect human rights and all public authorities must act in a way that is compatible with the European Convention on Human Rights. This means treating individuals fairly, with dignity and respect, whilst also safeguarding the rights of the wider community. The act urges public authorities to apply a human rights framework to decision making across public services in order to achieve better service provision. Applying a 'human rights' framework means including core human rights values, such as equality, dignity, privacy, respect and involvement in decision making, whether a public service is being delivered directly to the public, or a new plan or procedure is being devised.

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

8. How is the Human Rights Act structured?

The Human Rights Act has its basis in the European Convention of Human Rights. The convention has two main parts: the original treaty and the protocols. Protocols amend or supplement the original treaty; that is they give additional rights, or expand on the rights in the original treaty. The principles which underpin the Human Rights Act are:

- Fairness.
- Respect.
- Equality.
- Dignity.
- Autonomy.

9. What does it cover?

The 15 basic rights are:

1. Right to life.
2. Protection from torture.
3. Protection from slavery and forced labour.
4. Right to liberty and security.
5. Right to a fair trial.
6. No punishment without law.
7. Right to respect for private and family life.
8. Freedom of thought, belief and religion.
9. Freedom of expression.
10. Freedom of assembly and association.
11. Right to marry.
12. Protection from discrimination.
13. Protection of property.
14. Right to education.
15. Right to free elections.

Not all of these rights are 'absolute rights', in that they cannot be infringed no matter how necessary it is considered to do so, as there are also 'qualified rights' which can be infringed where properly regulated by the law and where it is considered necessary in a democratic society. Article 8, for example, relates to the right to respect for private and family life and this is a 'qualified right'. There is also a distinction between the extent to which the rights prevent public authorities from taking action which might infringe those rights, and more limited ways in which the rights may require public bodies to act so as to secure the rights. The extent of any positive obligations to intervene is generally more limited.

10. Human rights implications for NHS Kernow

As well as ensuring that all of the services commissioned and provided by NHS Kernow respect and also promote the human rights of those using them, the organisation needs to monitor and mitigate any potential breaches. The organisation will do this through the equality impact assessment process, and through the quality and performance management process. The organisation will also aim to include measurable requirements around equalities and human rights within its contracts so

that we can make sure contractors are complying with any equality or human right obligations contained in their contract.

11. The human rights articles and their relevance to NHS Kernow

The following articles and protocols of the European Convention of Human Rights are relevant to the work of the organisation as a commissioner of healthcare services and as an employer. They are given legal effect in the UK by the Human Rights Act 1998.

Article 2: Right to life

Under this article, NHS Kernow needs to take appropriate steps to safeguard the lives of those in its area. NHS Kernow has a positive obligation to take effective and appropriate steps to safeguard the lives of those under their care and control. The right to life is a fundamental right. However, it does not amount to a right to receive medical treatment in all circumstances. For example, it is not incompatible with article two, for clinicians to decide that it is in a person's best interest if medical treatment is withheld. A member of the public can also refuse to receive treatment, where the absence of which may result in their death. However, and by reference to article eight, this right does not extend to the right to assisted suicide.

The right also requires public bodies to properly investigate deaths of those in its care. This can have an impact on inquests and NHS Kernow will aim to ensure that investigations into deaths are prompt, thorough and effective.

Examples of where this article should be considered would be in relation to decisions around the way in which healthcare services are provided or withheld from people who are terminally ill, deaths through negligence in hospitals and care homes, do not resuscitate orders placed without consent, not being able to eat properly while in hospital or a care home, abuse or neglect of older people and those who have a learning disability or autism, end of life issues, and carers jeopardising their health by delaying medical treatment.

Article 3: Prohibition of torture

Article three states that 'no-one should be subjected to torture or to inhuman or degrading treatment'. There is an absolute prohibition on inhuman or degrading treatment. However, the ill treatment would need to be very severe before being covered by this article. Article three covers serious degrading treatment that may result in actual bodily harm or physical or mental suffering or treatment which is grossly humiliating and undignified.

This article should be taken into account when considering the issue of violence, abuse or unacceptable treatment of an individual in their own home, in a hospital or residential care, lack of respect for privacy on a hospital ward, inappropriate use of force used to restrain people, denial of medication or essential aids, failure to take account of risks to a carers' health.

Article 5: Right to liberty and security

Everyone has the right to liberty or freedom. This means that a person should not have their freedom restricted without good reason and in accordance with a procedure prescribed by law. This could be relevant if a person is being deprived of their liberty. This could be indicated by restraints being used, control over a person's movement or control over access to an individual.

The Deprivation of Liberty Safeguards Code of Practice introduced following the Mental Capacity Act 2005 was brought into force to provide a legal framework around the deprivation of liberty. The code sets out a procedure for the consideration and authorisation of the deprivation of liberty. These safeguards apply to people who have a mental disorder and who lack the mental capacity to consent to the care or treatment they need lack capacity to consent for their care but for their own best interest receive care or treatment that may amount to a deprivation of liberty.

This article should be taken into account when considering restrictions on older people's movements in care homes, informal detention of people who do not have the capacity to decide whether they would like to be admitted into hospital, excessive restraints, restricting access to independent living aids.

Article 6: Right to a fair trial

Where there is to be a decision concerning civil rights and obligations or of any criminal charge against a person, everyone is entitled to a fair and public hearing within a reasonable time by an independent and impartial tribunal previously established by law. Everyone shall have the possibility of being advised, defended and represented.

This article may cover internal employee issues, for example disciplinary and capability hearings which could result in an individual's loss of career or significant damage to their career. Colleagues should always be given the opportunity to know what evidence there may be against them, and have the right to state their case. The principles of this article should underpin the complaints procedure where complainants must be given every opportunity to express their views and any investigation must be carried out thoroughly, fairly and without bias.

This article should be taken into account when considering decision-making processes affecting services for older people, robust and fair process for dealing with any complaints.

Article 8: Right to respect for private and family life

Article eight gives a person a right to respect for their privacy, private life, family life and home.

This is a 'qualified right' in that interference is permitted where it is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others. However, any interference must be for a legitimate purpose and must not be discriminatory in its intention. This article may need to be considered where there may be limiting factors placed on an individual's ability to socialise and communicate or where an individual's dignity and autonomy may be affected.

This article should be taken into account when considering involving people in decisions made about their treatment and care, not being able to eat properly while in hospital or a care home, lack of respect for privacy on a hospital ward, not respecting gay and lesbian partners, consent to medical treatment, use of personal information.

Privacy

Private life is interpreted to include personal choice, relationships, access to personal information and participation in community life. The right includes rights to physical and psychological integrity. This incorporates the right for a person to access his or her own medical records and an obligation on NHS Kernow to maintain appropriate safeguards in relation to personal data relating to members of the public and employees. Public authorities will sometimes be able to justify why a person should not be able to access their own medical records, for example, if the medical practitioner believes that the disclosure to the person, is likely to cause serious harm to the person's physical or mental health.

The courts have interpreted the concept of 'private life' in a very broad way. It covers things like your right to choose your sexual identity, your lifestyle and the way you look and dress. It also includes the person's right to control who sees and touches their body.

For example, we must ensure organisations from whom we purchase services do not leave people undressed in a busy ward, or take a blood sample without the person's permission.

All correspondence between the organisation and the individual and their family must be kept confidential. This includes matters relating to medical conditions, care pathways, and any information about complaints. Covert surveillance, for example

use of CCTV in clinical situations, may also raise issues under this Article and any such action would need to take place in accordance with the relevant legislative procedure.

In an employment context, this right may be relevant in a number of different scenarios. For example, clearly private emails and correspondence belonging to a colleague should not be considered as part of a disciplinary investigation carried out in relation to allegations of misconduct.

Family life

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

'Family life' can include the relationship between an unmarried couple, including those in same sex relationships, an adopted child and the adoptive parent, and a foster parent and fostered child. Within a health care setting, for example, same sex couples can expect the same level of care and respect from clinicians as those in heterosexual relationships.

This right may be relevant to consider where there are restrictions placed on a person placed in care from being visited or having a relationship, where there is a choice to be made regarding the residential care facility a person is placed in by NHS Kernow or whether to provide care at a person's home.

In an employment context, for example, an individual's human rights could be breached if they suffered abuse from their colleagues as a result of a relationship with a same sex partner.

Home

The right to respect for a home is not a right to housing. Instead it is a right for a person to enjoy their existing home peacefully. This right does have implications for individuals residing in residential accommodation or receiving care in their own home. However, this right does not require NHS Kernow to provide care at a particular location. It will not be a breach of this right where NHS Kernow considers that a particular location is no longer suitable for the provision of care and that suitable alternative accommodation is available.

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

This article is often raised where a public authority has taken a decision to close a home and as a result individuals are required to move. For example, if the organisation, as lead commissioner, decides to decommission a care home.

This article may need to be considered by NHS Kernow when decisions are being taken relating to where continuing care or other health care will be provided.

Article 9: Freedom of thought, belief and religion

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

This is also a 'qualified right' and so does not mean that people necessarily have a right to preach their religion to others or to try to convert people with whom they have contact to their own beliefs. Public authorities cannot stop people practising their religion, publicly or privately, without very good reason. This right does protect a wide range of religious beliefs and other beliefs, including veganism, pacifism, agnosticism and atheism. Colleagues of differing religious beliefs may need to have their breaks managed so that they may go to practise their religion during the day, and have designated places in which they can do this.

This article is relevant to individual's religious observance and diets in hospital, and may influence the type of care and treatment they receive. For example, people who are Jewish may require strict observance of a kosher diet, and may wish to avoid porcine based drugs. As a commissioner, the organisation must take steps ensure providers meet a reasonable requirement.

This article should be taken into account when considering provision of facilities or food that do not meet religious or cultural needs, providing appropriate communication support, respect for cultural and religious requirements, providing support to enable people to participate in their normal religious observances.

Article 10: Freedom of expression

Freedom of expression includes the right to hold opinions and receive information and give information to other people, without interference from a public authority. This includes the requirement to make sure that any information provided to people, for example, information leaflets or the complaints procedure, are accessible, people who are D/deaf or hard of hearing people have signers or hearing loops at public meetings, or literature is available in a variety of languages and formats.

This could also apply to individuals receiving information, written or verbal, about their conditions or treatment in a way that they can understand, including people with learning difficulties, autism, people who are D/deaf or have hearing difficulties and people for whom English is not their first language.

It can also cover the provision of easy read policies and procedures and documentation for colleagues who may need additional support.

Article 11: Freedom of assembly and association

This gives people the right to hold meetings, marches and demonstrations in public places. People have the right to protest by holding meetings and demonstrations with other people, however these must be peaceful and without violence or threat of violence. This is also a 'qualified right'.

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

This article is relevant to colleagues who wish to join a Trade Union. The NHS recognises a number of Trades' Unions nationally, which is mirrored in local negotiating committees. The organisation must ensure, however, that colleagues are not subjected to a detriment because of their membership of a Trade Union, and colleagues must not be pressurised into joining a Trade Union.

Article 12: The right to marry and found a family

Men and women of marriageable age have the right to marry and start a family. This right extends to people who are transgender, who are able to marry in the gender they identify with. The Marriage (Same Sex Couples) Act 2013 and Civil Partnership Act 2004 means that gay men and lesbian women in the UK are now able to marry and register civil partnerships. Couples who register a civil partnership have the same rights as heterosexual married couples in areas like tax, social security, inheritance and workplace benefits. The right also extends to those detained under the mental health legislation, providing that the individual has a proper understanding of the nature and contract of marriage.

Article 12 is also relevant for the rights of same sex partners to be involved in treatment decisions or get information about a civil partner's condition and treatment.

Article 12 provides a right for people to found a family, but the right does not impose a positive obligation on NHS Kernow to give assistance to an individual to start a family. For example, there is no positive obligation under this Article for NHS Kernow to prescribe fertility treatment in order to enable a couple to found a family.

Article 14: Prohibition of discrimination

Articles and the protocols under the convention have to be enjoyed without discrimination.

Article 14 affords protection against differing treatment, without an objective and reasonable justification, of persons in similar situations. The protection against discrimination in the Human Rights Act is not free-standing. In other words, in order

to rely on this right, people need to show that that the person has been treated less favourably than others in a similar position, their ability to enjoy one or more of the other rights in the Human Rights Act has been affected by the discriminatory treatment, and there is no reasonable justification for the distinction in treatment.

Human Rights Principles must underpin employment policies and the complaints procedures even if these documents do not expressly state that they do.

Protocol 1: Article 1 – Protection of property

Protocol 1 Article 1 ensures that a person's belongings are not unfairly interfered with.

It protects an individual's right to the peaceful enjoyment of their own property. The Article refers to 'possessions' which has a wider meaning than just land and property interests. It can also include such things as shares, a pension and contributory welfare benefits. It is a 'qualified right' which means that any interference must be in the public interest and in accordance with a procedure prescribed by law.

A person's belongings could include benefits and equipment provided, for example because of their deafness. This may apply to the right to be protected from financial abuse. This may apply to a person's belongings in residential care or during a hospital stay if they are denied access to them without good reason, or if their belongings are mistreated by colleagues. It can include the right to carry on a business and this may arise in the context of Performers List decisions or decisions relating to NHS Kernow's pharmacy list.

12. Limitations

Courts must, when considering cases brought under this Act:

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

To bring a case against a public authority, individuals must be:

- A person (individual or organisation, although not a public authority) directly affected by the act in question. An 'indirect victim' can bring a claim if they are a close relative of the victim, if they have suffered some injury as well and the 'victim' is unable to proceed.

- Bring a case within one year of the unlawful act by the public authority. (Although this can be extended if the court thinks this would be fair to do so. If the case is a judicial review the time limit is three months).

13. Raising concerns about human rights

It is NHS Kernow's intention to treat all colleagues and service users equally, and with dignity and respect. Therefore, all policy authors must take regard of the equality impact assessment, policies, strategies and corporate documents, the Equality Act 2010, and to the Human Rights Act 1998, and any other relevant legislation in order to avoid potential breaches.

Individuals or service users who feel there has been a breach of their human rights whilst accessing NHS Kernow commissioned health services may use the organisation's complaints procedure to raise their concerns.

Colleagues who feel their human rights have been breached by NHS Kernow policy or practice may follow the organisation's grievance procedure to raise their concerns.

Appendix A: Equality impact assessment

Name of policy/ service to be assessed	Human rights statement and guidance		
Department/ Section	Equality and diversity	Date of assessment	03/07/2019
Person/s responsible for the assessment	Jayna Chapman, equality and diversity manager	Is this a new or existing policy?	Existing
1. Describe the aims, objectives and purpose of the policy.	<p>This document is an explanation of the law surrounding human rights. This document gives comprehensive advice and guidance to colleagues and the public about the law on human rights and what this means in a healthcare environment. The aim is to ensure better understanding of existing legislation.</p> <p>Promoting human rights issues within the organisation is relevant to all diversity strands.</p> <p>Promoting the importance of human rights and enabling better understanding.</p> <p>To link with the equality impact assessment guidance and full impact assessment guidance, to provide comprehensive information for colleagues.</p>		
2. Who is intended to benefit from this policy, and in what way?	NHS Kernow colleagues/ members of the public.		
3. What outcomes are wanted from this policy?	Better understanding of legal implications of the Human Rights Act 1998. Guidance and support for colleagues in understanding human rights issues.		
4. What factors/ forces could contribute/ detract from the outcomes?	Lack of time for employees to read and understand the human rights statement and guidance.		
5. Who are the main stakeholders in relation to the	NHS Kernow colleagues		

<p>policy?</p>	<p>Workforce committee NHS Kernow Governing Body Members of the public</p>
<p>6. Who implements the policy, and who is responsible for the policy?</p>	<p>Equality and diversity manager NHS Kernow colleagues</p>
<p>7. What is the differential impact on people from the perspective of race, nationality and/ or ethnic origin? Does this have a positive or negative impact on Black and Minority Ethnic Groups (BME)? Consider relevance to eliminating unlawful discrimination, promoting equality of opportunity and promoting good race relations between people of different racial groups. Issues to consider include people's race, colour and nationality, Gypsy, Roma, Traveller communities, employment issues relating to refugees, asylum seekers, ethnic minorities, seasonal workers, language barriers, providing translation and interpreting services, cultural issues and customs, access to services, prejudice, discrimination, harassment and abuse, attitudes towards accessing healthcare.</p>	
<p>Promoting human rights issues within the organisation is relevant to all diversity strands. The focus on human rights, equality and diversity in this guidance should ensure that services better respond to individual needs, therefore resulting in improved services.</p>	
<p>How will any negative impact be mitigated?</p>	<p>Click here to enter text.</p>
<p>8. What is the differential impact on people from the perspective of sex? Does this have a positive or negative impact on people who identify as male, female or intersex? Consider what issues there are for men and women, e.g. responsibilities for dependants, issues for carers, access to training and employment issues, attitudes towards accessing healthcare.</p>	
<p>Promoting human rights issues within the organisation is relevant to all diversity strands. The focus on human rights, equality and diversity in this guidance should ensure that services better respond to individual needs, therefore resulting in improved services.</p>	
<p>How will any negative impact be mitigated?</p>	<p>Click here to enter text.</p>
<p>9. What is the positive or negative differential impact on people from the perspective of disability? Consider what issues there are around disabilities, e.g. access to building and services, how we provide services and the way we do this, producing information in alternative formats and employment issues. Consider the requirements of the NHS Accessible Information Standard. Consider attitudinal, physical and social barriers. This can include physical disability, learning disability, autism, sensory impairment, mental health conditions, people with long term conditions, communication needs arising from a disability.</p>	

Promoting human rights issues within the organisation is relevant to all diversity strands. The focus on human rights, equality and diversity in this guidance should ensure that services better respond to individual needs, therefore resulting in improved services.	
How will any negative impact be mitigated?	Click here to enter text.
10. What is the differential impact on people from the perspective of sexual orientation? Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual?	
Consider what issues there are for the employment process and training and differential health outcomes amongst lesbian and gay people. Also consider provision of services, for example, older and younger people who identify as lesbian, gay, bi-sexual.	
Promoting human rights issues within the organisation is relevant to all diversity strands. The focus on human rights, equality and diversity in this guidance should ensure that services better respond to individual needs, therefore resulting in improved services.	
How will any negative impact be mitigated?	Click here to enter text.
11. What is the positive or negative differential impact on people from the perspective of age?	
Consider what issues there are for the employment process and training. Some of our services impact on our community in relation to age, e.g. how do we engage with older and younger people about access to our services? Consider safeguarding, consent and child welfare, feelings of stigma and discrimination, lack of respect and social isolation.	
Promoting human rights issues within the organisation is relevant to all diversity strands. The focus on human rights, equality and diversity in this guidance should ensure that services better respond to individual needs, therefore resulting in improved services.	
How will any negative impact be mitigated?	Click here to enter text.
12. What is the positive or negative differential impact on people from the perspective of religion or belief?	
Consider what issues there are for the employment process and training. Also consider the likely impact around the way services are provided, e.g. dietary considerations, religious holidays, days associated with religious observance, culture and customs, places of worship. Consider what issues there may be for someone who has a religion or belief. Are they likely to be different to those faced by a person who does not hold a religious belief?	
Promoting human rights issues within the organisation is relevant to all diversity strands. The focus on human rights, equality and diversity in this guidance should ensure that services better respond to individual needs, therefore resulting in improved services.	
How will any negative impact be mitigated?	Click here to enter text.
13. What is the positive or negative differential impact on people from the perspective of marriage and civil partnership?	
NB: this is particularly relevant for employment policies.	
This characteristic is relevant in law only to employment, however, NHS Kernow will strive to consider this characteristic in all	

<p>aspects of its work. Consider what issues there may be for someone who is married or in a civil partnership. Are they likely to be different to those faced by a single person? What, if any are the likely implications for employment and does it differ according to marital status?</p>	
<p>Promoting human rights issues within the organisation is relevant to all diversity strands. The focus on human rights, equality and diversity in this guidance should ensure that services better respond to individual needs, therefore resulting in improved services.</p>	
<p>How will any negative impact be mitigated?</p>	<p>Click here to enter text.</p>
<p>14. What is the differential impact on people from the perspective of gender re-assignment? Does this have a positive or negative impact on people who identify as Trans/ transgender, non-binary or gender fluid?</p>	
<p>Consider what issues there are for people who have been through or a going through transition from one sex to another. How is this going to affect their access to services and their treatment when receiving NHS care? What are the likely implications for employment of a transgender person? This can include issues such as privacy of data and harassment, gender neutral language, dress codes.</p>	
<p>Promoting human rights issues within the organisation is relevant to all diversity strands. The focus on human rights, equality and diversity in this guidance should ensure that services better respond to individual needs, therefore resulting in improved services.</p>	
<p>How will any negative impact be mitigated?</p>	<p>Click here to enter text.</p>
<p>15. What is the differential impact on people from the perspective of pregnancy and maternity? Does this have a positive or negative impact on people who are pregnant, breast feeding mothers, or those on maternity leave?</p>	
<p>This characteristic applies to pregnant and breast feeding mothers with babies of up to six months, in employment and when accessing services. When developing a policy or services consider how a nursing mother will be able to nurse her baby in a particular facility and what colleagues may need to do to enable the baby to be nursed. Consider working arrangements, part-time working, infant caring responsibilities.</p>	
<p>Promoting human rights issues within the organisation is relevant to all diversity strands. The focus on human rights, equality and diversity in this guidance should ensure that services better respond to individual needs, therefore resulting in improved services.</p>	
<p>How will any negative impact be mitigated?</p>	<p>Click here to enter text.</p>
<p>16. Other identified groups:</p>	
<p>Consider carers, veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless or living in unstable accommodation, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with limited family or social networks, and</p>	

other groups experiencing disadvantage and barriers to access.	
Promoting human rights issues within the organisation is relevant to all diversity strands, inclusion health groups and other identified groups. The focus on human rights, equality and diversity in this guidance should ensure that services better respond to individual needs, therefore resulting in improved services.	
How will any negative impact be mitigated?	Click here to enter text.
17. How have the core human rights values of fairness, respect, equality, dignity and autonomy been considered in the formulation of this policy/ service/ strategy? If they haven't please reconsider the document and amend to incorporate these values.	
The core Human Rights principles underpin the basis of this document.	
18. Which of the Human Rights Articles does this document impact?	
The right:	Yes / No:
• To life	Yes
• Not to be tortured or treated in an inhuman or degrading way	Yes
• To liberty and security	Yes
• To a fair trial	Yes
• To respect for home and family life, and correspondence	Yes
• To freedom of thought, conscience and religion	Yes
• To freedom of expression	Yes
• To freedom of assembly and association	Yes
• To marry and found a family	Yes
• Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention	Yes
• To peaceful enjoyment of possessions	Yes
19. What existing evidence (either presumed or otherwise) do you have for this?	The core Human Rights principles underpin the basis of this document.
20. How will you ensure that those responsible for implementing the policy are aware of the human	This document will accompany the Equality Impact Assessment guidance and Full Impact Assessment guidance, to provide

<p>rights implications and equipped to deal with them?</p>	<p>comprehensive information for colleagues. The document will be made available for colleagues on the website and proactively disseminated via the staff update. Human Rights training also forms part of the NHS Kernow mandatory equality and diversity training.</p>
<p>21. Describe how the policy contributes towards eliminating discrimination, harassment and victimisation. Does this make the system fairer? Does it challenge, positively change the culture?</p>	<p>Promoting human rights issues within the organisation is relevant to all diversity strands, inclusion health groups and other identified groups. The focus on human rights, equality and diversity in this guidance should ensure that services better respond to individual needs, therefore resulting in improved services.</p>
<p>22. Describe how the policy contributes towards advancing equality of opportunity. Are you using positive action to increase inclusion? Is this helping groups who may be less often heard?</p>	<p>By providing comprehensive guidance for colleagues, this enables colleagues to understand the impacts of service or corporate changes on the population and colleagues. This will help to highlight if/where further work needs to be undertaken to ensure advancement of equality of opportunity.</p>
<p>23. Describe how the policy contributes towards promoting good relations between people with protected characteristics. Does it educate, integrate, support?</p>	<p>By providing comprehensive guidance for colleagues, this enables colleagues to understand the impacts of service or corporate changes on the population and colleagues. This will help to highlight if/where further work needs to be undertaken to ensure advancement of good relations between people with protected characteristics.</p>
<p>24. If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and/ or the working environment for that group of people.</p>	<p>Promoting human rights issues within the organisation is relevant to all diversity strands, inclusion health groups and other identified groups. The focus on human rights, equality and diversity in this guidance should ensure that services better respond to individual needs, therefore resulting in improved services.</p>
<p>25. Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.</p>	<p>None identified.</p>
<p>26. If the negative impacts identified have been unable to</p>	<p>If applicable, please complete table below. The following action</p>

<p>be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following equality impact assessment action plan.</p>	<p>plan should be completed if the equality impact assessment has identified that additional steps need to be taken to address adverse outcomes for particular protected groups, or to collect additional evidence to inform the analysis. Please list below any recommendations for action that you plan to take as a result of this impact assessment.</p>
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Equality impact assessment action plan

Issues to be addressed	Action required	Responsible person	Timescale for completion	Action taken	Comments
Not applicable					

Signed (completing officer):

Date:

Signed (Head of Department/ Section):

Date:

Please ensure that a signed copy of this form is sent to both the corporate governance team with the policy and the equality and diversity lead.