



Policy:

NPCS 010 - Mental Health Act Code of Practice Equality and Human Rights

Executive Director Lead	Executive Medical Director
Policy Owner	Head of Mental Health Legislation, Human Rights and Chaplaincy
Policy Author	Head of Mental Health Legislation, Human Rights and Chaplaincy Human Rights Officer

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Ratified By	Mental Health Legislation Committee (MHLC)
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Summary of policy

This policy has been produced to meet the requirement set out in the Mental Health Act Code of Practice (2015). The policy sets out how the Trust, when exercising functions under the Mental Health Act 1983 (as amended), intends to meet its legal duties under the Equality Act 2010 and the Human Rights Act 1998.

Target audience	All staff, both in-patient or community, who work with individuals who are, or could be, subject to the powers contained within the Mental Health Act 1983 (as amended)
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Keywords	Rights; Human Rights; Mental Health Act; Code of Practice
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Storage & Version Control

Version 4 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V3 July 2024). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1	New draft policy created	May 2016	New policy commissioned by the Mental Health Act Policy group/ Requirement under the mental health act code of practice s.3.15
	Ratification and issue	October 2016	Ratified by EDG
2	Updates to policy	December 2017	Front page - feedback on implementation amended to Mental Health Act Committee
	Ratification and issue	July / August 2018	<p>Amendments to the introduction - incorrect reference to section three rather than chapter three of the code amended.</p> <p>New -Appendix inserted Appendix H – Policy Governance Chart And reference in the policy to its purpose i.e. 6..4.6 . An overview of how key areas in respect to 6.1 and 6.2 above will be overseen and assured is set out in Appendix H</p> <p>4. inclusion of ‘Rights’ and an amendment to the introduction to make clearer reference to Human Rights</p>
3	Review / consultation/ approval / ratification / issue	October 2020	<p>Full review completed as per the Trust’s Policy Governance Process. The amendments made are</p> <ul style="list-style-type: none"> • General formatting update • Removal of some elements of Appendix C due to the processes / groups no longer being in place • Confirmation through the Mental Health Legislation Committee of agreement with changes

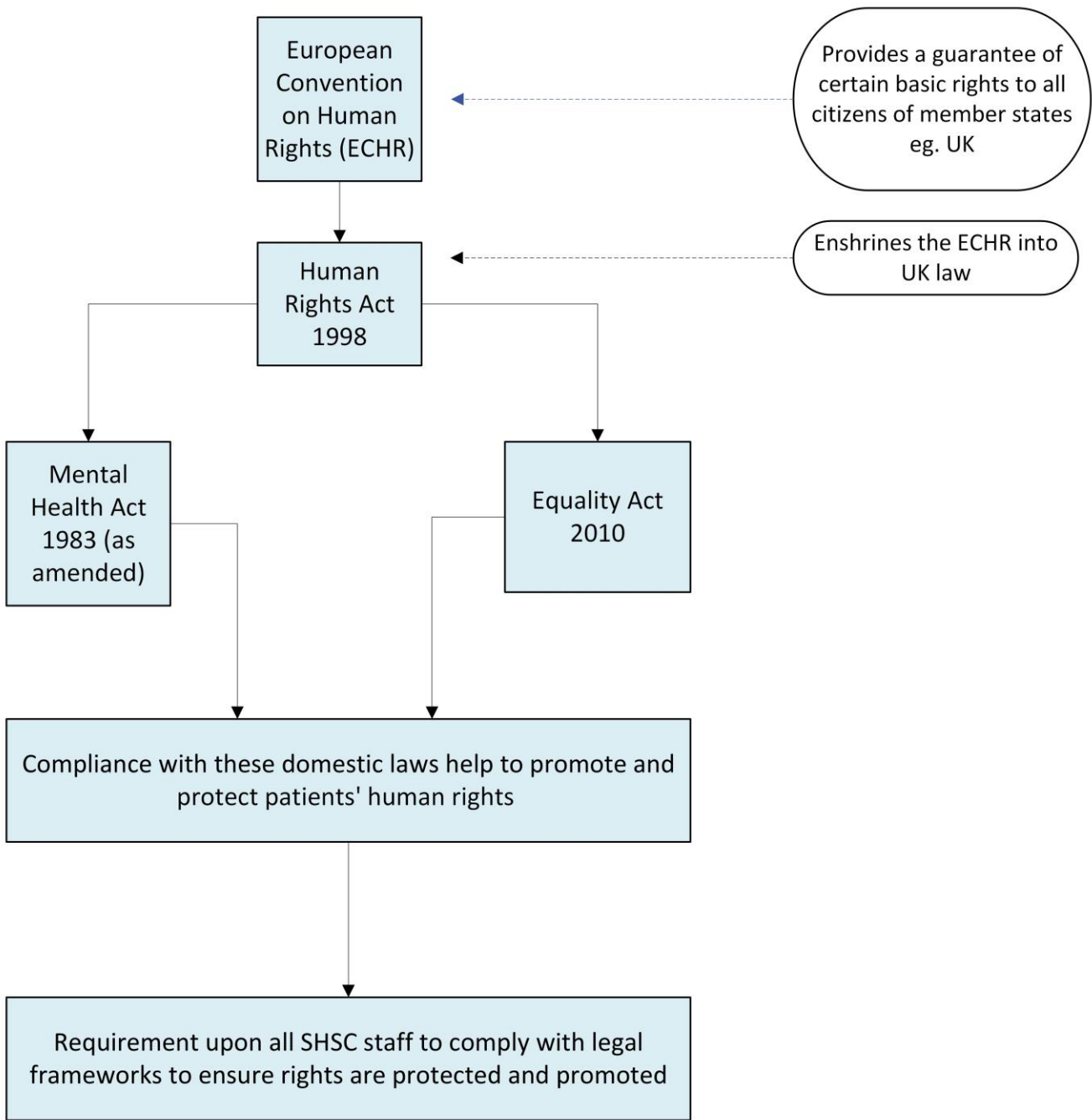
4	Routine review and update	July 2024	<ul style="list-style-type: none"> • Executive lead, policy owner, and policy authors updated. • Policy summary re-worded. • Target audience refreshed. • Keywords updated. • Trust values updated • Part of introduction re-worded. • Scope and duties strengthened to emphasise service manager responsibilities. • Reference to Mental Health Act 1983 updated to read Mental Health Act 1983 (as amended) • Requirement to comply with MHA regulations in addition to the MHA added to duties. • Role and remit of Mental Health Legislation Operational Group, Least Restrictive Practice Oversight Group, and Mental Health Legislation Committee added. • Role and responsibilities of the Human Rights Officer added • Role and responsibilities of the Head of Mental Health Legislation, Human Rights and Chaplaincy added • Clarification added in respect of s149 Equality Act 2010 • Collecting information of patient's religion added • Removal of reference to the Yorkshire and Humberside Protocol in respect of Transgender patients, replaced with reference to services and care needing to be trans-rights promoting, and based on national best practice. • Removal of reference to the 'Safeguard' system for reporting incidents. • Added problems accessing interpreters should be escalated and reported. • Added clarification in respect to the sharing of information with advocacy services, about
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			<p>patients, being in line with patient consent and relevant legal parameters.</p> <ul style="list-style-type: none"> • Clarified that any restrictions to a person’s rights must always have a legal basis. • Reference to blanket restrictions being approved by Restriction Oversight Group replaced with any restrictions being introduced need to comply with the Trust’s Blanket Restriction Policy. • Stand-alone training being available in respect of the Human Rights Act added. • Governance and monitoring section rewritten and replaced completely. • Human Rights section updated. • New definitions added to assist reader.
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1. Flowchart



It should be noted that this flowchart is a high-level overview of the relationship between the European Convention on Human Rights (ECHR) and responsibilities upon Trust staff. It is not a substitute for considering this policy content as a whole.

2. Introduction

Equality, Inclusion and Human Rights are at the heart of the Trust's values of

- Working together for our service users;
- Respect and kindness;
- Everyone counts;
- Commitment to quality; and
- Improving lives.

Services and practices will always be undertaken in line with these values, which have been agreed in partnership with staff, people who use Trust services, carers and families.

The Trust is committed to taking forward the Equality Act 2010 Public Sector Equality Duty by ensuring that when undertaking services relevant to the Mental Health Act 1983 (as amended) ('the Act'), regard will be paid to:

- Eliminating discrimination, harassment, victimisation, and any other conduct prohibited by the Equality Act 2010.
- Advancing equality of opportunity between people who have protected characteristics and people who do not share protected characteristics and
- Fostering good relations between people with protected characteristics and people without.

The provisions of mental health legislation impact on a person's Human Rights. The Human Rights Act 1998 (HRA) incorporates the Articles of European Convention on Human Rights into domestic law. These are known as convention rights.

It should be noted that it is the duty of the Trust to protect, respect and fulfil these convention rights in all of its operations, irrespective of association with the Mental Health Act.

This policy specifically focuses on Chapter 3 of the Act's Code of Practice and specifically item 3.15 which expects that the Trust will have a Human Rights and Equality policy for service provision and practice under the Act.

3 Scope

This policy has Trustwide applicability. It applies to all services be they inpatient or community. The policy applies not only to front line staff but also to the managers of services who have contact with patients who may come under the remit of the Mental Health Act (as amended).

4 Purpose

The purpose of this policy is to clearly set out how the Trust intends to meet its legal duties under the Equality Act 2010 and the Human Rights Act 1998 with reference to the Mental Health Act 1983 (as amended) and Associated Code of Practice Chapter 3

5 Definitions

5.1 The Act – The Mental Health Act 1983 (as amended).

5.2 The Code of Practice – The Mental Health Act 1983 (as amended) Code of Practice 2015.

- 5.3 Hospital Managers –The organisation in charge of the hospital i.e. SHSC NHS Foundation Trust itself
- 5.4 Convention rights – Meaning the rights given to all humans, granted under the European Convention on Human Rights (ECHR)
- 5.5 Qualified rights – Meaning a right which is granted under the European Convention on Human Rights (ECHR) that can be restricted but only under certain circumstances. These circumstances might be set out in the ECHR itself, or be permissible but only when restriction of a right has a legal basis, has a legitimate aim, and the restriction is no more than is absolutely necessary. Not all Convention rights are qualified rights. Some are absolute rights.
- 5.6 Absolute right – Meaning a right, granted under the European Convention on Human Rights (ECHR), that cannot be restricted.

6 Detail of the policy

The broad overview of this policy is as described in Section 1 – Introduction.

7 Duties

- 7.1 Hospital Managers are responsible for ensuring that services and practices relevant to the Mental Health Act 1983 (as amended) are undertaken in line with The Act, the Act's associated regulations, and Code of Practice. They must have a good knowledge of this policy and its relevance to the responsibilities of Hospital Managers.
- 7.2 The Least Restrictive Practice Oversight Group and Mental Health Legislation Operational Group are responsible for overseeing compliance with the Act. They in turn are responsible for reporting to the Mental Health Legislation Committee (MHLC). The Mental Health Legislation Committee (MHLC) is responsible for reporting to the Trust Board matters related to mental health legislation compliance. This includes human rights considerations.
- 7.3 The Executive Medical Director (EMD) has delegated responsibility for ensuring that clinical practice is carried out in accordance with the Act and its Code of Practice. All Executive Directors will work with, and support, the EMD to help ensure compliance.
- 7.4 Service directors are responsible for ensuring that practices within their service areas are carried out in accordance with The Act and Code of Practice.
- 7.5 Directorate and service leads must be familiar with this policy and ensure that governance related to the policy is implemented in their area of responsibility.
- 7.6 Directorate and service leads must have good knowledge of the policy and ensure that the policy is applied in practice in their areas of responsibility.
- 7.7 Ward/Team Managers are responsible for ensuring that staff are aware of the policy and that it is applied in their areas of practice. They are also responsible for monitoring such practices.
- 7.8 The Mental Health Act Administration Manager (MHAAM) is responsible for monitoring compliance with the Act and the Code of Practice. This includes escalating, via incident reporting, where non-compliance has been identified. The MHAAM will also escalate any

significant matters of concern to the Head of Mental Health Legislation, Human Rights and Chaplaincy.

7.9 The Human Rights Officer (HRO) has a responsibility to support clinical and corporate colleagues to comply with the Human Rights Act 1998. They will provide advice and training to SHSC staff on matters related to human rights, and assist in the development of policy from a human rights perspective. The HRO will escalate any significant matters of concern to the Head of Mental Health Legislation, Human Rights and Chaplaincy.

7.10 The Head of Mental Health Legislation, Human Rights and Chaplaincy (HoMHL) is responsible for the day-to-day management of the Trust's mental health related legislation functions, including the Human Rights Act (HRA). The HoMHL has a trust wide responsibility, working alongside colleagues, to ensure compliance with mental health and human rights legislation. The HoMHL will provide reports to the Trust's relevant governance processes in respect of legal compliance, and provide advice to Trust employees on matters relating the MHA, MCA and HRA. The HoMHL is responsible for supporting the Executive Medical Director in respect of mental health legislation matters. The HoMHL is also responsible for supporting and supervising the Human Rights Officer and MHA Administration Manager to carry out their functions and duties.

8 Procedure

8.1 Equality

The Trust will take account of all relevant sections of the Equality Act 2010 and related secondary legislation when carrying out functions associated with The Act. This includes, but is not limited to, the duties of the Trust under section 149 of the Equality Act 2010 (Public sector equality duty)

The Trust will aim to eliminate unlawful discrimination and advance equality by:

- Ensuring that systems are in place to review the procedures and practices associated with The Act and to ensure that they do not directly or indirectly discriminate within the terms of the Equality Act 2010.
- Making changes to procedures or practices to prevent unlawful discrimination where concerns are identified.
- Ensuring that the systems that are in place to provide feedback on services are accessible, take account of the diversity of people using Trust services and are monitored to ensure that the feedback that is being considered is representative of all persons who may require and use Trust services.
- Recognising and responding to the diversity of people using our services and their communities, families and friends in assessment and care planning.
- Collecting information relevant to the ethnicity, gender, disability, age, sexual orientation, gender identity and religion of people using Trust services to monitor the impact of procedures and practices on groups protected under the Equality Act 2010.
- Publishing an annual report on the Trust's internet site concerning how information and data specific to service users affected by The Act has been used to monitor and provide high quality services, including data collected and reviewed on collaborative care plans.
- Complying with requirements and standards for single-sex accommodation.
- Ensuring that in-patient service provision for those who identify as being transgender are rights promoting and based on national best practice
- Specifically recording and reviewing incidents associated with race using the Trust's incident reporting system.

- Having in place a 'Policy on Zero Tolerance of Harassment (Third Party)', that is aimed at addressing harassment which is not staff to staff related.
- Ensuring that information and advice is accessible with respect to language and culture. Where a person has a need for accessible information associated with a disability, this is recorded and provided.
- Ensuring that the need for an interpreter is recorded and interpreters are provided. This is to ensure that people have equal access to services, are empowered when they are using services and engaged and involved in decision-making. Problems accessing interpreters should be incident reported.
- Making adjustments to the way that practices and procedures associated with the Act are applied to address barriers that may be experienced by a person with disabilities, whether this is associated with a mental or physical impairment. This may include making changes to the environment in which services are delivered, the way in which practices are implemented or making arrangements for access to specialist equipment.

8.2 Human Rights

Everybody has human rights under the Human Rights Act, detained or otherwise. These cannot be taken away. Protecting, respecting, and fulfilling the convention rights is a legal requirement for the Trust and its staff. When discharging functions under the MHA and MHA Code of Practice, this will always be done so in conjunction with the Human Rights Act.

This includes, but is not limited to:

- Ensuring that procedures and practices are undertaken in line with the Human Rights Act and relevant case law
- Trust values that are linked directly with Human Rights Act requirements and principles
- Ensuring that operating the Human Rights Act is embedded into day-to-day practice, policy and governance procedure
- Giving information about rights to people who use our services, their families and communities.
- Ensuring access to information about relevant advocacy services, and other third-party sources of support and advice. This includes recording and sharing information where a person requires or uses advocacy services (subject to patient consent and data protection considerations).
- Providing information that is accessible (in terms of content and availability) relevant to policies associated with The Act and associated practice and procedures.
- Establishing, maintaining and monitoring systems and processes to support good decision-making where competing Human Rights need to be considered, and ensuring that decisions which may restrict a person's rights are always done in a way that is a lawful, justified, and proportionate. Any restriction on qualified rights should be the least restrictive viable option, be time bound, and subject to regular review. Any restriction(s) on qualified rights should be clearly recorded.
- Maintaining a programme concerning the reduction of restrictive interventions and ensuring that data relating to restrictive interventions is collected routinely and reviewed.
- Ensuring that any blanket restrictions that are considered necessary are only implemented in accordance with the Blanket Restrictions Policy (NPCS 006)
- Ensuring that staff understand their obligations under the Human Rights Act.

The Trust will aim to empower people who use our services by recognising people's ability to recover and by working alongside individuals to support them in that journey, recognising potential and working with optimism and hope. The Trust recognises the legally enforceable rights of people using its services under the Human Rights Act 1998 and will take account of the Act and Code of Practice when carrying out functions associated with this policy.

This includes, but is not limited to:

- Ensuring that procedures and practices relevant to the Act are undertaken strictly in line with Human Rights law, guidance, good practice and principles.
- Ensuring that the Trust values are the guiding principles in the implementation of Trust policies associated with the Act.
- Embedding consideration of Human Rights law, guidance, good practice and principles in governance procedures and practices associated with The Act.
- Providing information about rights to people who use our services and their families and communities.
- Ensuring access to information about Advocacy and other third-party support and advice, and recording and sharing information where a person requires or uses Advocacy services (within the parameters of confidentiality and any relevant legal framework).
- Providing information that is accessible (in terms of content and availability) relevant to policies associated with The Act and associated practice and procedures.
- Establishing, maintaining, and monitoring systems and processes to support good decision-making where competing Human Rights need to be considered, and ensuring that decisions which may restrict a person's rights are necessary, proportionate and have a legal basis. Decisions in respect of interfering with a patient's rights must be clearly recorded.
- Maintaining a programme concerning the reduction of restrictive interventions and ensuring that data relating to restrictive interventions is collected routinely and reviewed.
- Ensuring that staff comply with the Trust's Blanket Restrictions Policy NPCS 006 when a need for a potential restriction is identified.

8.3 Health Inequalities

The Trust recognises that many people who use its services may experience health inequalities and will aim to work in partnership with commissioners, people who use our services and other stakeholders to consider and address these.

8.4 Communication and Embedding Good Practice

- The Trust's Statement on Equality and Human Rights and the Mental Health Act Code of Practice will be publicised and available (Appendix G).
- The Trust will maintain up-to-date knowledge of relevant legislation, associated guidance and case law and will make amendments to policies and practices in response to this.
- The Trust will provide training to staff so they consider Equality and Human Rights when they are undertaking activities and actions associated with the Act. This will include integrating Equality and Human Rights information into Mental Health Act training as well as specific 'stand-alone' training in respect of human rights.
- The Trust will ensure that feedback on services is considered in a person- and community- centred context.

- The Trust will publish information in its Annual Equality and Human Rights Report that is relevant to this policy.

9 Development, Consultation and Approval

This policy review was led by the Head of Mental Health Legislation. The Trust's Human Rights Officer, along with the Trust's Head of Equality and Inclusion were consulted for their feedback and comments. Such feedback has been incorporated into the revised policy.

The policy has been circulated to members of the Mental Health Legislation Operational Group for comment. It has also been shared with the statutory advocacy service.

10 Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Assurance that the policy is being complied with	Unjustified deviations should be incident reported as 'mental health legislation – other'. These incidents will be reviewed by the Mental Health Legislation Operational Group (MHLOG)	<p>Staff member identifying the deviation responsible for reporting the incident.</p> <p>MHLOG is responsible for overseeing the frequency and nature of incidents.</p> <p>The Head of Mental Health Legislation will oversee any actions needed to remedy an unjustified deviation.</p>	Ongoing	<p>The Head of Mental Health Legislation will, where appropriate, provide a narrative of any deviations to the Mental Health Legislation Operational Group (MHLOG).</p> <p>MHLOG will action any deviations where necessary.</p>	Head of Mental Health Legislation with support and input of the Human Rights Officer	Mental Health Legislation Operational Group reporting to Mental Health Legislation Committee.
The Trust's Statement on Equality and Human Rights to be displayed in all inpatient units for patients and carers/relatives	Ward managers to be asked to confirm that the statement has been displayed on their wards	<p>The Human Rights Officer (HRO) will contact each ward manager and seek assurance of display.</p> <p>Ward managers are responsible for</p>	Six monthly	The Human Rights Officer (HRO) will feedback compliance, or problems, to the Head of Mental Health	The Head of Mental Health Legislation will report completion and any compliance issues to the Mental Health	The Head of Mental Health Legislation will report completion and any compliance issues to the Mental Health Legislation Operational Group. This will be overseen

to see		responding to enquiries from the HRO.		Legislation.	Legislation Operational Group.	by the Mental Health Legislation Committee.
The Trust's Annual Report in respect of Equality and Human Rights is published	The Human Rights Officer will liaise with the Head of Equality and Inclusion.	The Human Rights Officer will inform the Head of Mental Health Legislation of when the annual report is being drafted and published.	Annual	The Head of Mental Health Legislation, and Human Rights Officer, will include confirmation of the policy having been published in their reports to Mental Health Legislation Operational Group, and Least Restrictive Operational Group.	Any action plans for the Trust will be overseen by the Head of Mental Health Legislation, in liaison with, and support from, corporate and clinical colleagues	Mental Health Legislation Operational Group, and Least Restrictive Practice Group. In turn, reporting to Mental Health Legislation Committee.
The Trust's Equality and Human Rights and MHA Policy must be reviewed by the Board, or appropriate sub-committee, on an annual basis	To be added as an item to Mental Health Legislation Committee (MHLC) agenda on a yearly basis. To be added to MHLC work plan	Corporate Governance	Annual	Review will be noted in the Mental Health Legislation Committee minutes	Mental Health Legislation Committee	Mental Health Legislation Committee

This policy should be formally reviewed in 3 years time, or less should there be a change in national guidance or legislation

11 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	Corporate Governance and Communications Team	28/06/2024	
Amended policy to be circulated to Mental Health Legislation Operational Group members for circulation to their teams	Jamie Middleton	28/06/2024	
The Head of Mental Health Legislation, Human Rights, and Chaplaincy, and the Human Rights Officer, will facilitate compliance with the policy when giving advice on individual cases	Jamie Middleton Tallyn Gray	Ongoing	

12 Dissemination, Storage and Archiving (Control)1

Version	Date on website (intranet and internet)	Date of entry in Connect (all staff communication)	Any other promotion/ dissemination (include dates)
2	September 2018	September 2018	N/A
3	November 2020	November 2020	November 2020
4	June 2024	June 2024	N/A

This is Version 4 and is stored and available through the SHSC Intranet/Internet.
 This version supersedes the previous Version 3 [July 2024].
 All Word copies of final versions of policies can be obtained from Policy Governance.

13 Training and Other Resource Implications

The principles set out within this policy, the Human Rights Act 1998, and the Mental Health Act 1983 (as amended) will be incorporated into the Trust's mandatory MHA training. Separate, stand-alone training specific in relation to the Human Rights Act will also be made available.

Staff attending the Human Rights Practice Lead training will be made aware of this policy and provided with details about how it can be accessed.

14 Links to Other Policies, Standards (Associated Documents)

- Mental Health Act 1983 (as amended)
- Mental Health Act 1983 (as amended) Code of Practice (2015)
- Equality Act 2010
- Human Rights Act 1998
- European Convention on Human Rights

- All Trust policies associated with the Mental Health Act 1983 (as amended)
- All Trust procedures associated with the Mental Health Act 1983 (as amended)

- Accessible Information Standard

15 Contact Details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Head of Mental Health Legislation, Human Rights and Chaplaincy	Jamie Middleton	27 18110	jamie.middleton@shsc.nhs.uk
Human Rights Officer	Tallyn Gray	22 63666	tallyn.gray@shsc.nhs.uk
Mental Health Act Administration Office Manager	Mike Haywood	27 18102	mike.haywood@shsc.nhs.uk

Appendix 1

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: Jamie Middleton, June 2024

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No	This policy should ensure that all people’s rights are protected and promoted.	No amendments identified
Disability	No	This policy should ensure that all people’s rights are protected and promoted.	No amendments identified
Gender Reassignment	No	This policy should ensure that all people’s rights are protected and promoted.	No amendments identified
Pregnancy and Maternity	No	This policy should ensure that all people’s rights are protected and promoted.	No amendments identified

Race	No	This policy should ensure that all people's rights are protected and promoted.	No amendments identified
Religion or Belief	No	This policy should ensure that all people's rights are protected and promoted.	No amendments identified
Sex	No	This policy should ensure that all people's rights are protected and promoted.	No amendments identified
Sexual Orientation	No	This policy should ensure that all people's rights are protected and promoted.	No amendments identified
Marriage or Civil Partnership	No		

Outcome: No changes made.

Impact Assessment Completed by:
 Jamie S Middleton, Head of Mental Health Legislation, Human Rights, and
 Chaplaincy.
 June 2024

Appendix 2

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	✓
5.	Has the policy been discussed and agreed by the local governance groups?	✓ (e-gov)
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	N/A
Template Compliance		
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
Policy Content		
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	✓
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix 1)?	✓
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	✓

Appendix 3 –Trust Policy Statement

Mental Health Act Code of Practice

Trust Statement on Equality and Human Rights

People who use our services have the following Rights

- To be treated with respect, dignity and compassion
- Not be discriminated against on the grounds of protected characteristics: age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
- To have access to and information about independent advocacy services
- Liberty, unless detained lawfully
- Adequate healthcare for their physical and mental health needs
- Access to health promotion and prevention information
- Protection from inhuman or degrading conditions
- Agree how much they want family and friends involved in their care and support
- Support to make an advance statement about their care and treatment choices if they become ill

Equality and Human Rights Legislation

- Sheffield Health and Social Care publish a report every year that says what we have done to prevent discrimination, advance equal opportunity and foster good relations. The report also covers Human Rights. The report is published on our web site and written copies in different formats can be provided by contacting SHSC

Monitoring Equality and Human Rights

- Alongside our annual report we publish information about the diversity of people who use our services.
- When we develop and update services we use equality impact analysis to see if the change might disadvantage any groups - this is also an opportunity to improve quality.
- We monitor incidents that appear to involve racial harassment or that potentially impact on a person's Human Rights.
- We monitor areas such as seclusion and restraint to see if different groups experience restraint and seclusion more frequently than others.

Environment and Culture

- Our Trust Values include Working Together for our Service Users, respect and kindness, everyone counts, commitment to quality, and improving lives. These values are at the heart of our organisation's culture.
- We aim to treat all people who use our services as individuals and this includes recognising the diversity of the people who use our services and making adjustments to ensure equal access to and a positive experience of services. The need for adjustments is identified through assessment and care planning.
- We will provide relevant mandatory equality and diversity training.