

## EQUALITY DIVERSITY AND INCLUSION POLICY

<b>Department / Service:</b>	Human Resources Department.
<b>Originator:</b>	Sandra Berry Assistant Director of OD
<b>Accountable Director:</b>	Tina Ricketts Director of People and Culture
<b>Approved by:</b>	JNCC
<b>Date of first Approval:</b>	3 September 2012
<b>First Revision :</b>	January 2015
<b>Latest Revision:</b>	April 2017
<b>Review Date:</b>	7 <sup>th</sup> December 2020
<b>This is the most current document and should be used until a revised version is in place</b>	
<b>Target Organisation:</b>	Worcestershire Acute Hospitals NHS Trust.
<b>Target Departments:</b>	All Departments / Directorates
<b>Target staff categories:</b>	All Staff (both temporary and substantive) All contractors, Agency and Bank staff

### Purpose of the document

Equality, diversity and inclusion continue to be at the heart of the NHS and the Trust's strategy. Investing in a diverse workforce enables us to deliver a more inclusive service and improve patient care.

The Trust recognises the benefits of having a diverse workforce that reflects the community we serve. A diverse workforce will enable the Trust to meet its objective of delivering inclusive, accessible and quality acute health care.

The Trust is opposed to any form of adverse, discriminatory or unfair treatment in all aspects of employment and service provision, and is committed to the principles of the NHS Employers' campaign for Developing a Personal, Fair and Diverse NHS.

All staff are expected to promote a culture within the Trust that affords respect and dignity for fellow colleagues, patients and visitors at all times. Breaches of this policy will be considered a disciplinary matter.

This policy replaces the Equality Diversity and Inclusion Policy (2012).

### Key amendments to this Document:

Date	Amendment	By:
July 2012	Amendments made, change of Policy title. Approved by Workforce & Organisational Development group	Debbie Drew/Rani Virk
January 2015	Policy Reviewed to take account of NHS Employers best practice guidance	Debbie Drew
February 2017	Policy reviewed to ensure relevance	Debbie Drew
June 2019	Document extended for 12 months whilst review process takes place	Rachel Morris/Tina

### Equality, Diversity & Inclusion Policy

		Ricketts
June 2020	Document extended for 6 months during COVID period	

**References:**

Dignity at Work Policy	WAHT-HR-016
Equality Delivery System (EDS2)	
Whistleblowing – Raising Concerns Policy	WHAT-HR-051
Recruitment and Selection Policy	WAHT-HR-004
PALS Policy & Procedure	WAHT-PS-004
Standards of Business Conduct:	WAHT-HR-525
Essence of Care	WAHT-
Policy for the Management of Violence and Aggression	WAHT-CG-006
Equality Act 2010	GOVT
Equality Impact Assessment Briefing: NHS Employers	No-49

**1. Key summary points**

- Managers and staff must treat all work colleagues, patients, visitors and members of the public with dignity and respect.
- All managers and staff must support and implement the principles of the Equality, Diversity and Inclusion Policy.
- Staff must report any incident or behaviour which contravenes the provisions of this policy and must not indirectly support unfair treatment by ignoring what is happening around them Managers must ensure that staff are made aware of the contents and importance of observing the principles of equality, diversity and inclusion.
- Managers must ensure that any allegations of discriminatory behaviour or practices are properly investigated, all relevant documentation retained and, disciplinary action taken (where appropriate).
- The Trust aims to be broadly representative of the population that it serves

**2. Introduction**

This Policy has been developed to support the Trust's Workforce and Organisational Development Strategy and the implementation of the NHS Equality Delivery System (EDS2), which has been formulated in response to the 2010 Equality Act.

The 2010 Equality Act incorporated all previous equality legislation including: The Race Relations Act 2003, The Disability Act 2005, Gender Reassignment Regulations 1999, Gender Recognition Act 2004, Equality Act 2006, Sex Discrimination Act 1970 and the Equal Pay Act 1970. The Equality Act bans unfair treatment and discrimination. There are nine protected characteristics included within the act:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Disability</li> <li>• gender</li> </ul> | <ul style="list-style-type: none"> <li>• race</li> <li>• sexual orientation</li> </ul> |
|--|--|

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• gender reassignment</li> <li>• pregnancy and maternity</li> <li>• age</li> </ul> | <ul style="list-style-type: none"> <li>• marriage and civil partnership</li> <li>• religion and belief</li> </ul> |
|---|---|

This policy has been written in the spirit of the NHS Constitution. The NHS Constitution (section 3a) highlights the rights and duties of employees with regard to equality and diversity, namely:

- the right to be treated fairly and equally and free from discrimination,
- the right to fair treatment regarding pay
- the duty not to discriminate against patients or staff
- the duty to adhere to equal opportunities human rights legislation.

### 3. Purpose

The Trust's Equality, Diversity and Inclusion Policy is in place to ensure that the Trust achieves its objectives towards providing a personal, fair and diverse NHS, where:

- Everyone counts
- Services are personal, designed to give patients what they want and need
- Fairness is built in
- The skills and experiences of all staff from all background are used and valued
- People can choose the services they want and have as much support as they need
- Everyone is treated with dignity and respect and when they complain we listen and put things right
- Talent flourishes and nothing stops people progressing
- We are accountable and patients are informed and have more control
- Care doesn't stop at the door but helps people lead healthier lives

The Trust recognises the benefits of having a diverse workforce that reflects the community we serve. A diverse workforce will enable the Trust to meet its objective of delivering inclusive, accessible and quality acute health care.

The Trust's managers and staff will take all reasonable steps to ensure that there is no unlawful or unfair discrimination of potential or existing employees including bank staff, contract workers or volunteers on any unjustifiable grounds. All employees, workers, patients, and visitors will be treated fairly and with respect.

### 4. Scope

This policy applies to all applicants for employment, all staff (including permanent and temporary staff), contract workers, bank staff, and volunteers.

### 5. Definitions

**Equality/Equal Opportunities:** Legislatively based. Everyone should be treated fairly and given the same opportunities irrespective of age, gender, race, ethnicity, disability, religion/belief, sexual orientation, gender reassignment, pregnancy or marital status.

**Diversity:** Diversity is about recognising and valuing difference in its broadest sense. Everyone has individual qualities and differences. Differences should be recognised and valued for the benefit of the organisation and individuals (staff, patients and carers).

**Inclusion:** is about an individual's experience within the workplace and in wider society and the extent to which they feel valued and included.

**Protected Characteristics:** The 2010 Equality Act defines nine protected characteristics: age, gender, race, sexual orientation, gender reassignment, disability, religion/belief, pregnancy/maternity, marital status

## Disability

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

## Gender reassignment

The process of transitioning from one gender to another.

## Marriage and civil partnership

Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

## Race

Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

## Religion and belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

## Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

**Indirect Discrimination:** Where requirements, conditions, policies or practices imposed have an adverse effect that is disproportionate to a specific group.

**Direct Discrimination:** Where a person is treated less favourably than another individual because of a protected characteristic

**Discrimination by Association:** Discrimination occurs because someone is associated with an individual with a protected characteristic

**Discrimination by Perception:** Discrimination against someone because others perceive that they have a protected characteristic

## **6. Duties and Responsibilities**

### **6.1 Executive / Board**

Overall responsibility for this Policy rests with the Chief Executive and Trust Board. Specific responsibility for Equality and Diversity is delegated to the Chief Nursing Officer (in respect of patients) and the Director of Human Resources and Organisational Development (in respect of employment).

The Trust Board will:

- provide leadership and direction on equality and inclusion
- promote an inclusive and harmonious place of work where there is mutual respect and where harassment, bullying, intimidation or violence are not tolerated
- comply with equality legislation
- address any breaches of this policy

### **6.2 Equality Leads**

Operational responsibility for Equality and Diversity in so far as developing the EDS2 and maintaining policies, training and advice is shared between the Associate Director of Patient Experience (in respect of patients) and the Head of Human Resources (in respect of employment), and the Chaplaincy and Equalities Engagement Lead.

### **6.3 Human Resources**

HR Business Partners and Officers are responsible for providing advice and guidance to any manager or employee on the application and implementation of this policy in respect of employment.

### **6.4 Trade Unions**

Trade Union representatives are available to provide advice and support to members in respect of equality and diversity issues.

### **6.5 Managers, Matrons, Service Leads & Supervisory Staff Responsibilities**

All managers are responsible for ensuring that this policy is fairly and consistently applied by and to all members of staff that they manage.

Managers should ensure that:

- staff are made aware of, understand and comply with equality and diversity legislation

- appropriate action is taken to ensure that unfair discrimination does not occur in the workplace or in their area of responsibility
- the criteria used to select candidates for appointment, promotion, redeployment, training, and selection for redundancy is objective and does not discriminate unfairly.
- they are positive role models of best practice for equality and inclusion
- managerial action is fair, equitable and reasonable in all circumstances and is effectively monitored
- any allegations of discrimination are investigated and documented and where appropriate disciplinary action is taken
- they address any discriminatory practices from service users in line with the Trust Policy for the Management of Violence and Aggression

## 6.6 Members of Staff

All members of staff must act within the spirit of this policy in their behaviour towards colleagues, patients and the public. They shall:

- support and implement the principles of equality, diversity and inclusion
- report any incidents and contraventions of this policy and not indirectly support discrimination and unfair treatment by ignoring what is happening around them
- treat all members of staff, patients, visitors, volunteers, contractors, carers, and members of the public with respect and dignity
- ensure that they undertake equality and diversity e-learning training at least once every 3 years.

Failure to comply with the Equality Diversity and Inclusion Policy will lead to disciplinary action which applies equally across all staff groups.

Where the Trust uses external providers of services they will be required to ensure that the equality and diversity standards identified in this Policy are met.

## 6.7 Legal Liability

Individual members of staff can be held **personally** and in some cases **criminally responsible**, for acts of unlawful discrimination.

The Trust as an employer may be liable for acts of unlawful discrimination committed by its staff during the course of their employment, unless it can be proved that all reasonable and practicable steps had been taken by the Trust to prevent such an act from occurring. The Trust has a legal and moral responsibility for ensuring discrimination does not occur.

## 7. Processes and Monitoring

Analysing data both from a service and a workforce perspective is essential for helping us to make decisions about our organisation.

Monitoring information and data will be provided regularly to the Equality and Diversity Committee and will include information about our workforce, patients, members and national and local population data. This information will be published in an Annual Equality and

Diversity Report, and on the Trust's equality and diversity web pages to comply with the Equality Act 2010 requirements. This will be maintained by:

- implementing the NHS Equality Delivery System (EDS2)
- undertaking equality monitoring for starters, leavers, grievances, disciplinarys, applications for employment, training etc.
- monitoring of complaints from patients
- engaging with the local community and voluntary sector in order to promote diversity and inclusion through partnership working and to ensure that the Trust is providing services which are accessible to all
- undertaking Equality Impact Assessments on all policies, and plans
- monitoring via staff and patient surveys

The Trust will use the Equality Delivery System (EDS2) as a tool to progress its equality and diversity objectives. The EDS2 consists of four goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

The Trust's is committed to developing an inclusive culture where everyone feels valued and respected. This will be maintained through fair application of a number of key policies:

### **7.1 HR and OD Plan/Staff Engagement Strategy**

- creating an inclusive environment in which individual contributions of all people are recognised and valued

### **7.2 Dignity at Work Policy**

- creating an environment in which everyone is treated with dignity and respect
- ensuring that bullying and harassment of any kind will not be tolerated

### **7.3 Recruitment and Selection Policy**

- implementing recruitment and selection procedures that are fair and transparent
- guaranteeing an interview to any applicant with a disability who meets the essential criteria for a job. The Trust operates under the 'Disability Confident Employer scheme' which identifies that it supports a number of requirements with regard to the recruitment and retention of people with disabilities.

### **7.4 Sickness Absence, Health and Wellbeing Policy**

- making reasonable adjustments to prevent an employee with a disability from being placed at a substantial disadvantage by any physical feature of the premises, or by any unjustified provision, criteria or practice.

### **7.5 Training and Development Policy**

- providing training and development opportunities available to all
- providing equality and diversity training for staff

### 7.6 Disciplinary Policy

- taking action on breaches of this policy which will be considered to be misconduct and subject to appropriate action under the Trust Disciplinary Policy

### 7.7 Flexible Working Policy

- applying flexible working arrangements fairly and consistently

### 7.8 Standards of Dress Policy

- Uniform standards for all staff
- Guidance on cultural and religious observance in respect of dress codes

## 8. Equality Impact Assessments (EqIA)

Under the general equality duty, Trusts are required to analyse the effect of existing and new policies and practices in relation to equality. This can include the use of equality impact assessments to consider the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups.

EqIA's are a tool to analyse a plan/policy to determine whether it affects all groups equally or unfavourably. It allows the Trust to better assess, measure and quantify the effectiveness of policies, plans, strategies and projects.

All existing, relevant and new policies must be accompanied by an EqIA which is incorporated in the Trust's template for policies. The purpose and benefits of this process are to:

- assist the Trust to fulfil legal obligations
- ensure facilities and services do not discriminate
- support equality of opportunities for all,
- identify whether any particular groups are disadvantaged by Trust policies, procedures, strategies or projects
- Identify where changes or adjustments to policies or practice is required to eliminate inequalities and promote equity for all.

EqIA process broadly consists of two parts:

#### a) The Initial Screening Process, and

**b) The Full Equality Impact Assessment** (if initial screening process identifies a significant adverse or negative impact). As such, the process, outcomes or findings as well as progress or shortfalls must be published by law. An EqIA briefing and process template are attached at Appendix 1.

## 9. Training

Appropriate mandatory training will be provided to ensure that staff and managers understand their responsibilities under the Policy. Equality and diversity issues will be integrated as appropriate into other Trust learning and development programmes

The Trust will provide training for managers in respect of Equality and Diversity as part of management development programmes, including Recruitment and Selection, sickness absence training etc.

All new staff will receive an introduction to Equality and Diversity as part of the corporate induction programme.

A programme of Equality and Diversity Training will be provided for staff. This will include training around specific topics such as supporting patients who have hearing impairments etc. and Prevent/Wrap training. Learning points will be shared with staff through Patient Stories etc.

As a minimum, **all staff will be required** to undertake on-line Equality and Diversity training **once every 3 years**.

## 10. Procurement

EU Requirements state that all public sector contracts, regardless of size or value, must comply with basic EU Treaty principles, particularly transparency, equal treatment and non-discrimination. The Trust is required to include an equality compliance clause in all its contracts. For existing contracts, equality clauses should be introduced when the contract is formally reviewed or in the event of significant change to the contract terms. This may be reviewed if there is evidence of inequality in relation to the contract e.g. from complaints, public concern or equality monitoring information.

## 11. Equality and Diversity Committee

The Trust will have an Equality and Diversity Committee that will meet at least 4 times a year. The Committee will have agreed Terms of Reference.

## 12. Complaints

### 12.1 Staff:

Complaints should be raised and dealt with in accordance with the Dignity at Work Policy. Mediation services are available to help resolve issues where appropriate.

### 12.2 Service users to include patients and visitors:

All **formal** complaints are to be made using the Trust's Complaints procedure, which is available from the Complaints Department. The Trust's Complaints Procedure follows the national guidance for managing complaints.

### **13. Financial Risk Assessment**

This is attached as Appendix 4.

### **14. Consultation**

Consultation is central to achieving equalities compliance. Patient involvement and public engagement will better enable the Trust to reduce any inequalities in acute care and thereby improve service provision based on needs whilst meeting equality objectives.

The Trust will engage with local residents, the voluntary sector and minority communities through its work programme.

In terms of access to information, Trust Web pages provide information about equality schemes, employment monitoring data, relevant policies, surveys and consultation. The Trust will seek feedback and comments from staff, the public and patients with access to the Internet and through other forms of communication and consultation.

### **15. Approval Process**

This policy has agreed through the Equality and Diversity Committee and approved by the JNCC on behalf of the Trust Board.

### **16. Implementation Arrangements**

This policy will be implemented immediately following approval.

### **17. Dissemination Process**

This policy will be disseminated via the Trust's Document Library on the Intranet and will be publicised through Weekly Trust Update and notified to the Trust Board through the JNCC.

### **18. Monitoring & Compliance**

An ongoing process of monitoring regarding the operation and effectiveness of this policy will be led through the Trust's Equality and Diversity Committee which will be chaired by the Deputy Director of Human Resources and Organisational Development. How the Trust meets statutory requirements will be monitored through the Trust Management Group.

### **19. Review**

This policy will be reviewed after 2 years from the date of approval.

## Appendix-1 Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy / guidance affect one group less or more favourably than another on the basis of:</b>		
	Race/Ethnic Origin/Nationality/culture	No	
	Disability	No	
	Gender	No	
	Religion / Belief	No	
	Sexual Orientation: including L.G.B.T.	No	
	Age	No	
	Marital Status	No	
	Gender Reassignment	No	
	Maternity/Pregnancy	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and / or justifiable?</b>	No	
4.	<b>Is the impact of the policy / guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/A	
6.	<b>What alternatives are there to achieving the policy / guidance without the impact?</b>	N/A	
7.	<b>Can we reduce the impact by taking different action?</b>	N/A	

### **NB:**

*Where an inappropriate, negative or discriminatory impact has been identified please proceed to conduct a Full Equality Impact Assessment and refer to Equality and Diversity Committee, together with any suggestions as to the action required to avoid / reduce this impact.*

*Advice can be obtained from the Equality and Diversity Leads in HR and Nursing Directorates (details available on the Trust intranet).*

**Appendix 2****Supporting Document 1 – Checklist for review and approval of key documents**

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	HR Policy
2	Title of document	Equality, Diversity and Inclusion Policy
3	Is this a new document?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, what is the reference number WAHT-HR-445
4	For existing documents, have you included and completed the key amendments box?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	Owning department	HR
6	Clinical lead/s	Chief Nursing Officer/Lead Nurse Patient Experience
7	Pharmacist name (required if medication is involved)	N/A
8	Has all mandatory content been included (see relevant document template)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	If this is a new document have properly completed Equality Impact and Financial Assessments been included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
10	Please describe the consultation that has been carried out for this document	Managers and staff side via Policies Working Group
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Equality, Diversity and Inclusion Policy (all staff)
<p>Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.</p>		

## Implementation

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale
Agree at Trust Management Group	Director of HR and OD	May 2017
Publish on Intranet – document finder and on E&D webpages	Head of HR	May 2017
Managers – via email and through management development training	Head of HR and HR Business Partners	May 2017 and ongoing

1	<p><b>Step 1 To be completed by Clinical Governance Department</b></p> <p>Is the document in the correct format?</p> <p>Has all mandatory content been included?</p> <p>Date form returned ____/____/____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2	Name of the approving body (person or committee/s)	
	<b>Step 2 To be completed by Committee Chair/ Accountable Director</b>	
3	Approved by (Name of Chair/ Accountable Director):	
4	Approval date	____/____/____

**Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.**

Office use only	Reference Number	Date form received	Date document published	Version No.

### Appendix-3 Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of Document:</b>	<b>Yes / No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration before progressing to the relevant committee for approval