Equality Diversity and Inclusion Policy

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The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, sex, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust. All Trust policies can be provided in alternative formats.
# POL036 - Equality Diversity and Inclusion Policy

## Contents

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Policy Statement</td>
<td>4</td>
</tr>
<tr>
<td>2. The Equality Act 2010</td>
<td>5</td>
</tr>
<tr>
<td>3. The Public Sector Equality Duty</td>
<td>5</td>
</tr>
<tr>
<td>4. Scope</td>
<td>8</td>
</tr>
<tr>
<td>5. Access to the Procedure</td>
<td>8</td>
</tr>
<tr>
<td>6. Roles and Responsibilities</td>
<td>9</td>
</tr>
<tr>
<td>7. Equality Impact Assessment</td>
<td>10</td>
</tr>
<tr>
<td>8. Reduce and Eliminate Inequalities in Health</td>
<td>10</td>
</tr>
<tr>
<td>9. Patient and Public Engagement</td>
<td>10</td>
</tr>
<tr>
<td>10. Communications</td>
<td>10</td>
</tr>
<tr>
<td>11. Transgender (trans) people</td>
<td>11</td>
</tr>
<tr>
<td>12. Definitions</td>
<td>11</td>
</tr>
<tr>
<td>13. Monitoring</td>
<td>14</td>
</tr>
</tbody>
</table>

### Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Further Information and Contacts</td>
<td>15</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Equality Delivery System 2 - Goals and Outcomes</td>
<td>16</td>
</tr>
<tr>
<td>Appendix C</td>
<td>WDES</td>
<td>18</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Workforce Disability Equality Standard Metrics</td>
<td>19</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Useful Links and Further Reading</td>
<td>21</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Glossary of Terms – “What is...?”</td>
<td>24</td>
</tr>
<tr>
<td>Appendix G</td>
<td>Equality Impact Assessment</td>
<td>27</td>
</tr>
</tbody>
</table>
1. **Policy Statement**

1.1 This document outlines the Equality Diversity and Human Rights Policy and procedure for The East of England Ambulance Service NHS Trust (the Trust).

1.2 This policy has been written in partnership by management and staff side.

1.3 This document outlines the Equality, Diversity and Human Rights Policy for the East of England Ambulance Service NHS Trust (the “Trust”) and is consistent with the principles outlined in part 5 of Agenda for Change NHS terms and conditions of service handbook.

1.4 The Trust is pro-active in its work towards making diversity an integral part of the core business. It incorporates the principles of equality, diversity and human rights in employment, encouraging, valuing and actively promoting diversity, recognising the talent and potential across the population. Promoting equality of opportunity is in the best interests of the Trust, including recruitment and development of the best people for our jobs, and providing appropriate services meeting the diverse needs of our community.

1.5 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination. In line with the Equality Act 2010 the nine protected characteristics are afforded due regard. These include; age, marital status, disability, race, nationality, sex, religion, sexual orientation, sex reassignment, ethnic or national origin, beliefs. In addition to this, to protect human rights we take into consideration equality and respect difference in relation to domestic circumstances, social and employment status, political affiliation or trade union membership, HIV status or other condition relevant to requirements of the post.

1.6 The Trust is committed to becoming an organisation that applies human rights-based approaches and making diversity integral to the core business to ensure that it is pro-diversity and anti-discriminatory.

1.7 Attracting, employing, and developing individuals to meet the needs of its diverse communities is central to staff retention. It underpins the aspirations to provide a comprehensive service for all ensuring equal access, dignity and respect for the community in contact with the Trust either; as patients, those who care for others, other health and social care partners and volunteers and staff.

1.8 The Trust’s aim is that our workforce will be truly representative of all sections of society and each employee feels respected, supported and able to give their best. This will enable the Trust to be more sensitive to the needs of the community which it serves.
2. **The Equality Act 2010**

The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined they make up a new Act that provides the legal framework to protect the rights of individuals and advance equality of opportunity for all.

3. **The Public Sector Equality Duty**

In summary, those subject to the equality duty, must in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
- Advance equality of opportunity between people who share a characteristic and those who don’t.
- Foster good relations between people who share a characteristic and those who don’t.

These are referred to as the three aims of the general duty. The Act helpfully explains that having due regard for advancing equality involves:

3.1 Removing or minimising disadvantages suffered by people due to their protected characteristics.

3.2 Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

3.3 Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

3.4 Key dates for the Equality Duty:

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<th>Date</th>
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<tr>
<td>6 April 2011</td>
<td>General (GED) and specific duties came into force</td>
</tr>
<tr>
<td>31 July 2011</td>
<td>NHS Trusts (and others except schools) published equality information</td>
</tr>
<tr>
<td>6 April 2012</td>
<td>NHS Trusts published objectives</td>
</tr>
<tr>
<td>2012</td>
<td>Age discrimination in relation to goods and services becomes unlawful</td>
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3.5 This policy recognises the Equality Act 2010 which affords additional protection for people who are discriminated against because of the following protected characteristics.¹

<table>
<thead>
<tr>
<th>Age</th>
<th>Disability</th>
<th>Sex Reassignment (Transsexual)</th>
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<td>Pregnancy and maternity</td>
<td>Race</td>
<td>Religion or belief</td>
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¹,
For further information and definitions of the characteristics please refer to the EDHR guidance.²

3.6 The Equality Act 2010 extends the application of direct discrimination to include association and perception.

3.7 Discrimination or harassment of an individual because they have an association with someone who has a protected characteristic is unlawful and is classed as direct discrimination.

3.8 Discrimination or harassment of an individual perceived to have a protected characteristic is unlawful and is classed as direct discrimination whether they have the characteristic or not.

3.9 The Equality duty requires NHS organisations:

- To consider how they could positively contribute to the three aims and evidence how equality considerations are reflected in the design of policies and delivery of services including internal policies and for these issues to be kept under review.
- To publish sufficient information to demonstrate compliance, which must include:
  - Information on the effect its policies and practices have had on people who share a relevant protected characteristic.
  - Demonstration of the extent to which it furthered the aims of the duty for its employees and others with an interest in the way it performs its functions.
  - Evidence of analysis that they have undertaken to establish whether their policies and practices have (or would) further the aims of the General Equality Duty (GED) aims.
  - Details of the information that they considered.
  - Details of engagement that they undertook with people whom they consider to have an interest in furthering the aims of the GED.

- To prepare and publish:
  - Objectives to meet one or more aims of the GED.
  - Details of the engagement that it undertook in developing its objectives.

3.10 In addition the Trust must set out how progress will be measured and the published documents must be presented in a manner that makes it reasonably accessible to the public:

- To publish sufficient information to demonstrate compliance which must include:
  - Information on the effect its policies and practices have had on people who share relevant protected characteristic.

• Demonstration of the extent to which it furthered the aims of the duty for its employees and others with an interest in the way it performs its functions.

• Evidence of analysis that they have undertaken to establish whether their policies and practices have (or would) further the aims of the General Equality Duty (GED) aims.

• Details of the information that they considered.

• Details of engagement that they undertook with people whom they consider to have an interest in furthering the aims of the GED.

3.11 Achieving compliance requires that the Trust:

• Collect, analyse and publish data about how those groups are representative of the staff and patients, which will indicate the ethnicity, sex, disability, pregnancy and maternity, religion or belief, age and sexual orientation. There is a duty to consider whether or how the Trust might demonstrate fairness and evidence of consultation with regard to sex reassignment.

• Eliminate discrimination in relation to marriage and civil partnerships.

3.12 The Department of Health requires NHS organisations to deliver against the Equality Delivery System (EDS2).

3.13 Equality Delivery System (EDS2) is a framework to:

• Improve the equality performance of the NHS, embedding equality into the mainstream business of NHS organisations, both commissioners and providers.

• Help NHS organisations to meet the evidential requirements of the statutory public sector equality duty, contained within the Equality Act (2010) and the statutory duty to consult and involve patients (NHS Act 2006).

3.14 NHS organisations analyse their equality performance against 12 outcomes grouped under the following four objectives:

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

The Department of Health requires NHS organisations to deliver against the Workforce Race Equality Standard which came into force April 2015 (WRES).

3.15 Workforce Race Equality Standard (WRES)

In 2014, NHS England and the NHS Equality and Diversity Council agreed action to ensure employees from Black and Minority Ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It was agreed that a Workforce Race Equality Standard (WRES) should be developed and in April 2015 this was launched in the NHS.

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.
The WRES is a tool to identify gaps between BME and white staff experiences in the workplace which is measured through a set of metrics. In closing the gaps this will achieve:

- Tangible process in tackling discrimination
- The promotion of a positive culture
- All staff being valued for their contribution to the NHS

This will provide an environment in the Trust where all staff are valued and supported across its entire diverse workforce, leading to more high quality patient care and improved health outcomes for all.

3.16 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) came into on the 1st April 2019. It is a set of ten specific measures (metrics) that will enable NHS organisations (including EEAST) to compare the experiences of Disabled and non-disabled staff. This information will then be used by the Trust to develop an action plan and to demonstrate progress against the indicators.

The WDES has been commissioned by the Equality and Diversity Council (EDC), it is mandated in the NHS Standard Contract and is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation.

The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety. The implementation of the WDES will enable NHS trusts and foundation trusts to better understand the experiences of their disabled staff. It will support positive change for existing employees and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard on which the WDES is in part modelled, it will also identify good practice and compare performance regionally and by type of trust.

Source: NHS Employers

4. Scope

4.1 This policy applies to all Trust employees, workers, apprentices, contractors and temporary workers, together with any applicants, service users and/or any other external persons who have a connection with the business of the Trust.

5. Access to Procedure

5.1 All employees are entitled to access this policy which is located in the HR Policies and Procedures Folders and/or the Trust’s Intranet. Should you require this policy in any other format please seek guidance from the Human Resources Department, your line management or trade union representative.

5.2 Employees and managers may also consult the following related Trust documentation and/or policies: Accessible Information Standards, Communication Strategy, Patient and Public Involvement Strategy, Recruitment & Selection, Dignity at Work, Flexible Working Arrangements, Annual Leave, Learning & Development,
6. **Roles and Responsibilities**

6.1 Everyone, in accordance with their human rights, who works within the NHS, should be able to achieve their full potential in an environment characterised by dignity and mutual respect. It is everyone's responsibility to ensure that this environment exists within the Trust.

6.2 The Board of Directors have overall responsibility for equality, diversity and inclusion, including its promotion within the Trust. The Chief Executive is responsible for overseeing the policy and ensuring that lead roles are delegated within the Executive Management Team.

6.3 The Human Resources Department is responsible for keeping the provisions within this policy in line with employment legislation.

6.4 Managers are required to make clear to employees the implications of the Trust’s policy on equality, diversity and inclusion. They will also be expected to promote equality of opportunity for all and assist with eliminating discrimination.

6.5 Managers, HR staff and trade union representatives are responsible for providing advice and guidance to employees on the application of this policy and procedure.

6.6 Decision-makers must be fully aware of the implications of the duty when making decisions about their strategies, policies, practices, and development projects in relation to the publication of the report evidencing the equality analysis.

6.7 All employees are personally responsible for the practical application of this policy and must support the Trust in creating and maintaining an environment that promotes equality, diversity and human rights based approaches. It is therefore the duty of all employees to co-operate with the measures introduced by the Trust to achieve compliance and behave in a manner which promotes the three aims of the General Equality Duties.

6.8 Acts of direct or indirect discrimination in respect of people with the specified protected characteristics may be unlawful. The Trust has a duty to ensure that the law is upheld through application of the policy and relevant procedures.

6.9 Individuals must bring any concerns of matters contrary to this policy to the attention of a manager. All comments and complaints will be considered in context and where appropriate, will be dealt with through the relevant Trust policies and procedures.

6.10 The Trust structure for directing and developing Equality, Diversity & Human Rights is through the Equality, Diversity and Inclusion Steering Group which reports to the Workforce Committee, reporting directly to the Trust Board.
7. **Equality Impact Assessment**

7.1 The Trust requires strategies, policies and procedures to be assessed for the impact they may have upon equality, diversity and human rights; specifically considering due regard for the nine protected characteristics.

7.2 The procedure for Equality Analysis is supported through guidance that is available on the Trust intranet.

7.3 Key managers and decision makers are to ensure that they have sufficient training and knowledge to comply with the legislative requirements that the equality analysis poses.

7.4 The outcomes of the equality analysis must accompany any document that is relevant and likely to have an impact upon people, both internally and externally. Evidence about the people must be presented to support the outcomes and decisions made.

8. **Reduce and Eliminate Inequalities in Health**

8.1 The Trust endeavours to challenge unfair boundaries and work in partnership with staff, voluntary and community bodies and service users. Actions detailed in the Implementation Plan will aim to improve access to services for disadvantaged communities and to maximise opportunities for employment.

9. **Patient and Public Involvement (PPI) and Diversity**

9.1 The Trust must actively engage with the local population and those groups that represent all those in the community. This is to ensure that everyone counts and specific attention must be paid to gain views from those groups that are seldom heard.

9.2 The feedback from the engagement must be used to inform and develop the Equality Delivery System (EDS).

9.3 The overall aims of the engagement is to achieve the objectives of the EDS.

10. **Communications**

10.1 The Trust will ensure that the use of media to communicate messages will be accessible, giving due regard to the diversity of the audience, including other languages, easy read and other formats.

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*Tackling Health Inequalities: A Programme for Action DH 2003*
10.2 The Trust is required to take reasonable steps to overcome barriers to communication that may impede people with different kinds of disability in the way in which it communicates with people and how they access the services.4

10.3 The Trust will endeavour to portray positive and diverse images of their staff in all literature, publicity material and public documents, and actively seek to illustrate their successes with regard to proactive diversity and anti-discriminatory practices.

11. Transgender (trans) people

11.1 The Trust recognises that people who propose undergoing, are undergoing, or have undergone gender reassignment have the protected characteristic of gender reassignment under the Equality Act 2010. In addition, the Trust recognises that some transgender people may not wish to transition, and they must also be treated with dignity and respect. Equality legislation has a broader reach than just these groups; those associated with them, for instance, family members or carers, are also protected as are those who are perceived – even if wrongly – to be trans and they suffer a 'detriment' as a result.

11.2 This legislation ensures that the privacy of trans people and their families is respected and that they are treated with dignity on all occasions. In any event, these are standards of behaviour that the Trust is proud to deliver to all its service users and staff.

11.3 The Trust recognises that the gender identity of a person may not be the same as with the gender recorded at birth. The Trust has a zero tolerance of transphobic behaviour and discrimination and staff will not discriminate on any grounds, including gender reassignment (as defined in the Equality Act 2010). For gender variant people not covered by the Act (i.e. those who do not currently intend to transition), they also must not be discriminated against. In order to understand the broad scope of transgender please refer to the Procedure and guidance for supporting transgender staff and service users.

The Trust is becoming increasingly aware of a growing community who consider themselves outside of the gender binary. The Trust aims to gain a better understanding of this section of society, to better inform our policies and practices

12. Definitions

a. Discrimination definitions

i. Direct discrimination: Direct discrimination occurs when someone is treated less favourably than another person because of their age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion or belief, sex and sexual orientation (known as protected characteristics).

ii. Discrimination by association: This is direct discrimination against someone because they associate with another person who possesses one of the following

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4 Equality Act 2010 Code of Practice
POL036 – Equality Diversity and Inclusion Policy
iii. **Discrimination by Perception:** This is direct discrimination against an individual because others think they possess one of the following protected characteristics: age, race, religion or belief, sexual orientation, disability, gender reassignment and sex. It applies even if the person does not actually possess that characteristic.

iv. **Indirect discrimination:** Indirect discrimination can occur when you have a condition, rule, policy or even a practice that applies to everyone but particularly disadvantages people who share one of the following protected characteristics: age, race, religion or belief, sex, sexual orientation, marriage and civil partnership, disability and gender reassignment.

v. **Harassment:** Harassment is “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”. Harassment applies to the following protected characteristics: age, disability, gender reassignment, race, religion or belief, sex and sexual orientation. Employees are now able to complain of behaviour that they find offensive even if it is not directed at them. Employees are also protected from harassment because of perception and association.

vi. **Victimisation:** Victimisation occurs when an employee is treated badly (suffers a detriment) because they have made or supported a complaint or raised a grievance under the Equality Act 2010 or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

b. **Other relevant definitions**

i. **Equality** is about creating a fairer society in which everyone has the opportunity to fulfil their potential.

ii. **Diversity** is about recognising and valuing difference in its broadest sense.

iii. **Inclusion** means involving and engaging with our stakeholders to help improve access to our services and eliminate discrimination, to better meet the needs of patients, and to fulfil our statutory obligations.

iv. **Human Rights** are about our basic needs as human beings. These are the core rights we are all entitled to so that we may develop our potential and live our lives with dignity and respect.

c. **Protected characteristics:**

i. **Age:** Could age be a barrier to accessing/receiving services? This can be for older persons or younger persons/children.
ii. **Disability:** Could relate to any of the following: deaf, or hearing impaired, blind, or visually impaired, speech impaired, physical disability (including mobility issues), memory loss, dementia, learning disability, mental ill health etc.

iii. **Gender reassignment:** Related to a person who intends to, or who is undergoing or has undergone a process to change social gender. How do we care for transgender individuals? See Appendix B for further information.

iv. **Sex:** Males and females being treated equally.

v. **Sexual orientation:** Lesbians, gay men, bisexual people. Do our services take a patient’s sexual orientation into account in what we do, say, and the information we give? For example, does our marketing of services reflect the LGBTQ+ community and encourage uptake? Does it contain a pledge to ensure that awareness around sexual orientation remains prominent in training so that when faced with a situation where sexual orientation is disclosed, the appropriate considerations are taken (and discrimination does not happen)? Does this apply to staff as well as service users?

vi. **Marriage and Civil Partnership***: Do our services take into account the need to involve civil partners? Do our services take into account all married partners, including same-sex couples?

vii. **Pregnancy and maternity (breastfeeding):** Do we make sure the treatment of women positively takes pregnancy, maternity and breastfeeding into account, if at all possible?

viii. **Race:** Related to a person’s genetics and place of birth, language, culture, etc.

ix. **Religion or Belief:** Related to a person’s customs and beliefs –including non-belief. This extends to any and all practices required.

* For marriage and civil partnership, only the first aim of the duty applies in relation to employment.

d. **Positive Action**

i. The result of the monitoring will be analysed and where there is evidence of underrepresentation, the Trust will produce an action plan. This may include strategies such as target advertising or management development programmes designed to meet specific needs. The Equality Act 2010 allows measures to be taken to encourage members of under-represented communities to take advantage of employment and or training and development opportunities. For example, where following a full and objective assessment of two candidates, they are found to be of equal merit, provisions allow for the appointment of the candidate from an underrepresented group. Positive Action is lawful and should not be confused with positive discrimination, which is unlawful.
ii. Positive Action measures may be used to target services at particular communities where there is low usage of service compared to disease profile for those particular communities.

13. **Monitoring**

13.1 The Trust will monitor in line with the contents of the table in appendix B.

a. The Human Resources department will monitor the composition of its workforce by collecting relevant statistics relating to, ethnicity, sex, age, disability, sexual orientation, religion or belief, marriage and civil partnerships, pregnancy and maternity throughout the employment cycle.

14. **Policy Review**

14.1 This policy will be reviewed every three years or amended in the light of new employment/equality legislation.
Appendix A

Further Information and Contacts


1. “Human rights are a set of recognisable principles on which NHS organisations can base their everyday work”

2. These principles are based upon fairness, respect, equality, dignity and autonomy.

3. This approach supports the overall “NHS vision of implementing personalised care a quality based on “safe care effective care and patient experience. “5 These factors are considered critical to core business and should apply to all aspects of the organisation business.

4. Compliance is a minimum expectation and will not adequately meet the NHS Vision. The core business key points are:

   - Positive (or negative if not applied) impact upon the corporate reputation as an employer of choice.
   - Establishment and maintenance of a diverse workforce that meets the capacity a service delivery needs
   - Increase productivity though maximising individual contributions to provide better patient care
   - Protect trusts from financial detriment or corporate embarrassment as a result of litigation.

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5 NHS Employers Briefing 60 April 2009 Managing Diversity: making it core business. (AMEND FOOTNOTE) [http://www.nhsemployers.org/Aboutus/Publications/Documents/Briefing_60_Managing_diversity_making_it_core_business.pdf]
## Equality Delivery System 2 - Goals and Outcomes

**EAST ENGLAND AMBULANCE SERVICE NHS TRUST**

### Goal | Outcome
--- | ---
1. **Better health outcomes for all** | 1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities  
1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways  
1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly  
1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all  
1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups  

2. **Improved patient access and experience** | 2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds  
2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment  
2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised  
2.4 Patients’ and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently  

3. **Empowered, engaged and well-supported** | 3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades  
3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay  
3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately  
3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all  
3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or...
| well-supported staff (continued) | 3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population |
| 4. Inclusive leadership at all levels | 4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond |
| | 4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination |
| | 4.3 The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes |
Appendix C

Workforce Race Equality Standard indicators

Workforce indicators

For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.

1. Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce.

2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.

3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

   Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.

4. Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff.

National NHS Staff Survey findings

For each of these four staff survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question.

5. KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

6. KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

7. KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion.

8. Q23. In the last 12 months have you personally experienced discrimination at work from any of the following?

   a) Patient, service user or member of the public

   b) Manager/team leader or other colleagues

Boards.

Does the Board meet the requirement on Board membership in 9

9. Boards are expected to be broadly representative of the population they serve.
## Appendix D

### Workforce Disability Equality Standard Metrics

For the following three workforce Metrics, compare the data for both Disabled and non-disabled staff.

**Metric 1**  
Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

- Cluster 1: AfC Band 1, 2, 3 and 4
- Cluster 2: AfC Band 5, 6 and 7
- Cluster 3: AfC Band 8a and 8b
- Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members)
- Cluster 5: Medical and Dental staff, Consultants
- Cluster 6: Medical and Dental staff, Non-consultant career grade
- Cluster 7: Medical and Dental staff, Medical and dental trainee grades

**Note:** Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.

**Metric 2**  
Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

**Note:**
- i) This refers to both external and internal posts.
- ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.

**Metric 3**  
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. **Note:**

- i) This Metric will be based on data from a two-year rolling average of the current year and the previous year.
- ii) This Metric is voluntary in year one.

### National NHS Staff Survey Metrics

For each of the following four Staff Survey Metrics, compare the responses for both Disabled and non-disabled staff.
<table>
<thead>
<tr>
<th>Metric 4</th>
<th>Staff Survey Q13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</td>
<td></td>
</tr>
<tr>
<td>i. Patients/service users, their relatives or other members of the public</td>
<td></td>
</tr>
<tr>
<td>ii. Managers</td>
<td></td>
</tr>
<tr>
<td>iii. Other colleagues</td>
<td></td>
</tr>
<tr>
<td><strong>b)</strong> Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metric 5</th>
<th>Staff Survey Q14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metric 6</th>
<th>Staff Survey Q11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metric 7</th>
<th>Staff Survey Q5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work</td>
<td></td>
</tr>
</tbody>
</table>

**The following NHS Staff Survey Metric only includes the responses of Disabled staff**

<table>
<thead>
<tr>
<th>Metric 8</th>
<th>Staff Survey Q28b</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work</td>
<td></td>
</tr>
</tbody>
</table>

**NHS Staff Survey and the engagement of Disabled staff**

For part a) of the following Metric, compare the staff engagement scores for Disabled, non-disabled staff and the overall Trust’s score

For part b) add evidence to the Trust’s WDES Annual Report

<table>
<thead>
<tr>
<th>Metric 9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.</td>
</tr>
<tr>
<td><strong>b)</strong> Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)</td>
</tr>
</tbody>
</table>

**Note: For your Trust’s response to b)**

If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report. If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance.

<table>
<thead>
<tr>
<th>Board representation Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>For this Metric, compare the difference for Disabled and non-disabled staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Metric 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated:</td>
</tr>
<tr>
<td>• By voting membership of the Board</td>
</tr>
<tr>
<td>• By Executive membership of the Board</td>
</tr>
</tbody>
</table>
Appendix E

Useful Links and Further Reading
Legislation

The Trust will meet its duties under the current and anticipated legislation, which particularly (though not exclusively) includes:
- The Equality Act 2010
- The Autism Act 2009

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Overview</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAS Equality Direct Helpline</td>
<td>Equality Direct is a confidential equality advice service</td>
<td><a href="http://www.acas.org.uk/equality">http://www.acas.org.uk/equality</a> 08456003444</td>
</tr>
<tr>
<td>Equality and Human Rights Commission</td>
<td>The Equality and Human Rights Commission was launched in October 2007, taking over the role and functions of the Commission for Racial Equality (CRE), the Disability Rights Commission (DR) and the Equal Opportunities Commission (EOC) and assuming new responsibilities for sexual orientation, age, religion and belief and human rights.</td>
<td>Helpline 0845 6046610 <a href="http://www.equalityhumanrights.com">http://www.equalityhumanrights.com</a></td>
</tr>
<tr>
<td>Information Commissioner</td>
<td>Human Rights (Right to Privacy)</td>
<td>Tel: 0303 1231113, <a href="https://ico.org.uk/">https://ico.org.uk/</a></td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Department for Business Innovation and Skills</td>
<td>Advice for business and organisations about a range of best practice and legislation including diversity and employment law</td>
<td><a href="https://www.gov.uk/government/organisations/department-for-business-energy-and-industrial-strategy">https://www.gov.uk/government/organisations/department-for-business-energy-and-industrial-strategy</a></td>
</tr>
<tr>
<td>Government Equalities Office</td>
<td>GEO has responsibility within Government for equality strategy and legislation and take the lead on issues relating to women, sexual orientation and transsex equality matters</td>
<td><a href="https://www.gov.uk/government/organisations/government-equalities-office">https://www.gov.uk/government/organisations/government-equalities-office</a></td>
</tr>
<tr>
<td><strong>For information about employing people</strong></td>
<td></td>
<td><a href="https://www.gov.uk/browse/employing-people">https://www.gov.uk/browse/employing-people</a></td>
</tr>
<tr>
<td><strong>The British Council of Disabled People</strong></td>
<td>Their vision is of a world where disabled adults and children can enjoy their full human rights and civil liberties; a world where disabled people can fulfil their life ambitions without discrimination, isolation and institutionalisation.</td>
<td><a href="https://dpac.uk.net/tag/united-kingdom-disabled-peoples-council/">https://dpac.uk.net/tag/united-kingdom-disabled-peoples-council/</a></td>
</tr>
<tr>
<td>Mental Health Foundation</td>
<td>Helps people survive, recover from and prevent mental health problems</td>
<td><a href="http://www.mentalhealth.org.uk/">http://www.mentalhealth.org.uk/</a></td>
</tr>
<tr>
<td><strong>MIND</strong></td>
<td>Leading mental health charity for England and Wales</td>
<td><a href="http://www.mind.org.uk/">http://www.mind.org.uk/</a></td>
</tr>
<tr>
<td>Mencap</td>
<td>Mencap is the voice of learning disability. It seeks to value and support people with a learning disability and their families and carers</td>
<td><a href="http://www.mencap.org.uk/">http://www.mencap.org.uk/</a></td>
</tr>
<tr>
<td><strong>Employment for ALL</strong></td>
<td>An independent network of leading employers who recognise the value of an age diverse workforce</td>
<td><a href="http://www.efa.org.uk">www.efa.org.uk</a></td>
</tr>
<tr>
<td>Employers’ Forum on Disability</td>
<td>Employers’ organisation focused on disability - mission is to enable companies to become disability confident by making it easier to recruit and retain disabled employees and to serve disabled customers.</td>
<td><a href="https://businessdisabilityforum.org.uk/">https://businessdisabilityforum.org.uk/</a></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Direct.gov.uk (Access to Work)</td>
<td>‘Access to Work’ can help you if your health or disability affects the way you do your job</td>
<td><a href="https://www.gov.uk/access-to-work">https://www.gov.uk/access-to-work</a></td>
</tr>
<tr>
<td>Forum Against Islamophobia and Racism (FAIR)</td>
<td>The Forum Against Islamophobia &amp; Racism (FAIR) was founded in 2001 as an independent charitable organization – their aim is to work towards establishing a Safe, Just and Tolerant Britain in which Islamophobia and racism have no place.</td>
<td><a href="http://www.fairuk.org/introduction.htm">http://www.fairuk.org/introduction.htm</a></td>
</tr>
<tr>
<td>Stonewall</td>
<td>Promotes equality and justice for lesbians, gay men and bisexuals</td>
<td><a href="http://www.stonewall.org.uk">www.stonewall.org.uk</a></td>
</tr>
<tr>
<td>Working Families</td>
<td>Includes information and advice for employers on all work-life aspects, such as flexible working</td>
<td><a href="http://www.workingfamilies.org.uk">www.workingfamilies.org.uk</a></td>
</tr>
</tbody>
</table>
Appendix F: Glossary of Terms – “What is …?”

WHAT IS RACISM?
Racism is a general term to describe the conduct, practice and attitude that places people at a disadvantage or advantage because of their skin colour, culture or ethnic origin.

Institutional racism is the failure of an organisation to provide a service to people because of their skin colour, culture or ethnic origin. It can be seen in processes, attitudes, behaviour and power imbalances that discriminate through unwitting prejudice, ignorance and thoughtlessness – it leads to the disadvantage of black and minority ethnic people.

WHAT IS SEX DISCRIMINATION?
Sexism comes from the belief that one sex is superior to the other. Sexism can be seen in an organisation’s power holders, structures, systems and practices.

□ We know that negative attitudes can lead to sexual harassment and discrimination in access to jobs, training and services. We will strive to combat this through providing equal access to jobs, development and services.

□ We will take lawful action to ensure any discriminatory barriers are overcome and we will monitor the results of our actions.

WHAT IS DISABILITY DISCRIMINATION?
Physical barriers in the environment and attitudes in society lead to disability discrimination. Disabled people are disadvantaged by these factors rather than their impairment.

□ We will make reasonable adjustments to jobs and working conditions to support disabled people at work and have a redeployment programme for staff who may become disabled to ensure we retain staff whenever possible.

□ The Trust is committed to being a “Disability Confident” organisation which ensures that all applicants with disabilities who meet the essential criteria for the post are guaranteed and interview.

WHAT ARE HETEROSEXISM AND HOMOPHOBIA?
Heterosexism is the belief that heterosexuality is the norm and any other form of sexuality is abnormal.

Homophobia is a collection of negative attitudes and prejudices that lead to discrimination against individuals on the grounds of their sexuality.

□ We recognise that discrimination can take place both in service delivery and employment because of a person’s sexual orientation.

□ We acknowledge the discrimination that lesbians, gay men and bisexuals face and we will create a climate of respect in the workplace where all staff feel safe to “come out” if they wish to.
WHAT IS BI-PHOBIA?
Bisexuality (or bi) is defined as: 'an attraction to both men and women'. However, many members of bisexual communities tend to prefer the definition: 'a changeable sexual and emotional attraction to people, where sex may not be a defining factor'.

Biphobia is aversion toward bisexuality and bisexual people as a social group or as individuals. People of any sexual orientation can experience such feelings of aversion. Biphobia is a source of discrimination against bisexuals, and may be based on negative bisexual stereotypes or irrational fear.

A common stereotype of bisexuality is that it is 'a phase' on the way to a 'mature' lesbian, gay or straight identity. Some recent research has even attempted to prove the non-existence of bisexuality, particularly male bisexuality, although these studies have been criticised as methodologically and theoretically flawed. Bisexual women are frequently regarded as 'just being bi-curious' and trying to titillate heterosexual men: another way of denying that bisexuality is 'real'.

There is also a common stereotype that bisexuals are greedy and promiscuous. This can lead to a double bind for bisexuals whereby those who are in non-monogamous relationships are regarded as proving this stereotype (even if these are honest open relationships), whereas those who are single or in monogamous relationships are regarded as 'really' lesbian, gay or straight and risk invisibility.

Bi invisibility is also perpetuated in the media when celebrities and fictional characters are portrayed as lesbian or gay even though they have sexual/romantic relationships with women and men.

The author Robyn Ochs writes about the 'double discrimination' bisexual people can face from both heterosexual and lesbian/gay communities. Many surveys have found that bisexual people suffer from higher rates of mental health problems than lesbians and gay men, who in turn have higher rates than the population as a whole. This is often linked to biphobia, bisexual invisibility, low levels of support and acceptance, and the 'double discrimination' experienced by bisexual people.

Source: Stonewall -

WHAT IS RELIGIOUS DISCRIMINATION?
Making jokes about someone’s faith, belittling beliefs or unreasonably promoting your own faith can be offensive. To hold a religious or other belief is a basic human right and should be treated with respect and tolerance.

☐ We will endeavour to promote a culture where people can practise their religion or belief in safety and without fear of harassment and discrimination.

WHAT IS DISCRIMINATION BASED ON SEX REASSIGNMENT?
☐ (Refer also to: Appendix A of the Procedure and guidance for supporting transsex staff and service users)
This is any action that places a transsex person at a disadvantage by the Trust.

Some transsex people may experience sex dysphoria, a condition that is not regarded as a mental illness. It arises where brain development is not in line with external sex characteristics.

Consequently, the innate understanding of oneself as a boy or girl, man or woman (the sex identity), is not aligned with the sex (male or female) assigned at birth. Transsex people may therefore wish to make permanent adaptations to their sex expression and role, often associated with medical intervention to realign physical sex characteristics.

There is a greater understanding now that people may identify and express themselves in a wide variety of ways that do not necessarily conform to the stereotypical binary development as men or women, and may be anywhere on a sex spectrum, or may identify as non-sex.

Trans employees will be treated with respect and dignity. We will strive to remove any barriers to employment opportunities.

The Sex Trust at http://www.sextrust.org.uk

GIRES (UK) A registered charity that provides education based on research into sex identity and intersex issues. http://www.gires.org.uk

**WHAT IS AGE DISCRIMINATION?**

Assumptions can be made about people because of their age – in particular young people and older people. The assumptions can be that young people lack maturity and that older people lack flexibility and the ability to learn. These attitudes can become built into organisations and shown in their policies and practices – for example advertising jobs for a particular age range only.

- We recognise that ageism is harmful because it undervalues the contribution that young and older people make.
- We will ensure that there is not age bias in our recruitment advertising, job descriptions, person specifications, promotion opportunities, access to training and development and all Human Resource policies.

Age positive publications including case studies research and statistics are available on the Department for Works and Pensions website [www.dwp.gov.uk/agepositive](http://www.dwp.gov.uk/agepositive).

**WHAT IS XENOPHOBIA**

xenophobia is the fear or hatred of that which is perceived to be foreign or strange. It is an expression of perceived conflict between an ingroup and an outgroup and may manifest in suspicion by the one of the other's activities, a desire to eliminate their presence, and fear of losing national, ethnic or racial identity. Xenophobia and racism often overlap, but they also differ because the latter is based on physical characteristics while the former is "based on the perception that the other is foreign to the community or nation or originated outside it."
### Equality Impact Assessment

#### EIA Cover Sheet

<table>
<thead>
<tr>
<th>Name of process/policy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the process new or existing? If existing, state policy reference number</td>
<td></td>
</tr>
<tr>
<td>Person responsible for process/policy</td>
<td></td>
</tr>
<tr>
<td>Directorate and department/section</td>
<td></td>
</tr>
<tr>
<td>Name of assessment lead or EIA assessment team members</td>
<td></td>
</tr>
<tr>
<td>Has consultation taken place?</td>
<td></td>
</tr>
<tr>
<td>Was consultation internal or external? (please state below):</td>
<td></td>
</tr>
</tbody>
</table>
### Equality Analysis

**What is the aim of the policy/procedure/practice/event?**

**Who does the policy/procedure/practice/event impact on?**

<table>
<thead>
<tr>
<th>Race</th>
<th>Religion/belief</th>
<th>Marriage/Civil Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Disability</td>
<td>Sexual orientation</td>
</tr>
<tr>
<td>Age</td>
<td>Gender re-assignment</td>
<td>Pregnancy/maternity</td>
</tr>
</tbody>
</table>

**Who is responsible for monitoring the policy/procedure/practice/event?**

**What information is currently available on the impact of this policy/procedure/practice/event?**

**Do you need more guidance before you can make an assessment about this policy/procedure/practice/event?** Yes/No

**Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics?** Yes/No, If yes please provide evidence/examples:

<table>
<thead>
<tr>
<th>Race</th>
<th>Religion/belief</th>
<th>Marriage/Civil Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Disability</td>
<td>Sexual orientation</td>
</tr>
</tbody>
</table>
POL036 - Equality Diversity and Inclusion Policy

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender re-assignment</th>
<th>Pregnancy/maternity</th>
</tr>
</thead>
</table>

Please provide evidence:

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

<table>
<thead>
<tr>
<th>Race</th>
<th>Religion/belief</th>
<th>Marriage/Civil Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Disability</td>
<td>Sexual orientation</td>
</tr>
<tr>
<td>Age</td>
<td>Gender re-assignment</td>
<td>Pregnancy/maternity</td>
</tr>
</tbody>
</table>

Please provide evidence:

**Action Plan/Plans - SMART**

- Specific
- Measurable
- Achievable
- Relevant
- Time Limited

**Evaluation Monitoring Plan/how will this be monitored?**

- Who
- How
- By
- Reported to