

Equality and Diversity Policy

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Equality Impact Assessment

North West Anglia NHS Foundation Trust (NWAngliaFT) strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, NWAngliaFT aims to ensure that none are placed at a disadvantage as a result of its policies. This policy has therefore been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individuality. The results are shown in the Equality Impact Tool at Appendix 2.

DOCUMENT VERSION CONTROL SCHEDULE					
Year and Version Number	Author	Date Published on Document Library	Revisions from previous issue	Ratifying Committee	Date of Ratification
2014 Version 1	Natalie Craner	11/02/2015	New Policy. Every section of the policy has been reformatted and reviewed in line with the Equality Act, Public Sector Equality Duty and the Equality Delivery System 2 (EDS2).	Trust Management Board	12/12/2014
2017 Version 2	Natalie Craner	03/04/2017	Policy review	Trust Management Board	24/03/2017
2017 Version 3	Jackie Dodds	14/02/2018	Update to reflect the revised strategy and merged organisation	Hospital Management Committee	26/01/2018

Summary of key points in this document

- This policy outlines the Trust's legal responsibilities and the personal responsibilities of its managers and staff in relation to diversity and equality of opportunity.
- The policy sets out the Trust's aims and how progress towards these will be monitored and measured.
- The policy is relevant to all members of staff.
- The policy provides guidance on how to report any personal concerns or concerns regarding staff, patients or visitors.

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Equality and Diversity Policy

1. Introduction

- 1.1 The Trust is committed to creating and maintaining an organisation that actively promotes equality of opportunity and outcome for all, and is free from discrimination, harassment or victimisation of any sort. We aim to ensure that the Trust's service delivery and employment practices meet the highest possible equality standards.
- 1.2 Equality and diversity are a key part of our core values and are fundamental to everything that we do. We recognise the benefits of equality and diversity and understand that a failure to confront and address individual/institutional discrimination will obstruct our aims and objectives both as a provider of quality healthcare services and as an employer.
- 1.3 The Trust recognises that certain groups have historically been disadvantaged in regards to their experience as service users, patients, carers or employees of organisations on the basis of their protected characteristic. Evidence from national and local surveys, consultation and research shows that some groups experience more health inequalities than others in terms of: access in to service, experience in services, and outcome of treatment and care. We aim to tackle health inequalities whilst building strong and sustainable partnerships with local stakeholders.

2. Purpose

- 2.1 The purpose of this policy is to set out the Trust's expectations, principles and standards in regard to equality and diversity, and equality of opportunity. It provides a framework to ensure compliance with the Equality Act 2010 and the Human Rights Act 1998 in respect of our duties as an employer and provider of NHS services.
- 2.2 This policy outlines rights and responsibilities of the Trust (as an employer and service provider), staff (as employees) and patients (as users of services). We are committed to ensuring the development and enhancement of a culture of inclusion within the organisation, where dignity, respect, fairness and equality for all is the basis.
- 2.3 The Trust seeks to ensure that all decisions are fair and based on valid and relevant criteria and not based on prejudice or bias. This policy will inform staff of the procedures to follow if they believe that staff, patients, visitors or they themselves are dealing with an issue relating to inequality or inequality of opportunity.

3. Scope

The policy applies to:

- Employees of North West Anglia NHS Foundation Trust.
- Flexible Staffing Service workers.
- Honorary contract holders.
- External assessors.
- Agency workers.
- Voluntary workers.
- Contractors carrying out work on behalf of the Trust, including those working under NHS Service Level Agreements.
- Students on placement within the Trust.
- Secondees.
- Patients/carers/visitors.

4. Definitions of terms

- 4.1 Equality – The state of being equal. It is about ensuring that everyone has the opportunity to fulfil his or her potential.
- 4.2 Diversity – The state of being different or varied. It is about recognising and valuing our differences – in the broadest sense.
- 4.3 Equality of opportunity – Is about addressing representation and the balance of groups within society and our organisation.
- 4.4 Equality Delivery System 2 (EDS2) – A tool designed and created by the NHS to enable NHS staff and organisations to “understand how equality can drive improvements, strengthen the accountability of services to those using them, and bring about a workforce free from discrimination.” It keeps equality high on the NHS agenda, encourages local engagement and involvement, and it helps to ensure compliance with the legal duties and responsibilities. A refreshed Equality Delivery System for the NHS.
- 4.5 Accessible Information Standard – this defines a consistent approach to reducing health inequality by defining a consistent approach to ensure that information may be received and understood by the individual or group for which it is intended; and that communication support is available to enable effective dialogue to take place.
- 4.6 Nine protected characteristics – Characteristics that everybody has that entitles them to protection from discrimination under the Equality Act 2010 (Age, Disability, Sex, Sexual Orientation, Gender Re-assignment, Race [including nationality and ethnic origin], Religion or belief, Marriage and Civil partnership, Pregnancy and maternity).

- 4.7 Bullying – “the unwanted behaviour, one to another, which is based upon the unwarranted use of authority or power.”
- 4.8 Discrimination – Section 13 of the Equality Act 2010 states that direct discrimination occurs when a person or a group of people are treated less favourably than another on the grounds of their protected characteristic.
- 4.9 Discrimination arising from disability – to treat a disabled person unfavourably because of something connected with their disability.
- 4.10 Discrimination based on association – direct discrimination against someone because they associate with another person who possesses a protected characteristic.
- 4.11 Discrimination based on perception – direct discrimination against an individual because others think they possess a particular protected characteristic.
- 4.12 Dual discrimination – unfavourable treatment of a person because of a combination of two relevant protected characteristics.
- 4.13 Indirect discrimination – a superficially neutral provision, criterion or practice which creates an impact that disadvantages people with a protected characteristic, unless it can be justified as a means of achieving a legitimate aim.
- 4.14 Victimisation – when a person is treated less favourably because they have asserted their legal rights in line with the Equality Act or helped someone else to do so.
- 4.15 Harassment – Unwanted conduct related to any of the nine protected characteristics that have: the purpose or effect of creating an intimidating, hostile, degrading, humiliating or offensive environment for the complainant, or violating the complainants’ dignity. Unwanted conduct of a sexual nature (sexual harassment). Treating a person less favourably than another person because they have either submitted to, or did not submit to, sexual harassment or harassment related to sex or gender reassignment.

5. Duties and responsibilities

All staff have a responsibility to implement this policy. We will ensure that staff understand that they can be held personally liable for any acts of unlawful discrimination or harassment.

- 5.1 The Chief Executive has the overall responsibility to ensure that equality and diversity, and equality of opportunity are embedded and properly implemented throughout the trust.

- 5.2 The Director of Workforce and Organisational Development has responsibility to ensure that Human Resources' procedures and practices encompass equality and diversity standards within their execution and delivery. The Human Resources department is also responsible for ensuring equality of opportunity through the Trust's recruitment process and learning opportunities for staff
- 5.3 The Assistant Director of Nursing and Care Quality (Patient Experience) is the Nominated Officer for the Trust on equality and diversity and is responsible for the overall line management of the Equality and Disability team.
- 5.4 The Equality and Disability Advisor is the Trust's operational lead for equality and diversity and is responsible for implementing and maintaining EDS2 throughout the organisation, including the delivery of Equality and Diversity training to all staff.
- 5.5 The Trust Board is responsible for:
- Behaving in a way that is supportive and consistent with the aims of this policy.
 - Promoting equality and diversity and challenging discrimination, bullying, harassment and/or intimidation in any area of the Trust's work and encouraging others to do likewise.
 - Identifying and allocating the resources necessary for proper implementation.
 - Agreeing, establishing and supporting governance arrangements designed to implement, communicate, measure progress and continuously review this policy.
 - Ensuring that they have read the Equality and Diversity Policy.
 - Completing their three yearly mandatory Equality and Diversity training.
- 5.6 Lead Clinicians/Consultants/Managers of wards and departments are responsible for:
- Behaving in a way that is supportive and consistent with the aims of this policy.
 - Promoting equality and diversity and challenging discrimination, bullying, harassment and/or intimidation in any area of the Trust's work and encouraging others to do likewise.
 - Taking action and reporting progress on meeting equality targets/standards.
 - Empowering/supporting individuals to identify and challenge discrimination in the work place.
 - Making/taking decisions which are fair and reasonable and are not biased (including recruitment, appraisal, selection for training and other development opportunities as well as applying other Trust employment policies and practices).
 - Supporting staff, service users and their family or carers making a complaint of discrimination.
 - Communicating with staff to ensure awareness of their responsibilities under this policy.
 - Ensuring staff access Equality and Diversity training.

- Ensuring that they have read the Equality and Diversity Policy.
- Completing their three yearly mandatory Equality and Diversity training.

- 5.7 All Staff (including agency, voluntary, flexible staffing, students on placement) are responsible for:
- Behaving in a way that is supportive and consistent with the aims of this policy.
 - Promoting equality and diversity and challenging discrimination, bullying, harassment and/or intimidation in any area of the Trust's work and encouraging others to do likewise.
 - Reporting suspicion of unfair discrimination, bullying/harassment/intimidation to a relevant manager.
 - Supporting colleagues, service users or their family or carers who make a complaint of discrimination, bullying/harassment.
 - Co-operating with any approved measures introduced to promote equality and diversity in the workplace.
 - Ensuring that they have read the Equality and Diversity Policy.
 - Completing their three yearly mandatory Equality and Diversity training.

- 5.8 Contract holders are responsible for ensuring that they comply with Equality and Diversity legislation, their staff have completed equality training and they adhere to the principles set out in this policy whilst on Trust's premises.

- 5.9 Patients/Family Members or Carers/Visitors are responsible for:
- Recognising and complying with the principles set out in this policy whilst on the Trust's premises or whilst receiving care within the Trust.
 - Being respectful to all staff and other patients.
 - Being aware that any verbal/physical abuse or derogatory statements that discriminate, bully, harass and/or intimidate staff or other patients will be challenged (this is set out in the Trust's Violence and Aggression policy).
 - Being aware that the Trust will consider limiting or withdrawing the provision of services to them, and where appropriate, seek to prosecute.

6. Legislation Framework

- 6.1 Historically there has been extensive legislation covering equality and diversity in the UK including the Human Rights Act 1998, The Public Sector Equality Duty, The Equal Pay Act 1970, The Sex Discrimination Act 1975, The Race Relations Act 1976 and The Disability Discrimination Act 1995. The Equality Act 2010 consolidated existing legislation in to a single act of Parliament and places responsibilities individuals and organisations (covering both its service provision and employment responsibilities) regarding equality and diversity.
- 6.2 Our commitment is supported by a legal duty explained in the Equality Act 2010 (section 149: General Duty). We therefore must: **Eliminate unlawful discrimination**, harassment and victimisation and any other conduct prohibited

by the Act, **Advance equality of opportunity** between protected characteristic groups; and Foster good relations between protected characteristic groups.

6.3 The Trust will comply with the requirements of the Public Sector Equality Duty (PSED) to ensure that it considers the needs of all individuals in terms of their protected characteristics in policy development, delivering services and in relation to employment practices.

7. Key Principles

7.1 As a minimum equality standard staff, all job applicants and patients/family or carers and visitors can expect to receive **no less** favourable treatment from the Trust on the grounds of:

- Age.
- Gender.
- Gender re-assignment or identity.
- Race, colour, ethnic or national origin.
- Religion/belief.
- Sexual orientation.
- Disability (including mental illness).
- Marriage or civil partnership.
- Pregnancy and maternity.
- Health status: Occupational Health will provide advice to the organisation on adjustments required.
- Irrelevant criminal convictions – Job adverts will include non-declaration where appropriate for specific job roles.
- Domestic circumstances – The Trust will work with staff regarding their individual domestic circumstances to ensure that staff domestic needs, the Trust business and services needs are met without/ with limited adverse effect.
- Social class and/or employment status.
- Trade union membership.
- Political affiliation – unless this is directly contrary to the spirit/application of this policy, puts the Trust into disrepute, or adversely affects patient care or relations between staff, patients, carers, family or visitors.

7.2 The Trust will ensure that priorities are influenced and set by the health needs of all protected characteristic groups and health inequalities gaps narrowed.

7.3 The Trust is committed to building strong partnerships with patients, service users, patients, carers and the public to ensure their views influence service planning and delivery. The Trust recognises that affective involvement is integral to eliminating discrimination from its policies, procedures and functions and to raise the quality of the service we provide.

- 7.4 The Trust is committed to ensuring that its services are non-discriminatory, accessible and that the provision of these services meets the requirements of the Equality Act 2010. The Trust strives to ensure that every service user is treated with dignity and respect in a safe environment. The services they provide will be delivered in a fair and equitable manner. The Trust will not tolerate any practices that result in the provision of a lower standard of service due to unlawful discrimination.
- 7.5 The Trust is committed to making sure that all the information we publish uses language that is appropriate to the intended audience, and to making sure that it is available in accessible formats and via accessible methods.
- 7.6 During any clinical assessment process all staff are encouraged to obtain information on individual service users, patients and carers needs, and to act on this information. This may include acquiring aids for a disabled person, providing an interpreter for a non-English speaking patient, providing access to religious materials and/or delivering services that are culturally sensitive to the needs of service users, patients and carers.
- 7.7 The Trust will strive to eliminate discrimination and become a diversity competent organisation, aiming to employ a workforce that reflects the communities we serve. The Trust recognises that employing people from a diverse range of backgrounds will bring the widest mix of skills, abilities and experience to the Trust improving our services, and staff/patient experience. It aims to attract, retain and make the best use of this talent.
- 7.8 The Trust is aware that whilst striving for equality there may be times when 'positive' discrimination is justified in meeting specific health and safety or service requirements. The Trust will strive to limit this where possible. For example some specific job roles may require gender specific applicants due to the nature/sensitivity of the job/department. Some patients may be treated by specific groups of staff if a risk assessment is carried out and the environment would be deemed inappropriate or unsafe for a particular set of the workforce due to one of the protected characteristics.
- 7.9 The Trust will ensure that reasonable adjustments are made for staff, patients and visitors with a disability in line with our legal obligations and our commitment to an equal work environment and as an equal service provider. The Trust will encourage staff to disclose disability, so support and reasonable adjustments can be made. Where possible feasible reasonable adjustments will be put in place/made. Reasonable adjustments will be assessed through risk assessments and cost implications.
- 7.10 Trust staff will need to refer to the Trust Personal Relationships Policy/ Procedure regarding personal relationships both in terms of working with or being part of the team caring for family/friends or partners. The policy/procedure

documents what is acceptable practice and actions that will be taken to ensure appropriate behaviour and service delivery.

- 7.11 The Trust is committed to ensuring that staff are treated with 'courtesy, dignity and respect' by managers, colleagues and patients/visitors, and it values the contribution staff make towards the delivery of healthcare services.
- 7.12 The Trust will specify staff responsibilities for, and its expectations of, staff in delivering and promoting equality and diversity. It will ensure that staff receive appropriate training and are clear as to actions they can take if this policy is not being followed.
- 7.13 The Trust will ensure that it fulfils its legal obligations in service delivery and employment matters with regard to equality and diversity.
- 7.14 The Trust fully recognises that good intentions alone will not bring the real and sustainable change it is determined to see and is fully committed to delivering on a range of practical measures to implement this policy and will carry out ongoing monitoring to track its progress and impact.

8. Implementation

- 8.1 The Trust requires that individuals and organisations that come into contact with it, such as job applicants and contractors, are made aware of and abide by the standards and requirements of this policy.
- 8.2 All new employees joining the Trust will receive information about this policy and their responsibilities as part of their induction.
- 8.3 Progress reports and updates, including monitoring data, will be communicated to staff through staff newsletters and team-briefings.
- 8.4 Reference to this policy will be included within relevant recruitment documentation to indicate to potential job applicants and the general public the Trust's commitment to practising equality and achieving diversity in employment and the policy is accessible on both the Trust's intranet and its external website.

9. Training

- 9.1 Training is provided to all staff to promote understanding of general and specific responsibilities that they may have in relation to equality and diversity at work. This is mandatory and must be refreshed every three years. Ad hoc training can be provided upon request and as a reasonable adjustment. Training is held through face to face sessions or via the e-learning package.

- 9.2 Equality and diversity principles/practices will be fully integrated into all on-going training programmes (this will apply to those provided internally and externally)
- 9.3 Trust Board members and managers will receive training aimed at achieving/sustaining a culture of equality and diversity, recruiting fairly, appraisal interviewing skills and managing harassment/bullying complaints (See also the Trust's 'Dignity at Work' Policy)
- 9.4 Positive action training will be provided, as appropriate, to address any under-representation of particular groups in our workforce (this may relate to programmes for staff who are under-represented in management or for people who are not employed wishing to apply to do particular jobs where there is under-representation from those groups)
- 9.5 The Trust strongly supports the establishment of networks for staff who are currently under-represented within its organisation and will provide career development advice, guidance and support, as required

10. Recruitment and Selection

The Trust recognises that its recruitment and selection arrangements are of vital importance to its ability to achieve its aims and will therefore take the following steps:

- All job opportunities in the Trust, including secondments, will be advertised on the Trust's internal vacancy board, as well as in any other media used
- All recruitment decisions, including promotion, will be made in accordance with fully objective and completely justifiable person specification criteria (the recruitment process will not commence until the criteria used are clearly described, fully justifiable and can be objectively measured)
- All recruitment panels will have a minimum of one accredited 'appointing officer' who will have received recruitment and selection skills training.
- All shortlisting will take place without reference to candidates' personal details (i.e. name, age, gender, ethnic origin etc.) and formal records of all short-listing/interview decisions and notes will be maintained, including the reasons that candidates were/ were not selected
- All job applicants, on request, will receive honest, accurate and constructive feedback on their application and/or interview.

11. Process for Concerns

- 11.1 The Trust does not tolerate any forms of harassment and bullying and is committed to eliminating these behaviours from the workplace. Any staff member can raise any concerns about bullying/harassment, in confidence, with their line manager, other senior managers, the Human Resources department, a trade union representative, Trust mediator, Occupational Health (Counselling

Service), or via the raising concerns procedure which can be found in the Raising Concerns in a Safe Environment policy.

- 11.2 The Trust will not tolerate any form of harassment or bullying against its patients, whether by staff, other patients or visitors. If such an incident is witnessed Datix must be completed as soon as practically possible, please contact the Duty Manager so they are able to assess the situation and advise whether to contact the Police, and refer to the Trust's policies and procedures in relation to reporting the actual or suspected abuse of a child or vulnerable adult.

12. Practical Measures

The Trust is committed to the following:

- Ensuring that all employees are aware of and act in accordance with this policy
- Providing training to staff regarding equality and diversity.
- Creating effective performance management and governance arrangements to ensure it takes appropriate actions in the development and monitoring of equality standards/targets for the Trust.
- Meeting the 'Positive About Disabled People' standards and implementing any necessary reasonable adjustments for job applicants and existing staff within the workplace.
- Eradicating age discrimination and the use of age limits/ranges in all of our advertising, selection, promotion, training and employment practices and decision making.
- Ensuring that all vacant posts are advertised and are filled using objective and measurable criteria.
- Promoting 'positive action' initiatives both within the Trust and the local community to help address issues of under-representation.
- Enabling those staff wishing to observe Religious Festivals to be given an opportunity to request paid or unpaid time off to do so.
- Promoting flexible working and employee leave policies designed to help in achieving a work life balance in line with national guidelines.
- Dealing effectively with complaints about discrimination, harassment and bullying.
- Implementing appropriate monitoring arrangements to track both the progress and impact of this policy.

13. Ratification

This policy will be approved by the Quality Governance Operational Committee & ratified by the Hospital Management Committee.

14. Distribution

- 14.1 Staff will be able to locate this policy on SharePoint. Equality links will hold a hard copy of this policy in the ward/department Equality and Diversity folder.

14.2 Patients' and visitors will be able to locate this policy on the Trust Internet site. A hard copy will be kept in all ward/department Equality and Diversity folder and can be viewed on request.

15. Monitoring of compliance

- 15.1 The Trust will measure its progress in the following ways:
- Ongoing implementation of NHS Equality Delivery System (EDS2) – and routine assessment against its goals and outcomes.
 - Implementation of Accessible Information Standard (AIS) – to ensure a consistent approach to providing information to patients in a format which enables effective dialogue to take place.
 - Workforce Diversity – monitoring the composition of the Trust's workforce by reference to racial group, gender, age and disability (analysis of employment information will be carried out by the Human Resources department to ensure that the Trust's obligations are being met and to assist in the identification of areas for action).
 - Recruitment – The Trust will monitor and analyse by racial group, gender, age and disability the success rates of those applying for and appointed to jobs with the Trust.
 - Disciplinary, Grievance, Attendance (sickness) and Performance Management Procedures – The Trust will monitor by racial group, gender, age, disability (and religion/sexual orientation if known) the numbers of staff who are subject to formal action and those who are making allegations/complaints.
 - Staff Turnover (exit interview data) – Monitor by racial group, gender, age, disability, band and department/ward.
 - Access to Training and Development – Monitoring by racial group and other specific groups, as required, the numbers of staff who apply for and attend training and development events.
 - Equality and Diversity training uptake and standard – Monitoring percentage of compliance and non-compliance by staff and department.
 - Appraisal interviews – Monitoring by racial group, gender, age and disability that all staff have an annual appraisal and personal development action plan.
 - Staff Harassment and Bullying – Monitoring the number of incidences of harassment and bullying by racial group, gender, disability and other specific groups, as required.
 - Work Life Balance – Monitoring the take up of our flexible working policies.
 - Staff Views – The Trust will conduct an Annual Staff Attitude Survey to survey views on how satisfied staff are with progress made to promote and deliver equality and diversity at work.
 - Formal Complaint – review of the returned complaints forms by age, gender, gender reassignment, disability, religion/belief, race/ethnicity, sexual orientation and marriage/civil partnership.

- Legislative requirements – Services and policies will be monitored to ensure compliance with legislative requirements at each review date or significant change in legislation.

15.2 The Human Resources department will produce annual monitoring information regarding the equality and diversity issues identified above with any recommended action(s) to the Operational Management Board and the Trust Consultative Forum, where decisions and the review of any agreed actions will be monitored. Any information provided will be anonymised to protect the confidentiality of all employees involved.

15.3 The Trust is committed to identifying areas of inequality/unfairness or dissatisfaction with our employment practices and will, following consultation with the Human Resources Department, take remedial action accordingly.

15.4 Please refer to Appendix 1 for further information.

16. References

Equality Act 2010.

Public Sector Equality Duty.

Human Rights Act 1998.

NHS England.

NHS Constitution 2009.

NHS Equality Delivery System 2 (EDS2).

NHS Accessible Information Standard (AIS) 2017.

17. Associated documents

17.1 Dignity at Work Policy (Bullying and Harassment) (N1150).

17.2 Work-Life Balance Policy (N1120).

17.3 Supporting Staff with Disabilities (NCOP 14).

17.4 Learning Disabilities and/or autism in the Acute Hospital Setting Care Guidelines (C0290).

17.5 Transgender Policy (C0799).

- 17.6 Raising Concerns in a Safe Environment (N1320).
- 17.7 Trust Policy, Guidance and Procedures of Adults at risk Adult Safeguarding (C0252).
- 17.8 Management of Violence and Aggression Policy (RM14).
- 17.9 Recruitment and Selection Policy (N0110).
- 17.10 Personal Relationships Guideline (N1021).



Appendix 1
Compliance Monitoring Table
Policy Title: Equality and Diversity Policy
Author: Jackie Dodds, Acting Equality and Diversity Lead

Document Section	Control	Checks to be carried out to confirm compliance with the policy	How often the check will be carried out	Responsible for carrying out the check	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
15	EDS2 Toolkit	Grading of compliance with goals and outcomes	Annual review and grading as required	Deputy Chief Nurse and stakeholders	EDS Steering Group Trust Board NHS England Trust website	Annually
15	Accessible Information Standard	Publication of an accessible communication policy. Monitoring of compliance with the standard by working with patient groups and obtaining feedback from users of the service.	Annually or as required	Deputy Chief Nurse and stakeholders	Quality Governance Committee Trust Board NHS England	Annually



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	6 & 7	Work force diversity	Monitoring composition of workforce by racial group, age, gender, disability, religion/belief and sexual orientation	Annually or as required	General Manager (Assisted by PAs)	Trust Operational Board and the Trust Consultative Forum	Annually
	6, 7 & 10	Recruitment	Via NHS jobs monitor and analyse by success rate of applicants and jobs appointed by racial group, age, gender, disability, religion/belief and sexual orientation	Annually or as required	Recruitment	Trust Operational Board and the Trust Consultative Forum	Annually
	11 & 12	Staff disciplinary, Grievances, Attendance (sickness) and Performance Management Procedures	Via the ESR database monitor the number of staff subject to formal action and those making the allegations/complaints by racial group, age, gender, disability, religion/belief and sexual orientation	Annually or as required	General Manager & HR Business Partners and Advisors	Trust Operational Board and the Trust Consultative Forum	Annually



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	12	Staff Turnover (reasons for leaving)	Monitoring leavers and their reasons by racial group, age, gender, disability, religion/belief and sexual orientation through individual interviews of leavers and the exit interview questionnaire	Annually or as required	HR Directorate & General Manager	Trust Operational Board and the Trust Consultative Forum	Annually
	9 & 12	Access to Training and Development	Via the ESR / OLM system monitor the number of staff who apply for and attend training and development events by racial group, age, gender, disability, religion/belief, sexual orientation, band and department	Annually or as required	Learning & Development	Trust Operational Board and the Trust Consultative Forum	Annually
	9	Equality and Diversity training uptake and standard	Percentage of compliance and non-compliance by staff and department	Quarterly	Equality and Diversity Advisor and Learning Development	Equality and Diversity Steering Group	Quarterly



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	12	Appraisal interviews	Monitoring all staff that have an annual appraisal and personal development action plan by racial group, age, gender, disability, sexual orientation and religion/belief	Monthly	General Manager (Assisted by PAs)	Trust Operational Board and the Trust Consultative Forum	Annually
	11 & 12	Staff harassment and bullying	Monitoring composition of workforce by racial group, age, gender, disability, sexual orientation	Annually or as required	General Manager & HR Business Partners and Advisors	Trust Operational Board and the Trust Consultative Forum	Annually
	6,7 & 12	Work Life Balance	Monitoring the uptake by racial group, age, gender, disability, sexual orientation, religion/belief and any specific group as required	Quarterly	General Manager (Assisted by PA's)	Trust Operational Board and the Trust Consultative Forum	Annually
	6 & 7	Staff attitudes	Monitoring of staff attitudes through the Staff Survey	Annually	HR Directorate & General Manager	Trust Operational Board, the Trust Consultative Forum, and the Trust Team brief.	Annually
	11,12 & 15	Formal Complaint monitoring	Review of the returned Complaints monitoring forms (8 of the 9 protected characteristics)	Monthly	Equality Advisor and Complaints Department	Complaints Litigation, Adverse Event and PALS Report sent to Quality Governance Committee, CCG and Trust General and Ward Managers.	Quarterly



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	6	Legislative requirements	Services and policies will be monitored to ensure compliance in respect of legislative requirements	At each policy review date or if a significant change in legislation occurs	HR Directorate Compliance Officer & lead author for each policy	HR Directorate	At each policy review date or if a significant change in legislation occurs
	6	Legislative requirements	Annual publication of the Trust Equality report. Review and publication of Trust equality objectives	Annually Review annually and publish every 4 years	Equality and Diversity Advisor	Equality and Diversity Steering Group	Annually

North West Anglia NHS Foundation Trust

STAGE ONE : Equality Impact Assessment (EqIA) Screening form

Appendix 2

Assessing Functions/Policies for Relevance

Blue boxes are to be filled in

Yellow boxes - Click the box to select from the drop down list

Free text
Select from drop down box

Name of function/service/strategy/policy/project (activity) to be assessed: Equality and Diversity Policy

Name of principal author of policy: Jackie Dodds, Acting Equality and Diversity Lead

Division: Care Quality Date: 29-Nov-17

Function/service/strategy/policy/project (activity) aim or purpose: Creating an organisation that actively promotes equality of opportunity and outcome for all, and is free from discrimination, harassment or victimisation of any sort.

Is this a new or existing activity? Existing.

What are the intended results of this activity? Equality of opportunity for staff in terms of recruitment, employment and behaviours. Equality of opportunity for patients/visitors/carers in terms of health care, behaviours and access to services.

How will you measure the activity outcome? Through reports and monitoring forms.

Who is intended to benefit from the activity? Staff, Patients, Visitors, Carers.

Identify any internal/external groups who have been consulted regarding this activity:

Use the table below to identify whether the activity could/does have a positive impact, a negative impact or no impact at all on either any or all of the equality groups specified.

	Age	Disability	Ethnicity/Race	Gender	Religion/Belief	Sexual Orientation	Gender Re-assignment	Marriage & Civil Partnership	Pregnancy & Maternity
Eliminating unlawful or unjustifiable discrimination	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Promoting equality of opportunity	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Promoting positive attitudes and good community relations	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Eliminating harassment or victimization	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Encourage involvement and participation	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Eliminating health inequalities	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral

If there is either a Positive (Disability group exempted) or a Negative impact you must consider completing the Stage Two - Full Equality Impact Assessment form to address or remove any significant potential/actual impact.

Decision to proceed (please select): No, we have decided that it is not necessary to carryout a full EqIA

If you have selected "Yes, a full EqIA is required", please identify when the Full EqIA will be completed. Date

Reason for decision to proceed or not to full EqIA: No impact on any groups

Executive Director/General Manager - I confirm that I have been briefed and agree with the results of this EqIA.

Name: Lesley Crosby Date: 12-Dec-17

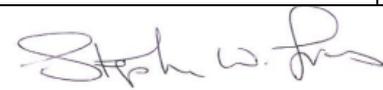
Job Title: Deputy Chief Nurse

Please note the following: It is essential that this EqIA screening form is discussed by your management team and remains readily available for inspection. A copy of this EqIA to accompany the endorsed document must also be sent to the Compliance Lead (i.e. clinical, non-clinical policies etc.) for uploading onto SharePoint.

Quality Assurance Checklist - Version Number: 3

Appendix: 3

		Y/N/n/a	COMMENTS (where necessary)
1	Title of document Equality and Diversity Policy (N1100)		
2	Type of document (e.g. policy, guidance)	Policy	
	Is it clear whether the document is a policy, guideline, procedure?	Yes	
3	Introduction		
	Are reasons for the development of the document clearly stated?	Yes	
4	Content		
	Is there a standard front cover?	Yes	
	Are the key points identified? (Policies only)	Yes	
	Is the document in the correct format?	Yes	
	Is the purpose of the document clear?	Yes	
	Is the scope clearly stated?	Yes	
	Are the definitions clearly explained?	Yes	
	Are the roles and responsibilities clearly explained? (policies only)	Yes	
5	Evidence Base		
	Is the type of evidence to support the document explicitly identified?	Yes	
	Are key references cited?	Yes	
	Are associated documents referenced?	Yes	
6	Approval Route		
	Does the document identify which committee/group will approve it?	Yes	
7	Process to Monitor Compliance and Effectiveness (policies only)		
	Are there measurable standards or KPIs to support the monitoring of compliance with the effectiveness of the document?	Yes	
8	Review Date		
	Is the review date identified?	Yes	
9	Equality and Diversity (policies only)		
	Is a completed Equality Impact Assessment attached?	Yes	

Compliance Team:			
1.	Date of Compliance Team approval	12/12/2017	
2.	Comments to author for any amendments		
3.	Name of compliance lead	Jim Walker, Quality Governance & Policies Assistant	
Approval Committee: QGOC			
If the committee/group is happy to approve this document would the chair please sign below and send the document and the minutes from the approval committee to the author. To aid distribution all documentation should be sent electronically wherever possible.			
Name	KANCHAN REGE	Date	3.1.18
Signature			
Ratifying Committee: HMC			
If the committee/group is happy to ratify this document would the chair please sign below and send the document and the minutes from the ratifying committee to the author. To aid distribution all documentation should be sent electronically wherever possible.			
Name	Stephen Graves	Date	14 February 2018
Signature			

If answers to any of the above questions is 'no', then this document is not ready for ratification, it needs further review.