

EQUALITY, DIVERSITY & INCLUSION (EDI) POLICY GUIDANCE FOR STAFF

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1. INTRODUCTION

This guidance is to be used alongside the Trusts EDI policy. The Trust recognises the importance of EDI in the delivery of outstanding care for our patients and ensuring all our workplaces celebrate the diversity within our teams, offer equality of opportunity and provide all colleagues a true sense of belonging with Sherwood Forest Hospitals.

The benefits of EDI are wide-ranging including individual wellbeing, recruitment and retention of colleagues and financial/legal. Organisations that embrace EDI enable colleagues to be their best self and perform highly in their roles.

2. WHAT IS EDI?

Equality:

Equality is treating people fairly and includes preventing less favourable treatment on the grounds of protected characteristics and/or a person's social position. It is not about treating everyone exactly the same, but about treating people as individuals and accounting for inequalities and disadvantages.

Diversity:

Diversity is the fact that there are many different citizens in our workplaces and communities, many of whom have different backgrounds, social positions and lifestyles. We encourage everyone to recognise, respect and value the differences between individuals within our workforce and amongst our service users.

Inclusion:

Inclusion is the act of ensuring that all colleagues are able to access and enjoy the benefits of working for the Trust including, but not limited to, employment opportunities, flexible and agile working, training and development opportunities, team and Trust-wide activities and ensuring that no person or persons is excluded, especially those from disadvantaged groups ensuring a positive experience for all.

3. THE EQUALITY ACT 2010 AND PUBLIC SECTOR EQUALITY DUTY

The Equality Act 2010 legally protects people from protected characteristic from all forms of discrimination in the workplace.

It is our legislative duty to provide equality of opportunity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic groups including:

- Age

- Disability (physical, mental and long-term health conditions)
- Sex
- Gender reassignment
- Marriage and Civil Partnership status
- Sexual orientation
- Pregnancy and Maternity
- Race (including nationality, ethnicity and colour)
- Religion or Belief

The Public Sector Equality Duty of the Equality Act requires Sherwood Forest Hospitals, when carrying out its functions, to have due regard to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

To ensure transparency, and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations require Sherwood Forest Hospitals to publish:

- Information to demonstrate their compliance with the public sector equality duty
- Equality objectives (at least every four years)

Further information on the Equality Act can be found on the Equality and Human Rights Commission website: <https://www.equalityhumanrights.com/en/equality-act>

4. DISCRIMINATION

Discrimination occurs when someone treats a person or particular group of people differently, often in a worse way from the way in which they treat other people, because of a protected characteristic, for example, their ethnic background, sex, sexuality. There are different ways in which discrimination occur and it is important that all colleagues have an understanding of the types of discrimination in order to uphold the requirements of this policy.

Direct Discrimination:

Direct discrimination occurs when someone is treated less favorably than another because of a protected characteristic they have or are thought to have, or because they are associated with someone who has a protected characteristic.

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 a protected characteristic. Indirect discrimination can also occur if a person is able to demonstrate that they have suffered the same disadvantage as a person who has a protected characteristic even if they don't share that characteristic.

Associative Discrimination:

This is direct discrimination against someone because they associate with another person who possesses a protective characteristic.

Perceptive Discrimination:

This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

5. HARASSMENT AND VICTIMISATION

Harassment:

Harassment is unwanted behaviour towards a person that causes physical, mental or emotional suffering, which includes repeated unwanted contacts without a reasonable purpose, insults, threats, touching, and/or offensive language

Harassment is unwanted conduct related to any of the protected characteristics, 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.

Victimisation:

Victimisation is the act of treating an employee unfairly because they have made or supported a complaint related to a protected characteristic or someone thinks they have.

6. HATE CRIME

Sherwood Forest Hospitals has a zero-tolerance approach to all forms of hate crime and will refer such instances to the Police and we will fully support our staff if they are a victim of hate crime or a witness to it.

A hate crime is any incident which is perceived, by the victim or any other person, to be motivated by hostility, hate or prejudice. Nottinghamshire Police record all incidents within any one more of the following categories:

- Disability
- Race
- Religion/Faith
- Sexual orientation
- Transgender identity
- Misogyny
- Alternative sub-culture e.g. goth, or other

Hate Crimes can include fall into three main types – verbal, physical and incitement to hatred:

- Threatening behaviour
- Assault
- Robbery
- Damage to property
- Inciting others to commit hate crimes
- Harassment

Any hate crime (physical or verbal) must be reported via Datix and reported to the Police by calling 999 in an emergency or via the non-emergency number 101. Nottinghamshire Police also support the use of True Vision, a website for reporting hate crime:

https://www.report-it.org.uk/your_police_force

Our Security Team should also be called upon for support if a hate crime occurs (extension 2222). More information can be found in the Trust's Hate Crime Guidance document.

7. RACE AND RELIGION or BELIEF

Race – The Equality Act 2010 says you must not be discriminated against because of your race.

In the Equality Act, race can mean your colour, or your nationality (including your citizenship). It can also mean your ethnic or national origins, which may not be the same as your current nationality.

Religion or Belief – The Equality Act 2010 says you must not be discriminated against because:

- you are (or are not) of a particular religion
- you hold (or do not hold) a particular philosophical belief
- someone thinks you are of a particular religion or hold a particular belief
- you are connected to someone who has a religion or belief

The Trust will take reasonable steps to prevent harassment. All colleagues should be made aware of the support that is available to them if they feel they have been discriminated against, harassed or victimised. Colleagues should feel confident that their complaint will be treated seriously, that managers will deal with the cause of the problem and that any associated processes will be undertaken in confidence.

The Trust has a zero-tolerance approach in regard to Racism, Islamophobia and Anti-Semitism. Please see Appendix 1 for definitions.

7.1 Time off for religious holidays

Many religions or beliefs have special festivals or spiritual observance days and a colleague may request holidays in order to celebrate festivals or attend ceremonies. Requests should be considered and granted where it is reasonable and practical for the employee to be away from work.

While it may be practical for one or a small number of employees to be absent it might be difficult if numerous such requests are made. In these circumstances it should be discussed with those affected with the aim of balancing the needs of the service and those of other colleagues. Discussion and flexibility will support a mutually acceptable agreement.

It is important to remember that individuals who hold a particular religion or belief may differ considerably in their level of observance and custom, and that some festivals which may be of great importance to one may be less important to others. Employee's request for leave shouldn't be rejected on the basis that another employee who adheres to the same religion or belief has not asked for time off.

In making decisions about leave, employees who do not hold any religion or belief should not be disadvantaged.

7.2 Dietary requirements

Some religions require extended periods of fasting. For example, it may be appropriate to support colleagues who are fasting to have regular short breaks.

Some religions or beliefs have specific dietary requirements where colleagues bringing food into the workplace may need to store and heat it separately from other food. It is good practice to have discussions around these requirements in order to gain support from others wherever possible.

If bringing food into work to share, it is advisable to consider the dietary requirements for colleagues and be mindful of this when selecting food items, for example, religious dietary

requirements, vegetarians and/or vegans. Consideration should also be given to any food allergies that colleagues may suffer from. If allergies are unknown, wherever possible, labels or a list of ingredients of food items should be available.

When arranging work-related social gatherings, be mindful that not all colleagues may feel comfortable going to places where alcohol is served, such as pubs and bars.

7.3 Prayer

Some religions require their followers to pray at specific times during the day so employees may request to take breaks at these times. When requests are made they should be considered on the basis of whether it is practical and reasonable for breaks to coincide with prayer times in relation to service need.

Staff may request access to an appropriate quiet place (or prayer room) to undertake their religious observance. The Trust's multi-faith centres are available to all staff regardless of their particular religion or belief.

7.4 Modesty

Some religions or beliefs require individuals to behave with modesty. Different religious groups and individuals interpret this requirement in different ways but some activities which may be considered immodest include:

- Shaking hands with a member of the opposite sex;
- Being alone in a room with a member of the opposite sex;
- Undergoing a security search, even if it is conducted by a member of the same sex;
- Showering or change clothing in the company of others
- Having their photograph taken
- Dressing in a particular way

7.5 Religious dress and symbols

The Trust requires that all employees follow our Dress Code and Uniform Policy which can be accessed [here](#).

7.6 Religion or belief and other protected characteristics

Some colleagues may hold specific beliefs concerning other protected characteristics (e.g. sex, sexual orientation). While employees have the right not to be discriminated against because of religion or belief, colleagues are required to act in line with the Trust Values and behaviours, ensure they do not breach the Equality, Diversity and Inclusion Policy and follow this guidance in regards to all protected characteristics.

Please see Appendix 2 for more information on commonly practiced religions.

8. SEXUAL ORIENTATION AND GENDER IDENTITY

A glossary of terms can be found in Appendix 3 of this guidance.

8.1 What is Sexual Orientation?

Stonewall define sexual orientation as a person's emotional, romantic and/or sexual attraction to another person.

8.2 What is Gender Identity?

Stonewall define gender identity as a person's sense of their own gender; male, female or something else which may or may not correspond to the sex they were assigned at birth.

There are a variety of terms that people may use to describe their gender identity including non-binary or gender diverse (see Appendix 3).

The use of pronouns have become commonplace in the working environment to express gender identity and to avoid being misgendered; we encourage colleagues to use their preferred pronouns should they wish to do so.

The Equality Act 2010 says you mustn't be discriminated against because you're gay, lesbian, bi-sexual or heterosexual.

8.3 Supporting colleagues from the LGBTQ+ community

The acronym LGBTQ+ is commonly used to describe people who are gay, lesbian, bi-sexual, trans and questioning.

It is an unfortunate reality that many people from the LGBTQ+ community hide their identity in the workplace due to experiences of homophobia, biphobia and transphobia they may have had, or fear having in the workplace.

The Trust recognises the importance of all colleagues being able to bring their whole self to work including being comfortable in expressing sexual orientation and gender identity. It is acknowledged that people who have to spend time thinking about not 'outing' themselves at work may suffer from poor mental wellbeing and this, in turn, may have an impact on performance at work.

The Trust fully expects all colleagues to enable each other in being comfortable in expressing themselves in the work environment to support high performing individuals and teams.

8.4 Gender Reassignment

The term gender reassignment refers to those who have proposed, commenced or completed reassignment of gender; the preferred terms for gender reassignment are transgender/trans or trans man or trans woman.

The Equality Act 2010 says you must not be discriminated against because your gender is different from the sex assigned at birth.

The Trust ensures that support is available for all trans colleagues through its Transgender policy and guidance for staff.

9. DISABILITY

Sherwood Forest Hospitals is committed to providing employment opportunities for those with disabilities and will ensure that no employee is subjected to discrimination and/or less favourable treatment due to their disability.

The Equality Act 2010 defines disability as a physical or a mental condition which has a substantial and long-term impact on an individual's ability to do normal day to day activities. An update to the Equality Act 2010 in January 2024 also requires that when considering 'day to day' activities it will be relevant to look at a person's ability to fully participate in working life on an equal basis with others.

'Substantial' means that a person struggles to complete daily tasks like bathing or getting dressed for example and 'long-term' is usually if a condition has been present for 12-months or more. It is reasonable to assume the Equality Act applies if, at the time of diagnosis, a condition is expected to affect the person for 12-months or more.

People who are diagnosed with a progressive condition like HIV, cancer or multiple sclerosis are covered by the Equality Act upon diagnosis even if the condition has not yet affected the person's ability to carry out normal day to day activities.

People are also covered by the Equality Act if they had a disability in the past; for example, if a person suffered with a mental health condition which lasted 12-months or more but they have recovered, they are still protected from discrimination because of that disability.

9.1 Recruitment and retention of disabled colleagues

Sherwood Forest Hospitals has signed up to the Disability Confident Scheme; this is a scheme supported by Job Centre Plus and enables organisations to display the Disability Confident symbol.



Disabled job seekers are encouraged to look out for employers who display the disability confident logo as it reassures potential candidates that the organisation is positive about employing people with disabilities.

The Trust is a Level 2 Disability Confident employer. In order to retain level display the Disability Confident logo, the trust is required to agree to a number of positive commitments regarding the recruitment, retention, training and career development of people with disabilities. They are:

- to interview all applicants with disabilities who meet the minimum criteria for a job vacancy and to consider them on their abilities
- to ensure there is a mechanism in place to discuss, at any time but at least once a year, with employees with disabilities, what both parties can do to make sure they can develop and use their abilities
- to make every effort when employees become individuals with disabilities to make sure they stay in employment
- to take action to ensure that all employees develop the appropriate level of disability awareness needed to make sure these commitments work
- to review these commitments each year and assess what has been achieved, plan ways to improve on them and let employees and Job Centre Plus know about progress and future plans

Please see Appendix 4 for Disability FAQ's. Please also refer to the Recruitment & Selection policy for more information.

9.2 Employees with Assistance Dogs

Dogs referred to in this policy are assistance dogs that support their disabled owners with a specific disability. Guide dogs, Hearing dogs and Assistance dogs are working dogs that have been highly trained as support aids for people with visual or other disabilities.

Where a colleague is recruited and has an assistance dog, or where a current employee requires an assistance dog, the Trust is required to make reasonable adjustments in line with the Equality Act.

The manager and employee will work together to:

- Undertake a risk assessment of the employee's work environment before the assistance dog can accompany its owner to work; advice and support with this can be obtained from the Health and Safety Team
- Consult with the IPC team to ensure all measures to prevent infection are in place before the dog comes onto site
- Consult with the Estates and Facilities Department to discuss the dog's toileting facilities and provide clarity on where the dog can spend

- Ensure that all relevant staff receive a copy of the FAQ's (Appendix 5)

Assistance dog owners are taught about dog-hygiene and how to groom and manage their dogs thoroughly to ensure that health risks are minimised. Assistance dogs are therefore welcome in most non-patient areas of the hospital.

There are occasions where it is not appropriate for assistance dogs to enter an area and as such the line manager will liaise with the owner where the Trust genuinely believes that there is a threat of endangering the disabled person or others (for example if there an infection and prevention control risk or other people are allergic to dogs).

The following areas are restricted:

- Critical Care Intensive Unit (ICCU). High dependency
- Neonatal Critical Care Unit (NICU)
- Patients in source isolation
- Patients in protective isolation
- Patients with neutropenia or who are receiving immunosuppression therapy
- Anaesthetic / theatre rooms
- Renal Dialysis Unit
- An area where patients are cohorted or if a clinical area is closed for infection control reasons
- Any area used for cooking, preparing or eating food

This excludes administration areas unless there is a threat of endangerment.

9.3 Responsibilities of Employees who have Assistance Dogs

Employees must follow the guidance given by the training organisation for the assistance dog and discuss this with the line manager and comply with all Trust health and safety and infection prevention and control advice.

It is the dog owner's responsibility to ensure that feeding and toileting requirements are met.

If an assistance dog fouls inside any Trust premises, it is the owner's responsibility to report this to their line manager or supervisor to ensure that arrangements can be made to sanitise the area. Any dog waste should be promptly disposed of and treated as human waste.

Assistance Dog's must remain with their owner/handler at all times.

A Datix report must be completed in the event of incident or 'near miss involving the assistance dog.

When not working the assistance dog's guiding harness or working jacket/tabard can be removed to indicate the dog that it is not being worked.

Whilst team colleagues are not responsible for the general care of a dog, colleagues may wish to agree the actions to be taken if an owner becomes unwell whilst at work which prevents them from adequately looking after the dog (for example, calling the colleagues family or friends for assistance or contacting the dog warden for support and looking after the dog whilst help is being arranged).

9.4 Hygiene and cleanliness guidance for all colleagues

Hand Hygiene

All staff must ensure good hand washing with soap and water prior to and after contact with an assistance dog; this will ensure the safety of all colleagues and the dog.

General Cleanliness

All areas where an assistance dog has been should be cleaned on a daily basis with general purpose detergent as part of the usual schedule. Any equipment that has come into contact with the dog should be cleaned with general purpose detergent or alcohol impregnated wipes where the use of general-purpose detergent is inappropriate.

10. NEURODIVERSITY

Sherwood Forest Hospitals is committed to ensuring that colleagues who are neurodiverse are able to access the support they require.

Neurodiversity refers to the different ways in which our brains process information and the different ways we think. Colleagues who are neurodiverse often have a unique perspective, viewing and thinking about the world in different ways. There are many different types of neurodiversity, and these may include:

- Dyslexia
- Dyscalculia
- ADHD
- Autism
- Apraxia

Although colleagues who are neurodiverse may not identify as having a disability, being inclusive of neurodiversity is still a legal requirement under the Equality Act 2010. We encourage all managers and colleagues to use relevant guidance and policies to make appropriate adjustments to ensure the inclusion of any colleague who is neurodiverse.

11. CARERS

We recognise that many of our colleagues may have unpaid caring responsibilities outside of the workplace. The definition of an unpaid carer is anyone who is responsible for caring for relatives or friends who are older, disabled, seriously ill (this can be physical or mental) and unable to care for themselves. It is estimated that 1 in 8 employees in the UK are also an unpaid carer and that 1 in 3 NHS colleagues is an unpaid carer.

It is likely that at some stage during employment, individuals who have caring responsibility will experience an impact in their working life. We encourage all colleagues to be mindful and sensitive to the complexities and emotional impact of being a carer. We encourage managers to use the appropriate policies and guidance to support carers to balance work and their caring responsibilities, this may include flexible working or carers leave. More information on support for carers can be found [here](#).

12. SEXUAL SAFETY

The Trust is opposed to any forms of sexual harassment and/or sexism in the workplace.

In Autumn of 2023, the Trust signed the NHS Sexual Safety Charter. The charter is a commitment to ensuring a zero-tolerance approach to any unwanted, inappropriate and/or

harmful sexual behaviour towards colleagues. We have committed to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally.

13. LANGUAGE

Sherwood Forest Hospitals is proud of the diversity within our Trust, and we acknowledge that for some colleagues, English is not their first language and we recognise the benefits of a multilingual workforce.

In all clinical settings, the English language should be used. Here at Sherwood and in the NHS, the universally understood language is English and it is important that in these areas the English language is used to ensure all conversations are understood by everyone, including colleagues, patients and their family members or carers; mutual understanding ensures patient safety and avoids any misunderstandings. The only exception to this would be to use a first language to aid understanding (for a new colleague with whom you share a language for example) or to provide clarity for a patient for whom English is a second language but the use of non-English language should be explained to other colleagues for clarity.

We do not discourage colleagues from having conversations in their first language in break areas although we do encourage all colleagues to be mindful of the environment and presence of others during conversations in the workplace to avoid unintentionally excluding people from conversations.

14. ESR DATA

Like many organisations, we ask colleagues to provide personal information during our recruitment process and this information can be updated through ESR Self-Service at any time during employment.

As an NHS organisation, we are mandated to provide reports which include data such as gender, ethnicity and disability so we ask colleagues to ensure their data is up to date on your record. **The personal equality data we hold about you cannot be accessed by your**

manager. Those colleagues who do have access to the data are required to view and process it in accordance with GDPR Regulations.

The data we hold about you can also help to inform our EDI strategy and actions; when we have clearly visibility of the diversity within our workforce, we can ensure that appropriate support is in place to support equality and inclusion.

15. CHARTERS

Sherwood Forest Hospitals have signed up to a number of charters to demonstrate our commitment to equality, diversity and inclusion.

Mindful Employer



The Trust continues to be a signatory to the charter for employers who are positive about Mental Health reflecting the general philosophy of Mindful Employer. The charter helps the Trust to support staff that experience mental ill health, assisting us in achieving the following aims:

- Show a positive and enabling attitude to employees and job applicants with mental health conditions, including positive statements in local recruitment literature.
- Ensure all staff involved in recruitment and selection are briefed on mental health conditions and the Equality Act 2010, and given appropriate interview skills.
- Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure will enable both employee and employer to assess and provide the right level of support or adjustments.
- Not make assumptions that a person with a mental health condition will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.
- Provide non-judgemental and proactive support to individual staff that experience mental health issues.
- Ensure all line managers have information and training about managing mental health in the workplace.

Disability Confident Employer – as detailed in section 8.1 of this guidance



Carer-friendly employer

Nottinghamshire Carers Association



In 2021, the Trust took part in the Nottinghamshire Carers Association's Carers in Employment initiative which led to the trust becoming a Carer-friendly employer. More information on the support we can provide to unpaid carers can be found on the Intranet by clicking [here](#).

16. STAFF NETWORKS

We are committed to ensuring that colleagues from minority groups and their ally's are able to celebrate their diversity and contribute positively to equality and inclusion within the Trust.

Our staff networks enable the voices of colleagues from minority communities to be heard and to ensure that organisational policies and procedures are as inclusive as possible and do not negatively impact any minority group.

Our staff networks welcome those who identify with the community the network serves but are also open to ally's who are keen to progress equality and inclusion with Sherwood.

Currently, we have five staff networks. Please do contact the staff network for more information or to join.



Network name	Contact email
Ethnic Minority	sfh-tr.bme.support@nhs.net
LGBTQ+	sfh-tr.lgbt.support@nhs.net
WAND (Disability)	sfh-tr.disability.support@nhs.net
Carers	sfh-tr.carers.support@nhs.net
Women in Sherwood	sfh-tr.wis.support@nhs.net

APPENDICES

APPENDIX 1 Racism, Islamophobia and Anti-Semitism definitions

Racism

Racism is where someone treats another person differently because their skin colour is not the same as theirs, they speak a different language or have different religious beliefs, for example. Racism can be most simply understood as someone behaving differently to someone from a different race.

The term race, for the purposes of the Equality Act 2010 mean skin colour, or nationality (including citizenship). It can also mean your ethnic or national origins, which may not be the same as your current nationality.

Islamophobia

Islamophobia is when Muslims are the victims of abuse just because of their religion. Islamophobia became more widely recognised following terrorist attacks in London and the US and is whereby an individual or groups of individuals blame all Muslims for terrorist attacks carried out by extreme groups who say they follow the religion of Islam.

Many Muslims say that terrorist groups have extreme beliefs of hatred and violence that have little to do with the religious beliefs of most Muslims; (Islam – see Appendix 1). They say it is important not to blame a big group of people for what a small number of individuals have done.

Antisemitism

Antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed toward Jewish or those thought to be Jewish individuals and/or their property, toward Jewish community institutions and religious facilities.

APPENDIX 2 Commonly practised religions

The following are an 'at a glance' look at religions that are commonly practised worldwide.

Buddhism

Buddhism is one of the world's major religions. It originated in India in 563–483 B.C.E. with Siddhartha Gautama, and over the next millennia it spread across Asia and the rest of the world.

Buddhism is a tradition that focuses on personal spiritual development. Buddhists strive for a deep insight into the true nature of life and do not worship gods or deities.

Buddhists can worship both at home or in a temple.

Christianity

Christianity is the world's biggest religion, with over 2 billion followers worldwide. It is based on the teachings of Jesus Christ who lived in the Holy Land 2,000 years ago.

Christians worship in Churches and follow the teachings within the holy book, the Bible which consists of the Old and New Testaments.

Hinduism

Hinduism is the religion of the majority of people in India and Nepal. It also exists among significant populations outside of the sub-continent and has over 900 million adherents worldwide.

Unlike many other religions, Hinduism has no single founder, no single scripture, and no commonly agreed set of teachings. For these reasons, Hinduism may be referred to as 'a way of life' or 'a family of religions' rather than a single religion.

Islam

Islam began in Arabia and was revealed to humanity by the Prophet Muhammad. Those who follow Islam are called Muslims. The word Islam means 'submission to the will of God'.

Islam is the second largest religion in the world with over 1 billion followers. Muslims believe that there is only one God. The Arabic word for God is Allah. Muslims usually worship in Mosques.

Jainism

Jainism is an ancient religion from India that teaches that the way to liberation and bliss is to live a life of harmlessness and renunciation. The aim of Jain life is to achieve liberation of the soul.

Jains believe that animals and plants, as well as human beings, contain living souls. Each of these souls is considered of equal value and should be treated with respect and compassion.

Judaism

Judaism is the original of the three Abrahamic faiths, which also includes Christianity and Islam. Judaism originated in the Middle East over 3500 years ago and was founded by Moses although Jews trace their history back to Abraham. Spiritual leaders in Judaism are known as rabbis and worship takes place in a synagogue.

Sikhism

Sikhism was founded in the 16th century in the Punjab district of what is now India and Pakistan. It was founded by Guru Nanak and is based on his teachings, and those of the nine Sikh gurus who followed him.

Sikhism stresses the importance of doing good actions rather than merely carrying out rituals and the Sikh scripture is the Guru Granth Sahib, a book that Sikhs consider a living Guru.

A multi-faith calendar can be downloaded by clicking [here](#).

APPENDIX 3 Sexual Orientation and Gender Identity; Glossary of Terms

The following are commonly used terms within the LGBTQ+ community. This is not an exhaustive list and further information can be found on the Stonewall website (where this information was sourced).

LGBTQ+ is the acronym for lesbian, gay, bi, trans, and questioning.

Asexual

A person who does not experience sexual attraction. Some asexual people experience romantic attraction, while others do not. Asexual people who experience romantic attraction might also use terms such as gay, bi, lesbian, straight and queer in conjunction with asexual to describe the direction of their romantic attraction.

Ally

A (typically) straight and/or cis person who supports members of the LGBT community.

Bi

Bi is an umbrella term used to describe a romantic and/or sexual orientation towards more than one gender. Bi people may describe themselves using one or more of a wide variety of terms, including, but not limited to, bisexual and pan.

Biphobia

The fear or dislike of someone who identifies as bi based on prejudice or negative attitudes, beliefs or views about bi people. Biphobic bullying may be targeted at people who are, or who are perceived to be, bi.

Cisgender or Cis

Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Coming out

When a person first tells someone/others about their orientation and/or gender identity.

Demi (sexual and romantic)

An umbrella term used to describe people who may only feel sexually or romantically attracted to people with whom they have formed an emotional bond. People may also use terms such as gay, bi, lesbian, straight and queer in conjunction with demi to explain the direction of romantic or sexual attraction as they experience it.

Gay

Refers to a man who has a romantic and/or sexual orientation towards men. Also, a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian. Some non-binary people may also identify with this term.

Gender

Often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.

Gender dysphoria

Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.

Gender expression

How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans.

Gender identity

A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.

Gender reassignment

Another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010, and it is further interpreted in the Equality Act 2010 approved code of practice.

Gender Recognition Certificate (GRC)

This enables trans people to be legally recognised in their affirmed gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC and you currently have to be over 18 to apply. You do not need a GRC to change your gender markers at work or to legally change your gender on other documents such as your passport.

Heterosexual/straight

Refers to a man who has a romantic and/or sexual orientation towards women or to a woman who has a romantic and/or sexual orientation towards men.

Homosexual

This might be considered a more medical term used to describe someone who has a romantic and/or sexual orientation towards someone of the same gender. The term 'gay' is now more generally used.

Homophobia

The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

Intersex

A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people may identify as male, female or non-binary.

Lesbian

Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

Lesbophobia

The fear or dislike of someone because they are or are perceived to be a lesbian.

Misgendered/Misgender

A term used when someone assumes the gender of a person through gender-specific words especially a transgender person or non-binary person.

Non-binary

An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Outed

When a lesbian, gay, bi or trans person's sexual orientation or gender identity is disclosed to someone else without their consent.

Pan (sexual)

Refers to a person whose romantic and/or sexual attraction towards others is not limited by sex or gender.

Pronoun

Words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their.

Queer

Queer is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGBT community (racism, sizeism, ableism etc). Although some LGBT people view the word as a slur (so caution should be applied if using this term), it was reclaimed in the late 80s by the queer community who have embraced it.

Questioning

The process of exploring your own sexual orientation and/or gender identity.

Sex

Assigned to a person on the basis of primary sex characteristics (genitalia) and reproductive functions. Sometimes the terms 'sex' and 'gender' are interchanged to mean 'male' or 'female'.

Sexual orientation

A person's sexual attraction to other people, or lack thereof. Along with romantic orientation, this forms a person's orientation identity.

Trans

An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.

Transgender man

A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.

Transgender woman

A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female.

Transitioning

The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.

Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.

Transsexual

This was used in the past as a more medical term (similarly to homosexual) to refer to someone whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. This term is still used by some although many people prefer the term trans or transgender.

Transphobia

The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.

APPENDIX 4 Disability FAQ's

If line managers need guidance regarding the Disability Confident Scheme, who should they contact?

For recruitment, please refer to the Recruitment & Retention Policy or contact your Divisional recruitment advisor.

For adjustments guidance, please refer to the Sickness Absence and Wellbeing Policy and/or Reasonable Adjustment Guidance or speak to your Divisional People Lead or the EDI team.

Some applicants for jobs have asked for a 'guaranteed interview' – what does that mean?

This is part of the Disability Confident Scheme. One of the commitments we have made to Level 2 of the scheme is to guarantee an interview to applicants who have noted they have a disability and meet the essential criteria for a job vacancy and consider them on their abilities.

When does the obligation to make reasonable adjustments arise?

The Equality Act says there's a duty to make reasonable adjustments if an employee is placed at a substantial disadvantage because of their disability compared with non-disabled people or people who don't share a disability.

Reasonable adjustments should be made when the Trust:

- knows, or could be expected to know, an employee or job applicant has a disability
- an employee or job applicant with a disability asks for adjustments
- an employee with a disability is having difficulty with any part of their job
- an employee's absence record, sickness record or delay in returning to work is because of or linked to their disability

Please refer to the Reasonable Adjustment Guidance for more information.

I'm worried about declaring my disability; what should I do?

Our colleague's health, safety and wellbeing at work are of the utmost importance and we encourage anyone who has a disability or is diagnosed with a condition that would be considered a disability (as defined in section 9.0 of this guidance), to speak to their line manager in regard to reasonable adjustments and colleagues can use the NHS Health Passport to support this conversation`. You can be confident that you will be supported as far as is practicable to make work work for you.

Where can I get support as a disabled colleague?

All colleagues are encouraged to join our WAND staff network which aims to support our colleagues with disabilities and/or long-term conditions.

APPENDIX 5 Assistance Dogs at Work FAQ's

When a colleague with an assistance dog first comes to work with their guide dog, a lot of people are a little uncertain about what they should or shouldn't do. The reality is that you should barely notice the guide dog is there, since it will have been trained to lie quietly while its owner is working. However, here are the answers to some of the questions that people ask most often.

How should I behave towards the dog?

The important thing to remember is that a guide dog is a working animal, not an ordinary pet. It expects to work with its owner and knows that when it's wearing the harness, it is on duty. When the dog is working it needs to concentrate on the job in hand so it's very important that you don't distract it by touching, feeding or talking to it. When the dog's harness is off, it should behave like a well-trained pet dog.

Where will the dog stay during the day?

When it's not working, the guide dog should rest quietly and undisturbed. The owner will likely provide a dog bed or blanket for their dog close to their workstation.

Can I talk to the dog?

Like all dogs, assistance dogs enjoy attention, and unless it's on duty the answer will probably be "yes" – but please always ask the owner first! It's important not to overwhelm or overexcite the dog, particularly when it's settling in to the work environment, so please don't be offended if the owner asks you not to talk and/or pet the dog.

Can I feed the dog?

No. All assistance dogs are fed a carefully balanced diet and extras or titbits will affect their health and the way they work. We also recommend you keep your own food, sandwiches for example, well out of temptation's way!

Can I play with the dog?

A guide dog has been trained to lie quietly where it's placed, so it's a great help if you don't encourage it to run around in the workplace. It may have some toys to play with but they should not be noisy ones, and the dog won't be allowed to chase them around the work area.

When does the dog go out?

For the first few weeks, the owner may need to take the dog out for five minutes to relieve itself three or four times a day. Once the dog has settled in and is used to the routine, one or two longer breaks will normally be enough.

Where does the dog relieve itself?

The dog owner, together with our facilities team will identify the most suitable place nearby, which may be on the premises or off-site. The assistance dog owner will take the dog to the relief area. Arrangements will also have been made for the disposal of waste and cleaning the area, but support individuals may be appreciated.

Who looks after the dog?

Caring for the dog is the owner's responsibility. The dog is taken to the vet for a health check every six months and is routinely wormed and vaccinated. The owner grooms the dog regularly to keep it clean and to try to reduce the number of hairs it leaves on the carpet. The dog is fed at home, and it is the owner's responsibility to ensure that water is available at work.

What happens if the dog misbehaves?

Applying appropriate discipline is part of a the dog owner's responsibility. There is no reason for you to experience disruption caused by the dog misbehaving. If problems do occur, please discuss them with the owner, who will be keen to make sure that their dog isn't a nuisance. It's always easier for them to deal with things sooner rather than later, so please don't let matters get out of hand before saying something.

Does someone check on the guide dog's work?

Each assistance dog and owner is visited at least once a year to check the dog's assistance skills and to ensure that all is well. Several visits to the workplace may be necessary in the early settling-in days, and then annually. If difficulties arise, an instructor may come more often to offer support and advice.