

## EQUALITY, DIVERSITY AND INCLUSION POLICY

### POLICY

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Approving Body	Joint Staff Partnership Forum		
Date Approved	May 2024		
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:		
	YES	NO	N/A
	X		
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Supersedes	4.0		
Document Category	Human Resources		
Consultation Undertaken	Consultation on this Policy took place through the Trust's Wellbeing & Belonging Sub-Cabinet and staff networks		
Date of Completion of Equality Impact Assessment	11 <sup>th</sup> April 2024		
Date of Environmental Impact Assessment (if applicable)	Not applicable		
Legal and/or Accreditation Implications	Compliance with the Equality Act 2010 (Amendment) Regulations 2023		
Target Audience	This Policy concerns all aspects of employment and applies to all employees working and training in the Trust, and to all potential employees. This Policy also applies to patients, carers and visitors to the Trust.		
Review Date	31 <sup>st</sup> May 2026		
Sponsor (Position)	Director of People		
Author (Position & Name)	People Equality, Diversity and Inclusion Lead, Ali Pearson		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	People (Operations)		

Position of Person able to provide Further Guidance/Information	People Equality, Diversity and Inclusion Lead	
Associated Documents/ Information		Date Associated Documents/ Information was reviewed
EDI Policy Guidance		April 2024

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## **1.0 INTRODUCTION**

This policy is issued and maintained by the Executive Director of Human Resources on behalf of the Trust, at the issue date defined on the front sheet, which supersedes and replaces all previous versions.

The purpose of the Trust's Equality and Diversity Policy is to provide a framework which explicitly states the Trust's commitment to providing equal opportunities in employment for both current and prospective employees, values the diversity of its employees and defines the action to be taken, ensuring the Policy Statement is translated into good employment practice.

## **2.0 POLICY STATEMENT**

Sherwood Forest Hospitals (NHS) Foundation Trust is fully committed to the principle of equality, diversity and inclusion in employment and training and development and opposes all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our policy and 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

We also commit to the principles of equality, diversity and inclusion in respect to:

- Human Rights
- Working Patterns
- Social Deprivation and Health inequalities

The primary aim of this Policy is to create a working environment where all employees are able to contribute to their full potential and to progress and develop within the organisation based solely on individual ability, competence and performance. The Trust acknowledges that such an environment requires individual differences and cultural diversity to be recognised and valued and that certain staff groups may require specific initiatives and/or assistance to progress and develop within the organisation.

The Trust is also committed to providing an environment where all our service users feel very well cared for, comfortable and are in receipt of services that meet their individual needs.

A full equality impact assessment has been undertaken for this policy and procedure, taking fully into account the provisions of the Equality Act of 2010 (appendix 3).

### **3.0 DEFINITIONS/ ABBREVIATIONS**

**The Trust:**

means Sherwood Forest Hospitals NHS Foundation Trust

**Employees:**

means all employees of the Trust including those managed by a third-party organisation on behalf of the Trust

**Service Users:**

means all those who use our services including patients, family members, carers and any other visitors to the Trust

**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.

**Discrimination:**

Discrimination occurs when someone treats a person or particular group of people differently, especially 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.

Please refer to Appendix 1 for an explanation of the types of Discrimination related to this Policy.

**Hate Crime**

A hate crime is any incident which is perceived, by the victim or any other person, to be motivated by hostility, hate or prejudice.

**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.

## **4.0 ROLES AND RESPONSIBILITIES**

There is an expectation that individuals at all levels will accept personal responsibility for the application of this policy.

### **Responsibility of Trust Board**

The Trust Board, through the Trust Management Team has primary responsibility for ensuring all reasonable steps are taken to prevent unlawful discrimination in the Trust. This includes ensuring the review and implementation of policies and procedures and ensuring that the requirements of this policy are embedded in the organisation.

### **Responsibilities of Managers and Supervisors**

As leaders in the operational setting, managers and supervisors must recognise their responsibility to adopt good employment practices that are consistent with the requirements of the Equality, Diversity and Inclusion Policy. They shall seek to promote, within their particular work area, an environment where individual people differences and cultural diversity are recognised and valued and ensure the Trust CARE values are upheld.

Managers and supervisors must challenge all inappropriate comments, including but not limited to 'banter', microaggressions and discriminatory behaviour either verbal or electronic and maintain a zero-tolerance approach. They must not collude with staff in discriminatory behaviour or attempt to hide such behaviour by failing to address or challenge discrimination.

Managers and supervisors will provide support and / or arrange support to victims of bullying, harassment, and discrimination under their duty of care.

### **Responsibilities of Employees (including bank staff, volunteers and those on work placement)**

It is the duty of all employees to co-operate with any measures introduced by the Trust to develop and maintain equal opportunities in employment and to ensure no colleague faces discrimination.

All employees are expected to uphold the Trust CARE Values and foster good working relationships with all their colleagues including those who share a protected characteristic and those who do not.

All employees are expected to challenge inequality, discrimination and harassment or bullying whether it is verbal or written (including email, SMS/text messaging and/or social media posts) and to report any such instances to their line manager or a senior manager where appropriate.

### **Head of Procurement**

The Head of Procurement will ensure all procurement practices in respect of goods and services support this policy and enable the Trust to meet its duties under equality anti-discrimination legislation.

### **Staff Representatives**

Staff representatives are expected to work in partnership with the Trust in contributing to the development, implementation and review of this policy.

### **Patients, Carers and Visitors**

It is our expectation that all users of our services will not abuse, harass, bully or intimidate our staff, other patients or visitors.

We ask that any perceived breach of this policy is reported to the Ward Leader or appropriate clinician or to our Patient Experience Team as soon as practicable.

## **5.0 APPROVAL**

Approval of this Policy took place through the Joint Staff Partnership Forum. Prior to final approval, this policy was reviewed by the Trust's Equality, Diversity and Inclusion sub-cabinet and the Trust's staff networks.

## **6.0 DOCUMENT REQUIREMENTS**

Any action or behaviour found to be in breach of this Policy may be regarded as misconduct or gross misconduct in accordance with the Trust's Disciplinary Procedure

### **6.1 Age Equality**

Age will not be used as a determining factor for physical or mental performance or as the deciding factor for access to services or employment, including recruitment, personal development and training and/or promotional opportunities.

Age specific services, conditions and benefits may be provided if they meet a General or Specific Exception or can be objectively justified or for positive action purposes, for example, where another piece of legislation allows or requires people to be treated differently on the grounds of age limits.

## **6.2 Race Equality**

We will recognise the importance of and prioritise racial equality and ensure we challenge race inequalities as well as celebrate diversity.

Measures that are lawfully permitted to meet special needs or to train or encourage people from a racial group will be taken where we have identified that group as under-represented in a particular area of work.

## **6.3 Transgender and Gender Identity**

In order to be afforded protection under the Act, there is no requirement for a transgender person to inform their manager of their gender reassignment status. If, however, a member of staff is proposing to undergo gender reassignment or is in the course of transitioning, they may wish to discuss their needs with their manager so that they can be supported during the process. A person who identifies as Transgender should refer to the Transgender Policy for further information and line managers should use the policy to support their staff.

We acknowledge the importance of gender identity and encourage colleagues to use their preferred pronouns should they wish to in order to communicate their gender identity. See Appendix 2 for more information.

## **6.4 Sex Equality**

Sex will not be used as a determining factor for physical or mental performance or as the deciding factor for access to services or employment, including recruitment, personal development and training and/or promotional opportunities.

Sex specific services, conditions and benefits may be provided if they meet a General or Specific Exception or can be objectively justified or for positive action purposes, for example, where another piece of legislation allows or requires people to be treated differently on the grounds of age limits.

Please also see point 7.8 (Pregnancy, Maternity and Breast Feeding)

## **6.5 Disability**

Wherever possible the Trust will take steps to meet needs of disabled colleagues and achieve equal outcomes through a compassionate and person-centred approach in the provision of support even if this requires 'more favourable treatment', for example, by putting accessible parking spaces close to entrances, adjusting the application and interview processes, providing physical access to facilities and/or providing support or advocacy.

## **6.6 Religious and Cultural Needs**

The Pastoral and Spiritual Care Team provide spiritual and pastoral support which addresses the religious, spiritual and cultural needs of patients and their families whilst in our care, as well as supporting staff in their work. The service is unconditional, confidential and open to everyone.

A multi-faith centre, with access to a washing facility, is available for staff who wish to participate in religious observance whilst at work. Patients who are unable to leave their beds will receive chaplaincy services at their bedside, taking account of the requirements for privacy and dignity as far as practicable.

The Pastoral and Spiritual Care service can be contacted on 01623 622515 extension 3047 for King's Mill Hospital and Mansfield Community Hospital or 01636 681681 ext 5643 for Newark Hospital.

## **6.7 Sexual Orientation, Marriage and Civil Partnership**

By their very nature, sexual matters are private and confidential. Although some people are comfortable talking about their partner, many people do not wish to share such information with their managers and colleagues. We will encourage a culture of openness regarding sexual

orientation, while recognising that some staff may not be 'out' for personal reasons or through choice.

In the context of sexual orientation, marriage and civil partnership, we will ensure as part of our on-going review of employment practices and procedures that these promote fairness and equal treatment in respect of these groups.

## **6.8 Pregnancy, Maternity and Breast Feeding**

Women who are pregnant or on maternity leave or breast feeding will not be used as a determining factor for physical or mental performance or as the deciding factor for access to services or employment, including recruitment, personal development and training and/or promotional opportunities.

A woman will be able to bring a direct discrimination claim on grounds of breastfeeding as this will be covered by the protected characteristic of sex.

## **6.9 Procurement**

The Trust sets out criteria when tendering contracts and services. As part of this process, equality clauses which businesses are required to meet in order to be successful through the tendering process are included in the tender documentation. We will not award contracts if a commitment to equality and fairness is not demonstrated and breaches may lead to termination of contracts

Where contractors do not have relevant equality policies they will be expected to adopt the Trust's policies as a minimum requirement.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored  (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual  (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit  (HOW – will this element be monitored (method used))	Frequency of Monitoring  (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
WRES	People EDI Lead	Data from ESR and Staff Survey	Annually	Report to: Trust Board People Committee People Cabinet People Wellbeing & Belonging Sub-Cabinet JSPF
WDES	People EDI Lead	Data from ESR and Staff Survey	Annually	Report to: Trust Board People Committee People Cabinet People Wellbeing & Belonging Sub-Cabinet JSPF
GPGR	People EDI Lead	Data from ESR/Payroll	Annually	Report to: Trust Board People Committee People Cabinet People Wellbeing & Belonging Sub-Cabinet JSPF

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Equality Impact Assessments	To be completed by managers / Policy owners / Divisions	Audit of Equality Impact Assessments	Monthly	Report to: People Wellbeing and Belonging Sub Cabinet JSPF

## 8.0 TRAINING AND IMPLEMENTATION

In order to put the concept of equal opportunities into practice in the day to day operation of health care services at The Trust, the following action will be taken:-

- All employees are required to complete mandatory EDI training every three years through E-Learning for Healthcare.
- The responsibilities of all employees in connection with this Policy will be made explicit and managers will be expected to incorporate the philosophy of this statement into all management systems and procedures.
- The Trust's procedures for recruitment, selection, promotion and training will be subject to periodic review, and monitoring systems will be established to assess the application and effectiveness of such procedures.
- Appropriate training and guidance will be provided for key decision makers such as managers, supervisory staff and those involved in Human Resource Management practices.
- All new employees to the Trust will, as part of their induction (orientation day and new starter e-learning), be made aware of the Trust's commitment and their personal obligation to discharge their responsibilities, as outlined within this Policy, in the course of their employment with the Trust.

The Trust will ensure that appropriate mechanisms are in place for investigating and resolving grievances regarding discrimination and harassment, and any allegations of will be treated seriously and sensitively, and appropriate action taken.

The Trust will also ensure the provision of additional guidance documents to support the implementation of this policy.

## 9.0 IMPACT ASSESSMENTS

This document has been subject to an Equality Impact Assessment, see completed form at Appendix 3

This document is not subject to an Environmental Impact Assessment

## 10.0 EVIDENCE BASE AND RELATED SFHFT DOCUMENTS

### Evidence Base

#### Legislation:

The following current and forthcoming legislation and Government guidelines and the Agenda for Change: NHS Terms & Conditions Handbook, should be taken into consideration when applying this Policy:

- The Equality Act 2010
- The NHS Constitution 2010
- Human Rights Act 1998

- Part Time Workers Regulations 2000
- Fixed Term Workers Regulations 2003
- Work and Families Act 2006
- Civil Partnerships Act 2004
- Gender Recognition Act 2004
- Protection from Harassment Act 1997

#### **Department of Health Guidance:**

- The Vital Connection – an Equalities Framework for the NHS
- Findings from the Stephen Lawrence enquiry
- The NHS Executives Positively Diverse Programme
- Improving Working Lives Standard Practice Plus Audit Instrument

#### **Codes of Conduct published by:**

- Commission for Equality and Human Rights
- ACAS Guidance Notes
- Regulatory Bodies, e.g. Nursing and Midwifery Council, General Medical Council, Healthcare Professional Council.

#### **Related SFHFT Document`s:**

- Maternity, Adoption, Paternity and Shared Parental Leave Guidance
- Dyslexia Guidance
- Reasonable Adjustments at Recruitment Guidance
- Definitions of Discrimination and Bullying Guidance
- Equality, Diversity and Inclusion Strategy
- Anti-Racism Strategy
- Transgender Policy and Guidance
- Trust CARE Values
- Flexible Working Policy and Procedure
- Dignity at Work Policy
- Raising Concerns (Whistleblowing) Policy and Procedure
- EDI Guidance

## **11.0 KEYWORDS**

Discrimination, fair, identity, law, rights, characteristics, legislation, bullying, harassment, legislation, inequality, equality act, EDI,

## **12.0 APPENDICES**

Appendix 1 – Discrimination Explained

Appendix 2 – Pronouns Explained

Appendix 3 – Microaggression

Appendix 4 – Equality Impact Assessment

## **APPENDIX 1 – TYPES OF DISCRIMINATION**

Discrimination occurs when someone treats a person or particular group of people differently, especially 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 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.

## APPENDIX 2 - PRONOUNS EXPLAINED

We use pronouns all the time in our everyday life, for e.g. “Have you heard from Sue?”, “No, she hasn’t got back to me”; *she* is the pronoun in this example. When using pronouns in communication about people, we usually use the pronoun that we think best suits how a person appears.

The use of pronouns is becoming more common in society but why is their use increasing?

They are a small and really simple way to be more inclusive and to normalise discussions around gender. In particular, it enables transgender people (a person whose gender is different from their "assigned" sex at birth) and non-binary people (a person who does not identify as "male" or "female") to let others know which pronoun/s they prefer which avoids them being misgendered.

If you are cisgender (your gender identity matches the sex you were assigned at birth), the use of pronouns are a way of letting people know how they can refer to you but also shows your allyship to trans and non-binary people and that you don’t make assumptions about gender.

The use of pronouns can also be useful for anyone who has a gender-ambiguous name, for example, Charlie, Jan, Kerry or Dale.

Common pronouns:

- He/him/his (for someone who might identify as male)
- She/her/hers (for someone who might identify as female)
- They/them/their (for someone who might not identify as male or female, these pronouns are ‘gender neutral’; they are also used when referring to multiple people.

## **APPENDIX 3 – MICROAGGRESSION**

### **What is Microaggression?**

Derald Wing Sue, a Professor of Counselling Psychology at Columbia University describes microaggressions as: “the everyday slights, indignities, put-downs and insults that members of marginalised groups experience in their day-to-day interactions with individuals who are often unaware they have engaged in an offensive or demeaning way”.

Microaggressions often occur because of bias, judgements and/or deep-rooted beliefs about people that may not be right or reasonable and they often occur ‘without thinking’. We need to be more aware of microaggressions because whilst it is acknowledged that they don’t always happen with the intent to cause harm, the impact on individual’s can be significant.

Because of their subtlety, they can be difficult to identify but they are commonplace. It is important that colleagues recognise and challenge microaggression in the workplace from patients and colleagues. There is the potential of more obvious discrimination to happen when microaggression’s go unchallenged.

### **Examples of microaggression**

It is impossible to provide an exhaustive list of microaggressions, but the examples below should be helpful in identifying them;

#### **Verbal**

##### **Race**

- I don’t want to be treated by a foreigner
- I don’t want international nurses in this department, you can’t understand what they’re saying
- I give up, I can’t say your name
- I bet you make a good curry

##### **Religion or Belief**

- Making derogatory comments about colleagues who are fasting
- Why don’t you take your headscarf off if you’re hot
- Why are they allowed to leave the department just so they can pray

##### **LGBTQ+**

- Why don’t we have a PRIDE for straight people
- There’s only two genders
- You don’t look gay

##### **Disability/Mental ill-health/Neurodiversity**

- You look so normal
- They’re playing the mental health card again
- My OCD is going to kick in

##### **Behavioural**

- Telling jokes about minority groups (ethnic minority people, disabled people, LGBTQ+ people)
- Ignoring a female doctor/consultant and interacting with a male (who is less senior)
- Approaching a male with a query, assuming they are the senior person in the team
- Not considering someone for career progression because they are older/younger
- Tutting and/or sighing when someone enters a space we are in

## Impact of Microaggression

The term 'micro' can make it sound like a microaggression is small and of no consequence, but 'micro' refers to the subtlety of the behaviour, not the impact.

Because of their subtlety, the impact of microaggression can evolve over time; the first time a person is subjected to one, they may feel awkward but the second time, it feels more uncomfortable and the third time will feel even more uncomfortable and hurtful; because they are commonplace in society as well as in the workplace, they can happen often so if a person makes only one remark, it is very unlikely to be the only time the victim has heard that remark (or similar).

When someone is experiencing regular microaggression in the workplace, the following impacts are likely;

- Reduced professional performance
- Poorer mental health and wellbeing
- Absence from the workplace
- Leaving the workplace

Microaggressions make individual's feel uncomfortable and marginalised and the presence of them in the workplace can lead to individual's feeling unwelcome and/or excluded. For people who are the victim of them, they are unlikely to feel a true sense of belonging which all our colleagues should have when working at Sherwood.

For more education on microaggression and how to challenge occurrences in the workplace, colleagues are encouraged to attend the Allyship in Sherwood training. Information, dates and booking can be found via this link: [SFH Course Booking \(nnotts.nhs.uk\)](https://nnotts.nhs.uk/sfh-course-booking)

## APPENDIX 4 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

<b>Name of service/policy/procedure being reviewed:</b> Equality and Diversity Policy			
<b>New or existing service/policy/procedure:</b> Existing			
<b>Date of Assessment:</b> 11 <sup>th</sup> April 2024			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	The policy is to promote equality, diversity and inclusivity for all protected characteristics and to eliminate discrimination.	Equality Impact Assessments to take place for any policy, procedure or guideline.	None
<b>Gender</b>	The policy is to promote equality, diversity and inclusivity for all protected characteristics and to eliminate discrimination.	Equality Impact Assessments to take place for any policy, procedure or guideline.	None
<b>Age</b>	The policy is to promote equality, diversity and inclusivity for all protected characteristics and to eliminate discrimination.	Equality Impact Assessments to take place for any policy, procedure or guideline.	None
<b>Religion / Belief</b>	The policy is to promote equality, diversity and inclusivity for all protected characteristics and to eliminate discrimination.	Equality Impact Assessments to take place for any policy, procedure or guideline.	None

<b>Disability</b>	The policy is to promote equality, diversity and inclusivity for all protected characteristics and to eliminate discrimination.	Equality Impact Assessments to take place for any policy, procedure or guideline.	None
<b>Sexuality</b>	The policy is to promote equality, diversity and inclusivity for all protected characteristics and to eliminate discrimination.	Equality Impact Assessments to take place for any policy, procedure or guideline.	None
<b>Pregnancy and Maternity</b>	The policy is to promote equality, diversity and inclusivity for all protected characteristics and to eliminate discrimination.	Equality Impact Assessments to take place for any policy, procedure or guideline.	None
<b>Gender Reassignment</b>	The policy is to promote equality, diversity and inclusivity for all protected characteristics and to eliminate discrimination.	Equality Impact Assessments to take place for any policy, procedure or guideline.	None
<b>Marriage and Civil Partnership</b>	The policy is to promote equality, diversity and inclusivity for all protected characteristics and to eliminate discrimination.	Equality Impact Assessments to take place for any policy, procedure or guideline.	None
<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	The policy is to promote equality, diversity and inclusivity for all protected characteristics and to eliminate discrimination.	Equality Impact Assessments to take place for any policy, procedure or guideline.	None
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b> Equality, Diversity and Inclusion sub-cabinet			
<b>What data or information did you use in support of this EqIA?</b> Equality Act 2010 Workforce Race Equality Standard Workforce Disability Equality StandardNHS EDI Improvement Plan			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b>			

No
<p><b>Level of impact</b></p> <p>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (<a href="#">click here</a>), please indicate the perceived level of impact:</p> <p><b>Low</b></p>
<p><b>Name of Responsible Person undertaking this assessment:</b> Ali Pearson, EDI Lead</p>
<p><b>Signature:</b> Ali Pearson</p>
<p><b>Date:</b> 11<sup>th</sup> April 2024</p>