NHS
Worcestershire Health and Care
NHS Trust

Inclusion
Diversity and Equality
Strategy

2018 - 2022

CONTENTS

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Who are We

Worcestershire Health and Care NHS Trust (WHCT) (the Trust) was established on 1 July 2011. We are the main provider of community, specialist primary care and mental health services to the population of Worcestershire and beyond. This means that the needs of the population can vary significantly as can service provision.

We have a skilled and committed workforce of around 4000 employees in clinical and non-clinical roles and record over 26,000 patient contacts every week. The profile of the Trust workforce can be found on the following link: http://www.hacw.nhs.uk/our-services/equality-and-diversity/staffing-profile/

For more information about us see **Appendix A**

Many services are integrated with Worcestershire County Council and we work in partnership across the county with social care, acute services, voluntary organisations, our commissioners and communities to deliver high quality services. This evolving national and local context has provided us with opportunities to improve how we integrate and work with our partners. We recognise that working in collaboration is the only way to deliver the aim of our Sustainability and Transformation Partnership (STP) plan.

The vision for 2020/21 across the STP footprint of Herefordshire and Worcestershire is that "Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people".

For more information see Trust Strategy

http://www.hacw.nhs.uk/EasySiteWeb/getresource.axd?AssetID=99039&servicetype=Attachment

http://www.hacw.nhs.uk/EasySiteWeb/getresource.axd?AssetID=144350&servicetype=Attachment

Our Trust Vision, Values and Strategic Priorities

Our Vision (what we aspire to be) and our **Values** (what we will believe in and how we will behave) have been developed following extensive engagement work with both employees and stakeholders. Implicit in our Vision and Values is Inclusion, outstanding care is achieved through dignity, respecting and valuing people. See **Appendix B** for more detail.

These values and strategic priorities have been translated into a number of objectives and priorities which are set out in the Trust Strategy 2017-2021, Trust Business Plan and the supporting Service Delivery Unit Plans. The Trust's Vision and Values are integral to this Inclusion Strategy.

Worcestershire Demographics

The Inclusion Strategy is shaped by a number of factors, not least, the demographics of the population we serve and what services we provide in response to the profile of the county. Key demographic influences include:
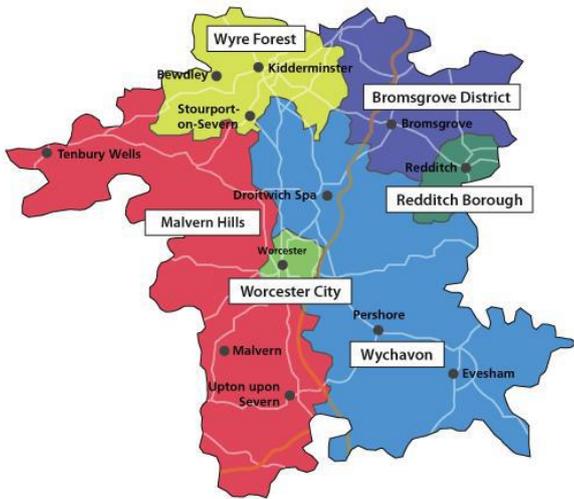
The county has a higher than average population of people aged 65 years of age and over compared to the country. It is anticipated that by 2020 the percentage of people aged 65 and over will be higher than the population of people aged 0-19. This has implications for the services provided.

Although the county is relatively prosperous, by contrast it also contains some of the most deprived areas in the country.

Worcestershire's cultural landscape is changing and increasing in diversity, there is a longstanding population of Romany Gypsy and Irish Travellers. More recently the county has experienced migration from European Union movement (Portugal and Poland) and refugees from Syria.

There is a much lower than average representation of Black and Asian Minority Ethnic (BAME) in Worcestershire compared to the Country. Polish is the most commonly spoken language after English followed by Urdu and Punjabi. There are 22 languages spoken in the County where 300 or more people speak that language.

More specific data can be found via http://www.hacw.nhs.uk/our-services/equality-and-diversity/useful-links-and-information/ and click on 'Public Health Census Data'

Our Inclusion Vision, Aim and Objectives

Vision

We are committed to greater equality in healthcare for the communities we serve, ensuring that everyone has access to the healthcare they need, while treating people with respect, dignity and fairness.

Key to a successful organisation is strong leadership characterised by a well-led environment in which the workforce are valued for their diversity and contribution through their experience, knowledge and skills. Every person working for the Trust has a personal responsibility for implementing and promoting Equality, Diversity & Inclusion.

We seek to create an environment that is inclusive and supportive for everyone and deliver a health service culture in Worcestershire in which:
- diversity is valued and respected – an approach that embraces both visible and non-visible difference
- the community works together effectively in an atmosphere of trust, harmony and respect
- discrimination and prejudice are challenged
- both direct and indirect discrimination (including associative and perceptive discrimination), harassment and victimisation will not be tolerated

Aim

Our Inclusion aim is to integrate equality and diversity into everything we do – a natural part of everyday practice, owned by everyone – for inclusion to be an infusion and not an intrusion. We:
- believe that everyone should be treated fairly with honesty, respect and dignity
- will not tolerate unfair treatment or discrimination
- will aim to have a workforce that reflects the diverse community we serve
- will value and make the best use of our diversity of talent so that the people in our workforce fulfil their potential
- understand that the successful delivery of our services is dependent on WHCT ensuring that we are engaged with and can respond to our different stakeholder interests and needs
- will empower people to take ownership of their healthcare and be involved in their care
- will involve those who use our services in the design and delivery of those services through co-production and engagement
- will take every opportunity to advance the principles of Inclusion in the design, delivery and review of all our functions, policies and practices.

Thinking about and planning inclusion into what we do from the start, results in mainstreaming inclusion into the fabric of our organisation, our services, philosophy, values and policies where inclusion sits alongside social, economic and logistical factors when delivering high quality care that is inclusive of our community and their needs.

Promoting Inclusion: Why it matters

Since 1948, the NHS has always known continuous change and transition in response to the social, economic and political demands of the time. Current challenges and influences are as great and demanding as ever and for this reason the role of inclusion, diversity and equality in delivering a Health Service that is robust for the future, is no less important. We have the NHS Constitution, the Legal Framework, National Standards (eg the Workforce Race Equality Standard) and tools (such as the Equality Delivery System), all contributing to the requirements of the Equality Act 2010 and other legislation - See **Appendix C**. While legislation tells us how we must comply, inclusion is about the morale code of how we want to behave to ensure that both service users and employees are valued, treated with respect and dignity which leads to the ethical and business incentives that are gained from doing the right things.

Definitions -

- **Equality** is about creating a fairer society where everyone can participate and has the same opportunity to fulfil their potential. Equality is backed by legislation (eg, Equality Act 2010) designed to address unfair discrimination, harassment and victimisation.

- **Diversity** acknowledges and values the full range of differences between people both in the workplace and in wider society. Diversity extends beyond the 9 protected characteristics – See **Appendix E** and includes other factors such as, social, economic and educational background, professional background, hierarchical level, working style, etc.

- **Inclusion** refers to an individual's experience within the workplace and in wider society and the extent to which they feel valued and included. Inclusion is the process of valuing all individuals, ensuring everyone is involved not in spite of their differences but because of them.

Where Inclusion can be found in our Trust

Worcestershire Health and Care NHS Trust is committed to delivering a health service that is fair, inclusive and where human rights are integral to our values and delivery of services, addressing health inequalities and improving health outcomes. At the core of Human Rights are the principles of FREDA – Fairness, Respect, Equality, Dignity and Autonomy, it is difficult to deliver healthcare without including these principles. We will take every opportunity to strengthen our approach to equality and diversity in the design, delivery and review of all our functions, policies and practices incorporating the FREDA principles. Human Rights are part of our everyday presence, often not realising their existence.

Employment Practices

As part of our **Recruitment and Selection process**, we make it explicit to all successful applicants we have an expectation that our employees will be inclusive in the delivery of their care and services. This is reinforced in the **Terms and Conditions of employment**

The Trust's **Equality and Inclusion Policy** is a reference document encompassing our responsibilities and response to legal requirements and National Standards with our Vision and

Values to achieve an Inclusive organisation for our workforce and those we serve.   The Policy is reviewed every 3 years or earlier to reflect the changing landscape of the NHS, changes to legislation or national/local standards.

New members of ehave a **Trust Induction** where the Trust's approach to Inclusion is shared and their role in promoting diversity and applying inclusion is highlighted. Within 3 months of starting employees complete mandatory **Equality, Diversity and Human Rights e-learning training,** this is updated every 3 years for all employees.

Inclusion continues to play a part in **development programmes and Trust Policies,** ensuring for example, venues are accessible, materials provided according to the needs of the individual and policies and other Trust documents demonstrate that an equality impact analysis has been undertaken.

As a **Mindful Employer**, we work with the Charter for Employers who are **Positive about Mental Health**. This provides easier access to information and support for employees who experience stress, anxiety, depression or other mental health conditions.

Freedom to Speak Up Guardian

It's really important that our employees not only feel able to raise any concerns but importantly, they are confident the Trust will support them and will make any changes necessary to ensure we continue to offer the best possible care to our patients. The role of the Freedom to Speak Up Guardian is to act as an independent and impartial source of advice, supporting employees to raise concerns using existing tools and policies including their line managers, and to offer assistance when these channels may not be appropriate or have been exhausted. The Guardian has the authority to speak to anyone within the organisation, including the board, or if necessary, outside the Trust, so employees can feel assured that their voice will be heard regardless of their level or role.

Disability Confident

Disability Confident is a government-run scheme to help organisations successfully employ and retain disabled people and those with health conditions. The scheme is voluntary and we are currently signed up to Level 2, this means that from a recruitment perspective we:

- actively look to attract and recruit disabled people
- provide a fully inclusive and accessible recruitment process
- offer an interview to all disabled applicants who meet the minimum criteria for a vacancy
- are flexible when assessing people so disabled job applicants have the best opportunity to demonstrate that they can do the job
- proactively offering and making reasonable adjustments as required
- encourage our suppliers and partner firms to be Disability Confident
- ensure our employees have appropriate disability equality awareness

We are also committed to supporting our employees who have a disability, or who become disabled during their employment, by:

- promoting a culture of being Disability Confident
- supporting employees to manage their disabilities
- ensuring there are no barriers to the development and progression of disabled employees
- valuing and listening to feedback from disabled employees

Work Forward

As a Trust, we encourage other organisations to offer opportunities to people recovering from mental ill health.   In this respect it is important that we lead by example through our own employment opportunities:
- offering unpaid Work Experience Placements.
- offering short-term Paid Training Placements.
- working to promote healthy work environments

Interpreting and Translation

Worcestershire Health and Care NHS Trust want to make sure that all patients, service users and their carers can find the information they need and have access to the services they need. The provision of effective and accessible Interpreting and Translation Services allows healthcare professionals to achieve this aim and service users to make informed choices about their care and treatment. The Trust is committed to eliminating barriers that people with **a disability, impairment or sensory loss** and those whose first language is not English may experience so that they are able to communicate in a way that is right for them.

Spiritual and Pastoral Care

The Trust operates a Chaplaincy Service in accordance with NHS Chaplaincy Guidelines 2015 'Promoting Excellence in Pastoral, Spiritual and Religious Care'.

All aspects of chaplaincy support extend to relatives, carers and employees, both religious and non-religious.   We have a Lead Chaplain/Provider of Pastoral Support who leads teams of volunteer chaplains based at each community hospital.   Chaplaincy teams include an Ordained: Interfaith minister; Anglican ministers: Minister of the Free Church and members of the laity.

Evesham Community Hospital has a multi-faith space, there is also a non-religious spiritual area.   Patients are encouraged to ask for their own faith leader to attend and provide support. Employees are encouraged to contact the Lead Chaplain who has access to a network of religious/faith groups. Liaison also takes place between Chaplains from adjoining Trusts and the private sector such as Hospices. We share support and advice as well as access to representatives within a number of ethnic communities.

Engagement, Co-production and Partnership

WHCT is committed to working in partnership with those who are impacted by our services and any proposed changes; and those who have an investment in the work we do in the pursuit of improving healthcare services. These include our workforce, service users, stakeholder's individuals and public and private sector organisations.

Community Engagement Strategy can be found on the following link:
http://www.hacw.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=102221

We believe that engagement should take place at every level - individually, with groups, through patient experience, organisationally and with the wider community. We have a Patient Engagement Panel and a Youth Board. This work is underpinned by the principles of co-production.

The **Co-production Strategy** can be found on the following link:
http://www.hacw.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=77237

Proposed service changes are always informed by engagement activity - this may be a co-production event, a consultation, a survey or a focus group. Information about current service re-designs is always posted on the main website, with information on how to get involved.

The Trust is committed to collecting and acting on Patient and Carer Feedback. There are a number of mechanisms available for patients and carers to share their experiences of the services that we provide. These include:

- Face-to-face feedback with staff
- Compliments, complaints and PALs
- The Friends and Family Test
- Patient and Carer Surveys
- Focus groups and forums
- Patient stories

The feedback collated helps the Trust to understand what really matters to people accessing our services. It enables us to identify when things go well and learn from this but is also an opportunity to identify areas for improvement and act on this. The collection of feedback by all these routes have enabled changes and improvements to be made in services.

Sometimes the small changes that we are able to make can make the biggest difference to patients and carers.

We value feedback and will continue to be proactive in developing as wide a consultation process as possible, through Equality Impact Analysis, Equality and Diversity System and other mechanisms. We are committed to making the routes for involvement and consultation as open, accessible and transparent as possible. Effective stakeholder engagement will help to make our policies and their delivery more focused on users, patients, carers and employees. Health services designed and developed around the needs of the people who use them and developed through constructive engagement will benefit all.

Compliments and complaints are responded to promptly with a robust monitoring system ensuring that all those using our services have equity in accessing feedback mechanisms irrespective of their personal characteristics.

Equality Objectives - Public Sector Equality Specific Duty (PSED)

The Trust, under the PSED must publish equality objectives to meet one or more aims of the general duties.

Equality Objectives 2018-2022

- Improve communication and information access for those who have a disability, impairment, sensory loss, who do not speak English as their first language and those who have difficulty in reading and/or writing.

- Accessible Information Standard – to improve the recording of communication needs, monitor how these needs are being responded to and what actions are taken to ensure requests for alternative formats are available in a timely manner.

- Ensure EIA's are undertaken for all Trust activity. In the event of a new service, service re-design or change to service the Trust seeks community involvement through the Equality Advisory Group.

- Reduce health inequalities that affect Patient care – mental health, inequalities, seldom heard groups. Engage with communities for example LGBT+ PRIDE events, black history month, Anti-Slavery day etc.

- Each Service Delivery Unit will identify an inclusion, diversity and equality goal that is specific to their area of service delivery and embedded inclusion into the decision-making processes of their service.

- Develop an employee reference group network that represent the profile of our Trust Workforce with emphasis on minority characteristics such as, BAME, LGBT+ and people with Disabilities.

- Develop accessible and inclusive engagement processes that patients, carers, service users are empowered to influence patient experience of healthcare and reduce healthcare inequalities.

See **Appendix E** – Equality Objectives related to the General Duty of the PSED and EDS Goals

To achieve our 'Inclusion' aim and the Equality Objectives above, our key inclusion priorities for 2018-2022 are, to:

- attract and retain a diverse and talented workforce where people are valued and to become an employer of choice. This in turn will attract more diversity into our Trust, skilled, capable individuals who deliver high quality care that is inclusive

- maintain our **level 2 Disability Confident** status, to recruit and retain people with a disability in roles across the Trust improving the diversity of our employee profile to reflect the population we serve

- develop **web-based (disability) access guides** for Trust sites, to help our service users and others to familiarise themselves with our buildings and facilities prior to visiting, making, for some people, a new environment less stressful

- **act on recommendations identified through the annual WRES** collaborating with the Staff Equality Reference Group to improve the workplace experience of our BAME employees

- implement the **Workforce Disability Equality Standard (WDES)** to improve the workplace experience of employees who have a disability in our workforce

- provide **Spiritual and Pastoral care** in line with the demographic needs of the community we serve, including those who have no religion or belief. The Trust seeks to have multi-faith rooms or quiet rooms in all our community hospitals by 2022

- take opportunities to make communication and information accessible to the needs our service users, resulting in better healthcare outcomes

- create and embed a Staff Equality Reference Group to work in partnership the Trust on inclusion issues to identify and address issues to improve equality in the workplace

- improve the collection of workforce profile data, in particular, disability data, to reduce 'non-disclosure' and 'prefer not to say' to identify gaps in equality and take steps to address any imbalances

- ensure compliance of our **PSED under the Equality Delivery System (EDS2).** Formalise a rolling programme over 4 years

Accountability & Governance

The Inclusion Agenda is incorporated in the Director of Nursing and Quality's portfolio.

Operational Structure

There is a dedicated operational lead for Inclusion responsible for implementing the strategy and driving the Inclusion Agenda across the Trust. The lead sits within the Organisational Development team and is accountable to the Director of Nursing and Quality.

Trust Management Board

Board Members are directly accountable for Trust's compliance of legislation and mandated National Standards. Trust Board, via committees, receives an annual report on progress and updates on achievements.

Inclusion Steering Group

The purpose of the Group is to safeguard the governance of Inclusion in our Trust. The group provides strategic direction in response to the Equality Act 2010, the Public Sector Equality Duty, National initiatives and standards, demonstrating application and compliance resulting in on-going monitoring, measured outcomes and improvements. The delivery of this Strategy will be overseen by the Inclusion Steering Group and reviewed annually to ensure that it remains fit for purpose, takes account of changes in; Legislation; Standards (new or revised) Consultation/feedback; Health equality outcomes; Data/Information. Agenda items are escalated to Workforce Committee, Quality & Safety Committee and Executive Senior Management Team resulting in Board Approval where necessary.

The Chair is the Director of Nursing and Quality and the Deputy Chair the Associate Director of Workforce.

A number of sub-groups operationalise the strategic direction of the Steering Group for example -
- Workforce Race Equality Standard
- Equality Delivery System
- Equality Impact Analysis
- Accessible Information Standard

The Inclusion Steering Group ensures the Trust is cognisant of its Inclusion responsibilities and remains transparent in our practices which are open to public scrutiny. The role of the Group and employment of sub-groups is central to the aims and objectives of this Strategy being implemented and actioned.

Equality Advisory Group

The advisory group represents the needs of patients/service users and carers, to help ensure the equal access to healthcare services as a consequence of redesign/transformation. The group is newly formed and will be involved in the monitoring and scrutiny of equality inclusion issues in relation to service development, transformation and change management programmes, the Equality Delivery System (EDS) for Goals 1 and 2, and policy and strategy documentation.

Membership consists of individuals, voluntary and community representation across the 9 protected characteristics and includes other groups, such as, carers, the homeless, travelling communities. The Group is Chaired by the Head of Stakeholder Engagement and/or Patient Involvement and the Organisational Development and Inclusion Practitioner.

Links to other Strategies and Plans

This strategy draws on other Trust Strategies and plans, including -

- Trust Strategy
- Workforce Strategy
- Procurement Strategy (Modern Slavery Act)
- Quality Governance Strategy
- Strategic Approach to Co-Production
- Estates Strategy (Accessible buildings – Disability Discrimination PLACE)

Development of the Inclusion Diversity and Equality Strategy

The Inclusion, Diversity and Inclusion strategy has been developed in consultation with -

- Inclusion Steering Group
- Staff Reference Group (BME, LGBT+, Disabilities)
- Equality Advisory Group
- Lead Chaplin and Pastoral Care
- HR
- Staff Side /Union
- Freedom to Speak Up Guardian

Monitoring and Review

The Inclusion Strategy will be subject to review and evaluation to ensure its continued effectiveness through the Inclusion Steering Group.

Appendix A – Who are We

We serve a population of approximately 570,000 over an area of approximately 670 square miles, with a relatively high proportion of residents over 65 years. There are 6 districts in the county. Major urban areas include the towns of Worcester, Bromsgrove, Kidderminster, Redditch, Evesham and Malvern and it is in these areas that most of the population live.

Our services are provided from over 100 sites – a wide range of community settings including people's own homes, community hospital wards, acute mental health wards, recovery units, community clinics, outpatient departments and schools. We also provide in-reach services into acute hospitals, nursing and residential homes and social care settings.

To deliver services we organise our clinical teams into Service Delivery Units (SDUs) as follows -
- Countywide Community Services
- Neighbourhood Alliance Teams
- Adult Mental Health and Learning Disabilities
- Children, Young People and Families
- Specialist Primary Care (including Dental Services, Sexual Health Services)

Our income for 2017/18 is circa £175m and this is largely secured from our core commissioners - Clinical Commissioning Groups, Local Authority and NHS England.

Appendix B – Our Vision, Values and Core Focus

Vision

Our Trust vision and values were originally developed with employees, patients and key stakeholders when the Trust was established in July 2011. Since then, we have matured as an organisation and our ambitions for quality improvement and for working in partnership with the community and employees have evolved and changed. Our new vision "***Working Together for Outstanding Care***" was agreed in May 2017.

Values

Our values act as the guiding principles for the way we behave and act and in every way they reflect our commitment to working in partnership. Along with the vision, they shape and drive what we do and how we work and how we recruit new employees and develop existing ones; they influence all our decisions and support us in our efforts to improve quality.

They are fundamental to the culture we are creating and all employees, regardless of band or role, are encouraged to live to these core values every single day that we as a Trust believe are so important. We want our people to display integrity, loyalty and to have the courage to always do what is right. We want them to listen to, to learn from and to empower patients, always putting them first. And we want us all to support each other in our efforts.

Feedback from employees tells us the Trust values reflect our culture and what we as an organisation are trying to achieve, and that the acronym CARES is meaningful for us all. In line with updating the Trust's vision, we have simplified the values, so they better reflect what lies at the heart of how services are delivered.

These revised values are outlined below -

Courageous: Displaying integrity and having the courage to do what is right
Ambitious: Always striving for outstanding care
Responsive: Listen, learn and act
Empowering: Freedom to choose and live well
Supportive: Support each other and be proud of what we do

Strategic Priorities and Enablers

Our original strategic goals and objectives have been in place from 2011 to 2017 and have guided our engagement and planning to date. These focused on providing excellent patient experience and safe and effective services, working better with partners and being an efficient, inclusive and sustainable organisation.

The STP collaboration has given us an opportunity to look again at the original goals and objectives and move towards new strategic priorities that provide clarity for employees and stakeholders about our core focus, which is:

> **To be efficient and effective**
> **To focus on prevention**
> **To provide integrated care with partners**
> **To provide sustainable pathways for specialist services**

These will be achieved by a number of 'enablers' which are:

- *Quality Improvement*
- *Co-production*
- *Partnership with Employees*
- *Effective Estates Utilisation*
- *Digital Innovation*

Appendix C – Legislation and National Standards

This strategy is influenced by 'statutory requirements', standards and duties as well as the Trust Values, Codes of Conduct and the NHS Constitution. When demonstrating the success of this Strategy some measures will be mandatory eg Accessible Information Standard and others will be local measures.

Legislation

The Equality **Act 2010** protects people from discrimination in the workplace and in wider society. The Act makes it unlawful to directly or indirectly discriminate based on one or more of the **9 protected characteristics[1]**, and provides protection in terms of harassment, victimisation, perceptive or associative discrimination

The Trust recognises the Universal Declaration of Human Rights, Article 1 – **Our common humanity makes us equal in worth, dignity and rights,** in accepting this principle we include other groups who could experience inequality when analysing equality impact, eg carers, homeless, travelling communities, unemployed, people resident within deprived areas, different socio/economic groups eg low income families, asylum seekers/refugees, prisoners and so on.

With the Equality Act came the **Public Sector Equality Duty (PSED).** The broad purpose of the equality duty is to:
- integrate equality into the day-to-day business of public sector organisations and
- make public sector bodies accountable for their performance on equality and transparent to public scrutiny

It requires 'equality' considerations to be reflected in the design of policies and other documents and the delivery of services and for these issues to be kept under review.

PSED has 'General' and 'Specific Duties'.

General Duties:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

Specific Duties:
- publish equality information annually which includes our employees to demonstrate compliance with the general duty across all its functions. This includes information on the effect that policies and functions have had on our employees, patients and others; Analysis to determine whether our policies and practices have furthered the three elements of the general equality duty; Details of the information used in carrying out the analysis; Details of engagement it undertook with people with an interest in our equality performance
- publish equality objectives to meet one or more aims of the general duty at intervals of no greater than four years.

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[1] See Appendix E for Definitions of the 9 Protected Characteristics

The Human Rights Act 1998 says all public authorities, including the Trust, must act in accordance with the European Convention of Human Rights. Among the rights set out in the Act are the right to liberty and security; respect for private and family life; freedom of expression; and freedom of thought, conscience and religion. The Act protects the right to enjoy these freedoms without discrimination.

The Human Rights Act has brought some important changes to the Mental Health Act. For example, it has led to a change in the rules for identifying the nearest relative so that gay and lesbian partners are treated in the same way as people who are married or in heterosexual relationships.

The Trust will continue to take account of human rights in both employment and service delivery, and in particular the rights of individuals detained under the Mental Health Act.

All national legislation is underpinned by the Human Rights Act (1998) 4 which:
- makes it unlawful for a public authority to breach Convention 1* rights, unless an Act of Parliament meant it could not have acted differently
- means that cases can be dealt with in a UK court or tribunal, and
- says that all UK legislation must be given a meaning that fits with the Convention 1* rights, if that is possible

At the core of Human Rights Approach are the principles of -
- **Fairness** - Right to a fair trail
- **Respect** - Right to respect of family and private life
- **Equality** - Right to not be discriminated against in the enjoyment of other human rights
- **Dignity** - Right not be toured or treated in an inhuman or degrading way
- **Autonomy** - Right to respect for private life

The Trust will continue to:
- put human rights principles and standards at the heart of policy and planning
- empower employees and patients with knowledge, skills and organisational leadership and commitment to achieve human rights based approaches
- enable meaningful involvement and participation of all key stakeholders
- ensure clear accountability throughout the organisation

The key articles within the Convention relevant to the delivery of health services include:

Article 2	Everyone has the right to lie, except in very limited circumstances
Article 3	No one shall be subject to degrading or de-humanising treatment
Article 5	Everyone has the right to liberty and security of person
Article 8	Everyone has right to respect for their private and family life
Article 9	Everyone has the right to freedom of thought, conscience and religion...subject only to such limitations as are prescribed by the law and are necessary in a democratic society in the interests of public safety, public order, health morals or the freedoms of others
Article 10	Everyone has the right to freedom of expression, subject to the same requirements as in Article 9, but the exercise of those freedoms carries duties and responsibilities to the rights of others
Article 11	A person has the right to assemble with other people in a peaceful way. They

	also have the right to associate with other people including the right to form a trade union. These rights may be restricted only in specified circumstances
Article 14	Prohibition on discrimination – the enjoyment of right and freedoms set forth in the convention shall be secured without discrimination on nay ground such as sex, race, colour, language, religion, political or other opinion national or social origin

Modern Slavery Act 2015

Modern Slavery includes servitude, human trafficking being forced or deceived into work, not able to leave freely and easily without threat to themselves or their family resulting in undesirable or unsafe conditions. WHCT has a zero-tolerance approach to Modern Slavery within our Service and Supply Chain. All employees, Bank/Agency Workers and Contractors have a responsibility for the prevention of slavery and human trafficking and are encouraged to report concerns to their Line Manager, the Trust's 'Freedom to Speak Up Guardian' or Law enforcement bodies.

The Trust publishes an annual statement with action approved by the Board of Directors via the Trusts Audit Committee and signed off by the Director of Finance on behalf of the Trust.

Further information can be found by accessing the following links: http://www.hacw.nhs.uk/our-services/modern-slavery-act/

Standards

Executive non-departmental public bodies (NDPB) such as NHS England, set out priority areas for quality improvement in health and social care by developing national standards.

The following are key standards relating to Inclusion:

The **Workforce Race Equality Standard (WRES)** measures 'race equality' within the workforce. The Standard provides the opportunity to identify trends and themes and recognise potential inequalities related to race and track what progress is being made to identify and promote talented Black and Minority Ethnic (BME) employees. The findings are produced in an annual report based on NHS Staff Survey data and local workforce data.

Further information, reports, data can be found by accessing the following links: http://www.hacw.nhs.uk/our-services/equality-and-diversity/workforce-race-equality-standard/

The **Workforce Disability Equality Standard (WDES)** The aim is to tackle the inequality & discrimination sometimes faced by disabled people within the NHS workforce, to promote equality and to help the NHS maximise the potential of all its employees – including those with a disability.

From April 2018 a new **Workforce Disability Equality Standard (WDES)** is due to be implemented. The WDES is expected to be largely similar to the Workforce Race Equality Standard (WRES). It will require the Trust to report key data around our employment of people with a disability, and make recommendations about how we plan to continue to improve.

The **Accessible Information Standard (AIS)** is about communicating and providing information for people with a **disability, impairment or sensory loss** with the aim to:

- make information more accessible and
- communicate with patients, service users and carers in a way that is relevant to their needs.

To achieve this, all service users are asked if they have a communication or information support need, record their response and where there is a need create an alert on our systems. Where an individual has stated their communication needs we will communicate in the format that is more meaningful to them, for example, Easy Read, large print, by telephone, electronically and so on.

Further information, reports, data can be found by accessing the following links:
http://www.hacw.nhs.uk/our-services/equality-and-diversity/accessible-information/

In meeting our obligation under the Equality Act and specifically the PSED, WHCT adopts and applies:

Equality Delivery System v.2 (EDS) - is designed by the NHS to improve equality performance and deliver better outcomes for patients, communities and employees which are personal, fair and diverse. A wide range of stakeholders from across protected groups, patient groups, community organisations, the voluntary sector and other interested groups assessed evidence presented, provide feedback, make recommendations and grade our equity performance in relation to 18 outcomes grouped under 4 goals -
1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and inclusive staff
4. Inclusive leadership

Further information, reports, data can be found by accessing the following links:
http://www.hacw.nhs.uk/our-services/equality-and-diversity/equality-delivery-system/

Equality Impact Analysis (EIA) – is a tool for helping us to consider the potential or actual impact that our Trust activities (services, projects, strategies, policies etc) might have on our community (employees, patients, carers & others), from different equality perspectives. The philosophy of the Trust in undertaking EIA's, is adapted from the 'Social Model of Disability' which accepts that a person with a disability is not disabled by their impairment but by the physical, intuitional, social and attitudinal barriers in society. It is then acknowledged that a person with a disability is not the problem, barriers are the problem. Adapting and applying the social model, by removing 'barriers' to all nine protected characteristics and areas of inequality provide better services to our patients and workforce, by making sure that all our activities promote equality, challenge discrimination, and are genuinely accessible to all the

The analysis should be an open and honest assessment carried out early in the planning, development or review of any activity within the Trust. It also enables any adjustments to be made at an early stage, rather than as an afterthought. This helps to ensure that equality is placed at the heart of everything we are doing.

Further information, reports, data can be found by accessing the following links:
http://www.hacw.nhs.uk/our-services/equality-and-diversity/equality-analysis/

Appendix D – Definitions of the 9 Protected Characteristics

Protected Characteristic	Definition
Age	Where this is referred to, it refers to a person belonging to a particular age (for example 19 year olds) or range of ages (for example 50 to 65 year olds).
Disability	A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
Gender Reassignment & Transgender	The process of transitioning from one gender to another. This includes people who have expressed a desire to change gender, live as another gender or dress as another gender.
Marriage & Civil Partnership	Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
Pregnancy & Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Race	Refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
Religion & Belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Sex	A man or a woman.
Sexual Orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Appendix E – Equality Objectives 2018-2022

The following are our Equality Objectives, related to the General Duty of the PSED.

Equality Objectives 2018-2022	Relating to General Duty of PSED	Relating to EDS Goal
Improve communication and information access for those who have a disability, impairment, sensory loss, who do not speak English as their first language and those who have difficulty in reading and/or writing. **Accessible Information Standard** – to improve the recording of communication needs, monitor how these needs are being responded to and what actions are taken to ensure requests for alternative formats are available in a timely manner.	Advance the equality of opportunity Foster good relations	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse 2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care
Ensure EIA's are undertaken for all Trust activity. In the event of a new service, service re-design or change to service the Trust seeks community involvement through the Equality Advisory Group.	Eliminate discrimination Foster Good relations Advance equality of opportunity	1.2 Individual people's health needs are assessed and met in appropriate and effective ways 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
Reduce health inequalities that affect Patient care – mental health, inequalities, seldom heard groups. Engage with communities for example LGBT+ PRIDE events, black history month, Anti-Slavery day etc..	Eliminate discrimination Foster Good relations Advance equality of opportunity	1.2 Individual people's health needs are assessed and met in appropriate and effective ways 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
Each Service Delivery Unit will identify an inclusion, diversity and	Eliminate discrimination	

equality goal that is specific to their area of service delivery and embedded inclusion into the decision-making processes of their service	and/or Foster Good relations And/or Advance equality of opportunity	
Develop an **employee reference group** network that represent the profile of our Trust Workforce with emphasis on minority characteristics such as, BAME, LGBT+ and people with Disabilities.	Eliminate discrimination Foster Good relations Advance equality of opportunity	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source 3.6 Staff report positive experiences of their membership of the workforce
Develop accessible and inclusive engagement processes that patients, carers, service users are empowered to influence patient experience of healthcare and reduce healthcare inequalities.	Eliminate discrimination Foster Good relations	

Appendix F – Equality Impact Analysis of the Inclusion, Diversity and Equality Strategy 2018-2022

Title of Activity	Inclusion, Diversity and Equality Strategy 2018-2022		
Date form completed	24 January 2018	Name of lead for this activity	Patrick McCloskey

Analysis undertaken by:			
Name(s)	Job role	Department	Contact email
Patrick McCloskey	Organisational Development & Inclusion Practitioner	Organisational Development	patrick.mccloskey@nhs.net
Abigail Oates	Organisational Development & Inclusion Facilitator	Organisational Development	abigailoates@nhs.net
Rachel Kirkwood	Head of Organisational Development	Organisational Development	r.kirkwood@nhs.net
Equality Advisory Group	The Strategy has been shared with the Equality Advisory Group, the strategy and the EIA will be submitted to the for their scrutiny and will be updated as a result of their feedback		

What is the aim or objective of this activity?	This Inclusion Strategy describes our vision and direction when implementing equality and diversity in our organisation both for our service users and workforce alike. The Strategy sets out our aim and objectives and the key priorities for the next 4 years (2018-2022). Our Inclusion aim is to integrate equality and diversity into everything we do – a natural part of everyday practice, owned by everyone
Who will this activity impact on? *E.g. staff, patients, carers, visitors etc…*	The Strategy impacts on all our Services and Service delivery. This includes our Workforce (clinical/non-clinical, full/part time; contracted including honorary contracts, bank staff, agency workers, volunteers, students etc) and the community we serve (patients, service users, carers, advocates, visitors)

Potential impacts on different equality groups:

Equality Group	Potential for **positive** impact	Neutral impact	Potential for **negative** impact	Please provide details of **how** you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	☑			*The Strategy is aimed at all ages as the service we deliver is from birth onwards. There is no known negative impact for any age group.* *In terms of positive impact, one of our Equality objectives is to complete an Equality Impact Analysis for all our activities (including the development of new services) and for these to be reviewed by our external Equality Advisory Group for any large scale change. It is anticipated this will help ensure the needs of*

Equality Group	Potential for **positive** impact	Neutral impact	Potential for **negative** impact	Please provide details of **how** you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
				all ages are considered.
				One of our priority actions is also to set up an internal employee equality reference group to consider the issues and improve the experience of employees with any of the nine protected characteristics – including age
Disability	☑		☑	*The Strategy makes specific reference to people with disabilities in particular our commitment to the Accessible Information Standard, DisabledGo, Disability Confident, Workforce Disability Equality Standard and the Work Forward programme. There are specific objectives in relation to our Public Sector Equality Duty. These considerations are for both service users and workforce. Generally, there are positive impacts for people with disabilities that do not have a negative impact on people who do not have a disability*
				There is also a specific objective in the strategy to develop an employee equality reference group, focussing particularly on improving the experience of disabled staff
				There may be some negative impact for individuals seeking to read this document, who may have a visual impairment or sensory loss.
Gender Reassignment	☑			*The strategy's aim is to create an environment that is inclusive and supportive for everyone, irrespective of any of the nine protected characteristics – including gender reassignment*
				The impact of any Trust activity on those who may be experiencing / have experienced gender reassignment will be taken into account through all Equality Impact Analysis. The impact of large scale changes will also be considered by our external Equality Advisory Group. If any potential negative impact is identified, proposed actions would be identified. The Freedom to Speak Up Guardian is also available to ensure all employees are able to raise concerns and for impartial advice
Marriage & civil partnerships	☑			*There is no known reason why this strategy should have a negative impact on the marital or civil partnership status of an individual through their employment or the delivery of their care.*
				Our continued engagement with staff around the Equality Delivery System, implementation of Equality Impact Analysis for all activities, and engagement with the external Equality Advisory Group will help to ensure that any marriage and civil partnership impacts are considered
Pregnancy & maternity	☑			*Indirectly, Pregnancy and maternity is taken into consideration for Equality Impact Analysis for all our policies, documents, service delivery etc. In circumstances where there is a negative impact every effort will be made to negate the impact by using alternative procedures, care/treatment/ medication etc.., vicariously, this means that this has a positive impact on this Strategy for service*

Equality Group	Potential for **positive** impact	Neutral impact	Potential for **negative** impact	Please provide details of **how** you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
				user and employees who have a specific policy in terms of maternity within employment
Race	☑		☑	*The Strategy applies to everyone, both workforce and service users, with the intention of celebrating differences. This includes all races ensuring that practices are inclusive and considerations and adaptions are made to take into account cultural identity. This includes e.g. offering interpreting & translating services for people whose first language is not English* *We have specific objectives in the strategy to develop an employee equality reference group, with BME staff to be a particular focus, and to implement the actions identified from our Workforce Race Equality Scheme action plan.* *There may be some negative impact for individuals seeking to read this document, for whom English is not their first language*
Religion & belief	☑			*All aspects of chaplaincy support extend to relatives, carers and employees, both religious and non-religious. Our Lead Chaplain/Provider of Pastoral Support leads teams of volunteer chaplains based at each community hospital. Chaplaincy teams include an Ordained: Interfaith minister; Anglican ministers: Minister of the Free Church and members of the laity. Within the Strategy there are specific objectives to create spaces for reflection, contemplation and spiritual comfort for all our service users and workforce whether they have a religion, belief or not.*
Sex	☑			*The Strategy applies equally to all genders and applies to both our service users and our workforce.* *Our Equality objective of completing Equality Impact Analysis of all our activities and significant changes will help to identify any potential negative impact on either sex, and enable actions to be identified to address these.*
Sexual Orientation	☑			*There are specific objectives within this strategy relating to the LGBT community, eg* • *Reduce health inequalities that affect Patient care* • *Develop an employee reference group network that represent the profile of our Trust Workforce with emphasis on minority characteristics such as LGBT+* *The Trust also plans to continue to engage with local events such as Worcestershire PRIDE.* *EIA and Equality reference groups consider Sexual Orientation as part of their audit and holding the Trust to account. Reference Group members represent the profile of Worcestershire including sexual orientation.*
Additional Impacts *(What other groups*	☑			*Potential positive impacts for other underrepresented groups include that the strategy makes explicit reference to the Modern Slavery Act, and the Trust's zero tolerance approach to this within our services and supply chain. We also publish a statement*

Equality Group	Potential for **positive** impact	Neutral impact	Potential for **negative** impact	Please provide details of **how** you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
might this activity impact on? e.g. carers, homeless, travelling communities etc.)				*annually on our website to this effect*

Level of impact

If a potential negative or disproportionate impact has been identified from this activity:

	Yes	No
Could this impact be considered direct or indirect discrimination? There is no known direct or indirect discrimination in the Strategy the purpose of the Strategy to ensure an open and honest approach ensuring inclusion, equality and diversity.		☑
If yes, how will you address this?		

If the impact could be discriminatory, please contact the Inclusion Team to discuss actions

	High	Medium	Low
What level do you consider the potential negative impact to be?			☑

If the negative impact is high, a full equality impact analysis will be required

Action Plan

How could you minimise or remove any negative impact identified, even if this is rated low?
This strategy document will be made available in alternative languages & formats as necessary, to make it accessible by different races, language speakers, as well as those with a disability, impairment or sensory loss.
How will you monitor this impact or planned actions? While there is a potential negative impact for people who have visual impairments in reading the Strategy. The Strategy can be produced in a format that is suitable for the needs of an individual eg large print, audio etc on request.
The Inclusion Strategy will be subject to review and evaluation to ensure its continued effectiveness through the Inclusion Steering Group.
Future Review Date: *July 2022 or sooner -   as there may be changes to legislation or national standards or new standards or legislation. Equality Objectives are identified in support of the Public Sector Equality Duty, these will be reviewed and may be changed, adapted or replaced with objectives are current and relevant to the time.*

Once completed, please attach this form to the relevant proposal, strategy, policy etc and submit for approval via normal channels