Leading for Equality, Diversity and Inclusion

Strategy 2018 – 2020
## Table of Contents

**INTRODUCTION** 1

**SETTING THE CONTEXT** 2
- What is equality, diversity and inclusion? 2
- Our legal duties 3
- The local context 3

**OUR STRATEGY** 8
- Overarching principles and approach 8
- Linkages to other strategies and plans 10

**OUR WORK PROGRAMME** 11
- Talent - our staff 11
- Patients 12
- Improvement and innovation 12
- Living our values 13

**MEASURING SUCCESS** 13
- Delivery of *Leading Equality, Diversity and Inclusion* 14

**GOVERNANCE AND ACCOUNTABILITY** 16

**APPENDICES** 18
- Appendix 1: Legislation and national standards 18
- Appendix 2: Definition of the 9 protected characteristics 21
Introduction

_Leading for Equality, Diversity and Inclusion_ outlines our ambitions to become a truly inclusive employer and service provider for our staff, patients and local health community. It builds upon our positive culture and improvement journey over the last five years and supports our mission to _provide the excellent care we would expect for our own families._

As a large NHS employer, The Royal Bournemouth Hospitals NHS Foundation Trust (RBCH) recognises we have a corporate responsibility to engage our whole community. Valuing diversity ensures an inclusive environment for potential staff and service users. We also know that celebrating individual difference and bringing diverse teams together with disparate styles and talent will foster innovation and continuous improvement for patients, service users, their families, carers and our staff.

The Royal Bournemouth Hospitals NHS Foundation Trust (RBCH) is hugely privileged to have been selected as one of NHS Employers Equality and Diversity Partners for 2018/19. This will provide an important opportunity for us to work in partnership with other health and social care partners and the voluntary sector to further refine our equality, diversity and inclusion (ED&I) approach.

We are extremely proud of our achievements so far but the evidence from our statutory ED&I reporting and _listening weeks_ suggest we need to do more to actively take account of equality, diversity and inclusion in our core business. This strategy outlines our approach and intent – a deliverable plan that will strive to:

- eliminate unlawful discrimination, harassment and victimisation;
- improve year on year the reported patient and staff experience for protected groups;
- reduce health inequalities for protected groups by improving access to all services.
SETTING THE CONTEXT

What is equality, diversity and inclusion?

**Equality** is about fair treatment - making sure everyone is treated fairly and given the same life opportunities. It is not about treating everyone in the same way, to achieve the same outcomes. Different people have different needs. For example making reasonable adjustments for disabled people (providing correspondence in audio for visually impaired patients removes barriers to equality of opportunity and helps prevent discrimination). Equality recognises that people’s needs may need to be met in different ways.

**Diversity** refers to characteristics relevant to our identity and important for individual authenticity, including gender and gender identity, ethnicity and race, religion and belief, nationality, sexual orientation, disability, age and social class. It is about recognising difference. People differ in all sorts of ways which may not always be obvious or visible. Everyone is an individual with their own background, experiences, styles, perceptions, values and beliefs and we need to understand, value and respect these differences. It is a sense of belonging, of feeling respected and valued for who you are.

**Inclusion** refers to an environment which values diversity and enables people to be their authentic self in the workplace. It is about positively striving to meet the needs of different people and taking deliberate action to create environments where everyone feels respected and able to achieve their full potential. An inclusive workplace is characterised by openness, equality and non-discrimination. Inclusion is the enabler of diversity in that it provides the environment for our staff to give their best. In an inclusive culture, different perspectives are actively encouraged and people are confident in their ability to progress within the organisation regardless of their particular background or identity. There is a high level of psychological safety within an inclusive organisation.

**Diversity and Inclusion** is integral to how we attract, retain, develop and engage our staff and the team relationships we have with each other. Inclusive workplaces are crucial for our wellbeing and for minimising risk.
Our legal duties
The Trust is required to provide assurance of delivery against a number of national standards and compliance frameworks for equality, diversity and inclusion (ED&I). These include:

- The Equality Act (2010)
- The NHS Constitution
- The Public Sector Equality Duty (PSED)
- The NHS Equality Delivery System (EDS2)
- The Workforce Race Equality Standard (WRES)
- The Workforce Disability Equality Standard (WDES)

Further details of our legislative framework are described in Appendix 1.

The local context
Leading for Equality, Diversity and Inclusion has been developed in response to our current gaps in compliance against national standards and, more importantly, engagement with staff as part of our National Equality and Diversity Week (2017) and a series of Listening Events in March – May 2018. During this time we visited many of our wards and departments to encourage conversations about diversity and inclusion. We asked staff:

- what should we do?
- what would make a difference?
- what do you need to know?
- what support would you find helpful?

We also used these events to develop real life stories about diversity and difference amongst our staff and as a result, we will introduce our Humans of Hospitals campaign in May 2018.

In the first quarter of 2018 – 19 we also launched our first Lesbian, Gay, Bisexual and Transgender Staff (LGBT) Network and our European Staff Network.

Our next section summarises the feedback and some of the personal comments from staff.
What have we learned?

Our model of staff networks with members and supporters / allies has been very successful.

This has been strengthened by messages of support from our Chief Executive and the Senior Leadership Team and a commitment to support staff through our Equality, Diversity and Inclusion Committee.

We don’t have a Transgender Equality policy or protocols. Staff report inconsistency across the Trust on how issues are handled in wards and departments. ‘I want to do the right thing for my team member who is transgender. I don’t want to say the wrong thing’

Christchurch Day Hospital

‘we feel empowered and trusted to make small changes and suggestions for improvements’

‘I’m a Staff Nurse. The only maternity uniform is available in white. I’ve lost my role identity. I’m constantly asked if I am agency or Bank’

‘Feels like we are an island once you come over that crossing. We appreciate how the wards and departments work but its not reciprocated’

Visual communication cards used by our speech and language therapy teams.

They would like to share these Trust wide to help ward teams communicate with patients with language and speech barriers.

“When I wear my Porter’s uniform I feel I wear the Harry Potter invisibility cloak”

What have we learned?
What have we learned?

LGBT staff network launched 14 February 2018 in partnership with our colleagues at Poole Hospital. A Committee appointed and monthly meetings underway with 20 Members and 100 Allies.

Training and Development
On our trolley walks we heard stories of staff who wanted to develop their skills but believed the training was not for them ‘only for senior staff’. We were able to check with our training and OD team and bust these myths. PALS staff now aware they can access difficult conversations training and ward staff in our Derwent suite supported with their catheter training.

Quality Improvement
Lots of staff have ideas and feel they have a voice to make suggestions for improvements.

‘Sometimes it’s hard to have the time to commit to improvement projects. Need flexible working to make this happen’

‘I made a suggestion and I got good feedback. It wasn’t taken up but I was pleased someone listened to my idea’

‘I know there is QI training but thought it was only for senior staff’

‘What’s the point of making suggestions, nothing changes’

‘One of our team members has the highest nominations for #thankyou. Not everyone knows that’

In our SAU ward staff proudly display their nationalities alongside their photo. They are proud of their multi-national team and celebrate difference.

‘Choose a job you love and you won’t have a single day of your life’

‘Our roles are disappearing as we move towards paperless. We feel unwanted. We are being squeezed into a smaller and smaller place. We asked for a rest area. It’s not very restful’

Using the word “just” has an impact – just clerical, just back office.

‘Please call us support staff, because that’s what we do, support patient care’
Sometimes I don't know what to say, what is politically correct or not as it does change quite often. Information would be really helpful.

‘We use our overseas staff to help us translate. It’s quicker and easier and puts the patients at ease. Why can’t we recognise this huge resource we have in our teams?’

I am a carer for my husband and son. Sometimes it’s difficult to balance home and work. Not everyone understands how hard that is, caring at home and work.’

European Staff Network launched on 11 May 2018 with 26 members and 160 allies.

What have we learned?

More staff networks are planned.
BAME (Black Asian Minority Ethnic) Mental Health and Carers
What have we learned?

'I know of many staff in our hospitals who are working below their professional status, a doctor, a qualified nurse. They qualified overseas and have to work at a lower grade due to registration. That seems a shame we have these hidden talents.’

Assistant Practitioners Course

‘I’m proud and very grateful for the opportunity. I managed to balance work and home life and felt well supported by the training team. I’m 54 and I didn’t have the chance to go to University. Now I have completed a University course and I manage my own bay of patients’
OUR STRATEGY

RBCH is working towards becoming a truly inclusive employer and service provider. We are committed to the elimination of discrimination, reducing health inequalities, promoting equality of opportunity and dignity and respect for all our patients, service users, their families, carers and our staff. We want to create an environment and culture that celebrates diversity and inclusion and in line with our values, nurtures and a harnesses difference for the benefit of patients.

The objectives within our *Leading for Equality, Diversity and Inclusion* strategy link closely to those described in the Trust’s Quality Account and the Care Quality Commission’s (CQC) domains of safe, effective, caring, responsive, and well led. It will be refreshed every twelve months as part of our annual planning round.

Overarching principles and approach

We have agreed a set of core principles that underpin the development and delivery of our ambitions and priority areas. These will help guide our work and re-fresh our approach to equality, diversity and inclusion. We want to achieve deeper cultural change moving beyond compliance and ‘tick boxing’ to a truly inclusive way of working. These principles will raise our level of aspiration and quicken the pace of change.
Goal Alignment
We need to optimise our efforts by linking our ED&I strategy to our corporate objectives. ED&I will be clearly defined as an integral part of our hospital vision, firmly embedded and fundamental to its success. A standalone or silo approach to ED&I will not be enough to create change or visible progress. We will align all of our interventions directly with the objectives of the organisation and to help us prioritise effort and show impact.

Inclusive Leadership
To make sustained diversity and inclusion progress it is imperative that we have the right level of leadership commitment and accountability at all levels within the organisation. Diversity and inclusion is ‘everybody’s business’ and everyone in the Trust is therefore expected to take an active part, supported by the work of our specialist teams. Our Board of Directors will lead by example in relation to inclusive practice and our senior leadership team will focus on operational embedding of ED&I to stimulate action and commitment to behaviour change.

Awareness and Education
To foster a diverse and inclusive workplace we need to create the right levels of ED&I awareness and education, focusing on unconscious bias. This will be a central component to engage the hearts and minds of all our staff, inspire team actions and accountability for change.

Data Driven Decision Making
We need to monitor what good looks like to ensure our interventions have an impact and report regularly to the Board of Directors. A data-driven approach will enable us to dispel any myths regarding our baseline (where are we now?) and track progress. We will identify a small number of metrics we feel are the most critical to ensure success and use quality improvement (QI) methodology to experiment with new ideas and interventions. An end of stage evaluation framework for sustainability of the benefits will also be available to support our leadership teams and help them undertake meaningful equality analysis.
To support these core principles, we will adopt a dialogic change model to ensure we maintain a balance between planning (what should be happening) and space for emergence and dialogue (what is actually happening). This requires our diversity and inclusion approach to be deeply collaborative, ensuring the voices of our staff and patients are at the heart of our work, empowered and constantly helping shape the interventions outlined in our plan. We also recognise there is no quick fix solution and that we need to keep our ambitions and long term goals for diversity and inclusion simple and easily understood. This approach will help us consider what critical interventions work and can make a real difference in a complex system so that we aren’t defeated by lack of resources and competing pressures. We will actively involve staff in changes to policies, procedures and service improvements that will affect them.

**Linkages to other strategies and plans**

In addition to our overall aim and corporate objectives, this plan has been developed with clear alignment to other complementary strategies within the Trust including our:

- People Strategy
- Leadership Development Strategy
- 2018 / 19 Improvement Programme

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1 Dialogic Organisational Development (Gervase, Bushe and Marshak 2015); Relational Organisational Gestalt (Chidiac 2018)
OUR WORK PROGRAMME

Our Equality, Diversity and Inclusion Strategy will focus on four key areas.

**Talent – our staff**

We will:

(a) embed the concept of inclusive leadership behaviours in all our management and leadership development programmes

(b) strengthen accountability and visible leadership via ED&I objectives at care group and directorate level

(c) develop ED&I capability and skills through the introduction of an unconscious bias tool kit and learning package

(d) support the development of a diverse talent pipeline to senior leader roles via sponsorship, mentoring and coaching and promoting positive action programmes e.g. Ready Now

(e) support the next stage in the development of our value based appraisal system, building in greater consideration of talent management approaches

(f) review progress against our gender pay gap, taking action to support progress

(g) ensure our recruitment and selection processes are free from bias so we make the fairest and best selection decisions and positively attract and retain diverse individuals within the workforce

(h) support our health and wellbeing agenda, creating positive working environments for all staff

(i) support career progression of BAME staff and improve development opportunities, taking positive action to promote equality from initial recruitment and beyond

(j) support our staff D&I networks by:
   - increased engagement and encourage collaboration across the networks
   - ensuring effective leadership of the networks via Sponsors and Chairs
   - executive championing by our senior leadership team
   - working with our networks to develop their annual plans based on **RBCH Leading for Equality, Diversity and Inclusion**
**Patients**
We will:

(a) increase patient collaboration and co-production to ensure their views and perspectives inform our D&I work programme
(b) further identify and understand our local community and what their specific needs are
(c) ensure service users, patients, carers and the public have opportunities to share their experience with us and use these shared experiences to inform and improve the design of our services
(d) close the gap on the personal data we collect on patients to make sure we can accurately identify whether or not there are any trends in patient activity that need to be looked into further
(e) improve the monitoring of patient data to shape Trust’s approach to understanding, achieving and measuring equitable access and outcomes for patients
(f) develop a community engagement strategy to benefit from the knowledge and expertise of our local community and help create the health services of the future
(g) work in partnership locally, regionally and nationally to share best practice and develop inclusive initiatives that improve patients outcomes

**Improvement and innovation**
We will:

(a) constantly reinforce the link between ED&I and improvement to access diversity of thought and development of innovative ideas and solutions
(b) use our quality improvement (QI) methodology and experience based design to embed improvements in patient and employee experience
(c) use data and story-telling to identify outcome focused interventions for ED&I

**Living our values**
We will:

(a) be open and transparent in our communications regarding employee experience data for different groups and will work with staff to develop employment practice where employee experience falls short of the standards we are striving for
(b) focus on effectively addressing bullying and harassment, abuse, violence and
discrimination at work to improve and build psychological safety for black Asian and Minority ethnic (BAME) staff
(c) actively involve staff in changes to policies, procedures and service improvements that affect them
(d) champion and recognise inclusive behaviour
(e) celebrate and share good practice of both individuals and teams at RBCH throughout the year
(f) improve our presence at ED&I community events, such as local Pride and encourage staff to take the lead in campaigns
(g) ensure multiple options are available for staff requiring individual support and advice relating to ED&I issues in addition to their managerial team:
  • Freedom to Speak Up Guardian
  • staff networks and ED&I champions

MEASURING SUCCESS

To evidence the impact of our interventions we will:
  • ensure our policies, processes and systems are supportive and monitored in line with the ambitions set out in Leading for Equality, Diversity and Inclusion
  • regularly review our ED&I priorities through feedback and information to ensure they are grounded in reality for patients, public, staff and volunteers;
  • measure and publish progress against our priorities every twelve months on our website and intranet;
  • share and celebrate examples of good practice and improvement;
  • benchmark our ED&I activities in line with national NHS best practice;
  • work in partnership and collaboratively with stakeholders, partners and our local community;
  • review Equality Impact Assessments (EIA) to support meaningful equality analysis and ensure leaders a) identify where a policy, procedural document, service, service developments or organisational change may have a negative impact on a particular group of people and b) develop action plans to address them;
  • ensure ongoing assessment and compliance with the NHS Equality Delivery System (EDS2)
  • increase awareness of the NHS Accessible Information Standard to ensure patients with a disability, impairment or sensory loss receive appropriate communication support from all our services;
• measure progress against the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)
• review external best practice accreditations and standards including Stonewall and Mindful Employer
• review patient feedback through national NHS and Staff Impression surveys, Friends and Family Test, PALS and our complaints process;
• metrics including appraisal rates and access to training opportunities;
• feedback from Exit interviews;
• informal observations and conversations as part of our Action Learning Weeks.

Delivery of Leading for Equality, Diversity and Inclusion

Our Leading for Equality, Diversity and Inclusion strategy demonstrates a three-year forward view of inclusion; however, given the pace of change within the NHS over recent years, it is important to identify a number of key outcomes for delivery in 2018 – 19 (Year 1).
These outcomes will be used to provide assurance to the Board of Directors, commissioners, regulators, patients and staff that the improvement goals we set are being achieved. A more detailed action plan will be monitored by the ED&I Working Group and the Equality, Diversity and Inclusion Committee (EDIC).

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<tr>
<th>Outcome</th>
<th>Method</th>
<th>2018 – 19 Target</th>
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| Improve BAME employee experience | NHS Workforce Race Equality Standard Improvement (WRES)                 | Significant improvement in % of BAME staff experiencing harassment, bullying or abuse from staff (NHS Staff Survey 2017 = 31%)
                                                                 |                                                                                   | Significant improvement in % of BAME staff experiencing discrimination form their manager / team leader or other colleagues (NHS Staff Survey 2017 = 18%) |
| Develop inclusive leadership capability | Core offer for unconscious bias learning and development at all levels within the organisation | Roll out at directorate level
                                                                 |                                                                                   | Ongoing Board development sessions |

14
| **Introduce a mentoring and coaching programme and promote national positive action programmes** | Develop and launch ED&I training module for Governors  
Set targets to improve diversity at Board, VSM and Band 8a and above  
Input into Leadership Development Programme  
*Leading Equality, Diversity and Inclusion* Masterclass and Conference  
Develop national profile as part of the NHS Employers D&I Programme and complete application to become a Stonewall Diversity Champion |
|---|---|
| **Improve communications and engagement** | Positive campaign and network leadership  
Develop and launch intranet site  
Regular communication using personal stories – *Humans of Hospitals* |
| **Develop effective staff networks** | Sponsorship and support from senior leadership team  
Development of BAME, LGBT, European, Mental Health staff networks |
| **Improve use of all ED&I data and compliance against national standards** | Equality Impact Assessment (EIA)  
Public Sector Equality Duty and Equality Delivery System (2)  
Workforce Equality Standards  
Roll out of new Equality Impact Assessment (EIA) process and guideline toolkit and publish on ED&I intranet site  
Significant improvement across all domains with aspiration to become as a minimum ‘Achieving’ in all areas (Year 2)  
Track action plan with targeted interventions against NHS Workforce Race Equality Standard (WRES)  
Track action plan with targeted interventions against NHS Workforce Disability Equality Standard (WDES) |
| Accessible Information Standard | Increase staff awareness of Accessible Information Standard
| | Develop an ED&I dashboard to monitor data quality and compliance

| Develop patient co-production and engagement | Friends and Family Test Focus Groups | Pilot Experience Based Design
| | | Pilot Quality Improvement (QI) training offer for patients and carers

Increase patient and public representation in relevant hospital meetings, committees and groups as part of our continuous improvement plan

GOVERNANCE AND ACCOUNTABILITY

Governance arrangements for ED&I will ensure the Board of Directors receives regular assurance that the Trust is meeting its Public Sector Equality Duty (PSED) and EDS2 continuous assessment requirements.

The delivery of Leading for Equality, Diversity and Inclusion will be overseen by the Equality Diversity and Inclusion Committee (EDIC) and chaired by the Director of Improvement and Inclusion. EDIC is responsible for setting the strategic direction for our ED&I objectives, monitoring their delivery and championing inclusive behaviour within the Trust. EDIC will also ensure that resources are targeted to support key priority areas. Membership includes representatives from each of our inclusion networks, clinical care group and corporate directorate leads. A quarterly update report on progress against our ED&I objectives will be provided to the Board of Directors. EDIC will also contribute to the Trust’s Annual Report.

ED&I Working Group
The ED&I Working Group is responsible for designing key interventions within the Leading for Equality, Diversity and Inclusion strategy. It will also co-ordinate and reviewing progress in line with key actions and agreed timescales and collect feedback from on-going engagement activities.
Staff Inclusion Networks

Our current and proposed staff networks (BAME, European, Mental Health, and LGBT) are open to all staff, volunteers and students undertaking placements. Each network has an elected chair and secretary and is encouraged to attend EDIC on a monthly basis to provide updates on network activities.
There are a number of drivers that inform, regulate and monitor our equality work. These include:

The Human Rights Act 1998
Human rights are the basic rights and freedoms that belong to every person in the world. The Human Rights Act came into force in the UK in October 2000. The Act has two aims: To bring most of the human rights contained in the European Convention on Human Rights into UK law. To bring about a new culture of respect for human rights in the UK – Equality and Human Rights Commission (EHRC)
Equality, Diversity and Human Rights is subject to regulation by the Equality and Human Rights Commission which is a public body set up to challenge discrimination, to protect and promote equality and respect for human rights and to encourage good relations between different people of different backgrounds. In addition to our legal duties, we are required to meet the standards set out by the Care Quality Commission (CQC). There are a range of standards determined by the CQC that are linked both directly and indirectly to equality, diversity and human rights. The delivery of our equality strategy will support us in ensuring that we continually meet these standards.

The Equality Act 2010
On 1st October 2010, the Government introduced the Equality Act. This Act brings together, harmonises and extends current equality law. It replaces the existing anti-discrimination laws with a single act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with it. The Trust has a legal obligation to ensure consistency and protection for people listed under the Act’s ‘protected characteristics’ (see Appendix 2) and introduced a new general duty on public bodies in carrying out their functions to have due regard to:

- the need to eliminate discrimination, harassment and victimisation;
- the need to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- the need to foster good relations between people who share a relevant protected characteristic and people who do not.

Due Regard (Equality Analysis). The Act also requires the Trust to have ‘Due Regard’ to the effects of its policies and practices on its service users and workforce in relation to the protected characteristics covered under the Equality Act. The Trust’s Due Regard process is robust and has been implemented to gather information and mitigate any adverse impact on vulnerable groups. The Due Regard process helps to make fair, sound and transparent decisions based on a detailed understanding of the needs and rights of the groups and individuals affected by the Trust’s policies and practices.
Public Sector Equality Duty (PSED)

The Public Sector Equality Duty came into force on 5th April 2011, a Duty which applies to all public authorities. It brings together previous gender, race and disability duties and extends the protection from discrimination on the basis of the 9 protected characteristics (see Appendix 2). PSED is supported by specific duties set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives.

The Equality Delivery System (EDS2)

The Equality Delivery System (EDS) is an NHS Employers initiative that is aimed at improving equality performance of the NHS and embedding equality into mainstream business. The EDS is about real people making real improvements that can be sustained over time. It focuses on the things that matter the most for patients, communities and staff. It emphasises genuine engagement, transparency and the effective use of evidence. By using the EDS NHS organisations will be able to meet the requirements of the Equality Act.

There are 18 outcomes, grouped under four goals:
1. Better health outcomes for all
2. Improved patient access and experience
3. Workforce – the NHS as a fair employer
4. Inclusive leadership at all levels.

Based on transparency and evidence, NHS organisations and local interests should agree one of four grades for each outcome. Based on the grading, we will identify how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interests will assess progress and carry out a fresh grading exercise. In this way, the EDS will foster continuous improvement.

Workforce Equality Standards

NHS Employers launched the Workforce Race Equality Standards (WRES) in April 2015 giving NHS Trusts a twelve month period to implement the standards and prepare for
publishing 1 April 2016. Similarly the launch of the Workforce Disability Equality Standards (WDES) on 1 April 2017 gives NHS Trusts a twelve month period to implement the standards and prepare for publishing on 1 April 2018. Both schemes assist Trusts to identify areas for improvement in relation to staff from Black Minority or Ethnic (BAME) groups, or who have a disability or long-term health condition by monitoring processes and procedures to ensure equality and limiting discrimination.

**Accessible Information Standard**

The Accessible Information Standard directs defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. It is of particular relevance to individuals who are blind, deafblind and / or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or sensory loss (for example people who have aphasia, autism or a mental health condition which affects their ability to communicate). The Standard applies to our services and it specifically aims to improve the quality and safety of care received by individuals with information and communication needs, and their ability to be involved in autonomous decision-making about their health, care and wellbeing. In 2018 we will commence our active monitoring of the Accessible Information Standard. The systems will prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.

**National Health Service Litigation Authority (NHSLA)**

The National Health Service Litigation Authority handles negligence claims and works to improve risk management practices in the NHS. All NHS Organisations are assessed by the NHSLA against a set of core standards, which encompass equality and diversity. Equality Delivery System (EDS) The Equality Delivery System has been designed to improve the equality performance of the NHS and embed equality into mainstream business. By using the EDS all NHS organisations will be able to meet the requirements of the Equality Act and the CQC. RBCH demonstrates its commitment to equality-based national drivers through providing a health service that respects and responds to diversity of the local population.

*As described in Leading for Equality, Diversity and Inclusion, we oppose all forms of unlawful and unfair discrimination for both service users and our workforce.*
Appendix 2: Definition of the 9 protected characteristics

**Age** – a person belonging to a particular age or age group. An age group includes people of the same age and people of a particular range of ages.

**Disability** – a person has a disability if the person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

**Gender Reassignment** – a person has this protected characteristic if they are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purposes of reassigning their sex, by changing physiological or other attributes of sex.

**Marriage and Civil Partnership** – people who have or share the common characteristics of being married or of being a civil partner can be described as being in a marriage or civil partnership. A married man and a woman in a civil partnership both share the protected characteristic of marriage and civil partnership. People who are not married or civil partners do not have this characteristic.

**Pregnancy and Maternity** – relates to women that are pregnant or within their allocated maternity period. Women that are not pregnant nor within their maternity period do not share this characteristic.

**Race** – for the purpose of the Act, ‘race’ includes colour, nationality and ethnic or national origins. People who have or share characteristics of colour, nationality or ethnic or national origins can be described as belonging to a particular racial group. A racial group can be made up of two or more different racial groups.

**Religion or belief** – the protected characteristic of religion or religious or philosophical belief, is also stated to include a lack of religion or belief. It is a broad definition in line with the freedom of thought, conscience and religion guaranteed by Article 9 of the European Convention on Human Rights.

**Sex** - people having the protected characteristic of sex refers to being a man or a woman, and that men share this characteristic with other men, and women with other women.

**Sexual orientation** – the protected characteristic of sexual orientation relates to a person’s sexual orientation towards people of the same sex as him or her (in other words the person is a gay man or a lesbian); people of the opposite sex from him or her (the person is heterosexual); people of both sexes (the person is bisexual).