



Inclusion Strategy 2021-2025

**outstanding care
listening and leading
working together**

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Our trust's definition of inclusion

Inclusion is being seen, heard and valued,
and celebrating what makes everyone different,
so we can get it right for each other,
our patients and our communities.

”

"Inclusion is being seen, heard and valued, and celebrating what makes everyone different."

Our Inclusion Strategy 2021-25

Our ambitions:

1.

Our colleagues, patients, carers and communities belong and are valued.

- Colleague Networks
- Executive network sponsors
- Inclusion Steering Group
- Inclusion Calendar

2.

Colleagues are encouraged and enabled to speak up safely.

- Cultural Board
- Freedom to Speak Up Guardians
- Wellbeing offer
- Inclusion training

3.

A representative workforce at all levels.

- Visible diversity
- Diverse leadership and board
- Recruitment & promotion
- Reasonable Adjustments Meetings & Passports
- Leadership programmes

4.

Working in partnership with and for our diverse communities

- Engagement with diverse communities
- Voluntary, community and social enterprise partnerships
- Co-production
- Recovery Partners & Recovery College

5.

An accessible organisation

- Clear communications
- Interpretation and translation
- Accessible Information Standard

6.

A networked organisation that works collaboratively

- System working across Somerset
- Shared objectives
- Somerset Equality Officers' Group
- Addressing health inequalities

7.

An informed organisation that actively seeks out inequalities

- Processes and policies
- Dismantling barriers
- Electronic Staff Record
- Demographic collection
- Procurement

Somerset's Equality Objectives

1. We will work with communities to improve the opportunities for integration and cohesion.
2. We will improve public understanding of mental health.
3. We will work with the Gypsy and Traveller community to improve relationships.
4. We will create an equality working group for colleagues in the public sector in Somerset.
5. We will implement and review the Accessibility Information Standard to create consistency around its implementation.



Email: inclusion@somersetft.nhs.uk

1. Introduction

- 1.1 Our vision to be an organisation with an inclusive culture is driven by and underpinned by our values: Outstanding care, Working together, Listening and leading.
- 1.2 An inclusive culture creates the right climate for colleagues to flourish; it is a place where everyone feels that they belong and are valued for the asset of the unique perspective that they bring. An inclusive environment where colleagues feel valued and respected has been shown to be a safer environment for patients, and will help us deliver outstanding care.
- 1.3 A diverse workforce brings a range of experiences, perspectives and contributions that must be seen, heard and valued so that our decision-making is informed, inclusive and creative.
- 1.4 Our diverse workforce must be celebrated, supported and valued if it is to be an engaged, motivated and resilient workforce. The better the experience of our colleagues, the better and safer the experience of our patients.
- 1.5 We recognise that to create an inclusive environment we must take conscious steps to confront and challenge processes which cause inequalities and create processes that value and understand difference. We can only do this if we value and hear the different experiences and perspectives of each other.
- 1.6 There are key health inequalities across Somerset, and we are committed to reducing these inequalities through services that are designed and delivered to improve people's lives and ensure fairer life chances for all.
- 1.7 Our aim is to integrate inclusion into everything we do and to value all people alike. Everyone is responsible for creating an inclusive and supportive environment where the wellbeing of our colleagues, patients and communities is supported and protected.

2. Purpose

- 2.1 The purpose of this strategy is to set out how we will create an inclusive culture that meets the needs of all our colleagues, patients and communities.
- 2.2 This Inclusion Strategy supports the mission and the vision of the trust.

Our trust mission is:

“To deliver outstanding care through a culture of listening, learning and continuous improvement.”

Our trust vision is:

“To be an organisation that gets it right for our patients, carers, colleagues and communities through an inclusive culture of partnership, learning and continuous improvement.”

- 2.4 This Inclusion Strategy helps us meet the objectives of our People Strategy, to have a “diverse, engaged, motivated and resilient workforce, demonstrating the values and behaviours we expect.”
- 2.5 An inclusive culture also improves the safety of patient care – and will therefore help us deliver outstanding care for our patients. Analysis of Care Quality Commission ratings and NHS staff survey results also show a clear pattern between the quality of care and staff experience of discrimination in the NHS.
- 2.6 This Strategy also supports the trust to meet its obligations under the law. A summary of the legislation and national requirements for the trust are included in appendix 1.

3. Definitions

3.1 Inclusion

We developed our definition of inclusion following engagement with our colleague networks and the wider organisation. Our trust definition of inclusion is:

“Inclusion is being seen, heard and valued, and celebrating what makes everyone different.”

Inclusion is where people feel they belong and they are included: everyone’s contribution is equally valued and respected.

Our approach to inclusion is asset-based. This means celebrating individuals’ unique perspectives as a strength that they offer, rather than focusing on a deficit-model which focuses on people facing ‘barriers’ or needing support because they are lacking in some way.

3.2 Equality

The Equality and Human Rights Commission defines equality as:

“Equality is about ensuring that every individual has an equal opportunity to make the most of their lives and talents.”

It is also the belief that no one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability.

Equality recognises that historically certain groups of people with protected characteristics such as race, disability, sex and sexual orientation have experienced discrimination.”

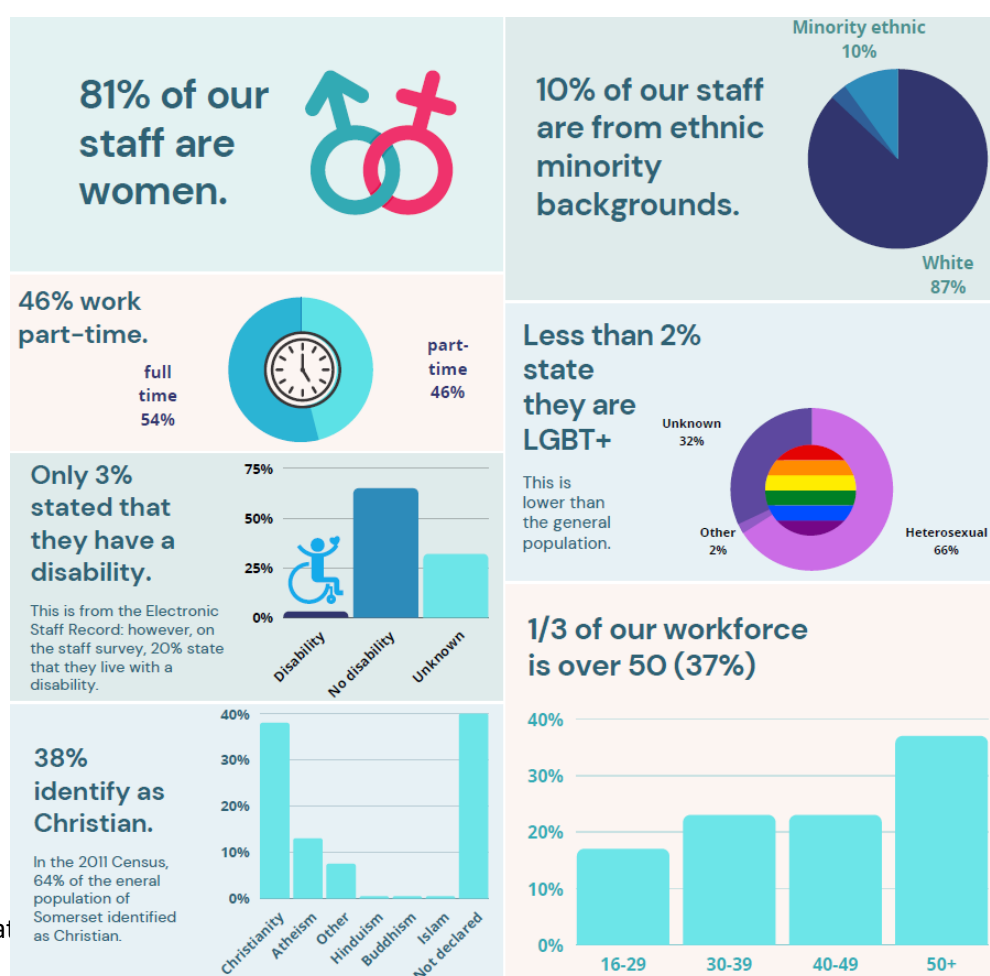
3.3 Diversity

Diversity in the workforce means that our colleagues come from many different backgrounds, cultures and families. It also means that we respect each other's differences. These differences may be religion, culture, values, beliefs as well as experience and perspective. Evidence shows that a diverse workforce is more productive, has a reduced employee turnover, is more innovative, better responds to customers' needs and is more adaptable. However, in order for this to happen, a diverse workforce must be supported and valued.

4. Our diverse trust

- 4.1 This strategy is shaped by lots of things, including the different groups of people in our trust (demographics) and the demographics of our county, Somerset.

Some key statistics about our trust:



The Somerset Population

- 4.2 Direct comparisons with the wider population are not straightforward, because there are no definitive data sources for either Somerset's population or for our workforce. In general, the data for Somerset is taken from the 2011 census, which is updated every ten years (and will therefore be updated this year), and the data for our workforce is taken from the Electronic Staff Record that is available for each employee of the trust.
- 4.3 Compared to the general population of Somerset, Somerset FT differs in the following key ways:
- 81% of our workforce are women (compared with 51% in Somerset).
 - 9% of our workforce are from an ethnic minority (compared with 2-4% in Somerset).
 - The majority of our workforce is working age (compared with 56% in Somerset).
 - In terms of disability, while only 2.5-3% of colleagues have selected that they live with a disability on the Electronic Staff Record, around 20% select this on the Staff Survey, which may reflect a more accurate picture (as this is much easier to complete than the Electronic Staff Record). This would indicate that our staff group who live and work with a disability is higher than that of the working-age population of Somerset, which is around 13%.
- 4.4 There are also key health inequalities across Somerset, which are outlined in detail on the Somerset Intelligence Network website and through the Joint Strategic Needs Assessment published by the Public Health department of Somerset County Council.
- 4.5 In developing our services for the population of Somerset, we are committed to addressing these health inequalities, working towards our Strategic Objective of enabling people to live healthy, independent lives, to prevent the onset of avoidable illness and support active self-management. We are also committed to giving equal priority to mental and physical health, both of our wider population and our workforce.

5. The Equality Act and Protected Characteristics

- 5.1 The Equality Act 2010 provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. It sets out the nine characteristics that are protected under the Act (Protected Characteristics):
1. Age
 2. Sex
 3. Ethnicity
 4. Religion or belief
 5. Disability
 6. Sexual orientation
 7. Gender re-assignment
 8. Pregnancy and maternity

9. Marriage and civil partnership

- 5.3 In addition to these, the trust has also adopted three additional protected characteristics:

10. Homelessness

11. Carers

12. Military families

- 5.4 The latter two are adopted as additional protected characteristics by Somerset County Council and Somerset Clinical Commissioning Group.

6. Where are we now? How are we doing?

- 6.1 There are lots of ways of measuring how the trust is doing in terms of inclusion. Overall, from the evidence we have, the trust does not have any significant areas of immediate concern. However, there are clear areas where the trust can improve. The evidence for this is as follows:

The Equality Delivery System (EDS2)

- 6.2 The Equality Delivery System is a national standard for NHS trusts and provides an inclusion framework based on four goals:

- Better health outcomes for all
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership at all levels

- 6.3 The trust has a reasonable performance against this standard, but there are also areas for improvement. The two main areas for improvement are:

- **Recruitment and a representative workforce:** Our statistics show that people from certain groups (for example, women and ethnic minorities) are under-represented at higher bands.
- **Abuse, harassment, bullying and violence:** Our statistics show that people from certain groups, including LGBT+, people with disabilities and people from ethnic minorities are more likely to suffer from abuse, harassment, bullying and violence.

The Workforce Race Equality Standard (WRES)

- 6.4 The WRES was introduced in 2015 to ensure NHS employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities, and receive fair treatment in the workplace. The main areas for improvement are:

- There are more people from ethnic minorities working in the organisation than in the general Somerset population, however, colleagues from an ethnic minority background are under-represented at more senior levels in the trust.
- Colleagues from a BAME background are more likely to experience harassment, bullying or abuse while at work.
- Colleagues from a BAME background less likely to feel that the trust provides equal opportunities for career progression.

The Workforce Disability Equality Standard (WDES)

6.5 The WDES was introduced in 2019 and is a set of specific measures (metrics) that helps NHS trusts compare the employment experiences of disabled and non-disabled staff. For the trust, the main areas for improvement are:

- Staff with disabilities are more likely to experience harassment, bullying or abuse at work.
- Staff with disabilities do not feel that their work is valued as much as staff without disabilities.
- Staff with disabilities feel pressure from their manager to attend work when not feeling well enough, more so than staff without disabilities.

Gender Pay Gap

6.6 NHS trusts have had to report on their Gender Pay Gap since 2018. The gender pay gap is the difference in the average hourly rate of all men and women across the workforce.

- The median pay gap for both legacy Trusts has worsened since reporting began (currently 8.8% in favour of men for the 2019-20 data); while there has been a small improvement in the mean pay gap, this remains large (22.7%).
- Women are over-represented in the lower bands, and under-represented in the higher bands.

Equality Diversity and Inclusion Maturity Review 2020

6.7 In 2020 the Trust commissioned the internal auditors to carry out an equality, diversity and inclusion (EDI) Maturity Review. This provided assurance the trust does not have any significant areas of concern but is very much on the start of a journey. The areas of improvement identified in the audit were:

- To embed inclusion into the trust's strategy and corporate objectives
- To create a formal Inclusion Strategy
- To improve inclusion governance, particularly in operational services
- To review and update inclusion-related policies
- To improve inclusion processes

- To update and improve inclusion support and training, particularly for managers.

Care Quality Commission

- 6.8 Feedback relating to inclusion from the most recent CQC inspections of our two legacy trusts includes the following areas for improvements:

“Although the trust did deliver what was required regarding equality and diversity, they did not capitalise on the benefits of a diverse workforce which could help it deliver the workforce strategy.” (Somerset Partnership)

“More staff, particularly those from a black, Asian and minority ethnic background, needed to feel safe and valued and to feel confident to report abuse from members of the public, including patients and families.

Produce measurable objectives around career progression for black, Asian and minority ethnic staff.

Strengthen the action already taken to support the black, Asian and minority ethnic staff who have suffered a disproportionate level of abuse, and demonstrate this will not be tolerated within the organisation. Educate staff to further support their BAME colleagues and encourage everyone who suffers abuse or discrimination or witnesses it to report it.

Assess, audit and then improve ... provision of care for patients in the described group against the Accessible Information Standards.” (Taunton and Somerset)

7. Somerset's Equality Objectives

- 7.1 The Equality Act 2010 requires public sector organisations to publish equality objectives at least every four years and share progress against these objectives.
- 7.2 Our aim is to deliver objectives which enable us to reduce inequalities, while recognising it will take time to see the changes we are aiming for by embedding equality, diversity and inclusion.
- 7.3 Our equality objectives for 2019 – 2024 have been agreed across the public bodies in Somerset and are:
- We will work with communities to improve the opportunities for integration and cohesion.
 - We will improve public understanding of mental health.
 - We will work with the Gypsy and Traveller community to improve relationships.
 - We will create an equality working group for colleagues in the public sector in Somerset.

- We will implement and review the Accessibility Information Standard to create consistency around its implementation.

8. Where do we want to be? (Our ambition)

- 8.1 This strategy covers a four year period from 2021 until 2025. We want to create an inclusive culture and recognise that cultural change takes time and commitment.
- 8.2 The strategy will build momentum over the four year period with the aim of making equality, diversity and inclusion at the core of our organisation. In five years' time we want to be:
 1. **An organisation where our colleagues, patients, carers and communities belong and are valued.**
- 8.3 We are a globally diverse trust serving a diverse population. We want to be an organisation where all are valued for their unique contribution, where we meet the healthcare needs of all our communities and where we strive to identify and tackle both healthcare and workplace inequalities.
- 8.4 We want to improve staff surveys scores for all protected characteristic groups showing that colleagues feel that their contribution is valued by the organisation. We want to raise awareness of the value of having colleagues from different backgrounds, and the importance of supporting and listening to different perspectives, particularly in decision-making.
- 8.5 We want to improve patient survey scores and other patient and family feedback, ensuring that we capture demographic information so that we can measure the accessibility of our services and obtain assurance that all groups are reached and heard.
 2. **An organisation that encourages and enables colleagues to speak up safely.**
- 8.6 We welcome constructive, respectful and professional challenge at all levels, without boundaries across roles and bandings.
- 8.7 We will be an organisation where speaking up becomes a normal part of working life, where all voices are heard, where concerns are raised and addressed honestly and where lessons are learned and shared to improve colleagues' and patients' experiences.
- 8.8 We want to improve our colleagues' survey scores relating to bullying, harassment and abuse from patients, colleagues and managers. We want managers and colleagues who are culturally competent and equipped to create an inclusive environment where everyone is valued.
 3. **An organisation with a representative workforce at all levels.**

- 8.9 We want to be an organisation where there is diversity across all levels of our workforce, all the way through to the board. We want to ensure fair recruitment and promotion processes so that everyone ‘can see it and can be it’. We want a diverse leadership that is open and fair to all and is visible across the trust. We want to ensure that diverse perspectives are heard and contribute to decision-making so that we can be creative and innovative in meeting the needs of our colleagues and communities. We will be led by a diverse board that fully understands and is engaged with equality, diversity and inclusion and actively works to embed an inclusive perspective in the trust.

4. An organisation that works in partnership with and for our diverse communities.

- 8.10 We want to improve our engagement with the diverse communities of Somerset. For us to be truly inclusive we will ensure we are engaging with the full diversity of the community we serve. We will aim to reduce health inequalities through improving our relations and engagement with diverse communities so that we can get it right for patients, carers and communities.
- 8.11 We will properly consider the impact of our policies and services on different groups and strive to improve how we reach people in order to meet their needs. We will seek, hear and embed the views of our patients and families and use this information to shape our services.

5. An accessible organisation.

- 8.12 We will be an organisation where patients, carers, colleagues and communities can access services and healthcare smoothly and without barriers or fear of judgement, and will be respected and treated with dignity.
- 8.13 We will be an organisation that communicates and informs through accessible communications for all.

6. A networked organisation that works collaboratively.

- 8.14 We will be a networked organisation that works collaboratively with internal and external stakeholders.
- 8.15 We will promote, support and encourage networks for our colleagues so they have a safe space to share feedback and experiences, access resources and be actively engaged across all levels of the trust.
- 8.16 We recognise the importance of working alongside public, private and voluntary, social enterprise and independent sector partners to improve health equality for the population of Somerset. We will work with our partner organisations across Somerset to develop a more inclusive culture across Somerset, sharing good practice, working towards joint objectives and role modelling the cultural change that we want to see across the county.

7. An informed organisation that actively seeks out inequalities.

- 8.17 We cannot change what we are not aware of: collecting and monitoring data will enable us to measure our employment practices and service delivery to ensure we are the best we can be, and to ensure that we are continually working towards reducing inequalities.
- 8.18 We will work with our colleagues, patients, families and communities to improve the way we collect and use information.

9. How are we doing to get there?

1. An organisation where our colleagues, patients, carers and communities belong and are valued.

- 9.1 Inclusion is being valued: inclusion is embedded in the core Vision of the trust and we will ensure that inclusion is a strong theme throughout our strategies and objectives.
- 9.2 **We will support the five colleague networks** in the trust: Armed Forces' Network, Black, Asian, Minority Ethnic Network, Lived Experience Network, LGBT+ Network and Women's Network. Each Network will have a champion in a named Executive sponsor.
- 9.3 We will embed these in the governance of the trust by establishing a **Cultural Board**. This will be chaired by the Chief Executive and will work with the Board to improve trust decision-making through diversity of perspective, experience and opinion and will provide feedback about the development of the trust vision of an inclusive culture.
- 9.4 We will ensure that our services are inclusive by establishing a new **Inclusion Steering Group**, chaired by the Chief Operating Officer that reports into the Senior Operational Management Team. This group will listen to and respond to feedback from the Cultural Board and drive the Equality Delivery Plan to ensure services become more inclusive and responsive to the communities they serve.
- 9.5 Inclusion is celebrating difference: we will embed this into our working year by publishing a trust Inclusion Calendar and marking significant dates and months through internal communications, social media, story-based campaigning and raising awareness. We will work collaboratively with our Colleague Networks and the Chaplaincy.

2. An organisation that encourages and enables colleagues to speak up safely.

- 9.6 Inclusion is being heard: our **Freedom to Speak Up Guardians** will work closely with our Colleague Networks to promote open and honest feedback

and to build relationships that enable sharing of experiences in safe ways. We will recognise the importance of psychological safety in developing ways for people to feedback concerns and will enable people to do this in confidence.

- 9.7 We will **improve our wellbeing offer** to colleagues to ensure that our Wellbeing Service is acknowledged and seen as culturally competent and able to listen to and support colleagues from all backgrounds, cultures and families. We will use Improving Access to Psychological Therapies' Black, Asian, Minority Ethnic Best Practice guidelines to improve the service we offer.
- 9.8 We will **develop improved training** for managers and all colleagues in how to work with a diverse workforce, equipping people with the skills to have conversations around diversity and inclusion. We will work with our Colleague Networks to identify areas of needs, share stories and coproduce training for the trust.

3. An organisation with a representative workforce at all levels.

- 9.9 Inclusion is being seen: we want to ensure that diversity and inclusion are **visible throughout our trust** for colleagues and for patients.
- 9.10 We recognise that Somerset is, in comparison to some other areas, not a very diverse county in terms of population, but our workforce come from across the globe and from different cultures, families and faiths and we want to ensure that everyone knows that they belong. To do this we will actively seek to **improve the diversity of our leadership** so that this reflects our colleagues and makes people feel pride in their identities and in what they contribute to the trust. We will improve the diversity skills of our board by targeted recruitment of people who work inclusively and are culturally competent.
- 9.11 We will improve **first impressions**: we will have diverse communications and communications that reflect our diverse trust, deliberately avoid narrow stereotypes and meet the needs of different communities. We will work with our colleague networks to ensure job advertisements and recruitment processes are improved to be more diverse and to remove barriers which are preventing talented colleagues from progressing. We will improve the use of NHS Staff Health Passports and ensure that Reasonable Adjustments Meetings are a key part of induction for colleagues with disabilities, long-term conditions or neurodiversity.
- 9.12 We will work with our networks to **improve promotion and recruitment processes**, exploring how we can embed an inclusive approach to recruitment panels and similar processes. We will make our panels more diverse. We will review our leadership programmes and target these in ways that improves the fairness of our promotion and recruitment.

4. An organisation that works in partnership with and for our diverse communities.

- 9.13 We will improve our engagement with the diverse communities of Somerset through closer working with other organisations in Somerset. This work will be led and monitored through the Patient and Family Centred Care Committee.
- 9.14 We will work closely with our partners in the voluntary, community and social enterprise sector in Somerset in order to be as effective as possible in listening and responding to our communities. We will actively seek opportunities to use the VCSE sector as external contractors for engagement and service provision to key communities, recognising their expertise in this field.
- 9.15 We will champion a co-production model of learning and service development. We will work with our Recovery Partners in mental health to co-produce training and improve our understanding of compassionate care for each other.

5. An accessible organisation.

- 9.16 Will we continue to work with our interpretation and translation provider to ensure that all patients and their families have access to communication and healthcare information in the language that they understand. This includes spoken and written languages and British Sign Language.
- 9.17 We will audit and review our compliance with the Accessible Information Standard which ensures that patients who have information needs relating to a disability or sensory loss receive information in a way that they understand (for example, large print, British Sign Language or speech-to-text services).

6. A networked organisation that works collaboratively.

- 9.18 **Internal stakeholders:** We will support the five colleague networks in the trust. These networks will be core members of the trust Cultural Board and will drive the trust's inclusion priorities and projects.
- 9.19 **External stakeholders:** We will work with the Somerset Equality Officers' Group as a member organisation, working with Somerset County Council and the district councils, Somerset Clinical Commissioning Group, SWAST, Yeovil District Hospital and the police and fire services. We will sign up to the Somerset Equality Objectives which are shared across the county by health and social care. We will work with our colleagues in public health to better understand health inequalities.
- 9.20 We will work closely with Colleague and Inclusion Networks from other partner organisations in Somerset, working together in planning and developing shared projects and events.
- 9.21 As the Somerset Integrated Care System develops, and particularly the work towards merger between our trust and Yeovil District Hospital Foundation Trust, we will continue to work collaboratively across the system to a set of shared objectives, in order to embed the principles of this strategy. We will

also work together across organisations to implement the Equality Delivery System 3, once this is launched.

7. An informed organisation that actively seeks out inequalities.

- 9.22 We will seek out, measure and identify processes and policies that systematise racism, sexism, disablism and intolerance, and barriers to equality and individuals' healthcare or professional and personal development and progression.
- 9.23 We will work with the Colleague Networks to **identify processes** that through lived experience have frustrated or hindered colleagues from working to their full potential and we will explore creative ways of dismantling barriers to progress.
- 9.24 We will encourage all colleagues to complete their **Electronic Staff Record** with their demographic information, and get the Board to lead by example in doing so. This will improve our declaration rates for equality measures for race and disability in particular.
- 9.25 We will **agree and publish a template for demographic collection** for research and feedback purposes, so that analyzing data by demographics is undertaken as a routine part of our work.
- 9.26 We will take account of addressing inequalities in procurement, and seek to put in checks and measures to ensure that our stewardship of funds reflects our inclusive values.

10. Monitoring and delivering this strategy

- 10.1 Overall responsibility for equality, diversity and inclusion sits with the Trust board. The Chief Executive Officer (CEO) and a nominated non-executive director will be responsible for the oversight of this strategy and the delivery of the associated action plan.
- 10.2 Supporting the delivery of this strategy will be an annual action plan which will be the trust's Equality Delivery System action plan. An annual equality report and report on the delivery of this action plan will be submitted to the Board.
- 10.3 Monitoring and review of the strategy will be carried out on behalf of the board by the People Committee via quarterly updates.
- 10.4 The People Committee will monitor the following measures:
- Improvement in the grading of the Equality Delivery System 2, moving from developing to achieving across all indicators.
 - Improved experience for all protected groups as measured by the annual NHS staff survey.

- Evidence of equal access, experience and outcomes for all protected groups through improved monitoring and data analysis.
- Improved completion of equality impact assessments carried out with protected groups.
- Improvement in the bullying and harassment results of the NHS staff survey for groups with different characteristics.
- Reduction in the gender pay gap.

January 2021

APPENDIX 1: National and legal context

We recognise our role in meeting legislation and the additional mandates placed on NHS organisations with regards equality. These essential requirements are built into the action plan set out within this strategy and include the following:

Legislation	Requirements
NHS Constitution	<p>First principle:</p> <p>The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.</p>
The Equality Act 2010	<p>The Act provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. It provides us with a discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society. It sets out the nine protected characteristics:</p> <ul style="list-style-type: none">• Age• Sex• Ethnicity• Religion or belief• Disability• Sexual orientation• Gender re-assignment• Pregnancy and maternity• Marriage and civil partnership
Public Sector Equality Duty	<p>The Public Sector Equality Duty requires public bodies and others carrying out public functions to have due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunities and foster good relations.</p>
The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017	<p>These regulations require all organisations with more than 250 colleagues to publish their gender pay gap data each year on 30 March. The gender pay gap is the difference in the average hourly rate of all men and women across the workforce. This data includes the mean gender pay gap, the median gender pay gap, mean bonus gender pay gap, median bonus gender pay gap, proportion of men and women in the organisation</p>

	<p>receiving a bonus and the proportion of men and women in each quartile pay band.</p>
<p>NHS Contractual Requirements</p>	<p>The NHS Equality and Diversity Council (EDC) is co-chaired by NHS England and the NHS Confederation and works to bring people and organisations together to realise a vision for a personal, fair and diverse health and care system, where everyone counts and the values of the NHS Constitution are brought to life. Its purpose is to shape the future of healthcare – to help improve the access, experiences and health outcomes for all patients and communities, and to support the NHS to become a more inclusive employer by making full use of the talents of its diverse colleagues and the communities it serves.</p> <p>The EDC achieves these aims through a number of mechanisms, three of which are mandated in the NHS Standard contract for providers, the Equality Delivery System 2, the Workforce Race Equality Standard and the Workforce Disability Equality Standard.</p>
<p>Workforce Race Equality Standard (WRES)</p>	<p>The WRES is designed to enable NHS organisations to demonstrate progress to ensure that colleagues from a black and minority ethnic (BME) background have equal access to career opportunities and receive fair treatment in the workplace, including a specific indicator to address the low levels of NHS BME Board representation.</p> <p>Initially WRES focused on supporting the system to understand the nature of the challenge of workforce race equality and for leaders to recognise it is their responsibility to help make the necessary changes. Focus has now shifted to change the deep rooted cultures of race inequality in the system, learn more about the importance of equity, to build capacity and capability to work with race. Continuous embedding of accountability to ensure key policies has race equality built into their core, so that eventually workforce race becomes everyday business.</p>
<p>The Workforce Disability Equality Standard (WDES)</p>	<p>The WDES is a set of specific measures designed to enable NHS organisations to compare the experiences of disabled and non-disabled colleagues. This information enables the development of a local action plan, and provides the ability to demonstrate progress against the indicators of disability equality.</p>
<p>The Equality Delivery System 2 (EDS2)</p>	<p>The EDS2 supports NHS organisations in reviewing and improving performance for people with characteristics protected by the Equality Act 2010. Utilisation of the EDS2 provides assurance that the public sector equality duty is being delivered. The main purpose is to help local NHS organisations, in discussion with local partners including local</p>

populations, review and improve their performance for people with the nine characteristics protected by the Equality Act 2010.

In addition to the legislative and contractual requirements there are a number of national drivers and publications necessitating NHS organisations to take account of their responsibility to address equality, diversity and inclusion and promote the benefits of an inclusive and diverse culture. These include:

- Developing people: Improving Care
- The National NHS People Plan
- NHS Long Term Plan
- A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS
- A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce
- NHS workforce race equality: a case for diverse boards