

GHR05

Group Equality, Diversity and Inclusion Policy

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1.0 Policy Statement

The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) collectively known together as the “Group” are committed to promoting equality and maintaining a zero-tolerance approach to discrimination, bullying and harassment.

The Group is committed to promoting measures that eliminate all forms of unlawful or unfair discrimination on the basis of the ‘protected characteristics’ of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Equality, Diversity and Inclusion are central to delivering safe, personalised and compassionate care. We recognise that discriminatory experiences, inaccessible services or unmet communication needs directly impact patient safety, confidence and health outcomes.

The purpose of this policy is to outline the Trusts’ commitment to Equality, Diversity and Inclusion. This commitment goes beyond legal, social and contractual requirements; it aims to create a workplace where employees feel valued, supported and able to contribute fully.

The policy supports our duties under the Equality Act 2010 and the health inequalities responsibilities set out in the Health and Social Care Act 2012.

We are committed to a ‘zero tolerance’ approach to discrimination in our employment practices. both Trusts seek to play a positive role in the communities we serve, both as an employer and a healthcare provider. This approach also applies to the way that service users behave towards our staff and other service users. This means any discriminatory behaviour will be challenged and managed in line with our policies.

The Group is committed to eliminating discrimination and advancing equality not only for our workforce, but also for all patients, families and carers who access our services. We will ensure that our approach to care, communication, access, discharge and involvement is equitable for all communities, particularly those identified through patient voice, thematic feedback, surveys and wider health inequalities data.

Our Patient Experience Enabling strategy explicitly commits to:

- treating patients as individuals
- ensuring equitable access, communication and environment
- improving health inequalities and understanding demographics

2.0 Scope

This policy applies to everyone who works across the Group. It also applies to staff, job applicants, contractors, and locums. Holders of honorary contracts and licenses to attend, research and fixed terms contracts, agency staff, students and other learners who may not be directly employed by either RWT or WHT but are carrying out work on behalf of the Group.

The policy is applicable while at work or on work premises and also outside of work where the activity or situation can be associated with work, for example, team social events.

Looking after our people means creating a positive, engaging working environment and keeping colleagues safe and healthy – both physically and psychologically. It is everyone's responsibility to contribute to an inclusive culture where all colleagues feel that they are treated according to trust values and demonstrate those values in our own compassionate behaviour, to inspire each one of us to thrive and develop to our full potential.

This policy also applies to all patient facing services and interactions. All staff must ensure that patients, carers and service users experience equitable access, involvement and treatment regardless of protected characteristics.

Patient voice, public involvement and engagement are central to the strategy.

3.0 Definitions

Equality is treating all people fairly and equally. As a public authority we have a legal duty under the Equality Act 2010 to promote equality, with due regard to the 9 protected characteristics.

Diversity is recognising and valuing the different contributions that all staff, patients, their families and the wider community that the Trust serves, can bring to the organisation.

Inclusion is the extent to which employees feel valued and included. The Trust regards the importance of building a culture that empowers people to feel a sense of belonging, and their contribution at work is valued.

Equity in NHS EDI means recognising and addressing systemic disadvantage so that all patients and staff have fair opportunities, experiences, and outcomes.

4.0 Patient Experience, Engagement, Co production

Our Patient Experience Enabling Strategy is driven by a simple but powerful commitment: to listen, to learn, and to act. These three principles, 'Hear it', 'Learn it', 'Change it', are the golden thread that runs through everything we do. They ensure that patient voices are not only heard but also shape how we work and the improvements we deliver.

To embed this approach across our Trusts, we have refreshed the three improvement pillars as follows:

- Involvement – Patients as Active Partners
- Engagement – Patients as Co-Designers
- Experience – Every Interaction Matters

Each pillar contributes to one or more stages of this improvement cycle, ensuring that feedback leads to action and learning drives continuous change. To strengthen delivery of national priorities, SMART success markers aligned to the NHS 10 Year Health Plan (2025) have been fully embedded within the relevant pillars – ensuring our local actions directly support wider system transformation

Caring for All Behavioural Framework

The Group's Caring for All behavioural framework outlines the compassionate, respectful and inclusive behaviours expected from all colleagues and leaders. As inclusion is a core element of the framework, it supports the delivery of this policy by helping create a culture where everyone feels valued, safe to speak up and able to thrive.

All staff are expected to demonstrate these behaviours in their daily interactions, and managers should use the framework to model, embed and reinforce inclusive practice within their teams.

Further information is available on the Organisational Development intranet pages.

4.1. EDI in Patient Experience & Care Delivery.

At Walsall Hospitals NHS Trust and The Royal Wolverhampton NHS Trust, Equality, Diversity and Inclusion (EDI) is central to delivering safe, fair and person-centred care. Embedding EDI in patient experience and care delivery means ensuring that every patient—regardless of their background, identity or circumstances—can access high-quality care and achieve the best possible outcomes.

A. Communication Equality

Communication equality means ensuring that every patient, carer and staff member, regardless of disability, language, sensory impairment, or background can access, understand and communicate information on an equal basis.

B. Involvement & Co design

Patient involvement and co-design (also known as co-production) are central to how we design, deliver and evaluate services. This ensures that people who use services including patients, carers and communities shape decisions, pathways and improvements from the earliest stage.

C. Accessibility & Environment

Creating an accessible NHS environment means ensuring that patients, carers and staff can access, navigate and use services equally, regardless of disability, impairment, sensory loss or digital capability. This includes both physical environments and digital environments, each governed by specific NHS and legal standards.

D. Addressing Health Inequalities

Addressing health inequalities in the NHS, ensuring that everyone has a fair opportunity to be healthy, and that no one is disadvantaged in accessing care or achieving good health because of who they are, where they live, or what they earn. Addressing health inequalities in the NHS means making healthcare fair, accessible and effective for everyone—especially those who face the biggest barriers or worst outcomes. Grounded in current NHS England policies, national frameworks, and independent analysis.

- Identify and act on inequalities in patient experience scores across protected groups and communities experiencing the poorest outcomes.
- Ensure patient demographic completeness (ethnicity, disability, language, caring status) to support accurate inequalities analysis.
- Use Core20PLUS5 data and local intelligence to prioritise improvement actions.

5.0 Links to National Standards

Our work is guided by key legislative and national standards designed to protect people's rights and promote fairness in healthcare. Together, these frameworks shape how we deliver equitable and inclusive care, and they underpin the work.

Equality Delivery System 2 (EDS2)

EDS2 is a system that helps NHS organisations improve the services they provide for their local communities, better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. EDS2 is aligned to NHS England's Long-Term plan and its commitment to an inclusive NHS that is fair and accessible to all.

Accessible Information Standards

The accessible information standard sets out how providers and commissioners of NHS and publicly funded adult social care services should ensure disabled people and people with impairments or sensory loss:

- can access and understand information about NHS and adult social care services
- receive the communication support they need to use those services

All organisations that provide publicly funded NHS care or adult social care must have regard to this standard. Commissioners of NHS or social care must also have regard to this standard. Complying with the standard will also help organisations to meet their obligations under the Equality Act 2010 and other legislation.

Reasonable Adjustment Digital Flag

Under the Equality Act 2010, organisations have a legal duty to make changes in their approach or provision, called reasonable adjustments, to ensure that services are as accessible to people with disabilities as they are for everyone else. This duty aims to address the recognition that people with disabilities may have equal access to care and services, but without specific adjustments being made, that access may not be equitable.

The flag indicates that Reasonable Adjustments are required for an individual and optionally includes details of their significant impairments, underlying conditions and key adjustments that should be considered.

The flag aims to enable:

- Clear identification of all patients for whom Reasonable Adjustments may be required.
- Identification of patients with impairments including learning disability or autism (and all other relevant key impairments).
- Identification and sharing of key adjustments that will help a care episode go well or happen at all.

- Ubiquitous, consistent visibility and structure of the information – wherever a patient is seen or treated in health and care.
- Identification and maintenance of the information recorded and shared through the Reasonable Adjustment Digital Flag in conjunction with the wishes of patients and carers - leading to tailored, personalised care.

Equality Act 2010: Public Sector Equality Duty (General Equality Duty)

The Equality Act 2010 outlines the nine personal [characteristics that are protected by law](#). It highlights behaviour that is unlawful and sets out our role as a public sector organisation. It highlights behaviour that is unlawful and sets out our role as a public sector organisation.

The aim of the act is to help Britain become a fairer society, improve public services, and help business perform well. Section 149 (1) of the Equality Act (2010) imposes a duty on 'public authorities' and other bodies when exercising public functions to have due regard for the need to:

1. Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act.
2. Advance equality of opportunity between persons who share a relevant Protected Characteristic and persons who do not share it.
3. Foster good relations between persons who share a relevant Protected Characteristic and persons who do not share it.

This duty applies across all protected characteristics and informs how we design services to improve patient access. We meet this duty through data analysis and by publishing annual equality information, including this report.

Health and Social Care Act 2012

Requires NHS organisations to reduce inequalities in access and outcomes.

NHS Constitution

Sets out rights for patients to be treated with dignity, respect, humanity and compassion.

Accessible Information Standard (AIS)

A statutory requirement to ensure that people with communication needs receive information in a format they can understand, and that they can communicate effectively with our staff.

Human Rights Act 1998

Protects people's rights to safety, respect, privacy, dignity and autonomy.

NHS England Health Inequalities Improvement Framework

Guides work to address disparities across the protected characteristics and in areas of deprivation or vulnerability.

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) are a set of specific measures/metrics which enables NHS organisations to compare the workplace and career experiences of ethnic minority and non-ethnic minority, disabled and non-disabled staff.

NHS organisations use the metrics data to develop and publish an action plan, building on high impact actions shared in the EDI improvement plan. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of ethnicity and disability equality. This is to create the cultures of belonging that will improve retention, recruit from the widest possible talent pool and provide sustainable careers.

The Group regularly provides reports to Committees, the Board and NHS England on WRES and WDES data on our performance against the national standards. Progress is monitored through corporate and local action plans.

Gender and Ethnicity Pay Gap Reporting Gender Pay Gap reporting legislation requires employers with 250 or more employees to publish annual statutory calculations, to identify if there are pay gap differences between male, female and ethnic employees and the proportion of the pay gap.

6.0 Staff Networks

Across the Group the following staff networks have been established: -

Name of Network Group	RWT/WHT/Group
BAME Staff Network	RWT & WHT
LGBTQ+ Staff Network	RWT & WHT
Neurodiversity Staff Network	Joint
Armed Force Staff Network	Joint
Disability & Long-Term Conditions	RWT
Carers	RWT
Men's Health	RWT & WHT
Women's Health / Menopause	RWT & WHT
Health & Wellbeing	RWT & WHT

Network groups will also be invited to support cultural competence, community engagement and initiatives that improve experience for patients and carers from their respective groups. More details on how to join these groups can be found on the staff intranet pages

The purpose of the staff networks is to create a safe space for employees to discuss matters and share information with each other. It also allows people with protected characteristics to share ideas, be part of promotions and celebrations across the organization and to help to support each other.

Each network has a sponsor who is a member of the executive leadership team, and responsible for championing their networks at the Trust Board.

Network groups will also be invited to support cultural competence, community engagement and initiatives that improve experience for patients and carers from their respective groups. This is entirely consistent with strategy expectations around community engagement.

Patient Involvement Partners (PIPs)

Patient Involvement Partners are individuals with lived experience who actively contribute to shaping the way care is designed, delivered, and improved across our Trusts. They bring invaluable insight, challenge assumptions, and ensure that the patient voice remains central to decision-making. Whether participating in recruitment panels, codesigning services, or sharing their stories to inform training and strategy, these partners play a vital role in driving compassionate, inclusive, and responsive healthcare

7.0 Roles and Responsibilities

7.1 The Royal Wolverhampton NHS Trust (RWT) and Walsall Healthcare NHS Trust (WHT) Boards

Both Trusts within the Group have a statutory responsibility to give due regard to the Equality Act 2010 and the Human Rights Act 1998. The NHS Constitution also specifies that NHS organisations look after the wellbeing of patients and the workforce. It is therefore essential a culture is established where unlawful discrimination is unacceptable and not tolerated.

In addition, the Board of both Trusts will ensure that the Group's EDI strategic plans underpin the delivery of the Transforming Care Together Strategy and meet the requirements of the Public Sector Equality Duty, as set out under the provisions of the Equality Act 2010

7.2 The Joint Equality, Diversity and Inclusion Steering Group

Monitor progress against agreed EDI strategic priorities and regulatory requirements. In particular: -

- Oversee, monitor and evaluate the development and implementation of Group and Trust EDI objectives.
- Ensures that communication is shared with its members for verification prior to being published Trust wide
- Ensure that progress and good practice is shared internally and externally

7.3 Managers

Managers must lead by example and ensure their teams uphold the Trust's Values, Behaviours, and EDI commitments. In addition to all responsibilities, managers must:

- Take ownership of EDI matters and are accountable for ensuring issues are addressed promptly and appropriately.
- Promote an inclusive culture and ensure equality of opportunity within their teams, promoting diversity within the workforce and acknowledging individual's differences? Encouraging people to feel safe to speak out
- Address inappropriate behaviour promptly, including harassment, discrimination, or victimisation.

- Take all concerns or complaints seriously and follow Trust procedures when issues are raised.
- Ensure reasonable adjustments are identified, implemented, and reviewed for staff, patients, carers, and service users.
- Support staff who report discrimination or harassment and ensure they are not victimised.
- Monitor team behaviours, practices, and decision-making to prevent bias or unfair treatment.
- Ensure accurate and appropriate recording of demographic information in line with Trust policies.
- Make sure all staff complete mandatory EDI training and have access to further development where needed.
- From 26 October 2024, the Group is subject to a new legal duty under the Worker Protection (Amendment of the Equality Act 2010) Act 2023 requiring all employers to take reasonable steps to prevent sexual harassment of workers, including by third parties such as patients, service users and visitors.
This duty is proactive and anticipatory. The Trust must assess risks, identify where sexual harassment could occur, and take proportionate steps to prevent it. Managers are responsible for ensuring their teams understand this requirement, that concerns are taken seriously, and that preventative measures are regularly reviewed.
- Enhance patient-facing EDI duties such as ensuring equitable patient access and experience and patients with disabilities receive reasonable adjustments.

7.4 Colleagues

All colleagues are responsible for helping create a fair, respectful, and inclusive environment in line with the Trust's Values and Behaviours through:

- Promoting equality of opportunity.
- Treating everyone with dignity and respect including fellow colleagues and patients and their families.
- Avoiding behaviour or remarks that could cause discrimination and never encourage others to discriminate.
- Reporting any incidents or concerns about discrimination to management.
- Ensuring reasonable adjustments are made for patients, carers, and service users where possible.
- Supporting anyone who raises concerns or complaints about discrimination or harassment and never victimise them.
- Completing mandatory EDI training.

7.5 **Occupational Health and wellbeing**

- • Ensure appropriate workplace adjustments are considered and implemented for colleagues whose role is affected by a protected characteristic, or where the role itself has an impact on that characteristic. This applies particularly, though not exclusively, where the protected characteristic relates to a health condition that may meet the definition of a disability under the Equality Act 2010.
- Provide, or where appropriate signpost, colleagues with protected characteristics to relevant Health and Wellbeing support and resources to meet their individual needs.

8.0 Training Needs

All new employees will receive Trust-wide and departmental induction training in line with statutory and mandatory requirements.

Support, supervision, training, promotion, and career development opportunities will be available to all staff based on individual and service needs.

Staff with a learning difficulty, Learning Disability, or health condition affecting their ability to access training should inform their Line Manager, course facilitator, Learning & Development, or the EDI team so reasonable adjustments can be explored.

Positive Action initiatives may be used to support career development for underrepresented groups identified through EDI monitoring.

All staff, particularly those involved in recruitment, will receive mandatory EDI Awareness training and Recruitment & Selection training where required.

9.0 Equality Impact Assessment

To ensure the Trust is compliant with the Public Sector Equality Duty, positive steps are taken to ensure prevention of discrimination in the development and application of Trust Policies, strategies, procedures, and service developments.

Equality Impact Assessments (EIAs) assess the positive or negative impact on staff, patients and carers on a proposed strategy, policy, service development or change, consultation or procedure in relation to protected characteristics. EIAs are used to determine the risk to this policy, in all such circumstances. This Policy has been assessed accordingly, and the assessment outcome is located in appendix X.

10.0 References

1. Primary Equality & Human Rights Legislation

Equality Act 2010 (including Public Sector Equality Duty – PSED) <https://www.legislation.gov.uk/ukpga/2010/15/contents> ([legislation.gov.uk in Bing](#))

Human Rights Act

1998 <https://www.legislation.gov.uk/ukpga/1998/42/contents> ([legislation.gov.uk in Bing](#))

Autism Act

2009 <https://www.legislation.gov.uk/ukpga/2009/15/contents> ([legislation.gov.uk in Bing](#))

Care Act 2014 (wellbeing, safeguarding, advocacy, reasonable adjustments) <https://www.legislation.gov.uk/ukpga/2014/23/contents> ([legislation.gov.uk in Bing](#))

Mental Capacity Act

2005 <https://www.legislation.gov.uk/ukpga/2005/9/contents> ([legislation.gov.uk in Bing](#))

Health and Safety at Work Act 1974 (employer duties, disability adjustments) <https://www.legislation.gov.uk/ukpga/1974/37> ([legislation.gov.uk in Bing](#))

Public Sector Bodies (Websites and Mobile Applications) Accessibility Regulations 2018 <https://www.legislation.gov.uk/uksi/2018/952/contents> ([legislation.gov.uk in Bing](#))

2. NHS-Specific Equality & Inclusion Duties

These are the ones NHS England expects Trusts to reference.

NHS England: Health Inequalities and Equality Legal

Duties <https://www.england.nhs.uk/about/equality/equality-hub/legal-duties/> ([england.nhs.uk in Bing](#))

NHS Constitution for England <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> ([gov.uk in Bing](#))

NHS Accessible Information Standard (AIS) <https://www.england.nhs.uk/ais/>

NHS Reasonable Adjustments Guidance <https://www.england.nhs.uk/learning-disabilities/reasonable-adjustments/> ([england.nhs.uk in Bing](#))

Workforce Race Equality Standard

(WRES) <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>

Workforce Disability Equality Standard

(WDES) <https://www.england.nhs.uk/about/equality/equality-hub/wdes/>

Equality Delivery System (EDS

2022) <https://www.england.nhs.uk/about/equality/equality-hub/eds/> ([england.nhs.uk in Bing](#))

NHS England Equality, Diversity & Inclusion Improvement Plan

(2023) <https://www.england.nhs.uk/publication/equality-diversity-and-inclusion-improvement-plan/> ([england.nhs.uk in Bing](#))

3. Additional Relevant NHS & Public Sector Guidance

These are not “extra” — they directly support legal compliance.

EHRC Public Sector Equality Duty Technical

Guidance <https://www.equalityhumanrights.com/en/publication-download/public-sector-equality-duty-technical-guidance-england> ([equalityhumanrights.com in Bing](#))

EHRC Guidance for Employers (Equality

Act) <https://www.equalityhumanrights.com/en/advice-and-guidance/employers> ([equalityhumanrights.com in Bing](#))

Reasonable Adjustments for Workers with Disabilities –

GOV.UK <https://www.gov.uk/reasonable-adjustments-for-disabled-workers> ([gov.uk in Bing](#))

NHS England Equality Hub <https://www.england.nhs.uk/about/equality/equality-hub/> ([england.nhs.uk in Bing](#))

11.0 Associated Group Policies and Procedures

WHT HR Policies

Appeals : **WHT-HR968**

Capability: **WHT-HR31 Capability Policy**

Disciplinary : **WHT-HR1053 Disciplinary Policy**

Dignity at Work (incorporating bullying and harassment at work): **part of WHT-HR968**

Dispute Resolution in the Workplace Policy

Equality Impact Assessment Policy: **OP73 Undertaking an Equality Analysis (EA)**

Flexible working policy: **WHT-HR1009 Agile Working Policy**

Freedom to Speak Up Policy: **HR16 Freedom to Speak Up Policy**

Dispute Resolution in the Workplace Policy WHT-HR968

MATERNITY AND FAMILY LEAVE POLICY AND PROCEDURES WHT-HR973

Recruitment and Selection: **WHT-HR08 Recruitment and Selection Policy**

Retirement: **WHT-HR928**

Social Media **WHT-OP1030 Social Media Protocol (Personal and Trust Business Use)**

Uniform **WHT- OP1001 Staff Dress Code and Uniform Policy**

RWT HR Policies

Appeals : **part of HR03, pg 8**

Capability: **HR19 Capability Policy**

Disciplinary :**HR03 Disciplinary Policy**

Dignity at Work (incorporating bullying and harassment at work): **part of HR06 Dispute Resolution in the Workplace Policy**

Equality Impact Assessment Policy: **OP73 Undertaking an Equality Analysis (EA)**

Flexible working policy: **HR02 Agile Working Policy**

Freedom to Speak Up Policy: **HR16 Freedom to Speak Up Policy**

Grievance Policy and Procedure (not for WHT – use Dispute – reword): **HR06 Dispute Resolution in the Workplace Policy**

Leave policies (maternity, adoption, paternity etc.) **HR01 Work life Balance / Family Friendly Policy and HR49 Leave for Official Duties policy**

Recruitment and Selection: **HR08 Recruitment and Selection Policy**

Retirement: **HR01- attachment 16**

Social Media **PRT03 Social Media Protocol (Personal and Trust Business Use)**

Uniform **HR22 Staff Dress Code and Uniform Policy**

12.0 Monitoring Compliance

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Recruitment Monitoring -from, shortlisting to appointment stage to identify if there is any inequality relating to race and disability, within the recruitment & selection process.	Recruitment Services Manager and EDI Lead.	Collate and analyse recruitment data. Published EDS2/WRES/ WDES.	Annually	Group People Committee	Group Chief People Officer	Group Chief People Officer
Patient Complaints – to assess if there is any particular group that is unfairly treated within.	Patient Experience Manager	Collate and analyse complaints data. Published in EDS2/WRES/. WDES	Annually	Patient Experience Group	Chief Nurse	Chief Nurse
All policies, strategies & procedural documents to have an Equality Impact Assessment completed.	Policy author	Data collected from Ratification Groups Published in EDS2	Annually	Group People Committee	Group Chief People Officer	Group Chief People Officer
Disparities in complaints	Patient Experience Manager	Collate and analyse complaints data. Published in EDS2/WRES/.	Annually	Patient Experience Group	Chief Nurse	Chief Nurse

		WDES				
Patient experience survey outcomes by protected group	Patient Experience Manager	Collate and analyse patient experience data.	Annually	Patient Experience Group	Chief Nurse	Chief Nurse
Accessibility compliance (AIS, translated materials)	Patient Experience Manager		Annually	Patient Experience Group	Chief Nurse	Chief Nurse
Co production participation diversity	Patient Experience Manager		Annually	Patient Experience Group	Chief Nurse	Chief Nurse
Monitoring discriminatory incidents involving patients	Patient Experience Manager	Collate and analyse complaints data. Published in EDS2/WRES/. WDES	Annually	Patient Experience Group	Chief Nurse	Chief Nurse

13.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

14.0 Equality Impact Assessment*

An Equality Impact Assessment has been completed demonstrating due regard to the general equality duty. The EIA has identified no adverse impacts of the policy on protected characteristic groups as identified by the Equality Act 2010.

An equality analysis has been conducted and it indicates that:

Tick	Options
√	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

15.0 Maintenance

The Policy will be kept up to date by the Head of Equality Diversity and Inclusion and any changes and recommendations will be agreed by the Group People Committee

16.0 Communication and Training

The Policy will be communicated through Trust wide communications and intranet. Mandatory equality and diversity training is in place for all staff in line with the Trust Induction and mandatory training policy

17.0 Audit Process

The policy lead will be responsible for ensuring the policy is kept up to date and this will be reviewed through the HR Governance Group.

Criterion	Lead	Monitoring method	Frequency	Committee
Fair and consistent application of this policy	Head of Equality Diversity Inclusion/HR Advisory Department	Employee relations report, containing casework and lessons learnt information, presented to People Committee Workforce Race Equality Standard report outcomes Workforce Disability Equality Standard report outcomes.	Annually WRES report published annually WDES report published annually	Group People Committee

18.0 References - Legal, professional or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

Equality Act (2010): <https://www.gov.uk/guidance/equality-act-2010-guidance>

Workforce Race Equality Standard: <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>

Workforce Disability Equality Standard: <https://www.england.nhs.uk/about/equality/equality-hub/wdes/>

NHS Equality Delivery System: NHS England » Equality Delivery System

Public Sector Equality Duty: <https://www.gov.uk/government/publications/public-sector-equality-duty>

Care Quality Commission: Workforce equality, diversity and inclusion - Care Quality Commission

Part A - Document Control

Policy number and Policy version: V1.0 GHR05	Policy Title Group Joint EDI Policy	Status: Final		Author: Head of Equality, Diversity & Inclusion Chief Officer Sponsor: Group Chief People Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	Sept. 2026	Head of EDI	Change from two different policies for WHT and RWT to one Group EDI Policy
Intended Recipients: The policy is applicable to all staff working for the Trust including employees, contractors, volunteers, students, locum, bank and agency staff and honorary contract holders				
Consultation Group / Role Titles and Date: Joint Equality, Diversity and Inclusion Steering Group (Joint EDI SG) 19/01/2026/ 13/03/2026				
Name and date of Trust level group where reviewed		Group Policy Meeting – April 2026		
Name and date of final approval committee		Executive Sponsor Endorsement – September 2026		
Date of Policy issue		September 2026		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		September 2029 - Every 3 years		
Training and Dissemination: Mandatory EDI Training is integral to the Trust Induction and Mandatory Training requirements				
To be read in conjunction with: · Work life Balance / Family Friendly (Leave) Policy · Disciplinary Policy Dispute Resolution in the Workplace · Recruitment and Selection Policy · Supporting and Managing Staff Attendance at Work Policy · Freedom to Speak Up Policy · Appraisal · Performance Capability Policy · Organisational and Workforce Change Policy				

· Workplace Health and Wellbeing Policy · Pay Policy	
Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904	
Monitoring arrangements and Committee	Annual Equality Report Group People Committee
Document summary/key issues covered. Walsall Hospitals NHS Trust and The Royal Wolverhampton Trust is an organisation that values diversity and promotes equality of opportunity for all its workforce, volunteers, candidates, and associates, regardless of any protected characteristics or other marginalised groups, age, disability, sex, sexual orientation, gender reassignment, race, religion or belief, marriage or civil partnership status, pregnancy or maternity. o the purpose of the policy is to promote equality and remove unlawful discrimination so that everyone can fulfil their full potential in an environment of fairness, dignity and respect where decisions are based on merit. o This policy will ensure that all aspects of employment are carried out with due regard to the following Equality legislation and mandated reporting: · Equality Act 2010 and Gender Pay Gap (GPG) Reporting Regulations · Public Sector Equality Duty · Equality Delivery System 2 · Workforce Race Equality Standard (WRES) · Workforce Disability Equality Standard (WDES)	
Key words for intranet searching purposes	Equality Diversity Inclusion

Appendix A: Equality, Diversity & Inclusion Legislation

Equality Act 2010 – Public Sector Duty – Equality Delivery System

The Equality Act 2010 brought together discrimination legislation. It contained new measures to strengthen protection against discrimination. It requires everyone to have equal access to employment as well as to private and public services, regardless of age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

What is the public sector Equality Duty?

The public sector Equality Duty, set out in section 149 of the Equality Act, requires public bodies to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services, and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to understand how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. By understanding how their activities affect different people, and how inclusive public services can support and open up people's opportunities, public bodies can be more efficient and effective.

The public sector Equality Duty consists of a general duty, with three main aims, and specific duties (set out in supporting legislation).

General duty – aims to:

eliminate discrimination, harassment and victimisation.

ii) advance equality of opportunity (positive action in recruitment and promotion); and foster good relations.

Specific duties

The Equality Act 2010 (Specific Duties) Regulations 2011 came into force on 10 September 2011. This requires public bodies to be transparent about how they are responding to the Equality Duty – requiring them to publish relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives. The Government believes that publishing information about how decisions have been made, and how equality data was used to support those decisions, will open public bodies up to informed public scrutiny. It will give the public the information they need to challenge public bodies and hold them to account for their performance on equality.

Who does the Equality Duty apply to?

The public sector Equality Duty applies to public authorities and others carrying out public functions, including NHS organisations. The duty requires public bodies to have regard to the need to tackle discrimination and promote equal opportunities. When designing and

delivering their services, they should consider how they can make the services fair for everyone. It will also ensure that decision making is based on real life experience and evidence of need, rather than assumptions and stereotypes.

Equality Delivery System (EDS)

The EDS was first launched for the NHS in November 2011. In November 2012, Shared Intelligence published their report 'Evaluation of the equality delivery system for the NHS' which looked at how the Page 12 of 12 EDS had been adopted across NHS organisations. Based on this evaluation and subsequent engagement with the NHS and key stakeholders, a refreshed EDS – known as EDS2 – was made available in November 2013.

The Equality Delivery System for the NHS, EDS2 is a tool designed to help NHS Systems and organisations, in partnership with local stakeholders, to review and improve their performance for people with characteristics protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty.

About the Equality Delivery System 2022 (EDS22) The EDS is designed to help NHS organisations improve equality performance, embed equality into mainstream NHS business and is one of the key products to come out of the Equality and Diversity Council (EDC).

The EDS is designed for the NHS by the NHS and is based on:
best practice from across industry, including the Equality Framework for local government
the views of over 660 people (including patients and staff)
reviews and reports on equality in the NHS, including guidance from the Equality and Human Rights Commission (EHRC)
learning from programmes such as Pacesetters, Breaking Through and Positively Diverse

Who the EDS covers

The EDS applies to all NHS organisations, both current and planned NHS commissioning organisations, including Clinical Commissioning Groups, and to NHS providers including Foundation Trusts.

What the EDS delivers

By using the EDS, it helps the NHS to meet the requirements of the Equality Act 2010 and deliver on the NHS Outcomes Framework; the right and pledges of the NHS Constitution for patients and staff and addressing health inequalities in general, improving outcomes and reducing

Appendix B

Definitions

Protected Characteristics

As defined by the Equality Act 2010

Age

Disability (including carers)

Gender Reassignment

Marriage & Civil Partnership

Pregnancy & Maternity

Race

Religion or belief

Sex

Sexual Orientation

Diversity – Recognising, respecting, and valuing people's individual differences. These can be along the dimensions of culture, race, ethnicity, sex, sexual orientation, age, gender reassignment, physical abilities, religious beliefs or not, or other ideologies. Valuing people's differences enables individuals to realise their potential and promotes participation.

Equality – The term used to ensure individuals or groups of individuals are treated fairly and no less favourably because of a protected characteristic, therefore providing equal access to opportunities to all who come into contact with the Trust or any of the services provided by the

Trust. Promoting equality aims to minimise disadvantage, eliminate discrimination, and maximise individual potential.

Due Regard - To 'have due regard' means that in making decisions and in its other day-to-day

activities a body subject to the Public Sector Equality Duty, must consciously consider the need to do the things set out in the general equality duty: eliminate discrimination, advance equality of opportunity and foster good relations

Reasonable Adjustments – Making reasonable adjustments aims to ensure that a disabled person, as far as is reasonable, has the same access to healthcare services or everything that is involved in getting and doing a job as a non-disabled person. When the duty arises, the Trust is under a positive and proactive duty to take steps to remove, reduce or prevent the obstacles

faced as a disabled patient, service user, employee or job applicant. The Trust only has to make adjustments where it is aware, or reasonably aware, that a person has a disability.

Discrimination - as defined by the Equality Act 2010

Direct Discrimination - A person discriminates against another if they treat a person, (because of a protected characteristic), less favourably than they would treat others. For instance, making jokes at the expense of someone's sexual orientation or faith.

Indirect Discrimination – A person discriminates against another if they apply a provision, criterion or practice which is discriminatory in relation to a relevant protected characteristic. For example, if something is applied universally, but its practical effect disproportionately disadvantages one or more specific groups. For instance, having an inflexible dress code or uniform policy that prohibits people wearing headwear, could potentially disadvantage certain religious groups as this is a requirement or their religion.

Associative Discrimination – This is direct discrimination against someone because they associate with another person who possesses a protected characteristic. For

instance, deciding someone is unable to do a job because of their caring responsibilities for someone who is disabled.

Discrimination Arising from Disability – This occurs when a disabled person is treated unfavourably because of something connected with their disability and the unfavourable treatment cannot be justified. For example, a parent seeks admission to a crèche for their child who has a disability which means that they do not have full bowel control. The crèche says that they cannot admit the child because they are not toilet trained and the children at the crèche are required to be. The refusal to admit the child is not because of the disability itself; but due to experiencing detrimental treatment as a consequence of their incontinence.

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

Health Inequalities- differences in access, experience or outcomes between populations and groups. This can be related to protected characteristics.

Harassment – as defined by the Equality Act 2010. This takes place where, for a reason that relates to person's protected characteristic, the harasser engages in unwanted conduct which has the purpose or effect of violating the person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for him/her.

Victimisation – Occurs when an employee is punished or treated unfavourably as a result of complaining or supporting a complaint of discrimination/harassment. For example, an employee raises a grievance about disability discrimination and is dismissed as a result.

Genuine Occupational Requirement - In limited circumstances it can be lawful for an employer to require a job applicant or worker to have a particular protected characteristic.

This requirement

has to be both intrinsic to the role and has to be a proportionate means of achieving a legitimate aim.

Hate Crime - Any criminal activity (for example physical assault, verbal abuse, vandalism, etc.)

that is targeted at a person because of prejudice towards a person's Race or Ethnicity, Disability, Sexual Orientation (e.g., biphobia, homophobia, heterophobia), Gender Identity (e.g., transphobia).

Biphobia - The irrational fear, dislike or prejudice against bisexuality or bisexuals, which may include negative stereotyping or denial of the existence of bisexuals.

Heterophobia - The irrational fear, dislike or prejudice against heterosexuality or heterosexuals.

Homophobia - The irrational fear, dislike or prejudice against homosexuality or homosexuals

Learning Disability- a reduced intellectual ability, usually identified soon after birth or in the early years, and will last a person's whole life.

Learning Difficulty- may make it difficult for an individual to learn, but does not affect their intellectual ability.

Transphobia - The irrational fear, dislike or prejudice against transgender (trans) people

The Human Rights Act 1998

All national legislation is underpinned by the Human Rights Act 1998, which came fully into force on 2 October 2000. The Act gives further effect in the UK to rights contained in the European Convention of Human Rights (ECHR), signed on 4 November 1950. The ECHR in turn stems from the Universal Declaration of Human Rights, adopted by the United Nations on 10 December 1948.

The Act:

Makes it unlawful for a public authority to breach Convention 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.

Says that all UK legislation must be given a meaning that fits with the Convention rights, if that is possible.

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

Article 2 - Everyone has the right to life, except in very limited circumstances, e.g. defending oneself or someone else from unlawful violence.

Article 3 - No one shall be subjected to degrading or dehumanising treatment

Article 5 - Everyone has the right to liberty and security of person

Article 8 - Everyone has the right to respect for their private and family life, home and correspondence

Article 9 - Everyone has the right to freedom of thought, conscience and religion subject only to such limitations as are prescribed by 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 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 trades union. These rights may be restricted only in specified circumstances

Article 14 - Prohibition on Discrimination. The enjoyment of the rights and freedoms set forth in the convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin. (Not a standalone right)