NHS
Staffordshire and
Stoke-on-Trent
Integrated Care Board

Our Ref: PW/SJR/FOI/0925/1444

2nd October 2025

Stafford Education & Enterprise Park
Weston Road
Stafford
ST18 0BF

Telephone: 0300 123 1461

Sent by email

Dear

**FOI/0925/1444**
**Your request for information under the Freedom of Information Act 2000**

Thank you for your email dated Tuesday 23rd September 2025 for information under the Freedom of Information Act 2000. We can now confirm that Staffordshire and Stoke-on-Trent Integrated Care Board can provide the following information.

An anonymised copy of this response will be made publicly available on the ICB website. The ICBs response is provided below in blue text.

You have requested:

**I am writing to you under the Freedom of Information Act 2000 to request the following information from your ICB.**

**1. The number of staff employed by your ICB whose primary role relates to Equality Diversity and Inclusion (EDI) as of September 2025.**

The ICB employs two people whose primary role relates to EDI.

**2. The total salary cost for these staff in the most recent financial year.**

| | 2425 FY Cost | 2526 M1-6 Cost |
|---|---|---|
| Post 1 | 63,777.12 | 33,630.91 |
| Post 2 | 0.00 | 20,673.00 |

**3. The total spend by your ICB on EDI-related training, workshops, events or external consultancy in each of the past three financial years.**

23/24 - £10660
24/25 - £10660
25/26 - £ 9590

**4. Copies of any mandatory EDI training materials currently in use for staff.**

Please find attached the EDI training materials as requested.

Should you require any further information or clarification regarding this response please do not hesitate to contact us. If you are dissatisfied with the response, you are entitled to request an internal review which should be formally requested in writing and must be within two calendar months from the date this response was issued.

**To request an internal review**

You can request an internal review by contacting the Staffordshire and Stoke-on-Trent ICB FOI team by emailing; staffsstokeFOI@staffsstoke.icb.nhs.uk or by post to the address at the top of this letter within 40 working days of the initial response.

If you are not content with the outcome of your internal review, you may apply directly to the Information Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the Staffordshire and Stoke-on-Trent Integrated Care Board's FOI complaints procedure.

The ICO can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

www.ico.gov.uk

Yours sincerely

**Paul Winter**
**Associate Director of Corporate Governance**

Enc.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

# Equality Diversity and Inclusion (EDI) a Brief Overview


Granville Thelwell

EDI Business Partner for Staffordshire and Stoke-on-Trent Integrated Care Board (ICB)

granville.thelwell@Staffsstoke.icb.nhs.uk








Updated 15/05/2025

# What is Equality Diversity and Inclusion ?

Equality, diversity, and inclusion (EDI) are about creating environments where everyone is valued and has equal access to opportunities. Equality ensures fair treatment and access to resources. Diversity acknowledges and respects the variety of differences among people. Inclusion makes everyone feel accepted and valued.

**Key Equality/Equity Legislation include:**

- Equality Act 2010 – **Public Sector Equality Duty (PSED)**
- Health and Care Act 2022
- Human Rights Act 1998

# Equality Act – Public Sector Equality Duty (PSED):

The General Duty came into effect on the 6th April 2011. The 3 aims of the equality duty are to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment, and victimisation and any other conduct that is prohibited by the Act.

2. Advance equality of opportunity between people who share a protected characteristic and those who do not.

3. Foster good relations between people who share a protected characteristic and those who do not.

# Equality Act – Public Sector Equality Duty (PSED)

The purpose of the PSED is to make sure that public authorities and organisations carrying out public functions think about how they can improve society and promote equality in every aspect of their day-to-day business. This means that we must consider, and keep reviewing, how we promote and advance equality in:

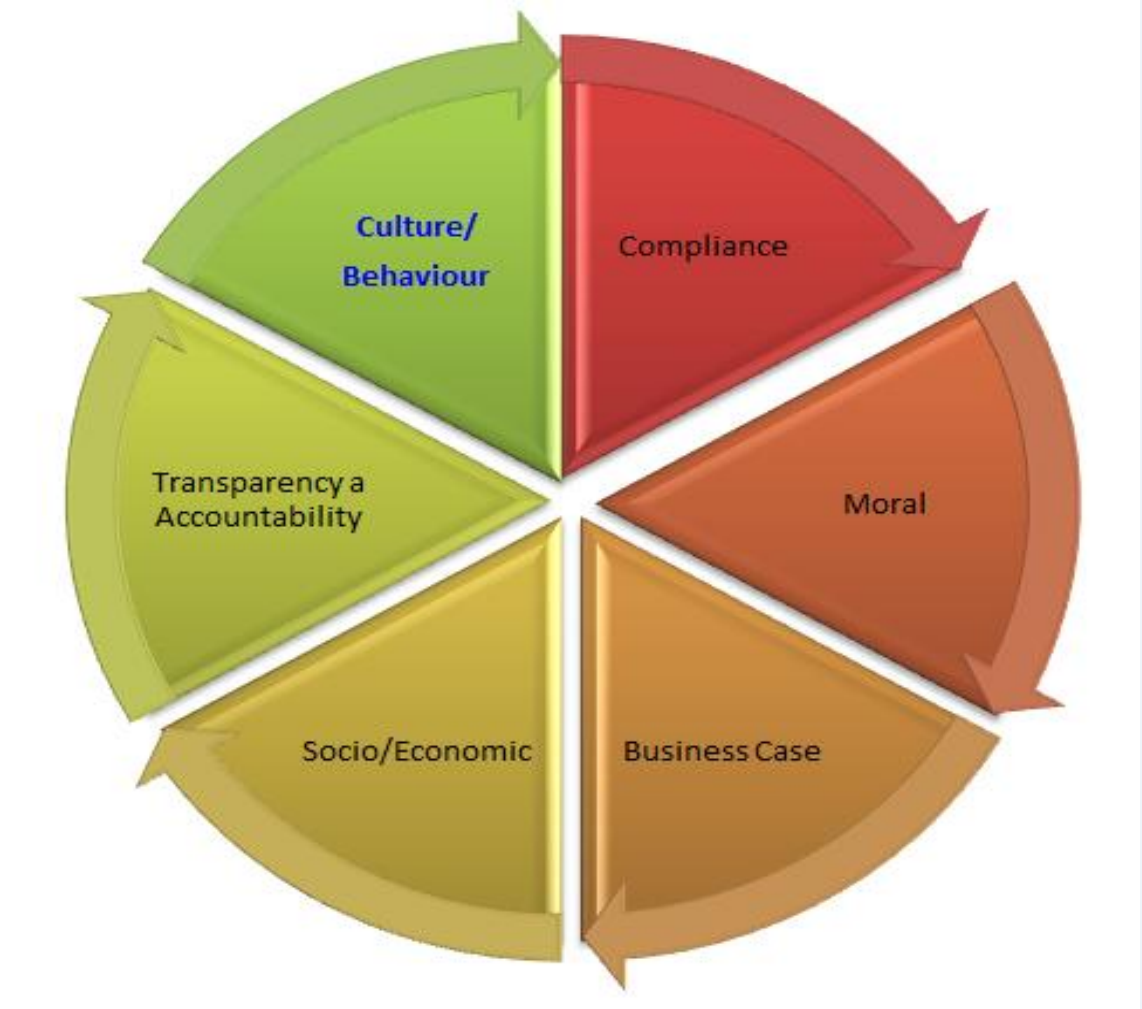
- decision-making
- internal and external policies
- procuring goods and services
- the services we provide
- recruitment, promotion and performance management of employees

The PSED as two parts the general duty and the specific duties:

- **Click this link to find out about the general duty**
- **Click this link to find out about the specific duties**

# Why EDI is important. Its not just about compliance

**Drive Innovation**: Diverse teams bring varied perspectives, leading to more creative and innovative solutions. AI/Algorithms  reducing bias.
**Attract Talent:** EDI policies signal a welcoming environment, helping attract and retain top talent.
**Improve Business Performance:** Companies with strong EDI practices often outperform and achieve measurable outcomes.
**Enhance Employee Well-being:** Inclusive workplaces improve employee satisfaction and reduce turnover.
Increase Productivity: Diverse teams are more productive due to a broader range of skills and viewpoints.
**Disaggregating data and collection**: Understanding workforce and patients specific needs can help us to better support staff and serve our population.
**Strengthen Team Collaboration:** EDI fosters a culture of mutual respect and collaboration, enhancing teamwork.



# Protected and Inclusion Health Groups

Protected Characteristics

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership (In relation to employment only)
- Pregnancy and Maternity
- Race
- Religion & Belief
- Sex
- Sexual Orientation

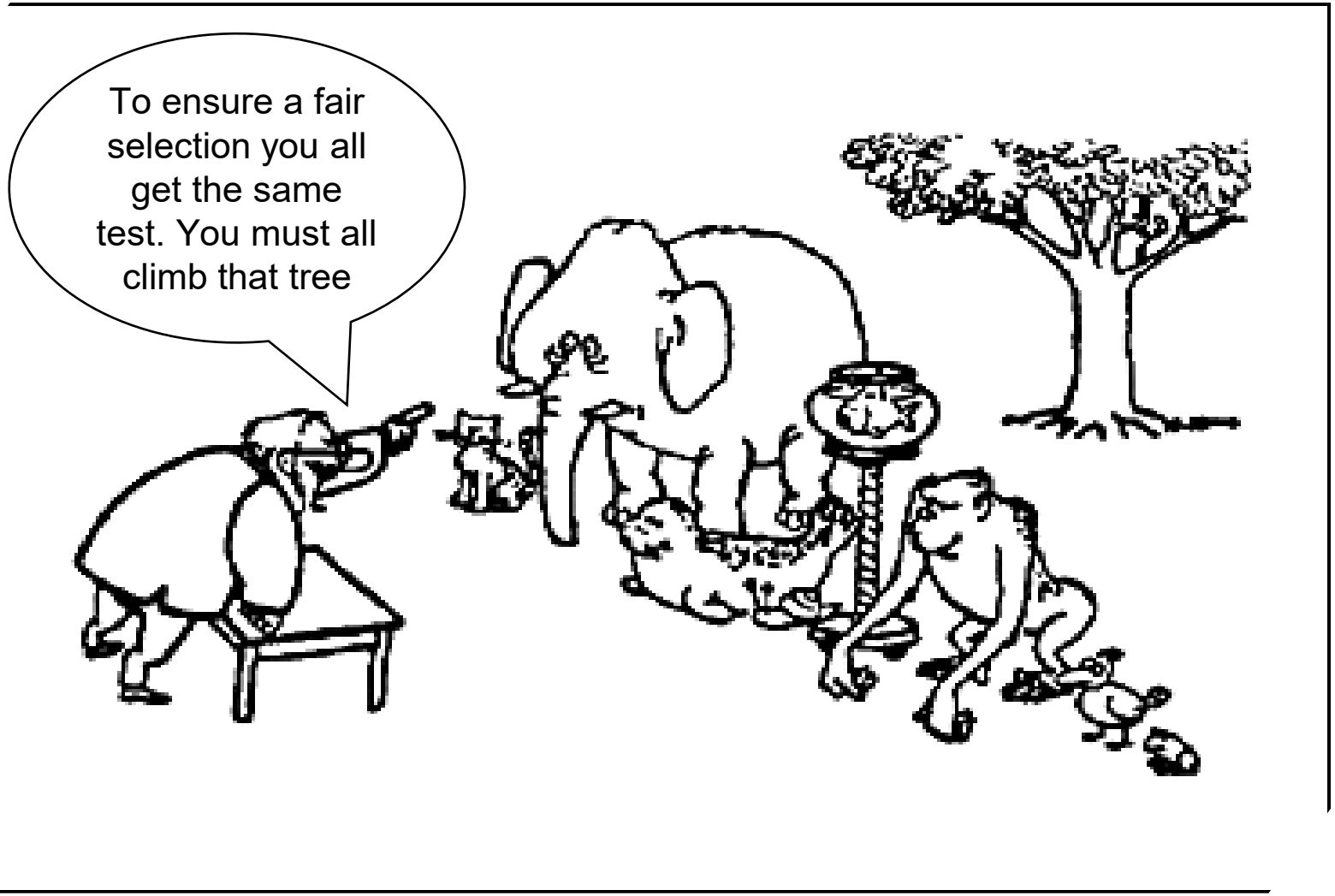
Inclusion Health Groups can include people who identify as or experience

- Homelessness,
- Drug and alcohol dependence,
- Social/Economic deprivation
- Vulnerable migrants,
- Gypsy, Roma and Traveller communities,
- Sex workers,
- People in contact with the justice system
- Veterans
- Victims of modern slavery.

Carers - If you are looking after someone who is elderly or disabled, the law – under the Equality Act 2010 – will protect you against direct discrimination or harassment because of your caring responsibilities – (Discrimination by association)

# Myth Buster

Equality is not about treating everybody the same.



# Equality, Diversity and Inclusion

## 2010 Equality Act




## Patient Equality




Equality Health Impact Assessments

Equality Health Impact Assessment Process:

- Policies
- Services
- Functions



PSED Annual Report

EDI Governance.

ITT/Procurement.

Health Inequalities

Core20PLUS5).

Accessible Information Standard.

EDI – IAN.

ICB EDI – Webpage.

ICS OD Delivery Plan

## Workforce Equality



Equality Health Impact Assessments

Equality Health Impact Assessment Process:

- Policies (HR/OD)
- Services (HR/OD)
- Functions (HR/OD)



Workforce profile Diversity Report.

PSED Annual report.

Staff Networks..

Accessible Information Standard.

EDI – IAN

ICB EDI Webpage

ICS OD Delivery Plan

EDI Induction Training




# Equality Health Impact Assessments (EHIAs)

## A tried and tested way to evidence Due Regard to the Equality Acts, Public Sector Equality Duty.

Equality Health Impact Assessments: templates, guidance and process details can be found on IAN Equality Diversity Inclusion

## Workforce and Patient EDI considerations in the commissioning cycle.



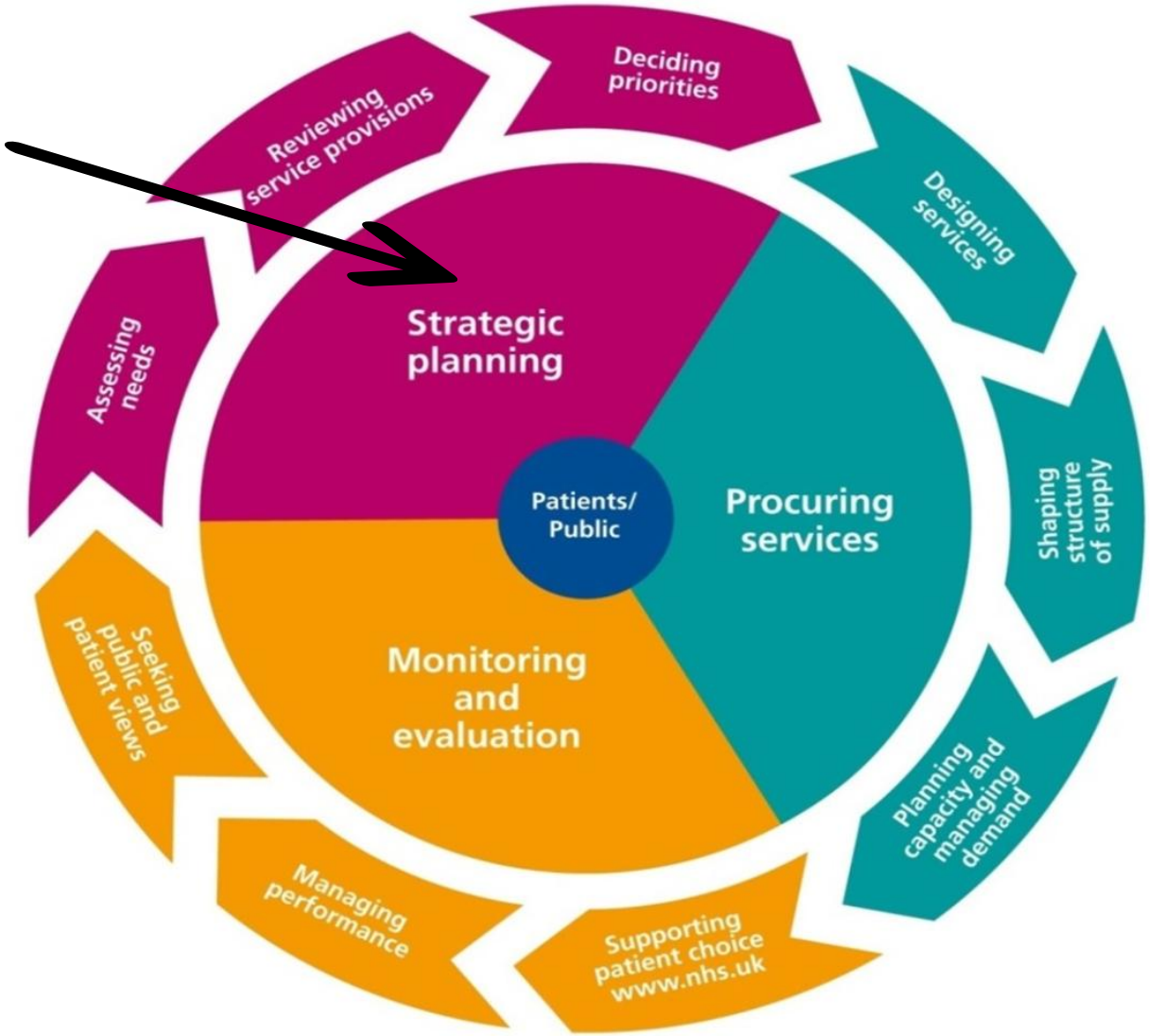

Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

- Are there any issues arising? what does the data tell us? Are there previous “lessons learned” to be considered?
- Have other stakeholder views been considered and reflected?
- What are the opportunities to advance the PSED?
- Are patient access, experiences outcome disaggregated and analysed?
- Have you considered reasonable adjustments?
- Do we know who is accessing the service and who is not?
- Do service specifications reflect the service user needs?
- Are providers meeting their equality statutory and mandatory duties?
- Does the procurement processes reflect equality considerations based on relevance and proportionality

# When should we start an Equality Health Impact Assessment ?

EHIAs should start prior to the development of a service, policy or function, or the commencement of a project and before any final decisions are made.

Here




Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

# Producing Accessible & Inclusive Information

Below is a link to a guide for how to make information accessible. The 'what you should know' section and the start of 'Practical advice' can be really useful for you

https://www.changepeople.org/getmedia/923a6399-c13f-418c-bb29-051413f7e3a3/How-to-make-info-accessible-guide-2016-Final

Best practice for formatting:

- Use Arial 12pt
- Avoid writing words in capitals, italics or underlined
- Text should be left aligned with a ragged edge on the right
- Sentence case is the preferred style for headings (i.e. only the first word and any proper nouns have an uppercase initial)
- All hyperlinks must say what or where they're linking to, not 'click here'
- It's OK to put text into bullet points – so long as the bullets are only a sentence or two long
- If you NEED a table, make sure no cells are merged and that the columns have headings

Tips for writing alt text for images:

- Be specific but succinct. Say what you see, but only give necessary details. Aim for maximum of two sentences. Try thinking how you'd briefly describe the image over the phone
- Say 'a person'. Avoid gendered terms or any other assumptions about age, ethnicity etc unless it is relevant
- No need to start with "Image of…" / "Picture of…", but it can be helpful to explain the type of image – e.g. headshot, illustration, chart, screenshot
- Include any text that's part of the image, so details aren't lost
- Don't add alt text to 'decorative' images. These can be marked as decorative when you're doing Accessibility checks, so screen readers know to skip over them.

Tips for plain language:

- Be accurate, clear and concise
- Write as you would talk – Imagine you're discussing something with a friend or relative who doesn't know how the NHS works
- Speak to people directly – Use you and we
- Don't overwrite – Longer doesn't make it better, so stick to the facts, cut out anything that isn't needed, and keep it short
- Explain all acronyms and jargon the first time you use them

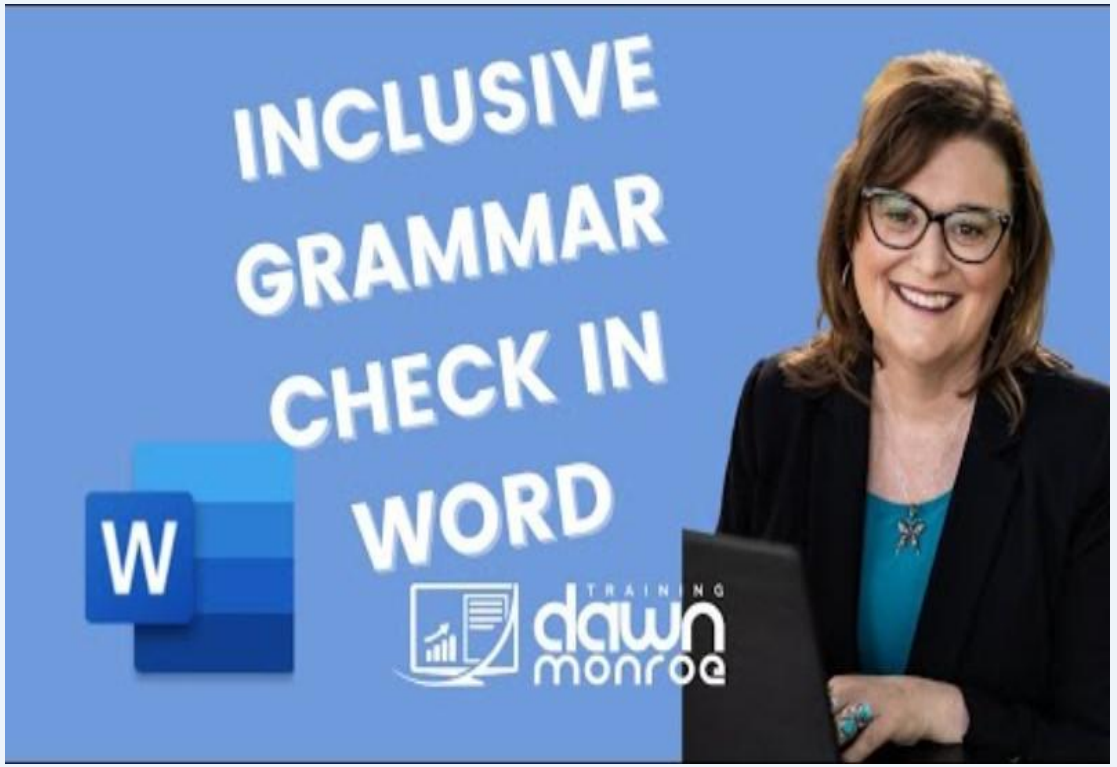
The A-Z of Health writing (https://service-manual.nhs.uk/content/a-to-z-of-nhs-health-writing) is another useful website for best practice and preferred phrases etc.

# Two things you could do immediately

Accessible font style and size




Inclusive Language



# Accessing EDI Information

Staff Engagement Group – New Starter invite to observe SEG meeting



Staff Support Groups



Staff Time Out sessions




IAN has an Equality Resource Section





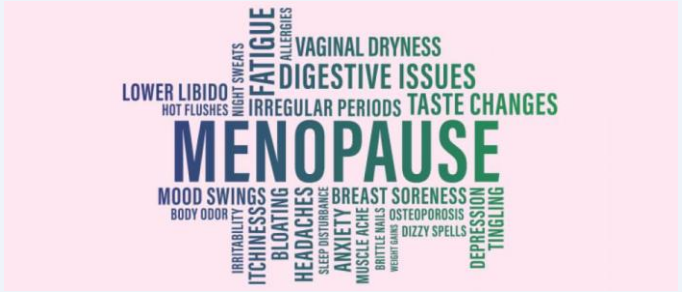


NHS Staff Message

Wednesday & Friday Message

[Click the link to ICB EDI webpages ] to view a range of EDI information.

# Staff Support, Allies, Leaders & Champions




Menopause Ambassadors




Volunteer Diversity Champions




Invisible Conditions Reps






Domestic Abuse Ambassadors



Freedom to speak up Guardians




Mental Health First Aiders




Wellbeing Guardian

# ICB Staff Networks

ICB Disability and Neurodiversity Staff Group

ICB Ethnic Diverse Staff Group

# Looking to Re-Launch ICS Staff Networks

ICS Disability & Neuro-Diverse Staff Network

ICS LGBT Staff Network

Equality Network of Race Inclusion and Cultural Heritage- ENRICH

# Menopause Ambassadors

Heather Johnstone




Jen Docherty



Tracey Revill



Simon Runnett



Tracy Spooner



Stephanie Nightingale



Alison Budd



Margaret Stanley



Julie Lovatt



More information about the ambassadors and why they volunteered for the role can be found here.

# Domestic Abuse Ambassadors

Karen Franklin,



Sue Croxton



Jane Mullock,



Hannah Boote,



More information about the ambassadors and their role can be found here.

# Diversity Champions

**Tracey Cox**
**Head of Primary Care Contracting and Transformation**



**Ruth Beard, Recruitment and Deployment Manager, Resourcing Team, ICS People Function**



**Sara Rogers**
**Senior Corporate Services Manager**



**Andy Hadley**
**Head of Primary Care Digital Transformation**



**Yasmin Sharif**
**EPRR Project Support Manager**



More information about the diversity champions role can be found here.

# Invisible Conditions Representatives

**Sarah Jeffery,**
**Deputy Director of Primary Care**



**Mary Johnson,**
**Senior Medicine Optimisation Pharmacy Lead**



More information about the invisible conditions representative's role can be found here.

# Change Ambassadors

**Vicki Inch**
**Associate Director of Planning and Intelligence**



**Vikki Hawley**
**Planning and Assurance Manager**



**Yasmin Sharif**
**EPRR Project Support Manager**



**Michael Fearn**
**Senior Management Account**



**Becky Eardley**
**Primary Care Digital Development Manager**



More information about the ambassadors and their role can be found here.

# Freedom to Speak up Guardians

**Tracey Sherwin**
**FTSU Executive Lead**



**Shokat Lal**
**Non-Executive Director**



**Tracey Revill Interim**
**Deputy Head of Governance**



**Shabana Mahmood**
**Medicines Optimisation Pharmacist**



More information about the guardians and their role can be found here.

## Wellbeing Guardian



Shokat Lal, ICB Non-Executive Director (NED) is the ICB Wellbeing Guardian

## Mental Health First Aiders

Several staff were trained to be advocates for good mental health and able to spot signs of mental ill health.

Mental Health First Aiders are a point of contact if you, or someone you are concerned about, are experiencing a mental health issue or emotional distress. They are not therapists or psychiatrists, but they can give you initial support and signpost you to appropriate help if required.

MENTAL HEALTH FIRST AIDERS (sharepoint.com)



# ICB Mandated Training

## Equality Health Impact Assessments:

**Purpose:** Ensure policies, practices, and decisions are fair and do not discriminate against protected groups.

**Process:**

- **Screening:** Identify which EHIA is required.
- **Assessment:** Evaluate potential impacts on different groups and can we evidence sufficient due regard.
- **Action:** Implement changes to mitigate negative impacts and promote equality

## Reasonable Adjustments:

- **Purpose:** Remove barriers for disabled individuals to ensure equal access and opportunities. Though reasonable adjustments are associated with disability the principles can be applied across other protected groups to eliminate discrimination.
- **Examples:**
  - Physical adjustments (e.g., the physical environment).
  - Policy changes (e.g., flexible working hours and equality of opportunity).
  - Support services (e.g., sign language)

# EDI Training Opportunities

The ICB provide EDI training through various avenues. For example:

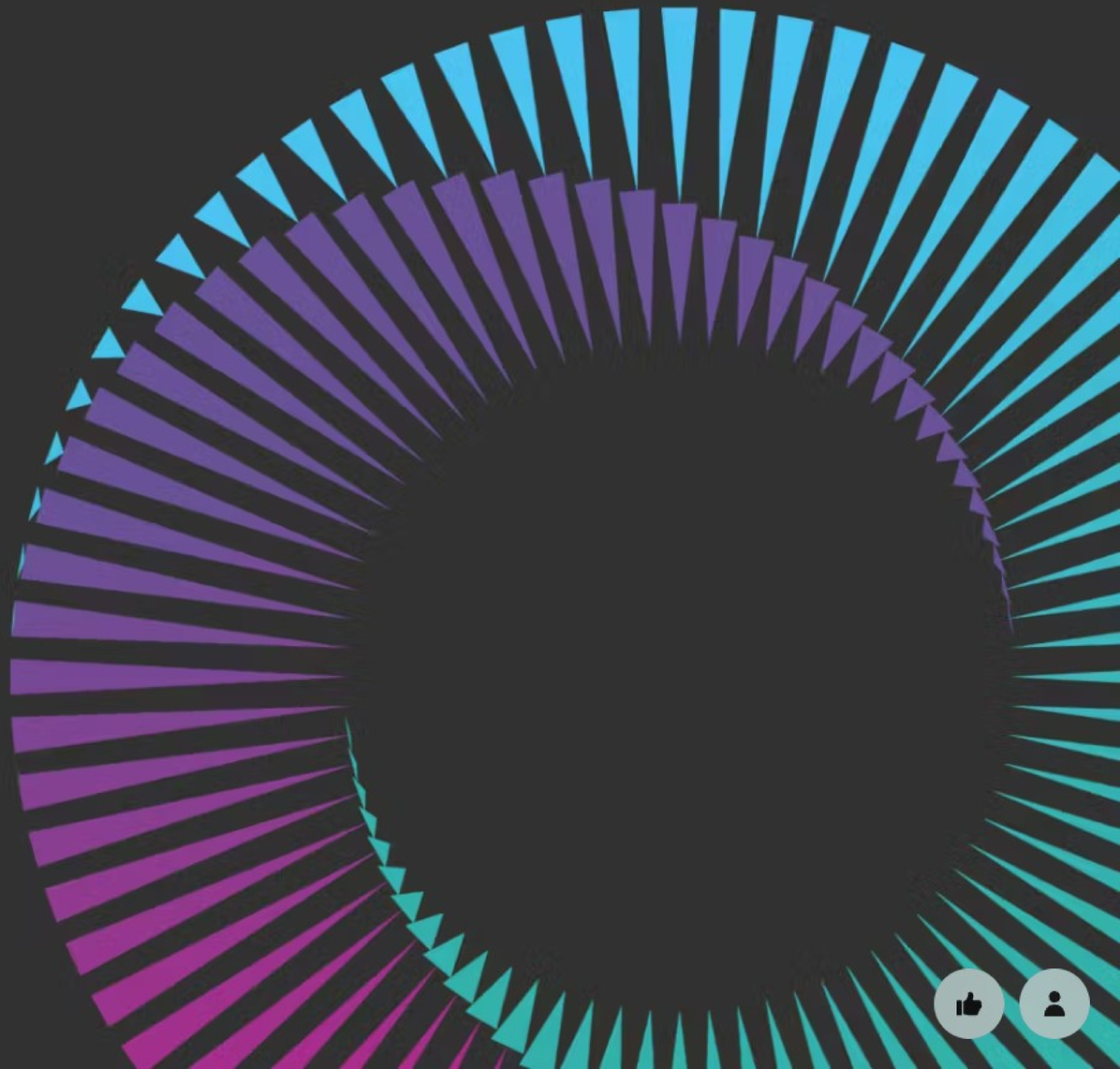
- Learning and Development Officer 2025/26.
- 1-2-1 Equality Health Impact Assessment training and support sessions
- IAN & Staff Messages National, Regional, and System wide training and awareness programmes across a range of EDI themes.

NHS Arden and Greater East Midlands
NHS Midlands and Lancashire

# Equality Health Impact Assessment (EHIA) Workshop

## The Inclusion Team

2025



ardengemcsu.nhs.uk
mlcsu.co.uk

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# Aims of this session

**To give you an understanding of what an Equality Health Impact Assessment (EHIA) is and explain how EHIAs support inclusive decision making and assist us in meeting our legal requirements. We will also share some practical guidance on how best to conduct an EHIA.**

Our learning environment for the session today will be open, honest, friendly, respectful and confidential.

**Housekeeping:**

- 2-hour session
- Comfort break halfway through
- There is time saved for questions at different points throughout the session
- A copy of the training slides will be sent out after the session, along with an EHIA guidance document, process flowchart, and an EHIA template
- A link to an evaluation form will also be shared – we would be grateful if you could complete this. Thanks!



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# What this session will cover



Equality legislation



Protected characteristics and inclusion health groups



Health inequalities and intersectionality



Case for inclusive decision making



EHIA theory



EHIA – how to



EHIA – practice

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# Equality legislation

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# The Equality Act 2010

The Equality Act 2010 protects people from discrimination in the workplace and in wider society.

Under the Public Sector Equality Duty (PSED), all public bodies must show 'due regard' by adhering to three general duties:

**Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act**

**Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it**

**Foster good relations between people who share a relevant protected characteristic and people who do not share it**

# Activity 1. How many of the nine protected characteristics can you name?



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# Protected characteristics

As defined within the Equality Act 2010:



**Age**



**Religion and belief**



**Disability**



**Sex**



**Gender reassignment**



**Sexual orientation**



**Marriage and civil partnership**



**Pregnancy and maternity**



**Race**

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# What is discrimination?

The Equality Act defines discrimination as treating someone less favourably due to a reason related to their possession of a protected characteristic. Types of discrimination are as follows:



Direct



Indirect



Discrimination by association



Discrimination by perception



Harassment



Victimisation

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# The Brown Principles and due regard

Case law sets out broad principles about what public authorities need to do to have due regard to the aims of the Public Sector Equality Duty (PSED). These are referred to as the Brown Principles:

Decision makers must be aware of the PSED and **demonstrate due regard** to its aims

Due regard is fulfilled **before** and **at the time** a decision is being considered

Organisations must keep an accurate record of **evidence of decision making** and consideration of PSED

Duty is **non-delegable and continuous** and is a responsibility of the organisation

Duty must be exercised in substance, with rigour and with an open mind. **Not a box ticking exercise**

An organisation is unable to satisfy the duty by justifying a decision **after** it has been taken

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# The Bracking Principles

In Bracking v Secretary of State for Work and Pensions [2013], the following principles were established:

A body must **assess the risk** and **extent of any adverse impact** and the ways in which such risk may be eliminated before the adoption of a proposed policy

An organisation must have **enough available evidence** to demonstrate that it has discharged the duty

The equality duty is an **integral and important part** of the mechanisms for ensuring the aims of anti-discrimination legislation are fulfilled

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# The Gunning Principles

The Gunning Principles specifically relate to demonstrating due regard throughout consultation processes:

Consultation must take place at the formative stage of the proposal – **before** any decisions have been made

Adequate time must be given for those involved in consultation to **meaningfully consider** and respond

Sufficient (and **accessible**) information must be put forward to allow for consideration and response

Conscientious consideration of consultation should be taken **before** decisions are made

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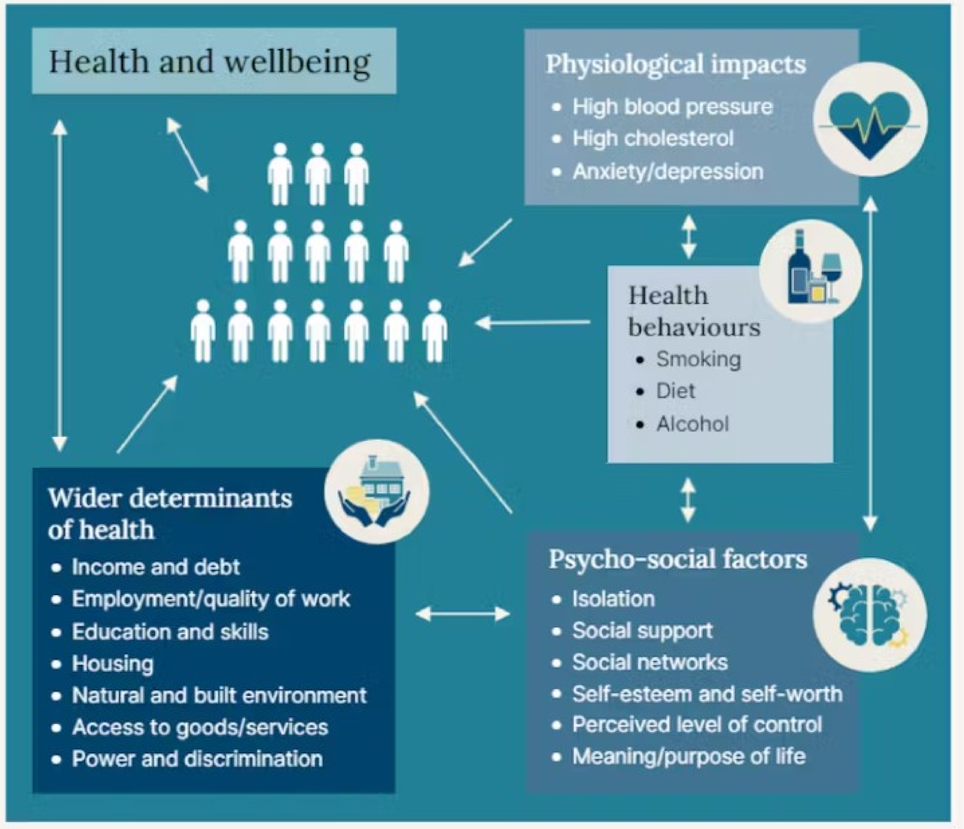
# Health inequalities

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# Health inequalities

**System map of the causes of health inequalities – adapted Labonte model**




*Source: NHS England*

Health inequalities are **unfair and avoidable differences in health** across the population, and between different groups in society.

They arise because of the **conditions** in which we are born, grow, live, work and age.

These conditions influence our **opportunities for good health**, and how we think, feel and act.

**Health inequalities have been documented between population groups across the following dimensions:**

- Socio-economic status and deprivation
- Protected characteristic groups
- Inclusion health groups
- Geography (for example: urban or rural areas).

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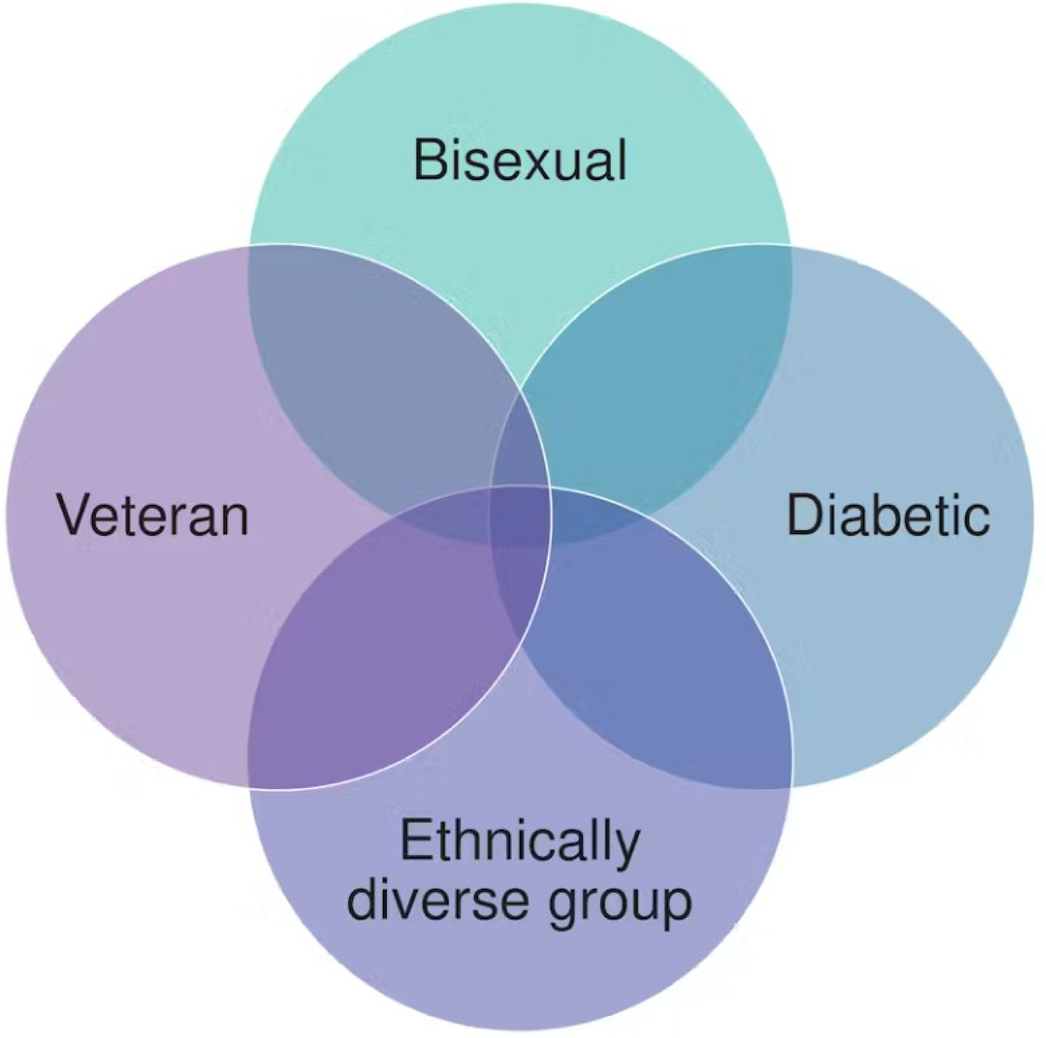
# Inclusion Health Groups

Inclusion health is an umbrella term used to describe people who are socially excluded, and who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma.

Inclusion health groups include (but are not limited to):

- Asylum seekers and refugees
- Carers
- Gypsy, Roma and Traveller communities
- People experiencing homelessness
- People experiencing deprivation
- People in contact with the justice system
- People with drug and alcohol dependence
- Rural communities
- Sex workers
- Veterans and service leavers

# Intersectionality




Intersectionality is a concept for understanding how aspects of an individual's social identities combine to create **overlapping systems** of discrimination and privilege.

> "Intersectionality is a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking."
>
> – Kimberlé Williams Crenshaw

It is the acknowledgement that everyone has their own unique experiences of discrimination and/or equality.

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# Equality Impact Assessments

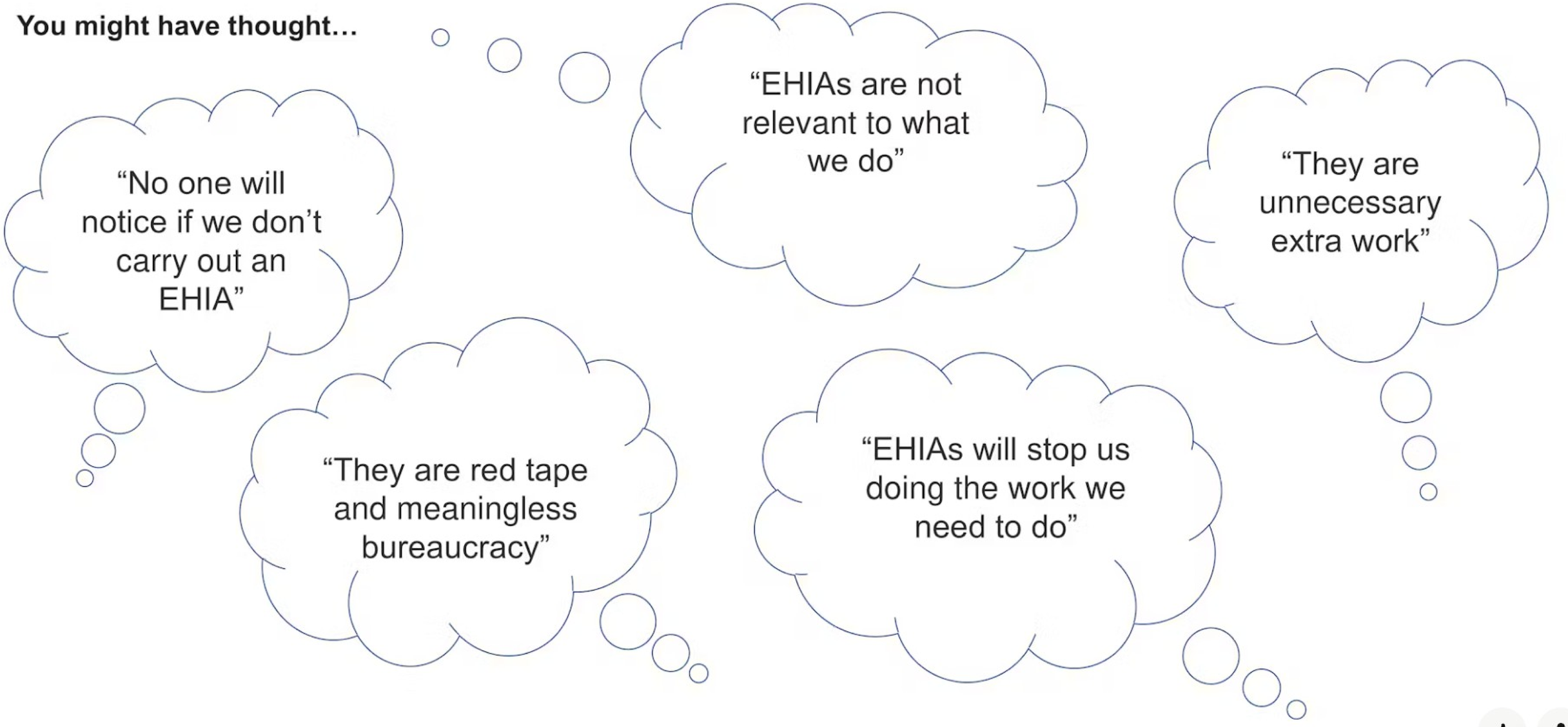
What are they and when do we do them

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# What is an EHIA? Myth-busting!

**You might have thought…**




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# What is an EHIA?

An evidence-based assessment process that assists with meeting the requirements of the Equality Act 2010 and the Public Sector Equality Duty (PSED).

A continuous service improvement and refinement tool.



# Why do we do EHIAs?

**As a public body, the ICB has a duty to:**

1. **Demonstrate 'due regard' to its legal equality duties**
2. **Consider the needs of groups who are disadvantaged or experience discrimination**
3. **Reduce health inequalities**

**Remember..** Carrying out EHIAs on all decisions is one of the ways that the ICB shows 'due regard' to the PSED duties...

Completing an EHIA provides an opportunity for all protected characteristic groups and inclusion health groups to be considered – providing an assurance that **ALL communities** of patients and staff have been thought about.

EHIAs can help to **tackle the relative disparities** in access to services, patient experience and healthcare outcomes.

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# When do we do EHIAs?

- As early as possible!
- **Before** decisions are made (to inform decision makers)
- Sufficient time should be factored in to **meaningfully** work on the assessment and to allow for potential mitigating actions to take place before a decision or process is completed
- EHIAs can be amended later (for example after staff or patient feedback).

**EHIAs are not a one-off exercise!**

They should be ongoing and reviewed regularly, helping decision makers consider any potential impacts in advance of implementation.



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# What kinds of decisions require an EHIA?

**Any decision or proposal that is likely to affect patients, members of staff, or members of the public will require an EHIA to be undertaken.**



Policy development and review



Service planning and review



Service redesign



Service commissioning and decommissioning



Procurement



Projects and work programmes



Budget planning and allocation



Contract monitoring

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# 10-minute break

Feel free to stay on the meeting – but don't forget to switch your camera off and set your Teams to mute.

See you soon!

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# The benefits of EHIAs

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# What is inclusive decision making?

**A conscious, thorough and rigorous consideration** of equality, diversity and inclusion when engaging in decision making

A framework for making decisions that **addresses bias** and embeds equality and health inequality considerations at each stage of the decision-making process



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# Case for inclusive decision making

## Business case

- Make more informed decisions
- Staff retention
- Staff satisfaction and related productivity
- Attracting diverse talent
- Reduce risk of litigation.

## Moral case

- Moral duty to provide safe environments for staff and patients
- People have the right to be treated with dignity and respect regardless of background.

## Legal case

- Compliance with equality and human rights legislation
- Staff have the right to work in an environment free from discrimination
- Patients should be protected from discrimination, bullying and harassment.

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# Bias as a barrier

Bias is one of the key barriers to inclusive decision making.

It produces an emotional response that impacts the way we think and how we behave.

Bias prevents us from making rational decisions because our brains make mental shortcuts that can impact on the quality of our choices.



**Cognitive bias:** Team decisions are often based on projections for the future. Cognitive bias can challenge the accuracy of those estimates.



**Social bias:** Social biases impact relationships and can affect team and organisational cultures, e.g. The Bandwagon Effect or Affinity bias.



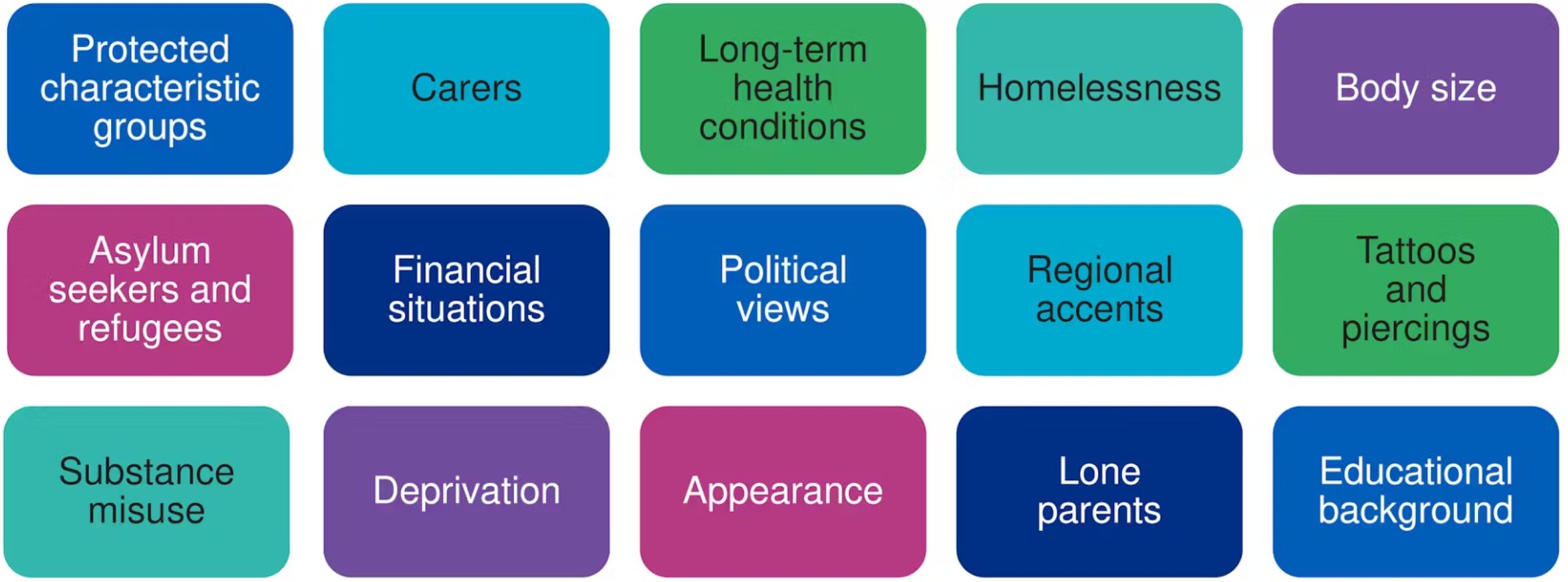
**Financial bias:** These are imprecise mental shortcuts we make with numbers. For example: The Ostrich Effect (pretending negative financial information does not exist).



**Short-termism:** Decisions that can be rationalised in the moment, but do not add any long-term value. For example: Status Quo bias: “This is how we do things here”.

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# What we might make assumptions about



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# Mitigating bias

## Awareness

- Acknowledge your own bias
- Understand perspective and lived experience
- Be aware of how bias can impact your interactions with others
- Use diverse role models.

## Challenge stereotypes

- Don't make assumptions about others based on initial reactions
- Conscious questioning – take on board the lived experience of others
- Counter stereotypical images – how our views of groups are influenced by our personal experiences.

## Identify bias

- Slow down decision making
- Reflect before making decisions to check they are rational, in proportion, and can be justified
- Try to reduce high levels of stress before making decisions.

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# EHIAs: How to guide

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# ICB EHIA system

## Initial stage assessment

- The Initial Assessment Stage should be completed where the impact on EDI is unknown or where the impact is low level.
- In the near future, Initial stage assessments will be assessed by a relevant directorate or enabling function team member and approved by the directorate or enabling lead or delegated other.
- If immediate mitigating or improvement actions and reasonable adjustments can be taken prior to implementation, then initial stage assessment will suffice
- If it is evident that the project is large or wide reaching, or there is identifiable adverse impact then you can bypass the initial assessment and move directly to a full assessment
- Initial stage assessment should be assessed by your service manager

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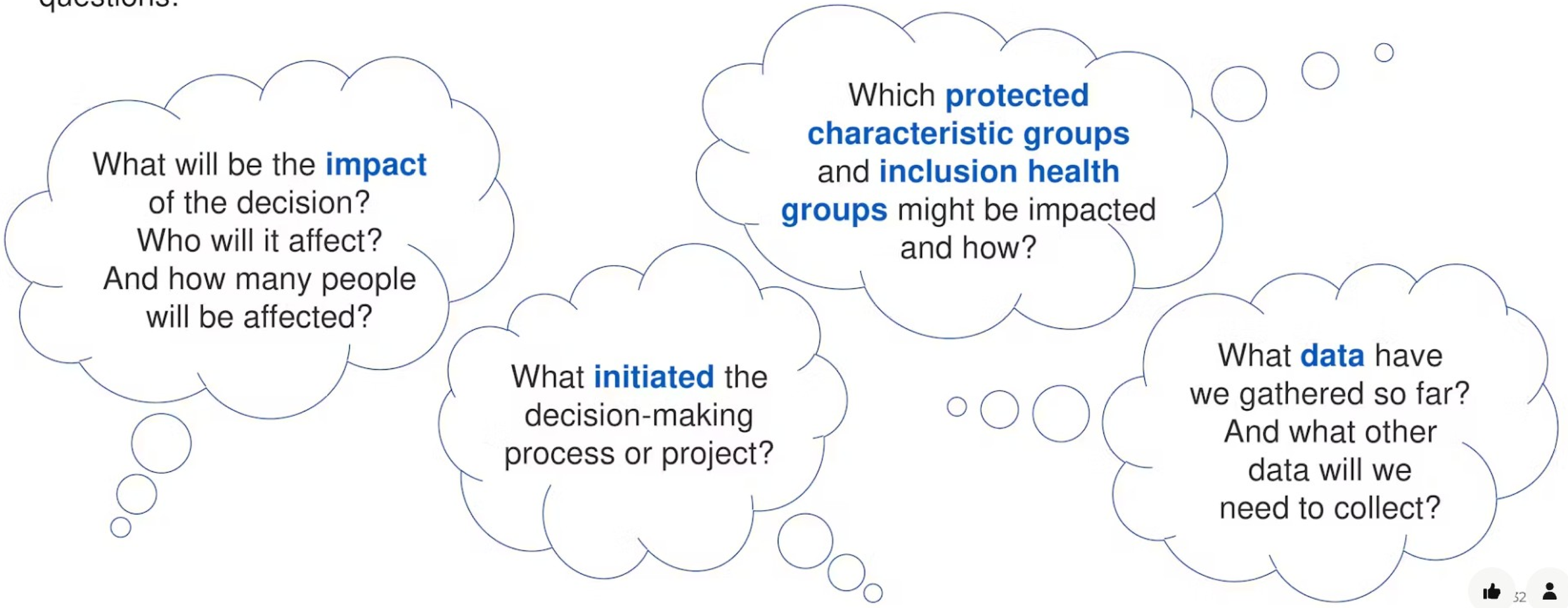
## Full Assessment

- Consider all potential impacts on diverse groups, impacts could be positive, negative or neutral
- Ensure all groups have been considered, where you have responded "unknown" consider what actions can be taken to address this
- Think about proportionality, e.g. does the importance of the aim outweigh any impacts
- Complete an action plan
- Assessment should be reviewed by EDI Business Partner

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# EHIA process – Where to begin…

The weight of ‘due regard’ that we must fulfil within the EHIA depends on the policy, service or change that we are assessing. This process is similar to assessing the scope of a project and understanding what information we might need to make a decision. So, to assess this, we might start by asking the following questions:



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# Assessing impact



**Potential barriers to access** – including what reasonable adjustments will be made to overcome these barriers



**Travel / timing issues** that may impact upon certain groups disproportionately compared to others



What support is available for people who may have **communication needs** (for example: language interpretation)



How your proposal/project may potentially **address health inequalities**.

**Use local resident or workforce demographic information and research to inform how your proposal or project may impact upon different groups.**

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# Types of impact

| Positive | Negative |
| --- | --- |
| Improvement to patient or staff experience, or a reduction in health inequalities | Adverse experience for patients or staff, or a disadvantage in access to services |

**Remember..** Change involves impacts, and these may be positive or negative, or a mixture of both. The EHIA process helps you to address the balance of impacts.

For example: A service change or redesign might improve services for 99 people, but one person is disadvantaged. This doesn't mean the change cannot go ahead, but doing an EHIA can help mitigate the disadvantages caused to that one person.

**There is very rarely 'no impact'.** Weighing up positive and negative impacts (that help you judge what might work and what won't) helps with making an informed decision.

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# What should I include in my EHIA?

The information that is included in an EHIA ultimately depends on the policy, service or change that is being assessed. Some key examples are shown below (but this list is not exhaustive!)

- Key source document that the EHIA is based on
- Communication and engagement work
- Census 2021 data (ONS)
- Supporting information – such as SOP, service specs / flowchart
- Academic research and intelligence
- NICE / clinical guidance
- Workforce demographic data
- Examples of good practice
- NHS England guidance
- Reference to other EHIAs

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# What types of data should be included?

## Quantitative

- This data is numbers-based, countable, or measurable
- Quantitative data tells us how many, how much, or how often in calculations
- This type of data can be used to find patterns and averages.

**Examples:**

- Local demographic data
- Workforce data (such as WRES / WDES)
- Public transport times / costs.

## Qualitative

- This data is interpretation-based, descriptive, and relates to language
- Analysing qualitative data allows us to explore ideas and further explain quantitative results
- Qualitative data is subjective and unique.

**Examples:**

- Best practice
- Staff engagement
- Engagement with affected service users or friends and family members.

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# Summary and analysis

What would summary and analysis look like in an EHIA in practice?
Example scenario: A HIV testing clinic is being set up in a rural, under-served community.

## Summary

- "The clinic is going to be located..."
- "We will require 10 staff to run the clinic and they will be provided from..."
- "The local population consists of… because of this, we are going to provide these adjustments to suit the community we are serving..."
- "The engagement done with the community highlighted the following potential issues..."

## Analysis

- "The data highlights potential uptake problems in the following groups...to mitigate these potential problems we will..."
- "Due to the location of the testing site and potential uptake of tests in the following groups…"
- "Transport and access could be a problem for...to mitigate we will…"
- "The rural location of the clinic may lead to…"

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# EHIA process – mistakes to avoid

The Equalities and Human Rights Commission (EHRC) is the regulatory body responsible for enforcing the Equality Act 2010.

| | | |
|---|---|---|
| **Unexplained data** | **How to fix:** | Provide a summary and analysis of the data and present it in a consumable manner, for example tables or graphs. |
| **"My take on this is…"** | **How to fix:** | Avoid personal opinions on the decision or project and stick to objective analysis. |
| **"No impact"** | **How to fix:** | Capture whether a particular group might experience a positive, negative or neutral impact – and explain why. |
| **Cut + paste from business case** | **How to fix:** | Select key points to include from the business case and add further information from additional sources. |

**If an EHIA includes any of the above, it may not meet legal requirements**



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# Mitigating impacts

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# Who might need reasonable adjustments?

Reasonable adjustments are a legal requirement to make sure health services are accessible to all people with a disability or impairment (Equality Act 2010). This includes people with a physical disability, learning disability, sensory disability, neurological disability or mental health disability.

We have a duty to make reasonable adjustments to remove barriers (and reduce disadvantage) for:

**Patients or service users** with disabilities

**Staff/employees** with disabilities including permanent staff, bank staff, contractors, apprentices, students and trainee doctors on placement

**Prospective employees** and job applicants

**Reasonable Adjustment Digital Flag**

The Reasonable Adjustments Digital Flag is a national record which indicates that reasonable adjustments are required for patients. The Digital Flag was developed in the NHS Spine (on the National Care Records Service) to enable health and care workers to record, share and view details of reasonable adjustments across the NHS, wherever the person is seen and/or treated.

- https://www.england.nhs.uk/learning-disabilities/improving-health/reasonable-adjustments/
- https://www.nhsemployers.org/publications/making-workplace-adjustments-support-disabled-staff

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# Examples of reasonable adjustments

Reasonable adjustments include:

- **Making changes to the way things are organised or done** if they currently put people with disabilities at a disadvantage
- **Making changes to the built environment or physical features** of a public building or place if they put people with disabilities at a disadvantage
- **Providing aids and services** to help people with disabilities overcome the disadvantage

Some examples of reasonable adjustments are:

Auxiliary aids and equipment, e.g. hearing loops, screen readers

Text message reminders sent to patients

Flexible working arrangements

Providing a quiet space to work or to wait for an appointment

Physical features such as ramps, handrails and wide doorway

Longer appointment times or more time to complete tasks

Providing information such as appointment letters in EasyRead in line with the Accessible Information Standards (AIS)



Source: Canva copyright free image

- https://www.mind.org.uk/information-support/legal-rights/disability-discrimination/reasonable-adjustments/

# Activity 2: EHIA practice scenario

A hospital trust is moving to a new site which is five miles away from the current one. The new site does not have as many public transport connections as the current location.

Answer the following questions relating to your EHIA...



# 2a) What equality-related access issues can you foresee? Which groups could be affected, and why?

Disabled - due to public transport links

Public transport may be more problematic.

Older people or those who may have a disability that excludes them from driving may not have access to their own transport

transport issues, access for people with disabilities, financial impact on patients having to travel further, consider mitigations such as providing a regular bus

Accessibility due to lack of public transport, increased costs for financially challenged

Those with mobility issues

Elderly without transport. Disability without transport

Transport challenges to reach destination, could result in lack of attendance, patients attending late or not at all.

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# 2a) What equality-related access issues can you foresee? Which groups could be affected, and why?

Age, Disability, Pregnant - all linked to public transport access

older people or disabled people who may need to access public transport

Increased financial burden due to likely car parking costs

Potential health inequalities - if patients do not have access to transport

All groups; as everyone would be affected by this move, regardless of protected characteristic (though predominantly disabled)

Safety of staff if in a remote location

There may be issues with street lighting and pavement availability in rural area which can impact on people walking

Not specifically an equality issue but Net Zero impact on Trust

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# 2a) What equality-related access issues can you foresee? Which groups could be affected, and why?

May be difficult for younger families to manage too - juggling small children / school

Public transport may be unreliable and not match hospital opening times. Increase shuttle bus offer or volunteer drivers.

Staff could leave as not prepared to travel to new site or dont have car etc.

But it might be positive for people who live in the rural location -the data would help with this

Increased ambulance response times may lead to patient deterioriation

Provide transport

visiting patients at home

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# 2b) How could you mitigate any potential access issues?

Put on transport

Car share scheme.

Work with Local authority and trasnport organsations to review links

Liaise with local bus service to consider routes/increased service

Consider if some services could be provided over phone / video

Speak to Voluntary organisations for community support

virtual clinic

Provide regular bus service
Provide security to car park and bus stop. Free parking

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# 2b) How could you mitigate any potential access issues?

build the hospital on a brownfield site in the same central town location not 5 miles away

Redefine Patient Transport Service contracts

Review guidance on recommendations of walking distance to amenities and work with transport providers to adjust schedules

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# 2c) What kinds of information / data would you need to include (and assess) in the EHIA?

Digital Maturity

Transport timetables, distance, travel times

Age profiling

patient demographics

Demamd expectations

Geography of Patients

parking capacity , parking costs

Clinic profiling to ensure patients can turn up at most appropriate time

7

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# 2c) What kinds of information / data would you need to include (and assess) in the EHIA?

consultation information and patients views

No late afternoon clinics

Geography of Staff

Services in out of ours

Review of distance travelled / time to travel for patients currently accessing services vs change on change of venue

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# EHIA practice scenario – summary

## What equality-related access issues can you foresee?

- Lack of public transport options
- Additional journey time
- Added cost (fuel, taxis etc.)
- Lack of access to a car
- Stress / unfamiliarity of journey

**Groups potentially affected:**

- Age (elderly people, students)
- Disability (physical, invisible)
- Race (language barriers)
- Inclusion health groups: deprived areas, asylum seekers and refugees, people experiencing homelessness.

## How could you mitigate any equality issues?

- NWAS patient transport
- Free / subsidised shuttle for patients, staff and visitors
- Patient choice (offering alternative locations)
- Virtual appointments
- Domiciliary appointments
- Liaise with local council about additional public transport routes
- Engagement work with staff, patients and the public

## What information or data would you need to include?

- Census / local population statistics (characteristic groups, deprivation etc.)
- Workforce demographic data
- Engagement work
- Local maps / geographic data
- Public transport information (routes, times, costs)
- Travel analysis data (how staff travel to and from work)
- Patient transport information
- Patient choice information
- Reference to similar EHIAs

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# A summary for success

Begin EHIA as early as possible and review at key milestones

Consider ALL protected characteristic and inclusion health groups

Keep the three duties of the PSED in mind throughout

Attach any relevant supporting documents

Clear and robust governance routes to ensure that the findings of EHIAs are considered at ALL stages of the decision-making process

Involve diverse voices – consult and engage

Embed EHIA process in day-to-day workplans

Include both quantitative and qualitative data

Consider the influence of health inequalities and intersectionality

Capture the impact(s), whether positive or negative

Disaggregate data by characteristic where possible

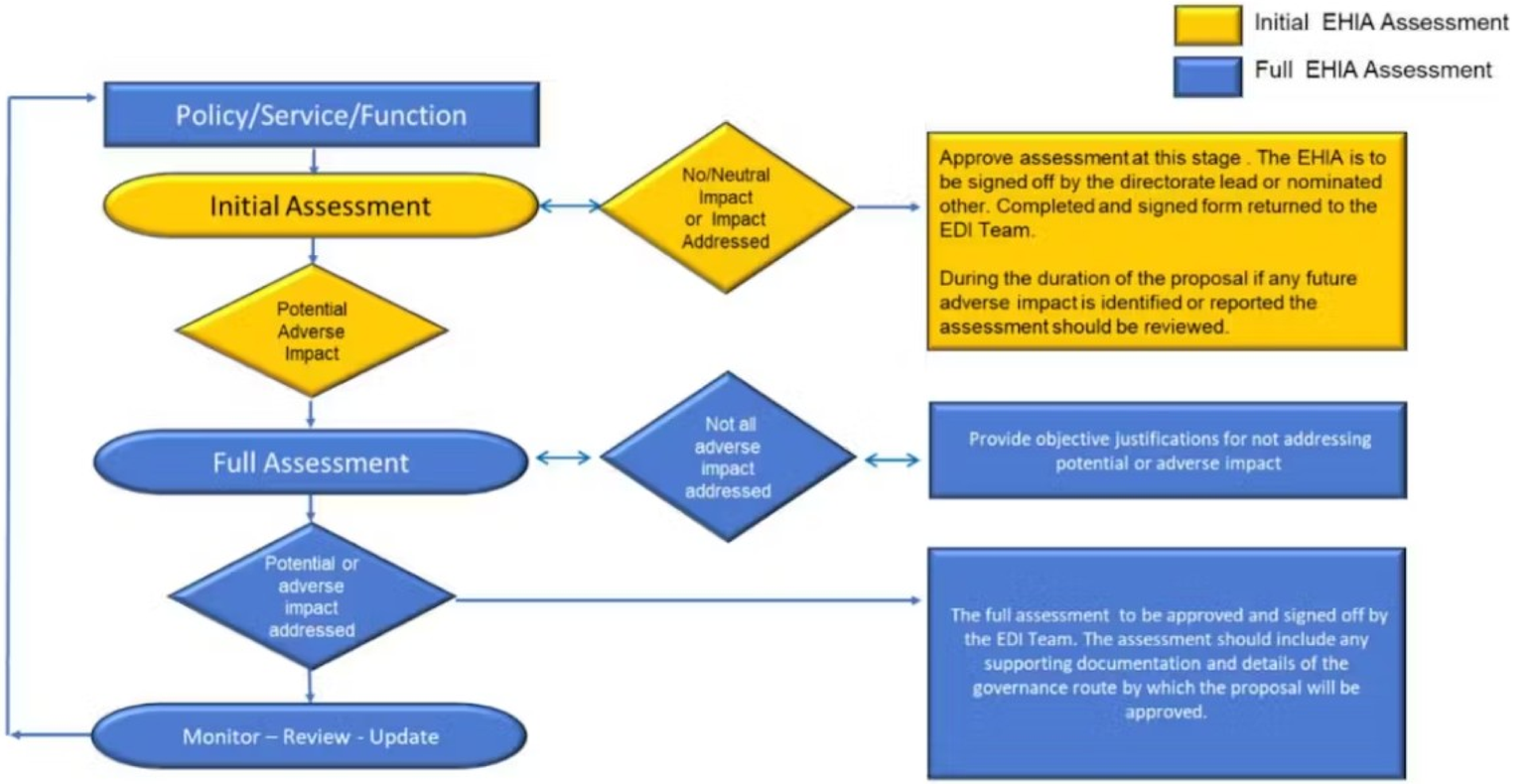
Summarise and analyse data in a meaningful way

Meaningfully respond to the findings of the EHIA

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# ICB process and guidance




Guidance on how to do EHIAs and where to get support can be found on the staff intranet IAN.

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# Recap – what have we covered today?



Equality legislation



Protected characteristics and inclusion health groups



Health inequalities and intersectionality



Case for inclusive decision making



EHIA theory



EHIA – how to



EHIA – practice

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# Evaluation – MS Forms

Please could we ask for just a few more minutes of your time to fill out our evaluation form? Your feedback is much appreciated and will be used to improve any future sessions.

Thank you very much!

Please click here to fill in the form.

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# Thank you and questions

For more information and support contact the Inclusion Team at: inclusion.team@nhs.net

Produced by the Inclusion Team - NHS Midlands and Lancashire Commissioning Support Unit
NHS Arden and GEM Commissioning Support Unit

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# Additional resources

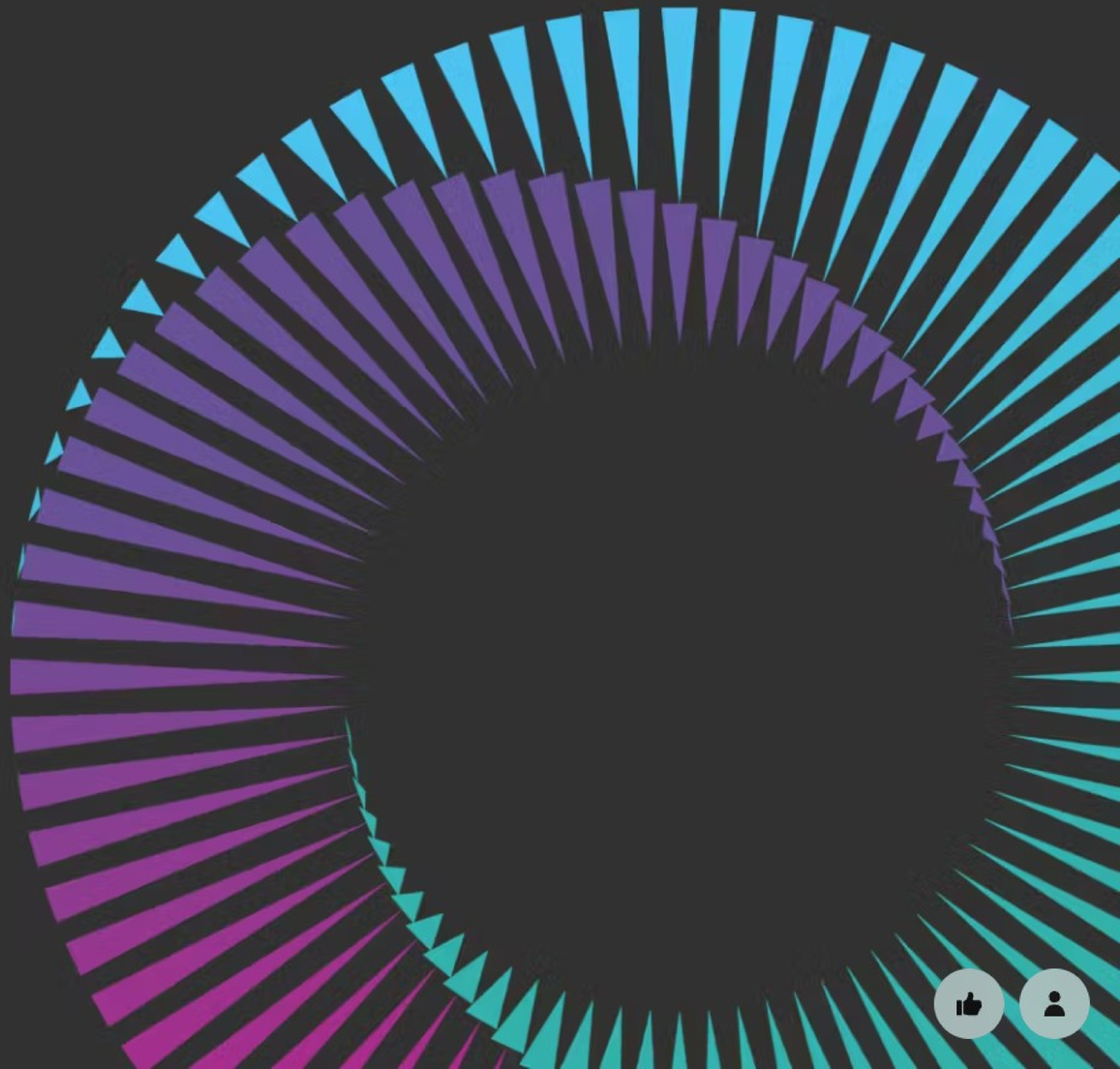
- **Equalities and Human Rights Commission (EHRC):** https://www.equalityhumanrights.com/en
- **Equality, discrimination and the Public Sector Equality Duty:** https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs79_equality_discrimination_and_the_public_sector_equality_duty_fcs.pdf
- **Inclusion Health:** https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health
- **Health Inequalities:** https://www.kingsfund.org.uk/publications/what-are-health-inequalities
- **Bias and Inclusive Decision Making – "Thinking, Fast and Slow" (Daniel Kahneman):** https://rb.gy/f69ej
- **Census 2021 data:**
  - https://www.ons.gov.uk/census/maps/
  - https://www.ons.gov.uk/visualisations/customprofiles/draw/
  - https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/howhealthhaschangedinyourarea2015to2021/2023-06-16
- **Public Health Data – Office for Health Improvement and Disparities (Fingertips):** https://fingertips.phe.org.uk/
- **Interactive Data Mapping and Analysis Tool (SHAPE):** https://app.shapeatlas.net/
- **Health Equity Assessment Tool (HEAT):** https://www.gov.uk/government/publications/health-equity-assessment-tool-heat
- **UAssure:** https://app.uassure.co.uk/

NHS Arden and Greater East Midlands
NHS Midlands and Lancashire

# Reasonable Adjustments Workshop

## The Inclusion Team

2025



ardengemcsu.nhs.uk
mlcsu.co.uk

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# Aims of this session

**To give you an understanding of what reasonable adjustments are, and how they can be made to ensure the needs of patients, service users and staff are met.**

The session will include content that may trigger emotions relating to peoples' personal experiences. We will not ask anyone to share information about their personal experiences within this session.

Our learning environment for the session today will be open, honest, friendly, respectful and confidential.

**Housekeeping:**

- 2-hour session
- Comfort break halfway through
- Please go on mute and turn off your camera until the end of the session
- Please ask your questions at the end – either verbally or in the Teams chatbox
- A copy of the training slides and a certificate will be shared with you after the session
- A link to an evaluation form will also be shared – we would be grateful if you could complete this. Thanks!

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# What this session will cover



Legal requirements for reasonable adjustments



Consideration of invisible disabilities



What is considered 'reasonable'?



Workforce perspective of reasonable adjustments



How to have conversations about reasonable adjustments



Patient/commissioning perspectives of reasonable adjustments



Accessible Information Standard



The importance of patient engagement



Implementing findings of EHIAs

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# Equality legislation and disability rights

- **The Equality Act 2010 including the Public Sector Equality Duty**
- Human Rights Act 1998
- Health and Social Care Act 2012
- Modern Slavery Act 2015

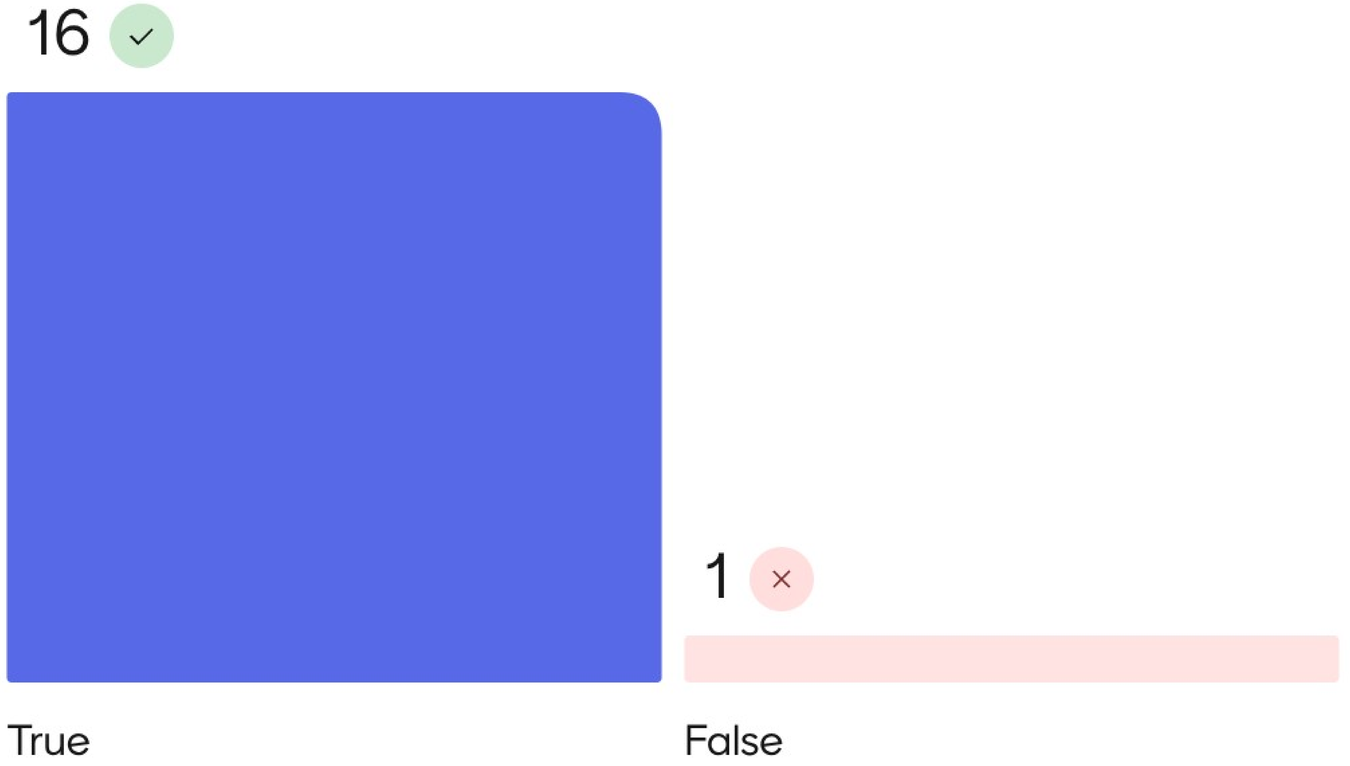
All public bodies must show '**due regard**' by adhering to three general duties:

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

- https://www.legislation.gov.uk/ukpga/2010/15/contents

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"A physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities".




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# What is a disability?

The Equality Act states that a person has a disability if they have:

**'a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'.**

Progressive and life-threatening conditions can be automatically included within the Act (regardless of the definition). Certain medical conditions do NOT require substantial adverse effect to be covered, such as cancer, HIV, multiple sclerosis, being registered blind or sight impaired (these may or may not be visible).

**Types of disability can generally be split into five categories:**



**Physical**



**Intellectual or learning**



**Sensory**



**Neurological**



**Mental**

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# What are invisible disabilities?

An invisible (or hidden) disability is one that **may not be immediately obvious**.

Invisible disabilities can include some physical conditions, learning disabilities, sensory impairments, neurological conditions and mental health issues.

They can also include long-term conditions such as respiratory illnesses and chronic illnesses such as renal failure.

**Invisible disabilities can:**

- Be painful and exhausting
- Feel isolating
- Impact on families and carers
- Be difficult for others to understand due to lack of awareness.



- https://hdsunflower.com/uk/about-hidden-disabilities-sunflower

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# Examples of invisible disabilities

- Allergies (severe, e.g. nut)
- Bowel disorders (e.g. colitis, Crohn's)
- Respiratory conditions (e.g. COPD, asthma)
- Learning disabilities and autism
- Lyme disease
- Lupus
- Endometriosis
- Diabetes
- Chronic conditions (e.g. migraines, fatigue / ME)
- Neurological conditions (e.g. stroke, dementia)
- Brain injury / illness
- MSK conditions (e.g. arthritis, muscular dystrophy)
- Cancer
- Epilepsy
- MS / MND
- Mental health illnesses (e.g. depression, bipolar)
- Cardiovascular conditions (e.g. heart disease)
- Fetal alcohol spectrum disorder (FASD)
- Hearing and sight loss
- HIV
- Long COVID

# In your own words, describe what the term 'reasonable adjustments' mean to you?

Adapting to individual circumstances

Ramps

Making changes that enable people to access services

Phased returns to work following illness

Adapting the workplace/workspace for the individual to enable them to function within their role.

Accomodations to support a person so they are not disadvantage to those who are more abled.

Changes that are made to adapt to individual needs and requirements.

Changing something in the working environment to aid access

# In your own words, describe what the term 'reasonable adjustments' mean to you?

adjustments are proportional

Changes to policies/procedures

Providing communications resources and messaging in an accessible format that is clear, concise, and meets their requirements. Providing translation / interpretation services at meetings / discussions

Modifying staff performance targets

Making changes in the work place to accommodate my needs ensuring i am not disadvantaged due to my disability.

Interpreter braille etc. hearing loops space to relax (ie. for someone with anxiety)

Understanding how people spend their time and not expecting them to come to you; take the conversation to them if you really want them to engage

Inclusion

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# In your own words, describe what the term 'reasonable adjustments' mean to you?

They may need access to quiet space / additional time to get to a to b. Extra time to complete tasks

Access to specialist equipment for employees e.g. for MSK conditions

Easy read guides.

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# Equality Act requirements for reasonable adjustments

Public sector organisations, including ICBs, have a legal duty to provide reasonable adjustments for people with disabilities under the Equality Act 2010.



Reasonable adjustments are changes that can be made to **make services accessible** for people with disabilities e.g., making alterations to buildings by providing lifts, changing policies, or providing help with managing issues of consent in line with the Mental Capacity Act.



The duty to provide reasonable adjustments is '**anticipatory**' which means that public sector organisations need to think about what is likely to be required, rather than waiting and responding to needs as they emerge.



All organisations in the NHS or adult social care must also follow the **Accessible Information Standard** by law. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so they can communicate effectively with health and social care services.



- https://www.gov.uk/government/publications/reasonable-adjustments-a-legal-duty/reasonable-adjustments-a-legal-duty

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# Who might need reasonable adjustments?

Reasonable adjustments are a legal requirement to make sure health services are accessible to all people with a disability or impairment (Equality Act 2010). This includes people with a physical disability, learning disability, sensory disability, neurological disability or mental health disability.

We have a duty to make reasonable adjustments to remove barriers (and reduce disadvantage) for:

**Patients or service users** with disabilities

**Staff/employees** with disabilities including permanent staff, bank staff, contractors, apprentices, students and trainee doctors on placement

**Prospective employees** and job applicants

**Reasonable Adjustment Digital Flag**

The Reasonable Adjustments Digital Flag is a national record which indicates that reasonable adjustments are required for patients. The Digital Flag was developed in the NHS Spine (on the National Care Records Service) to enable health and care workers to record, share and view details of reasonable adjustments across the NHS, wherever the person is seen and/or treated.

- https://www.england.nhs.uk/learning-disabilities/improving-health/reasonable-adjustments/
- https://www.nhsemployers.org/publications/making-workplace-adjustments-support-disabled-staff

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# Can you think of any examples of reasonable adjustments?



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# Examples of reasonable adjustments

Reasonable adjustments include:

- **Making changes to the way things are organised or done** if they currently put people with disabilities at a disadvantage
- **Making changes to the built environment or physical features** of a public building or place if they put people with disabilities at a disadvantage
- **Providing aids and services** to help people with disabilities overcome the disadvantage

Some examples of reasonable adjustments are:

Auxiliary aids and equipment, e.g. hearing loops, screen readers

Text message reminders sent to patients

Flexible working arrangements

Providing a quiet space to work or to wait for an appointment

Physical features such as ramps, handrails and wide doorways

Longer appointment times or more time to complete tasks

Providing information such as appointment letters in EasyRead in line with the Accessible Information Standards (AIS)



Source: Canva copyright free image

https://www.mind.org.uk/information-support/legal-rights/disability-discrimination/reasonable-adjustments/

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# What does ‘reasonable’ mean?

**When deciding whether an adjustment is reasonable for someone with a disability, the following factors should be considered:**

- How **effective** the change will be in avoiding the disadvantage the person with a disability would otherwise experience
- Its **practicality** - whether it can actually be done
- The **cost** of the adjustment
- The organisation’s **size and resources**
- The availability of **external financial support**

The overall aim of an adjustment should be to remove or reduce any disadvantage faced by the person with a disability, as far as possible.

Other considerations:

Treating people with disabilities more favourably

Making multiple adjustments

Context is important

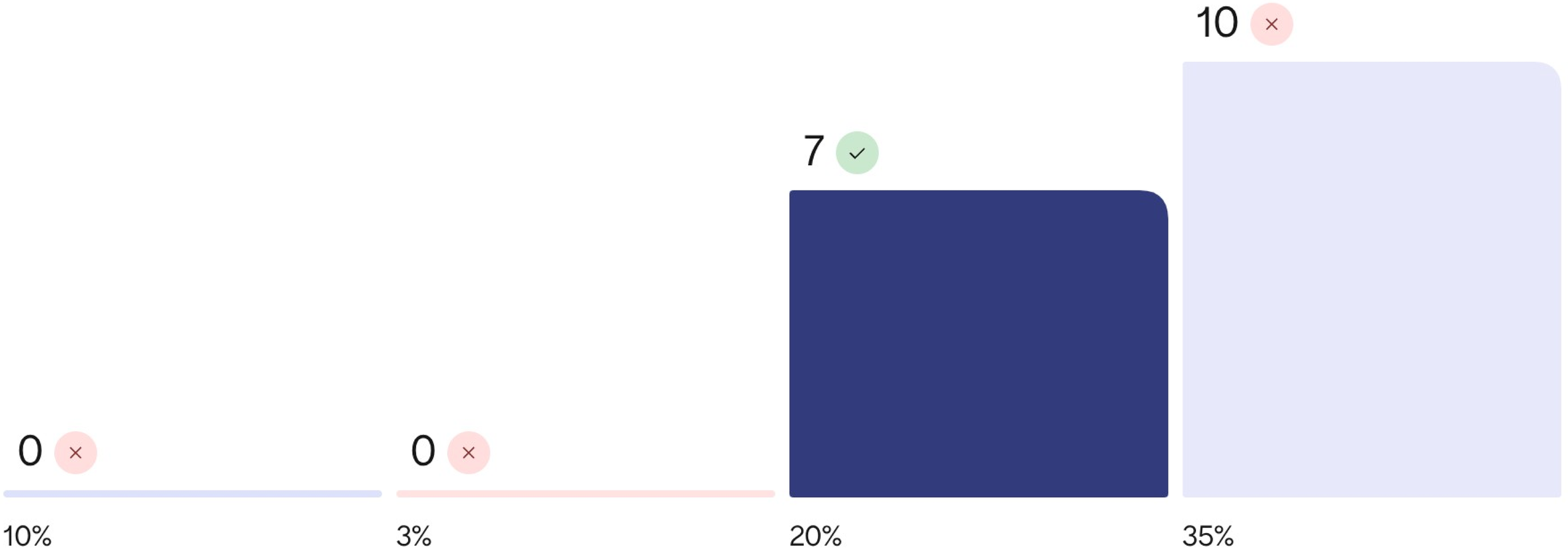
Health and safety

https://www.equalityhumanrights.com/guidance/business/employing-people-workplace-adjustments/what-do-we-mean-reasonable

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# Reasonable adjustments for our workforce

# What percentage of the UK population have a disability?



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# Impacts of disability in the workplace

When leaders think of a person with a disability, their minds often go to visible examples. After all, it's hard to conceptualise what we can't see. For that reason, we tend to think of items that symbolise disability in our minds, like wheelchairs and other means of mobility support.

**Statistics show:**

- **15%** of the global population (1 billion people) are disabled
- **20%** of the UK population (14 million people) are disabled
- **2%** of disabled adults of working age in the UK (7.4 million people) are currently in employment
- Disabled people are more likely to stay in an organisation if the organisation is **inclusive** and supports that person
- On average, disabled employees take **fewer sick leave days** per year than non-disabled employees
- The average claim for equipment or changes to a workplace to support a disabled person through **Access to Work** is just £95
- Only **1.2 million** disabled people in the UK are wheelchair users, and only two-thirds of them are full-time wheelchair users.

**Remember:** When doing Equality Health Impact Assessments (EHIAs), it is important to keep invisible disabilities in mind when considering reasonable adjustments!

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# Workforce reasonable adjustments

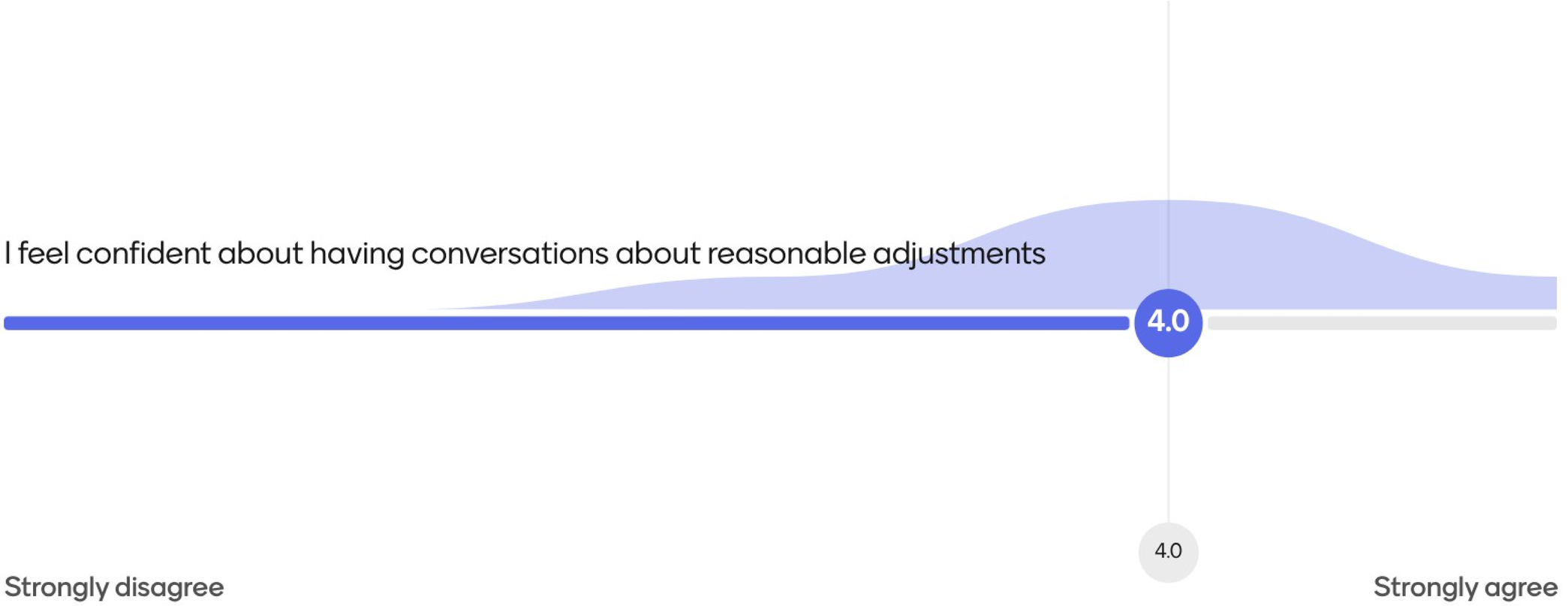
We have a legal duty to provide reasonable adjustments to staff with disabilities including permanent staff, bank staff, contractors, apprentices, students and trainee doctors on placement. Some examples of reasonable adjustments we might make for our employees are listed below:

## Workforce reasonable adjustments

- **Working arrangements** – different working hours, locations, agile working, flexible working arrangements
- **Communication** – approaching meetings differently, using closed captions, providing email summaries, using clear language
- **Equipment or facilities** – providing equipment such as screen readers, wheelchair ramps, door handles, home working equipment, accessible parking



# How confident do you feel about having conversations about reasonable adjustments?



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# How to have conversations about reasonable adjustments

Having constructive conversations about reasonable adjustments is key to helping people feel comfortable and like they can ask for what they need. Allowing space and time for these conversations is essential. Think about:




If possible, avoid things such as:

- Making assumptions
- Dismissive language
- Asking overly intrusive questions
- Ignoring concerns

Scenario 1:

A new member of staff discloses that they have a long-term health condition to their line manager, where they experience pain and fatigue.

**How would you approach a conversation with this member of staff about reasonable adjustments?**



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# How would you approach a conversation with this member of staff about reasonable adjustments?

Ask if there is anything you can do to support them

Ask what they would find helpful to support them?

Ask them initially what support they require

Ask what support they have had in the past?

What outcomes do they feel they need

What can we do to support you

Ask them what would help

Have a meeting to discuss and take lead from person - agree together what support - put it in writing and review regularly

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# How would you approach a conversation with this member of staff about reasonable adjustments?

Arrange an induction meeting/discussion to hear from them what support they need. What worked in a previous workplace and what worked well/not well. Be open to testing new arrangements if first job

Find out what they feel might help them and then discuss what can be reasonably adjust to support

A: quiet room/more time

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# Scenario – Reasonable adjustment conversations

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## Approach

- Create an inclusive space to have open conversations about adjustments
- Approach with an open mind, being non-judgemental
- Let the person lead
- Actively listen to their needs
- Consider the environment and surrounds
- In confidence

## Support and advocating

- Ask clarifying questions – avoid being overly intrusive
- Be solution focused
- Avoid making assumptions
- Offer support and refer to available resources e.g., health passports
- Collaborate on outcomes
- Make a record of the reasonable adjustments required

## Review

- Review the adjustments regularly – create time and space for supportive conversations with the member of staff
- Be aware of the potential impact of bias
- Educate yourself on relevant conditions or disabilities
- Continue to offer wellbeing support

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# Access to Work

The Government's Access to Work grant can help people with a disability such as a physical or mental health condition, get or stay in work.

The support provided will depend on the individual's needs. Access to Work can provide:

- A grant to help pay for practical support with work e.g., from auxiliary aids to support workers
- Support with managing mental health at work
- Money to pay for communication support at job interviews

Access to Work will not pay for reasonable adjustments. Reasonable adjustments are the responsibility of employers to make to support staff to be able to do their job. However, Access to Work will advise if changes should be made as reasonable adjustments.

If you as a manager require support with reasonable adjustments contact HR.

- https://www.gov.uk/access-to-work

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# ICB support

### Disability and Neuro Diverse Group

The ICB's Disability and Neuro Diverse Group is a staff network that meets monthly and is open to all staff across the ICB.

**Chair: Sarah Jeffrey, Deputy Director of Primary Care**

### Invisible Conditions Representatives

The ICB has several Invisible Condition Representatives that aim to raise awareness of the needs of people living with invisible conditions and disabilities.

"Collectively we can have a stronger voice, we can make greater impact, we can make more of a difference."

### Small Changes Champion

The ICS is celebrating the people and teams across the system who are going above and beyond to make their service accessible to those with a Learning Disability and Autistic people. If you know anyone who should be a Small Changes Champion, please email ssotics.comms@staffsstoke.icb.nhs.uk

The ICB intranet provides:

- Guidance on having conversations about reasonable adjustments
- Your small changes champions
- Supporting materials
- Suggested small changes you can make

- https://staffsstokeics.org.uk/your-health-and-care/learning-disability/learning-disability-and-autism-small-changes/

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# Recruitment reasonable adjustments

We also have a legal duty to provide reasonable adjustments job applicants and prospective employees. Reasonable adjustments should be made throughout the whole employee journey, from advertising jobs to workplace arrangements.

## Recruitment reasonable adjustments

- **Promotion** – simple format for job descriptions, promoting available reasonable adjustments at application stage
- **Change to recruitment process** – voice message applications, online interview, candidates receiving interview questions prior to interview
- **Induction process** – thorough induction process tailored to individual needs, staggered start times, buddy system



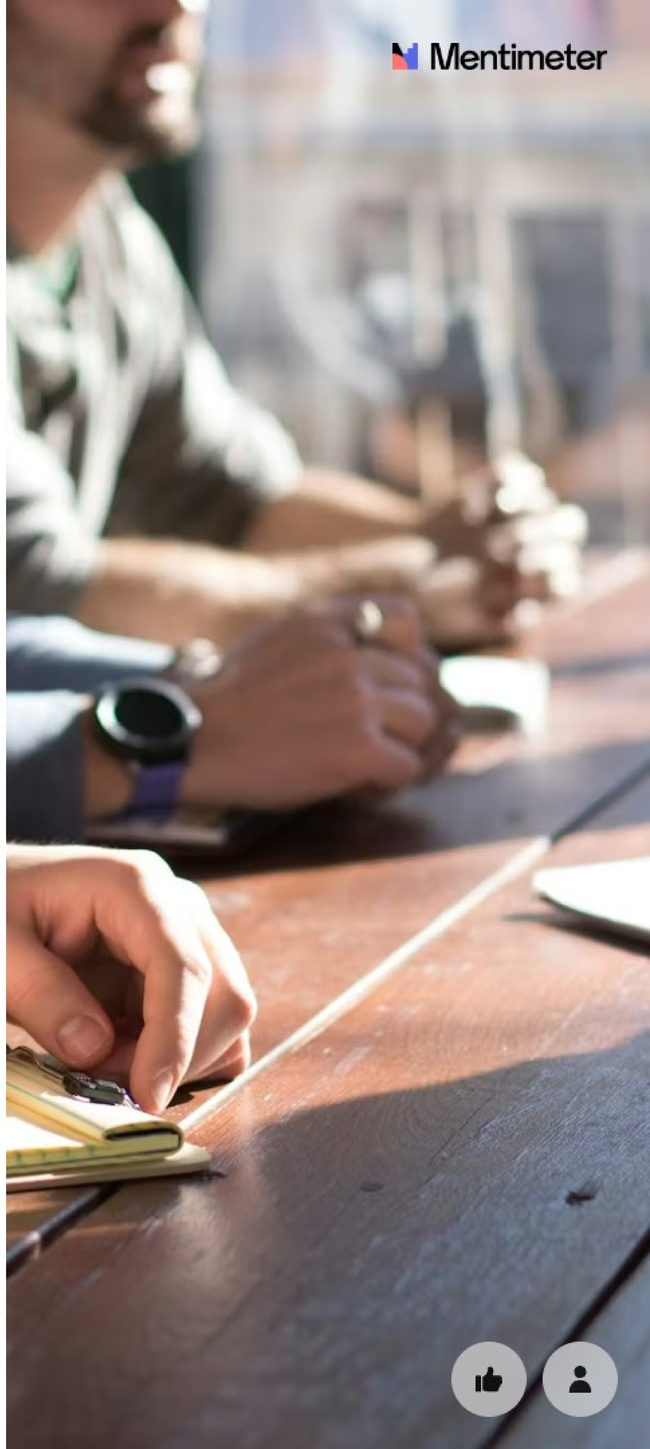
## Scenario2:

## The Head of HR/OD and EDI Business Partner meet with Senior Managers to discuss the recruitment and interview process.

Two candidates have declared disabilities and the above group have discussed the reasonable adjustments we can offer.

- Candidate A had declared that they have a neurodiverse condition and have requested reasonable adjustments.
- Candidate B has been identified as having a hearing impairment.

**What reasonable adjustments should the group take or consider taking?**



# What reasonable adjustments should the group take or consider taking?

Quiet environment

hearing loop or equipment

No background noise

hearing loop

Extra time to support neurodiverse needs

Additional time

Flexible times, quiet area for candidate A

Hearing loop support for candidate B

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# What reasonable adjustments should the group take or consider taking?

good lighting to ensure person is able to read lips if appropriate

They may need fidget aids

You could ask them what would help

Hearing Loop Extended time for interview in quiet area

BSL interpreter

Provide information in advance for candidate B

questions displayed

a - May need more time to get to and from an appointment

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# What reasonable adjustments should the group take or consider taking?

Written questions

Hearing - loop, sound reduction Make sure the interviews are trained into these issues - to ensure no assumptions are made

Ask if they would like a buddy to support and ask what they would like provided

Ensuring they can have time out if feel overloaded

Easy read documentation.

Take time to understand the ask of what Candidate A might require and support and hearing loop/quieter environment, speak clearly for Candidate B

Plan ahead Check who will be engaging Room access

Length of the session

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# Scenario - Reasonable adjustments in recruitment

## Questions

- Use clear and inclusive language for interview questions
- Ensure questions to candidate B were delivered clearly facing the candidate
- Produce a list of themes that the questions would cover
- Send the themes of these questions to all candidates
- Send the actual questions in advance to Candidate A to provide a positive reasonable adjustment

## Venue

- Confirm appropriate room to be used for interviews
- Provide a hearing loop
- Offer support to both candidates by asking if they wish to visit the interview venue to familiarise themselves with it beforehand

## Disability and Neuro Diverse Group

- Plan interview slots to be 45 mins with a 15 min gap between them in case of any overrun
- Offer Candidate A choice of slots first as there may be a time of day that is best suited
- Ask whether they may need extra time - around 15 mins extra may be possible in the schedule

# Time for a short break...



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# Reasonable adjustments for patients and service users

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# Patient / commissioning perspective of reasonable adjustments

Not only do we have a legal duty to provide reasonable adjustments to staff, but we also have a legal duty to provide reasonable adjustments to patients and services users.

The Equality Act states that all organisations, including health and social care such as hospitals and GP surgeries must take steps to remove barriers individuals face because of a disability.

We must ensure that people with disabilities can access health services and information relating to health services in the same way that people without disabilities can. This may involve making adjustments such as:

- Ensuring good physical access to healthcare buildings
- Providing information in plain English or easy read information
- Offering priority appointments
- Providing quiet zones
- Providing equipment such as hearing loops
- Health and carers passports
- Providing access to BSL interpreters
- Having a communication chart

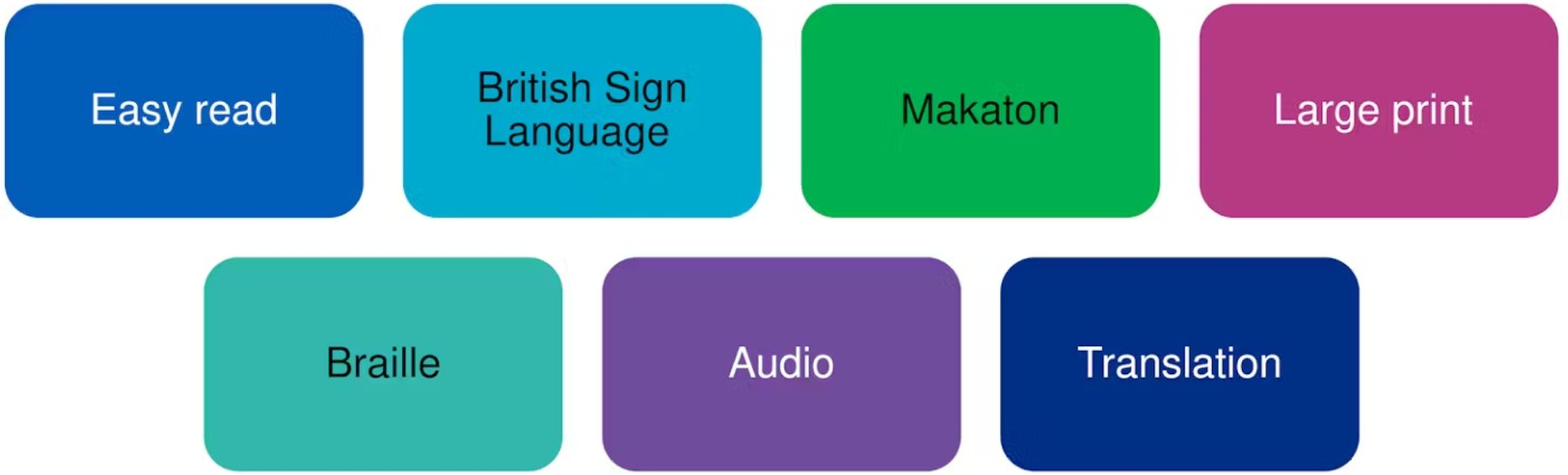
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# Meeting communication needs

**In order to meet the communication needs of patients, we need to:**

- Implement the Accessible Information Standard (AIS) – mandated by NHS England
- Web Accessibility Standard
- Identify the communication needs of patients as soon as possible, and include them on patient record and referrals
- Provide language translation services for people who do not speak English as their first language – a requirement set out in the NHS Standard Contract.

**Types of accessible information include:**



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# Accessible Information Standard (AIS)

The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.

There are **five basic steps** which make up the Accessible Information Standard:

**1. Ask:** identify if an individual has any communication/information needs relating to a disability or sensory loss and if so, what they are

**2. Record:** record those needs in a clear and standardised way in electronic and/or paper-based record system

**3. Alert / flag / highlight**: ensure that recorded needs are 'highly visible' whenever the individual's record is accessed, and prompt for action

4. **Share:** include information about individuals communication needs as part of existing data sharing processes (and in line with existing information governance frameworks)

5. **Act:** take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it

- https://www.gov.uk/government/publications/reasonable-adjustments-a-legal-duty/reasonable-adjustments-a-legal-duty
- https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/

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# AIS: The four main questions to ask

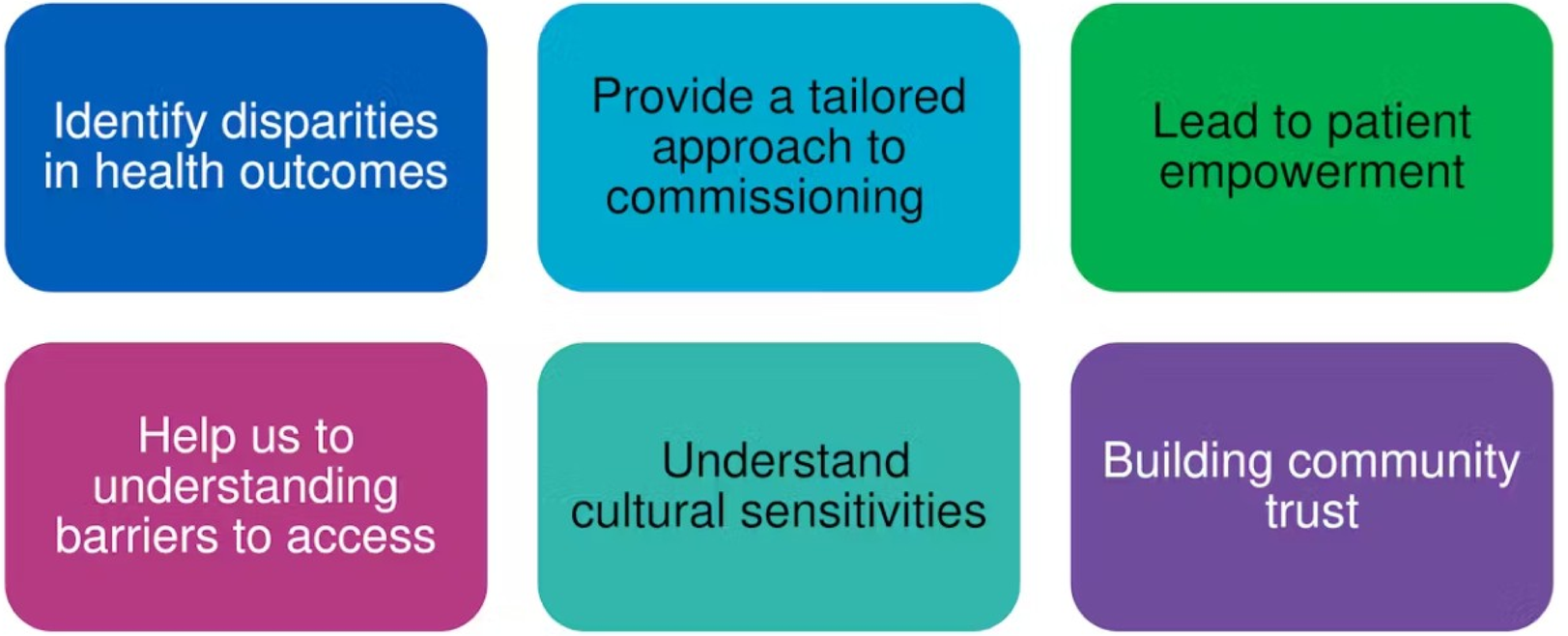
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# Importance of patient engagement for equity of patient access

Patient engagement is crucial for achieving equality in patient access because it actively involves individuals from diverse backgrounds in the decision-making process.

Ensuring we understand and listen to patient and public needs and perspectives is key, especially for the views of under-represented groups.

**Patient engagement can help to**:



Scenario 3 :

You are conducting engagement with patients and the public as part of changes being made to service pathways.

You will be engaging with a diverse audience which may include older people, people with sensory disabilities and people who don't speak English as a first language.

**What considerations should you make to ensure people from the above groups can participate in engagement activity?**



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# What considerations should you make to ensure people from the above groups can participate in engagement activity?

- Communication methods
- Provision of materials in different languages
- Location of the event - face to face or via teams
- Access to event if face to face e.g ramps
- Ask people what adjustments need to be made to help them fully participate
- signer
- Large print, hearing loops, translators
- Commuications in easy read

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# What considerations should you make to ensure people from the above groups can participate in engagement activity?

Comms in different languages

Seating, lighting, breaks, facilities

Pictures

buddy/translator

Ask how they prefer to participate - by phone, survey, one-to-one discussion or group discussion Arrange participation opportunities to suit them NOT you

simple language

ways of collecting feedback

Easy read access

# What considerations should you make to ensure people from the above groups can participate in engagement activity?

accessibility

parking!

Provide translators / interpreters if needed - think about do they 'read words' or 'interpret pictures' to understand the message / call to action

If face to face how large will the room be? Thinking of the noise level etc

Think about trusted voices in the communities who could support the involvement participation in a safe, familiar, space - sensory and neurodivergent support especially

how long is the course? can they manage that long

If face to face speaking clearly and concisely with no jargon

neurodivserve always useful to send out the timetable of the day

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# What considerations should you make to ensure people from the above groups can participate in engagement activity?

Transport costs could be barrier for these groups - is a budget necessary to support them being able to participate?

Speak to the indiviuals affected and see if they can do any office based - less than 80%

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# Scenario - Reasonable adjustments for patient engagement

## Accessible Information

- Provide information about the engagement event in accessible formats including EasyRead, Braille, large print and alternative languages
- Consider demographics and the use of language to meet the needs of different audiences – reading age, simple sentence structures and avoiding jargon and acronyms
- Ask individuals if they require any specific communication needs and record these e.g., use of an interpreter

## Physical access and equipment

- Vary types of engagement activity – both in person and virtual
- Conduct engagement in different cultural settings and consider how to reach your diverse audience
- Ensure that the locations of engagement events are accessible to people with disabilities – including physical access, auxiliary equipment, accessible toilets and parking quiet spaces

## Inclusive engagement methods

- Make engagement events enjoyable and accessible to ensure participants feel safe and motivated to get involved
- Offering alternatives such as one-on-one sessions
- Recognise that one size does not fit all
- Utilising existing community groups and networks to work collaboratively as part of engagement events with patients and the public

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# Implementing reasonable adjustments as part of Equality Health Impact Assessments (EHIAs)

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# Implementing adjustments following EHIAs

Once you have conducted an EHIA, it is important to consider the results of the assessment. If the EHIA has identified potential negative or adverse impacts for protected characteristic groups e.g., people with disabilities, you may need to adjust your decision/proposal or policy to remove barriers or disadvantages. For example:

| No negative impact identified from EHIA | Potential negative impact identified |
|---|---|
| No changes or mitigating actions required | Mitigating actions required – reasonable adjustments may be needed |

In cases where potential negative impacts are identified, it may be possible to remove or change a particular aspect of your decision/proposal or to introduce additional measures to reduce or mitigate any risk of potential negative impact.

You may also decide to continue with your decision/proposal despite the potential for adverse impact. If this is the case, as part of your EHIA, you should clearly set out the justifications for doing this and how you will be meeting your legal obligations.

- https://www.equalityhumanrights.com/guidance/public-sector-equality-duty/assessing-impact-and-public-sector-equality-duty-scotland-1

Scenar 4:

You are conducting an EHIA on an agile working policy. The policy stipulates that all staff must work in the office at least 80% of their working week.

You identify that staff with long term conditions, chronic illnesses and caring responsibilities could be disproportionately affected.

**What reasonable adjustments could be considered by the organisation as a result of the EHIA?**



# What reasonable adjustments could be considered by the organisation as a result of the EHIA?

flexible working considerations for individuals

Less than 80% in office

Reduce the % so they can have more time working from home

Different tasks that could mean not needed in the office as much

extend working hours so those who can't attend in normal office hours can come in earlier/later

increased hybrid split for some

Shorter working days

Consider flexible working (school hours)

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# What reasonable adjustments could be considered by the organisation as a result of the EHIA?

Ensure they have flexible hours to encourage coming into the office

Allow for individual adjustments to the % of time in office, depending on circumstances

adjustments to office environment

Send out a survey and ask what individuals would like.

adjustments to areas of work, quieter spaces, lighting, breaks, etc

regular supervisions to review how people are getting on

Write a policy to address the different working practices and make sure there is no stigma attached

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# Scenario – Implementing adjustments as part of EHIAs

## Mitigating actions

- Speak with staff who have been identified as being disproportionately impacted about what reasonable adjustments they may need
- Work with members of staff to decide on appropriate reasonable adjustments e.g., flexible working hours
- Offer 1-1 support and regular check ins
- Encourage staff network participation
- Ensure the office space is accessible and meets the needs of staff with disabilities including the provision of equipment
- Refer to the carers policy
- Provide line managers with support on having conversations relating to reasonable adjustments

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# Recap: What have we covered today?



Legal requirements for reasonable adjustments



Consideration of invisible disabilities



What is considered 'reasonable'?



Workforce perspective of reasonable adjustments



How to have conversations about reasonable adjustments



Patient/commissioning perspectives of reasonable adjustments



Accessible Information Standard



The importance of patient engagement



Implementing findings of EHIAs

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# Evaluation

Before we finish the training session today, we would love to get your thoughts!
Your feedback is valued and will be used to improve any future sessions.
Thank you!

The link to the evaluation form will be put into the chat shortly.
You will also receive it in an email after the session.

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# Thank you and questions

For more information and support contact the Inclusion Team at: inclusion.team@nhs.net

Produced by the Inclusion Team - NHS Midlands and Lancashire Commissioning Support Unit
NHS Arden and GEM Commissioning Support Unit

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NHS
Midlands and Lancashire
Commissioning Support Unit

# Unconscious Bias Training 2024




## The Inclusion Unit
## MLCSU

# Aims of the session

The aim of the training session is to give participants a general understanding of unconscious bias.

The session will include content that may trigger emotions relating to peoples personal experiences. We will not ask anyone to share information about their personal experiences within this session.

Our learning environment for the session today will be open, honest, friendly, respectful and confidential.



**Housekeeping:**

- 1 hour 30 minute session
- Comfort break half way through
- Please ask questions at the end or put them in the chat box during the session
- Training slides, certificate and an evaluation form will be sent out following the session. Please complete the evaluation form and share your thoughts with us

# What are we going to cover?



Equality Legislation



Case for Inclusive Decision Making



Managing behaviours



Understanding Unconscious Bias



Subtle Acts of Exclusion



Impacts of Unconscious Bias



What we can do to tackle Unconscious Bias

# 1 Equality legislation




- **The Equality Act 2010 including the Public Sector Equality Duty**
- Human Rights Act 1998
- Health and Social Care Act 2012

**Public Sector Equality Duty (PSED)**

All public bodies must show '**due regard**' by adhering to three general duties:

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this 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.

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# Activity 1

## What are the 9 Protected Characteristics?

# 9 Protected Characteristics

AS DEFINED WITHIN THE EQUALITY ACT 2010



Age



Disability



Gender Reassignment



Marriage and Civil Partnership



Pregnancy and Maternity



Race



Religion and Belief



Sex



Sexual Orientation

# Discrimination - Unlawful behaviour

**What is Discrimination?**

The Equality Act gives us a definition of what it means by discrimination – its defined as treating someone less favourably due to a reason in relation to their possession of a protected characteristic.



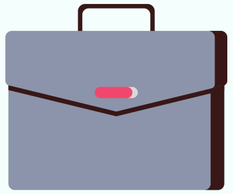
**Types of Discrimination:**

- Direct
- Indirect*
- Discrimination by association
- Discrimination by perception
- Harassment
- Victimisation
- Failure to make reasonable adjustments

# 2 Case for Inclusive Decision Making

## Business case

- Staff retention
- Staff satisfaction and related productivity
- Attracting diverse talent
- Reduce risk of litigation



## Moral case

- Moral duty to provide safe environments for staff and patients
- People have the right to be treated with dignity and respect regardless of background



## Legal case

- Compliance with equality and human rights legislation
- Staff have the right to work in an environment free from discrimination
- Patients should be protected from discrimination, bullying and harassment

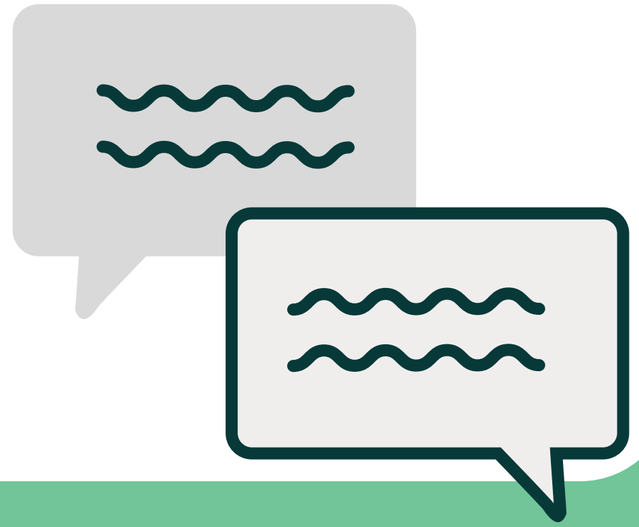


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# Activity 2

3 minutes

Using the chatbox function on Microsoft Teams, list general examples of what might be inappropriate and unacceptable behaviour in the workplace.



# 3 Examples of types of inappropriate behaviour



## Interpersonal relations

- Disclosing someone's sexuality or gender identity to others without consent
- Unwanted physical contact, touching or groping
- Inappropriate practical jokes
- Making assumptions about peoples lifestyle/interests
- Excluding people because of their protected characteristic e.g. sexual orientation
- Making assumptions based on someone's background

## Work related behaviours

- Being dismissed or treated unfavourably due to a protected characteristic e.g. pregnancy
- Holding events at inaccessible venues
- Setting unrealistic targets
- Refusing to make reasonable adjustments
- Denying training/ development/promotion opportunities without reason
- Pressurising someone to find another job/retire
- Refusing access to toilet/changing facilities for someone who is Trans

## Use of language

- Offensive gestures/mimicking
- Sending emails with offensive or discriminatory content
- Actual or threatening to 'out' someone
- Mimicking someone's accent
- Intrusive personal questions
- Using derogatory language and nicknames
- Refusal to address someone by their preferred pronouns
- Negative body language

# 4 Understanding Unconscious Bias

Every person makes immediate, snap assumptions about new people. They are purely instinctual and happen faster than we can comprehend, as quickly as 30 milliseconds. Once the brain has made these assumptions, it will then categorise the person, based on past knowledge, creating a positive or negative judgement.

This process is called Unconscious Bias and can have a huge influence on the decisions we make and how we respond to new people or groups of people.

### What is it?

- Stereotypes
- Automatic
- Deeply ingrained

### How does it affect us?

- Decision making
- Perceptions of people
- Behaviours e.g. in recruitment

### Where does it come from?

- Personal and past experiences
- Environment



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# Activity 3

Can you think of some things we might make assumptions about?

# What we might make assumptions about

- Protected characteristic groups
- People experiencing deprivation
- People experiencing homelessness
- People with certain jobs
- Body size
- Asylum Seekers and Refugees
- People with tattoos and body piercings
- People with political views
- Where people live
- Financial situation
- Substance misuse
- Carers
- How people look/how people dress
- Lone parents
- Educational background

# Types of Bias

## Horns Effect



Negative assumptions that affect our perceptions and decisions

## Halo Effect



Positive assumptions that affect our perceptions and decisions

## Affinity Bias



Favoriting people because they are the same as ourselves

## Conformity Bias



Changing your opinion to fit with the view of others

## Confirmation Bias



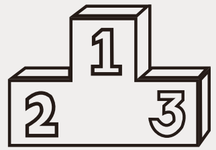
Looking for evidence to back up first impressions

## Beauty Bias



Judging people on the basis of their looks

## Attribution Bias



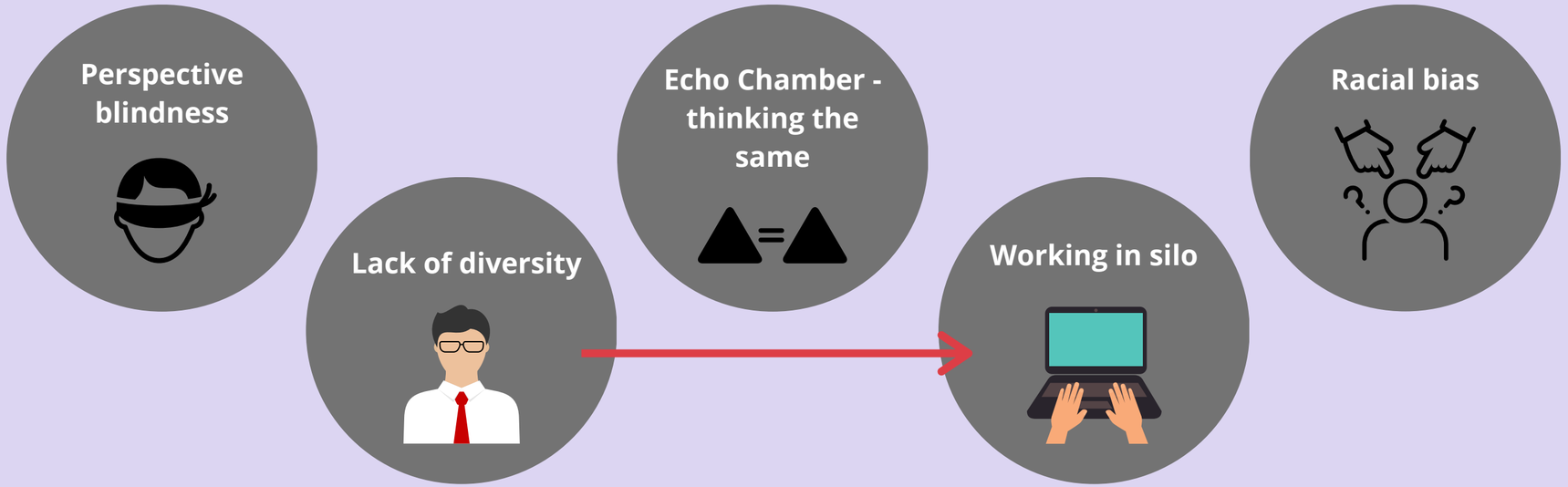

How we perceive the actions of other people

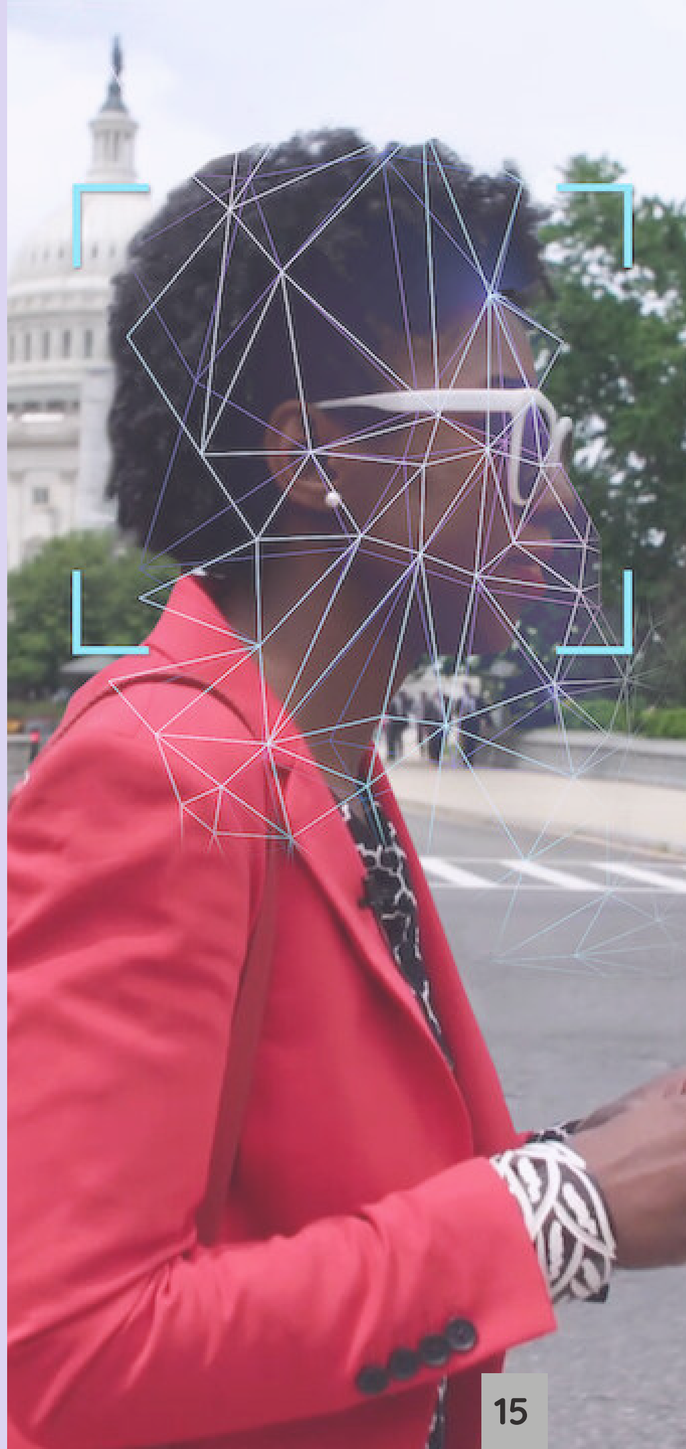
# Cognitive Bias example

## Coded bias (taken from Netflix)

Joy Buloamwini uncovered bias in facial recognition technology – in which:

- Bias in algorithms within IT systems
- Racial recognition of 1000 faces within study called Gender Shades found it difficult to identify black women
- Algorithms is leading to discrimination – it's used in the criminal justice, insurance, commercial and possibly health care including access to treatments
- Joy found that the designers of the systems were mainly white men





# An example of Creeping Determinism?

## CIA 9/11 (taken from Matthew Syed's Rebel Ideas book)

- Osama bin Laden declared war on America from a cave in Tora Bora Afghanistan 23/8/96 – the CIA could not believe that this man squatting in a cave, wearing simple clothing, could pose a threat to America

- CIA during the 1990's– middle class, well educated, same colour and gender. Diversity was viewed as a threat to national security and seen as purely political correctness. Diversity was seen as a trade off for excellence. No one questioned if this way of thinking and acting was dangerous to national security

**Perspective blindness**



**Bias/assumptions made about the followers**



**Echo Chamber - thinking the same**



**Working in silo**




**Seen through a singular lens**



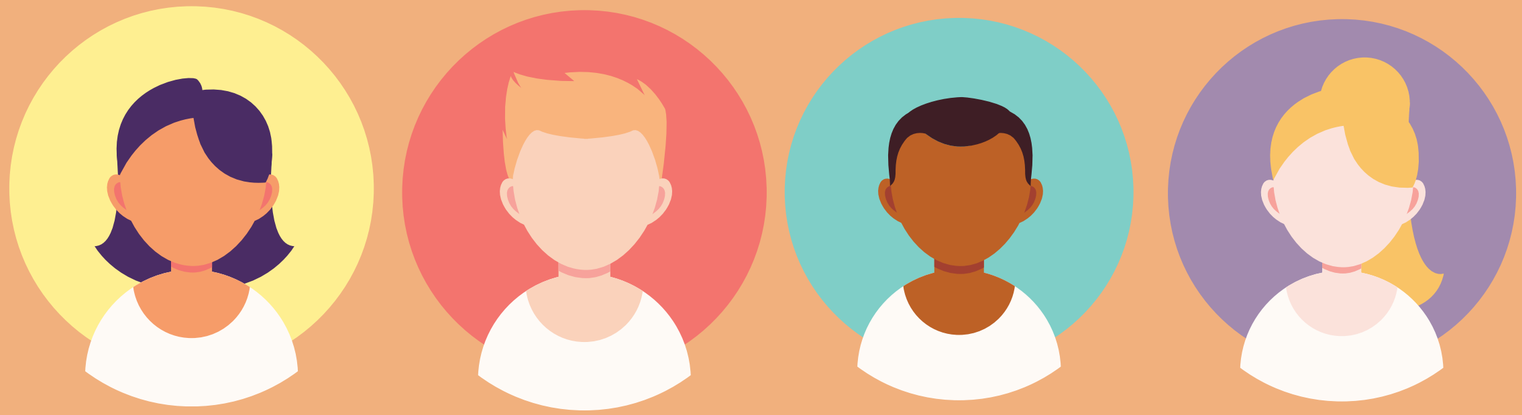
# Types of discriminator

**Prejudiced non-discriminator**

Holds prejudiced beliefs/ biases but does not act on them in a professional environment.

**Non-prejudiced discriminator**

Believe themselves to be fair and unbiased but their actions are unfair for some.



WARNING! This is where unconscious bias is most likely to be at play because they haven't acknowledged their biases.

**Prejudiced discriminator**

Holds prejudiced beliefs/ biases and acts on them.

**Non-prejudiced non-discriminator**

Does not hold prejudiced beliefs and acts fairly towards others.

This is the ideal category to be in for inclusive decision making.

# Subtle Acts of Exclusion

MENTI

## Activity 3

Subtle acts of exclusion (SAE) are acts (things people say and do) that **exclude and harm** - some are obvious, but many are subtle.

Could you think of some examples of a subtle acts of exclusion?

# 5 Subtle Acts of Exclusion

Subtle acts of exclusion can be confusing, hard to identify and challenging to speak about.

They can occur when people are trying to be well intentioned and may occur when someone is:

### Trying to compliment



e.g. "I'm surprised you've done so well!"

### Being curious



e.g. "where are you really from?"

### Showing comfort

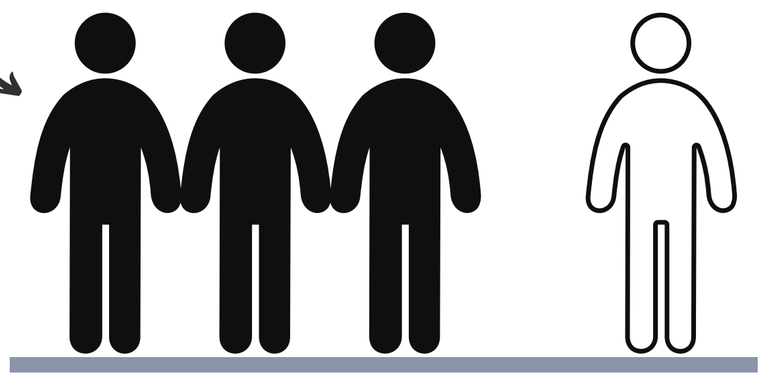


e.g. "you are from Jamaica, I love Bob Marley"

People who overhear or see it - **the observer/observers**

Person who does SAE- **the initiator**

Person being excluded - **the subject**



**Observers**

- If you speak up you become an **ally**
- If you do nothing you are a **by stander**

Subtle acts of exclusion can be carried out by anyone, regardless of their backgrounds.

Being in the majority can sometimes prevent people from seeing and acknowledging subtle acts of exclusion.

Subtle acts of exclusion can have detrimental effects on people's mental and emotional well being.

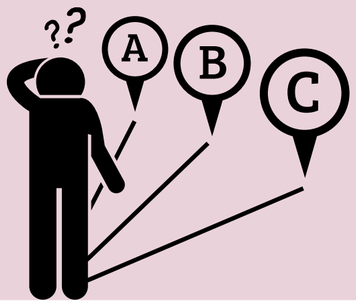
**Everyday Activism**

Speak up when you witness Subtle Acts of Exclusion

# 6 Impacts of Unconscious Bias in Commissioning

## Decision making

- Indirect discrimination can be a result of snap decision making
- Biased decisions that impact patients, staff or communities
- Workforce don't feel valued or accepted
- Lack of diversity in the workforce which impacts on productivity and ideas




## Behaviours

- Negative stereotyping of patients, staff and communities
- Our unconscious bias can influence how we view the needs of others
- Making assumptions fuel predjudice and works against creating inclusive environments
- Communities and patients feeling disengaged or not listened to
- Discriminatory behaviour which may be unlawful



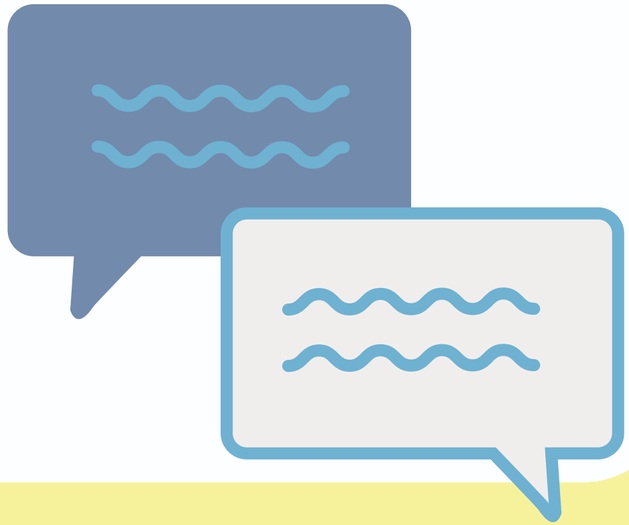
# 6 What can we do about it?

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## Activity 4

3 minutes

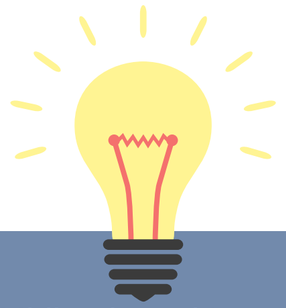
Using the chatbox function on Microsoft Teams, give any ideas on what we can do to reduce the impacts of unconscious bias.



# 7 Tackling Unconscious Bias

## Awareness

- Acknowledge and test your own bias
- Having good cultural awareness
- Understanding perspective and lived experience
- Be aware of how the Halo/Horns effect can impact your interactions with people
- Using diverse role models to create positive and inclusive environments



## Challenging stereotypes

- Not making assumptions about others based on their appearance
- Conscious questioning - taking on board the lived experience of others
- Counter stereotypical images - how our views of groups are influenced by our personal experiences/upbringing




## Identify Bias



- Complete an Equality and Impact Risk Assessment
- Not making snap decisions - slowing down decision making
- Reflecting before making decisions to check they are rational and can be justified
- Try to reduce high levels of stress before making decisions

# Action Planning: Reducing Bias

**Individual:**

Be aware of your bias and aim to adopt a positive approach with everybody



Challenge yourself and others when you think bias has occurred



Avoid making quick judgements or assumptions



Undertake further reading, research and complete self assessments on unconscious bias



ACT: Acknowledge, Challenge, Train



**Organisational:**

1. **Recruitment** - review recruitment systems and monitor data to determine whether we are attracting diverse applicants and act on findings



2. **Staff Interactions** - look into more ways to foster positive relationships across the organisation, between staff, service users and through networking events with communities



3. **Communication and engagement** - review images used in communications to promote diversity. Review methods of engagement to ensure that no one is left behind



4. **Governance** - ensure decision making processes have oversight. Equality Impact and Risk Assessments should be embedded within decision making processes to ensure bias is reduced



# **Recap**: What have we covered today?

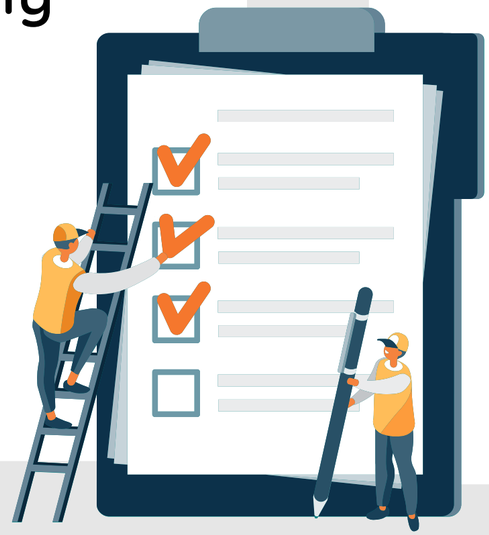
- Equality legislation including the Equality Act 2010 and 9 protected characteristics
- Types of discrimination and managing inappropriate behaviours
- Benefits of inclusive decision making
- Understanding unconscious bias and its impact on our decision making in commissioning
- Subtle acts of exclusion and the effects
- How we can tackle unconscious bias individually and collectively

# Evaluation

Before we finish the training session today, please fill out the evaluation form.

Your feedback is valued and will be used to improve any future sessions.

Thank you!



To complete the evaluation form please follow the link posted in the Teams chatbox.

A link to the form will also be shared via email following the session.




# Questions and thank you for listening!

For more information and support contact the Equality and Inclusion Team
MLCSU: equality.inclusion@nhs.net