Equality and Diversity Policy

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DMC Healthcare Ltd

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Version Control and Summary of Changes

Version Number	Date	Comments (details of changes)
V02	210/17	Policy updated to take into account EDS2-Action plan to support.
V03	11/2018	Policy reviewed by Farnaaz Sharief (Clinical Governance Lead for Kent)
V04	07/2021	Policy reviewed by Pritika Gupta (Corporate Strategy Director) and Stephen Connor (HR Manager)

This policy can be provided in large print or Braille if requested. This document is used by all services owned and operated by DMC Healthcare.

Contents

1 Introduction

The Equality and Diversity Policy sets out the Framework by which DMC Healthcare will deliver its services. Clear lines of responsibility are established within this policy as well as the organisation's approach to assessing impact on equality of its policies, services and organisational changes. It should be noted that this policy is applicable to all services under DMC Healthcare Ltd.

DMC Healthcare acts as an ambassador of equality as the organisation strongly believes in treating people fairly with respect and dignity and in valuing diversity both as a health service provider and as an employer.

1.1 Mission statement

*"Our shared mission is to **deliver healthier** outcomes and to demonstrate on a day to day basis the values we wish to communicate through our actions as well as our words."*

1.2 Our core values

- **Functional:** Pioneering, clinically-led, bespoke, can-do.
- **Comparative:** Family-led, long heritage of NHS delivery, patient care before profit, cost-effective.
- **Emotional:** Patient-centered, responsive and responsible, trustworthy, credible.

1.3 DMC Healthcare Key messages

- DMC Healthcare is a national provider of clinically-led and clinically-delivered services to the NHS.
- Established more than 50 years ago as a family-run GP practice, it is still family-owned and clinically-run.
- It has grown into a leading provider of primary care, community-based clinical services, secondary care in-reach services and radiology reporting.
- Patient care is its highest priority. It invests in people and technology, providing services that are clinically-led, safe and efficient.
- Its aim is to deliver healthier outcomes for its patients, the commissioners responsible for their healthcare and contribute to the long-term sustainability of the NHS.

The DMC Healthcare family provides primary and urgent care services, community services, and radiology services. We have more than 50 years' experience of working with the NHS and the independent sector, providing high quality, sustainable care to more than 300,000 patients a year.

2 Scope

This policy is applicable to all staff and services across DMC Healthcare. The organisation values the diversity of its staff as an asset to build upon and wishes to encourage all staff to reach their full potential as every member of staff has a unique range of skills, abilities and experiences, all of which will ultimately benefit the organisation and the patients it serves.

DMC Healthcare aspire to be acknowledged as a model employer and a leader in good employment practice, both in terms of fulfilling its obligations and in the application of models of good practice. The organisation will use this policy to ensure fair and reasonable treatment of its patients, staff and members of the public. Appropriate training will be provided within available resources to enable all staff to perform their jobs effectively and to develop their careers.

3 Purpose

DMC Healthcare aims to:

- Provide the best possible healthcare services that are accessible and delivered in a way that respects and considers the needs of individuals.
- Embed equality and diversity values into all policies, procedures and everyday practice.
- Regularly monitor and report on how equality and diversity is being monitored through all services provided to demonstrate how continuous equality improvement is being actioned across the whole organisation.
- Ensure that all services provided by the organisation promote equality and diversity.

DMC Healthcare is committed to eliminating all forms of discrimination on the grounds of the 9 protected characteristics in the provision of its services. This is also applicable to recruitment and employment to ensure the environment is characterised by dignity and respect which is free from harassment, bullying and victimisation.

DMC Healthcare is committed to meeting targets that relate to health inequalities in the care provided in:

- Primary Care.
- Community Services.

- Radiology Reporting.
- DMC Direct.

This policy is related to the Equality Act 2010 and Public-Sector Duties that came into force in April 2011.

4 Definitions

4.1 Protected Characteristics

There are 9 protected characteristics:

1) Age.
2) Disability.
3) Gender reassignment.
4) Race.
5) Religion or belief.
6) Sex.
7) Sexual orientation.
8) Marriage and civil partnership.
9) Pregnancy and maternity.

The Equality Act 2010 covers the 9 protected characteristics, and provides a duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

4.2 Direct Discrimination

Direct Discrimination occurs when someone is treated less favourably than another person because of one of the protected characteristics.

4.3 Types of Direct Discrimination

- Discrimination by Association: Discrimination against someone they associate with another person who possesses one of the following protected characteristics.
- Discrimination by Perception: Discrimination against an individual because others think they possess one of the following protected characteristics. It applies even if the person does not actually possess that characteristic.

4.4 Indirect Discrimination

Indirect Discrimination can occur when you have a condition, rule, policy or even a practice that applies to everyone but particularly disadvantages people who share one of the following protected characteristics.

4.5 Harassment

Harassment is "unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual". Harassment applies to the following protected characteristics. Employees are now able to complain of behaviour they find offensive even if it is not directed at them. Employees are also protected from harassment because of perception and association.

4.6 Third Party Harassment

The Equality Act can make us liable for harassment of our employees by third parties who are not employed by DMC Healthcare e.g. patients or members of the public. DMC Healthcare will be liable when harassment has occurred on at least two previous occasions e.g. when we are made aware that it has happened and have not taken reasonable steps to prevent it from happening again. This applies to all the protected characteristics.

4.7 Victimisation

Victimisation occurs when an employee is treated badly (suffers a detriment) because they have made or supported a complaint or raised a grievance under the Equality Act 2010 or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

4.8 Group Discrimination

This is where prejudicial attitudes and behaviours are shared and reinforced so that there is a culture within the group that encourages discrimination.

4.9 Institutional Discrimination

Institutional discrimination is the collective failure of an organisation to provide an appropriate service to people because of their differences including race, gender, caring responsibilities, pregnancy and maternity, disability, gender reassignment, age, social class, sexual orientation and religion or belief. It can be seen through processes, attitudes, behaviour and power imbalances that discriminate through prejudice, ignorance, thoughtlessness and stereotyping which disadvantage people.

4.10 Racism

Racism is the general term used to describe the conduct, practice and attitude that places people at a disadvantage or advantage because of their skin colour, culture or ethnic origin.

4.11 Sex Discrimination

Sexism comes from a belief that one gender is superior to the other. Sexism can be seen in an organisation's power holders, structures, systems and practices.

4.12 Heterosexism and Homophobia

Heterosexism is the belief that heterosexuality is the norm and any other form of sexuality is abnormal.

Homophobia is a collection of negative attitudes and prejudices that lead to discrimination against individuals on the grounds of their sexuality.

5 Roles and Responsibilities

5.1 Organisational Responsibility

The DMC Board will oversee the implementation of all aspects of national equality frameworks for service and employment. The Board's aim is to provide strategic leadership to drive the equality, diversity and inclusion agenda across the organisation for patient care and services and for the workforce.

5.2 Individual Responsibilities

The Responsible Officer/ Group Medical Director holds overall responsibility for ensuring that the organisation complies with equality and diversity legislation and overall responsibility for this policy and related procedures and their implementation which includes:

- Ensuring that the Board are appropriately trained and updated in matters of equality and diversity.
- Ensuring that all managers have access to the Policy and that they are aware of their responsibility to their staff.
- Ensuring that staff views on equality and diversity are captured.
- Ensuring all staff understand the content of the Policy and how it should be applied.

5.3 Service Managing Directors, All Managers and Supervisors

All are directly responsible for the effective implementation and monitoring of this policy at an operational level. They should familiarise themselves with the content of this Policy to ensure that their staff are aware of the principles within the policy. They are responsible for ensuring all staff complete mandatory training on equality and diversity and complete a refresher training session when required. Managers are responsible for undertaking equality impact assessments on services, organisational change and on appropriate policies.

All staff are responsible for ensuring that they act within the spirit of the Policy and ensure they complete relevant Equality and Diversity Mandatory Training. Failure to comply with this Policy will be addressed by the individual's Line Manager.

6 How do we ensure that our services are delivered in line with Equality and Diversity Guidance?

In 2010 the Equality and Diversity Council commissioned the Equality Delivery System (EDS). This system allows organisations providing services to the NHS to improve the services they provide to their local communities and to provide a better working environment that is free from

discrimination. In 2013, a newer model of EDS was established known as EDS2. This has been streamlined and is simpler to use in comparison to the original EDS.

The main purpose of the EDS was to help organisations providing NHS services to review and improve their performance for people with characteristics protected by the Equality Act 2010. By utilising EDS/EDS2, organisations are also helped to deliver on their Public-Sector Equality Duty.

DMC take pride in ensuring that their services are accessible to all people and will take necessary adjustments in line with patient need. There are a number of ways in which DMC ensure that their services are in line with Equality and Diversity guidance, e.g. by capturing protected characteristics through complaints and patient experience forms. Another example is from holding service engagement events which allows service users to voice their opinions on the equality of the service. Appendix 1 outlines how the EDS2 Framework has been implemented at DMC Healthcare.

6.1 Accessible Information Standard NHS England

DMC Healthcare conform to the Accessible Information Standard to ensure that people who have a disability, impairment or sensory loss are able to access and understand any information or communication support they need. All of the services across DMC Healthcare ensure that service users can access and understand the information they are given. This is inclusive of making arrangements for information to be converted into a different format such as braille, easy read or via email. DMC Healthcare will also assist in supporting people with communication needs, such as support from a British Sign Language (BSL) interpreter, deafblind interpreter or an advocate.

DMC will ensure that:

- Service users are asked if they have any communication or information needs and will make reasonable adjustments to meet those needs.
- All requirements are recorded clearly and are flagged appropriately in the service user's file.
- Information is shared about service user requirements with other providers where they have the consent to do so.
- The necessary steps are taken to satisfy that individuals receive information which they can assess and understand.
- Leaflets are provided in a large font.
- There is promotion of the induction loop system and will continually provide staff with training.
- Signage is clear and non-obstructive.
- Allow guide dogs where possible or other assistance dogs into buildings.

- Allow disabled patients to make appointments by other methods such as, text messaging and email.

DMC Healthcare undertake annual facilities checks to ensure that the environment is accessible to all patients

7 Workforce Race Equality Standard (WRES)

In 2014, NHS England and the NHS Equality and Diversity Council agreed upon some actions to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It was at this point, where it was agreed that a Workforce Race Equality Standard (WRES) should be developed.

The 9 WRES indicators (see table below) are what organisations have to assess themselves against. The CQC has already tabled this element as part of their assessment criteria for all hospital inspection regimes. This aspect demonstrates how "Well-Led" the organisation is.

	Workforce indicators	
	For each of these four workforce indicators, compare the data for white and BME staff	
1	Percentage of staff in each of the AFC Bands 1-9, medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce	
	Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff	
2	Relative likelihood of staff being appointed from shortlisting across all posts	
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	
	Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	
4	Relative likelihood of staff accessing non-mandatory training and CPD	
	National NHS Staff Survey indicators (or equivalent)	
	National NHS Staff Survey indicators (or equivalent)	
	For each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff	
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	
	Board representation indicator	
	For this indicator, compare the difference for white and BME staff	
9	Percentage difference between the organisations' board voting membership and its overall workforce Note: Only voting members of the board should be included when considering this indicator	

DMC Healthcare has adopted these indicators to ensure that that an equal race workforce is visible throughout the organisation. During the employment process, DMC ensure a fair recruitment process is followed and on successful appointment to a role, DMC will provide an equal opportunity form for the new employee to complete. This document will capture the 9 protected characteristics and the data is reviewed quarterly to review any trends that are arising from the recruitment process.

In addition to this, all employees are encouraged to undertake continuing professional development (CPD) and during 1:1 discussions and in preparation for appraisal, this element is explored so that staff feel empowered to learn and grow professionally. DMC has also adopted an evident learning culture as staff have the opportunity to assist in a variety of projects, this is the ongoing developmental approach that DMC has taken on board as well as providing courses for staff to attend.

8 Learning and Development

Appropriate Mandatory Training is provided to all staff to ensure that staff and managers understand their responsibilities under the Organisation's Equality and Diversity Policy. Specialist training can also be completed to ensure staff develop professionally.

9 Equality Impact Assessment (EIA)

The purpose of an Equality Impact Assessment (EIA) is to improve the work of DMC Healthcare by making sure that it does not discriminate, and where possible promotes equality. It is a way to make sure individuals and teams think carefully about the likely impact of their work on service users and take action to improve activities where appropriate.

The EIA focuses on systematically assessing and recording the likely equality impact of an activity or policy.

Why do we need to conduct EIAs?

The key purpose of an EIA is to:

- Promote all aspects of equality.
- Identify whether certain groups are excluded from any of our services.
- Identify any direct or indirect discrimination.
- Assess if there is any adverse (negative) impact on particular groups.
- Promote good relations between people of different equality groups.

- Act as a method to improve services.
- It enhances value for money.
- It informs business plans.
- It increases social inclusion.
- It promotes understanding and sensitivity.

Assessing for equality impact is an aspect of delivering service improvements and should be built into an integral part of continuous improvement. EIAs should be carried out when developing new policies, guidelines and projects. Once they are developed, they should be sent to the Group Clinical Governance Lead to review. (see Appendix 2 for EIA template).

10 Complaints

Staff: If there are issues that cannot be addressed through the organisation's staff complaints process, then they should be raised under the organisation's Grievance Procedure.

Service users to include patients and visitors: All formal and informal complaints must follow the organisation's complaints process. The organisation's complaints procedure follows national guidance in managing complaints.

11 Rights of Disabled People

DMC Healthcare gives great importance to the needs of disabled people. Under the terms of this policy, managers are required to:

Make reasonable adjustment to maintain the services of an employee who becomes disabled e.g. in training, provision of special equipment (Managers are expected to seek advice and guidance from external agencies to assist disabled people stay in employment).

Valuing Diversity

The organisation states that every employee is entitled to a working environment that promotes dignity and respect to all. No employee should have to tolerate bullying or harassment. DMC Healthcare aims to create an environment in which individual difference and the contributions of all staff are recognised and valued. To promote equality and diversity in the workplace is good management practice and will assist in ensuring employees feel valued by the organisation. Staff must inform their manager if they become aware of any discriminatory practice.

12   Review and Monitoring

Overall responsibility of this policy rests with the Responsible Officer/ Group Medical Director. Delegated responsibility to review this policy lies with the Group Clinical Governance Lead.

This policy will be reviewed at the date stated and may be subject to change at that time, or at an earlier date if necessary, subject to consultation with staff representatives recognised for that purpose.

13   References

The Equality Act 2010

Public Sector Duties- April 2011.

Equality and Diversity Council- NHS Workforce Race Equality Standard 2016 Data Analysis Report for NHS Trusts.

Equality and Diversity Council- A refreshed Equality Delivery System for the NHS- EDS2 November 2013

Appendix 1 – EDS2 Framework
(Plan for DMC 2017-2018)

EDS Outcome	Lead	success criteria	Timescale
Goal: Better Health Outcomes			
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	Service Managing Directors	Equalities performance information is reported through Governance functions monthly through mechanisms such as patient satisfaction, complaints and through proposed engagement events.	Ongoing- engagement events to be for Q3.
1.2 Individual people's health needs are assessed and met in appropriate and effective ways.			
1.3 Transitions from one service to another, for people on care pathways, are made smoothly and they are free from mistakes, mistreatment and abuse.	Service Managing Directors	Learnings from incidents and complaints are reviewed regularly to implement service improvements. Monthly reviews at Governance meetings enable trends and patterns to be formulated so that a safe service is delivered. Escalation processes are in place for urgent safety matters	Ongoing monitoring process.
1.4 When people use NHS services their safety is prioritised, and they are free from mistakes, mistreat and abuse.	Service Managing Directors & Group Clinical Governance Lead		

EDS Outcome	Lead	success criteria	Timescale
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.	Service Managing Directors	Information is readily available in a number of formats that are accessible to patients. Special requests are acted upon. DMC has proposed to hold engagement events.	Ongoing- engagement events to be for Q3.
Goal: Improved Patient Access and Experience			
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	Service Managing Directors	All DMC services are promoted through staff, and patients can readily access the services by making an appointment. DMC will ensure all urgent matters are dealt with efficiently and that reasonable adjustments are made for service users.	Ongoing- more promotion will be delivered through engagement events (Q3)
2.2 People are informed and supported to be involved as they wish to be in decisions about their care.	Service Managing Directors	All of our clinicians ensure patients are fully informed. DMC take action from complaints and patient satisfaction to enable this better. (ongoing review)	Ongoing monitoring
2.3 People report positive patient experiences of the NHS	Service Managing Directors	Patients are actively encouraged to share their experiences. Different methodologies are provided to ensure the service user is able to do so.	Ongoing monitoring

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EDS Outcome	Lead	success criteria	Timescale
2.4 People's complaints about services are handled respectfully and efficiently.	Service Managing Directors/ Group Clinical Governance Lead	All of the complaints received at DMC healthcare are treated with the utmost respect and are managed efficiently. Information provided about the process can be converted into a number of formats.	Ongoing monitoring
Goal: A Representative and Supported Workforce			
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Service Managing Directors	All applicants undergo a fair recruitment process. DMC will make reasonable adjustments for all interviewees. All employees complete an equal opportunity form to obtain information about protected characteristics in the onboarding process.	Ongoing- monitored regularly.
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.	Service Managing Directors	Pay is comparable to the NHS and is reviewed regularly to ensure all staff experience equal pay.	Ongoing- monitored regularly.
3.3 Training and development opportunities are taken up and positively evaluated by all staff.	Service Managing Directors	All staff have the opportunity to undergo further training and development that is relevant to their role and responsibilities.	Ongoing- monitored regularly.

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EDS Outcome	Lead	success criteria	Timescale
		Training summaries are disseminated to staff through newsletters so that education is shared.	
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.	Service Managing Directors	DMC promote a fair and friendly culture. A Hierarchical approach is not demonstrated, and all directors and managers have an open-door policy. Staff are able to voice concerns openly and if bullying is apparent then it will be managed through the HR processes.	Ongoing- monitored regularly.
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	Service Managing Directors	All staff are able to work under flexible options. Staff have the ability to work remotely should they need to. DMC will make reasonable adjustments for staff.	Ongoing- monitored regularly.
3.6 Staff report positive experiences of their membership of the workforce.	Service Managing Directors	DMC are going to be launching a formal personalised staff survey as part of the annual staff opinion process.	Scheduled for Q3/4.
Goal: Inclusive Leadership			

EDS Outcome	Lead	success criteria	Timescale
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Board Directors/ Service Managing Directors	All services undergo equality reviews and learnings are shared so that all services can make improvements.	Ongoing- monitored regularly.
4.2 Papers that come before the Board and other major committees identify equality-related impacts including risk, and say how these risks are going to be managed.	Service Managing Directors/ Group Clinical Governance Lead	Group Clinical Governance Lead promotes an open and transparent culture where all risk domains are explored by Service Managing Directors. All risks are presented at Governance committees and to the Board. The risk register provides assurance of the controls in place and the controls that need to be implemented. All staff are supported in completing risk assessments.	Ongoing- monitored regularly.
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	Board Directors/ Service Managing Directors	All staff are supported through an open-door policy. DMC actively promote a diverse workforce and different cultural celebrations are acknowledged at DMC.	Ongoing- monitored regularly.

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Appendix 2 – Equality Impact Assessment (EIA)

Person(s) completing this form:	State the full name(s) of the person(s) completing the assessment. Minimum of 2/3 people required to be involved in the Equality Impact Process.
Department:	Specify the department within which the assessment is being undertaken.
Start date of this assessment:	If new service, state the proposed implementation date of the service.
Title of service/policy/project being assessed:	State the title of what is being assessed.

Is the service/policy/project existing and being reviewed or a new service? (circle one)	**Existing and Being Reviewed.**				**A New Service/Policy/Project**	
Will patients, the public, or staff be affected by this service?	**Patients**	Yes	No	**Indicate "Yes" or "No"**		
	Public	Yes	No			
	Staff	Yes	No	**If yes, how many individuals/ Groups are likely to be affected?**		

Have staff or patients been involved in the development of this service?	Name individuals/groups that have been involved or consulted with. Provide a brief summary of how they have been involved/consulted.
What consultation method(s) did you use?	For example: focus groups, face to face meetings, working groups, questionnaires.
How are any changes/amendments to the service communicated?	For example: meetings, emails, letters.

Is data already recorded regarding service users/staff in relation to this service in line with the protected characteristics?	**For example: recruitment monitoring, service monitoring, research findings, analysis of complaints.**		
What does this data say about each Equality Group?	**List what the data tells you in terms of the protected characteristic groups.**		
Can services be accessed by users?	**Yes**	**No**	**State which users can access the services being assessed.**

Would you know prior to arrival if a service user had any of the following needs?	**Requirements**	**Yes**	**No**
	Interpreter (Language)		
	Interpreter or Hearing Loop (Signer)		
	Disability (including learning disability/ mental illness)		

How would you gather this information?	**For example: face to face, telephone, written correspondence, e-mail.**

Are Patient letters/ service documents available in different formats?	**Yes**	**No**	**State which format they are available in?**
Is the building where the service is located wheelchair accessible?	**Yes**	**No**	**Add in comments if "NO"**
Does the reception area have an induction loop system?	**Yes**	**No**	**Add in comments if "NO"**
Does the building where the service is located have a unisex wheelchair accessible disabled toilet?	**Yes**	**No**	**Add in comments if "NO"**
State any other arrangements that have been taken to support equality and diversity?	**Add in additional statements that support compliance with Equality and Diversity.**		