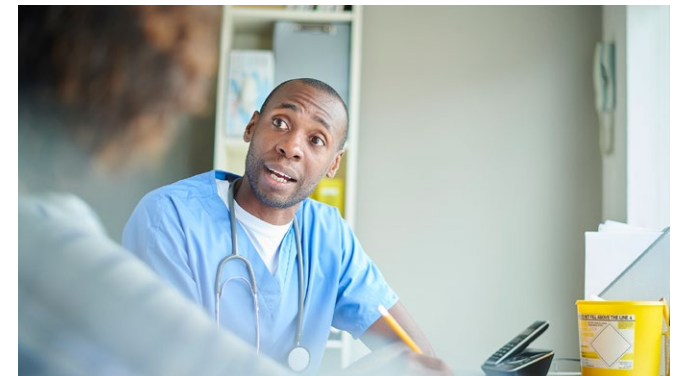


Equality, diversity and inclusion training

A good practice guide

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP



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Introduction

This guide, produced by the NHS Staff Council Equality, Diversity and Inclusion Group, is aimed at equality, diversity and inclusion leads, HR and learning and development professionals, and trade union representatives.

It provides a framework of good practice for the delivery of mandatory NHS equality, diversity and inclusion training for all staff, including key considerations around:

- frequency / timings
- access
- considerations for different groups of staff (including line managers)
- geography (for example, an understanding of the local health economy, health inequalities and patient demographics)
- engagement of other stakeholders
- related policies
- psychological support for staff.

The content set out in this guidance provides a basis of what may be included in NHS equality, diversity and inclusion (EDI) training. The delivery of training will vary based on local context. Consideration should also be given to the inclusivity of training content, ensuring it is relevant for all staff groups and pay bands so that staff are able to understand what equality, diversity and inclusion means for them.

This training should be an integral part of the organisation's wider cultural change and organisational development activities. Planning and monitoring of training delivery should be done in partnership with trade unions and staff networks, this can also support wider staff engagement.

Local data

Using local data on staff and population demographics, plus any key Workforce Race Equality Standard and Workforce Disability Equality Standard data and action plans, including how staff are involved, for example, through partnership working with trade unions and staff networks, may be a useful way of contextualising the training and demonstrating a collaborative approach to change through engagement.

Alongside the training content outline we have included some tips and considerations on how to do this.

Context

The 'belonging in the NHS' section of the [People Plan](#), outlines a range of actions for organisations to take to advance EDI. One action is to refresh EDI training so it is focused on actions and outcomes, in return it can have much greater impact.

The People Plan introduces 'health and wellbeing conversations' during which line managers will be expected to discuss the individual's health and wellbeing, flexible working and equality, diversity and inclusion. The role of the line manager is pivotal to making the NHS truly inclusive, particularly in the areas of recruitment and promotion systems and processes, and also access to funded training and development opportunities. Equality, diversity and inclusion training should equip line managers with the necessary skills to recruit and develop staff equitably.

Since the implementation of the [Equality Act \(2010\)](#), publicly-funded bodies have a duty to evidence how they are meeting the general and specific statutory duties. One way to do this, is to provide training for staff.

Other underpinning legislation such as the [Human Rights Act \(1998\)](#) which applies in healthcare settings, for example, Article 2 and the right to live and do not resuscitate decisions.

Recent experiences of BAME staff of the COVID-19 pandemic and the disproportionate impact in terms of deaths.

“The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms. Discrimination, violence and bullying have no place. If we do not role model this culture, then how can our patients expect to be treated equitably, and as individuals?”

The NHS People Plan

Who should receive this training?

The target audience for equality, diversity and inclusion training is **all** staff employed by the organisation.

In addition, it is expected that, as organisational leaders, all non-executive directors (and governors in foundation trusts) will also receive training on their equality, diversity and inclusion obligations. Some organisations hold trust board seminars to review their annual progress against NHS England's equality standard submissions and to review their strategy and plans accordingly.

- All staff regardless of grade and substantive status should have access to this mandatory training.
- Employers should work with contractors, bank staff providers and other employers which provide services for the trust to ensure an aligned approach in terms of training, recognising that their workers will interact with staff and service users in workplace and care settings.
- It should take place in work time, and time to attend training should be considered when planning work and rostering staff to ensure that all staff groups are able to attend. When staff are based on different sites or in the community, ability to travel and time taken to travel to training sites should also be included in planning.
- Particular attention should be given to virtual training with consideration given to access and training to use technology, and paid time to attend virtual training. Learning from the coronavirus pandemic should include consideration of training delivery - including the best mix of virtual and face to face.
- New and promoted staff (particularly those promoted to management roles) should complete relevant EDI training as a priority. All staff should complete refresher training annually. It is important to remember that training is an important part of preventing bullying, harassment and discrimination in the workplace and ensuring employers meet their responsibilities under the [Equality Act \(2010\)](#).
- Line managers should complete relevant EDI training and also in undertaking fair and objective recruitment (as per section 31 of the [Agenda for Change Handbook](#)) before sitting on any recruitment / selection panel.
- EDI training is also important to ensure line managers are able to carry out staff appraisals. Annex 23 (England only) of the [Agenda for Change handbook](#) covers pay progression for new and promoted staff from 1 April 2019. Pay progression is based on four nationally-agreed standards (five for line managers). The first wave of pay step reviews took place in April 2021¹ for new or promoted staff under the new pay progression system so it is important to ensure line managers are equipped with the necessary skills to carry out these reviews fairly.
- Support for staff should be available as discussions around discrimination, bullying and harassment may be difficult for some staff. It's important to acknowledge this, including creating safe spaces for staff, access to support from trade union representatives and staff networks. Relevant bullying, harassment and freedom to speak up policies should be signposted with messages that NHS staff should feel able to raise concerns without fear of detriment, and those concerns should be listened to. Links to psychological first aid training may also be useful.

¹ The coronavirus pandemic has meant pay step reviews may not immediately take place, see relevant [NHS Staff Council guidance](#)

EDI training objectives – participants are expected to:

- 1 Gain an understanding of equality, diversity and inclusion and impact on patients, staff and the community.
- 2 Gain knowledge of the founding principles of the NHS and its constitution.
- 3 Raise awareness of cultural competency in the workplace.
- 4 Gain knowledge of the nine protected characteristics covered by the Equality Act.
- 5 Understand the different types of discrimination.
- 6 Gain knowledge of health inequalities, its impact and how to start reducing and eliminating the causation.
- 7 Explore how beliefs, values and attitudes drive behaviour.
- 8 Explore and consider issues of empathy and sympathy by exploring stereotypes and understanding conscious and unconscious bias.
- 9 Recognise the benefits of embracing difference.
- 10 Gain an awareness of employer and employee duties in relation to equality, diversity and inclusion.
- 11 Understand what 'good practice' means for your organisation.
- 12 Recognise individual and organisational responsibilities and put in place actions to address inequality.



Training content outline

The following areas are suggested as core content for training interventions:

Issues for discussion during training

- What is equality, diversity and inclusion?
- What is the importance of equality and diversity to you?
- How does equality, diversity and inclusion impact on patients?
- How does equality, diversity and inclusion impact staff?
- How does equality, diversity and inclusion impact communities?
- How does equality, diversity and inclusion impact the governance structure?

The training outline should reference the following:

- NHS Constitution
- Principles that guide the NHS
- NHS Values
- Patients and the public: your rights and the NHS pledges to you
- Patients and the public: your responsibilities
- Staff: your rights and NHS pledges to you
- Staff: your responsibilities.

Cultural competency should include:

- How do we create a more inclusive work environment?
- Appropriate and inappropriate language, behaviours and actions.
- Awareness of beliefs and values.
- Challenging inappropriate language, behaviours and actions.
- Understanding the needs of individuals.
- Attitude and openness to differing views.
- Knowledge of different cultures and interactions.
- Respecting others and their needs.
- Skills to manage cultural differences.
- Emotional intelligence.

Five essential principles of cultural competency

1. Valuing diversity means accepting and respecting differences between and within cultures.
2. Conducting cultural self-assessment.
3. Understanding the dynamics of difference.
4. Institutionalising cultural knowledge.
5. Adapting to diversity.

What are health inequalities?

Health inequalities go against the principles of social justice because they are avoidable. They do not occur randomly or by chance. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives.

- How does this impact our workforce?
- What actions are being taken to address and support staff in your organisation?
- COVID-19 risk assessments and lessons learnt – discuss?

“Health inequalities are the unjust and avoidable difference in people’s health across the population and between specific groups within society. Health inequalities arise because of the conditions in which we are born, grow, work, live and age.”

NHS England

Fundamental causes		Wider environmental influences	Individual experience
Global economic forces	Unequal distribution of income, power and wealth	Economic and work	Economic and work
Macro socio-political environment	Poverty, marginalisation and discrimination	Physical	Physical
Political priorities and decisions		Learning	Learning
Societal values to equity and fairness		Services	Services
		Social and cultural	Social and interpersonal
Undo		Prevent	Mitigate

Legislative requirements and policies

The training should highlight the following:

- [The Equality Act 2010](#)
- Organisational Policies
- [Care Quality Commission \(CQC\) framework](#)
- Equality analysis and impact assessment (separate training for relevant staff (generally those involved in service change, developing policy or strategy) will include the need to demonstrate 'due regard' in decision making).
- [Public sector equality duty](#)
- [NHS Equality Delivery System](#)
- [Workforce Race Equality Standards \(WRES\)](#)
- [Workforce Disability Equality Standards \(WDES\)](#)
- [Sexual Monitoring Information Standard](#)
- [Equal pay audits](#)
- [Gender pay gap reporting](#)
- Race pay gap reporting

Nine protected characteristics

Under the Equality Act 2010, there are nine protected characteristics covered by anti-discrimination legislation:

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

Definitions and examples to be covered in training:

- Discrimination
- Direct discrimination
- Indirect discrimination
- Positive discrimination
- Positive action
- Discrimination by association
- Discrimination by perception
- Harassment and bullying
- Victimisation

Equality standards in the NHS

Public sector equality duty

Organisations in the public sector must have due regard to the need to:

- prevent unlawful discrimination, harassment and victimisation and other behaviour that is not allowed under the act
- provide equal opportunities for people who share a protected characteristic and those who do not
- promote good relations between people who share a protected characteristic and those who do not.

The act explains that having due regard for providing equality involves:

- removing or reducing as far as possible disadvantages suffered by people due to their protected characteristics
- taking steps to meet the needs of people from protected groups if these are different from the needs of other people
- encouraging people from protected groups to take part in public life or in other activities where they are under-represented.



Workforce Race Equality Standard (WRES)

In 2015 the Workforce Race Equality Standard (WRES) was introduced and requires NHS providers to show progress against a number of indicators of workforce equality:

1. Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce.
2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.
3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.
4. Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff.

The below (5-8) are taken from National NHS Staff Survey findings.

5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.
7. Percentage believing that trust provides equal opportunities for career progression or promotion.
8. In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues.
9. Boards are expected to be broadly representative of the population they serve.

If possible, this section should include local trust data and action plans

Workforce Disability Equality Standard (WDES)

In 2019 the Workforce Disability Equality Standard (WDES) was introduced, it includes a set of ten metrics (below) to enable NHS organisations to compare the experiences of disabled staff and non-disabled staff and develop an action plan.

1. Percentage of staff in 2019 AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
2. Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts.
3. Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

The below (4-9) are taken from National NHS Staff Survey findings.

4. a) Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:
i) Patients / Service users, their relatives or other members of the public. ii) Managers. iii) Other colleagues.
b) Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
5. Percentage of disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.

6. Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
7. Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
8. Percentage of disabled staff saying that their employer has made adequate adjustments(s) to enable them to carry out their work.
9. a) The staff engagement score for disabled staff, compared to non-disabled staff.
b) Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard?
10. Percentage difference between the organisation's Board voting membership and its or organisation's overall workforce, disaggregated:
 - By voting membership of the Board and by executive membership of the Board.

Understanding bias

Conscious bias

1. Conscious bias is an overt negative behaviour that can be expressed through physical and verbal harassment or through more subtle means such as exclusion.
2. Intentional bias is an intentional detrimental action towards a particular person or group.
3. Preference for a group regardless of skills, knowledge or attributes.
4. Prejudice – negative preconceived view or opinion of a person or group.

Questions

- How do you value the opinions of people you don't like?
- How do you allocate work to staff you don't like?
- What type of feedback do you give to those not in your inner circle?
- What type or level of informal support i.e. coaching, mentoring and sponsorship do you not give to those team members you don't like?
- How do the performance meetings you have with those in your outer circle transpire?



Unconscious bias

1. Our brains use two 'thinking' systems that operate simultaneously.
2. Our brains are designed to categorise things and people.
3. Our brains have evolved to both look for an exaggerate differences.
4. Biases are learned through culture and experiences; they are contextual.
5. Bias is driven by our emotions and our intuition.
6. Being biased is part of who we are.
7. Mind bugs leads us to jump to conclusions.

Questions

- Affinity bias – individuals and groups essentially gravitate to people like them
- How have you been landing on those who are not like you?

Exploring unconscious bias within the organisations processes and systems

Reflecting on your organisation – what type of biases are evident?

- Leadership style and behaviour
- Recruitment and selectin
- Work allocation
- Performance management
- Information sharing
- Career progression
- Working culture
- Team relations



Strategies for embedding equality, diversity and inclusion

1. Strive to achieve best practice in recruitment, retention and career progression practices as employers throughout the employment cycle.
2. Support the development of good diversity practice by collecting and sharing examples of practical activities that contribute to progress.
3. Achieving good and exemplar practice over time.
4. Having allies who can confront discriminatory practices.
5. Goal setting with training.
6. Discussions on the subtler aspects of discrimination.
7. Top management support.
8. Framing equality, diversity and inclusion training so it doesn't legitimise bias.
9. Consistent reinforcement.
10. Leading by example, act as role models for inclusive behaviour and challenge inequality.

References and links

[Skills for health on core skills training framework](#)

[NHS England People Plan](#)

[Health Education England](#)

[Workforce Race Equality Standard](#)

[Workforce Disability Equality Standard](#)

[Equality & Human Rights Commission](#)

[Government Equalities Office](#)