Addendum A **Equality Impact Assessment Summary**

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Policy/Service: Statement – Dignity at work

Background

- Description of the aims of the policy/service
- Context in which the policy/service operate

Ashford and St Peters is an acute trust employing 3,200 staff based in the Southeast Coast. Approximately 40% of staff are from a BME Background

The Trust aims to ensure that all staff are treated with dignity and respect and there is a working environment free from harassment and bullying. Harassment and bullying will not be tolerated at any level

The Dignity at Work Statement sets out means by which individuals can seek redress if they believe that they are the subject of harassment, bullying or victimisation in the workplace and aims to ensure that the Trust meets its legal and ethical obligation

The Trust recognises the adverse effects that harassment and bullying can have personally on individuals. It also recognises that poor working relationships are potentially harmful to the recipients of our service.

All issues will be dealt with sensitively and confidentially.

Not all acts of harassment or bullying are intentional. What is important is how the action is perceived.

Victimisation as a result of making a complaint or giving evidence will not be tolerated.

Those making a complaint and those who are the subject of a complaint are entitled to be accompanied by a union representative, work colleague or friend.

Staff who become aware of other staff being subjected to harassment or bullying should bring the matter to the attention of their line manager, Human Resources Professional or Dignity at Work Advisor (Listening Ear).

The Trust wholeheartedly supports and will co-operate fully with the Kent, Surrey and Sussex and London Postgraduate Deaneries statements on Bullying and Intimidation in Post Graduate Medical Education, which applies to doctors in training and the University of Surrey Harassment policy, as it applies to nursing and midwifery students.

The statement applies to all staff, contractors and employees of other organisations who are on site, volunteers, visitors and patients at the point of service delivery.

'At work' includes off-site locations where work is carried out or any place where NHS care is delivered. It also includes any special events linked to employment, for example, conferences and work related social events.

The trust has trained Dignity at Work advisors and also operates a mediation scheme.

Methodology

- A brief account of how the likely effects of the policy was assessed (consider race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) outlining the data sources and any other information used
- The consultation that was carried out (who, why and how?)

Data was derived from staff survey results. In addition all issues raised internally are recorded. The Trusts Dignity at work advisors also provided data on the contacts they had received.

A number of groups were involved in the process including Human Resource Professionals, Staff Side groups, Policy Review Group, BME Network and the Disability Action Group

Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

Ethnic Origin	**Bullying & Harassment**	
	2007	**2008**
White - British	5	18
White - Any other White background	2	4
Mixed – White & Black African		
Asian or Asian British - Indian	1	4
Asian or Asian British - Pakistani	1	3
Asian or Asian British - Any other Asian background		1
Black or Black British - Caribbean	1	1
Black or Black British - African	1	
Chinese		
Any Other Ethnic Group	1	2
Total	**12**	**33**

In addition the 2006/7 staff surveys revealed that the Trust was in the lower quartile in relation to bullying and harassment, however, no diversity breakdown was available. Since the introduction of the Dignity at /Work advisors (a six month period) 15 issues were raised. Overall this is a significant increase on previous year's data.

The data for 2007 indicated that from a BME staff base of 39%, 58% of issues raised are by staff from BME backgrounds.

The data for 2008 indicates that 45% of issues were raised by BME staff. This represents a decrease on the previous year and is more proportionate overall.

Conclusion

- Provide a summary of the overall conclusions

In 2007 the number of issues reported internally was significantly lower than the data produced through the staff survey. In 2008 the number of issues reported increased but the staff survey results are not yet available for comparison

The increase in reported incidents does not indicate an increase in issues (as evidenced from the staff

surveys) but could be due to increased awareness and improved reporting mechanisms.
Recommendations • State recommended changes to the proposed policy/service as a result of the impact assessment • Where it has not been possible to amend the policy/service, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
The policy itself has not been significantly changed but the data indicates that more work is needed to understand the root causes and reduce the incidence of issues raised. The number of Dignity at Work Advisors should be increased. Dignity at Work awareness training should be continued with as many staff as possible attending Diversity data should be available from the staff survey. We should continue to support initiatives such as Ban Bullying at Work. We should ensure data capture mechanisms are robust. It is also recommended that further analysis is undertaken when the 2008 staff survey results are available.

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	**Religion or belief** (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	**Sexual orientation including lesbian, gay and bisexual people** (consider whether the policy/service promotes a culture of openness and takes account of individual needs
Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	**Age** (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)

Culture (consider dietary requirements, family relationships and individual care needs)	**Social class** (consider ability to access services and information, for example, is information provided in plain English?)