Honesty Equality Accountability Respect Teamwork

Putting **patients** at the **HEART** of everything we do

NHS
London North West University Healthcare
NHS Trust

Equality, Diversity and Inclusion

Study guide

London North West University Healthcare NHS Trust has a diverse workforce with a total headcount of over 8,000 staff (August 2018). The Trust also serves a diverse area with a population recognised for inequalities in health outcomes between different protected characteristic groups (as defined by the Equality Act 2010). This presents us with both challenges and opportunities in delivering high quality, accessible health care.

As a health care provider and a major local employer, we recognise our important role to play in the wider community to promote equality, reduce health inequality and eliminate discrimination.

Equality legislation and best practice guidance have been significantly strengthened to ensure staff, patients and the public are protected from all forms of discrimination, harassment or victimisation and that they have equal access to health services and employment opportunities.

What are Equality, Diversity and Inclusion?

Equality
Is creating a fairer society, backed by the Equality Act 2010, where everyone can participate and has the opportunity to fulfil their potential.

Example in the work context: Staff have the same opportunity to progress whether male or female, straight or gay (and the workforce figures should show this to be true).

Regarding patient care: Patients are provided with care appropriate to their any needs arising from their protected characteristics. This may mean offering different, things to different patients depending on their expressed needs. It's about the patient obtaining an equal outcome or result.

Diversity
Diversity is the differences in the values, attitudes, cultural perspectives, beliefs, knowledge, and life experiences in any group of people.

Regarding patient care: Valuing diversity involves respecting the way that patients live their lives and understanding that every patient is unique and has different needs.

In the work context: it's creating a work culture that values and harnesses these differences to benefit to the effectiveness of the team.

Inclusion
Creating a culture, both within work teams and clinical services which means that people from various backgrounds can feel included and receive benefit. No patient should feel that the clinical care that we provide isn't suitable for them.

The Equality Act

The Public Sector Equality Duty (PSED) of the Equality Act 2010 places a requirement upon all NHS Trusts both as an employer and as a provider of services. This requirement also applies to private and charity sector service providers delivering NHS services on our behalf.

The three aims of the Public Sector Equality Duty are to:

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

II. Promote equality of opportunity between persons who share a relevant protected characteristic and those who do not share it.

III. Foster good relations between people who share a relevant characteristic and people who do not share it.

The PSED also requires the Trust to:

a. Publish its progress against these three aims above, annually regarding both workforce and service provision.

b. Set one or more equality objectives and review these every 4 years.

We aim to promote fairness and human rights for everyone we serve, including the nine 'protected characteristics' identified in law as:

1. Age (including the removal of a default retirement age);
2. Disability (physical or mental impairment);

3. Gender reassignment (where someone is considering, undergoing or has undergone gender transition, with or without surgery);
4. Marriage and civil partnership;
5. Pregnancy and maternity (includes breastfeeding);
6. Race (includes colour, nationality, and ethnic or national origins);
7. Religion or belief (including lack of religion or belief);
8. Sex (both men and women);
9. Sexual orientation (lesbian, gay, bisexual, heterosexual or 'other' such as asexual or pansexual).

Types of discrimination

Direct discrimination is when someone is treated less favourably than another person because of a protected characteristic they have:

- Sam, a nurse, provides advice to the public. He refuses to provide advice to Denise, a patient with a learning disability, as Sam assumes that Denise will not be able to understand due to her disability. This is direct discrimination against Denise on the grounds of disability.

- A patient receiving a service from physiotherapy refuses to be treated by Paul, who is from an African Caribbean background and requests a white member of staff. This is direct discrimination against Paul on the grounds of race.

- Sarah is in her 60s and works in an office with a team of younger colleagues in their 20s and 30s. The team, including the manager often go out for lunch. They do not ask Sarah because they feel that she wouldn't like the venue they choose. This is direct discrimination against sarah on the grounds of age.

Discrimination by association is when someone is treated less favourably than another person because they associate with someone who possesses a protected characteristic:

- Ann is a resident of a care home. Staff members learn that her partner, John, is black. As a result, Ann is now treated less favourably by staff compared to other service users. This is direct discrimination against Ann on the grounds of association regards race.

- Jane is refused funding for an external course as it is felt that she had had too much time off (as carers leave and unpaid leave caring for a disabled mother)

Discrimination by perception is when someone is treated less favourably than another person because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic:

- Sarah is in her 60s works in an office with a team of younger colleagues in their 20s and 30s. The team, including the manager, often go out for lunch. They do not ask Sarah because they feel that she wouldn't like the venue they choose.

- A nurse, who does not approve of homosexuality, treats a patient less favourably believing them to be gay, even though they are heterosexual.

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 a protected characteristic:

- Saying that applicants for a job must be clean-shaven puts members of some religious groups at a disadvantage.

- If a certain specialist clinic is only held on a Friday afternoon, the any Jewish patients observing the Sabbath will be unlikely to be able to attend.

- Positioning a screening unit on a site with no public car parking will particularly disadvantage people with disabilities and older people.

In each case, either the rule is removed from everyone or specific work-arounds are applied to reduce the impact of the discrimination upon specific groups.

Victimisation occurs when a person is treated less favourably because they have made or supported a complaint or raised a grievance

under the Equality Act; because they are suspected of doing so, or they have supported a friend or colleague in doing so.

- Tim raises a grievance against a work colleague regarding harassment. The complaint is being resolved through the Trust's grievance procedures. However, as a result of the complaint Tim is victimised by being denied opportunities that are being made available to other team members.

Disability adjustments form part of the disability provisions of the Equality Act. Reasonable adjustments should be made for employees to accommodate the effects of their disability on being able to undertake their job. For patients with disabilities, adjustments should be made to enable them to access the services provided.

Failure to provide disability adjustments is discrimination on the grounds of disability.

Disability accessibility of buildings
The Equality Act requires public premises, such as NHS sites, to be accessible for disabled people. All areas accessed by the public should be fully accessible as a matter of course. For employees, accessibility has to be put in place once a disabled person is employed and requires access to that site/area.

Genuine Occupational Requirement (GOR)
The Equality Act allows an employer to state in an advert that, because of the nature of the job in question, only people of a particular protected characteristic are eligible to apply.

The Occupational Requirement but it must be 'crucial to the post and not merely one of several important factors' and therefore must be included within the personal specification as an essential requirement.

- Considerations of privacy or decency might require radiographer undertaking breast screening to be female (gender GOR).

- Where a job involves working with people from a particular ethnic group, you need to be from the same cultural background and speak the same language (race/ethPonicity GOR).

Positive Action
Positive action aims to ensure that people from previously excluded minority groups, can compete on equal terms with other applicants or service users.

In employment practice it is intended to remedy the accumulated effects of past discrimination. The selection itself must be based on merit and all applicants must be treated equally, otherwise this is positive discrimination which is unlawful.

For example: Arranging training especially for people from a particular racial group, or by taking steps to positively target and encourage people with disabilities to apply for specific types of training or jobs.

In relation to service delivery this may include providing a targeted service meeting the specific needs of people with a particular characteristic where there are identified barriers to that group accessing the mainstream service offered. Such as a women-only hydrotherapy session, or a Black men's HIV support group.

Positive discrimination
This is where one group is treated more preferably to another specifically due to their protected characteristic. This practice is unlawful (illegal) within the UK except for in the case of disability where the Equality Act 2010 makes it allowable to treat disabled people more preferably than non-disabled people through the provision of Reasonable Adjustments (see below)

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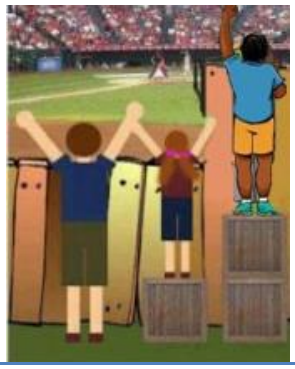
What can you see?	All have one box, the smallest one still unable to see over the fence	All have different boxes, all can see over the fence	No need for boxes all can see through the chain link fence
What's happening?	Treating them **all the same,** irrespective of their need	Treating everyone **equally** according to their need. Some may their previous privileged position	Equal **accessibility**
What's the result?	Smallest not getting their needs met, tallest one gets more than they actually need	All have their needs met	All have their needs met and no one feels like they are being treated differently

		
What can you see?	All have one box, but the person on the right has a higher fence so despite his height not being the issue, he still cannot see over the fence	All have different boxes, all can see over the fence
What's happening?	People from certain groups experience greater barriers in life due to society (not their own personal characteristics)	The higher barrier acknowledged and addressed, some may lose some of their previous privileged position
What's the result?	The higher barrier not being acknowledged and addressed	All have their needs met

What are the Trust's responsibilities?

- Ensure that staff are up-to-date with all their statutory and mandatory training;
- Provide service information in accessible and appropriate formats / languages;
- Deal with complaints promptly;
- Collect equality data from service users for monitoring purposes;
- Ensure that the Trust environment and services are accessible to all service users, particularly people with disabilities;
- Involve service users in Trust consultation processes where new services are being developed;
- Ensure new policies and services are impact assessed/analysed for potential adverse effects on service users.

Human Rights

What are human rights – These are the basic rights and freedoms that belong to every person in the world. These rights and freedoms that individuals have are based on core principles like dignity, equality and respect

The Human Rights Act 1998 – The Human Rights Act is a UK law passed in 1998. It means that you can defend your rights in the UK courts and that public organisations (including the Government, the Police and local councils) must treat everyone equally, with fairness, dignity and respect

A Human Rights Approach – is a process by which human rights can be protected by adherence to the core principles of fairness, respect, equality, dignity and autonomy (FREDA). These principles are enshrined within the Articles of the Human Rights Act 1998;

Fairness – Article 6
Respect – Article 8
Equality – Article 14
Dignity – Article 3
Autonomy – Article 8

Equality Impact Assessment

London North West University Healthcare NHS Trust is committed to the three aims of the public sector equality duty. One way of demonstrating this is by carrying out the systematic analysis of the impact of our actions and decisions on the different groups covered by the Equality Act 2010 and Human Rights Act 1998

Equality Impact Assessment (EqIA) is a tool aimed at improving the quality of local health services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups. The assessments help us to ensure that our policies and services are not having a potential adverse effect on our service users or employees. It is also a way of identifying where we might be able to improve on promoting equality of opportunity for all.

Equality Impact Assessments look at both the effect on staff members and on users and potential users of our services.

The Trust has an Equality Impact Assessment form which can be found on the Intranet.

When should an equality impact assessment be carried out?

An Equality Impact Assessment is best used at the early stages of policy or service planning development so that any mitigating actions can be introduced before a decision is made or the policy or service change is implemented. They can also be used retrospectively for policies and projects already approved and services already in operation, but should never be considered as a tick box exercise to complete the project development process.

You will need to complete an equality impact assessment for:

- creating new policies, services, procedures or guidance
- changes to existing policies, services, procedures or guidance
- for all Trust Board decisions and proposals

- every three years or whenever a policy, function strategy or service is reviewed or amended.

An equality impact assessment should be carried out before you proceed with any changes.

For support and advice on the equality impact assessment process please contact the Organisational Development Team LNWH-tr.ODteam@nhs.net

Bullying and Harassment

Bullying is "Offensive, intimidating, malicious or insulting behaviour, or an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient".[1]

Bullying is not usually about any one individual act, but rather about a sequence of persistent behaviours. They can range from very obvious acts such as physical intimidation, through to much more subtle actions such as the withholding of information needed to do someone's job.

These behaviours may all be the same type such as being shouted at every week or a different set of acts that in themselves might seem quite innocuous, but put together form a pattern.

Harassment is unwanted conduct specifically related to a 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. The comments or conduct do not have to be specifically directed at the individual. Harassment is unlawful under the Equality Act.

- Gita, an Asian woman, is in Outpatients when she hears two members of staff making racially abusive comments. This made her feel humiliated and degraded.

- You manage a team, which is made up mainly of women. A young man joins the team and he is constantly being teased by the women, who make suggestive comments about him. The young man is embarrassed.

Failure to address bullying and harassment in the workplace can lead to a negative effect on the individual's mental health, increase in staff sick leave and in staff leaving the organisation. It risks the Trust's reputation as a good employer and may result in the organisation being taken to an Employment Tribunal.

We have a Dignity and Respect at Work (DRAW) Policy which outlines processes to enable staff work to creating a positive and harmonious organisation It places an emphasis on the early resolution of issues within the workplace and on supporting staff where there are difficulties with relationships.

We have important structures such the Workplace Mediation and Bullying and Harassment Advisory Service and contact details can be found within the DRAW Policy.

What is the Trust doing on EDI?

1. We have an Equality, Diversity and Inclusion Steering Group which reports to the Workforce and Equalities Committee of the Trust Board. It oversees the Trust's approach to meeting its strategic objectives with regards to reducing health inequalities, and also ensuring the Trust's compliance with the Equality Act 2010.

2. We have an Equalities, Diversity and Inclusion Strategic Plan, with two years of actions across the organisation.

3. We have implemented the NHS Workforce Race Equality Standard (WRES), making use of HR data and the results of the annual staff survey results to highlight differential in the experience of BME and White staff. There is a WRES action plan focusing on the experience of BME staff within recruitment and disciplinary and actions to increase the representation of BME staff at Bands 8c and above.

4. We have been working in partnership with Harrow College since 2017 to offer intern placements for young people with a learning disability. From the 2017-18 cohort, 73% subsequently secured paid employment, and of

[1] ACAS definition

these 63% came to work within the Trust or for our partner suppliers.

5. The Trust's leadership development offering includes three specific programmes for BME staff. For bands 2-4, the internal 'Reaching out and Stepping Up' programme, for Bands 5-7 we tap into the NHS Leadership Academy's 'Stepping Up' and for Bands 8a+ the BME Leadership Programme in association with West London NHS Trust.

6. A new anti-bullying and harassment policy has been launched as the 'Dignity and Respect at Work Policy' and is accompanied with toolkits for managers and staff members on the intranet. There is also a cohort of trained Bullying and Harassment Advisors across the organisation to help staff members explore their situation and understand their options.

7. A new Disability Policy has been launched covering how staff with disabilities and recruited and supported within the workforce. This includes a Disability Adjustment Passport which details for an individual the reasonable adjustments that have been put in place to enable them to undertake their job.

Equality Delivery System

We are implementing the refreshed NHS Equality Delivery System (EDS) framework to improve equality performance by making it part of mainstream business for the Trust Board and all staff. The EDS framework is grouped under four objectives:

1. Better health outcomes.
2. Improved patient access and experience.
3. A representative and supported workforce.
4. Inclusive leadership.

For more on the EDS visit www.england.nhs.uk/about/equality/equality-hub/eds

Accessible Information Standard

The Accessible Information Standard (AIS) defines a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

From 31 July 2016, we must, by law:

- **Ask** patients and/or carers if they have any additional information needs or require support to communicate, and ensure these needs are met
- **Record** the patient's needs (not their disability) clearly
- **Alert/Flag/Highlight** consistently, ensuring they are 'highly visible' whenever their record is accessed under one or more of the following four categories:
  – Contact method e.g. email
  – Information format e.g. Braille
  – Communication professional e.g. a British Sign Language Interpreter
  – Communication support such as a longer appointment.
- **Share** information (where we have consent) about the patient's needs, highlighting them with your colleagues or other NHS and adult social care providers where appropriate.
- **Act** and take steps to ensure that the patient receives information which they can access and understand, and receive communication support if they need it.

For further information on the Accessible information Standard visit, visit www.england.nhs.uk/ourwork/accessibleinfo

The LNWUH workforce profile

We collect and hold information on our workforce regarding their equality characteristics. This information is held securely on the HR database (ESR) and is used, in a non-identifiable form, to check the fairness of our employment practices and to address differences in experience from staff from different groups.

Three-quarters of our workforce is female and around two-thirds (65%) are from a black and minority ethnic (BME) background.

Our staff were born in 149 different countries including North Korea and the island of St Helena in the South Atlantic Ocean.

1.7% of our workforce have recorded that they have a disability on the Electronic Staff Record (ESR) however our staff survey shows 12% of responders have a disability or long term health issue.

Approximately 55% of our workforce lives locally within the London boroughs of Brent, Harrow or Ealing.

5% of our workforce are aged 25 or under and nearly 3% are aged 65 and over.

Just over half of the workforce who have recorded their religion. Of these:

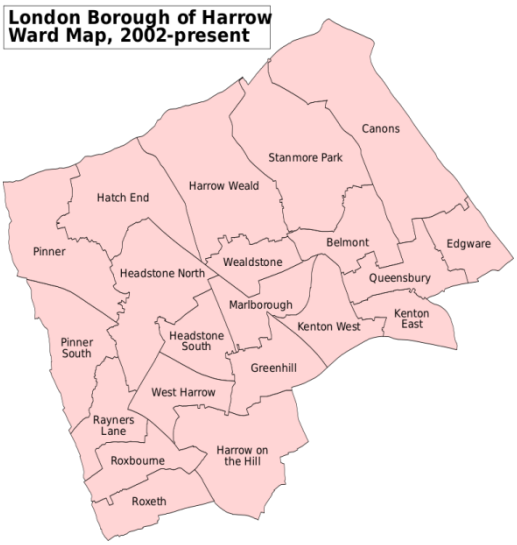
- 60% are Christian,
- 15% Hindu,
- 8% Muslim,
- 3% Sikh,
- 2% Buddhist,
- 1% Jewish
- 1% Jain.

Although only 50% of staff have declared their sexual orientation, of those that have, 2.5% are either Lesbian, Gay or Bisexual (LGB) .

Facts about the local populations we serve

The three main London Boroughs that make up the Trust's catchment area have some very specific features regarding their resident communities.

London Borough of Harrow



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The following health data is taken from the Harrow Joint Strategic Needs Assessment 2015-20[2].

Around **243,500** people live in the London Borough of Harrow. Compared to London as a whole, the population of Harrow has a greater proportion of older people and a lower proportion of people in their 20s and 30s.

The population of Harrow is 64% black and minority ethnic (BME) with the largest group being of Indian ethnicity. The borough is home to the largest concentration of Sri Lankan Tamils in the UK as well as having the highest density of Gujarati Hindus as well as Jains in the UK.

Harrow is the most religiously diverse local authority area in the UK, with a 62% chance that two random people are from different religions[3]

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[2] www.harrow.gov.uk/info/100010/health_and_social_care/130/harrows_joint_strategic_needs_assessment/2

[3] ONS, Oct 2006

There are around 3,800 adults with a learning disability in Harrow, with the largest number in the 25 to 34 year old age band. However, only 435, just over 1 in 10, are known to the Harrow Council Adult and Social Care a number which has been decreasing over time, suggesting likely barriers to accessing these services.

The 2011 Census showed there were 24,620 carers in Harrow, (10% of the population) an increase of over 4,000 from the 2001 Census.

Average life expectancy higher in Harrow than London and England averages

	Harrow	London	England
Men	82.4	80.0	79.4
Women	85.9	84.0	83.1

The health of people in Harrow is generally better than the England and London averages; however, there are a few indicators where Harrow performs worse.

High rates of low birthweight babies
High rates of excess weight in 10-11 year olds
Low amount of fruit and vegetables eaten
Low amount of exercise taken
Low rates of cervical cancer screening
Low rates of health checks
High rates of late diagnosis of HIV
High rates of TB
High rates of tooth decay in children

Harrow has low rates of bowel, breast and cervical cancer screening with cervical screening of women 25-49 is 11% lower than the national average (60.6% compared with 71.5%). These low rates have been linked to high deprivation and the high proportion of South Asian population who are significantly less likely to respond to routine invitations for cancer screening.

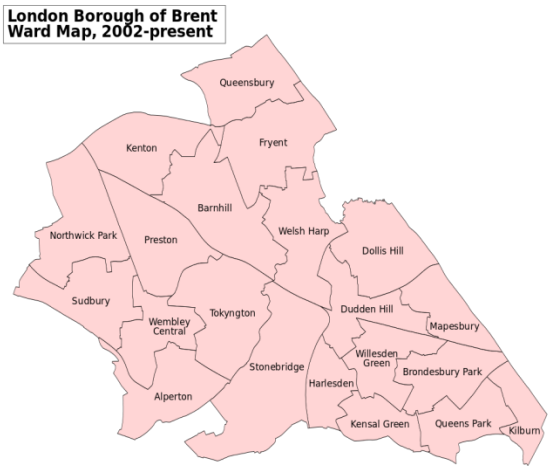
Tuberculosis is an important health issue in Harrow. The borough has the fifth highest incidence of TB in London; 61 per 100,000 population in 2013 compared with 36 per 100,000 in London overall.

Prevalence of diabetes is the highest of any London borough, with 16,000 (8.5% of the adult population) registered on GP practice disease registers. It is thought that including undiagnosed diabetes, that prevalence is actually about 10% of the adult population in Harrow; which is significantly higher than the London (6%) and England (6.2%) averages.

The areas of Harrow with the highest percentage of the population unable to speak English or speak English well are: in Kenton East, Queensbury, Edgware, Roxeth, Wealdstone and Marlborough wards. These generally co-incide with the areas with the highest indices for multiple deprivation, and low levels of literacy and numeracy skills.

The public health profile for Harrow can be accessed at here

London Borough of Brent



https://commons.wikimedia.org/w/index.php?curid=48017591

Around **328,000** people live in the London Borough of Brent.

The following health data is taken from the Harrow Joint Strategic Needs Assessment 2015-20[4].

Brent is ethnically diverse: 66.4% of the population is black or minority ethnicity (BME). This has increased since the 2011 Census, when BME groups made up 63.7% of the population. The Indian ethnic group currently make up the highest proportion of BME (19% of the population), followed by Other Asian (12%). The White group make up 33%. Brent has the highest proportion of Irish residents in mainland Britain at 4% of its population.

4 www.harrow.gov.uk/info/100010/health_and_social_care/130/harrows_joint_strategic_needs_assessment/2

Brent ranks 39 out of 326 local authorities in England (where 1 is the most deprived) on the 2015 Indices of Deprivation. However, this masks some of the very high levels of deprivation that exist in parts of the borough. In 2012, 24.8% of children under 16 years live in poverty - this is worse than the England (19.2%) and London averages (23.7%).

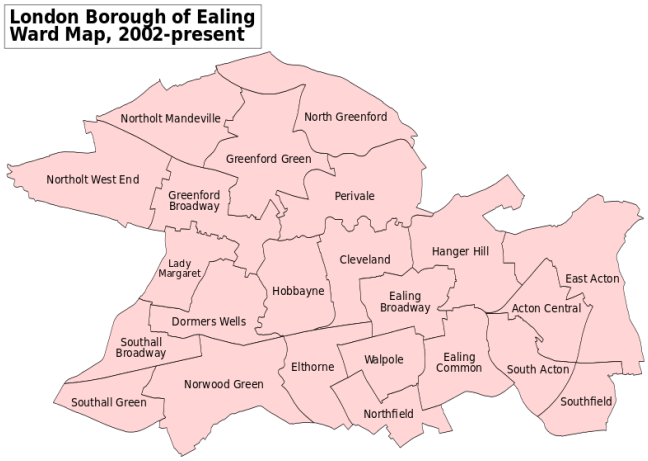
Brent's population is young, with 35% aged between 20 and 39. The 65 and over population makes up just 11% of the population.

Average life expectancy higher in Brent are broadly in line with London and England averages.

	Brent	London	England
Men	80.0	80.0	79.4
Women	84.9	84.0	83.1

The public health profile for Brent can be accessed here

London Borough of Ealing



https://commons.wikimedia.org/w/index.php?curid=48017594

Ealing is the third largest borough in London in terms of population size -**343,700**[5]

In the 2011 Census Ealing was the fourth most ethnically diverse borough in London with the:

- Largest Polish population (21,507)
- Highest number of Afghans (6,789)
- Highest number of Serbians (441)
- 2nd highest number of Japanese residents (2,798)
- 2nd highest number of Iranians (2,981)
- 3rd highest Somali population (3,370),
- 4th highest number of Arabs (10,076)

The proportion of people who cannot speak English well or at all in Ealing is significantly higher than the England average in all areas of the borough. Southall Broadway and Southall Green have the highest proportions of non-English speakers (15%), followed by Dormers Wells (11%).

Average life expectancy higher in Ealing are broadly in line with London and England averages however, three areas (Southall Green, South Acton and Northolt West End) have significantly lower male life expectancy and two areas (South Acton and Norwood Green) have significantly lower female life expectancy.

	Ealing	London	England
Men	79.9	80.0	79.4
Women	84.2	84.0	83.1

About one in twelve (8.5%) Ealing residents provide unpaid care to a friend, relative or neighbour. This varies by age the highest being in the 50-64 years age band where nearly 17% of the residents provide some level of unpaid care.

In Ealing, the rate of homeless households living in temporary accommodation (17.5 per 1,000) is significantly higher than in London (14.9 per 1,000) and more than five times the England average of 3.1 per 1,000.[6]

The public health profile for Ealing can be accessed here

[5] Ealing JSNA 2017 from: www.ealing.gov.uk/downloads/201201/health_and_well being

[6] Source: Department of Communities and Local Government (PHOF, 2016)

London North West University Healthcare NHS Trust documents

LNWUH Equality Reports
www.lnwh.nhs.uk/about-us/edi/equality-reports

LNWUH Trust Values HEART
www.lnwh.nhs.uk/about-us/heart

LNWUH Intranet EDI pages
Found under 'Working Life'
http://lnwhintranet/working-life/equality-diversity-and-inclusion/

National Guidance

Equality Act Guidance
www.equalityhumanrights.com

NHS Employers equality guidance
www.nhsemployers.org/your-workforce/plan/building-a-diverse-workforce

Disability Rights UK
www.disabilityrightsuk.org/how-we-can-help

LGBT rights
Stonewall www.stonewall.org.uk/help-advice

ACAS equality guidance
www.acas.org.uk/index.aspx?articleid=1363

For further information you can contact:

Your line manager

Human Resource Advisors

Staff side / unions
http://lnwhintranet/departments/unions

Freedom to Speak Up Guardians
lnwh-tr.speakupguardian@nhs.net

Bullying and Harassment Advisors
Dignity.Respect@nhs.net 020 8453 2745

The Trust Chaplaincy team:
Northwick Park and Central Middlesex Hospitals
Lead Chaplain: Rev. Dave Byrne, 020 8869 2111 Bleep 655 david.byrne1@nhs.net
http://lnwhintranet/departments/chaplaincy/nph-chaplains
Ealing Hospital
Rev Julia Bevis-Knowles
020 8697 5130 J.Bevis-Knowles@nhs.net

The Organisational Development (OD) Team LNWH-tr.ODteam@nhs.net