

EQUALITY, DIVERSITY AND INCLUSION BULLETIN

ISSUE NO. 8

NOV/DEC 2018

Brighton and Sussex
University Hospitals
NHS
NHS Trust

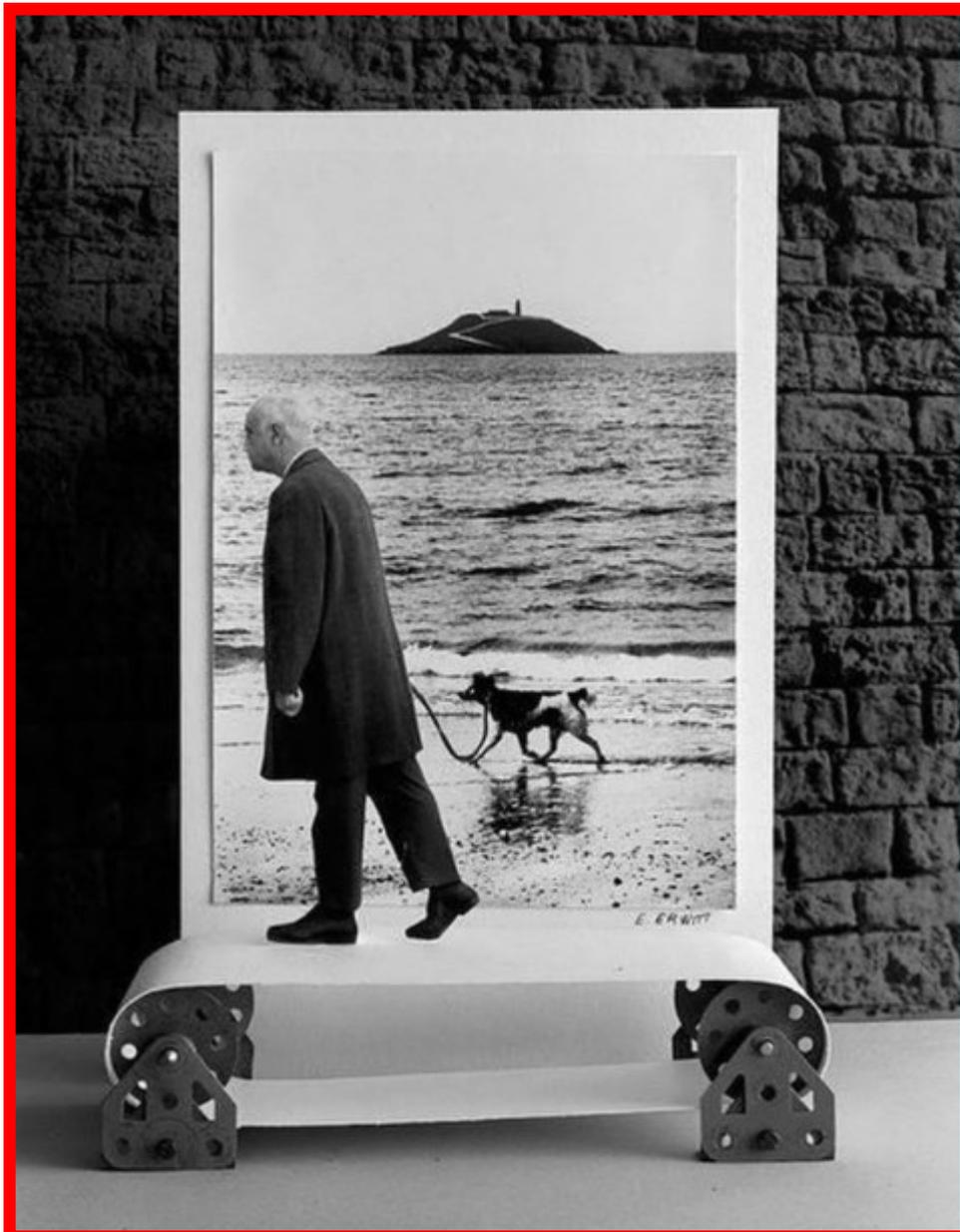
FEATURES Disability rights

Bullying & undermining

**Opinion pieces by senior NHS
leaders: LGBT+ Allies**

Age in the workplace

*A just society is a society that if you knew everything about it,
you'd be willing to enter it in a random place - John Rawls*



Issue Eight

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Cover image © Gilbert Garcin

Cover quote from John Rawls *A Theory of Justice*

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Regularly updated news, resources and guidance: www.equalityhub.org

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COME OUT FOR SAFE SPACES WHERE LGBT PEOPLE
LIVE • LEARN • WORK • PLAY • PRAY



News from the EDI Team

The theme for this bumper 8th edition of the EDI Bulletin is contributing, collaborating and stepping forward to build inclusive team cultures.

It takes practice and patience to want to learn how to be inclusive and to treat people fairly. We often disregard the voices and equality needs of others if they do not align with our own or if they challenge our closely held beliefs about who we are as individuals. Once you decide to think about how you behave and interact with different people, you get a chance to learn more about yourself and unpack biases, preconceptions and uncertainties. It becomes easier with time and change is long-lasting. Teams benefit from healthy working practices, fair treatment and support to challenge bullying, undermining and discrimination.

The Workforce Race Equality Standard (WRES) Working Group has continued to assess initiatives for core improvement areas of communication, recruitment and training to develop more inclusive practices and fair structures at work. Some departments, such as the Diabetes Nurse Team (pictured below), have taken the lead from the Chief Executive, Marianne Griffiths, in reading the book 'Why I'm no longer talking to white people about race' by Reni Eddo-Lodge to encourage dialogue and inclusion in their team.



Marianne Griffiths (Chief Executive), Babs Harris (Head of EDI), Yvonne Coghill (Director of WRES NHS England)



Diabetes Nurse Team (Using interpreters training session)

Workforce Disability Equality Standard (WDES) Working Group Simon Anjoyeb (Deputy Head of EDI) will lead this working group. WDES is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will be used by BSUH to develop an action plan, and enable us to demonstrate progress against the indicators of disability equality. The WDES

working group will feedback to the overarching Diversity Matters Steering Group - this is where all the equality streams meet and data/projects/strategies are shared. In the NHS we have to undertake individual assessments of data we collect which is often in the form of discrete and separate characteristics (gender, race, disability, sexual orientation, age, etc.). Put simply there are individual projects around some of the different protected characteristics and there is an overarching equality programme within which all the projects sit (the technical term is programme management, working in this way means that we are more agile in being able to change discrete projects without losing the overall goal of the programme itself). At BSUH all equality streams are overseen by the Chief Executive. If you would like further information do get in touch with us. All BSUH staff, regardless of individual characteristics, are welcome to attend and contribute to the working groups. We also have a Gender Working Group and will be setting up a group to cover sexual orientation, gender identity and body diversity.

Visibility, inclusive culture and LGBT allies

If you wear a rainbow lanyard, a rainbow reel or a rainbow pin badge you are removing the anxiety faced by the LGBT person and signalling an inclusive environment:

1. Takes the responsibility away from the patient/staff having to determine if it is safe to disclose their gender identity and/or sexual orientation
2. Will encourage patients/staff to fill in sexual orientation monitoring information if they can see that BSUH is trying to be a safe space for them.
3. It will help with cancer services and end of life care where patients are less likely/able to speak up about their needs.
4. It will help younger people accessing services to feel less anxious about talking about their gender identity and/or sexual orientation especially if they can't talk to primary carers.
5. It will start to normalise thinking around gender identity and/or sexual orientation and encourage clinical/non-clinical staff to be less worried about how it may impact progression, creating a culture of inclusion.
6. It will be a clear sign from the Trust that it will not tolerate homophobia, biphobia or transphobia anywhere on its property or when delivering any of its services.



Profile of BSUH LGBT ally

Jodie (pictured right) is a scientist at BSUH and is a visible ally of LGBT+ people.

Why have you stepped forward to be an ally of LGBT+ people? I joined the NHS because I love people. I enjoy meeting different people and learning about them, trying to understand their priorities and motivation, and how to make them feel better. That curiosity extends to friends, patients and colleagues who belong to LGBT+ or other minority communities. And the more I learn about their lives, the more I want to reduce the discrimination or harassment they experience. To me, being an ally is lots of small actions, from correcting a colleague who unintentionally uses offensive terminology to putting up information relevant to transgender people in our waiting room, to try to improve the inclusive experience of our patients and colleagues.



What types of support and guidance do you think allies need? It can be daunting to correct a colleague, a senior member of staff, or a patient when you witness them use outdated language, especially when you know they didn't intend to be offensive. Having a culture in the Trust which says it's everyone's right and responsibility to pick up on these insidious behaviours, that it is important, helps everyone become an ally. Having access to materials like lanyards and badges lets you be a "passive" ally, even when you're busy working and not aware of those around you, you're adding to an inclusive environment where LGBT+ people can be confident they will be treated equally.

COME OUT FOR SAFE SPACES WHERE LGBT PEOPLE
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What does being an LGBTQ+ ally mean to me

by Paul Deemer (pictured) , Head of Diversity and Inclusion, NHS Employers



My name is Paul Deemer and I am the Head of Diversity and Inclusion at NHS Employers. I expect many of you will think that being an LGBTQ+ ally should be part of my job – and in many respects you would be correct. However, when you are working across **all** of the protected characteristics as I do every day, there is an expectation that you should champion every one of those as passionately as the next. But the reality is that I can't do that – and that there are specific aspects of the diversity agenda that (for a variety of reasons) I feel more closely aligned to.

For me, therefore, the LGBTQ+ agenda is one that I can more naturally associate with. This really stems from my upbringing and my personal and close experiences in my teenage years in particular.

I am from the generation that grew up with the rise of AIDS and HIV in the UK around the 1980s – which led to a huge stigmatisation of the LGBT community in society for many years. In the area I was living at the time (in the East End of London), this also manifested itself in some awful street violence against visibly LGBTQ+ people – including friends of mine and their families. This then led me to get involved in campaigning and protesting against this violence and some oppressive government policies at the time (including Section 28 of the Education Act).

From there, I suppose it was natural for me to try and use my position as a HR professional to try and ensure that such stigmatisation and discrimination did not manifest itself in the workplace. Hence why I very readily called myself an LGBTQ+ ally – and continue to be such an ally to this day.

In terms of that “role” however, I do think it is important that people are given ongoing support and periodic refresher training to remind them what the role involves, what has changed in that space and how they might respond or deal with certain situations. So, in terms of what the role involves, I would suggest that organisations need to be clear with “allies” how their role differs from others in the organisation who might be a point of contact for staff – such as bullying and harassment advisors and Freedom to Speak Up Guardians. Staff need to be clear about who they should go to for specific things – and those points of contact also need to understand where their boundaries are.

In terms of what has changed, allies need to be kept informed about societal and legislative changes that have happened. We live in a fast paced, fast changing world – and nowhere is this more true than in the LGBTQ+ space. The recent high court case around the gay marriage cake in Northern Ireland is a good example of that.

And then in terms of how to respond, again people need to be advised of the pros and cons of things like social media (where things can very easily get misinterpreted) and the need for confidentiality (again, most recently with the introduction of General Data Protection Regulations – GDPR).

Some of this can of course be done in writing – or through some form of online guidance – but I also think it is invaluable if you can bring a group of allies together and allow them to just share their experiences and learn about what works well and what can go wrong by talking to each other.

So – that's me! LGBTQ+ ally – both personally and professionally.

Thank you to Paul Deemer for taking the time to write this piece for us about being a NHS leader who is a visible LGBTQ+ ally. The Equality Team runs training and Q&A sessions for all staff who want to be allies. We also have information which you can access online at www.equalityhub.org and we have a leaflet which you can read to find out what being an ally entails. Contact Olivia.King@bsuh.nhs.uk

Supporting LGBT+ People in the Workplace

by Ian Adams (pictured), Director of Membership and Stakeholder Engagement, NHS Resolution and FT Top 30 LGBT+ People in the Public Sector

Allies of people who identify as LGBT+ come in all shapes and sizes – in terms of their backgrounds, job roles and the support they can offer colleagues. For an organisation as large, dynamic and complex as the NHS – or rather the myriad NHS organisations that comprise the UK's health service – supporting LGBT+ colleagues in the workplace is not only positive for them, it resonates with the wider inclusion agenda, both as employers and providers of universal healthcare services.



Be in no doubt that LGBT+ people face discrimination and harassment – evidenced by the doubling of homophobic and transphobic hate crimes reported nationally over the past four years. A flip-pant comment made in the workplace can cause hurt to LGBT+ people, whether they are 'out' in the workplace or not. Furthermore, so-called workplace banter can impact on the service delivered to patients, their carers or families – and on an organisation's reputation. Workforce training on equality and diversity is well-embedded in the UK, in particular concerning gender, race and disability. The 2010 Equality Act provided the legal framework to extend this to encompass other 'protected characteristics' – including sexual orientation or gender identity. This, plus other significant developments over recent years – not least the introduction of civil partnerships and same-sex marriage – have helped to create the conditions for more people to come out as LGBT+ at work.

In parallel with these developments, social attitudes have also changed. In the mid-1980s, around 80% of UK adults thought that same-sex relationships were mostly or always 'wrong'; today this figure is less than 20% - according to the 2016 Social Attitudes Survey, the latest one available. So there's been a complete reversal of people's views about LGBT+ relationships in the UK. But of course we shouldn't forget that, according to this research, one-in-five people still regards same-sex relationships as mostly or always 'wrong.'

It is against this backdrop that I act as an LGBT+ role model, both in the workplace and beyond. I recently spoke at a national conference, representing NHS Resolution in my role as Director of Membership and Stakeholder Engagement, about supporting LGBT+ people in the workplace. I started off my presentation by reminding delegates that I was able to discuss the topic from a number of perspectives – as an organisation leader, a co-worker, a team-member, and personally as a son, brother and husband – having married my long-term partner, Christopher, in 2015, following an earlier civil partnership.

The benefits of supporting LGBT+ staff to be out at work are well-documented, but what about benefits to the workforce-at-large? Stonewall has published a guide on educating staff on LGBT+ equality, which includes the following benefits:

Make the most of a diverse workforce – employers know that recruiting individuals from a variety of backgrounds leads to a creative and dynamic workforce. Equality and diversity training encourages staff to respect one another's differences – which in turn helps to prevent conflict in the workplace.

Increase productivity – homophobic and transphobic bullying and harassment in the workplace has a profoundly negative impact on the wellbeing and performance of LGBT+ employees.

Retain talented staff – no employer wishes to have to take disciplinary action against a staff member because of homophobia or transphobia in the workplace if it can be avoided.

Supporting LGBT+ People in the Workplace (continued)

Improve services – frontline staff who understand the particular needs of LGBT+ customers and service users are better equipped to deliver services appropriately.

Compliance with the law – the Equality Act 2010 protects employees from discrimination and harassment at work because of their sexual orientation or gender identity. Employers are legally responsible for the conduct of their employees; if a staff member harasses or discriminates against an LGBT+ colleague their employer is liable.

This brings me on to discuss the important contribution made by staff training. The most straightforward way of educating staff about LGBT+ equality is to include sexual orientation and gender identity issues in general equality and diversity training. While this normally only provides staff with a broad overview of the issues involved, this does send out a clear message about placing sexual orientation and gender identity on an equal footing, alongside other aspects of diversity such as gender, race and disability. I would encourage organisation leaders to play an active and visible role in supporting the delivery of such training – for example by being present at the start of training programmes to provide a personal endorsement among those taking part – whether as a straight ally or LGBT+ role model.

I would also recommend involving LGBT+ people in the design of training programmes – perhaps through engaging LGBT+ staff networks where they exist in the workplace or by offering a confidential channel for staff who identify as LGBT+ to review course programmes and training materials. A useful starting point for designing and delivering this training would be to aim to cover:

The Equality Act 2010

The organisation's policy on discrimination

The organisation's policy on bullying and harassment

The benefits to the organisation and staff at large of this equality training

How to report instances of discrimination, bullying and harassment

Where staff can go for further information and support - noting that not all LGBT+ staff may be out in the workplace

Some staff may require more focused training – for example those working in HR or with a responsibility for recruitment, as well as frontline staff who face service users. Some organisations deploy 'reverse mentoring' whereby a junior LGBT+ staff member mentors a senior member of staff to help increase understanding of LGBT+ issues at senior management level.

Across the NHS, thankfully, there exists already a great deal of best practice equality and diversity training and support focused on addressing the specific needs of LGBT+ staff and service users. But that's not to excuse complacency or inaction, not least given rising incidences of hate crimes being reported among the general population.

Ian Adams, Director of Membership and Stakeholder Engagement, NHS Resolution © 2018
The views expressed are entirely the author's own.

I contacted Ian Adams to ask for his views on being a visible LGBT+ role model as a very senior figure in the NHS. I am grateful that he took the time to write this piece for us. The Equality Team run additional training and Q&A sessions for all staff who request it. We cover sexual orientation, gender identity, terminology and language, awareness for allies, bias and much more. We regularly encourage staff to arrange training for a time to suit them and to step forward as LGBT+ allies and role models if they can. Contact Olivia.King@bsuh.nhs.uk for details.

Recognise bullying and undermining behaviour

The British Medical Association (BMA) along with other healthcare professional bodies have upped their focus on bullying and undermining behaviour among staff in the NHS. Teams and workplaces that ignore, validate and fail to challenge bullying and undermining behaviour tend to have poorer patient care outcomes, a poor safety record and higher staff turnover and/sickness rates. The toll is also high on healthcare staff - in busy environments, the addition of poor workplace behaviour merely serves to make doing your job harder. It also has a knock-on effect on staff lives at home and in the community. It also brings services into disrepute.



Dr. Henrietta Hughes, National Freedom to Speak Up Guardian

Some examples of bullying and undermining include:

1. Derogatory comments related to appearance, sexuality, ethnicity, disability.
2. Public humiliation in front of patients and colleagues.
3. Being excluded: intentionally isolating or ignoring colleagues.
4. Spreading malicious rumours.
5. Outing someone as LGBT without their permission.
6. Sabotaging/impeding a person's work.
7. Unjust, harsh and constant criticism.

All staff must be familiar with bullying reporting routes and managers must be able to deal with complaints in a swift and effective way. HR, the Freedom to Speak Up Guardian, the Equality Team, the LGBTQ+ Staff Network, the Chaplaincy and many others, are just some areas you can turn to for independent help/support/guidance. You do not have to go through it alone. You can also contact support services in the city if you prefer.

Witness bullying? How can you help?

We regularly get asked what can be done if people witness bullying behaviour at work or in public. Most of the time this takes the form of the harasser or bully yelling or saying racial and other slurs at the person or shoving/pushing them. If no one steps in, the victim often feels alone, ashamed, frightened and helpless. So, what can you do to help the target/victim?

1. Go to the person and sit/stand next to them so they do not feel alone.
2. Stay calm and talk to them. Ignore the person yelling at them/bullying them. Focus on the person who has been targeted.
3. Start discussing a random topic with the person. This helps them to feel connected with you as an ally, shows that you are both ignoring the bully and reduces their fear. By doing this you will also encourage other people around you to do the same.
4. Keep eye contact with the victim.
5. Stay with the victim until they reach a neutral area (if on public transport) or the bully leaves or someone calls for assistance. Ask them if they are alright to proceed to their destination. In some cases the police will need to be called. Wait with them until they can contact a friend/family member to come and get them.





EHRC Report

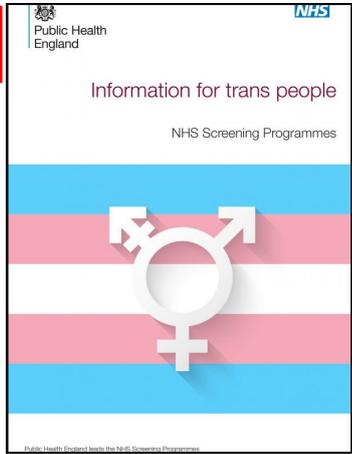
To address prejudice and discrimination due to protected characteristics, it is useful to understand the levels that prevail in society. The Equality and Human Rights Commission (EHRC) has undertaken a report for the first time since 2006. The attitudes

and indicators of prejudice and discrimination are also reflected in organisations such as the NHS - organisations do not exist in a vacuum and often. The report is worth reading. Some of the key findings include:

- Nearly half of those who experience prejudice or discrimination, do so in the workplace.
- People with mental health conditions may be particularly vulnerable (relative to other protected characteristics) to stigmatisation and exclusion from social relationships if their condition is known
- Nearly 42% of people said they had been the target of some form of prejudice or discrimination in the past 12 months.
- The report showed that some groups in Britain face particular challenges: 70% of Muslims said they had experienced prejudice motivated by their religion/belief, and 46% of lesbian/gay/bisexual people sampled said they experienced prejudice based on their sexual orientation.
- A high proportion of respondents expressed openly negative attitudes towards Roma people and Travellers.
- Ageism and sexism were the most commonly experienced by people of any age and the most commonly experienced forms of prejudice when exploring across the population as a whole.

Screening guidelines for trans patients

Public Health England has a resource for people who are trans or non-binary (any gender that is not exclusively male or female) as part of its commitment to make screening accessible and inclusive for all eligible populations. The guidelines are useful because screening IT systems cannot routinely identify if a person's gender is different to the gender they were assigned at birth. The guidelines help ensure that trans people can access the screening that is most appropriate for them and take charge of their own health and wellbeing – as we should all be able to do. The guidance covers breast screening, cervical screening, bowel cancer screening and abdominal aortic aneurysm (AAA) screening).



Trans awareness & remembrance November 2018

Between November 12 to 19 people worldwide will participate in **Transgender Awareness Week** to raise the visibility of transgender and gender non-conforming people, and address the challenges faced by trans people trying to live, work and engage in often hostile environments. Transgender Day of Remembrance (TDOR) is on November the 20th. It is an annual observance that honours the memory of those whose lives were lost in acts of anti-transgender violence. There will be a service at RSCH and PRH to mark the event. If you would like to be involved (allies included) please contact Olivia.King@bsuh.nhs.uk.



Top 5 initiatives: age in the workplace

Successive studies across industry sectors show that more needs to be done to promote an age-diverse workforce that reflects the population. Initiatives to focus on:

1. Age-positive recruitment strategies and campaigns.
2. Awareness of building age-inclusive workplace culture.
3. Age-positive images in corporate communications.
4. Appropriate support and workplace adjustments.
5. Equal opportunities for progression and training.

The Workforce Disability Equality Standard and disability rights



Half of disabled people feel excluded from society and many say prejudicial attitudes haven't improved in decades.

Disability rights in Britain encompasses a diverse range of people. In general it wasn't until the late 1990s that the rights of disabled people began to be taken seriously. It was only last year that public transport companies were explicitly required (having been sued) to implement adequate accessibility measures so that disabled people could use services. The courts recognised that denying adequate access to public transport and facilitating smooth travelling services will invariably cause disabled people to become more isolated.

Yet, many still have ongoing problems. Just this year, a doctor with mobility issues was unable to disembark a train because there was no one there to meet her. Others are unable to travel long distances because there are few public facilities that meet their needs. There is always anxiety about leaving the house due to uncertainty about whether locations, venues, city centres or transport services will be accessible. This is a vicious circle that continues to disempower disabled people forcing them to withdraw or ask for support rather than retain their drive to be self-sufficient. Disabled people like everyone else want to participate in society, activities, the workplace and be themselves, but systems and structures still don't facilitate this. How many workplaces have disability access toilets? Do all buildings enable people with mobility needs to access all areas? How many high profile role models who are disabled people are present in the media or in your workplace? How often do we hear the voices of those with disabilities? What about those who have to hide their disability for fear of discrimination?

In terms of employers, the NHS has introduced the Workforce Disability Equality Standard to gather data on the difference in experience between disabled people and other employees. All NHS Trusts will need to publish data and provide information on what they are doing to close the gap if disparities are found. The areas that will be reviewed are workforce representation, reasonable adjustments, employment experience and opportunities.

Pictured, right, Dr Amit Patel is a campaigner who writes about his experience being blind and doing things others take for granted. His Twitter feed provides a valuable insight if you are interested in learning more @BlindDad_UK



EDI is offering free British Sign Language (BSL) classes for staff who request it.
Email Equality@bsuh.nhs.uk

Unconscious bias and awareness

What is unconscious bias? Unconscious bias is when we are not aware that we are making judgements and decisions based on prior experience or habituated thought patterns, assumptions, stereotypes or interpretations. Studies show that:

1. most people believe that their decisions/behaviours are not based on prejudice or unchecked assumptions;
2. we have a positive bias towards our ingroup;
3. we have a negative bias towards an outgroup;
4. when we are in the company of someone in our ingroup we feel confident about judging their excellence and trustworthiness;
5. when we are in the company of members of an outgroup we feel like we are taking a high risk – we feel we are on less secure ground and we feel less confident and we are less likely to believe what they have to say.

Therefore, unconscious biases kick in when judging familiar (ingroup) and unfamiliar (outgroup) people. This can contribute to irrational choices, uninformed decision-making and micro-inequities (or micro-aggressions). Unconscious bias can have a substantial and far-reaching impact on the work environment and culture, and in daily interactions between colleagues, and on how we treat and care for patients. It can inform any situation where individuals have the power to influence outcomes through their behaviour, decisions and subsequent actions.

Things we can do:

1. We are better able to pick up biases in others. Therefore it is important to work with others in detecting and calling out bias. It means being inclusive in communication and decision-making to minimise decisions based on unchecked bias.
2. Ensure that there are diverse people on committees, management teams, interview panels and different levels of your organisation.
3. Awareness of your own biases can help you monitor and contextualise your decisions and choices. This is something that needs to be done routinely. Once it becomes part of your thinking you will become more alert to potential biases and be able to address them.
4. Try to give yourself time and slow down the speed of decision making in situations such as selecting candidates for a post and evaluating a colleagues performance.
5. Try incorporating images and media that challenge stereotypes. For example elderly athletes, female engineers, black executives, disabled teachers. The idea is to challenge expectations, and therefore shed light on biases and also challenge them.
6. Micro-inequities - you need to be aware if you display these in the company of people with particular characteristics. Behaviour can be barely perceptible and includes constantly mispronouncing someone's name, taking more questions from one group (e.g. men) rather than another (e.g. women), repeatedly not introducing the person, eye-rolling when they speak, not making eye contact when they talk to you, turning away from them when they try to be included in conversation, raising your voice even if the person has no difficulty hearing you, not listening when some people talk to you (e.g. black and minority ethnic people) but generously listening when a white person has a similar message to convey. It can leave the person unsure if they are being alienated. Over time, if they experience a lot of these types of behaviours, it can lead to low self-esteem and disengagement - you are unlikely to be able to build a healthy team under these circumstances. Use micro-affirmations to remedy micro-inequities. You can also use these as a bystander to mitigate the impact if you notice micro-inequities being directed at someone in your vicinity. These are small gestures of inclusion and respect that we can all make, and should make on a daily basis to build inclusion in teams, at meetings, casual conversation with colleagues and across departments. If you are not sure how, contact us for an awareness session.

Equality Team Pin Board

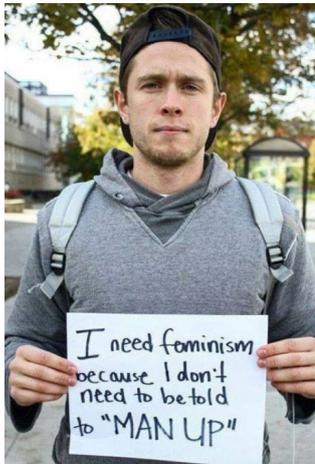
Images we found helpful, uplifting, inspiring, interesting, humorous and important.



Decriminalisation of gay sex in India is the world's biggest LGBT+ law reform. The ruling overturns a colonial-era law and tens of millions of LGBT+ Indians no longer face life in jail. The reform was met with jubilation by the Indian diaspora around the world.



Chief Executive, Marianne Griffiths reading Why I'm No Longer Talking to White People About Race by Reni Eddo-Lodge



Remembering when ...

