Equality, Diversity and Human Rights

Study guide
Barts Health NHS Trust has a diverse workforce with a total headcount of over 15,000 staff as at April 2016. 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. Our improvement plan ‘Safe and Compassionate’ sets out our ambition to become an organisation that sees the health of the population transformed, inequalities in health reduced and improved experiences for both staff and patients. This is underpinned by a commitment to human rights, equality, diversity and inclusion.

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.

The Equality Act 2010

The Public Sector Equality Duty (PSED) under the Equality Act 2010 places a requirement upon all NHS Trusts. This requirement also applies to private service providers delivering services on our behalf.

The three aims of the public sector equality duty are to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- Promote equality of opportunity between persons who share a relevant protected characteristic and those who do not share it
- Foster good relations between people who share a relevant characteristic and people who do not share it.

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

- Age (including the removal of a default retirement age)
- Disability (physical or mental impairment)
- Gender reassignment (a preferred gender is stated but there is no requirement to be undergoing a medical process)
- Marriage and civil partnership
- Pregnancy and maternity (includes breastfeeding)
- Race (includes colour, nationality, and ethnic or national origins)
- Religion or belief (including lack of religion or belief)
- Sex (both men and women)
- Sexual orientation (lesbian, gay, bisexual, transgender or heterosexual).
Types of discrimination

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

- For example, 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.
- 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.

Discrimination by association is against a person because they associate with someone who possesses a protected characteristic:

- For example, Ann is a resident of a care home. Staff learn that her partner, John, is black. As a result, Ann is now treated less favourably by staff compared to other service users.
- It is widely known in the office that Andy is gay. He has become a good friend to Mic. Mic overhears one of the team colleagues say ‘watch your back when these two are around’. Mic realises that his colleagues have assumed that as friend to Andy, he must also be gay.

These are examples of discrimination by association.

Perception discrimination is against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic:

- For example, a woman who is heterosexual is treated less favourably because it is thought that she is a lesbian.

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:

- For example, saying that applicants for a job must be clean-shaven puts members of some religious groups at a disadvantage.

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:

- For example, 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.

Victimisation occurs when an employee is treated less favourably because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so.

- Tim raises a grievance against a work colleague. 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.

What are the Trust’s responsibilities?

- Ensure that you’re up-to-date with all your 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 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 analysis

Barts Health 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 Articles.

Equality analysis (EA) 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.

The Trust has developed a new equality analysis tool kit, which can be found on the Intranet.

When should an equality analysis be carried out?

Equality analysis 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 analysis 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 analysis should be carried out before you proceed with any changes.

For support and advice on the equality analysis process please contact the Inclusion Team on 020 7709 6534 or email: organisationaldevelopment@bartshealth.nhs.uk

What is the Trust doing?

The Trust’s commitment goes beyond meeting its statutory obligations in service delivery and employment practices, to this end a number of proactive steps have been taken at Barts Health to bring human rights, equality and diversity to life. Listed below are some of these activities:

1. We have established a CEO led Equality and Inclusion Board reporting to 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. Our ambition to look at services through the lens of protected characteristics has led to some achievements for the Trust. An example being our recognition as a Top Healthcare Organisation in the Stonewall Healthcare Equality Index 2013 and 2015 and Barts Health NHS Trust shortlisted by Employers Network for Equality and Inclusion (ENEI) for the Inclusive Culture Award 2016.

3. We have fostered relationships with community groups in order to have a better understanding of the diverse needs of the population we serve and initiate improvement plans arising from these contacts. Together with community engagement activity, the Trust’s Community Works for Health Programme supports local people into employment.

4. We take part in the NHS Staff Survey annually with an exceptional response rate of five thousand (5,000). An analysis of the responses has highlighted the need to focus on staff with a disability with the aim of facilitating a culture of disclosure and competence across the organisation in meeting the ‘reasonable adjustment’ requirement for staff with a disability.

5. Barts Health secured funding from NHS England to design and deliver a Career Development Programme for BME staff and Female staff. Over 150 participants have completed the programme so far with outcomes including success in securing secondment opportunities and promotion to higher bands.

6. We increased the avenues for staff to raise concerns including rolling out the ‘Guardian Service’ across all sites to support staff in speaking up

7. Led by front-line teams and supported by managers and corporate functions ‘Listening into Action’ across all hospital sites is promoting staff led improvement and empowerment with over 20 LiA BIG conversations and over 1500 colleagues participating since its launch in September 2015. This and much more continues the work in building Barts Health as a great place to work.

Building on our achievements to date, we will continue to ensure improvements. This will include the delivery of human rights, equality and diversity training. For further information on these or any other initiatives, please contact the Inclusion team on 020 7709 6520.

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**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.

**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 e.g. 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, visit https://www.england.nhs.uk

Caring for People with a Hearing Impairment – things you need to know

Body language
Deaf people use a lot of visual cues such as people’s expressions and body language to interpret what is being communicated. Therefore be aware of your facial expressions and your body language and how they may be perceived. Also, look at the person when you are speaking, in case they lip read. Even partially-deaf people, who may not lip read, will find it easier to follow what you are saying if you face them, because they will use both the sound they can hear and the shape of your mouth to interpret your words.

Alternative forms of communication
Deaf people do not expect everyone to be able to sign fluently so be prepared to write down – it is often the simplest and most effective means of communication. Make sure you have a notepad and pen handy as this may help more people than just deaf people.

Attitude
As with body language, your manner of dealing with people will be visible to the deaf person. Often when deaf people speak, hearing people are taken aback as the voice quality can be different from what they might expect and it may be hard to understand. However, don’t judge the person by the sound of their voice. If you react strangely or if your manner suggests that you think the person is stupid in some way, this will be picked up by deaf people. In a survey completed by the Centre of Deaf Studies, members of the deaf community said when it happened to them, they would never go back to that service again.

Visuals
As deaf and hearing people share the same visual world, you can use the same visual elements in the surroundings when meeting with a deaf person. At a reception desk, if you ask the person to wait, be visual – point to the waiting area and make a gesture to sit down or to wait and smile.

Time taken
Few deaf people actually like to come to reception areas or to meet with receptionists. As a result when they do come, it is often because of a more urgent or more complex issue. Therefore be patient as it may take longer.

Multi-tasking
If a telephone rings on your desk while you are interacting with a Deaf person (speaking, gesturing or even writing down) do not grab the handset and begin a conversation. It is vital that you first of all, obtain eye contact and then indicate that the phone is ringing, point and use the telephone gesture. And then pick it up only if you have to.

Get help
Beyond simple attempts to make appointments or ask for information, it is not enough to write down or to try to lip-read. Be aware of limitations. Arrange for an interpreter by contacting the Trust’s Bilingual Health Advocacy and Interpreting service. Unless you have an interpreter, you will not get your message across nor will you be able to provide appropriate service to the deaf customer.

The above information is taken from the Centre for Deaf Studies, 2010. Further information can be found at http://www.bris.ac.uk/deaf/resources/

For help in arranging Disability awareness training for your team, please email organisationaldevelopment@bartshealth.nhs.uk

Did you know that:

- Three-quarters of our workforce is female; almost half (49%) are from a Black Minority Ethnic (BME) background; and one per cent have a disability.
- Approximately forty per cent of our workforce lives locally
- Approximately 6% of our workforce are aged under 25 and 1.5% aged 65 and over
Three of the main Boroughs that make up the Trust’s catchment area feature in the list of top ten Boroughs in the country that have reported significant percentage increase in population rise between 2001 and 2011 (Source ONS). Each of these boroughs has a distinct and now rapidly changing demographic profile.

- Approximately 6% of our workforce state that they have no religion and 1.7% are either Lesbian, Gay or Bisexual.
- Only 1.8% of our workforce has stated disability however our staff survey shows 17% of responders have a disability or long term health issue, with 21% saying the Trust has not made adequate adjustment(s).

Barts Health Trust Policies
www.bartshealth.nhs.uk/about-us/our-governance/key-policies

Barts Health Equality Report
www.bartshealth.nhs.uk/about-us/equality-and-diversity

Barts Health Trust Values and Behaviours
www.bartshealth.nhs.uk/values

Equality Act Guidance
www.equalityhumanrights.com

Inclusion Page (Intranet)
NHS Employers
http://www.nhsemployers.org/your-workforce/plan/building-a-diverse-workforce

Disability Rights UK

Barts Health Intranet
Home > About Us > Corporate Directorates > Human Resources > Organisational Development > Inclusion

For further information you can contact
Your line manager
Human Resource Advisors
Confidential Care (CiC) – free and confidential information, support and counselling service 0800 0851376
Staff side/Trade Union Office
Dignity at Work Advocate
‘SpeakInConfidence’ http://sic.gd/bartshealth or 0845 383 1013
Chaplaincy team:
Mile End and The Royal London 020 3594 2070
St Bartholomew’s 020 3465 7220
Newham 020 7363 8053
Whipps Cross 020 8539 5522 extension 5005
Inclusion Team 020 7709 6520 or email organisationaldevelopment@bartshealth.nhs.uk

MUST DO’s
- Successfully complete the Equality, Diversity and Human Rights quiz

Following successful completion your records will be updated automatically.