LGBTQ+ INCLUSION SOUTH EAST

what brings us TOGETHER

LGBTQ+ staff survey

'We each have a voice that counts'

Authors:

Karol Leszek Kuczera

Nick Groves

Richard Watson

Jessica Sandelson

Olivia King

Dr Jamie Willo

With special thanks to: Cavita Chapman, Philippa Spicer and Dr Michael Brady

LGBTQ+INCLUSION SOUTH EAST

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Key Findings:

There is a growing body of evidence showing significant disparities between the experiences of LGBTQ+ populations and cisgender heterosexual people, which have been further exacerbated by COVID19. To better understand the experiences of LGBTQ+ staff working in the NHS in the South-East region and to advance work towards building a better culture of equality and inclusion, we conducted an anonymous online survey. 187 NHS staff completed this survey and the results were analysed in line with the specific commitments stated in the NHS People Plan[1].

- 48% of respondents said they had 'never heard of the People Plan'. Of those who had, 80% felt there was little or no clarity about LGBTQ+ inclusion
- Only 36% of the respondents agreed that the NHS recognises LGBTQ+ health and wellbeing needs
- Over a quarter of respondents (26%) said they had not declared their sexual orientation via the NHS Electronic Staff Record (ESR), citing as barriers a lack of trust towards their managers and Human Resources, fear of discrimination, and options that do not match how they prefer to self-describe
- 40% of respondents agreed that trans history (gender identity) should be included in the NHS ESR, and only 10% disagreed
- Less than a quarter of respondents (24%) agreed that there is a good representation of LGBTQ+ people at senior level in the NHS
- 40% felt that LGBTQ+ Networks have either 'little' influence or 'none at all', citing a lack of resources and appropriate championing at the executive level as barriers to Networks' influence on the decision-making processes
- The majority (54%) either disagreed/strongly disagreed, or didn't feel they were in a position to know, if the recruitment, selection and promotion processes are fair to LGBTQ+ people
- 56% of respondents felt that there is fair access for LGBTQ+ staff to learning opportunities, but just over half (52%) did not agree that they have fair access to flexible working patterns
- 22% of respondents had experienced bullying, harassment or abuse from managers or colleagues, and 14% had experienced it from patients in the last 12 months

[1] England, NHS. (2020) NHS England » We are the NHS: People Plan for 2020/21 – action for us all, England.nhs.uk. Available from: https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/ [Accessed 11 August 2020].

Introduction

"*The Edge... There is no honest way to explain it because the only people who really know where it is are the ones who have gone over.*"[2]

History has shown that a crisis can be an opportunity for positive change. We are facing unprecedented times for our society and for our health and care services: COVID19 has exposed pre-existing deep structural deficiencies and weaknesses and has put a magnifying glass on socioeconomic and health inequalities; such as average incomes, population density, housing, environment, education, poverty and nutrition, and comorbidities, all of which have been linked to poorer health outcomes[3][4][5]. It is estimated that for every one percent slowdown in the global economy, 14 million people are plunged into poverty[6].

Several health organisations and researchers looking at the experiences of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) people during COVID19 have shown disparities between the experiences of LGBTQ+ populations and heterosexual people. A pre-COVID19 analysis of the health gaps between LGBTQ+ people and the cisgender heterosexual population led by the European Commission[7] identified that: "*LGBTI people continue to experience stigma and discrimination combined with social isolation and limited understanding, leading to significant barriers in terms of accessing health and social care services. These experiences can translate into a risk of depression, suicide and self-harm, violence, substance misuse and HIV infection*". These experiences and health inequalities will, inevitably, be further exacerbated by COVID19.

[2] Thompson, H., 2012. *Hell's Angels*. New York: Random House US.
[3] World Health Organization, (WHO, 2012) Environmental health inequalities in Europe
[4] Ahmed, F., Ahmed, N., Pissarides, C. and Stiglitz, J. (2020) Why inequality could spread COVID-19, *The Lancet Public Health,*
[5] Jaman, P. (2020) Covid-19 and health inequalities, Thersa.org. Available from: https://www.thersa.org/discover/publications-and-articles/rsa-comment/2020/04/covid-19-and-health-inequalities [Accessed 23 April 2020].
[6] Vos, R., Martin, W. and Laborde, D. (2020) How much will global poverty increase because of COVID-19?, Ifpri.org. Available from: https://www.ifpri.org/blog/how-much-will-global-poverty-increase-because-covid-19 [Accessed 14 August 2020].
[7] Health4LGBTI: Reducing health inequalities experienced by LGBTI people | ILGA-Europe (2018), Ilga-europe.org. Available from: https://www.ilga-europe.org/what-we-do/our-advocacy-work/health/health4lgbti [Accessed 7 August 2020].

An early analysis conducted by the LGBT Foundation[8] into the impact of COVID19 on LGBT people found that:

- 64% would rather receive support during this time from an LGBT-specific organisation
- 42% would like to access support for their mental health at this time
- 34% have had a medical appointment cancelled
- 23% have been unable to access medication or are worried that they might not be able to access medication
- 18% are concerned that this situation is going to lead to substance or alcohol misuse or trigger a relapse
- 16% have been unable to access healthcare for non-Covid related issues
- 8% do not feel safe where they are currently staying

Another study looking at the experience of discrimination of LGBTQ+ people and its impact on their mental health during COVID19[9] found a high level of stress and depressive symptoms among this group, with 69% of respondents exhibiting significant depressive symptomatology. The experience of discrimination was considered a mediating factor, and this was particularly impacting younger, transgender and gender-diverse respondents.

Objectives

NHS England recently published the We are the NHS: People Plan 2020/21[10] ('the People Plan'), setting out the ambition and expectation that "*we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care*". The People Plan includes specific commitments around 1) *Looking after our people*, 2) *Belonging in the NHS*, 3) *New ways of working and delivering care*, and 4) *Growing for the future*. It sets out practical steps and actions for NHS employers and systems.

[8] Hidden Figures: The Impact of the Covid-19 Pandemic on LGBT Communities (2020), Lgbt.foundation. Available from: https://lgbt.foundation/coronavirus/hiddenfigures [Accessed 7 August 2020].
[9] Kneale, D. and Becares, L., 2020. The mental health and experiences of discrimination of LGBTQ+ people during the COVID-19 pandemic: Initial findings from the Queerantine Study.
[10] England, NHS. (2020) NHS England » We are the NHS: People Plan for 2020/21 – action for us all, England.nhs.uk. Available from: https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/ [Accessed 11 August 2020].

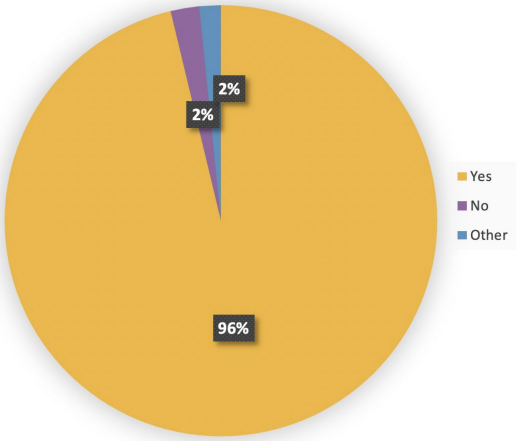
A recent survey conducted by the NHS Confederation in collaboration with the Health and Care LGBTQ+ Leaders Network[11] asked if the People Plan recognised the needs of the LGBTQ+ workforce. While many individuals welcomed the increased focus on equality and inclusion, 71% of the 117 respondents stated that they were unsatisfied or very unsatisfied with the language and content of the People Plan in relation to the LGBTQ+ workforce.

To help bridge this gap, to better understand individual experiences and to advance work towards fostering the culture of inclusion, we reached out to LGBTQ+ staff working in the NHS in the South-East region via an anonymised survey. We analysed results in line with the specific commitments stated in the NHS People Plan.

The purpose of this survey was to:

- ➔ Understand the experiences of LGBTQ+ employees working for the NHS
- ➔ Raise awareness of some of the key commitments in the NHS People Plan that will be of particular relevance to LGBTQ+ people
- ➔ Help inform future work on LGBTQ+ inclusion in the region and nationally

Are you an NHS worker in the South East region?



Methods

187 NHS staff completed this anonymous online survey, which was open over a period of three weeks between August and September 2020. Respondents were recruited via online communication channels including: email communication with the LGBTQ+ staff networks, Health Education England's Stakeholder Bulletin, Twitter and LinkedIn.

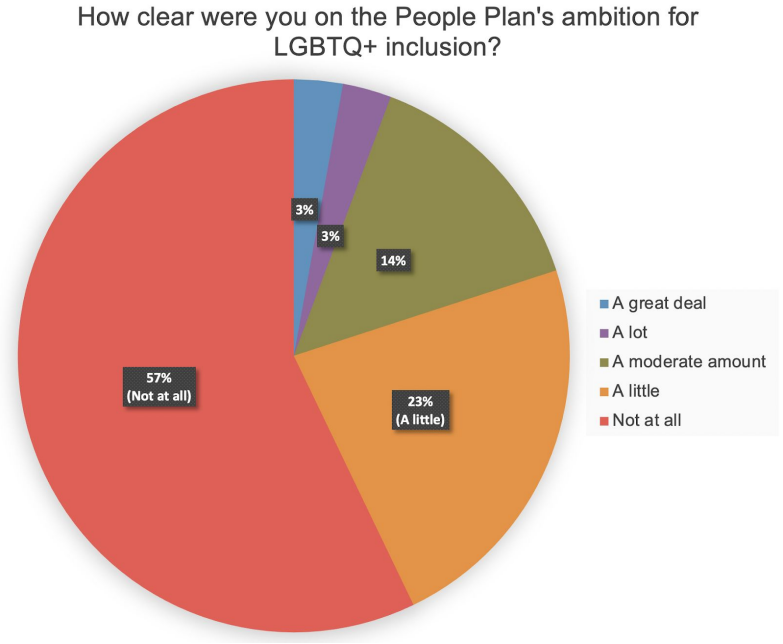
[11] Survey on the NHS People Plan (2020), Nhsconfed.org. Available from: https://www.nhsconfed.org/supporting-members/equality-diversity-inclusion/health-and-care-lgbtq-leaders-network/survey-on-the-nhs-people-plan [Accessed 11 August 2020].

The main part of the survey asked 12 questions about LGBTQ+ staff experiences, and gathered respondents' demographic data. 11 of the questions also asked supplementary questions and gathered qualitative data. Mixed quantitative and qualitative methods were used to analyse the responses. The survey questions were designed to reflect the commitments in the People Plan, and where relevant mirrored the wording of questions in the 2019 NHS Staff Survey.

N.B: Any wording in *italics* represents individual responses and is kept as original.

What is the ambition for LGBTQ+ staff inclusion?

As a starting point, we wanted to find out about respondents' familiarity with the People Plan. Nearly half (48%) said they had never heard of it, 11% had read some of it, and only 7% had read all of it. Of those who reported they had read some or all of the People Plan, we asked a supplementary question about its ambition for LGBTQ+ inclusion.



80% of these respondents felt there was little or no clarity about LGBTQ+ inclusion in the People Plan.

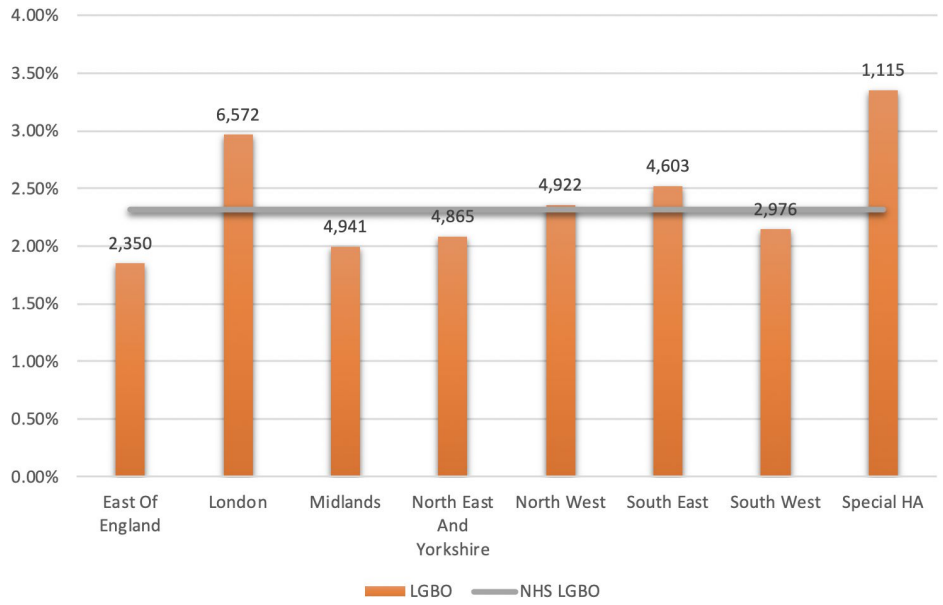
We asked additionally about how this could be improved. Some of the respondents said:

"I'm unclear what representation was sought prior to the publication"

"*More (ie. some) explicit reference to LGBTQ+ health inequalities, and esp. trans health. People Plan references to health inequalities seem to be exclusively in the context of ethnicity? Explicit acknowledgement of intersections (esp. BAME LGBTQ+, disabled LGBTQ+, LGBTQ+ people of religion/belief). Approaches to inclusion that acknowledge unique challenges faced by protected characteristics groups, but also the overall challenges we face as minority voices - and that shared approaches (eg. to overhauling recruitment processes) will benefit all*",

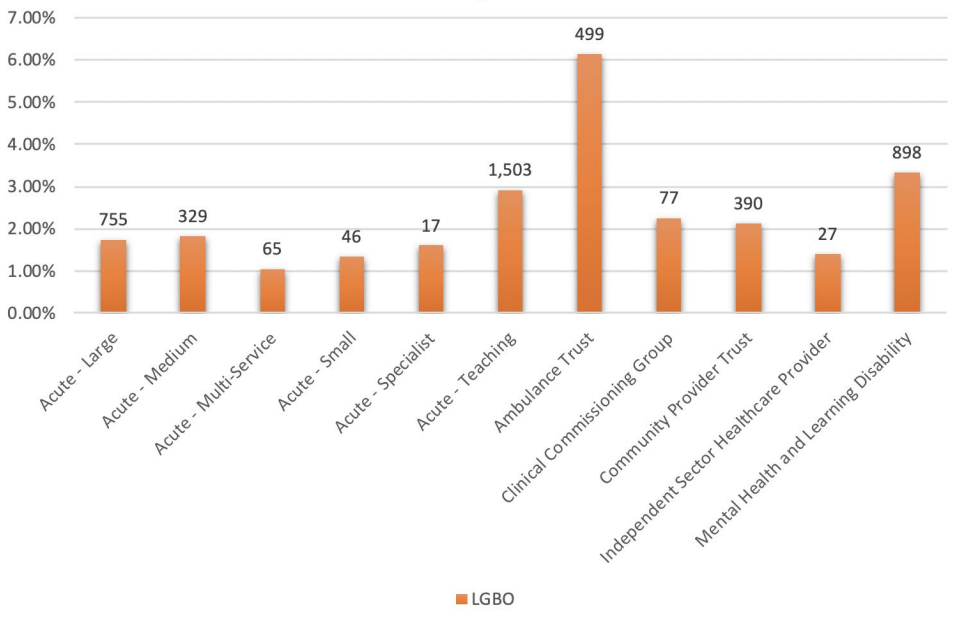
"*They needed to actually reference how they are going to improve working conditions for LGBTQ staff. There was no inclusive wording for us. And they needed to have consulted NHS staff prior to putting the plan together*".

The national data on LGBO[12]



2.32% (32,368) of NHS staff in England have declared themselves as LGBO (lesbian, gay, bisexual or other; ESR does not currently record trans history).

London, Special Health Authorities and the South-East had the highest percentages of LGBO staff. London, the Midlands and North-West had the highest numbers of LGBO staff. Acute - Teaching, Mental Health and Learning Disability and Acute - Large had the highest numbers of LGBO staff. Ambulance Trust, Mental Health and Learning Disability and Acute – Teaching had the highest percentages of LGBO staff.



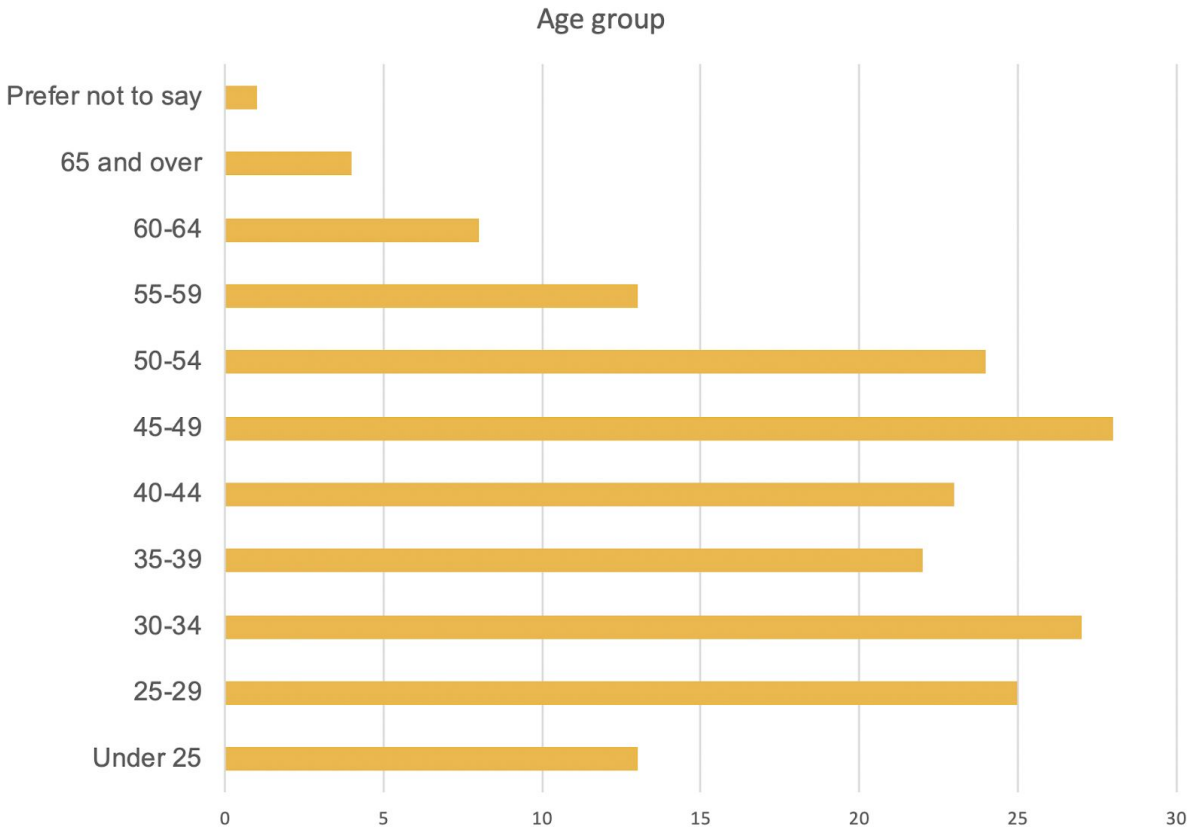
The percentage and headcount of NHS South-East LGBO workforce by NHS organisation type

[12]LGBO = lesbian, gay, bisexual and other (ESR does not record trans)
Data source: ESR Data Warehouse, snapshot 31 March 2020
Contract type: permanent/fixed term
NHS LGBO workforce percentage and headcount by region

What is the demographic make-up of the South East LGBTQ+ staff respondents?

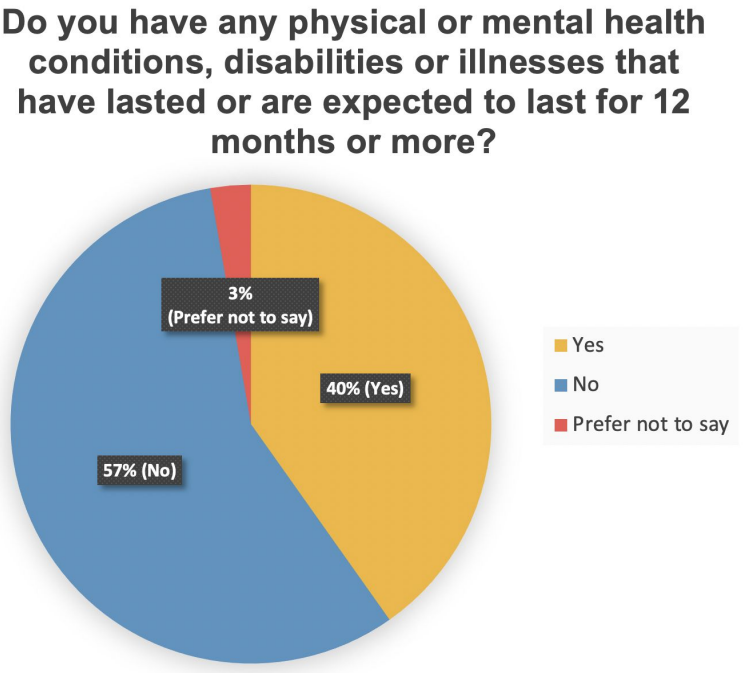
Age:

There was a broadly even distribution of respondents between the ages of 25 and 54, with around the same number of staff (22-25) in each five-year band. 12 respondents were younger than 25, and 21 respondents were older than 55. Only 1 person preferred not to state their age group.



Disability

40% of respondents stated that they have a physical or mental health condition, disability, or illness that has lasted / is likely to last for a year or more. 5 people preferred not to respond. People in the 40% identifying with a condition were able to then select more than one condition, if applicable. The majority of these were either mental health conditions (38 people), or long-standing illness (32). 11 had a physical impairment, 6 a sensory impairment, and 5 people reported an 'other' condition: which were listed as: "*Genetic, Mental health condition directly caused by NHS, homophobic managers, Neurodevelopmental condition, Neurodevelopmental disability, Neurodivergent*"



Gender

91% of respondents considered their gender to be the same as assigned at birth (ie. cisgender): 49% were female / trans female, 43% male / trans male, 5% non-binary and 1% as a gender not listed, which they then identified as: *trans-binary.*

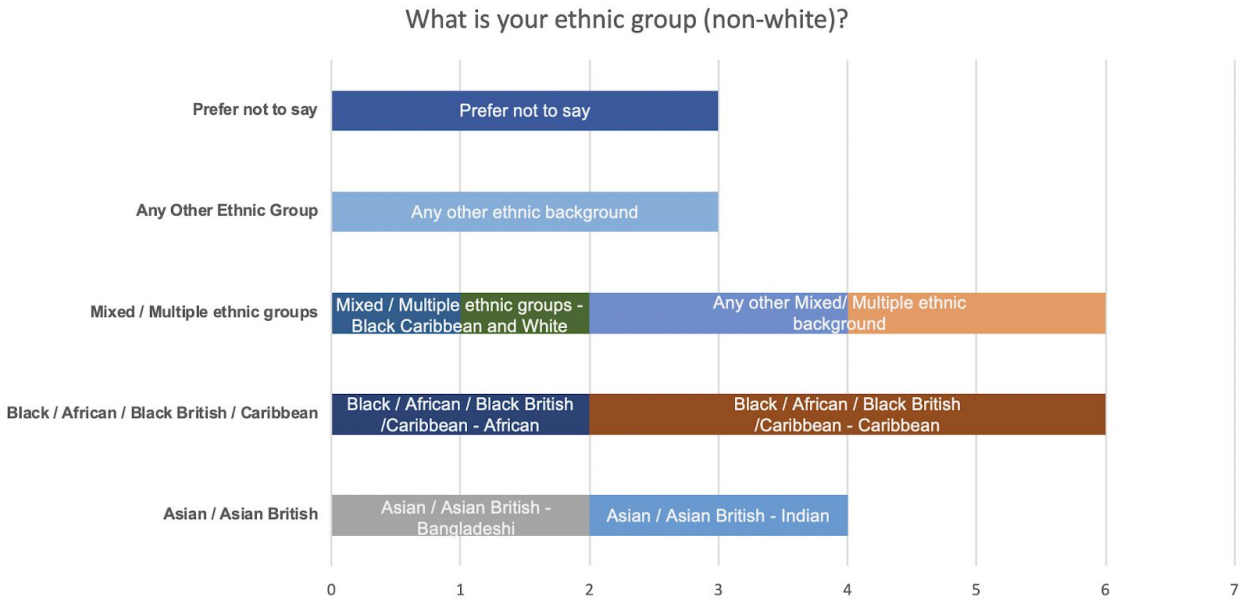
Relationship status

42% of respondents were single, 24% were married and 17% in a civil partnership. 5% were divorced, 4% were legally separated and 1% were widowed. 7% preferred not to answer.

Ethnicity

The majority of respondents (88%) identified as white, and of those 88% (144 people) identified as White – British / English / Northern Irish / Scottish / or Welsh. 4% identified as white Irish, and 2% as any other white background, which they then self-described as: "*caucasic, European (3), Italian, Jewish (2), Polish, Romanian, Spanish, Unknown".* 2% preferred not to say anything about their ethnicity.

Of the remaining 22 respondents, 6 identified as Black / African / Black British / Caribbean, 2 as African, 4 as Caribbean, 6 as Mixed / Multiple ethnic groups, 1 as Asian and White, 1 as Black African and White, 2 as Black Caribbean and White, 2 as Any other Mixed/ Multiple ethnic background – 1 describing Black and Indigenous American, 4 as Asian / Asian British, 2 as Indian, 2 as Any other Asian background – both Filipino, 3 as any other ethnic group, which they self-described as: *Chinese, Irish, Jewish.*

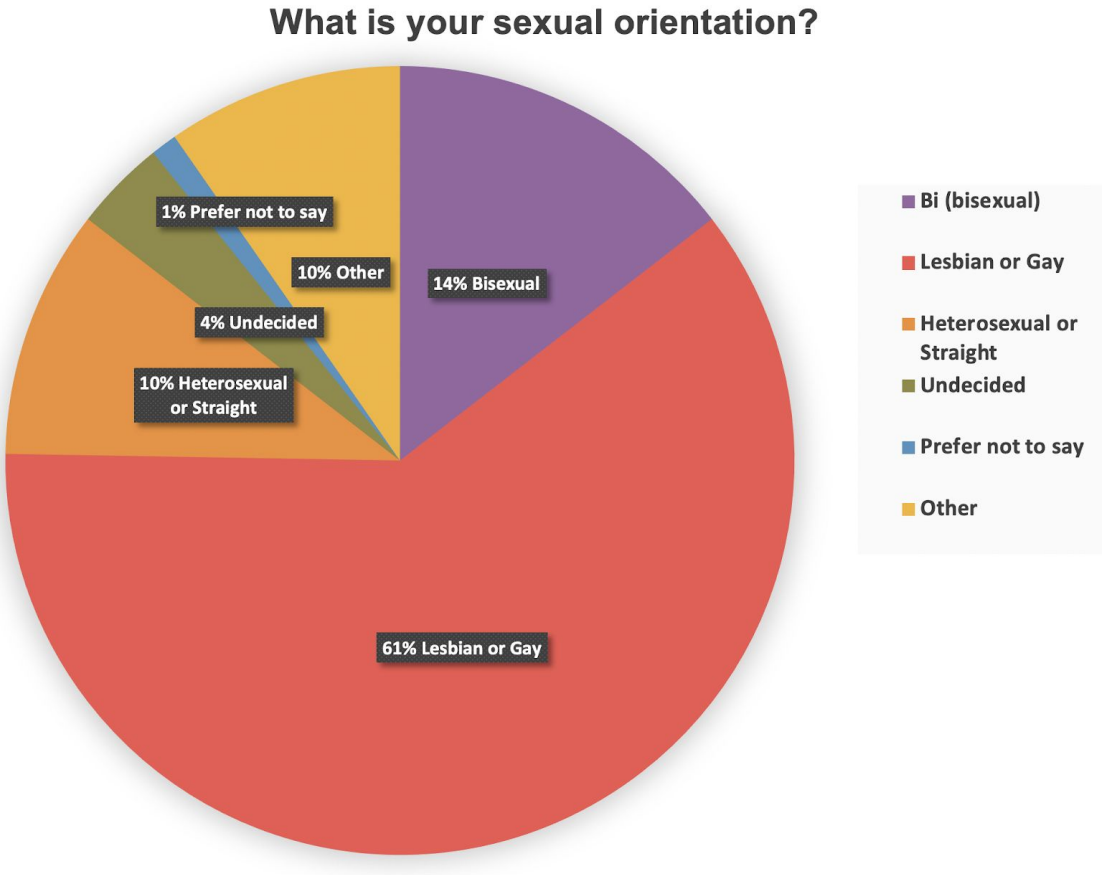


Faith

The largest single group of respondents (37%) identified as having no religion or belief. 24% said they are atheist, and 5% preferred not to say. Of the faith groups, 19% identified as Christian, 2% as Buddhist, 2% Judaism, 1% Islam and 1% Sikhism. 10% reported an 'other' faith, and these were listed as: *Agnostic (3), Agnostic/Pagan/Wicca, Cult survivor, Culturely Christian - non religous, Darwinist, Humanism (2), I beleve that DNA is evidence of God, Jewish/pagan, Just do good things, no, Pagan (2), Spiritualism (2), Wiccan.*

Sexual orientation

61% of respondents identified as lesbian or gay, 15% identified as bisexual, 10% as heterosexual or straight, and 4% were undecided. 1% preferred not to say, and 10% identified as 'other', which they then expressed as: Asexual (1), Genderqueer (1), Queer (5), Pansexual (8), 1 person indicated forcefully that they felt the question was irrelevant



Caring Responsibilities

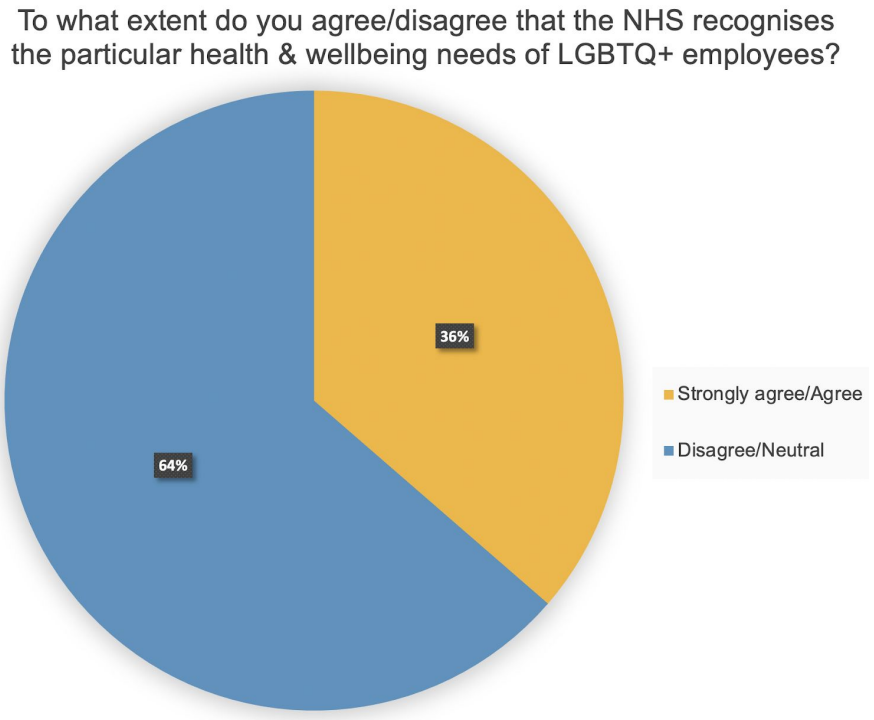
The majority of respondents (70%) had no caring responsibilities, and 4% preferred not to say. The remaining 26% were then able to select a range of options to detail who they cared for, and could select more than one option. 22 people were primary carers for a child or children under 18, and 22 were secondary carers (ie. where another person carries out the main caring role). 4 people were primary carers or assistants for a disabled adult over 18 years, and 4 were primary carers or assistants for an older person over 65 years.

How do the People Plan themes, priorities and actions fit with LGBTQ+ workforce experience?

To promote some of the key commitments in the NHS People Plan that will be of particular relevance to LGBTQ+ workforce, we asked respondents a set of specific questions around the People Plan's themes, priorities and actions.

Theme: 'Wellbeing is our business & our priority'

> '*Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout*.'



36% of the respondents agreed that the NHS recognises LGBTQ+ health and wellbeing needs, whereas 64% either disagreed/strongly disagreed or were neutral.

We asked what the NHS should do to improve the health & wellbeing of LGBTQ+ employees:

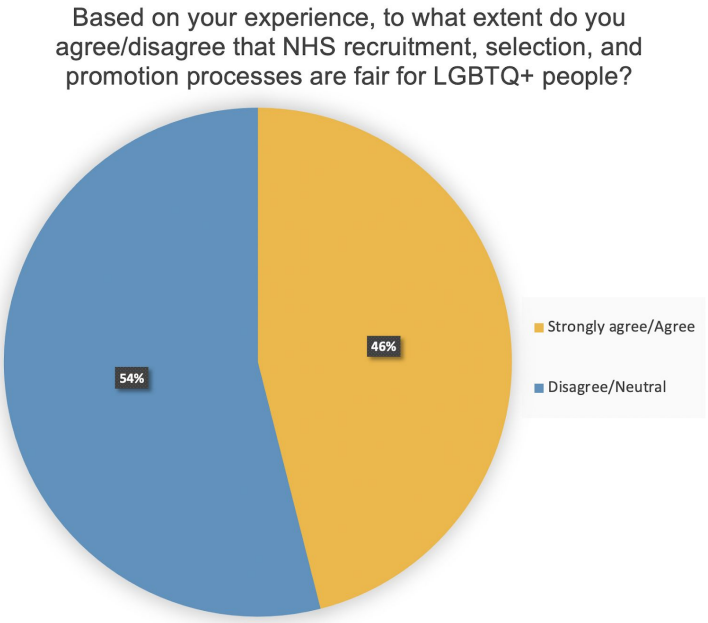
"Recognise that we exist, that we have a very different experience to non-LGBTQ+ people when accessing healthcare and that there are still certain stigmas and misconceptions associated with being LGBTQ+"

"*In my case as a Bank worker I often feel my position is too precarious to speak out or complain when people display low-level homophobia and transphobia. More secure working would help*"

"*[...] Trusts fostering an atmosphere where coming out at work isn't a nerve-racking decision that you weigh up against your professional development. [...]"*

Theme: 'The NHS is a place where we all feel we belong'

1) *'Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.'*



The majority (54%) either disagreed/strongly disagreed, or didn't feel they were in a position to know if recruitment, selection and promotion processes are fair to LGBTQ+ people. When asked for examples of what currently works well, some of the workforce responded:

"*It is good to see direct affirmation that LGBTQ+ people are encouraged to work here. My trust includes a reference to our LGBTQ+ Staff Network in every job advert*", "*Inclusive question concerning equality and diversity asked at interviews, with examples including culture, ethnicities, age, orientation, etc readily available (use of pictures as examples)*"

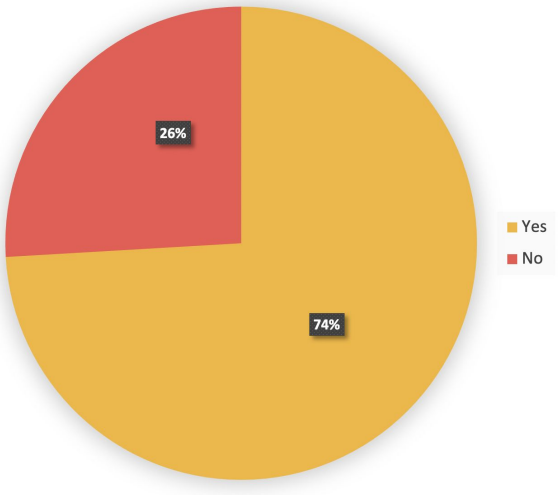
We also asked for examples of barriers faced by LGBTQ+ staff:

"Interviewers are not introducing themselves with pronouns. It could be a learning opportunity for those who do not know about it and demonstrates inclusion by the interview panel. Are posts being targeted/advertised through LGBTQ channels? Are there images of senior LGBTQ people in marketing? Is the rainbow badge visible in literature and on employment websites? If not, is there an inclusion statement which is prominent? Have interviewers been trained to be inclusive? Do they know about naming conventions? The training would help with all kinds of inclusion. How is recruitment, selection and promotion of LGBT+ people measured in the NHS? Where are we now? What are the stories? What are the initiatives?"

Theme: 'The NHS is a place where we all feel we belong' (cont'd)

2) *'A large number of staff who identify as LGBTQ+ do not feel confident enough to report their sexual orientation or gender expression on their employment record'*

Sexual orientation is not known in nearly one-third of the workforce. Have you declared your sexual orientation via the Electronic Staff Record (ESR)?



Just over a quarter of the surveyed staff had not declared their sexual orientation via the NHS Electronic Staff Record (ESR). Of those who responded positively, we asked what helped them to declare this information. Of those who had not shared their sexual orientation, we asked what barriers or concerns they had about doing so. We also asked if trans history (gender identity) should be reflected in the ESR.

What helped you declare this information?:

"I am proud of who I am and my work colleagues allow me to feel confident about who I am"

"Nothing. No encouragement. I just know it is best for evidence to be gathered, otherwise it is difficult to convince key decision-makers to follow the principles of equality and inclusion".

"LGBT+ staff network letter telling me how to do this and explaining why it was important information to share".

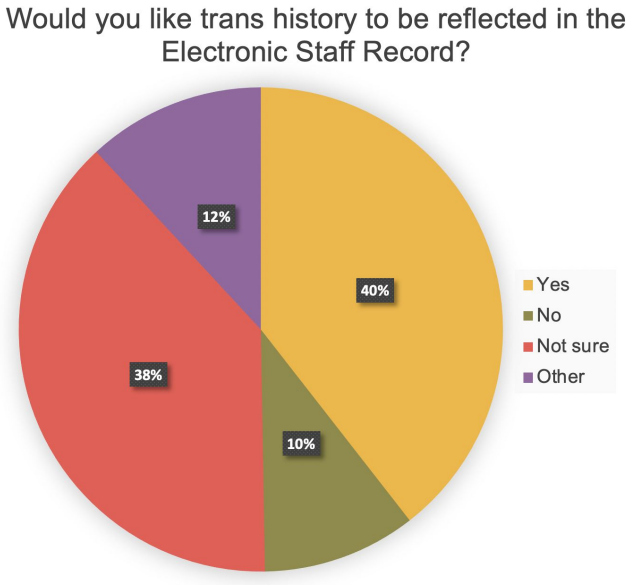
What barriers have you faced or what concerns do you have about declaring it?

"HR not to be trusted. Information is not confidential. There is a bullying culture in my workplace at a very senior level, everyone knows about it, the tendrils sweep through HR - why would you then Trust ESR and those who have access? Leadership!!"

"I am aware, from casual low-grade homophobic and transphobic comments, that it would make my life more difficult, so I just haven't bothered".

"Fear of discrimination. It is a needs to know basis"

We additionally asked respondents whether trans history should also be included in the NHS Electronic Staff Record. 40% responded positively to this question, 38% were 'not sure', and only 10% said 'no'.



"Need to have robust monitoring of who accesses ESR and what safeguards there are for data breach. Also need to know why employers need the information. It is similar with other protected characteristics, most people are not aware why employers ask for the information".

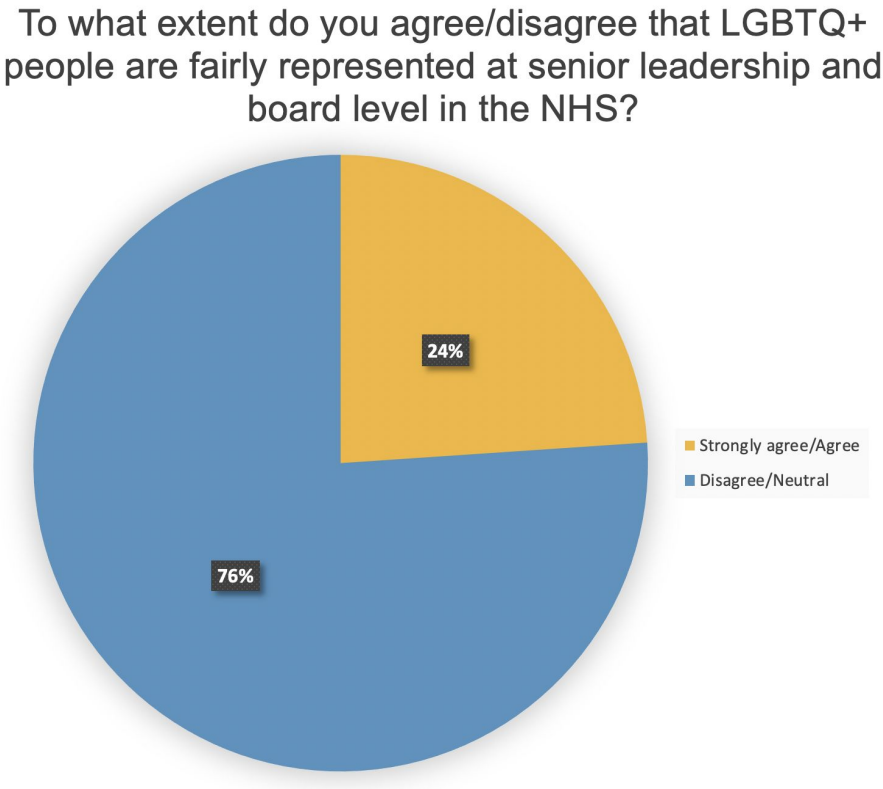
"This should be optional - some people would prefer not to. As transgender person I am struggling to lose my previous identity. HR and Occ Health have both written to me using my previous name. This is very distressing esp when in shared accomodation".

"I'm non-binary. If I'm out it will always be clear I'm trans. I don't yet know how safe that will be. I think I'd want to try being out at work for a while and make sure it doesn't cause me too many problems before making a formal record of it".

Theme: 'We are open and inclusive'

'…ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics.'

'Update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles.'



The majority of respondents (76%) either disagreed that there is good representation of LGBTQ+ people at senior level, or were neutral (40% neither agreed nor disagreed, 36% disagreed/strongly disagreed). Just under a quarter of respondents (24%) agreed.

We asked how this could be improved:

"Many individuals when progressing to senior levels are no longer outspoken or active within their LGBTQ+ role or identity. It feels that in order to progress with your career, your LGBTQ+ identity becomes hidden and therefore it appears that LGBTQ+ individuals are not represented. It needs to be

made clearer that there is full support within leadership models for LGBTQ+ individuals rather than the basic that they feel they must do".

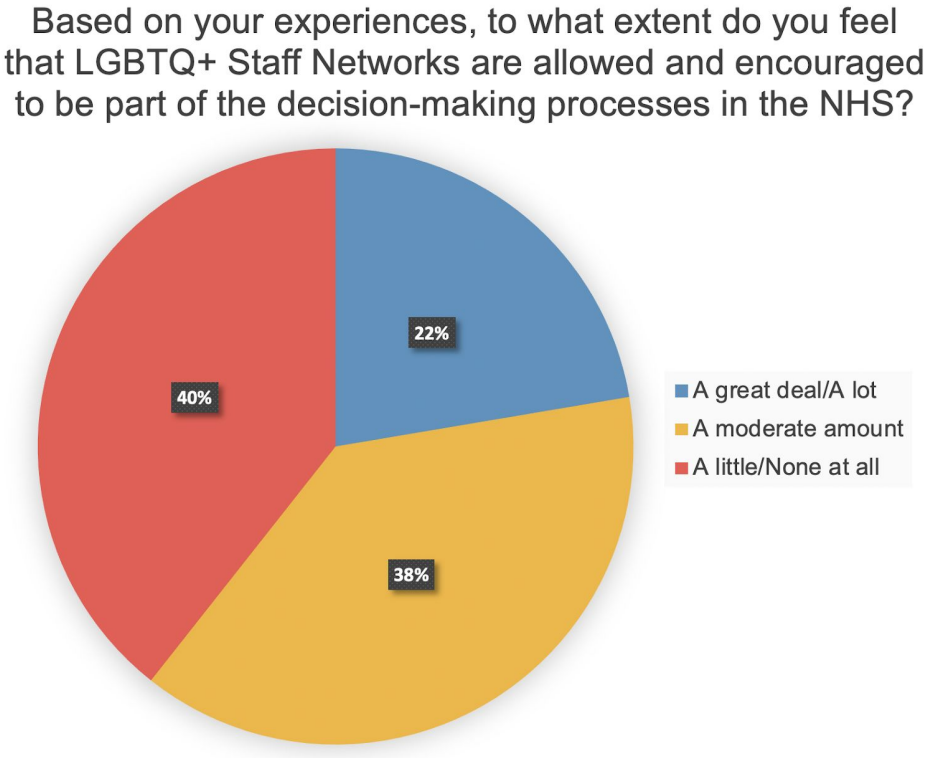
"Hire more LGBT people in leadership positions. Most importantly make NHS a comfortable environment for staff to be out in. Crack down on discrimination from colleagues and create an atmosphere of care and safety".

"Bullying, transphobia and homophobia is rife amongst staff. There is no room for excellence or leadership development when people are bullied, harassed and othered".

Theme: 'We each have a voice that counts'

'Review governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.'

We asked respondents about LGBTQ+ Staff Networks' influence on the decision making processes in the NHS. Just 22% said 'a great deal' or 'a lot', 38% said 'a moderate amount', and 40% felt Networks have either 'little' influence or 'none at all'.



We also asked how this could be improved:

"Paid posts for staff networks. Otherwise it is too much extra work to expect someone to do. Have network leads meet with the Board regularly. Transparency in decision-making process - who have you consulted? Have a list at the end of each document so you can list the staff network as one of them. This is important for policies and processes".

"Our Network has to fight for funding and action from Execs. It is easy to get photo ops and simple things sorted but any approach that challenges the structural unfairness we witness in the NHS is discouraged.[...]"

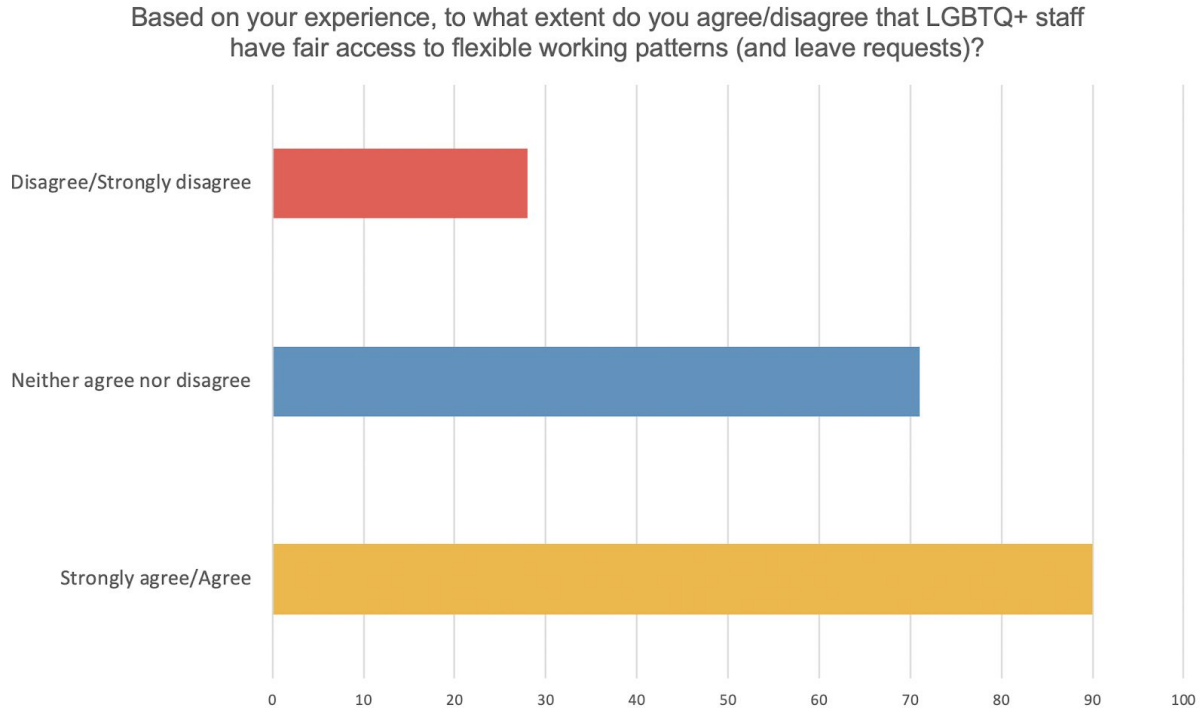
"Potential for meetings of LGBT+ networks from different Trusts to compare how different areas are approaching issues and fostering inclusion. Nominating a lead nationally specifically for LGBT+ inclusion who is present at meetings where the People Plan and other such large projects are discussed to allow the voices of LGBT+ staff to be heard".

"Provide protected time for staff to attend network meetings. Bring together staff networks to collaborate. Create dedicated roles for LGBTQ inclusion"

Theme: 'We work flexibly'

'Be open to all clinical and non-clinical permanent roles being flexible.'

Almost half the respondents (48%) either strongly agreed/agreed that they have fair access to flexible working patterns - 37% neither agreed nor disagreed, and 15% disagreed/strongly disagreed.



However, additional comments suggested challenging assumptions about the LGBTQ+ people's commitments and responsibilities:

"Recognition that family does not always look like traditional "married with kids". I have family of choice because I'm LGBT+. One of my dearest friends has no contact with his family because he is queer. I'm the one that takes him to hospital apts etc and it can be difficult to get time off even though I use annual leave. I suspect it would be easier if he was my brother, or my child".

"There is a general view that those people with children should have access to better leave. There tends to me a lack of understanding the lgbtq people have caring responsibilities"

"I have numerous examples of the presumption that LGBTQ people don't have families and are single and therefore should take holidays outside of seasonal demand e.g. winter/summer".

"General availability of flexible working needs to be improved. There is pressure to work full time. There is a general perception that flexible working will result in lack of career progression opportunities"

Theme: 'We are compassionate & inclusive'

'Prevent and tackle bullying, harassment and abuse against staff, and create a culture of civility and respect.'

22% of respondents have experienced bullying, harassment or abuse from managers or colleagues in the last 12 months.

We asked what could be done to help improve this for LGBTQ+ employees:

"[...] You can't be sure that if you report it to HR that you won't need to explain what LGBT+ bullying is about. It's the same for race or disability. How are HR managers trained on trauma, the impact of it, micro aggressions, how homophobic bullying can take a severe toll on your mental health and push some of us to try to take our lives. I would never try to approach HR again. They made it worse, and made me feel ashamed[...]".

"Abuse, discrimination, gaslighting should be more directly tackled. I was abused by a clinical supervisor for 12 months. In the open. Everyone observed it. Everyone knew about it. Everyone stayed silent and did nothing!".

"[...]the position is precarious as a bank worker. I don't feel managers generally take "banter"-y comments seriously [...]".

To capture data that may refer to any covert experiences of harassment and/or bullying we included the option of 'not sure'. 5% of respondents selected this option and we asked a supplementary question to expand on their experience:

"Having moved from a Central London NHS Acute Trust where there is far broader diversity in terms of LGBT and BAME workforce, I'm struck by the comparative lack of cultural competence/confidence in interactions with colleagues/some managers. Whilst I feel confident to constructively address and challenge these issues, I am concerned that people less open or secure in their gender/sexual identity may do so [...]"

"Overheard some fairly unpleasant conversations between colleagues re: what they'd do if their kids turned out to be gay, with options including beat it out of them and pray it away [...]".

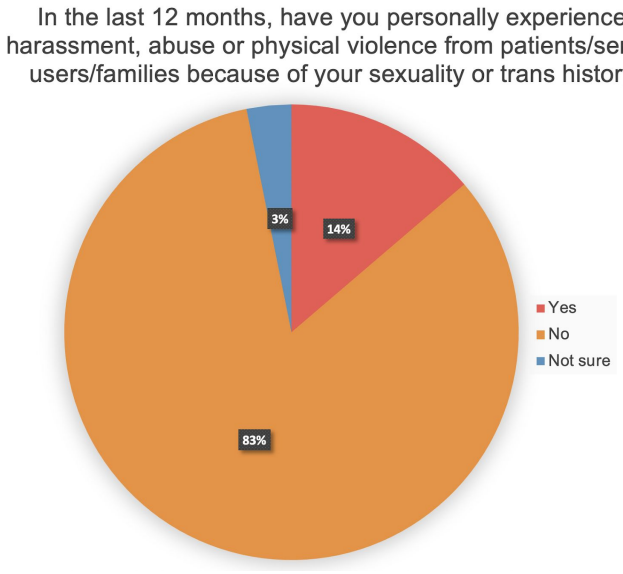
"The discrimination is mostly not in your face. It is subtle, quiet, hidden and behind your back."

Theme: 'We are safe at work'

'Prevent and control violence in the workplace – in line with existing legislation'

In addition to the previous question asking about the experience of bullying and harassment encountered by LGBTQ+ staff from other colleagues and managers, we also wanted to find out if LGBTQ+ staff experience this from people accessing NHS services (ie. patients, service users, families/carers etc.).

14% of respondents reported having experienced bullying, harassment or abuse from patients/service users or families in the past 12 months. Again, we asked what could be done to help improve this for LGBTQ+ employees and to expand if the 'not sure' option was selected.



To improve this:

"Management training on LGBTQI+ issues enabling them to support colleagues appropriately"

"More training so that we could feel confident that our colleagues will defend us and advocate for us if we experience harassment. I never felt able to ask for help when I've experienced harassment".

3% also selected the option 'not sure':

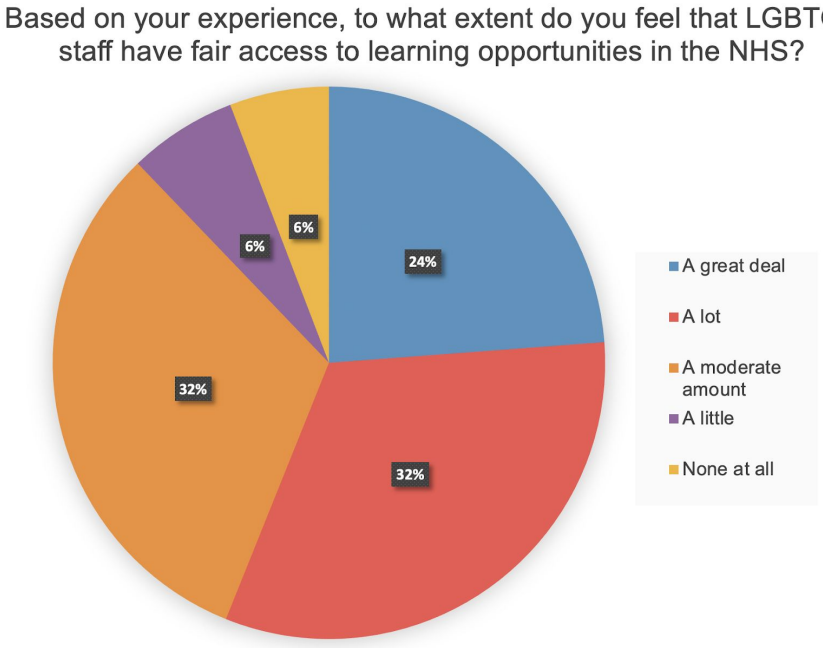
"In the past, a separate client had similar anxiety to know about my sexuality. He spoke to colleagues in another team about this, and they recorded all this on his patient record, naming me etc... Again, I wonder would they do this if someone was straight or there was some other aspect of their identity that was different from the mainstream".

"People can generally identify my sexuality without me verbally confirming it. I do wonder if on the (infrequent) occasions I have been met with aggression or conflict, whether this is a factor. On two occasions I have been unable to identify any other possible explanation".

Theme: 'We are always learning – we all have equal access to opportunities'

'Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression'

56% of respondents felt that there is fair access to learning opportunities (a great deal/a lot). 32% stated that there is a 'moderate amount' of fair access, and 12% a little or no fair access.



We asked a supplementary question how this could be improved:

"Very few of the training programmes I've seen: (i) explicitly include inclusion content (course content, learner objectives), (ii) actively encourage LGBTQ+ / diverse applicants (in their invitations, messaging) or (iii) monitor sexuality and trans history (in who's applying, who's accepted, learner feedback). So we're not sending the additional positive signals needed, and not monitoring different experiences, so how would we know?"

"Online mandatory training on equality and diversity training is terrible and subconsciously implies that the transwoman is dirty (role play on [e-learning platform])"

"Proper appraisals that actually focus on development"

What are the specific needs of LGBTQ+ staff in relation to People Plan themes: qualitative analysis

We conducted a thematic analysis of the survey responses and how they map against the People Plan themes:

Looking after our people

- Recognition:
  - LGBTQ+ staff and patients have specific experiences and needs
  - The one-size-fits-all approach isn't adequate
  - Silence in People Plan around LGBTQ+ ambitions

- Trans issues:
  - Urgent priority within LGBTQ+ issues including patient care and staff care
  - Use of pronouns
  - Computer systems causing problems for trans colleagues to update information
  - The need for strong support in the context of widespread transphobia

- Bullying and harassment requires direct response and action

Belonging in the NHS

- Intersectionality:
  - Need to recognise a wide range of experiences within the LGBTQ+ umbrella
  - Those facing additional barriers need particular support, especially with regards to race, disability, and job precarity

- Visibility:
  - The signage to be gender-neutral
  - Posters celebrating inclusion but must be supported by action
  - Use of inclusive/affirmative wording in job adverts

New ways of working and delivering care

- Data collection and monitoring:
  - The importance of accurate reporting to understand the size of LGBTQ+ workforce and different experiences
  - Monitoring data needs inclusive options and categories, especially for trans identities, and sexual identities including pansexual & queer

- Networks:
  - Staff networks to be resourced with funding and protected time, not voluntary work
  - Included in decision-making and policies

Growing for the future

- LGBTQ+ role models and leaders: 'out' leaders are few and far between, especially those from under-represented groups eg. trans leaders and LGBTQ+ BAME leaders

- Awareness training:
  - LGBTQ+ staff want to feel seen, counted, and valued
  - Bias training for recruitment panels
  - Training should be regular and include LGBTQ+ inequalities & case studies

Discussion and recommendations:

This survey set out to: 1) help understand the experiences of LGBTQ+ employees working for the NHS, 2) raise awareness of some of the key commitments in the NHS People Plan that will be of particular relevance to LGBTQ+ people, and 3) help inform future work on LGBTQ+ inclusion in the region and nationally. It highlighted some of the key issues faced by LGBTQ+ staff working in the South-East region.

The majority (88%) of the respondents identified as white, therefore, there is a need to expand this survey to allow for a more representative sample of BAME LGBTQ+ voices. 40% of the LGBTQ+ respondents also indicated that they have a disability/long term physical or mental health condition, 35% of respondents identified as having faith, and just over a quarter (26%) had caring responsibilities. These foci need to be taken into account to help broaden the understanding that specific interventions and an intersectional (across protected characteristics) approach is needed to help address the needs of the LGBTQ+ workforce.

Recommendations:

There is a wide range of resources available that describe what 'good' looks like in workplace LGBTQ+ inclusion, including suggestions from this survey (see Appendix) and the Stonewall Workplace Equality Index. NHS organisations also already have a range of data on LGB+ staff experiences (including NHS Staff Survey and analysis of data by ESR protected characteristic - although ESR does not yet record trans history (gender identity)).

The following recommendations address priority actions for NHS organisations, based on analysis of this survey data.

Belonging in the NHS highlighting the support and action needed to create an organisational culture where everyone feels they belong.

1. In spite of extensive publicity nationally and within the NHS, the NHS People Plan and its commitment to belonging has yet to reach all its people. 48% of our survey respondents said they had 'never heard of' the People Plan, and of the remainder, 80% said there was little or no clarity on its ambition for LGBTQ+ inclusion.

- **Articulate a clear, compelling vision for LGBTQ+ inclusion** that recognises the range of LGBTQ+ identities and highlights LGBTQ+ health and workplace experience inequalities (in particular for trans staff and staff with non-binary gender identities).
- Workplace culture requires much greater attention. With 22% of respondents experiencing bullying, harassment or abuse from staff (managers/colleagues), and 14% from patients, it is clear that more effective anti-abuse training and specific interventions are needed.

2. **In many cases, actions are already within the NHS People Plan – but not explicitly inclusive of LGBTQ+**. This matters because NHS organisations will be action planning based on exactly (but only) what the People Plan asks.

Examples of explicit inclusions:-

- Action on bullying, harassment, abuse & 'uncivil behaviour' – recognise the higher incidence among LGBTQ+ staff (as above)
- Action on violence in the workplace, Violence Reduction Standard – use of data to understand higher incidence among LGBTQ+ staff
- Remit of the Wellbeing Guardian – include awareness of LGBTQ+ health inequalities
- Access to psychological support – ensure it is culturally competent for LGBTQ+ staff (and, where appropriate, is bespoke to LGBTQ+ staff)
- National Health & Wellbeing Programme – include action specific to LGBTQ+ health inequalities, and evaluate the experience of LGBTQ+ staff
- Employer policies on sickness absence – recognise potential workplace causes (eg. bullying & harassment of LGBTQ+ staff) and be cognisant of LGBTQ+ health inequalities
- Opportunities to be physically active – recognise that eg. gendered changing facilities present barriers for trans and gender non-binary staff
- Flexible working – recognise (per NHS Staff Survey) that LGB+ staff report poorer access to flexible working opportunities

In summary:

- Complete a Due Regard/Equalities Impact Assessment on all the actions in the NHS People Plan
- In particular, consider positive opportunities for inclusion (Social Value, proactively addressing LGBTQ+ health inequalities etc.) – rather than auditing for inadvertent discrimination only at the end of the process

3. Various 'good practice in LGBTQ+ inclusion' standards already exist, eg. the Stonewall Workplace Equality Index – although this is not specific to the NHS/public sector (eg. is probably too generic on issues of care of LGBTQ+ patients/service users) and represents a longer-term development tool and process.

- Work with Stonewall, LGBT Foundation etc, to **rapidly develop a 'good practice in LGBTQ+ inclusion' guide/checklist/benchmarking tool for NHS organisations**
- **Work directly with LGBTQ+ Staff Networks.** With 40% of the respondents feeling that networks have either 'little' influence or 'none at all', LGBTQ+ Staff Networks require better recognition, executive sponsorship and financial resources to be enabled to contribute meaningfully
- Triangulate data against findings from the South-East (other regions, and potentially also a national) LGBTQ+ staff survey

Looking after our people particularly the actions we must all take to keep our people safe, healthy and well – both physically and psychologically.

4. Health inequalities experienced by trans and gender non-binary staff (people) are significant. The NHS has an opportunity, and obligation, as a large and progressive employer to ensure its own service provision for trans and non-binary staff is equitable and inclusive. Priority areas:-

- 64% either disagreed/strongly disagreed or remained neutral that the NHS recognises LGBTQ+ health and wellbeing needs
- More than 13,500 trans and non-binary adults are on waiting lists for NHS GICs (Gender Identity Clinics) in England, with some people having to wait three years for their first appointment. There has been a 40% increase in referrals over the past four

years, and demand is continuing to rise [13]. **Lobby for equitable access to GIC services**

- **Address technological barriers to safe and inclusive care for trans and non-binary patients/staff** (eg. e-requisitioning cervical cytology on trans male patients; gender-specific clinical protocols; clinical safety checks based on gender-presentation, eg. pregnancy, some medications)
- Work with CQC to ensure **cultural competence in clinical services for LGBTQ+ and trans/non-binary patients** is embedded in regulatory standards

5. *'Monitoring both sexual orientation and gender identity is far too important to be an aspiration rather than a concrete goal with clear timelines for delivery. The NHS needs to understand where the disparities are in order to formulate strategies to tackle them. This is especially true for the transgender population, where the LGBT Survey found that some of the greatest health disparities exist.'* [14]

- **Update Electronic Staff Record** (ESR) to include trans history (gender identity), non-binary identities (gender), and additional descriptions for sexuality that better reflect staff's self-described sexuality
- 40% of the respondents agreed that trans history should also be reflected in the NHS Electronic Staff Record
- Ensure NHS organisations are analysing results of the 2020 NHS Staff Survey by protected characteristic (incl. LGB+) to inform their action planning
- 26% of the respondents did not declare their sexual orientation. Help address the barriers to self-declaration via ESR by **clear communication of the purpose and use of the declared information**

New ways of working and delivering care emphasising that we need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.

6. Establish channels to hear the experiences of LGBTQ+ staff and co-design solutions:

[13] BBC News. 2020. Transgender People Face NHS Waiting List 'Hell'. [online] Available at: <https://www.bbc.co.uk/news/uk-england-51006264> [Accessed 23 September 2020].
[14] Publications.parliament.uk. 2019. Health And Social Care And LGBT Communities. [online] Available at: <https://publications.parliament.uk/pa/cm201919/cmselect/cmwomeq/94/94.pdf> [Accessed 24 September 2020].

- **Roll out the LGBTQ+ staff survey to all regions** and use the data to inform specific interventions to support the LGBTQ+ staff
- **Establish a directory of NHS LGBTQ+ Staff Networks and lines of communication** (with learning from the final report of the NHS Employers / University of York study into NHS LGBTQ+ Staff Networks)

7. '*We found it strange that the new SOM had been developed by NHS England but its use was not being mandated. Brighton & Sussex Medical School suggested to us that the reason for the collection being optional was due to the discomfort that health and social care professionals felt in asking the questions*.'[15]

- Work within NHS E&I to **establish the Sexual Orientation Monitoring Information (SOMI) Standard as mandatory** (eg. to enable analysis of Friends & Family data by sexuality; trans history is not included in the SOMI Standard)

Growing for the future particularly by building on the renewed interest in NHS careers to expand and develop our workforce, as well as retaining colleagues for longer.

8. A significant proportion of respondents described the impact and importance of having visible, engaged LGBTQ+ senior clinical and non-clinical NHS leaders (at employer, system, region, national levels), who are prepared to share their stories, speak to LGBTQ+ inclusion issues in their work, and represent the range of LGBTQ+ and intersectional identities.

- Only 24% agreed that there is a good representation of LGBTQ+ people at senior level. In continuing to publicise the NHS People Plan, **identify opportunities to showcase the range of LGBTQ+ identities and broad range of roles undertaken by LGBTQ+ staff**

[15] Publications.parliament.uk. 2020. Health And Social Care And LGBT Communities - Women And Equalities Committee - House Of Commons. [online] Available at: <https://publications.parliament.uk/pa/cm201919/cmselect/cmwomeq/94/9405.htm> [Accessed 25 September 2020].

- Extend this approach to arms-length bodies and associated organisations (eg. those promoting pathways into NHS careers, those commissioning/delivering leadership & lifelong-learning programmes)

Appendix:

Inclusion Suggestions from Survey

Senior Leadership & Communications

- Articulate a clear, compelling vision for LGBTQ+/wider inclusion (eg. shared stories, showcasing best practice)
- Personal interest and leadership of CEO is critical
- Strong leadership statements of support are important, but concrete action also needs to back up words (internally and externally), and open reporting of progress
- Explicit acknowledgement of intersections, and appropriate links between inclusion workstreams (BAME LGBTQ+, Disabled LGBTQ+ etc.) – recognises complex, 'lived experiences'
- Trans & non-binary issues (health and employment inequalities) need individual reference, and associated actions
- Also important to recognise history of bi-erasure, bi health and workplace inequalities, lack of visibility of bi role models
- Use platforms to lobby re LGBTQ+ health inequalities (eg. wait of up to 10 years for first Gender Identity Clinic appointment, provision of medical treatment up to a further two years later) – impact on trans & non-binary staff
- Ensure all corporate messaging (images, language etc.) is inclusive and representative
- Visible displays of support (eg. pronouns on name badges, pronouns on email signature, standardise introductions at meetings to include preferred pronouns, LGBTQ+ rainbow pins/lanyards)
- Wider visibility of LGBTQ+ staff, senior leaders, personal stories ('role models') – important to have at system/regional/national level as well as individual employers, and diversity within LGBTQ+ umbrella (not solely white, cis, middle-class gay men)
- Internal and external-facing websites that refer to LGBTQ+, include the Staff Network page, should be 'audited' to check for inclusive language and signposting on other webpages, include representative images, use of gender-inclusive/non-specific language

- Encourage/support senior LGBTQ+ staff to use their skills and platforms to more explicitly support LGBTQ+ inclusion
- Recognition of value and contribution of LGBTQ+/wider inclusion work (eg. in Staff Appraisal / Professional Development Plan)
- Create a Board role for Inclusion (from BAME, LGBTQ+, Disabled communities themselves)

Strategy Development

- NHS strategies for staff inclusion, belonging, engagement etc. should reference LGBTQ+ explicitly, recognise health inequalities (esp. LGBTQ+ mental health) and employment disparities
- Engage LGBTQ+ staff/groups/Networks in developing strategies – they have expertise on the 'how to' and 'what good looks like'
- Include 'engagement with Staff Networks', 'consideration of positive inclusion/Social Value opportunity' in standard documentation (eg. Business Cases, Cost Improvement Plans, capital bids, Charity bids, HR/employment policies, organisational strategies) – document, audit inclusion
- Resource Staff Networks to be able to engage meaningfully
- Board-approved LGBTQ+ inclusion strategy

Staff Networks

- Supported, formally established (recognised) LGBTQ+ Staff Network
- Paid Network Leads/officers (reasonableness in what LGBTQ+ staff and Allies are expected to do in own time)
- Administrative support for Networks (eg. newsletter, to survey/engage Network members, organise meetings, publicise the Network to new starters)
- Support for staff members to attend (encouragement, cross-cover without having to feel guilty)
- Ask LGBTQ+ staff and leaders their views – draw on their experience, expertise, commitment
- Regular meetings between Network and Executive Sponsor, and eg. Board Lead for Inclusion

- Benefits of Networks' collaborating, sharing learning
- Balance higher profile activities (eg. Pride) with practical work to improve the workplace experiences of LGBTQ+ staff at the frontline
- 'LGBTQ+ inclusion is for life, not just for Pride' – ongoing engagement, and when feedback from LGBTQ+ staff is less welcome, not just for 'high profile' events

Data Monitoring

- Ask LGBTQ+ staff and local communities, and listen
- Count us (staff experience, patient experience) – understand differences in LGBTQ+ staff and patient experience, qualitative and quantitative data, systematic improvement
- Implement SOMI (align Corporate Data, staff training, Patient Experience, patient privacy, data reporting etc.)
- Use NHS Staff Survey – analyse data by protected characteristic, embed in action planning
- Check whether LGBTQ+ staff are over-represented in HR processes (eg. sickness absence, disciplinary, capability)
- Exit interviews/processes that safely support leavers to say why they are leaving (eg. LGBTQ+ bullying or harassment, not made to feel welcome)
- Support job applicants and employees to share their sexuality confidentially on ESR (explain how data will/won't be used, who can access it/data protection controls etc.), make it easy to update data; follow-up periodically to invite staff to update (and explain why, Network support)
- Lobby to include trans history (gender identity) in ESR (currently gathered via Trac, but then discarded); pronoun options
- Guidance for people writing surveys, researchers etc. on asking the protected characteristics questions appropriately (cf. the BSUH guide); include common descriptors (eg. pan/sexual); where possible, include freetext for respondents to self-describe
- Use surveys (eg. bespoke questions in NHS Staff Survey) to identify inclusion 'coldspots' that require targeted management and staff support

Support & Development

- Better mandatory staff training on LGBTQ+ issues (LGBTQ+ identities, health inequalities & impact of Covid-19, structural inequalities, stereotyping, appropriate and affirming language, workplace experiences etc.) – a number of respondents said that EDI STAM training was not fit-for-purpose, is too infrequent, and can't be delivered effectively through 100% online learning
- Mandatory management training on LGBTQ+ issues (eg. unconscious bias, cultural competence, leading inclusive teams)
- Take opportunities to support staff development (eg. when issuing name badge with preferred pronouns) – 'make every contact count'
- Board & Governor level training (LGBTQ+ health inequalities, language, public health & Social Value opportunities, LGBTQ+ workplace inclusion, person-centred narratives etc.)
- Talent management to support LGBTQ+ staff (mentoring/coaching, Stonewall LGBTQ+ leadership development, career management support, secondment opportunities, 'positive action pathways' to train future leaders, support to access Darzi Fellowships and GMTS etc.)
- Organisations (incl. arms-length bodies) should explicitly include LGBTQ+/wider inclusion into all training & development commissioned (learner objectives, marketing, recruitment/selection, evaluation)

Employment Policies

- When developing policies, consider LGBTQ+ inclusion/wellbeing opportunity upfront and as core objective, not only at the end to check for potential discrimination or treated as a tick-box exercise
- Clear processes for how 'zero tolerance' will be affected
- Mechanism for staff to safely report homo/bi/transphobic behaviour (but often senior staff, whose behaviour is well known)
- Clear statements of behaviours that are considered unacceptable
- Equitable access to flexible working opportunities – esp. management training (recognition that LGBTQ+ people have children, and other caring responsibilities,

shouldn't always be expected to take A/L outside school holidays); monitor data (eg. NHS Staff Survey, rostering software) to check fairness

LGBTQ+ Health & Wellbeing

- Named LGBTQ+ health & wellbeing lead in each organisation
- Training for Health & Wellbeing Leads/HRBPs on equity vs equality (need for tailored messaging, tailored support, and/or bespoke LGBTQ+ support – eg. smoking cessation)
- Pool of 'experts by experience' - available to provide input
- Ensure 'generic' staff support resources (eg. Freedom to Speak Up, Human Resources, staff counselling, staff signposting services etc.) are trained and selected to be culturally competent
- Support for LGBTQ+ staff in least secure employment (Bank-only workers) to be able to speak up and report issues
- LGBTQ+ specific support, counselling locally (esp. re mental health, workplace issues) – poor access to culturally competent services contributes to inequalities
- Specific action on workplace violence, bullying, harassment, 'uncivil behaviours', exclusion (by managers, colleagues of LGBTQ+ staff) – leadership to acknowledge and talk about this, recognition of impact of microaggressions, 'biological weathering' etc
- Specific action on violence and abuse towards LGBTQ+ staff from patients or visitors/family members
- Make the process for LGBTQ+ staff to report bullying much easier, higher profile, safer, more supportive (eg. training to ensure person reporting to is culturally competent, understands the issues), taken seriously
- Use case study examples (appropriately anonymised) to train managers and staff (eg. 'low level homo/bi/transphobia', 'banter', 'joking')

Patient Care

General sense in comments that LGBTQ+ inclusive patient care and workplace experience go hand-in-hand, and work to develop one supports the other:-

- Recognise that LGBTQ+ patients have different experiences of healthcare than straight or cis patients (eg. stigmas, misperceptions, discriminatory/non-inclusive language or processes)
- Proactive policy on abusive patients that LGBTQ+ staff will feel protects and supports them (eg. telling LGBTQ+ staff to hide their identities is not appropriate management response)
- Inclusive/gender-neutral terminology in patient information
- Proactive support for the range of quality/access/safety issues faced by trans and non-binary patients
- Work through how to replace inclusion signifiers (Trans/Pride flags, lanyards etc.) in video or phone consultations
- Include inclusion in patient experience feedback
- Commissioners of healthcare services should be commissioning for inclusion (recognising LGBTQ+ health inequalities, ensuring LGBTQ+ patients' experience is monitored etc.)

Social Value / Community Engagement

- Joint services with local community groups – benefit of community engagement, development, as well as LGBTQ+ tailored serviced
- Organisations formally participating in local LGBTQ+ community events (eg. Pride, Trans Pride)

Professional Education & Practice

- More teaching on LGBTQ+ and Trans/Non-Binary healthcare issues in undergraduate medical and nursing curricula
- LGBTQ+ inequalities and experiences should be a 'golden thread' running through all pre/post-registration teaching
- De-gender nursing titles (eg. Ward Sister)
- De-gender staff uniforms (currently difficult for non-binary or gender non-conforming staff)

Recruitment & Selection

- Ensure inclusion is the golden thread (Person Specification, Job Description, advert) not just generic preamble
- Refer to/include material from LGBTQ+ Staff Network in advert
- Resource Staff Networks to be able to support prospective job applicants (eg. talk about employer's LGBTQ+ inclusion)
- Advertise all jobs and secondments
- Stop inviting senior applicants to submit by/with CV
- Mandatory training for recruiting managers (research findings re unconscious bias, practical exercises to promote fairness, signalling inclusion – use of pronouns etc.)
- Reaching-out via LGBTQ+ Staff Networks, forums, external media to encourage LGBTQ+ applicants – particularly important for more senior roles (Bands 8c/d/9, Director/Board, NED, Governor) where existing networks, or recruitment via agency, likely to apply
- LGBTQ+ inclusive images and staff stories in recruitment (cf. BSUH 2019 #BelongHere LGBTQ+ recruitment campaign)
- Interview questions with inclusion as 'golden thread' (eg. in model answers) – not just one 'equality question' at the end; model interview questions/answers for interviewers (doubles up as training)
- Ensure robust selection processes that test for non-inclusive attitudes (eg. through Situational Interviewing, Values-Based)
- Survey unsuccessful applicants to gauge experience (incl. of LGBTQ+ inclusion, signalling)
- Systematic review/overhaul of recruitment selection processes (NHS People Plan)

Organisational Benchmarking

- Broad participation in Stonewall WEI (Workplace Equality Index)