

Executive Management Office
Box 146, Addenbrooke's Hospital
Cambridge Biomedical Campus
Hills Road, Cambridge, CB2 0QQ

T 01223 216832
E david.wherrett@addenbrookes.nhs.uk
W www.cuh.nhs.uk

Ref: DW/JEL

14 October 2021

Prerana Issar
NHS Chief People Officer
Skipton House
80 London Road
London
SE1 6LH

Dear Prerana

Re: The NHS Inclusion agenda

The LGBT+ staff network at Cambridge University Hospitals joins with so many across the Trust and the wider NHS to welcome the steps that are being made to address the long-standing inequalities that Black, Asian and ethnic minorities as well as staff with long-term physical or mental health conditions face day-to-day within our workplaces. The CUH LGBT+ network stands alongside our other staff networks in promoting the inclusion agenda; we strongly believe that an organisation which values difference and inclusion in all its forms is a stronger organisation, better able to deliver outstanding services to the population we are here to serve.

It is of concern to us, the CUH LGBT+ network, that the issues facing the LGBTQIA+ community must hold an equal weight or profile as those of protected characteristics mentioned above. Indeed the focus on ethnicity and disability, in the eyes of some, means that the LGBTQIA+ agenda no longer warrants action, allowing some senior leaders to feel justified in saying 'we are not working with the LGBT+ community, our focus is on ethnicity and disability', an approach that is inconsistent with the principles and approach of inclusion or indeed intersectionality.

You will be aware that, generally, things within the NHS improve when there is a concerted effort, tracking of meaningful data, and the expectation of an action plan and engagement with leadership communities to shape action and engagement, and guide improvement. We have requested through various routes a service wide equality standard similar to the Workplace Race Equality Standards and Workplace Disability Equality Standards be implemented for LGBTQIA+ staff, and have been repeatedly told this is not viewed as

necessary/beneficial to those staff groups, and that our inclusion focus should be limited to race and disability. Some suggest that the action undertaken, including through the WRES and WDES activity will in its turn benefit the LGBTQIA+ community. As a network we reject this 'trickle down' approach and reiterate the principles of inclusion where anyone who may be marginalised or excluded finds their equal place in the NHS. Dr Michael Brady, National Advisor for LGBT Health, agreed that models such as WRES/WDES are good for influencing change when he spoke to our organisation on 15 February 2021¹.

At present the work done to benefit LGBTQIA+ staff in the NHS is only happening due to the proactive approach taken by some (but by no means all) Trusts and workplaces, working with and supporting their staff networks to influence organisational change. However, at this moment in time, NHS workplaces only have to ensure equal treatment under the Equality Act 2010. This means they do not have to help create and support these networks, which can lead to the unique issues of LGBTQIA+ staff being overlooked. While we agree workplace standards alone do not solve inequalities, it is a starting point and we strongly believe this must be implemented urgently for LGBTQIA+ staff, with the full benefit from national, regional and system support. There are legions of passionate, skilled and driven individuals across the NHS who are watching the approach being taken across the NHS and who would be only too willing to take on leadership roles. Our request is that the bodies that you lead demonstrate your support for the LGBTQIA+ agenda as you so clearly have for other minority groups.

When civil marriage was legalised for same sex couples there was a resounding message from the LGBTQIA+ community: this is not the end. However, we respectfully suggest that your attitude and action in support of LGBTQIA+ communities is not heard, it is not loud enough. The NHS as a collective needs to be hearing that message and acting on it. Same sex marriage may be legal, but LGBTQIA+ staff:

- Still experience harassment in the workplace with almost 1 in 5 LGBT staff experiencing negative comments from colleagues². 1 in 8 transgender staff are physically attacked in the workplace².
- Trans staff are afraid to be themselves in workplaces due to how hostile society is towards them; over 50% of non-binary transgender staff are not 'out' at work and living their authentic selves³.
- Those who identify as bisexual or on the ace spectrum face challenges due to lack of understanding/education on what it means to have these identities, with almost 2 in 5 bisexual staff hiding their sexuality².
- A shocking 1 in 10 NHS staff have expressed a belief that someone can be 'cured' of being LGB⁴, with 1 in 8 LGBT people experiencing unequal treatment from healthcare staff due to their identity⁵.
- Over 50% of LGBT people experience depression and almost half of trans people have considered taking their own life⁵. LGBT people remain at a significantly higher risk of suicide compared with heterosexual/cisgender people.

Overall, more than a third of LGBT+ staff do not disclose their sexuality/gender identity or actively hide it².

Imagine the strain of living a double life and keeping a huge part of yourself hidden from the world. Imagine feeling you are not fully able to confide in your colleague or manager. We are expected to speak to our leaders, managers and colleagues when serious issues such as bullying or bereavements occur for support, but 1 in 8 LGBT people would not report incidents of homophobic or biphobic bullying in the workplace, and 1 in 5 trans people would not report incidents of transphobic bullying in the workplace². For both groups, they either

lacked confidence in management to resolve the issue or were worried it would worsen the situation.

These figures show that many LGBTQIA+ people have grown so accustomed to discriminatory comments that they don't bother to speak up. Only reporting when it's a much more severe incident. This in turn leads to lower reporting in general and can create the picture that LGBTQIA+ people are looked after in the workplace, which does not match the reality.

We ask that in the spirit of inclusion, and in the spirit that we should all be able to bring our whole lives to work in the NHS you take steps to establish a framework for, and focus on, the LGBTQIA+ community. Our request is that you bring the passion and focus on to this agenda as you have to others, that the service must create an equality standard for LGBTQIA+ staff to match those for people of colour and disabled staff; **our need for protection is of equal value, as stated in the Equality Act 2010** - and your leadership in this area would support this proud and important community in their experience in the NHS family.

We are very happy to discuss this letter and the view of our network with you directly.

Yours sincerely



David Wherrett

Director of Workforce for and on behalf of
LGBT+ Staff Network, Cambridge University Hospitals NHS Foundation Trust

Chair: Lily Martin – lily.martin@addenbrookes.nhs.uk

Secretary: Alex Montgomery – alex.montgomery@addenbrookes.nhs.uk

Executive Sponsor: David Wherrett – david.wherrett@addenbrookes.nhs.uk

References:

1. <https://www.youtube.com/watch?v=L-NsHN9rs2c> (Timestamp: 34:20 – 38:10)
2. https://www.stonewall.org.uk/system/files/lgbt_in_britain_work_report.pdf
3. <https://www.scottishtrans.org/wp-content/uploads/2016/11/Non-binary-report.pdf>
4. https://www.stonewall.org.uk/system/files/unhealthy_attitudes.pdf
5. https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf