

**Ealing Hospital NHS Trust –  
Integrated Care Organisation & North  
West London  
Hospitals NHS Trust**

**Equality Impact Assessments Form:  
A record of the assessment**

**Function/ policy being assessed:**

The proposed merger of Ealing Hospital NHS Trust and the North West London Hospitals NHS Trust – Full Business Case

**Directory/service/corporate  
function/policy/strategy/scheme/business  
case**

Full Business Case

**Date of assessment:**

02/04/12 – 27/04/12

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**1 Aims of the function/ policy/document**

To present a full business case for the merger of Ealing Hospital NHS Trust – Integrated Care Organisation (EHT-ICO) and the North West London Hospitals NHS Trust (NWLHT)

## 2 Current achievements and fact finding

Sources of information used, with references, location or links.

Anything you have learnt from previous consultation results with references or links. In particular any evidence you may have that impacts upon: **age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation and human rights**

### **NWL Integrated Strategic Plan 2010**

This document provides information on health needs across North West London including:

Population size

Age structure

lifestyle related diseases

This information is used to assist in clarifying the health needs of groups that fall within protected characteristics in Brent, Ealing and Harrow.

### **2010 Borough Health Profiles Department of Health**

This document shows that the cultural diversity and high levels of immigration across Brent, Ealing and Harrow lead to specific common challenges. These include:

High levels of infectious diseases

Higher rates of illiteracy

Language difficulties

This information has been used to inform the EQIA process.

### **Equality and Human Rights Commission - Meeting the equality duty in policy and decision making**

<http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/news-and-updates-on-the-equality-duty/>

This document provides valuable guidance on how to ensure equality considerations are embedded into decision making processes and has informed the EQIA process.

The public sector equality duty (the equality duty) is made up of a general equality duty which is supported by specific duties. The 'public sector equality duty' is the formal title of the legislation, the 'general equality duty' is the overarching requirement or substance of the duty, and the 'specific duties' are intended to help performance on the general equality duty.

The general equality duty requires public authorities, in the exercise of their functions, to have due regard to the need to:

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

These are often referred to as the three aims of the general equality duty. The functions of a public authority include all of their powers and duties. This means everything that they are required to do as well as everything that they are allowed to do. Examples of this include: policy decisions, budgetary decisions, public appointments, service provision, statutory discretion, individual decisions, employing staff and procurement of goods or services and in the instance of the NWLH NHS Trust and Ealing ICO the document entitled:

### **Stronger together**

#### **The proposed merger of Ealing Hospital NHS Trust and the North West London Hospitals NHS Trust - Full Business Case**

The Equality Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.
- Encouraging people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

It states that meeting different needs involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups.

### **The general equality duty and policy and decision-making**

Both Ealing ICO and NWLH NHS Trust are required to have due regard to the aims of the general equality duty when making decisions and when setting policies. Understanding the effect of policies and practices on people with different protected characteristics is an important part of complying with the general equality duty. This can help both organisations to consider whether the policy will be effective for all sorts of different people. For example, does a particular policy meet the needs of people with protected characteristics? Does it minimise disadvantages faced by them? It can help to identify any negative impacts or potential unlawful discrimination, as well as any positive opportunities to advance equality. Identifying these areas may help both Trust's to develop practical courses of action to mitigate negative consequences or to promote positive ones.

Having due regard to the aims of the general equality duty is about using good equality information and analysis, at the right time, as part and parcel of decision-making processes.

Giving due regard to the relevance and proportionality of strategies, policies, functions and services assists the Trust to consider equality, diversity, and human rights. It also helps decide if an impact assessment is required and prioritizing these.

Due regard comprise two linked elements: relevance and proportionality.

**Relevance** may be identified using the following factors:

- The extent to which a service is or is not used by particular groups of people.
- Whether the strategy/policy relates to functions that previous consultation has identified as important
- If different groups have different needs or experiences in the area the policy relates to

**Proportionality** ensures that we can focus our effort and use our resources most effectively. There is little to be gained by carrying out an impact assessment of strategies, policies, services, and functions which are clearly not relevant. However, if an important strategy, policy, service or function is left out because relevance has not been identified; the proposal to merge is left vulnerable to legal challenge and implementing poor decisions.

Those areas with greater relevance will include, for example: changes to service delivery (including withdrawal of service), recruitment or pay policies and policies that set quality standards for others to follow. These should always be impact assessed.

Those with less or no relevance will include the internal systems, for example for processing travel expenses. It is likely that looking at such policies, services and functions to decide if they are relevant for equality, diversity, human rights and integration will be sufficient to show that due regard has been taken.

The weight that is given to equality, diversity, and human rights should be proportionate to its relevance to a particular strategy, policy, service or function. The greater the relevance of a strategy, policy, service or function to equality, diversity, cohesion and integration the greater regard that should be paid. This is the approach that has been taken with chapters and specific elements of the Full Business Case (FBC)

This assessment is crucial to enabling due regard. It will assist to fully understand the relevance and effect of the FBC and help in identifying the most proportionate and effective responses.

Table one identifies each chapter in the FBC, whether any of that chapter content is relevant to the equality, diversity and human rights (EDHR) agenda, and whether the likely impact on EDHR is likely to be negative, positive or neutral. It is possible to have all three impacts, and the equality impact recommendations then aim to accentuate the positive and mitigate, as far as possible, the likelihood of negative impacts emerging.

TABLE 1

<b>Chapter</b>	<b>Component of the Full Business Case (FBC) being assessed</b>	<b>Is this Component relevant to the equality agenda? Yes / No</b>	<b>Initial assessment of potential impact (Positive, negative or Neutral)</b>
3	<b>Profile of the trusts</b>	Yes	Neutral
4	<b>Commissioning Strategy In North West London</b>	Yes	Neutral
5	<b>The Case For Merger</b>	Yes	Positive
6	<b>Clinical Vision For The New Organisation</b>	Yes	Positive
7	<b>Clinical Benefits For The Merger</b>	Yes	Negative and Positive
8	<b>Financial Evaluation</b>	Yes	Negative and Positive
9	<b>The New Organisations Structure And Governance Arrangements</b>	Yes	Negative
10	<b>Engagement And Involvement Of Stakeholders</b>	Yes	Positive
11	<b>Integration And Implementation Plan</b>	Yes	Positive and Negative

This section of the paper takes each of the FBC chapters where we have identified relevance to the EDHR agenda, and for each of these chapters sets out the key relevant EDHR components of that chapter, gaps that have been identified in that chapter in respect of the equality component, and recommendations as to how best to address these gaps.

## **Chapter 3 Profile of Trusts**

### **Key issues covered in this chapter of relevance to EDHR**

- Significant, long standing health inequality in North West London Cluster
- Diverse needs of local community
- Diversity of North West London
- Poor patient experience survey results
- Breaches against national standard for mixed sex accommodation

This chapter sets out background information to the two Trusts and as such is **considered neutral** with regards to impact on equality

## **Chapter 4 Commissioning strategy in North West London**

### **Key issues covered in this chapter of relevance to EDHR**

- Demographic factors and changes to the population served
- Epidemiology and changes in patterns of disease
- Changes in clinical practice
- Workforce factors, including education and training

### **Positive impact**

The FBC makes as part of its case for change To improve experience mention of:

“the high levels of cultural diversity and immigration leading to specific common challenges common across all three Boroughs - high levels of infectious diseases, higher rates of illiteracy, and language difficulties which can make it hard for people who access services” (pg 42-43)

and of the desire to enable old people to live more independently (pg56). This clearly links into the legislative requirements to:

- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.

### **Gaps**

Although ethnicity and age are touched upon briefly, information on other protected characteristics as service users could have strengthened the case for change as links could have been made with the increasing prevalence of lifestyle-related diseases such as heart disease and diabetes with gender, disability etc.

This chapter deals with the commissioning strategy and intentions as decided by the NW London Commissioners. As such although the questions to be asked relate to the potential

impact of the strategy and intentions on the FBC. **The potential impact on equality is assessed as neutral.**

## **Chapter 5 Case for Merger**

### **Key issues covered in this chapter of relevance to EDHR**

- The merger will bring together complementary services across a range of acute and community provision. Greater critical mass will allow the new Trust to meet the quality standards for acute care.
- The potential for integrated services across acute and community services will leave the new Trust ideally placed to support the move of care from hospital to community-based services

### **Positive Impact**

The new Trust vision clearly implies that **all service users** regardless of protected characteristics are of equal importance. This is through the use of the phrase 'best quality healthcare'

"We will provide the best quality healthcare in the best place: home, community or hospital, by being responsive innovative and ambitious"

The new Trust promise to patients is clearly articulated on the principles of human rights e.g.

To treat you with dignity and respect

To show compassion by finding the time to listen and talk and do the small things that matter so much to you

The new Trust set of expectations which describe how the new organisations will be experienced by patients, staff and stakeholders are clearly based upon the principles of equality and human rights. (Pg 73, Table 8)

**The potential impact on equality is assessed as positive**

## **Chapter 6 Clinical vision for the new organisation**

### **Key issues covered in this chapter of relevance to EDHR**

- How the new Trust will improve the patients, carers and families' experience;
- How the merger will improve medical and nursing education and training;

### **Positive Impact**

The shared service vision is built upon principles of equality and human rights



“A high quality patient, carer and staff experience with-

Personalised care

Strong culture of patient safety and minimising harm

Excellent patient information

No unnecessary waiting times Effective and timely decision making

High quality training and development

Culture of innovation and research

We will have high levels of patient satisfaction and experience” (pg90)

There is some use of equality data alongside clinical data to articulate the need for change. This is particularly useful when discussing the Inner NWL Integrated Care Pathway focussing on elderly care and diabetes.

There is a clear link to equality legislation when discussing the desire to achieve high rates of staff satisfaction:

- Become the employer of choice
- Achieve high rates of satisfaction and attainment from medical, nursing and other trainees/students being trained within the Trust
- Increased opportunities for multidisciplinary learning in a wider care setting centred around patient pathways
- Increasing contribution to research and innovation in the NHS (pg95)
- Provide the highest quality of care to a diverse local population (pg97)

and similarly when referring to staff access to education and training:

- Assure equitable provision of learning opportunities are available within the merged organisation
- Meet the education and training needs of a diverse and increasingly complex workforce, with new structures, roles and new ways of working (pg107)

## **Gaps**

Evidence of robust baseline equality data for catchment area for new organisation

Evidence of corporate ‘Knowledge’ of communities in the catchment area for new organisation

Evidence of current (in)equity of access across all protected characteristics

Evidence of effective measures to address low levels of staff satisfaction

## **Recommendations**

Collate robust baseline data of local communities for the new Trust based upon protected characteristics to be ready for when new Trust becomes a legal entity

Collate database of local organisations that represent different protected characteristics within the catchment area served by new Trust

**Although there are some gaps in the information used to present the clinical vision for the new organisation the potential impact on equality is assessed as positive.**

## **Chapter 7 Clinical and patient benefits of the merger**

### **Key issues covered in this chapter of relevance to EDHR**

- The merger will bring direct benefits to patients with improved clinical outcomes, better patient experience, more equitable access to specialist care and improved access to care closer to home.

### **Positive Impact**

The FBC recognises that in delivering the change there will have to be input from staff and service users as such the following actions have been taken:

The Communications & Engagement Plan sets out how the Trust will consult and engage with multiple stakeholders regarding the future changes.

Organisational Development and Human Resources Strategies describe the mechanisms and support that will be used to manage change and support our staff in the merged organisation. The Organisational Development Strategy also identifies the need to develop a comprehensive training and development programme to ensure the right staff and skills are in place and it describes the initiatives and interventions that will be utilised to achieve this. (pg122)

### **Gaps**

This chapter is concerned with the clinical and patient benefits of the merger and also how support delivering this change however it fails to take into account:

Evidence of EDHR as a business critical function to deliver the change

Clear articulation of the mechanism for embedding Human rights, Equality & Diversity into Clinical delivery

Evidence of supporting ICT information Systems to enable and support the implementation of statutory and non-statutory equality duties.

### **Recommendations**

EDHR team to work with clinical divisions and local communities from outset to help set up corporate and directorate equality objectives for new Trust.

New ICT systems including intranet to have equality analysis carried out in order to ensure that systems are accessible.

**Due to equality diversity and human rights not being listed within delivering the change sections the potential impact on equality is assessed as negative and positive.**

## **Chapter 8 Financial evaluation / LTFM**

### **Key issues covered in this chapter of relevance to EDHR**

- This chapter summarises the financial benefits of merger. It then describes the long term financial model and looks at the new Trust's projected financial performance and position over the period 2012/13 to 2016/17.
- The new Trust will deliver merger savings of £7m between 2012/13 and 2014/15, through management and back office restructuring and clinical and non-clinical procurement efficiencies.

### **Gaps**

The primary focus of this chapter is to summarise the financial benefits of the merger however in doing so very little information is given on how the £7m will impact on staff beyond management and back office restructuring. As such there is a very real possibility of a negative impact on staff groups by protected characteristics if redeployment or redundancies are a factor. Issues include:

Recruitment and retention of suitably qualified staff

Representation at senior levels following staff reduction plans especially BME staff

Redundancies

Staff reconfiguration and impact on flexible working arrangements

### **Recommendation**

The Trust should adopt the following process for all restructuring in order to ensure that processes are deemed to be transparent, fair and equitable.

### **Proposed methodology**

Stage 1: Initiation

Analysis of baseline staff equality data considered in case for review

Stage 2: Review

Further analysis of staff equality data if required)

Assess how equality groups could be impacted in options for change identified

Identify and implement actions to mitigate negative impact or to promote equality

Stage 3: Restructure

Analysis of pre and post equality data

Assess how equality groups could be impacted

Identify and implement actions to mitigate negative impact or to promote equality

#### Stage 4: Post restructuring review

Review how equality impact has been considered

Identify and implement actions to mitigate negative impact or to promote equality

#### Stage 5: Compulsory redundancy

Institutional analysis of staff equality data

Identify and implement actions to mitigate negative impact or to promote equality

In addition the Trust should ensure that interview panels are a mix of protected characteristics where ever possible and that panellists have been trained in interviewing techniques.

**Due to the potential impact on the workforce the potential impact on equality has been assessed as negative and positive.**

## **Chapter 9 The new organisation's structure and governance arrangements**

### **Key issues covered in this chapter of relevance to EDHR**

- Proposed Board and subcommittee structure including details of non-executive and executive director arrangements
- Performance reporting tool for new organisation
- Clear governance and accountability for the delivery and mainstreaming of equality, diversity and Human Rights in all areas of policy development, service delivery and workforce development.

### **Gaps**

Agreed framework for identifying Equality objectives and measuring success.

Evidence of how Board leadership – roles and responsibilities of new board – will be aligned with Equality, Diversity and Human Rights requirements

Compliance with Public Sector Equality duty (Post & Pre-merger)

Priority given to EDHR within a governance framework

Clear articulation of the mechanism for embedding Equality, Diversity and Human Rights

Evidence that the proposed Integrated Performance Management Systems will take account of Equality and Diversity

Appropriately resourced corporate Equalities and Human Rights function

## **Recommendations**

New Trust to prepare and publish Equality Objective from date it becomes a legal entity.

The supporting Equality and Diversity Strategy proposes a structure within which an Equality, Diversity and Human Rights Committee reports directly to the Board. This is not reflected in the paperwork forming chapter 9. Evidence shows that equality initiatives tend to fail unless they allow both for a specific, focussed drive looking solely through the lens of equality and a rigorous approach to mainstreaming the issues across all work streams. The proposed governance structure may be a standard one recommended by Monitor. But the new Trust will be one of the most diverse in the country is not serving a “standard” population, and needs an Equality Committee to ensure these issues are never allowed to fall off the agenda. Monitor’s governance structure was also deemed to be not suitable for BELH which serves a similarly diverse population. As a result BELH have adopted a structure where the Equality Diversity and Human Rights Committee reports directly to the Trust Board.

The supporting Equality and Diversity Strategy commits the Trust to implementing the Equality Delivery System. The Trust should make a public declaration to this effect so as to assure its local communities of its intention to continue its equality, diversity and human rights work.

Requirements of the Equality Act to be included in the board development programme – so they are fully aware of and able to meet the requirements of the Equality Act

Performance management metrics to clearly incorporate equality, diversity and human rights metrics.

**Due to the EDHR committee being removed from the highest level of governance responsibility and the lack of detail on monitoring of compliance with the Equality Act the potential impact on equality has been assessed as negative.**

## **Chapter 10 Engagement and involvement of all stakeholders**

### **Key issues covered in this chapter of relevance to EDHR**

- This chapter provides an overview of communications and engagement activities regarding the proposed merger. It also includes a summary of the key themes raised by stakeholders and the Trusts’ responses to these themes.
- Again it is important to keep in mind that the FBC is proposing a merger of organisational change and not service reconfiguration. The Trusts took advice from NHS London and legal representatives regarding statutory duties on consultation regarding merger. This advice was that under Section 25 of the NHS Act 2006 (National Health Service - Consultation on Establishment and Dissolutions - Regulations 2010) both Trusts were required to consult with their Local Involvement Networks (LINKs) in relation to their proposed dissolutions. In addition both Trusts recognised the importance of, and made a commitment to, engaging with a broader group of local stakeholders.

## **Positive Impact**

In order to ensure that information on the merger was as widely available as possible a document was produced entitled 'Stronger Together'. This was available in hard copy, through Trust websites and LiNKS websites. It was offered in large print, audio, Braille and a variety of different languages on request. A poster was published and put up around the Trusts' sites to encourage people to pick up a copy of the document. More than 12,000 copies have been circulated.

## **Gaps**

Much of the feedback has focussed on potential changes to services even although no service reconfiguration is proposed within the FBC. Moving forward it is important to re-emphasize for local communities a) this is only an organisational change merger and b) the commitment of the new Trust to engage as fully as possible should service reconfiguration issues arise in the future.

## **Recommendations**

The communications and engagement programme leads should make full use of the existing BME networks and any other staff networks to engage with them as critical friends when carrying out further consultation work

**The potential impact on equality has been assessed as positive.**

## **Chapter 11 Integration and implementation plan**

### **Key issues covered in this chapter of relevance to EDHR**

- This chapter describes how integration will be achieved, explaining the phases of transition, key activities and milestones and how the merger process will be managed.

## **Positive Impact**

Clear reference is made to the draft Equality and Diversity Strategy.

There is a commitment that workforce numbers are to be reduced only after following all opportunities across the two Trusts for re-deployment using a range of HR initiatives

Although not mentioned explicitly in the FBC discussion with the HR & OD work stream programme director has revealed that equality, diversity and human rights makes up one of the five work streams under this heading.

## **Gaps**

Equality analysis on merger programmes and work streams

Measures or process to ensure, maintain and monitor consistent and improved patient experience in regards to the different protected characteristics within the crucial first year.

Data and related tools to support clinical and non-clinical work streams in the implementation of equality objectives

## **Recommendations**

This document constitutes a high level analysis of the proposals within the FBC. As work progresses on the various work streams all areas should have an initial analysis of relevance to the Equality Duty carried out and recorded. For those areas with greater relevance detailed action plans should be drawn up and reported upon as part of the PMO reporting systems.

Work should start immediately to prepare for the publishing of Equality Objectives on the day the Trust is legally constituted.

Workforce diversity data should be collected in order for the new organisation to have a baseline for any restructuring that may take place

Workforce plans should include details of how the workforce can be reflective of the communities served by the new Trust

The new organisation should have a plan in place to tackle under representation of staff groups with regards to protected characteristics when it comes to middle and senior management.

The potential impact on equality has been assessed as negative and positive

## **Next Steps**

**The recommendations made above have been taken and presented as an initial action plan below in order to mitigate against any potential negative impact on equality that could arise.**

### 3 Assessment and actions needed

Initial ideas for actions can go here. You will refine them further at stage 6. Please note the impact assessment will not be accepted unless group(s) affected is listed with a link to the action required. Primary areas to consider are: **age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation and human rights**

Barrier	Group affected	Action needed	Responsibility	Timescale	Resources
Built environment		Ensure ICT systems are accessible	IM & T manager	Dec 2012	Within existing resources
Location	N/A	N/A	N/A	N/A	N/A
Information and communication	All	Collect equality data based upon protected characteristics of local population	AD Engagement & Equality	October 2012	Within existing resources
	All	Set up database of local organisations which represent protected characteristics	AD Engagement & Equality	October 2012	Within existing resources
	All	Collect staff equality data to have a robust baseline	AD Engagement & Equality E & D Manager	December 2012	Within existing resources



Customer care and staff training	All	Set corporate and local equality objectives by working with clinical divisions and local communities	AD Engagement & Equality	October 2012	Within existing resources
Timing	N/A	N/A	N/A	N/A	N/A
Stereotypes and assumptions	N/A	N/A	N/A	N/A	N/A
Costs of the service	N/A	N/A	N/A	N/A	N/A
		Board development programme to include requirements of Equality Act	AD Engagement & Equality HR & OD work stream Lead Leadership Development Lead	January 2012	Within existing resources

Commenting, consultation	All	Trust explicitly affirms participation of EDS	Trust Board	October 2012	Within existing resources
	All	Prepare data and set up consultation mechanisms for local communities to feed into the setting of equality objectives for the new Trust	AD Engagement & Equality E & D Manager Communications and Engagement Lead	July 2012	Within existing resources
	BME and any other staff groups	Trust to formally engage with staff networks as critical friends in any further consultation	AD Engagement & Equality E & D Manager Communications and Engagement Lead	Ongoing with quarterly reporting	Within existing resources

Specific barriers	All	Adopt transparent and equitable process for managing organisational change	AD Engagement & Equality HR & OD work stream lead	October 2012	Within existing resources
	All	Equality analysis of all work streams and programmes and projects to be carried out as BAU	AD Engagement & Equality HR & OD work stream lead PMO	Ongoing with quarterly reporting until programmes come to an end	Within existing resources
Human Rights	N/A	N/A	N/A	N/A	N/A

Other	AI	Performance metrics to incorporate EDHR	Trust Executive	December 2012	Within existing resources
	All	Consider EDHR committee as reporting directly to Trust Board	Trust Board	October 2012	Within existing resources
	All	Write a paper for Trust Board to consider positive action programmes in order to tackle under representation at middle and senior management levels	Leadership Development lead AD Engagement & Equality	November 2012	Within existing resources

**It is important to note that where the action plan states “ To be considered as part of full EQIA” it is not to be understood as this issue has been found to have no impact. Rather it is an understanding that as the full EQIA is carried out over the coming months there will be further detailed information which will inform the corporate and departmental actions that will need to be taken.**

## **5 Future consultation**

BME staff networks, local communities, CD's, Trust Executive to help facilitate the setting of equality objectives and to assist in the review of this analysis and action plan

This analysis and action plan is seen as a live document and as such will be updated and amended regularly.

## **6 Action plans, targets and priorities**

Action Plan to be fed back via the HR & OD work stream and the PMO office for assurance purposes.

This analysis and action plan is seen as a live document and as such will be updated and amended regularly

## **7 Monitoring and feedback**

This document will be monitored via the HR & OD project work stream and feed back will be given regularly to the PMO

This analysis and action plan is seen as a live document and as such will be updated and amended regularly

## **8 Tell people what you are doing**

The analysis will be published as part of the FBC. Copies of both documents will be available on Trust websites. Braille, audio and large print copies are available upon request.