



A place where

# WeBelong

Refreshing our inclusion strategy for 2022









# Introduction

At the height of the Covid-19 pandemic we set our sights on becoming a truly inclusive organisation. In the spirit of living our WeCare values, we committed ourselves to eliminating racism, discrimination, and inequality. We set this bold ambition despite the operational pressures on the NHS at the time. It was the right thing to do, on the back of the emergence of the Black Lives Matter movement, public outrage at the murder of George Floyd in the US, and the evidence of how Covid-19 disproportionately affected ethnic minorities.

Those external events galvanised our people to speak out, share their lived experience, and be heard. The effect on each of us was both humbling and inspirational. After all, our people make up one of the most diverse workforces in the NHS, and we serve some of the most diverse communities in the country within east London.

The operational pressures on the NHS remain, the pandemic is still with us, and we live with variants of Covid-19. It will take time to find a stable business rhythm, but as we reconcile ourselves to these circumstances, we can assess how far we have come on inclusion, and what more we need to do to enshrine fairness for our staff and ensure equity in the care we provide.

Our commitment to inclusion is undimmed. We recognise we still have a long way to go. Nevertheless, we are determined to step up the pace of our inclusion journey - towards our goal of becoming an outstanding place to work that provides the best possible care for our communities.

This report shows how we will keep striving to be an organisation in which every member of staff, and every patient we treat, can say WeBelong.



**Dame Alwen Williams**  
Group Chief Executive



**Ajit Abraham**  
Consultant General Trauma  
and HPB Surgeon

Co-chairs of the Inclusion Board  
January 2022

# Establishing the foundations

Within weeks of the launch of our WeBelong inclusion strategy, in November 2020, we entered the worst winter the NHS had endured in its history. Despite this operational challenge, we made steady progress on embedding inclusion into everything we do, fuelled by the energy and enthusiasm of our staff diversity networks. We framed our ambition around the development of three pillars: an Inclusion Centre, an Inclusion Observatory, and Community Connectivity.

The Inclusion Centre hit the ground running, building on the existing work of our human resources department and its inclusion team. We are developing the Observatory as a single source of truth for all our inclusion data and the insights derived from it, combined with a knowledge bank of examples of good practice in the field, which together can drive further improvement. The Community Connectivity pillar built on our pre-existing programmes for public health, engaging with patients and the public, and supporting local employment.



# Establishing the foundations

## The Inclusion Centre and Inclusion Observatory

Both pillars developed in step because we allocated dedicated resource to coordinate the programme. We also worked closely with staff diversity networks to learn from their insights and co-design solutions on the “you said, we did” principle. We made significant progress in key priority areas:

- 1. Changing recruitment practices for senior posts**
  - Recruiting managers now shortlist one ethnic minority candidate and one woman for vacant 8a posts, or readvertise the job if they cannot.
  - We trained 178 inclusion ambassadors who are active on interview panels to ensure any bias is challenged and removed from the decision-making process.
  - We increased the proportion of ethnic minority colleagues in senior roles from 31.9% in October 2020 to 36.1% in December 2021.
- 2. Equalising inequalities in disciplinary and grievance procedures**
  - We reviewed and refreshed key policies on dignity at work and disciplinary procedures to reflect a ‘just culture’ approach.
  - We reduced the frequency of formal disciplinary action: the number of new cases halved to about half a dozen each month, and the proportion involving ethnic minority staff also fell.
- 3. Reciprocal mentoring for top leaders**
  - We launched a pilot programme to build cultural awareness and matched a first cohort of 120 in pairs that are in regular informal dialogue.
  - After an initial workshop with an expert facilitator, we paused the support programme for reasons outside our control. We hope to restart shortly.
- 4. Senior leaders acting as career mentors**
  - We are developing a career development programme for all staff based on our award-winning scheme for women and ethnic minority individuals.
- 5. Refreshing governance arrangements**
  - We agreed protected time for the co-chairs of our staff diversity networks – BME, Women, BartsAbility, LGBTQ+, Carers, and now an Inter-faith group too.
  - We designated members of the group executive board as sponsors of each network, and employed a full-time project officer to support network activities.
- 6. Reasonable adjustments for disabled staff**
  - Through our offer to adjust working conditions to reflect an employee’s disability or medical condition, we carried out 385 assessments for support from the £100,000 fund for specialist equipment and IT licences last year.
- 7. Inclusion dashboard**
  - We developed a series of dashboards with monthly data for each hospital and group support services, down to divisional level. These monitor ethnic composition (BME, White or not stated) by division and job status, and provide a breakdown by disability, gender, sexual orientation and religion.
- 8. External recognition**
  - We gained Disability Confident Leader status in the government scheme.
  - We made the shortlist for the Recruitment Industry Disability Initiative awards.
  - We improved our ranking in the annual Stonewall Workplace Equality Index to be among the top 200 organisations in the UK.

# Establishing the foundations

## Community Connectivity

This pillar brings together the work of our public health department in understanding the needs of our local populations and reviewing the equity of the care we provide them; our successful programme of local employment and careers support; and our dialogue with all the diverse communities who supply our patients.

Together these strands support of our ambition to expand our role as an anchor institution for east London. Barts Health is not only a major employer in the area but a significant purchaser of goods and services in its own right.

More than half of the permanent employees of Barts Health are local residents. Our Community Works for Health programme recruited 1,500 local people into jobs in our hospitals, many from ethnic minority backgrounds and/or receiving benefits. Through our membership of Project Search we provided 106 internships for young people with severe learning disabilities, over half of whom went on to full employment

Through our Healthcare Horizons programme we advised 1400 school students on careers, helping over 200 to do a health-related degree. In addition we provided pre-employment training for 240 students, 100 of whom obtained apprenticeships. These young people come from local schools with very high proportions of pupils on free school meals and/or whose first language is not English. Unfortunately progress on all these fronts was affected by Covid, with placements suspended during the pandemic.

Nevertheless among achievements over the past year we:

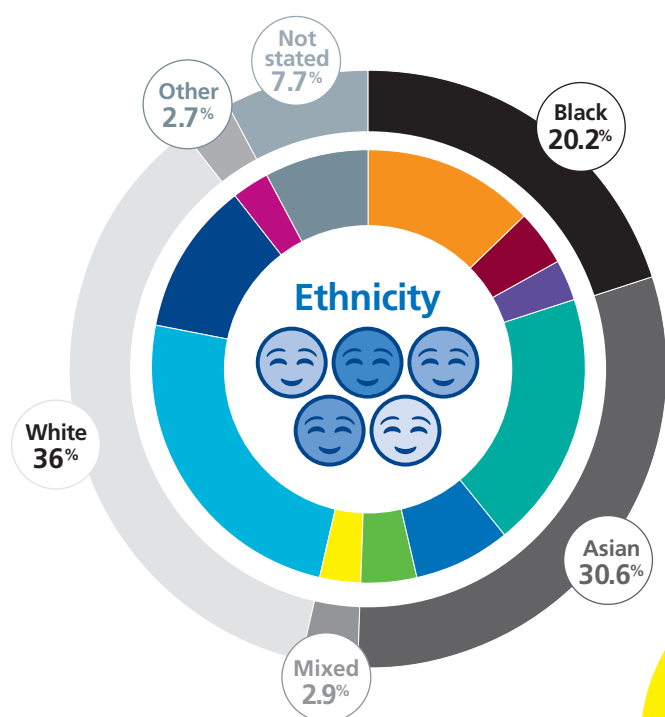
- Reviewed the equity of provision for patients with learning disabilities, resulting in a substantially larger team to improve their care
- Identified interventions to address disparities in access to insulin pumps for diabetic patients living in deprived areas
- Established an informal network to reach representatives of a wide range of local community, language and faith groups across our three boroughs
- Tackled vaccine hesitancy through producing and disseminating videos of community leaders, including speaking languages other than English
- Secured funding to recruit a Somali community development worker in response to local concerns about inpatient care during the pandemic
- Helped co-design a Family Contact Centre at The Royal London hospital to provide relatives with information about the care of their loved ones
- Set up Barts Health Futures in collaboration with Newham College to promote health careers among local students
- Supported the Whipps Cross Community Forum to build relationships strengthening engagement on our hospital redevelopment plans
- Arranged a Youth and Community Opportunities forum to coordinate the Trust's work with young East Londoners

# Diversity at Barts Health - Our staff and patients

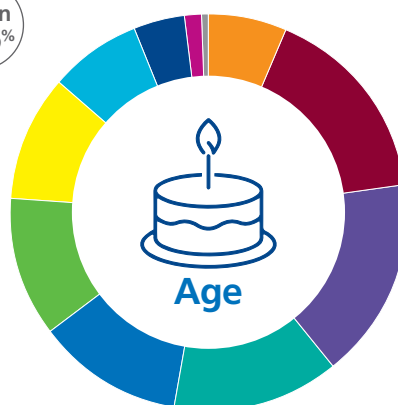
The Barts Health workforce is one of the most diverse in the NHS, and serves some of the most diverse communities in the country. These are badges we wear with pride as we work to ensure that all of us feel included in all we do, and are respected for who we are. One way we can do this is through communications that are tailored to our different audiences, and celebrate our differences.

Below is a summary of who we are in relation to age, ethnicity, gender and religion. In addition, according to our [staff records](#), 13% of our workforce has a disability and 2.8% identify as LGBTQ+.

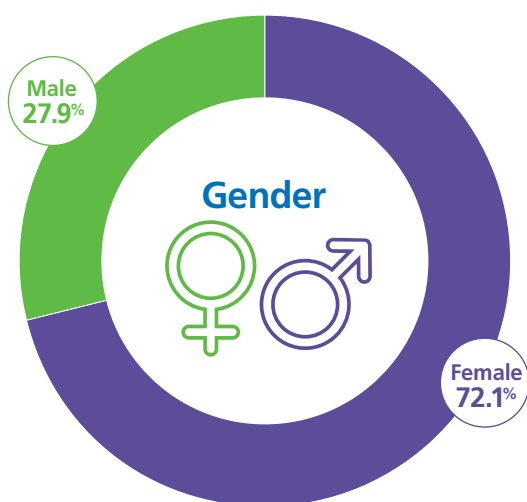
## Our staff



| Ethnicity  | %     |
|--|-------|
| Black African  | 12.9% |
| Black Caribbean  | 4.2%  |
| Black Other  | 3.1%  |
| South Asian (Indian, Pakistani, Bangladeshi)             | 19.1% |
| South east and East Asian (Chinese, Filipino, Malaysian) | 7.3%  |
| Asian Other  | 4.2%  |
| Mixed  | 2.9%  |
| White British  | 24.6% |
| White Other  | 11.4% |
| Other  | 2.7%  |
| Not stated   | 7.7%  |



| Age          | %     |
|--------------|-------|
| 25 and below | 6.5%  |
| 26 - 30      | 16.4% |
| 31 - 35      | 16.5% |
| 36 - 40      | 13.6% |
| 41 - 45      | 12.0% |
| 46 - 50      | 11.5% |
| 51 - 55      | 10.2% |
| 56 - 60      | 7.7%  |
| 61 - 65      | 4.1%  |
| 66 - 70      | 1.4%  |
| 71 and over  | 0.4%  |



| Religion     | %     |
|--------------|-------|
| Atheism      | 9.9%  |
| Buddism      | 0.7%  |
| Christianity | 40.9% |
| Hinduism     | 4.8%  |
| Islam        | 15.1% |
| Jainism      | 0.1%  |
| Judaism      | 0.5%  |
| Sikhism      | 0.8%  |
| Other        | 27.2% |

References:  
As at 31 March 2021, data sourced from ESR



# Ongoing challenges

When we talk about the culture of an organisation we mean those shared beliefs and values that are accepted and acknowledged as the proper way to behave at work. Every working day that culture should be established by leaders, embedded by managers, and embraced by staff. Within the Barts Health, we express our own culture through our common WeCare values – being welcoming, engaging, collaborative, accountable, respectful and equitable in all we do.

Singling out equity is to make a point about the importance of fairness – towards our people, our patients and the public. We celebrate the benefits of our diversity while ensuring that no individual or group is inadvertently disadvantaged. In that sense all our values, together, are about inclusion. WeBelong is about living them, by creating an inclusive culture that permeates every aspect of the organisation.

An important aspect of living those values is listening to our people, and ensuring we pro-actively communicate with them and engage them on their terms. Working with the staff diversity networks is a necessary but not sufficient condition for this, as we listen out for those voices that are not easily or often heard from all over the Barts Health group. This year we will track key inclusion metrics through the quarterly Pulse survey of a representative sample of staff, to supplement the annual NHS Staff Survey and course-correct the interventions we put in place.

Meanwhile we have information from two sources about the views and circumstances of our people that spell out the scale of our inclusion challenge:

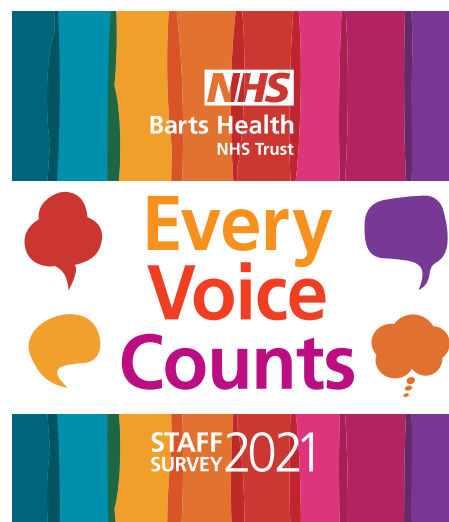
## The NHS Staff Survey

This annual poll is where we measure ourselves against our ideals and aspirations. The next edition comes out shortly but the 2020 findings confirmed that the experience of too many of our ethnic minority staff is unchanged in recent years. They disproportionately report abuse and harassment by service users, discrimination from colleagues, and obstacles in the way of their careers.

We are making some incremental progress. The proportion of disabled staff experiencing bullying or harassment is slowly reducing, and more are receiving adjustments to help them do their jobs; but against this they do not yet see improvements in career progression, and more feel pressured to come to work. We also see encouraging reductions in the relatively small numbers who report experience of discrimination on the basis of sexual orientation or religion.

Despite progress in recruiting senior staff from an ethnic minority background, however, the top of the organisation remains unrepresentative of our staff as a whole: with only 12.5% members of the trust board from an ethnic minority background compared to 56% of staff. And although members of ethnic minorities are increasingly less likely to enter a formal disciplinary process, about one-third of ethnic minority staff still report harassment, bullying or abuse from colleagues.

Key metrics from the staff survey, reported nationally under Workforce Race Equality Standards and the new Workforce Race Disability Standards, show we consistently lag behind our peers in the NHS. We aim to achieve scores at or above the London average on all themes. Each of our hospitals and business units should strive to be best in class.





# Ongoing challenges

## The gender pay gap

By law men and women are paid equally for the same work, but there is a difference between their average pay - in part because women are under-represented in management, and over-represented in roles like nursing and administration. As in the NHS as a whole, women comprise about nearly three-quarters of our workforce (and three-quarters of our ethnic minority employees). As long as women do a higher proportion of lower-paid jobs in healthcare there will be some gender pay gap.

This is expressed as an average figure, and measured in two ways, the mean and the median. However the former – adding up all pay and dividing by the number of staff – is distorted by having a small number of very high senior salaries. So for benchmarking purposes we use the latter, the middle point on the pay band scale.

The latest figures (for pay at March 2020) show the median gap between male and female colleagues at Barts Health was 12.7%. This fell from 13.7% when first calculated in 2017. However, compared with our peers among London acute trusts, we are in the bottom half of a range between 9% and 16%. We want to do better than this in future, and formed a task group to accelerate progress.

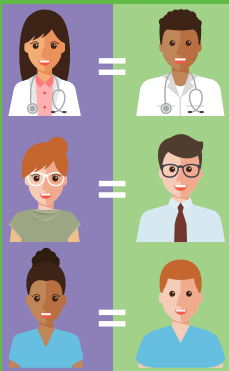
Working closely with the staff women's network, the group established that the key drivers of our gap were flexible working and career progression. We need to ensure that flexible working options are available and enable women to progress in their careers. Part-time nurses, for example, often get stuck in particular pay-bands and struggle to get promotion. Our Inclusion Board accepted a recommendation to set a target to close the gap to 11% by 2025.

Monitoring gender pay is a statutory duty, and one aspect is bonus pay. Within the NHS this only affects clinical excellence awards (CEA) for consultants - 58% of whom are men (while the majority of junior doctors are women). The median bonus gap fell from 32.2% to 20% in three years, which is promising but leaves more to do.

We will recalculate the gap in April on the basis of pay data for April 2021 (although these figures will be affected by the temporary suspension of the usual CEA scheme due to Covid-19). We are taking this opportunity to 'reset' and refresh the application process, and support female consultants through the women's network.

### EQUAL PAY

Equal pay means that men and women that do the same role at work will get the same pay. This has been a legal requirement in the UK since 1970.



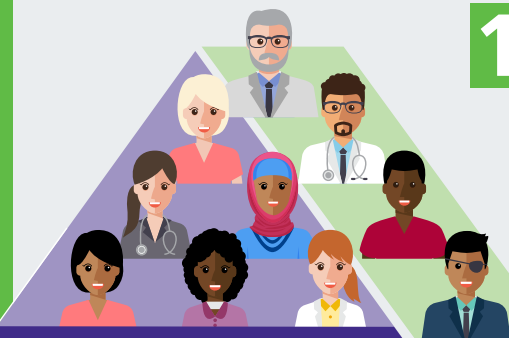
Our NHS agenda for change and doctor and dentist pay scales mean that men and women will receive equal pay for the roles they work.

### GENDER PAY GAP

The gender pay gap is the difference between the average pay between men and women.

The gender pay gap exists because:


- Women are underrepresented in top paying roles and sectors such as management
- Women are overrepresented in lower paying roles and sectors such as nursing and administration
- We live in a society that has systems, values and biases that tend to favour men



**12.7%** Barts Health median hourly gender pay gap in 2020

We want to reduce this pay gap by 2024, and:

- ▶ Promote and embed flexible and agile working policies
- ▶ Expand our career development support
- ▶ Work across our staff networks to create an environment where WeBelong



For more info, visit: <https://weshare.bartshealth.nhs.uk/womens-network>

# Recent achievements

# WeBelong

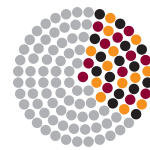
Becoming a truly inclusive organisation



Agreed protected time for 20+ Staff Diversity Network co-chairs

**178**  
INCLUSION  
AMBASSADORS

Implemented senior manager appointment process with 178 trained Inclusion Ambassadors



Increased diversity in senior leadership, with BAME staff in band 8a+ roles increasing from 27.1% to 36.1%

**Healthcare Horizons**

Community Works for Health

Over 400 people were supported into employment



Awarded Disability Confident Leader status

**1K+**  
FOLLOWERS

Over 1k people followed our Women in Leadership event and we appointed new co-chairs and leads for our Women's Network



Commissioned a Cultural Intelligence programme with a goal to reach every member of staff

**Stonewall**

Improved our ranking in the Stonewall UK Work Place Equality Index to be in the top 200



# Plans for the future

We are committed to ensuring that leadership across highest levels of the group is representative of the diversity of our staff and the communities they serve. For example, we will seek specialist expertise and explore innovative recruitment practices to help broaden the range of potential candidates applying for any non-executive or executive role. To be a truly inclusive organisation, we must then embed equity in everything we do, so it becomes a golden thread that joins and illuminates all aspects of our day-to-day activity.

We want to create a culture in which thinking about the potential inclusion angle to any issue becomes second nature to our people. We want them to be confident about looking at problems with an inclusion lens, and committed to framing solutions that take account of equity and diversity as a matter of course.

This is easy to say, but hard to do. An organisation as big and ambitious as Barts Health also has other cross-cutting imperatives that we want to hard-wire in the hearts and minds of our people as “the way we do things round here”.

We described our quality improvement (QI) programme, Welmpove, in this way when it was launched pre-pandemic; and talk in similar terms about our “green plan” to bring a sustainability dimension to all our work. Our challenge as leaders is to knit all these golden threads together as a seamless expression of our WeCare values. We want each element to be a natural part of every conversation, and not become the province of a particular work stream.

Members of the trust board and group executive increasingly view their roles through an inclusion lens. We could enshrine this approach into our processes by requiring a formal equity impact assessment to be undertaken before any decision is made. However, we don't want to run the risk of turning inclusion into a token tick-box exercise. As one of our WeCare values, equity should be debated and considered throughout our governance arrangements, in an open and transparent way.



# Plans for the future

Our aim is that taking an equitable perspective should be an intrinsic and instantaneous part of what it means to be a leader at Barts Health. Organic rather than ordered; ingrained rather than instructed; proactive rather than prescribed; integral rather than an add-on.

We will seek to extend this attitude of mind through the development of our WeLead framework in the coming months. This will build on work begun before the pandemic to ensure that all leaders are focused on being inclusive, helping their team achieve its purpose, and developing the potential of individual members. As a first step, we propose that all those new to line management or a team leader post will have access to a wide range of learning and training in their first six months.

One specific area in which we did adopt an inclusion perspective was vaccinations. We know there are greater levels of vaccine hesitancy among some ethnic minorities, which may reflect cultural issues or community preconceptions. So we urge managers to proceed sensitively as they continue to encourage staff to protect themselves, their families and their patients. Meanwhile, we refreshed the suite of diversity and inclusion training offered to all employees – with shorter, targeted sessions on a range of specific topics like unconscious bias, anti-bullying or disability confidence.

## Putting our WeBelong principles into practice: our strategic commitments

**Create a culturally intelligent, inclusive leadership community who lead for positive change and take accountability for delivering the impact required.**

Cultural intelligence is the ability to function effectively in culturally diverse situations. Skills that are critical for working effectively in these environments can be learned and honed through education, training, and experience.

We will systematically embed inclusion and cultural intelligence throughout Barts Health. Our forthcoming WeLead framework will set out the clear competences required of all managers in future to ensure fair progression for staff, and a compassionate culture.

We will build on the personal experience of executive members who are on a cultural intelligence course, doing reciprocal mentoring, and signed up as white allies. Participants believe this helps them guide Barts Health to being more inclusive.

WeLead will be the vehicle for extending our inclusive leadership offer to others. We will launch a revised development programme for all leaders this year. It will be backed by guidance for managers, including access to external coaches, and support for senior staff who are unsuccessful in obtaining internal appointments.

We allocated funding to roll-out the cultural intelligence programme and related inclusion training to 12,000 members of staff by June 2023. Ten trainers are in post. We will develop a sustainable reciprocal mentoring programme for 2022/23, building on the pilot over the last year.

We are also developing the new role of “inclusion signposter” in recognition that colleagues often lack informal guidance about how to resolve issues at work. Volunteers will act as champions for inclusion, fairness and equity in their teams, flag areas of concern, and support those at risk of bullying and harassment – including pointing them towards official channels.

We are on target to increase the proportion of ethnic minority candidates in Band 8a+ posts to 36.4% by March. We intend to increase further by three percentage points a year, in order to achieve a leadership group representative of staff as a whole by 2028. All 8a+ posts will be advertised internally before going to recruit outside. We will also eliminate the disparity in progression between ethnic minority and white colleagues.



# Plans for the future

We will strengthen our governance structures, further develop the use of metrics to monitor progress, and promote intersectional working through our staff diversity networks we are striving to become a flexible employer that promotes and celebrates all types of flexible working opportunities in line with the NHS Our People Promise

## Deliver a just and fair culture which enables us all to live our WeCare values

We will continue to apply and develop our “new era” people policies to make our recruitment, people and retention processes as equitable and effective as possible.

To bring equity to life at an individual level we will require all staff to agree a personal inclusion objective through the annual appraisal process. Regular conversations between staff and their line managers are a cornerstone of good employee relations.

We will create a career progression framework where everyone can have access to a menu of support linked to a talent management strategy. Managers will be expected to undertake succession planning, and encourage staff to opt into talent lists to match them to suitable vacancies.

We expect all staff to have a career progression conversation with their line manager to act as a gateway to opportunities such as secondments, shadowing, and mentoring, as well as structured learning (either in the classroom or remotely).

We will strive to become a flexible employer that promotes and celebrates all types of flexible working opportunities in line with the NHS Our People Promise.

We aim to be able to show a further reduction in the disparities among disciplinary cases in the April 2022 WRES data.

We are aiming for 20% year-on-year growth in the number of inclusion ambassadors, and plan to train a new generation of 100 inclusion signposters by December 2022.



# Plans for the future

## Work in community partnership to promote equity by restoring services inclusively and – in our role as an anchor institution – address the wider determinants of health

We will step up the scope of our engagement with our communities, and monitor its impact through Healthwatch insight data – aiming for a 10% improvement in user involvement satisfaction scores by the end of 2022. We want to use engagement to co-develop more inclusive services.

We will use ethnicity data to review potential inequities in access to or quality of care. By March 2022 we should have data for 95% of patients, but we aim for 100% to improve our insight into inequalities and take action accordingly.

We continue to review our waiting lists to ensure we restore services equitably. We will review the information we provide against national standards so that all patients can access our services.

We will view our QI projects through an equity lens to ensure no group is inadvertently put at a disadvantage. We will embed equity in transformation programmes, and include equity metrics within our new digital platforms.

As we offer more virtual appointments in outpatient departments, we will encourage the use of remote advocates to help patients with language or other difficulties, aiming to steadily increase utilisation every year.

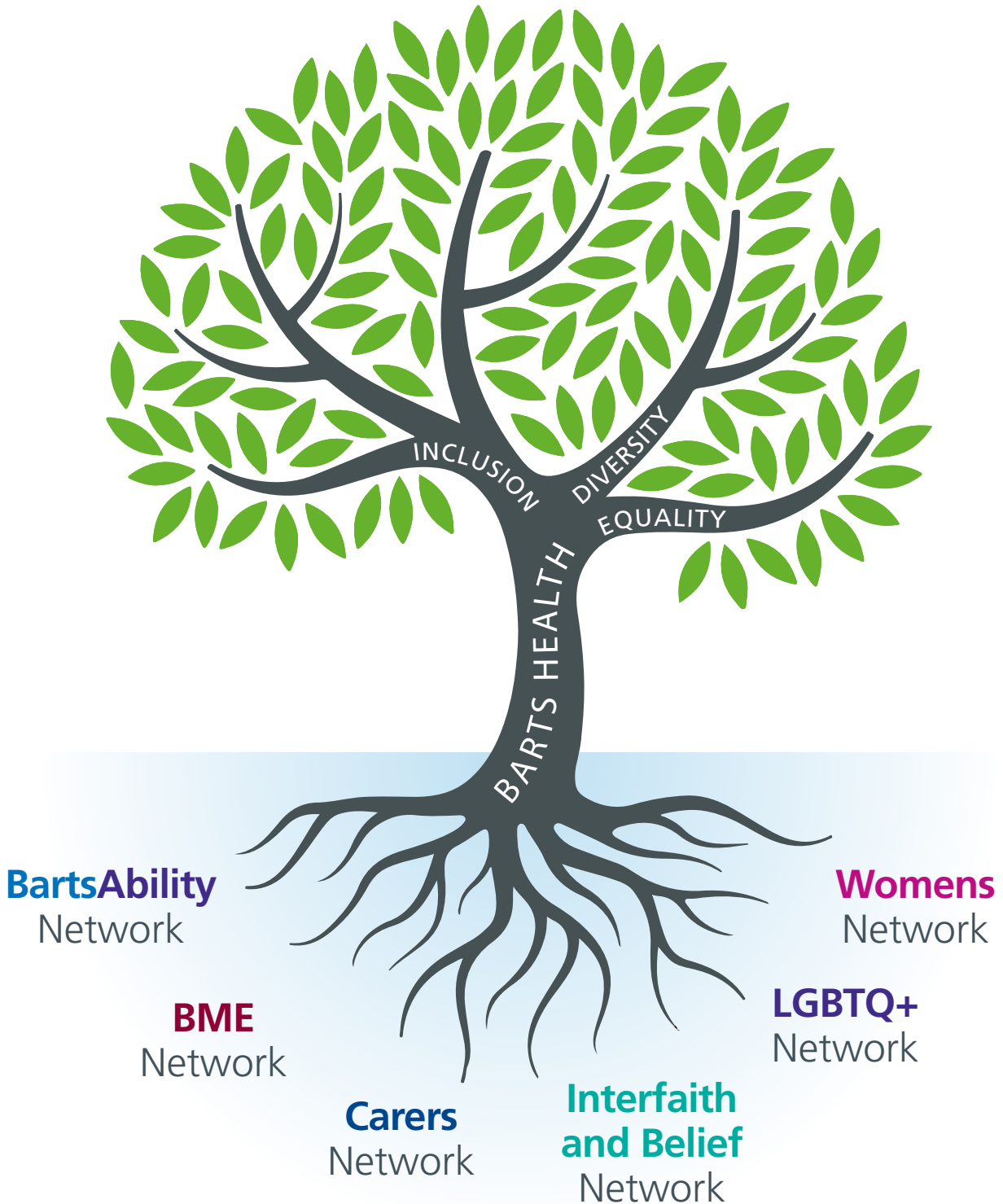
We want to ensure Barts Health is adding social value as an anchor institution, by leveraging our procurement of local goods and services in everyday transactions and capital investment.

We will continue to build employment opportunities for young people from our local communities, by setting hospital targets to increase the number of directly-recruited apprentices.





# Barts Health Staff Diversity Network



*The strength of a tree is in its roots*



# WeCare

Our vision, values and behaviours



# WeBelong

Becoming a truly inclusive organisation

Designed and produced by the Barts Health design and communications team

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