Our staff diversity network

The strength of a tree is in its roots
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What it means to belong to our trust from you, our staff

#WeBelong
Our ambition

Our ambition is to co-create an inclusive organisation in which we are all welcomed, valued and empowered.

At Barts Health we are committed to eliminating discrimination, ensuring equality of opportunity and promoting good relations between all people. We want to be a place in which everyone is treated fairly and respectfully, where everyone belongs and our diversity is celebrated.

These are essential ingredients of the WeCare values we are proud to hold as members of #TeamBartsHealth. Our values are visible in the way we work with each other, our patients and our communities. We are privileged to serve an incredibly diverse local population. Being fully inclusive also means providing equitable care to all our patients and improving health outcomes across east London. Our ambition to become an anchor organisation will seek to reduce inequalities within our local communities.

During this unprecedented pandemic we have worked hard together, learning to adapt the way we work in order to provide care in these new circumstances.

Sadly, Covid-19 has a disproportionate impact on our BAME patients and communities, including our own colleagues and their loved ones. In listening to colleagues we heard powerful stories of their lived experience of racism in society, in the NHS, and sadly in our Trust too. This needs to change. Racism is unacceptable.

We have also seen many staff with underlying health conditions shielding and many remain unable to do the job they were employed to do before the pandemic.

We are now accelerating our efforts to make lasting change happen more quickly.

As co-chairs of the Inclusion Board, we commit to action to make our #WeBelong ambition a reality for you, our patients and our communities. We will listen to all your views. We will agree clear outcomes for the next few months and years, and be accountable for delivering them. Working in partnership with all of you, we will put in place the resources and processes needed to ensure that Barts Health becomes an organisation where all of us feel that #WeBelong.

Alwen Williams
Group Chief Executive

Ajit Abraham FRCS
Consultant HPB and trauma surgeon
Co-chairs, Group Inclusion Board
Living our WeCare values

Our vision is to be a high-performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in east London and beyond. We aspire to achieve this in everything we do, by living our WeCare values of being welcoming, engaging, collaborative, accountable, respectful and equitable.

We can best do this by being a place where everyone feels #WeBelong. We want to create an organisation that is equitable and free from discrimination; where everyone can bring their best selves to work and be truly valued; in which all colleagues have opportunities to develop their talents and progress their careers; and from which our local population benefits.

When organisations talk about diversity and inclusion today, they often refer to those groups who are protected by law against discrimination. This ensures people are not treated differently because of characteristics like their age, race, disability, religion or belief, sex, sexual orientation, gender identity, marriage and civil partnership, and pregnancy and maternity.

For us in Barts Health, inclusion is for everyone, because we are each different and unique. We belong to one of the largest healthcare organisations in the UK, with the most diversity among its staff. We serve some of the most diverse populations in the country, with significant public health inequalities.

The evidence shows that diverse teams perform better, create ideas, foster innovation, and generate a positive work culture. Nevertheless, to become truly inclusive as a whole organisation, we must undertake a major transformation to actively embrace that diversity in our culture. Our #WeBelong approach is the vehicle for this long-term journey.

As a group of hospitals we are constantly evolving to maintain high standards for patients while meeting high demand for services. Our strategy for inclusion is to build on our work so far, yet develop more rapid progress in future, in order to continue to provide safe, compassionate and equitable care for all our patients. Our goal is that over time all colleagues, patients and the wider public feel that we are a team in which everyone feels that #WeBelong.
Faiza’s story

I started my management placement in the old Harrison ward, now 12D in 2011. I loved every minute of that placement and was soon offered a job on the trauma unit.

Fast forward a few years, I was still enjoying the fast paced, high pressure environment. I finished a particularly challenging night shift; I called my dad on the way home and we had a nice laugh. I got to my place and slept almost immediately but then woke up to the smell of my favourite takeaway which my dad travelled miles to get especially for me.

The following day I got a phone call from my mother telling me that dad was unwell. After a visit from our lovely GP he went into hospital for further tests.

That was dad’s first ever admission. I stayed with him for the entire time, sleeping on the armchair by his bedside. He got discharged to my place where I continued to look after him.

For the next 18 months I struggled with the shift patterns, the demands of the role and my caring responsibilities. I was always exhausted and in a heightened state of anxiety.

When a new manager started, we had an informal meeting. She pledged to support me in any way possible. We looked at the roster and I trialled a pattern, where I work shifts in clusters and then have enough days to rest. I was sign-posted to support services. I started to enjoy my job again!

I work full time and was available to help. I don’t need to save my annual leave in case of emergencies. I attend all the relevant appointments and even manage to have an established social life. Work is no longer stressful.

This balance between having a career, caring responsibilities and living has only been achieved because my manager cared and for that I will be eternally grateful.

Even now, I continue to have brilliant support. Carrying on during the height of the pandemic was made easy by my amazing colleagues.

Faiza Sharif
Ward 12D sister
The Royal London Hospital

“...my manager cared and for that I will be eternally grateful.”

Carers’ network
A movement for change

We are a wonderfully diverse community of people working in a great world city. Six out of 10 people living within our core catchment population identify as black and minority ethnic (BAME), compared to four out of ten in London as a whole. The composition of our own colleagues mirrors this extraordinary diversity, with 62 different ethnicities represented in the largest BAME workforce in the NHS: 54% of all colleagues, almost three times the national average.

Latest government figures show 18% of working age adults have a disability, yet only 12% of our colleagues report a disability through the confidential annual NHS survey. Less than 2% of employees say they have a disability need through the electronic staff record, though our Closing the Gap campaign to increase disclosure rates is commended by NHS Employers as a leading example of good practice.

On LGBTQ+ issues we have increased our ranking on the Stonewall workplace equality index to 186 out of about 500 organisations. Stonewall named an A&E consultant at Newham, Dr Sarah Perkins, as its “Ally of the year 2020” for her innovative work supporting colleagues and patients.

Like the rest of the NHS our workforce is largely female, although the proportion (72%) is less than the national average. Women are predominant amongst lower earners, and we pay them on average 20% less than men (compared to a 23% gender pay gap across the NHS).

The annual NHS staff survey confirms that inclusion, and health and wellbeing, continue to be areas of concern to our colleagues. Satisfaction scores in these areas remain below the national average. Around one in seven employees report discrimination, and just over a quarter believe the organisation does not act fairly on career progression.

Across a range of staff survey data, BAME colleagues tell us they have a less favourable experience. One in five BAME employees personally experienced discrimination from a manager or colleague last year, and fewer BAME colleagues believe the Trust provided equal opportunities for career progression.

Our electronic staff records tell us that White applicants are more likely to be appointed from a shortlist than BAME applicants, and BAME colleagues are more likely to enter the formal disciplinary process. However we are making progress, as the likelihood of disciplinary investigation for BAME colleagues has reduced year on year. We are also appointing more BAME colleagues to senior positions, particularly amongst clinicians.

These findings are reported through the Workforce Race Equality Standards (WRES), and we are commended by national leaders for our efforts.

The agenda is broadening, and we are among the leaders in shaping NHS policy. At a national level, WRES is now supplemented by the Workforce Disability Equality Standards (WDES). We are proud that through BartsAbility we embraced the disability agenda before it became a national requirement, were a WDES pilot area, and are represented on the national steering group.

Our staff diversity networks are flourishing and have become well established. Through their leadership, colleagues have a much stronger voice and they have become a major force for positive action and change.
Lydia’s story

My name is Lydia Warren. I am a project inclusion officer, and I also help implement the Workplace Disability Equality Standard at the trust.

I am also the co-chair of BartsAbility, the trust’s disability subgroup. Belonging to me means being able to embrace my difference in the workplace.

My difference
I was born with arthrogryposis, a physical disability which causes “curving of joints”, limiting the movement of my hands and legs.

“Belonging to me means being able to embrace my difference in the workplace.”

My ability
> Ability to connect with people on an empathic level.
> Ability to be able to navigate around new places and overcome challenges.
> Ability to be conscious of my surroundings.
> Ability to problem solve effectively.
> Ability to find new ways to do things.

Lydia Warren
Data administrator, inclusion project officer and co-chair of BartsAbility
Taking positive action to foster inclusion

We listened to the voices of more than 500 colleagues in recent months, and took some immediate positive steps as a result of what they said to remove bias and establish inclusive practices.

Recruitment and progression
We redesigned our processes to equalise the likelihood of any eligible candidate being appointed to a senior post. Recruitment for every Band 8A and above must now have a diverse shortlist of candidates, and a diverse interview panel. Hiring managers are required to feedback personally to all unsuccessful candidates. Those internal to the group will be offered follow-up and mentoring support.

Diversity in senior leadership
There is strong evidence that care is more personalised, and patient experience is better, where the workforce is representative of the community it serves. The NHS pledged that by 2025 all boards and executive teams should reflect the diversity of their workforce or local population (whichever is the greater). For bands 8A-9, the goal is representative diversity by 2028. Currently one third of senior leaders at Barts Health are BAME and we want to be at least 56% by 2028.

Priority Action: We changed senior recruitment processes in the light of staff feedback and best practice for inclusion with effect from 30 September 2020.

Eliminating discrimination from disciplinary processes
Currently a BAME colleague is 1.25 times more likely to enter a formal disciplinary process than a White one; slightly worse than the national average. We will end this inequality by 31 March 2021. All HR procedures and policies are being revised to promote a just and fair culture for all colleagues.

Priority Action: Inequalities between individuals entering disciplinary and grievance procedures will be equalised by 31 March 2021.

Reciprocal mentoring
With the support of the NHS Leadership Academy we are extending reciprocal mentoring across the group, building on existing mentoring relationships. This benefits both participants in a mentoring pair, so they work together to share their knowledge and lived experience irrespective of hierarchy. The first 200 senior leaders will become reciprocal mentors and be in mentorship pairs by 31 March 2021, with further cohorts to follow.

Priority Action: All top leaders will be reciprocal mentors, with the first 200 in mentorship pairs by 31 March 2021.

Career mentoring
All senior leaders will act as mentors to junior colleagues who would like mentoring. This is an opportunity for leaders to advise and support colleagues and extend their own advantage to others. It will support everyone to find and fulfil their potential in their career, and mean that the talent within Barts Health is used as fully as possible.

Priority Action: All senior leaders will act as mentors and offer this to all staff who would like mentoring.
Sharing decision-making on inclusion
We want colleagues who have been disadvantaged by inequalities to have a share in overseeing our journey to full inclusion. We formalised “co-creation” in our new governance arrangements in order that the voices of the most disadvantaged can shape the future.

Priority Action: New inclusion governance arrangements give staff a stronger voice and a share in decision-making.

- Staff Co-Chair of the Inclusion Board
  Mr Ajit Abraham FRCS is the first Staff Co-Chair of the Inclusion Board and will be an active ambassador across Barts Health. His role is to speak out for colleagues at all levels and from all disciplines, with a real understanding of their experience. He has a passion to create an inclusive, safe and compassionate environment, and will offer thought leadership, constructive challenge, and problem-solving.

- Staff diversity networks
  Representatives of our staff diversity networks and the Co-Chair of the Staff Partnership Forum share in the leadership of change as key members of the Inclusion Board. Under its auspices, the BAME network, BartsAbility, the Women’s network, the LGBTQ+ network and the Carers’ network all play a significant role in our corporate life. They get things done when they can - and hold the rest of us to account where they cannot. These networks are highly-valued by colleagues and their collective experience of equality, diversity and inclusion was fundamental to designing the #WeBelong approach.

- In-house WRES experts
  Some BAME colleagues completed the national WRES Expert programme and their expertise is influencing positive change in each hospital and across the Group.
A founding principle of the NHS is inclusivity. I’m grateful that this is as true today as it was when the NHS was established in 1948.

I’ve always believed the only way to consistently provide the highest possible level of care is through being truly inclusive. For me this means creating the right conditions for our staff to flourish and our patients to receive the services they need.

Equality, diversity and inclusion lies at the heart of what we do: commitment and dedication to improving the health and wellbeing of our diverse population.

I’m passionate that we provide the best possible experience for our patients and their loved ones who identify as LGBTQ+.

In the last year we have created a network of LGBTQ+ ambassadors with the promotion and visibility of the NHS rainbow badge and lanyards.

“The rainbow badge, when worn by staff will indicate they have signed a pledge declaring they are happy to be approached by any LGBTQ+ patient and their loved ones as a safe space for open communication and support.

A priority is our commitment to improve the way in which we deliver end of life care to our LGBTQ+ patients. This is a time when people should be able to be who they are, with the people that mean the most to them in their life. Prejudice and discrimination at the end of life have a devastating impact on LGBTQ+ people.

With support from the trust palliative care team, the hospital has rolled out training for LGBTQ+ issues and end of life care for staff. It’s vital that we ensure that staff are equipped to deliver safe and compassionate care for these vulnerable patients.

As a staff member who identifies as LGBTQ+, I believe that our staff should always feel empowered and supported to come to work at St Bartholomew’s as their true and authentic self.

As co-lead for the St Bartholomew’s LGBTQ+ network, I feel privileged to have had the opportunity to support staff networking and signposting individual staff members to local support services.

I’ve always believed that a positive and robust leadership on promoting LGBTQ+ equality is essential in ensuring that NHS workplaces are free from discrimination.

Darren Barnes
Senior improvement manager
Patient engagement and experience lead
Co-lead St Bartholomew’s LGBTQ+ network

WeBelong – Becoming a truly inclusive organisation 2020-2023
Our diverse communities

Newham is the most diverse part of the country

Almost half the population is Asian, the most of any London borough. Those with Indian heritage form the biggest minority, followed by people with Bangladeshi and Pakistani heritage.

8 out of 10 most diverse boroughs in the country are in London as well as Newham, Tower Hamlets is fifth (55% non-white) and Waltham Forest is tenth (48%). Overall our three boroughs are 58% non-white; the UK average is 14%.

Tower Hamlets has the highest number of people with Bangladeshi heritage of any borough in the country

They form one third of the local population (compared to 3% in London and 1% nationally). However the fastest growing minority are the 14% white non-British.

Waltham Forest has the biggest concentration of people with Pakistani heritage

They form half the local Asian population although they are fewer in number than Newham. The borough also has the largest local Black population. A quarter of residents do not speak English as a main language.

Only 6% are over 65

Tower Hamlets has the youngest population of any local authority. Half the residents are in the 20-39 age bracket, and, the lowest in the land. Newham is not far behind (only 7% over 65) and even Waltham Forest is the 10th youngest borough nationally, although its over-65 population is larger (10%) and growing.

The population of Tower Hamlets is Muslim

One-third in Newham and one-fifth in Waltham Forest. Newham has more Christians than Muslims, though not as many as Waltham Forest (which is 55% Christian).

The relationship between local diversity and population deprivation

Our boroughs contain some of the most deprived areas in London. Our patients often live in these pockets of high deprivation, and come from ethnic minority communities. For example, about two-thirds of patients in Newham hospital come from the poorest one-third of the borough. Tower Hamlets has the highest proportion of older residents in poor households in England, and ranks 14th for children living in poverty.
Towards full inclusion

Becoming a truly inclusive organisation involves cultural transformation at all levels and major changes in behaviour. To drive this long term journey, we established three major strands of work which will help us create inclusion for all and establish cultural intelligence throughout the organisation.

The Inclusion Centre, increased Community Connectivity, and an Inclusion Observatory will together provide the capacity and expertise we need to make sustainable progress. No single intervention could achieve this alone, but each can act in combination with others to achieve positive and lasting change. Our vibrant approach to communications and engagement will help us reach out to everyone across the Group.

Making equity a reality

The Trust Board warmly endorses our direction of travel and takes a close interest in this subject. The Inclusion Advisory Panel provides strategic advice to the Board, and comprises a balance of staff members, executive and non-executive directors. It is chaired by the Board Vice-Chair, and benefits from national experts on race equality who have recognised expertise in leading inclusion.

Quality improvement

We will use our WeImprove approach to quality improvement to achieve transformational change in a sustainable way over the long term. By enabling practical steps to be taken and tested locally, teams will themselves be able to create the inclusive culture they desire, and overcome barriers to progress. This will also actively engage staff in becoming champions for change.
Connecting with our communities

We can only consider ourselves to be a truly inclusive organisation if we are also focused on addressing inequalities which affect our patients and communities. The Covid-19 pandemic laid bare the health inequalities which affect east London, with older patients, men and those from Black and Asian ethnic backgrounds experiencing worse outcomes. A key part of our strategy is therefore to improve equity for our patients by understanding the causes of inequalities, and taking action to address them.

As part of our recovery from the first phase of the pandemic we worked closely with local communities to address their concerns (including with local schools), and used our power as an employer and procurer of services to support the local economy. We also analysed a wide range of data to identify equity challenges in care, and are taking action to reduce inequalities in key areas including maternity and midwifery, outpatients, cancer services, elective surgery, and urgent care.

So a fundamental aim of #WeBelong is to benefit our local communities and improve further the services we offer for the health of our local people. We will build on our local relationships and programmes so we have a positive impact, not only as a provider of healthcare, but also as a partner and ally in our neighbourhoods. In particular, through our community engagement groups we will systematically listen to the experience of ethnic minority patients and their families. This will enable us to be sensitive to the different cultural needs of our local communities, and act on their insights about what matters to local people in accessing healthcare.

Covid-19 highlighted and exacerbated health disparities. We will continue to investigate potential inequalities in access, process, outcomes and experience for different groups across a range of services. These include Covid-19 patients with learning disabilities, referrals to specialist care, and...
virtual appointments for renal patients. We record the ethnicity of eight out of ten patients and are working to capture everyone.

As we deliver services in new ways we will also seek to improve access through community participation, and co-design equity of access with service users. We also want to support approaches that create healthy communities, create more community employment, widen participation and build the local workforce. This will build prosperity and social mobility, which are factors in improving health inequalities.

In particular we will build our comprehensive programme to address wider determinants of health through:

- **Community Works for Health** – creating pre-employment pathway to jobs at the Trust, including ring-fenced opportunities.
- **Healthcare Horizons** – working with local secondary schools to support entry into health related degrees and apprenticeships for their students.
- **Project Search** – sponsoring supported work for people with learning disabilities.
- **Community Participation Hub** – promoting shared development with hospitals, local authorities and voluntary and community networks
- **Advocacy and Interpreting** – continued commitment to our patients and communities working to explore new ways of connecting and communicating

**An “anchor organisation” for east London**

Anchor organisations have a mission to advance the welfare of the populations they serve, leveraging their roles as significant stewards of public resources. We want to use our scale to benefit the health of local people here in east London. By working together with east London partners across the NHS and local authorities, we will maximise our socio-economic impact by creating employment opportunities for local people; by using our public resources well through how we purchase; and by promoting environmental sustainability through the assets we hold. And our developing life sciences hub will create 11,000 new jobs over the next 10 years.

**The Inclusion Observatory**

Through our Inclusion Observatory we aim to become a leading organisation with an evidence base for inclusion. We will work with, and learn from, the newly established NHS Race Observatory and coordinate insight through data harvesting, analytics and research. This will enable us to measure our impact and progress, create an evidence base for change; and offer transparency, dialogue and accountability to staff and the public.

**Creating new evidence**

We want to work with academic research partners from the outset to evaluate our inclusion practice and ratify our evidence base. This would help show how creating an inclusive healthcare employment environment leads to improvements in clinical care and public health outcomes.
Hello, my name is Funke Bella and I am a senior radiographer at Newham Hospital. I am originally from Nigeria but came to this country in 2004 to begin my studies.

Many of you will be aware of the murder of George Floyd, an African American man who was killed by police during an arrest in Minneapolis. The topic of racism has, rightly so, dominated public discussions in a way that it hasn’t for a long time and in a way that, quite frankly, has been long overdue. Understandably, some may find the thought of progressing the dialogue on racism in the UK a little overwhelming. Perhaps because you’re afraid to say the wrong thing. I’d like to urge you to reconsider your thinking, saying nothing in the face of adversity is far worse.

One of the reasons I left my previous trust was because of obvious inequality due to race. I was denied opportunities to progress and I was advised by colleagues not to bother to fight the ‘system’ because no one will listen to me and nothing will change. I didn’t challenge management for fear of being labelled ‘an angry black woman’ and after years of hard work and dedication I was left feeling defeated. I decided to leave.

However, looking back I wish I had spoken up and held those who made me feel inferior to account. I have learnt you can’t just give up and it is wrong for this kind of behaviour to be allowed to carry on. The progression and wellbeing of NHS staff is of paramount importance in enabling us to provide good care to the people we look after. With 50% of Barts Health staff coming from BAME backgrounds (and a higher percentage at Newham), a fundamental part of this is championing equality in everything we do, only then will we change the system.

My experience of racism is one of many and there are many other instances of people being treated negatively because of their race, whether subtly or outright, both in the NHS and beyond. It’s time now to have these difficult conversations and make meaningful change.

I am proud to be black, I am proud to be a woman, I am proud to be a radiographer and I am proud to stand against inequality in all forms in all spheres of life. I hope that in reading this, whether you are black, white, Asian or from any other ethnic minority, you will stand with me.

There is so much strength in diversity and it’s important now more than ever that we not only celebrate it but wield it.

Funke Bella
Senior radiographer at Newham Hospital
#WeBelong at Barts Health

Inclusion is everyone’s business. Each of us is an aspect of the extraordinary diversity that is #TeamBartsHealth, and in one way or another we will all be affected by this strategy. It is up to each of us to bring it to life and make it work.

We are lucky to have an award-winning inclusion and diversity team who have done much to embed this agenda in the Trust over recent years. Yet they will be the first to say that a small team in an organisation with 24,000 members - employees, contractors, students and volunteers – can’t do everything on its own.

**Our 2018 Positive Action Charter for Inclusion committed us to specific actions to tackle under-representation and discrimination:**

We are committed to becoming an inclusive organisation, with equality of opportunity for all colleagues, diversity reflected at all levels in the organisation, and our WeCare values visible in all that we do.

We are committed to delivering equitable care for our patients and playing a key role as an anchor organisation in improving health outcomes in East London.

The #WeBelong approach builds on these foundations. From listening to colleagues, we heard that ‘belonging’ is something we want to feel at work, so we don’t need to change our identities to fit in. Each of us can help do that by creating space within our teams to understand the other members. By making them welcome we can offer hospitality in its original sense. Interestingly, the word comes from the same root as hospital, and the first hospitals – like our own St Bartholomew’s almost 900 years ago – were founded as places of hospitality.

To be a great team requires us to be insightful about ourselves, to overcome the unconscious biases that all of us have and to extend advantages that we have to others. Teams where people feel they belong are more likely to work effectively together and to best understand and provide care for the needs of our patients. They are also places which can help people to thrive at work.

Whatever our role, we are all here to give the best care for our patients, either directly or indirectly in our work. To do this well, we need to be one team: #TeamBartsHealth. A great team is a place where everyone feels #WeBelong.
I joined the women’s network to meet new people in the workforce, people that I wouldn’t normally speak to or come across in my day-to-day role.

I like the fact that they support so many people by reaching out and being a feedback-driven network. Colleagues ask and they deliver, such as menopause talks or retirement chats to help people understand the processes.

Joining has given me the chance to listen to inspirational speakers and be involved in events that I wouldn’t normally have the opportunity to. The network also gets involved in the difficult conversations such as personal challenges they have faced in their career and how they have dealt with it, the gender pay gap being a huge challenge.

Being a part of this network has really opened my eyes to challenges many people face within the workforce and I am excited to get involved in tackling these challenges to make working more inclusive and diverse!

I am looking forward to supporting as many staff as possible to hopefully make change.

Emma Richards
Service delivery manager for endoscopy, gastroenterology and hepatology
Co-chair of the Whipps Cross women’s network

“... this network has really opened my eyes to challenges many people face within the workforce...”
We are committed to eliminating discrimination, ensuring equality of opportunity and promoting good relations between all people. We want to be a place in which everyone is treated fairly and respectfully, where everyone belongs and our diversity is celebrated.

2021-22

- Deliver our positive action priorities
- Launch and rollout cultural intelligence programme
- Establish the Inclusion Observatory and publish data
- Further develop our community employment and engagement programmes
- Eliminate discrimination in the disciplinary process

2022-23

- Inclusion Centre to embed cultural intelligence programme across the trust
- Eliminate discrimination in recruitment, training and development
- Continue to build on community connectivity programme

2024 and beyond

- We are fully established as an anchor organisation having eliminated inequalities and used our resources to help local communities
- Our senior leadership is reflective of our local people
- We are recognised as an employer of choice – truly inclusive and evidenced by WRES, WDES, Stonewall and social mobility metrics
Large print and other languages

For this leaflet in large print, please speak to your clinical team.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

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