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25th October 2024



Barts Health
NHS Trust



UNISON Anti-Racism Charter





UNISON

How Unison Anti Racism Charter Came About

- 2023 was declared by Unison as the YOBW
- Surveyed black workers
- Survey revealed that
- 63% feel they are subjected to greater scrutiny than their white counterpart
- Only 30% felt their employer took race equality seriously
- 51% said they had witnessed or have been victims of racial discrimination at work
- 53% believed that their race had prevented them from progressing their career

What is Unison Anti Racism Charter

The Unison Anti Racism Charter is more than just a document

It's a powerful commitment to driving real change within organisations

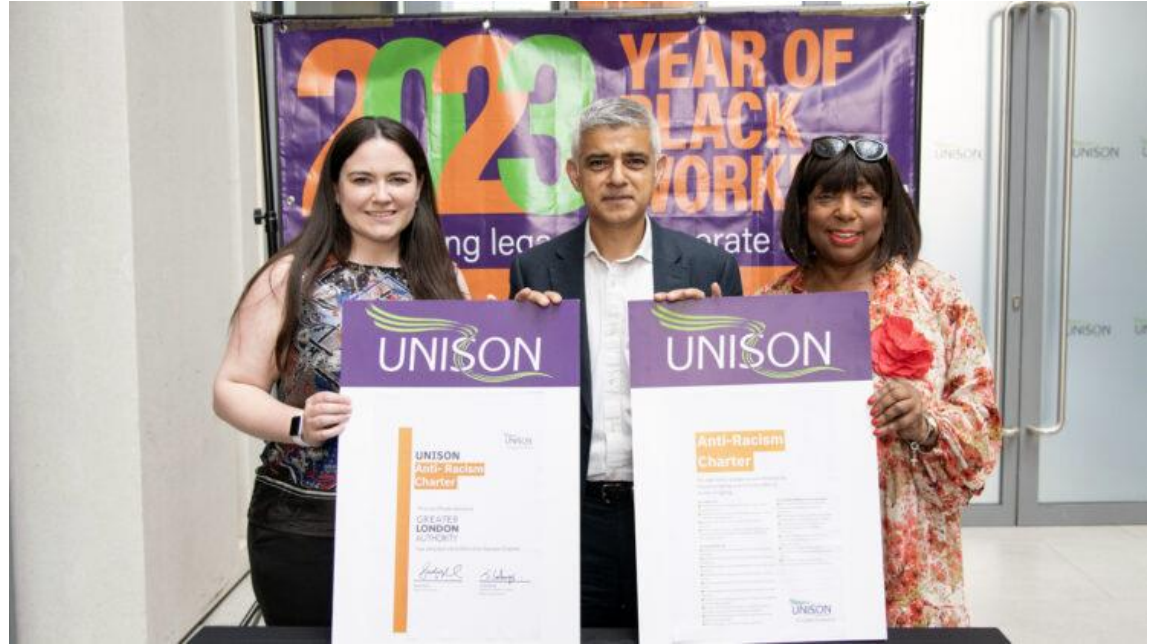
It's a promise to take concrete steps in addressing racial inequality, fostering inclusive workplaces, and improving outcomes for both staff and patients

Benefits of signing the Anti- Racism Charter ?

- **Enhanced Recruitment and Retention**
- **Attracting Talents:** The charter shows that the organisation values diversity and inclusion, making it an appealing workplace for individuals from all backgrounds
- **Improved Retention:**

A fair, Inclusive environment where staff feel valued leads to higher retention rates, reducing turnover and recruitment cost
- **Boosting Morale:** Employees feel engaged, improving morale and productivity
- **Training and development:** The charter ensures that all staff receive unconscious bias and anti racism training and that managers are properly equipped to handle issues of discrimination in recruitment, promotions, disciplinaries and grievances
- **Wellbeing and support:** Recognising the impact of racism on staff wellbeing. The charter includes provisions for wellbeing support and provides a process for reporting, investigating and addressing racism

The Mayor of London on behalf of GLA was the first employer in the capital to sign up to the charter on 7th August 2023





Barts Health Signed to the Charter on 14th March 2024

Progress made so far

Set up a monthly Anti
Racism Working Group

Members composed of
Unison Branch
Secretaries, Unison
Organiser, BME Site leads,
HR & EDI

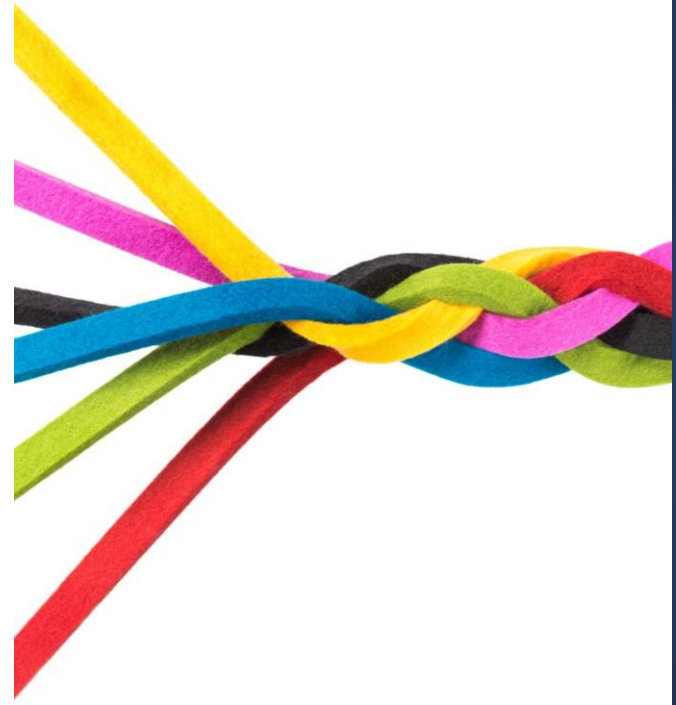
Identified the following
policies and allocated
these policies to
members of the working
group. These policies
needs to be reviewed
with anti racism lenses

The policies are

Recruitment, Disciplinary,
Sickness and Absence,
Dignity at work,

Key Priorities

Recruiting diverse talent	Progression for BAME People in the Trust
Disciplines and likelihood to be referred to professional bodies	Support for those who have suffered racism
How to challenge racism, personally and as an organisation	Consequences



Attended GEB Session in July

Described the Anti
Racism Charter

The key priorities

What we want
from GEB

Session was
engaging

They are
committed to
working with it to
make a difference

What is next

In the next three months

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graph TD; A[In the next three months] --> B[Local hospitals to sign the charter]; B --> C[Roadshows across all sites]; C --> D[Reviewing of policies through Anti Racist Lenses]; D --> E[Anti Racism training];
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Local hospitals to sign the charter

Roadshows across all sites

Reviewing of policies through Anti Racist Lenses

Anti Racism training

Interested in
signing the charter,
please get in touch



Anti-Racism at Barts Health



Our commitment to anti-racism at Barts Health is an **ongoing commitment** that aligns to our overarching inclusion strategy **WeBelong**.

We are **proud to work in partnership with Unison** to implement the anti-racism charter. This will enable Barts Health to **accelerate and deepen the impact of the work we have underway**. We recognise the potential of this partnership to collaborate and **magnify the impact of what we are doing** and **to learn from the experience** that Unison have gained in their work across London.

This pack **highlights our existing work under WeBelong** and describes our ambitions to use this anti-racism work to **reinforce the opportunity to open conversations** with our people and to ensure that anti-racism is considered as an **opportunity for both Barts Health as well as the people that work here**.

WeBelong

- Originally launched in 2020, initially focused on highly practical short term actions
- WeBelong was updated in 2022, updated to focus on creating a longer term impact



Our Priorities for WeBelong in 2024

In 2024 we will apply cultural intelligence in practice to accelerate inclusion:



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

- Systematically embed inclusion and cultural intelligence throughout Barts Health via clear competencies in **WeLead** that will enable fair progression and an inclusive, compassionate culture.
- Strengthen **governance** structures, **metrics** and promote **intersectional** working via staff diversity networks to **actively listen** and strengthen the voice of our people.



To deliver a **fair and just culture** which enables delivery of our WeCare values.

- Continue to apply and develop **new era policies** to make our recruitment, people and retention processes more equitable and effective.
- All our people will have a personal inclusion objective to ensure equity is **golden thread** in our thinking.
- Create a **career progression** framework where everyone can have access to a menu of support linked to a **talent management strategy**



To 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.

- Conduct even more engagement with our communities and use data (ethnicity coding) to review **access** and inequality gaps in care to enable Covid recovery.
- **Co-develop** more inclusive services and to ensure Barts Health is adding social value through leveraging procurement, building skills in the community and increasing local **employment**.

Our Career Development Offer

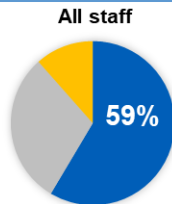
- ✓ **Richer conversations with line managers to help map career goals and pathways**
 - Launch of new career conversation guide applying the scope for growth discussion framework
 - Launching mass coaching for line managers to have better conversations with reports
- ✓ **Career mentorship from colleagues and senior managers**
 - Launched career mentorship service which is open to all staff. The service includes recorded training sessions, guidance and shadowing opportunities
 - 1 in 7 people attending the programme said the advice and knowledge gained from participating has increased their chance of securing a promotion
- ✓ **More development opportunities including...**
 - Expansion our very successful career development programme which is specifically aimed towards female, Black, Asian or minority ethnic colleagues and colleagues with a long term health condition or disability
 - Bespoke 5- 7 middle manager programme
 - VSM Future Leaders programme including executive brand development, governance, strategy development and leading with inclusivity and compassion
 - Improving access to opportunities through the Education Academy
 - Diversity by design – developing a novel approach to values based recruitment
- ✓ **Greater opportunities for experiential learning through stretch projects with people in different teams**
 - Developed a stretch assignment framework and guidance to standardise how opportunities are offered
 - Better feedback and proactive talent lists across the Trust

Workforce Race Equality Standard (WRES)

The workforce race equality standard (WRES) is an annual collection of metrics that helps NHS organisations understand the experience of ethnically diverse employees.

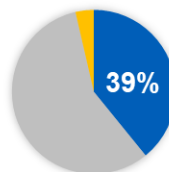
This overview provides a snapshot of data from March 2024. Some of these numbers have been rounded to the nearest %.

Indicator 1: Our Staff



Ethnically diverse people make up the majority of staff at Barts Health.

Staff at band 8a and above



Whilst this has improved at Barts Health each year, under representation remains a key challenge here and also for the wider NHS.

See key bottom right corner. Yellow segments of the pie represent unknown/unrecorded.

Indicator 2: Shortlisting

The relative likelihood of white staff being **appointed from shortlisting** compared to ethnically diverse staff:

1.56x

This means white staff are slightly more than 1.5 times more likely to be shortlisted.

Indicator 3: Disciplinary

The relative likelihood of ethnically diverse staff entering a **formal disciplinary** process compared to white staff:

1.39x

This means ethnically diverse staff are 1.39 times more likely to enter formal disciplinary.

Indicator 4: Training

The relative likelihood of white staff **accessing non-mandatory training** compared to ethnically diverse staff:

1.0x

This means BME colleagues are equally likely to access non-mandatory training than white colleagues.

Indicator 5: Bullying from the public

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or public:



Indicator 6: Bullying from staff

Percentage of staff experiencing harassment, bullying or abuse from staff:



Indicator 7: Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:



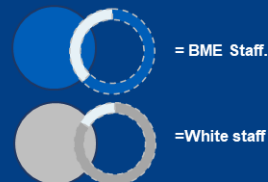
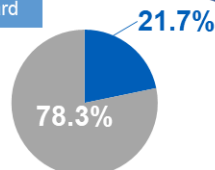
Indicator 8: Discrimination

Percentage of staff personally experiencing **discrimination** at work from a **manager/team leader or other colleagues**:



Indicator 9: The Board

Composition of the Trust Board:

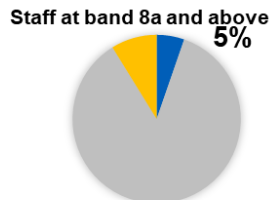
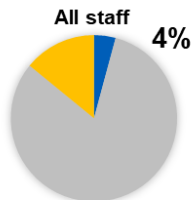


Workforce Disability Workforce Standard (WDES)

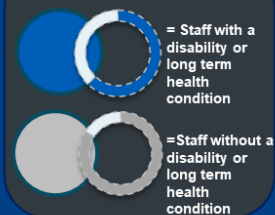
The workforce disability equality standard (WDES) is an annual collection of metrics that helps NHS organisations understand the experience of staff with a disability or long term health condition.

This overview provides a snapshot of data from March 2024. Some of these numbers have been rounded to the nearest %.

1: Our Staff



Key:



See key top right corner. Yellow segments of the pie represent unknown/unrecorded.

2: Shortlisting

The relative likelihood of disabled staff being **appointed from shortlisting compared to non-disabled staff**

1.15x

This means non-disabled staff are 1.15 times more likely to be shortlisted.

3: Capability

The relative likelihood of disabled staff entering a **formal capability** process compared to non-disabled staff.

7.01x

Disabled staff are 7 times more likely to enter formal capability. Numbers are very so small this is not statistically significant.

4a: Bullying from the public

Percentage of staff experiencing harassment, bullying or abuse from members of the public:



4b: Bullying from managers

Percentage of staff experiencing harassment, bullying or abuse from managers:



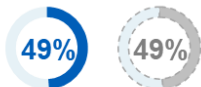
4c: Bullying from staff

Percentage of staff experiencing harassment, bullying or abuse from other staff:



4d: Bullying reported

Percentage of staff experiencing harassment, bullying or abuse they or a colleague reported it:



5 Progression

Percentage staff believing the trust provides **equal opportunities for career progression or promotion**:



6: Pressure to come into work

Percentage of staff facing pressure to come into work:



7: Feeling valued

Percentage of who feel their work is valued, by the organisation.



8: Workplace adjustments

Percentage disabled staff saying they have reasonable adjustments to carry out their work



9: Staff engagement

Staff engagement score for disabled staff compared to non-disabled staff

6.3 6.9

10: Trust Board

Percentage disabled staff on the Trust Board



Ethnicity Pay Gaps



For every **£1** that the median white colleague earned, the median Black, Asian, and Minority Ethnic (BAME) colleagues **earned £0.82**.

Barts Health have been reporting the **ethnicity pay gap for the last three years**. As this is not a statutory requirement, we have not been able to benchmark against other organisations.

Our target is to reduce the median pay gap **by 2 percentage points** from 18.7% to 16.7% by March 2027.

To support this we have created an **intersectional pay gap group** that will build on the progress made in reducing the gender pay gap where we have taken a **profession by profession approach** to identifying and addressing the specific challenges Black, Asian and minority ethnic colleagues face in **progressing to the higher pay quartiles**.

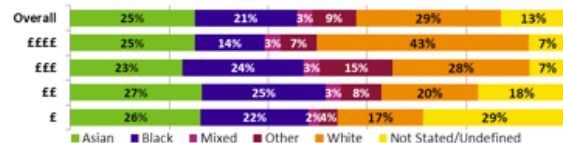
18.7% Median Ethnicity Pay Gap (White/BAME) (hourly rate)



19.5% Mean Ethnicity Pay Gap (White/BAME) (hourly rate)



Proportion of BAME and White colleagues in each pay quartile



Reinforcing the Conversations with our People



A key opportunity we want to achieve from our anti-racism partnership with Unison is to **reinforce the conversations we have with our people.**

The ongoing challenges in society remind us not to become complacent. We must do more to **understand the depth and breadth of the issues** affecting our people and **raise visibility of their lived experiences.**

The purpose of this approach is to **facilitate a meaningful conversation** about how we can further raise awareness, increase visibility, and **ensure our interventions are effective** in addressing the complex issues our people face.

By gaining a deeper understanding of these issues, we will be in a **stronger position to bolster and amplify the roles of our Trust Board, Group Executives, and Staff Diversity Networks**, to provide the necessary visible leadership, allyship, and advocacy required to drive forward meaningful and sustainable cultural change to address the impacts caused by racism.

As a key part of WeBelong we have worked in a number of ways to have safe, open and meaningful conversations with our people, these include:

- 'Lets Talk About Race' webinars
- Listening Circles sponsored by the BME Network
- White Allies Programme

Supporting our People to Take Personal Responsibility



To ensure we make a meaningful difference **we need our people to work collaboratively**. Due to the diversity of our people Barts Health as a particular responsibility to ensure that anti-racism is embedded across the Trust.

We also recognise that **we need our people to take a person responsibility**. We expect everyone to live the WeCare values that are at the heart of the work we do at Barts Health.

We believe that we can be more ambitious than this. If we **equip people to recognise the signs and the impacts of racism** everyone can contribute to eliminating this from Barts Health. We want to **enable everyone to call out racism and have the confidence to recognise they can be part of the solution**.

Any questions?