



Igniting Change

One Year On
2023



British Heart
Foundation

How far have we come?

At the British Heart Foundation (BHF) we know that being an inclusive and diverse team isn't just about doing the right thing – it will help us save and improve more lives.

Making the world a fairer place is bigger than BHF alone, but we are proud to play our part – working across the UK's four nations to tackle inequalities in cardiovascular health, improve the diversity of our research workforce, and make BHF a more inclusive place to work. In the year since we published Igniting Change, our first equality, diversity and inclusion (EDI) strategy, we've taken important steps to achieve the milestones we're working to meet by 2025.

One year on, it's important to me that we openly share our progress and challenges alike.

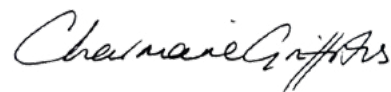
Reflecting on the last year, there is so much to be proud of across BHF. Operationally our focus was ensuring we were driving sustained change for the long term within BHF, including welcoming new colleagues to bring their expertise and capacity to our major programmes, and critically getting to grips with the data we need to make even better decisions.

As a team we're pleased to share that today our median gender pay gap is 0% – we're one of few UK employers in that position. It's good to see so many examples of positive change led by colleagues, and I am personally delighted to have welcomed more Black colleagues into our senior leadership community.

In research funding, we've analysed the diversity of the research community we fund, as well as across the committees that inform our funding decisions. In time, our findings here will help us to create a more diverse and inclusive research workforce.

If we're serious about influencing change for the long term, pushing cardiovascular inequalities further up the health policy agenda is a must. With BHF now being cited in over 540 important policy documents, the Government is starting to recognise the role we're playing in making sure cardiovascular disease is seen as a top priority in tackling poor health and inequality – and we're getting closer to our goal of being a leading authority on cardiovascular health inequalities by 2025.

So as we look to the year ahead, we have a clearer picture of who we are, the data to help us make better decisions and a plan to make the changes we need to. What's not changed is the relentless determination to drive the change we need to see and get to where we want to be as a BHF team.



Dr Charmaine Griffiths,
Chief Executive, British Heart Foundation



"If we're serious about influencing change for the long term, pushing cardiovascular inequalities further up the health policy agenda is a must."



Igniting change for BHF colleagues

Our objectives to 2025:

1. Achieve fair progression opportunities for everyone who works at BHF
2. Increase the diversity of BHF trustees, governance and advisory committees and colleagues
3. Embed an open and inclusive culture

Our progress in 2022-23

Equality & inclusion

We're seeing it's the small things that can make a huge difference to life at BHF. Colleague-led initiatives such as free period products at BHF offices, shops and stores, and additions to our colleague affinity and inclusion groups for menopause and baby loss all help us create an environment where our people can feel safe, empowered, and as though they belong.

Colleagues have supported the introduction of a diverse range of greetings cards in BHF shops and stores for celebrations such as Eid and have championed the introduction of pronoun badges and pronouns on e-signatures. Events have been held to support the feeling of belonging, such as several PRIDE activities, the celebration of Black History Month, and 'a fortnight of learning' led by our anti-racism affinity group. We have also started creating Easy Read versions of our key documents, such as our Safeguarding policy.

Our most recent colleague engagement survey took place in February 2023. The results showed our colleagues feel more included than they have before and that progress at the BHF is fairer than when we first launched Igniting Change. 85% of colleagues now agree that BHF has created an environment where people of diverse backgrounds can succeed, up from 77% a year ago. By 2025, we want this to be 90%.

In terms of pay gaps, we are proud we don't have a median gender pay gap – less than 10% of UK companies can say this. As part of our drive for inclusivity, all our job adverts promote BHF's approach to flexible working from day one. A better flexible working offer means we can attract talent from a wider pool, which could be an important factor in reducing the gender pay gap.

Our ethnicity pay gap is 12.2% in favour of ethnic minoritised groups. This is because, while colleagues from ethnic minority backgrounds make up 10% of BHF's overall workforce, they account for 14% of colleagues in our upper pay quartile. You can read BHF's latest [Gender and Ethnicity Pay Gap report](#) for more details on our pay gaps and what we're doing to close them.

"85% of colleagues now agree that BHF has created an environment where people of diverse backgrounds can succeed."

Diversity & representation

Ethnic diversity and representation of our workforce is improving, with representation of Black colleagues in our Senior Leadership Group (SLG) now at 2% – we're making progress towards our 2025 target of 3%.

In terms of increasing diversity of our colleague base we've made steps to improve recruitment by introducing anonymous CVs and using agencies that specialise in identifying a more diverse candidate pool, such as with our new graduate programmes.

"We've made steps to improve recruitment by introducing anonymous CVs."

Our focus for 2023-24

Now is the time to build on what we've achieved for colleagues so far, ensuring everyone feels like they belong at BHF, and that they can add value to the organisation.

Next, we'll be reviewing our diversity data for internal promotions and external applicants to identify areas for improvement. We want to make sure our recruitment policy and talent development strategy are inclusive, clear and transparent.

Leadership & training

In 2022, 84% of our leaders had a personal EDI goal related to a wider leadership collective goal to support our Igniting Change objectives. Our 2025 goal is for this to be 100%. For Year 2, we have plans in place to ensure all leaders are accountable for their goals and feel supported to achieve them.

Other efforts have been made to provide the cultural platform for change, such as ensuring leaders recognise the importance of their own actions and behaviours and embedding this thinking into Leading our Future (our leadership development programme).

Our data capturing will continue, and we will prioritise gathering demographic data of trustees, governance and advisory committee members and colleagues, where possible, and establish clearer narrative of how we use these statistics.

At BHF we have programmes in place to support our leaders and embed the role they have in facilitating an open, inclusive culture. We will continue this for Year 2, with greater support and guidance to ensure that those involved in EDI activity have individual goals related to it, as well as all members of our SLG.



Igniting change in cardiovascular research

Our objectives to 2025:

4. Encourage inclusivity in how research funding decisions are made and how BHF-funded research is designed
5. Achieve a more representative and inclusive cardiovascular community

Our progress in 2022-23

By 2025, we want to have encouraged greater inclusivity in the funding decisions BHF makes and how the research we fund is designed. We also want to have encouraged greater representation and inclusion in the research community we

fund, as well as the wider cardiovascular community. Therefore, a big focus over the last year has been on collating meaningful data to understand our starting point, so that we can take the right action to make improvements.



Diversity of BHF research funding committees, advisor and reviewers

We have collated and analysed data on the diversity of our research funding committee members for the last three years and soon we'll be doing something similar with our reviewers. Findings will be published this year and used to identify diversity gaps – once we know what these gaps are, we can work to close them.

We are developing a process for people to put themselves forward as peer reviewers or to volunteer as committee members to enable us to ensure representation and we will implement this in Year 2. Our Clinical Studies Committee, initially all male, is now gender balanced.

Diversity and inclusion in the BHF-funded workforce

We have made similar progress with looking at the BHF-funded research workforce. Diversity of lead applicants and award holders for the last three years has been collated and reviewed. We have not yet been able to look at diversity of co-applicants and research staff, but are working to address limitations in our grant management system to facilitate this.

We have made changes to our small meetings grant fund, so that we can better support under-represented groups to network and develop their careers. We evaluated the preliminary programme provided in the application to make sure it is as gender balanced as possible, and that under-represented groups are considered. Next, we will modify the application form to actively ask applicants if and how they considered inclusivity in the organisation of the meeting.

Encouraging inclusivity in BHF-funded research

For all our research committees, we have implemented a process to consider bias awareness at the beginning of every meeting.

We have added diversity prompts and questions in our application forms for all grant applications that involve humans and animals and are asking applicants to provide information related to inclusivity in their experimental plan if clinical trials, animal experiments or animal/human samples are part of the project. This information is mandatory in the application form and will be directly used by reviewers to grade the proposal. This change will help guarantee that research produced from our awarded research projects will be of the highest quality and equally impactful for men and women.

Our focus for 2023-24

In the year ahead we will publish the first ever BHF Cardiovascular Research Workforce Report – along with our first report on diversity in research funding, and subsequent action plans for both.

The Cardiovascular Research Workforce Report will feature analysis of currently available data and include targeted engagement with UK researchers. Findings will be used to target our research strategy and EDI efforts and provide evidence for BHF policy and influencing work on the national cardiovascular workforce.

We have joined several external policy groups to share lessons and implement best practice. For example, as part of the Global Cardiovascular Research Funders Forum (GCRFF) we are partnering on the Women's Cardiovascular Health Research Initiative, which will produce a consensus paper on shared EDI principles and policies and is designing a grant call for transformative research on how best to tackle cardiovascular health inequalities affecting women.

These give us a platform to raise our profile as EDI champions, spread ideas and drive further change.

Our upcoming process to fund BHF's Research Excellence Awards includes a specific requirement for applicants to consider EDI, and how they will promote better representation and diversity – not only amongst early career staff, but also in their senior leadership structure. This is a big step that helps us choose institutions for funding that share our EDI values and are committed to addressing any shortcomings they may have.

We are looking forward to engaging with the UK research community to better understand barriers faced by under-represented groups. We will also be implementing a new expression of interest form for our committees, which we will use to encourage greater participation from women and researchers from ethnic minority backgrounds.

"We have taken a big step to help us choose institutions for funding that share our EDI values and are committed to addressing any shortcomings they may have."



Igniting change in cardiovascular health

Our objectives to 2025:

6. Continuously monitor and highlight cardiovascular inequalities to drive and influence change

Our progress in 2022-23

By 2025, we want to be a leading authority on cardiovascular health inequalities, developing the right plans to address these across the UK, and making sure tackling health inequalities is central to our influencing plans.

Understanding health inequalities

In Year 1 we launched the England Health Inequalities Hub and associated report, which is focused on equipping policy makers and health professionals with the data they need to target inequalities across the cardiovascular pathway. Over the years, we will incorporate data from Scotland, Wales and Northern Ireland to provide a UK-level view of inequalities. Once this data is in place, we will be in a better position to develop long-term strategies to help reduce cardiovascular inequalities across all four nations. However, we do not have the same starting point as England, as cardiovascular health data and availability is varied across the UK.

"Once this data is in place, we will be in a better position to develop long-term strategies to help reduce cardiovascular inequalities across all four nations."

Raising our profile and influencing change

Cardiovascular disease is one of the biggest drivers of health inequalities, and any change that we can affect for better prevention and care will have a positive onward impact on inequalities. However, the scale of the current challenge is such that we must join our efforts with those of other experts, and so partnerships are key to our success.

Our funding and support for expert organisations like the Obesity Health Alliance (OHA) and Action on Smoking and Health (ASH) shows how we can galvanise action against the biggest lifestyle factors in cardiovascular health inequity – smoking and diet.

A series of BHF reports highlighting the impact of the COVID-19 pandemic on cardiovascular care and prevention, and how it has disproportionately hit deprived and minoritised communities, has received a lot of attention in the media. The Secretary of State for Health has acknowledged that cardiovascular disease must be prioritised if we are to improve overall population health and reduce inequalities and it will be central to the forthcoming Major Conditions Strategy.

Our focus for 2023-24



There is a lot to do in the cardiovascular health space, and we need to prioritise further reporting on cardiovascular health inequalities in different parts of the UK. We are looking forward to developing a women's health position statement and will launch an easy read publication on heart disease.

We are introducing new learning and development sessions on health inequalities, available to the wider organisation.

BHF will be inviting external and internal speakers to help build our understanding of the different health inequalities people can face and teach us about the work they've been doing. We will also run additional discussion sessions with colleagues to consider how we apply this learning to our own work and the inequalities experienced in cardiovascular health and care.



Igniting change through **engaging** and **involving others**

Our objectives to 2025:

7. Engage and involve people in ways that are inclusive, relevant and accessible

Our progress in 2022-23

We have big engagement ambitions that centre on our people – our colleagues, volunteers, supporters, patients, researchers, and partners. We want our information and support to be accessible to everyone. We want to tell and share stories of cardiovascular disease that are more representative of people who experience it. And we want to make volunteering at the BHF more easy, flexible and inclusive.

Accessibility of our information and support

Every year millions of people rely on BHF support and information. Now, a new programme has been launched to ensure that it is accessible as possible. We will continue to monitor our progress here and make improvements as we go.

Patient stories and involving others in our decisions

Over the last year we have started identifying the gaps in our patient stories to help us see how we need to better represent everyone with cardiovascular disease. We have a basic understanding about the demographics of our patient and public network, but we have started making changes to encourage more diversity (such as using sector-wide approaches for paying for patients' time to be involved with decision-making tasks) and will continue our work on this.

Improving the diversity and accessibility of volunteering

We released our new volunteer strategy in 2023 to give BHF volunteers an improved and more consistent experience when they volunteer with us. On our volunteer portal, the process for registered volunteers applying for existing opportunities has been simplified, as well as adding more ways to access volunteer training. We have also improved ways of reporting to ensure we can provide the best support to our volunteers, and making sure the overall experience is inclusive.

"We want our information and support to be accessible to everyone."

Our focus for 2023-24



Our Patient and Public Involvement (PPI) payment policy – which outlines a fair and equitable approach to paying people who are involved in our PPI opportunities – will be implemented during Year 2, along with a plan to increase the Diversity of Heart Voices network.

We will also develop a coordinated approach to outreach and engagement of diverse communities, and migrate our volunteers onto a new platform, MyVolunteer.

Our specialist nurses on the BHF Heart Helpline provide information and support to thousands of people each year via telephone, email, and an online chat function. We are excited to switch the service from a local rate phone number to a freephone number in the summer of 2023, made possible by funding through our partnership with Royal Mail and collaboration from colleagues across the organisation. Providing a freephone number will remove any financial barriers that may have been in place when accessing our nurse support.

Onwards and upwards



There is work to be done, but we're committed to making a difference in the EDI space. In Year 2 we will focus on making strides across all seven of our objectives, with some exciting moments in our 2023-24 EDI calendar. We don't have all the answers, but we will continue sharing our successes, failures, and learnings to evolve our strategy and actions as we go.

This Year 1 progress is down to our brilliant colleagues, supporters and partners driving change to tackle inequality across the board – and everyone at BHF has a role to play in achieving our goals for 2025. We will embed our EDI

ambitions into performance objectives, business plans and ensure our Board of Trustees and our committees have sight of our progress. Drawing on the energy, experiences and challenges of our people, we can make sure BHF stays focused on what matters most – and together, create lasting change for a better BHF.

We need to ensure that equality, diversity, and inclusion is at the heart of our mission. We need to ignite change that creates a fairer and more inclusive world for our colleagues and volunteers, for the cardiovascular research community, and for all people affected by heart and circulatory diseases.

Our goals to 2025: the detail

1. Assessment by individual goal

If you want a closer look at the goals within our seven objectives, here's a detailed breakdown of how far we've shifted the dial so far.

The BHF's Igniting Change goals for 2025	Where we are now?
Objective 1: Achieving fair progression opportunities for every colleague at the BHF	
1A. More than 90% of BHF staff will agree "BHF has created an environment where people of diverse backgrounds can succeed", with no major differences experienced by different demographics	<p>In February 2023, 85% of paid staff said in our engagement survey they agreed with the statement "BHF has created an environment where people of diverse backgrounds can succeed" – up from 77% in January 2022. The response rates were 69% and 61% respectively.</p> <p>In February 2023, with the change to a new engagement survey provider, BHF has moved from a Likert agree-disagree scale to a 0 to 10 scale – equivalents as advised by our provider have been used to ensure comparability to previous figures.</p>
Objective 2: Increasing the diversity of the BHF's trustees, committee members and colleagues	
2A. At least 14% of BHF colleague workforce will be represented by people from ethnic minority backgrounds (to align with the UK population), increasing from 10% in 2022	<p>In January 2023, 11% of BHF paid staff were represented by people from ethnic minority backgrounds. This is up from 10% in March 2022, and 8% in March 2020. Those from ethnic minority backgrounds are defined as those who have not identified themselves as White British, White Irish, White European or White Other on our HR system. A small percentage (1%) have not provided their ethnic background, and they are excluded from this calculation.</p>
2B. At least 14% of BHF's SLG will be represented by colleagues from ethnic minority backgrounds, within which at least 3% are Black colleagues to align with the UK population	<p>In January 2023, 11% of BHF's SLG were represented from ethnic minority backgrounds. In March 2022, this was 10%. 2% are Black colleagues, which is up from 0% in March 2022.</p> <p>The above figures are based on top three job levels, which in January 2023 consisted of 120 colleagues.</p>
2C. Representation of female colleagues within BHF's SLG will increase and be proportionate to the demographic of the whole organisation	<p>In January 2023, 54% of BHF's SLG were female, compared to 67% of the organisation's overall workforce.</p> <p>In March 2022, these figures were 54% and 68% respectively.</p>
2D. We will have closed pay gaps at BHF, achieving equality in pay for everyone regardless of their gender and ethnicity	<p>BHF's gender pay gap in 2023 was -0.1% in favour of women.</p> <p>The ethnicity pay gap report shows a -12.2% favour for ethnic minoritised groups. This gap has widened (-9.6% in 2022).</p> <p>You can read more about BHF's pay gap reporting in our Gender and Ethnicity Pay Gap report.</p>
2E. We will have collected data to determine how representative our trustees, governance & advisory committees, and colleagues are of the general population, helping us to improve representation	<p>We have continued to improve the breadth of demographic information we have for paid staff.</p> <p>We have not started collating demographic data for members of Board of Trustees and other governance and advisory committees.</p>
Objective 3: Embedding an open and inclusive culture at the BHF	
3A. More than 90% of colleagues will feel they are treated fairly, irrespective of their background and with no major differences seen by different demographic groups	<p>In February 2023, 90% of paid staff said in our engagement survey agreed that "I am treated fairly irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation." – up from 85% in January 2022.</p> <p>In February 2023, with the change to a new engagement survey provider, BHF has moved from a Likert agree-disagree scale to a 0 to 10 scale – equivalents as advised by our provider have been used to ensure comparability to previous figures.</p>

3B. 100% of colleagues will have completed EDI training relevant to them, across unconscious bias, managing diverse teams and enhancing interview skills

Our mandatory online equality, diversity and inclusion training (called “What is diversity and inclusion?”) was completed by 96% of paid staff, which is above our standard mandatory target of 95%.

3C. By 2023, all Senior Leaders will have an EDI objective built into their Personal Development Review

As of March 2023, 84% of applicable colleagues in the SLG had a personal goal related to equality, diversity or inclusion in their personal development review. In the 2023-24 performance window (starting in April 2023), leaders will be automatically cascaded goals to ensure 100% completion – and will be maintained throughout the year, to ensure that colleagues that join BHF or are promoted into our SLG, have an EDI-related goal.

The applicable SLG population excludes those who were recruited and/or promoted into BHF outside the standard goal setting window, were on a secondment or on leave (e.g. maternity leave).

Objective 4: Encouraging inclusivity in how research funding decisions are made, and how BHF funded research is designed

4A. We will have collected and analysed data to determine how diverse our research advisers, funding committee members and independent reviewers are. This will help us track progress and improve representation against our baseline

We have collated and analysed data on the diversity of our research funding committee members (2022-2023). The data will be included in our first ‘Diversity in our research funding’ report. Monitoring, analysis and reporting will be repeated annually to track our progress.

We will use this analysis to identify areas of underrepresentation and seek to understand the reasons behind this.

4B. We will see that, where appropriate, our research community is actively considering strategies to improve the representativeness of their research

We have undertaken action to encourage this, through the addition of diversity prompts and questions in all of our application forms for grants that involve humans and animals. This was first implemented in our Clinical Study Grants Committee and will be rolled out to most other grant schemes during the summer of 2023.

To further this, we are exploring policies that ensure information is provided on the diversity of recruited populations as well as and researchers’ plans for tackling underrepresentation to ensure our research is applicable to more people and patients.

Objective 5: Achieving a more representative and inclusive cardiovascular research community

5A. We will have collected and analysed data for all grant applicants (lead applicants, co-applicants, and research staff) and award holders. This will give us a good understanding of the demographic characteristics of successful and unsuccessful BHF grant applicants and where there are any disparities in success rate between different groups

We have collated and analysed data on the diversity of our lead applicants and award holders between 2020-2023. The data will be included in our first ‘Diversity in our research funding’ report, to be published during the Summer of 2023.

Monitoring, analysis and reporting will be repeated to track our progress.

We will use this analysis to identify areas of underrepresentation and seek to understand the reasons behind this.

5B. We will see increased representation of women and those from ethnic minority backgrounds in the BHF-funded cardiovascular research workforce, especially beyond PhD level

The ‘Diversity in our research funding report’, mentioned above, will serve as a benchmark for understanding the demographics of the currently funded BHF community. We can then monitor the impact of any future initiatives against this.

Objective 6: Continuously monitoring and highlighting cardiovascular inequalities to drive and influence change

6A. BHF will be a leading authority on cardiovascular health inequalities across the four nations of the UK

We know that our work related to health inequalities is well cited in government policy documentation (540 citations since 2020). We are looking to widen our metrics, such as how often politicians are raising cardiovascular inequalities in national policy forums.

We have published the BHF England Health Inequalities Hub and report for use by health professionals and policymakers. We are working to add data to this hub from Scotland, Wales and Northern Ireland to provide a UK overview of health inequalities.

BHF has contributed to joint works including the Obesity Health Alliance (to advocate for policies to improve population health and address obesity) and Health Disparities White Paper (though this was never published).

6B. We will have developed long-term strategies for reducing cardiovascular health inequalities across all four nations of the UK

We have not started developing long-term strategies to reduce cardiovascular health inequalities. We have spent the last year collating and analysing available data to support identification of areas of need which we can support and champion.

6C. Addressing inequalities will be at the heart of BHF's policy and influencing work

We have embedded addressing inequalities as central to our policy and influencing priorities and we have joined several coalitions (and identifying others) to support sharing of best practice and bringing about sector-wide change – and to ensure we are focusing our partnership efforts where it most matters.

Objective 7: Engaging and involving people in ways that are inclusive, relevant, and accessible

7A. BHF information and support will be more accessible to a wider range of people

At BHF we have been reviewing our information and support offer, which includes our Heart Helpline, website content, our Heart Matters magazine and other booklets, leaflets and guides.

We are now advancing through this programme of work to optimise our information and support offer to ensure it is accessible and relevant to as many people as possible.

7B. The patient stories we highlight in our communication and messaging will be representative of the full breadth of people who experience heart and circulatory diseases across the UK

Over the last year, we have begun to identify what gaps lie in our patient stories, so we can see where we might need to add different stories to better represent those who experience cardiovascular diseases.

7C. We will actively involve people with a range of different backgrounds in our mission-focused work and decision making

Our Patient & Public Involvement efforts are the primary way we include people in our work.

We are in the process of assessing the demographics of our current patient networks to identify any diversity gaps.

To encourage involvement from a greater breadth of demographics we are working to put in place suitable actions to improve recruitment such as using sector-wide approaches for paying for patients time to be involved with decision-making tasks.

7D. Volunteering with the BHF will be easier and more accessible, and participation will have grown across the UK

We launched the BHF's new volunteer strategy in January 2023. This strategy positions accessibility and inclusivity centrally to the BHF's plans for our volunteers.



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Foundation**

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