

Briefing Note - August 2023

# THE PROBLEM WITH 'ALLYSHIP' SCHEMES AT NHS HOSPITALS: THE CASE OF THE ROYAL FREE

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## THE PROBLEM WITH 'ALLYSHIP' SCHEMES AT NHS HOSPITALS: THE CASE OF THE ROYAL FREE

### Key Issues

- Materials seen by Policy Exchange – which have been on public display at The Royal Free hospital in London in recent months – including a pop-up banner and posters, act as a case study revealing a variety of issues associated with the activities of staff networks and 'allyship' schemes – often influenced by external organisations – which have become commonplace across the NHS in recent years.
- A publicly-accessible noticeboard in the hospital has a document entitled '*7 Ways to be a good Trans Friend*' (Fig. 4) which tells staff that basic questions such as asking a patient "what is your name?" are inappropriate, posing challenges for staff to conduct routine tasks with patients, such as bringing up their patient records. It also contravenes General Medical Council guidance.
- A banner, seen in a [photograph](#) (Fig. 1) which has stood at the entrance of The Royal Free, makes the troubling suggestion that certain members of staff may be 'safe' 'for LGBTQ+ patients to speak to' on the basis of whether they wear an 'LGBTQ+ Ally' badge, setting a damaging precedent in creating a divide between staff who could be deemed 'safe'/unsafe in providing care for LGBTQ+ patients.
- The wording of the banner is also suggestive of a hierarchy of protected characteristics. Other individuals with protected characteristics may feel that they too should be seen by staff 'badged' as culturally sensitive and 'safe' for 'who they are and how they feel' as a result.
- The lower half of the banner shows staff have made an anti-racist pledge under the 'See ME First' scheme which was established at a neighbouring London trust. Yet pledges – that staff should provide quality care regardless of a patient's background and that fellow staff should be treated with respect – are already enshrined in both equality law and the NHS Constitution for England.
- Both the 'LGBTQ+ Ally' and 'See ME First' schemes have operated on the basis of staff either making a 'pledge' to obtain a badge or lanyard or participating in 'Allyship Training' via the staff intranet. No additional qualifications or ongoing assessment are required.
- Another notice (Fig 5) cites a 2018 [survey conducted by Stonewall](#) which claims that "1 in 5 LGBT+ people are not out to any healthcare professionals regarding the [sic] sexual orientation when seeking medical attention". It is not clear why – in almost all cases – it would be appropriate to disclose sexual orientation to a medical professional when seeking 'general medical care' unless it was your express personal choice to do so or if it was of clinical relevance.
- Previous Policy Exchange reports have highlighted similar activity throughout the public sector, emerging through staff networks [within the police force](#), and relating to [same-sex provision within the NHS](#).

## Recommendations

Staff should not be discriminated against or deemed 'unsafe' for choosing not to wear a badge or participate in 'allyship training' because of their beliefs, whether gender critical, religious, or for other valid reasons. The Equality Act 2010 protects people from discrimination on the basis of nine protected characteristics, including 'sex' and 'religion or belief'.

1. **Where staff at the Royal Free (or elsewhere) do not abide by the law or fail to meet standards set out in the NHS Constitution for England, this should be dealt with via established complaint mechanisms and the courts, not via 'allyship' schemes** which have lacked significant oversight and accountability to date and have been subject to external influence.
2. **NHS England should clamp down on schemes which are not nationally accredited** and should prioritise ensuring that the values and principles defined by the NHS Constitution for England are better understood by staff and that its rights and pledges are met. In January 2022, a Government review showed only [a minority of staff \(49%\)](#) nationally were even aware of the Constitution.

## A benign banner?

Figure 1 – [Image taken 12 July 2023](#)



It is no longer the case that patients will simply see NHS staff in their local hospital wearing scrubs and stethoscopes. Today, many also wear a plethora of badges and symbols, defining their commitment to a more 'open and inclusive' NHS. On the surface, a banner which has been standing at the entrance to the Royal Free Hospital in recent months, one of

London's major teaching hospitals, seems benign. But paradoxically, its effect may be the exact opposite of 'open and inclusive'.

The banner informs patients that staff who are wearing an 'LGBTQ+ Ally' badge are 'safe' 'for LGBTQ+ people to speak to' 'about who they are and how they feel.' The use of the word 'safe' is troubling. It implies that LGBTQ+ patients may only receive 'safe' care if provided by a member of staff wearing this badge, and sets the precedent that patients may be entitled to, or ought to seek out care from staff members who are appropriately 'badged'.

This could have implications for patient care if, for example, a patient does not disclose important and relevant medical information to someone who doesn't wear a particular badge because they have inferred that they are not a 'safe' person to speak to (the exact opposite of one of the key reasons for NHS England commissioning a national 'Rainbow Badge' scheme in the first place).

Worse still, it could instil the more damaging precedent of encouraging patients to seek care from those who share their protected characteristics on the basis their care would be 'safer' as a result. Whether the intention or not, the wording of the banner implies a hierarchy of protected characteristics which is inconsistent with the law. Other groups could claim they too should be seen by staff marked out as culturally sensitive to 'who they are and how they feel.'

It may also be implied that staff members may be considered 'unsafe' if they do not wear the 'LGBTQ+ Ally' badge, creating the potential for divides to emerge in the workplace among those who do not wish to 'go along' with the demands of schemes which have often been influenced by external organisations, and – in the case of the Rainbow Badge scheme – are partially accredited by an external organisation (in this case, the [LGBT Foundation](#)).

[The Public Sector Equality Duty](#) places an obligation on the NHS to take into account the need to foster good relations between all protected groups. That means that it should not privilege any particular group above others. It should not single out sexual orientation or gender identity at the expense of race, religion or philosophical belief.

[The Equality Act 2010](#) meanwhile protects people from discrimination on the basis of nine protected characteristics, including 'sex' and 'religion or belief'. A member of staff should not be discriminated against or potentially deemed 'unsafe' for choosing not to wear the badge because of any gender critical beliefs, religious conviction or other good reasons.

All patients, regardless of gender identity or sexual orientation, should be able to rely on NHS staff to provide respectful and appropriate care. The principles of the [NHS Constitution for England](#) (which has been in place since 2009) commit staff to provide a "comprehensive" set of services under the "highest standards of excellence and professionalism". It should be a minimum requirement therefore that staff are not racist, homophobic or transphobic; that they should provide excellent care regardless of a patient's background; and that they should treat fellow staff with respect.

If these standards are not met, discrimination should be dealt with via established complaint mechanisms and the courts, not through 'allyship' schemes which have hitherto lacked significant oversight or accountability.

NHS England should look instead to ensure that the values and principles defined by the Constitution are better understood by staff and that its rights and pledges are met. In January 2022, a Government review showed [a minority of staff \(49%\)](#) nationally were even aware of the Constitution.

## Behind the banner

The development of the 'LGBTQ+ Ally' badge worn by staff at the Royal Free emerged as part of a wider '[Rainbow Badge](#)' initiative, which began as a pilot at the Evelina London Children's Hospital in 2018 and has developed as a collaboration between the LGBT Foundation, Stonewall, the LGBT Consortium, Switchboard and The Association of LGBTQ+ Doctors and Dentists (GLADD). It was commissioned by NHS England and introduced partially on the basis of [a survey conducted by Stonewall](#) in 2018 which concluded that "one in five LGBTQI+ people do not disclose their sexual orientation when seeking general medical care" and "one in seven LGBTQI+ people have avoided treatment for fear of discrimination".

Over 90% of NHS trusts are now participating in the scheme or have developed their own initiative (including The Royal Free). According to an explanatory piece in the *British Medical Journal*, to wear a rainbow badge in NHS hospitals, staff are "[expected to read various articles and resources.](#)" This vague statement reflects the differing requirements which have been established at different trusts to qualify. At [Hull University Teaching Hospitals](#) for instance, staff are able to make a 'Rainbow Badge pledge' (either publicly or privately) and are encouraged to watch a ten-minute video entitled 'Transgender in the Workplace'. Other trusts encourage staff to read Stonewall's 'Coming Out' guidance to qualify. At the Royal Free, the scheme has been coordinated by the 'LGBTQ+ & Friends Network'. In order to qualify for a badge, any staff member of the Royal Free can access 'Allyship Training' via the staff intranet. They can also undertake a three-hour 'RAPID-ALLY' e-learning course (see Fig. 2).



Figure 2

Whilst it seeks to address a different set of issues, namely, discrimination of ethnic minorities in the workplace, the '[See ME First](#)' scheme – also highlighted on the banner depicted in Fig. 1 – has similarities. Devised by three senior staff working the neighbouring Whittington Hospital in the Autumn of 2020, this is a voluntary scheme which encourages "any member of staff who wishes to wear the badge...to make a personalised pledge (and have [their] photo taken) to uphold the values that the badge symbolises". These values are that the wearer belongs to: an "open, non-judgemental, and inclusive organisation that treats all Black, Asian and minority ethnic people with dignity and respect"; "that they uphold the values of listening and speaking up" and "that 'people should not be judged by the colour of their skin but by the content of their character'".

[At least ten trusts and over two thousand individuals](#) have taken such a 'pledge'. The goal for the initiative, according to a [case study](#) recently published on the NHS Providers website, "is not solely to grow within their own organisation but to rollout within the wider NHS and beyond."

In the case of the 'Rainbow Badge' scheme, it is worth noting that [the initiative has now moved from a 'pledge-based system' to an 'assessment and accreditation model'](#). Trusts must now "demonstrate their commitment to reducing barriers to healthcare for LGBTQ+ people, whilst evidencing existing good practice." It is not clear however if the 'assessment

and accreditation' approach will extend to the 'See ME First' scheme or other similar initiatives which emerge from individual trusts.

Further effort is clearly needed by NHS England to ensure that divergences between trusts in how they approach diversity and inclusion, sex-based rights or the wearing of religious garments by staff (in both clinical and non-clinical settings) is reduced.

### The NHS as political platform

Also of concern is the way in which some staff groups behind these initiatives blur the line between their professional activities at the trust of their employment and advocating their own political agenda and viewpoints. By way of illustration, the Royal Free's 'LGBTQ+ & Friends Network' have used their [Twitter account](#) in recent months to express opposition to current Government policy on self-identification and sex-based rights (see Fig. 3). In January 2023 they wrote:

*"we are deeply saddened that @10DowningStreet UK Government's decided to use the Section 35 order to block the @scotgov Gender Recognition Reform bill. We stand united with our trans, non-binary & gender diverse members & we will continue to advocate for GRA reform for all the UK."*



Figure 3

Whilst this may be the view of the individuals behind the staff network, we ought to question whether staff at NHS trusts should be able to use their trust's name and branding to advocate a political position which is not necessarily reflective of official trust policy and may – in some cases – be beyond the statutory remit of a trust or NHS England to comment.

A glance meanwhile at a noticeboard which has been set up at the trust, detailing a wider range of initiatives the network has undertaken, ranges from the publication of details helplines for LGBT patients provided by external organisations (clearly important and welcome) to the absurd: one document (Fig. 4), entitled '7 ways to be a good Trans Friend', claims that staff ought to "Stop asking inappropriate questions", such as "what is your name?"

The proposition that a doctor may not ask a patient their name is odd (at best), and is likely to make routine clinical practice, such as drawing up patient records a challenge. One might argue it even contradicts the General Medical Council's regulatory *Good medical practice* guidance, which [states](#) that a doctor should "Treat patients as individuals and respect their dignity". Names are a key [marker of our individuality](#) after all.

Another notice draws upon the aforementioned [survey conducted by Stonewall](#) in 2018 which concludes that “one in five LGBTQI+ people do not disclose their sexual orientation when seeking general medical care”. The document which has been pinned to a noticeboard at the Royal Free, entitled ‘How to get involved’ states that “A recent Stonewall survey estimates that 1 in 5 LGBT+ people are not out to any healthcare professionals regarding the sexual orientation when seeking medical attention”. It is not clear to the authors of this piece why – in almost all cases – it would be appropriate to disclose your sexual orientation to a medical professional when seeking ‘general medical care’ unless it was your express personal choice to do so or if it was of clinical relevance.



Figure 4

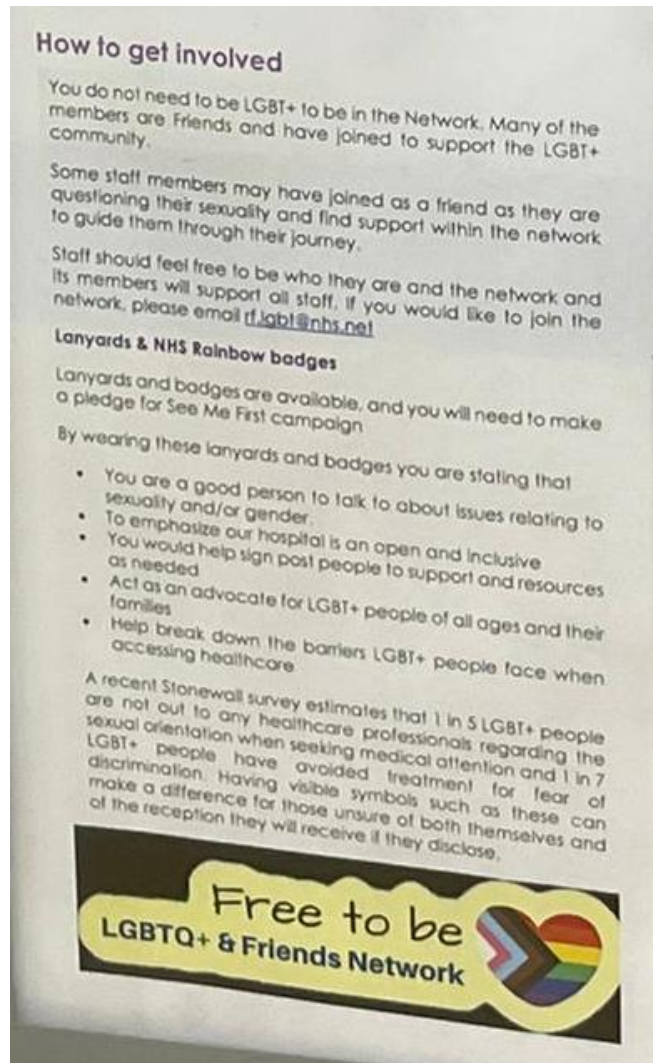


Figure 5

## In summary

This research note has analysed a variety of materials which have been on public display at the Royal Free hospital in London in recent weeks, including a pop-up banner and posters. They reveal a range of issues associated with the activities of staff networks and ‘allyship’ schemes which are often driven by a small number of individuals at trusts who – on too many occasions – use the legitimacy of their employer’s platforms and branding to advance what can be rather radical perspectives upon LGBT+ issues among the wider workforce and visitors.

Some of the advice provided to hospital staff reviewed here contradicts routine clinical practice and regulatory guidance; some of the commentary on social media meanwhile by staff networks challenge positions the current Government has taken on gender identity and sex-based rights, unhelpfully blurring the boundaries between the ‘official’ stance a trust may take and the individual viewpoints of the leadership of the staff network.

Whilst these schemes purport to create a more inclusive culture in NHS settings meanwhile, what is not clear are the cultural implications for those who do *not* sign up to such pledges, or who do not partake in ‘allyship training’. We ought to ask what the implications may be for career progression and workplace culture for those staff members who may opt not to participate.

It is also not clear whether staff who have made existing pledges are able to retain badges where NHS England policy is shifting more of these schemes from a ‘pledge-based’ to ‘assessment and accreditation model’, i.e., a more standardised assessment of schemes. We ought to ask: are there conditions under which staff could be stripped of their ‘LGBTQ+ Ally’ or ‘See ME First’ badges? And who would oversee this?

With well-established provisions in place to ensure that patients and staff with protected characteristics are not discriminated against or subject to worse care in statute (and via the NHS Constitution for England), the findings of this case study make clear the importance of senior leadership – at trust level as well as at the national level at NHS England – in ensuring greater oversight and assessment of schemes so that they do not contradict or challenge the apolitical nature of NHS workplaces, nor distract from the priorities of the clinical service.