

13<sup>th</sup> May 2020

## Making NHSBT a more diverse and inclusive organisation

As we work to fight this pandemic, something has been weighing heavily on my mind. And that's the [disproportionate impact that Covid-19 is having on black, Asian and minority ethnic \(BAME\) communities](#). You only have to look at our transplant data to see the health inequalities suffered by people from a BAME background. Though they represent only 14% of the U.K. population, they make up 31% the transplant waiting list. One year after being listed for a kidney transplant, 31% of white people have received a transplant, compared to only 19% of BAME people.

Similar health inequalities can be found in other parts of our organisation. Whilst white Europeans have a 69% chance of finding the best possible stem cell match, people from BAME backgrounds have just a 20.5% chance.

These are devastating statistics. And as we know, behind every statistic is a family and community that is suffering.

Reducing health inequalities by improving the racial and ethnic diversity of our donor base is a key priority for NHSBT. As we start to look beyond our immediate emergency response effort on Covid 19, we will be putting Equality, Diversity, and Inclusion at the centre of our Recovery efforts.

To that end, I'm pleased to say that we have just completed a piece of work with McKinsey to help re-imagine our end-to-end blood donor engagement model, with a particular focus on reducing the supply/demand gap for black Ro donors. This piece of work has highlighted that there are no silver bullets; it will require long, hard graft over multiple years. But we now have a blueprint which will inform our transformation portfolio over the next several years. We will need a similar blueprint to improve the racial and ethnic diversity of organ and stem cell donors, as well.

One of the key insights from this piece of work is that making NHSBT a more diverse and inclusive organisation will be a key enabler to improving the diversity of our donor base. In other words, we will not be successful in saving and improving more lives in the years to come if we do not take concerted action about our culture and workforce.

We have quantitative evidence - [WRES reporting](#), our [Stonewall report](#), and our [gender pay gap](#) - that there is unconscious bias in our policies and processes. But, as above, the data hide the pain and frustration which you can only get from

listening to the stories told by colleagues who have suffered bias and micro aggressions due to their gender, race, disability, and/or sexual orientation.

The Executive Team and I have looked at the data and, more importantly, we have listened to the stories. And we have concluded that if the organisation does not reflect the population we serve - if colleagues are subject to bias and micro aggressions - then it's because we haven't done enough as leaders to set our expectations and hold ourselves and others to account. This is something we are determined to correct. That said, we have come to the conclusion that we will need some help.

To that end, we have decided to recruit a Chief Diversity and Inclusion Officer, who will report to Katie Robinson, our new Strategy and Transformation Director. This new senior appointment will also join the Executive Team ('ET'), to improve diversity in our decision making and to help guide our efforts in making NHSBT a more diverse and inclusive organisation.

It will take several months to recruit our new ET member. In the meantime, I have invited the chairs of our staff networks to join our meetings on a rotational basis - to improve the diversity of our decision making and to contribute to the development of our strategy and action plans on Equality, Diversity and Inclusion ('EDI').

At the request of our network chairs, we will shortly be announcing ET 'champions' for each of our staff networks. Millie Banerjee - our Board Chair - has already agreed to be our Board-level Champion for Equality, Diversity and Inclusion.

In parallel, I will be creating an EDI Council to oversee and drive our EDI efforts and to hold the organisation to account for delivery. I intend to chair this new governance forum, which will comprise several other members from the ET, as well as the chairs of our BAME, LGBT, Women's and Disability staff networks, and a staffside representative. I intend to hold our first meeting in the next couple weeks when we will look to agree Terms of Reference and key priorities, including the development of an action plan to make NHSBT a great place to work for everyone.

In the meantime, I want to draw people's attention to the Code of Conduct for NHS managers which says *'I will respect and treat with dignity and fairness, the public, patients, relatives, carers, NHS staff and partners in other agencies. In my capacity as a senior manager within the NHS I will seek to ensure that no one is unlawfully discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social and economic status or national origin.'*

The Executive Team and I want to put on record that we take this code and our associated [Dignity at Work](#) policies very seriously. We recognise how difficult it is for people to raise concerns. So to build confidence that appropriate action will be

taken, we will be reviewing our internal processes and providing training, where necessary.

As a science-based organisation, I know we will all want to assess the evidence for health inequalities and unconscious bias, and tackle the root causes such that we can fulfil our mission of saving and improving lives.

As a caring organisation, I know we will also be driven by the desire to understand colleagues' lived experience and do everything to make NHSBT a great place to work for everyone.

For those of you who have been subject to bias and/or micro aggressions, I'm sorry. You have my commitment to listen, learn and rout this out. To those of you who question why this is a priority for the organisation - or who don't recognise the problems I have set out - then my ask of you is simply to suspend your disbelief and spend time immersing yourself in the quantitative and qualitative evidence.

As I said, we will be putting equality, diversity and inclusion at the centre of our recovery and transformation efforts, with the objective of saving and improving more lives and making NHSBT a great place to work for everyone.

Thank you, in advance, for your help and support.

Betsy

**Betsy Bassis**  
**NHSBT Chief Executive**