

Organisation diagnosis report

FAQs

What are you doing to support the BAME employees who have suffered at this centre?

Since learning of the challenges faced by our BAME colleagues at Colindale, recommendations to set up a BAME Taskforce were taken up by a core group of colleagues and there has since been an ongoing dialogue to learn more about concerns and issues facing colleagues based at the centre. The BAME Taskforce has been supported by Organisational Development Specialists, who have worked closely with the Taskforce to provide ongoing coaching and support.

How can an organisation with systemic racism and a toxic culture hope to recruit the BAME donors you say you need?

Patients from BAME backgrounds experience poorer health outcomes because of a shortage of blood and organs from BAME donors. We do not believe this is acceptable and we are determined to work with BAME communities to help address this inequality. To build trust and confidence it is essential that we address diversity and inclusion in our own culture in an open and honest way. We will not tolerate inappropriate behaviour. The experience of our BAME colleagues in Colindale was completely unacceptable. We hope that by exposing these issues and dealing with them robustly we demonstrate that we are absolutely committed to building a diverse and inclusive culture in our organisation.

What are you doing to address systemic racism in your organisation?

We are acting on the recommendations and placed diversity and inclusion at the top of our agenda as we deliver our long-term commitment to changing the culture of our organisation. Key measures we have taken include:

- Dealing quickly, fairly and proportionately with the specific issues raised.
- Published a clear statement of our expectations regarding diversity and inclusion
- Providing clear guidance to colleagues about our expectations and ongoing support to deal with diversity and inclusion issues
- Recruitment of a Chief Diversity and Inclusion Officer at a senior level to be part of the Executive Team and to hold it to account for improvement in this area
- Established an Equality, Diversity and Inclusion Council with representatives of all staff networks and chaired by Chief Executive Betsy Bassis
- Identified an Executive Team sponsor for each staff networks
- Chair of NHSBT Millie Banerjee will be the Board sponsor for Diversity and Inclusion



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- Delivering improvements to our engagement with, and the experience of, Black donors to help close the gap between supply and demand for Ro blood and improve health outcomes for Black patients
- Updating our HR policies, practices and training
- Developing a programme of leadership and organisational development

We see this landmark moment as a turning point in our journey to make NHSBT a more diverse and inclusive organisation. That journey begins when we listen, learn and act.

Why should BAME donors trust you?

Patients from BAME backgrounds suffer poorer health outcomes because of a shortage of blood and organs from BAME donors. We must all work together to end this inequality. We know that building trust requires us to demonstrate the highest possible standards in relation to diversity and inclusion. We will not tolerate inappropriate behaviour and we will be completely transparent about those occasions when we fall short of the very high standards we set ourselves. We hope that by exposing these issues and dealing with them robustly we demonstrate that we are absolutely committed to building a diverse and inclusive culture in our organisation.

Which areas of NHSBT's work does the report focus on?

The report focused on the experiences of staff in the manufacturing and logistics departments in particular where 80 per cent of these staff members are from BAME backgrounds. The experience of our BAME colleagues in Colindale was completely unacceptable. We hope that by exposing these issues and dealing with them robustly we demonstrate that we are absolutely committed to building a diverse and inclusive culture in our organisation.

The report is clear that that BAME employees have been overlooked for promotion, how can you put this right?

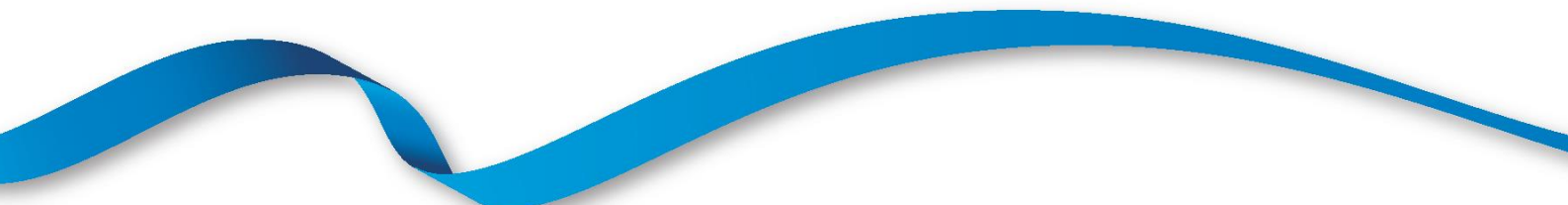
As part of our wider Diversity and Inclusion programme of work, we have been looking at how to improve representation of BAME colleagues at senior leadership level. This has included a Talent Share review of all BAME colleagues working at a level that would feed into senior leadership roles. This work is ongoing, with development plans and career progression conversations taking place with all high-potential BAME colleagues identified through this piece of work.

Why should BAME employees trust you to act?

We recognise many of our staff have lost trust in our organisation. This publication is a step to rebuilding that through a transparent demonstration of where we have made mistakes and the start of activity to re-build trust.

Do you think you have a wider problem of racism in your organisation?

Whilst this report focuses on Colindale, these issues are not limited to this one site. Our Workforce Race Equality Standard (WRES) data provide quantitative evidence of bias, e.g. in recruitment and promotion. Other external consultants have shared with us their first-hand experience of encountering bias and micro aggressions from colleagues in different parts of the organisation.



Together, these show a side of the organisation that do not reflect our core values and, moreover, will not support our efforts to improve the diversity of our donor base which we all know is a strategic priority.

Why has this only come to light now?

The Chief Executive became aware of concerns amongst BAME staff soon after joining NHSBT in March 2019. She spoke with a group of BAME staff at colleagues at Colindale about their concerns. Serious and unacceptable issues were raised, some of them longstanding. The Chief Executive initiated the independent investigation which has now been published.

The Chief Executive has been open about these issues. She has communicated strongly that she finds the situation unacceptable and that she is determined things will change under her leadership. This is a priority for the Executive and the Board.

Why did it take the Chief Executive to do something about it? Are your senior managers not equipped to deal with these issues as soon as they happen or are they part of the problem?

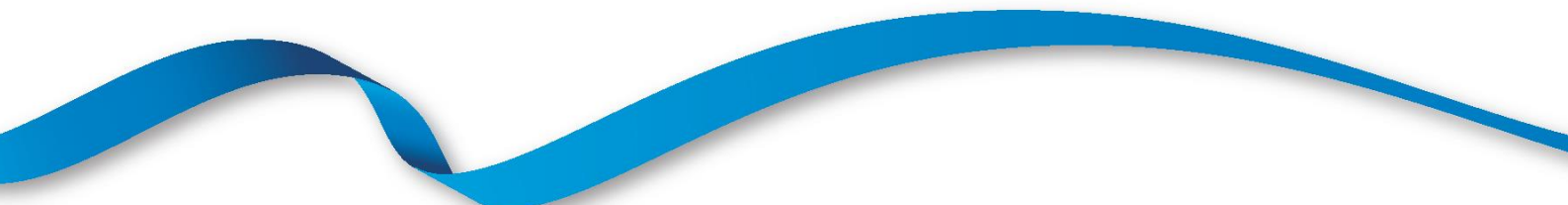
This report makes it clear that management failures contributed to BAME colleagues experiencing unacceptable behaviour for a long period of time. As an organisation we, collectively, failed to act.

We apologise to those staff and anyone who feels they have suffered bias or discrimination at NHSBT – whether due to the colour of their skin, gender, age, disability and/or sexual orientation. We apologise for the failure of this organisation to tackle the underlying issues that have allowed this situation to go on for so many years. We are committed to taking action.

We will work closely with the BAME Taskforce at Colindale, as well as our wider staff networks, and union colleagues on a wider work plan of activity. This will include, but not be limited to, updating our HR policies, processes and training, as well as a programme of leadership and organisational development to help all of us understand our individual and collective role in making NHSBT a more diverse and inclusive organisation.

Why are you publishing this report now?

Improving diversity and inclusion in our organisation is a priority for NHSBT. We are working hard to ensure that we better reflect the communities we serve. Change will not happen unless we shine a spotlight on these issues. We must listen, learn and act. The independent report into attitudes towards Diversity and Inclusion at the Colindale centre identifies unacceptable treatment of Black Asian and Minority Ethnic colleagues, poor management practices and a culture which does not reflect the values we expect within our organisation. We promised colleagues from Colindale and our BAME network that we would share the report at the earliest opportunity so that they could hold us to account for acting on the recommendations and improving Diversity and Inclusion in our organisation. We are conscious that we publish against the backdrop of events in the USA and the recent government report on the disproportionate impact of coronavirus on Black Asian and Minority Ethnic patients. At this sensitive time, we must ensure that in our own organisation we act to identify and deal with unacceptable behaviour.



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Has anyone been fired or facing disciplinary action as a result of this report?

Action has been taken in relation to the behaviours identified in the report. We do not discuss individual cases.

You recently published a statement in response to events in the USA and the Black Lives Matter campaign. Why did your statement not acknowledge the death of George Floyd and the particular discrimination facing black people?

We are listening. Black Lives Matter. We stand behind this and in solidarity with our black colleagues, donors and stakeholders with whom we will continue to work to address inequalities - both in the workplace and in clinical outcomes

