

**Status: Official**

## **Early Thoughts on Diversity and Inclusion at NHSBT**

**Board Meeting, 22<sup>nd</sup> September 2020**

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### **1. Background**

- i. The purpose of this paper is to share high level observations and reflections on diversity and inclusion at NHSBT from my first six weeks as Chief Diversity and Inclusion Officer. The paper also sets out actions underway and next steps.

### **2. Executive Summary**

- i. There are several areas of strength within NHSBT in taking the diversity and inclusion agenda forward, particularly the level of engagement across the organisation. However, we need to now harness this into a focussed programme of work to deliver change. Part of this includes development in how leaders are sharing their visibility in taking action and being responsive to issues. We must build on momentum created by the publication of the Organisational Diagnostic Report and not lose the goodwill and trust we have been trying to re-build.
- ii. Our practices in recruitment and promotion have been a key and recurring theme in conversations and feedback to me since I have arrived. This is a priority for refreshing practice across NHSBT. We need to engage the organisation to articulate what our vision for an inclusive and diverse organisation will look like in practice, which will be supported by a plan with measurable impact on key issues to move forward.

### **3. Early observations**

#### **i. Our strengths:**

- a. NHSBT as an organisation has been incredibly welcoming to my arrival as the Chief Diversity Inclusion Officer.
- b. There is a genuine commitment at leadership level to tackling the organisation's challenges with diversity and inclusion.
- c. Messages from the Organisational Diagnostic Report has had an impact across the organisation, which is still felt.
- d. There has been a lot of discussion and activity to respond to some of the immediate issues raised within the Colindale Centre and beyond, recognising this as a corporate priority.
- e. Our staff Networks are active, organised and effective in the way they are challenging and shaping our conversations in the way we do business.

- f. We are actively acknowledging issues across the organisation and the need to further explore and find solutions in our ways of working. This has resulted in an upswell of cases coming to the forefront, with complex root causes needing more time to address. The positives are that we are openly talking about the issues and allowing the time to have important conversations.
- g. I am further encouraged by the quality and level of insight being shown at team level conversations. For example, I attended a Directorate level team meeting this month which had 57 participants on a Zoom call, having a discussion around a 'Let's Talk About Race' module, which was honest and impressive. The group conversations, led by non-senior members of the team have been convened on a monthly basis, where "[We've] really enjoyed the opportunity to come together in a safe environment to discuss diversity & inclusivity in the organisation and what it means to us personally".
- h. Progress has been made over the last three months as highlighted and acknowledged in Table 1 below with clarity on some of the immediate next steps that need to be taken.

**ii. Our areas for development:**

- a. We need greater visibility of wider leadership at every level fully engaging with the Diversity and Inclusion agenda. The current perception is that our CEO is the main champion for change.
- b. There is a need to clarify the vision for Diversity and Inclusion and what that means in practice for NHSBT.
- c. We need to continue to build safe spaces, giving encouragement and confidence for people to discuss and explore.
- d. We need to have a greater level of pro-activeness and responsiveness to issues when they are raised and where they can be tackled quickly.
- e. Our activities and efforts need to be consolidated and co-ordinated into a focussed delivery plan, to sustain engagement and move the organisation forward.
- f. There are examples of practice overshadowing efforts to re-build trust and make progress, particularly with BAME and LGBT+ members of our organisation. For example, how we attract and engage with diverse applicants needs to be more accessible and inclusive.

**4. Equality, Diversity and Inclusion (EDI) Council**

- i. The second EDI Council meeting was held on 20<sup>th</sup> August 2020. The purpose of the EDI Council is to shape strategy and hold the organisation to account on deliverables. The membership of this group is a subset of the Executive Team, Staff Network Chairs and Union representatives.

- ii. A focussed discussion on Recruitment and Promotions was held as a main agenda item. This is a priority area for rebuilding confidence and improving diversity and inclusion within the organisation. The discussion aimed to understand some of the issues and experiences of recruitment and progression across the organisation we need to address. Key comments included:
- “We need better training on how to recruit, continuously challenging our unconscious biases”
  - “We need greater transparency in our recruitment process”
  - “Our Job Description and Person Specifications need to be inclusive, particularly in our language around making reasonable adjustments”
  - “We need to move beyond tick box exercises in the construction of interview panels”
  - “We need to create equity of opportunity in career development including scientific and clinical roles”
  - “We need to stop people solely developing people that look like them”
  - “The talent pipeline and internal adverts only give certain people the opportunity to develop”
  - “What do we value when hiring at senior level? How can we test expertise *and* create an inclusive environment?”
  - “The agencies we use are not representative of the individuals we are trying to reach”
  - “We need to help people with career structures and progress”
- iii. As next steps, we are establishing a programme of work to tackle specific areas of recruitment and talent development. To create different mindsets and practices, we will consider disruptive methodology and seek best practice tools/frameworks to pilot, build learning and implement new ways of working through a programme cycle. This will be underpinned by the NHS People Plan<sup>1</sup> which incorporate WRES<sup>2</sup> and WDES<sup>3</sup> frameworks. We aim to initiate this work in September with a view to roll out a new framework in January 2021.

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<sup>1</sup> *WE ARE THE NHS: People Plan 2020/21 – action for us all*, July 2020

<sup>2</sup> NHS Workforce Race Equality Standard

<sup>3</sup> NHS Workforce Disability Equality Standard

## 5. Emerging Themes

- i. The following themes have emerged as specific priorities for NHSBT:
  - a. Creating greater visibility of action being taken by our leaders.
  - b. Building a shared and tangible vision (with metrics) – to consolidate and co-ordinate direction of travel.
  - c. Building an inclusive culture – where people feel safe to speak out and bring their whole selves to work. This includes equipping our leaders, managers and all staff with confidence, skills and accountability to support this.
  - d. Ensure our recruitment processes are inclusive and that all talent is enabled.
  - e. Improve the health experience, outcomes and inequalities for all our communities.
- ii. Our themes are in alignment with wider NHS national guidance and recommendations. Further work is of course required and underway to flesh this out, with an overarching plan to help us build a diverse and inclusive organisation. A broader plan underpinned by the NHS People Plan, will be brought to the Board for support.

**Table 1 – Examples of Progress and Next Steps**

	<b>Area for Action</b>	<b>Progress so far</b>	<b>Next steps</b>
1.	Governance and accountability	<p>EDI Council created to shape our plans and hold the organisation to account.</p> <p>Executive Team Champions for our Employee Networks have supported their respective Networks e.g. statement supporting LGBT+ rights and resource/structural support for Black History Month.</p> <p>Women’s Network delivered Webinar with Board Chair.</p> <p>Stonewall WEI submission to be delivered by the organisation, relieving the Network of this responsibility.</p>	<p>To agree a delivery plan that aligns with the NHS People Plan with clear metrics to capture real and measurable progress on equality, diversity and inclusion.</p> <p>EDI Council to monitor plans and progress.</p> <p>Executive Directors will be leading the conversation on D&amp;I ensuring this fits in with our broader organisational vision.</p> <p>Webinar conversations to be launched during National Inclusion Week.</p> <p>Regular meetings and conversations with Staff Networks are embedded in how we listen and work together.</p>
2.	Building confidence to speak up	<p>Held more frequent Our Voice Surveys.</p> <p>Promoted Freedom To Speak Up Guardian and encouraged take-up.</p>	<p>Freedom To Speak Up initiative to be reviewed and refreshed to increase take up and safe spaces for our people.</p>

		Launched new Survey Feedback to gather Team feedback Held Webinars (e.g. White Fragility with Author Robin DiAngelo).	
3.	Recruitment and Promotion practices	We have established a Programme Board with Executive sponsors to tackle specific areas of our recruitment and promotion practices. This will include a focus on how we attract, assess, select and communicate with candidates to increase our diversity outcomes.	Our plan will agree targets, metrics and a pathway to achieving Leadership diversity. We will use the Model Employer framework as guidance.
4.	Supporting our leadership and culture	We are focussing on <i>Compassionate Leadership</i> in our Senior Leadership Conference 15 Sept 2020.	We are developing a framework to join up Organisational Development, Culture and D&I to facilitate change and meet our goals in a cohesive way. We will be meeting again in December as part of an ongoing programme across our senior leadership team.
5.	Information and Education	To date, we have delivered 3 'Let's Talk About Race' workshops, with a total of 101 attendees. 12 further sessions are planned over the coming weeks and months, working in conjunction with Business In The Community. Initial feedback from sessions has been positive: <ul style="list-style-type: none"> <li>• How likely are you to recommend this session? – average of 8.5/10</li> <li>• Content and delivery style- all respondents satisfied or extremely satisfied</li> <li>• 'I feel better informed on the topics covered' -all respondents agreed</li> <li>• 'I feel equipped to take action as a result of this session' – all respondents agreed.</li> </ul>	We will ensure our training continues to support productive conversations about race, disability, LGBT+ and other D&I strands as part of a holistic programme. We will also ensure this aligns with NHSE&I's training framework due to be launched Oct 2020.  We are also working with the NHS Leadership Academy to develop and deliver a comprehensive suite of development programmes specifically aimed at our BAME colleagues to include: <ul style="list-style-type: none"> <li>• Coaching for Inclusion Programme</li> <li>• Aspiring BAME Coaching Programme</li> <li>• Reciprocal Mentoring Programme</li> <li>• Ready Now Programme</li> </ul>

## **6. Forthcoming Events**

- Leadership Conference 15<sup>th</sup> September 2020 – supporting our leadership needs and development.
- National Inclusion Week 28<sup>th</sup> September – 4<sup>th</sup> October 2020 –planned events and activities to further launch ideas and build on conversations.
- Black History Month October 2020 – Supporting BAME Network with a joint calendar of exciting and thought-provoking events. Annex A attached.

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September 2020