

An update from Chief Executive Betsy Bassis on our Diversity and Inclusion activity

Last week, we marked the one-year anniversary of the first national lockdown. It's been a week of sombre reflection, but also an opportunity to recognise and celebrate (at our NHSBT Together awards) the huge achievements made by our people and teams over the course of this unprecedented year. Together, you rose to the challenge and delivered amazingly for donors and patients alike. Thank you.

This month also marked my two-year anniversary with NHSBT. I knew coming into the organisation that increasing the diversity of our donors and workforce would be a key strategic priority. Why? Because:

- Organisations should be representative of the populations they serve;
- Studies show that diverse organisations are higher performing organisations; and
- I knew from our stats that NHSBT's donors and workforce weren't (and still aren't) reflective of the population that we serve - particularly in terms of ethnic diversity.

From a donor point of view, this lack of diversity impacts patient outcomes and exacerbates health inequalities. From a workforce point of view, the issues became 'real' for me when I visited Colindale. There, I heard things that led me to commission an Organisational Diagnostic and commit to publishing the findings as a way to hold the organisation to account - for taking the time to really hear the lived experience of our BAME colleagues and committing to taking action to make NHSBT a great place to work *for everyone*.

Since lifting the lid at Colindale, BAME colleagues from other parts of the organisation have come forward and spoken up about their lived experiences - from micro aggressions and dysfunctional working relationships to frustrations about recruitment and promotion. As difficult as these stories are to hear, it's important that they come out. Because it's the first step to understanding and taking action.

Having embarked on this journey, there is no going back. The disproportionate

impact that COVID-19 has had on BAME communities has highlighted the systemic issues that lead to health and other inequalities. As a caring organisation, committed to our mission of saving and improving lives, we have a responsibility to tackle inequalities in all their forms.

So what are we doing?

To increase the diversity of our donors:

- We have brought together responsibility for engaging the public on donation under a single Donor Experience (DX) directorate;
- With specific targets to increase the ethnic diversity of our donor base, DX are investing in new capabilities, teams (e.g. Community Partnerships) and targeted campaigns to deliver;
- This year, a minimum of 20% of our marketing spend will be invested in our diversity objectives; and
- All our content and creative is being designed for inclusion, and reviewed regularly by our diverse donor research groups.

To increase the diversity of our workforce and build an inclusive culture:

- We are listening and learning - through our staff networks, internal and external webinars, Yammer discussions, formal and informal grievances, and directorate level discussions;
- We are reviewing our policies and processes - around recruitment, promotion, and managing dignity at work and other grievances;
- We are agreeing KPIs and measuring our baseline - so we can assess whether we are making progress; and
- Recognising the amount of work to be done, we are setting aside additional budget so that we can increase our capability and capacity to deliver.

So the question is: have we made any progress yet?

In terms of donors, we saw a drop in black blood donors during the pandemic but are pleased that the number registering and donating has now returned to pre pandemic highs. On organ donation, awareness of our current marketing campaign is at 58% among BAME groups, which compares favourably to the overall average of 52%.

In terms of our workforce and culture, the honest answer would be 'yes and no'. As you can see from the Workforce Race Equality Standard (WRES) results below, the percentage of BAME colleagues at 8a and above has remained flat at c9%. Whilst this compares favourably to other parts of the NHS (6.8%), it is not representative of

our wider organisation (15%) or the population we serve (14%). The percentage of BAME staff at Board and Director level has increased slightly from 5.3% in 2018, to 6.3% in 2020, but this is woefully off our target of 15%.

We are seeing, however, a positive trend in the likelihood of BAME applicants being appointed from shortlist. In 2018, white applicants were 1.5 more likely to be appointed but this number has fallen to 0.9 in 2020. In 2018, BAME staff were also 1.4 times more likely to enter the formal disciplinary process compared to white staff. This figure dropped to 0.82 in 2020. Whilst these are green shoots of progress, there is much to be done before these KPIs show no difference between people due to the colour of their skin.



Workforce Race Equality Standard (WRES) audit results 2016-2020 Blood and Transplant

Indicator	2016	2017	2018	2019	2020	Wider NHS (2020)
1 Percentage of BAME employees	12.7%	13.1%	13.6%	14.3%	15.0%	21%
Percentage of BAME Band 8a and above						
2 Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants	1.27	1.53	1.53	1.19	0.90	1.61
3 Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	1.46	1.48	1.40	1.04	0.82	1.16
4 Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	1.37	1.27	1.68	1.09	1.08	1.14
Responses for Indicators 5-8 are taken from the 2018 Your Voice Survey as there has been no organisational wide staff survey that would provide the data required for the WRES indicators since 2018.						
5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives	N/A	15.22% (BAME) 16.25% (White)	13.9% (BAME) 13.9% (White)	No update	No update	30.3% (BAME) 27.9% (White)
6 Percentage of staff experiencing harassment, bullying or abuse from staff	N/A	15.22% (BAME) 16.25% (White)	13.9% (BAME) 13.9% (White)	No update	No update	28.4% (BAME) 23.6% (White)
7 Percentage believing that org provides equal opportunities for career progression or promotion	N/A	42% (BAME) 48.0% (White)	36% (BAME) 51% (White)	No update	No update	71.2% (BAME) 86.9% (White)
8 In the last 12 months have you personally experienced discrimination at work?	N/A	13.12% (BAME) 8.19% (White)	11.1% (BAME) 7.3% (White)	No update	No update	14.5% (BAME) 6.0% (White)
9 Percentage BAME of the organisation's Board membership and Directors	0%	0%	5.3%	5%	6.3%	10%

For the avoidance of doubt, we are committed to making NHSBT a great place to work *for everyone*, regardless of ethnicity, gender, disability and/or sexual orientation. Our D&I plans and initiatives reflect this, as will our KPIs and progress reports.

I want to thank our BAME, LGBT+, Women's and Disability networks - as well as the Colindale Taskforce and Staffside - for championing the interests of their members, raising awareness about inequalities and discrimination, and building ally-ship and support for creating a more diverse and inclusive organisation. Recent webinars on

everything from the gender pay gap and the menopause to trans awareness and LGBT mental health (to name just a few) have been fantastic in doing just that.

Thank you also to the allies who have taken the initiative to educate themselves about privilege, unconscious bias, and systemic inequalities - and have tried to effect positive change as a result. What it feels like to work at NHSBT is a function of everything we do and say on a daily basis. We need everyone's help to make it more diverse and inclusive - for the benefit of all.

Diversity and inclusion is soul searching work. I have no doubt that we will face many difficult situations and discussions ahead. But I come back to the fact that NHSBT is a caring organisation and that, if we put our hearts and minds to it, we will find a way forward.

Betsy Bassis

NHSBT Chief Executive