

11th October 2019

On creating a great place to work for everyone

It's been just over six months since I joined NHSBT. During this time I have made an effort to visit our centres up and down the country and to speak with as many colleagues as possible - both in person and virtually via Yammer. The most striking thing about this experience has been the breadth and depth of expertise and experience across the organisation and the passion that everyone feels for our mission of saving and improving lives. It's truly inspiring; I feel very fortunate to have been given the opportunity to lead such an amazing organisation.

That said, there are certain areas where we could do better, be better. The Executive Team and I have agreed that one such area is the diversity of our workforce and, in particular, the lived experience of our BAME colleagues. Why do we think that?

Well first, the Workforce Race Equality Standard (WRES) report sets out some stark data, which makes for difficult reading:

- BAME Representation – BAME colleagues make up 14.2% of the NHSBT Workforce, which is largely reflective of the population at large. However, our donor facing directorates - Blood Donation and ODT - are much less diverse at only 9% and 5%, respectively;
- BAME Leadership Representation – more problematically, the percentage of BAME colleagues drops to only 10% at bands 8a and above and 3% at Band 8D Assistant Director level and above - indicating evidence of unconscious bias and/or other systemic constraints;
- BAME Development and Career Opportunity – perhaps unsurprisingly, only 36% of BAME colleagues report that there are equal opportunities for promotion and development at NHSBT, compared to 51% of white colleagues; and
- BAME referral into disciplinary investigation/process – BAME colleagues are 9% more likely to be referred into a disciplinary investigation/process than white colleagues.

This quantitative evidence has been reinforced for us through more qualitative research, i.e. discussions with colleagues. In August, for example, I had an opportunity to spend several hours listening to a large group of BAME colleagues talk about their experience

of working in Colindale. Frankly, it was very difficult to hear their stories - of not feeling valued, of being passed over for promotions and of the sheer frustration in not understanding the process or criteria by which recruitment decisions have been made. Some people had sadly resigned themselves to this state of affairs, deciding not to bother applying for promotions any longer. Others were, understandably, more angry and wondered whether they should escalate their concerns to the media.

Having seen the data and heard these and other personal stories first hand, the Executive Team and I feel compelled to do several things. First, we want to formally acknowledge that these issues have been going on for many years. Moreover, our efforts to date have been insufficient or ineffective in addressing the root causes and creating an environment that is fair and inclusive. We think it is important that we lean into this fact and take action to fix it.

Second, I want to personally thank the colleagues at Colindale for speaking their truth so openly with me and for taking the initiative to form a BAME Taskforce with whom we will work to start addressing their longstanding concerns. I can't promise that things will be or feel different overnight. But I can promise that we will take action and actively monitor the impact of our efforts.

Third, I have asked Katherine Robinson to commission an external party to conduct an organisational diagnosis as the Executive Team and I want to understand the systemic factors that have frustrated our previous attempts to resolve these issues sustainably. This study will initially focus on Colindale but then extend to other centres so that we can assess whether the findings resonate with colleagues there, as well. We will commit to publishing the findings and acting on the recommendations.

I know that some people have questioned why we are concentrating our diversity and inclusion efforts on BAME concerns, perhaps at the expense of others groups with protected characteristics. We understand these concerns and want to assure you that we are committed to making NHSBT an organisation where all colleagues feel they can get on, regardless of their race, gender, sexual orientation, disability and/or other differences. Our hope is that by focusing on the constraints faced by one group - BAME in this case - we can address the systemic issues that will benefit other groups as well and make NHSBT a more inclusive place to work.

Improving the diversity of our workforce - and donors - is one of the five personal objectives I've agreed with the Board and is baked into the design principles that the Executive Team has developed to inform our strategic plans in the years to come. I trust you will not only hold us to account for delivering this step change, but actively work with us to do so.

Thank you

Betsy Bassis
NHSBT Chief Executive