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Chief Diversity and Inclusion Officer

We are rising. Diversity and Inclusion (D&I) is now on the forefront of agendas and part of conversations across NHSBT from Board level right through to front line staff who care for our donors. It's reaching out from our staff networks to policy and decision makers at NHSBT who know that they must listen and change. I've witnessed D&I discussions take place at every Executive Team meeting I've attended. I believe there is serious potential for the organisation to learn, grow and transform its culture and ways of working to reflect both diversity and inclusion. I can see this having worked with a number of senior colleagues who are ready to be genuine advocates and champions for change.

But words are not enough. It's time for action – we all need to see it and feel it. It will take time, some results may take longer than others, and not everything will capture the painful reality of lived experiences within tidy metrics and formatted tables. It's about the journey and the lived experience as much as getting us to a place where unconscious inclusion is the norm. So, we have to start from where we're at. It's not going to be perfect. We may miss things, there may be missteps along the way, but we have to be willing to learn deliver and get the basics right. We are building the foundations to an agenda that has no golden template or silver bullet. We have to put the work in to keep listening, keep learning and keep the agenda rising.

In our first D&I newsletter update, some of the important work that has begun is highlighted below. Over the past months, we've been focusing on getting the structures right to deliver equality, diversity and inclusion. We've also been listening and translating the key hard messages we've heard to re-wire the way we work. What I've shared below is just the start. There will need to be further iterations and conversations to shape and keep re-shaping this work. If you have any feedback in the meantime you'd like to share – please do reach out to me or any member of the D&I team. We'd love to hear from you. - **Rosna, May 2021**

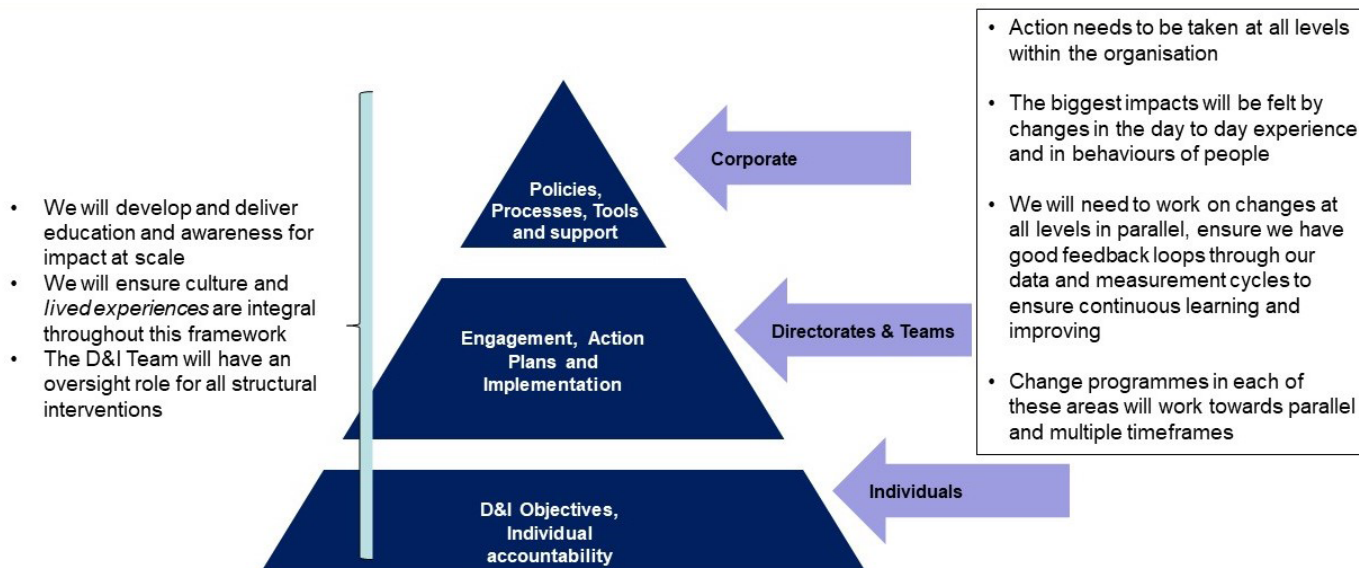
## D&I Framework for Delivery

This sets out how we consolidate at Executive level all the work being done to achieve greater transparency, grip and discipline on what is being delivered. The framework applies to the whole organisation for delivering D&I, setting out accountability at:

- Corporate level – reviewing our policies and processes with tools to support positive change
- Directorate and Team level – ensuring there is real engagement, collaborative action plans and delivery with metrics that matter to their own teams
- Individual level – focussing on our own learning and individual accountability

The framework directly holds Executive Directors to account through their directorate level D&I plans. The plans need to reflect the real issues in their respective areas, what actions are being taken by the directorate and the impact being achieved. This will include how directorates plan to achieve a 15% national target of BAME colleagues in senior positions, setting targets to ensure we are an LGBT+ inclusive organisation and supportive of colleagues with disabilities and/or long term health conditions to improve disclosure and declaration rates. The shaping of actions and outputs around this must include and be experienced by their teams at every level. I've also added some guidance on [key lines of enquiry](#) our directorate teams should be asking themselves and looking for answers in an inclusive way, as part of providing a clear framework for delivering on D&I.

If you wish to help shape your directorate plans, please do reach out to your manager, Senior Management Team or Director. We welcome your views and support.

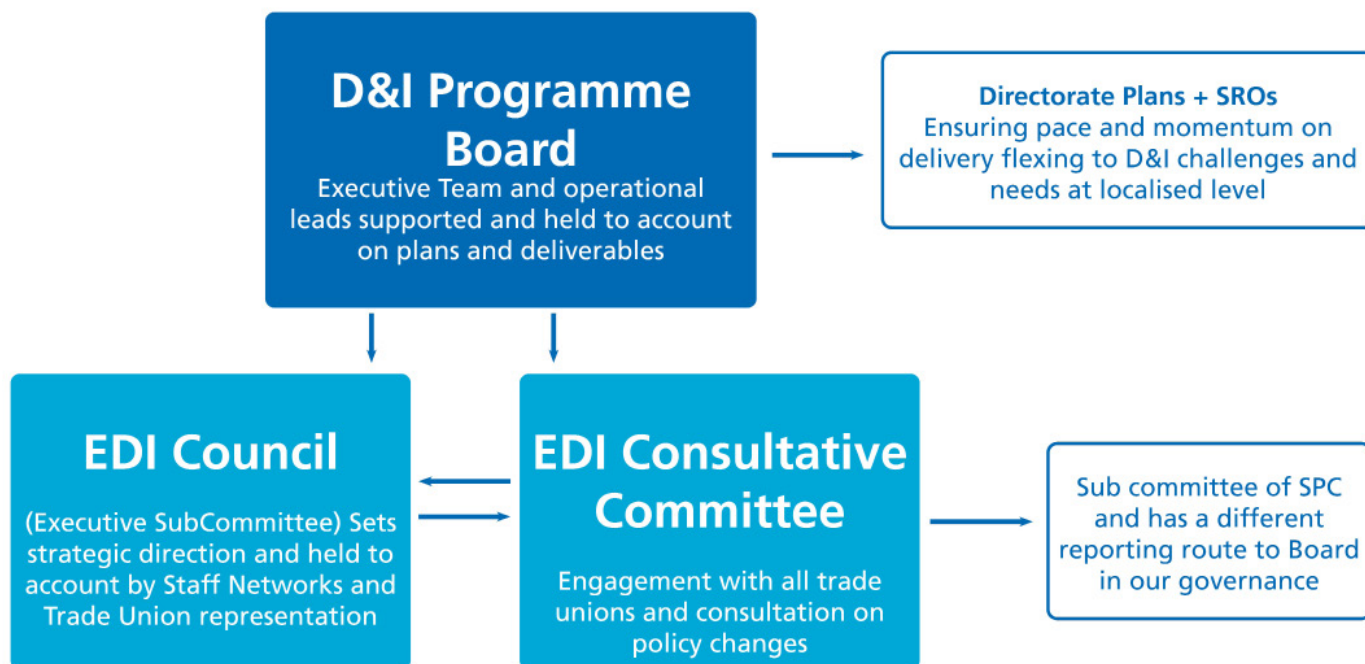


## D&I Metrics for Measuring Change

If we don't measure, we can't improve. This is where we can use key performance indicators to define what good looks like and measure how we are moving towards positive change. We currently have an overview of our metrics – what is available right now and what still needs to be developed going forward. We are in the final stages of development and we will be sharing this shortly. Watch this space.

## D&I Governance and Accountability

We have set up a number of structures to ensure we hold leaders to account. We want to be transparent about the conversations we are having in these forums. We have established a [Governance](#) page where you will be able to access a summary of discussions from each meeting, including the D&I Programme Board [key messages](#) from the meeting held on Friday 30 April.



## Organisational Diagnostic Report

A lot of work has taken place in response to the recommendations in the Organisational Diagnostic Report published in June 2020.

Key areas include:

- strengthening the supervisory and leadership team in our Colindale centre
- reviewing and improving development opportunities
- better support and mentoring for managers
- ensuring colleagues have a meaningful development plan as part of their Personal Development and Performance Review (PDPR) with discussions to support progression and development

We can't be complacent however and know there is still much more to do. We are keen to take learnings and progress to apply to wider parts of the organisation. The most recent update was shared in February 2021 and is available on [Link](#).

An independent review will be undertaken over the next few weeks to sense check how action is being delivered and how it is felt across Colindale. We will be sharing this report in June.

You can find the report, updates and further support on the [Organisational Diagnostic Report](#) page on [Link](#).

## Re-imagining Inclusive Recruitment

We have been listening to feedback across the organisation and launched a '[Re-imagining Inclusive Recruitment](#)' workstream to drive rapid improvement in our process and practices from attraction and selection to inductions and training, both in the short term and longer-term. The People Directorate are looking at the following priority areas:

- We are looking at how we can get more diverse applicants applying for jobs at NHSBT – for example by developing targeted marketing, diversity networks and offering drop-in sessions to support candidates in making an application
- Improving the inclusiveness of selection processes – this could be by having inclusion champions on interview panels, involving teams as part of the selection process and challenging our own practices
- We are reviewing retention and career progressions so that we support colleagues in clear and transparent ways throughout their careers with NHSBT
- We held an Amplify event in April to hear best practice around inclusive recruitment from other organisations and are implementing key recommendations

We must keep asking ourselves, what are the steps we need to take to give all colleagues trust that we have fair and inclusive recruitment practices? You can watch the highlights from this event [here](#).

The [BAME Recruitment Support Panel](#) initiative has been refreshed and we are looking for more BAME colleagues to join and support our ongoing work towards creating a more representative workforce across NHSBT. Online open day sessions were held in April and training workshops led by Jazz Sehmi, Diversity and Inclusion Manager, are running throughout May. Webinars are also planned to ensure that recruiting managers understand the role of BAME panel members; that they are equal partners of the end-to-end recruitment process. You can find more information, eligibility and how to register your interest on [Link](#).

## Managing Conflict and Grievances

We have commissioned an independent review of our grievance, dignity and work policy and other related policies. This work is planned to be completed over the Summer, with a view to managers being trained in new processes throughout the Autumn. Our whistleblowing process has been promoted alongside reviewing the role of the Freedom To Speak Up Guardian. We have also established a complex case unit to investigate complaints promptly and build the skills of our internal team.

As part of refreshing our conflict resolution approach, policies and guidance for HR colleagues has been improved, specific resource allocated to ensure casework is scheduled to be resolved within 90 calendar days, and to better track case milestones. Case reporting for SMT and Board performance reports has also been established and this will evolve to capture other themes and issues raised through different routes.

Insight sessions with staff networks, trade union representatives and HR have taken place to understand concerns and support them in raising issues to ensure all voices are heard. We will also be looking at how we can capture 'informal' complaints.

## Learning and Development

The first cohort for our Inclusive Leadership programme is underway, following a successful pilot across Colindale and Barnsley Centres. This aims to transform leadership behaviours and culture. We have two more cohorts planned for the year and the programme forms an integral part of a culture programme in Blood Supply.

The Reciprocal Mentoring Programme, managed by the NHS Leadership Academy, will launch in the coming months and will provide opportunities for individuals from under-represented groups to work as equal 'partners in progress', with senior leaders in a relationship where knowledge and understanding of lived experiences creates awareness, insights and action that directly contributes towards the creation of a more equitable and inclusive organisation. We will be able to share more information on this programme, as well as Fostering Anti-Racist Practice with the Equality Academy, soon.

## Promotions and succession planning

We are reviewing our talent management and succession plans and identifying glass ceilings to offer better support and opportunities for our current employees, including shadowing opportunities and mentoring.

We have increased the number of places available on our Inclusive Leadership Management level 5 coaching programme. The first cohort launched in March and a second cohort is planned for later this year. A Coaching Apprenticeship is also likely to launch in September.

We are re-establishing the Stepping Up programme for aspiring BAME colleagues who work in healthcare at band 5-7 to learn new skills and be ready for management positions. Discussions are taking place in the next few weeks to agree a timeline for the re-launch.

## Executive Sponsors of Staff Networks

Each Staff Network is supported by an Executive Sponsor to help raise awareness, champion causes and escalate problem-solving issues where there may be institutional barriers. Our Executive Sponsors have promoted and supported key events such as Black History Month, International Women's Day, LGBT History Month and Disability Awareness days. If you would like a discussion or to raise any issues, please reach out to the relevant sponsor:

- David Rose, Director of Donor Experience: BAME Network
- Ian Bateman, Director of Quality: LGBT+ Network
- Wendy Clark, Chief Digital and Information Officer: Disability and Wellbeing Network
- Anthony Clarkson, Director of Organ and Tissue Donation and Transplantation, Women's Network

## D&I Best Practice

Finally, we want to share examples of D&I best practice initiatives across NHSBT. Shared learning is an important tool that can help others imagine and initiate change in their own areas. If you have any examples of an intervention that's gone on to have impact, and made a difference for you or your team, please reach out so that we can share and celebrate the small things that make a big difference.

There is so much more to share and help build the conversation. In the next issue we will cover Staff Networks, D&I Top Picks and other hot topics. If you have ideas and suggestions of what you'd like to see, please do get in touch with [laura.fenn@nhsbt.nhs.uk](mailto:laura.fenn@nhsbt.nhs.uk).