NHS

Blood and Transplant

Single Equality Scheme

2008 to 2011

'Towards Equality and Beyond'

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Statement from the Chief Executive

The work of NHS Blood and Transplant (NHSBT) touches many people's lives: donors, patients, staff and many others. As the newly appointed Chief Executive, I am committed to ensuring that our organisation's services and employment opportunities are available to everyone.

As the main provider of donated blood and organs in the United Kingdom, we are unique. Therefore, we need to take simple and practical measures to improve accessibility. We will also take more creative steps to find ways to help people who wish to have access to our services and employment opportunities.

To support us in achieving this, we have developed our first Single Equality Scheme. This document sets out our commitment to equality and our determination to ensure that our policies and practices meet the needs of all of our staff, as well as those who use our services.

Our Single Equality Scheme builds upon work previously undertaken at NHSBT and brings together our gender and race duties as well as our responsibilities in respect of age, sexual orientation, carers, religion and belief.

This is an evolving document and we would welcome your comments and feedback on the Scheme. If you do have any comments or requests on the scheme please contact Fiona Pittam, Head of Equality and Diversity via email: fiona.pittam@nhsbt.nhs.uk or by telephone on 0787 263 6719.

Lynda Hamlyn
Chief Executive

1 About our Single Equality Scheme

The principles underlying our Single Equality Scheme and action plan as shown in Appendix 1 are to:

- Ensure that equality issues are embedded at the mainstream of policy and day to day practice
- Recognise and address the issues, particularly in relation to race, disability, gender, and people that have had, or are undergoing gender reassignment;
- Meet the current legal duties concerning race, disability and gender (including transgender);
- Provide a framework for a co-ordinated approach to meeting our legal requirements on age, belief and sexual orientation legislation;
- Integrate our values into the Scheme;
- Identify and address our policies that might be discriminatory;
- Challenge discrimination against people who work for NHS Blood and Transplant or who use our services; and,
- Ensure equal access to services and, through effective review, deliver better, more appropriate services for our donors and customers.

Our Disability Equality Scheme was produced in response to the Disability Equality Duty and published in 2006. The work identified is still ongoing and will evolve over time.

However, we have decided to produce a Single Equality Scheme (SES) to incorporate our other duties on Race and Gender equality, as well as identify equality actions on religion/belief, age and sexual orientation.

Throughout the consultation period of the Single Equality Scheme, we involved as many people as possible who might be directly affected by it. We want to ensure that our approach now and going forward takes into account women and men from different ethnic groups, religions, sexual orientation, all age groups and also people with disabilities.

The Single Equality Scheme will be monitored and managed by the Equality and Diversity Working Group which reports to the Executive Team.

For more information on this Scheme, please contact Fiona Pittam, Head of Equality and Diversity on 07872 636 719 or email fiona.pittam@nhsbt.nhs.uk

2 NHS Blood and Transplant - who are we?

NHS Blood and Transplant (NHSBT) is a Special Health Authority within the National Health Service (NHS). The organisation was formed in October 2005, through the merger of **UK Transplant (UKT)** and the National Blood Authority, which managed the **National Blood Service (NBS)** and **Bio Products Laboratory (BPL)**.

Since it was established, the organisation has maintained or improved the quality of the services delivered to patients. The role of NHS Blood and Transplant involves:

Encouraging people to donate organs, blood and tissues;
Optimising the safety and supply of blood, organs and tissues;
Helping to raise the quality, effectiveness and clinical outcomes of blood and transplant services;

Providing expert advice to other NHS organisations, the Department of Health, Ministers and devolved administrations; and,
Providing appropriate advice and support to health services in other countries.

UK Transplant

UK Transplant helps save thousands of lives every year. As part of NHSBT, our key role is to ensure that organs donated for transplant are matched and allocated to patients in a fair and unbiased way. Unlike some other NHS organisations, we do not have a direct relationship with patients and do not provide "hands on" care. However, in providing support to transplantation services across the United Kingdom, everything we do has an impact on the quality of service delivered to individual patients.

The specific responsibilities include:

- Managing the National Transplant Database which includes details of all donors and patients who are waiting for, or who have received, a transplant;
- Providing a 24-hour service for the matching and allocation of donated organs and making the transport arrangements to get the organs to patients;
- Maintaining the National Health Service Organ Donor Register;
- Contributing to the development of performance indicators, standards and protocols which guide the work of organ donation and transplantation;
- Acting as a central point for information on transplant matters;
- Providing central support to all transplant units in the

United Kingdom and Republic of Ireland;

- Auditing and analysing the results of all organ transplants in the United Kingdom and Republic of Ireland to improve patient care; and

- Raising public awareness of the importance of organ donation.

National Blood Service

The National Blood Service is an integral part of the NHS, and guarantee to deliver blood, blood components, blood products and tissues from our fifteen blood centres to anywhere in England and North Wales.

The blood supplied is properly screened and is safe for patients. Every year we collect, test, process, store and issue 2.1 million blood donations. We depend entirely on voluntary donations from the general public, and try to encourage our existing donors to give three times a year.

But we also have a number of other functions such as continually carrying out new research into improving the safety of blood, and new ways it can be used to help save more lives.

In addition, specialist medical advice and clinical support is provided to hospitals, as well as educating and training transfusion specialists.

Our work is vitally important to the NHS. Around 8,000 blood donations are needed every day to ensure a constant supply of blood to hospitals.

Bio Products Laboratory

Bio Products Laboratory (BPL) operates as the national fractionators, committed to providing plasma-derived products.

It is a non-profit organisation providing high quality blood products to the NHS and health authorities from many other countries including those from South America, Eastern Europe, Middle East and Asia. Since 1998 BPL has imported plasma due to the risk of vCJD in the UK. BPL has around 450 staff and is based in Elstree, Hertfordshire.

Our Staff

We employ approximately 6400 people across the three operating divisions of UK Transplant, Bio-Products Laboratory and the National Blood Service (see appendix 5). Staff work in a variety of locations throughout the UK.

Our staff have a variety of jobs including biomedical scientists, doctors, nurses, managers, staff who look after blood donors, marketing professionals, drivers and many more.

3 Summary of Equality Legislation

The Single Equality Scheme focuses on Disability, Gender, and Race. The information below highlights our duty on each area and the employment regulations on age, religion/belief and sexual orientation.

Disability

The Disability Discrimination Act 2005 gives NHS Blood and Transplant what are known as 'General' and 'Specific' Duties to promote disability equality. Our Disability Equality Scheme published in 2006 sets out our action plan of how we are meeting our 'General' and 'Specific' Duties. For more information on our Disability Equality Scheme visit our website at www.nhsbt.nhs.uk

Gender

The Equality Act 2006 amends the Sex Discrimination Act (1975) to place a 'General' Duty on all public authorities to:

- Eliminate unlawful discrimination;
- Eliminate harassment, and
- Promote equality of opportunity between men and women.

This includes transsexual and transgender individuals.

In line with the Gender Equality Duty Code of Practice issued by the Equal Opportunities Commission, we will address 'Specific' Duties to support progress in delivering the General Duty.

This includes how we will:

- Prepare and publish a gender equality scheme, showing how it will meet its General and Specific Duties and setting out its gender equality objectives;
- Identify the actions taken, or intended, to address the causes of any gender pay gap;
- Collect and analyse information to see if our policies and practices affect gender equality in the workplace and in the delivery of services;
- Consult our employees, service users and others (including trade unions) in developing the Scheme;
- Assess the impact of our current and proposed policies and practices on gender equality;
- Implement the Scheme through a gender action plan;
- Publish the Scheme; and
- Monitor and review the effectiveness of the steps set out in the action plan.

Race

The Race Relations (Amendment) Act 2000 strengthens the Race Relations Act 1976 and outlaws race discrimination in public authorities.

Within this act we have a 'General' Duty to:
- Eliminate unlawful racial discrimination;
- Promote equality of opportunity; and
- Promote good race relations between people of different racial groups.

We also have 'Specific' Duties to develop a Race Equality Scheme which includes:
- A list of functions (e.g. strategies, services and partnerships) that have been assessed as relevant to the General Duty;
- Arrangements for assessing and consulting on the impact of proposed policies on the promotion of race equality;
- Monitoring arrangements for indicating any adverse impact;
- Arrangements for publishing the results of the assessments and consultation;
- Arrangements for ensuring the public has access to information and services;
- The arrangements for training staff on the General Duty; and Details of how the Specific Duties concerning employment will be met.

Age

From 1st October 2006, the Employment Equality (Age) Regulations made it unlawful to discriminate against workers, employees, job seekers and trainees because of their age. The Regulations cover recruitment, terms and conditions, promotions, transfers, terminations and training.

Religion

The Equality in Employment Regulations (Religion or Belief) 2003 made it unlawful to discriminate on the grounds of religion or belief, directly or indirectly, or to harass or victimise somebody because they have made a complaint or intend to, or if they give or intend to give evidence to a complaint of discrimination. This applies to all aspects of employment (recruitment, terms and conditions, promotions, transfers, terminations and training) and vocational training.

In relation to services, Part 2 of the Equality Act 2006 makes it unlawful for a public body involved in providing goods, facilities or services to discriminate on the grounds of religion or belief through:
- Refusing to provide a person with goods, facilities or services if they would normally do so to the public, or to a section of the public to which the person belongs; and

- Providing goods, facilities and services of an inferior quality to those that would normally be provided, or in a less favourable manner or on less favourable terms than would normally be the case.

Sexual Orientation

The Equality in Employment Regulations (Sexual Orientation) 2003 made it unlawful to discriminate on the grounds of sexuality, directly or indirectly; or to harass or victimise somebody because they have made a complaint or intend to, or if they intend to give evidence to a complaint of discrimination. This applies to all aspects of employment (recruitment, terms and conditions, promotions, transfers, terminations and training) and vocational training.

4 How the Single Equality Scheme was Developed

In writing this Scheme we have used the recommendations made by the Code of Practice to support the implementation of the Race, Disability and Gender Duty.

We recognise that the success of our Scheme is based upon true involvement of all groups of people and organisations that represent and support their interests for equality.

Right from the outset of the Scheme we made sure that we sustained meaningful involvement and engagement with our employees and groups who helped develop, review, identify gaps, challenges and opportunities and who will be helping prioritise the actions once all the information has been gathered.

In order to ensure that consideration is given to a wide range of people we organised involvement/consultation events.

The methodologies used to develop the Single Equality Scheme have included:

- Desktop exercise/research;
- Focus groups (internal employees);
- Consultation with internal parties and external organisations;
- Publishing the Draft Single Equality Scheme on our intranet and internet; and,
- Briefings carried out at each of our locations to ensure all of our employees were given the opportunity to be involved and able to provide valuable contribution;

We will continue to use a variety of formal and informal consultation methods to maximise participation including:

- Seeking advice from organisations, groups or individuals with relevant expertise on an ad hoc basis;
- Developing relationships with the Commission for Equality and Human Rights to act as critical friends;
- Formal consultation exercises such as focus groups, workshops and interviews;
- Feedback from organisations, groups or individuals with relevant expertise;
- Case studies;
- Consultation with our internal Diversity Representatives;
- Involvement and consultation with the Equality and Diversity Working Group; and,
- Establishment of an Equality Impact Assessment Team.

The methods used for consultation will take into account the views of the people who will be affected by a particular strategy, service or policy.

The type of consultation that is required for each revised strategy, policy and service will be agreed in consultation with the trade unions.

When it came to blood donors and those wanting to enrol on the Organ Donor Register we involved various disability organisations.   Involvement focused on the following five areas:

- Physically disabled – e.g. stick and wheelchair users;
- Visual impairments;
- Deaf and hard of hearing;
- Learning disabilities; and
- Mental health disabilities.

We appreciate that this is just the start of our involvement with people with a disability and we have much to learn. The action plan identifies how we will continue to engage with and learn from people with a disability. This includes how we can improve clinical practice with the establishment of a Disability and Donating Group to consider new clinical issues.

We are also grateful for the involvement of Churchill, Minty and Friend for their advice and support, particularly in relation to developing our approach to involving people with a disability and developing practical solutions. Appendix 5 shows the organisations we worked with to develop this section of the scheme.

Race

A key element of addressing the Race Duty has involved consultation with staff, from Black and Minority Ethnic Groups. We have also consulted with donor, patients and faith based groups.

The issues identified were prioritised against the key objectives of the organisation and are included in the action plan in this Scheme.

Information from various sources has also been used to identify trends and gaps that have a negative impact on racial groups. The issues identified are addressed in the action plan and any local issues have been addressed to the heads of centres.

Gender

A key element of addressing the Gender Duty involved consultation with men and women within the organisation. The consultation has also addressed transgender issues.

The consultation was based on gender issues identified on the Staff Survey, Improving Working Lives (IWL) focus groups, as well as from existing data information collected from internal sources, for example diversity monitoring.

The issues identified are addressed in the action plan, whilst any local issues that were identified have been addressed to the heads of centre.

Transgender

We spoke with relevant organisations and some staff on transgender issues. The feedback we received identified that we need to review our policies and procedures to ensure that we address any transgender issues. These issues have been incorporated into our action plan.

5 What have we already done and what challenges are we facing?

We are not starting with a blank sheet of paper. This section describes some of the activities on equality that has taken place over the last three years.

Improving Working Lives (IWL)

Improving Working Lives is a standard which supports and underpins our values, along with good leadership and management principles across the organisation. It is a model against which NHS Employers are measured and 'kitemarked' demonstrating how they are improving the work-life balance for all staff. There are seven strands to the 'Improving Working Lives' initiative, one of which is Equality and Diversity.

The process is one of collaboration, and involves everyone across NHSBT coming together to achieve synergy and ensure that IWL is a continuing, improving process that achieves the best outcomes for both staff and organisation. NHSBT achieved Improving Working Lives Practice status in 2003 and Practice Plus status in December 2006.

Staff Survey

The overall aim of our staff surveys is to gather information that helps NHS Blood and Transplant to better understand staff perceptions of their experiences of working within the organisation. The results help us to respond to the views and feelings of staff and provide better care for our donors and patients, along with better delivery of services.

The information collected from the last survey (2007) has also identified specific issues in relation to race, gender and age. These issues have been identified for action in this scheme.

Knowledge and Skills Framework

The Knowledge and Skills Framework (KSF) is a comprehensive guide to the knowledge and skills required for every job in the NHS in order to deliver quality services. It provides a single, consistent, comprehensive and explicit framework on which to base the review and development of all staff.

The KSF is made up of thirty 'dimensions'. Each dimension covers a broad area of knowledge and skills required by the NHS in order to provide a good quality service to the public. There are six 'Core Dimensions' that apply to every job. One of the core dimensions is Equality and Diversity.

Every member of staff has an annual appraisal and development review meeting at which their performance is discussed. Development needs are identified through assessment of the evidence that demonstrates equality and diversity within their work.

Policy

Our organisation has a range of policies and procedures that ensure that we are complying with equality legislation and incorporating good practices in employment practices and service delivery. Such policies include the Equality Code of Practice, Maternity Leave Policy, Paternity Leave Policy, Flexible Working Policy, Time of Work Policy and Harassment and Bullying Policy.

Trade Union

Staff are represented via the National Joint Staff Council which is comprised of Unison, Unite, General Municipal Boilermakers (GMB), Royal College of Nursing and British Medical Association. They meet regularly in Partnership with the senior management team and are the vehicle for collective bargaining within NHSBT.

Disability

In 2004 Churchill, Minty and Friend, leaders in the field of disability, were asked to undertake a review of the organisation's response to disability. Their brief covered four areas. These were:

- The medical assessment of blood donors;
- Access for donors to blood collection venues (e.g. church halls and community centres);
- The buildings the National Blood Service owns or manages; and
- Our staff policies.

The report made a series of recommendations that we are still making progress on, some of which appear within this action plan.

A major influence on the organisation is risk, particularly when it comes to the safety of donors and patients. An example, not related to disability, was the introduction of leucodepletion. This is where we filter out white blood cells from donated blood to reduce the possible transmission of variant CJD (vCJD).

When the decision was taken to introduce leucodepletion there was only a theoretical risk and the costs were considerable. Although the costs were high and the risks theoretical it was decided to implement this safety measure (and others) as soon as possible to provide better safety for patients. There are other examples too. The organisation's attitude to risk, for the protection of patients, donors, staff and others will be paramount. This will affect the nature and speed of the decisions we will take.

When it comes to blood donors, the emphasis will increasingly be on developing our staff and giving them the support to assess people with a disability as individuals rather than applying blanket prohibitions. This will form a major part of our action plan.

Our starting point has been to identify the main issues for each of the five key disability groups (selected from current donor feedback) within our current donation process. The groups are:

- Visual impairments;
- Deaf and hard of hearing;
- Physically disabled – e.g. stick and wheelchair users;
- Mental health disabilities; and
- Learning disabilities.

The Disability and Donating Group

The Clinical Assessment Panel (CAP) was set up in 2006 and has now been replaced by the Disability and Donating Group to consider the current donation guidelines and in particular their application to people with a disability who want to donate. The group identifies best practice and the reasonable adjustments that can be made, and provides clarity about the approach that safely meets the requirements of the Disability Discrimination Act (2005) and Disability Equality Scheme.

The Panel provides help to doctors and nurses around the country for queries and help in dealing with the individual cases that need to be managed on session, or through feedback from donors. We recognise that many people with a disability may be able to donate and they should be considered on an individual basis to give them the best possible opportunity to do so.

Our Challenges

Patient safety, donor safety and organ, tissue and blood safety are our overriding priorities. These are reflected in the donor selection guidelines which must be applied to all potential donors. There are some people we are currently unable to accept as donors because of possible risks to their health or the health of patients. Additionally we must have informed consent to ensure the safety of blood for patients. This raises other issues around effective communication and understanding.

From our work with organisations representing disabilities we recognise that there are a wide range of disabilities and differing needs. The work has identified a number of existing aids and good practices which need to be advertised and shared across our organisation and with our donors. However our approach on safety has led to some people with a disability being excluded.

We also recognise that some people whose first language is not English are unable to donate blood. Some of these challenges include the following:

- Inability to meet the stringent criteria of the donor selection guidelines.
- Clinical governance issues, related to lack of quality assurance of interpreters, and issues around consent. These issues create a risk which may have an impact on the corporate image of NBS.
- Provision of interpreting services for one group could also leave our organisation open to accusations of discrimination if they do not provide the same service for other groups who are not fluent in English.
- Opportunity v cost i.e. the cost of providing the service versus the cost to use other methods of widening the donor base (or increasing donor loyalty).
- Ability to communicate important information after donation.

We will be exploring these issues in more depth using research and consultative approaches to establish an agreed and safe approach.

Exclusion of Men who have Sex with Men from Blood Donation

We have a public duty to ensure a sufficient supply of safe blood to meet the needs of patients in England and North Wales.

This includes a clear responsibility to minimise the risk of a blood transfusion transmitting an infection to patients. While our stringent procedures make such transmissions extremely rare, we start from the premise that any transmission is one too many. We also need to ensure that all our public health policies are based on the best available scientific evidence, reviewed on a regular basis and explained clearly to the public.

The criteria for blood donors across all of the UK Blood Services are agreed by the Department of Health's Advisory Committee on the Safety of Blood, Tissue and Organs. In order to assure the continued safety of the blood supply, we currently ask those in groups shown to have a particularly high risk of carrying blood-borne viruses not to give blood. These include men who have ever had sex with men. The reason for this exclusion rests on specific sexual behaviour (such as anal and oral sex between men), rather than the sexuality of the person wishing to donate. There is, therefore, no exclusion of gay men who have never had sex with a man nor of women who have sex with women. To view the full position statement please visit http://www.nhsbt.nhs.uk/current_issues/index.htm

6 Strategic Approach to Equality and Diversity

National Health Service organisations have, over the years, developed innovative methods to assist them in meeting the duties set out in equality legislation. It is also fair to point out that these developments have not been universal or consistent throughout the NHS. The size, complexity and differing type of NHS organisations make it impossible to recommend 'one size fits all' or a prescriptive approach to meeting the duties. What follows is therefore a practical approach to support all staff to meet the core requirements of the equality legislation and our strategic and local objectives.

The overall strategic and operational responsibility for implementing the Single Equality Scheme will rest with the Chief Executive, working closely with the Executive Team and Trade Unions. The Equality and Diversity Working Group is the main vehicle for driving the diversity agenda and ensuring that we comply with legislation.

To ensure the profile of the Scheme is raised across the organisation, and that it is part of all corporate decision making, a progress report on the Single Equality Scheme action plan will be formally presented to the Executive Team on a regular basis.

The Head of Equality and Diversity will undertake day-to-day co-ordination of the Scheme's action plan, deal with issues arising from the implementation of it, and report progress to the Equality and Diversity Working Group.

All Directors and senior managers within our organisation will have a strategic role to play in the successful implementation of the Single Equality Scheme. The work detailed in the action plan will be built into business, regional and local work plans for 2008 and beyond.

A structure is in place to support the delivery of outcomes across the different aspects of the equality agenda. *See figure 1*.

Allocating Resources

We currently have a Head of Equality and Diversity to lead on the equality agenda. We also have diversity champions and an administrator to support the process.

We are also in the process of developing an equality and diversity team to deliver on our core objectives in the action plan.

Figure 1. Framework to implement NHSBT Single Equality Scheme

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│& Donating│  │Diversity │        │ Equality │     │ Marketing │
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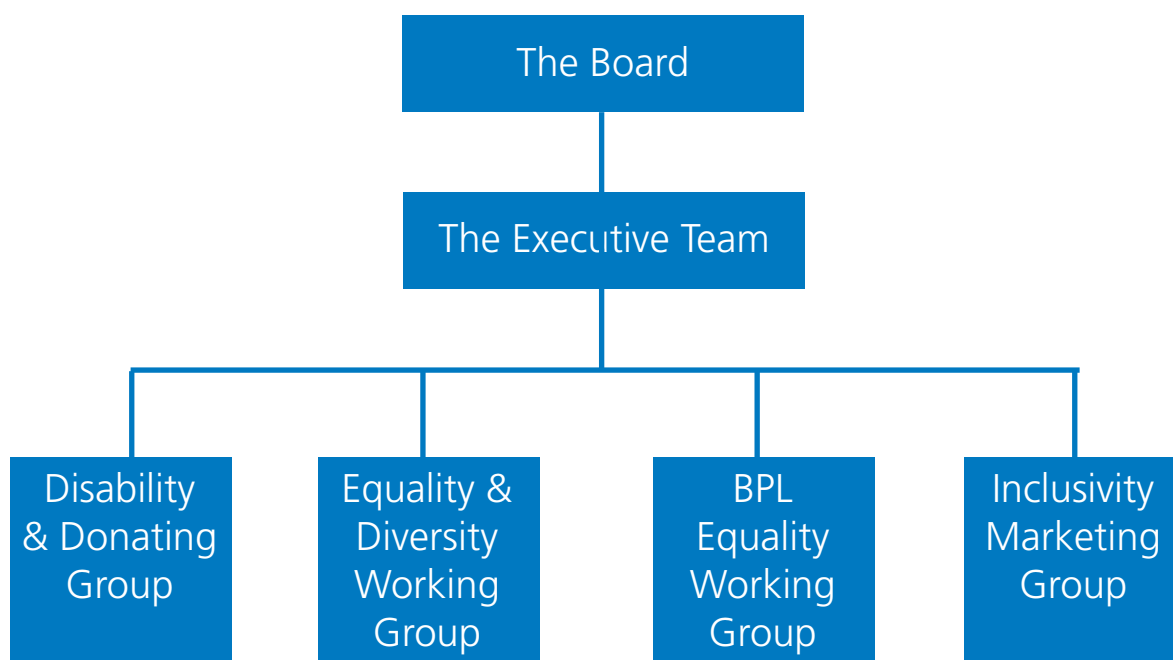
Aims

Disability and Donating Group
To meet the National Blood Service's responsibilities to donors under the Disability Discrimination Act (DDA), facilitating appropriate access to blood donation for individuals with disability.

Equality & Diversity Working Group
This group is in place to ensure that NHS Blood and Transplant acts in accordance with equality legislation and diversity best practice when providing services and in employment practices.

BPL Equality Working Group
This is a consultative forum set up by the Joint Consultative Committee (JCC) to consider and consult on matters relating to equality of opportunity at BPL. It also monitors diversity statistics and suggests ways of promoting diversity.

Inclusivity Marketing Group
The group's main objective is to raise awareness of blood and bone marrow donation in ethnic minority communities through partnership and sole working.

7

Diversity Monitoring

Equality monitoring enables us to gather information on employment and people who use our services and how communities view them, which is essential when planning and reviewing services.

On the basis of information gathered, we can begin to plan steps necessary to improve service delivery and communities' levels of satisfaction.

For diversity monitoring to be effective, we are going beyond data collection to ensure we analyse this data to assess accessibility across all groups and then commit to act upon any findings.

Why do we need to monitor Equality?

- **Department of Health.** As part of our business plan, the Department of Health request diversity information on Diversity training.

- **To ensure optimum service delivery.** Unless we know who our customers are, who is and who is not using our services and what people think of them, we do not know if everyone is using our services equally. We will not be able to identify missed opportunities.

- **To aid service planning.** Monitoring is vital for planning, targeting and measuring development in service provision. It can show gaps in services and can indicate new opportunities in terms of needs and markets. Monitoring also enables informed decisions to be made about priorities and resource allocation.

- **To improve service quality.** Challenging inequality will improve the overall quality of our services. It ensures we are delivering services in the most appropriate way to meet the needs of all our communities.

- **To improve confidence and trust.** By monitoring our service delivery and employment and being able to demonstrate that we are acting on this information, communities, staff and stakeholders will have increased confidence that NHSBT is a fair and equal service provider and employer.

- **Valuing cultural and ethnic diversity.** NHSBT has a clear commitment to promoting equality, diversity and cohesion in all its businesses. By establishing clear and transparent mechanisms that help shape service delivery on the basis of need and involvement, our organisation is reinforcing and acting upon this commitment.

- **Legislative requirements.** Under various legislation, public authorities such as NHSBT have a legal duty to take account of equality issues when planning and delivering services.

- **National Audit Office (NAO).** Principles such as eliminating discrimination, fair access to services and meeting diverse needs are central to the Audit Commission's inspections. Effective equality monitoring is essential to the achievement of these.

- **To meet the criteria** for accessing financial and other resources from external sources.

The table in figure 2 outlines the diversity information we will collect by race, gender and disability and, wherever possible, applicable age.

Figure 2: Diversity Monitoring

We are required by the 'Specific Duty' to monitor the following by race, gender and disability.

1. Baseline Data
- Numbers of staff in post
- Analysed by department or section, level or grade, and type of work

2. Employment
- Employment applications
- Numbers successful and unsuccessful at different stages of selection, for example, initial shortlist and interviews
- Numbers applying for new posts
- Development reviews
- Applications or requests for flexible working (and decisions made)

3. Training
- Training application rates
- Numbers receiving training
- Outcomes of application for training

4. Disciplinary and Grievance
- Harassment, victimisation and discrimination complaints
- Disciplinary proceedings and decisions made
- Other grievances
- Levels of resolution

5. Leavers
- Dismissals
- Redundancies
- Resignations
- Retirements
- Other reasons

6. Service Delivery
- Applicants who are registered on Organ Donation and Blood Registers
- Applicants who withdrew from the Organ Donation and Blood Registers

7. Procurement
- Dip sample of suppliers to monitor compliance

8. Other Areas
- Return rates of women on maternity leave and whether they are returning to jobs at the same level of responsibility and pay

Scrutinising data.

Monitoring data collated by our organisation will be split by operating divisions and then totalled for the whole organisation. This will help identify trends within each of the businesses and where necessary make changes to policies, procedures, systems or practices.

A statistical calculation will be used to compare the observed equality categories with the expected numbers based on a similar population. We will call this a standardised equality ratio that will identify numerical differences.

Monitoring data will be scrutinised by a Director from each operating division as well as the Equality and Diversity Working Group.

Monitoring information will be used to support the assessments of the impact of our employment policies and procedures. In particular to:

- Identify any adverse impact that policies and procedures may have;
- Undertake workforce planning;
- Identify any areas of disproportionality;
- Develop bespoke recruitment campaigns to target under-represented groups:

  - In terms of the total numbers employed,
  - In a particular occupation, or in the grade / level within the workforce / occupation.

We will introduce specific diversity targets to businesses where disproportionality is evident; this will be done on an annual basis in line with the production of the annual monitoring report.

The results of assessments will also be used to further develop the scheme and action plan.

8 Pay

Agenda for Change is the single pay system in operation in the National Health Service, which applies to our organisation.

It applies to all directly employed NHS staff with the exception of doctors, dentists and some very senior managers/Directors.

The three core elements that make up Agenda for Change are:

- Job evaluation;
- Harmonised terms and conditions; and
- Knowledge and Skills Framework (KSF).

NHS Blood and Transplant is committed to ensuring that Agenda for Change provides for fair pay that accords with the principle of equal pay for equal value, and improves all aspects of equal opportunities.

We will continue to review pay and reward across the organisation, where appropriate in consultation with the Trade Unions.

9 Equality Impact Assessment

We are required to carry out Equality Impact Assessments (EIAs) on all new and proposed policies. This duty was created by the Race Relations (Amendment) Act 2000.

An Equality Impact Assessment is a way of systematically and thoroughly assessing and consulting on the effects that a policy is likely to have on people. For example it can assess the effects on gender, racial group or disability.

The assessment process will consider:

- Whether or not the policy is 'relevant' to the equality duty;
- What is the likely impact upon the equality strands;
- Is the policy likely to discriminate in any way;
- The results of any service reviews;
- The results of staff consultations;
- Monitoring and other profiling data; and,
- Other relevant considerations.

When should we do an Equality Impact Assessment?

An Equality Impact Assessment (EIA) should be carried out when reviewing and developing any relevant new or existing policy, initiative or procedure.

If a policy is 'relevant' to the equality duty it will need to be assessed fully, to see if it could have any adverse effects on people from different groups, and to make changes or consider supplementary measures to mitigate any negative effects.

The Equality Impact Assessment process may involve consultation with people who are likely to be affected by any proposed policy, or who have an interest in it.

In order to assist with this, the Equality Impact Assessment Team and members of the Equality and Diversity Working Group should be consulted.

An EIA will need to consider any potential conflict with other legislation affecting staff, donor and patient safety. Specifically this must include regulatory requirements concerning the registration and practice of doctors (General Medical Council), nurses (Nursing and Midwifery Council), biomedical scientists and clinical scientists (Health Professions Council). It must also include the Blood Safety and Quality Regulations, the Human Tissues Act and Consumer Protection Act and any other guidance provided by the Joint United Kingdom Blood Transfusion Services and National Institute of Biological Standards and Control Professional Advisory Committee (JPAC). http://www.transfusionguidelines.org.uk/index.asp.

What does Relevance mean?

Most policies, function or business operations that involve and affect people will have the potential for affecting different groups of people in different ways, and therefore will be 'relevant' to the equality legislation.

We are in the process of identifying the 'relevance' of all of our policies and procedures in line with the equality duty.

We are also prioritising the policies and procedures that will undergo equality impact assessments.

The results and actions our impact assessments will be available on our equality and diversity website.

10 Diversity Training

We currently provide a range of equality and diversity training in the following ways:

- During the induction of new starters in our 'Welcome Day';
- Diversity Awareness for all staff;
- Managing diversity for all Managers;
- Recruitment and Selection training; and
- Harassment and Bullying Awareness training

We will shortly be providing Equality Impact Assessment training. This will include considering how day to day decisions can effect equality as well as outlining our approach to carrying out impact assessments.

We will also provide specific equality training for the Equality and Diversity Working Group, and the Executive Team.

We will continue to raise awareness of equality issues through training plans for equality and through service/team training plans and individual employee development.

From 2008, we will also update our intranet site to inform our workforce and stakeholders on equality and diversity. Future work will also introduce an e-learning equality module for all staff to complete as well as guidance and supporting documents on our training programmes.

11 Access to Services, Information and Communication

Services

We recognise it is vital to provide information and services that can be easily accessed by all our communities. Some people may be reluctant to use our services, or have difficulty in doing so, and accessible, clear and welcoming information can help to overcome these barriers.

We have undertaken our internal disability access audits and some are ongoing. We are also beginning work on our external venues. The purpose of a disability access audit is to find out what barriers people with a disability face to accessing services. These barriers could be for many reasons such as:

- Not having a policy on monitoring accessible parking;
- Lack of auxiliary aids, such as an induction loop, for hearing aid users; and
- Lack of adequate access into a building such as the provision of a ramp for wheelchair users.

We have a programme of ongoing disability access audits. We recognise that there are areas that will be common to both Access Audits and Equality Impact Assessments and we will ensure that a joint approach is adopted.

In relation to access requirements of our employees, if specific adjustments to premises are identified, our Health and Safety Team, together with Occupational Health and Human Resources, will work with the individual and their manager to ensure alterations are undertaken as quickly as is reasonably possible.

Information

We recognise that some people with a disability, Black and Minority Ethnic groups and non-English speaking groups may need to access information in different ways and require services tailored to their particular needs. We will actively review our processes to ensure we highlight any areas where barriers to equal access and services exist. We are committed to ensuring that reasonable solutions are implemented where barriers are found.

We will continue with our commitment to review ways in which we can make our materials more accessible and this is reflected in our action plan.

We have professional and effective departments for all communications, both internal and external, providing the highest possible levels of service to all employees and customers. The Public Relations, Internal and Communications Strategies and Brand Guidelines all aim to improve quality and choice of access to public information and services.

Openness in communications and involving all people is an important value. Through a structured internal communication plan, we will make sure that employees have the opportunity to learn about, understand and discuss issues which affect their role and the area in which they work. We do this in a number of ways including writing in Plain English, and designing print and online documents according to accessibility guidelines.

In order to continuously improve our commitment to providing communication support we are in the process of developing networks with a number of Disability, Gender and Black and Minority Ethnic organisations.

We have already instigated some research on the feasibility of using various interpretation and communication services.

In consultation with the Equality and Diversity Working Group, Disability and Donating Group, Inclusivity and Marketing Group and the Marketing Services Department we will assess and review the need to translate documents into alternative languages. Historically we have had a very low take up of materials produced in other languages. We want to make sure that we use our resources efficiently and so will explore alternative approaches.

Website

We are making every effort to ensure that our website is accessible to all groups.
We are currently compliant with W3C standards.
For more information visit www.w3.org

12 Procurement and Partnerships

We acknowledge that our 'General' Duty to promote disability, race and gender equality extends into those situations where any of our functions or services are contracted, or sub-contracted, to other companies, organisations, groups or individuals, as well as direct works such as building works and repairs.

We will impact assess our procurement, tendering and contract management processes as an early measure to ensure that meeting the equality duty is built into the procurement process. This will ensure that services are provided in ways which promote equality of opportunity, eliminate discrimination and harassment, and promote positive attitudes towards people with a disability. We will monitor any outsourced service providers to ensure they are fully aware of this Scheme and comply with our organisational requirements when acting on our behalf.

To ensure any contractors conduct their duties in a manner that assists us to meet our obligations under the equality duty, we will take the following steps:

- To be accepted on our tender lists, and to be awarded a contract or to have one renewed, organisations will be required to provide information about any findings of disability discrimination or harassment relating to them, and will be required to adopt the Disability Rights Commission statutory Codes of Practice on Employment and Occupation, and on Rights of Access to Goods, Services, Facilities and Premises.

- We will review the way in which we procure services to ensure that it does not have an adverse impact on organisations and firms owned or run by people with a disability, Black and Minority Ethnic groups and men and women.

We will support all of this by providing training to staff involved in procurement.

In addition to our role in procurement, we recognise that if we work in partnership with other organisations, our responsibility to promote equality in our work continues to apply.

Partnerships

We will ensure that all our partners support us in meeting the 'General' and, where relevant, the 'Specific' elements of the equality duty, as appropriate to the precise form of partnership. We will also ensure that our partners receive a copy of this Scheme and that equality is considered at an early stage in our entering into partnership agreements. We will also review our current list of partners to ensure inclusion of organisations representing the interests of all diversity groups.

13 Further Information and Feedback

We are committed to involving and giving every opportunity to comment on how our services and employment practices are provided and developed. We also recognise that people from different backgrounds and disabilities are represented in all the ways in which we consult.

We will involve a wide range of people on employment matters and the services we provide including:

- Finding out what barriers people face and taking steps to remove them;
- Asking if people are happy with the services we provide e.g. through satisfaction surveys, focus groups;
- Setting priorities and helping us to plan things;
- Looking at the impact of existing and proposed policies;
- Monitoring and checking how well things are done; and
- Consulting with representatives from staff groups and relevant organisations when reviewing and revising the Scheme.

The main consultation and involvement carried out will be summarised in our yearly report on the Single Equality Scheme.

The yearly report for this Scheme will include an update on the action plan. We will involve people with a disability, different racial groups and men and women both internally and externally and provide information on business diversity action plans and activities. We will also show what has changed as a result of involving a wide range of people.

We will inform the public and employees about this information through:

- Newsletters which will be available internally and to our stakeholders;
- Relevant voluntary organisations, community groups and our customers; and
- The Equality and Diversity section on our website. We will provide information there about our work to promote equality.

For further information on this Scheme, please contact Fiona Pittam, Head of Equality and Diversity, 07872 636 719 or email Fiona.pittam@nhsbt.nhs.uk

14 Whistle Blowing and Complaints

NHSBT has a whistle blowing policy which seeks to protect workers, and those who want to raise concerns about malpractice in the workplace, from victimisation. Staff can access this policy from the Intranet or via the HR Directorate.

In addition, any of the organisations below can be contacted in relation to complaints about NHSBT.

Staff
Staff who wish to make a complaint can go through our Internal Grievance and Complaints procedure or use our Whistleblowing Policy. In addition, a confidential counselling service is available for staff and their families. For assistance call 0800 243458, Available 24 hours a day, 365 days a year, or +44(0)1895 237071 from outside the UK, Minicom users 01895 813845, Email: ear@accorservices.co.uk

Members of Public
Members of the public, who wish to make a complaint about our service, can go through the following procedures:

UK Transplant
Tel: 0117 975 7555   Email: info.manager@uktransplant.nhs.uk

Complaints about Donor services and Transport
Helpline: 0845 7 711 711   Email: customer.services@nhsbt.nhs.uk

Bio Products Laboratory
Customer Service Number 020 8258 2200   Email : info@bpl.co.uk

NHSBT Trade Unions
Unison
Tel: 0845 355 0845   Website: www.unison.org.uk

UNITE
Tel: 0845 850 4242   Website: www.unite.org

GMB
Tel: 020 8947 3131   Email: info@gmb.org.uk

RCN
Tel: 020 7409 3333   Website: www.rcn.org.uk

BMA
Tel: 020 7387 4499   Website: www.bma.org.uk

15 Race and Gender Consultations

Staff were invited to take part in the consultation exercise in six locations- UKT Bristol, Sheffield, Tooting, Colindale, BPL Elstree and Birmingham.

The staff at these locations was informed of these from their Head of Centre, Local Service Group meetings and posters advertising the events. The head of Equality and Diversity along with staff side visited each department in these locations to advertise the event and encourage participation.

The questions were based on issues identified from the Improving Working Lives Focus Group and the NHSBT Staff Survey.

Strategic issues from the consultations are summarised below. All local issues were referred to the Head of Centre or Senior Management Team of the relevant function. The issues below are in our action plan.

Key Issues – Race

- Raise awareness of blood donor sessions to the local communities, particularly where there is a low uptake from certain community/ diversity groups;
- Use of ethnic role models for staff and donors;
- Awareness of different religions;
- Address under-representation of Black and Minority Ethnic staff within Senior Management positions and women at Director Level.

Key Issues - Gender

- Caring and child-minding need to be more accessible for males and advertised as such;
- Availability and information for men to work part time hours and/or flexible working;
- Have management positions available on flexi time or job share so that more carers can apply for the roles;
- Extra pressure on males to do overtime;
- Managers do not know the entitlement for paternity leave;
- When staff are off for any length of time provide them with a way of keeping them up to date with news and information;
- Gender balance in NHSBT;
- Increase security levels for staff when working alone on night shifts and collection team members; and,

- Advertise positions so that they are welcoming to both men and women

Information about the consultation on disability can be found in our Disability Equality Scheme our website visit www.nhsbt.nhs.uk

Appendix 1: Single Equality Scheme Action Plan

The following Single Equality Scheme Action Plan will be reviewed every year. Progress on the Scheme and Action Plan will be reported to the Equality and Diversity Working Group,

National Joint Staff Consultative Committee, and the Executive Team on a regular basis.

Year 1:   May 08-April 09

Year 2:   May 09-April 10

Year 3:   May 10-April 11.

The Scheme has incorporated the actions outlined in the Disability Equality Scheme produced in 2006.

ACTION PLAN - General

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
1. Equality and Diversity Working Group to review and drive forward the Single Equality Scheme.	Ensure equality and diversity is embedded within the organisation.	Equality and Diversity Working Group	Year 1	✓	✓	✓	✓	✓	✓	✓
2. Annual Report of Single Equality Scheme.	Review progress made.	Equality and Diversity Team & Equality and Diversity Working Group.	Year 1	✓	✓	✓	✓	✓	✓	✓
3. Ensure that each Operating group develops its own Equality action plan which is linked to their business plan. This should include gender, race, and disability equality initiatives.	Operating group diversity action plans.	Operating group Directors.	Year 2		✓	✓	✓			
4. Ensure a cross section of the workforce is involved in the equality and diversity agenda and relevant equality groups.	Involvement in action plans.	NJSC and staff.	Year 1	✓	✓	✓	✓	✓	✓	✓
5. Develop a corporate equality and diversity strategy.	Outline the overall equality agenda.	Equality and Diversity Team	Year 1	✓	✓	✓	✓	✓	✓	✓
6. Identify resources required to implement equality agenda	Resources are available.	Equality and Diversity Team	Year 1	✓	✓	✓	✓	✓	✓	✓
7. Continue to work with leading equality organisations to implement equality and diversity initiatives	Implement equality and diversity initiatives,	Equality and Diversity Team	Year 1	✓	✓	✓	✓	✓	✓	✓

Action Recruitment	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion/ Belief	Sexual Orientation	Transgender
8. Ensure recruitment agencies used, apply diversity proofing to their processes.	Improved recruitment practice.	Human Resources Operations.	Year 1	√	√	√	√	√	√	√
9. Incorporate equality initiatives in Recruitment and Resourcing Strategy.	Improved recruitment practice.	Human Resources & Equality and Diversity Team.	Year 2.	√	√	√	√	√	√	√
10. Monitor Recruitment and Retention Policy.	Improved recruitment practice and retention.	Human Resources Operations.	Year 2 & Ongoing.	√	√	√	√	√	√	√
11. Continue to advertise positions so that they are welcoming to diverse groups.	Promote Diversity.	Human Resources Operations.	Year 2 & Ongoing	√	√	√	√	√	√	√
12. Promote job-share and part-time working in management positions.	Encourage job-share and part time posts.	Human Resources Operations.	Year 2 & Ongoing	√	√	√	√	√	√	√

Action Employment/Pay and Reward	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
13. Monitor starting salaries.	Address any negative trends and gaps identified.	Human Resources Operations.	Year 1	✓	✓	✓	✓	✓		
14. Monitor staff pay band and positions.	Address any negative trends and gaps identified.	Human Resources Operations.	Year 1	✓	✓	✓	✓	✓		
15. Exit interviews to include equality questions.	Address any issues relating to equality.	Human Resources Operations.	Year 2	✓	✓	✓	✓	✓		
16. Design and implement system for the collection of exit questionnaire.	Address any issues relating to equality.	Human Resources Operations.	Year 2	✓	✓	✓	✓	✓		
17. Ensure that a contact system is in place to inform staff on extended leave of organisational changes and promotional and development opportunities.	Keep staff on extended leave updated on organisational news.	Human Resources Operations.	Year 3	✓	✓	✓	✓	✓		

Action Recruitment, Employment & Exits	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
18. Collect information on, monitor and address any gaps/trends in all aspects of: • Recruitment, Retention and selection • Promotion • Employment • Disciplinary and Grievance • Training and Education • Return to work rates • Appraisals • Performance • Leavers • Applications or requests for flexible working • Bullying and Harassment, Victimisation and Discrimination.	Eliminate any potential discriminatory practices	Human Resources Operations. Equality and Diversity Working Group and Learning and Development.	Year 2	✓	✓	✓	✓	✓		

Action Service Delivery	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
19. Collect information on, monitor and address any gaps/trends in relation to Diversity.	Eliminate any potential discriminatory practices.	Directors of Operating Divisions	Year 2	√	√	√	√	√	√	√

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
20. Support/advise operational divisions to use local level workforce profile monitoring data to identify any actions to improve recruitment and retention of a diverse workforce.	Utilise data to improve diversity within the operational divisions.	Equality and Diversity Team and Human Resources. Operations.	Year 2	✓	✓	✓	✓	✓	✓	✓
21. Monitoring reports on all aspects of recruitment, employment, promotions, exits and service delivery to be scrutinised.	Utilise data to improve diversity within the operational divisions.	Equality and Diversity Working Group & Directors of Operational Divisions	Year 2	✓	✓	✓	✓	✓	✓	✓
22. Develop Annual Monitoring Reports on Race, Gender and Disability.	Publish equality results.	Equality and Diversity Team.	Year 1		✓	✓	✓			✓
23. Include race, disability and gender equality fields in ESR using appropriate UK Census categories.	Improve equality monitoring across the organisation.	Employee Services.	Year 1		✓	✓	✓			✓

Action Equality Impact Assessment	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
24. Develop Equality Impact assessment tool-kit.	Eliminate discriminatory policies and practices.	Equality and Diversity Team.	Year 1	✓	✓	✓	✓	✓	✓	✓
25. Develop guidance and procedures on good practice for impact assessments	Eliminate discriminatory policies and practices	Equality and Diversity Team.	Year 1	✓	✓	✓	✓	✓	✓	✓
26. Identify consultation/ impact assessment team.	Eliminate discriminatory policies and practices.	Equality and Diversity Team. Equality and Diversity Working Group.	Year 1	✓	✓	✓	✓	✓	✓	✓
27. Impact assess policies rated as having 'high', 'medium' and 'low' relevance to the Equality Duty.	Eliminate discriminatory policies and practices.	Policy Owners/ Subject specialists.	Year 1	✓	✓	✓	✓	✓	✓	✓
28. Annual report on progress on impact assessments.	Progress report	Equality and Diversity Team.	Year 1	✓	✓	✓	✓	✓	✓	✓
29. Report to Equality and Diversity Working Group on any adverse impact on EIA's.	Monitor Equality Impact assessments.	Equality and Diversity Team.	Year 1	✓	✓	✓	✓	✓	✓	✓
30. Recognise mental health and "hidden disabilities" and our policy towards them. E.g. diabetes & dyslexia	Guidance of and recognition on "hidden disabilities"	Equality and Diversity Team, Human Resources Operations. Learning and Development.	Year 1		✓					

ACTION PLAN - Policy and Procedures

Action Bullying and Harassment	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
31. Continue to ensure all employees are aware of Bullying and Harassment procedures.	Increase awareness	Learning and Development.	Year 1	✓	✓	✓	✓	✓	✓	✓
32. Review Bullying and Harassment Policy.	Reduce bullying and harassment	Learning and Development & Human Resources Operations.	Year 1	✓	✓	✓	✓	✓	✓	✓

Action Awareness raising	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
33. Promote family friendly policies and procedures across the workforce.	Increase awareness.	Human Resources, Operations. Managers, Improving Working Staff side rep.	Year 3	✓	✓	✓	✓	✓	✓	
34. Produce guidance on gender reassignment.	Increase awareness on transgender.	Equality and Diversity Team, Human Resources Operations.	Year 1							✓
35. Produce guidance on gender, race and disability equality.	Increase awareness.	Equality and Diversity Team, Human Resources Operations.	Year 2		✓	✓	✓			
36. Develop support mechanisms to support staff through a grievance.	Support for staff.	Equality and Diversity Team, Human Resources.	Year 2	✓	✓	✓	✓	✓	✓	✓

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
37. Review relevant policies to incorporate Disability Discrimination Act (DDA) issues. Absence Management Policy to be reviewed.	Distinguish between sickness absence and absence relating to disability.	Human Resources. Operations	Year 1		✓					
38. Performance Management to include sickness absence.	Link absence rates and how this is managed into performance objectives.	Human Resources Operations.	Year 1		✓	✓				✓
39. Develop guide, toolkit and training for Human Resources managers regarding DDA issues including mental health.	Equip staff with knowledge on disability.	Human Resources Operations and Equality and Diversity Team.	Year 1		✓					
40. Review Diversity Policy.	Ensure Diversity Policy is in line with legislative requirements.	Equality and Diversity Team.	Year 1	✓	✓	✓	✓	✓	✓	✓

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
41. Promote Single Equality Scheme internally and externally.	Ensure scheme is accessible and available	Equality and Diversity Team. Communications.	Year 1	✓	✓	✓	✓	✓	✓	✓
42. Develop Equality and Diversity section on new NHSBT website.	Ensure staff and stakeholders are informed on equality initiatives	Equality and Diversity Team. Communications.	Year 2	✓	✓	✓	✓	✓	✓	✓
43. Review website to improve accessibility on current NHSBT website	Promote accessibility for all web users.	Communications.	Year 3		✓		✓			
44. Report on progress of the Single Equality Scheme in NHSBT annual review	Progress on schemes	Equality and Diversity Team. Communications	Year 1	✓	✓	✓	✓	✓	✓	✓
45. Raise awareness of different cultural and religious events as appropriate on the intranet and through other communications.	Raise awareness of diversity.	Equality and Diversity Team. Communications	Year 1				✓	✓		
46. To continue to market and communicate information to our blood and bone marrow donors that reflect diversity and is in line with best practice initiatives.	Increase diversity profile of blood and organ donors.	Communications	Year 1	✓	✓	✓	✓	✓		

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
47. Develop existing Equality and Diversity training and incorporate mental health and disability.	Training relevant to equality duty.	Learning and Development.	Year 1	✓	✓	✓	✓	✓	✓	✓
48. Identify and address areas of disproportionality in relation to data collected.	Address any potential inequality.	Learning and Development.	Year 2	✓	✓	✓	✓			
49. Training for Executive Team members on equality.	Raise awareness of equality responsibilities.	Equality and Diversity Team.	Year 1	✓	✓	✓	✓	✓	✓	✓
50. Deliver impact assessment training to all staff involved in writing a policy.	Equip staff with knowledge on impact assessments.	Learning and Development.	Year 1	✓	✓	✓	✓	✓	✓	✓
51. Review all training courses to ensure that they comply with principles of equality.	Ensure all Learning and Development programmes have equality component.	Learning and Development Scientific and Technical Training Donor Services Training	Year 3	✓	✓	✓	✓	✓	✓	✓
52. Improved penetration of Equality and Diversity training throughout the organisation.	Ensure all staff attend Equality training.	Directors Line Managers Learning and Development.	Year 1	✓	✓	✓	✓	✓	✓	✓

ACTION PLAN - Learning, Training and Development

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
53. Training and dissemination of changes to Absence Management Policy. • Basic training and local management training • Local Service Group brief to cover changes • E-learning DDA training package to link with sickness absence policy training • Robust system of training evaluation	Absence policy is in line with equality legislations, in particular the DDA (2005).	Learning and Development. Human Resources Operations.	Year 1		√					
54. Review training for Bullying and Harassment	Reflect policy changes and data collected.	Human Resources Operations.	Year 1	√	√	√	√	√	√	√

ACTION PLAN - Learning, Training and Development

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
55. Develop good examples in disability, race and gender equality and include in Circulation, Connect, and intranet. Voices and Connect for BPL.	Promote equality.	Learning and Development, Human Resources Operations, Improving Working Lives/staff survey group, Equality and Diversity Team.	Year 1		✓	✓	✓			
56. Continually review the Disability Discrimination Act (DDA) training for facilities. Ensure all public facing staff are aware of disability issues.	Promote equality and diversity.	Learning and Development.	Year 1		✓					
57. Develop bespoke training on race, gender and disability equality for all staff that work directly with the public.	Recognise diversity within service delivery.	Learning and Development, Equality and Diversity Team.	Year 1		✓	✓	✓			
58. Have appropriate availability of ESOL support.	Better understanding of the English Language.	Learning and Development.	Year 3				✓			

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
59. Develop and promote basic skills in the area of IT and literacy.	Raise awareness of skills helpline and Learning Representatives	Learning and Development. Life long Learning focus group, Staff side Reps.	Year 1	√	√					
60. Review content of Welcome Day. • To include disability, rights and obligations of staff and management with respect to disability.	Disability awareness.	Learning and Development	Year 1		√					
61. Develop a mentoring scheme for Black and Minority Ethnic Staff.	To develop Black and Minority Ethnic Staff.	Learning and Development Equality and Diversity Team	Year 2				√			
62. Develop awareness and understanding of Religious Celebrations and Cultural Events	To recognise peoples diversity	Learning and Development Equality and Diversity Team	Year 2				√	√	√	

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
63. To review relevant conditions of contract to include an obligation on suppliers to comply with equality legislation.	All suppliers and commission agreements will be delivered in a way that ensures equality.	Procurement Team.	Year 1	✓	✓	✓	✓	✓	✓	✓
64. Dip sampling of suppliers to be undertaken to monitor compliance with race, gender and disability equality.	Spot check suppliers to see if complying with equality legislation	Procurement Team.	Year 2		✓	✓	✓			
65. Ensure all NHSBT purchasing and supply agency policies and procedures are reviewed to ensure compliance with all relevant equality legislation.	Compliance with equality legislation.	Procurement Team.	Year 2	✓	✓	✓	✓	✓	✓	✓

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
66. Review Premises to identify areas of improvement to accessibility.	Ensure premises are accessible.	Facilities BPL UKT.	Year 2		✓			✓		
67. Carry out access audits on all external venues used for donor sessions.	Ensure premises are accessible.	Donor Services.	Year 1		✓					
68. Ensure catering offer a variety of food, observing dietary and religious needs.	Recognise diversity within meal provisions.	Facilities	Year 2		✓		✓	✓		

ACTION PLAN - Health & Safety

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orient ation	Transgender
69. Review current occupational health provision in relation to diversity.	Ensure Occupational Health provider can address diversity matters.	Human Resources Operation & Health and Safety.	Year 2	√	√	√	√	√	√	√
70. Establish systems to ensure reasonable adjustments in the workplace.	Implement reasonable adjustment log	Health and Safety & Human Resources Operations, Estates and Facilities.	Year 1		√			√		
71. Undertake physical security assessments.	Maintain health and safety of staff.	Health and Safety & Estates and Facilities	Year 1	√	√	√	√	√	√	√

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
72. Establish consultation processes.	Ensure Black and Minority Ethnic staff and staff with a disability are actively involved in identifying equality related organisational issues and barriers.	Equality and Diversity Team	Year 1	√	√	√	√		√	√
73. Staff survey	Ensure inclusion questions regarding disability and race are incorporated into survey.	Equality and Diversity Team	Year 1		√		√			

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
74. Review existing strategy to promote service and increase donors from communities with low take up.	Increase diversity of donor profile.	Donor Services Clinical and Medical	Year 1		✓		✓	✓		
75. Bespoke diversity training for donor service staff	Increase diversity of donor profile.	Donor Services	Year 1		✓	✓	✓	✓	✓	✓
76. To undertake research and relevant consultation on using interpreting and translating services for non-English speakers.	An agreed approach on the use of interpreting and translating services.	Donor Services Equality and Diversity Team.	Year 1				✓			

ACTION PLAN - Carers

Action	Outcome	Responsibility	Time scale Year 1,2,3	Age	Disability	Gender	Race	Religion /belief	Sexual Orientation	Transgender
77. Identify support required for all carers	Support mechanism for all carers	Childcare and carer support co-ordinator.	Year 1	√	√	√	√	√	√	√
78. Regular consultation with carers to address specific issues.	Identify issues for carers	Childcare and carer support co-ordinator	Year 1	√	√	√	√	√	√	√
79. Provide information to managers to support carers.	Informing managers of carers issues	Childcare and carer support co-ordinator	Year 2	√	√	√	√	√	√	√

Appendix 2: Organisations Involved

GENERAL

- NHS Core Reference Group
- NHS National Services Scotland
- NHS Employers
- Unite
- Unison

DISABILITY
Visual Impairments

- Guide dogs for the Blind Association (www.guidedogs.org.uk)
- Royal National Institute for the Blind (RNIB) (www.rnib.org.uk)
- Southampton Society for the Blind
- Hampshire Association for the Care of the Blind
- Isle of Wight Society for the Blind (www.iwsightconcern.org.uk)
- Blind donors
- Action for Blind People (www.actionforblindpeople.org.uk)
- Department for Work and Pensions (www.dwp.gov.uk)

Deaf and hard of hearing

- Royal National Institute for the Deaf (RNID) (www.rnid.org.uk)
- Hampshire Deaf Association (HDA)
- Happy Tots – Deaf Mums with hearing children.
- Remark – Provider of sub-titles. (www.remark.uk.com)
- Deaf potential donor
- HAD, Deaf Awareness and Communication Tactics information sheet
- Inclusive Technology (www.inclusive.co.uk)
- British Deaf Association (www.bda.org.uk),
- Deafsign (www.deafsign.com)
- Centre for Professional Ethics, Keele University
- Plymouth Guild of Voluntary Service/ Hearing and Sight Centre

Physically disabled

- Department of Transport
- Churchill, Minty & Friend – training and disability consultancy
- Disabled Living Foundation
- Drivers Jonas – building consultancy
- ROSPA – People Handling Training
- Dr Rick Fox, Royal National Orthopaedic Hospital
- Dr Hari Boralessa, NBS Brentwood

Mental health disabilities
Partnership Involvement
We worked closely with the following organisations throughout our review:
- Mind
- Local Community Psychiatric Nurses

- Rethink
- Launch Pad – local mental health group

Impact Assessment
We recognise that this takes many different forms and these are the categories we have considered:
- Schizophrenia and paranoia
- Depression
- Bipolar disorder
- Anxiety or fear
- Dementia
- Obsessive compulsive disorder

Learning disabilities

- RCN Learning Disability Forum
- Campaign for Plain English
- Relatives of adults with learning disabilities
- Foundation for People with Learning Disabilities (www.learningdisabilities.org.uk)
- Mental Health Foundation (www.mentalhealth.org.uk)
- Dyslexia Action (www.dyslexiaaction.org.uk)
- Learning about Intellectual Disabilities and Health (www.intellectualdisability.org)
- Making Decisions Alliance (www.makingdecisions.org.uk)
- Department of Health (www.doh.gov.uk/consent)

AGE

- Age Concern

SEXUAL ORIENTATION and TRANSGENDER

- Healthy Gay Life
- Stonewall – equality and justice for lesbians, gay men and bisexuals.
- Unison Lesbian, Bisexual, Gay and Transgender forum.

RACE

- BPARH – Bristol Partnership Against Racial Harassment
- BRAP - Birmingham Race Action Partnership
- Pakistani Community Centre
- The Afiya trust

RELIGION

- Interfaith Network for the UK

GENDER

- Princes Trust – women's leadership group
- The Beaumont Trust – support for transsexuals and transgender

Appendix 3: National Blood Service, UK Transplant and Bio Products Laboratories statistics

National Blood Service and UK Transplant Statistics – December 2007

Gender

Category	Female		Male		Grand Total
	No.	%	No.	%	
Medical Staff	64	1.06	51	0.85	115
Nursing	496	8.22	49	0.81	545
Other Collection Staff	1626	26.95	246	4.08	1872
Scientific & Technical	924	15.32	632	10.48	1556
Admin & Clerical and Managers	1042	17.27	584	9.68	1626
Ancillary & Maintenance	21	0.35	298	4.94	319
Grand Total	4173		1860		6033

Age

Category	Age16 – 25		Age 26 – 35		Age 36 – 45		Age 46 – 55		Age 56 – 62		Age 63 +		Grand Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Medical Staff	0	0.00	4	3.48	19	16.52	39	33.91	41	35.65	12	10.4	115
Nursing	0	0.00	70	12.84	221	40.55	198	36.33	51	9.36	5	0.92	545
Other Collection Staff	63	3.37	194	10.36	504	26.92	707	37.77	341	18.22	63	3.37	1872
Scientific & Technical	154	9.90	436	28.02	438	28.15	349	22.43	150	9.64	29	1.86	1556
Admin & Clerical and Managers	101	6.21	313	19.25	470	28.91	519	31.92	196	12.05	27	1.66	1626
Ancillary & Maintenance	2	0.63	27	8.46	84	26.33	113	35.42	69	21.63	24	7.52	319
Grand Total	320		1044		1736		1925		848		160		6033

Race

Category	White		Black		Chinese		Asian		Other		Not Stated		Grand Total
	No	%	No	%	No	%	No	%	No	%	No	%	
Medical Staff	75	65.2	3	2.61	1	0.87	30	26.09	5	4.35	1	0.87	115
Nursing	509	93.4	18	3.30	4	0.73	8	1.47	5	0.92	1	0.18	545
Other Collection Staff	1804	96.4	31	1.66	2	0.11	22	1.18	12	0.64	1	0.05	1872
Scientific & Technical	1244	80	101	6.49	13	0.84	164	10.54	33	2.12	1	0.06	1556
Admin & Clerical and Managers	1467	90.2	57	3.51	11	0.68	75	4.61	12	0.74	4	0.25	1626
Ancillary & Maintenance	297	93.1	15	4.70		0.00	6	1.88	1	0.31		0.00	319
Grand Total	5396		225		31		305		68		8		6033

Disability

Category	Yes		No / Undefined		Grand Total
	No	%	No	%	
Medical Staff	0	0.00	115	100	115
Nursing	0	0.00	545	100	545
Other Collection Staff	34	1.82	1838	98.18	1872
Scientific & Technical	15	0.96	1541	99.04	1556
Admin & Clerical and Managers	29	1.78	1597	98.22	1626
Ancillary & Maintenance	3	0.94	316	99.06	319
Grand Total	81		5952		6033

Bio Products Laboratory statistics for Age – December 2007

Org P1	Staff Group Summary	Age Band	FTE	FTE%	Headcount
927 Bio Products Laboratory	All	21 - 25	35.01	8.29%	37
		26 - 30	67.00	15.86%	67
		31 - 35	50.09	11.86%	53
		36 - 40	67.89	16.07%	70
		41 - 45	62.01	14.68%	64
		46 - 50	64.23	15.21%	66
		51 - 55	30.34	7.18%	31
		56 - 60	32.00	7.58%	32
		61 - 65	13.82	3.27%	16
		Staff Group Summary Total	422.39		436
	Org P1 Total		422.39		436
Total			422.39		436

Bio Products Laboratory statistics for Gender – December 2007

Org P1 Staff Group Summary	Female FTE	Headcount	Headcount %	Male FTE	Headcount	Headcount %
927 Bio Products Laboratory All	145.28	155	35.31%	280.11	284	64.69%
Total	145.28	155		280.11	284	

Bio Products Laboratory statistics for Race – December 2007

Org P1	Staff Group Summary	Ethnic Origin	Ethnic Code	FTE	Headcount	Headcount %
927 Bio Products Laboratory	All	A White - British	A	316.35	325	74.03%
		B White - Irish	B	2.00	2	0.46%
		C White - Any other White background	C	12.00	12	2.73%
		CY White Other European	CY	1.00	1	0.23%
		E Mixed - White & Black African	E	1.00	1	0.23%
		F Mixed - White & Asian	F	2.00	2	0.46%
		G Mixed - Any other mixed background	G	1.00	1	0.23%
		H Asian or Asian British - Indian	H	15.50	16	3.64%
		J Asian or Asian British - Pakistani	J	4.00	4	0.91%
		L Asian or Asian British - Any other Asian background	L	9.55	10	2.28%
		M Black or Black British - Caribbean	M	6.00	6	1.37%
		N Black or Black British - African	N	13.00	13	2.96%
		P Black or Black British - Any other Black background	P	1.00	1	0.23%
		R Chinese	R	5.00	5	1.14%
		S Any Other Ethnic Group	S	3.00	3	0.68%
		Undefined	NULL	1.00	3	0.68%
		Z Not Stated	Z	31.99	34	7.74%
Total				425.39	439	

Black and Minority Ethnic (BME)

The term currently used to describe the range of minority ethnic communities and groups in the UK. It can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities.

Bullying

Bullying the tormenting of others through verbal harassment, physical assault, or other more subtle methods of coercion such as manipulation

Consultation

Asking for views on services or policies from service-users, staff, decision-making groups or the general public. Consultation can include a range of different ways of consulting, e.g. focus groups, surveys and questionnaires or public meetings.

Disability

The legal definition for the purposes of the DDA 1995 is "physical or mental impairment which has a substantial and long term effect on an individual's ability to undertake normal day to day activities". However, this definition sees people under what is known as the "Medical Model of Disability". By contrast the "Social Model of Disability", used by NHSBT, views disability as the way in which society fails to meet the needs of disabled people.

Discrimination

Treating an individual or group differently and less favourably than others under comparable circumstances. It may be based on a person's race, ethnic origin, gender, disability, age, religious or other belief, or their sexual orientation. It may be unlawful and can include harassment.

Direct Discrimination

Treating a person less favourably than others are, or would be, because of their race, ethnic origin, gender, disability, age, religious or other belief, or their sexual orientation.

Diversity

Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.

Equalities

This is a short hand term for all work carried out by an organisation to promote equal

opportunities and challenge discrimination, both in employment and in 'carry out' functions and delivering services.

Equality Impact Assessment (EIA)

Equality Impact Assessment - also known as an Impact, Needs and Requirement Assessment (INRA) - is a way to make sure individuals and teams think carefully about the likely impact of policies or procedures, strategies, functions and services, to identify any unmet needs, and to provide a basis for action to improve services where appropriate.

It systematically assesses and records the actual, potential or likely impact of a service, policy or project – or a significant change in a service, policy or project - on different groups of people. The consequences of policies and projects on particular groups are analysed and anticipated so that, as far as possible, any negative consequences can be eliminated or minimised and opportunities for ensuring equality can be maximised.

Harassment

Harassment can take a variety of forms, but in general, a person subjects another to harassment where s/he engages in unwanted conduct which has the purpose or effect of violating that other person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for her/him.

Indirect Discrimination

This occurs where the effect of certain requirements, conditions or practices imposed by an employer has an adverse impact disproportionally on one group or other

Institutional racism

May be seen as the "collective failure of an organisation to provide an appropriate and professional service to people because of their colour, race, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantages minority ethnic people" (MacPherson Report 1999).

Multiple Discrimination

This is discrimination which affects a person or group on more than one level, for example a woman who is black and gay experiencing homophobia from some parts of the black community, racism from some parts of the gay community and racism and homophobia from others.

Prejudice

An unfavourable feeling or attitude based on partial/ faulty or no knowledge which may result in hostility towards certain individuals or groups.

Racial Group

Racial groups are defined by racial grounds, that is race, colour, nationality (including

citizenship), or ethnic or national origins. All racial groups are protected from unlawful racial discrimination under the Race Relations Amendment Act (2000) (RRA). Romany Gypsies, Irish Travellers, Jews and Sikhs have been explicitly recognised by the courts as constituting racial groups for the purpose of the RRA. A person may fall into more than one racial group: for example a "Nigerian" may be defined by race, colour, ethnic or national origin and nationality.

Racism
A prejudice that is founded on the basis of race, nationality or ethnic group, in which groups different to one's own are seen as inferior. Also used to describe discriminatory behaviour on the grounds of race.

Reasonable Adjustments
Employers have a duty of making reasonable adjustments in respect of disabled candidates or staff and those delivering services must consider adjustments to meet special needs of disabled customers and clients.

Sexism
A prejudice based on a person's gender in which one gender is seen as inferior. Also may be used to describe discrimination on grounds of gender.

Social Model
A model created and endorsed by disabled people internationally, this emphasises the barriers and structures which exclude disabled people, rather than their disabilities.

Stereotypes
Generalisations concerning perceived characteristics of all members of a group.

Sexual Orientation
A term describing a person's attraction to members of the same or different sex. Usually defined as lesbian, gay, bisexual, or heterosexual.

Transgender
An umbrella term for people whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth, including but not limited to transsexuals, cross dressers.

Transsexual
A term for people whose gender identify is different from their assigned sex at birth. Often, but not always, transsexual people alter their bodies through hormones or surgery in order to make it match their gender identity.

Victimisation
Treating an individual less favourably than another because they have brought or supported a complaint of discrimination.