

NHSBT Single Equality Scheme 2011-2015



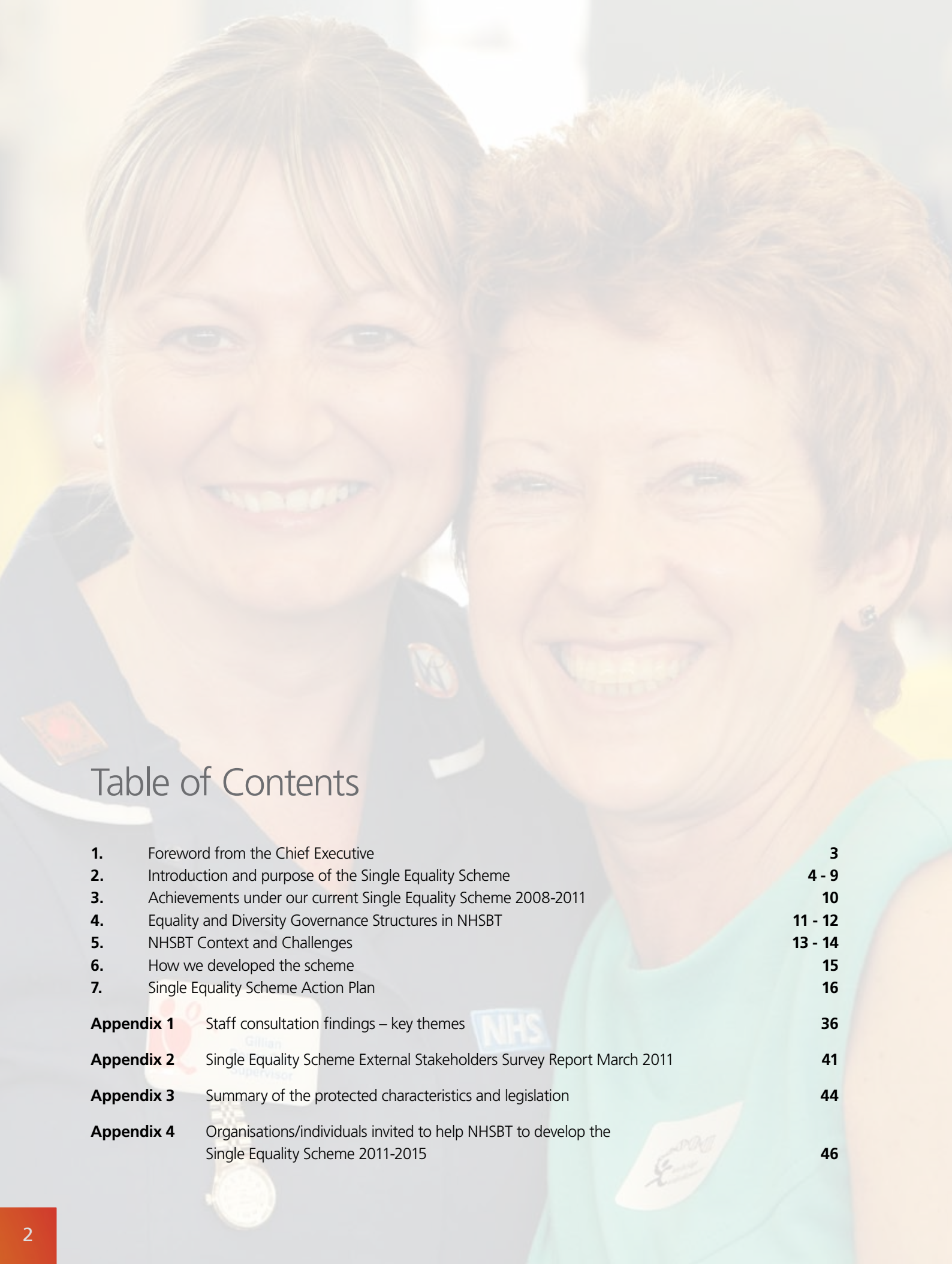


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Foreword from the Chief Executive

We are pleased to introduce our Single Equality Scheme for NHSBT 2011-2015. This is an important document, not simply because it ensures that we are compliant with equality and diversity legislation, but because it sets out our commitment to delivering fair and accessible services to our donors, customers and staff.

As the main provider of blood components, diagnostic services, tissues and solid organs to the NHS, we will continue to ensure that equality of access and equality in service provision is integral to the work that we do on a day-to-day basis.

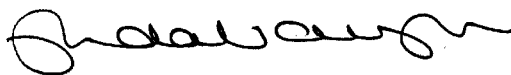
Our core purpose is to save and improve lives and our Single Equality Scheme 2011-2015 is focused on making improvements to the working lives of our staff and improving the experience of our customers, donors and patients throughout the donation journey.

In times of change, it is imperative that we continue to ensure our services take account of the diverse communities we serve. In order to achieve our mission to provide world class services, NHSBT will continue to demonstrate our contribution to the achievement of better health outcomes for all and improved customer access and experience. This will be achieved through the provision of inclusive services, where people feel that their individual needs have been catered for and considered – through the provision of blood products, organs and tissues.

We also need to continue to build the capacity and capability of our staff by ensuring that all of our staff feel empowered, engaged and included in the work that we do. Promoting, valuing and harnessing diversity in the workplace will enable all of our staff to feel valued and recognised for the contribution that they make to saving and improving lives.

We are proud of the progress we have made to date: This plan aims to build upon the work previously undertaken to improve equality and diversity issues within NHSBT. We have consulted widely both internally and externally with our stakeholders and staff to help develop this document.

Our vision and action plan to achieve equal access for all will only come to fruition, with true commitment and ownership of the scheme by everyone working in NHS Blood and Transplant.



Lynda Hamlyn
Chief Executive



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Introduction and purpose of the Single Equality Scheme

The work of NHS Blood and Transplant (NHSBT) impacts on the lives of patients, staff and donors and we are delighted to present our Single Equality Scheme for 2011-2015. This document sets out the commitment of NHSBT to ensure equality of access to services and it also demonstrates our commitment to harnessing an inclusive workforce where everyone feels valued, irrespective of their background.

We have worked hard over the past few years to improve equal access and equal outcomes for all through the provision of blood, organs and tissues. We have also worked hard to improve the working lives of our staff. NHS Blood and Transplant achieved Improving Working Lives (IWL) status in 2003 and as a result, established an Improving Working Lives Group and an Equality and Diversity Working Group, with the aim of addressing equality issues in the organisation.

However, we recognise that the communities we serve are becoming increasingly diverse. With the new census for year 2011, our understanding of equality issues and how this impacts on our communities and staff will become more important. In addition, NHSBT continues to operate under a changing regulatory framework and is legally obliged to demonstrate compliance with the Equality Act (2010).

The Act requires public sector organisations to demonstrate a proactive and systematic approach to deliver equality outcomes for our staff, patients, donors and customers.

The development of our Single Equality Scheme outlines how we intend to deliver on our equality objectives over the next four years and builds upon the equality and diversity actions that we have already undertaken in our previous Single Equality Scheme (2008-2011).

NHS Blood and Transplant – Who are we?

NHSBT is a Special Health Authority in England and Wales. We provide blood tissues and diagnostic services in England and North Wales and organs across the UK. NHSBT solely relies upon the altruism and loyalty of donors to donate blood and organs.



What is the Single Equality Scheme?

A Single Equality Scheme is the document which outlines how NHSBT is going to promote equality and diversity and embed these aspects into the work of NHSBT. All public sector organisations are required to have a Single Equality Scheme in place in order to comply with equality and diversity legislation.

The Equality Act 2010 includes a public sector duty to eliminate unlawful discrimination and promote equality across all of the protected characteristics namely, race, gender, gender identity (which includes transgender rights), disability, age, religion and belief, pregnancy and maternity rights, sexual orientation and marriage and civil partnerships.

Our Single Equality Scheme outlines how NHSBT plans to meet the general and specific duties contained in the following pieces of legislation:

- The Sex Discrimination Act 1975
- The Race Relations Act 1976 and Race Relations Amendment Act 2000
- The Disability Discrimination Act 1995 and 2005
- The Equality Act 2006 and
- The Equality Act 2010.

This document sets out our overall vision for ensuring that equality and diversity become part of NHSBT's organisational culture through service provision, decision making processes and workforce development.

Objectives of the Single Equality Scheme

At NHSBT, we recognise and understand the detrimental impact of unlawful discrimination. We are committed to ensuring that we provide services that are accessible to all groups, irrespective of their race, gender, disability, religion and belief, age, sexual orientation, pregnancy and maternity issues and marriage and civil partnerships. We are also committed to ensuring equality of opportunity for all of our staff that work for NHSBT.

The objectives of this scheme are to:

- Support the strategic objectives outlined in NHSBT Strategic Plan 2011-2014
- Ensure that we deliver accessible and fair services, whilst maintaining the safety and supply of blood, organs and tissues
- Identify equality and diversity priorities for action over the next four years
- Provide a clear statement to all of our staff on our position in relation to promoting diversity in the workplace and promoting equality of access in service provision
- Deliver on our actions to embed equality and diversity into all aspects of the work of NHSBT.



Our Corporate Objectives and Strategic Direction 2011-2014

NHSBT's Strategic Plan 2011-2014 outlines the strategic direction for the organisation over the next few years. The key objectives of the plan are:

- **Blood Components:** to deliver a modern, world class blood service that provides a sustainable and dependable supply of blood components that meet all safety, quality, compliance and service standards as efficiently as possible.
- **Organ Donation and Transplantation:** to maximise the number of organ donors, donated organs and registered supporters of organ donation, thereby enabling an increase in the number of life saving transplants.
- **Specialist Services:** to develop an NHS Tissues organisation, for the overall benefit of the NHS and its patients, that builds on the capability and capacity of the Speke tissue bank, and which is capable of generating a critical mass that would support investment in new products and technologies.
- **Diagnostic Services:** to ensure the clinically effective use of blood, organs and stem cells through the provision of high quality diagnostic services.
- **Stem Cells:** to work in partnership with third sector organisations and the UK Health Services in the provision of an efficient and effective source of donor haemopoietic stem cells for the treatment of UK patients.
- **NHSBT Corporate:** to be the advocate for voluntary donation of blood, organs and tissues; to champion a culture of sustainability across all of our activities; to develop organisational capacity, capability and processes in support of our objectives; to identify opportunities for effective collaboration across our Operating Divisions and support them with an effective programme of research and development and an efficient operating infrastructure.

This Single Equality Scheme 2011-2015 supports and underpins NHSBT corporate strategic priorities.

What do we mean by Equality?

Equality can mean different things to different people. Equality is the revised term for equal opportunities. It is based on a legal obligation to comply with anti-discrimination legislation. Equality protects people from being unlawfully discriminated against on the grounds of their protected characteristic.

What do we mean by Diversity?

Diversity is about recognising, valuing and harnessing people's different backgrounds, knowledge, skills, experience and encouraging and promoting these differences to create an inclusive working environment. Diversity encompasses visible and non-visible differences.

Workforce Diversity Monitoring – what are we legally required to do?

All public sector bodies are legally required to produce diversity monitoring information and publish the results. Monitoring workforce diversity information will allow NHSBT to assess and identify whether there is any adverse impact on specific groups, in relation to our policies and procedures.

It will also help to ensure that we are providing equality of service to all groups irrespective of race, age, gender, religion and belief, disability, sexual orientation, marriage and civil partnerships.

Diversity monitoring also supports NHSBT to undertake workforce planning and enables us to put in place targeted interventions, where there are signs of unlawful discrimination and inequality in employment. Table 1.1 below shows the data that we currently collect at NHSBT.

1. Baseline Data

- Number of staff in post
- Analysed by department or section, level or grade and type of work

2. Employment

- Applications for employment
- Number of successful and unsuccessful applicants throughout the recruitment cycle

3. Training

- Numbers receiving training
- Outcomes of applications for training

4. Disciplinary and Grievance

- Disciplinary proceedings and outcomes
- Grievance cases

5. Leavers

- Dismissals
- Redundancies
- Retirement
- Other reasons

6. Service delivery

- Customer satisfaction rates across protected characteristics
- Applicants who are registered on the Organ Donation and Blood Donation Register

7. Other areas

- Flexible working applications
- Maternity leave rates
- Equal pay monitoring
- Staff subject to performance assessment and appraisals

Workforce Composition of NHSBT

We recognise that we need to improve on our current data collection methods in respect of staff gaining access to training and development activities and promotions, across the protected characteristics.

We also need to improve on our reporting rates with regard to disability, religion and belief, sexual orientation and we are exploring options to make improvements in these areas.

At present, we report on staff in post, applicants for employment, applications for learning education and development activities, those subject to disciplinary and grievance, new entrants, leavers, maternity leave rates and pay band by gender and ethnic origin.

Our current staff profile is:

Gender:

68.62% Female
31.38% Male

Age:

4.56% - 16-25
18.49% - 26-35
26.13% - 36-45
33.18% - 46-55
14.29% - 56-62
3.35% - 63 and over

Ethnicity:

83.31% are White British
1.50% are White Irish
3.26% are any other White background
11% are from a BME background
0.93% were undefined/not stated

Disability:

3.7% declared that they have a disability

Sexual orientation:

No data currently available apart from data collected from NHS Jobs

Religion and Belief:

No data currently available apart from data collected from NHS Jobs

(Source NHSBT workforce diversity monitoring report April-December 2010)

The data indicates that there is a gender imbalance in NHSBT (i.e. NHSBT has a higher proportion of female staff than male staff). We are also aware that we need to do more to attract males to work at NHSBT as we recognise that the success rate of males at short listing stage is lower than the success rates for females.

With regard to BME staff, NHSBT is representative in comparison with the BME population census data. 11% of staff are from a BME background in NHSBT and according to current census data, the population of BME people of working age is 9%. However, we are also aware that we need to:

- Improve the representation of BME staff at senior levels within the organisation
- Investigate the reasons for low success rates of BME applicants across the recruitment and selection process as we recognise that success rates for BME applicants at the shortlisting stage are lower than the success rates for other groups.

In relation to age, we need to:

- Continue to monitor the retention rates of staff at different age bands
- Attract younger people to consider NHSBT for employment.

With regard to disability, we are aware that there is under reporting of disability. We are currently exploring options to improve this issue, to enable staff to feel comfortable to tell us that they have a disability. We also need to improve the representation of disabled staff at senior levels within the organisation.

With regard to religion and belief and sexual orientation, we currently do not carry out diversity monitoring in this area apart from monitoring at recruitment and selection. The Equality and Diversity Human Resources Sub Group are currently exploring ways to make improvements in this area.



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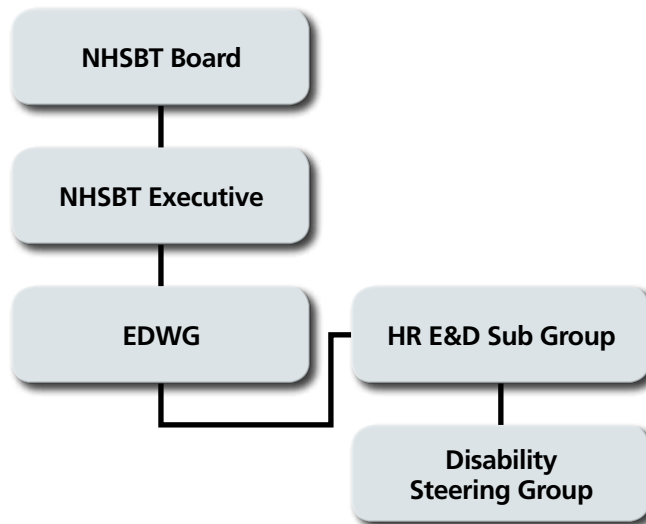
Achievements under our current Single Equality Scheme 2008-2011

This scheme aims to build upon the work already carried out since 2008 with regard to equality and diversity issues. Since 2008 we have made progress with the following:

- Promoted job share and part time working in management positions
- Developed a successful pilot BME Mentoring Scheme
- Ensured equality and diversity issues were included within our procurement policy and procedures
- Developed a Recruitment and Resourcing Equality and Diversity Action plan in order to progress equality and diversity issues in our recruitment processes and procedures
- Carried out Equality Impact Assessments on policies and procedures
- Reviewed the Equality and Diversity Impact Assessment Framework and developed an EIA report for members of the EDWG to track progress
- Developed a multi-faith calendar and promoted this on our internal equality and diversity intranet pages
- Developed support mechanisms to support staff through the grievance procedure
- Produced diversity monitoring reports on workforce diversity information i.e. grievances and disciplinaries, workforce profile, pay information
- Developed an exit questionnaire and new starter's questionnaire in order to monitor any issues across the protected characteristics
- Developed a revised Disability Equality Action Plan in conjunction with Blood Donation
- Made revisions to the full day Equality and Diversity Awareness course, changing the course to a half day course to take account of flexible working arrangements and diverse shift patterns in NHSBT
- Trained over 1,655 people in Equality and Diversity Awareness since March 2010
- Ensured that information on our website relating to static centres and disability access was published on www.blood.co.uk
- Developed successful community engagement initiatives and links with BME organisations in order to promote the work of NHSBT
- Promoted family friendly policies and processes to NHSBT workforce
- Raised the profile of disability equality issues through NHSBT's Disability Steering Group
- Made improvements to our equality and diversity governance structures.

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Equality and Diversity Governance Structures in NHSBT



NHSBT Board

NHSBT Board has an overall strategic responsibility to ensure that equality, fair treatment and social inclusion are integral to all board decision making in NHSBT.

NHSBT Executive Team

NHSBT Executive team has a responsibility to ensure that equality and diversity issues are mainstreamed into strategic business planning processes and have an overall responsibility to report on progress to the Board.

Equality and Diversity Working Group

This group has been established to ensure that NHS Blood and Transplant acts in accordance with the Equality Act 2010. The group is chaired by the Director of Organ Donation and Transplantation and the remit of this group is to promote and progress equality and diversity issues in service provision i.e. Organ Donation and Transplantation, Blood Donation and Patient Services. The group also receive progress reports on HR equality and diversity issues on a quarterly basis via the HR Equality and Diversity Sub Group. The group reports on progress to the Executive team.

HR Equality and Diversity Sub Group

This group has been established to ensure that NHS Blood and Transplant complies with HR employment matters and equality legislation. The group is chaired by the Assistant Director of Organisation and Workforce Development and the Director of HR has overall responsibility for this group. The remit of this group is to promote and monitor progress against employment equality and diversity issues. The group meet on a quarterly basis and provide quarterly progress reports to members of the EDWG (Equality and Diversity Working Group) and the Director of HR. This group also reports on progress to the Executive team.

Disability Steering Group

This group has been established to ensure disability equality is promoted in NHSBT. The group is chaired by an internal member of staff and reports into the HR Equality and Diversity Sub Group and the EDWG.

Improving Working Lives Group

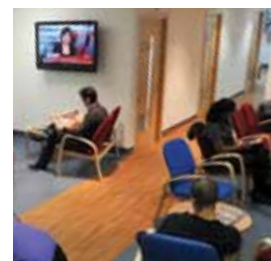
NHSBT achieved Improving Working Lives status in 2003 and an Improving Working Lives group was established to look at ways in which NHSBT can continue to improve the work life balance for all staff. There are seven strands to the Improving Working Lives initiative, one of which is Equality and Diversity. The group is made up of representatives from across NHSBT which includes Staff Side (Union Representatives) and a mixture of staff from all disciplines.

Inclusivity Marketing Group

The group's main remit is to raise awareness of Blood, Bone Marrow and Organ Donation in ethnic minority communities through partnership working. The group is chaired by an internal member of staff working in Blood Donation (Session and Strategy Marketing) and the group has representation from external community based organisations with a particular interest in the work of NHSBT.

Staff Partnership Committee

Staff members are represented by the National Staff Partnership Committee (SPC) which is made up of Unison, Unite, General Municipal Boilermakers, Royal College of Nursing and the British Medical Association. The SPC meet regularly with members of the Executive team which includes Patient Services, Blood Donation, Group Services and Organ Donation and Transplantation.



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NHSBT Context and Challenges

The regulatory environment in relation to equality and diversity has become increasingly complex with the introduction of new requirements in the Equality Act 2010. The new requirements are in relation to associative discrimination and discrimination by perception. This means that NHSBT may become more prone to potential discrimination claims and as a result will need to ensure that managers fully understand the requirements of the new Act and the implications for NHSBT. Over the next few years we will:

- Ensure managers are fully briefed and understand the implications and the requirements of the Equality Act 2010 and their role with regard to managing a diverse workforce
- Continue to review and update HR associated policies such as managing sickness absence, flexible working, harassment policy, dignity at work, maternity leave policies and our equality and diversity policies to ensure the provisions of the new act have been incorporated
- Ensure all of our recruitment and associated policies and procedures take into account the provisions of the new Act
- Review all of our corporate induction and training materials to ensure that they reflect all of the protected characteristics covered by the Act
- Assess whether there is a need and a demand for internal consultation and involvement processes and mechanisms concerned with equality and diversity issues, such as an Equality and Diversity Employee forum which covers all of the protected characteristics
- Undertake proactive measures with regard to addressing the issue of the ageing workforce profile and the implications for NHSBT
- Undertake positive action initiatives to address areas of under representation and imbalances in the workforce composition of NHSBT
- Carry out a staff validation exercise to obtain data across the full range of protected characteristics i.e. disability, sexual orientation, religion and belief
- Ensure that new ethnic categorisation codes are reflected in Electronic Staff Record following the outcome of the 2011 census.

Service provision

When this year's census data is published it is likely that the population landscape of the United Kingdom will have changed. It has been predicted that by 2050, cities such as Leeds, Birmingham, London and Leicester will become even more diverse with some cities having a BME majority¹. In essence, this means that our understanding of equality issues and how this impacts on our communities and staff will become increasingly important over the next few years, particularly in relation to the services we provide.

For example we are aware that:

- People from the South Asian/Black community living in the UK are three times more likely to need a kidney transplant than White patients due to increased susceptibility to diabetes and high blood pressure
- Currently nearly 1,200 South Asian and over 640 Black people are waiting for an organ transplant, together representing over 20% of the total transplant waiting list
- Only 3% of actual organ donors and less than 2% of people registered on the Organ Donor Register are Asian or Black. In addition, when potential donor families are approached about organ donation, consent is given for over 60% of White patients while for non-White patients the rate is about 30%.

¹ University of Leeds Working Paper – Ethnic Population Projections for the UK and Local Areas 2001-2051 (2010)

- Because donor and recipient often need to be clinically matched on factors that differ according to a patient's ethnicity, this imbalance can lead to longer waiting times in Asian and Black patients.

Patient and donor safety is a core priority in the supply of blood organs and tissues. With an increase in BME communities in major cities, we recognise that we face challenges with regard to a proportion of potential BME donors who are unable to donate. The reasons for this are concerned with a requirement to be fully proficient in the English language in order to fully comprehend the criteria and donor selection guidelines.

These challenges are concerned with:

- Clinical governance issues, related to a requirement for third party interpreters to be trained in (BSQR) Blood Safety and Quality Regulations.

NHSBT will continue to ensure that our Blood Safety and Quality Regulation guidelines and the rationale for the criteria is widely communicated to our donors and customers, via our website and other communication channels.

This will help to improve access to information and minimise any negative or adverse impact on our donors. We will also continue to ensure that the information we provide is accessible and available in alternative formats.

Stem Cells and Cord Blood.

The UK Stem Cell Strategic Forum Report 2010 sets out a strategy to save 200 lives each year by increasing UK cord blood donations and improving the performance of UK based stem cell registries. Haemopoietic stem cell transplantation is a rapidly advancing area and an important curative therapy for patients with leukaemia and other blood cancers. Many patients in the UK cannot benefit from this potentially life saving treatment because of the lack of suitable donors.

As a result, more than 400 patients each year are denied access to a transplant. Black and Minority Ethnic patients are the most affected group with only a 30-40% chance of finding a matched unrelated donor compared to around 90% for a White Caucasian patient.

As a result of the findings, over the next few years NHSBT will continue to increase the number of cord blood units in order to increase the supply of cord blood to BME communities. NHSBT will also continue to undertake engagement with BME communities to increase representation on the stem/cell cord blood register.

Disability

Since 2006, a number of positive measures have already been undertaken in respect of promoting disability equality issues across NHSBT. We will continue to build on the work that was carried out in NHSBT in 2004, by Churchill Minty and Friends (an expert organisation in disability issues). Our future work programme with regard to disability equality in NHSBT will continue to focus on improving access for disabled blood donors in the provision of services. We will also continue to promote and raise awareness of disability equality in NHSBT. There will be an increased focus on promoting and raising awareness of hidden disabilities and supporting our managers to become 'disability confident' in the working environment.

Men who have sex with Men and Blood Donation

The rules concerning who can donate blood are recommended by the Government's Advisory Committee for the Safety of Blood, Tissues and Organs (SaBTO) in order to ensure the safety and supply of blood, tissues and organs to the health care community. The current policy excludes any man who has had sex with another man from donating as a risk reduction measure for transfusion transmitted infections. This policy is currently subject to a review by SaBTO and the recommendations will be made to the Government during summer 2011. NHSBT will consider any changes recommended as a result of the SaBTO review and we will ensure that these changes and any implications are communicated via our external website and through other communication methods.

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How we developed the scheme

In developing this scheme we undertook an extensive desktop research exercise and have used guidance from the Equality and Human Rights Commission, NHS Employers, and the Equality and Diversity Council in order to ensure that we followed the appropriate consultation and involvement guidelines.

In order to ensure real consultation and involvement, we carried out a series of consultation exercises across each of NHSBT's 14 centres to reach out to as many staff as possible. Staff members were informed that their views would inform the development of the scheme.

The methodologies that were employed as part of the consultation exercise included:

- Desktop research exercise
- Staff focus groups across each of the main NHSBT centres
- Internal briefings carried out with members of the Senior Management Team SMT in each directorate - i.e. Group Services, Patient Services, Blood Donation, Organ Donation and Transplantation
- External consultation with a number of equality and diversity practitioners from the Equality and Diversity Council, NHS Bradford and the Equality and Human Rights Commission
- Displaying posters around each of the centres to publicise the focus groups
- Using Screen Savers to publicise the focus groups - encouraging staff to become involved
- One to one discussions with staff
- Facilitation of an online survey questionnaire
- Consultation with Staff Side representatives (Unions)
- Involvement and consultation with disability led organisations.

As part of the feedback on our Single Equality Scheme, we will be encouraging our stakeholders to provide us with additional feedback through regular dialogue, partnership working and community engagement activities.

We will also continue to use a variety of different methods to involve and consult with our staff and members of the community. This will involve:

- Developing relationships/partnerships with other sectors to consult with them on equality and diversity matters
- Exploring the possibility of developing formal approaches to engagement
- Seeking feedback on the work that we do from external organisations
- Carrying out other types of consultation exercises such as focus groups, questionnaires and workshops with our staff and external organisations.

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Single Equality Scheme Action Plan

Single Equality Scheme Action Plan 2011-2015 – Blood Donation

Department of Health Equality and Diversity Council Objective – Improved Patient (Donor) Access

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
1. To ensure accessibility of information and services to our disabled donors.	1. Make information available for existing and potential donors in large print.	September 2011.	Paddy Nugent.	Disability.	Disabled donors are able to access information more readily.
2. To ensure all of our disabled donors are welcomed onto sessions.	2. Ensure guide dogs and support dogs are allowed on session for donors and any persons accompanying them.	September 2011.	Julie Williams.	Disability.	Disabled donors with guide dogs are able to access sessions without feeling excluded because of their disability.
3. To ensure accessibility of information and services to our disabled donors.	3. Large Print Donor Health Check Form to be made available for print out on sessions.	November 2011.	Paddy Nugent.	Disability.	Disabled donors are able to access information more readily.
4. To clarify the misconceptions around disabled person(s) in a wheelchair being unable to donate.	4. To ensure that wheelchair users who are able to donate can do so.	November 2011.	Dr Sue Barnes.	Disability.	Increased understanding and awareness is raised about the policy concerned with disabled donors in a wheelchair. Disabled donors who are in a wheelchair that are able to donate can do so.

Single Equality Scheme Action Plan 2011-2015 – Blood Donation (continued)

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
5. To ensure accessibility of information and services to our disabled donors.	5. To ensure that our minicom service is widely communicated to hearing impaired donors.	January 2012.	Neil Phillips.	Disability.	Increased awareness of minicom service amongst hearing impaired donors. 5% increase in the take up of minicom being used by hearing impaired donors.
6. To ensure accessibility of information and services to our disabled donors.	6. To ensure that our donors that have dyslexia are able to receive our information and correspondence (Donor Health Check Form) in alternative formats.	January 2012.	Theo Clarke.	Disability.	Disabled donors are able to access information in a variety of alternative formats. Disabled donors feel included and can access information more readily.
7. To ensure that the Blood Donation Directorate is more reflective of the communities we serve.	7. Review model of Donor Carer recruitment taking into account consideration of attitudes and behaviours. Develop new pilot and monitor impact of new model to ensure we have a workforce that is representative of the communities we serve.	March 2012.	Shane White.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation.	5% increase in diverse groups in Donor Carer roles. Donor Carers are reflective of the communities we serve.

Single Equality Scheme Action Plan 2011-2015 – Organ Donation and Transplantation

Department of Health Equality and Diversity Council Objective – Improved Patient (Donor) Access/Better Health Outcomes

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
8. To provide information for potential donors and their families and those wishing to join the ODR in a range of formats.	<p>8. Review and where necessary develop information in the following formats</p> <ul style="list-style-type: none"> • Braille • Translation in all forms • Easy read version • Face-to-face. 	November 2011.	Gavin Evans.	Disability, Race, Religion and Belief.	Increased awareness amongst diverse groups about the ODR. Disabled groups and foreign language speakers are able to gain access to information in order to make an informed choice about organ donation. Potential increase in numbers of people joining ODR.
9. To ensure that ODT staffing represents the communities we serve.	<p>9. Carry out targeted recruitment campaigns each year to encourage greater diversity of applications from all sections of the population. Establish baseline figures to track year-on-year improvements.</p>	November 2011 and then ongoing until November 2015.	Suzanne Hunter.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	Increased diversity in ODT. ODT staffing is representative of the communities we serve.

Single Equality Scheme Action Plan 2011-2015 – Organ Donation and Transplantation (continued)

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
10. To monitor issues relating to equality and diversity within ODT.	10. Develop Key Performance Indicators to monitor equality and diversity issues. Implement KPI's and agree actions to address issues that arise for allocation scheme. Monitor outcomes of allocation and transplantation to ensure equality of access to transplantation.	January 2012.	Rachel Johnson.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	KPI's developed with regard to allocation scheme. Improved access in respect of allocation scheme for all sections of the community.
11. To ensure organ allocation schemes are compliant with equality and diversity legislation.	11. Carry out a review of allocation scheme making amendments where necessary to ensure compliance with equality legislation.	January 2012.	James Neurberger.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	Allocation scheme reviewed and any equality implications are addressed with regard to equality in service provision.
12. To educate BME communities about the benefits of donation and to promote Organ Donor Registration to BME communities.	12. Review and report on success or shortcomings of the BME ODR campaign. Provide regular feedback on progress with engagement and registration of BME communities.	March 2012.	Gavin Evans.	Race, Religion and Belief.	5% increase in sign up from BME communities to the ODR. Feedback from campaigns is used to make improvements and inform future campaigns.

Single Equality Scheme Action Plan 2011-2015 – Organ Donation and Transplantation (continued)

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
13. To develop a community engagement programme for BME groups to augment formal campaigns.	13. Produce options paper for community engagement programme in ODT. Identify resources needed to support the programme. Develop an action plan and mechanisms for monitoring outcomes. Implement actions and monitor progress.	May 2013.	Anthony Clarkson.	Race, Religion and Belief.	Sustained community engagement with BME communities. 5% increase in numbers of BME communities signing up to ODR which may ultimately result in better health outcomes for BME communities.
14. To ensure that every potential BME donor is considered for donation and their family is approached for donation, taking into account cultural issues.	14. To monitor approach to BME families using the potential donor audit. Feedback results to Specialist Nurses and Clinical Lead for action.	September 2012.	Anthony Clarkson.	Race, Religion and Belief.	Potential Donor audit is used to inform improvements in our approach to BME donors and their families. Increased awareness amongst employees about the cultural issues related to BME communities and organ donation. Potential increase in organ donation amongst BME communities.

Single Equality Scheme Action Plan 2011-2015 – Organ Donation and Transplantation (continued)

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
15. To provide information guidance and training to Specialist Nurses to support Organ Donation from BME communities.	15. Review guidance that is currently available and review our existing training. Arrange specialist masterclasses for specialist nurses in areas where there is high concentration of BME communities. Develop a BME specialist within each of the regional teams who can provide advice regionally and nationally.	November 2012.	Anthony Clarkson.	Race, Religion and Belief.	Increased knowledge and awareness amongst staff of cultural issues and organ donation amongst BME communities. Specialist Nurses better equipped to deal with BME families and the barriers to Organ Donation.

Single Equality Scheme Action Plan 2011-2015 – Patient Services

Department of Health Equality and Diversity Council Objective – Improved Patient (Donor) Access/Better Health Outcomes

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
16. To increase stem cell collections in order to improve the supply of stem cells to members of the BME community.	16. To reach our target of 7,700 cord blood donations by April 2011. Establish baseline figure for % increase year-on-year dependant on funding.	May 2011 and ongoing until May 2015.	Andrew Hadley.	Race, Religion and Belief.	5% increase in the number of BME groups that receive stem cells enabling improved access to cord blood for BME communities.
17. Cord Blood – to increase the supply of cord blood to members of the BME community.	17. To maintain cord blood collections from 40% BME mothers and increase adult stem cell volunteers to 12% in the BME population.	September 2011 and ongoing until May 2015.	Andrew Hadley.	Race, Religion and Belief, Pregnancy and Maternity.	5% increase in the supply of cord blood to BME mothers and the wider BME community. This will result in better health outcomes for BME communities.
18. Ensure that sufficient number of red cell donors have been typed in order to provide red cells for BME recipients with antibodies.	18. To increase the % of registered Black and African or Black Caribbean donors identified as Blood Group O RhD negative, U negative > 10 units OrhD+ U negatives units in the NfBB.	January 2012 and ongoing until May 2015.	Edwin Massey.	Race, Religion and Belief.	To ensure that we identify the expected number of donors of set phenotypes.
19. Roll out dispatch note to hospitals to support best use of phenotype donations.	19. Establish formal project by April 2011, plan implementation during 2011-2012. Roll out to begin in 2012. Report on progress each year.	December 2012 and ongoing until May 2015.	Stuart Penny.	Race, Religion and Belief.	Improvements made with the use of phenotype donations. Phenotype donations are used appropriately.

Single Equality Scheme Action Plan 2011-2015 – Patient Services (continued)

Department of Health Equality and Diversity Council Objective – Empowered engaged and included staff/Improved Patient (Donor) Access

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
20. Access to learning education and development: improve access across all grades for all shift patterns.	20. To investigate the issue of access to learning education and development in NHSBT particularly for those individuals at the lower bands. There is anecdotal evidence which suggests that due to shift patterns etc some employees find it hard to access learning and development initiatives taking place in NHSBT.	January 2013.	Tracey Wright.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	Employees on lower pay bands gain appropriate access to learning and development regardless of pay band and shift patterns.
21. Apprenticeships: work with Organisation and Workforce Development to investigate and promote use of apprenticeships in Patient Services.	21. To investigate the use of apprenticeships and promote apprenticeships in Patient Services with a view to encouraging younger people to join NHSBT.	December 2013.	Tracey Wright.	Age.	5% increase in younger people joining NHSBT through an apprenticeship scheme. 5% increase in young people in employment in NHSBT.

Single Equality Scheme Action Plan 2011-2015 – Corporate: Estates And Logistics

Department of Health Equality and Diversity Council Objective – Empowered engaged and included staff/Inclusive leadership at all levels/Improved Patient (Donor) Access

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
22. To ensure all of our public buildings are fully accessible in order to meet the needs of our disabled donors.	22. In conjunction with NHSBT's internal Disability Steering Group agree a programme of alterations to static donor centres to ensure the provision of induction loops in reception areas/clearly marked signage to disabled parking bays where appropriate and easy access ramps.	December 2012.	Phil Enstone.	Disability.	NHSBT buildings are accessible to disabled donors. Disabled donors can gain appropriate access to NHSBT sites in order to make a donation.
23. To have a workforce directorate which is representative of the population.	23. To consider the use of positive action initiatives in recruitment when advertising positions in Estates and Logistics in order to address the imbalance of the workforce composition (gender, age, race).	December 2013.	Mark Woodget.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	Estates and Logistics Directorate composition is more representative of the communities we serve.

Single Equality Scheme Action Plan 2011-2015 – Corporate: Estates And Logistics (continued)

Department of Health Equality and Diversity Council Objective – Empowered engaged and included staff/Inclusive leadership at all levels

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
24. To ensure that staff have the option to work flexibly and part time in Transport.	24. To review options for flexible and part time working arrangements in transport. Develop a plan of action and monitor progress.	December 2011.	Geoff Cotter.	Disability, Pregnancy and Maternity.	Staff members feel able to work flexibly when it is appropriate to do so according to their individual needs and circumstances.
25. To reduce the number of transport drivers on the waiting list to attend E&D training.	25. In conjunction with OWD develop a plan of action with solutions to reduce the transport driver waiting list for mandatory equality and diversity training.	January 2012.	Geoff Cotter.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	All staff in Transport have been trained in E&D awareness and are aware of their responsibilities under the new duties.
26. To ensure all of our public buildings are fully accessible to members of the public.	26. To develop a system to ensure inclusive design considerations are built into existing and future property development – report to EDWG on progress with action.	June 2012.	Phil Enstone.	Disability.	Inclusive design considerations are built into existing and future property design. Robust system developed to capture inclusive design issues for NHSBT asset management portfolio.

Single Equality Scheme Action Plan 2011-2015 – Corporate: Communications

Department of Health Equality and Diversity Council Objective – Improved Patient (Donor) Access/Better Health Outcomes for all

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
27. To ensure campaign literature is updated and is accessible to faith groups.	27. Carry out a review of Organ Donation campaign literature and update literature as appropriate.	December 2011.	Gavin Evans.	Religion and Belief.	Literature is accessible and readily available to faith groups and community led organisations.
28. To build and sustain links with faith and community led organisations in order to gain insights/seek input and action from BME communities with regard to faith and cultural issues and Organ Donation.	28. To develop ongoing partnerships with BME and faith organisations in order to facilitate local campaigns and awareness raising activities.	April 2012.	Sam Fletcher.	Race, Religion and Belief.	Sustained and ongoing partnership working with faith groups and representatives from BME organisations. Future campaigns empower Faith/BME groups to take action and make use of existing networks in order to generate an increase in the numbers of BME communities signing up to the ODR.
29. NHSBT website is accessible and adheres to W3C web accessibility guidelines.	29. To ensure NHSBT websites meets W3C web accessibility guidelines where reasonably practicable in order to provide an accessible website for disabled users. Carry out regular reviews on key NHSBT websites.	January 2012.	Mamta Ruperalia.	Disability.	Disabled donors are able to access information on the website in a format that is accessible to them.

Single Equality Scheme Action Plan 2011-2015 – Group Services: Communications (continued)

Department of Health Equality and Diversity Council Objective – Empowered engaged and included staff/Inclusive leadership at all levels/Improved Patient (Donor) Access

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
30. Our internal communications processes are accessible to all staff and our internal publications are reflective of NHSBT.	30. To carry out a review of our internal communication processes (i.e. intranet pages and staff magazine) in order to ensure that this is fully accessible to all staff and is reflective of the composition of NHSBT workforce.	August 2011.	Will Foy.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	5% increase in the number of employees gaining access to internal communication mechanisms.
31. To ensure that important information about the work we do and our guidelines is widely communicated to members of the public.	31. To carry out a review of information on our external webpage – E&D external webpage and NBS www.blood.co.uk to ensure that important information on issues prevalent to donation is communicated widely to members of the public i.e. reasons why DHC cannot be translated into community languages/ alternative formats where to obtain relevant information in community languages/ disability.	September 2011.	Neil Phillips.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	Disabled donors and people from a BME background are encouraged to make an informed choice about donation. Information about donation issues are readily accessible to members of the public. Increased awareness and education about the issues/myths surrounding blood donation.

Single Equality Scheme Action Plan 2011-2015 – Group Services: Communications (continued)

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
32. To have good engagement processes in place in order to facilitate effective engagement with members of the community.	32. To continue engagement with BME and faith groups on issues related to Organ Donation campaigns. Feedback will be used to inform future campaigns.	Ongoing.	Sam Fletcher.	Race, Religion and Belief.	Sustained engagement with BME groups on issues concerned with Organ Donation.
33. To ensure that equality and diversity issues are widely communicated to all staff across NHSBT.	33. To incorporate an annual review of progress made with equality and diversity issues into NHSBT's annual review.	March 2012 and ongoing.	Gary Hughes.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	Increased awareness and education amongst employees in relation to equality and diversity issues in NHSBT.

Single Equality Scheme Action Plan 2011-2015 – Corporate: Finance & Procurement/Business Transformation Services

Department of Health Equality and Diversity Council Objective – Empowered engaged and included staff/Inclusive leadership at all levels

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
34. To ensure equality and diversity issues are fully embedded within our procurement process (ensuring that we are compliant with legislation).	34. To carry out an equality and diversity assessment on all service related specifications for contracts over an estimated value of £40,000.	December 2011.	Adrian Chandler.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	Equality and diversity has been embedded within contracts where there is a high degree of relevance to the duties.
35. To ensure equality and diversity issues are fully embedded within NHSBT strategic change programmes.	35. Ensure that strategic change programmes are assessed for equality implications. Feedback to EDWG on any major projects that have equality and diversity implications.	December 2011.	Paul Mincher.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	Equality considerations have been included within strategic level documents where appropriate.

Single Equality Scheme Action Plan 2011-2015 – Corporate: Human Resources

Department of Health Equality and Diversity Council Equality Objective – Empowered engaged and included staff/Inclusive leadership at all levels

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
36. To implement any equality and diversity recommendations from the strategic review of learning, education and development.	36. Develop a plan of action and timescales for the implementation of the equality and diversity recommendations that derive out of the Strategic Review for Learning Education and Development.	March 2012.	Sue Hopgood.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	Equality of opportunity is available to all employees with regard to learning education and development activities.
37. To continuously improve in our data collection methods with regard to key HR workforce equality and diversity data for race, disability, gender, and age.	37. Carry out a review of data collection, analyse data and report on findings.	January 2012.	Sabrina Richards.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	Data is used to inform targeted interventions where appropriate in order to address any areas of concern in relation to diversity issues in the workplace.
38. Plan a series of E&D initiatives/events across NHSBT to raise awareness and promote E&D issues in the organisation. (Lunch and Learn events).	38. Develop an event planner in order to plan a series of events to celebrate and promote diversity. i.e. diversity day – Black History Month etc. International Women's Month, LGBT month.	September 2011.	Fiona Pittam.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	Increased awareness and understanding amongst employees in relation to the importance of equality and diversity in the workplace.

Single Equality Scheme Action Plan 2011-2015 – Corporate: Human Resources (continued)

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
39. To improve the representation of our workforce in areas/ locations where there is significant under representation. Through the apprenticeship strategy encourage young people to consider vacancies for NHSBT by targeting schools/colleges.	39. Carry out targeted recruitment activities by attending national and local events to promote NHSBT as an employer to under represented groups (in areas where there is significant under representation) Sheffield, Birmingham and Leeds Establish % baseline figures to track improvements.	May 2015.	Gill Travis.	Age, Race, Gender, Disability.	5% increase in applications from under represented groups in NHSBT. 5% increase in the number of BME disabled staff, younger people etc in full/part time employment. NHSBT is representative of the communities we serve.
40. To take steps to address the imbalance of the composition of the workforce.	40. Implement actions from the Shine Positive Action Strategy and Plan.	March 2012.	Fiona Pittam.	Race, Disability, Age, Gender.	5% increase in the number of BME and disabled staff in senior management positions.
41. To support all managers via HR Operations to understand the implications of the Equality Act and their responsibilities for managing and valuing diversity.	41. Ensure an Equality Act training tracker package is developed. Widely promote package to HR colleagues – Monitor uptake of course and report on outcomes.	September 2011.	Fiona Pittam.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Marriage and Civil Partnerships, Pregnancy and Maternity.	Increased awareness of equality and diversity issues amongst managers. Ownership of equality issues by managers.

Single Equality Scheme Action Plan 2011-2015 – Corporate: Human Resources (continued)

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
42. Carry out a number of targeted initiatives across NHSBT to promote and raise awareness of disability issues and the link to the health and wellbeing agenda.	42. Undertake at least three lunch and learn events in 2012 to promote a better understanding of disability issues. Carry out briefings and the use of e-learning resources to promote disability equality. Raise awareness of reasonable adjustments in the workplace and the reasonable adjustment log.	December 2012.	Disability Steering Group.	Disability, Age.	Increased awareness and understanding of disability issues in the workplace. Profile of disability equality is raised within NHSBT.
43. To raise awareness of age equality issues in the workplace dispelling myths about age issues in the workplace.	43. Consider alternative methods of promoting age equality issues throughout NHSBT – produce an age equality fact sheet and promote to staff members – fact sheet will include information about age legislation/retirement age and options and NHSBT responsibility to promote age equality.	November 2011.	Fiona Pittam.	Disability.	Increased awareness and education amongst employees about age equality issues in the workplace.

Single Equality Scheme Action Plan 2011-2015 – Corporate: Human Resources (continued)

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
44. To raise awareness of disability equality issues in the workplace amongst employees.	44. Promote awareness of disability equality issues in each directorate. This will include promoting understanding of hidden disabilities. Dyslexia, mental illness/Issues concerning disability and donation and encourage staff to inform us of the fact that they have a disability.	December 2012.	NHSBT Disability Steering Group.	Disability.	Increased awareness and education of disability issues amongst employees.
45. To promote managers responsibilities in relation to managing a diverse workforce.	45. Ensure that a 'managing diversity' module is included within HR People Management Skills modular development programme in order to support managers to take ownership of equality and diversity issues.	January 2012.	Sue Hoggood.	Race, Age, Disability, Gender, Religion and Belief, Sexual Orientation, Pregnancy and Maternity, Marriage and Civil Partnerships.	Ownership of equality and diversity issues in the workplace by Managers. Managers are better equipped to deal with equality and diversity issues in the workplace.
46. To obtain accurate data on the workforce composition of NHSBT with regard to the protected characteristics.	46. Improve collection of data for protected characteristics namely sexual orientation, religion and belief and disability by completing a staff validation exercise. Establish baseline % increase each year.	December 2012.	Wendy Baker.	Sexual Orientation, Religion and Belief and Disability.	Full range of equality and diversity data is included within diversity monitoring reports to enable better reporting.

Single Equality Scheme Action Plan 2011-2015 – Corporate: Human Resources (continued)

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
47. To increase the representation of disabled people in the workplace.	47. Work towards improving the representation of disabled people in the workforce. Taking account of % population benchmark (disabled people living in UK) establish baseline % figures to track improvements.	May 2015.	Gill Travis.	Disability.	Increased numbers of disabled employees in the workplace.
48. To widely publicise Multi-faith calendar to all employees in NHSBT.	48. Re launch Multi-faith Calendar on E&D web pages – In conjunction with communications look at alternative ways to promote religion belief and faith issues via internal communications processes i.e. staff magazine/ intranet pages/fact sheets.	August 2011.	Fiona Pittam.	Religion and Belief.	Increased education and awareness amongst employees about different faith groups and their beliefs.
49. To communicate and publicise diversity in diction so that all staff members are aware of the document.	49. Through current provision of Equality and Diversity Awareness course ensure that 'Diversity in Diction' booklet is widely promoted to employees.	July 2011.	Fiona Pittam.	Race, Religion and Belief, Gender, Sexual Orientation, Age, Disability.	Increased awareness amongst employees on the use of appropriate language in the workplace.

Single Equality Scheme Action Plan 2011-2015 – Corporate: Human Resources (continued)

Objective	Action	Completion Date	Accountable Officer	Relevance to Protected Characteristic	Outcome
50. To publicise and promote transgender equality in the workplace.	50. Produce transgender guidance and widely promote this guidance using internal communication channels.	June 2011.	Fiona Pittam.	Gender.	Increased awareness and education amongst employees about gender and transgender issues.
51. To promote a better understanding of transgender issues in the workplace.	51. Work towards the elimination of all forms of transgender discrimination by raising awareness amongst our employees about transgender issues – this can be facilitated through e-learning resources, briefing sessions, Lunch and Learn events, repeat communications each year working with transgender staff where necessary.	December 2012.	Fiona Pittam.	Gender.	Increased awareness and education amongst employees about gender and transgender issues.
52. To publicise key workforce monitoring data and promote to all staff within NHSBT.	52. Widely publicise workforce diversity monitoring data in order to illustrate facts and figures about the composition of the workforce in relation to women and men and information on pay.	July 2011.	Sabrina Richards.	Race, Gender, Disability, Age, Religion and Belief, Sexual Orientation.	Increased knowledge and understanding about facts and figures related to key workforce equality data.

APPENDIX 1

Staff consultation findings – key themes

1. Methodology

The objectives of the Single Equality Scheme work undertaken in January and February 2011 were twofold:

- To gather opinions, experiences, feedback and ideas from a group of the organisation's workforce to inform the creation of NHSBT's new Single Equality Scheme
- To understand the range of perceptions within the organisation about the organisational culture in respect of equality and diversity.

To ensure that these objectives were met, we engaged with staff throughout NHSBT in two key ways:

- Focus groups at 14 NHSBT locations
- Questionnaires (both online and paper-based) distributed to people who wanted to contribute to the consultation but were unable to attend a focus group session.

Both methods of engagement were designed to identify issues relating to both equality and diversity issues within the organisation.

For ease of discussion and analysis, the nine protected characteristics were split into four groups:

- Age
- Disability
- Race, Religion and Belief
- Gender, Sexual Orientation.

Once all of the feedback had been collated, it was analysed to identify common themes which have been used to inform the development of the scheme.

2.1. Focus Group Methodology

A series of two-hour focus group sessions were run at 14 locations throughout the country with staff from every Directorate invited to attend. 132 staff members participated in the Focus Groups and 123 staff took part in the online questionnaire.

The session was facilitated by a member of the Training, Leadership and Coaching consultants in partnership with a member of NHSBT E&D team. The session covered:

- An introduction to the new Equalities Act and NHSBT's Single Equality Scheme
- Review of the protected characteristics in the Act and the definitions of discrimination, harassment and victimisation
- Capture of individuals' experiences – positive and negative – in relation to the protected characteristics
- Capture of individuals' ideas for improving NHSBT's approach to each of the protected characteristics
- Discussion of employee networks for each of the protected characteristics.

For staff members who were keen to share their thoughts and ideas but unable to attend the focus groups, we made a questionnaire available in both paper-based and online formats. The questionnaire asked the same questions as those covered in the focus groups, for example:

- Positive and negative experiences in each of the protected characteristics
- Ideas for improving NHSBT's approach to the protected characteristics.

A summary of the key themes are outlined in the table on page 37. The key themes identified have been incorporated into our Single Equality Scheme Action Plan 2011- 2015.

Protected Characteristics	Positive	Negative
Age.	<ul style="list-style-type: none"> • General perception that NHSBT employs people from a wide age range. • Perception that staff from all ages are valued. • Opportunities for development given to older workers. • Pro-active approach to extending employment past retirement age. • Enabling donors to continue to donate to a more senior age. 	<ul style="list-style-type: none"> • Perceived lack of younger workers and opportunities such as apprenticeship schemes. • More links with schools and colleges would be useful. • Some generational tensions were identified between older and younger staff-members. • Some people feel that staff with more experience are not valued. • Concern about the process for extending employment past retirement age (although acknowledgement that this will be clearer after April 2011). • Concern that some more senior positions are unavailable to younger workers because they are held for long periods of time by older staff. • Concern about the capability of older workers to complete certain tasks and the potential for unwittingly discriminating against them through. • More information required about retirement.

Protected Characteristics	Positive	Negative
Disability.	<ul style="list-style-type: none"> • Widely-held recognition of the work that has been done to improve access to services for disabled donors. • Widely-held recognition of the work done to improve employment for disabled staff. • Respondents quote specific examples of where disabled staff have been supported to work for NHSBT. 	<ul style="list-style-type: none"> • Remaining issues regarding access at specific sites. • Remaining issues regarding employment at specific sites. • Continued lack of representation in workforce. • Lack of understanding from some staff about disabilities. • Lack of attention for 'hidden' disabilities such as dyslexia and learning difficulties. • Lack of understanding about hidden disabilities such as dyslexia and learning difficulties. • Lack of recognition of mental health issues. • Occupational Health support should be more discrete. • Concern that staff with disabilities may be discriminated against in the NHSBT sickness policy. • Managers usually refrain from discussing disabilities due to a lack of knowledge. • Attitudes towards disabilities still need to be challenged. • Concern about donors who want to donate but cannot get on and off the beds.

Protected Characteristics	Positive	Negative
Race, Religion and Belief.	<ul style="list-style-type: none"> • Widely-held view that NHSBT recruits staff from a wide range of ethnic groups and religious faiths. • Many respondents see the benefits of working in a diverse environment. • Evidence of making adjustments to respect a range of religions – e.g. prayer rooms and organising work schedules to accommodate religious festivals. • Recruitment processes enable decisions to be made ‘blind’ – i.e. without knowing (or being able to make assumptions about) an individual’s race or religion. • NHSBT is starting to work more effectively with different faith groups. • Positive experiences of supporting female Muslim donors. 	<ul style="list-style-type: none"> • Remaining evidence of racist behaviour from donors and colleagues. • Insensitive and offensive comments still made. • Some facilities do not cater for all religious needs (e.g. lack of Halal food in canteens). • Concern that senior management is not representative of the ethnic diversity of the organisation or the community it serves. • Lack of awareness of racial/ religious practices by both staff and managers. • Attitudes still need to be challenged. • Some people are not dealing with discriminatory comments. • Concerns about working schedules and the holidays/ festivals of different faiths. • Different marketing methods needed to encourage more BME donors. • People using blasphemous language. • Religion is seen in some areas as driving other forms of prejudice.

Protected Characteristics	Positive	Negative
Sex, Sexual Orientation, Transgender, Marriage/Civil Partnership, Pregnancy/Maternity.	<ul style="list-style-type: none"> • Widely-held perception that the organisation is working towards equality of opportunity based upon gender. • Widely-held perception that equality of opportunity is important to the organisation and supported in the recruitment process. • Widely-held perception that the organisation is supportive of pregnancy and maternity and supports the return to work process. • Intolerance in most quarters for inappropriate comments. • Positive integration of lesbian and gay staff. • Examples of positive support for transgender donors. • Good support for pregnancy and maternity. 	<ul style="list-style-type: none"> • Discriminatory views still held by individuals. • Discriminatory behaviour and remarks by staff and donors. • Perception that too few women are in senior roles. • Some disparity between how we treat our donors (well) and how we treat our colleagues (less well). • Little general awareness/thought given to issues relating to sexual orientation and transgender; only appeared to be in peoples' mind sets if a representative from the community attended the focus group. • Attitudes still need to be challenged. • Derogatory comments by senior managers about gay men. • Anger that men who have sex with men are unable to donate. • Inappropriate comments relating to LGBT community. • Lack of understanding about transgender needs within donor suites. • Transgender staff find it difficult to obtain uniform. • Transgender staff harassment over which toilets are used. • Lack of awareness towards transgender job applicants. • Perception that too many senior managers are men.

APPENDIX 2

Single Equality Scheme External Stakeholders Survey Report March 2011

Introduction

The purpose of the External Stakeholder Survey was;

- To gather opinions, experiences and feedback from organisations/individuals that we work with to help inform the creation of NHSBT's Single Equality Scheme 2011-2015.

To understand public perceptions about NHSBT and the services we provide:

Methodology

A questionnaire was developed using Survey Monkey; this link was then emailed to 70 External Stakeholders. This included individual representatives responding on behalf of an organisation.

The questions were based on the Likert scale system and there was the opportunity to obtain free text feedback in the form of open questions to gain a variety of feedback.

The questions were split into four different sections:

1. About you
2. Service Delivery
3. Working together
4. Staff and employment practices.

A total of 19 surveys out of 70 were completed. Although the sample size of organisations that were invited to take part in the survey is not large enough to be statistically representative, the responses that were received has provided NHSBT with some useful feedback to inform the Single Equality Scheme. 20 questions were asked in total.

1. About you section

Summary of responses

- 71% of respondents stated that they had donated blood and 29% said that they had not donated before.
- 59% of respondents replied that they had signed up to the ODR, 41% said they had not signed up.
- Only 6% of respondents had signed up to the British Bone Marrow Register and 94% of respondents had not signed up.

2. Service Delivery section

A summary of responses are as follows;

Participants were asked whether they were interested in issues related to Race, Religion and Belief, Disability, Age, Gender, Sexual Orientation and Pregnancy and Maternity.

- 46.2% said Age, 46.2% said Gender, 38.5% Disability, 53.8% was Race, the highest was Religion and Belief at 61.5% the two lowest categories were Sexual Orientation and Pregnancy and Maternity at 7.7%.
- 14% of respondents said they strongly agree that NHSBT meets the needs of the people represented by their organisation, 58% said they agreed, 21% neither agree nor disagree, 7% said they strongly disagree.

Areas for improvements that were highlighted were:

- The need for greater partnership working between NHSBT and external stakeholders.
- The need for NHSBT to be more proactive in discussing and analysing social class/gender/ethnicity/age and gender data in relation to organ donors and recipients and designing campaigns based upon these analyses.
- The need for more staff members on sessions to reflect the ethnicity of the donor community.

43% of respondents stated that they felt NHSBT adapts its services to meet the needs of people represented in their organisation. 7% said strongly agree, 36% said neither agree nor disagree, 14% disagree.

However, positive responses were generated in relation to the question concerning the services and support on offer from NHSBT. Positive feedback included:

- NHSBT shows respect and a positive attitude to equality of opportunity.
- NHSBT has provided support to organisations through the provision of resources.
- NHSBT has been accommodating to the needs of the Jewish community in respect of blood donation.
- The fact that NHSBT has taken into account language needs by providing forms in alternative languages.

3. Working Together

Positive responses were also received from stakeholders concerned with partnership working and the support that NHSBT has offered to organisations, for example:

- NHSBT is perceived to be willing and available to help.
- The staff members are helpful, effective and friendly.
- Helpful in responding to queries.
- Good communication and provide flexible staff at required times.
- Good care during the donation process.

Areas for improvement include:

NHSBT should work more effectively with organisations by undertaking the following activities:

- Adoption of formal partnership working arrangements.
- Improving current communication channels between NHSBT and external stakeholder representatives.
- Ensuring that organ donation campaigns are more inclusive and treat diverse groups as part of their overall mainstream campaigns.
- Better proactive work and communication.

4. Staff and Employment Practices

In relation to public perceptions concerned with NHSBT and employment practices, overall positive responses were received, for example:

50% of respondents agreed that NHSBT employs a diverse range of people 7% strongly agree, 14% neither agree nor disagree, and 29% don't know.

Verbatim comments include:

- The experience I have had with the staff has been very positive, though we are trying to get the same positive experience from senior management.
- They are courteous and polite.
- Many very lovely, dedicated and supportive people work at NHSBT. They are always very kind and supportive of my efforts.
- Yes, some hard-working and committed staff in taking forward the SNOD/CLOD work programme.

Areas for improvement with NHSBT employment include:

- Employing more people from ethnic minority backgrounds in areas where this is needed.
- Improved communication in relation to outbound recruitment for blood donation.

Conclusion

The findings from the external stakeholder questionnaires has provided NHSBT with useful and valuable feedback. Where it has been identified that there are areas for improvement, these have been considered and have been incorporated into our Single Equality Scheme Action Plan 2011-2015.

APPENDIX 3

Summary of the protected characteristics and legislation

As a public sector body, NHSBT has general and specific duties to promote equality and diversity across the organisation. The Single Equality Scheme for 2011-2015 is focused on promoting equality of opportunity, across all of the protected characteristics – i.e. race, gender, disability, age, religion and belief, sexual orientation, marriage and civil partnerships and pregnancy and maternity rights.

Race

The Race Relations Act 1976 and Race Relations Amendment Act 2000 made it unlawful to discriminate against a person based on the grounds of race, nationality, ethnic origin.

NHSBT is committed to ensuring that no employee or customer is unlawfully discriminated against in employment or in the provision of services based on race, nationality or ethnic origin.

Gender

The Equality Act 2006 amends the Sex Discrimination Act 1975 and requires public sector organisations to eliminate unlawful discrimination based on the grounds of gender. The duty applies to men, women and transgender people. Transgender people are protected from unlawful discrimination and harassment on the grounds of gender reassignment, and vocational services. This protection is also extended to people that intend to undergo gender reassignment. NHSBT is committed to ensuring gender equality in the workplace through the provision of flexible working arrangements and improving the work life balance of all staff taking into account the needs of parents, carers and transgender staff.

Disability

The Disability Discrimination Act 1995 and 2005 made it unlawful to discriminate against disabled people in relation to employment, facilities and services and the provision of goods. According to the Equality and Human Rights Commission “a disabled person is someone who has a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities.”

The 1995 Act extended the definition of disability to cover a wider range of physical, sensory and mental disabilities which includes those with long term conditions, those people suffering from mental ill health, learning difficulties, HIV, cancer, multiple sclerosis and diabetes.

Age

The Employment Equality Act (Age) Regulations 2006 and the Equality Act 2010 made age discrimination unlawful on the grounds of age in employment. Age equality is about eliminating unlawful discrimination between people from different age groups.

Sexual Orientation

The Employment Equality Act (Sexual Orientation) Regulations 2003 and the Equality Act 2010, prohibits unlawful discrimination, harassment and victimisation on the grounds of a person's sexual orientation. The legislation covers gay, heterosexual, lesbian and bisexual people and places a statutory obligation on employers to promote equality of opportunity on the grounds of a person's sexual orientation not only in employment but also in the provision of goods and services.

Religion and Belief

The Employment Equality Act (Religion and Belief) Regulations 2003 and the Equality Act 2010, prohibits unlawful discrimination on the grounds of a person's religion and belief.

Religion is defined as any religion and a reference to religion also includes a reference to lack of religion.

Belief is defined as any religious or philosophical belief. A reference to belief also includes a reference to a lack of belief i.e. Humanism.

Pregnancy and Maternity

The Equality Act 2010 protects women from being unlawfully discriminated against on the grounds of pregnancy and maternity during their period of pregnancy and any statutory maternity leave.

Marriage and Civil Partnerships

The Equality Act 2010 protects employees who are married or in a civil partnership from discrimination. Single people are not protected.

APPENDIX 4

Organisations/individuals invited to help NHSBT to develop the Single Equality Scheme 2011-2015

Marwan Al Dawoud – Leader of Islamic Unity Society
Mr Manga Singh – Akaal Organisation (Sikh)
Taseen Iqbal – Youth Committee for Mosque
Tony Nadeem Ahmed – Regional Youth Group for Mosque
Raul Kumal and Sanjay Arora – Multi-Faith Organisation
Junior Hemans – Donor
Warren King and Carolyn Henry – UK Black Churches Organisation
Orin Lewis and Beverly De Gale – ACLT (African Caribbean Leukaemia Trust)
Suzzane Leung – Chinese Community Centre
Rowland Elvidge – Church of Latter Day Saints
Sharon Platt-McDonald – Seventh Day Adventists
Dapo Odumeru – NHSBT/Blood for Life
Dr Gabra – Former NHSBT Colleague
Nauman Khwaja – Muslim Youth Association (Newham)
Sekai Tangai – Newham PCT Sickle Cell
Rose Thompson – BME Cancer Communities
Christine – Kemet FM station
Joanne Bloomfield – Nottingham Sickle Cell and Thalassaemia Service
Angela Sharma – Desi Donors
Angella Reid – Clarendon College (NCN)
Mukhy – Asian Society @ Nottingham University
Devon Daley – BBC Radio Derby – A.C.E show, the African Caribbean Experience
Michael Etienne – BME Network – Nottingham University
Moji Adeiga – African International Network
Rex Panti-Amoa – Derbyshire County Council – BME Network
Vanessa McFarlane – Nottingham City NHS
Venetta Johnston – Network for Black Professionals
Paul Cheung – Chinese School, Sheffield
Bhavesh Jani – Nottingham Asian Arts Council
Mohammed Syed – AMYA – session contact
Carmen Sobande – ACLT Volunteer (African Caribbean Leukaemia Trust)
Tajinder Virdee – Leeds City Council Group
Aimen Aldiwan – IUS
Ehsan Naghieh – IUS
Amit Bahanda – Spice FM

Candice Woolfson – Unite Synagogue
Muks Rhab – The Maninagar Shree Swaminarayan Gadi Sansthan
Janet Chapman – The Hillsong Group
Catherine Stuart – The Hillsong Group
Mohammed Rahman – Quantum Meditation Society (London)
Joy Wilson – Handsworth Church of God
Baqir Naqvi – Clifton Road Mosque (Birmingham)
Anoushka Lester – Jewish Society at Birmingham University
Keerthi Wanigasooriya – Jethavana Viharyaya Buddhist Temple
Krishna Devaharan – Tamil community in Coventry
Katherine Hill – Age UK
Paul Day – RNIB
Adrian Masters – UK Council on Deafness
Geraldine Smith – NUS LGBT (Lesbian, Gay, Bisexual and Transgender)
Ruth Hunt – Stonewall
Naomi Phillips – British Humanist Association
Lisa Power – Terence Higgins Trust
Gurch Randhawa – Organ Donation Taskforce
Shabana Baig – Black Health Agency
Dr Shuja Shafi – Muslim Council of Britain
Dr Adnan Sharif – South Asian Health Foundation
Fiona Loud – Kidney Alliance
Komal Adris – Organ Donor Campaign
Peter Hollins – British Heart Foundation
Rosemary Macri – British Kidney Patient Association
Alison Rogers – British Liver Trust
Dame Helena Shovelton – British Lung Foundation
Anne Keatley-Clarke – Children’s Heart Foundation
John Orchard – Children’s Liver Disease Foundation
Jo Osmond – Cystic Fibrosis Trust
Simon O’Neill – Diabetes UK
Charles Kernahan – Kidney Research UK
Roy Thomas – Kidney Wales Foundation
Emily Thackray – Life then Give Life
Timothy Statham – National Kidney Federation
Catriona Hamilton – Transplant Kids
Mike Whiteside – Transplant Patient’s Trust of Great Britain
Neil O’Byrne – Transplant Support Network
Dr Joe Aldred – Churches Together in England
Rosanna Bate – HTA
Navin Shah – London Assembly Member

NHSBT’s Single Equality Scheme 2011-2015 was developed by the Organisation and Workforce Development team. For any queries or questions in relation to the scheme please contact Sabrina.Richards@nhsbt.nhs.uk (Internal)
(External) sabrina.richards2@nhsbt.nhs.uk

