

**NHSBT Equality and Diversity Annual Report 2016
Review of Single Equality Scheme and Workforce Race Equality Scheme****1. Status**

Public

2. Executive Summary

- 2.1 The full report (attached as Annex A) provides an annual update of activities achieved in respect of equality, diversity and inclusion through the delivery of the Single Equality Scheme 2015-2019.
- 2.2 The Single Equality Scheme ensures compliance with the Equality Act (2010) and sets out our commitment to delivering fair and accessible services to our donors, customers and employees.
- 2.3 The report also summarises the annual review of the Workforce Race Equality Scheme Indicators developed by NHS England. It is expected that all Boards of ALBs will scrutinise progress against these indicators.
- 2.4 This report has been scrutinised by the Governance and Audit Committee. The GAC asked that the full Board consider the report on this important area of NHSBT's work.

3. Action Requested

- 3.1 The Board is asked to;
 - Review the report;
 - Note the progress made with the actions to progress equality and diversity within NHS Blood and Transplant;
 - Confirm that the focus for future work meets expectations.

4. Purpose of the Paper

- 4.1 The purpose of this paper is to provide assurance to the Board that NHSBT is compliant with the requirements of the Equality Act 2010 and to inform the Board of progress that has been made in relation to equality, diversity and inclusion.
- 4.2 The report also meets the annual requirement to update the Board on the annual review of the Workforce Race Equality Scheme Indicators, changes in the statistics from the previous year and recommendations on areas for action.

5. Background

- 5.1 NHSBT, as a public body is legally obliged to comply with the Equality Act 2010: this report provides assurance to the Board of our compliance.
- 5.2 Since 2011, the Equality and Diversity Working Group (EDWG) has provided scrutiny and a robust governance structure for the delivery of all of the actions contained within the scheme. The group is made up of a number of representatives from across NHSBT and each member of the group is required to report on progress against their

directorate level SES actions. This enables progress to be monitored in a consistent and systematic way.

- 5.3 In July 2015, NHS England introduced a new Workforce Race Equality Standard for the NHS. The standard requires all NHS organisations in England to demonstrate progress against a number of indicators of workforce equality including a specific indicator to address the low levels of Black, Asian and Minority Ethnic Board representation. Work is on-going through the delivery of the Single Equality Scheme, the work of the Equality and Diversity Working Group and Black, Asian and Minority Ethnic (BAME) Network to support the implementation and requirements of the standard.

6. The way forward

Ensuring that everyone who works for NHSBT is treated fairly and inclusively is essential if we are to be regarded as a world class organisation by those who work for us and those who use and rely on our services. To achieve our aim of becoming a fair, diverse and inclusive organisation the Executive Team has agreed to increase the focus on equality, diversity and inclusion and has also agreed a range of actions to accelerate work to improve performance across NHSBT. These include:

- Mentoring BAME staff by members of the Executive Team
- Presenting diverse images and case studies to reflect the community we serve
- regular discussion at Senior Management Teams
- better Director support for their EDWG rep
- BAME representatives on interview panels for all posts at grade 8a and above
- Stonewall assessment of NHSBT's support for LGBT staff
- promoting religious festivals on the intranet
- HR business partners to keep challenging Directorates on equality and diversity.

Work to support staff with disabilities continues through the Disability Advocates programme.

The EDWG will continue to assess and monitor progress against the Single Equality Scheme and the Workforce Race Equality Standard, providing an annual report on progress to the GAC to demonstrate compliance with the Equality Act 2010 and our progress as an equal, diverse and inclusive organisation.

7. Financial Implications

There are no financial implications to implement the actions contained within the Single Equality Scheme.

8. Impact on donors/patients/customer impact/employees

Continuing to monitor progress made with the actions in the Single Equality Scheme and Workforce Race Equality Scheme will result in a positive and beneficial impact on donors, patients and customers as it will help the organisation to become a more inclusive organisation which is representative of the communities it serves. This will help with the attraction and retention of more BAME donors and supports the reduction of health inequalities amongst defined sections of the community.

9. Risks or issues

If NHS Blood and Transplant fails to make significant progress against the Single Equality Scheme, there is a reputational risk to the organisation and NHSBT will not be compliant with the Equality Act 2010.

10. Stakeholder involvement

The Equality and Diversity Working Group have been involved by providing progress reports for their SES directorate actions contained within the Single Equality Scheme. The Director of Organ Donation and Transplantation as well as the NHS Blood and Transplant BAME Network and Disability Advocates Group, have also had the opportunity to input into the report.

11. Equality and Diversity Impact

The Single Equality Scheme has a positive impact as it aims to eliminate discrimination for protected groups and promote equality of opportunity.

12. Environmental impact

There is no environmental impact in relation to monitoring progress of the Single Equality Scheme.

13. Author

Suzanne Hunter, Head of HR Performance Management & Practice Development

14. Responsible Director

Sally Johnson – Director of Organ Donation and Transplantation
David Evans- Director of Workforce & Transformation Services

ANNEX A

Annual Report of the Single Equality Scheme 2016 and NHS Workforce Race Equality Standard.

1. Introduction

The Annual Review of the Single Equality Scheme (SES) and Workforce Race Equality Standard (WRES) provides an overview of the progress that has been achieved in relation to equality, diversity and inclusion since September 2015

The SES outlines how we are going to promote and embed equality, diversity and inclusion in all aspects of the work of NHSBT and outlines our commitment to create more accessible services, policies and measures that meet the diverse needs of our population and workforce.

The key focus is:

- **Service Delivery** – our relationship with donors, patients, stakeholder groups.
- **Workforce** – how we lead, develop and engage with all our staff.
- **9 protected characteristics in legislation** – age, disability, gender reassignment, marriage & civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

NHSBT published a new SES in May 2015. Each Directorate has an action plan and the Equality and Diversity Working Group has been responsible for ensuring that the actions contained within the scheme are implemented and monitored on a quarterly basis.

All activities have been mapped against the four goals contained within the NHS Equality Delivery System (EDS) to demonstrate our compliance with the Public Sector Equality Duty.

These are as follows;

- Better health outcomes for all
- Improved patient access and experience
- Represented and supported workforce
- Inclusive leadership at all levels

In addition to the SES, The WRES is a NHS standard developed by NHS England on the 1st July 2015 and is applicable to all NHS organisations in England and Wales. The standard has been developed to support NHS organisations to improve their performance in relation to race equality and is a tool to help improve the opportunities, experiences and working environment for Black, Asian and Minority Ethnic (BAME) employees.

2. Review of the Single Equality Scheme

EDS Goal 1 : Better health outcomes for all

Improvements in Black Asian and Minority Ethnic recruitment and retention for blood organ and stem cell donation activities:

- Blood Donation are on track with their target to increase the percentage of product requests fulfilled by blood groups including Ro from 50% Ro in 14/15 to 90% by 2019. Current progress shows a figure of 52%, which represents a 12% increase over September 2014 figures. The RO donor base and donations are improving.
- Blood Donation are making progress towards their target to increase the number of BAME blood donors registered to 41,900 by 2019. The current progress shows a figure of 41,237 BAME blood donors registered as at September 2016, which demonstrates significant progress from the 2014/15 figures of 32,600.
- Blood Donation have exceeded their target to increase the number of whole blood donations from BAME donors. September figures showed an achieved 64,950 blood donations from BAME donors against the target set for 2019 of 64,100.

Areas where improvements are required on progress against set targets:

- Increasing the active BAME donor frequency from 1.57 donations per annum in 14/15 to 1.84 in 2018/19. The September 2016 figures are not on track with the progress required. The current figure is 1.58 donations per annum. The frequency of donation is calculated against the entire BAME donor base and as new donors are recruited, frequency drops. More work needs to be done to see if data can be analysed differently
- In Organ Donation the BAME consent rate fluctuated month on month throughout 2015/16 and at year end it remained below the 2015/16 target of 45% at 32.7%.

EDS Goal 2: Improved patient access and experience

Action designed to promote greater service access for patients and to improve service delivery.

- Cultural awareness training for staff has been completed in Organ Donation and this is now incorporated into the cohort training for all new Specialist Nurses in Organ Donation.
- Organ Donation plan to appoint a BAME lead Nurse to lead initiatives to increase the BAME consent rate
- Organ Donation are on track with delivery of the Multi-faith action plan to improve community engagement with BAME groups by working closely with charitable organisations
- Faith leaflets have been reviewed and translated to reflect an increasingly diverse population. The Hinduism leaflet has been translated into Tamil, the Christianity leaflet into Polish and the Islam leaflet into Arabic and Somali.
- A BAME Specialist Nurse–Organ Donation (SNOD) lead has been appointed for each region to enable them to share best practice with Organ Donation Committee

Chairs and help them achieve their potential outreach public engagement role or build on the work already being carried out locally. BAME SNOD leads held their first meeting on 17th July to share experiences and best practice

- We are continuing to liaise with the Faith Communities Engagement Team at the Department for Communities and Local Government to learn from their experiences of faith-engagement:
- All staff involved with organ donation are encouraged to share new examples of best practice relating to effective faith engagement: Regional teams and clinical staff are sharing their examples which are hosted on <http://odt.nhs.uk/donation/deceased-donation/professional-resources/faith-action-plan/>.
- Work on providing organ donation information and training to healthcare chaplains is on-going through dialogue with the Registrar for the College of Health Care Chaplains
- A community development and engagement approach to organ donation has been trialled with African Caribbean groups in Birmingham and Manchester. Work has been undertaken collaboratively with local organisations to attend local events, outreach events and presentations between December 2015 and March 2016. Evaluation of this activity will feed into further planning in Q3 2016/17.
- NHSBT have agreed to support a 5 year health partnership with the Uganda Blood Transfusion Service. This helps to support NHSBT's objective of improved cultural awareness and encouraging BAME blood and organ donor recruitment / retention in the UK.

EDS Goal 3: Represented and supported workforce

Actions to support and improve opportunities for staff groups in NHSBT in line with protected characteristics under the Equality Act.

Protected characteristic – RACE

- NHSBT has increased the number of BAME employees in senior leadership positions at band 8A and above in line with targets set for a 15% increase over 2015 base-line figures. There are 47 BAME staff in senior leadership positions as at September 2016 which meets the year-end target in 2016/17. A recommendation has been made by the Executive to increase the current targets further to achieve representation of 56 BAME staff in leadership posts by 2020.
- BAME representation on senior leadership appointment panels for band 8A and above positions was introduced in July 2016 and is now a recruitment requirement for senior leadership posts. This step has been taken to provide governance on diversity and inclusion as part of the recruitment process and to visibly promote diversity.
- Diversity and Inclusion questions have been introduced as standard for senior leadership recruitment panels and this is now to be rolled out to be included in all interviews as part of our questions on values. This will help us to recruit staff that value diversity and work inclusively.

- Career profiles have been developed to be launched on the new NHSBT Careers website and these profiles reflect diversity of staff and posts within NHSBT. This work is due for completion this year.
- A Careers Masterclass has been developed to help staff plan their careers, focus on areas for their development and prepare for interviews. The Masterclass has been designed to meet the needs of BAME staff and advice is being taken from NHSBT's BAME Network on the content of the Masterclass.
- In October members of the EDWG, BAME Network, Staff-side and Workforce Directorate reviewed a range of material for unconscious bias training. Further work is being undertaken to examine how this could be built into existing development programmes and what could be provided on line to staff and managers. The aim is to have training ready to be rolled out in the New Year.
- The annual WRES template as developed by NHS England and used by wider NHS. Report was presented to the September Equality and Diversity Working Group and BAME network meeting. A summary of key information and recommendations is contained in this report.
- In July 2016 the third cohort for the Reach Higher Strategic Development Programme was completed. To date 22 NHSBT staff predominantly at pay bands 5 and 6 have been through the programme. Details of attendees have been supplied to Executive Directors via HR Business Partners to ensure that these staff have access to mentorship to continue to develop their careers to the next level.
- The BAME network has been running for a year in June 2016 The network has established three workstreams and is making good progress in the following areas;
 - ✓ Education and Engagement of BAME communities
 - ✓ Workforce
 - ✓ Partnerships and Collaboration

Network membership is currently concentrated in Tooting, Colindale and Filton and the network are looking at plans to support BAME staff in other NHSBT locations through setting up local networks.

Protected characteristic - Lesbian, Gay, Bi-Sexual and Transgender staff (LGBT)

- The September meeting of the EDWG approved a recommendation to sign up to Stonewall Diversity Champion scheme. Stonewall's Diversity Champions programme is Britain's leading good practice employers' forum on sexual orientation and gender identity. Stonewall currently works with over 720 of the world's leading organisations including over 70 health sector organisations across the UK. Work is due to commence on looking at communicating the launch of the programme and how to set up a staff network for LGBT staff in NHSBT.

Protected characteristic – Disability

- During the last 12 months, the Disability Advocates group has undertaken a review and developed their remit. The group has been renamed as the 'Disability and Health Promotion Advocates' to include responsibility for health and wellbeing as part of the remit of the group. The Terms of Reference for the group has also been rewritten and updated.
- The group is to be re-launched in the New Year with new posters and messages to raise awareness of different issues, and are recruiting additional Advocates to

ensure that there is a wider network of support across the organisation, to include reaching out to the existing Health and Wellbeing Links within Blood Donation and ODT.

- A training plan has been written and it is proposed that all Advocates will attend a 2-day course run by the Business Disability Forum, of which NHSBT are members, to give them all a good base of knowledge and skills to help support them in the Advocate role.
- The group is researching the potential to access software for the organisation which, if approved, will enable staff with dyslexia and other learning difficulties or staff who speak English as a second language to work more easily, with less stress and anxiety and be more productive in their job roles.
- Much work has taken place this year within ODT, in conjunction with Occupational Health and the Employee Assistance Programme, to provide help and support for staff dealing with emotionally difficult situations and with the high levels of stress which results from this. The Lighten Up programme has been successfully rolled out across the Directorate. A wider programme of mental health support is now also being put in place.
- NHSBT was previously a member of the "Two Ticks" Scheme, which showed that we fulfil certain criteria with regards to the recruitment and retention of disabled employees. This has now been replaced with the Department of Work and Pensions' Disability Confident Scheme, and NHSBT is now at Level 1, 'Disability Confident Committed'. Within the next 12 months we must either retain the Level 1, or work to achieve the Level 2 'Disability Confident Employer' status.
- April 2017 will also bring the new Workforce Disability Equality Standard (WDES), which is being put together by the Equality and Diversity Council and other groups, and which the NHS will be expected to implement.
- We plan to work with the Business Disability Forum to prepare NHSBT for the WDES using their Disability Standard Framework

EDS Goal 4: Inclusive leadership at all levels.

- The Communications Directorate are Supporting the Diversity and Inclusion Manager, BAME Network and EDWG with communications which reflect key calendar dates in the diversity calendar, including religious festivals and cultural awareness. For example during October a number of articles have been available on inside NHSBT promoting Black History Month and Diwali and communications are currently being planned for dyslexia awareness week and anti-bullying week.
- Diverse Images and Case studies are being used to promote and encourage diversity
- Leading inclusively was included in the last Management Summit ran at Filton during October and this will be a key theme at future management events.
- The forthcoming Leadership Brief in November will include a section on the expectations of managers in promoting and encouraging inclusion in the workplace and actions they should undertake.
- The 2017 Leadership Conference will include a dedicated focus on diversity and inclusion
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3. Workforce Race Equality Standard - Review of 2016 report

Indicator 1 – Proportion of BAME staff in Senior Leadership positions in the organisation.

NHSBT currently employs 739 BAME staff, representing 13% of the total workforce. (September figures)

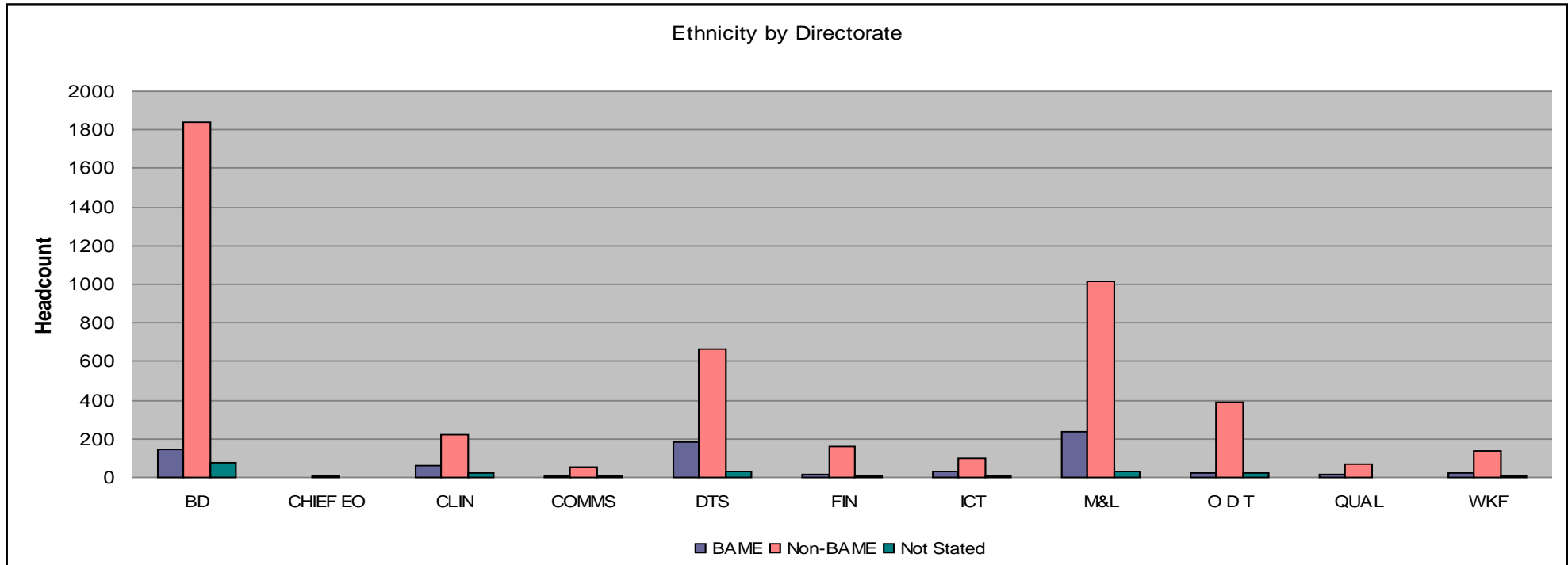
The following charts demonstrate the distribution of BAME staff by Directorate, by pay and the current strategic targets set for increasing BAME representation at band 8A and above in NHSBT.

Whilst NHSBT has achieved progress between 2015 and 15 in increasing BAME staff in band 8A and above positions by meeting the target increase from 40 to 47 staff by year end 2016, it is evident that some areas of NHSBT are highly under-represented by BAME staff in senior positions and further work is therefore required on development plans and career pathways for BAME staff and attracting BAME applicants to work for NHSBT.

BAME Ethnicity – AFC Band 8a and Above by Directorate

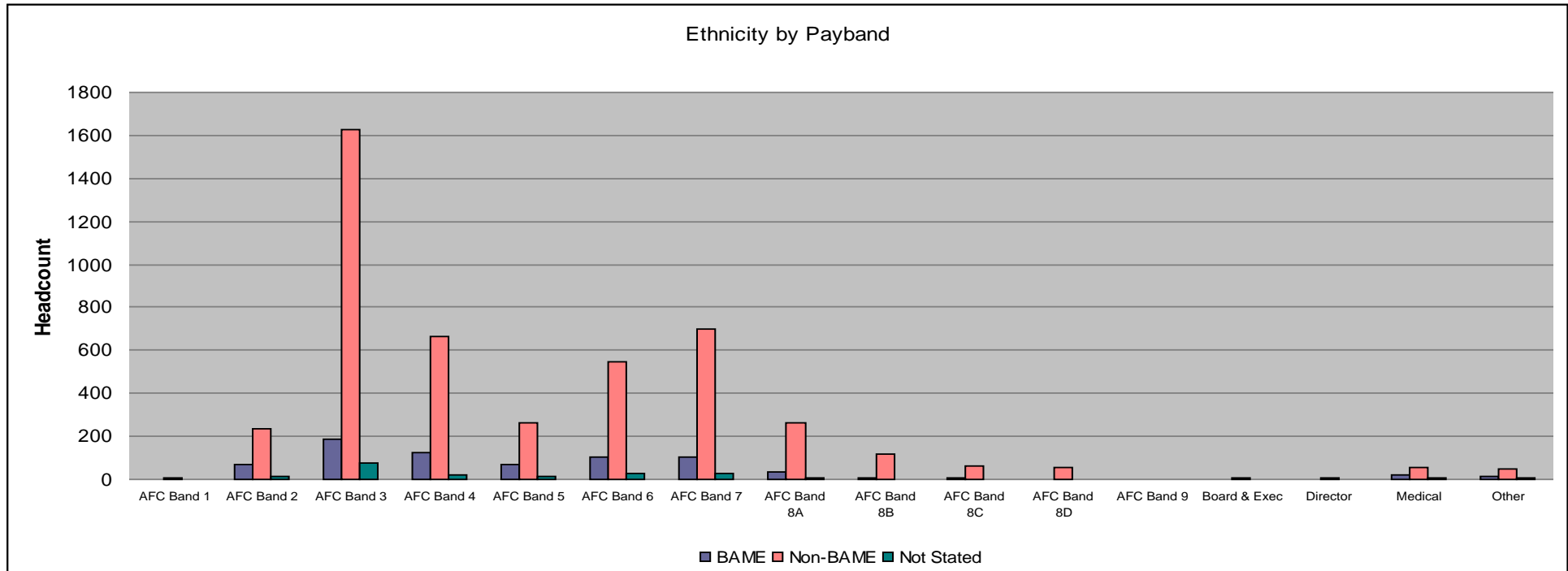
AFC Band 8a and Above					
Directorate	BAME	Non-BAME	Not Stated	Total	BAME %
BD	1	36	2	39	2.56%
CHIEF EO	0	0	0	0	0.00%
CLIN	5	38	0	43	11.63%
COMMS	0	9	0	9	0.00%
DTS	24	128	1	153	15.69%
FIN	2	47	1	50	4.00%
ICT	3	32	2	37	8.11%
M&L	2	71	0	73	2.74%
O D T	2	69	1	72	2.78%
QUAL	2	26	0	28	7.14%
WKF	6	47	2	55	10.91%
Total	47	503	9	559	8.41%

Chart - Ethnicity by Directorate



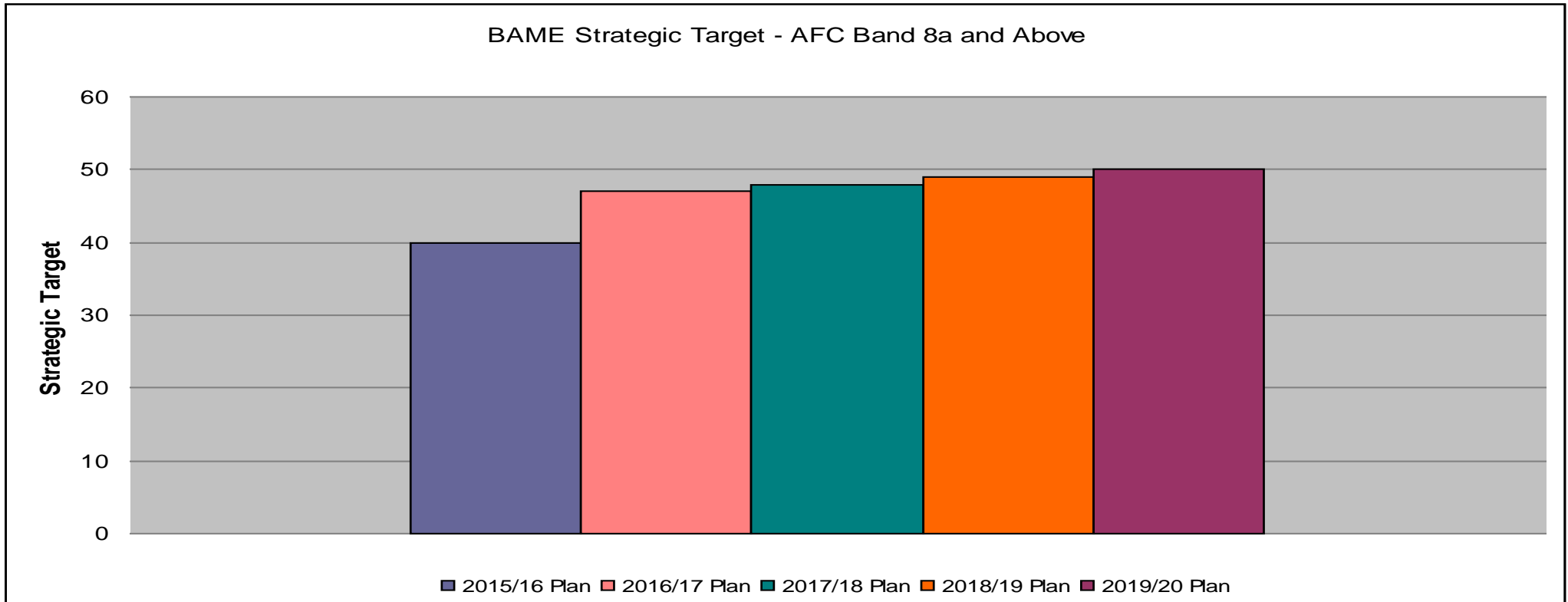
Directorate	BD	CHIEF EO	CLIN	COMMS	DTS	FIN	ICT	M&L	O D T	QUAL	WKF	Total
BAME	143	2	58	9	187	16	30	239	20	13	22	739
Non-BAME	1843	11	219	55	662	162	102	1014	393	67	137	4665
Not Stated	78	2	23	4	28	4	10	33	20	2	5	209
Total	2064	15	300	68	877	182	142	1286	433	82	164	5613

Chart – Ethnicity by Pay band



Directorate	AFC Band 1	AFC Band 2	AFC Band 3	AFC Band 4	AFC Band 5	AFC Band 6	AFC Band 7	AFC Band 8A	AFC Band 8B	AFC Band 8C	AFC Band 8D	AFC Band 9	Board & Exec	Director	Medical	Other	Total
BAME	1	69	188	124	67	104	105	35	6	4	2	0	0	0	20	14	739
Non-BAME	6	236	1626	665	261	547	701	266	120	61	53	3	8	8	56	48	4665
Not Stated	0	16	74	20	13	25	31	4	3	1	1	0	1	0	10	10	209
Total	7	321	1888	809	341	676	837	305	129	66	56	3	9	8	86	72	5613

BAME Strategic Target – AFC Band 8a and Above



Strategic Target	2015/16 Plan	2016/17 Plan	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
AFC Band 8a and Above	40	47	48	49	50	51

Indicator 2 – the relative likelihood of staff being appointed to a post following shortlisting

- The data for year end 2015 showed a 0.29 likelihood of white applicants being appointed from shortlisting.
- The data for BAME applicants showed a 0.23 likelihood of being appointed from shortlisting.
- The relative likelihood of white staff being appointed from shortlisting compared to BAME applicants based on the data is 1.27 times greater.
- The likelihood of white shortlisted applicants being appointed compared with BAME applicants whilst remaining significantly greater has decreased from the 2014 figures, which previously showed the likelihood of white staff being appointed from shortlisting compared to BAME staff as being 1.77 times greater.

Indicator 3 – the relative likelihood of staff entering the formal disciplinary process.

- The relative likelihood of staff entering the formal disciplinary process is measured by entry into a formal disciplinary investigation. This indicator is based on data from a two year rolling average of the current year and the previous year.
- The data analysed shows a 0.031 likelihood of white staff entering the formal disciplinary procedure
- The data analysed for BAME staff shows a 0.0470 likelihood of entering the formal disciplinary procedure.
- The relative likelihood of BME staff entering the formal disciplinary procedure compared to white staff is 1.46 times greater
- The figures show an increase in the ratio of both white staff and BAME staff entering into the formal disciplinary process compared to the previous year's figures which may be a reflection of a greater focus on performance management in the organisation.
- There is however a further increase in the relative likelihood of BAME staff entering into the disciplinary procedure compared to white staff because the relative likelihood figure increased from 1.21 times greater to 1.46 times greater for BAME staff compared to white staff.

Indicator 4 – the relative likelihood of staff accessing non mandatory and non CPD training.

- The likelihood of White staff accessing non mandatory training and CPD is 0.167
- The likelihood of BAME staff accessing non mandatory training and CPD is 0.230
- The relative likelihood of BAME staff accessing non mandatory/CPD training is 1.372 greater

Indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. (Data from 2015 Staff Survey)

- 92% of respondents had not experienced harassment
- 91% had not experienced abuse.
- These are improvements on the 2014 survey responses but the data cannot be broken down into White staff and BAME responses due to the method in which the data was collected in the 2015 survey. This has been corrected for the forthcoming 2016 survey so that this data may be collected and analysed for BAME staff.

Indicator 6 – Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (data from 2015 Staff Survey)

- 87% of respondents had not experienced harassment at work from colleagues.
- 86% had not experienced bullying from colleagues.
- These are improvements on the 2014 Survey but the data cannot be split into BAME and White responses due to the way that the data was collected. This has been corrected in planning the 2016 Staff Survey.

Indicator 7- Percentage believing that trust provides equal opportunities for career progression or promotion.

- This data was not collected in the 2015 Survey but will be collected in the 2016 Survey

4. Recommended actions based on review of the SES and WRES.

Executive leadership actions

- **Regular focus on discussion of diversity and inclusion at senior leadership level** - A commitment to having regular discussion at SMT meetings about diversity and inclusion and regular review of the SES and WRES data in relation to each Directorate. Encouragement of this dialogue through management teams within Directorates.
- **Executive mentorship** - Every member of the Executive will volunteer to mentor a BAME member of staff. As a priority focus will be given to BAME staff that have attended REACH higher who are looking to progress their career into senior leadership but there may also be other staff identified within each Directorate as part of the Directorate's talent management review.
- **Director support for their EDWG representative** - Regular meetings with the EDWG representative to support them and get information into the SMT and Directorate actions undertaken.

EDWG Actions

- Generate more involvement with EDWG - Use opportunities to invite guests into the EDWG to increase insight and knowledge
- Promote discussion on diversity and inclusion at Directorate level and through Centre Partnership Committees

- Support the delivery of the Stonewall Diversity Champion Assessment and launch communications.

Workforce Directorate actions

- Implement the Careers Masterclass for BAME staff
- Integrate unconscious bias training into staff and management development programmes
- Triage all disciplinary referrals involving BAME staff before the case commences investigation
- Conduct Root cause analysis on BAME disciplinary cases that proceed
- Conduct further research on actions to be taken to improve ratio of BAME applicants reaching appointment following shortlisting.
- Work with managers and Donor Ambassadors at local level on promoting recruitment opportunities to the wider community.
- Lead on the Stonewall Diversity Champion launch and setting up the LGBT staff network.

5. Conclusion

The annual review of progress made against the SES provides assurance to the Governance and Audit Committee that NHSBT has made progress during 2015/16 in relation to equality, diversity and inclusion and that actions to address the findings of the Workforce Race Equality Standard have been identified.

Progress with the actions contained within the SES and WRES will continue to be monitored at the Equality and Diversity Working Group to ensure NHSBT delivers better outcomes for patients and communities and a better working environment for employees which is inclusive, fair and diverse.

Author:

**Suzanne Hunter- Head HR Performance Management & Practice Development
October 2016**