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NHSBT Workforce Race Equality Standard Report and Action Plan 2021-22

Status: Official

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Executive Summary

NHSBT must make a deliberate effort to prioritise actions that improve diversity and equity through recruitment and promotion practices, by developing improvement plans based on our Workforce Race Equality Standard (WRES) findings.

We maintain a focus on this crucial area, as the data shows that across almost all indicators, Black and minority ethnic (BME) staff reported a worse experience working at NHSBT compared to white staff. This trend commences at our first engagements with potential staff, where there is no improvement in the persisting disparity for appointment at interview of BME applicants compared to white applicants; and continues across the employee life cycle and across career paths from frontline roles to very senior managers and Board level. Furthermore, although BME staff constitute less than a fifth of the workforce, they are subjected to disproportionately greater incidences of formal disciplinary procedures. BME staff report greater levels of discrimination and harassment and greater pressure from managers to come to work when they are not feeling well enough to perform. Despite this, over the last four years NHSBT has experienced a consistent increase in the percentage of BME staff in the overall workforce.

To make an impact and make progress on a set of multifaceted and interconnected indicators about the experiences of BME colleagues, it is imperative we direct our efforts and resources to the areas which will have the biggest return for our workforce. Cultivating inclusivity in recruitment and promotion is essential for a more diverse workforce and to gain more diversity within senior leadership, which will be a vital factor in embedding transformational and sustainable change and improving patient outcomes and experiences. The core areas of action to initiate this change are outlined in this report.

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Introduction

Since both the disproportionate effect of Covid-19 on Black and Minority Ethnic (BME) communities in this country and the NHBST staff survey findings of disproportionate bullying and harassment rates among BME staff, followed up by media-reported allegations of racism inside NHSBT, race inequality has risen to the top of the political agenda nationally and across the NHS.

Over the last six years the national and local data from the Workforce Race Equality Standard (WRES) has shown that colleagues from BME backgrounds have poorer experiences of working in the NHS than their white counterparts. This is not fair or equitable.

The NHS has tried various interventions to address the issue of race inequality but no one initiative has produced the anticipated outcome that is desired. In 2020 NHSBT took action to spotlight and accelerate the improvement needed to end the disparity our BME staff experience. We established our Equality, Diversity, and Inclusion Council; established four key staff networks to amplify the voice of our workforce and influence policy; established a new Diversity and Inclusion (D&I) team; launched both the Our Voice Staff Survey and Inclusive Leadership training programme; and have sought to recruit BME colleagues into NHSBT's team of Freedom to Speak Up champions. In addition, we recognised as an organisation that we needed to better understand the experiences of our BME workforce and look beyond the data, so we developed directorate level D&I plans to ensure equality initiatives were being undertaken throughout the organisation.

This WRES report highlights the progress we have made as an organisation. Whilst clearly showing the journey we are making to become an inclusive national employer, there is a long way to go. Two out of nine WRES metrics have improved year on year, three out of nine metrics have worsened year on year, and four metrics have been recorded for the first time since 2020 utilising the staff survey.

The NHSBT Executive team and EDI Council will continue to track progress made against the action plan attached to this report to ensure that everyone that works in NHSBT, regardless of background, has an equal and excellent experience of working here.

Purpose of report

This report gives an overview of the Workforce Race Equality Standard and the nine metrics we report against. It shows and gives a brief analysis of the WRES data against each metric and explores trends internally with last year's data comparators against other NHS Trusts. It shows progress against these standards during 2020-2021 and identifies the key priorities for 2022-2023.

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Workforce Race Equality Standard (WRES) Overview

The WRES is included in the NHS standard contract and has been a requirement of NHS commissioners and NHS healthcare providers including independent organisations since July 2015. The Care Quality Commission (CQC) will now include the organisation's performance against these indicators in their inspections under the Well-Led domain.

NHS Trusts are required to produce and publish their WRES report on an annual basis. The purpose of the WRES is to ensure that NHS organisations review their data against the nine indicators which are outlined in the WRES, produce an action plan to close any gaps in the workplace experience between white and BME staff, as well as improving the representation of BME staff at the Board level of the organisation.

The WRES report and associated action plan form one part of our EDI plan in line with the NHSBT Strategy. It is a key component of our workforce EDI work, setting our direction in terms of achieving good practice race equality across all areas of the employee lifecycle, and ensuring our staff have access to career opportunities, development and progression, and that they receive inclusive and fair treatment in the workplace.

Methodology

The WRES requires NHS trusts and CCGs to self-assess against nine indicators of workplace experience and opportunity. Four indicators relate specifically to workforce data, four are based on data from the national NHS staff survey questions, and one considers Black and minority ethnic representation on NHS boards. Short definitions of the nine WRES indicators are presented in this report.

Data sources

WRES data for 2021/22 was collected through NHSBT Electronic Staff Records (ESR). 99.3% of all NHSBT employees have an Ethnic Origin recorded in ESR, which means a high return rate was achieved. The 2022 Our Voice survey ran from 1 February to 30 March and 55 percent of NHSBT colleagues responded. Of those responses, 631 colleagues identified as BME. In these findings we set out the results against each WRES data indicator (1-4 and 9), and then results from our internal workforce survey, Our Voice (indicators 5-8).

This report details our 2021-22 data submission and provides a comparison (where possible) with our data from the previous two years. At the time of this report, the NHS WRES team had not released the 2022 comparative benchmark report for arm's length bodies' (ALBs). As such this NHSBT report also utilises the national WRES data for NHS Trusts.

Scope

The parameters for WRES and this report are commissioned and are overseen by the NHS Equality and Diversity Council and NHS England. The WRES data included in this report has been obtained from:

- Electronic Staff Records.
- Human Resource team records.
- Organisational Development records.
- NHS Staff Survey.

Definitions

The definition of ethnicity used for the purpose of this report is provided in the 2019 WRES Technical guidance as outlined below:

Definitions of ethnicity: people covered by the WRES

The definitions of 'Black and minority ethnic' (BME) and 'white' used in the WRES have followed the national reporting requirements of the ethnic category in the NHS data model and dictionary and are as used in NHS Digital data. At the time of publication of this guidance, these definitions were based upon the 2001 ONS Census categories for ethnicity.

"White" staff includes white British, Irish, Eastern European and any "other white". This is to say that the term BME for the purpose of this report refers to staff that are from a Black, Asian or ethnic minority background which is not white.

Definition of non-mandatory training for WRES

The WRES Technical Guidance defines non-mandatory training as: 'any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement (for example, fire safety training) or mandated by the organisation (for example clinical records system training). Non-mandatory and Continuous Professional Development (CPD) recording practice may differ between organisations. However, all are expected to maintain internal consistency of approach from year to year, so that changes in uptake trends can be compared over time. Trusts are required to keep a record of all included and excluded training.

Accessing non-mandatory training and CPD – in this context refers to courses and developmental opportunities for which places were offered and accepted.

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Key findings

+1.1% On 31 March 2022, **17.5%** (1,020) of staff working at NHSBT were from a BME background. This is an **increase from 16.4%** in 2021. **(Indicator 1** Source: ESR data**)**	**-5.6%** The total number of BME staff at Very Senior Manager level in NHSBT has **decreased by 5.6%** since 2021. On 31 March 2022, there was one BME person among 17 VSM total. **(Indicator 1** Source: ESR data**)**	**x1.42** White applicants are 1.42 times more likely to be appointed from shortlisting compared to BME applicants. There has been year-on-year fluctuation but no overall improvement over the past six years. **(Indicator 2** Source: ESR data**)**	**x1.99** BME staff were **1.99 times more** likely to enter the formal disciplinary process compared to white staff. **This has significantly worsened since 2020 (0.82).** **(Indicator 3** Source: ESR data**)**	**x1.10** White staff were **1.10 times more likely** to access non-mandatory training and continuous professional development (CPD) compared to BME staff. **(Indicator 4** Source: ESR data**)**
13% **13%** of BME staff faced harassment, bullying or abuse from patients, relatives or the public in 2022. **(Indicator 5** Source: Our Voice staff survey data**)**	**18%** **18%** of BME staff have experienced harassment, bullying or abuse from staff in 2022. This is an **increase from 13.9%** in 2018. **(Indicator 6** Source: Our Voice staff survey data**)**	**66%** **66%** of BME staff believe NHSBT provides them with equal opportunities. **(Indicator 7** Source: Our Voice staff survey data**)**	**15%** **15%** of BME staff had a personal experience of discrimination at work from a manager, team leader or other colleague. **This is the highest level recorded since 2017 (13.1%)** **(Indicator 8** Source: Our Voice staff survey data**)**	**0%** The number of BME board members has **decreased by 1 person to 0%** between 2021-22. **(Indicator 9** Source: ESR data**)**

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NHSBT WRES Indicators - 2022 Summary

			Year			
			NHSBT			NHS national
WRES Indicator			2020	2021	2022	2021
1	Percentage of BME staff	Overall	15.0%	16.4%	**17.5% Better**	22.4%
		VSM	9.1%	11.5%	**5.9% Worse**	9.2%
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		0.90	1.47	**1.42 Better**	1.61
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		0.82	1.72	**1.99 Worse**	1.14
4	Relative likelihood of white staff accessing non-mandatory training or continuous professional development compared to BME		1.08	1.06	**1.10 Worse**	1.14
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	No data	No data	**13%**	28.9%
		White	No data	No data	**14%**	25.9%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	No data	No data	**18%**	28.8%
		White	No data	No data	**12%**	23.2%
7	Percentage of staff believing their trust provides equal opportunities for career progression or promotion	BME	No data	No data	**66%**	69.2%
		White	No data	No data	**69%**	87.3%
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	No data	No data	**15%**	16.7%
		White	No data	No data	**7%**	6.2%
9	BME board membership		6.3%	5.9%	**0.0% Worse**	12.6%

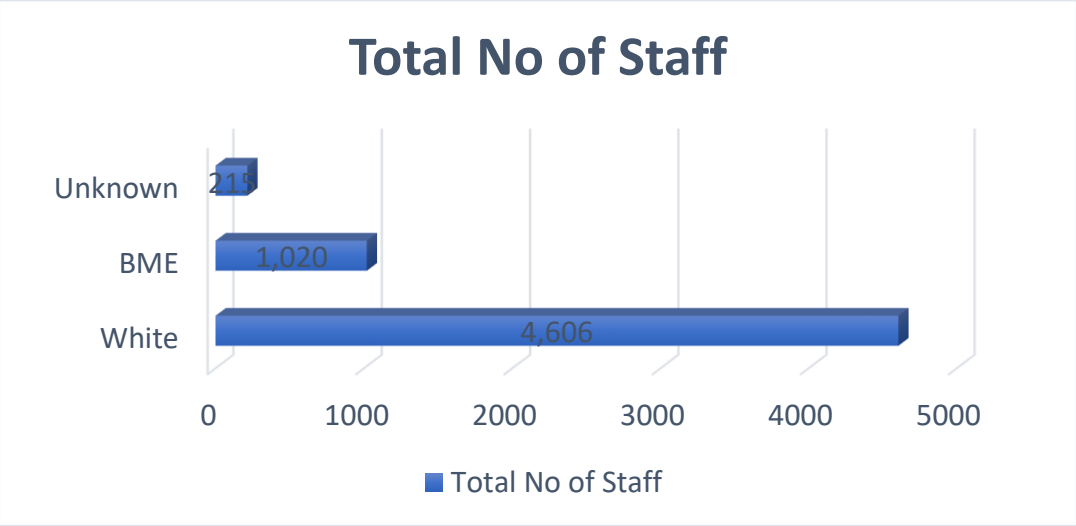
Analysis of Indicators

Indicator 1 – Workforce Representation

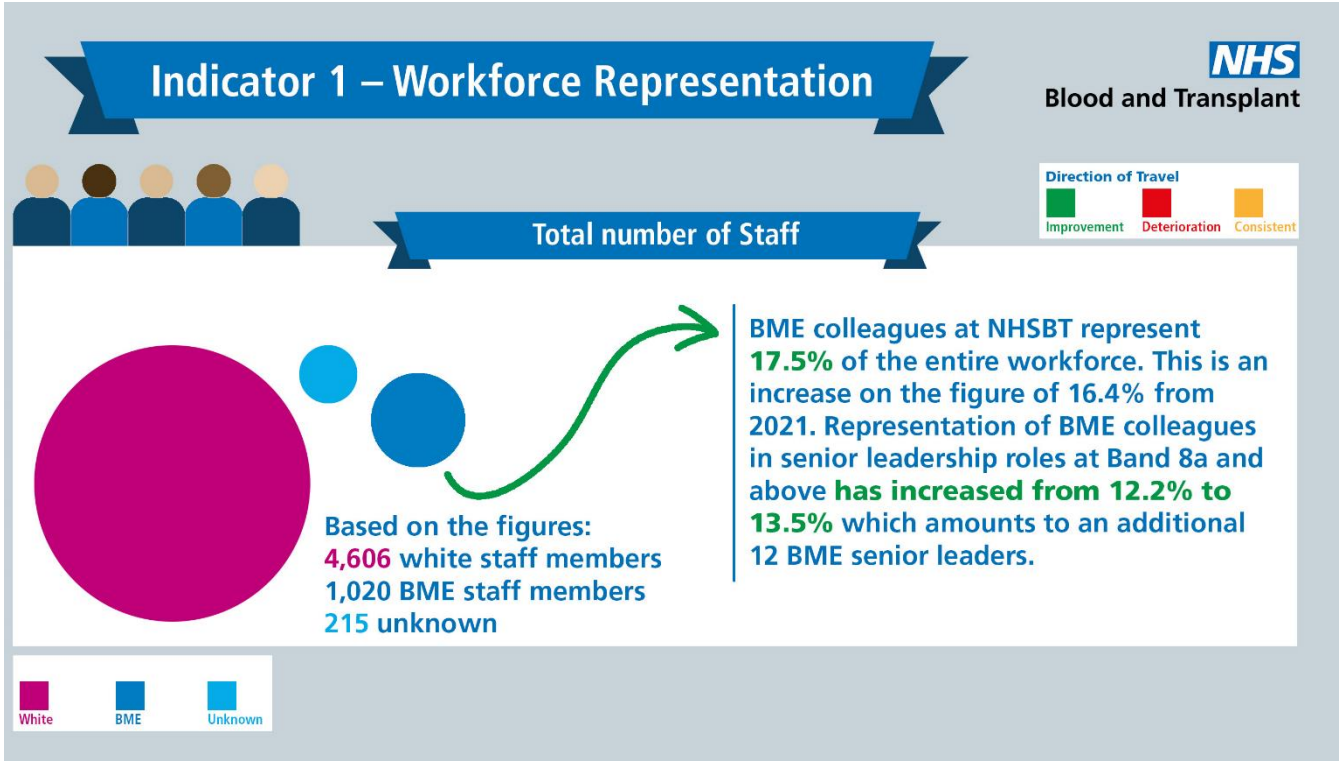
Overall BME representation increased by 1.1% in 2022. This equates to 64 BME staff joining NHSBT in the last year. BME representation at VSM decreased from 11.5% to 5.9%. Elsewhere, 13.5% (99) of staff at AfC pay bands 8a and above were from a BME background. This is significantly lower than the 22.4% of all BME staff in the NHS, and lower than the overall BME representation across NHSBT. NHSBT are committed to doing more to build the talent pipeline if we are to deliver the NHS England model employer ambitions for fair BME representation.

There is on-going work with the Chief Medical Officer and Director of Medical Services around how clinical grades align to AfC banding. This seems to be consistent with the wider NHS, and we can compare this with the introduction of Medical WRES or 'MWRES' which differentiates between senior clinical and non-clinical representation.

Table showing total number of staff within the organisation and what proportion is from a BME background.



Representation of BME colleagues at NHSBT



BME colleagues at NHSBT represent 17.5% of the entire workforce. This is an increase on the figure of 16.4% from 2021. Representation of BME colleagues in senior leadership roles at Band 8a and above has increased from 12.2% to 13.5% which amounts to an additional 12 BME senior leaders.

The NHS People Plan 2020 stipulates the organisation must increase senior leader and overall BME representation by 2025, to equate to either the organisational or community percentage of the BME population, whichever is the highest. NHSBT has set a target of 15% BME staff representation. Based on the current overall headcount, we have already achieved this target.

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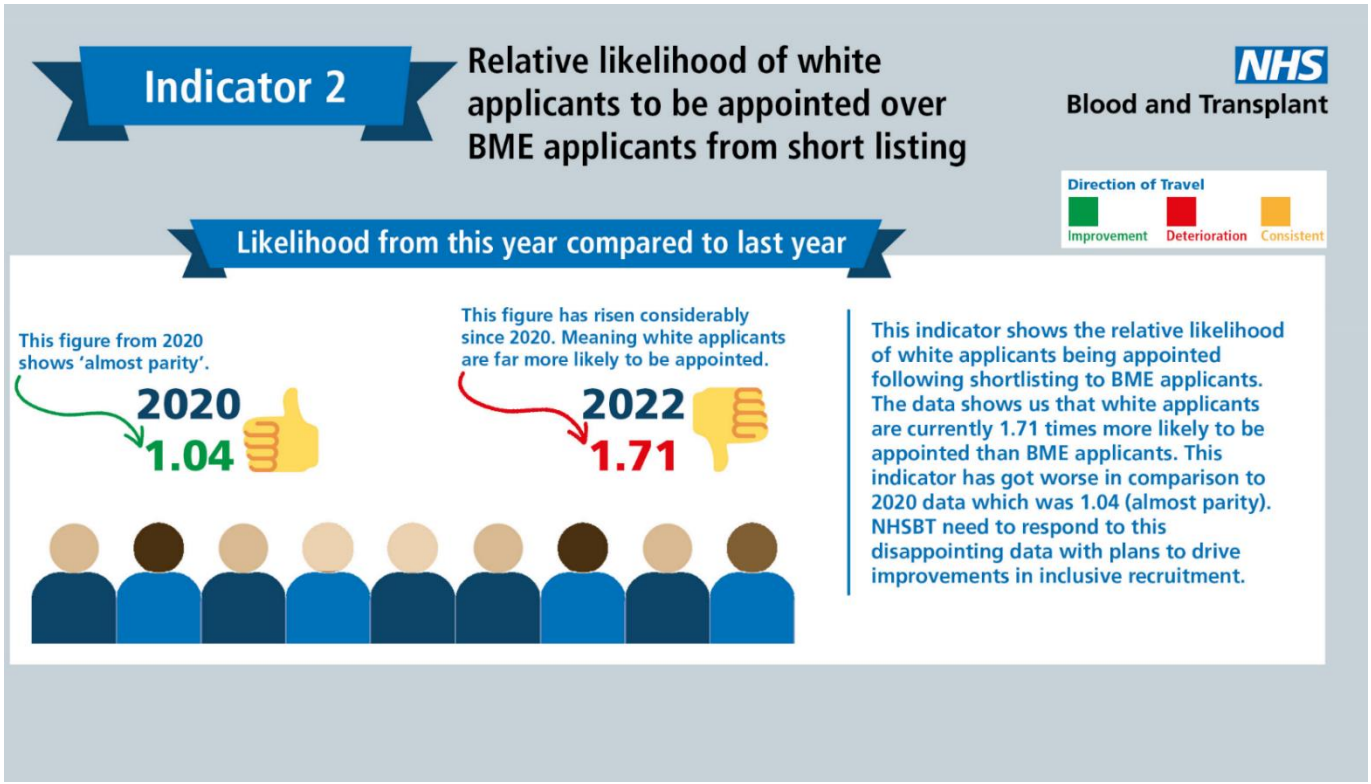
Table showing BME representation in senior leadership roles

Senior Management 2022			
Grade	**White**	**BME**	**Unknown**
Non-Clinical			
8A	211	50	11
8B	108	16	6
8C	58	7	4
8D	38	6	0
Band 9	6	2	0
VSM	7	1	0
Total	**428**	**82**	**21**
Clinical			
8A	98	10	2
8B	45	3	3
8C	16	1	0
8D	10	3	0
Band 9	1	0	0
VSM	8	0	1
Total	**178**	**17**	**6**
Medical & Dental			
Consultants	28	13	2
of which Senior medical manager	0	0	0
Non-consultant career grade	7	3	1
Trainee grades	0	0	1
Other	3	0	0
Total	**38**	**16**	**4**
NHSBT Total	**644**	**115**	**31**

Indicator 2 – Relative likelihood of white applicants to be appointed over BME applicants from short listing

This indicator shows the relative likelihood of white applicants being appointed following shortlisting to BME applicants. The data shows us that white applicants are currently 1.71 times more likely to be appointed than BME applicants. This indicator has got worse in comparison to 2020 data which was 1.04 (almost parity). We intend to respond to this disappointing data with plans to drive improvements in inclusive recruitment.

Likelihood of white applicants to be appointed over BME applicants from short listing from this year compared to last year



Indicator 3 – Relative likelihood of BME staff to enter the formal disciplinary process compared to white staff

This year's data **has worsened since 2020.** Now BME staff are 1.99 times more likely to enter a formal disciplinary process, compared to 0.82 times more likely in 2020. We intend to respond to this shift in data with plans to drive improvements in disciplinary and outcomes.

Indicator 4 – Relative likelihood of white staff accessing non-mandatory training and continuing professional development compared to BME staff

This looks at the relative likelihood of white staff accessing non-mandatory training and CPD compared with BME staff. NHSBT data indicates that both white and BME staff have close to equal access to non-mandatory training (1.10 times), which compares favourably to the national data of 1.14 times. Although this represents a slight deterioration to last year's data which was 1.06 times.

Indicator 5 – Staff Experience

This indicator shows the comparison as a percentage of the number of white staff experiencing harassment, bullying or abuse from patients, relatives or members of the public in the last 12 months compared to BME staff. No data was available for comparison from 2020 or 2021. The data for this year shows 14% for white staff and 13% for BME staff.

Our Voice staff survey shows that 12% of BME staff reported their experience(s) of discrimination and 88% did not. Even fewer (9%) white staff reported their experience(s) of bullying, harassment or abuse.

As an organisation we are more conscious in relation to how we bring our service users along on our journey of education around race equality. Over the past year service users have been included in events which celebrate diversity and culture such as South Asian Heritage Month and Black History Month. There has also been a clear message sent across the organisation that NHSBT has a zero tolerance to racism, discrimination, harassment or abuse.

Indicator 6 – Staff Experience

This indicator shows the comparison as a percentage of the number of white staff experiencing harassment, bullying or abuse from staff in the last 12 months compared to BME staff. No data was available for comparison from 2020 or 2021. The data from this year's Our Voice Staff Survey shows the rates for white staff at 12% and the rates for BME staff at 18%. This broadly correlates to the Group for Racial Equality (GRacE) staff network's anti-racism survey, which had 613 respondents, and found that 12% of white staff and 14% of BME staff faced bullying, harassment or abuse at work.

To address these outcomes our GRacE staff network sits on the EDI Council along with the staff networks for LGBT+, women, and disability and wellness. This allows the network to have some influence over policy and processes. The GRacE staff network has hosted and collaborated in numerous events across the organisation all designed to educate staff on the impact of racism and what the individual responsibility is regarding the race equality agenda.

Indicator 7 – Staff Experience

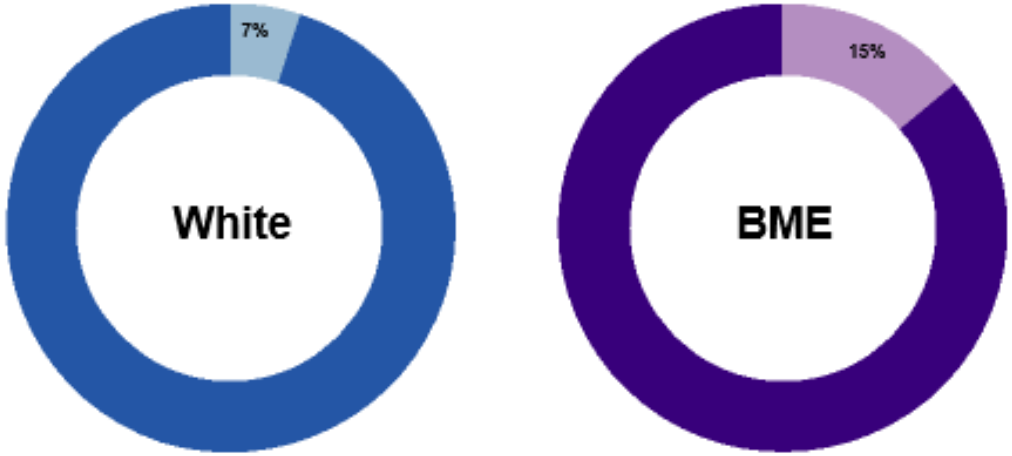
This indicator compares the percentage of staff that believe NHSBT provides equal opportunities for career progress and promotion. No data was available for comparison from 2020 or 2021. However, the data shows the rates for white staff at 69% and the rates for BME staff at 66% are broadly the same.

Career development is a strong priority for our GRacE staff network and there is an appetite to have a work stream dedicated to career development to develop a talent pipeline and a strong leadership prospectus to ensure that the voices of our BME workforce have power to influence change that will improve their experiences. The network will also be working directly with the People Directorate to look at the recruitment process and how to support leaders to have inclusive conversations around career development.

Indicator 8 – Staff Experience

This shows the comparison as a percentage of the number of white staff that have experienced discrimination from a manager, team leader or colleague in the last 12 months compared to BME staff. No data was available for comparison from 2020 or 2021. The data for this year shows the rates being, white staff 7% and the rates for BME staff more than double at 15%.

Doughnut graph displaying comparison between white and BME staff experiences



Indicator 9 – Board Representation

This final indicator asks organisations to compare the percentage difference between their Board voting membership and their overall workforce. NHSBT has 0% representation of BME staff on its Board, which is a deterioration from 6.3% in 2020, and significantly below the national rate of 12.6%.

Conclusions

This report shows progress from the past year, highlights current practice, and shows key areas for improvement within the organisation against several key indicators of workforce equality for staff across ethnic groups. During 2022, NHSBT has seen leadership of the inclusion agenda grow, with more managers, staff, and community partner organisations and regulators' involvement in our actions for race equality.

Compared to our 2021 WRES Report, we have made some improvements against the following indicators in 2022:

- Indicator 1 – Overall BME representation in the workforce
- Indicator 2 – Relative likelihood of white applicants to be appointed over BME applicants from short listing

Against all other indicators our data shows a lack of progress compared to 2021.

The results shown by our WRES data speak to a need for a more collective and concerted effort to eradicate differences between BME and white colleagues. The improvements made represent both a source of pride for the here and now, as well as hope for the future. The results underline the disparity experienced by our BME colleagues, so the need to grow our networks and influencers for positive change continues.

This year we have begun to champion a range of training and engagement initiatives across NHSBT which simultaneously raise the organisation's awareness of the inequities and inequalities, whilst increasing staff confidence to stand up to discrimination and stand for justice across all our systems and processes.

It is our hope that 2022-2023 will be viewed as a pivotal year for demonstrating we can make significant progress in race equality at NHSBT. We need to look forward and judge ourselves on maintaining and enhancing that into the future as well.

Based on the analysis of our WRES metrics, our action plan has been revised. We recognise that for BME staff to thrive in the workplace, an improved understanding of their needs is required. In addition, we appreciate that improved resource, dedicated time and increased visibility of this community will be critical to success in working towards workplace equality and a better experience of working at NHSBT.

Next Steps

The data provided in this report will be submitted to NHS England by 31 December along with the 2022-2023 Workforce Race Equality Standard Action Plan 2022-2023 (Appendix A).

The WRES Race Equality Action Plan has been reviewed and updated in collaboration with the GRacE staff network. The network has identified the following priorities, some of which are carried over from the 2020 and 2021 plans because of delays in implementation due to the Covid-19 pandemic. The work will be supported by the D&I team and monitored through the EDI Council and D&I Programme Board.

The priorities of the plan take account of the following needs:

- Reduce the significant bullying and harassment and inclusive recruitment gaps
- Improve BME staff representation and career progression across senior levels of the organisation using a Career Kickstart programme the D&I team has developed
- Reduce gaps in experiences between white and BME staff by valuing and promoting the voice of BME staff in decision-making
- Support managers to understand structural and individual acts of racism and develop cultural competence/intelligence programmes using the reverse mentoring programme that the D&I team has developed
- Develop clear communication and effective engagement with BME staff and in anti-racism education and training by co-production approaches to programme design and development

Recommendations

The Board, EDI Council, D&I Programme Board are asked to review the information and approve the action plan in Appendix A which will be reviewed and updated as appropriate following bi-monthly GRacE network meetings and once results of the 2022 Staff Survey and GRacE Anti-Racism in NHSBT survey are published.

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Appendix A: Workforce Race Equality Standard Action Plan 2022-2023

Links to: -	Objectives/Areas for improvement	Action	Responsible owner(s)	Target date
Indicator 1 – **Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM compared with the percentage of staff in the overall workforce**	▪ Increase workforce BME representation to 19.4% (the 2021 BME population level) by 2025 ▪ Race equality data collected, analysed, and presented to Board bi-annually. It should be cut in ways to allow Board to see relative experience of BME sub-groups vs all staff from organisational, directorate, staff group, and teams in localities level	Commission Phase 2 of the Intentionally Inclusive programme focussed on understanding and reducing disparity in experience and outcomes for staff. Update on NHSBT's actions against the Anti-Racism Framework Procurement of executive search firms to include requirement for specific BME/diverse representation measures in contract Set and develop stretch targets and performance improvement trajectories for all WRES indicators and NHSBT Equality Objectives utilising NHS Model Employer report	CEO CDIO / Exec Directors AD Recruitment and Talent Acquisition / Commercial Director CDIO	Mar 2023 Oct 2023 Apr 2023 Sept 2023
Indicator 2 – **Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME**	▪ A robust and independent review of the processes that most affect BME people at the recruitment stage of	Conduct a diagnostic review of the Recruitment Process, including impact assessment of work done to date, with clear strategy and actions presented to the Executive Team. (The diagnostic review will include reviewing unsuccessful BME candidates in process to understand reasons, to inform process changes and recommended positive action initiatives)	AD Recruitment and Talent Acquisition	September 2023

applicants shortlisting across all posts	the employee life cycle.	For unsuccessful internal BME candidates, to develop a positive action follow up mechanism to: a) link feedback into performance appraisal and Personal Development and Performance Review (PDPR), and: b) highlight areas where targeted training, support and process review can further level the playing field for BME candidates .	AD Recruitment and Talent Acquisition / AD Leadership Performance and Culture	December 2023
Indicator 3 – **Relative likelihood of BME staff entering the formal disciplinary process compared to white staff**	▪ Maintain even balance of staff entering formal capability process. ▪ Supporting all our people to realise what race equality is and the impact inequality has on staff in their sphere of influence.	Continue existing triage function in HR (panel includes WRES expert, staff side union reps and HR) and improve intersectional / granular quality of reporting to enable identification of trends. Management development programmes which support and guide managers through key HR processes, with a diversity and inclusion at the centre. Understanding what it means to be a compassionate leader in this organisation. Ensuring the offer is in place to support staff who are / have been through the Disciplinary processes to support them during this time	AD HR Operations AD Leadership Performance and Culture / AD HR Operations AD Safety Wellbeing and Governance	On-going July 2023 / Ongoing Ongoing
Indicator 4 – **Relative likelihood of white staff accessing non-mandatory training and CPD**	▪ Develop talent pipeline to reach NHS Model Employer targets and grow an internal talent pool from which to appoint	Review advertising of posts, secondments and short project assignments to ensure they are inclusively presented and made promoted to diverse audiences	CDIO / AD Recruitment and Talent Acquisition	2023

compared to BME staff	people into more senior level positions. Talent management must expand experiences, opportunities and skills for BME staff.	Talent Management and Succession Planning Framework in place at all levels starting with ET and Directorate SLTs Positive action to attract staff from BME backgrounds onto leadership programmes and track their progress following completion	AD People and Culture / AD Leadership, Performance and Culture AD People and Culture / AD Leadership Performance and Culture	Dec 2024 Ongoing
Indicator 5 - **Percent of staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months**	▪ Improve experiences and safety of BME staff as reported in the annual staff survey.	Development of behaviour contract with patients and service users Proactive promotion of campaign about zero tolerance of abuse and harassment of staff in public spaces	Operational Leads with People and Culture team Heads of Centre / Internal Comms	TBC March 2023
Indicator 6 - **Percent of staff experiencing harassment, bullying or abuse from staff in last 12 months**	▪ Become safe place to speak up and be heard as key part of shifting behaviour in NHSBT. Review of FTSU Guardian processes in NHSBT to allay concerns about the service. ▪ Design health and wellbeing programmes to actively focus on specific needs of	Line manager conversations about NHSBT's HWB offer and wellbeing coupled with training on Attendance policy and Annual Leave policy Peer review of Freedom to Speak Up (FTSU) process undertaken in addition to a self-assessment of National Guardian Office (NGO) standards, with a resulting improvement plan Ensure FTSU Guardian and D&I team work closely together to ensure that BME staff recognise the FTSU processes as a safe place and conduct a focus group with BME staff.	AD Safety Wellbeing and Governance / AD HR Operations FTSU Lead / Quality Directorate FTSU Lead	Throughout 2023 /24 September 2023 Throughout 23/24

	BME staff. These support mechanisms should be culturally competent and inclusive, with evidence-led approaches to engagement.	Encourage BME colleagues to apply to become FTSU champions and guardians Roll out Reverse Mentoring programme with race equality theme across directorates	FTSU Lead CDIO / Executive Directors	March 2023 Throughout 23/24
Indicator 7 - **Percent of staff believing NHSBT provides equal opportunities for career progression or promotion** Indicator 8 **Percent of staff personally experiencing discrimination at work from a manager/team leader or other colleagues**	▪ BME stakeholders needs-analysis and corresponding programme using mechanisms BME people tell us work for them. ▪ All those in leadership roles across the organisation to understand their part in improving race equality.	Embed D&I career conversations module across all directorates Review leadership and management development and training to ensure race equality and inclusion is embedded in the curriculum and learning outcomes Develop agreed essential training in D&I for all staff and extend anti-racism training to all SLT (in addition to statutory mandated training)	CDIO AD Leadership Performance and Culture AD Leadership Performance and Culture / CDIO	September 2023 April 2023 May 2023
Indicator 9 - **Percent difference between organisations' BME Board membership and**	▪ All Board members must understand importance of race equality among staff as a vehicle to improve patient	Introduce Reverse Mentoring programme for all NHSBT ET with anti-racism as the initial focus. Review NHSBT Board Terms of Reference to include clear objectives relating to delivering against this action plan	CDIO CEO / Chair / CDIO	Throughout 23/24 April 2023

its overall BME workforce	care, safety, and satisfaction. ▪ Benefit Board with expert race equality support closer to hand in order to teach, guide and support it in its decision-making. ▪ Utilise CDIO as in-house EDI expert, to advise Board on all matters on equality, including at People Committee	Board will take one-to-one coaching with external experts (which creates psychological safety) as a necessary pre-requisite to future anti-racism development Roll out Schwartz Rounds programme with race equality theme	CEO / Chair / CDIO CDIO / Exec Directors	March 2023 Sept 2023

Appendix B: Key Performance Indicators

	Indicator	Target
1	Increase senior leader representation (8a and above) by 2025 to equate to national representation of 19.4%	19.4%
2	Increase overall workforce representation by 2025 to equate to community representation of 19.4%	19.4%
3	Achieve equity (1.0) in the career progression disparity ratio (the difference in proportion of BME staff across AfC bands in NHSBT compared to proportion of white staff) by 2025 ▪ bands 5 and below ('lower') ▪ bands 6 and 7 ('middle') ▪ bands 8a and above ('upper')	1.0
4	Reduce relative likelihood of BME staff entering formal disciplinary process as compared to white staff (WRES Indicator)	1.0