The background features several overlapping circles of varying shades of blue and grey. A large, light grey circle is centered behind the main text. A smaller, solid blue circle is partially visible in the top left corner. A thick, solid blue arc is positioned at the bottom right of the page.

NHSBT Workforce Race Equality Standard (WRES)

**Report Summary
and Action Plan 2022**

Foreword

We fully support racial equity and are determined to take action to make NHSBT an anti-racist and intentionally inclusive organisation.

Over the last six years, our data from the Workforce Race Equality Standard (WRES) has shown that colleagues from ethnic minority backgrounds have poorer experiences of working in NHSBT. We and the Board are committed to changing this so everyone at NHSBT is treated fairly. In 2020, fuelled by the Globis organisational diagnostic report, we took action to spotlight and accelerate the improvement needed to do this.

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 the Our Voice Staff Survey and Inclusive Leadership training programme; and sought to recruit colleagues with professional and lived experience of improving racial equity into our Freedom to Speak Up service. In addition, we recognised as an organisation that we needed to better understand the experiences of our ethnic minority workforce and look beyond the data, so we developed directorate level D&I plans to ensure equality initiatives were being undertaken throughout the organisation.

We are proud of the work NHSBT colleagues have made to advance the standard of racial equality here. With the leadership of our Diversity and Inclusion team, our Group for Racial Equality staff network, staff side union representatives and our D&I leads and champions across our directorates and centres, we have made important progress to becoming a better, more legally astute organisation and one closer in line with our principles.

The data in this report is now over a year old. To ensure we can see the impact of our work we also publish monthly D&I dashboards.

We know there is still work to do to effect real change. In our corporate strategy we made it one of our five priorities to ensure NHSBT reflects the communities we serve, with inclusion at the heart of all we do. And in the last six months we have increased our ambition so that we focus on becoming an intentionally inclusive and anti-racist organisation.

We are fully committed to creating an organisation where everyone is supported to achieve their full potential.

Interim CEO:

Wendy Clark



Chair:

Peter Wyman



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Executive Summary

NHS Blood and Transplant is committed to prioritising actions that improve diversity and equity through recruitment and promotion practices, by developing improvement plans based on our Workforce Race Equality Standard (WRES) findings.

Over the last four years NHSBT has experienced a consistent increase in the percentage of Black and minority ethnic (BME) staff in the overall workforce. Despite this, we maintain a focus on the crucial area of recruitment and retention, as our data shows that across almost all indicators, 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.

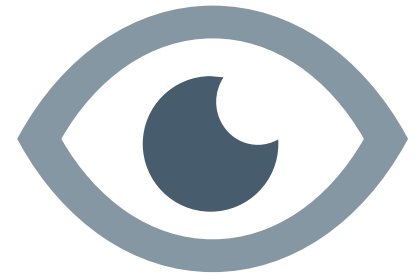
To make an impact and make progress on a set of multifaceted and interconnected indicators about the experiences of BME colleagues, it is imperative we direct our efforts and resources to the areas which will have the biggest return for our workforce. Cultivating inclusivity in recruitment and retention 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 WRES action plan, which focuses on objectives for the financial year 2022/23 where some actions have already been completed.

Monitoring and Evaluation

The action plan will be monitored by NHSBT's Equality, Diversity and Inclusion Council and by the re-established WRES Working Group on a bi-monthly basis, and through the D&I Programme Board once to check data and ensure the action plan and report reflects the evidence gathered, and again to ensure the agreed action plan is progressing.



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).**

NHSBT WRES

Indicators

– 2022 Summary

WRES Indicator			Year			NHS national
			NHSBT			
			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 staff.		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 NHSBT 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%

Conclusion and Next Steps

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

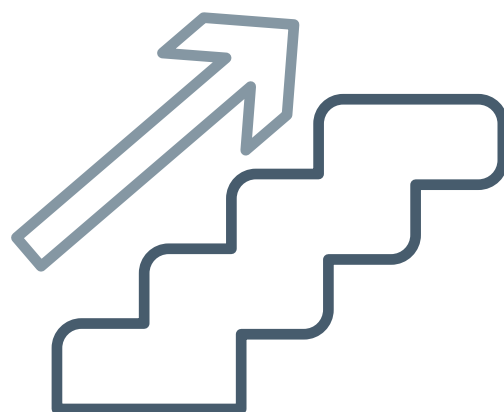
Against all other indicators our data shows a lack of progress compared to 2021.

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.

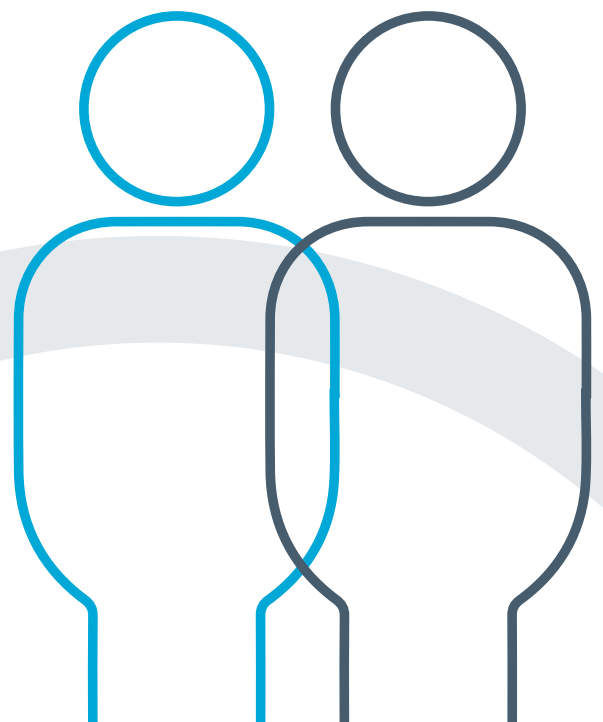
It is our hope that 2022-2023 will be viewed as a pivotal year for demonstrating we can make significant progress in race equality at NHSBT. We need to look forward and judge ourselves on maintaining and enhancing that into the future as well.

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.



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.	<ul style="list-style-type: none"> • 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 that allow the Board to see the difference in experience between the diverse range of ethnicities in NHSBT's workforce, from organisational, directorate, staff group, and local level. 	Commission Phase 2 of the Intentionally Inclusive programme focussed on understanding and reducing disparity in experience and outcomes for staff.	CEO	March 2023
		Update on NHSBT's actions against the Anti-Racism Framework.	CDIO / Exec Directors	Oct 2023
		Procurement of executive search firms to include requirement for specific BME/diverse representation measures in contract.	AD Recruitment and Talent Acquisition / Commercial Director	Apr 2023
		Set and develop stretch targets and performance improvement trajectories for all WRES indicators and NHSBT Equality Objectives utilising NHS Model Employer report.	CDIO	Sept 2023



Links to: –	Objectives/Areas for improvement	Action	Responsible owner(s)	Target date
Indicator 2 – Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants shortlisting across all posts.	<ul style="list-style-type: none"> • A robust and independent review of the processes that most affect BME people at the recruitment stage of the employee life cycle. 	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	Sept 2023
		For unsuccessful internal BME candidates, to develop a positive action follow up mechanism to: <ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> • 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.	AD HR Operations	On-going
		Management development programmes which support and guide managers through key HR processes, with diversity and inclusion at the centre. Understanding what it means to be a compassionate leader in this organisation.	AD Leadership Performance and Culture / AD HR Operations	July 2023 / Ongoing
		Ensuring the offer is in place to support staff who are / have been through the Disciplinary processes to support them during this time.	AD Safety Wellbeing and Governance	On-going

Links to: –	Objectives/Areas for improvement	Action	Responsible owner(s)	Target date
Indicator 4 – Relative likelihood of white staff accessing non – mandatory training and CPD compared to BME staff.	<ul style="list-style-type: none"> Develop talent pipeline to reach NHS Model Employer targets and grow an internal talent pool from which to appoint people into more senior level positions. Talent management must expand experiences, opportunities and skills for BME staff. 	Review advertising of posts, secondments and short project assignments to ensure they are inclusively presented and promoted to diverse audiences.	CDIO / AD Recruitment and Talent Acquisition	2023
		Talent Management and Succession Planning Framework in place at all levels starting with ET and Directorate SLTs.	AD People and Culture / AD Leadership, Performance and Culture	December 2024
		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	Ongoing
Indicator 5 – Percent of staff experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months.	<ul style="list-style-type: none"> Improve experiences and safety of BME staff as reported in the annual staff survey. 	Development of behaviour contract with patients and service users.	Operational Leads with People and Culture team	TBC
		Proactive promotion of campaign about zero tolerance of abuse and harassment of staff in public spaces.	Heads of Centre / Internal Comms	March 2023

Links to: –	Objectives/Areas for improvement	Action	Responsible owner(s)	Target date
<p>Indicator 6 – Percent of staff experiencing harassment, bullying or abuse from staff in last 12 months.</p>	<ul style="list-style-type: none"> • 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 BME staff. These support mechanisms should be culturally competent and inclusive, with evidence-led approaches to engagement. 	Line manager conversations about NHSBT’s health and wellbeing offer coupled with training on Attendance policy and Annual Leave policy.	AD Safety Wellbeing and Governance / AD HR Operations	Through 2023/24
		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.	FTSU Lead / Quality Directorate	Sept 2023
		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.	FTSU Lead	Through 2023/24
		Encourage BME colleagues to apply to become FTSU champions and guardians.	FTSU Lead	March 2023
		Roll out Reverse Mentoring programme with race equality theme across directorates.	CDIO / Executive Directors	Through 2023/24
<p>Indicator 7 – Percent of staff believing NHSBT provides equal opportunities for career progression or promotion.</p> <p>Indicator 8 Percent of staff personally experiencing discrimination at work from a manager/team leader or other colleagues.</p>	<ul style="list-style-type: none"> • 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.	CDIO	Sept 2023
		Review leadership and management development and training to ensure race equality and inclusion is embedded in the curriculum and learning outcomes.	AD Leadership Performance and Culture	April 2023
		Develop agreed essential training in D&I for all staff and extend anti-racism training to all SLT (in addition to statutory mandated training).	AD Leadership Performance and Culture / CDIO	May 2023

Links to: –	Objectives/Areas for improvement	Action	Responsible owner(s)	Target date
Indicator 9 – Percent difference between organisations’ BME Board membership and its overall BME workforce.	<ul style="list-style-type: none"> All Board members must understand importance of race equality among staff as a vehicle to improve patient 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. 	Introduce Reverse Mentoring programme for all NHSBT ET with anti-racism as the initial focus.	CDIO	Through 2023/24
		Review NHSBT Board Terms of Reference to include clear objectives relating to delivering against this action plan	CEO / Chair / CDIO	April 2023
		Board will take one-to-one coaching with external experts (which creates psychological safety) as a necessary pre-requisite to future anti-racism development.	CEO / Chair / CDIO	March 2023
		Roll out Schwartz Rounds programme with race equality theme.	CDIO / Exec Directors	Sept 2023

Key Performance Indicators

	Indicator	Target
1	Increase BME senior leader representation (8a and above) by 2025 to equate to national representation of 19.4%	19.4%
2	Increase overall workforce BME 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 <ul style="list-style-type: none"> 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 3)	1.0

Please contact Fahim.Ahmed@nhsbt.nhs.uk if you require this document in an alternative format.