

NHSBT Gender Pay Gap, Workforce Disability and Workforce Race Equality Standard Report 2023

Executive Summary

NHSBT is committed to being an intentionally inclusive and anti-racist organisation that places its people at the heart of all its activities, seen and unseen; dedicated to creating an environment where everyone's individuality is respected, and people are treated equitably. We believe in creating a space where our people feel protected and supported, which in turn allows our people not only to succeed but flourish and foster a sense of belonging and fulfilment. We seek to go beyond statutory legal requirements to support not only staff but applicants to feel they have a nurturing place in our workforce. Our mission is to remove all forms of discrimination so that bias has no place in our organisation. Through these inclusive principles, we will cultivate a culture that champions diversity, empowers individuals, and paves the way for collective growth.

To this end, we are committed to executing best practice regarding the experience of staff of Black African and Caribbean heritage, Asian and other ethnically minoritised staff, disabled staff and women and deeply care that we show improvement and progress for them within the organisation. These reports are based on data as of 31st March 2023 and the year prior, highlighting our current practice and standard in this regard.

Workforce Disability Equality Standard (WDES)

- This year, there are more disabled people at NHSBT at 6.67%, and more are satisfied that they feel valued and included for the work that they do compared to last year. There is a lower relative likelihood that they will enter a formal capability process at 0.73 and there has been a significant 14% increase in the proportion of disabled staff reported receiving more workplace adjustments. A higher percentage reported harassment, bullying & abuse from staff (20%) compared to non-disabled staff (10%) There was one board member this year sharing on ESR their disability status and 5 where there was a null return. Disabled candidates were less likely to be appointed from shortlisting than non-disabled candidates although this has improved, 1.18 reported this year compared to 1.36 reporting last year. More disabled staff felt pressure to come to work when unwell (13%) compared to non-disabled staff. Less disabled staff than non-disabled staff believe they're provided adequate career opportunities to progress (40% disabled compared to 52% non-disabled) and more disabled than non-disabled staff feel discriminated against at work.

Workforce Race Equality Standard (WDES)

- NHSBT has seen annual increases in the proportion of BME staff with 19.2% this year and 13.2% at Band 8a to 8C - increasing from 10% in 2022. There has been a significant improved reduction in the proportion of BME staff entering formal disciplinary procedures at 0.93 likelihood rate. The percentage of BME staff reporting experiencing bullying and harassment has fallen this year from 18% to 16%. However, there are also persistent inequities in BME staff experience with BME applicants less likely to be appointed at interview with a 1.4 likelihood rate in favour of white candidates. BME staff report greater levels of discrimination at 16.5%, and 37% of BME staff believe that NHSBT provided equal opportunities for career growth compared to 52% white colleagues.

Gender Pay Gap (GPG)

- NHSBT's **mean** gender pay gap shows further improvement this year at 5.04% although the **median** at 3.57% is back to the more usual figure. Our **bonus gender pay gap** (for both mean and median) has decreased this year. Our **pay quartiles** show proportionately higher percentages of men than women in the highest pay quartiles. We do not yet have

parity throughout the quartiles, and since last year we have lost women from the upper middle quartile and gained more men.

What has driven our successes?

Our success has been driven by some of the following activity:

- Improvements in the collection and management of workforce equality data driven through the successful 'Count me In' campaign.
- Availability of workforce information relating to workforce profiles and more recently disciplinary data at the Directorate dashboard level.
- Anchor events raising awareness of equality diversity and inclusion theme throughout the year.
- Active staff networks engaged and driving the agenda.
- A growing and developing Diversity and Inclusion Central Team.
- Forward Together programme has initiated with a programme team and four projects commencing implementation phase this year.
- A BME Recruitment Panel participating in recruitment panels for Band 8a and above vacancies has had a positive impact on BME representation in senior roles.
- Introduction of a new e-recruitment system with capability to run detailed reporting.
- Improvements in access to the Reasonable Adjustments Recording tool.
- Triage function for employee relations cases introduced.

Gaps and key priority areas of focus for Oct 2023 – Sept 2024

1. Reduce the % of BME and Disabled staff experiencing bullying, harassment and discrimination by 2%
2. Increase the proportion of BME staff at Band 8a and above from 15% to 19% (in line with the overall BME workforce profile by 2027)
3. Close the ethnicity recruitment likelihood gap from 1.4 to 1.0 through the application of positive action measures.
4. Improve access to workplace adjustments for disabled staff from 55% to 60% by increasing manager awareness.
5. Improve access to career progression for protected characteristic groups through initiatives including Career Kickstart and leadership and development opportunities.
6. Grow and support our staff networks.

The WRES, WDES and GPG action plans has been reviewed with leads and will continue to be developed. A Single WRES WDES GPG Action Plan 2023 – 2024 can be found in Appendix 1 and will operate as a live document with monitoring and review through the People Directorate Plan and EDI Council.

Introduction

The Equality Act 2010 (Gender Pay Gap (GPG) Information) Regulations 2017 require employers with more than 250 employees to publish and report specific figures about their gender pay gap annually. All NHS providers complete an annual Workforce Race and Disability Equality Standard Report. The parameters for these reports are commissioned and are overseen by NHS England to promote equality of career opportunities and fairer treatment in the workplace and are a requirement for NHS organisations through the NHS Contract. The Care Quality Commission (CQC) includes monitoring organisations' performance against certain indicators in their inspections under the Well-Led domain.

The associated action plans form a part of the Diversity and Inclusion plan in line with NHSBT Strategy. The Executive team and EDI Council will continue to track the progress made against these plans to ensure that everyone who works here regardless of characteristics, has an equitable and productive experience working here. It is a key component of our Diversity and Inclusion work, setting our direction in terms of achieving good practice across all areas of the employee lifecycle.

The data included in this report has been obtained from:

- The NHS Electronic Staff Record (ESR)
- Human resources records of development courses and employee relations processes
- Recruitment JobTrain records
- NHSBT internal Our Voice survey data from Workday Peakon April to May (63% response rate)

Evidence from these reports demonstrate that our staff continue to be hurt by cases of racism, inequity, discrimination, bullying and harassment.

Workforce Disability Equality Standard (2023)

This report shows some progress on last year. It highlights interventions that are making an impact and there have been real improvements within the organisation against key indicators of workforce equality for disabled staff. While there is an increase in staff sharing if they have a disability, 73.8% have not answered either way, and there is under-representation at Board level, among medical staff, and at the lower pay bands. Disabled applicants are less likely to be appointed from shortlisting, are more likely to report experiencing harassment or bullying whether from the public or from fellow staff or managers. Fewer disabled staff believe that NHSBT provides them with equal opportunities for career progression and promotion when compared with non-disabled staff.

The Our Voice engagement survey ran during May 2023. The results were shared with all employees from June 2023 onwards. Disabled staff had the lowest engagement scores again across 14 of the 15 drivers.

A higher number of disabled staff report feeling pressure to come into work despite not feeling well enough to carry out their duties. Disabled staff are less likely to feel their work is valued by NHSBT and are not fully able to access the workplace adjustments that would help them be more productive.

To ensure NHSBT better understands and equips itself to tackle workplace inequalities that are experienced by our disabled staff, we engage with stakeholders to examine policies, training, and review provisions that affect them. We also ensure that we work in collaboration with our disabled staff to ensure we're fully meeting the requirements of the Disability Confident Scheme.

Key findings

<p>+2.7% Metric 1</p> <p>On 31 March 2023, 6.67% (408) of staff working in NHSBT had shared on ESR that they had a disability. This is an increase, as 284 last year shared this characteristic (5% of the staff in 2022) so nearly half again.</p>	<p>X1.18 Metric 2</p> <p>Non-disabled applicants were 1.18 times more likely to be appointed from shortlisting compared to disabled applicants This is better than 2022 when the figure was 1.36 times more likely, and 1.66 the year before.</p>	<p>x0.73 Metric 3</p> <p>The relative likelihood of a disabled person being in a formal capability proceeding is lower than non-disabled staff. There were less disabled than non-disabled staff involved in this process. Some have disability status unspecified on ESR.</p>	<p>8.4% Metric 4ai</p> <p>8.4% disabled staff reported experience of harassment, bullying or abuse from patients, donors, relatives or the public in the last 12 months. This compares to 7.3% of non-disabled staff.</p>	<p>40.3% Metric 5</p> <p>40.3% disabled staff believe that NHSBT provides equal opportunity for career progression and promotion. This compares to 53.4% of non-disabled staff.</p>
<p>13% Metric 6</p> <p>13% disabled staff felt under pressure to come to work despite not feeling well enough to perform their</p>	<p>31% Metric 7</p> <p>31% disabled staff were satisfied with the extent to which the organisation values their work, whilst 37% for non-disabled staff</p>	<p>55.7% Metric 8</p> <p>55.7% disabled staff believe NHSBT provides adequate adjustments to enable them to carry out their work if they need them. This was 41% in 2022. However,</p>	<p>6.6 Metric 9</p> <p>6.6 out of 10 is the engagement score for disabled staff compared to 7.1 for non-disabled staff. This was 7.1% for</p>	<p>1 Metric 10</p> <p>One of the 10 voting board members reports having a disability in ESR, so 3.3%. There are 4 (40%) board</p>

duties. This is compared to 4.5% of non-disabled staff.	(taking only 'promoter' responses to the survey).	9.1% report <i>not</i> receiving the adjustments they need.	disabled staff in 2022.	members whose disability status is unknown.
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Table WDES Annual Trending and National Benchmarking

(Where there is comparative data available from last year a rag rating colour has been applied. Green indicating an improvement, Amber indicating no significant change, and red indicating a decline)

WDES Indicator		NHSBT					NHS National
		2020	2021	2022	2023	NHS National (2021)	
1.	Percent of Disabled staff	Overall	2.3%	3.33%	5.04%	6.67%	3.7%
		VSM	No data	11.1%	7.1%	12.5%	3.7%
2.	Relative likelihood of non-disabled applicants being appointed from shortlisting across all posts compared to disabled applicants (A figure below 1.00 indicates Disabled staff are more likely than non-disabled staff to be appointed from shortlisting.)		1.27	1.66	1.36	1.18	1.11
3.	Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff. (A figure above 1.00 indicates Disabled staff are more likely than non-disabled staff to enter the formal capability process)		No data	0	1.00 (this means no discrimination)	0.73 (this means no discrimination)	1.94
4.a	Percent of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Disabled	No data	No data	18%	8.4%	28.9%
		Non-disabled			13%	7.3%	25.9%

4.b	Percent of staff experiencing harassment, bullying or abuse from staff in the last 12 months	Disabled			15%	20.6%	28.8%
		Non-disabled			13%	10.5%	23.2%
5.	Percent of staff believing NHSBT provides equal opportunities for career progression or promotion (“I see a path.” in Our Survey <i>Growth</i> theme)	Disabled			37%	40.3%	78.4%
		Non-disabled			45%	53.4%	85%
6	I feel valued and included for the work that I do	Disabled			27%	31%	39.4%
		Non-disabled			33%	37%	50.7%
7	Percent of staff personally experiencing discrimination at work from a manager / team leader / colleague	Disabled			15%	14.7%	16.7%
		Non-disabled			7%	7.2%	6.2%
8	I felt pressured to come to work by my manager even if I am not feeling well enough to perform my duties	Disabled			14%	13%	31.1%
		Non-disabled			11%	4.5%	22.9%
9	Percent of staff saying their employer has made enough adjustments to enable them to carry out their work	Disabled			41%	55.7%	76.6%
		Non-disabled			37%	23.7%	not collected
10	Percent of Disabled voting board membership	-	No data	0%	0%	6.25%	4.7%

Metric 1 Workforce Numbers and Declaration

- There has been a year-on-year **increase in the number of disabled staff declaring that they have a disability** which is now over 400 people. This is 6.67%. Of all NHSBT staff, those who have updated their ESR records to state whether they have a disability *or not* was in March 26.2% of the organisation compared with only 16.37% at the last report.
- The representation of **disabled staff within the medical workforce is 4%**.
- The representation of **disabled staff within the clinical workforce is 5%**.
- The representation of **disabled staff within the non-clinical workforce is 10%**.
- The **percentage of all staff that have chosen *not* to share their disability status is 73.8%** which is high in relation to other NHS providers. NHBST had set itself the aim of

getting response rates for those sharing a disability status up to 73%, so this is largely achieved. **As last report, there remains higher numbers of disabled staff are in lower pay bands.**

The following table illustrates the different **sub-sections of disability at NHSBT** of those that answered the Our Voice survey, totalling 348, compared to an overall disabled workforce of 400.

Disability category	Yes - Unspecified	Long-standing illness	Mental Health	Sensory	Learning difficulty	Other	Physical Health
Yes	109	80	49	33	32	23	22

Metric 2 Recruitment. Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff

Disabled staff are less likely to be appointed from shortlisting, however there is a decrease in the likelihood of non-disabled staff to be appointed from shortlisting compared with disabled staff; it stands at **1.18** which is down from **1.36** last year. When the figure is below 1.00 then disabled staff would be more likely to be appointed from shortlisting.

Metric 3 Employee relations processes

The relative likelihood of a disabled person entering formal capability proceedings is better than that of a non-disabled staff member. This means we have the possibility of no disparity on the part of disabled employees for this metric however some employees do not self-identify their disability status in ESR. The relative likelihood figure is 0.73. A figure above 1.00 would have indicated that disabled staff were more likely than non-disabled staff to enter a formal capability process, but this is not the case. The figures are also taken over a two-year period for this question.

Metric 4 Harassment, Bullying and Abuse (reported from Our Voice Survey)

- 8.4% of disabled staff reported harassment, bullying or abuse from donors, patients, relatives or the public in the last 12 months compared with 7.3% of non-disabled staff.
- 20.6% of disabled staff reported experiencing harassment and bullying from managers and colleagues compared with 10.5% non-disabled staff.
- Of those making a formal report the last time they experienced harassment or bullying 12% were disabled staff compared with 7.5% non-disabled staff. Respondents were asked, 'In the past 12 months, I have reported harassment bullying and abuse (if I have experienced it)'. Disabled staff answered in the following ways:
 Yes, I have experienced this, and it was reported: 12%
 Yes, I have experienced this, but **did not** report it: 9.25%
 72.83% had not experienced harassment, bullying or abuse and 5.86% responded they preferred not to answer.

Metric 5 Beliefs about equal opportunities, career progression and promotion

- 40.3% of disabled staff believe NHSBT provides equal opportunities for career **progression** and promotion. Meanwhile a greater amount (53.4%) of non-disabled staff feel this to be the case.

Metric 6 Feeling pressure to go to work when unwell.

- A higher number of disabled staff (13%) compared to non-disabled staff (4.5%) report feeling pressure to come into work despite not feeling well enough to carry out their duties. This was 41 individuals. Last year the percentage was 14% but related to a smaller number under 10 individuals.

Metric 7 Disabled staff say they are satisfied with how their organisation values their work.

Disabled staff are less likely to feel that their work is valued by the organisation.

31% of disabled staff who responded to the Our Voice Survey were satisfied with the extent to which the organisation valued their work. This compared with 37% of non-disabled staff satisfied, and last year's disabled staff figure of 27%. Only those responding as 'promoters' (answering 10 and 9) are taken here. From the NHS-wide report, just over a third of disabled staff feel valued by their employer: this compares to just over half of non-disabled staff.

Metric 8 Adjustments in the workplace

55.7% of disabled staff believe NHSBT provides them with adequate workplace adjustments to enable them to carry out their work if they need them.

Metric 9 Engagement

The engagement score for disabled staff at NHSBT is 6.6 out of 10. This is compared to 7.1 for non-disabled staff.

Metric 10 Board representation

- There is one voting Board member who shares that they have a disability.
- Of the ten voting board members there are four board members whose disability status is unknown (40%); which means that the percentage difference between the organisations' Board voting membership and its overall workforce is 3.3%.

Discrimination

A further question not reported on for the WDES report, but asked in Our Voice was 'In the past year I've experienced discrimination from managers or other colleagues.' This garnered a Yes response of 14.6% from disabled staff and 7.2% from non-disabled staff.

WDES Progress in 2022-23

Since its last report, the organisation has taken several steps to support those members of our workforce with a disability, and to improve staff voice and disability data.

We have a thriving network of employees interested in providing support to staff with disabilities and health conditions to ensure their wellbeing, the Disability and Wellbeing Network (DAWN). The Accessibility sub-group is reviewing IT and environmental accessibility with an internal technology workforce group making improvements to the internal software systems and NHSBT intranet. The network undertook a survey of all employees to hear their experience of the take-up of reasonable adjustments which developed into a policy and priorities for change. The Neurodiversity Network has preparations for a specific employability toolkit and has posted podcasts highlighting the experience of those on the autistic spectrum.

A Workplace Adjustments Policy is now in place affirming as a policy that which was always the process. However, the process which is now being reviewed and will be offered to employees as a simpler ticketed system in Service Now which will have easily reported metrics to gain a better understanding of how the process is operating. It has been agreed that where adjustments have been declined, the final arbiter of the decision will be at Assistant Director level.

NHSBT's new Menopause Policy has been live for a year. The D&I team have developed a training pack for undertaking Equality Impact Assessments effectively. These will help ensure the EIA

review process takes full account of NHSBT's responsibilities to groups with protected characteristics under the Equality Act.

We continue to work on building robust ESR equality and diversity data especially for the characteristic of disability data with a site-wide campaign to encourage employees to self-identify their personal characteristics. In January 2023 a campaign entitled '*Count Me In*' was launched to encourage employees to share their personal demographic information on ESR. The number of staff sharing that they have a disability on the electronic staff record has shown an increase month on month and a refresh of the digital factsheet [Changing equality and diversity details](#) better explains the reasons behind how and what to select regarding the definitions and benefits of selecting the various categories, even if it is to report no current experience.

The Talent Acquisition and Recruitment team in People Directorate had introduced an applicant tracking system which is now providing more data relating to diversity, in addition to the WDES data that NHSBT systems already collect. The eRecruitment system (Job Train) provides applicants with Recite accessibility tools (see below) and is compatible with screen readers. The revised online Recruitment and Selection Training consists of 4 modules including one on diversity and inclusion. From September 2022 it had become compulsory to have undertaken this training to be involved in any aspect of recruitment or staff were removed from the list.

As well as other criteria to fulfil, NHSBT's Disability Confident Level 2 Employer status enables those with a disability, who meet the essential criteria for a role, to be interviewed.

During the month-long celebration of Disability History Month, our WDES priorities had highlighted the need to plan activities for our staff around inclusive recruitment; reducing experiences of harassment and bullying; creating fair career progression; improving the content and quality of health and wellbeing services to disabled people; enabling reasonable adjustments and improving employee engagement and voice by strengthening our staff networks.

DFN Project Search is a one-year transition to work programme for young adults with a learning disability or autism spectrum conditions, or both. The initiative launched at Filton in September 2022 in collaboration with Bristol Community College for learning disabled supported internships and has agreement to continue for another year. Five young people enrolled with the college for long-term work experience in NHSBT workplaces. The aim is to improve job skills and work-readiness leading to employment in NHSBT or with local employers.

As well as NHSBT-create Disability Awareness Training, the Learning Management System has enabled D&I education on the platform these are shared regularly with our networks. This has increased the quantity of educational resources from Skillboosters on Stream which has Disability Awareness training for whenever staff wish to view. Connection is also available to the national hub which provides access to content such as the Disability Matters programme.

Workforce Race Equality Standard (WRES)

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.

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.

WRES data for 2023 shows that 96% of all NHSBT employees have an Ethnic Origin recorded in ESR, which means a high return rate was achieved. BAME staff make up around 1/5 of the NHS BT workforce.

Compared to our 2022 WRES Report, we have made some improvements against the following indicators in 2023:

- Indicator 1 – Overall BME representation in the workforce is 19.2% in line with national BME population averages. NHSBT has a target BME profile of 19.4%. Improvements in the representation of BME colleagues in senior positions can also be seen, where positive action has been applied at Band 8 and above, with year-on-year improvements in representation.
- Indicator 3 – BME staff were 0.93 times likely to enter the formal disciplinary process compared to white staff. This has decreased significantly since 2022 where BME staff were almost twice as likely to enter formal disciplinary.
- Indicator 8- BME staff reporting experience of discrimination has reduced from 18% in 2022 to 16% in 2023.

The greatest disparities in the metrics can be seen against the following indicators:

- Indicator 4 - recruitment where there is no improvement in the persisting disparity for appointment at interview of BME applicants compared to white applicants with a 1.4 likelihood rate in favour of white candidates.
- BME staff report greater levels of discrimination and harassment 16% of BME staff have experienced harassment, bullying or abuse from staff in 2022 compared to 12% white. This is a decrease from 18% in 2022. This is also significantly lower than NHS national averages which sits at around 26%.
- 16.5% of BME staff had a personal experience of discrimination at work from a manager, team leader or other colleague. An increase from 15% in 2022. This is the highest level recorded since 2017 (13.1%).

Key Findings

<p>+1.7% On 31 March 2023, 19.2% of staff working at NHSBT were from a BME background. This is an increase from 16.4% in 2021, 17.5% in 2022. (Indicator 1 Source: ESR data)</p>	<p>-5.9% The total number of BME staff at Very Senior Manager level in NHSBT has decreased by -5.9 since 2022. (Indicator 1 Source: ESR data)</p>	<p>X1.42 White applicants are still 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)</p>	<p>X0.93 The relative likelihood of a BME person entering formal disciplinary proceedings is less likely than for non-BME staff. (Indicator 3 Source: ESR data)</p>	<p>x1.17 White staff were 1.17 times more likely to access non-mandatory training and continuous professional development (CPD) compared to BME staff. (Indicator 4 Source: ESR data)</p>
<p>6.9% of BME staff faced harassment, bullying or abuse from patients, relatives or the public in 2023. (Indicator 5 Source: Our Voice staff survey data)</p>	<p>16% of BME staff have experienced harassment, bullying or abuse from staff in 2022. This is a decrease from 18% in 2022. (Indicator 6 Source: Our Voice staff survey data)</p>	<p>37% of BME staff believe NHSBT provides them with equal opportunities. This is a decrease from 66% in 2022 (Indicator 7 Source: Our Voice staff survey data)</p>	<p>16.5% of BME staff had a personal experience of discrimination at work from a manager, team leader or other colleague. An increase from 2022 from 15% This is the highest level recorded since 2017 (13.1%) (Indicator 8 Source: Our Voice staff survey data)</p>	<p>0% The number of BME board members has decreased by 1 person to 0% between 2021-22. Between 2022-23 we are still at 0% (Indicator 9 Source: ESR data)</p>

NHSBT WRES Indicators - 2023 Summary

			NHSBT				NHS national
WRES Indicator			2020	2021	2022	2023	2021
1	Percentage of BME staff	Overall	15.0%	16.4%	17.5% Better	19.2 Better	22.4%
		VSM	9.1%	11.5%	5.9% Worse	0% 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	1.42 No change	1.61
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		0.82	1.72	1.99 Worse	0.93 Better	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	1.17 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%	6.9%	28.9%
		White	No data	No data	14%	8.4%	25.9%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME	No data	No data	18%	16	28.8%
		White	No data	No data	12%	12.8%	23.2%
7	Percentage of staff believing their trust provides equal opportunities for career progression or promotion	BME	No data	No data	66%	37.1%	69.2%
		White	No data	No data	69%	52.5%	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%	16.5%	16.7%
		White	No data	No data	7%	8.1%	6.2%
9	BME board membership		6.3%	5.9%	0.0% Worse	0.0% Worse	12.6%

Analysis of Indicators

Scores for BME colleagues needs to be improved. This has a negative impact on BME colleagues overall experience here at NHSBT. BME staff had one of the lowest engagement scores across 11 of the 15 drivers, however the RAG status of this chart is not proportionately derived, the red colouration is used for simple depiction that the scores are lower than all the others.

Key Findings

Indicator 1 – Workforce Representation

19.2% of staff working at NHSBT reported being from a BME background. This is an increase from 17.5% in 2022 and 16.4% in 2021. BME colleagues in non-clinical roles has relatively stayed the same compared to their white counterparts for senior leadership roles.

The total number of BME staff at Very Senior Manager (Above Band 9) level in NHSBT has decreased by 5.9% since 2022.

Representation of BME colleagues in senior leadership roles at Band 8a and above has increased from 10% in 2021 to 12.2% in 2022, and to 13.5% in 2023 indicating a gradual year on year increase in BME staff in senior roles.

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.

Indicator 2 – Relative likelihood of white applicants to be appointed over BME applicants from shortlisting.

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

The relative likelihood of a BME person entering formal disciplinary proceedings is less likely than for non-BME staff at x0.93. The relative likelihood figure here, being below one, is marginally favourable for BME staff.

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

White staff were 1.17 times more likely to access non-mandatory training and continuous professional development (CPD) compared to BME staff.

Indicator 5 – Staff experience of harassment, bullying or abuse from public.

6.9% of BME staff faced harassment, bullying or abuse from patients, relatives or the public in 2023. This is a worrying figure, is less than but similar to that reported by non-BME staff but is unable to be compared with the previous Our Voice survey's findings which requested different survey answers.

Indicator 6 – Staff experience of harassment, bullying or abuse from staff.

16% of BME staff have experienced harassment, bullying or abuse from staff. This is higher than the experience (12.8%) of non-BME staff.

Indicator 7 – Staff experience, the percentage believing organisation provides equal opportunities for career progression regardless of protected characteristics.

37.1% of BME staff believe NHSBT acts fairly with regard to providing equal opportunities for career progression and promotion regardless of ethnic background and other characteristics, compared with a higher amount of non-BME staff (52.5%).

Indicator 8 – Staff experience of discrimination at work

16.5% of BME staff experienced discrimination at work from a manager, team leader or other colleague, compared with 8.1% of non-BME staff.

Indicator 9 – Board Representation

This final indicator asks organisations to compare the percentage difference between their Board voting membership and their overall workforce. The number of BME board members at the snapshot date of 31.3.2023 was 0%. This had decreased by 1 person to 0% between 2021-22 and remained there. This is below the national rate of 12.6%. In 2023 white colleagues' makeup of the workforce sits at 76.8% with BME makeup of the workforce is 19.2%.

WRES Progress 2022-2023

The results shown by our WRES data speaks to a need for a more collective and concerted effort to eradicate differences between BME and white colleagues. 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 2023-2024 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. Whilst we expect Forward Together to drive some of these changes, the leadership of NHSBT must ensure pushed the zero-tolerance message and seek to improve the experience of all staff to ensure that everyone feel like they belong here at NHSBT. We have a wealth of experience amongst our various staff networks, we must work on the career progression for BME colleagues.

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.

Gender Pay Gap 2023

Our gender pay gap for *ordinary pay* is reported as follows: **Women’s mean earnings are 5.04% lower than those of men, and women’s median pay is 3.57% lower than men’s.**

Table shows NHS GPG Ordinary Pay percentages for pay gap purposes over last three consecutive years & headcount

Gender pay gap for ordinary pay	2023	2022	2021
Women headcount percentage	68.48%	68.39%	68.77%
Men headcount percentage	31.51%	31.61%	31.23%
Women’s mean earnings lower than men’s earnings	5.04%	5.25%	8.06%
Women’s median earnings lower than men’s earnings	3.57%	0.15%	3.76%

There has been more fluctuation with the median gender pay gap over the last 5 years, with 2022 seeing the biggest change, and a return to the more usual value this year. The median pay gap is the difference between the ‘middle’ male and ‘middle’ female earner. Last year’s very low figure is largely unexplained.

This year there is the same higher proportion of men in more senior (higher paid) roles, there is still a higher proportion of women in more junior roles (lower paid roles), but last year there were also a greater number of men in the lowest pay quartile compared to women. The Clinical Excellence Awards, now rebranded the Clinical Impact Awards, have now been reformed to recognise and reward the exceptional contributions of NHS consultants in a much more inclusive and accessible way than in previous years.

Table shows NHS GPG Ordinary Pay by person 31.03.23 Average & Median Hourly Rates

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	18.7861	15.4382
Female	17.8397	14.8869
Difference	0.9464	0.5513
Pay Gap %	5.0378	3.5712

Quartiles

Quartile pay band 2023	Male number	Female number	Total number	Male %	Female %
Lower (0–25% of full-pay for relevant employees)	457	1060	1517	30.13%	69.87%
Lower middle (25–50% of full-pay for relevant employees)	455	1065	1520	29.93%	70.07%
Upper middle (50–75% of full-pay for relevant employees)	484	1032	1516	31.93%	68.07%
Upper (75–100% of full-pay for relevant employees)	519	1005	1524	34.06%	65.94%
Total	1915	4162	6077	31.51%	68.48%

The 2023 data shows that the ‘distribution’ of men and women through the pay bands does not reflect overall gender composition of the workforce, with proportionately more men than women in highest pay quartile.

The 2023 data is different to 2022 to show that men this year are lower in number than their average in the lowest two quartiles where women are over-represented. This gender distribution is always worth investigating further and is likely the reason for the change away from that more favourable pay gap for women last year compared with this year (in terms of the ‘median’).

Quartile pay band 2022	Male number	Female number	Total number	Male %	Female %
Lower (0–25% of full-pay for relevant employees)	457	969	1426	32.05%	67.95%
Lower middle (25–50% of full-pay for relevant employees)	440	992	1432	30.73%	69.27%
Upper middle (50–75% of full-pay for relevant employees)	421	1019	1440	29.24%	70.76%
Upper (75–100% of full-pay for relevant employees)	495	942	1437	34.45%	65.55%
Total	1813	3922	5735	31.6%	68.3%

An analysis of the largest directorate, Blood Supply, its headcount by pay band, last year to this, has not revealed an answer for this particular anomaly.

Gender bonus pay gap

We report our gender pay gap for the bonus payments as follows: 31 payments were made to 19 doctors (6 were an identical amount); 7 of whom had multiple payments that year, with 3 VSM performance payments. The table shows just Clinical Impact Awards (CIA) (for comparison purposes with last year and CEAs plus three performance payments).

Gender Bonus Pay Gap	2023 – ALL bonuses	2023 – just CIAs	2022 – just CIAs	2021 – ALL bonuses
Difference in mean bonus pay	6.5%	19.54%	-4.67%	36%
Difference in median bonus pay	-21.56%	26.83%	-16.67%	50%
	0.36% (16) women received a bonus	0.34% (15) women received a bonus	0.46% (18) women received a bonus	0.52% (20) women received a bonus
	0.3% (6) men received a bonus	0.2% (4) men received a bonus	0.28% (5) men received a bonus	0.38% (7) men received a bonus

Both the mean and median gaps have increased from 2022. It was felt that last year's reduction was likely due to the work that had taken place to encourage more women to apply for Clinical Excellence Awards. This reporting round saw a similar number of men and women receiving awards as last year (in total 15 bonuses being paid to women and 4 paid to men). At this point it is worth noting that 19 of our employees received a payment, seven of whom (it is recorded in the pay data) received multiple payments. This is 0.31% of the entire 6077 employees. The few men who received CEAs (four) tended to have high value amounts, and whilst 4 of the 15 women largely matched this, there were 11 others whose amounts were smaller therefore bringing down the average (mean).

However, it is important to note the context and challenges associated with the bonus pay system. CEAs are not a one-off annual performance payment, it relates to a nationally agreed contractual payment which forms part of the salary package for Consultant Medical Staff. This system is prescribed by the British Medical Association (BMA) and NHS Employers. many CEAs can be historic and maintained until the recipient's retirement.

Responding to our data

Action planning to reduce our gender pay gap has centred around trying to reduce our bonus percentage gap by actively promoting the CIA scheme to women and ethnic minorities.

While we are pleased that our gender pay gap is lower than the national average, NHSBT is committed to ensuring that our pay gap continues to be reduced. This most often entails increasing the proportion of men in lower grades alongside increasing the proportion of women occupying more senior roles.

Over the next 12 months, we will continue to review our data and address areas of improvement to enable us to achieve a reduction in our pay gap.

- **Regular data monitoring** We will analyse the GPG data ahead of the next snapshot date of 31 March 2024 and do this on a directorate and centre-based breakdown.
- **Directorate engagement** We will engage Assistant Directors – People and Culture to discuss with their Directorate Senior Management Teams how to support directorate specific actions and, where necessary, take remedial action in the next reporting round. This should have a positive impact on reducing our gender pay gap.
- **Recruitment** We have insights into directorate and centre-based trends. We will delve deeper into recruitment activity based on gender split and understand recruitment decisions within directorates and centres, across all pay bands, and gain knowledge of what is driving our pay gaps and replicate effective practice.
- **Diversity of senior groups** We will widen the pay gap analysis to take an intersectional approach so that it goes beyond reviewing recruitment practices on gender to increase diversity across multiple protected characteristic groups.
- **Clinical impact awards** Continue with work done to increase the number of women being awarded Clinical Impact Awards and over time, so the scheme increases to ensure a balanced bonus pay gap.
- **Talent management** Continue with our work building specialist support programmes for women to grow in leadership, offering all staff greater flexibility to do their role whilst managing personal commitments by using our Flexible Working policy, Shared Parental Leave policy and Special Leave policy. Generate greater awareness of apprenticeship offerings to ensure they support our future talent pipeline and diversify the future workforce as representative of the populations we serve.
- **Networks** Continue providing peer support through networks to ensure we provide rich and deep engagement across all protected characteristics, to provide a voice within the organisation for lived experience and insight that will help us to be inclusive.
- **Training** Develop line manager capability on people policies to get support to individuals on wellbeing, belonging and reward for all colleagues to improve retention.

Survey Methodology differences and challenges

There is some important information to be brought to our attention about the staff survey. Peakon pulls characteristic data from ESR but it has been discovered that as far as disability categories go, it's columns of who has a disability, seem to be reporting inaccurately. Many people do not choose to self-identify as having one of the 7 disability categories in ESR. Many neurodiverse people (they may have ADHD, development coordination disorder (DCD-dyspraxia) or dyslexia) do not regard themselves as having a disability which may explain the reason why many 'non-disabled' staff appear to have received workplace adjustments.

Questions were asked differently this year, so direct comparisons with last year cannot be made. Many people bypass and do not answer certain survey questions although they were 'survey respondents' on the whole. Numbers are sometimes small but may yield a high percentage (this was more marked last year than this year). Bank and honorary staff are new to our staff survey data this year. NHS England do not ask that bank staff are taken into account for their WDES data collection from Trusts, nor honorary staff who are largely paid from their originating employment and could be included on the survey from there. Unpaid temporary staff are also included in our staff survey because of their contract (required due to entering onto the premises for a short time and being required to undertake mandatory ESR safety training).

NHSBT Single Workforce Race Disability and Gender Action Plan October 2023 – September 2024

Links To WRES WDES GPG	Objective	Baseline	Target / Outcome	Actions	Milestone Qtr1 (Oct-Dec 23)	Milestone Qtr 2 (Jan-Mar 24)	Milestone Qtr 3 (Apr-Jun 24)	Milestone Qtr 4 (Jul-Sept 24)	Lead	RAG Status Red Amber Green	
Priority 1: Reduce the % of BME and Disabled staff experiencing bullying harassment discrimination (BHD) by 2%											
WDES Metric 4 WRES Metric 6	Reduce number of staff being bullied, harassed, or discriminated by managers, and colleagues,	20% disabled staff reported harassment or bullying from managers or colleagues.	18% or less of disabled staff report BHD from managers or colleagues.	1.1) Explore and develop an approach with Directorates, PCPs, H&W and FTSU on addressing themes of bullying and harassment. Implement relevant interventions with Directorates/ teams. Triangulation of BHA data sources – FTSU / Our Voice/ WDES / WRES	Create a visual representation of how FTSU, D&I, Trade Unions, and Staff Networks work together		Create a mechanism whereby each service can pool themes/service use data, to give NHSBT greater insight		FTSU / Improvement & Insights/ D&I Team		
		16% BME staff reported harassment or bullying from managers or colleagues	14% or less BME staff report BHD from managers or colleagues	1.2) Develop and launch a proactive promotional awareness campaign aligned to the Forward Together resolution framework on zero tolerance of abuse, harassment, and discrimination of staff in public spaces – raising awareness of how to report and act. On-going development and promotion of campaign. Onward review and alignment with Resolution Framework, Anti-racism Framework and Behavioural Framework	Establish a working group of stakeholders and scope out campaign and develop the material	Launch the campaign and material	Roll-out into Directorates and Centres	Review campaign and alignment with the Resolution Framework & Anti-racism Framework – refresh approach	D&I Central Team / FTSU / Directorate EDI Leads/ Comms Lead/ Staff Networks		
				1.3) Promote awareness of how to raise concerns about BHA through Freedom to Speak Up with Staff Networks / Centre based D&I meetings, and D&I Central Team meetings						FTSU / Head of EDI/ Staff networks	
				1.4) Launch the new L&D approach to disability awareness training.	Training launched in August					D&I Insights Manager / DAWN	
				1.5) Introduce Reverse Mentoring scheme with pilot commencing in Clinical Services Directorate.	Matching completed and 20 pairs in place. Mentoring sessions and training to commence	Programme evaluation and completion	Plan in place to scale and further roll out the programme per Directorate			D&I Insights Manager	

Links To WRES WDES GPG	Objective	Baseline	Target / Outcome	Actions	Milestone Qtr1 (Oct-Dec 23)	Milestone Qtr 2 (Jan-Mar 24)	Milestone Qtr 3 (Apr-Jun 24)	Milestone Qtr 4 (Jul-Sept 24)	Lead	RAG Status Red Amber Green
				1.6) All Anchor Events for 23-24 encompass the theme of tackling bullying and harassment in the workplace including Black History Month and Disability History Month.	Black History Month and Ada Lovelace Day plan in place				D&I Co-ordinator / Network Chairs/	
				1.7) Design and co-produce workshops for teams and directorates on 'managing diverse teams and tackling discrimination through cultural competence'	Initial scoping meeting to explore a joint approach to co-produce and deliver training across teams and directorates	Plan and materials developed	Roll out of training into directorates and teams		D&I Central Team / Directorate EDI Managers	

Priority 2: Increase the proportion of BME staff at Band 8a and above from 15% to 19% (in line with the overall BME workforce profile) by 2027

WRES Metric 1 WDES Metric 1 GPG – Median	NHSBT is representative of the communities it serves across all levels of the organisation Increase declaration rates on ESR	Overall BME workforce profile 19.2% Band 8a and above BME profile 13.2% 1 in 17 VSM BME profile	19% (Census 2021) across all levels of the organisation. The BME workforce at Band 8 and above is 19% by 2027 with annual 1% increases to 19% in 2027	2.1) Deep dive into workforce profile by ethnic group, and intersected by disability and gender, and band, to inform workforce information report and WRES analysis. - Workforce planning	Deep dive analysis report with recommendations completed				Improve ment & Insights / D&I Insights Manager	
	Barriers to progression and development opportunities are understood and tackled.	Directorate Dashboard Reports baseline BME at 8a+	All directorates have a 15% BME representation at Band 8a+ with 1% annual increases to 19% in 2027	2.2) Progress on Directorate EDI Plans and D&I Dashboards are reported twice yearly to EDI Council					Directorate EDI Leads / Head of EDI	

Links To WRES WDES GPG	Objective	Baseline	Target / Outcome	Actions	Milestone Qtr1 (Oct-Dec 23)	Milestone Qtr 2 (Jan-Mar 24)	Milestone Qtr 3 (Apr-Jun 24)	Milestone Qtr 4 (Jul-Sept 24)	Lead	RAG Status Red Amber Green
		BME declaration rate 99.3% Disabled 6.7% Non-Disabled 19.5% Not Declared/ Null 73.8%	BME declaration 100% Increase Disabled declaration to 8% Reduce Not declared/Null to 71%	2.3) Increase declaration of equality data through the promotion of the 'Count Me In' campaign.	Integrate 'Count Me In' into Corporate EDI Induction and other EDI Anchor Events / Initiatives and Programmes		Run face to face surgeries and road show on 'Count Me In' to support staff in centres with limited access to laptops to update their records		D&I Insights Manager	
WRES Metric 9 GPG	Board members are abreast of organisational EDI data, risks, and performance. Board members proactively tackle and address EDI gaps. Board members provide visible leadership and support to the EDI agenda acting as role models and champions	0 BAME Exec Members 1 BAME NED Male 9 Female 8 Board Members 1 Disabled Board member	Increase diversity at Board level	2.4) Every Board member has an equality objective within their appraisal.				March 2024	CEO / CPO / Chair	
				2.5) Exec and Non-Exec Board members demonstrate visible leadership and presence and are routinely invited to attend D&I Anchor Events and Programmes	Annual calendar of Anchor events shared with Board members On-going invites sent out as events are planned				D&I Co-ordinator / D&I Secretary	
				2.6) Every staff network has an Executive and NEDs sponsor		January 2024 [to allow for new NEDs to be appointed and provisionally allocated			CEO / CPO / Board	
				2.7) Board members / People Committee review and monitor the EDI Risk	Development of EDI risk	CoSec to add to the People Committee forward plan and forward to the Board			Company Secretary / CPO / AD Health, Safety & Wellbeing/ D&I Team	

Links To WRES WDES GPG	Objective	Baseline	Target / Outcome	Actions	Milestone Qtr1 (Oct-Dec 23)	Milestone Qtr 2 (Jan-Mar 24)	Milestone Qtr 3 (Apr-Jun 24)	Milestone Qtr 4 (Jul-Sept 24)	Lead	RAG Status Red Amber Green
				2.8) Annual Board development session on diversity and inclusion	Will be built in to future Board planning				CEO / CPO / Company Secretary	Complete. July Board
				2.9) D&I Lens at Board Meetings – rotation of staff networks chair at Board meeting to be reviewed and recommendations to improve diversity on Board.		Jan 2024 – one year since staff networks started attending the board			CPO / D&I Team/ Staff Networks	
				2.10) All Board papers contain a section on Equality Impact Assessments and due regard to the Public Sector Equality Duty	Co Sec to revise the board cover report by the November board.				Company Secretary / D&I Team	
				2.11) All Board members update their ESR data as part of the Count me In campaign and promote the campaign	We will target within one month of joining NHSBT				CPO / Board	

Priority 3: Close the ethnicity recruitment likelihood gap from 1.4 to 1.0 through the application of positive action measures

WRES Metrics 1 & 2 WDES Metric 2 Mean and Median GPG	A robust and independent review of the recruitment processes We monitor, analyse and understand the impact of our recruitment decisions for disaggregated ethnic groups	Appointment Likelihood rate for white candidates 1.4 times more likely No of BAME / Diverse Panel Members 53	Appointment Likelihood rate for white candidates 1.0 equal with BME candidates Increase and diversify the BAME Panel membership No of vacancies that have a BAME Panel member	3.1) Conduct a diagnostic review of the Recruitment Process from an inclusive recruitment perspective, including equality impact assessment of work done to date, with clear strategy and actions presented to the Executive Team	Commencement of review			Conclusion of review	AD Recruitment and Talent / Forward Together	
				3.2) As part of GLA D-WINLAB review diversify the NHSBT BAME Panel members to include Disabled and other protected characteristic groups. Support panel members with training in cultural competence, coaching skills and action learning sets, to improve outcomes and experience for diverse candidates.	Immersion Event with Win-Lab Deep Dive at People SMT	GLA Mayor Event Presentation of Project outcomes	Plan to embed	Roll out	AD Recruitment and Talent Acquisition / Forward Together	

Links To WRES WDES GPG	Objective	Baseline	Target / Outcome	Actions	Milestone Qtr1 (Oct-Dec 23)	Milestone Qtr 2 (Jan-Mar 24)	Milestone Qtr 3 (Apr-Jun 24)	Milestone Qtr 4 (Jul-Sept 24)	Lead	RAG Status Red Amber Green
	Review recruitment outcomes by banding to direct positive action. Develop positive actions activities to promote fairness in recruitment outcomes			3.3) Deep dive into the recruitment data and outcomes for protected characteristic groups. Review positive action criteria: <ul style="list-style-type: none"> Positive action applied to high volume vacancies Advertise the possibility of flexible working where the option exists Positive action applied at banding determined by gaps/ needs identified at directorate level	Data and analysis completed and shared with Directorates at Annual EDI Leads Directorate Planning Day in Nov 23	Provide half-yearly / quarterly data on recruitment decision broken down by race. Report in the Board Performance Report			AD Recruitment & Talent / D&I Team / Improvement & Insights Team	
				3.4) Develop Recruitment dashboard reports at the Directorate level in collaboration with Directorates	Scoping of requirement			Reporting established	AD Recruitment & Talent / D&I Team / Improvement & Insights / Directorate EDI leads	

Priority 4: Improve access to workplace adjustments for disabled staff from 55% to 60%, by increasing manager awareness.

WDES metric 8	Increase the number of staff acquiring workplace adjustments. Improving access to information	55.7% of disabled staff believe NHSBT provides adequate adjustments	60% of disabled staff believe NHSBT provides adequate adjustments	4.1) Workplace adjustments policy in place and disseminated widely. All Persons identified as requiring workplace adjustments, as part of their pre-employment health assessment, will have a follow up to check the manager has actioned them.	On-going signposting to Workplace Adjustment pages		New starters check embedded by June 2024		AD Health Wellbeing	Policy launch and webinars completed in 2023
				4.2) Review the Attendance Policy and its impacts on disabled staff and disability related sick absence to ensure disabled staff are not disadvantaged				AD HR Ops/ DAWN/ D&I Manager		
				4.3) Review that we are fully meeting the requirements of the Disability Confident Scheme (Level 2). Keep up the standards required to remain at Level 2 and address any gaps.	Secured level 2 for a further 2 years – in place			D&I team / DAWN / AD HSW		

Links To WRES WDES GPG	Objective	Baseline	Target / Outcome	Actions	Milestone Qtr1 (Oct-Dec 23)	Milestone Qtr 2 (Jan-Mar 24)	Milestone Qtr 3 (Apr-Jun 24)	Milestone Qtr 4 (Jul-Sept 24)	Lead	RAG Status Red Amber Green
				4.4) Monitor participation rates in Disability Awareness training. Promote participation as part of Disability History Month.	Explore frequency of monitoring reports on Brightspace				DAWN/ D&I Team / Leadership Performance and Culture	
				4.5) Review of Internal webpages including People First and communications to meet best practice accessibility standards.					Improvement & Insights/ Internal Communications	
				4.6) Digitalise adjustments metrics by capturing in ServiceNow and follow up from Pre-employment health assessment regarding adjustments.	Pilot initiated for 1 month	Full roll out of digitalised adjustment metrics in ServiceNow	Managers actively undertaking follow-up check.		AD HSW / Improvement and Insights Team	
				4.7) Develop short guide for managers and recruiting manager on how to access a sign language interpreter for interviews	Draft developed and agreed	Publicise the guidance on relevant D&I and recruitment pages			D&I Insights Manager	

Links To WRES WDES GPG	Objective	Baseline	Target / Outcome	Actions	Milestone Qtr1 (Oct-Dec 23)	Milestone Qtr 2 (Jan-Mar 24)	Milestone Qtr 3 (Apr-Jun 24)	Milestone Qtr 4 (Jul-Sept 24)	Lead	RAG Status Red Amber Green
<p>Priority 5: Improve access to career progression for protected characteristic groups through initiatives including Career Kickstart and leadership and development opportunities.</p>										
GPG WRES Metric 4 and Metric 7	Barriers to progression and development opportunities are understood and tackled.	37% BAME staff believe organisations provides equal opportunities. Likelihood rate of white staff accessing non-mandatory training 1.17	52% BAME target (in line with white staff) Likelihood rate of white staff accessing non-mandatory training 1.0	5.1) Forward Together Project 3: Launch an organisation-wide development offer to build knowledge, confidence and capability in being an intentionally inclusive and anti-racist organisation Develop and launch leadership development programmes and products with anti-racism integrated	3 products launched as part of National Inclusion Week				Learning Service Manager	
				5.2) Career Kick Start Programme Support progression opportunities for BAME staff. Develop participation baseline and outcomes data and evaluation report of the pilot with recommendations for scaling up the project across NHSBT As part of WIN D-Lab the Career Kick Start programme will be reviewed to ensure it can be scaled up across the organisation and make visible diverse talent	Pilot commenced in Blood Directorate Scale up of the Programme designed through WIN Lab	Evaluation completed with development of plan Presentation at GLA Mayour Event WIN Lab			D&I Co-ordinator / Blood Directorate / WIN Lab	

Links To WRES WDES GPG	Objective	Baseline	Target / Outcome	Actions	Milestone Qtr1 (Oct-Dec 23)	Milestone Qtr 2 (Jan-Mar 24)	Milestone Qtr 3 (Apr-Jun 24)	Milestone Qtr 4 (Jul-Sept 24)	Lead	RAG Status Red Amber Green
				5.3) Specify and commission a targeted BAME leadership and development programme to support BAME staff into leadership development opportunities. Identify a cohort of leadership ready BAME staff to participate.	Develop Specification 01/0823 – 31/10/23	Agree with Commercial Team a detailed commissioning plan 1/11/23 Identify cohort of leadership ready BME staff to participate	Commissioning Plan finalised 31/01/24	Commission of target programme commenced 01/02/24 – 31/03/24	Commence launch and roll out	
GPG	Create progression and development opportunities for women into senior leadership roles and STEM	Mean GPG 5% Median GPG 3.5%		5.4) Create specialist support programmes for women to grow in leadership, offering networking and peer support for women in the workplace.	Learning Services are speaking to the Women's Network on how we can build this				AD People and Culture / Head of Learning	
		Establish baseline for numbers of apprenticeships by gender, ethnicity and disability		5.5) Generate greater awareness of apprenticeship offerings to ensure they support our future talent pipeline and create a diverse workforce for the future that is representative of the population served.	Apprenticeship focussed SharePoint site to be updated by end December 2023.				Head of Apprenticeships / Data Analyst	
		15 Females and 4 Males received a CIA	Continue to promote and encourage women to apply for CIA	5.6) Promote access to Clinical Impact Awards for women, removing any barriers and encouraging applications.					Medical Directors	

Links To WRES WDES GPG	Objective	Baseline	Target / Outcome	Actions	Milestone Qtr1 (Oct-Dec 23)	Milestone Qtr 2 (Jan-Mar 24)	Milestone Qtr 3 (Apr-Jun 24)	Milestone Qtr 4 (Jul-Sept 24)	Lead	RAG Status Red Amber Green
Priority 6: Grow and Support our Staff Networks										
WRES WDES GPG	To support staff networks to mature and grow their membership To enable and amplify the voices of staff from protected characteristic backgrounds through the forum of staff networks	Staff network membership No and allies	Increase in staff network members Increase in staff network allies	6.1) To review the Staff Network Charter and develop a Standard Operating Procedure detailing the support and resources available to staff networks and chairs, in consultation with staff network chairs and relevant stakeholders	Review initiated and engagement with stakeholders completed	Report taken to EDI Council on revised Staff Network Charter and SOP			Head of EDI / Staff Network Co-Chairs / D&I Managers	
				6.2) All staff network chairs and new chairs undertake training and development in the staff network chair role.	Identify a suitable training provider to deliver	Identify an implementation plan and work with Commercial Services to set up contract	Agree time frame for delivery with chairs	Implementation phase	Head of EDI / Learning Service Manager / Chairs / D&I Managers	
				6.3) Scope and identify a staff network maturity model to support the evaluation and development of staff networks	Scoping in place	Report taken to EDI Council	Commence review of networks against the maturity model	Recommendations shared with staff network chairs	Chairs / Head of EDI / D&I Managers	