



**Workforce
Disability Equality
Standard (WDES)
and Workforce Race
Equality Standard
(WRES) 2023**



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Executive Summary

NSHBT 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.

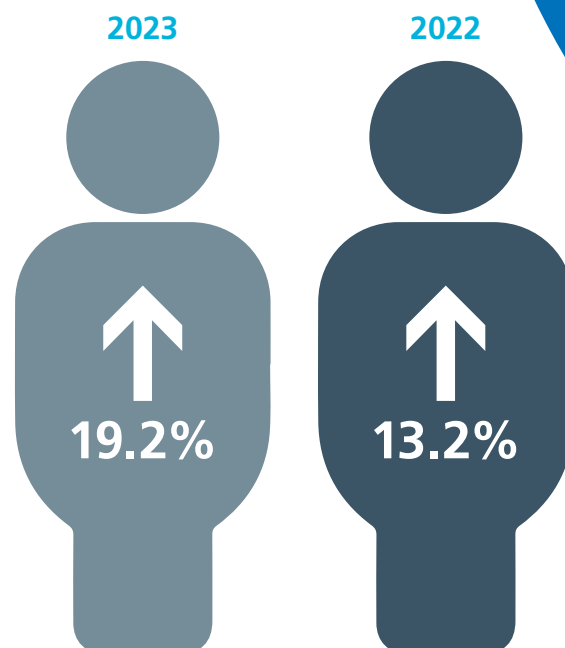
This year, there are more disabled people at NHSBT at 6.67%, and more are satisfied that they feel valued and included for the work that they do compared to last year. There is a lower relative likelihood that they will enter a formal capability process at 0.73 and there has been a significant 14% increase 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 (WRES)

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.

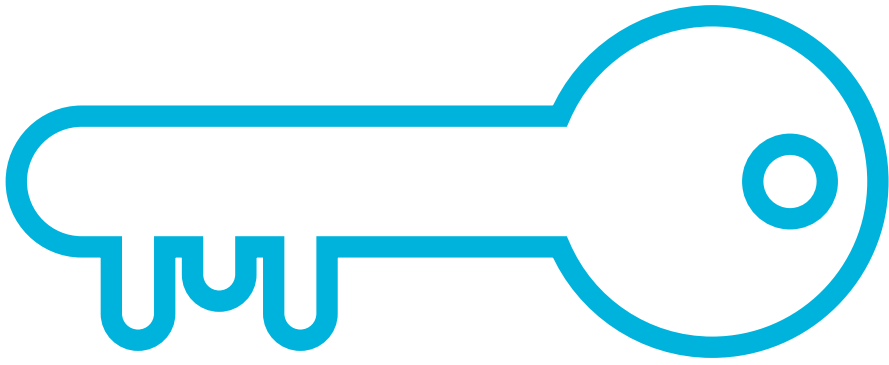


What has driven our successes?

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 themes 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 65% 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 and WDES action plans have been reviewed with leads and will continue to be developed as a live document with monitoring and review through the People Directorate Plan and EDI Council.

Workforce Disability Equality Standard (WDES 2023)

This report shows some progress on last year. While there is an increase in staff sharing if they have a disability, 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. Fewer disabled staff believe that NHSBT provides them with equal opportunities for career progression and promotion when compared with non-disabled staff.

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 work with our disabled staff to ensure we're meeting the requirements of the Disability Confident Scheme.



Key findings

+2.7% Metric 1	X1.18 Metric 2	x0.73 Metric 3	8.4% Metric 4ai	40.3% Metric 5
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.	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.	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.	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.	40.3% disabled staff believe that NHSBT provides equal opportunity for career progression and promotion. This compares to 53.4% of non-disabled staff.
13% Metric 6	31% Metric 7	55.7% Metric 8	6.6 Metric 9	1 Metric 10
13% disabled staff felt under pressure to come to work despite not feeling well enough to perform their duties. This is compared to 4.5% of non-disabled staff.	31% disabled staff were satisfied with the extent to which the organisation values their work, whilst 37% for non-disabled staff (taking only 'promoter' responses to the survey).	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, 9.1% report not receiving the adjustments they need.	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 disabled staff in 2022.	One of the 10 voting board members reports having a disability in ESR, so 3.3%. There are 4 (40%) board members whose disability status is unknown.

WDES Annual Trending and National Benchmarking

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

	WDES Indicator		2022	2023	NHS National (2021)
1.	Percent of Disabled staff	Overall	5.04%	6.67%	3.7%
		VSM	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).		1.36	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).		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	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%

	WDES Indicator		2022	2023	NHS National (2021)
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.	–	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. There remains higher numbers of disabled staff in lower pay bands.

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.

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 and reported it: 12%.

Yes, I have experienced this, but did not report it: 9.25%. 72.83% had not experienced harassment, bullying or abuse.

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%.

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 or health condition, and to improve staff voice and disability data.

We have a thriving Disability and Wellbeing Network (DAWN) of employees interested in providing support to staff to ensure their wellbeing, the Accessibility sub-group is reviewing IT and environmental accessibility with an internal technology workforce group making improvements to internal software and NHSBT intranet. 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 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 Menopause Policy has been live for a year. The D&I team have developed a training pack for undertaking Equality Impact Assessments effectively. We continue to work on building robust ESR equality and diversity data especially for the characteristic of disability with a national 'Count Me In' campaign to encourage employees to self-identify their personal characteristics.

The Talent Acquisition and Recruitment team 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 ReciteMe accessibility tools and is compatible with screen readers. From September 2022 it had become compulsory to have undertaken revised online Recruitment and Selection Training to be involved in any aspect of recruitment. And NHSBT's Disability Confident Level 2 Employer status enables those with a disability, who meet the essential criteria for a role, to be interviewed.

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 successfully with 5 interns at Filton in September 2022 in collaboration with Bristol Community College for learning disabled supported internships and has agreement to continue for another year.

The Learning Management System has enabled D&I education on the platform. There are educational resources from Skillboosters on Stream which has Disability Awareness training 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 2023)

This report gives an overview of the Workforce Race Equality Standard and the nine metrics we report against. 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.

WRES data for 2023 shows that 96% of all NHSBT employees have an ethnic origin recorded in ESR, BME staff make up around 1/5 of the NHSBT 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 2023 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

+1.7%	-5.9%	X1.42	X0.93	x1.17
<p>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>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>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>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>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 2023. 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

	WDES Indicator		NHSBT				NHS national
			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%	0.0%	12.6%

Analysis of Indicators

Scores for BME colleagues need 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. 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 whilst increasing staff confidence to stand up to discrimination and experience 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.

Based on the analysis of our WRES metrics, our action plan has been revised. For BME staff to thrive in the workplace, an improved understanding of their needs is required, 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.

Appendix 1

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

Priority	We will do this by ...	We will know that we have achieved this when ...
<p>Priority 1: Reduce the % of BME and Disabled staff experiencing bullying harassment discrimination (BHD) by 2%.</p>	<ul style="list-style-type: none"> • Delivering our Anti-racism framework and Zero Tolerance Campaign. • Promote reporting through Freedom to Speak Up and Resolution Framework. • Deliver a reverse mentoring scheme pilot and roll-out across Directorates. • Training our managers on discrimination. 	<ul style="list-style-type: none"> ✓ 18% or less of disabled staff report BHD from managers or colleagues. ✓ 14% or less BME staff report BHD from managers or colleagues.
<p>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.</p>	<ul style="list-style-type: none"> • Use data to identify recruitment trends and gaps in representation at the Directorate and divisional level. • Promote declaration rates through the Count me in campaign. • Increase diversity in Board decision-making. 	<ul style="list-style-type: none"> ✓ 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 (1% annual increases). ✓ Increase Disabled declaration to 8%. ✓ Reduce Not declared / Null to 71%.

Priority	We will do this by ...	We will know that we have achieved this when ...
<p>Priority 3: Close the ethnicity recruitment likelihood gap from 1.4 to 1.0 through the application of positive action measures.</p>	<ul style="list-style-type: none"> • Conduct a diagnostic review of the Recruitment Process from an inclusive recruitment perspective. • Participate in the Greater London Authority Workforce Integration Design Laboratory to expand our BAME Recruitment Panel. • Use data to apply positive action. 	<ul style="list-style-type: none"> ✓ Appointment Likelihood rate for white candidates 1.0 equal with BAME candidates. ✓ Increase and diversify the BAME Panel membership.
<p>Priority 4: Improve access to workplace adjustments for disabled staff from 55% to 65%, by increasing manager awareness.</p>	<ul style="list-style-type: none"> • Embed the Workplace Adjustments Tool and enhance access through digitisation. • Review the Attendance Policy for impacts on disability related leave. • Disability Confident Level 2 is reviewed and maintained. • Promote Disability Awareness training to all staff. 	<ul style="list-style-type: none"> ✓ 65% or more of disabled staff believe NHSBT provides adequate adjustments.

Priority	We will do this by ...	We will know that we have achieved this when ...
<p>Priority 5: Improve access to career progression for protected characteristic groups through initiatives including Career Kickstart and leadership and development opportunities.</p>	<ul style="list-style-type: none"> • Launch an organisation-wide development offer to build knowledge, confidence and capability in being an intentionally inclusive and anti-racist organisation. • Deliver the Career Kickstart and develop a plan to scale up across the organisation. • Commission a targeted BAME leadership and development programme to support BAME staff into leadership development. • Explore a specialist support programmes for women to grow in leadership, offering networking and peer support for women in the workplace. • Generate greater awareness of apprenticeship offerings to ensure they support a diverse future talent pipeline. 	<ul style="list-style-type: none"> ✓ Increase the % of BAME staff believe the organisation provides equal opportunities from 37% to 40% or more with a long-term target of closing the gap with white colleagues. ✓ Likelihood rate of white staff accessing non-mandatory training 1.0.
<p>Priority 6: Grow and Support our Staff Networks.</p>	<ul style="list-style-type: none"> • Review and standardise our support to Staff Networks through a new Staff Network Charter and Standard Operating Procedure. • Commission specialist staff network development training available to all network Chairs. 	<ul style="list-style-type: none"> ✓ Increase in staff network members and allies. ✓ No of co-chairs accessing network development.