

Board Meeting in Public Tuesday, 26 November 2024

Title of Paper	NHSBT Workforce Race and Disability Equality Standard 2024 Reports	Agenda No.	4.1.1
Nature of Paper	<input checked="" type="checkbox"/> Official	<input type="checkbox"/> Official Sensitive	
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Presented for	<input checked="" type="checkbox"/> Approval		
Executive Summary			
<p>All NHS organisations complete annual Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) reports. The parameters of the WDES and WRES reports are defined by NHS England who have mandated this work to promote equality in career opportunities, treatment in the workplace and are a requirement for NHS organisations using the NHS Standard Contract. The Care Quality Commission (CQC) also consider NHSBT's performance against these indicators in their inspection under the Well-Led domain.</p> <p>This paper presents the two reports as part of the assurance process. It ensures Board has sight of NHSBT's data for the 10 WDES indicators and 9 WRES indicators; that the Board gets analysis of the findings and to develop an action plan that will close any gaps in workplace experience between disabled and non-disabled staff or ethnic minority and white staff, as well as improving disabled and ethnic minority representation at Board level.</p> <p>The WDES and WRES reports and action plan for 2024-25 form part of NHSBT's D&I plan which is in line with the NHSBT Strategy. The reports contain information for the 12-month period from 1 April 2023 – 1 April 2024.</p>			
Previously Considered by			
DaWN and Neurodiversity Networks, GRacE Network, EDI Council, People SLT, the Executive Team, and the Board's People Committee			
Recommendation	The Board is asked to: <ul style="list-style-type: none"> • Discuss contents of report and themes emerging from workforce data • Agree report for publication on NHSBT D&I web pages 		
Risk(s) identified (Link to Board Assurance Framework Risks)			
Principal Risk - P-07. Staff capacity and capability Principal Risk - P-08. Managers skills and capability			
Strategic Objective(s) this paper relates to:			
<input checked="" type="checkbox"/> Invest in people and culture			
Appendices:	1. Single Equality Action Plan (WRES, WDES, GPG, EPG)		

NHSBT Workforce Race Equality Standard and Workforce Disability Equality Standard 2024

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1. 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. It seeks to create an environment where everyone's individuality is respected, and people are treated equitably. We seek to go beyond statutory requirements on inclusion and fairness by removing all forms of discrimination.

To this end, we are committed to executing best practice in the experience of staff of African, Asian and Caribbean heritage, as well as and other ethnically minoritised staff, and disabled staff, and show improvements for these groups within NHSBT.

The WRES and WDES reports are based on data as of 31 March 2024 and the year prior, highlighting our current practice and standard in this regard.

2. Workforce Disability Equality Standard (WDES) headline findings

There have been year-on-year improvements across four WDES metrics out of the 10.

- i. There are more disabled staff at NHSBT in 2024 (8.48%) compared to 2023 (6.67%)
- ii. Disabled candidates are more likely (0.94) to be appointed from shortlisting than non-disabled candidates this year. This is a year-on-year improvement from 1.18 in 2023
- iii. Disabled staff feel less valued for their work in 2024 (28%) compared to 2023 (31%)
- iv. Likelihood of disabled staff entering formal capability process in 2024 (0.94) on par with 2023 (0.73)
- v. A higher percentage of disabled staff report harassment, bullying and abuse from staff (21%) compared to non-disabled staff (8.5%). This is a small increase on 2023 (20.6%).
- vi. More disabled staff felt pressure to work when unwell (15%) compared to non-disabled staff (5%). This is an increase on 2023 (13%).
- vii. Fewer disabled staff (25%) than non-disabled staff (37%) believe NHSBT offers them fair opportunity to progress. This is lower than 2023 scores (40% for disabled and 52% for non-disabled staff).
- viii. Three voting board members declared a disability. Five voting members did not respond.

3. Workforce Race Equality Standard (WRES) headline findings

There have been year-on-year improvements across six WRES metrics out of the nine.

- i. NHSBT has more ethnic minority staff in 2024 (22.3%) than 2023 (19.2%).
- ii. NHSBT has more ethnic minority staff in Band 8A-C in 2024 (15.95%) than 2023 (13.2%)

- iii. The likelihood of ethnic minority staff entering formal disciplinary process in 2024 (0.57) has reduced from 2023 (0.73).
- iv. Percent of ethnic minority staff reporting bullying and harassment from other staff has reduced from 16% (2023) to 12.56% (2024).
- v. Percent of ethnic minority staff reporting bullying and harassment from their manager 14.3% (2024) is an improvement on 16.5% (2023).
- vi. Fewer ethnic minority staff (31%) than non-ethnic minority staff (36%) believe NHSBT offers them fair career opportunities for progression. The 2023 scores for ethnic minority staff (37%) and non-ethnic minority staff (52%) were considerably higher.
- vii. White applicants are two times more likely (1.97) to be appointed at interview than ethnic minority candidates. This is a further deterioration in this position from 2023 (1.42).

4. What has driven our success in 2023-24?

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

- i. Continuous improvement in collection and management of workforce equality data on the back of the D&I team's 'Count Me In' initiative to improve self-identification on ESR.
- ii. Availability of workforce information relating to workforce profiles and more recently disciplinary data at the Directorate level.
- iii. D&I team-led programme of year-round anchor events to raise awareness of D&I themed days that have been actively supported by Directorate D&I managers and centre-based D&I committees.
- iv. Seven active staff networks supported by the D&I team to engage in driving D&I staff engagement.
- v. A small but focussed D&I team designing, developing and delivering initiatives like: Anti-Racism Framework, Reverse Mentoring, Career Kickstart, and Directorate D&I plans which are then rolled out in partnership with Directorate D&I teams.
- vi. The Forward Together programme has provided project and programme management support around three main projects in their discovery and development phase. This is supported by the D&I team with active input and engagement from Directorate D&I leads.
- vii. An ethnic minority colleagues' recruitment panel list of who can be called to participate in recruitment panels for Band 8A and above vacancies.
- viii. Embedding the e-recruitment system with capability to run annual reporting.
- ix. Improvements in access to the Reasonable Adjustments Recording tool.
- x. Triage function for employee relations' cases.

5. Gaps and key priority areas of focus

- i. Reduce bullying, harassment and discrimination experiences of ethnic minority and disabled staff.
- ii. Increase proportion of ethnic minority staff at Band 8A or above from 15% to 19% (in line with overall ethnic minority workforce profile by 2027)
- iii. Close the likelihood of recruitment ethnicity gap from 1.97 to 1.0 by adopting positive action measures that are identified in the end-to-end inclusive review being done by external consultants in NHSBT.
- iv. Improve access to workplace adjustments for disabled staff from 47% to 55% by increasing manager awareness.
- v. Improve access to career progression for protected characteristic groups through initiatives like D&I team's Career Kickstart programme and NHSBT's leadership and development opportunities through collaborations with directorates and staff networks.
- vi. Grow and support our seven staff networks.

6. NHSBT Workforce Disability Equality Standard 2024 data and analysis

This report gives an overview of the WDES and the ten metrics we report against. It gives a brief analysis of the WDES data against each metric and explores trends internally with last year's data comparators against other NHS organisations. It shows progress against these standards during 2023-2024 and identifies the priorities for 2024-2025.

6.1 Workforce Disability Equality Standard Data

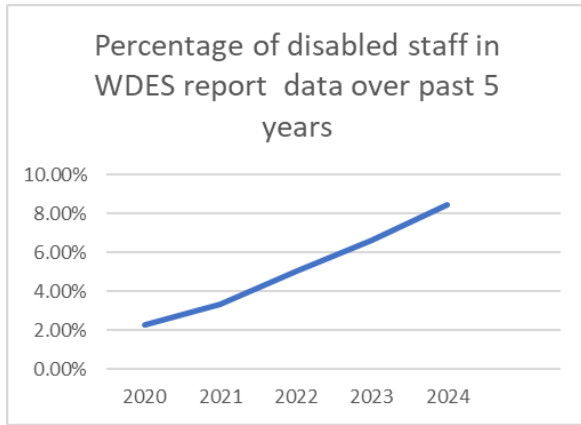
WDES Indicator		NHSBT						National NHS 2023
			2020	2021	2022	2023	2024	
1	Percentage of disabled staff	Overall	2.3%	3.33%	5.04%	6.67%	8.48%	4.9%
		VSM	no data	11%	7.1%	12.5%	13%	no data
2	Relative likelihood non-disabled applicants appointed from shortlisting. (Below 1.00 indicates disabled staff treated favourably)		1.27	1.66	1.36	1.18	0.97	0.99
3	Relative likelihood disabled staff enter formal capability process. (Below 1.00 indicates Disabled staff treated favourably)		no data		no data	0.73	0.94	2.17
4a	Percent of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	disabled	no data		18%	8.4%	8.8%	28.9%
		Non-disabled	no data		13%	7.3%	6.95%	25.9%
4b	Percent of staff experiencing harassment, bullying or abuse from staff in the last 12 months	disabled	no data		15%	20.6%	21%	28.8%
		Non-disabled	no data		13%	10.5%	11%	23.2%
5	Percent of staff believing NHSBT provides equal opportunities for career progression or promotion	disabled	no data		37%	40.3%	25%	78.4%
		Non-disabled	no data		45%	53.4%	37%	85%
6	I feel valued and included for work I do	disabled	no data		27%	31%	28%	39.4%
		Non-disabled	no data		33%	37%	37%	50.7%
7	Percent of staff personally face discrimination at work from a manager/team leader/colleague	disabled	no data			14.7%	7.11%	16.7%
		Non-disabled	no data		7%	7.2%	8.83%	6.2%
8	I felt pressured to come to work by my manager even if I am not well enough to perform my duties	disabled	no data		14%	13%	14.6%	31.1%
		Non-disabled	no data		11%	4.5%	5.24%	22.9%
9	Percent of staff say employer made enough adjustments to enable them to do their work	disabled	no data		41%	55.7%	47.4%	76.6%
		Non-disabled	no data		37%	23.7%	20.5%	not collected
10	Percent gap between Disabled voting_board members and disabled staff at NHSBT		no data			10%	13%	4.7%

6.2 Understanding our data

There have been year-on-year improvements across four WDES metrics, and a small amount of falling back in six metrics. The detail of these changes is presented below.

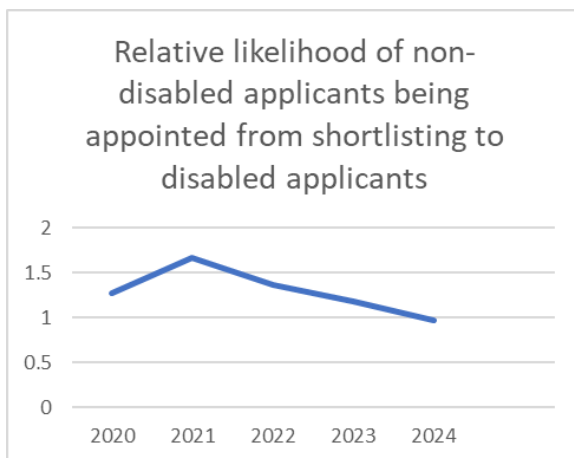
Metric 1 Workforce Numbers and Declaration

There has been a year-on-year increase in the number of disabled staff self-identifying that they have a disability which is now over 800 people, 8.48%. Of all NHSBT staff, those who have updated their ESR records to state whether they have a disability *or not* was 34.5% of the organisation in March compared with only 27.3% at the last report.



Metric 2 Likelihood of non-disabled person being appointed from shortlisting compared to disabled person

The likelihood of a non-disabled person being appointed from shortlisting is 0.97 which means it has moved slightly closer to absolute parity with disabled candidates. Disabled people are slightly more likely to be appointed from shortlisting; it stands at **0.97** which is down from 1.18 and 1.36 in preceding years. When the figure is below 1.00 then disabled people are more likely to be appointed at shortlisting.

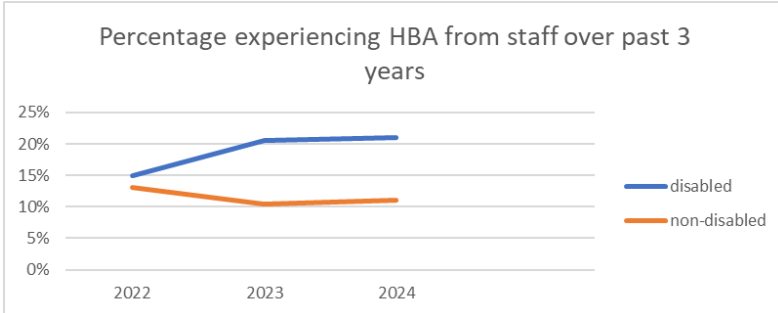
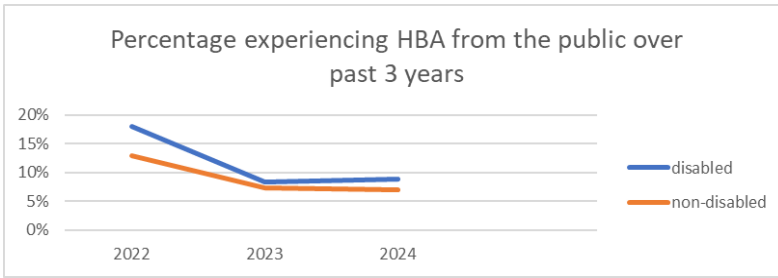


Metric 3 Employee relations processes

The 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 **0.94**.

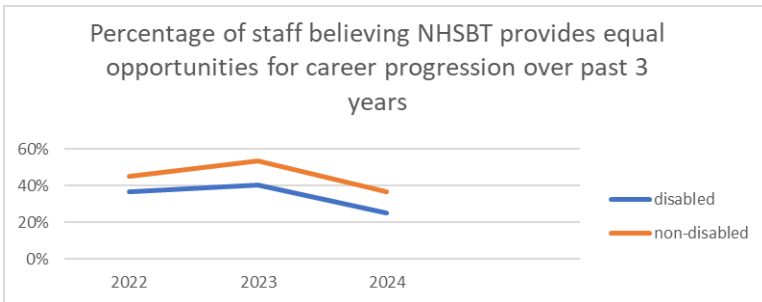
Metric 4 Harassment, Bullying and Abuse (reported from Our Voice Survey)

- 8.8% disabled staff reported harassment, bullying or abuse from donors, patients, relatives or public in the last year. This is up from 8.4% last year.
- 21% disabled staff reported experiencing harassment and bullying by managers or colleagues compared with 11% non-disabled staff. This is up from 20.6% for disabled staff last year.
- Of those making a formal report the last time they experienced harassment or bullying 12.94% were disabled staff compared with 7.3% non-disabled staff.



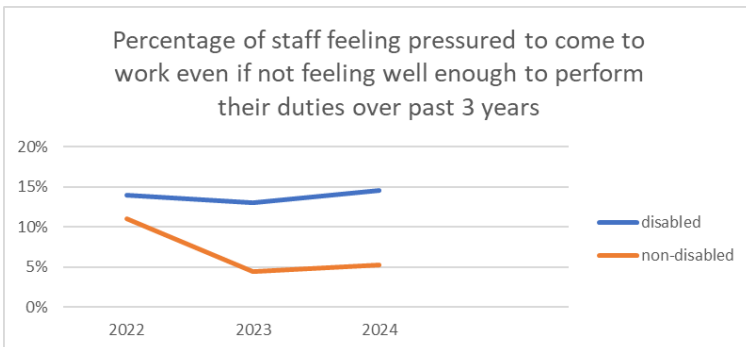
Metric 5 Beliefs about equal opportunities, career progression and promotion

Fewer disabled staff (25%) believe NHSBT provides equal opportunities for career progression and promotion whereas last year this was 40.3%. Meanwhile a greater amount (37%) of non-disabled staff believe NHSBT provides equal opportunities for career progression.



Metric 6 Feeling pressure to go to work when unwell.

A higher number of disabled staff (14.6%) compared to non-disabled staff (5.24%) report feeling pressure to work despite not feeling well enough to carry out their duties. These figures were better than the equivalent (13%) and (4.5%) last year. This number of individuals (70) affected was up on last year (41).

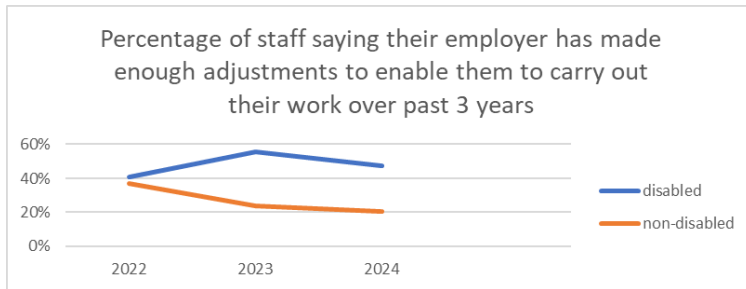


Metric 7 Disabled staff say they are satisfied with how their organisation values their work.

A lower percentage of disabled staff (28%) feel their work is valued by the organisation. This is down on last year (31%).

Metric 8 Adjustments in the workplace

47.4% of disabled staff believe NHSBT provides them with adequate workplace adjustments to enable them to carry out their work if they need them (in the NHS it is 73.4%). 10.85% of disabled staff report that they did not get the adjustments they needed.



Metric 9 Engagement

The engagement score for disabled staff at NHSBT is 6.6 out of 10. This is compared to 7.4 for non-disabled staff.

Metric 10 Board representation

There are three voting Board members who share that they have a disability. Of the 14 voting board members there are five whose disability status is unknown (35.7%). This means a percentage gap between the Board's disabled voting membership and NHSBT's overall workforce is 13%.

6.3 WDES Progress in 2023-24

Since its last report, the organisation has taken steps to support our workforce with a disability, and to improve staff voice and disability data. It highlights interventions that are making an impact and there have been improvements in the organisation on key metrics of disability equality.

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 an employability toolkit and has posted podcasts highlighting the experience of autism. The Directorate D&I leads have also run disability-awareness events for staff in their directorates.

NHSBT's Menopause Policy has been live for over a year. As has the Workplace Adjustments Policy which affirms as policy the process to follow. The process was reviewed and is offered to employees as a simpler ticketed system in Service Now which has 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 which is proving a successful strategy.

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. EIA work in directorates is being supported by Directorate D&I leads.

We continue to work on building robust ESR D&I data especially for the characteristic of disability data with constant messaging to encourage employees to self-identify their personal

characteristics during staff network meetings as well as the 'Count Me In' initiative. The number of staff sharing they have a disability on the ESR has shown an increase. The D&I team's digital factsheet explains the reasons behind how and what to select regarding the definitions and benefits of selecting the various categories.

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 and is compatible with screen readers. The revised online Recruitment and Selection Training consists of 4 modules including one on diversity and inclusion. It is now compulsory to undertake this training to be involved in any recruitment.

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 Disability History Month, we focused on activities for staff around inclusive recruitment, reducing harassment and bullying, and ensuring fair career progression. We also aimed to improve health and wellbeing services for disabled people and enhance employee engagement.

The DFN Project Search is a one-year transition to work program for young adults with a learning disability or autism. It originally launched at Filton in September 2022 with Bristol Community College for supported internships. Eight young people enrolled for long-term work experience. The goal is to improve job skills and readiness for employment in NHSBT or local employers.

We provide Disability Awareness Training on the Learning Management System to increase awareness and resources for staff. This includes access to a Disability Matters programme.

7. NHSBT Workforce Race Equality Standard 2024 data and analysis

This report gives an overview of the Workforce Race Equality Standard and the nine metrics we report against. It gives a brief analysis of the WRES data per metric and benchmarking NHSBT performance with last year's data and against other NHS Trusts. It shows progress against these standards during 2023-2024 and identifies the priorities for 2024-2025.

WRES data for 2024 shows that 96% of all NHSBT employees have an Ethnic Origin recorded in ESR, which means a high return rate was achieved. ethnic minority staff make up 22% of NHSBT's workforce. The WRES reporting model uses the term 'BME' (Black and Minority Ethnic) and we have reflected this, instead of our usual 'ethnic minority' terminology.

In the 2024 WRES Report, NHSBT has made improvements across 7 indicators including:

- Indicator 1 – Overall ethnic minority representation in the workforce is 22.3% in line with national BME population averages. NHSBT had 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 have a 0.57 likelihood of entering a formal disciplinary process compared to white staff. This has decreased significantly since 2022 when BME staff were almost twice as likely to enter formal proceedings.
- Indicator 8 – BME staff reporting experience of discrimination at work from colleagues or managers has reduced from 18% in 2022 to 16% in 2023 and is at 14.3% in 2024.

The biggest disparities in the data can be seen against the following indicators:

- Indicator 2 – Recruitment. There has been a sharp increase in the disparity between white candidates being appointed from shortlisting compared to BME applicants. The 1.97 likelihood rate in favour of white candidates has worsened from 1.4 last year.

- BME staff report greater numbers of discrimination and harassment (12.56%) compared to white staff (12.15%). Whilst this is a percentage terms improvement from 16% in 2023, the actual number of incidents have seen a year-on-year increase.
- Indicator 8 - 14.3% of BME staff had a personal experience of discrimination at work from a manager, team leader or other colleague. This is a decrease from 16.5% in 2023.

7.1 Workforce Race Equality Standard Data 2024

WRES Indicator		NHSBT					NHS	
		2020	2021	2022	2023	2024	2022	
1	Percentage of BME staff	Overall	15%	16.4%	17.5%	19.2	22.3%	26.4%
		VSM	9.1%	11.5%	5.9%	0%	11.1%	11.2%
2	Relative likelihood white applicants are appointed from shortlisting versus BME applicants		0.90	1.47	1.42	1.42	1.97	No data
3	Relative likelihood BME staff enter formal disciplinary process compared to white staff		0.82	1.72	1.99	0.93	0.57	1.25
4	Relative likelihood white staff get non mandatory training or CPD compared to BME staff		1.08	1.06	1.10	1.17	0.95	No data
5	Percent of staff face harassment, bullying or abuse by patients, public or relatives in last 12 months	BME	No data		13%	6.9%	6.3%	30.4%
		White	No data		14%	8.4%	7.6%	26.8%
6	Percent of staff face harassment, bullying or abuse by staff in last 12 months	BME	No data		18%	16%	12.56%	27.7%
		White	No data		12%	12.8%	12.15%	22%
7	Percent of staff believing NHSBT provides equal opportunities for career progression or promotion	BME	No data		66%	37.1%	31%	46.4%
		White	No data		69%	52.5%	36%	59.1%
8	Percent of staff face discrimination at work from manager/team leader or other colleague	BME	No data		15%	16.5%	14.3%	16.6%
		White	No data		7%	8.1%	8.71%	6.7%
9	Percent gap between BME voting board members and BME staff		6.3%	5.9%	17.5%	19.2%	15.6%	20.3%

7.2 Understanding our data

There have been year-on-year improvements across six WRES metrics, and a regression in the remaining three metrics. The detail of these changes is presented below.

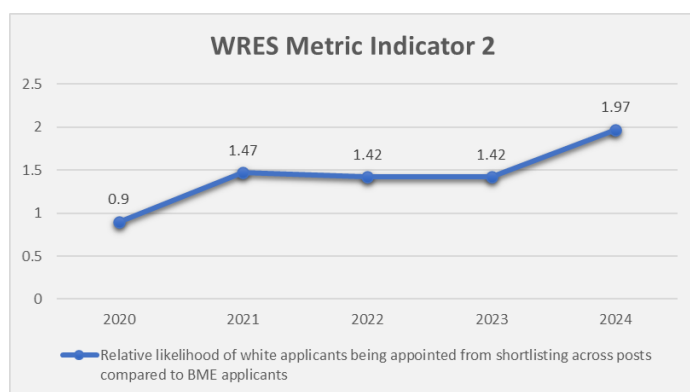
Indicator 1 – Workforce Representation

22.3% of staff working at NHSBT reported being from a BME background. This is an increase from 19.2% last year, 17.5% in 2022 and 16.4% in 2021. BME colleagues in non-clinical roles has stayed the same compared to their white counterparts in senior leadership roles. The number of BME staff in VSM roles (Band 9 or above) has decreased to 1. The representation of BME staff in Bands 8A-C has increased to 15.98% and in senior leadership roles (8D to VSM) it is 12.1%, down from 13.5% in 2023.

The NHS People Plan stipulates that organisation must increase senior leader and overall BME representation by 2025, and that it should equate to either the organisation’s BME community population size, or the national BME population, whichever is highest. NHSBT set a target of 15% BME staff representation which it surpassed in 2020.

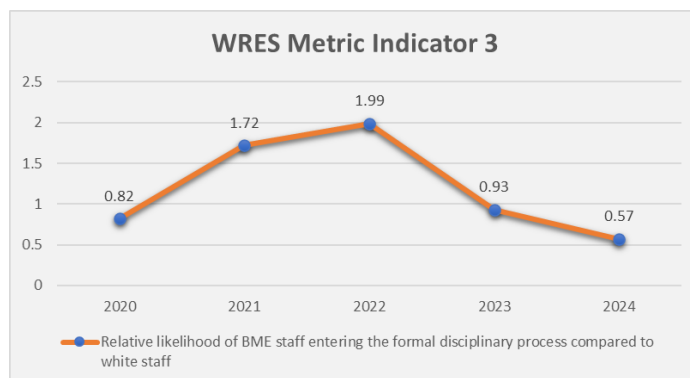
Indicator 2 – Likelihood white applicants appointed over BME applicants from shortlists

White applicants are now nearly twice as likely (1.97) to be appointed from shortlisting compared to BME applicants, greater than the 1.42 relative likelihood in 2023, there has been year-on-year fluctuation but no overall improvement over the past six years.

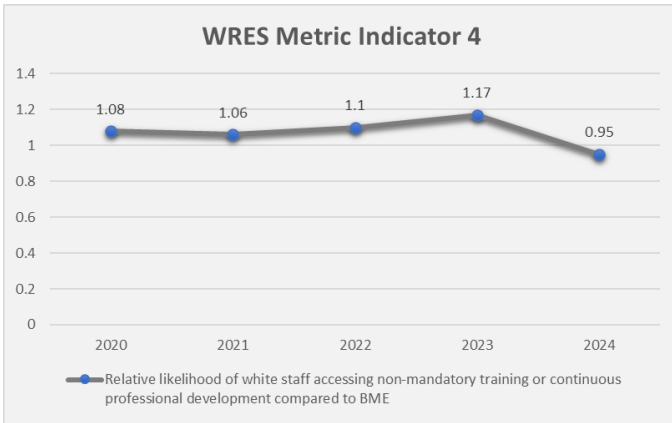


Indicator 3 – Likelihood BME staff enter formal disciplinary process versus white staff

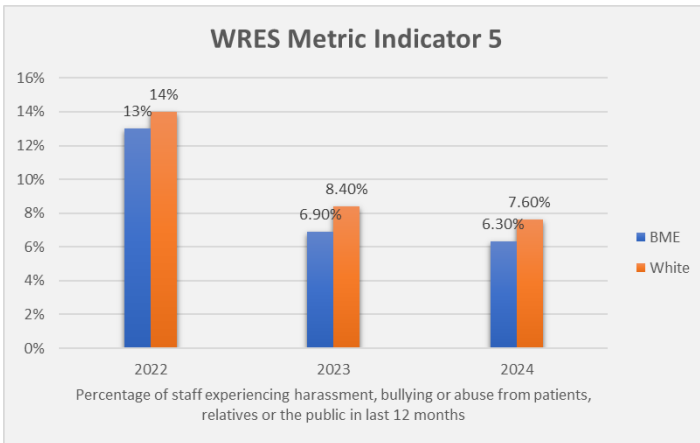
The relative likelihood of a BME person entering formal disciplinary proceedings is less likely than for non-BME staff at 0.57. The relative likelihood figure here, being below one, is favourable for BME staff.



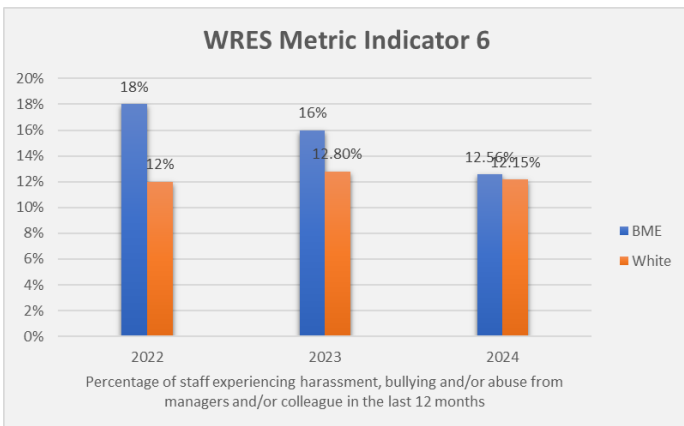
Indicator 4 – Likelihood white staff do non-mandatory training or CPD versus BME staff
 White staff were 0.95 times more likely to access non-mandatory training and CPD compared to BME staff



Indicator 5 – Staff experience of harassment, bullying or abuse from public
 6.3% of BME staff faced harassment, bullying or abuse from patients, relatives or the public in the 2024 survey. This figure is less than the 7.6% abuse reported by white staff.

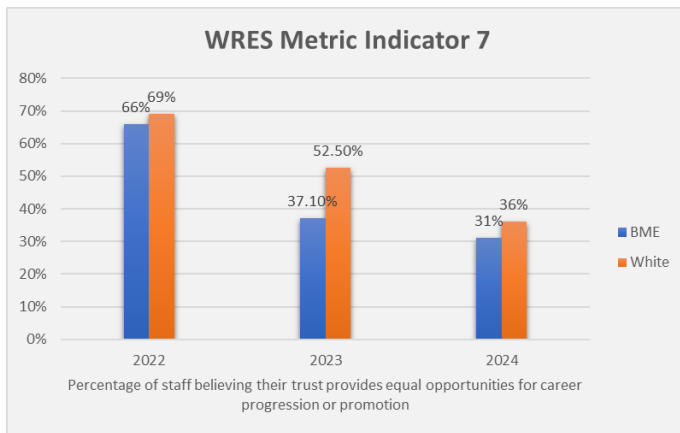


Indicator 6 – Staff experience of harassment, bullying or abuse from staff
 12.56% of BME staff have experienced harassment, bullying or abuse from staff. This is higher than the experience (12.15%) of non-BME staff, but lower than the 16% reported for BME staff last year.



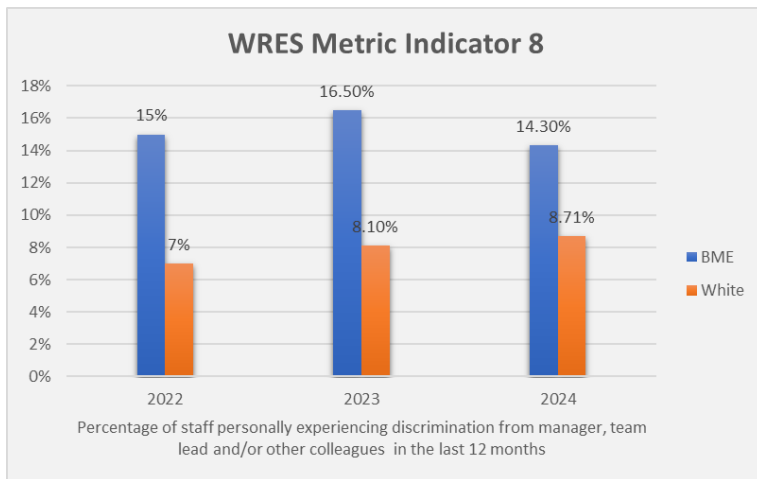
Indicator 7 – Staff believing NHSBT provides equal opportunities for career progression

Only 31% of BME staff believe NHSBT acts fairly when providing equal opportunities for career progression and promotion. This is compared to another low percentage of 36% white staff.



Indicator 8 – Staff experience of discrimination at work

14.3% of BME staff experienced discrimination at work from a manager, team leader or other colleague, compared with 8.71% of non-BME staff.



Indicator 9 – Board Representation

This final indicator asks organisations to compare the percentage gap between their BME Board voting members (6.7%) and their overall BME workforce (22.3%). With one BME voting board member the gap between percentage of BME staff and BME voting board members is 15.6%.

8. Single Equality Action Plan (for WRES, WDES, GPG, EPG)

The GPG, EPG, WRES and WDES action plans are prepared by the D&I team with input from Assistant Directors in the People Directorate. The single action plan is appended to this report and has been reviewed by staff networks. It will operate as a live document with monitoring and review through the People Directorate Plan and EDI Council.