



Blood and Transplant

NHSBT Board

November 2017

Annual Report on progress with Diversity & Inclusion

1. Status – Public

2. Executive Summary

2.1 This report provides an annual summary of progress in 2017 in our drive for greater diversity & inclusion at NHSBT. The report highlights progress against our key priorities and identifies areas for further attention and next steps.

3. Action Requested

3.1 The Board is asked to:

- Take note of the progress.
- Continue to support EDWG representatives in their ability to influence directorates in their responses to diversity & inclusion action plans
- Promote the work being undertaken through leadership meetings.
- Provide relevant feedback.

4. Summary

4.1 Our strategy to ensure enhanced diversity and inclusion for colleagues, patients, donors and service users are detailed within NHSBT's Single Equality Scheme.

Specific actions for diversity and inclusion work are contained in supporting documents.

- Annual Diversity & Inclusion Workforce Plan
- Annual review of the Workforce Race Equality Standards (WRES)

4.2 The progress against each of these is monitored by the Equality and Diversity Working Group chaired by Sally Johnson, Organ Donation and Transplantation Director.

4.3 Since the last annual report there are some key deliverables to note: -

- A Diversity & Inclusion Work-plan has been produced by the Workforce Directorate which supports the Single Equality Scheme and NHSBT's People Strategy. This is accessible to NHSBT colleagues through our People First intranet site.
- The second annual Workforce Race Equality Scheme report (WRES) has been completed and reviewed by the EDWG.
- Progress has been made with starting to address support for LGBT colleagues with the newly established LGBT+ Network. Their Network Chair, Luke Foster, has been appointed and has met with the Chief Executive and the Director of Workforce.
- Annual work-plans are to be produced for each of the Network groups which support the EDWG and it is hoped that in 2018 we will start work on supporting other areas of diversity linked to age and employees with carer responsibilities.
- Health and Well-being colleagues and the Disability and Well-being advocates' network are jointly progressing work on supporting colleagues in work with mental health and we are working closely with NHS England on the introduction of the Workforce Disability Equality Standard due for release in April 2018.
- Individual Directorates are continuing to progress service delivery action plans in support of the Single Equality scheme and are looking at the diversity of their workforce.

5. Background

5.1 Priority Action – Quality of diversity data

5.1.1 Our stated intent is to work towards increasing the diversity of colleagues in NHSBT to better reflect UK demographics so that we may be more truly representative of the population to who we supply our service.

5.1.2 To monitor our Employee Survey data and progress with increasing diversity it is important that NHSBT colleagues provide us with monitoring data but there remains a proportion of employees that do not provide this especially in relation to sexual orientation, disability and to a smaller extent race.

- Currently 247 (4%) of NHSBT colleagues do not disclose their ethnicity.
- 3132 (57%) of NHSBT colleagues do not disclose their sexual orientation
- 5253 (95%) of NHSBT colleagues' records for disability are undefined.

5.1.3 This raises questions around how comfortable colleagues feel about sharing their personal data with NHSBT and the importance of improving the quality of our data for reporting and monitoring purposes. It suggests that some colleagues need to feel greater trust and confidence in 'bringing themselves' to work. We need to encourage this at all levels within the organisation and this is a key feature of our Diversity & Inclusion workplan.

5.1.4 During 2018 we will be working towards giving NHSBT colleagues self-service access to their own personal data within the electronic employee record system. This will enable colleagues to update their own personal diversity and protected characteristic data on the understanding that their personal data is held confidentially and is used for equality monitoring purposes.

5.2 Priority Action - increasing our number of Black, Asian and Minority Ethnic colleagues

5.2.1 At a corporate level Black, Asian and Minority Ethnic diversity of NHSBT colleagues benchmarks similarly to that of the national population and is 4% less than the national average for NHS employees as demonstrated in the table below.

		Working Population in England	NHS Employees	NHSBT Employees
Ethnicity	White	87%	78%	83%
	Black, Asian & Minority Ethnic	13%	17%	13%
	Not disclosed		5%	4%

5.2.2 However, we are aware that this data is very different depending on the area of the country, different centres and in part some different professions. We are aware that some areas such as Manchester, Sheffield and Birmingham do not benchmark as well as the local demographic population.

5.2.3 Working with recruitment managers and local Centre Partnership Committees, we intend to prioritise on these three centres in looking at more diverse recruitment.

Area	NHSBT July 2017 vs Census 2011	WHITE	MIXED	ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH	OTHER ETHNIC GROUPS	NOT STATED
Birmingham	NHSBT Jul 2017	79.0	2.8	8.9	4.0	1.2	4.0
	Census 2011	57.9	4.4	26.6	9.0	2.0	0.0
Manchester	NHSBT Jul 2017	83.2	3.0	5.3	2.8	1.5	4.3
	Census 2011	66.6	4.6	17.1	8.6	3.1	0.0
Sheffield	NHSBT Jul 2017	92.5	1.2	2.0	1.0	0.4	2.9
	Census 2011	83.7	2.4	8.0	3.6	2.2	0.0

 difference of 5-9.9% between NHSBT employees who've stated their ethnicity as white and 2011 Census data
 difference of >10% between NHSBT employees who've stated their ethnicity as white and 2011 Census data

5.3 Priority Action – Address the diversity of our Nursing profession and Blood Collection teams

5.3.1 Ethnicity of our nursing community is another area of focus as numbers of Black, Asian & Minority Ethnic colleagues in Organ, Donation and Transplantation (ODT) remain low and this is similar to those nurses working in Blood Donation (BD). This is important not only to ensure our workforce is more diverse but more importantly to ensure it represents the community of donors and families that we provide our life saving service to.

Directorate	Category	Black, Asian & Minority Ethnic	Non-Black, Asian & Minority Ethnic	Not Stated	Total Headcount
ODT	Nursing	8	278	16	302
BD	Nursing	23	270	14	307
BD	Donor Carers	72	1157	51	1280
Total Headcount		103	1705	81	1889

5.3.2 We continue to monitor this area carefully and specific action plans to address these issues are progressing within the directorates concerned and with the support of our Recruitment team.

5.4 Priority Action – Diverse recruitment

5.4.1 Specific actions taken this year such as the targeted Recruitment Open Day in Manchester (February 2017) for Manufacturing resulted in an increase in Black Asian Minority Ethnic appointments into Blood Production Assistant posts, with one third of appointees coming from a Black, Asian or Minority Ethnic background.

5.4.2 Overall the recruitment campaign statistics for Black, Asian and Minority Ethnic applicants achieved an 11.47% increase of applicants, a 9.92% at short-list stage and an 8.86% increase in appointments compared with previous similar recruitment advertising.

5.4.3 Further work is however needed across the organisation and this includes some of the following actions:

- Diversity & Inclusion questions have been incorporated into the NHSBT Values questions and are used at all interviews.
- An evaluation of use of diverse panels for senior leadership posts is to be undertaken with a view to reporting back by January 2018
- On-line recruitment training has been produced ready for launch in January 2018 and this includes diversity and inclusion within the training modules.
- An evaluation of the Open Day at Manchester for recruitment into Manufacturing has been produced and made available to the EDWG and Centre Partnership Committees so that ideas about diverse recruitment may be shared more widely.
- Recruitment Specialists are working with EDWG representatives on individual directorate projects to seek to increase Black, Asian & Minority Ethnic applications and appointees to post

5.5 Priority Action – Increasing Black, Asian, Minority Ethnic Leadership

5.5.1 Standard 1 of the Workforce Race Equality scheme examines whether NHS organisations are taking steps to increase representation of Black, Asian and Minority Ethnic employees in leadership positions at band 8A and above up to and including Board members. The figures are collected based on financial year end reporting.

Indicator	Data for the recording year	Data for year end March 2016	Data for year end March 2015
Total percentage of Black Asian Minority Ethnic employees in workforce	13.1%	12.7%	12.17%
Black Asian Minority Ethnic employees at AfC band 8A plus	7.99%	7.8%	7.6%

5.5.2 The data indicates that there has been an average increase of 0.47% Black, Asian and minority ethnic employees over the past two years and a marginal percentage increase at band 8A plus management level. The headcount in senior management posts at band 8A however remains static.

5.5.3 The target set for the number of Black Asian and Minority Ethnic employees in Senior Management posts as at year end March 2017 was 47. The headcount achieved was 46. The target for financial year end March 2017 is 48.

5.5.4 It is noted that these targets are small incremental steps and to further advance progress in this area greater focus should be given within succession planning for our Black, Asian and minority Ethnic colleagues. This would ensure we are managing the talent of our Black, Asian and minority Ethnic colleagues as and when vacancies arise.

5.5.5 In respect of benchmarking with the wider NHS, the 2016 WRES data from NHS England showed that nationally, for all non-medical employees (clinical and nonclinical), the proportion of Black, Asian & Minority Ethnic employees in Bands 8a - 9 and VSM was 11.1% compared with 17.7% in the workforce; a substantial difference between the two figures. NHSBT's data also benchmarks at a lower percentage than that of the wider NHS.

5.5.6 Actions we are currently undertaking to encourage career development into leadership posts include:

Executive mentorship - Every member of the Executive has been asked to mentor a Black, Asian & Minority Ethnic colleague.

Delegates from the first three cohorts of the REACH Higher Programme were invited to express an interest in having a member of the Executive Team as a mentor. A total of five expressions of interest were received and candidates have been matched to members of the Executive Team as at July 2017

Careers Master-class for Black, Asian & Minority Ethnic colleagues

As part of our commitment to help encourage greater representation of Black, Asian and Minority Ethnic employees at all levels in the organisation, a new one day Career Master Class has been developed and is run by a training provider with specialist knowledge in this area.

The one day sessions commenced in September this year at monthly intervals across NHSBT centres and a co-ordinated approach to communications has been taken to ensure this programme is promoted across the organisation. 144 Places for training have been made available to date and evaluation of the intervention will be closely monitored.

5.6 Priority Action – Improving the ratio of Black, Asian and Minority Ethnic applicants appointed from short-listing

5.6.1 The WRES Standard 2 on Recruitment examines whether applicants from Black, Asian and Minority ethnic backgrounds have a comparative likelihood of being appointed to posts in the organisation when compared with white colleagues.

5.6.2 The March 2017 NHSBT data shows that white job applicants have a 1.53 greater likelihood than Black, Asian & Minority ethnic applicants of being appointed at interview.

Categories	White	BLACK, ASIAN, MINORITY ETHNIC	Relative likelihood of White employees being appointed from shortlisting compared to Black Asian Minority Ethnic employees
Number of shortlisted applicants	4739	1415	1.53
Number appointed from shortlisting	758	148	
Ratio shortlisting/appointed	0.16	0.10	

5.6.3 In terms of how we compare with the wider NHS, the 2016 NHS England WRES report for the NHS showed that White shortlisted job applicants are 1.57 times more likely to be appointed from shortlisting than Black, Asian & Minority Ethnic shortlisted applicants.

5.6.4 To support this concern at interview stage we are introducing new recruitment training modules we into NHSBT and these include an element of unconscious bias training. We will continue to monitor this data through the EDWG.

5.7 Priority Action – Decreasing the ratio or likelihood of Black, Asian and Minority Ethnic applicants entering the disciplinary process.

5.7.1 WRES Standard 3 examines the relative likelihood of employees from Black, Asian and Minority Ethnic backgrounds being subject to investigation under the disciplinary process compared with non-Black, non-Asian and non-Minority Ethnic colleagues. This indicator is based on data from a two-year rolling average of the current year and the previous year

5.7.2 In NHSBT the number and percentage of employees for whom a Disciplinary case was opened in the 2-year period from April 2015 - March 2017 is illustrated as follows:

Disciplinary Cases Opened	Total Cases	Total %
Black, Asian & Minority Ethnic	24	18.5%
Non-Black, Asian, Minority Ethnic	103	79.2%
Not Stated	3	2.3%
Grand Total	130	100.0%

Likelihood of White employees entering the formal disciplinary process	0.0220	
Likelihood of Black Asian Minority Ethnic employees entering the formal disciplinary process	0.0326	
The relative likelihood of Black, Asian & Minority Ethnic employees entering the formal disciplinary process compared to White employees is therefore	1.48	times greater

5.7.3 In terms of how we compare with the wider NHS, the 2016 WRES report from NHS England found from the 224 trusts analysed, the (unweighted) relative likelihood of Black, Asian & Minority Ethnic employees entering the formal disciplinary process nationally was 1.56 times greater compared with white colleagues, with significant variations between regions and type of trust and within regions and types of trust.

5.7.4 In NHSBT exploratory discussions have taken place with staff-side on how a triage system for disciplinary case referrals for Black, Asian & Minority Ethnic employees could operate and the Associate Director of Workforce and the Diversity & Inclusion Manager will triage cases prior to progression.

5.8 Priority Action –Access to development for Black, Asian & Minority Ethnic Employees.

5.8.1 WRES Standard 4 examines relative likelihood of Black, Asian and Minority Ethnic (BAME) employees accessing non-mandatory training and continuous professional development (CPD) in the organisation.

Descriptor	White	BAME
Number of employees in workforce	4596	714
Number of employees accessing non-mandatory training & CPD	882	174

Likelihood of White employees accessing non-mandatory training and CPD	882/4596	0.192
Likelihood of Black, Asian & Minority Ethnic employees accessing non-mandatory training and CPD	174/714	0.244

5.8.2 The ratio or relative likelihood of Black, Asian and Minority ethnic colleagues accessing development remains slightly higher than that of white colleagues and this is the trend that we have seen continued from previous years. In part, this positive trend may be influenced by development opportunities in the scientific professions in NHSBT.

5.8.3 In terms of comparison with the wider NHS, the WRES report for the NHS 2016 concluded that access to non-mandatory training and CPD is slightly better for white employees and in this respect the figures for NHSBT are better than the average NHS Trust.

5.9 Priority Action – Establish diversity and inclusion support to address the needs of our LGBT colleagues

5.9.1 A focus group to scope out the needs and requirements for a LGBT+ Network took place in June and August to explore the benefits of setting up a LGBT Employee Network and a network chair has now been elected. The group will be identifying areas of work to be undertaken and will seek wider organisational support via NHSBT's Diversity and Inclusion Manager.

5.10 Priority Action – Establish diversity and inclusion initiatives to support employee health and well-being and to meet the needs of disabled colleagues

5.10.1 We are working with the Business Disability Forum (BDF) on setting up the Disability Standard as a tool to help prepare NHSBT for the Workforce Disability Equality Standard (WDES). A steering group will be set up to help drive the self-assessments and feed back into an action plan and we are currently participating in NHS England's WDES pilot.

5.10.2 We have trialled the new Tailored Adjustment Agreement process in Blood Donation during June and this will be rolled out nationally following feedback from users. This is where we are making workplace adjustments for individuals if they need support in the workplace for any reason, including health issues, disabilities or following surgery.

5.10.3 Plans are in place to trial a session of mental health first aid training in Sheffield to test if having 'Mental Health Champions' will help employees and raise awareness of mental health issues. If successful we will look to roll out nationally.

5.10.4 A psychological support package is being rolled out within ODT to help managers spot signs of employee stress and then signpost employees to support. Other directorates have shown an interest in this and ODT are working with them.

5.10.5 Training for the Disability Advocates is being planned to help them to have awareness of different issues and give them more confidence, and awareness packages on mental health and chronic conditions, OH and stress are in being developed for Shine Academy to all to access.

5.10.6 A flowchart for how we deal with cases of dyslexia is being developed by the HS&W team in conjunction with the British Dyslexia Association and current Workforce policies and support.

5.10.7 A plan to rollout Lighten Up resilience training further is in development with OWD. Support will be required in the form of more trained Facilitators in other areas to make this sustainable.

5.11 Priority Action - Leadership Commitment to inclusivity

5.11.1 Our commitment to Inclusivity in NHSBT has been a central theme for discussion at our diversity network groups workshop in February 2017, the Senior Leadership Conference in May 2017 and is incorporated into the Middle Management Summits that are running this year. Central to this commitment is the following inclusivity pledge which we have developed and which is publicised in our 2016-17 Diversity and Inclusion work-plan as follows: -

Diversity & Inclusion Pledge

- We are all responsible
- We value each other's uniqueness and difference
- Dignity and respect is important to us
- We can be our authentic self
- We are fair
- We develop talent and personal growth
- We all have a voice
- We are included

5.12 Priority Action – Communication

5.12.1 In the 2016 Annual Diversity and Inclusion report we committed to progressing communications with our colleagues in NHSBT which increase awareness of diversity, the importance of inclusivity and initiatives being undertaken across the organisation.

5.12.2 A comprehensive list of diversity awareness dates has been pulled together to plan communications to support events and mark key religious events. The calendar is reviewed monthly with the Internal Communications Team to ensure we have timely, key messaging across all relevant communication channels. Summaries of the EDWG are now publicised and shared by EDWG members at Senior Management Teams across the organisation and publicised on People First.

5.13 Priority Action – Create an Annual Diversity & Inclusion Workforce Plan

5.13.1 There are many strategies, standards and pledges associated with our ambition to enhance diversity & inclusion at NHSBT. This year however it was recognised that greater focus needed to be spent on the plans for our colleagues.

5.13.2 The purpose of having a Diversity & inclusion Workplan to accompany these broader documents helps ensure we: -

- prioritise our efforts to achieve greater impact,

- make it clear to colleagues within the organisation what the priorities are for the year and what impact we hope they will deliver
- ensure colleagues who want to get more involved know who to contact and where their skills or views would be of best use.
- The [Diversity & Inclusion Workplan](#) covers many of the workforce actions and are identified in this report.

5.14 Priority Action – Review and develop diversity and inclusion training

5.14.1 A new training package called Working Inclusively – NHSBT A Great Place to Work is being developed in line with a more focussed approach to mandatory training for all employees. The training also incorporates elements of unconscious bias training and is to be introduced in early 2018.

5.15 Priority Action – Review and reposition the Donor Ambassador Programme

5.15.1 Following discussions with Leonie Austin, Communications and Marketing Director, the Donor Ambassador Programme will have a greater steer from the Blood Marketing Team to ensure Donor Ambassadors are lined up to events to help recruit more Black and Asian donors. A Donor Ambassador Workshop was held on 18 July for new and existing Donor Ambassadors including a session on Media Training.

6. Single Equality Scheme (SES) Progress

6.1 Each Directorate has a set of actions and targets which support NHSBT's Single Equality Scheme (SES) This includes actions in relation to service delivery in respect of protected characteristics under legislation, most notably race and individual directorate actions being supported for the workforce in that directorate.

6.2 The actions and targets are reviewed and reported on at each EDWG meeting and a sample of targets from key operational areas are available in Appendix 1.

A full copy of the SES and accompanying actions can be accessed via the link: [Single Equality Scheme Targets](#)

7. Summary and Next Steps

7.1 A great deal of activity is focussed on achieving a truly diverse and inclusive organisation. Momentum is building and this is demonstrated by the actions resulting from the various strategies and networks associated.

7.2 There is clearly more work to do however and future next steps include:-

- We intend to publish annual work-plans for each of our Diversity Networks supporting the EDWG.

- We plan to explore the establishment of networks for younger and older employees and employees with carer responsibilities if employees support work being undertaken in these areas.
- We will be evaluating the outputs from the careers masterclass intervention with Black, Asian and minority ethnic colleagues.
- We will implement the WDES in April 2018 and an accompanying action plan.
- We will be looking to use digital technology to increase the range of information that we can make available to NHSBT colleagues to increase knowledge of diversity and inclusive working.
- Examine whether as part of our Diversity & Inclusion network support if a network group would be helpful to support those work colleagues potentially affected by Brexit.

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November 2017

Directorate	Equality Objective	Progress
Blood Donation	To work towards ensuring that a donors disability is no barrier to a great donation experience	This has been flagged as part of the Core Systems Modernisation Programme to introduce consistent logging of disabilities of donors as we currently do not ask donors to declare any disability. This will enable targeted reporting for those disabled donors who choose to declare.
Organ Donation & Transplantation	To cultivate an environment within Organ Donation and Transplantation that allows development of employees and makes the most of our diverse workforce	<p>The number of Black Asian & Minority Ethnic employees increased in Q2 from 19 to 20</p> <p>The Lead Nurse for Diversity and a recent graduate management placement student have been working on the development of a dedicated Diversity Action Plan to support the increase in the diversity of the workforce.</p> <p>Actions taken to date include:</p> <ul style="list-style-type: none"> - Networking to have shared learning via other organisations and universities. - Exploration of interventions with the recruitment team - the development of a leaflet to attract nurses into the role. - Widening of the Person Specification for the Specialist Nurse Organ Donation (SNOD) role. - Research to consider why Black & Asian nurses are not attracted to the SNOD role.
Diagnostics & Therapeutic Services	Work with charitable organisations to ensure that between 30-50% of cords banked are from BAME donors	This was ahead of target at 41 % for Financial year 16/17. Month 1 of 17/18 is running ahead of target at 38%
	Work with charitable organisations to ensure that BAME adult donor recruitment to BBMR reaches 2000 for FY under the age of 40 recruited in year from the pool of blood donors.	We recruited 3,131 against target of 3,000 in 16/17. We are on target to achieve our target for 17/18.
Manufacturing	<p>Increase Percentage of product requests fulfilled by blood group including</p> <p>Ro -from 50% for Ro in 14/15 to 90%.</p>	Performance is currently 52% showing a gradual increase from 40% in September 2014.