

NHS Blood and Transplant Single Equality Scheme

2015-2019



Contents

1	Foreword by the Chief Executive
2	Introduction and purpose of the Single Equality Scheme
3	Who are we?
4	Aims of the scheme
5	Workforce diversity monitoring
7	Perception of discrimination by protected characteristics
8	Achievements under our current Single Equality Scheme 2011-2015
9	NHSBT context and challenges
12	Equality and diversity governance structures
13	Annex A: Corporate Single Equality Scheme Action Plans 2015-2019
14	Blood Supply: Operational Priorities – Single Equality Scheme Objectives 2015-2019
15	Organ Donation and Transplantation: Operational priorities – Single Equality Scheme Objectives 2015-2019
17	Diagnostic and Therapeutic Services: Operational Priorities – Single Equality Scheme Objectives 2015-2019
18	Corporate: Workforce development priorities – Single Equality Scheme Objectives 2015-2019
18	Blood Supply
19	Organ Donation and Transplantation
20	Diagnostic and Therapeutic Services
21	Group Services: Workforce, Communications, Finance, Clinical, Business Transformation Services, Quality Assurance
22	Workforce: Single Equality Scheme Objectives 2015-2019
25	Communications: Single Equality Scheme Objectives 2015-2019
27	Finance: Single Equality Scheme Objectives 2015-2019
28	Clinical: Single Equality Scheme Objectives 2015-2019
30	Business Transformation Services: Single Equality Scheme Objectives 2015-2019
31	Quality Assurance: Single Equality Scheme Objectives
32	Annex B: How we developed the scheme
33	Annex C: Summary of the Protected Characteristics and Legislation
35	Annex D: External Stakeholder comments and responses
40	Annex E: Employee comments and responses

Foreword

NHS Blood and Transplant's core purpose is to save and improve lives and our ambition is to be the best organisation of our type in the world.

Our new Single Equality Scheme (2015-2019) builds on our current Single Equality Scheme 2011-2015. It describes the work we will do to continue promoting equality, diversity and inclusion in all areas of our remit and improve patient outcomes by reducing disparities.

The scheme has a strong focus on working with Black, Asian and Minority Ethnic (BAME) communities as these groups face inequality of access to some of the lifesaving and enhancing products and services we provide.

It builds on a number of policies and plans already in place which promote equality across the nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation).

As the main provider of blood components, diagnostic services, tissues and solid organs to the NHS, we recognise that we have a significant role to play by ensuring equality of access in service provision.

We also recognise the importance of an inclusive working environment and having a workforce that is representative of the communities we serve. As a result of this we have adopted a new strategic target to increase by 15% the proportion of the workforce from BAME backgrounds in senior roles over the next three years.

Our scheme will promote and champion equality, diversity and inclusion across all of the nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation).

We are proud of the progress that we have made with our previous scheme and believe the impact of our new Single Equality Scheme will be felt in all aspects of our work.



Ian Trenholm
Chief Executive



Introduction and purpose of the Single Equality Scheme

The work of NHS Blood and Transplant (NHSBT) impacts upon the lives of patients, staff and donors. The new Single Equality Scheme for 2015-2019 is a strategy and action plan detailing NHSBT commitment and approach to all forms of equality, diversity and inclusion.

Building on the achievements of the previous scheme, this document sets out NHSBT's commitment to delivering on the four goals in the Equality Delivery System Two framework¹: better health outcomes, improved patient experience and access, a representative and supported workforce and inclusive leadership.

A Single Equality Scheme is a document which outlines how we are going to promote and embed equality, diversity and inclusion in all aspects of the work of NHSBT. All public sector bodies are required to have a Single Equality Scheme in place to demonstrate how they ensure compliance with the Equality Act 2010. The Act provides legal protection for the nine protected characteristics namely: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

1. The NHS Equality Delivery System is a tool for assessing progress towards equality in the NHS.



Who are we?

NHS Blood and Transplant (NHSBT) is a Special Health Authority, dedicated to saving and improving lives by providing a wide range of services to the NHS. We provide a safe and reliable supply of blood components, therapeutic apheresis services, diagnostic services, stem cell services to hospitals in England and North Wales and tissues and solid organs to hospitals across the UK. Donations are given altruistically by the public and are vital to the lives of thousands of patients.

The organisation is comprised of four Operating Divisions: Blood Supply, Diagnostic and Therapeutic Services, Organ Donation and Transplantation and Group Services:

Blood Supply Directorate – manages the supply of blood from donor through to hospitals. Blood Supply employs over 60% of NHSBT's workforce, with mobile collection teams and static clinics collecting blood and centre based staff who process, test and issue products to hospital customers.

Diagnostic and Therapeutic Services – manages all of the Specialist Business Units (Stem Cell Donation and Transplantation (SCDT), Cellular and Molecular Therapies (CMT) Histocompatibility & Immunogenetics (H&I), Red Cell Immunohaematology (RCI), Tissues Services, Therapeutic Apheresis Services (TAS)) and the leadership of the customer focused end of the blood supply chain (our hospital liaison staff). Diagnostic and Therapeutic Services (DTS)

also leads the hospital-facing Customer Services and Patient Blood Management teams and is responsible for developing the Integrated Transfusion offering between RCI and hospital transfusion laboratories. The Business Continuity function also falls within DTS which ensures NHSBT's resilience in the face of disruptive challenge.

Organ Donation and Transplantation – manages the National Transplant Database which includes details of all donors and patients who are waiting for, or have received, a transplant. They maintain the NHS Organ Donor Register (ODR), and provide a 24-hour service for supporting donor families and for matching and allocating donated organs in a fair and unbiased way, including the transport arrangements to get organs to patients in a timely manner.

Group Services – comprises the ICT, Workforce, Finance, Quality, Clinical and Communications functions and together, they are responsible for working with and supporting the three operational directorates, enabling the organisation's operational and strategic vision to be met.

In total, we employ circa 5,800 people who are either in full or part-time employment including agency workers. The skill mix is varied, and includes Health Care Professionals (Clinicians and Nurses), Health Care Assistants (trained staff who look after the donor throughout the donation process), Clinical Scientists, Biomedical Scientists, Laboratory Assistants, Administrators and Drivers. As an organisation we are geographically dispersed and employ staff across the UK ranging from Plymouth to Scotland and Northern Ireland.

Note: The Business Transformation Services directorate has been split into two separate functions – ICT and Business Transformation Services. BTS now falls under the Workforce Directorate.

Aims of the scheme

Our vision for equality, diversity and inclusion:

“To strive to achieve world class standards in equality, diversity and inclusion ensuring all who use our services or work for us are treated fairly and equally.”

The objectives of the scheme are to:

- Support the objectives outlined in the NHSBT strategic plan 2014-2018
- Ensure that NHSBT delivers accessible and fair services. Whilst maintaining the safety and supply of blood, organs and tissues
- Identify equality and diversity priorities for action over the next four years
- Provide a clear statement to all our employees on how we will promote equality, diversity and inclusion in the work place and in service provision
- Deliver on the actions to embed equality and diversity across the organisation.

This scheme covers our operations across England, Wales, Scotland and Northern Ireland.



Workforce diversity monitoring

All public sector bodies are required to monitor workforce diversity statistics. The information collated allows us to assess and identify whether there is any adverse impact on specific groups in relation to our policies and procedures.

The table below shows the current workforce composition. The latest census figures (2011) indicate that the BAME population in the UK is currently 14.1%. The number of BAME employees working at NHSBT is 11.5%.

Ethnic Categories	Headcount	%
A White British	4,652	80.35%
B Irish	74	1.28%
C Any Other White Background	195	3.37%
D White and Black Caribbean	20	0.35%
E White and Black African	8	0.14%
F White and Asian	21	0.36%
G Any Other Mixed Background	40	0.69%
H British Indian	168	2.90%
J Pakistani	43	0.74%
K Bangladeshi	16	0.28%
L Any Other Asian Background	60	1.04%
M Black British-Caribbean	104	1.80%
N Black African	100	1.73%
P Any Other Black Background	15	0.26%
R Chinese	21	0.36%
S Any Other Ethnic Group	44	0.76%
Z Not Stated	209	3.61%
Grand Total	5,790	

Age Range	Headcount	%
Age 16 - 25	231	3.99%
Age 26 - 35	1,142	19.72%
Age 36 - 45	1,386	23.94%
Age 46 - 55	1,895	32.73%
Age 56 - 62	902	15.58%
Age 63 and over	234	4.04%
Grand Total	5,790	

Gender	Headcount	%
Female	3,962	68.43%
Male	1,828	31.57%
Grand Total	5,790	

Disabled	Headcount	%
No	123	2.12%
Not Declared	11	0.19%
Undefined	5,516	95.27%
Yes	140	2.42%
Grand Total	5,790	

(Data as at June 30 2014)



We monitor and report on staff in post, applicants for employment, applications for learning, education and development activities, those subject to disciplinary and grievance procedures, new entrants, leavers, maternity information and pay band by gender and ethnic origin.

We recognise that we need to improve on our reporting rates with regard to disability, religion and belief and sexual orientation. We are exploring options to make improvements in these areas. We currently collate data from NHS jobs on sexual orientation and religion and belief.



Perception of discrimination by protected characteristics

NHS Blood and Transplant is committed to eliminating unlawful discrimination based on the protected characteristics of race, age, disability, sex, sexual orientation, gender reassignment, religion and belief, pregnancy and maternity and marriage and civil partnership status.

Since 2008, we have been monitoring the number of cases of perceived or real discrimination by gender, disability, age and race.

In the 2012 Staff Attitude Survey, out of a sample size of two thousand five hundred employees surveyed, one thousand five hundred and ninety three employees responded. Out of the one hundred and eighty four employees that answered yes to the question as to whether they had experienced discrimination on the grounds of their protected characteristic, the responses are as follows:

- Thirty three people (18%) said that they experienced discrimination on the grounds of their ethnic background
- Thirty six people (18%) said that they experienced discrimination on the grounds of gender
- Ten people (15%) said that they experienced discrimination on the grounds of their religion or belief

- Eight people (5%) said that they experienced discrimination on the grounds of their sexual orientation
- Twenty six people (14%) said that they experienced discrimination on the grounds of their disability
- Forty people (22%) said that they experienced discrimination on the grounds of age.

In order to improve the perception of discrimination (real or perceived) by each of the protected characteristics, we have included specific actions in our new Single Equality Scheme 2015-2019 to support our employees.

For the 2014 *Your Voice Survey*, we carried out detailed analysis of the data disaggregated by each of the protected groups to ensure targeted actions were taken.



Achievements under our current Single Equality Scheme 2011-2015



NHS Blood and Transplant's new scheme aims to build upon the work already carried out since 2011. Some of the achievements from the previous scheme include:

- We met the objective for 14% of British Bone Marrow Registry BBMR registrants to come from BAME communities, helping to improve the supply of stem cells to patients from Black Asian and Minority Ethnic BAME communities
- We increased by 40% the number of cord blood units donated by BAME mothers in order to increase the supply of cord blood derived from stem cells to BAME communities
- We carried out a successful diversity peer review where an external organisation reviewed our equality and diversity practice using the Equality Delivery System goals, assessing us as 'achieving'
- We made large font welcome folders available at blood donation sessions as part of our commitment to disability equality with respect to visual impairment
- Our REACH positive action programme has resulted in a number of positive outcomes for BAME employees which include four internal promotions and four external promotions. We also launched a strategic targeted development programme for BAME leaders who aspire to Assistant Director and Executive level positions (REACH higher)
- We launched a Disability Advocates Scheme
- We developed a set of diversity KPIs in relation to the allocation scheme within ODT, in order to ensure equality of access to transplantation and compliance with equality legislation
- We developed and implemented a Dignity at Work Pledge to support our commitment to everyone being treated fairly and with respect in the workplace, making it clear that all forms of bullying and harassment are unacceptable
- We participated in a national faith leaders' summit to engage with faith leaders on the barriers to organ donation from BAME communities. This event was very successful and an action plan has now been developed to take forward the recommendations from this event
- We hosted 28 events in London and Greater London to encourage people from BAME communities to join the NHS Organ Donor Register.

NHSBT context and challenges

NHSBT's understanding of equality, diversity and inclusion issues will become increasingly important over the next few years, particularly in relation to the services we provide. For example, we are aware that:

- People from South Asian/Black communities living in the UK are three times more likely to need a kidney transplant than White patients due to increased susceptibility to diabetes and high blood pressure
- We are aware that the levels of customer satisfaction amongst disabled donors is lower than non-disabled donors and we have developed specific actions within the scheme to address this issue, such as developing monitoring arrangements to assess the levels of customer satisfaction levels between disabled and non-disabled donors
- Whilst demand is met for blood, substitutions continue to be made for specialist and rare blood product requests. This is of particular concern for Sickle Cell and Thalassaemia patients, who are nearly all from a BAME background
- NHSBT workforce composition is not fully reflective of the communities it serves at the most senior levels within the organisation i.e. NHSBT Executive and Board in relation to disability and ethnicity. For example there is no one from a Black, Asian and Minority Ethnic background and there is no one with a disability, however the Board is more representative in relation to gender with a third of members being women
- Only three per cent of actual organ donors and less than two per cent of people registered on the Organ Donor Register are Asian or Black. In addition, when potential donor families are approached about organ donation, consent is given for over 60 per cent of White patients whereas the rate is about 30 per cent for BAME patients
- More than 400 patients each year in the UK are denied access to a stem cell transplant with around 200 lives lost due to the lack of a matched stem cell donor. This loss of life disproportionately affects BAME patients because of the particular challenges in finding matched donors.

As a result of these challenges we will work to achieve the following;

Workforce diversity

NHSBT recognises that the diversity of the workforce at senior levels does not fully reflect the diversity of the UK population. The Executive team recently introduced a new strategic target to increase by fifteen per cent the number of BAME employees at senior levels (AFC pay bands 8 a and above). If the target is achieved then this will equate to an increase of six BAME employees at these levels over the next three years.

In relation to Board diversity there are now five female Board members (three Executive and two Non-Executive) out of a total of nine Executive and eight Non-Executive Directors, but none from a BAME background. The Senior Leadership team at NHSBT will seek to redress the lack of diversity at Board level when opportunities arise.

For example the Board are committed to ensuring that there is a pipeline of high quality candidates from under represented groups ready to put themselves forward for Non-Executive positions.

When Executive positions become available, there will be a much stronger emphasis on ensuring that recruitment agencies widen their search for talented senior leaders from under-represented groups, whilst making sure that the gender balance is either maintained or improved, so that NHSBT has the opportunity to attract a more diverse senior management team.

As well as recruiting more under represented groups into the organisation, NHSBT is keen to support the progression of talented BAME employees into Agenda for Change pay bands 8a and above.

NHSBT's talent programmes REACH and REACH higher and ongoing succession planning work is designed to prepare our BAME employees with potential for promotion into more senior roles.

There are also plans to:

- Carry out targeted positive action initiatives in locations where there is a high BAME population. This will be achieved by organising specific events to promote NHSBT as an employer of choice to BAME communities and progress will be monitored
- Develop a process to increase the visibility of internal senior opportunities at band 8 a and above positions
- Develop line manager capability and capacity in relation to positive action and unconscious bias. This will be completed by carrying out briefing sessions and awareness raising initiatives for managers
- Carry out a talent share process to assess BAME talent within the organisation. This will involve carrying out an assessment using NHSBT's talent share framework. The framework is used by line managers to identify an individuals potential, performance and ability.

NHSBT will continue to work to increase BAME community awareness of the need for donation, to benefit their own communities. The work that we have carried out on the Faith and Engagement Action Plan encourages all faith groups to have conversations about organ donation.

To meet these challenges, many of the objectives within the action plan section of the Single Equality Scheme have a specific focus

which is to address the health inequalities amongst BAME communities and to increase the diversity of the workforce.

The nine protected characteristics

We have put in place a number of initiatives to promote equality of opportunity amongst the remaining protected groups under the Equality Act 2010.

Disability

We launched a Disability Advocacy Scheme (DAS) in 2013. The main purpose of the scheme is to promote a 'disability confident' organisational culture within NHSBT. The scheme heightens awareness of disability equality within NHSBT and the advocates act as enablers for the promotion and signposting of disability matters across NHSBT. The scheme is in place as an additional resource to support employees to deal confidently with disability matters that arise on a donation session as well as internal workforce disability matters. We also launched an internal positive about mental health network for NHSBT employees and have a number of employees that are members of the network.

In 2012 we launched a new web page on the www.blood.co.uk website for donors with a disability. The webpage outlines important information for donors with a disability about the donation process and what to expect.

Transgender

We developed transgender guidance and facts sheets and promoted these throughout NHSBT. All of our fact sheets have been uploaded onto NHSBT's internal intranet pages. We also facilitated transgender awareness raising sessions and hosted a number of initiatives across NHSBT centres to raise awareness of transgender equality in conjunction with Gender Matters (transgender charity).

Gender matters facilitated a number of sessions for NHSBT donor facing staff and provided them with specific tools and advice for dealing with transgender donors.

Sex

We developed sex awareness fact sheets and reviewed all of our current policies to ensure that they promote sex equality. We also updated our childcare fact sheets and intranet pages to make them gender neutral, and have a developed a resource page for employees. The resource page contains useful information for men and women employees regarding child care and carer support.

Age

We developed age awareness fact sheets and promoted these to managers across NHSBT. We have also recently facilitated pre retirement courses for employees.

Sexual Orientation

We developed numerous fact sheets and guidance for managers and staff regarding sexual orientation equality and have promoted sexual orientation equality through our internal communication channels.

We also developed links with Stonewall, the sexual equality charity, and we will be working with them in the future on the Stonewall equality index. NHSBT also successfully implemented the SaBTO (Advisory Committee on the Safety of Blood, Tissues and Organs) guidance on the 12 month deferral period for men who have sex with men following a review by SaBTO of the donor selection criteria.

Marriage and civil partnership status

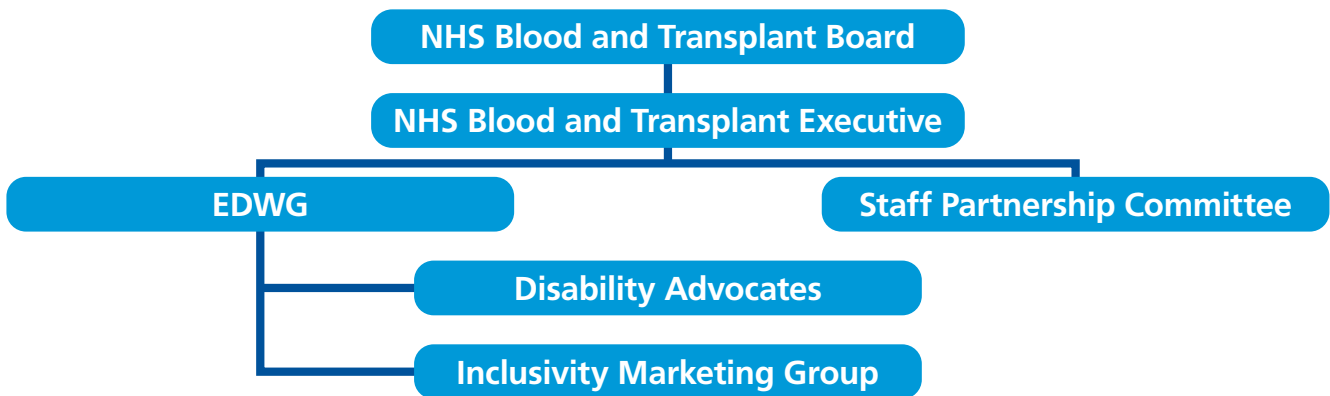
We carried out a review of all our policies and procedures and completed equality impact assessments to ensure that individuals in civil partnerships have the same benefits and rights as married couples. We also develop fact sheets on marriage and civil partnership equality and promoted these throughout the organisation

Religion and belief

We have worked extensively with faith groups to promote organ and blood donation and have hosted specific events with faith leaders to increase awareness of the need for donation. We have also developed a Faith Action Plan and are currently working to achieve all of the actions set out in the plan.



Equality and diversity governance structure



NHS Blood and Transplant Board

NHS Blood and Transplant Board has an overall strategic responsibility to ensure that equality, fair treatment and social inclusion are integral to all board decision making within NHSBT.

NHS Blood and Transplant Executive Team

NHSBT Executive team has a responsibility to ensure that equality and diversity issues are mainstreamed into strategic business planning processes and have an overall responsibility to report on progress to the Board.

Equality and Diversity Working Group (EDWG)

This group has been established to ensure that NHS Blood and Transplant acts in accordance with the Equality Act 2010. The group is chaired by the Director of Organ Donation and Transplantation and the remit of this group is to promote and champion equality, diversity and inclusion issues in service provision and within the workforce.

Disability Advocates Scheme

The Disability Advocacy scheme has been established to ensure disability equality is promoted in NHSBT.

Inclusivity Marketing Group

This is an internal group set up to direct and oversee the recruitment and retention of blood and bone marrow donors from BAME Communities. Its purpose is to ensure that an efficient streamlined process is in operation across NHSBT that allows the organisation to redress the current inequality of the demographics of the active Blood Donor base. It is chaired by the National BAME Marketing Manager.

Staff Partnership Committee

Staff members are represented by the National Staff Partnership Committee (SPC) which is made up of Unison, Unite, General Municipal Boilermakers, Royal College of Nursing and the British Medical Association. The SPC meet regularly with members of the Executive team which includes Diagnostic and Therapeutic Services, Blood Supply, Group Services and Organ Donation and Transplantation. The group receives regular reports and updates from the EDWG and the National Engagement Forum.

Annex A: Corporate Single Equality Scheme Action Plans 2015-2019

Operational Priorities for Blood Supply

Patients need blood components that best match their type. Our obligation is to provide these components, from a diverse range of donors, because this improves the likelihood of a perfect match between donor and patient. Our objectives are focused on addressing these issues as we recognise that in time, this will reduce or negate the need for substitutions to blood component requests. The Blood Supply Directorate has been aware and responded to changing demand and the need for a diverse donor base for at least ten years. Responses have included increasing the BAME donor base ten-fold since 2000 and, more recently, continuing to increase the BAME donor base while the overall donor base has reduced.

This has been achieved through a bespoke team (the Inclusivity Marketing Group), tasked with reducing disparity.

There is a continuing need to build the diversity of the donor base across the country, especially to cater for increasing demand for RO² blood products and other phenotyped components.

We are aware that:

- Numbers of BAME donors have increased ten-fold since 2000 due to work undertaken by NHS Blood and Transplant. British Bone Marrow Registry (BBMR) BAME donors have increased five-fold in that time
- BAME donors now represent 4.5% of the donor base (5% for BBMR) and numbers of BAME donors continue to rise year-on-year, despite overall shrinkage of the Active Donor Base due to reducing demand for red blood cells
- Whilst demand is met for blood, substitutions continue to be made for specialist and rare blood product requests. This is of particular concern for Sickle Cell and Thalassaemia patients. These are long term recipients (often from within the BAME communities) who require blood that is as closely matched to their type as possible
- The chances of finding a Bone Marrow Match are currently
 - Caucasian – up to 90%
 - BAME or Dual Heritage - c.40%
- 9.8% of Blood Supply employees are from a BAME background, but there is no one from a BAME background at Band 8 and above (our senior leadership grades)
- 56% of Blood Supply employees are aged 46 or over, and 74% of employees are female, 2.7% of our employees report a disability
- We are aware of complaints and feedback from donors with disabilities about their donation experience.

2. RO is one of the Rhesus / Rh blood types, which is more prevalent in Black Asian and minority populations

Operational priorities for Blood Supply 2015-2019							
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic	
1. To ensure that every patient's need is met.	Improved patient experience.	Public behaviour.	<p>Percentage of product requests fulfilled by blood group including Ro (from 50% for Ro in 2014/15 to 90% by 2015/16).</p> <p>Active BAME donor frequency (from 1.57 donations per annum in 2014/15 to 1.84 in 2018/19).</p> <p>BAME blood donors registered (from 32.6k in 2014/15 to 41.9k in 2018/19).</p> <p>Number of whole blood donations from BAME donors (57.6k in 2014/15 to 64.1k in 2018/19).</p>	<p>Within 3 years by December 2018.</p> <p>Year 1: monitor and establish targets.</p> <p>Year 2: onwards achieve targets set for measures.</p>	Director of Blood Supply.	Race.	
2. To work towards ensuring that a donor's disability is no barrier to a great donation experience.	Improved donor experience.	Excellence in customer service.	<p>Monitoring of important non-BAME groups – such as White Other – with additional targets.</p> <p>set in year two if necessary.</p> <p>Number of donors with a disability that report the same or better levels of satisfaction.</p> <p>73% of donors responding to a survey give an overall score of 9 or 10 by 2018/2019.</p>	<p>Within 3 years by 2018.</p> <p>Year 1: monitor and establish targets.</p> <p>Year 2: achieve targets set for measures.</p>	Assistant Director of Blood Donation Operations.	Disability.	

Operational priorities for Organ Donation and Transplantation 2015-2019

The strategy to increase UK donation and transplantation rates, Taking Organ Transplantation to 2020 requires a change in public behaviour so that people donate when and if they can and organ donation becomes a normal and expected part of end of life care. The Behaviour Change strategy, a strategy for delivering a revolution in public behaviour in relation to organ donation outlines the delivery plan needed in year one to achieve the three behaviour change objectives which is to increase the number of people on the Organ Donor Register (ODR) by at least 50% by 2020, to stimulate conversations and debate about donation particularly through leveraging the ODR as a marketing tool, and to present donation as a benefit to families in end of life and grieving process.

The Organ Donation and Transplantation directorate is aware of the continued need to reach out to BAME groups to join the Organ Donor Register through more targeted and localised activity due to the fact that:

- People from the South Asian/Black community living in the UK are three times more likely to need a kidney transplant than White patients
- Currently nearly 1,200 South Asian and over 640 Black people are waiting for an organ transplant
- In addition, when potential donor families are approached about organ donation, consent is given for over 60% of White patients while for non-White patients the rate is about 30%

- Because donors and recipients often need to be clinically matched on factors that differ according to a patient's ethnicity, this imbalance can lead to longer waiting times in Asian and Black patients
- People over 60 years of age are under represented on the Organ Donor Register, however potential donation from this age group is increasing.

The Behaviour Change Strategy has specific objectives to develop a targeted direct marketing campaign to under represented groups and to increase the investment in face to face and deliberate activities engaging some of the most hard to reach groups and with those from Black Asian and Minority Ethnic BAME communities. NHSBT is working to ensure that the workforce reflects the population and will use existing internal resources as well as BAME employees to work with BAME communities to advocate organ donation on its behalf. NHSBT is also aware of national, regional and local voluntary sector experience in community engagement and will continue to work with organisations from these sectors to promote and support initiatives that can increase consent rates if funding is secured. As part of the Faith Action Plan NHSBT will also review the findings from the Birmingham Pilot Peer Education Project in February 2015 which will help to inform future strategy.

Operational priorities for Organ Donation and Transplantation 2015-2019							
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic	
1. To work closely with charitable organisations to support BAME communities to promote the benefits of organ donation, thus increasing overall consent rates and consequently organ donor numbers.	Better health outcomes for all. Improved patient experience and access.	Public Behaviour.	Measure 5% annual increase in consent rates for BAME eligible donors. From a 36% BAME consent rate in 2013-2014, aim for 40% in 2014-2015, 45% in 2015-2016, 50% in 2016-2017, 55% in 2017-2018. (Dependent on funding for behavioural change and approval.)	Within four years by 2019.	Assistant Director of Organ Donation and Nursing.	Race.	
2. To further improve community engagement with BAME groups by working closely with charitable organisations.	Improved patient experience and access. Better health outcomes for all.	Public Behaviour.	Measure the number of marketing campaigns run within BAME communities. (Dependent on funding and approval as above.)	Within four years by 2019.	Assistant Director of Organ Donation and Nursing.	Race.	
3. To ensure equal access to donation for all groups across society.	Improved patient experience and access. Better health outcomes for all.	Public Behaviour.	Approach rate for BAME families to match that of the white population where clinically appropriate. Number of new registrants aged 60 or over – 5% increase annually on ODR.	Within four years by 2019.	Assistant Director of Organ Donation and Nursing.	Race & Age.	

Operational Priorities for Diagnostic and Therapeutic Services 2015-2019

Addressing health inequalities in the availability of suitable stem cell grafts for BAME patients requiring haematopoietic stem cell transplants is a core part of the work of the Diagnostic and Therapeutic Services (DTS). This important work will continue to be developed through BAME stem cell donor provision, and through

the achievement of specific targets for the recruitment of BAME donors to the British Bone Marrow Registry and the recruitment of BAME cord blood donations. More than 400 patients each year in the UK are denied access to a stem cell transplant with around 200 lives lost due to the lack of a matched stem cell donor. This loss of life disproportionately affects BAME patients because of the particular challenges in identifying suitable donors.

Operational Priorities for Diagnostic and Therapeutic Services 2015-2019						
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic
1. Work with charitable organisations to ensure that between 30-50% of cords banked in the NHS are from BAME donors.	Better health outcomes for all.	Public behaviour.	To maintain or increase current position (33% of CBU banked in 2013-2014 were from BAME donors).	Within four years by 2019.	Head of Stem Cell and Donation Transplantation.	Race.
2. Work with charitable organisations to ensure that BAME adult donor recruitment to the BBMR is 14% BAME under the age of 40 recruited in year from the pool of blood donors.	Better health outcomes for all.	Public behaviour.	To achieve 14% in year 2014-2015 at which point the target will be reviewed.	Within four years by 2019.	Head of Stem Cell and Donation Transplantation.	Race.

Corporate: Workforce development priorities 2015-2019

There is increasingly robust evidence that a diverse workforce in which all employees' contributions are valued is linked to good patient care. The organisation has recently adopted a new strategic target in the strategic plan for 2015-2016. This target is to increase by 15% the proportion of BAME employees in senior positions (Band 8 and above) as there is recognition that there is a need to be more representative of the population particularly at senior levels. As a result of this target, many of the workforce related objectives for each directorate within NHS Blood and Transplant are focused on supporting the achievement of this target and are similar in nature. There are

currently 40 BAME employees at Bands 8a and above and to achieve 15% over the next three years will mean an increase of six BAME whole time equivalent employees.

The Workforce Directorate together with the Equality and Diversity Working Group (EDWG) has an overall responsibility to promote and champion equality, diversity and inclusion across all protected groups and to support NHS Blood and Transplant to become an inclusive organisation where every employee feels valued irrespective of their protected group namely: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Workforce development priorities for Blood Supply 2015-2019						
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic
1. To increase the representation of BAME employees within leadership positions Band 8a and above in the Blood Supply team.	A represented and supported workforce.	Making the most of our employees.	An increase to 15% as a proportion of employees at Band 8 and above (2 BAME employees by 2018).	Within four years by 2019.	Director of Blood Supply.	Race.

Workforce development priorities for Organ Donation and Transplantation 2015-2019						
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic
1. To increase BAME representation within the Organ Donation and Transplantation leadership team.	A represented and supported workforce.	Making the most of our employees.	Number of employees from the BAME community employed at Band 8 and above. 15% increase over three years by 2019 (1 whole time equivalent over the current staffing level).	Within four years by 2019.	Assistant Director of Organ Donation and Nursing.	Race.
2. Undertake targeted positive action programme in geographical areas of high BAME populations.	A represented and supported workforce.	Making the most of our employees.	<ul style="list-style-type: none"> Number of BAME applicants for band 8 and above positions – increase by 10% over the baseline year 2015-2016. Percentage of BAME applicants shortlisted for band 8 posts – increase by 10% over baseline year 2015-2016. Place candidates on the REACH/ REACH higher programme as per the requirements of the programme. 	Within four years by 2019.	Assistant Director of Organ Donation and Nursing.	Race.
3. To cultivate an environment within Organ Donation and Transplantation that allows development of employees and makes the most of our diverse workforce.	A represented and supported workforce.	Making the most of our employees.	<ul style="list-style-type: none"> Measure the percentage of the total BAME workforce in ODT – 15% increase over 2015-2016 baseline by 2019. Number of employees undertaking sponsored training and development opportunities. Maintain 2015-2016 levels of employee numbers undertaking training. 	Within four years by 2019.	Assistant Director of Organ Donation and Nursing.	Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Workforce development priorities for Diagnostic and Therapeutic Services 2015-2019							
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic	
1. To increase the proportion and representation of BAME employees in senior professional and managerial positions within the Diagnostic and Therapeutic Services.	A represented and supported workforce.	Making the most of our employees.	Target of 15% representation in pay bands 8 and above achieved (2 BAME employees by 2018).	Within four years by 2019.	Diagnostic and Therapeutic services Senior Management team and Heads of Service.	Race.	

Group Services: Workforce development priorities: Workforce, ICT, Corporate Communications, Finance, Clinical, Quality..

The role of Group Services is primarily focused on supporting the three main operating divisions (Blood Supply, Organ Donation and Transplantation and Diagnostic and Therapeutic Services) to achieve their overall strategies.

Please note that workforce objectives 1, 2 and 3, have been developed to support the overall corporate BAME strategic targets – to increase the proportion of BAME employees at Bands 8a and above by 15% over the next three years. There are currently 40 BAME employees at Bands 8a and above and to achieve 15% over the next three years will mean an increase to six BAME whole time equivalent employees.



Workforce development priorities: Workforce							
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic	
1. To develop line manager capability and capacity with regard to inclusive leadership and unconscious bias via briefing sessions and career conversation toolkit.	A represented and supported workforce.	Making the most of our employees.	100 per cent of line managers with diverse groups of employees will have undertaken the briefing sessions/ had a career conversation with their employee. 100 per cent of managers with BAME employees reported that they have developed their understanding of positive action and have more confidence in this area.	December 2017.	Associate Director HR-OWD.	Race.	
2. Support participants on the REACH higher programme to establish an internal BAME Forum in NHSBT.	A represented and supported workforce.	Making the most of our employees.	Forum established and recognised internally and externally. Forum is being run successfully and there is sufficient interest from BAME employees to participate. Number of BAME employees that attend the forum report that they feel satisfied with the support and career development opportunities available for BAME employees within NHSBT.	December 2017.	Associate Director HR-OWD.	Race.	
3. Support directorates across NHSBT to carry out a talent share process to identify talented BAME employees. Once the talent share process has been completed identify activities to support the targeted development of talented high potential BAME employees.	A represented and supported workforce.	Making the most of our employees.	Measure the number of BAME employees identified as being talented via talent share process that are put forward/supported to attend the programme via their line managers (band 6/7). Measure the number of BAME talented employees that report they feel ready and able to compete for more senior positions in the future. Measure the number of BAME employees that achieve an internal promotion from bands 6/7.	March 2017.	Associate Director HR-OWD.	Race.	
4. Continue to report on and monitor the number of BAME employees subject to disciplinary and grievance procedures to ensure proportionality when compared to other ethnic groups.	A represented and supported workforce.	Making the most of our employees.	Number of BAME employees subject to disciplinary and grievance procedures each year.	Ongoing.	Head of Diversity and Engagement.	Race.	

Workforce development priorities: Workforce continued

Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic
5. Facilitate disability awareness sessions for Blood Collection teams working with (Education and Training team – Blood Supply).	Improved patient experience and access.	Excellence in customer service.	10 teams have undertaken awareness sessions over a twelve month period. 100% of Blood Collection teams to have undertaken disability awareness sessions by 2018.	December 2018.	Head of Diversity and Engagement.	Disability.
6. Increase visibility and profile of Disability Advocates Scheme in operational areas.	A represented and supported workforce.	Making the most of our employees.	Recruit at least 2 Disability Advocates per Blood Collection teams. Recruit at least 2 Disability Advocates per Specialist Nurse Organ Donation team/region. Recruit at least 2 Disability Advocates per Laboratory.	December 2016.	Head of Diversity and Engagement.	Disability.
7. Improve information on our donor knowledge base and I-know knowledge information systems in conjunction with the National Contact Centre (NCC).	Improved patient experience and access.	Excellence in customer service.	Information across all the protected groups is included within the knowledge base system.	December 2018.	Head of Diversity and Engagement.	Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.
8. Undertake the Business Disability Forum Self Assessment tool for: – Products and services – Premises – Communications.	Improved patient experience and access.	Excellence in customer service.	Achievement of level three of the standard.	December 2017.	Head of Diversity and Engagement.	Race.

Workforce development priorities: Workforce continued						
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic
<p>9. Diversity awareness – the nine Protected Characteristics: Continue to promote awareness of equality, diversity and inclusion and its importance to NHSBT workforce via briefing session's key events and development activities (such as BAME Forum, Mental Health Network, Diversity Awareness Events – Divali, Equality and Human Rights week, Transgender Awareness week, Disability Awareness week, Lesbian Gay Bisexual (LGB) history month, age awareness, equality, diversity and inclusion briefings. Work towards a place in the Stonewall Equality index and adopt the new Race Equality Standard.</p>	A represented and supported workforce.	Making the most of our employees.	<p>Number of employees reporting that they understand EDI and have more knowledge regarding the protected groups and the Public Sector Equality Duty. E.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.</p> <p>Number of employees reporting that they believe NHSBT has an inclusive culture.</p>	December 2018.	Head of Diversity and Engagement.	Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
<p>10. Recruitment – carry out targeted positive action initiatives within areas where there is a high density of the BAME population. At key NHSBT events, target BAME communities to raise the profile of NHSBT as an employer. Develop a process to increase the visibility of internal senior applications for band 8 and above for under represented groups.</p>	A represented and supported workforce.	Making the most of our employees.	<p>Number of events where NHSBT is promoted as an employer of choice to BAME communities.</p> <p>Increase in the percentage of BAME applications received following targeted initiatives where NHSBT BAME staff are under represented compared with Census data.</p> <p>Increase in the number of BAME applications that result in a successful appointment where applicants have the relevant skills, qualifications and knowledge.</p> <p>External focus groups carried out with BAME communities in areas where NHSBT BAME staff are under represented compared with Census data.</p>	December 2018.	Deputy Director – HR.	Race, disability.

Workforce development priorities: Communications						
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic
<p>1. Ensure all digital content and printed materials are easily accessible for staff, patients, donors and general public:</p> <ul style="list-style-type: none"> • Produce large print versions of key documents. • Produce MP3 audio files of key information documents on our websites. • Investigate if our documents can be read by Braille readers. • Ensure all updated policies are replicated across all formats as identified above. 	Improved patient experience and access.	Excellence in customer service.	Compliance with W3C WAI web accessibility guidelines to deliver intranet content for both able bodied and disabled users.	December 2015.	Assistant Director of Digital and Marketing.	Disability.
<p>2. Review our language translation strategy for our digital and printed channels in line with Government recommendations:</p> <ul style="list-style-type: none"> • Print blood donation leaflets in Welsh. • Regularly review the range of languages that Organ Donation leaflets are printed in. 	Improved patient experience and access.	Excellence in customer service.	Compliance with Government recommendations.	Ongoing	Assistant Director of Digital and Marketing.	Race, religion and belief.
<p>3. Conduct detailed BAME attitudinal research into Organ Donation and create an action plan based on findings.</p>	Improved patient experience and access.	Public behaviour.	Deliver the Faith Action Plan- Communications.	March 2015.	Assistant Director of Digital and Marketing.	Race, religion and belief.

Workforce development priorities: Communications <i>continued</i>						
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic
4. Produce a yearly Equality and Diversity Events Calendar. Agree this plan with EDWG to determine which events will be promoted internally and externally, along with activity around each event. Where possible measure the impact/success of each event.	A represented and supported workforce.	Making the most of our employees.	Increase in number of hits to news stories linking to policies on the intranet. Establish a base line of awareness around events/policies from online survey and establish increases year on year.	September 2015.	Head of Internal Communications.	Age,disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
5. Review the language, style and format of our internal communications channels to ensure an inclusive environment.	A represented and supported workforce.	Making the most of our employees.	Number of employees that know how to access our internal channels or know how to access support measured via our Internal Communication Survey.	October 2015.	Head of Internal Communications.	Age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
6. Promote the role of the Equality and Diversity Working Group (EDWG) and the SES action plan, by providing regular updates within our internal communication channels.	A represented and supported workforce.	Making the most of our employees.	Number of employees that report that the EDWG is helping NHSBT to become a great place to work measured via Internal Communications Survey.	From January 2015.	Head of Internal Communications.	Age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Workforce development priorities: Communications continued

Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic
7. Highlight the success of candidates on Reach Higher and Calibre leadership progression within our internal communication channels.	A represented and supported workforce.	Making the most of our employees.	An increase in BAME employees that are aware of REACH higher programmes. Number of articles featured in internal employees magazine throughout the year.	March 2016.	Head of Internal Communications.	Race.

Finance

Equality Objectives	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic
1. To participate in an internal targeted development programme for BAME employees.	A represented and supported workforce.	Making the most of our employees.	Number of BAME employees within the Finance directorate being put forward for targeted development. Number of BAME employees within the Finance directorate identified as being high potential.	March 2016.	Associate Director of International Services.	Race.
2. To provide opportunities for BAME employees development and to help support career development e.g. open seat at SMT coaching, mentoring, shadowing.	A represented and supported workforce.	Making the most of our employees.	Number of BAME talented employees that report they feel ready and able to compete for more senior positions in the future.	December 2016.	Associate Director of International Services.	Race.
3. Procurement to ensure that contract awards are made to responsible suppliers who strictly adhere to the provisions of the Equality Act 2010.	Inclusive leadership.	Leadership.	Number of contracts assessed against the Equality Act 2010 % annual improvement = 20% each year until 2018. Number of onsite supplier audits conducted to ensure compliance % annual improvement Y1 = 50% Y2 = 66% Y3 = 60 Y5 = 50%.	December 2016.	Senior Buyer-Procurement.	Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
4. Estates and Facilities – to ensure that NHSBT provide properties that are accessible to all staff, including those who are disabled.	A represented and supported workforce.	Making the most of our staff.	Per cent of NHSBT leased and owned properties that comply with the Equality Act 2010 and its reference to DDA in the workplace. 100% increase by 2018.	December 2016.	Deputy Director – Estates and Facilities.	Disability.

Workforce development priorities: Clinical							
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic	
1. To understand the drivers of donation in BAME communities to increase blood, organ, tissue and stem cell donation.	Better health outcomes Improved patient access and experience.	Supporting operational strategies.	Peer reviewed publications on donor behaviours. Two evidence based, peer reviewed publications by 2018.	December 2018.	Medical and Research Director.	Race.	
2. To ensure that every patient's need is met.	Better health outcomes Improved patient access and experience.	Supporting operational strategies.	Increased availability of blood group information through development of new typing methodologies. Successful deployment of donor genotyping.	December 2018.	Medical and Research Director.	Race, religion and belief.	
3. To increase BAME representation within the Clinical leadership team employed at band 8 and above.	A represented and supported workforce.	Leadership.	Number of employees from BAME communities employed at band 8a and above 15% by 2018 (3 whole time equivalent BAME employees).	December 2018.	Medical and Research Director.	Race.	
4. To maintain BAME levels amongst medical employees above corporate target.	A represented and supported workforce.	Leadership.	Number of Medical employees employed from BAME community. Maintain above 15% (currently 27% BAME employees).	December 2018.	Medical and Research Director.	Race.	
5. To increase the proportion of female Principal Investigators.	A represented and supported workforce.	Leadership.	Number of female Principal Investigators increase to 25%.	December 2018.	Assistant Director of Research and Development.	Sex.	

Workforce development priorities: Clinical continued						
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic
6. To cultivate an environment within Clinical that allows development of employees and makes the most of our diverse workforce.	A represented and supported workforce.	Making the most of our employees.	<p>Number of employees from BAME communities employed at Band 8 and above (currently 11% of employees are from BAME backgrounds increase to 15% = 3 wte).</p> <p>Number of employees doing higher degrees.</p> <p>Number of employees submitting Research Papers.</p> <p>Number of BAME employees attending national and international meetings.</p>	December 2018.	Medical and Research Director.	Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.
7. To actively promote and encourage band 6 (27%) and band 7 (17%) employees to access development programmes (e.g. AIM, REACH Higher, Hubbub, SLDP).	A represented and supported workforce.	Making the most of our employees.	<p>Number of BAME employees.</p> <p>Number of employees reporting a disability.</p> <p>Number of employees undertaking higher degrees.</p> <p>Number of employees taking sabbaticals.</p> <p>30% (n = 6 of 19) BAME employees undertaking development programme and/or progressing.</p>	December 2018.	Medical and Research Director.	Race, disability.

Workforce development priorities: ICT Business Transformation							
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic	
<p>1. Understand barriers identified by existing female and BAME employees to progression – commission research via OWD framework/graduate intern to undertake this piece of research. Produce a report with a set of recommendations.</p>	A represented and supported workforce.	Making the most of our employees.	Report produced with a set of clear recommendations.	December 2016.	Director of ICT.	Race, gender.	
<p>2. Identify relevant recruitment techniques to attract a wider range of applicants from outside NHSBT.</p>	A represented and supported workforce.	Making the most of our employees.	Number of external applications received from diverse groups.	May 2019.	Director of ICT.	Race, gender, disability.	
<p>3. Create targeted development programmes for female and BAME employees where appropriate as part of 2015-2016 P DPR cycle:</p> <ul style="list-style-type: none"> based on research findings. rooted in Shine programme. 	A represented and supported workforce.	Making the most of our employees.	Number of targeted development programmes in place for BAME and female employees and employees reporting they have a disability.	May 2019.	Director of ICT.	Race, gender, disability.	

Workforce development priorities: Quality Assurance						
Equality Objective	Equality Delivery System Goals	Theme	Measures and Targets	Timescales by when?	Accountable Officer	Protected Characteristic
1. To increase BAME representation within the QA leadership team employed at band 8 and above.	A represented and supported workforce.	Leadership.	Representation of employees from BAME communities employed at band 8a and above (currently 2 increase to 3 by 2017).	December 2017.	Associate Director of Quality.	Race.
2. To actively promote and encourage band 6 and band 7 employees to access development programmes (e.g. AIM, REACH higher, Hubbub, SLDP).	A represented and supported workforce.	Making the most of our employees.	Increase number of BAME employees accessing development programmes. Number of BAME employees within QA being put forward for targeted development. Number of BAME employees within QA identified as being high potential.	December 2018.	Associate Director of Quality.	Race.
3. To provide opportunities for BAME employees development and to help support career development e.g. attend SMT for experience, coaching, mentoring, shadowing.	A represented and supported workforce.	Making the most of our employees.	Number of BAME talented employees that report they feel ready and able to compete for more senior positions in the future.	January 2015 onwards.	Associate Director of Quality.	Race.

Annex B: How we developed the scheme

In developing this scheme we undertook an extensive desktop research exercise and have used guidance from the Equality and Human Rights Commission, NHS Employers, and the Equality Delivery System 2 guidance in order to ensure that we followed the appropriate consultation and involvement guidelines.

In order to ensure real consultation and involvement, we carried out a series of staff focus groups to gain the views of staff. Staff members were informed that their views would inform the development of the scheme. Staff were also invited to provide feedback on their comments via an internal equality and diversity email inbox.

We also invited a number of our external stakeholders to comment on the scheme by sending in their views.

The methodologies that were employed as part of the engagement exercise included:

- Desktop research exercise
- Staff focus groups
- Internal briefings carried out with members of the Senior Management Team (SMT) in each division – i.e. Group Services, Blood Supply, Organ Donation and Transplantation, Diagnostic and Therapeutic Services
- One-to-one discussions with staff
- Engagement with Staff Side representatives (Unions)
- We invited staff to comment by publishing the scheme on the intranet
- Engagement with external stakeholders

How will the scheme be monitored?

Since 2011 the Equality and Diversity Working Group has provided scrutiny and a robust governance structure for the delivery of all of the actions contained within the Single Equality Scheme (SES) through NHSBT's strategic reporting process. Each member of the group has reported on progress against their directorate level SES actions which has enabled progress to be monitored in a consistent and systematic way.

Our new scheme will continue to be monitored by the Equality and Diversity Working Group on a quarterly basis and progress will be reported to the Board on an annual basis. We will also publish yearly progress reports on NHSBT external website.

Annex C: Summary of the Protected Characteristics and Legislation

As a public sector body, NHSBT has general and specific duties to promote equality and diversity across the organisation. The Single Equality Scheme for 2015-2019 is focused on promoting equality of opportunity, across all of the protected characteristics i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. The Equality Act 2010 harmonised existing equality and diversity legislation under one umbrella.

Age

The Employment Equality Act (Age) Regulations 2006 and the Equality Act 2010 made age discrimination unlawful on the grounds of age in employment. Age equality is about eliminating unlawful discrimination between people of different age groups.

Disability

The Equality Act 2010 made it unlawful to discriminate against people with a disability in relation to employment, facilities and services and the provision of goods. According to the Equality and Human Rights Commission 'a disabled person is someone who has a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.'

The Disability Discrimination legislation.

Marriage and Civil Partnerships

The Equality Act 2010 protects employees who are married or in a civil partnership from discrimination. Single people are not protected.

Pregnancy and Maternity

The Equality Act 2010 protects women from being unlawfully discriminated against on the grounds of pregnancy and maternity during their period of pregnancy and any statutory maternity leave.

Race

The Race Relations Act 1976 and Race Relations Amendment Act 2000 and Equality Act 2010 made it unlawful to discriminate against a person based on the grounds of race, nationality or ethnic origin. NHSBT is committed to ensuring that no employee or customer is unlawfully discriminated against in employment or in the provision of services based on race, nationality or ethnic origin.

Religion and Belief

The Employment Equality Act (Religion and Belief) Regulations 2003 and the Equality Act 2010, prohibits unlawful discrimination on the grounds of a person's religion and belief.

Religion is defined as any religion and a reference to religion also includes a reference to lack of religion.

Belief is defined as any religious or philosophical belief. A reference to belief also includes a reference to a lack of belief i.e. Humanism.

Sex

The Equality Act 2006 amends the Sex Discrimination Act 1975 and requires public sector organisations to eliminate unlawful discrimination based on the grounds of gender. The duty applies to men, women and transgender people.

Transgender people are protected from unlawful discrimination and harassment on the grounds of gender reassignment, and vocational services.

This protection is also extended to people that intend to undergo gender reassignment. NHSBT is committed to ensuring gender equality in the workplace through the provision of flexible working arrangements and improving the work life balance of all staff taking into account the needs of parents, carers and transgender staff.

Gender reassignment

The process of transitioning from one gender to another.

Sexual Orientation

The Employment Equality Act (Sexual Orientation) Regulations 2003 and the Equality Act 2010, prohibits unlawful discrimination, harassment and victimisation on the grounds of a person's sexual orientation. The legislation covers gay, heterosexual, lesbian and bisexual people and places a statutory obligation on employers to promote equality of opportunity on the grounds of a person's sexual orientation not only in employment but also in the provision of goods and services.

ANNEX D: External Stakeholder comments and responses

Organisation	Comments from external organisation and page reference in the SES	Relevant Directorate SES	Responsible officer	Response
NBTA – National Black and Asian Transplant Alliance.	By not stating an actual % figure in numerous sections such as the Operational Priorities (Measures and Targets) section and the Development Priorities for Organ Donation, Communications, etc. it makes it difficult to understand how many actual BAME individuals are going to be impacted by the overall aims of the scheme.	Blood Supply. ODT. DTS. Finance. Clinical. BTS.	Director of Blood Supply. Assistant Director of Organ Donation and Nursing. Head of Stem Cell and Donation Transplantation. Associate Director of International Services. Assistant Director – Research and Development. Director of BTS.	This has been addressed in the scheme by including the WTE (Whole Time Equivalent) numbers of BAME staff in relation to the new strategic target under the relevant directorate action plans. Page 20. We have also included specific operational targets with regard to BAME communities and donation on pages 14 – 17.
NBTA – National Black and Asian Transplant Alliance.	NBTA welcomes moves to make the workforce more diverse, and some of the proposals link in with those we have included in our Big Wins papers. We feel there is a question around whether the workforce should reflect the general population or the profile of those waiting for a transplant (for those involved in this area) patients. Statistics indicate that BAME communities constitute around 12% of the UK population but around 25% of those waiting for an organ transplant are from BAME communities.	ODT.	Assistant Director of Organ Donation and Nursing.	We believe that the workforce should reflect the population as a whole and not just the profile of those waiting for a transplant. Whilst you could argue that in theory we serve the transplant waiting list population, in reality our service users are the donation population therefore she should reflect the population as a whole.

Organisation	Comments from external organisation and page reference in the SES	Relevant Directorate SES	Responsible officer	Response
NBTA – National Black and Asian Transplant Alliance.	The document does not clarify its relationship with the overall strategy of NHSBT, in particular it does not indicate how resources will be used to achieve the aims of the scheme. The language used on pages 13-17 for example assumes all the new NHSBT work will happen and our understanding is that funding for this has not been agreed. It would also be interesting to know whether the breakdown of funding for particular groups reflects the size and needs of those communities.	ODT.	Assistant Director of Organ Donation and Nursing.	The scheme is intended to complement existing strategies such as those referenced on page 15 for Organ Donation and Transplantation. Where Government approval for funding is required to meet an objective this is referenced in the measures and targets section of the operational priorities on page 16. The success of activity to support our objectives will be reviewed regularly.
NBTA – National Black and Asian Transplant Alliance.	NBTA feels that positive action has an important role to play in tackling barriers and bringing about change. We understand that currently NHSBT has 2 BAME staff in senior positions (band 8 A and above) The target set in the scheme is to increase this by 15% over the next three years. If this is correct then the increase will be one part time post! This is clearly not right. NBTA requests clarification on the actual number of BAME staff in senior positions the scheme is proposing. We also request further details of what positive action will be taken to bring about this increase. NBTA recognises that race equality matters across the NHS as a whole and are explored in the Snowy White Peaks report.	Workforce.	Head of Diversity and Inclusion.	This has been clarified in the scheme on pages 9 – 11 under context and challenges by including the total number of BAME employees in AFC pay bands 8a and above and what this will mean in real terms if the target is achieved over the next three years. There are currently 39 BAME employees at Band 8a and above and if the target is achieved then this will equate to an increase of 6 BAME employees over the next three years. The scheme has also been amended to provide further details of what positive action will be taken to redress the imbalance. This information can be found on pages 9 – 11.
NBTA – National Black and Asian Transplant Alliance.	The data set out on page 7 on the background of the current staff appears to be addressing a mix of nationality and ethnicity. Leading to confusion. For example, the category British is used in the document but it is unclear if this means White British.	Workforce.	Head of Diversity and Inclusion.	The scheme has been amended to reflect these comments and the changes can be located on page 7 of the scheme.

Organisation	Comments from external organisation and page reference in the SES	Relevant Directorate SES	Responsible officer	Response
NBTA – National Black and Asian Transplant Alliance.	Objective 1 on page 13 is to work with and support BAME communities to promote the benefits of organ donation, thus increasing overall organ donor numbers and consent rates. It would be useful to give more detail as to how this is going to happen, and the role of the voluntary sector in this. We are also concerned about the target set out for increasing consent by 2.5%. The current consent rate for BAME communities is around 30% increasing it by 2.5% each year for the next four years will bring this around to around 34% by 2018. The target set in taking Transplantation to 2020 strategy is 80% by 2020. This does not make sense and NBTA requests clarification on this inconsistency.	ODT/ Communications.	Assistant Director of Organ Donation and Nursing Assistant Director – Digital and Marketing.	We have worked extensively for a number of years with the voluntary sector and faith groups to engage faith leaders on the barriers to organ donation. The faith action plan also provides detailed actions on a programme of work to support BAME communities to promote the benefits of organ donation. The approach to changing attitudes in BAME communities as set out in the Behaviour Change strategy also provides specific recommendations on actions to be taken forward in the near future. NHSBT is committed to working with partners and stakeholders to bring the strategy to life and develop the recommendations into specific detailed delivery plans. After numerous discussions with our internal stakeholders we have amended the targets on page 16 to ensure synergy with the targets set out in the <i>Taking Organ Transplantation to 2020</i> strategy as it was recognised that the targets that were originally set out in the scheme on page 16 were not challenging enough.
NBTA – National Black and Asian Transplant Alliance.	The scheme does not mention how it will affect the ethnic make up of the NHSBT Board or its various committees. What is the ethnic make up of the Board and how will the scheme address any under representation.	Workforce.	Head of Diversity and Inclusion.	Increasing the diversity at the Board and other NHSBT internal committees such as the Governance Assurance Committee and the Remuneration Committee will allow greater representation across all operational areas and the groups which support these. Further details on the ethnic make up of the Board and how the scheme aims to address under representation can be found on pages 9 – 11 of the scheme.
Peter Storey – Kidney Research UK.	In light of Kidney Research UK's success in the Peer Educator work, the charity would recommend the following addition to the Equality Objectives 1, 2 and 3 under Organ Donation and Transplantation: Operational priorities (pp. 13-15): "work with/learn from charities and organisations already active in this area.	ODT..	Assistant Director of Organ Donation and Nursing. Assistant Director – Digital and Marketing.	The scheme has been amended to reflect these comments and have been included on page 16.

Organisation	Comments from external organisation and page reference in the SES	Relevant Directorate SES	Responsible officer	Response
<p>Peter Storey – Kidney Research UK.</p>	<p>Under the Equality objective in Diagnostic and Therapeutic Services: Operational Priorities (pp. 18), Kidney Research UK would also recommend adding: ‘work with/learn from charities and organisations already active in this area.’</p>	<p>DTS.</p>	<p>Director of DTS.</p>	<p>The scheme has been amended to reflect these comments and have been included on page 17.</p>
<p>Peter Storey – Kidney Research UK.</p>	<p>Kidney Research UK welcomes the Equality Objective under Communications: <i>Single Equality Scheme Objectives 2015-2019</i> (pp. 29) on conducting detailed BAME attitudinal research into organ donation and create an action plan based on its findings.</p> <p>In doing so, NHS Blood and Transplant may wish to take into account the work already done in this field by Kidney Research UK. We funded a study, Attitudes to Organ Donation, which was led by Professor Anthony Warrens in 2006 and focused on BAME communities’ attitudes towards organ donation. The research concluded that people from BAME communities felt they did not have the resources to discuss and come to a decision about organ donation. The local stakeholders group recommended using Kidney Research UK’s PE approach to address the issue.</p>	<p>ODT.</p>	<p>Assistant Director of Organ Donation and Nursing. Assistant Director – Digital and Marketing.</p>	<p>As a result of Professor Warrens’ research in 2006 which concluded that people from BAME communities felt they did not have the resources to discuss and come to a decision about organ donation, NHSBT worked with faith leaders to develop our faith leaflets in a number of different formats.</p> <p>The Organ Donation and Transplantation directorate recently commissioned Optimisa, a research company, to carry out a detailed report into BAME communities and Organ Donation and will be using the findings of this report to inform our future plans.</p> <p>Previous findings from research commissioned by NHSBT identified a need to look more closely at the cultural and religious factors influencing BAME attitudes to organ donation specifically. This need was endorsed in the Big Wins paper produced by the NBTA, which also highlighted in particular a need for more data on religion as a factor. NHSBT subsequently engaged Optimisa to conduct qualitative and quantitative research specifically with BAME audiences to examine attitudes to organ donation, the influence of religious and cultural factors on attitudes, and to explore in more detail any barriers to organ donation either personally or on behalf of loved ones.</p> <p>The research is available on our website and we hope other organisations and supporters of organ donation will benefit from us sharing this research.</p>

Organisation	Comments from external organisation and page reference in the SES	Relevant Directorate SES	Responsible officer	Response
Peter Storey – Kidney Research UK.	Kidney Research UK would appreciate working in collaboration with NHS Blood and Transplant to carry further research into BAME attitudes towards organ donation and transplantation and build upon it for further development of its PE model.	ODT.	Assistant Director of Organ Donation and Nursing.	The Organ Donation and Transplantation directorate recently commissioned Optimisa, a research company, to carry out a detailed report into BAME communities and Organ Donation and will be using the findings of this report to inform our future plans. As a result of this research NHSBT would welcome opportunities to collaborate with Kidney Research UK in relation to the findings of the Optimisa research.
Fiona Loud – Policy Director British Kidney Association.	P14 Equality objective 2 – ODT ‘Number of campaigns’. Please define what you mean by ‘campaigns’ – are these community events, messages on Facebook, or something else?	Communications.	Assistant Director - Digital and Marketing	The scheme has been amended to reflect the comments and to clarify the definition of campaigns on page 16.
Fiona Loud – Policy Director British Kidney Association.	Equality objectives – have you considered one about continued or renewed engagement with faith leaders in order to add authority and reassurance to staff in what they are saying and promoting as well as to literature, events and so forth?	Communications.	Assistant Director – Digital and Marketing	NHSBT is committed to continuing our collaboration with faith leaders and religious representatives across Buddhism, Christianity, Islam, Sikhism, Hinduism and Judaism to promote organ, blood and stem cell donation. As an example, in 2013 we convened a faith summit and collaborated with faith leaders to develop a two year action plan to deliver together to tackle barriers to organ donation resulting from cultural and religious barriers across faith communities. We encourage these faith leaders to also comment on our promotional and educational plans where appropriate.

Organisation	Comments from external organisation and page reference in the SES	Relevant Directorate SES	Responsible officer	Response
Fiona Loud – Policy Director British Kidney Association.	Making the most of supporters, especially peer supporters. Have you considered NHSBT advocates or ambassadors? I recognise that this is not an easy thing to do but would like to know what your thoughts are on this?	Communications.	Assistant Director – Digital and Marketing	<p>Absolutely, we agree that we need local champions and advocates to help normalise organ donation. The behavioural change strategy has a focus on encouraging the public, as well as commercial and voluntary organisations and NHS employees, to become ambassadors for organ donation – so that joining the register and sharing your donation decision becomes the expected thing to do. We will achieve this through our partnership, internal communications and stakeholder engagement. We are also awaiting outputs from the peer educator programme to promote organ donation in Birmingham, led by Kidney Research UK, to inform our future approach to peer educator programmes.</p> <p>We are also about to launch our Donor Ambassador programme which is aimed at recruiting NHSBT internal employees to go out into the community and promote the benefits of organ, blood and stem cell donation.</p>
Fiona Loud – Policy Director British Kidney Association.	Page 27 point 4 re Yearly Diversity calendar – this would be usefully shared with stakeholders too.	Communications.	Head of Internal Communications.	<p>We would be happy to share the yearly diversity calendar with BKPA or other organisations on request. However, we do not publish this as the dates we highlight internally to staff are those where we think it is important to raise staff awareness of a particular day, or where managers may need to be aware of particular requirements. Therefore this should not be considered a definitive list.</p>
Business Disability Forum.	Page 15 and 19 cultivate an environment within Organ Donation and Transplantation that allows development of staff and makes the most of our diverse workforce. Do you collect data to help you measure this? For example How many employees with disabilities and health conditions take up staff training opportunities.	Workforce.	Head of Diversity and Inclusion	<p>At present we collect data on staff accessing learning education and development by each protected group, however we recognise that our disability reporting rates need to be improved. With the introduction of a full census employee survey we will be able to collate more meaningful data on staff accessing learning education and development by disability. We do collate information on employee promotions by disability however we cannot draw any meaningful conclusions from the data due to the inconsistencies of employees declaring whether or not they have a disability.</p>

ANNEX E: Employee comments and responses

Comments	Response
<p>At last something encouraging and positive is being done and I hope this is not just another paper exercise. NHSBT should also be looking at its publications both internal and external so that it reflects the general population. I have had comments when someone external to NHSBT has had a look at one of our Connect Magazine and asked questions if there are no ethnic employees in NHSBT. There was a big feature article for staff with long service and none was from BAME.</p> <p>I will read the draft document and I can see very positive things in it at first glance. Thanks for taking the steps of bringing the service in line with the population that we rely on to get blood and organ. This is the first ever while working for NHSBT that I can express an opinion of this nature without fear of unknown consequence.</p>	<p>Thank you for your comments. We do try wherever possible to ensure that staff from all backgrounds are represented in Connect Magazine and we will continue to ensure that the magazine is more representative of staff from diverse backgrounds in the future.</p>
<p>My feedback is all positive the SES document reflects all the work NHSBT are doing regarding equality and diversity in both the workplace and external work with customers and stakeholders all responsibilities are clear.</p> <p>I would only suggest a copy is issued to each mobile team for communication via the senior sisters during training to ensure staff who do not currently have access to web on session have access to the final SES document.</p>	<p>Thank you for your comments – This is a good idea and we will act on this suggestion.</p>
<p>Page 2 – first paragraph – it would be good to also include therapeutic apheresis services as one of the services we provide.</p> <p>Page 2 – DTS section – Apheresis is spelt incorrectly (there is an additional a which needs to be removed).</p> <p>Page 9 – 2nd bullet – reference should be made to rare blood components not rare blood products.</p> <p>There are lots of tables which makes is quite a difficult read.... could an alternative format be considered for presentation of some of the information?</p>	<p>The scheme has been amended to reflect these comments. We will also look into an easy read version when the scheme is produced in its final format by Strategic Marketing.</p>

Comments	Response
<p>The stats on % of the different ethnicities are not helpful as they do not compare to what is in the population as a whole, so we cannot see if that relates to the general population. Also there is a category A – ‘British’ that does not say white or black. Many people consider themselves as British who are black- which then does not reflect in the statistics. If we say we want to raise the % BAME but do not have the full % now we will not be able to tell.</p> <p>In addition we have a very low % of people with a disability and in the original aim I thought we were aiming to have someone at the exec level from BAME or a disability, but that does not seem to be there now. Having tried to recruit someone who was exceptional but who was disabled and had considerable challenges such that in the end we could not recruit, this is something I hope we would be working towards in parallel to the increase in BAME.</p>	<p>This has been amended in the scheme. Pages 9 – 11 of the scheme mentions the new targets and what this means in real terms over the next three years. The reason why we have not included the full list of statistics on the census population is due to the fact that the information is concerned with workforce diversity statistics and sets out how we monitor this internally.</p> <p>The strategic target set by the Executive was developed to focus on the lack of diversity in the organisation from a BAME perspective as one of our main aims as an organisation is to support the reduction in health inequalities amongst defined sections of the community. Due to our life saving work the BAME community is seen as a priority as it recognised that we can and should do more with regard to blood, organ and tissue donation. We already have plans in place to support the development of colleagues with a disability such as the Calibre Disability Leadership programme and supporting the progression of disabled colleagues is something which we will continue to do.</p>
<p>It is really good to see this all in one place.</p> <p>I think this is strong on examples to improve patient care but seems weaker on the leadership challenge. We need to actively encourage application but we seem to have very low staff turnover in these roles currently so the opportunity is very limited. One option may be to have some rotating leadership roles which all directorates fund but which are not permanently aligned to a specific directorate?</p>	<p>This is a good idea and will be discussed at a future Workforce Steering Group meeting as this will need support from other Directors across NHSBT to make this happen.</p>
<p>Can you tell me how you are, with your “strong focus on working with Black, Asian and Minority Ethnic individuals to improve health outcomes, from a donor and patient perspective, as we know there are significant health inequalities amongst BAME people with regard to blood, organ and stem cell donation” encouraging them to give blood, organ and stem cell donation.</p> <p>“We already have a plan in place which focuses on the specific issues of the other protected characteristics, and we will continue to promote equality of opportunity amongst the other eight protected characteristics (sex, gender reassignment, age, sexual orientation, religion and belief, marriage and civil partnership status, pregnancy and maternity and disability)”.</p> <p>Our main role is collecting Blood, everything else is a sideline. Some of the above cannot donate Blood.</p>	<p>Thank you for your comments.</p>

Comments	Response
<p>Many thanks for sharing the updated draft document outlining the new objectives for the SES. Overall, it is reassuring to see the measures being taken by the organisation to address inequalities in the workplace, and for our patients - the scheme is an excellent start and I have just a few comments which I hope are welcome and are felt to be appropriate within the remit of the scheme:</p> <p>Page 7 – British appears to assume white British – but a British person can be of any ethnicity.</p> <p>Page 14 – objectives 4 and 5 – These are very welcome objectives – it is embarrassing how little BAME representation there is in senior management posts.</p> <p>Page 17 – objective 3 – Again, the principle of this objective is very welcome, but the wording is a little “woolly” and it’s unclear how this will be put into practice.</p> <p>Page 30 – Offers a suggestion for making workplace more accessible for people with disabilities, but does not address the lack of provision for staff/patients who don’t identify as cis gender male/female – e.g. would be good to see more gender neutral toilets/washrooms.</p> <p>Many thanks again for the opportunity to review the objectives and to comment on the scheme.</p>	<p>Thank you for your comments. We have amended the scheme to include white british.</p> <p>Page 19 – Objective 3 clearly articulates how the objective will be achieved. “Applicants approved for development programmes reflect the profile of ODT”.</p> <p>Thank you for your comments on the lack of provision of gender neutral toilets/washrooms for staff/patients/donors. This will be feedback to the Deputy Director of Estates for his consideration.</p>
<p>Thanks for this. Clearly a lot of hard work has gone into this such an important subject. My only very tiny comment is the geographical spread Plymouth to Newcastle on page 5. Does this exclude our staff in organ donation who are more widespread and those in IT and facilities for example who support them?</p>	<p>Thanks you for your comments. The scheme is intended to include all staff in all of NHSBT locations.</p>

NHS Blood and Transplant

NHS Blood and Transplant (NHSBT) saves and improves lives by providing a safe, reliable and efficient supply of blood and associated services to the NHS in England and North Wales. We are the organ donor organisation for the UK and are responsible for matching and allocating donated organs.

We rely on thousands of members of the public who voluntarily donate their blood, organs, tissues and stem cells. Their generosity means each year we're able to supply around 1.9 million units of blood to hospitals in England and North Wales and around 4,200 organ and 5,800 tissue donations, which save or improve thousands of lives.

For more information

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