

PUBLICATION OF STAFF EQUALITY DATA

Data up to 31 March 2022

Published October 2022

If you need this information summarised in another language or format such as Braille, talking tape or DVD please call the number below.

Polish:

Jeżeli potrzebujesz streszczenia tych informacji w innym języku lub formacie, np. w Braille'u lub w formie nagrania dźwiękowego, zadzwoń na poniższy numer.

Arabic:

إذا أردت منا تلخيص هذه المعلومات بلغة أخرى أو بصيغة مختلفة مثل لغة بريل أو شريط صوتي أو قرص DVD يرجى الاتصال برقم الهاتف التالي.

Bengali:

যদি আপনি অন্য একটি ভাষায় এই তথ্যের সংক্ষিপ্তসার চান অথবা ব্রেইল, কথা বলা টেপ অথবা ডি.ভি.ডি. ফরম্যাট-এ এই তথ্য চান, তাহলে অনুগ্রহ করে নিচের নম্বরে টেলিফোন করুন।

Farsi:

در صورتی که مایلید خلاصه این اطلاعات را به زبان یا فرمت دیگری مانند بریل، نوار یا دی وی دی دریافت کنید، لطفاً با شماره زیر تماس بگیرید.

Hindi:

यदि आप इस सूचना का सारांश किसी अन्य भाषा या स्वरूप में, जैसे ब्रेल, टाकिंग टेप या DVD में चाहते हैं, तो कृपया नीचे दिए गए नंबर पर फोन करें।

Kurdish (Kurmanji):

Heke hun vê agahîyê bi kurtî bi zimanekî din an formateke din a wek Braille (ji bo kêmasîya dîtinê), teypa axaftinê yan jî DVD dixwazin, ji kerema xwe telefonî hejmara jêrîn bikin.

Punjabi:

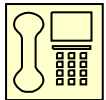
ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਦਾ ਸਾਰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਜਿਵੇਂ ਬ੍ਰੇਲ, ਟਾਕਿੰਗ ਟੇਪ ਜਾਂ DVD ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ।

Simplified Chinese:

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Urdu:

اگر آپ کو ان معلومات کے خلاصہ کی کسی دیگر زبان یا شکل مثلاً بریل، ٹیکنگ ٹیپ یا ڈی وی ڈی میں ضرورت ہو تو برائے مہربانی درج ذیل نمبر پر کال کریں۔



Telephone 0191 3336267

Introduction

The general equality duty of the Equality Act 2010 requires the Trust in the exercise of its functions to have due regard to the need to :

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

The Trust must publish information to demonstrate its compliance with the general equality duty. This information must include information relating to staff who share a relevant protected characteristic who are affected by its policies and practices. The protected characteristics are sex, race, sexual orientation, gender reassignment, disability, religion and belief, marriage and civil partnership, age and pregnancy and maternity.

The Trust has published information to meet its public sector duties for the last eight years.

The information in this report as far as possible replicates the indicators of the Workforce Race Equality standard (WRES). The information in the disability section mirrors the indicators for the Workforce Disability Equality Standard (WDES) and the Sexual Orientation Workforce Equality Standard (SOWES).

Analysis of Trust data has been performed to identify any differences within protected characteristic groups across a number of measures deemed to be important. These measures included: distribution of staff within the Agenda for Change Pay Band structure, recruitment metrics (including shortlisting and subsequent recruitment patterns), capability and disciplinary data, Trust Board membership and staff survey details. Due to the nature of the data properties, the majority of reporting was limited to descriptive analytics. However, where possible, additional analyses were undertaken, and likelihood ratios were calculated. This report aims to track key elements of Trust process, with regard to staff, through a protected characteristic lens.

Recruitment

Relative likelihood of staff from one of the protected characteristic groups compared to the non-protected characteristic groups being appointed from shortlisting across all posts.

Data: Data was extracted from the trac website (the recruitment management system) and supplied by a HR colleague. The data looks at a 12-month period (April 2021 – March 2022), and analysis tracks protected characteristics amongst successful shortlisting and recruitment practices. Information was recorded for all staff in relation to the following protected characteristics: Disability, Ethnicity, Age, Gender and Sexual Orientation. For the purpose of this report, those who did not have a protected characteristic listed have been removed from the analysis (i.e. not stated, not disclosed etc).

Analysis: Descriptive statistics were utilised in order to assess the breakdown of the protected groups entering the process. Further to this, likelihood ratios were calculated to evaluate any disparity between protected groups. The ratios were broken down to show comparisons of the following reference groups:

- Disabled compared to non-disabled.
- BAME compared to White.
- Age categories compared to one another.
- Male compared to Female.
- Heterosexual compared to LGB

Understanding the likelihood calculation.

Likelihood ratios are calculated for both recruitment and disciplinary/capability metrics within this report.

For illustrative purposes, a worked example of fictitious data is provided below to aid understanding of likelihood ratio methodology and interpretation:

Disability Status	Shortlisted N	Appointed N	Ratio	Relative Likelihood
Non-Disabled	780	170	$(170/780) = 0.22$	$(0.22/0.14) = 1.57$
Disabled	210	30	$(30/210) = 0.14$	

If the relative likelihood figure is above 1, it indicates they are more likely to be appointed, if it is below 1 then it indicates that they are less likely to be appointed. Interpretation of the example provided above would be: non-disabled applicants are 1.57 times more likely to be appointed than applicants with a disability.

Results

Disability

	Disability	Non-Disability
Disability		0.88
Non-Disability	1.14	

The above table demonstrates that applicants without a disability were 1.14 times more likely to be appointed from shortlisting than applicants with a disability.

BAME

	BAME	NON-BAME
BAME		0.72
NON-BAME	1.38	

White applicants are 1.38 times more likely to be appointed from shortlisting than BAME applicants.

Gender

	Female	Male
Female		1.08
Male	0.92	

It can be seen from the above table that Females are 1.08 more times more likely to be appointed from shortlisting than Males.

Sexual Orientation

	Heterosexual or Straight	Gay/Lesbian/Bi
Heterosexual or Straight		1.09
Gay/Lesbian/Bi	0.92	

Heterosexual applicants were 1.09 more likely to be appointed from shortlisting than Gay, Lesbian or Bi-sexual applicants.

Age categories

	16-20 yrs.	21-30 yrs.	31-40 yrs.	41-50 yrs.	51 – 65 yrs.	66+
16-20 yrs.		1.38	1.30	1.40	1.52	1.72
21-30 yrs.	0.72		0.94	1.02	1.10	1.25
31-40 yrs.	0.77	1.07		1.08	1.17	1.33
41-50 yrs.	0.71	0.98	0.92		1.08	1.23
51 – 65 yrs.	0.66	0.91	0.85	0.92		1.13
66+	0.58	0.80	0.75	0.81	0.88	

The above categories show the different age groups and the likelihood of someone from that age category being appointed from shortlisting compared to the other age groupings. It can be seen from the above table that those in the age group 16-20 were consistently most likely to be appointed to a job from shortlisting when compared to the other groups. Those who were in the age category of 66+ were least likely to be appointed from a shortlisting when compared to the other age categories.

Summary.

In summary, there are still some small inequalities when comparing the protected characteristic groups against one another, however the likelihood figures have improved since last year. The likelihood of non-disabled applicants being appointed compared to disabled applicants has slightly improved, with last year's figure being 1.29 times more likely, this is now reduced to 1.14 times more likely. Similarly, the likelihood of BAME applicants being appointed compared to white applicants has also improved, last year white applicants were 1.79 times more likely to be appointed from shortlisting, this is now 1.38 times more likely.

Disciplinary and Capability

Relative likelihood of staff from one of the protected characteristic groups compared to the non-protected characteristic groups entering the disciplinary or the capability process.

Data: Data was provided by the Workforce Information department. The data covered a 24 month period from April 2020 to March 2022 and contained a list of all staff members who had entered the disciplinary or capability process within that time frame. Information was recorded for all staff in relation to the following protected characteristics: Disability, Ethnicity, Age, Gender and Sexual Orientation. For the purpose of this report, those who did not have a protected characteristic listed have been removed from the analysis (i.e. not stated, not disclosed etc).

Analysis: Descriptive statistics were utilised in order to assess the breakdown of the protected groups entering the process. Further to this, likelihood ratios were calculated to evaluate any disparity between protected characteristics. The ratios were broken down to show comparisons of the following groups:

- Disabled compared to non-disabled.
- BAME compared to white.
- Age categories compared to one another.
- Male compared to Female.
- Heterosexual compared to LGB

Results:

Disability

Disciplinary

							Overall	
	Disciplinary cases 21/22	Medical 20/21 (non recorder 21/22)	Disciplinary cases 20/21	Total Disciplinary	Total disciplinary minus medical reasons	Total workforce	% likelihood for each grouping	Relative Likelihood
Disability	8		5	13	13	507	0.02564103	0.67849224
Non disability	56	2	44	102	100	5863	0.01739724	

The above table demonstrates that applicants without a disability were less likely to go through the disciplinary process than those with a disability (0.678). Those with a disability were 1.47 times more likely to go through the disciplinary process.

Capability

							Overall	
	Capability Cases 21/22	Medical (non recorded 21/22)	Capability Cases 20/21	Total Capability	Total capability minus medical	Total workforce	% likelihood for each grouping	Relative Likelihood
Disability	1		0	1	1	507	0.00197239	1.55654102
Non disability	7	2	9	18	16	5863	0.0030701	

In this table which looks at capability between disabled and non-disabled staff members, we can see that those without a disability are more likely than those with a disability to enter the capability process. Throughout the previous 2 years, only 1 person with a disability entered the capability procedure compared to 18 for non-disabled staff.

BAME

Disciplinary

							Overall	
	Disciplinary cases 21/22	Medical 20/21 (non recorder 21/22)	Disciplinary cases 20/21	Total Disciplinary	Total disciplinary minus medical reasons	Total workforce figures	% likelihood for each grouping	Relative Likelihood
White	81		61	142	142	7170	0.01980474	0.78283655
BAME	2	2	2	6	4	387	0.01550388	

BAME members of staff are less likely to go through the disciplinary process than white members of staff (0.78), White members of staff are 1.28 times more likely, with only 4 members of the BAME community having gone through the disciplinary process for the 2 years that this report is focusing on.

Capability

							Overall	
	Capability Cases 21/22	Medical (non recorded 21/22)	Capability Cases 20/21	Total Capability	Total capability minus medical	Total workforce figures	% likelihood for each grouping	Relative Likelihood
White	9	0	14	23	23	7170	0.00320781	1.61105494
BAME	0	2	0	2	0	387	0.00516796	

White members of staff are less likely to enter capability proceedings than BAME staff. BAME staff are 1.61 times more likely to enter capability proceedings. However, it should be noted that the

number of people entering the capability procedure are relatively small, with only 2 BAME staff going through this in the 2 years' worth of data considered.

Gender

Disciplinary

	Disciplinary cases 21/22	Medical 20/21 (non recorder 21/22)	Disciplinary cases 20/21	Total Disciplinary	Total disciplinary minus medical reasons	Total workforce figures	Overall	
							% likelihood for each grouping	Relative Likelihood
Male	29	1	26	56	55	1588	0.03526448	2.24393477
Female	55	1	39	95	94	6045	0.01571547	

It can be seen from the above table that males are more likely to enter the disciplinary process than females (2.24 times more likely)

Capability

	Capability Cases 21/22	Medical (non recorded 21/22)	Capability Cases 20/21	Total Capability	Total capability minus medical	Total workforce figures	Overall	
							% likelihood for each grouping	Relative Likelihood
Male	3	2	3	8	6	1588	0.00503778	1.7913765
Female	6	0	11	17	17	6045	0.00281224	

Male staff are 1.79 times more likely than female staff to enter the capability process.

Sexual Orientation

Disciplinary

	Disciplinary cases 21/22	Medical 20/21 (non recorder 21/22)	Disciplinary cases 20/21	Total Disciplinary	Total disciplinary minus medical reasons	Total workforce figures	Overall	
							% likelihood for each grouping	Relative Likelihood
Heterosexual	66	1	52	119	118	6534	0.01821243	1.68084377
LGB	5	0	4	9	9	294	0.03061224	

LGB staff are 1.68 times more likely to enter the disciplinary process.

Capability

	Capability Cases 21/22	Medical (non recorded 21/22)	Capability Cases 20/21	Total Capability	Total capability minus medical	Total workforce figures	Overall	
							% likelihood for each grouping	Relative Likelihood
Heterosexual	7	1	11	19	18	6534	0.00290787	1.16970999
LGB	0	0	1	1	1	294	0.00340136	

It can be seen in the above table that Lesbian, Gay and Bi-sexual members of staff are 1.17 times more likely to enter the capability procedure than Heterosexual members of staff. Although LGB staff are more likely, it is worth noting that this figure is only slightly above 1 (which would indicate there is an equal chance).

Age categories

Disciplinary

Age category	Total workforce figures	Disciplinary cases 21/22	Medical 20/21 (non recorder 21/22)	Disciplinary cases 20/21	Total Disciplinary	Overall		Overall					
						Total disciplinary minus medical reasons	% likelihood for each grouping	Relative Likelihood					
								AGE 16-20	AGE 21-30	AGE 31-40	AGE 41-50	AGE 51-65	AGE 66+
AGE 16-20	21	0		1	1	1	0.0476		2.1317	3.4621	2.2999	2.0536	
AGE 21-30	1343	16	1	13	30	29	0.0223	0.4691		1.6241	1.0789	0.9633	
AGE 31-40	1963	17		10	27	27	0.0138	0.2888	0.6157		0.6643	0.5932	
AGE 41-50	1787	21	1	15	37	36	0.0207	0.4348	0.9269	1.5053		0.8929	
AGE 51-65	2415	30		26	56	56	0.0232	0.4870	1.0381	1.6859	1.1199		
AGE 66+	104	0		0	0	0	0.0000						

We can see from the above table, that overall, staff members who fall in the age category 16-20 are more likely than any other age category to enter the disciplinary process. However, it is worth acknowledging that there was only one person in that age category who had a disciplinary, and that age 16-20 has the lowest total workforce figures out of all the age groupings.

Staff survey results 2021

Data: The national staff survey was sent to all TEWV staff, and they were asked to freely declare their long-term health condition status, gender, age, ethnicity and sexual orientation. The data is measured by those that agree with a series of questions and offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling NHS England and NHS Improvement to explore staff experience across different parts of the NHS and work to bring about the necessary improvements. The data was published on 30th March 2022.

Analysis: The statistics from the staff survey were utilised in order to assess the breakdown of the protected groups completing the staff survey. These were then compared with the scores provided for the previous year. This enabled a comparison to be made for the trust performance compared to the year before. The scores were broken down to show comparisons of the following groups:

- Disabled compared to non-disabled (with a LTHC compared to without a LTHC)
- BAME compared to white
- Age categories compared to one another
- Gender compared to one another
- Sexual orientation compared to one another

Question guide

Question Number	Question
Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
Q14c	Percentage of staff experiencing harassment, bullying or abuse from colleagues in the last 12 months.
Q15	Percentage believing that Trust acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age?
Q16b	In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues.
Q11c	Percentage feeling unwell due to work related stress in the last 12 months.
Q11e	Percentage pressure from their manager to attending work in the last 3 months despite not feeling well enough to perform their duties
Q4b	Percentage of staff satisfied with the extent to which their organisation values their work
Q28b	Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustments to enable them to carry out their work
Q14d	Percentage of staff saying that the last time they experienced harassment, bullying, or abuse at work, they or a colleague reported it
Q20e	I am able to access the right learning and development opportunities when I need to
SE	Staff Engagement

When looking at the tables of scores a comparison has been made for the % Agree, with the scores in last year's staff survey. A colour and a directional arrow rating have been used i.e., where an improvement has been made, the box is green and the arrow next to the percentage is pointing up (h), and if the score is worse the box is red, and the arrow is pointing down (i). If the score this year is the same as last year, then an amber colour and a horizontal arrow is used (1). Any percentage box that has no arrow has no comparable category/score in last year's survey. The logic of the question can sometimes be that a higher percentage is a worse score e.g., Q14a, Q14c, Q16b, Q11c and Q11e, and the direction of the arrow reflects this.

Disability Breakdown for Trust Staff and question responses

	Staff with a LTHC		Staff without a LTHC		LTHC Not Declared
Workforce	507		5863		1263
	Responses	% Agree	Responses	% Agree	
Q14a	1091	28.2% ↑	2348	22.5% ↓	
Q14c	1079	19.7% ↑	2322	11.3% ↑	
Q15	1120	54.9% ↓	2413	63.9% ↓	
Q16b	1130	10.5% ↑	2422	4.2% ↑	
Q11c	2432	40.8% ↑	1129	58.9% ↓	
Q11e	763	21.8% ↑	1197	15.4% ↑	
Q4b	1128	36.4% ↓	2429	46.6% ↓	
Q28b	No Data	72.2%* ↓	N/A	-	
Q14d	414	59.2%	660	58.6%	
Q20e	1133	50.9%	2433	62.8%	
SE	1137	6.5% ↓	2442	6.9% ↓	

*This question was only for those staff who had a LTHC and only the percentage was supplied and not the number of responses.

Note: Within workforce information it is classed as Disability/Non-Disability and staff with a declared disability total 507. For the survey, Long Term Health Condition (LTHC) was used, and staff completing the survey were asked to self-declare their response to having a LTHC or not. This may offer an explanation into the disparity between the numbers.

Summary

- Staff with a LTHC experience a higher level of harassment, bullying and abuse from patients, relatives, or the public, and from colleagues than those without a LTHC. (Q14a & Q14c)
- Staff with a LTHC experienced more discrimination from managers/team leaders or other colleagues. (Q16b)
- Staff with a LTHC are more likely to have received pressure from their manager to attend work in the last 3 months despite not feeling well enough to perform their duties. (Q11e)

- Staff without a LTCH are more likely to have felt unwell due to work related stress in the last 12 months. (Q11c)
- Staff with a LTCH are less satisfied with the extent to which the organisation values their work. (Q4b)
- Staff with a LTHC are less convinced that the Trust provides equal opportunities for career progression or promotion. (Q15)
- 72% of staff reported that reasonable adjustments had been made to enable them to carry out their work. (Q28b)
- Staff with a LTHC are less engaged than staff without a LTHC. (SE)

Age breakdown for Trust staff and question responses

	21-30		31-40		41-50		51-65		66+	
Workforce	1343		1963		1787		2415		104	
	Responses	% Agree	Responses	% Agree	Responses	% Agree	Responses	% Agree	Responses	% Agree
Q14a	464	28.7%↓	782	23.7%↑	892	23.4%↓	1252	24.2%↓	43	7.0%↓
Q14c	459	11.3%↓	777	14.8%↑	884	16.0%↑	1231	13.3%↑	43	9.3%↑
Q15	470	69.4%↓	787	61.2%↓	916	59.0%↓	1306	59.7%↓	49	51.0%↓
Q16b	470	5.1%↓	792	5.1%↑	920	8.0%↔	1314	6.0%↔	50	8.0%↓
Q11c	472	50.2%↓	793	51.6%↓	926	47.6%↓	1314	42.5%↓	50	26.0%↓
Q11e	261	19.9%↑	464	18.8%↑	540	17.8%↑	667	16.6%↑	No Data	-
Q4b	472	45.6%	790	43.8%	925	43.6%	1315	41.7%	50	54.0%
Q28b	No Data	-	No Data	-	No Data	-	No Data	-	No Data	-
Q14d	145	75.9%	237	59.1%	295	55.3%	387	55.8%	No Data	-
Q20e	472	64.8%	795	58.6%	926	57.5%	1318	57.8%	50	64.0%
SE	No Data*	6.8%↓	796	6.7%↓	930	6.8%↓	1321	6.8%↓	51	7.2%↑

*No response numbers supplied, only proportion.

Summary

- Staff aged 66+ experience a lower level of harassment, bullying and abuse from patients, relatives, or the public, and from colleagues than all other age groups. (Q14a & Q14c)
- Staff aged 66+ are less likely to have felt unwell due to work related stress in the last 12 months. (Q11c)
- Staff in age group 51-65 are less satisfied with the extent to which the organisation values their work. (Q4b)
- Staff aged 66+ are the least convinced that the Trust provides equal opportunities for career progression or promotion. (Q15)
- Staff aged 66+ are more engaged than other staff age groups. (SE)

Gender breakdown for Trust staff and question responses

Workforce	Female 6045		Male 1588		Prefer not to say -	
	Responses	% Agree	Responses	% Agree	Responses	% Agree
Q14a	2612	23.2%↓	736	28.1%↑	81	24.7%
Q14c	2583	14.3%↑	726	11.8%↑	81	25.9%
Q15	2702	63.3%↓	742	55.9%↓	80	35.0%↓
Q16b	2713	5.8%↑	748	6.7%↑	81	17.3%
Q11c	2720	47.0%↓	750	43.1%↓	81	65.4%
Q11e	1493	17.7%↑	401	17.7%↑	55	25.5%
Q4b	2717	44.5%	750	41.3%	81	18.5%
Q28b	No Data	-	No Data	-	No Data	-
Q14d	799	60.1%	239	53.6%	35	57.1%
Q20e	2724	60.4%	752	56.3%	81	33.3%
SE	2735	6.9%↓	754	6.6%↓	81	5.6%

Note: For the prefer not to say group, only Q15 scores provided.

Summary

- Male Staff experience a higher level of harassment, bullying and abuse from patients, relatives, or the public. (Q14a)
- Staff that prefer not to say what their gender is experience a higher level of harassment, bullying and abuse from colleagues. (Q14c)
- Staff that prefer not to say what their gender is experienced more discrimination from managers/team leaders or other colleagues. (Q16b)
- Staff that prefer not to say what their gender is are more likely to have received pressure from their manager to attend work in the last 3 months despite not feeling well enough to perform their duties. (Q11e)
- Staff that prefer not to say what their gender is are more likely to have felt unwell due to work related stress in the last 12 months. (Q11c)
- Staff that prefer not to say what their gender is are less satisfied with the extent to which the organisation values their work. (Q4b)
- Staff that prefer not to say what their gender is are the least convinced that the Trust provides equal opportunities for career progression or promotion. (Q15)
- Staff that prefer not to say what their gender is are less engaged than other staff. (SE)

Ethnicity breakdown for Trust staff and question responses

	White		BAME		Ethnicity Unknown / Null
Workforce	7170		387		76
	Responses	% Agree	Responses	% Agree	
Q14a	3278	24.1%↓	134	32.1%↓	
Q14c	3242	13.8%↑	131	16.8%↑	
Q15	3371	61.2%↓	135	60.0%↑	
Q16b	3388	6.0%↔	136	10.3%↑	
Q11c	3395	46.9%↓	137	38.0%↓	
Q11e	1871	18.0%↑	69	14.5%↑	
Q4b	3391	42.9%	138	54.3%	
Q28b	No Data	-	No Data	-	
Q14d	1016	58.6%	48*	60.4%	
Q20e	3400	58.8%	138	65.9%	
SE	3409	6.8%↓	75	7.4%↓	

*Only Black/Black British: African responded

Summary

- More BAME staff experience a higher level of harassment, bullying and abuse from patients, relatives, or the public and Colleagues. (Q14a & Q14c)
- More BAME staff than white have experienced discrimination from managers/team leaders or other colleagues. (Q16b)
- More BAME staff have attended work in the last 3 months despite not feeling well enough to perform their duties. (Q11e)
- More White staff have felt unwell due to work related stress in the last 12 months. (Q11c)
- More BAME staff are satisfied with the extent to which the organisation values their work. (Q4b)
- White Staff are more convinced that the Trust provides equal opportunities for career progression or promotion. (Q15)
- White staff are less engaged than other staff. (SE)

Sexual Orientation breakdown for Trust staff and question responses

	Bisexual		Gay / Lesbian		Heterosexual		Other		Prefer not to say	
Workforce	294				6534		805			
	Responses	% Agree	Responses	% Agree	Responses	% Agree	Responses	% Agree	Responses	% Agree
Q14a	54	33.3%↓	112	33.0%↓	3096	23.4%↑	23	34.8%	150	34.0%
Q14c	53	20.8%↑	No Data	-	3061	13.6%↑	23	21.7%	150	21.3%
Q15	55	49.1%↓	114	66.4%↓	3179	62.3%↓	25	44.0%	156	38.5%
Q16b	55	12.7%↑	117	6.8%↓	3197	5.8%↑	No Data	-	156	12.2%
Q11c	55	67.3%↓	117	56.4%↓	3205	45.0%↓	25	60.0%	156	62.2%
Q11e	No Data*	22.9%↑	67	19.4%↑	1752	17.2%↑	11	18.2%	95	28.4%
Q4b	55	36.4%	117	38.5%	3203	44.3%	24	37.5%	156	28.8%
Q28b	No Data	-	No Data	-	No Data	-	No Data	-	No Data	-
Q14d	20	60.0%	53	62.3%	932	59.1%	No Data	-	63	47.6%
Q20e	55	50.9%	117	61.5%	3211	59.9%	25	60.0%	156	37.2%
SE	56	6.4%↓	No Data	-	3223	6.9%↓	25	6.5%	156	5.8%

*No response numbers supplied but percentage was.

Workforce data has 4 categories; Hetro, LGB, Undecided and Not Declared which do not immediately align with the choices available when completing the staff survey. The 'other' and 'prefer not to say' choices have been aligned with 'Undecided' and 'Not Declared' purely to allow comparison of the data.

Summary

- Heterosexual staff are less likely to experience harassment, bullying and abuse from colleagues or from patients, relatives, or the public than their colleagues. (Q14c & Q14a)
- Bisexual staff experienced more discrimination from managers/team leaders or other colleagues. (Q16b)
- Staff that prefer not to say what their sexuality is are more likely to have received pressure from their manager to attend work in the last 3 months despite not feeling well enough to perform their duties. (Q11e)
- Bisexual staff are more likely to have felt unwell due to work related stress in the last 12 months. (Q11c)
- Heterosexual staff are more satisfied with the extent to which the organisation values their work. (Q4b)
- Staff that prefer not to say what their sexuality is are less convinced that the Trust provides equal opportunities for career progression or promotion. (Q15)
- Staff that prefer not to say what their sexuality is are less engaged than other staff. (SE)

Analysis of individual questions compared with last years results

Q14a. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

In general, a worse score this year than last. Only 4 characteristics improved: Male, Age group 31-40, Staff with a disability and Heterosexuals.

The largest change was the BAME category last year 29% this year 32.1%. All other scores had seen a +/- of $\leq 1.5\%$

Q14c. Percentage of staff experiencing harassment, bullying or abuse from colleagues in the last 12 months.

In general, a better score this year than last. Only 1 characteristic was worse: Age group 21-30. All others had improved.

The largest changes were seen in: Age 51-65 which was 24% last year and 13.3% this year (10.7% improvement), Age 41-50, 23% last year and 16% this year (7% improvement), Bisexual scored 30% last year and 20.8% this year (9.2% improvement).

All other scores had seen a +/- of $\leq 4.2\%$

Q15. Percentage believing that Trust acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age?

Of all the staff surveyed, only BAME and Gay/Lesbian rated this as better this year than last.

The largest changes were seen in: Age 66+ which was 62.9% last year and 51% this year (11.9% worse), Bisexual, 56.7% last year and 49.1% this year (7.6% worse), Male scored 61% last year and 55.9% this year (5.1% worse).

Q16b. In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues.

In general, a better score this year than last. 8 characteristics saw improvement (Female, Male, Age 31-40, BAME, Staff with and without a LTHC, Bisexual and Heterosexual) and 4 were worse (Age 21-30, Age 66+ and Gay/Lesbian)

The largest improvement was seen in: Bisexual which scored 23% last year and 12.7% this year (10.3% improvement).

Age 66+ saw the greatest worsening of score, last year 3% and 8% this year.

Q11c. Percentage feeling unwell due to work related stress in the last 12 months.

All staff, except Staff with LTCH rated this as worse this year than last.

The largest changes were seen in: Staff without LTHC was 38% last year and 58.9% this year (20.9% worse), Gay / Lesbian, 47% last year and 56.4% this year (9.4% worse). Staff with LTHC score improved by 16.2% (57% against 40.8% this year)

Q11e. Percentage pressure from their manager to attending work in the last 3 months despite not feeling well enough to perform their duties

All staff surveyed said that this had improved since last year.

The largest changes were seen in: BAME which was 31% last year and 14.5% this year (16.5% improvement), Gay / Lesbian, 30% last year and 19.4% this year (10.6% improvement)

All other scores had seen a - of $\leq 16.5\%$ with BAME the largest change of 16.5%.

There were Data quality issues with 66+ as there were no figures or no data for this year.

Q4b. Percentage of staff satisfied with the extent to which their organisation values their work

Only the Disability characteristic was surveyed this year and last. Both staff with a LTHC and those without a LTHC scored this worse than last year.

Staff without a LTHC was 57% last year and 46.6 & this year, that is a 10.4% decrease.

Q28b. Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustments to enable them to carry out their work

The percentage in agreement with the question this year was 72.2%, last year 81% agreed.

Staff Engagement

For all staff (other than the age group 66+ and White ethnicity) the engagement score was worse than last year. However, all scores were within +/- of $<0.4\%$ change.

The age group 66+ was the only one to show improvement (0.1%).

Board Representation

Percentage difference between the organisations' Board membership and its overall workforce disaggregated.

Data: Data was provided from Workforce information. The data and analysis was carried out on the 16 board figures, in relation to the total workforce. Information was recorded for all staff in relation to the following protected characteristics: Disability, Ethnicity, Age, Gender and Sexual Orientation.

Analysis: Descriptive statistics were utilised in order to assess the breakdown of the protected groups in respect of Board membership. Further to this, differences between board numbers relative to the workforce were calculated to evaluate any disparity between protected characteristics. The following characteristics were explored.

- Disabled compared to non-disabled.
- BAME compared to white.
- Age categories compared to one another.
- Male compared to Female.
- Heterosexual compared to LGB

Percentage difference between the organisations' Board membership and its overall workforce calculation example :

Voting board members broken down by ethnicity: BAME = 1(9.09%)

Total workforce broken down by ethnicity: BAME = 387(5.07%)

Percentage difference between organisations boards voting membership and its overall workforce for BAME members = +4.02%

Results:

There are a total of 16 board figures.

	Total board figures = 16
Voting members	11
Non voting members	5
Executive members	8
Non Executive member	8
Total	16

BAME

	Ethnicity					
	BAME		WHITE		NOT DECLARED	
	%	% difference between board members and workforce	%	% difference between board members and workforce	%	% difference between board members and workforce
Total Workforce	5.07%		93.93%		1.00%	
Voting members	9.09%	4.02%	90.9%	-3.03%	0.0%	-1.00%
Non voting members	0.00%	-5.07%	100.0%	6.07%	0.0%	-1.0%
Executive members	0.00%	-5.07%	100.0%	6.07%	0.0%	-1.0%
Non Executive member	12.50%	7.43%	87.5%	-6.43%	0.0%	-1.0%
Total Board	6.25%	1.18%	93.8%	-0.18%	0.0%	-1.0%

Percentage difference between organisations boards voting membership and its overall workforce for BAME members = +4.02%

Percentage difference between organisations board executive membership and its overall workforce for BAME members = -5.07%. this is due to there being no BAME executive members.

Gender

	Gender			
	MALE		FEMALE	
	%	% difference between board members and workforce	%	% difference between board members and workforce
Total Workforce	21.01%		79.20%	
Voting members	45.5%	24.44%	54.5%	-24.65%
Non voting members	20.0%	-1.01%	80.0%	0.80%
Executive members	37.5%	16.49%	62.5%	-16.70%
Non Executive member	37.5%	16.49%	62.5%	-16.70%
Total Board	37.5%	16.49%	62.5%	-16.70%

Percentage difference between organisations boards voting membership and its overall workforce for Female members = -24.65%

Percentage difference between organisations board executive membership and its overall workforce for Female members = -16.07%.

Disability

	Disability					
	DISABLED		NON-DISABLED		NOT DECLARED	
	%	% difference between board members and workforce	%	% difference between board members and workforce	%	% difference between board members and workforce
Total Workforce	6.64%		76.81%		16.55%	
Voting members	9.09%	2.45%	63.64%	-13.17%	27.27%	10.73%
Non voting members	0.00%	-6.64%	0.00%	-76.81%	100.00%	83.45%
Executive members	0.00%	-6.64%	75.00%	-1.81%	25.00%	8.45%
Non Executive member	12.50%	5.86%	50.00%	-26.81%	37.50%	20.95%
Total Board	6.25%	-0.39%	62.50%	-14.31%	31.25%	14.70%

Percentage difference between organisations boards voting membership and its overall workforce for Disabled members = +2.45%

Percentage difference between organisations board executive membership and its overall workforce for disabled members = -6.64%.

Age

	Age groupings					
	41-50		51-65		66+	
	%	% difference between board members and workforce	%	% difference between board members and workforce	%	% difference between board members and workforce
Total Workforce	23.41%		31.64%		1.36%	
Voting members	18.18%	-5.23%	63.64%	32.00%	18.18%	16.82%
Non voting members	20.00%	-3.41%	60.00%	28.36%	20.00%	18.64%
Executive members	25.00%	1.59%	75.00%	43.36%	0.00%	-1.36%
Non Executive member	12.50%	-10.91%	50.00%	18.36%	37.50%	36.14%
Total Board	18.75%	-4.66%	62.50%	30.86%	18.75%	17.39%

Age group 41-50 are underrepresented on the Board in relation to the prevalence of the age-group in the workforce. The age groups 51-65 and 66+ are generally over-represented on the Board.

Sexual Orientation

	Sexual Orientation							
	Heterosexual		LGB		NOT STATED		BLANK	
	%	% difference between board members and workforce	%	% difference between board members and workforce	%	% difference between board members and workforce	%	% difference between board members and workforce
Total Workforce	85.60%		3.85%		0.28%		10.27%	
Voting members	45.45%	-40.15%	0.00%	-3.85%	45.45%	45.18%	9.09%	-1.18%
Non voting members	80.00%	-5.60%	0.00%	-3.85%	20.00%	19.72%	0.00%	-10.27%
Executive members	87.50%	1.90%	0.00%	-3.85%	12.50%	12.22%	0.00%	-10.27%
Non Executive member	25.00%	-60.60%	0.00%	-3.85%	62.50%	62.22%	12.50%	2.23%
Total Board	56.25%	-29.35%	0.00%	-3.85%	37.50%	37.22%	6.25%	-4.02%

There is currently no member of the trust board who is Lesbian, Gay or Bi-sexual .

Summary:

- BAME Staff have a higher voting membership on the board relative to the workforce population, however, there are no executive members on the board from a BAME ethnicity.
- Females are underrepresented on the board relative to the workforce populations for both voting membership and executive membership.
- Staff with a disability have a higher voting member compared to the workforce population of disables staff but a lower representation of executive membership on the board.
- Board membership is underrepresented in age ranges from 41-50 but over-represented in age brackets 51-65 and 66+.
- There are currently no board members represented by persons identifying as Lesbian, Gay or Bi-sexual.

Agenda for Change Banding Distribution

Data: The data was provided by workforce information and maps the protected characteristics against the agenda for change pay bandings. The information is provided for both the Non-Clinical and Clinical workforce as well as Medical & Dental.

Analysis: The data provided is very high-level count data, for this reason, only descriptive analytics were utilised in order to summarise the variation and patterns within the data. The data was examined for variation in leadership roles (band 7 and above) across the protected groups.

Results

BAME

Indicator		Data Item			WHITE		BME		ETHNICITY UNKNOWN/ NULL	
					Figure	%	Figure	%	Figure	%
1	Percentage of staff in each of the AfC bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in in the overall workforce	1a) Non Clinical workforce	1	Under Band 1						
			2	Band 1	22	100%	0	0%	0	0%
			3	Band 2	468	97%	11	2%	5	1%
			4	Band 3	470	97%	12	2%	3	1%
			5	Band 4	373	96%	10	3%	4	1%
			6	Band 5	144	96%	5	3%	1	1%
			7	Band 6	112	94%	7	6%	0	0%
			8	Band 7	94	94%	5	5%	1	1%
			9	Band 8a	53	96%	2	4%	0	0%
			10	Band 8b	34	94%	1	3%	1	3%
			11	Band 8c	14	93%	0	0%	1	7%
			12	Band 8d	8	89%	1	11%	0	0%
			13	Band 9	0		0		0	
			14	VSM	0		0		0	
		1b) Clinical workforce of which Non Medical	15	Under Band 1						
			16	Band 1	0		0		0	
			17	Band 2	34	87%	5	13%	0	0%
			18	Band 3	1338	95%	59	4%	8	1%
			19	Band 4	336	94%	16	4%	7	2%
			20	Band 5	761	93%	51	6%	10	1%
			21	Band 6	1517	95%	59	4%	13	1%
			22	Band 7	802	97%	22	3%	7	1%
			23	Band 8a	243	95%	12	5%	0	0%
			24	Band 8b	75	99%	1	1%	0	0%
			25	Band 8c	99	99%	1	1%	0	0%
			26	Band 8d	11	100%	0	0%	0	0%
			27	Band 9	1	100%	0	0%	0	0%
			28	VSM	20	100%	0	0%	0	0%
		OR which Medical & Dental	29	Consultants	118	55%	87	41%	8	4%
			30	of which Senior medical manager	1	100%	0	0%	0	0%
			31	Non-consultant career grade	16	64%	9	36%	0	0%
			32	Trainee grades	6	25%	11	46%	7	29%
			33	Other	0		0		0	
					7170	93.9%	387	5.1%	76	1.0%

The distribution of BAME staff compared to White staff across the banding structures indicated that significantly high proportions of BAME staff make-up the higher banding structures within the Medical and Dental professional roles.

Disability

Indicator		Data Item			DISABILITY		NON DISABLED		DISABILITY NOT DECLARED	
					Figure	%	Figure	%	Figure	%
1	Percentage of staff in each of the AfC bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	1a) Non Clinical workforce	1	Under Band 1						
			2	Band 1	0	0%	9	41%	13	59%
			3	Band 2	22	5%	333	69%	129	27%
			4	Band 3	32	7%	386	80%	67	14%
			5	Band 4	21	5%	281	73%	85	22%
			6	Band 5	5	3%	126	84%	19	13%
			7	Band 6	9	8%	99	83%	11	9%
			8	Band 7	10	10%	73	73%	17	17%
			9	Band 8a	4	7%	38	69%	13	24%
			10	Band 8b	2	6%	27	75%	7	19%
			11	Band 8c	1	7%	6	40%	8	53%
			12	Band 8d	0	0%	6	67%	3	33%
			13	Band 9	0		0		0	
			14	VSM	0		0		0	
		1b) Clinical workforce of which Non Medical	15	Under Band 1						
			16	Band 1	0		0		0	
			17	Band 2	2	5%	21	54%	16	41%
			18	Band 3	88	6%	982	70%	335	24%
			19	Band 4	32	9%	272	76%	55	15%
			20	Band 5	70	9%	651	79%	101	12%
			21	Band 6	118	7%	1296	82%	175	11%
			22	Band 7	59	7%	673	81%	99	12%
			23	Band 8a	15	6%	213	84%	27	11%
			24	Band 8b	3	4%	62	82%	11	14%
			25	Band 8c	3	3%	74	74%	23	23%
			26	Band 8d	1	9%	7	64%	3	27%
			27	Band 9	0	0%	1	100%	0	0%
			28	VSM	1	5%	15	75%	4	20%
		OR which Medical & Dental	29	Consultants	4	2%	175	82%	34	16%
			30	of which Senior medical manager	0	0%	0	0%	1	100%
			31	Non-consultant career grade	5	20%	15	60%	5	20%
			32	Trainee grades	0	0%	22	92%	2	8%
			33	Other	0		0		0	
					507	6.6%	5863	76.8%	1263	16.5%

Within non-clinical roles, leadership posts (band 7 and above) are attained by 3% of the workforce with a disability. This compares to 3% of staff in non-clinical leadership roles without a disability. Very little difference is noted for clinical roles also. The leadership roles between staff with a disability and those without were 16% and 18% respectively. The figures considered for the medical and dental roles are relatively small, however 2% of staff with a disability are employed within these roles, compared to 4% of staff without a disability.

Age

Indicator		Data Item			AGE 16-20		AGE 21-30		AGE 31-40		AGE 41-50		AGE 51-65		AGE 66+	
					Figure	%	Figure	%	Figure	%	Figure	%	Figure	%	Figure	%
1	Percentage of staff in each of the AfC bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in in the overall workforce	1a) Non Clinical workforce	1	Under Band 1												
			2	Band 1	1	5%	3	14%	0	0%	4	18%	12	55%	2	9%
			3	Band 2	4	1%	38	8%	73	15%	98	20%	247	51%	24	5%
			4	Band 3	3	1%	61	13%	106	22%	89	18%	211	44%	15	3%
			5	Band 4	0	0%	47	12%	65	17%	90	23%	170	44%	15	4%
			6	Band 5	1	1%	19	13%	38	25%	35	23%	54	36%	3	2%
			7	Band 6	0	0%	12	10%	31	26%	37	31%	38	32%	1	1%
			8	Band 7	0	0%	3	3%	28	28%	31	31%	38	38%	0	0%
			9	Band 8a	0	0%	2	4%	18	33%	19	35%	16	29%	0	0%
			10	Band 8b	0	0%	0	0%	7	19%	14	39%	15	42%	0	0%
			11	Band 8c	0	0%	0	0%	0	0%	7	47%	8	53%	0	0%
			12	Band 8d	0	0%	0	0%	1	11%	4	44%	4	44%	0	0%
			13	Band 9	0		0		0		0		0		0	
			14	VSM	0		0		0		0		0		0	
		1b) Clinical workforce of which Non Medical	15	Under Band 1												
			16	Band 1	0		0		0		0		0		0	
			17	Band 2	0	0%	1	3%	10	26%	7	18%	18	46%	3	8%
			18	Band 3	12	1%	277	20%	300	21%	288	20%	515	37%	13	1%
			19	Band 4	0	0%	147	41%	65	18%	70	19%	76	21%	1	0%
			20	Band 5	0	0%	310	38%	228	28%	136	17%	143	17%	5	1%
			21	Band 6	0	0%	302	19%	509	32%	347	22%	421	26%	10	1%
			22	Band 7	0	0%	83	10%	287	35%	243	29%	213	26%	5	1%
			23	Band 8a	0	0%	12	5%	94	37%	93	36%	55	22%	1	0%
			24	Band 8b	0	0%	2	3%	15	20%	31	41%	28	37%	0	0%
			25	Band 8c	0	0%	0	0%	21	21%	46	46%	32	32%	1	1%
			26	Band 8d	0	0%	0	0%	1	9%	4	36%	6	55%	0	0%
			27	Band 9	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%
			28	VSM	0	0%	0	0%	0	0%	4	20%	14	70%	2	10%
		OR which Medical & Dental	29	Consultants	0	0%	17	8%	52	24%	77	36%	65	31%	2	1%
			30	of which Senior medical manager	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%
			31	Non-consultant career grade	0	0%	0	0%	1	4%	10	40%	13	52%	1	4%
			32	Trainee grades	0	0%	7	29%	13	54%	3	13%	1	4%	0	0%
			33	Other	0		0		0		0		0		0	
					21	0.3%	1343	17.6%	1963	25.7%	1787	23.4%	2415	31.6%	104	1.4%

No staff in the age group 16-20 are employed within leadership roles within the organisation. There are also no staff aged 66+ within non-clinical leadership roles. The age groups 31-65 occupy the most non-clinical leadership roles at approximately 34% of the workforce within those age categories. Within clinical leadership roles, the age range of 31-40 and 41-50 occupy the highest number of leadership posts (21% and 24% respectively). This compares to only 7% within the age bracket 21-30 and 9% within 66+). The figures across the medical and dental posts are relatively equal across age groups.

Gender

Indicator		Data Item			FEMALE		MALE	
					Figure	%	Figure	%
1	Percentage of staff in each of the AfC bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in in the overall workforce	1a) Non Clinical workforce	1	Under Band 1				
			2	Band 1	15	68%	7	32%
			3	Band 2	388	80%	96	20%
			4	Band 3	441	91%	44	9%
			5	Band 4	324	84%	63	16%
			6	Band 5	86	57%	64	43%
			7	Band 6	75	63%	44	37%
			8	Band 7	70	70%	30	30%
			9	Band 8a	40	73%	15	27%
			10	Band 8b	23	64%	13	36%
			11	Band 8c	11	73%	4	27%
			12	Band 8d	6	67%	3	33%
			13	Band 9	0		0	
			14	VSM	0		0	
		1b) Clinical workforce of which Non Medical	15	Under Band 1				
			16	Band 1	0		0	
			17	Band 2	25	64%	14	36%
			18	Band 3	1041	74%	364	26%
			19	Band 4	301	84%	58	16%
			20	Band 5	710	86%	112	14%
			21	Band 6	1313	83%	276	17%
			22	Band 7	678	82%	153	18%
			23	Band 8a	209	82%	46	18%
			24	Band 8b	55	72%	21	28%
			25	Band 8c	66	66%	34	34%
			26	Band 8d	7	64%	4	36%
			27	Band 9	1	100%	0	0%
			28	VSM	16	80%	4	20%
		OR which Medical & Dental	29	Consultants	107	50%	106	50%
			30	of which Senior medical manager	1	100%	0	0%
			31	Non-consultant career grade	22	88%	3	12%
			32	Trainee grades	14	58%	10	42%
			33	Other	0		0	

There are double the amount of male staff in non-clinical leadership roles compared to females (4% of male workforce compared to 2% female). There are also significant differences with medical and dental. Approximately 7% of the male workforce are appointed into medical/dental roles compared to 2% of the female workforce. No difference was found in relation to clinical leadership roles between genders.

Sexual Orientation

Sexual Orientation					SEXUAL ORIENTATION HETRO		SEXUAL ORIENTATION LGB		SEXUAL ORIENTATION UNDECIDED		SEXUAL ORIENTATION NOT DECLARED		
Indicator		Data Item			Figure	%	Figure	%	Figure	%	Figure	%	
1	Percentage of staff in each of the AfC bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in in the overall workforce	1a) Non Clinical workforce	1	Under Band 1									
			2	Band 1	13	59%	1	5%	0	0%	8	36%	
			3	Band 2	394	81%	5	1%	1	0%	84	17%	
			4	Band 3	442	91%	10	2%	3	1%	30	6%	
			5	Band 4	333	86%	6	2%	1	0%	47	12%	
			6	Band 5	136	91%	2	1%	0	0%	12	8%	
			7	Band 6	111	93%	4	3%	0	0%	4	3%	
			8	Band 7	89	89%	3	3%	0	0%	8	8%	
			9	Band 8a	49	89%	1	2%	0	0%	5	9%	
			10	Band 8b	33	92%	0	0%	1	3%	2	6%	
			11	Band 8c	11	73%	0	0%	0	0%	4	27%	
			12	Band 8d	7	78%	0	0%	0	0%	2	22%	
			13	Band 9	0		0		0		0		
			14	VSM	0		0		0		0		
		1b) Clinical workforce of which Non Medical	15	Under Band 1									
			16	Band 1	0		0		0		0		
			17	Band 2	31	79%	0	0%	1	3%	7	18%	
			18	Band 3	1184	84%	61	4%	3	0%	157	11%	
			19	Band 4	301	84%	25	7%	4	1%	29	8%	
			20	Band 5	707	86%	41	5%	2	0%	72	9%	
			21	Band 6	1409	89%	72	5%	2	0%	106	7%	
			22	Band 7	728	88%	31	4%	1	0%	71	9%	
			23	Band 8a	219	86%	14	5%	0	0%	22	9%	
			24	Band 8b	64	84%	3	4%	1	1%	8	11%	
			25	Band 8c	86	86%	5	5%	0	0%	9	9%	
			26	Band 8d	10	91%	0	0%	0	0%	1	9%	
			27	Band 9	1	100%	0	0%	0	0%	0	0%	
			28	VSM	15	75%	0	0%	0	0%	5	25%	
		OR which Medical & Dental	29	Consultants	128	60%	8	4%	1	0%	76	36%	
			30	of which Senior medical manager	0	0%	0	0%	0	0%	1	100%	
			31	Non-consultant career grade	15	60%	0	0%	0	0%	10	40%	
			32	Trainee grades	18	75%	2	8%	0	0%	4	17%	
			33	Other	0		0		0		0		
					6534	85.6%	294	3.9%	21	0.3%	784	10.3%	

Within non-clinical leadership roles, heterosexual staff make up 3% of appointments, compared to 1% within LGB staff. No other differences were noted in relation to distribution across leadership roles within clinical posts or medical/dental posts.

Summary

- BAME staff are recruited into medical and dental posts at a significantly higher rate than White staff.
- Staff with a disability are appointed to leadership roles within clinical and non-clinical posts at a similar rate to staff without a disability. However, double the amount of staff without a disability are appointed to medical/dental roles compared to staff with a disability (4% vs 2%).
- No leadership roles are appointed to staff in the age range 16-20. No staff within the 66+ bracket are appointed to non-clinical leadership roles. Within clinical leadership roles, significantly more staff are appointed in the age brackets 31-40 and 41-50 compared to the other age categories.

- Significantly more male staff are employed into non-clinical leadership roles and medical/dental roles compared to females, relative to the total workforce numbers for these groups.
- A greater proportion of heterosexual staff are employed into non-clinical leadership roles than LGB staff.

Summary

Recruitment

Some inequalities were apparent when comparing protected characteristic groups across the shortlisting and recruitment process. These differences were as follows:

- Applicants without a disability were 1.14 times more likely to be appointed than applicants with a disability.
- White applicants were 1.38 times more likely to be appointed than BAME applicants.
- Females were 1.08 times more likely to be appointed than males.
- Heterosexual applicants were 1.09 times more likely to be appointed than Gay, Lesbian or Bi-sexual applicants.
- Age category 16-20 appeared to be the most successful in being appointed, whilst age group 66+ appeared the least likely to be appointed.

It is important to note that, although differences were found in the likelihood of being appointed, the ratios calculated for disability and BAME applicants have improved since last years report.

Disciplinary and Capability

Inequalities were noted in relation to disciplinary and capability practises across protected characteristics. The inequalities identified were as follows:

- Staff with a disability were 1.47 times more likely to enter the disciplinary process than staff without a disability. However, staff without a disability are more likely to enter the capability process at a ratio of 1.55 times.
- White members of staff are 1.28 times more likely than BAME staff to enter the disciplinary process. However, BAME staff are 1.61 times more likely to enter the capability process.
- Males are significantly more likely than females to enter the disciplinary process (2.24 likelihood ratio) and 1.79 times more likely to enter the capability process.
- Gay, Lesbian and Bisexual staff members are 1.68 times more likely to enter the disciplinary process than what heterosexual staff members and 1.17 times more likely to enter the capability process.
- Staff aged 16-20 were most likely to enter the disciplinary process (however consideration must be given to the small number of staff employed within this age bracket).

Staff Survey

Inequalities across protected characteristics were found in relation to the staff survey results. These are summarised below:

Long-Term Health Conditions

- Staff with a long-term health condition (LTHC) experienced a higher level of:
 - harassment, bullying and abuse from patients, relatives, the public and colleagues
 - Discrimination from managers, team leaders and colleagues
 - Pressure to attend work despite not feeling well enough
 - Work related stress
 - Not feeling valued at work
 - Equal opportunities for career progression
 - Feeling unengaged with work

However, a high proportion felt that reasonable adjustments had been made to enable them to work effectively.

Age

Within the different age groups, the 66+ group generally experienced lower levels of harassment, bullying and abuse, feeling unwell due to work related stress and felt more engaged with work than other age groups. However, they did feel they had less opportunities for promotion.

Gender

The survey results indicated that male staff experience higher levels of harassment, bullying and abuse. However, all other differences were noted only within the group of staff who preferred not to record their gender.

Ethnicity

In comparison to white staff, BAME staff reported experiencing higher levels of:

- Harassment, bullying and abuse
- Discrimination from managers and team leaders
- Presenteeism (attending work when not well enough)
- Unequal opportunities for career progression
- Feeling engaged
- Feeling valued

Sexual Orientation

In relation to sexual orientation, inequalities included:

- Higher levels of bullying and harassment in non-heterosexual staff
- Bisexual staff experienced higher levels of discrimination by managers and team leaders.
- Bisexual staff are more likely to feel unwell due to work related stress
- Heterosexual staff feel more valued by the organisation

Board Membership

- BAME Staff have a higher voting membership on the board relative to the workforce population, however, there are no executive members on the board from a BAME ethnicity.
- Females are underrepresented on the board relative to the workforce populations for both voting membership and executive membership.
- Staff with a disability have a higher voting member compared to the workforce population of disabled staff but a lower representation of executive membership on the board.
- Board membership is underrepresented in age ranges from 41-50 but over-represented in age brackets 51-65 and 66+.
- There are currently no board members represented by persons identifying as Lesbian, Gay or Bi-sexual

Age

- BAME staff are recruited into medical and dental posts at a significantly higher rate than White staff.
- Staff with a disability are appointed to leadership roles within clinical and non-clinical posts at a similar rate to staff without a disability. However, double the amount of staff without a disability are appointed to medical/dental roles compared to staff with a disability (4% vs 2%).
- No leadership roles are appointed to staff in the age range 16-20. No staff within the 66+ bracket are appointed to non-clinical leadership roles. Within clinical leadership roles, significantly more staff are appointed in the age brackets 31-40 and 41-50 compared to the other age categories.
- Significantly more male staff are employed into non-clinical leadership roles and medical/dental roles compared to females, relative to the total workforce numbers for these groups.
- A greater proportion of heterosexual staff are employed into non-clinical leadership roles than LGB staff.