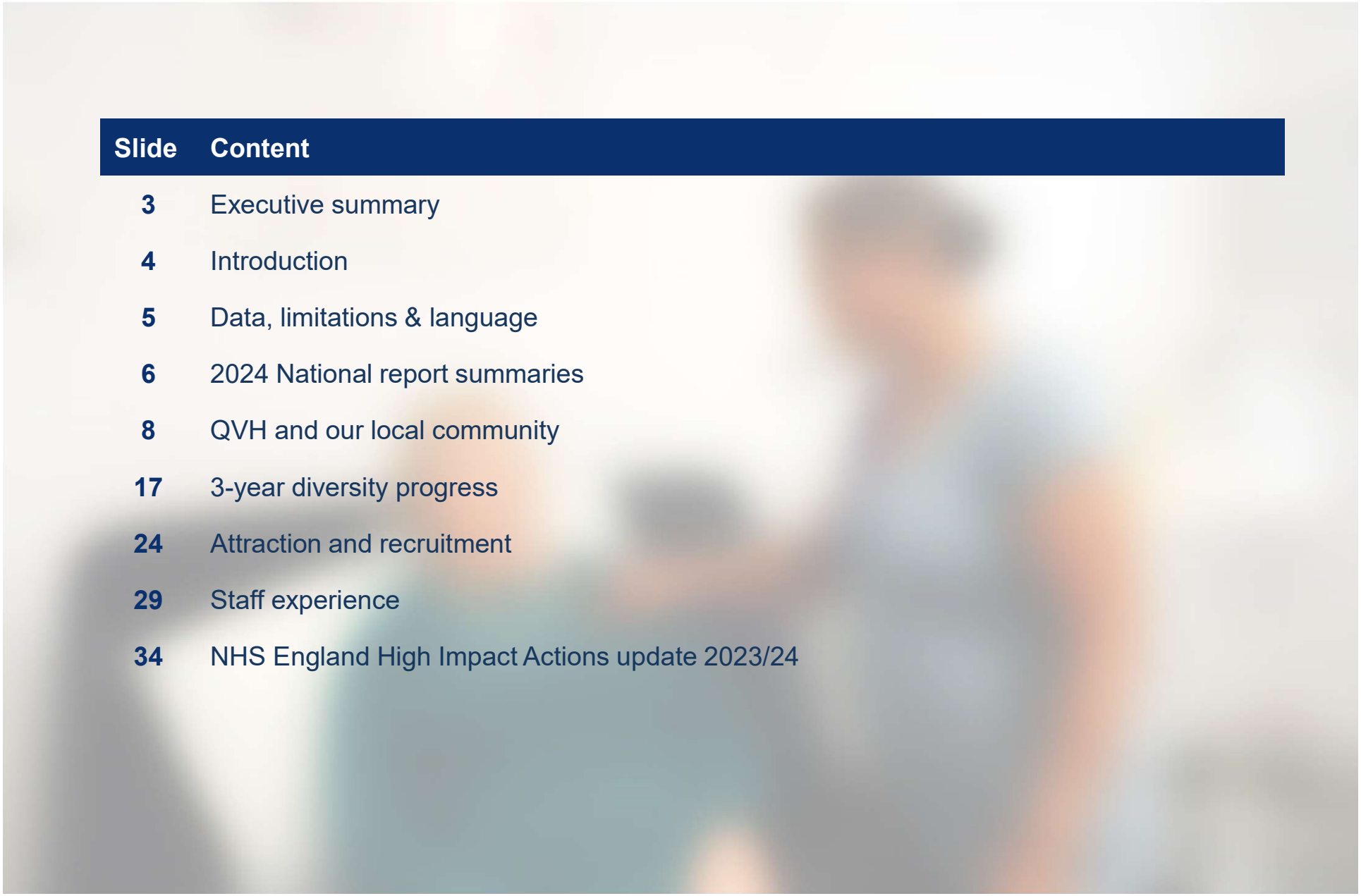
Queen Victoria Hospital
NHS Foundation Trust

Annual Equalities Report

1 April 2023 – 31 March 2024

Queen Victoria Hospital
NHS Foundation Trust



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Executive Summary

Background

This report runs from 1 April 2023 - 31 March 2024

As of 31 March 2024, we had 1,221 staff members

Among our staff:
- 75.8% are female, and 24.2% are male
- 21.2% are from ethnic minority backgrounds
- 26.6% were born outside of the UK
- 6.7% have declared a disability
- 3.1% identify as LGB+

This report tells us:

- Both BME and disabled staff have a poorer experience of equality and inclusion at QVH and are less likely to report this internally
- The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants has increased by 0.41 since 2022/23
- Female staff are less likely than male staff to be in higher paid roles
- BME staff are more likely than white staff to be in higher paid AfC roles (-20.79% mean gap), but less in M&D roles (8.89% mean gap)
- Applicants with a disability are less likely to apply for roles, or less likely to declare their disability (2.1% of applications in 2023/24)
- Colleagues from marginalised groups may be reluctant to disclose their diversity data

In 2023/24, we have:

- Improved our representation of BME, disabled and LGB+ staff
- Established an EDI group as the focus for all of our EDI work
- Developed the Progress Pride Pledge
- Revised the appraisal process to incorporate wellbeing and career development
- Held work experience events and offered work experience placements
- Established a Workforce Controls group to review all requests for pay rises and additional payments

Going forward, we will:

- Review individual and collective Executive and Board objectives
- Develop a programme of support for managers to extend the range of apprenticeships available
- Develop initiatives to attract apprentices from diverse backgrounds
- Develop targeted career pathways for all staff groups
- Collaborate to develop a restorative, just learning culture approach to incidents, where appropriate

Introduction

Who we are

Queen Victoria Hospital NHS Foundation Trust ("QVH") is an organisation, with 1,221 people in full and part time posts as at 31 March 2024.

QVH is based in East Grinstead, with some colleagues based in spoke sites in Kent, Surrey and other locations in Sussex.

We are proud to support a multicultural workforce, represented by **55** nationalities. QVH also benefits from a range of diverse ethnicities, ages, abilities, beliefs and sexual orientations.

Our approach

We recognise the people that work at QVH are our greatest asset and the heart of the services we provide.

We are guided by our values of **'quality, pride and humanity for continuous improvement'** to attract, recruit and retain a skilled and diverse workforce.

In this report, we provide an overview of our equality and diversity monitoring data as of 31 March 2024, identifying areas of improvement, progress to date and setting goals for the future.

Our responsibilities

At QVH, we are legally required to promote equality in all that we do as an employer and service provider.

The Public Sector Equality Duty of the Equality Act 2010 requires us to actively:

1. Eliminate discrimination
2. Advance equality of opportunity
3. Foster good relations between people with protected characteristics and those without.

Protected characteristics include age, disability, ethnicity or race, sex, gender reassignment, marital status, pregnancy and maternity status, religion/belief and sexual orientation.

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Data, limitations and language

Data

The data in this report relates only to staff directly and substantively employed or appointed by QVH, including those on secondment, hosted by QVH. This does not include those on honorary contracts who are directly employed by other healthcare providers.

Internal data has been gathered from the Trust's Electronic Staff Record system ("ESR") and applicant tracking system, Trac. Local community data has been sourced from the Office for National Statistics' 2021 Census.

Limitations

Data categories from the 2021 Census do not align exactly to ESR and Trac data; where this occurs, data has been categorised on a best-fit basis.

Data for transgender and non-binary staff cannot be captured as ESR does not offer options to declare a gender identity outside of the binary (female and male).

Language

It is important to note the terminology and language used within equality legislation do not always reflect the identities, preferences and lived experiences of individuals.

Within this report, we use the term "disability" as it is defined in the Equality Act 2010 and reflected in NHS Workforce Disability Equality Standard ("WDES") terminology. However, we recognise that some who fall under the legislative definition may not consider themselves to have a disability.

When referring to ethnicity, this report uses the term "Black and minority ethnic" to refer to groups of people whose ethnicity or race is a key factor in their experience at work. This is to ensure consistency with NHS Workforce Race Equality Standard terminology. However, we recognise that some prefer other terms, such as "global majority" or "racialised groups".

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2024 National report summaries

WRES

- 2023/24 saw an increase of **1.63%** in BME staff, growing from **19.57%** in 2023 to **21.20%** in 2024
- Rates of harassment, bullying or abuse from staff towards BME colleagues have significantly decreased by **8.26%**, though remains high at **21.7%**
- **4.24%** fewer BME staff report discrimination at work from their manager, team leader or other colleagues
- BME staff are over **4** times as likely to experience discrimination compared to white staff
- The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants has increased by **0.41** since 2022/23

WDES

- 2023/24 saw an increase of **0.9%** in staff who have declared a disability, growing from **5.77%** in 2023 to **6.67%** in 2024
- There is an increase of **5.67%** in the number of disabled staff believing the Trust provides equal opportunities for career progression or promotion, from **55.4%** in 2023 to **61.1%** in 2024
- Bullying and harassment towards disabled staff from managers has increased by **1.4%**, from **14.6%** in 2023 to **16.0%** in 2024

Gender Pay

- The Trust's gender pay gap for 2024 is **33.1%** (mean) and **32.2%** (median)
- The AfC gender pay gap for is **7.83%** (mean) and **5.83%** (median)
- The Medical and Dental gender pay gap is **16.9%** (mean) and **11.31%** (median). This is a significant median improvement from 2023 (**31.3%**)
- Staff in Admin & Clerical have seen the pay gap reduce from 2023 by **7.87%**, however it remains significant at **27.07%** (reduced from 34.94%)
- This is due in part to a disproportionate number of men in more senior admin roles and senior male clinicians earning top of grade and bonus payments relative to our total workforce

Ethnicity Pay

- Colleagues from a multicultural background represent **21.25%** of the workforce, with year-on-year increases seen
- For the workforce overall there is a significant ethnicity pay gap in favour of BME colleagues (**-20.79%** mean and **-29.67%** median)
- The AfC ethnicity pay gap is **-3.32%** (mean) and **-27.46%** (median), both in favour of BME staff
- The Medical and Dental pay gap is **8.89%** (mean) and **22.14%** (median), both in favour of white staff
- For context. QVH have **85** M&D staff from a BME background and **104** M&D staff from a white background.

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QVH and our local community

In summary:

QVH has a **higher representation of female, BME, and international colleagues** compared to the Mid Sussex community.

The **majority of QVH colleagues are aged 56-60**, with lower representation in the highest and lowest age bands.

QVH has **a lower representation of colleagues with declared disabilities** compared to the Mid Sussex community.

QVH has **higher representation in terms of ethnicity, birth region, and sex** compared to the local community.

QVH colleagues are **more likely to be married or in a civil partnership** and have a higher representation of various faiths and beliefs.

QVH has **a higher representation of LGB+ colleagues**, though many opt not to disclose their sexual orientation.

Pages:

9 10 11 12 13 14 15 16 17

3-year diversity progress

In summary:

There has been an **increase** in the number of colleagues declaring a **disability, female colleagues, and BME colleagues** since 2022.

The number of colleagues **not disclosing** their sexual orientation has **decreased**, while those declaring as **Gay/Lesbian or Bisexual** have **increased**.

The number of colleagues declaring various **faiths and beliefs** has **increased**, with a minor increase in non-disclosure.

The number of colleagues in **civil partnerships** has **increased**, while **married** colleagues have **decreased**.

Age representation has seen **increases** in the **youngest** and **oldest** age bands.

18 19 20 21 22 23 24

Attraction and recruitment

In summary:

Female applicants are **more likely** to apply, be shortlisted, interviewed, and appointed compared to male applicants.

Applicants aged **25-29** are **most likely** to apply, while ages **40-44** are **most likely** to be appointed.

White applicants are **more likely** to be shortlisted, interviewed, and appointed compared to other ethnicities.

Applicants **without** a declared disability are **more likely** to be appointed.

Heterosexual applicants are **more likely** to be appointed, with representation **increasing** for **Gay/Lesbian** applicants at shortlisting and appointment stages.

25 26 27 28 29

Staff experience

In summary:

White staff scored QVH higher for **Diversity & Equality**, while **BME** staff scored higher for **Inclusion**.

Female staff scored higher **for Diversity & Equality**, while **male** staff scored marginally higher for **Inclusion**.

Disabled colleagues scored **lower** for both **Diversity & Equality and Inclusion** compared to colleagues without a disability.

Bisexual colleagues scored lower for **both Diversity & Equality and Inclusion** compared to heterosexual colleagues.

30 31 32 33 34

At a glance

QVH representation is **lower** than Mid Sussex

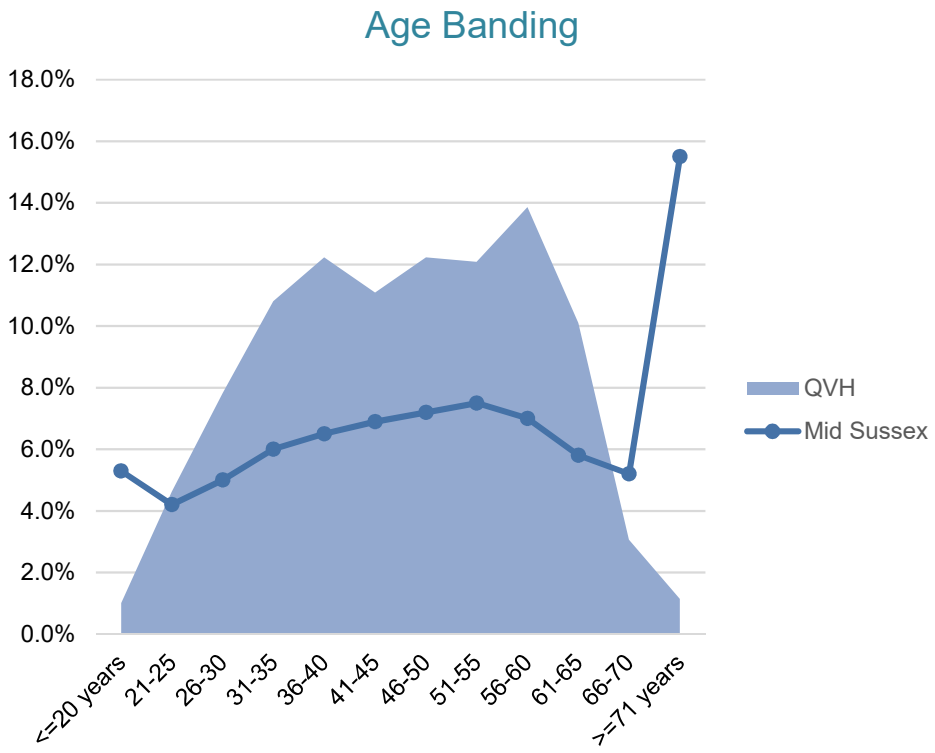
QVH representation is **higher** than Mid Sussex

Sex	Age (most)	Age (least)	International
76.3%	**13.9%**	**1.0%**	**26.6%**
Female	**56-60**	**<=20**	**Born outside of the UK**
51.5% (Mid Sussex)	7.0% (Mid Sussex)	5.3% (Mid Sussex)	11.9% (Mid Sussex)

Ethnicity	Disability	Sexual Orientation	Sexual Orientation
21.2%	**6.7%**	**3.1%**	**11.7%**
BME	**Disability declared**	**LGB+**	**Not answered**
7.8% (Mid Sussex)	14.5% (Mid Sussex)	2.6% (Mid Sussex)	6.3% (Mid Sussex)

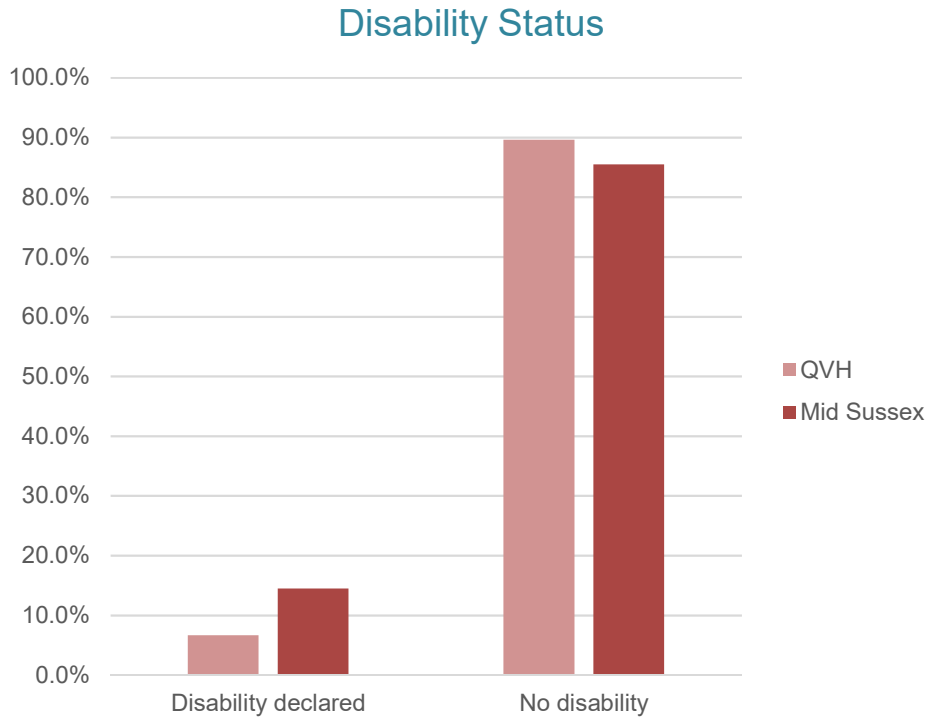
Age

- QVH has a higher representation of ages **26-60** than Mid Sussex
- The majority of QVH colleagues are aged **56-60**, after which representation reduces compared to the Mid Sussex community
- QVH is least represented within the highest and lowest age bands at **1.1%** and **1%** respectively
- Mid Sussex overall has a much larger population of those at **71** years of age or older; however, it is important to note that **23.9%** of Mid Sussex residents report that they are retired, which may account for this difference.



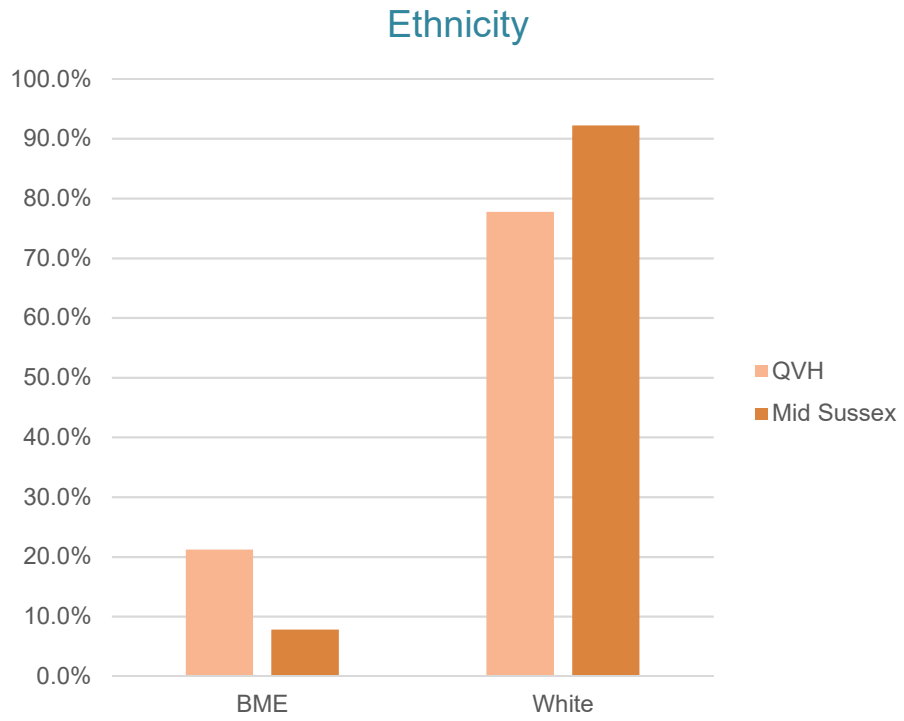
Disability

- QVH has a lower representation of colleagues who have declared a disability than the Mid Sussex community by approximately half (**6.7%** vs. **14.5%**)
- However, **35.5%** of Mid Sussex residents describe themselves as economically inactive, including those seeking work, retirees, those undertaking full-time education, those looking after the home or family and those who are too unwell to work.
- Of this **35.5%**, **2.2%** of Mid Sussex residents describe themselves as too unwell to work due to long-term sickness or disability.



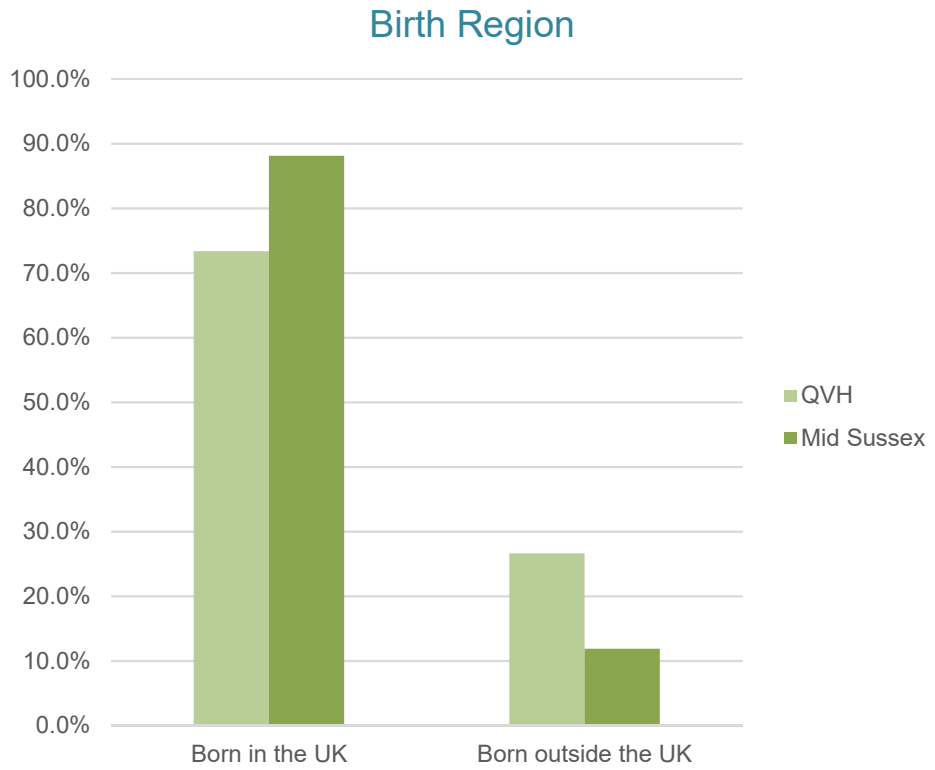
Ethnicity

- QVH has a **higher** representation of BME colleagues than the Mid Sussex community (**21.2%** vs. **7.8%**)



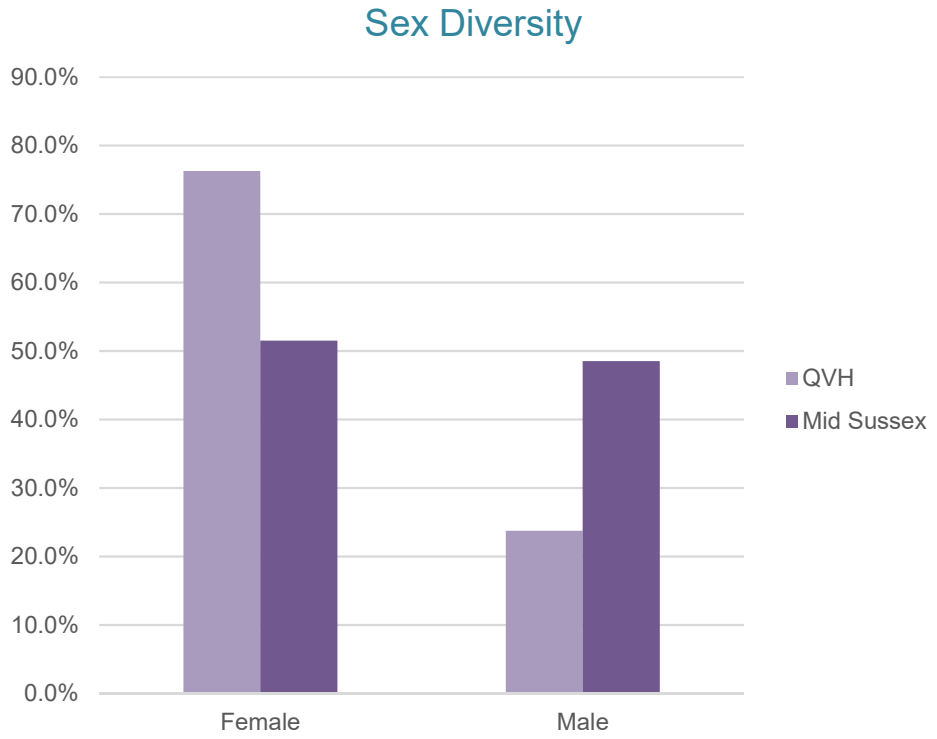
Birth Region

- QVH has a **higher** representation of colleagues born outside the UK than the Mid Sussex community (**26.6%** vs. **11.9%**)



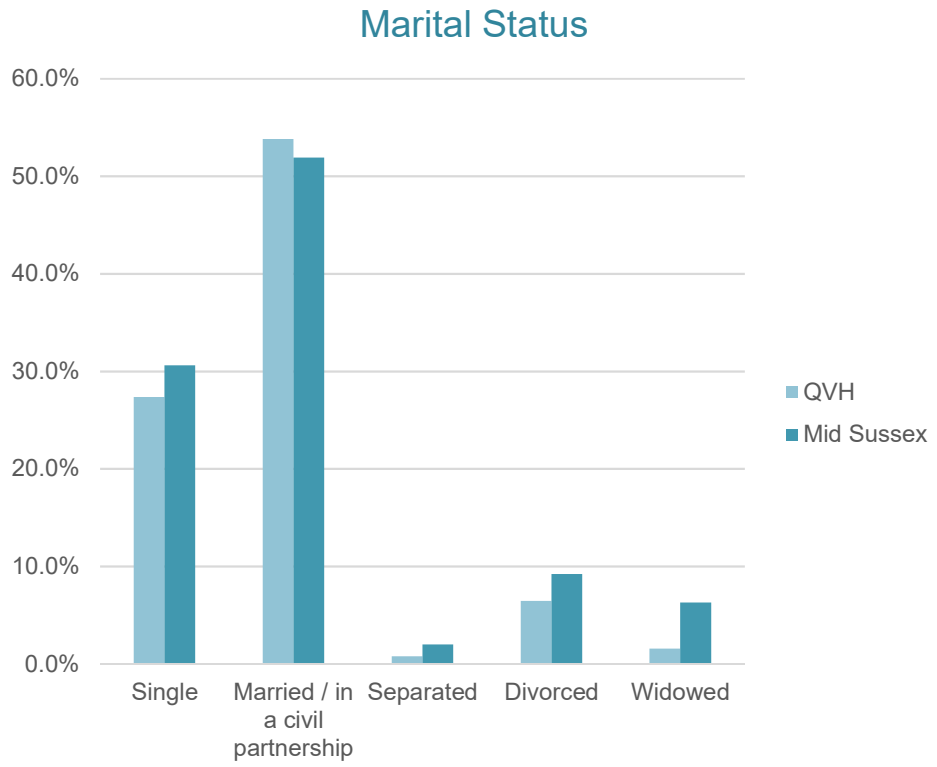
Sex

- QVH has a **higher** representation of female colleagues than the Mid Sussex community (**76.3%** vs. **51.5%**)
- However, it is important to note that other genders that may be present at QVH, such as intersex, transgender and non-binary, cannot be recorded on ESR.



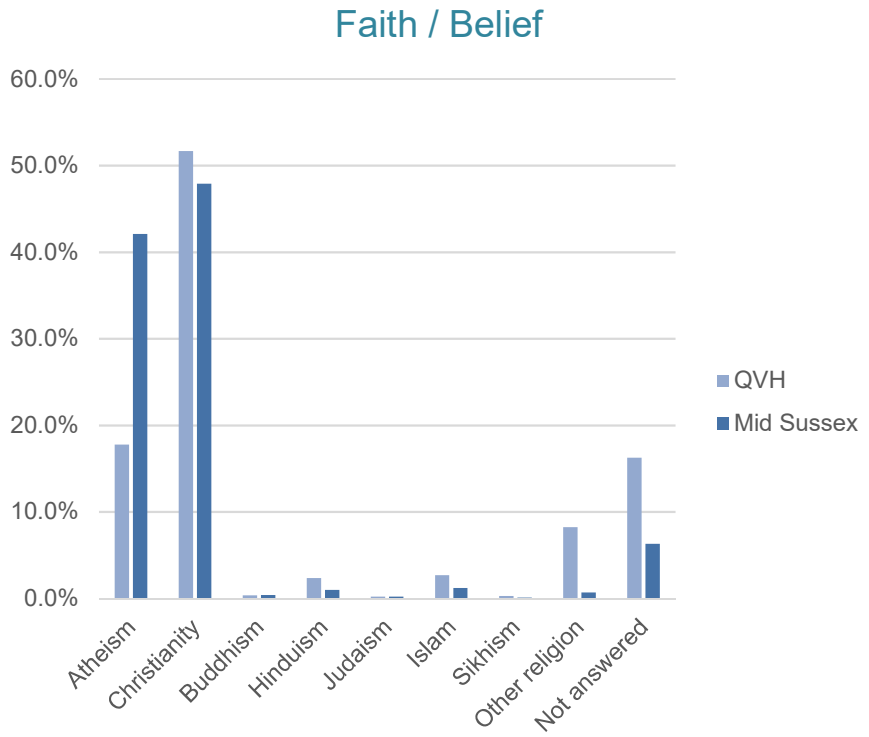
Marital Status

- QVH has a **higher** representation of colleagues who are married or in a civil partnership than the Mid Sussex community. These colleagues represent the majority at QVH
- **Fewer** colleagues are single, separated or divorced than in the local area
- Significantly **fewer** QVH colleagues are widowed than within Mid Sussex; however, this may be explained by the higher population of residents aged 71 and over in the area.



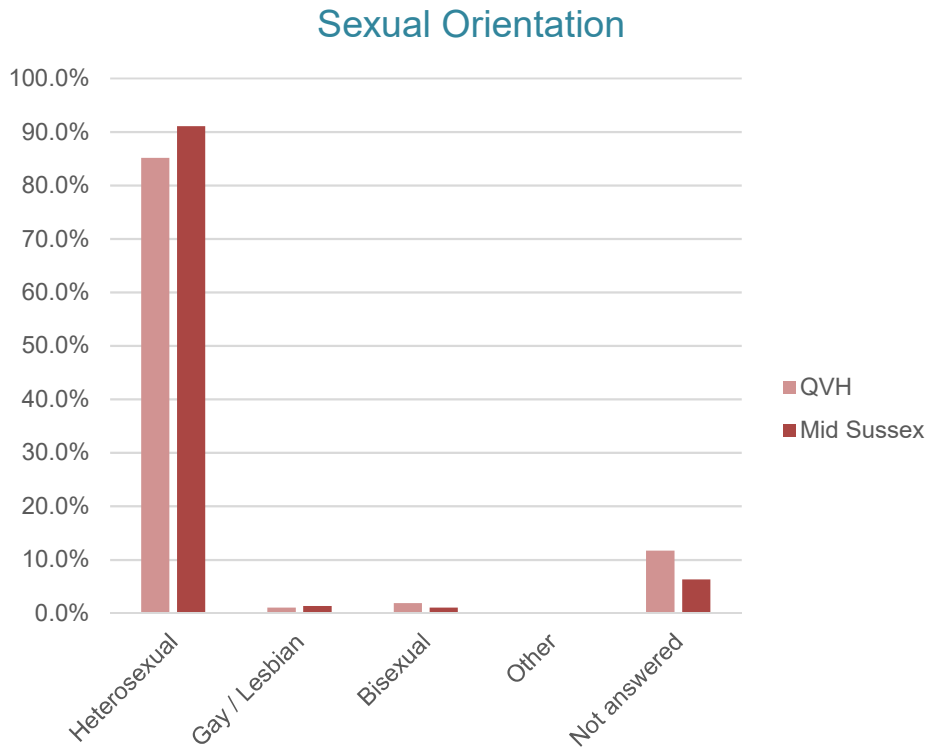
Faith / Belief

- QVH has a **higher** representation of Christian, Hindu, Islamic and Sikh colleagues than the Mid Sussex community
- **Fewer** colleagues declare their belief as Atheism
- Significantly **more** QVH colleagues opt not to respond to this question than Mid Sussex residents. This may suggest hesitance among QVH colleagues to disclose their faith or belief to the Trust.



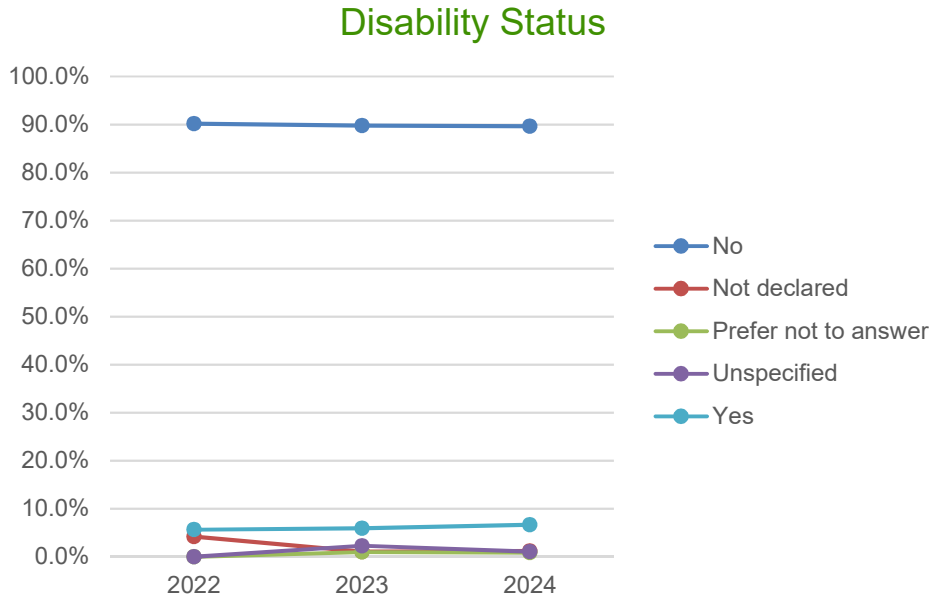
Sexual Orientation

- QVH has a **higher** representation of LGB+ colleagues than the Mid Sussex community
- Significantly **more** QVH colleagues opt not to respond to this question than Mid Sussex residents. This may suggest hesitance among QVH colleagues to disclose their sexual orientation to the Trust
- It is important to note that some sexual orientations, such as pansexual, asexual and more cannot be identified within ESR; these are captured under “Other”.



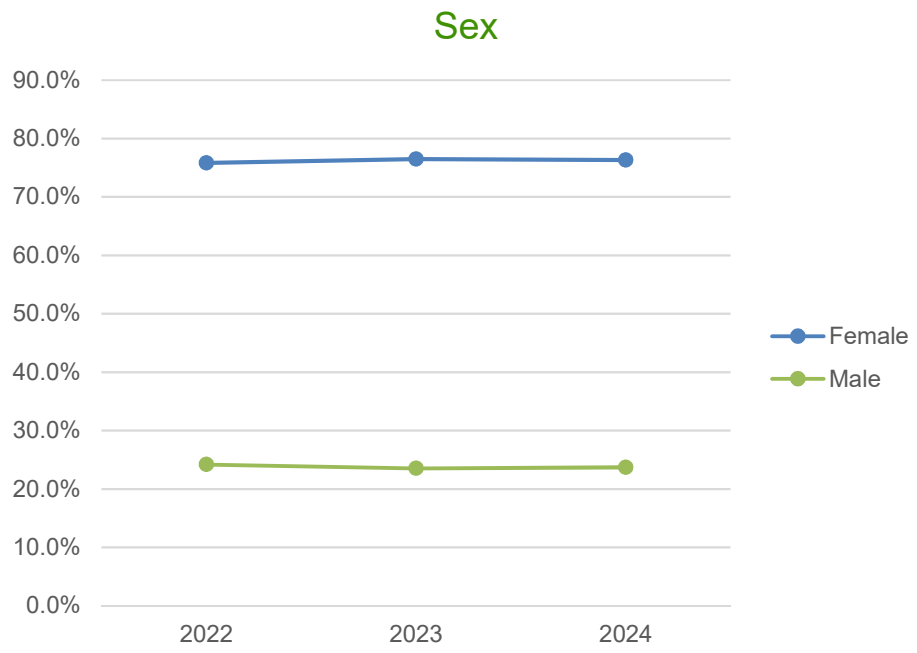
Disability

- Since 2022, the number of colleagues declaring a disability has increased each year, from **5.6%** to **6.7%**
- The number of colleagues who have selected “Prefer not to answer” has decreased from **1.0%** to **0.9%** since 2023
- The number of colleagues who have declared they do not have a disability has decreased from **90.2%** to **89.6%**



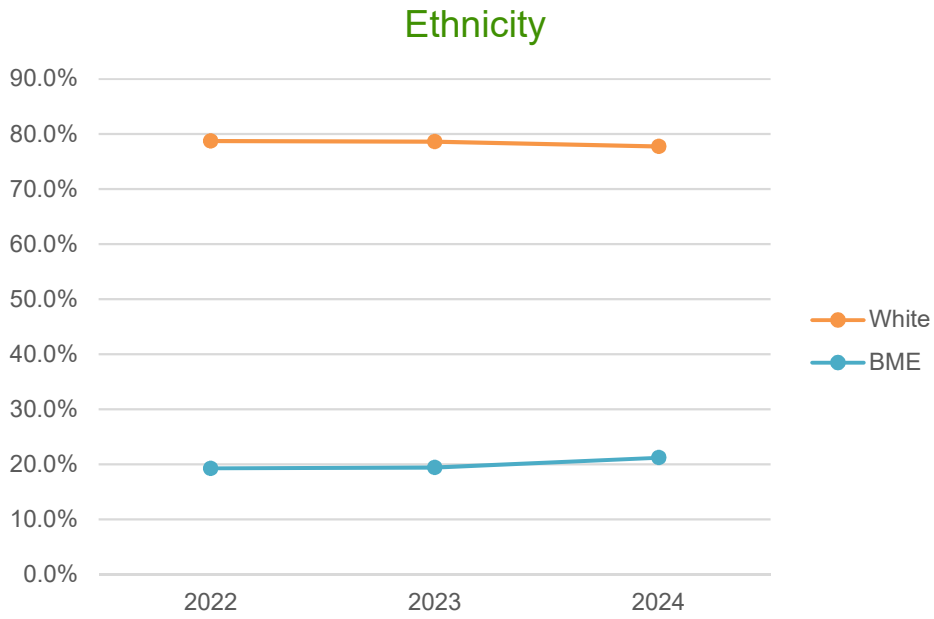
Sex

- Since 2022, the number of female colleagues has increased from **75.8%** to **76.3%**
- Following a small decrease in 2023, the number of male colleagues slightly increased in 2024 (**23.5%** to **23.7%**)
- However, it is important to note that other genders that may be present at QVH, such as intersex, transgender and non-binary, cannot be recorded on ESR.



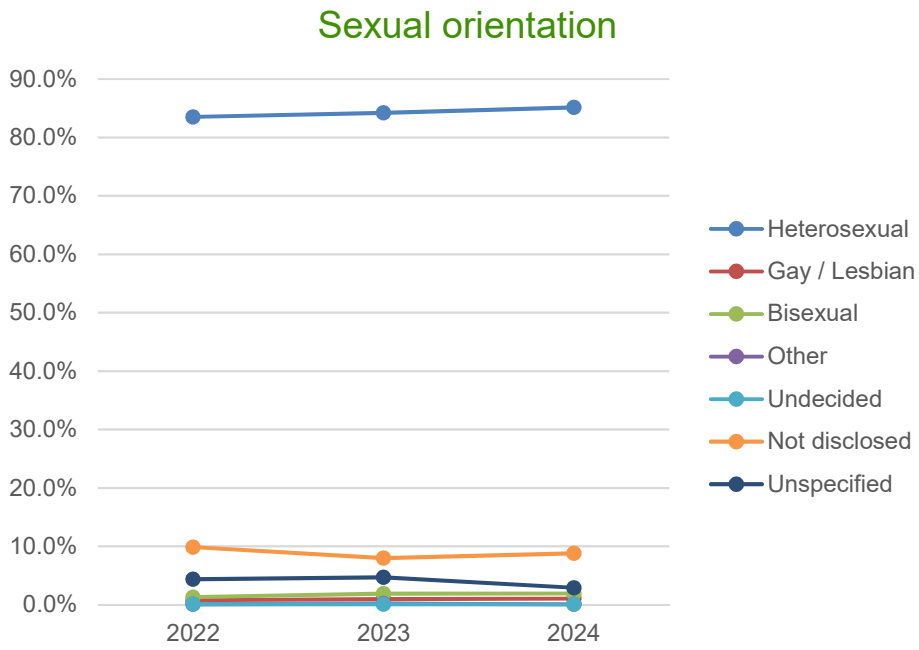
Ethnicity

- Since 2022, the number of colleagues declaring their ethnicity as black and Minority Ethnic (BME) has increased each year, from **19.3%** to **21.2%**



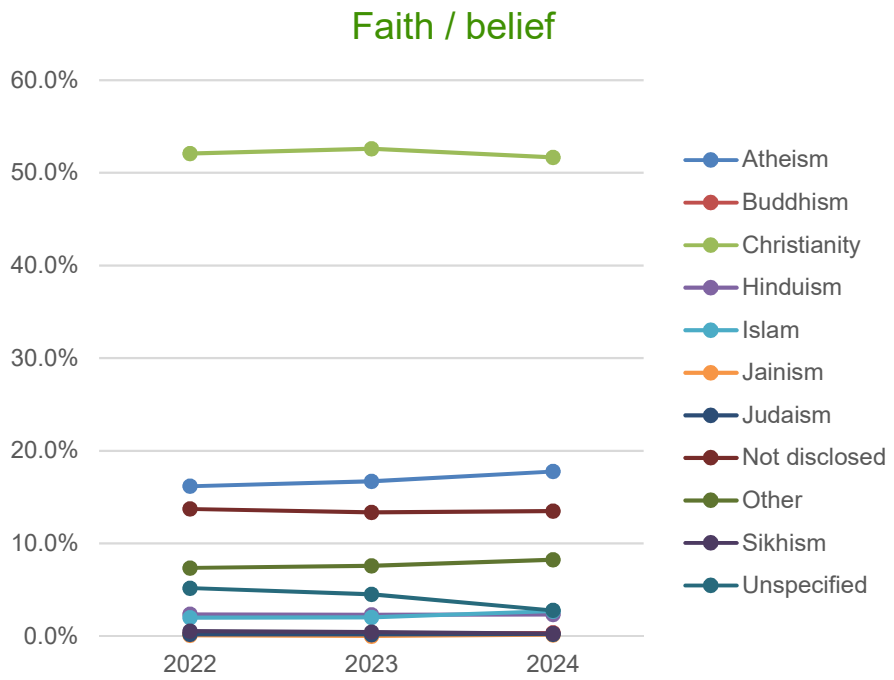
Sexual Orientation

- Since 2022, the number of colleagues who have selected “Not disclosed” has decreased from **9.9%** to **8.8%**
- However, this represents an increase in non disclosure compared to 2023 (**8.0%**)
- The number of colleagues that have declared their orientation as Gay / Lesbian has increased each year since 2022, from **0.8%** to **1.1%**
- The number of colleagues that have declared their orientation as Bisexual has also increased since 2022, from **1.3%** to **1.9%**.



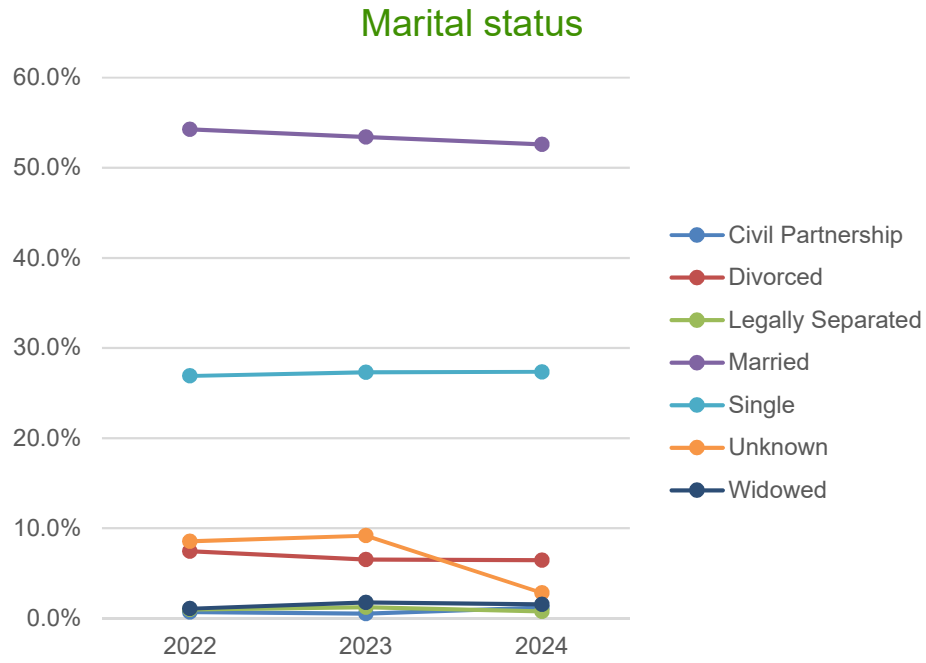
Sexual Orientation

- Since 2023, the number of colleagues who have declared their faith or belief as Christianity has decreased from **52.6%** to **51.7%**
- Since 2022, the number of colleagues declaring their faith or belief as Atheism, Other, Islam and Hinduism have increased
- Since 2023, the number of colleagues who have chosen not to disclose their faith or belief has had a minor increase of **0.1%** (from **13.4%** to **13.5%**)



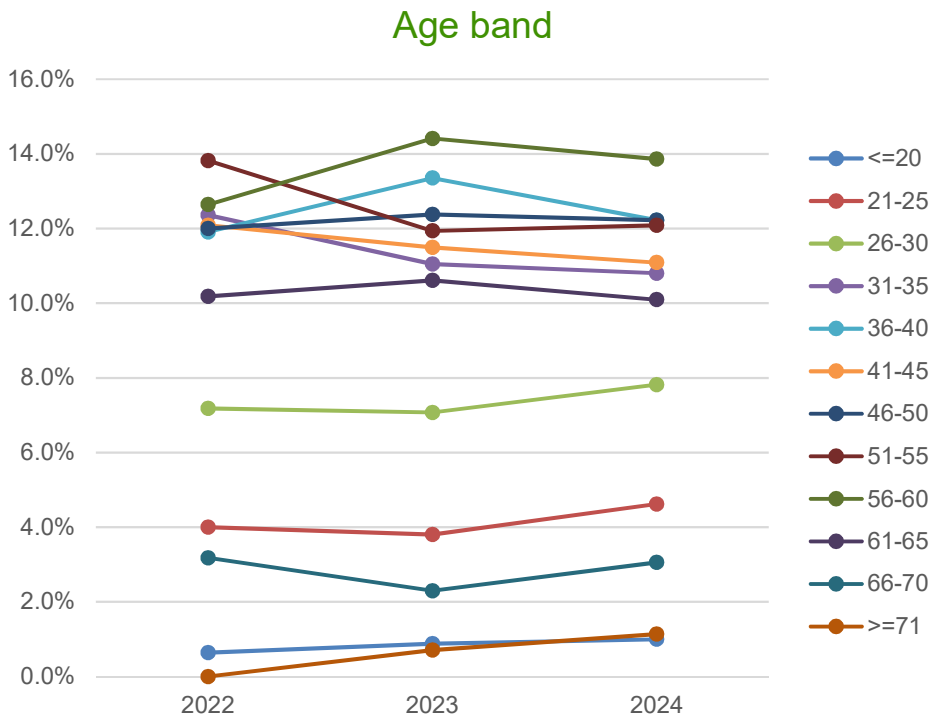
Marital Status

- Since 2022, the number of colleagues in a civil partnership has increased from **0.7%** to **1.2%**
- Since 2022, the number of married colleagues has decreased each year, from **54.3%** to **52.6%**
- While there was a small increase in the number of colleagues who had not declared their marital status between 2022-23, significantly more opted to declare in 2024 (a decrease from **9.2%** to **2.8%** unknown)



Age

- Since 2022, ages **>=71**, **<=20** and **21-25** have increased the most
- Since 2022, ages **31-35**, **51-55** and **41-45** have decreased the most
- Ages **56-60** remain the most represented at QVH from 2023 to 2024
- Ages **<=20** are the least represented at QVH



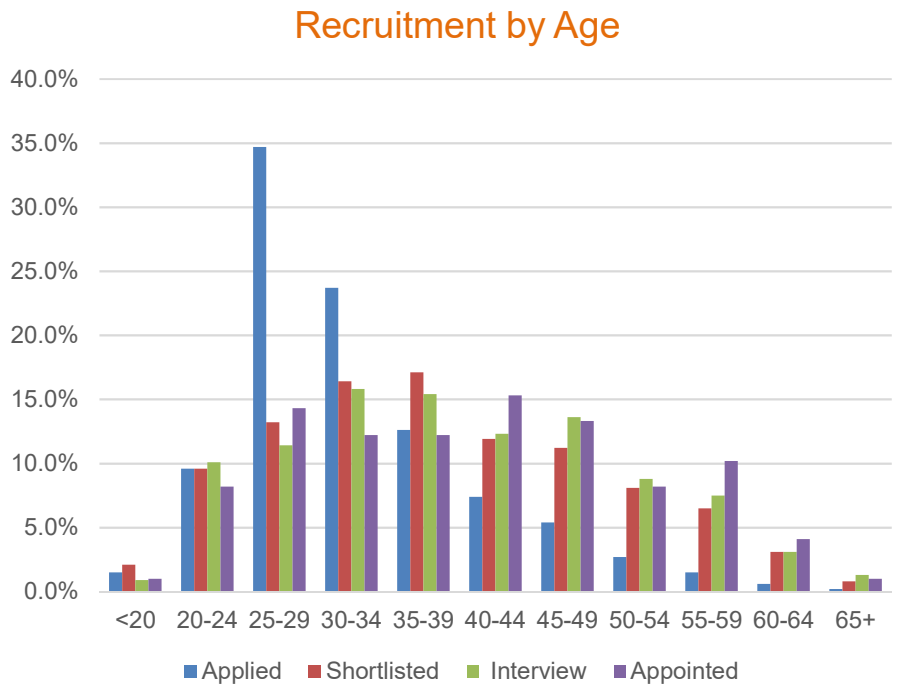
Attraction & recruitment: Sex

Sex

- **Female** applicants were most likely to apply, be shortlisted, be interviewed and be appointed to vacancies in 2023-24.
- **Male** applicants were significantly more likely to be rejected at shortlisting and interview than females
- The difference in male shortlisted candidates to appointments in 2023-24 was **-2.30%**
- The difference in female shortlisted candidates to appointments in 2023-24 was **2.50%.**

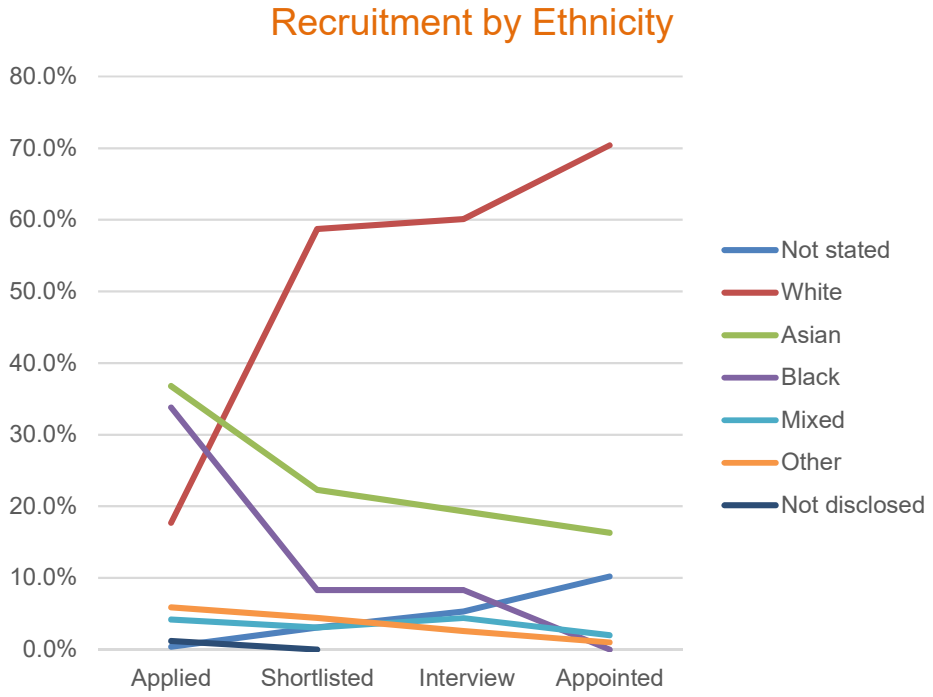
Age

- Applicants aged **25-29** were most likely to apply for roles at QVH (**34.7%** of applications), while ages **65+** were least likely (**0.2%**)
- Ages **35-39** were most likely to be shortlisted (**17.1%** of shortlisted candidates), while ages **65+** were least likely (**0.8%**).
- Ages **30-34** were most likely to be interviewed (**15.8%** of interviewed candidates), while ages **<20** were least likely (**0.9%**)
- Ages **40-44** were most likely to be appointed (**15.3%** of appointments), while ages **<20** were least likely (**1.0%**).



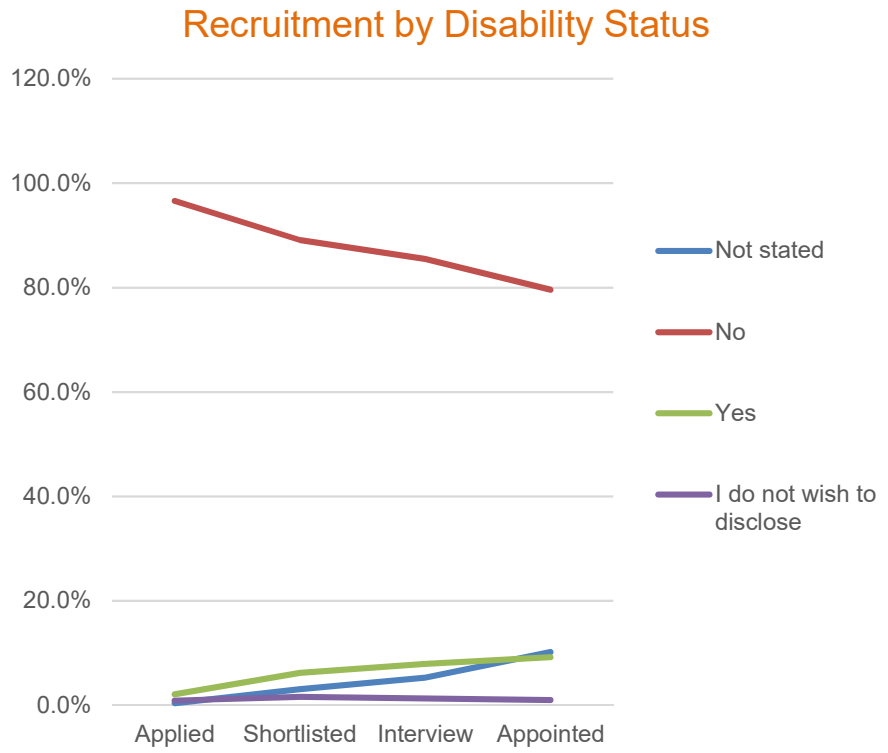
Ethnicity

- **White** applicants are not the most likely to apply for roles at QVH, but are more likely than any other ethnicity to be shortlisted, interviewed and appointed
- **Asian** and **black** applicants are most likely to apply, but less likely to progress to shortlisting, interview and appointment than white applicants
- Applicants who **do not state** their ethnicity and those are declare their ethnicity as **mixed** are least likely to be shortlisted
- Applicants who declare their ethnicity as **other** (including any that are not white, Asian, black or mixed) are least likely to be selected for interview



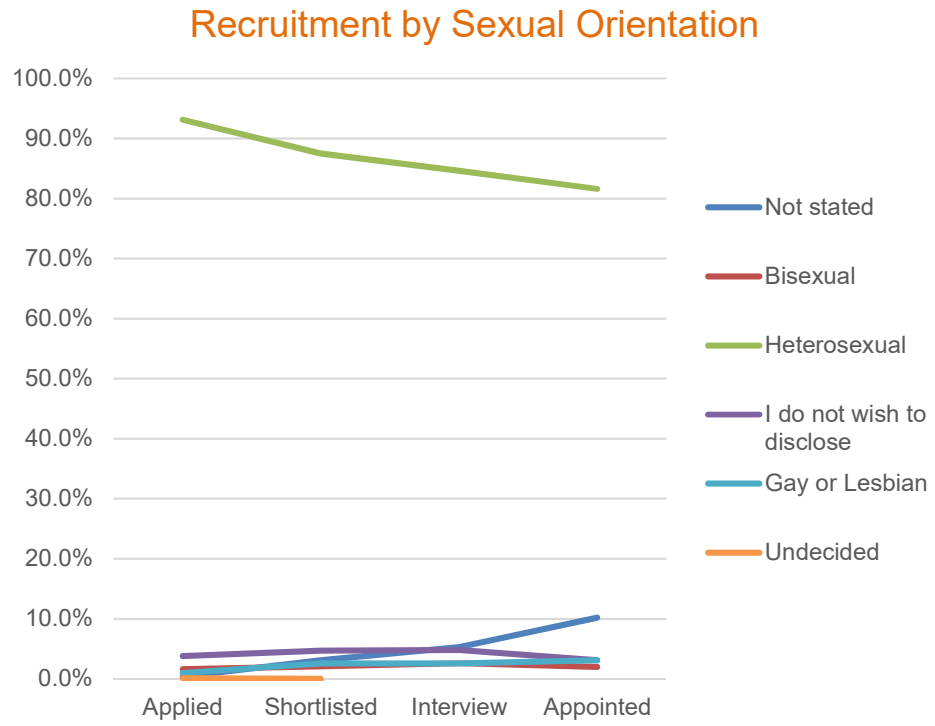
Disability Status

- Applicants who state they do not have a disability are more likely to apply for roles at QVH, be shortlisted, interviewed and appointed
- **2.1%** of applicants declared that they consider themselves to have a disability
- Applicants who declared that they consider themselves to have a disability represented **9.2%** of all appointments in 2023-24.



Sexual Orientation

- Applicants who declare their sexual orientation as **heterosexual** are more likely to apply for roles at QVH, be shortlisted, interviewed and appointed
- While the number of applicants who declare their sexual orientation as **gay** or **lesbian** is low, representation increases at shortlisting and appointment
- The representation of **bisexual** applicants steadily increases through application, shortlisting and interview but reduces at the appointment stage



Staff experience

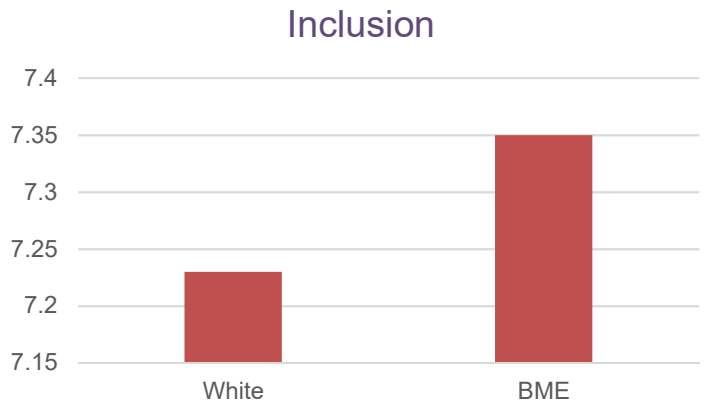
In this section, **2023 NHS Staff Survey** data is used to establish the differences in staff experience for those with protected characteristics and those without.

To achieve this, the Diversity and Equality and Inclusion sub-scores under the Compassionate and Inclusive survey questions are utilised. This includes questions around respect for individual differences, experiences of discrimination and reasonable adjustments.

This data is compared to Employee Relations casework data around capability, conduct and bullying and harassment to understand where those with protected characteristics may be over or underrepresented.

Ethnicity

- **White** staff scored QVH higher for Diversity & Equality (**8.65**) than BME colleagues (**7.88**)
- However, **BME** staff were more likely to score QVH highly for Inclusion (**7.35**) than white colleagues (**7.23**)
- White staff were also more likely to undergo performance management and disciplinary processes
- White staff were more likely to raise bullying and harassment concerns to the Employee Relations team.

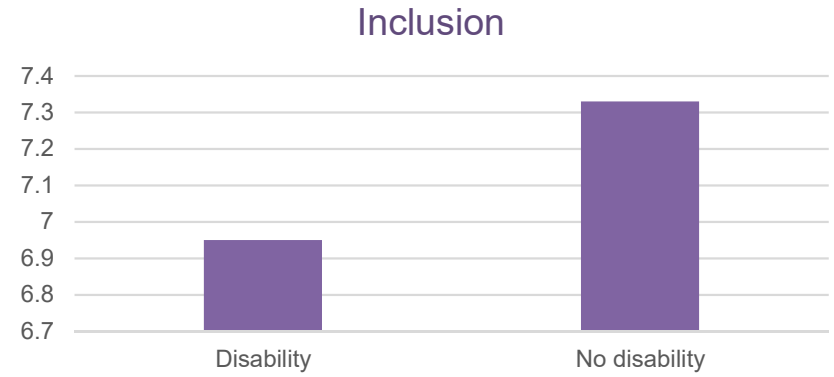


Gender

- **Female** staff scored QVH higher for Diversity & Equality (**8.56**) than male colleagues (**8.34**)
- However, **male** staff were marginally more likely to score QVH highly for Inclusion (**7.27**) than female colleagues (**7.26**)
- In both cases, staff who opted **not to disclose** their gender scored QVH lower than female and male colleagues.
- **Female** colleagues are more likely to undergo performance management and to raise bullying and harassment concerns to Employee Relations
- **Male** colleagues are more likely to undergo disciplinary processes.

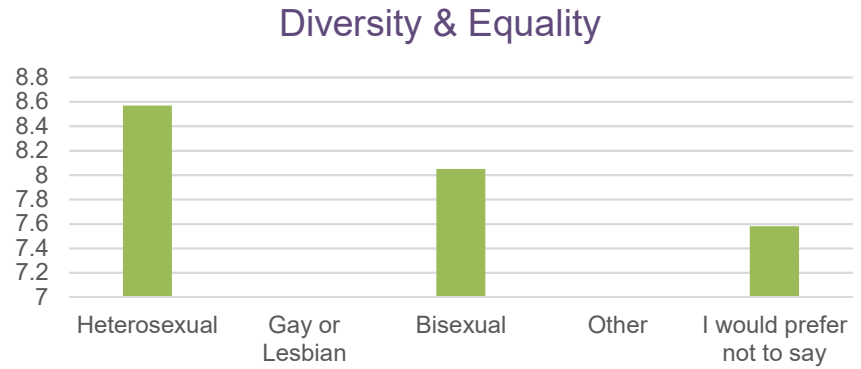
Disability Status

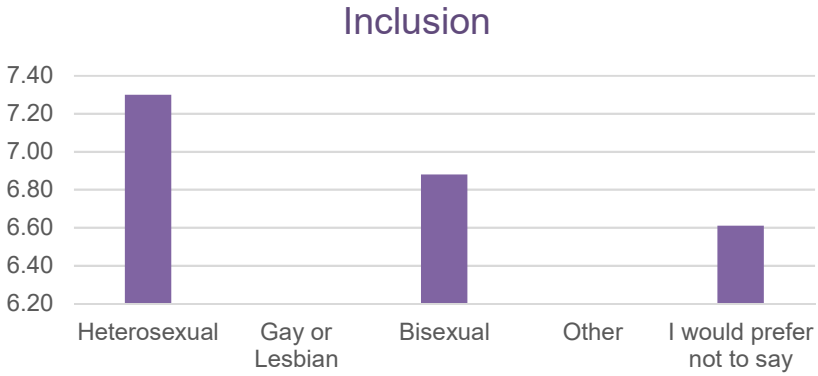
- **Disabled** colleagues scored QVH lower for both Diversity & Equality (**8.39**) and Inclusion (**6.95**) than colleagues without a disability (**8.51** and **7.33** respectively)
- In both cases, staff who opted **not to disclose** their gender scored QVH lower than female and male colleagues.
- Colleagues who declare they have a disability are significantly **less** likely to undergo performance management or disciplinary processes, and are less likely to raise bullying and harassment concerns to Employee Relations
- This may suggest that **disabled** staff feel less empowered to raise concerns around equality, diversity and inclusion.



Sexual Orientation

- **Bisexual** colleagues scored QVH lower for both Diversity & Equality (**8.05**) and Inclusion (**6.88**) than heterosexual colleagues (**8.57** and **7.30** respectively)
- In both cases, staff who opted **not to disclose** their sexual orientation scored QVH lower than all others.
- It is important to note that no score is available for staff who identify as gay or lesbian, suggesting that these colleagues opted not to respond or not to disclose their sexual orientation
- While heterosexual staff are more likely to undergo performance management processes, it is important to note that **20%** of individuals who underwent these identified as **gay or lesbian**.





Queen Victoria Hospital
NHS Foundation Trust

NHS England High Impact Actions update 2023/24

High Impact Action	QVH Actions
1. Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.	**We have:** • Included a draft EDI commitment in the Executive portfolio review • Established an EDI group as the focus for all of our EDI work **We will:** • Review individual and collective Executive and Board objectives • Communicate these objectives at our monthly Team Brief • Establish a template for Board reporting and agree metrics
2. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.	**We have:** • Held school work experience events • Offered work experience placements • Developed a Step Into Health platform for Armed Forces service members who wish to access healthcare jobs **We will:** • Develop a programme of support for managers to extend the range of apprenticeships available • Develop initiatives to attract apprentices from diverse backgrounds internally and externally • Develop a guide on Right to Work status to educate recruiting managers
3. Develop and implement an improvement plan to eliminate pay gaps.	**We have:** • Published our 2023-24 Gender Pay Gap and Ethnicity Pay Gap reports with action plans for each • Established a Workforce Controls group to review all requests for pay rises and additional payments **We will:** • Update our Recruitment & Selection Policy to ensure that flexible working is actively promoted
4. Develop and implement an improvement plan to address health inequalities within the workforce.	**We have:** • Started to develop our Health Inequalities Strategy for 2025-2030 **We will:** • Continue working towards the publication of the Health Inequalities Strategy and identify priorities
5. Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.	**We have:** • Offered coaching skills to all staff and launched a course on Coaching Skills for Managers • Provided an induction programme for all medical trainees, with additional support provided where needed **We will:** • Develop targeted career pathways for all staff groups
6. Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	**We have:** • Committed to the Trust anti-racism statement • Published our Domestic Abuse policy and are developing our VPR policy • Developed the Progress Pride Pledge **We will:** • Collaborate to develop a restorative, just learning culture approach to incidents where appropriate