



Workforce diversity report 2018 – 2019

October 2019

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1 | Introduction

1.1 Foreword

Queen Victoria Hospital NHS Foundation Trust (hereafter 'QVH') is pleased to present its annual workforce diversity report covering the period 1 April 2018 to 31 March 2019.

We are a small organisation with 866 whole time equivalent (wte) staff, who are based at the Queen Victoria Hospital site in East Grinstead, but with some staff based at spoke sites in Kent, Surrey and other parts of Sussex.

This report outlines equality information that publish each year to demonstrate our commitment to eliminate discrimination and harassment, promote equality of opportunities and foster good relations between different groups within our workforce.

We believe that an inclusive workplace, where staff, patients and community stakeholders are treated with dignity and respect, is everyone's responsibility: these and the Trust values of *Humanity, Pride, Quality and Continuous Improvement* guide the way in which we work.

The diversity of our staff is one of our key strengths, each personality bringing something different to maintain and innovate our services. In line with our Trust values, it is important that we enable a culture that encourages our workforce to embrace our diversity and offer contributions where they can, to the benefit of other staff and ultimately our patients within the communities we serve.

Our people are our most important asset, and through this workforce diversity monitoring we continue to demonstrate our commitment to understanding, valuing and incorporating differences, in order to ensure a workplace that is fair, equitable and inclusive for all.



1.2 Background

Under section 149 of the Equality Act 2010 (the public sector equality duty (PSED)) and the Equality Act 2010 (Specific Duties) Regulations 2011, QVH is required to publish equality information to demonstrate our compliance with the general equality duty. Our workforce monitoring data forms part of the information that we collate, monitor and publish to help us ensure that equality considerations are embedded within our employment policies and practices, and that they meet our responsibilities under the duty.

1.3 Scope

This report provides an overview of our equality and diversity employment monitoring data as of 31 March 2019, with a comparison to the previous year and where possible the Kent, Surrey and Sussex population (referencing the government's most recent census data). It covers age, disability, gender reassignment, marriage or civil partnership status, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Our reporting categories are detailed in the appendix.

The data relates only to staff directly and substantively employed or appointed by QVH, including those on secondment hosted by QVH; it excludes those on honorary contracts who are directly employed by other healthcare providers and those who work with us on occasion but are engaged as temporary staff.

1.4 Data quality

QVH uses the national Electronic Staff Record (ESR) system to process and report on information on diversity characteristics. Upon appointment all staff are asked to provide equality monitoring information, and staff have access to update any changes through the use of ESR self-service functionality. This data also feeds through to the e-learning system, where data is stored on learning opportunities taken. Job applicant / recruitment statistics are derived from our applicant tracking system (TRAC) that was introduced in July 2017.

1.5 Staff diversity declaration rates

We encourage our staff to make diversity declarations. However, in line with the General Data Protection Regulations (GDPR), staff have a right to confidentiality and not to disclose equality monitoring information. Therefore there are some areas where a proportion of statistics are unavailable due to reason of non-disclosure. Where possible the prevalence of this and impact on data validity is highlighted.

1.6 Interpreting the data

Please note the following when interpreting the data presented in this report:

- information is published in accordance with the Data Protection Act 1998 and does not identify individuals
- where possible, information about groups of fewer than 11 individuals is not published, instead being grouped into larger categorisations
- QVH's workforce at the time of publishing was 1027 (headcount). Compared to many NHS provider organisations this is a relatively small data set and robust analysis can be problematic.
- As a broad rule of thumb, statistical significance cannot be determined where matters relate to less than number (n) = 20 individuals.

2 | Equality priorities

QVH supports the national Equality Delivery System 2 initiative, which includes key areas of assurance around having 'Empowered, engaged and well-supported staff' (Goal 3) and 'Inclusive leadership at all levels' (Goal 4).

Each year we update on specific objectives under these goal areas which are highlighted in the section below:

2.1 Fair recruitment & selection processes lead to a more representative workforce at all levels

We have:

- A comprehensive applicant tracking system 'TRAC' is now well established, and from 2018 included all staff groups including medical and dental which was previously processed manually. This has improved equalities monitoring information at various recruitment stages, particularly non-disclosure levels.
- Re-affirmed our commitment to the national Disability Confident employer scheme, and ensured all our recruitment literature and training reflects our support to the campaign.
- Review and re-launched our existing recruitment policy and processes to ensure transparency, consistency and fairness
- Highlighted the importance of overseas equivalency in terms of qualification and experiences gained in recruitment training
- Undertaken an audit of the 17 disabled candidates highlighted in the 2017-18 report and targeted training needs to ensure clarity on reasonable adjustments for disabled candidates during the selection process

2.2 QVH is committed to equal pay for work of equal value & undertakes equal pay audits to help fulfil our legal obligations

We have:

- Completed the second year Gender Pay gap assessment, and agreed an associated action plan
- Ensured every revised job description has been through an appropriate job evaluation process (non-medical)

- Embedded a clear Exceptional Pay Protocol to provide guidance and transparency on any exceptional pay requests
- Equal numbers of female medical staff were appointed alongside males, helping to offset the current gender imbalance within that staff group

2.3 Training and development opportunities are taken up and positively evaluated by all staff at all levels

We have:

- Continued a progressive 'Leadership and Management' development programme accessible to all staff who supervise / manager others
- Invested in a Trust-wide Clinical Practice Development Lead to support learning across the organisation, with a particular objective around mentoring those from disadvantaged backgrounds and support for an increasing number of nursing staff from overseas

2.4 When at work, staff are free from abuse, harassment, bullying & violence from any source

We have:

- Facilitated a number of focus groups and used a crowd-sourcing platform to understand staff perceptions on our workplace culture, including issues of perceived unfairness and bullying
- Appointed a new Freedom to Speak Up Guardian, a qualified Psychological Therapist, who reports directly to the Chief Executive and provides regular reports to the Trust Board
- Acted upon whistleblowing feedback to investigate and act on concerns around unprofessional conduct
- Collaborated with staff-side colleagues to amend our Trust Disciplinary Policy and Procedure to follow 'Just Culture' guidance
- Championed the use of the Health & Safety Executive's Workplace Stress Indicator tool to identify trigger areas

2.5 Flexible working options are available to all staff consistent with the needs of the service and the way that people lead their lives

We have:

- Revised the Flexible Retirement Guidance for staff, ensuring the right to request flexible retirement is clear, fair and transparent
- Revised the Special Leave Policy for staff, ensuring the right to request leave supports individual needs and meets the needs of those with caring responsibilities
- Rejected less than 2% of flexible working requests completely due to service needs, with more than 92% being agreed without condition.

2.6 Staff report positive experiences of their membership of the workforce

We have:

- Undertaken full census survey for the National Staff Survey, and integrated actions into a QVH retention plan
- Acted on staff experience feedback from Staff Friends and Family tests particularly in relation improving facilities for 'down time' away from usual environment and 24/7 work patterns
- Engaged in an online 'Best Place to Work' crowd-sourcing programme to encourage discussion on what makes QVH an inclusive employer

2.7 The QVH Board & senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

We have:

- Had expert training provided to the Board of Directors on equality and their responsibilities
- Engaged with organisations across the Sussex Health and Care Partnership on regional workforce initiatives including WRES and a local Stepping Up programme for Black and Minority Ethnic (BAME) staff

2.8 Papers that come before the board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

We have:

- Ensured Equality Impact Assessments are integral to all major decisions, requiring consideration, consultation and approval before items are considered at Board Committees

2.9 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

We have:

- Continued a progressive 'Leadership and Management' development programme accessible to all staff who supervise / manager others, including the 'Managing Our People' module focusing on best practice approaches to managing people at work fairly and transparently
- Facilitated mediations between staff members to discuss their behavioural work environment and relationships with colleagues
- Secured funding for additional mediators to be trained across the Trust to create more opportunities for informal resolution of sensitive issues in a timely way

3 | Diversity report

3.1 A representative and diverse workforce

Overall workforce diversity

As of 31 March 2019, QVH employed 1027 people (866wte). Overall, there were some small incremental changes to reported workforce diversity compared to 2016 data, when it was first reported in this format. This appears primarily to be driven by improvements in disclosure rates from 'undefined' / 'undisclosed' categorisations to defined traits.

	Category	Categorisation	2016	2017	2018	% change from 2016
1	Ethnicity	White	83.44%	83.54%	82.77%	-0.67%
		Mixed	0.93%	1.31%	1.85%	0.92%
		Black or Black British	2.48%	2.73%	2.43%	-0.05%
		Asian or Asian British	6.52%	6.77%	7.40%	0.88%
		Chinese	0.31%	0.40%	0.49%	0.18%
		Any Other Ethnic Group	3.31%	2.42%	2.52%	-0.79%
		Not Known	3.00%	2.83%	2.34%	-0.66%
2	Gender	Male	23.71%	24.24%	23.50%	-0.21%
		Female	76.29%	75.76%	76.50%	0.21%
3	Age	Under 25	3.52%	3.64%	5.26%	1.74%
		25 - 29	7.76%	7.58%	7.98%	0.22%
		30 - 34	10.04%	9.90%	10.71%	0.67%
		35 - 39	10.14%	10.61%	11.10%	0.96%
		40 - 44	12.42%	12.63%	12.46%	0.04%
		45 - 49	13.25%	12.83%	12.27%	-0.98%
		50 - 54	17.60%	16.57%	16.75%	-0.85%
		55 - 59	15.11%	14.75%	13.33%	-1.78%
		60 - 64	7.35%	8.79%	7.98%	0.63%
		65 - 69	1.55%	1.62%	1.17%	-0.38%
4	Disability	70+	1.24%	1.11%	0.97%	-0.27%
		Yes	4.76%	4.85%	5.20%	0.44%
		No	70.70%	75.56%	78.80%	8.10%
5	Religion	Undefined	24.53%	19.60%	16.10%	-8.43%
		Atheism	12.32%	12.32%	14.31%	1.99%
		Buddhism	0.62%	0.40%	0.91%	0.29%
		Christianity	48.14%	49.19%	50.15%	2.01%
		Hinduism	1.14%	1.41%	1.95%	0.81%

		Islam	1.35%	1.01%	1.46%	0.11%
		Judaism		0.20%	0.10%	0.10%
		Sikhism	0.31%	0.40%	0.29%	-0.02%
		Other	5.18%	5.56%	6.72%	1.54%
		I do not wish to disclose	16.56%	16.97%	14.90%	-1.66%
		Undefined	14.39%	12.53%	9.93%	-4.46%
6	Sexual Orientation	Bisexual	0.41%	0.61%	0.29%	-0.12%
		Gay	0.10%	0.20%	0.16%	0.06%
		Heterosexual	72.67%	74.55%	79.07%	6.40%
		Lesbian	0.21%	0.20%	0.72%	0.51%
		I do not wish to disclose	12.32%	12.02%	10.03%	-2.29%
		Undefined	14.29%	12.42%	9.74%	-4.55%
7	Marital Status	Civil Partnership	0.62%	0.61%	0.97%	0.35%
		Divorced	5.28%	5.66%	6.13%	0.85%
		Legally Separated	1.86%	1.92%	1.75%	-0.11%
		Married	58.07%	55.96%	56.96%	-1.11%
		NULL	2.90%	2.73%	2.53%	-0.37%
		Single	28.88%	30.81%	29.02%	0.14%
		Unknown	1.35%	1.62%	1.95%	0.60%
		Widowed	1.04%	0.71%	0.68%	-0.36%

The three largest changes have been in the disclosure of disability status (+8.43%), sexual orientation (+6.83%) and religion (+6.84%). Outside of these improvements in disclosure, there have been the following improvements to diversity compared to 2016:

- those from an ethnicity other than White (+1.13%)
- age diversity, particularly under 45s (+3.62%)
- staff disclosing a disability (+0.44%)
- sexuality other than heterosexual (+0.45%)
- a wider variety of marital status, correlating with a decline in 'married' status (-1.11%)

QVH's workforce diversity profile as at 31 March 2019 is provided in Appendix 2.

In summary:

- 24% of our workforce are aged under 35, an improvement compared to last year where 21.3% was reported; 23.5% are aged over 55, a reduction since last year where 26.6% was reported; 2.1% of our workforce are over 65. This is broadly comparable to the wider public sector, Kent, Surrey and Sussex and the UK workforce of 3%

- 5.2% of our workforce describe themselves as having a disability, up slightly from 4.9% the previous year. Although improved again from last year (-3.5%), there remains a significant level of non-disclosure (16.1%); given the typical 12% positive disclosure in the wider UK workforce it is likely that a substantial proportion of those not disclosing may have a disability
- 14.7% of our workforce are from ethnic minority groups; an increase from last year's position of 13.6%; this compares to 12 per cent in the wider public sector and UK workforce, but is typical of the National Health Service due to current reliance on registered professionals trained overseas
- 76.5% of our workforce are female; an increase compared to the previous year of 75.8% – this is significantly higher than the 47% of the UK workforce, but remains typical of NHS organisations reliant upon nursing staff groups
- 61.6% of our workforce declared a religion or belief, up again from the previous year's disclosure of 58.2%. This is higher than the UK workforce disclosure of religions/beliefs of 43%
- Only 1.2% of our workforce declared they are lesbian, gay or bisexual, up marginally again from the previous year's disclosure of 1%. This is much smaller than the UK workforce disclosure rate of around 9%, but is reflective of high levels of non-disclosure (19.77%)
- 57.9% of our workforce are married or in a civil partnership, slightly higher than last year's figures of 56.6%
- no staff have identified themselves to be transgender, in comparison to estimates from Equality & Human Rights Commission research (2011) of approximately 1% of the population

Representation by organisational level

Staff declaring a disability is relatively consistent across Bands 1 – 8 at 4.9%. Only 1.8% of medical and dental staff disclosed a disability, and 21.2% of medical and dental staff chose not to make any disclosure.

Ethnic minority staff represent 14.7% of QVH staff. There is an even distribution across pay bands and grades, with the exception of Band 1 which instead has 33% of representation (similar to previous year), and in medical and dental grades that hold 38.7% representation (compared to 41% in previous year). These variations are consistent across the NHS.

Female representation at senior levels has reduced in the last year, with 67% of Band 8+ and Board positions held by women. The lowest female representation is in the medical and dental workforce, with 39.2% representation (up slightly from 38% in

the previous year). Males make up 23.5% of the QVH workforce, but disproportionately split at either end of the pay spectrum; 41.7% at Band 1, and in senior management (33.3%, down from 36% the previous year).

The distribution of religions and beliefs is relatively consistent across pay grades and bands.

There is a consistent distribution across pay bands and grades for sexual orientation, with slightly lower levels of disclosure in Bands 1 and medical/dental grades in correlation to ethnicity and religious disclosures cited above.

What we will do:

- take positive action to attract male applicants into the workforce in non-ancillary / senior management roles
- promote positive disclosure for disability / sexual orientation characteristics

3.2 Job applications

Recruitment to QVH is through open competition (except in certain circumstances, such as where the Trust's Organisational Change or Redeployment policies may apply) based on merit, with individuals assessed for their ability to demonstrate the required competences, knowledge and skills for the role.

QVH is committed to ensuring that all recruitment is free from unfair and unlawful discrimination. Reasonable adjustments for disabled people are made at all stages of the recruitment process, as required. We are committed to the Disability Confident scheme, one area of which guarantees an interview to any disabled applicants who meet the criteria for a job vacancy and to consider them on their merit.

Overall, there appears to be an inverse correlation between success rates for age groups applying for job roles that are then shortlisted and subsequently appointed. Whereas those applying for a job role meet standard distribution levels (lower numbers applying under the age of 25 and over the age of 55), they are disproportionately successful in securing the job role (67-75% successful of those attending the interview) compared to others (averaging at 44% for other age categories). With 87 individuals (aged <25 or >55) attending interviews, this suggests that further work may be needed to tackle unconscious bias about age in the workplace.

For those 22 attending an interview that disclosed a disability, 5 were appointed (23% success rate, compared to 6% success rate the previous year). Those not disclosing a disability had a 50% success rate. Due to small number of instances (n=5 disclosing disability) It is not possible to determine statistical significance based, but this needs to continue as an area of focus and training.

Those declaring themselves from a white ethnic background were proportionately more likely to be shortlisted for a vacancy, and to a small degree to be successful at appointment stage following shortlisting. The variation in percentages of those being appointed is however not statistically significant, due to a small range where 1 individual appointment could make a difference of 6%.

Females were proportionately more likely to apply for a job role and be shortlisted, although again this variation evened out at appointment stage.

There are no concerns that arise out of recruitment data for those who expressed a religion or belief, with all volumes being in reasonable data fluctuations or statistically insignificant as 1 individual could account for a 15% variation.

Due to small volumes of those disclosing that they were lesbian, gay, bisexual and transgender (LGBT), no statistically valid conclusions can be drawn.

What we will do:

- include unconscious bias training in Recruitment and Selection training, particularly around age and disability, ensuring all staff involved in selection processes receive this training before 2021
- Amended the Recruitment and Selection Policy to ensure mixed gender panels for selection and remuneration purposes for Bands 8a+, VSM and Consultant appointments
- Explore how we can better promote our vacancies in senior positions to women and organisations that support women
- Review the policy and process to ensure there is no gender bias in the starting salaries of new employees and regularly monitor

3.3 Access to learning and development

We want to continue to build the capacity, capability and expertise of our people to deliver high-quality work. To invest in our people, QVH has a range of development opportunities, which enable staff to develop and grow so that they can perform at

their best. This includes continuing professional development, specialist courses and qualifications funded through the apprenticeship levy.

During 2018/19, 55% of our workforce undertook some form of learning and development to support their personal or professional development. Analysis has shown the following:

- Those between the ages of 26 – 60 have relatively consistent levels of enrolment (averaging 58%), with those between 21-25 being much more likely to access (82%) and those 61 and over being half as likely as the main grouping
- Those positively declaring a disability are accessing learning and development (7% of those undertaking training compared to 5% of the declared workforce). This however does not take into account the proportion of staff that have not disclosed their disability status
- The ethnic background of those seeking learning opportunities has no strong correlation with likelihood of enrolment
- Males are only a third as likely as females (8% compared to 24%) to take up learning and development opportunities
- The religious belief background of those seeking learning opportunities has no strong correlation with likelihood of enrolment
- There is no statistically relevant variations by sexual orientation, though the small numbers of disclosure suggests they are more likely to access training

3.4 Employee relations

The small number of formal disciplinary cases (n = 9) and non-existence of formal grievance and capability cases makes meaningful analysis of these cases during this reporting period impossible.

However, analysing n = 204 'Managing Attendance' cases (both informal and formal) suggests the following:

- Those above the age of 61 (n = 104) are more likely to have health issues managed under Trust policy (28.8% of applicable staff compared to 18.8% of under 60s)
- Those disclosing as disabled (n = 19) are twice as likely to have health issues managed under Trust policy (35.8% of applicable staff compared to 17.3% of non-disabled)

- There is no statistically relevant variations by ethnicity for management of attendance, though the small numbers of disclosure suggests those of non-White ethnic groups are, if anything, less likely to be managed under the policy (8% compared to 18%, but small number of cases [n = 8])
- Females (21.8%, n = 171) are proportionately more likely to have absences managed under the Trust's policy compared to males (13.7%, n = 33)
- There is no statistically relevant variations by religious belief for management of attendance, though the small numbers of disclosure suggests those of non-Christian/Atheist beliefs are, if anything, less likely to be managed under the policy (8.2% compared to 19.9%, but small number of cases [n = 9])
- There is no statistically relevant variations by sexual orientation for management of attendance, though the small numbers of disclosure suggests those disclosing bisexual/gay/esbian orientation may, if anything, be more likely to be managed under the policy (41.7% compared to 19.6%, but small number of cases [n = 12])

What we will do in 2019/20:

- we will continue to provide training on management of staff under formal Trust policy, including around managing difficult conversations
- we will revise the training offering to include reference to unconscious bias, which may alter the approach taken to staff with certain characteristics either advantageously or disadvantageously
- we will audit the individual cases cited above around sexual orientation to understand the rationale behind informal or formal action taken under Trust policy to either obtain assurance of fair and proportionate practice or target additional training

3.5 Equal pay and reward

QVH reported on its gender pay gap using the national criteria:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Proportion of males and females when divided into four groups ordered from lowest to highest pay.

- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment

At 1st March 2018 QVH employed 827 women (76.65%) and 252 men (23.35%).

a. Hourly rate

<u>Women's hourly rate is:</u>	
35.9%	39.9%
LOWER	LOWER
(mean)	(median)

b. Pay quartiles

<u>How many men and women are in each quarter of the employer's payroll:</u>	
Top quartile (4)	
45.2%	54.8%
MEN	WOMEN
Upper middle quartile (3)	
MEN	WOMEN
14.6%	85.4%
Lower middle quartile (2)	
15.4%	84.6%
MEN	WOMEN
Lower quartile (1)	
17%	83%
MEN	WOMEN

c. Bonus pay

<u>Women's bonus pay is:</u>	
13.7%	50%
HIGHER	LOWER
(mean)	(median)

<u>Who received bonus pay:</u>	
10.1% OF MEN	1.1% OF WOMEN

d. Mean vs. median averages

QVH is broadly comparable to all other NHS Acute hospitals who have published their reports (see Appendix 1). Both the mean and median hourly pay gap percentages for the sector are significantly affected by the presence of the Medical Consultant body due to both their high base wage and the Clinical Excellence Awards bonus scheme (that follows national guidelines).

As the second smallest NHS Foundation Trust in England, we comparatively have a very small denominator of staff and the specialist nature of the work undertaken at QVH means the Medical Consultant body forms a much higher proportion of our overall workforce. This means that the median pay gap percentages are much affected by this staff group. Median calculations do not account for a concentration of high earners in such a small hospital. The difference between the number of male Consultants (n = 54) compared to female Consultants (n = 18) is considerable. The mean can therefore be seen as more accurately reflecting the gender pay gap due to the higher proportion of men in these highest paid senior positions, as demonstrated in the quartile-based data in Section 5b.¹

In a comparison to the 2017 report, it is reassuring to see a reduction in both mean and median pay gaps. The mean pay-gap has reduced from 37% to 35.9%, and the median pay-gap from 41% to 39.9%. The distribution across quartiles has also changed to be marginally more representative of the distribution across the whole organisation, with a reduction in males within the top quartile from 46% to 45.2%.

e. Band / grade related average gender pay gaps

Taking the mean average as the more representative of scores, three main outliers are highlighted when looking at bands/grades (Section 5a, Table 3): the Agenda for Change [AFC] Band 8+ group, the Medical: Doctors in Training, and Medical: Career Doctors group.

When analysing the median pay gap within the AFC Band 8+ group, the variance was caused by the different proportions of seniority within that group. Males had an equal representation of 12 individuals at Bands 8a – 8b and 12 individuals at Bands 8c and above (including Very Senior Manager [VSM] pay scales). However, females had a much greater proportion at the lower scales, with 27 individuals at Bands 8a – 8b, and 12 at Bands 8c and above (including VSM).

In the Medical: Doctors in Training group, the pay-gap for females (n=28) was partially distorted by the presence of Dental Core level 1 trainees, which were not

¹ NHS Employers. Op cit.

apparent within the male group (n=25). An analysis between the difference of Trust-appointed and Deanery-appointed training level doctors reveals no findings.

In the Medical: Career Doctors group, the pay-gap is in favour of females. This is caused by the higher pay terms of the closed Associate Specialist grade, of which 5 out of 6 the Trust has are female, in comparison to the Trust-appointed Fellows as part of the lower remunerated Specialty Doctor pay-scale.

In comparison to the 2017 report, both the mean and median averages within the Medical Consultant body have reduced (Section 5a, Table 3) from 11.9% to 5.7% mean gap and 7.4% to 5.9% median gap.

f. Average bonus gender pay gap as a median average

Although the statutory required reporting figure of those receiving a bonus (section 4c) shows 10.1% of males receiving a bonus compared to only 1.1% of females, this is substantially skewed by the predominance of males within the Medical Consultant body and the disproportionate number of males in the rest of the workforce. When examining the more meaningful proportion of staff actually eligible for a bonus, which within the Trust is only the Medical Consultant body through Clinical Excellence Awards, it is encouraging to see that the Trust continues to beat the national trend with more females being awarded bonuses out of total eligible numbers: 55.6% of eligible females received Clinical Excellence Awards (CEA) compared to 51.9% of eligible males.

It is also encouraging to see a significant shift in the mean and median bonus pay rates compared to last year, the mean bonus gap shifting from 18% lower to 13.7% higher and the median bonus gap reducing from 61% lower to 50% lower. The favourable mean bonus gap for females is significantly impacted by one particularly distinguished female advancing from a Silver to a Gold Award in year.

An analysis of the median bonus gender pay gap highlights a very strong correlation between longer length of service and higher bonus pay-rates, which is unsurprising given that higher bonuses are earned through cumulative awards based on longer years of service. Only 5 of 10 females (50%) awarded a CEA had 10 or more years' service, compared with 22 of 28 males (78%). It will therefore be a number of years until the median bonus pay gap is likely to be reduced significantly as it will take the comparatively newer females within the workforce time to accumulate longer service and advance up the CEA scale.

With a higher proportion of female Consultants applying for QVH roles and being appointed in more recent years, the proportion of those eligible for bonuses will gradually continue to increase.

What we will do in 2019-20

The Trust's 2017 report and action plan was referenced by NHS Employers as best practise through separating out Agenda for Change staff and medical staff, ensuring

there was an explanatory narrative as well as a purely factual one, and displaying a convincing commitment to future action and an action plan.²

The 2017 action plan was implemented in full, with:

1. a review and commitment to the equal pay principles of Agenda for Change job evaluation
2. a review of how well the Trust manages women's career progression after employment breaks such as maternity leave
3. active promotion of current policies on flexible and family-friendly working for all
4. an audit of the Trust's 'Top Quartile' earners to review rationale and conclusions for determination of each remuneration
5. an amendment to Trust Recruitment and Selection Policy to ensure mixed gender panels for selection and remuneration purposes for Bands 8a+, VSM and Consultant appointments (including Clinical Excellence Awards)
6. collaboration with neighbouring acute Trusts to share best practise

These core principles will continue in the coming years, with the additional below actions added into the plan following this 2018 report:

	Action	Responsibility	By When
7.	Encouragement of more female workers to apply for Clinical Excellence Awards	Director of Workforce & Organisational Development	30/04/2019
8.	Explore how we can better promote our vacancies in senior positions to women and organisations that support women	Recruitment Manager	30/06/2019
9.	Review the policy and process to ensure there is no gender bias in the starting salaries of new employees and regularly monitor	Deputy Director of Workforce	30/06/2019

3.6 Workforce Disability Equality Standard (WDES)

QVH reported on its workforce disability equality standard for the first time using the national submission form. It highlights that:

- 5.2% of the QVH workforce have disclosed a disability (n = 53), which is slightly lower than the national average of those in employment of around 7%.

² NHS Employers: *Briefing Note: Gender Pay Gap Reporting* retrieved 22/02/18:
<http://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Gender-pay-gap-reporting---2-March.pdf?la=en&hash=FE3D7AED4EBAB7D606B40A5D5CDDF0CB0F7E1C39>

However, there are high numbers of staff with 'Unknown' or 'non-declared' disabilities totalling 16.3% of the overall workforce which greatly impacts on data quality and accuracy of the information.

- There are less staff disclosing a disability in Bands 8a and above. Consultants within the medical and dental staff group have over double the non-disclosure rate compared to other staff categories (34% non-disclosure)
- There is a variation in the number of disabled shortlisted applicants being appointed, with only a 2.18 comparative likelihood of disabled applicant being appointed. Approximately 1:4 non-disabled applicants are successful from being shortlisted to being offered the role, compared to 1:8 disabled applicants being appointed.
- From National Staff Survey findings:
 - The percentage of staff reporting perceptions of harassment, bullying or abuse from patients, relatives or the public in last 12 months has an almost equal score of 24.7% for disabled and 24.9% for non-disabled staff
 - There is a negative variation regarding the perceptions of harassment, bullying or abuse from their manager / team leader or other colleague with 19.5% for disabled and 10.2% for non-disabled staff. Although the total number of disabled staff reporting at least one such incident is statistically small (n = 17), the Trust zero-tolerance approach to such instances means this is an area of concern, more so with the apparent disproportionality.
 - There is a negative variation regarding the percentage of staff reporting perceptions of harassment, bullying or abuse from other colleagues in the last year with 24.1% (n = 21) for disabled and 16% for non-disabled staff (n = 63). With the Trust's zero-tolerance approach to such instances means this is an area of concern, more so with the apparent disproportionality.
 - The percentage of staff believing that QVH provides equal opportunities for career progression or promotion has a gap of 4.9% (disabled staff declaring 85.5%, non-disabled 90.4%). This is based on a small cohort of staff that responded to the question (n=55) compared to non-disabled staff (n=271). This means statistical significance is questionable as the perception difference is based on 2-3 individuals.
 - 77.4% of disabled staff has declared that their employee has made adequate adjustments to enable them to carry on their work, demonstrating there is considerable room for improvement

What we will do in 2019/20

The Trust is already a level 1 Disability Confident employer, and will continue work towards achieving level 2 status. To achieve this we will:

- Support proactive discussion around disabilities (both physical and mental health) to encourage improvement of disclosure rates to improve data quality
- Connect with local and national disabled people's organisations (DPO's) to access networks of disabled people to attract disabled people to apply for jobs at QVH
- Help managers build a wider understanding of the WDES metrics that are relevant to recruitment and retention, making sure people involved in the interviewing process understand the Disability Confident commitment and know how to offer and make reasonable adjustments
- Actively involving Trust board in providing clarity on their governance role and the NHS Workforce Disability Equality Standard. Sharing activities and approaches that can be adopted to demonstrate board effectiveness in overseeing the WDES implementation. Highlighting the personal contribution they can make as a leader/board member

For our full report, including the relevant data sets please see the separate Workforce Disability Quality Standard 2018-19 report that can be found via: <http://www.qvh.nhs.uk/download/workforce-disability-equality-standard-wdes-2018-19-report/>

3.7 Workforce Race Equality Standard (WRES)

QVH reported on its workforce race equality standard for the third year using the national submission form. It highlights that:

- The % of BAME staff within the workforce has increased as a proportion of the total workforce from 14.2% to 14.8%. There has also been an increase in seniority of the BAME workforce, with more senior managers at Band 8a and above from a diverse ethnic background
- There is a variation in the number of shortlisted applicants being appointed, with a 1.32 comparative likelihood (with 1 being an equal comparison). This is a decline from 1.17 in the previous year. This is based on a similar number of BAME recruits as last year (n= 34 compared to 33 in 2017-18), but an increase in successful applicants from a white demographic (171 compared to 150 the previous year). Due to relatively low numbers, statistical significance is questionable
- No BAME staff entered a formal disciplinary process within the reference period, compared to a relative likelihood of 2.94 the previous reference period and therefore an improvement. However with a small base (n=5 total cases, this remains statistically insignificant
- The relative likelihood of BAME staff accessing non-mandatory training and CPD has changed significantly compared to last year (from variation of 1.03 to 0.65), showing those from a BAME ethnicity are nearly twice as likely to access such training. More detailed analysis shows that 64% of the Trust's BAME workforce have engaged with the 'Leading the Way' leadership and management develop course, twice the proportion of the rest of the workforce. This will be a significant enabler in facilitating the BAME workforce to obtain more senior roles.
- 8.3% of the Trust Board is from a BAME background, compared to 14.8% of the QVH workforce, the same as the previous year. This results from a small number (n=12) of Board members
- From National Staff Survey findings:
 - The variation between white and BAME staff experiences within the staff survey report continues to improve, with the gap shortening in all findings. In particular:

- the percentage of staff reporting perceptions of harassment, bullying or abuse from patients, relatives or the public in last 12 months is 24.58% of White staff and 27.59% of BAME staff (3% gap). This has improved since the 2017 National Staff Survey where 30.36% of BAME staff reported such experiences (and where the gap was 8%)
- BAME staff continue to declare lower rates of experiencing harassment, bullying or abuse from staff in last 12 months – where 22.8% of BAME staff reported such compared to 24.50% of White staff. However, the total numbers have worsened since the 2017 National Staff Survey where 17.85% of BAME staff and 22.06% of White staff reported such experiences. Due to the statistically small number of such instances reported in the 2018 survey (10 BAME staff), overall significance of the comparison is questionable. However the Trust's zero-tolerance approach to such instances means this is still an area of concern.
- The percentage of staff believing that QVH provides equal opportunities for career progression or promotion has declined for BAME staff, so that 82.85% of BAME staff agree compared to 90.17% compared to white staff. This is broadly comparable to the previous year's data. Only 35 BAME staff answered this staff survey question, so the variation relates to 2 BAME staff experiences; this is not statistically significant, but is a gap that we wish to reduce.
- The percentage of staff reporting perceptions of discrimination at work from their manager / team leader or other colleague improved compared to the previous year, so that 12.96% of BAME staff believed such compared to 16.07% in 2017-18. This still compares poorly to the comparator White staff group reporting 4.11% in this year, so is an area for improvement.

What we will do in 2019/20

- Analyse staff perceptions of equal opportunities for career progression through the Clever Together platform to make targeted recommendations and an agreed plan
- Continue to support managers considering taking disciplinary action against all staff to ensure it is appropriate and justified in the circumstances
- Continue to offer management and leadership training to all staff, including a new route of qualification accredited by the Chartered Institute of

Management, to ensure they understand the impact of management style and effective team management

- Continue to offer a 'challenging conversations' workshop, where managers are supported to have non-discriminatory conversations and understand the difference between assertiveness and inappropriate challenge
- Proactively promote advertising and recruitment to those from a BAME background to increase the overall percentage of BAME staff within the workforce

For our full report, including the relevant data sets please see the separate Workforce Race Quality Standard 2018-19 report that can be found via:

<http://www.qvh.nhs.uk/download/workforce-race-equality-standard-wres-2018-19-report/>

Appendix 1 | Reporting categories

Our reporting categories are defined as follows:

Age

Staff members are categorised into one of ten age groups:

- 24 or under
- 25 - 29
- 30 - 34
- 35 – 39
- 40 - 44
- 45 – 50
- 50 - 54
- 55 – 59
- 60 - 64
- 65 and above

Disability

Staff are asked whether they consider themselves to be disabled under the definitions of the Equality Act 2010. Staff members were asked to select one of the following:

- Yes
- No
- Not declared

Ethnicity

Staff members were asked to classify themselves on the basis of the Census 2011 categories of ethnicity:

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other white background

Chinese

- Any other Asian background

Other ethnic group

- Arab
- Any other ethnic group

Mixed / multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multiple ethnic background

Black/African/Caribbean/ Black British

- African
- Caribbean
- Any other Black / African / Caribbean background

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi

Due to small numbers of some ethnicities, these were then grouped into the following categories for the purposes of this report:

- Asian or Asian British
- Black or Black British
- Mixed
- White
- Any Other Ethnic Group
- Not Stated/Not Known

Gender

This is recorded as male or female.

Gender reassignment

Staff members have not historically been asked to report transgender status as part of equality monitoring arrangements. The new applicant tracking system provides us the new ability to capture this, and as such this data is currently only available in the job applications section, but no data was disclosed by applicants in the reporting period.

Marital status

Staff members were asked to classify themselves in the following categories of marital status:

- Married
- Civil partnership
- Divorced
- Legally separated
- Null / unknown
- Single

Due to small numbers in some classifications, these were then grouped into the following categories for the purposes of this report:

- Married / Civil Partnership
- Divorced / Legally separated / Widowed
- Single
- Null / Unknown

Pregnancy / Maternity

This is recorded as either pregnant / on maternity leave, or other. Staff members have not historically been asked to report this status throughout their work journey at QVH, and data is currently only available as those having taken maternity leave when in employment.

Religion or belief

Staff members were asked to classify themselves into following categories of religion or belief:

- No religion
- Buddhist
- Christian
- Hindu
- Jainism
- Jewish
- Muslim
- Sikh
- Any other religion
- Prefer not to say

Due to small numbers of some religions/beliefs, these were then grouped into the following categories for the purposes of this report:

- Atheism
- Christianity
- Hinduism
- Islam
- Other
- Undefined

Sexual orientation

Staff members were given the options of:

- Heterosexual
- Gay woman/lesbian
- Gay man
- Bisexual
- Other
- Prefer not to say

Due to small numbers of disclosure, these were then grouped into the following categories for the purposes of this report:

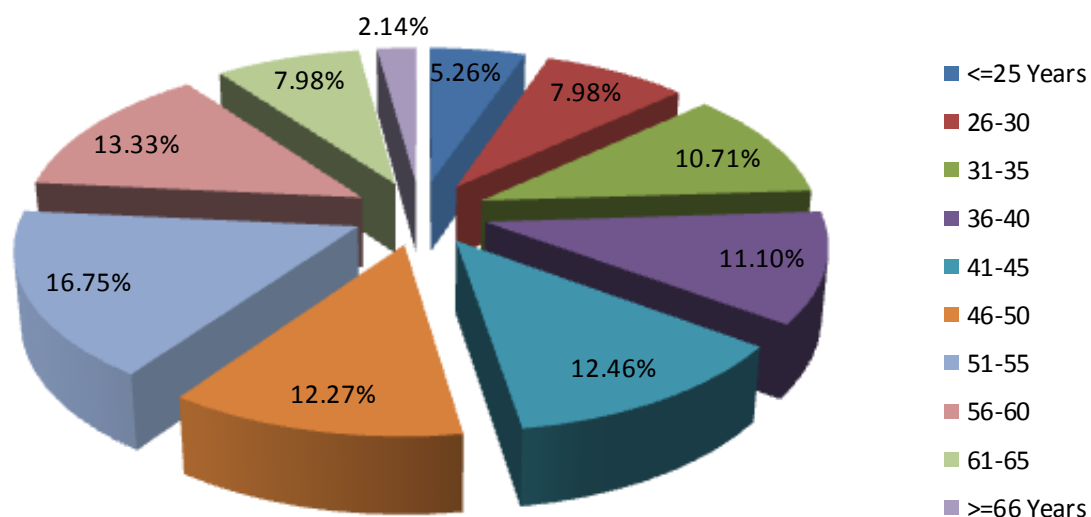
- Heterosexual or straight
- Gay / lesbian / bisexual
- Undefined

Appendix 2 | Current Workforce profile

1 Workforce age profile

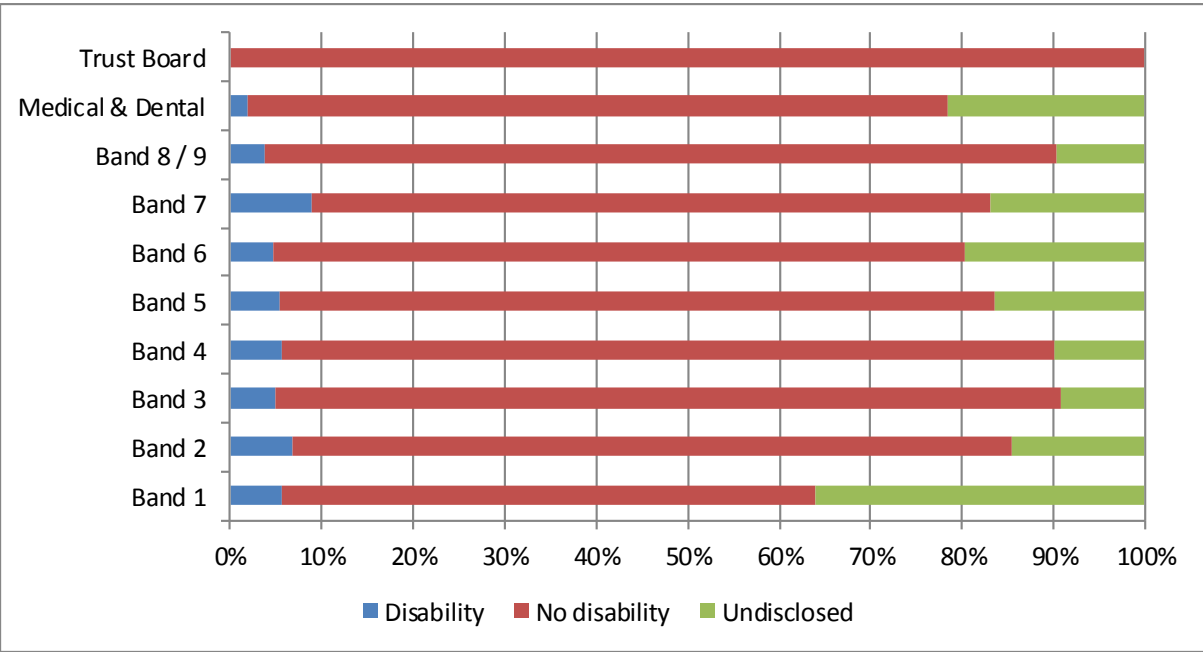
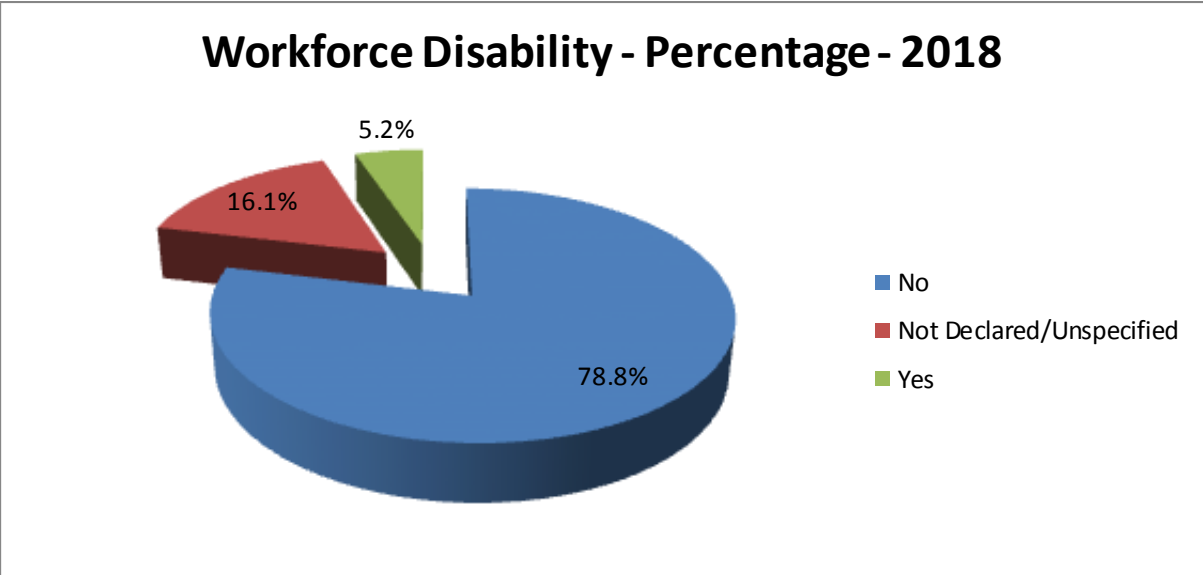
Age Band	Headcount	%
<25 Years	54	5.26%
26-30	82	7.98%
31-35	110	10.71%
36-40	114	11.10%
41-45	128	12.46%
46-50	126	12.27%
51-55	172	16.75%
56-60	137	13.33%
61-65	82	7.98%
66+ Years	22	2.14%

Workforce Age - Percentage (Headcount) - 2018



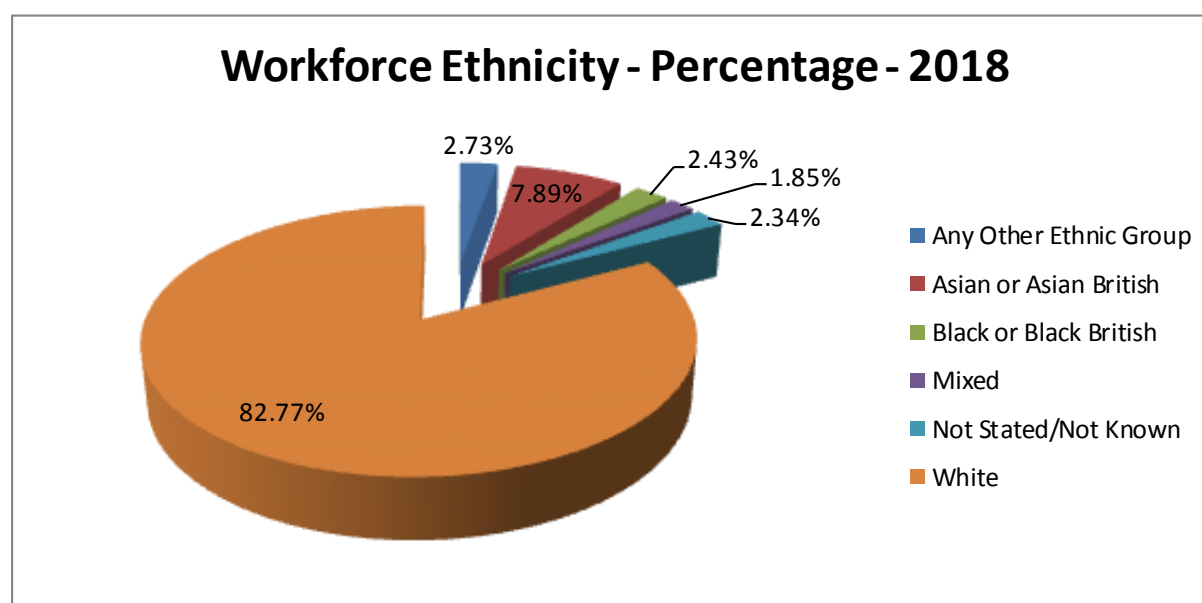
2 Workforce disability profile

Disability	Headcount	%
No	809	78.8%
Not Declared/Unspecified	165	16.1%
Yes	53	5.2%
Grand Total	1,027	100%



3 Workforce ethnicity profile

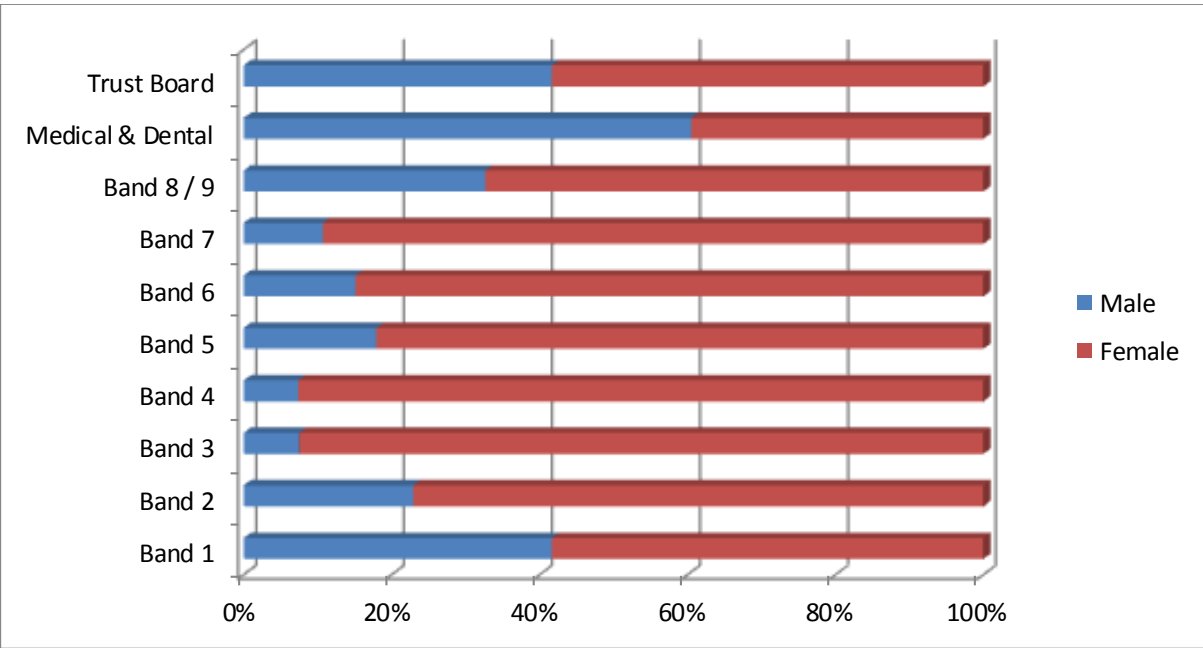
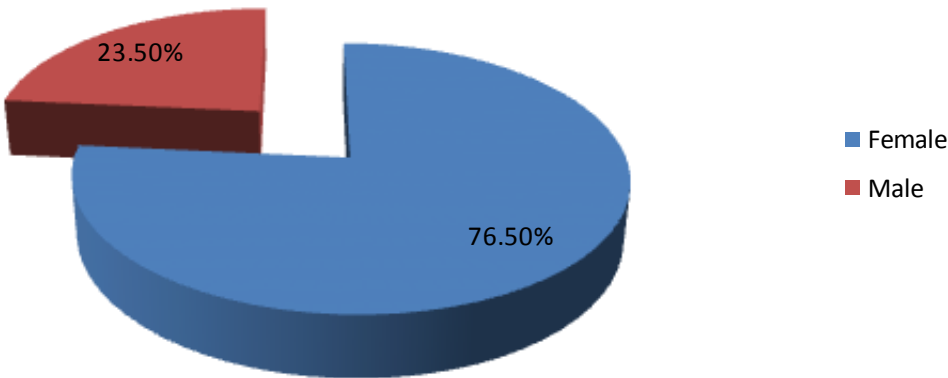
Row Labels	Headcount	%
Any Other Ethnic Group	28	2.73%
Asian or Asian British	81	7.89%
Black or Black British	25	2.43%
Mixed	19	1.85%
Not Stated/Not Known	24	2.34%
White	850	82.77%
Grand Total	1027	100%



4 Workforce gender profile

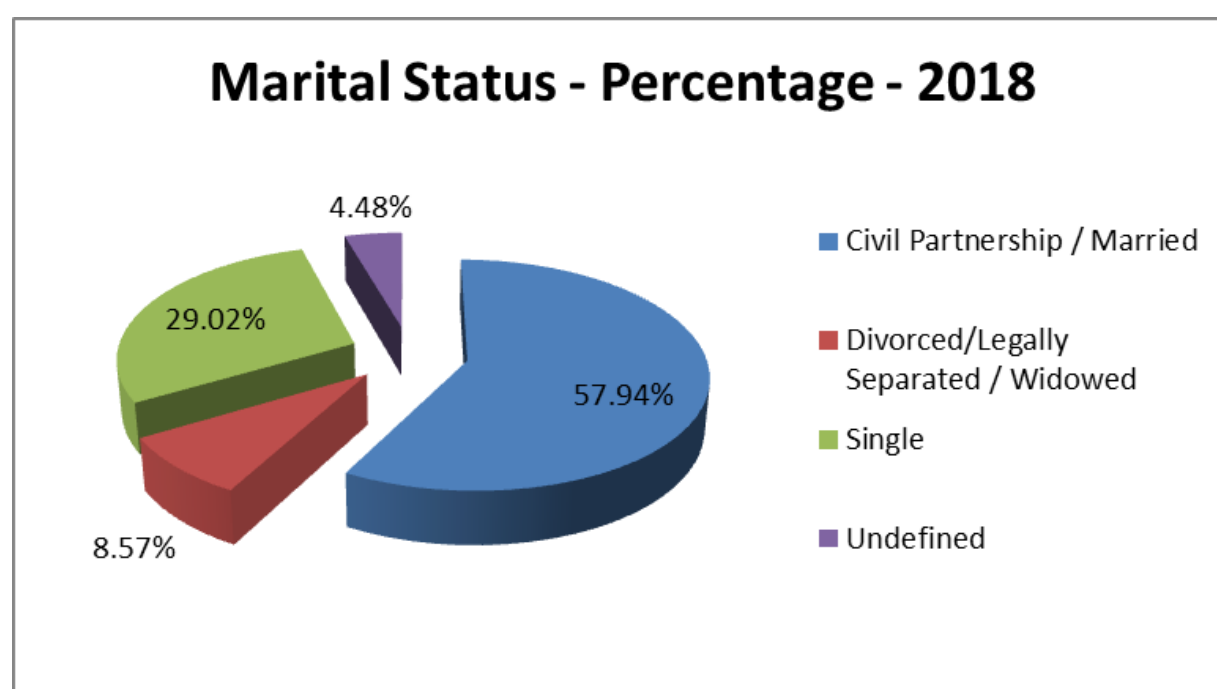
Gender	Headcount	%
Female	786	76.5%
Male	241	23.5%
Grand Total	1,027	100%

Workforce Gender - Percentage - 2018



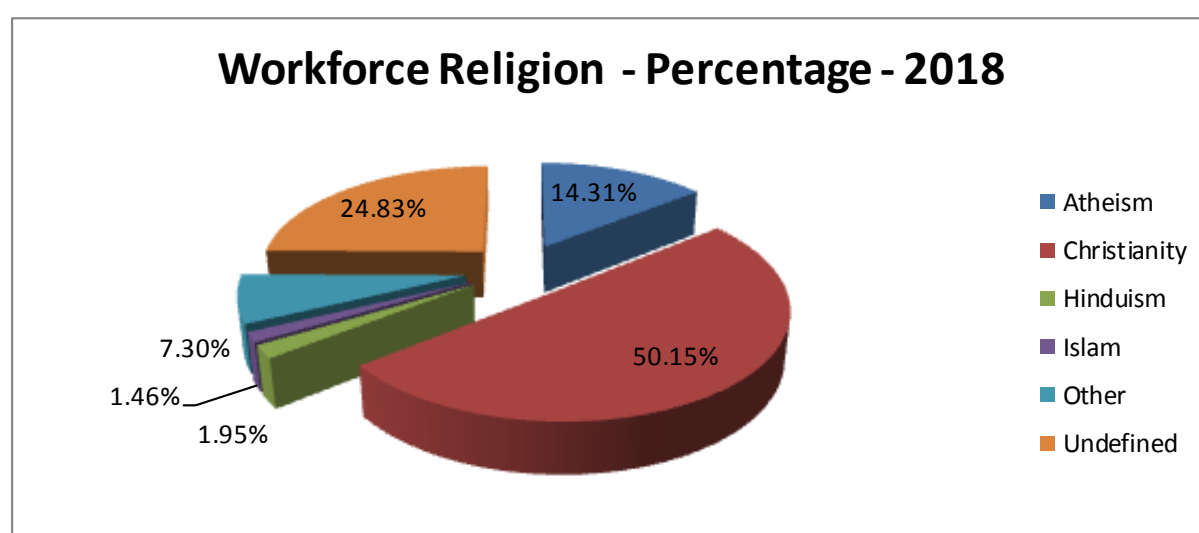
5 Workforce marital status profile

Row Labels	Headcount	%
Civil Partnership / Married	595	57.94%
Divorced/Legally Separated / Widowed	88	8.57%
Single	298	29.02%
Undefined	46	4.48%
Grand Total	1027	100%



6 Workforce religion / belief profile

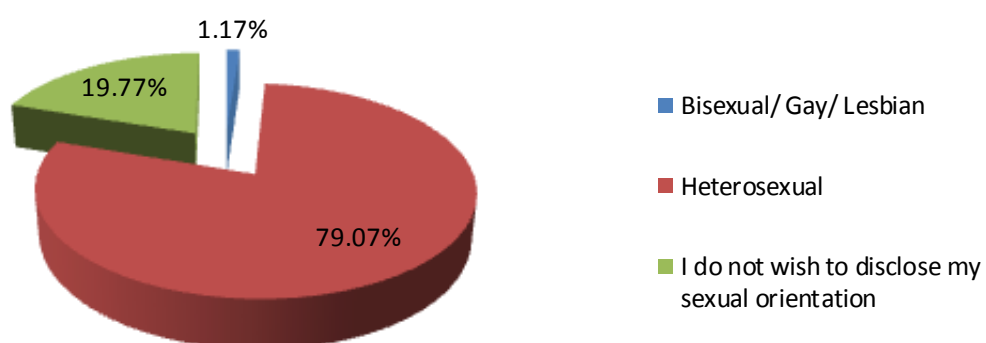
Row Labels	Headcount	%
Atheism	147	14.31%
Christianity	515	50.15%
Hinduism	20	1.95%
Islam	15	1.46%
Other	75	7.30%
Undefined	255	24.83%
Grand Total	1,027	100%



7 Workforce sexual orientation profile

Row Labels	Headcount	%
Bisexual/ Gay/ Lesbian	12	1.17%
Heterosexual	812	79.07%
I do not wish to disclose my sexual orientation	203	19.77%
Grand Total	1027	100.00%

Sexual Orientation - Percentage - 2018

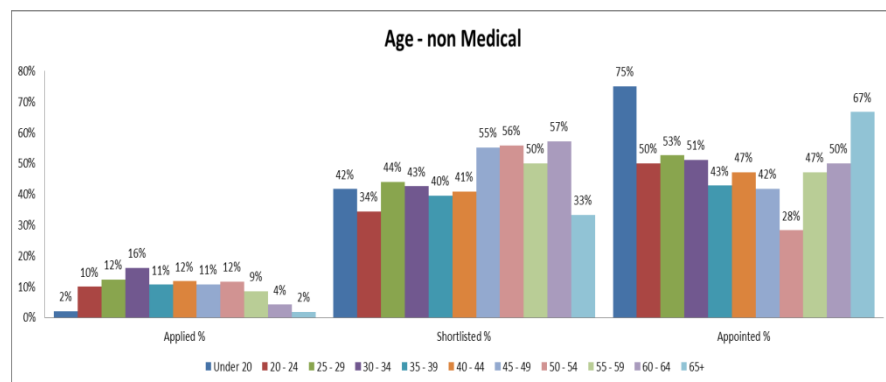


Appendix 3 | Recruitment candidates

1 Recruitment age profile

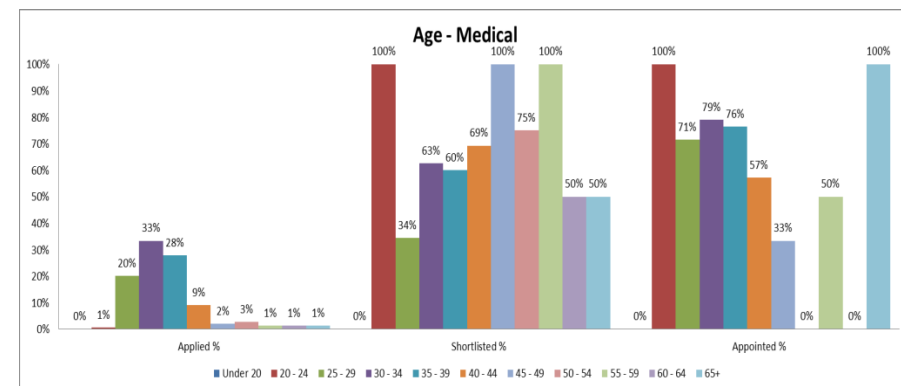
Non-medical

	Non-medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Under 20	24	10	8	6	2.06	41.67	80	75
20 - 24	116	40	20	10	9.97	34.48	50	50
25 - 29	143	63	38	20	12.3	44.06	60.32	52.63
30 - 34	188	80	43	22	16.17	42.55	53.75	51.16
35 - 39	124	49	28	12	10.66	39.52	57.14	42.86
40 - 44	137	56	36	17	11.78	40.88	64.29	47.22
45 - 49	125	69	43	18	10.75	55.2	62.32	41.86
50 - 54	136	76	53	15	11.69	55.88	69.74	28.3
55 - 59	100	50	36	17	8.6	50	72	47.22
60 - 64	49	28	20	10	4.21	57.14	71.43	50
65+	21	7	3	2	1.81	33.33	42.86	66.67
Not stated	0	0	0	0	0	0	0	0
	1163	528	328	149	100	45.4	62.12	45.43



Medical

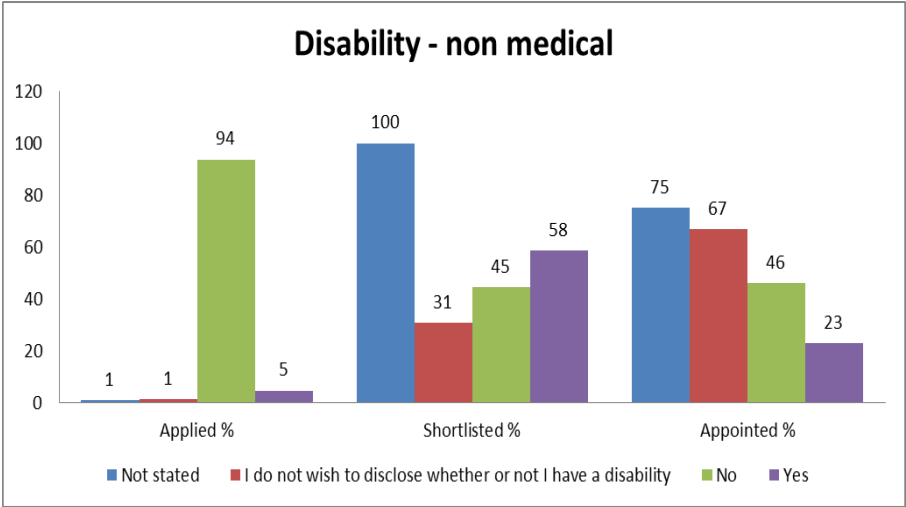
	Medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Under 20	0	0	0	0	0	0	0	0
20 - 24	1	1	1	1	0.69	100	100	100
25 - 29	29	10	7	5	20.14	34.48	70	71.43
30 - 34	48	30	19	15	33.33	62.5	63.33	78.95
35 - 39	40	24	17	13	27.78	60	70.83	76.47
40 - 44	13	9	7	4	9.03	69.23	77.78	57.14
45 - 49	3	3	3	1	2.08	100	100	33.33
50 - 54	4	3	3	0	2.78	75	100	0
55 - 59	2	2	2	1	1.39	100	100	50
60 - 64	2	1	1	0	1.39	50	100	0
65+	2	1	1	1	1.39	50	100	100
Not stated	0	0	0	0	0	0	0	0
	144	84	61	41	100	58.33	72.62	67.21



2 Recruitment disability profile

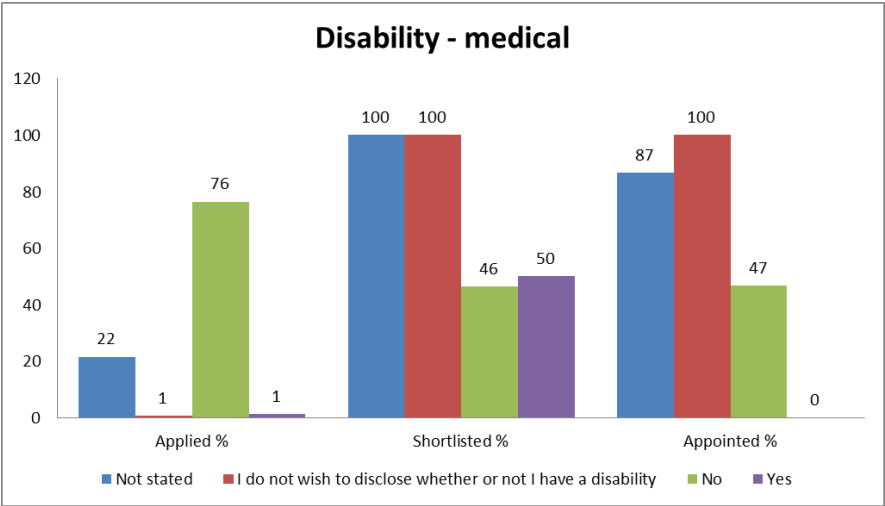
Non-medical

Non-medical								
Answer	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	8	8	8	6	0.69	100	100	75
I do not wish to disclose whether or not I have a disability	13	4	3	2	1.12	30.77	75	66.67
No	1089	485	295	136	93.64	44.54	60.82	46.1
Yes	53	31	22	5	4.56	58.49	70.97	22.73
	1163	528	328	149	100	45.4	62.12	45.43



Medical

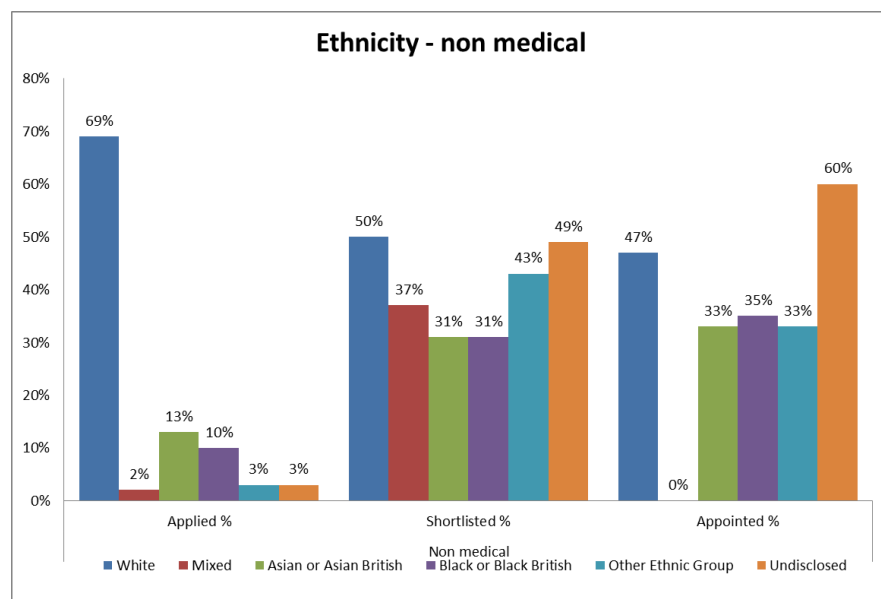
Medical								
Answer	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	31	31	30	26	21.53	100	96.77	86.67
I do not wish to disclose whether or not I have a disability	1	1	1	1	0.69	100	100	100
No	110	51	30	14	76.39	46.36	58.82	46.67
Yes	2	1	0	0	1.39	50	0	0
	144	84	61	41	100	58.33	72.62	67.21



3 Recruitment ethnicity profile

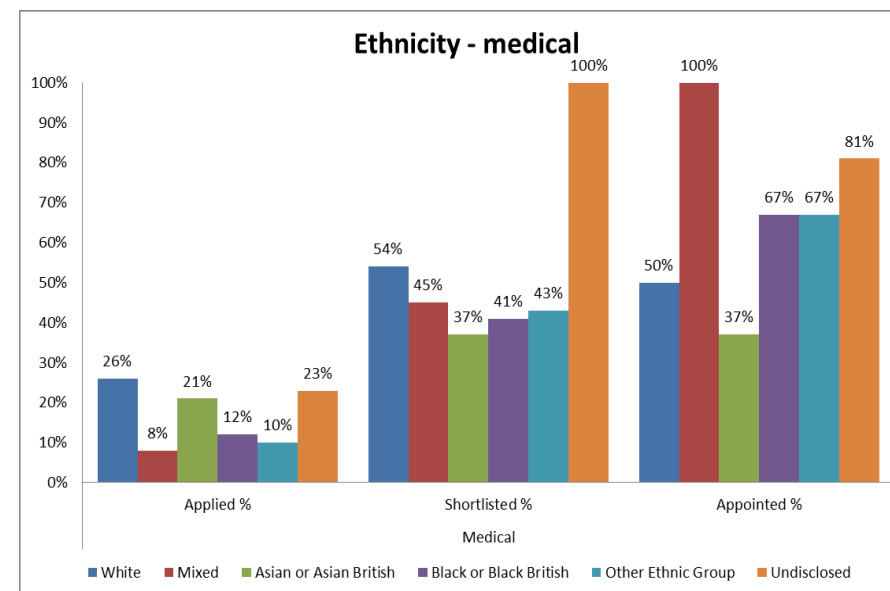
Non-medical

	Non-Medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
White	810	407	259	123	69.65	50.25%	63.64%	47.49%
Mixed	27	10	4	0	2.33	37.04%	40.00%	0.00%
Asian or Asian British	146	45	24	8	12.56	30.82%	53.33%	33.33%
Black or Black British	111	34	17	6	9.54	30.63%	50.00%	35.29%
Other Ethnic Group	30	13	9	3	2.56	43.33%	69.23%	33.33%
Undisclosed	39	19	15	9	3.36	48.72%	78.95%	60.00%
Total	1163	528	328	149	100	45.40%	62.12%	45.43%



Medical

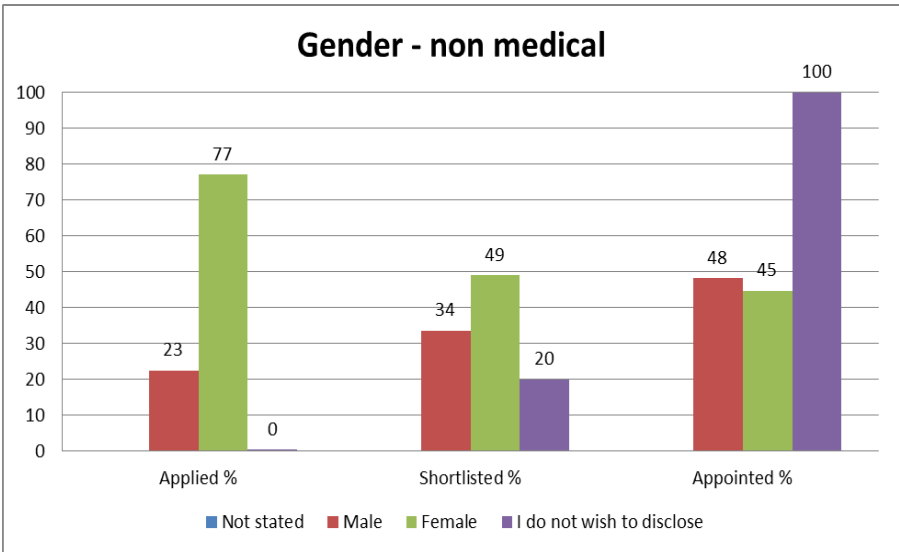
	Medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
White	37	20	14	7	25.7	54.05%	70.00%	50.00%
Mixed	11	5	1	1	7.64	45.45%	20.00%	100.00%
Asian or Asian British	30	11	8	3	20.83	36.67%	72.73%	37.50%
Black or Black British	17	7	3	2	11.8	41.18%	42.86%	66.67%
Other Ethnic Group	14	6	3	2	9.72	42.86%	50.00%	66.67%
Undisclosed	35	35	32	26	24.31	100.00%	91.43%	81.25%
Total	144	84	61	41	100	58.33%	72.62%	67.21%



4 Recruitment gender profile

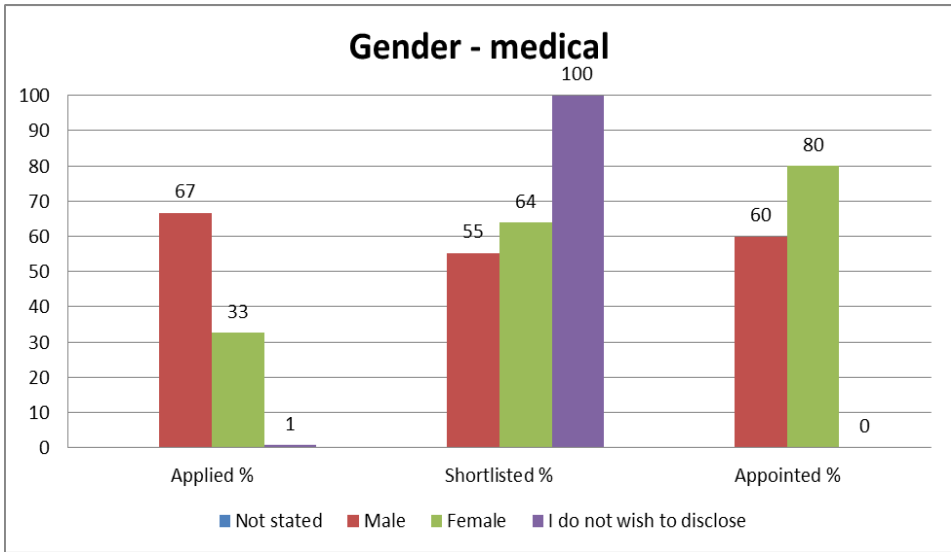
Non-medical

Categorisation	Non-medical							
	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	0	0	0	0	0	0	0	0
Male	262	88	54	26	22.53	33.59	61.36	48.15
Female	896	439	273	122	77.04	49	62.19	44.69
I do not wish to disclose	5	1	1	1	0.43	20	100	100



Medical

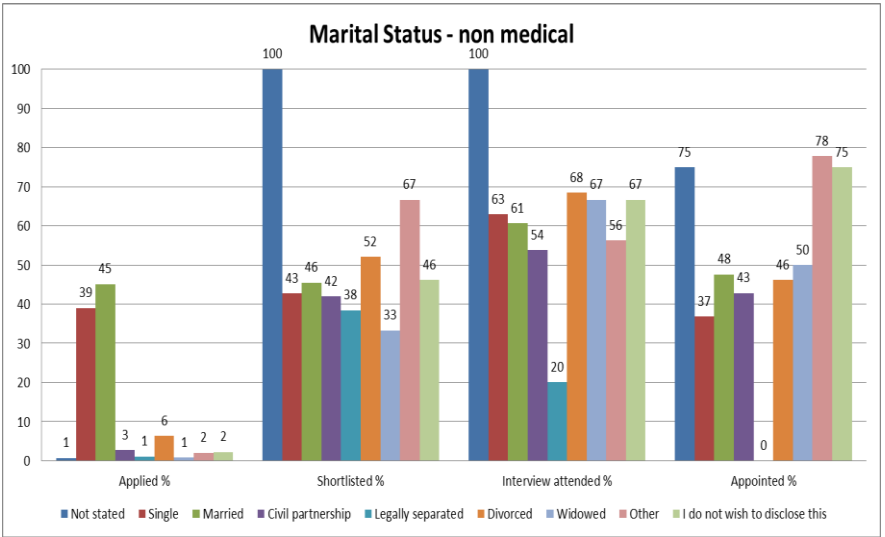
Categorisation	Medical							
	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	0	0	0	0	0	0	0	0
Male	96	53	35	21	66.67	55.21	66.04	60
Female	47	30	25	20	32.64	63.83	83.33	80
I do not wish to disclose	1	1	1	0	0.69	100	100	0



5 Recruitment marital status profile

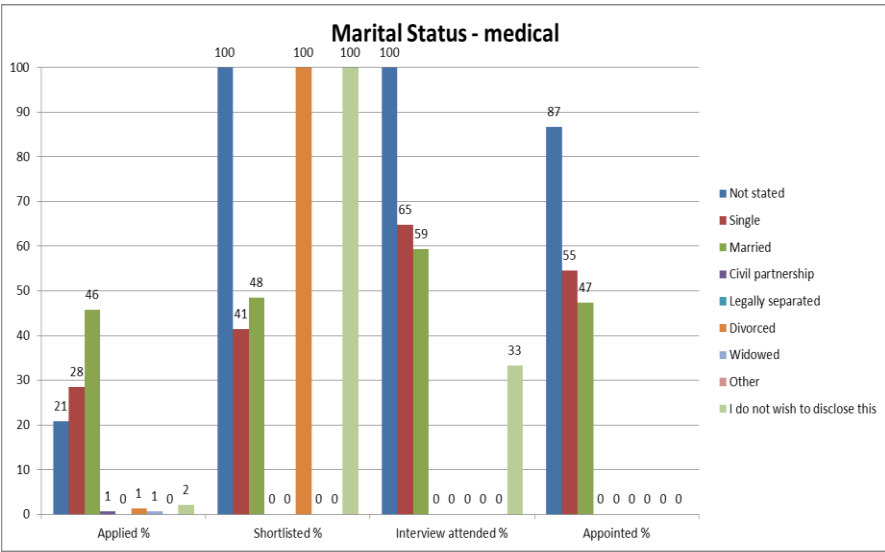
Non-medical

Categorisation	Non-medical							
	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	8	8	8	6	0.69	100	100	75
Single	454	194	122	45	39.04	42.73	62.89	36.89
Married	525	239	145	69	45.14	45.52	60.67	47.59
Civil partnership	31	13	7	3	2.67	41.94	53.85	42.86
Legally separated	13	5	1	0	1.12	38.46	20	0
Divorced	73	38	26	12	6.28	52.05	68.42	46.15
Widowed	9	3	2	1	0.77	33.33	66.67	50
Other	24	16	9	7	2.06	66.67	56.25	77.78
I do not wish to disclose this	26	12	8	6	2.24	46.15	66.67	75
	1163	528	328	149	100	45.4	62.12	45.43



Medical

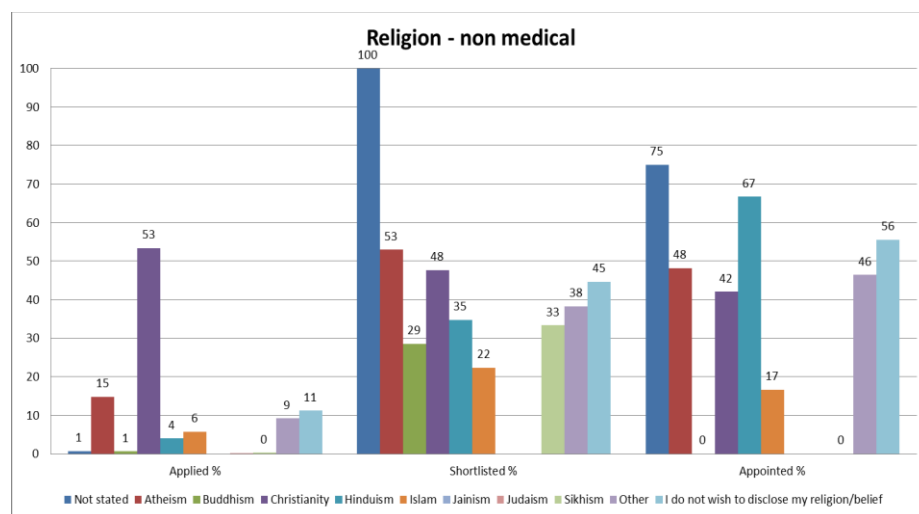
Categorisation	Medical							
	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	30	30	30	26	20.83	100	100	86.67
Single	41	17	11	6	28.47	41.46	64.71	54.55
Married	66	32	19	9	45.83	48.48	59.38	47.37
Civil partnership	1	0	0	0	0.69	0	0	0
Legally separated	0	0	0	0	0	0	0	0
Divorced	2	2	0	0	1.39	100	0	0
Widowed	1	0	0	0	0.69	0	0	0
Other	0	0	0	0	0	0	0	0
I do not wish to disclose this	3	3	1	0	2.08	100	33.33	0
	144	84	61	41	100	58.33	72.62	67.21



6 Recruitment religion / belief profile

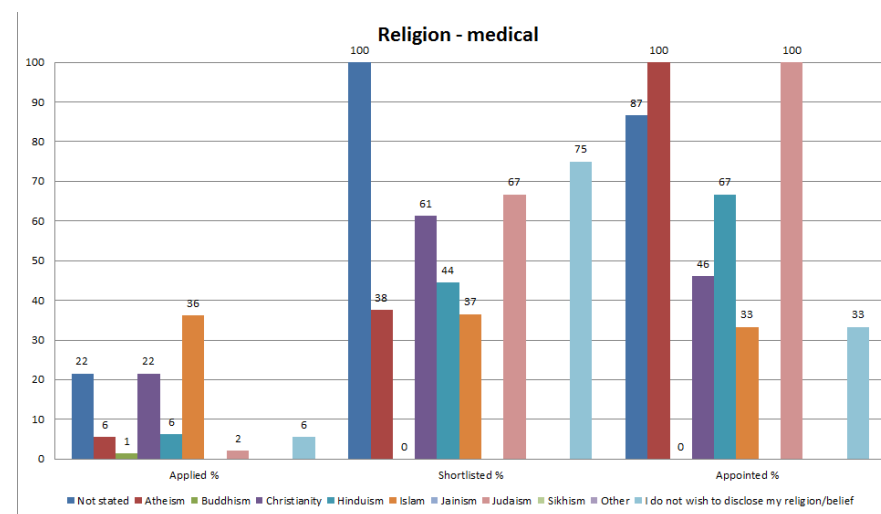
Non-medical

Categorisation	Non-medical							
	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	8	8	8	6	0.69	100	100	75
Atheism	172	91	54	26	14.79	52.91	59.34	48.15
Buddhism	7	2	1	0	0.6	28.57	50	0
Christianity	621	296	188	79	53.4	47.67	63.51	42.02
Hinduism	46	16	6	4	3.96	34.78	37.5	66.67
Islam	67	15	6	1	5.76	22.39	40	16.67
Jainism	0	0	0	0	0	0	0	0
Judaism	2	0	0	0	0.17	0	0	0
Sikhism	3	1	1	0	0.26	33.33	100	0
Other	107	41	28	13	9.2	38.32	68.29	46.43
I do not wish to disclose my religion/belief	130	58	36	20	11.18	44.62	62.07	55.56
	1163	528	328	149	100	45.4	62.12	45.43



Medical

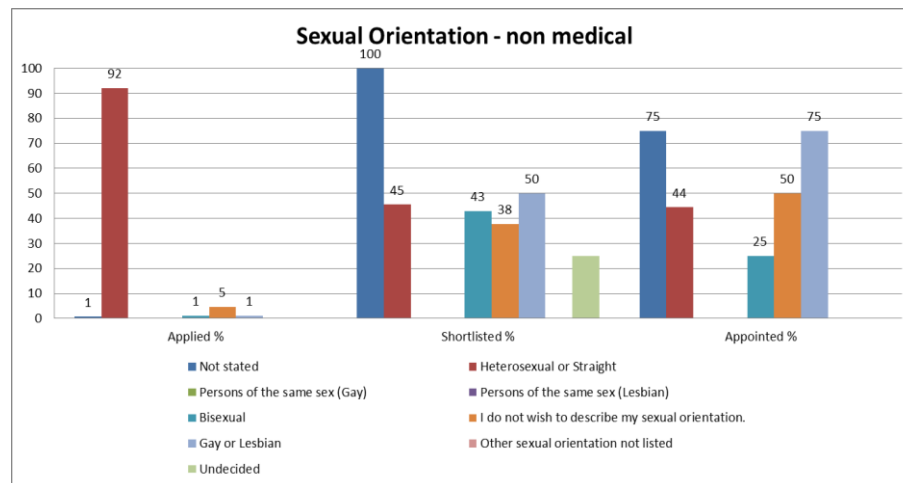
Categorisation	Medical							
	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	31	31	30	26	21.53	100	96.77	86.67
Atheism	8	3	2	2	5.56	37.5	66.67	100
Buddhism	2	0	0	0	1.39	0	0	0
Christianity	31	19	13	6	21.53	61.29	68.42	46.15
Hinduism	9	4	3	2	6.25	44.44	75	66.67
Islam	52	19	9	3	36.11	36.54	47.37	33.33
Jainism	0	0	0	0	0	0	0	0
Judaism	3	2	1	1	2.08	66.67	50	100
Sikhism	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
I do not wish to disclose my religion/belief	8	6	3	1	5.56	75	50	33.33
	144	84	61	41	100	58.33	72.62	67.21



7 Recruitment sexual orientation profile

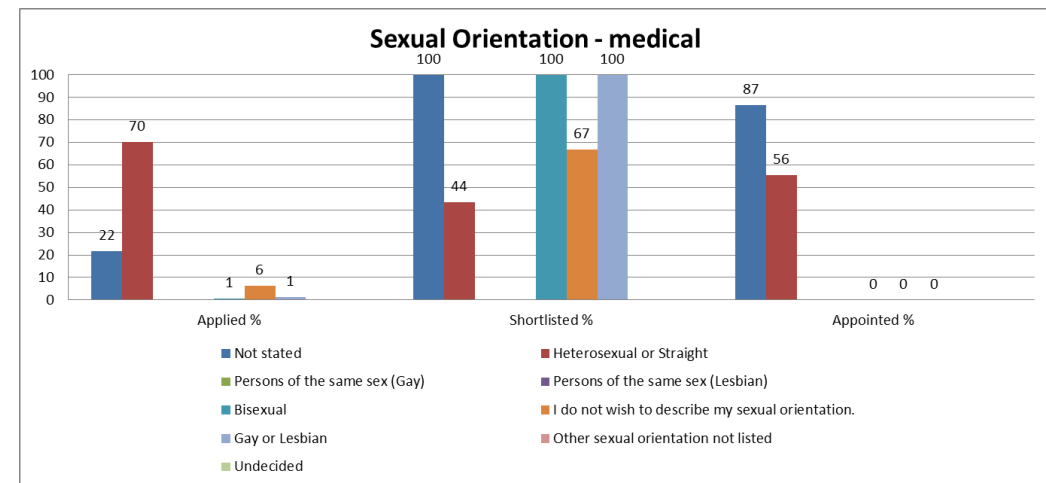
Non-medical

Non-medical								
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	8	8	8	6	0.69	100	100	75
Heterosexual or Straight	1071	487	297	132	92.09	45.47	60.99	44.44
Persons of the same sex (Gay)	0	0	0	0	0	0	0	0
Persons of the same sex (Lesbian)	0	0	0	0	0	0	0	0
Bisexual	14	6	4	1	1.2	42.86	66.67	25
I do not wish to describe my sexual orientation.	53	20	14	7	4.56	37.74	70	50
Gay or Lesbian	12	6	4	3	1.03	50	66.67	75
Other sexual orientation not listed	1	0	0	0	0.09	0	0	0
Undecided	4	1	1	0	0.34	25	100	0
	1163	528	328	149	100	45.4	62.12	45.43



Medical

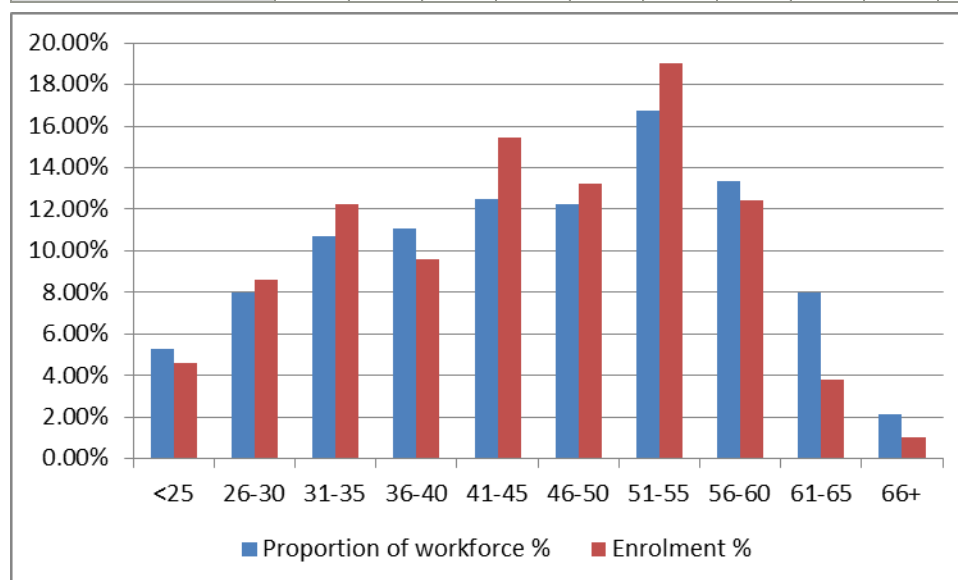
Medical								
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	31	31	30	26	21.53	100	96.77	86.67
Heterosexual or Straight	101	44	27	15	70.14	43.56	61.36	55.56
Persons of the same sex (Gay)	0	0	0	0	0	0	0	0
Persons of the same sex (Lesbian)	0	0	0	0	0	0	0	0
Bisexual	1	1	0	0	0.69	100	0	0
I do not wish to describe my sexual orientation.	9	6	4	0	6.25	66.67	66.67	0
Gay or Lesbian	2	2	0	0	1.39	100	0	0
Other sexual orientation not listed	0	0	0	0	0	0	0	0
Undecided	0	0	0	0	0	0	0	0
	144	84	61	41	100	58.33	72.62	67.21



Appendix 4 | Learning & development

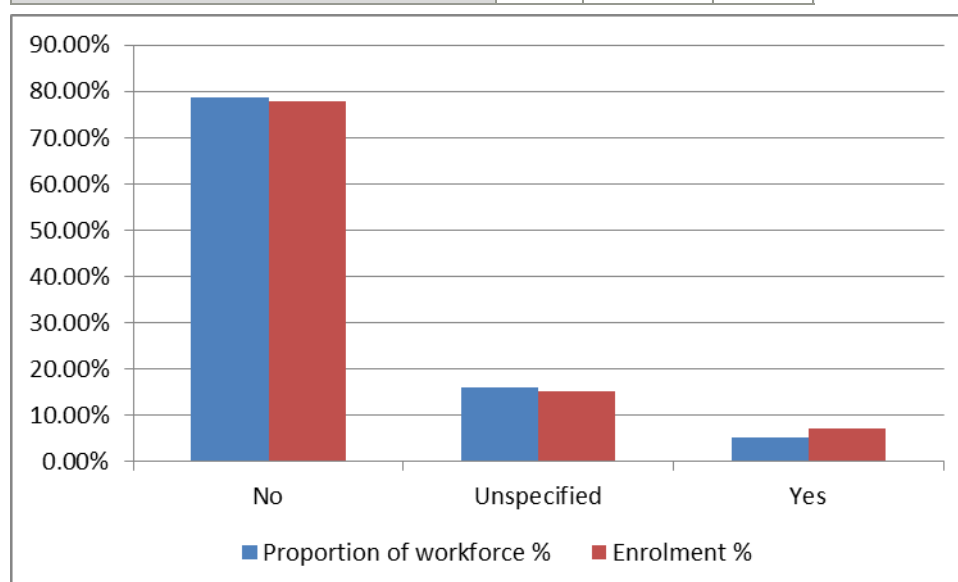
1 Enrolment age profile

Age	<25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+
Proportion of workforce %	5.26%	7.98%	10.71%	11.10%	12.46%	12.27%	16.75%	13.33%	7.98%	2.14%
Enrolment %	4.61%	8.62%	12.22%	9.62%	15.43%	13.23%	19.04%	12.42%	3.81%	1.00%



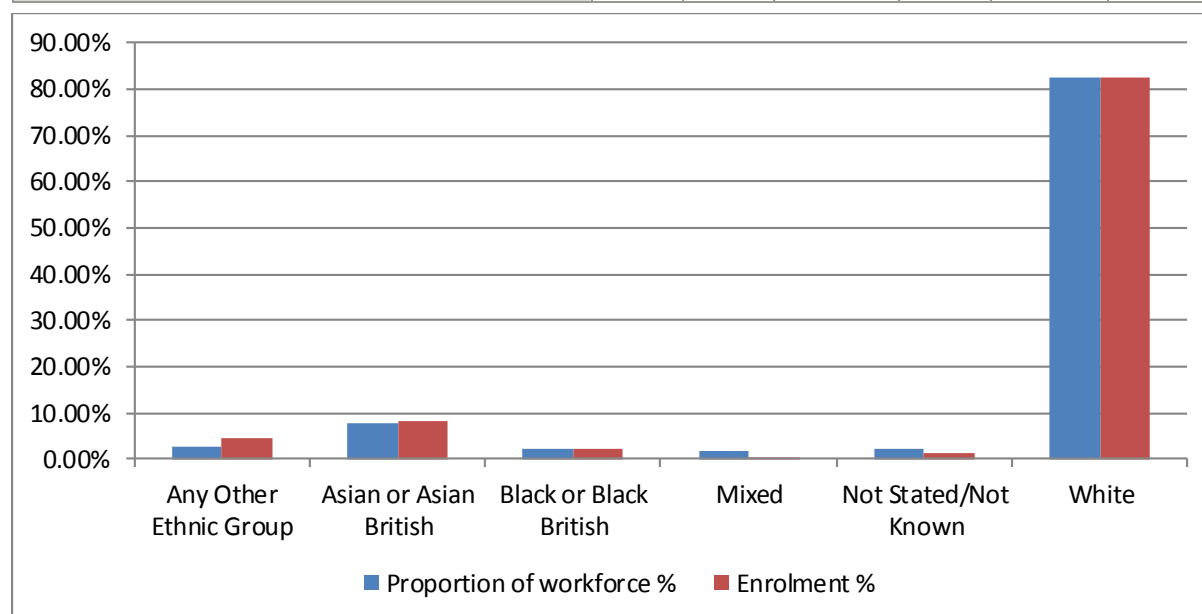
2 Enrolment disability profile

Course	No	Unspecified	Yes
Proportion of workforce %	78.77%	16.10%	5.20%
Enrolment %	77.76%	15.23%	7.01%



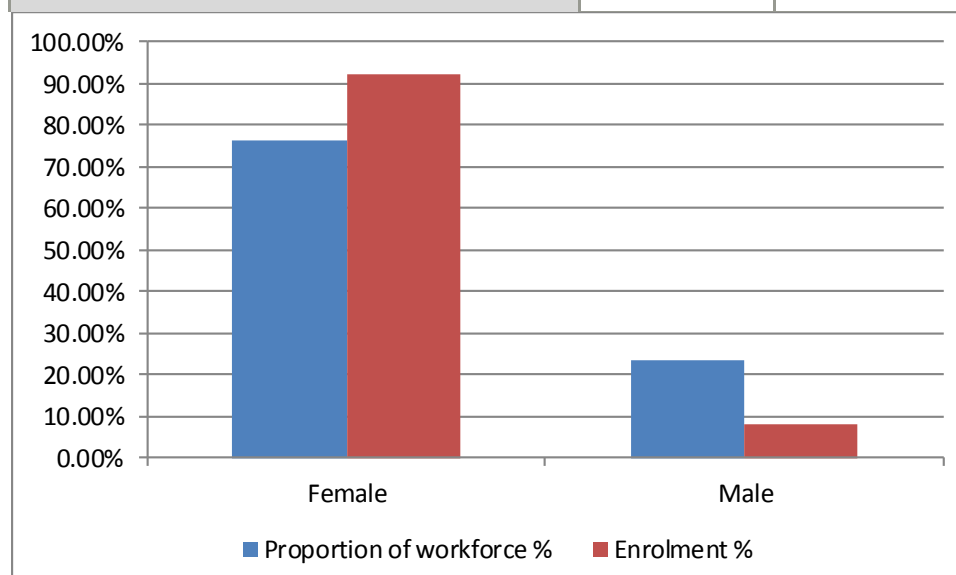
3 Enrolment ethnicity profile

Course	Any Other Ethnic Group	Asian or Asian British	Black or Black British	Mixed	Not Stated/Not Known	White
Proportion of workforce %	2.73%	7.89%	2.43%	0.0185	2.34%	82.77%
Enrolment %	4.81%	8.42%	2.40%	0.60%	1.40%	82.36%



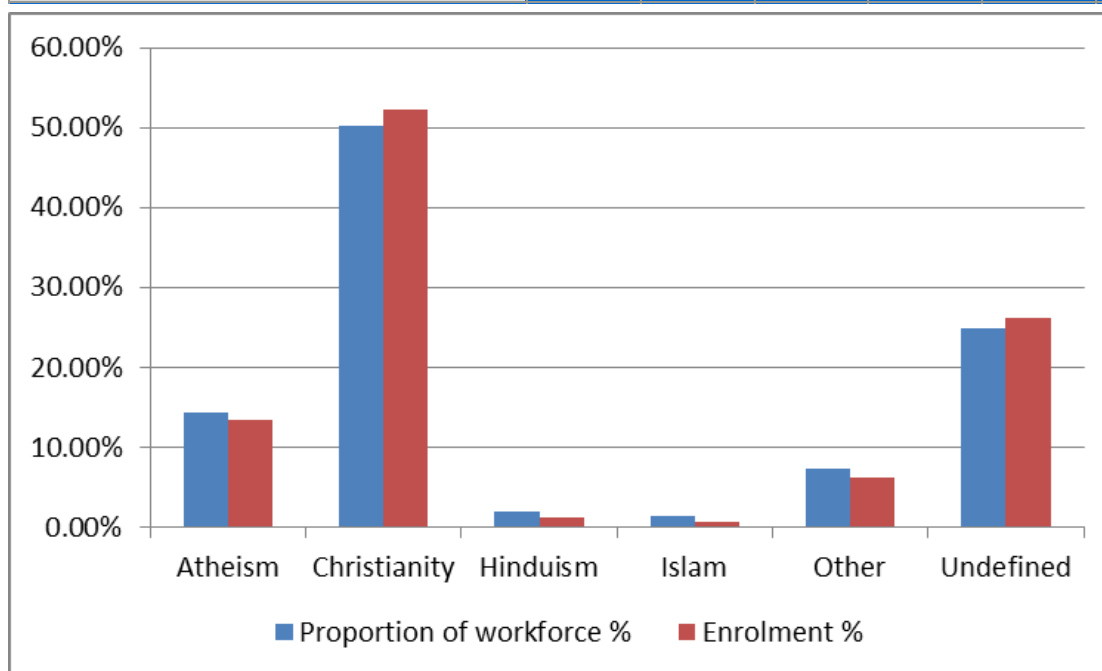
4 Enrolment gender profile

Course	Female	Male
Proportion of workforce %	76.50%	23.50%
Enrolment %	92.18%	7.82%



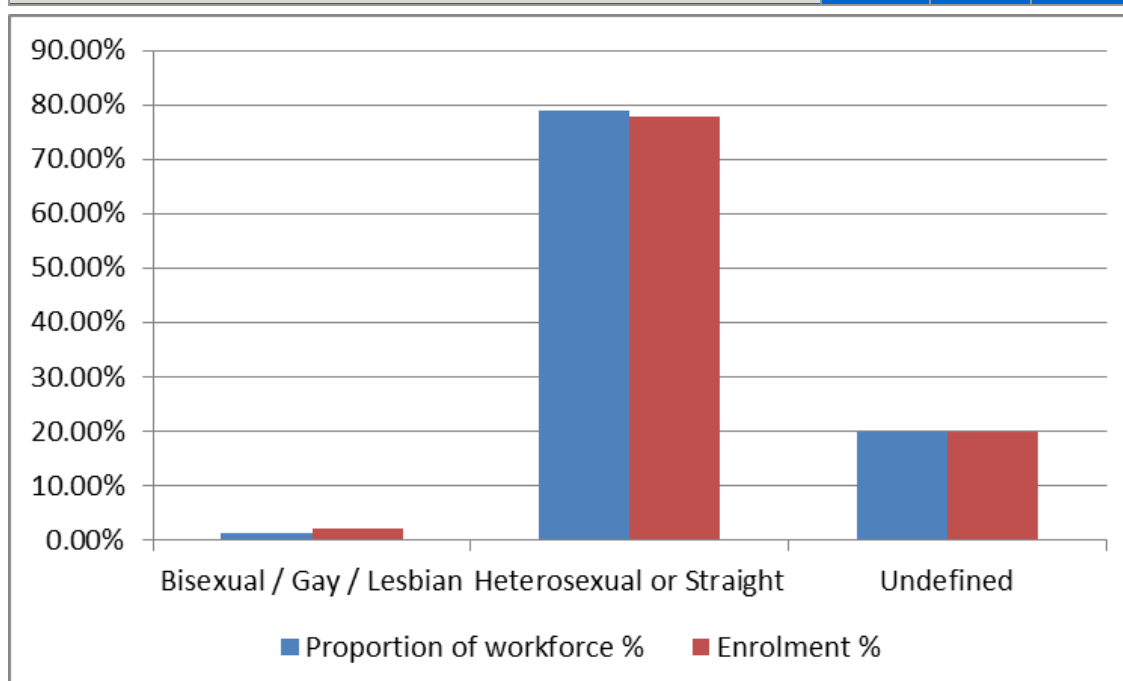
5 Enrolment religion / belief profile

Course	Atheism	Christianity	Hinduism	Islam	Other	Undefined
Proportion of workforce %	14.31%	50.15%	1.95%	1.46%	7.30%	24.83%
Enrolment %	13.43%	52.30%	1.20%	0.60%	6.21%	26.25%



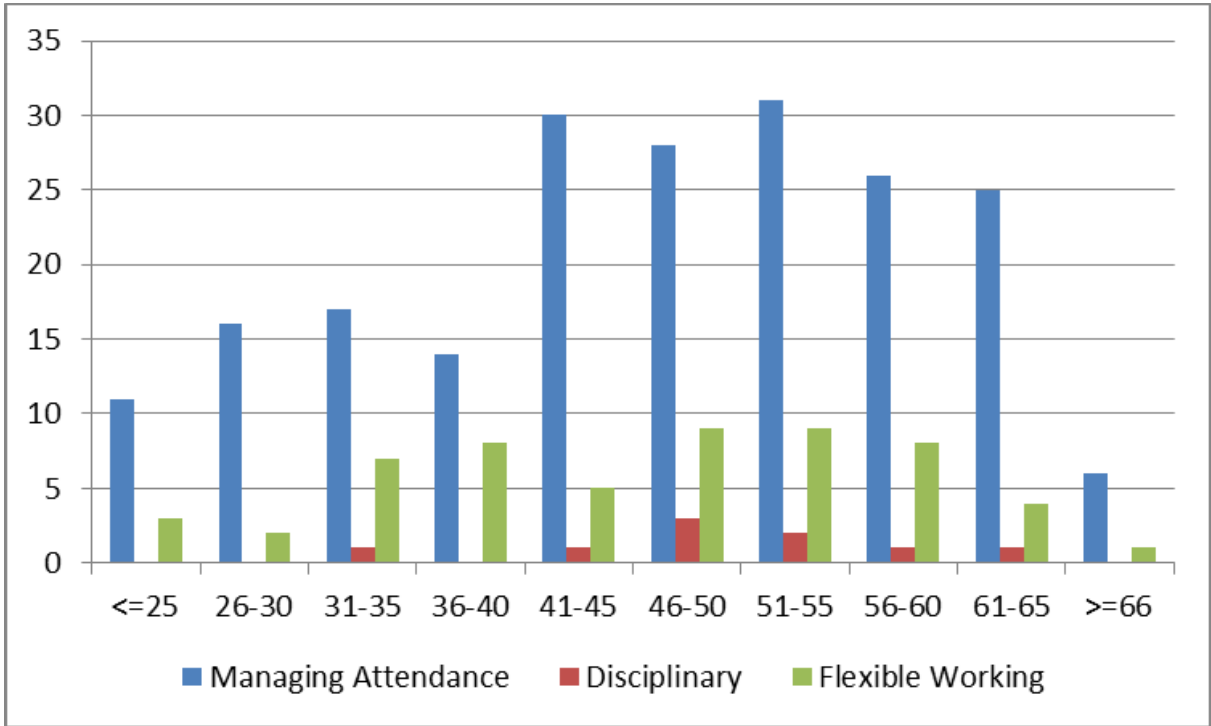
6 Enrolment sexual orientation profile

Course	Bisexual / Gay / Lesbian	Heterosexual or Straight	Undefined
Proportion of workforce %	1.17	79.07	19.77
Enrolment %	2.20%	77.96%	19.84%

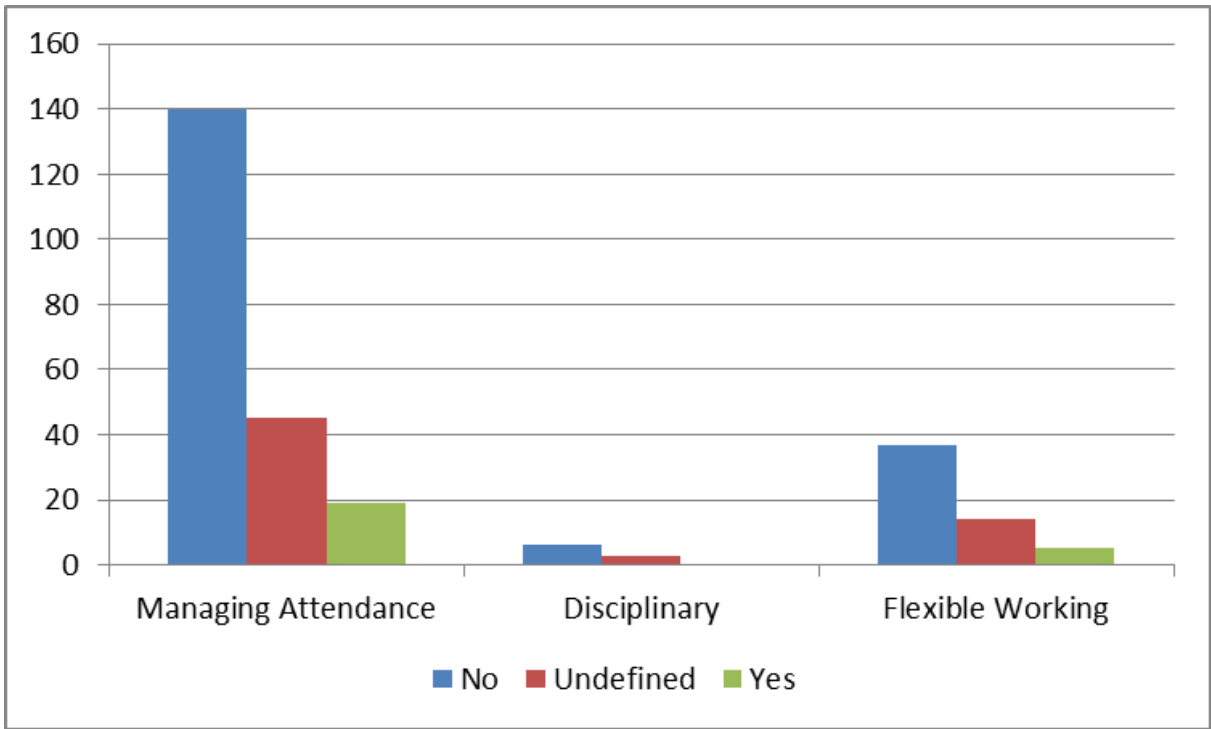


Appendix 5 | Employee Relations

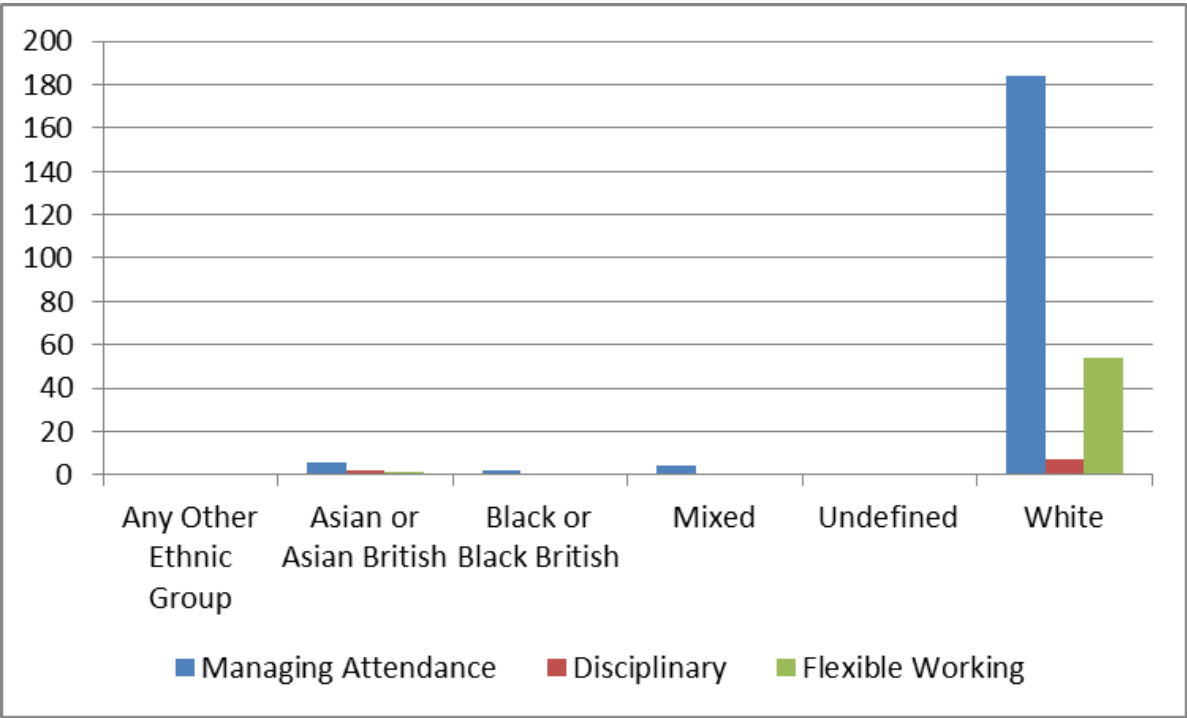
1 Employee Relations age profile



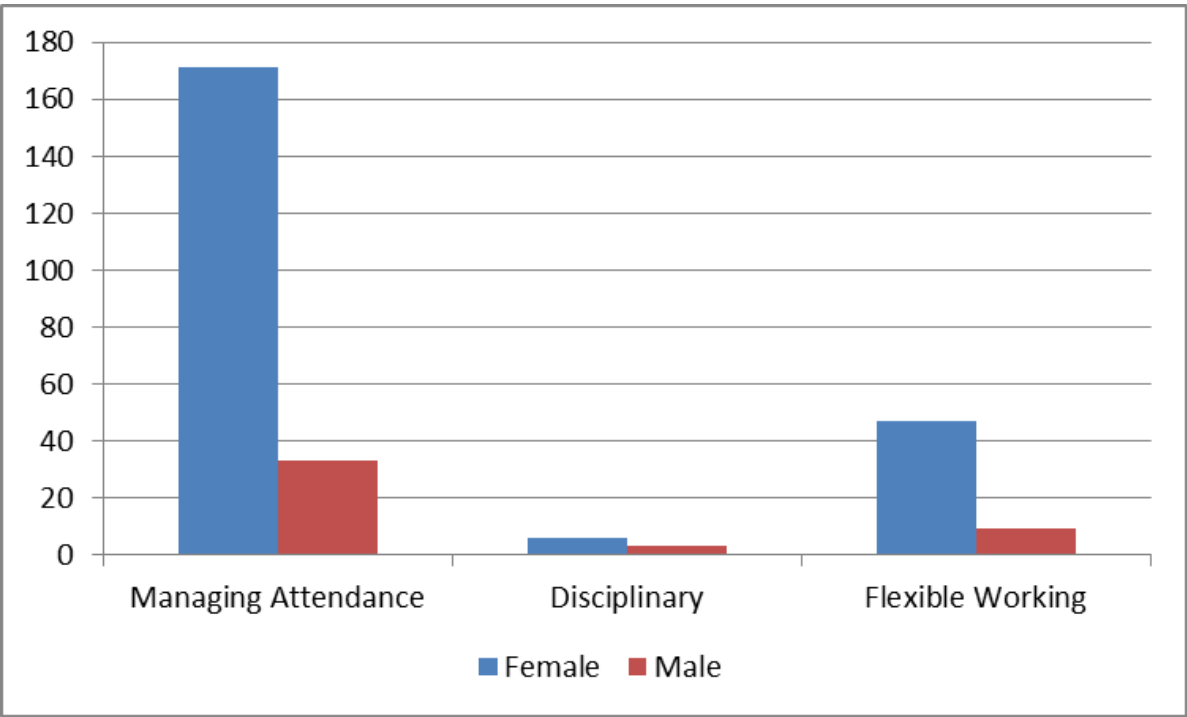
2 Employee Relations disability profile



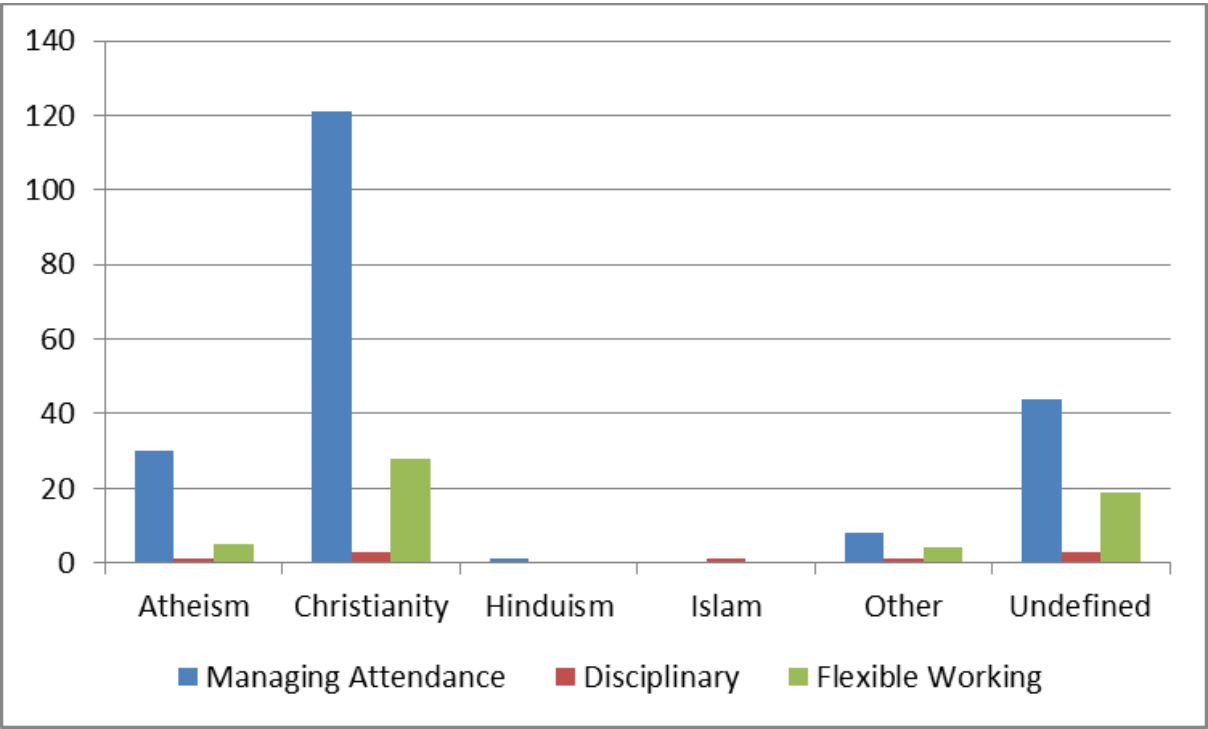
3 Employee Relations ethnicity profile



4 Employee Relations gender profile



5 Employee Relations religious beliefs profile



6 Employee Relations sexual orientation profile

