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Annual Equality Report 2020-2021

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# Introduction

University Hospitals Sussex NHS Foundation Trust recognises that its workforce and patients are core to achieving its business and social responsibilities. This report aims to help demonstrate progress in delivering the best possible inclusive healthcare services. The report will help show that the Trust has a valued, reflective workforce that is meeting the communities' needs.

As one of the largest employers in the local health economy and a significant public sector service provider, the Trust is duty bound by legislation to ensure everyone receives a fair and equitable service, promoting a culture of active inclusion. The Equality Act 2010 specifically states that people should not be treated unfavourably because of:

* their age
* any disabilities they may have
* their ethnic background or race
* their gender (sex is the characteristic listed in the act)
* their gender identity (gender reassignment is the characteristic listed in the act)
* their marital status
* if they are pregnant or recently had a baby
* any religion or beliefs they may have
* their sexual orientation

These nine attributes are known as protected characteristics.

The contents of this report will help to demonstrate how compliant the Trust is with several national, legislative, NHS specific and regulatory drivers that include:

* Equality Objectives – a requirement set by the Equality Act 2010, Public Sector Equality Duty
* Care Quality Commission – The Fundamental Standards (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014)
* Equality Act 2010 – including the Public Sector Equality Duties
* Equality and Human Rights Commission – Codes of Practice
* Human Rights Act 1998
* NHS Constitution
* The Trust's Patient First Programme – This is a programme to deliver improvements for both patients and staff

The NHS Interim People Plan and the NHS People Plan also sets out the commitment to Equality, Diversity and Inclusion, stating that: "It is not enough for the NHS merely to continue to champion the idea of inclusion and diversity. We must recognise our shortcomings in this area and listen to the experience of those who face exclusion and marginalisation to understand how to advance equality and diversity better. We need to develop leaders who have the knowledge, skills and behaviours to create and sustain cultures of compassion and inclusion…."

The reporting period for this document is 1st April 2020 to 31st March 2021; during this time, Brighton and Sussex University Hospitals NHS Trust (BSUH) was under a shared management contract with Western Sussex Hospitals NHS Foundation Trust (WSHT). Subsequently, on the 1st April 2021, both Trusts merged to form University Hospitals Sussex NHS Foundation Trust. This report is the last that will look at BSUH and WSHT as separate entities.

BSUH is an acute hospital-based across two main sites: the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath. The Brighton campus includes the Royal Alexandra Children's Hospital and the Sussex Eye Hospital. The Haywards Heath campus includes Hurstwood Park Regional Centre for Neurosciences and the Sussex Orthopaedic Centre. The Trust also provides services in Brighton General Hospital, Lewes Victoria Hospital, Bexhill Renal Satellite Unit, Hove Polyclinic, Park Centre Breast Care, Goodwood Court Medical Centre and Worthing Hospital.

WSHT has three main sites. 24-hour emergency care, acute medical care, maternity and children services operate from St. Richard's Hospital in Chichester and Worthing Hospital in the centre of Worthing. Southlands Hospital in Shoreham-by-Sea specialises in day-case procedures and diagnostics, outpatient appointments. It is home to our purpose-built ophthalmology centre for eye patients. The Trust also provides a wide range of satellite services across West Sussex in community settings.

As a public sector organisation, we monitor decisions that could unfairly affect any particular protected characteristic of staff, carers, volunteers, patients and their families.

Towards the end of 2019/20 – the COVID-19 pandemic hit the world and presented all organisations with unprecedented circumstances. As a result, there has been an impact on delivering some of the objectives covered within this reporting period. The effect of the pandemic and restoration of services is still being felt in health and social care.

# Who benefits from this report?

**Those who use or have an interest in our services**

Collecting and analysing data allows the Trust to see if it is meeting both corporate and equality objectives. The data helps demonstrate if services delivered are safe, effective and of high quality. The data can also highlight areas where the Trust needs to improve and open the door to inclusive and collaborative engagement with relevant stakeholders.

This report can be helpful to those who use our services, local charities and commissioners to review any barriers to access or outcomes. Publishing this report is essential to demonstrating transparency, acting as an enabler to communicate how we tackle inequity. It also acts as a lever to improve quality.

**Those who work within the Trust**

Attracting, developing and retaining a diverse and reflective workforce are essential to delivering responsive and inclusive services. Having such a workforce encourages the Trust to develop and deliver services that understand the complex needs of the diverse communities it serves. National research suggests that the degree to which an organisation's workforce represents community demography drives a positive patient experience. (Why Organisational and Community Diversity Matter: Representativeness and the Emergence of Inclusivity and Organisational Performance, King et al., 2011).

# Response to COVID-19/Coronavirus Pandemic

The impact of the global pandemic was visible and felt across the world. Within healthcare in the UK, significant changes were made in how services were delivered and accessed.

To meet the demands from the pandemic, the Trust implemented several changes across the board. Some of the changes made during this period included:

* Improving the risk assessment process for both departments and individuals; enabling effective judgements on the best ways to protect our staff and services. All staff has had an individual risk assessment.
* The introduction of risk assessment advisory panels. The independent panels review complex individual risk assessments and provide advice and solutions to issues.
* Commissioning SignLive British Sign Language services, allowing BSL users to communicate with hospital staff effectively (both in-person and remotely).
* Widespread use of 'virtual clinics' both telephone and video conferencing.
* Widespread working from home practices.
* Promotion and expansion of staff health and wellbeing services.
* Bronze, silver and gold COVID-19 command centres – to make trust wide decisions on issues affecting capacity and flow in services.
* COVID-19 Workforce taskforce – to help address questions and resourcing of departments.

Since the beginning of the pandemic, national guidance changed throughout; the Trust worked hard to ensure that it was compliant and delivering effective services for both patients and staff.



# **Vision statement**

**Equality, Diversity and Inclusion at Brighton and Sussex University Hospitals NHS Trust and Western Sussex Hospitals NHS Foundation Trust**

Our vision is for equality, diversity and inclusion to be a 'golden thread' running through and central to how we work together to provide sustainable, high-quality patient-centred care for all people we serve.

Our vision intends to provide a focus and vision for delivering and developing all our services.

**Our patients and service users:**

1. Have confidence their individual needs and beliefs are taken seriously, and they are treated with dignity and respect.
2. Know their individual life chances and wellbeing are enhanced by the Trust's commitment to equality, diversity and inclusion.
3. Are happy to choose to use and recommend the organisation.

**Our staff:**

1. Feel valued and fairly treated in an organisation that really cares.
2. Knows the Trust as an organisation that people want to come and work for, stay with and thrive. Because of its commitment to equality, diversity and inclusion.
3. Are proud to work in an open and inclusive organisation.

**Our communities:**

1. Assured the Trust engages with the diverse communities based on mutual interest and respect.
2. Confident the Trust is active in tackling inequality, making services accessible, solving problems, delivering solutions and being willing to learn.
3. The Trust is responsive to the challenges faced by people with diverse needs and communicates appropriately.

**Our organisation:**

1. Lives its values consistently across all sites in the organisation.
2. Demonstrates long-term, consistent commitment to equality, diversity and inclusion for the people it serves.
3. Is a positive, innovative and 'can do' place to be.

# What are the Equality Objectives for the Trusts?

The Equality Act 2010 places specific duties on public sector organisations. Part of the specific duties is setting measurable objectives and goals that demonstrate how the organisation meets these needs or takes steps to improve equality.

The objectives and goals are live from 2019 to 2022.

Below is a summary of the objectives:

The following objectives apply to Brighton and Sussex University Hospitals NHS Trust and Western Sussex Hospitals Foundation NHS Trust:

1. Aim to have the workforce’s declared equality monitoring data as a minimum of 90% across the board.
2. Review the disparity of experiences from the NHS Staff Survey. The review is currently under the Human Resources work stream. Work is also being undertaken as part of WRES and WDES with respective action plans to address the highlighted issues.
3. Review recruitment and selection process and training to identify areas of practice and unconscious bias.
4. Engage with patients to encourage greater trust with patient monitoring exercises.

# What is the Trust doing to further the inclusion agenda?

The Trust undertakes a wide range of work, projects and activities to support the inclusion agenda to benefit patients and the workforce. Below is a summary of some of the key highlights during 2020/21.

## Diversity Matters Steering Group (DMSG) and Diversity Matters Group (DMG)

The Deputy Chief Executive/Chief Medical Officer (George Findlay) chairs the BSUH group, the Chief Executive (Dame Marianne Griffiths) chairs the WSHT group. The groups provide a valuable forum to discuss issues that impact equality and inclusion in the Trust for both staff and patients.

DMSG and DMG also provide governance for action plans (such as the NHS equality standards: Workforce Race Equality Standard and Workforce Disability Equality Standard. Gender Pay Gap Reports, and the Stonewall Workplace Equality Index) and relevant policies and guidelines. The steering group reports to the Trust Executive Committee and the Trust Board.

## Gender Pay Gap Reporting

All large employers must publish their pay data and compare differences for men and women. Gender pay gap reporting helps demonstrate if disparities or inequalities exist that need to be addressed on an organisational level.

The reports highlight some disparities in both workforces exist. A working group has been formed to examine the issues and have developed action plans.

To see the 2020 and previous reports, please go to:

[Go to the latest BSUH Gender Pay Gap Report](https://gender-pay-gap.service.gov.uk/Employer/QqOrRsA6)   
[Go to the latest WSHT Gender Pay Gap Report](https://gender-pay-gap.service.gov.uk/Employer/KVkQecZX)

## NHS England Equality Standards

The Trust has participated in the Workforce Race Equality Standard (WRES) since 2015. The WRES looks at several factors that help demonstrate race equality within the Trust processes and services for staff. The core areas that investigated in the standard are:

* Representation in the general workforce
* Recruitment
* Entry into the disciplinary process
* Access to non-mandatory and CPD training
* Experiencing bullying, harassment or abuse
* Provision of equal opportunities and career progression and development
* Representation in the Board

The Trusts use data and information from the NHS Staff Survey, Electronic Staff Records, local employee relations and recruitment databases.

For BSUH reports, please go to [the BSUH equality, diversity and inclusion pages](http://www.bsuh.nhs.uk/about-us/equality-diversity-and-human-rights/edi/)   
For WSHT reports, please go to [the WSHT equality, diversity and inclusion pages](http://www.westernsussexhospitals.nhs.uk/your-trust/about/equality-diversity/)   
  
The Workforce Disability Equality Standard (WDES) was mandated in the NHS Standard contract in April 2018, with implementation in April 2019. The standard aims to demonstrate fairness within services using standardised data available to all NHS Trusts; the standard will also highlight areas for improvement. This standardisation of data allows NHS Trusts to compare the experiences of disabled and non-disabled staff in several areas that impact staff. Specific working groups (formed of Trust staff) look at issues raised within the standard.

The areas that the standard looks at include:

* Workforce representation
* Recruitment
* Entrance into formal capability processes
* Experiences of discrimination, harassment and abuse
* Provision of equal opportunities and career progression and development
* Feeling pressured to come into work when not feeling well enough to perform duties
* Satisfaction of staff in terms of valuing work and contribution
* Reasonable adjustments
* Engagement of disabled staff
* Representation of disabled staff in the Board.

For BSUH reports, please go to [the BSUH equality, diversity and inclusion pages](http://www.bsuh.nhs.uk/about-us/equality-diversity-and-human-rights/edi/)  
For WSHT reports, please go to [the WSHT equality, diversity and inclusion pages](http://www.westernsussexhospitals.nhs.uk/your-trust/about/equality-diversity/)

NHS England has released the Sexual Orientation Monitoring Standard; the standard will look at sexual orientation monitoring for patients. This standard has been implemented within the Trust. It ensures appropriate standardised ways of recording the sexual orientation of patients/service users (over 16 years of age) in NHS services and some social care elements.

To find further information about the standard, please go to [NHS England's Sexual Orientation Monitoring Standard page](http://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/)

## The Inclusion Team

The Trusts has a dedicated Inclusion team:

* Head of Inclusion (key areas of responsibility include Race and Workforce Race Equality Standard
* Deputy Head of Inclusion (key areas of responsibility include service improvement, disability, and the Workforce Disability Equality Standard
* Race Equity Lead (key areas of responsibility REAL Strategy)
* Project and Office Manager

The team enables the organisation to benefit from their expert advice for both staff and patients.

## Due Regard Assessments

The assessment is a process where policies and practices (and anything else that would affect our workforce, patients or service delivery) are reviewed. The review ensures they will not unfairly impact groups protected by the Equality Act 2010. The assessments also ensure that any opportunity to promote equality is taken.

## Freedom of Information Request

The Freedom of Information Act 2000 helps to promote transparency within public services. The Inclusion team assists in completing a number of requests, mainly focusing on interpretation and translation.

## Staff Conferences

BSUH did not hold any staff conference events during 2019/20.

## Staff Networks and Groups Disabled Staff Network (RSCH) and Disability Forum (WSHT)



The Disability Staff Network (DSN) was formed in 2019 and is a growing community of about 100 members. Marce Quinn leads the network, and Vickie Johnson is the secretary.

The DSN provides a safe space for members to discuss issues that are affecting them. There is a wide range of different NHS staff in the network, including people with disabilities, long-term health conditions and those that support someone with a disability or long-term health condition. The network also provides a space for members to share and highlight ideas that could improve the everyday working lives of disabled staff in the Trust.

During 2020/21, the DSN realised that many additional challenges were facing disabled staff in the Trust caused by the pandemic. Some of these challenges include changes in personal and working circumstances, new ways of working and reasonable adjustments, the working environment, a growing sense of isolation, widespread use of facemasks and a decrease in mental health for some members. These topics and more have been discussed in the network's meetings.

In response to the pandemic (and the restrictions placed on the organisation), the DSN moved from monthly to fortnightly meetings held over Microsoft TEAMS. As a result, there has been a greater level of support offered to network members. Moving to online meetings has helped more members from over a large geographical area to attend meetings regularly.

Some of the highlights from 2020/21:

* The network has arranged for various guest speakers to discuss many different interesting topics that impact disabled people. The inclusion of guest speakers has provided learning opportunities for members
* After the implementation of the Trust's Health Passport, the network is supporting the promotion and use to disabled staff
* Continuing support and advice for staff – including isolation barriers many disabled staff have experienced
* Closer collaboration and involvement of staff from both Brighton and Sussex University Hospitals NHS Trust and Western Sussex Hospitals NHS Foundation Trust – with plans to merge the groups
* Supported an increase of staff declaring their diversity data
* Both the network's lead and secretary are active members of the Trust's Workforce Disability Equality Standard Working Group and have helped shape and deliver improvements for disabled staff.
* The DSN Lead and Dame Marianne Griffiths, CEO, have regular meetings to discuss network members' issues and other general disability issues. The meetings play an important opportunity for support and sharing information and learning.

What the network is looking forward to in 2021/22:

* Planning a Disability Staff Network Staff Conference for 2022)
* Campaigning for a Disability Leave Policy
* Launching 'The Game'- a fun educational tool to improve the understanding of disability issues
* Completing the merger with the WSHT Disability Group.

**Disability Forum**



The Disability Forum has been active throughout 2020-21, providing a mechanism to ensure disabled people have a voice within the Trust. One of the key objectives is to ensure that monitoring systems and processes are put in place to support disabled people are fit for purpose. This group is also involved in our policy development to ensure issues relating to disability are taken into account. The Forum has been active in supporting the Workforce Disability Equality Standard (WDES) action plan for the Trust.

The Disability Forum will be merging with the Disabled Staff Network in 2021-22; in the meantime, stronger links have been drawn between the two groups.

**LGBTQ+ Networks**

The network helps support the organisation and improve the experiences of LGBTQ+ staff, volunteers and allies. With a vast membership base at all levels across the organisation, the network plays a vital role as an agent for change.

During 2020/21, some activities the network usually undertakes was put on hold due to the restrictions caused by the ongoing pandemic. However, the network responded by enabling the engagement of its members through several creative methods. For example:

* Regular newsletters – to inform members of relevant news and information about LGBTQ+ issues on a Trust, regional or national level
* Virtual meetups, e.g. virtual coffee drop-ins and Valentine’s Day events
* Virtual LGBTQ+ book and discussion club events
* Continuing social media presence ([why not take a look at the network’s Twitter page?](https://twitter.com/uhsussex_lgbtq))

Some key highlights for the network during 2020/21 include:

* Prides scheduled to take place in the summer of 2020 were either cancelled or moved to a digital format. The network developed a [Prides video](https://www.youtube.com/watch?v=Z9fbViKY9-I) to take part in the Brighton Digital Pride, focusing on the history of Stonewall and what Prides means to Trust staff.
* Following on from the success of the networks ‘Journey to True North: Follow the Yellow Brick Road’ board game, this has now been digitised and can be played on Microsoft Teams.
* Work was undertaken to merge the BSUH and WSHT networks – in preparation for this, a joint network survey was sent to members to identify the key priorities moving forward.
* The network has participated in a range of research projects.
* Undertaken a project to be used as an educational tool to improve the understanding of lived experiences.
* Connecting network members with LGBTQ+ prospective job applicants to mentor them through the NHS/Trust application process.
* The Network worked with the BSUH Directorate of Education and Knowledge and Brighton Medical School to run six education seminars on a range of topics that impact LGBTQ+ people. You can view the seminars on the [Network’s YouTube channel](https://www.youtube.com/channel/UCs18Lx_hUO1NGoIuMEDIe-w/videos).

In 2021/22, the network is looking forward to:

* Participation in Prides events in the summer of 2021 – both digital and in-person
* Participation in the NHS Rainbow Badge pilot award scheme; the scheme is designed to look at several factors impacting LGBTQ+ equality and provides an award based on evidence.
* The network designed a new LGBTQ+ pin badge for staff and will be rolling these out during 2021/22.

**The SOAR BAME Network**

The network was launched at RSCH in September 2020, while at WSHT, the Black Asian and Minority Ethnic (BAME) Network, formerly Celebrating Cultures, was launched in August 2020. Both Networks agreed to join under the banner SOAR, BAME Staff Network. Fadzai Fadairo Leads at the East, and Patience Mugawazi Leads at the West.

SOAR stands for Safe space, Opportunity, equity and empowerment, Amplify voices, Re-dress the balance. The network aims to provide a safe space for people to share any concerns and provide support or sign posting to appropriate services. Through shared learning and lived experience, the network offers a platform and aspire to achieve racial equity for our members and the wider BAME staff groups.

Currently, there are about 150 members, including individuals who are our non- BAME allies. There is also an additional team of BAME volunteers across both the East and West, offering support to staff for issues relating to the pandemic and also Mental Health First Aid to those who require it.

During 2020/21, SOAR BAME Network has faced many challenges, not least the disproportionate effect of Covid on BAME people but also the impact from George Floyd's killing and the ensuing Black Lives Matter protests. Against this backdrop, we have been part of important conversations around risk assessment early equitable access to the Covid vaccine for BAME staff whilst addressing the issues around vaccine hesitancy.

All of the meetings have taken place over MS Teams due to the restrictions necessitated by the pandemic. Despite interactions being primarily virtual, it has not lessened the impact and value of conversations had. Some of the highlights and achievements over the past year include:

* BAME Volunteers embedded at East and West
* Allies Network launched at the West
* A high COVID vaccine uptake amongst our BAME staff
* Mental Health First Aid Training (West)
* Participation in National Inclusion Week

The network has exciting events planned to celebrate Black History Month to engage with all our staff within the Trust.

The main focus is to grow our Network membership through various events, including webinars and discussions throughout the year. The network will host a Wellbeing Day in the New Year (COVID permitting), celebrating the Trust’s staff, rolling out new branding, and increasing our social media presence to engage with a broader audience. The network identifies that workforces’ needs and the challenges they face differ greatly across groups and recognise that various approaches are needed to achieve these goals to be equitable.

**Workforce Race Equality Working Group**

As a consequence of the May 2018 Race Equality Conference, an initially small (10) group of staff responded to our Chief Executive's 'call to action' to help us improve the data surrounding WRES. The working group was formed in June 2018 and has met monthly devised a Partnership and Engagement Plan 2018 – 2021, which the Trust Board has fully supported, and this is in part our WRES Action Plan. The main areas of focus are:-

* Recruitment
* Communication
* Education and Training

Members of the working group felt that concentrating on these issues would have the most significant positive impact on our BME workforce.



**Workforce Disability Equality Standard Working Group**

The group was established to look at the data and information from the annual WDES data; the group also helps produce an action plan to address the inequity that the data highlights. The group reports to the Diversity Matters Steering Group, which provides oversight and governance on the action plan delivery.

The action plan covers three financial years and contains actions that seek to address:

* Declaration rates
* Supporting disabled staff
* Education and training

## Information to support the workforce and patients

The Inclusion team has produced or made available a wide range of information that promotes good practice to assist staff and patients. The team are also happy to discuss issues or concerns that staff or patients may have about inclusion issues in the Trust.

Examples of this information can be found on the Trust's website. You can also contact the Inclusion Team by emailing [uhsussex.equality@nhs.net](mailto:uhsussex.equality@nhs.net) for BSUH or [uhsussex.western.equality@nhs.net](mailto:uhsussex.western.equality@nhs.net) for WSHT.

## Recruitment

The Trust is currently reviewing its recruitment processes to ensure fairness and equity are considered throughout. The Inclusion Team was involved in the recruitment merger group and provided advice on an integrated recruitment process for the new organisation (University Hospitals Sussex NHS Foundation Trust).

## Training

The Inclusion team have facilitated several general and specialised training sessions. Training helps ensure the workforce are aware of their responsibilities under equality legislation and to be able to meet a wide range of needs.

Inclusion as a topic features in the Trust's Corporate Induction and Statutory and Mandatory Training programmes.

The pandemic and the restrictions around social distancing has restricted the ability to deliver face-to-face training. At present, most training activity is via e-learning or over Microsoft Teams.

## Service Improvements and other initiatives

**NHS Accessible Information Standard**

NHS England launched the standard in July 2016; however, in the lead-up, the Inclusion team provided information and support to the workforce to ensure they could consistently meet the requirements in the standard. The standard introduces checks to ensure that NHS Trusts can consistently meet patient communication needs caused by disability. For more information about the standard, please visit [NHS England's Accessible Information Standard page](http://www.england.nhs.uk/ourwork/accessibleinfo/).

The workforce has access to a range of interpretation and translation services, hospital communication books and a Learning Disabilities Liaison Team. The Inclusion team have also provided support by purchasing and distributing Sonido personal listening devices to a number of wards and departments, distributing hospital communication books (this provides a pictorial way of communicating) to wards and departments, and purchasing the 'Recite Me' system, which has helped to improve the accessibility of the Trust's website.

**Recite Me (website accessibility tool)**

The Trusts has implemented the 'Browsealoud' system to increase the accessibility of the external website. The contract came to an end during 2017/18; after evaluating all the options, the Trust has signed a new agreement for the 'Recite Me' system. The new system has the same functionality as the previous one, adding some important additional functions. These functions benefit people with sensory impairments and help people with learning disabilities/difficulties and overseas language speakers.

You can find further information about the Recite Me website accessibility tool in the accessibility section of the Trust websites.

**Overseas and Communication Support**

The Trust undertook a nine-month procurement process with other NHS partners in the local area. The NHS partners procured a range of overseas and communication support services that will meet the needs of the local population. Undertaking this process as a group enables the Trust to secure high-quality services and solutions whilst enjoying the benefits of economy of scale.

The contracts went live in July 2018; the providers under this citywide agreement are:

* Action Deafness – British Sign Language and all other communication Support
* Language Line – Telephone Interpreting and all translation support
* Sussex Interpreting Services – Face-to-face overseas interpreting
* Vandu Language Services – Face-to-face overseas interpreting

From March 2020, the Trust went live with SignLive British Sign Language remote services. The service enables virtual interpreting using video conferencing and BSL users to contact the hospital via the switchboard (and departments) telephone (via an interpreter). During this period, Sussex Interpreting Services and Vandu expanded their services to include video conferencing, which the Trust has used to facilitate patient appointments.

The Inclusion team has undertaken some targeted engagement work with clinical divisions to provide ward/department based solutions to meet their patient's needs. This engagement includes producing patient information, graphical tools and equipment to aid clear communication.

The Trusts are in the process of commissioning a system called Cardmedic. Cardmedic is a system developed with colleagues across BSUH and Western and led by Rachel Grimaldi. It has been designed to translate medical information and questions into multiple languages to share information with patients and involve them in their care. The system is available on a tablet or phone. Cardmedic is continuously updated to include many medical procedures and modes of communication (language and formats). The system has proved so successful that it is now becoming available to other organisations.

Across both Trusts, electronic tablets and mobile phones were purchased through charitable funding to support patients in contacting their families when visiting was restricted or challenging during the pandemic. These devices enabled a wide range of contact and communication support. The tablets were also used to install remote interpretation services, some with transcription services; this boosted access to one of our vaccination hubs where remote BSL interpretation was needed.

At WSHT, through engagement with the Love Your Hospital charity, clinicians on ITU undertook a project to purchase in-ear headphones for use with electronic tablets and mobile phones. The headphones help support patients wearing C-PAT hoods for their treatment which are noisy and difficult to hear clearly. The use of the in-ear headphone meant that background noise was reduced, and communication with clinical colleagues and others became clearer.

WSHT purchased ten listening devices; the devices are available from the PALS service (Chichester and Worthing) and can be used in clinics, wards and any location where a patient or relative with slight hearing loss may benefit from more precise communication. These devices help amplify sounds and allow for a clearer conversation without the need for voices or speech to be raised. The devices are beneficial when additional PPE may add to difficulties in communication. BSUH distributed these types of devices previously to wards and departments on a request basis.

## Engagement with Patient Experience

The Patient Experience Team (including the PALS and Complaints teams) undertake a wide range of activities to understand patients' experience while using hospital services and engage with those who interact with our services. There is always a strong focus on improving patient experience by working with feedback and departments.

During the pandemic, there was a need to change the focus from responding to patient feedback to actively creating positive experiences. So examples of this work include:

* Facilitating communications between patient and their families when there were strict visiting restrictions. The Team provided patients without a means to communicate with their family access to a mobile phone with Skype and Facetime
* Heart for the dying and the bereaved – providing matching pairs of handmade hearts to be shared between dying patients and loved ones
* Letters/messages to loved ones – relatives and friends unable to visit could write to or call the PALS team; the team would print or transcribe the message and ensure that quick and safe delivery to the patient
* The NHS Complaints process was suspended in April 2020; the PALS and Complaints teams were redeployed to departments. The redeployed staff worked in various areas and used their skills and experience to support communications with patients and loved ones.
* ‘Thinking of you’ messages – many local schools and parish groups in West Sussex have written in to support and lift the spirits of patients who were more isolated by sending in messages or drawings

Other activities undertaken to support patients include:

* Using patient feedback to identify learning opportunities throughout the organisation and divisional teams
* Promoting action on feedback using 'You said, we did…' boards
* Collating plaudits (positive feedback) from patients, relatives, etc. and sharing with relevant teams and individuals. In 2020/21, there were 1,210 plaudits received in BSUH and 839 in WSHT.
* Run the Patient Experience and Engagement Quality Management Groups (PEEG) from this group; there is a clear escalation to Quality Assurance Committee if it is needed
* The Chief Nurse is the Executive Lead for Patient Experience
* Monitor patient satisfaction through the Friends and Family Test (FFT)
* Support and analyse the National Patient Surveys within the Trust
* Engagement activity, e.g. supporting the 3Ts (Trust redevelopment) wayfinding focus groups and engagement event; that was attended by 50 members of the public, Healthwatch, Clinical Commissioning Groups (CCG) and Possibility People
* Strengthening partnership with commissioners, NHS providers, local authorities and community and voluntary sector to improve coordinated care and communication across the Sussex Integrated Care System
* The WSHT Patient Experience Team is taking specific action relating to a Healthwatch report detailing the experiences of nearly 600 patients, carers and staff about hospital discharge during the pandemic.
* During 2020/21, the BSUH received 2,371 informal and 2,004 formal concerns, which were either resolved immediately or progressed to be investigated. In WSHT, 373 formal complaints were received; recording of informal enquires was suspended to enable more focus on themes emerging from patient concerns.



## The Learning Disability Liaison Team (LDLT)

The LDLT provides specialist nursing guidance and advice to people with learning disabilities and their families and staff. The team help with planned and emergency admissions, outpatient appointments and hospital discharge.

The teamwork with hospital staff to ensure that the healthcare that they deliver is person-centred by:

* aiding and teaching communication skills using specialist techniques or tools
* help staff understand the patient's needs and preferences
* look at reasonable adjustments within the environment, treatment plans or timing of appointments
* for patients that have capacity, the team ensure the patient understands planned treatment, expectations of them for their treatment/care plan and consent
* advocate for patients and their carers or family
* help coordinate treatment and ongoing care
* provide reassurance to the patient and their family or carers
* promote the use of the 'Hospital Passport' and 'Hospital Communication Book' where appropriate.

In addition to ward-based work, the LDLT can also educate staff to help raise the standards for patients with learning disabilities in Trust premises.

The LDLT can be contacted by telephoning 01273 664975 or by email [LDLTreferral@sussexpartnership.nhs.uk](mailto:LDLTreferral@sussexpartnership.nhs.uk) (BSUH) or telephoning 07785 516155 (Worthing Hospital) or 07901520940 (St. Richard's Hospital, Chichester).

## Changing Places

The Trust continues to provide Changing Places facilities, with the venue at Southlands Hospital open and being used; the facility at Worthing Hospital will open soon. The new 3Ts (redevelopment) facility at the Royal Sussex County Hospital will also have a Changing places facility as part of its design.

A Changing Places can help and promote independence for people with profound and multiple learning disabilities or physical disabilities such as spinal injuries, muscular dystrophy and multiple sclerosis. These groups often need extra equipment and space to use the toilets safely and comfortably.

## Going home packs for vulnerable patients

The Hospital Charity funded going home packs for patients who are leaving the hospital and are vulnerable. The patients could be returning to their homes without anyone to buy initial food supplies (e.g. milk, bread, etc.). The catering teams have been putting together a 'Going Home Pack' containing these essential food items for patients to take home. Wards can request a pack for their patients; the pack is given to the patient on discharge. The scheme has been significant during the pandemic where it might have been more difficult for someone else to do that first amount of shopping.

## Pin badges for baby loss awareness

Each year as part of Baby Loss Awareness Week, WSHT holds a remembrance service to allow parents a chance to come together. Due to the restrictions of COVID, it was not possible to do this. So the team who support awareness week approached the Love Your Hospital Charity and arranged for Baby Loss awareness pin badges to be sent to parents as a way of showing that the team was thinking of them and that they continued to be there to offer support.

## Freedom to Speak Up Guardian

The Freedom to Speak Up Guardian is here to provide support and advice to staff if they are worried about something they think may affect the quality or safety of patient care or is a risk to our Trust. The Freedom to Speak Up Guardian provides advice on how to raise concerns effectively and guidance on how the Raising Concerns Policy and process works.

The Freedom to Speak Up Guardian works alongside trust leadership teams to support the organisation in becoming a more open and transparent workplace where all staff are actively encouraged and enabled to speak up safely.

## HELP Service – Health, Employee, Learning and Psychotherapy

The HELP service provides staff with confidential support, counselling and psychotherapy for a range of issues: work-related concerns, stress management to relational issues, employment difficulties or following critical/ traumatic events, to personal issues affecting the individual staff member.  HELP also provides specialist EMDR (Eye Movement Desensitisation and Reprocessing) trauma therapy for staff with stressful or traumatic experiences.  HELP also delivers Mental Health Awareness Training and HOT Debrief Training to Managers and staff.

During 2019/20, the service undertook the following activities to help support staff:

* Supporting staff: 1-2-1 therapeutic support: face to face / on MST / phone sessions
* BAME COVID Debriefs – focused on supporting our BAME colleagues during the pandemic (the impact of COVID19 on BAME staff – reflecting on how the Trust supported staff, shared information specific to BAME staff, the difficulties of redeployment, shielding, lockdowns, isolation
* HELP promotes equality, diversity, and inclusion in its hosting and training honorary psychotherapists from University (on placement)
* HELP involved in SOAR (BAME) staff network – producing quarterly newsletter – via Victoria Fernandes and Glenn Roarke, Fadzai Fadairo, Babs Harris
* 20 Debriefs around the Trust – a debrief is a way of providing emotional and psychological support to staff in a group setting, shortly after a traumatic or major incident
* Two hot debrief training sessions – this trains teams to perform a debrief when there is a traumatic or major incident
* Thirteen workshops - stress management and mindfulness workshops
* Mental Health Awareness training to improve knowledge and reduce stigma. The first pilot of this training has been completed, and a second pilot is planned.  This training will be available to all managers
* The HELP Service has involvement and engagement with WRES - Workforce Race Equality Standards and WDES Workforce Disability Equality Standards, Learning and Development and the LGBTQ+ Network and acts as organisational allies for these protected characteristics.
* HELP Service recruitment and expansion has diversity awareness and inclusion at the forefront
* Mindfulness workshops delivered to teams within the Trust
* The service has developed several resources for staff, including managing anxiety, depression, grief and trauma hand-outs
* Designed a community resource, with contact numbers, for staff who want to access BME/ BAME/ LGBTQ + and disability groups.

## Occupational Health Services

Occupational health services are available to all staff, but the delivery of the services are different in BSUH and WSHT.

**At BSUH:**



The in-house Occupational Health (OH) offers a range of services are delivered by qualified professionals (nurse specialists, clinic nurses, a physiotherapist and a locum consultant), including:

* Health screening before or on commencement of employment
* Fitness for work assessments and advice
* Advice on workplace adjustments due to injury, illness or disability
* Advice on the applicability of the Equality Act 2010 concerning disability
* Work-related vaccination and blood taking service
* Sharps/splash assessment
* Moving and handling training and advice
* Physiotherapy for injuries caused by or affecting work
* Ergonomic workplace assessments for staff with injury or disability
* Health surveillance, including skin assessments

**Inclusion**

* The vaccination service is available at both RSCH (St Mary's site) and PRH
* Consultations take place face-to-face, phone or video
* The OH department is wheelchair accessible
* Alternative venues can be arranged on a case by case basis
* Hearing induction loop in OH department
* Correspondence can be provided in a larger font
* Interpreting and translation services can be requested
* Equality impact statements are completed for all OH policies

**Data Protection**

Occupational Health Services processes personal and health data in line with the Data Protection Act 2018; as per our Privacy Statement, [you can find more information on the Occupational Health Services page](http://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/Occupational-health-services-privacy-notice.pdf).

The Data Protection Act 2018 allows staff to view or receive a copy of their records.



**Confidentiality**Information held in staff OH records will only be passed to a third party with the individual's consent. In exceptional circumstances, OH can breach confidentiality, e.g., withholding information would have a safety implication. All OH staff are bound by both BSUH Trust and a local confidentiality agreement.

**Further information about Occupational Health Services** is available on the Trust's info-net or by contacting Occupational Health Services directly.

**At WSHT:**

Team Prevent UK Ltd provides the Employee Health and Wellbeing Service. The Trust works together with Team Prevent to implement a healthy leadership culture to ensure that our employees receive early support in the event of illness or injury and encourage better health and wellbeing.

The Employee Health and Wellbeing Service aims to protect and promote employees' health. Ensuring employees are working in a healthy environment and encouraging them to take responsibility for their health and wellbeing, both inside and outside work.

The Employee Health and Wellbeing Team are specialists in assessing fitness for work and have a responsibility to both the employer and the employee. They are required to provide fair and impartial advice based on evidence and clinical opinion.

The Employee Health and Wellbeing Team will be involved in the following:

* Medical conditions which may affect work or may be affected by work
* Fitness for work including reasonable adjustments and rehabilitation programmes if necessary
* Health surveillance relevant to an individual's work, for example, skin surveillance, respiratory screening, hand-arm vibration and sight testing (job-specific)
* Immunisation and vaccination programmes
* Needlestick injuries
* Advising on workplace risks including sharps/contamination incidents and liaising with Health and Safety and Infection Control Teams
* Proactive health education and engagement and wellbeing initiatives

Consultations with the Employee Health and Wellbeing Team can be held face-to-face in the clinic or by telephone or video consultation. There is significant evidence to show that telephone and video consultations are an efficient and effective way of delivering healthcare. By utilising this service, waiting times, travel times, and costs are reduced, and employees can access advice quickly and conveniently.

## Improvements to staff health and wellbeing offer

**Project Wingman**

Project wingman has seen staff from the airline industry come together to offer volunteer support to hospital staff by creating incredible 'first-class lounges'. The lounges provide somewhere for staff to take a break from their work and have someone to look after them with a hot drink, and provide an additional listening ear for staff to decompress and take a moment before returning to work. Project Wingman teams in their everyday work have training in supporting people in stressful situations, and this service has been incredibly highly thought of and used by staff across the Trust.

**Support for newly recruited international staff at WSHT**

Welcome packs were created for newly recruited arriving overseas staff required to self-isolate. The staff were not able to immediately go shopping for supplies. Packs contained ingredients for meals and comfort provisions such as coffee, tea and biscuits. The welcome packs were highly thought of and funded through the Love Your Hospital Charity.

## Risk Assessment Advisory Panel

Both BSUH and WSHT have panels running since May 2020 in response to the COVID-19 pandemic. The panels help support managers and staff with individual risk assessments; they provide expert advice on complex issues or where a staff member is identified as a high risk.

This assessment and panel helped ensure a proper Trustwide undertaking of COVID-19 Risk Assessments and that both managers and staff understood what was needed to work safely during the pandemic.

The Risk Assessment Advisory Panel which comprised of the following expertise:-

* HR Representatives
* Paediatric Consultant
* Medical Director
* Occupational Health
* Cardiac Consultant
* Deputy Chief Nurse
* Head of Inclusion

Expertise from other areas is called upon as is required. This group has met every week since they were formed.

To support the risk assessment process, a trustwide produced and published a video involving staff from BSUH and WSHT. Staff shared the purpose and benefits of undertaking COVID risk assessments. The video was aimed at both managers and staff and helped share the benefits of the assessments and the opening up of positive conversations.



## Interpretation and Translation Services

During 2020/21, the Trust utilised a range of interpretation and translation services to meet the communication needs of our patients. In this section, we will highlight what was spent by the Trust.

**In Brighton and Sussex University Hospitals NHS Trust:**

British Sign Language, Braille and other communication support

| **Activity** | **Number of sessions or jobs** | **Method of delivery** | **Cost** |
| --- | --- | --- | --- |
| British Sign Language | 330 | Face-to-face | £36,220.00 |
| British Sign Language | 226 | Remote (online) | £ 9,825.60 |
| Braille and other communication support | 7 | Transcription and translation | £ 657.43 |

Overseas Languages

| **Activity** | **Number of sessions or jobs** | **Method of delivery** | **Cost** |
| --- | --- | --- | --- |
| Overseas language interpretation | 2,312 | Face-to-face | £175,630.81 |
| Overseas language interpretation | 2,720 | Remote (online and telephone) | £ 73,839.68 |
| Overseas language translation | 84 | Translation | £ 21,792.45 |

During 2020/21, there were interpreting sessions that counted as a late cancellation:

* British Sign Language – 56 sessions cancelled, costing £5,890
* Overseas Language – 1,251 sessions cancelled, costing £52,199.65

The top 10 languages that required interpreter support were:

1. Arabic (1,710 sessions)
2. Bengali (515 sessions)
3. British Sign Language (458 sessions)
4. Portuguese (408 sessions)
5. Spanish (381 sessions)
6. Farsi (353 sessions)
7. Romanian (313 sessions)
8. Polish (274 sessions)
9. Russian (238 sessions)
10. Albanian (236 sessions)

**Western Sussex Hospitals NHS Foundation Trust**

Recording of interpretation and translation services does not follow the same processes as BSUH. The overall spend for these services was £16,350.67. Post-merger, all interpretation and translation will be monitored under the same processes.

## Recite Me Website Accessibility Toolbar

Both Trusts use the Recite Me toolbar to help improve the accessibility of our web pages for all the users to the website.

For further details about Recite Me and other accessibility features of our websites:

For BSUH, please go to [the BSUH website accessibility page](http://www.bsuh.nhs.uk/accessibility)  
For WSHT, please go to [the WSHT website accessibility page](http://www.westernsussexhospitals.nhs.uk/your-trust/about/website-accessibility)

During 2020/21, the BSUH website:

Had the Recite Me Toolbar loaded 15,709 times by 5,268 unique users. During the web sessions that the toolbar has assisted, a total of 37,360 features were used; these include:

* Screen reader function (in English and overseas languages) 35,111 times
* Translation of written text on web pages 2,331 times
* Style changing function 1,152 times
* Text only mode 146 times
* Dictionary 61 times
* Ruler 48 times
* Magnifier function 43 times
* Preferences function 31 times
* Screen mask function 28 times
* Download web pages into an audio format 9 times.

# The Trusts' Workforces

This section will review the BSUH and WSHT workforces through various datasets. The data is taken from multiple systems, including Electronic Staff Records (ESR, integrated human resources and payroll system, TRAC (recruitment system), and other local databases.

It was impossible to break down gender identity and pregnancy and maternity during the reporting period. The ESR system either does not collect the information or cannot report on a range of employee activity.

## Age

### Representation of staff within the workforce broken down by age

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Range** | **<=20 Years** | **21-25** | **26-30** | **31-35** | **36-40** | **41-45** | **46-50** |
| **2019/20 (BSUH)** | 0.6% | 5.8% | 13.8% | 13.4% | 12.5% | 12.8% | 12.5% |
| **2020/21 (BSUH)** | 0.5% | 6.3% | 13.3% | 14.2% | 12.1% | 12.3% | 12.8% |
| **2019/20 (WSHT)** | 0.9% | 6.1% | 12.1% | 13.0% | 11.4% | 12.3% | 13.3% |
| **2020/21 (WSHT)** | 0.8% | 5.9% | 12.4% | 13.6% | 11.4% | 11.9% | 13.2% |
| **Census 2011 (SE England)** | 6.4% | 6.1% | 6.2% | 6.2% | 6.9% | 7.5% | 7.4% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age Range** | **51-55** | **56-60** | **61-65** | **66-70** | **>=71 Years** |
| **2019/20 (BSUH)** | 12.1% | 9.7% | 5.0% | 1.2% | 0.5% |
| **2020/21 (BSUH)** | 11.9% | 9.5% | 5.5% | 1.2% | 0.5% |
| **2019/20 (WSHT)** | 12.2% | 10.4% | 6.2% | 1.4% | 0.7% |
| **2020/21 (WSHT)** | 12.1% | 10.5% | 6.1% | 1.5% | 0.6% |
| **Census 2011 (SE England)** | 6.4% | 5.7% | 6.1% | 4.7% | 11.5% |

Observations

* There is generally no correlation between the BSUH or the WSHT workforces compared to the 2011 Census for South East England. Only in age groups 21-25 and 61-65 for both Trusts does the workforce reflect the census data. It should be noted that the Census 2011 looks across the whole population and not those of working age.
* The majority of both workforces are aged 26-60.
* Compared to WSHT, BSUH has a larger proportion of staff aged 21-45.
* Compared to BSUH, WSHT has a larger proportion of staff aged 46-71+ and under 20 years of age.
* Compared to the previous year, there have not been any significant changes in the representation of any age group in either BSUH or WSHT’s workforce.

### Breakdown of age by pay banding

The items in bold highlight where there is a great representation of that particular group compared to the representation in the overall workforce

**BSUH**

| **Pay Band** | **<=20 Years** | **21-25** | **26-30** | **31-35** | **36-40** | **41-45** | **46-50** | **51-55** | **56-60** | **61-65** | **66-70** | **>=71 Years** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Band 1 | 0.0% | 1.1% | 5.6% | 7.9% | **16.9%** | **19.1%** | 11.2% | **15.7%** | 7.9% | **11.2%** | 1.1% | **2.2%** |
| Band 2 | **1.6%** | **8.4%** | 9.9% | 12.3% | 10.9% | 11.6% | 11.0% | **13.2%** | **10.4%** | **7.9%** | **1.7%** | **1.2%** |
| Band 3 | **1.0%** | **7.7%** | 11.8% | 9.8% | 11.9% | 10.8% | 11.4% | **12.0%** | **12.2%** | **8.6%** | **2.1%** | **0.8%** |
| Band 4 | **0.9%** | **6.3%** | 12.4% | 11.1% | **12.3%** | 6.9% | 11.2% | **13.2%** | **12.9%** | **10.0%** | **2.2%** | **0.6%** |
| Band 5 | 0.0% | **13.0%** | **18.7%** | **16.7%** | 9.9% | 8.7% | 10.2% | 9.1% | 9.0% | 3.8% | 0.6% | 0.3% |
| Band 6 | 0.0% | 3.1% | **14.8%** | **16.3%** | 11.7% | **14.8%** | **15.1%** | **11.9%** | 7.4% | 3.9% | 0.8% | 0.3% |
| Band 7 | 0.0% | 0.6% | 5.6% | **14.3%** | **16.1%** | **16.2%** | **16.7%** | **14.9%** | **11.0%** | 4.0% | 0.6% | 0.0% |
| Band 8a | 0.0% | 0.0% | 3.9% | 6.6% | **12.8%** | **15.9%** | **24.8%** | **20.5%** | 9.3% | 4.7% | **1.6%** | 0.0% |
| Band 8b | 0.0% | 0.0% | 1.8% | 2.7% | **15.2%** | **17.0%** | **18.8%** | **22.3%** | **12.5%** | **8.9%** | 0.9% | 0.0% |
| Band 8c | 0.0% | 0.0% | 0.0% | 5.0% | 7.5% | **17.5%** | **17.5%** | **17.5%** | **30.0%** | 5.0% | 0.0% | 0.0% |
| Band 8d | 0.0% | 0.0% | 0.0% | 0.0% | 4.8% | 9.5% | **14.3%** | **28.6%** | **33.3%** | **9.5%** | 0.0% | 0.0% |
| Band 9 | 0.0% | 0.0% | 0.0% | 6.3% | 0.0% | **25.0%** | **25.0%** | **25.0%** | **12.5%** | **6.3%** | 0.0% | 0.0% |
| Directors | 0.0% | 0.0% | 0.0% | 9.1% | 0.0% | 0.0% | **63.6%** | **18.2%** | 9.1% | 0.0% | 0.0% | 0.0% |
| Medical & Dental - Consultant | 0.0% | 0.0% | 0.0% | 2.0% | **15.7%** | **24.5%** | **23.9%** | **16.0%** | **11.7%** | 4.3% | **1.6%** | 0.2% |
| Medical & Dental - Middle Grade | 0.0% | 0.0% | 1.8% | 1.8% | **14.5%** | **14.5%** | **21.8%** | **16.4%** | **20.0%** | **7.3%** | **1.8%** | 0.0% |
| Medical & Dental - Training | 0.0% | **9.6%** | **35.0%** | **32.6%** | **12.6%** | 6.6% | 2.2% | 0.9% | 0.4% | 0.0% | 0.1% | 0.0% |
| Local Scale | 0.0% | 0.0% | 0.0% | 0.0% | **100.0%** | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Observations

* Greatest representation within pay bands/grades: bands 1-4 staff aged: 26-65, bands 5-7 staff aged 21-60, bands 8a-b staff aged 36-60, bands 8c-9 staff aged 41-60, directors 46-55, consultants (medics) 36-55, middle grade (medics) 46-60 and trainee (medics) 26-35.
* Bands/grades where age groups have a greater representation than overall workforce representation (for that group): under 20 bands 2-4, 21-25 bands 2-5 and trainee (medics), 26-30 bands 5-6 and trainee (medics), 31-35 bands 5-7 and trainee (medics), 36-40 bands 1, 4, 7-8b and all medical and dental grades, 41-45 bands 1, 6-8c, consultants (medics) and middle grade (medics), 46-50 bands 6-9, directors and all medical grades, 51-55 bands 1-4, 5-9, directors, consultants (medics) and middle grade (medics), 56-60 bands 2-4, 7, 8b-9, consultants (medics) and middle grade (medics), 61-65 bands 1-4, 8b, 8d-9 and middle grade (medics), 66-70 bands 2-4, 8a, consultants (medics) and middle grade (medics) and 71+ bands 1-4.

**WSHT**

| **Pay Band** | **<=20 Years** | **21-25** | **26-30** | **31-35** | **36-40** | **41-45** | **46-50** | **51-55** | **56-60** | **61-65** | **66-70** | **>=71 Years** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Band 1 | **9.8%** | **9.8%** | 4.9% | 12.2% | **12.2%** | **12.2%** | 7.3% | 7.3% | 9.8% | **12.2%** | **2.4%** | 0.0% |
| Band 2 | **2.7%** | **6.9%** | 8.9% | 11.0% | 11.0% | 11.2% | 11.4% | 11.8% | **13.1%** | **8.8%** | 2.2% | **0.9%** |
| Band 3 | **0.6%** | **8.2%** | **11.5%** | 12.3% | 9.4% | 10.1% | 11.7% | **12.3%** | **12.0%** | **8.2%** | **2.4%** | **1.4%** |
| Band 4 | 0.2% | **6.7%** | 9.6% | 10.4% | 7.8% | 9.2% | **13.7%** | **14.9%** | **16.1%** | **8.2%** | 2.0% | **1.2%** |
| Band 5 | 0.0% | **8.8%** | **19.5%** | **17.7%** | 10.3% | 9.8% | 11.7% | 9.2% | 7.6% | 4.3% | 0.9% | 0.3% |
| Band 6 | 0.0% | 3.6% | **12.6%** | **15.9%** | **13.4%** | **14.9%** | **14.7%** | 11.6% | 8.1% | 4.1% | 0.8% | 0.3% |
| Band 7 | 0.0% | 0.7% | 5.1% | 9.9% | **12.7%** | **16.9%** | **19.3%** | **18.4%** | 10.7% | 5.4% | 0.7% | 0.3% |
| Band 8a | 0.0% | 0.0% | 4.8% | 8.9% | 10.7% | **19.6%** | **19.6%** | **13.7%** | **14.9%** | **7.7%** | 0.0% | 0.0% |
| Band 8b | 0.0% | 0.0% | 2.8% | 7.0% | 11.3% | 5.6% | **23.9%** | **28.2%** | **18.3%** | 2.8% | 0.0% | 0.0% |
| Band 8c | 0.0% | 0.0% | 0.0% | 3.3% | 3.3% | **20.0%** | **20.0%** | **23.3%** | **26.7%** | 3.3% | 0.0% | 0.0% |
| Band 8d | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 12.5% | **12.5%** | **62.5%** | 0.0% | **12.5%** | 0.0% |
| Band 9 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | **28.6%** | **28.6%** | **14.3%** | 0.0% | **28.6%** | 0.0% | 0.0% |
| Directors | 0.0% | 0.0% | 0.0% | 4.8% | 0.0% | **14.3%** | **19.0%** | **23.8%** | **19.0%** | **9.5%** | **4.8%** | **4.8%** |
| Medical & Dental - Consultant | 0.0% | 0.0% | 0.0% | 2.5% | **15.2%** | **17.7%** | **21.7%** | **20.6%** | **11.8%** | 6.8% | **2.8%** | **0.8%** |
| Medical & Dental - Middle Grade | 0.0% | 0.7% | **28.7%** | **34.7%** | **17.9%** | 7.2% | 5.1% | 3.0% | 1.2% | 0.9% | 0.2% | 0.2% |
| Medical & Dental - Training | 0.0% | **39.8%** | **50.0%** | 5.9% | 0.8% | 2.5% | 0.8% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Observations

* Greatest representation within pay bands/grades: bands 1-4 staff aged: 31-60, bands 5-7 staff aged 26-55, bands 8a-b staff aged 41-60, bands 8c-9 staff aged 41-60, directors 41-55, consultants (medics) 36-60, middle grade (medics) 26-40 and trainee (medics) 21-30.
* Bands/grades where age groups have a greater representation than overall workforce representation (for that group): under 20 bands 1-3, 21-25 bands 1-5 and trainee (medics), 26-30 bands 3, 5-6, middle grade (medics) and trainee (medics), 31-35 bands 5-6 and middle grade (medics), 36-40 bands 1, 6-7, consultant (medics) and middle grade (medics), 41-45 bands 1, 6-8a, 8c, 9, directors and consultants (medics), 46-50 bands 4, 6-8c, 9, directors and consultants (medics), 51-55 bands 4-5, 7-9, directors and consultants (medics), 56-60 bands 2-4, 8a-8d, directors and consultants (medics), 61-65 bands 1-4, 8a, 9 and directors, 66-70 bands 1, 3, 8d, directors and consultants (medics). 71+ bands 2-4, directors and consultants.

### **Breakdown of age in recruitment processes**

the data compares the three stages of recruitment compared to the workforce representation within the organisation.

**BSUH**

| **Age Band** | **Applications** | **Shortlisted** | **Appointed** | **Workforce** |
| --- | --- | --- | --- | --- |
| Under 20 | 2.7% | 2.7% | 2.0% | 0.5% |
| 20 - 24 | 17.6% | 18.8% | 21.6% | 6.3% |
| 25 - 29 | 25.0% | 19.6% | 22.3% | 13.3% |
| 30 - 34 | 18.2% | 15.4% | 16.5% | 14.2% |
| 35 - 39 | 11.0% | 11.3% | 11.4% | 12.1% |
| 40 - 44 | 7.9% | 9.1% | 8.3% | 12.3% |
| 45 - 49 | 6.4% | 8.2% | 5.8% | 12.8% |
| 50 - 54 | 5.5% | 7.3% | 5.8% | 11.9% |
| 55 - 59 | 3.4% | 4.8% | 4.0% | 9.5% |
| 60 - 64 | 2.0% | 2.2% | 1.6% | 5.5% |
| 65+ | 0.3% | 0.4% | 0.9% | 1.7% |
| Not stated | 0.1% | 0.1% | 0.0% |  |

Observations

* When reviewing the representation of candidates through all stages of recruitment to the workforce representation, there is a higher representation of candidates aged <20 to 34 but a lower representation of candidates aged 35+.
* When comparing groups progression from appointment to shortlisting stage; a decrease in representation can be seen in 25-34 and 45-49, broadly similar representation: <20, 35-39 and 60+ and lastly an increase can be seen in 20-24, 40-44 and 50-59.
* When comparing progression from shortlisting to appointment stage, a decrease in representation can be seen in <20 and 40-64, broadly the same representation: 35-39. Lastly, an increase can be seen in 20-34 and candidates aged 65+.
* There does not appear to be any groups that have seen a significant advantage or disadvantage through the Trust’s recruitment processes. There has been a moderate advantage for candidates aged 65+.

**WSHT**

| **Age Band** | **Applications** | **Shortlisted** | **Appointed** | **Workforce** |
| --- | --- | --- | --- | --- |
| Under 20 | 2.3% | 3.1% | 3.0% | 0.8% |
| 20 - 24 | 12.1% | 12.7% | 14.1% | 5.9% |
| 25 - 29 | 25.8% | 17.2% | 20.8% | 12.4% |
| 30 - 34 | 19.1% | 14.9% | 15.7% | 13.6% |
| 35 - 39 | 11.3% | 11.5% | 11.4% | 11.4% |
| 40 - 44 | 7.6% | 9.1% | 8.2% | 11.9% |
| 45 - 49 | 6.8% | 10.6% | 10.7% | 13.2% |
| 50 - 54 | 6.3% | 8.9% | 7.3% | 12.1% |
| 55 - 59 | 5.3% | 7.3% | 4.1% | 10.5% |
| 60 - 64 | 2.8% | 3.6% | 3.8% | 6.1% |
| 65+ | 0.6% | 0.8% | 0.7% | 2.1% |

Observations

* When comparing to the overall workforce representation, the following groups can see an overall greater representation <20-34, groups with a broadly similar representation 35-39, and the groups with a lower representation are candidates aged 40+.
* Comparing progression from application to shortlisting stage, groups that have a decrease in representation are those aged 25-34, groups that have a broadly similar representation are those aged 35-39, and those with, and an increase can be seen in those aged <20-24 and 40+.
* Comparing progression from shortlisting to appointment stage, groups that have a decrease in representation are those aged 40-44 and 50-59, groups that have a broadly similar representation are those aged <20, 35-39, 45-49 and 60+. Age groups with increased representation can be seen in those aged <20-34.
* Overall, it would appear that those aged 45-49 appear to benefit from the Trust’s recruitment processes, whilst those age groups between 25-29 may experience a disadvantage.

### Uptake of non-mandatory training or continuing professional development

**BSUH**

| **Age Band** | **Number of staff attending training** | **% of staff attending training** | **Representation in the workforce** |
| --- | --- | --- | --- |
| 21-25 | 18 | 5.4% | 6.3% |
| 26-30 | 76 | 22.8% | 13.3% |
| 31-35 | 71 | 21.3% | 14.2% |
| 36-40 | 42 | 12.6% | 12.1% |
| 41-45 | 40 | 12.0% | 12.3% |
| 46-50 | 41 | 12.3% | 12.8% |
| 51-55 | 17 | 5.1% | 11.9% |
| 56-60 | 11 | 3.3% | 9.5% |
| 61-65 | 4 | 1.2% | 5.5% |
| Unknown | 14 | 4.2% |  |
| Total | 334 | 100.0% |  |

Observations

When comparing those that attended training to the workforce representation:

* those aged 26-35 have a higher than expected representation,
* those aged 36-50 has a broadly similar representation, and
* those aged 21-25 and 51+ have a lower than expected representation.

**WSHT**

| **Age Band** | **Number of staff attending training** | **% of staff attending training** | **Representation in the workforce** |
| --- | --- | --- | --- |
| Under 20 | 28 | 1.0% | 0.8% |
| 21-25 | 219 | 8.0% | 5.9% |
| 26-30 | 458 | 16.7% | 12.4% |
| 31-35 | 398 | 14.5% | 13.6% |
| 36-40 | 305 | 11.1% | 11.4% |
| 41-45 | 342 | 12.5% | 11.9% |
| 46-50 | 330 | 12.0% | 13.2% |
| 51-55 | 310 | 11.3% | 12.1% |
| 56-60 | 212 | 7.7% | 10.5% |
| 61-65 | 112 | 4.1% | 6.1% |
| 66-70 | 17 | 0.6% | 1.5% |
| 71 and Over | 10 | 0.4% | 0.6% |
| Total | 2741 | 100.0% |  |

Observations

When comparing those that attended training to the workforce representation:

* those aged 21-35 and 41-45 have a higher than expected representation,
* those aged <20 and 36-40 has a broadly similar representation, and
* those aged 46+ have a lower than expected representation.

### Employee relations processes broken down by age

**BSUH**

| **Age Band** | **Capability (Non-UHR)** | **Capability (Non-UHR) %** | **Capability (UHR)** | **Capability (UHR) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| 26 - 30 | 0 | 0.0% | 2 | 25.0% | 13.3% |
| 31 - 35 | 3 | 9.4% | 0 | 0.0% | 14.2% |
| 36 - 40 | 3 | 9.4% | 1 | 12.5% | 12.1% |
| 41 - 45 | 0 | 0.0% | 2 | 25.0% | 12.3% |
| 46 - 50 | 6 | 18.8% | 1 | 12.5% | 12.8% |
| 51 - 55 | 9 | 28.1% | 1 | 12.5% | 11.9% |
| 56 - 60 | 7 | 21.9% | 1 | 12.5% | 9.5% |
| 61 - 65 | 3 | 9.4% | 0 | 0.0% | 5.5% |
| 66 - 70 | 1 | 3.1% | 0 | 0.0% | 1.2% |
| **Total** | **32** | **100%** | **8** | **100%** |  |

| **Age Band** | **Harassment Cases** | **Harassment Cases %** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 21 - 25 |  |  |  |  | 2 | 9% | 6.3% |
| 26 - 30 |  |  |  |  | 3 | 13% | 13.3% |
| 31 - 35 |  |  |  |  | 2 | 9% | 14.2% |
| 36 - 40 |  |  | 1 | 11% | 2 | 9% | 12.1% |
| 41 - 45 |  |  | 1 | 11% | 4 | 17% | 12.3% |
| 46 - 50 |  |  | 1 | 11% | 2 | 9% | 12.8% |
| 51 - 55 | 1 | 25% | 4 | 44% | 4 | 17% | 11.9% |
| 56 - 60 | 2 | 50% | 1 | 11% | 1 | 4% | 9.5% |
| 61 - 65 |  |  |  |  | 2 | 9% | 5.5% |
| 66 - 70 | 1 | 25% | 1 | 11% | 1 | 4% | 1.2% |
| **Total** | **4** | **100%** | **9** | **100%** | **23** | **100%** |  |

| **Age Band** | **All Dismissals** | **All Dismissals %** | **Dismissals (Sickness only)** | **Dismissals (Sickness only) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| 26 - 30 | 1 | 6% | 0 | 0% | 13.3% |
| 31 - 35 | 2 | 12% | 1 | 8% | 14.2% |
| 36 - 40 | 1 | 6% | 1 | 8% | 12.1% |
| 41 - 45 | 1 | 6% | 0 | 0% | 12.3% |
| 46 - 50 | 1 | 6% | 0 | 0% | 12.8% |
| 51 - 55 | 7 | 41% | 7 | 54% | 11.9% |
| 56 - 60 | 3 | 18% | 3 | 23% | 9.5% |
| 61 - 65 | 1 | 6% | 1 | 8% | 5.5% |
| **Total** | **17** | **100%** | **13** | **100%** |  |

Observations

When comparing representation in employee relation process to overall workforce representation:

* Those most likely to be impacted by capability (non-underlying health reasons) are staff aged 46+, staff that are least likely to be impacted are staff aged <20-45.
* Those most likely to be impacted by capability (underlying health reasons) are staff aged 26-30 and 41-45. Those least likely to be impacted <20-25 and those aged 61+.
* Groups most likely to be impacted by harassment cases are 51-60 and 66-70.
* Groups with a higher representation in grievances 51-60 and 66-70, staff aged 36-50 have either a broadly similar or lower representation.
* Groups with a higher representation in disciplinary processes include 21-25, 41-45, 51-55 and 61-70. All other groups are either not represented or have a lower than expected representation.
* Those aged 51-65 appear to have a higher representation in dismissals; all other groups are either not represented or have a lower than expected representation.

**WSHT**

| **Age Band** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Under 20 | 1 | 3.6% | 3 | 5.7% | 0.8% |
| 21-25 |  |  | 3 | 5.7% | 5.9% |
| 26-30 | 1 | 3.6% | 6 | 11.3% | 12.4% |
| 31-35 | 1 | 3.6% | 5 | 9.4% | 13.6% |
| 36-40 | 3 | 10.7% | 4 | 7.5% | 11.4% |
| 41-45 | 5 | 17.9% | 13 | 24.5% | 11.9% |
| 46-50 | 4 | 14.3% | 10 | 18.9% | 13.2% |
| 51-55 | 6 | 21.4% | 5 | 9.4% | 12.1% |
| 56-60 | 4 | 14.3% | 3 | 5.7% | 10.5% |
| 61-65 | 3 | 10.7% |  | 1.9% | 6.1% |
| 71+ |  |  | 1 | 1.9% | 0.6% |
| **Total** | **28** | **100%** | **53** | **100%** |  |

Observations

Compared to the overall representation in the workforce:

* Those aged <20 and 41-65 have a higher than expected representation in grievance cases; all other groups are either not represented or have a lower than expected representation.
* Those aged <20 and 41-50 and 71+ have a higher than expected representation in disciplinary cases; all other groups are either not represented or have a lower than expected representation.

### Leavers broken down by age

**BSUH**

| **Age Band** | **2020/21 BSUH Leavers** | **2020/21 BSUH Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Under 20 | 16 | 1.0% | 41 | 0.5% |
| 21-25 | 194 | 12.7% | 563 | 6.3% |
| 26-30 | 352 | 23.1% | 1177 | 13.3% |
| 31-35 | 267 | 17.5% | 1263 | 14.2% |
| 36-40 | 170 | 11.1% | 1075 | 12.1% |
| 41-45 | 106 | 6.9% | 1088 | 12.3% |
| 46-50 | 87 | 5.7% | 1137 | 12.8% |
| 51-55 | 80 | 5.2% | 1054 | 11.9% |
| 56-60 | 99 | 6.5% | 841 | 9.5% |
| 61-65 | 100 | 6.5% | 485 | 5.5% |
| 66-70 | 41 | 2.7% | 104 | 1.2% |
| Over 71 | 15 | 1.0% | 44 | 0.5% |
| **Grand Total** | **1527** | **100.0%** | **8872** | **100.0%** |

Observations

* Proportionally, more staff aged <20-35 and 61+ are leaving the organisation than the overall workforce representation.

**WSHT**

| **Age Band** | **2020/21 WSHT Leavers** | **2020/21 WSHT Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Under 20 | 7 | 1.0% | 60 | 0.8% |
| 21-25 | 84 | 12.3% | 441 | 5.9% |
| 26-30 | 106 | 15.5% | 933 | 12.4% |
| 31-35 | 97 | 14.2% | 1025 | 13.6% |
| 36-40 | 62 | 9.1% | 856 | 11.4% |
| 41-45 | 42 | 6.2% | 897 | 11.9% |
| 46-50 | 38 | 5.6% | 990 | 13.2% |
| 51-55 | 47 | 6.9% | 911 | 12.1% |
| 56-60 | 84 | 12.3% | 788 | 10.5% |
| 61-65 | 62 | 9.1% | 461 | 6.1% |
| 66-70 | 39 | 5.7% | 110 | 1.5% |
| Over 71 | 14 | 2.1% | 47 | 0.6% |
| **Grand Total** | **682** | **100.0%** | **7519** | **100.0%** |

Observations

* Proportionally, more staff aged <20-35 and 56+ are leaving the organisation than the overall workforce representation.

## Disability

### Representation of staff within the workforce broken down by disability

|  | **Disabled** | **Not Disabled** | **Declined to Specify** | **Unknown** |
| --- | --- | --- | --- | --- |
| **2019/20 (BSUH)** | 6.3% | 80.3% | 6.3% | 7.1% |
| **2020/21 (BSUH)** | 6.2% | 82.6% | 5.3% | 5.9% |
| **2019/20 (WSHT)** | 2.9% | 69.3% | 20.7% | 7.1% |
| **2020/21 (WSHT)** | 3.1% | 71.8% | 18.6% | 6.5% |
| **Census 2011 (SE England)** | 6.9% | 84.3% |  |  |

Observations:

* BSUH Workforce:
  + Overall has a slightly lower representation of disabled people in the workforce than the 2011 Census data.
  + Approximately 11% of staff have chosen not to declare, or their disability status is unknown.
  + Compared to the previous year, there has been a slight decrease in percentage points of disabled staff; there has been an increase in non-disabled staff and a decrease where the disability is unknown.
* WSHT Workforce:
  + There is a lower representation of disabled people in the workforce compared to the 2011 Census data.
  + Approximately 25% of staff have chosen not to declare, or their disability status is unknown.
  + Compared to the previous year, there has been an increase in staff declaring their disability status and a decrease where the disability status was unknown.

### Breakdown of disability by pay banding

the items in bold highlight a greater representation of that particular group than the workforce representation.

**BSUH**

| **Pay Band** | **Disabled** | **Not Disabled** | **Prefer not to Say** | **Unknown** |
| --- | --- | --- | --- | --- |
| Band 1 | **16.9%** | **83.1%** | 0.0% | 0.0% |
| Band 2 | **7.6%** | **84.9%** | 3.7% | 3.8% |
| Band 3 | **8.6%** | **82.9%** | 2.5% | **6.0%** |
| Band 4 | **7.2%** | **84.0%** | 3.1% | 5.7% |
| Band 5 | **6.3%** | **85.2%** | 3.2% | 5.3% |
| Band 6 | 4.9% | 81.0% | 4.7% | **9.3%** |
| Band 7 | 5.2% | **83.5%** | 3.2% | **8.2%** |
| Band 8a | **6.6%** | **82.9%** | 3.1% | **7.4%** |
| Band 8b | **9.8%** | **83.0%** | 1.8% | 5.4% |
| Band 8c | 2.5% | **85.0%** | **7.5%** | 5.0% |
| Band 8d | **9.5%** | 66.7% | **9.5%** | **14.3%** |
| Band 9 | **12.5%** | 75.0% | **6.3%** | **6.3%** |
| Directors | 0.0% | 54.5% | **45.5%** | 0.0% |
| Medical & Dental - Consultant | 1.0% | 73.8% | **23.9%** | 1.2% |
| Medical & Dental - Middle Grade | 1.8% | 58.2% | **36.4%** | 3.6% |
| Medical & Dental - Training | 4.2% | 81.5% | **8.8%** | 5.5% |
| Local Scale | 0.0% | **100.0%** | 0.0% | 0.0% |

Observations

* Compared to the overall workforce representation, disabled staff have a higher than expected representation in bands 1-5, 8a-b and 8d-9. It appears that there is a lower than expected representation of disabled staff in bands/grades 6-7, 8c, directors and all medical grades.
* Staff have declined to specify their disability status is particularly noticeable in director-level posts and medical consultants and middle grades.
* Staff whose disability status is unknown (i.e. a blank field) is throughout the workforce.

**WSHT**

| **Pay Band** | **Disabled** | **Not Disabled** | | **Prefer not to Say** | | **Unknown** |
| --- | --- | --- | --- | --- | --- | --- |
| Band 1 | **12.2%** | 43.9% | **22.0%** | | **22.0%** | |
| Band 2 | **3.4%** | 71.6% | 16.6% | | **8.4%** | |
| Band 3 | 2.9% | **78.5%** | 12.8% | | 5.7% | |
| Band 4 | **4.5%** | **73.5%** | 17.1% | | 4.9% | |
| Band 5 | 2.7% | 67.8% | **22.7%** | | **6.8%** | |
| Band 6 | **3.2%** | **76.0%** | 15.8% | | 4.9% | |
| Band 7 | 2.4% | **72.8%** | 17.5% | | **7.3%** | |
| Band 8a | 2.4% | **78.6%** | 14.3% | | 4.8% | |
| Band 8b | **5.6%** | **74.6%** | 16.9% | | 2.8% | |
| Band 8c | 0.0% | 70.0% | **20.0%** | | **10.0%** | |
| Band 8d | 0.0% | 50.0% | **50.0%** | | 0.0% | |
| Band 9 | 0.0% | 71.4% | **28.6%** | | 0.0% | |
| Directors | 0.0% | 71.4% | **28.6%** | | 0.0% | |
| Medical & Dental - Consultant | 1.4% | 65.9% | **22.8%** | | **9.9%** | |
| Medical & Dental - Middle Grade | 1.6% | 68.1% | **28.2%** | | 2.1% | |
| Medical & Dental - Training | **6.8%** | 58.5% | **34.7%** | | 0.0% | |

Observations

* Compared to the overall workforce, there is a fair to good representation of disabled staff in bands 1-6, 8b and medical trainees. There is a lower than expected representation of disabled staff in 7, 8a, 8c-9, directors, medical consultants, and middle grade.
* A high proportion of senior management and medical staff have declined to specify if they have a disability. There are also spots throughout the organisation where the disability status is unknown.

### Breakdown of disability in recruitment processes

The data compares the three stages of recruitment compared to the workforce representation within the organisation.

**BSUH**

| **Disability Status** | **Applications** | **Shortlisted** | **Appointed** | **Workforce** |
| --- | --- | --- | --- | --- |
| Disabled | 4.5% | 6.1% | 3.0% | 6.2% |
| Non-disabled | 92.0% | 84.9% | 73.2% | 82.6% |
| Prefer not to say | 1.3% | 1.5% | 0.7% | 5.3% |
| Unknown | 2.3% | 7.4% | 23.1% | 5.9% |
| Total | 100.0% | 100.0% | 100.0% | 100.0% |

Observations

* Compared to the workforce representation, disabled candidates are well represented at the shortlisting stage but have a proportionally lower number of applicants and appointments.
* There are a low number of candidates who have declined to declare their disability status that has been appointed. When moving throughout the recruitment stages, the representation of candidates whose disability status is unknown disproportionately grows.
* From the application to shortlisting stage, there is a large proportion of disabled candidates. This growth in representation could be helped by the guaranteed interview scheme that the Trust operates. There is a lower proportion of disabled candidates from shortlisting to the appointment. The appointment representation is lower than the overall representation in the workforce.

**WSHT**

|  | **Applications** | **Shortlisted** | **Appointed** | **Workforce** |
| --- | --- | --- | --- | --- |
| Disabled | 3.4% | 5.2% | 3.7% | 3.1% |
| Non-Disabled | 95.5% | 93.3% | 94.3% | 71.8% |
| Prefer not to say | 1.1% | 1.5% | 2.0% | 18.6% |
| Unknown | 0.5% | 1.7% | 4.0% | 6.5% |
| Total | 100.0% | 100.0% | 100.0% | 100.0% |

Observations

* Compared to the workforce representation, disabled applicants have a high representation throughout all stages of recruitment.
* The overall declaration of disability is high in the recruitment processes.
* From the application to the shortlisting stage, there is a greater representation of disabled candidates; this could be helped by the guaranteed interview scheme operated by the Trust. From shortlisting to the appointment stage, there is a reduction of disabled candidates; however, the overall appointment of disabled candidates remains greater than the overall workforce representation.

### Uptake of non-mandatory training or continuing professional development

**BSUH**

| **Disability Status** | **Number of staff attending training** | **% of staff attending training** | **Workforce Representation** |
| --- | --- | --- | --- |
| Disabled | 9 | 2.7% | 6.2% |
| Not Disabled | 318 | 95.2% | 82.6% |
| Prefer not to say | 7 | 2.1% | 5.3% |
| Unknown | 0 | 0.0% | 5.9% |
| Grand Total | 334 | 100.0% | 100.0% |

Observations

* There is a lower proportion of disabled staff undertaking non-mandatory/CPD training than the overall workforce representation.

**WSHT**

| **Disability Status** | **Number of staff attending training** | **% of staff attending training** | **Workforce Representation** |
| --- | --- | --- | --- |
| Disabled | 90 | 3.3% | 3.1% |
| Not Disabled | 2045 | 74.6% | 71.8% |
| Prefer not to say | 474 | 17.3% | 18.6% |
| Unknown | 132 | 4.8% | 6.5% |
| Grand Total | 2741 | 100.0% | 100.0% |

Observation

* There is a slightly higher proportion of disabled staff undertaking non-mandatory/CPD training than the overall workforce representation.

### Employee relations processes broken down by age

**BSUH**

| **Disability Status** | **Capability (Non-UHR)** | **Capability (Non-UHR) %** | **Capability (UHR)** | **Capability (UHR) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Prefer not to say | 32 | 100% | 8 | 100% | 5.3% |
| **Total** | **32** | **100%** | **8** | **100%** |  |

| **Disability Status** | **Harassment Cases** | **Harassment Cases %** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce  Rep %** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Prefer not to say | 4 | 100% | 9 | 100% | 23 | 100% | 5.30% |
| **Total** | **4** | **100%** | **9** | **100%** | **23** | **100%** |  |

| **Disability Status** | **All Dismissals %** | **All Dismissals** | **Dismissals (Sickness only)** | **Dismissals (Sickness only) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Prefer not to say | 17 | 100% | 13 | 100% | 5.30% |
| **Total** | **17** | **100%** | **13** | **100%** |  |

Observations

* In all employee relations procedures/processes, all staff that have been subject to them have declined to provide their disability status.

**WSHT**

| **Disability Status** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Disabled |  | 0.0% | 2 | 3.8% | 3.1% |
| Not Disabled | 19 | 67.9% | 31 | 58.5% | 71.8% |
| Unknown | 9 | 32.1% | 20 | 37.7% | 6.5% |
| **Total** | **28** | **100%** | **53** | **100%** |  |

Observations

* Disabled staff were not involved in grievance cases, but there was a slightly higher representation of disabled staff in disciplinary processes than the overall workforce representation.

### Leavers broken down by disability

**BSUH**

| **Disability Status** | **2020/21 BSUH Leavers** | **2020/21 BSUH Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Not Disabled | 1217 | 79.7% | 7331 | 82.6% |
| Disabled | 98 | 6.4% | 547 | 6.2% |
| Prefer not to say | 7 | 0.5% | 473 | 5.3% |
| Unknown | 205 | 13.4% | 522 | 5.9% |
| **Grand Total** | **1527** | **100.0%** | **8873** | **100.0%** |

Observations

* A proportionate number of disabled staff have left the organisation compared to the overall workforce representation.
* There is also a high proportion of staff whose disability status is unknown that have left the organisation. This group of staff may impact the future overall disability representation of the workforce.

**WSHT**

| **Disability Status** | **2020/21 WSHT Leavers** | **2020/21 WSHT Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Not Disabled | 448 | 65.7% | 5401 | 71.8% |
| Disabled | 33 | 4.8% | 230 | 3.1% |
| Prefer not to say | 173 | 25.4% | 1401 | 18.6% |
| Unknown | 28 | 4.1% | 487 | 6.5% |
| **Grand Total** | **682** | **100.0%** | **7519** | **100.0%** |

Observations

* A proportionate number of disabled staff are leaving the organisation compared to the overall workforce representation.
* A high proportion of leavers are staff that have declined to specify their disability status have left the organisation.

## Ethnicity

### Representation of staff within the workforce broken down by ethnicity

| **Ethnicity** | **Asian** | **Black** | **Mixed** | **Other** | **White** | **White-Other** | **Unknown** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2019/20 (BSUH)** | 9.1% | 2.9% | 2.6% | 3.9% | 65.5% | 12.8% | 3.3% |
| **2020/21 (BSUH)** | 9.6% | 2.9% | 3.0% | 3.9% | 65.1% | 12.6% | 2.9% |
| **2019/20 (WSHT)** | 9.7% | 1.9% | 1.4% | 3.7% | 68.7% | 8.6% | 6.1% |
| **2020/21 (WSHT)** | 11.1% | 1.8% | 1.5% | 3.7% | 68.4% | 8.2% | 5.3% |
| **Census 2011 (SE England)** | 5.2% | 1.6% | 1.9% | 0.6% | 85.2% | 5.4% |  |

Observations:

* Overall the workforce representation for most ethnic groups is greater than the 2011 Census data; this excludes white for BSUH and white and mixed heritage groups for WSHT.
* Compared to the previous year, there have not been significant changes in the ethnicity profiles of the workforces. WSHT has seen an increase of more than 1% of Asian staff.

### Breakdown of ethnicity by pay banding

Items in bold highlight where there is a great representation of that particular group compared to the representation in the overall workforce

**BSUH**

| **Pay Band** | **Asian** | **Black** | **Other** | **Mixed** | **White** | **White-Other** | **Unknown** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Band 1 | 6.7% | **7.9%** | **4.5%** | **6.7%** | 19.1% | **47.2%** | **7.9%** |
| Band 2 | **10.2%** | **2.9%** | **3.9%** | **3.2%** | 58.1% | **19.9%** | 1.8% |
| Band 3 | 6.2% | 2.8% | 3.6% | **3.0%** | **71.7%** | 11.4% | 1.3% |
| Band 4 | 4.8% | **3.6%** | 1.5% | 2.1% | **77.7%** | 8.1% | 2.2% |
| Band 5 | **12.6%** | **3.8%** | **6.3%** | 2.5% | 58.5% | **14.3%** | 2.1% |
| Band 6 | 6.9% | 2.3% | **4.5%** | 1.9% | **70.1%** | 12.1% | 2.3% |
| Band 7 | 4.7% | 1.8% | 1.6% | 2.8% | **81.9%** | 6.0% | 1.2% |
| Band 8a | 4.3% | 2.3% | 1.9% | **3.1%** | **83.7%** | 3.5% | 1.2% |
| Band 8b | 2.7% | 2.7% | 0.0% | 0.9% | **87.5%** | 4.5% | 1.8% |
| Band 8c | 0.0% | **5.0%** | 0.0% | 0.0% | **87.5%** | 5.0% | 2.5% |
| Band 8d | 0.0% | **4.8%** | 0.0% | **4.8%** | **81.0%** | 9.5% | 0.0% |
| Band 9 | 0.0% | **6.3%** | 0.0% | 0.0% | **81.3%** | 0.0% | **12.5%** |
| Directors | 9.1% | 0.0% | 0.0% | 0.0% | 54.5% | 0.0% | **36.4%** |
| Medical & Dental - Consultant | **21.3%** | 2.5% | 3.7% | **3.7%** | 54.6% | 11.2% | **3.1%** |
| Medical & Dental - Middle Grade | **21.8%** | **5.5%** | **10.9%** | **9.1%** | 32.7% | **16.4%** | **3.6%** |
| Medical & Dental - Training | **18.3%** | **3.0%** | **4.2%** | **5.8%** | 47.4% | 9.2% | **12.1%** |
| Local Scale | 0.0% | 0.0% | 0.0% | 0.0% | **100.0%** | 0.0% | 0.0% |

Observations

When comparing to the overall workforce representation:

* Asian staff have a good representation in bands/grades 2, 5, directors and all medical roles. There is a lower than expected representation in bands 1, 3-4, 6-8b, and there is no representation in bands 8c-9.
* Black staff have a good representation in bands/grades 1-6a, 8a-9, and all medical roles. There is a lower than expected representation in 7 and no representation in directors.
* Mixed heritage staff have a good representation in bands/grades 1-3, 5, 7-8a, 8d and all medical roles. There is a lower than expected representation in bands 4, 6 and 8b; there is no representation in bands 8c, 9 and directors.
* Other ethnicity staff have a good representation in bands/grades1-3, 5-6 and all medical grades. There is a lower than expected representation in 4, 7 and 8a and no representation in 8b-9 and directors.
* White staff are generally well represented in all bands, in bands/grades 1, 2, 5, directors and all medical grades.
* White-Other staff have a good representation in 1, 2, 3, 5-6 and middle-grade doctors. There is a lower than expected representation in 4, 7-8d and medical consultants and trainees; there is no representation in band 9 and directors.
* There is a disproportionately high number of staff whose ethnicity is unknown in band 9, directors and all medical grades.

**WSHT**

| **Pay Band** | **Asian** | **Black** | **Other** | **Mixed** | **White** | **White-Other** | **Unknown** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Band 1 | 4.9% | **2.4%** | 0.0% | **2.4%** | 65.9% | **19.5%** | 4.9% |
| Band 2 | 9.5% | 1.0% | 3.1% | 1.0% | 67.7% | **12.5%** | 5.1% |
| Band 3 | 8.9% | 1.3% | 2.8% | 0.8% | **76.7%** | 6.4% | 3.1% |
| Band 4 | 2.4% | 1.0% | 1.4% | **1.6%** | **86.5%** | 4.9% | 2.0% |
| Band 5 | **20.6%** | **1.9%** | **7.2%** | **2.1%** | 53.1% | 6.5% | **8.5%** |
| Band 6 | 6.2% | 1.7% | **4.4%** | 1.4% | **75.0%** | 6.9% | 4.5% |
| Band 7 | 4.2% | 0.9% | 1.8% | 0.9% | **82.5%** | 5.2% | 4.5% |
| Band 8a | 4.2% | **1.8%** | 0.6% | 0.6% | **82.7%** | 6.0% | 4.2% |
| Band 8b | 0.0% | 1.4% | 0.0% | 0.0% | **95.8%** | 1.4% | 1.4% |
| Band 8c | 0.0% | 0.0% | 0.0% | 0.0% | **93.3%** | 3.3% | 3.3% |
| Band 8d | **12.5%** | 0.0% | 0.0% | 0.0% | **87.5%** | 0.0% | 0.0% |
| Band 9 | 0.0% | 0.0% | 0.0% | 0.0% | **100.0%** | 0.0% | 0.0% |
| Directors | 4.8% | 0.0% | 0.0% | 0.0% | **71.4%** | 0.0% | **23.8%** |
| Medical & Dental - Consultant | **17.5%** | **2.8%** | 2.5% | **2.3%** | 56.1% | **13.8%** | 5.1% |
| Medical & Dental - Middle Grade | **24.5%** | **7.2%** | **5.1%** | **3.5%** | 43.1% | **8.4%** | **8.2%** |
| Medical & Dental - Training | **20.3%** | 1.7% | 0.8% | **4.2%** | 66.1% | 2.5% | 4.2% |

Observations

When comparing to the overall workforce:

* Asian staff have a higher than expected representation in bands 5, 8d and all medical grades. There is a lower than expected representation in bands 1-4, 6-8a and directors; there is no representation in bands 8b-c and 9.
* Black staff have a good representation in 1, 5-6, 8a and all medical grades. There is a lower than expected representation in 2-4, 7 and 8b; there is no representation in bands 8c-9 and directors.
* Mixed heritage staff have a good representation in 1, 4-6 and all medical grades. There is a lower than expected representation in bands 2-3 and 6-8a; there is no representation in bands 8b-9 and directors.
* Other ethnicity staff have a good representation in 5-6 and medical middle grade. There is a lower than expected representation in bands/grades 2-4, 7-8a, medical consultants and trainees; there is no representation in bands 8b-9 and directors.
* White staff generally have a good to higher than expected representation in most bands except in bands five and all medical roles.
* White-Other staff have a good representation in bands/grades 1-2 and medical consultant and middle grades. There is a lower than expected representation in bands 3-8c; and no representation in 8d-9 and directors.
* There are a disproportionately high number of directors where their ethnicity is unknown.

### Breakdown of ethnicity in recruitment processes

The data compares the three stages of recruitment compared to the workforce representation within the organisation.

**BSUH**

|  | **Applications** | **Shortlisted** | **Appointed** | **Workforce** |
| --- | --- | --- | --- | --- |
| Asian | 15.1% | 8.4% | 4.4% | 9.6% |
| Black | 18.1% | 10.1% | 5.7% | 2.9% |
| Mixed | 4.7% | 3.5% | 2.6% | 3.0% |
| Other | 4.8% | 3.2% | 2.0% | 3.9% |
| White | 41.2% | 53.3% | 50.5% | 65.1% |
| White - Other | 11.8% | 12.7% | 11.4% | 12.6% |
| Prefer not to say | 2.0% | 1.5% | 0.7% | 0.0% |
| Unknown | 2.2% | 7.3% | 22.7% | 2.9% |
| Grand Total | 100% | 100% | 100% | 100.0% |

Observations

* Compared to the overall workforce representation, for the majority of the minority groups, there is a larger than expected representation at the application stage. When progressing through to shortlisting and appointment, there is a progressive drop. This is particularly pronounced in Asian and Black candidates.
* There is a lower representation for white candidates throughout all stages of recruitment, but the representation progressively increases.
* White-Other candidates are relatively in line and consistent with the workforce representation throughout all stages of recruitment.
* There is a disproportionately high number of candidates where their ethnicity is not known that have been appointed.

**WSHT**

| **Ethnicity** | **Applications** | **Shortlisted** | **Appointed** | **Workforce** |
| --- | --- | --- | --- | --- |
| Asian | 19.0% | 12.2% | 8.2% | 11.1% |
| Black | 17.9% | 3.8% | 3.0% | 1.8% |
| Mixed | 3.6% | 1.8% | 1.3% | 1.5% |
| Other | 5.0% | 2.2% | 1.1% | 3.7% |
| White | 45.1% | 69.6% | 74.2% | 68.4% |
| White - Other | 7.4% | 7.6% | 7.3% | 8.2% |
| Prefer not to say | 1.5% | 1.4% | 0.9% | 0.0% |
| Unknown | 0.4% | 1.5% | 3.9% | 5.3% |
| Total | 100.0% | 100.0% | 100.0% | 100.0% |

Observations

* Compared to the overall workforce representation, for most minority groups, there is a large representation at the application stage. However, when progressing to shortlisting and appointment stages, there is a progressive drop in representation. The drop is quite pronounced in Asian, Black and Other ethnicity groups.
* For White candidates, there are proportionally fewer applicants at the application stage than the overall workforce representation; as candidates progress through to shortlisting and appointment stages, the proportion of white candidates increases (greater than the overall workforce representation).
* For White-Other candidates, the representation at all stages in recruitment is slightly lower than the overall workforce representation; however, the representation remains relatively consistent through the recruitment stages.

### Uptake of non-mandatory training or continuing professional development

**BSUH**

| **Ethnicity** | **No. of staff attending training** | **% staff attending training** | **Workforce representation** |
| --- | --- | --- | --- |
| Asian | 39 | 11.7% | 9.6% |
| Black | 4 | 1.2% | 2.9% |
| Mixed | 9 | 2.7% | 3.0% |
| Other | 18 | 5.4% | 3.9% |
| White | 232 | 69.5% | 65.1% |
| White - Other | 29 | 8.7% | 12.6% |
| Prefer not to say | 3 | 0.9% |  |
| Unknown |  |  | 2.9% |
| Grand Total | 334 | 100.0% |  |

Observations

* Asian, Mixed, other ethnicities, and White staff have an equal or greater representation in training than the overall workforce representation.
* Black and White-Other have a lower representation in training compared to the overall workforce representation.

**WSHT**

| **Ethnicity** | **No. of staff attending training** | **% staff attending training** | **Workforce representation** |
| --- | --- | --- | --- |
| Asian | 375 | 13.7% | 11.1% |
| Black | 56 | 2.0% | 1.8% |
| Mixed | 40 | 1.5% | 1.5% |
| Other | 82 | 3.0% | 3.7% |
| White | 1847 | 67.4% | 68.4% |
| White - Other | 189 | 6.9% | 8.2% |
| Unknown | 152 | 5.5% | 5.3% |
| Grand Total | 2741 | 100.0% |  |

Observations

* Asian, Black, and mixed heritage staff have an equal or higher representation in training compared to the overall workforce representation.
* Other ethnicities and white staff have a close representation compared to the overall workforce representation.
* White-Other has a lower representation in training compared to the overall workforce representation.

### Employee relations processes broken down by ethnicity

**BSUH**

| **Ethnicity** | **Capability (Non-UHR)** | **Capability (Non-UHR) %** | **Capability (UHR)** | **Capability (UHR) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| **White** | 26 | 81.3% | 6 | 75.0% | 65.1% |
| **White - Other** | 5 | 15.6% | 2 | 25.0% | 12.6% |
| **Asian** | 1 | 3.1% |  |  | 9.6% |
| **Total** | **32** | **100.0%** | **8** | **100.0%** |  |

| **Ethnicity** | **Harassment Cases** | **Harassment Cases %** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Black** |  |  |  |  | 1 | 4.3% | 2.9% |
| **White** | 4 | 100.0% | 9 | 100.0% | 13 | 56.5% | 65.1% |
| **White - Other** | 0 | 0.0% | 0 | 0.0% | 9 | 39.1% | 12.6% |
| **Total** | **4** | **100.0%** | **9** | **100.0%** | **23** | **100.0%** |  |

| **Ethnicity** | **All Dismissals %** | **All Dismissals** | **Dismissals (Sickness only)** | **Dismissals (Sickness only) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| White | 14 | 82.4% | 11 | 84.6% | 65.1% |
| White - Other | 3 | 17.6% | 2 | 15.4% | 12.6% |
| **Total** | **17** | 100.0% | **13** | 100.0% |  |

Observations

* White and White-Other staff has a higher than expected representation in all capability processes.
* White staff have a higher than expected representation in harassment and grievance cases. White-Other and Black staff have a higher than expected representation in disciplinary cases.
* White and White-Other staff has a higher than expected representation in dismissals.

**WSHT**

| **Ethnicity** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Asian | 3 | 10.7% | 9 | 17.0% | 11.1% |
| Black | 2 | 7.1% | 3 | 5.7% | 1.8% |
| Other |  |  | 1 | 1.9% | 3.7% |
| White | 19 | 67.9% | 32 | 60.4% | 68.4% |
| White - Other | 1 | 3.6% | 4 | 7.5% | 8.2% |
| Unknown | 3 | 10.7% | 4 | 7.5% | 5.3% |
| **Total** | **28** | **100%** | **53** | **100%** |  |

Observations

* Black staff have a higher than expected representation in disciplinary and grievance cases, while Asian staff have a higher than expected representation in disciplinary cases.
* All other declared groups’ representation is lower than their overall workforce representation.

### Leavers broken down by ethnicity

**BSUH**

| **Ethnic Category** | **2020/21 BSUH Leavers** | **2020/21 BSUH Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Asian | 143 | 9.4% | 856 | 9.6% |
| Black | 53 | 3.5% | 260 | 2.9% |
| Mixed | 37 | 2.4% | 266 | 3.0% |
| Other | 39 | 2.6% | 343 | 3.9% |
| White | 962 | 63.0% | 5775 | 65.1% |
| White - Other | 180 | 11.8% | 1115 | 12.6% |
| Unknown | 113 | 7.4% | 258 | 2.9% |
| **Grand Total** | **1527** | **100.0%** | **8873** | **100.0%** |

Observations

* A higher number of black staff are leaving the organisation when compared to the overall workforce representation.
* Leavers in all other declared groups are lower than the overall workforce representation.
* A higher proportion (compared to overall workforce representation) of staff whose ethnicity is unknown has left the organisation.

**WSHT**

| **Ethnic Category** | **2020/21 WSHT Leavers** | **2020/21 WSHT Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Asian | 63 | 9.2% | 835 | 11.1% |
| Black | 24 | 3.5% | 133 | 1.8% |
| Mixed | 10 | 1.5% | 113 | 1.5% |
| Other | 4 | 0.6% | 277 | 3.7% |
| White | 485 | 71.1% | 5143 | 68.4% |
| White - Other | 46 | 6.7% | 620 | 8.2% |
| Unknown | 50 | 7.3% | 397 | 5.3% |
| **Grand Total** | **682** | **100.0%** | **7518** | **100.0%** |

Observations

* Black and White staff have a higher representation in the leavers data compared to their overall workforce representation.
* All other declared groups have an equal or lower representation in the leavers data compared to their workforce representation.
* A high proportion of unknown ethnicity staff has left the organisation compared to the overall workforce representation.

## Gender

### Representation of staff within the workforce broken down by gender

|  | **Female** | **Male** |
| --- | --- | --- |
| **2019/20 (BSUH)** | 71.5% | 28.5% |
| **2020/21 (BSUH)** | 71.1% | 28.9% |
| **2019/20 (WSHT)** | 77.0% | 23.0% |
| **2020/21 (WSHT)** | 76.9% | 23.1% |
| **Census 2011 (SE England)** | 50.9% | 49.1% |

Observations:

* Neither BSUH nor WSHT’s workforces reflect the 2011 Census data, but the gender profile broadly aligns with the national NHS workforce data.
* There have not been any significant changes to the BSUH or WSHT gender profile compared to the previous year.

### Breakdown of gender by pay banding

The items in bold show where a greater representation of that particular group than representation in the overall workforce

**BSUH**

| **Pay Band** | **Female** | **Male** |
| --- | --- | --- |
| Band 1 | 69.7% | **30.3%** |
| Band 2 | 64.9% | **35.1%** |
| Band 3 | **73.6%** | 26.4% |
| Band 4 | **79.0%** | 21.0% |
| Band 5 | **79.4%** | 20.6% |
| Band 6 | **82.0%** | 18.0% |
| Band 7 | **77.8%** | 22.2% |
| Band 8a | 67.1% | **32.9%** |
| Band 8b | 65.2% | **34.8%** |
| Band 8c | 62.5% | **37.5%** |
| Band 8d | 42.9% | **57.1%** |
| Band 9 | 43.8% | **56.3%** |
| Directors | 63.6% | **36.4%** |
| Medical & Dental - Consultant | 41.5% | **58.5%** |
| Medical & Dental - Middle Grade | 45.5% | **54.5%** |
| Medical & Dental - Training | 55.3% | **44.7%** |
| Local Scale | 0.0% | **100.0%** |

Observations

* There is a fair to good representation of female staff in bands 1-8b. There is a lower than expected representation from 8c-9, directors and all medical grades than the overall workforce representation.
* Female staff have the highest representation in bands 3-7.
* Male staff are well represented in bands 1-3, 8a-9, directors and medical grades. Apart from bands 3-7 (lower than expected), male staff have a higher than expected representation than the overall workforce.

**WSHT**

| **Pay Band** | **Female** | **Male** |
| --- | --- | --- |
| Band 1 | 56.1% | **43.9%** |
| Band 2 | 75.8% | **24.2%** |
| Band 3 | **79.1%** | 20.9% |
| Band 4 | **86.3%** | 13.7% |
| Band 5 | **84.2%** | 15.8% |
| Band 6 | **86.7%** | 13.3% |
| Band 7 | **83.3%** | 16.7% |
| Band 8a | 70.2% | **29.8%** |
| Band 8b | 66.2% | **33.8%** |
| Band 8c | 76.7% | **23.3%** |
| Band 8d | **87.5%** | 12.5% |
| Band 9 | 57.1% | **42.9%** |
| Directors | 52.4% | **47.6%** |
| Medical & Dental - Consultant | 35.8% | **64.2%** |
| Medical & Dental - Middle Grade | 53.8% | **46.2%** |
| Medical & Dental - Training | 62.7% | **37.3%** |

Observations

* There is a good representation of female staff in bands 2-7 and 8c-d. For all other bands, female staff have a lower than expected representation than the overall workforce.
* Female staff have a higher than the overall workforce representation in bands 3-7 and 8d.
* Male staff have a larger than expected representation (than the overall workforce representation) in bands 1-2, 8a-c, 9, directors and all medical grades. In all other bands, male staff have a lower representation than expected.

### Breakdown of gender in recruitment processes

The data compares the three stages of recruitment compared to the workforce representation within the organisation.

**BSUH**

| **Gender** | **Applications** | **Shortlisted** | **Appointed** | **Workforce** |
| --- | --- | --- | --- | --- |
| Male | 37.9% | 28.7% | 27.3% | 28.9% |
| Female | 61.4% | 70.8% | 72.0% | 71.1% |
| Prefer not to say | 0.7% | 0.5% | 0.6% |  |
| Unknown | 0.0% | 0.0% | 0.0% |  |
| Total | 100.0% | 100.0% | 100.0% |  |

Observations

* There is a greater proportion of male candidates (than the overall workforce representation) at the application stage. However, at shortlisting and appointment stages, the representation of male candidates are broadly in line with the overall workforce representation.
* There is a lower representation of female applicants at the application stage than in the overall workforce representation. However, at shortlisting and appointment stages, the representation of female candidates is broadly in line with the overall workforce representation.
* The overall conversion throughout the recruitment process may suggest that male candidates may suggest that they experience a disadvantage; the opposite is true for female candidates.

**WSHT**

| **Gender** | **Applications** | **Shortlisted** | **Appointed** | **Workforce** |
| --- | --- | --- | --- | --- |
| Male | 34.9% | 25.1% | 22.2% | 23.1% |
| Female | 64.8% | 74.6% | 77.6% | 76.9% |
| Prefer not to say | 0.3% | 0.3% | 0.2% |  |
| Unknown | 0.0% | 0.0% | 0.0% |  |
| Total | 100.0% | 100.0% | 100.0% |  |

Observations

* There is a greater proportion of male candidates (than the overall workforce representation) at the application stage. However, at shortlisting and appointment stages, the representation of male candidates are broadly in line with the overall workforce representation.
* There is a lower representation of female applicants at the application stage than in the overall workforce representation. However, at shortlisting and appointment stages, the representation of female candidates is broadly in line with the overall workforce representation.
* The overall conversion throughout the recruitment process may suggest that male candidates may suggest that they experience a disadvantage; the opposite is true for female candidates.

### Uptake of non-mandatory training or continuing professional development

**BSUH**

| **Recorded Gender** | **Number of staff attending training** | **% staff attending training** | **Workforce representation** |
| --- | --- | --- | --- |
| Female | 268 | 80.2% | 71.1% |
| Male | 65 | 19.5% | 28.9% |
| Prefer not to say | 1 | 0.3% |  |
| Grand Total | 334 | 100.0% | 100.0% |

Observations

* A higher proportion of female staff has undertaken non-mandatory/CPD training than the overall workforce representation; the opposite is true for male staff.

**WSHT**

| **Recorded Gender** | **Number of staff attending training** | **% staff attending training** | **Workforce representation** |
| --- | --- | --- | --- |
| Female | 2285 | 83.4% | 76.9% |
| Male | 456 | 16.6% | 23.1% |
| Grand Total | 2741 | 100.0% | 100.0% |

Observations

* A higher proportion of female staff has undertaken non-mandatory/CPD training than the overall workforce representation; the opposite is true for male staff.

### Employee relations processes broken down by gender

**BSUH**

| **Recorded Gender** | **Capability (Non-UHR)** | **Capability (Non-UHR) %** | **Capability (UHR)** | **Capability (UHR) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Female | 27 | 84.4% | 5 | 62.5% | 71.1% |
| Male | 5 | 15.6% | 3 | 37.5% | 28.9% |
| **Total** | **32** | **100%** | **8** | **100%** |  |

| **Recorded Gender** | **Harassment Cases** | **Harassment Cases %** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Female | 4 | 100.0% | 7 | 77.8% | 13 | 56.5% | 71.1% |
| Male | 0 | 0.0% | 2 | 22.2% | 10 | 43.5% | 28.9% |
| **Total** | **4** | **100.0%** | **9** | **100.0%** | **23** | **100.0%** |  |

| **Recorded Gender** | **All Dismissals** | **All Dismissals %** | **Dismissals (Sickness only)** | **Dismissals (Sickness only) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Female | 13 | 76.5% | 11 | 84.6% | 71.1% |
| Male | 4 | 23.5% | 2 | 15.4% | 28.9% |
| **Total** | **17** | **100.0%** | **13** | **100.0%** |  |

Observations

Compared to the overall workforce representation

* Female staff have a higher than expected representation in capability (non-underlying health reasons), but male staff have a higher than expected representation in capability (underlying health reasons).
* Female staff has a higher than expected representation in harassment cases, while male staff have a higher representation in disciplinary cases.
* Grievance cases are broadly in line with the overall workforce representation.
* In dismissals, both male and female staff representation broadly aligns with the workforce. But in dismissals relating to sickness, women have a higher than expected representation.
* Men have a lower representation than that of all dismissal processes.

**WSHT**

| **Recorded Gender** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Female | 19 | 67.9% | 34 | 64.2% | 76.9% |
| Male | 9 | 32.1% | 19 | 35.8% | 23.1% |
| **Total** | **28** | **100%** | **53** | **100%** |  |

Observations

* In both grievances and disciplinaries, male staff have a higher than expected representation, and the opposite is true for female staff.

### Leavers broken down by gender

**BSUH**

| **Recorded Gender** | **2020/21 BSUH Leavers** | **2020/21 BSUH Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Female | 1041 | 68.2% | 6312 | 71.1% |
| Male | 486 | 31.8% | 2561 | 28.9% |
| Grand Total | 1527 | 100.0% | 8873 | 100.0% |

Observations

* Male and female staff that have left the organisation is broadly in line with the workforce representation.

**WSHT**

| **Recorded Gender** | **2020/21 WSHT Leavers** | **2020/21 WSHT Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Female | 505 | 74.0% | 5780 | 76.9% |
| Male | 177 | 26.0% | 1739 | 23.1% |
| **Grand Total** | **682** | **100.0%** | **7519** | **100.0%** |

Observations

* Male and female staff that have left the organisation is broadly in line with the workforce representation.

## Marital Status (Marriage and Civil Partnership)

### Representation of staff within the workforce broken down by marital status

|  | **Civil Partnership** | **Divorced** | **Legally Separated** | **Married** | **Single** | **Widowed** | **Unknown** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2019/20 (BSUH)** | 1.5% | 4.7% | 1.2% | 42.9% | 45.1% | 0.7% | 4.0% |
| **2020/21 (BSUH)** | 1.9% | 4.9% | 1.1% | 41.8% | 44.8% | 0.6% | 4.9% |
| **2019/20 (WSHT)** | 1.0% | 6.4% | 1.3% | 52.5% | 35.0% | 1.1% | 2.7% |
| **2020/21 (WSHT)** | 1.1% | 6.2% | 1.2% | 51.2% | 36.5% | 1.1% | 2.7% |
| **Census 2011 (SE England)** | 0.9% | 6.5% | 2.0% | 48.9% | 34.4% | 6.2% | 1.1% |

Observations:

* There is a greater representation of staff in a civil partnership compared to the 2011 Census data.
* There is a lower representation of married staff than the 2011 Census data in the BSUH workforce but higher in WSHT.
* There has been an increase in staff representation in a civil partnership and a decrease in married staff from the previous year.

### Breakdown of marital status by pay banding

The items in bold show a greater representation of that particular group compared to the representation in the overall workforce

**BSUH**

| **AFC Banding** | **Civil Partnership** | **Divorced** | **Legally Separated** | **Married** | **Single** | **Widowed** | **Unknown** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Band 1 | **2.2%** | **5.6%** | **1.1%** | 28.1% | **51.7%** | **1.1%** | **10.1%** |
| Band 2 | **2.8%** | **5.8%** | **1.5%** | 37.3% | 44.2% | **1.2%** | **7.2%** |
| Band 3 | **2.3%** | **7.8%** | **1.3%** | 41.3% | 42.0% | **0.9%** | 4.4% |
| Band 4 | 1.6% | **8.4%** | **1.5%** | 39.8% | 43.6% | **0.9%** | 4.2% |
| Band 5 | 1.5% | 4.3% | **1.3%** | 34.9% | **54.1%** | 0.2% | 3.8% |
| Band 6 | 1.7% | 4.1% | **1.4%** | **44.2%** | 44.4% | 0.5% | 3.7% |
| Band 7 | **2.0%** | **5.6%** | 0.4% | **49.2%** | 38.4% | 0.4% | 4.1% |
| Band 8a | **1.9%** | **6.6%** | 0.8% | **53.9%** | 29.5% | **1.2%** | **6.2%** |
| Band 8b | 0.0% | 0.9% | **2.7%** | **48.2%** | 38.4% | **2.7%** | **7.1%** |
| Band 8c | **2.5%** | **7.5%** | **2.5%** | **42.5%** | 35.0% | 0.0% | **10.0%** |
| Band 8d | **4.8%** | 0.0% | **9.5%** | **66.7%** | 9.5% | 0.0% | **9.5%** |
| Band 9 | 0.0% | **18.8%** | 0.0% | **56.3%** | 18.8% | 0.0% | **6.3%** |
| Directors | 0.0% | 0.0% | 0.0% | **63.6%** | 36.4% | 0.0% | 0.0% |
| Medical & Dental - Consultant | 1.4% | 1.0% | 0.0% | **70.6%** | 22.9% | 0.4% | 3.7% |
| Medical & Dental - Middle Grade | 0.0% | **7.3%** | 0.0% | **63.6%** | 23.6% | 0.0% | **5.5%** |
| Medical & Dental - Training | 1.3% | 0.5% | 0.3% | 28.4% | **64.2%** | 0.0% | **5.2%** |
| Local Scale | 0.0% | 0.0% | 0.0% | 0.0% | **100.0%** | 0.0% | 0.0% |

Observations

* There is a greater representation compared to the overall staff workforce representation in a civil partnership in bands 1-3,7-8a and 8c-d; there is a fair representation in bands 4-6, medical consultants and trainees. In all other bands/grades, there is no representation.
* There is a greater representation than the overall workforce of married staff in bands 7-9, directors and medical consultants and middle-grade doctors. All other bands/grades have a low to fair representation.

**WSHT**

| **AFC Banding** | **Civil Partnership** | **Divorced** | **Legally Separated** | **Married** | **Single** | **Widowed** | **Unknown** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Band 1 | **2.4%** | 0.0% | 0.0% | 41.5% | **51.2%** | **2.4%** | 2.4% |
| Band 2 | **1.4%** | **7.5%** | **1.4%** | 49.5% | 35.6% | **1.8%** | 2.8% |
| Band 3 | **1.4%** | **9.8%** | **1.3%** | 45.7% | **37.8%** | **1.5%** | 2.5% |
| Band 4 | **1.6%** | **9.6%** | **2.4%** | 49.2% | 32.9% | **1.2%** | 3.1% |
| Band 5 | 0.6% | 5.0% | 1.0% | 45.0% | **45.7%** | **1.2%** | 1.5% |
| Band 6 | **1.1%** | 4.5% | **1.2%** | **55.2%** | 35.1% | 0.6% | 2.3% |
| Band 7 | 0.9% | **8.4%** | **1.3%** | **60.1%** | 24.9% | 0.9% | 3.4% |
| Band 8a | **1.8%** | **7.7%** | **2.4%** | **60.1%** | 25.6% | 0.0% | 2.4% |
| Band 8b | **1.4%** | 5.6% | 0.0% | **76.1%** | 12.7% | 0.0% | 4.2% |
| Band 8c | **3.3%** | **10.0%** | 0.0% | **70.0%** | 16.7% | 0.0% | 0.0% |
| Band 8d | 0.0% | **12.5%** | **12.5%** | **75.0%** | 0.0% | 0.0% | 0.0% |
| Band 9 | 0.0% | **14.3%** | 0.0% | **57.1%** | 28.6% | 0.0% | 0.0% |
| Directors | 0.0% | 4.8% | **4.8%** | **76.2%** | 9.5% | 0.0% | 4.8% |
| Medical & Dental - Consultant | 0.0% | 1.4% | 0.3% | **81.1%** | 13.2% | 0.0% | 3.9% |
| Medical & Dental - Middle Grade | 0.2% | 0.2% | 0.0% | 44.1% | **51.3%** | 0.0% | 4.2% |
| Medical & Dental - Training | 0.0% | 0.8% | 0.0% | 2.5% | **89.8%** | 0.0% | **6.8%** |

Observations

* There is a greater representation than the overall workforce of staff in a civil partnership in bands 1-4, 6 and 8a-c; there is a fair representation in bands 5, 7 and middle-grade doctors. All other bands/grades have no staff representation in a civil partnership.
* There is a good representation of married staff across all bands/grades, except with medical trainees.
* The majority of (very) senior managers are married.

### Breakdown of marital status in recruitment processes

**T**he data compares the three stages of recruitment compared to the workforce representation within the organisation.

**BSUH**

| Marital Status | Applications | Shortlisted | Appointed | Workforce |
| --- | --- | --- | --- | --- |
| Single | 56.4% | 52.9% | 44.6% | 44.8% |
| Married | 30.9% | 27.8% | 22.7% | 41.8% |
| Civil partnership | 2.3% | 2.3% | 2.5% | 1.9% |
| Legally separated | 0.6% | 0.6% | 0.4% | 1.1% |
| Divorced | 3.2% | 4.0% | 3.5% | 4.9% |
| Widowed | 0.5% | 0.6% | 0.4% | 0.6% |
| Other | 1.5% | 2.2% | 3.1% |  |
| Prefer not to say | 2.4% | 2.6% | 1.8% |  |
| Not stated | 2.1% | 6.9% | 21.0% | 4.9% |
| Total | 100.0% | 100.0% | 100.0% | 100.0% |

Observations

* There is a great proportion of candidates throughout all stages of recruitment in a civil partnership, particularly at the appointment stage.
* The representation of candidates in a civil partnership is consistent through the three stages of recruitment.
* Married candidates have a lower than expected representation (compared to the overall representation) in all stages of recruitment.
* Throughout the three stages of recruitment, there is a gradual decrease in representation. The representation of married candidates at appointments is about half of that of the workforce representation.

**WSHT**

| Marital Status | Applications | Shortlisted | Appointed | Workforce |
| --- | --- | --- | --- | --- |
| Single | 50.6% | 45.9% | 45.4% | 36.5% |
| Married | 38.1% | 37.9% | 38.3% | 51.2% |
| Civil partnership | 2.1% | 2.4% | 2.3% | 1.1% |
| Legally separated | 0.7% | 1.1% | 0.4% | 1.2% |
| Divorced | 4.4% | 5.9% | 4.7% | 6.2% |
| Widowed | 0.6% | 0.8% | 0.0% | 1.1% |
| Other | 1.0% | 1.7% | 2.1% |  |
| Prefer not to say | 2.0% | 2.3% | 2.7% |  |
| Not stated | 0.5% | 1.9% | 4.1% | 2.7% |
| Total | 100.0% | 100.0% | 100.0% | 100.0% |

Observations

* Compared to the workforce representation, candidates in a civil partnership are represented about twice as much throughout the recruitment stages. The representation for this group is consistent throughout all stages.
* Married candidates (compared to the overall workforce representation) have a lower than expected representation. Across the three stages of recruitment, representation is broadly consistent.

### Uptake of non-mandatory training or continuing professional development

**BSUH**

| Marital Status | No. of staff attending training | % of workforce attending | Workforce Representation |
| --- | --- | --- | --- |
| Civil Partnership | 4 | 1.2% | 1.9% |
| Divorced | 5 | 1.5% | 4.9% |
| Legally Separated | 5 | 1.5% | 1.1% |
| Married | 130 | 38.9% | 41.8% |
| Single | 174 | 52.1% | 44.8% |
| Widowed | 2 | 0.6% | 0.6% |
| Prefer not to say | 14 | 4.2% |  |
| Unknown |  |  | 4.9% |
| Grand Total | 334 | 100.0% | 100.0% |

Observations

* Staff that are married or in a civil partnership have lower than expected representation in the uptake of training (compared to the overall workforce).

**WSHT**

| Marital Status | Number of staff attending training | % of workforce attending | Workforce Representation |
| --- | --- | --- | --- |
| Civil Partnership | 26 | 0.9% | 1.1% |
| Divorced | 160 | 5.8% | 6.2% |
| Legally Separated | 24 | 0.9% | 1.2% |
| Married | 1309 | 47.8% | 51.2% |
| Single | 1129 | 41.2% | 36.5% |
| Widowed | 19 | 0.7% | 1.1% |
| Unknown | 74 | 2.7% | 2.7% |
| Grand Total | 2741 | 100.0% | 100.0% |

Observations

* Staff that are married or in a civil partnership have a slightly lower than expected representation in the uptake of training (compared to the overall workforce).

### Employee relations processes broken down by marital status

**BSUH**

| **Marital Status** | **Capability (Non-UHR)** | **Capability (Non-UHR) %** | **Capability (UHR)** | **Capability (UHR) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Civil Partnership | 1 | 3% | 0 | 0% | 1.9% |
| Divorced | 3 | 10% | 1 | 13% | 4.9% |
| Married | 12 | 40% | 2 | 25% | 41.8% |
| Single | 13 | 43% | 5 | 63% | 44.8% |
| Widowed | 1 | 3% | 0 | 0% | 0.6% |
| Unknown | 2 | 7% | 0 | 0% | 4.9% |
| **Total** | **30** | **100%** | **8** | **100%** |  |

| **Marital Status** | **Harassment Cases** | **Harassment Cases %** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Divorced | 1 | 25.0% | 1 | 11.1% | 1 | 4.3% | 4.9% |
| Married | 3 | 75.0% | 4 | 44.4% | 10 | 43.5% | 41.8% |
| Single | 0 | 0.0% | 3 | 33.3% | 11 | 47.8% | 44.8% |
| Unknown | 0 | 0.0% | 1 | 11.1% | 1 | 4.3% | 4.9% |
| **Total** | **4** | **100.0%** | **9** | **100.0%** | **23** | **100.0%** |  |

| **Marital Status** | **All Dismissals** | **All Dismissals %** | **Dismissals (Sickness only)** | **Dismissals (Sickness only) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Married | 9 | 52.9% | 7 | 53.8% | 41.8% |
| Single | 7 | 41.2% | 5 | 38.5% | 44.8% |
| Unknown | 1 | 5.9% | 1 | 7.7% | 4.9% |
| **Total** | **17** | **100.0%** | **13** | **100.0%** |  |

Observations

Compared to the overall workforce representation

* Within capability (non-underlying reasons), staff in a civil partnership have a higher representation, but married staff have broadly proportion representation.
* For capability (underlying health reasons), staff in a civil; partnership are not represented, and married staff have a lower representation
* Staff in a civil partnership have no representation in harassment, grievance or disciplinary processes.
* Married staff have a high representation in harassment cases, and there is a slightly higher (but broadly similar) representation in grievance and disciplinary cases.
* Staff in a civil partnership have no representation in dismissals; married staff have a high representation.

**WSHT**

| **Marital Status** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Civil Partnership | 2 | 7.1% |  |  | 1.1% |
| Divorced | 1 |  | 5 | 9.4% | 6.2% |
| Legally Separated | 1 | 3.6% | 1 | 1.9% | 1.2% |
| Married | 16 | 57.1% | 24 | 45.3% | 51.2% |
| Single | 5 | 17.9% | 20 | 37.7% | 36.5% |
| Prefer not to say | 1 | 3.6% |  |  |  |
| Unknown | 2 | 7.1% | 3 | 5.7% | 2.7% |
| **Total** | **28** | **96%** | **53** | **100%** |  |

Observations

* Staff in a civil partnership or are married have a higher than expected representation in grievances. Married staff have a lower representation than the overall workforce representation in disciplinary cases, and staff in a civil partnership have no representation.

### Leavers broken down by marital status

**BSUH**

| **Marital Status** | **2020/21 BSUH Leavers** | **2020/21 BSUH Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Civil Partnership | 12 | 0.8% | 167 | 1.9% |
| Divorced | 71 | 4.6% | 437 | 4.9% |
| Legally Separated | 18 | 1.2% | 99 | 1.1% |
| Married | 502 | 32.9% | 3706 | 41.8% |
| Single | 824 | 54.0% | 3975 | 44.8% |
| Widowed | 16 | 1.0% | 57 | 0.6% |
| Unknown | 84 | 5.5% | 432 | 4.9% |
| **Grand Total** | **1527** | **100.0%** | **8873** | **100.0%** |

Observations

* Neither staff in a civil partnership or marriage have left the organisation at a higher rate than their representation in the overall workforce.

**WSHT**

| **Marital Status** | **2020/21 WSHT Leavers** | **2020/21 WSHT Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Civil Partnership | 3 | 0.4% | 79 | 1.1% |
| Divorced | 44 | 6.5% | 465 | 6.2% |
| Legally Separated | 9 | 1.3% | 92 | 1.2% |
| Married | 291 | 42.7% | 3850 | 51.2% |
| Single | 304 | 44.6% | 2747 | 36.5% |
| Widowed | 8 | 1.2% | 82 | 1.1% |
| Unknown | 23 | 3.4% | 204 | 2.7% |
| **Grand Total** | **682** | **100.0%** | **7519** | **100.0%** |

Observations

* Neither staff in a civil partnership or marriage have left the organisation at a higher rate than their representation in the overall workforce.

## Religion or Belief

### Representation of staff within the workforce broken down by religion or belief

|  | **Atheism** | **Buddhism** | **Christianity** | **Hinduism** | **Islam** | **Jainism** |
| --- | --- | --- | --- | --- | --- | --- |
| **2019/20 (BSUH)** | 19.3% | 0.8% | 37.6% | 1.6% | 1.9% | 0.0% |
| **2020/21 (BSUH)** | 20.8% | 0.9% | 37.6% | 1.8% | 2.2% | 0.0% |
| **2019/20 (WSHT)** | 13.8% | 0.7% | 48.4% | 1.5% | 1.6% | 0.0% |
| **2020/21 (WSHT)** | 15.4% | 0.7% | 47.8% | 1.7% | 1.6% | 0.0% |
| **Census 2011 (SE England)** | 27.6% | 0.5% | 59.7% | 1.2% | 2.3% |  |

|  | **Judaism** | **Other** | **Sikhism** | **Declined to Specify** | | **Unknown** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2019/20 (BSUH)** | 0.2% | 9.0% | 0.1% | 18.0% | 11.3% | |
| **2020/21 (BSUH)** | 0.2% | 9.8% | 0.1% | 16.9% | 9.5% | |
| **2019/20 (WSHT)** | 0.2% | 14.1% | 0.2% | 18.9% | 0.7% | |
| **2020/21 (WSHT)** | 0.2% | 13.8% | 0.2% | 18.0% | 0.6% | |
| **Census 2011 (SE England)** | 0.2% | 0.5% | 0.6% |  | 7.4% | |

Observations:

BSUH Workforce:

* Compared to the 2011 Census, the Trust has a lower representation of Atheists, Christians and Sikhs, a higher representation of Buddhists, Hindus and others (religion or beliefs) and broadly equal representation for Jewish and Muslim staff.
* Compared to the previous year, most religions or beliefs increased, except for Christians and Jains, which stayed the same. The number of staff where their religion or belief is unknown has decreased.

WSHT Workforce:

* Compared to the 2011 Census, the Trust has a lower representation of Atheists, Christians and Sikhs, a higher representation of Buddhists, Hindus, Muslims and others (religion or beliefs) and broadly equal representation for Jewish staff.
* Compared to the previous year, the overall representation of Atheists and Hindus increased, Buddhists, Muslims, Jains, Jewish and Sikh staff stayed the same and Christian and other religions or beliefs decreased.

### Breakdown of religion or belief by pay banding

The items in bold show there is a great representation of that particular group compared to the representation in the overall workforce

**BSUH**

| **Pay Band** | **Atheism** | **Buddhism** | **Christianity** | **Hinduism** | **Islam** | **Jainism** | **Judaism** | **Other** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Band 1 | 7.9% | **1.1%** | **56.2%** | **2.2%** | **9.0%** | 0.0% | 0.0% | 9.0% |
| Band 2 | 16.5% | **0.9%** | **45.2%** | 1.6% | **2.5%** | 0.0% | **0.2%** | **13.5%** |
| Band 3 | 17.6% | **1.2%** | **42.5%** | 1.0% | 1.7% | 23 | 0.1% | **12.2%** |
| Band 4 | 18.4% | 0.6% | 39.5% | 0.7% | 0.6% | 0.0% | **0.3%** | **12.4%** |
| Band 5 | **23.1%** | **1.0%** | **41.7%** | 1.5% | 0.7% | 0.0% | 0.1% | 9.1% |
| Band 6 | **24.0%** | 0.7% | 37.7% | 0.8% | 0.9% | 0.0% | 0.1% | 9.1% |
| Band 7 | **23.0%** | **1.3%** | 34.9% | 0.8% | 0.9% | **0.1%** | 0.1% | 8.7% |
| Band 8a | **20.9%** | 0.8% | 32.6% | **2.7%** | 1.2% | 0.0% | 0.0% | 7.8% |
| Band 8b | **23.2%** | **0.9%** | 31.3% | **1.8%** | 1.8% | 0.0% | 0.0% | **10.7%** |
| Band 8c | **32.5%** | 0.0% | 27.5% | 0.0% | 0.0% | 0.0% | 0.0% | **10.0%** |
| Band 8d | **33.3%** | 0.0% | 23.8% | 0.0% | 0.0% | 0.0% | 0.0% | 9.5% |
| Band 9 | 6.3% | 0.0% | **56.3%** | 0.0% | 0.0% | 0.0% | 0.0% | **12.5%** |
| Directors | 18.2% | 0.0% | 9.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Medical & Dental - Consultant | 14.3% | 0.6% | 26.6% | **7.2%** | **3.5%** | **0.2%** | **0.4%** | 4.5% |
| Medical & Dental - Middle Grade | 14.5% | 0.0% | 20.0% | **1.8%** | 1.8% | **1.8%** | 0.0% | 1.8% |
| Medical & Dental - Training | **28.0%** | **1.6%** | 19.0% | **4.8%** | **9.0%** | 0.0% | **0.7%** | 5.1% |
| Local Scale | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | **100.0%** |

| **Pay Band** | **Sikhism** | **Declined to Specify** | **Unknown** |
| --- | --- | --- | --- |
| Band 1 | 0.0% | 14.6% | 0.0% |
| Band 2 | 0.1% | 14.1% | 5.4% |
| Band 3 | **0.2%** | 11.0% | **12.5%** |
| Band 4 | 0.0% | 14.2% | **13.2%** |
| Band 5 | 0.0% | 13.9% | 8.9% |
| Band 6 | 0.0% | 13.2% | **13.4%** |
| Band 7 | 0.0% | 14.0% | **16.2%** |
| Band 8a | **0.4%** | 15.9% | **17.8%** |
| Band 8b | 0.0% | 14.3% | **16.1%** |
| Band 8c | 0.0% | **17.5%** | **12.5%** |
| Band 8d | 0.0% | 4.8% | **28.6%** |
| Band 9 | 0.0% | 6.3% | **18.8%** |
| Directors | 0.0% | **72.7%** | 0.0% |
| Medical & Dental - Consultant | **0.4%** | **41.9%** | 0.4% |
| Medical & Dental - Middle Grade | 0.0% | **56.4%** | 1.8% |
| Medical & Dental - Training | **0.7%** | **30.5%** | 0.5% |
| Local Scale | 0.0% | 0.0% | 0.0% |

Observations

Compared to the overall representation in the workforce:

* Atheists have a higher than expected representation in bands 5-8d and medical trainees. All other bands/grades have a lower representation than expected.
* Buddhists have a fair to good representation in bands 1-8b and medical consultants and trainees. (In bands/grades 1-3, 5, 7, 8b and medics trainee have a higher than expected represented). All other bands/grades do not have any representation.
* Christians have a higher than expected representation in bands 1-3, 5 and 9, but a lower than expected representation in all other bands/grades.
* Hindus have a fair to higher than expected representation in bands 1-2, 5, 8a-b and all medical grades. There is no representation at (very) senior manager level.
* Muslims have a higher than expected representation in bands 1-2, medical consultants and trainees, a fair representation in bands/grades 3, 8b and medical middle grade. There is a lower than expected representation in bands 4-8a and no representation in (very) senior manager level.
* Jains have a higher than expected representation in band 7 and medical consultants and middle grades. There is no representation in any other grades/bands.
* Judaism has a fair to higher than expected representation in bands 2-7 and medical consultants and trainees. There is no representation in any other grades/bands.
* Other religions or beliefs have a good to higher than expected representation in the vast majority of pay bands, a lower than expected representation in 7, 8a and medical roles, and there is no representation in directors.
* Sikhs have a good to higher than expected representation in 2, n3, 8a and medical consultants and trainees. There is no representation in any other bands/grades.
* Prefer not to say – a high proportion of staff in pay bands have elected not to provide their religion or belief. Proportionally, directors and medical staff have the highest rates of declining to specify their religion or belief.
* Most unknowns (no information in the religion or belief field on Electronic Staff Records) are in pay bands 3-9.

**WSHT**

| **Pay Band** | **Atheism** | **Buddhism** | **Christianity** | **Hinduism** | **Islam** | **Jainism** | **Judaism** | **Other** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Band 1 | 12.2% | **4.9%** | 34.1% | **4.9%** | 0.0% | 0.0% | 0.0% | 9.8% |
| Band 2 | 11.6% | **0.8%** | **48.7%** | 1.3% | 0.6% | 0.0% | 0.2% | **17.1%** |
| Band 3 | **16.6%** | 0.3% | **49.3%** | 1.3% | 1.0% | 0.0% | 0.1% | 12.6% |
| Band 4 | **18.8%** | 0.2% | **48.0%** | 0.8% | 0.4% | 0.0% | 0.0% | 11.0% |
| Band 5 | 12.6% | 0.5% | **51.5%** | 0.6% | 0.5% | 0.0% | 0.1% | **19.5%** |
| Band 6 | **16.8%** | 0.2% | **51.6%** | 0.7% | 0.6% | 0.0% | 0.1% | 11.3% |
| Band 7 | **16.3%** | 0.3% | **48.1%** | 0.7% | 0.7% | 0.0% | 0.1% | 11.3% |
| Band 8a | 13.1% | 0.0% | **56.0%** | **1.8%** | 0.0% | **0.6%** | 0.0% | 7.1% |
| Band 8b | 9.9% | 0.0% | **57.7%** | 0.0% | 0.0% | 0.0% | **1.4%** | 4.2% |
| Band 8c | **30.0%** | 0.0% | 43.3% | 0.0% | 0.0% | 0.0% | 0.0% | 6.7% |
| Band 8d | 0.0% | 0.0% | **50.0%** | 0.0% | 0.0% | 0.0% | 0.0% | **25.0%** |
| Band 9 | **28.6%** | 0.0% | 42.9% | 0.0% | 0.0% | 0.0% | 0.0% | **28.6%** |
| Directors | 4.8% | **4.8%** | 47.6% | 0.0% | 0.0% | 0.0% | 0.0% | **19.0%** |
| Medical & Dental - Consultant | **15.5%** | **0.8%** | 43.1% | **7.0%** | **5.4%** | 0.0% | **0.6%** | 6.5% |
| Medical & Dental - Middle Grade | **25.6%** | **3.5%** | 26.3% | **8.2%** | **12.6%** | **0.2%** | **0.2%** | 9.6% |
| Medical & Dental - Training | **39.0%** | **0.8%** | 23.7% | **5.1%** | **7.6%** | 0.0% | **0.8%** | 4.2% |

| **Pay Band** | **Sikhism** | **Declined to Specify** | **Unknown** |
| --- | --- | --- | --- |
| Band 1 | 0.0% | **31.7%** | **2.4%** |
| Band 2 | **0.3%** | **18.3%** | **1.1%** |
| Band 3 | 0.1% | **18.3%** | 0.4% |
| Band 4 | **0.2%** | **19.6%** | **1.0%** |
| Band 5 | 0.1% | 14.1% | 0.5% |
| Band 6 | 0.1% | **18.4%** | 0.3% |
| Band 7 | 0.1% | **21.8%** | 0.4% |
| Band 8a | 0.0% | **21.4%** | 0.0% |
| Band 8b | 0.0% | **25.4%** | **1.4%** |
| Band 8c | 0.0% | **20.0%** | 0.0% |
| Band 8d | **12.5%** | 12.5% | 0.0% |
| Band 9 | 0.0% | 0.0% | 0.0% |
| Directors | 0.0% | **23.8%** | 0.0% |
| Medical & Dental - Consultant | **0.3%** | **20.0%** | **0.8%** |
| Medical & Dental - Middle Grade | **0.2%** | 13.5% | 0.0% |
| Medical & Dental - Training | **0.8%** | 17.8% | 0.0% |

Observations

Compared to the overall representation in the workforce:

* Atheists have a higher than expected representation in bands 3-4, 6-7, 8c, 9 and all medical roles; there is a lower than expected representation in 1-2, 5, 8a-b and directors and no representation in 8d.
* Buddhists have a higher than expected representation in 1-2, directors and all medical roles). There is a fair representation 3-7 and no representation in any other bands.
* Christians have a higher than expected representation in most bands. In 1 and all medical roles, there is a lower than expected representation.
* Hindus have a higher than expected representation in 1, 8a and all medical roles, a low to fair representation in 2-7, and no representation in 8b-9 and directors.
* Muslims have a higher than expected representation in all medical roles; in 2-7, there is a low to fair representation, and there is no representation in 1, 8a-9 and directors.
* Jains have a higher than expected representation in band 8a and medical middle grades. There is no representation in any other grades/bands.
* Judaism there is higher than expected representation in band 8b and all medical roles, a fair to good representation in bands 2-7. There is no representation in any other grades/bands.
* Other religions or beliefs have higher than expected representation in 2, 5, 8d, 9 and directors; in all other bands/grades, there is a lower than expected representation (ranging from low to fair representation).
* Sikhs have a higher than expected representation in 2, 4, 8d and all medical grades. There is a lower than expected representation in 3, 5 and 7 and no representation in other bands/grades.
* Prefer not to say – the rate of staff declining to state their religion or belief is prevalent across all bands/grades. An exceptionally high proportion of staff in 1, 7-8c, directors and medical consultants, elect not to provide this information.

### Breakdown of religion or belief in recruitment processes

The data compares the three stages of recruitment compared to the workforce representation within the organisation.

**BSUH**

| **Religion or Belief** | **Applications** | **Shortlisted** | **Appointed** | **Workforce** |
| --- | --- | --- | --- | --- |
| Atheism | 18.8% | 23.0% | 24.3% | 20.8% |
| Buddhism | 1.4% | 1.5% | 1.3% | 0.9% |
| Christianity | 41.8% | 37.5% | 30.2% | 37.6% |
| Hinduism | 4.6% | 2.4% | 1.6% | 1.8% |
| Islam | 12.0% | 5.1% | 2.4% | 2.2% |
| Jainism | 0.0% | 0.0% | 0.0% | 0.0% |
| Judaism | 0.2% | 0.2% | 0.3% | 0.2% |
| Other | 9.3% | 11.7% | 9.5% | 9.8% |
| Sikhism | 0.2% | 0.1% | 0.0% | 0.1% |
| I do not wish to disclose my religion/belief | 9.4% | 11.0% | 7.5% | 16.9% |
| Not stated | 2.2% | 7.4% | 22.9% | 9.5% |
| Total | 100.0% | 100.0% | 100.0% | 100.0% |

Observations

* When comparing against workforce representation, there is generally a good representation for all-known religions or belief groups.
* From the application to the shortlisting stage, the representation of Jains and Jewish candidates stayed broadly the same, whilst all other groups decreased.
* From the shortlisting to the appointment stage, representation of Atheists, Jewish and not stated. All other groups saw a decrease in representation.
* As an overview of the process, Christian, Hindu, Muslim and Sikh candidates appear to experience a possible disadvantage within the recruitment processes. In contrast, Atheist candidates appear to benefit from the processes.
* Compared to the workforce representation, fewer candidates who did not want to declare their religion or belief were appointed. A much more significant percentage where their religion or belief was ‘not stated’ was also appointed.

**WSHT**

| **Religion or Belief** | **Applications** | **Shortlisted** | **Appointed** | **Workforce** |
| --- | --- | --- | --- | --- |
| Atheism | 14.3% | 22.1% | 27.9% | 15.4% |
| Buddhism | 1.1% | 0.9% | 0.7% | 0.7% |
| Christianity | 49.6% | 46.1% | 42.9% | 47.8% |
| Hinduism | 4.5% | 2.4% | 2.1% | 1.7% |
| Islam | 12.9% | 4.1% | 1.3% | 1.6% |
| Jainism | 0.1% | 0.0% | 0.0% | 0.0% |
| Judaism | 0.1% | 0.1% | 0.2% | 0.2% |
| Sikhism | 0.3% | 0.4% | 0.4% | 0.2% |
| Other | 7.9% | 10.6% | 10.2% | 13.8% |
| I do not wish to disclose my religion/belief | 8.8% | 11.8% | 10.4% | 18.0% |
| Not stated | 0.4% | 1.5% | 3.9% | 0.6% |
| Total | 100.0% | 100.0% | 100.0% | 100.0% |

Observations

* Compared to the workforce representation, there is a good to higher than an expected representation of Atheist, Buddhist, Christian, Hindu, Muslim and Sikh candidates in the recruitment processes.
* From the application to the shortlisting stage, there was an increase in representation of Atheist, Sikh, other (religion or belief) and those who declined to declare/not stated. Jain and Jewish candidates remained broadly the same, and all other groups decreased.
* From shortlisting to the appointment stage, there were increases in representation in Atheist, Jewish, and candidates whose religion or belief was not stated. Decreases were seen in most other groups except for Sikhs which remained broadly the same.
* As an overview of the process, In contrast, Atheist, Jewish, Sikhs, other (religion or belief) and unknown status candidates appear to benefit from the processes.
* Compared to the current workforce, a small proportion of ‘prefer not to say was appointed, but a larger proportion of ‘not stated’ was appointed.

### Uptake of non-mandatory training or continuing professional development

**BSUH**

| **Religion or Belief** | **Number of staff attending training** | **% of staff attending training** | **Workforce Representation** |
| --- | --- | --- | --- |
| Atheism | 94 | 28.1% | 20.8% |
| Buddhism | 2 | 0.6% | 0.9% |
| Christian | 166 | 49.7% | 37.6% |
| Hinduism | 5 | 1.5% | 1.8% |
| Islam | 2 | 0.6% | 2.2% |
| Jainism |  |  | 0.0% |
| Judaism |  |  | 0.2% |
| Other | 29 | 8.7% | 9.8% |
| Sikhism |  |  | 0.1% |
| Prefer not to say | 36 | 10.8% | 16.9% |
| Unknown | |  | 9.5% |
| Grand Total | 334 | 100.0% | 100.0% |

Observations

* More Atheist and Christian staff are undertaking non-mandatory/CPD training compared to the overall workforce representation.
* Compared to the overall workforce representation, there is a lower than expected representation for Buddhist, Hindu, Muslim, other (religion or belief) and those that prefer not to say.
* There were no Jain or Jewish staff that undertook non-mandatory/CPD training.

**WSHT**

| **Religion or Belief** | **Number of staff attending training** | **% of staff attending training** | **Workforce Representation** |
| --- | --- | --- | --- |
| Atheism | 474 | 17.3% | 15.4% |
| Buddhism | 20 | 0.7% | 0.7% |
| Christian | 1290 | 47.1% | 47.8% |
| Hinduism | 53 | 1.9% | 1.7% |
| Islam | 33 | 1.2% | 1.6% |
| Jainism | 1 | 0.0% | 0.0% |
| Judaism | 5 | 0.2% | 0.2% |
| Other | 429 | 15.7% | 13.8% |
| Sikhism | 4 | 0.1% | 0.2% |
| Prefer not to say | 419 | 15.3% | 18.0% |
| Unknown | 13 | 0.5% | 0.6% |
| Grand Total | 2741 | 100.0% | 100.0% |

Observations

Compared to the overall workforce representation:

* A higher proportion of staff that are Atheist, Hindu, and other (religion or belief).
* Broadly similar representation in staff that are Buddhist, Christian, Jain and Jewish.
* In all other groups, there is a lower proportion of representation.

### Employee relations processes broken down by religion or belief

**BSUH**

| **Religion or Belief** | **Capability (Non-UHR)** | **Capability (Non-UHR) %** | **Capability (UHR)** | **Capability (UHR) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Atheism | 5 | 21% | 0 | 0% | 20.8% |
| Christianity | 15 | 63% | 5 | 100% | 37.6% |
| Other | 4 | 17% | 0 | 0% | 9.8% |
| Prefer not to say | 8 | 33% | 3 | 60% | 16.9% |
| **Total** | **24** | **100%** | **5** | **100%** |  |

| **Religion or Belief** | **Harassment Cases** | **Harassment Cases %** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Atheism | 0 | 0.0% | 1 | 11.1% | 4 | 17.4% | 20.8% |
| Christianity | 4 | 100.0% | 3 | 33.3% | 8 | 34.8% | 37.6% |
| Hinduism | 0 | 0.0% | 1 | 11.1% | 0 | 0.0% | 1.8% |
| Islam | 0 | 0.0% | 0 | 0.0% | 1 | 4.3% | 2.2% |
| Other | 0 | 0.0% | 1 | 11.1% | 2 | 8.7% | 9.8% |
| Prefer not to say | 0 | 0.0% | 3 | 33.3% | 8 | 34.8% | 16.9% |
| Total | 4 | 100.0% | 9 | 100.0% | 23 | 100.0% |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Religion or Belief** | **All Dismissals** | **All Dismissals %** | **Dismissals (Sickness only)** | **Dismissals (Sickness only) %** | **Workforce Representation %** |
| Atheism | 2 | 11.8% | 1 | 7.7% | 20.8% |
| Christianity | 10 | 58.8% | 8 | 61.5% | 37.6% |
| Other | 2 | 11.8% | 2 | 15.4% | 9.8% |
| Prefer not to say | 3 | 17.6% | 2 | 15.4% | 16.9% |
| **Total** | **17** | **100.0%** | **13** | **100.0%** |  |

Observations

Compared to the overall workforce representation:

* There is a higher representation of Christian, other (religion or belief), and staff prefer not to say in capability (non-underlying health reasons). Atheists have a broadly equal representation in these cases.
* Christian staff are overrepresented in capability (underlying health reasons) and harassment cases.
* Hindu, other (religion or belief) and staff that prefer not to say are overrepresented in grievance procedures.
* Muslim, other (religion or belief) and staff that prefer not to say are overrepresented in disciplinary cases.
* In dismissals, Christian staff, other (religion or belief) and those that prefer not to say are overrepresented. In dismissals (sickness only), Christian and other (religion or belief) are overrepresented.

**WSHT**

| **Religion or Belief** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Atheism | 2 | 7.1% | 8 | 15.1% | 15.4% |
| Christianity | 11 |  | 26 | 49.1% | 47.8% |
| Islam | 2 | 7.1% | 1 | 1.9% | 1.6% |
| Judaism | 1 | 3.6% |  | 0.0% | 0.2% |
| Other | 3 | 10.7% | 5 | 9.4% | 13.8% |
| Declined to specify | 9 | 32.1% | 9 | 17.0% | 18.0% |
| Unknown | | 0.0% | 4 | 7.5% | 0.6% |
| Total | 28 | 61% | 53 | 100% |  |

Observations

* In grievance cases, Muslim, Jewish and staff who declined to specify are overrepresented compared to the workforce representation.
* In disciplinary cases, Christians, Muslims and staff where their religion or belief is unknown are overrepresented.

### Leavers broken down by religion or belief

**BSUH**

| **Religion or Belief** | **2020/21 BSUH Leavers** | **2020/21 BSUH Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Atheism | 374 | 24.5% | 1846 | 20.8% |
| Buddhism | 14 | 0.9% | 84 | 0.9% |
| Christianity | 459 | 30.1% | 3340 | 37.6% |
| Hinduism | 28 | 1.8% | 164 | 1.8% |
| Islam | 52 | 3.4% | 193 | 2.2% |
| Jainism | 2 | 0.1% | 3 | 0.0% |
| Judaism | 6 | 0.4% | 18 | 0.2% |
| Other | 122 | 8.0% | 870 | 9.8% |
| Sikhism | 4 | 0.3% | 11 | 0.1% |
| Prefer not to say | 355 | 23.2% | 1499 | 16.9% |
| Unknown | 111 | 7.3% | 845 | 9.5% |
| **Grand Total** | **1527** | **100.0%** | **8873** | **100.0%** |

Observations

Compared to the overall workforce representation

* A higher proportion of Atheists, Muslims, Jains, Jewish, Sikhs, and staff who declined to specify their religion or belief have left the organisation.
* A broadly similar proportion of staff that are Buddhist and Hindus have left the organisation.
* A lower proportion of Christian, other (religions or beliefs) or where staff’s religion or belief is unknown has left the organisation.

**WSHT**

| **Religion or Belief** | **2020/21 WSHT Leavers** | **2020/21 WSHT Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Atheism | 120 | 17.6% | 1160 | 15.4% |
| Buddhism | 5 | 0.7% | 51 | 0.7% |
| Christianity | 291 | 42.7% | 3594 | 47.8% |
| Hinduism | 10 | 1.5% | 130 | 1.7% |
| Islam | 23 | 3.4% | 122 | 1.6% |
| Jainism | 1 | 0.1% |  | 0.0% |
| Judaism | 2 | 0.3% | 12 | 0.2% |
| Other | 110 | 16.1% | 1037 | 13.8% |
| Sikhism | 2 | 0.3% | 14 | 0.2% |
| Prefer not to say | 113 | 16.6% | 1351 | 18.0% |
| Unknown | 5 | 0.7% | 48 | 0.6% |
| **Grand Total** | **682** | **100.0%** | **7519** | **100.0%** |

Observations

Compared to the overall workforce representation:

* A higher proportion of Atheist, Muslim, Jain, Jewish, other (religions or beliefs), Sikhs and those whose religion or belief is unknown left the organisation.
* A broadly similar proportion of Buddhist staff left the organisation.
* A lower proportion of Christians, Hindus and staff that ‘prefer not to say’ left the organisation.

## Sexual Orientation

### Representation of staff within the workforce broken down by sexual orientation

|  | **Bisexual** | **Gay or Lesbian** | **Heterosexual or Straight** | **Other S/O not listed** | **Undecided** | **Declined to Specify** | **Unknown** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2019/20 (BSUH)** | 1.3% | 4.2% | 69.1% | 0.0% | 0.0% | 14.0% | 11.4% |
| **2020/21 (BSUH)** | 1.9% | 5.0% | 72.8% | 0.2% | 0.1% | 12.3% | 7.7% |
| **2019/20 (WSHT)** | 0.9% | 1.5% | 75.3% | 0.0% | 0.0% | 21.5% | 0.8% |
| **2020/21 (WSHT)** | 0.9% | 1.6% | 76.9% | 0.0% | 0.0% | 19.9% | 0.7% |

Observations:

* BSUH workforce: There has been an increase in all declared sexual orientations compared to the previous year. There has also been a decrease in staff that have declined in specifying and unknown statuses.
* WSHT workforce: compared to the previous year, there has been an increase in gay or lesbian, heterosexual, declined to specify and unknown statuses. There is the same proportion of bisexuals, other sexual orientations and undecided statuses.

### Breakdown of sexual orientation belief by pay banding

The items in bold show a greater representation of that particular group compared to the representation in the overall workforce

**BSUH**

| **Pay Band** | **Bisexual** | **Gay or Lesbian** | **Heterosexual or Straight** | **Other S/O not listed** | **Undecided** | **Declined to Specify** | **Unknown** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Band 1 | 1.1% | 0.0% | **80.9%** | 0.0% | 0.0% | **18.0%** | 0.0% |
| Band 2 | **2.3%** | 4.8% | **77.2%** | **0.2%** | **0.2%** | 10.0% | 5.2% |
| Band 3 | 1.8% | **5.8%** | **74.5%** | **0.2%** | **0.1%** | 7.3% | **10.3%** |
| Band 4 | **1.9%** | 4.0% | 72.2% | **0.4%** | **0.1%** | 10.2% | **11.1%** |
| Band 5 | **2.6%** | 4.4% | **74.9%** | 0.1% | **0.1%** | 10.5% | 7.4% |
| Band 6 | **2.2%** | **5.8%** | 71.6% | **0.3%** | **0.1%** | 9.4% | **10.6%** |
| Band 7 | 0.8% | **5.5%** | **73.5%** | **0.2%** | 0.0% | 8.8% | **11.2%** |
| Band 8a | 1.6% | **6.2%** | 70.9% | 0.0% | 0.0% | 6.6% | **14.7%** |
| Band 8b | 0.9% | **6.3%** | 67.9% | 0.0% | 0.0% | **14.3%** | **10.7%** |
| Band 8c | 0.0% | **10.0%** | 70.0% | 0.0% | 0.0% | **12.5%** | 7.5% |
| Band 8d | 0.0% | 4.8% | 71.4% | 0.0% | 0.0% | 0.0% | **23.8%** |
| Band 9 | 0.0% | **18.8%** | 68.8% | 0.0% | 0.0% | 6.3% | 6.3% |
| Directors | 0.0% | 0.0% | 45.5% | 0.0% | 0.0% | **54.5%** | 0.0% |
| Medical & Dental - Consultant | 0.6% | 3.9% | 60.9% | 0.0% | 0.0% | **33.9%** | 0.6% |
| Medical & Dental - Middle Grade | 1.8% | **5.5%** | 41.8% | 0.0% | 0.0% | **49.1%** | 1.8% |
| Medical & Dental - Training | 1.7% | 3.9% | 70.9% | **0.4%** | 0.0% | **22.5%** | 0.5% |
| Local Scale | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | **100.0%** | 0.0% |

Observations

Compared to the overall workforce representation:

* Bisexual staff have a higher than expected representation in bands 2 and 4-6. There is a low to fair representation in band/grades 1, 3, 7-8b and medical roles, and there is no representation in 8c-9 and directors.
* Gay or lesbian staff have a higher than expected representation in bands/grades 3, 6-8c, 9 and medical middle grades. There is a low to fair representation in bands/grades 2, 4-5, 8d and medical consultants and trainees; there is no representation in band 1 or director-level.
* Heterosexual staff have a higher than expected representation in bands 1-3, 5, 7. There is a fair to good representation in bands/grades 4, 6, 8a-9 and medical trainees; there is a low representation in directors, medical consultants, and middle grades.
* Staff with other sexual orientations have a higher than expected representation in bands/grades 2-4, 6-7 and medical trainees. There is a good level of representation in band 5; there is no representation in all other bands/grades.
* Staff that are undecided have a higher than expected representation in bands 2-6; there is no other bands/grades that have representation for this group.
* Staff that have declined to specify their sexual orientation are highly prevalent in most bands/grades, except in 8d. This status is particularly high in directors and medical roles.
* Unknown status is evident throughout the pay bands but is exceptionally high in bands 2-8d.

**WSHT**

| **Pay Band** | **Bisexual** | **Gay or Lesbian** | **Heterosexual or Straight** | **Other S/O not listed** | **Undecided** | **Declined to Specify** | **Unknown** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Band 1 | 0.0% | 0.0% | 56.1% | 0.0% | 0.0% | **41.5%** | **2.4%** |
| Band 2 | 0.8% | 1.5% | 75.7% | 0.0% | **0.1%** | **20.6%** | **1.3%** |
| Band 3 | **1.0%** | 1.3% | **83.8%** | **0.0%** | **0.1%** | 13.4% | 0.4% |
| Band 4 | 0.6% | 1.4% | **80.4%** | 0.0% | 0.0% | 16.5% | **1.0%** |
| Band 5 | **1.0%** | 1.0% | 71.0% | **0.1%** | 0.0% | **26.4%** | 0.6% |
| Band 6 | **1.1%** | **2.1%** | **78.4%** | **0.1%** | 0.0% | 18.0% | 0.3% |
| Band 7 | 0.7% | **2.4%** | 74.8% | 0.0% | 0.0% | **21.6%** | 0.4% |
| Band 8a | 0.6% | 1.2% | **82.1%** | 0.0% | 0.0% | 16.1% | 0.0% |
| Band 8b | 0.0% | **2.8%** | **81.7%** | 0.0% | 0.0% | 14.1% | **1.4%** |
| Band 8c | 0.0% | 0.0% | **83.3%** | 0.0% | 0.0% | 16.7% | 0.0% |
| Band 8d | 0.0% | 0.0% | **87.5%** | 0.0% | 0.0% | 12.5% | 0.0% |
| Band 9 | 0.0% | 0.0% | **85.7%** | 0.0% | 0.0% | 14.3% | 0.0% |
| Directors | 0.0% | **4.8%** | 61.9% | 0.0% | 0.0% | **33.3%** | 0.0% |
| Medical & Dental - Consultant | 0.3% | 0.8% | **79.2%** | 0.0% | 0.0% | 18.9% | **0.8%** |
| Medical & Dental - Middle Grade | **0.9%** | **3.0%** | **80.2%** | 0.0% | 0.0% | 15.9% | 0.0% |
| Medical & Dental - Training | **3.4%** | **3.4%** | **79.7%** | 0.0% | 0.0% | 13.6% | 0.0% |

Observations

Compared to the overall workforce representation:

* Bisexual staff have a higher than expected representation in bands/grades 3, 4-6 and medical middle grade and trainees. There is a low to fair representation in band/grades 2, 4, 7-8a and medical consultants, and there is no representation in all other bands.
* Gay or lesbian staff have a higher than expected representation in bands/grades 6-7, 8b, directors and medical middle grades and trainees. There is a low to fair representation in bands/grades 2-5, 8a and medical consultants; there is no representation in other bands.
* Heterosexual staff have a higher than expected representation in bands/grades 3-4, 6, 8a-9 and all medical roles. There is a low to fair representation in bands 1-2, 5, 7 and directors.
* Staff with other sexual orientations have a higher than expected representation in bands/grades 5-6; there is no representation in all other bands/grades.
* Staff that are undecided have a higher than expected representation in bands 2-3; there is no other bands/grades that have representation for this group.
* Staff that have declined to specify their sexual orientation are highly prevalent in most bands/grades, particularly in 1-2, 5, 7 and directors.

### Breakdown of sexual orientation in recruitment processes

**T**he data compares the three stages of recruitment compared to the workforce representation within the organisation.

**BSUH**

| **Sexual Orientation** | **Applications** | **Shortlisted** | **Appointed** | **Workforce** |
| --- | --- | --- | --- | --- |
| Heterosexual or Straight | 84.3% | 77.5% | 64.4% | 72.8% |
| Bisexual | 3.5% | 3.6% | 2.1% | 1.9% |
| Gay or Lesbian | 4.7% | 5.9% | 6.0% | 5.0% |
| Other sexual orientation not listed | 0.6% | 0.6% | 0.7% | 0.2% |
| Undecided | 0.7% | 0.6% | 0.1% | 0.1% |
| Prefer not to say | 4.0% | 4.5% | 3.7% | 12.3% |
| Unknown | 2.2% | 7.4% | 22.9% | 7.7% |
| Grand Total | 100% | 100% | 100% | 100.0% |

Observations

* There is a good representation for all declared sexual orientation compared to the overall workforce representation.
* From the application to the shortlisting stage, increases in representation can be seen in bisexual, gay or lesbian, candidates that prefer not to say and unknown. Broadly similar representation can be seen in other sexual orientations; a decrease in representation can be seen in heterosexuals and those identified as unidentified.
* From the shortlisting and appointment stage, increases in representation can be seen in candidates that are gay or lesbian, other sexual orientation and unknown. Decreases in representation can be seen in heterosexual, bisexual, undecided and those that prefer not to say.
* Overall it appears that gay or lesbian candidates may benefit from the recruitment processes, while heterosexual and bisexual candidates may experience a disadvantage.
* Compared to the overall workforce representation, a lower rate of candidates that preferred not to disclose their sexual orientation is entering the workforce. Still, a more significant proportion where the sexual orientation is unknown has been appointed.

**WSHT**

| **Sexual Orientation** | **Applications** | **Shortlisted** | **Appointed** | **Workforce** |
| --- | --- | --- | --- | --- |
| Heterosexual or Straight | 91.9% | 89.5% | 88.9% | 76.9% |
| Bisexual | 1.8% | 2.2% | 2.0% | 0.9% |
| Gay or Lesbian | 2.2% | 2.9% | 2.3% | 1.6% |
| Other sexual orientation not listed | 0.3% | 0.2% | 0.0% | 0.0% |
| Undecided | 0.4% | 0.3% | 0.2% | 0.0% |
| Prefer not to say | 2.9% | 3.4% | 2.7% | 19.9% |
| Unknown | 0.4% | 1.5% | 3.9% | 0.7% |
| Grand Total | 100% | 100% | 100% | 100.0% |

Observations

* Candidates that identify as bisexual, gay or lesbian, hetero and undecided, are well represented throughout the recruitment process.
* From application to the shortlisting stage, there is an increase in bisexual, gay or lesbian, prefer not to say and unknown representation; candidates that are heterosexual same a broadly equal representation and decreases were seen in other sexual orientation and undecided.
* The outcomes for other sexual orientation and undecided suggests that they may experience a detriment in the recruitment processes.
* Compared to the overall workforce representation, a proportionally small number of candidates who have elected not to declare their sexual orientation or where the sexual orientation is unknown will be entering the workforce.

### Uptake of non-mandatory training or continuing professional development

**BSUH**

| **Sexual orientation** | **No. of staff attending training** | **% of staff attending training** | **% workforce representation** |
| --- | --- | --- | --- |
| Bisexual | 9 | 2.7% | 1.9% |
| Gay or Lesbian | 15 | 4.5% | 5.0% |
| Heterosexual | 289 | 86.5% | 72.8% |
| Other sexual orientation not listed | | | 0.2% |
| Prefer not to say | 21 | 6.3% | 12.3% |
| Undecided |  |  | 0.1% |
| Unknown |  |  | 7.7% |
| Grand Total | 334 | 100.0% | 100.0% |

Observations

* Compared to the overall workforce representation, there is a greater than an expected representation of bisexual and heterosexual staff and a lower than an expected representation of gay or lesbian or prefer not to say.

**WSHT**

| **Sexual orientation** | **No. of staff attending training** | **% of staff attending training** | **% workforce representation** |
| --- | --- | --- | --- |
| Bisexual | 34 | 1.2% | 0.9% |
| Gay or Lesbian | 56 | 2.0% | 1.6% |
| Heterosexual | 2138 | 78.0% | 76.9% |
| Other sexual orientation not listed | 1 | 0.0% | 0.0% |
| Prefer not to say | 494 | 18.0% | 19.9% |
| Undecided | 1 | 0.0% | 0.0% |
| Unknown | 17 | 0.6% | 0.7% |
| Grand Total | 2741 | 100.0% | 100.0% |

Observations

* Compared to the overall workforce representation, there is a higher than expected representation of bisexual, gay or lesbian and heterosexual staff; there was a decrease in staff representation where their sexual orientation is unknown or where they have elected not to declare.

### Employee relations processes broken down by sexual orientation

**BSUH**

| **Sexual Orientation** | **Capability (Non-UHR)** | **Capability (Non-UHR) %** | **Capability (UHR)** | **Capability (UHR) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Gay or Lesbian | 2 | 6% | 2 | 25% | 5.0% |
| Heterosexual | 23 | 72% | 4 | 50% | 72.8% |
| Not Disclosed | 7 | 22% | 2 | 25% | 12.3% |
| **Total** | **32** | 100% | **8** | **100%** |  |

| **Sexual Orientation** | **Harassment Cases** | **Harassment Cases %** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bisexual | 0 | 0.0% | 0 | 0.0% | 2 | 8.7% | 1.9% |
| Gay or Lesbian | 0 | 0.0% | 2 | 22.2% | 0 | 0.0% | 5.0% |
| Heterosexual | 4 | 100.0% | 4 | 44.4% | 13 | 56.5% | 72.8% |
| Prefer not to say | 0 | 0.0% | 3 | 33.3% | 8 | 34.8% | 12.3% |
| **Total** | **4** | 100.0% | **9** | 100.0% | **23** | **100.0%** |  |

| **Sexual Orientation** | **All Dismissals** | **All Dismissals %** | **Dismissals (Sickness only)** | **Dismissals (Sickness only) %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Bisexual | 1 | 5.9% | 0 | 0.0% | 1.9% |
| Heterosexual | 12 | 70.6% | 10 | 76.9% | 72.8% |
| Prefer not to say | 4 | 23.5% | 3 | 23.1% | 12.3% |
| Total | 17 | 100.0% | 13 | 100.0% |  |

Observations

Compared to the overall workforce representation

* Capability (non-underlying health reasons), gay or lesbian staff have a higher proportional representation.
* Capability (underlying health reasons), gay or lesbian, heterosexual and staff that have not disclosed their sexual orientation have a higher proportional representation.
* In harassment cases, heterosexual staff have a higher proportional representation.
* In grievance cases, staff that are gay or lesbian and those who elected not to provide their sexual orientation have a higher proportional representation.
* In disciplinary cases, staff that are bisexual and those that elect not to declare their sexual orientation have a higher proportional representation.
* In all dismissals, staff that are bisexual and those that elect not to declare their sexual orientation have a higher proportional representation. Heterosexual staff and those that elect not to declare their sexual orientation have a higher proportional representation in dismissals for sickness.

**WSHT**

| **Sexual Orientation** | **Grievance Cases** | **Grievance Cases %** | **Disciplinary Cases** | **Disciplinary Cases %** | **Workforce Representation %** |
| --- | --- | --- | --- | --- | --- |
| Heterosexual or Straight | 19 | 67.9% | 39 | 73.6% | 76.9% |
| Declined to specify | 9 | 32.1% | 14 | 26.4% | 19.9% |
| Total | 28 | 100% | 53 | 100% |  |

Observations

* Staff that have elected to decline to specify their sexual orientation have a higher representation in grievance and disciplinary cases than the overall workforce.

### Leavers broken down by religion or belief

**BSUH**

| **Sexual Orientation** | **2020/21 BSUH Leavers** | **2020/21 BSUH Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Bisexual | 35 | 2.3% | 167 | 1.9% |
| Gay or Lesbian | 72 | 4.7% | 440 | 5.0% |
| Heterosexual or Straight | 1096 | 71.8% | 6461 | 72.8% |
| Other sexual orientation not listed | 3 | 0.2% | 19 | 0.2% |
| Undecided | 1 | 0.1% | 9 | 0.1% |
| Prefer not to say | 235 | 15.4% | 1094 | 12.3% |
| Unknown | 85 | 5.6% | 683 | 7.7% |
| Grand Total | 1527 | 100.0% | 8873 | 100.0% |

Observations

Compared to the overall workforce representation

* Staff that are bisexual or those that elected not to declare their sexual orientation have a proportionally higher representation in leavers data. All other groups representation is either in proportion or lower.
* Over 20% of leavers either chose not to declare their sexual orientation, or it was unknown.

**WSHT**

| **Sexual Orientation** | **2020/21 WSHT Leavers** | **2020/21 WSHT Leavers (%)** | **Number in Workforce** | **% in Workforce** |
| --- | --- | --- | --- | --- |
| Bisexual | 14 | 2.1% | 67 | 0.9% |
| Gay or Lesbian | 19 | 2.8% | 123 | 1.6% |
| Heterosexual or Straight | 500 | 73.3% | 5779 | 76.9% |
| Other sexual orientation not listed | 2 | 0.3% | 2 | 0.0% |
| Undecided | 0 | 0.0% | 2 | 0.0% |
| Prefer not to say | 141 | 20.7% | 1495 | 19.9% |
| Unknown | 6 | 0.9% | 51 | 0.7% |
| Grand Total | 682 | 100.0% | 7519 | 100.0% |

Observations

Compared to the overall workforce representation

* Staff who are bisexual, gay or lesbian, and other sexual orientations prefer not to say, or unknown left the organisation at a higher proportional rate. Heterosexual and undecided left the organisation either proportionally or lower.
* Circa 20% of leavers either chose not to declare their sexual orientation, or it was unknown.

# The Trust’s Patients

This section reviews available data that shows information about the patients that use BSUH and WSHT’s services.

During 2020/21, BSUH saw:

* 127,046 inpatients
* 605,979 outpatients

Please note that due to operational pressures during 2020/21, not all patient information was available when writing this report.

## Patient Demographics

### Age

**BSUH:**

| **Age Range** | **BSUH Inpatients** | **BSUH Outpatients** | **Census 2011 (SE England)** |
| --- | --- | --- | --- |
| **<=20 Years** | 12.0% | 11.4% | 25.3% |
| **21-25** | 3.2% | 3.4% | 6.1% |
| **26-30** | 4.6% | 5.0% | 6.2% |
| **31-35** | 5.6% | 6.2% | 6.2% |
| **36-40** | 5.0% | 6.0% | 6.9% |
| **41-45** | 4.3% | 5.0% | 7.5% |
| **46-50** | 4.8% | 6.1% | 7.4% |
| **51-55** | 6.4% | 7.4% | 6.4% |
| **56-60** | 6.5% | 7.4% | 5.7% |
| **61-65** | 6.2% | 7.4% | 6.1% |
| **66-70** | 7.2% | 8.2% | 4.7% |
| **>=71 Years** | 34.2% | 26.4% | 11.5% |
| **Total** | 100.0% | 100.0% | 100.0% |

What the data tells us

Compared to the 2011 Census Data:

* There is a much lower representation of patients under 20 but a higher representation of patients 71+ using Trust services.
* Patients aged 0-50 have a lower representation in general service use.
* Patients aged 51+ generally have a higher representation in general services use.
* Patients aged 21-70 have a higher representation in outpatient services than inpatient services. Patients aged under 20 and over 71+ have a higher representation in inpatient services compared to outpatient services.

### Ethnicity

| **Ethnicity** | **BSUH Inpatients** | **BSUH Outpatients** | **2011 Census** |
| --- | --- | --- | --- |
| **Asian** | 2.4% | 2.9% | 5.2% |
| **Black** | 1.0% | 1.1% | 1.6% |
| **Mixed** | 1.6% | 1.6% | 1.9% |
| **Other** | 0.8% | 0.8% | 0.6% |
| **White** | 83.5% | 80.3% | 85.2% |
| **White - Other** | 5.4% | 6.0% | 5.4% |
| **Unknown** | 5.4% | 7.3% |  |
| **Total** | 100.0% | 100.0% | 100.0% |

What the data tells us

Compared to the 2011 Census data:

* The majority of groups attend Trust services broadly in line with census data.
* Asian patients have a slightly lower representation in attendance in Trust services.
* Other and White-Other (inpatients) have a slightly higher representation in attendance to Trust Services.

### Gender

|  | **Female** | **Male** | **Unknown** |
| --- | --- | --- | --- |
| **BSUH Inpatients** | 56.8% | 43.1% | 0.1% |
| **BSUH Outpatients** | 57.9% | 42.1% | 0.0% |
| **Census 2011 (SE England)** | 50.9% | 49.1% |  |

What the data tells us:

* Overall, there are more female than male patients attending Trust services.
* The breakdown of male and female patients is broadly similar in inpatient and outpatient services.
* Compared to the 2011 Census data, there is a greater representation of female patients than males using the Trust’s services.

### Marital Status (Marriage and Civil Partnership)

|  | **CP/Married** | **Divorced/ Dissolved CP** | **Legally Separated** | **Single** | **Widowed** | **Unknown** |
| --- | --- | --- | --- | --- | --- | --- |
| **BSUH Inpatients** | 40.3% | 5.6% | 0.8% | 35.3% | 7.5% | 10.4% |
| **BSUH Outpatients** | 44.0% | 5.1% | 0.8% | 34.4% | 4.7% | 11.0% |
| **Census 2011 (SE England)** | 49.8% | 6.5% | 2.0% | 34.4% | 6.2% | 1.1% |

What the data tells us:

* Compared to 2011 Census data, there is a lower representation in Trust services for patients that are either married or in a civil partnership.
* There is a greater representation of patients in outpatient services compared to inpatient services.

### Religion or Belief

|  | **BSUH Inpatients** | **BSUH Outpatients** | **Census 2011 (SE England)** |
| --- | --- | --- | --- |
| **Atheism** | 30.2% | 33.76% | 27.6% |
| **Buddhism** | 0.28% | 0.43% | 0.5% |
| **Christianity** | 47.41% | 47.94% | 59.7% |
| **Hinduism** | 0.44% | 0.55% | 1.2% |
| **Islam** | 1.48% | 1.79% | 2.3% |
| **Jainism** |  | 0.00% |  |
| **Judaism** | 0.63% | 0.68% | 0.2% |
| **Other** | 1.81% | 1.39% | 0.5% |
| **Sikhism** | 0.05% | 0.08% | 0.6% |
| **Declined to Specify** | 0.17% | 0.12% |  |
| **Unknown** | 17.56% | 13.26% | 7.4% |

What the data tells us

Compared to the 2011 Census data:

* There is a lower representation in Trust services of patients that identify as Christian, Hindu, Muslim and Sikh.
* There is a higher representation in Trust services of patients who identify as Jewish or from another religion/belief.
* There is broadly equality representation for atheists and Buddhist patients.
* In all declared religions or beliefs, there is a higher representation in outpatient services than inpatient services.

## Friends and Family Test

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided or where improvements are needed. It's a quick and anonymous way to give your views after receiving NHS care or treatment.

Patients are asked, “Overall, how was your experience of our service?” and this can be graded from very good to very poor. The tables below show how many patients highlighted a positive response.

**BSUH**

The Trust aims to have a positive score of more than 95%. Despite FFT data collection being suspended on 1 April 2020 (in response to the COVID-19 pandemic), 50,471 patients responded to the FFT question in 2020/21.

A breakdown of responses by protected characteristic was not available at the time of authoring this report.

| **Patient Touchpoint** | **2018/19** | **April 2019 – February 2020** | **December 2020 – March 2021** |
| --- | --- | --- | --- |
| **Trust wide** | 93.60% | 92.91% | 92.00% |
| **A&E** | 89.40% | 88.10% | 88.20% |
| **Maternity/Birth** | 97.80% | 95.70% | 94.60% |
| **Inpatient & Day Case** | 93.30% | 93.83% | 93.10% |
| **Outpatient** | 93.90% | 94.00% | 93.60% |

**WSHT**

| **Patient Touchpoint** | **2020/2021**  **Data December 2020 to March 2021** | **2019/20** | **2018/19** |
| --- | --- | --- | --- |
| **Overall Trustwide** | 93% | 95.77% | 96.65% |
| **A&E** | 90% | 93.2% | 95.2% |
| **Maternity/Birth** | 96% | 97.9% | 97.3% |
| **Inpatient & Day Case** | 97% | 97.2% | 97.3% |
| **Outpatient** | 98% | 97.3% | 96.8% |

**Breakdown of FFT by:**

### Age

| **Age** | **Recommend %** | **Recommend** | **Total responses** |
| --- | --- | --- | --- |
| **0-15** | 96.68% | 1194 | 1235 |
| **16-24** | 96.55% | 840 | 870 |
| **25-44** | 97.15% | 4129 | 4250 |
| **45-64** | 96.72% | 5046 | 5217 |
| **65-74** | 97.09% | 3364 | 3465 |
| **75-84** | 96.90% | 3222 | 3325 |
| **85+** | 94.93% | 1235 | 1301 |
| **Did not answer** | 89.25% | 13393 | 15006 |
| **Prefer not to say** | 79.78% | 71 | 89 |
|  |  |  |  |

What the data tells us:

* The overall average recommend rate is 93.49% (this is shown as the red line in the about graph)
* A high proportion of patients (43.2%) have not declared their age on the FFT questionnaire.
* Patients aged 0-84 had a similar recommended rate; between 96.55-97.15% of patients would recommend the Trust’s services.
* The lowest recommended rate can be seen in patients aged 85+, where 94.93% of patients would recommend Trust services.

### Disability

| **Disability** | **Recommend %** | **Recommend** | **Total Responses** |
| --- | --- | --- | --- |
| **Disabled** | 95.87% | 2783 | 2903 |
| **Not Disabled** | 97.13% | 15603 | 16064 |
| **Prefer not to say** | 89.34% | 14108 | 15791 |

What the data tells us:

* The overall average recommend rate is 93.49% (this is shown as the red line in the above graph)
* A high proportion of patients (45.4%) selected prefer not to say in the FFT questionnaire.
* 8.4% of respondents highlighted they have a disability.
* A lower proportion of disabled patients (compared to the patients that are non-disabled) would recommend the Trust’s services.

### Ethnicity

| **Ethnicity** | **Recommended %** | **Recommended** | **Total responses** |
| --- | --- | --- | --- |
| **White** | 96.94% | 18055 | 18625 |
| **Asian or Asian British** | 96.58% | 226 | 234 |
| **Mixed** | 95.90% | 374 | 390 |
| **Black or Black British** | 95.12% | 117 | 123 |
| **Other** | 93.14% | 163 | 175 |
| **Did not answer** | 89.16% | 13393 | 15022 |
| **Prefer not to say** | 87.83% | 166 | 189 |

What the data tells us:

* The overall average recommend rate is 93.49% (this is shown as the red line in the above graph)
* A high proportion of patients (39.0%) have not declared their ethnicity on the FFT questionnaire.
* White, Asian, Black or mixed heritage patients had a similar recommended rate; 95.12-96.94.15% of patients would recommend the Trust’s services.
* The lowest recommended rate can be seen in patients from other ethnic groups, where 93.14% of patients would recommend Trust services.

### Gender

| **Gender** | **Recommend %** | **Recommend** | **Total Responses** |
| --- | --- | --- | --- |
| **Male** | 97.00% | 8039 | 8288 |
| **Female** | 96.57% | 11041 | 11433 |
| **Prefer not to say** | 89.21% | 13414 | 15037 |

What the data tells us:

* The overall average recommend rate is 93.49% (this is shown as the red line in the above graph)
* A high proportion of patients (38.6%) have chosen the preferred not to say option on the FFT questionnaire.
* The recommended rate of female and male patients are similar.

### Religion or Belief

| **Religion or Beliefs** | **Recommend %** | **Recommend** | **Total Responses** |
| --- | --- | --- | --- |
| Agnosticism | 100.00% | 1 | 1 |
| Atheism | 100.00% | 4 | 4 |
| Buddhism | 100.00% | 1 | 1 |
| Other | 100.00% | 2 | 2 |
| Prefer not to say | 100.00% | 1 | 1 |
| No Religion or Belief | 94.74% | 18 | 19 |
| Did not answer | 93.48% | 32454 | 34716 |
| Christianity | 92.86% | 13 | 14 |

What the data tells us:

* The overall average recommended rate is 93.49% (this is shown as the red line in the about graph).
* 93.3% of patients did not declare their religion or belief in the FFT questionnaire. Because of this, there is no further meaningful analysis from this data.