



*Brighton and Hove*

**NHS Brighton and Hove  
Equality and Diversity Annual Report  
Incorporating NHS Staff Survey results and  
Annual Workforce Profiling Data 09/10**

Phil Seddon - Equality and Diversity Manager, Sarah Feeley - Senior HR Manager  
May 2010

## **Introduction.**

NHS Brighton and Hove is committed to promoting equality, diversity and human rights, and tackling discrimination against the many and diverse communities in our City. Our intention is always to ensure the provision of excellent healthcare, equal at the point of access, and excellent opportunities for staff and potential staff.

NHS Brighton and Hove also takes seriously its responsibility to work with other statutory sector partners, including Brighton and Hove City Council and other local NHS Trusts, to ensure a City wide approach to promoting equality, fairness and respect for all.

2009 has been a key year for equality and diversity within the Trust – not just one of continuing to promote equality for all, but also of building on previous achievements and working to prepare for upcoming changes in legislation. This has been a year of expanding our involvement with organisations such as Stonewall and Race For Health to benchmark our progress and achievements, and of working in close partnership locally to improve the experiences of the City's residents and patients.

The Trust, like many other public bodies, has faced challenges in looking at how it embeds equality principles and practices in a time of conflicting priorities and financial pressures. These pressures have provided us with opportunities to consider how equality and diversity supports and improves all we do.

2009/10 has also seen the Trust produce its first Single Equality and Human Rights scheme – a direct response to upcoming legislative changes within the Single Equality Bill, and a commitment from the Trust to tackle all of the reasons why people in our City may face discrimination.

This report not only acknowledges progress made, but also highlights areas where the Trust will focus its attention in the future, with actions and commitments for 2010 and beyond.

The Equality and Diversity Annual Report 2009/10 also includes staff profile information collected from both the NHS National Staff survey and local staff surveys, to create the fullest picture of our workforce that we can gather.

*Phil Seddon*  
*Equality and Diversity Manager*  
*May 2010*

## **A Diverse City.**

The city of Brighton and Hove is a vibrant place in which to live, work and visit with a population of approximately 255,000. The City has a high proportion of young adults and an unusually and increasingly diverse population compared with other areas on the South East Coast.

Between 2001-2004 Black and Minority Ethnic (BME) groups grew at a rate of 35% compared to only 13% nationally and the City has a BME population of around 21,000 (around 1 in 12 of the population) (*Public Health Department, Brighton and Hove TRUST, 2008*). The City has a very large lesbian, gay, bisexual and transgender (LGBT) community, with around 35,000 (or 1 in 6 adults) LGBT people (*Count Me In Too 2007*).

The 2001 census identified that there were 21,800 carers in Brighton and Hove with 510 young carers under 18 – these figures are likely to be under stated due to under-reporting. In that same Census 1 in 5 of the City's population stated that they had a disability and it is estimated that 1,060 people aged over 18 in the City have a moderate or severe learning disability and 15,480 have a moderate or severe physical disability.

Brighton and Hove City faces substantial socio-economic issues. The Index of Multiple Deprivation 2007 identifies Brighton and Hove City as the 79<sup>th</sup> most deprived authority in England (out of 354). On the standard Index of Multiple Deprivation 2004 (IMD 2004), the city is the second most deprived district in the South East, after Hastings. It must also be acknowledged that many groups that face social exclusion will also face socio-economic difficulties.

Given the diversity of our population and visitors, and the wide range of needs and expectations that people have, it is vital that NHS Brighton and Hove focuses on –

- ensuring that people in Brighton and Hove are able to access services on an equitable basis;
- people are treated appropriately and with respect;
- people are given choice and experience a personalised care pathway;
- and that we work to reduce any barriers to NHS services and NHS funded services

## The PCT as an employer

NHS Brighton & Hove (the PCT) employs approximately 220 staff. As a commissioning only PCT the majority of our workforce are office based non-clinical staff. We do also employ a small number of clinical staff.

A combination of data from the NHS National Staff Survey and our own Electronic Staff Records (ESR) tells us that - Our workforce is predominantly female (72.5%), white-British (69%), and non-disabled (85%). The age profile of the PCT is reasonably evenly spread with the largest group of staff being between the ages of 31 – 55 years. 9% of our staff are older than this age group and 13.5% are younger.

Christianity is the most common religion (23%). 5% of our staff have stated they are from a LGB community compared with 16% of the local population, as estimated by Brighton & Hove City Council. 49% have stated they are heterosexual (the rest are 'undisclosed'). We currently do not have the facility to record trans-gender status.

Each year we monitor the following areas in relation to our workforce:

- Ethnicity
- Disability Status
- Gender
- Age
- Sexual orientation
- Religion/belief

We look at key areas such as the workforce profile, recruitment activity, training activity, leavers and employee relations issues (i.e. disciplinaries and grievances). The purpose of this monitoring is to try and establish any areas of concern (and therefore where action is needed), as well as areas of improvement. The results of this monitoring are published on our website each year and can be found in appendix [A](#).

In addition to this we also carry out an annual staff survey which looks at key issues for staff;

- Support to Staff
- Appraisal, Training, Learning and Development
- Team Working, Supervision, Communication and Staff Involvement
- Health and Safety at Work (including Patient Safety)
- Staff Attitudes

The results of this survey are evaluated in terms of staff groups and also 3 demographic groups:

- Disability Status
- Gender
- Age

It should be noted that currently the results are not broken down by any other demographic information, such as the ethnic origin of the respondents. This is a national decision and not the decision of the PCT.

Work is undertaken each year to identify areas where the messages from staff are both positive and negative. We compare our year on year results as well as benchmark our results against other PCTs (although many of these will employ a different type of workforce as they will have a provider function).

An evaluation of the staff survey results by disability status, gender and age can be found at appendix B

## Equality and Diversity activities 09-10

Area of work	Organisational	External
<p><b>Training, staff and organisational development</b></p>	<p>Equality &amp; Diversity Awareness Training is mandatory for all staff who must attend at least once every 3 years. 20% of staff report they attended E&amp;D training during this year (08/09 - 87% of staff attended this training).</p> <p>Equality Impact Assessment training provided for staff with responsibilities for writing or managing policies and strategies provided throughout the year. 9% of staff attended this training</p> <p>Equality &amp; Diversity Board Sub Committee continued to meet throughout this year, expanding its membership to include the Assistant Director of Assurance and the Deputy Director for Quality and Public Engagement</p> <p>Staff network established within the organisation for lesbian, gay, bisexual and transgender staff (LGBT) and for Disabled Staff.</p> <p>Internal staff equalities survey in November 2009 developed key actions for the Single Equality and Human Rights Scheme (SEHRs) 2010-2013</p>	
<p><b>Accountability</b></p>	<p>Equality Impact Assessments with a trained staff team reviewed previously assessed HR policies to ensure no unanticipated impact had arisen. Also EIAs carried out on key staff policies including the Organisational Development Plan, Recruitment Policy and Volunteering Policy.</p> <p>The PCT participated in the South East Coast BME Network Follow Up Race Equality Service Review</p>	<p>Equality Impact Assessments with a trained panel of external service user stakeholders considered 9 key PCT policies and strategies, including the Annual Operating Plan, Cancer Reform Strategy, Suicide Prevention Strategy, and Physical Disability Strategy.</p>

	<p>The SHA commissioned Beachcroft LLP (a commercial law firm) to carry out an audit of SEC NHS Trust compliance with equalities legislation. Following a review of published information, a face to face meeting and a review of the Trusts SEHRS, the final Beachcroft report describes the Trust SEHRS as ‘a very considered and well written scheme.’ The report also made recommendations for improvement that have been incorporated in the SEHRS and action plans.</p> <p>Following public consultation the Trust completed its SEHRS with action plans based on not only the consultation, but other sources of local data and intelligence, the National and local staff surveys and outstanding actions from previous equality schemes. The Trust can now be held accountable to these actions.</p>	
<p><b>Working with others</b></p>		<p>NHS Brighton and Hove continues to be a member of the City Inclusion Partnership steering group, and is a signatory to the City wide Equalities Charter, launched in January 2010.</p> <p>Through working and funding relationships with 3<sup>rd</sup> sector organisations, the Trust continues to work in partnership to ensure the views and experiences of marginalised groups are fed into the planning and commissioning processes of the Trust</p>
<p><b>Age</b></p>	<p>C3A (Colleagues of the 3<sup>rd</sup> Age) - the staff network for older staff (50+) continued to meet throughout 2009.</p> <p>Internal staff equalities survey captured the experience and key issues for staff relating to their age</p>	<p>The Trust continued to provide funding for the 60+ Action Group (an organisation that supports older people to get involved and engaged with decision makers and service providers in the City) and the Older People’s Council (a group that monitors how public services meet the needs of older people, with elected older people as members).</p>

		<p>NHS Brighton and Hove was also a member of the Older LGBT steering group – in partnership with Spectrum and Age Concern this group organised an event for older members of the LGBT community to come together and identify their needs, including services and community support</p>
<p><b>Disability</b></p>	<p>A staff network for disabled staff began to meet informally in November 2009, and had its first formal network meeting in January 2010. the network intends to organise training and activities for staff in 2010 to raise awareness of issues and support for disabled staff.</p> <p>Internal staff equalities survey captured the experience and key issues for staff relating to disability or long term conditions</p>	<p>The Trust once again provided funding for the cost of sign language interpreters and a palentypist to improve access to the International Day of Disabled People in December 2009</p> <p>NHS Brighton and Hove has continued to fund, along with the local Council, the involvement worker posts at The Federation of Disabled People. These two part time posts focus on involving and supporting disabled people to engage with local service providers, and to monitor public service progress against all Disability Equality Schemes. This funding runs from 2008 - 2011</p> <p>The Disability Equality Steering Group facilitated by the Federation and NHS Brighton and Hove, evolved to become the Get Involved Group (GIG). This enabled the group to become far more user led, expand its focus beyond the existing Disability Equality Schemes, and to proactively hold to account local public service providers.</p> <p>NHS Brighton and Hove continues to commission both Neal Communications and DeafBlind UK to provide communication support for deaf and deaf/blind patients in primary care settings. DeafBlind UK are also funded to provide a social support group for deaf/blind people in the area.</p>

<p><b>Ethnicity</b></p>	<p>As part of the process in applying for membership in Race For Health – see later action (Ethnicity - external), the Trust created a race action plan, which was incorporated into the Trust SEHRS. The action plan was informed by local data and consultations and the existing race Equality Scheme.</p> <p>Internal staff equalities survey captured the experience and key issues for staff relating to their ethnicity</p>	<p>NHS Brighton and Hove provides funding for the Black and Minority Ethnic Community Partnership to host and facilitate a BME Health Forum. This forum is established in order to raise key health issues of importance to BME communities, and to provide a ‘gateway’ for the organisation to consult and engage with BME communities.</p> <p>The organisation continues to be a member of the Racial Harassment Forum and to provide some funding to enable the forum to provide training for staff on racial harassment monitoring and reporting.</p> <p>NHS Brighton and Hove is a member of the Delivering Race Equality in Mental Health steering group hosted by Sussex Partnership Trust.</p> <p>The Trust became a member of Race For Health in 2009 – a national network of PCTs providing peer support and peer review around progressing race equality in the NHS. The Trust has begun to prepare for its first peer review in 2010.</p> <p>The organisation continues to commission Sussex Interpreting Services and South East Interpreting Services to provide language interpreters and translation for all healthcare settings in the City.</p> <p>The PCT participated in the South East Coast BME Network Follow Up Race Equality Service Review</p> <p>The Trust supported the development of a CQUIN for race equality with Brighton and Sussex University Hospitals Trust</p>
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<p><b>Faith</b></p>	<p>Internal staff equalities survey captured the experience and key issues for staff relating to their faith or religion</p>	<p>NHS Brighton and Hove is a member of the newly formed Inter Faith Health forum being facilitated by Chaplain Peter Wells at BSUH. The organisation also gives some small funding towards the cost of this group. The purpose of the Forum is to provide a 'gateway' into faith communities to examine the potential issues of faith and health services, and how services can be more inclusive of people's faith and belief.</p>
<p><b>Gender</b></p>	<p>Internal staff equalities survey captured the experience and key issues for staff relating to their gender identity</p>	<p>NHS Brighton and Hove has led on establishing a City wide Trans strategy group to create a Health and Wellbeing strategy for the Trans members of our population. The group engages Trans community members and 3<sup>rd</sup> sector representative organisations with key Trust staff. The Equality and Diversity manager co-chairs this group with the coordinator of Spectrum. The group is currently committed to examining regional commissioning arrangements around gender reassignments, examining the provision on health and support services for local Trans people, and identifying key care pathways and health issues for Trans people.</p>
<p><b>Sexuality</b></p>	<p>Internal staff equalities survey captured the experience and key issues for staff relating to their sexuality.</p> <p>The LGBT staff network group, following involvement in Pride 2009 and after completing the Stonewall Workplace Equality Index 2009, submitted an LGBT paper to the Trust Board with recommendations for improving how the Trust recognises and supports LGBT staff.</p>	<p>The Equality and Diversity Manager sits on the LGBT Case Work Panel, looking at service responses to homophobic, bi-phobic and transphobic incidents in the City.</p> <p>The Trust coordinated and funded the involvement of over 50 NHS staff from across the region in Brighton and Hove Pride 2009</p> <p>The organisation continues to provide funding for Spectrum to facilitate a number of LGBT community forums on health issues. These forums provide a gateway for the Trust to interact with community members.</p>

**Commitments for 2009/2010 in the previous Annual Report, and progress made**

<ul style="list-style-type: none"> <li>• “A key piece of work for 2009 will be the development of a Single Equality Scheme.”</li> </ul>	<ul style="list-style-type: none"> <li>• The Trust has developed and published its Single Equality and Human Rights Scheme (SEHRS) 2010-2013, laying out the organisation’s commitment and vision, and the actions it will undertake to promote equality and eliminate discrimination.</li> </ul>
<ul style="list-style-type: none"> <li>• The Engagement team is working with local voluntary sector organisations to develop ‘Gateway’ contracts for the 3<sup>rd</sup> sector for 2010.</li> </ul>	<ul style="list-style-type: none"> <li>• The team continues to work with the ‘Gateway Coalition’ to develop these contracts for 2011 onwards.</li> </ul>
<ul style="list-style-type: none"> <li>• The Organisational Development Plan lays out a clear commitment to embedding Equality and Diversity processes, culture and values throughout the organisation. This includes ensuring support and development opportunities for staff and recruitment processes for increasing the diversity of the workforce. The Equality and Diversity Manager is a member of the OD Plan Advisory Group</li> </ul>	<ul style="list-style-type: none"> <li>• The Trust attempts to ensure support and development for existing staff by advertising vacancies internally as development or secondment opportunities. The Trust Recruitment Processes have received an Equality Impact Assessment to ensure they make provision for increasing the diversity of the workforce when recruitment takes place.</li> <li>• The OD Plan advisory group continues to meet.</li> </ul>
<ul style="list-style-type: none"> <li>• The Equality and Diversity manager will aim to increase the number of staff networks to cover other equality strands throughout 2009.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff networks for LGBT staff and Disabled staff have been established. The E&amp;D manager has worked to ensure there is a governance process round E&amp;D that involved these networks</li> </ul>
<ul style="list-style-type: none"> <li>• NHS Brighton and Hove is co-ordinating a shared NHS presence for LGBT Pride in Brighton and Hove in 2009.</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Brighton and Hove did coordinate and fund the participation of over 50 staff from NHS organisations across the South East in the LGBT Pride Parade in 2009. The organisation is currently engaged with the local Strategic Health Authority to look at this year’s involvement in B&amp;H Pride</li> </ul>

<ul style="list-style-type: none"> <li>• In November of 2009 we will hold a PLS for practice staff and GPs focusing on equality and diversity issues, and examining barriers that excluded communities face to accessing primary health care services</li> </ul>	<ul style="list-style-type: none"> <li>• Unfortunately this PLS was cancelled due to lack of practice staff uptake. The E&amp;D manager will work with our raining team to establish another, similar PLS in the future.</li> </ul>
<ul style="list-style-type: none"> <li>• A new pilot project examining accessibility and responsiveness of GP practices will be launched in the summer of 2009. The GP Access Officer will work with practice staff and local patients / communities to identify ways in which practices can be more responsive to diverse patient needs. This role will broker partnerships between patients and practices and make recommendations for 'Responsive Practice' work in 2010</li> </ul>	<ul style="list-style-type: none"> <li>• Whilst this pilot project did not take place, consultation and engagement with patients and the public about accessibility of, and experiences in, primary care services helped to create the action plan in the SEHS.</li> <li>• In January 2010, the PCT launched a programme of work to improve access and responsiveness in general practice. The programme of work includes the development of an Access and Responsiveness LES that provides funding for practices to focus on the practical arrangements of improving day to day access performance. Examples of planned improvements include: <ul style="list-style-type: none"> <li>✓ Upgrading of telephone systems to improve telephone access.</li> <li>✓ Development of on-line appointment booking systems</li> <li>✓ Introduction of extended hours appointments at times convenient to patients.</li> <li>✓ Text messaging to remind patient of their appointments</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• NHS Brighton and Hove will seek to improve NHS reporting of Racist, Homophobic, Bi-Phobic and Transphobic incidents by working with statutory and 3<sup>rd</sup> sector partners to raise awareness of the issues and provide training for key staff.</li> </ul>	<ul style="list-style-type: none"> <li>• The Trust has been unable to progress this work during 2009/10, but has made it a priority action for 2010, and included improving monitoring in the SEHRS action plan</li> </ul>

<ul style="list-style-type: none"> <li>• We will join Race For Health in 2009 to share learning, expertise and best practice with other PCTs nationally in order to progress the Race equality agenda.</li> </ul>	<ul style="list-style-type: none"> <li>• The Trust became a member of Race For Health in 2009, signing up to the organisation's pledges. The Trust has a thinking partner who will help to create an action plan for 2010 to continue this work.</li> </ul>
<ul style="list-style-type: none"> <li>• As a member of Stonewall, the organisation will evaluate itself as part of their Workplace Equality Index for the first time.</li> </ul>	<ul style="list-style-type: none"> <li>• The Trust participated in the WEI and will use feedback from Stonewall through this process to continue to develop its local LGBT work. Learning from the Stonewall index has been incorporated into the SEHRS action plan.</li> </ul>
<ul style="list-style-type: none"> <li>• The organisation will work to improve its monitoring mechanisms, internal and external, to capture data about staff and patients against all equalities strands. This will enable the organisation to identify priority areas to address. We are leading on work with statutory partners in the City Inclusion Partnership to improve and standardise monitoring mechanisms City wide, and to improve information sharing across services.</li> </ul>	<ul style="list-style-type: none"> <li>• The Trust, with other local public sector partners, developed a monitoring form to capture more fully the diverse identities of service users and staff. This new monitoring form formed the basis of the internal equalities staff survey, gathering data on the diversity and experience of Trust staff.</li> <li>• The Trust continue to work with the City Inclusion Partnership to further improve and increase diversity monitoring across the City</li> </ul>
<ul style="list-style-type: none"> <li>• Through the Equality and Diversity sub Committee the organisation will examine the staff profile data for 08/09 and create work programmes to address key issues and areas of concern.</li> </ul>	<ul style="list-style-type: none"> <li>• The internal staff equalities survey findings were examine by the E&amp;D sub-committee in January 2010, and used to create actions for the SEHRS 2010-13</li> </ul>

## Commitments for 2010/11

### **Race for Health**

The Trust will work with its thinking partner, Teresa Edmans, to meet the requirements of the R4H pledges and to participate in the Trust's first ever peer review. This will be an opportunity to identify key activities to promote race equality through the commissioning and provision of local NHS services, and to work with partner PCTs to benchmark NHS Brighton and Hove's progress in this field.

### **Single Equality and Human Rights Scheme action plan**

The Trust is committed to embedding equality and diversity values, duties and actions throughout core Trust work. This will largely be achieved by following the SEHRS action plan, which internally will be monitored by the Equality and Diversity sub-committee of the Board.

### **External SEHRS steering group**

The Trust will create an external stakeholder reference/steering group to monitor and inform Trust progress against the SEHRS action plan. As the plan is live and can be adjusted or reprioritised based on stakeholder involvement, the role of the group will be to not only monitor Trust progress on the action plan, but to develop the plan further throughout its lifetime.

### **Equality Impact Assessments and governance processes**

In order to ensure improved and continual delivery of EIAs, and that EIAs inform commissioning and decision making processes, the Trust has committed to the following in 2010 –

- Carry out a policy audit to identify and prioritise policies for EIAs
- Create a standing group of internal and external stakeholders able to carry out EIAs
- Strengthen governance processes to ensure that policies and strategies are not ratified or adopted without an EIA where necessary
- Strengthen planning and commissioning processes to ensure they evidence both stakeholder involvement and the recommendations of EIAs

### **Monitoring and improved recording of patient and public diversity identities**

Through commissioning and contracting processes the Trust will attempt to ensure that local NHS services improve their monitoring of the diversity of patients and service users. Wherever the Trust carries out a public piece of work involving external stakeholders (e.g. public consultations, conferences, PALS and Complaints functions) the trust will work to improve the recording of the diverse identities of attendees/participants/complainants. The Trust will use this data to identify any difference in patient experience or any incidence of racist discrimination, bi or trans phobia etc.

## **NHS Brighton & Hove Workforce Data**

**1<sup>st</sup> April 2009 – 31<sup>st</sup> March 2010**

### **Introduction**

This report summarises the key findings from the annual collation of workforce monitoring data in the following areas;

- Ethnicity
- Disability Status
- Gender
- Age
- Sexual orientation
- Religion/belief

The report looks at key areas such as workforce profile, recruitment, training, promotion, and leavers.

Data for NHS Brighton & Hove's workforce (including training, promotions, leavers etc) is based on all directly employed staff and does not include contractors or temporary staff or those on secondment to the organisation.

Data for the local population has been taken from the 2001 census. Unfortunately this data is now 9 years old and so may, in places, be out of date. Therefore, this data should be treated with some caution.

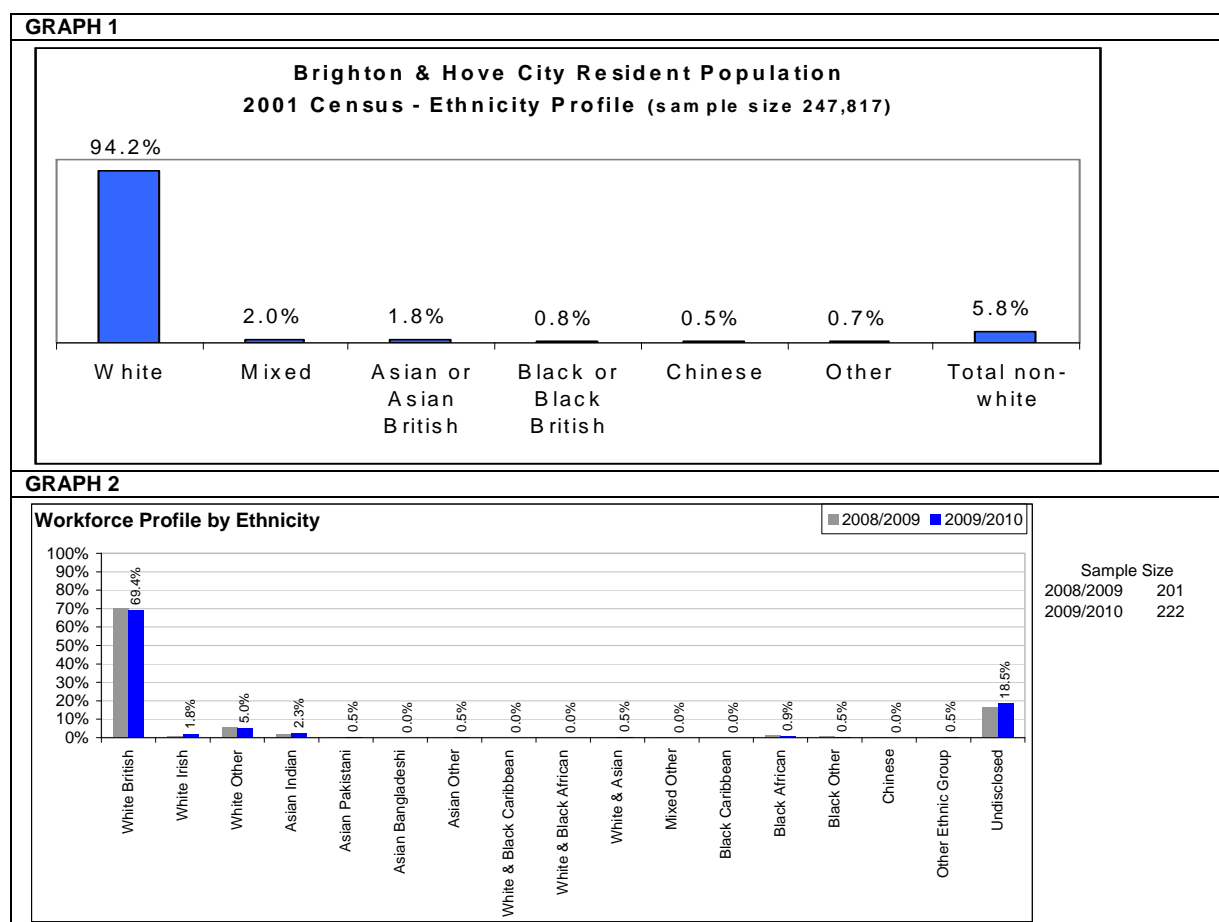
We have reported on employee relations cases by ethnicity in order to meet our statutory requirements in this respect. However, as the number of cases is so low (just 4 grievances, and no bullying or harassment cases or disciplinaries) we have taken the decision to not provide any further reports on this area in order to protect the identity of those involved.

It should be noted that the statistics on recruitment activity include all applications received electronically through NHS Jobs and that both eligible and ineligible applications (i.e. those who do not have the right to work in the UK) have been included in the data.

Where appropriate, we will use the data to identify areas which require further investigation and consideration by the organisation's Equalities & Diversity Sub-Committee and will form part of our Single Equality Scheme action plan.

## 1. Ethnicity

The ethnic profile of the resident population of Brighton & Hove city is shown in graph 1. A year on year comparison (2008/2009 and 2009/2010) of the profile of NHS Brighton & Hove workforce is shown in graph 2.



12% of our workforce are from a BME background. This has slightly declined from the previous year's figure of 13% BME. The largest group of BME staff remains 'white other' (5%) with the second largest BME group being 'Asian – Indian' (2.3%).

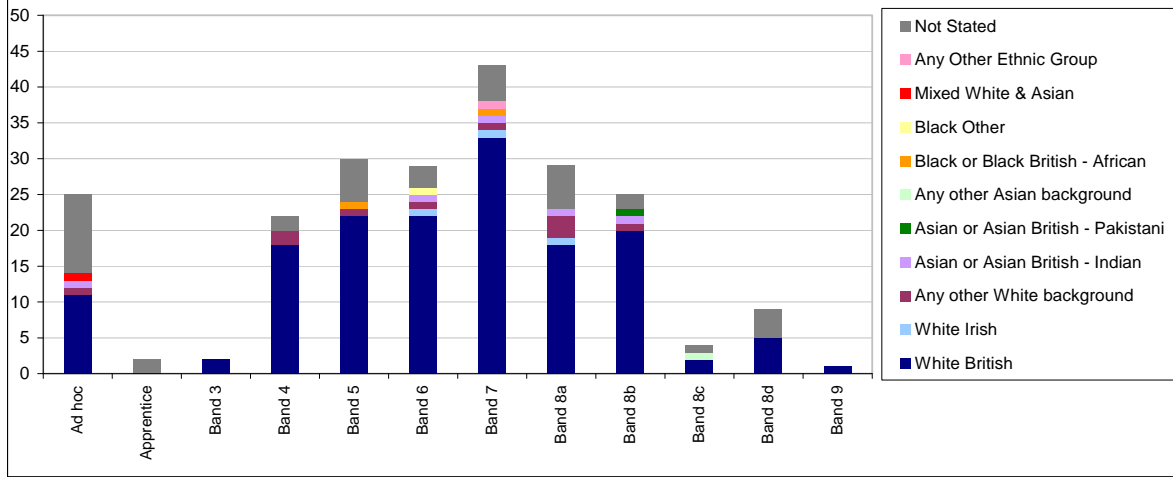
Although there has been a decrease in the number of BME staff employed this still compares favourably with Brighton & Hove City and means that the organisation has an above average representation of BME staff compared to the local population.

Table 1 and graph a) show the spread of employees by ethnicity and pay band. This indicates the levels of seniority of different ethnic groups within the organisation. Band 3 is the most junior band and 'Ad hoc' contains the most senior members of staff (including Executive Directors, Non-Executive Directors, Consultants, and Professional Executive Committee (PEC) members). From this table we can see that most BME staff are distributed from Bands 5 to Band 8b. There are fewer numbers of BME staff at the most senior levels in the organisation, compared to 'white British'. This is not a significant change from 2009/2010.

**TABLE 1 & GRAPH A**

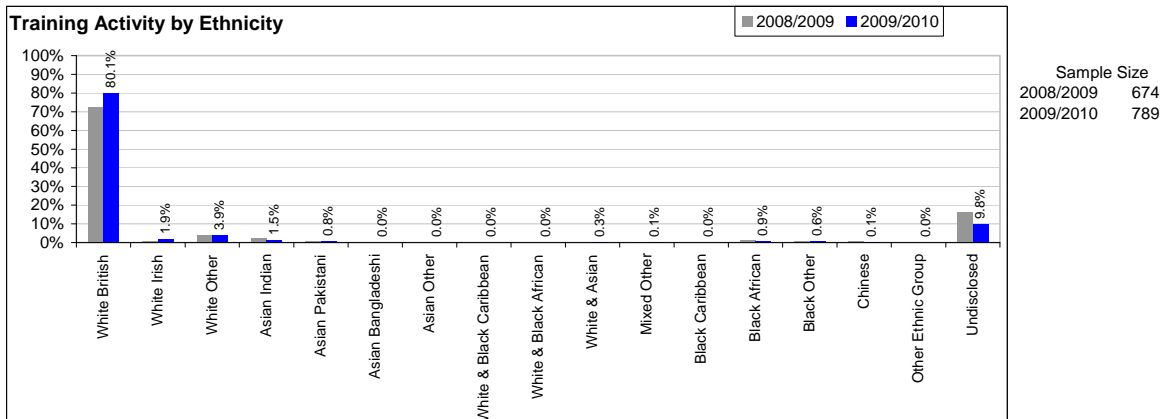
Ethnic Origin	Ad hoc	Apprentice	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Grand Total
White British	11		2	18	22	33	18	20	2	5	1		154
White Irish						1	1	1					3
Any other White background	1			2	1	1	1	3	1				10
Asian or Asian British - Indian	1					1	1	1	1				5
Asian or Asian British - Pakistani									1				1
Any other Asian background										1			1
Black or Black British - African					1		1						2
Black Other						1							1
Mixed White & Asian	1												1
Any Other Ethnic Group							1						1
Not Stated	11	2		2	6	3	5	6	2	1	4		42

**Pay Scale by Ethnicity**



Graph 3 shows the percentage of employees from each ethnic group who have attended funded training courses during the 2009/2010 financial year. The purpose of this graph is to compare the ethnic background of those staff who attend training with the ethnic background of all staff, so that we can identify if some groups of staff receive more training and development opportunities than others. The spread of training activity appears to be commensurate with the overall workforce profile for the organisation.

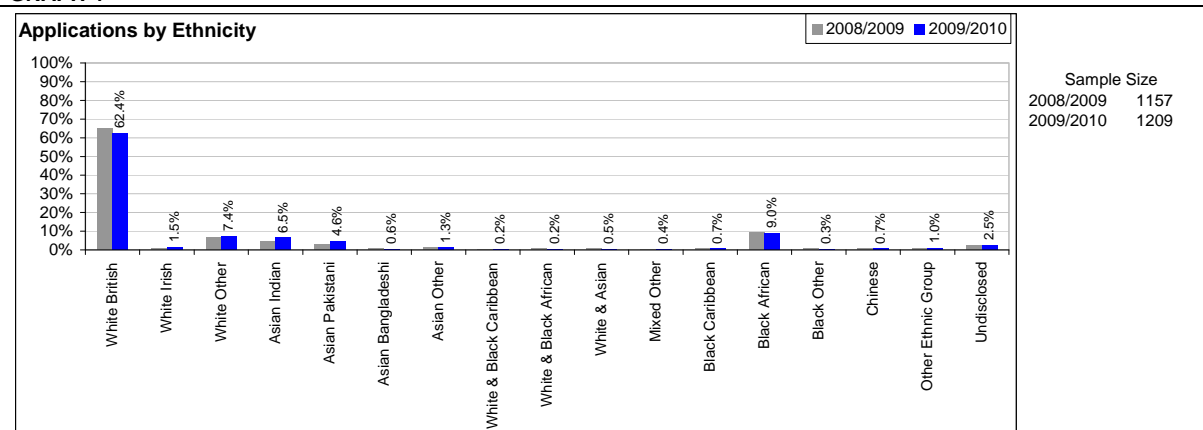
**GRAPH 3**



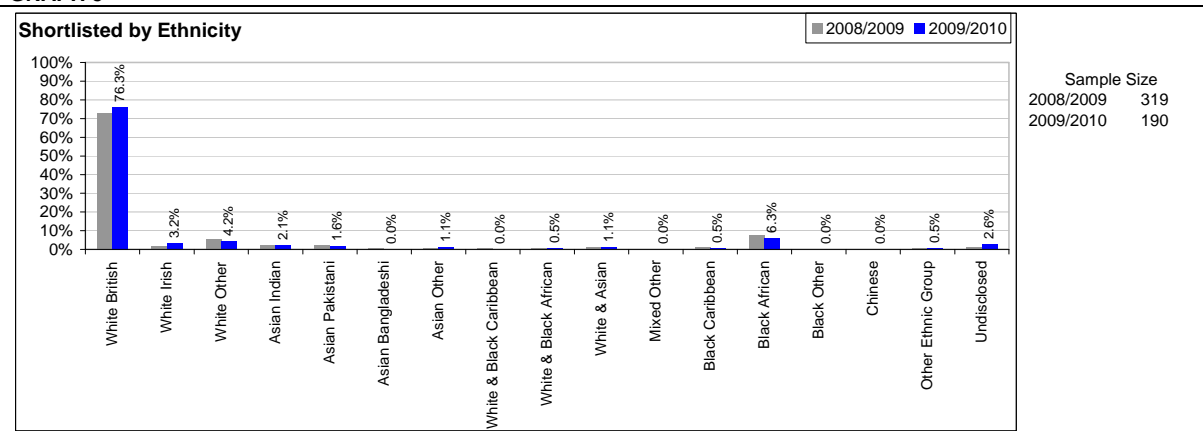
Graphs 4 - 6 show the ethnic origin of all applicants, shortlisted applicants and appointments to NHS Brighton & Hove for both 2008/2009 and 2009/2010. From these graphs we can see that in 2009/2010 35% of our applicants but only 17% of appointees were from a BME background. Whilst a disproportionate amount of BME applicants are not successfully completing our recruitment process this is an improvement on last year when only 11% of BME applicants were appointed. 62%

of applications are from 'white British' candidates but 81% of appointees are 'white British' which is disproportionately high.

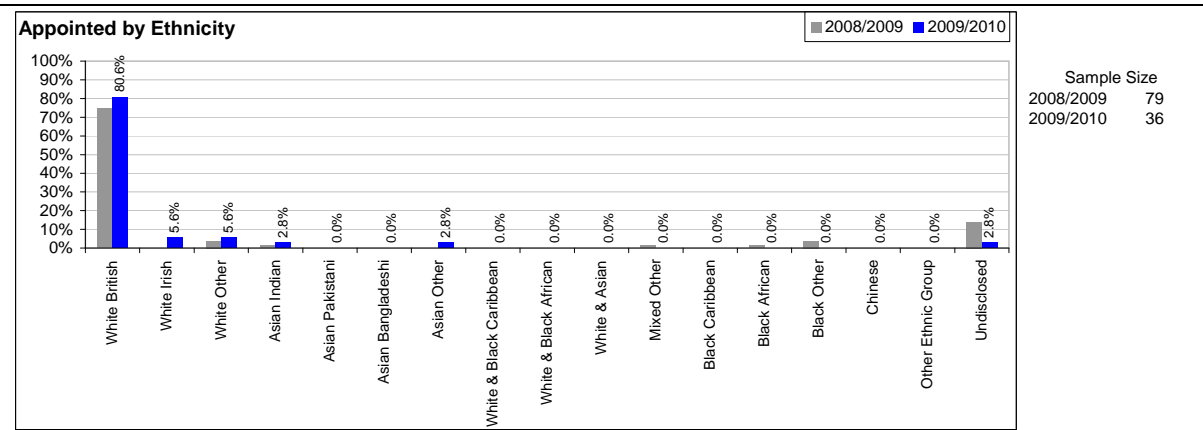
GRAPH 4



GRAPH 5



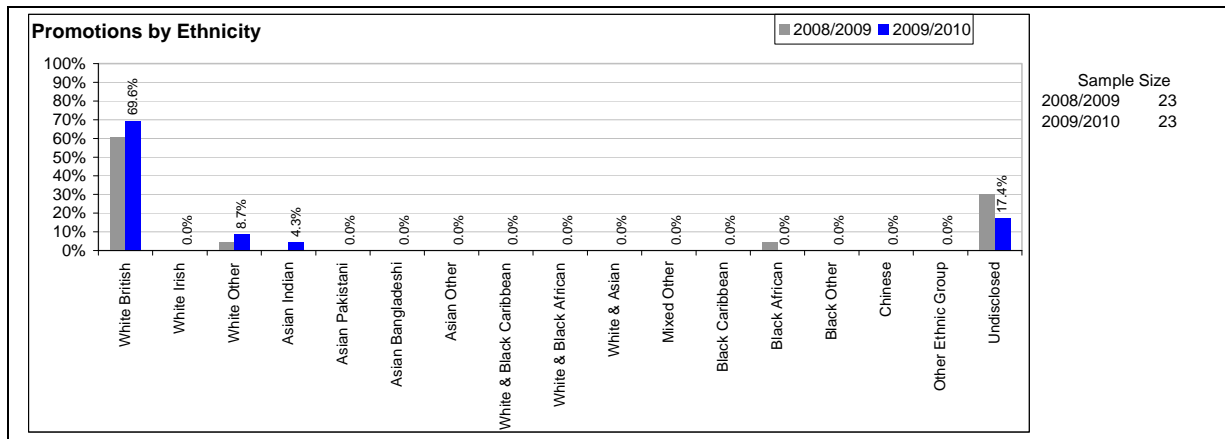
GRAPH 6



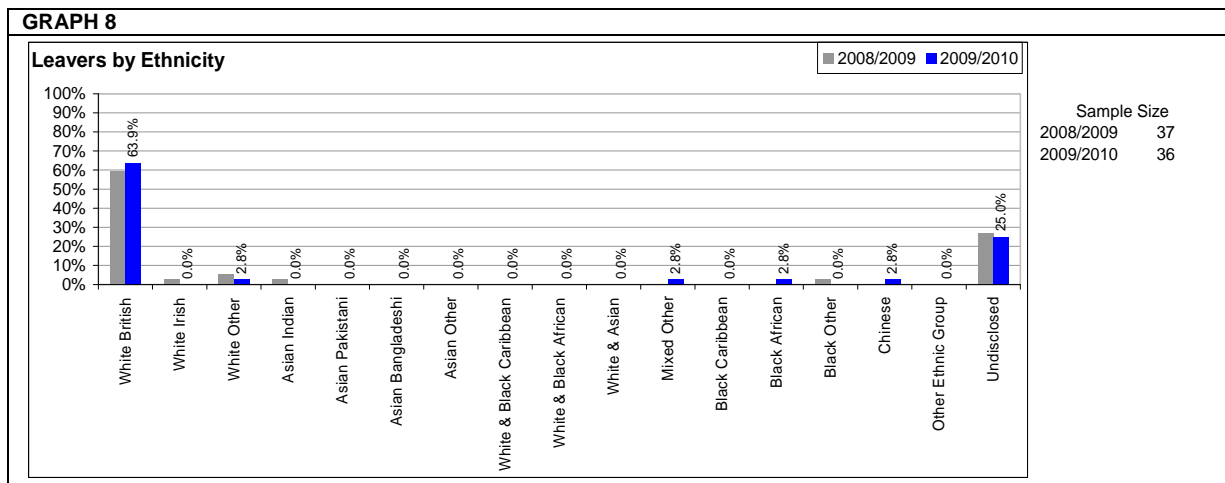
In 2009/2010 there were no disciplinary cases but four formal grievances were raised. Three of the employees involved were 'white-British', with the fourth choosing not to disclose their ethnic origin.. There have been no bullying & harassment cases within this time.

The number of staff, by ethnic origin, who have been promoted is shown in graph 7. 13% of those who have been promoted are form a BME background. This is commensurate with the overall workforce profile for NHS Brighton & Hove.

GRAPH 7



Graph 8 shows a year on year comparison of the ethnic origin of all workers who left the employment of the organisation for the years 2008/2009 and 2009/2010. This information illustrates that the ethnic profile of leavers reasonably matched the general workforce profile.

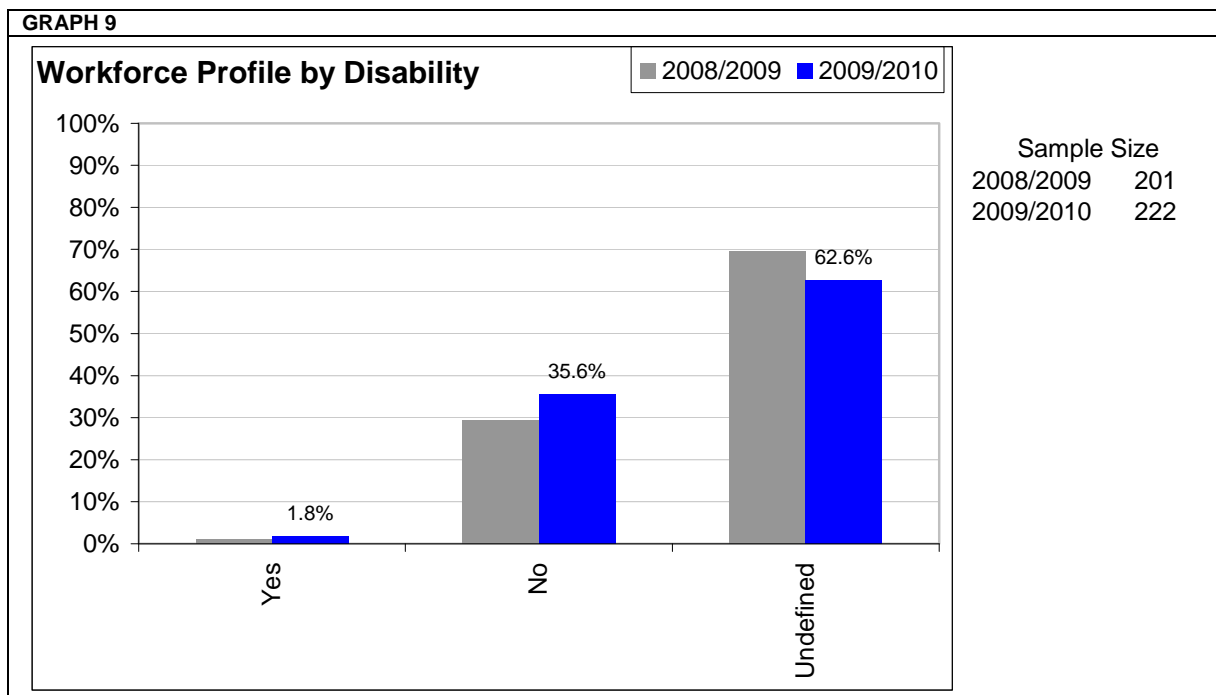


Supporting data table for all graphs																		
2009/2010	White British	White Irish	White Other	Asian Indian	Asian Pakistani	Asian Bangladeshi	Asian Other	White & Black Caribbean	White & Black African	White & Asian	Mixed Other	Black Caribbean	Black African	Black Other	Chinese	Other Ethnic Group	Undisclosed	
Workforce profile	154	4	11	5	1	0	1	0	0	1	0	0	2	1	0	1	41	
	69%	2%	5%	2%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	18%	
Training Activity	632	15	31	12	6	0	0	0	2	2	1	0	7	5	1	0	77	
	80%	2%	4%	2%	1%	0%	0%	0%	0%	0%	0%	0%	1%	1%	0%	0%	10%	
Applications	755	18	90	79	56	7	16	3	2	6	5	9	109	4	8	12	30	
	62%	1%	7%	7%	5%	1%	1%	0%	0%	0%	0%	1%	9%	0%	1%	1%	2%	
Shortlisted	145	6	8	4	3	0	2	0	1	2	0	1	12	0	0	1	5	
	76%	3%	4%	2%	2%	0%	1%	0%	1%	1%	0%	1%	6%	0%	0%	1%	3%	
Appointed	29	2	2	1	0	0	1	0	0	0	0	0	0	0	0	0	1	
	81%	6%	6%	3%	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	
Promotions	16	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	4	
	70%	0%	9%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	17%	
Leavers	23	0	1	0	0	0	0	0	0	0	1	0	1	0	1	0	9	
	64%	0%	3%	0%	0%	0%	0%	0%	0%	0%	3%	0%	3%	0%	3%	0%	25%	
2008/2009	White British	White Irish	White Other	Asian Indian	Asian Pakistani	Asian Bangladeshi	Asian Other	White & Black Caribbean	White & Black African	White & Asian	Mixed Other	Black Caribbean	Black African	Black Other	Chinese	Other Ethnic Group	Undisclosed	
Workforce profile	141	2	11	4	1	0	0	0	0	1	1	0	3	2	1	1	33	
	70%	1%	5%	2%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	0%	0%	16%	
Training Activity	489	4	28	15	5	0	0	0	0	0	2	0	9	7	6	0	109	
	73%	1%	4%	2%	1%	0%	0%	0%	0%	0%	0%	0%	1%	1%	1%	0%	16%	
Applications	754	12	77	51	32	9	13	6	8	11	3	10	110	12	9	11	29	
	65%	1%	7%	4%	3%	1%	1%	1%	1%	1%	0%	1%	10%	1%	1%	1%	3%	
Shortlisted	233	5	18	8	8	2	2	2	2	4	0	4	25	0	0	2	4	
	73%	2%	6%	3%	3%	1%	1%	1%	1%	1%	0%	1%	8%	0%	0%	1%	1%	
Appointed	59	0	3	1	0	0	0	0	0	0	1	0	1	3	0	0	11	
	75%	0%	4%	1%	0%	0%	0%	0%	0%	0%	1%	0%	1%	4%	0%	0%	14%	
Promotions	14	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	7	
	61%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	30%	
Leavers	22	1	2	1	0	0	0	0	0	0	0	0	0	1	0	0	10	
	59%	3%	5%	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%	0%	0%	27%	

## 2. Disability status

In the 2001 Census 13% of the Brighton & Hove City population, who were of working age, considered themselves to have a long term illness or disability.

Graph 9 shows the percentage of employees by their disability status. Despite carrying out a survey to try and gather more accurate equalities data in 2008 there remains a high number (62%) of employees for whom we do not hold clear data in this area. However, our 2009 Staff Survey results show that 15% of respondents consider themselves to be disabled.



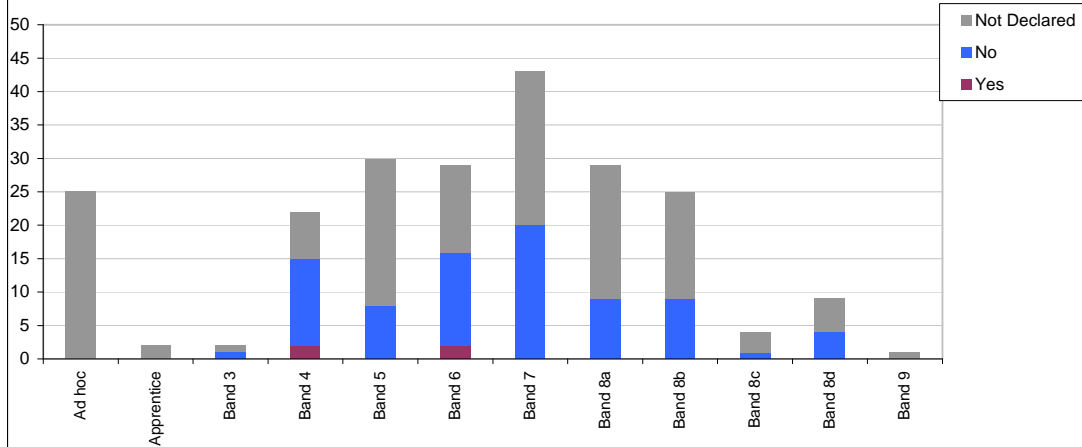
If we look at the staff survey results as a reasonable indication of the numbers of our staff who have a long-term illness or condition then the profile of our employees is a good match compared to the local population of Brighton & Hove city.

Table 2 and graph b) show the numbers of disabled and non-disabled staff employed in each pay band. Because the numbers of declared disabled staff are so low it is not possible to draw any reliable conclusions from the data.

**TABLE 2 & GRAPH B**

Disabled	Ad hoc	Apprentice	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Grand Total
Yes				2		2							4
No			1	13	8	14	20	9	9	1	4		79
Not Declared	25	2	1	7	22	13	23	20	16	3	5	1	138

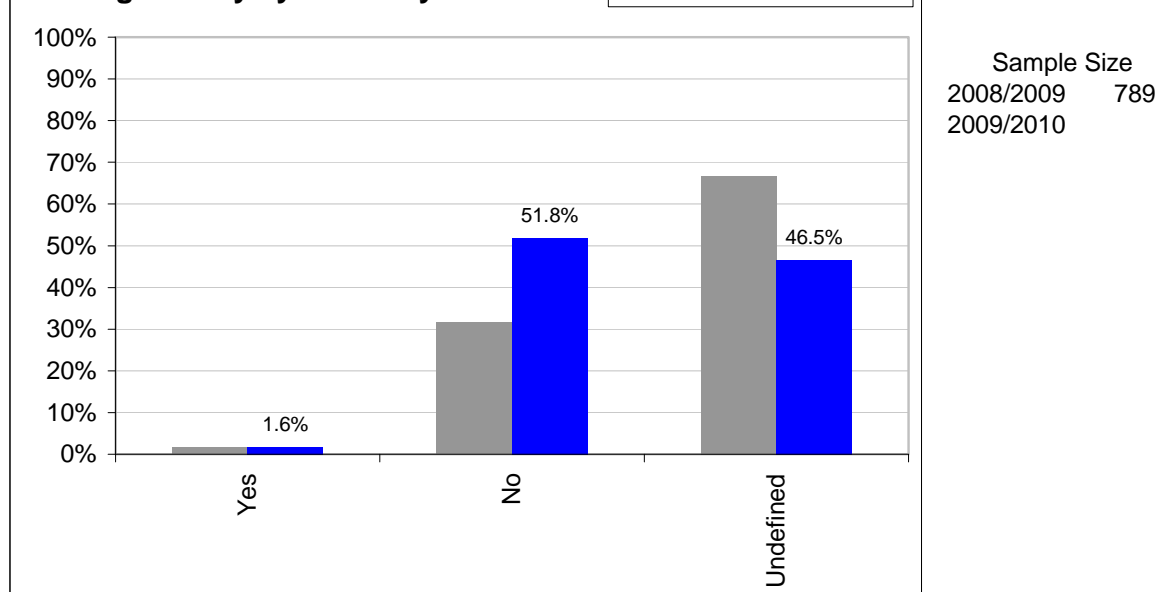
**Pay Scale by Disability**



Graph 10 shows the percentage of staff, by disability status, who undertook training in 2009/2010. The balance of disabled and non-disabled staff who have accessed training is commensurate with the overall workforce profile of the organisation.

**GRAPH 10**

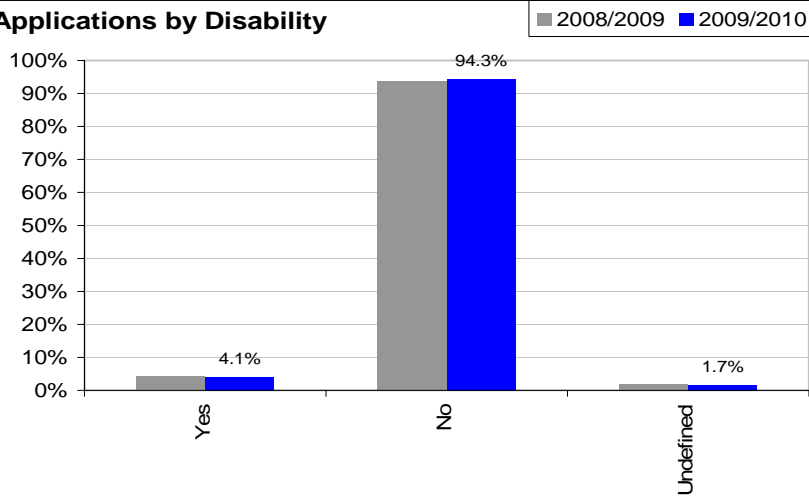
**Training Activity by Disability**



Graphs 11 - 13 show a year on year comparison of the disability status of all applicants, shortlisted applicants and appointments to the organisation for the years 2008/2009 and 2009/2010. From this data we can see that in 2009/2010 more disabled applicants successfully completed the recruitment process compared to 2008/2009.

**GRAPH 11**

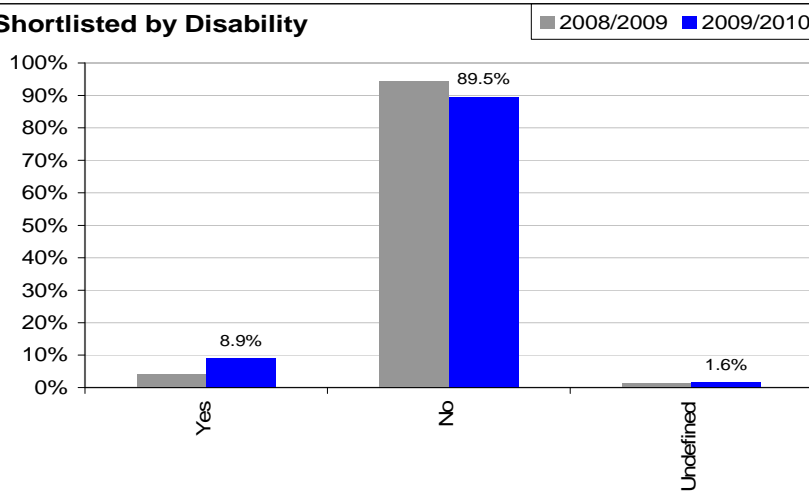
**Applications by Disability**



Sample Size  
2008/2009 1157  
2009/2010 1209

**GRAPH 12**

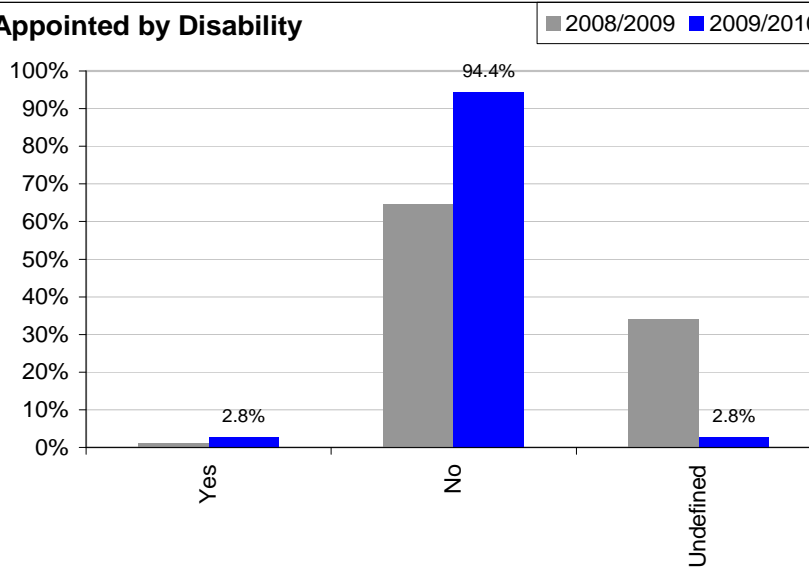
**Shortlisted by Disability**



Sample Size  
2008/2009 319  
2009/2010 190

**GRAPH 13**

**Appointed by Disability**

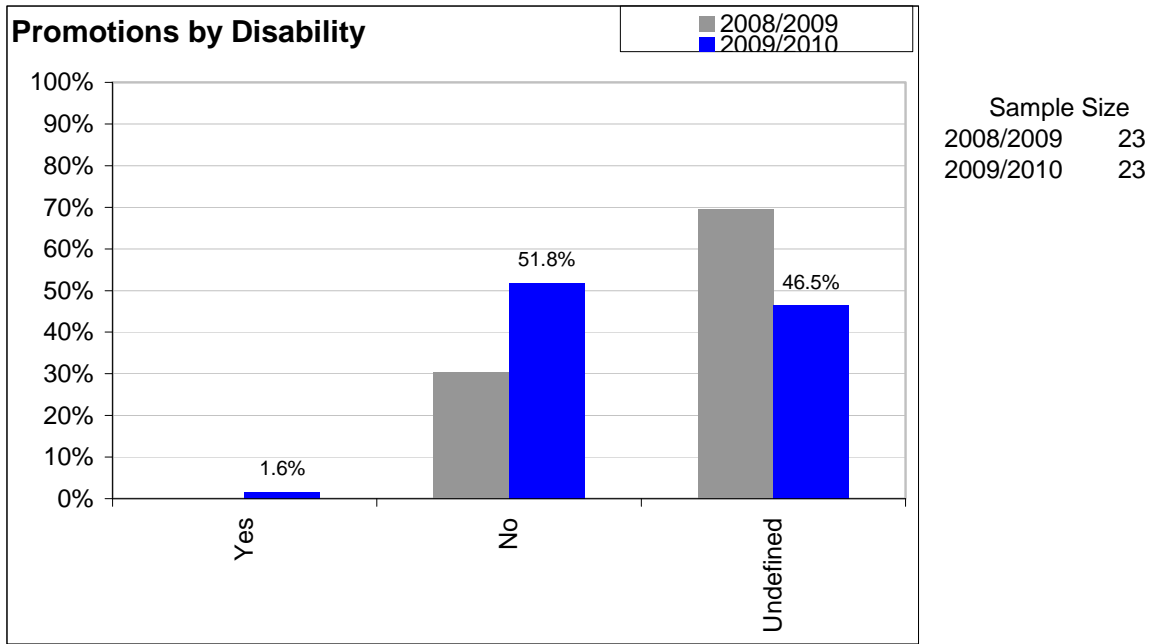


Sample Size  
2008/2009 79  
2009/2010 36

The percentage of staff, by disability status, who were promoted in 2009/2010 is shown at graph 14. This graph shows that no disabled staff were promoted in that period. However, 78% of those who were promoted are employees for whom we do not hold accurate data about their disability status. Of those promoted only 22% are

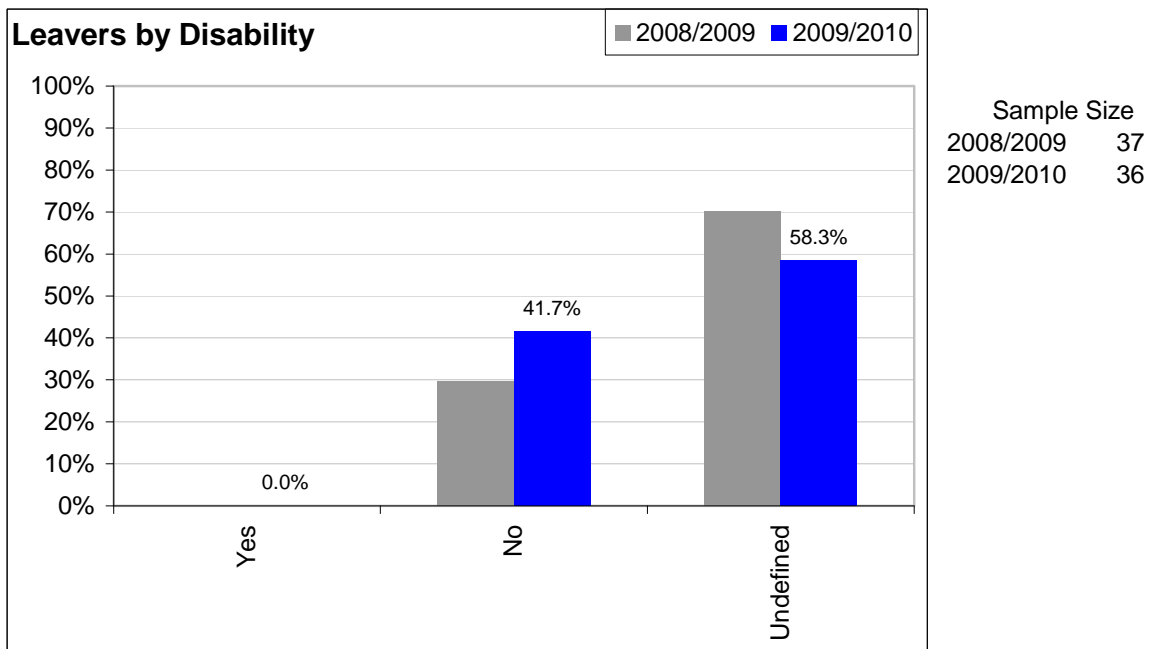
recorded as non-disabled. This indicates that the problem may be the lack of information in this area rather than any discriminatory practice.

**GRAPH 14**



Of the 36 staff who left the organisation in 2009/2010 (graph 15) none had declared themselves as disabled, although 58% of leavers fall into the 'undefined' category (as described above).

**GRAPH 15**



**Supporting data table for all graphs**

<b>2009/2010</b>	Yes	No	Undefined
Workforce profile	4	79	139
	1.8%	35.6%	62.6%
Training Activity	13	409	367
	1.6%	51.8%	46.5%
Applications	49	1140	20
	4.1%	94.3%	1.7%
Shortlisted	17	170	3
	8.9%	89.5%	1.6%
Appointed	1	34	1
	2.8%	94.4%	2.8%
Promotions	0	5	18
	0.0%	21.7%	78.3%
Leavers	0	15	21
	0.0%	41.7%	58.3%
<b>2008/2009</b>	Yes	No	Undefined
Workforce profile	2	59	140
	1.0%	29.4%	69.7%
Training Activity	11	213	450
	1.6%	31.6%	66.8%
Applications	48	1086	23
	4.1%	93.9%	2.0%
Shortlisted	13	301	5
	4.1%	94.4%	1.6%
Appointed	1	51	27
	1.3%	64.6%	34.2%
Promotions	0	7	16
	0.0%	30.4%	69.6%
Leavers	0	11	26
	0.0%	29.7%	70.3%

### 3. Gender

The 2001 census describes the gender profile of the resident population of Brighton & Hove City as 48% men and 52% women. Compared to this NHS Brighton & Hove employs 72.5% women and 27.5% men (see graph 16). This figure has not statistically changed from last year and there remains a disproportionately high number of female employees compared to the general population of Brighton & Hove City.

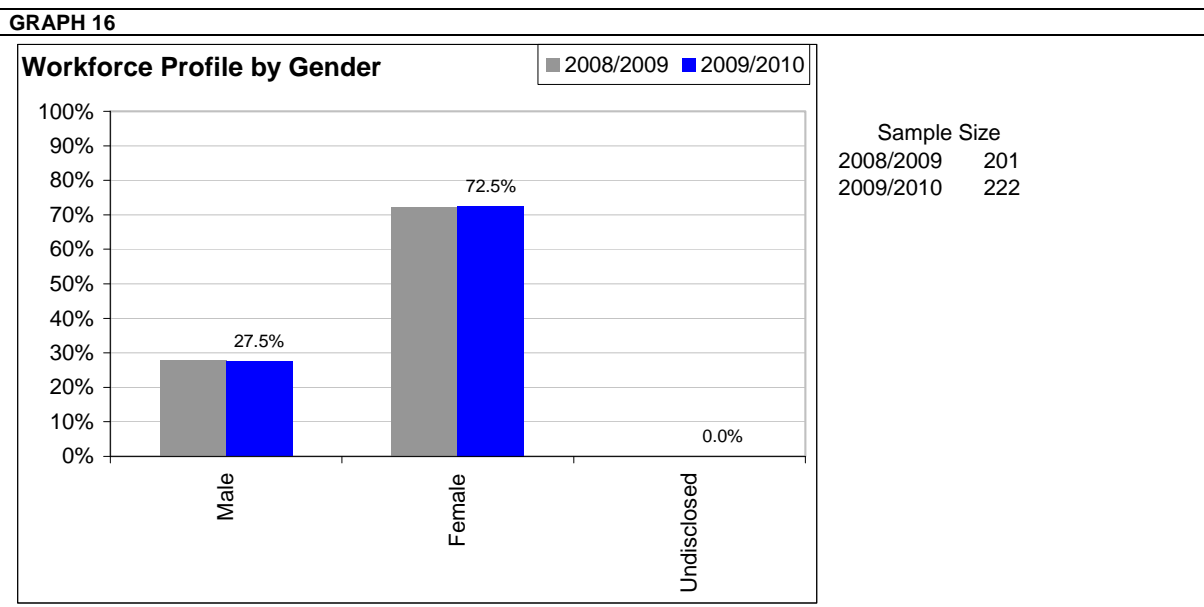
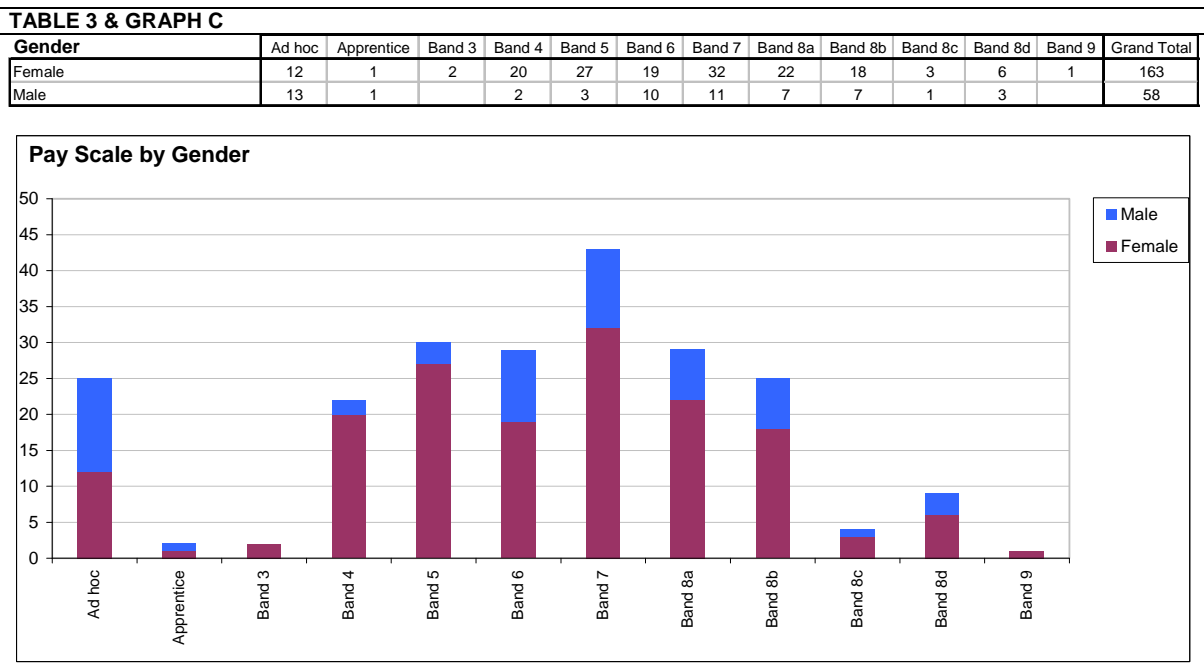
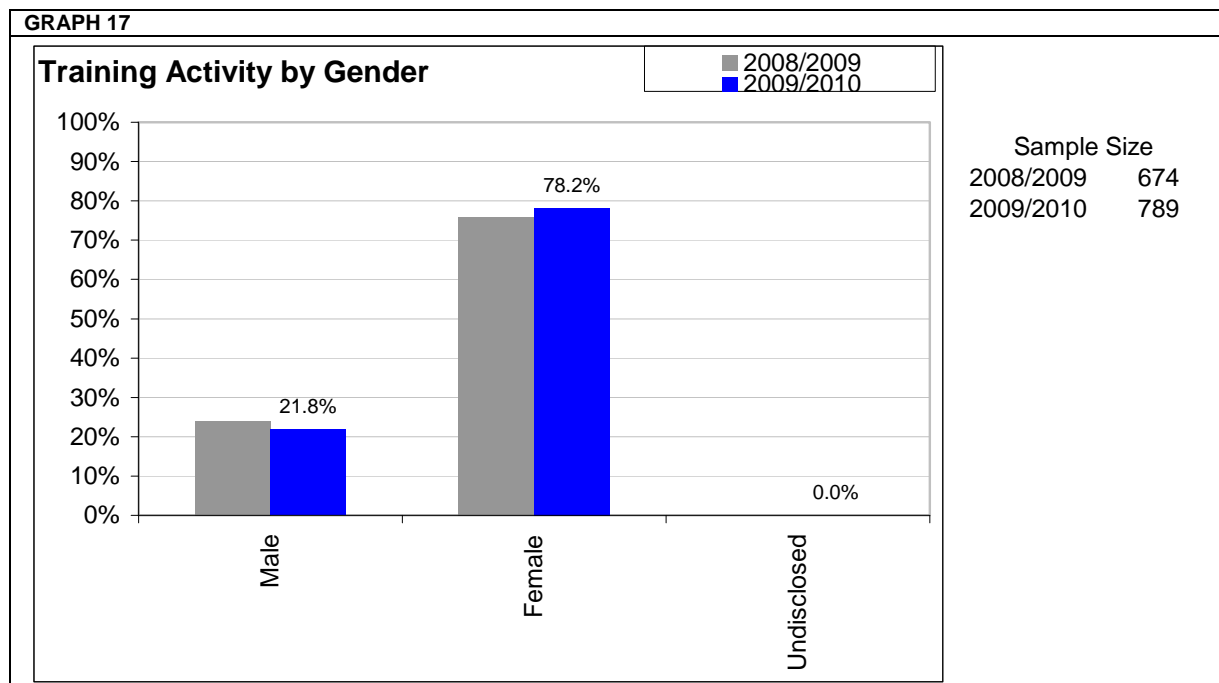


Table 3 and graph c) show the numbers of men and women employed in each pay band. The spread is fairly even, with the exception of more women than men being employed in band 4 (mostly Administrators) and band 7. Both genders are reflected at the higher grades.



It is currently not possible to record numbers of trans-gender employees using the national Electronic Staff Record (ESR). Therefore, we do not have any reports on this area for 2009/2010.

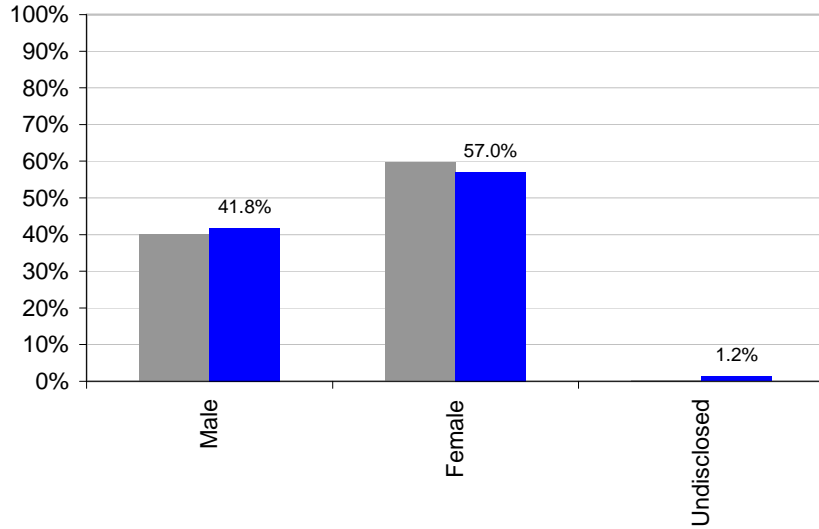
Graph 17 shows the numbers of men and women who received training from the organisation in 2009/2010. This shows that women receive training slightly more than would be proportionate for the gender profile of the workforce.



Graphs 18 - 20 show a year on year comparison of the number of male and female applicants, short listed applicants and appointments to NHS Brighton & Hove in 2008/2009 and 2009/2010. We can see from this that the number of male applicants appointed to positions in the organisation has fallen from 76% to 69%. However this figure is much higher than the number of female applicants appointed (28%).

GRAPH 18

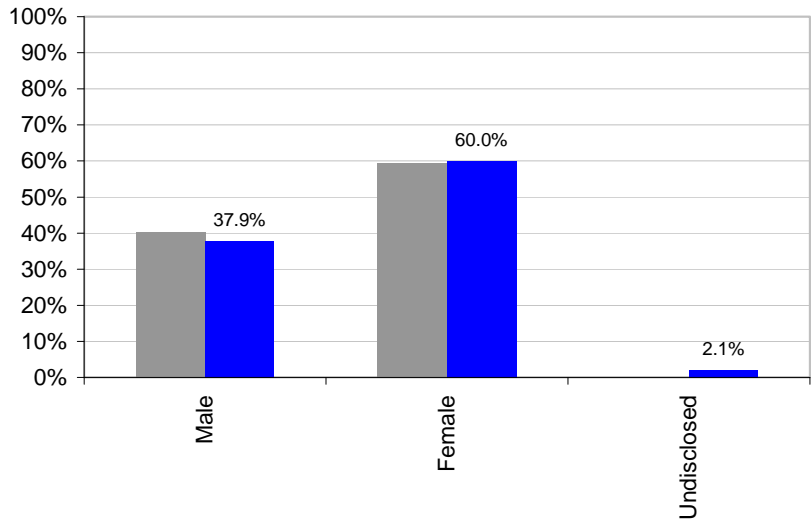
Applications by Gender



Sample Size  
2008/2009 1157  
2009/2010 1209

GRAPH 19

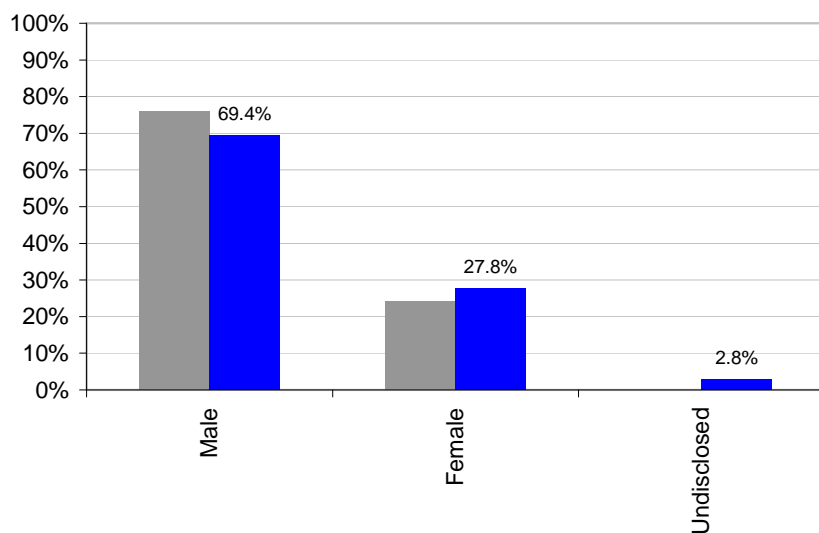
Shortlisted by Gender



Sample Size  
2008/2009 319  
2009/2010 190

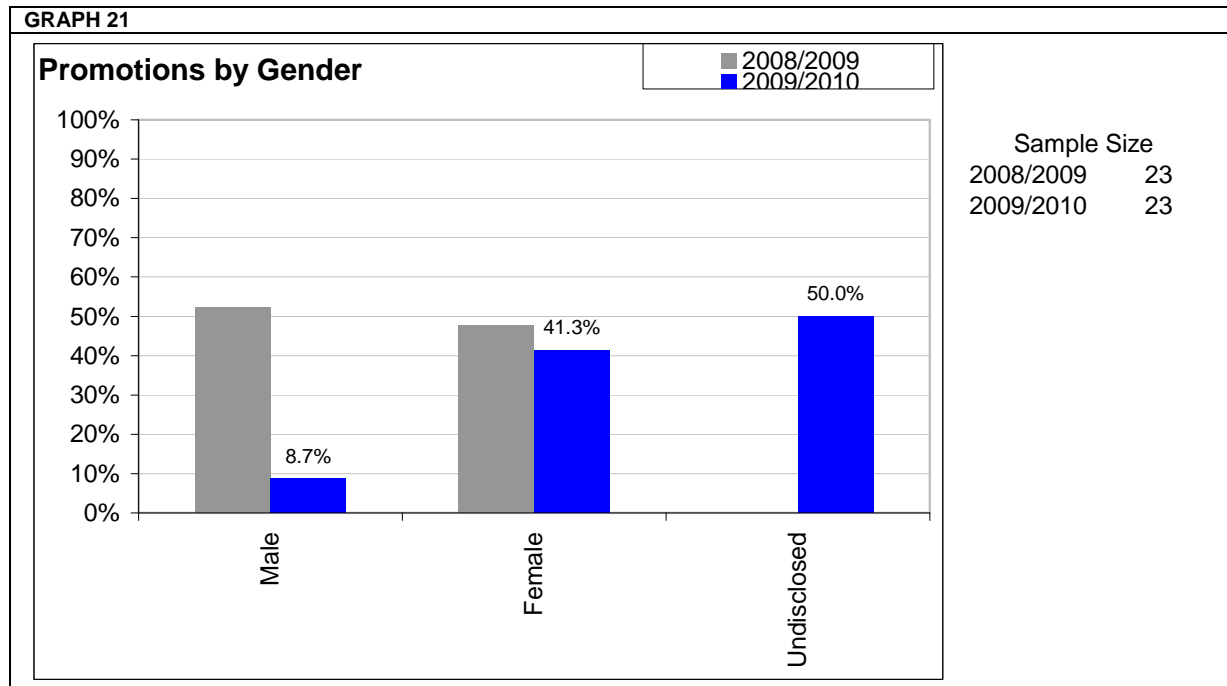
GRAPH 20

Appointed by Gender

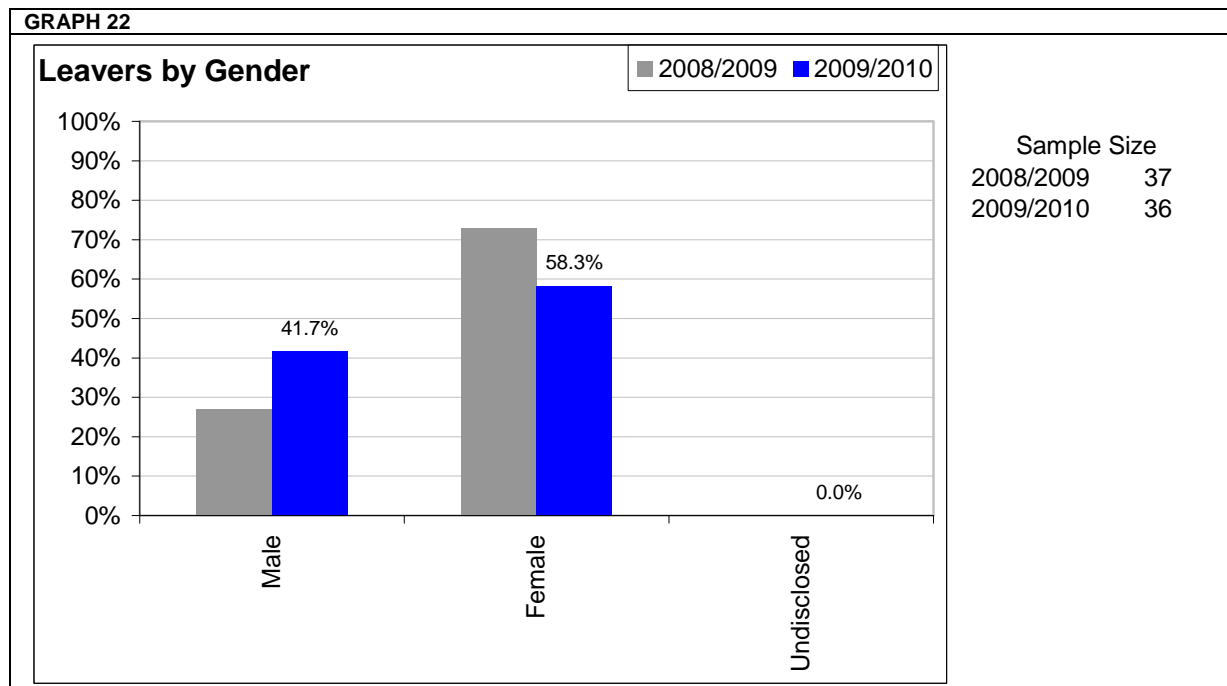


Sample Size  
2008/2009 79  
2009/2010 36

The percentage of employees, by gender, who were promoted in 2009/2010 is shown in graph 21. The numbers of men who were promoted in 2009/2010 (9%) has fallen significantly from 2008/2009 (52%).



Graph 22 shows the percentage of workers who left the employment of the organisation in 2008/2009 and 2009/2010 by their gender. The number of men leaving the organisation has significantly increased and is disproportionate compared to the overall gender profile of the workforce.



**Supporting data table for all graphs**

<b>2009/2010</b>	Male	Female	Undisclosed
Workforce profile	61	161	0
	27.5%	72.5%	0.0%
Training Activity	172	617	0
	21.8%	78.2%	0.0%
Applications	505	689	15
	41.8%	57.0%	1.2%
Shortlisted	72	114	4
	37.9%	60.0%	2.1%
Appointed	25	10	1
	69.4%	27.8%	2.8%
Promotions	4	19	23
	8.7%	41.3%	50.0%
Leavers	15	21	0
	41.7%	58.3%	0.0%
<b>2008/2009</b>	Male	Female	Undisclosed
Workforce profile	56	145	0
	27.9%	72.1%	0.0%
Training Activity	162	512	0
	24.0%	76.0%	0.0%
Applications	463	690	4
	40.0%	59.6%	0.3%
Shortlisted	129	190	0
	40.4%	59.6%	0.0%
Appointed	60	19	0
	75.9%	24.1%	0.0%
Promotions	12	11	0
	52.2%	47.8%	0.0%
Leavers	10	27	0
	27.0%	73.0%	0.0%

## 4. Age

Graph 23 shows the age profile of the population of Brighton & Hove City and graph 24 shows a year on year comparison of the age profile of the organisation's workforce. The data for the age profile of the organisation and the local population has been collected from two different sources and is presented in a different way. Therefore, it is difficult to directly compare and draw any reliable conclusions from this data.

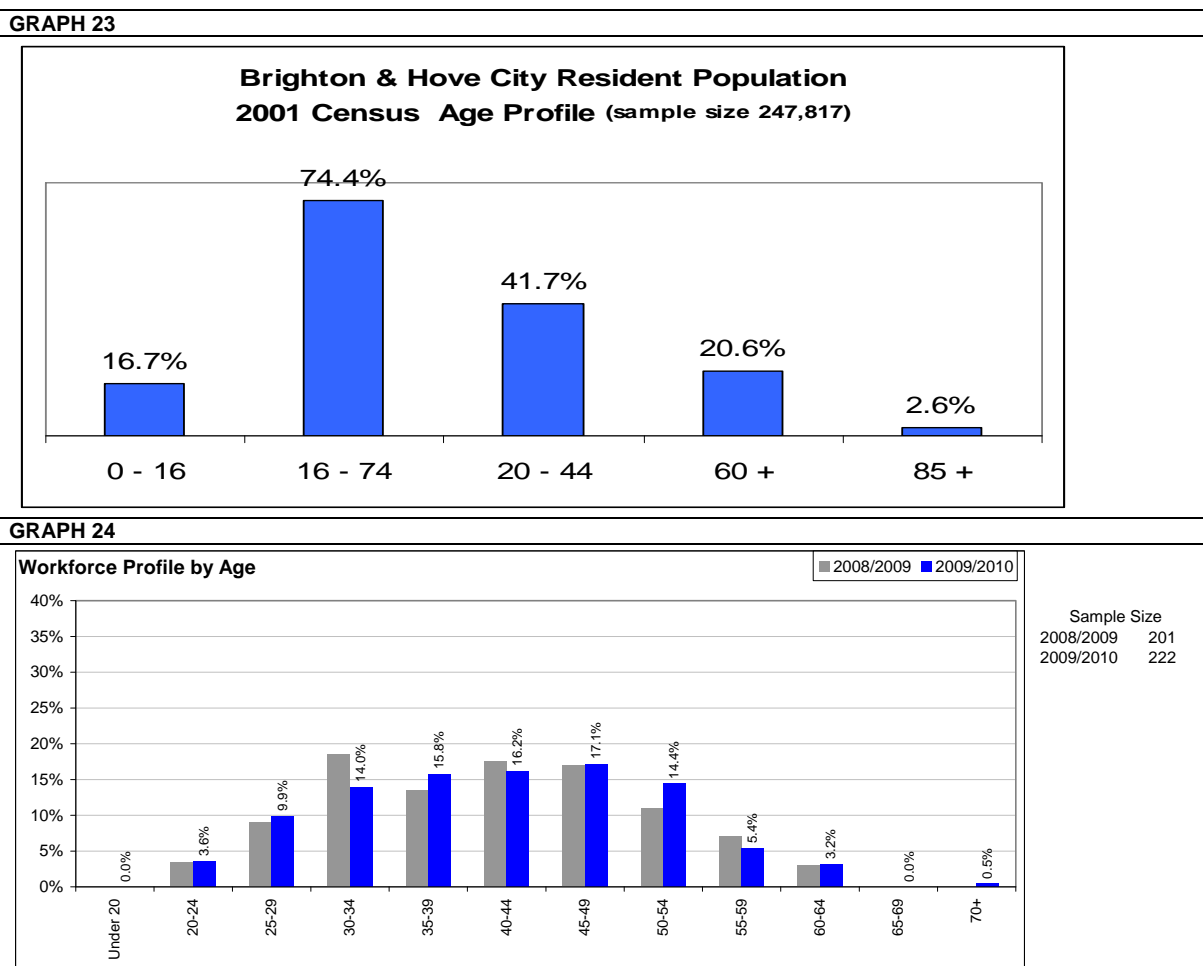
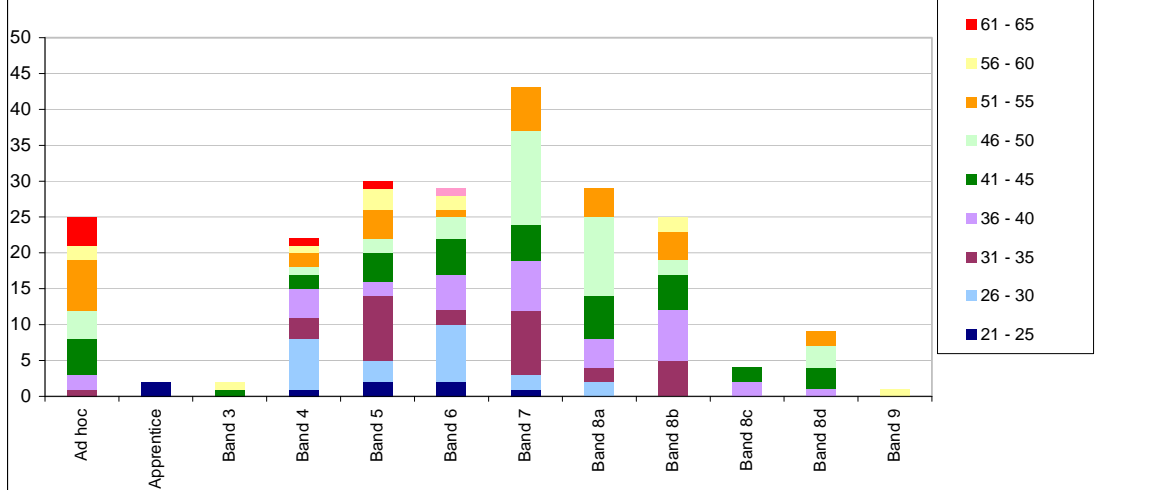


Table 4 and graph d) show the numbers of staff employed in each pay band by their age group. The spread of staff across age groups and pay bands is fairly even. The more senior roles tend to be held by people in the age groups 36 years upwards but there is very much an even spread amongst the lower pay bands.

**TABLE 4 & GRAPH D**

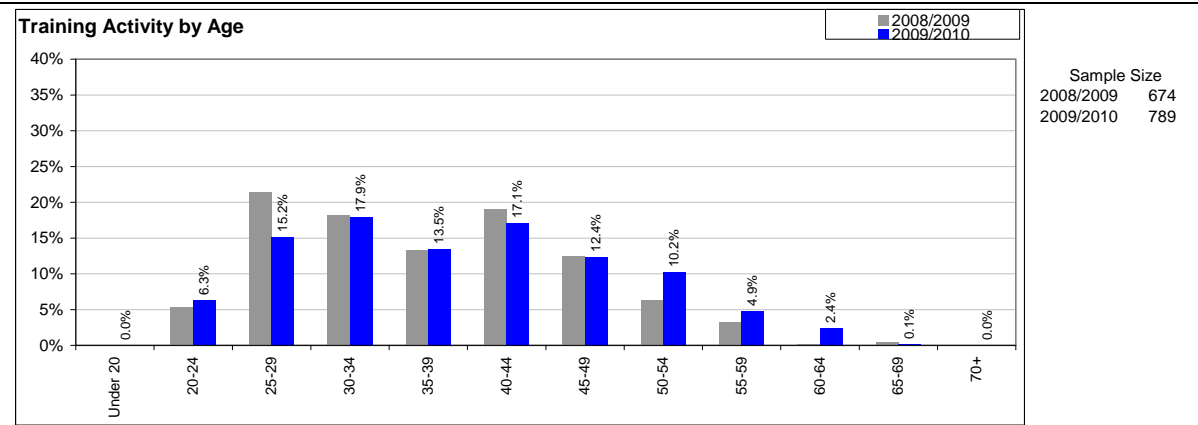
Age Band	Ad hoc	Apprentice	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Grand Total
21 - 25		2		1	2	2	1						8
26 - 30				7	3	8	2	2					22
31 - 35	1			3	9	2	9	2	5				31
36 - 40	2			4	2	5	7	4	7	2	1		34
41 - 45	5		1	2	4	5	5	6	5	2	3		38
46 - 50	4			1	2	3	13	11	2		3		39
51 - 55	7			2	4	1	6	4	4		2		30
56 - 60	2		1	1	3	2			2			1	12
61 - 65	4			1	1								6
71 & above						1							1

**Pay Scale by Age Group**



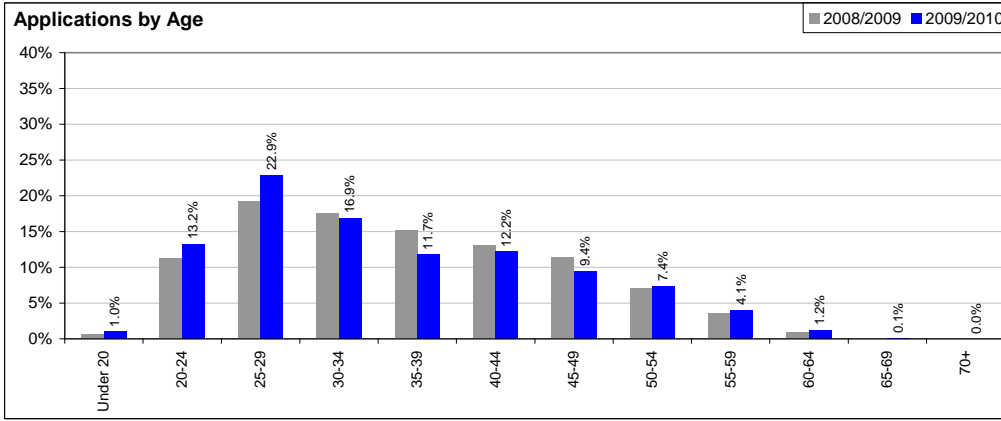
Graph 25 shows the age profile of attendees who undertook training for 2009/2010 compared to 2008/2009. As the numbers are very similar to the overall age profile of the organisation we can see that all age groups are fairly represented at training events.

**GRAPH 25**



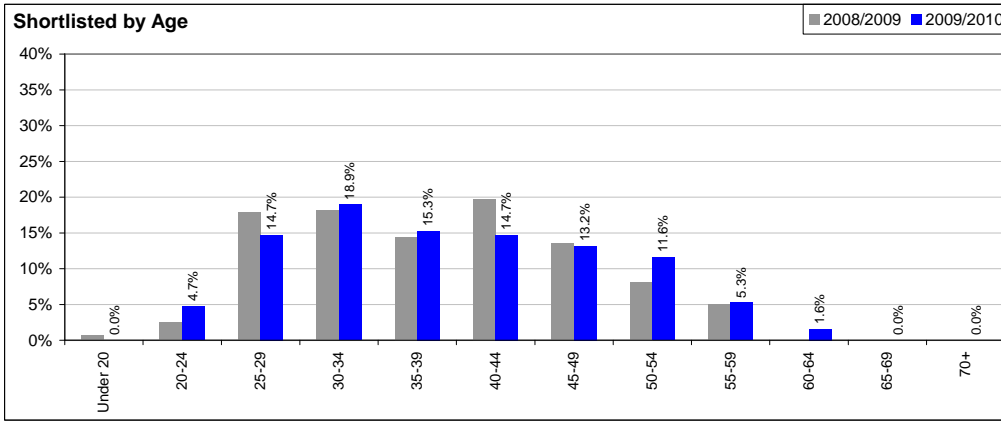
Graphs 26 - 28 show a year on year comparison of the number of applicants, short listed applicants and appointments to NHS Brighton & Hove in 2008/2009 and 2009/2010 in each age group. These graphs show that whilst 25-29 year olds are more likely to apply to work at the PCT, with 40-44 year olds much more likely to be appointed than any other age group.

**GRAPH 26**



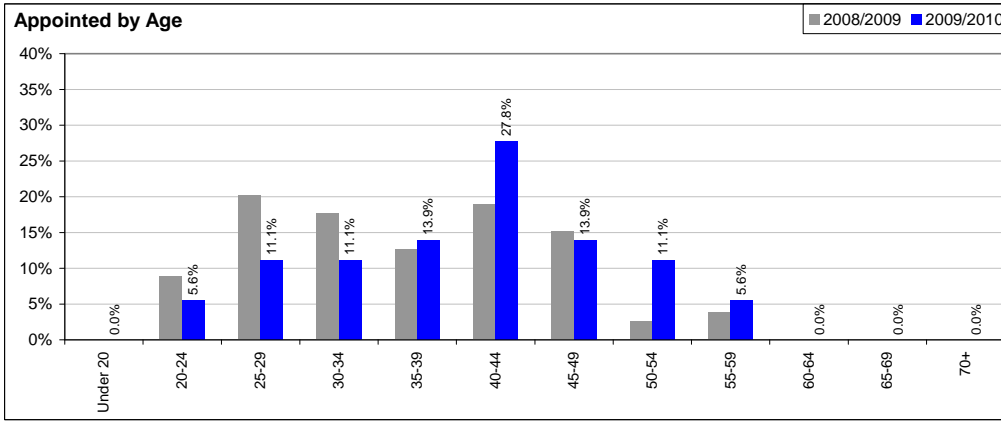
Sample Size  
 2008/2009 1157  
 2009/2010 1209

**GRAPH 27**



Sample Size  
 2008/2009 319  
 2009/2010 190

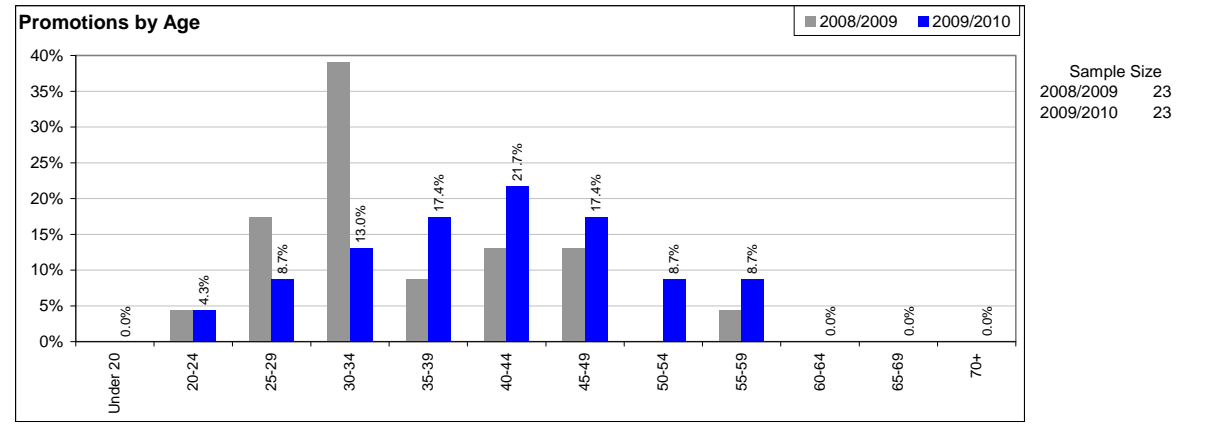
**GRAPH 28**



Sample Size  
 2008/2009 79  
 2009/2010 36

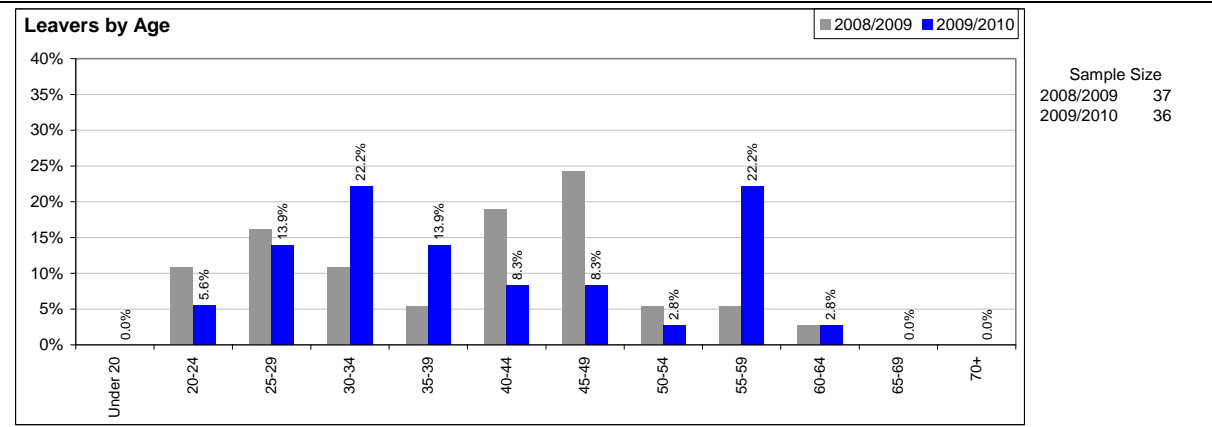
The percentage of employees, by age group, who were promoted in 2009/2010 is shown in graph 29. There is a more even spread of promotions amongst the age groups compared to last year.

**GRAPH 29**



Graph 30 shows the number of workers in each age group who left the PCT in both 2008/2009 and 2009/2010. This graphs shows that higher numbers of staff aged 20–39 left the organisation, whilst the 40-54 year olds were least likely to leave. The groups of staff who left at the most disproportionately high rate were the 55-59 year olds.

**GRAPH 30**



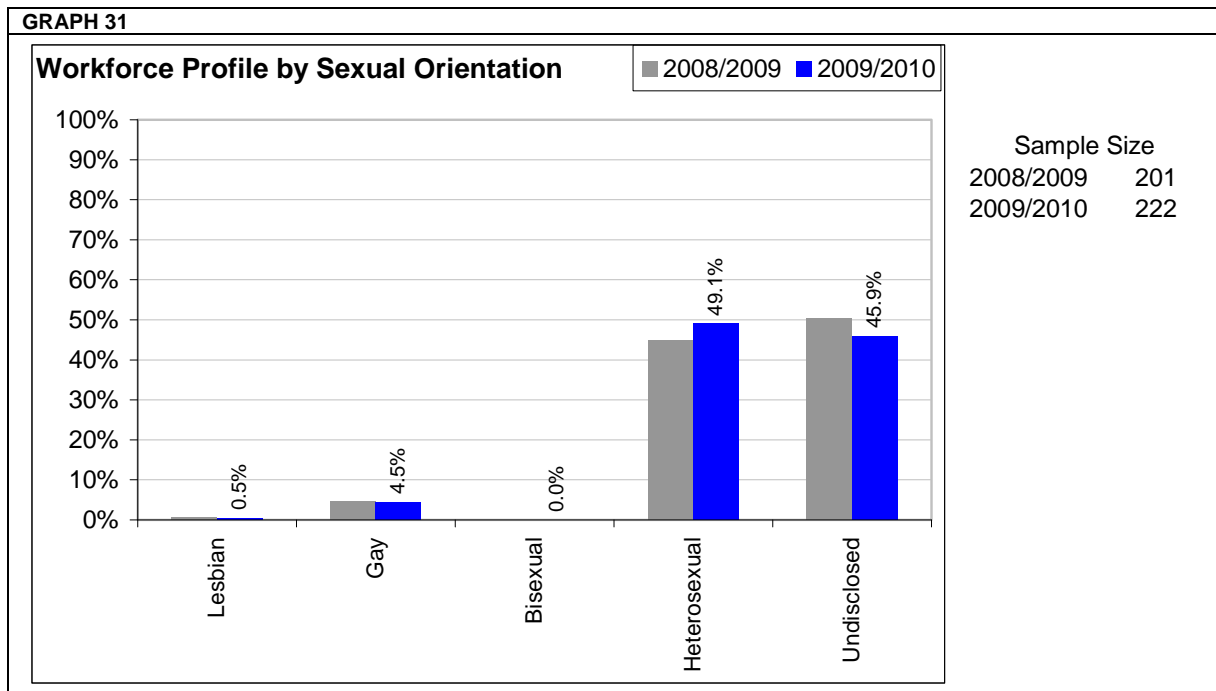
**Supporting data table for all graphs**

	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
<b>2009/2010</b>												
Workforce profile	0	8	22	31	35	36	38	32	12	7	0	1
	0.0%	3.6%	9.9%	14.0%	15.8%	16.2%	17.1%	14.4%	5.4%	3.2%	0.0%	0.5%
Training Activity	0	98	238	281	212	268	194	160	76	38	2	0
	0.0%	6.3%	15.2%	17.9%	13.5%	17.1%	12.4%	10.2%	4.9%	2.4%	0.1%	0.0%
Applications	12	160	277	204	142	147	114	89	49	14	1	0
	1.0%	13.2%	22.9%	16.9%	11.7%	12.2%	9.4%	7.4%	4.1%	1.2%	0.1%	0.0%
Shortlisted	0	9	28	36	29	28	25	22	10	3	0	0
	0.0%	4.7%	14.7%	18.9%	15.3%	14.7%	13.2%	11.6%	5.3%	1.6%	0.0%	0.0%
Appointed	0	2	4	4	5	10	5	4	2	0	0	0
	0.0%	5.6%	11.1%	11.1%	13.9%	27.8%	13.9%	11.1%	5.6%	0.0%	0.0%	0.0%
Promotions	0	1	2	3	4	5	4	2	2	0	0	0
	0.0%	4.3%	8.7%	13.0%	17.4%	21.7%	17.4%	8.7%	8.7%	0.0%	0.0%	0.0%
Leavers	0	2	5	8	5	3	3	1	8	1	0	0
	0.0%	5.6%	13.9%	22.2%	13.9%	8.3%	8.3%	2.8%	22.2%	2.8%	0.0%	0.0%
<b>2008/2009</b>												
Workforce profile	0	7	18	37	27	35	34	22	14	6	0	0
	0.0%	3.5%	9.0%	18.5%	13.5%	17.5%	17.0%	11.0%	7.0%	3.0%	0.0%	0.0%
Training Activity	0	36	144	123	90	128	84	43	22	1	3	0
	0.0%	5.3%	21.4%	18.2%	13.4%	19.0%	12.5%	6.4%	3.3%	0.1%	0.4%	0.0%
Applications	8	131	223	203	175	152	132	81	42	10	0	0
	0.7%	11.3%	19.3%	17.5%	15.1%	13.1%	11.4%	7.0%	3.6%	0.9%	0.0%	0.0%
Shortlisted	2	8	57	58	46	63	43	26	16	0	0	0
	0.6%	2.5%	17.9%	18.2%	14.4%	19.7%	13.5%	8.2%	5.0%	0.0%	0.0%	0.0%
Appointed	0	7	16	14	10	15	12	2	3	0	0	0
	0.0%	8.9%	20.3%	17.7%	12.7%	19.0%	15.2%	2.5%	3.8%	0.0%	0.0%	0.0%
Promotions	0	1	4	9	2	3	3	0	1	0	0	0
	0.0%	4.3%	17.4%	39.1%	8.7%	13.0%	13.0%	0.0%	4.3%	0.0%	0.0%	0.0%
Leavers	0	4	6	4	2	7	9	2	2	1	0	0
	0.0%	10.8%	16.2%	10.8%	5.4%	18.9%	24.3%	5.4%	5.4%	2.7%	0.0%	0.0%

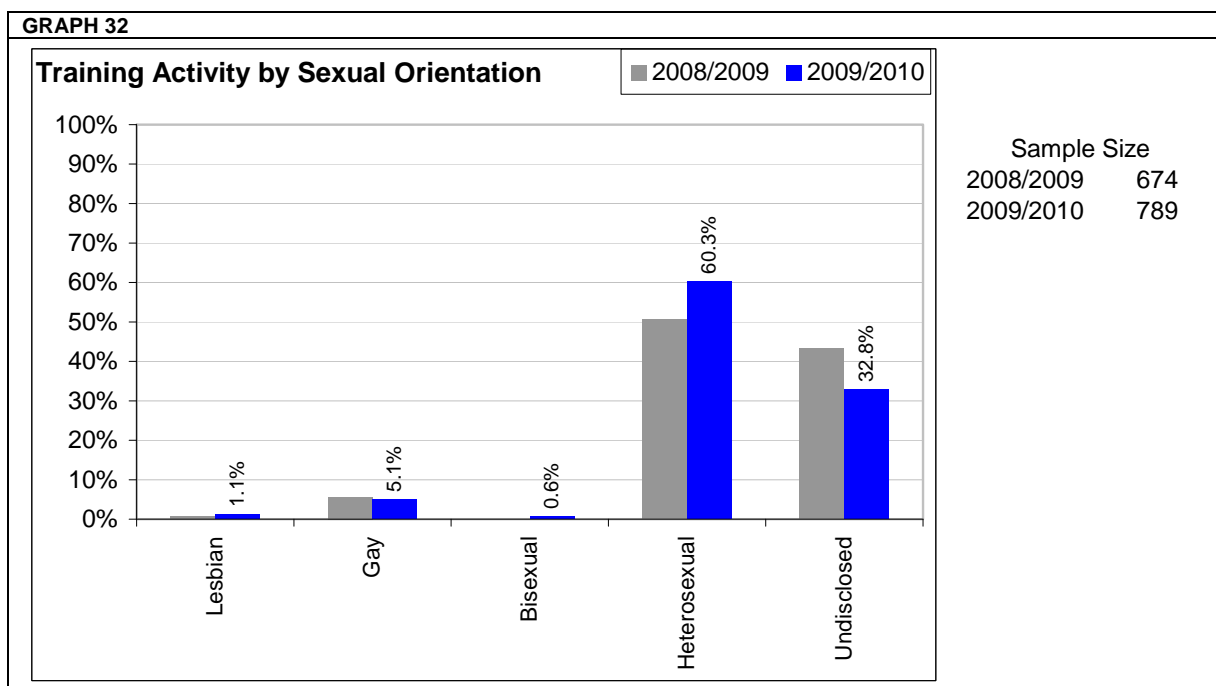
## 5. Sexual Orientation

The national census does not collect information on sexual orientation, although Brighton & Hove City Council suggest that as many as 1 in 6 people (17%) in the Brighton & Hove City area are lesbian, gay, or bisexual (LGB).

The profile of NHS Brighton & Hove staff shows that 5% have reported as being LGB (see graph 31). However, for 46% of staff we do not hold any information in this area so it is difficult to draw any definite conclusions from this data.



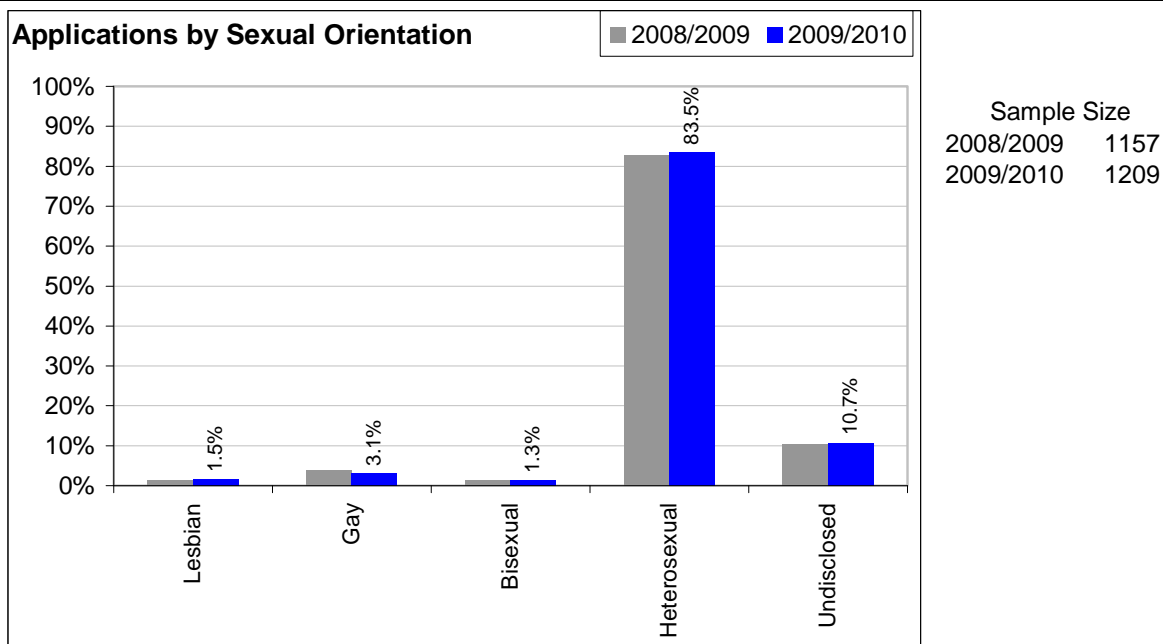
Graph 32 shows the percentage of employees, by sexual orientation, who received training from the organisation in 2008/2009 and 2009/2010. The figures closely reflect the overall workforce profile of NHS Brighton & Hove.



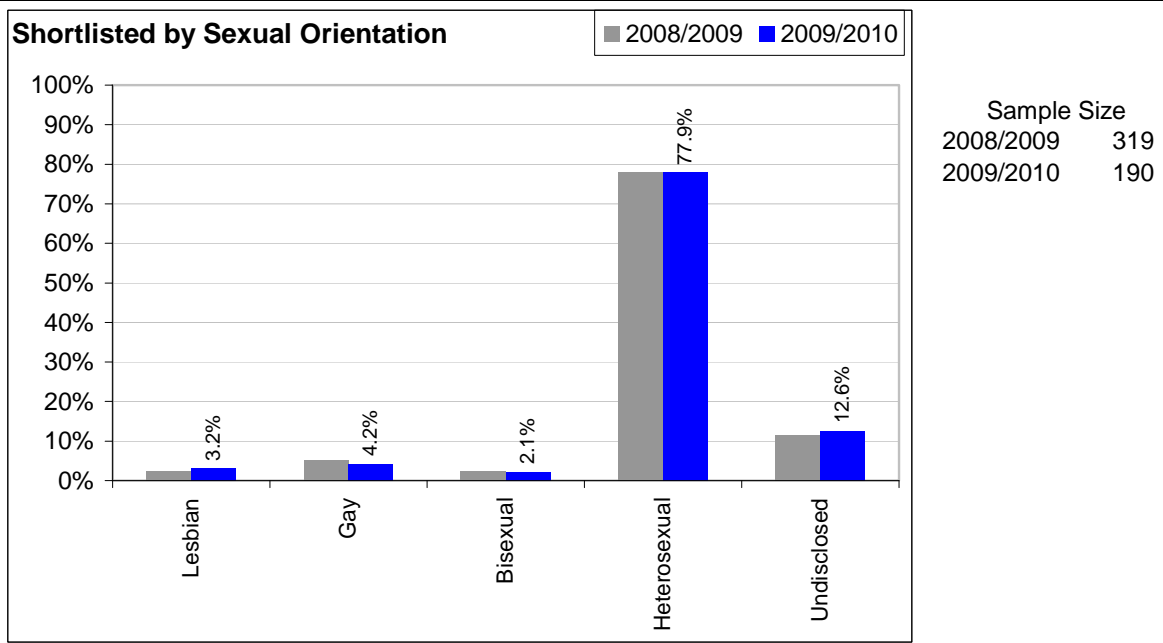
Graphs 33-35 show a year on year comparison of the number of applicants, short listed applicants and appointments to NHS Brighton & Hove in 2008/2009 and

2009/2010 by sexual orientation. 6% of applicants were LGB and 5.6% of those successfully appointed were LGB. This is much lower than the estimated 17% of Brighton & Hove residents and shows that LGB people are choosing not to apply to work in the PCT.

**GRAPH 33**

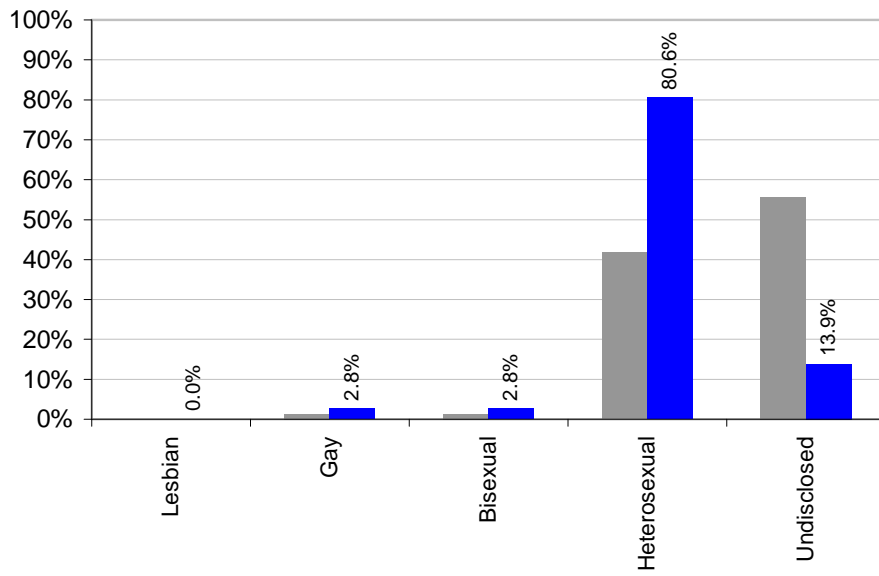


**GRAPH 34**



GRAPH 35

Appointed by Sexual Orientation

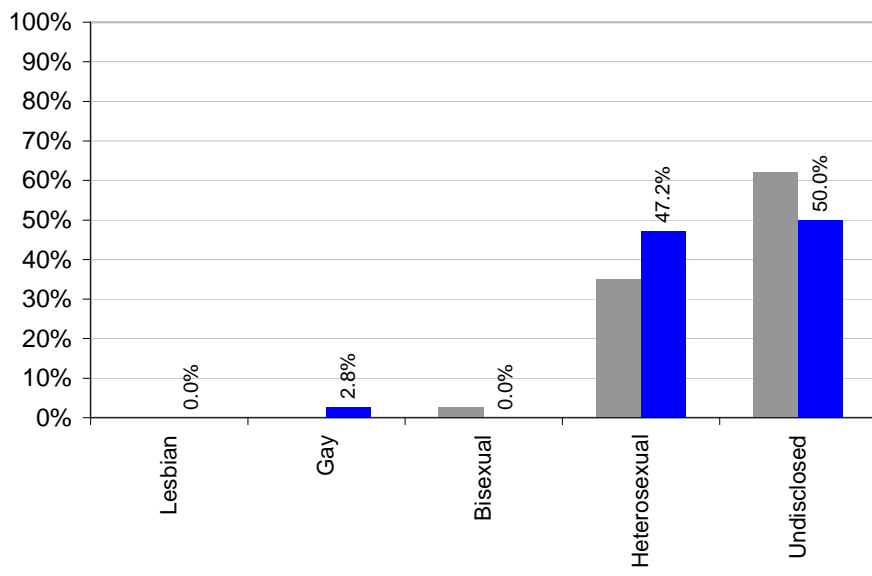


Sample Size  
2008/2009 79  
2009/2010 36

Graph 36 shows the number of leavers in 2009/2010 by sexual orientation. Only 3% were LGB which is approximately in line with the overall profile of our workforce.

GRAPH 36

Leavers by Sexual Orientation



Sample Size  
2008/2009 37  
2009/2010 36

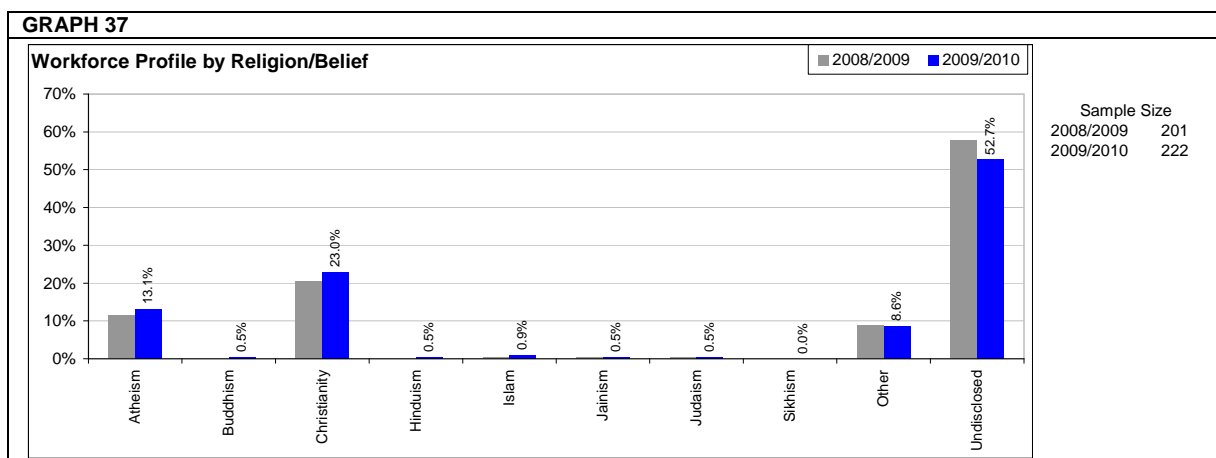
It has not been possible to report on pay scale data or on promotions for this group of staff.

**Supporting data table for all graphs**

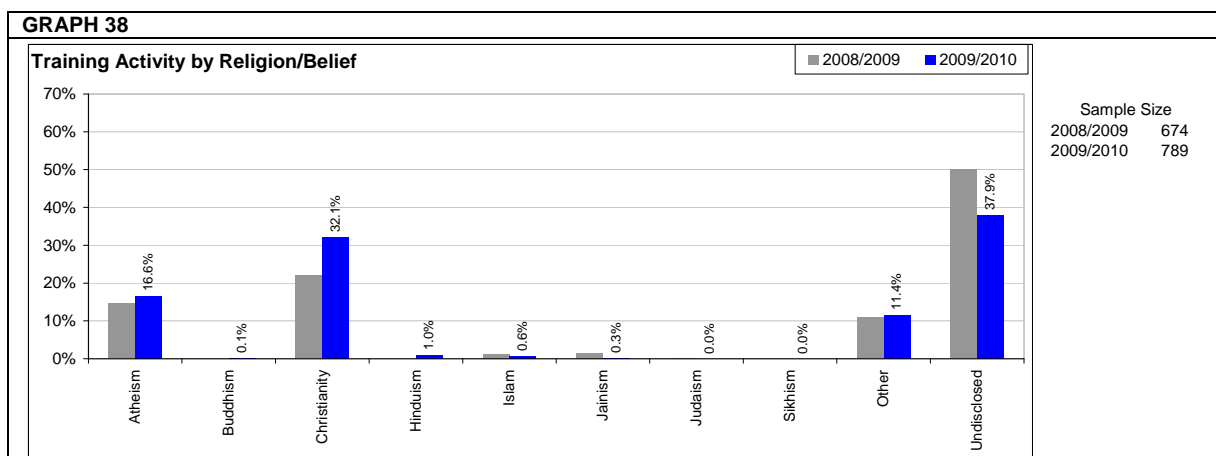
<b>2009/2010</b>	Lesbian	Gay	Bisexual	Heterosexual	Undisclosed
Workforce profile	1	10	0	109	102
	0.5%	4.5%	0.0%	49.1%	45.9%
Training Activity	9	40	5	476	259
	1.1%	5.1%	0.6%	60.3%	32.8%
Applications	18	37	16	1009	129
	1.5%	3.1%	1.3%	83.5%	10.7%
Shortlisted	6	8	4	148	24
	3.2%	4.2%	2.1%	77.9%	12.6%
Appointed	0	1	1	29	5
	0.0%	2.8%	2.8%	80.6%	13.9%
Leavers	0	1	0	17	18
	0.0%	2.8%	0.0%	47.2%	50.0%
<b>2008/2009</b>	Lesbian	Gay	Bisexual	Heterosexual	Undisclosed
Workforce profile	1	9	0	89	100
	0.5%	4.5%	0.0%	44.7%	50.3%
Training Activity	4	38	0	341	291
	0.6%	5.6%	0.0%	50.6%	43.2%
Applications	16	45	16	958	122
	1.4%	3.9%	1.4%	82.8%	10.5%
Shortlisted	8	17	8	249	37
	2.5%	5.3%	2.5%	78.1%	11.6%
Appointed	0	1	1	33	44
	0.0%	1.3%	1.3%	41.8%	55.7%
Leavers	0	0	1	13	23
	0.0%	0.0%	2.7%	35.1%	62.2%

## 6. Religion/belief

The national census (2001) reported that the most common religion in Brighton & Hove city is Christianity (59%), followed by Islam (1.47%) and then Judaism (1.36%). The profile of NHS Brighton & Hove staff (graph 37) generally mirrors this profile, although numbers of all groups are slightly lower than the average for Brighton & Hove.

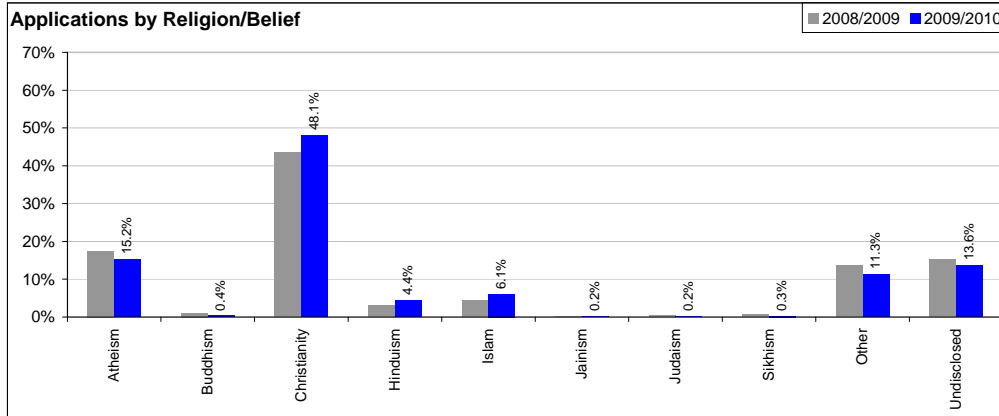


Graph 38 shows the percentage of employees, by religion/belief, who received training from the organisation in 2008/2009 and 2009/2010. The figures reflect the overall workforce profile of NHS Brighton & Hove.



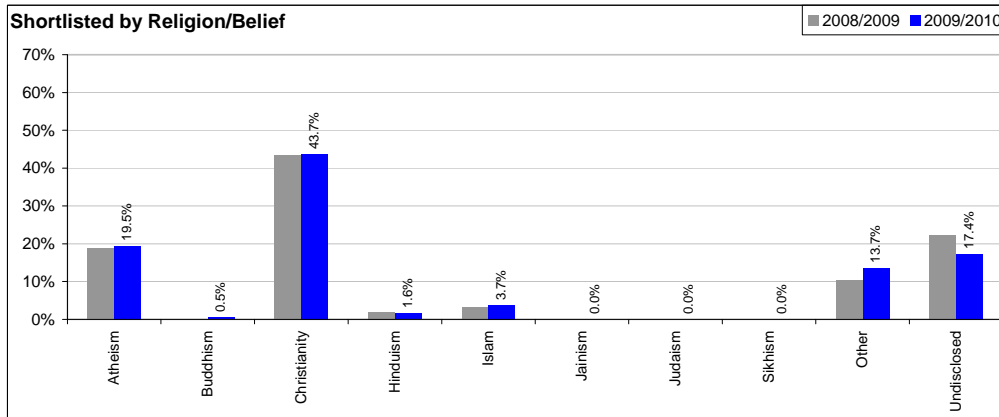
Graphs 39-41 show a year on year comparison of the number of applicants, short listed applicants and appointments to NHS Brighton & Hove in 2008/2009 and 2009/2010 by religion/belief. These show that those from 'minority' religions are less likely to be successful in the recruitment process.

**GRAPH 39**



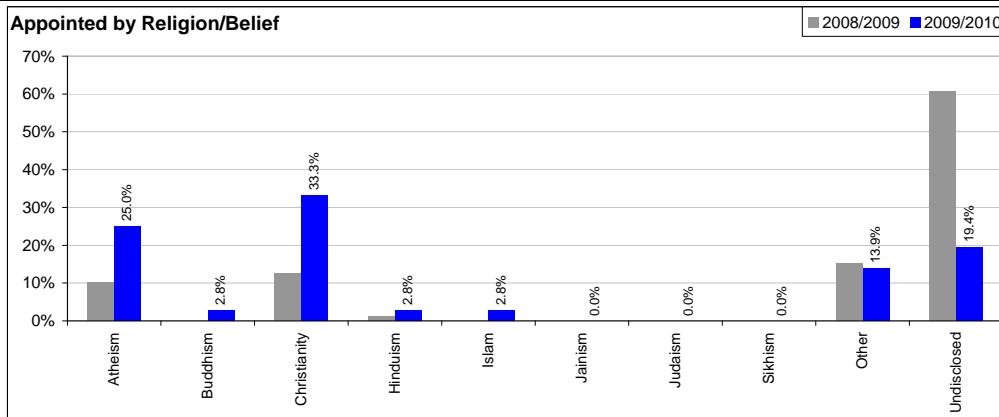
Sample Size  
 2008/2009 1157  
 2009/2010 1209

**GRAPH 40**



Sample Size  
 2008/2009 319  
 2009/2010 190

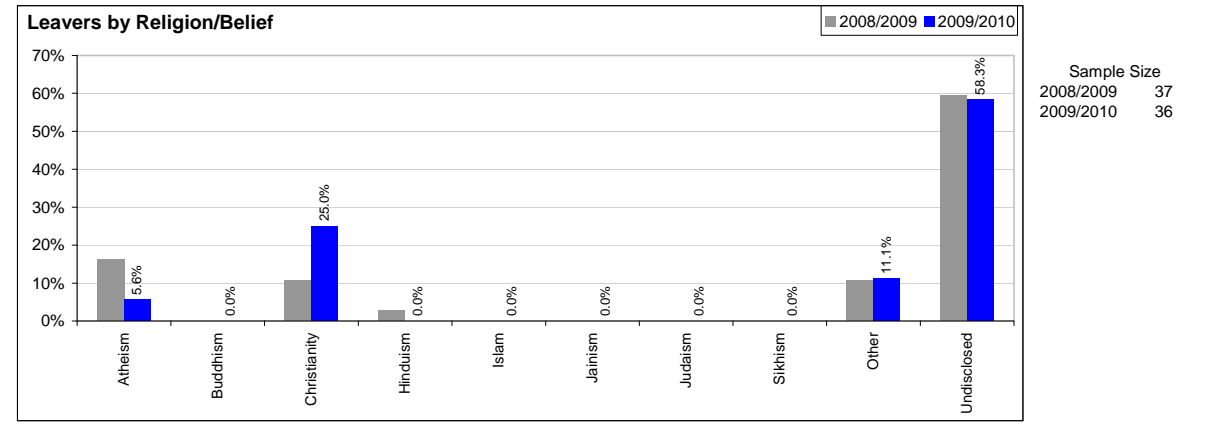
**GRAPH 41**



Sample Size  
 2008/2009 79  
 2009/2010 36

Graph 42 shows the number of leavers in 2009/2010 by religion/belief. The figures generally reflect the overall workforce profile of NHS Brighton & Hove, with the exception that atheists are less likely to leave than Christians.

**GRAPH 42**



It has not been possible to report on pay scale data or on promotions for this group of staff.

**Supporting data table for all graphs**

<b>2009/2010</b>	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Sikhism	Other	Undisclosed
Workforce profile	29 13.1%	1 0.5%	51 23.0%	1 0.5%	2 0.9%	1 0.5%	1 0.5%	0 0.0%	19 8.6%	117 52.7%
Training Activity	131 16.6%	1 0.1%	253 32.1%	8 1.0%	5 0.6%	2 0.3%	0 0.0%	0 0.0%	90 11.4%	299 37.9%
Applications	184 15.2%	5 0.4%	582 48.1%	53 4.4%	74 6.1%	3 0.2%	2 0.2%	4 0.3%	137 11.3%	165 13.6%
Shortlisted	37 19.5%	1 0.5%	83 43.7%	3 1.6%	7 3.7%	0 0.0%	0 0.0%	0 0.0%	26 13.7%	33 17.4%
Appointed	9 25.0%	1 2.8%	12 33.3%	1 2.8%	1 2.8%	0 0.0%	0 0.0%	0 0.0%	5 13.9%	7 19.4%
Leavers	2 5.6%	0 0.0%	9 25.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	4 11.1%	21 58.3%
<b>2008/2009</b>	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Sikhism	Other	Undisclosed
Workforce profile	23 11.4%	0 0.0%	41 20.4%	0 0.0%	1 0.5%	1 0.5%	1 0.5%	0 0.0%	18 9.0%	116 57.7%
Training Activity	98 14.5%	0 0.0%	149 22.1%	0 0.0%	7 1.0%	9 1.3%	1 0.1%	0 0.0%	73 10.8%	337 50.0%
Applications	202 17.5%	12 1.0%	504 43.6%	36 3.1%	52 4.5%	2 0.2%	6 0.5%	8 0.7%	158 13.7%	177 15.3%
Shortlisted	60 18.8%	0 0.0%	139 43.6%	6 1.9%	10 3.1%	0 0.0%	0 0.0%	0 0.0%	33 10.3%	71 22.3%
Appointed	8 10.1%	0 0.0%	10 12.7%	1 1.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	12 15.2%	48 60.8%
Leavers	6 16.2%	0 0.0%	4 10.8%	1 2.7%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	4 10.8%	22 59.5%

## Appendix B

### **Staff survey results – Key Messages**

As a whole, the staff survey results for 2009 were positive, with improvements in 8 key areas. Results have deteriorated in 7 key areas. In 11 areas we are amongst the top 20% of PCTs and in another 11 areas we are in the bottom 20% of PCTs.

Only 7% of our staff do not believe that the PCT acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age.

91% of our staff have not experienced discrimination in the last 12 months. Of those 9% of staff who have experienced discrimination, the grounds for discrimination were stated as; disability (36%); age (18%); ethnic origin (9%); sexual orientation (9%); and 'other' (36%). There were no reports of discrimination on the grounds of gender or religion.

In terms of looking at the key messages from staff according to demographic data the following areas have been highlighted as statistically significant (please note that the national staff survey does not currently collect data on respondent's sexual orientation or religion/belief);

#### **Age**

- Significantly more staff aged 31-40 agree that their role makes a difference to patients compared to those aged 16-30
- Significantly fewer staff aged 16-30 report having an interesting job compared to other age groups
- Fewer staff aged 16-30 feel there are good opportunities to develop their potential at work compared to other age groups
- More staff aged 41-50 work extra hours, but they also use flexible working options more than other age groups
- Staff aged 41-50 reported more instances of experiencing harassment, bullying, abuse, or violence than any other age group

#### **Gender**

- Men are more likely than women to work extra hours and significantly more women are using flexible working options
- Women feel more valued by their work colleagues than men
- More women agree they have an interesting job but are also more likely to suffer from work related stress
- Men are more likely to intend leaving their job but also report high level of motivation

### **Disability Status**

- More disabled staff report they have experienced harassment, bullying or abuse from staff than non-disabled staff
- Fewer disabled staff agree that the PCT provides equal opportunities for career progression or promotion than non-disabled staff
- Fewer disabled staff agree they have an interesting job, feel valued by their work colleagues, or that their role makes a difference to patients
- Disabled staff have suffered higher levels of work related stress than non-disabled staff, and are also more likely feel pressure to attend work when unwell
- Disabled staff report lower levels of job satisfaction
- Disabled are much more likely to experience discrimination at work

### **Ethnicity**

There were no results reported by ethnic group as the number of respondents in each BME group was so low that anonymity could not be protected.