Staff Equality and Diversity Perceived Survey
August 2011

Key Findings Report

In partnership with

Northumberland County Council
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Executive Summary

This report presents the findings from a recent survey focusing specifically on staff perceptions and experiences of equality and diversity issues within Northumbria Healthcare NHS Foundation Trust\(^1\). The survey was conducted in June-July 2011 and was conducted via an online electronic survey which was sent via an email link to staff.

In total, 1,199 members of staff responded. An exact response rate is not possible to calculate due to the methodology, but it is estimated that up to one in five staff members responded.

Overall, the survey demonstrated that perceptions are relatively positive in relation to:

- Having an organisational culture that values equality, diversity and human rights in the workplace (71% of respondents in agreement with this);
- Staff feeling confident to disclose equality information about themselves to help the Trust monitor its workforce (73% of respondents in agreement with this);
- Being aware of how to raise a concern relating to equality and diversity (73% of respondents in agreement with this);
- Having received equality and diversity training (86% of respondents in agreement with this);
- Thinking men and women have equal opportunities in the workplace (82% of respondents in agreement with this).

However, the results showed that there were variances in perceptions between respondents with different protected characteristics.

In particular, the results suggested that disabled people had a generally less positive view of the organisation. For example, less than half of disabled staff respondents (44%) agreed that the Trust is welcoming and accommodating of the different needs of all staff in comparison to 62% of non disabled respondents; and only 47% of disabled staff respondents rated the Trust as a ‘Very Good’ or ‘Good’ employer of disabled people, in comparison to 63% of non disabled respondents.

Also in relation to ethnicity, although only 3% of respondents overall said they had been treated differently because of their ethnicity, almost a quarter (24%) of Black and Minority Ethnic (BME) staff respondents said they had.

\(^1\) Also includes responses from a small number of staff remaining within Northumberland Care Trust
In relation to sexual orientation, whilst 82% of heterosexual staff respondents said that they felt that lesbian, gay and bisexual (LGB) staff would feel comfortable being open about their sexuality in their workplace, only 61% of LGB staff respondents agreed.

With regard to age equality, although only 14% of respondents overall felt that they had been disadvantaged in the workplace as a result of their age, it was apparent that those aged 18-24 (40%) and aged 65 and over (33%) felt particularly disadvantaged.

Other areas that may require some further work focused around:

- The Trust being perceived as welcoming and accommodating to the different needs of staff – with only 61% of respondents overall agreeing with this;

- Being perceived as a good employer of disabled people and of carers - with only 61% of respondents overall agreeing that the Trust is either ‘Very Good’ or ‘Good’ in this respect in relation to disabled people, and 56% of respondents overall agreeing with this in relation to the Trust as an employer of carers. In addition, 27% of staff with a disability and/or caring responsibility saying that they felt they had been treated less well by other staff or managers because of this, and only 57% of disabled respondents or those with caring responsibilities who felt that reasonable adjustments were required to support them at work, had received them.

- People’s awareness of how to access interpreters or information in other languages and formats – with only 62% of respondents indicating they knew how to do this.

Respondents were invited to make further comments and suggestions to feed back to the management team. In relation to suggestions for improvement, some of the key themes focused around: having clearer and more consistently applied policies to the provision of reasonable adjustments and flexible working to support disabled staff and those with caring responsibilities; and increasing awareness amongst managers about the impact of disability and caring on people’s lives, and the support that could be offered to help with this at work. General comments themes were around being more open and transparent around employment practices in the workplace, and around management style and approach.
1. Background and Rationale

Equality and diversity has been at the forefront of employment policy making in the UK for many years (Walsh, 2007) with anti-discriminatory legislation being in place for over three decades. The introduction of the new Equality Act 2010, places further new duties and requirements on employers around the monitoring and management of their workforces in relation to equality, particularly organisations within the public sector. However, the mere presence of equality initiatives and policies does not necessarily lead to equality and diversity practices being be embedded within organisations (Hoque and Noon, 2004) and the discourse of equality often falls short of reality (Dickens, 2005).

Although public sector organisations are often found to be more pioneering in their approach to equality and diversity than the private sector (CIPD, 2007; Monro, 2007; Creegan, Colgan, Charlesworth and Robinson, 2003), there still remains widespread evidence of workplace discrimination and inequality (Connell, 2006; Castilla and Benard, 2010). It has also been argued that despite efforts to mainstream equality in public sector organisations, equality issues are, in practice, often sidelined (Bailey and Jones, 2001).

Unfair workplace discrimination manifests itself in poorer pay and poorer promotion prospects for those who manage to find employment, and at a more fundamental level, discrimination against certain groups means that fewer are offered employment in the first place (Newell, 2003). Despite the widespread adoption of equal opportunity policies, there is continuing evidence of differential labour market experiences by members of different social groups (Liff, 1999).

An important dimension of workplace equality relates to the perceptions of staff around the fairness of equality practices within organisations, and this forms an integral part of any organisation’s ‘diversity climate’ (Walsh, 2007). National studies of perceptions of equality initiatives in organisations have found that a high proportion of employees feel that some policies aimed at promoting equality and diversity have an unfair impact on some groups (Woodland, Simmonds, Thornby, Fitzgerald and McGee, 2003), and other studies have shown a shortfall between the rhetoric of equality policies and the reality of their implementation (Creegan, Colgan, Charlesworth and Robinson, 2003).

Given this, it was felt that gathering the perceptions of staff across the Trust around equality and diversity issues in the workplace, would effectively support the organisation to get a better understanding of how it is performing in this area and it was agreed that a staff perception survey would be undertaken. It was acknowledged that this would then assist the organisation in setting meaningful equality objectives in line with its requirements under the Equality Act 2010, and enable it to demonstrate its compliance to the statutory duties.
1.1 Aim of the Survey

The aim of the survey was to gather an indication of the ‘diversity climate’ and culture of the organisation by asking staff about their views and experiences of equality and diversity in the workplace. It was anticipated that this would highlight any differences between people with different ‘protected characteristics’, areas of good practice, and areas in need of further improvement.

1.2 Methodology

Given the current pressures on resources, it was agreed that this information should be captured in the most cost effective way possible with a view to potentially repeating the survey year on year to monitor any changes in perceptions and experiences. Therefore, an anonymous on-line questionnaire (Appendix 1) was developed, using an independent internet survey provider. The questionnaire had been used previously within the Northumberland Care Trust and so the questions had been tried and tested. (See Appendix 3 for a comparison of the Community Services Unit results compared to the previous survey results).

An email containing a link to the survey was sent to all staff in June 2011 explaining the purpose of the survey and an explanation of how the results would be used (firstly only to those within the Community Services Business Unit and Northumberland Care Trust remaining staff, and then to the wider staff group). Reminders were then issued via the staff newsletters.

2. Results

Throughout this report, the results have been represented in mainly graphical or tabular form and where possible, broken down into the responses from people sharing different protected characteristics. This enables any differences in views between groups to be identified as well as getting an overall indication of staff perception across all groups.

Overall responses broken down by Service Area are given in Appendix 2.

2.1 Response

In total, 1,199 staff members responded to the survey.

Given the methodology (i.e. electronic survey), it is not possible to calculate an exact response rate as it is not possible to know how many staff do not have access to a computer, how many staff were absent from work during the survey period etc. However, given that there are approximately 8,500 people currently employed by the Trust, it is estimated that the response rate would lie between 14-19%. A breakdown of numbers of respondents by area is given in Table 1:
### Table 1  Number of Respondents by Area

<table>
<thead>
<tr>
<th>Service Area</th>
<th>No. of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services</td>
<td>417</td>
</tr>
<tr>
<td>Medicine</td>
<td>228</td>
</tr>
<tr>
<td>Other (e.g. support services)</td>
<td>146</td>
</tr>
<tr>
<td>Surgery</td>
<td>128</td>
</tr>
<tr>
<td>Clinical Support</td>
<td>94</td>
</tr>
<tr>
<td>Child Health</td>
<td>61</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>48</td>
</tr>
<tr>
<td>Estates and Facilities</td>
<td>42</td>
</tr>
<tr>
<td>Service Area not disclosed</td>
<td>35</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,199</strong></td>
</tr>
</tbody>
</table>

#### 2.2 Organisational Culture

The first question respondents were asked related to their perceptions of the culture of the organisation and to what extent they felt the Trust values equality, diversity and human rights in the workplace. The results are illustrated in Figure 1:

![Figure 1: “There is a culture of valuing Equality, Diversity and Human Rights in the workplace”](image)

\[\text{Overall Response}\]

\[\text{Staff Aged Under 45 (n=502)} \quad \text{74}\%
\]

\[\text{Staff Aged Over 45 (n=605)} \quad \text{71}\%
\]

\[\text{Men (n=203)} \quad \text{65}\%
\]

\[\text{Women (n=900)} \quad \text{74}\%
\]

\[\text{Disabled Staff (n=115)} \quad \text{51}\%
\]

\[\text{Non Disabled Staff (n=1049)} \quad \text{73}\%
\]

\[\text{BME Staff (n=46)} \quad \text{63}\%
\]

\[\text{Non BME Staff (n=1073)} \quad \text{72}\%
\]

\[\text{LGB Staff (n=42)} \quad \text{64}\%
\]

\[\text{Non LGB Staff (n=1025)} \quad \text{73}\%
\]

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\]

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\]

\[\text{LGB Staff (n=42)} \quad \text{64}\%
\]

\[\text{Non LGB Staff (n=1025)} \quad \text{73}\%
\]

2 Will also include a small number of staff who remain within Northumberland Care Trust
It can be seen from Figure 1 that although overall, around 70% of respondents agreed that the culture is one which values equality, diversity and human rights, only around half of respondents with a disability agreed with the statement.

2.3 Accommodating the Needs of Staff

Respondents were asked to what extent they agreed that the Trust welcomes and accommodates the different needs of staff. Figure 2 illustrates the results:

Overall, around 60% agreed with the statement, but again, respondents who have a disability were particularly less in agreement with the statement (44%).

2.4 Confidence to Disclose Information

Respondents were asked about how confident they felt to disclose information about themselves to help the Trust monitor the profile of its staff (currently there are higher rates of non disclosure in relation to disability and sexual orientation).

Figure 3 provides a breakdown of the results:
Overall, 73% of staff agreed that they felt confident to disclose this type of information, however, only around 60% of respondents with a disability, and BME staff respondents agreed.

### 2.5 Raising Concerns

Respondents were asked about their awareness of how to report concerns relating to different aspects of equality and diversity.

Over 70% of respondents overall agreed that they were aware of how to do this.

However, less than 60% of BME staff respondents agreed that they were aware, as shown in Figure 4 overleaf:
2.6 Equality Training

Figure 5 shows that whilst 86% of respondents agreed they had received training, only 69% of BME staff respondents agreed that they had.
2.7 Accessing Interpreting, Translations and Other Formats

Respondents were asked if they were aware of how to access interpreters for people whose first language is not English, translations and information in other formats to meet the needs of the people they work with.

Figure 6 illustrates the results:

Figure 6: “I know how to access interpreters or information in other languages or formats for the people I work with”

62% of respondents overall indicated that they were aware of how to access these services, but males, disabled respondents and BME staff respondents appeared to feel less aware of how to do this.

2.8 Gender Equality

Respondents were to what extent they felt that men and women have equal opportunities in the Trust.

Figure 7 illustrates the results broken down by the responses from men and women:
Respondents were then given the opportunity of making further comments about their views of gender equality. A sample of the comments received is given below (see Appendix 3 for a full list of the comments received):

**Examples of comments received**

**Comments from Men (positive):**

“Coming from a private sector background, I am impressed with the fact that there are senior managers of both genders within the NHS – in my previous companies, the senior positions were always taken by males”. (Community Services)

“Both occupy various positions as far as I can see, without any gender bias.” (Child Health)

“I think that the Trust has a good mix of male and female staff in various roles.” (Clinical Support)

“There are many staff in our building of both sexes many are at the same level as me but many are above me in experience and knowledge. They treat me and all my colleagues fairly and I am able to feel relaxed in their company I have no problems.” (Service Not Disclosed)
Comments from Men (negative):

“… the Trust is pretty neutral and many women are in senior positions but if you asked a female nurse in my unit if they could stand up to a male consultant who was behaving incorrectly, the answer would definitely be no. This may be as much about power as gender. Generally our organisation is reasonably flat in its hierarchy compared to many but it could be flatter still - flat hierarchies breed safe healthcare organisations.” (Medicine)

“Women seem to be treated with "kid gloves" in comparison to the men doing the same job.” (Corporate Services)

“…as a minority male at the ‘shop floor’, I am treated as having needs subordinate to my female colleagues.” (Community Services)

“There is an underlying practice of sexism in the workplace. It is not talked about but is evident in practice (day-to-day working/decision making).” (Clinical Support)

“I personally don’t think women will ever be valued the same as men in the work place, if you look at police, firemen, ambulance etc they seem to have a bigger voice and listened too more, carrying more weight with their concerns, which is a real shame as the majority of staff in the NHS are women (and I am a man) which I believe is a real let down for women.” (‘Other’ Services)

Comments from Women (positive):

“A good split of men and women in senior positions. Flexible working for all, particularly important for working mothers.” (Community Services)

“On our department we all work together and have the same opportunities.” (Medicine)

“So far I have never encountered any problems with equal opportunities.” (Surgery)

Comments from Women (negative):

“Pregnant/Parent women discriminated against hugely.” (Child Health)

“Men always move up the ladder faster.” (Community Services)
“Women sometimes miss out in terms of accessing courses and opportunities due to maternity leave and becoming part time for reasons of childcare. I went part time after having children for financial reasons and find that a great many departmental meetings and training sessions occur on the day I don't work, so I miss out. If I apply for courses priority is (sometimes) given to full time staff and I can only go when no-one else wants to. The thought is that when I am at work, I should be working with patients all of that time rather than coming in to attend a course. I feel that this disadvantages me in terms of CPD.” (‘Other’ Services)

“Men seem to be encouraged to do training and go for (and get) promotion in preference to women.” (Corporate Services)

“My male counterparts are offered private work first and organise this between themselves. I feel they are viewed as better practitioners in my role.” (Surgery)

“I feel men are given more encouragement to progress and that they are treated differently by management. Recently all new staff have been male and that are given more lenience.” (Clinical Support)

“I think men achieve promotion within the Trust much more rapidly than women. Now, your going to say there are a lot of female managers but that is because the proportion of women to men is greater, a male nurse comes into the equation they are quickly elevated through the ranks.” (‘Other’ Services)

“Although there are many women in senior posts within the organisation I feel that in the main decisions, timescales, etc are on men's terms. Women have to adapt themselves to men's ways of working in order to achieve outcomes.” (Clinical Support)

“There is a paternalistic tendency despite being staffed predominantly by females.” (Service Not Disclosed)

2.9 LGB Equality

Respondents were asked about their perceptions of how confident they felt that lesbian, gay and bisexual (LGB) staff would feel comfortable being 'out' at work and open about their sexuality in the workplace.

Figure 8 illustrates the results broken down by LGB and non LGB staff perceptions:
It is evident from Figure 8 that although most non LGB staff feel that LGB staff would feel comfortable, a much lower proportion of LGB staff feel this way.

Following this question respondents were then given the opportunity of making further comments about their views on this.

A sample of the comments received is given overleaf (see Appendix 4 for a full list of the comments received):

**Examples of comments received**

**Comments from LGB staff (positive):**

“I myself am lesbian and have always found those I work alongside very accepting.” (Community Services)

“As a gay person I feel comfortable for people to know at work. However I do understand why people might not want to in some places.” (‘Other’ Services)

“As an ‘out lesbian’ I feel comfortable in my workplace.” (Medicine)
“Previously I would have said the Trust wasn't very 'gay-friendly' but I am glad to see there is a LGBT group that has a high profile in the staff newsletter.” ('Other’ Services)

“As a gay female myself, I have never had a problem being 'out' at work. I don’t broadcast it every day, but everyone in my workplace knows, and they have always been fine with me.” ('Other’ Services)

**Comments from LGB staff (negative):**

“Depends what department you work in. I myself am gay and have had flak from porters and staff at the hospital.” (Estates and Facilities)

“I still believe that culturally there are still some prejudices and that more people wish to remain private about their sexuality in case they encounter difficulties.” (Community Services)

“Still an element of homophobia amongst staff.” (Clinical Support)

**Comments from non LGB staff (positive):**

“The staff in my office are open minded and none judgemental and would welcome anyone of any sexual orientation.” (Community Services)

“I think LGB staff would be comfortable being out because there are several ‘out’ staff in senior positions”. (Community Services)

“I know several gay and lesbian people in this hospital, they are well accepted for who they are and are not judged.” (Clinical Support)

“We are all different that’s what makes us unique and this is appreciated within this trust.” (Medicine)

“We are a fair open minded workplace and we are clearly informed that we must not discriminate against anyone. I personally have no problems at all with anyone’s choice of lifestyle providing they are not violent or disruptive at work.” (Service Not Disclosed)

**Comments from non LGB staff (negative):**

“Continues to be some ignorance about any group of people who are "different" to the "norm". This includes gossip and sniggering about people who are not heterosexual.” (Corporate Services)

“Still a culture of gay people being different.” (Surgery)
“I know of staff that are not publicly ‘out’ and have had to challenge heterosexual staff’s attitudes and gossip regarding this.” (Community Services)

“I think that there is still a stigma attached to being gay.” (‘Other’ Services)

“They would not last in our department.” (Surgery)

### 2.10 Age Equality

Respondents were asked if they felt that people in their age group are disadvantaged in any way in the workplace as a result of their age. Figure 9 illustrates the results:

**Figure 9:** “Do you think that people in your age group are disadvantaged in any way in your workplace?”

From Figure 9 it is clear that people aged 18-24 and those aged 65 and over in particular, feel that they have been disadvantaged in the workplace (although caution should be used here in interpreting the results as the numbers in these groups are small).

Examples of the comments received about age equality in the workplace are given below (see Appendix 4 for a full list of comments):
Examples of comments received

Comments from staff aged under 45 (positive):

“Age is not an issue when it comes to working arrangements or opportunities.”
(Community Services)

“I don’t think age is relevant and does not affect anyone in my workplace. Experience is more important.” (Corporate Services)

Comments from staff aged under 45 (negative):

“We are stuck in the middle with no prospect of being able to move on until someone dies or leaves.” (Clinical Support)

“I am in my twenties and do not get the same respect and responsibilities as other people that do my job who are older. I am seen as less knowledgeable.” (Community Services)

“Sometimes feel that as I am younger I get listened to less and aren't always as well respected as older members of staff.” (Corporate Services)

“People who have been here a lesser time but are older get offered better promotion and responsibility before younger more experienced staff.” (Community Services)

“I am a younger member of staff, with more qualifications and experience than other staff members but am often overlooked for progression due to my age.” (Estates and Facilities)

“New parents, made to feel that you are being a pain for falling pregnant and going on maternity leave then being constantly reminded of it when you return to work and asked if you are going to have any more!!” (Child Health)

“I have heard managers comment ‘this is a young persons job’.” (Medicine)

“On occasion I have felt that because of my age older members of staff assume that I am inexperience and incompetent regardless of what experience I may have.” (‘Other’ Services)

“Younger male nurses get more responsibility as they always say ‘you can not teach an old dog a new trick’.” (Surgery)
Comments from staff aged over 45 (positive):

“I have always had the same opportunities as my younger colleagues.” (Community Services)

“I never felt that my age was a reason for any different treatment.” (Child Health)

“I have not encountered any ageism in the workplace. I think my experience and maturity are valued.” (Medicine)

“I am semi retired and feel I get treated the same as everyone else.” (Surgery)

Comments from staff aged over 45 (negative):

“As you get older and more experienced in your role you become too costly in wages and get side lined for younger and inexperienced staff.” (Clinical Support)

“Older colleagues have recently been pressed into retiring because they were 65 but very able to do their jobs.” (Community Services)

“Classed as the dinosaur in the room at times simply because of the experiences we bring forward and may be classed as unhelpful. We have experience for a reason, we have tried many things and in the interests of not reinventing the wheel understand what has worked and what doesn't after discussion with patients and other staff. But we keep reinventing the wheel.” (Medicine)

“Over 50’s are seen as over the hill, winding down to retirement, and are not considered for promotion (although this would never be admitted to).” (Clinical Support)

“I feel younger members of staff get trained first and are asked to go on courses than older members who have been here longer.” (‘Other’ Services)

“As an older member of staff and with the increase in all we are expected to do, I am aware that I am more tired and able to do less than I did when I was younger.” (Surgery)

2.11 Race Equality

Respondents were asked about their ethnicity and if they felt they had ever been treated less favourably in their workplace because of this. Figure 10 provides the results:
Figure 10: “Do you feel you have been treated less favourably because of your ethnicity in your workplace?”

![Graph showing percentage of respondents who said yes to the question.

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BME Staff (n=46)</td>
<td>24</td>
</tr>
<tr>
<td>Non BME Staff (n=1067)</td>
<td>1</td>
</tr>
</tbody>
</table>

It can be seen from Figure 10 that almost a quarter of BME staff respondents felt that they had been treated less favourably at work because of their ethnicity.

Again, respondents were invited to make comments about this and examples of those received are listed below (full list in Appendix 4):

**Examples of comments received**

**Comments from BME staff (negative):**

“Promotion is indeed a very good example of this. Local people mostly got the post they applied for even though someone of a different ethnicity applied for the post who is more capable of the job. I myself has been discriminated.” (Surgery)

“…people often don’t think they are being racist or anti-religious and don’t realise that they might be offensive because they are coming from a white British/non religious viewpoint; they don’t fully understand the implications of what they are saying… because I am mixed race it is less obvious to people and people might be less guarded and say something racist without realising I am not fully white British…” (Community Services)
"Some departments will only employ White British." ('Other' Services)

**Comments from non BME staff (positive):**

"There is respect for ethnicity, religion and beliefs in my workplace.” (Clinical Support)

“…the team I work in would respect the views of anyone with a different ethnicity.” (Community Services)

“The Trust uses the diverse groups of people to help patients when it’s needed and that can only be a positive thing. “ (Medicine)

**Comments from non BME staff (negative):**

“...I think those staff from different ethnic backgrounds are treated with more care and consideration than their white British colleagues.” (Medicine)

“I am white but hear racist comments and remarks which I challenge.” (Surgery)

“White British are not given the same preferential treatment, i.e. holiday leave or requested time off.” (Medicine)

### 2.12 Religion/Belief Equality

Respondents were also asked about their religion and beliefs and if they felt they had ever been treated less favourably in the workplace because of this.

Figure 11 illustrates the results broken down by respondents with different religions / beliefs (although caution should be taken when interpreting these results as the numbers in some groups is very small):
Figure 11: “Do you feel you have been treated less favourably because of your religion or beliefs in your workplace?”

Examples of comments made about religion and belief are listed below (full comments available in Appendix 4):

**Examples of comments received**

**Comments from staff who have a religion/belief (positive):**

“As a practising Christian, my faith is very important to me and whilst I do not bring attention to my faith, colleagues are aware of my beliefs and respect my choices as I do theirs.” (Community Services)

“In previous employments I would never have been comfortable revealing my faith, but in this organisation I feel much more supported in doing so.” (Community Services)

“My belief and my religion are always well respected by my colleagues.” (Child Health)
Comments from staff who have a religion/belief (negative):

“Beliefs - often if you do not agree with an opinion of a certain member of staff your working life can be made difficult for a short while until that person gets over it.” (‘Other’ Services)

“People of other religions turn their nose up at my beliefs and I feel everyone should have their own beliefs and be able to discuss them openly without any discrimination.” (Community Services)

“Having to work EASTER which is THE MAIN event for Christians.” (Surgery)

“I feel uncomfortable when race and religion are discussed due to my own beliefs and ethnicity.” (Community Services)

“I don’t tell people my religion as I have see others treated differently because of their beliefs.” (‘Other’ Services)

2.13 Disability Equality

Respondents were asked to rate how good they felt the Trust is as an employer of disabled people. Figure 12 illustrates the ratings:

Figure 12: “Overall, how would you rate the organisation as an employer of people with a disability?”

![Graph showing disability equality ratings](image)
It is clear from Figure 12 that there is a disparity between the perceptions of disabled and non disabled staff, with less than half of disabled staff rating the Trust as ‘Good’ or ‘Very Good’.

The comments received about the organisation as an employer of people with a disability are given below (full list available in Appendix 4):

<table>
<thead>
<tr>
<th>Examples of comments received</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comments from staff who have a disability (positive):</strong></td>
</tr>
<tr>
<td>“I have a long term illness which at times can be quite debilitating. I have been offered assistance with all aspects of my work to enable me to do my job as I would want to…” (Community Services)</td>
</tr>
<tr>
<td><strong>Comments from staff who have a disability (negative):</strong></td>
</tr>
<tr>
<td>“If you do NOT have a visible disability then some people are quite judgemental and do not always understand and can become quite intolerant of you.” (Corporate Services)</td>
</tr>
<tr>
<td>“I have diabetes and back problems. Both of these conditions have been largely ignored by the organisation until I made a fuss.” (Community Services)</td>
</tr>
<tr>
<td>“I have dyslexia and never once after interview has anyone asked me how I am coping or if I need help.” (Child Health)</td>
</tr>
<tr>
<td>“I was told, off a ward manager, that because I could not do the task they had asked me to do that I should not be in the job. This got me quite upset I found I had to defend myself also I had no one to talk too about what happened.” (Medicine)</td>
</tr>
<tr>
<td>“Some HR staff are too fixated with policies and don't fully consider the disability/implications of long-term illness.” (‘Other’ Services)</td>
</tr>
<tr>
<td>“…I feel I have been penalised for having a condition that needs ongoing outpatient appointments as I have been told I have to use up my flexi leave.” (Community Services)</td>
</tr>
<tr>
<td>“I have felt that I have had to constantly fight to continue to work.” (Clinical Support)</td>
</tr>
<tr>
<td>“Believe there is discrimination in the NHS, but it is so difficult to prove and little to no support when complaining, and people frightened to complain as worried about their jobs and future.” (‘Other’ Services)</td>
</tr>
</tbody>
</table>
“I am disabled and there are no benefits as senior management do not make adjustments.” (Surgery)

Comments from staff who do not have a disability (positive):

“I think the organisation takes every opportunity to engender a good working environment of people with any form of disability.” (Community Services)

Comments from staff who do not have a disability (negative):

“Staff are bullied with sickness review, threatened to lose their job when they call-in sick, and so you find people working even when they are not well enough.” (Medicine)

“There is a lack of opportunities for people with learning disabilities within the organisation.” (Community Services)

“The place where I work is not very accessible and so would cause difficulties for anyone wishing to work here who has mobility problems.” (Child Health)

“I often see conflict with supervisors and above trying to 'make reasonable adjustment' however the peers and teams can be resistant to this.” (‘Other' Services)

2.13.1 Carers

Respondents were asked to rate how good they felt the Trust is as an employer of carers.

Figure 13 illustrates the results broken down into the perceptions of respondents who are carers and those who are not.

Figure 13 shows that in terms of rating the organisation as ‘Good’ or ‘Very Good’, the views of carers and non carers are fairly comparable. However, further analysis shows that a higher proportion of carers rated the organisation as poor (17% as compared to just 5% of non carers).
Figure 13: “Overall, how would you rate the organisation as an employer of carers of people with a disability?”

![Bar chart showing the percentage of respondents who said 'Very Good' or 'Good'

Examples of the comments received about support for carers are given below (see Appendix 4 for a full list of comments):

**Examples of comments received**

**Comments from staff who are carers (positive):**

“The policy on special leave for carers and flexible working works very well for carers.” (Community Services)

“Accommodating and understanding to personal needs.” (Surgery)

“I can only comment on personal experience and say that my managers are understanding if I need time to take my 90 year old mother anywhere, hospital appointments, etc.” (Medicine)

“Work home life balance good, and have good support from line manager.” (Surgery)
Comments from staff who are carers (negative):

“Carers leave is minimal if there are ongoing issues.” (Medicine)

“Staff with young children are treated more favourably than those with carer responsibilities (short notice/paid time off etc.)” (Corporate Services)

“I am a carer for someone with a disability. When I asked for an arrangement to help me accompany them to their appointments that would help me manage my everyday stress, I was provided with an arrangement that led to more difficulties and stress…this – in combination with work related stress – led to me being unable to work for several months due to depression.” (Community Services)

“I care for my disabled mother on a weekend and I know if a shift change comes in and they bring weekend working in I won’t be considered and made to work.” (‘Other’ Services)

“I currently care for a sick husband and an elderly mother. I have to use all my annual leave to take them to hospital appts or when they are admitted.” (Surgery)

Comments from staff who are not carers (positive):

“I work with staff who have dependents who have disabilities and who have been able to change working times etc. to accommodate their care commitments.” (Community Services)

Comments from staff who are not carers (negative):

“Staff often use sick leave for emergency caring, as carers leave refused.” (Community Services)

“The flexibility when caring for family members seems to only extend to married partners.” (Child Health)

“As so many policies use the phrase "manager’s discretion", how can you be sure that people are treated fairly?” (‘Other’ Services)

“Family friendly’ begins and ends with the needs of those with young children.” (Surgery)

“I've met employees who struggle to gain respect of their managers because they have other commitments.” (‘Other’ Services)
2.13.2 Treatment in the Workplace

Respondents who classed themselves as either having a disability and/or being a carer, were then asked if they felt that they had been treated less well in the workplace because of this. Figure 14 illustrates the results with over a quarter of respondents indicating that they had been treated less well:

![Figure 14: “Do you feel you are treated less well by other staff or managers because of your disability or your caring responsibilities?”](image)

Examples of the comments received about treatment in the workplace of disabled people and carers are given below (see Appendix 4 for full list of comments):

**Examples of comments received**

**Comments from staff who are disabled (positive):**

“I have MS and have found managers and staff to be extremely helpful and accommodating of my condition.” (Community Services)

“The Trust has been very helpful in providing equipment to limit the effect of the disability on my ability to do my job.” (Clinical Support)

**Comments from staff who are disabled (negative):**

“I experienced not much sympathy and after I was told the department could not carry me any longer on light duties I was expected to carry out all duties in my job description or face re-deployment. Yet, other people within the department who have health problems are treated differently and provisions are made.” (Clinical Support)
“I feel that some staff feel that although I look physically well and when I say I’m not well they think I’m putting it on, even though I come to work with extreme pain to prevent me being labelled as in the ‘sick role’.” (Community Services)

“I don't think people with chronic illnesses are necessarily treated fairly. I would like to see a clear policy on hospital appointments. Without the treatment I receive for rheumatoid arthritis, I would be unable to work at all.” (‘Other’ Services)

“People know I have difficulty at times walking. I may look ok but I do have difficulties as my x-rays attest to. To be asked to lift things which I cannot do does make me feel a bit inadequate.” (Surgery)

“People don’t always make a point of including me in with their conversations as they have to repeat things. I am sometimes forgotten or people finish my sentences for me assuming I have heard fully what has been said. It can be frustrating and I do tell people I have hearing problems. People talk to you with their backs to you or cover their faces during discussions so you cannot hear or see or be involved with discussions.” (‘Other’ Services)

“Policies make it difficult to work without continually worrying about the future, i.e taking sick time and receiving very threatening letters saying ‘your employment may be terminated’ - very little empathy from senior managers, don’t seem to care.” (‘Other’ Services)

Comments from staff who are carers (positive):

“My managers allows me a good work life balance.” (Community Services)

“It sometimes impacts on my work but I have always been met with empathy and not negativity.” (Medicine)

Comments from staff who are carers (negative):

“I asked for a reduction in my working hours and it didn’t come to effect for six months.” (Medicine)

“Despite its policies, the Trust does nothing to support me in my role as a carer.” (Community Services)

“Managers don’t give any leeway or flexibility to the stress you are under outside of the workplace they only appear to care about work.” (Medicine)
"As a parent of a school aged child who had to be off school whilst ill, I was refused time off on parent leave. Manager was non receptive to my situation and would not give me the time off." (Surgery)

2.13.3 Reasonable Adjustments

Disabled and carer respondents were asked to indicate if any adjustments had been made for them in their job to support them at work. Figure 15 illustrates the results (taking account of the numbers of respondents who indicated that no adjustments were necessary):

**Figure 15:** “Have reasonable adjustments been made for you in your job as a result of your disability or caring responsibilities?”

From Figure 15 it can be seen that less than 60% of respondent who felt that adjustments were needed, had them made.

Examples of the comments made about reasonable adjustments are given below (see Appendix 4 for full list of comments):
Examples of comments received

Comments from staff who are disabled (positive):

“I have been offered a workstation assessment and have received some of the aids/equipment recommended in addition to increased support from admin. Team Manager has been extremely supportive and has suggested/instigated many of the changes.” (Community Services)

Comments from staff who are disabled (negative):

“Reasonable adjustments were made but it was a very stressful process and I felt like I had to 'fight' for the right to access the necessary equipment (a chair) to enable me to stay in employment. I was not classed as disabled until after 17 years service with the same organisation and as such felt I was treated abysmally.” (‘Other’ Services)

“Have always had to ask and keep checking things are done properly. Trust aware and given all information about disability before appointment but appear to have hoped I wasn’t as bad as I said I was. I feel less safe at work than I did and do not feel supported if I was to be unwell due to management procedures. I do feel there are staff who would prefer me not to work here as it would be less hassle. I manage to work fulltime and accommodate my own disability well and it does not need to be a big issue.” (Surgery)

“When enquiring about time for consultants appointments I was told I would have to take flexi which I feel is discriminating against me – forcing me to take flexi leave for something that is a health condition and I cannot change.” (Community Services)

Comments from staff who are carers (positive):

“Very accommodating re. off-duty.” (‘Other’ Services)

“Allowed to take child for extra care on Mondays, and then return to make up extra hours.” (Surgery)

“Was given the option to reduce my hours of work to care for elderly parents.” (Service Not Disclosed)

Comments from staff who are carers (negative):

“I have to take annual leave to take parents to hospital appointments. What happens when this is gone?” (Community Services)
2.14 Comments and Suggestions

At the end of the survey, respondents were invited to make any further comments or suggestions they would like the organisation to take forward in relation to equality and diversity. Examples of the comments received are given below:

<table>
<thead>
<tr>
<th>Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>“From a personal perspective I would just say keep on as you are although there is always room for improvement. Keep change positive, keep employees informed, keep on valuing the workforce and letting them know their value and worth.” (Community Services)</td>
</tr>
<tr>
<td>“To make managers aware that employees who have caring responsibilities are often unable to take changes to rotas and shift patterns at short notice. Days off work are also very important to help the carer maintain their home/worklife balance.” (Child Health)</td>
</tr>
<tr>
<td>“You need to ask disabled people how we could improve before making any changes. Education, training and a culture shift is important. We need some disabled people employed in Trust management and to sit on interview panels.” (Corporate Services)</td>
</tr>
<tr>
<td>“I would like managers to be aware of just how difficult it is to come to terms with a substantial disability and be sensitive to the fact.” (Community Services)</td>
</tr>
<tr>
<td>“I think we need to be more aware of religious beliefs and the impact on staff.” (Medicine)</td>
</tr>
<tr>
<td>“It would be useful for employers / interviewing managers to have an awareness of the resources available to people with disabilities to support them in work. My experience is that it has always been me that has to enlighten them about this. If they had this knowledge it would minimise possible prejudice in this area.” (Community Services)</td>
</tr>
<tr>
<td>“Sharing good case studies of how we deal with these issues in NHCFT to assist managers with a consistency and fairness.” (‘Other’ Services)</td>
</tr>
<tr>
<td>“Reduce the pressures of staff with mental health or physical health problems that have caused long absences by not having the same expectations of them as a matter of pressure to meet targets.” (Community Services)</td>
</tr>
<tr>
<td>“More support to staff when patients are abusing them. No back up whatsoever. It’s disgusting.” (Surgery)</td>
</tr>
</tbody>
</table>
“More consistency - seems certain members of staff get the holidays they want days off as carers leave whilst others are told no or not possible. Rules and policies should be applied to all members of staff.” (Medicine)

“I keep trying to get the message across and feel that it is unacceptable that staff with a disability should be made to feel a burden. This may be about further training. In my experience people with the wrong attitude do not respond well to training and often see it as a waste of time. Interestingly these are often the same staff who are racist, homophobic..... I think making sure Trust policy is implemented would be good.” (Surgery)

“Treat individuals with respect. Encourage mutual respect of colleagues. Work as a team with understanding and dignity. This needs to come from the top down. Leaders are crucial in this. Employ caring people with ‘people’ skills. Don't forget people are human.” (Medicine)

“Although everyone I know is generally respectful and supportive about those with disabilities it might be helpful to hold more refresher courses in order that people learn more about specific conditions and needs of individual.” (Service Not Disclosed)

Other comments:

“Limited progression opportunities for Admin and Clerical staff, particularly young people. The internal management programmes are not fair or inclusive, and provide equality of opportunity for all employees.” (Medicine)

“I still think that despite all legislation certain roles are filled by staff who know someone in that department and have been given the 'nod'.” (Child Health)

“Very poor in relation to flexible working hours for childcare. I feel victimised and that problems I face covering childcare are completely ignored and alternative working hours are not even considered however if I was of another ethnic or religious minority the trust would do its up most so they would not be seen to be racist.” (Medicine)

“I witness bullying and harassment on a regular basis in my work but do not feel comfortable to address it.” (Community Services)

“I think disability within this trust is seen as a negative and feel I am viewed as someone who does not contribute because of this.” (Clinical Support)
“Management style is one of the biggest influences on health and well being, and equality and diversity. Supportive, understanding managers, good leadership are all important. Sadly this varies considerably across the organisation. Training helps but sometimes you feel all the training in the world wouldn’t make a difference – it’s down to personality...” (Community Services)

“Sometimes people who have no disabilities, are heterosexual, with no children, feel discriminated against as they are always made to give way and accommodate others.” (‘Other’ Services)

“Carers are a hidden problem in the Trust as nobody ever asks about it.” (Surgery)

“I feel very strongly that requesting information about ethnicity, age, gender or sexual preference is totally inappropriate. In this climate of legislation, policies and political correctness, it discriminates against those who do not fit into these "boxes" and is creating tensions. We only need to look at who is fit and capable of carrying out the job.” (Service Not Disclosed)

2.15 Equality Profile of Respondents

2.15.1 Gender

![Gender Pie Chart]

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>19%</td>
</tr>
<tr>
<td>Female</td>
<td>81%</td>
</tr>
</tbody>
</table>

(n=1108; 4% of respondents ‘did not want to disclose’)

Staff Equality and Diversity Perception Survey
2.15.2 Age

- Under 18: 0.09%
- 18-24 years: 2.7%
- 25-44 years: 42.63%
- 45-64 years: 53.78%
- 65 or over: 0.72%
- 75 or over: 0.09%

(n=1112; 4% of respondents ‘did not want to disclose’)

2.15.3 Ethnicity

- White: 96%
- Mixed / multiple ethnic groups: 1%
- Black / African / Caribbean / Black British: 1%
- Asian / Asian British: 2%
- Any other Ethnic Group: 1%

(n=1125; 3% of respondents ‘did not want to disclose’)

Staff Equality and Diversity Perception Survey
2.15.4 Religion / Belief

2.15.5 Sexual Orientation
2.15.6 Disability

Have a disability 10%

Do not have a disability 90%

(n=1170)

2.15.7 Carers

Are a Carer 13%

Are not a Carer 87%

(n=1169)
References


# Appendix 1  Questionnaire

- **LOGO -**

**Equality and Diversity Survey**

This survey is aimed at staff of [name of organisation].

It aims to find out your views of how equality and diversity are promoted in the workplace. Your views are really important in letting us know how our staff feel about working here and to highlight things that we may need to improve to make sure the workplace is a fair and inclusive place for everyone.

This short questionnaire is ANONYMOUS and will only take a few minutes to complete, and the results of the survey will be made available to all staff. No individuals can or will be identified and we will use your feedback to help us set equality objectives for the future.

1. Please answer the following questions, ticking only one box for each question:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>There is a culture of valuing Equality, Diversity and Human Rights in this organisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>The organisation welcomes and accommodates the different needs of all staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>I have received Equality and Diversity training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>I feel confident to disclose information about myself, i.e. disability, race, age, sexual orientation, gender, religion/belief to help the Trust monitor the profile of its staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>I am aware of how to raise an Equality and Diversity concern/complaint in this organisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>I know how to access interpreters or information in other languages or formats for people I work with</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Do you think that men and woman have equal opportunities in this organisation?
   Yes □    No □
   Please tell us about this: 

3. Do you think that lesbian, gay or bisexual staff feel comfortable being open about their sexuality in this organisation?
   Yes □    No □    Don’t know □
   If you don’t know of any ‘out’ lesbian, gay or bisexual staff, do you think they would be comfortable being open about their sexuality in this organisation?
   Yes □    No □
   Please tell us about this: 

4. Do you think people in your age group are disadvantaged in any way in this organisation?
   Yes □    No □
   Please tell us about this: 

5. Do you feel you have ever been treated less favourably because of your ethnicity or your religion or beliefs in this organisation?
   Yes – because of my ethnicity □
   Yes – because of my religion or beliefs □
   Yes – because of both my ethnicity and my religion or beliefs □
   No □
   Please tell us about this: 

6. Overall, how would you rate the organisation as an employer of people with a disability?
   Very Good □    Good □    Average □    Poor □    Very Poor □
7. Overall, how would you rate the organisation as an employer of carers of people with a disability?
   Very Good □   Good □   Average □   Poor □   Very Poor □

8. Do you consider yourself to have a disability?
   Yes □   No □

(The Equality Act 2010 considers a person to be disabled if they have “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”) This therefore includes psychological health problems, sensory (visual or hearing impairments) as well as other long-term health problems such as diabetes, MS, cancer etc.

9. Do you care for someone with a disability? Yes □   No □

If you answered ‘Yes’ to either question 8 or 9, please answer the remaining questions. If you answered ‘No’, please go straight to question 12.

10. Do you feel you are treated less well by other staff or managers because of your disability or your caring responsibilities?
    Yes □   No □

Please tell us about this:

11. Has the organisation made reasonable adjustments for you in your job as a result of your disability or caring responsibilities?
    Yes □   No □   No adjustments needed □

Please tell us about this:

12. Are there any messages/suggestions you would like us to take forward about any of the issues above?


ABOUT YOU: This section aims to help us find out if different groups of staff have the same views and experiences around equality and diversity. If you do not want to answer the question, please select 'do not wish to disclose'. However, please remember that this survey is completely anonymous.

Which area do you work in?

- Child Health
- Medicine
- Surgery
- Clinical Support
- Corporate Services
- Estates and Facilities
- Community Services
- Other (e.g. support services covering one or more of the above)

What is your occupational group?

- Allied Health Professional / Health Scientist
- Medical / Dental
- Social Care (direct client contact e.g. social worker/care manager)
- Public Health
- Nursing
- Admin and Clerical
- Central / Corporate Services
- Maintenance / Ancillary Staff
- General Management
- Other (Please Specify):

Are you?  

- Male
- Female
- Do not wish to disclose

Are You?

- Under 18
- 18 to 24
- 25 to 44
- 45 to 64
- 65 to 74
- 75 or over
- Do not wish to disclose

Which of these groups do you consider yourself to belong to?  
(headline categories taken from the 2011 census)

- White
- Black / African / Caribbean / Black British
- Any other Ethnic Group
- Asian / Asian British
- Mixed / multiple ethnic groups
- Do not wish to disclose
What is your religion?

- No religion
- Buddhist
- Christian (including all denominations)
- Sikh
- Any other religion (please state)_____________________

What is your sexual orientation?

- Heterosexual / Straight
- Lesbian / Gay Woman
- Gay Man
- Bisexual
- Do not wish to disclose

Thank you for your time and contribution. Please now return your completed questionnaire by [date] to: [address]
Appendix 2  Results By Area

“There is a culture of valuing Equality, Diversity and Human Rights in the workplace”

![Bar chart showing percentage of respondents who agreed with the statement.](image)

“…organisation welcomes and accommodates the different needs of all staff”

![Bar chart showing percentage of respondents who agreed with the statement.](image)
“I feel confident to disclose information about myself, i.e. disability, race, age, sexual orientation, gender, religion/belief to help the organisation monitor the profile of its staff”

![Graph showing percentage of respondents who agreed with the statement for different departments]

“I am aware of how to raise an Equality and Diversity concern / complaint in this organisation”

![Graph showing percentage of respondents who agreed with the statement for different departments]
“I have received Equality and Diversity training”

“I know how to access interpreters or information in other languages or formats for the people I work with”
“Do you think men and women have equal opportunities in your workplace?”

![Chart showing the percentage of respondents who said yes across different departments.]

“Do you think that lesbian, gay or bisexual staff would feel comfortable being open about their sexuality in your workplace?”

![Chart showing the percentage of respondents who said yes across different departments.]
“Do you think that people in your age group are disadvantaged in any way in your workplace?”

![Bar chart showing percentage of respondents who said yes, categorized by department.]

“Do you feel you have been treated less favourably because of your ethnicity in your workplace?”

![Bar chart showing percentage of respondents who said yes, categorized by department.]

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“Do you feel you have been treated less favourably because of your religion or beliefs in your workplace?”

Overall Response

% of Respondents who said Yes

<table>
<thead>
<tr>
<th>Department</th>
<th>Number (%)</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Health</td>
<td>59</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Support</td>
<td>92</td>
<td>2</td>
</tr>
<tr>
<td>Community Services</td>
<td>411</td>
<td>1</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>45</td>
<td>9</td>
</tr>
<tr>
<td>Estates and Facilities</td>
<td>40</td>
<td>3</td>
</tr>
<tr>
<td>Medicine</td>
<td>223</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>144</td>
<td>3</td>
</tr>
<tr>
<td>Surgery</td>
<td>126</td>
<td>2</td>
</tr>
</tbody>
</table>

“Overall, how would you rate the organisation as an employer of people with a disability?”

Overall Response

% of Respondents who said ‘Good’ or ‘Very Good’

<table>
<thead>
<tr>
<th>Department</th>
<th>Number (%)</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Health</td>
<td>58</td>
<td>53</td>
</tr>
<tr>
<td>Clinical Support</td>
<td>88</td>
<td>60</td>
</tr>
<tr>
<td>Community Services</td>
<td>396</td>
<td>65</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>43</td>
<td>58</td>
</tr>
<tr>
<td>Estates and Facilities</td>
<td>42</td>
<td>64</td>
</tr>
<tr>
<td>Medicine</td>
<td>222</td>
<td>60</td>
</tr>
<tr>
<td>Other</td>
<td>139</td>
<td>64</td>
</tr>
<tr>
<td>Surgery</td>
<td>121</td>
<td>56</td>
</tr>
</tbody>
</table>
“Overall, how would you rate the organisation as an employer of carers of people with a disability?”

- Overall response:
  - Child Health (n=60): 48%
  - Clinical Support (n=82): 56%
  - Community Services (n=385): 61%
  - Corporate Services (n=41): 46%
  - Estates and Facilities (n=41): 63%
  - Medicine (n=215): 52%
  - Other (n=130): 55%
  - Surgery (n=119): 55%
Appendix 3  Comparison to Previous Survey Results

This appendix provides a comparison of the 2011 Community Services Business Unit results against the Northumberland Care Trust survey results of 2009/10 and 2008 (where available).

“There is a culture of valuing Equality, Diversity and Human Rights in this organisation”

![Bar chart showing responses to the statement “There is a culture of valuing Equality, Diversity and Human Rights in this organisation.”]

“The organisation welcomes and accommodates the different needs of all staff”

![Bar chart showing responses to the statement “The organisation welcomes and accommodates the different needs of all staff.”]
“I have received Equality and Diversity training”

![Bar chart showing responses to the statement about receiving Equality and Diversity training over different years.]

“I feel confident to disclose information about myself, i.e. disability, ethnicity, age, sexual orientation, gender, religion/belief to help the Trust monitor the profile of staff”

![Bar chart showing responses to the statement about feeling confident to disclose personal information over different years.]

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“I am aware of how to raise an Equality and Diversity concern/complaint in this organisation”

![Graph showing the percentage of respondents for different responses to the statement.]

“I am aware of how to access interpreters or information in different languages or formats for people I work with”

![Graph showing the percentage of respondents for different responses to the statement.]

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“Do you think that men and women have equal opportunities in this organisation?” - % who said Yes

![Bar chart showing the percentage of men and women who think men and women have equal opportunities in the organisation for 2011 and 2009/10.](chart)

“Do you think that this organisation is tolerant of diversity of different lifestyles and sexuality?” - % saying Yes (2009/10 question) and “Do you feel LGB people would feel comfortable being out in this organisation?” (2011 question)

![Bar chart showing the percentage of LGB staff and non-LGB staff who think the organisation is tolerant of diversity and comfortable for LGB people to be out in the organisation for 2011 and 2009/10.](chart)
“Do you think that people in your age group are disadvantaged in any way in this organisation?” % who said Yes

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<th>Poor</th>
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“Overall, how would you rate this organisation as an employer of disabled people?”
“Overall, how would you rate this organisation as an employer of carers?”

![Bar chart showing the percentage of respondents rating the organisation as Very Good, Good, Average, Poor, and Very Poor for 2011 and 2009/10.]
Appendix 4  Full List of Comments

1. Gender Equality Comments

Child Health

As a nurse in a female dominated profession I feel managers use this to achieve and role out changes in a male dominated workforce they would have to be more accommodating or face more objections to.

Both occupy various positions as far as I can see, without any gender bias.

I don't believe sex enhances or hinders success in my workplace.

I feel that generally women can be disadvantaged, for example, when taking maternity leave.

Opportunities are then not always available equally.

I have noticed both men and women employed fairly across the service.

I haven't come across any discrimination.

I never felt we are treated different and there is a good mixture of both men and women and all treated the same disliked way.

Pregnant/Parent women discriminated against hugely.

Society as a whole still defers to men when looking at specific positions in the workplace.

Working in post natal but no physical contact with mums and limited contact with babies, I can not see a problem with men doing this role.

Clinical Support

There is an underlying practice of sexism in the workplace. It is not talked about but is evident in practice (day-to-day working/decision making).

I think that men and woman have equal opportunities in my workplace although more seems to be expected of men.

Lot more women seem to get jobs in pathology despite some men being better qualified.

Have seen both men and women in both role including portering, cleaning and dining staff which may otherwise have seemed more gender specific.

Agenda for change has standardised pay and opportunities are based on skills and experience rather than gender.

I feel men are given more encouragement to progress and that they are treated differently by management. Recently all new staff have been male and that are given more lenience.

I think the current working climate is a 'do as you are told' culture for all 'shop floor' staff, whether male or female.

Men get promoted far quicker than women even though they are less qualified.
I think that the Trust has a good mix of male and female staff in various roles.

Line Managers appear weary about sending women on courses, promoting in case they go on maternity leave.

We have a mix of both male and female personnel in the department.

Both sexes work along side each other doing the same job.

Equal pay same banding.

Groups tend to stick together.

Men still tend to be given senior roles.

There is one male in my team, he is consistently treated favourably.

As far as I can see it’s relatively equal.

All do same job.

Although there are many women in senior posts within the organisation I feel that in the main decisions, timescales, etc are on men's terms. Women have to adapt themselves to men's ways of working in order to achieve outcomes.

I think in the department I work in men are more dominant.

**Community Services**

As far as I am aware opportunities are presented to everyone within the team regardless of their gender.

I think it’s not what you know but who you know that allows upward mobility.

I have no experience of men and women being treated differently in this organisation.

Don't know if there equal opportunities or not.

In terms of pay and job opportunities yes, but in reality women are disadvantaged in terms of career and promotions and therefore pay comparisons the further you go up the ladder, due to women generally being the main child carers/having to have career breaks, work part-time etc, not feeling able to take on too much work pressure due to the demands at home and having to balance child care with work. Obviously there are exceptions to the rule.

Yes because the majority of senior positions are held by women - this reflects the workforce mix.

Because we all get on with our jobs as no one sees a manager here we mean nothing to upper management.

Favouritism by management makes working here very unfair.

The organisation does not discriminate based on gender.

We as woman are not on equal pay for men in similar jobs across the trust.

Inequality would be challenged.

Men get admin support - women have to do it themselves.
Statistically, female staff have more part-time/low grade posts.

Majority of women are low-band and part-time.

Yes we are a team and everyone is treated the same.

Predominately women workers & male managers.

Significant numbers of women are at the top of the leadership structure and I have witnessed a number of female colleagues being supported to progress in their careers.

Cannot answer this as I work in an all-female environment.

I don’t think men and women have equal opportunities in ANY work place.

No men employed in my department.

Workload shared out equally - not gender related

Feel that male colleagues have more say.

Men and women do the job equally.

A good split of men and women in senior positions. Flexible working for all, particularly important for working mothers.

With reservations. I think the will is there but I'm not sure that women of childbearing age are always looked upon favourably when it comes to promotion or recruitment.

My department is predominantly female, and the opportunities have always been equal.

I work within a team of men and women and we are all treated the same.

I think this is proven in the fact that there are more women in management and senior management positions.

Flexible working assists staff to fit work and home life commitments.

Men are sometimes expected to lift heavier things in the workforce and women are expected to do other tasks that men don’t do.

I feel that women with childcare considerations are not treated equally.

I have not found any instances when either men or women were given preference.

My wife works long hours (4 days over 5) so I primarily look after my 2 year old daughter as my wife is at work between 6.30am and 6.30pml get to work early around 8.15 am as I drop off my daughter at nursery and leave the office around 4.30pm to 4.45pm this gives me a short amount of time to do some basic housework and to start the evening meal before picking up my daughter. Even though I am working more than my core hours, management seem to disapprove of me leaving before 5pm. Some female colleagues in my office begin and finish work at different times because of child care, yet nobody seems to mind.

Coming from a private sector background, I am impressed with the fact that there are senior managers of both genders within the NHS - in my previous companies, the senior positions were always taken by males.
Overwhelming number of staff are women & disproportionate number of managers are men.

I feel that women with childcare needs are treated very differently.

Upper management very male despite proportion of work force who are male. As a minority male at the 'shop floor' I am treated as having needs subordinate to my female colleagues.

I am the only man (and gay man) in the office. I do not feel supported by my female colleagues.

From my observations within Adult Social Care there appears to be the opportunities for all staff to work and progress in their chosen fields.

I believe that measures and procedures are in place to minimize discrimination and promote equality of opportunity. I think I would be naive to conclude from this that men and women have equal opportunities in my workplace. This would be far too premature.

I feel all genders are treated equally and all have equal opportunities for all vacancies.

Women have had equal promotion levels as men.

Salary aside as I do not know my other colleagues salary therefore can not comment whether there is equal pay or not between men and women in Northumbria healthcare. I can see men are representative in my office however women are still the dominant gender. I feel people with disabilities are not represented however this could be the result of many factors for example people with disabilities not applying for job vacancies.

Males always move up the ladder faster.

I have never seen a male health visitor.

I do think there are equal opportunities for both men and women, but the service is mainly women which possible reflects a wider issue in the community around the type of work we do.

We have staff from all walk of life both men and women. My organisation employs a diverse range of individuals some of whom were recruited using employment agencies and given a chance to prove themselves.

Most male manager's but I don't think it's because women are disadvantaged in my department but more because of the ages/stages in careers at the moment.

Men still earn more than women for doing similar work

I don't feel under valued against male workers doing the same role as myself - both do same jobs.

Equality is very important in the workplace, opportunities are open to all.

Some things are better for men to do than women and we both sex's recognise this so we allow certain jobs to be carried out by man and certain jobs women.

Yes but ... it is difficult to demonstrate whether or not measures to offer equal opportunities have been effective when individuals feel they have not benefitted from them.

I believe male nurses progress quicker in their nursing career then women.
Corporate Services

All staff are treated equally in all areas of the Trust.

Short listing for jobs is done before you know what sex or age the applicant is.

There seems to be an equal amount of female to male employees within the area of trust I work for.

Women seem to be treated with "kid gloves" in comparison to the men doing the same job.

Women are more likely to be granted flexible working patterns for childcare, whilst men are almost assumed to be not wanting such assistance.

Men seem to be encouraged to do training and go for (and get) promotion in preference to women.

Estates and Facilities

Opportunities for progression are given to friends of the manager rather than those who are more qualified and able.

All to do with bands.

Girl in HR was given redundancy when this trust is supposed to have a no redundancy policy so some are looked after some are not.

Men are lazy and get away with a lot less than a woman would do.

We all get treated the same as far as I am aware.

Medicine

Never seen or felt discriminated.

Men are discriminated against and subject to gross sexist behaviour.

There is no consideration for family. One is expected to prioritise the trusts needs as opposed to family needs. There is no harmony in the workplace and generally poor leadership. I'm not sure whether men and women have equal opportunities. I've said no as generally women are the main care providers and the Trust give no value to this.

Cultural acceptance of women in caring roles.

Both male and female staff are treat the same on our ward.

I am not aware of any equal opportunities - there certainly isn't equal pay!

There is a predominantly female workforce and I have not encountered any sexism with regard to my role/promotion opportunities etc.

Apart from fighting an equal claims tribunal.

Women are favoured more when it comes to development and promotion opportunities.

Particularly senior management comes across as a 'jobs for the boys' culture. ie feel unnecessary senior jobs created.
No obvious difference as far as I can see.

Our profession is mainly female so possibly more of an issue for men?

Children and childcare issues can impact upon a women's ability to progress.

Male bias.

Only as in women find it very difficult to have totally equal rights in society. The Trust is pretty neutral and many women are in senior positions but if you asked a female nurse in my unit if they could stand up to a male consultant who was behaving incorrectly, the answer would definitely be no. this may be as much about power as gender. Generally our organisation is reasonably flat in its hierarchy compared to many but it could be flatter still - flat hierarchies breed safe healthcare organisations.

Does not appear to affect the place I work in.

Yes we have had female porters.

I feel that certain people are chosen because of who they know and where they work; particularly at the 2 acute sites WGH & NTGH.

I am assuming they have financially re banding.

On our department we all work together and have the same opportunities.

Females tend to have more childcare problems and this is not taking into account by the trust.

Plenty of males and females in the same roles.

I think there is always a bias to men in many work places not just ours. Often it is men who reach senior posts and only women who are "ruthless" who seem to achieve such elevated ranks.

If you look at nurses, a very small percentage of student nurses are male compared to female, but looking at those of higher grades, the ratio of male to female is much higher it depends on the area of work and staff involved.

If a woman wants it she will get it despite family commitments. Men have the same opportunity.

More female consultants. all staff on my ward are treated the same whether male of female.

No problems experienced.

Vacancies not discriminatory, never witnessed men/women being offered different opportunities or being treat differently.

**Other Services**

In a female profession- female members of staff have priority when trying to organise childcare-also they are allowed part time hours while males with childcare issues aren't.

Depends, some departments will not employ men after interview.

Think it’s all gone to far and that political correctness overrides candidates abilities and now danger of too much focus on being seen to be fair not on what's right for NHS.
Male staff promoted more rapidly.

Males are on the same banding as female workers doing the same job role.

I haven't come across any gender discrimination in this organisation, but I do think that as it is still endemic in our society, there is probably some discrimination.

Most managers are men.

Clearly being pregnant is an inconvenience to managers.

Men on comparable jobs get paid more and used to get bonuses pre agenda for change.

Women are still looked upon unfavourably especially if they are in child rearing age!

I think the Trust goes out of its way to accommodate people. I only know of my department...but people get away with a LOT of things like sickness, lateness, skiving, not giving adequate patient care, days off leaving others short staffed and they get away with it time and time again. This is men as well as women although there are only 4 men out of our 40 women.

Men in similar skill rated jobs still get more money than women.

I really don't know. Women seem to do most of the menial jobs and men get the big promotions.

At one time men got paid retainers at a certain banding - I know that never happened for the girls. Not sure about now - no one mentions it.

Women sometimes miss out in terms of accessing courses and opportunities due to maternity leave and becoming part time for reasons of childcare. I went part time after having children for financial reasons and find that a great many departmental meetings and training sessions occur on the day I don't work, so I miss out. If I apply for courses priority is (sometimes) given to full time staff and I can only go when no-one else wants to. The thought is that when I am at work, I should be working with patients all of that time rather than coming in to attend a course. I feel that this disadvantages me in terms of CPD.

Flexibility for those with childcare issues i.e. sickness is very poor. Inconsistent access to carers leave.

There is a high proportion of women in this business and ergo they are in senior positions.

Both are treated fairly.

I think that salaries remain lower for women.

Fair recruitment and selection process exists.

Women at Northumbria are more likely to get jobs than men.

Predominantly female workforce in nursing. Difficult to compare but don’t think agenda for change has addressed the discrimination agenda.

No men work within this unit.

No experience of otherwise, neither personal or observed.
There are no further opportunities for women in the department I work in. There is no plan to develop the role and there is a pay freeze in place even if they did. I’ve yet to hear of consultants or medical staff being downgraded.

I think men achieve promotion within the trust much more rapidly than women. Now, your going to say there are a lot of female managers but that is because the proportion of women to men is greater, a male nurse comes into the equation they are quickly elevated through the ranks.

Men still receive higher rates of pay on average than women.

I have heard that in some areas men receive more pay than women doing the same job or level of job.

I personally don’t think women will ever be valued the same as men in the workplace, if you look at police, firemen, ambulance etc they seem to have a bigger voice and listened too more, carrying more weight with their concerns, which is a real shame as the majority of staff in the NHS are women (and I am a man) which I believe is a real let down for women.

**Surgery**

Male nurses can not insert a catheter in female patients. We can not check female dressing too. Female nurses can not lift heavy things... they do the easy jobs than male nurses i.e. patient who is very confused and violent. Male nurses protect females nurses from being harm.

We all carry out the same tasks and are all required to work the same shifts.

So far I have never encountered any problems with equal opportunities.

We don’t have any males working here at the moment.

Males in the organisation 'get away' with poor work performance without penalty!

Lip service to family friendly working - in practice service is everything.

Long established equitable system.

Men appear to be allowed to have more opportunities.

We are still paid less than a man with a equitable job.

There is no difference as to what is available to men and women.

My male counterparts are offered private work first and organise this between themselves. I feel they are viewed as better practitioners in my role.

There are both male and female staff that do similar jobs, not one position use dominantly ruled by either sex.

**Service Area Not Disclosed**

Majority of men in workplace are either porters or Drs not much of anything in between?

There are many staff in our building of both sexes many are at the same level as me but many are above me in experience and knowledge. They treat me and all my colleagues fairly and I am able to feel relaxed in their company I have no problems.
There is a paternalistic tendency despite being staffed predominantly by females.

Painters and labourers get paid more than health care assistants.

2. LGB Equality

Child Health

The immediate team in which I work is very understanding and nurturing. However, I cannot comment on the wider trust and I think it might not be the same there.

I don't know of anyone who would act differently where I work.

Most likely within my team anyway.

I can say only one thing, they will not be treated differently by myself.

Working in a Paediatric environment, staff may not wish to discuss sexual orientation in work environment.

I have personal friends who are gay.

Clinical Support

Still an element of homophobia amongst staff.

How can I say how they would feel?

It doesn't matter as long as they are a good team member there is no problem.

Society, especially in Northern, working class areas, still has a problem accepting issues of sexuality and as the staffing of an institution reflects the society it exists within I would imagine this may cause gay persons a problem in being "open".

How am I supposed to know? Depends on the individual.

Why should they have to disclose this information? Why would it make any difference to working practice?

However it is a private matter and it is a personal choice as to how open they are.

We have had a gay member of staff in our department.

I know several gay and lesbian people in this hospital, they are well accepted for who they are and are not judged.

As I have not heard anyone discuss this matter-I believe staff feel uncomfortable discussing their sexuality at work.

I am lesbian and I am able to be open in my current workplace but was not 'out' in my previous team.

I know a couple of folk + it shouldn't make any difference. It does not affect their work.

I work with 4 gay people but they are just people why label them?

This is to do with the culture within the north east, rather than within the Trust itself.
Community Services

We have E&D and LGBT champions within the team who have done a tremendous job raising awareness within the team.

I don't think our sexuality is an appropriate topic for conversation in the workplace.

Question 3a & 3b is personal I have strong beliefs it has nothing to do with me.

Why do we even have to discuss this, people should be seen as people and not about sexual orientation. When I am at work I don't believe sexual orientation should be discusses and quite frankly I don't think people care; I don't.

I have a gay brother who does not feel comfortable revealing his true sexuality in the North East in general; as a whole there still seems to be ill feeling in this area in general toward gay, lesbian, bisexual and transgendered people.

2 women known to me - neither particularly feel free in this 'openness'.

Depends on the individual and who they work with or the work setting. generally it is probably getting easier, but there must still be stereotyping and discrimination at various levels.

Yes because there are several 'out' staff in senior positions.

Management is not open minded to these issues although when the need arises they convince people they are.

The organisation expects all staff to treat other with respect and dignity irrespective of sexual orientation.

I have heard inappropriate comments form members of staff previously. Although I always intervene and make it clear that this is not acceptable, if it is said in front of me I am sure there are plenty of such conversations that take place away form my hearing.

I think these questions are lumping a diverse group together - I know of one colleague who is very comfortable with others knowing about their sexuality - but others who are not. I think it's not just about the work place - its about people’s individual issues and thresholds of privacy etc.

The staff in my office are open minded and none judgemental and would welcome anyone of any sexual orientation including transgendered people

I work with my colleagues in a professional manner, their sexual orientation is of no concern to me and do not feel that discussion of one's personal preferences is appropriate in a professional relationship.

How would I know? it depends on the individual and if I don't know who they are how can I make that judgement?

The team I work would not have an issue with anybody's sexuality, therefore they would be treated the same as everybody else.

I am straight so I do not feel able to comment upon how another person would feel.

There should have been an option to say "some". I head up services where I am open as a gay man and have always been treated with respect by colleagues. There are openly lesbian and gay staff working in the services alongside their heterosexual colleagues and being open about sexuality has never been an issue.

I am presuming so, but imagine this would depend on personality type - as some people are very private.
I think this is personal to them.

I'm gay and comfortable in the workplace but I don't know about others.

The department I work in is aware of sexual diversity.

Certain members of staff are openly homophobic.

We promote equality, diversity and openness.

I'm not sure I think it's a personal thing. Unless you know someone and have spoken with them.

You are asking me to guess how other people feel?

I think our new Stonewall group has made it a lot easier for LGBT staff to be open about their sexuality - well done to the Trust for supporting this.

There are people in my team who are Gay.

I am bisexual and "out" at work. I have had a member of staff who came "out" comfortably knowing the way that I was treated at work.

Aware of staff who are open about their sexuality and are accepted and valued individuals.

No one will judge them.

It would depend on where they worked and the attitudes of the people they worked with in that they may not want to become another subject for office gossip and speculation.

I feel the staff group are very accepting of people regardless of their sexual orientation.

I think that sexual orientation is not an issue within this organisation, and is not relevant to the work that we do.

Quite a judgemental place to work with sarcastic members of staff who send nasty e mails about other members of staff. Lots of laughing behind peoples backs in my Office.

Surely this depends entirely on the person in question. Personally I would not feel comfortable if I was in that situation as my colleagues are very critical of anything that is not the "norm" some of my colleagues have a negative view of people who are gay.

I know of staff that are not publicly 'out' and have had to challenge heterosexual staff's attitudes and gossip regarding this.

I still believe that culturally there are still some prejudices and that most people wish to remain private about their sexuality in case they then encounter difficulties.

I myself am lesbian and have always found those I work alongside very accepting.

I can't comment for how other people would feel. I know of a couple who are not afraid to be open - but these are their decisions. I do believe that in the majority of areas they would be treated fairly.

I have worked in area's where there has been 'out' lesbian, gay staff and everyone had been open and comfortable to feel free to express there sexuality.
I think that people who are gay lesbian etc should feel commutable and confident enough to talk about these things in front of there work colleagues as we are aware if the different cultures etc.

We work to very clear values and promote E&D.

Still far too much stigma attached.

I think we’re all fairly relaxed and friendly here. I know my managers would have harsh words with anyone who did not treat someone else with respect.

I don't know - it would probably depend on each individuals team or workplace.

We value our work colleagues gender is not an issue or sexuality.

I can the area in general is very homophobic and this reflects in the work place but not always from the lower spectrum more from managers and consultants.

The council is still very homophobic in many areas however when a member of staff does come out the understanding and support is there.

Mostly - although I suspect some people might not feel as comfortable as being out as others.

Open and like minded people work within this workplace.

This is never an "issue" in the workplace. People aren't labelled, we are all just people.

I think that in some areas it's easy to be out and feel comfortable - but less easy in others.

My work place is fine we all love and contribute towards each other and this is what makes the work place run and operate smoothly.

I am optimistic but it would depend on the individual circumstances.

Just general covert comments made about peoples sexuality - especially when certain people aren't about.

**Corporate Services**

Don't know - no-one is "out".

Homophobia and Xenophobia obvious in the workplace.

I would like to think that they would feel comfortable enough - I do know gay staff one in particular that is very open about his sexuality and he's lovely. I do not know any lesbian or bisexual staff and I'm not sure if this is because lesbianism appears not to be as acceptable as being gay or why the heck should people have to disclose their sexuality to the people around them - they may want to keep it to themselves. I'm heterosexual but I don't go around talking about it all the time - people need their privacy but I do believe that all staff need to know that if they disclose anything to the correct department then it does not need to be branded about - we all want to feel safe with what we disclose. I'm stopping now as I'm just running off at the mouth.

Cannot really answer this as the only staff that fall into this category that I know of seem fine being open, but cannot answer for other unknown staff.

Don't know as I have not had any contact with people with same sex relationships.
I don’t think sexuality has anything to do with work and the question shouldn’t be asked as it doesn’t affect how someone does their job. I refuse to give an answer to this question to anyone (and I’m happily married with 6 children and have gay/lesbian friend/relatives).

I think they would be fine within my immediate team, though outside of this I would not like to assume.

I think this would depend on how comfortable they feel with their work colleagues.

I’ve never heard or seen anything to suggest that someone’s sexual preferences would be a problem. I’m not aware of any discrimination, snide comments or nastiness in this area.

Unsure I think it depends on the individual and how they judge other colleagues would behave or react.

A general culture of alternative sexuality being viewed as strange, unpleasant embarrassing.

Continues to be some ignorance about any group of people who are "different" to the "norm". This includes gossip and sniggering about people who are not heterosexual.

**Estates and Facilities**

I think this is now quite openly accepted and feel sure that there would not be a problem.

Not bothered.

Depends what department you work in. I myself am gay and have had flak from porters and estates staff at the hospital.

**Medicine**

It would very much depend on the confidence of the individual person as there are still a large number of people who are quite judgemental about being gay and frowned upon it.

Everyone is made to feel welcome and great camaraderie between staff in the workplace.

We have gay, lesbian, sex-change and transvestites working here at all levels so there is no discrimination.

Several of my colleagues are homosexual and appear to be very comfortable about this being known in the workplace.

There is a negative culture in Northumbria.

I do know of several gay members of staff who are more or less out. Their sexuality does not seem an issue at all to anyone I work with. Sexuality is not generally discussed and I do not hear disparaging remarks made but it is very hard to see from a non-gay position what it would feel like being 'out' so would not like to presume my view is very representative. Certainly gay staff are not 'loud' and don’t consciously make others aware of their sexuality on a day by day basis. maybe that is just about privacy.

Stupid question; I’ve never asked anyone as I am not interested in their sexuality. We are all people!!

Having worked with people who have told me about themselves they have been received well.

We should accept people for what they are.
We come into contact and work with a lot of staff of different ethnicity. I feel sure that we would welcome all to our workplace.

I have ticked no simply because I do not feel your sexuality is something to discuss at work and only then it would be with colleagues who you know you can trust and know well. In the wider aspect I wouldn't ask people what their orientation was just as many wouldn't ask me mine.

I and my immediate colleagues would be fine if one of us was 'out' I couldn't comment on other depts.

It would depend how confident they were with this personal choice.

This area is very parochial. It is not the trust who would have a problem. It would depend on the individual and the staff who they worked with whether they were accepted or not.

I think this is a private matter so don't know why it should be asked about at work. I personally will not respond to questions about my sexuality.

We are all different that's what makes us unique and this is appreciated within this trust.

We have a gay member of staff who has encountered no prejudice.

Have worked with lesbian and gay staff.

As an out lesbian I feel comfortable in my workplace.

Have gay lesbian staff in workplace No problems experienced.

I work alongside staff who are open about being gay and lesbian and they appear comfortable as do other colleagues.

**Other Services**

I am not prepared to answer this question as I do not think this is a question that should be asked and if this is to be raised then it should be raised towards heterosexual people also. This could be discriminatory.

Think it's a private matter for individuals and not anybody's business in the workplace.

No idea. You need to know a person to be able to consider if they would or wouldn't feel comfortable. It's on an individual basis.

I think that for people who are known and "established" to be gay, bisexual and lesbian that this isn't so much of a problem. I think that coming out would be difficult, but not a great deal more so that coming out to friends/family. Everyone is different and see things differently - so it depends upon the individual who is gay etc how they feel about it. I could not comment on how I think a gay etc individual would feel as this would be making assumptions that may be wrong for some.

I don't think there would be a problem in my workplace, but I don't know if this would be true of other departments.

I do know some staff who are openly gay but really cannot comment on how comfortable I think they feel.

Depends on the individual - it may be that they don't want their private life outside of work being discussed, whether positive or not.
This is a very personal matter, people may think differently of them after they come "out".

I have worked with gay people before and they haven't had any problems

Although we are trained to not be judgemental, some people still are & can make life uncomfortable.

I don't work with any out gay people, but such is the environment I think they would be comfortable yes.

Working in a caring environment, they should be able to be themselves

Work with lesbians and I am not bothered.

As a gay female myself, I have never had a problem being 'out' at work. I don't broadcast it every day, but everyone in my workplace knows, and they have always been fine with me.

No one cares these days!

It would depend on their feelings rather than my interpretation.

I don't think it's anyone's business to know this anyway, and don't see that any staff would feel the need to broadcast their sexuality to others. What you do in your private life is your own business. Other people don't want/ need to know.

The people I know are confident individuals but I only know through hearsay, the subject or partners have never been directly referred to as of the same gender.

As my son is gay there is only a few people I am comfortable for them to know.

Would not bother me every 1 here is doing a job.

As a gay person I feel comfortable for people to know at work. However I do understand why people might not want to in some places.

I work with colleagues irrespective of their background.

I think some people may feel self conscious in their profession to be 'out'.

I think that there is still a stigma attached to being gay.

It's an individuals decision whether they feel the need to be open about the above or not whatever orientation.

I work with supportive colleagues.

No lesbian, gay or bisexual staff works within this unit. Yes they would feel comfortable.

Societal bias, the culture in NHCFT is no different.

Think this environment (nhs) is very heavily hierarchical, if there isn't one, one will be created, its the mindset of managers, how on earth could they accommodate someone different from this mind set?

The attitudes of some of the older staff in our department could make it difficult for homosexuals to feel comfortable in being open.
I have never been aware of any homophobia in the workplace.

I don't see why it is important to anyone else at work what sexuality you are as it is not relevant in the workplace and really is your own private life. I don't think the Trust need to know this either as it is of no relevance to the way our staff perform their duties. I also don't see why the Trust have to 'monitor the profile of its staff'.

Previously I would have said the Trust wasn't very 'gay-friendly' but I am glad to see there is a LGBT group that has a high profile in the staff newsletter.

**Surgery**

It depends on individuals preference really.

I have no issues at all. people are here to do a job.

We have one member of staff who is gay in our department and they are very open about their relationship. Statistically I'd imagine there may well be colleagues who are gay, lesbian or bisexual but as I know of none, can only assume they are not comfortable being open about it. Either that or it's simply that it hasn't cropped up and certainly doesn't affect their/our work.

I feel that they would be comfortable in my own working environment but cannot comment on other areas within the trust.

Our gay staff are quite open about it & I'm not aware that they've had any problems.

They would not last in our department.

If people choose not to be 'out' then they possible feel uncomfortable about it.

Never been an issue.

I would like to think that they would feel that could without being judged in any way.

It's difficult to generalise this kind of statement as this is a very sensitive issue for many individuals and therefore is a personal choice whether to disclose their sexual orientation. Also consideration for their colleagues feelings may prevent someone who is confident about their own sexuality from disclosing this information.

I think people should be open about their sexuality, however sometimes they can be over powering and discuss things you don't wish to hear.

I work with at least 4 staff that are gay.

Still a culture of gay people being different.

We have staff who are gay and lesbian, who are open about this and I know of no bias against them because of their sexuality.

I am aware of the above staff and do not know of any issues relating to the staff.

There is a member of staff in the work place that will find your weakness and use it to wind you up, if this member of staff cannot find a weakness of your personality he will use your appearance and method of work. In my case this member of staff has never got to me, and has resorted to using my family and my partner as his target to get at me.
Service Area Not Disclosed

We are a fair open minded workplace and we are clearly informed that we must not discriminate against anyone. I personally have no problems at all with anyone’s choice of lifestyle providing they are not violent or disruptive at work.

I feel that we are making too much of the equality issue regarding gay or lesbians, what difference does it make in practice, absolutely none. Why should there be special treatment, we will then have to start thinking about support for over weight people, people with blond hair the list is endless.

3. Age Equality

Child Health

I never felt that my age was a reason for any different treatment.

New parents, made to feel that you are being a pain for falling pregnant and going on maternity leave then being constantly reminded of it when you return to work and asked if you are going to have any more!!

Work with different age colleagues. A good mix of new and experienced staff.

I myself have a young child and have to pay quite a lot for childcare, where in other parts of the county childcare can be accessed though Wansbeck Hospital either free or at a reduced charge.

Things made as difficult as possible for staff with young children, where the unexpected can happen at any time.

Not just this workplace, everywhere now that the age we will receive our state pension is changing. I will no longer be able to retire say at fifty five as Ii will have to wait until I am sixty six before I get my state pension.

Priority given to younger people with family or those approaching retirement.

Clinical Support

Older members of staff are less able to recover quickly from the rigours of night working and yet are expected to do the same shifts as younger staff.

Yeah as I can’t take early retirement now.

I am the youngest by at least 20years, so no one in my age group.

Seem to value age and experience as well as youth and potential.

No, but if government changes to pensions are accepted, then think all NHS organisations may have problems with ageing staff in physical roles.

I feel any progression opportunities are given to the very young workforce and those in their late twenties are ignored for further training.

Everyone in my field of work is disadvantaged, by managers who do not understand what we do.

Over 50's are seen as over the hill ,winding down to retirement and are not considered for promotion (although this would never be admitted to).
We are stuck in the middle with no prospect of being able to move on until someone dies or leaves.

I just don't see this as an issue.

Varying age groups doing the same job.

Younger members of staff seem to get more opportunities.

Older people are sometimes seen as less valuable than younger people.

Past a certain age you are overlooked for promotion.

As you get older and more experienced in your role you become too costly in wages and get side lined for younger and inexperienced staff.

**Community Services**

Age is not an issue when it comes to working arrangements or opportunities. So I'll say no discrimination.

Not really, other than most women having to balance childcare, as above, but also age discrimination could effect younger and older employees, as people make judgements on their ability to do their job in comparison to the middle age group (e.g. experienced but still young enough).

I no longer get as many shifts.

Slow in grasping IT tasks not much understanding if you are not computer literate.

My age group is heavily represented in the work force and from my own experience we are not disadvantaged.

I wonder if people of the typical child bearing age have more barriers to promotion because of concerns they will be off work for a period of time and need replacing temporarily at a higher rate.

I don't feel I have had the same opportunities for career advancement than others in the nhs. I also feel I do the same job as others for less pay.

Always questioned about retirement.

If over 50 people ask constantly when you are to retire.

I am in my twenties and do not get the same respect and responsibilities as other people that do my job who are older. I am seen as less knowledgeable.

Able to retire and return to work.

Having left school many yrs ago but have 30yrs experience it doesn't always count.

I am the youngest in the team and I get treated the same as everyone else.

Quite a few of my colleagues are 50+ and I feel we are all regarded equally.

As a recently Qualified as a Social Worker and a mature employee I have been supported with all aspects of my personal development. I believe I have the same advantages as other employees. This is also because the team manager is very supportive.
Comments made to and about older women.

Comments about older women who may break bones more easily.

People who have been here a lesser time but are older get offered better promotion / responsibility before younger more experienced staff.

I think that in general people are judged by their performance, rather than by a 'label.'

I am currently looking into flexible retirement and was very impressed to find a range of options - however the policy/guidelines are not easy to find.

I feel that people of all ages are afforded equal status and access to opportunities.

Although we are offered "flexi" it is quite clear that full time workers are preferred to part timers. This has been made clear to me on a number of occasions. Feel uncomfortable asking senior team members for early finishes/late starts/swapped days and time off.

Young women with childcare needs are disadvantaged.

Seen as being near the end of our career lifespan & not proactive in service provision.

When I reach 65 in September this year, I miss out on the new legislation allowing people to retire later.

I have always had the same opportunities as my younger colleagues.

I successfully applied for a post at the age of 57 years.

As I am younger, some staff sometimes will by-pass me to speak with an older, perhaps more experienced member of staff.

As we are older I don't think enough consideration is given to age.

Less flexibility for people without pre school children.

No leeway for caring for an elderly relative.

Obviously as I'm a new staff member I have a lot to learn. However I feel that I've been given every opportunity to learn and study about the NHS through training and staff updates as well as the various sops my office has on hand to help get to grips with procedures.

Our older colleagues have recently been pressed into retiring because they were 65 but very able to do their jobs.

We get the busiest lists too do at the furthest away point no consideration for mobility etc.

Although I don't feel my age group is disadvantaged I do feel there is some ageism for younger and older groups.

I feel if I was older then Ii might be given more chance of new and challenging opportunities, basically the older you are the more knowledge you may have?

I feel my age will be holding me back.
**Corporate Services**

The opportunities go to the "bright young things" regardless of ability.

As far as I am aware all staff are treated equally no matter what age they are.

Sometimes feel that as I am younger I get listened to less and aren’t always as well respected as older members of staff.

Unless you are young and always getting more qualifications, you are in danger of losing your job or being downgraded in one of the "re-structuring" exercise - which is what the trust wants???

I don’t think age is relevant and does not affect anyone in my workplace. Experience is more important.

I think there are less opportunities compared to what there once. Due to various cutbacks overall I think there has been a great impact on ones overall ability for progression.

I don’t think older people are considered for promotion.

**Estates and Facilities**

I am a younger member of staff, with more qualifications and experience than to here staff members but am often overlooked for progression due to my age.

No body cares, it's really quite sad.

**Medicine**

Older staff are treated poorly

Young female staff are often the victim of rude comments and viewed as bimbos'/incompetent.

I am not conscious of my age group being disadvantaged.

I have not encountered any ageism in the workplace. I think my experience and maturity are valued.

Re-structuring with a view to get older people to retire when they don't want to or re-deploying people so they leave when they don't want to.

Yes, young people extremely disadvantaged when it comes to promotion, progression and learning opportunities. They are not taken seriously, the Trust tends to focus on older employees.

Our department is quite family friendly and flexible.

No consideration for staff becoming older and unable to do what they could 20 or 30 years ago. You are either fit or unfit for work!

Have heard managers comment "this is a young persons job".

Long term illnesses are more common in older age group and illnesses are not tolerated in my experience.

Young members of staff are not invested in as potential employees and often dismissed.
Classed as the dinosaur in the room at times simply because of the experiences we bring forward and may be classed as unhelpful. We have experience for a reason. We have tried many things and in the interests of not reinventing the wheel understand what has worked and what doesn’t after discussion with patients and other staff. But we keep reinventing the wheel.

There is little in the way of childcare provision. The nursery only operates ‘office hours’ and there is nothing for school age children in the holidays. Term time working is only available to some - many (like me) will be turned down.

It depends on work location and type of work.

I am a woman of a certain age and I do not feel disadvantaged, my experience is seen as an advantage.

Asking to go on courses that are of interest to you and not being put forward.

I personally haven’t been subject to a disadvantage due to age, however I am aware of a colleague who has been.

No problems experienced.

Looked down upon.

**Other Services**

Younger staff are allowed to progress while older staff are held back.

There are discriminations about employment.

Part time parents of young children have fewer opportunities.

There is a management culture of honouring and revering the new consultant to the disadvantage of older and more experienced doctors.

Sometimes - those with hearing problems, going through menopause, other age related problems. eg:- may not be placed in the correct seating area to see and hear correctly. May not be considered for training courses. Younger staff usually have more options.

We are all about the same age!

Depending on what age you are, you get treat differently!

Older members of staff often do not give the respect you deserve for a doing an equal job.

Age/face fits/or not in my case.

Member of staff wanted to work on past retirement and was not able to continue in her present role.

Although the Trust work hard to accommodate older people, this is not always easy to monitor at interview.

I am not sure that experience is as valued as very minor paper qualifications.

If you are able to do your job properly then you will have no problems.
We will be in the future due to the pension problems. We're also on a public sector 3 year pay freeze which is having a big impact now due to the ever rising cost of living.

Seen as not interested in forging a career in the NHS, having come into it later in life. My training and development has been severely hampered.

I feel younger members of staff get trained first and are asked to go on courses than older members who have been here longer.

On occasion I have felt that because of my age older members of staff assume that I'm inexperienced and incompetent regardless of what experience I may have.

One thing the Trust has previously done very well is facilitate flexible working patterns for working parents and provide excellent childcare facilities.

No development and no planned development of career even though I will work till 70 grade 6 is the end point in this NHS.

It is assumed from older staff members that younger people lack experience or insight.

**Surgery**

Younger male nurses get more responsibility as they always say "you can not teach an old dog a new trick".

No progression.

The "New" NHS is getting faster and faster at helping patients and the physical side of things does affect the older age group as they cannot keep up.

As an older member of staff and with the increase in all we are expected to do, I am aware that I am more tired and able to do less than I did when I was younger.

Ageism exists and career progression or change of career does not appear to be encouraged.

Pensions, longer years of working, unable to spend quality time with family to manage household finance.

Peoples’ needs are not taken into consideration when you have children to consider.

Older member of staff who have a strong work ethic are expected to do more work, younger members of the team get away with doing very little.

Younger staff often assume about yourself and don't realise the diversity I may have throughout my working career.

I am semi retired and feel I get treated the same as everyone else.

Sometimes our life skills and experience are not taken into consideration.

I am the only one of my age, and I am many years younger than the other members of staff. I see this as an opportunity to grow and be like other of members of staff, in so many years.

**Service Area Not Disclosed**

Political correctness gone mad.
We are all given opportunities to learn and progress and staff are on hand to discuss any issues we might have.

As anyone of my age has no children at home or they are if an age to be left the staff who have young children seem to go off on a whim and the rest of us have to pick up the slack in a already understaffed department.

People wait to see when next person will retire and wait for their job.

4. Ethnicity and Religion/Belief Equality

Child Health

My belief and my religion always well respected by my colleagues.

Clinical Support

Not aware of this but who knows.

I am not coloured, homosexual or have any disability, therefore you get overlooked.

There is respect for ethnicity, religion and beliefs in my workplace.

Community Services

Don't feel I've been treated less favourably but sometimes I feel uncomfortable when race and religion are discussed due to my own beliefs and ethnicity. People often don't think they are being racist or anti religious and don't realise they might be offensive because they are coming from a white British/non-religious viewpoint/background; they don't fully understand the implications of what they are saying. It makes it less likely to talk about your own views. You also feel judged like people will think you are a certain sort of person when you're not. More with religion than race, but I am mixed race and it is less obvious to people. Because of this they might be less guarded and say something racist without realising that I am not fully white British. I think people need to be more tolerant and understanding of people of different ethnicities, particularly where language is an issue. People are judged, and it assumes if there are language/communication/cultural differences that the person is awkward or assume it is their personality when a lot of the time it is misunderstanding then the relationship deteriorates and there is animosity on both sides. This can be really damaging if it is a manager-supervisee relationship.

The area I work in is predominantly Scottish, I feel my manager favours people who live closer to the Scottish border.

I think assumptions are made - have been made that are not always right. My experience has been with individual people not the organisation as a whole - in the same way that out of work some people make assumptions.

The team I work in would respect the views of anyone with a different belief or religion and/or ethnicity.

I have a belief that if a car is a necessity for my job, adequate free parking should be available to allow me to function efficiently; such beliefs can cause conflict with 'management.'

In previous employments I would never have been comfortable revealing my faith but in this Trust I feel much more supported in doing so.

People of other religion turn their nose up at my beliefs and I feel everyone should have their own beliefs and be able to discuss them openly without any discrimination.
I do not discuss my beliefs at work. However I do feel that if they were known then I would be treated differently.

As a practising Christian my faith is very important to me and whilst I do not bring attention to my faith colleagues are aware of my beliefs and respect my choices as I do theirs.

I do not discuss my ethnicity or religion or beliefs as these are private to me.

Anti Scottish remarks.

Come from London and therefore will always be considered an outsider. At times some members of staff just ignore me as I am not a 'local, born and bred'!

**Corporate Services**

It's fine, I can cope with it and if anything ever gets out of hand I have a fantastic person on site that I can always talk to or e-mail.

Yes - people of some ethnicity and religion are definitely treated more carefully than others - Lord help you if you are White, Male, heterosexual and Christian.

I think there is a bias toward staff of Muslim ethnicity I had a grievance taken against me because I questioned the amount of time being spent at prayer.

I'm frequently exposed to racist language.

**Estates and Facilities**

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**Medicine**

Bullying of 5-6 years duration.

White British are not given the same preferential treatment. i.e holiday leave or requested time off.

Do not fit into the right box.

The trust uses the diverse groups of people to help patients when it's needed and that can only be a positive thing.

I think those staff from different ethnic backgrounds are treat with more care and consideration than their white British colleagues.

**Other Services**

Some departments will only employ white British.

I think there is an element of people trying to be over careful due to being called a racist etc and in some cases I think can lead to a reversal of what is acceptable.

As I say so much emphasis on being seen to be fair and not using common sense.

I don’t tell people my religion as I have seen others treated differently because of their beliefs.
Beliefs - often if you do not agree with an opinion of a certain member of staff your working life can be made difficult for a short while until that person gets over it.

I've seen colleagues who have no problem with religious commitment issues or ethnicity.

Stop harping on about equality and diversity and religion it is 2011!

**Surgery**

Promotion is very indeed a very good example of this. Local people mostly got the post they applied for even though someone with a different ethnicity applied for the post who is more capable of the job. I myself have been discriminated against.

I am white but hear racist comments and remarks which I challenge.

Having to work EASTER which is THE MAIN event for Christians.

**Service Area Not Disclosed**

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5. **Disability Equality**

**Child Health**

The place where I work is not very accessible and so would cause difficulties for anyone wishing to work here who has mobility problems.

I have a disability and on a grass roots level I have not been made to feel less of a person as a result.

I have dyslexia and never once after interview has anyone asked me how I am coping or if I need help.

**Clinical Support**

This depends on the disability and where the person works.

I have a hearing disability and have been treated fairly, all equipment required has been ordered and is in place, but I worry about moving jobs as I feel my disability would cause problems.

Don't know any one who does have a disability in Berwick Infirmary.

I have no problems but don't know about others.

I have felt that I have had to constantly fight to continue to work.

I have a perception that in the area I work in there are no colleagues with any discernable disabilities.

I don't know of anyone employed with a disability.

I am covered by DDA but very little concession has been made for me.

You get pushed along in your career ahead of any able bodied person plus you get free car parking.
I believe the Trust tries to employ staff with disabilities where possible but sometimes this is difficult to accommodate and deliver the service.

Not able to comment re: disability per se but staff returning to work after surgery etc appear to be accommodated with lighter duties etc until they can resume their normal activities.

I do not know anyone in the workplace with disabilities.

You don’t see many disabled people around, but as long as they do the job required of them there’s no problem.

Suffered an injury. Was off for three months, then on light duties. It's an on-going long-term health problem for which I still receive treatment from a consultant. The way my manager and HR handled this problem was very heavy handed and poor hand has caused anxiety and stress. I feel I can no longer carry on in my post and as a result I am now leaving the trust.

**Community Services**

Merley Croft should really have a lift for wheelchair users.

I am not aware of any staff with disabilities.

I only know of one person with a visible disability that worked for the care trust and I don't know how many people with unseen disabilities are employed therefore how do I know if the organisation is good or not.

Not being disabled I can only answer that my building has good disabled access and a disabled toilet.

There is a lack of opportunities for people with learning disabilities within the organisation.

We do not see many of this type in the workplace - maybe due to the fact that fitness and stamina are required above and beyond that which physical disability can manage? - blindness, deafness - difficult maybe to imagine how these difficulties can be adequately adapted for to facilitate service to the public unless as a professional who has already adapted to the challenges in the hospital care situation?

I'm aware of people with physical disabilities/wheelchair users employed, and those that have support workers to help them in their job. Also- some recent job opportunities for people with learning disabilities, but they are temporary. One of the problems is the funding for the support needed in situ. I think the organisation would like to be able to employ more people with disabilities; it has to set an example to other businesses, but more ongoing support is needed, training for managers, particularly around mental health. Not just funding, practical issues re cover for sickness, work adjustments, management style etc.

Several obvious examples of how disabled staff are catered for, e.g. wheelchair users.

Not all buildings and facilities can accommodate disability.

Some staff are understanding and don't judge.

I am aware of circumstances where such members of staff have been well supported in terms of adaptations to either equipment or working arrangements to accommodate their needs.

There is always room for improvement.

Not very pro-active. Quite reluctant on return to work. Occ Health referrals often lean towards “fishing” exercises.
We do not have anybody with a disability, but I’m sure if we did they would be treated fairly. The only problem would be that we are in an office that is up a lot of stairs and there is no lift. Therefore it would need to be looked into if they were going to employ someone with a disability.

The nature of some of the facilities we have do not lend themselves to being completely accessible but there is increasing effort to engage with service users and staff who are disabled.

I have not had experience of working with anyone with a disability.

I haven't come across many people working in the organisation with a disability.

I am unaware of any members of staff with disability

Apart from some of the older buildings, wheelchair access is generally good and people with mental health problems are generally well supported by Occ Health and by policy guidance from HR.

I have a mild learning disability dyslexia and feel fully supported with this by both my line manager and team.

The type of work undertaken in certain departments can make it difficult for people with disabilities but every effort is made where possible.

Good reasonable adjustments made but could be more job carving and recruitment of people with learning disabilities.

There does not seem to be any prejudice in the organisation for people with a disability, and we also have a good policy to ensure that our buildings are DDA compliant.

I have diabetes, and back problems. Both of these conditions have been largely ignored by the organisation, until I made a fuss.

When enquiring with my line manager about consultant appointment I was told that according to our operations manager that I had to take flexi leave or annual leave to cover the time taken for the appointment. I initially thought that I was allowed up to 2 hours for consultant appointments and feel I have been penalised for having a condition that needs ongoing outpatient appointments as I have to use up my flexi leave.

Clients with learning disabilities unable to access jobs.

I have a long-term illness which can be, at times, debilitating. I have been offered assistance with all aspects of my work to enable me to do my job as I would want to which is to always give of my best.

I my current place of work it would be extremely difficult for a person with mobility issues to be accommodated.

I think the organisation takes every opportunity to engender a good working environment for people with any form of disability.

The organisation seem to have a good support system in place and everyone with some form of disability is given a risk assessment and equipment to support them.

I feel people that I know with a disability appear to be treated well and accommodated, I do feel people with a disability are under represented in my work place.

Organisation comes down heavy on people who have had any sick leave so therefore those with ongoing health problems are probably wary about divulging too much.
Sickness policy is not person centred and under the DDA it should be a more understanding procedure.

Not aware of anyone with a disability. Does this mean they are not employed here???

I myself have Asperger’s syndrome. Every effort was made when I started to put me at ease and help me find my feet.

Partially sighted man used to work on our reception. Had computer aids and brought guide dog in.

I find they try and discourage staff to stay employed.

Know several people with disabilities and sensible adjustments are made to accommodate them

I think there are examples where we have supported disabled staff well but also examples of where they have been treated badly.

One of my colleagues has learning disability and he fits in perfectly here, people give him more time and encourage his behaviour and work.

**Corporate Services**

Difficult to quantify as there are no disabled employees in this, or related departments.

I rate the Trust as very good, but not always individual managers etc.

There is a member of staff in my department with a disability and the department accommodates them very well.

Anyone who declares DDA on application gets an interview if they have minimum recommended qualifications.

Only make adjustment when someone happens to be employed or visits and points out there could be an issue.
Doors, counters, toilets, access, ramps, fire exits etc.
Good but I think it is good but could be better.

I am Dyslexic and informed them at interview. I have never had any reasonable adjustment because of this. I have been sat in the noisiest spot and my assessment shows this affects me greatly. I am lucky enough to have overcome my disability to an extent but am concerned for those who have not. My manager has never addressed the issue even when I have raised this and I know they know of it. No help was provided for an application for access to work. I would say that barriers to put in place the things I requested were put up. I have tried to get remote working which would make for a quieter environment. The managers have said not to apply. Because I am not being given the support I need and my managers seems to have no interest or understanding of my disability this often leads to errors in reports and my embarrassment.

**Estates and Facilities**

We do not work with disabled people so don’t know.

I’m 40% disabled but get treated the same.

**Medicine**

Staff are bullied with sickness review, threatened to loss their job when they call-in sick, and so you find people working even when they are not well enough.
My office is up 2 flights of stairs with no lift with no provision for someone with a physical disability.

Very good with minor disabilities but not very good when people are injured at work or in work time. Very unsympathetic.

Women from medical records expected to push very large containers of records.

It's very dependent on your manager / OSM.

Can't really comment - don't know of anyone with disabilities working in my area.

Automatic doors should be in force at all entrances.

Staff feel they have to come to work if they have been off sick more than once because of the policy of a meeting with management.

We have a staff member with a chronic health problem and she has been helped in various ways to ensure she can work effectively.

I have not seen many staff with open disability that you can see. But there are staff with hidden disability ie. Diabetes, Epilepsy.

My husband worked for this trust for eighteen year and when his epilepsy became uncontrolled the trust lacked understanding and compassion despite all the years service he had contributed.

Not heard of anything bad.

I don't know any people within my workplace with a disability.

Couldn't comment. I can assume we are good but without feedback from those with disability li cannot say for certain we are good.

The trust is good on the surface, with chairs etc. however, I have treated some of our employees and they seem to get a worse deal than many other people with time off for hospital and sickness reviews often appearing harsh.

The work ethic appears to be to get on with it at times.

I put average as I don't know how many and with what disability they have. I am considered disabled by the mental criteria of the DDA but would not tell anyone as they would discriminate in some way whether positively or negatively whereas I am fantastic at my job and that is that. They don't need to know that I have probs.

Our ward clerk has visual problems and all her needs have been met.

Having to explain why you can not do a certain task which you are following the guidelines of the trust policy.

The needs of able bodied staff are not given the same level of priority as staff with a disability although I feel certain members of staff exploit their disability to gain what they want

**Other Services**

Some HR staff are too fixated with policies and don't fully consider the disability/ implications of long-term illness.

Some good facilities for many staff employed staff with disabilities.
There should be a don't know button and I would have selected that. I am not registered disabled, but I do have a chronic illness, which means I have frequent hospital appointments. My manager is fine about this, but I know of other managers within my own department who wouldn't be. I think it is wrong that someone with a cold automatically receives sick pay, but I only get paid for my hospital appointments at my manager's discretion.

I am classed as disabled in my job and though my colleagues are sympathetic to this and it has little effect on how I do my job my organisation as a whole is most unhelpful and only seem to be interested in 'ticking boxes' and not in their employees as people,

I think the organisation does okay but is probably less experienced as there are not many of them and it depends upon the disability and that person.

I know a few people with various disabilities and they have been given specialist equipment and training in order to carry out their job.

Not all aids for disabilities suit people of over 'normal' height, ie, low coat hangers are often at eye level to taller people, door handles are similar etc.

I don't know because in my department there is only one person who could be counted as having a disability.

I'm not aware of many employees with disabilities so can't really comment.

There are a number of people I can think of with an obvious disability who are employed.

This trust is fairly tolerant of people with a disability.

Very rarely see a disabled member of staff in the hospital.

I often see conflict with supervisors and above trying to 'make reasonable adjustment' however the peers and teams can be resistant to this.

There are disabled people employed to make sure we achieve equality and diversity standards.

A lot of the toilets and corridors are not very wheelchair friendly.

Believe there is discrimination in the NHS, but it is so difficult to prove and little to no support when complaining, and people frightened to complain as worried about their jobs and future.

**Surgery**

Had a senior management job but was diagnosed with a disability. Was supported by OH but management said had to be able to lift all sorts of things. To cut a long story short I am now in a job I like but the way this was done was not good.

I don't really know any staff with a disability.

We support a number of staff who have physical difficulties, cannot work long hours, or who cannot do certain aspect of the job.

I am disabled and there are no benefits as senior management do not make adjustments.

Some areas, i.e. old buildings aren't built for it. i.e. Ash court.

Not sure as haven't really seen anyone with disabilities working in the Trust.
But to the detriment of staff with no disability.

There is no one I am aware of in my department with a disability.

**Service Area Not Disclosed**

Only 2 lifts either end of the hospital, parking is limited at south end so patients parking in main car park have a long way to go if disabled or on crutches to gain access to the Out Patients Department.

There are many different people with disabilities in our trust. The people I've met seem to be doing quite well and are very skilled.

6. **Carer Equality**

**Child Health**

Carer leave is available, but limited.

The flexibility when caring for family members seems to only extend to married partners.

**Clinical Support**

I have known people in this situation and the employer has been very supportive.

Sometimes difficult to run a service and cope with extra pressures from outside but the Trust does try.

Carers leave should be able to be taken if you need it and not just in some cases as it has so many reasons why you can not have it.

My injury is long-term and on-going and affects many aspects in my life yet the Trust does not recognise this health problem as a disability.

It has been difficult at times getting the point across about my disability and how it affects me in the workplace. The term "Reasonable adjustment" is open to extremely broad interpretation in relation to mental health issues. Some adjustments have been made but it has been a long drawn out process that required input from my health care professionals to achieve some adjustments.

**Community Services**

I know that the organisation has special carers leave, otherwise I have no experience of this.

Flexible working, high profile about carers needs, but still practical issues prevent a lot of carers working, or they end up leaving with stress.

Allowed to attend hospital appointments during working time.

Flexible working arrangements are in place but I don't know to what extent this truly meets the needs of carers.

I've put average but I don't really know how the organisation would respond to help employees in this situation. I would expect that it would be a good response.

Not sure the policy supports workers sufficiently who have to take unplanned time of to be a carer at short notice.
Know of people taking sick leave rather than carers' leave - or carers' leave being refused.

Staff often use sick leave for emergency caring, as carers leave refused.

Having been a carer working within the organisation (when we were a Care Trust) I was supported to continue at work as well as fulfilling my caring duties.

Before his death my husband's health was very poor and my manager allowed me to work around his GP/hospital appts.

Flexi must be taken to support family member, no carers leave is given.

The NCT policy on special leave for carer's and flexible working/flexi time works very well for carers. I have not yet seen the NHCFT policies around these areas.

Consideration around flexible working is high on the agenda for carers of young and old.

Absolutely disgusting! It is very difficult to get time when needed to deal with unexpected problems arising with my elderly dependent mother, you have to make-up any time taken. This is supposed to be a caring organisation.

Flexible working and carers leave support this.

Don't even know if it was noted down anywhere by management that I have caring responsibilities for my parents.

We have delivered care for a number of years to a high standard in many areas although there's always room to improve.

I work with staff who have dependants who have disabilities and who have been able to change working times etc to accommodate their care commitments.

I do not feel that the organisation would be open to flexible enough working for carers.

I am a carer for someone with a disability. When I asked for an arrangement to help me accompany them to their appointments that would me help me manage my everyday stress, I was provided with an arrangement that led to more difficulties and stress. When I have discussed my role as a carer I have been offered any support, this - in combination with work related stresses - led to me being unable to work for several months due to depression.

Not very sympathetic to carers of children.

I have no reason to think that those employees who are Carers are treated any less favourably as myself.

I am a carer and have had no favourable treatment. I'm just like any other employee so the question is irrelevant.

It is often difficult to achieve an effective work life balance and the organisation needs to accommodate this more e.g. work patterns and bases closer to home for carers.

I have regular carers assessments by the former care trust and one of the problems discussed every time is my employer, the former care trust!!

Flexible working supports carers in their role.

Good flexible working arrangements in place.
We look to engage these opportunities.

**Corporate Services**

Changes to flexible working have made short-notice requirements difficult.

If you do NOT have a visible disability then some people are quite judgemental and do not always understand and can become quite intolerant of you.

I don't know anybody who is a carer of someone with a disability but I know the organisation to be accommodating of this.

The organisation is accommodating to help staff.

I think the overall perception is positive, but I have no first hand experience.

Not aware of specific training for staff to care for people with disability. This should include all types and grades of staff.

**Estates and Facilities**

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**Medicine**

There is no flexibility with working hours. What the trust requires always takes priority. There is no understanding of what individuals may be facing in their personal life and no support or encouragement to say 'well actually you are giving it your all and we appreciate that'. You are not treated as an individual. We are robots.

Again, it's very dependant on your manager / OSM.

I can only comment on personal experience and say that my managers are understanding if I need time to take my 90 year old mother anywhere, hospital appointments, etc.

The facilities in Northumbria are not disability compliant.

Access for wheelchair uses is poor regarding the paths around the hospital.

One member of staff is a carer and needs to take time off occasionally and our manager is understanding.

Not sure how I would know if someone was a carer. Support though HR policies and Occ Health exists so assume would be good.

There is very little consideration given to the ward I work on actually being mental health. Our staffing ratio is the same as a general ward. We could only have half a dozen patients but these patients could all be highly aggressive. Very often staff numbers are far from adequate for the safety of both patient and staff.

Off duty requests limited severely.

Difficult to get carers leave.

I don't know anyone in my workplace who is a carer of someone with a disability.
Imagine it depends on your role within this organisation, I think the trust may be considerate up to a point but as it often boils down to the discretion of each line manager then there will be differences.

Flexible working is becoming very difficult. Carers leave is two weeks and so if you need more time off this eats into annual leave. However as not someone who has a loved one with a disability I cannot say my answer is correct.

Sickness policies are overly harsh if someone has had a period of time off, whether they have a long term illness or not. Also, not all appointments are considered appropriate for time off work, yet we know that we don’t provide an ‘out of hours’ service!

Individuals try to work around needs.

Carers leave is minimal if there are ongoing issues. I’ve been lucky and have been able to take impromptu holiday hrs to cover along side the carers leave.

Other Services

As so many policies use the phrase "manager’s discretion", how can you be sure that people are treated fairly?

I applied for v time to help my mother, whom, not suffering from a physical disability, but needing extra help after my father's recent death and was refused.

It depends on your manager and again if your face fits.

No lift to the dining room which is upstairs.

Have no knowledge of this, I think it would depend on the department & manager.

I've met employees who struggle to gain respect of their managers because they have other commitments.

I care for my disabled mother on a weekend and I know if a shift change comes in and they bring weekend working in I won’t be considered and made to work.

I was a carer for 2.5 years, employer very accommodating re shift patterns.

The problem is that individuals can expect greater support than an employer (or a small team) can offer. Expectations vary hugely and this type of information is not shared.

Sometimes the rigidity of the system makes it difficult to change shifts in order to meet the needs of constant hospital appointments etc though we try to accommodate where we can.

My manager was extremely supportive when I was a carer, however, I feel that the amount of carer and bereavement leave I was entitled to could be more generous.

Surgery

I look after my mother and father as they are elderly with multiple co-morbidities and when I need to go to a clinic etc I have been able to take annual leave to accommodate.

I currently care for a sick husband and an elderly mother. I have to use all my annual leave to take them to hospital appts or when they are admitted.
If a person needed to make changes to their work pattern is a difficult process and can take a very long time to arrange.

Accommodating and understanding to personal needs.

Nobody ever asks if you are a carer or have problems until you raise it as an issue.

Family friendly begins and ends with the needs of those with young children.

**Service Area Not Disclosed**

For 2 years managed someone with a disability tried to get support for them did not happen - person ended up having a crisis resulted in them having their job terminated.

### 7. Disability/Carer Treatment

**Child Health**

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**Clinical Support**

Have been very helpful in providing equipment to limit the effect of the disability on my ability to do my job.

I have had bullying comments from colleagues who think if you are not able to physically perform every aspect of the job even though covered by the disability at work act you should not be in the job.

Still expected to work in an environment that does not have very suitable facilities to suit me (toilets)

Unable to do all shift patterns.

I experienced not much sympathy and after I was told the department could not carry me any longer on light duties I was expected to carry out all duties in my job description or face re-deployment. Yet, other people within the department who have health problems are treated differently and provisions are made.

**Community Services**

I have not informed my employer regarding my caring responsibility as it does not impact on my working day.

Don’t tell manager of my role as I think it would not be supported.

My manager didn’t believe me until I produced hospital letter.

Feel very supported.

Return to work was delayed as manager was "unsure" (without any evidence) about my ability to return.

Assumptions made.

Generally people are ok but sometimes remarks are made which are offensive.
I have had comments made about how slow I am on the computer, with no consideration given to the fact that since I have lost a significant amount of usage in my right arm due to a RTA, I have to use the mouse left handed now which does make me clumsy and slow, as I am in a period of adjustment.

Managers have always supported staff in this team with caring responsibilities.

Time away from work can be an issue.

My caring responsibilities do not or ever have interfered with my work.

Average. Don't receive any special treatment.

Little sympathy shown for childcare requirements as I am a single parent, i.e. when urgent situations arise.

Because my disability cannot seen (I am partially deaf) it is ignored. I am usually last to find out what is happening because the organisation is very bad at passing on information from meetings other than by chatting about them. Obviously I don't hear what is being said unless the person is next to my desk.

Despite its policies the trust does nothing to support me in my role as a carer.

I feel that some staff feel that although I look physically well when I say I'm not well they believe I'm putting it on, even though I come to work with extreme pain to prevent my being labelled as in the sick role.

Disability not taken into account on a day to day basis and expectations of abilities rise with the demands of the service.

Team staff most unhelpful regarding diabetes, as well as Team Manager.

I have MS and have found managers & staff to be extremely helpful & accommodating of my condition.

I have been excellently treated on my phased return to work after ankle surgery also the provision of a bespoke chair was very quick and efficient service which I benefit from on a daily basis.

It's not taken into consideration. Hospital appointments take longer than the two hours allowed for flexi-time so I end up owing time that can be difficult to make up due to care commitments.

Have a hearing loss and therefore some staff treat me like I am stupid or just ignore me.

Look after relative of 86 with arthritis and agoraphobia.

I have to use my days off to take my husband to his regular hospital appointments and because it is a problem that has been ongoing for 2 yrs now I feel my manager is less supportive to the point I don't tell her of my difficulties any more.

There is too be thought and natural adjustments made too help but there is not the attitude is if you cant manage you shouldn’t be doing the job.

My manager allows me a good work life balance.

Corporate Services

Staff with young children are treated more favourably than those with carer responsibilities (short notice/paid time off etc.)
I'm not sure as some managers/staff are tolerant and understanding, and other managers/staff pretend to be tolerant and understanding but slag you off to other members of staff, which normally gets back to your ears and therefore you know that you can't go to this manager with any problems that you have - I suppose you learn through your mistakes.

Not treated differently by most people, my line Manager has been excellent with regard to my disability. However, there is a lack of awareness/understanding among some people. I think disability and deaf awareness training would help. (I have received this at other organisations where I have worked and it really made a difference).

**Estates and Facilities**

Never ask how I am.

**Medicine**

I had a terrible experience when I was last off for my disability - my manager wrote incorrect / inaccurate information on my return to work - I felt my illness was being turned into something it wasn't - i.e. I was off due to my disability and for no other reason.

I had health issues and was on sick and because of my sick time. My manager stopped my 3 long days. My disability had not caused my sickness and I worked ok as this had been my working life. I eventually was able to have one long day which was help to me but stressful and spiteful situation to be put in the 1st place.

Only in as much as there is no leeway with shift patterns or the area you work in etc. As stated before, you are either fit or unfit for work.

I don't allow my home responsibilities to impact on my work commitments.

It does not effect my work.

Managers don't give any leeway or flexibility to the stress you are under outside of the workplace they only appear to care about work.

It sometimes impacts on my work but I have always been met with empathy and not negatively.

I was told off a ward manager that because I could not do the task they had asked me to do that I should not be in the job this got me quite upset. I found I had to defend myself also I had no one to talk too about what happened.

**Other Services**

Still "trigger" on sickness review despite deemed as an acceptable level of absence by occ health doctor and GP for a chronic illness.

People don't always make a point of including me in with their conversations as they have to repeat things. I am sometimes forgotten or (people finish my sentences for me assuming I have heard fully what has been said) It can be frustrating and I do tell people I have hearing problems. People talk to you with their backs to you or cover their faces during discussions so you cannot hear or see or be involved with discussions.

I don't think people with chronic illnesses are necessarily treated fairly. I would like to see a clear policy on hospital appointments. Without the treatment I receive for rheumatoid arthritis, I would be unable to work at all.

I don't think they realise that my medical problem causes me other symptoms where I can been rather poorly.
I am treated very well by my manager and my colleagues however as stated previously my organisation as a whole does not have a caring attitude towards disabled employees - in my own experience.

As I work part-time I often feel 'left out of the loop' or overlooked by fellow staff and that some feel that I should make myself constantly available for any overtime needed by the department 'she can do it- she does nothing else on those days'.

Policies make it difficult to work without continually worrying about the future, i.e. taking sick time and receiving very threatening letters saying 'your employment may be terminated' very little empathy from senior managers, don’t seem to care.

**Surgery**

People know I have difficulty at times walking. I may look ok but I do have difficulties as my x-rays attest to. To be asked to lift things which I cannot do does make me feel a bit inadequate.

As a parent of a school aged child who had to be off school whilst ill, I was refused time off on parent leave. Manager was non receptive to my situation and would not give me the time off.

I did whilst I was under my previous manager but since I changed departments I feel well treated and supported.

Only when it comes to off duty.

Comments and sarcastic remarks, mainly by managers. Other staff complaining my disability stresses them. HR making me feel responsible even when mistakes at work have put my life at risk. Have had my career threatened, completely inappropriate treatment by management and some colleagues. Had to get union involved. All extremely stressful and avoidable. Trust had made serious error not me!

Work home life balance good, and have good support from line manager.

**Service Area Not Disclosed**

I myself have Asperger’s syndrome and everyone was been very patient and considerate to my needs until I got used to the working environment.

8. **Reasonable Adjustments**

**Child Health**

Family friendly still only means care of children. The new e-rostering system has created a reduction in already reduced moral.

**Clinical Support**

Telephone equipment supplied.

Provided stands, rest periods.

Allowed to leave night-shift rota as was damaging my health.

Some adjustments have been made but not really significant to make a real difference and feel ultimately I will probably have to leave as no offer of retraining even though discussed has been actioned.
I need reasonable toilets. It has been suggested that I use another department's facilities, and I feel embarrassed to have to do this.

I need to take annual leave to attend any hospital appointment as a carer while other staff can access flexible working.

I work most weekends so that I can be there in the week for my son.

The department feels it cannot make adjustments to help me carry out my post. My manager took an "all or nothing" approach. I recognise I may not be able to carry out all aspects of my job but feel that I could still make a significant contribution. Also, adjustments are made for others with health problems within the department. I felt I was clearly at a disadvantage and that equality and diversity policy could be applied.

**Community Services**

Part-time hours.

Allowed to attend hospital appointments to ensure I'm staying healthy.

Management are not very caring when it comes to having time off to look after family especially children (teenagers).

Very grudgingly.

Do not work out of normal working hours. Adjustments to meetings etc to accommodate my disability.

Equipment co-purchased with Access to Work.

This was delayed, as manager was "unsure" about my return to work - contrary to medical reports.

Some but not all have been carried out. When equipments failed it can take months for it to be replaced.

Yes and no. Have to take annual leave to take parents to hospital appointments. What happens when this is gone?

Flexi time introduced rather than set working hours.

Adaptations to desk, seat & keyboard.

I am not allowed to inject my insulin at my desk. I have recently had a proper chair delivered after two and a half years wait.

Yes I have been to Occupational Health following a period of long term sickness & was able to come back on phased return. I have also been given specialist equipment ie mouse, chair etc to help with my condition.

When enquiring about time for consultant appointments I was told that I would have to take flexi which I feel is discriminating against me forcing me to take flexi leave for something that is a health condition and I can not change.

I have been offered a workstation assessment and have received some of the aids/equipment recommended in addition to increased support from Admin staff. Team Manager has been extremely supportive and has suggested/instigated many of the changes.

No adjustments needed most of the time but when they are I access carers leave just like every other employee.

Allowed time required to take family to appointment.
Child with a disability but no consideration given to this.

Have a pager to tell me when phone is ringing or door bell goes. Special phones for the hard of hearing.

**Corporate Services**

Whenever possible I fulfil my responsibilities outside of working hours.

I care for 3 people outside of work and no that it has been frowned on by my manager in the past to take time off to look after any of them, I have tended to take holidays or flexi time for this and then I'm not upsetting anyone.

I have an adapted telephone and a colleague writes minutes several times a year for a meeting that I attend (this was in my job description so was adjusted).

**Estates and facilities**

I have a twisted lower spine and still have not received a new car to support it.

**Medicine**

Junior member of staff to help minimize amount of walking to collect notes.

BPD suffer no amendments made due to bank staff status.

I care for my elderly father, other than accommodating annual leave to fit in with hospital appointments I have no other requirements at present. However, confident I would receive every support needed if necessary.

No adjustments needed yet but I'm sure my managers would be helpful.

Unforeseen circumstances led to me having to collect my disabled mother from hospital - I was advised to take a days annual leave. I was not allowed to have as carers/compassionate leave.

It is not relevant now, but when I worked in respiratory care, no allowance was given for the fact I am partially deaf and therefore struggle to use a stethoscope.

I do not work night shift.

I know for a fact that after doing a 3 month stint in another area, I was able to greatly reduce painkillers but I am constantly told I am unable to be moved to this area.

I asked fro reduction in my working hours and it didn’t come to effect for six months.

Requested flexible working to facilitate caring for husband – granted - but then relocated due to ward closure. Flexible working not carried to new post.

The only adjustments I need is that I can not put anyone in the bath I can shower them. This is following the guidelines for health and safety.

Shift patterns have been changed therefore I lost my half day which I used to care for elderly parents. I worked 4 x8hr shift with half day. Now I have to work 5x7half shifts with no half day which lessens my own time off by one whole day as I used to see to my parents on the half day leaving me 2 whole days off now I just have one day off.
Other Services

I have been seated in a more suitable position. I was placed with my back against everyone with printing equipment constantly working. I was totally shut off.

Reasonable adjustments were made but it was a very stressful process and I felt like I had to 'fight' for the right to access the necessary equipment (a chair) to enable me to stay in employment. I was not classed as disabled until after 17 years service with the same organisation and as such felt I was treated abysmally.

Changed to part-time.

Very accommodating re off-duty.

Arguably very little done but line manager does try their best.

Surgery

The adjustments I have organised myself with the help of the OH department.

Occasionally I need extra flexibility in my working hours/days but rarely receive this.

Have always had to ask and keep checking things are done properly. Trust aware and given all information about disability before appointment but appear to have hoped I wasn't as bad as I said I was. I feel less safe at work than I did and do not feel supported if I was to be unwell due to management procedures. I do feel there are staff who would prefer me not to work here as it would be less hassle. I manage to work fulltime and accommodate my own disability well and it does not need to be a big issue.

Sickness is reviewed and my need is taken into account.

May need to leave work at urgent short notice due to husband with mental health problems who is often suicidal.

Allowed to take child for extra care on Mondays, and then return to make up extra hours.

Service Area Not Disclosed

Was given the option to reduce my hours of work to care for elderly parents.

9. Further Comments/Suggestions

Child Health

There is a culture of no communication or at least poor communication from managers and just letting employee know.

More support should be provided to sexual discrimination against pregnant women and parents and managers should know that they are not allowed to treat differently or hold grudges to people returning from maternity leave, or able to make them feel like they should have more children. This is a training issue as this could have gone down the grievance route.

I still think that despite all legislation certain roles are filled by staff who know someone in that department and have been given the 'nod'.
A bit of flexibility and thought for staff who have responsibilities for dependants who do not have a disability would be appreciated.

We are asked for our views, but I feel that this is a paper exercise and front line staff cannot innovate change.

**Clinical Support**

It's all very PC! Everyone is equal in my eyes so why do we need this sort of thing - its tends to lead to discrimination I think.

I think disability within this trust is seen as a negative and feel I am viewed as someone who does not contribute because of this.

As you can tell, I am not happy in my work place. This has happened over approx 1 year of changes being made to work/life balance. No recruitment. More work, more pressure to fulfil targets which are ok on paper, but are compromising patient and staff safety. The NHS cannot continue to work this way. There will be clinical accidents.

Policies that protected people like parents have disappeared. can be interpreted as the right to have a family, but then no rights (managers discretion) after you have a family. Not easy with varied commitments to the workplace and subsequent childcare issues. Current childcare limited to certain hours only.

Several staff I work with have anxieties and frustrations regarding the number of miles they are now required to travel to cover different sites within the trust, with no extra time for travel etc given. This has a massive impact on our work life balance and our earnings have dropped as a result of having to cover costs of more petrol and changing childcare due to requirements to change site of work.

Managers need to be in the real world all the care about is sop etc.

When my father was alive I worked for the trust. Unfortunately I had to do a lot of caring for him-I felt I had no support so found employment else where. When my father died I came back to the trust to work as I do like working here - WE THE TRUST AS A WHOLE do need to assist staff who do have these unexpected commitments both emotionally and in role adjustments.

The trust is loosing a member of staff with almost seven years of experience due to above mentioned problems. I believe the matter could have been dealt with in much more sympathetic and professional manner in which case I would not have resigned my post. I found the heavy-handedness with which this case was handled totally out of proportion considering my sickness record has been very good until I suffered the injury. It was not my fault that I was injured. It was an accident and I am still suffering the consequences in the shape of pain which I may have for the rest of my life. From the policies it is not very clear who I could appeal to. I felt totally left alone and at the mercy of my departmental manager and an HR manager, none of whom have been helpful.

To make managers aware that employees who have caring responsibilities are often unable to take changes to rotas and shift patterns at short notice. Days off work are also very important to help the carer maintain their home/work life balance.

**Community Services**

E&D training should be 2hours long at least

I think your survey omits recognition of transgender people which does not seem very diverse.
There is discrimination against people who are profoundly deaf and are accessing day services and respite within Northumberland. We do not provide staff who are adequately trained for these people to communicate so they feel very isolated, lonely within these services

Possibly looking at folk who have suffered from depression as a possible suitable employee to help others in some way in the health care environment - whether by admin or direct contact? Welcoming voluntary workers from the local community mental health service contact...

Management style is one of the biggest influences on health and well-being, and equality and diversity. Supportive, understanding managers, good leadership are all important. Sadly this varies considerably across the organisation. Training helps but sometimes you feel all the training in the world wouldn't make a difference- it's down to personality. There are some seriously messed up managers here.

The org takes the above issues seriously.

As we have only recently joined Northumbria health care trust, there will be aspects of the organisation which will become more apparent with time.

Sometimes I think there is a culture to think too much about this topic. Surely as an organisation we should think - treat everyone with respect and kindness and don't look for anything more complicated.

Unsure of the new organisations stance as too early assume it will follow national guidelines.

If someone has a disability i.e. staff, give other staff information i.e. training (in house).

It is incumbent upon the individual to access support/technical help and that can be very frustrating and time consuming.

Consult.

Higher management need to listen to workers!!!!

The organisation does not respect staff as individuals, we are treated like a 'number'.

We could be more explicit in our support and encouragement of members of the workforce who are in a minority group through explicit recruitment statements, training programmes for managers and for staff on key equality issues e.g. Gypsy, Roma Travellers, Lesbian, gay & Bisexual.

I would like managers to be aware of just how difficult it is to come to terms with a substantial disability and be sensitive to the fact.

Staff with more experience should be offered promotion first before older less experienced staff.

I hope that the good policies and supportive work of NCT is not destroyed now we have moved into NHCF.

I think as someone who has epilepsy when I've been off work, to have to visit occ. health is a waste of time as I feel my service at work is of more use.

Consider where job carving may be appropriate to support recruitment and retention of a broader range of people e.g. people on the autistic spectrum, recovering from mental ill health, older people, people with physical or learning disabilities.

Possibility of some kind of special leave for caring duties at times.
I witness bullying and harassment on a regular basis in my work but do not feel comfortable to address it.

I am classed as being disabled as I have rheumatoid arthritis which is triggered by stress. My team manager is aware of this, however due to the culture of work in the team I feel that it is not recognised that pressure and stress could cause problems. I also have an issue regarding whether I should be ticking to say I am disabled on my return to work forms after sickness. I have highlighted to my manager that I should be as I have a long term chronic illness but he is not so sure. I feel that managers and team leaders should be made more aware of protocols for disabled staff (especially where it is not a disability you can physically see) so that we are not constantly having to query and highlight our concerns.

I feel that the Trust do not follow their flexible working policy and that they try to give the impression of being fair and accommodating but I feel that in practice they are not.

Need for all staff no matter what their status within the organisation to be kept fully informed.

As there are employees with hidden disabilities that either are not recognised or are not shared a general suggestion of a who’s who list for our own organisation and partner organisations. Knowing who does what including who to contact for advice would reduce anxieties, save time and offer clear communication within the services. Sometimes a department or job title does not tell you what someone does or is responsible for.

Improve managements’ attitude to Males with child caring duties.

I think that team building exercises should be offered to all teams instead of, as recently happened, one team having their own team building day. I feel that my Office Manager shows clear favouritism and find that there are different rules set for different members of staff. I feel that all members of staff should be made to abide by the same rules and no favouritism should be shown.

The organisation states that it is open to flexible working opportunities to accommodate employer’s needs but I have found this to be very untrue.

The trust should give its managers more discretion to accommodate the needs of carers, in ways that do not add to their stress. Whilst my line manager tried to be supportive she was restricted in her options by the organisation and its policies, which are generally inflexible. For instance it can require a lot of stressful discussions to access carer’s leave.

Many offices are almost fully staffed by women, they need to think about their generalisations about men and gay men in the organisation.

Yes. Reduce the pressures of staff with mental health or physical health problems that have caused long absences by not having the same expectations of them as a matter of pressure to meet targets.

Communicate.

From a personal perspective I would just say keep on as you are although there is always room for improvements and change. Keep change positive, keep employees informed, keep on valuing the workforce and letting them know their value and worth.

It would be useful for employers/interviewing managers to have an awareness of the resources available to people with disabilities to support them in work. My experience has been that it has been up to me to enlighten them about these. If they had this knowledge it would minimize the possibility of prejudice in this area.

An acknowledgement that working at home would sometimes be appropriate. Flexible arrangements exist but are not always readily available.
More flexibility in work time.

I am hard of hearing not stupid.

Yes management have to manage sickness at work, but there is a difference between unavoidable sick leave and casual days sick following a pattern - yet all are treat the same.

**Corporate Services**

More flexibility in working hours for emergencies.

I am very lucky that I have a Deputy Director to talk to, but if I didn't have that person then I would feel quite alone with my problems. I do feel really sorry for other people in mine or similar situations who have no-one and are frightened of repercussions.

I feel strongly that there should be equality & diversity training for all staff - I don't recall this being covered at induction and I have not received this in the 2 years that I have worked here.

Look at Carers leave.

Reasonable adjustments - the needs of physically disabled people e.g. wheelchair users are more obvious than those with "hidden disabilities" and are often better catered for. Those with "hidden" ie mental health problems can have some specific individual problems and it can be difficult to make that point within the Trust.

For senior staff to be aware that when carers leave is taken for children's sickness, it may well be sometimes on a Monday after a child has been poorly and staff should not be made to feel that it is an excuse.

You need to ask disabled people how we could improve before making any changes. Education, training and a culture shift is important. We need some disable people employed in Trust management and to sit on interview panels.

**Estates and Facilities**

In my experience managers display unprofessional behaviour regarding personal issues.

**Medicine**

Treat individuals with respect. Encourage mutual respect of colleagues. Work as a team with understanding and dignity. This needs to come from the top down. Leaders are crucial in this. Employ caring people with 'people' skills. Don't forget people are human.

Sickness review situations are all different and cannot be treated the same. The trust has no compassion when people have serious illnesses or death of partners.

Trust to take more interest in mental illness.

I think it is a Human Right to attend Doctor/Dentist/Hospital appointments without the need to fill out numerous forms etc and take time of our own. What happened to the discretion of managers in such cases. As a girl who travels from Gateshead to work here I find it annoying that I need to take flexi time to attend appointments etc at my own GP's.

Management should listen more to staff and try and meet them halfway. There should be 3 monthly meetings with staff to raise issues/address problems.
Limited progression opportunities for Admin and Clerical staff, particularly young people. The internal management programmes are not fair or inclusive, and provide equality of opportunity for all employees.

Complete lack of flexible working lives exists in physio depending on which site. Also lack of understanding from some management this does affect those with chronic illness and carers.

Consistency - seems certain members of staff get the holidays they want days off as carers leave whilst others are told no or not possible. Rules and policies should be applied to all members of staff.

I think we need to be more aware of religious beliefs and the impact on staff.

Mediation may of helped in the beginning before grievance was lodged.

Please start recognising that staff age too! A lot of the wear and tear nursing staff suffer from is caused by the job! When I started in this job almost 24 years ago we were taught to lift patients single handedly using methods that are completely illegal today. No wonder we have ended up in this position. I believe that in years to come, nurses may well be suing the health service just like the vibration white finger etc cases in other industries are today.

Everyone should be treated equally; I know that this is not politically correct, but in this country the majority appeared to be those who are treated differently. They are mistreated are there are no laws to protect them.

Very poor in relation to flexible working hours for childcare. I feel victimised and that problems I face covering childcare are completely ignored and alternative working hours are not even considered however if I was of another ethnic or religious minority the trust would do its up most so they would not be seen to be racist.

We are about to go to a 9-5pm service which doesn't fit in with some peoples child care responsibilities.

I think we need to understand the NHS workforce better and the grass roots. We are often kept in the dark and expected just to accept everything that is thrown to us when it has a major impact on both the professional personally and the service they work in making a lot of people very unhappy. Happy and fulfilled staff doing a job they enjoy= happy patients, unhappy/dissatisfied staff=unhappy patients. Sometimes things are done without what appears to be any rhyme or reason RESULTING IN WHAT IS A LOWERING OF STANDARDS.

Do not change established work patterns and shifts without consultation and negotiation with staff.

Depends on the manager if ward based and their knowledge.

I would like people to understand and ward mangers not to be judgemental.

This survey only focuses on certain aspects of diversity would suggest in future you also consider other areas such as the impact of social class, public education etc and also areas such differing expectations on those staff who do or do not have children.

Other Services

I understand the importance of having policies in place but there also needs to be consideration of the individual and their individual needs.

Please consider that we are human and we are not being awkward we just want to do well at what we do but need a little consideration sometimes. Don’t forget us!!! We are here!!

You shouldn't assume that only registered disabled employees need any special consideration.
Staff with long service should be valued with or without a disability.

Sometimes people who have no disabilities are heterosexual with no children feel discriminated against as they are always made to give way and accommodate others.

Not about caring for someone with disabilities but I think managers to do more to be more understanding when people with young children have to take time off when they're sick to look after them. My husband in London 5 days a week and I have no family in the area to help - I worry even when my child develops a cough in case it develops into an infection meaning I have to call work and say I can't come in.

I think the trust should have a more lenient view of people time wasting and the things I’ve mentioned above. I think there should be an anonymous service where we can tell someone if we feel someone is wasting time and nhs money.

Yes, for managers to be more considerate and realise that there is more to life than work. This is not a caring Trust. If you are not of ethnic minority or homosexual you are, in my opinion discriminated against.

Whether someone has a disability or not, as long as they are able to do the job they are employed to do there should be no problems, and maybe there should be trial periods with no obligation to offer employment should things not work out.

Having to shortlist any disabled applicant for job vacancies can be difficult as the quality of form may be very poor when there are many more applicants very deserving of short listing.

The Trust has to continue with upholding their equality/diversity etc policies. Interpreting services(in person) should be improved for the Berwick area-Very good telephone interpreting services.

With ageing population more staff will become carers of elderly relatives & this will become more of an issue for many of us.

I feel I could be discriminated against when applying for jobs because I am white European as government insists there should be a quota of ethnic minority employed.

Sharing good case studies of how we deal with these issues in NHCFT to assist managers with a consistency and fairness.

Please develop your staff instead of letting them languish and become more deskillled and de motivated year on year.

Re equality I do feel that nurses and midwives are grievously underpaid compared to management, HR, finance, etc. The recent advertising of 2 procurement officers jobs on a band 7 was insulting to trained, professional staff who are stressed and overworked.

Surgery

Carers a hidden problem in the trust as nobody ever asks about it.

Applying for a promotion is too hard because of skin colour. I wish people, especially managers, will look onto this as there are people who are very talented and highly skilled rather than those people who got the promotion. They only know how to talk a lot but they do their job inaccurately.
It would be helpful for managers to realise that most people do genuinely try their best to help where they can. People may look "Normal" but can have underlying difficulties and their confidence can go down when they are asked to do things which they cannot do. I will be retiring earlier than I would have wished.

I am sure that ticking all the boxes above will give you some information but actually it is the behaviour of individual people in managerial positions that causes the problem. It boils down to respect and courtesy which is sadly missing.

I keep trying to get the message across and feel that it is unacceptable that staff with a disability should be made to feel a burden. This may be about further training. In my experience people with the wrong attitude do not respond well to training and often see it as a waste of time. Interestingly these are often the same staff who are racist, homophobic..... I think making sure Trust policy is implemented would be good.

I work full time no sick record but often when filling in forms etc have to tick disability. Query a variant on questions re med problems i.e. how they affect you.

There comes a point when we bend over backwards for people with physical problems/health problems and this has an impact on the rest of a very small team.

More support to staff when patients are abusing them. No back up whatsoever. It's disgusting.

Positive discrimination for those with a disability is the same as negative discrimination to those without. Everyone should just be judged on their ability to do the job.

Try to ensure staff complaints are seen through correctly, I am aware a member of staff has made a complaint about another, and it was thrown out and put to a personal "grudge". I may be making some complaints of my own in the near future and would not like my complaint to be thrown out.

Service Area Not Disclosed

I feel very strongly that requesting information about ethnicity, age, gender or sexual preference is totally inappropriate. In this climate of legislation, policies and political correctness it discriminates against those who do not fit into these "boxes" and is creating tensions. We only need to look at who is fit and capable of carrying out the job.

Although everyone I know is generally respectful and supportive about those with disabilities it might be helpful to hold more refresher courses in order that people learn more about specific conditions and needs of individual.