Lagom. STRATEGY

Equality, Diversity and Inclusion in the Healthcare Science Workforce

Health Education England (on behalf of the Chief Scientific Officer's Office)

Version: 1.0

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1. User research overview

1.1. Executive summary

An Equality, Diversity and Inclusion (EDI) Healthcare Science Survey was carried out and launched between November and December 2020. The focus of the survey was to gain lived experiences of NHS healthcare Science workforce.

The analysis of the Equality, Diversity and Inclusion in Healthcare Science workforce survey was conducted by Lagom Strategy between June and July 2021.

The survey focused on the experiences of healthcare science staff working in the NHS.

Respondents from across the healthcare science workforce were asked about a number of topics, including recruitment, leadership, and health and wellbeing.

Respondents indicated that healthcare science lacks visibility as a profession, particularly when compared to other professions in the NHS such as medicine and nursing. As well as this, the survey responses gave some insight into the impact of the Covid-19 pandemic on healthcare science.

The analysis also explored differences in respondents' experiences across a range of protected characteristics, and found that bias and discrimination are present in healthcare science in different ways. While respondents suggested a range of methods for addressing these issues, responses from a small number of people indicate that there is likely to be some level of resistance to this.

The key research findings of this report are organised by the following themes:

- 3.1. Overarching findings

- 3.2. Pipeline
- 3.3. Recruitment
- 3.4. Retention
- 3.5. Leadership
- 3.6. Risk assessments
- 3.7. Health and wellbeing

Where relevant, the report also calls attention to findings or sentiments that have been expressed by people with one or more protected characteristics.

1.2. Research goals

The following goals were agreed with the team:

- Understand the range of healthcare science respondents who completed the survey compared to the actual healthcare science population. Are the survey respondents reflective of the actual healthcare science population in the following protected groups?
  - Age
  - Gender
  - Disability
  - Sexual orientation
  - Ethnicity
  - Parental/caring responsibilities
- Understand the experience of the healthcare science workforce across the specific healthcare science specialisms.

  N.B. Some specific specialisms may be too small and under-represented in the sample to be able to analyse them

separately so may need to be analysed at the wider theme level e.g. Life Sciences

- Understand their work experiences around:
  - Pipeline
  - Recruitment
  - Retention
  - Leadership
  - Health and Wellbeing
- Understand the experience of the healthcare science workforce across area/region of employment.
- Understand any differences in their experiences (in the above) across age, gender, disability, sexual orientation, ethnicity and parental/caring responsibilities
- Uncover the themes around how to overcome any barriers faced by the protected groups.

1.3. Project team

1.3.1. Lagom Strategy

- Dr Helen Taylor - Quantitative User Researcher
- Dr Charlotte Jais - Qualitative User Researcher
- Stephen Hale - Quality Assurance

1.3.2. Health Education England

- Stuart Sutherland - Head of Digital, National School of Healthcare Science

1.3.3. Healthcare Science Equality, Diversity and Inclusion Workforce Group

- Jagjit Sethi - Regional Chief Healthcare Scientist, East of England
- Peter Bill - Regional Chief Healthcare Scientist, West Midlands
- Claire Greaves - Regional Chief Healthcare Scientist , East Midlands
- Robert Farley - Head of Medical Physics and Engineering at Leeds Teaching Hospitals NHS Trust
- Shajia Shahid - Trainee Clinical Scientist- Neurophysiology, Worcestershire Acute Hospital NHS Trust
- Chanelle Peters - Chair of Equality, Diversity & Inclusion Committee National School of Healthcare Science
- Joanna Nightingale - Scientific and Workforce Programme Lead, Office of the Chief Scientific Officer

1.4. Background to this research

The Chief Scientific Officer's (CSO) Office ran a review of the Equality, Diversity and Inclusion framework and the NHS staff survey to look specifically at the healthcare science workforce. Due to the workforce options in the NHS staff survey they were unable to review healthcare science specific responses.

From November to December 2020, the CSO’s Office ran a large online survey about equality and diversity in the healthcare science workforce.

569 healthcare science staff completed the survey, which was approximately 100 questions - a mixture of quantitative and qualitative questions. It was estimated that the survey

respondents make up approximately 1% of the healthcare science workforce.

Health Education England (on behalf of the Chief Scientific Officer's Office) engaged Lagom Strategy to perform a thorough analysis of the results and produce a findings report.

2. Research

2.1. Method

We conducted a review and analysis of the responses to the survey about equality, diversity and inclusion in the healthcare science workforce.

All quantitative and qualitative data from the survey was uploaded, coded and analysed in Dovetail (a specialist user research tool) to identify themes around the survey respondents' experiences.

We then interrogated the work experiences data further to investigate the relationship between specific themes and respondents' attributes: e.g. age, gender, disability, sexual orientation, ethnicity, parental/caring responsibilities, region and healthcare specialist

2.2. Survey respondents

There were 569 survey respondents.

Based on the 2021 ESR Healthcare Science data the survey respondents make up 1.03% of the healthcare science workforce.

A summary of the survey respondents according to their responses to the questions *about them* are in Annex I, II and III.

3. Key findings

3.1. Overarching findings

3.1.1. Non-white healthcare science staff are under-represented in the survey

We compared data from the survey to ESR workforce data from 2021 to see if the workforce who completed the survey were representative of the complete workforce.

3.1.1.1. Age

The age data ranges were different between the survey and the ESR workforce data, so this could not accurately be compared.

The age data ranges (in years) for the ESR workforce data were:

- under 25
- 25-29
- 30-39
- 40-49
- 50-59
- 60-64
- 65+

The age data ranges (in years) for the survey were:

- 16-20
- 21-30
- 31-40
- 41-50

- 51-65
- 66+

3.1.1.2. Area/region

The area/region data for the ESR workforce included a 'National' whereas this was not an option in the survey.

When 'National' was excluded and a comparison was made across the 7 areas/regions, then the biggest difference was seen with Midlands healthcare science staff overrepresented in the survey respondents (25.7%) compared with the ESR workforce data (17.9%).

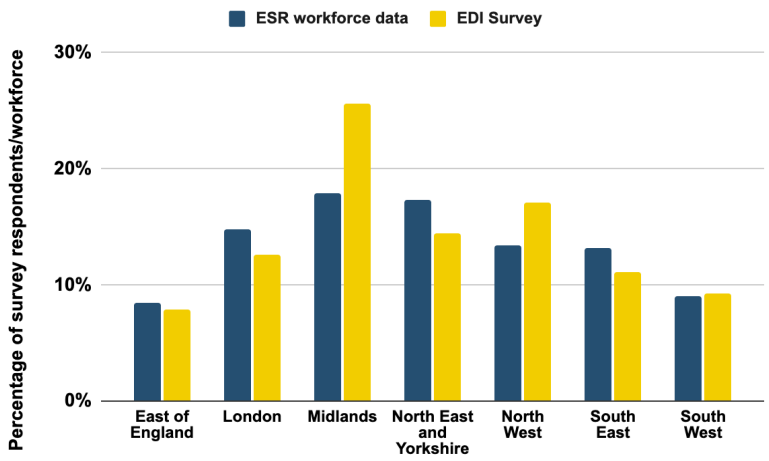

Image: area/region of survey respondents vs 2021 workforce data

The survey respondent data breakdown is covered in more detail in Annex I, II and III.

3.1.1.3. Gender

There was no difference in gender when the data from the survey was compared with the 2021 workforce data.

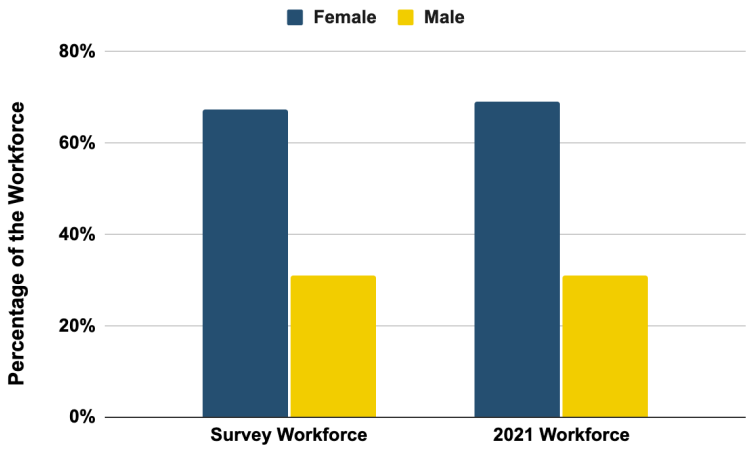

Image: gender of survey respondents vs 2021 workforce data

N.B. The survey allowed for 'prefer not to say' or 'prefer to self-describe' options, but the 2021 workforce data did not.

3.1.1.4. Ethnicity

There *was* a difference in the ethnicity data when the data from the survey was compared with the 2021 workforce data.

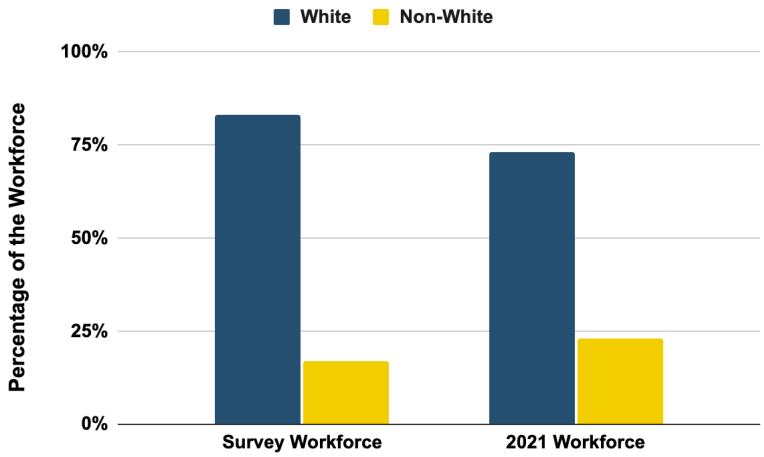

Image: ethnicity of survey respondents vs 2021 workforce data

The non-white healthcare science staff are underrepresented in the survey respondents (16.9%) compared with the 2021 workforce data (23.0%).

The survey respondent data breakdown is covered in more detail in Annex I, II and III.

3.1.2. There were some limitations to the analysis

We wanted to understand the experience of the healthcare science workforce across area/region of employment and across healthcare science specialisms.

We also wanted to understand the experience of the healthcare science workforce across:

- Age
- Sexual orientation
- Ethnicity

3.1.2.1. Area/region of employment

Area/region of employment had 7 area/region options and an 'unknown' option. The responses from staff per region were too small to draw out any findings specific to area/region.

On analysis of the qualitative data, there were also no findings which were area/region specific.

3.1.2.2. Age

Age in the survey had 6 age options. The responses from staff in the youngest (16-20 years old) and oldest (66+ years old) were extremely low. Therefore the age analysis was done across these 4 age categories:

- 16-30 years old
- 31-40 years old
- 41-50 years old
- 50+ years old

3.1.2.3. Sexual orientation

Sexual orientation in the survey had 3 options including a 'self-describe' option. The responses from the options other than heterosexual were low. Therefore the sexual orientation analysis was done across 2 categories:

- Heterosexual
- Non-heterosexual

3.1.2.4. Ethnicity

Ethnicity in the survey had 5 ethnicity options. The responses from survey respondents in some of the options were low. Therefore the ethnicity analysis was done across these 2 ethnicity categories:

- White
- Non-white

3.1.1.5. Healthcare science specialism

There are 4 commonly-used, overarching healthcare science 'themes' or 'divisions':

- Clinical bioinformatics
- Life sciences
- Physical sciences and biomedical engineering
- Physiological sciences

Each of the overarching 'divisions' has between 3-18 individual specialisms within them. The survey responses from staff from these individual specialisms were too low to draw out any insights specific to the individual specialisms.

There were also low responses from staff within *clinical bioinformatics* so this division was not individually analysed.

Some small differences in staff experiences were identified between the 3 other overarching specialisms, which are highlighted in the report. However, on analysis of the qualitative data, there were no qualitative insights which are healthcare science division specific. Therefore the reason behind these findings are unclear.

There are small differences in the breakdown of the types of staff across the protected groups within each division, which may account for some identified differences in staff experiences across the divisions. The specialism workforce data breakdown is covered in more detail in Annex III.

3.1.1.6. Disability

There were two disability questions in the survey:

- Do you have a disability? (survey question 28)
- Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more? (survey question 3)

9.5% of survey respondents said they have a disability.

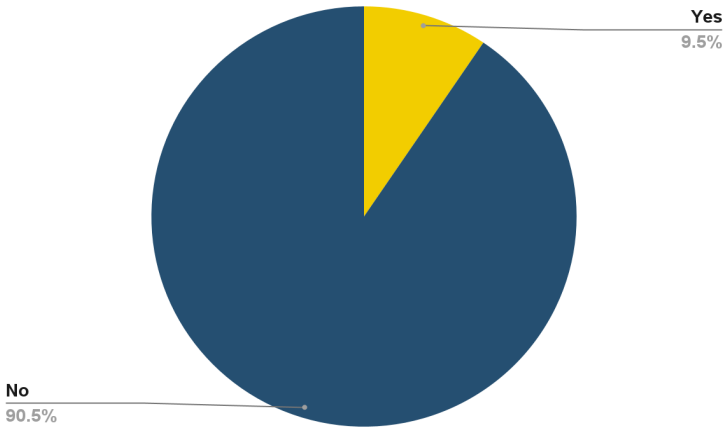

Image: do the survey respondents have a disability - yes n=54 and no n=515

19.9% of survey respondents said they have physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more.

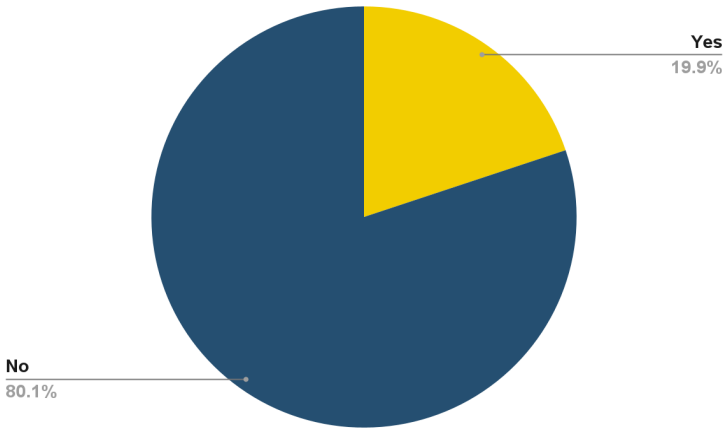

Image: do the survey respondents have physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more - yes n=117 and no n=472

The definition of 'disability' under the Equality Act 2010 is:

> 'if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.'

- 'substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed
- 'long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection

Neither question 28 or 3 describe disability using these Equality Act definitions.

The disability analysis was performed using the responses to question 28. Where findings were noted based on this question, responses to question 3 were also analysed.

3.1.3. Healthcare science is not a particularly visible profession

The survey responses indicate that healthcare science lacks visibility as a profession.

Respondents noted that other healthcare professionals such as doctors and nurses are far more visible than healthcare science.

> **"All media is still strongly dominated by doctors/nurses"**
>
> **"When people think about the NHS, typically people think of Drs, nurses and then the admin and support staff. We need to push into the public that HCS do exist and we are vitally important"**
>
> **"We are a huge part of the NHS but we are often forgotten about"**

Respondents also described a lack of visibility compared to other roles when considering representation at senior levels.

> **"Mostly trust focuses on nurses and doctors"**
>
> **"Senior level management are under such pressure, they don't have time for detail or nuance. Only two factors matter: Finance and Government mandated KPIs. If you're not a nurse or a doctor (staff groups with high public recognition) where recruitment is key to these KPIs, you're overlooked"**
>
> **"Lead HCS representation within the Trust is not equivalent to that given to AHPs, nurses or medical colleagues"**
>
> **"HCS remain a mostly invisible workforce, we have a long way to go to promote ourselves and get awareness to an acceptable level both inside and outside the NHS"**

3.1.4. Covid has had a significant impact on those working in healthcare science

Throughout the survey responses there were numerous mentions of the Covid pandemic, which appears to have had a significant impact on healthcare scientists.

Many respondents indicated that Covid had negatively affected their mental health. There were a number of reasons for this, including the uncertainty around the situation, and the impact of living in lockdown.

> **"General uncertainty around everything"**
>
> **"Lockdown in March lead to panic attack"**
>
> **"Covid-19 has impacted my anxiety which makes it hard to concentrate on work some days"**
>
> **"I think we've all experienced high stress levels during Covid"**

Respondents described difficulties they had experienced while working from home. For example, feeling isolated.

> **"Isolation during Covid19"**
>
> **"Covid-19 and feeling isolated due to working from home"**
>
> **"With having children at home and them being off during lock down or isolation due to classmates/teachers testing positive - it has been very difficult"**

Several respondents were also under additional pressure at work because of Covid. Some had been redeployed to other departments or other roles, and some were working longer hours.

> **"Working very long hours on a Covid-19 ITU"**

“Covid-19 has meant many of our tasks take more time than usual so we can not complete our usual workloads”

“COVID 19 redeployment to the ward where I did not work as a clinical scientist rather a HCA”

“Pressures to deliver COVID testing services at very short notice without adequate resources and under constant scrutiny”

3.1.5. Healthcare science staff do not have a consistent experience across different teams and Trusts

The survey responses suggested that healthcare science staff in different teams and at different Trusts do not have the same experiences. This was particularly evident in the responses relating to support at work, access to training, and risk assessments.

For example, some respondents indicated that they felt supported at work, while others did not. This is covered in more detail in section 3.4.1.

“We have an amazing dept that encourages everyone at any time anywhere”

“I think my trust is very encouraging and I like the people I work with”

“I don't think there is enough support for HCS staff in our trust”

“I get no support or encouragement”

“It depends what rotation I am on. In one department I receive no support and feel a nuisance, whereas others I am supported by my supervisor and feel motivated to work”

Access to training is also inconsistent across the profession. While some respondents felt supported to develop their careers, others indicated that they had fewer opportunities to take part in training and development activities. This is explored further in section 3.4.2.

> **"Managers are very supportive and provide any extra training or help we require if things aren't going well for us"**
>
> **"I have always felt respected in both trusts I have been employed by. In every role I have been part of a diverse team where everyone is encouraged to develop their skills"**
>
> **"Peers in other trusts seem to have more opportunity to go to meetings and conferences"**
>
> **"Even though I have a training budget I am not allowed to use it for events and training sessions without sign off from my senior member who chooses their self interest above mine"**
>
> **"I feel that I am not supported to go to extra training courses that I feel would benefit me as a clinical scientist and would improve my knowledge. I am often told I cannot go on the courses"**

There were also inconsistencies when it came to risk assessments. While some respondents had had positive experiences with risk assessments, others had not. This is explored in more detail in section 3.6.1.

> **"Very good. It was an immediate risk assessment on my first day of arrival"**
>
> **"Very straightforward and encouraging to see that my department is taking these requirements into consideration"**
>
> **"Badly managed and explained"**

“It did take some time to get an appointment with an Occ Health doctor and the report did not contain many of the adjustments we discussed”

3.1.6. Bias and discrimination are present within healthcare science in a range of different ways

The survey also revealed that bias and discrimination are present in healthcare science in a number of ways.

For example, respondents indicated that opportunities such as work experience are more difficult to access for people from lower income backgrounds. It was suggested that this may prevent them from considering healthcare science as a career option, or may put them at a disadvantage when applying for training compared to those who are able to do unpaid work experience.

“A lot of my university peers I noticed had parents in science or who were doctors. This meant they had a lot of work experience opportunities I never had. A lot of it is about 'who you know' and if your local community is working class then you will never consider yourself in a HCS career, you will never hear about it”

“The STP scheme is easier to access for those with financial support (i.e. you may have to move geographically, pay for accommodation in advance). Also as the interview process favours those with work experience it advantages those who are able to take time to do unpaid work, probably with travel involved”

“Preference given to those with 6 months full time experience or equivalent for some STP specialisms (genomic counselling), this doesn’t account for the fact some students don’t have the luxury to have unpaid employment while at university”

Respondents also described bias and discrimination throughout the recruitment process. This is explored further in sections 3.3.1 and 3.3.2.

> **"The interview panel was all male and made it clear that they wanted a man"**

> **"From my experience the process seemed fair with everyone going through the same process nationally, answering the same questions and being assessed by the same criteria. However, looking at the acceptance stats post-interview clearly something is not working because the percentage of applicants from a minority background receiving an offer is much lower than the percentage of white applicants receiving one"**

> **"I have been in an interview where there appeared to be favouritism towards a particular candidate"**

There was also evidence of bias and discrimination in areas such as training and career development. This is covered in more detail in section 3.4.2.

> **"I have recently experienced issues with not receiving comparable training opportunities with my young peers"**

> **"Some disabilities/medical conditions result in the affected person being at a disadvantage when they try to get training"**

> **"White staff are better supported and move up the ranks quickly. This is discrimination"**

> **"Men in the department definitely received priority treatment with regards to training and development as compared to women/those perceived as women"**

This appears to be linked to a lack of representation of protected groups at senior levels within healthcare science. This is explored further in section 3.5.4.

“Read snowy white peaks, or just use your eyes. The one lady of colour on the board of directors of HEE is Dr [name] and she is twice as qualified as anyone else”

“Small proportion of my profession are from minority groups in leadership positions”

“Managers at senior/trust/national level are not diverse, so cannot represent their employees”

“My professional body predominantly has male, middle aged or older, senior, NHS staff on its panels. This doesn't represent most of the workforce. The professional body should reflect its professionals”

3.1.7. Some healthcare scientists are resistant to initiatives to address bias and discrimination

Some respondents indicated that they were dissatisfied with previous efforts to address bias and discrimination, and were keen to see real change.

“There were and there are enough talks, policies and all other things on paper when it comes to equality, diversity, inclusion. All are mere lip service and that's my experience working with NHS over 11 years”

“Why keep sending out these pointless surveys?”

However, responses from a small number of people (10 people) suggested that they were opposed to initiatives to address these issues. This indicates that there is likely to be some level of resistance when addressing bias and discrimination, and inequality in the workplace.

“I disagree with positive discrimination. It should be the best person for the job”

“I am a white British heterosexual male with 17 years service and a good working relationship with other ethnicities. I have never held or supported racist

beliefs. More recently I have found myself feeling devalued and discriminated against because of all the hype coming from the Trust Exec Offices around equality for LGBTQ & BAME. We are being bombarded with this and it is starting to have a negative impact"

"I do feel discriminated against since Equality, Diversity and Inclusion policy favours certain races, genders etc over others"

"Stop talking about quotas and trying to 'balance the books' like humans are a sum of the categories you can put them in to"

"This is not funny anymore, you are destroying society"

Of these 10 people:

- 1 was aged 16-30, 6 were aged 31-40, 1 was aged 41-50, and 2 were aged 51+
- 5 were female, 4 were male, and 1 person self-described their gender identity
- 8 people were white, 1 person self-described their ethnicity as English, and 1 person did not specify their ethnicity
- 7 were heterosexual, 2 were non-heterosexual, and 1 person did not specify their sexual orientation
- 2 people had parental responsibility and 1 person had caring responsibilities
- 1 person had a disability

3.2. Pipeline

3.2.1. There were a number of different ways in which people were inspired to join healthcare science

Respondents described a range of different ways in which they got into healthcare science.

Several respondents had a general interest in the area of healthcare science and related topics.

> **“I've always been interested in science and wanted to work in the NHS”**
>
> **“I always wanted to be a scientist”**
>
> **“Always had an interest in human biology”**
>
> **“Fascinated by biological sciences and how it can be used for healthcare”**

Some were influenced by other people, for example friends, relatives, teachers or lecturers.

> **“One of my lecturers as an undergraduate was a clinical scientist and this is how I first found out about the profession”**
>
> **“Consultant colleagues working with the university enthusing that I would be very well suited, and helpful, to the NHS”**
>
> **“My partner made me aware of the STP and I thought it was a good option for having real and direct impact on people (unlike previous academic research)”**

"Certain teachers at school inspired me into physics and then family members who worked in the NHS told me about medical physics and it sounded like something that I might want to do so I researched into it"

A number of respondents went into healthcare science because of a desire to help people, or work with patients.

"A lifelong desire to help people with the knowledge I have obtained"

"Wanted to be able to use physics skills in a way that helps people"

"Being able to help patients through science"

"I did a clinical PhD in my field and realised that I enjoyed the patient contact more than pure research"

Others became interested in healthcare science as a career option after undertaking relevant study.

"Inspired by a Medical Physics module during Physics BSc"

"I enjoyed science at school"

"Being able to work in a hospital setting and applying my engineering skills"

"It seemed like the primary way of bringing good from a Physics degree"

Some people went into healthcare science because of personal experience of illness or family illness.

"Spending a lot of time in hospital as a child made me want to work in the NHS"

"I have always wanted to be involved in ophthalmology due to a childhood of sitting on consulting room floors whilst my Mum had various

appointments for her Type I diabetes check-ups, with those in ophthalmology being the most fun"

"Drive to help others and my own personal experience of family history of genetic condition"

Some had gone into healthcare science after previously working in related roles.

"Experience in my previous role of how the scientists in genomics are involved in the daily operation of the department"

"I was inspired to become a healthcare scientist after working in the private sector. I was working as a lab analyst processing peoples bloods and wanted to work within the NHS to help patients on a daily basis"

"I was working as a MLA in a lab and had the opportunity to do a Biomedical Science degree and to train to be a Biomedical Scientist. It was my work colleagues and the work I was doing at the time that inspired me to do this"

A number of people saw healthcare science as a more suitable alternative to other careers in healthcare such as nursing or medicine.

"It suited better than medicine"

"I knew I wanted to do something clinical but not doctor/nurse"

"Felt more comfortable in a non-clinical role"

"I applied for a student physiological measurement technician when I was 16 years of age. This was to give me experience in the hospital environment before I started my nurse training. I never went to be a nurse and have worked in this field for 44 years"

For some respondents, a career in healthcare science was appealing due to the varied nature of the role.

“The ability to mix research and routine work”

“The varied nature of the role”

“I wanted a career that involved a range of clinical and analytical techniques and is constantly evolving”

Others did not have a particular reason for having entered the healthcare science profession.

“A job advert in the paper”

“Healthcare I kind of fell into by accident”

“Found out as part of a job search”

“Fell into it by accident over 39 years ago”

A small number of respondents were inspired to enter the profession after undertaking relevant work experience or attending open days.

“Inspired during work experience visits to clinical laboratories and meeting other clinical scientists”

“Work experience in a hospital”

“I did some work experience and really enjoyed it”

“A careers day at university and work experience in a medical physics department”

All of the respondents who said that work experience had inspired them to join healthcare science were white.

3.2.2. Respondents suggested a number of ways in which school leavers and new graduates could be encouraged to enter the profession

3.2.2.1. Outreach activities

Several respondents suggested that outreach activities could be used to encourage school leavers and new graduates to consider a career in healthcare science.

Examples of potential activities included engaging with schools and universities, providing work experience opportunities, and being present at careers events.

> **"A lot of university students don't always understand the role of a healthcare scientist. There should be more fairs or open days that help prospective students understand the role as an option"**

> **"More outreach. I think you should be actively seeking out schools, particularly those that don't get listed in the tables of best schools/highest rankings and don't receive the attention and funding that other schools do, rather than waiting for schools and universities to approach you"**

> **"More outreach - lots of school leavers don't even know healthcare science exists"**

> **"Create a network with schools through conferences and practical activities- make people aware of all the different possibilities a healthcare career can offer. I feel students would love to be involved in clinics and see what difference they can make if they choose a HCS profession"**

A small number of respondents noted that healthcare science staff would need protected time to enable them to participate in outreach activities.

"Include outreach activities as protected time for HCS"

"Protected time to highlight and showcase roles within the profession. Many existing staff enjoy doing this but struggle to incorporate it into their busy work lives"

"Encourage or give trainees and HCS more protected time for outreach"

"Protected time for scientists who want to do outreach"

3.2.2.2. Visibility of healthcare science

Respondents also recommended increasing the visibility of healthcare science so that more people are aware of it as a career option.

"Advertisement on TV, social media to make people aware of the other roles in healthcare (aside from doctors and nurses)"

"Greater awareness that [it's] not just life sciences!"

"I feel that the general public could do with more awareness of the importance of healthcare science in general. We are a huge part of the NHS but we are often forgotten about"

"Be proactive in our existence. Our local University BMS course don't even tell their students about BMS careers"

3.2.2.3. Role models for protected groups

A number of respondents suggested that role models from protected groups should be more visible in healthcare science so that those with protected characteristics could see themselves represented within the profession. Many of the

respondents who made this point had at least one protected characteristic, as outlined below.

> **"I think having representatives/ambassadors from ethnic minority/protected groups would also help as it would be more relatable to potential applicants" - Respondent was female and Black/African/Caribbean/Black British**

> **"I think those in protected groups may be more receptive if they saw themselves in the workforce. So we need to keep working on improving our workforce diversity to keep increasing it further" - Respondent was female**

It was suggested that this could be supported through targeted engagement with protected groups.

> **"Outreach activities specifically aimed at protected groups. When events are open to all, there is a tendency for socioeconomic factors to take precedence i.e. middle class white parents advocate for their children" - Respondent was female and Asian/Asian British**

> **"I've also been to a great event where a girls' school invited women in STEM to a round table event with all of their Y8 pupils and got the pupils to have discussions with us all about our roles and routes into the jobs, to help raise / broaden aspirations. This could work with different protected groups - e.g. target invitations to people who are part of protected groups" - Respondent was female**

Respondents also stressed the importance of creating an inclusive environment to encourage people from protected groups to join the healthcare science profession.

> **"Ensuring you show your trust is inclusive and is aware of and actively trying to reduce bias" - Respondent was female, bisexual, and disabled**

"Those with physical disabilities find it very hard to work in a laboratory environment - this should be addressed by making the environment more adapted and inclusive" - Respondent was female, disabled, and had caring responsibilities

"You need an advocate or an advocacy group. They're still trying to set up a BAME trainee network" - Respondent's ethnicity was Mixed/Multiple ethnic groups

3.2.2.4. Promoting different entry routes

Some respondents felt that it was important to promote the different entry routes into healthcare science and the range of training options available.

"The STP for clinical scientists is well publicised, but in my experience, the clinical technologist route is less well known"

"There is considerable confusion amongst careers advisers over the Clinical Scientist vs Biomedical Scientist career pathways in Life Sciences, particularly regarding advising students to apply for Russell Group universities or not"

"Better promotion of clinical scientist and consultant clinical scientist roles, as school leavers may not realise they can obtain a professional doctorate for example"

"Need more knowledge of apprenticeships"

It was also suggested that different specialisms should be promoted to raise awareness of the range of opportunities available within the profession.

"Increase awareness of the range of roles available. Before seeing an advert for audiology I had never heard of it. I was only aware of ophthalmology"

"Promote patient facing as well as non patient facing roles"

"Better promotion of the HCS specialisms and professional registration of all areas, with more specific academic courses"

3.2.2.5. Promoting the benefits of a healthcare science career

Several people noted that it was important to promote the benefits of a career in healthcare science, such as opportunities for career progression and job security.

"Explain there is good career progression, training, benefits package and job security"

"Highlight the societal good and job satisfaction that comes from being able to help others"

"Highlight career progression, flexible/part time work, apprenticeship route"

3.2.2.6. Financial incentives

It was suggested that funded training options may enable more people to go into careers in healthcare science.

"Would help to have bursary available as nurses do"

"PTP should have a bursary"

"Provide economic opportunities via grants to go to university like I had"

Respondents also emphasised the importance of pay in attracting people to the profession.

"Prove that it is a respected profession and pay as such"

"Ensure payscales for the occupation are attractive and in line with the level of education required to perform the role"

3.2.3. Respondents identified specific groups that need support to enter healthcare science

3.2.3.1. Protected groups

Several respondents felt that those in protected groups were likely to need support to enable them to enter a career in healthcare science. This was raised by respondents both with and without these protected characteristics, as outlined below.

People from ethnic minority backgrounds and people with disabilities were thought to need particular support.

"All minority ethnic backgrounds, and people with disability. In my department there are very few people of colour, especially at higher bands" - Respondent was White, did not have a disability

"Black people. There have been such small numbers of black people on my degree programme and now on the STP" - Respondent was White

"Black men and women" - Respondent was Black/African/Caribbean/Black British

"Disabled - there are very few disabilities seen in healthcare professions and it suggests that those with disabilities are unable to work just as well as those without. Patients who are being given diagnosis or genetic test results to show they have or may develop a disability need to see that it will not impact them so greatly that they cannot work. Disabilities need greater representation in this setting and will also improve the patient's experience and outlook" - Respondent was disabled

Some respondents also felt that other groups, including people with parental and caring responsibilities and people who are non-heterosexual, would benefit from additional support to get into healthcare science.

> **"Encouraging women into STEM careers locally seems very important" - Respondent was female**

> **"Women, BAME, LGBTQIA+, Disabled" - Respondent was White, female, and pansexual**

> **"Those with families or caring responsibilities; due to the intensity of the STP, the need to attend University teaching in person, they seem to be barriers to access" - Respondent did not have parental or caring responsibilities**

3.2.3.2. People from lower socio-economic backgrounds

Respondents also indicated that those from lower income backgrounds may need additional support to get into healthcare science.

> **"Those with disabilities or those from low-income backgrounds who can't access help with applications"**

> **"I also don't come across those who are White and from a financially poor background often either"**

> **"People from lower income backgrounds and care backgrounds"**

> **"Students from deprived backgrounds, no familial university background"**

It was suggested that those from lower income backgrounds were less likely to have the connections that are often needed to access relevant work experience opportunities.

> **"Children from less privileged backgrounds who don't have access to friends or family who work in the NHS to provide unpaid internships or just visits"**

3.2.3.3. Under-represented specialisms and skills

Other respondents instead focused on particular specialisms or skills that they felt were under-represented in healthcare science.

> **"Physiological sciences"**

> **"Linear accelerator engineers"**

A small number of respondents stated that they did not feel that particular groups were in need of additional support to enter the profession. Of these 19 respondents, 17 were white, 11 were male, and none were disabled or identified as non-heterosexual.

3.3. Recruitment

3.3.1. Not all respondents felt that the recruitment process was fair

While 76.6% of survey respondents felt that the recruitment process was fair, 10.5% did not.

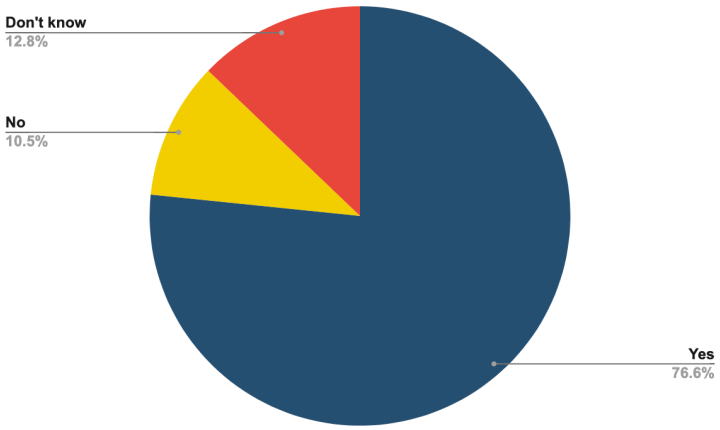

Image: do the survey respondents feel the NHS has a fair recruitment process - yes n=436, no n=60 and 'don't know' n=73

Of the 10.5% (60/569) who did not feel that the recruitment process was fair, 60.0% had experienced an interview that was unfair.

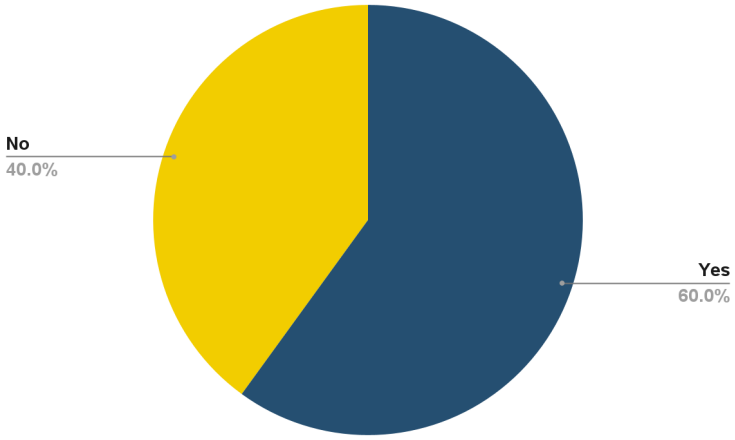

Image: survey respondents who did not feel the NHS has a fair recruitment process. Have the survey respondents experienced an interview (as interviewee or interviewer) where they felt the process was not fair - yes n=24 and no n=36

There were a number of reasons why respondents felt that the recruitment process was unfair. One example was over-qualified or very highly-qualified candidates being given priority over other people who had the required qualifications for a particular role. It was suggested that this meant that those from lower income backgrounds were at a disadvantage.

> **“I don't think it is fair that someone can graduate from university and land a position on the training programme when there are so many Technical staff who have a wealth of knowledge and experience in the field already who can't even get through to interview because of the application process”**

> **“For the STP recruitment there is too much weighting on post grad qualifications, MSc and PhD that may have been funded on parents money and not accessible to everyone”**

> **“My experience is mostly postgraduate recruitment, which tends to be biased towards the higher**

socioeconomic status groups that tend to go to university in the first place"

"The NHS can lean towards academic snobbery. A person with a very good practical approach who may not be from a background where they were pushed at home to achieve academically will always be penalised"

Respondents also reported bias and discrimination throughout the recruitment process.

"People are hired who look and think like recruiting managers"

"Preference given to those with 6 months full time experience or equivalent for some STP specialisms (genomic counselling), this doesn't account for the fact some students don't have the luxury to have unpaid employment while at university"

Some respondents indicated that while they had not personally experienced any bias or discrimination throughout the recruitment process, they knew of other people who had.

"I have never felt that I have experienced this myself. However I have heard many friends inform me of instances where this seems to have been the case"

"I don't feel there was any bias against me but data suggests there is bias against other types of candidates"

3.3.1.1. Protected groups

Respondents reported bias and discrimination against those with protected characteristics. For example, one respondent stated that they had been denied positions because of their caring responsibilities.

"NHS does not do well for work balance with family life and caring responsibilities. I have been denied

positions or not had mentoring/developing into roles for progression due to caring responsibilities" - Respondent had parental and caring responsibilities

Of the 10.5% (60/569) who did not feel that the recruitment process was fair, 30.0% (18/60) had **caring responsibilities**. This represented a difference of approximately 7 respondents with caring responsibilities, compared to those with caring responsibilities who felt the recruitment process was fair (19.0% ((83/436)).

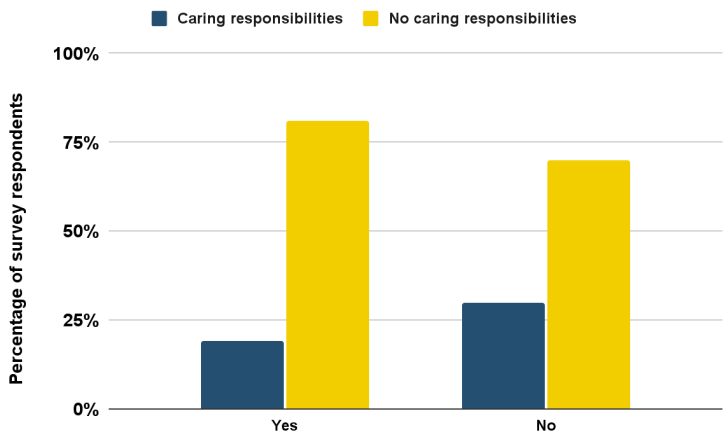

Image: survey respondents with and without caring responsibilities who do (yes) and do not (no) feel the NHS has a fair recruitment process

There was also evidence of bias and discrimination linked to ethnicity and nationality.

"I was unfairly not given a role that I was more than qualified for because I was trained abroad" - Respondent was Asian/Asian British

"Because of my education in India people just don't understand it [and] reject it always really disappointed" - Respondent was Asian/Asian British

"Very few black people in Clinical Sciences, out of kilter with numbers that apply" - Respondent was White

Of the 10.5% (60/569) who did not feel that the recruitment process was fair, 35.0% (21/60) were **non-white**. This represented a difference of approximately 13 non-white respondents, compared to those non-white respondents who felt the recruitment process was fair (13.3% (58/436)).

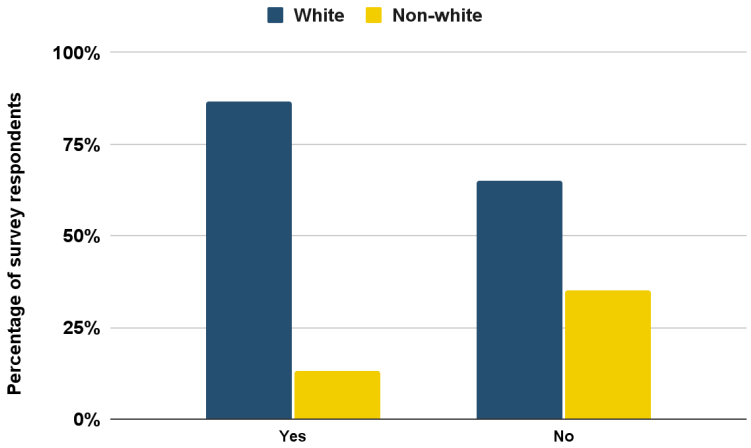

Image: white and non-white survey respondents who do (yes) and do not (no) feel the NHS has a fair recruitment process

Respondents also described bias and discrimination against those with disabilities. For example, there were instances of people with disabilities being seen as incapable of fulfilling certain roles.

> **"I was told that I could not possibly do a role very similar to the one I was already fulfilling with excellent performance reviews, due to my physical disability" - Respondent was disabled**

> **"Denied a qualified post (even after I self funded my degree while working as a band 4) based on absence caused by my health condition after a personal trauma" - Respondent was disabled**

Of the 10.5% (60/569) who did not feel that the recruitment process was fair, 16.7% (10/60) were **disabled**. This represented a difference of approximately 6 disabled respondents, compared to those disabled respondents who felt the recruitment process was fair (7.1% (31/436)).

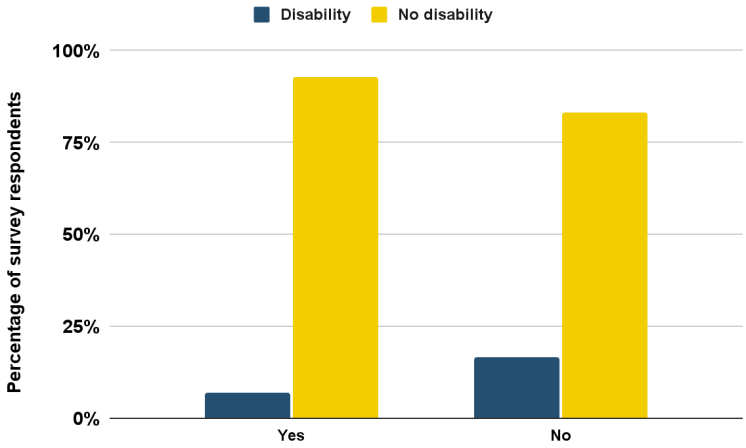

Image: disabled and non-disabled survey respondents who do (yes) and do not (no) feel the NHS has a fair recruitment process

Similarly, of the 10.5% (60/569) who did not feel that the recruitment process was fair, 30.0% (18/60) had **physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more**. This represented a difference of approximately 8 respondents, compared to those who had physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more and felt the recruitment process was fair (16.7% (73/436)).

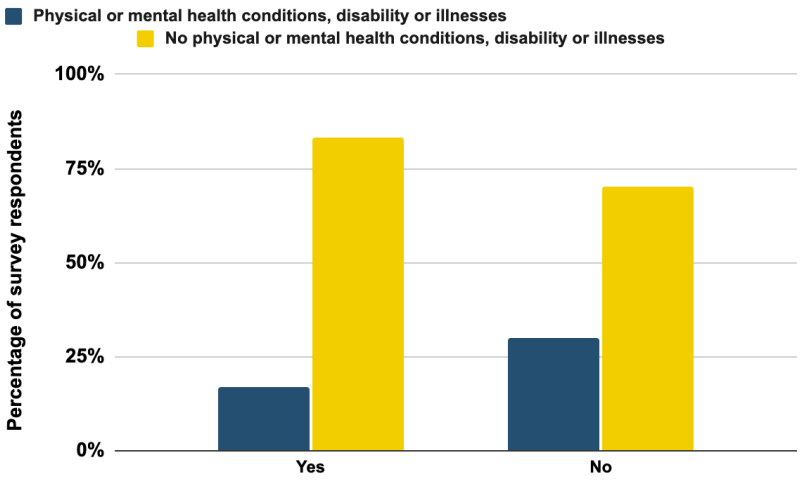

Image: survey respondents who have and do not have physical or mental health conditions, disability or illnesses who do (yes) and do not (no) feel the NHS has a fair recruitment process

Of the 10.5% (60/569) who did not feel that the recruitment process was fair, 48.3% (29/60) were from a **life science specialism**. This represented a difference of approximately 10 respondents, compared to those from a life science specialism who felt the recruitment process was fair (31.4% (137/436)).

Interestingly, of the 10.5% (60/569) who did not feel that the recruitment process was fair, 16.7% (10/60) were from a **physiological science specialism**. This represented a difference of approximately 11 respondents, compared to those from a physiological science specialism who felt the recruitment process was fair (35.3% (154/436)).

Of the 10.5% (60/569) who did not feel that the recruitment process was fair, 33.3% (20/60) were from a **physical sciences and biomedical engineering specialism**. This only represented a difference of approximately 2 respondents, compared to those from a physical sciences and biomedical engineering specialism who felt the recruitment process was fair (29.6% (129/436)).

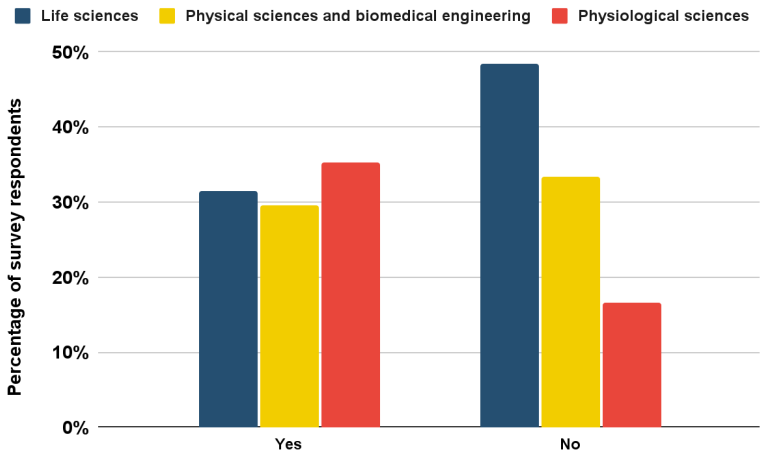

Image: specialisms of survey respondents who do (yes) and do not (no) feel the NHS has a fair recruitment process

3.3.1.2. Internal candidates

A number of respondents described situations in which internal candidates were unofficially offered jobs before any candidates had been interviewed.

> **"Usually the job is informally offered/promised to someone known to the interviewers"**

> **"Having worked in the NHS in a different number of roles and departments, I have seen first hand that if there is an applicant in mind for a certain position, they are always given the role. Interviews of other candidates do take place however there is no chance they will get the position which I think is unfair on these other candidates"**

3.3.1.3. Accessibility

Respondents noted that the recruitment process is not accessible to all candidates. For example, people with conditions such as anxiety found the process particularly stressful which had an impact on their performance.

> **"I felt strongly that the recruitment process, particularly the interview, was not so much based on personal skill and merit; rather, it felt like I had to dig through my A-level knowledge in a very stressful environment. The process itself is extremely anxiety-inducing, with little attempt made to mitigate that. I ended up having a full-blown panic attack after the process"**

> **"People suffering from mental health issues such as anxiety are in a disadvantageous position throughout the STP recruitment process. Perhaps there should be another path for them with different requirements"**

> **"Almost all interviews (for any job or academic interview I've had) assume the interviewee has a**

normal social interaction ability, and that they don't become especially anxious in new situations"

There were also concerns that the recruitment process is not accessible to people with disabilities, people with caring responsibilities, and those on low incomes, due to the travel involved.

"Recruitment for my position was national, and so I had to pay for cross country travel to attend an interview (not reimbursed). This could be a financial block for many people"

"Travelling with a disability, caring responsibilities, and affording travel/accommodation to attend an interview are all barriers preventing people physically attending an interview"

Respondents also indicated that the STP itself is not accessible for people with disabilities and those with caring responsibilities.

"The STP training scheme would be impossible for a disabled person or a person with caring responsibilities. I would not have been able to become a medical physicist if I was forced to do STP examinations. They are utterly discriminatory, under the disguise of being 'unbiased'"

3.3.2. Several respondents had experienced an unfair interview

18.5% of survey respondents had experienced an interview (as an interviewee or interviewer) where they felt the process was not fair.

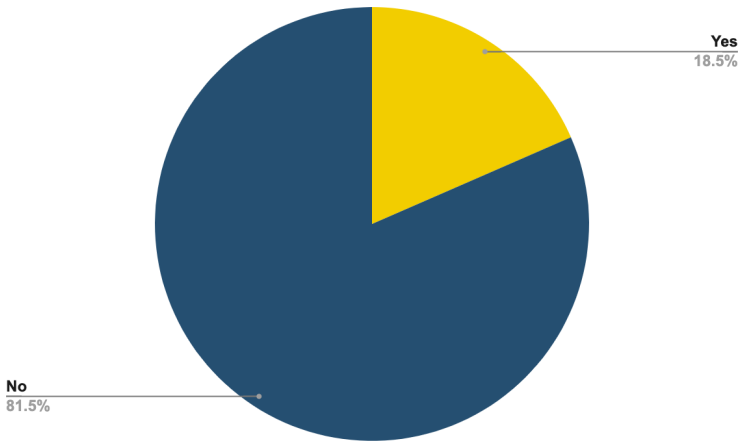

Image: have the survey respondents experienced an interview (as interviewee or interviewer) where they felt the process was not fair - yes n=105 and no n=464

3.3.2.1. Interview panels

There were a number of factors that contributed to unfair interviews. For example, respondents reported that interview panels were not always very diverse. This was thought to increase bias in the selection process. Many of those who raised this issue had at least one protected characteristic.

> **"I don't want to be interviewed by just white men, it's frustrating" - Respondent was female and disabled**

> **"If people making decisions are all white men, more chances for sex or racial bias" - Respondent was female and queer**

> **"On the STP interview day each trainee is interviewed by 8 interviewers. Not one was from a minority ethnic background. The homogeny of interviewers will impact the collective bias they exercise, and may disadvantage applicants who are different from them" - Respondent was female, ethnicity was Mixed/Multiple ethnic groups, had caring responsibilities**

3.3.2.2. Protected groups

Some respondents described being asked inappropriate interview questions relating to parental and caring responsibilities.

> **"Asked if I would have more children" - Respondent was female**
>
> **"Asked how I would feel working full time and leaving young children at home" - Respondent was female**

Of the 18.5% (105/569) of survey respondents who had experienced an interview (as an interviewee or interviewer) where they felt the process was not fair, 41.0% (43/105) had **parental responsibilities**. This represented a difference of approximately 10 respondents with parental responsibilities, compared to those respondents with parental responsibilities who had not experienced an interview where they felt the process was not fair (31.2% (145/464)).

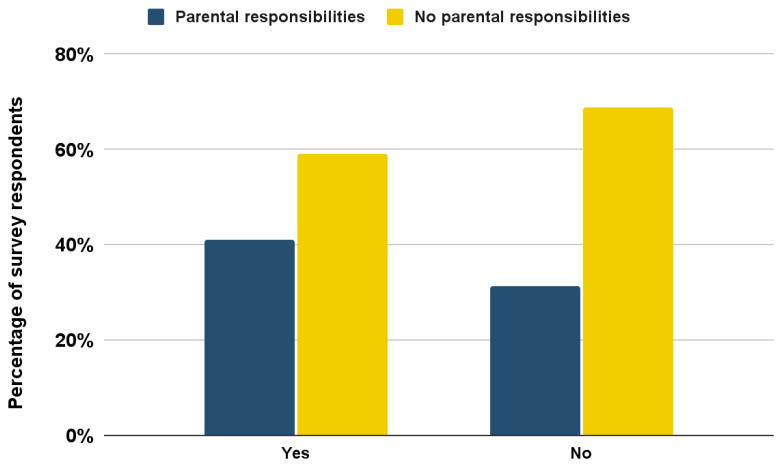

Image: survey respondents with and without parental responsibilities who have (yes) and have not (no) experienced an interview (as interviewee or interviewer) where they felt the process was not fair

Similarly, of the 18.5% (105/569) of survey respondents who had experienced an interview (as an interviewee or interviewer)

where they felt the process was not fair, 31.4% (433/105) had **caring responsibilities**. This represented a difference of approximately 13 respondents with caring responsibilities, compared to those respondents with caring responsibilities who had not experienced an interview where they felt the process was not fair (19.2% (89/464)).

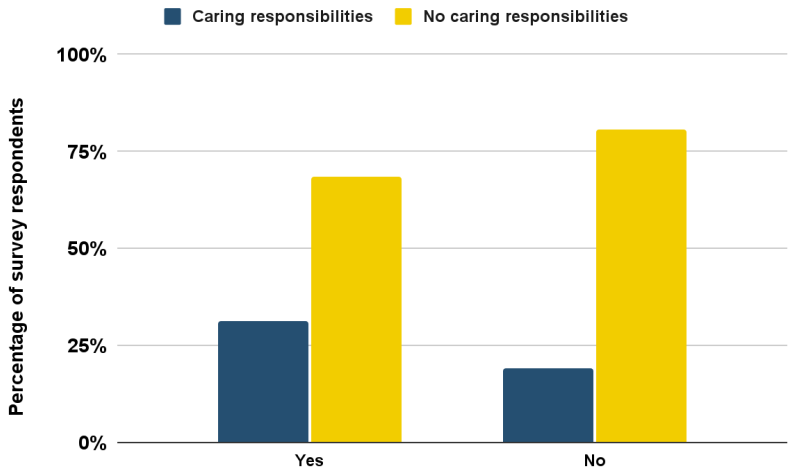

Image: survey respondents with and without caring responsibilities who have (yes) and have not (no) experienced an interview (as interviewee or interviewer) where they felt the process was not fair

Some older respondents stated that they had experienced age-related bias and discrimination during the interview process.

> **"Age discrimination" - Respondent's age was 51+**
>
> **"Look at all age groups" - Respondent's age was 51+**

There was also evidence of bias and discrimination during interviews that was related to ethnicity and disability.

> **"I have been in an interview where an individual was, in my opinion, looked on less favourably because of their accent" - Respondent was Black/African/Caribbean/Black British**
>
> **"They asked me questions about my disability and race. They did not ask other applicants these questions. As say this because my colleague applied**

for the same job and I learned i was asked different questions" - Respondent's ethnicity was "Other ethnic group" and they were disabled

"During the interview I felt pre-judged by the interview panel about my disability" - Respondent was disabled

Of the 18.5% (105/569) of survey respondents who had experienced an interview (as an interviewee or interviewer) where they felt the process was not fair, 19.1% (20/105) were **disabled**. This represented a difference of approximately 12 disabled respondents, compared to those disabled respondents who had not experienced an interview where they felt the process was not fair (7.3% (34/464)).

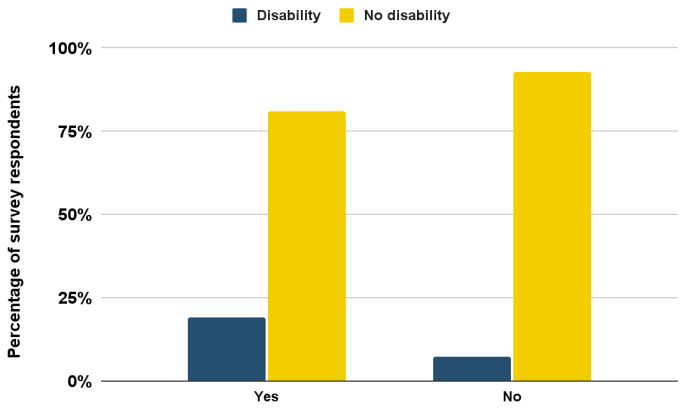

Image: survey respondents with and without a disability who have (yes) and have not (no) experienced an interview (as interviewee or interviewer) where they felt the process was not fair

Similarly, of the 18.5% (105/569) of survey respondents who had experienced an interview (as an interviewee or interviewer) where they felt the process was not fair, 31.4% (33/105) had **physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more**. This represented a difference of approximately 14 respondents, compared to those who had physical or mental health conditions, disabilities or illnesses

who had not experienced an interview where they felt the process was not fair (18.1% (84/464)).

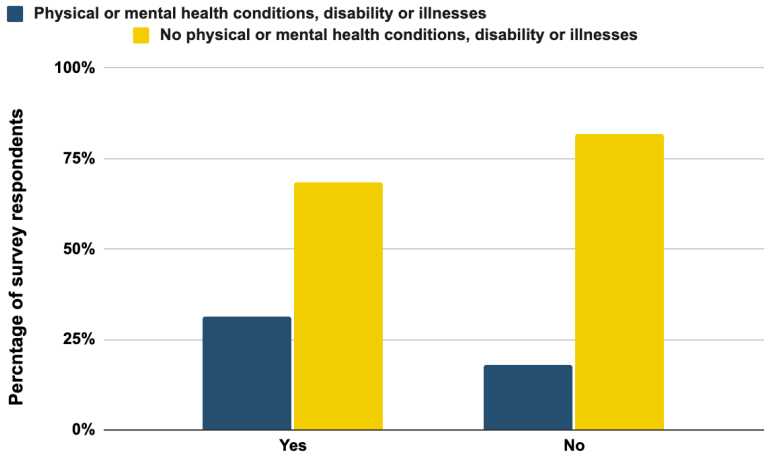

Image: survey respondents who have and do not have physical or mental health conditions, disability or illnesses who have (yes) and have not (no) experienced an interview (as interviewee or interviewer) where they felt the process was not fair

Of the 18.5% (105/569) of survey respondents who had experienced an interview (as an interviewee or interviewer) where they felt the process was not fair, 30.5% (32/105) were **non-white**. This represented a difference of approximately 18 non-white respondents, compared to those non-white respondents who had not experienced an interview where they felt the process was not fair (13.8% (64/464)).

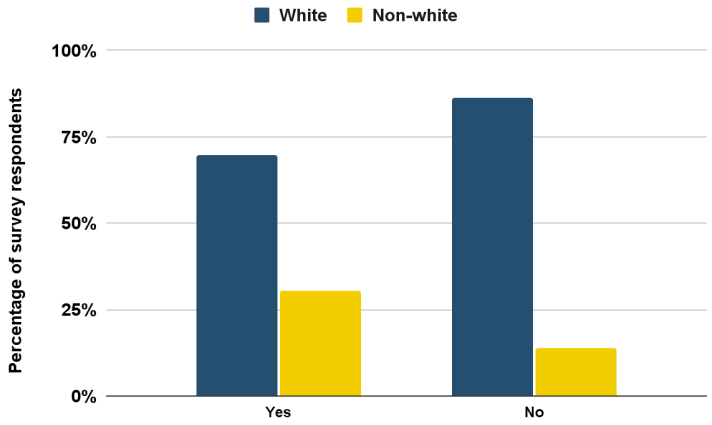

Image: white and non-white survey respondents who have (yes) and have not (no) experienced an interview (as interviewee or interviewer) where they felt the process was not fair

3.3.2.3. Interviewer behaviour

Other respondents reported instances where interviewers had been hostile towards them as candidates.

> **"I was at an interview where I was told I was allowed to ask for questions to be reworded. The interviewer refused, then was rude when I replied answering a different question as I misunderstood and took a guess at what they meant"**

> **"Manager that I had previously complained about for bullying and harassment was leading the interview panel. Acted hostile and aggressively throughout interview, and made disparaging interruptions throughout my responses. Did not get the promotion (obviously). Manager giving feedback acknowledged that the other person had behaved in a hostile manner towards me, but said the end result was fair because I did not answer the questions as well as the successful candidate - well, of course not, while under constant attack"**

3.3.3. Respondents suggested a number of ways in which the recruitment process could be made fairer

One way in which respondents felt the recruitment process could be fairer was to ensure that recruitment panels are diverse and represent a range of protected groups.

> **"More diverse interviewing panels"**

> **"Try to have more of a variety of people involved in recruitment"**

"Ensure mix of staff on panels (male/female/other), BAME/white, age"

"Ensure there is ethnic diversity on every interview panel - if there isn't enough ethnically diverse staff for an interview panel, then that indicates a potential problem in the department that should be investigated"

When asked if their Trust mandates a diverse interview panel, 27.2% of the survey respondents said No.

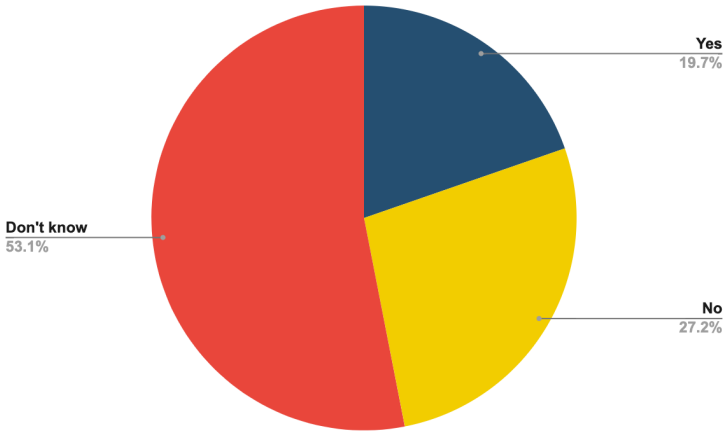

Image: do the survey respondent's Trust mandate a diverse interview panel - yes n=112, no n=155 and 'Don't know' n=302

It was also suggested that recruitment panels should include an HR representative.

"Introduction of an independent panel member to each interview, ideally from Human Resources"

"Always involve HR"

"Lately the interview process has not been required to have HR representatives present. I believe this leads to unfair/unethical practices"

"Bring an external HR person to every interview. In my department we hear interviews being conducted

with a single person on the panel and describing the interview as 'let's just have a chat'!"

Respondents felt that training on topics such as unconscious bias and equality and diversity should be mandatory for those involved in the recruitment process.

"Employers should take courses in equality and diversity so they are more aware"

"Bias training for interview staff, including those who 'don't believe in it'"

"Training in unconscious bias and how to recognise it and mitigate against it"

"Equality and diversity training for interviewers and those involved in shortlisting process. More work discussing inherent bias and how to recognise your own bias"

When asked if they have ever received Equality, Diversity and Inclusion and/or unconscious bias training, 22.7% said No.

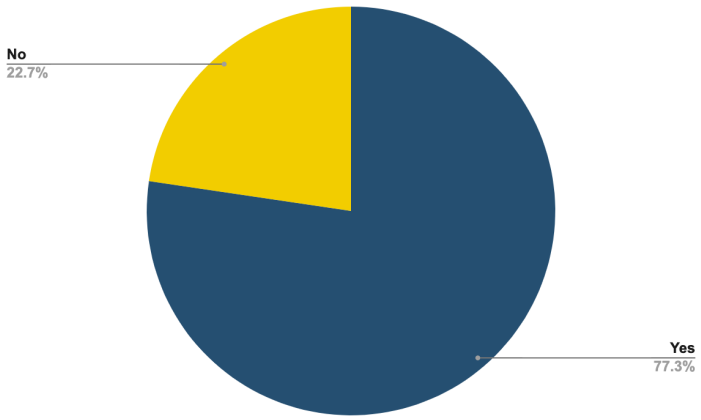

Image: have the survey respondents received Equality, Diversity and Inclusion and or unconscious bias training - yes n=440 and no n=129

Of the 22.7% (129/569) of survey respondents who had not received Equality, Diversity and Inclusion and/or unconscious bias training, 48.1% (62/129) were **aged 16-30**. This represented a difference of approximately 29 respondents aged 16-30,

compared to those 16-30 aged respondents who had received Equality, Diversity and Inclusion and/or unconscious bias training (25.7% (113/440)).

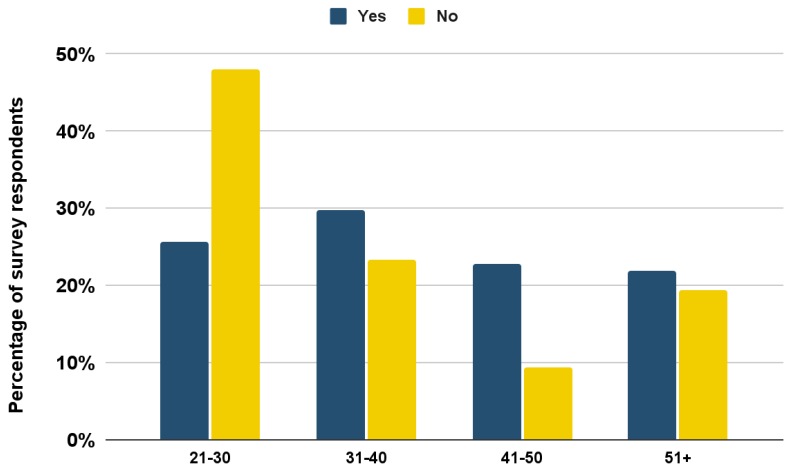

Image: age (in years) of survey respondents who have (yes) and have not (no) received Equality, Diversity and Inclusion and or unconscious bias training

Of the 22.7% (129/569) of survey respondents who had not received Equality, Diversity and Inclusion and/or unconscious bias training, 27.9% (36/129) were **non-white**. This represented a difference of approximately 22 non-white respondents, compared to those non-white respondents who had received Equality, Diversity and Inclusion and/or unconscious bias training (13.6% (60/440)).

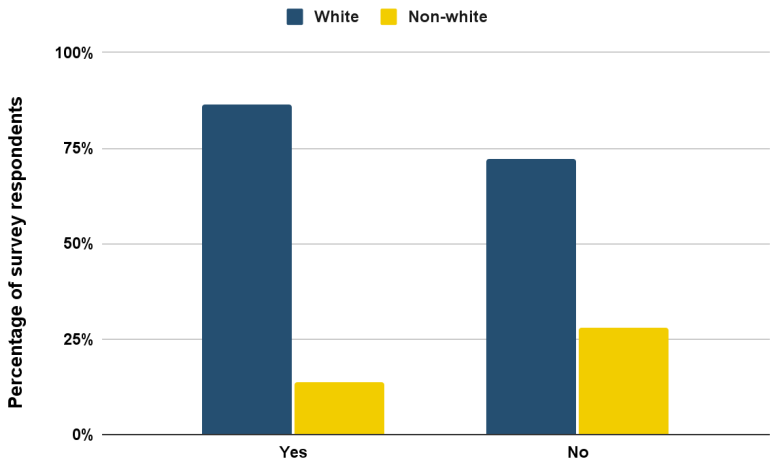

Image: white and non-white survey respondents of survey respondents who have (yes) and have not (no) received Equality, Diversity and Inclusion and or unconscious bias training

Another suggestion for making the recruitment process fairer was ensuring that there is consistency throughout the recruitment and interview process, for example by using standardised interview questions.

> **"Consistent questions that only focus on the role"**
>
> **"Objectivity - give interviewers objective score sheets to score an applicant based on pre-defined criteria"**
>
> **"I think HR teams could work more with depts in drafting questions for interviews to ensure fairness and equality in the process"**
>
> **"Ask all candidates in the same cohort the same set of questions to maintain fairness"**

Respondents also wished to see improved transparency throughout the recruitment process, for example through the publication of demographic data about candidates who have been successful or unsuccessful.

> **"The process needs to be transparent and up to external scrutiny"**

"Ensuring as much of the application as possible is blind but the process is transparent. Publishing data annually"

"Transparency: disclosing to interviewees beforehand if there is an internal candidate in the pool of interviewees"

"Process needs to be transparent and properly recorded e.g. set questions at interview and notes of answers and scoring"

"Be transparent in their recruitment process, regularly ask for and listen to applicant's views on the process and reflect and act on ideas in order to achieve goals of fair recruitment"

It was suggested that advertising vacancies more widely may help to attract different people to the profession. Some respondents felt that current methods of advertising vacancies meant that some people were less likely to see them.

"Advertising jobs within the local community. Stop the over-reliance on NHS Jobs website and Twitter. Process is fair but the advertisement is skewed towards online applicants"

"Various platforms to advertise"

"Advertise more widely than NHS jobs and have economic support from their trusts to do so, especially for entrant level jobs"

"More widespread advertising of roles, national HCS publicity campaign?"

Respondents emphasised the importance of ensuring that the recruitment process is accessible to a range of different people, including those who may struggle to afford to travel to an interview.

"Perhaps offer remote interviews, or subsidise travel"

“Take into account or consider each and every individual's concerns, adapt the interviews if necessary. For instance virtual interviews should carry on if individuals cannot make it”

“Ensure that online/phone interviews are an option for every vacancy, even after Covid has ended”

“Extra time for the tests is capped at 25%. Disabilities are not the same and need to be evaluated such as at university where extra time is allocated depending on condition and severity of impact on studies”

It was also thought that different methods of assessing candidates may increase fairness, as more people would get a chance to perform to the best of their ability.

“I have sat at both sides of the table, more often as the interviewer. We are biased and we do not make enough allowance for individuals’ characteristics - we focus on the verbal and extrovert skills that few possess”

“Give an alternative to those who struggle with anxiety disorders, and focus on scientific skills rather than 'catch-out' questions. For example, have an applicant design an experiment, plan a study, or discuss a case. It makes it far harder to cheat the process by cramming one's head with prior questions asked of previous applicants, and is far less intense for the applicant”

“Be more flexible and individual-centered when it comes to recruitment and being more mindful of personal circumstance. A qualifying individual get filtered out through bureaucracy or a lack of support in their application”

“Careful choice of the questions used. Using a practical aspect to the recruitment process if appropriate, like teachers do”

"Review the required amount of prior experience required for entry to clinical science career. Is there an opportunity for people to declare that they have more responsibilities than most as a reason for lack of experience?"

Blind applications was suggested as one way to reduce opportunities for unconscious bias to affect the recruitment process and hiring decisions.

"Not have knowledge about candidates other than necessary academic, professional and extra curricular information that is required for their application"

"Ensure applications are totally blind at the shortlisting stage to ensure everyone has the same opportunity to reach the interview stage"

"Anonymised applications so don't know gender/age/ethnicity when short-listing"

"Genuinely anonymous recruitment (remove HEI names and HCPC registration number would be a start)"

"Be blind to protected characteristics in the recruitment process"

Respondents also recommended that applicants and potential applicants should be provided with clear information about what is required of them.

"Clarity on qualifications required - I saw a case where the job was advertised as needing some GCSEs and A levels, and the candidates were narrowed down to those who got a distinction in their masters, completely excluding applicants with lesser qualifications (even with clinical experience) despite the advertisement saying they were enough. Similar happens with the STP, where the advertised

qualification needed is a BSc but the majority of my colleagues have a masters and some have PhDs"

"Be open and honest with advertising pre-requisites for a post"

"Should be more descriptive. What they actually want from us"

"Provide clear info on job adverts"

One respondent suggested that cultural change was needed to address some of the issues in the recruitment and interview process.

"Really the only way that this is going to change is through a widespread cultural change and that requires understanding of where the problems are in the recruitment process"

3.4. Retention

3.4.1. Not all survey respondents felt supported at work

While 75.0% of survey respondents felt supported to bring the best of themselves to work, 25.0% did not.

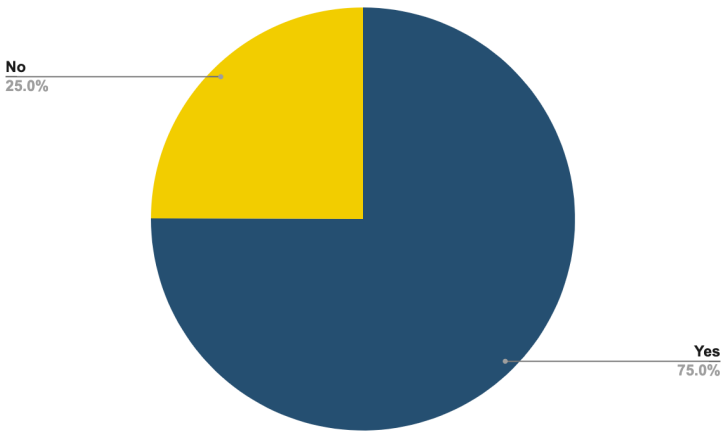

Image: do the survey respondents feel supported to bring the best of themselves to work - yes n=427 and no n=142

3.4.1.1. Feeling supported at work

There were a number of factors that contributed to people feeling supported to bring the best of themselves to work. One of these was feeling supported by the Trust, and by managers and colleagues.

> **"Managers are very supportive and provide any extra training or help we require if things aren't going well for us"**
>
> **"I have a great manager who is always willing to listen and support when needed"**
>
> **"Get support from all staff around me to ensure that I can do my best work"**
>
> **"My team is very welcoming and supportive and regularly check in on how I'm doing"**

Those who felt supported also noted that their ideas and opinions are valued and listened to.

> **"The team is friendly and open, I feel that if I do have an issue I can speak openly and not be judged"**
>
> **"Feel that I am involved in decision making in the department"**
>
> **"Although I am a trainee healthcare scientist, my training officer and others within the bioinformatics team are keen to understand my prior experiences and how these can be employed to better both my training and eventually my work within the department"**
>
> **"Supervisors encourage new ideas from staff of all levels"**

Some respondents who felt supported at work had autonomy in their role where this was appropriate.

> **"I have been given a more hands off approach which has suited my working habits as I am quite self motivated"**

> **"I feel I am trusted to do my work and there is support when I need it"**

> **"Given responsibility and autonomy, my ideas are listened to with feedback given"**

> **"Allowed to run my own department, without too much micro management of my service"**

Flexibility at work was also a factor in feeling supported.

> **"I have opportunities for flexible working since the start of the pandemic and this allows time to take a step back and recharge if required without feeling guilty"**

> **"During Covid I felt supported during issues with childcare"**

> **"Managers are supportive and try to be flexible in accommodating staff needs for leave etc"**

> **"Despite my medical issues, I have had no issues securing a job and have been treated with utmost fairness. My job has been adjusted as when needed"**

Respondents indicated that feeling valued in their role contributed to them feeling supported at work.

> **"I feel included and like my ideas and contribution is valued"**

> **"I feel that my contribution is valued"**

> **"I know I have a responsibility and that my role matters towards the achieving of the trust goals and vision, to provide the best care to our patients"**

3.4.1.2. Not feeling supported at work

There were also a number of factors that contributed to respondents not feeling supported to bring the best of themselves to work. For example, some people described difficulties with managers and other colleagues in higher grade roles.

> **“Manager not visible enough”**
>
> **“In the NHS we are taught about ensuring equality, diversity and fairness. When consultants are involved with our higher grade interviews they do not demonstrate these qualities and raise it as an issue that we do”**
>
> **“There is inequality in the treatment of staff by those in a higher position to those in a lower or even just a different position. It makes working here very uncomfortable”**
>
> **“My team is often overlooked and often not appreciated by the senior management team”**

Some respondents described unsupportive teams.

> **“I don't feel there is sufficient oversight of my work by my manager to offer "support" with regards to my performance on a day-to-day level”**
>
> **“There is not a culture of offering that support despite paying lip service to this”**
>
> **“I get no support or encouragement”**
>
> **“In our opening lectures we were shown a list of Rules For Life that included "Your boss doesn't care about your self esteem" to paraphrase, which was really distressing. It was supposed to be toughening us up, but in a pandemic when everyone's mental health is suffering, it was hard to hear that as our first interaction with the job”**

A number of respondents struggled to access flexible working.

> **"Little support for flexible working despite trust policies in place"**
>
> **"Flexible working requests (for health reasons) were refused multiple times"**
>
> **"Advised if I did need to attend a medical appointment I had to do so in my own time"**
>
> **"Lack of flexibility and reluctance to modify arrangements"**

Several people described managers showing favouritism to certain members of staff, which resulted in unequal treatment.

> **"Unfortunately there remains a degree of favouritism, so I have seen staff promoted without due process of equivalent staff consideration"**
>
> **"Some people are favoured and given opportunities whilst others are not"**
>
> **"Not offered extra hours despite others being offered, no reason other than I didn't always agree clinically with the one member of staff whom the boss favourited"**
>
> **"My colleague got promoted to a band 8a without ever being interviewed. I had three interviews to get to the same grade!"**

A number of people felt under pressure at work, for example due to heavy workloads and staff shortages.

> **"There is a constant pressure to do either one or the other (be a clinician or be a scientist and involved in research) particularly for people who work part-time"**
>
> **"Because of the unreasonable demands of a NHS role I do not feel I have time to do any of my tasks to the best of my ability"**

“My department is understaffed and people are being pushed to do more work meaning that people do the bare minimum to get through a workload rather than being able to take time to do their best”

“Extra time is necessary to finish work and no support if this isn't possible”

Some respondents felt that they were not valued in their role.

“I sometimes feel that I'm just a number or a specific pay band”

“I have also had male staff members take credit for my or other female staff members' work”

“I see people who I don't feel are fully valued for the diversity which they brings to our teams”

“The hard work does not get appreciated or acknowledged, which is a little demotivating”

There was also evidence of bullying in some cases.

“Constant bullying from Head of Dept”

“I have been subject to bullying and victimisation because I have spoken up about things that are not right. I recently had my job threatened about speaking up about this”

“I personally have experienced inequality and bullying by a manager, although I didn't recognize or report it at the time because I was young and scared”

“I have observed and challenged bullying behaviour”

A number of respondents did not feel that colleagues and managers listened to them when they reported problems in the workplace.

“I do feel my opinions are not worth as much as white colleagues and I do not have the same influence or status as my peers”

“I am looking to move job after recently having my job threatened for speaking up about discrimination and bullying. However it was done as a "without prejudice conversation" so it "never really happened". So the trust is bullying me because I spoke out about bullying”

“Concerns are met with sarcasm”

“When experiencing bullying by manager, went to his superior (and to his deputy) for help. Was told that she had 'had a word', and could see that he had been (and still was) treating me very badly, but her only other choice would be to start and investigation which would result in him being dismissed, which would be difficult for the service and bad for staff morale”

Interestingly, there is an increased percentage of survey respondents with **disabilities** and those with **caring responsibilities** who did not feel supported to bring the best of themselves to work, compared to those who did.

Of the 25.0% (142/569) of survey respondents who did not feel supported to bring the best of themselves to work, 19.0% (27/142) were **disabled**. This represented a difference of approximately 18 disabled respondents, compared to those disabled respondents who did feel supported to bring the best of themselves to work (6.3% (27/427)).

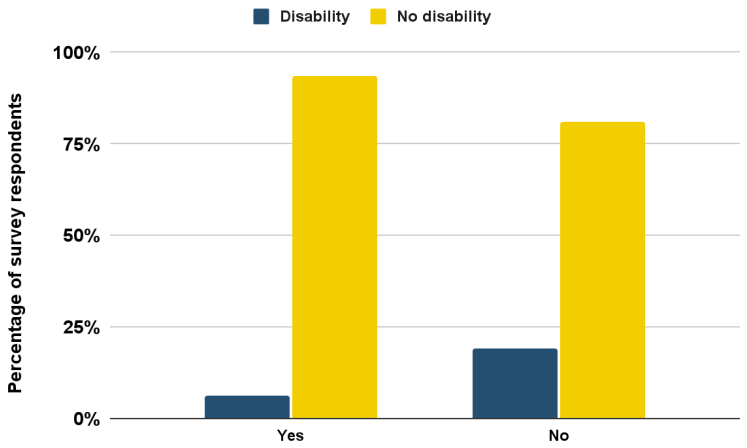

Image: survey respondents with and without disability who do (yes) and do not (no) feel supported to bring the best of themselves to work

Similarly, of the 25.0% (142/569) of survey respondents who did not feel supported to bring the best of themselves to work, 31.7% (45/142) had **physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more**. This represented a difference of approximately 21 respondents, compared to those who had physical or mental health conditions, disabilities or illnesses who did feel supported to bring the best of themselves to work (16.9% (71/427)).

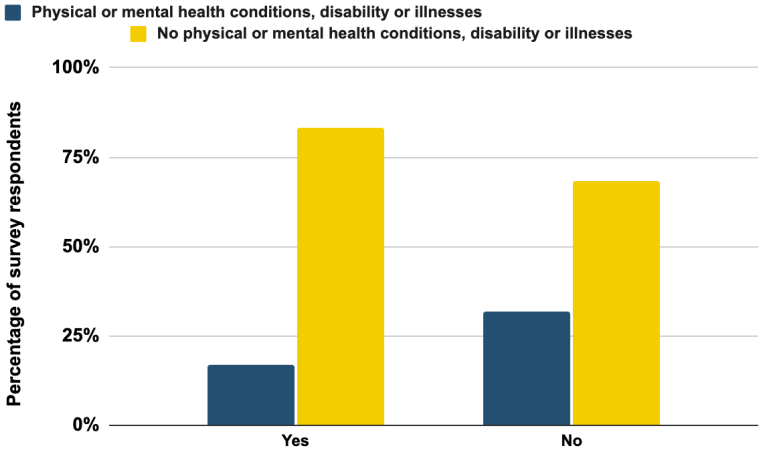

Image: survey respondents who have and do not have physical or mental health conditions, disability or illnesses who do (yes) and do not (no) feel supported to bring the best of themselves to work

Of the 25.0% (142/569) of survey respondents who did not feel supported to bring the best of themselves to work, 29.6% (42/142) had **caring responsibilities**. This represented a difference of approximately 15 respondents with caring responsibilities, compared to those respondents with caring responsibilities who did feel supported to bring the best of themselves to work (18.7% (80/427)).

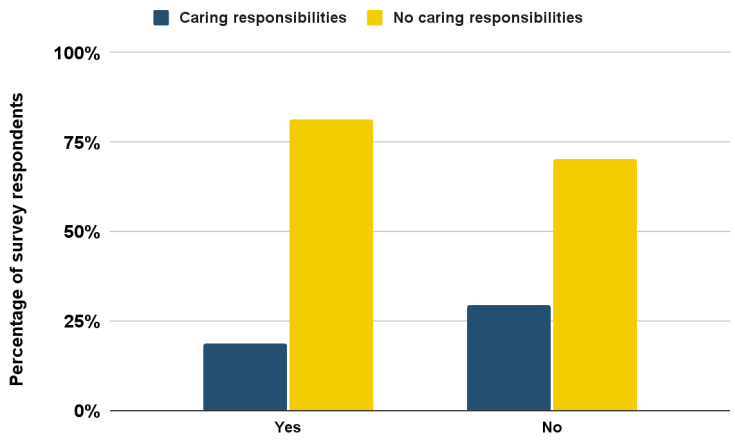

Image: survey respondents with and without caring responsibilities who do (yes) and do not (no) feel supported to bring the best of themselves to work

Also, there is a small increased percentage of survey respondents from a life science specialism, who did not feel supported to bring the best of themselves to work, compared to those who did. And a small decreased percentage of survey respondents from a physiological sciences specialism, who did not feel supported to bring the best of themselves to work, compared to those who did.

Of the 25.0% (142/569) of survey respondents who did not feel supported to bring the best of themselves to work, 39.4% (56/142) were from a **life science specialism**. This represented a difference of approximately 16 respondents, compared to those from a life science specialism who did feel supported to bring the best of themselves to work (28.1% (120/427)).

Interestingly, of the 25.0% (142/569) of survey respondents who did not feel supported to bring the best of themselves to work, 27.5% (39/142) were from a **physiological science specialism**.

This represented a difference of approximately 14 respondents, compared to those from a physiological science specialism who did feel supported to bring the best of themselves to work (37.5% (160/427)).

Of the 25.0% (142/569) of survey respondents who did not feel supported to bring the best of themselves to work, 30.3% (43/142) were from a **physical sciences and biomedical engineering specialism**. This represented no difference in respondents, compared to those from a physical science and biomedical engineering specialism who did feel supported to bring the best of themselves to work (30.4% (130/427)).

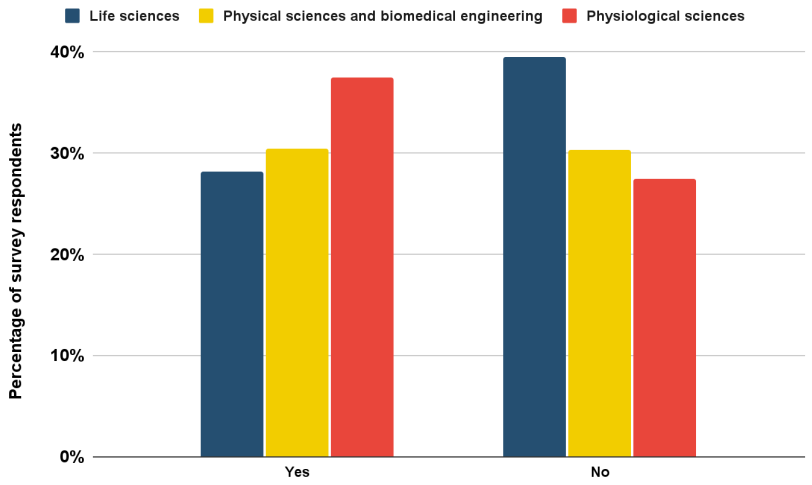

Image: specialisms of survey respondents who do (yes) and do not (no) feel supported to bring the best of themselves to work

There are small differences in the breakdown of the types of staff across the protected groups within each division, which may account for some identified differences in staff experiences across the divisions, see 3.1.1.5. A breakdown of the survey respondents across specialisms and protected groups are in Annex III.

When asked if their colleagues and managers have a good understanding and encourage an inclusive environment, 16.3% said No.

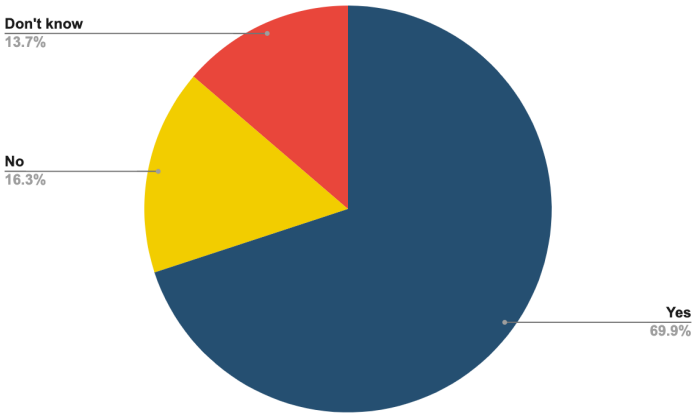

Image: do the survey respondents think their colleagues and managers have a good understanding and encourage an inclusive environment - yes n=398, no n=93 and 'Don't know' n=78

When asked if their Trust has an effective Equality, Diversity and Inclusion policy, 9.1% said No.

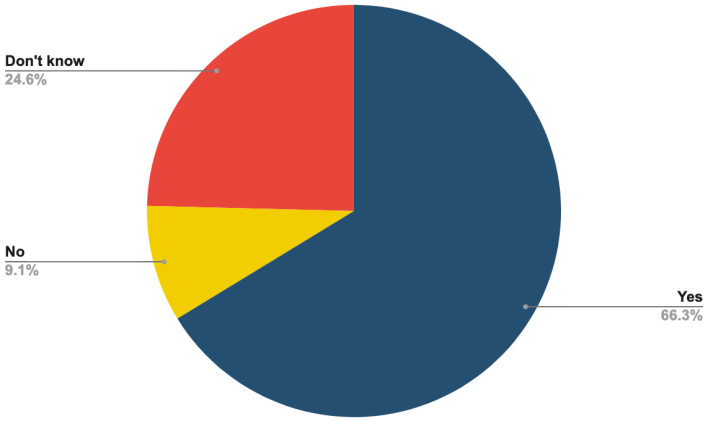

Image: do the survey respondents feel their Trust has an effective Equality, Diversity and Inclusion policy - yes n=377, no n=52 and 'Don't know' n=140

When asked if they had ever changed employer/employment because they felt discriminated against, 11.3% said Yes.

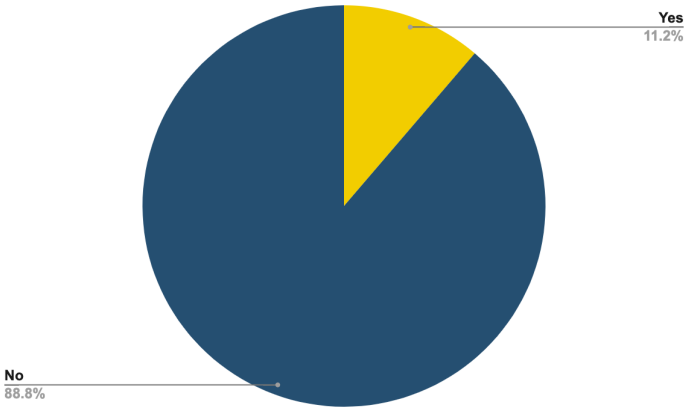

Image: have the survey respondents ever changed employer/employment because they have felt discriminated against - yes n=64 and, no n=505

3.4.1.3. Protected groups

When discussing factors that contributed to an unsupportive work environment, several respondents referred specifically to the treatment of people with protected characteristics. For example, there was evidence of racism in the workplace.

> **"One coworker repeatedly asked me if I had the right to work in this country. He was not my boss and not HR. He just took it upon himself to conduct his own personal investigation" - Respondent's ethnicity was Mixed/Multiple ethnic groups**

> **"I have noted managers referring to other staff in derogatory terms including mention of "the jungle" in regard to one colleague. This was rightly challenged by others" - Respondent was White**

> **"In a former position the only other black person in employment received my salary for a month as they hadn't distinguished between the 2 of us" - Respondent was Black/African/Caribbean/Black British**

Of the 11.2% (64/569) of survey respondents who had changed employer/ employment because they have felt discriminated against, 34.4% (22/64) were **non-white**. This represented a difference of approximately 13 non-white respondents, compared to those non-white respondents who had not changed employer/ employment because they have felt discriminated against (14.7% (74/505)).

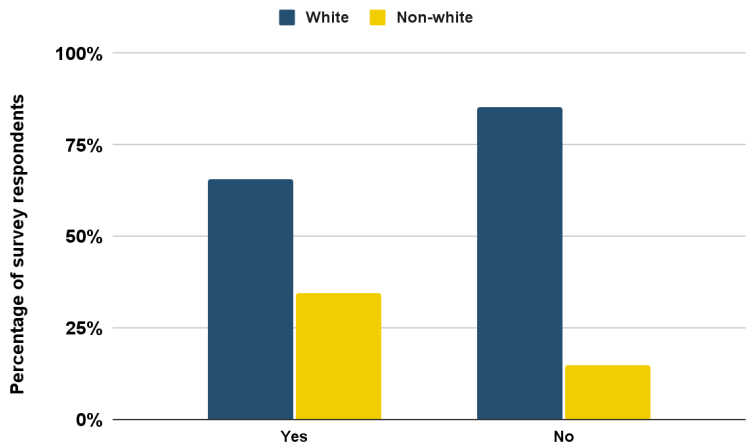

Image: white and non-white survey respondents who have (yes) and have not (no) changed employer/employment because they have felt discriminated against

Some respondents described experiencing sexism at work.

> **"When attending a meeting with my team, a senior staff member asked my manager to tell 'the girls' not to sit at the table and to instead sit at one of the chairs at the edge of the room" - Respondent was female**

> **"In the past, I was discouraged from progressing in my career as I was a woman and should focus on bringing up my children" - Respondent was female**

> **"General tendency for women to be taken less seriously, especially when making suggestions or highlighting problems. Leading to frustration which worsens the problem" - Respondent was female**

> **"Noticeable that all senior management are male and there is bias towards 'letting off' male colleagues" - Respondent was female**

Some people described discrimination and unequal treatment related to protected characteristics.

> **"I was told to leave my job because of my caring responsibilities" - Respondent had parental and caring responsibilities**

> **"I have many times seen male staff members promoted with no interview and no job advert just a nod from the CEO whereas female staff members had to constantly fight for any recognition from management and were made to apply and interview for any promotion" - Respondent was female**

> **"People not learning how to pronounce unfamiliar 'not English' names because they are 'too complicated', for example there is one doctor that our group works with who is called Dr [his first name] whilst other Drs are Dr [their surname] by some colleagues" - Respondent was White**

> **"Overall it was a feeling that no matter how hard I worked I would never be treated the same as those who were Caucasian" - Respondent's ethnicity was "Other ethnic group"**

There was evidence of discrimination against people with disabilities and a lack of support to make work environments accessible.

> **"I was told not to apply for a higher band job because I wouldn't be able to do it due to my disability. Instead, I'm left doing the same job as my non disabled colleagues but at a lower band" - Respondent was disabled**

"It takes a long time to get adjustments put in place for my disability" - Respondent was disabled

"Resistance to accommodate physical disability" - Respondent was not disabled

"I asked for a new trolley to push equipment because it was too heavy and hurt my joints. I was told no, everyone else could push it I should stop making a fuss. My colleague said it hurt her c-section scar and the trolley was replaced right away. Ongoing disability is taken less seriously than a temporary condition. This is one example from a list that goes on and on" - Respondent was disabled

Of the 11.2% (64/569) of survey respondents who had changed employer/ employment because they have felt discriminated against, 17.2% (11/64) were **disabled**. This represented a difference of approximately 6 disabled respondents, compared to those disabled respondents who had not changed employer/ employment because they have felt discriminated against (8.5% (43/505)).

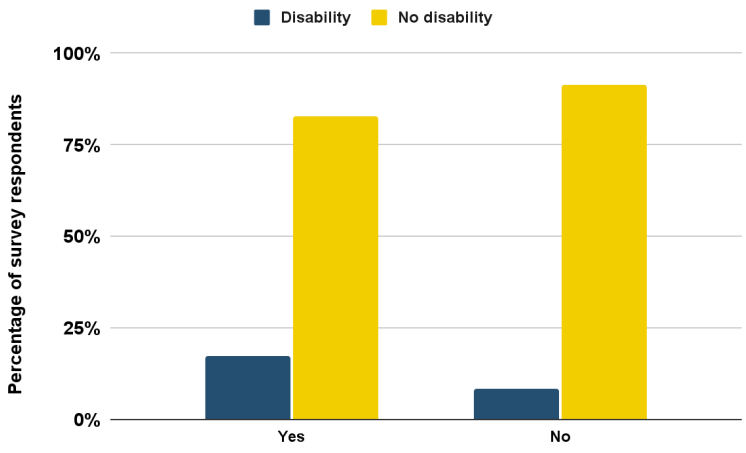

Image: survey respondents with and without disabilities who have (yes) and have not (no) changed employer/employment because they have felt discriminated against

Similarly, of the 11.2% (64/569) of survey respondents who had changed employer/ employment because they have felt

discriminated against, 31.3% (20/64) had **physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more**. This represented a difference of approximately 8 respondents, compared to those who had physical or mental health conditions, disabilities or illnesses who had not changed employer/ employment because they have felt discriminated against (19.1% (97/505)).

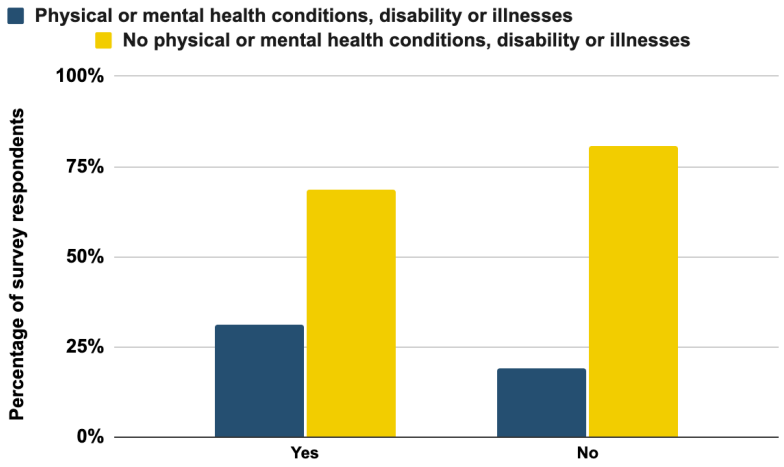

Image: survey respondents who have and do not have physical or mental health conditions, disability or illnesses who have (yes) and have not (no) changed employer/employment because they have felt discriminated against

There was also evidence of people with parental and caring responsibilities not being supported to work flexibly around these commitments.

> **"Child care issues have meant that I have not been able to attend training when it would have been beneficial" - Respondent had parental and caring responsibilities**

> **"Training involving off site time can be incredibly difficult for individuals with carer status. In my case a wife who suffered multiple strokes due to anti-phospholipid syndrome. With three young children at home and a wife in a wheelchair I could**

not attend conferences, training courses etc" - Respondent had caring responsibilities

Of the 11.2% (64/569) of survey respondents who had changed employer/ employment because they have felt discriminated against, 32.8% (21/64) had **caring responsibilities**. This represented a difference of approximately 8 respondents with caring responsibilities, compared to those respondents with caring responsibilities who had not changed employer/ employment because they have felt discriminated against (20.0% (101/505)).

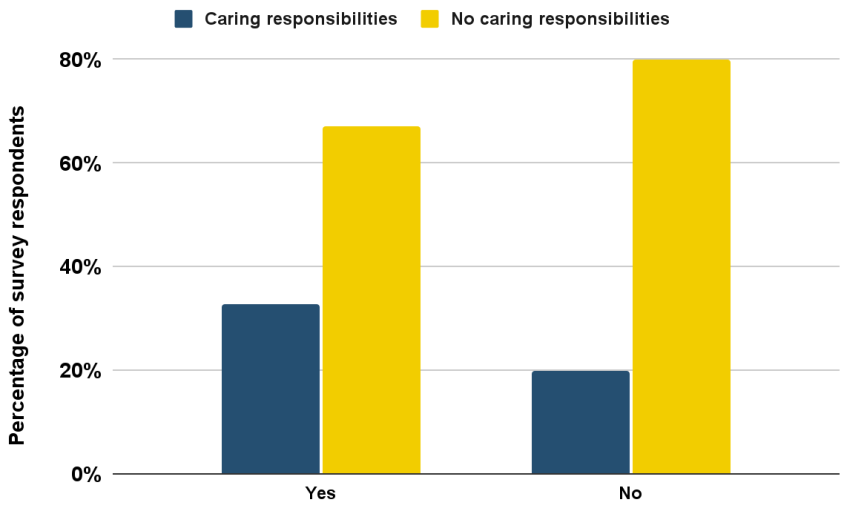

Image: survey respondents with and without caring responsibilities who have (yes) and have not (no) changed employer/employment because they have felt discriminated against

3.4.2. Not all respondents felt they had equal access to training and CPD

When asked if they felt they had equal access to training and CPD compared to their peers, 12.7% of respondents said No.

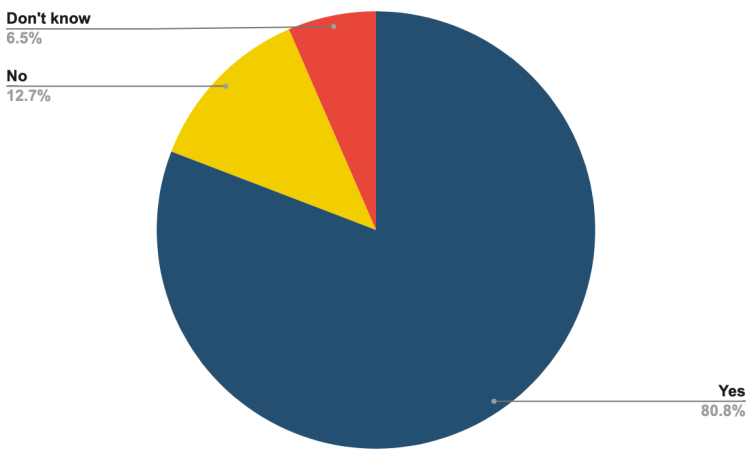

Image: do the survey respondents feel they have had equal access to training/CPD compared to their peers - yes n=460, no n=72 and 'Don't know' n=37

Survey respondents indicated that opportunities to undertake training are mixed. Some felt supported to further their development.

> **"My training centre is very well set up, very organised and engaging and they are supportive of all routes and extra curriculum I would like to undertake"**

> **"I have been supported to continue training to the highest level"**

> **"My team and manager provide opportunities for service development and personal professional development by approving allocation of extra study time and using their contacts to facilitate placements/secondments/experience days with other teams outside my department"**

> **"Well supported for training opportunities"**

Others struggled to access training opportunities.

> **"My training scheme is less understood in the department therefore I feel overlooked for training opportunities sometimes. My peers have a more established training regime"**

"I work for a private pathology laboratory within an NHS Trust. The monies reserved for HCS CPD is not accessible."

"Shielding during the pandemic prevented much of my training - I am now two months into 2nd year but still trying to complete 1st year competencies and rotations. This is difficult because as a previous shielder I can only see patients who have had a negative COVID swab in the previous 3 days (according to Trust guidance)"

"Less emphasis on training and development money for lower banded staff"

Ethnicity, parental responsibility, caring responsibility and age appeared to be linked to difficulties in accessing training.

"Wasn't allowed to go on training courses as I was on a fixed term training contract. Previous (white) trainees were however allowed to go on these" - Respondent was Asian/Asian British

"The younger peers have always had more guidance, help and protected time to enhance their career. Also the other peers have had a mentor which I never had" - Respondent was Asian/Asian British, age was 51+, had both parental and caring responsibilities

"I think people assume that as you get older you have lost interest and drive. They assume that you don't want to learn or progress" - Respondent's age was 51+

Some respondents noted that their workloads did not allow for them to undertake training as they were too busy.

"All CPD done in my personal spare time"

"Staff don't get opportunities for CPD. No protected time for it"

"Don't get any time set aside for self learning or time to catch up on things out with the job at hand e.g.

keeping up with competencies or reviewing/reading SOPs"

"We have only a handful staff with experience in all areas of work, hence no time/CPD training"

Several survey respondents suggested that healthcare science had fewer opportunities for funded training when compared to other careers in the NHS.

"There will always be a different approach to training and access to career advancement when comparing Clinical Scientists with Healthcare Practitioners"

"Look at the latest funding from HEE for nurses and AHPs!"

"The medical consultants have a training budget and I do not, yet I have to meet the same standards and keep up to date as they do. Last year scientists received no funding whatsoever for any training"

"HCS don't get any funding it all went to AHPs and nurses"

Ethnicity, gender, age, parental responsibility and caring responsibility appeared to be linked to difficulties with career progression.

"Not offered the same projects/opportunities as full time staff without children" - Respondent was female and had parental responsibilities

"Noticed it took a LONG time to reach band 8a even with qualifications & experience when all other band 8s were male" - Respondent was female

"On numerous occasions I have witnessed colleagues from BAME backgrounds being overlooked for promotion, though they had over 10 years experience and had the required qualifications. The jobs were awarded to white colleagues with less experience/ qualifications at times and other times the

"intended" candidate got the job" - Respondent was female, Black/African/Caribbean/Black British, had both parental and caring responsibilities

"Older male with less experience skills and knowledge appointed to Head of Department because he was older and male - I was actually told that in the feedback, it was in the 1990's" - Respondent was female

"Difficult to progress as you feel like no matter what you do, other people are always promoted over you and if you express a desire to progress people always believe you are being 'too big for your boots'" - Respondent was female, Black/African/Caribbean/Black British, had both parental and caring responsibilities

3.4.3. Almost a third of respondents had experienced or witnessed inequality in the workplace

When asked if they had ever experienced or witnessed inequality in the workplace, 32.0% of respondents said Yes.

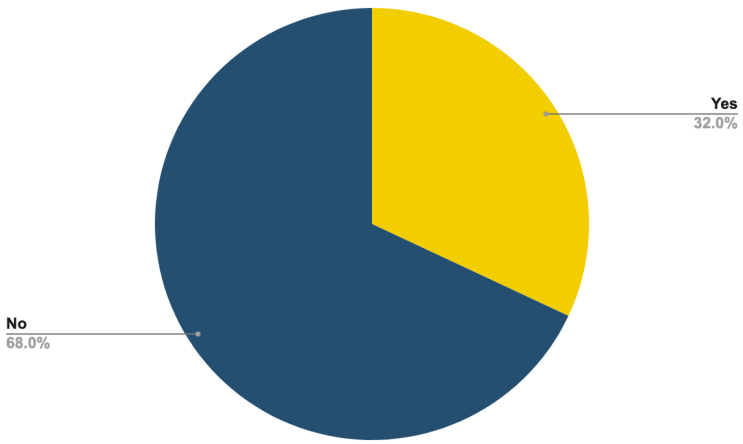

Image: have the survey respondents experienced or witnessed inequality in the workplace- yes n=182 and no n=387

There is an increased percentage of survey respondents with **disabilities**, **those with caring responsibilities** and those of **non-white ethnicity** who have experienced or witnessed inequality in the workplace, compared to those who have not.

Of the 32.0% (182/569) of survey respondents who have experienced or witnessed inequality in the workplace, 18.1% (33/182) were **disabled**. This represented a difference of approximately 23 disabled respondents, compared to those disabled respondents who have not experienced or witnessed inequality in the workplace (5.4% (21/387)).

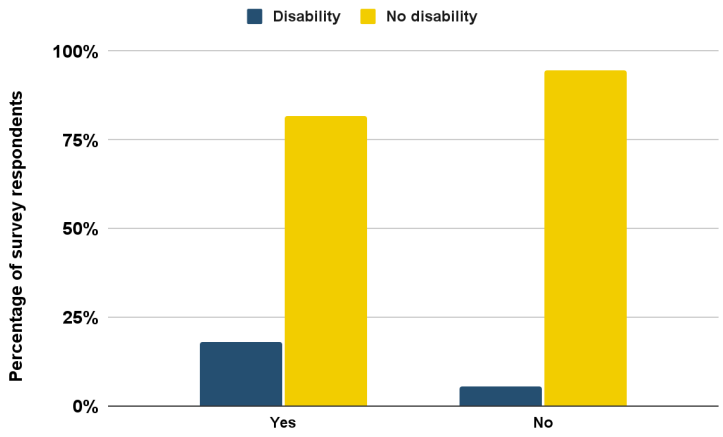

Image: survey respondents with and without disability who have (yes) and have not (no) experienced or witnessed inequality in the workplace

No differences were identified in the numbers of survey respondents with physical or mental health conditions, disabilities or illnesses who have experienced or witnessed inequality in the workplace compared to those who had not.

Of the 32.0% (182/569) of survey respondents who have experienced or witnessed inequality in the workplace, 23.6% (43/182) were **non-white**. This represented a difference of approximately 18 non-white respondents, compared to those non-white respondents who have not experienced or witnessed inequality in the workplace (13.7% (53/387)).

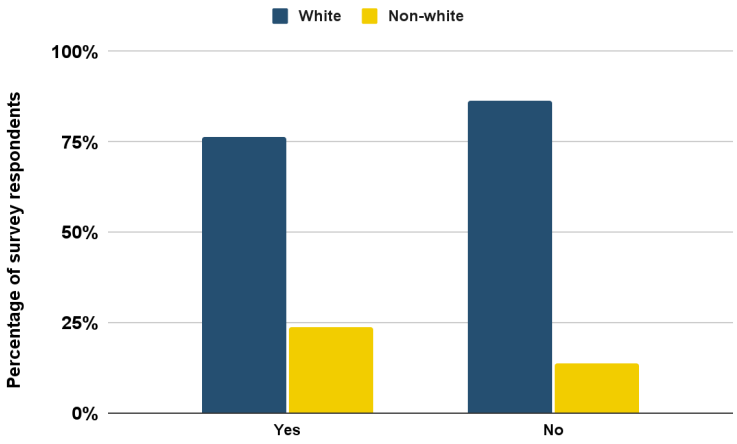

Image: white and non-white survey respondents who have (yes) and have not (no) experienced or witnessed inequality in the workplace

Of the 32.0% (182/569) of survey respondents who have experienced or witnessed inequality in the workplace, 30.8% (56/182) had **caring responsibilities**. This represented a difference of approximately 25 respondents with caring responsibilities, compared to those respondents with caring responsibilities who have not experienced or witnessed inequality in the workplace (17.1% (66/387)).

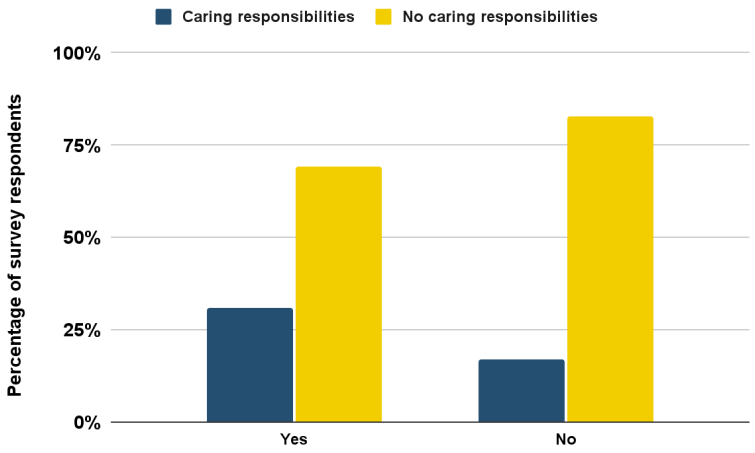

Image: survey respondents with and without caring responsibilities who have (yes) and have not (no) experienced or witnessed inequality in the workplace

Respondents suggested a number of ways in which inequality could be addressed. One of these suggestions was training managers in topics such as equality and diversity.

> **"Employers should be trained on equality and fair treatment of their employees"**

> **"Senior staff members who may have been in roles for a long time should be sent for additional training in equality and diversity with worked examples of lived experience of discrimination. It's not enough to have people do a short course when they go through induction that just goes through the legalities. You need to discuss more examples, both minor incidents and major, and discuss the impacts of these not for the organisation and the breach of law but the impact these have on the victim of discrimination. How it affects their mental health, self-esteem, self-worth, future job prospects, etc"**

> **"Massive push for education required across the NHS re: equality/diversity/INCLUSION in particular"**

Some people recommended improving mechanisms for reporting problems at work to ensure that issues are dealt with and those responsible are held accountable.

> **"Better training of middle managers and hold them accountable"**

> **"HR need to take matters brought to their attention seriously and not leave victims feeling like they're overreacting or their experience doesn't matter"**

3.5. Leadership

3.5.1. There are a number of barriers to career progression

While 80.0% of respondents felt inspired to progress in their career, 20.0% did not.

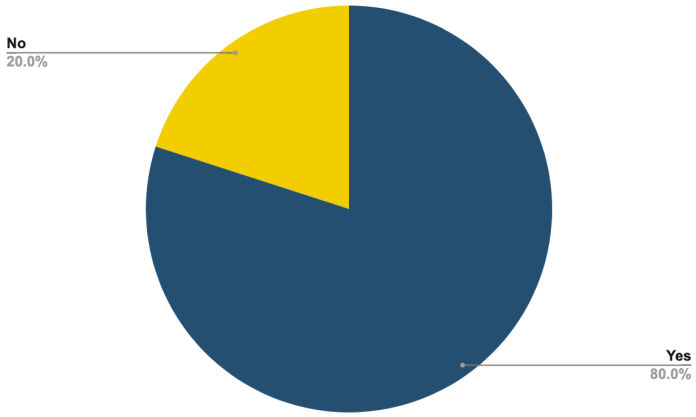

Image: are survey respondents inspired to progress in their career - yes n=455 and no n=114

The survey revealed a number of barriers to progression, including a lack of desire to progress.

> **"I do not wish to progress any further, am at the position I wanted to be at"**
>
> **"Too late in my career for it to make any difference. I gave up long ago and am eligible for retirement"**
>
> **"I had a career which wore me out completely and didn't work out so I decided to get secure ordinary work. I don't want to take more exams or courses, if I was made to I would probably leave - I have done with all that"**
>
> **"I have no desire to progress any further in my career"**

Respondents indicated that there were not always opportunities for them to progress further. For example, some noted that more senior roles were management related rather than being scientific or technical roles.

> **"I feel there is no clear career progression within my role"**

> **"I don't know any senior scientists except physicists. It seems impossible for physiological scientists to reach senior positions"**

> **"I have had conversations over the last week about what a battle this has become for me. I have been a band 7 since 1998 and in this role for 15 years. I'm considered an expert ie. a new band 7 would not give what I give and therefore I can't move onwards and upwards, unless I leave the organisation"**

> **"Not enough opportunities for HCS to have higher positions within trusts/regions"**

Some respondents were reluctant to progress further in their careers because of the expectations of people in more senior roles. For example, some were concerned about increased stress at higher levels, and poorer work-life balance.

> **"Career progression to me looks like more stress, pressure and a reduction of work life balance"**

> **"I feel I already have too much responsibility for my grade"**

> **"I am happy at my current grade, and would be happier if I didn't have to manage any staff, as that is the only real source of problems (apart from lack of staff numbers)"**

Interestingly, there is a shift in the **age** pattern of survey respondents who are inspired to progress in their career, compared to those who are not.

Of the 20.0% (114/569) of survey respondents who were not inspired to progress their career, 41.2% (47/114) were **aged 50+**. This represented a difference of approximately 29 respondents aged 50+, compared to those respondents aged 50+ who were inspired to progress their career (16.2% (74/455)).

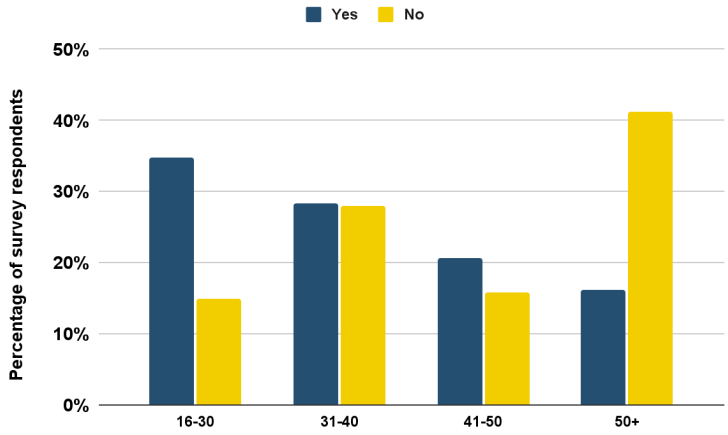

Image: age (in years) of survey respondents who are (yes) and are not (no) inspired to progress in their career

3.5.2. Respondents identified a number of ways to support career progression

Respondents described different ways in which they could be supported to further develop their careers. One of these suggestions was receiving additional support from managers.

> **"Better management, feeling able to speak up when things are wrong, without being victimised"**
>
> **"Having a supervisor that seemed to have any idea what they were supposed to do for me"**
>
> **"More support and experience"**
>
> **"I feel like senior management do not take my development seriously. If I had a line manager that actively supported me I would be very eager to**

progress but currently I feel that my progression is of no priority to management"

It was also suggested that pay could be used as an incentive to take on more senior roles.

"Pay incentives. Top and bottom of band are too close and no pay rise for 5 years. There is non-incentive to take on more hassle with effectively no more money for five years"

"Money"

"More opportunity & progression in banding"

Some respondents noted that being able to progress further as a scientist rather than a manager may encourage people to develop their careers.

"Ability to progress in a scientific career without having to be a 'leader' or 'manager'. I trained to be a scientist, and I've reached the highest level where I can continue to be a scientist"

"More technical roles/less managerial"

"Do not wish to work in a higher level that would have less patient-facing time"

Some respondents stated that increased flexibility in senior roles could enable more people to progress their careers.

"A better work life balance for managers"

"Flexibility that more senior roles would accommodate disability"

Some respondents noted that more opportunities for career progression were needed.

"More opportunities. My role is effectively a dead end one. No progression"

“More vacancies in senior roles. Training for more senior roles being available in work-time, rather than mostly/entirely the trainee's time”

“Promotion opportunities”

“Indications that there would be jobs available”

It was also suggested that better representation at senior levels could encourage people to progress further in their career.

“I don't see someone in my team I can see myself in - I would appreciate seeing other HCS across my NHS trust and perhaps another scientist in another department and seeing their path will help inspire me to find mine”

3.5.3. Respondents highlighted a lack of representation at senior levels

Respondents were asked whether they felt they were appropriately represented within their Trust, regionally, nationally, and within their professional body. While 51.1% felt that they were appropriately represented, 29.3% did not.

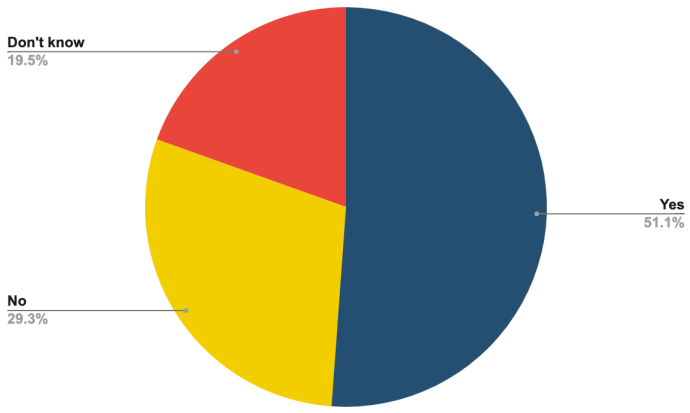

Image: do survey respondents feel appropriately represented at senior levels within Trust/Regional/National/professional body - yes n=291, no n=167 and ‘Don’t know’ n=111

Respondents indicated that representation was not consistent. For example, some felt well represented at a Trust level but others did not. Similarly, some felt better represented at a national level than others.

> **"Trust - yes. Regional/national/professional - no"**

> **"Within the Trust, there is not as much representation at high level management as there should be. Good representation at Regional, national & professional though"**

> **"Trust, yes. Regional and national are those who have time to spare, are political and good at networking"**

> **"Mostly trust focuses on nurses and doctors"**

Some respondents felt that they were poorly represented and understood by professional bodies.

> **"IPEM are not interested in Clinical Engineers and only give them lip service"**

> **"In professional bodies, such as the BSE, there is very little representation of "ordinary" physiologist in committees"**

> **"My professional body was merged with another discipline resulting in mine being under-represented although this is changing. Very few union members and no representative at the trust for ACS"**

A number of respondents stated that they did not feel that their voices were heard at a senior level. Some also felt that their needs were not addressed by senior management.

> **"I have been messed about by senior management for at least the last year. They ignore emails and any other communication. They seemingly would rather push blame around rather than provide any solutions to any problems. As far as I'm concerned, they earn a living by making the jobs of others more difficult"**

"Senior managers don't represent staff. They don't care about staff but about their circle of close friends"

"My boss took over as Lead Scientist for the Trust, and eventually gave up, frustrated at the lack of progress in having an influence for HCS. The current joint incumbents see much the same problem, so although we have increased our local network to discuss the HCS issues, at a Trust Board level, we still have a lack of influence"

"We are constantly ignored and our voices drowned out by self serving upper-middle and senior leadership at a local level and at a national level are treated with utter contempt"

Some respondents felt that healthcare science is not well understood. It was suggested that this may be a particular issue for specific specialisms.

"There are not any healthcare scientists that I know of in senior leadership, and no other healthcare scientist teams within our directorate. We feel quite misunderstood at times"

"Audiology has never been seen as a professional body unfortunately"

"Scientific Computing is not very well understood, let alone represented across the organisation so we often get left out of key decisions relating to healthcare computing and IT"

3.5.4. Protected groups appear to be particularly poorly represented

Respondents indicated that those with protected characteristics were particularly poorly represented at a senior level. For

example, several respondents highlighted that the majority of people in senior positions in healthcare science are white.

> **"There are few BAME healthcare scientists in senior positions within my Trust, board members, heads of department etc. They are not present in the board members of my professional body either" - Respondent's ethnicity was Mixed/Multiple ethnic groups**
>
> **"All my SLT are white" - Respondent's ethnicity was "Other ethnic group"**
>
> **"No one from ethnic minorities holds any major senior management positions in the trust" - Respondent was Asian/Asian British**
>
> **"How many BME representatives can you name?" - Respondent was Asian/Asian British**

Of the 29.3% (167/569) of survey respondents who did not feel appropriately represented at senior levels within the Trust/Regional/National/ professional body, 27.5% (46/167) were **non-white**. This represented a difference of approximately 30 non-white respondents, compared to those non-white respondents did feel appropriately represented at senior levels within the Trust/Regional/National/professional body (9.6% (28/291)).

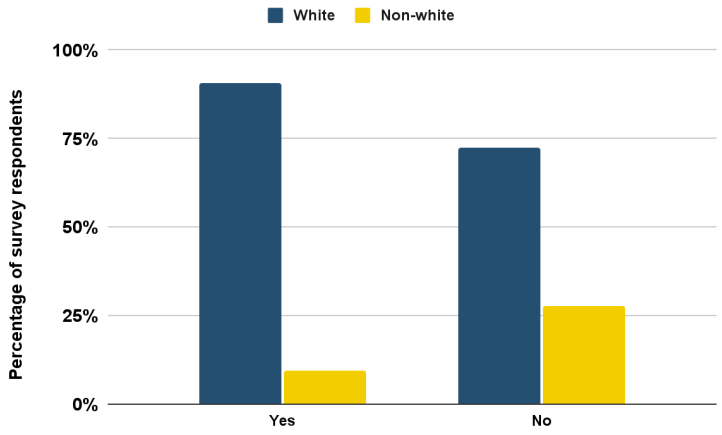

Image: white and non-white survey respondents who do feel (yes) and don't feel (no) appropriately represented at senior levels within Trust/Regional/National/ professional body

Respondents also felt that women were under-represented in senior roles.

> **"I don't see many if any Heads or Deputy Heads of Clinical Engineering who are female" - Respondent was female**
>
> **"There has never been a female IPEM president" - Respondent was female**
>
> **"I have on occasion within the last 2 years been in high level meetings where head of service are predominantly male... at Trusts where the majority of staff are women" - Respondent was female**
>
> **"There is still a lack of female representation" - Respondent was female**

There were also concerns that disabled people are not well represented at a senior level. Some felt that this may be linked to a lack of flexibility in more senior roles, making them inaccessible for some people with disabilities. It was suggested that this may also be the case for those with parental and caring responsibilities.

> **"As a disabled female who works four days a week, I don't believe there are many of those senior people who put their health and wellbeing above their careers, as they would be seen as I am; unreliable" - Respondent was disabled**
>
> **"It's mostly men or ball-breaker women, all of them work stupid hours so these roles are clearly inaccessible to those with caring responsibilities or health limitations" - Respondent had parental responsibilities**

"None of these bodies have made it obvious that they care about disabled students or trainees" - Respondent was disabled

"There is too much assumption that what suits everyone else will work for carers. Little or no recognition of the implications of long term carer status on career and salary expectations" - Respondent had caring responsibilities

Of the 29.3% (167/569) of survey respondents who did not feel appropriately represented at senior levels within the Trust/Regional/National/professional body, 15.6% (26/167) were **disabled**. This represented a difference of approximately 16 disabled respondents, compared to those disabled respondents did feel appropriately represented at senior levels within the Trust/Regional/National/ professional body (5.8% (17/291)).

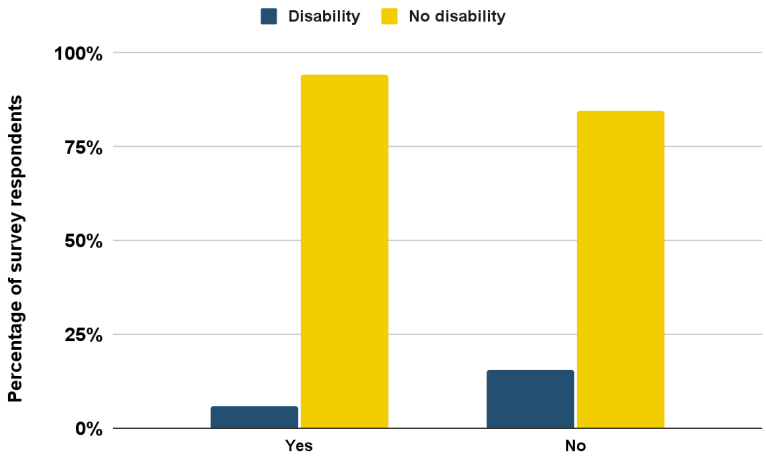

Image: survey respondents with and without disability who do feel (yes) and don't feel (no) appropriately represented at senior levels within Trust/Regional/National/ professional body

Similarly, of the 29.3% (167/569) of survey respondents who did not feel appropriately represented at senior levels within the Trust/Regional/National/professional body, 28.7% (48/167) had **physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more**. This represented a difference of approximately 16 respondents, compared to those who had

physical or mental health conditions, disabilities or illnesses, who did feel appropriately represented at senior levels within the Trust/Regional/National/professional body (14.1% (41/291)).

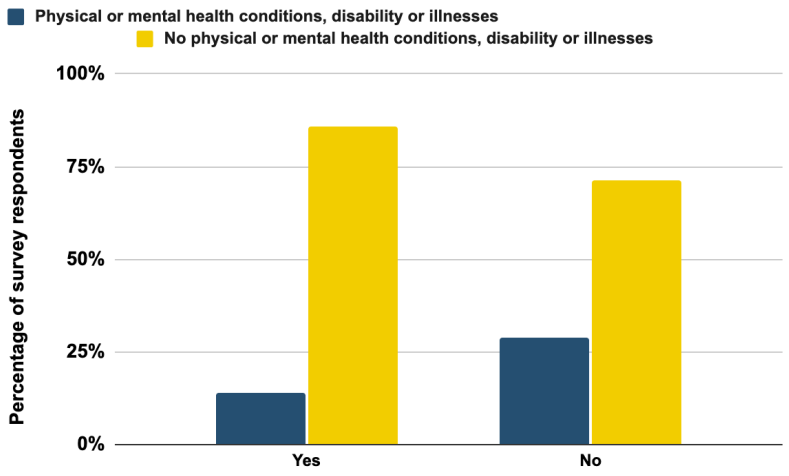

Image: survey respondents who have and do not have physical or mental health conditions, disability or illnesses who do feel (yes) and don't feel (no) appropriately represented at senior levels within Trust/Regional/National/ professional body

Some respondents noted that they were unaware of any openly LGBT+ leaders in healthcare science.

> **"No visible LGBT representation at higher levels/role models" - Respondent was gay or lesbian**
>
> **"I am unaware of any LGBT leaders in the profession" - Respondent was gay or lesbian**
>
> **"No LGBT+ people at a senior level. To my knowledge I'm the most senior LGBT+ out person out of an organisation of 5500 employees" - Respondent was gay or lesbian**
>
> **"There are very few visible LGBTQ+ leaders in healthcare science across the range of organisations. It is hard, therefore, to see where this representation would come from" - Respondent was gay or lesbian**

3.5.5. Many respondents had not undertaken leadership training

While 47.5% of survey respondents had been offered or had undertaken leadership training, 52.5% had not.

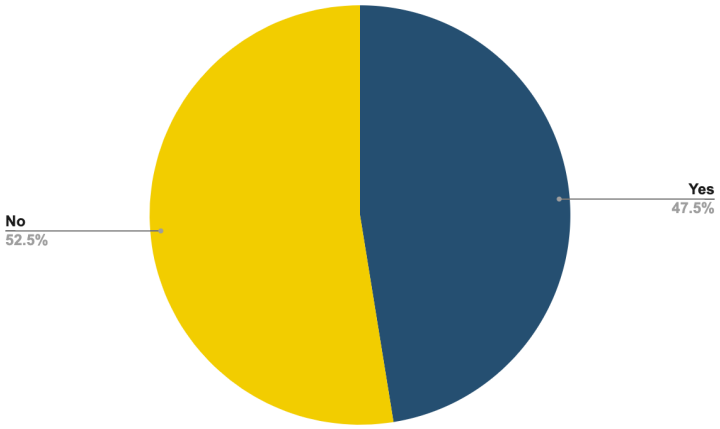

Image: have survey respondents been offered/undertaken leadership training - yes n=270 and no n=299

Those who had been offered or undertaken leadership training, 89.3% (241/270) of the training was specific to a protected characteristic e.g. WISE, stepping up, Stonewall.

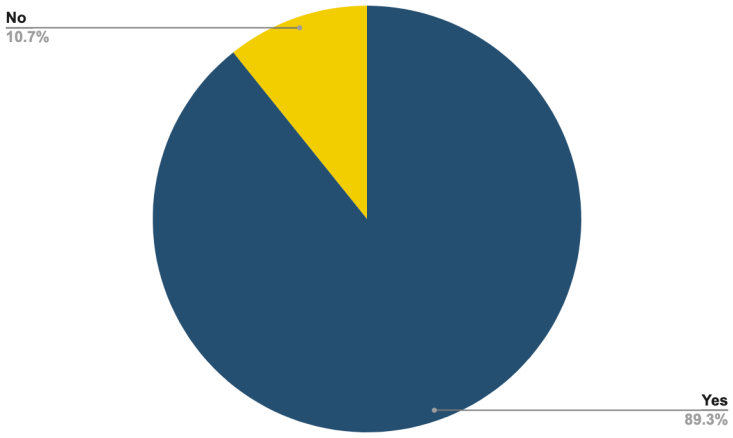

Image: survey respondents who had been offered or undertaken leadership training, and which was specific to a protected characteristic - yes n=241 and no n=29

Courses included HSST, WISE, Edward Jenner, Mary Seacole, and ILM.

The survey found that there was a shift in the **age** pattern of survey respondents who had been offered/undertaken leadership training, compared to those who had not.

Of the 52.5% (299/569) of survey respondents who had not been offered/undertaken leadership training, 51.7% (153/299) were **aged 16-30**. This represented a difference of approximately 128 respondents aged 16-30, compared to those respondents aged 16-30 who had been offered/undertaken leadership training (8.1% (22/270)).

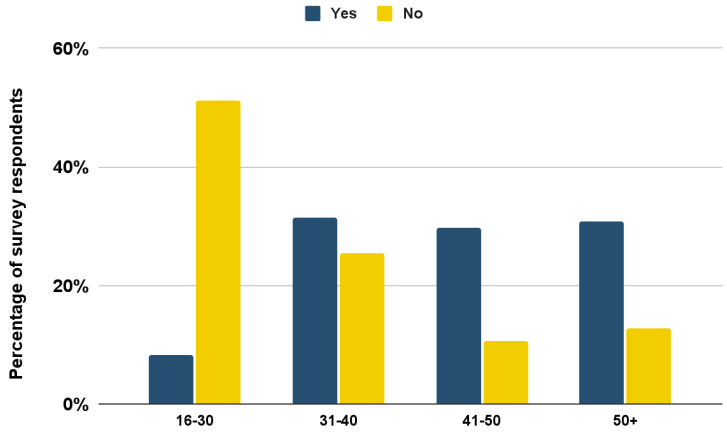

Image: age (in years) of survey respondents who have (yes) and have not (no) been offered/undertaken leadership training.

Younger survey respondents are more likely to be on a lower pay grade/band than older survey respondents.

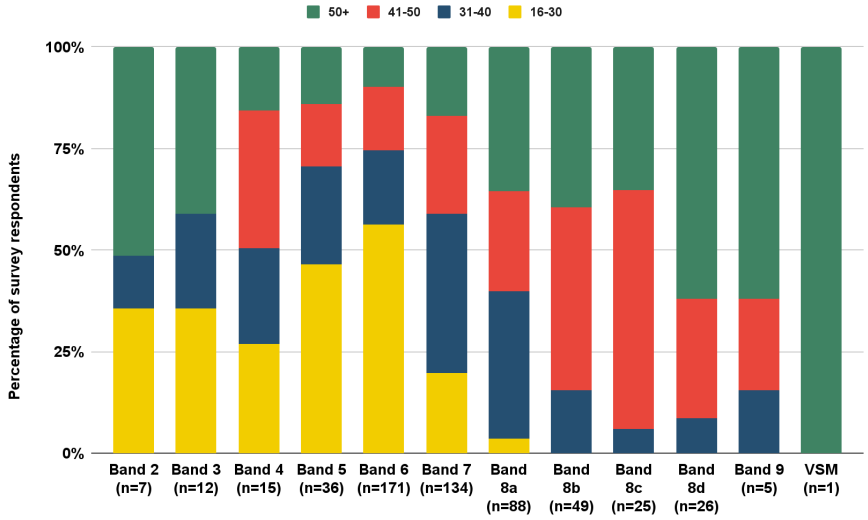

Image: age (in years) vs pay grade/band of survey respondents - 16-30 n=175, 31-40 n=161, 41-50 n=112 and 50+ n=121

Survey respondents on lower pay grades/bands are less likely to have been offered or undertaken leadership training.

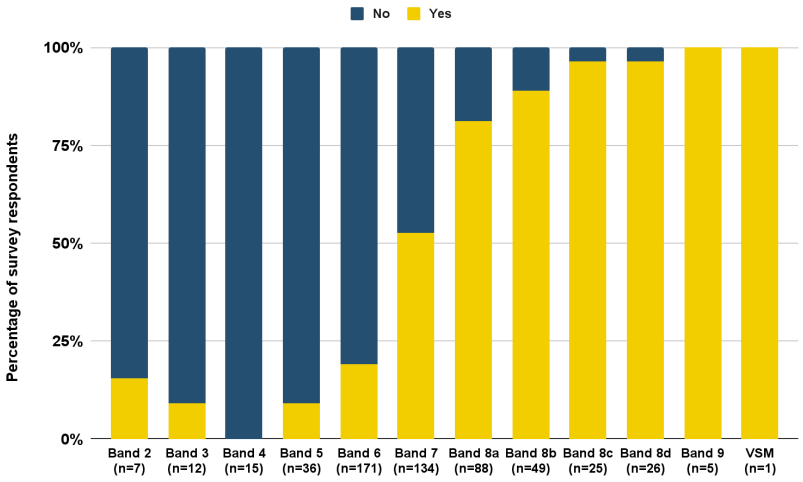

Image: pay bands of survey respondents who have (yes) and have not (no) been offered or undertaken leadership training.

Of the 52.5% (299/569) of survey respondents who had not been offered/undertaken leadership training, 21.1% (63/299) were **non-white**. This represented a difference of approximately 27 non-white respondents, compared to those

non-white respondents who had been offered/undertaken leadership training (12.2% (33/270)).

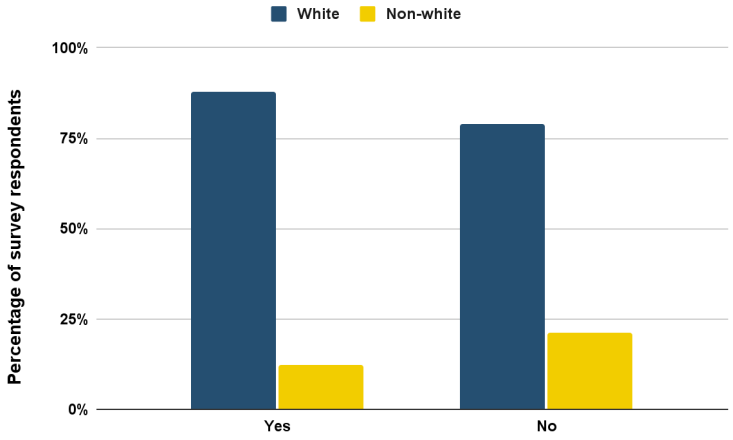

Image: white and non-white survey respondents who have (yes) and have not (no) been offered/undertaken leadership training.

This was also reflected in the qualitative data.

> **"I asked to do stepping up but line manager didn't support me" - Respondent was Black/African/Caribbean/Black British**

> **"Stepping Up. My manager did not support my application and HR eventually was involved and I was allowed to attend in my own time! After the training no one asked me how I got on. It was a tick box exercise" - Respondent's ethnicity was 'Other ethnic group'**

3.6. Risk assessments

3.6.1. Respondents had mixed experiences with risk assessments

While 84.4% of respondents were offered a risk assessment, 12.1% were not. A risk assessment was not applicable to 3.5% of survey respondents.

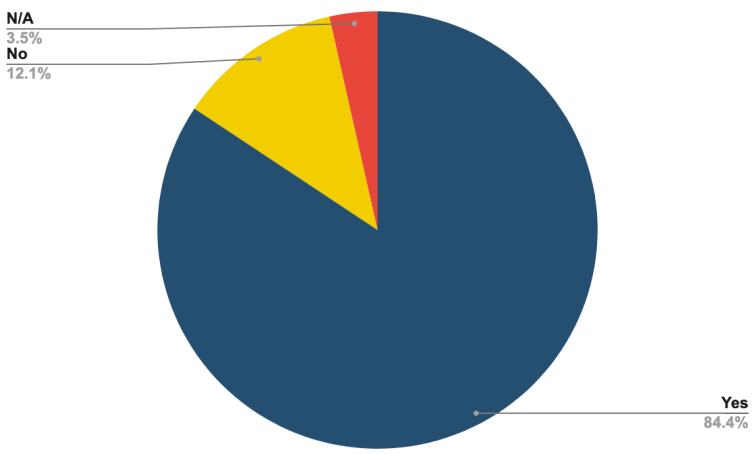

Image: have survey respondents been offered a risk assessment - yes n=480, no n=69 and N/A n=20

There were mixed opinions on the value of completing a risk assessment. Some felt that the process was helpful and reassuring, particularly in the context of Covid.

> **"Necessary during this on-going pandemic"**
>
> **"Positive and reassuring"**
>
> **"It was good and so important to get to know my level of risk, especially having a background of the most affected community by the Covid-19 pandemic. It was so encouraging to see emphasis for this from management"**

Some respondents regarded the process as a box-ticking exercise, and did not feel that it was particularly valuable.

> **"The risk assessors have no idea what we do or where we are!"**
>
> **"It appeared to be a tick box exercise. My manager didn't seem to have enough power to implement the changes needed. E.g. access to working from home equipment (Trust PC and VPN), or assurance that social distancing guidelines could be adhered inside clinic rooms"**

"Tick box exercise, results recorded, but no feedback as to whether they need to be acted upon or not"

"Identifying risks is one thing, acting on the risks identified is quite another matter! A risk assessment is a waste of time if no action arises as a result of it"

Other respondents did not appear to have strong feelings either way, but appeared to be generally satisfied with their experience of risk assessments.

"A fair process"

"Satisfactory"

"Fair and took my concerns into consideration"

Of the 12.1% (69/569) of survey respondents who had not been offered a risk assessment, 44.3% (31/69) were from a **life science specialism**. This represented a difference of approximately 25 respondents, compared to those from a life science specialism who had been offered a risk assessment (28.5% (137/480)).

Interestingly, of the 12.1% (69/569) of survey respondents who had not been offered a risk assessment, 17.4% (12/69) were from a **physical science and biomedical engineering specialism**. This represented a difference of approximately 10 respondents, compared to those from a physical science and biomedical engineering specialism who had been offered a risk assessment (31.9% (153/480)).

Of the 12.1% (69/569) of survey respondents who had not been offered a risk assessment, 34.8% (24/69) were from a **physiological sciences specialism**. This only represented a difference of approximately 1 respondent, compared to those from a physiological sciences specialism who had been offered a risk assessment (35.8% (172/480)).

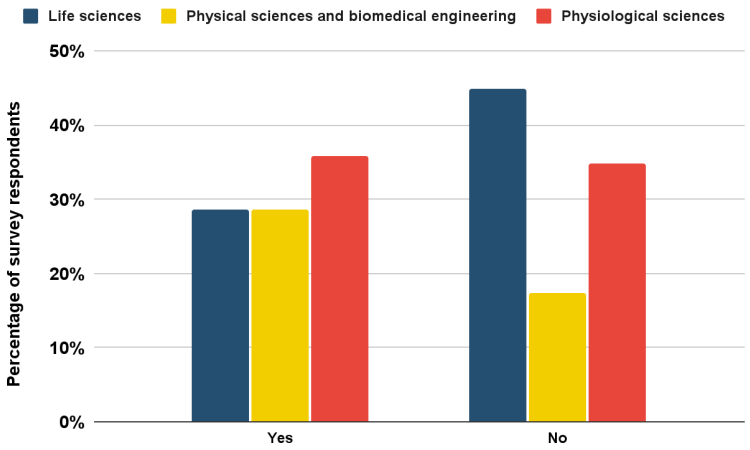

Image: specialisms of survey respondents who have (yes) and have not (no) been offered a risk assessment

There are small differences in the breakdown of the types of staff across the protected groups within each division, which may account for some identified differences in staff experiences across the divisions, see 3.1.1.5. A breakdown of the survey respondents across specialisms and protected groups are in Annex III.

Of the 480 survey respondents who were offered a risk assessment, 81.3% had no needs or adjustments identified, however needs or adjustments were identified for 18.7% of respondents.

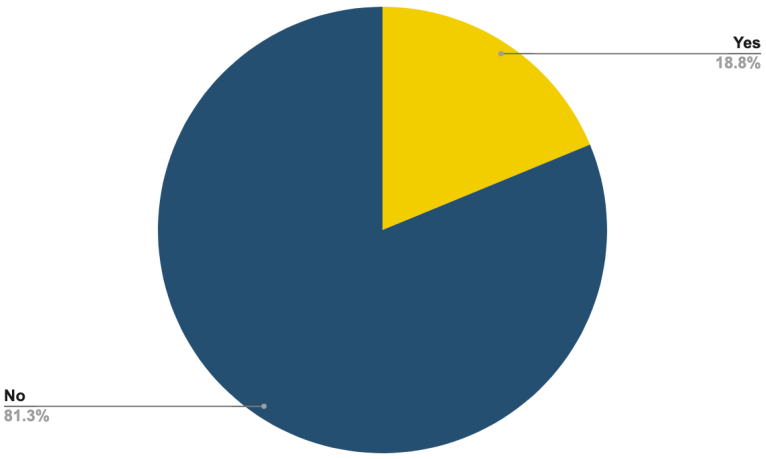

Image: do the survey respondents who were offered a risk assessment have any specific needs/adjustments identified - yes n=90 and no n=390

Of the 18.7% (90/480) of survey respondents who had needs or adjustments identified, 21.1% (19/90) were **disabled**. This represented a difference of approximately 13 disabled respondents, compared to those disabled respondents who had no needs or adjustments identified (7.2% (28/390)).

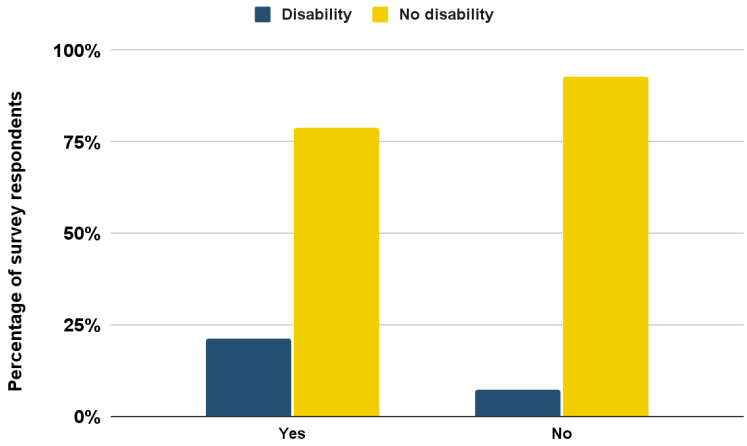

Image: survey respondents with and without disabilities who have been offered a risk assessment and specific needs/adjustments were (yes) and were not (no) identified

Similarly, of the 18.7% (90/480) of survey respondents who had needs or adjustments identified, 35.6% (32/90) had **physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more**. This represented a difference of approximately 17 respondents, compared to those who had physical or mental health conditions, disabilities or illnesses, compared to those respondents who had no needs or adjustments identified (17.2% (67/390)).

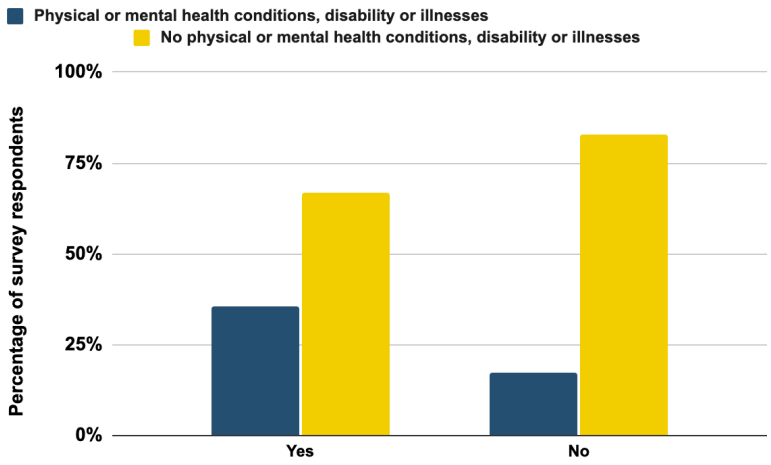

Image: survey respondents who have and do not have physical or mental health conditions, disability or illnesses who have been offered a risk assessment and specific needs/adjustments were (yes) and were not (no) identified

Of the 18.7% (90/480) of survey respondents who had needs or adjustments identified, 36.7% (33/90) had **caring responsibilities**. This represented a difference of approximately 23 respondents with caring responsibilities, compared to those respondents with caring responsibilities who had no needs or adjustments identified (19.2% (75/390)).

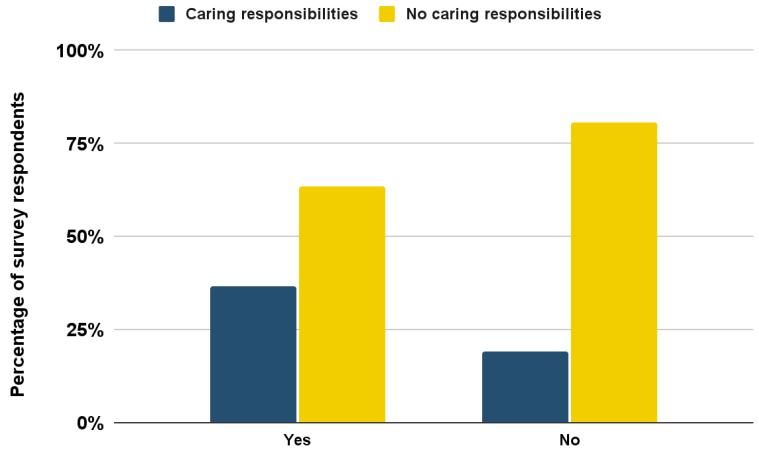

Image: survey respondents with and without caring responsibilities who have been offered a risk assessment and specific needs/adjustments were (yes) and were not (no) identified

Of the 90 of survey respondents who had specific needs/ adjustments identified, 87.8% (79/90) had their needs or

adjustments addressed. Needs or adjustments were not addressed for 8.9% (8/90) of survey respondents. 3.3% left this answer blank.

3.6.1.1. Positive risk assessment experience

There were a number of factors that contributed to a positive experience of the risk assessment process. Several respondents felt that the process was quick and simple.

> **"Quick and painless"**
>
> **"Easy to follow"**
>
> **"Very straightforward and encouraging to see that my department is taking these requirements into consideration"**
>
> **"Very straightforward and inclusive"**

Some people noted that risk assessments were part of a well established ongoing process.

> **"Well established in the trust and good communication"**
>
> **"I have undertaken many for my department"**

Some respondents felt that regular updates to risk assessments were positive. Others however felt that this could be frustrating.

> **"Fairly good when the second lot of risk assessments were sent out i.e. the ones that recognized ethnicity as a risk factor"**
>
> **"Very thorough. I was happy with how COVID19 risk assessments were undertaken and how regularly they are re-addressed as guidelines and regulations change around COVID19 both nationally and within my Trust"**
>
> **"Frustrating as they keep changing"**

3.6.1.2. Negative risk assessment experience

Respondents gave a number of reasons why their experience of risk assessments had been negative. For example, several respondents cited a lack of support from their managers when completing a risk assessment.

> **"I had to complete it myself"**
>
> **"My line manager was not involved with the process at all, I undertook it under my own direction and with OH"**
>
> **"Management failed to review despite numerous requests"**

A number of respondents noted that where risks were identified, they found it difficult to get adjustments put into place to minimise these.

> **"Manager wanted me to unrealistically work with colleagues in close proximity by the nature of work. I suffer from congenital heart disease and am over 60yrs of age so therefore refused. This had to be taken through due process with him when he already received information from occupational assessment. It's caused a degree exclusion professionally and significant concern"**
>
> **"BAME risk assessment was done one as I asked for it. Never review again and it was put in place for a few weeks and then everything went back as before without reviewing"**
>
> **"My manager has been unwilling to make any adaptations for example allowing working from home to reduce commuting"**

Some respondents reported issues with communication around why risk assessments were needed or how they would be acted upon once completed.

“It wasn't made clear that it was available for all staff”

“Risk assessment determined I should only work in a clean room on my own but now I work with some patients and I'm not sure how fully this has been risk assessed”

“Badly managed and explained”

Others felt that the process was flawed and as a result it did not adequately account for all risk factors.

“Somewhat thorough but questionnaire alone wasn’t sufficient to get a good idea of individual needs - most people in my department had to be asked extra questions”

“Terrible and didn't account for my specific health conditions so I was deemed low risk, even though I am high risk as I take immunosuppression medication. I had to ask for a Occ health referral or my manager would have made me go into the office and I would likely have become very ill if I had caught anything, luckily Occ health had a better risk stratification and I was advised to WFH”

“Not sure it completely encompassed the complexity of the situation. Different working environments, journeys into work etc. I am currently living with a vulnerable individual. Whilst I myself may seem low risk I am responsible for protecting someone who isn't - do not feel this was reflected in the assessment”

“As a 'shielder' I scored 'low risk' on the assessment, lower than many people still working in the dept”

Some noted that generic risk assessments were not specific enough to meet individuals’ needs.

"We were asked to self certify as low or high risk according to a specific list of criteria. Unless you met those criteria, you were not entitled to a formal risk assessment"

"Seemed a blanket approach e.g. my risk was raised due to being a white male, despite having a higher level of fitness when compared to white female colleagues - seemed too generic to be beneficial"

Some respondents had concerns around a lack of confidentiality when completing risk assessments.

"It was conducted in an open room with other staff so if I had sensitive information to divulge (which I didn't), it could have proved difficult/embarrassing"

Others stated that their experience of the risk assessment process did not align with their expectations.

"We were told to do it ourselves and if we had a high score then speak to a manager. We felt like we should have sat down with our manager one to one and gone through it"

"I actually didn't realise it was a risk assessment as it was conducted as an informal discussion and never saw any paperwork, actually went back later with paperwork and was told it had been done"

"Quite ridiculous, apparently it could be completed without me seeing it!"

3.6.2. The majority of respondents had access to appropriate Personal Protective Equipment (PPE) to do their job

93.7% of survey respondents have access to appropriate PPE in accordance with guidance to do their job, but 1.6% (9 survey

respondents) did not. Access to PPE was not applicable for 4.7% of the survey respondents.

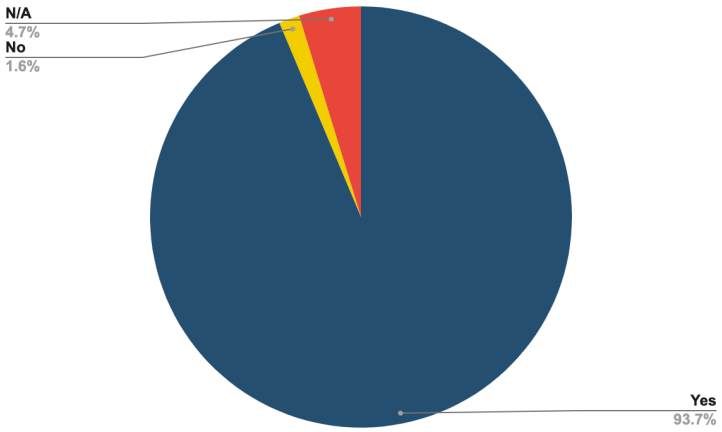

Image: do survey respondents have access to appropriate PEE in accordance to guidance to do their job - yes n=533, no n=9 and N/A n=27

83.8% of survey respondents had never felt pressurised by their manager or colleagues to work in settings without adequate PPE, but 11.1% had. 5.1% of survey respondents felt this was not applicable to them.

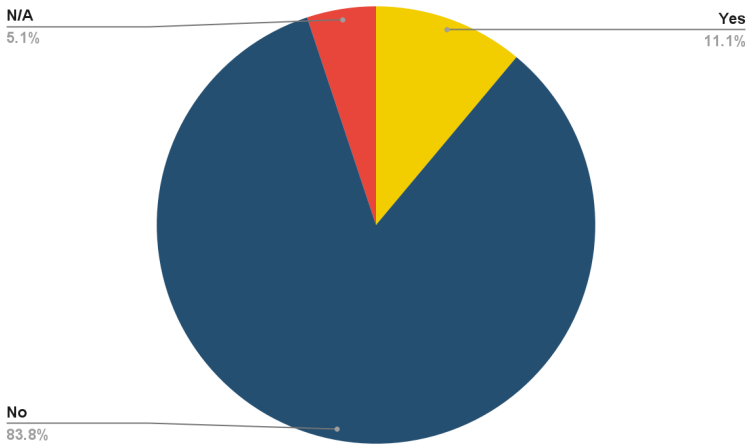

Image: do survey respondents feel pressurised by their manager/colleagues and put pressure on them to work in settings without adequate PPE - yes n=63, no n=477 and N/A n=29

Of the 11.1% (63/569) of survey respondents who had felt pressurised by their manager or colleagues to work in settings without adequate PPE , 76.2% (48/63) were **female**. This represented a difference of approximately 6 female respondents, compared to those female respondents who had not felt pressurised by their manager or colleagues to work in settings without adequate PPE (67.1% (320/477)).

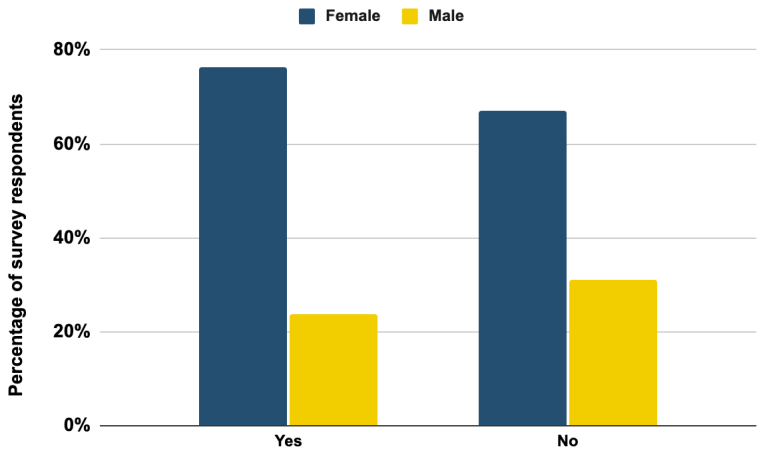

Image: the gender of survey respondents who had (yes) and had not (no) felt pressurised by their manager/colleagues to work in settings without adequate PPE

Of the 11.1% (63/569) of survey respondents who had never felt pressurised by their manager or colleagues to work in settings without adequate PPE , 15.9% (10/63) were **disabled**. This represented a difference of approximately 5 disabled respondents, compared to those disabled respondents who had not felt pressurised by their manager or colleagues to work in settings without adequate PPE (8.6% (41/477)).

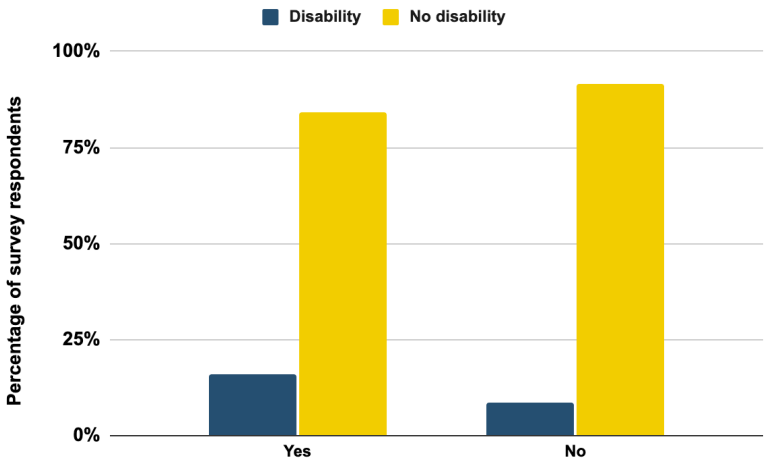

Image: survey respondents with and without disability who had (yes) and had not (no) felt pressurised by their manager/colleagues to work in settings without adequate PPE

Similarly, of the 11.1% (63/569) of survey respondents who had never felt pressurised by their manager or colleagues to work in settings without adequate PPE , 27.0% (17/63) had **physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more**. This represented a difference of approximately 5 respondents, compared to those who had physical or mental health conditions, disabilities or illnesses who had not felt pressurised by their manager or colleagues to work in settings without adequate PPE (19.5% (93/477)).

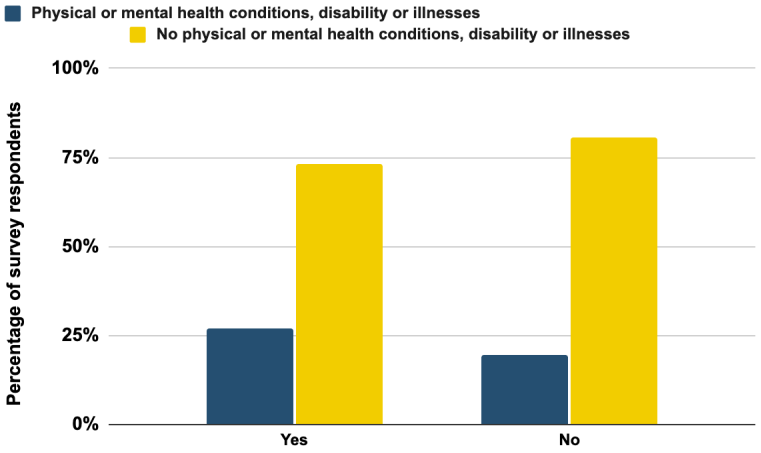

Image: survey respondents who have and do not have physical or mental health conditions, disability or illnesses who had (yes) and had not (no) felt pressurised by their manager/colleagues to work in settings without adequate PPE

3.7. Health and wellbeing

While 80.3% of survey respondents said their manager or Trust takes an active interest in their health and wellbeing, 19.7% said their manager or Trust does not take an active interest in their health and wellbeing.

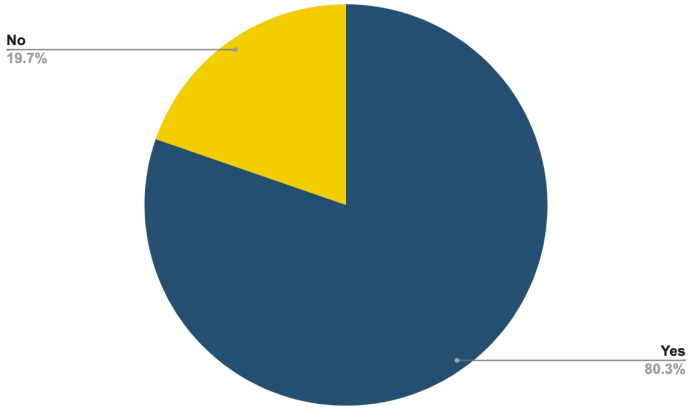

Image: do survey respondents feel their manager/Trust takes an active interest in their health and wellbeing - yes n=457 and no n=112

No differences were identified in the numbers across the protected characteristics in relation to those who said their manager or Trust takes an active interest in their health and wellbeing and those who did not.

3.7.1. Not all respondents had equal opportunities to access home working, shift work, and reasonable adjustments

3.7.1.1. Home working

When it came to home working, 73.1% of survey respondents felt their Trust/manager provides equal opportunities for all staff, but as much as 26.9% did not.

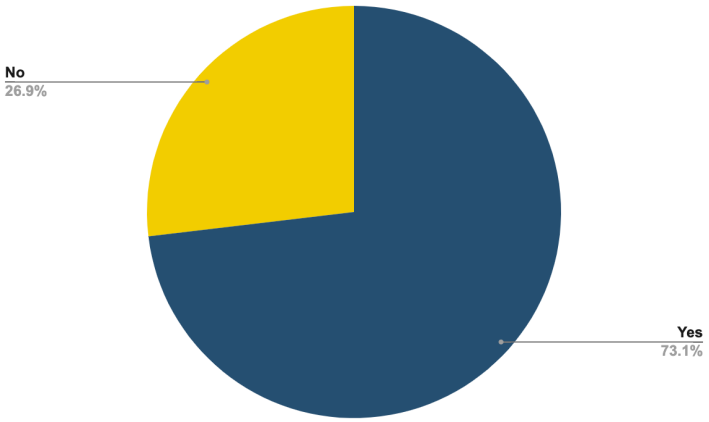

Image: do survey respondents feel their Trust/manager provides equal opportunities for all staff when it comes to home working - yes n=416 and no n=153

Several respondents stated that they were not permitted to work from home at all.

> **"Not allowed to shield or work from home"**
>
> **"Working from home not thought to be an option even though I feel it is possible"**
>
> **"Any amount of working from home was ruled out"**

A number of respondents suggested that it was not possible for them to do their job from home.

> **"Unable to work from home in a lab based position"**

“We are patient facing and not able top work from home”

“Unable to work from home - patient facing job!”

Some respondents indicated that certain groups were more likely than others to be able to access flexible working options such as working from home.

“Some staff working from home permanently, others are told to come in. Flexible working is acceptable for some staff but others get into trouble over working flexibly”

“Home working is possible and has been allowed for shielding/self-isolating staff but has not been allowed/considered for any other staff despite much work that could be done without coming onto site”

“It feels like people with children have the monopoly and first choice with shifts/home working/annual leave and then the rest of us are required to cover”

“Home working has not been implemented well. Higher risk staff (like myself) are still expected to work everyday in higher risk areas, and we apparently could not be redeployed. Other people now work from home and there is no transparency in how such decisions are made. Managers are more likely to be able to work from home, the rest of us work in large offices together. It doesn't feel equal access”

Some respondents who were allowed to work from home found this difficult because of issues such as a lack of access to IT equipment.

“Home working is difficult in our trust as it is almost impossible. Cannot access the correct drives or software as there is no VPN. We are encouraged to

work from home but there is little to do and requires a lot of preparation"

"Limited availability of IT equipment and limited options for working at home"

"I don't have access to be able to do a lot of stuff I can do from home"

"I feel that income inequality has not always been taken into account. For example, I am very lucky to be able to work from home. However, when a ruling was made that this was mandatory for me, this was very challenging as I live in a 1-bed flat with my partner. This meant no separate office space etc. Not everyone is fortunate enough to be able to have dedicated workspace in their own home and I do not feel this was accommodated well"

3.7.1.2. Shift work

When it came to shift work 83.0% of survey respondents felt that their Trust or manager provides equal opportunities for all staff, but 17.0% did not.

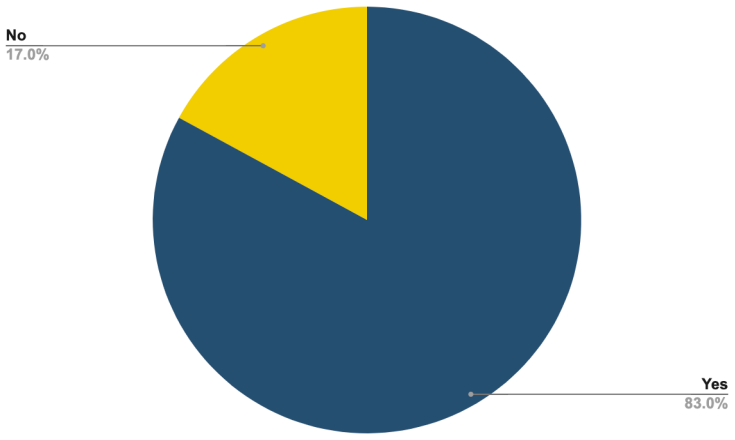

Image: do survey respondents feel their Trust/manager provides equal opportunities for all staff when it comes to shift work - yes n=472 and no n=97

"Shift work - supernumerary expected to do this before other trust staff. I truly believe that if I had a

child I would not be asked to do certain shift patterns or last minute unarranged jobs like I have been at this trust"

"Shift work offered but enforced on those without childcare commitments"

No differences were identified in the numbers of survey respondents with and without caring or parental responsibilities who felt that their Trust or manager provides equal opportunities for all staff when it came to shift work, compared to those who did not.

However, of the 17.0% (97/569) of survey respondents who did not feel that their Trust or manager provides equal opportunities for all staff when it came to shift work, 17.5% (17/97) were **disabled**. This represented a difference of approximately 9 disabled respondents, compared to those disabled respondents who did feel that their Trust or manager provides equal opportunities for all staff when it came to shift work (7.8% (37/472)).

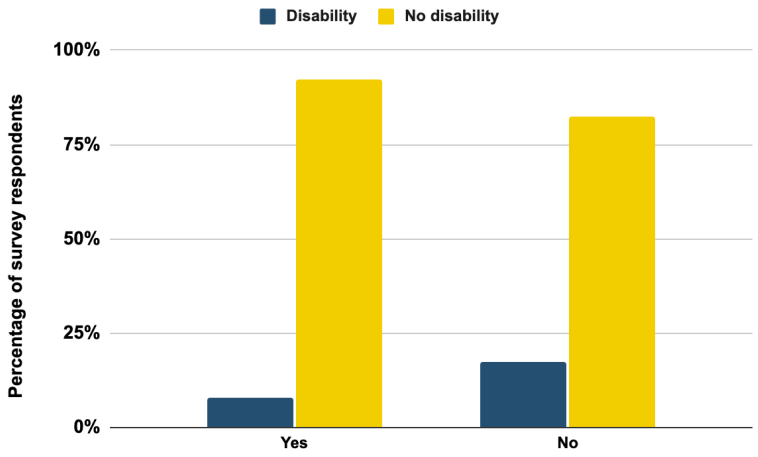

Image: survey respondents with and without disability who did (yes) and did not (no) feel their Trust/manager provides equal opportunities for all staff when it comes to shift work

No differences were identified in the number of survey respondents with and without physical or mental health conditions, disabilities or illnesses who felt that their Trust or

manager provides equal opportunities for all staff when it came to shift work compared to those who had not.

3.7.1.3. Reasonable adjustments

When it came to reasonable adjustments, 84.4% of survey respondents felt that their Trust or manager provides equal opportunities for all staff, but 15.6% did not.

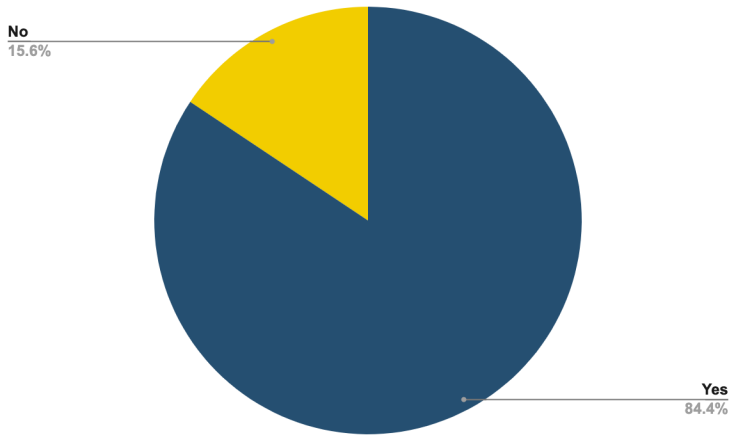

Image: do survey respondents feel their Trust/manager provides equal opportunities for all staff when it comes to reasonable adjustments - yes n=480 and no n=89

> **"Some staff members given preferential treatment with regards to special adjustments"**
>
> **"Asked to work compressed hours to accommodate caring responsibilities when my sister was terminally ill but declined. Requested to work part-time when had children but 'departmental policy' is cannot work anything shorter than 4 days a week - no practical reason given, just that it would 'set a precedent'"**
>
> **"I have a long commute to work and was rejected by a previous supervisor when I asked for flexible working on a Friday, which is my study day. If I had childcare responsibilities I imagine the response would have been different"**

Of the 15.6% (89/569) of survey respondents who did not feel that their Trust or manager provides equal opportunities for all

staff when it came to reasonable adjustments, 20.2% (18/89) were **disabled**. This represented a difference of approximately 11 disabled respondents, compared to those disabled respondents who did feel that their Trust or manager provides equal opportunities for all staff when it came to reasonable adjustments (7.5% (36/480)).

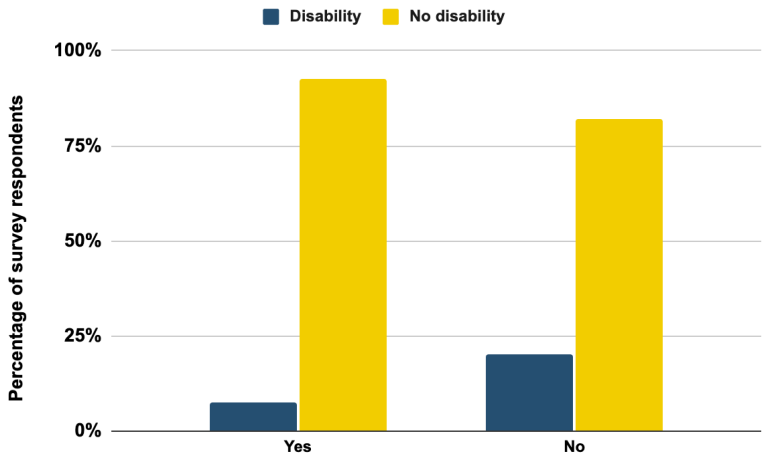

Image: survey respondents with and without disabilities who felt their Trust/manager provides (yes) or does not provide (no) equal opportunities for all staff when it comes to Reasonable Adjustments

Of the 18 disabled survey respondents who felt their Trust/manager does not provide equal opportunities for all staff when it comes to reasonable adjustments, 15/18 had had or been offered a risk assessment. Of these 15 disabled survey respondents, 3/15 had needs/adjustments identified in the risk assessment, 12 had not.

Of the 15.6% (89/569) of survey respondents who did not feel that their Trust or manager provides equal opportunities for all staff when it came to reasonable adjustments, 33.7% (30/89) had **physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more**. This represented a difference of approximately 14 respondents, compared to those who had physical or mental health conditions, disabilities or illnesses who did feel that their Trust or manager provides equal

opportunities for all staff when it came to reasonable adjustments (18.1% (87/480)).

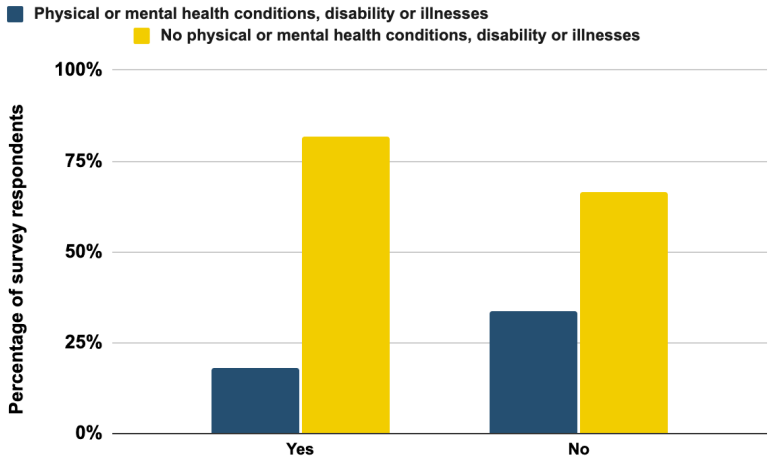

Image: survey respondents who have and do not have physical or mental health conditions, disability or illnesses who felt their Trust/manager provides (yes) or does not provide (no) equal opportunities for all staff when it comes to Reasonable Adjustments

8.6% of survey respondents felt that their Trust or manager did not provide equal opportunities for all staff in **all** 3 areas (reasonable adjustments, shift work **and** home working).

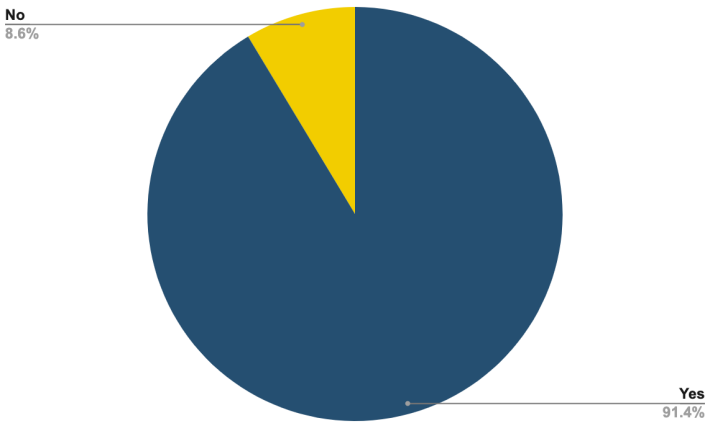

Image: do survey respondents feel their Trust/manager provides equal opportunities for all staff when it comes to at least one (reasonable adjustments, shift work and home working - yes n=520 and no n=49

3.7.2. Respondents did not always feel confident in discussing protected characteristics with their manager or colleagues

A number of respondents indicated that they would not feel confident in discussing protected characteristics with managers or colleagues. There were a number of reasons for this. For example, some respondents indicated that they were unwilling to discuss protected characteristics with their manager for privacy reasons.

> **"I am a private person. I would not discuss these things with close friends or family either" - Respondent was female**

> **"Too personal for me, it's not a reflection on my workplace or manager" - Respondent was female and Asian/Asian British**

> **"Certain issues I feel are too personal to disclose in a workspace" - Respondent was male and Asian/Asian British**

> **"Not used to talking about these things" - Respondent was female, Asian/Asian British and had caring responsibilities**

Several respondents had concerns about a lack of understanding around protected characteristics.

> **"Put it this way, the invitation to do this survey said it would take 5 to 10 minutes. That's probably possible if the person completing the survey is not adversely affected by any of the topics covered by the survey. There is a prevalent presumption - even by the people telling staff to do this survey! - that people should not be affected by disability, mental health, inequality issues, etc" - Respondent was disabled**

“My line manager is older and I don't know if he knows what non-binary even means. I would be too scared of being misunderstood to speak about it. I have told a few colleagues that I am non-binary but haven't been asked at any point for my pronouns so haven't felt able to bring it up” - Respondent was non-binary

“I would never have been comfortable coming out as non-binary at work, especially as I have a trans friend and colleague who used to work in the department who had some really bad experiences relating to attitudes around his gender identity” - Respondent was non-binary

36.9% of survey respondents were confident to talk with their line manager about **gender identity**, but 20.6% were not and 42.5% thought this did not apply to them.

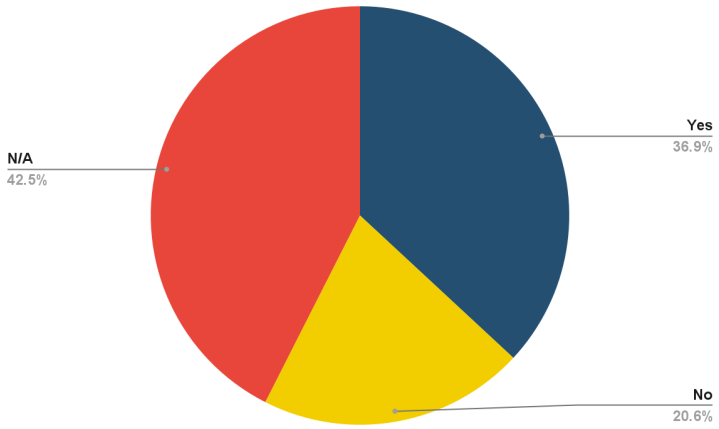

Image: are survey respondents confident talking to their line manager/colleagues about their gender identity - yes n=216, no n=117 and N/A n=242

No differences were identified in the survey respondents' gender profile between those who were confident talking to their line manager/colleagues about their gender identity, and those who were not.

Some noted that their managers and colleagues did not understand their experiences of racism.

"Don't think a non BAME manager would relate to the discriminations faced by BAME individuals growing up and during work life" - Respondent was Asian/Asian British

"The only thing they say is he is trying to play the race card. It is so unhelpful" - Respondent was Black/African/Caribbean/Black British

There was also no difference in the breakdown of the survey respondents' healthcare science specialism between those who were confident to talk with their line manager about gender identity, compared to those who were not.

51.7% of survey respondents were confident to talk with their line manager about **ethnicity**, but 14.6% were not and 33.7% thought this did not apply to them.

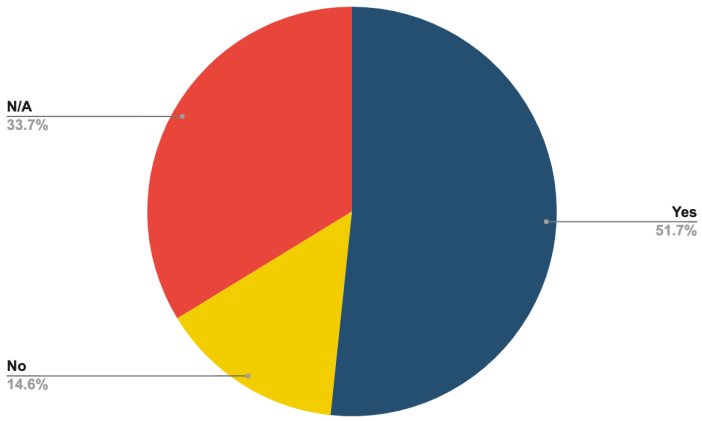

Image: are survey respondents confident talking to their line manager/ colleagues about their ethnicity - yes n=294, no n=83 and N/A n=192

Of the 14.6% (83/569) of survey respondents who did not feel confident talking to their line manager/colleagues about ethnicity, 42.2% (35/83) were **non-white**. This represented a difference of approximately 19 non-white respondents, compared to those non-white respondents who did feel confident talking to their line manager/colleagues about ethnicity (19.4% (57/294)).

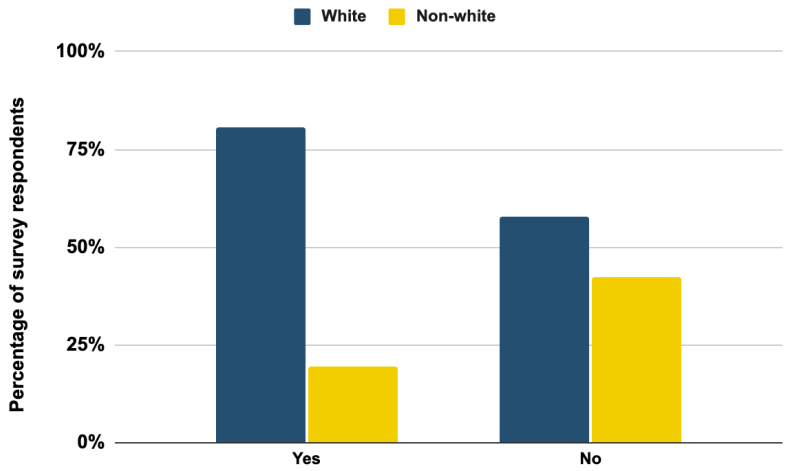

Image: white and non-white survey respondents are (yes) and are not (no) confident talking to their line manager/colleagues about their ethnicity

Respondents were also concerned about how managers and colleagues would react if they disclosed protected characteristics that are not visible.

> **"Still some concern that homophobia may exist in workplaces - I haven't been there long enough to know if I feel safe" - Respondent was queer**

> **"I choose to not speak to my colleagues about my disability as I find then how everyone sees you changes and you then get, 'you do well for someone with .....' . You are no longer recognised just on your skills" - Respondent was disabled**

> **"A lot of people don't believe 'non binary' is a valid identity and I'm worried it would cause problems, so it's easier to just state my gender assigned at birth. Disability wise I'm afraid my physical health problems will make them think I'm not capable - I don't need permanent adjustments but it would make things easier if there was some flexibility on flare-up days" - Respondent was non-binary and disabled**

No differences were identified in the numbers of survey respondents' healthcare science specialism between those who

were confident to talk with their line manager about ethnicity, compared to those who were not.

51.1% of survey respondents were confident to talk with their line manager about **disability**, but 13.7% were not and 35.2% thought this did not apply to them.

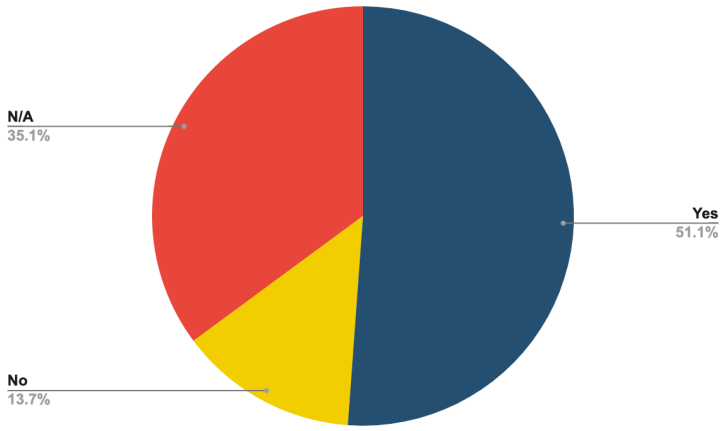

Image: are survey respondents confident talking to their line manager/ colleagues about their disability - yes n=291, no n=78 and N/A n=200

Of the 13.7% (78/569) of survey respondents who did not feel confident talking to their line manager/colleagues about their disability, 23.1% (18/78) were **disabled**. This represented a difference of approximately 8 disabled respondents, compared to those disabled respondents who did feel confident talking to their line manager/colleagues about their disability (12.4% (36/291)).

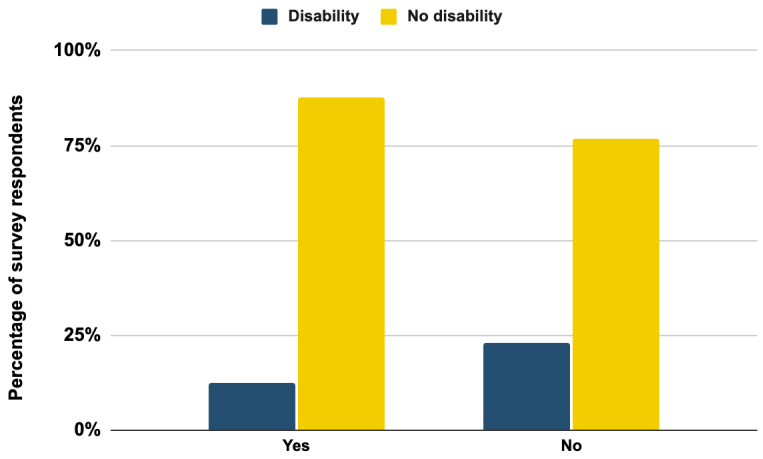

Image: survey respondents with and without disability who are (yes) and are not (no) confident talking to their line manager/colleagues about their disability

Similarly, of the 13.7% (78/569) of survey respondents who did not feel confident talking to their line manager/colleagues about their disability, 41.0% (32/78) had **physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more**. This represented a difference of approximately 16 respondents, compared to those who had physical or mental health conditions, disabilities or illnesses who did feel confident talking to their line manager/colleagues about their disability (20.6% (60/291)).

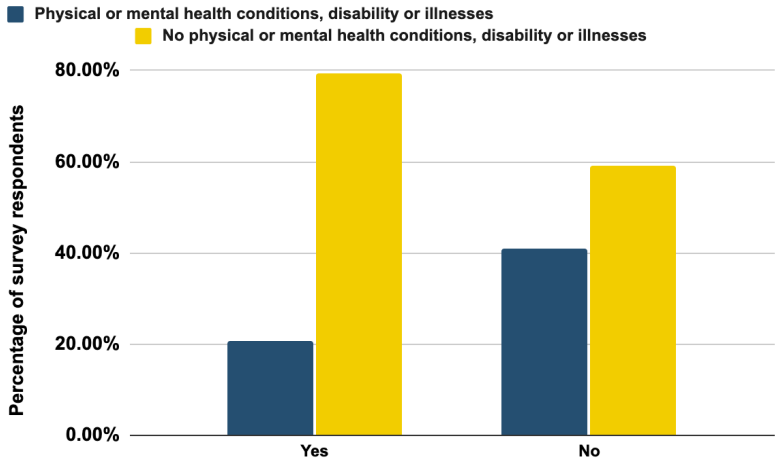

Image: survey respondents who have and do not have physical or mental health conditions, disability or illnesses who are (yes) and are not (no) confident talking to their line manager/colleagues about their disability

Of the 13.7% (78/569) of survey respondents who did not feel confident talking to their line manager/colleagues about their disability, 43.6% (34/78) were from a **life science specialism**. This represented a difference of approximately 11 respondents, compared to those from a life science specialism who did feel confident talking to their line manager/colleagues about their disability (29.2% (85/291)).

Interestingly, of the 13.7% (78/569) of survey respondents who did not feel confident talking to their line manager/colleagues about their disability, 21.8% (17/78) were from a **physical science and biomedical engineering specialism**. This represented a difference of approximately 7 respondents, compared to those from a physical science and biomedical engineering specialism who did feel confident talking to their line manager/colleagues about their disability (31.3% (91/291)).

Of the 13.7% (78/569) of survey respondents who did not feel confident talking to their line manager/colleagues about their disability, 30.8% (24/78) were from a **physiological sciences specialism**. This only represented a difference of approximately 5 respondents, compared to those from a physiological sciences specialism who did feel confident talking to their line manager/colleagues about their disability (36.7% (107/291)).

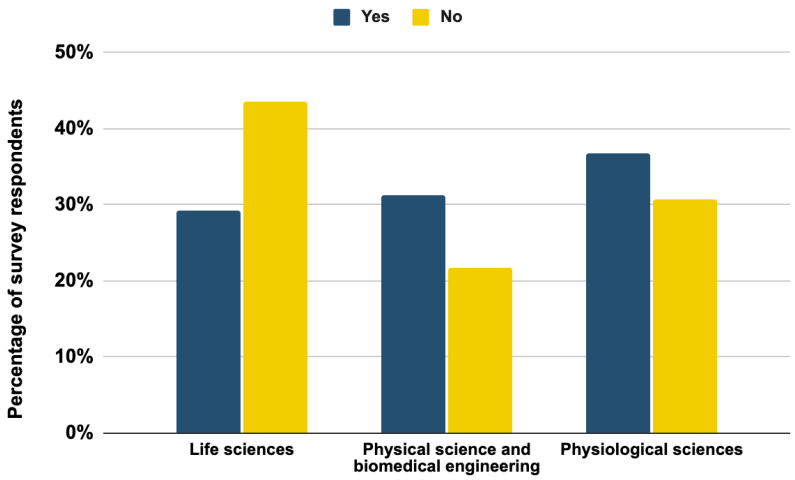

Image: specialisms of survey respondents who who are (yes) and are not (no) confident talking to their line manager/colleagues about their disability

Several respondents were not confident in discussing their mental health because of the stigma attached to mental illness.

> **"It does not seem accepted that you can openly talk about mental health as a 'real' illness. There are days I wish I could have taken a mental health day but have felt I could not talk to my manager about it honestly as I might be considered 'faking it' or using it as an excuse to take time off"**

> **"Viewed as a negative - that people should 'pull themselves together'"**

> **"Fairly new to the job and I'd worry that talking about my mental health might be seen as not wanting to work as hard as I should, trying to make a good first impression in a new role"**

65.6% of survey respondents were confident to talk with their line manager about **mental health**, but 30.4% were not and 4.0% thought this did not apply to them.

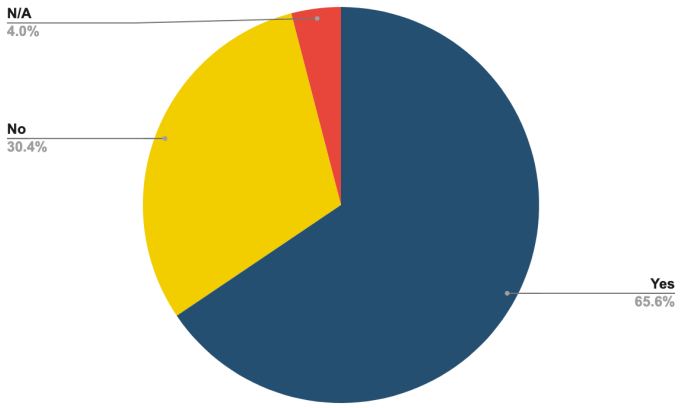

Image: are survey respondents confident talking to their line manager/ colleagues about their mental health - yes n=373 no n=173 and N/A n=23

No differences were identified in the number of survey respondents' healthcare science specialism between those who were confident to talk with their line manager about mental health, compared to those who were not.

While 72.6% of survey respondents felt their organisation (department or Trust) has a supportive working environment in which staff are encouraged to talk openly about mental health related issues, 27.4% did not.

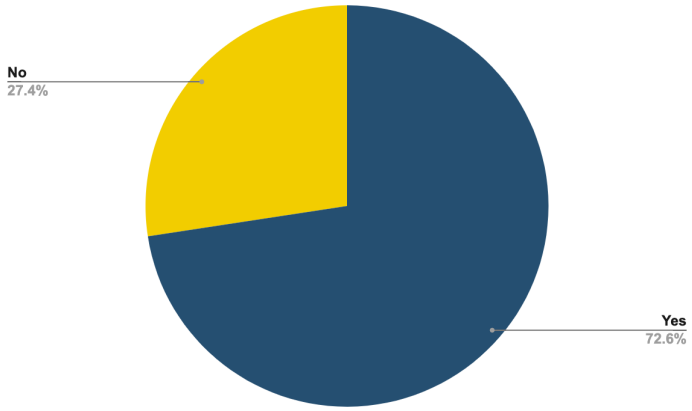

Image: do survey respondents feel that their organisation has a supportive working environment in which staff are encouraged to talk openly about mental health related issues - yes n=413 and no n=156

50.6% of survey respondents were confident to talk with their line manager about **other protected characteristic related**

issues, but 18.6% were not and 30.8% thought this did not apply to them.

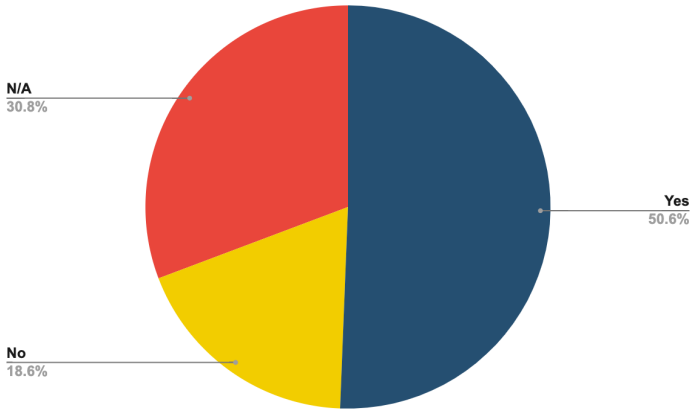

Image: are survey respondents confident talking to their line manager/ colleagues about other protected characteristics - yes n=288, no n=106 and N/A n=175

No differences were identified in the numbers of survey respondents' healthcare science specialism between those who were confident to talk with their line manager about other protected characteristic related issues, compared to those who were not.

3.7.3. There are additional barriers that make it difficult to discuss protected characteristics at work

Respondents identified a range of other potential barriers that prevented them from discussing protected characteristics at work. For example, some people indicated that their managers were unwilling to have these discussions or did not have time to talk about these issues.

> **"My supervisor and line manager give out an impression that they do not have time for me and frequently ignore emails or take days to respond" - Respondent was female**

“Manager always appears too busy to talk to” - Respondent was female and Asian/Asian British

“They don't have time to talk about these things” - Respondent was female and Asian/Asian British

“I am not sure they would be interested. I am not sure they could listen without taking personal offence” - Respondent was bisexual, their ethnicity was Mixed/Multiple ethnic groups

Some people were not confident in discussing certain topics with their managers because of previous experiences where managers had disclosed confidential information to other members of staff.

“Towards the end of my career, when my mental health was really poor, my manager told me that he had shared information about my depression and related sick leave to ward staff in a department we work with for a specific patient service. Although he had been mostly understanding about my mental health, he should never have shared that information before checking with me and lacked awareness that other people may not be understanding about it”

“My line manager was aware I was being harassed by a former partner (domestic violence) and somehow other staff found out about this. They regularly continued to raise how ‘supportive’ they were at every meeting I had with them over the following two years. I believe this was done to humiliate me and as women are disproportionately affected by domestic violence, this was discrimination”

“She shares everything - and then says I shouldn't have told you that so don't tell anyone else”

3.7.4. The majority of respondents had experienced work-related stress, anxiety, or other mental health conditions

61.2% of survey respondents have experienced work-related stress, anxiety or other mental health concerns that impacted on their work, while 38.8% had not.

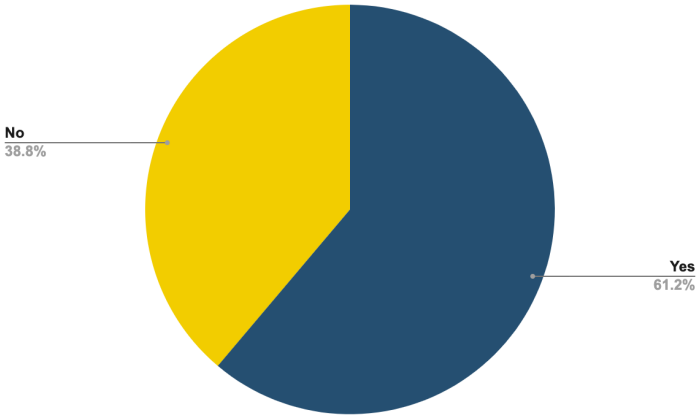

Image: have survey respondents experienced work-related stress/anxiety or other mental Health concerns which have impacted on their work - yes n=348 and no n=221

Of the 61.2% (348/569) of survey respondents who had experienced work-related stress/anxiety or other mental health concerns which had impacted on their work, 12.9% (45/348) were **disabled**. This represented a difference of approximately 31 disabled respondents, compared to those disabled respondents who had not experienced work-related stress/anxiety or other mental health concerns which had impacted on their work (4.1% (9/221)).

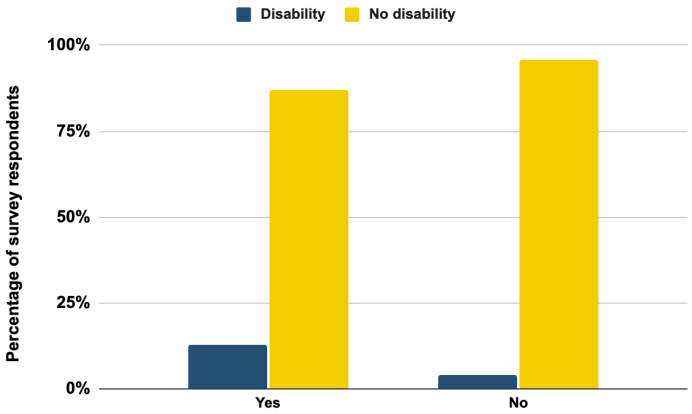

Image: survey respondents with and without disability who have (yes) and have not (no) experienced work-related stress/anxiety or other mental Health concerns which had impacted on their work

Of the 61.2% (348/569) of survey respondents who had experienced work-related stress/anxiety or other mental health concerns which had impacted on their work, 27.9% (97/348) had **physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more**. This represented a difference of approximately 66 respondents, compared to those who had physical or mental health conditions, disabilities or illnesses who had not experienced work-related stress/anxiety or other mental health concerns which had impacted on their work (9.0% (20/221)).

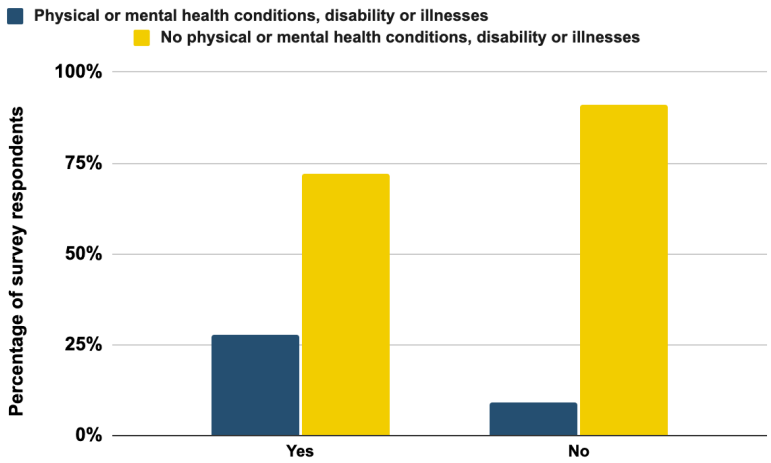

Image: survey respondents who have and do not have physical or mental health conditions, disability or illnesses who have (yes) and have not (no) experienced work-related stress/anxiety or other mental Health concerns which had impacted on their work

21.8% of survey respondents had to take time off work due to work-related stress, anxiety or other mental health reasons, while 78.2% had not.

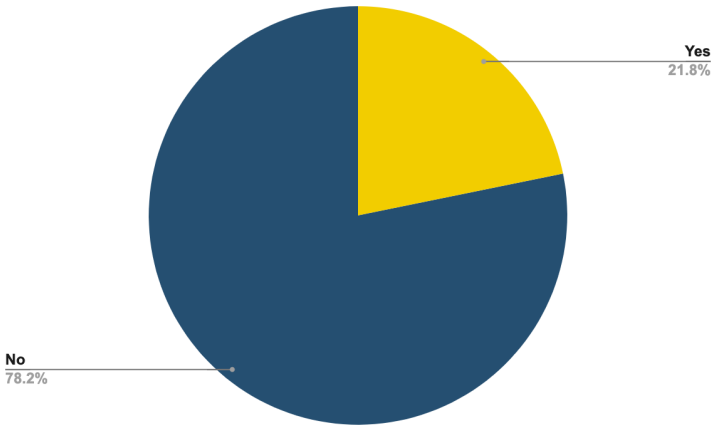

Image: have survey respondents taken time off work due to work-related stress/anxiety or other mental health reasons - yes n=124 and no n=445

Respondents described a range of factors that contributed to work-related stress and anxiety. For example, a large number of respondents cited heavy workloads and staff shortages.

> **“Too much work and not enough time to complete it”**
>
> **“No colleagues to off load work to”**
>
> **“Not enough resource in terms of staff or estate”**
>
> **“Overwhelming workload”**

A poor work-life balance was also linked to work-related mental health problems.

> **“Working from home constantly - no work/life separation”**

"Very difficult to keep to your own hours due to workload and makes it very difficult to work with family"

"Fatigue caused by workload - in excess of 70 hrs per week"

"Ever increasing workload with no support when help was requested. Expected to do all forward planning in own time"

Some respondents experienced difficulties with managers and other members of staff and felt that this contributed to work-related mental health problems.

"Lack of support by managers who made me feel my mental health was my fault. Not listening to my concerns about pressures and workload which resulted in additional stress

"Lack of organisation and direction from managers. I was being emailed at 730am the morning of a work day to be told whether or not I needed to come in to support work. Or being told to do something which required me to work late the afternoon of that day. Lack of respect for my time. It was really difficult"

"Interpersonal relationships/lack of communication issues never being addressed"

Changes at work, including those during Covid, were also thought to contribute to work-related stress and anxiety.

"I felt stressed during the pandemic due to lack of certainty about when I would be redeployed and poor communication at my Trust (excessive lengthy emails with constantly changing information which was difficult to digest and not really tailored to what we needed to know)"

"Adjusting to working from home was tough"

"Redeployment to Critical Care in April with no training. Returning to work place that needed to be relocated due to AGPs and lack of air exchange. Packing up whole department and arranging move to another town. Setting up all the services associated with running a department. Lone worker"

Some respondents reflected on stressful events in their personal lives that had impacted on their work.

"Impact of Covid cannot be overstated. I have personal experience of bereavement during the first wave of the pandemic which was emotionally very challenging"

"I have experienced non-work related stress that has impacted on my work. I am fortunate to have friends at work to talk to but I know others have struggled when personal issues become too consuming"

"Caring for vulnerable mother and newborn baby impacted on mental health. Off work with stress"

3.7.5. Respondents identified a range of ways to provide additional health and wellbeing support

Respondents provided a number of suggestions for ways in which their health and wellbeing could be supported at work. Several respondents felt that it would be helpful to be able to access support resources, such as counselling, through work.

"Counselling option for STP students if needed"

"Well-being sessions"

"More courses on how I can help my staff who are struggling"

"For AMICA to actually get back in touch with staff when they have been referred"

"More dedicated mental health support and easier access to it"

91.9% of survey respondents were aware of services/resources available to support their health and wellbeing.

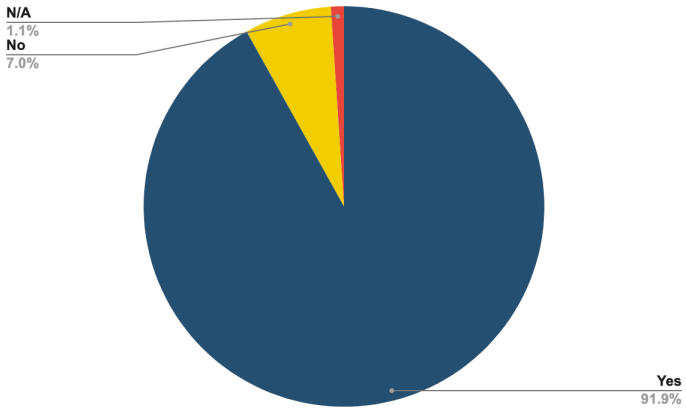

Image: are survey respondents aware of any services/resources available to support their health and wellbeing - yes n=523, no n=40 and N/A n=6

Of the 91.9% survey respondents who were aware of services/resources available to support their health and wellbeing, only 26.4% (138/523) had accessed these resources.

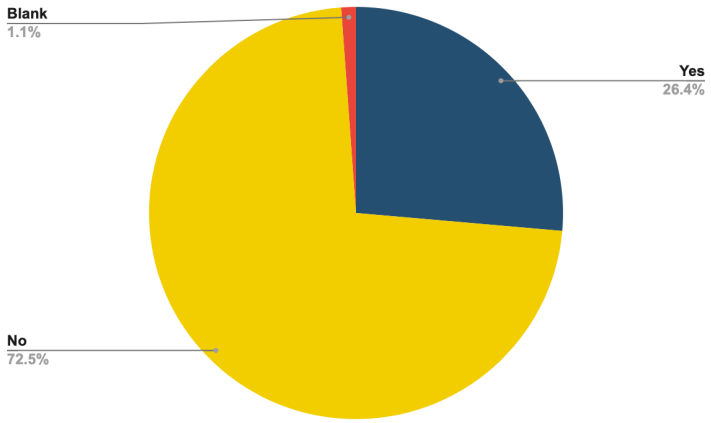

Image: do survey respondents who are aware of any services/resources available to support your health and wellbeing have accessed (yes) or not (no) these support services/resources - yes n=138, no n=379 and blank n=6

Some respondents also felt that they could be better supported by their managers.

> **"A supportive manager who takes the time to make sure you are OK and follows up your progress?"**
>
> **"Better management of workload from manager"**
>
> **"More understanding, less confrontational management"**

It was suggested that feeling able to talk openly about topics such as mental health would help to support health and wellbeing.

> **"More conversation about health and wellbeing to normalise the subject"**
>
> **"Mental health should be an accepted reason for time off work due to sickness"**
>
> **"To be in an environment where people felt safe to just be themselves, where everyone accepted that sometimes it is ok to say that you were struggling and needed extra support at times and that this did not mean you were not good at your job"**

Respondents noted that increased access to flexible working options would be beneficial for health and wellbeing.

> **"I'm an introvert and therefore am usually more productive WFH, it would be nice to have the option of this continuing to be an option post-Covid"**
>
> **"More encouragement to work part time. Make it more palatable and acceptable"**
>
> **"More flexible working (from home/different hours)"**

Being able to take breaks and have time away from work were also suggested as ways to support health and wellbeing.

> **"Ensure breaks are taken"**

“Promotion of a better work-life balance”

“Time to focus on my health and wellbeing”

Some respondents felt that being able to build relationships and bond with colleagues was important.

“Departmental socialising/meetings that are not work related (though this is hard due to covid)”

“More team building activities”

Respondents also indicated that increased staffing levels and reduced workloads would support their health and wellbeing.

“Increased staffing, reduced workload”

“Adequate staffing to prevent working to last minute deadlines to prevent delays in patient care.”

“Fewer vacancies to enable me to focus on my job and not vacant ones”

“More staff/resources”

3.7.6. Respondents with disabilities had mixed experiences in getting the reasonable adjustments that they needed

9.5% of survey respondents have a disability, 90.5% do not.

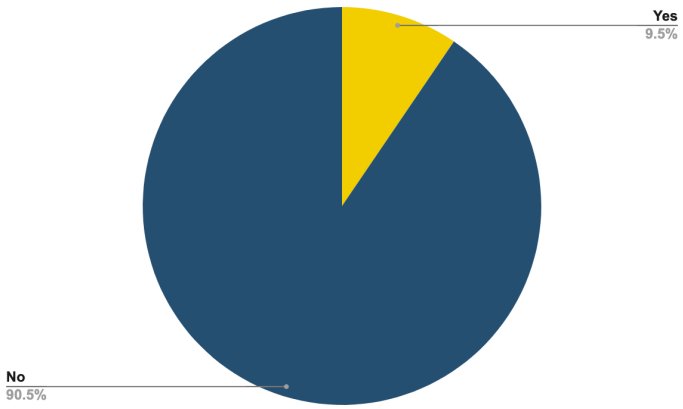

Image: survey respondents who are disabled - yes n=54 and no=515

While some respondents were able to get the reasonable adjustments that they needed, this was not the case for all respondents with disabilities. Some reported that they had been unable to get the reasonable adjustments that they needed or that it was difficult to get these put into place.

> **"It takes forever to get reasonable adjustments assessed or implemented"**
>
> **"Needed to be pursued on more than one occasion to ensure compliance"**
>
> **"Access To Work did an independent assessment and made 2 recommendations to my employer. Only 1 will hopefully be implemented. They do not care. Ultimately the recommendations made by the AtW expert are just recommendations are not enforceable"**
>
> **"Laughed at when boss read my reasonable adjustment recommendations from OHD when dealing with returning to work"**

3.7.7. A number of respondents experienced work-related anxieties linked to maternity leave

23.2% of survey respondents have had maternity leave, 76.8% have not.

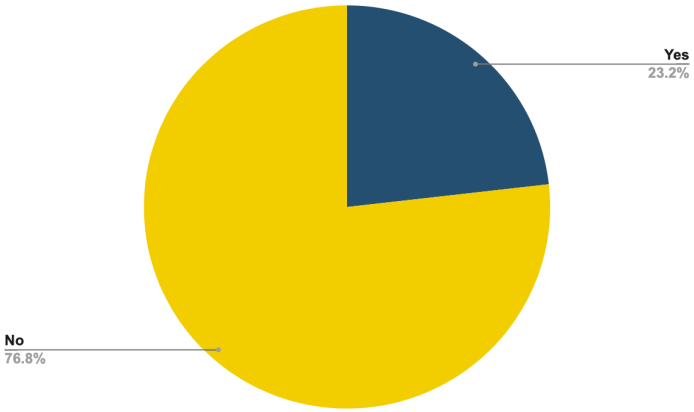

Image: survey respondents who have had maternity leave - yes n=132 and no=437

Of the 23.2% who have, 31.8% (42/132) had experienced work-related anxieties because of their maternity leave.

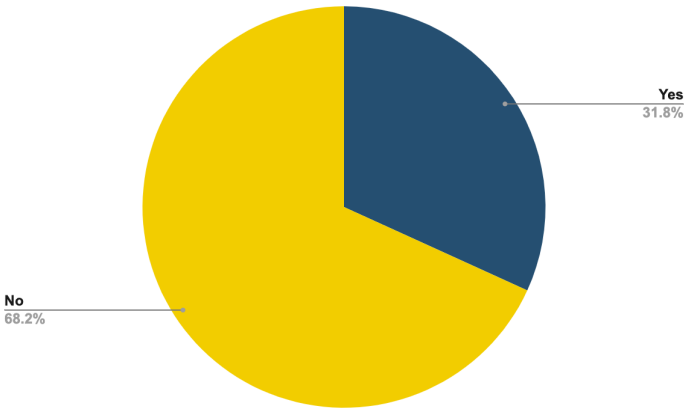

Image: survey respondents who have had maternity leave and had (yes) and had not (no) experienced work-related anxieties because of their maternity leave - yes n=42 and no=90

These respondents gave a number of reasons for their anxieties, including maternity leave having a detrimental impact on their career development.

> **"Was excluded from major development project and relevant apps training and poorly supported on return to work"**

"Returning to work having missed opportunities for training/missing opportunities due to childcare requirements and being part time"

Some respondents were pressured to return from maternity leave earlier than planned.

"I was a senior member of staff when I went on maternity leave I felt pressured to return to my post ASAP as no one was acting up in my absence or they were but not being paid therefore I only took 6mths off and regretted the decision"

"Felt under pressure to come back to work after 6 months maternity leave"

Some had concerns that their job was not safe while they were away from work.

"When I was a junior HCS I was told that was going to be made redundant when I returned from my maternity leave"

"I came back to a hostile environment as my role had been given to another member of staff. I had to adjust my role to accommodate them"

"Only took 6 months off as felt job not safe from my cover mounting hostile takeover bid"

Some respondents struggled with a lack of flexibility on their return from maternity leave.

"Role not covered effectively whilst I was off, still expected to do a full time role despite reducing my hours and struggling"

"Manager at the time was obstructive with antenatal clinic appointments and health issues when I returned to work"

43.2% (57/132) of those who have had maternity leave had a requirement for reasonable adjustments to be made in order to return to work.

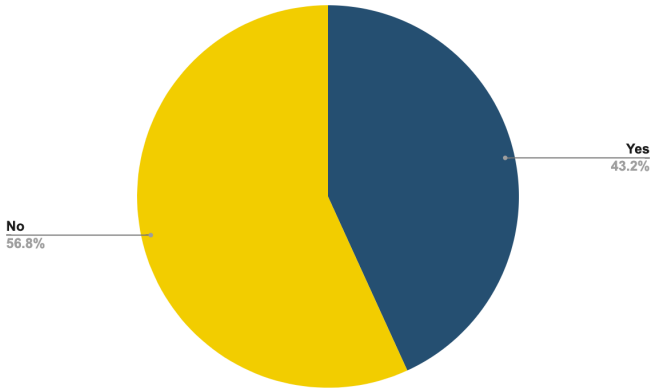

Image: survey respondents who have had maternity leave and had (yes) and had not (no) a requirement to be made in order to return to work - yes n=57 and no=75

Adjustments were made for 96.5% (55/57) of these respondents. Only 3.5% (2/57) expressed that adjustments were not made.

Annex I - Survey respondent data

A total of 569 healthcare science staff completed the Equality, Diversity and Inclusion in Healthcare Science workforce survey.

Age - What is your age?

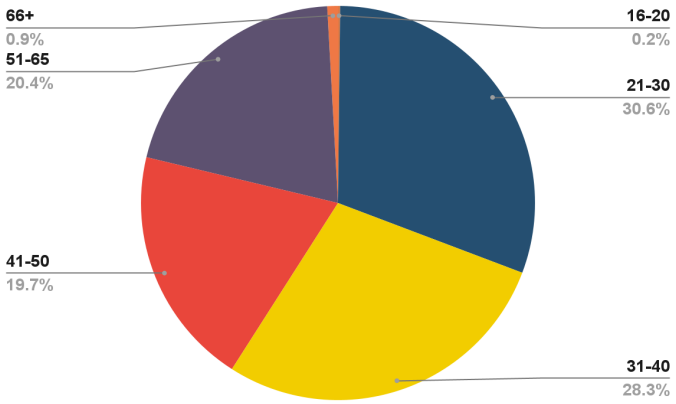

Image: was is the age (in years) of survey respondents -16-20 n=1, 21-30 n=174, 31-30 n=161, 41-30 n=112, 51-30 n=116 and 66+ n=5

Gender - Which of the following options best describes how you think of yourself?

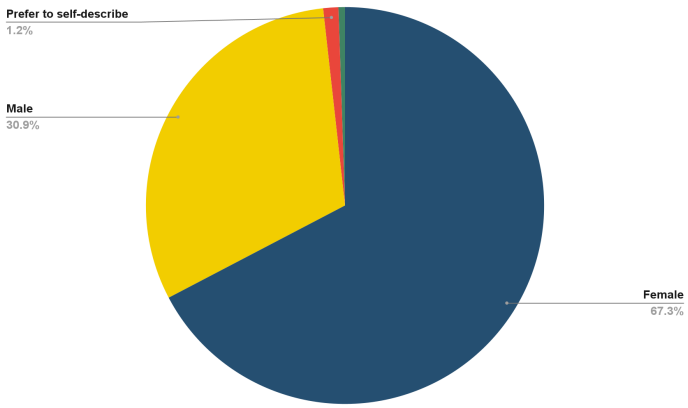

Image: what is the gender of survey respondents - Female n=383, Male n=176, prefer to self-describe n=7 and prefer not to say n=3

Of the 7 survey respondents who preferred to self-describe, 6 described themselves as non-binary.

Gender - Is your gender identity the same as the sex you were registered at birth?

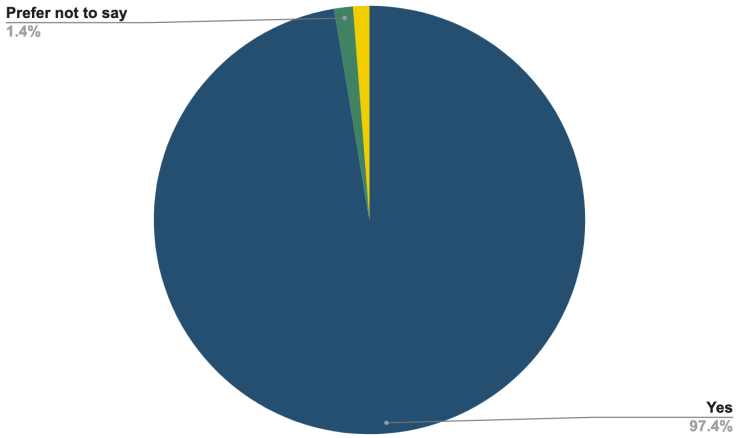

Image: was the gender identity of the survey respondents the same as their sex registered at birth - yes n=554, no n=7 and prefer not to say n=8

Disability - Do you have a disability?

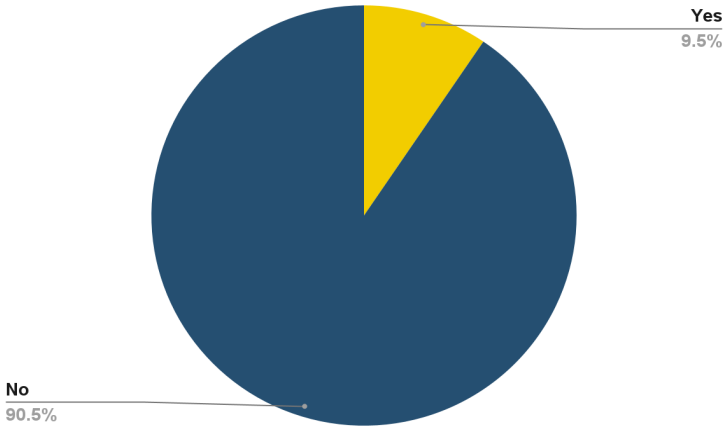

Image: do the survey respondents have a disability - yes n=54 and no n=515

Disability - Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more?

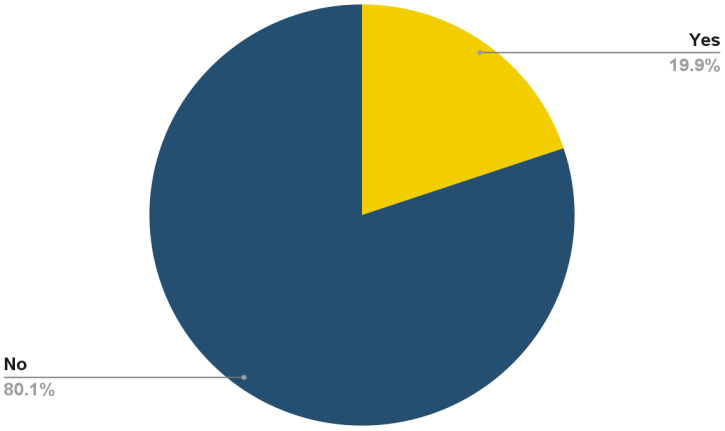

Image: do the survey respondents have physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more - yes n=117 and no n=472

Disability - Breakdown of the physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more

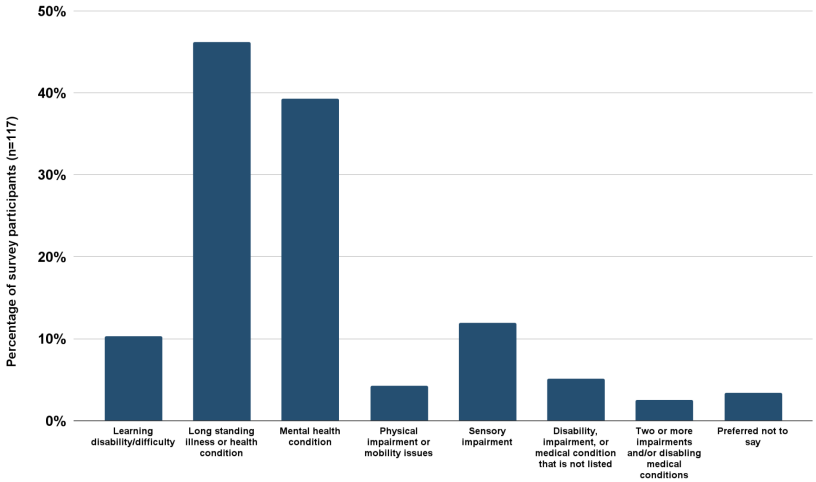

Image: breakdown of the physical or mental health conditions disability or illnesses (n=117) - learning disability/difficulty n=12, long standing illness or health condition n=54, mental health condition n=46, physical impairment or mobility issues n=5,

sensory impairment n=14, disability, impairment, or medical condition that is not listed n=6, two or more impairments and/or disabling medical conditions n=3 and preferred not to say n=4

Disability - Breakdown of sensory impairment

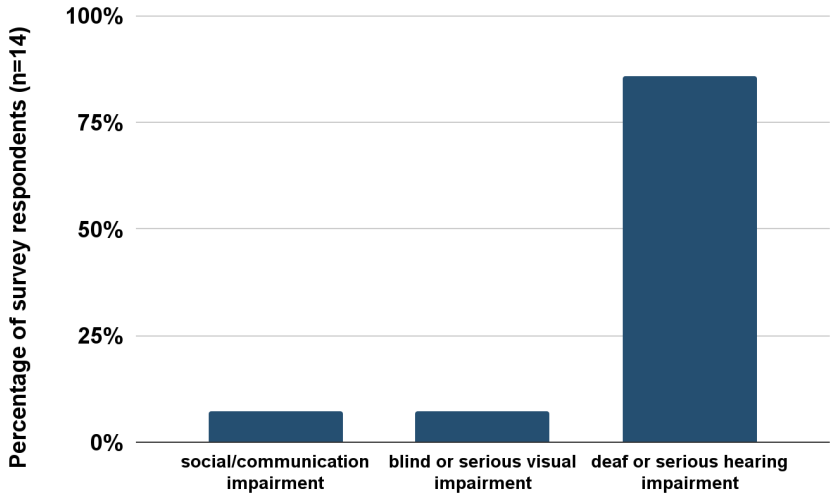

Image: breakdown of the sensory impairment (n=14) - social/communication impairment n=1, blind/serious visual impairment n=1 and deaf/serious hearing impairment n=12

Shield - Were you advised to shield against COVID-19?

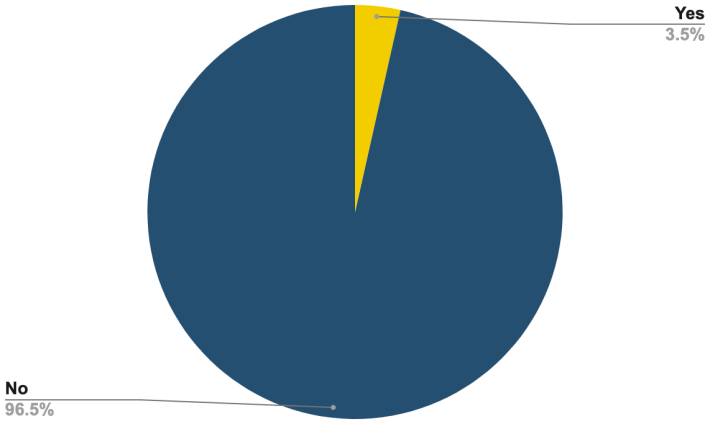

Image: were the survey respondent advised to shield - yes n=20 and no n=549

Shield - Reasons when advised to shield against COVID-19

1. Asthma (n=3)
2. Age (n=2)
3. Immunosuppressed following renal transplant
4. I'm black, so I'm in a higher-risk category
5. Corticosteroid medication
6. Pregnancy
7. Medication for Crohn's Disease
8. Underlying autoimmune condition and on steroids
9. Gender
10. I had in the past heart failure, respiratory complications and I am very fat
11. Pulmonary Fibrosis
12. Emphysema
13. Medical conditions
14. Patients are happy to have a telephone consultation rather than come into the hospital I work in as it is safer for them and of course myself and other Colleagues working within the Department
15. Partially, as I have diabetes
16. Due to respiratory problems

Marriage and civil partnership

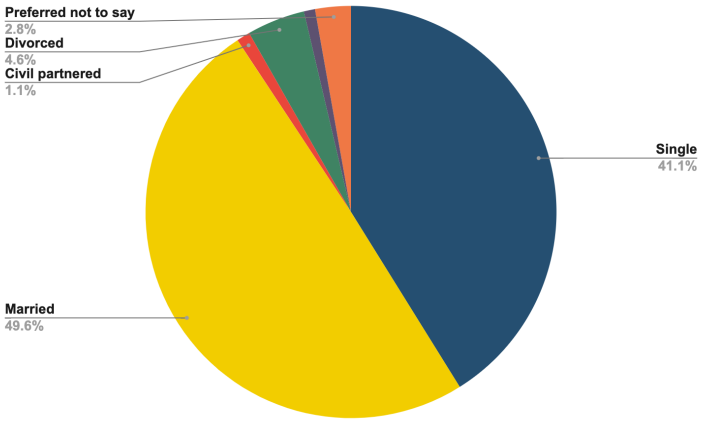

Image: marriage and civil partnership of survey respondent - single, never married or never civil partnered n=234, married, including separated (this category includes those in both opposite and same sex marriages) n=282, civil partnered, including separated n=6, divorced, including legally dissolved civil partners n=26, widowed, including surviving civil partners n=5 and preferred not to say n=16

Religion or belief

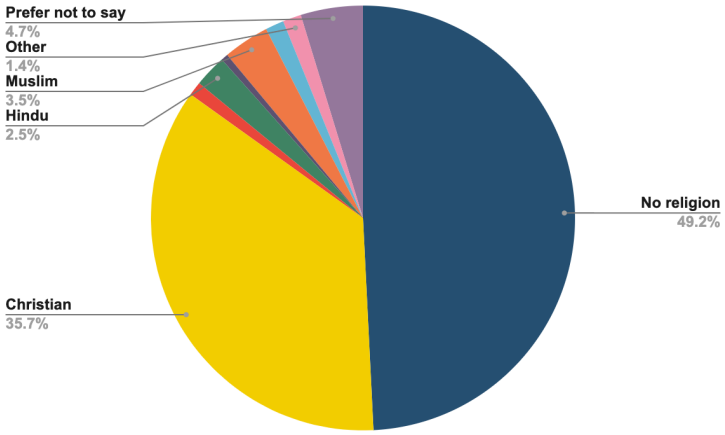

Image: religion or beliefs of survey respondent - no religion n=280, chrisitan n=203, buddhist n=6, hindu n=14, jewish n=3, muslim n=20, sikh n=8, other n=8 and prefer not to say n=27

Other religion or beliefs included atheist, free thinker with christian heritage, humanist (n=2), agnostic, liberal Jewish (n=2) and spiritual

Sexual orientation - Which of the following options best describes how you think of yourself

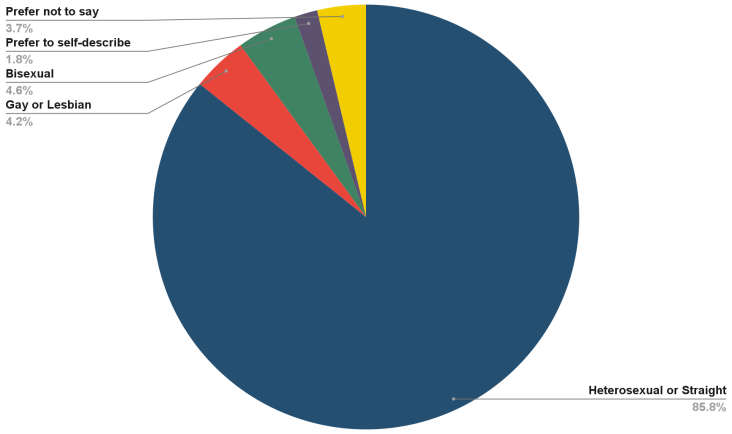

Image: sexual orientation of survey respondents - heterosexual or straight n=488, gay or lesbian n=24, bisexual n=26, prefer to self-describe n=10 and prefer not to say n= 21

Of the 10 survey respondents who preferred to self-describe, 4 described themselves as asexual, 2 described themselves as queer and others as pansexual, trysexual, polyamorous and greysexual.

Ethnicity - Which of the following options best describes how you think of yourself?

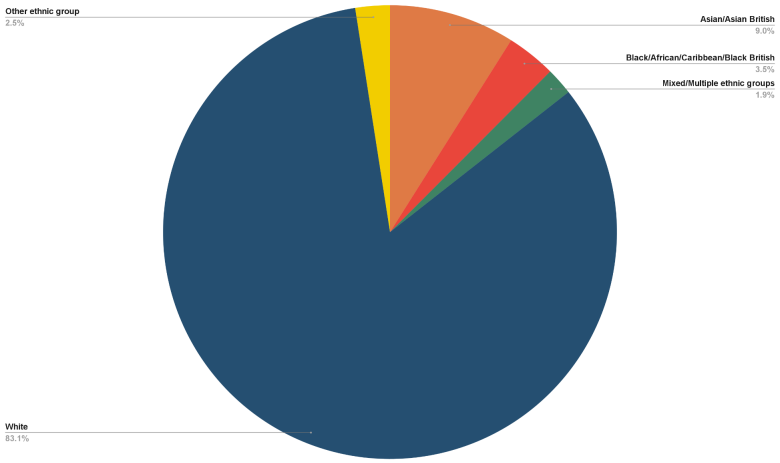

Image: what is the ethnicity of survey respondents - asian/asian british n=51, black/african/ caribbean/black british n=20, mixed/multiple ethnic groups n=11, white n=473 and other ethnic group n=14

Ethnicity - Asian/Asian British

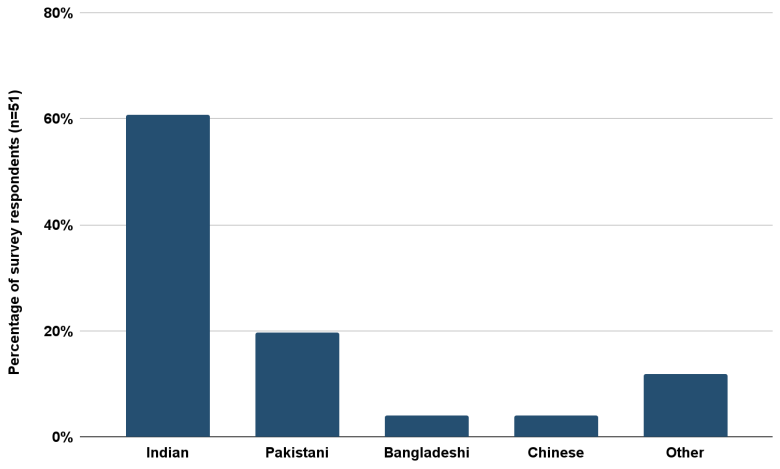

Image: asian/asian british survey respondents (n=51) - indian n=31, pakistani n=10, bangladeshi n=2, chinese n=2 and other n=6

Ethnicity - Black/African/Caribbean/Black British

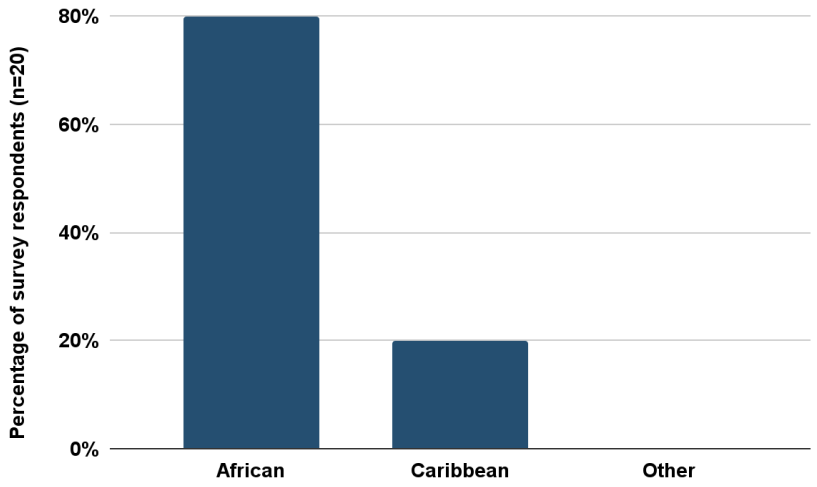

Image: black/african/caribbean/black british survey respondents (n=20) - african n=16, caribbean n=4 and other n=0

Ethnicity - Mixed/multiple ethnic groups

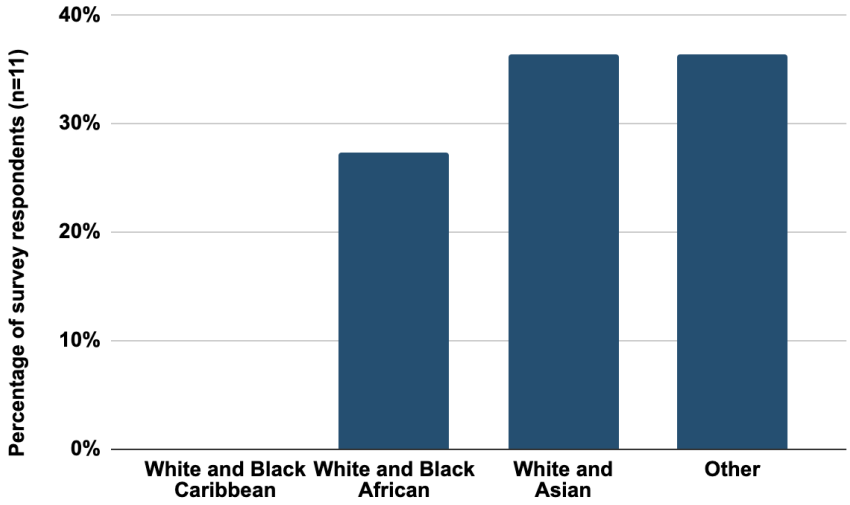

Image: mixed/multiple ethnic groups survey respondents (n=11) - white and black caribbean n=0, white and black african n=3, white and asian n=4 and other n=4

Ethnicity - White

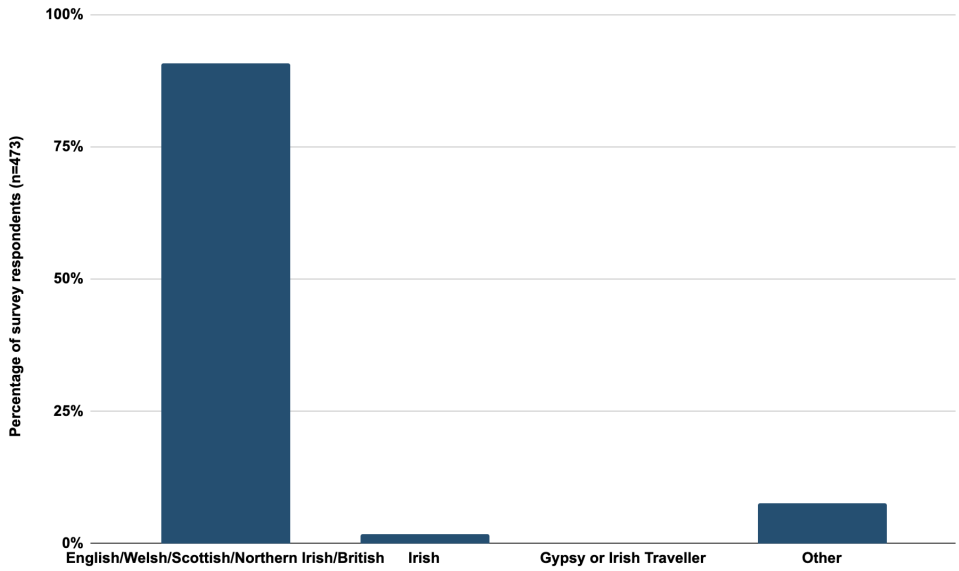

Image: white survey respondents (n=473) - english/welsh/scottish/northern irish/british n=429, irish n=8, gypsy or irish traveller n=0 and other n=36

Ethnicity - Other ethnic group

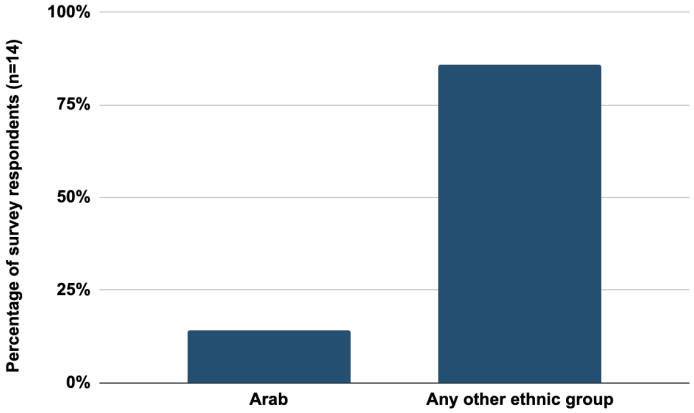

Image: other ethnic group survey respondents (n=14) - arab n=2 and other ethnic group n=12

Parental/caring responsibilities - Do you have any children aged from 0-17 living at home with you, or who you have regular caring responsibility for?

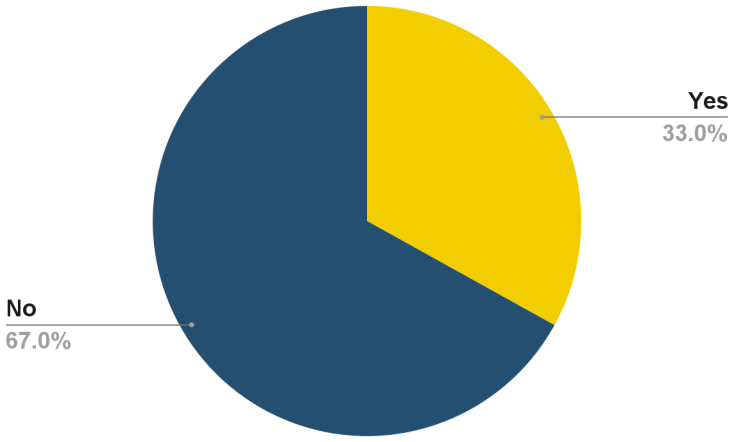

Image: do the survey respondents have any children aged from 0-17 living at home with them, or who they have regular caring responsibility for - yes n=188 and no n=381

Parental/caring responsibilities - Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health/disability, or problems related to old age?

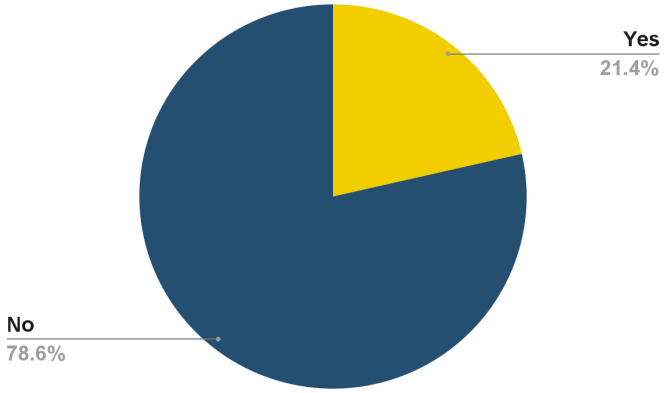

Image: do the survey respondents look after or give any help or support to family members, friends, neighbours - yes n=122 and no n=447

Parental/caring responsibilities - Have you had any maternity leave?

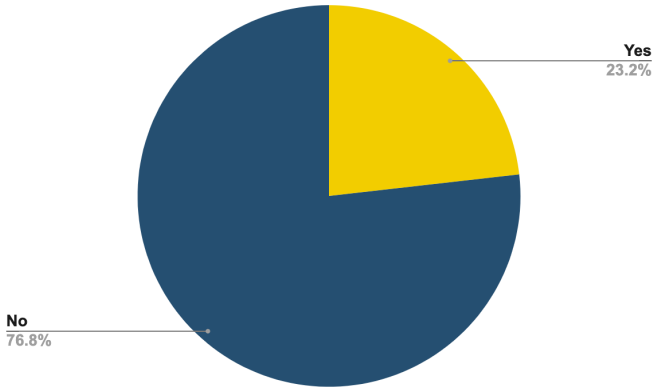

Image: have the survey respondents had maternity leave - yes n=132 and no n=437

Parental/caring responsibilities - Have you in the last year returned to work after a career break/maternity leave?

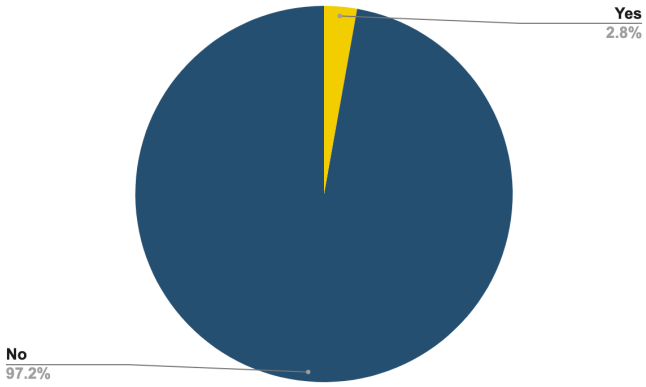

Image: do the survey respondents in the last year returned to work after a career break/maternity leave - yes n=16 and no n=553

Annex II - Survey respondent area/region of employment data

Area/region of employment

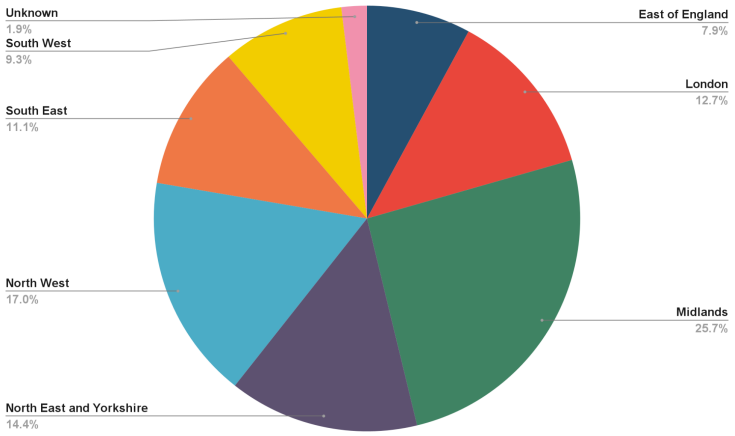

Image: survey respondents area/region of employment - East of England n=45, London n=72, Midlands n=146, North East and Yorkshire n=82, North West n=97, South East n=63, South West n=53 and unknown n=11

Age across the areas/region

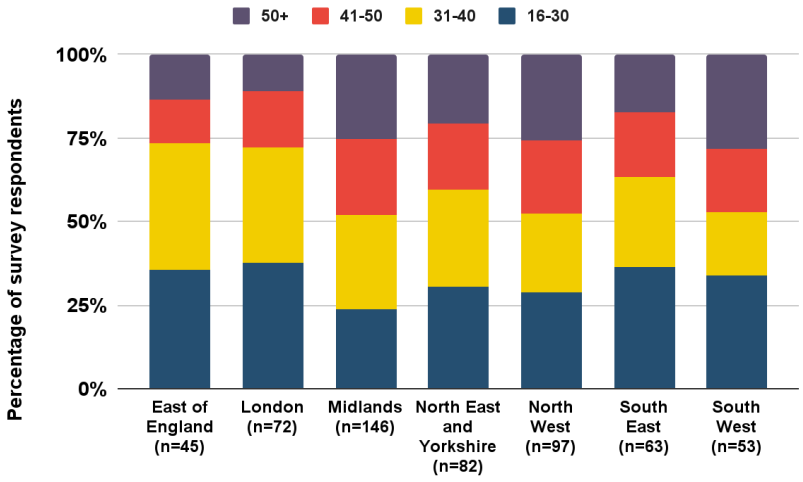

Image: age (in years) of survey respondents across the areas/regions

Gender across the areas/regions

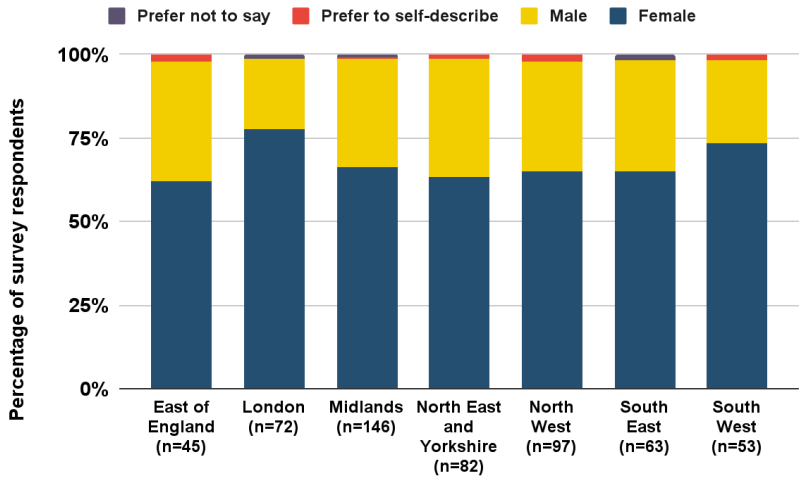

Image: gender of survey respondents across the areas/regions

Disability across the areas/regions

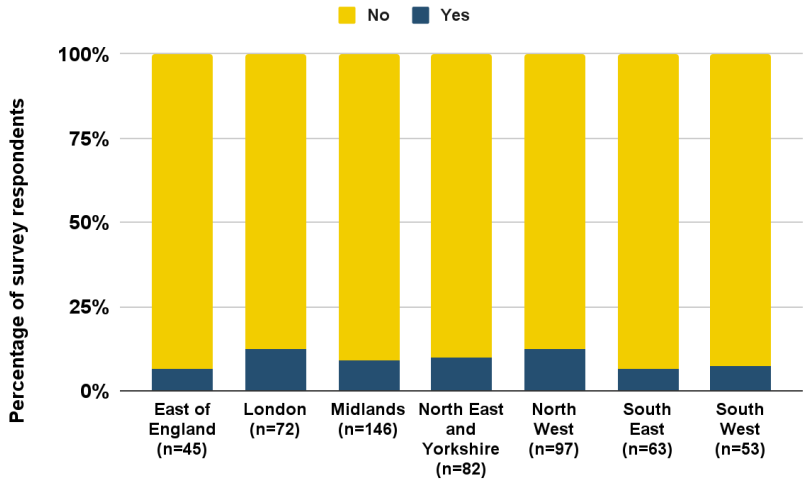

Image: disability of survey respondents across the areas/regions

Sexual orientation across the areas/regions

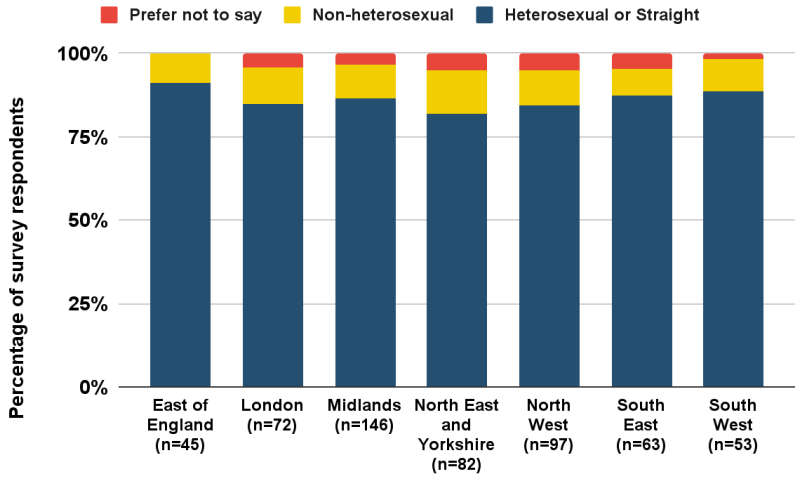

Image: sexual orientation of survey respondents across the areas/regions

Ethnicity across the areas/regions

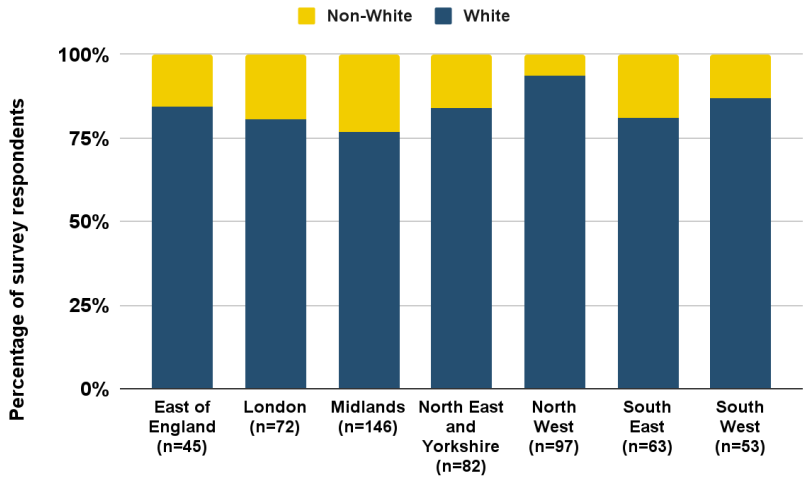

Image: ethnicity of survey respondents across the areas/regions

Parental responsibilities across the areas/regions

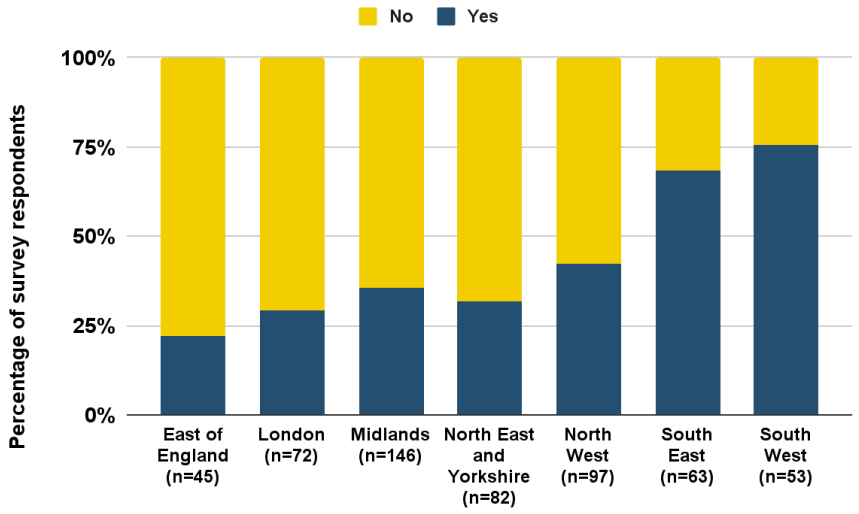

Image: parental responsibilities of survey respondents across the areas/regions - those who have any children aged from 0-17 living at home with them, or who they have regular caring responsibility

Caring responsibilities across the areas/regions

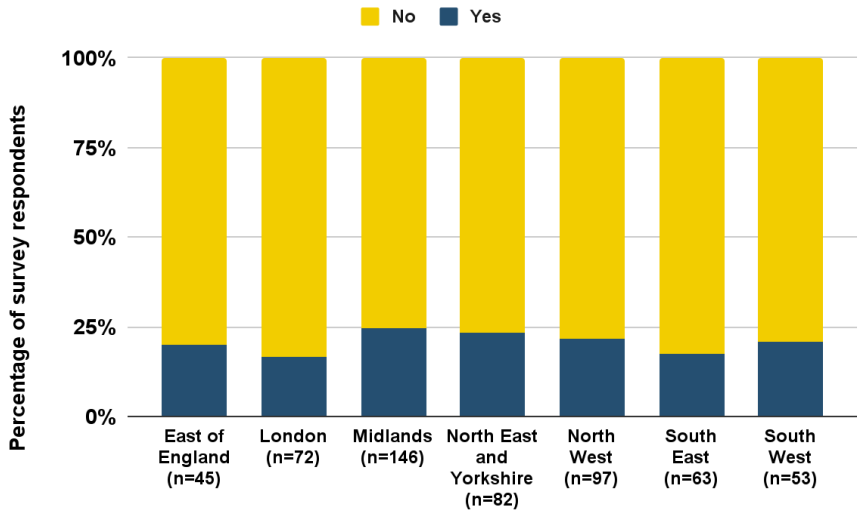

Image: caring responsibilities of survey respondents across the areas/regions - those who look after or give any help or support to family members, friends, neighbours

Annex III - Survey respondent healthcare science division data

Healthcare science division - Please indicate which healthcare science division you work in

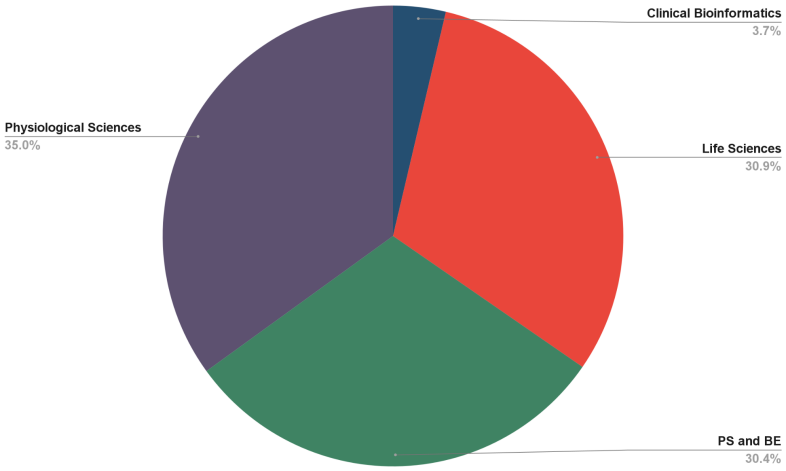

Image: what Healthcare Science divisions do the survey respondents work in - Clinical Bioinformatics n=21, Life Sciences n=176, Physical Sciences and biomedical engineering (PS and BE) n=173 and Physiological Sciences n=199

Healthcare science specialism - Clinical bioinformatics

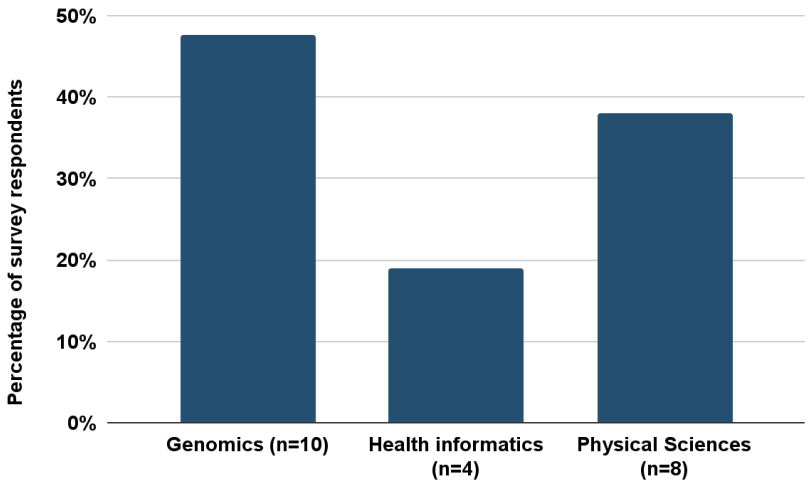

Image: what Clinical Bioinformatics (n=21) healthcare science specialisms do the survey respondents work in

Healthcare science specialism - Life sciences

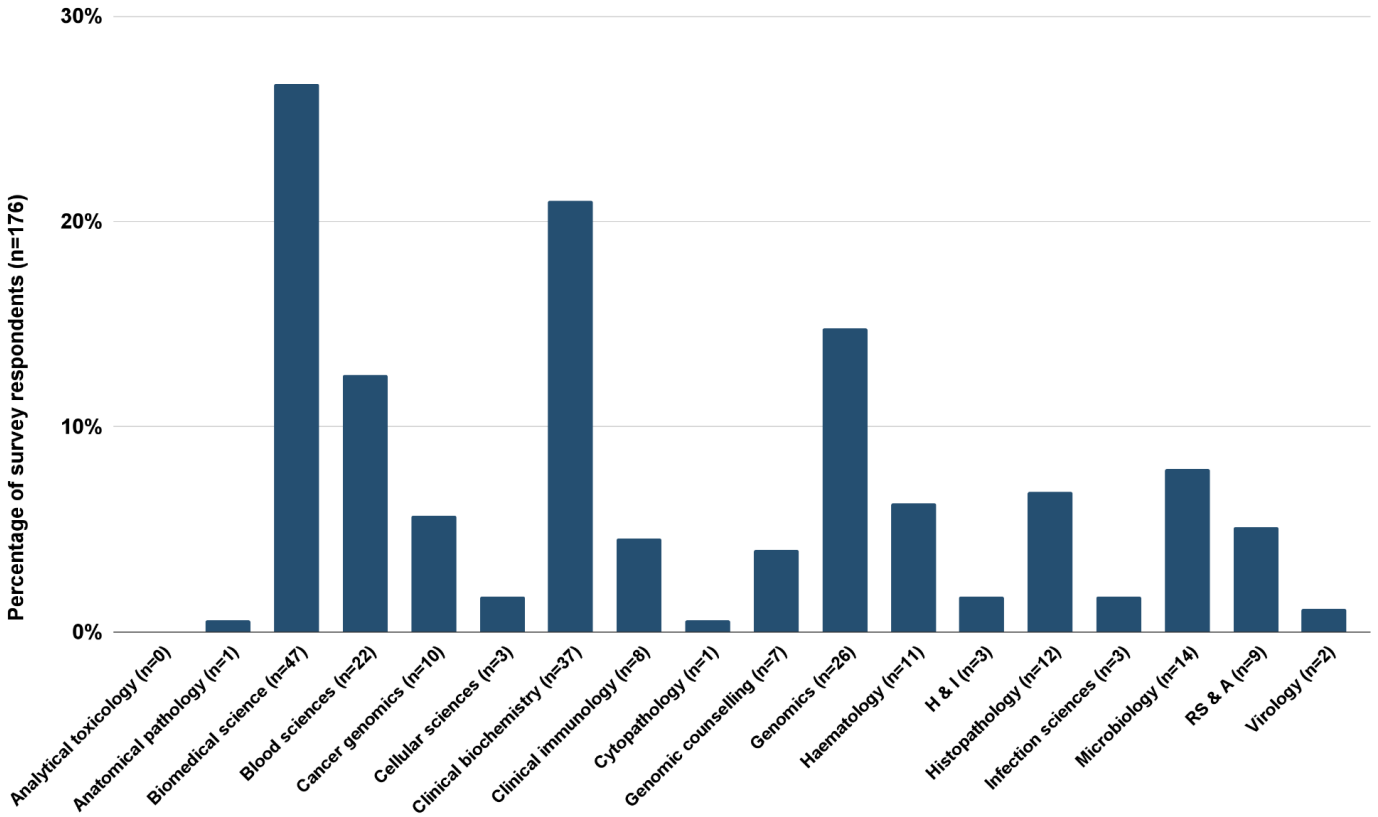

Image: what Life Sciences (n=176) Healthcare Science specialisms do the survey respondents work in. N.B. H & I - Histocompatibility and immunogenetics, RS and A - Reproductive science and andrology

Healthcare science specialism - Physical sciences and biomedical engineering

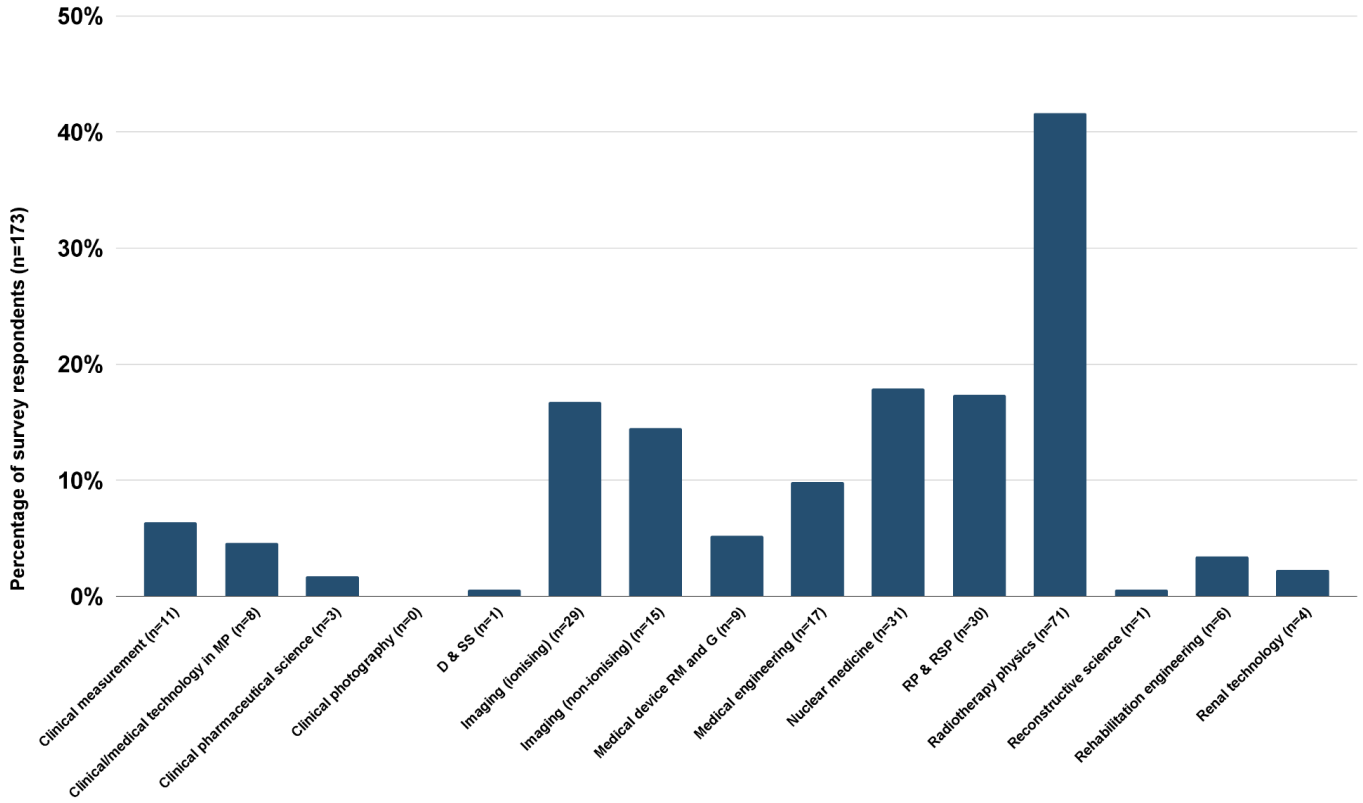

Image: what Physical Science and Biomedical engineering (n=173) healthcare science specialisms do the survey respondents work in. N.B. MP- medical physics, D & SS - decontamination and sterile services, RP & RSP - radiation physics and radiation safety physics

Healthcare science specialism - Physiological sciences

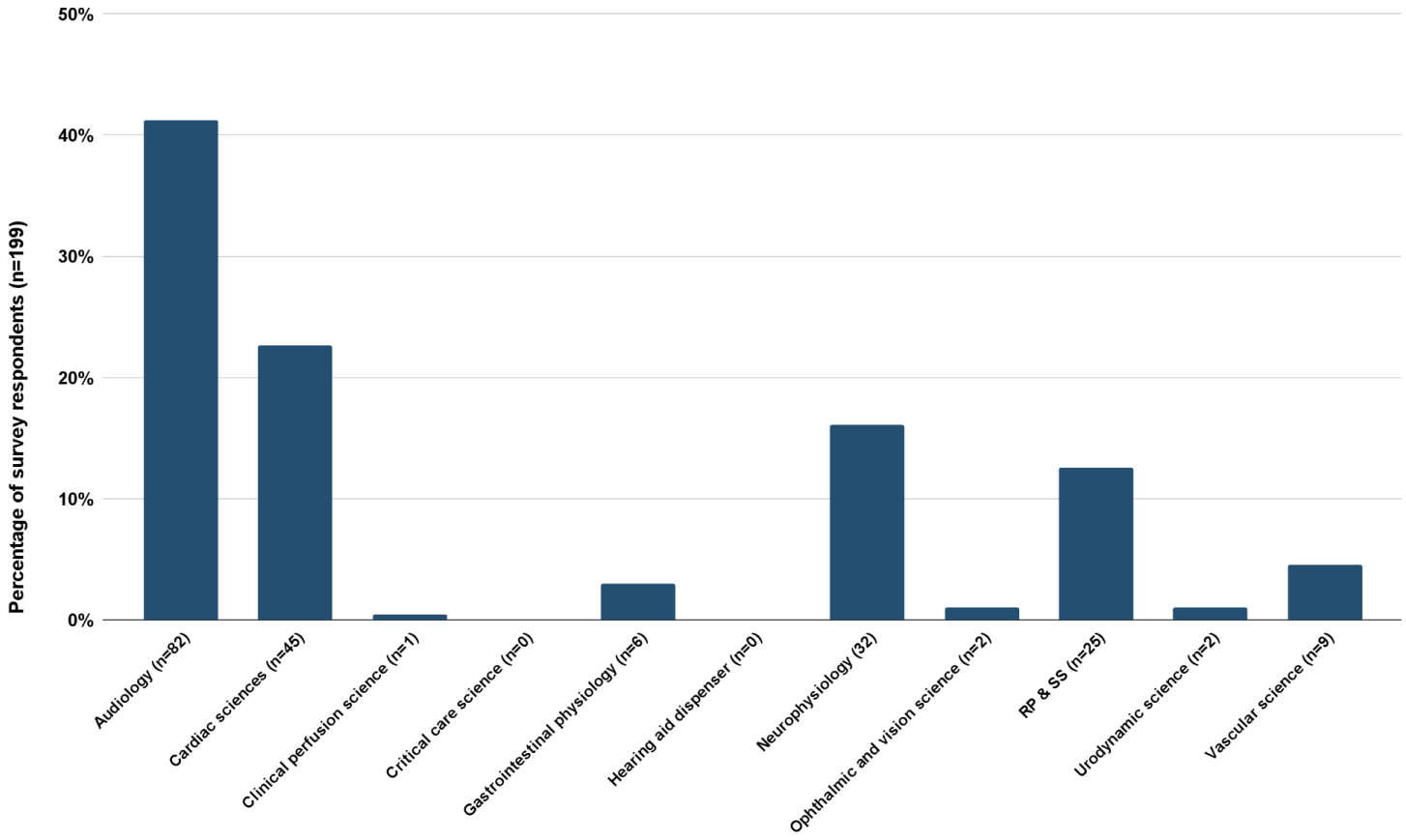

Image: what Physiological Sciences (n=199) healthcare science specialisms do the survey respondents work in. N.B. RP and SS - Respiratory physiology and sleep sciences

What grade/band are you working to?

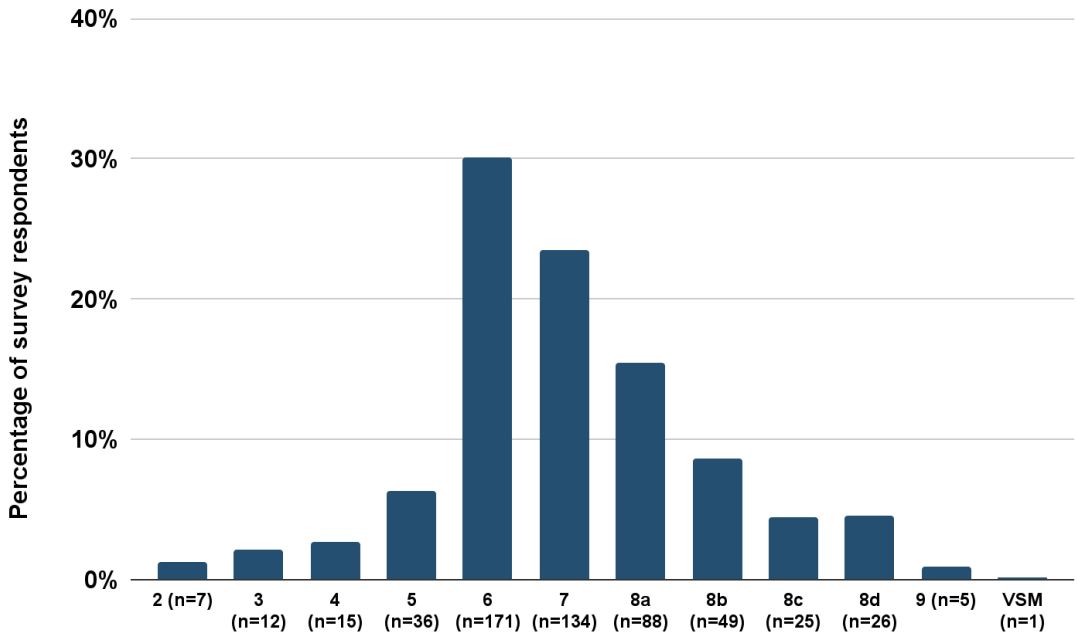

Image: the survey respondents grade/band

Does your role have an element of patient facing?

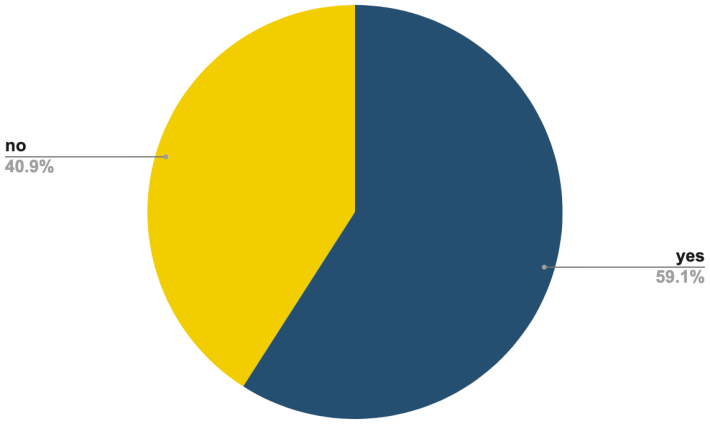

Image: do the survey respondents have patient facing roles - yes n=336 and no n=233

Protected groups across the healthcare science specialisms

Below, the protected groups are broken down per healthcare science division - Life Sciences, Physical Sciences and biomedical engineering and Physiological Sciences. Clinical Bioinformatics was not included due to the low number of survey respondents who work within this specialism.

Age across the healthcare science specialisms

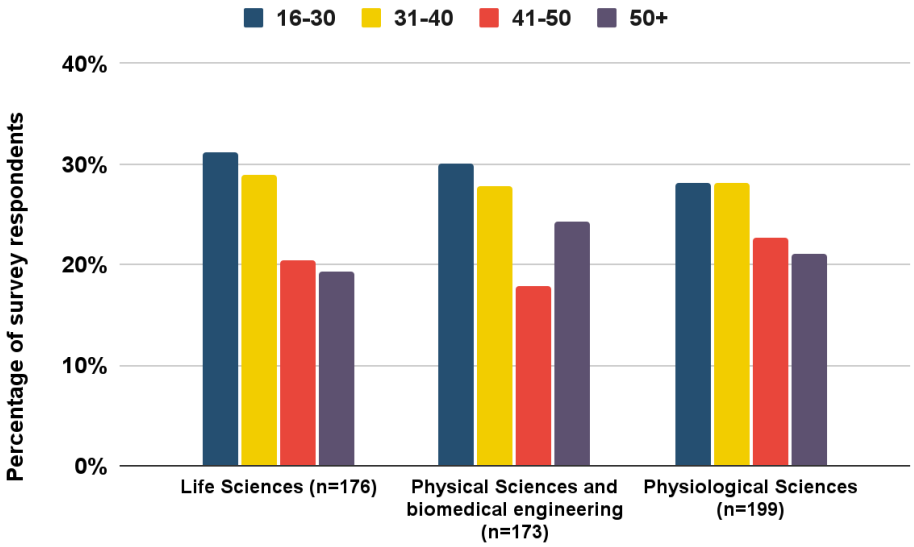

Image: age (in years) of survey respondents across the healthcare science specialisms

Gender across the healthcare science specialisms

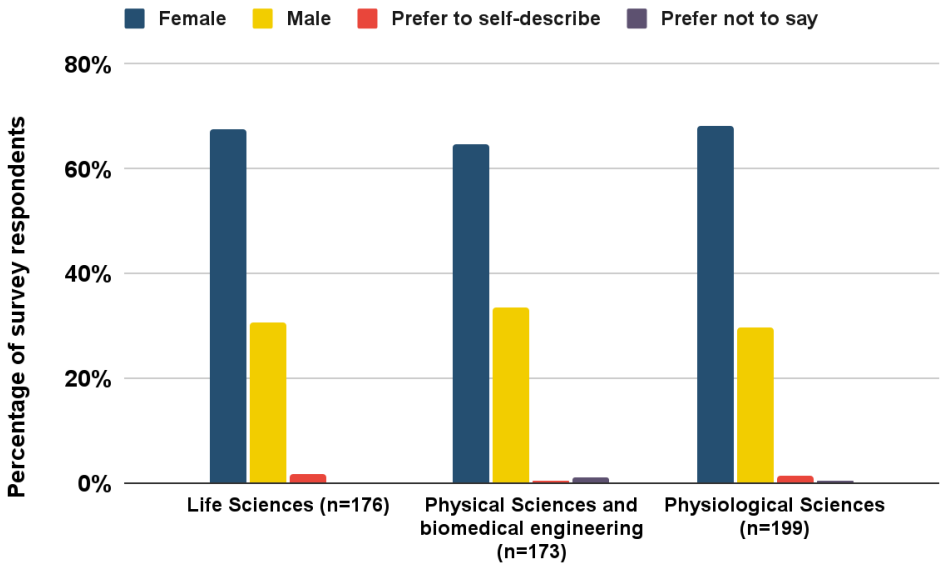

Image: gender of survey respondents across the healthcare science specialisms

Disability across the healthcare science specialisms

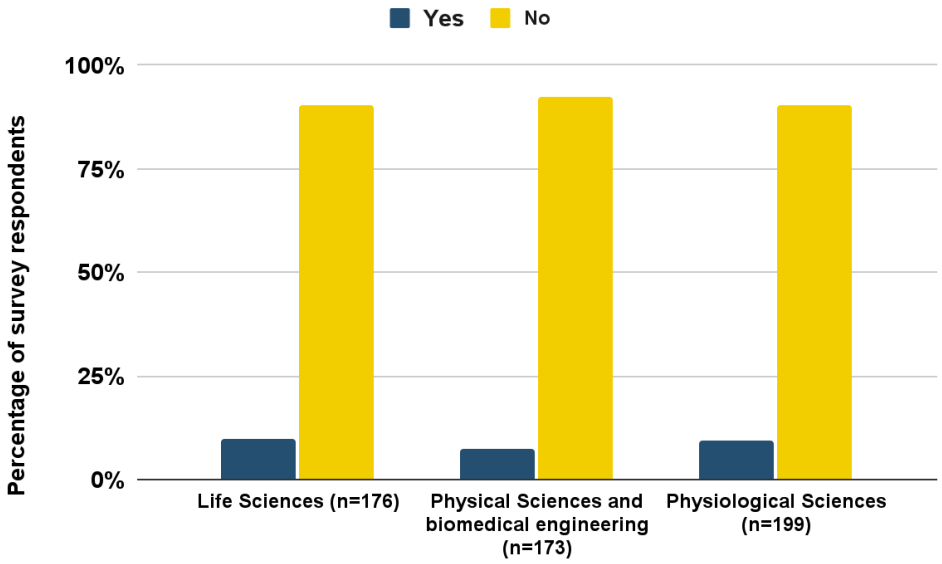

Image: disability of survey respondents across the healthcare science specialisms

Sexual orientation across the healthcare science specialisms

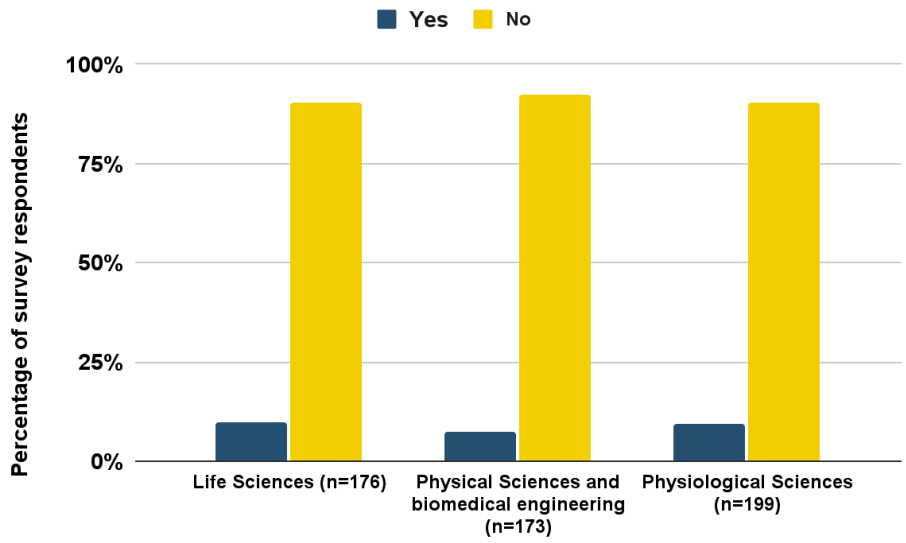

Image: sexual orientation of survey respondents across the healthcare science specialisms

Ethnicity across the healthcare science specialisms

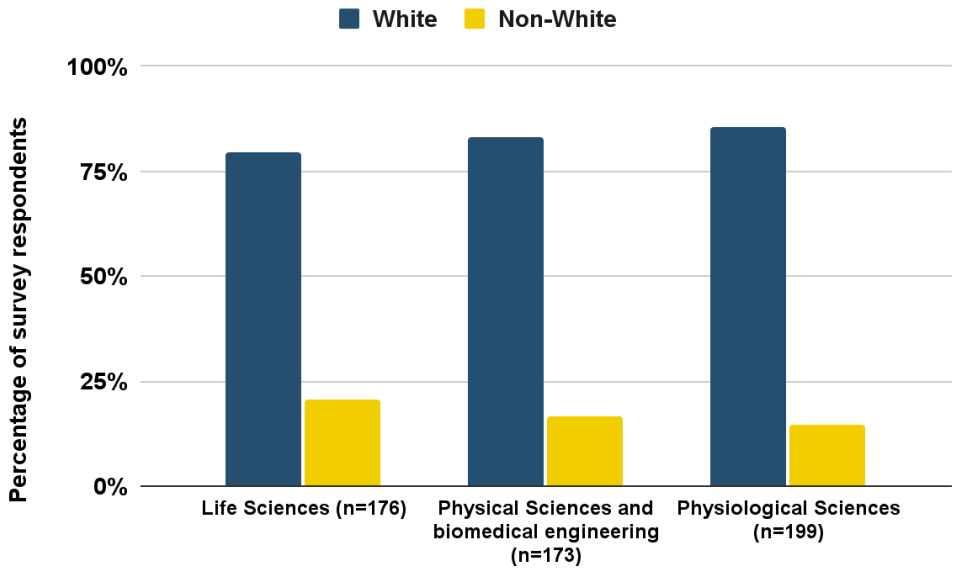

Image: ethnicity of survey respondents across the Healthcare Science specialisms

Parental responsibilities across the healthcare science specialisms

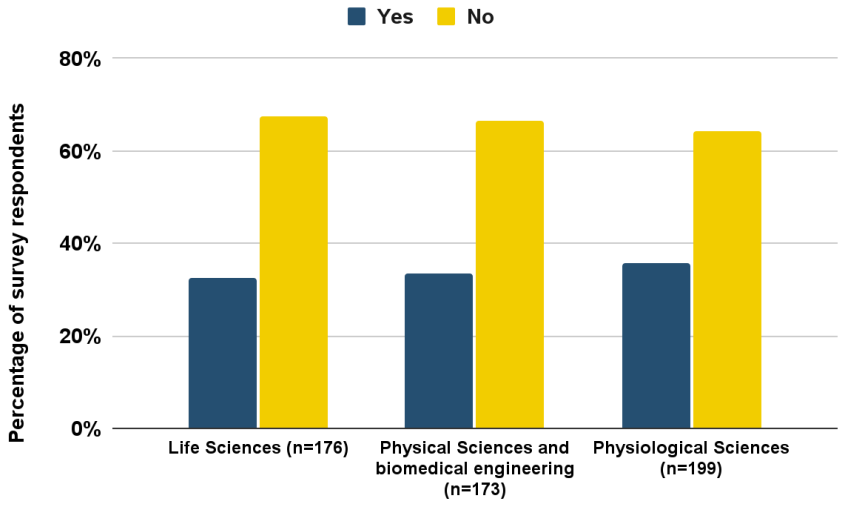

Image: parental responsibilities of survey respondents across the healthcare science specialisms - those who have any children aged from 0-17 living at home with them, or who they have regular caring responsibility

Caring responsibilities across the healthcare science specialisms

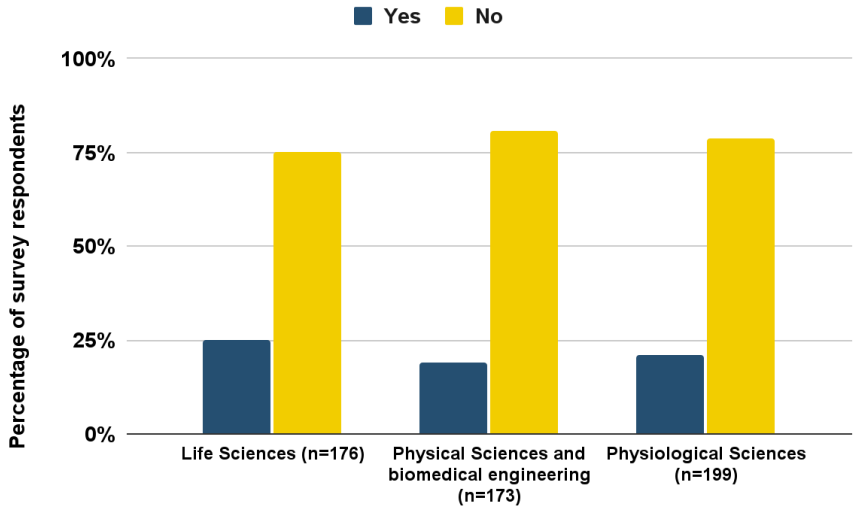

Image: caring responsibilities of survey respondents across the healthcare science specialisms - those who look after or give any help or support to family members, friends, neighbours

Annex IV - Survey questions

The equality, diversity and inclusion in the healthcare science workforce survey are listed below. Each group of questions broadly relates to a section of the report, however there is some overlap as respondents often touched on similar topics across their responses to different questions.

Demographic questions

1. What is your age?

- 16-20
- 21-30
- 31-40
- 41-50
- 51-65
- 66+

2. Which of the following options best describes how you think of yourself? (gender)

- Female
- Male
- Prefer to self-describe
- Prefer not to say

  2.a. Prefer to self-describe [text box]

  2.b. Is your gender identity the same as the sex you were registered at birth?

  - Yes
  - No

- Prefer not to say

3. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more?

- Yes
- No

    3.a. Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12-months or more?

    - Learning disability/difficulty
    - Long standing illness or health condition
    - Mental health condition
    - Physical impairment or mobility issues
    - Sensory impairment
    - Disability, impairment, or medical condition that is not listed
    - Two or more impairments and/or disabling medical conditions
    - Preferred not to say

        3.a.i. Sensory impairment

        - I have a social/communication impairment
        - I am blind/have a serious visual impairment
        - I am deaf/have a serious hearing impairment

4. Were you advised to shield against COVID-19?

- Yes
- No

4.a. If yes, please give reason [text box]

5. Marriage and Civil Partnership

- Single, never married or never civil partnered
- Married, including separated (this category includes those in both opposite and same sex marriages)
- Civil partnered, included separated
- Divorced, including legally dissolved civil partners
- Widowed, including surviving civil partners
- Preferred not to say

6. Religion or belief

- No religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please specify
- Prefer not to say

6.a. Please specify [text box]

7. Which of the following options best describes how you think of yourself? (sexual orientation)

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual

- Prefer to self-describe
- Prefer not to say

7.a. Prefer to self-describe [text box]

8. Which of the following options best describes how you think of yourself? (ethnicity)

- 8.a. Asian/Asian British
  - Indian
  - Pakistani
  - Bangladeshi
  - Chinese
  - Any other Asian background
- 8.b. Black/African/Caribbean/Black British
  - African
  - Caribbean
  - Any other Black/African/Caribbean background
- 8.c. Mixed/Multiple ethnic groups
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other Mixed/Multiple ethnic background
- 8.d. White
  - English/Welsh/Scottish/Northern Irish/British
  - Irish
  - Gypsy or Irish Traveller
  - Any other White background

- 8.e. Other ethnic group
    - Arab
    - Any other ethnic group

      8.e.i. Please specify [text box]

9. Do you have any children aged from 0-17 living at home with you, or who you have regular caring responsibility for?

- Yes
- No

9.a. Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health/disability, or problems related to old age?

- Yes
- No

9.b. Have you in the last year returned to work after a career break/maternity leave?

- Yes
- No

  9.b.i. If yes please specify [text box]

10. Area/region of employment

- East of England
- London
- Midlands
- North East and Yorkshire
- North West
- South East

- South West
- Unknown

  10.a. If unknown, please enter your employing Trust [text box]

11. Please indicate which Healthcare Science Specialism you work in

- 11.a. Clinical Bioinformatics
  - Clinical bioinformatics (genomics)
  - Clinical bioinformatics (health informatics)
  - Clinical bioinformatics (physical sciences)
- 11.b. Life Sciences
  - Analytical toxicology
  - Anatomical pathology
  - Biomedical science
  - Blood science
  - Cancer genomics
  - Cellular sciences
  - Clinical biochemistry
  - Clinical immunology
  - Cytopathology
  - Genomic counselling
  - Genomics
  - Haematology (healthcare scientist)
  - Histocompatibility and immunogenetics
  - Histopathology (healthcare scientist)

- Infection sciences
- Microbiology
- Reproductive science and andrology
- Virology (healthcare scientist)

- 11.c. Physical Sciences and biomedical engineering
  - Clinical measurement
  - Clinical or medical technology in medical physics
  - Clinical pharmaceutical science
  - Clinical photography
  - Decontamination and sterile services
  - Imaging (ionising)
  - Imaging (non-ionising)
  - Medical device risk management and governance
  - Medical engineering
  - Nuclear medicine
  - Radiation physics and radiation safety physics
  - Radiotherapy physics
  - Reconstructive science
  - Rehabilitation engineering
  - Renal technology
- 11.d. Physiological Sciences
  - Audiology
  - Cardiac sciences
  - Clinical perfusion science

- Critical care science
- Gastrointestinal physiology
- Hearing aid dispenser
- Neurophysiology
- Ophthalmic and vision science
- Respiratory physiology and sleep sciences
- Urodynamic science
- Vascular science

12. What grade/band are you working to?

- Band 2
- Band 3
- Band 4
- Band 5
- Band 6
- Band 7
- Band 8a
- Band 8b
- Band 8c
- Band 8d
- Band 9
- VSM

13. Does your role have an element of patient facing?

- Yes
- No

Pipeline

14. Who/what inspired you to become a Healthcare Scientist? [text box]

14.a. How can we improve awareness and encourage school leavers and new graduates to enter the HCS profession, particularly those from protected groups? [text box]

14.b. What groups, if any, do you feel require specific support to enter an HCS career? [text box]

Recruitment

15. In your experience do you feel the NHS has a fair recruitment process?

- Yes
- No
- Don't know

    15.a. If not, please explain [text box]

15.b. Have you experienced an interview (as interviewee or interviewer) where you felt the process was not fair?

- Yes
- No

    15.b.i. Please describe [text box]

15.c. What more can employers do to ensure there is fair recruitment? [text box]

15.d. Have you ever received Equality, Diversity and Inclusion and or unconscious bias training?

- Yes
- No

15.e. Does your trust mandate a diverse interview panel?

- Yes
- No
- Don’t know

Retention

16. Do you feel supported to bring the best of yourself to work?

- Yes
- No

    16.a. Please elaborate [text box]

16.b. Do you think that your colleagues and managers have a good understanding and encourage an inclusive environment?

- Yes
- No
- Don’t know

16.c. Do you feel your Trust has an effective Equality, Diversity and Inclusion policy?

- Yes
- No
- Don’t know

16.d. Have you ever changed employer/employment because you have felt discriminated against?

- Yes
- No

    16.d.i. Please share your experience [text box]

16.e. Do you feel you have had equal access to training/CPD compared to your peers?

- Yes
- No
- Don’t know

16.e.i. If no, please elaborate [text box]

16.f. Have you ever experienced or witnessed inequality in the workplace?

- Yes
- No

16.f.i. If yes, please briefly describe your experience and explain what you think could be done to address this? [text box]

Leadership

17. Are you inspired to progress in your career?

- Yes
- No

17.a. If no, what would inspire you? [text box]

17.b. Do you feel appropriately represented at senior levels within Trust/Regional/National/professional body?

- Yes
- No
- Don’t know

17.b.i. If not, can you explain why? [text box]

17.c. Have you been offered/undertaken leadership training?

- Yes
- No

17.c.i. If yes, was it specific to a protected characteristic; Such as WISE, stepping up, Stonewall?

- Yes
- No

17.c.i.a. Which one(s)? [text box]

Risk assessment

18. Had or been offered a risk assessment?

- Yes
- No
- Not applicable

18.a. If you rejected a risk assessment can you explain why? [text box]

18.b. Were any specific needs/adjustments identified?

- Yes
- No

18.b.i. If yes, have they been put into place?

- Yes
- No

18.c. What was your experience of the risk assessment process? [text box]

18.d. Do you have access to appropriate PPE in accordance to guidance to do your job?

- Yes

- No
- Not applicable

18.e. Have you ever felt pressurised by your manager/colleagues/pressure on self to work in settings without adequate PPE?

- Yes
- No
- Not applicable

Health and wellbeing

19. Are you aware of any services/resources available to support your health and wellbeing?

- Yes
- No
- Not applicable

    19.a. If yes have you accessed these support services/resources?

    - Yes
    - No

20. Does your manager/Trust take an active interest in your health and wellbeing?

- Yes
- No

21. Do you feel Trust/manager provides equal opportunities for all staff when it comes to?

- 21.1. Shift work?
    - Yes

- No

- 21.2. Home working option?
  - Yes
  - No
- 21.3. Reasonable adjustments?
  - Yes
  - No

    21.a. If not please explain [text box]

22. Do you feel that your organisation (department/trust?) has a supportive working environment in which staff are encouraged to talk openly about mental health related issues?

- Yes
- No

23. Would you be confident talking to your line manager/colleagues about: Tick all that apply

- 23.1. Your mental health?
  - Yes
  - No
  - N/A
- 23.2. Gender identity?
  - Yes
  - No
  - N/A
- 23.3. Ethnicity?
  - Yes

- No
- N/A

- 23.4. Disability?
  - Yes
  - No
  - N/A
- 23.5. Other protected characteristic related issues?
  - Yes
  - No
  - N/A

    23.a. If not, can you explain why not? [text box]

24. At any time have you experienced work related stress/anxiety or other mental Health concerns have impacted on your work?

- Yes
- No

  24.a. If yes, what do you think contributed to this? [text box]

25. Have you ever had to take time off work due to work related stress/anxiety or other mental health reasons?

- Yes
- No

26. What support or additional support do you feel would help you with your health and wellbeing? [text box]

27. Is there anything else we have not asked that you would like to add? [text box]

28. Do you have a disability?

- Yes
- No

    28.a. If yes, have you had reasonable adjustments made to your work environment? [text box]

29. Have you had any maternity leave?

- Yes
- No

29.a. Have you experienced any work-related anxieties because of your maternity leave?

- Yes
- No

    29.a.i. If yes, please describe [text box]

29.b. Were reasonable adjustments required for you to returned to work?

- Yes
- No

    29.b.i. If yes, were these adjustments made?

    - Yes
    - No