White Rose Research Online

eprints@whiterose.ac.uk
https://eprints.whiterose.ac.uk
Universities of Leeds, Sheffield and York

Deposited via The University of York.

White Rose Research Online URL for this paper:
https://eprints.whiterose.ac.uk/id/eprint/166473/

Version: Published Version

Monograph:
Einarsdottir, Anna, Mumford, Karen Ann, Birks, Yvonne Frances et al. (2020) LGBT+ employee networks within the NHS: technical report and data addendum. Report.

https://doi.org/10.15124/yao-t822-h493

Reuse
Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown
If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

UNIVERSITY OF LEEDS
University of Sheffield
UNIVERSITY of York

LGBT+ employee networks within the NHS: Technical report and data addendum

Einarsóttir, A., Mumford, K., Birks, Y., Aguirre, E., Lockyer, B., and Sayli, M.

Contents

Acknowledgements 3
Introduction 4
1. The Employee Engagement Survey (EES) 6
1.1 Survey Design and Dissemination 6
1.2 Responses to the EES 7
1.3 Summary statistics 9
1.4 Potential biases 31
Sampling (coverage) bias due to dissemination methods 32
Selection bias due to selective participation in the survey 33
1.5 Representativeness 34
Comparison with the 2018 NHS Staff Survey 34
Comparison with the National LGBT Survey 37
Other dataset comparisons from the literature 39
2. HR & EDI Survey 55
2.1. Survey Design and Dissemination 55
2.2. Responses to the HR & EDI Survey 56
2.3. Potential biases 58
2.4. Summary Statistics 59
Conclusion 70
References 72
Appendix A: The EES Questionnaire 75
Appendix B: The EES Dissemination 110
Browsing, responses from the paid twitter campaign and social media 117
Appendix C: The HR&EDI Survey Questionnaire 119
Appendix D: The HR&EDI Survey Dissemination 140
Appendix E: List of NHS Trusts in England 147

Acknowledgements

The authors gratefully acknowledge the support and assistance of the Economic and Social Research Council (ESRC) whose funding [grant number ES/N019334/1] made this study possible. The authors thank the research partners; NHS Employers; Stonewall; and Employers Networks for Equality and Inclusion (enei); for supporting the development, progress and dissemination of the research. The authors also thank the Research Advisory Board for their support and guidance, particularly the Chair, Tracy Myhill, for her leadership and for paving the way for the project.

Finally, the authors also thank those who responded to the online surveys.

Anna Einarsdóttir, Karen Mumford and Bridget Lockyer* are in York Management School, Edith Aguirre and Melisa Sayli** are in Economics and Related Studies and Yvonne Birks is in Social Policy Research Unit at the University of York

University of York
Heslington
York
YO10 5DD
United Kingdom

Address to be supplied

Published October 2020

© The authors

Further copies can be downloaded from https://lgbtnetworks.org.uk

*As of 2nd January 2020 Bridget Lockyer is a Senior Research Fellow in the NHS

**As of 15th April 2020 Melisa Sayli is a Research Fellow at the University of Surrey

Introduction

There is a lack of representative quantitative datasets in the UK that include information on sexual and gender identities combined with other socio-economic characteristics (Hudson-Sharp and Metcalf, 2016). Thus, researchers tend to collect their data, mostly through non-random sampling questionnaires, which often have small sample sizes and usually are not representative of the population.

The National Health Service (NHS) collects various data on its workforce. For example, the Electronic Staff Records is a micro-level dataset that contains information on NHS employees' background, occupations, payroll and their workplace. However, this data source is not publicly available. Another source of information into the NHS workforce is the annual NHS Staff Surveys (NHS SSs), which collect views of NHS employees about their jobs and how it is to work in their organisations alongside self-reported background information. The NHS SSs are publicly available with information aggregated at the trust level. These datasets are either commissioned or managed by the NHS and are important sources of information, yet, they lack some necessary variables for our research program, e.g. sexual and gender identity, and detailed workplace characteristics such as presence and prevalence of staff networks.[1] Therefore, to collect information on sexuality, gender identity and staff networks in the NHS, we administered two surveys, the NHS Employee Engagement Survey (EES), to employees working in NHS trusts in England, and the HR & EDI Survey, which collected information at NHS trust level from Human Resources staff and/or Equality, Diversity and Inclusion (EDI) leads.

In terms of data collection, the HR & EDI Survey preceded the EES. The HR & EDI Survey took place in two waves in autumn 2018 and spring 2019. It collected information on organisational culture, particularly staff networks, work arrangements, and workforce characteristics. The EES launched in January 2019 and closed in May 2019, and it focused on individuals' experiences to have a better understanding of NHS employees' work-life, pay gaps and participation in staff networks, particularly of sexual and gender minority employees. Both surveys were administered on an online platform, which is the best approach to capture otherwise invisible minority groups and to reach a wider group of organisations. The HR & EDI Survey and the EES are both stand-alone surveys, but they can also be linked to contextualise the function of NHS staff networks operating in England.

In designing the surveys, the NHS SS and the Workplace Employment Relations Survey (WERS) both served as important sources to format the questions in job and workplace question blocks of the EES and the HR & EDI Survey. Having similar questions enables to compare

[1] The NHS does not collect information on staff networks in its organisations. Trusts or some staff networks individually attempted to collect data, which represents subpopulations of NHS workforce. An example is the LGBT Staff Survey conducted by the National Ambulance LGBT Networks, and the data includes representatives of NHS Ambulance trusts.

datasets and to ensure that measures capture relevant information. Sections 1.1 and 2.1 briefly describe the survey design and dissemination, and Appendices A and C provide the list of questions in the EES and the HR & EDI Survey, respectively. The surveys were designed and collected using Qualtrics, an online survey software, and the resulting datasets were created using Stata 15 and 16 (MP).

Online surveys have many advantages over traditional face-to-face, telephone or postal surveys: They are more cost-efficient, can be disseminated over a large geographical area quickly, and facilitate data management by making the dataset available instantly. Besides technical efficiencies, online surveys are also particularly useful when accessing groups who would be difficult to reach through other channels. Studies show that online surveys have higher disclosure rates on sensitive information such as sexuality, due to increased anonymity and confidentiality (Trau et al., 2013; McFadden and Winter, 2001). An online survey fitted our purpose as our priority was to reach as many employees working in NHS trusts in England as possible and to include sexual and gender minority staff.

While the NHS SSs are administered electronically through private access links sent to employees' work-emails and are treated confidentially, individuals may refrain from revealing their true opinions about their workplace or their sexual and/or gender identities in a survey followed-up by their employer. Survey responders might feel more comfortable in providing details of sensitive information as our surveys are designed and implemented by the LGBT+ Networks research team at the University of York, and the online confidential nature of our surveys provide anonymity.

We took several measures to increase the accessibility of our surveys. Besides disseminating our survey to trusts through an embedded URL, we also promoted our survey using shortened web-links and QR. Our surveys' landing pages described the aim of the survey and included a progress bar on top to allow respondents to track their progress. The surveys were accessible from all mobile devices.

This technical report presents the survey designs, data collection and summary statistics of the two datasets generated within the LGBT+ Networks project. While there are many benefits to online surveys, there are also some drawbacks such as lower response rates than traditional surveys (Nulty, 2008), and potential sampling and selection biases. We address these concerns by discussing potential biases that the EES may be subject to due to data collection process and assessing its representativeness by comparing some key statistics with benchmark datasets and other datasets in the literature.

1. The Employee Engagement Survey (EES)

1.1 Survey Design and Dissemination

The EES is an online survey of the NHS employees and consists of 7 question blocks to collect information on respondents' background, their trust and occupation, staff networks, job, health sector experience, views about the job and the workplace. As an online survey, the EES is designed and published using the survey software Qualtrics. The questionnaire and the raw datasets can only be accessed through the University of York's system, and the data is stored in a secure server.

A month before the data collection took place, the questionnaire was piloted within the research team, academics at the University of York, the members of the Advisory Board and nominated individuals working in the NHS to ensure that questions are relevant, clear and fit to the purpose they are intended for. Appendix A provides the full set of questions and instructions about the EES.

Data collection took place between 24th January and 31st May 2019.[2] During this period, the survey was accessible to everyone through a link to the survey. The survey did not have any screening questions, but we used trust names and the rate of survey completion as post-screening tools to validate the sample.

During the survey dissemination process, we worked in partnership with NHS Employers and NHS Confederation's communications team to publicise and promote the EES. We also arranged a paid communications campaign package from NHS Employers, led by NHS Confederation's communications team. The timeline of the EES' launch and dissemination activities is presented in Table 1 and further discussed in Section 1.3.[3]

Table 1 Dissemination timeline for the EES, January – May 2019

24th January	➢ Survey launch, Latest News page for NHS Employers website*
25th January	➢ Communications bulletins shared with communication contacts (1300 contacts)*
28th January	➢ NHS Communications Bulletin, Workforce Bulletins, shared with Human Resources Directors and NHS managers (4500 contacts)*
February	➢ Promotion via regional EDI leads via emails ➢ Dissemination of the survey via the project's Twitter account
26th February	➢ LGBT+ network event in Brighton (research team)

[2] The EES original planned to close on 31st of March, however due to lower response rate and the launch of a new dissemination campaign, the closing date of the EES was extended first to 12th, then to 19th April 2019. The survey link expired on 31st May 2019.

[3] See Appendix B for details about the dissemination and promotion activities of the EES.

w/c 4 March onwards	➢ Collecting contact addresses of HR and/or EDI leads of trusts in England (in the drop-down menu) from public domains, and phone calls. ➢ Promotion of the survey on Twitter and the project's website
Mid-March until mid-April	➢ Direct emails and reminders to HR staff and/or EDI leads ➢ Newsletters from the project, and dissemination via the project's website (27th March)
21st March – 5th April	➢ Paid twitter campaign led by NHS Employers' Communications Team
13th April	➢ Final reminders before Easter

Notes: *Communication details provided by NHS Confederations Communication Manager. NHS Employers also supported survey dissemination through face-to-face events and meetings with Diversity and Inclusion teams and LGBT audiences.

1.2 Responses to the EES

We reached out to 226 trusts in NHS England and contacted their HR representatives/EDI leads asking them to disseminate our survey. Fourteen trusts did not respond to the EES, including three trusts that declined to participate due to survey fatigue.

Table 2 summarises the responses to our survey. In total, we received 7,701 responses, including 2,099 browsers from 2nd April to 31st of May 2019, who only saw the landing page of our survey, i.e. a brief description of the aims the survey and instructions. As browsers do not complete the survey, they are excluded from the dataset. Our dataset also excludes incomplete surveys, i.e. partial responses which were not submitted.[4] Only 4,455 responses (57.85%) were completed from start to finish with 100% survey progress. In addition to incomplete responses, we limit our data to responses with a valid trust name and NHS trusts.

Table 2 Responses to the EES

	Total
All responses	7,701
Ineligible due to browsing	2,099
Incomplete questionnaire	1,147
Incomplete information about the trust	81
Ineligible due to being "other" organisation [a]	137
Valid responses	4,237

[a] From "other" trust category, we recoded three trusts to our list of trusts, which were not originally listed as a choice in our drop-down menu.

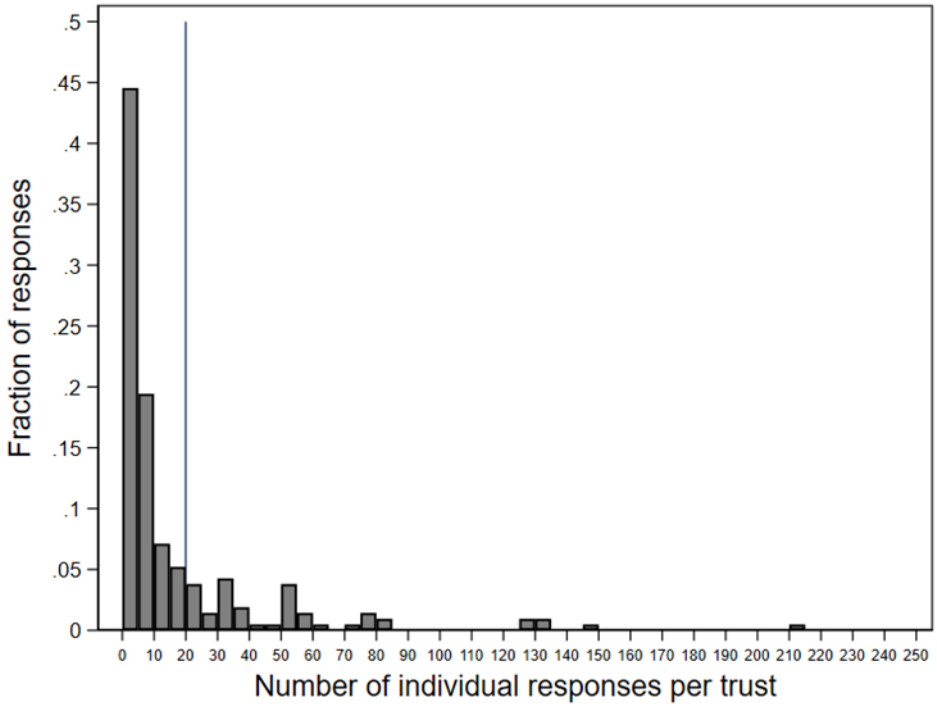
The final dataset includes 4,237 valid responses from 212 NHS trusts located in England. Among the trusts we communicated with, we got at least one response back from 92.5% of

[4] Depending on the research question, it is possible to increase the sample size by including partial responses. For instance, if the research question is not related to bullying and discrimination, i.e. the last block of questions, partial survey responses until this final block can be used.

the trusts. While there is no accurate way of calculating the individual response rate, as we do not have a reference number for how many potential respondents received our survey, the response rate is below our expectations. The NHS Digital's headcount data from September 2018[5] suggests that the potential sample frame was 1.19 million (staff working in NHS trusts in England), which means a response rate of 0.35%.

The EES received on average 20 responses per trust with a median of 5 responses. Almost 20% of the trusts in the EES sample have more than 30 responses. **Figure 1** provides the distribution of responses received per trust, excluding the outlier trust. The EES received two responses from 22 trusts and 1 response from 32 trusts.

Figure 1 Distribution of responses per trust



Notes: N=211 trusts. Excludes one trust with 613 responses. The vertical line shows the average number of responses per trust.

[5] Own calculations using NHS Digital data on NHS Hospital & Community Health Service (HCHS) monthly workforce statistics - Staff in Trusts and CCGs retrieved from https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/september-2018 on January 2020.

1.3 Summary statistics

Background characteristics

The EES sample consists of 4,237 observations, of which 3,236 (76.4%) identify as women, 949 (22.4%) as men, 18 (0.4%) as non-binary and 34 (0.8%) did not prefer to say their gender. The shares of female and male respondents in the EES are similar to the 2018 NHS SS.[6] On the other hand, fewer respondents 'prefer not to say' their gender in the EES (0.8%) than the 2018 NHS SS (2%). The EES also asked about respondents' gender identity and includes 29 transgender employees working in the NHS.[7]

A respondent in the EES is on average 46.5 years old. On average, LGBT+ respondents are significantly younger (41.8) than heterosexual cisgender respondents (47.1). Half of the respondents in the EES are married, and 98.9% are living together with their partners.

LGBT+ respondents are more likely to have higher education than heterosexual cisgender respondents in the EES. Compared to 31% heterosexual cisgender respondents who obtained a higher degree, 41% of the gay/lesbians and 32.5% of bisexuals have a higher degree.

All staff working in the NHS trusts in England were eligible to complete the EES; 45.4% are health professionals.[8] The occupational composition of the EES is skewed towards wider health care occupations (23.1%) such as administrative and clerical jobs, central functions such as HR professionals, and maintenance. The second-largest occupational group in the sample is registered nurses and midwives (23%), followed by allied health, healthcare scientist, scientific and technical staff (18.2%). On the other hand, the number of individuals from social care (0.64%), operational ambulance staff (0.85%), public health (0.97%) and medical and dental staff (5.1%) are lower in the EES than 2018 NHS SS.[9]

Around one in four respondents in the EES care for a family member or a friend due to health or old age. The majority of these carers are female (81%). Four in ten respondents spend on average 0 to 4 hours on caring activities, while 16% spend more than 35 hours in a week.

Most of the respondents are satisfied with their lives (68.9%).[10] While there is no significant difference in overall life satisfaction of LGBT+ (70.9%) and heterosexual cisgender respondents (68.6%), there is a significant difference by gender (at 5.5% level) as more women (69.9%) are satisfied with their lives than men (66.6%) in the EES.

[6] See Table 8 in Section 1.5.
[7] There are 11 transgender women, 7 transgender men and 11 non-binary transgender respondents.
[8] Health professionals in the EES mostly work as registered nurses and midwives or in allied health and healthcare sciences.
[9] Potential biases and representatives of the EES are discussed in Sections 1.4 and 1.5, respectively.
[10] Overall life satisfaction is measured on a 5-point Likert scale. 'Satisfied' is calculated by aggregating 'somewhat satisfied' and 'extremely satisfied'.

Table 3 Descriptive statistics, selected variables

	ALL			HETEROSEXUAL°			LGBT+°°				
	Mean	**St. dev**	**N**	**Mean**	**St. dev**	**N**	**Mean**	**St. dev**	**N**	**H0: Δ(H-LGBT)=0**	
Age	46.47	11.41	4,195	47.09	11.28	3,585	41.74	11.35	514	t= 10.031	***
Marital status											
Single	0.15	0.36	4,237	.1392	0.35	3,619	0.24	0.43	516	z= -6.094	***
In a relationship	0.25	0.43	4,237	.232	0.42	3,619	0.41	0.49	516	z= -8.597	***
More than one partner	0.004	0.06	4,237	0.00	0.04	3,619	0.02	0.13	516	z= -5.579	***
Married	0.51	0.50	4,237	0.55	0.50	3,619	0.29	0.45	516	z= 11.056	***
Divorced	0.06	0.23	4,237	0.06	0.24	3,619	0.03	0.17	516	z= 2.905	***
Widowed	0.01	0.10	4,237	0.01	0.11	3,619	0.00	0.04	516	z= 1.955	*
Race											
White	0.87	0.34	4,237	0.87	0.34	3,619	0.91	0.29	516	z= -2.631	***
Black	0.05	0.22	4,237	0.05	0.22	3,619	0.02	0.14	516	z= 3.102	***
Asian	0.05	0.22	4,237	0.05	0.23	3,619	0.03	0.17	516	z= 2.402	**
Mixed	0.02	0.14	4,237	0.02	0.13	3,619	0.04	0.19	516	z= -2.959	***
British (ethnicity)	0.80	0.40	4,235	0.80	0.40	3,618	0.83	0.38	516	z= -1.36	
Born UK	0.86	0.35	4,237	0.86	0.359	3,619	0.89	0.31	516	z= -1.94	*
Qualifications*											
A-levels	0.09	0.29	4,237	0.09	0.29	3,619	0.10	0.30	516	z= -0.437	
Diploma in HE	0.15	0.36	4,237	0.16	0.36	3,619	0.15	0.36	516	z= 0.372	
First degree/PGCE	0.29	0.45	4,237	0.28	0.45	3,619	0.30	0.46	516	z= -0.819	

	ALL			HETEROSEXUAL°			LGBT+°°				
	Mean	St. dev	N	Mean	St. dev	N	Mean	St. dev	N	H0: Δ(H-LGBT)=0	
Higher degree, postgraduate	0.32	0.47	4,237	0.31	0.46	3,619	0.37	0.48	516	z= -2.643	***
Disability	0.34	0.48	4,237	0.33	0.47	3,619	0.44	0.50	516	z= -4.626	***
Caring for an adult	0.26	0.44	4,237	0.27	0.44	3,619	0.23	0.42	516	z= 1.689	*
Any dependent child	0.32	0.47	4,237	0.35	0.48	3,619	0.15	0.36	516	z= 8.804	***

Notes: *** p<0.01, ** p<0.05 * p<0.1.

° Includes 2 heterosexual individuals responding “prefer not to say” when asked about ‘same sex as at birth’.

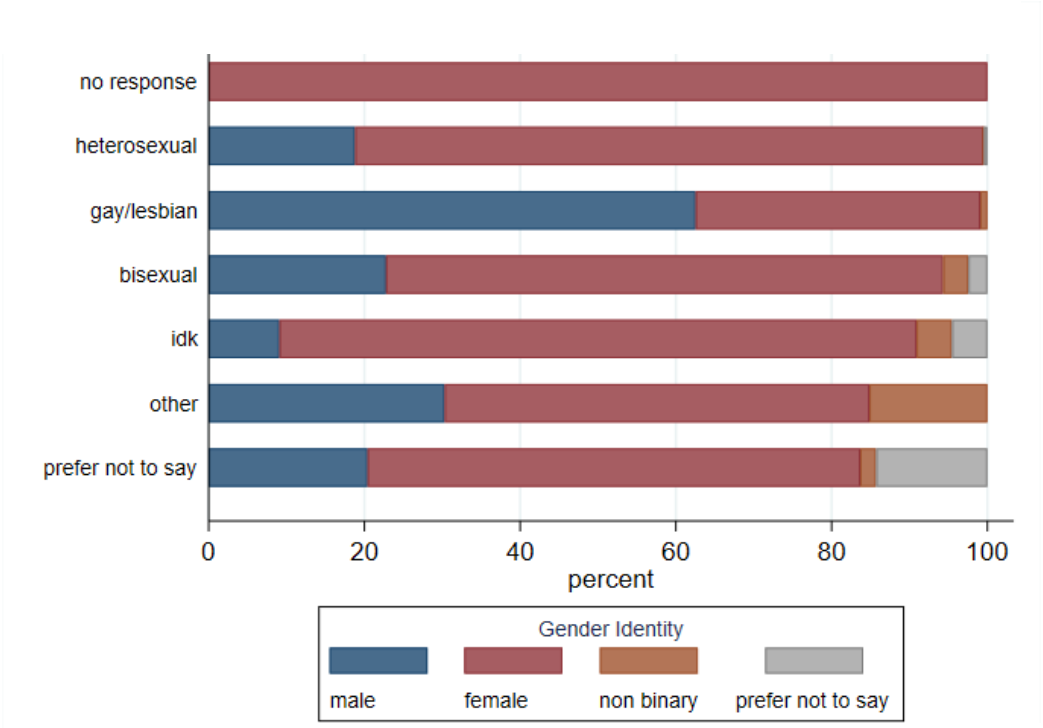
°° Includes 29 LGBT individuals responidng “no” when asked about ‘same sex as at birth’ and 7 responding “prefer not to say”.

* Selected qualifications only. For marital status, we perform the proportion test, thus the last column is a Z static and not t-statistic. Not shown in the table are ‘prefer not to say’ and no response (missing values). For ethnicity not in table are “other”, “prefer not to say” and no response.

Sexuality and disclosure

The EES has a higher proportion of LGB+ respondents than in 2018 NHS SS. In the EES sample, 85.6% of the respondents are heterosexual compared to 90% of the 2018 NHS SS (see Section 1.5 for more details). While there are fewer men than women in the EES, there are more gay men than lesbians. The EES includes 331 (7.8%) respondents who identify as gay or lesbian, 123 (2.9%) as bisexual and 33 (0.8%) identify as "other". As shown in **Figure 2**, around two-thirds of gay/lesbian identifying respondents are men, whereas more women identify as bisexual than men.

Figure 2 Sexual identity by gender

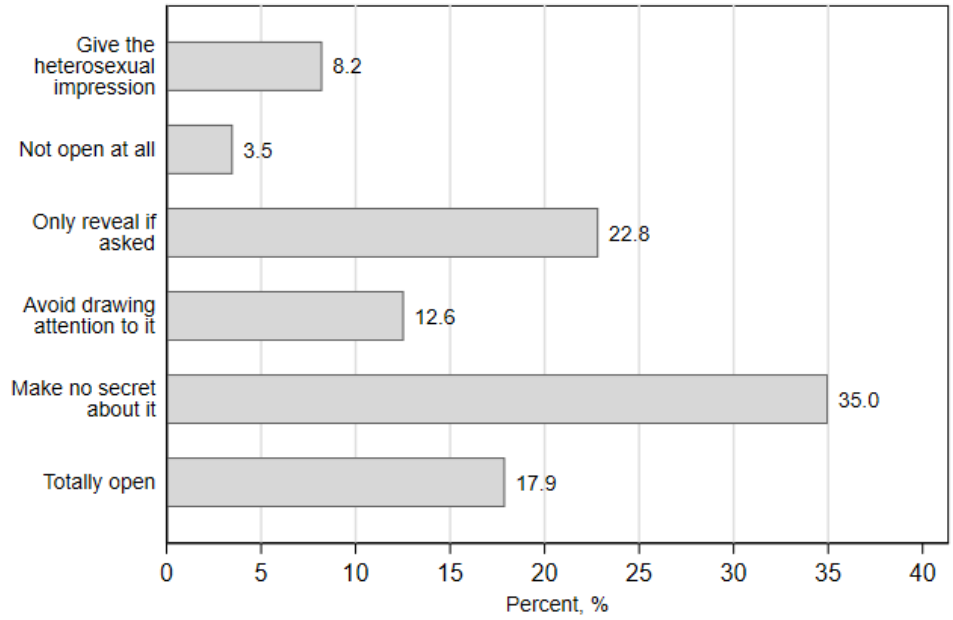


Notes: 'other' includes pansexual (39.3%), asexual (21.2%), other (15.2%), fluid, heteroflexible, plurisexual, queer and demisexual.

An important aspect of sexuality and identity management at work is the disclosure of identity. The EES asked sexual minority respondents whether they share (disclose) their sexuality at work. [11] Among 486 LGBT+ respondents, slightly more than half are open about their sexuality and around 12% are not open at all. **Figure 3** presents the disclosure rates within the EES LGB subsample. More than half of the LGB employees are open about their sexuality at work ('make no secret about it' and 'totally open'). Around one in five LGB respondents only reveal their sexuality if they are asked, whereas one in eight actively conceal their sexuality by avoiding attention to their sexuality.

[11] Respondents who selected "I don't know" in sexuality question, and heterosexual transgender respondents were not asked disclosure questions.

Figure 3 Disclosure of sexuality within the EES



N=486
Excluded:
7 trans and 22 respondents to whom the disclosure questions are not diplayed.
One missing value.

Individuals may not be open to everyone at the workplace at the same level. For instance, in the EES, 19.5% of LGB+ respondents who are 'totally open' at work are not open to all their co-workers. This rate jumps to 86.9% among those who avoid drawing attention to their sexuality. **Table 4** presents how open the LGB respondents are to their managers, co-workers and patients/service-users about their sexuality.

Table 4 Disclosure levels in the workplace, column percentages for managers, co-workers and patients/service-users

	Only reveal if asked (%)	Avoid drawing attention (%)	Make no secret (%)	Totally open (%)	Overall (%)
Manager/supervisor					
All	19.8	8.2	46.5	82.8	41.5
Most	16.2	23.0	30.6	22.14	22.1
Some	32.4	37.7	18.2	21.7	22.7
None	31.5	29.5	2.9	13.5	13.5
Co-workers					
All	21.6	13.1	48.2	80.5	42.9
Most	18.0	21.3	37.7	13.8	25.4
Some	45.0	47.5	12.9	3.5	24.2
None	15.3	16.4	0	1.2	6.5
Patients/service-users					
All	0	0	3.5	12.6	4.0
Most	0	1.6	2.9	3.5	2.1

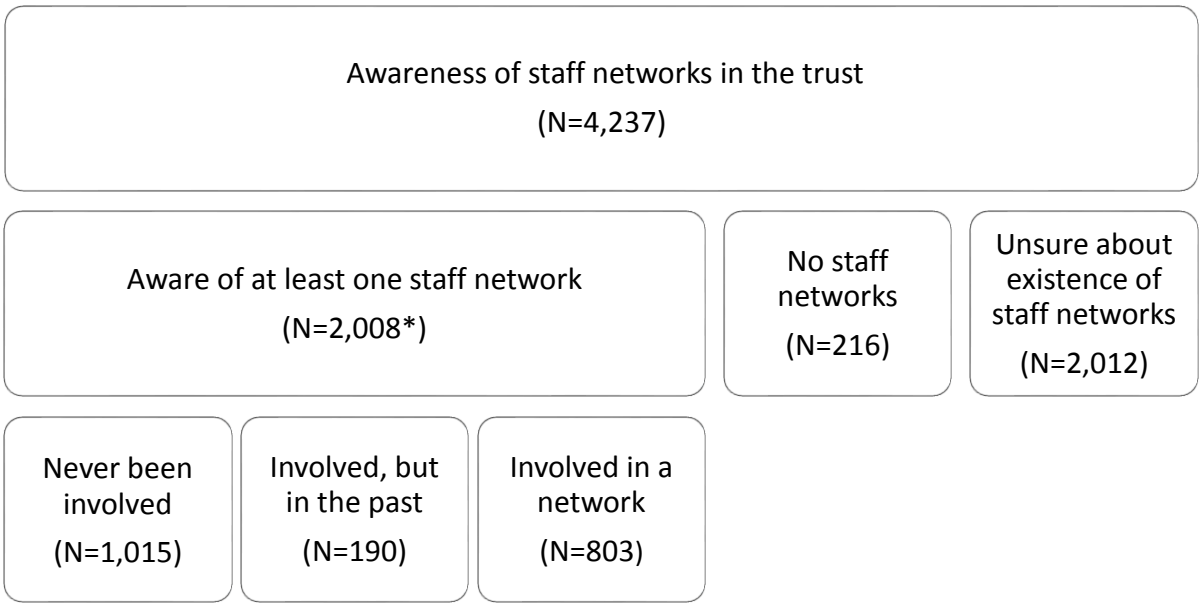
Some	18.9	8.2	31.8	28.7	24.5
None	58.6	62.3	24.7	19.5	37.8
Not applicable	21.6	23.0	35.9	35.6	30.3
N	111	61	170	87	429

Staff networks

The EES focuses on staff networks operating in NHS trusts in England, particularly on LGBT+ networks. **Figure 4** illustrates the question routings in the EES with sample sizes to each route. Overall, 47.4% of the sample are aware of at least one staff network in their trust (183 trusts), whereas only 5.1% who said that there are no networks in their trust (87 trusts).[12]

In 90.5% of the trusts where at least one respondent said that there are no staff networks, at least one other respondent working in the same trust was aware of staff networks in their organisation. Likewise, while almost half of the EES sample was not sure whether there are any staff networks in their trust (159 trusts), in 83.6% of these trusts at least one respondent said that there are staff networks.

Figure 4 Question routings in the EES about staff network awareness and involvement



Notes: * Excludes one respondent who did not respond to awareness question and selected "never involved" in the follow-up question.

Minority groups are more likely to be aware of staff networks, e.g. 74.4% of LGBT+ identifying staff know about staff networks compared to 43.6% of the heterosexual cisgender staff. Around two-thirds of the ethnic-minority staff are aware of staff networks compared to 44.7% of staff from a white background. The most common channels the respondents heard and

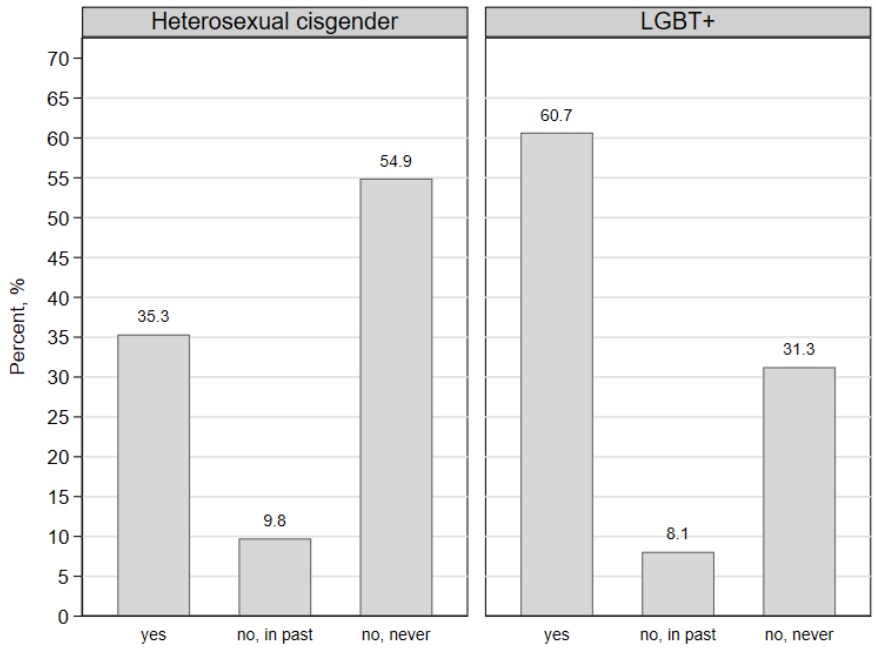
[12] One respondent did not answer this question.

learnt about staff networks are through staff bulletins (71.2%) and co-workers (40.6%), followed by posters and/or events (21.8%).

Two in five who are aware of staff networks are involved in at least one network. A small group of the respondents (9.5%) were involved in the past, whereas the rest (50.6%) have never been involved. The EES asked LGBT+ identifying respondents who have never been involved in staff networks why they have never been involved. Among the 94 LGBT+ respondents, the most common reason selected is not being able to be released from their job (41.5%). This is followed by a lack of interest in staff networks (35.1%) and concerns over sexual and gender identity[13] (28.7%).

Four in five respondents who were involved in a staff network in the past selected at least one staff network they had left. Almost one-third left 'other' networks, 30.2% left a BAME network and 21.4% left an LGBT+ network. The most common reason for leaving a network by far is due to time-management issues: Almost two-thirds of the respondents were not able to attend meetings.[14]

Figure 5 Staff network involvement by gender and sexual identity



As for staff network awareness, more LGBT+ staff are involved in staff networks than heterosexual cisgenders (see **Figure 5**). 95.9% of those who were involved in a staff network

[13] The EES wording for the response category is "don't want to draw attention to my identity".
[14] Other reasons include "network not doing anything worthwhile" (20.1%) and "no strategic impact on policy" (15.7%).

selected at least one network they are involved in among the set of networks listed in the EES questionnaire.[15]

The top 5 reasons for joining a staff network are listed as "wanted to be more aware of the related matters" (47.4%), "to do something worthwhile" (46.5%), "wanted to have a strategic impact" (42.7%), "to meet people who share similar identities" (40.8%) and "to seek support to deal with negative work experiences" (27.8%). **Table 5** presents staff involvement in different staff networks by their sexuality and the most common reason for joining the network.

Table 5 Involvement in staff networks and reason for joining

	Overall	**Heterosexual**	**LGBT+**	**The top reason for joining the prioritised network**
BAME	291 (37.8%)	240 (43.2%)	46 (22.7%)	"to meet people who share similar identities" (48.9%), n=180
LGBT+	325 (42.2%)	140 (25.2%)	182 (89.7%)	"wanted to have strategic impact" (63.5%) n=197
Disability	237 (30.8%)	188 (33.9%)	45 (22.2%)	"to do something worthwhile" (45.7%) n=127
Women	118 (15.3%)	102 (18.4%)	16 (7.9%)	"to do something worthwhile" (58.2%) n=67
Carer	62 (8.1%)	55 (9.9%)	6 (3.0%)	"to do something worthwhile" (52.9%) n=17
Mental Health	89 (11.6%)	71 (12.8%)	16 (7.9%)	"to do something worthwhile" (51.4%) n=37
Faith	32 (4.2%)	29 (5.2%)	3 (1.5%)	"wanted to be more aware of related matters" (71.4%) n=7
Other	161 (20.9%)	140 (25.2%)	18 (8.9%)	"wanted to be more aware of related matters" (48.4%) n=124
Total	1315 (170.8%)	965 (173.9%)	329 (162.1%)	-
Cases (individuals)	770	555	203	756

Notes: Column percentages by cases are in parentheses. The question is only asked to those who know about staff networks and have selected at least one staff network (N=770).

The majority of respondents are involved in one staff network (63.8%), but the number of networks a respondent has involved ranges from 1 to 7, with only around 10% in more than 3 staff networks.[16] Given that the focus of the EES is on gender and sexual minorities and staff networks, it is not surprising that respondents are mostly involved in LGBT+ networks (42.2%),

[15] Three respondents did not select any choices. Due to a technical error beyond research team's control, 30 respondents, bisexual and other, have not seen the detailed network questions. The issue was rectified within the second quarter of data collection period.

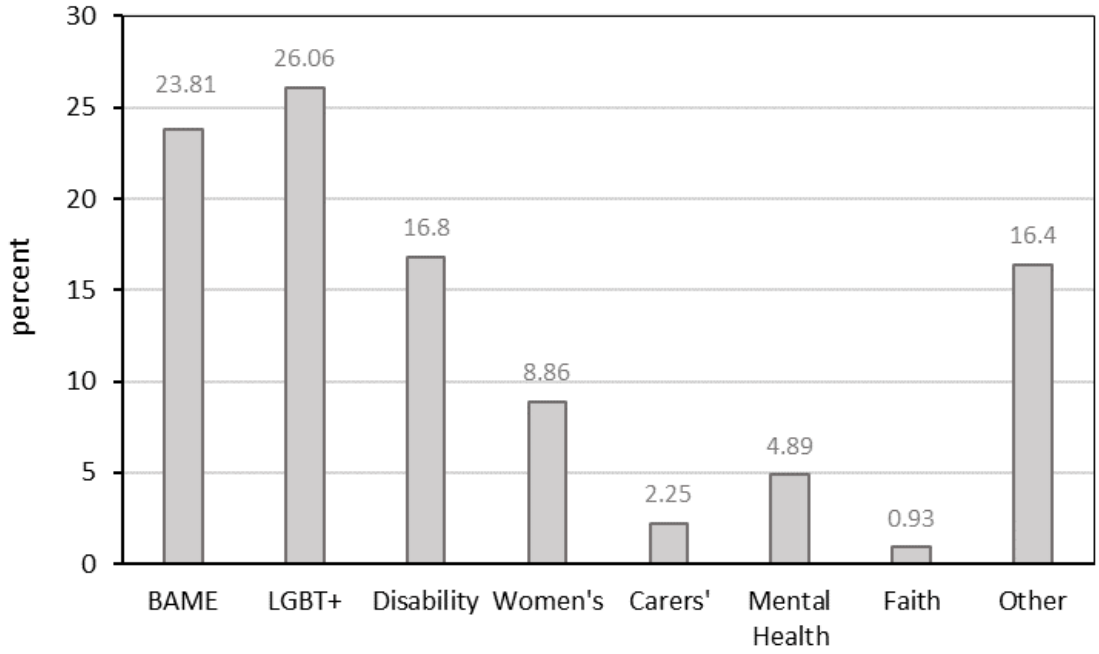
[16] Three respondents did not answer which staff networks they are involved in.

which is followed by BAME networks (37.8%), followed by Disability networks (30.8%) (see **Table 5**).

To understand the nature, operation, and challenges of staff networks better, the EES asked further questions about respondents' prioritised staff network.[17] While LGBT+ identifying respondents are more likely to prioritise LGBT+ networks (63%), the heterosexual cisgender staff is more likely to prioritise BAME (34.6%) and disability networks (23.8%).

Figure *6* shows the distribution of prioritised staff networks in the sample, excluding missing values for staff network prioritisation.

Figure 6 Distribution of (prioritised) staff networks in the EES



Respondents who are involved in at least one network agree that staff networks "are taken seriously by management" (65.3%) and by HR (62%).[18] 76.7% agree that staff networks are "an integral part of diversity and inclusion in their trust", and that staff networks "notice their members' complaints". Two-thirds believe that staff networks "make a difference to what it is like to work" in their organisation.

[17] Respondents, who are involved in more than one staff network, were asked to prioritise one of the staff networks. In total, 770 respondents have seen this section of the EES. 14 respondents did not prioritise any staff networks and 3 respondents did not select any network in previous question Of 14 respondents who did not prioritise a staff network, 6 are involved in 2 networks, another 6 are involved in three networks and 2 are involved in 4 staff networks. Half of them are EDI leads, and the others are chair, member or have other roles in the network.

[18] Agreements to statements are measured on a 5-point Likert Scale, and the summary statistics are based on "somewhat agree" and "strongly agree".

While three-quarters of respondents agree that staff networks "create a positive atmosphere" in their trust, only two in five agree that networks help reducing staff's intention to leave their job.

Overall, 197 respondents prioritised their LGBT+ network. The majority agree that their network offers advice (84.3%) and are consulted on policy and practice (81.7%) on LGBT+ matters. Only 10% do not agree that LGBT+ networks increase the visibility of LGBT+ people.[19]

On average, a staff network in the NHS has 133 members and 42 core members. The highest average core members are in LGBT+ networks. This is likely to be an overestimation and may include virtual memberships. **Table 6** presents the summary statistics for network sizes by staff networks.

Table 6 Core and the total number of network members by prioritised staff networks

	Core members						Total members					
	Mean	**St dev**	**Median**	**Min**	**Max**	**N**	**Mean**	**St dev**	**Median**	**Min**	**Max**	**N**
BAME	43	131.1	11	2	1500	156	141.1	386.3	50	6	4000	150
LGBT+	56.4	446.4	10	1	6000	181	162.1	545.3	50	2	6000	177
Disability	15.1	16.6	10	2	100	109	52.3	108.2	26	5	1000	106
Women's	46.8	93.4	20	1	500	58	117.2	158.3	60	1	1000	58
Carers'	47.8	125.9	10	5	500	15	205.1	503.5	40	8	2000	15
Mental Health	24.9	32.2	12	4	150	29	74	94.6	30	5	410	29
Faith	11.4	12.6	6	6	40	7	49.3	43.6	25	10	120	7
Other	47.8	193.5	12	2	1700	102	187.3	556.2	30	6	4000	96
Total	42.1	256.7	10	1	6000	657	134.4	419	40	1	6000	638

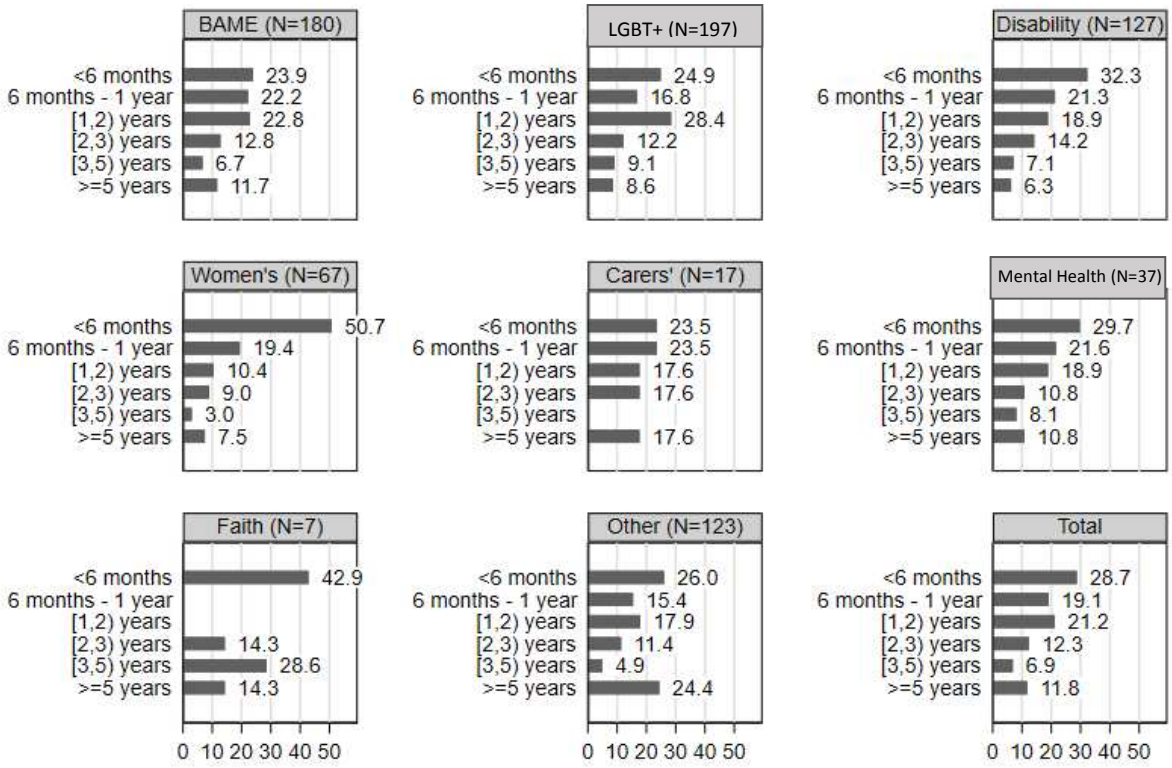
Notes: The summary statistics are calculated using not missing, non-zero and positive values for network size. Excludes respondents who do not prioritise a staff network.

Almost 40% of the respondents have been in a staff network for less than a year. Around one-third have been in a network between 1 to 3 years, and only 11.7% have been in the network for more than five years. **Figure 7** presents the distributions of membership tenure in prioritised staff networks.

The longer a respondent is in a staff network, the less likely that she/he/they is a member but an EDI lead or a chair/co-chair. For example, the majority of the respondents who recently joined a staff network (less than 6 months) are members (71.8%), and only 5.4% are chair/co-chairs. Among those who are involved in a staff network five years, 45.6% are members, and 18.9% are chairs/co-chairs and 16.7% are EDI leads.

[19] 'Not agree' includes "neither agree nor disagree" and "somewhat disagree". No respondents strongly disagree with this statement.

Figure 7 Distribution of membership tenure by prioritised staff networks (%)



There are 93 chairs/co-chairs in the EES sample, and slightly more than a quarter are LGBT+ network chairs. Half of the chairs/co-chairs do not get a formal time allocation for the network activities, and 48.3% complete all network-related work on top of their normal job. Only 10.7% are supported by a mentor, and only 16% of the chairs receive leadership training.

One in three respondents in a network spend 1-2 hours on network-related activities, and only 12% spend more than 5 hours in a month. Almost half of the respondents who are involved with a network have attended at least three network activities in the last 12 months.

Among 197 respondents who are involved in an LGBT+ network, 158 respondents (80.2%) say that their network has 'straight allies'.[20] Assuming that every trust, where a respondent is involved in an LGBT+ network, has an LGBT+ network, there are 52 out of 61 (prioritised) LGBT+ networks in the EES that have straight allies.[21] On the other hand, 13.2% are not sure whether there are any allies in their network.

[20] 39 of 158 respondents are heterosexual cisgender, i.e. straight allies. One heterosexual cisgender individuals who prioritised the LGBT+ network is not sure whether there are straight allies in the network.

[21] Accordingly, there are 92 LGBT+ networks as 325 respondents from 92 trusts said that they are involved in an LGBT+ network, likewise 197 respondents in 61 trusts prioritised an LGBT+ network.

The most common engagement channels with staff networks in the EES are “emails” (86.7%) and “attending meetings” (82.8%). Only slightly more than half of the respondents take part in other activities.

The EES asked respondents who prioritise an LGBT+ network about their network activities and meetings. The most common network activities are “meetings” (87.2%), “pride involvement” (84.2%), and “LGBT+ marking events” (71.9%). Most of the respondents said that their network “produces and hands out freebies such as rainbow lanyards” (57.7%), “runs LGBT+ tailored awareness campaigns within the trust” (51.5%) and “participates in the Stonewall index” (50%).

The LGBT+ network meetings are mostly led by network members (78.2%) and Equality and Diversity representatives in the Trust (75.6%). They are driven by national and international LGBT+ events (73.5%), e.g. LGBT History Month, Trans Day of Remembrance, Bi-visibility day, specific issues that affect LGBT+ staff/patients/service-users in the trust (61.1%), and NHS Equality and Diversity initiatives (60.4%).

Respondents who prioritise an LGBT+ network find their network less diverse in terms of race (44.7%) and gender identity (33.5%).[22] On the other hand, they believe that their network is diverse in terms of age (60.9%) and sexuality (55.3%).

Among 770 respondents who are involved and prioritised a staff network, 74% are satisfied with their network. A quarter of respondents who are satisfied with their network prioritises an LGBT+ network. Only 6.7% are not satisfied with their network (somewhat or extremely dissatisfied). Almost one-third of those who are not satisfied are involved in LGBT+ networks and slightly more than a quarter are involved in BAME networks.

Job characteristics

Among 4,237 respondents, almost three in four work full-time. Overall, 69% have a permanent position in their trust. A small group of respondents in the EES work on Agency or Bank contracts (2.8%).[23]

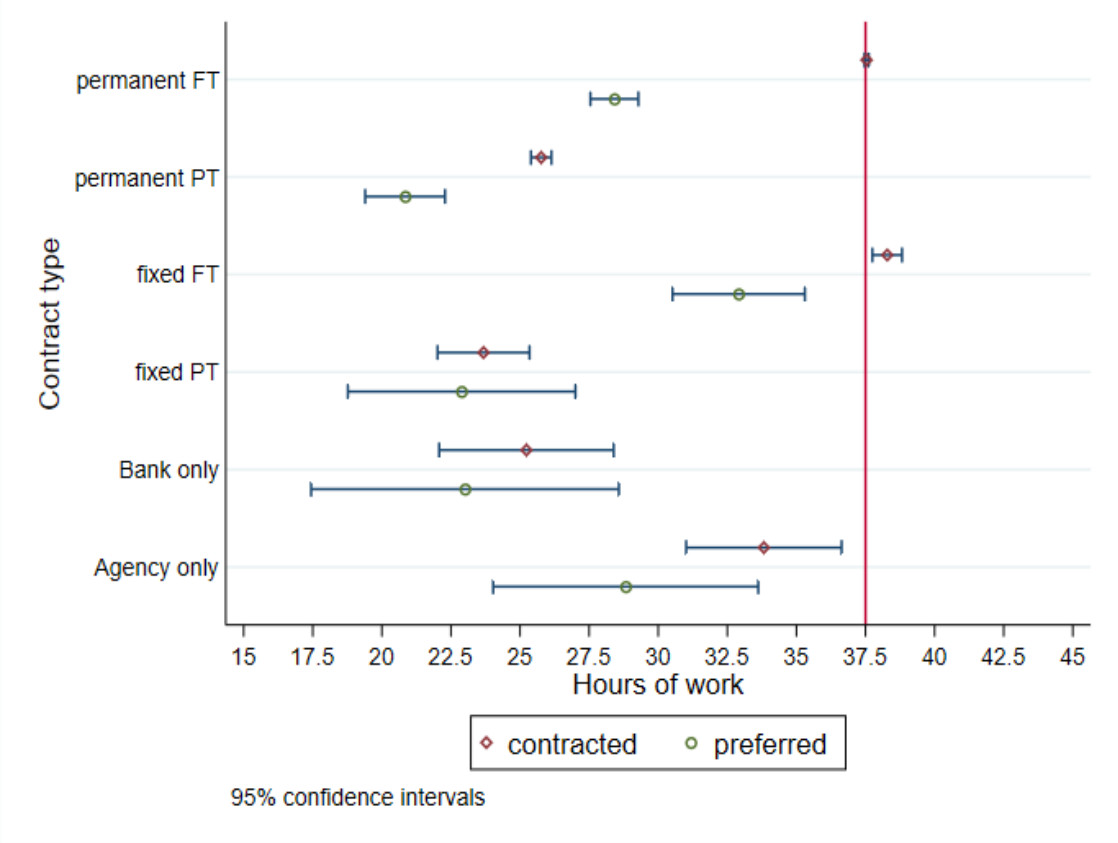
LGBT+ identifying staff is more likely to work full-time than heterosexual cisgender staff (see **Table 7**). Additionally, men are significantly more likely to work full-time (FT) (89.1%) than women (68.4%). On the other hand, there is a significant difference in full-time wotab lgbt rk

[22] Diversity is measured on a 5-point Likert scale ranging from 1 “not diverse at all” to 5 “very diverse”. Scales 1 and 2 are categorised as not diverse, and 4 and 5 are categorised as diverse.
[23] One respondent did not answer the type of contract they have with their Employer (D.1. in Appendix A).

within women by sexual and gender minority status: 81% of LGBT+ women are working full-time compared to 67.4% heterosexual cisgender women.[24]

In terms of contractual working hours, there are 31 missing values and 36 zero hours.[25] On average, a respondent is contracted for 34 hours per week. LGBT+ respondents have slightly higher hours in their contracts, as they are more likely to have a full-time position. **Figure 8** illustrates the average contractual and preferred working hours by contract type for non-zero and non-missing hours.[26] On average, the full-time permanent respondents work the national standard of 37.5 hours, and part-time workers work on average 25.8 hours. Full-time staff on fixed-term (temporary) are more likely to work longer hours than the average full-time working hours.

Figure 8 Average (non-zero) contractual and preferred working hours per week by contract type



[24] The difference in working hours for LGBT+ and heterosexual cisgender women may depend on many factors such as work-family arrangements and other socio-demographic factors. These are not investigated here as they are beyond the extent of this section and the technical report.

[25] One of the zero-hour contractual hours is a fixed-term part-time worker and the others are on Bank only contracts.

[26] We re-code two contractual hours: One respondent said that his/hers working hours is 2535, which is recoded as 25.5 and another respondent wrote 3705, which is re-coded as 37.5. These are potentially mistyped, where the third digit would be a decimal point. Also, note that one of the respondents work part-time and the other works full-time. Thus, a new variable is created, jb_hrs_dv, and the values are recoded as 25.5 and 37.5, respectively.

NHS staff in the EES would like to work fewer hours on average than their contractual hours (see **Figure 8**). 3.4% of the respondents did not answer the preferred working hours question and 2.4% said that they would prefer 0 hours. The average (non-zero) preferred working hours per week is 31 hours with 30 hours at the median. Respondents at the top 1 percentile of preferred working hours distribution would like to work at 48 hours per week. There are some outliers in preferred working hours, with 32 respondents reporting higher hours than their contractual working hours, ranging from 50 hours per week to 150 hours.

Over-time work is common in the NHS. Following the 2018 NHS SS questionnaire, the EES asked respondents how many hours they work paid and unpaid overtime.[27] There are 161 missing values for paid over-time question in the EES. In a typical week, 79.7% of the respondents do not work paid overtime, i.e. they do zero hours of paid overtime. For those who work paid overtime hours (non-zero hours), work on average 8 hours paid overtime.[28] Unpaid overtime is more common in the EES with 59.7% of the staff reported non-zero unpaid overtime hours. Like paid overtime hours, 3.2% of the values are missing. In a typical week, respondents who work unpaid overtime hours (non-zero hours) work on average 5 hours unpaid overtime.[29]

As expected, there is some variation in overtime hours by occupation groups. The largest occupational groups that report the most non-zero paid overtime are registered nurses and midwives (33%), allied health staff (19.3%) and medical and dental staff (12.7%). The share of staff who work paid overtime the most in the EES is operational ambulance staff, with 88.6% of its staff working paid overtime.

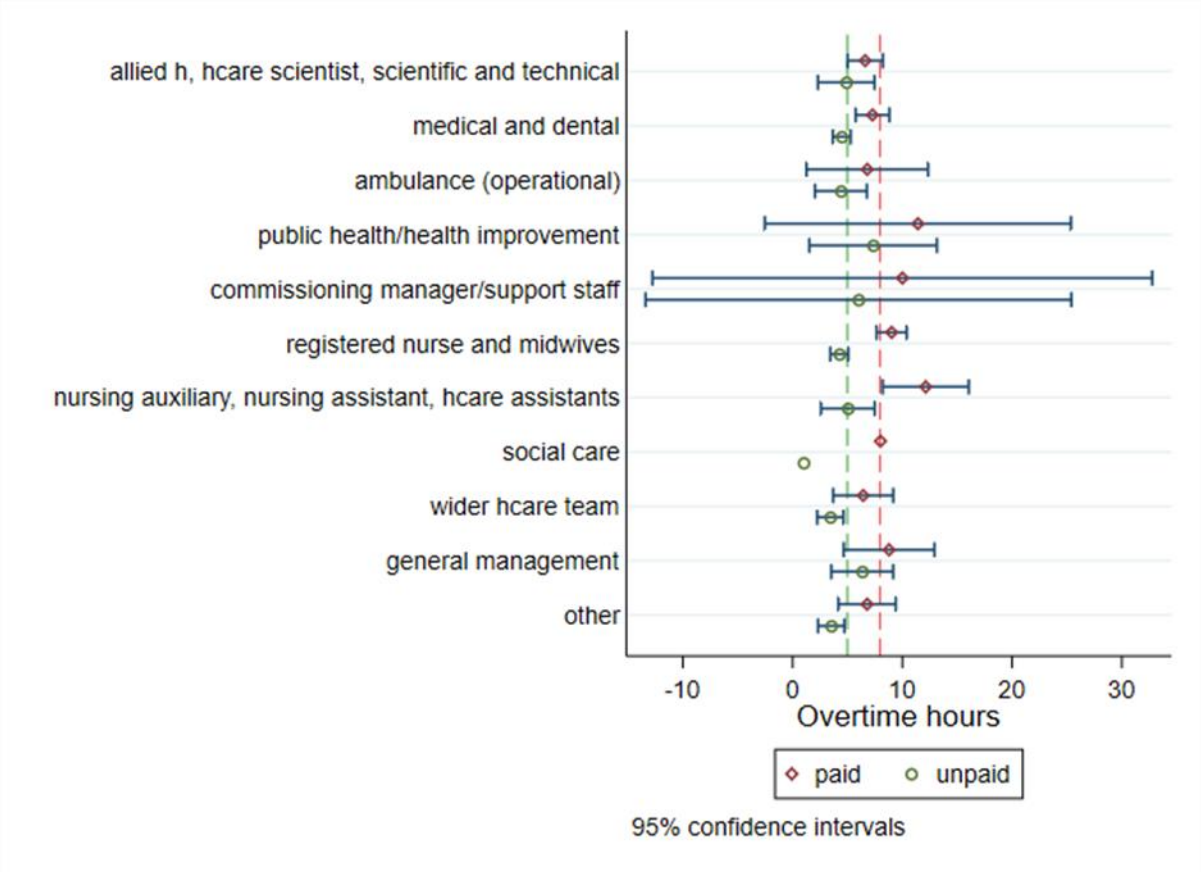
The occupational composition of staff who work unpaid overtime is slightly different than those who do paid overtime. The unpaid overtime is mostly done by registered nurses and midwives (26.1%), wider health care team (19.3%), allied healthcare staff (19%) and general management (12.5%). Within occupations, the highest rate of overtime work is observed among medical and dental staff with 78% working unpaid overtime, followed by 77.5% of general management staff. **Figure 9** demonstrates the average paid and unpaid (non-zero) overtime hours by occupational groups. The dashed red line is the sample average for paid overtime hours and the dashed green line is the sample average for unpaid overtime.

[27] The main difference between the EES questions on paid/unpaid overtime (D.4 and D.5) and the 2018 NHS SS questions is that the EES uses free text-entry to obtain a continuous measure of overtime hours. The 2018 NHS SS asks overtime hours in intervals (in a multiple choice format).

[28] However, this is likely to be an over-estimation as non-zero paid overtime hours in the EES ranges from 30 minutes to 100 hours in a typical week. Excluding the respondents who report more than full-time working hours, the average paid overtime hours drops to 7.1 hours with 6 hours standard deviation.

[29] There are 8 outliers who work at least full-time working hours (37.5) unpaid overtime with maximum of 120 hours per week. The top 1 percentile work at least 22 unpaid hours. When we restrict the sample to exclude top 1 percentile, the average unpaid overtime drops to 4.7 hours with 3.9 hours standard deviation.

Figure 9 Average paid and unpaid (non-zero) overtime hours in a typical workweek by occupation groups

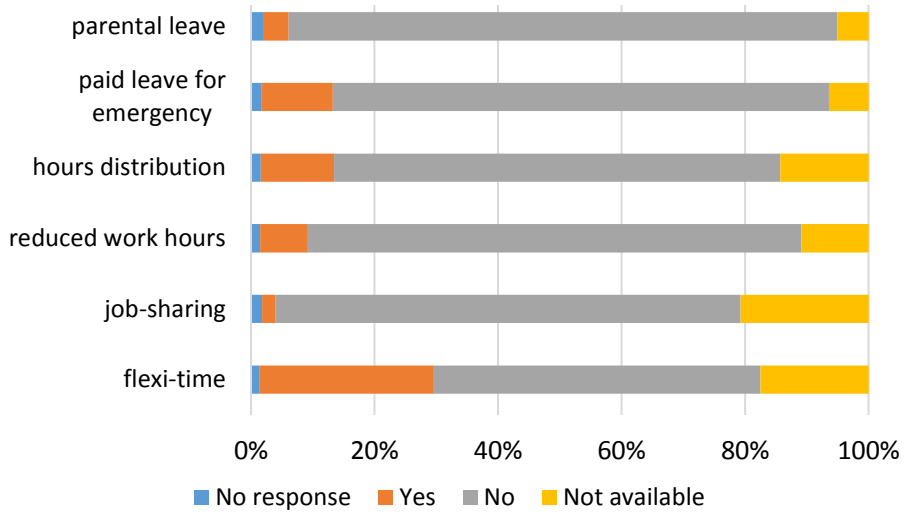


Majority of the respondents in the EES are British citizens (94%) and 3.6% are from EU or EEA, who do not require work permits, 1.1% are from overseas but they hold a permanent residency in the UK. Only less than 1% of the respondents in the EES require a work permit to do their job within the NHS.

Around 15.5% of the respondents do Bank and/or Agency work. In a typical workweek. They do 11.9 hours of Bank and 17 hours of Agency work on average.

Figure 10 presents workplace arrangements and their use among respondents in the last 12 months preceding the survey. The most commonly used workplace arrangement is flexi-time with 28.2% of the respondents using it. Only 4.2% of the respondents have used parental leave (in the last year) and 77.5% who used parental leave are female. Despite it is in legislation, 211 respondents say that parental leave is not available.

Figure 10 Availability of workplace arrangements in the last 12 months (%)



Notes: 'Hours distribution' refer to working the same number of hours per week (month) across fewer days (weeks).

The distribution of pay bands is presented in **Figure 11**. The EES also asked respondents their gross monthly pay. Among 4,120 respondents who have seen the question, 784 did not answer and 51 entered zero.

Figure 11 Distribution of pay bands

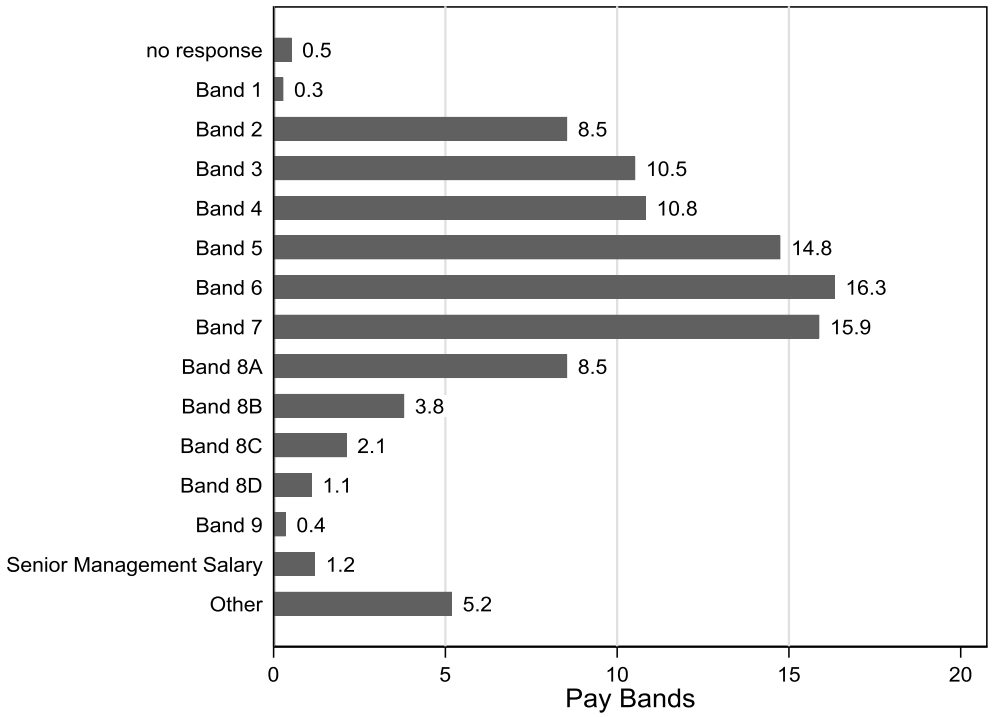


Table 7 Summary statistics for selected job and labour market characteristics

	ALL			HETEROSEXUAL°			LGBT+°°				
	Mean	St. dev	N	Mean	St. dev	N	Mean	St. dev	N	H0: Δ(H-LGBT)=0	
Term											
Full-time	0.73	0.44	4,237	0.71	0.45	3,619	0.85	0.36	516	z= -6.331	***
Part-time	0.24	0.43	4,237	0.26	0.44	3,619	0.12	0.33	516	z= 6.635	***
Bank/Agency only	0.03	0.16	4,237	0.03	0.16	3,619	0.03	0.17	516	z= -0.223	
Hours (per week)											
Contracted (w/ zero h)	34.21	7.13	4,206	33.95	7.30	3,594	36.07	5.38	512	t= -6.322	***
Contracted (non-zero)	34.50	6.41	4,170	34.26	6.56	3,561	36.28	4.63	509	t= -6.697	***
Preferred per week (non-zero)	31.18	7.50	3,991	30.95	7.53	3,399	32.82	6.86	500	t= -5.258	***
Paid overtime (non-zero)	7.99	8.48	699	7.81	8.42	589	8.78	8.52	95	t= -1.044	
Unpaid overtime (non-zero)	4.99	5.41	2,530	4.95	5.53	2,160	5.16	4.64	305	t= -0.632	
Bank/Agency work											
Bank	0.14	0.35	4,237	0.14	0.35	3,619	.15	0.36	516	z= -0.727	
Agency	0.01	0.10	4,237	0.01	0.10	3,619	0.01	0.10	516	z= 0.055	
Both	0.004	0.07	4,237	0.00	0.06	3,619	0.01	0.11	516	z= -2.683	***
Neither	0.84	0.36	4,237	0.85	0.36	3,619	0.82	0.38	516	z= 1.278	
Sickness absence taken	0.39	0.49	4,237	0.40	0.49	3,619	0.34	0.48	516	z= 2.329	**
Days taken[†]	14.4	30.85	2,532	14.95	32.22	2,144	11.42	22.17	330	t= 1.923	*

	ALL			HETEROSEXUAL°			LGBT+°°				
	Mean	**St. dev**	**N**	**Mean**	**St. dev**	**N**	**Mean**	**St. dev**	**N**	**H0: Δ(H-LGBT)=0**	
Monthly gross salary[††]											
Any career breaks	0.32	0.74	4,237	0.34	0.47	3,619	0.20	0.41	516	z= 6.266	***
Total months of career breaks (non-zero)	24.09	39.39	1,327	24.81	40.89	1,200	18.30	19.98	100	t= 1.576	
Tenure in post (years)	6.99	7.55	4,194	7.18	7.69	3,583	5.63	6.17	512	t=4.360	***
Trade union membership	0.56	0.50	4,237	0.56	0.50	3,619	0.57	0.50	516	z= -05211	
Received training	0.83	0.38	4,237	0.82	0.38	3,619	0.86	0.34	516	z= -2.349	**
Has a mentor	0.46	0.50	4,237	0.46	0.50	3,619	0.46	0.50	516	z= 0.257	

Notes: *** p<0.01, ** p<0.05 * p<0.1.

° Includes 2 heterosexual individuals responding “prefer not to say” when asked about ‘same sex as at birth’.

°° Includes 29 LGBT individuals responidng “no” when asked about ‘same sex as at birth’ and 7 responding “prefer not to say”.

[†]Excludes missing values, zero values and two outliers greater than 365.

Labour market characteristics

On average respondents have been in the health sector for 17.8 years, and on average 16.8 years were in the NHS. The experience in the health sector is calculated by taking the difference between the survey year (2019) and the year respondent entered in paid employment in the health sector (E.1 in Appendix A); the same approach is followed for the time spent within the NHS (E.2 in Appendix A). Thus, a respondent who has started his/her post in the NHS in 2019, would have zero years of experience in the NHS.[30]

Almost one in three respondents in the EES had breaks in their career. More women had career breaks than men in the EES (27.2% compared to 16% of men). There is also a significant difference in career breaks by sexual identity. Slightly more than one-third of the heterosexual cisgender respondents have taken career breaks, whereas only 20% of the LGBT+ respondents have taken career breaks. As expected, respondents with dependent children are more likely to have a career break (56%) than those who do not have dependent children (20.7%).

On average, a career break lasted for 24.1 months, with a median of 12 months. [31] The descriptive statistics in **Table 7** are calculated using the non-zero positive durations. The total duration of respondents' career breaks ranges between 0.25 months (a week) and 500 months (41.6 years). Conditional on having a career break, the average duration of women's career break is 24.6 months, which is 5 months longer than of men's; however, the difference is not statistically significant.

Almost half of the respondents have never applied for promotion and never received a promotion in the last five years preceding the survey. Among respondents who have applied for a promotion one time in the past five years (24.3%), two-thirds have been promoted once. Only 9.4% of the respondents applied for promotion three or more times and 45% of them have never been promoted.

Slightly less than half of the respondents (46%) have a mentor or a coach to turn for work-related advice. There is no significant difference in having a mentor by sexuality. However, women are significantly more likely to have mentors (47.5%) than men (41.1%).

Views about job

Two in three respondents are satisfied with their job around the period they completed the EES. LGBT+ identifying employees in the EES are more likely to be satisfied with their job

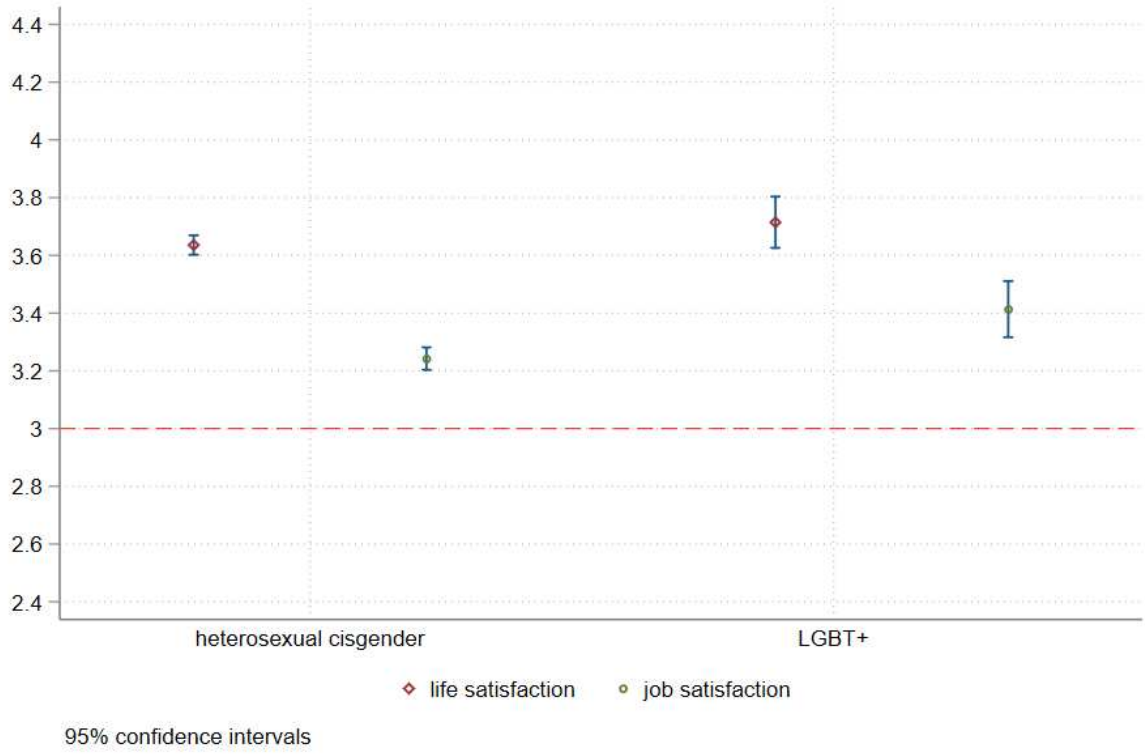
[30] There are 51 missing values in experience in health sector, and an outlier with 101 years is re-coded as missing. There are 41 missing values for the year the respondent start working in the NHS.

[31] 2.5% of respondents who have had a career break, did not answer this question. 7 respondents entered 0 months, which might indicate that the career break in total was less than a month. There are 13 observations with total career breaks greater than 200 months (16.6 years), which sits on the top 1 percentile of the distribution.

(59.5% somewhat or extremely satisfied) than their heterosexual cisgender counterparts (53%).

Assuming that job and life satisfaction are cardinal variables[32], LGBT+ respondents have on average higher life and job satisfaction than heterosexual cisgender respondents in the EES. While the difference between average job satisfaction between LGBT+ and heterosexual cisgender respondents are statistically significant, the difference in average life satisfaction between these two groups is not statistically significant. This is illustrated in **Figure 12**, where the dashed horizontal line refers to "neither dissatisfied nor satisfied".

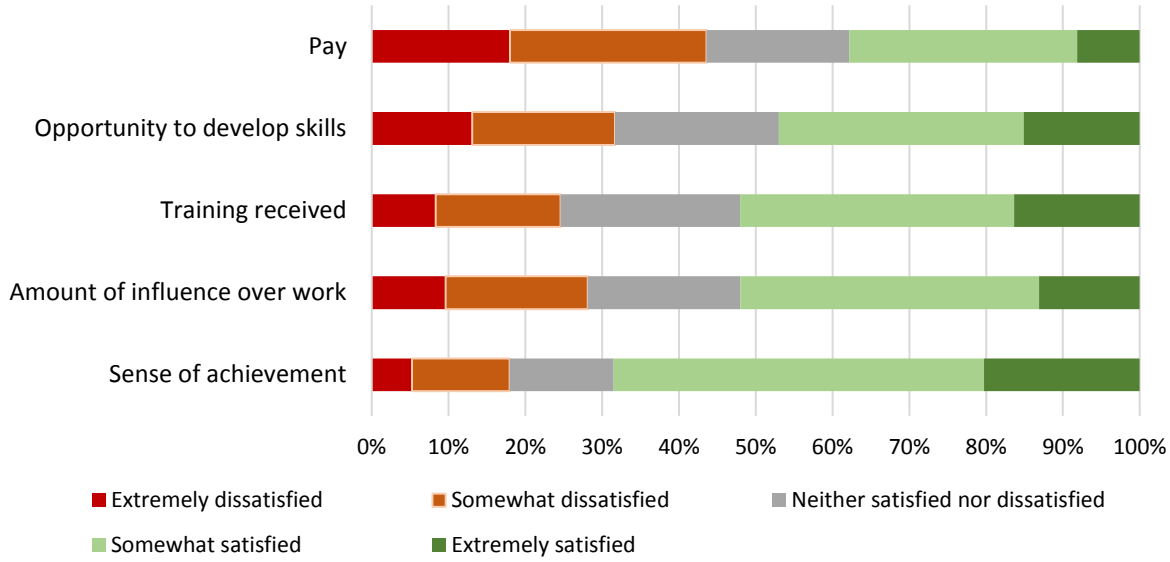
Figure 12 Average overall life and job satisfaction by gender and sexual identity



More than two-thirds of the respondents are satisfied with the sense of achievement they get from their work (68.3%). As shown in **Figure 13**, half of the respondents are satisfied with the "amount of influence [they have] over [their] job" and "training they receive". The respondents are least satisfied with their pay (53.4%).

[32] Overall life and job satisfactions are on a 5-point Likert scale ranging from 1 (extremely dissatisfied) to 5 (extremely satisfied). While these variables are ordinal, treating these variables as continuous (cardinal) measures facilitates comparisons across groups.

Figure 13 Degree of satisfaction from different aspects of the job (%)



Slightly more than half of the respondents (54.8%) in the EES felt pressured frequently (often or always) at their job in the last 12 months preceding the survey, whereas slightly more than one-third felt (often or always) overwhelmed. On the other hand, 45.1% were motivated by their job and 41.7% felt they are mostly in control of their job.[33]

Overall 62.5% of the respondents (somewhat and strongly) agree with the statement that "[their] job is secure in the trust" and 63.5% are satisfied with the care they provide. 39.4% agree with the statement that there are no sufficient breaks to do their job, whereas 36% agree that they have enough co-workers to do their job properly.

Slightly more than half of the respondents have "often" or "very often" considered leaving their present job in the last six months preceding the EES. Only 15.4% have never considered leaving. Among those who have thought about leaving their current job in the last six months, 38% also considered leaving the NHS and 25.5% is unsure.

Workplace characteristics

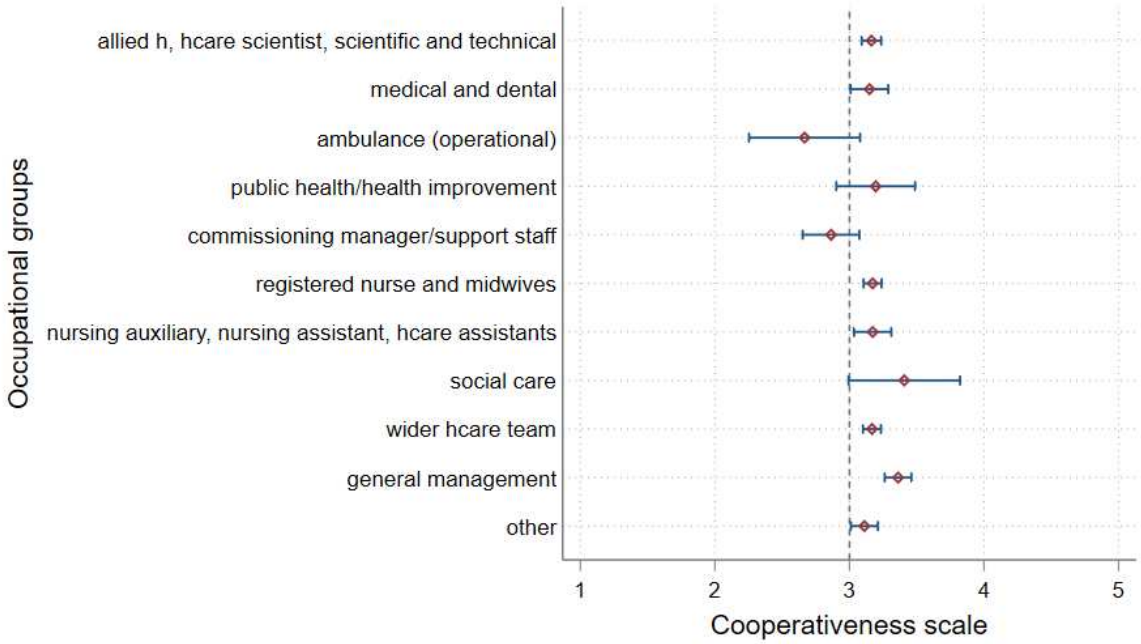
Just above three-quarters of respondents agreed that their co-workers are supportive of them, and 60.6% have at least one close friend among the people they work with. However,

[33] The EES question (F.1) asks the frequency of emotions felt by the respondents in the last 12 months preceding the survey. The frequencies listed are never, rarely, sometimes, often and always. We refer to 'often' and 'always' as frequently. Overall, there are 39 missing values in this question (7 for pressured, 12 for overwhelmed, 9 for motivated and 11 for in control).

only 44% feel like “part of the family” in their organisation. Around three in five respondents agree that they maintain a work-life balance.[34]

Two in five respondents agree that their workplace is cooperative.[35] There are no significant differences in the perception of workplace cooperation by gender and sexual identity. However, there is some variation by respondent’s occupation. **Figure 14** demonstrates the average cooperativeness score by occupation groups with 95% confidence intervals. The dashed vertical line refers to the ‘neutral’ cooperativeness. Compared to registered nurses and midwives, ambulance staff work in a less cooperative environment and general management work in a more cooperative environment.

Figure 14 Average cooperation scores by occupation groups



In terms of negative experiences in the workplace, the EES asked whether respondents experienced and witnessed bullying and/or discrimination. In the last six months preceding the EES, around 30% of the respondents have been bullied in the workplace at least occasionally, and 3% is not sure whether they were bullied. Two-thirds of those who were bullied in the last six months also did not witness bullying of others in the workplace, and 23.4% rarely witnessed. Those who were bullied daily witnessed bullying of others more frequently with 63.2% saying that they often witness bullying of others in the workplace.

[34] The statements are measured on a Likert-scale, ranging from 1 “strongly disagree” to 5 “strongly agree”. The summary statistics are based on “somewhat agree” and “strongly agree”.

[35] Workplace cooperation is measured on a Likert-scale, ranging from 1 “not at all cooperative” to 5 “very cooperative”. Cooperation is assumed when the score is 4 and above. There are 13 missing values (0.21%).

Among respondents who know that there are staff networks in their trust, respondents who are involved in a staff network are more likely to experience bullying (33%) than those who are not involved (29.4%).[36]

Three in ten sexual minority respondents were bullied in the last six months in their workplace.[37] Among LGBT+ respondents who were bullied, slightly less than half are open about their sexuality and 11% are not open at all. On the other hand, 26% of LGBT+ respondents who are open about their sexuality at work were bullied in the last six months.

The majority of the respondents (70.4%) in the EES were not subject to discrimination in the year preceding the survey, and 12.9% were not sure whether they experienced any discriminatory behaviour. Those who were subjected to discrimination (16.6%) mostly talked to their colleagues (38%) and their friends/family (37.3%) about it. 29.7% of the respondents also reported the incident to their line manager and 22.3% raised it with their trade union. On the other hand, 18.7% of those who were discriminated "did nothing" about it.

One in five respondents find their organisation's measures to prevent bullying and discrimination effective, and 36.4% find these measures only moderately effective. LGBT+ and heterosexual respondents have similar views on the effectiveness of bullying and discrimination measures taken by their organisations. However, respondents who were subject to bullying or discrimination have different views about the effectiveness than others: Only 6.3% of those who were subject to bullying or discrimination believe that measures are effective, compared to 30.3% of those who were not bullied or discriminated.

1.4 Potential biases

The most common concern about online surveys is that they exclude a part of the population who does not have access to the internet, the so-called "offline" population. NHS staff are supplied with an email address to receive important information relevant to their job or workplace, e.g. staff bulletins. The NHS SSs, the main annual survey that the NHS conducts to understand the experiences of its staff, are also distributed electronically. Implying that, for our survey, an "offline" population is not a major concern. However, survey coverage and respondent recruitment may have an impact on the representativeness of our sample. Potential non-random sampling is likely to introduce bias to our estimates in a secondary analysis unless it is accounted for.

[36] Bullied measure includes those who are not sure whether they were bullied. The difference between proportions are weakly significant, at 10% level.

[37] The sample includes sexual minority respondents, 331 gay/lesbian, 123 bisexual and 32 other (including transgender). The sample is the same as in disclosure question with 486 respondents.

Sampling (coverage) bias due to dissemination methods

Unlike general population online surveys, NHS trusts in England provide a sampling frame with a complete list of e-mail addresses. However, these mailing lists were not available for our use, which meant that we could not adopt standard (probability) sampling methods to obtain a representative sample of NHS staff working in trusts in England, including LGBT+ identifying employees and staff network members.

Our main challenge was that we could not send the link to our survey directly to respondents using the staff e-mailing lists, which is the dissemination method for the annual NHS SS. Even with direct emails and reminders, the response rate to the NHS Staff Survey was 46% in 2018 and 45.7% in 2019.[38] Not having access to mailing lists meant that we relied on the goodwill of our contacts in NHS trusts in England, who could publicise our survey to their workforce. During the data collection period, we adopted various dissemination methods to maximise our response rate. We briefly describe these methods and discuss potential biases our approach may introduce to our data.

We used NHS Digital's Electronic Trust Record (ETR) file from 31st August 2018 (NHS Digital, 2018) to create a list of 226 NHS trusts in England.[39] We launched the survey in partnership with NHS Employers on 24 January, and the data collection period ran for four months, until 31st May 2019.

Step 1: Our online survey was first advertised on the NHS Employer's website in January 2019. A week after the launch, we emailed the survey link to regional Equality, Diversity and Inclusion (EDI) leads with a brief about the survey and an appeal to cascade down the survey link to trusts they work with.
In the following weeks in February 2019, reminders were sent to regional EDI leads to keep them updated about the response rates from their region and other NHS regions. Our survey also featured in various NHS staff, workforce and executive bulletins at regular intervals. We attended several LGBT+ network events, where we had a chance to promote our survey by distributing flyers, including a shortened survey link and a QR code.

Step 2: We contacted HR representatives, and EDI leads in each trust to increase participation in our survey. Due to difficulties in accessing contact information of HR professionals who could distribute the survey to their workforce, we sent emails to trusts at different times as soon as contact information became available. We followed up each trust for at least four weeks and sent reminders to our contacts to inform them that we had not received responses up to date. In March 2019, we started using our

[38] Besides NHS trusts, the survey includes responses from CCGs, CSUs and other NHS organisations.
[39] See Appendix E for the list of NHS trusts. Assuming that there could be trusts not included in this list we also provide an "other" option and allowed text entry to name the trust in our questionnaire.

project's Twitter account to reach potential respondents, particularly to LGBT+ staff and sent tweets with mentions to specific LGBT+ networks and trusts.

Step 3: In late March 2019, we worked in collaboration with the NHS Confederation on a twitter campaign, which lasted for two weeks. The official Twitter accounts of NHS Employers, NHS Equality and Diversity and other NHS organisations publicised our survey with the link. The survey brief and the link were also shared on LinkedIn.

We tracked response rates from NHS trusts; however, it was not possible to control how the survey was disseminated within the trusts. This could potentially introduce a bias unless our contacts' decision to disseminate our survey was random. In other words, if some of our contacts, perhaps those who are more involved in equality and diversity matters, are more likely to distribute the survey link to their staff, and work in trusts that are more invested in these issues, our sample may not represent employees who work in other trusts (which might be less invested in equality and diversity matters). For instance, we received over 600 responses from a single trust, indicating that our survey in that trust was well publicised. On the other hand, we received very few responses from a dozen of trusts, where potentially our survey was not publicised further. To address such potential bias, trust-level characteristics (or fixed effects) could be included in empirical analyses.

Another potential bias in our sample arises from the dissemination approach we employed to capture LGBT+ responses. Our dataset potentially overrepresents sexual minority employees working in NHS trusts in England as a result of targeted tweets, or interest in the project triggered through our project's title. In all our communications, we emphasised that the survey is open to all staff at all levels working in the NHS trusts in England.

The inferential concerns of sampling bias depend on the research questions. Schonlau and Couper (2017) note that such a concern may be greater for studies working on minority populations due to the under-coverage of marginalised groups. Our sample has a similar proportion of men and women as in 2018 NHS Staff Survey, which we use as our benchmark sample, yet ours overrepresents sexual minority employees. Sampling bias may lead point estimates to be biased, and it may not be possible to generalise the findings (external validity). However, the associations would be less affected (Schonlau and Couper, 2017). It is possible to reduce bias using adjustments for non-probability samples such as post-stratification, propensity scoring, generalised regression with auxiliary variables and quasi-randomisation (Schonlau and Couper, 2017; Elliot and Valiant, 2017; Bethlehem, 2010).

Selection bias due to selective participation in the survey

Conditional on receiving the link to an online survey, a respondent decides to complete the survey. The sample consists of individuals who self-selected themselves to complete our survey, i.e. the principles of probability sampling were not followed (Bethlehem, 2010). Self-selection may depend on many factors. For our survey, employees who are interested in the

research may be more likely to respond and complete the EES. Besides intrinsic motivations, work dynamics, individuals' roles and responsibilities may influence the probability of responding to our survey. For example, working in an office, in front of a computer, may increase the probability of survey completion compared to clinical or maintenance staff who may have limited screen time or no access to computers/mobile devices during working hours.

The NHS workforce faces many competing demands to participate in surveys. During our data collection period, we received some feedback on experiencing survey fatigue, which may have contributed to a lower response rate to our survey. Similarly, employees who have our survey link may be overwhelmed by survey demands, and our survey may not be considered as a priority.

1.5 Representativeness

For secondary analysis to be generalisable, datasets need to be representative of the target population. We compare our data with the 2018 NHS SS and the National LGBT+ Survey. The NHS SS serves as a reference sample for the NHS workforce working in NHS trusts in England, and the National LGBT+ Survey enable us to assess the representativeness of the LGBT+ subsample in the EES.

Comparison with the 2018 NHS Staff Survey

The 2018 NHS SS was conducted between September and November 2018, and all staff employed directly by an NHS organisation from September 2018 onwards was eligible to take the survey. The survey is compulsory for staff working in NHS trusts, but it is voluntary for staff working in other NHS organisations. The organisations either provided a list of a representative random sample of 1,250 employees or sent the survey to all their staff (see NHS SS Coordination Centre, 2018a, 2018b).

The 2018 NHS SS came in two forms, as a postal and an online questionnaire, and was taken by 497,117 members of staff; resulting in a 46% response rate. It is worth noting that this response rate includes all staff working in the NHS, and is not exclusively staff working in NHS trusts. Around 20,000 responses were from staff working in other NHS organisations, e.g. Clinical Commissioning Groups (CCGs), Commissioning Support Units (CSUs), and social enterprises. With approximately 4,000 responses, our EES' sample size is 1% of the 2018 NHS SS's sample size.

Table 8 provides means and sample proportions of comparable survey items that appeared in the 2018 NHS SS questionnaire and our EES. The aggregate percentages of 2018 NHS SS are publicly available at the trust level, and presented in the first column of Table 8.[40]

Compared to the 2018 NHS SS, our EES sample has a similar gender breakdown with around 77% female employees. In terms of sexuality, our sample overrepresents LGB+ respondents and has a lower rate of 'prefer not to say'. The latter group is larger in the 2018 NHS SS, which may indicate potential fear of a backlash for disclosing minority sexual identity. The 2018 NHS SS did not ask about transgender identity. Our survey, on the other hand, included a question on gender identity to draw a comprehensive picture of gender and sexual minority status within NHS trusts in England. The age distributions are similar in both surveys, especially for younger employees. Although we have slightly more respondents aged between 41-65 than the 2018 NHS SS and less aged 66 years and above. As noted earlier, one of the reasons to conduct an online survey was to capture sexual and gender minority NHS employees. Our sample overrepresents the LGBT+ employees (12.48%), but their responses might be representative of LGBT+ staff working in the NHS.

A concern for our sample is potential self-selection based on occupation. Overall, the distribution of occupational groups is similar to the NHS SS except for individuals working in general management and `other' groups, who are overrepresented, and staff in operational ambulance services, who are underrepresented in our sample. Bearing in mind that our first points of contact were HR/EDI leads, some of whom may classify under 'general managers', it is not surprising that the EES includes a higher proportion of this occupational group. Another potential explanation is that individuals in office-based occupations are more likely to complete the survey, which would partly explain lower response rates from ambulance staff.

Comparison of the EES with the 2018 NHS SS is encouraging with most of the survey items displaying similar patterns except long-standing health issues, occupation and paid overtime. It is not surprising to observe differences in paid overtime as its entitlement depends on one's occupation, contract type (full-time or part-time) and pay grade.

Table 8 Comparison of background characteristics with 2018 NHS SS

	2018 NHS SS	The EES	Notes
Gender			
Male	21.03%	22.40%	The EES includes four responses options: male, female, non-binary, and prefer not to say. We assume that 'prefer to self-describe' in NHS SS would correspond to 'non-binary' in our survey.
Female	77.64%	76.37%	
Prefer to self-describe	0.29%	0.42%	
Prefer not to say	2.04%	0.80%	
Age			

[40] The EES listed 'Isle of Wight NHS Trust' as a single trust in its drop-down menu (B.1 in Appendix A). On the other hand, 'Isle of Wight NHS Trust' appears as three separate trusts in 2018 NHS SS as it is a large trust including acute, ambulance, community and mental health trusts.

16-20	0.60%	0.57%	The EES asked the year of birth and worked out our age variable there onwards using 2019 as the benchmark year. To make it comparable, we create a new age variable using 2018.
21-30	14.59%	13.30%	
31-40	21.59%	18.47%	
41-50	27.56%	28.15%	
51-65	34.22%	38.52%	
66+	1.44%	0.98%	
Ethnicity			
White	84.24%	86.56%	The EES also had an option 'prefer not to say' with 1.06% of the respondents choosing it.
Mixed	1.67%	1.96%	
Asian/Asian British	7.79%	5.10%	
Black/Black British	4.35%	4.82%	
Chinese	0.45%	0.38%	
Other ethnic	1.51%	0.12%	
Sexuality			
Heterosexual	89.94%	85.66%	The EES' original sexuality question includes 7.82% gay/lesbian but combining with gender identity, the sum of gay men and gay women/lesbian drops to 7.75% as some do not identify male or female. Other includes 'I don't know' and 'other' which allowed text entry for self-description.
Gay Man	1.25%	4.89%	
Gay Woman (lesbian)	0.93%	2.86%	
Bisexual	0.98%	2.91%	
Other	0.38%	1.30%	
Prefer not to say	6.52%	2.32%	
Long term health condition/ disability	18.15%	34.43%	The wording of the questions is slightly different in these two surveys. The 2018 NHS SS asks about physical and mental conditions, disabilities and illnesses that lasted or expected to last 12 months. In the EES, the question asks about long-standing illness (12 months or more), health problems and disability.
Occupational Group			
Allied Health Professionals, healthcare scientists, scientific and technical	21.30%	18.17%	
Medical and Dental	7.12%	5.10%	
Ambulance (operational)	3.99%	0.85%	
Public Health	0.43%	0.97%	
Commissioning	0.11%	1.72%	
Registered Nurses and Midwives	27.81%	23.02%	
Nursing or Healthcare Assistants	7.44%	5.91%	
Social Care	0.61%	0.64%	
Wider Healthcare Team	25.22%	23.09%	
General Management	2.72%	9.85%	
Other	3.27%	10.68%	
Working hours			
≤29 hours	20.15%	16.07%	The 2018 NHS SS asks contracted working hours as a binary question as shown in this

≥ 30 hours	79.85%	83.93%	table. In the EES, we asked contractual hours each week in a free numerical entry format.
Additional *paid* overtime			
0 hours	67.93%	82.85%	The question wordings are similar in both surveys. The only difference is in the collection of responses. The 2018 NHS SS uses intervals as multiple-choice, whereas the EES uses free numerical entry.
Up to 5 hours	16.37%	8.42%	
6 – 10 hours	8.93%	5.10%	
11 or more hours	7.77%	3.63%	
Additional un*paid* overtime			
0 hours	42.07%	38.32%	The question wordings are similar in both surveys. The only difference is in the collection of responses. The 2018 NHS SS uses intervals as multiple-choice, whereas the EES uses free numerical entry.
Up to 5 hours	44.42%	45.51%	
6 – 10 hours	9.71%	11.70%	
11 or more hours	3.79%	4.46%	

Notes: The aggregate categories are obtained from the 2018 NHS SS Background Information (Q24-31) and Your Health and Wellbeing (Q10-11) files. We generated corresponding statistics for each group using the EES.

Comparison with the National LGBT Survey

The Government Equalities Office (GEO) launched the National LGBT Survey in July 2017 to understand the experiences of LGBT+ people aged 16 and above living in Britain. Like the EES, the National LGBT Survey was an online survey, and the data collection lasted for 12 weeks. The survey received over 100 thousand responses (GEO, 2018).

We focus attention on the 61,130 respondents who had a paid job in the past 12 months in the National LGBT Survey, as our sample consists only of employed individuals.

Out of 516 LGBT+ identifying respondents in the EES, 487 were routed to the openness (disclosure) question (see Appendix A).[41] One respondent did not answer the question, and among the rest, 52.9% of the LGB+ staff were open at work by either being 'totally open' or 'making no secret about' their sexuality. However, the National LGBT Survey asks, like our survey, about who the respondents are open at work. Table 9 compares the sexual identity management at work between the subsample of the National LGBT Survey with that of our LGBT+ subsample.[42]

[41] In the EES, we asked whether LGB+ respondents are open about their sexuality at work, which is a broader question than whom they are open to. The question on openness at work was routed by respondent's answer to sexual identity question. Transgender heterosexual respondents (8) and respondents who said 'I don't know' (22) to sexuality question did not see this question.

[42] We used the online analysis tool to report percentages from the National LGBT Survey, which is accessible from https://government-equalities-office.shinyapps.io/lgbt-survey-2017/.

Table 9 Comparison of openness at work with the National LGBT Survey

	National LGBT Survey	The EES	Notes
Co-workers at the same or lower level			
All	44.1%	37.9%	The National LGBT Survey asks openness to co-workers and at the same or lower level. The EES phrased the question as co-workers only, and instead of 'does not apply to me' response option, the EES had 'not applicable'.
Most	18.4%	22.4%	
Some	22.4%	21.4%	
None	12.9%	17.5%	
Prefer not to say	0.3%	0.2%	
Does not apply to me	1.9%	0.6%	
Total	61,130	486	
Senior colleagues			
All	38.6%	36.6%	Instead of 'senior colleagues', the EES used 'managers/supervisors'.
Most	14.9%	19.6%	
Some	21.5%	19.1%	
None	22.5%	23.6%	
Prefer not to say	0.3%	0.2%	
Does not apply to me	2.3%	0.8%	
Total	61,130	486	
Customers or clients			
All	12.1%	3.5%	As the ESS' target audience was the NHS workforce, we asked the degree of openness to 'patients/service users'.
Most	7.3%	1.9%	
Some	23.1%	21.6%	
None	45.8%	45.1%	
Prefer not to say	0.5%	1.2%	
Does not apply to me	11.2%	26.8%	
Total	61,130	486	

Notes: For this report, we combine the answers from not open respondents as in our survey only somewhat open respondent were routed to this question, and the percentage is added to 'none' (11.7%).

The degree of openness at work in the EES sample follows a similar pattern as in the National LGBT survey. We observe a difference for openness to customers and client as only around 5% of the EES LGB+ respondents were open to all patients. This may be expected due to the nature of the work that is carried out in the NHS. Additionally, the EES sample includes wider healthcare staff and managers who are not patient/service-user facing; thus, the option "[this] does not apply to me" is greater than the national share.

Despite the difference in scales, another comparable item between these two surveys is the overall life satisfaction. Overall, 78.2% of respondents in the National LGBT Survey subsample were satisfied with their lives[43], whereas 70.9% of the EES respondents working in the NHS

[43] From GEOs online data tool (https://government-equalities-office.shinyapps.io/lgbt-survey-2017/), we select theme: Life in the UK; sub-theme: Life satisfaction; all; category: in work or education; column for had a paid job in the last 12 months to create comparable statistics. Satisfaction in the National LGBT Survey is measured by a 10 point Likert-scale, and the percentage is calculated for score 6 and above. In our survey, satisfaction is a 5-point Likert scale, and the percentage is calculated for score 4 and above.

are satisfied with their lives. At the time of writing, due to restricted access to the National LGBT+ Survey, it is not possible to compare other sample characteristics in detail.

Other dataset comparisons from the literature

We also compare the EES sample with other samples used in the literature on social and labour market outcomes of sexual and gender minorities, and the literature on staff networks.

Sexual identity and labour market outcomes

The 2011 British Workplace Employment Relations Survey (WERS) is a nationally representative dataset and covers 90% of employers in Great Britain. Using a list provided by employers, employees are randomly sampled to complete the questionnaire. The sixth wave of the WERS had a 46% response rate from workplaces, 54% response rate from employees. Wang et al. (2018) use this dataset to study the gender wage gap by sexuality. Their final sample consists of 18,507 employees working in 1,904 workplaces (p. 751, Wang et al. 2018). Sexual orientation in WERS is through self-identification, and gay and lesbian (LG) subsamples make 2.3% and 1.2% of the sample, respectively. Bisexual and other sexualities were omitted from the Wang et al. (2018) study. Table 10 presents some summary statistics from Wang et al. (2018) and our EES sample.

Compared to their study, the EES sample has a higher proportion of LG respondents (7.8%) and includes bisexual and other sexual and gender minorities (with overall LGBT+ proportion of 12.2%). There may be several reasons for the difference in proportions. One is the sampling strategy that led to an overrepresentation of LGBT+ population (sample self-selection).

An alternative explanation is that respondents in the two samples work in different sectors. NHS trusts are public sector service providers and might be perceived as safe workspaces for sexual and gender minorities. Wang et al. (2018) discuss that a significantly higher proportion of gay men in their sample work in the public sector (compared to heterosexual men), and that there is no significant difference for lesbians and heterosexual women. In their sample, the proportion of women working in the public sector is high (77% on average). This is also the case in the EES sample as the majority of the NHS workforce is female. In terms of sexuality, the EES female sexual minority subsample is closer to the proportion of sexual minority females in Wang et al. (2018) sample with 3.97% of women identify as lesbians in the EES. On the other hand, the proportion of gay men in our sample (23%) is ten times higher than in Wang et al. (2018). It is possible that public sector jobs, such as the NHS, are seen as safe havens by LG(BT+) individuals. If this is the case, then our analysis would not be generalisable to other sectors.

Table 10 Comparison of selected statistics with Wang et al. (2018)

Panel (a) Male sample

	Wang et al. (2018)		The EES		Notes
	Gay	**Heterosexual**	**Gay**	**Heterosexual**	
Married/ partnered	0.45 (0.49)	0.73 (0.44)	0.67 (0.47)	0.84 (0.37)	
Work hours per week	38.23 (13.62)	39.57 (11.60)	37.17 (3.23)	36.39 (7.29)	The EES asked about contracted hours.
Job tenure	3.36 (1.25)	3.58 (1.31)	5.54 (6.00)	7.01 (7.48)	
BA or greater vs less	0.48 (0.50)	0.34 (0.47)	0.66 (0.47)	0.63 (0.48)	
Permanent job vs not	0.95 (0.22)	0.94 (0.24)	0.93 (0.26)	0.91 (0.29)	
Number of dependent children	0.08 (0.57)	0.47 (0.89)	[3.47%] 1.71 (0.48)	[41.11 %] 1.82 (0.79)	Brackets show the percentage of those who have dependent children and mean for those who have dependent children
Union member	0.34 (0.47)	0.38 (0.48)	0.61 (0.49)	0.51 (0.50)	
Sample size	188 (2.31%)	7,933 (97.69%)	207 (23.28%)	682 (76.72%)	

Panel (b) Female subsample

	Wang et al. (2018)		The EES	
	Lesbian	**Heterosexual**	**Lesbian**	**Heterosexual**
Married/partn ered	0.69 (0.46)	0.68 (0.47)	0.88 (0.32)	0.77 (0.42)
Work hours per week	36.66 (12.06)	31.91 (12.78)	35.19 (6.47)	33.42 (7.14)
Job tenure	3.29 (1.21)	3.49 (1.31)	6.30 (6.74)	7.22 (7.74)
BA or greater vs less	0.41 (0.49)	0.31 (0.46)	0.70 (0.46)	0.59 (0.49)
Permanent job vs not	0.93 (0.25)	0.93 (0.26)	0.93 (0.26)	0.92 (0.27)
Number of dependent children	0.15 (0.48)	0.44 (0.83)	[23.14%] 1.75 (0.93)	[33.62%] 1.65 (1.00)
Union member	0.38 (0.49)	0.36 (0.48)	0.61 (0.49)	0.57 (0.49)
Sample size	116 (1.13%)	10,143 (98.87%)	121 (3.97%)	2,925 (96.03%)

Notes: Standard deviations are in parentheses. The summary statics from comparison paper are from Table 1 Wang et al. (2018). We calculate comparable summary statistics from our sample using similar sample restrictions as in Wang et al. (2018).

In the EES sample, similar to Wang et al. (2018), gay men are significantly younger, less likely to be in a partnership and have fewer years of tenure in their current post. However, there is no substantial difference in terms of higher education among gay men in our sample. This

could be because our sample consists of NHS employees who might have similar levels of education, whereas WERS have organisations from various sectors and industries. For women, lesbian employees are younger, have higher education and work longer hours, all similar to the female sample in Wang et al. (2018).

We observe some similarities in the distribution of demographic characteristics, rather than levels, between the Wang et al. (2018) sample and the EES. For instance, sexual minorities in both samples are more likely to have higher education and less likely to have dependent children. On the other hand, there are significant differences in working hours for women by sexuality, but not for men. Some of the differences in Table 2 can be attributed to changes in policies over time, e.g. legalisation of same-sex marriage, initiatives for family-friendly workplaces. An example of this is the higher proportion of married/partnered sexual minorities in the EES sample.

Another dataset that is used in the literature to study the relationships between sexual orientation and labour market outcomes is the UK Integrated Household Survey (IHS), which is a representative survey collecting demographic and socioeconomic information from individuals aged 16 and above (Aksoy et al., 2018, 2019). Aksoy et al. (2018) explore the relationship between sexual orientation and earnings, focusing on individuals aged 25 and above who have earnings information in the IHS (2012–2014). Their sample consists of 170 thousand individuals and around 1.6% self-identify as LGB. This is close to the national proportion estimated by the ONS at around 2% in 2017 (was 1.2% in 2012). It is worth noting that around three-quarters of respondents in Aksoy et al. (2018) sample *live* in England, whereas all the EES respondents *work* in England.

Table 11 Comparison of selected statistics with Aksoy et al. (2018)

Panel (a) Male subsample

	Aksoy et al. (2018)			The EES		
	Heterosexual	**Bisexual**	**Gay**	**Heterosexual**	**Bisexual**	**Gay**
Age	44.91	43.63	41.95	47.24	42.38	42.67
	(10.63)	(11.30)	(9.80)	(10.66)	(11.88) [x]	(10.48) [x]
University degree	0.308	0.409	0.470	0.578	0.762	0.645
	(0.492)	(0.493) [x]	(0.499) [x]	(0.494)	(0.436)	(0.480)
A levels	0.255	0.165	0.202	0.089	0.143	0.077
	(0.436)	(0.372) [x]	(0.401) [x]	(0.285)	(0.359)	(0.267)
White	0.905	0.795	0.952	0.829	0.810	0.899
	(0.293)	(0.405) [x]	(0.215) [x]	(0.378)	(0.402)	(0.302) [x]
Partnered	0.737	0.517	0.497	0.847	0.810	0.704
	(0.440)	(0.501) [x]	(0.500) [x]	(0.360)	(0.402)	(0.458) [x]
Any child<16	0.278	0.182	0.012	0.416	0.381	0.030
	(0.448)	(0.387) [x]	(0.110) [x]	(0.493)	(0.498)	(0.170) [x]
London	0.087	0.210	0.226	0.151	0.333	0.278
	(0.282)	(0.409) [x]	(0.419) [x]	(0.358)	(0.483) [x]	(0.449) [x]
Avr weekly earnings	639.00	527.50	677.10	591.98	650.88	604.10
	(515.30)	(316.30) [x]	(814.70) [x]	(236.49)	(251.84)	(223.98)

Full-time worker	0.917 (0.275)	0.903 (0.296)	0.903 (0.296)	0.909 (0.288)	0.905 (0.301)	0.917 (0.276)
Sample size	73,318 (98.1%)	176 (0.2%)	1,220 (1.6%)	517 (73.4%)	21 (3%)	169 (23.6%)

Panel (b) Female Sample

	Aksoy et al. (2018)			The EES		
	Heterosexual	**Bisexuals**	**Lesbians**	**Heterosexual**	**Bisexual**	**Lesbians**
Age	44.23 (10.26)	41.45 (10.18)	40.78 (9.36)	47.66191 (10.51)	37.86 (10.93)^{X}	44.42 (10.05)^{X}
University degree	0.307 (0.461)	0.427 (0.495)^{X}	0.440 (0.497)^{X}	0.583 (0.493)	0.603 (0.493)	0.712 (0.455)^{X}
A levels	0.194 (0.395)	0.166 (0.372)	0.179 (0.383)	0.088 (0.284)	0.110 (0.315)	0.096 (0.296)
White	0.928 (0.258)	0.911 (0.284)	0.963 (0.189)^{X}	0.889 (0.313)	0.904 (0.296)	0.933 (0.252)
Partnered	0.665 (0.472)	0.734 (0.442)^{X}	0.690 (0.463)	0.771 (0.420)	0.753 (0.434)	0.894 (0.309)^{X}
Any child<16	0.340 (0.474)	0.305 (0.461)	0.129 (0.335)^{X}	0.339 (0.474)	0.178 (0.385)^{X}	0.231 (0.423)^{X}
London	0.079 (0.270)	0.163 (0.370)^{X}	0.113 (0.317)^{X}	0.147 (0.355)	0.288 (0.456)^{X}	0.144 (0.353)
Avr weekly earnings	396.00 (411.80)	409.30 (278.40)	515.20 (310.10)^{X}	517.75 (217.86)	526.19 (169.95)	553.47 (210.11)
Full-time worker	0.564 (0.494)	0.615 (0.487)^{X}	0.807 (0.395)^{X}	0.677 (0.468)	0.890 (0.315)^{X}	0.808 (0.396)^{X}
Sample size	94,910 (98.7%)	429 (0.4%)	839 (0.8%)	2,523 (93.4%)	73 (2.7%)	104 (3.9%)

Notes: Subscript ^{X} indicates statistical significance ($p<0.05$) between the groups of gay and bisexual individuals in contrast to the heterosexual individuals (similar to Table 1 in Aksoy et al. (2018)). Following the sample restrictions in Aksoy et al. (2018), the reported summary statistics are based on NHS employees aged 25 and above and have earnings information. Earnings data from the EES is banded, and weekly pay is adjusted by unpaid overtime. In our sample, London is not where individuals necessarily live but work. Aksoy et al. (2018) means are weighted.

There are some demographic differences between the Aksoy et al. (2018) sample and our EES sample. Regardless of gender, our sample consists of relatively older heterosexual men and women, and significantly younger sexual minorities, whereas there is no such difference in the comparison sample. Gay men and bisexual men are significantly more likely to have a university degree compared to heterosexual men in the Aksoy et al. (2018) sample, but the same pattern does not exist in the EES sample for men (Table 11 panel (a)), which may reflect the differences between other organisations/sectors and the NHS' with more highly educated employees. For women, on the other hand, lesbians are significantly more likely to have a higher degree in both samples (Table 11 panel (b)). This is similar to the Aksoy et al. (2018) sample and shows that educational differences by sexual orientation among women also exist within the NHS. Gay men are less likely to belong to an ethnic minority in both samples, but we do not observe the same pattern for women. In terms of working hours, lesbians and bisexual women are significantly more likely to work full-time compared to heterosexual

women, and there is no difference for men in both samples. Aksoy et al. (2018) show raw earning differences by sexuality for men and women, but we do not observe raw earning differences by sexuality within genders.

The UK Quarterly Labour Force Survey (2010-2015) is used by Bridges and Mann (2019) to understand the impact of legalisation of same-sex marriage on wages. Their final sample includes over 75,000 individuals, and non-heterosexuals make 1.5% of their sample, which is close to the national estimate. Table 12 compares our summary statistics from the EES with that of Bridges and Mann's (2019).[44]

Non-heterosexuals are slightly younger and highly qualified than heterosexual respondents in both datasets. Some of the observed raw differences for the male sample in Bridges and Mann (2019) are not observed in our sample, e.g. job tenure differences by sexuality. On the other hand, female subsamples (in Table 12 panel (b)) share more similarities. Sexual minority women have shorter job tenure; however, they are more likely to work in a full-time job than heterosexual women. In both samples, heterosexual and non-heterosexual women are less likely to work full-time than heterosexual and non-heterosexual men, respectively.

Table 12 Comparison of selected statistics with Bridges and Mann (2019)

Panel (a) Male subsample

	Bridges and Mann (2019)		**The EES**	
	Heterosexual	**Non-heterosexual**	**Heterosexual**	**Non-heterosexual**
Degree	0.32	0.44***	0.66	0.71
A-levels	0.24	0.22	0.08	0.09
Age	41.95	39.62***	48.57	45.09***
White	0.89	0.92**	0.81	0.89**
London	0.09	0.24***	0.13	0.28***
Job tenure				
Less than 1 year	0.12	0.14	0.16	0.12
1-5 years	0.30	0.38***	0.35	0.43*
5-10 years	0.22	0.21	0.19	0.22
10+ years	0.36	0.27***	0.30	0.23
Full-time job	0.92	0.92	0.89	0.88
Temporary job	0.03	0.05**	0.07	0.04
Sample size	38,740 (98.49%)	592 (1.51%)	510 (78.70%)	138 (21.30%)

[44]To compare the datasets, the EES sample adopts the same sample restrictions in Bridges and Mann (2019), i.e. including only cohabiting and married couples, but unlike in UK QLFS, we use a direct question on sexuality to identify non-heterosexual individuals. As the authors acknowledge, using partner's sex to identify the non-heterosexual sample, the study omits single LG and also bisexual respondents who do not live with a same-sex partner. On a similar note, this also brings about the issue whether openness in a (confidential/anonymous) survey would translate into sharing one's sexuality at the workplace, which might increase the probability of attracting a discriminatory act (wage differentials, bullying etc.).

Panel (b) Female Sample

	Bridges and Mann (2019)		The EES	
	Heterosexual	**Non-heterosexual**	**Heterosexual**	**Non-heterosexual**
Degree	0.35	0.46***	0.59	0.68**
A-levels	0.19	0.17	0.09	0.08
Age	40.67	39.15***	47.30	42.58***
White	0.91	0.95***	0.89	0.94*
London	0.08	0.11**	0.13	0.14
Job tenure				
Less than 1 year	0.13	0.20***	0.14	0.21**
1-5 years	0.31	0.32	0.38	0.38
5-10 years	0.22	0.22	0.20	0.23
10+ years	0.34	0.27***	0.28	0.19**
Full-time job	0.57	0.83***	0.64	0.82***
Temporary job	0.05	0.06	0.07	0.09
Sample size	38,905 (98.55%)	573 (0.15%)	1,999 (92.98%)	151 (7.02%)

Notes: * p<0.1, ** p<0.05, *** p<0.01 indicates significance level in differences between non-heterosexual and heterosexual individuals. In the EES sample, 76.6% of the respondents are in a relationship, and 89.3% are living together. Statistics in columns Bridges and Mann (2019) are rounded figures from Table 1 (p. 1026, Bridges and Mann, 2019). While London in QLFS reflect where individual lives, London is an NHS region, i.e. encompasses a broader area and reflects where the respondent works rather than where they live.

Overall, when compared to (national) labour market surveys, the EES sample consists of older heterosexual individuals and relatively younger sexual minority individuals. Both men and women in our EES sample are more likely to have a higher degree than in other samples, which is due to sampling design as the target population is the working individuals in the NHS. Yet, our EES sample shares certain demographic characteristics such as a lower likelihood of belonging to an ethnic minority group and higher probability to live/work in London. The female subsample in the EES shares more similar patterns with others, particularly on experience and full time vs part-time work.

Some of the differences between the samples can be considered as a result of the sampling framework and different target populations. For instance, the IHS uses households as a sampling unit, whereas the EES targets a more specific group, i.e. individuals working in the NHS trusts in England. Thus, while the EES may not be representative (of LGBT+ employees) of all working individuals in England, it shares similar patterns with the latest NHS SS, and the National LGBT+ Survey, and is likely to be representative of certain groups in the NHS workforce.

Survey Samples

Drydakis (2019a) collected data from a questionnaire distributed to the attendees to LGBT events during the 2016 LGBT History Month in London, Oxford and Cambridge to study the

bullying of sexual orientation minorities. Similar to the EES, his survey follows a non-probability sampling framework.

Table 13 provides a comparison of some selected characteristics between the LGB subsample from the EES and the Drydakis (2019a) sample. Both surveys ask individuals their sexual orientation directly. However, unlike the EES, the Drydakis (2019a) sample does not include heterosexual individuals, which would have allowed for comparisons by sexuality.

The Drydakis' sample includes 400 LGB identifying employees and 58% are gay/bisexual (GB) males. In the EES the LGB subsample consists of 444 LGB employees, and 53% are GB males. Our sample is slightly older than Drydakis's LGB sample, yet work experience for GB men are similar at around 16 years. The Drydakis (2019a) sample has a lower proportion of highly educated individuals than our sample even though both samples are from the UK and collected in relatively close periods. The dissimilarities in the proportion of higher education may mirror the differences in occupation and industry the individuals work in. The same explanation would partly apply to less frequent bullying reported in our NHS subsample compared to Drydakis (2019a). Additionally, individuals who participate in LGBT events may be more vocal about their negative experiences than others, which would result in a higher number of bullying reports in Drydakis (2019a) survey.[45]

Respondents to the Drydakis' survey work in different occupations (i.e. 66% white-collar employees, 27.8% pink-collar employees and the rest is blue-collar) and potentially in different industries. Only 21% of GB men and 26% of LB women have an LGBT group in their workplace. Compared to our sample, the prevalence of LGBT groups (networks) in the Drydakis' sample is low. In our sample, 79% of GB men and 82% of LB women are working in NHS trusts in England that has an LGBT network.[46]

We expect variation in organisational characteristics, such as the existence of networks, bullying and job satisfaction, between our EES sample and other samples on organisational

[45] It is also worth noting that wording on the bullying questions in Drydakis (2019a) survey and the EES are not exactly the same. In Drydakis (2019a), the question reads as "The following question is about workplace bullying due to sexual orientation: You may have been bullied in your present job by others, due to your minority sexual orientation (i.e. for being gay, lesbian, bisexual or other sexual orientation minority), in some way, such as unfair treatment, ridiculing, shouting and verbal abuse, ostracism, denying training or promotion opportunities, and spreading malicious rumours. Please, choose which best describes your own experience at workplace: Never bullied/ rarely bullied/ sometimes bullied/ frequently bullied/ constantly bullied. The EES question also provides a definition, see question G.3 in Appendix A.

[46] Drydakis (2019a) asks "Does your job have a LGBT group? Yes/No". In the EES, we ask respondents who are aware of staff networks in their trust whether they are involved in a staff network and ask them to select the staff networks they are involved in. The choice options included different staff networks, including the LGBT+ network. To facilitate comparison between two datasets, we construct a measure at trust level; i.e. if any employees in a given trust is involved in an LGBT+ network then the dummy variable takes the value of 1. Only 43% of GB men and 31% of LB women are involved in an LGBT network. The majority of our EES sample (54% of GB men, 64% of LB women) say that either there are no staff networks in their organisation or that they are unsure about their existence.

characteristics as most of the datasets we discuss contain information about individuals who work in different sectors and industries.

Table 13 Comparison of selected statistics with Drydakis (2019a)

	Drydakis (2019a)		The EES		Notes
	Gay/ bisexual men	**Lesbians/ bisexual women**	**Gay/ bisexual men**	**Lesbians/ bisexual women**	
Age (continuous)	38.17 (10.14)	35.23 (7.82)	42.13 (11.18)	41.61 (11.45)	
Gay men or lesbians (%)	87.50 (0.33)	80.35 (0.39)	88.09 (0.32)	57.89 (0.49)	
Higher education (%)	60.34 (0.49)	54.16 (0.49)	83.83 (0.37) [68.51 (0.47)]	81.34 (0.39) [66.51 (0.47)]	Reported qualifications are slightly different. The higher education measure in our EES includes 'diploma in higher education and teaching qualifications, first degree and PGCE, higher degree and postgrad'. The numbers in brackets exclude 'diploma in higher education and teaching qualifications'.
Working experience (continuous)	16.43 (10.22)	13.93 (8.77)	15.46 (10.32)	16.14 (11.54)	Drydakis measure is the years of actual working experience. Our EES measure is the experience in the health sector, which might be shorter than an actual working experience for some respondents in our sample.
Workplace bullying(continuous)	1.87 (1.14)	1.24 (1.03)	0.54 (0.93)	0.40 (0.85)	The EES phrasing of the question is slightly different. Both questions ask about the frequency of bullying. We recode our measure to align with that of Drydakis (2019a), i.e. not bullied = never bullied, occasionally = rarely bullied, monthly = sometimes bullied, weekly = frequently bullied, daily = constantly bullied. We excluded 12 respondents who are 'not sure' that they are bullied.

Job satisfaction (continuous)	2.54 (0.95)	2.84 (1.00)	3.39 (1.15)	3.51 (1.06)	Same 5-level Likert scale with slightly different wordings. For two ends of the satisfaction spectrum, the EES uses 'extremely', and Drydakis uses 'totally'. For some degree of satisfaction, the EES uses 'somewhat', and Drydakis uses no adverbs.
Observations	232 (58.0%)	168 (42.0%)	235 (52.93%)	209 (47.07%)	

Notes: Standard deviations are in parentheses. The summary statistics in the first column are from Table 2 in Drydakis (2019a). Comparative statistics are our calculations from the sample using the same sample restrictions as in Drydakis (2019a), i.e. only including LGB respondents rather than all sexual and gender minority employees in our sample. Our summary statistics exclude observations with missing gender.

Another survey used in the literature is the Fairness at Work Survey (FWS), which was administered by the UK Association of University Teachers between December 2000 and February 2001. Six universities were selected randomly to represent different types of universities and geographical locations. The survey distribution is similar to our dissemination method and involved sending invites to academic and non-academic employees to participate in an online survey.[47]

Frank (2006) used the FWS to examine pay gaps and discrimination in promotion in academia due to sexuality. With a 15% response rate, his sample consists of 813 responses, of which 51% are women. 14% of the sample consists of LGB individuals, almost half being gay men. Unlike other surveys discussed in the previous section, the proportion of the LGB individuals and its gender composition is similar to that of the EES'. The FWS also included a measure of `coming out'. Unlike our EES survey, however, this survey asked the disclosure question to everyone who took the survey, and not only to non-heterosexual respondents.[48] The EES asked the degrees of openness (e.g. to co-workers, supervisors) only to the LGB identifying employees who are open about their sexuality at work (also see Table 9).

As shown in Table 14, the heterosexual employees in our sample are older than those of Frank (2006). Despite the sectoral difference (and data collection periods), we observe similar patterns in respondents' race, geographical location and experiences of discrimination. On the other hand, in the EES sample, employees have longer experience in the health sector, compared to Frank's in higher education, which may be attributed to the fact that our EES sample consists of slightly older individuals overall, who would be working more years.

[47] Frank (2006) also acknowledges potential issues with survey dissemination. Most of the observations come from four institutions, which suggests that the survey was not well publicised. We have a similar concern, with one NHS trust making around one seventh of the sample.

[48] The question reads as "'Approximately how many staff in your immediate working environment do you think are aware of your sexual orientation?' Responses are invited from the choices: 'all', 'most', 'some', 'a few', 'none', 'don't know'. We take the responses 'all' or 'most' to signify the employee being 'out' at the workplace" (p.504, Frank, 2006).

Additionally, employee mobility outside the NHS may be lower than in higher education with more external opportunities available.

LGB individuals in the EES sample are more likely to share their sexuality at work than LGB individuals in Frank (2006) sample. This difference in openness likely arises due to differences in the target populations (NHS trust employees vs university staff), and in time of data collection (2019 vs 2000). In the last two decades, there have been changes in regulations and laws in the UK, e.g. the repeal of Section 28 in the early 2000s, the enactment of the Equality Act 2010 to protect the nine protected characteristics, and the legalisation of same-sex marriage in 2014. All of these changes are likely to encourage individuals to be more open about their sexuality (in the workplace).

Table 14 Comparison of selected statistics with Frank (2006)

Panel (a) Male subsample

	Frank (2006)		**The EES**		
	Heterosexual	**LGB**	**Heterosexual**	**LGB**	**Notes**
Age	2.76 (1.09)	2.46 (0.92)	3.23 (1.18)	2.76 (1.11)	Measured in groups as under 30 (1); 30-39 (2); 40-49 (3); 50-59 (4); over 60 (5)
White	0.95	0.93	0.80	0.88	
London	0.24	0.30	0.14	0.30	
Experience (in the sector)	12.77 (10.43)	10.33 (8.68)	16.55 (11.66)	14.46 (10.18)	In Frank (2006), this measure is the years working in higher education. In the EES sample, it is in the health sector
Discrimination	0.17	0.23	0.17	0.19	In Frank (2006), the measure is on reports discrimination; in the EES sample, the measure is 'yes' for experiencing discrimination in the last 12 months (i.e. 'I don't know' is coded as 'no')
Out	0.52	0.20	-	0.74	The EES combines the proportions of 'most' and 'all' open to co-workers about their sexuality. Note that this is slightly different from Frank (2006), which looks at openness to the immediate workplace.
Sample size	319	61	672	231	

Panel (b) Female subsample

	Frank (2006)		The EES		Notes
	Heterosexual	**LGB**	**Heterosexual**	**LGB**	
Age	2.24 (0.97)	2.04 (0.73)	3.26 (1.15)	2.66 (1.16)	
White	0.97	0.90	0.88	0.92	
London	0.19	0.20	0.14	0.21	
Experience (in sector)	8.01 (7.50)	5.37 (5.14)	18.59 (12.28)	15.18 (11.59)	
Discrimination	0.26	0.29	0.16	0.17	
Out	0.59	0.12	-	0.51	
Sample size	355	49	2,877	207	

Notes: The sample means and proportions for the first column are from Table 1 in Frank (2006).

Gender identity and labour market outcomes

The National LGBT Survey shows that a quarter to half a million trans men and women live in the UK (GEO, 2018).[49] Yet, reaching out to transgender individuals may be harder as they often encounter exclusion, marginalisation and are reluctant to share their identity in fear of potential discrimination and negative experiences (Drydakis 2019b, 2017a,b; Ozturk and Tatli, 2016; McNeil et al., 2012).

The National LGBT Survey includes 5,640 self-identified transgender individuals who had a paid job in the last 12 months[50] with 33.8% identifying as female, 16.9% as male and 49.3% as non-binary. One third are between 25-34 years old, 16% are 35-44, and 15% are between 45-54. In terms of sexuality, 13% of the national transgender subsample consists of heterosexuals, 31.8% bisexual, 23.6% gay/lesbian and 11.8% pansexual. Compared to the national averages, our sample includes more transgender men (24%), and the rest is equally split between transgender women and non-binary transgender individuals. The age and sexual minority profiles of our transgender subsample[51] follow similar patterns to that of the National LGBT Survey, which is a positive sign for the representativeness of our transgender sample in terms of basic demographic characteristics.

There are only a few datasets on transgender experiences at work in the UK, and these are collected by researchers themselves. Drydakis (2017a) gathered data twice a year between 2012 and 2015 (over eight waves) in collaboration with seven trans associations in Great Britain. At the end of the data collection period, all respondents have gone through surgery,

[49] The report also provides insight about lives of trans people in the UK. For instance, almost one-third of the transgender individuals are estimated to have a higher education compared to 51% of cisgender individuals (GEO, 2018).

[50] We used the online analysis tool to report percentages from the National LGBT Survey, which is accessible from https://government-equalities-office.shinyapps.io/lgbt-survey-2017/. The filter is set to 'Trans' respondents in category 'In work or education', and only 'had paid job in the last 12 months' were used for comparison.

[51] In our transgender subsample, 27.6% identify as bisexual, 20.7% as gay/lesbian and 13.7% as pansexual.

making his final sample consisting of "624 ($= 78 \times 8$) person-wave observations for men who have undergone sex reassignment surgery to become women and 432 ($= 54 \times 8$) person-wave observations for women who transition to become men" (p.5, Drydakis, 2017a). The panel nature of his data enables to analyse the impact of sex reassignment on mental health, life and job satisfaction. Our EES sample includes 29 transgender employees working in the NHS trusts in England. However, we do not know if they have had gender reassignment surgery, which makes accurate comparison between the EES and Drydakis (2017a) samples impossible.

To inform employers about transgender recruitment and retention, the GEO released a guideline in 2015 (WEC, 2016). Bozani et al. (2019) evaluate the perceptions of transgender individuals on this new guideline. The authors administered a postal survey by sending the survey to 25 randomly selected trans unions (from TransUnite website). Their survey dissemination and that of the EES followed similar processes; both were online surveys and required the goodwill of staff to distribute the questionnaires. Besides collecting information on respondents' views about their workplace, their survey asked whether respondents have had sex reassignment surgery and whether they acquired a Gender Recognition Certificate (Bozani et al., 2019). While their target population were all transgender, in the EES questionnaire, we identify transgender individuals by asking whether they have the same sex as assigned at birth.

Bozani et al. (2019) received completed questionnaires from 6 trans unions (24% response rate for union correspondence) with 97 individual responses. 53.6% are trans women, and 27.8% are trans men and 5.1% are non-binary with rest identifying as other trans categories (Bozani et al., 2019). On average, a trans union member is 34.7 years old, and 59.7% are employed while the rest is either unemployed (23.7%) or inactive (16.4%). In our EES sample, among 4,237 individuals, 29 respondents identify as transgender, and 30 respondents preferred not to answer this question. Transgender employees in our sample are on average older, on average 41 years old, and a quarter of the transgender individuals are trans men. The differences can be explained by potential self-selection into trade unions: Bozani et al. sample is based on transgender union members, whereas slightly more than half (55%) of transgender employees in our sample are union members.

As acknowledged by the authors, these samples may not be representative of the transgender working population in the UK. However, they, including the EES, provide insights to an understudied group of population. More representative datasets are needed for further research on transgender issues in the workplace.

Employee outcomes in the health sector

Shields and Ward (2001) and Pudney and Shields (2000) use data from a national survey of the NHS nursing staff from 1994. The survey was conducted by the Policy Studies Institute for the Department of Health as a postal questionnaire. In contrast to the EES' sampling method,

they use "a one-in-three stratified sample of permanent nursing staff from NHS employers in England" (p.681, Shields and Ward, 2001). The response rate to this survey was 62% with more than 14,000 observations from the nursing staff.

Shields and Ward (2001) focused on nurses aged between 21 and 60 and qualified as State Enrolled or Registered General nurses.[52] The EES' sample size is around 10% of the Shields and Ward data. Table 15 compares some demographic characteristics of their dataset with our EES' 'registered nurses and midwives' subsample.

Apart from the working hours and ethnicity, the EES sample is quite different from the Shields and Ward (2001) sample. One of the most notable difference is the age profile of nurses. While 21% of the nurses were between ages 30-34 in 1994, in the EES sample, the same age group constitutes only 7.2% of the nurses. Given that more than two decades have passed between data collections, the respondents of the 1994 survey are potentially in '>50' group in 2019, and they constitute the majority of the registered nurses and midwives in our sample. We also observe a change in the gender composition of nurses between the two samples. In our EES sample, there are more male registered nurses and midwives and they are less likely to be married than the Shields and Ward's sample of nurses. The proportion of nurses who have dependent children (children aged≤16) is also lower in the EES subsample, but this can be explained by having relatively older nurses and midwives who may have grown-up children.

Table 15 Comparison of selected statistics with Shields and Ward (2001)

	Shields and Ward (2001)	The EES	Notes
Age			
< 25	0.036 (0.002)	0.016 (0.125)	
25–29	0.169 (0.004)	0.066 (0.248)	
30–34	0.212 (0.004)	0.072 (0.259)	
35-39	0.163 (0.004)	0.097 (0.297)	
40–44	0.130 (0.003)	0.112 (0.316)	
45–49	0.129 (0.003)	0.172 (0.378)	
> 50	0.161 (0.004)	0.465 (0.499)	
Male	0.082 (0.003)	0.123 (0.328)	The EES sample includes five individuals who preferred not to say their gender identity.
White	0.842 (0.006)	0.857 (0.350)	
Married	0.747 (0.004)	0.521 (0.500)	
Degree or equivalent	0.161 (0.004)	0.692 (0.462)	In the EES sample, degree or equivalent includes first degree, PGCE, higher degree and postgraduate degree

[52] Shields and Ward (2001) do not discuss sexual orientation of nurses in their paper.

Number of dependent children under 16		0.714 (0.010)	0.399 (0.490)
Number of hours worked per week		33.489 (0.083)	34.526 (5.624)
N	9,625		884

Notes: The sample characteristics presented in the first column are taken from Shields and Ward (2001) Appendix A. The parentheses in the first column provides standard errors, and the second provides standard deviations. Shields and Ward (2001) sample restrictions are followed in creating our EES subsample means, i.e. registered nurses and midwives aged between 21 and 60 (90 observations excluded). We exclude auxiliary nursing, nursing assistants and healthcare assistants.

In the last two decades, there have been policy changes that have affected nursing staff such as immigration policies, closure and merger of some trusts, and the annual intake of nursing students. For instance, most recently, the NHS bursaries were withdrawn in 2017, which had an impact on a number and composition of applicants going into nursing schools (Buchan et al., 2019).

A survey sample on healthcare professionals from the US is presented in Eliason et al. (2011). They use a convenience sample of 502 physicians from the Gay and Lesbian Medical Association (GLMA), who forwarded a cover letter with the link to the survey and asked recipients to disseminate the survey link to other LGBT physicians they know (snowball sample). The response rate to this survey was 45% with 228 respondents from the GLMA database, and an additional 199 respondents from the snowball sample (Eliason et al., 2011). The size of the LGBT+ subsample from the EES is similar to the Eliason et al. (2011) sample with both having slightly over 500 respondents. As a non-probability sampling survey, the sample sizes are close to each other.

The Eliason et al. (2011) sample consists of 70% male, 29% female, and 1% transgender physicians whose gender identity is not known. Compared to their sample, the EES uses a finer breakdown of gender identities with male, female and non-binary definitions. The LGBT+ subsample from the EES includes 46.5% cisgender males, 46% cisgender females, 0.2% non-binary cisgender individuals, 1.4% trans men, 2.13% trans women and 2.1% trans non-binary individuals. Like Drydakis (2019), the Eliason et al. (2011) sample includes LGBT physicians with 69% identifying as gay, 26% as lesbian, 4% as bisexual and less than 1% as other (p.1262, Eliason et al., 2011). In contrast to their sample, the EES subsample includes heterosexual trans individuals as well, i.e. our LGBT+ subsample is not restricted by sexuality. The composition of our LGBT+ subsample in terms of sexuality is such that 40.1% identify as gay, 23.5% as lesbian and 23.8% as bisexual. Around 6% of LGBT+ respondents in the EES sample selected 'other' for their sexuality, which is a higher rate than that of Eliason et al. (2011) sample. In terms of openness, their sample of LGBT physicians has a similar level of openness at work with 59% being open to 90% of their co-workers. The openness patterns are similar in the EES LGBT+ subsample (combining open to all and most co-workers in column 2 in Table

9). Overall, the composition of the LGBT+ samples is different not least because the samples are from different countries governed by different cultural and social environments.

Sexuality and labour market outcomes outside the UK

Drydakis (2012) uses sexuality data gathered by the Athens Area Study (AAS) from March 2008 to December 2008 to examine the relationship between job satisfaction and sexual orientation among men aged between 18 and 65.[53] The AAS was conducted by telephone and individuals were randomly selected to answer demographic questions. The sample in Drydakis (2012) study includes 6,305 heterosexual and 277 gay employees (4.3%). In our sample, the proportion of gay employees is 21.8%. The respondents in the EES sample are also older, with an average age of 47 for male heterosexual and 42 for gay employees, whereas Drydakis' sample is younger with on average 35 years-old-male-employees with no significant difference by sexuality. It is worth keeping in mind that these datasets are from different countries and occupations with different data collection methodologies. Our EES data is obtained through non-probability sampling from NHS trusts in England, whereas the Drydakis (2012) sample comes from a random sampling method from employees working in different sectors. The two datasets also have different measures for sexuality despite its problematic sexuality measure (see footnote 53).

The literature on staff networks

The empirical evidence on staff networks stems from occupational behaviour and management literature, which is mostly based on qualitative datasets to understand the impact of staff networks on employees and organisations (see Welbourne et al. (2017) for a review).

The literature is concentrated on US workplaces, where quantitative data is collected from large companies with networks for minority employees. One such example is Friedman and Holtom (2002), who collect data from a large company with more than 100 thousand employees across 12 states and with 20 staff networks. The data was collected in 1998 through emailing the survey to employees who fall into one of 80 cells the authors created (quota sampling). They sent out 5,793 surveys online and received 1,582 responses (27% response rate), and collected a second round of data to boost ethnic minorities in the sample which pushed the response rate to 35%. Compared to the Friedman and Holtom sample, the

[53] The sexuality of the respondents were collected by asking "The next question is about sexual orientation: Do you consider yourself to be: (1) Heterosexual? (2) Homosexual?" (p. 904 , Drydakis, 2012). Drydakis (2012) notes that anonymity in all research output has been provided, and acknowledges Carpenter (2015) and argues that self-reports of sexuality measures are better than behavioural measures (same-sex partner). Carpenter (2015). However, there might still be concerns on respondents to reveal their true sexual identity over the phone, especially if they are not open about their sexual orientation. It has been shown that openness is highly correlated with job satisfaction (Badgett, 1996), Additionally, the binary definition of sexuality is not inclusive and it is not clear what other sexualities, e.g. bisexual men or asexual men would answer to this question.

EES' response rate is lower, which can be explained by the lack of direct communication with potential respondents at NHS trusts in England.[54]

Another study that uses the same company to collect data from is Friedman and Craig (2004). The authors received 843 responses (35% response rate) to their survey and used this sample to understand the determinants of network membership retention. They show that not all ethnic minorities participate in staff networks at the same rate. While 71% of blacks (N=424) are members of network groups, only 39% of Asians are members of a network. We observe a similar pattern in the EES sample for the LGBT+ groups. Slightly more than one in five LGBT+ respondents do not know whether there are any staff networks in the Friedman and Craig (2004) sample, and 4 % said that there are no networks in their trust. Employees who are aware of staff networks' presence and are involved in a network (N=228) consists of 23.35% lesbians, 42.98% gay men, 24.12% bisexuals and 9.65 other sexualities.

LGBT+ networks may also provide organisational support to employees. Huffman et al. (2008) administered a survey to 99 self-identified LGB individuals to examine the impact on organisational support on LGB employees. The respondents were recruited through gay-supportive establishments and gay-pride events in a large city in the southwestern United States. The majority of the respondents (95%) identify as gay or lesbian, and 4.3% identify as bisexual. Their sample consists of 61.7% are male, and the respondents are relatively young, with a mean age of 36.5 compared to our sample. Among 516 respondents in the EES LGBT+ subsample, the proportion of gay/lesbian employees is 64.2%.[55] Even when we limit our EES sample to only those who identify as LGB, the share of LG employees are lower than Huffman et al. (2008) with 72.9%. This difference may reflect differences in data collection (events vs online surveys), location and time. The proportion of LG individuals in Drydakis (2019a) sample discussed in the previous section, lays between the EES and Huffman et al. (2008) with 87% of gay male respondents and 80% of lesbian respondents constituting his LGB sample. It is possible that LG individuals are more likely to attend such events and increase the likelihood of overrepresenting lesbian and gay individuals (compared to bisexual, and others) when the data is collected at local LGBT events.

[54] Due to differences in country, sector, time period and the target group (race and ethnic minorities vs sexual and gender minorities), we do not compare our sample with that of theirs.

[55] The LGBT+ subsample in the EES consists of respondents who belong to a sexual and/or gender minority. Of 516 LGBT+ identifying respondents, 23.5% identify as lesbian, 40.1% as gay man, 0.6% as non-binary gay/lesbian, 5.4% as bisexual man, 17.1% as bisexual woman, 0.8% as bisexual non-binary (0.6% bisexual but not prefer to say their gender), 4.3% 'I don't know' and 6.4% other, the rest identify as heterosexual (transgender). It is worth noting that there are 29 transgender respondents in the EES.

2. HR & EDI Survey

2.1. Survey Design and Dissemination

The HR & EDI Survey is an online survey of the organisational culture and workforce structure at NHS trusts in England. The survey required one response per trust from Human Resources (HR) staff and/or Equality, Diversity and Inclusion (EDI) leads working in NHS trust in England.

The survey consists of six blocks and collects information on the respondent's trust and job role, equality and diversity policies, staff networks, workplace and job characteristics and basic demographic information. Like the EES, the HR & EDI Survey was designed, published and managed by the research team at the University of York using the survey software Qualtrics. The questionnaire and the raw datasets can only be accessed through the University of York's system, and the data is stored on a secure server.

The survey was piloted before its launch date by academics at the University of York, selected NHS employees and members of the project Advisory Board. Piloting allowed the research team to assess the clarity and purpose of questions. The feedback received during this process was used to modify questions and response categories to ensure relevance for NHS staff. Appendix C provides the HR & EDI survey questions.

The survey was administered in two waves: The first wave took place between 29th October 2018 and 14th February 2019 (the survey remained open during Christmas and New Year 2018), and the second wave was between 24th April and 27th May 2019. In total, the survey was open and accessible via the survey link over 16 weeks. The survey closed on the same date as the EES, on 31st May 2019.

The main channels of survey dissemination in the first wave were announcements on the NHS Employers' website and workforce/staff bulletins distributed by NHS' communication teams. The survey was also promoted using social media on official NHS accounts, particularly on Twitter and LinkedIn. Following the Advisory Board meeting on 8th January 2019, the research team also explored alternative dissemination and promotion channels by approaching regional EDI leads via NHS Employers. An overview of the dissemination methods is presented in **Table 16**.

Table 16 Timeline for planned promotion of the HR & EDI Survey, the first wave in 2018

29 October	"Latest News" page for NHS Employers website
w/c 5 November	Email to D&I contacts alerting them to survey and ask them to forward to their HR teams for completion
5 November	Engagement brief (monthly newsletter to HRD network) 400-word article

29 October **19 November**	Workforce Bulletin (40-word article)
31 October **14 November**	Managers Bulletin (40-word article)
5 November	Members update – weekly bulletin to chief execs, senior leaders
w/c 13 November	Direct emails to HR Directors by engagement team
October/November	5 x Regional HR engagement network meetings Word of mouth
October/November	Social media promotion Twitter - @NHSEmployers @NHSE_Diversity @NHSE_Engagement @LGBT_Networks LinkedIn – NHS Employers Facebook – PFD Champions page (ask them to circulate to their HR team)

Notes: Planned communications of the HR & EDI Survey detailed by the Communication Manager for the NHS at the beginning of survey dissemination.

The second wave of data collection took place between 24th April and 27st May 2019. The main dissemination channels were individual emails to HR directors or EDI leads in trust, who were non-respondents in the first wave of data collection. We sent two reminders via our project's dedicated email address with updated contacts lists. We excluded a trust if we received a response from that trust after a reminder. These dynamic e-mail reminders continued until the 8th of May 2019. In the following weeks leading to the end of the survey, two additional reminders were distributed by regional EDI leads. Only trusts that had not responded to the HR & EDI Survey in the first wave were contacted. Appendix D presents the dissemination methods in detail.

As in the EES, the survey did not have any screening questions, trust names and the rate of survey completion were used as post-screening tools to validate the sample.

2.2. Responses to the HR & EDI Survey

226 NHS trusts were operating in England as of 31st August 2018 (NHS Digital, 2018). As the HR & EDI Survey collected information at the organisational level, i.e. it required one response per trust, thus, the expected sample size was 226.

Overall, the survey received 396 responses. Around 3 in 5 respondents did not complete the survey, i.e. their response progress was less than 100%. Of these responses, 54 respondents can be categorised as 'browsers' as they only saw the first question and left the survey before answering any questions.

The final dataset includes 163 valid responses from 126 NHS trusts located in England. The sample includes multiple responses from 17 trusts. The response rate at trust level is 55.5%. This response rate is aligned with other online surveys' response rates as discussed in Section 1.5.

Table 17 Responses to the HR & EDI Survey

	Total
All responses	396
Incomplete responses	227
Incomplete information about the trust [a]	3
Ineligible due to being "other" organisation [b]	3
Valid responses	163

Notes: [a]Despite completing the survey, 3 respondents did not provide the name of their organisations. [b]Respondents have completed the survey, however, they do work organisations other than NHS trusts, e.g. shared services, social enterprises (community interest company, CIC). Valid responses are those with the NHS trust information and 100% survey completion.

From the validated HR & EDI Survey sample, we construct a second dataset by collapsing multiple observations per trusts into a single observation. This ensures that the 'trust-level' dataset is uniquely identified by the trust variable. This step is necessary to match HR & EDI survey information with the EES.

The 'trust-level' dataset includes 126 observations, i.e. one observation per trust. The selection rule used to calculate some summary statistics in Section 2.4 is based on the following on rule:

Creating a single observation per trust in the HR & EDI Survey (trust-level sample)

For 17 trusts with multiple observations, we apply the following rules to reduce the sample with individual-trust as a unit of observation to trust observations:

- If there are no respondents responsible for EDI in the trust, keep the highest-ranking respondent by (derived) job title
- If there are EDI respondents and a single respondent in the trust (among other respondents) is responsible for the EDI, keep the EDI respondent
- If there is more than one respondent who is responsible for EDI, keep the respondent with the highest rank.

There are three trusts to which these rules cannot be applied. This is because these trusts have (i) respondents with the same job title (or the lack thereof) and or (ii) unknown EDI responsibilities. In this case, the observations with the least missing values on other survey items were retained in the sample.

The trust-level sample consists of 126 respondents, 17.5% are Heads of HR, 14.3% are HR Managers and 31% are EDI related staff. There are also 8 respondents with "other"

job titles, including HR support, sister, staff network lead, workforce training practitioner and a chairman.

Some relevant summary statistics using the trust-level sample are discussed in Section 2.4.

2.3. Potential biases

The first wave of the HR & EDI survey data collection consisted of announcements mostly carried out by NHS Employers on their website and workforce bulletins, and later by the regional EDI leads (see Appendix D for details). Thus, while the survey required only one response from each trust, the research team had no control over who would receive and complete the survey in trusts' HR team. This is important for two reasons: (i) quality of information (ii) self-selection in survey completion.

The quality of the information provided may vary by the respondent's role in the organisation. For instance, an HR advisor may know more about employee consultation but less about EDI matters, whereas an EDI lead would know more about the diversity policies and staff networks than recruitment. To account for the variation in reporting, the HR & EDI survey gathers information about respondent's job title and allocation of time at work on certain tasks such as recruitment, training of employees, EDI, performance appraisals etc. Thus, controlling for these characteristics may help to mitigate a potential bias in reporting. Additionally, as noted in Section 2.2, using alternative aggregate measures on trust level information might produce conflicting reports for the same trust.

As in other online surveys, the HR & EDI Survey sample consists of individuals who self-selected themselves to complete the survey. In the first wave, the composition of the sample may be biased if the staff who frequents NHS Employers website and/or reads the workforce bulletins may differ from other staff in some unobservable way, e.g. through their knowledge about their organisation. In the second wave, a more targeted approach in disseminating the survey was adopted by contacting HR staff and EDI leads directly[56], which would lessen compositional bias if there is any. Unlike the EES, the self-selection to survey completion is less likely to be affected by the respondent's occupation as the target population is office-based.

The HR & EDI Survey is a unique dataset, which contains information on work arrangements and staff networks in the NHS trusts in England. A similar dataset that collects workplace information, but not on the staff networks, from organisations in Britain is the Workplace Employee Relations Survey (WERS). The WERS consists of multiple surveys, which can be linked together, like the EES and the HR & EDI survey. An important difference, however, is that unlike the EES and the HR & EDI surveys which focus on the NHS trusts in England, WERS is a national survey of workplaces in Britain across different industries[57] and its data collection

[56] Around one-third of the responses were collected during the second wave in April-May 2019.
[57] WERS excludes agriculture, forestry, fishing, mining and quarrying (van Wanrooy et al, 2014).

followed a random sampling framework. WERS has a panel component and currently has six waves with the first one in 1980 and the last one in 2011. In its last wave, WERS included four components: survey of managers (including employee profile questionnaire (EPQ), survey of worker representatives (WRQ), survey of employees (SEQ) and financial performance questionnaire (FPQ) (Deepchand et al, 2013). The workplace question blocks in the EES are inspired by the format in EPQ and SEQ components of WERS with free-entry boxes, and questions from SEQ on employee experiences in the work environment. The management questionnaire in 2011 WERS received 2,680 responses, totalling to a 46.3% response rate, which was lower than its earlier waves. Despite its larger sample size, 2011 WERS management survey's response rate is lower than the HR & EDI Survey's.

The following section provides some summary statistics for the HR & EDI Survey. We compare the summary statistics from the HR & EDI Survey with 2018 NHS SS, whenever the measures are comparable.

2.4. Summary Statistics

Some background characteristics

The HR & EDI Survey received 163 respondents in our HR & EDI sample, of which 70% are female, 25% are male, and 2 respondents identify as non-binary. The gender distribution is similar to 2018 NHS SS despite the HR & EDI survey having a narrower target population. Majority of the respondents are heterosexual, and 11% are LGB with one trans respondent. 25% of the respondents belong to an ethnic minority group, with 13% are from an Asian background and 8.4% are from Caribbean, African and other Black backgrounds.

Trusts and regions

Among NHS regions, the highest response rate to the HR & EDI Survey was from North of England with 62.3%, followed by Midlands and East of England with 56.7%, and South West is a close third with 56%. The lowest response rate is from South East with 46.6% and London is a close second to the last (47.2%).[58]

Job title and background

There is some variation across job titles, which might have an impact on answers to certain questions of the survey as noted in Section 2.3. Around one in four respondents to the HR & EDI survey have EDI related jobs titles, henceforth EDI leads.[59] The second-largest group of respondents is HR Managers (16%) followed by 'other'[60] as presented in **Figure 15**.

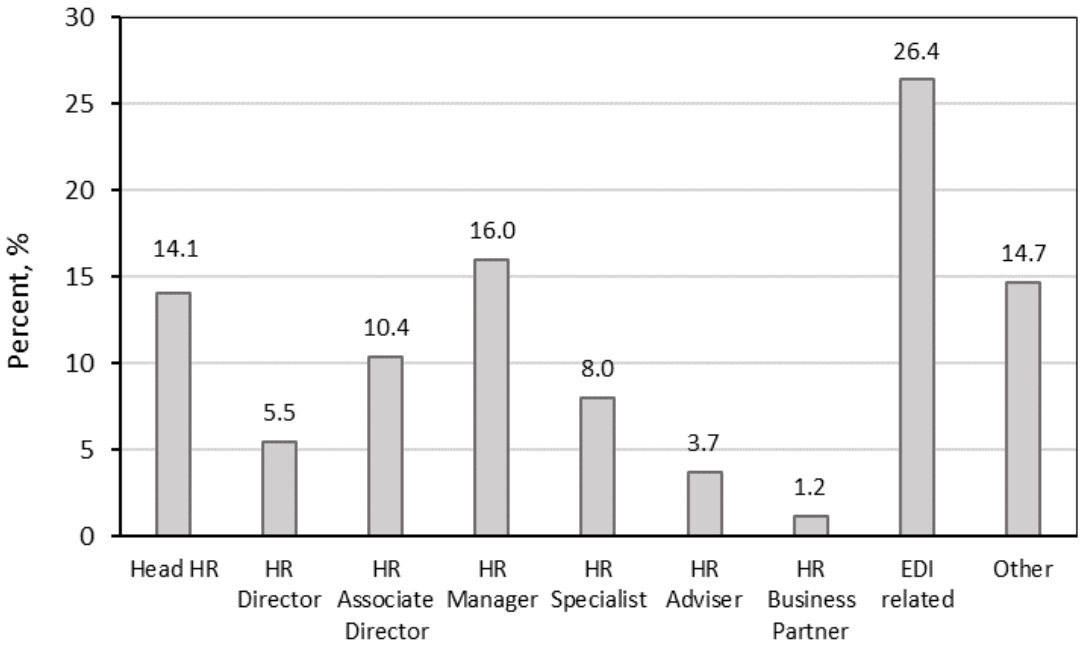
[58] The information of trusts' NHS region was matched from the etr files (NHS Digital, 2018).

[59] Most of the EDI leads used the free-entry text for the job title question (A.3 in Appendix D). The entries include EDI lead, EDI manager, EDI head and EDI adviser.

[60] The sample also includes observations from different job titles other than listed in the dropdown menu in question A.3 Appendix C.

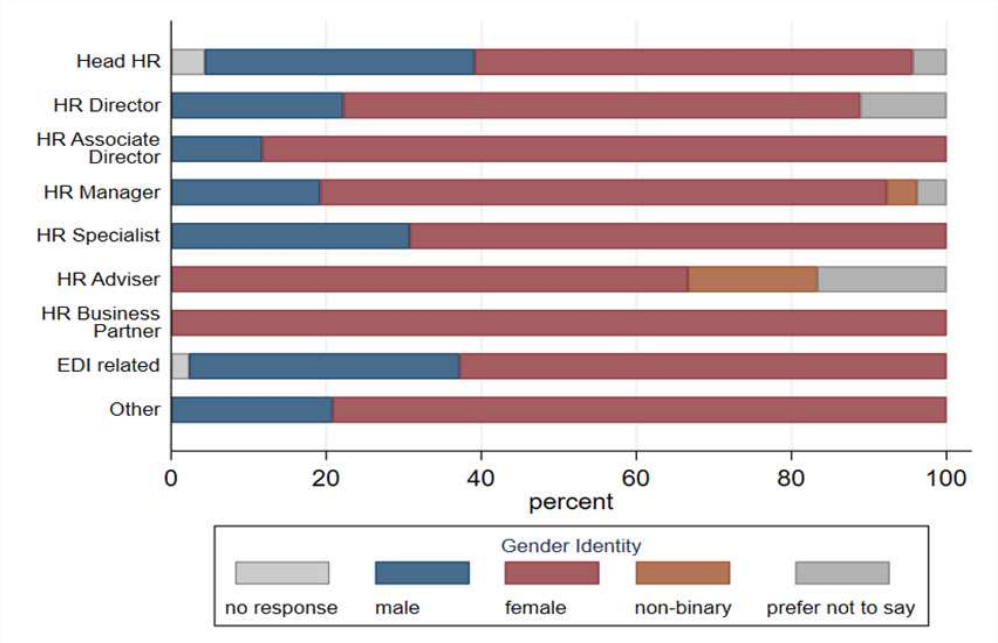
Majority of the EDI leads (62.8%) and slightly more than half of the Head of Human Resources (56.5%) are women.

Figure 15 Distribution of job titles in the HR & EDI Survey



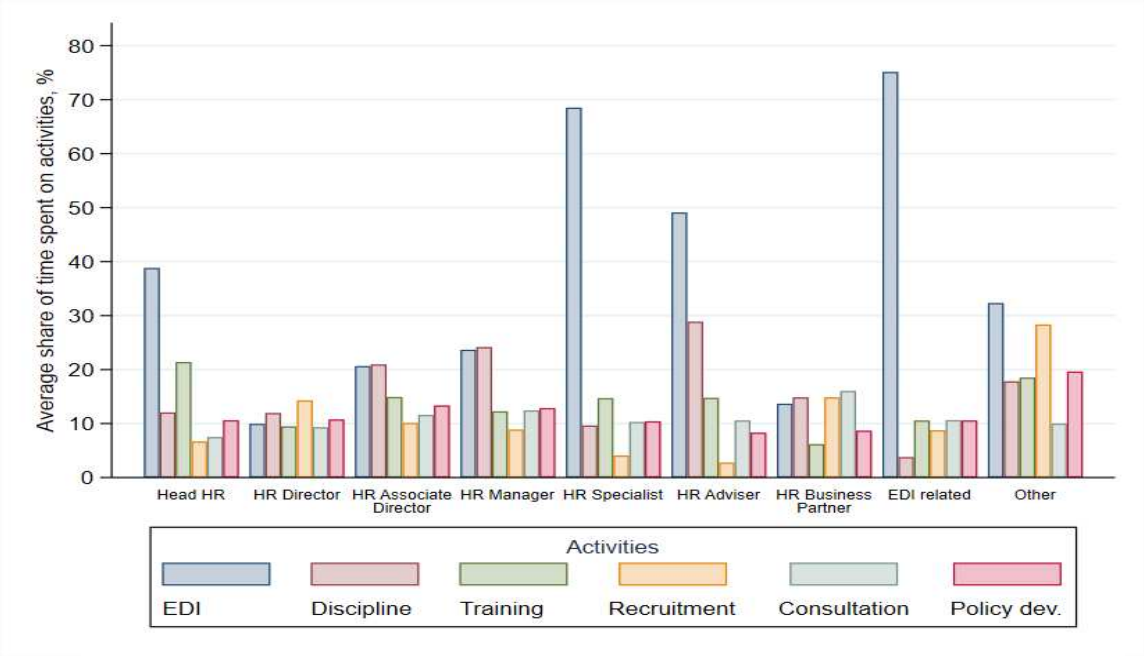
Notes: "Head HR" includes a deputy CEO, "Other" includes network chairs, recruitment advisor, HR administrator, senior nurses, health and wellbeing coordinator, workforce information assistants, organisational development practitioner.

Figure 16 Distribution of gender across job titles



An LGBT+ respondent is more likely to be working as an EDI lead (35%) or as Head of HR (25%). Including self-identified EDI leads, 92.6% of the respondents say that their trust has an EDI lead[61], and 55.6% of these respondents said that they are responsible for the EDI in their trust. Overall, 84 respondents are the responsible person for the EDI matters in the trust and almost one-third of them are female and 13% identify as LGBT+. It is worth noting that among 43 respondents with EDI related positions, only 38 said that they have specific EDI-related responsibilities in their trust. Additionally, not only EDI leads have EDI responsibilities: 83% of the HR Specialists and almost two in three Heads of HR are responsible for the EDI matters in their organisation.

Figure 17 Average time-shares at work on selected activities, by job title



Notes: The work allocations do not necessarily add up to 100. If they exceed, the shares are recorded by reweighting. The shares in the figure, however, does not add up to 100% to reflect the average share of time spent on each activity.

Work responsibilities vary by one's positions in the trust, and as expected, EDI leads dedicate three-quarters of their time at work on EDI matters. **Figure 17** shows the average share allocated to selected work activities by their position (job title).

The following sections on equality and diversity, staff networks and workplace characteristics use the trust-level sample, i.e. single observation sample, outlined in Section 2.2.

Equality and diversity

NHS trusts in England are required to implement an action plan to ensure fair and equal treatment of Black and Minority Ethnic (BAME) staff in the workplace through Workforce Race

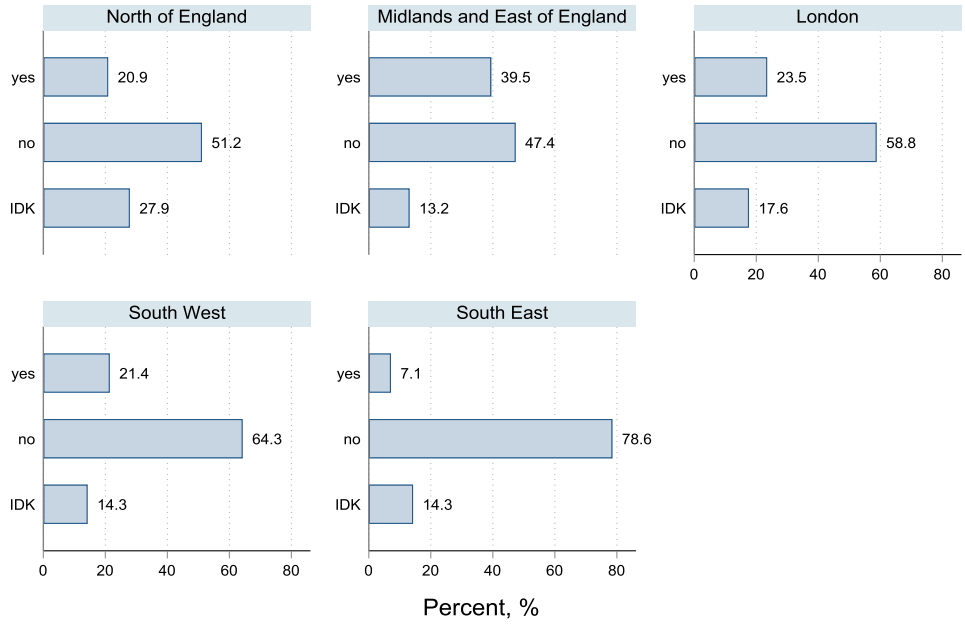
[61] For trusts with multiple responses, 88% of the responses confirm each other. Two trusts have conflicting reports on whether there is an EDI lead present in the trusts.

Equality Standard (WRES). All 126 trusts that took part in the HR & EDI Survey had an action plan in place to address the WRES Report 2017. On the other hand, 77% of the trusts had an action plan addressing the Gender Pay Gap (GPG). The GPG report has made compulsory by the government in 2018 for the public sector employers with more than 250 employees.

To promote LGB equality in England, NHS England introduced a mechanism for the Sexual Orientation Monitoring Information Standard (SOM), which is a non-mandatory system to record the sexual orientation of patients and service users (aged 16 and above). An action plan addressing the SOM was set only in 25.4% of the 126 trusts in the HR & EDI Survey. Respondents in 24 trust do not know whether there is an action plan.[62]

There is some regional variation on having an action plan for SOM. Almost half of the trusts that have a SOM action plan are located in Midlands and East of England. In terms of actual data collection, only 68.8% of the trusts with a SOM action plan record the sexual orientation of their patients/service users. As **Figure 18** shows, there is also within regional variation on action plans for SOM: 47.4% of trusts in Midlands and East of England and 78.6% of trusts in South East do not have an action plan on SOM.

Figure 18 Distribution of the SOM action plans within NHS regions



The Stonewall Workplace Index (SWI) is a benchmarking tool to evaluate an organisation's progress on achieving an equal and inclusive workplace for LGBT+ employees.[63] Half of the trusts have taken part in the SWI or used other external LGBT+ benchmarking tools in the last

[62] The respondents who do not know about the SOM action plan includes 2 Heads of HR, 2 HR Directors, 4 Associate Directors, 5 HR managers, 1 HR specialist, 1 HR specialist, 1 HR Business Partner, 6 EDI leads and the rest are listed as 'other'.

[63] Every year, Stonewall announces its Top 100 Employers list. There are 2 NHS trusts in England who made it to the list in 2020 (Stonewall, 2020). There were 3 NHS trusts in the 2019 list (Stonewall, 2019).

five years. Among those who have ever used a benchmarking tool, 28.6% had their last benchmarking application in 2019, 27% in 2018 and 8% of the trusts had applied for benchmarking in 2014 or before.

The HR & EDI Survey asked respondents to identify the three most common challenges their trust faces to achieve its EDI goals among a battery of options. The most common challenges were "prioritisation of other issues'' (57.1%), "lack of awareness and understanding in the trust [on EDI matters]" (47.6%) and "insufficient number of staff" (38.9%). The ranking of the challenges varies by respondents' roles and responsibilities in their workplace. **Table 18** presents the three highest-ranking (common) challenges listed where respondents for the trusts are not responsible for EDI, where they are, and when there are no EDI leads in the trust.

Table 18 The three most common challenges to achieve EDI goals in the trust

Is there an EDI lead in the trust? (A.4.)	**YES**		**NO**
	Not responsible for EDI	**Responsible for EDI**	
#1	Lack of awareness and understanding in the trust (55%)	Other priorities deemed more important (58.8%)	Other priorities deemed more important (66.6%)
#2	Other priorities deemed more important (52.5%)	Lack of awareness and understanding in the trust (43.8%)	Limited training opportunities and/or lack of skills (50%)
#3	Insufficient number of staff (35%)	Insufficient number of staff (42.5%)	Lack of leadership and commitment of senior staff (50%)
Total	118 (295%)	237 (296.3%)	18 (300%)
Respondents	40	80	6

The HR & EDI Survey shows that "engagement with staff networks" is extremely helpful (41%) to improve equality, diversity and inclusion in the trust followed by using "case studies and practices". The least helpful method is the "written guidelines" to improve EDI in trust (15%)

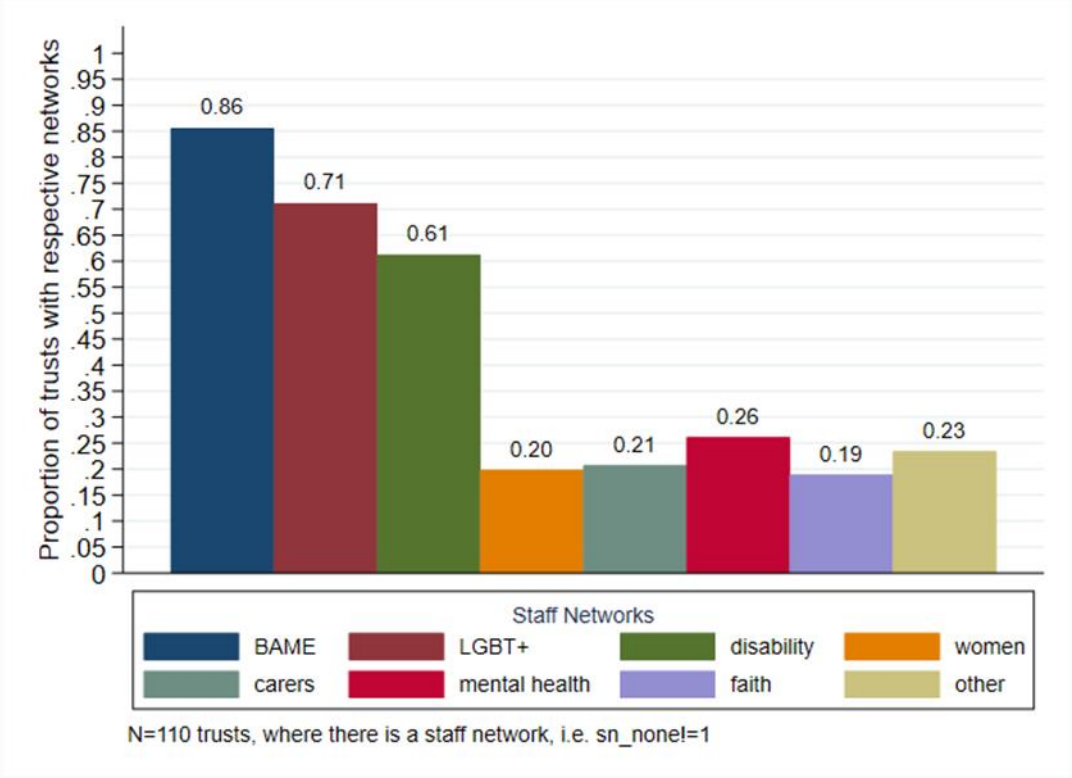
Every trust in the HR & EDI Survey had negative experiences against a protected characteristic raised by their staff. When asked about the frequency of such experiences, respondents in 47 trusts said that they were 'always' made aware of a negative experience based on one's gender reassignment (21.3%), marital status (19.2%) and age (14.9%). The most 'often' reports on negative experience in 101 trusts were on race (43.6%) and disability (35.6%). This is in line with the 2018 NHS SS statistics on the reported discrimination to be on grounds of

ethnic background with 36%. In 23.8% of the trusts in the HR & EDI survey, there has been no report on negative experiences due to sexual orientation, on the other hand, staff 'often' reported negative experience against their race and disability in 34.9% and 28.6% of the trusts, respectively.

Staff Networks

There is at least one staff network in 110 out of 126 NHS trusts in England. The most common staff networks are the Black and Minority Ethnic (BAME) networks (86.4%) and the LGBT+ networks (71.8%). The distribution of staff networks is shown in **Figure 19**. Excluding 'other' networks, there are on average 3.3 staff networks in NHS trusts.

Figure 19 Distribution of staff networks (N=110)



In the individual sample, 124 respondents (out of 163) are involved in a staff network with 79% involved in BAME, 61.3% in LGBT+ and 54% involved in health and disability networks. The majority of respondents are EDI representatives in the networks, suggesting that they take part in networks as a part of their job.

Respondents approximated that on average 11% of the staff in their trust are involved in staff networks, ranging from 0% to 70%.[64]

Most trusts provide support to their staff networks (N=109) of some forms. The most common is material support such as providing rooms for meetings, workshops and training (98.2%), followed by intranet support for mailing, webpages and forum (84.4%). Almost four in five trusts said that staff can be released from work to attend staff network activities. This contradicts with the findings from the EES. The EES findings suggest that the most common reason for not being in a network is not being able to be released from work. Slightly more than half of the trusts provide funding for materials such as lanyards, posters and banners and 45.9% provide funds to attend external training events and conferences. Only 27.5% of the trusts provide other financial support. In 67 trusts where there is an LGBT+ network, 62.7% receive support from external organisations like Stonewall, LGBT Foundation, for the LGBT+ network.

Workplace Characteristics

Table 19 presents all actions that have taken place in trusts in the last 12 months of data collection. In some trusts, more than one action took place. The most common action was "change in the organisation of work" with 56%, whereas only 10% of the trusts experienced voluntary redundancy in the last 12 months preceding the survey. Slightly more than a quarter of the trusts had frozen on filling vacant posts, and 71% saw an increase in the staff's workload.

Table 19 Actions taken in the trust in the last 12 months

Action taken in the workplace	Frequency	% of responses	% of cases
Freeze on filling vacant posts	32	19.16	26.67
Change in the organisation of work	68	40.72	56.67
Postponed workforce expansion	13	7.78	10.83
Voluntary redundancies	12	7.19	10.00
No action taken	42	25.15	35.00
Total	167	100.00	139.17
Valid cases		120	

Notes: Excludes 6 trusts have a missing value at least for one action.

Almost eight in ten trusts employ bank and agency staff, and 8% have only bank staff among their workforce. There is variation across trusts in terms of using agency staff: 42.7% of the trusts decreased their use of agency staff in the last 12 months, whereas almost one in five increased their reliance on agency staff.

[64] Excludes 2 trusts with missing values. The number of trusts is 110. Excluding zero percent staff involvement, the percentage of staff involved in a staff network remains almost the same at 11.1%.

Among 83 trusts, on average 20.1% of the employees are non-UK nationals with a median of 13%.[65] On average the share of EEA/EU and overseas nationals are the same around 10%.

One-third of the trusts did not respond to the question on the share of staff who do paid and unpaid overtime in the HR & EDI survey. **Table 20** presents the distribution of paid and unpaid overtime in NHS trusts using the shares approximated by the respondents in the trust-level sample.

Excluding the missing and not applicable responses and taking the average of clinical and non-clinical staff overtime, 21% of the staff do no hours of paid overtime. This approximated rate by the HR professionals is lower than the share in the 2018 NHS SS (67% across all trusts in England). Similarly, the share of staff who do unpaid hours in the trust-level sample is overestimated compared to 2018 NHS SS: On average 3% of staff are not working unpaid overtime in the trust-level sample, compared to 42% of the 2018 NHS SS record across all trusts. For non-zero hours, the proportion of staff who do overtime approximated by the respondents of the HR & EDI Survey is similar to that of 2018 NHS SS, e.g. the share of 6-10 hours of unpaid overtime (13%) is similar to that of 2018 NHS SS average (10%).

Table 20 Row percentages of paid and unpaid overtime in NHS trusts (N=126)

	No response	None (0 hours)	1-3 hours	3-5 hours	5-10 hours	10+ hours	Not applicable
Paid overtime							
Clinical staff	30.95%	3.97%	15.08%	22.22%	9.52%	5.56%	12.70%
Non-clinical staff	30.16%	19.84%	23.02%	6.35%	2.38%	3.17%	15.08%
Unpaid overtime							
Clinical staff	35.71%	3.17%	21.43%	19.84%	7.14%	4.76%	7.94%
Non-clinical staff	34.92%	1.59%	26.19%	18.25%	7.94%	3.97%	7.14%

On average, 6.9% of workdays are lost through employee sickness or absence in the trusts.[66] Similarly, only 87 trusts responded to the share of trade union members among staff in their trust. On average 34.5% of the staff are trade union members, and the share ranges from 0% to 82%.

The HR & EDI Survey asked its respondents to rate "the usual job performance of the employees" in their trusts on a scale of 0 (worst performance) and 10 (top performance). The

[65] It is worth noting when EEA/EU and overseas nationals are added, 1 trust had a total of 131% staff. This is recoded as 100%. There are 2 trusts in the HR & EDI survey (trust-level sample) where all respondents are non-UK nationals, which is likely to be a measurement error. Excluding these two outliers does not change the median, but the mean is reduced by 2 percentage points.

[66] 45 trusts did not respond to this question: 39% are EDI reps, 22% are HR heads and 12% are HR Specialists.

average job performance was 7.5. The scores at the bottom five percentile of the job performance distribution have an average score of 5, which is the midpoint of the performance scale.[67]

Table 21 Summary statistics of performance ratings by job title

	Mean (sd)	Median	Min	Max	N
Head HR	7.5 (0.9)	8	5	9	21
HR Director	7.7 (0.8)	8	7	9	7
HR Assoc. Director	7.5 (1.0)	8	5	9	15
HR Manager	7.4 (0.3)	7	5	9	17
HR Specialist	8.1 (0.7)	8	7	9	10
HR Adviser	7.5 (2.1)	7.5	6	9	2
HR Business Partner	8 (0)	8	8	9	2
EDI related	7.3 (1.2)	7	4	9	35
Other	7.5 (0.9)	7.5	6	9	8
Total	7.5 (1.0)	8	4	9	117

The performance ratings might depend on the position of respondents in the organisation. While an HR director may be involved in workforce evaluation, and HR adviser may have less information about the overall performance. **Table 21** presents the average and median scores by job ranks in the sample. The difference between the average performance rating of HR Specialists and EDI related representatives are significantly different at 5%. HR Specialists have given significantly higher job performance scores than HR Managers.

One of the measures the HR & EDI Survey uses to assess trust's productivity is the reference cost. The survey asked the HR and EDI representatives about what they think their unit costs, efficiency in using their labour force, and quality of patient-care are relative to other trusts. Slightly less than half of the trusts said that their quality of patient-care/service is higher than other trusts (somewhat and substantially higher). Almost two-thirds of the trusts said that their unit costs are about the same as other trusts and one in eight trusts, considered the efficiency of using its labour force to be lower than other trusts.

Job Characteristics

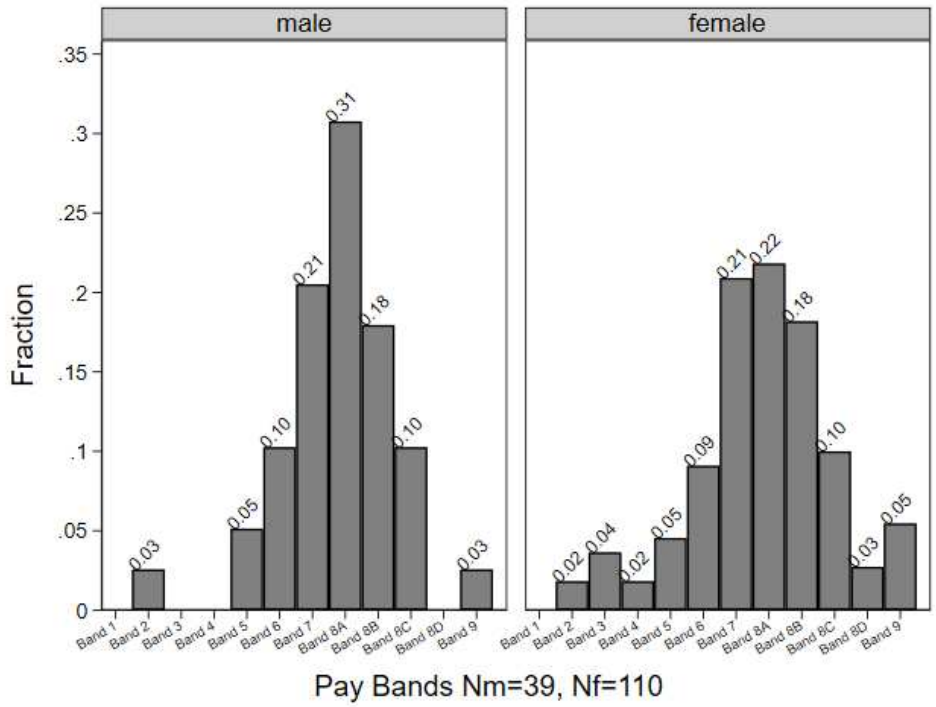
Job characteristics contain individual-level information, so we revert to the original sample with 163 respondents from 126 trusts.

151 respondents (92%) have permanent positions in their trust, with 18.5% on a part-time contract. Only 6% of the respondents have a fixed-term contract and they mostly work on EDI related jobs (7 in 10 are EDI related positions and 9 in 10 are female).

[67] 9 respondents did not answer this question.

A quarter of respondents are working in positions at Band 8A, 20% in Band 7 and 17.5% in Band 8B. This is not surprising as managerial staff working in administrative and non-clinical

Figure 20 Distribution of pay bands by gender



roles often employed at Band 7 and above. Nevertheless, given that the HR & EDI Survey respondents have different roles and positions in their trust, there is some variation in pay bands and the variation is slightly more for women than men as shown in **Figure 20**.

The response rate for the pay band question is high as 94.5% of the respondents selected a pay band. However, the response rate to the free-entry gross yearly salary question is lower at 60%. There is no clear pattern between the pay band and missing the salary question. As shown in **Figure 21**, the majority of respondents in the lowest (Band 2) and the highest pay band (Band 9) did not enter their gross monthly salary.

Almost half of the respondents have been working in the same position for up to 5 years, and only 10% of the respondents have a job tenure of at least 11 years. The most experienced group is the HR Specialists (n=13), with almost a quarter being in their current position for at least 15 years. On the other hand, the Heads of Departments have recently started their position with all of them having a job tenure of less than a year at the time of data collection.

80% of the respondents are satisfied with their jobs, whereas only one in 8 respondents are dissatisfied (2 missing values). Conditional on gender and age, 'other' job titles have half-point lower job satisfaction than the highest-ranking position, Heads of Departments.

The HR & EDI Survey also asked questions to evaluate how respondents felt about their job in the past year. More than half of the respondents said that their job often made them feel stimulated and motivated. Negative emotions such as being depressed, worried and pressured were less frequent with around 40% experienced 'sometimes'.

Figure 21 Missing salary information by pay bands

Conclusion

This technical report explains the survey designs and dissemination of two online surveys, the HR & EDI Survey and the EES, undertaken as a part of ESRC funded research project on "LGBT+ employee networks in the NHS". The report provides summary statistics and discusses some potential biases that may be present in the samples. The representativeness of the EES, which is the larger, employee level dataset, is evaluated by comparing it with reference datasets: the 2018 NHS Staff Survey and the National LGBT Survey. Several subsamples from the EES are also compared with other samples used in the related literature.

The EES collects background, job and workplace information from employees working in NHS trusts in England. The dataset includes 4,237 observations from 212 NHS trusts located in England. Our survey's response rate is 92.5% at the trust level, however, given the large potential sample frame, the response rate is 0.35% at the employee level. This rate is lower than other surveys in the literature, and it is likely to be explained by the dissemination methods to populate our survey within the NHS. On the other hand, the organisational-level HR & EDI Survey contains 163 responses from 126 trusts. The survey required only one response from each trust to understand its organisational culture, work environment and staff networks from a managerial (HR) perspective. The response rate of the HR Survey at trust level is 55.5%, which is lower than the EES but compared to other online surveys, it is a reasonable response rate.

A sampling bias could have been circumvented if all trusts had circulated the EES to their workforce. However, with no control over how the survey was disseminated within and across trusts, the EES sample may contain sampling bias. For example, if our contacts' decisions to publicise our survey are not random and depend on the interest of the trust on EDI issues, the EES might have received more responses from trusts with an interest in EDI matters. The sample, therefore, may not be representative of all trusts or employee experiences.

The EES sample's demographic profile (age, gender, ethnicity) is similar to that of the 2018 NHS SS, which is a representative sample of NHS employees. This is reassuring for our survey's representativeness. The EES sample appears to over-represent general management and 'other' occupations, whereas it under-represents some of the medical and ambulance staff. In terms of LGBT+ subsamples, the EES sample has a higher proportion of sexual minority employees compared to the 2018 NHS SS. In the EES LGB subsample, almost one-fifth of the sexual minority respondents do not share their sexuality at work. Thus, observing a higher proportion of LGBT+ employees in the EES sample (than the 2018 NHS SS) may be interpreted as a better representation of the sexual and gender minority employees, who may not share their identities in a survey administered by their employees. We believe that the true estimate would be between the higher EES LGBT+ proportion of 12% and the national estimate of 2%. Comparing the EES LGBT+ subsample with the 'in-work' subsample of the National LGBT

Survey, we observe similar patterns of openness in the workplace, particularly sharing sexual identity with co-workers and supervisors.

We compared the EES subsamples with datasets broadly used in the literature. The EES sample showed similar patterns in working hours, job tenure and term, and ethnicity with most of the studies, particularly for female subsamples. Sexual minority women are more likely to work full-time, and more likely to be highly educated than heterosexual women. While educational differences between sexual minority and heterosexual individuals are significantly different in other samples, we do not observe such differences between GB and heterosexual men in the EES. This can be partly explained by the composition of the workforces in different industries, i.e. the EES consists of individuals working in the NHS, where employees are more likely to have higher education levels.

We found that the EES sample consists of older individuals, nevertheless, sexual minority individuals are younger than heterosexuals. We observed differences in openness about sexuality in the workplace, which may depend on the workplace or the sector (e.g. Frank (2006). Sexual minorities, both in Frank (2006) and Drydakis (2019a), reported that they experience workplace bullying more often than NHS employees in our EES sample. While the definition of bullying varies across surveys, there appears to be lower 'perceived' bullying in the NHS compared to other sectors. Alternatively, bullying may be internalised within the NHS, hence fewer 'experienced' bullying. An additional factor in differences in patterns between the EES and comparison (sub-)samples is the time of data collection. An example is the differences in the composition of nursing (and midwives) subsamples between the Shields and Ward (2001) sample from 1994 and the EES subsample from 2019.

We note that the empirical literature on staff networks is concentrated on datasets from US companies and examine network participation of most visible minority groups, e.g. ethnic minorities (Friedman and Holtom, 2002; Friedman and Craig, 2004). The research on LGBT+ networks so far has been qualitative, mostly due to the lack of large datasets including sensitive information such as sexuality. In this respect, the EES is unique a dataset that contains information not only on sexuality but also on staff networks in NHS trusts in England.

The EES is not representative of the general population. However, it could represent some otherwise invisible and inaccessible groups, e.g. LGBT+, within the NHS better than other surveys do. Similarly, the HR & EDI Survey is the only survey that collects information on equality and diversity matters in NHS trusts in England that can be matched with employee profiles. Thus, the EES and the HR & EDI surveys provide unique datasets to better understand the work environment within NHS trusts in England at individual and trust levels.

References

Aksoy, C. G., Carpenter, C. S., and Frank, J. (2018). 'Sexual orientation and earnings: New evidence from the United Kingdom', International Labor Review, 71 (1): 242–272. https://doi.org/10.1177/0019793916687759

Aksoy, C.G. , Carpenter, C.S., Frank, J. and Huffman M.L. (2019). 'Gay glass ceilings: Sexual orientation and workplace authority in the UK', Journal of Economic Behavior and Organization, 159: 167-180. https://doi.org/10.1016/j.jebo.2019.01.013

Badgett, M. V. L. (1996). 'Employment and sexual orientation: Disclosure and discrimination in the workplace', in A. L. Ellis & E. D. B. Riggle (Eds.), Sexual Identity on the Job: Issues and Services. Harrington Park Press/Haworth Press, pages 29–52.

Bethlehem, J. (2010). 'Selection bias in web surveys', International Statistical Review, 78 (2): 161-188. https://doi.org/10.1111/j.1751-5823.2010.00112.x

Bozani, V., Drydakis, N., Sidiropoulou, K., Harvey, B., and Paraskevopoulou, A. (2019). 'Workplace positive actions, trans people's self-esteem and human resources evaluations', International Journal of Manpower, forthcoming. https://doi.org/10.1108/IJM-03-2019-0153

Bridges, S., and Mann, S. (2019). 'Sexual orientation, legal partnerships and wages in Britain', Work, Employment and Society, 33 (6): 1020–1038. https://doi.org/10.1177/0950017019873265

Buchan, J., Charlesworth, A., Gershlick, B., and Seccombe, I. (2019). A Critical Moment: NHS Staffing Trends, Retention and Attrition. Health Foundation, London.

Carpenter, C. S. (2005). 'Self-reported sexual orientation and earnings: Evidence from California', Industrial and Labor Relations Review, 58: 258–73. https://doi.org/10.1177/001979390505800205

Deepchand K, Drever E, Gilby N, Prestage Y, Purdon S, Tipping S and Wood M (2013). Workplace Employment Relations Study (WERS) 2011/12: Technical Report. London: National Centre for Social Research.

Drydakis, N. (2012). 'Men's sexual orientation and job satisfaction', International Journal of Manpower, 33 (8): 901-917. https://doi.org/10.1108/01437721211280371.

Drydakis, N. (2017a), 'Trans employees, transitioning, and job satisfaction', Journal of Vocational Behavior, 78: 1-16. https://doi.org/10.1016/j.jvb.2016.09.003.

Drydakis, N. (2017b), Trans People, Well-Being, and Labor Market Outcomes. IZA World of Labor Discussion Paper 386.

Drydakis, N. (2019a). 'School-age bullying, workplace bullying and job satisfaction: Experiences of LGB people in Britain', The Manchester School, 87 (4): 455-488. https://doi.org/10.1111/manc.12257.

Drydakis, N. (2019b). Trans People, Transitioning, Mental Health, Life and Job Satisfaction. Trans People, Transitioning, Mental Health, Life and Job Satisfaction. IZA Discussion Paper 12695.

Eliason, M. J., Dibble S.L., and Robertson P. A. (2011). 'Lesbian, gay, bisexual, and transgender (LGBT) physicians' experiences in the workplace', Journal of Homosexuality, 58 (10):1355-1371. doi: 10.1080/00918369.2011.614902.

Elliott, M. R., and Valliant, R. (2017). 'Inference for nonprobability samples' Statistical Science, 32 (2): 249-264.

Frank, J. (2006). 'Gay glass ceilings', Economica, 73: 485-508. https://doi.org/10.1111/j.1468-0335.2006.00516.x.

Friedman, R.A. and Holtom, B. (2002). 'The effects of network groups on minority employee turnover intentions', Journal of Human Resource Management, 41: 405-421. https://doi.org/10.1002/hrm.10051.

Friedman, R.A. and Craig, K.M. (2004). 'Predicting joining and participating in minority employee network groups', Industrial Relations: A Journal of Economy and Society, 43: 793-816. DOI:10.1111/j.0019-8676.2004.00362.x

Government Equalities Office GEO. (2018). National LGBT Survey Research Report, GEO-RR001 (ISBN: 978-1-78655-661-5), Manchester.

House of Commons Women and Equalities Committee, WEC. (2016). Transgender Equality: First Report of Session 2015-6. HC 390. Published on 14 January 2016 by the authority of the House of Commons and retrieved from https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf on 18/12/2019.

Hudson-Sharp, N. and Metcalf, H. (2016). 'Inequality Among Lesbian, Gay Bisexual and Transgender Groups in the UK: A Review of Evidence. GEO, Government Equalities Office, Report, July 2016.

Huffman, A. H., Watrous-Rodriguez, K. M., and King, E. B. (2008). 'Supporting a diverse workforce: What type of support is most meaningful for lesbian and gay employees?' Human Resource Management, 47 (2): 237-253. https://doi.org/10.1002/hrm.20210

McFadden, D. and Winter, J. (2001). 'Experimental analysis of survey response bias over the internet: Some results from the Retirement Perspectives Survey. Mimeo, University of California Berkeley. October. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.194.4676&rep=rep1&type=pdf

McNeil, J., Bailey, L., Ellis, S., Morton, J. and Regan, M. (2012). Trans Mental Health and Emotional Wellbeing Study 2012. Scottish Transgender Alliance Report, Edinburgh.

NHS Digital. (2018) Electronic Trust Record (etr), Electronic Dataset, NHS Digital. Retrieved from https://digital.nhs.uk/services/organisation-data-service/data-downloads/other-nhs-organisations September 2018.

NHS Staff Survey Coordination Centre. (2018a). NHS Staff Survey. Basic Guide for 2018 Results. Retrieved from http://www.nhsstaffsurveyresults.com/wp-content/uploads/2019/02/ST18_NHS-Staff-Survey-Basic-guide-for-2018-results_FINAL_20190220.pdf September 2018.

NHS Staff Survey Coordination Centre. (2018b). Technical Guide to the 2018 Staff Survey Data. Retrieved from http://www.nhsstaffsurveyresults.com/wp-content/uploads/2019/02/ST18_Technical-document_FINAL_20190220.pdf September 2018.

Nulty, Duncan D. (2008). 'The adequacy of response rates to online and paper surveys: What can be done?' Assessment and Evaluation in Higher Education, 33 (3): 301-314. https://doi.org/10.1080/02602930701293231

Ozturk, M.B. and Tatli, A. (2016). 'Gender identity inclusion in the workplace: Broadening diversity management research and practice through the case of transgender employees in the UK', The International Journal of Human Resource Management, 27 (8):781-802. https://doi.org/10.1080/09585192.2015.1042902

Pudney, S., and Shields, M. (2000). 'Gender, race, pay and promotion in the British nursing profession: Estimation of a generalized ordered probit model', Journal of Applied Econometrics, 15 (4): 367-399. https://doi.org/10.1002/1099-1255(200007/08)15:4<367::AID-JAE563>3.0.CO;2-Z

Schonlau, M., and Couper, M. P. (2017). 'Options for conducting web surveys', Statistical Science, 32 (2): 279-292. https://doi.org/10.1214/16-STS597

Shields, M.A., and Ward, M. (2001). 'Improving nurse retention in the National Health Service in England: The impact of job satisfaction on intentions to quit'. Journal of Health Economics, 20 (5): 677-701. https://doi.org/10.1016/s0167-6296(01)00092-3

Stonewall (2019). Our Top 100 Employers 2019. Retrieved from https://www.stonewall.org.uk/our-work/campaigns/top-100-employers-2019 January 2019.

Stonewall. (2020). Our Top 100 Employers 2020. Retrieved from https://www.stonewall.org.uk/full-list-top-100-employers-2020 January 2020.

Trau, R. N., Härtel, C. E. and Härtel, G. F. (2013). 'Reaching and hearing the invisible: Organizational research on invisible stigmatized groups via web surveys', British Journal of Management, 24: 532-541. https://doi.org/10.1111/j.1467-8551.2012.00826.x

van Wanrooy, B., Bewley, H., Bryson, A., Forth, J. Freeth, S., Stokes, L. and Wood, S. (2014). The 2011 Workplace Employment Relations Study: First findings, fourth edition. London, UK: Department for Business, Innovation & Skills. July 2014.

Wang, J., Gunderson, M. and Wicks, D. (2018). 'The earnings effect of sexual orientation: British evidence from worker-firm matched data', British Journal of Industrial Relations, 56: 744-769. https://doi.org/10.1111/bjir.12304

Welbourne, T. M., Rolf, S., and Schlachter, S. (2017). 'The case for employee resource groups: A review and social identity theory-based research agenda', Personnel Review, 46 (8): 1816-1834. https://doi.org/10.1108/PR-01-2016-0004

Appendix A: The EES Questionnaire

The EES consists of seven sections: A. Background Information, B. Trust and Occupation, C. Staff Networks, D. Job Characteristics, E. Labour Market Experience (in Health Sector), F. Views about Job, and G. Workplace Characteristics.

In each section, most of the questions appear one at a time on the screen. Some questions are routed, based on respondent's answers to previous question(s), thus not all questions are displayed for all respondents. Routing for questions is indicated with italics.

Question numbers are not displayed in the survey screen, but for traceability purposes we include question-numbers within survey parts in this Appendix. Note the appearance of some questions is altered to improve readability. For instance, choices from the drop-down menus are collapsed to a single line. Similarly, some single column choice lists are presented in columns to use the limited space in a page.

A range of notations are used within the questionnaire presented below. These include the following: ↳ refers to answer options selected in a previous question and carried forward. Multiple choice options listed with □ indicate that respondents can select more than one option, i.e. multiple answers; whereas choice options listed with ○ indicate that respondents can select only one. For multiple answer questions, an option with ⊗ means that the answer option is exclusive, i.e. respondents cannot select any other answer option for the question.

Employee Survey Introduction[68,69]

Welcome!

By completing this survey, you will be part of a major study on NHS workforce, employee engagement and staff networks, carried out by the University of York and funded by the Economic and Social Research Council.

The survey takes around 15 minutes to complete and most of the questions are multiple choice. Your participation is entirely voluntary, and you may skip questions and leave the survey at any time.

We worked in partnership with NHS Employers and an LGBT+ Networks Advisory Board (established for this study) to develop the survey. The results of the study and the final report will be made available on the project's website and circulated via NHS Employers.

Your responses are very important to us and will be kept strictly confidential. Only the named researchers at the University of York will have access to this data. Analysis of the data will be in

[68] The GDPR compliance is satisfied through a Participant Information Sheet, which was hyperlinked to GDPR compliance term in the text. A copy of the compliance document can be found at the end of this Appendix.
[69] The survey introduction was replaced with a shorter version in the last week of March 2019 when the paid dissemination and communication campaign started.

aggregate form only and will not be presented in any way that allows individuals to be identified. The survey has been approved by the University of York Ethics Committee and is fully GDPR compliant.

If you have any questions about the survey or the study, please contact Dr Anna Einarsdóttir (Principal Investigator) anna.einarsdottir@york.ac.uk or University of York Ethics Committee elmps-ethics-group@york.ac.uk.

A. Background Information

1. In which year were you born? (Please select from the drop-down menu below.)

   ▼ 2003 (1) ... 1918 (86)

2. What best describes your gender?

   - ○ Male
   - ○ Female
   - ○ Non-binary
   - ○ Prefer not to say

3. Is your gender identity the same as the sex you were assigned at birth?

   - ○ Yes
   - ○ No
   - ○ Prefer not to say

4. Which of the following best describes how you think of yourself?

   - ○ Heterosexual/straight
   - ○ Gay/Lesbian
   - ○ Bisexual
   - ○ I don't know
   - ○ Other, please specify _____
   - ○ Prefer not to say

If "Gay/Lesbian" or "Bisexual" or "Other" is selected in A.4, display A.5.

5. What best describes how open you are about your sexuality/sexual orientation in your current job?

- ○ I give the impression that I am heterosexual/straight
- ○ I am not open at all
- ○ I only reveal my sexuality/sexual orientation if asked
- ○ I avoid drawing attention to my sexuality/sexual orientation
- ○ I make no secret about my sexuality/sexual orientation
- ○ I am totally open (whenever appropriate, I make explicit reference to my sexuality/sexual orientation)

If another option than the first two in A.5 is selected, then A.6 is displayed.

6. In your current job, who is aware of your sexuality/sexual orientation?

	All	Most	Some	None	Prefer not to say	Not applicable
Managers/supervisors	○	○	○	○	○	○
Coworkers	○	○	○	○	○	○
Patients/service users	○	○	○	○	○	○

7. Which of the following best describes your current relationship status?
   - ○ Single
   - ○ In a relationship with a partner
   - ○ In a relationship with more than one partner
   - ○ Married or civil partnership
   - ○ Divorced/separated
   - ○ Widowed/surviving partner from a civil partnership
   - ○ Prefer not to say

If "In a relationship with a partner", "In a relationship with more than one partner" or "Married or civil partnership" is selected in A.7, then A.8 is displayed.

8. Are you living with your partner(s)?

- ○ Yes
- ○ No
- ○ Prefer not to say

9. What is your ethnic background?

White

- ○ British (English, Welsh, Scottish, Northern Ireland)
- ○ Irish
- ○ Gypsy or Irish Traveler
- ○ Any other white background

Mixed

- ○ White and Black Caribbean
- ○ White and Black African
- ○ White and Asian
- ○ Any other mixed background

Asian

- ○ Indian
- ○ Pakistani
- ○ Bangladesh
- ○ Chinese
- ○ Any other Asian background

Black or Black British

- ○ Caribbean
- ○ African
- ○ Any other Black background

- ○ Arab
- ○ Any other ethnic group
- ○ Prefer not to say

10. What is your country of birth? (Please select from the drop-down menu below.)

▼ United Kingdom (3311) ... Other (3505)

11. What is the highest academic, vocational or professional qualification you have obtained? (If your qualification is outside of England, please select the closest category.)

- ○ No qualifications
- ○ O level / GCSE grades D-G / SCE Standard / Ordinary below grade 3, CSE grades 2-5, NVQ / SVQ / GSVQ level 1 / GNVQ foundation, BTEC / SCOTVEC first / General Certificate, City and Guilds part 1 / RSA Stage I-III, SCOTVEC modules / Junior certificate
- ○ GCSE grades A-C / O level / SCE Standard / Ordinary grades 1-3, CSE grade 1, NVQ / SVQ / GSVQ level 2 / GNVQ intermediate, BTEC / SCOTVEC first / General diploma, City and Guilds Craft / Ordinary level / Part II / RSA Diploma
- ○ Trade apprenticeships
- ○ A/AS levels / SCE Higher / Scottish Certificate 6th Year Studies, NVQ / SVQ / GSVQ level 3 / GNVQ Advanced, ONC / OND / BTEC National, City and Guilds Advanced Craft / Final level / Part III / RSA, Advanced Diploma
- ○ Diplomas in higher education or other HE qualifications, HNC / HND / BTEC Higher, Teaching qualifications for schools or further education (below degree level), Nursing or other medical qualifications (below degree level), RSA Higher Diploma
- ○ Degree (undergraduate) (including B. Ed.), Postgraduate diplomas or Certificates (inc. PGCE), Professional qualifications at degree level (e.g. chartered accountant / surveyor), NVQ / SVQ Level 4 or 5
- ○ Higher degree or postgraduate qualifications

12. Do you have a long-standing illness, health problem or disability? (By long-standing, we mean that it has lasted for at least 12 months.)
    - ○ Yes
    - ○ No
    - ○ Prefer not to say

13. Do you look after or give support to any family members or friends who have a long-term physical or mental illness or disability, or who have problems related to old-age?
    - ○ No
    - ○ Yes, 0-4 hours a week
    - ○ Yes, 5-9 hours a week
    - ○ Yes, 10-19 hours a week
    - ○ Yes, 20-34 hours a week
    - ○ Yes, 35 or more hours a week

14. Do you have any dependent children (aged 0-18 years)?
    - ○ Yes
    - ○ No

If "Yes" is selected in A.14, then A.15 is displayed.

15. How many dependent children do you have in the following age groups?

	Number of children
Below 2 years	
2 years up to 5 years	
5 years up to 12 years	
12 years up to 18 years	

16. All in all, how satisfied are you with your life these days?

- ○ Extremely satisfied
- ○ Somewhat satisfied
- ○ Neither satisfied nor dissatisfied
- ○ Somewhat dissatisfied
- ○ Extremely dissatisfied

B. Trust and Occupation

1. What is the name of the Trust you currently work for?
   (If you work in more than one Trust, please choose the Trust where your main job is.)

   ▼ 2GETHER NHS FOUNDATION TRUST (1) ... OTHER (227)

If "OTHER" selected in B.1, then B.2 displayed.

2. Please specify the name of your Trust.

   _____

3. Are you currently registered as a health professional?

   - ○ Yes
   - ○ No

4. What is your occupational group?

   - ○ Allied Health Professional, Healthcare Scientist, Scientific and Technical
     (Occupational Therapy, Physiotherapy, Radiography, Pharmacy, Clinical Psychology, Arts Therapy, Other qualified Allied Health Professionals, Support to Allied Health Professionals,

Other qualified Scientific and Technical or Healthcare Scientists, Support to healthcare scientists)

- ○ Medical and Dental (Medical/ Dental Consultant, Medical/ Dental in Training, Medical/ Dental - Other)
- ○ Ambulance (operational) (Emergency Care Practitioner, Paramedic, Emergency Care Assistant, Ambulance Technician, Ambulance Control Staff, Patient Transport Service)
- ○ Public Health / Health Improvement
- ○ Commissioning manager / support staff
- ○ Registered Nurse and Midwives (Adult/ General, Mental Health, Learning disabilities, Children, Midwives, Health Visitors, District/ Community, Other registered nurses)
- ○ Nursing auxiliary, Nursing assistant, Healthcare Assistants (inc. Health/ Clinical/ Nursing Support Workers)
- ○ Social Care (Approved social workers/ Social workers/ Residential social workers, Social care managers, Social care support staff)
- ○ Wider Healthcare Team (Admin & Clerical inc. Medical Secretary, Central Functions/ Corporate Services, Maintenance/ Ancillary)
- ○ General Management (If you are a manager and can choose a group from elsewhere in the list above, please select that occupational group.)
- ○ Other occupational group

Depending on the response selected in B.4, one of the questions from B.5-B.10 is displayed.

If "Allied Health Professional, Healthcare Scientist, Scientific and Technical" is selected in B.4, then B.5 is displayed.

5. Which of the following describes your occupation?
    - ○ Occupational therapy
    - ○ Physiotherapy
    - ○ Radiography
    - ○ Pharmacy
    - ○ Clinical Psychology
    - ○ Psychotherapy
    - ○ Arts therapy (e.g. art, music, drama therapy)
    - ○ Other qualified Allied Health Professionals (e.g. dietetics, speech and language therapy, complementary therapy)
    - ○ Support to Allied Health Professionals (e.g. support worker, therapy helper, therapy assistant or student)

- ○ Other qualified Scientific and Technical or Healthcare Scientist (e.g. hematology, clinical biology, microbiology)
- ○ Support to Healthcare Scientists (e.g. technicians, assistants or students)

If "Medical and Dental" is selected in B.4, then B.6 is displayed.

6. Which of the following describes your occupation?
   - ○ Medical / Dental - Consultant
   - ○ Medical / Dental - In Training (e.g. Foundation Y1 & Y2, StRs (inc. FTSTAs & LATs), SHOs, SpRs/SpTs/GPRs)
   - ○ Medical / Dental - Other (e.g. Staff and Associate Specialists/Non-consultant career grade)

If "Ambulance (operational)" is selected in B.4, then B.7 is displayed.

7. Which of the following describes your occupation?
   - ○ Emergence Care Practitioner
   - ○ Paramedic
   - ○ Emergency Care Assistant
   - ○ Ambulance Technician
   - ○ Ambulance Control Staff (e.g. call handler, dispatchers, PTS controllers)
   - ○ Patient Transport Service (e.g. ambulance drivers, support staff)

If "Registered Nurse and Midwives" is selected in B.4, then B.8 is displayed

8. Which of the following describes your occupation?
   - ○ Adult/General
   - ○ Mental health
   - ○ Learning disabilities
   - ○ Children
   - ○ Midwives
   - ○ Health Visitors
   - ○ District/Community
   - ○ Other Registered Nurses

If "Social Care" is selected in B.4, then B.9 is displayed.

9. Which of the following describes your occupation?

    - ○ Approved social workers/ Social workers / Residential social workers
    - ○ Social care managers
    - ○ Social care support staff

If "Wider Healthcare Team" is selected in B.4, then B.10 is displayed.

10. Which of the following describes your occupation?

    - ○ Admin & Clerical (inc Medical Secretary)
    - ○ Central Functions / Corporate Services (e.g. HR Finance, Information Systems, Information Technology)
    - ○ Maintenance / Ancillary (e.g. housekeeping, domestic staff, maintenance, facilities, estates)

C. Staff Networks

1. Are there any staff networks in your Trust?

    - ○ Yes
    - ○ No
    - ○ I don't know

If "No" is selected in C.1, skip to D.1 (Job Characteristics Section).

If "I don't know" is selected in C.1, skip to D.1 (Job Characteristics Section).

If "Yes" is selected in C.1, then display C.2.

2. How did you hear about the staff networks? (Please select all that apply.)

    - ☐ From friends working in the NHS
    - ☐ From friends outside of the NHS
    - ☐ Co-workers
    - ☐ Mentor
    - ☐ Staff Bulletin
    - ☐ Posters and/or events

3. Are you involved in any staff networks in your Trust?

    - ○ Yes, I am involved
    - ○ No, but I have been involved in the past
    - ○ No, I have never been involved

If "No, I have never been involved" in C.3 is selected and ("Gay/Lesbian", "Bisexual" or "I don't know") is selected in A.4 or if "No, I have never been involved" in C3 and "No" is selected in A.3, then display C.4.

4. Which of the following reasons describe why you have never been involved with the staff network(s)? (Please select all that apply.)

    - ☐ I am not interested in what the network is doing
    - ☐ I don't think networks can provide support for negative work experiences
    - ☐ I don't want to draw attention to my identity
    - ☐ Networks don't help with career progression
    - ☐ I can't get released from my job
    - ☐ I don't like what the network is doing
    - ☐ I have been put off by the people who are involved in the network
    - ☐ I do not think networks should exist
    - ☐ I do not see the point of such network as it will not change things for LGBT+ people at this Trust

If C.4 is displayed, skip to D.1.

If "No, but I have been involved in the past" is selected in C.3, then display C.5.

5. Which of the following networks are you no longer involved in? (Please select all that apply.)

    - ☐ Black, Asian and Minority Ethnic (BAME) network
    - ☐ Lesbian, Gay, Bisexual and Trans+ (LGBT+) network
    - ☐ Disability and long-term health network
    - ☐ Women's network
    - ☐ Carers' network
    - ☐ Mental Health networks

- ☐ Faith group network
- ☐ Other

6. Why did you decide to leave the network? (Please select all that apply.)
   - ☐ I didn't meet with people who share similar identities
   - ☐ I didn't get on with people in my network
   - ☐ There weren't enough opportunities to socialise
   - ☐ I didn't get support to deal with negative work experiences
   - ☐ It hindered my career progression
   - ☐ I didn't find a mentor
   - ☐ The network did not do anything worthwhile
   - ☐ The network did not have a strategic impact on policy
   - ☐ The network did not increase my awareness about related matters
   - ☐ There were too few members
   - ☐ I struggled to attend meetings
   - ☐ I didn't feel welcome
   - ☐ I didn't agree with how the network was run
   - ☐ It drew too much attention to my identity

If C.6 is displayed, skip to D.1.

If "Yes, I am involved" is selected in C.3, then display C.7.

7. Which of the following networks are you involved in at your Trust? (Please select all that apply.)
   - ☐ Black, Asian and Minority Ethnic (BAME) network
   - ☐ Lesbian, Gay, Bisexual and Trans+ (LGBT+) network
   - ☐ Disability and long-term health network
   - ☐ Women's network
   - ☐ Carers' network
   - ☐ Mental Health networks

- ☐ Faith group network
- ☐ Other

If no option is selected in C.7, then skip to D.1.

If more than 1 option is selected in C.7, then display C.8.

Only the selected choice options in C.7 are displayed in C.8.

8. Which of the following staff network is more/most important to you?
    - ☐ ↳ Black, Asian and Minority Ethnic (BAME) network
    - ☐ ↳ Lesbian, Gay, Bisexual and Trans+ (LGBT+) network
    - ☐ ↳ Disability and long-term health network
    - ☐ ↳ Women's network
    - ☐ ↳ Carers' network
    - ☐ ↳ Mental Health networks
    - ☐ ↳ Faith group network
    - ☐ ↳ Other

If at least one option is selected in C.7, then display C.9.

9. Why did you join this staff network? (Please select all that apply.)

   - ☐ To meet people who share similar identities
   - ☐ To socialise
   - ☐ To seek support to deal with negative work experiences
   - ☐ To help my career progression
   - ☐ To find a mentor
   - ☐ To do something worthwhile
   - ☐ To boost my confidence
   - ☐ Wanted to have a strategic impact on policy *(Display choice option if "LGBT+ network" in C.7 is not selected*
   - ☐ Wanted to have a strategic impact on policy related to LGBT+ staff/patients/ service-users in my Trust *(Display choice option if "LGBT+ network" in C.7 is selected)*
   - ☐ Wanted to be more aware of related matters *(Display choice option if "LGBT+ network" in C.7 is not selected)*
   - ☐ Wanted to be more aware of LGBT+ matters *(Display choice option if "LGBT+ network" in C.7 is selected)*
   - ☐ Other reason(s)

Questions from C.10 to C.26 are displayed only to respondents who are involved in a staff network, and selected at least one staff network in C.7.

✹ Detailed Staff Network Questions

10. To what extent, do you agree or disagree with the following statements about staff networks?
    "**Staff networks ..."**

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
are taken seriously by management	○	○	○	○	○
are taken seriously by the HR	○	○	○	○	○
make a difference to what it is like to work here	○	○	○	○	○
are an integral part of diversity and inclusion in our Trust	○	○	○	○	○
create a positive atmosphere in our Trust	○	○	○	○	○

11. To what extent, do you agree or disagree with the following statements about staff networks?

"**Staff networks ...**"

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
reduce intentions to leave job	○	○	○	○	○
enable individuals to voice their dissatisfaction	○	○	○	○	○
contribute to management decision-making	○	○	○	○	○
take notice of their members' problems and complaints	○	○	○	○	○
make matters better for staff with protected characteristics	○	○	○	○	○
share mutual interest with management	○	○	○	○	○

If "LGBT+ network" is the only option selected in C.7 OR if more than one option is selected in C.7 and "LGBT+ network" is selected in C.8., then display C.12.

12. To what extent, do you agree or disagree with the following statements about staff networks?

"**Staff networks ...**"

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
offer advice on matters concerning LGBT+ staff and/or patients in the Trust	○	○	○	○	○
are consulted on policy and practice on LGBT+ matters	○	○	○	○	○
increase visibility of LGBT+ people	○	○	○	○	○

13. How long have you been involved in your network?

- ○ Up to 6 months
- ○ 6 months to up to 1 year
- ○ 1 to up to 2 years
- ○ 2 to up to 3 years
- ○ 3 to up to 5 years
- ○ 5 years and more

14. Do you have a formal role in your network? (If you hold more than one role, please choose the role most important to you.)

- ○ No, I am a member only
- ○ No, I am a straight ally (*Display only if "LGBT+ network" is the only option selected in C.7 OR "LGBT+ network" is selected in C.8)*
- ○ Yes, I chair/co-chair the network
- ○ Yes, I am responsible for communications/social media
- ○ Yes, I am Equality and Diversity representative in our Trust
- ○ Yes, I lead on organising events (e.g. Pride, Black History Month, International Women's Day)
- ○ Yes, social secretary
- ○ Yes, other role

If "Yes, I chair/co-chair the network" is selected, then display C.15.

15. In your role as a chair/co-chair, what organisational support do you get to carry out your role? (Please select all that apply.)

- ☐ Leadership training
- ☐ Mentoring
- ☐ Allocated budget for network activities
- ☐ Set number of hours to do the role during my normal working hours
- ☐ All network related work is completed on top of my normal job
- ☐ No formal time allocation arrangements

16. How competitive are other staff networks with your network?

Not at all competitive				Very competitive
1	2	3	4	5
○	○	○	○	○

17. How large do you think your network is?

Approximate number of core members ☐

Approximate total number of members ☐

If "LGBT+ network is selected in C.7 and/or C.8, then display C.18.

18. Does the network include straight allies? (Straight allies are heterosexual/straight people who believe that LGBT+ people should experience full equality in the workplace.)

- ○ Yes
- ○ No
- ○ I don't know

If "LGBT+ network is selected in C.7 and/or C.8, then display C.19.

19. To what extent, do you agree or disagree with the following statements about straight allies?

"Straight allies ... "

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
are genuinely interested in LGBT+ related matters	○	○	○	○	○
challenge bi/homo/transphobia whenever possible	○	○	○	○	○
show their support (e.g. wearing rainbow lanyard or using a rainbow mug)	○	○	○	○	○
have more impact on LGBT+ matters than LGBT+ network members	○	○	○	○	○
LGBT+ networks should be open to them	○	○	○	○	○
advocate LGBT+ matters within the Trust	○	○	○	○	○
are aware of issues faced by LGBT+ people in the Trust	○	○	○	○	○
cause tension within the network *(Display if "heterosexual /straight" is not selected in A.4)*	○	○	○	○	○

20. How do you engage with your network? (Please select all that apply.)

- ☐ Attend meetings face-to-face or virtually
- ☐ Receive emails
- ☐ Contribute to online conversations
- ☐ Take part in activities organised by the network
- ☐ Help organise events/training/activities
- ☐ Mentor members
- ☐ Other

If "LGBT+ network is selected in C.7 and/or C.8, then display C.21.

21. What activities does the network organise? (Please select all that apply.)

- ☐ Meetings
- ☐ Training
- ☐ Involvement in Pride
- ☐ Social events
- ☐ Mark national and international LGBT+ event (e.g. LGBT History Month Tran Day of Remembrance, Bi-Visibility Day)
- ☐ Producing and handing out "freebies" (e.g. rainbow lanyards, badges, mugs)
- ☐ Run LGBT+ tailored awareness campaigns within the Trust
- ☐ Work with E&D, HR and/or senior management to improve policies for LGBT+ staff and/or patients
- ☐ Analyse NHS staff survey results on LGBT+ employees for my Trust
- ☐ Run outreach programs to improve diversity of network members
- ☐ Take part in Stonewall Equality Index
- ☐ All of the above
- ☐ ⊗None of the above

22. How satisfied are you with your network?

- ○ Extremely satisfied
- ○ Somewhat satisfied
- ○ Neither satisfied nor dissatisfied
- ○ Somewhat dissatisfied
- ○ Extremely dissatisfied

23. How many network activities (e.g. meetings, training, socials, special events) have you attended in the last 12 months?

- ○ Zero
- ○ 1-2
- ○ 3-5
- ○ 5-10
- ○ More than 10 hours

24. On average how many hours a month do you spend on network activities?

- ○ Zero
- ○ Less than an hour
- ○ 1 - 2 hours
- ○ 3 - 5 hours
- ○ More than 5 hours

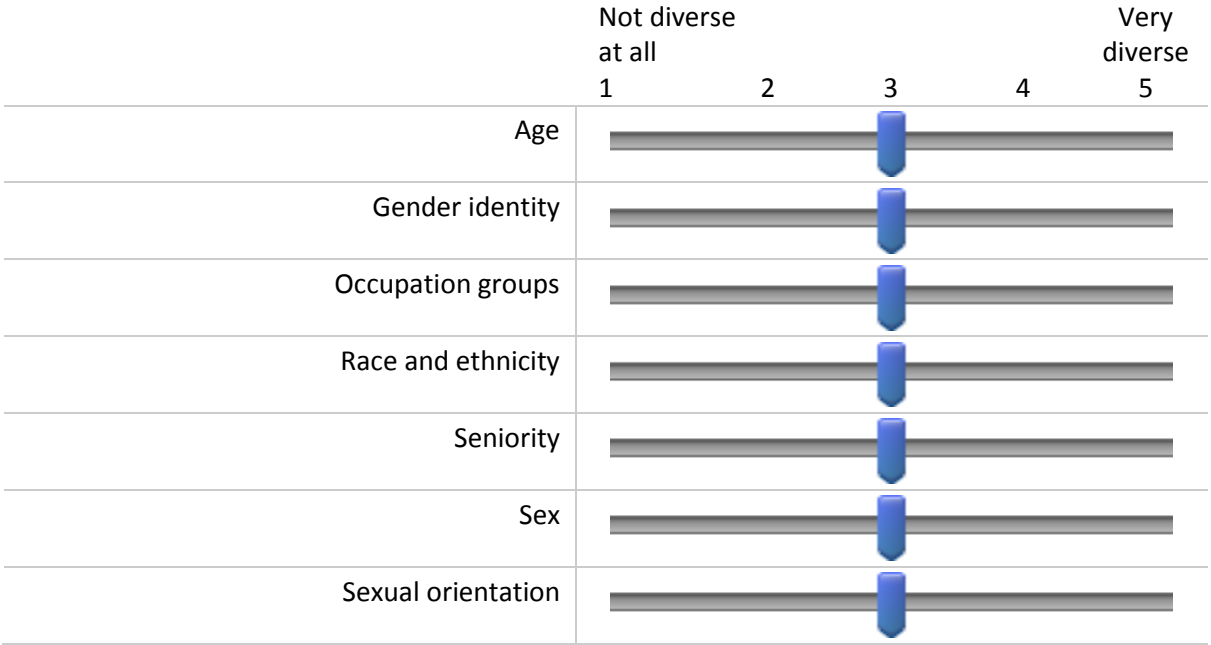
If "LGBT+ network is selected in C.7 and/or C.8, then display C.21.

25. To what extent are networks activities driven/led by ...

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
the Stonewall Index	○	○	○	○	○
national and international LGBT+ events (e.g. LGBT History Month, Trans Day of Remembrance, Bi-visibility day)	○	○	○	○	○
specific issues that affect LGBT+ staff/patients in the Trust	○	○	○	○	○
network members	○	○	○	○	○
Equality and Diversity representatives in the Trust	○	○	○	○	○
senior management/HR	○	○	○	○	○
NHS Equality and Diversity initiatives	○	○	○	○	○
allies	○	○	○	○	○

If "LGBT+ network is selected in C.7 and/or C.8, then display C.21.

26. How diverse do you think your network is in terms of representing people across the following categories?



D. Job Characteristics

1. What is the status of your current main job? (If you are holding more than one position, please indicate the status of your primary employment.)

   - ○ Permanent full-time
   - ○ Permanent part-time
   - ○ Fixed-term full-time
   - ○ Fixed-term part-time
   - ○ Bank-only contract
   - ○ Agency-only contract

2. What are your basic or contractual hours each week, excluding any paid or unpaid overtime? (For example, if you work 37 and half hours, please enter 37.5. If you have more than one contract, please refer to your main job.)

   Contracted hours _____

3. On average, how many hours in total would you prefer to work in a week?

   Preferred working hours _____

4. How many hours do you work *paid* overtime in a typical work week on average? (If you have more than one contract, please refer to your main job.)

   Paid overtime/on-call hours on average (to the nearest hour) _____

5. How many hours do you work *unpaid* overtime in a typical work week on average? (If you have more than one job, please refer to your main job.)

   Unpaid overtime/on-call hours per week on average (to the nearest hour) _____

6. Do you require a work permit to work in the UK?

   - ○ No, I am a British citizen
   - ○ No, I am an EU/EEA citizen
   - ○ No, I have a permanent leave-to-remain and work permit in the UK
   - ○ Yes, I require a work permit to work in the UK

7. Do you do Bank and/or Agency work?

   - ☐ Bank
   - ☐ Agency
   - ☐ ⊗ I do neither

If "I do neither" is selected in D.7, then skip to D.9.

If "Bank" and/or "Agency" is selected in D.7, then display D.8.

Only the selected choice options in D.7 are displayed in D.8.

8. On average, how many hours do you work in a typical week for ...? (For example, if you do 5 and half hours of paid overtime, please enter 5.5.)

   ↳ Bank (Please indicate the number of hours) _____

   ↳ Agency (Please indicate the number of hours) _____

9. In the last 12 months, have you taken any sickness absence from work?

   ○ Yes

   ○ No

If "yes" is selected in D.9, then display D.10.

10. In the last 12 months, how many days have you taken sickness absence?

    _____

11. In the last 12 months, have you made use of any of the following arrangements?

	Yes	No	Not available
Flexi-time	○	○	○
Job-sharing	○	○	○
Reduced working hours (e.g. from full-time to part-time)	○	○	○
Working the same number of hours per week (month) across fewer days (weeks)	○	○	○
Paid leave to care for dependents in an emergency	○	○	○
Parental leave	○	○	○

12. What is your pay band?

- ○ Band 1 (1)
- ○ Band 2 (2)
- ○ Band 3 (3)
- ○ Band 4 (4)
- ○ Band 5 (5)
- ○ Band 6 (6)
- ○ Band 7 (7)
- ○ Band 8A (8)
- ○ Band 8B (9)
- ○ Band 8C (10)
- ○ Band 8D (11)
- ○ Band 9 (12)
- ○ Senior Management Salary (13)
- ○ Other (14)

If "Permanent full-time" or "Permanent part-time" or "Fixed-term full-time" or "Fixed-term part-time" is selected in D.1, OR left blank, display D.13.

13. How much are you paid monthly (before tax and other deductions are taken out) including all bonuses and loadings? (Please enter your response in numbers, e.g. £535 as 535, or £1,500 as 1500)

_____

If "Agency" is selected in D.7, then display D.14.

14. How much are you paid monthly from your **Agency** work (before and other deductions are taken out) including all bonuses and loadings? (Please enter your response in numbers, e.g. £535 as 535, or £1,500 as 1500)

_____

If "Bank" is selected in D.7, then display D.15.

15. How much are you paid monthly from your **Bank** work (before and other deductions are taken out) including all bonuses and loadings? (Please enter your response in numbers, e.g. £535 as 535, or £1,500 as 1500)

_____

E. Experience

1. In what year did you first enter paid employment in the health sector in the UK *or* abroad? (Please select from the drop-down menu below.)

   ▼ 2019 (1) ... 1918 (102)

2. In what year did you first enter paid employment with the NHS? (Please select from the drop-down menu below.)

   ▼ 2019 (1) ... 1918 (102)

3. Have you ever had any career breaks from the health sector (including maternity/paternity leave)?

   ○ Yes, I have had one or more career breaks

   ○ No, I have never had any career breaks

If "Yes, I have had one or more career breaks" is selected in E.2, then display E.4.

4. For how long have you been on career breaks in total?

   Total months _____

5. For how many years have you been working at your current position at this Trust? (For example, if you are working at your current position for 6 months, please enter 0.5, or if you are working for 7 and a half years, please enter 7.5.)

   (If your Trust has merged with another or changed its name, please include in your answer all the time you have worked with this Trust and its predecessors. If you are holding multiple posts, please refer to your main post.)

   _____

6. How many times have you applied for promotion in the last 5 years?

   ○ Never

   ○ Once

   ○ Twice

   ○ Three or more times

7. How many times have you been promoted in the last 5 years?

   - ○ Never
   - ○ Once
   - ○ Twice
   - ○ Three or more times

8. Are you a member of a trade union?

   - ○ Yes
   - ○ No

9. How much work-related training have you received in the last 12 months?

   Days _____
   Hours _____

10. Do you have an effective mentor or coach you can turn to for work-related advice?

    - ○ Yes (1)
    - ○ No (2)

F. Views About Job

1. Overall, how satisfied are you with your job these days?

   - ○ Extremely satisfied
   - ○ Somewhat satisfied
   - ○ Neither satisfied nor dissatisfied
   - ○ Somewhat dissatisfied
   - ○ Extremely dissatisfied

2. Thinking of your job in the past 12 months, how often has it made you feel ...?

	Never	Rarely	Sometimes	Often	Always
Pressured	○	○	○	○	○
Overwhelmed	○	○	○	○	○
Motivated	○	○	○	○	○
In control	○	○	○	○	○

3. To what extent do you agree or disagree with the following statements about your job?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I feel my job is secure in this Trust	○	○	○	○	○
I am not able to take sufficient breaks in my job	○	○	○	○	○
I have adequate materials, supplies and equipment to do my work	○	○	○	○	○
I have enough co-workers to do my job properly	○	○	○	○	○
I am satisfied with the quality of care I give to patients/service-users	○	○	○	○	○

4. How satisfied are you with the following aspects of your job?

	Extremely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Extremely dissatisfied
The sense of achievement you get from your work	○	○	○	○	○
The amount of influence you have over your job	○	○	○	○	○
The training you receive	○	○	○	○	○
The opportunity to develop skills in your job	○	○	○	○	○
The amount of pay you receive	○	○	○	○	○

5. Over the last six months, have you considered leaving your present job?

   ○ Never
   ○ Rarely
   ○ Sometimes
   ○ Quite often
   ○ Very often

If "Never" is not selected in F.5, then display F.6.

6. Are you considering leaving the NHS?

   ○ Yes
   ○ No
   ○ I don't know

G. Workplace Characteristics

1. To what extent do you agree or disagree with the following statements?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
The people I work with are supportive of me	○	○	○	○	○
My supervisor responds to my suggestions	○	○	○	○	○
I maintain a work-life balance	○	○	○	○	○
I have at least one close friend among the people I work with	○	○	○	○	○
I feel like “part of the family” at this organisation	○	○	○	○	○

2. How co-operative do you feel your workplace is? (Please use the scale below to indicate your answer.)

Not at all co-operative				Very co-operative
1	2	3	4	5
○	○	○	○	○

3. *Bullying at work involves repeated negative actions and practices that are directed at one or more workers/employees. The behaviours are unwelcome to the victim and undertaken in circumstances where the victim has difficulty in defending themselves. We do not think of one-off incidents as bullying.*

   Using this definition above, have you been bullied at work over the last 6 months?

   - ○ No
   - ○ Yes, occasionally
   - ○ Yes, monthly
   - ○ Yes, weekly
   - ○ Yes, daily
   - ○ I don't know

4. Have you observed or witnessed bullying of others taking place at your workplace over the last 6 months?

   - ○ No, never
   - ○ Yes, but rarely
   - ○ Yes, now and then
   - ○ Yes, often

5. Have you been subjected to discrimination at work within the last 12 months?

   - ○ Yes
   - ○ No
   - ○ I don't know

If "Yes" is selected in G.5, then display G.6.

6. What did you do in response to the discrimination? (Please select all that apply.)

   - ☐ ⊗I did nothing
   - ☐ I took time off
   - ☐ I talked to my colleagues
   - ☐ I talked to my friends/family
   - ☐ I spoke to my trade union
   - ☐ I reported it to my line-manager/boss
   - ☐ I raised it with my staff network
   - ☐ I raised it with the HR
   - ☐ I submitted a formal complaint
   - ☐ Other
   - ☐ ⊗I don't know

7. Do you think the measures your organisation takes to prevent bullying/ discrimination are effective?

   - ○ Extremely effective
   - ○ Very effective
   - ○ Moderately effective
   - ○ Slightly effective
   - ○ Not effective at all

Participant Information Sheet

Background

The University of York in partnership with NHS Employers would like to invite you to take part in the following research project.

Before agreeing to take part, please read this information sheet carefully and let us know if anything is unclear or you would like further information.

What is the purpose of the study?

The study is designed to create a better understanding of the NHS workforce, employee engagement and staff networks.

Why have I been invited to take part in the survey?

All NHS employees working in Trusts in England have been invited to take part.

Do I have to take part in the survey?

No, participation is optional. If you do decide to take part, you should keep a copy of this information sheet for your records and continue to complete the survey. If you change your mind about your participation after completing the survey, please contact the team to remove your data. You do not need to provide a reason for data removal.

On what basis will you process my data?

Under the General Data Protection Regulation (GDPR), the University has to identify a legal basis for processing personal data and, where appropriate, an additional condition for processing special category data.

In line with our charter which states that we advance learning and knowledge by teaching and research, the University processes personal data for research purposes under Article 6 (1) (e) of the GDPR:

Processing is necessary for the performance of a task carried out in the public interest

Special category data is processed under Article 9 (2) (j):

Processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes

The research will only be undertaken where ethical approval has been obtained, where there is a clear public interest and where appropriate safeguards have been put in place to protect data.

In line with ethical expectations and in order to comply with the common law duty of confidentiality, we will seek your consent to participate where appropriate. This consent will not, however, be our legal basis for processing your data under the GDPR.

How will you use my data?

Data will be processed for the purposes outlined in this notice.

Will you share my data with third parties?

No. Data will be accessible to the project team at The University of York only. On completion of the research, completely anonymised data will be made available for secondary research purposes as required by the research funder. No NHS Trust level identifier will be present on this dataset.

How will you keep my data secure?

The University will put in place appropriate technical and organisational measures to protect your personal data and/or special category data. For the purposes of this project, each NHS Trust will be given a non-identifying numerical code. A separate file containing actual Trust names will be kept in a password protected and encrypted space at the University of York. This file will only be accessible to the named researchers.

Information will be treated as confidential, The University is committed to the principle of data protection by design and default and will collect the minimum amount of data necessary for the project. In addition, we will anonymise all data.

Will you transfer my data internationally?

Qualtrics, the online survey tool, stores all responses on their secure system (https//www.qualtrics.com/privacy-statement/). When the survey is complete, named researchers will download it on to the secure University server. The University's cloud storage solution is provided by Google which means that data can be located at any of Google's globally spread data centres. The University has data protection compliant arrangements in place with this provider. For further information see, https://www.york.ac.uk/it-services/google/policy/privacy/.

Will I be identified in any research outputs?

No. Analysis of the data will be in aggregate form only and will not be presented in any way that allows individuals to be identified.

How long will you keep my data?

Data will be retained in line with legal requirements or where there is a business need. Retention timeframes will be determined in line with the University's Records Retention Schedule.

What rights do I have in relation to my data?

Under the GDPR, you have a general right of access to your data, a right to rectification, erasure, restriction, objection or portability. You also have a right to withdrawal. Please note, not all rights apply where data is processed purely for research purposes. For further information see, https://www.york.ac.uk/records-management/generaldataprotectionregulation/individualsrights/.

Questions or concerns

If you have any questions about this participant information sheet or concerns about how your data is being processed, please contact Dr Anna Einarsdóttir (anna.einarsdottir@york.ac.uk), Principal Investigator, in the first instance. If you are still dissatisfied, please contact the University's Data Protection Officer at dataprotection@york.ac.uk.

Right to complain

If you are unhappy with the way in which the University has handled your personal data, you have a right to complain to the Information Commissioner's Office. For information on reporting a concern to the Information Commissioner's Office, see www.ico.org.uk/concerns.

Appendix B: The EES Dissemination

The EES was first announced on the Latest News page in NHS Employers' webpage. The following brief was shared on the NHS Employers web site for visitors on 24th January 2019.[70]

> A new independent survey targeting NHS staff of all grades has been launched by the University of York. The survey is part of a major study gathering insights into the experiences of staff working in NHS trusts in England. In particular, it aims to address some of the challenges NHS employees may be facing, providing insights on key issues such as pay gaps, the effectiveness of staff networks, discrimination and the voice and inclusion of minority groups.
>
> We are encouraging NHS organisations to promote this survey through internal communications channels and also through staff networks. The survey takes around ten minutes to complete and is accessible from mobile devices, allowing you to complete it on the go.
>
> All responses will be anonymous and the first round of the survey will be closing on 31st March 2019. By participating in the survey you will help the NHS gain a better understanding of the culture and environment within your organisation.
>
> The survey is part of a major study into the NHS workforce, its employee engagement and staff networks carried out by the University of York and funded by the Economic and Social Research Council. It has been developed in partnership with NHS Employers and an LGBT+ Networks Advisory Board. A survey aimed specifically at NHS HR directors took place in the autumn of 2018. The results of the study and final report will be published in April 2020.
>
> Access the survey
>
> If you have any questions about the survey please contact Dr Anna Einarsdóttir anna.einarsdottir@york.ac.uk or University of York Ethics Committee elmps-ethics-group@york.ac.uk.

On 25th of January 2019, the survey featured in NHS Communications Bulletin in its 66th issue under Spread the Word section.[71] The communication brief directed the readers to NHS Employers' website which provided access to the EES through the anonymous survey link. The bulletin was shared with NHS' communication contacts and according to the NHS Employers' Communications Team, the bulletin reached 1,300 individuals.

On 28th January 2019, the EES was promoted to HR Directors and NHS managers, who sum up to 4,500 contacts, via Workforce Bulletin issue 654.[72] The EES featured under Have Your

[70] NHS Employers' announcement for the NHS Employee Engagement Survey can be found via the following link: https://www.nhsemployers.org/news/2019/01/nhs-employee-engagement-survey-launched

[71] The NHS Communications bulletin issue 66 can be accessed online at this link, https://mailchi.mp/b159ecc0f272/nhs-communications-bulletin-issue-66?e=9a0de14193

[72] The Workforce Bulletin Issue 654 can be accessed from the following link, https://mailchi.mp/fc29cfb284b4/nhs-workforce-bulletin-issue-203079?e=9a0de14193

Say section of the bulletin. The readers were directed to NHS Employers' website to access the survey.

By mid-February 2019, the research team at University of York started gathering Twitter accounts of LGBT networks operating within NHS trusts in England to promote the EES via social media. The research team initially sent out general messages to inform the project followers (@lgbt_networks) about the EES and highlighted that the EES is all employees working in an NHS trust located in England are eligible to complete the survey. The research team then focused on a more targeted approach to promote the EES, i.e. by mentioning specific staff network accounts in tweets. We also used customized links in our tweets, which enabled us to identify whether a respondent has come through a specific social media platform.

On 27th February, a month after the survey was launched, the following email with the letter attachment was shared with the regional EDI leads through the Senior Programme Officer at NHS Employers.

> Dear Colleagues
>
> The NHS Employee and Engagement Survey is now live targeting all staff working in NHS trusts located in England.
>
> I am emailing to call on your help to promote and disseminate the survey through your communication channels/networks. Your input and support would be much appreciated by us at York and help generate the response we need to make the survey a success. Please feel free to use the information attached for general circulation.
>
> If you need any further information, advice on dissemination or a message for social media, please do not hesitate to contact me.
>
> Best wishes
> Anna

The letter attached to the email was as follows:

> **Dear Colleagues**
>
> **NHS Employee Engagement Survey Launched**

A new independent survey targeting NHS staff of all grades has been launched by the University of York. The survey is part of a major study gathering insights into the experiences of staff working in NHS trusts in England. It aims to address some of the challenges NHS employees may be facing, providing insights on key issues such as pay gaps, the effectiveness of staff networks, discrimination and the voice and inclusion of minority groups.

The University of York have been working closely with NHS Employers and would like to ask you to firstly complete the survey but also to ask your internal communications colleagues to use diverse communication channels to encourage as many staff as possible to complete. It would also help if you could forward this communication to staff network leads and staff side representatives.

The survey will take 10 minutes to complete and will help the NHS to understand the culture and environment that surrounds your Trust. You can access the survey following this link. The survey is accessible from mobile devices such as smartphones and tablets, allowing you to complete it on the go. The first round of the survey will be closing on **31st March 2019**.

The research is carried out by the University of York and funded by the Economic and Social Research Council. The survey has been developed in partnership with NHS Employers and an LGBT+ Networks Advisory Board. All responses are anonymous and treated with strict confidentiality by the named researchers at the University of York. The results of the study and the final report will be published in April 2020.

Your help would be most appreciated

Sincerely

Dr Anna Einarsdottir
Senior Lecturer in Work, Management and Organisation
The York Management School
University of York

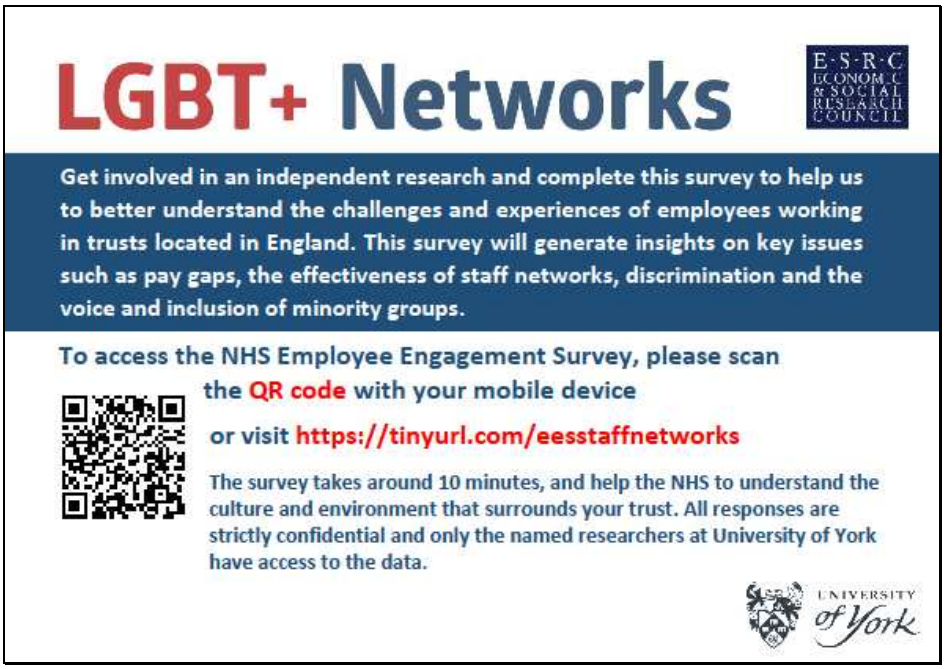
Paul Deemer
Head of Diversity and Inclusion – NHS Employers

The research team has also received correspondences from trusts who were interested in taking part in our project and wanted to learn more about the survey. Upon requests, the research team has provided a copy of the EES questionnaire in pdf.

On 26th February 2019, members of the research team attended an LGBTQ+ Conference in Brighton to promote the EES. The research team distributed leaflets about the EES, which

contained the URL and QR code for easy access to the questionnaire. Following the event, organizers have circulated necessary information about the EES within their trust.

Figure 22 Front page of the leaflet distributed at the LGBTQ+ Conference in Brighton



In the first weeks of March 2019, the research team contacted the NHS Employers to launch a social media campaign to promote the event. The campaign proposal was received on 11th March 2019, and the campaign started on the 21st of March for two weeks.
The campaign included standard communication channels, i.e. the Latest News page on NHS Employers website, communications and workforce bulletins[73], and a paid enhanced communication package with an additional twitter campaign. To facilitate survey completion, the introduction of the survey was shortened as noted in Appendix A. On 16th March 2019, additional links and information were moved to end-message, which appears after completing the EES. The additional links were added to facilitate respondents to share the link further and to create a so-called snowball sample. The responses from the paid Twitter campaign are discussed at the end of this Appendix.

In March 2019, the research team also compiled a list of contacts through expansive web-search for email addresses and by calling the trusts when no contacts were found in public domains (e.g. trusts' websites). On 12th March 2019, the research team sent out the first set of emails to the HR and EDI contacts to promote the EES, followed up with reminders every other week. The e-mails were sent from the institutional email address created for the

[73] Our survey was promoted in the NHS Workforce Bulletin on 25th March 2019, as a part of the dissemination campaing. The link to the newsletter, https://mailchi.mp/4e6b4aecce36/nhs-workforce-bulletin-issue-203879?e=9a0de14193. A separate bulletin was sent to Chief Executives. The survey is the third item in the member update, https://mailchi.mp/df653e714385/member-update-203943?e=0e08951b68

project, project-staff-networks@york.ac.uk. The email circulated was an excerpt from the letter shared with the regional EDI leads, was as follows:

Dear Colleagues

NHS Employee Engagement Survey Launched

A new independent survey targeting NHS staff of all grades has been launched by the University of York. The survey is part of a major study gathering insights into the experiences of staff working in NHS trusts in England. It aims to address some of the challenges NHS employees may be facing, providing insights on key issues such as pay gaps, the effectiveness of staff networks, discrimination and the voice and inclusion of minority groups.

The University of York have been working closely with NHS Employers and would like to ask you to firstly complete the survey but also to ask your internal communications colleagues to use diverse communication channels to encourage as many staff as possible to complete. It would also help if you could forward this communication to staff network leads and staff side representatives.

The survey will take 10 minutes to complete and will help the NHS to understand the culture and environment that surrounds your Trust. You can access the survey following this link. The survey is accessible from mobile devices such as smartphones and tablets, allowing you to complete it on the go. The first round of the survey will be closing on **31st March 2019**.

The research is carried out by the University of York and funded by the Economic and Social Research Council. The survey has been developed in partnership with NHS Employers and an LGBT+ Networks Advisory Board. All responses are anonymous and treated with strict confidentiality by the named researchers at the University of York. The results of the study and the final report will be published in April 2020.

Your help would be most appreciated.

Sincerely,

Dr Anna Einarsdottir
Senior Lecturer in Work, Management and Organisation

The York Management School
University of York

Paul Deemer
Head of Diversity and Inclusion – NHS Employers

On 27th March, we disseminated the survey in our newsletter, which is shared with users of the project's forum.[74] During this period, three trusts informed the research team that they do not want to engage with the survey either due to survey fatigue or clashing interests with similar activities being run by the trusts themselves.

On 3rd April 2019, the research team informed the HR/EDI contacts about the updated closing date of the EES, 12th April 2019, using the same email template as above. The emails were customized for each trusts using Microsoft Outlook add-ons. The messages at the beginning of the emails were different for each trust depending on the number of responses received from each trust until the date the emails were sent:

a. The message shared with trusts with no response rate at the time:

****

Dear Colleagues,

This is a gentle reminder about NHS Employee Engagement Survey that is open to all staff working in a trust located in England. **Your Trust is in the very unusual position of having no responses in our survey. We fear that there must have been a difficulty with the circulation of the survey to your Trust staff. Please, could you try sending our invitation below out again?**
The first wave of the survey is now extended to **12th April 2019**. Thank you very much.
****

b. The message shared with trusts with only one response rate at the time:

****

Dear Colleagues,

This is a gentle reminder about NHS Employee Engagement Survey that is open to all staff working in a trust located in England.
Your Trust is in the very unusual position of having only one response in our survey. We fear that there must have been a difficulty with the circulation of the survey to your Trust staff.

[74] The newsletter can be reached following the link, https://us15.campaign-archive.com/?e=&u=94aa14a1014e471f9b1f4795e&id=fc0b5c2281.

Please, could you try sending our invitation below out again?

The first wave of the survey is now extended to **12th April 2019**. Thank you very much.
****

c. The message shared with other trusts:

****
Dear Colleagues,

This is a gentle reminder about NHS Employee Engagement Survey that is open to all staff working in a trust located in England.
We do not have many responses for your Trust yet and we would very much like to ensure the views of your staff are well represented in our study. Please, could you try sending our invitation below out again?

The first wave of the survey is closing on **12th April 2019**. Thank you very much.
****

On 10th April 2019, the research team sent a final reminder from our account with the following message:

Dear Colleagues

We are writing to thank you and all at <<trust name>> to acknowledge how helpful your organisation has been in supporting us to access people to complete the NHS Employee Engagement Survey. We know you have many many competing demands on your time and that of the Trust employees.

We have achieved a reasonable sample but it is a little short of what we had hoped. We wondered if we could prevail on you for what we promise is one last push just to see if we can improve the response rate a little bit further.

We really are grateful for all the support to date and would be very appreciative of any assistance you can give us with one last push, and here is the link to the survey.

A number of Trusts have achieved good responses from a direct email to all

employees, as we are keen to hear from everyone and not just those who are part of networks. We have extended the survey closing date to **April 19th** to allow for this one last push.

With very best wishes
Research team at University of York

After 19th April 2019, the research team stopped follow-up emails. At the Advisory Board Meeting in May 2019, some members of the Advisory Board agreed on promoting the EES in May. The EES closed on 31st May 2019.

Browsing, responses from the paid twitter campaign and social media

In February 2019, the research team decided to combine their own efforts with the NHS Employers to promote the EES due to lower than expected response rates. To this end, an additional communications package was purchased from NHS.

The workforce bulletins and newsletters distributed by the NHS Confederation's Communications Team provided the same anonymous links we use in our direct emails to HR and EDI leads. However, to assess the effectiveness of the paid social media (Twitter) campaign, we created a separate link.

During the daily communications with the NHS Confederation, the research team noticed a significant difference between the number of responses recorded for the EES and the number of clicks to Tweets. To follow this issue, the research team introduced an indicator to the EES on 2nd April 2019 to identify 'browsers', i.e. the respondents who only see the introductory page of our survey.

As shown in **Table 2** in Section 1.2, a quarter of the responses were browsers and 90% of such respondents has come from Twitter, which we identified through the special twitter handle (twitternhs) we generated for the EES survey link to track respondents coming from the paid Twitter campaign.

In our final sample (N=4,237), 6.7% of the observations were from social media platforms including our website. While the survey received much attention, we received only 8 submitted responses from the paid Twitter campaign. This is the lowest rate when compared to response rates from other social media platforms and campaigns. For instance, regular tweets, i.e. tweets written by the research team and within the NHS Confederation's Communications Team's, provided 100 valid responses.

Table 22 shows the breakdown of the number of clicks we measure from the EES during the paid Twitter campaign from 2nd April to the end of the campaign on 5th April 2019. Total clicks from all sources indicate the number of responses from any link (e.g. anonymous, twitter, website and twitternhs). This number includes all responses regardless of the progress of the

response. It can be completed or partially completed. Browsers are those who just saw the landing page and did not progress with the survey. Progress indicates the responses that respondents have progressed in the survey bypassing the introductory (landing) page and started with the survey but not reached the final page and submitted responses. Completed means that the responses are submitted. The highlighted columns show the number of clicks we measure using the twitternhs indicator and the number of clicks we received from the NHS Confederation, respectively. The last column presents the difference between the two click numbers.

Table 22 Effectiveness of the paid Twitter campaign in generating valid responses

Date	Total clicks from all sources	Twitternhs clicks from Qualtrics				Twitternhs clicks from NHS Confederation (B)	Difference in the number of clicks (B-A)
		Browser	Progress	Completed	Total (A)		
2 April	371	293	3	1	297	672	**375**
3 April	670	349	5	0	354	800	**446**
4 April	925	284	3	0	287	714	**427**
5 April	435	33	2	0	35	43	**8**
Total	2,401	959	13	1	**973**	**2,229**	**1,256**

Appendix C: The HR&EDI Survey Questionnaire

The survey consists of six parts: A. Trust and HR Roles, B. Equality and Diversity, C. Staff Networks, D. Workplace Characteristics, E. Job Characteristics and Job Satisfaction, F. Demographic characteristics questions.

The survey contains 57 questions, but not all questions are displayed for all respondents. 6 routed questions use the information from previous questions. Routing for these questions is shown in italic in the following section. Majority of the questions are displayed alone in web-browsers.

Survey respondents do not see the question numbers, but for traceability purposes in this appendix, we include question- numbers within survey parts. Dropdown menus include a long list of choice options, whereas responses listed with □ indicates multiple answers and ○ indicates that respondents can select only one answer option. ⊗ means that an answer option is exclusive and respondents cannot select any other answer option for the question and ↳ refers to answer options selected in a previous question and carried forward.

HR Survey Introduction[75]

Welcome!

This survey is a part of a major study into the NHS workforce, employee engagement and staff networks carried out by the University of York and funded by the Economic and Social Research Council. The survey was developed in partnership with NHS Employers and an LGBT+ Networks Advisory Board established for this study. Completing the survey should take less than 15 minutes of your time. Your participation is entirely voluntary, and you may skip questions and leave the survey at any time.

Your views are very important to us and will be kept strictly confidential. Only the named researchers at the University of York will have access to this data. Analysis of the data will be in aggregate form only and will not be presented in any way that allows individuals to be identified. The survey has been approved by the University of York Ethics Committee and is fully GDPR compliant. The results of the study and the final report will be made available on the project's website and circulated via NHS Employers.

If you have any questions about the survey or the study, please contact Dr Anna Einarsdóttir (Principal Investigator) anna.einarsdottir@york.ac.uk or University of York Ethics Committee elmps-ethics-group@york.ac.uk.

---

[75] The GDPR compliance is satisfied through a Participant Information Sheet, which was hyperlinked to GDPR compliance term in the text. The Participant Information Sheet can be found in at the end of this appendix.

A. Trust and HR Roles

1. What is the name of the Trust you currently work for?[76]

   ▼ 2GETHER NHS FOUNDATION TRUST (1) ... OTHER (227)

   If "OTHER" is selected in A.1., then A.2. is displayed.

2. Please specify the name of your Trust.

   _____

3. Which of the following best describes your current job title?

   - ○ HR Director
   - ○ HR Associate Director
   - ○ HR Manager
   - ○ HR Specialist
   - ○ HR Adviser
   - ○ Other, please specify _____

4. Does your Trust have a lead on Equality, Diversity and Inclusion (EDI)?

   - ○ Yes
   - ○ No
   - ○ I don't know

   If "yes" is selected in A.4, then A.5 is displayed.

5. Is that person you?

   - ○ Yes
   - ○ No

6. Approximately, what percentage of your time at work do you spend on the following activities? (The percentage do not need to add up to 100%)

[76] A list of NHS trusts in the drop-down menu can be found in Section I.1.2

_____ % Recruitment and selection of employees
_____ % Equality, Diversity and Inclusion
_____ % Disciplinary matters and grievances or grievance procedures
_____ % Training of employees
_____ % Employee consultation
_____ % Staffing plans
_____ % Performance appraisals
_____ % Health and safety
_____ % Working hours and rates of pay
_____ % Policy development

B. Equality and Diversity

1. Does your Trust have an action plan addressing the Workforce Race Equality Standard (WRES) Report 2017?
   - ○ Yes
   - ○ No
   - ○ I don't know

2. Does your Trust have an action plan addressing the Gender Pay Gap?
   - ○ Yes
   - ○ No
   - ○ I don't know

3. Does your Trust have an action plan addressing the Sexual Orientation Monitoring Information Standard (SOM)?
   - ○ Yes
   - ○ No
   - ○ I don't know

If "yes" to B.3., then B.4 is displayed.

4. Does your Trust monitor sexual orientation of patients and/or service users?
   - ○ Yes
   - ○ No
   - ○ I don't know

5. In the last 5 years, has your Trust taken part in the Stonewall Workplace Index or

used other external LGBT+ benchmarking tools?

- ○ Never
- ○ Once
- ○ Twice
- ○ 3-5 times

If "never" is not selected, then B.6 is displayed.

6. When was the most recent LGBT+ external benchmarking? (If your submission is currently under review, please select 2019.)

2019	2018	2017	2016	2015	2014	2013
○	○	○	○	○	○	○

7. In your view, what are the 3 most important challenges your Trust face to achieve its Equality, Diversity and Inclusion goals?

- ☐ Insufficient number of staff
- ☐ Lack of awareness and understanding in the Trust
- ☐ Lack of leadership and commitment of senior staff
- ☐ Limited data/information on what to do
- ☐ Other priorities deemed more important
- ☐ Resistance to organisational change
- ☐ Complex restructuring
- ☐ Limited training opportunities and/or lack of skills
- ☐ Limited engagement with the community
- ☐ Other

8. In your view, to what extend do the following help to improve Equality, Diversity and Inclusion at your Trust?

	Not at all helpful	Slightly helpful	Somewhat helpful	Very helpful	Extremely helpful
Written guidelines, briefing and/or templates	○	○	○	○	○
Training materials	○	○	○	○	○

Case studies, best practices and/or shared learning	○	○	○	○	○
Equality, Diversity and Inclusion Seminars	○	○	○	○	○
Engagement with staff networks	○	○	○	○	○
Workforce data and statistics	○	○	○	○	○

9. Over the last 12 months, have you been made aware of negative experiences from your workforce on the basis of the following protected characteristics?

	Never	Rarely	Sometimes	Often	Always
Age	○	○	○	○	○
Disability	○	○	○	○	○
Gender reassignment	○	○	○	○	○
Marriage and civil partnership	○	○	○	○	○
Pregnancy and maternity	○	○	○	○	○
Race	○	○	○	○	○
Religion or belief	○	○	○	○	○
Sex	○	○	○	○	○
Sexual orientation	○	○	○	○	○

C. Staff Networks

1. To what extent do you agree or disagree with the following statements about staff networks?

"Staff networks …"	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not Applicable
are taken seriously by management	○	○	○	○	○	○
are taken seriously by HR	○	○	○	○	○	○
take notice of their members' problems and complaints	○	○	○	○	○	○
improve the work climate	○	○	○	○	○	○
are an integral part of diversity and inclusion	○	○	○	○	○	○
create a positive atmosphere for employees	○	○	○	○	○	○

2. To what extent do you agree or disagree with the following statements about staff networks?

"Staff networks …"

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not applicable
reduce staff turnover	○	○	○	○	○	○
offer advice on matters concerning LGBT+ staff and/or patients/service users	○	○	○	○	○	○
only benefit network members	○	○	○	○	○	○

improve working conditions for employees with protected characteristics	○	○	○	○	○	○
trigger backlash from non-members	○	○	○	○	○	○
improve quality in patient care/service delivery	○	○	○	○	○	○

3. To what extent do you agree or disagree with the following statements about staff networks?

"Staff networks …"

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Not Applicable
help members to find mentors	○	○	○	○	○	○
increase employee productivity	○	○	○	○	○	○
reduce absenteeism	○	○	○	○	○	○
provide personal support	○	○	○	○	○	○
facilitate training for employees	○	○	○	○	○	○
serve no purpose	○	○	○	○	○	○

4. Which of the following staff networks are available in your Trust?

- ☐ Black, Asian and Minority Ethnic (BAME) network
- ☐ Lesbian, Gay, Bisexual and Trans+ (LGBT+) network
- ☐ Disability and long-term health network
- ☐ Women's network
- ☐ Carers' network
- ☐ Mental Health network
- ☐ Faith Group network
- ☐ Other
- ☐ ⊗ None

Skip to Part D if "None" is selected or no answer options are selected.
If "Other" selected, then C.5. is displayed.

5. How many other staff networks are available in your Trust?

   There are _____ other staff networks in my Trust

Carry forward selected choices from C.4. in C.6

6. Are you involved with the following staff network(s)?

	Yes	No
↳ Black, Asian and Minority Ethnic (BAME) network	○	○
↳ Lesbian, Gay, Bisexual and Trans+ (LGBT+) network	○	○
↳ Disability and long-term health network	○	○
↳ Women's network	○	○
↳ Carers' network	○	○
↳ Mental Health network	○	○
↳ Faith group network	○	○
↳ Other	○	○

If the count of "Yes" in C6 is at least 1, then C.7 is displayed, and answers carried forward to C.7-C.8

7. Which of the following best describes your role with the listed network(s)?

	Chair/co-chair	EDI representative	Admin support	Other
↳ Black, Asian and Minority Ethnic (BAME) network	○	○	○	○
↳ Lesbian, Gay, Bisexual and Trans+ (LGBT+) network	○	○	○	○
↳ Disability and long-term health network	○	○	○	○
↳ Women's network	○	○	○	○
↳ Carers' network	○	○	○	○
↳ Mental Health network	○	○	○	○
↳ Faith group network	○	○	○	○
↳ Other	○	○	○	○

8. How do you engage with the listed network(s)?

	Attend meetings	Organise events/training/ workshops	Support communication / promotion	Other
Black, Asian and Minority Ethnic (BAME) network	☐	☐	☐	☐
Lesbian, Gay, Bisexual and Trans+ (LGBT+) network	☐	☐	☐	☐
Disability and long-term health network	☐	☐	☐	☐
Women's network	☐	☐	☐	☐
Carers' network	☐	☐	☐	☐
Mental Health network	☐	☐	☐	☐
Faith group network	☐	☐	☐	☐

Other	☐	☐	☐	☐

If "Lesbian, Gay, Bisexual and Trans+ (LGBT+) network" is selected in C.6, then C.9 is displayed.

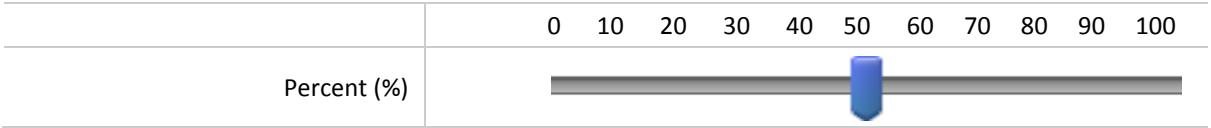
9. Does the LGBT+ network receive support from external organisations (e.g. Stonewall, LGBT Foundation, trade unions)?

   - ○ Yes
   - ○ No
   - ○ I don't know

10. On average, how many hours in a month do you spend on supporting network activities?

    - ○ Zero
    - ○ Less than an hour
    - ○ 1-3 hours
    - ○ 3-5 hours
    - ○ 5-10 hours
    - ○ 10 hours or more

11. What percentage of employees in your Trust do you think are involved with staff networks?



12. Does your Trust provide the following support to staff networks?

    - ☐ Intranet (e.g. e-mailing lists, web-page, forums)
    - ☐ Rooms for meetings, workshops, training
    - ☐ Release from work to attend staff network activities
    - ☐ Workload allocation to network chairs
    - ☐ Communication and marketing support
    - ☐ Funding for materials (e.g. lanyards, posters, mugs, banners etc.)

☐ Funding to attend external training events and/or conferences

☐ Other financial support

☐ ⊗ None of the above

13. Which of the following describes how the Equality, Diversity and Inclusion (EDI) leads and HR representatives engage with staff networks in your Trust?

	EDI leads	HR representatives	⊗Neither	⊗I don't know
Set the aims and objectives for the networks	☐	☐	☐	☐
Keep network informed of important issues within the Trust	☐	☐	☐	☐
Put pressure on networks (e.g. training or events	☐	☐	☐	☐
Support network members	☐	☐	☐	☐
Usually lead network meetings	☐	☐	☐	☐
Prioritise good scores in external LGBT+ benchmarking tools	☐	☐	☐	☐
Do not help/support the staff networks	☐	☐	☐	☐

D. Workplace Characteristics

1. Which of the following actions were taken in your Trust in the last 12 months?

   ☐ Freeze on filling vacant posts

   ☐ Change in organisation of work

   ☐ Postponed workforce expansion

   ☐ Voluntary redundancies

   ☐ ⊗ No action taken

2. In the last 12 months, which of the following actions have taken place in your Trust?

	Decreased	Remained the same	Increased	I don't know
Paid overtime	○	○	○	○
Workload	○	○	○	○
Training expenditure	○	○	○	○
Contractual hours	○	○	○	○
Agency staff	○	○	○	○

3. Which of the following arrangements are available at your Trust?

	All staff	Some staff	No staff	I don't know
Flexi-time	○	○	○	○
Job sharing	○	○	○	○
Reduced working hours (e.g. from full-time to part-time)	○	○	○	○
Working the same number of hours per week (month) across fewer days	○	○	○	○
Paid leave to care for dependents in an emergency	○	○	○	○
Parental leave	○	○	○	○

4. Which of the following arrangements are actually used by employees in your Trust?

	Used by employees	Not used by employees	I don't know
Flexi-time	○	○	○
Job sharing	○	○	○
Reduced working hours (e.g. from full-time to part-time)	○	○	○

Working the same number of hours per week (month) across fewer days	○	○	○
Paid leave to care for dependents in an emergency	○	○	○
Parental leave	○	○	○

5. Relative to other Trusts, do you think your Trust's…

	Substantially higher	Somewhat higher	About the same	Somewhat lower	Substantially lower
unit costs are	○	○	○	○	○
efficiency in using its labour force is	○	○	○	○	○
quality of patient-care/service use is	○	○	○	○	○

6. On a scale from 0 to 10, where 0 is the worst job performance and 10 is of a top employee, how would you rate the usual performance of most employees in your Trust?

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

7. Over the last 12 months, has your Trust contracted any staff through…?

   ☐ Bank

   ☐ Agency

   ☐ ⊗ I don't know

If "I don't know is selected in D.7, or no answer options selected, then skip to D.9. Selected answer options in D.7 are carried over to D.8.

8. Approximately what percentage of the staff in your Trust is contracted through…?

_____% Bank
_____% Agency

9. Please indicate the approximate percentage of employees who are non-UK nationals from …

	0 10 20 30 40 50 60 70 80 90 100
the European Union and/or the European Economic Area (EEA)	
outside the European Union and/or the EEA	

10. On average, how many hours of paid overtime do you think employees at your Trust work in a typical week?

	None	1 - 3 hours	3 - 5 hours	5 - 10 hours	More than 10 hours	Not Applicable
Clinical staff	○	○	○	○	○	○
Non-clinical staff	○	○	○	○	○	○

11. On average, how many hours of unpaid overtime do you think employees at your Trust work in a typical week?

	None	1 - 3 hours	3 - 5 hours	5 - 10 hours	More than 10 hours	Not Applicable
Clinical staff	○	○	○	○	○	○
Non-clinical staff	○	○	○	○	○	○

12. Over the last 12 months, approximately what percentage of work days was lost through employee sickness or absence in your Trust? (Please exclude authorised leave of absence, employees away on secondment or courses, or days lost through industrial action.)

	0 10 20 30 40 50 60 70 80 90 100

Percent (%)	

13. What percentage of employees in your Trust do you think are trade union members?

	0 10 20 30 40 50 60 70 80 90 100
Percent (%)	

E. Job Characteristics and Job Satisfaction

1. Thinking about your job in the past year, how often has your job made you feel each of the following?

	Never	Rarely	Sometimes	Often	Always
Depressed	○	○	○	○	○
Worried (e.g. not being able meet deadlines)	○	○	○	○	○
Stimulated	○	○	○	○	○
Happy	○	○	○	○	○
Pressured	○	○	○	○	○
Overwhelmed	○	○	○	○	○
Motivated	○	○	○	○	○
In control	○	○	○	○	○

2. What is the status of your current post?

   ○ Permanent full-time

   ○ Permanent part-time

   ○ Fixed-term full-time

   ○ Fixed-term part-time

3. Overall, how satisfied are you with your job these days?

   ○ Extremely satisfied

- ○ Somewhat satisfied
- ○ Neither satisfied nor dissatisfied
- ○ Somewhat dissatisfied
- ○ Extremely dissatisfied

4. How many years have you been working in your current position at this Trust? (If your Trust has merged another or changed its name, please include in your answer all the time you have worked with this Trust and its predecessors. If you are holding multiple posts, please refer to your primary post.)
   - ○ Less than 1 year
   - ○ 1-2 years
   - ○ 3-5 years
   - ○ 6-10 years
   - ○ 11-15 years
   - ○ More than 15 years

5. What is your pay band or equivalent?

○ Band 1	○ Band 5	○ Band 8B
○ Band 2	○ Band 6	○ Band 8C
○ Band 3	○ Band 5	○ Band 8D
○ Band4	○ Band 8A	○ Band 9

6. What is your full-time equivalent gross annual salary including all bonuses and loadings?

   _____

F. Demographics

1. What is your age?
   - ○ 16-20
   - ○ 21-24
   - ○ 25-34
   - ○ 35-49

- ○ 50-64
- ○ 65+

2. What best describes your gender?
   - ○ Male
   - ○ Female
   - ○ Non-binary
   - ○ Prefer not to say

3. Is your gender identity the same as the sex you were assigned at birth?
   - ○ Yes
   - ○ No
   - ○ Prefer not to say

4. Which of the following best describes how you think of yourself?
   - ○ Heterosexual/straight
   - ○ Gay/Lesbian
   - ○ Bisexual
   - ○ I don't know
   - ○ Other, please specify _____
   - ○ Prefer not to say

5. Which of these ethnic groups do you consider you most closely belong to?

White

- ○ British (English, Welsh, Scottish, Northern Ireland)
- ○ Irish
- ○ Gypsy or Irish Traveller
- ○ Any other white background

Mixed

- ○ White and Black Caribbean
- ○ White and Black African
- ○ White and Asian

- ○ Any other mixed background

Asian

- ○ Indian
- ○ Pakistani
- ○ Bangladesh
- ○ Chinese
- ○ Any other Asian background

Black or Black British

- ○ Caribbean
- ○ African
- ○ Any other Black background

- ○ Arab
- ○ Any other ethnic group
- ○ Prefer not to say

Participant Information Sheet

Background

The University of York in partnership with NHS Employers would like to invite you to take part in the following research project.

Before agreeing to take part, please read this information sheet carefully and let us know if anything is unclear or you would like further information.

What is the purpose of the study?

The study is designed to create a better understanding of the NHS workforce, employee engagement and staff networks.

Why have I been invited to take part in the survey?

You have been invited to take part because of your background as HR professional.

Do I have to take part in the survey?

No, participation is optional. If you do decide to take part, you should keep a copy of this information sheet for your records and continue to complete the survey. If you change your mind about your participation after completing the survey, please contact the team to remove your data. You do not need to provide a reason for data removal.

On what basis will you process my data?

Under the General Data Protection Regulation (GDPR), the University has to identify a legal basis for processing personal data and, where appropriate, an additional condition for processing special category data.

In line with our charter which states that we advance learning and knowledge by teaching and research, the University processes personal data for research purposes under Article 6 (1) (e) of the GDPR:

Processing is necessary for the performance of a task carried out in the public interest

Special category data is processed under Article 9 (2) (j):

Processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes

The research will only be undertaken where ethical approval has been obtained, where there is a clear public interest and where appropriate safeguards have been put in place to protect data.

In line with ethical expectations and in order to comply with the common law duty of confidentiality, we will seek your consent to participate where appropriate. This consent will not, however, be our legal basis for processing your data under the GDPR.

How will you use my data?

Data will be processed for the purposes outlined in this notice.

Will you share my data with third parties?

No. Data will be accessible to the project team at The University of York only. On completion of the research, completely anonymised data will be made available for secondary research purposes as required by the research funder. No NHS Trust level identifier will be present on this dataset.

How will you keep my data secure?

The University will put in place appropriate technical and organisational measures to protect your personal data and/or special category data. For the purposes of this project, each NHS Trust will be given a non-identifying numerical code. A separate file containing actual Trust names will be kept in a password protected and encrypted space at the University of York. This file will only be accessible to the named researchers.

Information will be treated as confidential, The University is committed to the principle of data protection by design and default and will collect the minimum amount of data necessary for the project. In addition, we will anonymise all data.

Will you transfer my data internationally?

Qualtrics, the online survey tool, stores all responses on their secure system (https//www.qualtrics.com/privacy-statement/). When the survey is complete, named researchers will download it on to the secure University server. The University's cloud storage solution is provided by Google which means that data can be located at any of Google's globally spread data centres. The University has data protection compliant arrangements in place with this provider. For further information see, https://www.york.ac.uk/it-services/google/policy/privacy/.

Will I be identified in any research outputs?

No. Analysis of the data will be in aggregate form only and will not be presented in any way that allows individuals to be identified.

How long will you keep my data?

Data will be retained in line with legal requirements or where there is a business need. Retention timeframes will be determined in line with the University's Records Retention Schedule.

What rights do I have in relation to my data?

Under the GDPR, you have a general right of access to your data, a right to rectification, erasure, restriction, objection or portability. You also have a right to withdrawal. Please note, not all rights apply where data is processed purely for research purposes. For further information see, https://www.york.ac.uk/records-management/generaldataprotectionregulation/individualsrights/.

Questions or concerns

If you have any questions about this participant information sheet or concerns about how your data is being processed, please contact Dr Anna Einarsdóttir (anna.einarsdottir@york.ac.uk), Principal Investigator, in the first instance. If you are still dissatisfied, please contact the University's Data Protection officer at dataprotection@york.ac.uk.

Right to complain

If you are unhappy with the way in which the University has handled your personal data, you have a right to complain to the Information Commissioner's office. For information on reporting a concern to the Information Commissioner's office, see www.ico.org.uk/concerns.

Appendix D: The HR&EDI Survey Dissemination

Survey dissemination in the first wave, 29 October 2018 – 14 February 2019

On October 29, 2018, the HR & EDI Survey was launched and announced via Workforce bulletin with the following introduction:

> "The University of York is undertaking research into the NHS workforce to help the NHS understand the role and impact of staff networks and their potential to shape future strategic direction of their organisation; culture and behaviours. Take the survey at << link >>"

The survey is publicised through News Article and Engagement Brief. The survey brief distributed was as follows:

> "A survey has been launched to help the NHS understand the value of staff networks, how they operate, and their potential to shape the future strategic direction of their organisation; culture and behaviours. In additions, the survey will also gather insights on equality and diversity challenges and key workforce data.
>
> The survey is part of a major study into the NHS workforce, its employee engagement and staff networks carried out by the University of York and funded by the Economic and Social Research Council. It has been developed in partnership with NHS Employers and an LGBT+ Networks Advisory Board. A wider survey aimed at NHS staff of all levels will be launched in early 2019.
>
> Paul Deemer, head of diversity and inclusion at NHS Employers said: 'This project is an important piece of work and the findings will assist NHS organisations to develop policies which will help staff networks become a driving force for staff support, and also enable change. It will help us better understand how networks can develop relationships between colleagues, and ultimately, improve the wellbeing of staff'
>
> HR directors and their teams are encouraged to complete the survey << link >> as soon as possible as the first round of surveying will be closing on November 30th. The results of the study and final report will be published in April 2020. Earlier this year, the University of York launched an online LGBT+ Networks forum which is open to staff and students currently training with the NHS. The forum provides an opportunity to discuss what is going on locally and the challenges you may be facing, to find out how other networks are doing, and to connect NHS staff across the UK. Find out more information visit LGBT+ Networks Forum."

On November 12, 2018, a reminder sent to trusts via email. Our first reminder was as follows:

> "This survey was launched earlier this month to help the NHS understand the value of staff networks, how they operate and their potential to shape the future strategic direction of their organisation; culture and behaviours. In addition, the survey will also gather insights on equality and diversity challenges and key

workforce data.

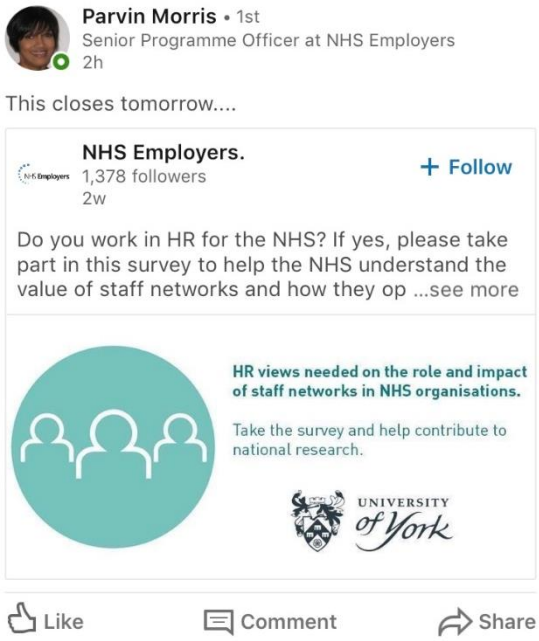
This survey is part of a major study into the NHS workforce, its employee engagement and staff networks carried out by the University of York and funded by the Economic and Social Research Council. It has been developed in partnership with NHS Employers and an LGBT+ Networks Advisory Board. A wider survey aimed at NHS staff of all levels will be launched in early 2019.

Paul Deemer, head of diversity at inclusion at NHS Employers said: 'This project is an important piece of work and the findings will assist NHS organisations to develop policies which will help staff networks become a driving force for staff support, and also enable change. It will help us better understand how networks can develop relationships between colleagues, and ultimately, improve the wellbeing of staff.'

HR directors and their teams are encouraged to complete the survey << link >> as soon as possible please as the first round of surveying will be closing on November 30th. The results of the study and final report will be published in April 2020."

The social media dissemination included platforms such as Twitter and LinkedIn. For Twitter, the accounts the survey was promoted were @NHSEmployers, @NHSE_Diversity, @NHSE_Engagement, and the project account, @LGBT_Networks. NHS Employers promoted the survey in LinkedIn using their accounts.

On November 23, 2018, NHS Employers shared the following tweet to increase participation from HR staff. The tweet was shared by others.



On November 29, 2018, the survey was shared on LinkedIn before the first round of dissemination has ended.

In the second round of the dissemination, to increase the response rate to our HR & EDI Survey, we shared the following brief with NHS Employers, which is then cascaded to regional EDI leads. We also attached a list of non-responding trusts.

> "Following the limited response to our online survey into the NHS Workforce, employee engagement and staff networks in October, we have now opened the survey for a second round. With your support, we would like to encourage Trusts, who have not yet completed the survey, to do so. We only need ONE response from each Trust.
>
> Please complete the survey yourself and share the link with other Equality, Diversity and Inclusion Leads and/or HR teams for the Trust list attached. Each survey completion is important as it means that Trusts can be included in further analysis of NHS employees in the project.
>
> This survey is a part of a major research carried out by the University of York, funded by the Economic and Social Research Council. It has been developed in partnership with NHS Employers and an LGBT+ Networks Advisory Board. A wider survey aimed at NHS staff of all levels will be launched later this month. Paul Deemer, Head of Diversity at inclusion at NHS Employers said: "This project is an important piece of work and the findings will assist NHS organisations to develop policies which will help staff networks become a driving force for staff support, and also enable change. It will help us better understand how networks can develop relationships between colleagues, and ultimately, improve the wellbeing of staff."
>
> The study and final report will be published in April 2020."

On 21st January 2019, the following communication is shared with the Regional Equality and Diversity (EDI) leads through NHS Employers (Parvin Morris, Senior Programme Officer) along with a list of Trusts that have not responded to the survey by 18th January.

Dear [redacted]

NHS HR Survey

I wondered if you could offer some support to help promote a survey which is focussed around the NHS Workforce, employee engagement and staff networks. The survey has been developed in partnership withNHS Employers, an LGBT+ Networks Advisory Board and is part of a major research project being carried out by the University of York.

The survey opened in October 2018 with the aim of receiving one response from every NHS trust. At present 28 per cent of trusts have completed the survey, we are therefore calling on your help to increase the response rate. I would be grateful if you could encourage trusts within your region to complete the survey, if they haven't already.

Why complete the survey?
The findings from the survey will assist NHS organisations to develop policies which will help staff networks become a driving force for staff support, and also enable change. It will help us better understand how networks can develop relationships between colleagues, and ultimately, improve the wellbeing of staff.

Who should complete the survey?
Firstly, we would appreciate if all of our regional leads could complete the survey. If you could also circulate the survey link to the Equality, Diversity and Inclusion Leads and/or HR teams from organisations who have not yet completed the survey, these are detailed on the attached list.

A wider survey aimed at NHS staff of all levels will be launched later this month, it's important trusts complete the current HR survey in order to be included in future analysis which links to the wider NHS all staff survey. The final report will be published in April 2020.

Thank you for your support, should you have any questions are the survey please contact the project lead, Dr Anna Einarsdóttir, on anna.einarsdottir@york.ac.uk

On 1st February 2019, a reminder is sent to the regional EDI leads along with an updated list of trusts that have not responded to the HR & EDI Survey.

On 7th February 2019, Ambulance Service NHS trusts were contacted separately to complete the HR & EDI Survey

Survey dissemination in the second wave, 24 April – 27 May 2019

The second wave of data collection took place between 24th April and 27st May 2019. The main dissemination channels were via direct emails to HR staff and/or EDI leads. Only trusts that have not responded to the HR & EDI Survey in the first wave were contacted. We also followed-up with reminders to our contacts in trusts, from which we have not received any response. We use a dedicated email address to disseminate our survey. The first set of emails sent on 24th April 2019 were as follows with the subject title "Second wave of the HR & EDI Survey launched". The emails were personalised for each non-responding trust and included the logos of the University of York, ESRC and the NHS Employers.

Dear Colleagues,

We are writing to thank you and all at <<trust name>> for your support and engagement with our NHS Employee Engagement Survey.

As a part of your project, we would like to link some trust-level information with our NHS Employee Engagement Survey. We kindly ask you, as an HR representative and/or Equality, Diversity and Inclusion (EDI) lead to complete our survey here.

This is the second wave of our survey with the HR/EDI leads. We only need one response per trust. We are contacting you as we have not received any responses from your trust in our first wave, which was launched on 29th October 2018. The second wave of the survey closes on Monday **13th May 2019**.

The HR/EDI survey includes questions about your trust, your role, staff networks, and workplace characteristics. Most of the questions are multiple choice. Some questions ask for numerical responses for which we do not need you to check the numbers formally as the survey asks for an approximation.

The survey takes less than 15 minutes to complete. The responses to our surveys are completely anonymous, and they will not be published in any way to identify any individuals.

We know you have many competing demands on your time, and we really are grateful for all the support to date. We would be very appreciative of any assistance with our HR/EDI survey.

With very best wishes

Research team at University of York

On 1st May 2019, a reminders with updated contact list are sent with the same brief above preceded by the following message:

"**********
Dear Colleagues,
This is a gentle reminder of the HR & EDI Survey that we are conducting as a part of the ESRC funded research project at the University of York. Unfortunately, we haven't received any responses from your trust for our HR & EDI Survey. We require only one response per trust. The survey is open until Monday **13th May 2019**.
Thank you very much for your help.
Kind regards,
Research team at University of York
**********"

In the following week, we circulated the same reminder emails to non-respondent trusts with a new opening brief,

"**********
Dear Colleagues,
We would like to take this opportunity to gently remind you that the closing date of the Human Resources (HR) & Equality, Diversity and Inclusion (EDI) Survey is approaching. The survey is a part of the ESRC funded research project at the University of York that looks into the NHS workforce, staff network and equality issues. Unfortunately, we haven't received a response from your trust to our HR & EDI Survey, and we would like to highlight that we need only one response from your trust. We understand that you have many competing demands on your time, and we deeply appreciate taking the time to complete the HR&EDI Survey. The survey is open until Monday **13th May 2019**.
Thank you very much.
Kind regards,
Research team at University of York
**********"

Following the Advisory Board Meeting on 8th May 2019, the survey deadline is extended to promote the survey via regional EDI leads, who are contacted by the NHS Employers. The regional EDI leads were provided with the list of trusts that have not yet responded to the survey by region.

On 13th May, the regional EDI leads are reminded about the second wave of the HR & EDI Survey with the following email distributed by the NHS Employers:

"Dear E&D regional colleagues

Please see the attached documents to include:

1) The list of trusts that did not respond to HR/EDI survey (by NHS regions)
2) The list of trusts that did not respond to NHS Employee Engagement Survey
3) The letter to HR/EDI leads we circulated for the second wave of the HR/EDI survey

Could you kindly forward to the relevant trusts in your area requesting that they complete the survey as per the link within the letter in last document.

The deadline has been extended to the 27th May."

A week before the survey closure, a second reminder by the NHS Employers was sent on 24th May 2019 with an updated list of non-respondent trusts. On the final week, we also contacted 3 of the case study trusts that have not responded to the survey and encouraged their participation.

Appendix E: List of NHS Trusts in England

The list of trusts that are included in the dropdown menus in our EES and HR surveys come from the NHS Digital website (NHS Digital, 2018). The electronic trust record (ETR) file is obtained from NHS Digital website in September 2018, and the data is from 31 August 2018, which was the latest release of trust information at the time we designed our first online survey (the HR Survey). There are 234 trusts in the ETR. The trusts with a non-missing closure date in the dataset are dropped. Also, three trusts in Wales are excluded as the quantitative aspect of the LGBT+ Networks project focuses on the NHS trusts located in England. The remaining trusts are listed below in alphabetical order.

2gether NHS Foundation Trust
Aintree University Hospital NHS Foundation Trust
Airedale NHS Foundation Trust
Alder Hey Children's NHS Foundation Trust
Ashford and St Peter's Hospitals NHS Foundation Trust
Avon and Wiltshire Mental Health Partnership NHS Trust
Barking, Havering and Redbridge University Hospitals NHS Trust
Barnet, Enfield and Haringey Mental Health NHS Trust
Barnsley Hospital NHS Foundation Trust
Barts Health NHS Trust
Basildon and Thurrock University Hospitals NHS Foundation Trust
Bedford Hospital NHS Trust
Berkshire Healthcare NHS Foundation Trust
Birmingham and Solihull Mental Health NHS Foundation Trust
Birmingham Community Healthcare NHS Foundation Trust
Birmingham Women's and Children's NHS Foundation Trust
Blackpool Teaching Hospitals NHS Foundation Trust
Bolton NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Bridgewater Community Healthcare NHS Foundation Trust
Brighton and Sussex University Hospitals NHS Trust
Buckinghamshire Healthcare NHS Trust
Calderdale and Huddersfield NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust
Cambridgeshire and Peterborough NHS Foundation Trust
Cambridgeshire Community Services NHS Trust
Central and North West London NHS Foundation Trust
Central London Community Healthcare NHS Trust
Chelsea and Westminster Hospital NHS Foundation Trust
Cheshire and Wirral Partnership NHS Foundation Trust
Chesterfield Royal Hospital NHS Foundation Trust
City Hospitals Sunderland NHS Foundation Trust
Cornwall Partnership NHS Foundation Trust
Countess of Chester Hospital NHS Foundation Trust
County Durham and Darlington NHS Foundation Trust
Coventry and Warwickshire Partnership NHS Trust
Croydon Health Services NHS Trust
Cumbria Partnership NHS Foundation Trust
Dartford and Gravesham NHS Trust
Derbyshire Community Health Services NHS Foundation Trust
Derbyshire Healthcare NHS Foundation Trust
Devon Partnership NHS Trust
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Dorset County Hospital NHS Foundation Trust
Dorset Healthcare University NHS Foundation Trust
Dudley and Walsall Mental Health Partnership NHS Trust
East and North Hertfordshire NHS Trust
East Cheshire NHS Trust
East Kent Hospitals University NHS Foundation Trust
East Lancashire Hospitals NHS Trust
East London NHS Foundation Trust
East Midlands Ambulance Service NHS Trust
East of England Ambulance Service NHS Trust
East Suffolk and North Essex NHS Foundation Trust
East Sussex Healthcare NHS Trust
Epsom and St Helier University Hospitals NHS Trust
Essex Partnership University NHS Foundation Trust
Frimley Health NHS Foundation Trust
Gateshead Health NHS Foundation Trust

George Eliot Hospital NHS Trust
Gloucestershire Care Services NHS Trust
Gloucestershire Hospitals NHS Foundation Trust
Great Ormond Street Hospital for Children NHS Foundation Trust
Great Western Hospitals NHS Foundation Trust
Greater Manchester Mental Health NHS Foundation Trust
Guy's and St Thomas' NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
Harrogate and District NHS Foundation Trust
Hertfordshire Community NHS Trust
Hertfordshire Partnership University NHS Foundation Trust
Homerton University Hospital NHS Foundation Trust
Hounslow and Richmond Community Healthcare NHS Trust
Hull and East Yorkshire Hospitals NHS Trust
Humber Teaching NHS Foundation Trust
Imperial College Healthcare NHS Trust
Isle of Wight NHS Trust
James Paget University Hospitals NHS Foundation Trust
Kent and Medway NHS and Social Care Partnership Trust
Kent Community Health NHS Foundation Trust
Kettering General Hospital NHS Foundation Trust
King's College Hospital NHS Foundation Trust
Kingston Hospital NHS Foundation Trust
Lancashire Care NHS Foundation Trust
Lancashire Teaching Hospitals NHS Foundation Trust
Leeds and York Partnership NHS Foundation Trust
Leeds Community Healthcare NHS Trust
Leeds Teaching Hospitals NHS Trust
Leicestershire Partnership NHS Trust
Lewisham and Greenwich NHS Trust
Lincolnshire Community Health Services NHS Trust
Lincolnshire Partnership NHS Foundation Trust
Liverpool Community Health NHS Trust
Liverpool Heart and Chest Hospital NHS Foundation Trust
Liverpool Women's NHS Foundation Trust
London Ambulance Service NHS Trust
London North West University Healthcare NHS Trust
Luton and Dunstable University Hospital NHS Foundation Trust
Maidstone and Tunbridge Wells NHS Trust
Manchester University NHS Foundation Trust
Medway NHS Foundation Trust
Mersey Care NHS Foundation Trust
Mid Cheshire Hospitals NHS Foundation Trust
Mid Essex Hospital Services NHS Trust
Mid Staffordshire NHS Foundation Trust
Mid Yorkshire Hospitals NHS Trust
Midlands Partnership NHS Foundation Trust
Milton Keynes University Hospital NHS Foundation Trust
Moorfields Eye Hospital NHS Foundation Trust
Norfolk and Norwich University Hospitals NHS Foundation Trust
Norfolk and Suffolk NHS Foundation Trust
Norfolk Community Health and Care NHS Trust
North Bristol NHS Trust
North Cumbria University Hospitals NHS Trust
North East Ambulance Service NHS Foundation Trust
North East London NHS Foundation Trust
North Middlesex University Hospital NHS Trust
North Staffordshire Combined Healthcare NHS Trust
North Tees and Hartlepool NHS Foundation Trust
North West Ambulance Service NHS Trust
North West Anglia NHS Foundation Trust
North West Boroughs Healthcare NHS Foundation Trust
Northampton General Hospital NHS Trust
Northamptonshire Healthcare NHS Foundation Trust
Northern Devon Healthcare NHS Trust
Northern Lincolnshire and Goole NHS Foundation Trust
Northumberland, Tyne and Wear NHS Foundation Trust
Northumbria Healthcare NHS Foundation Trust
Nottingham University Hospitals NHS Trust
Nottinghamshire Healthcare NHS Foundation Trust
Oxford Health NHS Foundation Trust
Oxford University Hospitals NHS Foundation Trust
Oxleas NHS Foundation Trust
Pennine Acute Hospitals NHS Trust
Pennine Care NHS Foundation Trust
Poole Hospital NHS Foundation Trust
Portsmouth Hospitals NHS Trust
Queen Victoria Hospital NHS Foundation Trust
Rotherham Doncaster and South Humber NHS Foundation Trust
Royal Berkshire NHS Foundation Trust
Royal Brompton & Harefield NHS Foundation Trust
Royal Cornwall Hospitals NHS Trust
Royal Devon and Exeter NHS Foundation Trust
Royal Free London NHS Foundation Trust
Royal Liverpool and Broadgreen University Hospitals NHS Trust
Royal National Orthopaedic Hospital NHS Trust
Royal Papworth Hospital NHS Foundation Trust

Royal Surrey County Hospital NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salford Royal NHS Foundation Trust
Salisbury NHS Foundation Trust
Sandwell and West Birmingham Hospitals NHS Trust
Sheffield Children's NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Sherwood Forest Hospitals NHS Foundation Trust
Shrewsbury and Telford Hospital NHS Trust
Shropshire Community Health NHS Trust
Solent NHS Trust
Somerset Partnership NHS Foundation Trust
South Central Ambulance Service NHS Foundation Trust
South East Coast Ambulance Service NHS Foundation Trust
South London and Maudsley NHS Foundation Trust
South Tees Hospitals NHS Foundation Trust
South Tyneside NHS Foundation Trust
South Warwickshire NHS Foundation Trust
South West London and St George's Mental Health NHS Trust
South West Yorkshire Partnership NHS Foundation Trust
South Western Ambulance Service NHS Foundation Trust
Southend University Hospital NHS Foundation Trust
Southern Health NHS Foundation Trust
Southport and Ormskirk Hospital NHS Trust
St George's University Hospitals NHS Foundation Trust
St Helens and Knowsley Hospital Services NHS Trust
Staffordshire and Stoke On Trent Partnership NHS Trust
Stockport NHS Foundation Trust
Surrey and Borders Partnership NHS Foundation Trust
Surrey and Sussex Healthcare NHS Trust
Sussex Community NHS Foundation Trust
Sussex Partnership NHS Foundation Trust
Tameside and Glossop Integrated Care NHS Foundation Trust
Taunton and Somerset NHS Foundation Trust
Tavistock and Portman NHS Foundation Trust
Tees, Esk and Wear Valleys NHS Foundation Trust
The Christie NHS Foundation Trust
The Clatterbridge Cancer Centre NHS Foundation Trust
The Dudley Group NHS Foundation Trust
The Hillingdon Hospitals NHS Foundation Trust
The Newcastle Upon Tyne Hospitals NHS Foundation Trust
The Princess Alexandra Hospital NHS Trust
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
The Rotherham NHS Foundation Trust
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
The Royal Marsden NHS Foundation Trust
The Royal Orthopaedic Hospital NHS Foundation Trust
The Royal Wolverhampton NHS Trust
The Walton Centre NHS Foundation Trust
Torbay and South Devon NHS Foundation Trust
United Lincolnshire Hospitals NHS Trust
University College London Hospitals NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
University Hospitals Birmingham NHS Foundation Trust
University Hospitals Bristol NHS Foundation Trust
University Hospitals Coventry and Warwickshire NHS Trust
University Hospitals of Derby and Burton NHS Foundation Trust
University Hospitals of Leicester NHS Trust
University Hospitals of Morecambe Bay NHS Foundation Trust
University Hospitals of North Midlands NHS Trust
University Hospitals Plymouth NHS Trust
Walsall Healthcare NHS Trust
Warrington and Halton Hospitals NHS Foundation Trust
West Hertfordshire Hospitals NHS Trust
West London Mental Health NHS Trust
West Midlands Ambulance Service NHS Foundation Trust
West Suffolk NHS Foundation Trust
Western Sussex Hospitals NHS Foundation Trust
Weston Area Health NHS Trust
Whittington Health NHS Trust
Wirral Community NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Worcestershire Acute Hospitals NHS Trust
Worcestershire Health and Care NHS Trust
Wrightington, Wigan and Leigh NHS Foundation Trust
Wye Valley NHS Trust
Yeovil District Hospital NHS Foundation Trust
York Teaching Hospital NHS Foundation Trust
Yorkshire Ambulance Service NHS Trust