



University Hospitals Sussex  
NHS Foundation Trust

# Annual Equality Report 2022-2023

If you would like this report in another format (e.g., large print) please contact [uhsussex.equality@nhs.net](mailto:uhsussex.equality@nhs.net)

# Contents

Introduction .....	1
Race.....	2
Gender .....	4
Disability.....	6
Sexual orientation.....	8
Religion and belief .....	10
Age .....	12
Data appendix.....	16



# Introduction

## Welcome to our Annual Equality Report 2022-23

This report demonstrates our strengths and where we need to continue working towards equality in our mission *where better never stops*, and to deliver our Patient First approach at University Hospitals Sussex NHS Foundation Trust.

Our new equality, diversity, and inclusion (EDI) programme supports the delivery of ‘Our People’ vision to be a *great place to work* and our breakthrough objective that *staff voices count*.

The report includes seven sections, the first six are: race, gender (inclusive of pregnancy and maternity, sex, and gender identity), disability, sexual orientation, religion and belief, and age equality within employment.

- ▶ Each section begins with key findings including measures of equality, in particular representation, recruitment, and engagement.
- ▶ There are then measures of our work to eliminate discrimination, including harassment.
- ▶ Each section ends with key recommendations for the organisation to address the findings over the forthcoming year.

The seventh section takes a different format and covers our Armed Forces Community’s key achievements over 2022-23.

### Compliance

This report complies with our specific duty to publish information about the performance of our general duty to advance equality (Equality Act 2010), including our duty to publish gender pay gap information (on page 21). It also meets our contractual obligations relating to publishing information about the workforce race equality standard (WRES; on page 2), including the Bank WRES and the Medical WRES, and the workforce disability equality standard (WDES; on page 23).

### Privacy

The report does not publish counts of fewer than five staff where someone might be identifiable, to preserve privacy, except where publication is a regulatory or a contractual requirement. Equality in employment is based on data from electronic staff records (ESR), employee relations case-trackers, the NHS Staff Survey and the Trust’s recruitment management system, TRAC.

### Definitions and scope

Please note that references to very senior managers (VSM) are not based on pay scales and instead follow definitions laid down in equality reporting guidance from NHS England. Please also note that Associate Non-Executive Directors (NEDs) are included in Board counts, but not workforce counts.

Employees with an element of substantive work in their contract are counted, except where bank workers are specifically indicated, in which case staff who work solely on the bank are counted.

Contractors, or staff on honorary contracts, or secondees, or shared appointees, or volunteers are excluded from this report.

# Race

## KEY RACE FINDINGS

### Ethnicity workforce representation (WRES 1)

- 1.1. The number (n.) of people from minoritised ethnic groups in the workforce on 31 March 2023 was 4,205, or 24% of the permanent workforce overall (n. 17,461) compared to nine percent of the resident population in Sussex at the last census (2023, ONS).
- 1.2. Minoritised ethnic staff are 2.7 times more likely to be working both substantively and on the Trust's staff bank in clinical agenda for change (AfC) roles than white staff overall, compared to the substantive-only workforce and when compared to the bank-only workforce (Bank WRES 1).

### Clinical Agenda for Change Staff

- ▶ 47.8% of minoritised ethnic people (n. 1,296) in the clinical Agenda for Change (AfC) workforce (n. 10,114) were at pay band 5.
- ▶ White staff were 4.8 times as likely to be in senior clinical roles (AfC bands 8+) than minoritised ethnic staff, compared to their representation in support or newly qualified roles (AfC bands 1-5).
- ▶ White staff were 2.8 times more likely to be in specialist or advanced clinical roles (AfC bands 6-7) than minoritised ethnic staff, compared to their representation in support or newly qualified roles.

### Non-Clinical Staff

- ▶ The majority (52.5%) of minoritised ethnic people (n. 272) in the non-clinical workforce (n. 4,351) were in pay band 2.
- ▶ White staff were 1.9 times more likely to be non-clinical senior managers (AfC bands 8+) than minoritised ethnic staff, compared to support and entry level roles (AfC bands 1-5).
- ▶ White staff were 1.5 times as likely to be junior managers (AfC bands 6-7) than minoritised ethnic staff, compared to support and entry level roles.

### Medical and Dental (M&D) Staff

- 1.3. There were 2,885 staff in medical and dental roles. 62.6% of minoritised ethnic doctors and dentists were in trainee grades (n. 612).
- 1.4. White staff were 0.7 times less likely than minoritised ethnic staff to be in non-consultant career grades (NCCG) than in trainee M&D grades. White staff were 2.9 times as likely to be consultants than minoritised ethnic staff compared to their proportions at NCCG, and twice as likely when compared to their proportions in trainee grades.
- 1.5. Eligible white doctors and dentists were just as likely to have a Clinical Excellence Award (CEA) as minoritised ethnic staff (MWRES 2).

### Ethnicity shortlisting-to-appointment relative likelihood (WRES 2)

- 1.6. UHSussex appointed 234 minoritised ethnic people and 917 white people across the year. White people were 1.7 times more likely to be appointed from short-listing than minoritised ethnic people.
- 1.7. White doctors and dentists were 3.3 times as likely to be appointed than minoritised ethnic doctors and dentists (MWRES 3) overall. White doctors and dentists were 4.6 times as likely to be appointed than doctors in the ethnicity 'not known' group.

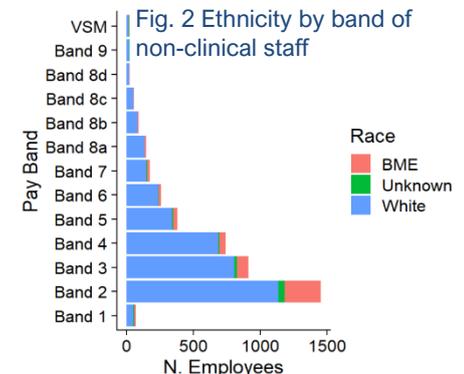
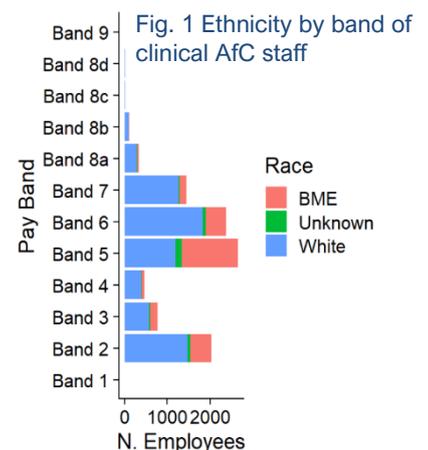


Fig. 3 Ethnicity by medical / dental group

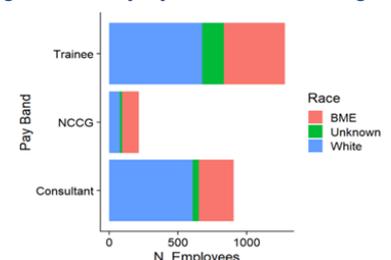
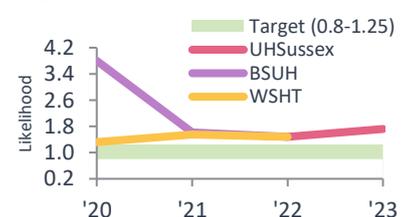


Fig. 4 Ethnicity shortlisting-to-appointment relative likelihood



### Non-mandatory training by ethnicity (WRES 4)

- 1.8. White people (n. 7,277) were as likely (0.93 times) to access non-mandatory training as staff from minoritised ethnic groups (n. 2,596) in 2022-23.

### Formal disciplinary likelihood by ethnicity (WRES 3)

- 1.9. Seven people from minoritised ethnic groups were formally disciplined, that is 0.8 times less likely than it was for the 26 white people formally disciplined, when compared to the overall workforce. This is down (improved) from last year's score (1.7 times).

### Non-mandatory training by ethnicity (WRES 4)

- 1.10. White people (n. 7,277) were as likely (0.93 times) to access non-mandatory training as staff from minoritised ethnic groups (n. 2,596).

### Bullying from patients or public by ethnicity (WRES 5)

- 1.11. 38% of minoritised ethnic staff experienced harassment, bullying or abuse from patients, relatives, or the public in 2022; one point higher (worse) than in 2021. 32% of white staff in the Trust also reported this in the NHS staff survey 2022, with the percentage point (pp) gap between these static over time.

### Bullying from colleagues by ethnicity (WRES 6)

- 1.12. 28% of minoritised ethnic staff reported experience of harassment, bullying or abuse from managers or other colleagues in 2022; one point lower (improved) than in 2021. 25% of white staff in the Trust also reported this in the NHS staff survey 2022, with the gap decreasing by half a point.

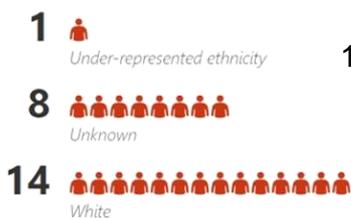
### Equality of opportunity for career progression or promotion (WRES 7)

- 1.13. 49.6% of minoritised ethnic staff and 54.3% of white staff reported equal opportunities for career progression or promotion. This is three points higher (better) than in 2021 for ethnic minoritised staff (46.2%), and one point lower (worse) for white staff (55.1%). The gap with white staff (54%) was four points in 2022, smaller than the nine-point gap in 2021.

### Discrimination from manager or colleague (WRES 8)

- 1.14. 16% of minoritised ethnic staff experienced discrimination at work from their manager, team leader or colleagues, 1.2 points higher (worse) than in 2021. This was eight points greater than for white staff and one point lower (better) than the acute trust benchmark.

Fig. 5 Board ethnicity representation



### Board ethnicity composition (WRES 9)

- 1.15. One board member (5%); in a non-voting, non-executive role, shared they were in an under-represented minority ethnic group, compared to 24% in the workforce and 9% in the Sussex resident minoritised ethnic population. No voting or executive members shared they were from an under-represented ethnic group. Five members (26%) did not specify an ethnicity on their staff record, compared to 5% in the overall workforce.

## Race equality recommendations

- R1. Introduce new inclusion and equality interventions targeted at our consultant level, senior management (AfC 8+), and very senior management (VSM) recruitment processes.
- R2. Embed shortlisting-to-appointment relative likelihood by ethnic group metric within SDRs (Strategy Deployment Reviews) for our senior leadership.
- R3. Agree senior sponsorship of our SOAR Network (SOAR stands for Safe space; Opportunity, equity, and empowerment; Amplify voices; Re-dress the balance) for minoritised ethnic staff.
- R4. Improve the handling of racist incidents, complaints, concerns, and grievances.

# Gender

## KEY GENDER FINDINGS

### Gender workforce representation

- 2.1. Out of 17,333 staff, 72% (n. 12,450) were recorded as female and 28% (n. 4,883) as male on their staff record.
- 2.2. The national Electronic Staff Records (ESR) system only records binary sex. 0.5% of the 7,342 people who answered the gender question on the 2022 national staff survey identified as either non-binary or preferred to self-describe, about double their respective national survey averages.
- 2.3. Male staff (n. 1,597) were 2.3 times more likely represented in the top pay quartile (Q4) than female staff (n. 2,738), relative to the males (n. 893) and females (n. 3,552) in the middle-upper pay quartile (Q3).

### Gender pay gap

#### Hourly wages pay gap

- ▶ Accounting for outliers, women earned the same as men when comparing median hourly wages. This has improved from the one penny median gap identified in 2022.
- ▶ Comparing mean hourly wages, women earned eighty-four pence for every £1 men earned, two penny more (better) than in 2022.

#### Gender bonus gap

- ▶ 713 staff received a bonus payment in 2023, inclusive of 303 Women and 410 men.
- ▶ Women earned the same as men in median bonus pay, the same than in 2022.
- ▶ When comparing mean bonus pay, women earned sixty-four pence for every £1 men earned, three penny more (better) than in 2022.
- ▶ Women are less likely to receive bonuses, and those bonuses they get are more likely to be of lesser value.

### Flexible working opportunities

- 2.4. 53.1% of respondents were satisfied or very satisfied in the national staff survey 2022 with their opportunities for flexible working, varying to 49% of males, and 54% of females. Parents of children 0-17 years were at 61% compared to 48% for those who were not.
- 2.5. Doctors and dentists in training had the lowest satisfaction with flexible working opportunities (33%) of any occupational group, followed by operating department practitioners (35.9%) and pharmacists (36%).

Fig. 6 % sex in each pay quartile

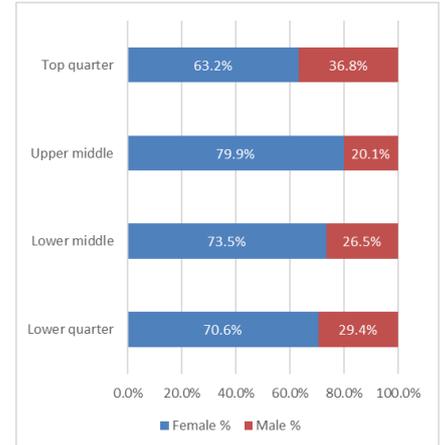


Fig. 7 Female's hourly median pay difference from males.

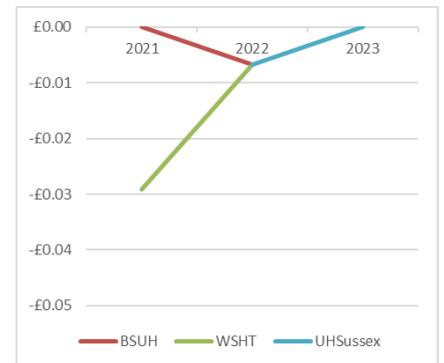


Fig. 8 Female's hourly mean bonus pay difference from males.

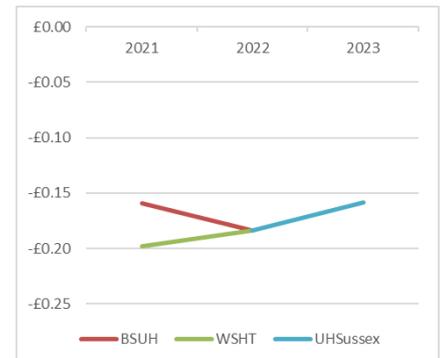


Fig. 9 Patient / public-on-staff harassment by gender (%)

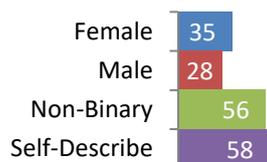
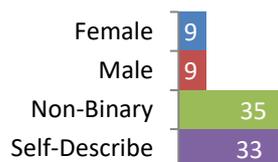


Fig. 10 Discrimination from managers, or colleagues (%)



## Harassment, bullying or abuse from patients by gender

- 2.6. There were 32.1% of our staff reporting in the national staff survey experience of harassment, bullying, or abuse from patients, relatives, or members of the public.
- 2.7. There was a six-point difference between the proportion of females (34.5%) reporting it over males (28.2%).
- 2.8. There were also 55.6% of non-binary staff who reported it, which is 23.5 points higher than the organisational average for all staff.

## Discrimination from managers, team leader, or colleagues

- 2.9. There were 9.4% of our staff reporting in the national staff survey experience of discrimination from managers, team leaders, or colleagues in the preceding 12-month period.
- 2.10. There was no significant difference between the proportion of females (9.2%) reporting it than males (9.2%).
- 2.11. 23.1% of staff reported experiencing gender discrimination in 2022, no different from 2021, and three points higher than the 20.3% reported in the acute benchmark group.

## Board gender composition

- 2.12. There was eight females (42%) and eleven males (58%) on the board. Two females and five males were executives, whilst the non-executives were gender-balanced at six females and six males. Six females (37.5%) and 10 males (62.5%) had voting rights.

## Gender equality recommendations

- G1. Analyse and understand our gender pay data within directorates or divisions, and by ethnicity and other protected characteristics, and by occupational group, including for doctors and dentists.
- G2. Understand our pay gaps by grade of doctor, and by agenda for change pay band for other staff.
- G3. Analyse future gender pay gap data by comparison with gender breakdowns of recruitment, staff survey, and staff development data.
- G4. Set up a workplace gender equality project group to deliver plans to address the gaps.
- G5. Engage with women, trans and non-binary staff in the development of resources for managers to tackle sex, sexual, and gender-based harassment, bullying, or abuse.

# Disability

## KEY DISABILITY FINDINGS

### Disability workforce representation (WDES 1)

- 3.1. There were 905 disabled people in the workforce, or 5.2% of the substantive workforce overall (n. 17,461) compared to 18.3 percent of the resident population in Sussex at the last census (2023, ONS). 17.2% of the workforce (n. 2,995) did not share a disability status on their staff record.

### Clinical Agenda for Change Staff

- 3.2. There were 10,218 clinical staff on agenda for change (AfC) terms and conditions.

In clinical AfC band 5-7 roles overall, non-disabled staff (n. 5,246) were 1.3 times more likely represented than disabled staff (n. 296), relative to band 1-4 roles.

- 3.3. For all other clinical AfC band groups, staff who were recorded as disabled were more likely to be represented in more senior grades than non-disabled people.

### Non-Clinical Staff

- ▶ There were 4,462 non-clinical staff on agenda for change terms and conditions.
- ▶ The majority (77.7%) of disabled people (n. 254) in the non-clinical workforce were in bands 1-4.
- ▶ Non-disabled staff (n. 671) were 1.4 times more likely in clinical AfC band 5-7 roles than disabled staff (n. 44), relative to their proportions in band 1-4 roles.

### Medical and Dental (M&D) Staff

There were 2,885 staff in medical and dental roles. 71.2% of disabled doctors and dentists (n. 47) were in trainee grades. Non-disabled staff were 2.2 times more likely to be a consultant than disabled staff, relative to their sizes within non-consultant career grades (NCCG). Non-disabled consultants were twice as likely represented than disabled consultants relative to trainees. 37% of all doctors and dentists' disability status is unknown affecting the accuracy of workforce representation and progression.

### Disability shortlisting-to-appointment relative likelihood (WDES 2)

- 3.4. UHSussex appointed 95 disabled people and 1,046 non-disabled people in 2022-23. The Trust was just (1.17 times) as likely to appoint non-disabled people from short-listing as disabled people, within the upper limit of the equality range (0.8-1.25), which suggests further adjustments may be needed to remove barriers within recruitment.

### Formal capability likelihood by disability (WDES 3)

- 3.5. Zero disabled people entered a formal capability process this year (the same as last year), compared to four non-disabled people and two who did not declare or define a disability status.

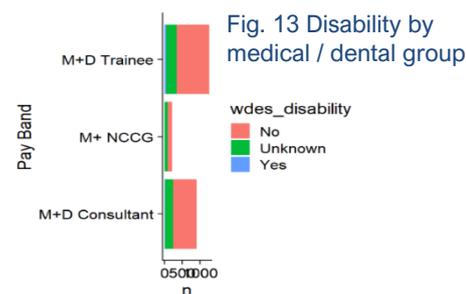
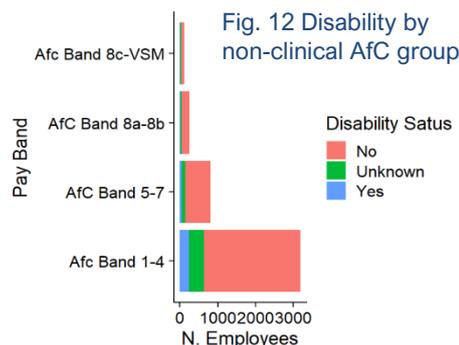
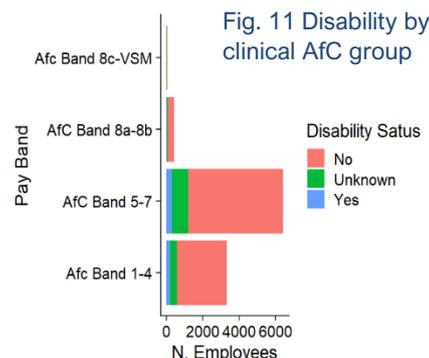


Fig. 14 Disability shortlisting-to-appointment relative likelihood

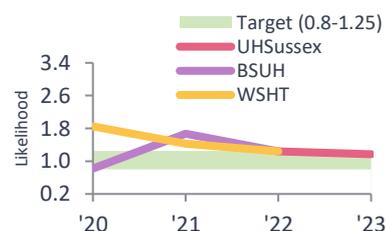


Fig. 15 Patient / public-on-staff harassment by disability status

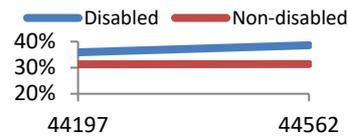


Fig. 16 Equal opps. for promotion

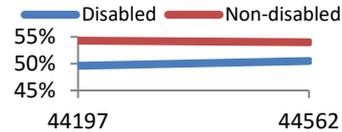
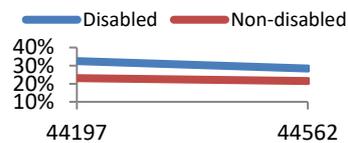


Fig. 17 Pressure to work unwell



## Harassment, bullying, or abuse by disability status (WDES 4)

- 3.6. 38.6% of disabled staff experienced harassment, bullying, or abuse from patients, relatives, or members of the public, compared to 31.4% of non-disabled staff; a gap of 7.2 points. The rate for non-disabled staff was the same as in 2021, the rate for disabled staff increased by three-points.
- 3.7. 18.1% of disabled staff experienced harassment, bullying, or abuse from managers; and 28.8% from other colleagues. Rates for disabled and non-disabled groups remained largely unchanged year-on-year.

## Disability and equal opportunities for promotion (WDES 5)

- 3.8. 51% of disabled staff felt the Trust provided equal opportunities for career progression and promotion, compared to 54% of non-disabled staff. Staff were less likely to report this than nationally, regardless of disability status.

## Pressure to work from manager when unwell (WDES 6)

- 3.9. Disabled staff (28.4%) were 6.9 points more likely to report having felt management pressure to come to work when not feeling well enough compared to non-disabled staff (21.5%). Scores for both groups were close to the national benchmarks, and both fell on last year's scores.

## Staff satisfaction that Trust values their work (WDES 7)

- 3.10. There were 28.6% of disabled staff who felt the Trust valued their work, compared to 36.9% of non-disabled staff. Regardless of disability status, staff were less likely to feel satisfied the organisation values their work.

## Adequate adjustments for disabled people (WDES 8)

- 3.11. Disabled staff (73.4%) were slightly more likely than the national acute benchmark (71.8%) to report having adequate workplace adjustments.

## Disabled staff engagement (WDES 9)

- 3.12. The staff engagement score was lower compared to the benchmark scores regardless of disability status. Disabled staff had a slightly lower score than non-disabled staff at UHSussex.

## Board disability composition (WDES 10)

- 3.13. None of the nineteen board members shared a disability on their staff record. Seven members reported an "unknown" disability status (37%) an overrepresentation of 22 points relative to its size in the overall workforce.

## Disability equality recommendations

- D1. Embed completion of inclusion health passports for all staff within workforce information systems and develop a suitable leading key performance indicator(s) for future reporting.
- D2. Agree a funding model for staff reasonable adjustments and develop budget processes.
- D3. Agree senior sponsorship of our Disabled Staff Network.
- D4. Introduce new guidance on reasonable adjustments within recruitment and selection for recruiters and for applicants.

# Sexual orientation

## KEY SEXUAL ORIENTATION FINDINGS

### Sexual orientation workforce representation

- 4.1. Six percent (n. 982 people) of the substantive workforce identify as either lesbian, gay, bisexual, or another sexual orientation, or as undecided (LGB+) on their staff record. Seven percent of workers who solely work on the staff bank identify as LGB+.

#### Non-Clinical Staff

- ▶ Five percent (n. 246) of the non-clinical workforce identify as LGB+.
- ▶ Straight people were 1.5 times more likely to be in pay cluster 8a-8b than LGB+ people, compared to pay cluster 5-7.
- ▶ Straight staff were under half (0.41 times) as likely to be in senior non-clinical roles (AfC bands 8C-VSM) than gay or lesbian staff, compared to their representation in AfC bands 1-4.

#### Clinical Agenda for Change Staff

- ▶ Six percent (n. 628) of the clinical AfC workforce identify as LGB+.
- ▶ Straight people were just as likely to be represented in clinical roles as LGB+ people compared between different pay clusters, any differences being within confidence levels (0.8-1.25 times).

#### Medical and Dental (M&D) Staff

- ▶ Six percent (n. 108) of the medical and dental workforce identify as LGB+.
- ▶ Straight doctors and dentists are 1.5 times more likely to be in non-consultant career grades than LGB+ doctors and dentists, relative to their sizes in medical and dental trainee grades.

### Sexual orientation shortlisting-to-appointment relative likelihood

- 4.2. UHSussex appointed 121 LGB people and 956 straight people in 2022-23:
- ▶ Straight people were 0.84 times more likely to be appointed from short-listing than people from LGB groups.
  - ▶ When disaggregated, bisexual people were just as likely (1.0 times) to be appointed as straight people.
  - ▶ Straight people were 0.6 times as likely to be appointed as people who identified as 'Other'.

### Negative experiences by sexual orientation

- 4.3. The average 'negative experiences' score for all respondents to the national staff survey was 7.4 out of 10.
- 4.4. Lesbian, gay, bisexual and staff who identified their sexual orientation as 'other', reported lower (worse) scores (6.9) than heterosexual or straight staff (7.5) in the Trust.
- 4.5. The Trust negative experience scores for staff of all sexual orientations, except 'other', were lower (worse) than the acute benchmark and the national average amongst those same groups.

Fig. 18 Workforce by sexual orientation

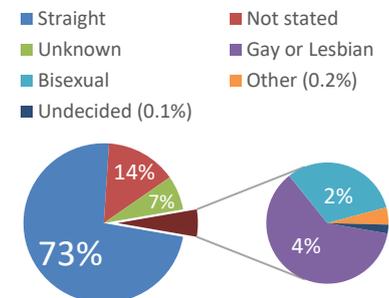


Fig. 19 Negative experiences score (sexual orientation)

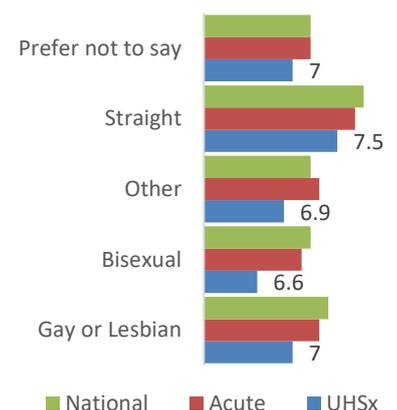
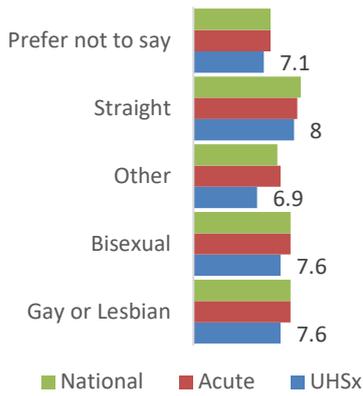


Fig. 20 Diversity and equality score (sexual orientation)



### Sexual orientation diversity and equality score

- 4.6. The average diversity and equality score for all respondents to the national staff survey was 7.9 out of 10, slightly lower than the acute benchmark average of 8.1 out of 10.
- 4.7. Staff of all minority sexual orientations responding to the staff survey questions on diversity and equality scored lower than the Trust average, and lower than for straight respondents at 8 out of 10.
- 4.8. The 60 respondents identifying in the ‘other’ (i.e., other than LGB, straight, or prefer not to say) group on average scored lower than any different sexual orientation, and lower than the benchmark average and lower than the national average for that group, at 6.9 out of 10.

### Board sexual orientation composition

- 4.9. Thirty-seven percent of the board had an unknown sexual orientation on their staff record, compared to 21% unknown in the overall workforce. Fifty percent of non-executive directors did not share their sexual orientation. Forty-four percent of voting members did not share.

### Sexual orientation equality recommendations

- SO1. Agree senior sponsorship of our LGBTQIA+ staff network.
- SO2. Engage with LGBQIA+ staff in the development of resources for managers to tackle sexual orientation biased harassment, bullying, or abuse.
- SO3. Publicise more profiles and stories of LGBTQIA+ staff members’ lived experiences in clinical specialist or advanced clinical roles, junior manager roles, and medical and dental roles.

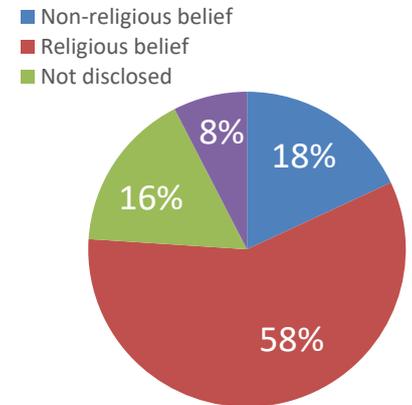
# Religion and belief

## KEY RELIGION AND BELIEF FINDINGS

### Workforce religion and belief representation

- 5.1. The number of people sharing their religion or belief with us on 31 March 2023 was 13,553, or 76% of the workforce. Staff in agenda for change (AfC) pay band 5 had the largest proportion of any grade identifying as religious at 70% (n. 2,124), compared to 58% in the workforce overall.
- 5.2. Christianity was the largest belief group at 41% (n. 7,332), followed by the non-religious group at 18% (n. 3,216). Eleven percent (n. 1,971) of staff shared their religion or belief as 'Other' on their staff record, compared to 1.8% on the staff survey 2022.

Fig. 21 Workforce by belief group



### Non-Clinical Staff

- ▶ Fifty-nine percent (n. 2,675) of the non-clinical workforce identify as religious, and 17.6% (n. 797) identify with atheism on their staff record.
- ▶ Atheists were 1.9 times more likely to be in pay cluster 5-7 than religious people, compared to their representation within pay cluster 1-4.
- ▶ Atheists were 2.5 times more likely to be in pay cluster 8c-VSM than religious people, compared to their representation within pay cluster 1-4.
- ▶ Atheist staff were just as likely to be represented as religious staff in non-clinical roles compared between middle pay clusters 5-7 and 8a-8b, any differences being within confidence intervals (0.8-1.25 times).

### Clinical Agenda for Change Staff

- ▶ Sixty-two percent (n. 6,366) of the non-clinical workforce identify as religious, and nineteen percent (n. 1,902) identify with atheism on their staff record.
- ▶ Atheists were 1.6 times more likely to be in pay cluster 8c-VSM than religious people, compared to their representation within pay cluster 1-4

### Medical and Dental (M&D) Staff

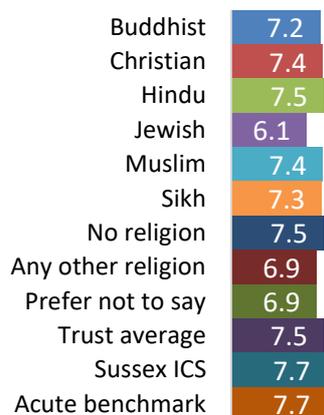
- ▶ Forty-two percent (n. 1,294) of the medical and dental workforce identify as religious, and seventeen percent (n. 517) identify with atheism.
- ▶ Atheist doctors and dentists were about a third (0.34 times) as likely to be in non-consultant career grades as doctors and dentists with religious beliefs, compared to trainee grades.
- ▶ Atheist doctors and dentists were nearly twice (1.94 times) as likely to be consultants as doctors and dentists with religious beliefs, compared to trainee grades.

### Religion and belief shortlisting-to-appointment relative likelihood

- 5.3. UHSussex appointed 666 people with religious beliefs and 355 people with atheist beliefs in 2022-23:
  - ▶ Religious people were 0.7 times less likely to be appointed from shortlisting than atheist people.
  - ▶ Atheists were 3.8 times more likely to be appointed than Hindus, 3.4 times more likely than Jews, 2.5 times more likely than Muslims, 1.7 times more likely than Buddhists, and 1.4 times more likely than Christians.

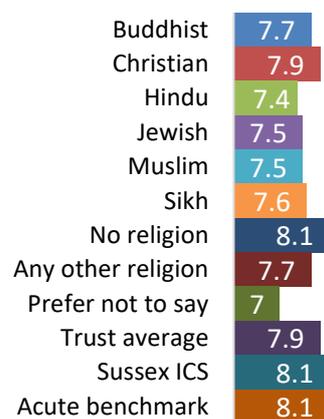
## Negative experiences by religion and belief

Fig. 22 Negative experiences score (religion and belief group)



- 5.4. Staff responses to nine questions from the national staff survey 2022 are aggregated to give a score for negative experiences. These relate to personal experience of harassment, bullying or abuse, physical violence, and of health and wellbeing. The higher the score the better.
- 5.5. The Trust average score for all staff was 7.5 out of 10, slightly less than the acute provider benchmark, and higher than the 7.7 score for all staff in the Sussex Integrated Care System (ICS).
- 5.6. The belief group with the lowest Trust score was Jewish at 6.5 out of 10, lower than the Sussex ICS average at 7.0 out of 10, and lower than the 7.7 out of 10 in the acute benchmark for Jewish staff.
- 5.7. Hindu staff (7.5) and staff with no religion (7.5) were the only belief groups to score the same as the Trust average. All groups score lower than those groups' respective Sussex ICS scores and their acute provider benchmark scores.

Fig. 23 Diversity and equality score (religion and belief group)



## Religion and belief diversity and equality score

- 5.8. Responses to four questions taken from the national staff survey 2022 are aggregated to give an overall score for diversity and equality. These relate to equal opportunities in career progression, discrimination at work and respect for individual difference.
- 5.9. The Trust average score for all staff was 7.9 out of 10, lower than the acute provider benchmark (8.1), and lower than the Sussex ICS average (8.1).
- 5.10. Staff with no religion (8.1), were the only belief group that scored higher than the Trust average score (7.9). This is lower than the staff with no religion score in the acute provider benchmark (8.3) and the no religion score in the Sussex ICS (8.3).

## Board religion and belief composition

- 5.11. Forty-two percent of the board had an unknown religion or belief on their staff record, compared to 24% unknown in the overall workforce. Fifty-eight percent of non-executive directors did not share their religion or belief. Forty-four percent of voting members did not share.

## RELIGION AND BELIEF EQUALITY RECOMMENDATIONS

- RB1.** Introduce new inclusion and equality policy interventions targeted at our consultant level, senior management (AfC 8+), and very senior management (VSM) recruitment processes.
- RB2.** Engage with religious staff in the development of resources for managers to tackle religious harassment, bullying, or abuse.
- RB3.** Improve the handling of religious discrimination incidents, complaints, concerns, and grievances.
- RB4.** Publicise more profiles and stories of religious staff members' lived experiences in non-clinical roles, and in senior clinical AfC leadership roles, and in consultant roles.

# Age

## KEY AGE EQUALITY FINDINGS

### Workforce age representation

- 6.1. The non-clinical workforce is an older demographic than the clinical AfC workforce. Twenty-five percent of the clinical workforce is 51 years or over, compared to forty-six percent in the non-clinical workforce, and eighteen percent in the medical and dental workforce.

#### Non-Clinical Staff

- ▶ The largest age band at 14.8% of the non-clinical workforce is the 51–55-year-olds (n. 660).
- ▶ 4.4% of the non-clinical workforce (n. 195) is 25 years or younger.
- ▶ 4.2% of the non-clinical workforce (n. 189) is 66 years or older.

#### Clinical Agenda for Change Staff

- ▶ The largest age band at 17.6% of the clinical workforce is the 31–35-year-olds (n. 1,776).
- ▶ 7.9% of the clinical workforce (n. 801) is 25 years or younger.
- ▶ 1.3% of the clinical workforce (n. 129) is 66 years or older.

#### Medical and Dental (M&D) Staff

- ▶ The largest age band at 20.1% of the medical and dental workforce is the 31–35-year-olds (n. 581).
- ▶ The single grade with the most staff in the 31–35 years age band (n. 115) is Senior House Officer (MSHO), although there are 417 people in all specialty registrar training grades in that age band.
- ▶ 4.5% of the M&D workforce (n. 129) is 21–25 years.
- ▶ 1.2% of the substantive M&D workforce (n. 35) is 66 years or older.

### Age shortlisting-to-appointment relative likelihood

- 6.2. The relative likelihoods for each age band being appointed from shortlisting, compared to the average, are within the recommended confidence intervals (0.8-1.25) except for the under 20-year-olds and the over 65-year-olds.
- ▶ On average, all people were 1.5 times more likely to be appointed from shortlisting than people in the under 20 years age band.
  - ▶ On average, all people were 1.6 times more likely to be appointed from shortlisting than people in the 65 and over years age band.

### Negative experiences by age

- 6.3. The average composite score for negative experiences from responses to the staff survey 2022 for all staff was 7.5 out of 10. Higher scores are desirable on this measure.
- 6.4. The age group with the lowest score was the 21–30-year-olds (7.1), followed by the 31–40-year-olds (7.2). Staff 51 years and older were less likely to report experiencing negative behaviours than the average overall.

Fig. 24 AfC Workforce by age band

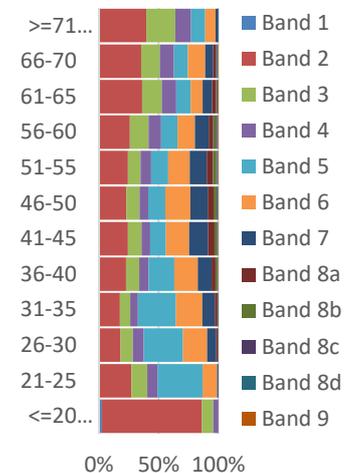


Fig. 25 M&D Workforce by age band

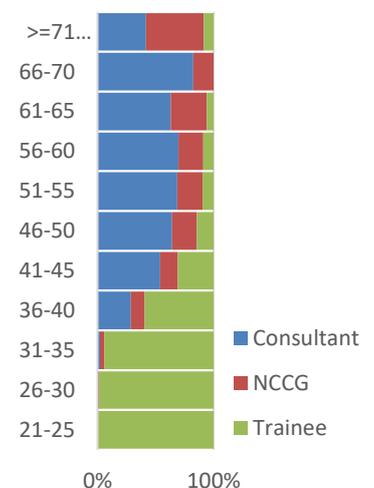


Fig. 26 Negative experiences score by age band

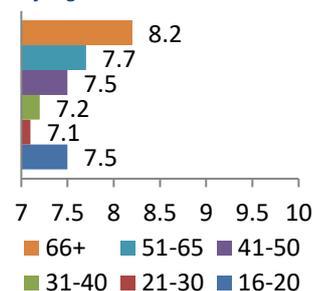
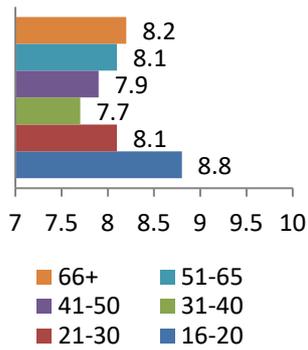


Fig. 27 Diversity and equality score by age band



### Age diversity and equality score

- 6.5. The staff survey aggregates four questions taken from the staff survey 2022 to create a composite score for diversity and equality.
- 6.6. The Trust average score for all staff was 7.9 out of 10, lower than the acute provider benchmark (8.1), and lower than the Sussex ICS average (8.1).
- 6.7. The only age band lower than the Trust average score was the 31–40-year-olds. Most age bands were the same as or higher than the acute provider benchmark and the Sussex ICS average scores, except staff aged 31-50 years.

### Board age composition

- 6.8. Eighty-four percent of the board was 51 years or older, compared to twenty-nine percent in the overall workforce. No board member was in an age bracket younger than 31-35 years, at the 31 March 2023. 86% of executive directors and 83% of non-executives were 51 years or older. Eighty-eight percent of members with voting rights were 51 years or older.

## AGE EQUALITY RECOMMENDATIONS

- A1. Develop an improvement plan to address health inequalities within the workforce, including targeting by age.

# Armed Forces Community

## KEY ARMED FORCES ACHIEVEMENTS

- 7.1. Our Armed Forces Community had a busy year packed supporting serving personnel, veterans, and their families – including within our workforce:
- ▶ The Veteran Aware accreditation was submitted in November 2022 and the feedback was that the submission was “**exemplary**”
  - ▶ UHSx is one of the few Trusts in the country to have a Chavasse Clinic, a Trauma and Orthopaedic Clinic specifically for Armed Forces patients provided by Lt Col Ben Caesar.
  - ▶ In June 2022, Lt Col Ben Caesar presented at the Grand Rounds – “*UHSx NHS Foundation Trust is Veteran Aware, but are you? (The Chavasse Clinic is just one piece of the puzzle)*”
  - ▶ A presentation of UHSussex Armed Forces Community achievements was shown at the NHS Veteran Covenant Healthcare Alliance - Best Practice Symposium, in August.
  - ▶ In September, Prof Mansoor Kahn presented at the Grand Rounds “*Medical Advances during Times of Conflict*”
  - ▶ Members of the team visited and assisted current inpatients who needed assistance with signposting, befriending, and liaising with charities to purchase items they needed for their stay in hospital.
  - ▶ The Careflow patient administration system has been updated with an Armed Forces criteria added on the patient information screen.

### Armed Forces Week

- 7.2. During Armed Forces Week – the Comms Team put out daily profiles of the Armed Forces Community group and messages. George Findlay, Chief Executive, provided his support in a message broadcast to the Trust on YouTube.
- 7.3. Seaside Hospital Radio based at Southlands Hospital had an hour-long radio show on the Armed Forces fundraising bike ride between Balmoral and Buckingham Palace and veteran awareness which was replayed during Armed Forces Week 2023.
- 7.4. The Armed Forces Week flag flew above our hospitals during Armed Forces Week. The flags supplied by donations from our Armed Forces Community.
- 7.5. A daily staff drop-in at the Audrey Emerton Building during Armed Forces Week, encouraged staff to sign-up to our Armed Forces Community.
- 7.6. A presentation was made to Lt Col Ben Caesar and the Trust of a poppy painting for the Chavasse Clinic waiting area in the Louisa Martindale building. The painting shows many poppies with each petal being a red ink fingerprint of a veteran.



- 7.7. Lt Col Ben Caesar was awarded with a Service Champion Award by the Lord Lieutenant of East Sussex (pictured).

#### **Armed Forces Commemorative Garden**

- 7.8. Groundwork is underway for a new Armed Forces Commemorative Garden following designs produced pro bono by award winning garden designer, Juliet Sargeant.
- 7.9. Fundraising by the Armed Forces Community for the garden has included a recent bike ride from Balmoral Castle to Buckingham Palace, a Christmas Raffle and other fundraising activities over the last two years raising thousands of pounds for the garden.

#### **Remembrance**

- 7.10. Wreaths were laid in memory of Queen Elizabeth II at the Armed Forces Memorial, the Dyke Road Barracks and Buckingham Palace supplied with donations from the UHSx Armed Forces Community.
- 7.11. The Armed Forces Community organised an Act of Remembrance Service with the Chaplaincy Team which was broadcast live on Teams on the 11 November 2022. There were 510 people in attendance.
- 7.12. On 11 November 2023 – a wreath was laid at the Memorial Service and a curry lunch for our UHSussex Armed Forces Community organised by UHSussex Charities. Wreaths purchased by donations from the UHSussex Armed Forces Community.

# Data appendix

## WORKFORCE RACE EQUALITY STANDARD DATA APPENDIX 2023

### WRES 1: Ethnic representation

- 10.1. The Workforce Race Equality Standard (WRES) was introduced in 2015 by NHS England and aids in compliance with NHS and UK Government pledges and legislation around improving race equality.
- 10.2. The WRES is made up of nine indicators and makes use of a variety of workforce data including the National NHS Staff Survey, ESR data, and Trac recruitment data.

Table 1 Clinical staff (non-medical or dental) by broad ethnic group

Broad ethnic group	AfC Band	n	%
Minoritised Ethnicity	Band 1	12	2.37
Minoritised Ethnicity	Band 2	271	53.56
Minoritised Ethnicity	Band 3	87	17.19
Minoritised Ethnicity	Band 4	46	9.09
Minoritised Ethnicity	Band 5	29	5.73
Minoritised Ethnicity	Band 6	15	2.96
Minoritised Ethnicity	Band 7	20	3.95
Minoritised Ethnicity	Band 8a	11	2.17
Minoritised Ethnicity	Band 8b	7	1.38
Minoritised Ethnicity	Band 8c	3	0.59
Minoritised Ethnicity	Band 8d	3	0.59
Minoritised Ethnicity	VSM	2	0.40
Unknown	Band 1	5	4.55
Unknown	Band 2	45	40.91
Unknown	Band 3	19	17.27
Unknown	Band 4	10	9.09
Unknown	Band 5	8	7.27
Unknown	Band 6	7	6.36
Unknown	Band 7	4	3.64
Unknown	Band 8a	2	1.82
Unknown	Band 8b	1	0.91
Unknown	Band 8c	1	0.91
Unknown	Band 9	4	3.64
Unknown	VSM	4	3.64
White	Band 1	53	1.42
White	Band 2	1135	30.39
White	Band 3	807	21.61
White	Band 4	686	18.37
White	Band 5	343	9.18
White	Band 6	237	6.35
White	Band 7	149	3.99
White	Band 8a	134	3.59
White	Band 8b	84	2.25
White	Band 8c	51	1.37
White	Band 8d	20	0.54
White	Band 9	19	0.51
White	VSM	17	0.46

Table 2 Non-medical Clinical Staff by broad ethnic group

Broad ethnic group	AfC Band	n	%
Minoritised Ethnicity	Band 2	490	17.99
Minoritised Ethnicity	Band 3	170	6.24
Minoritised Ethnicity	Band 4	68	2.50
Minoritised Ethnicity	Band 5	1312	48.16
Minoritised Ethnicity	Band 6	477	17.51
Minoritised Ethnicity	Band 7	156	5.73
Minoritised Ethnicity	Band 8a	42	1.54
Minoritised Ethnicity	Band 8b	9	0.33
Unknown	Band 2	66	18.49
Unknown	Band 3	18	5.04
Unknown	Band 4	9	2.52
Unknown	Band 5	150	42.02
Unknown	Band 6	70	19.61
Unknown	Band 7	29	8.12
Unknown	Band 8a	10	2.80
Unknown	Band 8b	4	1.12
Unknown	Band 8d	1	0.28
White	Band 1	4	0.06
White	Band 2	1468	20.56
White	Band 3	579	8.11
White	Band 4	389	5.45
White	Band 5	1192	16.70
White	Band 6	1825	25.56
White	Band 7	1263	17.69
White	Band 8a	281	3.94
White	Band 8b	98	1.37
White	Band 8c	21	0.29
White	Band 8d	16	0.22
White	Band 9	3	0.04

Table 3 Medical and Dental Clinical Staff by broad ethnic group

Broad ethnic group	AfC Banding	n	%
Minoritised Ethnicity	Consultant	252	30.77
Minoritised Ethnicity	Non-Consultant Career Grade	123	15.02
Minoritised Ethnicity	Trainee Grades	444	54.21
Unknown	Consultant	46	20.81
Unknown	Non-Consultant Career Grade	16	7.24
Unknown	Trainee Grades	159	71.95
White	Consultant	607	44.60
White	Non-Consultant Career Grade	78	5.73
White	Trainee Grades	676	49.67

### WRES 2: Relative likelihood of staff being appointed from shortlisting across all posts.

Table 4 Recruitment staging by broad ethnic group

Broad ethnic group	Number Shortlisted	Shortlisted from Applied %	Number Appointed	Appointed from Interview %	Appointed from shortlisted %	White appointed / shortlisted	Minoritised Ethnicity appointed / shortlisted	Relative Likelihood
White	3,713	60.44	917	41.19	24.70	24.7	14.37	1.72
Minoritised Ethnicity	1,628	9.67	234	25.49	14.37	24.7	14.37	1.72
Unknown	228	60.80	129	67.89	56.58	24.7	14.37	1.72

### WRES 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Broad ethnic group	No. Cases	Percentage %	Headcount	% White cases	% Minoritised Ethnicity cases	Relative Likelihood
White	26	72.22	12,287	0.21	0.17	0.81
Minoritised Ethnicity	7	19.44	4,071	0.21	0.17	0.81
Not stated	3	8.33	796	0.21	0.17	0.81

10.3. 0.21% of the white workforce entered formal disciplinary proceedings compared to 0.17% of the minoritised ethnicity workforce, meaning in this case that the relative likelihood of minoritised ethnicity staff entering the formal disciplinary process compared to White staff is 0.81. Minoritised ethnicity staff were therefore less likely to enter formal disciplinary proceedings than white staff.

#### WRES 4: Relative likelihood of staff accessing non-mandatory training and CPD

Broad ethnic group	No. attendees	% White attendees	% Minoritised Ethnicity attendees	Relative Likelihood
Minoritised Ethnicity	2,596	59.23	63.77	0.93
Unknown	652	59.23	63.77	0.93
White	7,277	59.23	63.77	0.93

59.23% of white staff accessed non-mandatory training or continuous professional development (CPD) compared to 63.77% of minoritised ethnicity staff accessed non-mandatory training or CPD. Therefore, the relative likelihood of white staff accessing non-mandatory training and CPD compared to minoritised ethnicity staff is 0.93. White staff were 0.93 times as likely to access non-mandatory training compared to minoritised ethnicity staff.

#### WRES 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months.

10.4. The data for the following few sections comes from the National NHS staff survey.

Broad ethnic group	Year	Organisation Score (%)	Benchmark Score (%)	Percentage Difference vs benchmark	Percentage Difference vs group
White	2021	31.3	26.5	4.8	5.7
White	2022	32.0	26.9	5.1	6.1
Minoritised Ethnicity	2021	37.0	28.8	8.2	
Minoritised Ethnicity	2022	38.1	30.8	7.3	

10.5. These results suggest that minoritised ethnicity staff are more likely to experience harassment, bullying or abuse, being more than six points more likely to experience this kind of experience compared to white staff this year. This is slightly higher than last year when there was a 5.7% gap. The table also shows that UHSussex reports more experiences of harassment, bullying or abuse across every ethnic category, compared to the acute benchmark. However, there was a yet greater disparity between UHSussex and the benchmark for minoritised ethnicity staff compared to white staff (7.3% vs 5.1%).

#### WRES 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Broad ethnic group	Year	Organisation Score (%)	Benchmark Score (%)	Percentage Difference vs benchmark	Percentage Difference vs group
White	2021	25.6	23.6	2.0	3.3
White	2022	25.0	23.3	1.7	2.8
Minoritised Ethnicity	2021	28.9	28.5	0.4	
Minoritised Ethnicity	2022	27.8	28.8	-1.0	

10.6. These results suggest that minoritised ethnicity staff are more likely to experience harassment, bullying or abuse from staff, with minoritised ethnicity staff being over two points more likely to experience this kind of discrimination compared to white staff this year. However, minoritised ethnicity staff did score lower than the benchmark this year, and the percentage difference between minoritised ethnicity and white staff within UHSussex lowered from last year (3.3 in 2021 to 2.8% in 2022) suggesting that there may have been some improvement in this area.

**WRES 7: Percentage believing that the trust provides equal opportunities for career progression or promotion.**

Broad ethnic group	Year	Organisation Score (%)	Benchmark Score (%)	Percentage Difference vs benchmark	Percentage Difference vs group
White	2021	55.1	58.6	-3.5	-8.9
White	2022	54.3	58.6	-4.3	-4.7
Minoritised Ethnicity	2021	46.2	44.6	1.6	
Minoritised Ethnicity	2022	49.6	47.0	2.6	

10.7. Minoritised ethnicity staff were more positive about the trust providing equal opportunities for career progression/promotion than the benchmark group, but less so than White UHSussex staff. Although, there was progress made this year as there was only a 4.7%-point gap between minoritised ethnicity and white UHSussex staff scores this year, compared to a gap of 8.9% last year.

**WRES 8: In the last 12 months have you personally experienced discrimination at work from Manager/team leader or other colleagues.**

Broad ethnic group	Year	Organisation Score (%)	Benchmark Score (%)	Percentage Difference vs benchmark	Percentage Difference vs group
White	2021	8.1	6.7	1.4	7.3
White	2022	8.0	6.5	1.5	8.2
Minoritised Ethnicity	2021	15.4	17.3	-1.9	
Minoritised Ethnicity	2022	16.2	17.3	-1.1	

10.8. 8.2% more minoritised ethnicity staff reported experiencing discrimination at work from colleagues/managers than white staff, which is a greater disparity than last year (7.3%). However, minoritised ethnicity staff did score lower than the benchmark suggesting that the situation at UHSussex is slightly better than at most acute NHS trust employers.

**WRES 9: Percentage difference between the organisations' Board membership and its overall workforce**

10.9. The tables here show the number and percentage of white and minoritised ethnicity staff who are members of the board, compared to the organisation. The first table shows the overall board, and the second two tables further disaggregate by voting membership of the board and executive membership of the board respectively.

Combined Board Voting

Broad ethnic group	Headcount	Board Member Headcount	Headcount %	Board Member Headcount %
Minoritised Ethnicity	4,052	1	23.70	4.35
Unspecified	783	8	4.58	34.78
White	12,259	14	71.72	60.87

Voting Membership

Broad ethnic group	Non-Voting Board Member	Voting Board Member	Org. Headcount	Headcount %	Non-voting %	Voting %
Minoritised Ethnicity	1	4,052	0	23.70	6.67	NA
Unspecified	6	783	2	4.58	40.00	25
White	8	12,259	6	71.72	53.33	75

Executive Membership

Broad ethnic group	Non-exec Board Member	Exec Board Member	Org. Headcount	Headcount %	Non-exec %	Exec %
Minoritised Ethnicity	1	4,052	0	23.70	7.14	NA
Unspecified	6	783	2	4.58	42.86	22.22
White	7	12,259	7	71.72	50.00	77.78

10.10. Across all tables minoritised ethnic staff are underrepresented at Board, and unspecified staff are over-represented.

Medical WRES

	2021-22					2022-23				
	White	Black	Asian	Other	Not known	White	Black	Asian	Other	Not known
Medical directors	1	0	0	0	0	1	0	0	0	0
Clinical directors (directors of clinical teams)	24	1	2	1	1	24	1	2	1	1
Number of staff eligible to apply for Clinical Excellence Awards	489	18	131	37	129	498	16	125	38	66
Number of staff who applied for Clinical Excellence Awards	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Number of staff awarded Clinical Excellence Awards	489	18	131	37	129	493	15	125	37	66
Number of applicants	NA	NA	NA	NA	NA	130	12	134	75	11
Number shortlisted	NA	NA	NA	NA	NA	44	3	78	38	7
Number appointed	NA	NA	NA	NA	NA	29	1	15	8	1

10.11. The Local Clinical Excellence Awards (LCEAs) were awarded on an equal distribution basis in both years and therefore there are no figures for the applications received section.

10.12. Trac recruitment management system data is only kept for 400 days so 2021-22 figures for applicants, shortlisted, and appointed are not presented.

## GENDER PAY GAP DATA APPENDIX 2023

- 10.14. The Gender Pay Gap (GPG) reporting shows the difference in average hourly pay and bonus payments between men and women. The reporting here is a snapshot as of the 31 March 2023.
- 10.15. All Public Sector organisations listed in Schedule 2 of The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 are subject to the regulatory GPG reporting requirements if they have more than 250 employees under a contract of employment. This includes all staff under Agenda for Change, Medical & Dental, and Very Senior Managers (VSM).
- 10.16. GPG reporting shows the difference in average hourly pay and bonus payments between men and women, to assess and improve:
- The level of gender equality
  - The balance of male and female employees in each of the four salary range quartiles
  - How effectively talent is being maximised and rewarded.

### Ordinary Pay Analysis

Mean and Median hourly pay gap by gender

Gender	2022						2023					
	Mean	Median	Mean Difference	Median Difference	Mean Pay Gap %	Median Pay Gap %	Mean	Median	Mean Difference	Median Difference	Mean Pay Gap %	Median Pay Gap %
Female	17.78	16.13	4	0.11	18.36	0.67	18.73	16.84	3.53	0.00	15.86	0.00
Male	21.79	16.23	4	0.11	18.36	0.67	22.26	16.84	3.53	0.00	15.86	0.00

- 10.17. There is a 15.86% difference in favour of male employees when looking at mean hourly rate. This figure is lower than last year 18.36%. The median this year was 0% which is lower than last year 0.67%.

Proportion of male and female staff in each quartile band

Quartile	Gender	2022 Number of Employees	2022 % of Employees (by gender/quartile)	2023 Number of Employees	2023 % of Employees (by gender/quartile)
1	Female	3118	73.71	3055	70.60
1	Male	1112	26.29	1272	29.40
2	Female	3057	73.86	3105	73.47
2	Male	1082	26.14	1121	26.53
3	Female	3521	80.94	3552	79.91
3	Male	829	19.06	893	20.09
4	Female	2719	64.07	2738	63.16
4	Male	1525	35.93	1597	36.84

## Bonus Pay

Mean and Median bonus pay gap by gender.

10.18. Table 3 includes employees who received a bonus in 2022 and 2023, the majority of these are Medical and Dental employees who received a Clinical Excellence Award (CEA).

Gender	2022 Mean	2022 Median	2022 Mean Difference	2022 Median Difference	2022 Mean Pay Gap %	2022 Median Pay Gap %	2023 Mean	2023 Median	2023 Mean Difference	2023 Median Difference	2023 Mean Pay Gap %	2023 Median Pay Gap %
Female	5,985.62	3,804.30	0.00	3,768.99	38.64	0.00	6,157.81	4,396.06	3,500.80	0.00	36.25	0.00
Male	9,754.61	3,804.30	0.00	3,768.99	38.64	0.00	9,658.62	4,396.06	3,500.80	0.00	36.25	0.00

10.19. The mean bonus pay gap was slightly lower in 2023 (36.25%) compared to 2022 (38.64%), the median pay gap remained 0%.

Proportion of males and females receiving a bonus payment

Gender	2022 Number of Employees	2022 % of Employees (by gender)	2022 Total Employees	2022 % of Total Employees (by gender)	2023 Number of Employees	2023 % of Employees (by gender)	2023 Total Employees	2023 % of Total Employees (by gender)
Female	295	39.92	14616	2.02	303	42.50	14788	2.05
Male	444	60.08	5419	8.19	410	57.50	5816	7.05

10.20. A total of 713 received a bonus payment in 2023. This is shown in Table 4 split by gender, the percentage of males and females in this group, and the percentage of relevant employees in the workforce, alongside the data from 2022 to allow for comparison.

## WORKFORCE DISABILITY EQUALITY STANDARD DATA APPENDIX 2023

10.21. The Workforce Disability Equality Standard (WDES) was introduced in April 2019 by NHS England and aids in compliance with NHS and UK Government pledges and legislation around improving equality for disabled people. The WDES is made up of ten indicators and makes use of a variety of workforce data including the National NHS Staff Survey, ESR data, and Trac recruitment data.

WDES 1: Percentage of staff in AfC pay-bands or medical and dental subgroups and very senior managers (VSM) compared with the overall workforce.

10.22. The tables below give the figures for the percentage of staff identifying as having a disability or not respectively across: Medical and Dental roles; Clinical Agenda for Change roles; and Non-Clinical Roles.

Disability Status	AfC Banding Group	n	%
Yes	M&D Trainees	48	73.85

10.23. Across all these roles the data is given by pay-band groups:

- Cluster 1: AfC Band 1, 2, 3 and 4
- Cluster 2: AfC Band 5, 6 and 7
- Cluster 3: AfC Band 8a and 8b
- Cluster 4: AfC Band 8c, 8d, 9 and VSM
- Cluster 5: Medical and Dental staff, Consultants
- Cluster 6: Medical and Dental staff, Non-Consultant Career Grade
- Cluster 7: Medical and Dental staff, trainee grades

10.24. Across these three tables when comparing the percentage of non-disabled to disabled bands it's clear that there is underrepresentation of disabled individuals in non-clinical AfC bands 5-8b, clinical AfC Band 5-7, and medical and dental NCCG and Consultant bands.

Medical and Dental Clinical Staff by pay band groups.

Disability Status	AfC Banding Group	n	%
No	M&D Consultants	664	38.58
No	M&D NCCG	127	7.38
No	M&D Trainees	930	54.04
Unknown	M&D Consultants	231	38.37
Unknown	M&D NCCG	83	13.79
Unknown	M&D Trainees	288	47.84
Yes	M&D Consultants	14	21.54
Yes	M&D NCCG	3	4.62

Clinical Agenda for Change Staff by pay band groups.

Disability Status	AfC Banding Group	n	%
No	AfC Band 1-4	2,713	32.65
No	AfC Band 5-7	5,208	62.68
No	AfC Band 8a-8b	360	4.33
No	AfC Band 8c-VSM	28	0.34
Unknown	AfC Band 1-4	395	28.58
Unknown	AfC Band 5-7	916	66.28
Unknown	AfC Band 8a-8b	60	4.34
Unknown	AfC Band 8c-VSM	11	0.80
Yes	AfC Band 1-4	201	38.14
Yes	AfC Band 5-7	299	56.74
Yes	AfC Band 8a-8b	23	4.36
Yes	AfC Band 8c-VSM	4	0.76

Non-Clinical Staff by pay band groups.

Disability Status	AfC Banding Group	n	% *
No	AfC Band 1-4	2,556	72.53
No	AfC Band 5-7	671	19.04
No	AfC Band 8a-8b	208	5.90
No	AfC Band 8c-VSM	89	2.53
Unknown	AfC Band 1-4	387	73.57
Unknown	AfC Band 5-7	94	17.87
Unknown	AfC Band 8a-8b	21	3.99
Unknown	AfC Band 8c-VSM	24	4.56
Yes	AfC Band 1-4	246	76.16
Yes	AfC Band 5-7	46	14.24
Yes	AfC Band 8a-8b	23	7.12
Yes	AfC Band 8c-VSM	8	2.48

Note: \* % within disability and pay group

WDES 2: Relative likelihood of non-disabled people being appointed from shortlisting relative to disabled people.

Disability Status	N. Shortlisted	Shortlisted from Applied %	N. Interviewed	N. Appointed	Appointed from Interview %	Appointed from shortlisted %	Not Disabled appointed / shortlisted	Disabled appointed / shortlisted	Relative Likelihood
Disabled	510	52.52	305	95	31.15	18.63	21.72	18.63	1.17
Non-disabled	4,816	21.85	2,818	1,046	37.12	21.72	21.72	18.63	1.17
Not Stated / Unknown	243	71.47	211	139	65.88	57.20	21.72	18.63	1.17

10.25. 21.72 % of the non-disabled applicants were appointed after being shortlisted for a job compared to 18.63 % of disabled applicants. Therefore, the relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff is 1.17; non-disabled staff were therefore 1.17 times more likely to appointed from shortlisting than disabled staff.

WDES 3: Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process.

Disability Status	No. Cases	Headcount	Percentage %	% Non-disabled cases	% Disabled cases
Disabled	0	919	0%	0.03	0
Not Declared / Undefined	2	2,645	33%	0.03	0
Not Disabled	4	13,595	67%	0.03	0

10.26. 0.03% of the non-disabled staff entered the formal capability process compared to 0.00% of disabled staff. The relative likelihood could not be calculated (due to there being zero cases), but nonetheless these findings suggest there being no evidence of disability discrimination in the formal capability process.

WDES 4: Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.

10.27. The following metrics make use of the NHS National Staff Survey data, which is published here: [nhsstaffsurveys.com](https://nhsstaffsurveys.com). The first table displays the percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse: from managers; from other colleagues; and from patients/service users, their relatives, or other members of the public.

Disability Status	Year	Group	Organisation Score (%)	Benchmark Score (%)	% Difference vs benchmark	% Difference vs group
Disabled	2022	Managers	18.1	17.1	1.0	8.1
Disabled	2022	Other Colleagues	28.8	26.9	1.9	10.7
Disabled	2022	Patients service users, their relatives, or other members of the public	38.6	33.0	5.6	7.2
Non-disabled	2022	Managers	10.0	9.9	0.1	
Non-disabled	2022	Other Colleagues	18.1	17.7	0.4	
Non-disabled	2022	Patients service users, their relatives, or other members of the public	31.4	26.2	5.2	

10.28. These results suggest that disabled staff are more likely to experience harassment, bullying or abuse across every category, with disabled staff being over 7% more likely to have these negative experiences compared to non-disabled staff. The table also shows that UHSussex reports more experiences of harassment, bullying or abuse across every category (both disabled and non-disabled individuals). Regardless of disability status, UHSussex staff reported more than 5% greater harassment, bullying, or abuse from patients and relatives compared to the acute benchmark.

10.29. This second table shows the percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

Disability Status	Year	Organisation Score (%)	Benchmark Score (%)	Percentage Difference vs benchmark	Percentage Difference vs group
Disabled	2021	46.2	47.0	-0.8	3.1
Disabled	2022	48.4	48.4	0.0	3.6
Non-disabled	2021	43.1	46.2	-3.1	
Non-disabled	2022	44.8	47.3	-2.5	

10.30. UHSussex disabled staff were just as likely to report the discrimination as the benchmark, but non-disabled staff were more likely to report the discrimination compared to the benchmark. Both groups scored higher this year, meaning that they said they were more likely to report the discrimination compared to last year, and disabled individuals were ~3% more likely to report the discrimination than non-disabled staff.

WDES 5: Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

Disability Status	Year	Organisation Score (%)	Benchmark Score (%)	Percentage Difference vs benchmark	Percentage Difference vs group
Disabled	2021	49.6	51.4	1.8	4.7
Disabled	2022	50.5	51.4	0.9	3.5
Non-disabled	2021	54.3	56.8	2.5	
Non-disabled	2022	54.0	57.3	3.3	

10.31. UHSussex staff were less likely to believe that the trust provides equal opportunities for career progression and promotion compared to the benchmark, across the board regardless of disability status. Disabled staff were 3.5% less likely to state this than non-disabled staff, although this gap is smaller than last years' when disabled staff were 4.7% less likely to believe the trust provides equal opportunities in career progression.

WDES 6: Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Disability Status	Year	Organisation Score (%)	Benchmark Score (%)	Percentage Difference vs benchmark	Percentage Difference vs group
Disabled	2021	32.5	32.2	0.3	9.4
Disabled	2022	28.4	30.0	-1.6	6.9
Non-disabled	2021	23.1	23.7	-0.6	
Non-disabled	2022	21.5	20.8	0.7	

10.32. Disabled staff were 6.9% more likely to agree they have felt pressure to come to work when unwell compared to non-disabled staff. However, this is a reduction compared to last year when the gap between disabled and non-disabled staff was 9.4%. Scores across the board were relatively close to the benchmark.

WDES 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Disability Status	Year	Organisation Score (%)	Benchmark Score (%)	Percentage Difference vs benchmark	Percentage Difference vs group
Disabled	2021	30.3	32.6	-2.3	8.1
Disabled	2022	28.6	32.5	-3.9	8.3
Non-disabled	2021	38.4	43.3	-4.9	
Non-disabled	2022	36.9	43.6	-6.7	

10.33. Across the board staff were less likely to feel satisfied that the organisation values their work, with benchmark scores being higher than UHSussex scores for both disabled and non-disabled staff. Within UHSussex disabled staff were 8.3% less to feel satisfied, which was like the previous year.

WDES 8: Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Disability Status	Year	Organisation Score (%)	Benchmark Score (%)	Percentage Difference vs benchmark
Disabled	2022	73.4	71.8	1.6

10.34. There was no legacy data for this question, but the findings showed that UHSussex disabled staff were slightly more likely than the benchmark to have adequate workplace adjustments.

WDES 9a: The staff engagement score for Disabled staff, compared to non-disabled staff.

Disability Status	Year	Organisation Score	Benchmark Score	Point Difference vs benchmark	Point Difference vs group
Disabled	2021	6.3	6.4	0.1	0.4
Disabled	2022	6.2	6.4	0.2	0.4
Non-disabled	2021	6.7	7.0	0.3	
Non-disabled	2022	6.6	6.9	0.3	

10.35. The staff engagement score was lower across the board compared to the benchmark score (i.e., regardless of disability status). Disabled staff had a slightly lower score than non-disabled staff and the percentage difference (0.4%) did not change compared to last year.

WDES 9b: Staff engagement

10.36. In February 2019, the Trust signed off a Terms of Reference for the Disability Staff Network; from that point forward, the network was formally recognised by the Trust. The network aims to provide an avenue for staff to discuss disability-related issues. In 2021, disability network from both predecessor organisations merged, to ensure the representation of all UHSussex staff. The network reports to the Equality Steering Group. The Chair of the Disability Staff Network also attends the HR Policy Group Forum, which is responsible for the development and review of non-Medical HR policies on employment issues.

WDES 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce.

10.37. The tables below show the number and percentage of disabled staff who are members of the board, compared to the organisation. The first table shows the overall board, and the second two tables further disaggregate by voting membership of the board and executive membership of the board respectively.

Disability Status	Headcount	Headcount %	Headcount %	Board Member Headcount %
No	13,555	12	79.30	52.17
Unknown	2640	11	15.44	47.83
Yes	899	NA	5.26	NA

Voting Membership

Disability Status	Non-Voting Board Member	Voting Board Member	Org. Headcount	Headcount %	Non-voting %	Voting %
No	6	6	13,555	79.30	40	75
Unknown	9	2	2640	15.44	60	25
Yes	0	0	899	5.26	0	0

Executive Membership

Disability Status	Non-exec Board Member	Exec Board Member	Org. Headcount	Headcount %	Non-exec %	Exec %
No	5	7	13,555	79.30	35.71	77.78
Unknown	9	2	2640	15.44	64.29	22.22
Yes	0	0	899	5.26	0	0

10.38. Across all three tables disabled staff are unrepresented on the board, and having an “unknown” status is overrepresented, suggesting people are not declaring their status (either from missing data, or from opting to not declare status).