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**University
Hospitals Sussex**
NHS Foundation Trust

Annual Equality Report 2024

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

Contents

Introduction.....	2
Governance.....	3
Summary.....	6
1. Race.....	17
2. Disability.....	37
3. Gender.....	51
4. Sexual Orientation.....	66
5. Religion and Belief.....	79
6. Age.....	92
7. Staff with Caring Responsibilities.....	102
8. Armed Forces.....	102
Appendix.....	103

Introduction

Welcome to our Annual Equality Report 2024.

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 equality, diversity, and inclusion (EDI) programme supports the delivery of ‘Our People’ vision to be a great place to work.

This report includes a summary followed by eight sections, the first six sections are: race, disability, gender (inclusive of pregnancy and maternity, sex, and gender identity), sexual orientation, religion and belief, and age equality within employment.

- ▶ Each section begins with key findings from data analyses.
- ▶ Each section is then divided into measures of equality aligned with the high impact actions (HIA) numbered 1-6 from the national NHS Equality, Diversity & Inclusion (EDI) Improvement Plan (summarised under ‘Governance’ below).
- ▶ Each section ends with key recommendations for the organisation to address the findings over the forthcoming year.

Sections 7-8 take a different format covering our Armed Forces Community’s and Carers Staff Network key achievements over the last year.

Terminology

In addressing the contentious nature of statistical groupings such as 'BAME' or 'BME', it is noted that these terms may imply a homogeneous grouping and highlight specific pan-ethnicities, such as 'Black' and 'Asian,' raising issues of exclusion and divisiveness (Aspinall, 2021). They may imply indiscriminately combining people from different geographical, behavioural, social, and cultural backgrounds (Khunti et al., 2020). Such a grouping can mask disparities between different ethnic groups and create misleading interpretations of data.

This report uses the term *minoritised* group, including when also referring to underrepresented groups or marginalised groups, and aims to break the data further down into ethnic groups or specific ethnicities wherever possible. The use of the acronym BAME is only used in application to the staff network whose membership adopted the term in 2024.

Please refer to the ‘Technical Notes’ in the appendix for further information about compliance, privacy, scope, data quality, ratios, target ranges and rating definitions.

Governance

Strategy

In December 2022, the Trust approved a Three-Year Equality, Diversity & Inclusion (EDI) Strategy with five key areas of focus: (i) de-bias recruitment and selection processes, (ii) reduce harassment, (iii) equitable career progression and pay, (iv) workforce health inequalities, (v) community engagement & participation.

In 2023, the EDI Strategy programme of work was reorganised around the high impact actions contained in the newly published national NHS Equality, Diversity & Inclusion (EDI) Improvement Plan:

Action	Descriptor
HIA1	Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.
HIA2	Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
HIA3	Develop and implement an improvement plan to eliminate pay gaps.
HIA4	Develop and implement an improvement plan to address health inequalities within the workforce.
HIA5	Implement a comprehensive induction, onboarding and development programme for internationally recruited staff. ¹
HIA6	Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

¹ Data and technical guidance to support reporting of metrics for High Impact Action 5 (international staff) was not published by regulators at the time of writing and subsequently some metrics were excluded from this report.



Members of the Carers Network, with chair Dominic Duke (right)



The Carers Centre for Brighton and Hove



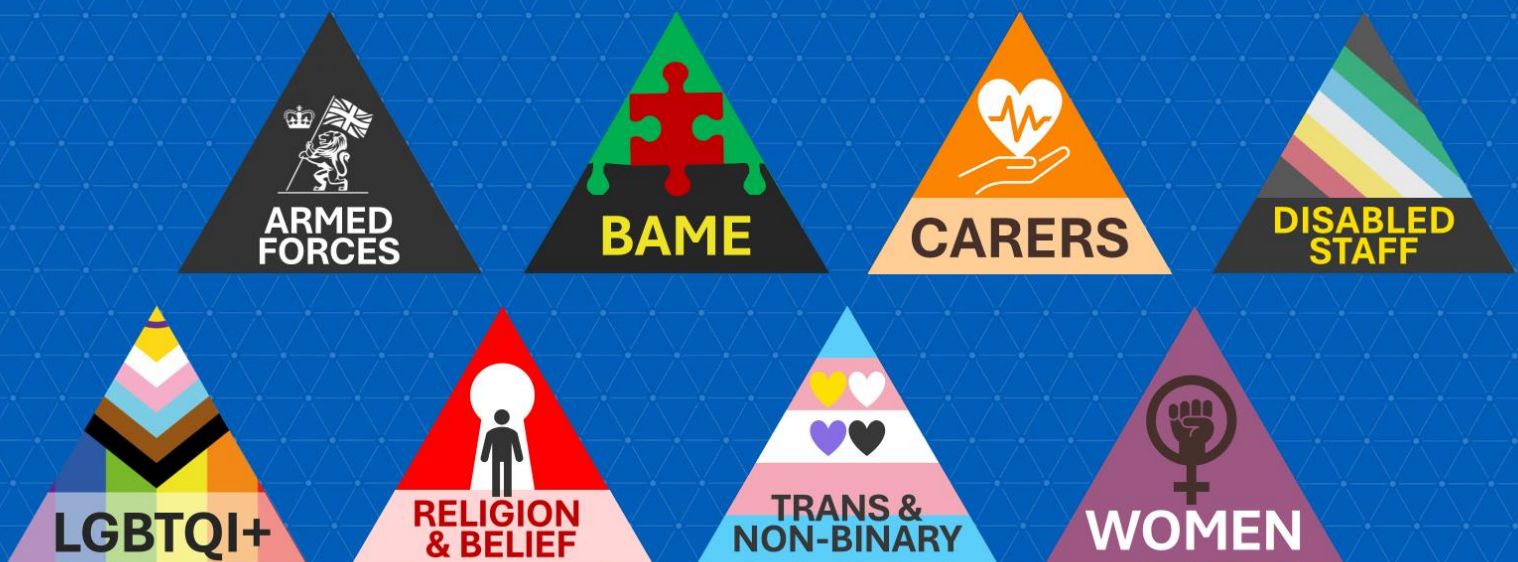
Disabled Staff Network, with chair Marce Quinn (left)

Engagement

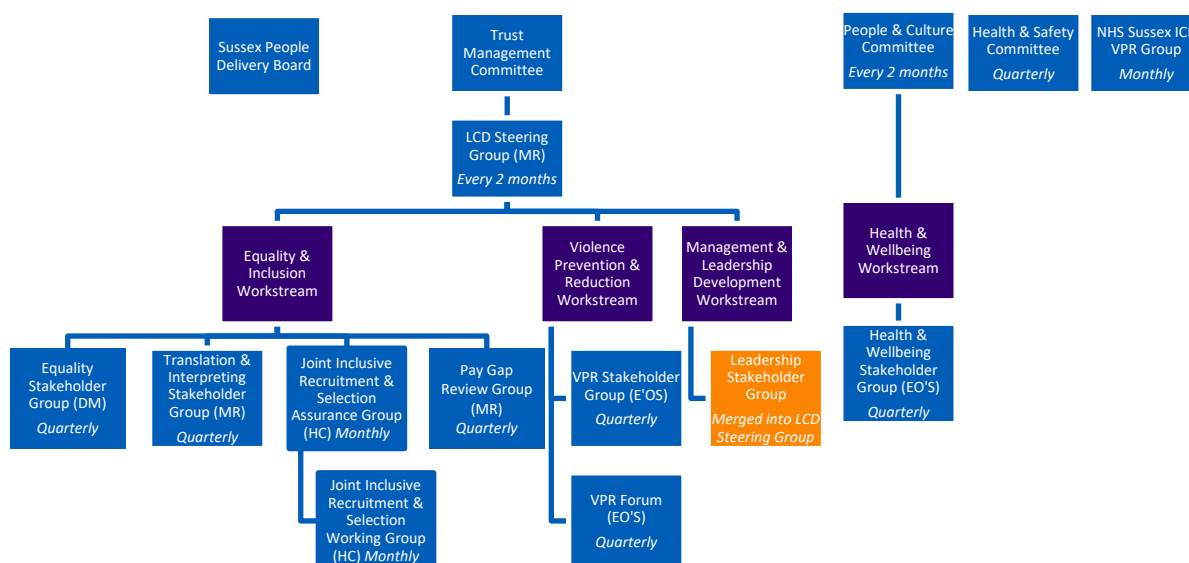
In September 2023, the Trust refreshed its commitment to its staff networks, including recognition principles. The Trust now has eight staff networks, each sponsored by a Board member to support the network chairperson and network development. Staff network chairpersons meet periodically through the Equality Stakeholder Group, and are supported by the corporate Equality, Diversity and Inclusion team.

UHSussex Staff Networks

- ▶ We promote inclusion by offering networking to **ALL** staff. For further information please visit <https://www.uhsussex.nhs.uk/careers/working-with-us/wellbeing/staff-networks-and-clubs/>



Decision-making



The Trust EDI programme forms part of the Leadership, Culture & Development (LCD) Strategic Initiative. In line with the Patient First methodology, this deployment is intended to provide additional support, visibility, and monitoring.

Reporting

Progress against the EDI Plan is reported monthly via Trust SDR (Strategy Deployment Review), every two months to the Trust Management Committee (TMC), and monthly and quarterly to the People & Culture Committee. In addition, the following reporting is required:

- Monthly (SDR) and quarterly deep-dives to People & Culture Committee
- Well-Led Plan (monthly)
- Single Improvement Plan (monthly)
- NHS EDI Improvement Plan to NHS Sussex People Delivery Board (quarterly)²
- QSIP Quality Assurance Meetings NHS Sussex / NHSE (quarterly)
- NHS EDI Improvement Plan to NHS England (via ICB) (quarterly)
- WRES / WDES Shortlisting-to-Appointment metrics to LCD SI (quarterly)³
- Audit improvement plan (6-monthly)
- Sussex Race Equality Strategy to Sussex ICB (ad hoc)
- Annual Equality Report (yearly)
- Trust Annual Report (yearly)
- WRES and WDES data submissions to NHS England (yearly)
- Gender pay gap data submission to Cabinet Office (yearly)

² Supports delivery of the Sussex Health & Care Workforce Race Equality Strategy (2023), People Plan (2023) and Improving Lives Together: Our Ambition for a Healthier Future in Sussex strategy (2023).

³ The WRES and WDES shortlist-to-appointment ratios are reported quarterly at Trust level as one of the Leadership, Culture & Development Strategic Initiative Key Performance Indicators.

Summary

Summary findings about equality shown by demographic group, these are organised under national high impact actions, taken from people data for 2023/24:

Racial Equality, Diversity and Inclusion

The number of people from minoritised ethnic groups in the workforce on 31 March 2024 was 4,500, or 25% of the substantive workforce (17,784).

HIA 1: Leadership and Accountability

- ▶ The Trust has a Black, Asian and Minoritised Ethnic (BAME) Staff Network sponsored by the Chief Executive Officer. Its more than 260 members selected a new Chair in December 2023, working on Race Equality Week 2024, Black History Month 2023, and a draft anti-discrimination plan.
- ▶ None of the twenty executive and non-executive Board members were recorded on their staff record as being from a minoritised ethnic group.

HIA 2: Inclusive Talent

- ▶ White staff were **4.8 times more likely** to be represented in senior (AfC bands 8-VSM) clinical Agenda for Change roles than minoritised ethnic staff, relative to their representation in lower bands (AfC bands 1-5).
- ▶ The negative impact on minoritised ethnic staff clinical career progression of any division, was in the Specialist Division, where white staff were **fifteen times more likely** to be represented in bands 8-VSM roles compared to bands 1-5. Women and Children's Division was best at 1.5 times more likely, still above the upper limit of the equality target range (1.25).
- ▶ White nurses and midwives were **fifteen times more likely** to be in bands 8a-VSM than minoritised ethnic nurses and midwives, compared to their representation in bands 1-5 overall. This goes to **sixteen times** for nurses and midwives based on Worthing or Southlands hospitals.
- ▶ Looking at the nurse staff group results by division, in the Surgery Division (WOR and SRH) it goes up to **seventeen times** more likely. In the Specialist division it was **twenty-two times**. In the Medicine (WOR and SRH) Division, it maxes out at **thirty-four times**.
- ▶ White Allied Health Professionals (e.g. Dietician, Occupational Therapist, Orthoptist, Physiotherapist, Radiographer, Speech & Language Therapist) were **seven times more likely** to be in bands 8a-VSM than minoritised ethnic staff, compared to their representation in bands 1-5.
- ▶ Out of all non-clinical divisions, Facilities and Estates had the largest negative impact on minoritised ethnic staff non-clinical career progression, with white

staff **nine times more likely** to be represented at bands 8a-VSM compared to bands 1-5. Finance was best with white staff **just as likely** (1.1 times) to be represented as minoritised ethnic staff.

- ▶ White doctors were **3.6 times more likely** to be represented as consultants than minoritised ethnic doctors, relative to their representation in non-consultant career grades (NCCG) overall.
- ▶ In the Medicine Division in Worthing, Southlands and St Richards (WOR & SRH) this rose to **ten times more likely**. It was best in the Clinical Support Services Division at 1.5 times more likely, still above the upper limit of the equality target range (1.25).
- ▶ White people were **1.8 times more likely** to be appointed from shortlisting than all people from minoritised ethnicities on the March snapshot date. They were **2.4 times more likely** to be appointed compared to Black people.

HIA 3: Pay Gap

- ▶ Comparing mean (average) bonus pay, staff in the mixed ethnic group received the least of any group, at **fifty-eight pence for every £1** white British staff got.
- ▶ Staff in Black ethnic groups received **seventy-four pence for every £1** white British staff received in bonus pay, and staff in Asian, Other and 'White Other' ethnic groups received between **£0.77-0.81 for every £1** white British staff got.

HIA 4: Workforce Health Inequalities

- ▶ In 2023, staff from the 'Other' ethnic group⁴ reported **the most experiences of feeling unwell** because of work related stress, or because of burnout, or due to musculoskeletal (MSK) problems, of any ethnic group, and all having increased on 2022 scores.
- ▶ The Mixed ethnic group scored the lowest (47.7%) of any ethnic group against the statement: 'my organisation takes positive action on health and wellbeing'.

HIA 5: Internationally Recruited Staff

- ▶ Internationally recruited staff (21%) reported more incidence of harassment, bullying or abuse at work from colleagues than non-internationally recruited staff (18.6%).
- ▶ Internationally recruited staff (13.1%) reported greater incidence of discrimination at work from their manager, team leader or other colleagues than did non-internationally recruited staff (8.9%).

⁴ This statistical category includes self-identifying Filipino, Vietnamese, Japanese and Malaysian staff.

HIA 6: Eliminate Discrimination

- ▶ Minoritised ethnic staff (16 people) were **1.4 times more likely** to enter the formal disciplinary process compared to white staff (32 people). This is like last year (2023 likelihood = 1.35) and remains improved from the year before (2022 likelihood = 1.7). It is slightly higher than the equality target range (target between 0.8–1.25).
- ▶ Evidence of ethnic disparities still appear in the 2023 NHS Staff Survey (NSS). Three out of three workforce race equality standard (WRES) metrics on discrimination taken from the NSS showed **improved** scores from 2022 for minoritised ethnic groups overall, and two out of three were **better** results than the national benchmark median for that group.

Disability Equality, Diversity and Inclusion

The number of disabled staff in the workforce on 31 March 2024 was 6% (1,033) of the substantive workforce overall (17,784).

HIA 1: Leadership and Accountability

- ▶ This year the Trust's Disabled Staff Network (DSN) sponsored by the Chief People Officer grew to 160 active members. Highlights include co-producing a new Staff Health & Wellbeing Passport and a new Disability Leave policy, and the Trust's first Disability Awareness Conference in March 2024, with over three hundred attendees.
- ▶ One Board member (11.1%) shared their disability status in 2023/24.

HIA 2: Inclusive Talent

- ▶ Disabled staff in AfC roles were **just as likely** as non-disabled staff to be represented in higher paid roles, both clinical and non-clinical, relative to their representations in lower paid bands. This headline obscures very low representation of disability in certain groups, and disparities negatively affecting disabled people within divisions, staff groups, and sites:
 - There were **no disabled** clinicians higher than a band 8a based at St Richards Hospital.
 - There were no disabled clinicians higher than a **band 8c** and no disabled non-clinical staff higher than a **band 7 at PRH**.
 - There were **no disabled** non-clinical staff working higher than a band 8b in either the Chief Financial Officer (CFO) Division, the Chief Governance Officer (CGO) Division, or the Chief Medical Officer (CMO) Division. In Facilities and Estates, the ceiling for disabled staff was at band 8a. In the Chief Nurse Division there was no staff disability recorded in non-clinical grades, except between bands 4-6.

- There were no disabled people working higher than a **band 7 in the ‘Estates and Ancillary’** staff group.
- **14.3% of students** on placement at the 31 March 2024 were disabled.
- ▶ Non-disabled doctors were **1.4 times more likely** to be a consultant than non-disabled doctors, relative to their representation within non-consultant career grades (NCCG).
 - There was **no disability** shared at either the NCCG level or the consultant level in the Cancer Division, the CMO Division, or the Specialist Division.
 - **No consultants** based at PRH shared a disability. **No NCCG doctors** based at SRH shared a disability.
 - In the Surgery divisions, there was no disability shared by doctors in:
 - **All medical grades** based at the Princess Royal Hospital (PRH) site.
 - **NCCG level** on the Royal Sussex County Hospital (RSCH) site.
 - **Consultant level** or NCCG level based at the SRH site.
 - In the Medicine divisions, there was **no disability** shared at consultant level or NCCG level by doctors based at SRH.
- ▶ Fewer disabled staff (49.4%) believe the organisation provides equal opportunities for career progression, compared to non-disabled staff (55.4%).

HIA 4: Workforce Health Inequalities

- ▶ Disabled members of staff reported more feelings of burnout, more experience of musculoskeletal (MSK) problems, and feeling unwell more due to work related stress when compared to non-disabled staff.
- ▶ Disabled members of staff were less likely to agree with the statement that the organisation takes positive action on health and wellbeing, compared to non-disabled staff.
- ▶ Disabled staff felt more management pressure to come to work when not feeling well enough than non-disabled staff.
- ▶ 73.7% of disabled staff report having adequate workplace adjustments in the NHS staff survey 2023; unchanged from 2022, and the same as the national benchmark average (73.4%)

HIA 6: Eliminate Discrimination

- ▶ Disabled staff reported a higher incidence of harassment, bullying or abuse from patients, relatives or the members of the public, and from managers and colleagues compared to non-disabled staff.

Gender Equality, Diversity and Inclusion

Out of 17,972 staff, 71.6% (12,865) were recorded as female and 28.4% (5,107) as male on their electronic staff record on the snapshot date of 31 March 2024. 0.6% of the 8,377 respondents to the Trust's 2023 NHS Staff Survey (NSS) identified as either non-binary or 'prefer to self-describe' in response to a gender question.

HIA 1: Leadership and Accountability

- ▶ A Women's Network was established in March 2024, sponsored by the Chief Medical Officer. This included a successful launch event with 45 people in attendance or signing up, coinciding with the Trust's celebration of International Women's Day.
- ▶ Nine females (45%) and ten males (50%) were on the Trust Board, along with one member for whom no personnel information was available.

HIA 2: Inclusive Talent

- ▶ Male staff were just over **twice as likely** to be in the top pay quartile than female staff, compared to their representation in the upper middle pay quarter. This is down slightly (**better**) from 2.3 times in 2023
- ▶ In the Women and Children's Division, male clinical staff were five **times more likely** to be in bands 8a-VSM than females, compared to their representation in bands 6-7. This is particularly pronounced in the registered nursing and midwifery staff group and within that, those based at RSCH.
- ▶ In the Women and Children's Division, at the Worthing site male non-clinical staff were just over **eleven times more likely** to be in bands 6-7 than females, compared to their representation in bands 1-5. This compares to 2.3 times more likely at the RSCH site.
- ▶ It appears to particularly impact staff in the administrative and clerical staff group, where males were over **twenty-two times more likely** to be represented than females at Worthing.
- ▶ In the Medicine divisions, on the SRH site male non-clinical staff were **ten times more likely** to be in bands 6-7 than females, compared to their representation in bands 1-5. This appears to particularly impact within the administrative and clerical staff group.
- ▶ In the Facilities and Estates Division, males were just over twice as likely to be in bands 6-7 than females overall, compared to their representation in bands 1-5. The male staff on the SRH site are **nine times more likely** to be represented, particularly impacting within the administrative and clerical staff group.

- ▶ Male doctors were **1.7 times more likely** to be represented as non-consultant career grades (NCCG) than female doctors, relative to their representation as medical trainees
- ▶ Male doctors were **just as likely** (1.1 times) overall to be represented as consultants than female doctors, compared to their representation at NCCG. This is true of all sites, except Princess Royal Hospital where male doctors were twice **as likely** to be consultants than female doctors.
- ▶ Male doctors were **twice as likely in the CSS Division** to be represented as consultants than female doctors, compared to their representation at NCCG, and **two-and-a-half times more likely in the Surgery Division** on the Worthing sites.
- ▶ The Trust was statistically **as likely** (0.86 times) to appoint males from short-listing as females. This falls within the equality target range (0.8-1.25).
- ▶ Fewer disabled staff (49.4%) believe the organisation provides equal opportunities for career progression, compared to non-disabled staff (55.4%).

HIA 3: Pay Gap

As of 2023-24, the bonus may gap has **improved** from 2022-23, and the pay gap in ordinary pay has deteriorated marginally:

- ▶ Comparing mean (average) hourly wages, females earned **eighty-three pence for every £1** males earned, one penny less (marginally **worse**) than in 2023.
- ▶ Comparing median hourly wages (accounting for outliers), females earned **ninety-eight pence for every £1** males earned, two pence less (marginally **worse**) than in 2023.
- ▶ Comparing mean (average) bonus pay, females earned **sixty-nine pence for every £1** males earned, five pence more (**better**) than last year.
- ▶ Comparing median bonus pay – to account for outliers – females earned the same (**equality**) as males, as in the previous two years.

HIA 4: Workforce Health Inequalities

- ▶ Non-binary members of staff reported more feelings of burnout, more experience of musculoskeletal (MSK) problems, and feeling unwell due to work related stress more when compared to other genders.

HIA 6: Eliminate Discrimination

- ▶ Members of staff who prefer to self-describe their gender reported the most experiences of harassment, bullying and abuse from patients or the public of any gender.
- ▶ Non-binary members of staff reported the most levels of harassment, bullying and abuse from colleagues compared to staff members of any other genders, and the

most sexual harassment or discrimination from patient and the public, and from managers, team leaders or other colleagues.

Sexual Orientation Equality, Diversity and Inclusion

Out of 17,734 substantive staff, 6.2% (1,099) were recorded as lesbian, gay, bisexual, undecided or other (LGBUO) in their electronic staff record on the 31 March 2024.

HIA 1: Leadership and Accountability

The Trust has a network for Lesbian, Gay, Bisexual, Trans, Queer, Intersex and other gender identities and sexual identities (LGBTQI+) sponsored by the Chief Operating Officer. The LGBTQI+ Network key achievements in 2023/24 were:

- ▶ Re-establishing itself in August 2023, the network is newly sponsored by the Chief Operating Officer and led through the selection of a new network chairperson. The network meets monthly providing a safe and supportive environment for members.
- ▶ With financial support from My University Hospitals charity, the network is running a successful Pride programme across Sussex during Summer 2024, with opportunities to promote employment, volunteering and charitable opportunities at the Trust, and to talk to local communities.
- ▶ Nine members of the Trust Board shared a sexual orientation (45%), and ten did not state their sexual orientation (50%). One further voting Board member had no personnel information available.

HIA 2: Inclusive Talent

- ▶ Overall, heterosexual clinicians were **just as likely** to be in bands 6-7 as LGBUO clinicians, compared to their representation in bands 1-5. This headline masks variation by division, staff group, and site.
- ▶ Heterosexual staff were **half as likely** to be represented in senior (AfC bands 8-VSM) non-clinical Agenda for Change roles than LGBUO staff, relative to their representation in lower bands (AfC bands 1-5).
- ▶ Heterosexual doctors were over **twice as likely** to be in non-consultant career grades than LGBUO doctors compared to their representation in trainee grades. This rises to **6.7 times more likely** in the Medicine (WOR and SRH) Division, and **6.8 times more likely** in both Surgery divisions, particularly for doctors based at RSCH.
- ▶ Heterosexual people were **as likely** as lesbian, gay and bisexual people to be appointed from shortlisting in recruitment overall.

HIA 4: Workforce Health Inequalities

- ▶ Bisexual members of staff reported more feelings of burnout, more experience of musculoskeletal (MSK) problems, and feeling unwell due to work related stress relative to other sexual orientations.

HIA 6: Eliminate Discrimination

- ▶ Bisexual members of staff and members of staff who chose 'other' as their sexual orientation report the most experiences of harassment, bullying and abuse from patients or the public compared to staff members with any other sexual orientation and those who chose to prefer not to say.
- ▶ Gay or lesbian members of staff, and staff who prefer to not disclose their sexual orientation, report more experiences of harassment, bullying and abuse from managers compared to staff members with any other sexual orientation.
- ▶ Bisexual members of staff report the most experiences of sexual harassment from patients or the public, and sexual harassment from managers, team leaders or other colleagues compared to staff members with any other sexual orientation.

Religion and Belief Equality, Diversity and Inclusion

Out of 17,734 staff, 63.4% (11,244) were recorded as having a religion in their electronic staff record, on the 31 March 2024.

HIA 1: Leadership and Accountability

The Trust's Religion and Belief (R&B) Network was relaunched in July 2024 and is sponsored by the Chief Governance Officer. The R&B Network key achievement has been to hold an initial meeting open to all staff for them to talk about issues in the workplace related to faith, spirituality and belief.

- ▶ Six members of the Trust Board indicated they had a religion (60%), six indicated they did not wish to disclose their religion or belief (30%) and two did not have any data available (10%).

HIA 2: Inclusive Talent

- ▶ Atheist staff were **one and a half times more likely** to be in specialist or advanced clinical roles (bands 6-7) than staff holding any religious belief, compared to their representation in support or newly qualified roles (bands 1-5), but they were **just as likely** to be in senior management roles (bands 8a-VSM) compared to bands 6-7 representation.
- ▶ Atheist staff were **1.7 times more likely** to be in non-clinical junior management roles (bands 6-7) than staff holding any religion, compared to support and entry level roles (bands 1-5). but they were **just as likely** to be in senior management roles (bands 8a-VSM) compared to non-clinical junior management roles (bands 6-7).
- ▶ In the Cancer Division, and in the Women and Childrens Division, atheist non-clinical staff were **five times more likely** to be in bands 8a-VSM than religious staff, compared to their representation in bands 6-7.

- ▶ Atheist doctors were twice **as likely** to be consultants than doctors holding religious beliefs, compared to their proportions in NCCGs, but atheist doctors were **half as likely** to be NCCG than compared to trainee grades.
- ▶ In the Surgery division, on the Worthing site, atheist doctors were about **ten times more likely** to be a consultant, than doctors with religious beliefs, compared to their representation in NCCG.
- ▶ The Trust was **1.4 times more likely** to appoint atheist people from short-listing compared to staff from any religion.

HIA 4: Workforce Health Inequalities

- ▶ In 2023 members of staff who were Jewish and those who did not want to share their religion or belief, reported the most feelings of burnout compared to all other belief groups. The figure for Jewish staff is down (**better**) from 2022 to 2023.
- ▶ Jewish staff, and staff who chose to not share their religion or belief, reported feeling unwell because of work related stress more than all other belief groups.

HIA 6: Eliminate Discrimination

- ▶ Sikh staff, and Muslim staff, report the most (**worst**) experiences of harassment, bullying and abuse from patients or the public, compared to staff members from any other belief group.
- ▶ Sikh members of staff, and staff with no religion, report the most (**worst**) experiences of discrimination from patients or the public compared to staff members from any other belief group.
- ▶ Staff with no religion, and staff from any other religion, and Christian staff report more (**worse**) experiences of discrimination from managers, team leaders or other colleagues, compared to staff members from any other belief group.
- ▶ Muslim staff and Hindu staff report the most experiences of sexual harassment from patients or the public, compared to staff in any other belief groups.

Age Equality, Diversity and Inclusion

Out of 17,734 staff, the largest age band was 31-35 years at 14.99% (2,658) taken from electronic staff records as of the 31 March 2024. The smallest was the 71+ years age band at 0.6% (106).

HIA 1: Leadership and Accountability

- ▶ Seven members of the Trust Board were in the 51-55 age band (35%), five in the 56-60 age band (25%) and three in the 61-65 age band (15%). The remaining members were in the 46-50, 36-40, 61 and 66-70 age bands. One further Board member had no personnel information available.

HIA 2: Inclusive Talent

- ▶ Staff in the Trust's largest age band (30-34 years old) were as likely as staff from all other age bands to be appointed from shortlisting. Relative likelihoods for all age bands fall within the equality target range (0.8–1.25).

HIA 4: Workforce Health Inequalities

- ▶ There was a substantial increase in the percentage of staff in the 16-20 age band who reported feeling burnout from 2022 to 2023. There was a reduction in the percentage of staff in the 21-30 and the 31-40 age bands who reported feeling burnout from 2022 to 2023.
- ▶ Staff in the youngest age band (16-20) agreed substantially more that the Trust takes positive action on health and wellbeing than staff in any other age band.
- ▶ The percentage of male and female staff who reported experiencing MSK problems remained unchanged from 2022 to 2023.
- ▶ The percentage of staff in the 16-20 age band reporting experiences of feeling unwell because of work related stress has decreased substantially from 2022 to 2023.

HIA 6: Eliminate Discrimination

- ▶ Members of staff in the 21-31 age band reported the most experiences of harassment, bullying and abuse from patients or the public compared to any other age bands.
- ▶ Staff members in the two youngest age bands (16-21 and 21-31 years) report the most experiences of sexual harassment from patients or the public, or from managers, team leaders or other colleagues, compared to members of staff in any of the other age bands.

Staff with Caring Responsibilities Inclusion

The Carers Network was established in March 2024, sponsored by the Chief Nurse. The key achievements since its establishment has been to grow its membership and organise a stall in the Louisa Martindale Building at the Royal Sussex County Hospital, alongside the Carers Link Team and the Disabled Staff Network, as part of National Carers Week 2024.

Armed Forces Inclusion

The Trust has an Armed Forces Community (AFC) staff network sponsored by the Chief People Officer. The network's key achievements in 2023/24 were:

- ▶ The design and build of a commemorative garden at Southlands Hospital, opened in June 2024. Built with financial support from My University Hospitals Sussex and the League of Friends charities.

- ▶ Competition at the Medical Endeavour inter-NHS friendly challenge, in association with 256 Field Hospital in London.
- ▶ Successfully maintenance of the Trust's Veteran Aware status.

Actions

The findings from this report are already addressed within the existing Trust Equality, Diversity, and Inclusion Plan. These actions are summarised below, including references to the corresponding numbered indicators from the workforce race (WRES) and disability (WDES) equality standards, and to the high impact actions (HIAs) from the national NHS Equality, Diversity and Inclusion Improvement Plan:

1. Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (WRES1; WDES1; HIA2).
2. Senior leaders and aspirational senior leaders targeted within Career Navigation Support programme (WRES1; WDES1,5; HIA2).
3. Continue to widen recruitment opportunities within local communities through delivering the new inclusive recruitment and selection plan (WRES2; WDES2 and HIA2).
4. Regular quarterly reporting on shortlisting-to-appointment relative likelihood by ethnic group metric within SDRs (Strategy Deployment Reviews) to improve visibility (WRES1 and HIA1).
5. Develop Divisional level reporting on local equality, diversity, and inclusion metrics through a new dashboard to strengthen accountability (WRES1-2, 5-8; WDES1-2, 4-9; HIA1-6).
6. Strengthen impact assessment of equality and health inequalities within decision-making (HIA1 and HIA4).
7. Implement a centralised reasonable adjustment decision panel (WDES8).
8. Increase visibility and use of inclusion health passports for all staff within workforce information systems and develop a suitable leading key performance indicator(s) for future reporting (WDES8).
9. Encourage board members to complete their protected characteristics data (WRES 9; WDES10; HIA1).
10. Strengthen flexible working application and recording processes and systems (WRES1,7; WDES1,7,8; HIA3 / Gender Pay Gap).
11. Relaunch flexible working guidance and training for staff and managers (WRES1,7; WDES1,7,8; HIA3 / Gender Pay Gap).
12. Review of staff domestic abuse and sexual violence protections (HIA6).
13. Implement an Anti-Discrimination Plan (WRES5-6; WDES4; HIA6).

These actions will be met from within existing resources, with any specific cases for funding and changes developed and submitted where required.

1. Race

HIA 1: Leadership and Accountability

Staff voice

The Trust has a Black, Asian and Minoritised Ethnic (BAME) Staff Network sponsored by the Chief Executive Officer. The BAME Network key achievements in 2023/24 were:

- ▶ The network for staff from minoritised ethnicities and their allies is sponsored by the Trust Chief Executive. Its more than 260 members selected a new Chair in December 2023, who has established regular monthly hybrid in-person/online meetings across the Trust's main sites. Members have actively contributed to anti-discrimination work.
- ▶ Staff Network members ran a successful programme of events to mark Black History Month in October 2023, supported by My University Hospitals Sussex Charity and NHS Sussex ICB partners. This included a session led by Cuthbert Williams MBE, co-founder of Brighton & Hove Black History Group, veteran and NHS retiree. Staff workshops included 'Black Haircare and Skincare' for patients.
- ▶ The Network, Trust senior sponsors/champions and Trust EDI Team also ran a programme of activities for Race Equality Week in February 2024, which engaged staff in thinking about and committing to action on race equality in the workplace under the theme #ListenActChange.

Board ethnicity composition (WRES 9)

At the snapshot date in March 2024, none of the Board members shared that they identified with a minoritised ethnic group, compared to 9% of the population in Sussex and 25% of the Trust's workforce. Six board members (30%) had 'Not Stated' as ethnicity on their staff record. One board member had no personnel information available. The number of Board members not stating their ethnicity has increased from last year (26%) and is higher than in the overall workforce (4%).

Two executive directors (22.2%) did not state their ethnicity information, while the remaining seven shared their ethnic group was white. Four (36.4%) non-executive directors did not share their ethnicity information, five (45.5%) indicated their ethnic group was white and one had no information available.

12 board members (66.7%) with voting rights indicated they were white, four (22.2%) did not state their ethnicity and one had no information available.

Given the gaps in data we cannot conclude whether the actual representation has improved or worsened from 2023-24 data.

ETHNICITY OF BOARD MEMBERS



Inclusive recruitment journey: improvements

1. Awareness

2. Attraction

Targeted jobs advertised via Staff Networks media channels

3. Landing webpage

Updated EDI extranet page and search terms

4. Advert

Inclusion text in advert | EDI statement in JD | 2 x EDI criteria in standard person specification | recruitment standards logos (e.g. disability confident) | links to staff networks flyer/pages

5. Application

Behavioural insights inclusion 'primer' question in application form | advice to trans and non-binary applicants on completing demographics

6. Manager preparation

Manager training pack

7. Shortlisting

Redacting CVs

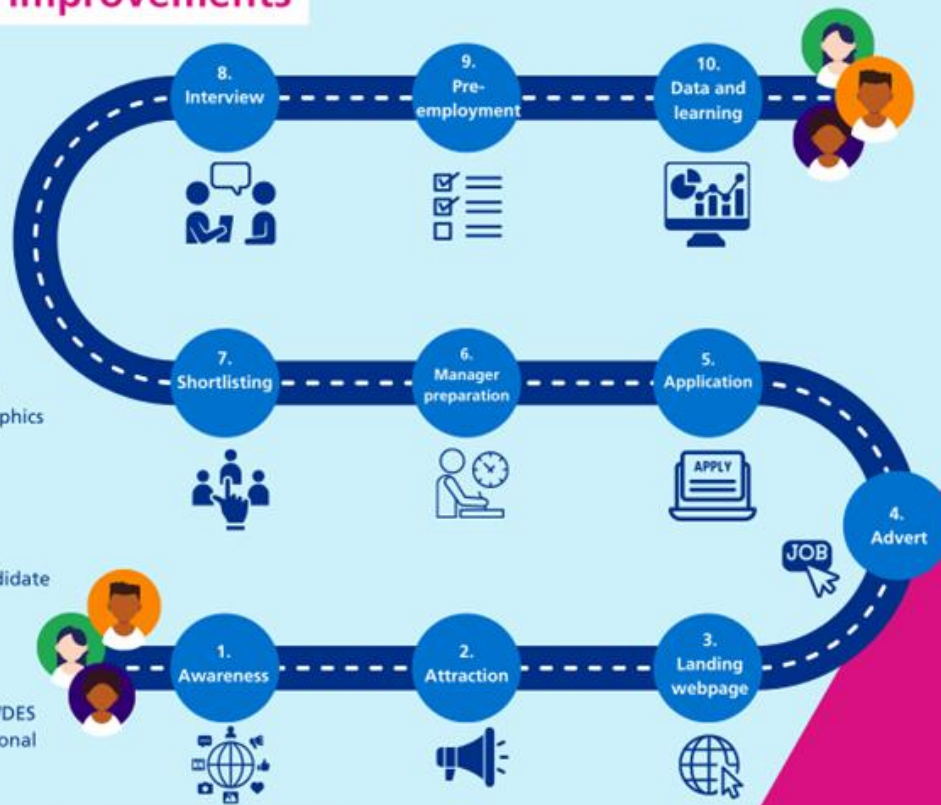
8. Interview

Visibly diverse panels (very senior recruitment initially) | mandatory EDI related question | Training staff on horizontal candidate evaluation | discussion of candidates at end (not in between)

9 Pre-employment

10. Data and learning

Rolling feedback survey (recruiting manager, applicant) | WRES / WDES shortlist to appointment ratios tracked / reported at Trust and divisional level | form % applications 'prefer not to say' tracked/reported



HIA 2: Inclusive Talent

Ethnic workforce representation (WRES 1)

The number of people from minoritised ethnic groups in the workforce on 31 March 2024 was 4,500, or 25% of the substantive workforce overall (17,664) compared to 19% of the population in England and 9% across East Sussex, West Sussex and Brighton and Hove combined (Census 2021, ONS)⁵.

At UHSussex, minoritised ethnic staff were relatively less likely to be represented in clinical and non-clinical senior roles (AfC bands 8-VSM) as well as medical and dental consultant roles than white staff relative to their representation in lower bands.

There will be a focus on increasing diversity in senior positions in 2024/25 through the agreement of a new talent management plan with targets.

Clinical Agenda for Change Staff Disparity Ratios

Out of 10,447 clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 5,984 staff were in lower bands (AfC 1-5) out of which 36.7% were from minoritised ethnic groups.
- ▶ 3,928 staff were in middle bands (AfC 6-7) out of which 18.8% were from minoritised ethnic groups.
- ▶ 535 staff were in upper bands (AfC 8a+) out of which 11.2% were from minoritised ethnic groups.

⁵ Ethnic group, England and Wales - Office for National Statistics (ons.gov.uk)

TS021 - Ethnic group - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

White staff were **4.8 times more likely** to be in senior clinical roles (AfC bands 8-VSM) than minoritised ethnic staff, compared to their representation in support or newly qualified roles (AfC bands 1-5). This is the **same** likelihood as reported last year.

The Specialist Division had the **largest** negative impact on minoritised ethnic staff clinical career progression of all the divisions, with white staff **15 times more likely** to be represented in bands 8-VSM roles compared to bands 1-5. Women and Children's Division was the best at 1.5 times more likely, still above the upper limit of the equality target range (1.25).

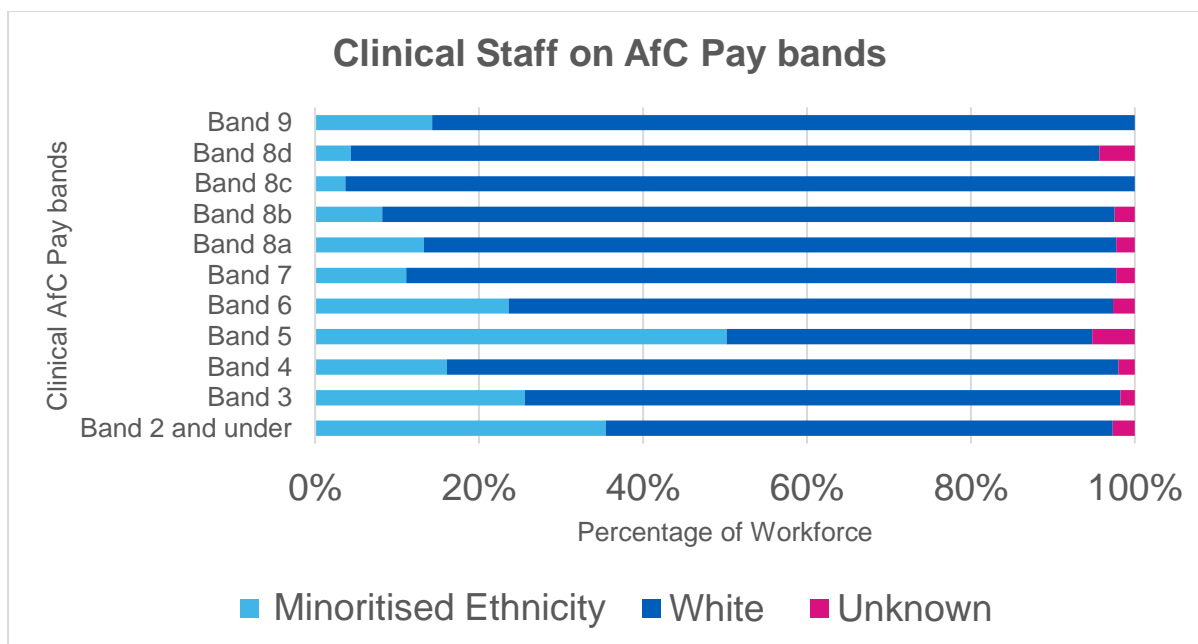
White nurses and midwives are **fifteen times more likely** to be in bands 8a-VSM than minoritised ethnic nurses and midwives, compared to their representation in bands 1-5 overall. This rises to **sixteen times** for nurses and midwives based on Worthing or Southlands hospitals. Looking at the nurse staff group results by division, in the Surgery Division (WOR and SRH) it goes up to **seventeen times** more likely. In the Specialist division it is **twenty-two times**. In the Medicine (WOR and SRH) Division, it maxes out at **thirty-four times**.

White nurses and midwives are **five-and-a-half times more likely** to be in bands 6-7 than minoritised ethnic nurses and midwives, compared to their representation in bands 1-5 overall. This rises to **eight-and-a-half times** for nurses in the Cancer Division.

White Allied Health Professionals (e.g. Dietician, Occupational Therapist, Orthoptist, Physiotherapist, Radiographer, Speech & Language Therapist) are **seven times more likely** to be in bands 8a-VSM than minoritised ethnic staff, compared to their representation in bands 1-5.

The 'Additional Clinical Services' staff group (e.g. HCAs, Therapy Assistants, Nursing Associate, Associate Practitioner, ODPs roles) has disparate career progression, with white staff **seven times more likely** to be in bands 6-7 than minoritised ethnic staff, compared to their representation in bands 1-5, although this does not account for staff progressing onto registered roles in different staff groups.

White staff were **2.6 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 (AfC bands 1-5). This is **improved** slightly (down) from 2.8 times as likely in 2023, and still above the equality target range (target between 0.8–1.25).



Representation Disparity Ratio	2024	2023
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	2.59	2.77
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	1.84	1.73
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	4.76	4.78

Non-Clinical Agenda for Change Staff Disparity Ratios

Out of 4,729 non-clinical staff on Agenda for Change (AfC) terms and conditions:

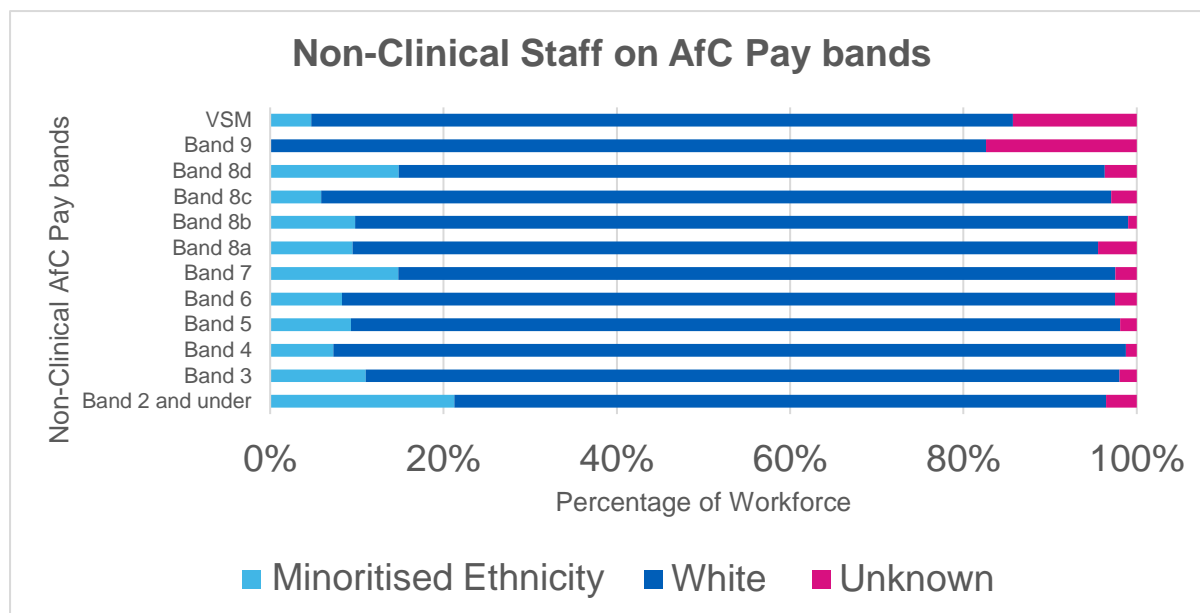
- ▶ 3,828 staff were in lower bands (AfC 1-5) out of which 14.1% were from minoritised ethnic groups.
- ▶ 480 staff were in middle bands (AfC 6-7) out of which 11% were from minoritised ethnic groups.
- ▶ 421 staff were in upper bands (AfC 8a+) out of which 8.6% were from minoritised ethnic groups.

White staff were 1.7 times more likely to be non-clinical senior managers (AfC bands 8-VSM) than minoritised ethnic staff, compared to support and entry level roles (AfC bands 1-5). This is **improved** slightly (down) from 1.9 times in 2023.

White staff were 1.3 times more likely to be non-clinical senior managers (AfC bands 8-VSM) than minoritised ethnic staff, compared to junior managers roles (AfC bands 6-7). This is slightly up (**worse**) from 1.2 times in 2023, and above the equality target range (target between 0.8–1.25)

Out of all divisions, Facilities and Estates had the largest negative impact on minoritised ethnic staff non-clinical career progression, with white staff **nine times more likely** to be represented at bands 8a-VSM compared to bands 1-5. Finance was best with white staff **just as likely** (1.1 times) to be represented as minoritised ethnic staff.

In the 'Estates and Ancillary' staff group (e.g. qualified craftsperson, building technician, skilled tradesperson) white non-clinical staff were **six times more likely** to be represented at bands 6-7, than minoritised ethnic staff, relative to their representation at bands 1-5.



Representation Disparity Ratio	2024	2023
Disparity ratio - lower (Bands 1-5) to middle (Bands 6-7)	1.33	1.59
Disparity ratio - middle (Bands 6-7) to upper (Bands 8a-VSM)	1.30	1.22
Disparity ratio - lower (Bands 1-5) to upper (Bands 8a-VSM)	1.72	1.94

Medical & Dental Staff Disparity Ratios

Out of 2,488 staff on medical and dental contracts:

- ▶ 1,320 were trainees, out of which 38% were from minoritised ethnic groups.
- ▶ 227 were non-consultant career grades (NCCGs) out of which 50.7% were from minoritised ethnic groups.
- ▶ 941 were consultants, out of which 27.4% were from minoritised ethnic groups.

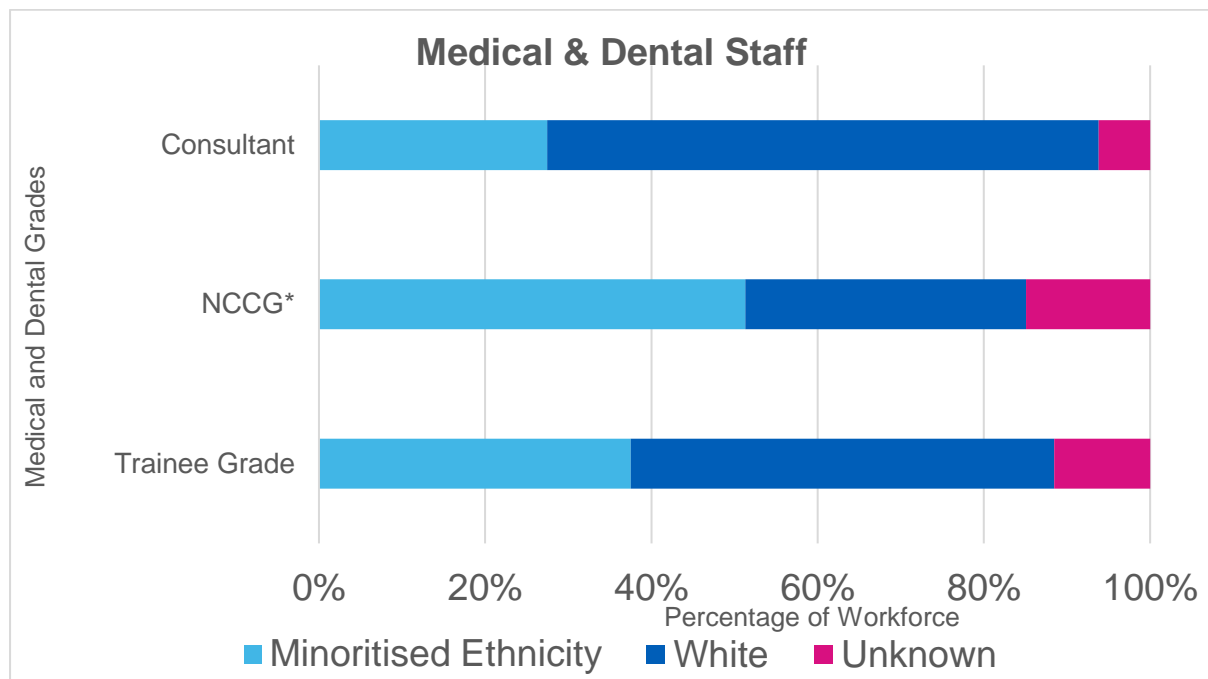
White staff were 3.5 times more likely to be consultants than minoritised ethnic staff compared to their proportions in NCCGs. This is up (**worse**) from 2.9 times in 2023.

White staff were 1.8 times more likely to be consultants than minoritised ethnic staff compared to their proportions in trainee grades. This is down (**better**) than 2.0 times in 2023.

White staff were half as likely than minoritised ethnic staff to be in NCCGs than in trainee grades. This is down (**worse**) than 0.7 times in 2023, and less than the lower limit of the equality target range (target between 0.8–1.25).

In the clinical divisions, the Medicine Division in Worthing, Southlands and St Richards (WOR & SRH) had the largest negative impact on minoritised ethnic

doctors career progression, with white doctors **ten times more likely** to be represented. It was best in Clinical Support Services at 1.5 times more likely, still above the upper limit of the equality target range (1.25).



Representation Disparity Ratio	2024	2023
Disparity ratio - Trainee to NCCG	0.52	0.68
Disparity ratio - NCCG to Consultant	3.54	2.92
Disparity ratio - Trainee to Consultant	1.84	1.97

Senior Medical Managers

From all consultants, 13 were identified as ‘senior medical managers’ a category defined in technical reporting guidance from NHS England as an employee who works as a medical consultant and who is either a medical director, or a deputy medical director or who reports directly to a medical director or deputy medical director.

Of senior medical managers, two (15.3%) were from minoritised ethnic groups and one (7.7%) did not share their ethnicity.

ETHNICITY OF SENIOR MEDICAL MANAGERS



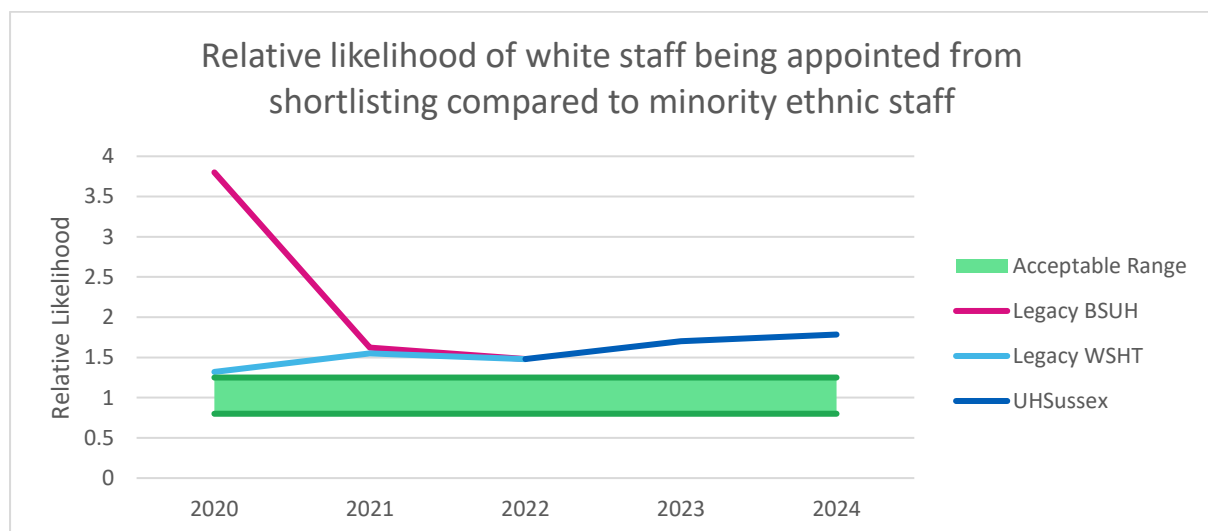
Ethnicity shortlisting-to-appointment relative likelihood (WRES 2)

In the 2023/24 financial year UHSussex appointed 954 minoritised ethnic applicants and 2,402 white applicants. White applicants were 1.8 times more likely to be appointed from short-listing than minoritised ethnic applicants.

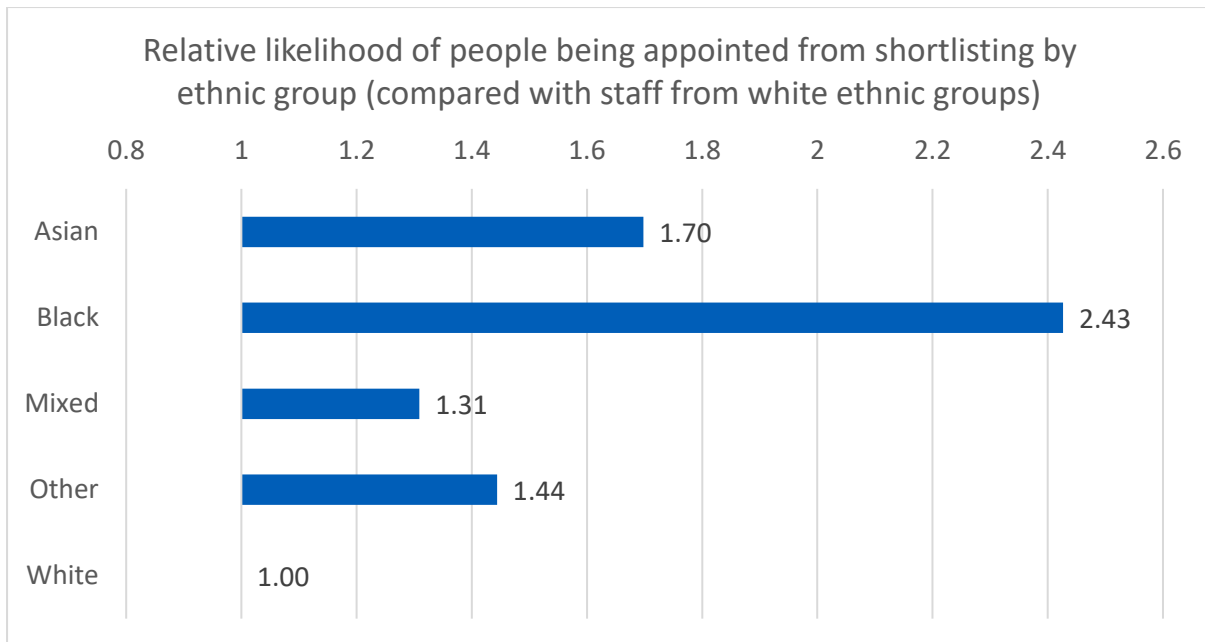
This falls above the upper limit of the equality target range (target between 0.8–1.25), which suggests further work to remove barriers within recruitment.

Compared to previous years (2021-2023), the shortlisting to appointing ratio between minoritised ethnic and white applicants has increased (**worse**) from the 2023 likelihood of 1.7 times.

There have been various improvements to debias recruitment policies and processes delivered through the Trust’s Inclusive Recruitment & Selection plan in Q4 of 2023/24 (see figure ‘Inclusive Recruitment Journey’), these changes need to be bed in through training recruiting managers and panel members to practice, as well as a focus on diverse panels within manager recruitment through the Trust’s Inclusive Recruitment and Selection Action Plan.



When investigating the relative likelihood of appointment from shortlisting for staff from different ethnic groups, staff from white groups are more likely to be appointed compared to staff from all other ethnic groups, with all relative likelihoods falling outside the equality target range (target between 0.8–1.25).



Equality of opportunity for career progression / promotion (WRES 7)

51.5% of minoritised ethnic staff and 54.8% of white staff reported believing the Trust provides equal opportunities for career progression or promotion in the NHS staff survey 2023. This is just under two points higher (better) than in 2022 for ethnic minoritised staff (49.6%), and largely unchanged year-on-year for white staff (54.3%).

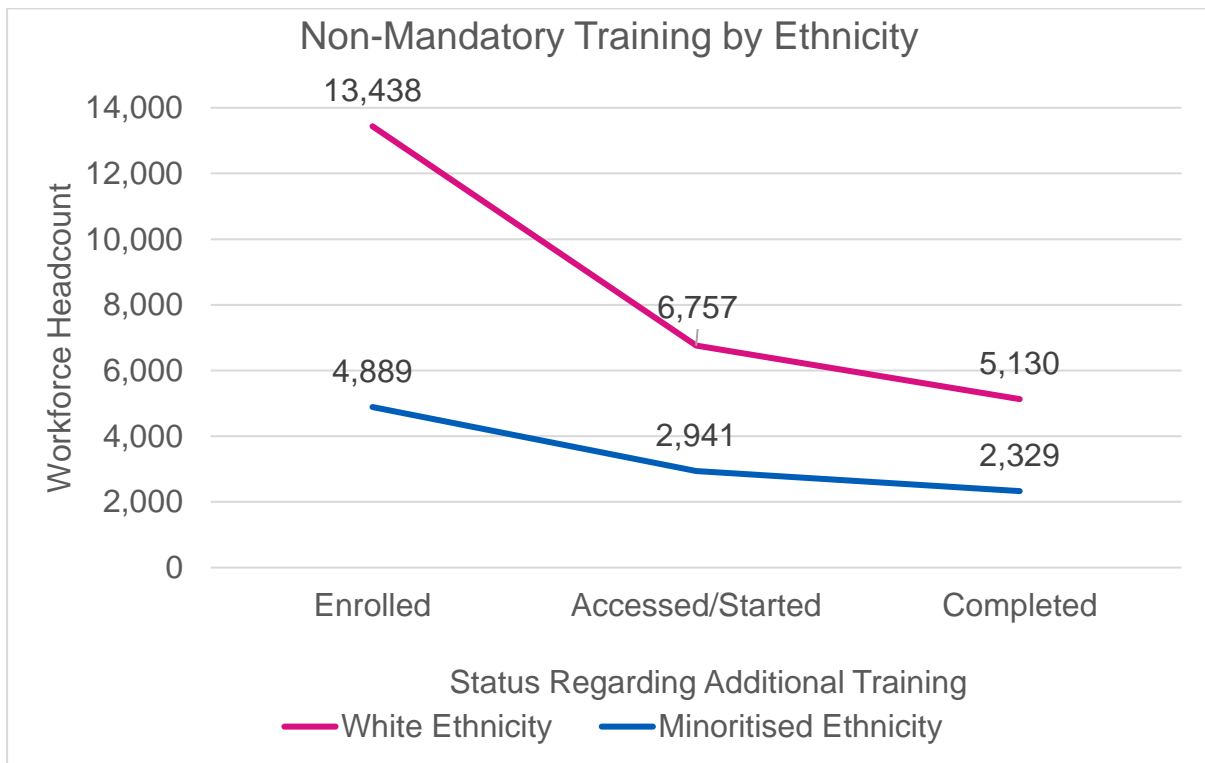
The gap between minoritised ethnic and white staff on this indicator has narrowed (**improved**) from 2022. The gap between minoritised ethnic staff and white staff at UHSussex is smaller (**better**) than the gap between the national averages.



Non-mandatory training by ethnicity (WRES 4)

Assessing the relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD), it was found that white staff (6,757)

were as likely (0.83 times) to access non-mandatory training as staff from minoritised ethnic groups (2,941). This is like the 2023 figure (0.93 times).



HIA 3: Eliminate Pay Gaps

Ethnicity pay gap

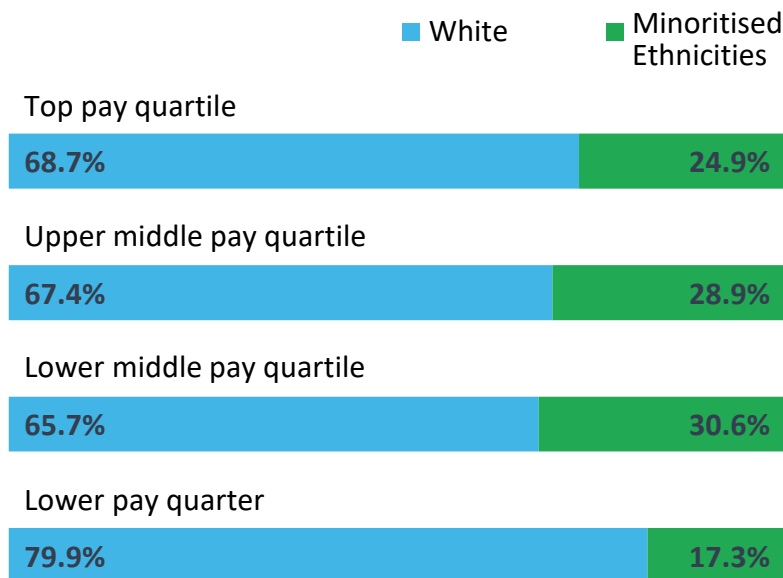
Ethnicity Pay Gap reporting shows the difference in average hourly pay and bonus payments between males and females. The Trust analyses the information to find:

- ▶ pay quarters that measure the representation of employees in different ethnic groups at different levels of pay in an organisation.
- ▶ mean and median pay gaps that measure the difference between average earnings and bonus pay in an organisation for different groups.

Out of 17,972 staff:

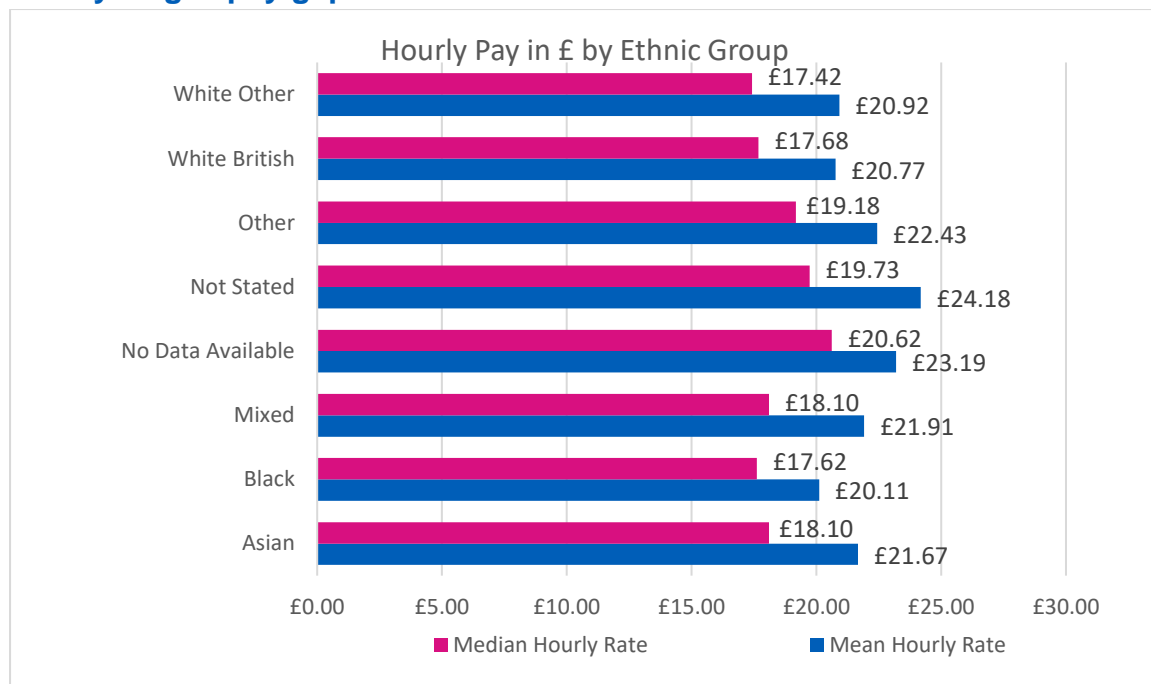
- ▶ 4,495 staff were in the top pay quartile, out of which 24.9% were from minoritised ethnic groups.
- ▶ 4,494 staff were in the upper middle pay quartile, out of which 28.9% were from minoritised ethnic groups.
- ▶ 4,495 staff were in the lower middle pay quartile, out of which 30.6% were from minoritised ethnic groups.
- ▶ 4,488 staff were in the lower pay quartile, out of which 17.3% were from minoritised ethnic groups.

Staff from minoritised ethnicities were 2.2 times more likely to be represented in the lower-middle pay quartile than white staff compared to their representation in the lowest pay quartile.



Staff from minoritised ethnicities were 1.7 times more likely to be represented in the top pay quartile than white staff compared to their representation in the lowest pay quartile.

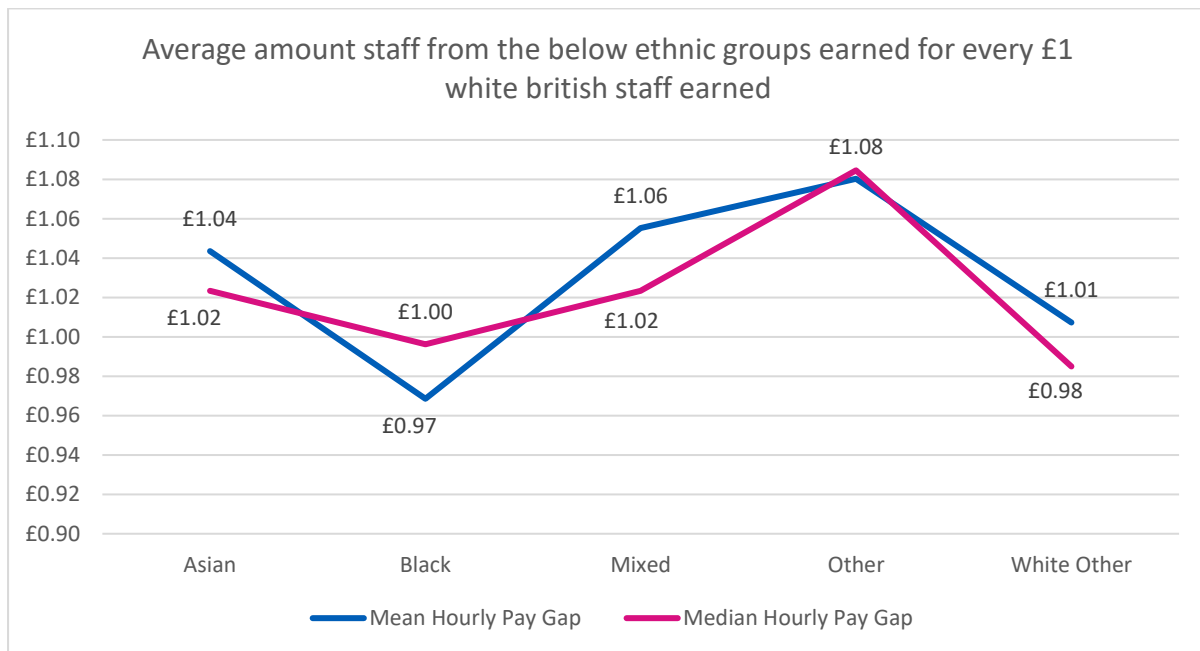
Hourly wages pay gap



Comparing mean (average) hourly wages, staff from Black ethnicities earned ninety-seven pence for every £1 white British staff earned. Staff who shared they were from the 'Other' ethnic group earned £1.08 for £1 white British staff earned (mean).

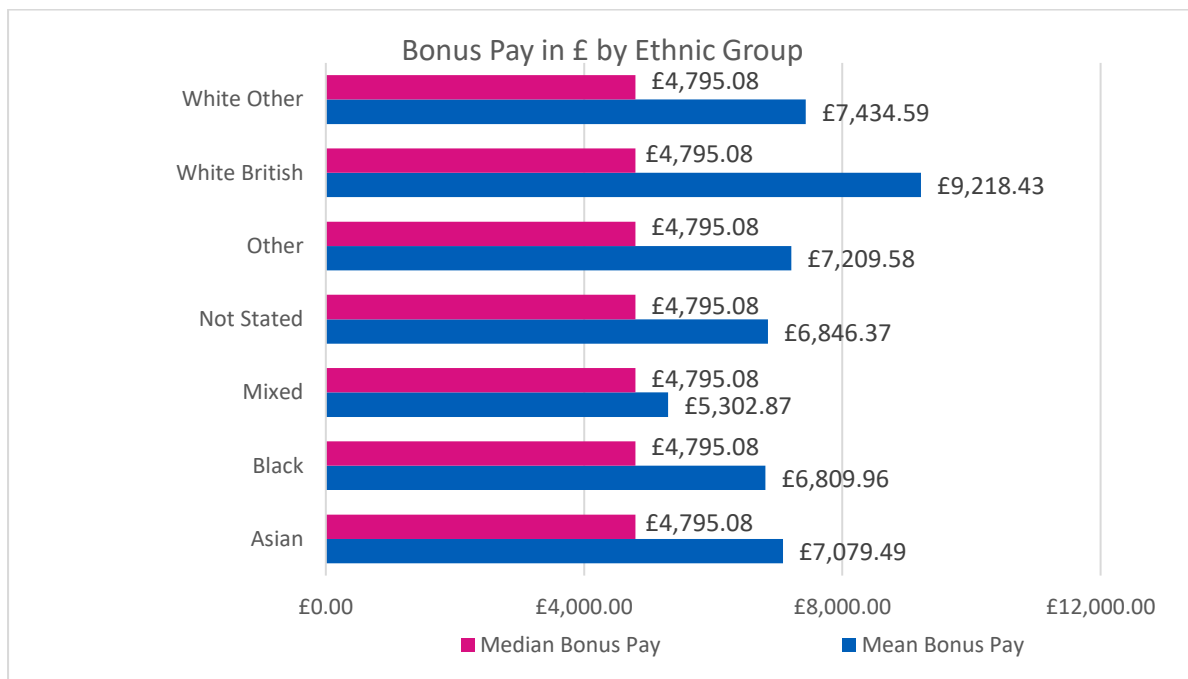
Comparing median hourly wages (accounting for the effect of outliers), staff from other white ethnicities earned ninety-eight pence for every £1 white British staff

earned. Staff who shared they were from the 'other' ethnic group earned £1.08 for every £1 white British staff earned (median).



Ethnicity bonus gap

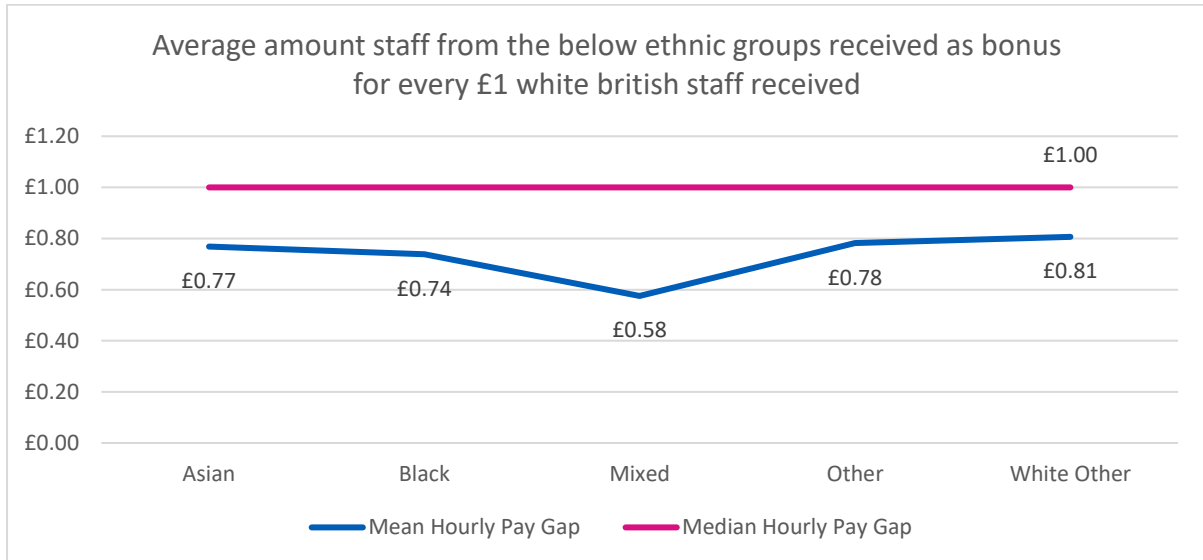
708 staff received a bonus payment between the 1 of April 2023 and 31 of March 2024, inclusive of 124 staff from Asian ethnicities, 17 staff from Black ethnicities, 27 staff from mixed ethnicities, 18 staff who indicated to be from an 'Other' ethnic group, 394 staff who indicated to be white British and 96 staff who indicated to be from another white ethnicity.



Comparing mean (average) bonus pay, staff in the mixed group received the least of any ethnic group, at only fifty-eight pence for every £1 white British staff received, and staff in

Black ethnic groups received seventy-four pence for every £1 white British staff received in bonus pay, and staff in Asian, Other and 'White Other' ethnic groups received between seventy-seven and eighty-one pence for every £1 white British staff got.

Comparing median bonus pay, staff from all ethnic groups received the same amount.

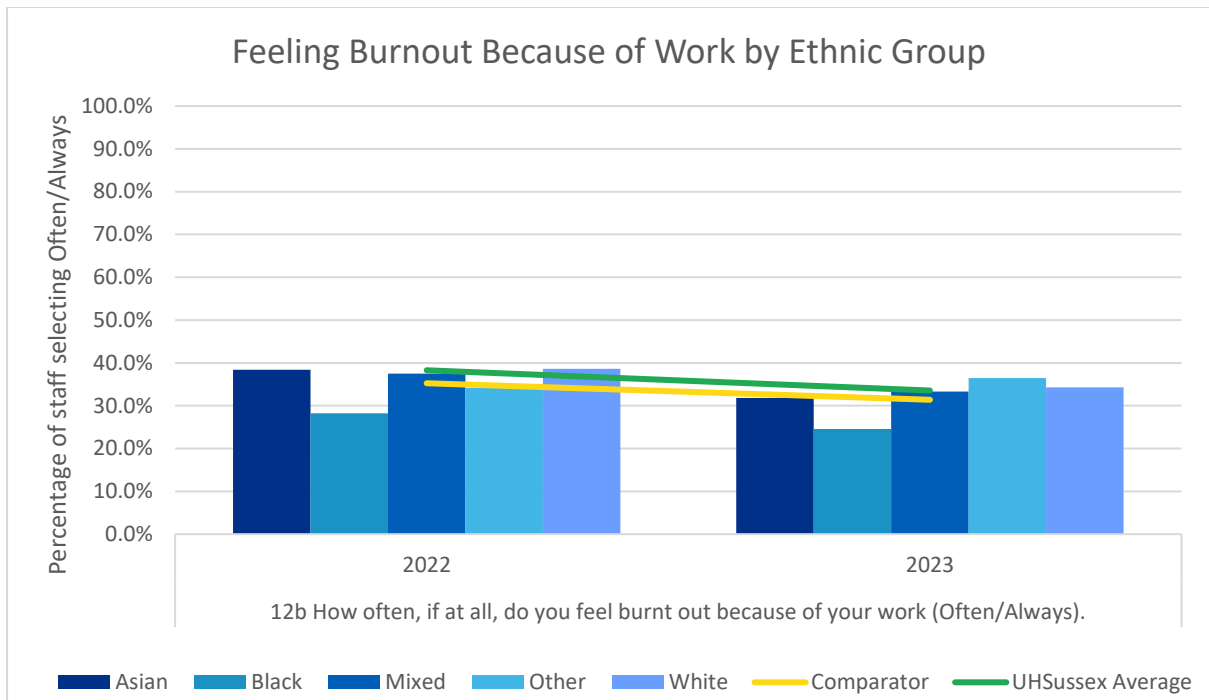


HIA 4: Workforce Health Inequalities

Burnout (NSS – Q12b)

Reviewing the question on burnout from the NHS Staff Survey it can be shown that:

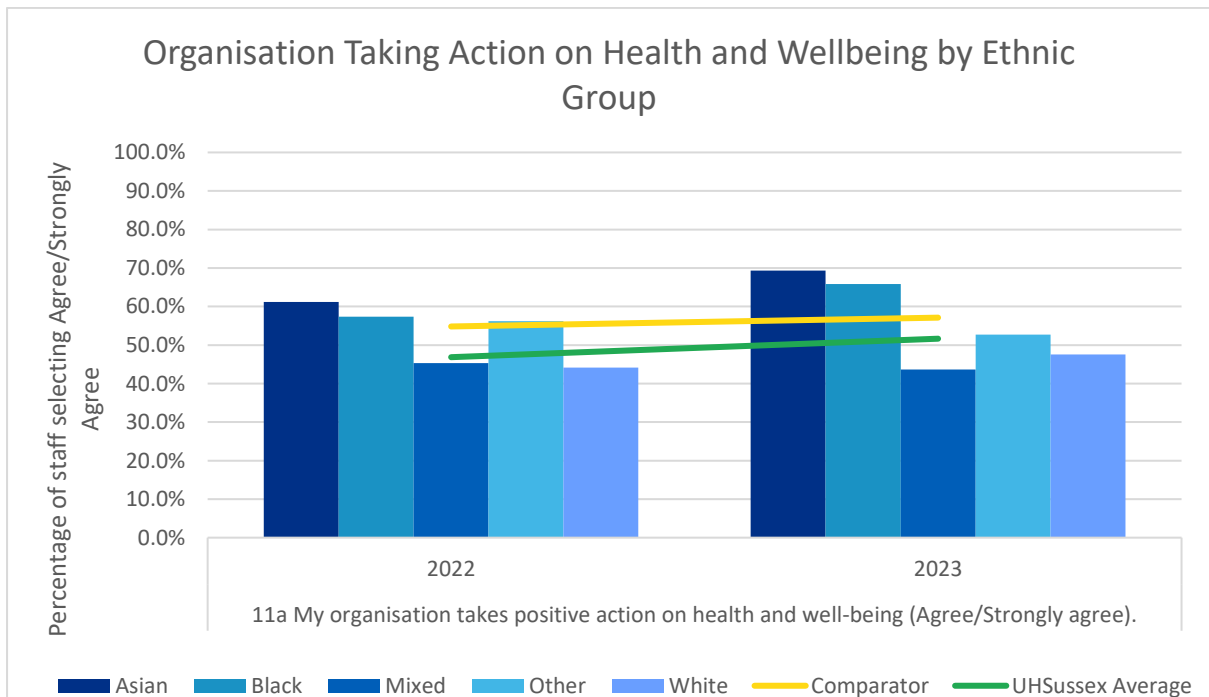
- ▶ There was a reduction in the percentage of staff who reported feeling burnout in members of staff from Asian, Black, mixed, and white ethnic groups from 2022 to 2023.
- ▶ There was an increase in the percentage of staff who reported feeling burnout in members of staff from other ethnic groups reported from 2022 to 2023.
- ▶ Black members of staff reported the least feelings of burnout compared to staff from Asian, mixed, other, and white ethnic groups.



Positive action on health and wellbeing (NSS – Q11a)

Reviewing the question “My organisation takes positive action on health and well-being” from the NHS Staff Survey it can be shown that:

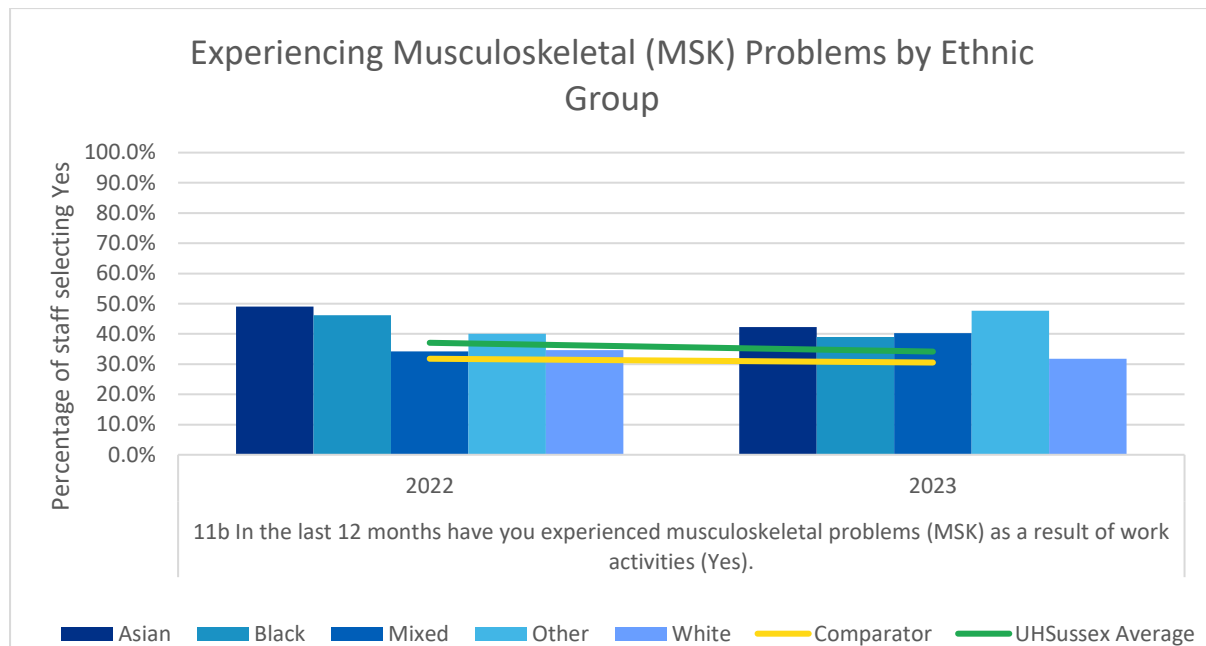
- ▶ More members of staff from Asian, Black, and white ethnic groups agreed with the statement in 2023 compared to 2022.
- ▶ The percentage of staff from other and mixed ethnic groups who agreed with the statement in 2023 remained largely unchanged from 2022.
- ▶ Less members of staff from mixed and white ethnic groups agreed with the statement compared to staff from Asian, Black, and other ethnic groups.



Musculoskeletal (MSK) problems (NSS – Q11b)

Reviewing the question on whether staff had experienced musculoskeletal (MSK) problems in the last 12 months from the NHS Staff Survey it can be shown that:

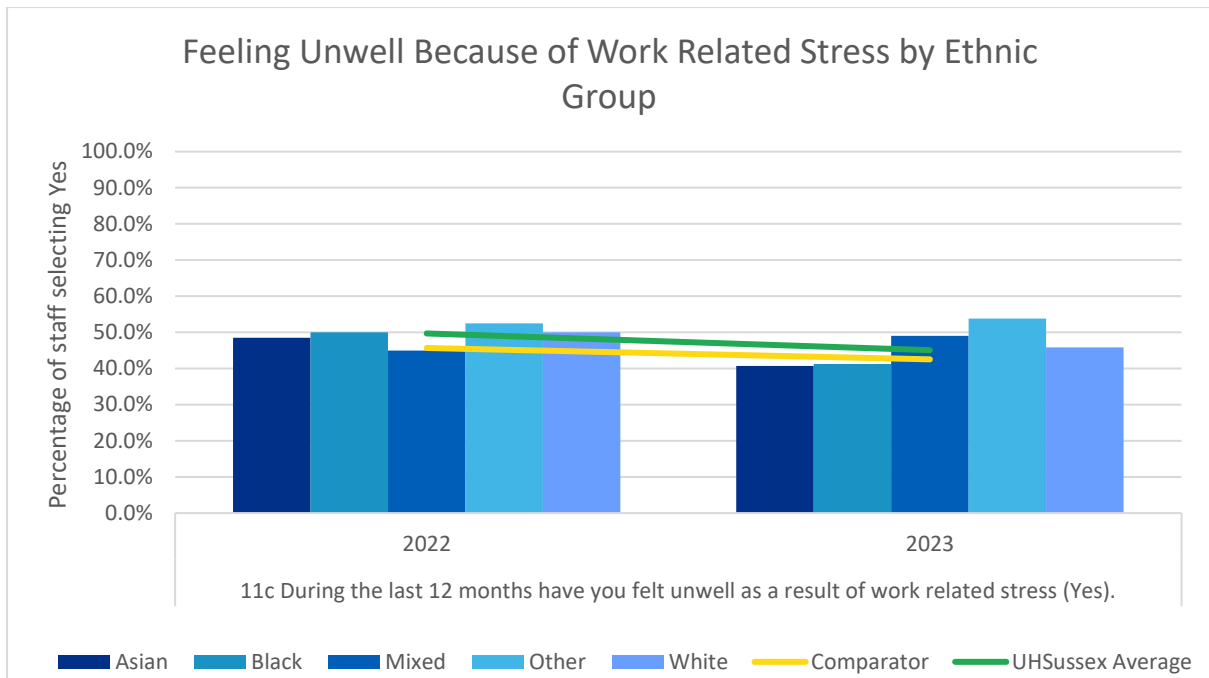
- ▶ Less members of staff from Asian, Black, and white ethnic groups reported experiencing MSK in 2023 compared to 2022.
- ▶ More members of staff from other and mixed ethnic groups reported experiencing MSK in 2023 compared to 2022.
- ▶ In 2023, staff from other ethnic groups reported the most experiences of MSK.



Work related stress (NSS – Q11c)

Reviewing the question on whether staff had felt unwell because of work related stress in the last 12 months from the NHS Staff Survey it can be shown that:

- ▶ Less members of staff from Asian, Black and white ethnic groups reported feeling unwell because of work related stress in 2023 compared to 2022.
- ▶ More members of staff from other and mixed ethnic groups reported feeling unwell because of work related stress in 2023 compared to 2022.
- ▶ In 2023, staff from other ethnic groups reported the most experiences of feeling unwell because of work related stress compared to staff from Asian, Black, mixed, and white ethnic groups.



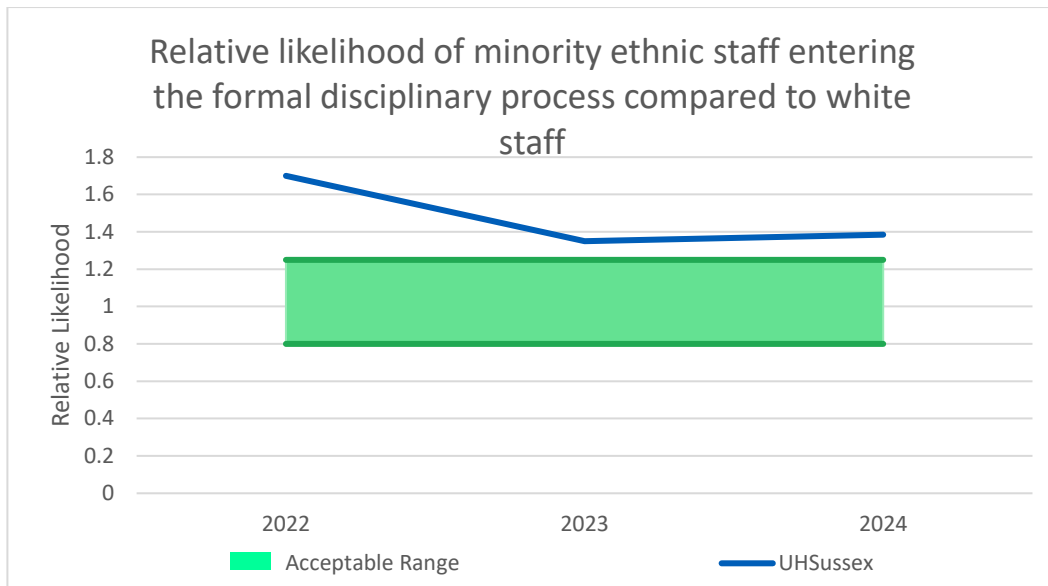
HIA 5: Internationally Recruited Staff

- ▶ Internationally recruited staff (7.3%) reported less incidence of harassment, bullying or abuse from managers than did non-internationally recruited staff (10.5%). This is in the lowest quartile nationally and lower (**better**) than that group's peer median (9.4%).
- ▶ Internationally recruited staff (21%) reported more incidence of harassment, bullying or abuse at work from colleagues than did non-internationally recruited staff (18.6%). This is in the lowest quartile nationally and lower (**better**) than that group's peer median (23%).
- ▶ Internationally recruited staff (13.1%) reported greater incidence of discrimination at work from their manager, team leader or other colleagues than did non-internationally recruited staff (8.9%). This is in the lowest quartile nationally and lower (**better**) than that group's peer median (17.5%).
- ▶ More internationally recruited staff (73%) agreed the organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas) than did non-internationally recruited staff (65.6%). This places them in quartile 2 (mid-low) nationally and higher (**better**) than that group's peer median (71.5%).

HIA 6: Eliminate Discrimination

Formal disciplinary likelihood by ethnicity (WRES 3)

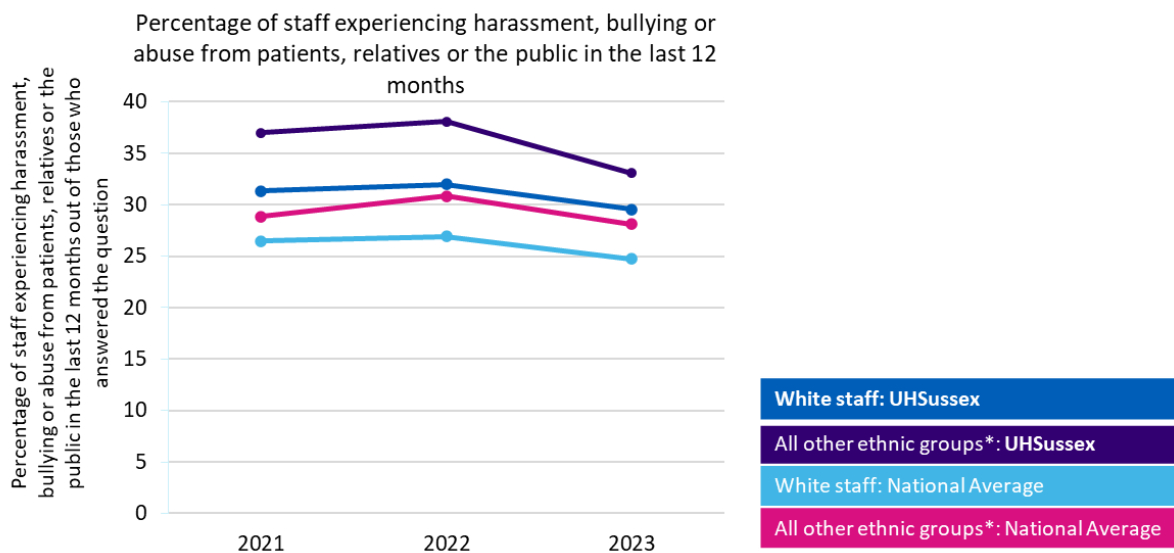
16 staff from minoritised ethnic groups were formally disciplined and 32 white staff across 2023/24. When comparing this to the overall workforce, minoritised ethnic staff were 1.38 times more likely to enter the formal disciplinary process than white staff. This remains like last year (relative likelihood 2023 = 1.35) and remains improved from the year before (relative likelihood 2022 = 1.7).



Harassment, bullying or abuse from patients or public by ethnicity (WRES 5)

Results from the National Staff Survey (NSS) 2023 revealed that 33.1% of minoritised ethnic staff at UHSussex experienced harassment, bullying or abuse from patients, relatives, or the public; five percentage points (pp) less (improved) than in 2022.

29.5% of white staff at UHSussex reported experiences of harassment, bullying or abuse from patients, relatives, or the public in 2023; two points lower (improved) than last year. The gap between white and minoritised ethnic staff on this indicator has narrowed from 2022 (improvement).

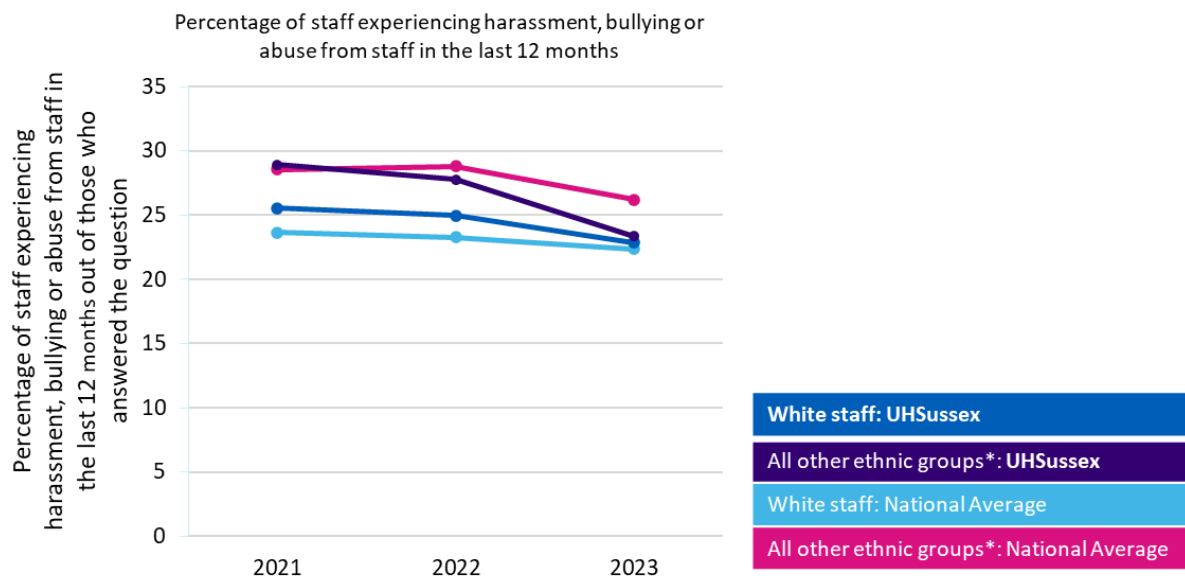


Harassment, bullying or abuse from staff by ethnicity (WRES 6)

23.4% of minoritised ethnic staff reported experience of harassment, bullying or abuse from staff in the NHS staff survey 2023; four points less (improved) than in 2022.

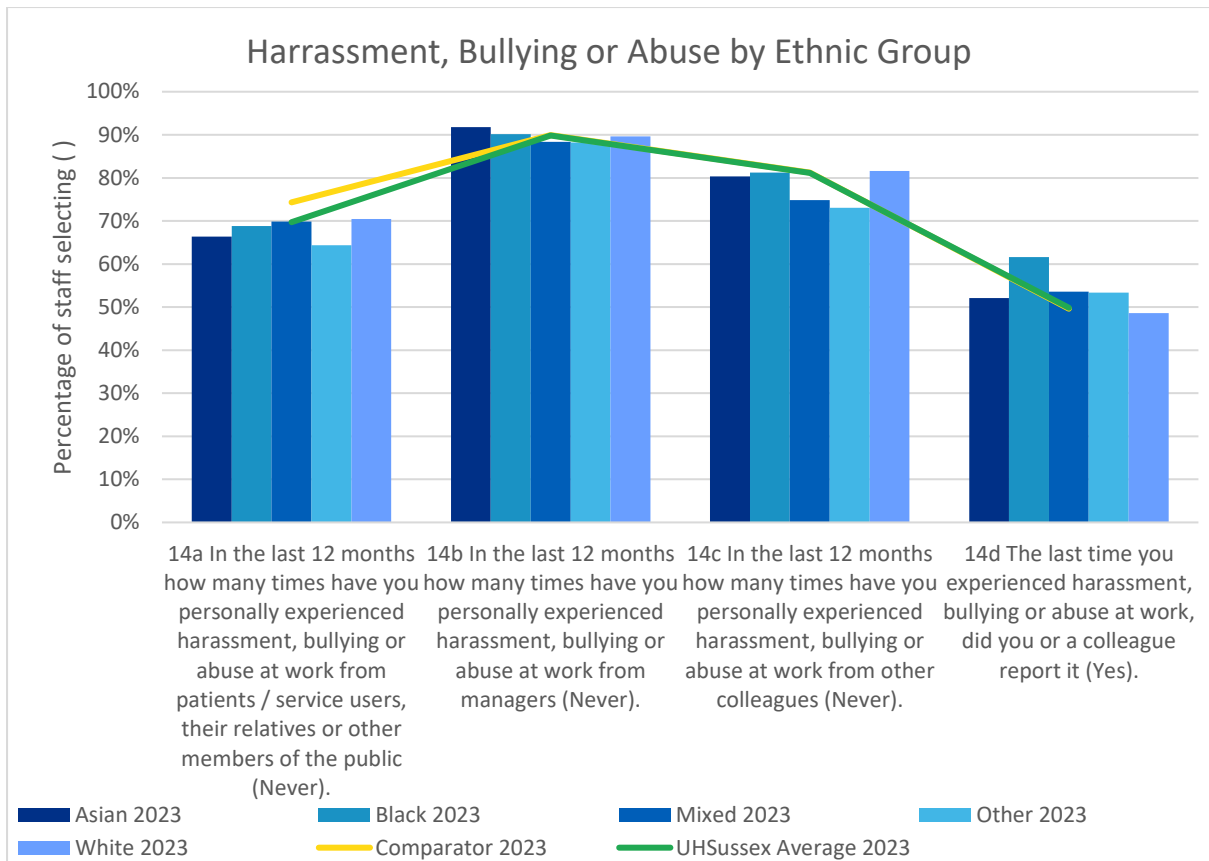
22.9% of white staff in the Trust also reported experiences of harassment, bullying or abuse from managers or other colleagues in 2023; two points less (improved) than last year.

The gap between minoritised ethnic and white staff on this indicator has narrowed from 2022 (improvement). The gap between minoritised ethnic staff and white staff at UHSussex is smaller (better) than the gap between the national averages.



Reviewing the data on harassment, bullying and abuse in more detail it can be shown:

- ▶ Members of staff from other ethnic groups report the most experiences of harassment, bullying and abuse from patients or the public compared to staff from Asian, Black, mixed, and white ethnic groups.
- ▶ Members of staff from mixed ethnic groups report the most experiences of harassment, bullying and abuse by managers compared to staff from Asian, Black, other, and white ethnic groups.
- ▶ Members of staff from other ethnic groups report the most experiences of harassment, bullying and abuse from colleagues compared to staff from Asian, Black, mixed, and white ethnic groups.
- ▶ Black members of staff report their experiences of harassment, bullying and abuse more than staff from Asian, mixed, other, and white ethnic groups.

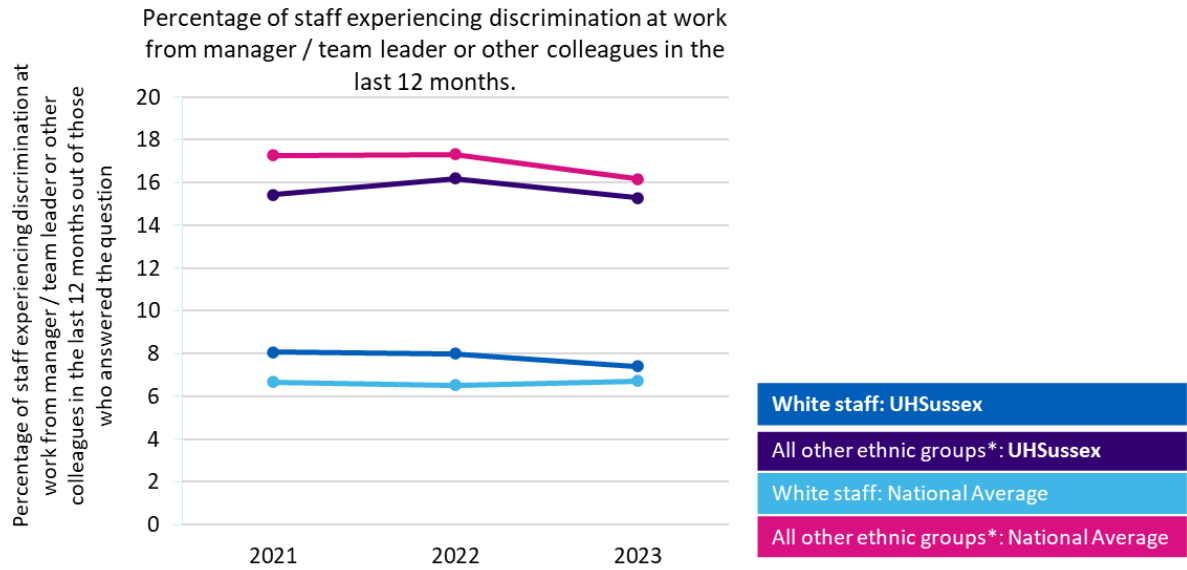


Discrimination from managers or colleagues (WRES 8)

15.3% of minoritised ethnic staff experienced discrimination at work from their manager, team leader or colleagues in the NHS staff survey 2023; just under one point less (improved) than in 2022.

7.4% of white staff experienced discrimination at work from their manager, team leader or colleagues in 2023; largely unchanged year-on-year.

This indicator displays less difference in scores between minoritised ethnic and white staff at UHSussex compared with the national average (better).



Reviewing the data on discrimination in more detail it can be shown that:

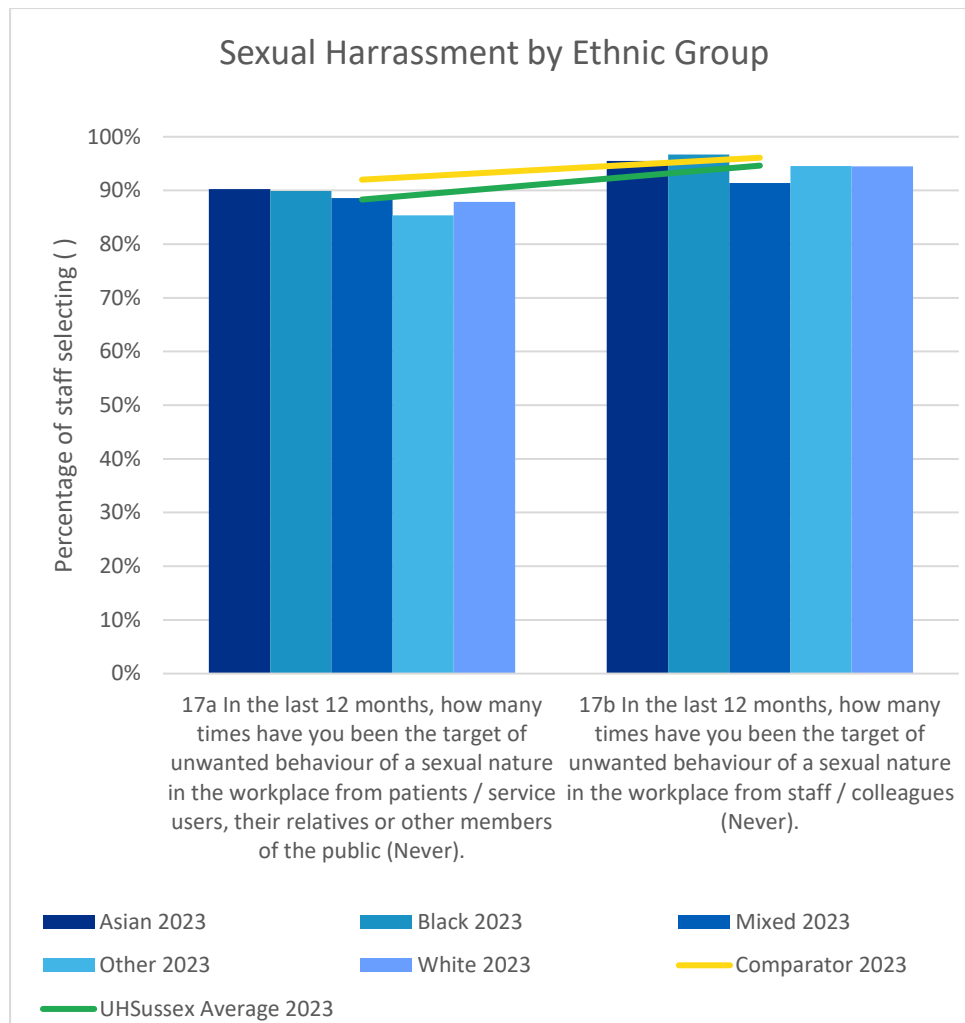
- ▶ White members of staff report the least experiences of discrimination from patients, or the public compared to staff from Asian, Black, mixed, and other ethnic groups.
- ▶ White members of staff report the least experiences of discrimination from managers, team leaders or other colleagues compared to staff from Asian, Black, mixed, and other ethnic groups.



Sexual harassment by ethnicity

Reviewing the data on sexual harassment in more detail it can be shown that:

- ▶ Members of staff from other ethnic groups report the most experiences of sexual harassment from patients or the public compared to staff from Asian, Black, mixed, and white ethnic groups.
- ▶ Members of staff from mixed ethnic groups report the most experiences of sexual harassment from managers, team leaders or other colleagues compared to staff from Asian, Black, other, and white ethnic groups.



2. Disability

HIA 1: Leadership and Accountability

Staff voice

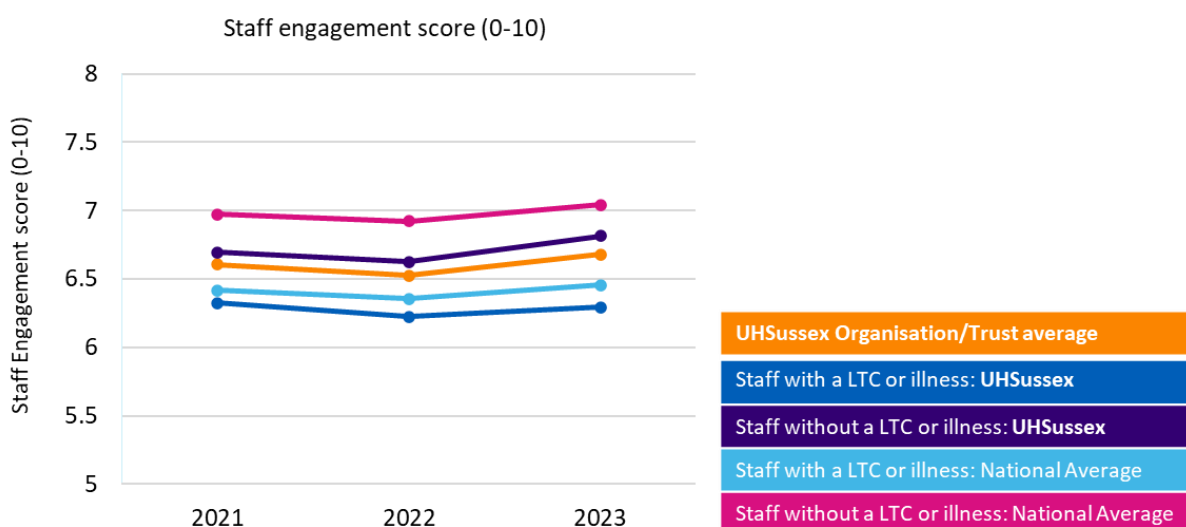
The Trust has a Disabled Staff Network (DSN) sponsored by the Chief People Officer. The network’s key achievements in 2023/24 were:

- ▶ Over 160 active members of the Disabled Staff Network meet virtually every month, led by a staff Chair. Developments have included the launch of a new Staff Health & Wellbeing Passport, and agreement of a new Disability Leave policy.
- ▶ Sponsored by the Chief People Officer and with financial support from My University Hospitals Charity, the DSN ran the Trust’s first Disability Awareness Conference in March 2024. Over 300 staff (see picture) attended plenary and breakout topics included ‘Addressing Disability Employment Disadvantage’, ‘Neurodiversity at Work’ and ‘Access to Work’.
- ▶ Diverse groups from within the Trust and the local communities staffed stalls, including Speak Out, UNISON, Carers Centre for Brighton & Hove, RNID, Sight Loss Councils, and Team Dominica. The Trust Volunteering Services team brought Meg, the “Pets as Therapy” (PAT) dog, to meet attendees.



Disabled staff engagement score (WDES 9)

Disabled staff had a lower score (6.29 out of 10) for the staff engagement theme in the NHS staff survey 2023, compared to non-disabled staff (6.81). Scores for both groups improved from 2022, they both fell below the national benchmarks.



Board disability composition (WDES 10)

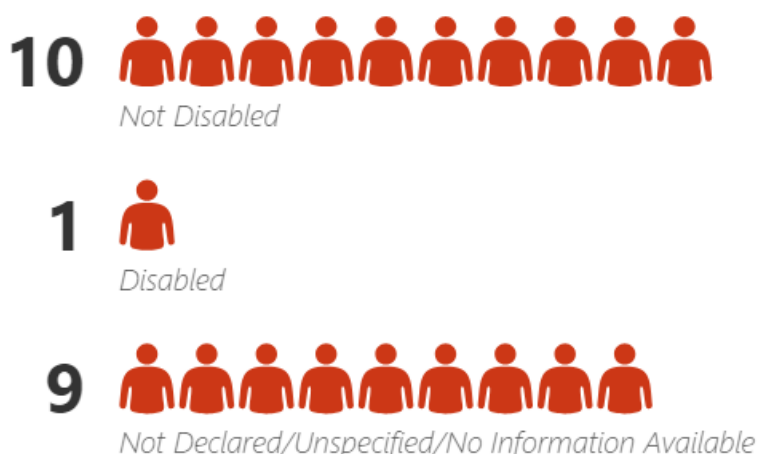
At the snapshot date in March 2024, one of the twenty Executive and Non-Executive Board members shared a disability status on their staff record. Eight Board members

(40%) selected either “Not Declared” or, “Unspecified” on their electronic staff record. One board member had no personnel information available. The number of Board members not stating their disability status has increased from last year (37%) and is higher than in the overall workforce (12.3%).

One executive director (11.1%) disclosed to be disabled, two (22.2%) did not state their disability status, and the remaining six stated they were not disabled. Six (54.5%) non-executive directors did not state their disability status, four (36.4%) indicated they were not disabled, and one had no information available.

Nine board members (50%) with voting rights indicated they were not disabled, eight (44.4%) did not state their disability status and one had no information available.

DISABILITY STATUS OF BOARD MEMBERS



HIA 2: Inclusive Talent

Disability workforce representation (WDES 1)

The number of disabled staff in the workforce on 31 March 2024 was 6% (1,033) of the substantive workforce overall (17,784), compared to 18% of the population in England and across East Sussex, West Sussex and Brighton and Hove combined (Census 2021, ONS).⁶

Clinical Agenda for Change Staff Disparity Ratios

Out of 10,431 clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 3,382 staff were in Cluster 1 (Bands 1-4) out of which 6.5% were disabled.
- ▶ 6,516 staff were in Cluster 2 (Bands 5-7) out of which 5.4% were disabled.

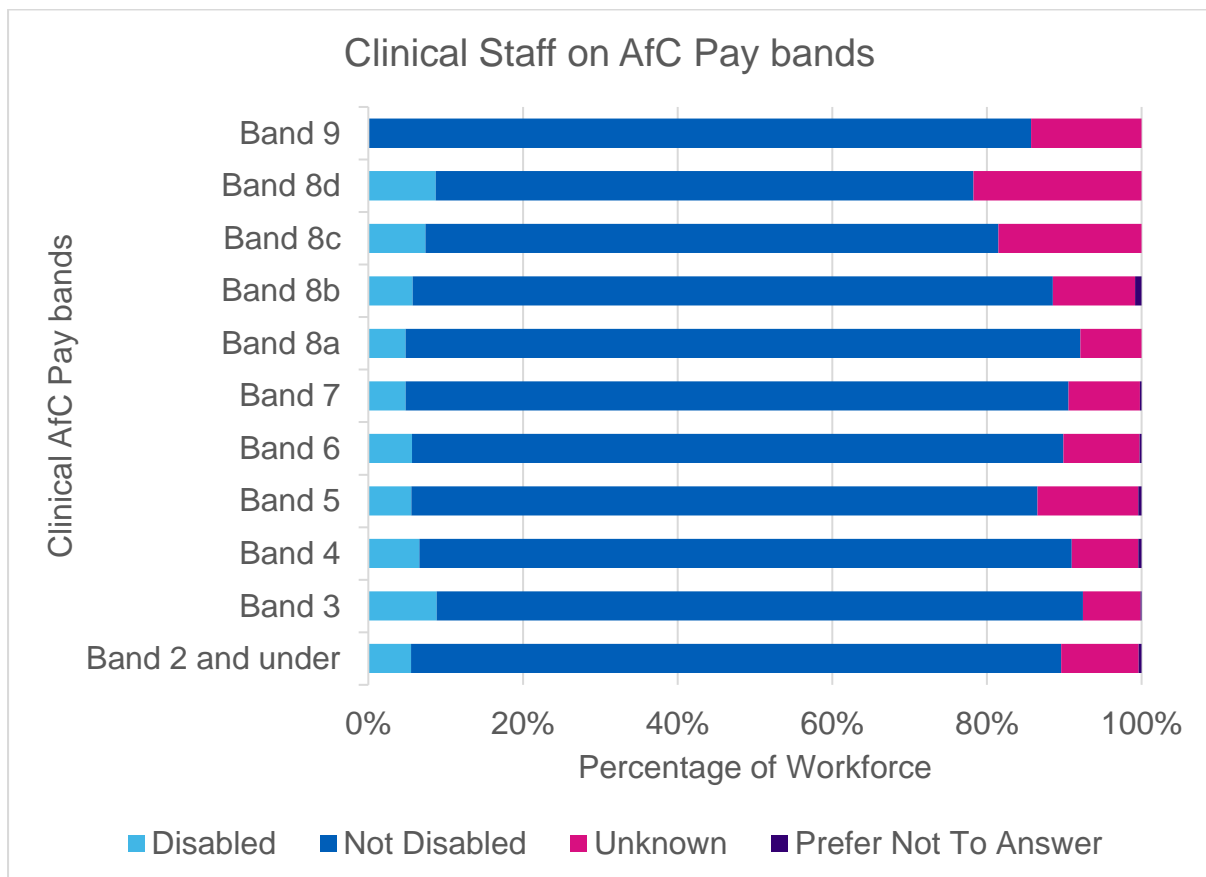
⁶ [Disability, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

[TS038 - Disability - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk)

- ▶ 476 staff were in Cluster 3 (Bands 8a-8b) out of which 5% were disabled.
- ▶ 57 staff were in Cluster 4 (Bands 8c-VSM) out of which 7% were disabled.

Disabled staff were **just as likely** to be represented across all clinical agenda for staff pay bands as non-disabled staff. This headline obscures very low representation of disability in certain groups, and disparities negatively affecting disabled people within divisions, staff groups, and sites.

- ▶ There were **no disabled** clinicians higher than a band 8a based at SRH, this ceiling lowered to band 7 in the Surgery division on that site. There were no disabled clinicians higher than a band 8c based at PRH, this ceiling lowered to band 7 in the Surgery, Medicine, CSS Women and Children’s divisions at PRH.
- ▶ In the ‘Additional Professional, Scientific and Technical’ (APST) staff group (e.g. clinical psychologists, lecturers, physician associates, pharmacist staff, and social workers) there were no disabled people working as clinical senior managers (bands 8a-9) or working in non-clinical roles higher than a band 8b.
- ▶ Of those on placement at the 31 March 2024, **14.3% of students** were disabled.



Representation Disparity Ratio	2024	2023
Disparity ratio - Cluster 1 (Bands 1-4) to Cluster 2 (Bands 5-7)	1.18	1.29
Disparity ratio - Cluster 2 (Bands 5-7) to Cluster 3 (Bands 8a & 8b)	1.11	0.90
Disparity ratio - Cluster 3 (Bands 8a & 8b) to Cluster 4 (Bands 8c - VSM)	0.61	0.45
Disparity ratio - Cluster 1 (Bands 1-4) to Cluster 4 (Bands 8c - VSM)	0.81	0.52

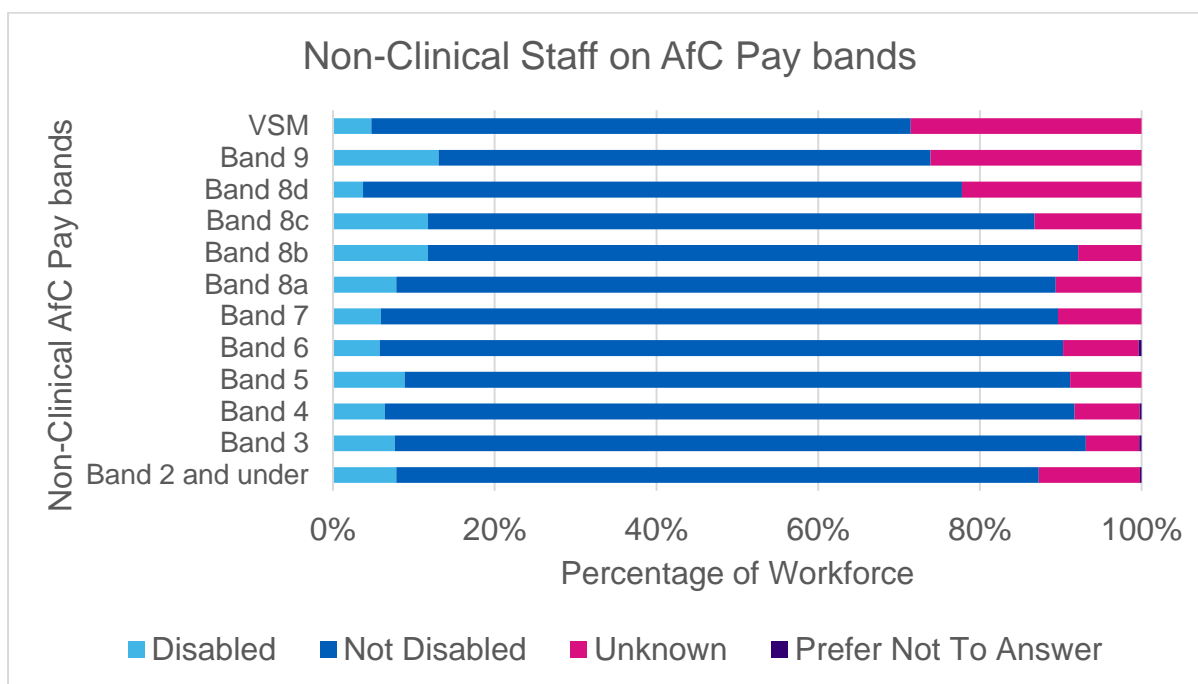
Non-Clinical Agenda for Change Staff Disparity Ratios

Out of 4,732 non-clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 3,413 staff were in Cluster 1 (Bands 1-4) out of which 7.4% were disabled.
- ▶ 899 staff were in Cluster 2 (Bands 5-7) out of which 7.2% were disabled.
- ▶ 281 staff were in Cluster 3 (Bands 8a-8b) out of which 9.3% were disabled.
- ▶ 139 staff were in Cluster 4 (Bands 8c-VSM) out of which 9.4% were disabled.

Disabled staff were similarly likely to be represented across all non-clinical agenda for staff pay bands as non-disabled staff. This headline obscures very low representation of disability in certain groups, and other disparities:

- There were **no disabled** non-clinical staff working higher than a band 8b in either the Chief Financial Officer (CFO) Division, the Chief Governance Officer (CGO) Division, or the Chief Medical Officer (CMO) Division. In Estates and Facilities, the ceiling for disabled staff was at band 8a. In the Chief Nurse Division there was no staff disability recorded in non-clinical grades, except between bands 4-6.
- There were no disabled people working higher than a **band 7 in the ‘Estates and Ancillary’** staff group.
- There were no disabled non-clinical staff higher than a **band 7 at PRH**.



Representation Disparity Ratio	2024	2023
Disparity ratio - Cluster 1 (Bands 1-4) to Cluster 2 (Bands 5-7)	1.04	1.40
Disparity ratio - Cluster 2 (Bands 5-7) to Cluster 3 (Bands 8a & 8b)	0.76	0.62
Disparity ratio - Cluster 3 (Bands 8a & 8b) to Cluster 4 (Bands 8c - VSM)	0.87	1.23
Disparity ratio - Cluster 1 (Bands 1-4) to Cluster 4 (Bands 8c - VSM)	0.69	1.07

Medical & Dental Staff Disparity Ratios

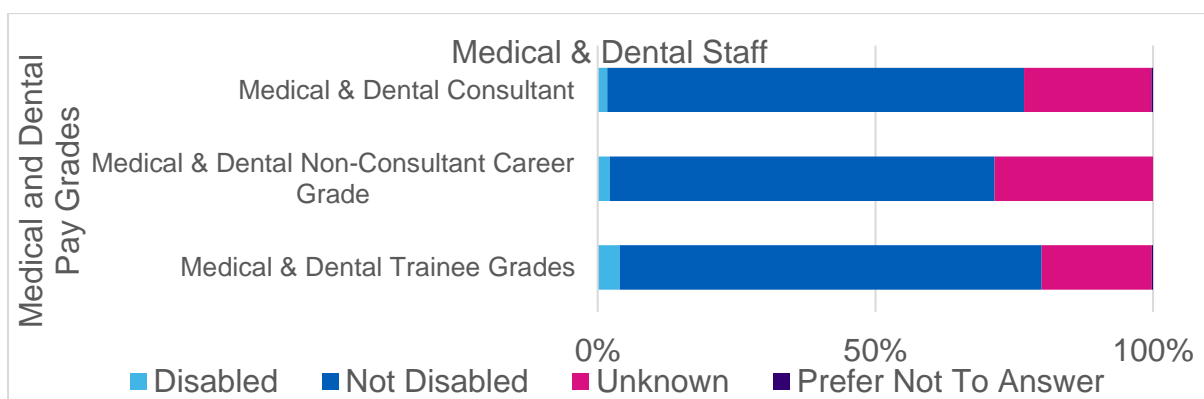
Out of 2,497 staff on medical and dental contracts:

- ▶ 1,327 were trainees, out of which 4% were disabled.
- ▶ 228 were non-consultant career grades (NCCGs) out of which 2.2% were disabled.
- ▶ 942 were consultants, out of which 1.7% were disabled.

Disabled staff were 1.7 times less likely to be represented in medical and dental non-consultant career grades than non-disabled staff, compared to their representation in trainee grades. This is higher (**worse**) than in 2023 when disabled staff were just as likely as non-disabled staff.

Disabled staff were 2.3 times less likely to be represented in medical and dental consultant grades than non-disabled staff, compared to their representation in trainee grades. This is higher (**worse**) than in 2023.

- ▶ Non-disabled doctors were **1.4 times more likely** to be a consultant than non-disabled doctors, relative to their representation within non-consultant career grades (NCCG).
- ▶ There was **no disability** shared within either the NCCG level or the consultant level in the Cancer Division, the CMO Division, or the Specialist Division.
- ▶ **No consultants** based at PRH shared a disability. **No NCCG doctors** based at SRH shared a disability.
- ▶ In the Surgery divisions, there was no disability shared by doctors in:
 - **All medical grades** based at the Princess Royal Hospital (PRH) site.
 - **NCCG level** on the Royal Sussex County Hospital (RSCH) site.
 - **Consultant level** or NCCG level based at the SRH site.
- ▶ In the Medicine divisions, there was **no disability** shared at consultant level or NCCG level by doctors based at SRH



Representation disparity ratio	2024	2023
Disparity ratio - Trainee to NCCG	1.66	0.99
Disparity ratio - NCCG to Consultant	1.40	2.20
Disparity ratio - Trainee to Consultant	2.32	2.19

Senior Medical Managers

Out of all consultants, 13 were identified as senior medical managers (a medical consultant who is either a Medical Director, a Deputy Medical Director or who reports directly to a Medical Director or Deputy Medical Director).

None of the senior medical managers indicated to be disabled. Five (38.5%) did not share their disability status.

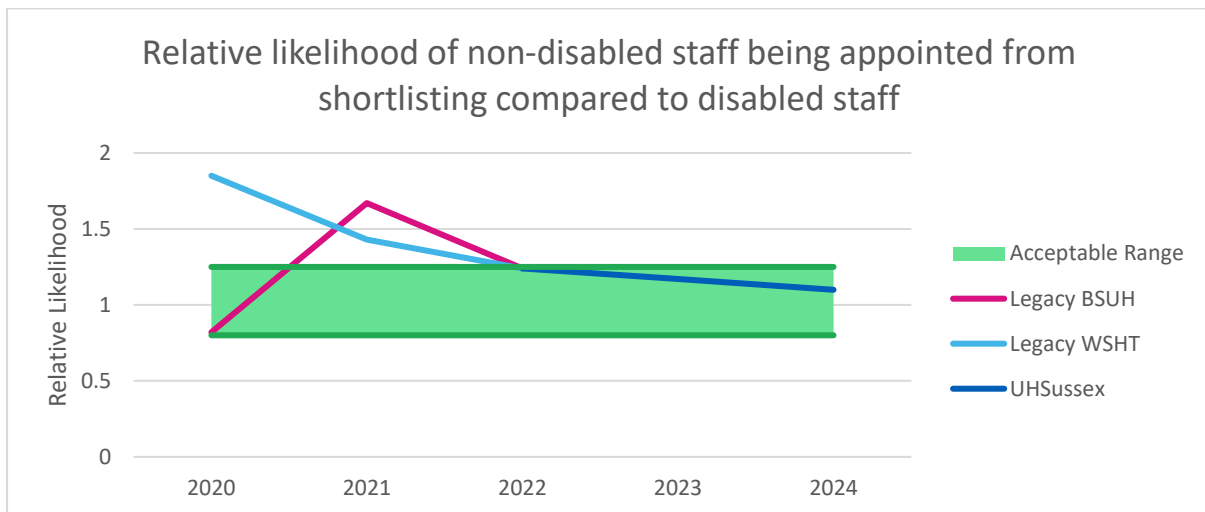
DISABILITY STATUS OF SENIOR MEDICAL MANAGERS



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

In the 2023/24 financial year UHSussex appointed 253 disabled applicants and 3,078 non-disabled applicants. The Trust was almost (1.1 times) as likely to appoint non-disabled people from short-listing as disabled people. This falls within the equality target range (0.8–1.25).

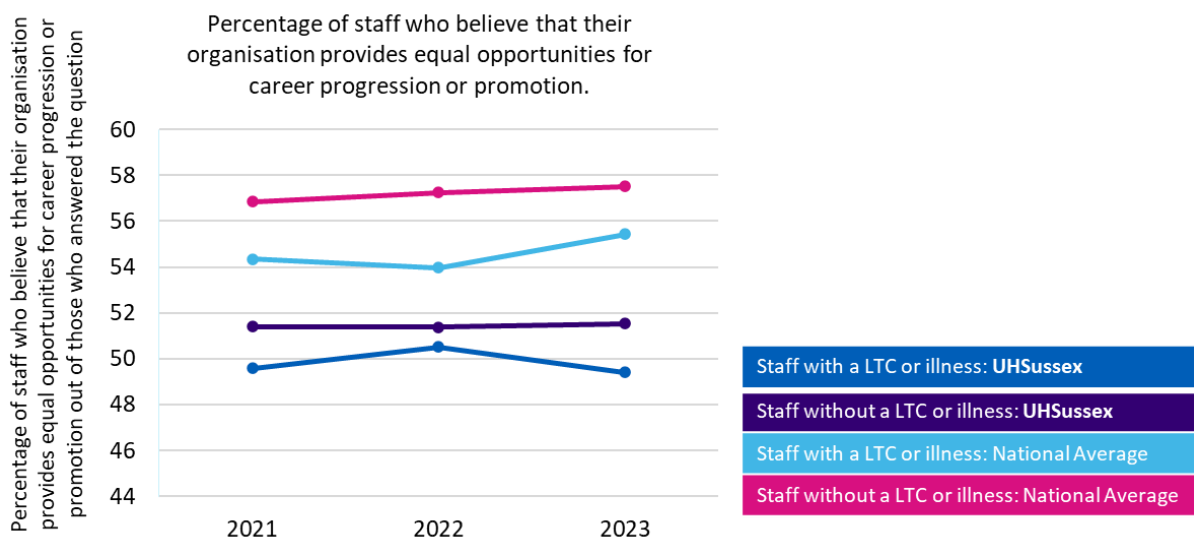
Compared to previous years (2021-2023), the shortlisting to appointing ratio between disabled and non-disabled applicants has improved.



Equality of opportunity for career progression / promotion (WDES 5)

49.4% of disabled staff felt the Trust provided equal opportunities for career progression and promotion in the NHS staff survey 2023 (less than in 2022), compared to 55.4% of non-disabled staff (more than in 2022). Staff were less likely to report believing in equal opportunities for career progression and promotion than nationally, regardless of disability status.

This indicator displays the largest increase in disparity of scores between disabled and non-disabled staff at UHSussex from 2022 (worse) across all WDES indicators.

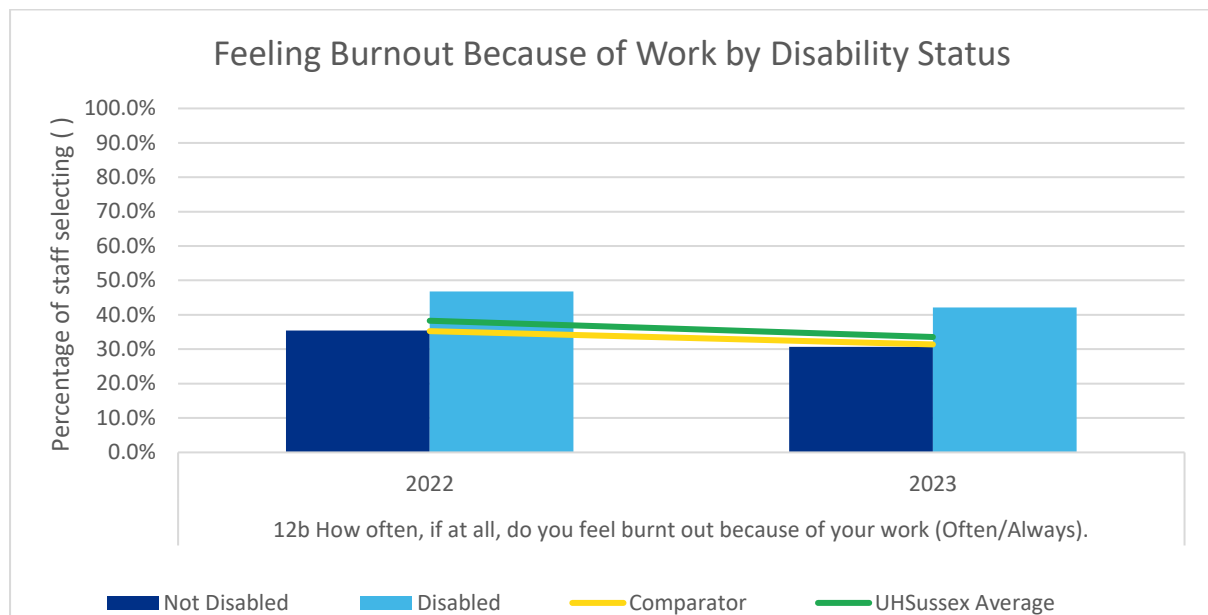


HIA 4: Workforce Health Inequalities

Burnout (NSS – Q12b)

Reviewing the question on burnout from the NHS Staff Survey it can be shown that:

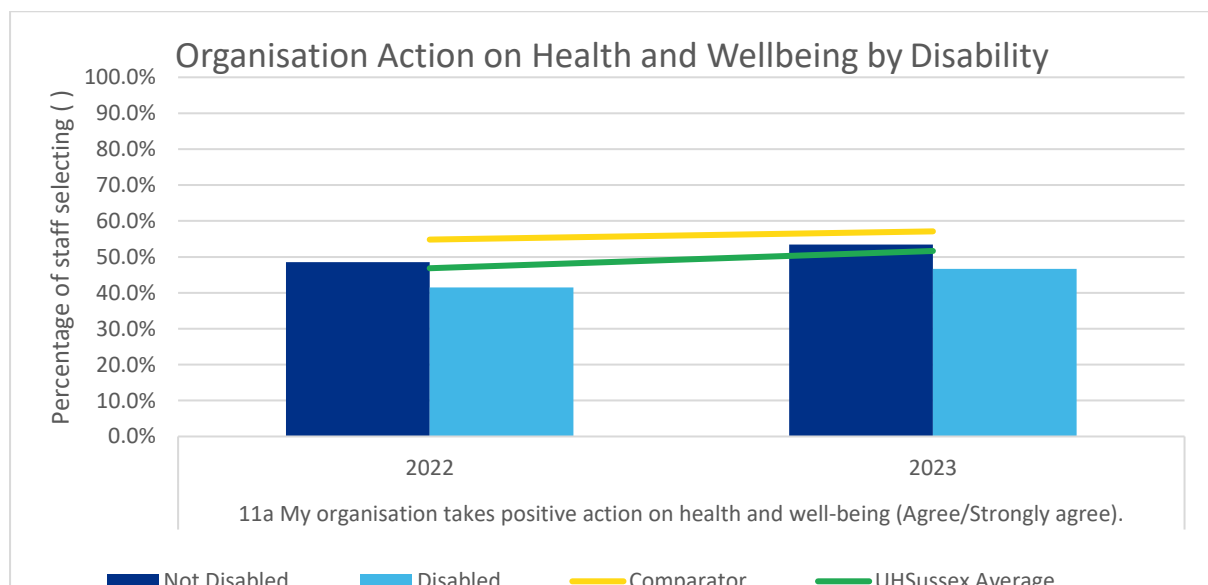
- ▶ Disabled staff reported more burnout compared to non-disabled staff.
- ▶ There was a reduction in the percentage of staff who reported feeling burnout for both disabled and non-disabled staff from 2022 to 2023.



Positive action on health and wellbeing (NSS – Q11a)

Reviewing the responses to the question “My organisation takes positive action on health and well-being” from the NHS Staff Survey it can be shown that:

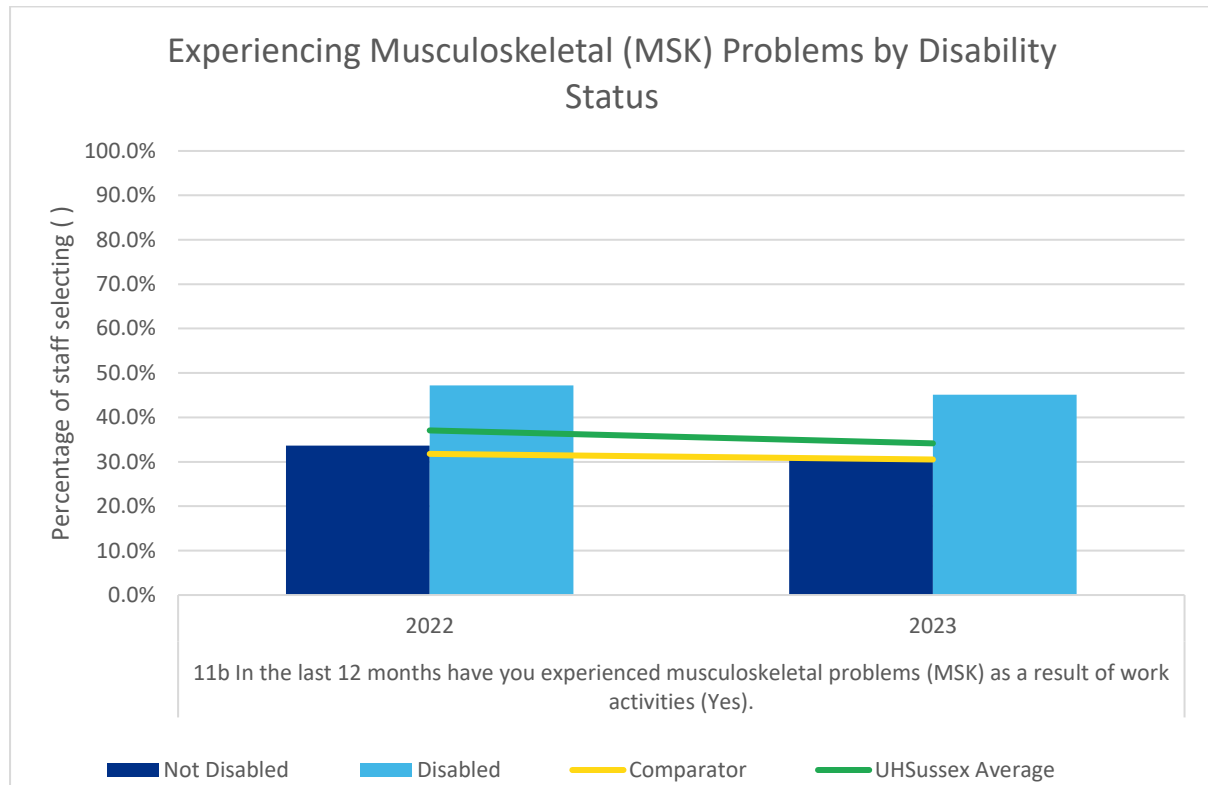
- ▶ Less disabled members of staff agreed compared to non-disabled staff.
- ▶ The percentage of disabled and non-disabled staff agreeing with the statement remained largely unchanged from 2022 to 2023.



Musculoskeletal (MSK) problems (NSS – Q11b)

Reviewing the question on whether staff had experienced musculoskeletal (MSK) problems in the last 12 months from the NHS Staff Survey it can be shown that:

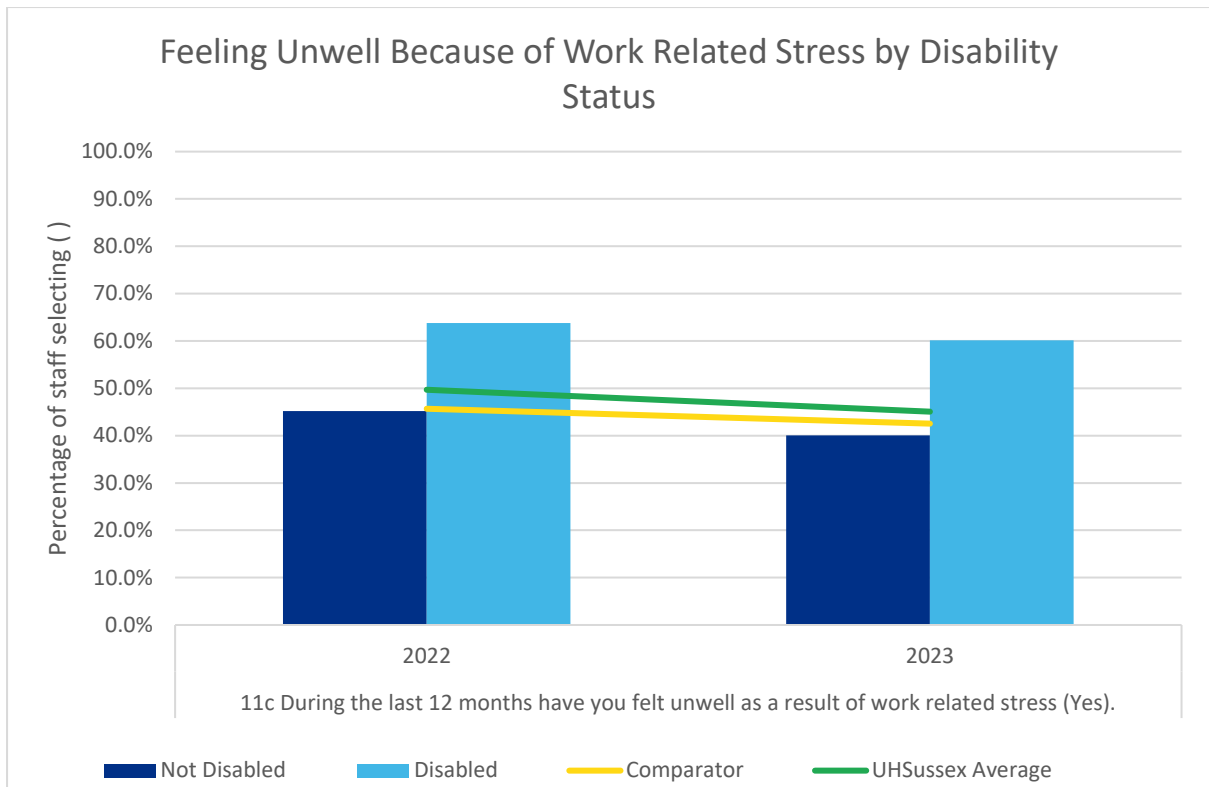
- ▶ Disabled staff reported MSK problems more than non-disabled staff.
- ▶ The percentage of disabled and non-disabled staff experiencing MSK remained largely unchanged from 2022 to 2023.



Work related stress (NSS – Q11c)

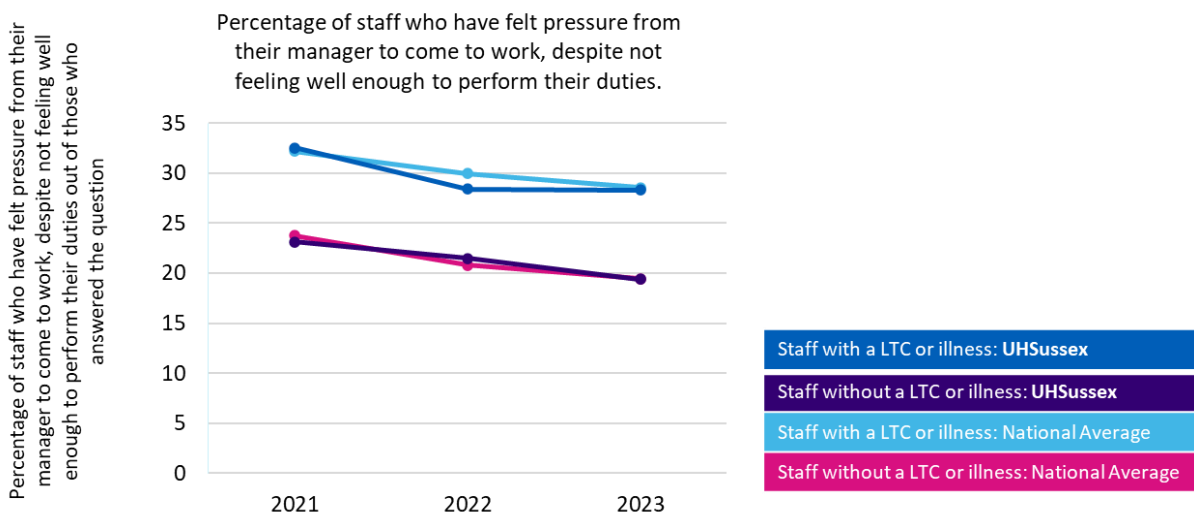
Reviewing the question on whether staff had felt unwell because of work related stress in the last 12 months from the NHS Staff Survey it can be shown that:

- ▶ Disabled staff reported feeling unwell because of work related stress more than non-disabled staff.
- ▶ The percentage of disabled and non-disabled staff feeling unwell because of work related stress decreased slightly from 2022 to 2023.



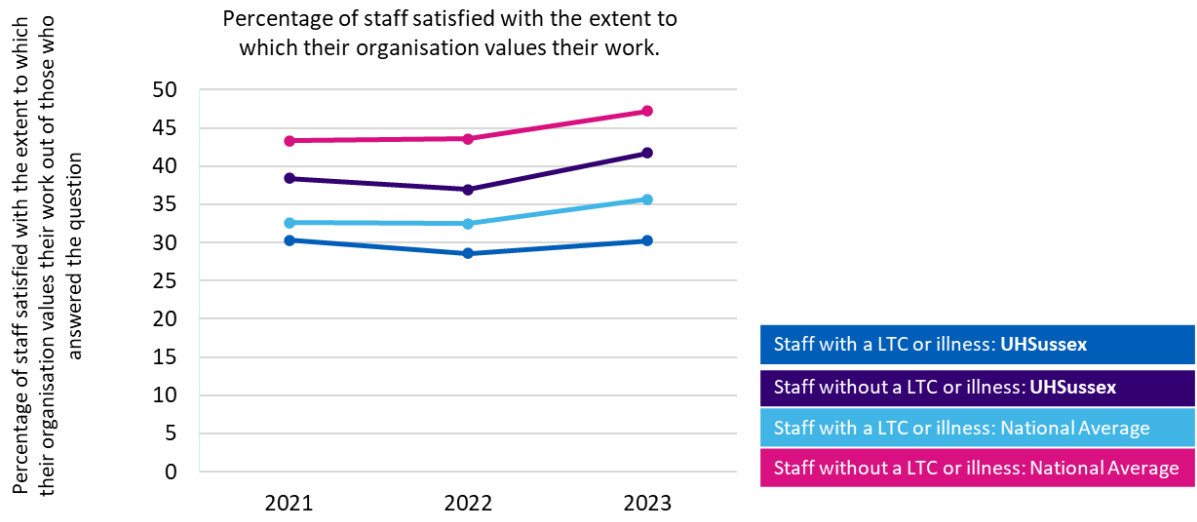
Pressure to work from manager when unwell (NSS – Q11e; WDES 6)

28.3% of disabled staff reported having felt management pressure to come to work when not feeling well enough in the NHS staff survey 2023, like in 2022. This compares to 19.4% of non-disabled staff, less than in 2022. Scores for both groups were close to the national benchmarks.



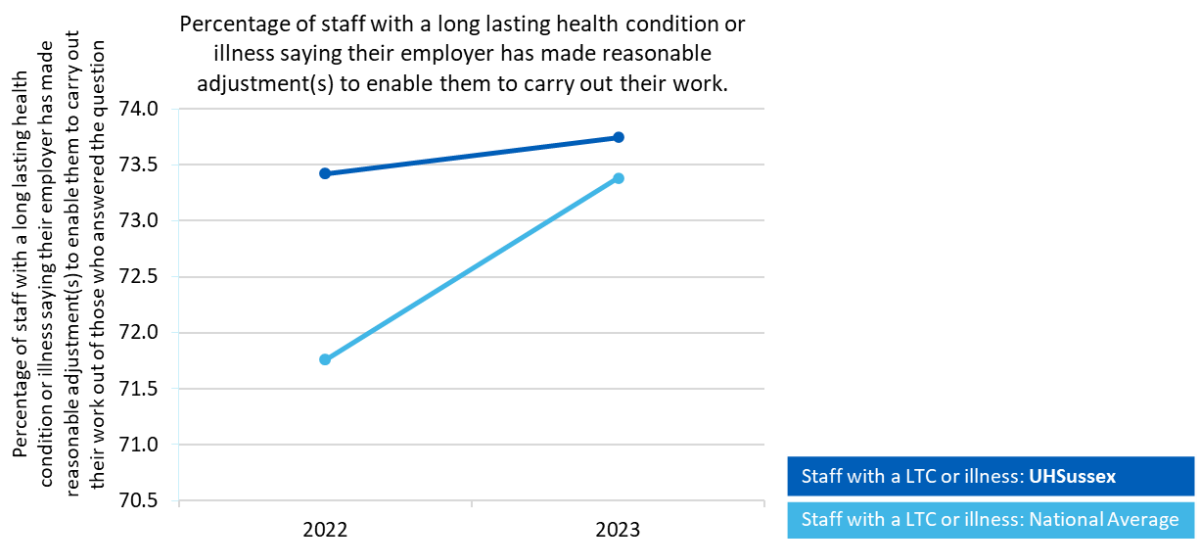
Staff satisfaction that Trust values their work (NSS – Q4b; WDES 7)

30.2% of disabled staff felt the Trust valued their work in the NHS staff survey 2023, compared to 41.8% of non-disabled staff. While scores for both groups improved from 2022, they respectively fell below the national benchmarks.



Adequate adjustments for disabled people (NSS – Q31b; WDES 8)

73.7% of disabled staff report having adequate workplace adjustments in the NHS staff survey 2023; largely unchanged from 2022. This is close to the national benchmark (73.4%) and has improved since last year.



HIA 6: Eliminate Discrimination

Formal capability likelihood by disability (WDES 3)

In the 2023/24 financial year no disabled people entered a formal capability process (the same as in the previous two years), compared to two non-disabled staff and one who did not declare or define their disability status. As such, it was not possible to calculate the relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff.

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

WDES 4.1 Harassment, bullying, or abuse from the public

36.5% of disabled staff reported experiencing harassment, bullying, or abuse from patients, relatives, or members of the public in the NHS staff survey 2023; just under two points less (improved) than in 2022.

28.1% of non-disabled staff reported the same; three points less (improved) than in 2022. This indicator displays a larger difference in scores between disabled and non-disabled staff at UHSussex compared with the national average (worse).

WDES 4.2 Harassment, bullying, or abuse from managers

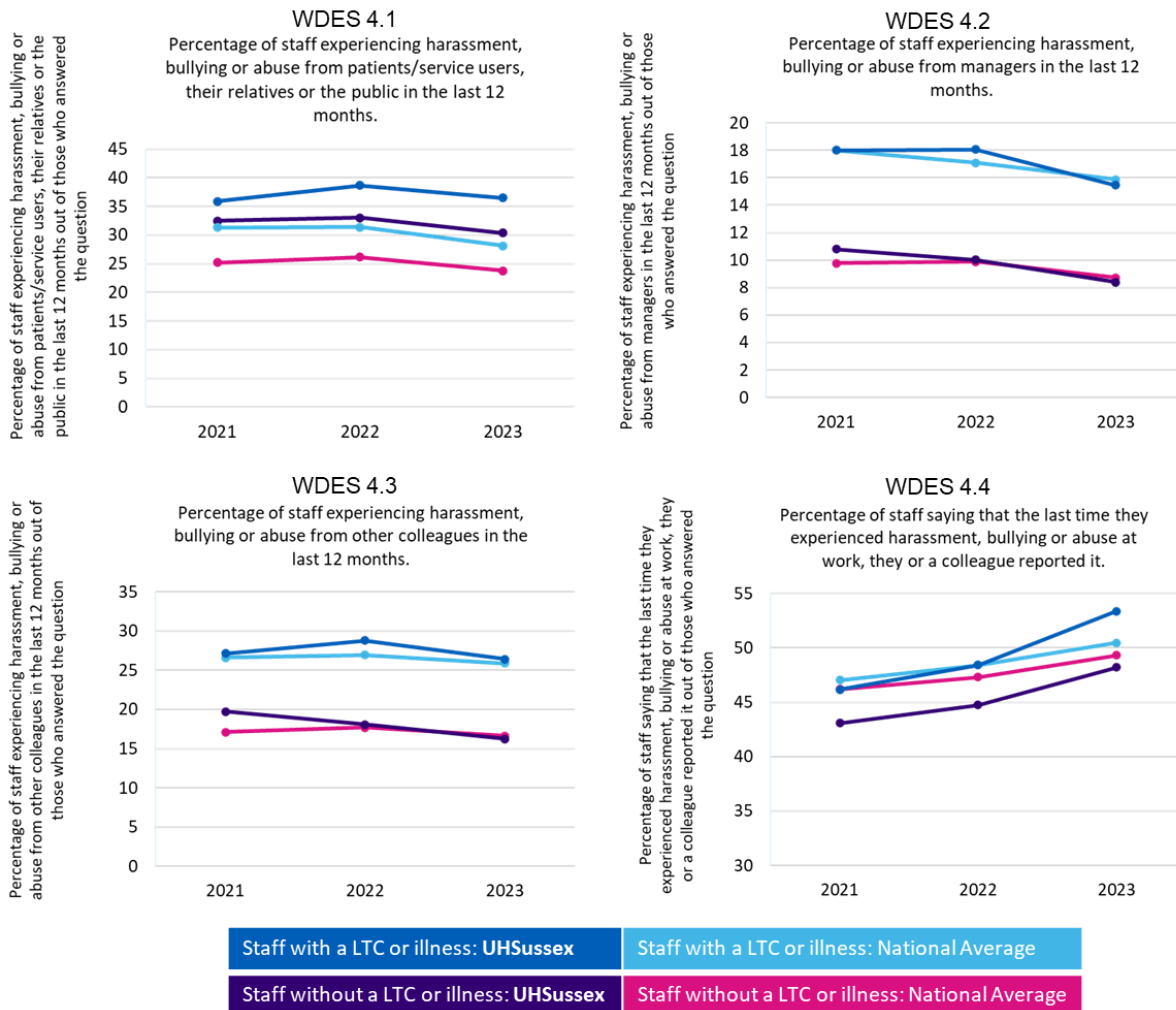
15.5% of disabled staff reported experiencing harassment, bullying, or abuse from managers in 2023; two and a half points less (improved) than in 2022. 8.4% of non-disabled staff reported the same; one and a half point less (improved) than in 2022.

WDES 4.3 Harassment, bullying, or abuse from colleagues

26.4% of disabled staff reported experiencing harassment, bullying, or abuse from colleagues in 2023; two and a half points less (improved) than in 2022. 16.3% of non-disabled staff reported the same; just under two points less (improved) than in 2022.

WDES 4.4 Reporting harassment, bullying, or abuse

53.4% of disabled staff reported they, or a colleague, reported harassment, bullying or abuse in 2023; five points more (improved) than in 2022. 48.2% of non-disabled staff reported the same; three and a half points more (improved) than in 2022. This indicator displays a larger difference in scores between disabled and non-disabled staff at UHSussex compared with the national average (worse).



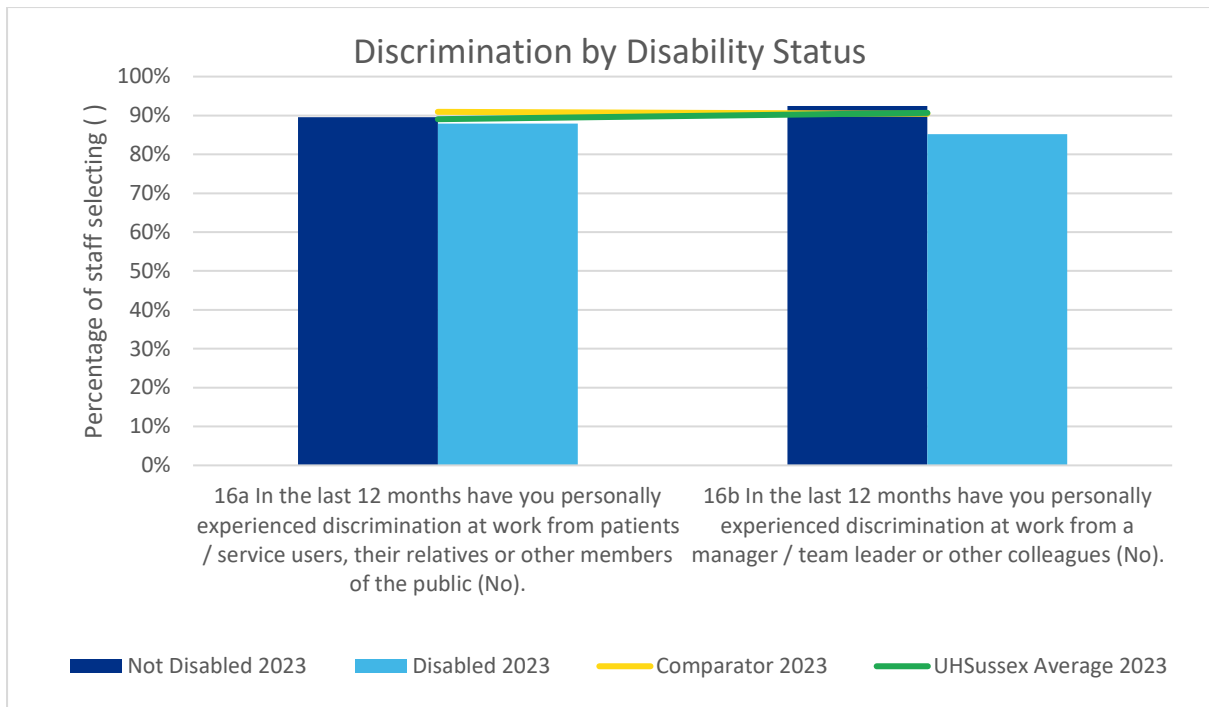
Reviewing the data on harassment, bullying and abuse in more detail it can be shown:

- ▶ Disabled members of staff report more experiences of harassment, bullying and abuse from patients or the public, and from managers and colleagues, than members of staff who are not disabled.
- ▶ Disabled members of staff report their experiences of harassment, bullying and abuse more than staff who are not disabled.

Discrimination from the public, managers or colleagues by disability status

Reviewing the data on discrimination in more detail it can be shown that:

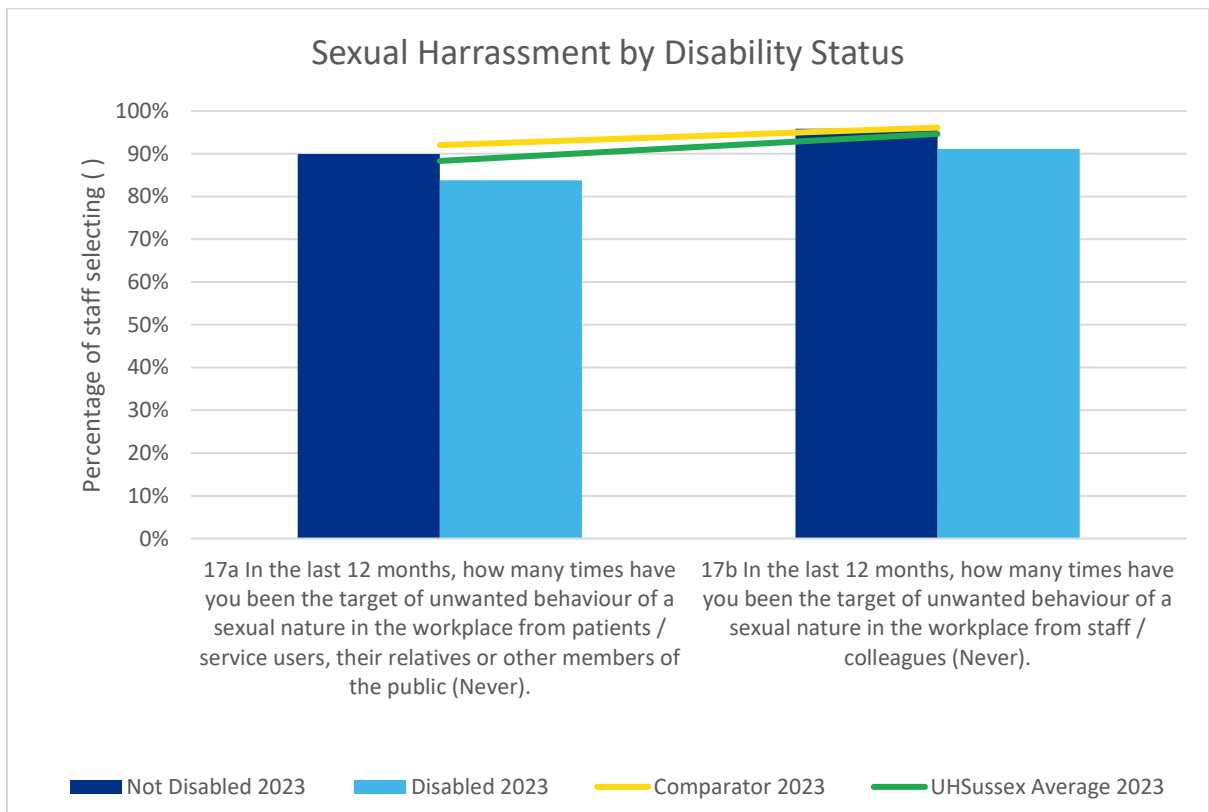
- ▶ Disabled members of staff report more experiences of discrimination from patients or the public, than members of staff who are not disabled.
- ▶ Disabled members of staff report substantially more experiences of discrimination from managers, team leaders or other colleagues, than members of staff who are not disabled report.



Sexual harassment by disability status

Reviewing the data on sexual harassment in more detail it can be shown that:

- ▶ Disabled members of staff report more experiences of sexual harassment from patients or the public, than members of staff who are not disabled.
- ▶ Disabled members of staff report substantially more experiences of sexual harassment from managers, team leaders or other colleagues, than members of staff who are not disabled.



3. Gender

HIA 1: Leadership and Accountability

Staff voice

The Women’s Network was established in March 2024, sponsored by the Chief Medical Officer. The Women’s Network key achievements so far are:

- ▶ Over 45 staff attended the launch event, or signed up as members, for the Women’s Network in March 2024, coinciding with the Trust’s celebration of International Women’s Day.
- ▶ Members selected a Chair and are focussing on advancing gender equality at work.

The Trust has a Trans & Non-Binary (TNB) Group sponsored by the Chief Operating Officer. Their key achievement in 2023/24 was to grow to over 110 members and to meet periodically for informal peer support, networking and shared learning, and to support the Trust work as an inclusive employer and care-provider.

Board gender composition

Nine females (45%) and ten males (50%) were on the Trust Board, along with one further voting director for whom no personnel information was available.

Five females (55.6%) and four males (44.4%) were executive directors, while four (36.4%) females and six (45.5%) males were non-executive directors.

Eight females had voting rights (44.4%) and nine males (50%). This was an increase of two additional females (6.9% points) since 2023 (37.5%).

GENDER OF BOARD MEMBERS



HIA 2: Inclusive Talent

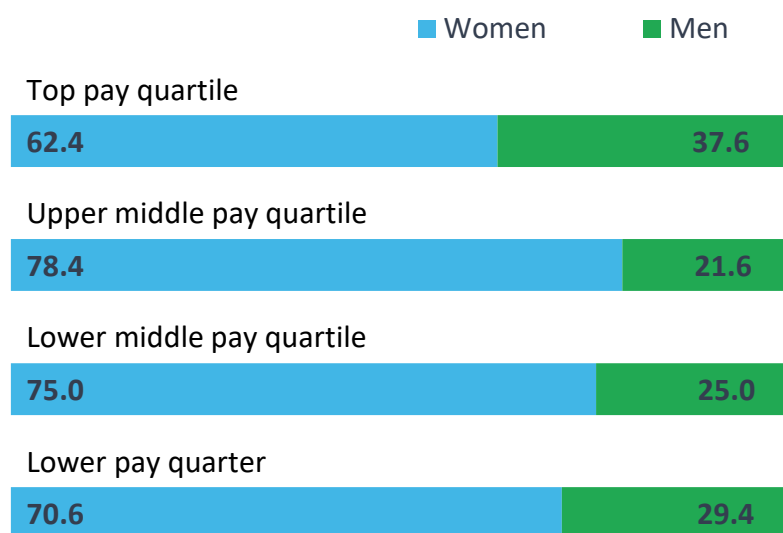
Gender workforce representation

Out of 17,972 staff, 71.6% (12,865) were recorded as female and 28.4% (5,107) as male on their electronic staff record on the snapshot date of 31 March 2024.

The national Electronic Staff Records (ESR) system only records binary sex. Of the 8,377 UHSussex staff members who answered the gender question in the 2023 national NHS Staff Survey, 72.7% identified as female, 23.8% as male, 0.4% as non-binary, and 0.2% chose 'prefer to self-describe', while the rest preferred to not say (3%).

Out of a total workforce of 12,865 whole-time equivalent staff:

- ▶ 2,803 staff were in the top pay quartile, out of which 62.4% were female.
- ▶ 3,522 staff were in the upper middle pay quartile, out of which 78.4% female.
- ▶ 3,371 staff were in the lower middle pay quartile, out of which 75.0% female.
- ▶ 3,169 staff were in the lower pay quartile, out of which 70.6% female.



Pay Quartile Disparity Ratios

Male staff were 2.2 times more likely to be in the top pay quartile than female staff, compared to their representation in the upper middle pay quarter. This is down slightly (**better**) from 2.3 times in 2023

Male staff were 1.5 times more likely to be in the top pay quartile than female staff, compared to their representation in the lower pay quarter.

Clinical Agenda for Change Staff Disparity Ratios

- ▶ In the Women and Children's Division, male clinical staff were five **times more likely** to be in bands 8a-VSM than females, compared to their representation in bands 6-7. This is being affected in large part by staff in the registered nursing and midwifery staff group and within that, those at RSCH.

- ▶ Male Allied Health Professionals (AHP) were **less likely** to be in bands 8a-VSM than female AHPs, compared to their representation in bands 1-5. This occurs on all sites except SRH where male AHPs were **1.4 times more likely** to be represented.
- ▶ In the 'Healthcare Scientists' staff group the **ceiling for females was band 8c**, compared to band 8d for males. Male healthcare scientists were **two-and-a-half times more likely** to be in bands 8a-VSM than female healthcare scientists, compared to their representation in bands 6-7 overall, and this rose to three **times more likely** at the RSCH site.
- ▶ In the 'Nursing and Midwifery Registered' staff group males overall were **1.4 times more likely** to be in bands 8a-VSM than females, compared to their representation in bands 6-7 overall, and this rose to twice **as likely** at the SRH site and **1.6 times more likely** at Worthing.
- ▶ In the Surgery divisions, at the RSCH site male nurses were **twice as likely** to be in bands 8a-VSM than females, compared to their representation in bands 6-7.
- ▶ Of all staff who have not been coded a main work base on their staff record, males in this cohort are three **times as likely** to be in bands 6-7 than females, compared to their representation in bands 1-5. This appears to particularly affect nurses working in the Surgery (WOR & SRH) Division.

Non-Clinical Agenda for Change Staff Disparity Ratios

- ▶ In the Women and Children's Division, at the Worthing site male non-clinical staff were just over **eleven times more likely** to be in bands 6-7 than females, compared to their representation in bands 1-5. This compares to 2.3 times more likely at the RSCH site. It particularly affects staff in the administrative and clerical staff group, where males were over **twenty-two times more likely** to be represented than females.
- ▶ In the CSS Division, on the SRH site male non-clinical staff were **three times more likely** to be in bands 6-7 than females, compared to their representation in bands 1-5.
- ▶ In the Cancer Division, at the RSCH site male non-clinical staff were **three-and-a-half times more likely** to be in bands 6-7 than females, compared to their representation in bands 1-5.
- ▶ Male non-clinical staff are three-and-a-half **times more likely** to be in bands 8a-VSM than female non-clinical staff, compared to their representation in bands 1-5.
- ▶ In the Medicine divisions, on the SRH site male non-clinical staff were **ten times more likely** to be in bands 6-7 than females, compared to their representation in

bands 1-5. This particularly affects the administrative and clerical staff group. At both the Worthing and RSCH sites males were about three times more likely represented than females.

- ▶ In the Facilities and Estates Division, males were just over twice as likely to be in bands 6-7 than females overall, compared to their representation in bands 1-5. On the SRH site males were **nine times more likely** to be represented, particularly affecting within the administrative and clerical staff group.
- ▶ In the 'Estates and Ancillary' staff group the **ceiling for females was band 6**, compared to band 8a for males.

Medical & Dental Staff Disparity Ratios

- ▶ Male doctors were **1.7 times more likely** to be represented as non-consultant career grades (NCCG) than female doctors, relative to their representation as medical trainees
- ▶ Male doctors were **just as likely** (1.1 times) overall to be represented as consultants than female doctors, compared to their representation at NCCG. This is true of all sites, except Princess Royal Hospital where male doctors were twice **as likely** to be consultants than female doctors.
- ▶ Male doctors were **twice as likely in the CSS Division** to be represented as consultants than female doctors, compared to their representation at NCCG, and **two-and-a-half times more likely in the Surgery Division** on the Worthing sites.
- ▶ Male doctors were **twice as likely in the Cancer Division** to be represented at NCCG level than female doctors, compared to their representation in medical trainees.
- ▶ In the Medicine divisions, male doctors were about **two-and-a-half times more likely at the RSCH, Worthing and SRH** sites to be represented at NCCG level than female doctors, compared to their representation in medical trainees.

Senior Medical Managers

Out of all consultants, 13 were identified as senior medical managers (a medical consultant who is either a Medical Director, a Deputy Medical Director or who reports directly to a Medical Director or Deputy Medical Director). Four of these were female (30.8%).

GENDER OF SENIOR MEDICAL MANAGERS



Gender shortlisting-to-appointment relative likelihood

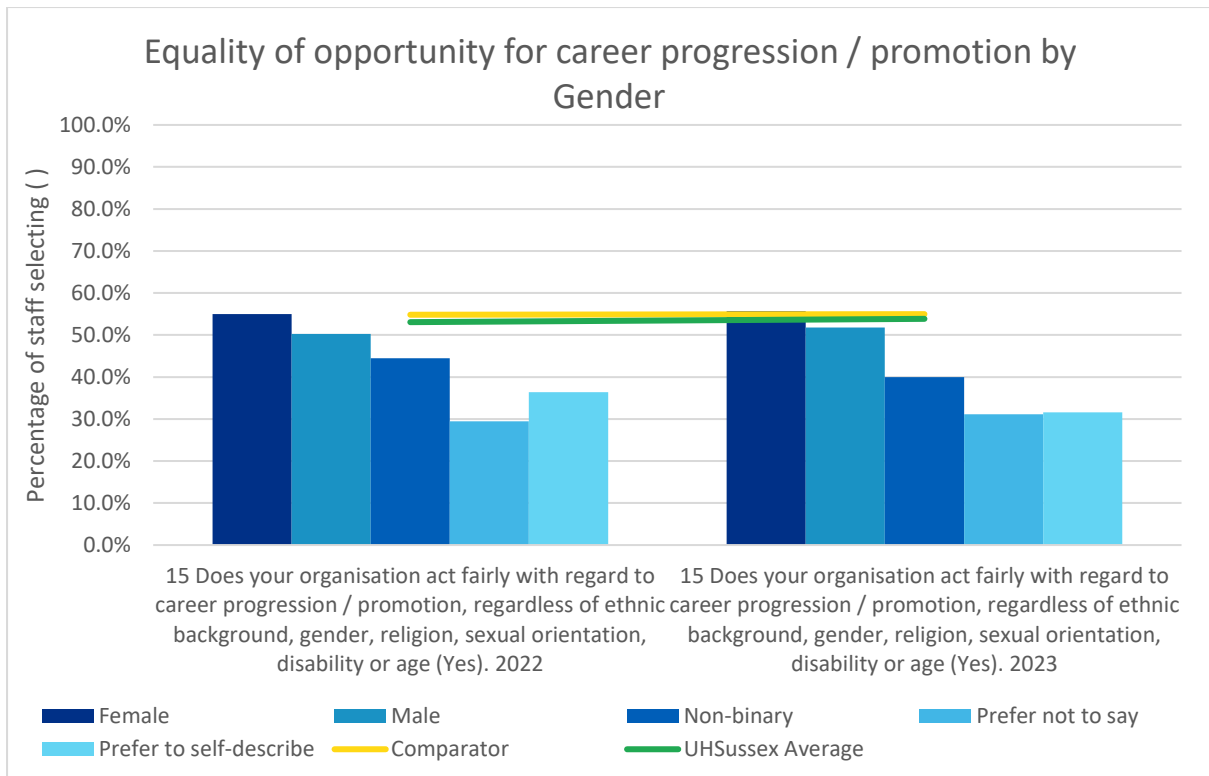
In the 2023/24 financial year UHSussex appointed 3,222 female applicants and 1,282 male applicants.

The Trust was statistically as likely (0.86 times) to appoint males from short-listing as females. This falls within the equality target range (0.8-1.25).

Equality of opportunity for career progression / promotion

Reviewing the question on fair opportunity for career progression / promotion from the NHS Staff Survey it can be shown that:

- ▶ Members of staff who prefer to self-describe or preferred to not share their gender reported the least agreement with the statement compared to female, male, and non-binary members of staff.
- ▶ Less non-binary members of staff and staff who prefer to self-describe agreed with the statement in 2023 compared to 2022.



HIA 3: Eliminate Pay Gaps

Gender pay gap

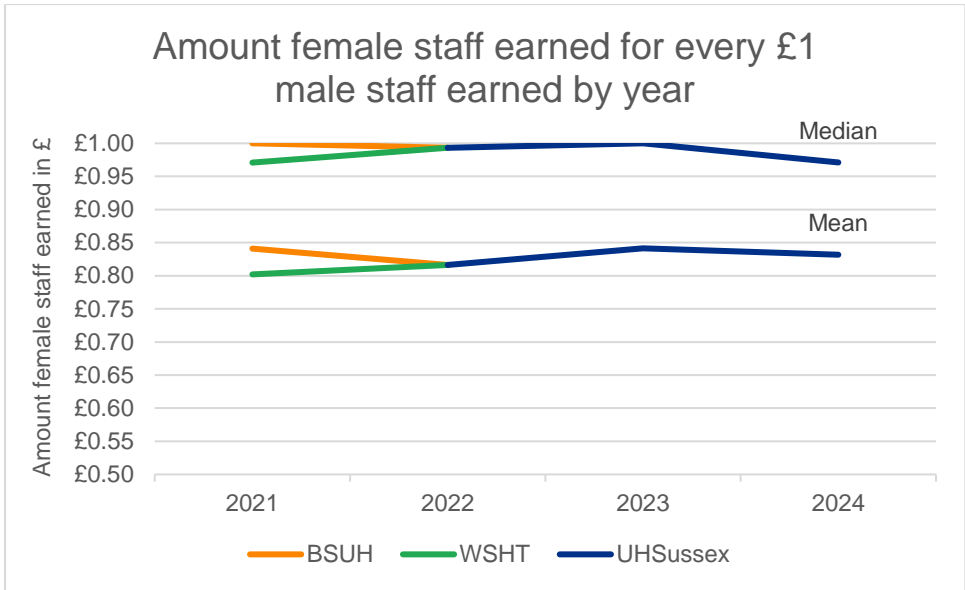
Gender Pay Gap reporting shows the difference in average hourly pay and bonus payments between males and females. The Trust analyses the information to identify:

- ▶ the level of gender equality.
- ▶ the balance of male and female employees in each of four salary range quartiles.
- ▶ how effectively talent is being maximised and rewarded.

Hourly wages pay gap

Comparing mean (average) hourly wages, females earned eighty-three pence for every £1 males earned, one penny less (worse) than in 2023.

Comparing median hourly wages (accounting for the effect of outliers), females earned ninety-eight pence for every £1 males earned, two pence less (worse) than in 2023.



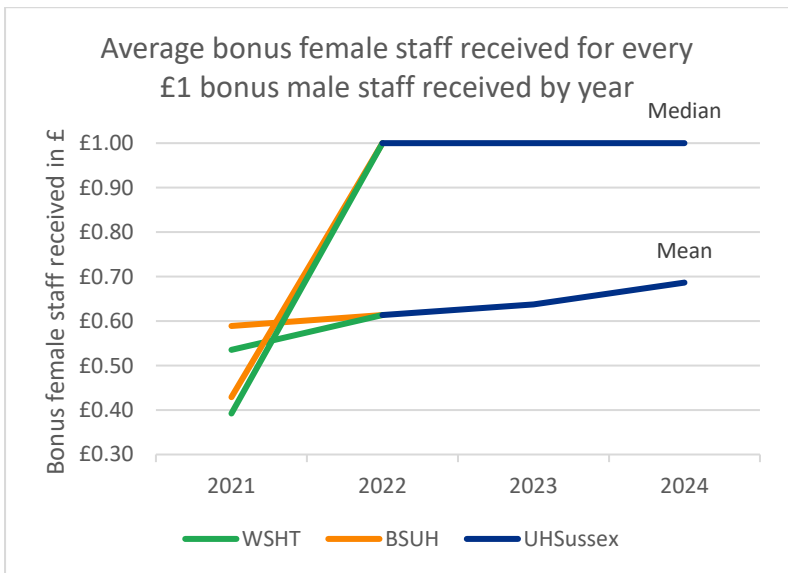
Gender bonus gap

706 staff received a bonus payment between the 1 April 2023 and 31 March 2024, inclusive of 310 females and 396 males.

Females earned the same as males in median bonus pay, the same as the previous two years.

When comparing mean bonus pay, females earned sixty-nine pence for every £1 males earned, five pence more (better) than last year.

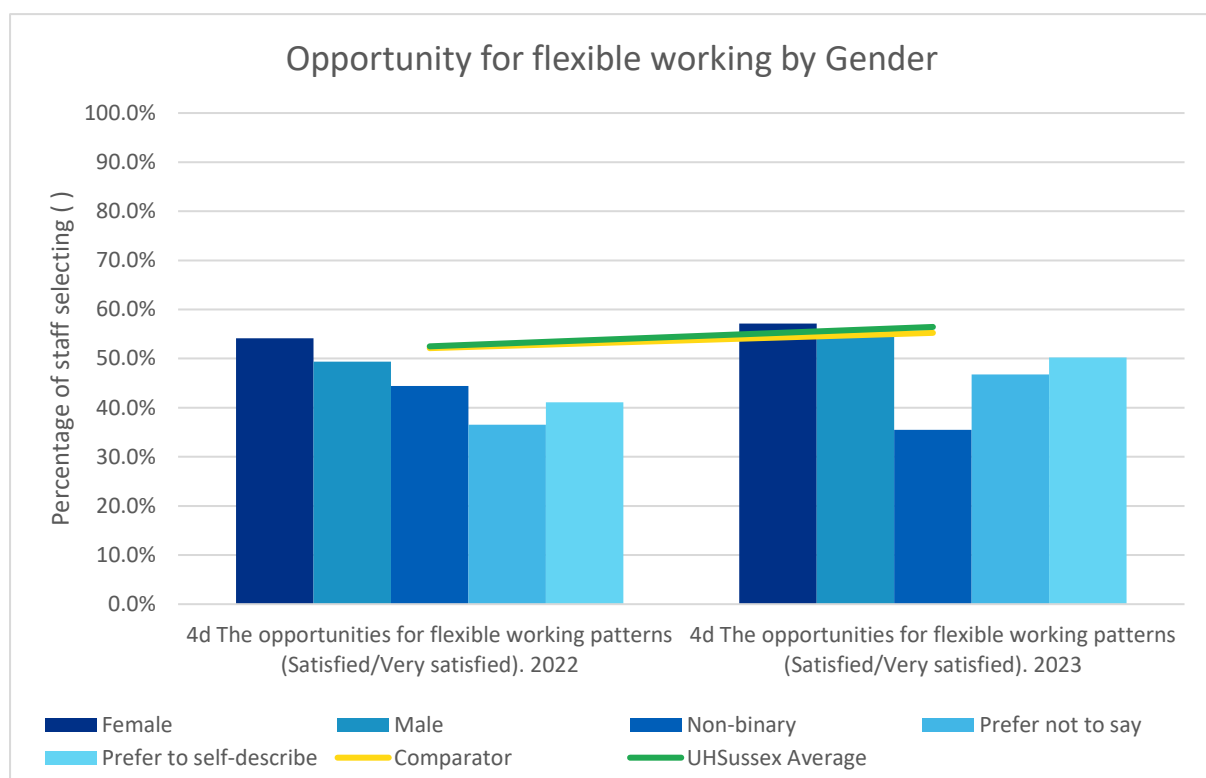
Females are less likely to receive bonuses, and those bonuses they get are more likely to be of lesser value.



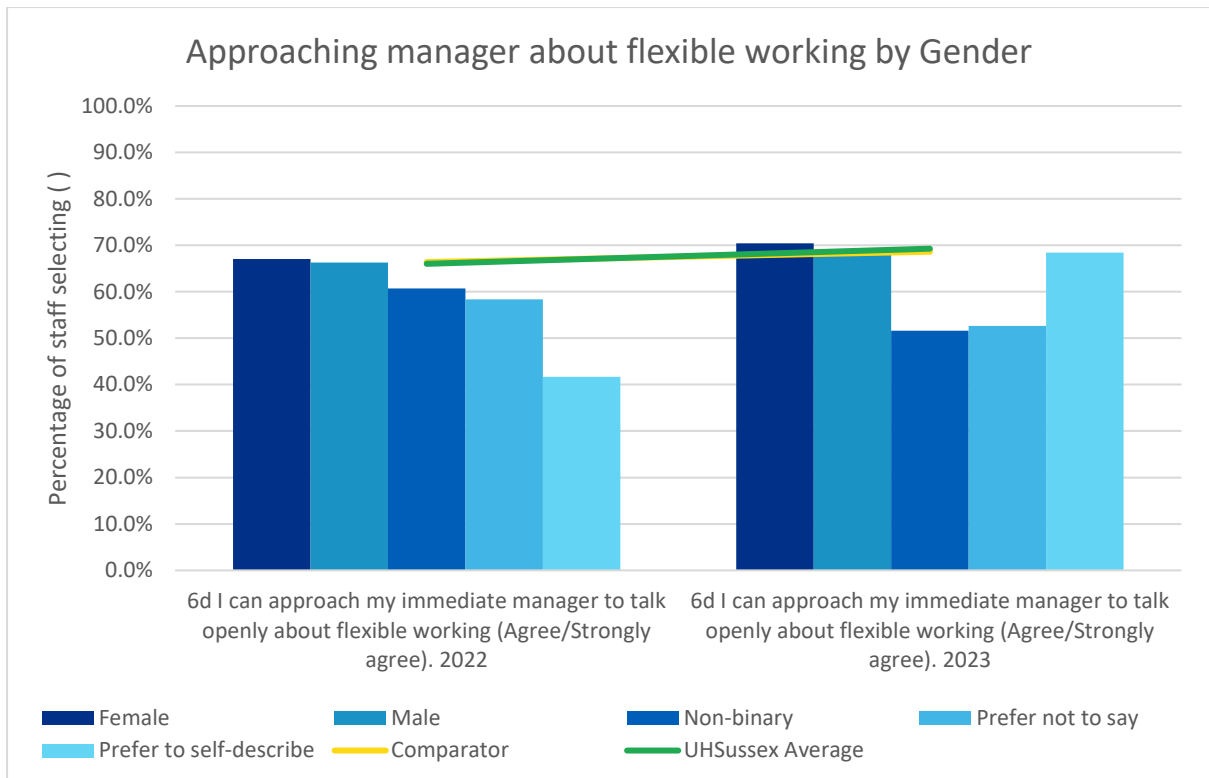
Flexible working opportunities

Reviewing the questions on flexible working opportunity for from the NHS Staff Survey it can be shown that:

- ▶ Satisfaction with opportunities for flexible working patterns increased since 2022 for staff choosing female, male and prefer not to say as their gender.
- ▶ Satisfaction with flexible working opportunities decreased since 2022 for staff choosing non-binary and prefer to self-describe as their gender.
- ▶ In 2023 non-binary staff members reported the least satisfaction with flexible working opportunities.
- ▶ In 2023 female staff report the most satisfaction with flexible working opportunities.



- ▶ Satisfaction with being able to approach managers about flexible working increased from 2022 except for non-binary staff.
- ▶ In 2023 staff members who chose 'prefer not to say' reported the least satisfaction with flexible working opportunities.
- ▶ In 2023 female staff report the most satisfaction with flexible working opportunities.
- ▶ Satisfaction with being able to approach managers about flexible working is higher than satisfaction with flexible working opportunities themselves.

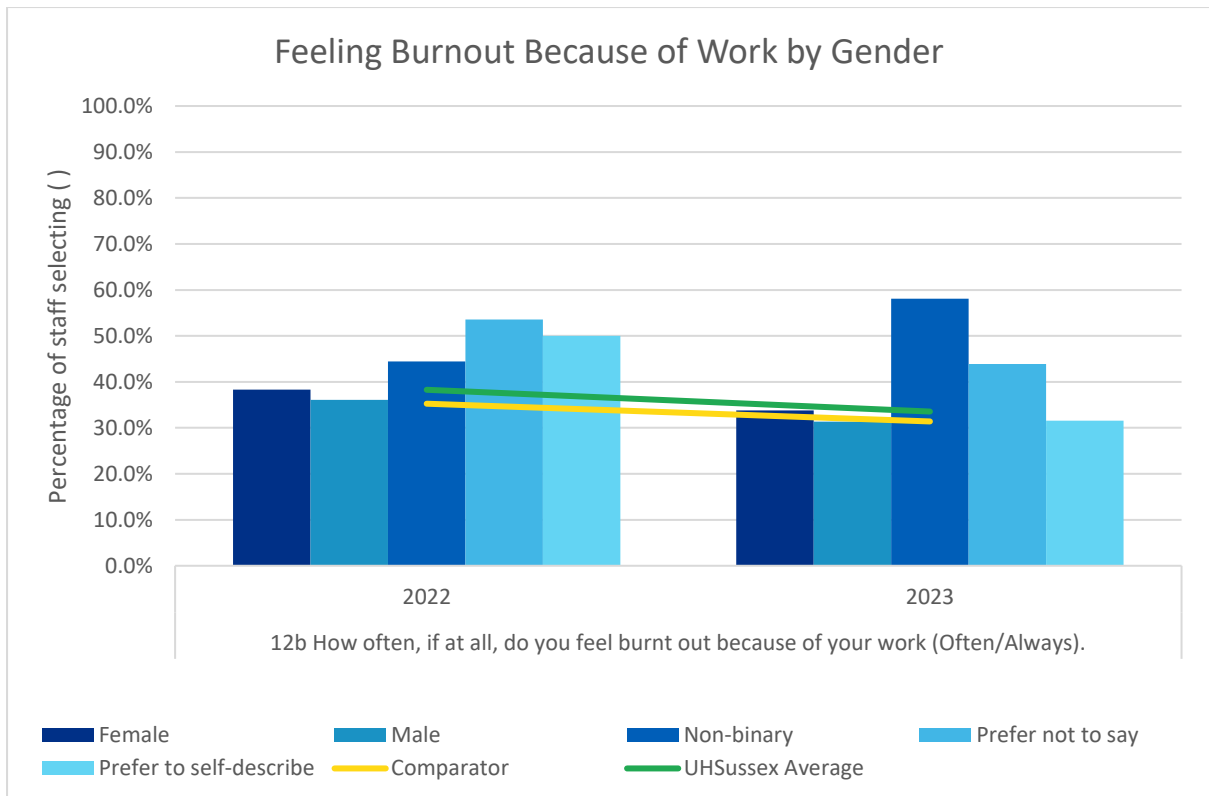


HIA 4: Workforce Health Inequalities

Burnout (NSS – Q12b)

Reviewing the question on burnout from the NHS Staff Survey it can be shown that:

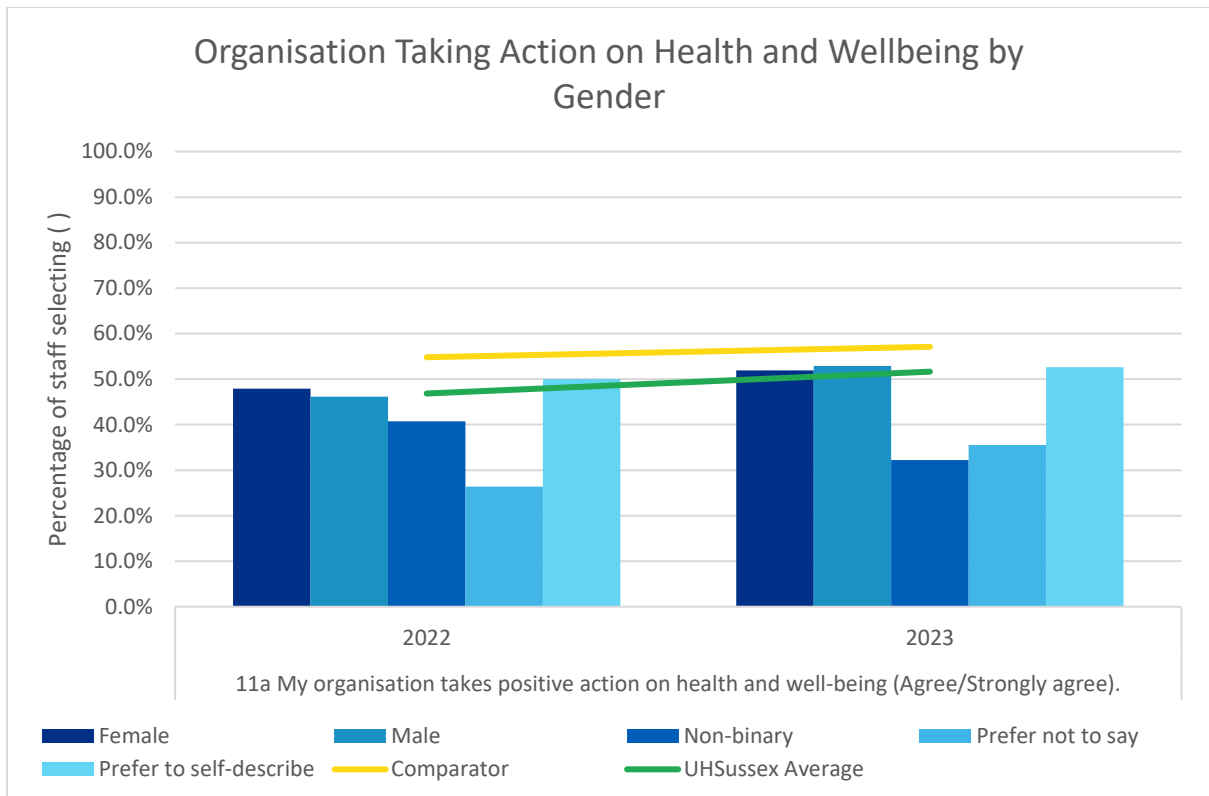
- ▶ There was a reduction in the percentage of staff who chose to prefer not to say and prefer to self-describe who reported feeling burnout from 2022 to 2023.
- ▶ There was an increase in the percentage of non-binary staff who reported feeling burnout from 2022 to 2023.
- ▶ In 2023 non-binary members of staff reported the most feelings of burnout compared to female and male staff and staff who prefer to self-describe and those who chose to prefer not to say.



Positive action on health and wellbeing (NSS – Q11a)

Reviewing the question “My organisation takes positive action on health and wellbeing” from the NHS Staff Survey it can be shown that:

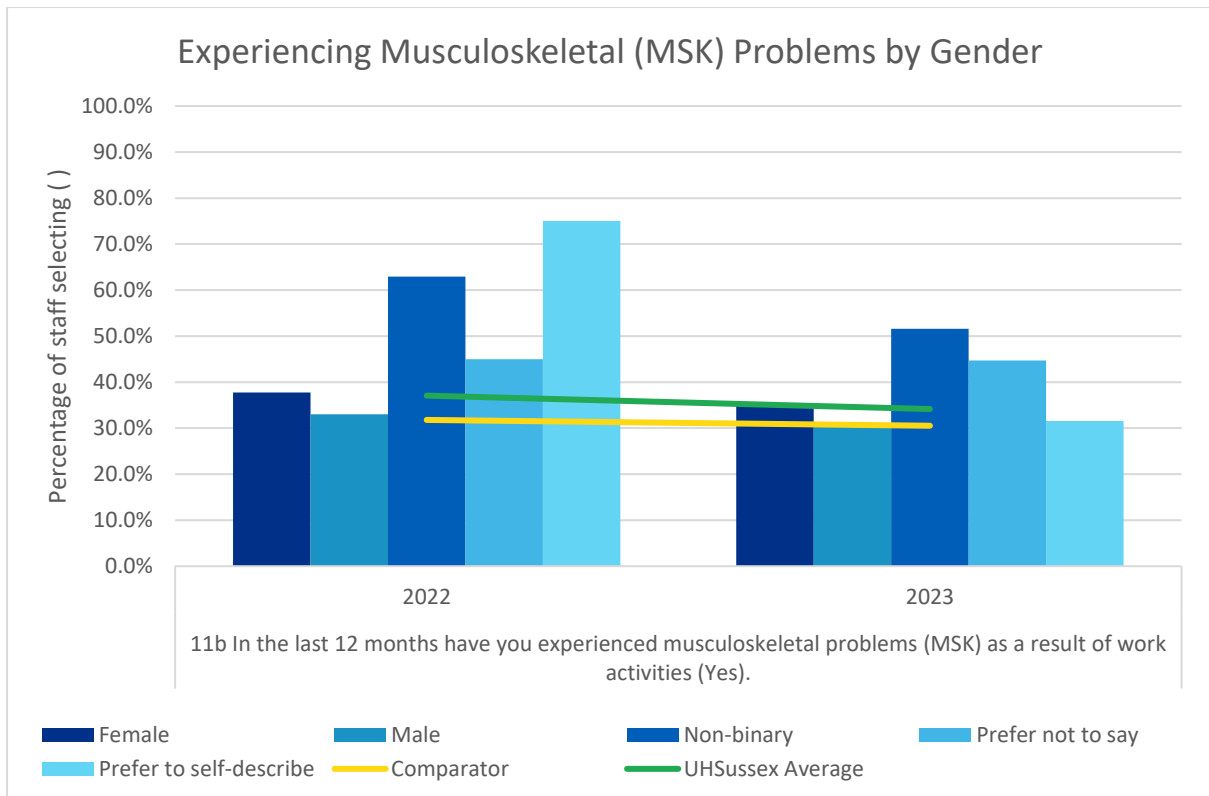
- ▶ Less non-binary members agreed with the statement in 2023 compared to 2022.
- ▶ More male staff and more staff who preferred to not say agreed with the statement in 2023 compared to 2022.
- ▶ Less non-binary staff members and staff who chose to prefer not to say agreed with the statement compared to female and male staff and staff who preferred to self-describe.



Musculoskeletal (MSK) problems (NSS – Q11b)

Reviewing the question on whether staff had experienced musculoskeletal (MSK) problems in the last 12 months from the NHS Staff Survey it can be shown that:

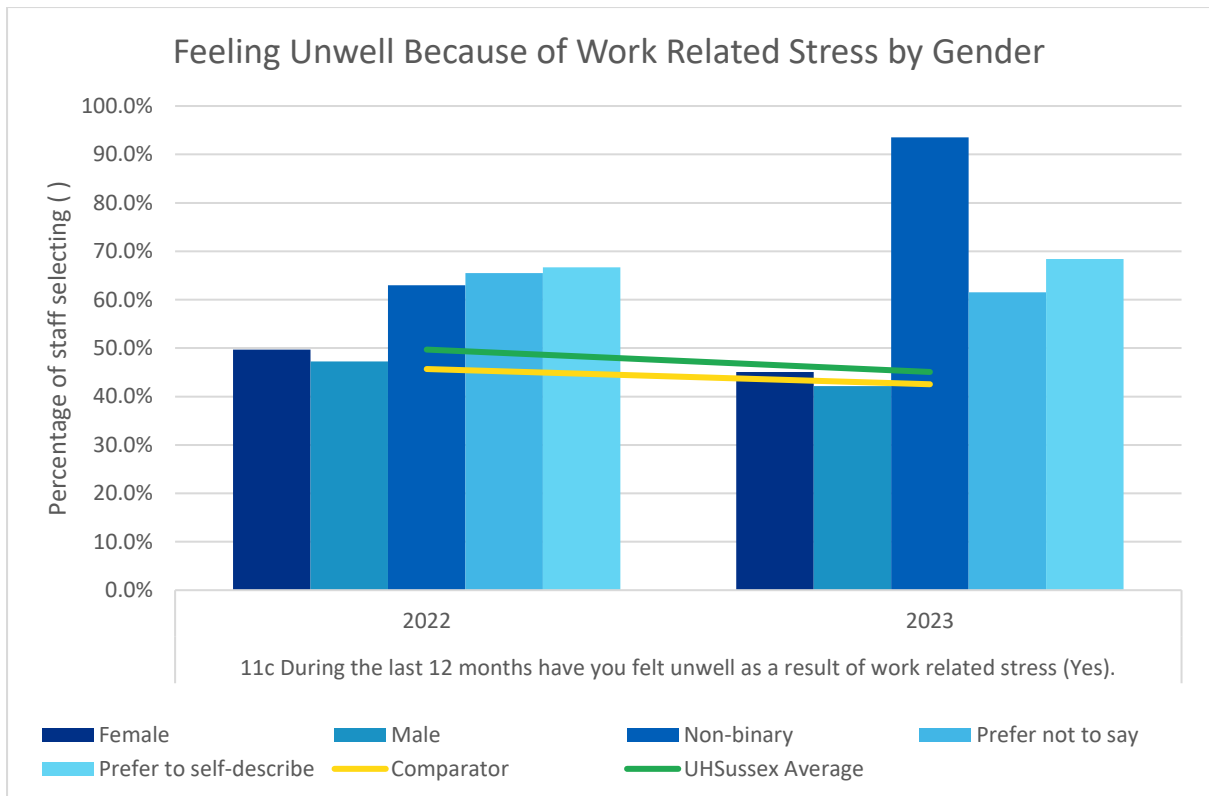
- ▶ The percentage of male and female staff who reported experiencing MSK remained unchanged from 2022 to 2023.
- ▶ Less non-binary staff members and staff who chose to prefer to self-describe reported experiencing MSK in 2023 compared to 2022.
- ▶ In 2023, non-binary staff reported the most experiences of MSK compared to members of staff from all other groups.



Work related stress (NSS – Q11c)

Reviewing the question on whether staff had felt unwell because of work related stress in the last 12 months from the NHS Staff Survey it can be shown that:

- ▶ In 2023, non-binary staff reported the most experiences of feeling unwell because of work related stress compared to female and male staff, staff who prefer to self-describe and those who chose to prefer not to say.
- ▶ The percentage of non-binary staff reporting experiences of feeling unwell because of work related stress has increased from 2022 to 2023.
- ▶ Male staff reported the least experiences of feeling unwell because of work related stress compared to the other groups in 2023, this is unchanged from 2022.

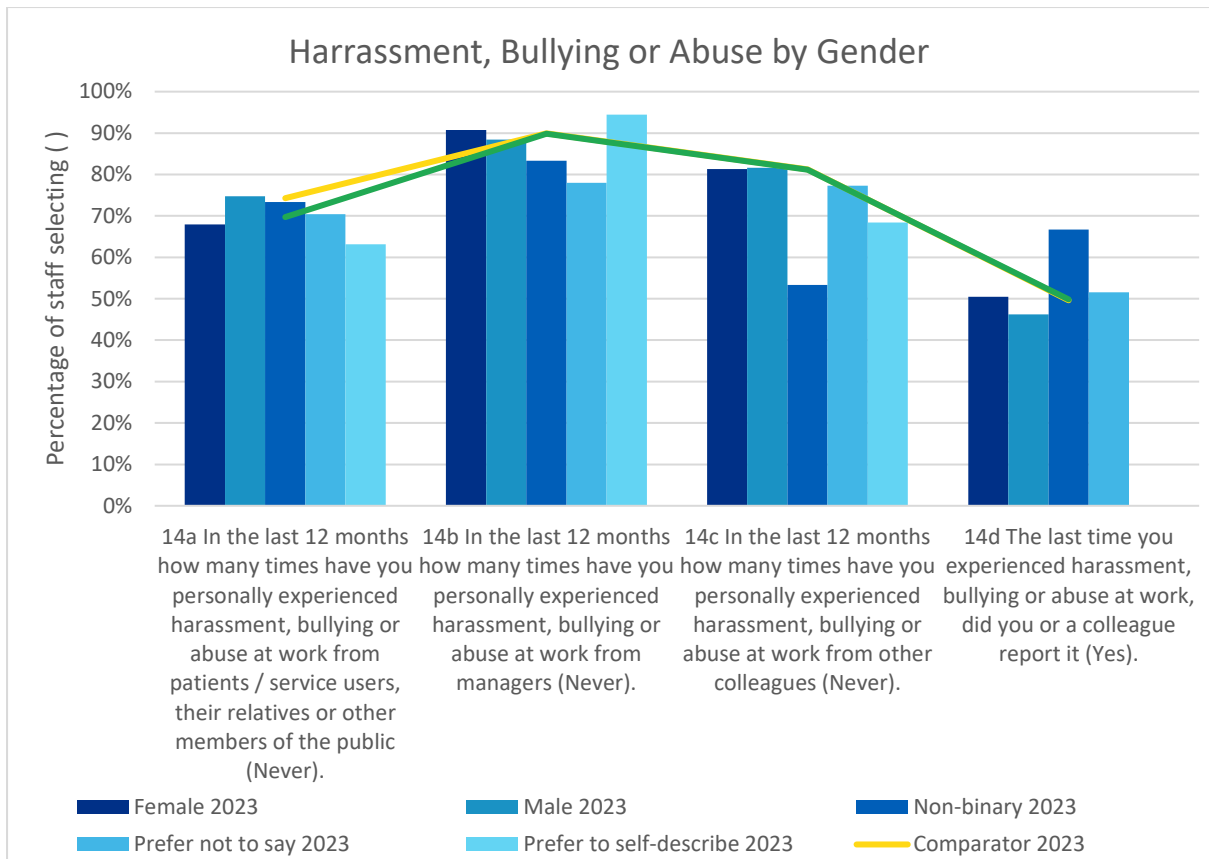


HIA 6: Eliminate Discrimination

Harassment, bullying or abuse by gender

Reviewing the data on harassment, bullying and abuse in more detail it can be shown:

- ▶ Members of staff who prefer to self-describe their gender report the most experiences of harassment, bullying and abuse from patients or the public compared to staff members with any other gender.
- ▶ Members of staff who prefer to not disclose their gender report the most experiences of harassment, bullying and abuse by managers compared to staff members with any other gender.
- ▶ Non-binary members of staff report the most experiences of harassment, bullying and abuse from colleagues compared to staff members with any other gender.
- ▶ Men report their experiences of harassment, bullying and abuse less than staff members with any other gender.



Discrimination from managers or colleagues by gender

Reviewing the data on discrimination in more detail it can be shown that:

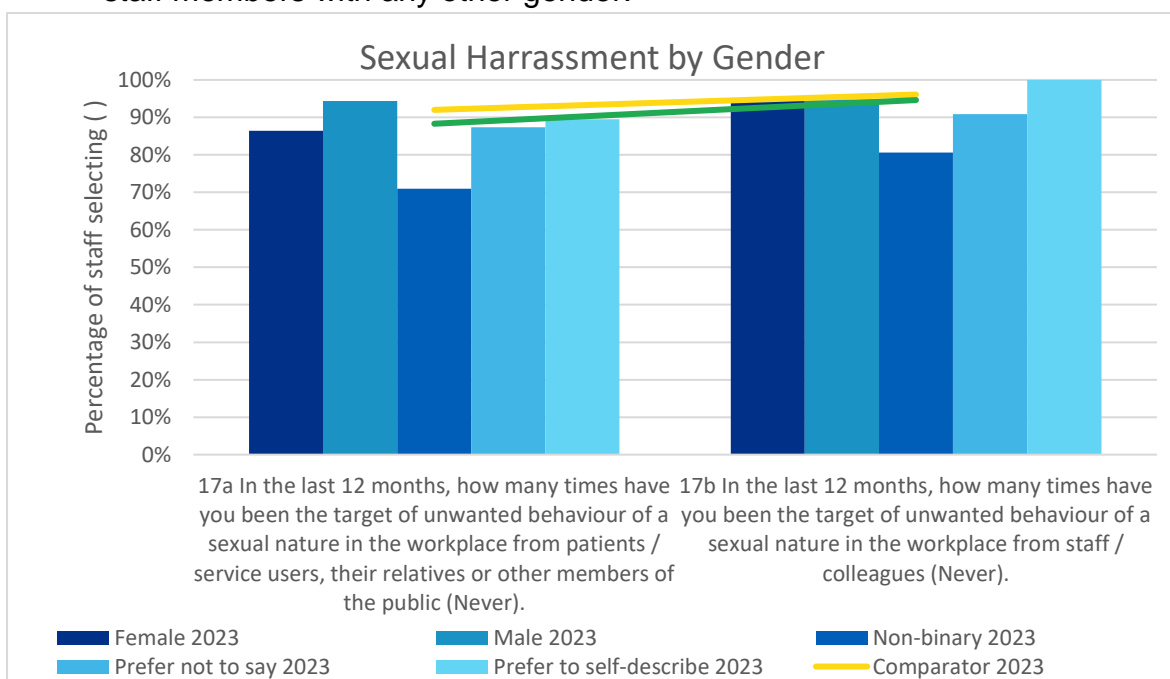
- ▶ Non-binary members of staff report the most experiences of discrimination from patients, or the public compared to staff members with any other gender.
- ▶ Non-binary members of staff report the most experiences of discrimination from managers, team leaders or other colleagues compared to staff members with any other gender.



Sexual harassment by gender

Reviewing the data on sexual harassment in more detail it can be shown that:

- ▶ Non-binary members of staff report the most experiences of sexual harassment from patients, or the public, relative to staff members with any other gender.
- ▶ Non-binary members of staff report the most experiences of sexual harassment from managers, team leaders or other colleagues compared to staff members with any other gender.





4. Sexual Orientation

HIA 1: Leadership and Accountability

Staff voice

The Trust has a Lesbian, Gay, Bisexual, Trans, Queer, Intersex (LGBTQI+) Network sponsored by the Chief Operating Officer. Key achievements in 2023/24 were:

- ▶ The 520 members of the LGBTQI+ Network had the opportunity to select a new chairperson this year.
- ▶ With support from My University Hospitals and legacy charities, the network is running a successful Pride programme across Summer 2024, participating in Worthing Pride, Horsham Pride, Chichester Pride, Trans Pride, Brighton & Hove Pride, and Crawley Pride, with opportunities to promote the Trust.
- ▶ The network met monthly, providing a safe and supportive space for members.

Board sexual orientation composition

Nine members of the Trust Board shared a sexual orientation (45%), and ten did not state their sexual orientation (50%). One further voting Board member had no personnel information was available.

HIA 2: Inclusive Talent

Sexual orientation workforce representation

Out of 17,734 staff, 6.2% (1,099) were recorded as LGBUO⁷. Out of these 3.72% as gay or lesbian, 2.04% as bisexual, 0.28% as another sexual orientation not listed and 0.16% as undecided on their electronic staff record on the snapshot date of 31 March 2024.

Clinical Agenda for Change Staff Disparity Ratios

Out of 9,362 clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 5,584 staff were in lower bands (AfC 1-5) out of which 7% were LGBUO.
- ▶ 3,420 staff were in middle bands (AfC 6-7) out of which 7% were LGBUO.
- ▶ 358 staff were in upper bands (AfC 8a+) out of which 5% were LGBUO.

Heterosexual staff were **1.4 times more likely** to be in senior clinical roles (AfC bands 8-VSM) than LGBUO staff, compared to their representation in support or newly qualified roles (AfC bands 1-5), this is above the equality target range (target between 0.8–1.25).

⁷ LGBUO = Lesbian, Gay, Bisexual, Undecided, Other

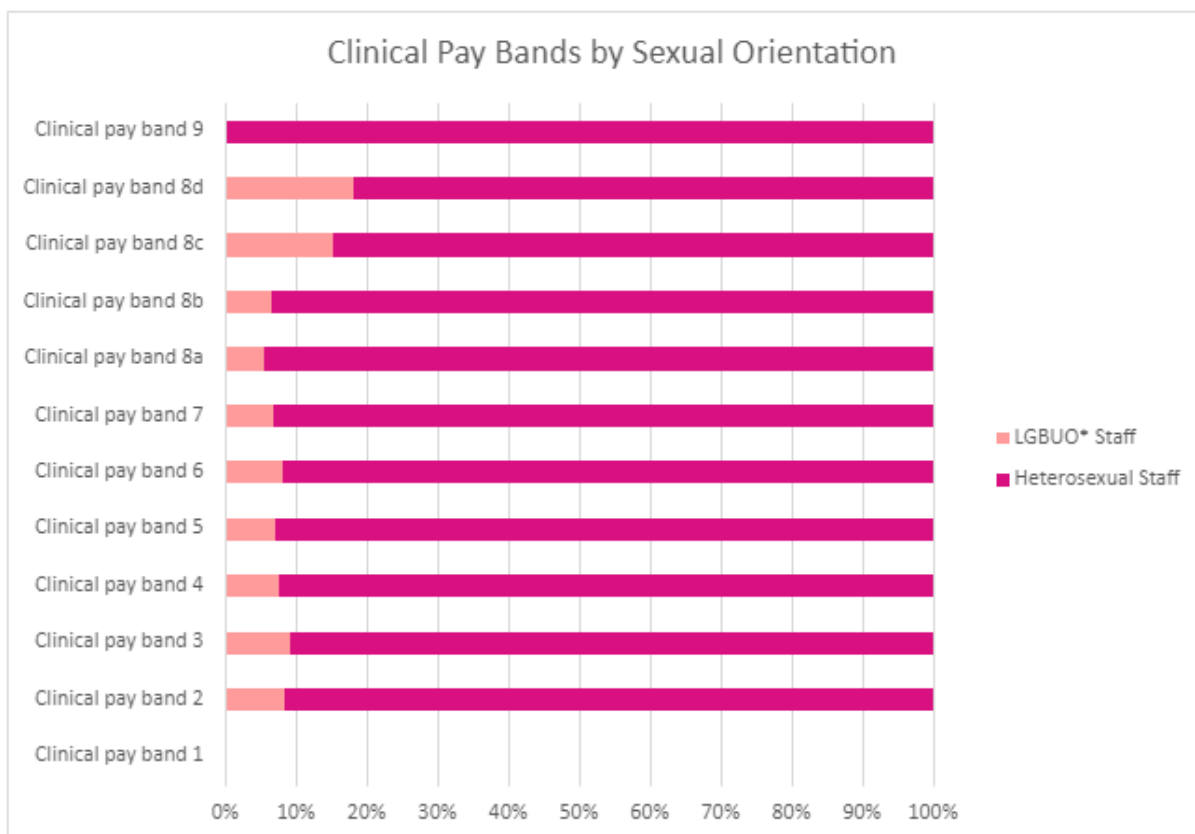
Overall, heterosexual clinicians were **just as likely** to be in bands 6-7 as LGBUO clinicians, compared to their representation in bands 1-5. This headline masks variation by division, staff group, and site:

- ▶ In the Cancer Division, heterosexual clinicians were about **two-and-a-half times more likely** to be represented than LGBUO clinicians between these levels.
- ▶ In the CSS Division, heterosexual clinicians were about **one-and-a-half times more likely** to be represented than LGBUO clinicians between these levels.
- ▶ In the Surgery Division (WOR and SRH), heterosexual clinicians were about **twice as likely** to be represented than LGBUO clinicians between these levels. This is particularly impacting staff working in teams based at St Richards Hospital.

At PRH, heterosexual clinicians were about **twice as likely** to be in bands 6-7 than LGBUO clinicians, compared to their representation in bands 1-5, particularly pronounced amongst registered nurses and midwives in the Women & Children's Division. This rises to three times as likely for AHPs based at PRH, especially in the CSS Division.

At SRH, heterosexual clinicians were about **one-and-a-half times more likely** to be in bands 6-7 as LGBUO clinicians, compared to their representation in bands 1-5. Conversely, at RSCH and Worthing they were **just as likely**.

Heterosexual staff in the 'Additional Professional, Scientific and Technical' (APST) group were **twice as likely** to be in bands 8a-VSM than LGBUO staff, compared to their representation in bands 6-7, particularly pronounced amongst those based at RSCH where this rises to **three times as likely**. Conversely, heterosexual healthcare scientists were half as likely as their LGBUO colleagues to be represented.



Representation Disparity Ratio	2024
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	1.02
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	1.38
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	1.41

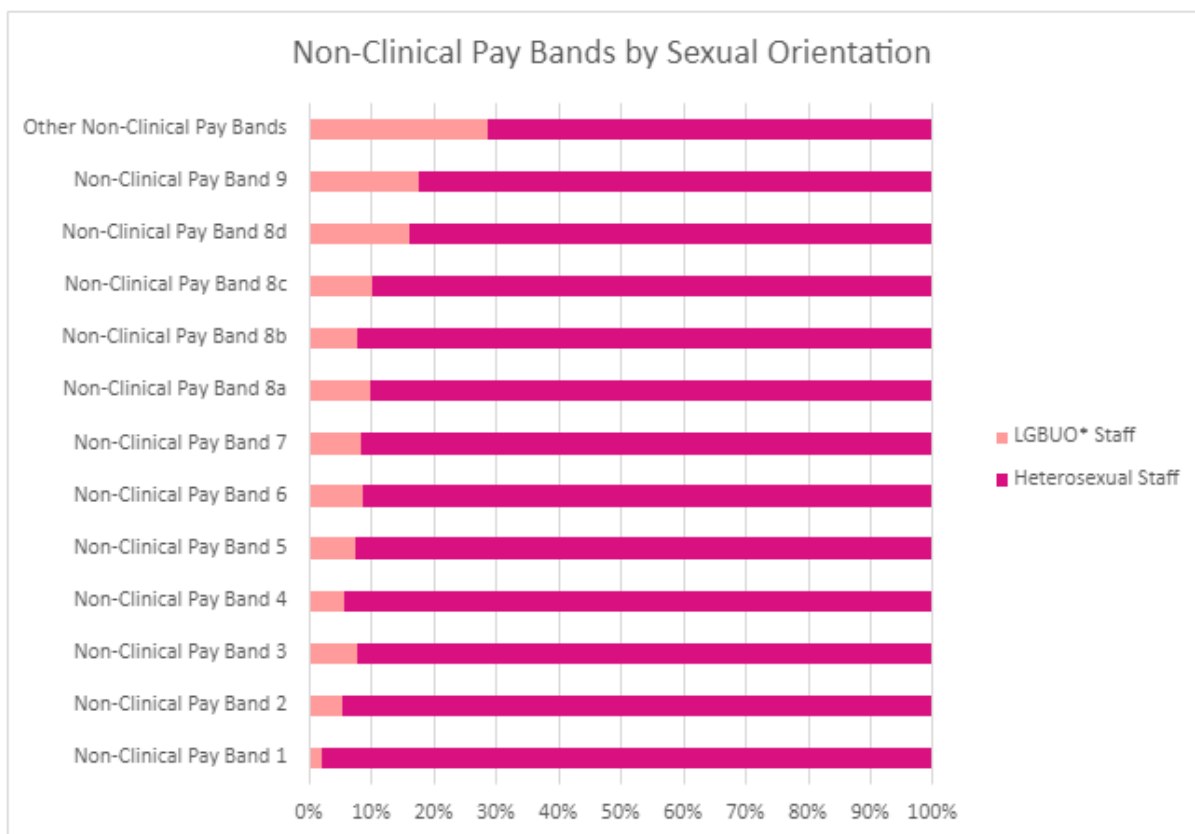
Non-Clinical Agenda for Change Staff Disparity Ratios

Out of 5,861 non-clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 4,251 staff were in lower bands (AfC 1-5) out of which 5% were LGBUO.
- ▶ 1,001 staff were in middle bands (AfC 6-7) out of which 7% were LGBUO.
- ▶ 609 staff were in upper bands (AfC 8a+) out of which 9% were LGBUO.

Heterosexual staff were just over **half as likely (0.58 times)** to be non-clinical senior managers (AfC bands 8-VSM) as LGBUO staff, compared to support and entry level roles (AfC bands 1-5), falling outside the equality target range (target between 0.8–1.25).

Heterosexual staff were similarly likely (0.76 times) to be non-clinical senior managers (AfC bands 8-VSM) than LGBUO staff, compared to junior managers roles (AfC bands 6-7), falling within the equality target range (target between 0.8–1.25).



Representation Disparity Ratio	2024
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	0.76
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	0.76
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	0.58

Medical & Dental Staff Disparity Ratios

Out of 2,492 staff on medical and dental contracts:

- ▶ 1,032 were trainees, out of which 8% were LGBUO.
- ▶ 537 were on non-consultant career grades (NCCGs) out of which 3% were LGBUO.
- ▶ 923 were consultants, out of which 4% were LGBUO.

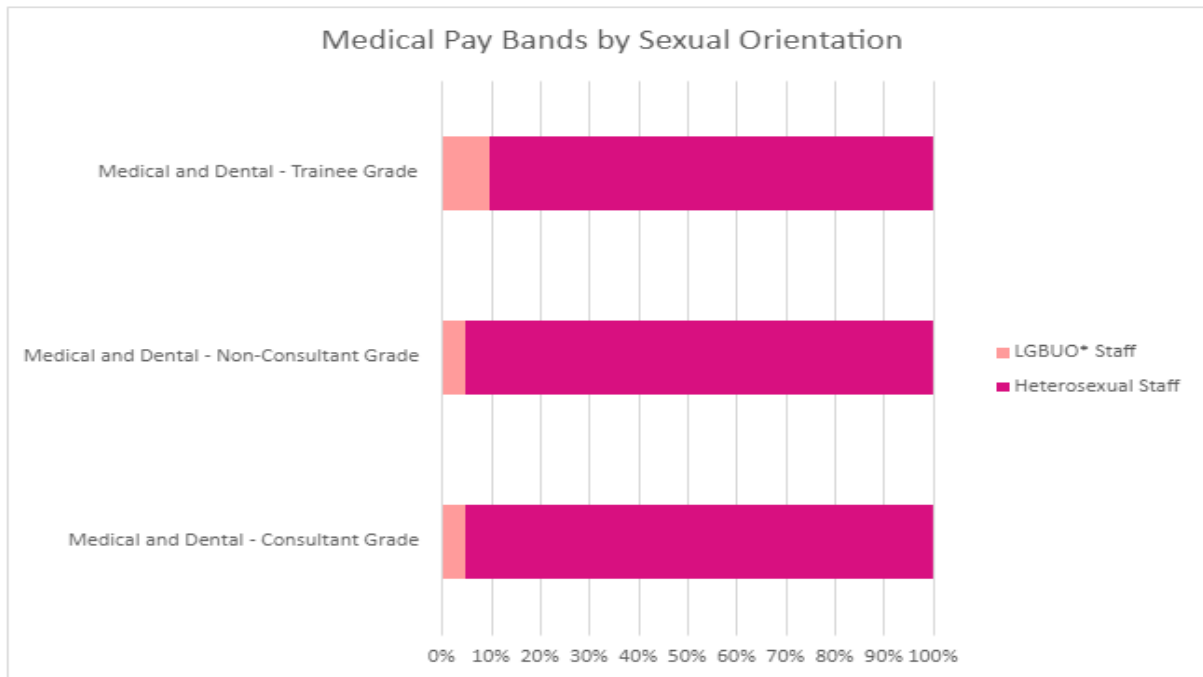
Heterosexual staff were 2.1 times more likely to be consultants than LGBUO staff compared to their proportions in trainee grades, this is above the equality target range (target between 0.8–1.25).

Heterosexual staff were similarly likely (0.94 times) to be consultants as LGBUO staff compared to their proportions in non-consultant career grades. This is within the equality target range (target between 0.8–1.25).

Heterosexual staff were over **2.2 times more likely** to be in non-consultant career grades than LGBUO staff compared to their representation in trainee grades, this is above the equality target range (target between 0.8–1.25).

- ▶ This rises to **6.7 times more likely** in the Medicine (WOR and SRH) Division, and

- ▶ **6.8 times more likely** in both Surgery divisions, particularly for doctors based at RSCH.



Representation Disparity Ratio	2024
Disparity ratio – Trainee to NCCG	2.20
Disparity ratio – NCCG to Consultant	0.94
Disparity ratio – Trainee to Consultant	2.08

Senior Medical Managers

Out of all consultants, 13 were identified as senior medical managers (a medical consultant who is either a Medical Director, a Deputy Medical Director or who reports directly to a Medical Director or Deputy Medical Director). Five of these (38.5%) did not share their sexual orientation on their staff record.

Sexual orientation shortlisting-to-appointment relative likelihood

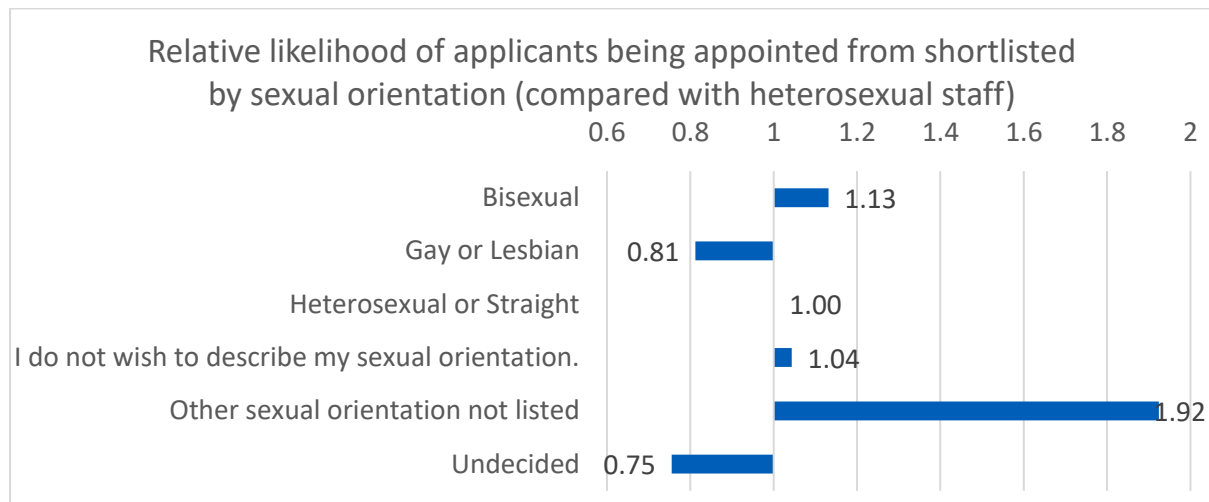
In the 2023/24 financial year UHSussex appointed 332 LGBUO³ people and 2,877 heterosexual people.

The Trust was as likely (0.96 times) to appoint heterosexual staff from shortlisting as LGBUO³ staff. This falls within the equality target range (0.8-1.25).

When investigating the relative likelihood of staff within the LGBUO group, it can be shown that heterosexual staff are twice as likely (1.92 times) to be appointed from shortlisting, compared to those who chose the 'Other' sexual orientation.

Heterosexual staff were less likely (0.75 times) than undecided staff to be appointed from shortlisting falling just below the equality target range (target between 0.8–1.25).

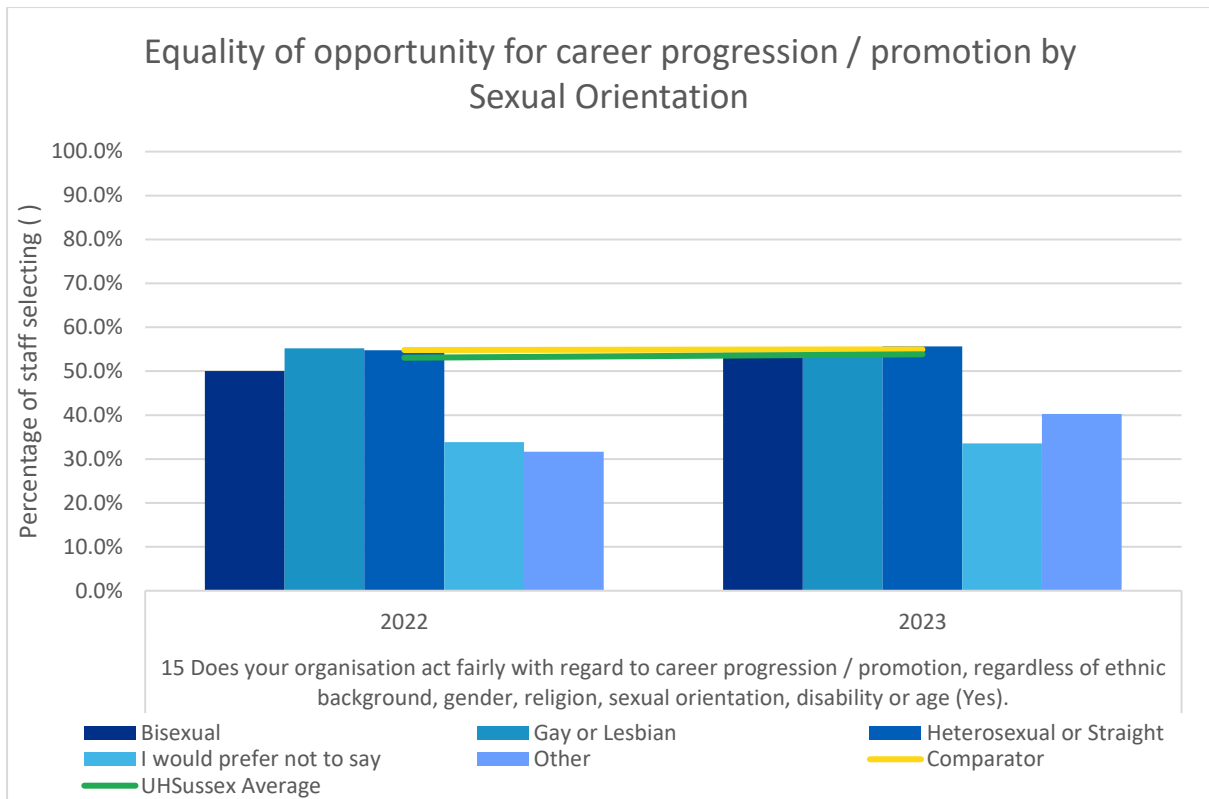
Heterosexual people were as likely as people from LGB groups to be appointed from shortlisting with the remaining relative likelihoods falling within the equality target range (target between 0.8–1.25).



Equality of opportunity for career progression / promotion

Reviewing the question on fair opportunity for career progression / promotion from the NHS Staff Survey it can be shown that:

- ▶ Members of staff who chose other as their sexual orientation or chose to prefer not to say reported the least agreement with the statement compared to bisexual, gay or lesbian, and heterosexual staff.
- ▶ More bisexual members of staff and staff chose other as their sexual orientation agreed with the statement in 2023 compared to 2022.

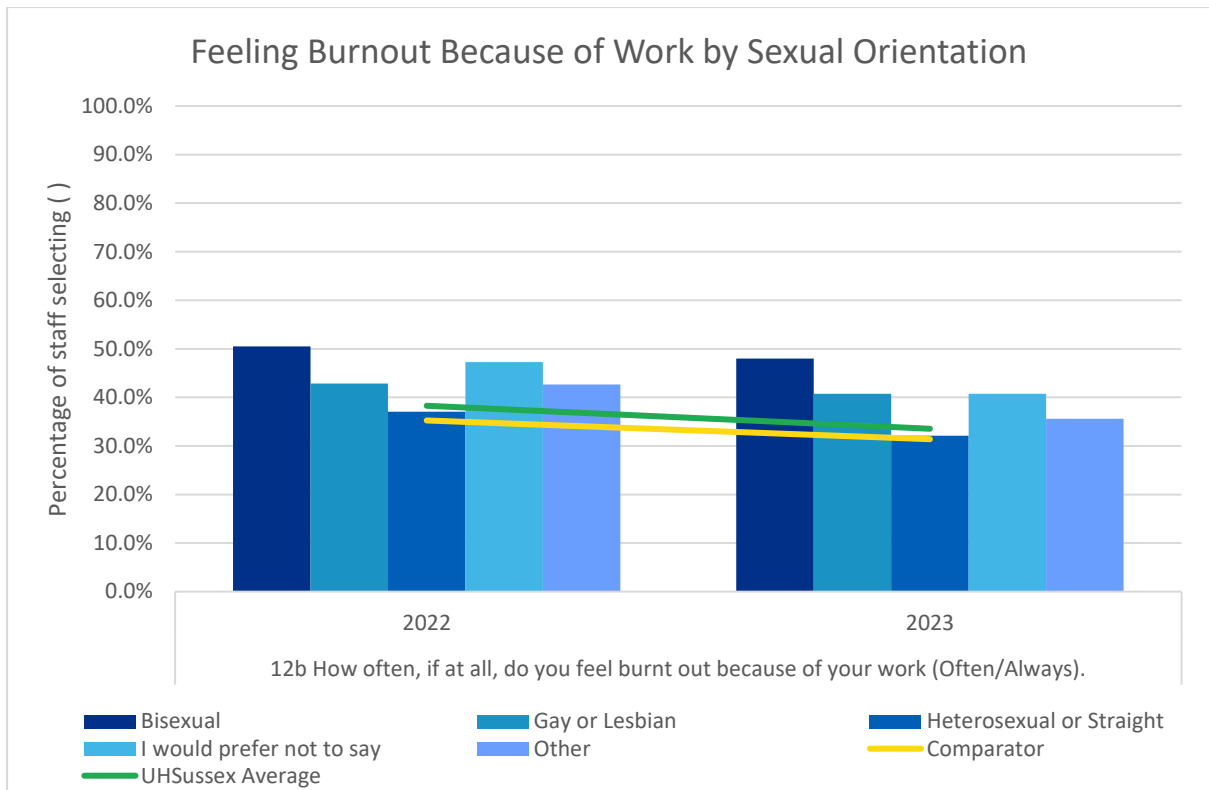


HIA 4: Workforce Health Inequalities

Burnout (NSS – Q12b)

Reviewing the question on burnout from the NHS Staff Survey it can be shown:

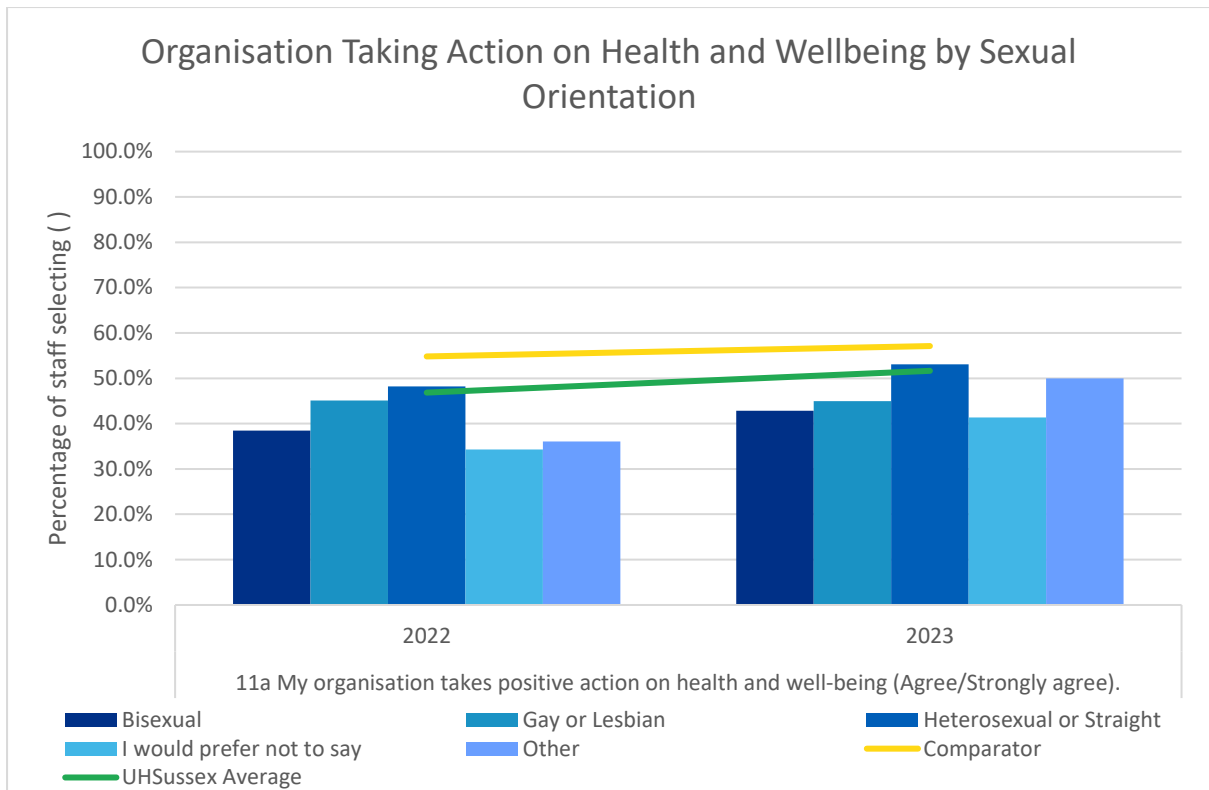
- ▶ There was a reduction in the percentages of heterosexual staff, staff with another sexual orientation, and members of staff who chose to prefer not to say who reported feeling burnout from 2022 to 2023.
- ▶ In 2023 bisexual members of staff reported the most feelings of burnout and heterosexual staff reported the least feelings of burnout compared to gay or lesbian, staff with another sexual orientation and members of staff who chose to prefer not to say.



Positive action on health and wellbeing (NSS – Q11a)

Reviewing the question “My organisation takes positive action on health and wellbeing” from the NHS Staff Survey it can be shown that:

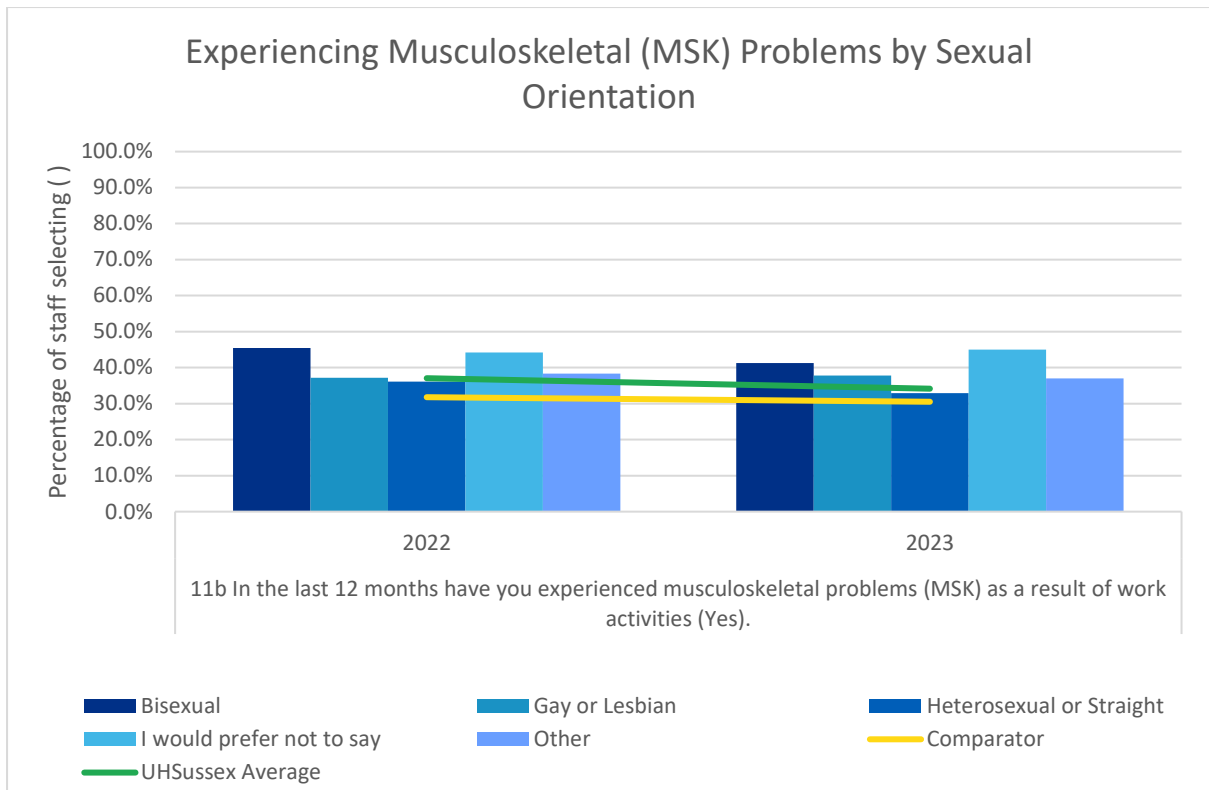
- ▶ There was an increase in the percentage of heterosexual staff, staff with another sexual orientation and members of staff who chose to prefer not to say who agreed with the statement in 2023 compared to 2022.
- ▶ In 2023 more heterosexual members of staff agreed to the statement than bisexual, gay or lesbian staff, staff with another sexual orientation and members of staff who chose to prefer not to say.



Musculoskeletal (MSK) problems (NSS – Q11b)

Reviewing the question on whether staff had experienced musculoskeletal (MSK) problems in the last 12 months from the NHS Staff Survey it can be shown that:

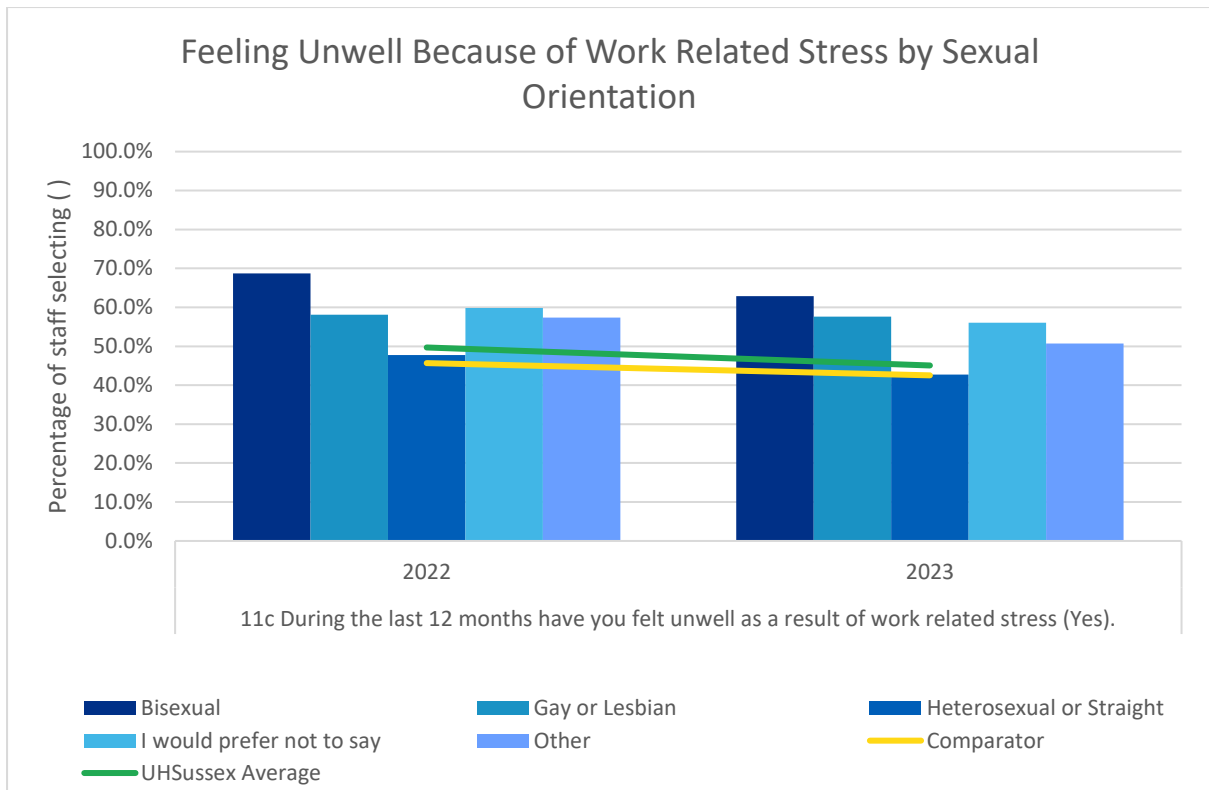
- ▶ The percentage of staff who reported experiencing MSK remained unchanged from 2022 to 2023.
- ▶ Less bisexual staff members reported experiencing MSK in 2023 compared to 2022.
- ▶ In 2023, bisexual staff and staff who preferred to not share their sexual orientation reported the most experiences of MSK problems compared to members of staff from all other groups.



Work related stress (NSS – Q11c)

Reviewing the question on whether staff had felt unwell because of work related stress in the last 12 months from the NHS Staff Survey it can be shown that:

- ▶ In 2023, bisexual staff reported the most experiences of feeling unwell because of work related stress compared to members of staff from all other groups.
- ▶ The percentage of bisexual and heterosexual staff and staff with another sexual orientation which reported feeling unwell because of work related stress has increased from 2022 to 2023.

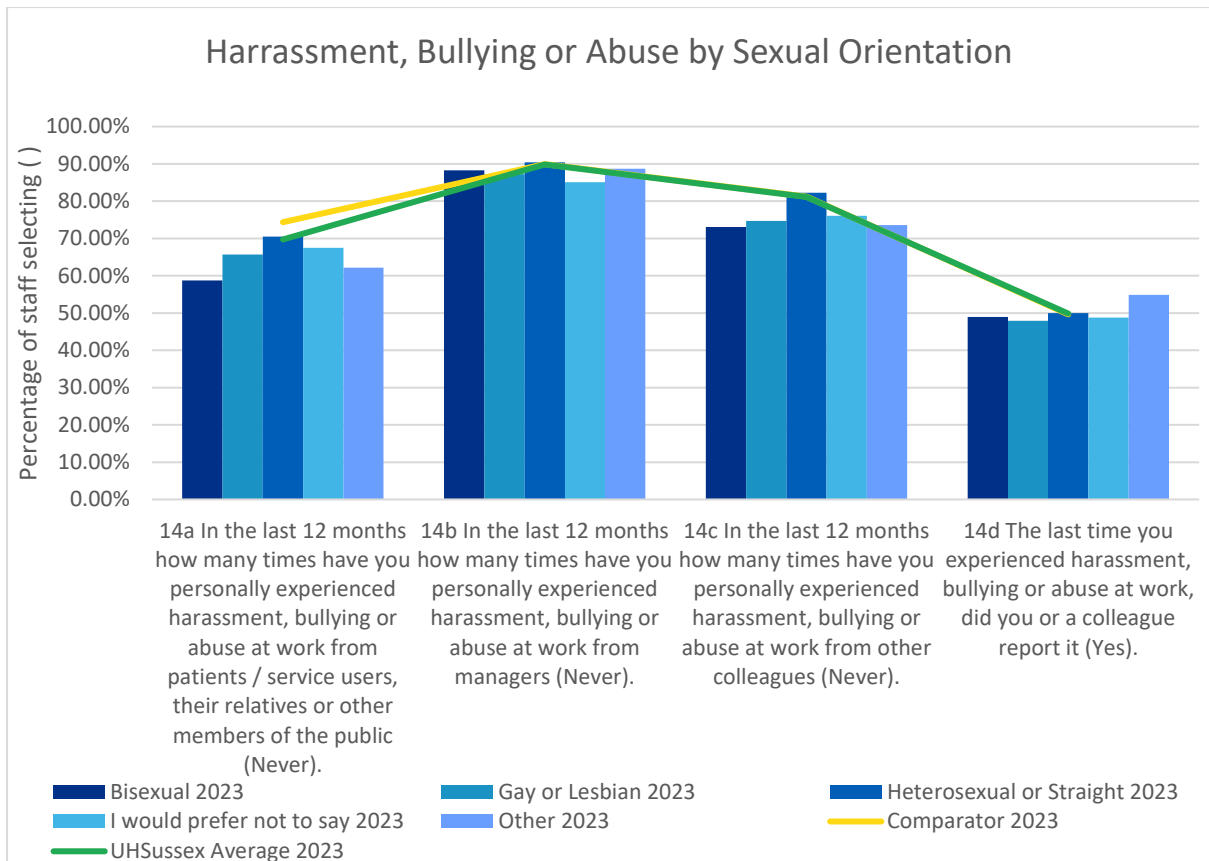


HIA 6: Eliminate Discrimination

Harassment, bullying or abuse by sexual orientation

Reviewing the data on harassment, bullying and abuse in more detail it can be shown:

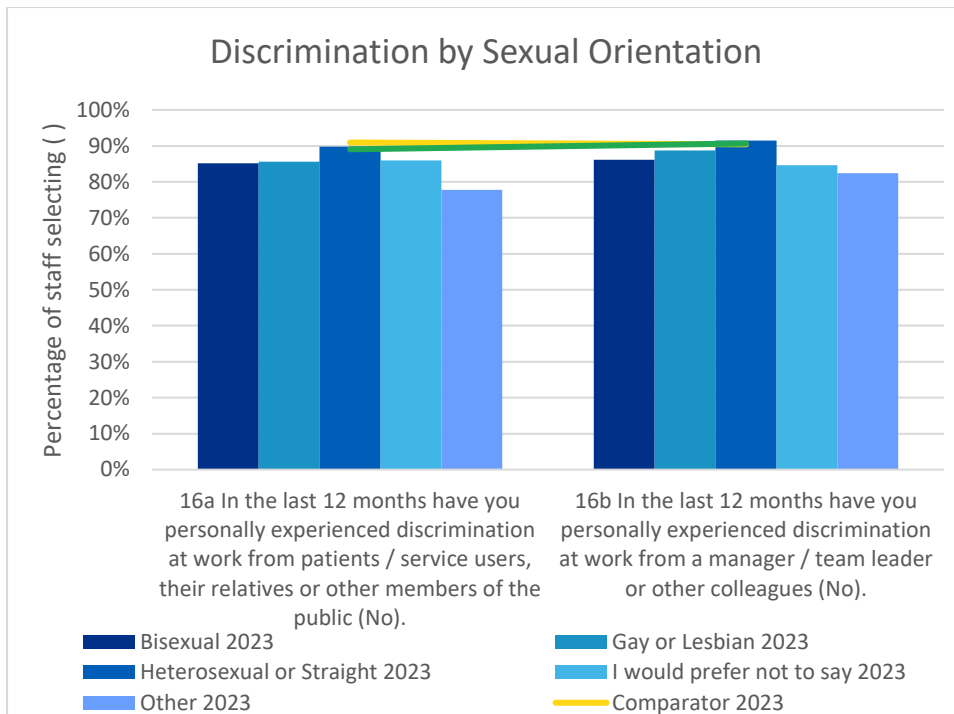
- ▶ Bisexual members of staff and members of staff who chose ‘other’ as their sexual orientation report the most experiences of harassment, bullying and abuse from patients or the public compared to staff members with any other sexual orientation and those who chose to prefer not to say.
- ▶ Gay or lesbian members of staff, and staff who prefer to not disclose their sexual orientation, report more experiences of harassment, bullying and abuse from managers compared to staff members with any other sexual orientation.
- ▶ Heterosexual members of staff report the least experiences of harassment, bullying and abuse from colleagues compared to staff members with any other sexual orientation and those who chose to prefer not to say.
- ▶ Members of staff who chose ‘other’ as their sexual orientation report their experiences of harassment, bullying and abuse less than staff members with any other sexual orientation and those who chose to prefer not to say.



Discrimination from managers or colleagues by sexual orientation

Reviewing the data on discrimination in more detail it can be shown that:

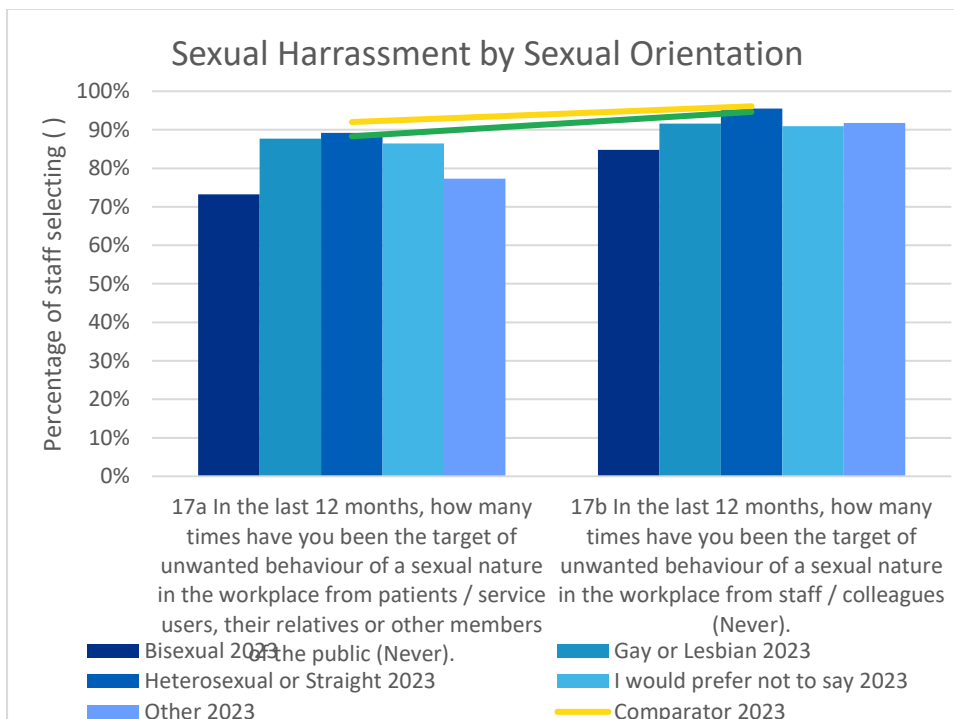
- ▶ Heterosexual / Straight members of staff report the least experiences of discrimination from patients or the public, or from managers, team leaders or other colleagues compared to staff members with any other sexual orientation and those who chose to prefer not to say.
- ▶ Members of staff who chose 'other' as their sexual orientation report the most experiences of discrimination from patients or the public, or from managers, team leaders or other colleagues compared to staff members with any other sexual orientation and those who chose to prefer not to say.



Sexual harassment by sexual orientation

Reviewing the data on sexual harassment in more detail it can be shown that:

- ▶ Bisexual members of staff report the most experiences of sexual harassment from patients or the public, and sexual harassment from managers, team leaders or other colleagues compared to staff members with any other sexual orientation.



5. Religion and Belief

HIA 1: Leadership and Accountability

Staff voice

The Trust's Religion and Belief (R&B) Network was relaunched in July 2024 and is sponsored by the Chief Governance Officer. The R&B Network key achievement has been to hold an initial meeting open to all staff for them to talk about issues in the workplace related to faith, spirituality and belief.

Board religion and belief composition

Six members of the Trust Board indicated they had a religion (60%), six indicated they did not wish to disclose their religion or belief (30%) and two did not have any data available (10%).

HIA 2: Inclusive Talent

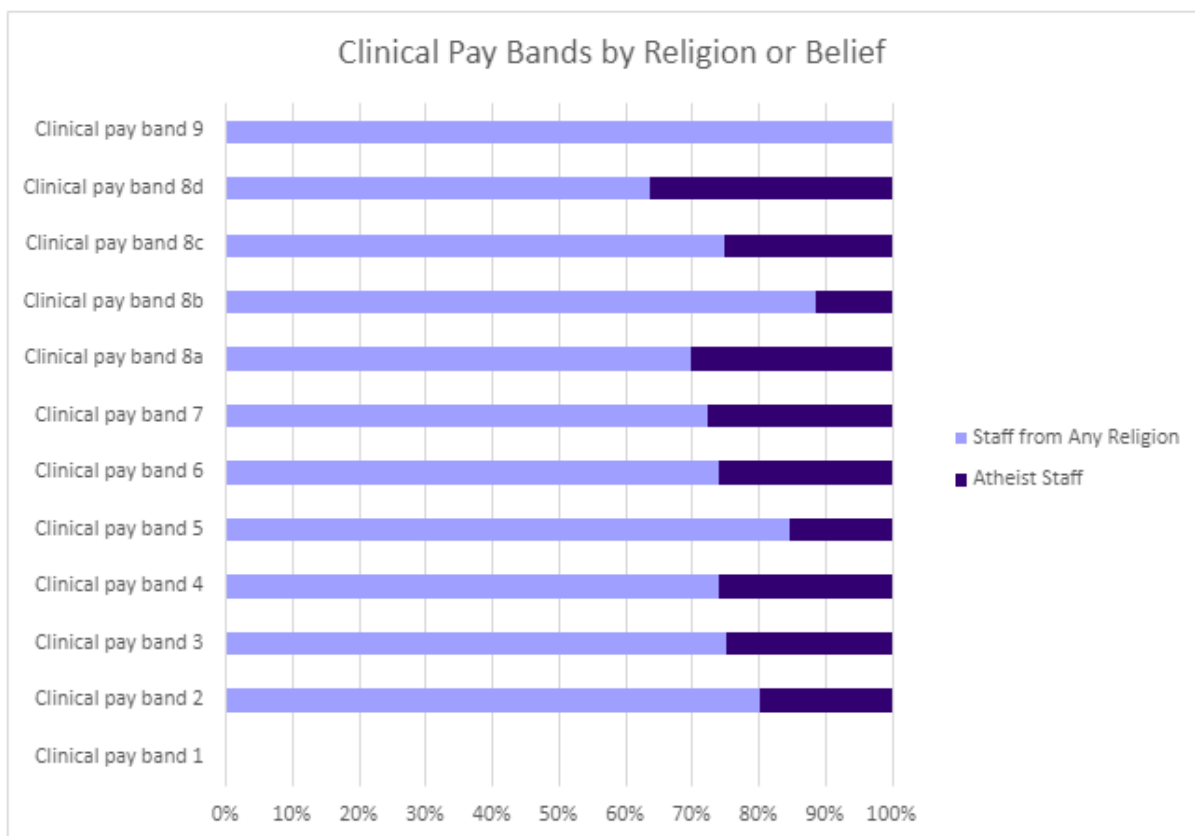
Workforce religion and belief representation

Out of 17,734 staff, 63.4% (11,244) were recorded as religious. Of our workforce, 1.04% indicated their religion to be Buddhism, 43.10% Christianity, 2.45% Hinduism, 2.69% Islam, 0.05% Jainism, 0.23% Judaism, 13.69% Other, and 0.17% Sikhism, in their electronic staff record, on the snapshot date of 31 March 2024.

Clinical Agenda for Change Staff Disparity Ratios

Out of 9,362 clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 5,584 staff were in lower bands (AfC 1-5) out of which 70.4% held a religious belief.
- ▶ 3,420 staff were in middle bands (AfC 6-7) out of which 62.2% held a religious belief.
- ▶ 358 staff were in upper bands (AfC 8a+) out of which 61.2% held a religious belief.



Representation Disparity Ratio	2024
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	1.53
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	0.95
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	1.46

Atheist staff were **one and a half times more likely** to be in specialist or advanced clinical roles (bands 6-7) than staff holding any religious belief, compared to their representation in support or newly qualified roles (bands 1-5). This is above the equality target range (target between 0.8–1.25).

Atheist clinical staff were **just as likely** to be in senior management roles (bands 8a-VSM) as clinical staff with any religious belief, compared to their representation in specialist or advanced clinical roles (bands 6-7).

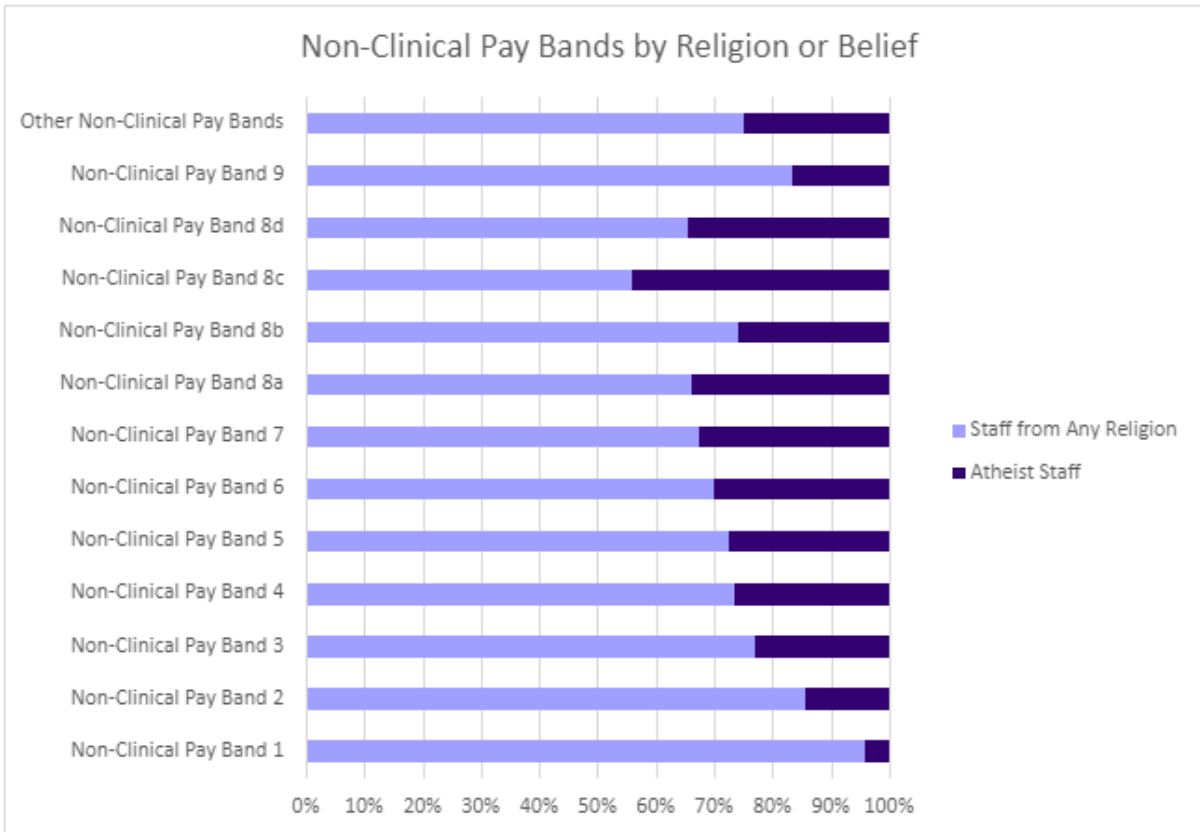
Atheist staff were also **one and a half times more likely** to be in senior clinical roles (bands 8-VSM) than staff holding any religion, compared to their representation in support or newly qualified roles (bands 1-5). This is above the equality target range (target between 0.8–1.25)

Non-Clinical Agenda for Change Staff Disparity Ratios

Out of 5,861 non-clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 4,251 staff were in lower bands (AfC 1-5) out of which 64.7% held any religious belief.
- ▶ 1,001 staff were in middle bands (AfC 6-7) out of which 55.4% held any religious belief.

- ▶ 609 staff were in upper bands (AfC 8a+) out of which 52.4% held any religious belief.



Representation Disparity Ratio	2024
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	1.68
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	1.02
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	1.71

Atheist staff were also **1.7 times more likely** to be in non-clinical junior management roles (bands 6-7) than staff holding any religious belief, compared to support and entry level roles (bands 1-5). This is above the equality target range (target between 0.8–1.25).

Atheist non-clinical staff were **just as likely** to be in senior management roles (bands 8a-VSM) compared to junior management roles (bands 6-7). This headline finding is masking disparities by division.

In the Cancer Division, and in the Women and Childrens Division, atheist non-clinical staff were **five times more likely** to be in bands 8a-VSM than religious staff, compared to their representation in bands 6-7.

Atheist staff were **1.7 times more likely** to be non-clinical senior managers (bands 8-VSM) compared to staff holding any religious belief, compared to support and entry level roles (bands 1-5). This is above the equality target range (target between 0.8–1.25).

Medical & Dental Staff Disparity Ratios

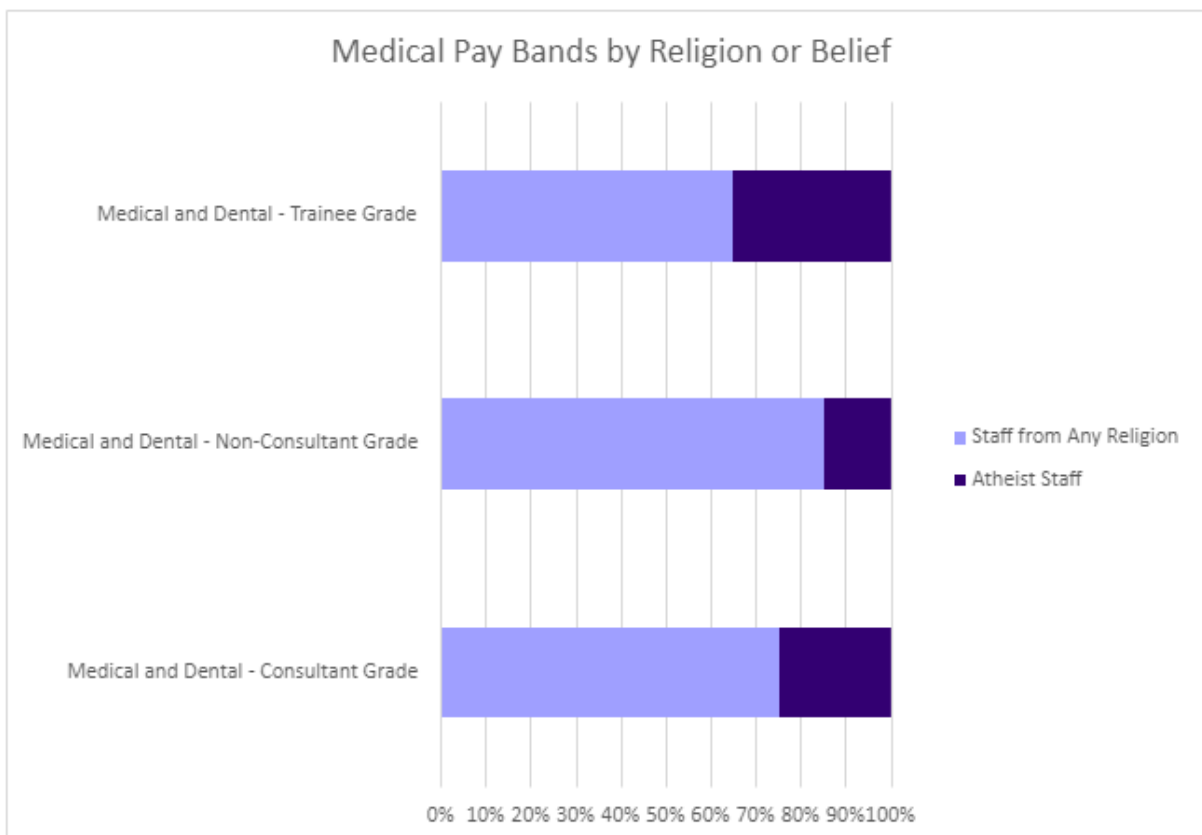
Out of 2,492 staff on medical and dental contracts:

- ▶ 1,032 were trainees, out of which 51.5% held any religious belief.
- ▶ 537 were non-consultant career grades (NCCGs) out of which 64.3% held any religious belief.
- ▶ 923 were consultants, out of which 50.9% held any religious belief.

Atheist staff were 1.9 times more likely to be consultants than staff holding any religious beliefs, compared to their proportions in NCCGs. This is above the equality target range (target between 0.8–1.25). Beneath this headline finding, in the Surgery division, on the Worthing site, atheist doctors were about **ten times more likely** to be a consultant, than doctors with religious beliefs, compared to their representation in NCCG.

Atheist staff were a third less likely to be consultants than staff holding any religious beliefs, compared to their proportions in trainee grades. This is less than the lower limit of the equality target range (target between 0.8–1.25).

Atheist staff were half as likely than staff holding any religious beliefs to be in NCCGs than in trainee grades. This is less than the lower limit of the equality target range (target between 0.8–1.25).



Representation Disparity Ratio	2024
Disparity ratio – Trainee to NCCG	0.33
Disparity ratio – NCCG to Consultant	1.91
Disparity ratio – Trainee to Consultant	0.62

Senior Medical Managers

Out of all consultants, 13 were identified as senior medical managers (a medical consultant who is either a Medical Director, a Deputy Medical Director or who reports directly to a Medical Director or Deputy Medical Director).

Three senior medical managers held a religious belief (23.1%). Five (38.5%) were atheist, and another five decided to not share their religion or belief.

RELIGION OR BELIEF OF SENIOR MEDICAL MANAGERS



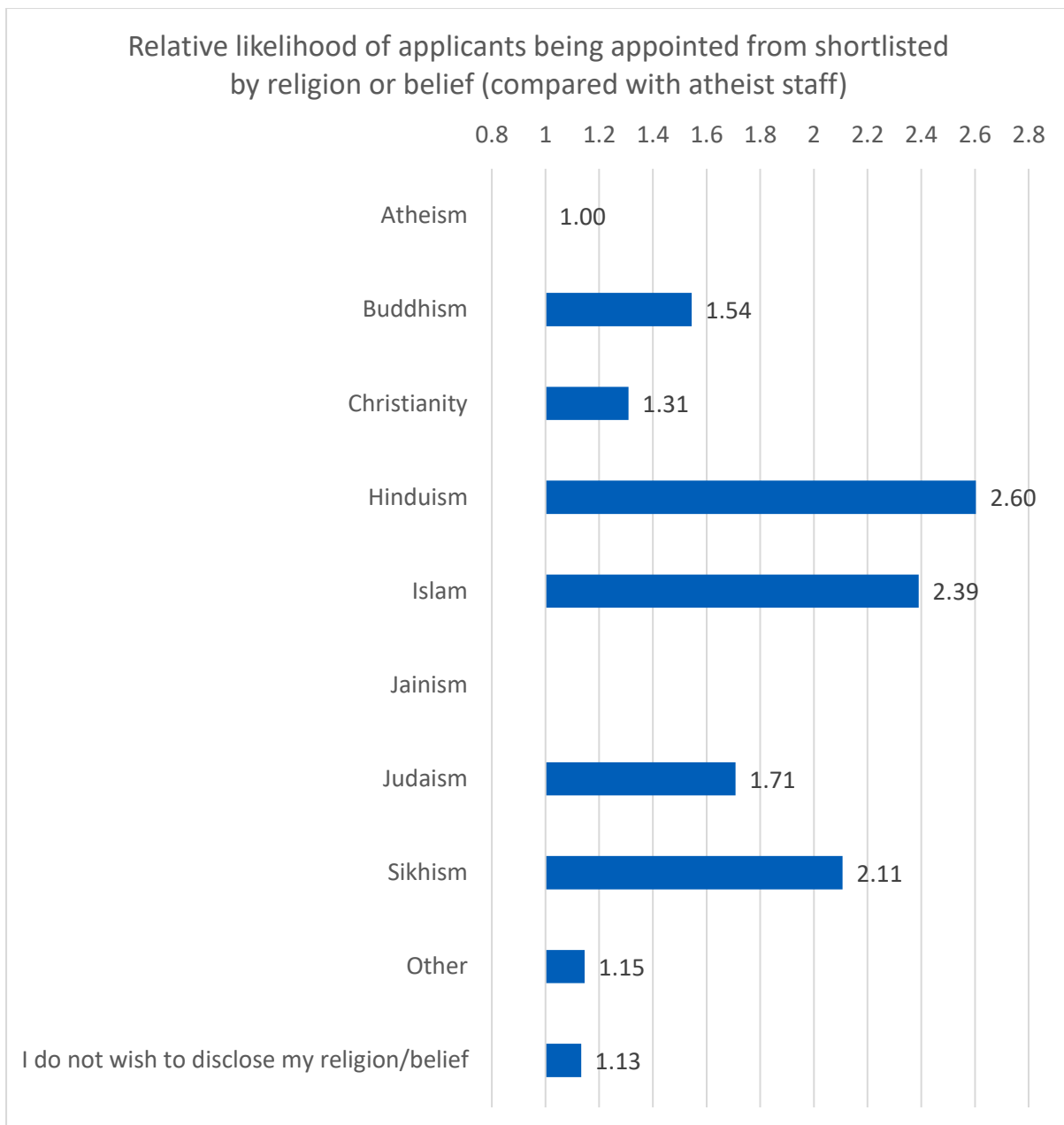
Religion and belief shortlisting-to-appointment relative likelihood

In the 2023/24 financial year UHSussex appointed 2,039 religious applicants and 916 atheist applicants.

The Trust was **1.4 times more likely** to appoint atheist people from short-listing compared to staff from any religion. This falls outside of the equality target range (0.8-1.25).

When investigating the relative likelihood of staff by religious group, it can be shown that atheist staff are as likely as staff with any other belief, and as likely as staff who did not wish to share their religion or belief, to be appointed from shortlisting, falling within the equality target range (target between 0.8–1.25).

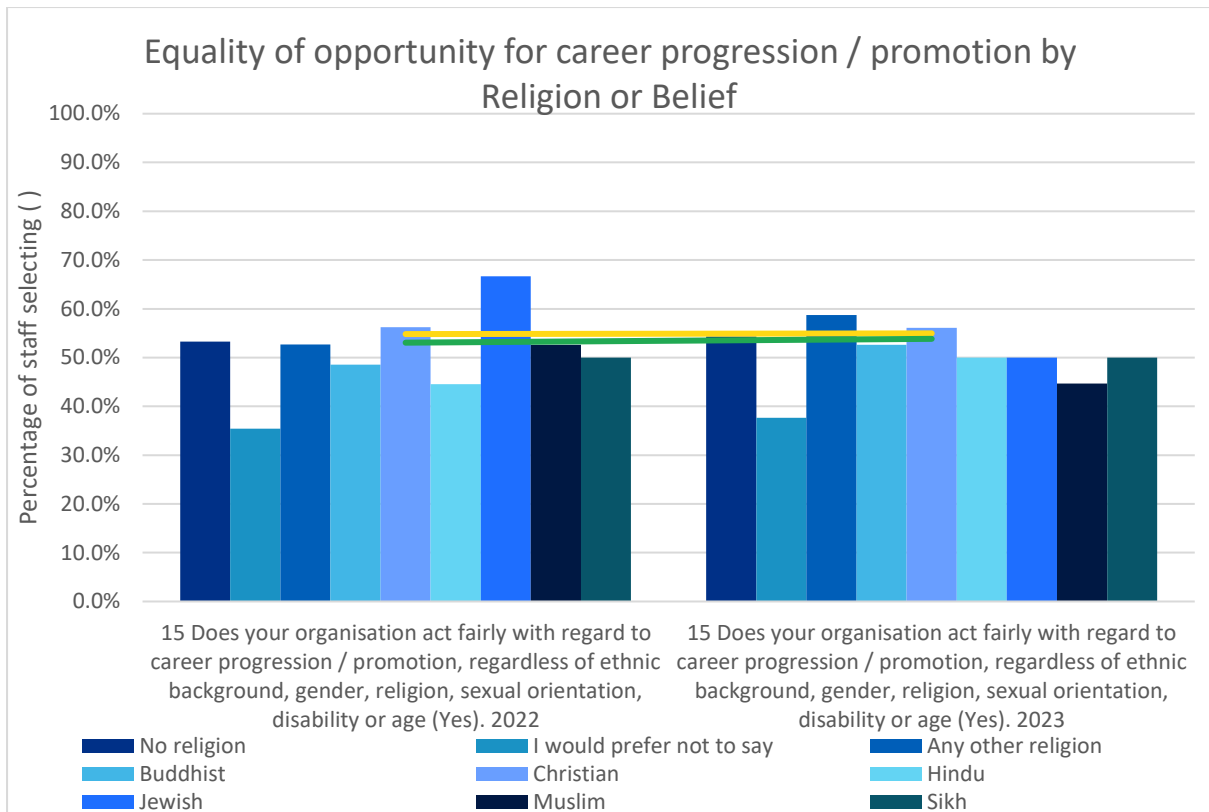
Atheist staff were more likely to be appointed from shortlisting compared to staff indicating their religion to be Buddhism, Christianity, Hinduism, Islam, Judaism or Sikhism, with all relative likelihoods falling above the equality target range (target between 0.8–1.25).



Equality of opportunity for career progression / promotion

Reviewing the question on fair opportunity for career progression / promotion from the NHS Staff Survey it can be shown that:

- ▶ Members of staff who chose to prefer not to say, reported the least agreement with the statement compared to members of staff from all other belief groups.
- ▶ In 2023, members of staff from the “other” belief group, reported the highest agreement with the equal opportunities statement, compared to members of staff from all other belief groups.
- ▶ Less members of staff from Christian, Jewish, and Muslim religions agreed with the statement in 2023 compared to 2022.

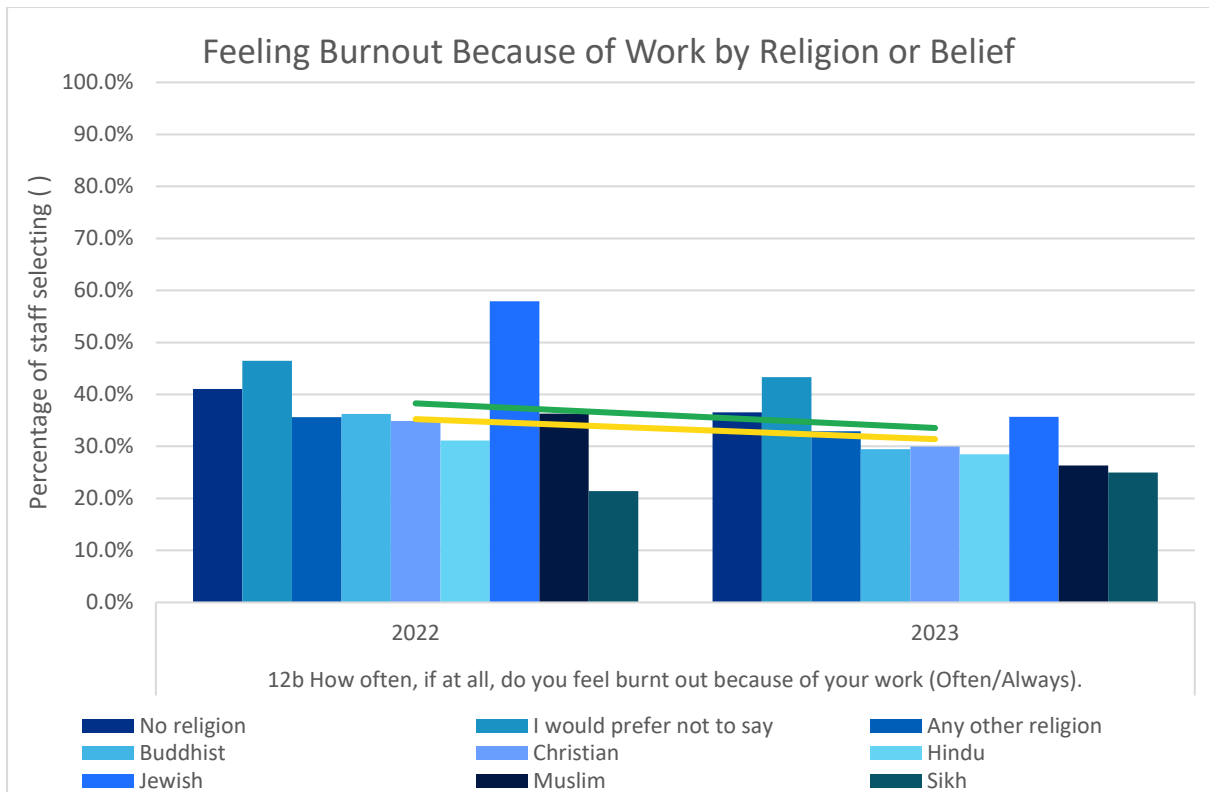


HIA 4: Workforce Health Inequalities

Burnout (NSS – Q12b)

Reviewing the question on burnout from the NHS Staff Survey it can be shown:

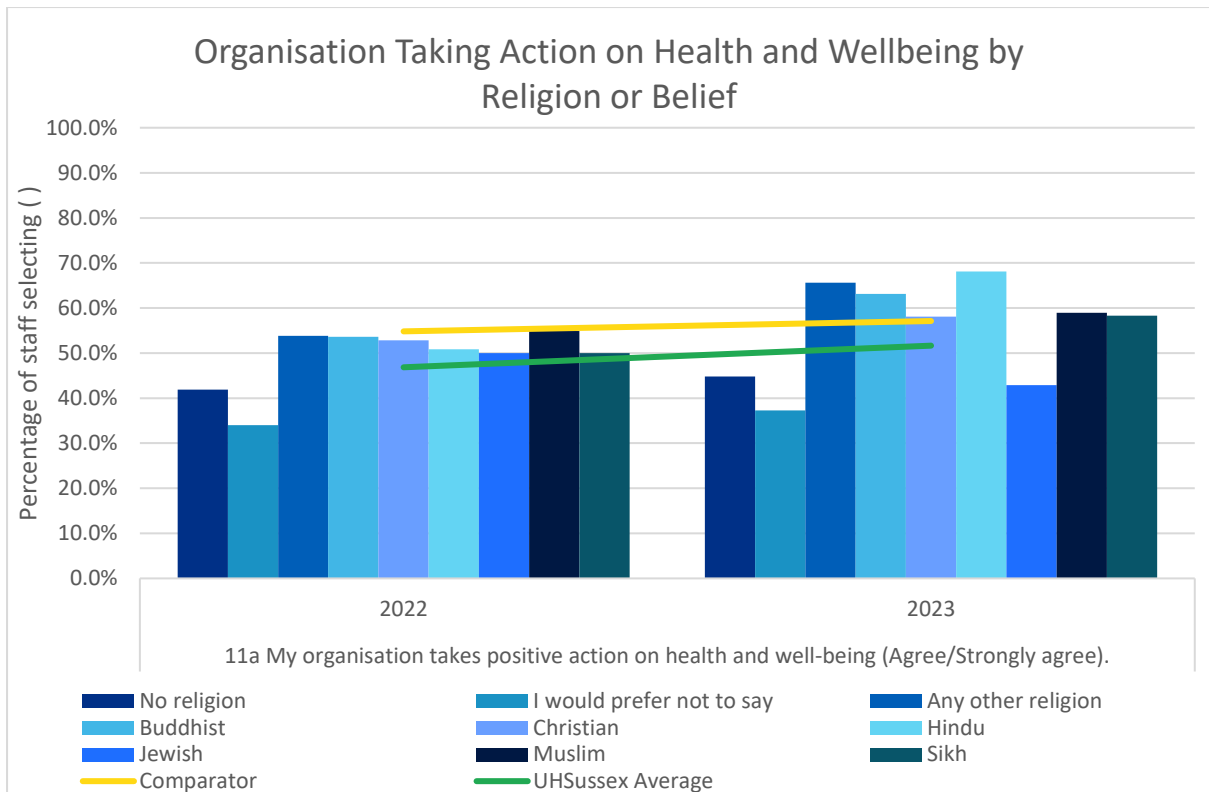
- ▶ There was a large reduction in the percentage of Jewish staff and Muslim staff who reported feeling burnout from 2022 to 2023.
- ▶ There was an increase in the percentage of Sikh staff who reported feeling burnout from 2022 to 2023.
- ▶ In 2023 members of staff who were Jewish and those who did not want to share their religion or belief, reported the most feelings of burnout compared to all other belief groups.



Positive action on health and wellbeing (NSS – Q11a)

Reviewing the question “My organisation takes positive action on health and wellbeing” from the NHS Staff Survey it can be shown that:

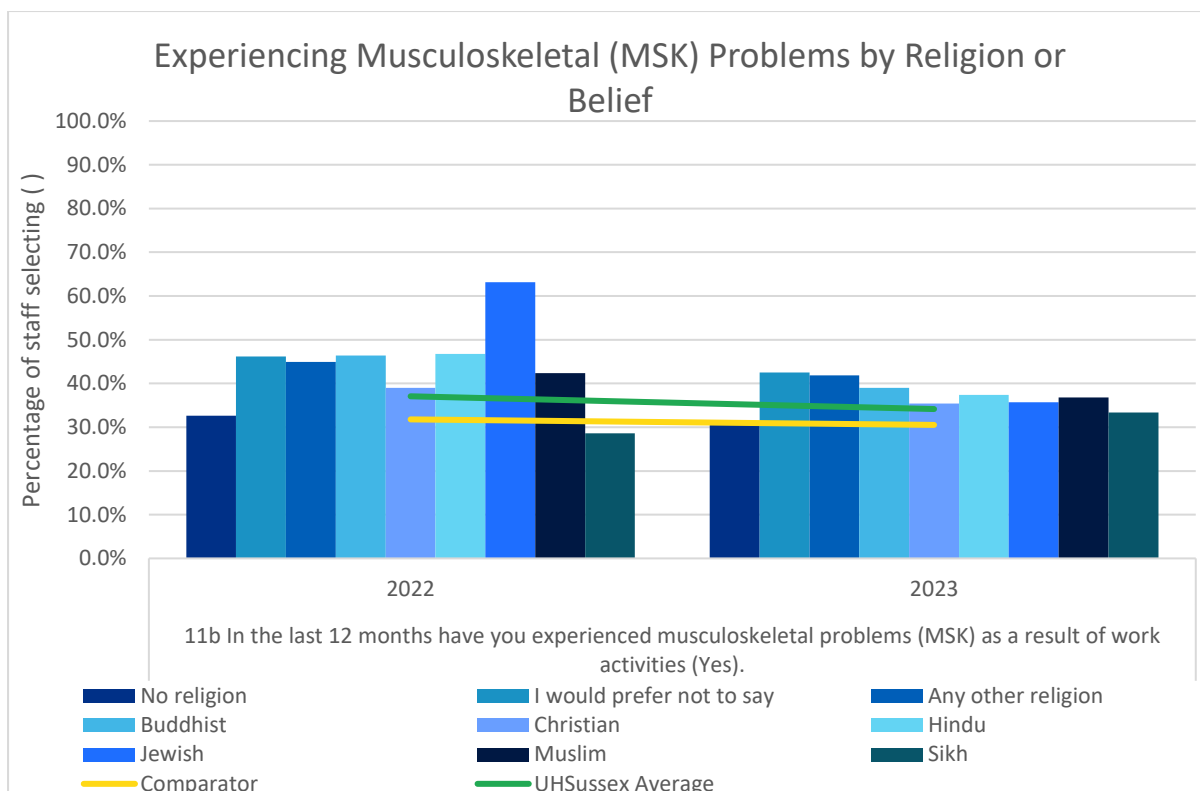
- ▶ In 2023 less members of staff who chose to prefer not to say, less Jewish members of staff, and less staff with no religion, agreed with the health and wellbeing statement, compared to staff members from all other belief groups.
- ▶ More staff from Buddhist, Christian, Hindu, Muslim, Sikh, or any other religion, agreed with the statement in 2023 compared to in 2022.
- ▶ Less Jewish staff members agreed with the statement compared in 2023 compared to in 2022.



Musculoskeletal (MSK) problems (NSS – Q11b)

Reviewing the question on whether staff had experienced musculoskeletal (MSK) problems in the last 12 months from the NHS Staff Survey it can be shown that:

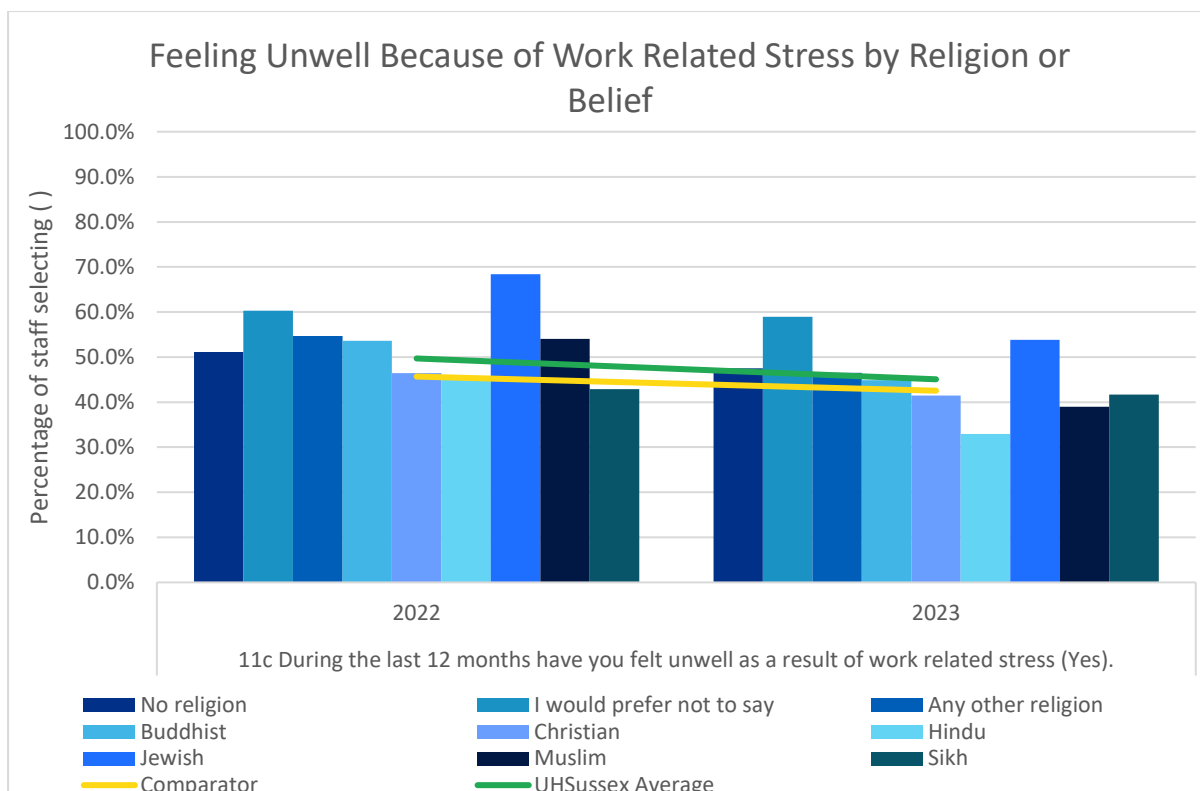
- ▶ The percentage of staff from all religions and beliefs who reported experiencing MSK remained reduced from 2022 to 2023, except for staff in the “any other religion” group.
- ▶ In 2023, staff members with no religion or belief reported the least experiences of MSK compared to staff from all other belief groups.



Work related stress (NSS – Q11c)

Reviewing the question on whether staff had felt unwell because of work related stress in the last 12 months from the NHS Staff Survey it can be shown that:

- ▶ In 2023, Jewish staff and staff who chose to prefer not to share their religion or belief, reported the most experiences of feeling unwell because of work related stress compared to all other belief groups.
- ▶ The percentage of staff who chose to prefer not to share their religion or belief, and Sikh staff members, reporting experiences of feeling unwell because of work related stress, has increased from 2022 to 2023.
- ▶ Buddhist staff, Hindu staff, Jewish staff, Muslim staff, and staff from any other religion, reported less experiences of feeling unwell because of work related stress in 2023 compared to 2022.

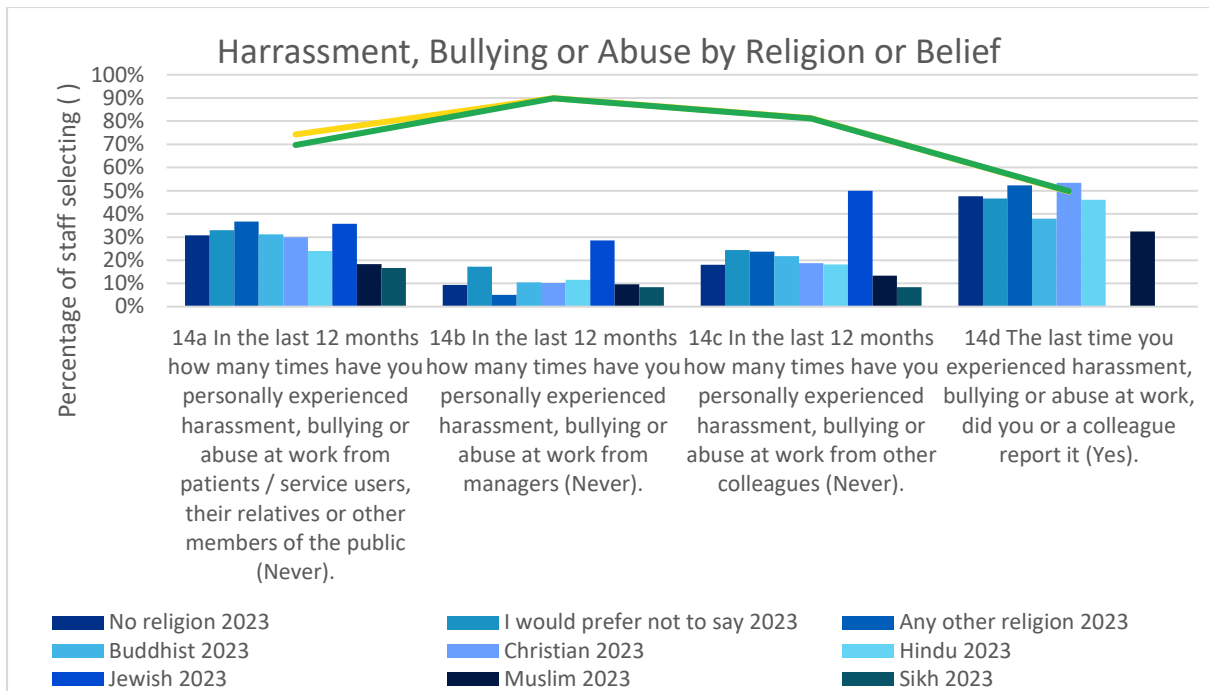


HIA 6: Eliminate Discrimination

Harassment, bullying or abuse by religion and belief

Reviewing the data on harassment, bullying and abuse in more detail it can be shown:

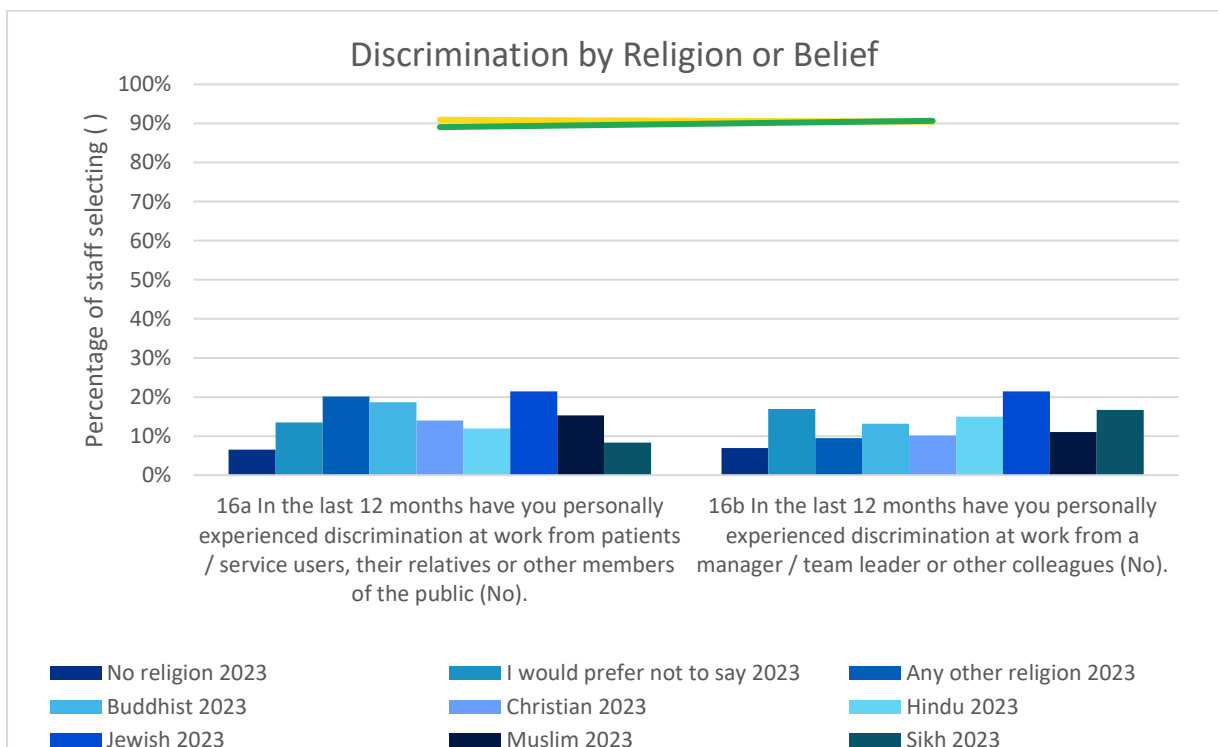
- ▶ Sikh staff, and Muslim staff, report the most experiences of harassment, bullying and abuse from patients or the public, compared to staff members from any other belief group.
- ▶ Staff from the any other religion grouping report the most experiences of harassment, bullying and abuse from managers and other colleagues, compared to staff members from all other belief groups.
- ▶ Sikh staff, and Muslim staff, and staff from any other religion, report their experiences of harassment, bullying and abuse more than staff from other belief groups.



Discrimination from managers or colleagues by religion and belief

Reviewing the data on discrimination in more detail it can be shown that:

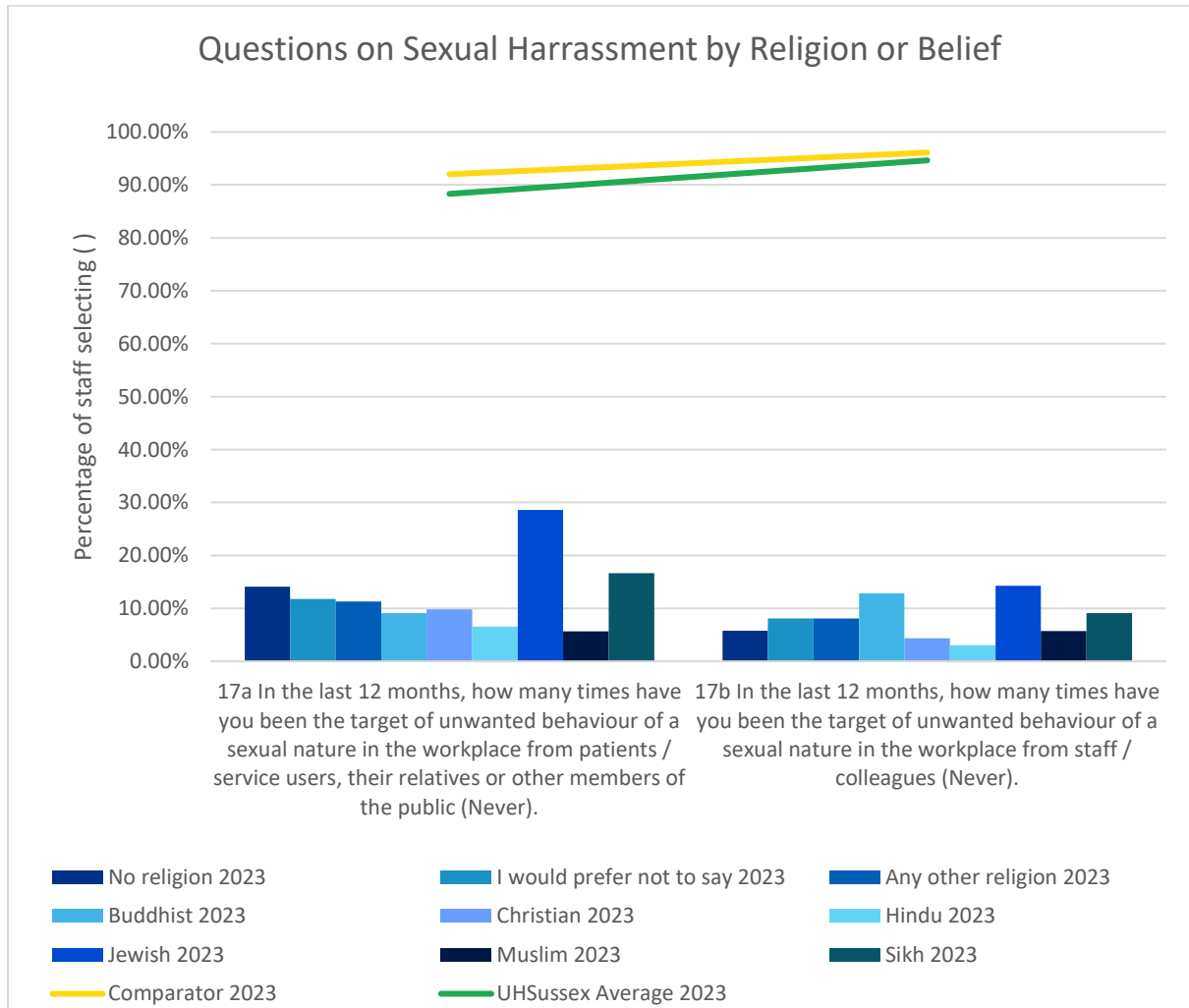
- ▶ Sikh members of staff, and staff with no religion, report the most experiences of discrimination from patients or the public compared to staff members from any other belief group.
- ▶ Staff with no religion, and staff from any other religion, and Christian staff report more experiences of discrimination from managers, team leaders or other colleagues, compared to staff members from any other belief group.



Sexual harassment by religion and belief

Reviewing the data on sexual harassment in more detail it can be shown that:

- ▶ Muslim staff and Hindu staff report the most experiences of sexual harassment from patients or the public, compared to staff in all other religion or belief groups.
- ▶ Hindu staff and Christian staff, and staff with no religion, report the most experiences of sexual harassment from managers, team leaders or other colleagues, compared to staff in all other religion or belief groups.



6. Age

HIA 1: Leadership and Accountability

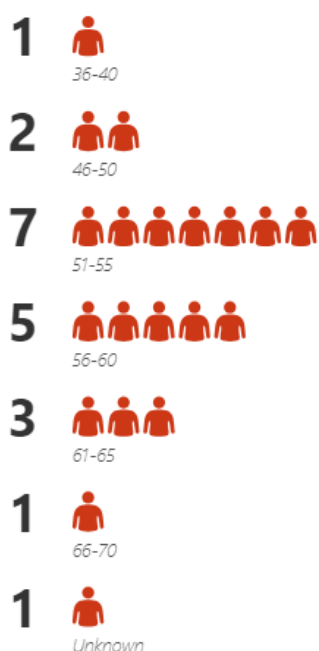
Board age composition

Seven members of the Trust Board were in the 51-55 age band (35%), five in the 56-60 age band (25%) and three in the 61-65 age band (15%). The remaining members were in the 46-50, 36-40, 61 and 66-70 age bands. One further Board member had no personnel information available.

Four of the nine executive directors were in the 51-55 age band (44%) and three in the 56-60 age band (33%). Three of the eleven non-executive directors were each in the 51-55 age band (27%) and 61-65 age band (27%), while two were in the 56-60 age band (18%).

Six out of the 18 board members with voting rights were in the 51-55 age band (33%), four were in the 56-60 age band (22%) and three in the 61-65 age band (17%).

AGE GROUPS OF BOARD MEMBERS



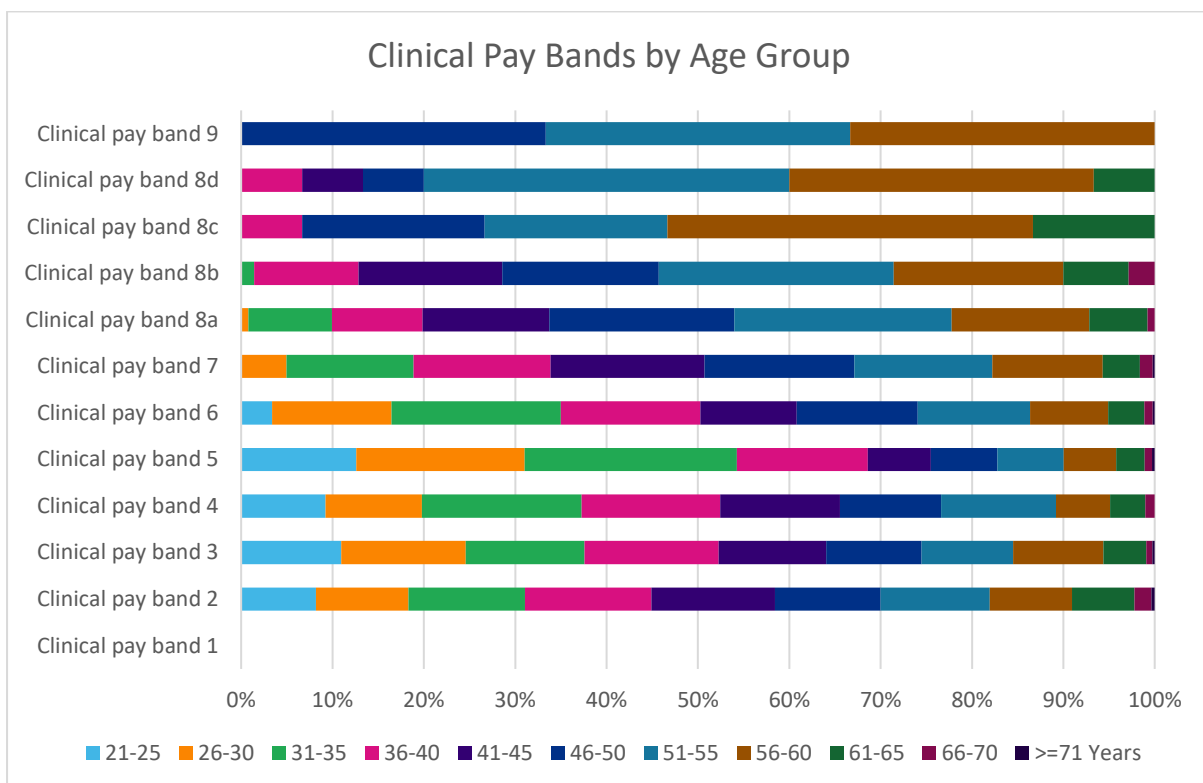
HIA 2: Inclusive Talent

Workforce age representation

Clinical Agenda for Change Staff

Out of 9,362 clinical staff on Agenda for Change (AfC) terms and conditions:

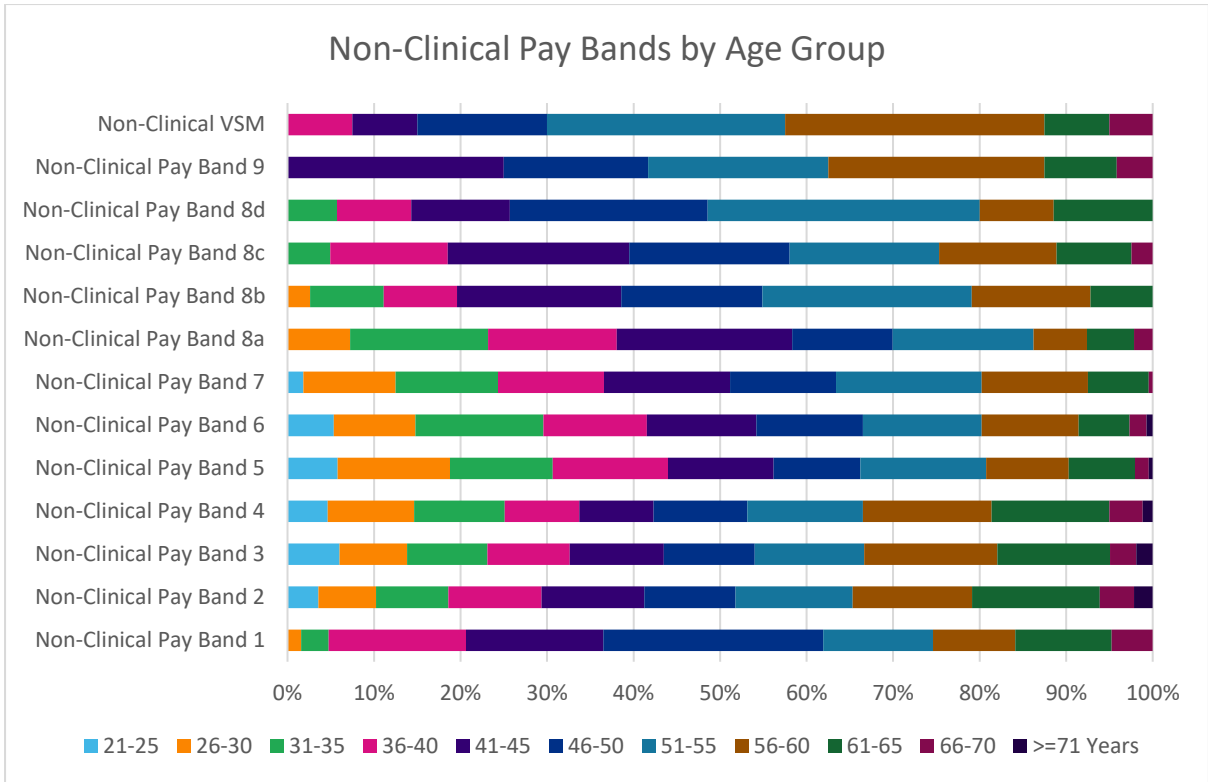
- ▶ 5,584 staff were in lower bands (AfC 1-5) out of which 17.35% were in the 31-35 age band (the Trust's largest age band).
- ▶ 3,420 staff were in middle bands (AfC 6-7) out of which 16.78% were in the 31-35 age band (the Trust's largest age band).
- ▶ 358 staff were in upper bands (AfC 8a+) out of which 6.7% were in the 31-35 age band (the Trust's largest age band).



Non-Clinical Agenda for Change Staff

Out of 5,861 non-clinical staff on Agenda for Change (AfC) terms and conditions:

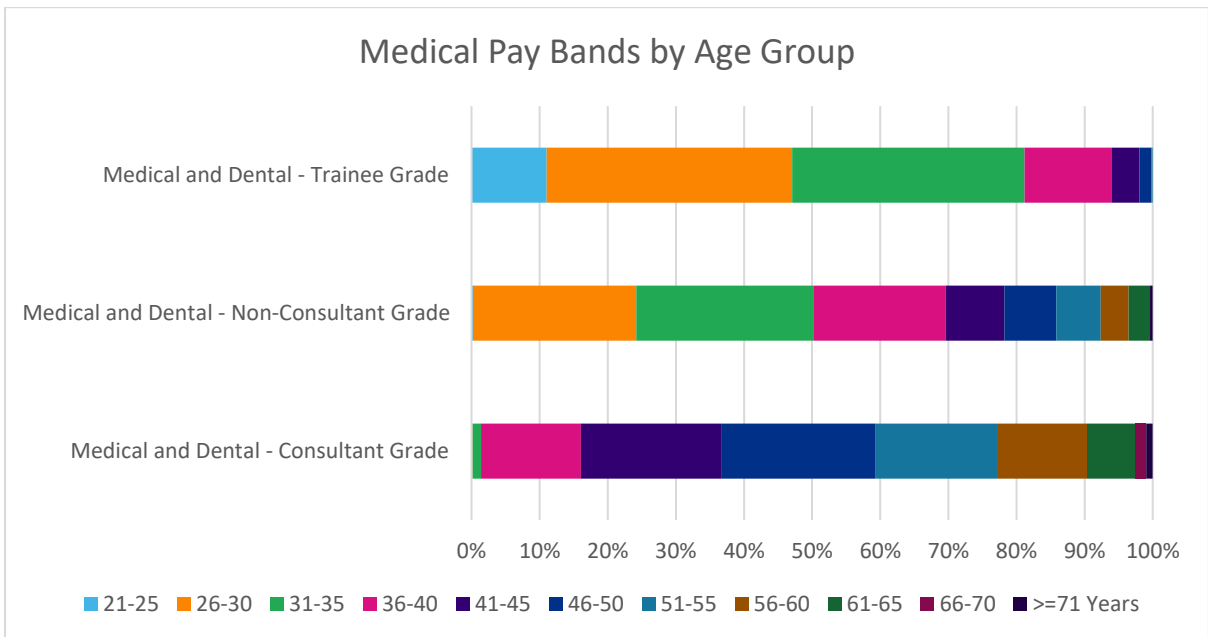
- ▶ 4,251 staff were in lower bands (AfC 1-5) out of which 9.41% were in the 31-35 age band (the Trust's largest age band).
- ▶ 1,001 staff were in middle bands (AfC 6-7) out of which 13.49% were in the 31-35 age band (the Trust's largest age band).
- ▶ 609 staff were in upper bands (AfC 8a+) out of which 10.34% were in the 31-35 age band (the Trust's largest age band).



Medical & Dental Staff

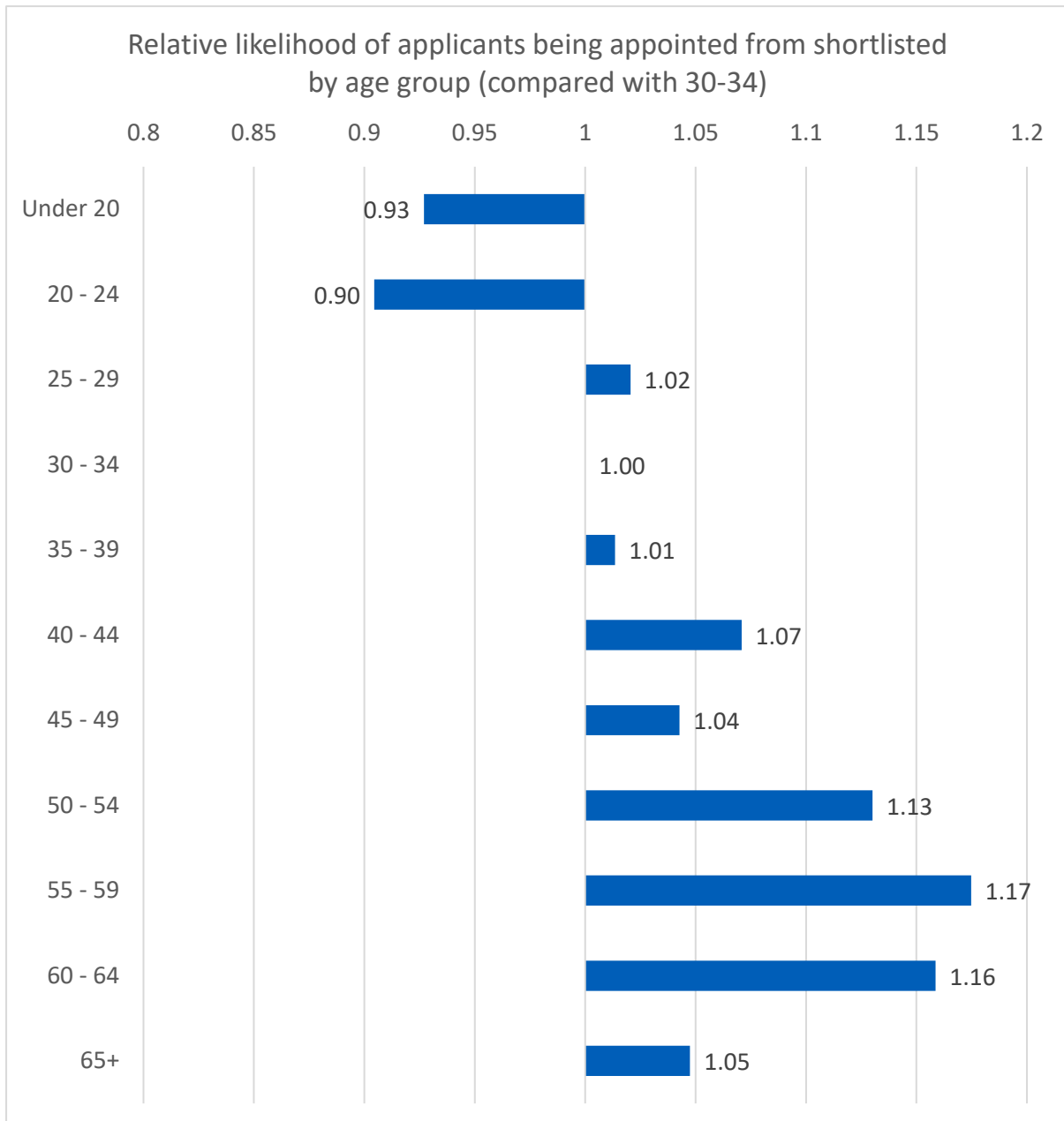
Out of 2,492 staff on medical and dental contracts:

- ▶ 1,032 were trainees, out of which 34.11% were in the 31-35 age band (the Trust's largest age band).
- ▶ 537 were non-consultant career grades (NCCGs) out of which 26.07% were in the 31-35 age band (the Trust's largest age band).
- ▶ 923 were consultants, out of which 10.34% were in the 31-35 age band (the Trust's largest age band).



Age shortlisting-to-appointment relative likelihood

Staff in the Trust's largest age band (30-34 years old⁸) were as likely as staff from all other age bands to be appointed from shortlisting. Relative likelihoods for all age bands fall within the equality target range (0.8–1.25).



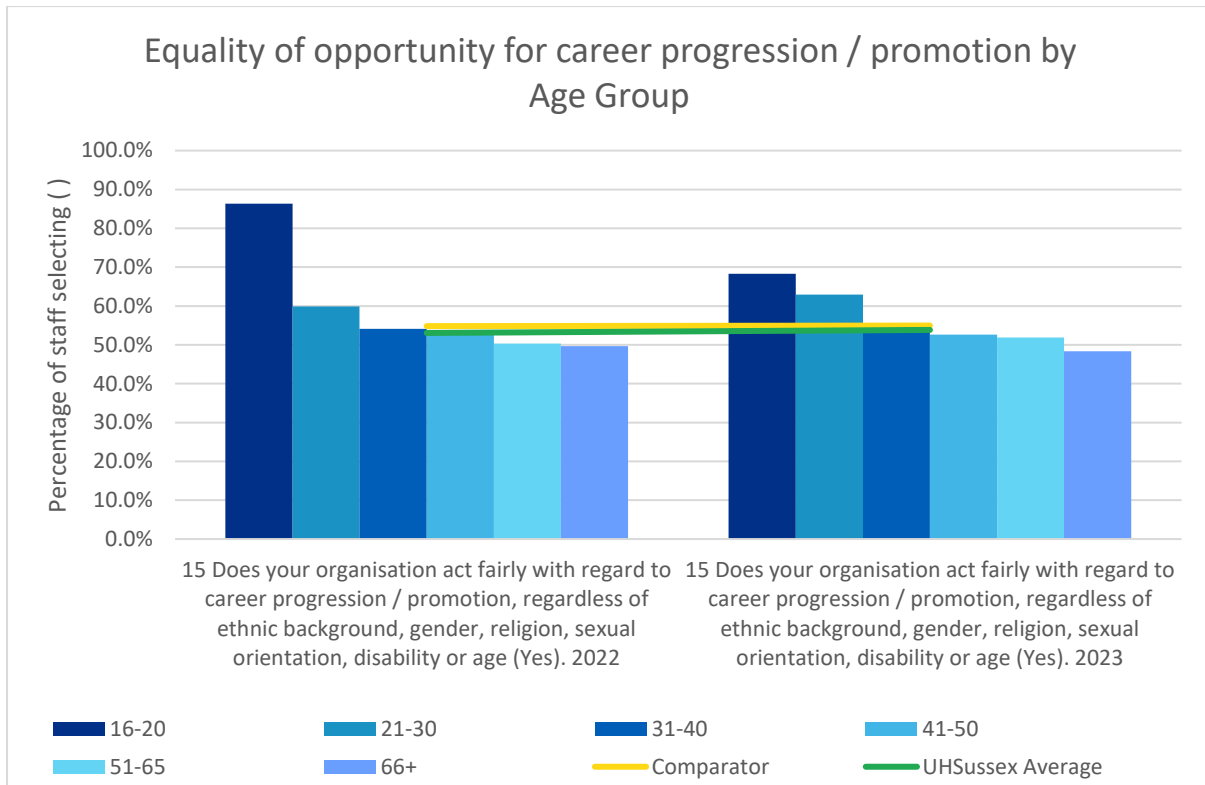
Equality of opportunity for career progression / promotion

Reviewing the question on fair opportunity for career progression / promotion from the NHS Staff Survey it can be shown that:

- ▶ Members of staff from the youngest two age bands (16-20 and 21-30 years) agreed the most with the statement. The percentage of staff agreeing with the statement gradually decreases with increasing age bands.

⁸ The age bandings are different between workforce and recruitment reporting due to system limitations.

- ▶ The percentage of staff in the youngest age band which agreed with the statement decreased by over 15 points from 2022 to 2023.

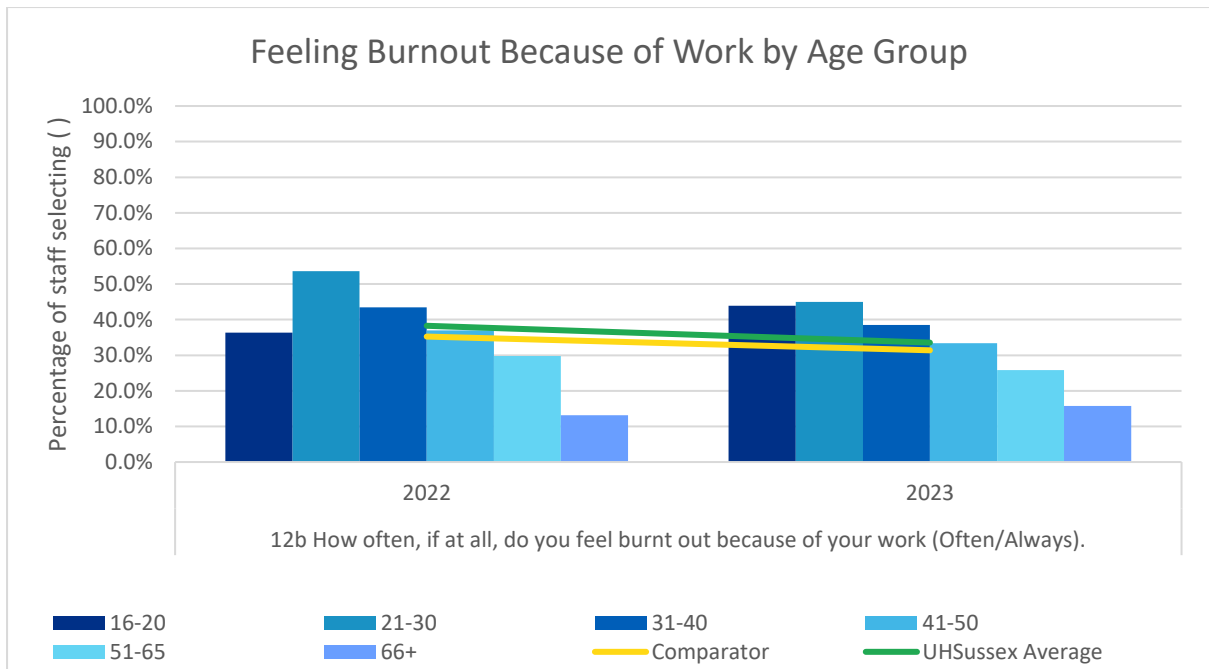


HIA 4: Workforce Health Inequalities

Burnout (NSS – Q12b)

Reviewing the question on burnout from the NHS Staff Survey it can be shown:

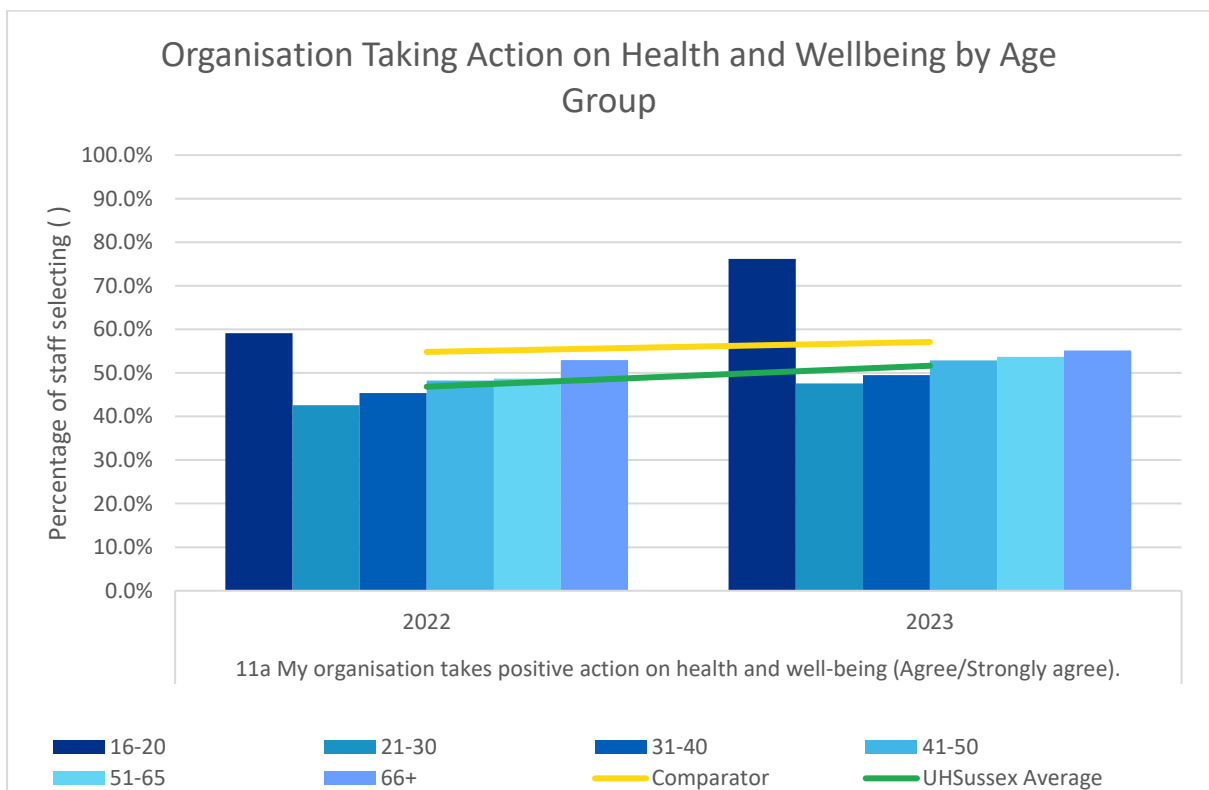
- ▶ There was a reduction in the percentage of staff in the 21-30 and the 31-40 age bands who reported feeling burnout from 2022 to 2023.
- ▶ There was a substantial increase in the percentage of staff in the 16-20 age band who reported feeling burnout from 2022 to 2023, and a slight increase in staff in the 66+ age bands.
- ▶ In 2023 staff in the 66+ age band reported the least feelings of burnout compared to staff in all other age bands.



Positive action on health and wellbeing (NSS – Q11a)

Reviewing the question “My organisation takes positive action on health and well-being” from the NHS Staff Survey it can be shown that:

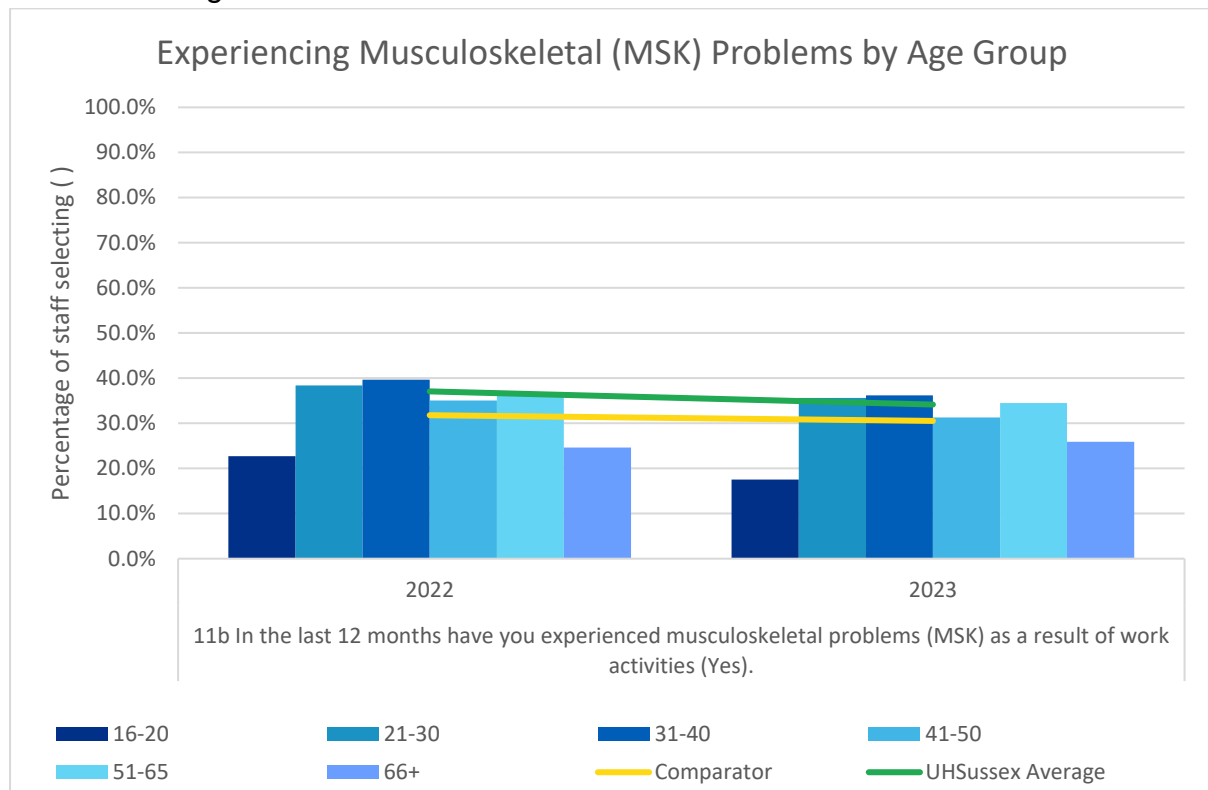
- ▶ Staff in the youngest age band (16-20) agreed substantially more with the statement than staff in any other age band.
- ▶ Staff from all age bands agreed marginally more with the statement in 2023 compared to 2022.



Musculoskeletal (MSK) problems (NSS – Q11b)

Reviewing the question on whether staff had experienced musculoskeletal (MSK) problems in the last 12 months from the NHS Staff Survey it can be shown that:

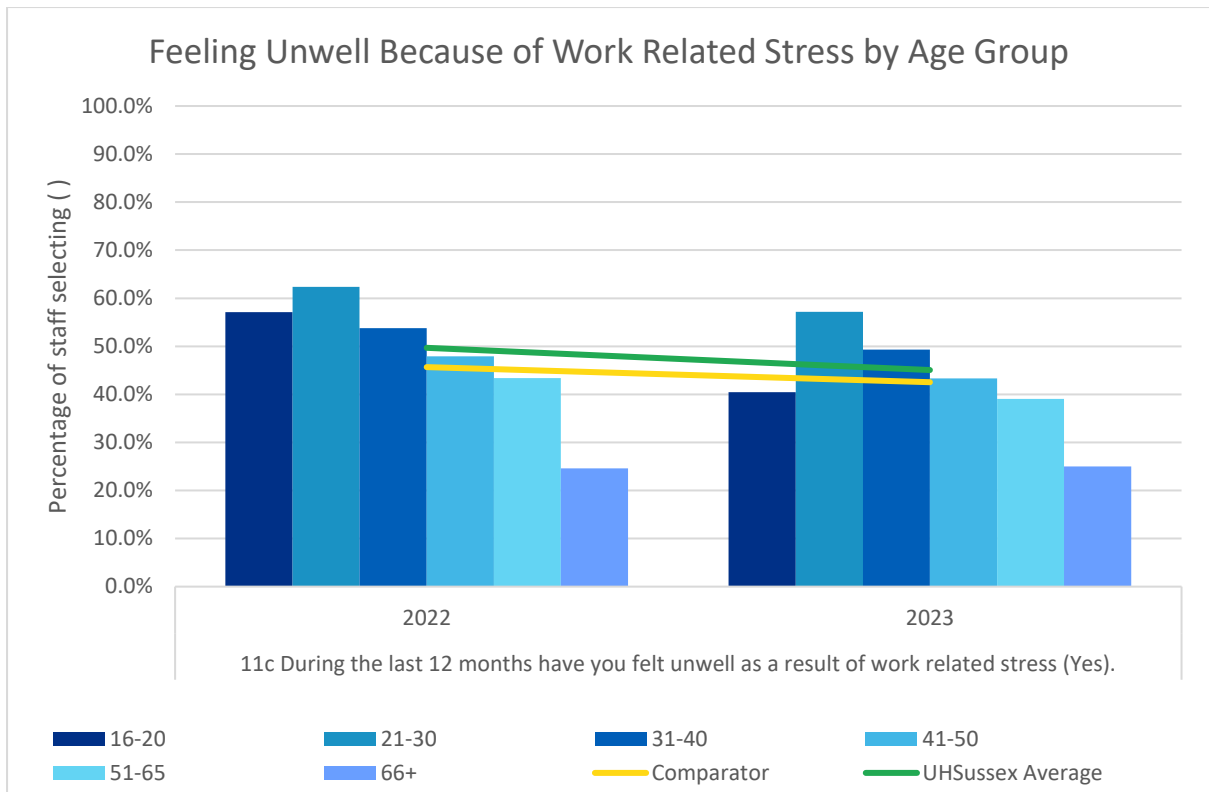
- ▶ The percentage of male and female staff who reported experiencing MSK problems remained largely unchanged from 2022 to 2023.
- ▶ Staff members in the youngest (16-20 years) and the oldest (66+ years) age bands reported less experiences of MSK problems compared to staff from all other age bands.



Work related stress (NSS – Q11c)

Reviewing the question on whether staff had felt unwell because of work related stress in the last 12 months from the NHS Staff Survey it can be shown that:

- ▶ The percentage of staff in the 16-20 age band reporting experiences of feeling unwell because of work related stress has decreased considerably from 2022 to 2023.
- ▶ Staff members in the youngest (16-20 years) and the oldest (66+ years) age bands reported less experiences of feeling unwell because of work related stress compared to staff from all other age bands.

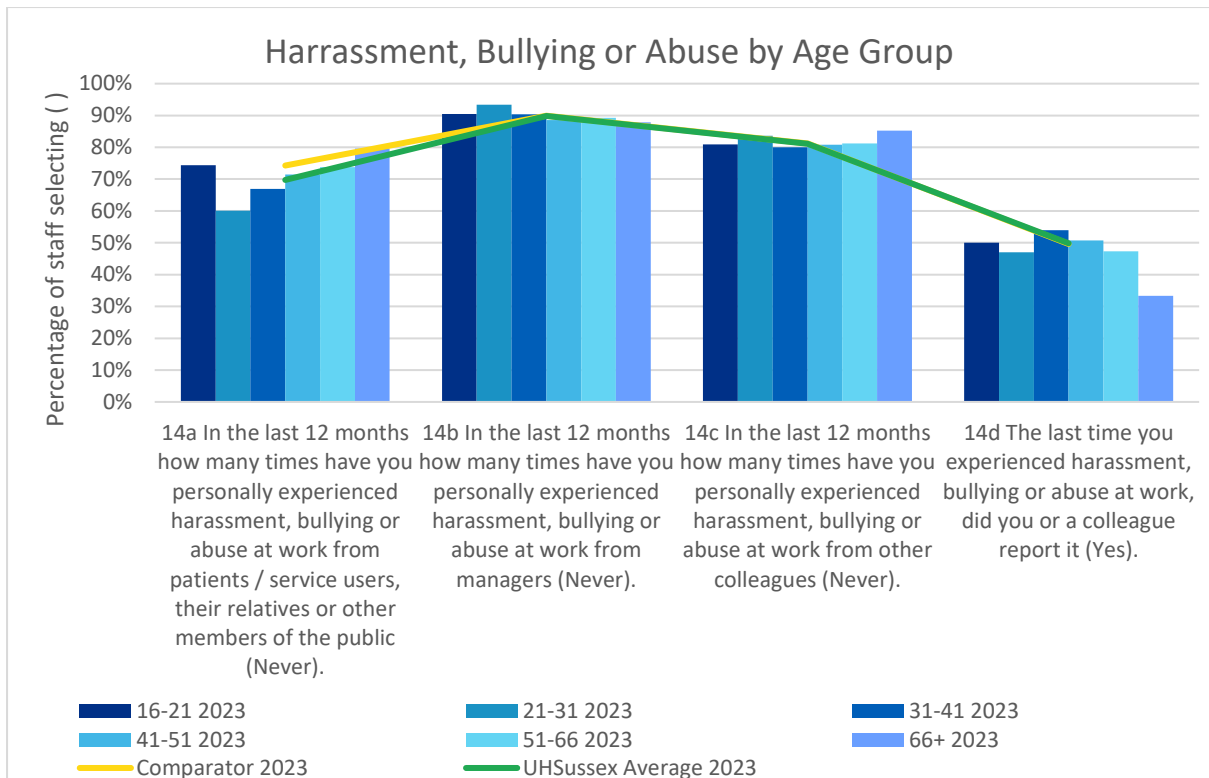


HIA 6: Eliminate Discrimination

Harassment, bullying or abuse by age band

Reviewing the data on harassment, bullying and abuse in more detail it can be shown:

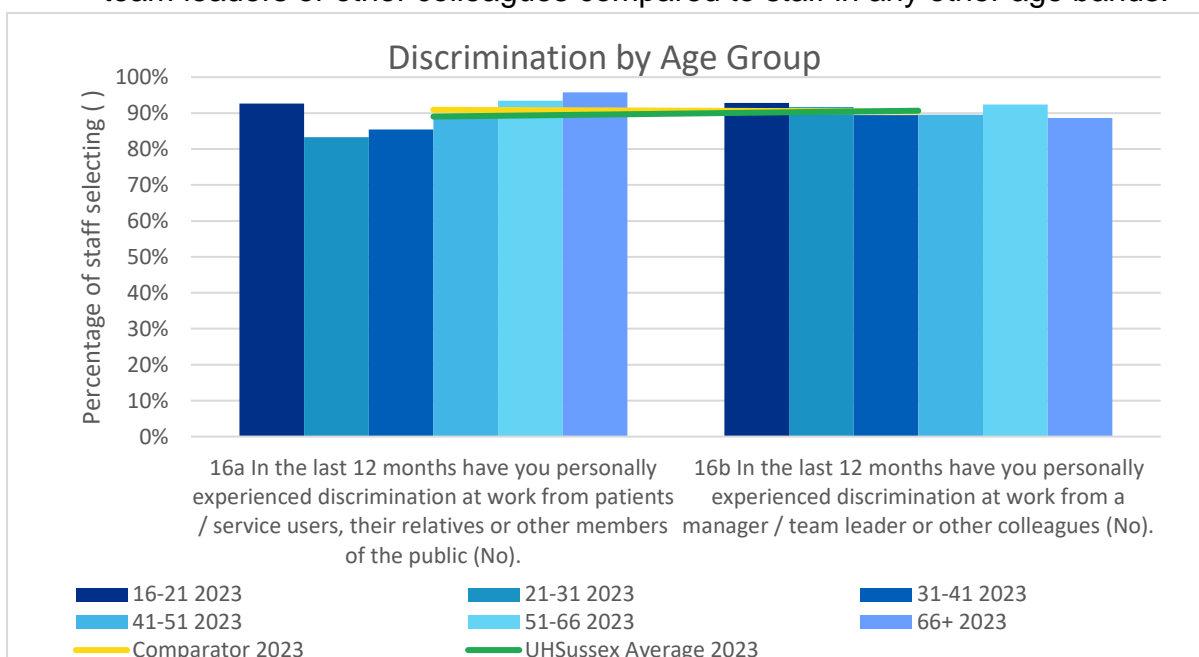
- ▶ Members of staff in the 21-31 age band reported the most experiences of harassment, bullying and abuse from patients or the public compared to members of staff in any of the other age bands.
- ▶ The oldest (66+ years) members of staff report marginally more experiences of harassment, bullying and abuse by managers compared to members of staff in any of the other age bands.
- ▶ The oldest (66+ years) members of staff report the least experiences of harassment, bullying and abuse from colleagues compared to members of staff in any of the other age bands.
- ▶ The oldest (66+ years) members of staff report their experiences of harassment, bullying and abuse less often than staff in the other age bands.



Discrimination from managers or colleagues by age band

Reviewing the data on discrimination in more detail it can be shown that:

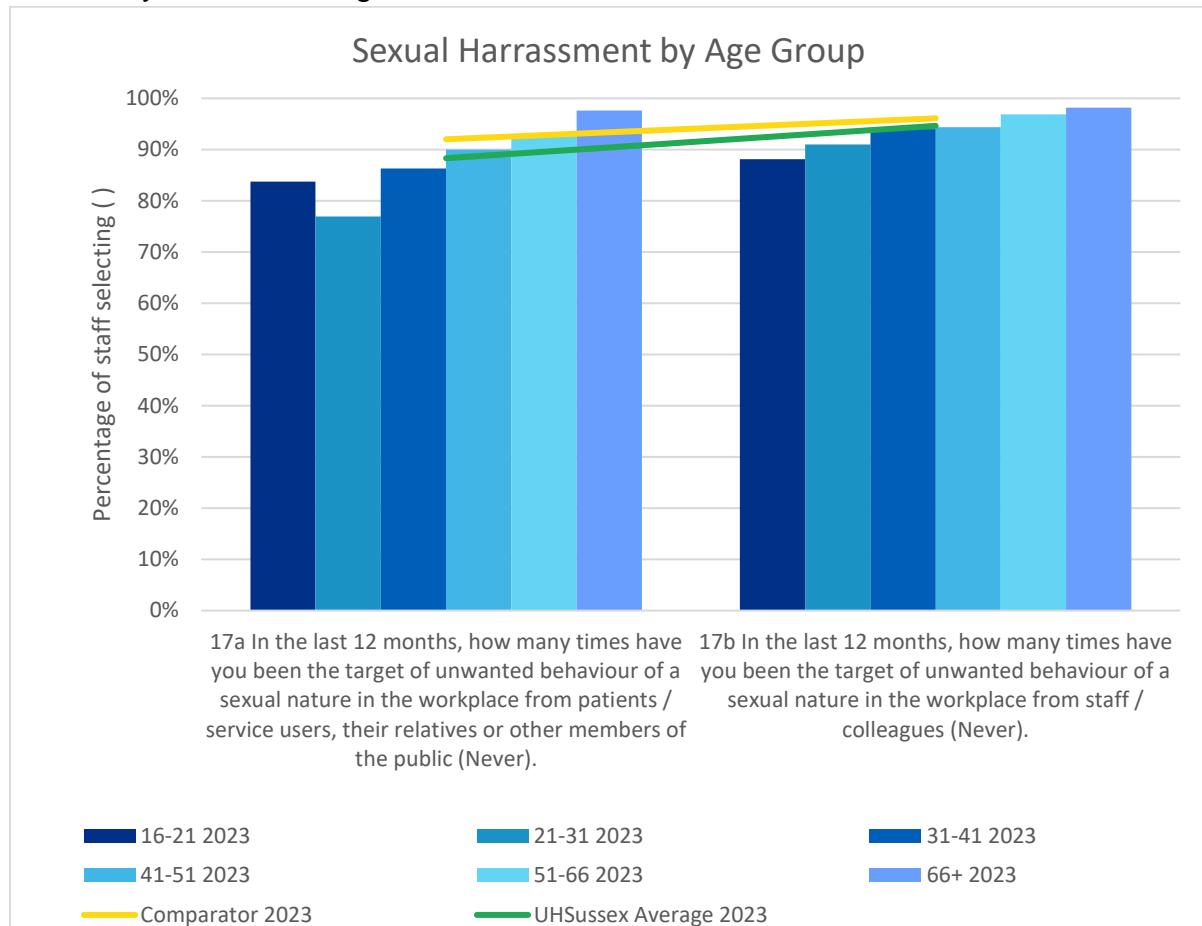
- ▶ Staff members in the 21-31 and the 31-41 age bands reported the most experiences of discrimination from patients or the public compared to members of staff in any of the other age bands.
- ▶ The oldest members of staff (66+ years) and staff members in the 41-51 age band report marginally more experiences of discrimination from managers, team leaders or other colleagues compared to staff in any other age bands.



Sexual harassment by age band

Reviewing the data on sexual harassment in more detail it can be shown that:

- ▶ Staff members in the two youngest (16-21 and 21-31) age bands report the most experiences of sexual harassment from patients or the public, or from managers, team leaders or other colleagues compared to members of staff in any of the other age bands.



7. Staff with Caring Responsibilities

The Carers Network was established in March 2024, sponsored by the Chief Nurse. The Carers Network key achievements since its establishment were:

- ▶ A staff member Chair has been selected and a membership of already 47 staff has been established.
- ▶ The network holds regular monthly hybrid meetings to meet and support staff members and to hear from guest speakers.
- ▶ The network has started to build relationships with charities and organisations throughout Sussex which support unpaid carers.
- ▶ At the start of June, the network hosted a stall at the Royal Sussex County Hospital, alongside the Carers Link Team and the Disabled Staff Network, as part of National Carers Week, and met staff members who play such a valuable role in the community.

8. Armed Forces

The Trust has an Armed Forces Community (AFC) staff network sponsored by the Chief People Officer. The network's key achievements in 2023/24 were:

- ▶ Opening of the commemorative garden at Southlands Hospital in June 2024. Designed by former doctor and award-winning landscaper Juliet Sargeant, project managed by network member Coco Highton, and with support from My University Hospitals Sussex and the League of Friends charities.
- ▶ Competed in the Medical Endeavour inter-NHS friendly challenge, in association with 256 Field Hospital in Kingston-upon-Thames. The day included negotiating a pretend 'minefield' unsighted, changing a tyre on a jeep, and wielding a mock 'field gun' across an assault course.
- ▶ Successfully maintained the Trust's Veteran Aware status.



Appendix

Technical Notes

Compliance

This report complies with our regulatory duty to publish information about the performance of our statutory duty to advance equality (Equality Act 2010), including our duty to publish gender pay gap information. It also meets our contractual obligations relating to publishing information, including about the workforce race equality standard (WRES) and the workforce disability equality standard (WDES).

Privacy

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

Scope

Workers with a substantive assignment are counted in this report, and workers with bank-only assignments are excluded, except where indicated. Contractors, or staff on honorary contracts, or secondees, or shared appointees, or volunteers are also excluded. Non-executive directors (appointees) are counted, except associate non-executive directors (NEDs) who are included in Board counts, but not workforce counts.

Please note that very senior managers (VSM) counts do not follow the VSM pay framework and instead follow definitions laid down in technical reporting guidance published by NHS England.

Data quality

The Trust undertook a special data collection exercise in October and November 2023 for Board members. The Trust Chair invited Board colleagues to update or re-complete their Equalities Monitoring Information, using an equal opportunity form that better explained the reasons for collecting demographic information about certain protected characteristics, and details on how the data will be processed and used. This form could be completed electronically or manually, with a named senior staff member from the Workforce Services & Systems department inputting the data to ESR to maintain privacy.

There are multiple activities underway to improve the quality of diversity data. These are presented in the appendix (see 'Workforce Diversity Data Improvement Work Plan') for ease of reference.

Disparity ratio

The disparity ratio is a summary measure of the representation of staff in a focal group (e.g. White) across different pay levels, compared with staff in a reference group (e.g. Black, Asian, and Minoritised Ethnic).

The Agenda for Change (AfC) workforce is considered at three levels: lower; middle; and upper. Three ratios of progression are measured between these levels. This is except for the AfC disabled workforce where there were instead four levels and correspondingly four progression ratios.

The Medical and Dental (M&D) workforce is considered at three levels: trainee; non-consultant career grade (NCCG); and consultant, with three progression ratios measured.

Shortlisting-to-appointment ratio

This is a measure of the representation of shortlistees from a focal group (e.g. White) being appointed in recruitment, compared with staff in a reference group (e.g. Black, Asian, and Minoritised Ethnic).

Only the shortlisting and appointment stages are considered, with one progression ratio measured between them.

Application stage data is presented alongside this ratio in this report only to help understand the context and is not considered in the way the metric is formulated.

Target range

A ratio of one indicates parity of progression – whether within recruitment or within career progression – although due to results being down to chance or another factor, a practical significance test, the "80% Rule", is applied so that a value falling anywhere between 0.8–1.25, is within the acceptable target range. This is referred to as the equality target range.

Any value greater than 1.25 shows a potential for disadvantage affecting staff in the reference group. Any value lower than 0.8 shows potential for disadvantage affecting staff in the focal group. That is not to say that figures falling outside of the target range prove discrimination or suggest disadvantage. They are a practical guide to what should be analysed further, such as statistical significance testing or Statistical Process Control Charts.

Ratings

Where there was year-on-year improvement in this report against relevant measures of workforce diversity, and current performance is outside of the target range, this is rated 'amber'. Where a relevant metric has declined year-on-year and is presently outside of the target range, this is rated 'red'. Where current performance is within the target range, or at the target value, this is rated 'green'.

Workforce Diversity Data Improvement Work Plan

Version: 1

Last Update: 01/07/2024

Project	Task	Description	Date Started	Due Date	Status
Improving Board composition data	Data collection exercise in October/November for Board members.	The Trust Chair invited Board colleagues to update or re-complete their Equalities Monitoring Information, using an amended Equal Opportunities form that better explained the reasons for collecting (and not collecting) certain characteristics, how the data will be processed and used.	01/10/2023	31/11/2023	Done
	Encourage board members to complete their PC data by March 2025.	Identified as action from AER 2024 because of high missing data: Encourage board members to complete their protected characteristics data by March 2025.	01/04/2024	31/03/2025	Active
Improving Data in Recruitment	Recruitment data quality group to identify where the issues with data quality lie	Group established and met three times until all parties agreed a solution had been found and enacted.	01/12/2023	31/03/2024	Done
	Data cleaning exercise from medical recruitment	Led by Head of Medical Workforce.	01/12/2023	31/03/2024	Done
Improving data in recruitment evaluation of protected characteristics sharing improvement initiative	Data cleaning exercise from non-medical recruitment	Led by Head of Resourcing and Talent.	01/12/2023	31/03/2024	Done
	Encourage staff to use ESR self-service for updating personal information	Develop materials for a communications push in collaboration with Workforce Services Delivery Manager (all staff email, intranet landing page, statements about relevance of monitoring information, guidance on how to use self-service for this, screen recording, news article)	01/07/2024	31/08/2024	Active

Project	Task	Description	Date Started	Due Date	Status
	Evaluation of protected characteristics sharing after comms push	Evaluation piece comparing percentage of missing protected characteristic data pre and post communications push	01/08/2024	31/09/2024	Not Started
EDI dashboard	Rolling out of EDI dashboard release 1	Inclusive of diversity of workforce by divisions, diversity within pay bands by Division and initial translation and interpreting data. Accessible to HRBPs & senior leaders on CompassBI	01/11/2023	31/05/2024	Done
	Rolling out of EDI dashboard release 2	Inclusive of a workforce diversity breakdown by staff group and Site, the addition of Board composition metrics and workforce representation ratios.	01/05/2024	30/06/2024	Done
	Rolling out of EDI dashboard release 3	Inclusive of quarterly shortlisting to appointed ratios, data on likelihood of staff entering the formal capability process and recruitment training data.	01/06/2024	31/07/2024	Active
	Rolling out of EDI dashboard release 4	Inclusive of non-mandatory training data, quarterly pay gap data and a breakdown of workforce diversity by postcode.	01/07/2024	31/08/2024	Not Started
	Rolling out of EDI dashboard additional future releases	The addition (depending on data availability) of data on carers, armed forces, flexible working and shared parental leave, NETS scores and staff survey equality indicators.	01/08/2024	31/10/2024	Not Started

Gender Pay Gap Data

For detailed analysis of this data please refer to the 'HIA 3: Eliminate Pay Gaps' section in the Gender chapter of the main report.

Gender Pay Gap proportion of males and females divided into four quartiles ordered from lowest to highest paid

Quartile	Gender	Number of employees	% of Employees
1 (lowest paid)	Female	3,169	70.61
	Male	1,319	29.39
2	Female	3,371	74.99
	Male	1,124	25.01
3	Female	3,522	78.37
	Male	9,72	21.63
4 (highest paid)	Female	2,803	62.36
	Male	1,692	37.64
Totals	Total female staff	12,865	71.58
	Total male staff	5,107	39.70

Ordinary gender pay gap (mean and median)

Gender Hourly Pay Gap	Mean Hourly Pay		Median Hourly Pay	
	2023	2024	2023	2024
Male	22.26	24.01	16.84	18.10
Female	18.73	19.97	16.84	17.69
Difference	3.53	4.04	0.00	0.41
Pay Gap %	15.86%	16.83%	0.00%	2.29%

Bonus gender pay gap (mean and median)

Gender Bonus Pay Gap	Mean Hourly Pay		Median Hourly Pay	
	2023	2024	2023	2024
Male	9,658.62	9,600.89	4,396.06	4,795.08
Female	6,157.81	6,591.38	4,396.06	4,795.08
Difference	3,500.80	3,009.51	0.00	0.00
Pay Gap %	36.25%	31.35%	0.00%	0.00%

Equality Delivery System (EDS2022) Grades

Domain 2: Workforce health and well-being

Outcome	Evidence	Rating	Owner (Dept/Lead)
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<ul style="list-style-type: none"> • Burnout (NSS – Q12b) • Positive action on health and wellbeing (NSS – Q11a) • Musculoskeletal (MSK) problems (NSS – Q11b) • Work related stress (NSS – Q11c) • Pressure to work from manager when unwell (NSS – Q11e; WDES 6) • Adequate adjustments for disabled people (NSS – Q31b; WDES 8) 	2	CPO
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none"> • Harassment, bullying or abuse (NSS) • Discrimination from managers (NSS) • Sexual harassment (NSS) • Disciplinary and capability (Employee Relations) • Raising Concerns 	2	CPO
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<ul style="list-style-type: none"> • Staff networks • Freedom to Speak Up / Raising Concerns data • NHS Staff Survey • Due Regard Assessments (DRA) 	2	CPO
2D: Staff recommend the organisation as a place to work and receive treatment	<p>NHS Staff Survey:</p> <ul style="list-style-type: none"> • I would recommend my organisation as a place to work (2023 53.8%) • If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (2023 59.6%) 	1	CPO
Domain 2: Workforce health and well-being overall rating		7	

Domain 3: Inclusive leadership

Outcome	Evidence	Rating	Owner (Dept/Lead)
3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<ul style="list-style-type: none"> • Staff voice • Network sponsorships • Due Regard Assessments 	2	Board
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<ul style="list-style-type: none"> • Due Regard Assessments • Public Board papers <p><i>Mitigation: LCD SI EDI Plan (impact assessments improvements)</i></p>	1	Board
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<ul style="list-style-type: none"> • LCD SI • EDI Dashboard • Workforce Equality Standards Report • Annual Equality Report 	1	Board
Domain 3: Inclusive leadership overall rating		4	

Please note domain 1: Commissioned or provided services is unscored.

EDS Organisation Rating (overall rating):	11	Developing
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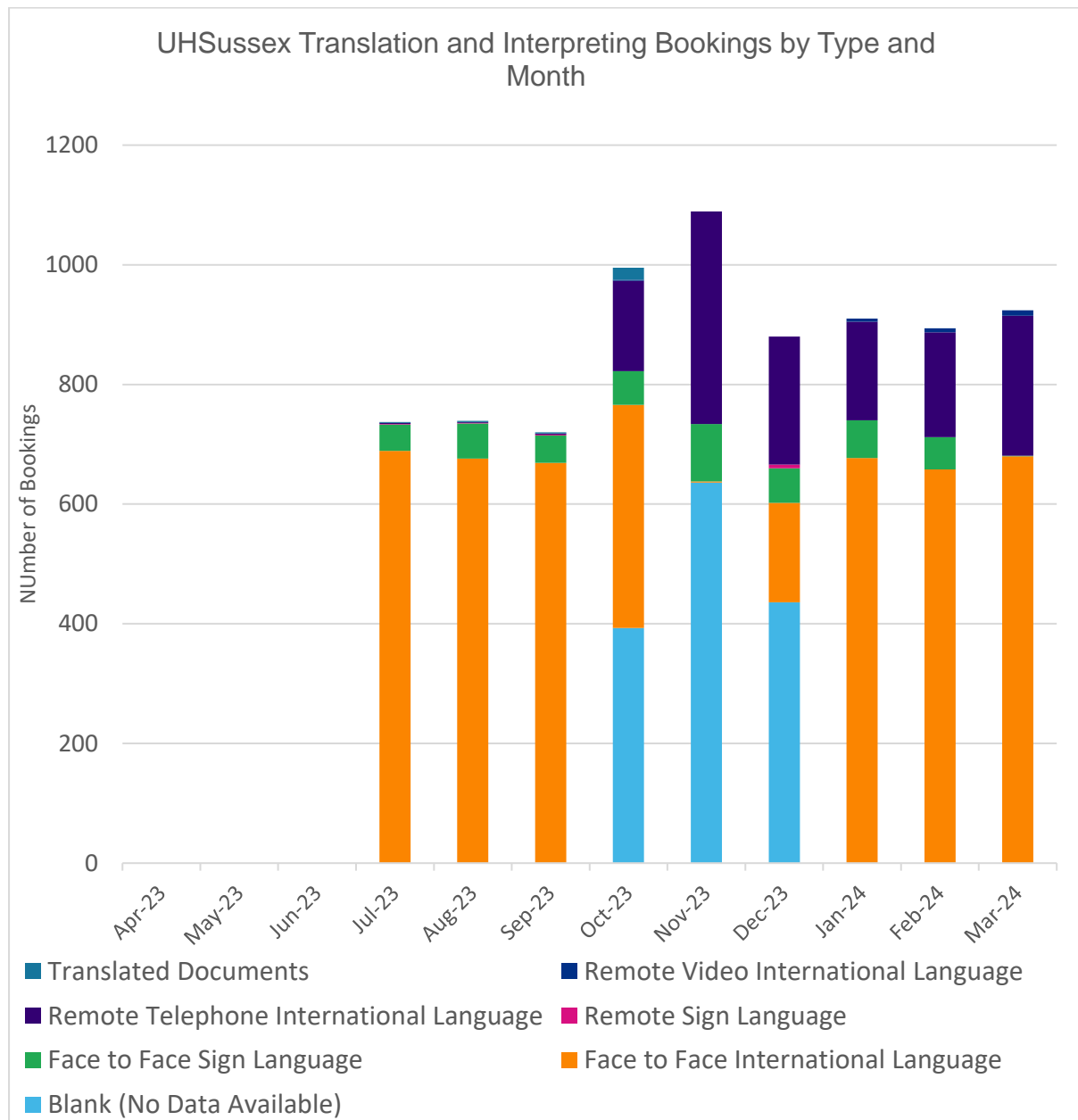
Key: A score under 8, is rated *Undeveloped*. Between 8 and 21, is rated *Developing*. Between 22 and 32, is rated *Achieving*. A score of 33, is rated *Excelling*.

Interpreting and Translation

There was no data available for the first quarter (April - June 2023) of the financial year 2023-2024. The following presents the data for the second, third and fourth quarter of the financial year 2023-2024 (July 2023 – March 2024).

Service type

The most common type of interpreting and translation service provided was face-to-face international language with an increase in reported remote telephone international language services.



Languages

The 10 most common languages booked are represented in a graph below. The largest number of translation and interpreting bookings provided to the Trust were in Arabic.

