



**University  
Hospitals Sussex**  
NHS Foundation Trust

# Annual Workforce Equality Report 2025

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

# Contents

<b>Executive Summary .....</b>	<b>2</b>
Introduction .....	5
1. Race.....	9
2. Disability.....	40
3. Gender .....	61
4. Sexual Orientation.....	83
5. Religion and Belief .....	94
6. Age.....	105
7. Caring Responsibilities.....	114
8. Armed Forces.....	122
Appendices .....	124

## Executive Summary

The Annual Workforce Equality Report 2025 presents findings from a range of analytical methods to identify differential outcomes and experiences within the Trust's workforce between demographic groups and characteristics. These included measures of relative likelihood and disparity ratios (for example comparing the chances of progression, appointment or representation between groups), mean and median pay gap analysis, and percentage point differences in NHS Staff Survey responses. The information helps support identifying issues which can then be addressed, supporting the Trust to meet its statutory equalities duties.

### Summary findings

In 2024-25, UHSussex had a diverse workforce, with women, minoritised ethnic groups, and LGBUO (lesbian, gay, bisexual, undecided or other sexual orientation) staff, all well represented compared to the Sussex population. Recruitment outcomes were broadly fair for most protected characteristics, except for minoritised ethnic staff and for staff who shared a religious belief. Staff confidence in reporting incidents of bullying, harassment and discrimination had broadly improved but continued to affect groups differentially.

The most important disparities in outcome or experience are pulled out below for 2024-25. A red octagon (●) represents a finding of concern where targeted action will be taken to try and address this through the Workforce Inclusion Plan 2025-26 or wider workplace initiatives. An amber diamond (◆) indicates a change that affects one group more than another, with a watching brief recommended. A green circle (●) indicates an area of relative improvement or workforce strength:

- **Black and mixed ethnic staff** were significantly underrepresented in senior roles, particularly in clinical roles, and reported higher rates of bullying, harassment and discrimination from patients, colleagues and managers.
- ◆ Minoritised ethnic staff were half as likely than white staff to enter formal disciplinary processes, reversing historic patterns from previous years.
- **Disabled staff** reported worse perceptions of career progression. This does not accord with actual progression rates for disabled staff, potentially supporting the under-sharing by staff of their disability on their staff records. This is particularly noticeable at Non-Consultant Career Grade representation.
- Disabled staff reported improved satisfaction with access to workplace adjustments.
- **Female staff** make up most of our workforce yet remained disproportionately affected by harassment. At St Richards Hospital, female staff were under-represented in clinical Agenda for Change (AfC) pay bands 8a+ and in non-clinical AfC bands 6-7. Across the Royal Sussex County Hospital campus, females were under-represented in non-clinical AfC bands 8a+.

- **Male staff** reported experiencing more discrimination in the NHS Staff Survey (9.4%) than female staff (8.6%), particularly on the grounds of ethnicity, religion and sexual orientation. Male staff were under-represented in clinical AfC bands 6-7.
- ◆ Female staff were more likely to agree the organisation respects individual differences (68%) than male staff (66.5%).
- **Trans and gender-diverse staff** experienced some of the highest relative levels of unwanted behaviour, including harassment, as well as poorer access to flexible working, and lower confidence in fair career progression.
- **Muslim, Sikh and Hindu staff** reported improved perceptions of health and well-being support and continued to have some of the lowest burnout and harassment rates.
- **Younger staff** (aged under 30) reported the highest levels of burnout, stress, and unwanted sexual behaviour, especially from patients and the public.
- **Carers** reported slightly higher stress and musculoskeletal (MSK) problems than people without caring responsibilities.
- Broadly similar experiences in flexible working and career progression as people without caring responsibilities.

### Priorities for 2025-2026

The lived experience of staff reported from the Niche Well-Led Developmental Review (July 2025), from Freedom to Speak Up cases, and from other staff feedback were used alongside the report's statistical findings to shape priorities for the year ahead. These will be responded to through the Workforce Inclusion Plan 2025-26 or through wider workplace initiatives. These include:

- ▶ **Race:** Target career progression interventions for Black and mixed ethnic groups, focusing on addressing under-representation in senior clinical and leadership roles and tackling higher levels of harassment and discrimination using a proactive, evidence-based, targeted approach.
- ▶ **Sex:** Target career progression interventions for female staff in Agenda for Change (AfC) bands 6-7 in clinical roles, or in bands 2-5 in non-clinical roles, at St Richards Hospital; or in AfC bands 6-7 in non-clinical roles at the RSCH campus. Continue to tackle the high levels of harassment female staff experience. Target career progression interventions for male staff in AfC band 2-5 clinical roles.
- ▶ **Gender identity:** Implement further support for trans and gender-diverse staff and managers, ensuring inclusive workplace practices.
- ▶ **Younger staff:** Target health and wellbeing support to address higher reported levels of burnout, stress, and harassment.

- ▶ **Data quality:** Improve recording of disability, caring responsibilities and armed forces data in Electronic Staff Records (ESR), and ethnicity data quality from the recruitment management system (TRAC).

For any queries, or to give feedback on this report, please contact [uhsussex.equality@nhs.net](mailto:uhsussex.equality@nhs.net)

# Introduction

## Welcome to our Annual Workforce Equality Report 2025

This detailed report highlights both our areas of strength or improvement in equalities and the significant work that remains to ensure we deliver on our strategic ambition of providing 'excellent care everywhere' with an inclusive workforce representative of our communities. Our Workforce Inclusion Plan (WIP) will underpin this ambition by setting out how we will deliver our equality objectives, as part of our wider work to support our workforce.

This report includes a summary followed by eight sections covering: race, disability, gender (inclusive of sex, and gender identity), sexual orientation, religion and belief, age, caring responsibilities and armed forces equality within employment.

- ▶ Each section begins with a plain language summary of key findings.
- ▶ Each section is then organised into measures of equality aligned with the High Impact Actions (HIA) numbered 1-6 from the national NHS Equality, Diversity & Inclusion (EDI) Improvement Plan, which correspond with the first six commitments in the Year 3 graphic in the 'Governance' section below.

## Terminology

In addressing the sometimes 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.

## Analysis

This is a statutory report, with the analyses for Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and the Pay Gap reporting required at national level. The same statistical approaches have also been applied to other protected characteristics, including carers, to ensure a consistent methodology.

As in last year's report, analysis has been presented at both divisional and site level, supported by the enhanced analytical capacity and capability established in 2024. We can only analyse recruitment outcomes at a Trust level due to limitations in our recruitment management system which mean that data below this level is not readily available and affects our ability to delve beneath the headline figures.

While the recruitment management system can provide data for individual sites, divisions or occupational groups, it only allows one level to be extracted at a time. Producing breakdowns below Trust level would therefore require extensive manual work, which has not been feasible to date.

The Annual Workforce Equality Report uses a mixed-methods approach to establish differential outcomes. Quantitatively, it applies relative likelihood and disparity ratios, mean and median pay gap analysis, and percentage point differences in NHS Staff Survey responses, alongside representation and progression data drawn from ESR and TRAC (the Trust's electronic HR record and recruitment systems). These measures are presented with both absolute numbers and proportions and tracked across time (where possible) to identify trends.

Relative likelihood (disparity ratios) is a way to compare how likely different groups, events, or explanations are by looking at their chances side by side – if one group is twice as likely to experience something as another, its relative likelihood is two; it helps spot differences simply, but doesn't show whether those differences are truly important or if more careful testing is needed to be sure. To mitigate this, we use a practical significance test used by our regulators when judging workforce equality performance, commonly called the "four fifths rule".

Qualitatively, the analysis is strengthened by findings from the Niche Well-Led Review, Freedom to Speak Up cases, and staff engagement feedback, ensuring that lived experience about cumulative or persistent impacts, life stage effects, and broader context inform the priorities set, alongside the statistical disparities.

## **Governance**

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. The EDI Strategy work was realigned in 2023 to reflect the high impact actions in the national NHS EDI Improvement Plan. A Workforce Inclusion Plan 2025-26 updates the strategy in its third year with aligned findings and actions in this report.

## Year 3: Redoubling Our Commitment to Belonging

Inclusion is how we lead, work, and care. We commit to being an employer that:



### Niche Review – Equality, Diversity and Inclusion Findings

This section summarises the key equality, diversity and inclusion points from the Niche Well-Led Developmental Review and how they have informed action incorporated into the Trust’s Workforce Inclusion Plan 2025-26.

The July 2025 Well-Led Developmental Review of UHSussex undertaken by Niche consulting provided valuable insights into equality, diversity and inclusion across the Trust. Through its own engagement activities, Niche heard accounts from staff about sexism, misogyny and exclusionary behaviours, as well as concerns about sexual safety and gender-based discrimination, which it noted were pronounced at this Trust and uncommon from their experience in undertaking similar reviews elsewhere.

These findings align with the higher incidence of behaviour of an unwanted sexual nature – from both patients/public and managers/colleagues – reported in the 2024 NHS Staff Survey when benchmarked against other Trusts. While the prevalence has reduced compared with 2023, it remains a significant concern requiring sustained action.

The review also considered evidence from existing Trust reporting, including the Workforce Inclusion Plan, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data, and the Annual Workforce Equality Report. While there have been some improvements in specific indicators, certain areas continue to present significant challenges that require focused and sustained action. These are identified within this annual equality report.

In producing the Workforce Inclusion Plan following publication of the Niche report, we have triangulated Niche’s qualitative findings with our existing datasets,

alongside other evidence sources such as NHS Staff Survey results, workforce disparity ratios, and feedback from key partners including Trade Unions (Staffside) and Staff Networks. This combined approach enables us to respond to the lived experiences and quantitative trends together, strengthening leadership accountability, enhancing governance and infrastructure, and targeting improvements for all groups affected by inequality – addressing sexual safety and gender-based discrimination alongside the wider disparities identified.

## Reporting

On the 30 April 2025, the Trust's People & Culture Committee approved the establishment of a Workforce Inclusion Steering Group as a sub-committee of the Trust Management Committee. Progress against the WIP is reported every two months, and quarterly to the People & Culture Committee.



In addition, the following reporting is regularly undertaken:

- ▶ QSIP Quality Assurance Meetings NHS Sussex / NHSE (quarterly)
- ▶ NHS EDI Improvement Plan to NHS England (via ICB) (quarterly)
- ▶ Sussex Race Equality Strategy to Sussex ICB (ad hoc)
- ▶ Annual Workforce Equality Report (yearly)
- ▶ Trust Annual Report equality section (yearly)
- ▶ WRES and WDES data submissions to NHS England (yearly)
- ▶ Pay gap data submission to Cabinet Office (yearly)

# 1. Race

## Race Equality Summary

At UHSussex, staff from minoritised ethnic backgrounds are under-represented in senior roles compared to white staff, especially in clinical jobs. This gap is more noticeable in higher pay bands and consultant posts. There are also fewer minoritised ethnic staff on the Trust Board compared to their overall workforce presence, though the data quality on this is improving. Representation gaps are especially marked in certain divisions and sites, including specialist services, nursing and midwifery, and at PRH and St Richard's Hospital.

In recruitment, white applicants are almost twice as likely to be appointed from shortlisting than minoritised ethnic applicants, with black candidates experiencing the largest gap, although there is a data quality issue in 2024-25 that needs addressing. Fewer minoritised ethnic staff feel they have equal opportunities for career progression, although access to non-mandatory training appears equal across groups.

Pay differences remain, with staff from Black ethnicities earning less on average than white British staff, while some Asian and 'other' ethnicities earn more. Bonus pay shows the largest gap, with Black staff receiving substantially less than all other groups.

Experiences of bullying, harassment, and discrimination remain a concern. Minoritised ethnic staff are more likely than white staff to experience these behaviours from patients, the public, and colleagues. Internationally recruited staff report particularly high levels of harassment and discrimination, though there have been some small improvements in certain areas.

On a positive note, minoritised ethnic staff are now less likely than white staff to enter formal disciplinary processes, reversing the pattern seen in previous years. Reports of discrimination from managers and colleagues have also reduced for minoritised ethnic staff, narrowing the gap between groups.

However, members of mixed ethnic groups stand out as experiencing the highest rates of harassment, bullying, and sexual harassment across multiple measures, with some indicators worsening since last year.

## HIA 1: Leadership and Accountability (Race)

### Staff voice

The Trust has a [Black, Asian and Minoritised Ethnic \(BAME\) Staff Network](#) sponsored by the Chief Executive Officer.

The BAME Networks key highlights from the past year include:

- ▶ New Chairs, Pam Stephens and the deputy Gerthy Albano
- ▶ Forward plan and meetings/events calendar in place
- ▶ Senior leaders and external speakers
- ▶ Sponsorship programme commenced
- ▶ Networking with other BAME Network chairs
- ▶ Philippines independency Day Celebrations sponsored by the charities

Challenges the BAME Network encountered include:

- ▶ Growing the membership and raising awareness about the network
- ▶ Insufficient administrative capacity.

In January 2025, dedicated funding was secured for all staff networks through My University Hospitals Sussex Charity, agreeing a 20-month funding programme (starting April 2025) to expand network activity, deliver staff-facing events, and enhance engagement in line with agreed plans. The BAME Network plan priorities for 2025/26 include:

- ▶ Linking with surrounding similar groups or platforms
- ▶ Getting more BAME members on the sponsorship programme
- ▶ An external and senior leaders' speaker programme
- ▶ Increased administrative capacity
- ▶ Increasing membership and raising awareness.



1 - BAME Network: Roger Kline and Michelle Cox at UHSussex Black History Month Conference 2024



2 - BAME Network: Stalls and Celebrations for Philippine Independence 2025

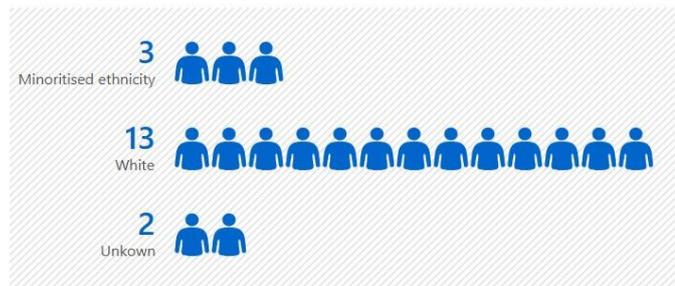
## Board ethnicity composition (WRES 9)

As of the snapshot date at 31 March 2025, three Board members (17%) identified as belonging to a minoritised ethnic group. This compares to 9% of the population in Sussex and 28% of the Trust’s overall workforce.

Two executive directors (11% of all board members) did not indicate their ethnicity on their staff record. The remaining seven executive Board members (39% of all board members, 78% of executive board members) identified as white.

Of those with voting rights on the Board, six (35% of all voting board members) indicated they were white, three (18% of all voting board members) identified as being from a minoritised ethnic group, and one individual did not disclose their ethnicity.

### Ethnicity of Board Members



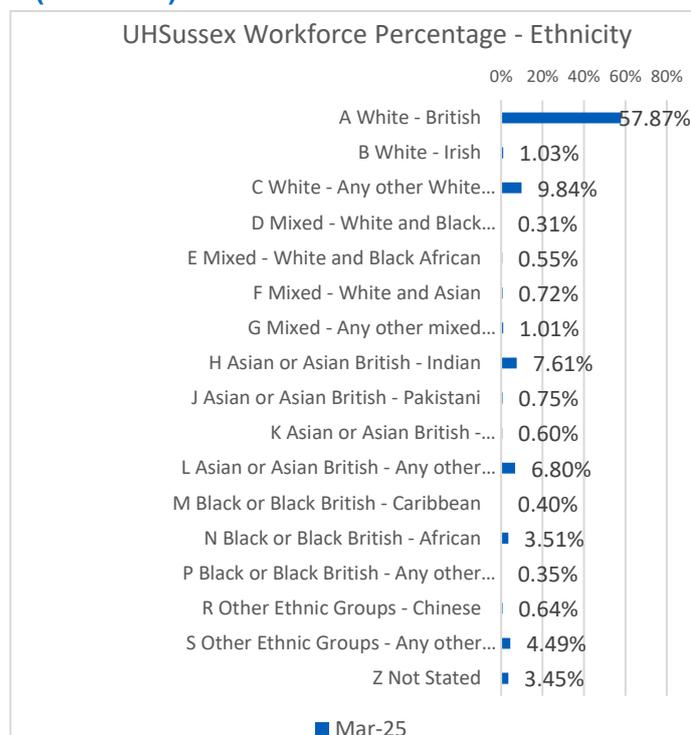
Overall, the comprehensiveness of data has improved considerably since last year.

## HIA 2: Inclusive Talent (Race)

### Ethnicity workforce representation (WRES 1)

The number of people from minoritised ethnic groups in the workforce on 31 March 2025 was 4,980, or 27.7% of the permanent workforce overall (17,979) compared to 19% of the population in England and 9% across East Sussex, West Sussex and Brighton and Hove combined (Census 2021, ONS)<sup>1</sup>. This represents an increase of nearly three percentage points compared to the previous year (2024 = 25%)

In the 2024 NHS Staff Survey, responses were received from 1260 (15.56%) Asian staff, 267 (3.30%) black staff, 206 (2.54%) staff from mixed ethnic groups, 138 (1.70%) staff from other ethnic groups, and 6,068 (74.95%) white staff at UHSussex.

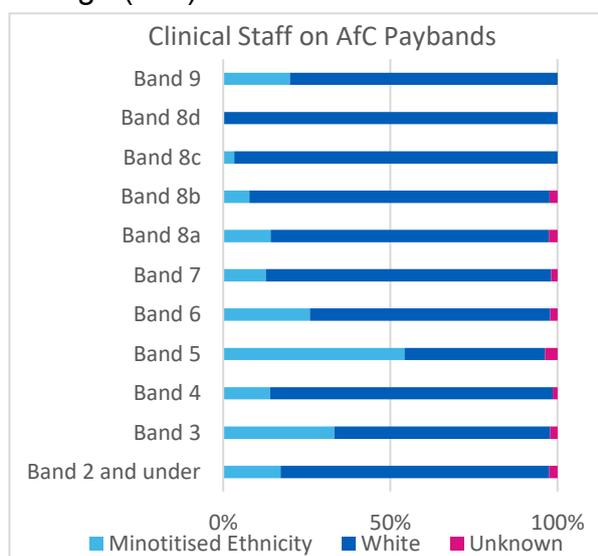


<sup>1</sup> [Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

## Clinical Agenda for Change Staff

Out of 10,638 clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 570 staff were in upper bands (AfC 8a+) out of which 12.1% were from minoritised ethnic groups.
- ▶ 4,025 staff were in middle bands (AfC 6-7) out of which 20.8% were from minoritised ethnic groups.
- ▶ 6,043 staff were in lower bands (AfC 1-5) out of which 40.2% were from minoritised ethnic groups.



White staff were **5 times more likely** to be in senior clinical roles (AfC bands 8+) than minoritised ethnic staff, compared to their representation in support or newly qualified roles (AfC bands 1-5). This is **worsened** (up) marginally, up from 4.8 times in 2024.

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 the **same** likelihood as reported last year and still above the acceptable equality range (target between 0.8-1.25).

Representation Disparity Ratio	2023	2024	2025
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	2.77	2.59	<b>2.62</b>
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	1.73	1.84	<b>1.91</b>
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	4.78	4.76	<b>4.99</b>

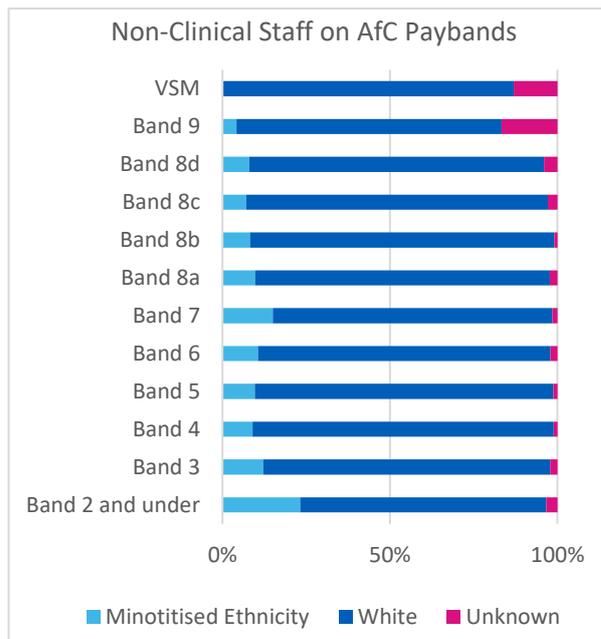
## Non-Clinical Agenda for Change Staff

Out of 4,662 non-clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 428 staff were in upper bands (AfC 8a+) out of which 7.9% were from minoritised ethnic groups.
- ▶ 499 staff were in middle bands (AfC 6-7) out of which 12.4% were from minoritised ethnic groups.
- ▶ 3,719 staff were in lower bands (AfC 1-5) out of which 15.6% were from minoritised ethnic groups.

White staff were **2.1 times more likely** to be non-clinical senior managers (AfC bands 8+) than minoritised ethnic staff, compared to support and entry level roles (AfC bands 1-5). This is **worse** (up) from 1.7 times in 2024 and remains above the acceptable equality range (target between 0.8-1.25).

White staff were **1.6 times more likely** to be non-clinical senior managers (AfC bands 8+) than minoritised ethnic staff, compared to junior managers roles (AfC bands 6-7). This has **worse** (up) from 1.3 times in 2024 and remains above the acceptable equality range (target between 0.8-1.25).

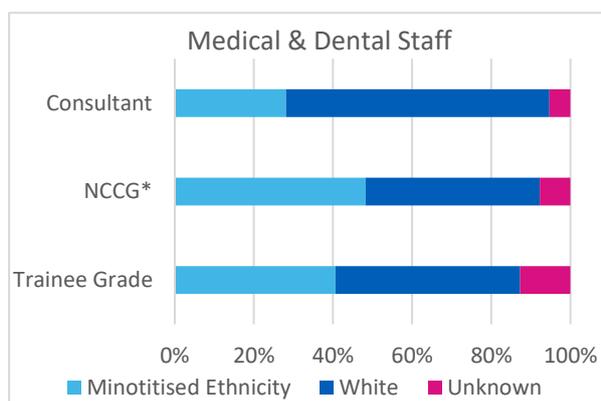


Representation Disparity Ratio	2023	2024	2025
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	1.59	1.33	<b>1.31</b>
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	1.22	1.30	<b>1.61</b>
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	1.94	1.72	<b>2.12</b>

### Medical & Dental Staff

Out of 2,647 staff on medical and dental contracts:

- ▶ 987 were consultants, out of which 28.1% were from minoritised ethnic groups.
- ▶ 116 were non-consultant career grades (NCCGs) out of which 48.3% were from minoritised ethnic groups.
- ▶ 1,544 were trainees, out of which 40.6% were from minoritised ethnic groups.



White staff were **2.6 times more likely** to be consultants than minoritised ethnic staff compared to their proportions in NCCGs. This is **improved** (down) from 3.5 times in 2024 but remains above the acceptable equality range (target between 0.8-1.25).

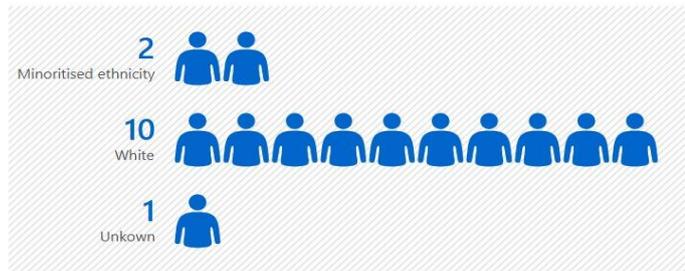
White staff were **2.1 times more likely** to be consultants than minoritised ethnic staff compared to their proportions in trainee grades. This is **worse** (up) from 1.8 times in 2024 and continues to remain above the acceptable equality range (target between 0.8-1.25).

Representation Disparity Ratio	2023	2024	2025
Disparity ratio - Trainee to NCCG	0.68	0.52	0.79
Disparity ratio - NCCG to Consultant	2.92	3.54	2.61
Disparity ratio - Trainee to Consultant	1.97	1.84	2.07

### 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.

### Ethnicity of Senior Medical Managers

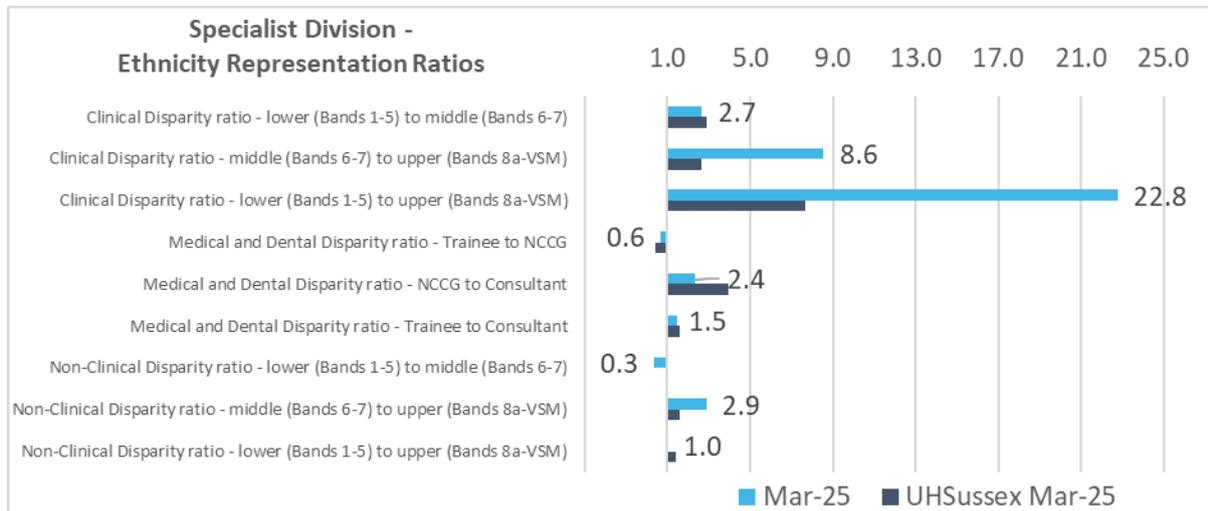


Of senior medical managers, two (14.3%) were from minoritised ethnic groups and one (7.1%) did not share their ethnicity.

## Career Progression Disparities by Division

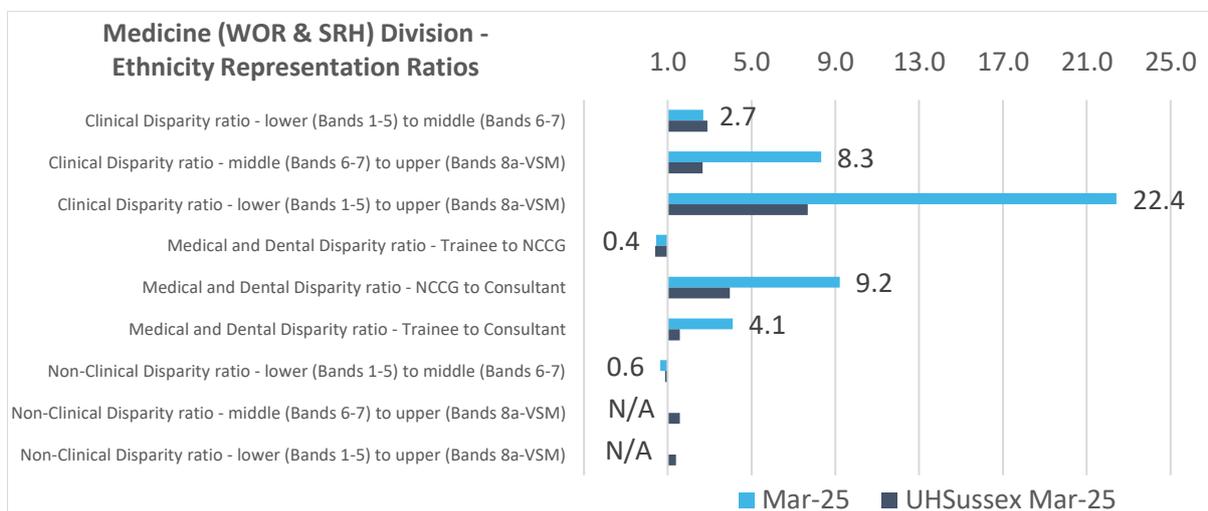
### Specialist Division

This division shows the highest career progression disparity for clinical staff between broad ethnic groups. White staff are 23 times more likely than minoritised ethnic staff to hold Bands 8a-VSM roles compared to Bands 1-5, an increase from 15 times last year. For Bands 6-7 to senior roles, the ratio is nearly 9 times.



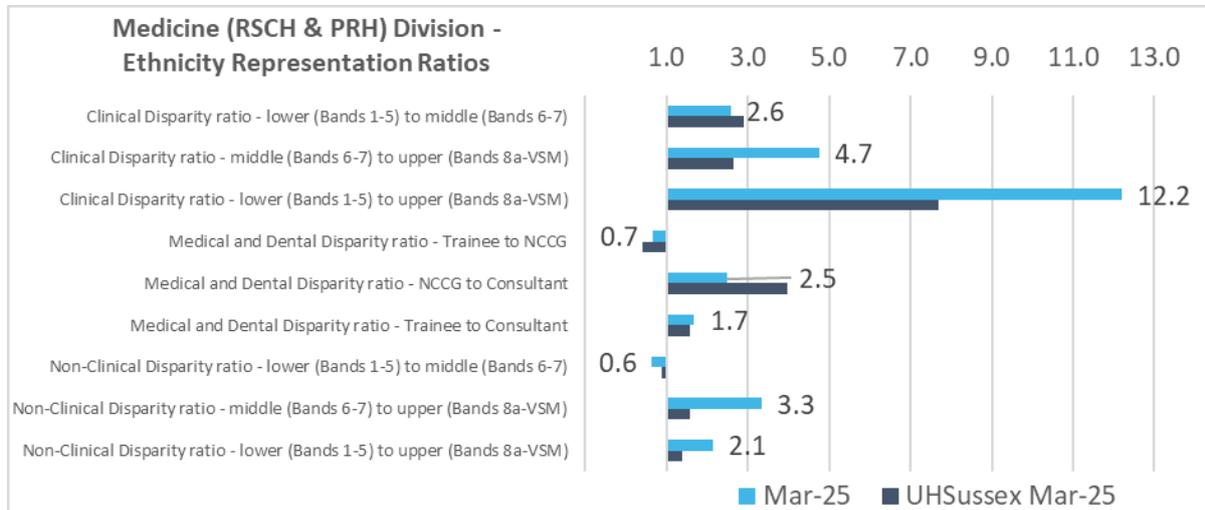
### Medicine (WOR & SRH)

White clinical staff are 22 times more likely than minoritised ethnic staff to hold Bands 8a-VSM roles compared to Bands 1-5, and 8.3 times more likely compared to Bands 6-7.



### Medicine (RSCH & PRH)

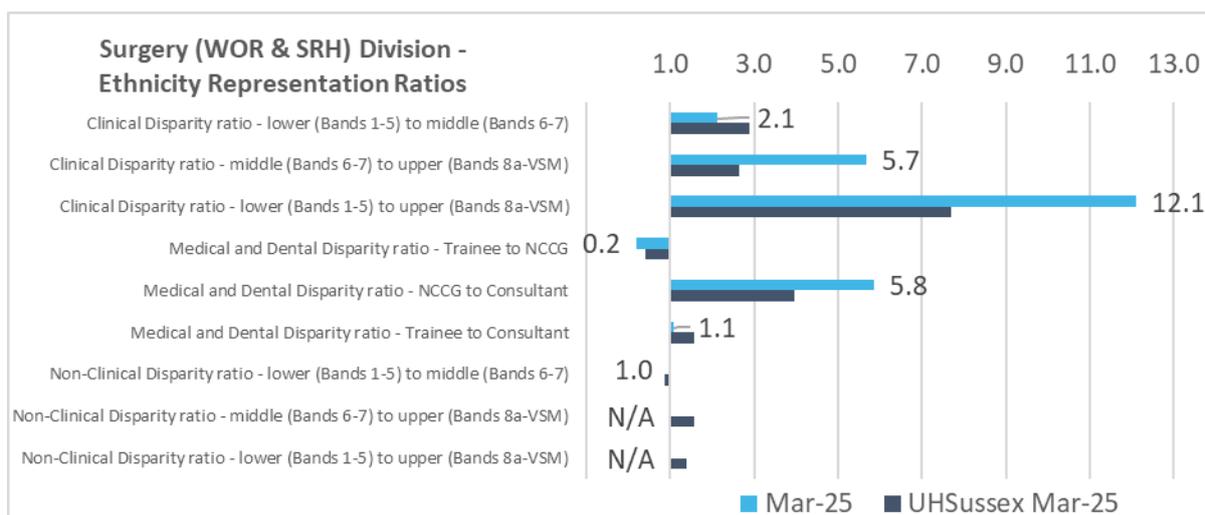
White clinical staff are 12 times more likely than minoritised ethnic staff to hold senior roles at Bands 8a-VSM compared to Bands 1-5, and 4.7 times more likely at Bands 6-7.



### Surgery (WOR & SRH)

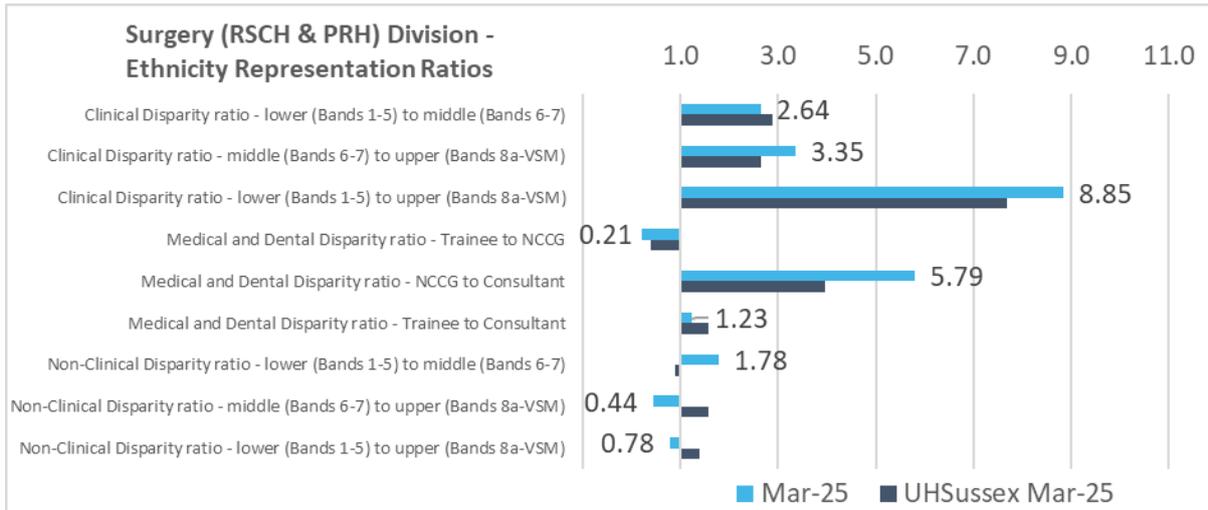
White clinical staff are over 10 times more likely than minoritised ethnic staff to hold Bands 8a-VSM roles compared to Bands 1-5. Among medical and dental staff, white doctors are over 5 times more likely to hold consultant roles compared to NCCGs.

Other notable mentions include Surgery (WOR & SRH) division, where clinical white staff were 12 times more likely to be represented in bands 8-VSM roles than in bands 1-5 compared to minoritised ethnic staff.



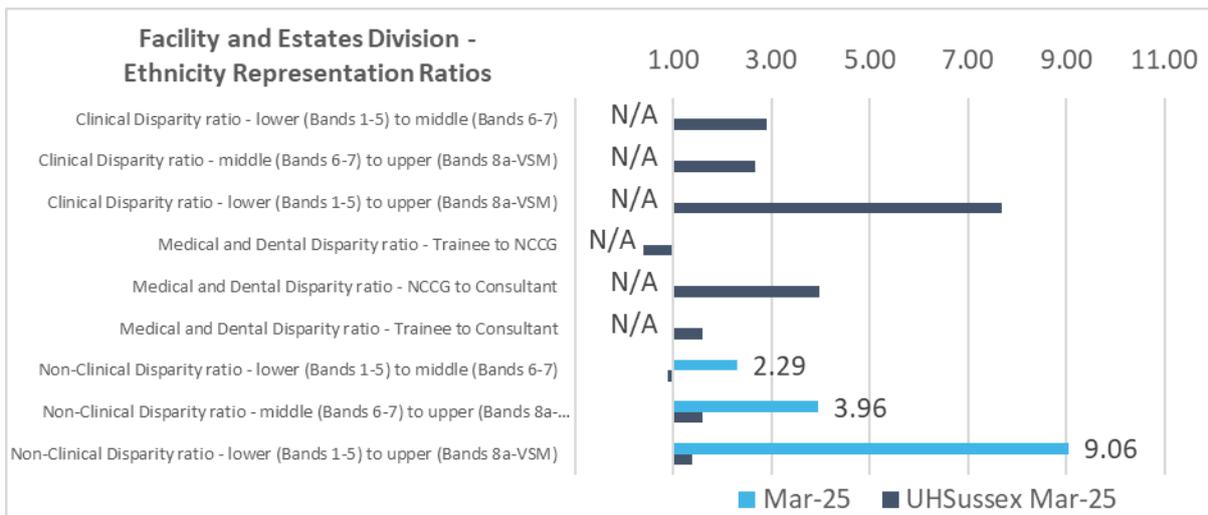
### Surgery (RSCH & PRH)

White clinical staff are 8.9 times more likely than minoritised ethnic staff to hold senior roles at Bands 8a-VSM compared to Bands 1-5. For medical and dental staff, white doctors are 5.8 times more likely to hold consultant roles.



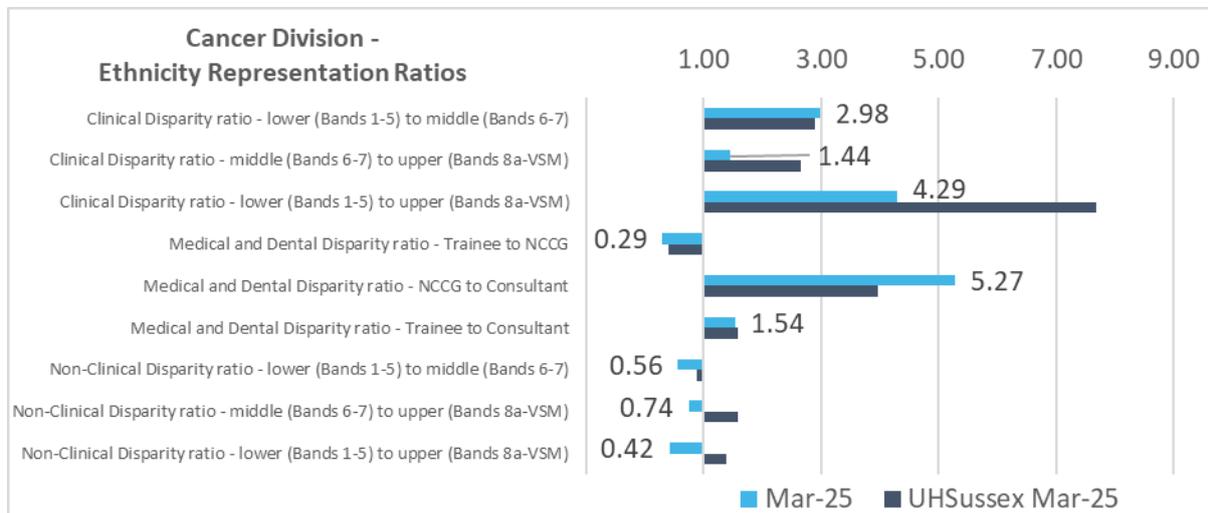
### Facilities and Estates

This division shows the highest disparity for non-clinical staff. White staff are 9 times more likely than minoritised ethnic staff to hold senior roles compared to Bands 1-5 and 4 times more likely compared to Bands 6-7.



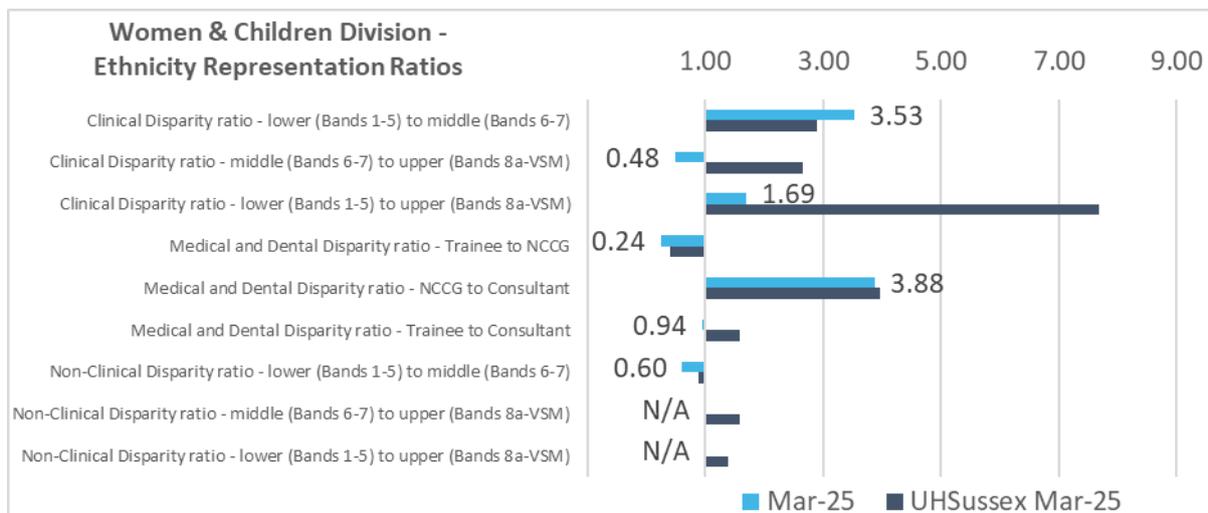
## Cancer Division

White clinical staff are 4.29 times more likely than minoritised ethnic staff to hold senior roles. Among medical and dental staff, white doctors are 5.27 times more likely to hold consultant roles compared to NCCGs.



## Women & Children Division

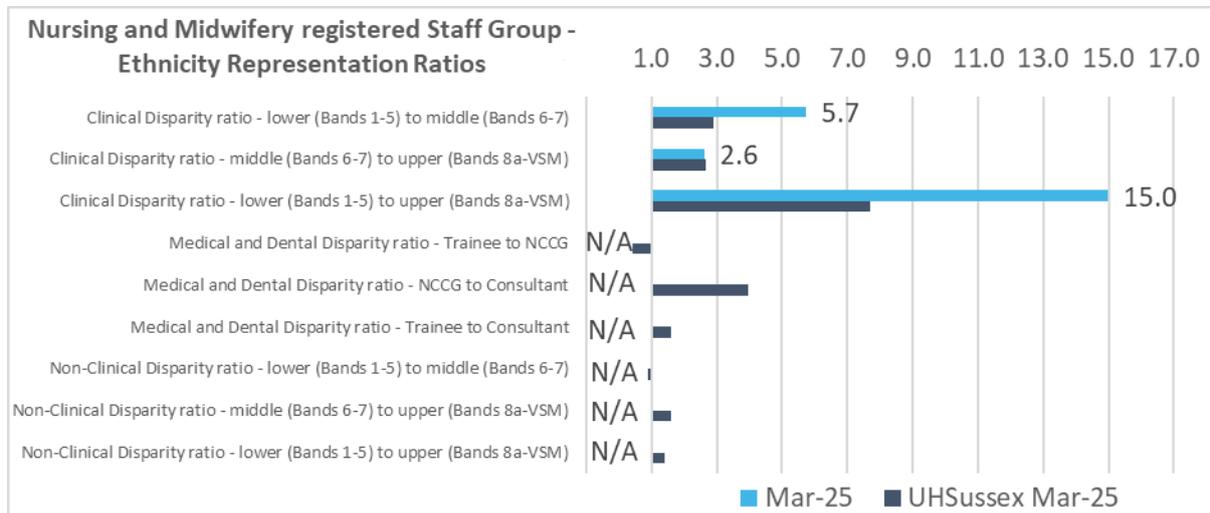
For medical and dental staff, white doctors are 3.88 times more likely than minoritised ethnic staff to hold consultant roles compared to NCCGs. For clinical staff, white colleagues are 3.53 times more likely than minoritised ethnic staff to hold senior roles. This represents a substantial increase from last year, when this division had the highest parity. Notably, progression from trainee to NCCG is reversed (ratio 0.2), with minoritised ethnic staff more represented at this stage.



## Career Progression Disparities by Staff Group

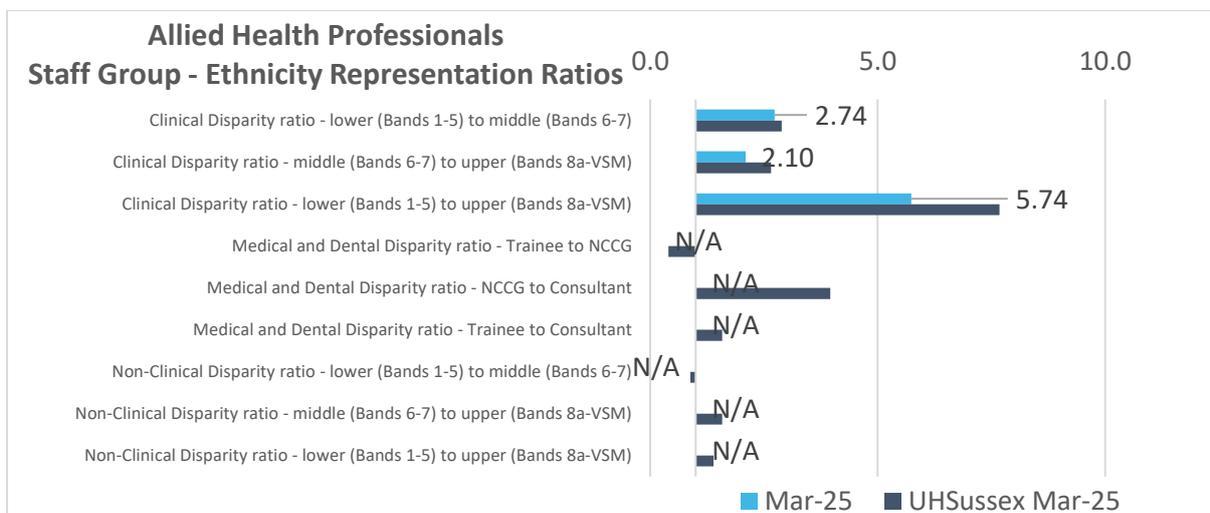
### Nursing and Midwifery (registered)

White staff are 15.0 times more likely than minoritised ethnic staff to hold senior roles (Bands 8a-VSM) compared to Bands 1-5.



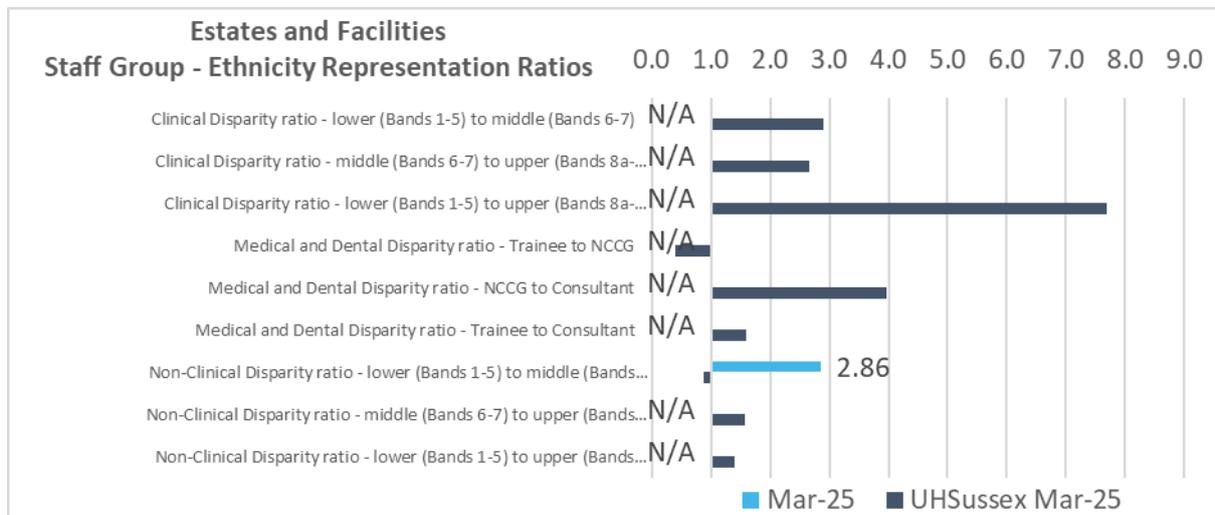
### Allied Health Professionals

White staff are 6.1 times more likely than minoritised ethnic staff to hold senior roles (Bands 8a-VSM) compared to Bands 1-5.



## Estates and Facilities

White staff are over 2.86 times more likely than minoritised ethnic staff to hold middle-grade roles (Bands 6-7) compared to Bands 1-5.



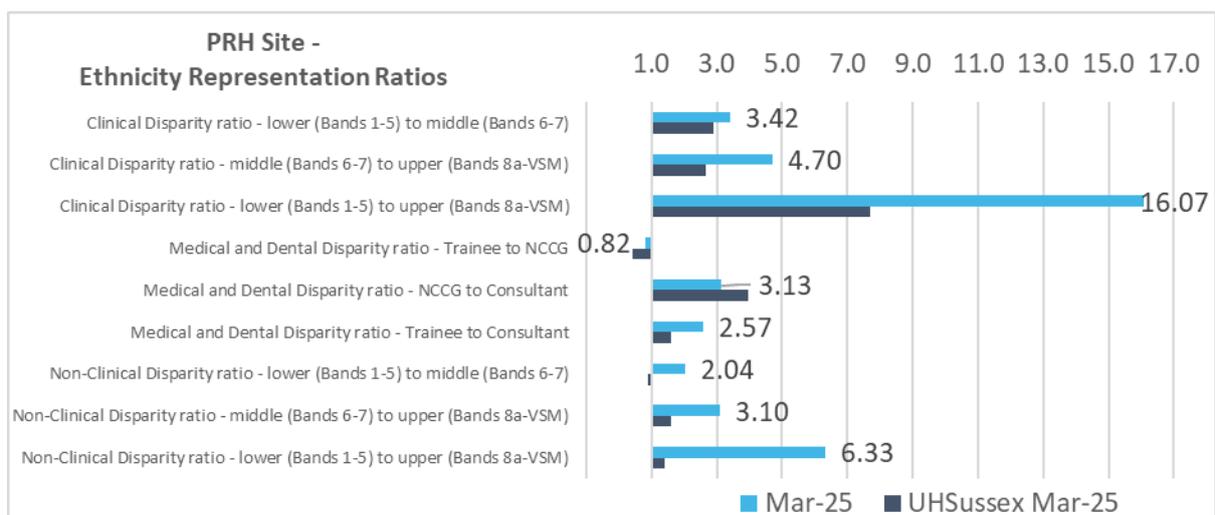
## Career Progression Disparities by Site

### Princess Royal Hospital (PRH)

Clinical staff: White staff are 16.1 times more likely than minoritised ethnic staff to hold senior roles (Bands 8a-VSM) compared to Bands 1-5, and under 4.7 times more likely from Bands 6-7 to senior roles.

Non-clinical staff: White staff are 6.3 times more likely to hold senior roles from Bands 1-5, and 3.10 times more likely from Bands 6-7.

Medical and dental staff: White doctors are 3.1 times more likely to hold consultant roles compared to NCCGs, and 2.6 times more likely to hold consultant roles compared to trainees.

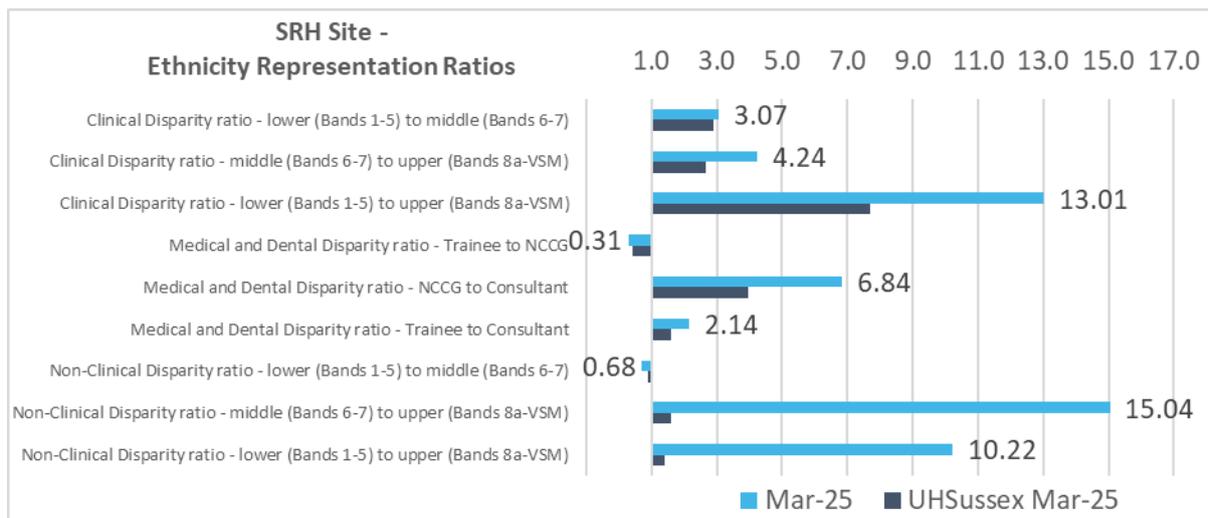


### St Richard's Hospital (SRH)

Clinical staff: White staff are 13.0 times more likely to hold senior roles from Bands 1-5, and 4.2 times more likely from both Bands 6-7 and Bands 1-5 to middle-grade roles.

Non-clinical staff: White staff are 10.2 times more likely to hold senior roles from Bands 1-5, and 15.0 times more likely from Bands 6-7.

Medical and dental staff: White doctors are 6.84 times more likely to hold consultant roles compared to NCCGs.



### Royal Sussex County Hospital (RSCH)

Clinical staff: White staff are over 5 times more likely than minoritised ethnic staff to hold senior roles from Bands 1-5.

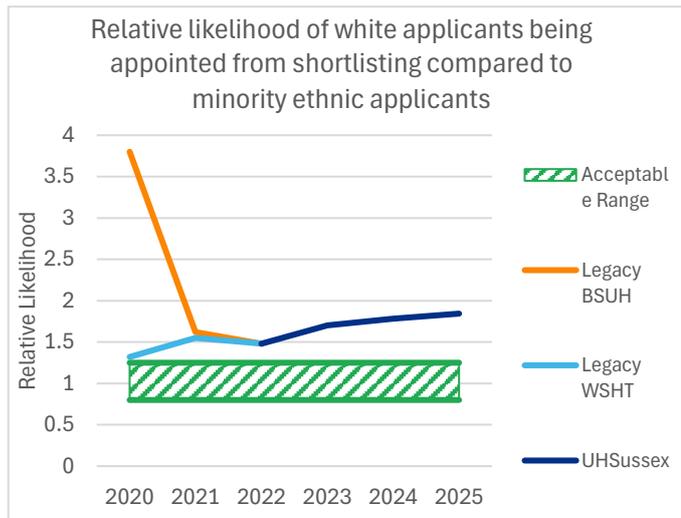
### Worthing Hospital (WOR)

Clinical staff: White staff are 7.0 times more likely than minoritised ethnic staff to hold senior roles from Bands 1-5.

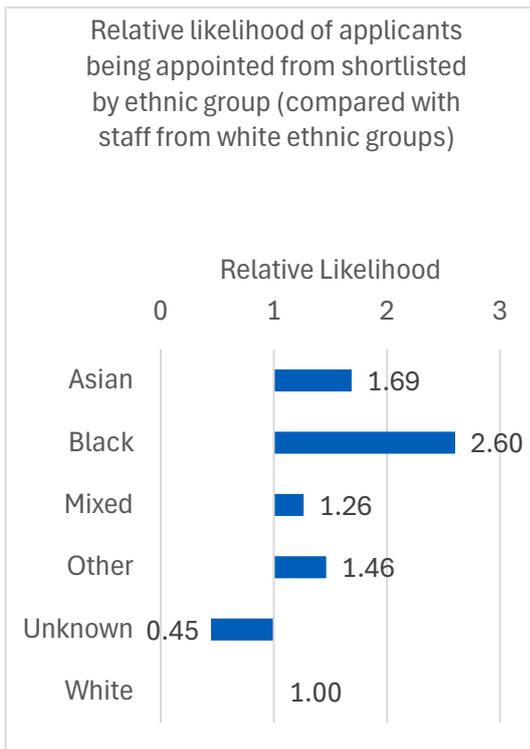
Medical and dental staff: White doctors are 3.5 times more likely to hold consultant roles compared to trainee roles.

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

In the 2024/25 financial year UHSussex appointed 1,020 minoritised ethnic applicants and 1,900 white applicants. White applicants were 1.8 times more likely to be appointed from shortlisting than minoritised ethnic applicants. This falls above the upper limit of the acceptable equality range (target between 0.8-1.25), which suggests further work to remove barriers within recruitment.



Compared to previous years (2021-2024), the shortlisting to appointing likelihood between minoritised ethnic and white applicants has gradually increased (**worsened**) since 2022 (see graph below).



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).

However, appointment rates for both white and BAME staff have decreased since 2024. It stands out that staff with unknown ethnicity status are more likely to be appointed, with people with an unknown ethnicity being almost twice as likely to be appointed from shortlisting than white people. The number of unknowns has increased substantially since the previous year, with data quality affecting reliability.

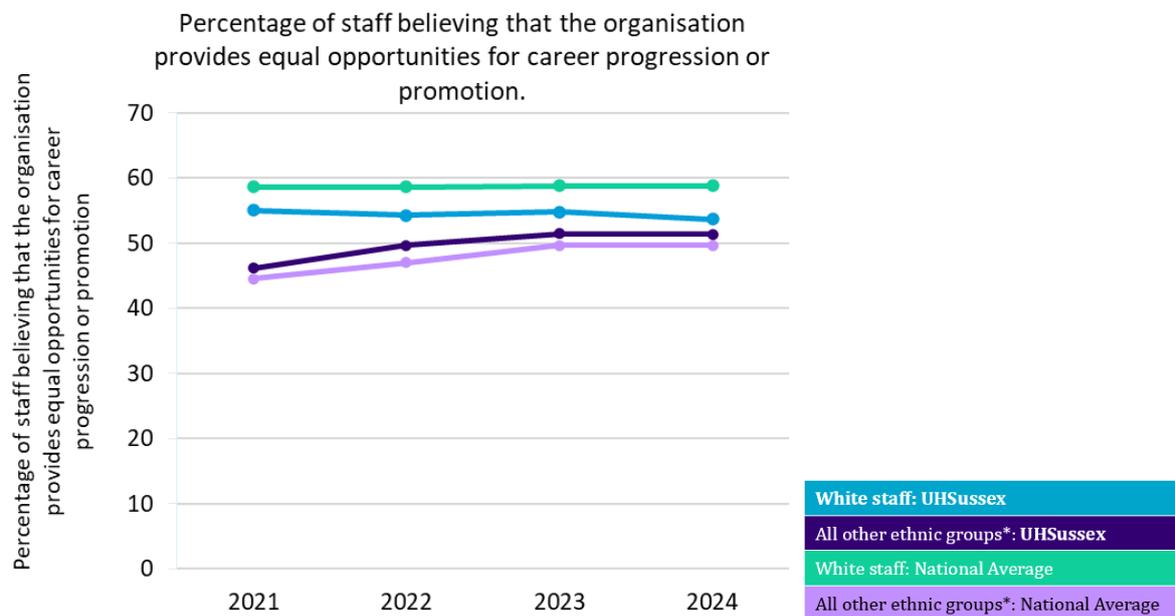
There have been various initiatives to debias recruitment policies and processes delivered through the Trust's Inclusive Recruitment & Selection plan since Q4 of 2023/24 and over the course of the last financial year (2024/25). Changes have been managed through the Trust's Inclusive Recruitment and Selection Action Plan. A renewed focus will be made to address the data quality issues.

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

51.4% of minoritised ethnic staff and 53.7% of white staff reported believing the Trust provides equal opportunities for career progression or promotion in the NHS staff survey 2024. This is largely unchanged year-on-year for ethnic minoritised staff (51.5%) and decreased (worsened) marginally for white staff (54.8%).

The gap between minoritised ethnic and white staff on this indicator has continued to narrow from 2022 and 2023 (**improvement**).

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



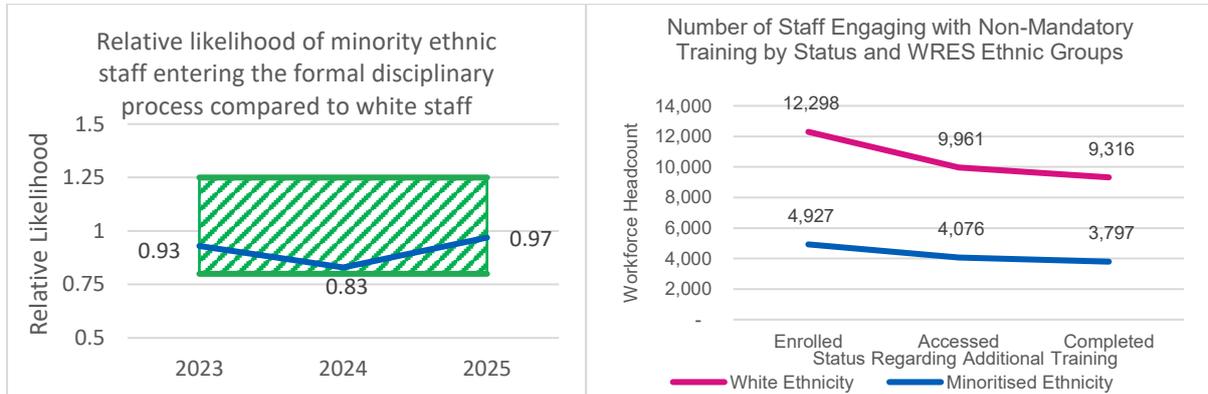
UHSussex Response Numbers	2021	2022	2023	2024
White staff	6,538	5,795	6,227	5,998
All other ethnic groups*	1,375	1,424	1,884	1,864

\*Staff from all other ethnic groups combined

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

White staff (9,961) were just as likely (0.97 times) to access non-mandatory training as staff from minoritised ethnic groups (4,076), compared to their representation at Trust level.

This is similar to the last two years (2024 = 0.83; 2023 = 0.93) and continues to remain within the acceptable equality range (target between 0.8-1.25).



### HIA 3: Eliminate Pay Gaps (Race)

#### Ethnicity Pay Gap

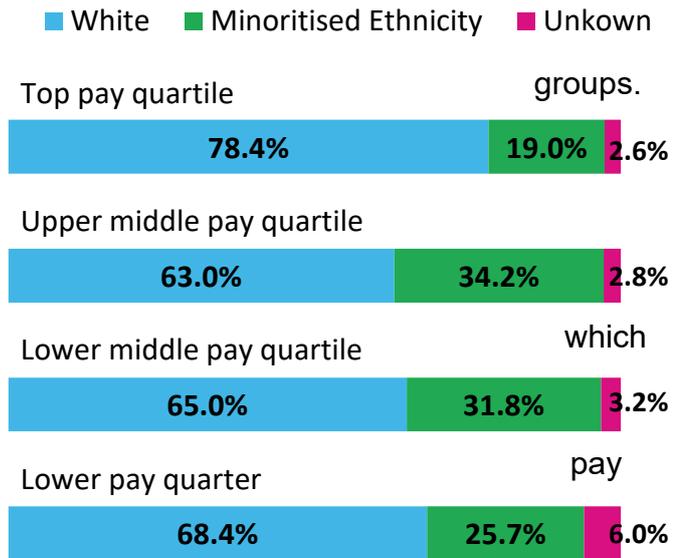
Ethnicity pay gap reporting shows the difference in average hourly pay and bonus payments between different ethnic groups. The Trust analyses the information to find:

- ▶ 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.

#### Ethnicity workforce representation

Out of a total workforce of 18,257 whole-time equivalent staff:

- ▶ 4,567 staff were in the top pay quartile, out of which 19.0% were from minoritised ethnic groups.
- ▶ 4,567 staff were in the upper middle pay quartile, out of which 34.2% were from minoritised ethnic groups.
- ▶ 4,567 staff were in the lower middle pay quartile, out of which 31.8% were from minoritised ethnic groups.
- ▶ 4,556 staff were in the lower pay quarter, out of which 25.7% were from minoritised ethnic groups.



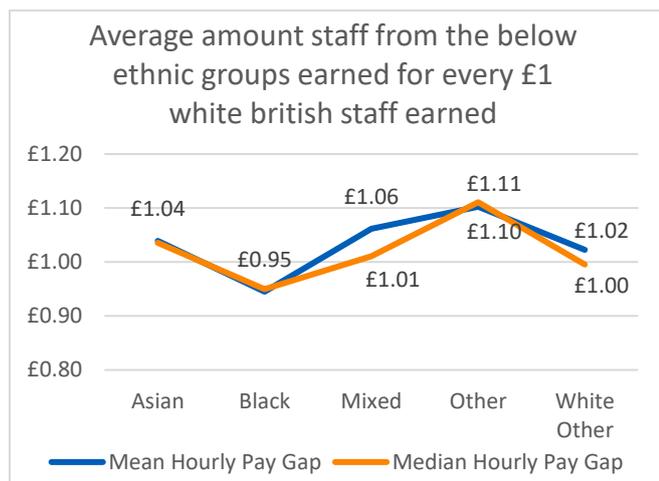
Staff from minoritised ethnicities were 2.2 times more likely to be represented in the lower-middle pay quartile than white staff compared to their representation in the lowest pay quartile. This is the same as in 2024.

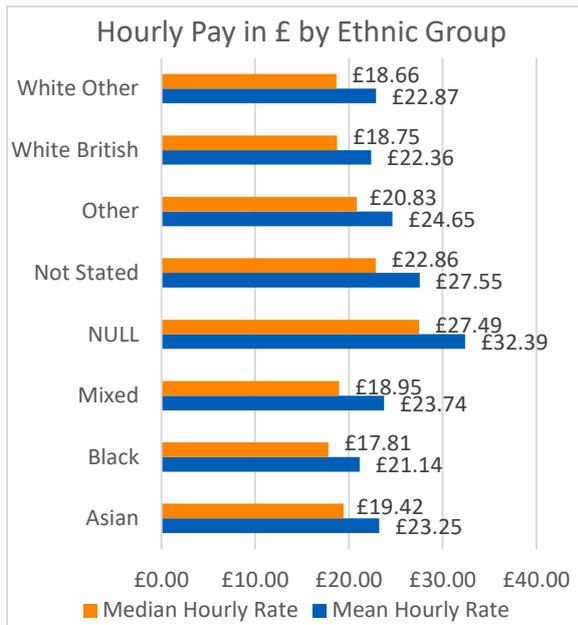
Staff from minoritised ethnicities were 1.5 times more likely to be represented in the top pay quartile than white staff compared to their representation in the lowest pay quartile. This is down marginally (**better**) from 1.7 times in 2024.

### Ethnicity Ordinary Pay Gap

Comparing mean (average) and median (accounting for the effect of outliers) hourly wages, it was found that:

- ▶ Staff from black ethnic groups earned ninety-five pence for every £1 white British staff earned, this has **decreased** from 2024 (mean £0.97, median £1.00).
- ▶ Staff from 'other' ethnic groups earned more (£1.10 / £1.11) than white British staff, this has increased from 2024 (mean & median £1.08).
- ▶ Staff from the Asian ethnic group earned more (£1.04) than white British staff. While the mean remains the same, the median has increased marginally from 2024 (median £1.02).





For staff from mixed and 'White Other' ethnic backgrounds, median earnings are broadly in line with those of White British staff (approximately £1 for every £1 earned). However, the higher mean earnings suggest a skewed pay distribution, likely influenced by a small number of individuals earning significantly more, which raises the average.

It is important to note that staff with unknown (NULL or 'Not stated') ethnicity may influence the overall pay gap analysis. As shown in the workforce

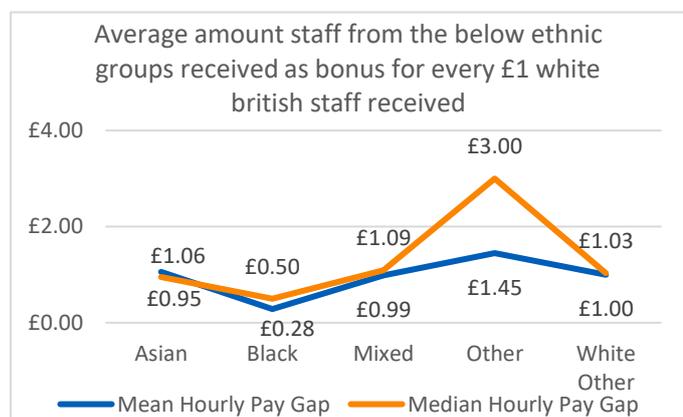
representation chart, the majority of staff with unself-identified ethnicity are concentrated in the lowest pay quartile. However, the mean (average) pay for this group is marginally higher than that of many other ethnic groups. This apparent discrepancy is likely driven by a small number of high earners within the group, which elevates the mean despite the broader concentration of individuals in lower-paid roles.

### Ethnicity Bonus Pay Gap

225 staff received a bonus payment between the 1 April 2024 and 31 March 2025, inclusive of 35 staff from Asian ethnicities, 3 staff from Black ethnicities, 3 staff from mixed ethnicities, 3 staff who indicated to be from an 'Other' ethnic group, 148 staff who indicated to be white British and 24 staff who indicated to be from another white ethnicity.

Comparing mean (average) and median (accounting for the effect of outliers) hourly wages, it was found that:

- ▶ Staff from black ethnic groups received the least across all ethnic groups, receiving only £0.28 (mean) and £0.5 (median) for every £1 bonus white British staff received. This has further **decreased** from 2024 (mean £0.74, median £1.00).
- ▶ Staff from 'other' ethnic groups received the most, with £3 (mean) and £1.45 (median) for every £1 bonus white British staff received.



This has substantially **increased** from 2024 (mean £0.78, median £1.00).



► Staff from Asian, mixed and 'white other' ethnic group earned on average the same (£0.95 to £1.09) as white British staff. This mean (average) for these groups has **increased** from 2024 (£0.77 for Asian, £0.58 for mixed, £0.81 for white other groups).

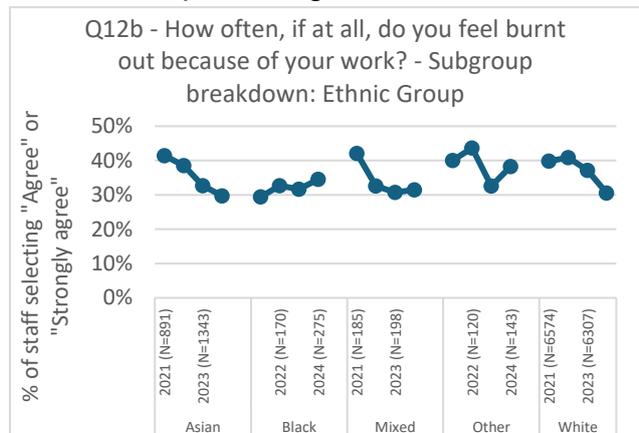
These increases are due to changes nationally in the distribution of bonus Clinical Excellence Awards (CEAs) for doctors.

## HIA 4: Workforce Health Inequalities (Race)

### Burnout (NSS – Q12b)

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

- There has been a continuous reduction in the percentage of staff from Asian and white ethnic groups who reported feeling burnout.
- There was an increase in the percentage of staff from black, mixed and 'other' ethnic groups who reported feeling burnout.
- In 2024, black members of staff and staff from 'other' ethnic groups reported feeling burnout the most, compared to all other ethnic 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:

- More members of staff from Asian, black, and 'other' ethnic groups agreed with the statement in 2024 compared to members of staff from other ethnic groups.

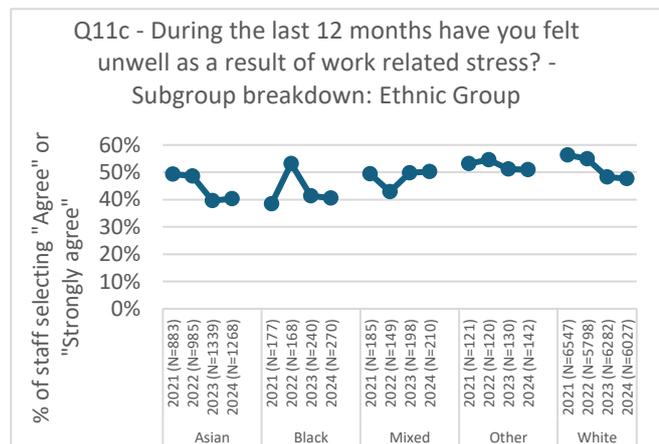
- ▶ The percentage of staff who agreed with the statement in 2024 increased for staff from black, mixed and 'other' ethnic groups, compared to 2023, and remained largely unchanged for white staff and decreased for staff from Asian ethnic groups.



### 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:

- ▶ More members of staff from mixed and 'other' ethnic groups reported feeling unwell because of work related stress in 2024.
- ▶ Most scores saw minor changes in comparison to 2023.
- ▶ In 2024, staff from other Asian and black ethnic groups reported the least experiences of feeling unwell because of work related stress compared to staff from all other ethnic groups.

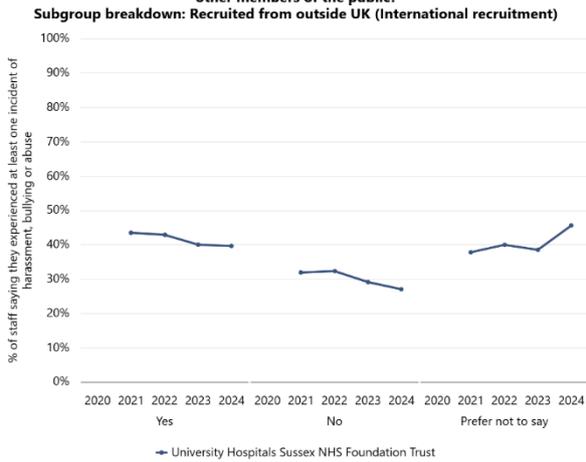


### HIA 5: Internationally Recruited Staff

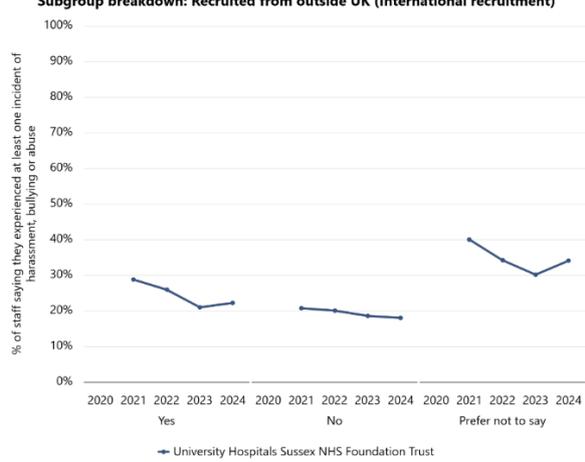
658 (8.13%) staff who completed the NHS staff survey reported having been recruited from outside of the UK when they joined the Trust.

- ▶ Internationally recruited staff (39.67% of 663 respondents) reported more incidence of harassment, bullying or abuse from the public (Q14a) than non-internationally recruited staff (27.06% of 6,788 respondents). This has decreased (**improved**) from previous years but remains higher (**worse**) than the national average for internationally recruited staff (35.13%).
- ▶ Internationally recruited staff (22.22% of 657 respondents) reported more incidence of harassment, bullying or abuse at work from colleagues (Q14c) than did non-internationally recruited staff (18% of 6,743 respondents). This has further increased (**deteriorated**) from previous years but is marginally lower (**better**) than the national average for internationally recruited staff (23.78%).

**Q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?**

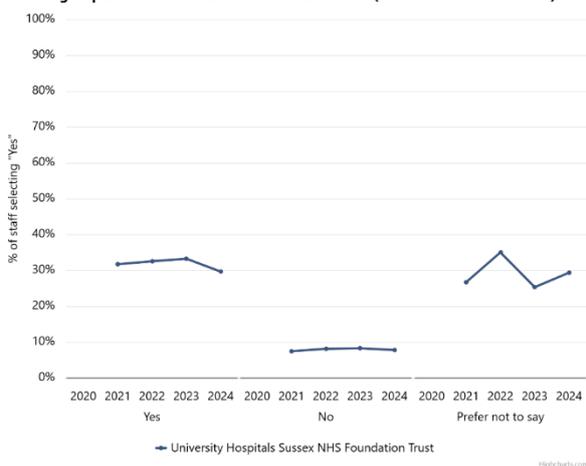


**Q14c - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?**

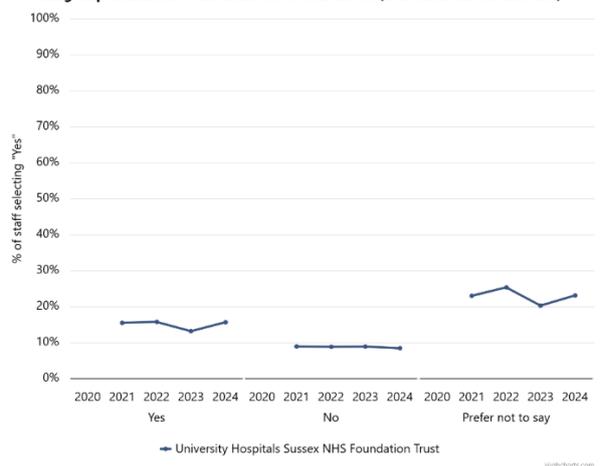


- ▶ Internationally recruited staff (29.65% of 661 respondents) reported more experiences of discrimination from the public (Q14a) than non-internationally recruited staff (7.75% of 6,774 respondents). This has decreased (**improved**) from last year but remains higher (**worse**) than the national average for internationally recruited staff (26.25%).
- ▶ Internationally recruited staff (15.63% of 659 respondents) reported more experiences of discrimination from managers/team leaders or colleagues (Q14c) than non-internationally recruited staff (8.40% of 6,717 respondents). This has increased (**deteriorated**) from last year but is marginally lower (**better**) than the national average for internationally recruited staff (16.53%).

**Q16a - In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?**

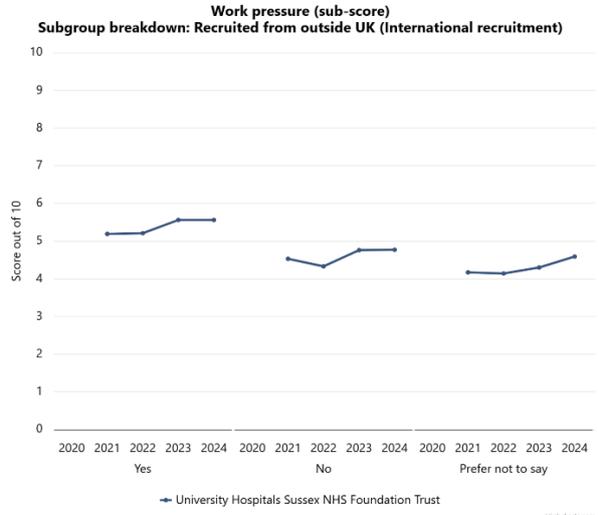
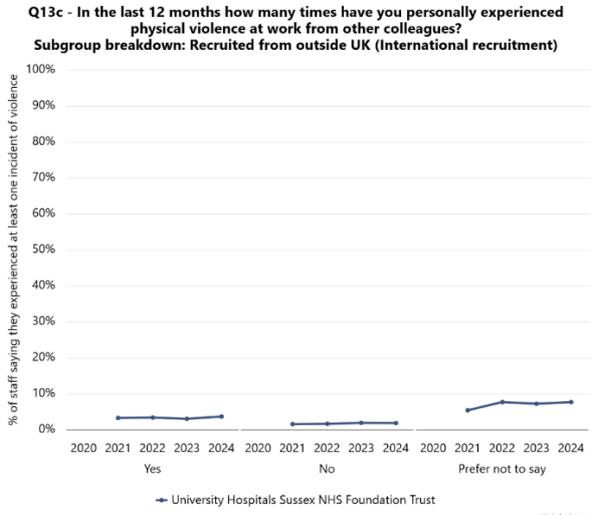


**Q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?**



- ▶ Internationally recruited staff (3.67% of 654 respondents) reported more experiences of physical violence from other colleagues (Q13c) than non-internationally recruited staff (1.85% of 6,720 respondents). This has increased (**deteriorated**) from last year but is marginally lower (**better**) than the national average for internationally recruited staff (4.10%).
- ▶ Internationally recruited staff (5.56 for 659 respondents) reported higher scores for the sub-theme 'Work Pressure' than non-internationally recruited

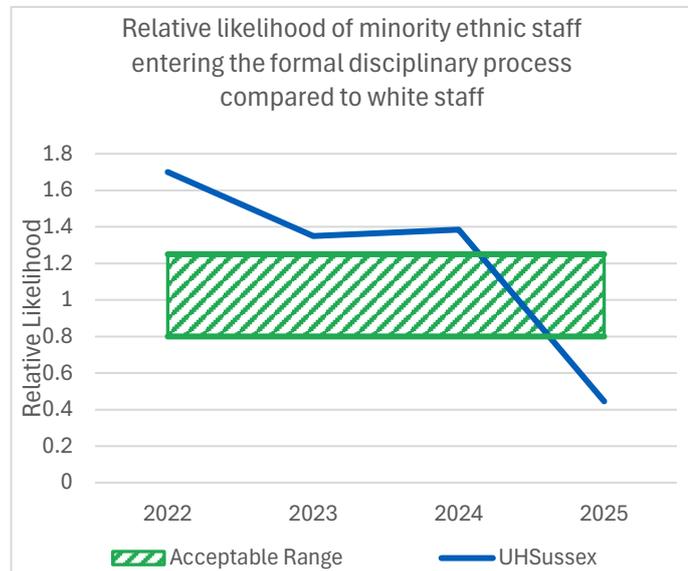
staff (4.77 for 6,809 respondents). This has increased (**deteriorated**) from last year but is marginally lower (**better**) than the national average for internationally recruited staff (5.87).



## HIA 6: Eliminate Discrimination (Race)

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

Six staff from minoritised ethnic groups were formally disciplined and 34 white staff across 2024/25, as well as three members of staff who did not indicate their ethnicity. When comparing this to the overall workforce, minoritised ethnic staff were half as likely (0.44 times) to enter the formal disciplinary process than white staff. This is reversed from previous years, where minoritised ethnic staff were more likely to enter the formal disciplinary process compared to white staff (relative likelihood 2024 = 1.38) and remains outside of the acceptable equality range (target between 0.8-1.25) shown in green stripes on the graph.

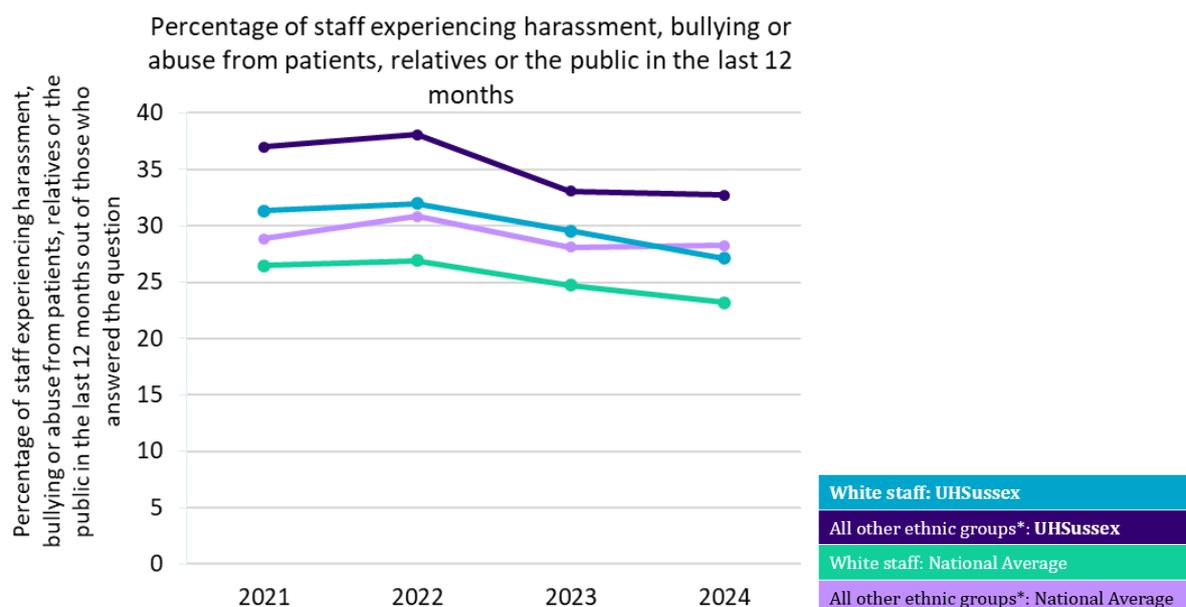


### Harassment, bullying or abuse from patients or public by ethnicity (NSS – Q14a; WRES 5)

Results from the National Staff Survey (NSS) 2024 revealed that 32.7% of minoritised ethnic staff at UHSussex experienced harassment, bullying or abuse from patients, relatives, or the public; 0.4 percentage points (pp) less (**improved**) from 2023.

27.1% of white staff at UHSussex reported experiences of harassment, bullying or abuse from patients, relatives, or the public in 2024; 2.4 points less (**improved**) from last year.

Whilst both groups have improved, they have improved more for white people. The gap between white and minoritised ethnic staff on this indicator has marginally widened from 2023 (**worse**).



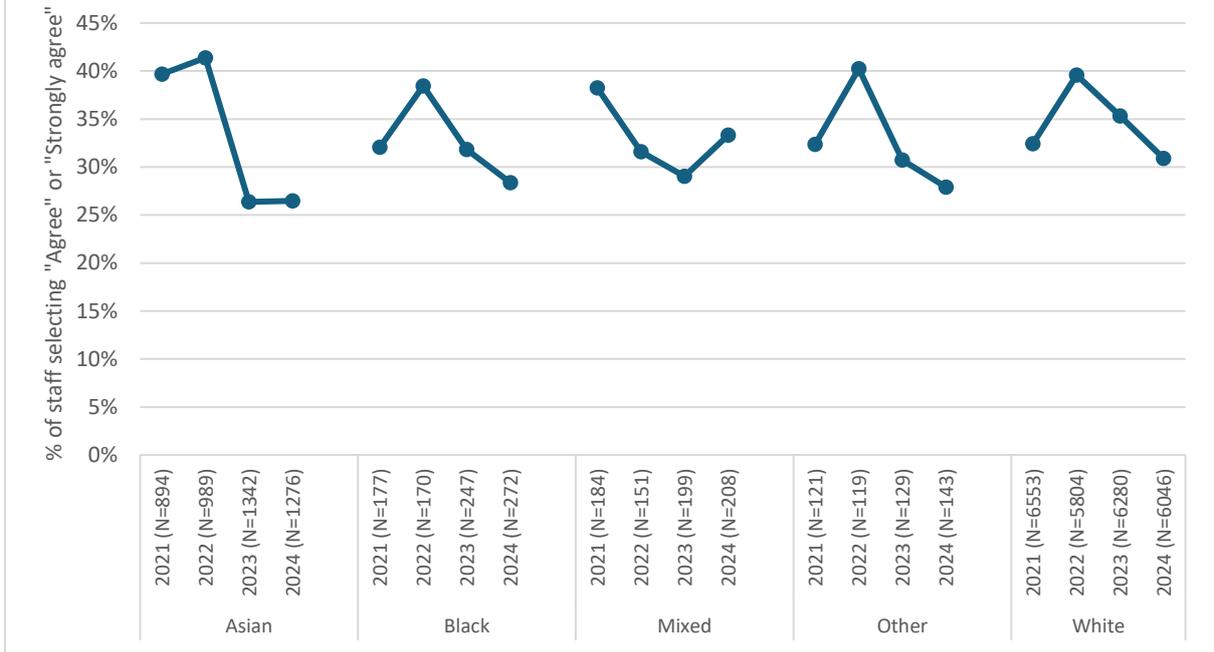
Response Numbers	2021	2022	2023	2024
White staff	6,556	5,807	6,288	6,055
All other ethnic groups*	1,376	1,429	1,917	1,899

\*Staff from all other ethnic groups combined

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

- ▶ Members of staff from mixed ethnic groups report the most experiences of harassment, bullying and abuse from patients or the public compared to staff from all other ethnic groups.
- ▶ Members of staff from mixed ethnic groups reported an increase (worsening) in experiences of harassment, bullying and abuse from patients or the public, while there was a decrease (improvement) for staff from black, other, and white ethnic groups.

Q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? - Subgroup breakdown: Ethnic Group



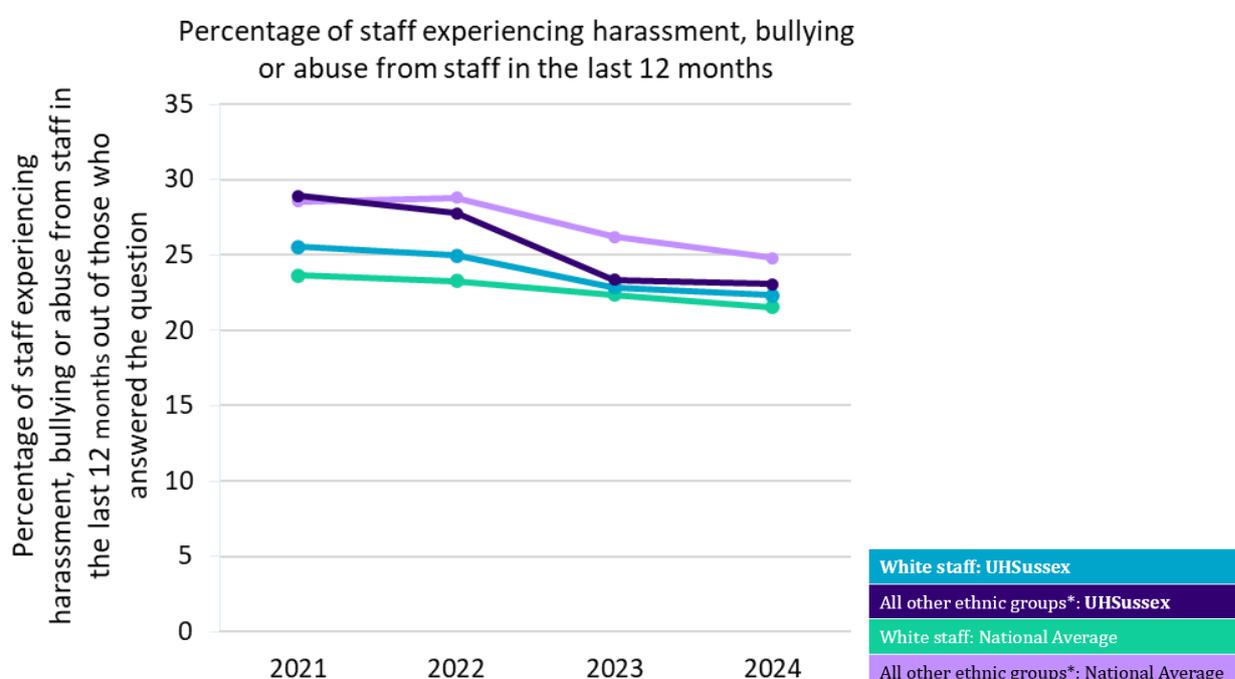
### Harassment, bullying or abuse from staff by ethnicity (NSS – Q14b-c; WRES 6)

23.1% of minoritised ethnic staff reported experience of harassment, bullying or abuse from staff in the NHS staff survey 2024; 0.3 percentage points less (**improved**) than in 2023.

22.3% of white staff in the Trust also reported experiences of harassment, bullying or abuse from managers or other colleagues in 2024; 0.6 percentage points less (**improved**) than last year.

The gap between minoritised ethnic and white staff on this indicator has stayed largely like 2023.

The gap between minoritised ethnic staff and white staff at UHSussex is smaller (**better**) than the gap between the national averages.



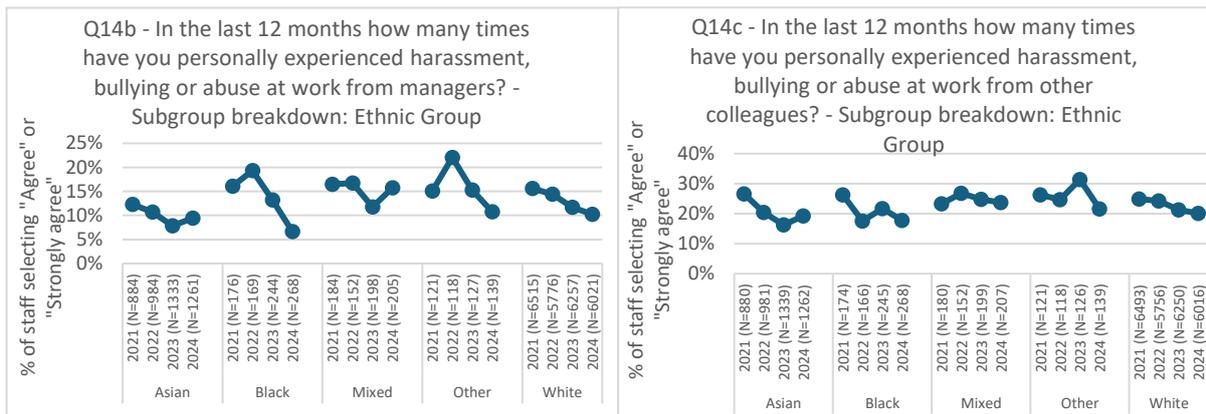
UHSussex Response Numbers	2021	2022	2023	2024
White staff	6,558	5,814	6,287	6,055
All other ethnic groups*	1,369	1,429	1,914	1,885

\*Staff from all other ethnic groups combined

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

- ▶ Members of staff from mixed ethnic groups report the most experiences of harassment, bullying and abuse by managers compared to staff from all other ethnic groups.

- ▶ Members of staff from Asian and mixed ethnic groups reported an increase (worsening) in experiences of harassment, bullying and abuse from managers, while there was a decrease (improvement) for staff from black, other, and white ethnic groups.
- ▶ Members of staff from mixed ethnic groups report the most experiences of harassment, bullying and abuse from other colleagues compared to staff from all other ethnic groups.
- ▶ Members of staff from Asian ethnic groups reported an increase (worsening) in experiences of harassment, bullying and abuse from managers, while there was a decrease (improvement) for staff from black, mixed, other, and white ethnic groups.



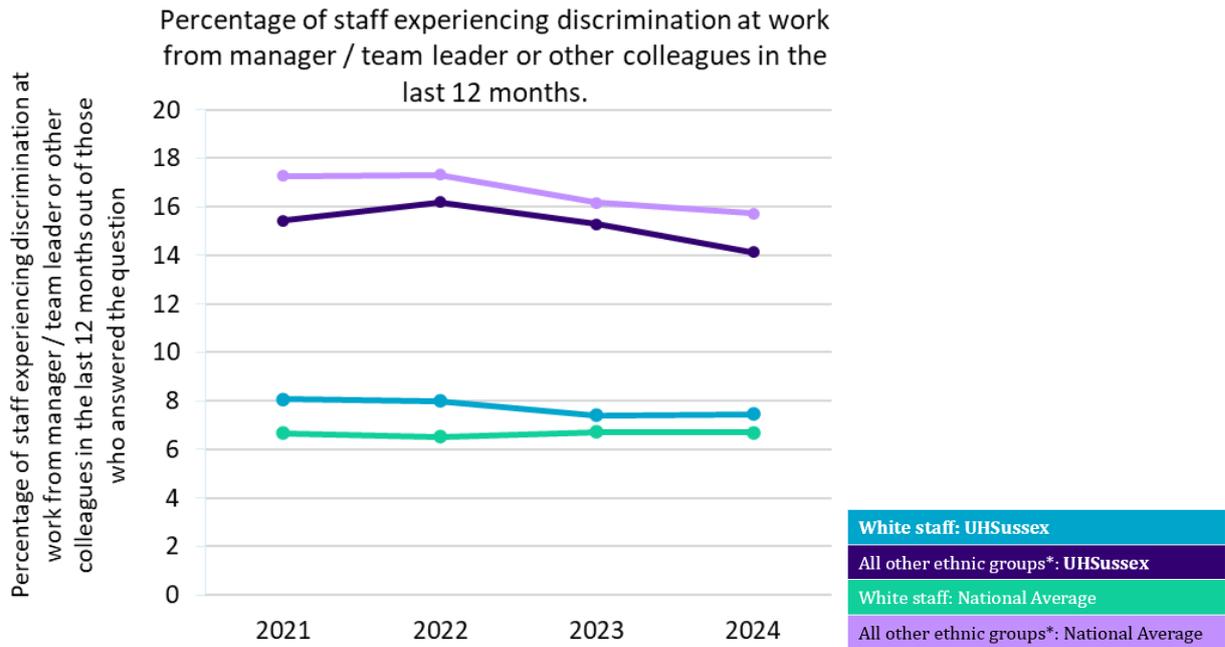
### Discrimination from managers or colleagues (NSS – Q16b; WRES 8)

14.1% of minoritised ethnic staff experienced discrimination at work from their manager, team leader or colleagues in the NHS staff survey 2024; over one point less (**improved**) than in 2023.

7.5% of white staff experienced discrimination at work from their manager, team leader or colleagues in 2024; largely unchanged year-on-year.

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

Scores from minoritised ethnic staff were further reduced from 2022 and 2023 (**improvement**), decreasing the gap in scores between both groups.

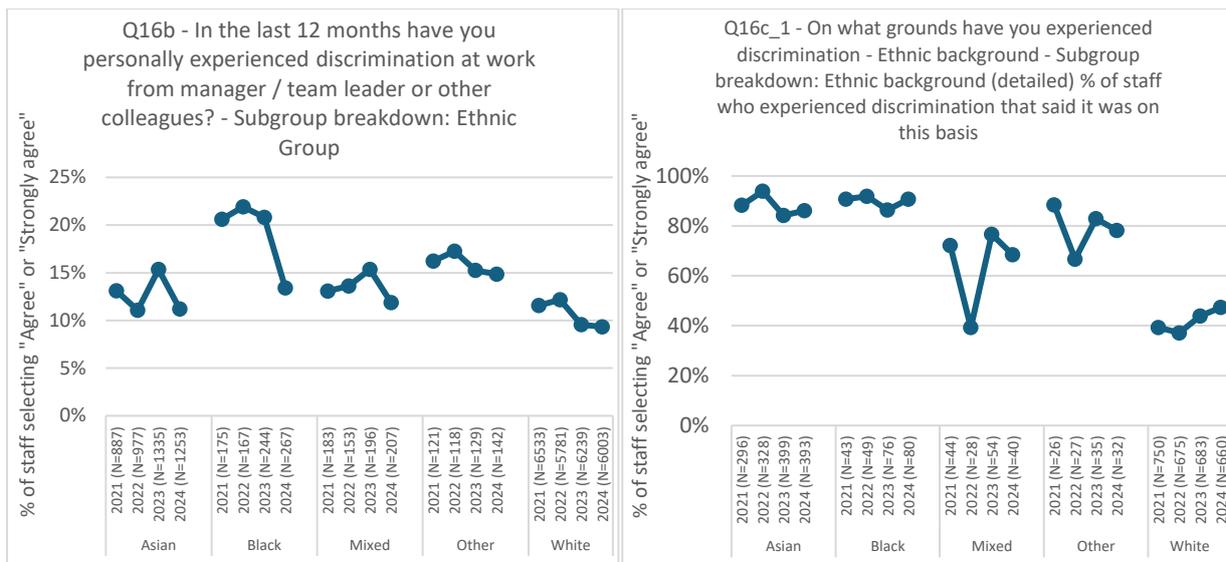


UHSussex Response Numbers	2021	2022	2023	2024
White staff	6,536	5,785	6,247	6,003
All other ethnic groups*	1,366	1,415	1,904	1,869

\*Staff from all other ethnic groups combined

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

- ▶ 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.
- ▶ There was a decrease (improvement) in experiences of discrimination from managers, team leaders or other colleagues for staff from all ethnic groups, with the largest improvements in 2024 scores from the previous year recorded for staff from Asian, black and mixed ethnic groups.
- ▶ A large majority of minoritised ethnic staff who had experienced discrimination felt this was on the grounds of their ethnic background (86% of Asian staff, 91% of black staff, 68% of staff with mixed ethnicity, 78% of staff from other ethnic backgrounds).



## Discrimination by Race: Raising Concerns About Inequality

Out of twenty-two discrimination cases raised through the [Freedom to Speak Up Guardian Service](#) (FTSUG) during the 2024/25 financial year, 8 (36.4%) included race as either a primary or contributing theme, with 6 (27.3%) identifying race as the primary theme. Two cases (9.1%) did not specify a primary or other theme, suggesting some gaps in reporting detail.

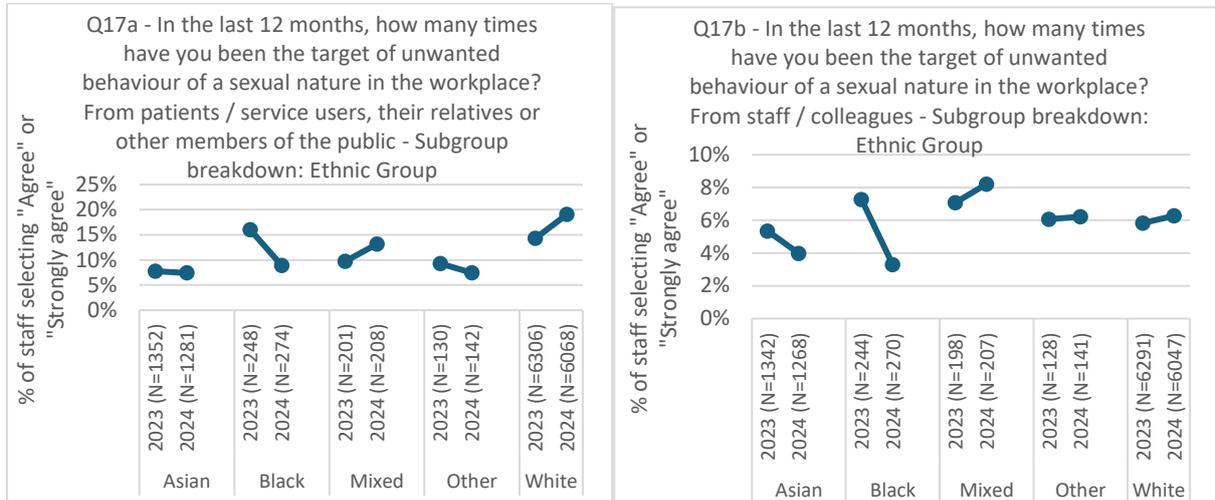
In comparison, during the 2023/24 financial year, 2 out of 14 (14.3%) cases raised through FTSUG mentioned race. However, 9 (64.3%) did not specify any primary or other theme, limiting the ability to fully understand the nature of concerns raised. It is furthermore important to note that only eight months of data were available for the 2023/24 reporting period.

## Sexual harassment by ethnicity (NSS – Q17a-b)

Analysis of NHS Staff Survey responses shows that staff from racially minoritised backgrounds report higher rates of experiencing sexual harassment from colleagues and patients compared to white staff. Reviewing the data on sexual harassment in more detail it can be shown that:

- ▶ Members of staff from mixed and white ethnic groups report the most experiences of sexual harassment from patients or the public compared to staff from all other ethnic groups.
- ▶ Mixed and white ethnic groups further saw an increase (worsening) in experiences of sexual harassment from patients, or the public compared to last year, while members of staff from Asian, black and other ethnic groups reported a decrease (improvement).
- ▶ Members of staff from mixed ethnic groups report the most experiences of sexual harassment from other staff or colleagues compared to staff from all other ethnic groups.

- ▶ Members of staff from Asian and black ethnic groups reported a decrease (improvement) in experiences of sexual harassment from other staff or colleagues, while there was a increase (worsening) for staff from mixed ethnic groups.



## 2. Disability

### Disability Equality Summary

At UHSussex, staff who have self-identified a disability remain under-represented in senior roles, particularly in higher clinical grades and senior management posts. This gap has stayed largely unchanged from last year, with some small improvements in data quality about disability at Board level. Differences in representation are particularly marked in the Chief Nurse, Chief People Officer, and specialist divisions, and at PRH and St Richard's Hospital.

Disabled staff are slightly less likely than non-disabled staff to believe the Trust provides equal opportunities for career progression, and this gap has widened compared to last year. Recruitment outcomes are now broadly equal for disabled and non-disabled applicants, reflecting steady progress in this area.

Burnout and stress remain significant concerns, with disabled staff reporting substantially higher levels than their non-disabled colleagues. Reports of work-related musculoskeletal problems and feeling pressured to work while unwell are also higher among disabled staff. There have been some improvements, such as more staff reporting that workplace adjustments meet their needs, and these scores are now slightly above the national average.

Disabled staff experience higher rates of bullying, harassment, and discrimination, particularly from colleagues and managers, although there have been small reductions in these behaviours over the past year. Reports of sexual harassment have also decreased for disabled staff, though they remain higher than for non-disabled colleagues.

On a positive note, no disabled staff entered a formal capability process for the fourth year running, and gaps in some areas, such as experiences of harassment from patients, have narrowed. However, in other areas, like feeling valued by the organisation, disabled staff still score lower than non-disabled staff, though there has been some improvement.

### HIA 1: Leadership and Accountability (Disability)

#### Staff voice (WDES 9.2)

The Trust has a [Disabled Staff Network \(DSN\)](#) sponsored by the Chief People Officer. The DSN has achieved several significant milestones throughout 2024–25. Membership grew to 232 active members of the Disabled Staff Network, an increase of 45% since last year (March 2024 = 160).

The Disabled Staff Network meet online every month, led by a staff Chair. A range of topics were covered during these including disability awareness and pride, personal journeys and stories, inclusive workplace practices (e.g. Access to Work, reasonable

adjustments), health and wellbeing (e.g. menopause, financial health, staff checks), leadership roles within the network, external organisation presentations, and planning for UK Disability History Month and other future events.

Developments have included the launch of a new 'Disability at Work' policy, and a review of the Trust's Disability Confident status is underway. The network has also co-hosted a joint event with the Armed Forces Community and My University Hospitals Sussex charity, as part of Disability History Month. The DSN network chair opened 'Singing the Pavilion Blues' exhibition at the Heritage Space, Louisa Martindale building. The DSN was represented at key Trust events including Carers Week, Induction Days, and the All-Staff Conference with stalls to raise awareness and connect with staff.

The DSN plan priorities for the 20-month charity programme 2025/26 include:

- ▶ Delivering educational awareness and development sessions, including a seminar focused on workplace issues linked to long-term health conditions and disabilities, and a Trust-wide 'Disability Summit' to raise awareness and drive forward inclusive practice.
- ▶ Establishing site-based DSN link roles to provide local points of contact and strengthen cross-site engagement.
- ▶ Launching a membership survey to better understand support needs and explore opportunities for peer skill-sharing.
- ▶ Supporting the Trust to sign up to the Disability Employment Charter, aligning with national best practice.
- ▶ Increasing DSN membership across UHSussex to ensure wider representation and impact.



3 – (left) Disabled Staff Network: Stalls at Doctor's Induction July 2024



4 – (right) Disabled Staff Network: Stalls at Carers Week 2024

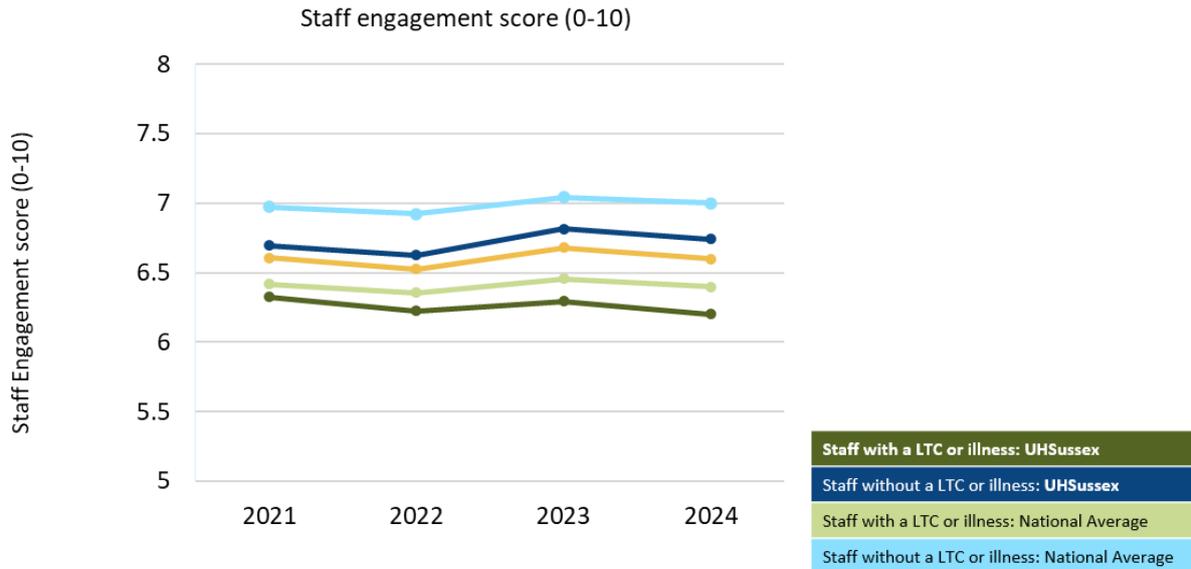


5 – Disabled Staff Network: Marce opening the Disability Awareness Conference 2024

### **WDES 9.1 NSS staff engagement score**

Disabled staff had a lower score (6.20) for the staff engagement theme in the NHS staff survey 2024 than staff without a disability (6.74). Scores for both groups decreased marginally from 2023, a similar trajectory to national benchmarks.

The gap between disabled and non-disabled staff at UHSussex on this indicator has remained largely like previous years. UHSussex consistently scores lower than the national average for both staff with and without a disability.



UHSussex Response Numbers	2021	2022	2023	2024
Staff with a LTC or illness: Responses	1,853	1,735	2,099	2,011
Staff without a LTC or illness: Responses	6,093	5,551	6,166	5,974

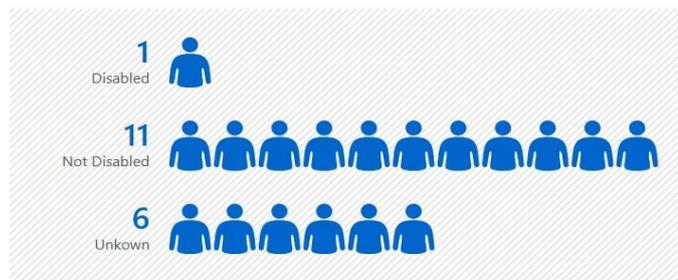
### Board disability composition (WDES 10)

As of the snapshot date in March 2025, 6% of the Board indicated a disability, the same as in 2024. This is in-line with the Trust’s overall workforce (6.63% disabled).

The proportion of Board members not stating their disability status (33%) has decreased from 2024 (40%) but remains considerably higher than in the overall workforce (8.6%).

11% of executive directors indicated they were disabled. 33% of executive directors did not state their disability status, and the remaining stated they were not disabled.

### Disability Status of Board Members



66% of all non-executive directors indicated they were not disabled, 33% of all non-executive directors did not state their disability status.

6% of voting board member indicated they were disabled, 65% of board members with voting rights indicated they were not disabled, and 29% of all voting board members did not state their disability status.

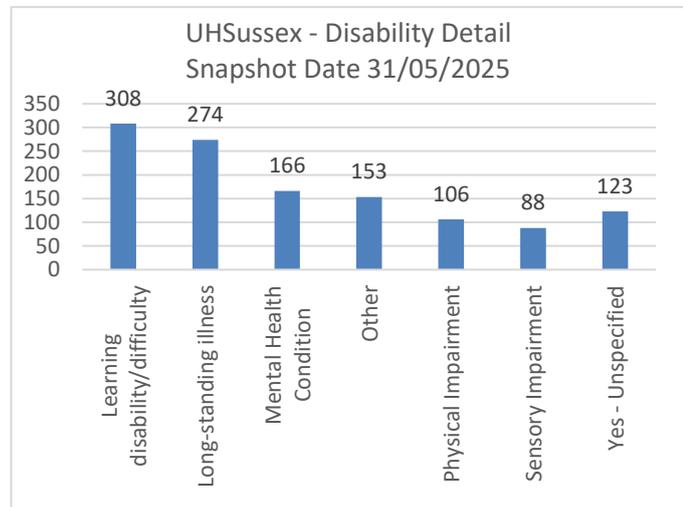
Overall, the comprehensiveness of Board level disability data has improved considerably since last year.

## HIA 2: Inclusive Talent (Disability)

### Disability workforce representation (WDES 1)

The number of disabled staff in the workforce on 31 March 2025 was 6.65% (1,201) of the permanent workforce overall (18,059), compared to 18% of the population in across East Sussex, West Sussex, and Brighton & Hove combined (Census 2021, ONS). This has saw minor changes compared to the previous year (2024 = 6%).

Of those with a disability, a quarter (25.3%) reported a learning disability or difficulty (N = 308), followed by 22.5% who reported a long-standing illness (N = 274), and 13.6% reported a mental health condition (N = 166), and a combined 22.7% reported 'other' disabilities or did not specify the type of disability on ESR.



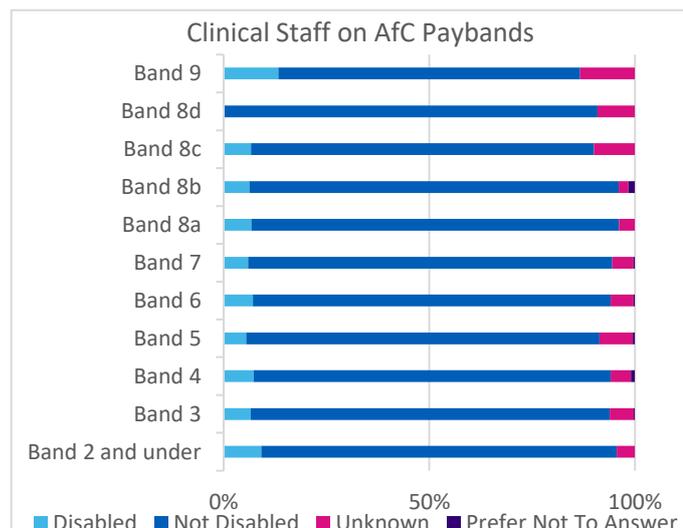
In the 2024 NHS Staff Survey, responses were received from 2,003 (24.74%) staff who indicated to have a long-lasting health condition or illness (disabled), as well as 5933 (73.28%) staff who indicated to not have a long-lasting health condition or illness at UHSussex.

### Clinical Agenda for Change Staff

Out of 10,638 clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 3,361 staff were in Cluster 1 (Bands 1-4) out of which 6.9% were disabled
- ▶ 6,707 staff were in Cluster 2 (Bands 5-7) out of which 6.2% were disabled
- ▶ 514 staff were in Cluster 3 (Bands 8a-8b) out of which 6.6% were disabled

56 staff were in Cluster 4 (Bands 8c-VSM) out of which 7.1% were disabled.



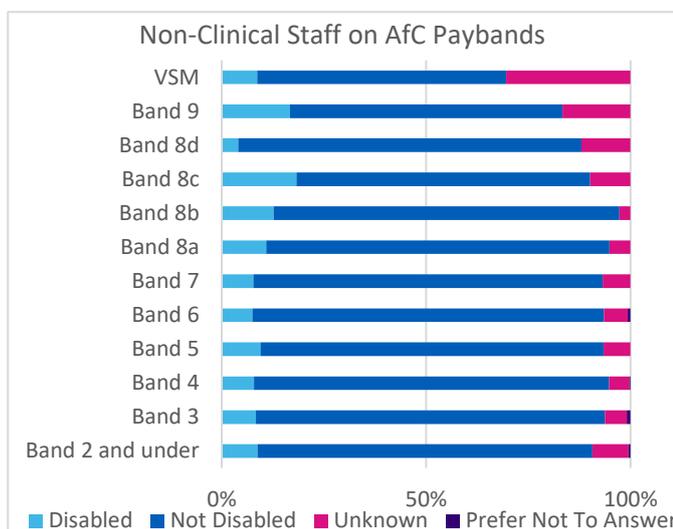
Disabled staff were similarly likely to be represented across all clinical agenda for staff pay bands as staff without a disability.

Representation Disparity Ratio	2023	2024	2025
Disparity ratio - Cluster 1 (Bands 1-4) to Cluster 2 (Bands 5-7)	1.29	1.18	<b>1.12</b>
Disparity ratio - Cluster 2 (Bands 5-7) to Cluster 3 (Bands 8a & 8b)	0.90	1.11	<b>0.96</b>
Disparity ratio - Cluster 3 (Bands 8a & 8b) to Cluster 4 (Bands 8c - VSM)	0.45	0.61	<b>0.85</b>
Disparity ratio - Cluster 1 (Bands 1-4) to Cluster 4 (Bands 8c - VSM)	0.52	0.81	<b>0.91</b>

### Non-Clinical Agenda for Change Staff

Out of 4,646 non-clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 3,306 staff were in Cluster 1 (Bands 1-4) out of which 8.4% were disabled.
- ▶ 912 staff were in Cluster 2 (Bands 5-7) out of which 8.4% were disabled.
- ▶ 285 staff were in Cluster 3 (Bands 8a-8b) out of which 11.6% were disabled.
- ▶ 143 staff were in Cluster 4 (Bands 8c-VSM) out of which 14% were disabled.



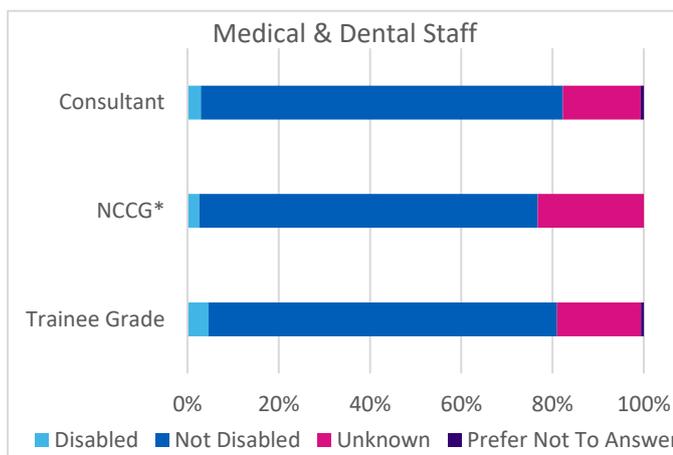
Non-disabled staff were half as likely to be represented in Cluster 4 (Bands 8c – VSM) senior career grades than disabled staff, compared to staff in Cluster 1 (Bands 1 – 4). However, the proportion of staff with unknown disability status is significantly higher in AfC bands 8c and above, compared to the lower bands, which may influence the relative likelihoods reported for these grades.

Representation Disparity Ratio	2023	2024	2025
Disparity ratio - Cluster 1 (Bands 1-4) to Cluster 2 (Bands 5-7)	1.40	1.04	<b>1.01</b>
Disparity ratio - Cluster 2 (Bands 5-7) to Cluster 3 (Bands 8a & 8b)	0.62	0.76	<b>0.72</b>
Disparity ratio - Cluster 3 (Bands 8a & 8b) to Cluster 4 (Bands 8c - VSM)	1.23	0.87	<b>0.70</b>
Disparity ratio - Cluster 1 (Bands 1-4) to Cluster 4 (Bands 8c - VSM)	1.07	0.69	<b>0.51</b>

## Medical & Dental Staff

Out of 2,730 staff on medical and dental contracts:

- ▶ 1,544 were trainees, out of which 4.7% were disabled.
- ▶ 116 were non-consultant career grades (NCCGs) out of which 2.6% were disabled.
- ▶ 987 were consultants, out of which 2.9% were disabled.



Disabled staff were 1.8 times less likely to be represented in medical and dental non-consultant career grades than staff without a disability compared to staff in trainee grades. This is higher (**worse**) than in 2023 (1.7) and in 2022 when disabled staff were just as likely as non-disabled staff.

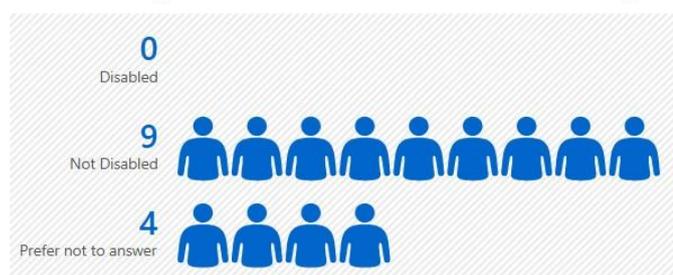
Disabled staff were 1.7 times less likely to be represented in medical and dental consultant career grades than staff without a disability, compared to staff in trainee grades. This is lower (**better**) than in 2023 but remains outside of the acceptable equality range (0.8-1.25).

Representation Disparity Ratio	2023	2024	2025
Disparity ratio - Trainee to NCCG	0.99	1.66	<b>1.75</b>
Disparity ratio - NCCG to Consultant	2.20	1.40	<b>0.94</b>
Disparity ratio - Trainee to Consultant	2.19	2.32	<b>1.65</b>

## 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.

### Disability Status of Senior Medical Managers

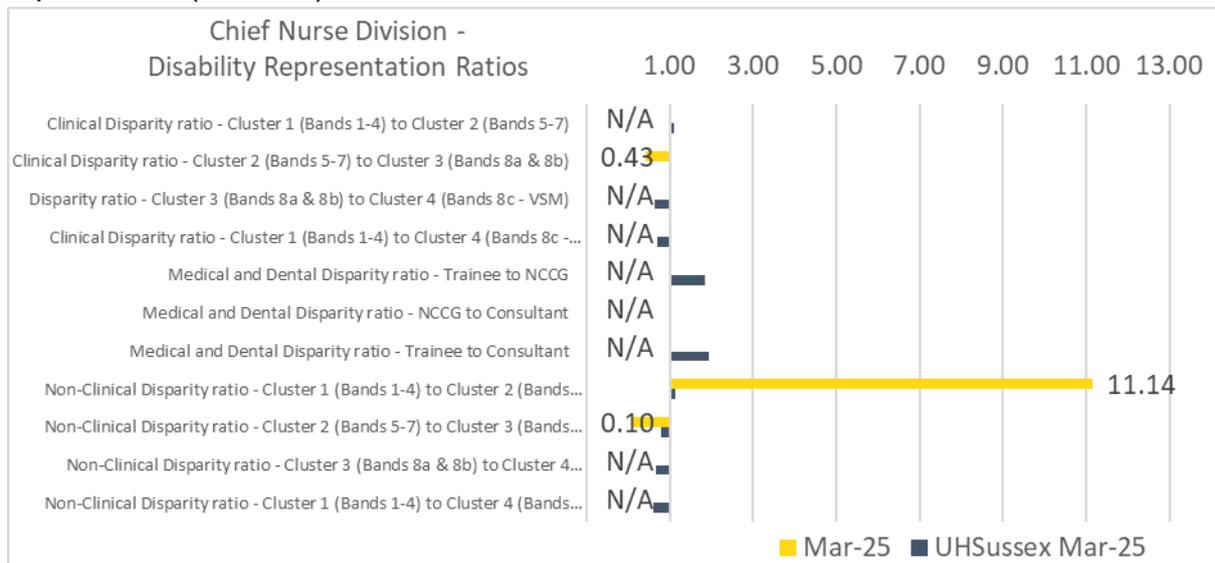


None of the senior medical managers indicated to be disabled. Four (31%) chose to not share their disability status.

## Career Progression Disparities by Division

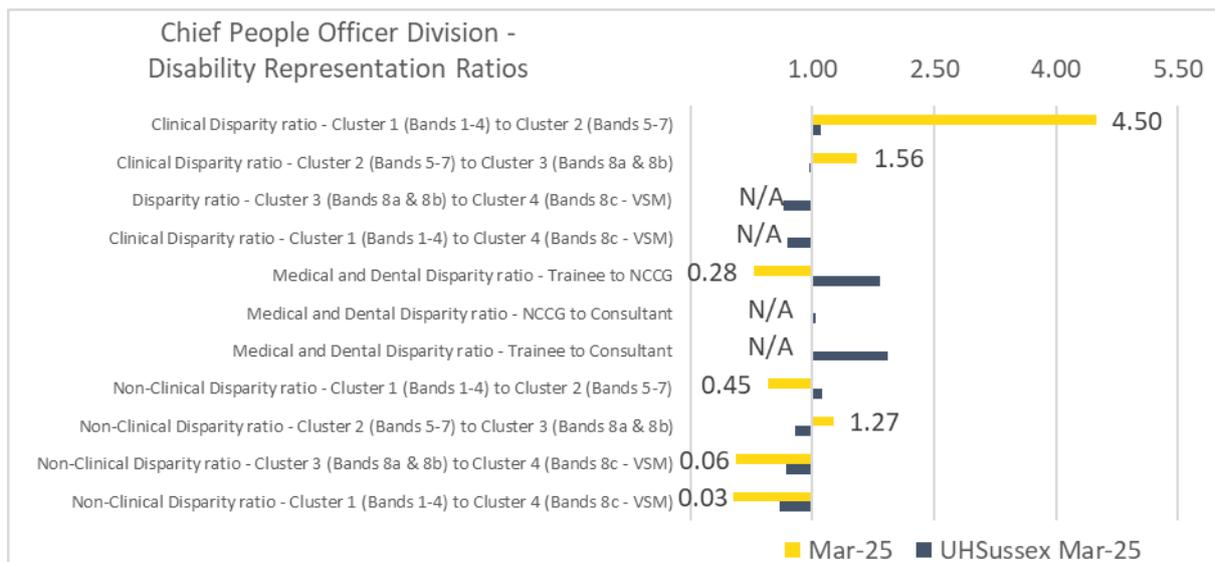
### Chief Nurse Division

Non-clinical staff: Staff with no self-identified disability are 11.1 times more likely than staff with a self-identified disability to hold roles at Bands 5-7 compared to Bands 1-4. At senior levels (Bands 8a-8b), staff with a self-identified disability are over-represented (ratio 0.1).



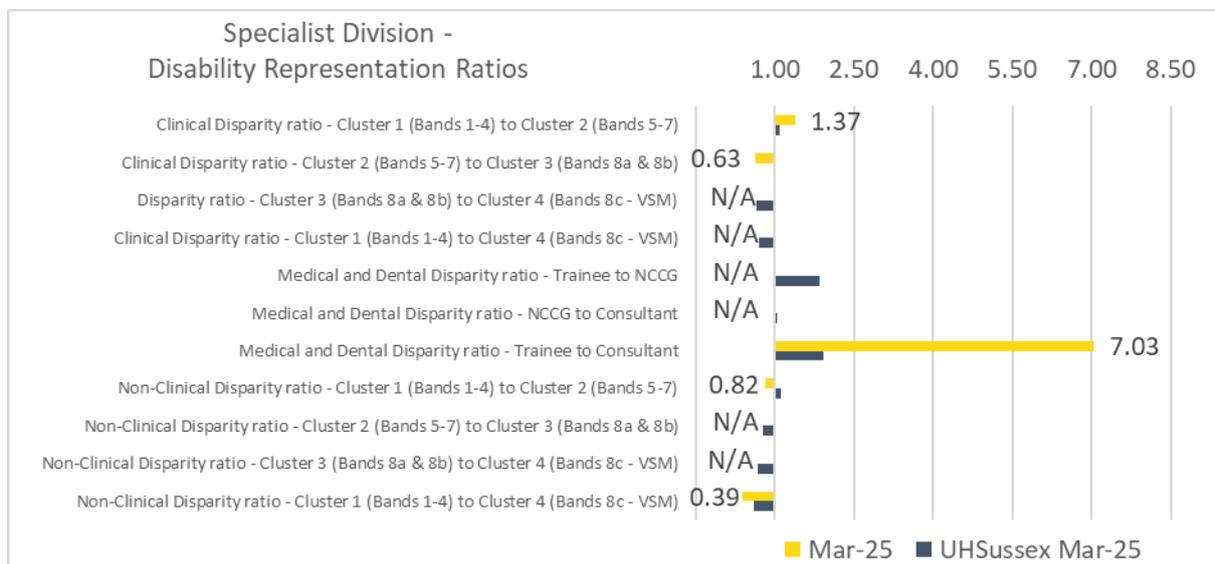
### Chief People Officer Division

- ▶ Clinical staff: Staff with no self-identified disability are 4.5 times more likely to hold roles at Bands 5-7 compared to Bands 1-4.
- ▶ Non-clinical staff: At the most senior levels (Bands 8c-VSM), staff with a disability are over-represented, with disparity ratios of 0.05 (Bands 8a-8b to Bands 8c-VSM) and 0.03 (Bands 1-4 to Bands 8c-VSM).



## Specialist Division

- ▶ Medical and dental staff: Staff with no self-identified disability are 7.0 times more likely to hold consultant roles compared to trainees.
- ▶ Non-clinical staff: From Bands 1-4 to Bands 8c-VSM, staff with a self-identified disability are under-represented (ratio 0.3).



## Surgery (Worthing & St Richard's Hospitals)

- ▶ Non-clinical staff: From Bands 1-4 to Bands 5-7, staff with no self-identified disability are 5 times more likely to hold senior roles.
- ▶ Medical and dental staff: Staff with no self-identified disability are 3.1 times more likely to hold NCCG roles compared to trainees.
- ▶ Clinical staff: Staff with no self-identified disability are 2 times more likely to hold roles at Bands 5-7 compared to Bands 1-4.

## Chief Operating Officer Division

- ▶ Non-clinical staff: Staff with no self-identified disability are 4.5 times more likely to hold roles at Bands 5-7 compared to Bands 1-4.

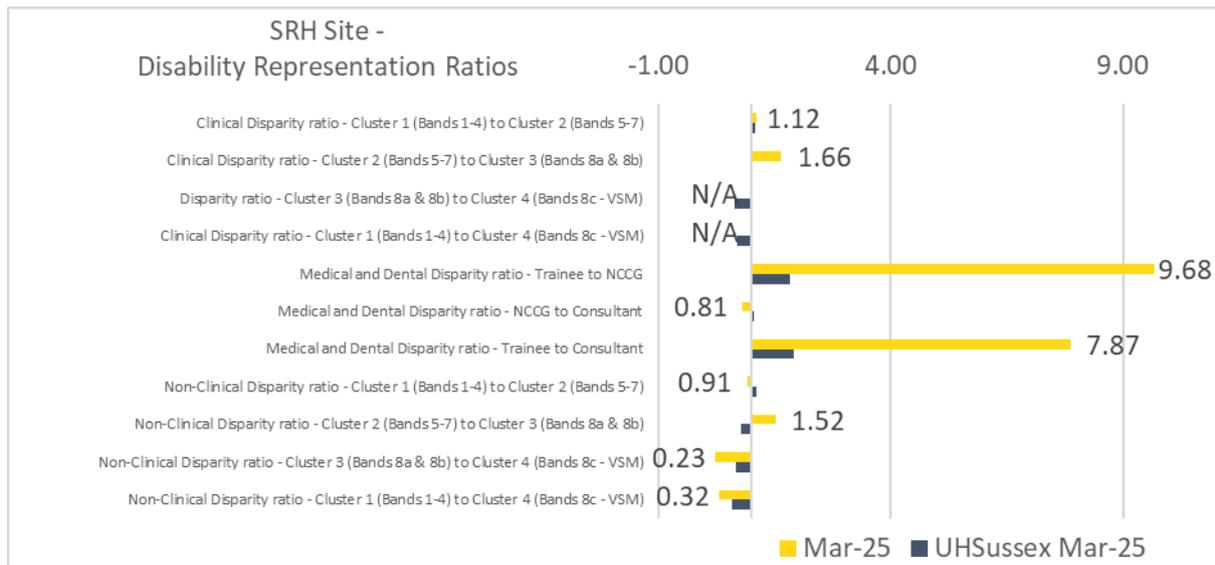
## Surgery (RSCH & PRH)

- ▶ Medical and dental staff: Staff with no self-identified disability are 2.4 times more likely to hold NCCG roles compared to trainees.
- ▶ Non-clinical staff: From Bands 5-7 to Bands 8a-8b, staff with no self-identified disability are 2 times more likely to hold senior roles.

## Career Progression Disparities by Site

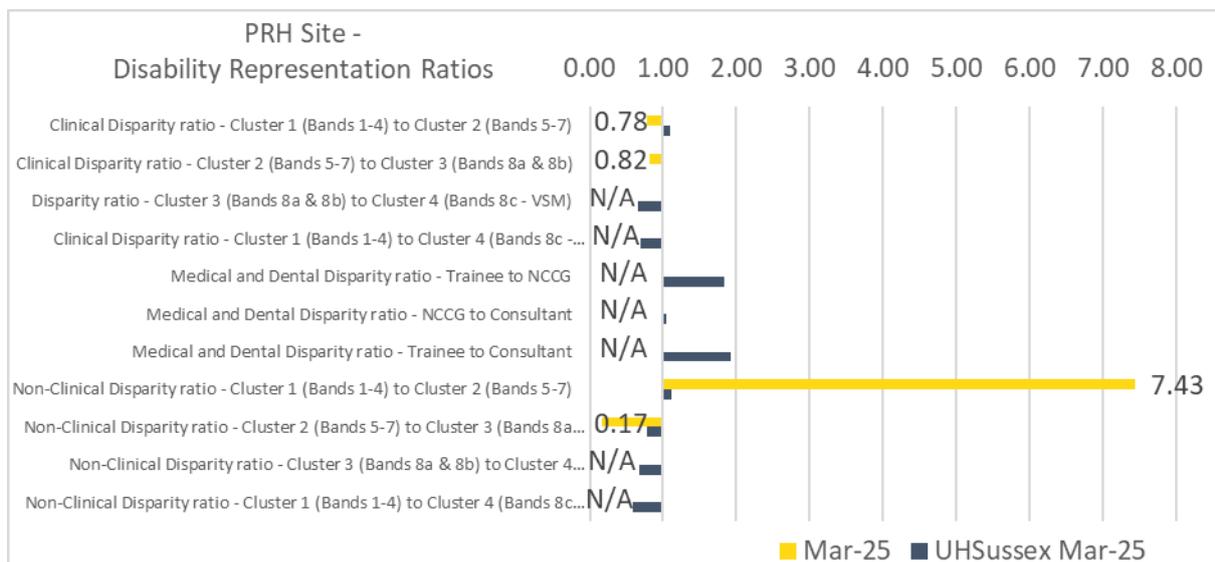
### St Richard's Hospital (SRH)

- ▶ Medical and dental staff: Staff with no self-identified disability are 9.7 times more likely than staff with a self-identified disability to hold NCCG roles compared to trainees. For consultant roles, they are 7.9 times more likely than their disabled colleagues compared to trainees.
- ▶ Non-clinical staff: At senior levels (Bands 8c-VSM), staff with a self-identified disability are over-represented (ratios 0.2 and 0.3).



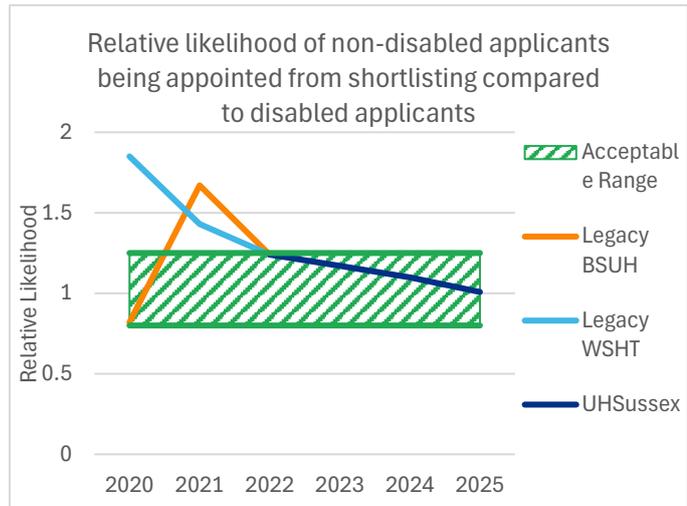
### Princess Royal Hospital (PRH)

- ▶ Non-clinical staff: Staff with no self-identified disability are 7.4 times more likely than staff with a self-identified disability to hold roles at Bands 5-7 compared to Bands 1-4.
- ▶ Clinical staff: Disparity from Bands 1-4 to Bands 5-7 and Bands 5-7 to Bands 8a-8b is equitable.



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

In the 2024/25 financial year UHSussex appointed 233 disabled applicants and 2,652 non-disabled applicants. The Trust was almost as likely to appoint non-disabled people from short-listing as disabled people (1.01). This falls within the acceptable equality range (0.8-1.25).



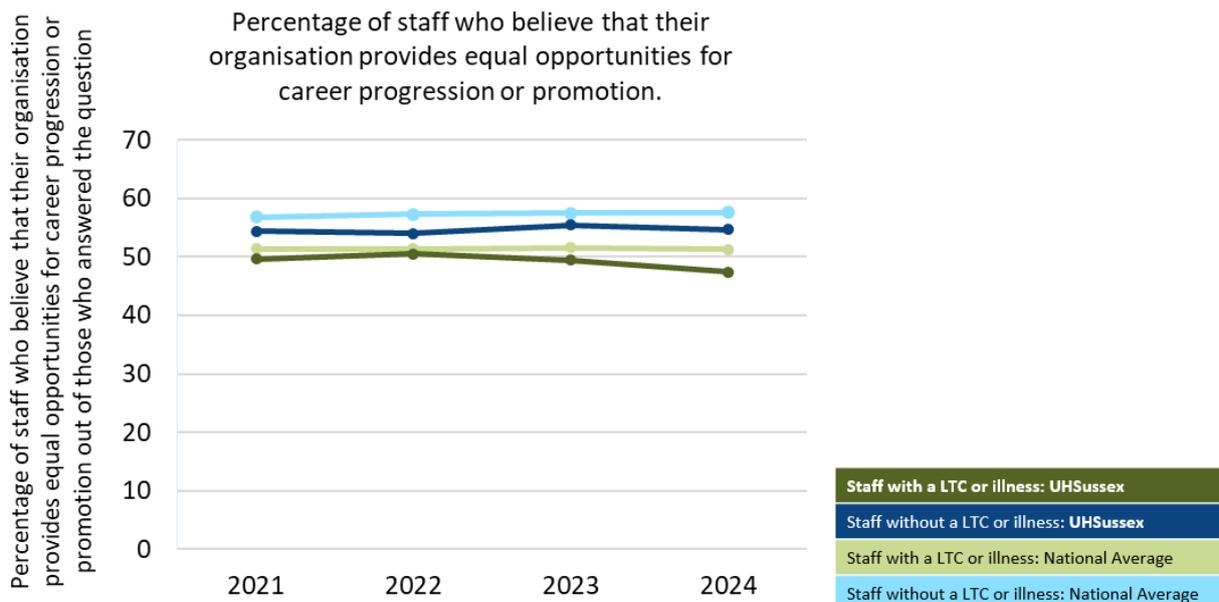
Compared to previous years, the shortlisting to appointment likelihood between disabled and non-disabled applicants has continued to **improve** since 2021.

### Equality of opportunity for career progression/promotion (NSS – Q15; WDES 5)

47.4% of disabled staff felt the Trust provided equal opportunities for career progression and promotion in the NHS staff survey 2024 (just under 2 percentage points less than in 2023), compared to 54.6% of non-disabled staff (0.8 percentage points less than in 2023).

The gap between disabled and non-disabled staff at UHSussex on this indicator has widened from 2023 (**worse**).

The gap between disabled and non-disabled staff at UHSussex is in-line with the gap between disabled and non-disabled staff for the national averages.



UHSussex Response Numbers	2021	2022	2023	2024

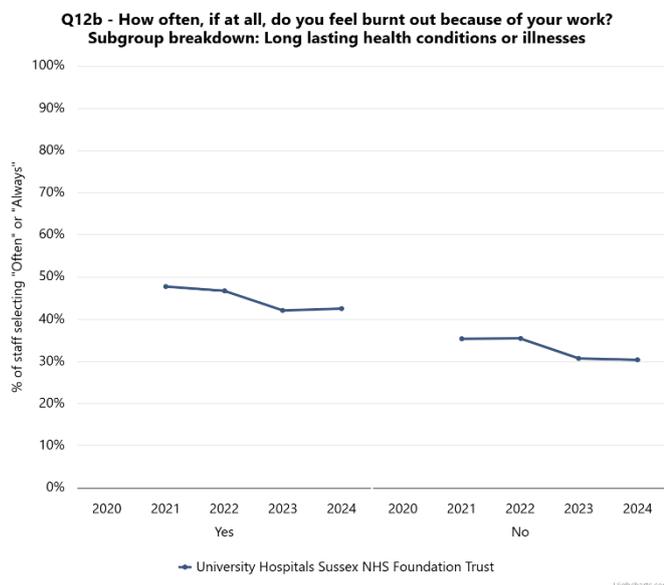
Staff with a LTC or illness: Responses	1,841	1,726	2,073	1,993
Staff without a LTC or illness: Responses	6,046	5,518	6,052	5,879

## HIA 4: Workforce Health Inequalities (Disability)

### Burnout (NSS – Q12b)

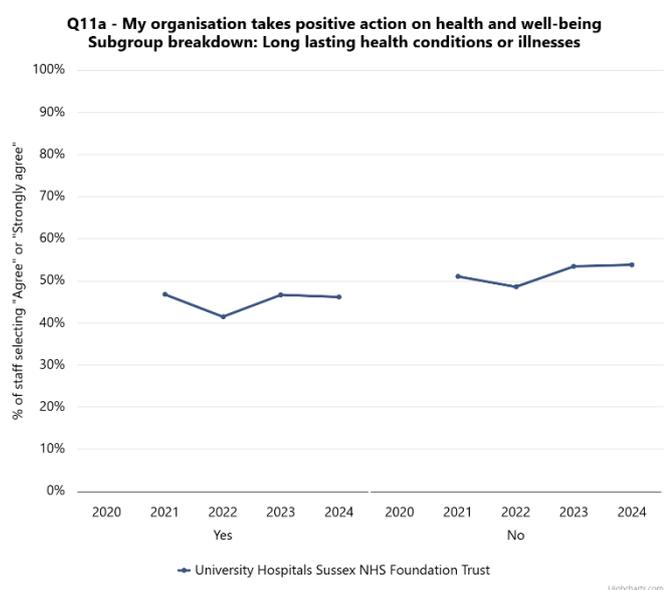
Analysis of NHS Staff Survey responses shows that disabled members of staff report substantially higher rates of burnout because of work (42.53% of 2,015 respondents) compared to members of staff who are not disabled (30.39% of 5,966 respondents).

The proportion of disabled and not disabled members of staff reporting burnout has remained largely unchanged from last year (2023), following a reduction (improvement) from 2022 scores.



### Positive action on health and wellbeing (NSS – Q11a)

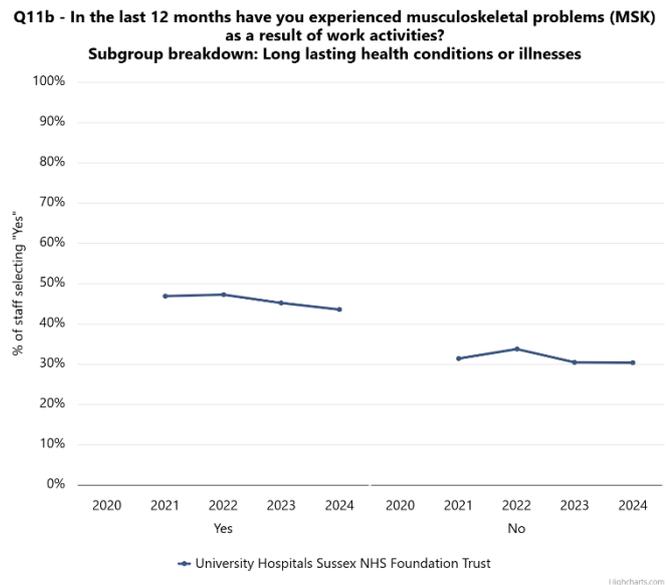
Analysis of NHS Staff Survey responses shows that disabled members of staff report less agreement (46.16% of 1,993 respondents) with the statement “*My organisation takes positive action on health and well-being*” compared to members of staff who are not disabled (53.80% of 5,913 respondents).



The proportion of disabled and not disabled members of staff agreeing with the statement remained largely unchanged from last year (2023), following an increase (improvement) from 2022 scores.

### Musculoskeletal (MSK) problems (NSS – Q11b)

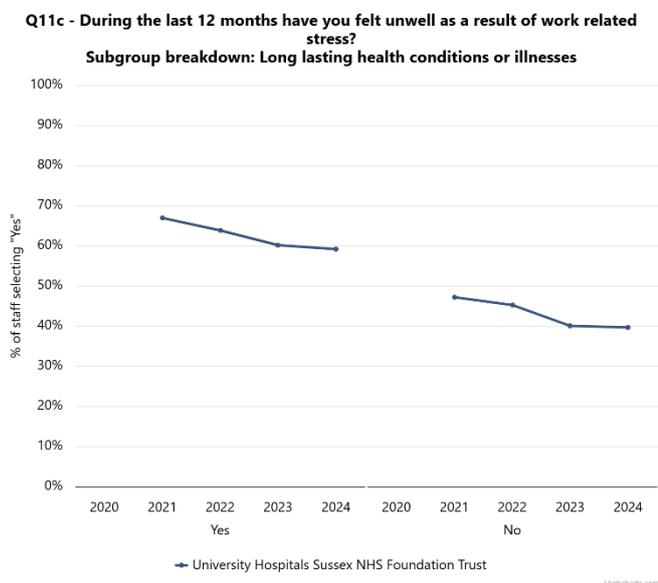
Analysis of NHS Staff Survey responses shows that disabled members of staff report substantially higher rates of musculoskeletal (MSK) problems (43.50% of 2,000 respondents) compared to members of staff who are not disabled (30.30% of 5,940 respondents).



The proportion of disabled members of staff reporting MSK problems has decreased (improved) from previous years (2023 = 45.12% of 2,090 respondents, 2022 = 47.19% of 1,725 respondents) yet remained largely unchanged from last year (2023), for not disabled staff (6,133 respondents).

### Work related stress (NSS – Q11c)

Analysis of NHS Staff Survey responses shows that disabled members of staff report substantially higher rates of feeling unwell as a result of work-related stress (59.14% of 2,002 respondents) compared to members of staff who are not disabled (39.63% of 5,928 respondents).

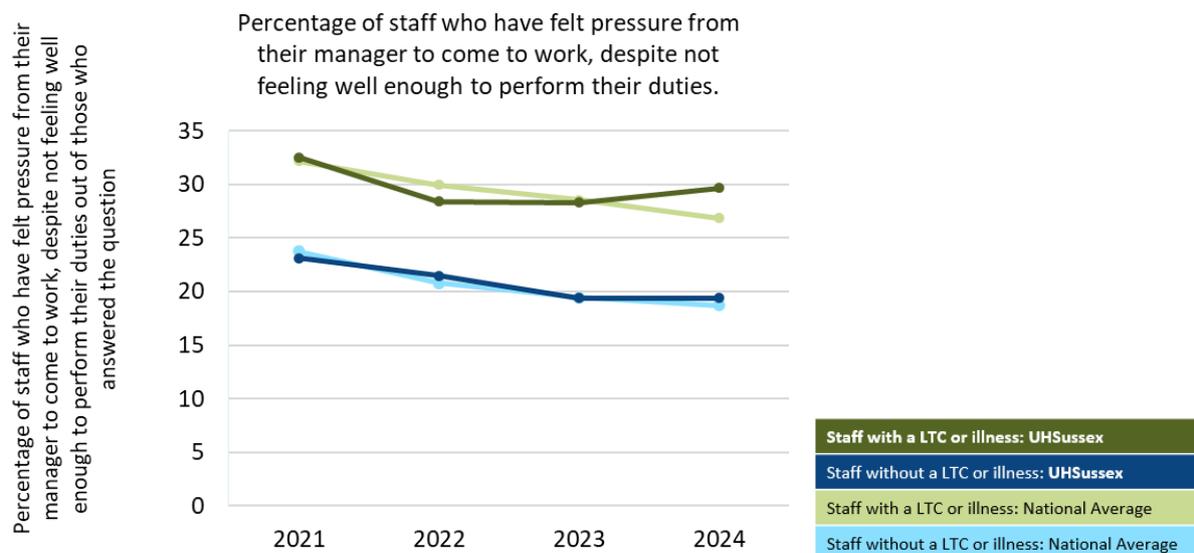


The proportion of both disabled and not disabled members of staff feeling unwell as a result of work-related stress has continued to decrease (improve) from previous years.

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

29.7% of disabled staff reported having felt management pressure to come to work when not feeling well enough in the NHS staff survey 2024 (over one percentage points more than in 2023), compared to 19.4% non-disabled staff (the same as in 2023).

The gap between disabled and non-disabled staff at UHSussex on this indicator has continued to widen from 2023 (**worse**). The gap between disabled and non-disabled staff at UHSussex is larger (**worse**) than the gap between the national averages on this indicator.

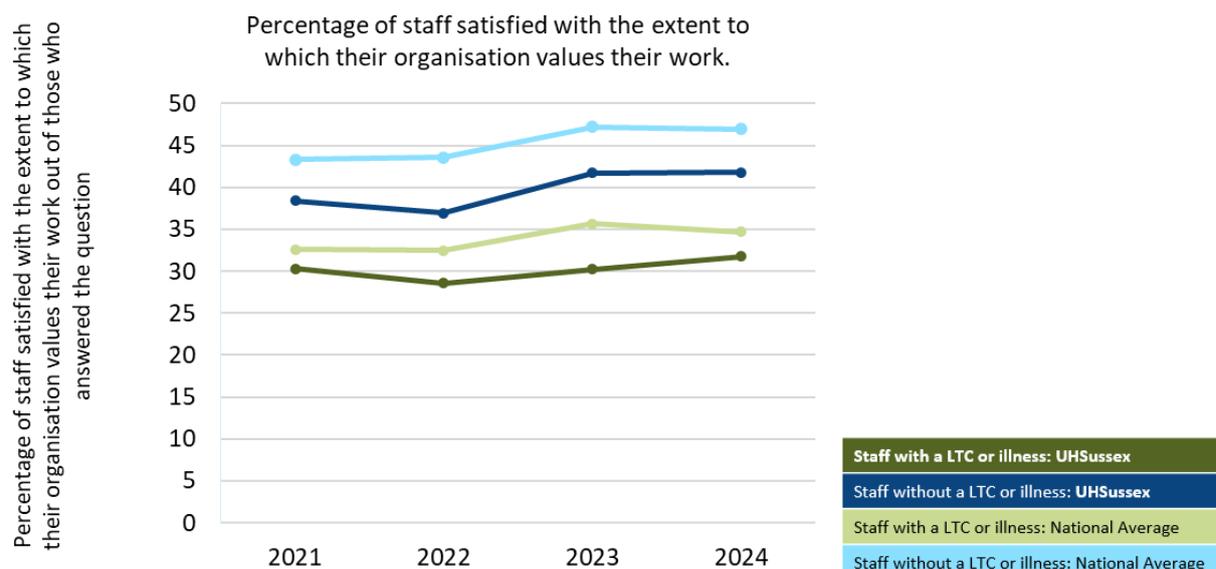


UHSussex Response Numbers	2021	2022	2023	2024
Staff with a LTC or illness: Responses	1,298	1,257	1,448	1,402
Staff without a LTC or illness: Responses	3,050	2,936	3,041	2,929

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

31.8% of disabled staff felt the Trust valued their work in the NHS staff survey 2024 (over one and a half percentage points more than in 2023), compared to 41.8% of non-disabled staff (the same as in 2023).

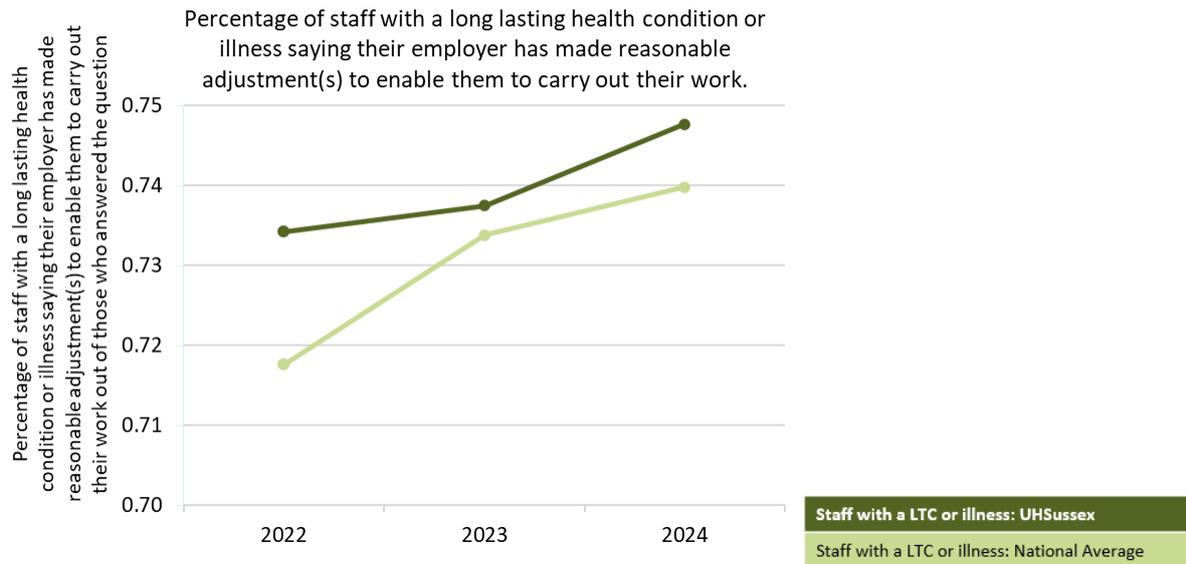
The gap between disabled and non-disabled staff at UHSussex on this indicator has narrowed from 2023 (**improvement**). The gap between disabled and non-disabled staff at UHSussex is in-line with the gap between disabled and non-disabled staff for the national averages.



UHSussex Response Numbers	2021	2022	2023	2024
Staff with a LTC or illness: Responses	1,836	1,723	2,092	1,999
Staff without a LTC or illness: Responses	6,051	5,516	6,133	5,952

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

74.8% of disabled staff report having adequate workplace adjustments in the NHS staff survey 2024; one percentage points more (**improvement**) than in 2023. This is above the national benchmark (74.0%) which has improved since last year.



UHSussex Response Numbers	2022	2023	2024
Staff with a LTC or illness: Responses	1,046	1,257	1,213

## HIA 6: Eliminate Discrimination (Disability)

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

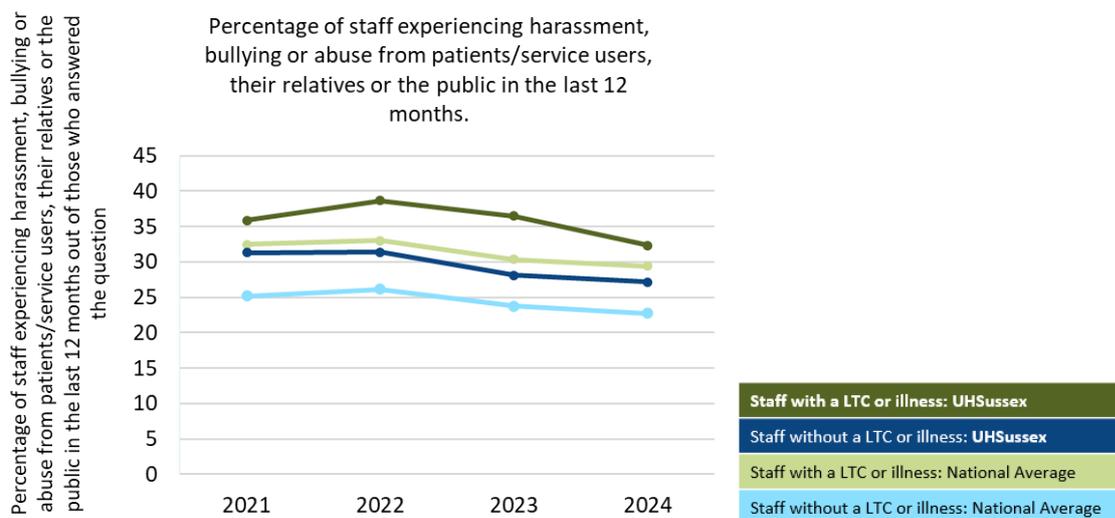
In the 2024/25 financial year no disabled people entered a formal capability process (the same as in the previous three years), compared to seven staff without a disability. As such, it was not possible to calculate the relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process.

## Harassment, bullying or abuse by disability status (NSS – Q14a-d; WDES 4)

### WDES 4.1 Harassment, bullying, or abuse from the public

32.4% of disabled staff reported experiencing harassment, bullying, or abuse from patients, relatives, or members of the public in the NHS staff survey 2024; over 4 percentage points less (**improved**) than in 2023. 27.2% of non-disabled staff reported the same; just under one percentage point less (**improved**) than in 2023.

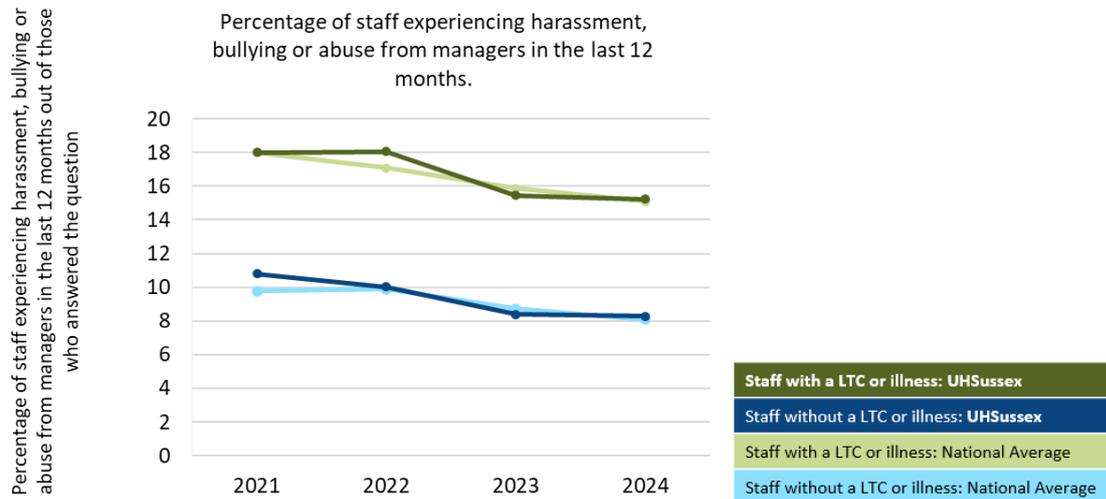
The gap between disabled and non-disabled staff at UHSussex on this indicator has continued to narrow from 2022 and 2023 (**improvement**). The gap between disabled and non-disabled staff at UHSussex is smaller (**better**) than the gap between the national averages on this indicator.



UHSussex Response Numbers	2021	2022	2023	2024
Staff with a LTC or illness: Responses	1,838	1,721	2,089	2,006
Staff without a LTC or illness: Responses	6,068	5,534	6,125	5,952

### WDES 4.2 Harassment, bullying, or abuse from managers

15.2% of disabled staff reported experiencing harassment, bullying, or abuse from managers in the NHS staff survey 2024, 8.3% of non-disabled staff reported the same. Both these scores remain largely unchanged from 2023. The gap between disabled and non-disabled staff at UHSussex is in-line with the gap in national averages.

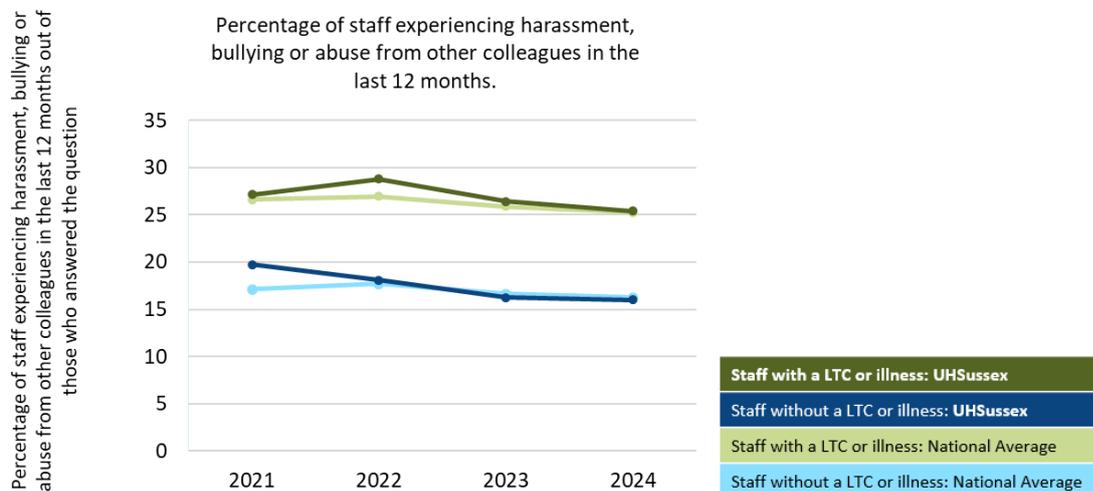


UHSussex Response Numbers	2021	2022	2023	2024
Staff with a LTC or illness: Responses	1,827	1,717	2,082	1,996
Staff without a LTC or illness: Responses	6,033	5,504	6,096	5,910

### WDES 4.3 Harassment, bullying, or abuse from colleagues

25.4% of disabled staff reported experiencing harassment, bullying, or abuse from colleagues in the NHS staff survey 2024; one percentage points less (**improved**) than in 2023. 16.0% of non-disabled staff reported the same; largely unchanged from 2023.

The gap between disabled and non-disabled staff at UHSussex on this indicator has narrowed from 2023 (**improvement**). The gap between disabled and non-disabled staff at UHSussex is in-line with the gap in national averages on this indicator.

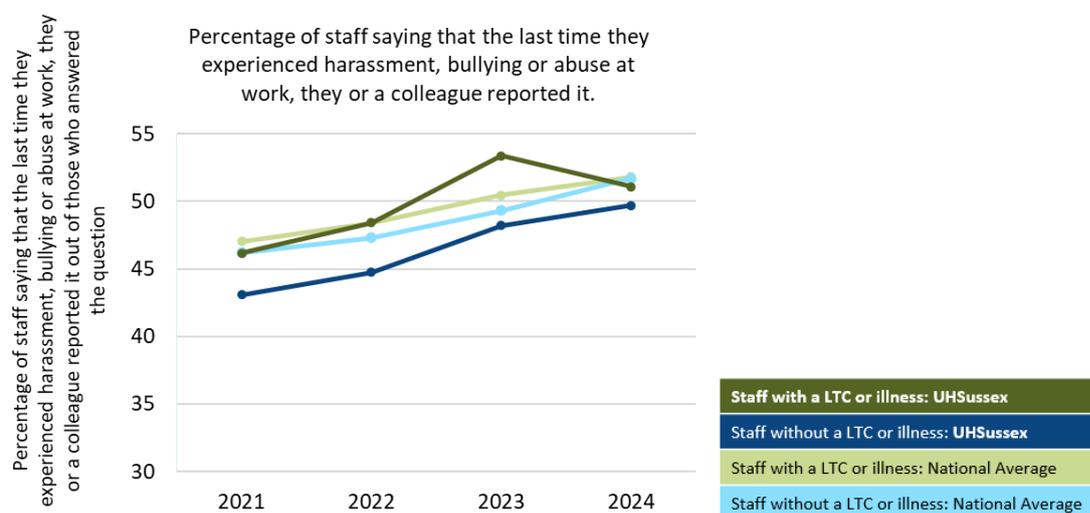


UHSussex Response Numbers	2021	2022	2023	2024
Staff with a LTC or illness: Responses	1,815	1,703	2,080	1,993
Staff without a LTC or illness: Responses	6,011	5,489	6,098	5,906

### WDES 4.4 Reporting harassment, bullying, or abuse

51.1% of disabled staff identified that they, or a colleague, reported harassment, bullying or abuse in the NHS staff survey 2024; over two percentage points less (**worsened**) than in 2023. 49.7% of non-disabled staff reported the same; one and a half points more (**improved**) than in 2023.

The gap between disabled and non-disabled staff at UHSussex on this indicator has narrowed from 2023. This indicator displays a larger difference in scores between disabled and non-disabled staff at UHSussex compared with the national average (**worse**).



UHSussex Response Numbers	2021	2022	2023	2024
Staff with a LTC or illness: Responses	845	847	969	926
Staff without a LTC or illness: Responses	2,205	1,966	2,072	1,974

### Discrimination by Disability: Raising Concerns About Inequality

Out of 22 discrimination cases raised through the [Freedom to Speak Up Guardian Service](#) (FTSUG) during the 2024/25 financial year, 9 (40.9%) included disability as either a primary or contributing theme, with 6 (27.3%) identifying disability as the primary theme. Two cases (9.1%) did not specify a primary or other theme, suggesting some gaps in reporting detail.

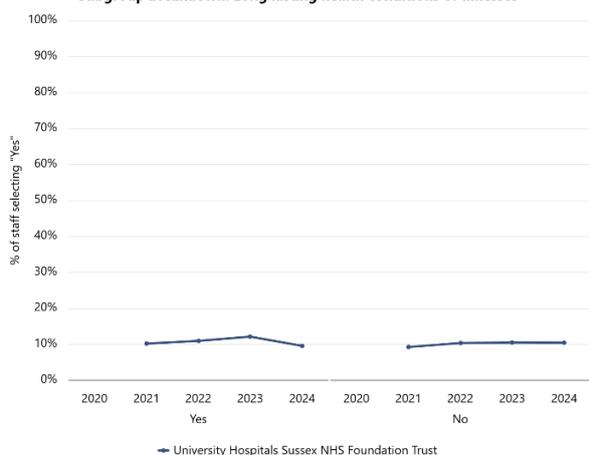
In comparison, during the 2023/24 financial year, 2 out of 14 (14.3%) cases raised through FTSUG mentioned disability. However, 9 (64.3%) did not specify any primary or other theme, limiting the ability to fully understand the nature of concerns raised. It is furthermore important to note that only eight months of data were available for the 2023/24 reporting period.

## Discrimination from the public, managers or colleagues by disability status (NSS – Q16a-b)

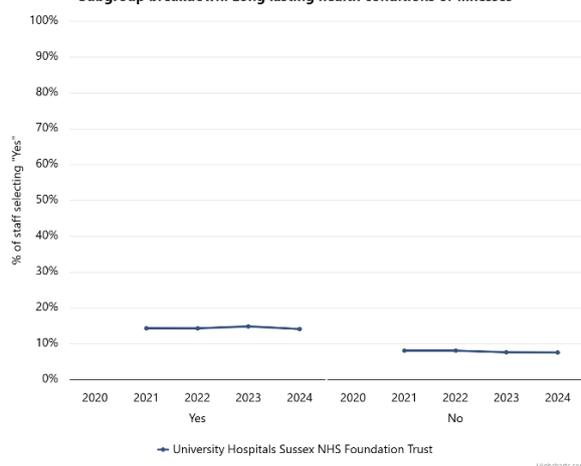
Analysis of NHS Staff Survey responses shows that disabled staff report higher rates of discrimination from colleagues compared to not disabled staff. Reviewing the data in more detail it can be shown that:

- ▶ Disabled members of staff report substantially more experiences of discrimination from managers, team leaders or other colleagues (14.05% of 1,986 respondents), than members of staff who are not disabled (7.50% of 5,890 respondents), this has remained largely unchanged from previous years.
- ▶ Disabled staff members (9.50% of 1,999 respondents) report a similar percentage of experiences of discrimination from patients or the public, as members of staff who are not disabled (10.38% of 5,942 respondents).
- ▶ The proportion of disabled members of staff reporting discrimination from patients or the public has decreased (improved) compared to last year (2023 = 12.06% of 2,090 respondents).

Q16a - In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?  
Subgroup breakdown: Long lasting health conditions or illnesses



Q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?  
Subgroup breakdown: Long lasting health conditions or illnesses



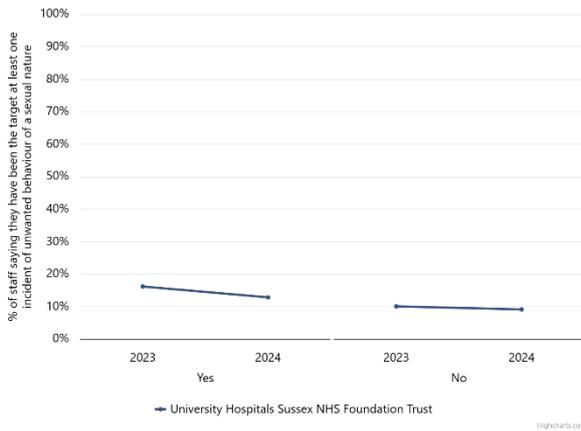
28.01% of disabled staff who had experienced discrimination felt this was on the grounds of disability (382 respondents). Notably, disabled were also similarly likely to attribute discrimination to 'other' reasons (24.87% of 382 respondents).

## Sexual harassment by disability status (NSS – Q17a-b)

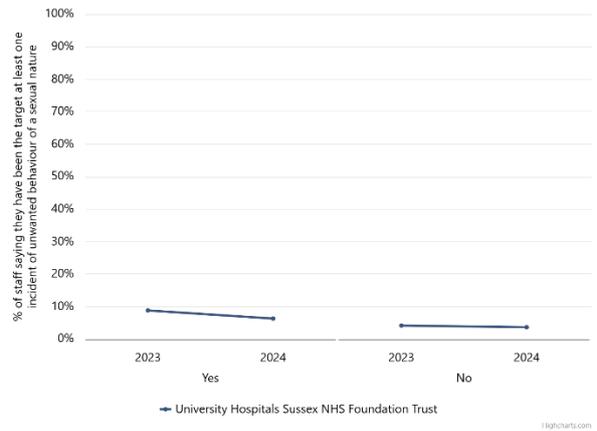
Analysis of NHS Staff Survey responses shows that disabled staff report higher rates of experiencing sexual harassment from colleagues and patients compared to not disabled staff. Reviewing the data on sexual harassment in more detail it can be shown that:

- ▶ Disabled members of staff report more experiences of sexual harassment from patients or the public (12.88% of 2,011 respondents), than members of staff who are not disabled (9.14% of 5,966 respondents).
- ▶ The proportion of disabled members of staff reporting sexual harassment from patients or the public has decreased (improved) compared to last year (2023 = 16.19% of 2,106 respondents).
- ▶ Disabled members of staff report more experiences of sexual harassment from managers, team leaders or other colleagues (6.33% of 2,005 respondents), than members of staff who are not disabled (3.68% of 5,930 respondents).
- ▶ The proportion of disabled members of staff reporting sexual harassment from managers, team leaders or other colleagues has decreased (improved) compared to last year (2023 = 8.84% of 2,092 respondents).

**Q17a - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users, their relatives or other members of the public**  
 Subgroup breakdown: Long lasting health conditions or illnesses



**Q17b - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues**  
 Subgroup breakdown: Long lasting health conditions or illnesses



## 3. Gender

### Gender Equality Summary

At UHSussex, women make up the majority of the workforce but are under-represented at Board level and in senior medical roles. Male staff are more likely to hold senior non-clinical management posts and senior medical grades, including consultant and non-consultant career grades. In contrast, women are more likely to be in senior clinical roles within AfC pay bands. These gender imbalances are particularly noticeable in divisions such as Chief Operating Officer, Medicine and Women & Children, and in the Estates and Facilities staff group.

Recruitment outcomes are broadly equal, with men and women being appointed from shortlisting at similar rates. Women are slightly more likely than men to feel the Trust acts fairly in career progression, though agreement has fallen slightly across all genders since last year. Staff who identify as non-binary or whose gender differs from their sex registered at birth report much lower confidence in fair career progression and promotion.

A gender pay gap remains, with women earning less than men on average. While this gap has narrowed slightly for regular pay, the gap in bonus pay has widened, predominantly due to changes agreed to the consultant contract to settle the 2023 pay dispute and consolidating CEA payments into pay. Recorded data on flexible working is very limited, but among the small number of cases available, most instances involve women. A new ESR rollout is expected to give a clearer picture of uptake across the workforce in the future. Satisfaction with flexible working arrangements is lowest among non-binary, transgender, and self-described staff.

Non-binary, transgender, and staff who prefer to self-describe their gender consistently report higher levels of burnout, stress, and lower satisfaction with health and well-being support. These groups also experience the highest levels of bullying, harassment, and discrimination from patients, managers, and colleagues. Reports of sexual harassment are notably higher among non-binary and transgender staff, and these incidents have increased for staff who self-describe their gender.

Given that women make up the majority of our workforce, the high levels of reported discrimination and harassment signal an urgent need for further targeted action.

### HIA 1: Leadership and Accountability (Gender)

#### Staff voice

The Trust has a [Women's Network](#) which was established in March 2024, sponsored by the Chief Medical Officer. The Women's Network hosts 1.5-hour long meetings for members every other month, hosted by a staff chair and sponsored by the Chief Medical Officer. Network meetings have presented a wide variety of topics presented

included safeguarding women and girls against violence and abuse, financial wellbeing for women, wellbeing for women (including menopause cafe's, breastfeeding room information, cervical smear test information and mental health training), and discussions about sexual safety and safety in general at work.

We have also discussed future events and what network members want to see in future meetings.

Developments within the network have included the hosting of an International Women's Day event on 12<sup>th</sup> March, where students being mentored through [The Girls' Network](#) were invited to participate in workshops and talks focusing on basic life support, NHS career pathways, and how women can support and uplift each other in the workplace, in keeping with the event theme of accelerating action.

The network has also been active in promoting mentorship opportunities for staff members to participate in, to create pathways for women to share expertise and build confidence.

We use every session to create awareness and a safe space for women to discuss current affairs and issues impacting on them as well as looking at organisational, regional and national issues affecting women's rights and equality.

The Women's Network 20-month charity programme plan priorities for 2025/26 include:

- ▶ Creating mentorship opportunities for girls in the community, in partnership with [The Girls' Network](#).
- ▶ Expanding membership of the Women's Network by 30%.
- ▶ Hosting more speakers within network meetings, with topics including advocacy skills, looking after health and wellbeing, how to access support and work/life balance.
- ▶ Hosting on-site recruitment days to introduce and provide information on the Women's Network to staff across the Trust.
- ▶ Plan and deliver an event where staff can highlight their achievements within the NHS, fostering a supportive and inclusive community.



6 – (all above) Women's Network: Information stand at the International Women's Day Event - with inspiring and empowering quotes for the girls to read.



7 - Women's Network: Tori Cooper with the Practice Development Workshop Leads at the International Women's Day Event 2025

The Trust has a [Trans & Non-Binary \(TNB\) Group](#) sponsored by the Chief Operating Officer. There are approximately 100 members of the Trans Non-Binary (TNB)

Network at UHSussex, and a membership survey (which will be repeated annually) highlighted the connections with other networks e.g., LGBTQI +, Disability, etc.

There have been a number of social activities and greater focus on engaging across the Trust's large geography and with other NHS organisations. The Supreme Court's judgement on Trans rights has caused great concern across the Network as well as the TNB patients that we serve (conservative estimate of 10,000) and the TNB network has engaged at a local, regional and national level to both influence decision making and try and provide reassurance for members.

This judgement will influence activity over the next period, but in addition there will be a strong focus on helping reduce social isolation, education and development activities and providing a safe space for members many of whom feel very worried at this moment in time.

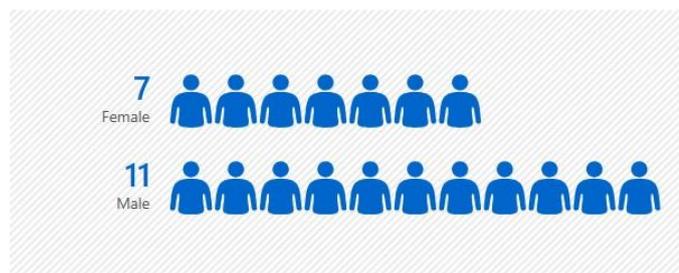
### Board gender composition

Seven females (39%) and eleven males (61%) were on the Trust Board.

Four females (44.4%) and five males (55.6%) were executive directors, while three (33.3%) females and six (66.6%) males were non-executive directors.

Six females had voting rights (35.3%) and eleven males (64.7%). This was a decrease of two females (-9.1% points) since 2024 (44.4%).

Gender of Board Members



## HIA 2: Inclusive Talent (Gender)

### Gender workforce representation

Out of a permanent workforce of 17,972 in March 2025, 12,944 were recorded as women on ESR\* (72.02%), with the rest (27.98%) recorded as male. This compares to females representing 51% of the population in England and 52% across East Sussex, West Sussex and Brighton and Hove combined (Census 2021, ONS).

While there is no data on gender identity available in ESR, 0.88% of UHSussex staff who responded to the NHS Staff Survey in 2025 reported that their gender is different to the sex registered at birth. This compares to 0.5% of the population in England and 0.37% across East Sussex and West Sussex (Census 2021, ONS).

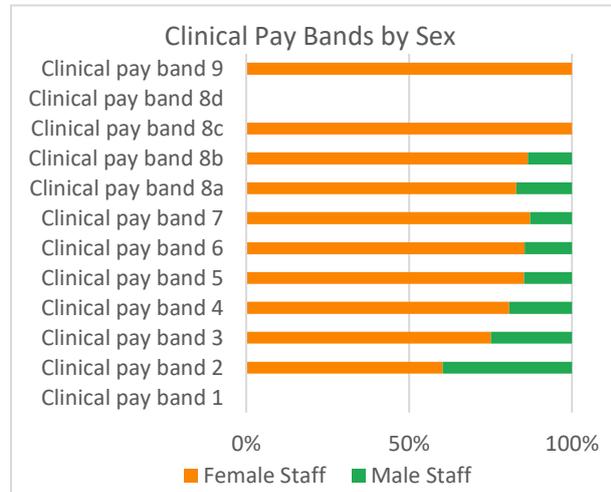
In the 2024 NHS Staff Survey, responses were received from 5,820 (71.76%) female staff, 1,849 (22.79%) male staff, 34 (0.42%) non-binary staff, 20 (0.25%) staff who preferred to self-describe their gender, and 273 (3.37%) staff who preferred not to disclose their gender at UHSussex. In terms of gender identity, 7,026 (86.63%) staff

whose gender aligns with their sex registered at birth, 65 (0.80%) reported that it is different, and 264 (3.26%) preferred not to say.

### Clinical Agenda for Change Staff

Out of 9,635 clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 384 staff were in upper bands (AfC 8a+) out of which 84.1% were female.
- ▶ 3,569 staff were in middle bands (AfC 6-7) out of which 86.0% were female.
- ▶ 5,682 staff were in lower bands (AfC 1-5) out of which 79.2% were female.



Female staff were proportionally more likely than male staff to be employed in senior clinical roles (AfC bands 8 and above), as well as in specialist or advanced clinical roles (AfC bands 6-7), relative to their representation in support or newly qualified roles (AfC bands 1-5).

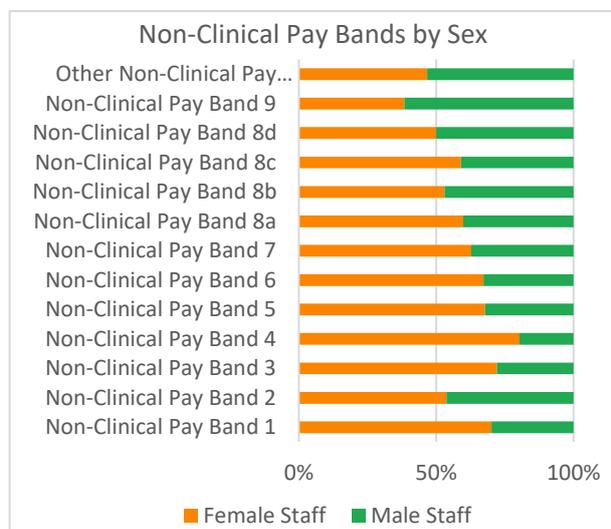
This pattern appears to be driven by a significantly higher concentration of male staff in the lowest clinical pay bands (AfC bands 2 and 3), and by the underrepresentation of men in the upper clinical pay bands, particularly above band 8b.

Representation Disparity Ratio	2025
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	0.62
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	1.16
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	0.72

### Non-Clinical Agenda for Change Staff

Out of 5,637 non-clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 588 staff were in upper bands (AfC 8a+) out of which 56.5% were female.
- ▶ 942 staff were in middle bands (AfC 6-7) out of which 65.0% were female.
- ▶ 4,107 staff were in lower bands (AfC 1-5) out of which 66.5% were female.



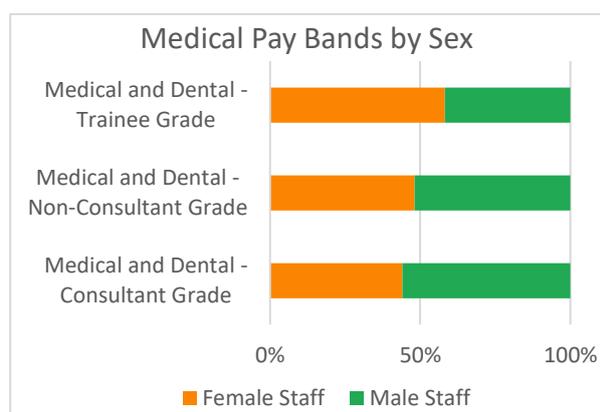
Male staff were **1.5 more likely** than female staff to be non-clinical senior managers (AfC bands 8 and above), and in junior managers roles (AfC bands 6-7), relative to their representation in compared to support and entry level roles (AfC bands 1-5). This falls outside of the acceptable equality range (0.8-1.25).

Representation Disparity Ratio	2025
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	1.07
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	1.43
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	1.53

### Medical & Dental Staff

Out of 2,627 staff on medical and dental contracts:

- ▶ 962 were consultants, out of which 44.1% were female.
- ▶ 573 were non-consultant career grades (NCCGs) out of which 48.7% were female.
- ▶ 1,092 were trainees, out of which 58.7% were female.



Male staff were **1.8 times more likely** to be consultants than female staff compared to their proportions in trainee grades. This falls outside of the acceptable equality range (0.8-1.25).

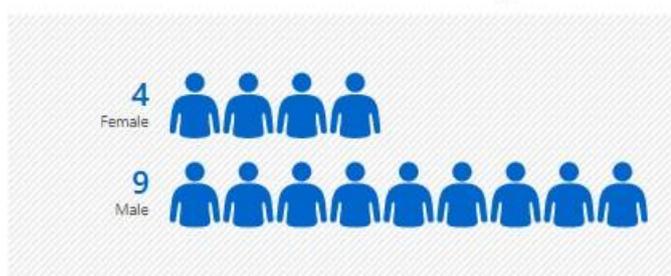
Male staff were **1.5 times more likely** to be NCCGs than female staff compared to their proportions in trainee grades. This falls outside of the acceptable equality range (0.8-1.25).

Representation Disparity Ratio	2025
Disparity ratio - Trainee to NCCG	1.50
Disparity ratio - NCCG to Consultant	1.20
Disparity ratio - Trainee to Consultant	1.80

### 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.

#### Gender of Senior Medical Managers

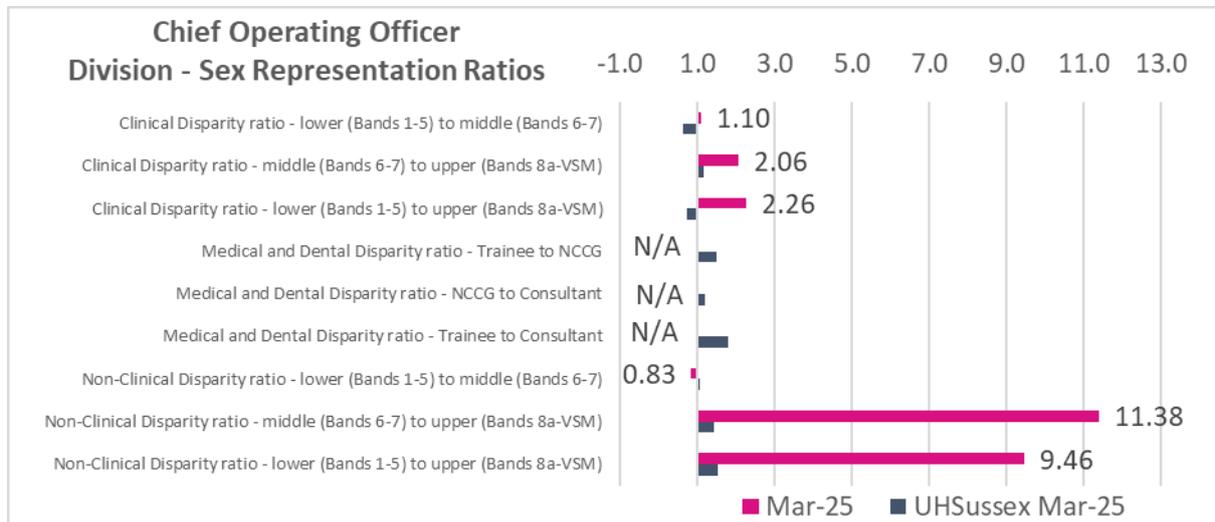


Of senior medical managers, four were female (30.8%).

## Career Progression Disparities by Division

### Chief Operating Officer

Non-clinical staff: Male staff are 11.4 times more likely than female staff to hold senior roles (Bands 8a-VSM) from Bands 6-7, and 9.5 times more likely from Bands 1-5.

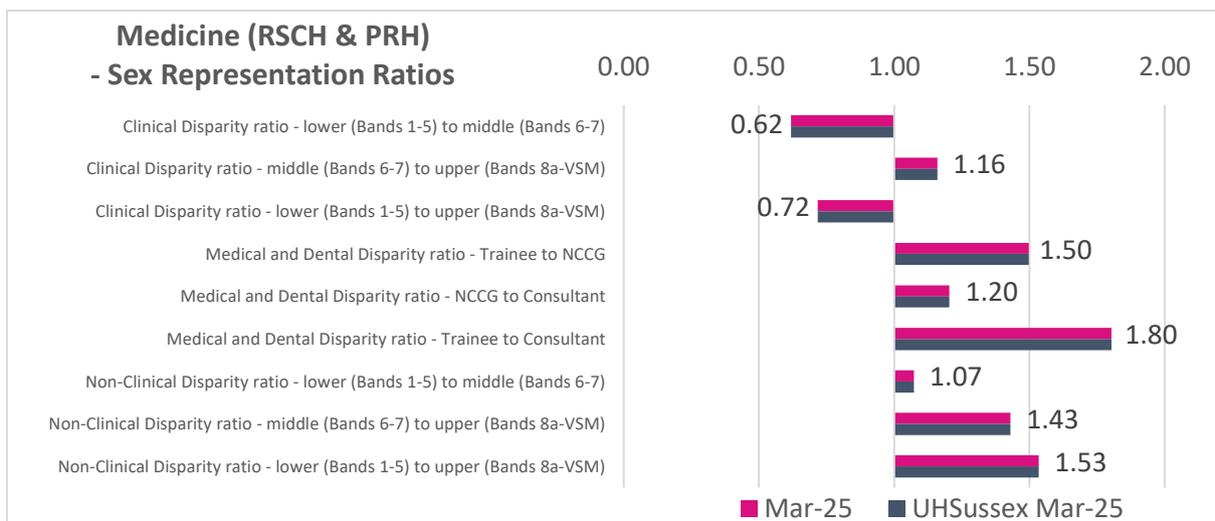


### Medicine (WOR & SRH)

Non-clinical staff: Male staff are 10.3 times more likely to hold senior roles from Bands 1-5 and 4.1 times more likely to hold middle-grade roles (Bands 6-7).

### Medicine (RSCH & PRH)

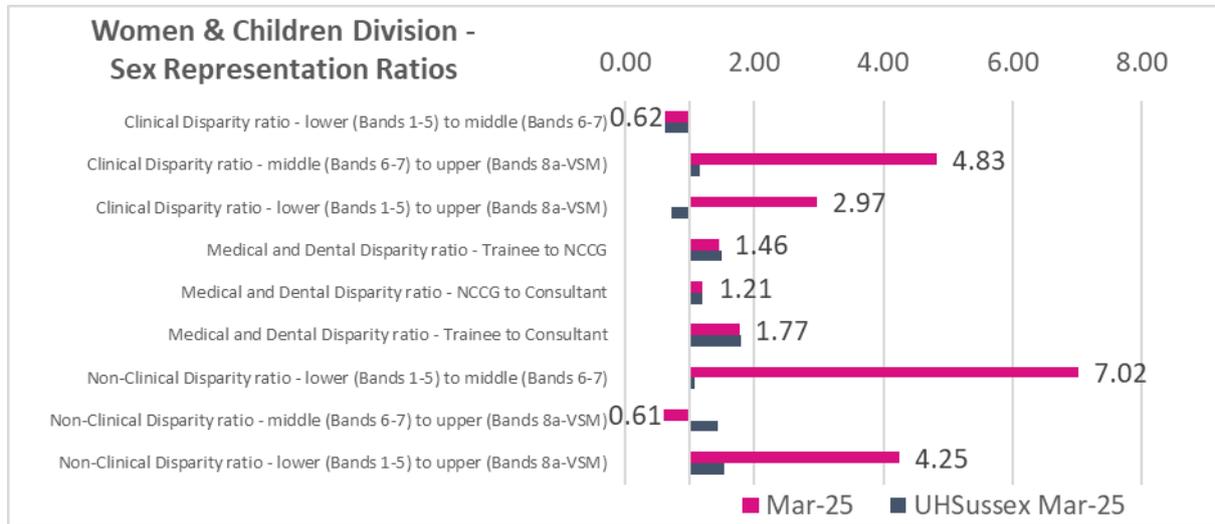
Non-clinical staff: Male staff are 6.8 times more likely to hold senior roles from Bands 1-5. From Bands 1-5 to Bands 6-7, and from Bands 6-7 to senior roles, ratios remain over two.



### Women & Children Division

Non-clinical staff: Male staff are 7 times more likely to hold middle-grade roles and 4.3 times more likely to hold senior roles from Bands 1-5.

Clinical staff: At senior levels (Bands 8a-VSM), male staff are 4.8 times more likely than female staff.



### Deputy Chief Executive Officer

Non-clinical staff: Male staff are 5 times more likely to hold senior roles from Bands 1-5 and 3.1 times more likely to hold middle-grade roles.

### Cancer Division

Non-clinical staff: Male staff are 5.3 times more likely to hold senior roles from Bands 1-5, 2.3 times more likely from Bands 1-5 to Bands 6-7, and 2.4 times more likely from Bands 6-7 to senior roles.

### Chief Executive

Non-clinical staff: Male staff are 4 times more likely to hold senior roles from Bands 6-7.

### Chief Nurse

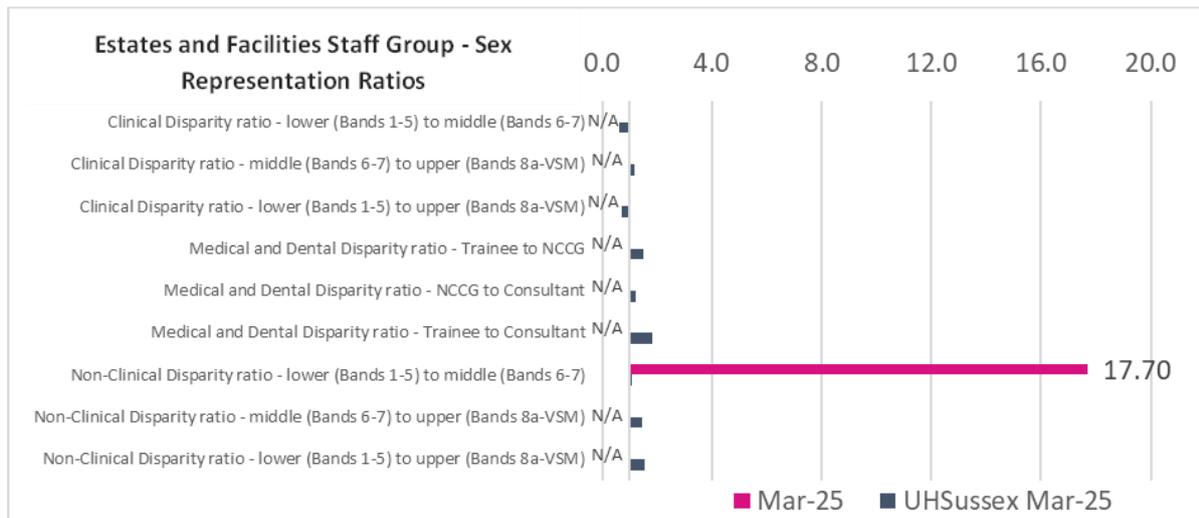
Non-clinical staff: Male staff are 4.2 times more likely to hold middle-grade roles from Bands 1-5.

Clinical staff: From Bands 6-7 to senior levels, male staff are 3.9 times more likely than female staff.

## Career Progression Disparities by Staff Group

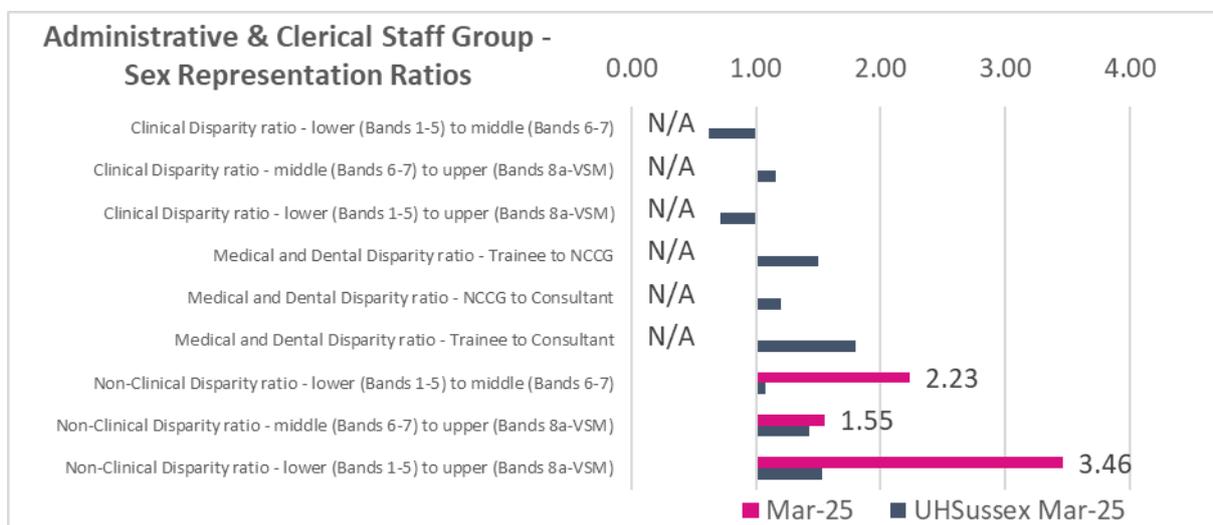
### Estates and Facilities

Non-clinical staff: Male staff are 17.7 times more likely than female staff to hold middle-grade roles (Bands 6-7) compared to Bands 1-5.



### Administrative & Clerical

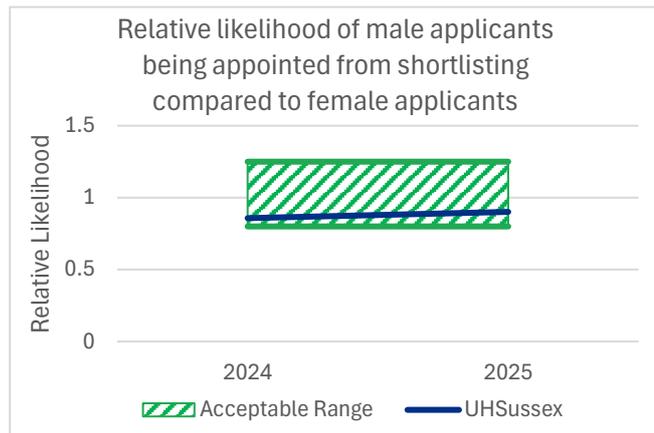
Non-clinical staff: Male staff are over 2.2 times more likely to hold middle-grade roles (Bands 6-7) compared to Bands 1-5, and over 1.6 times more likely to hold senior roles (Bands 8a-VSM) from Bands 6-7. Across the full range (Bands 1-5 to Bands 8a-VSM), male staff are over 3.5 times more likely than female staff to hold senior roles.



## Gender shortlisting-to-appointment relative likelihood

In the 2024/25 financial year UHSussex appointed 2,538 female applicants and 1,146 male applicants.

The Trust was as likely (0.9 times) to appoint males from short-listing as females. This falls within the equality target range (0.8-1.25), this has remained stable from last year (fy 2023/24)

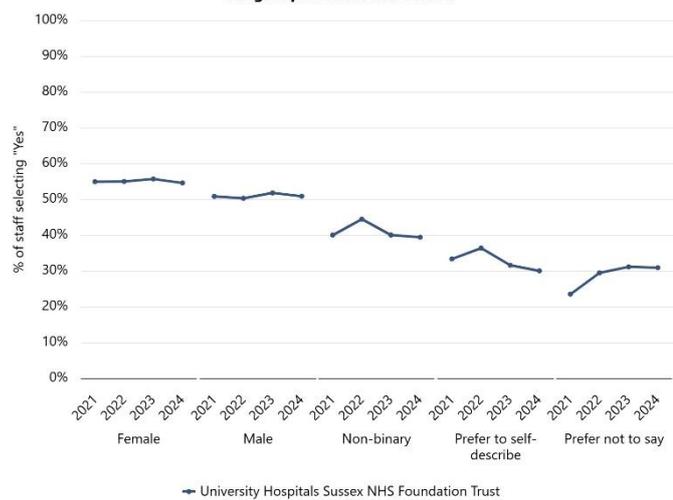


## Equality of opportunity for career progression / promotion (NSS – Q15)

Analysis of NHS Staff Survey responses by gender shows that female staff agree the most that the Trust acts fairly with regards to career progression or promotion, compared to staff from all other genders. Reviewing the data in more detail it can be shown that:

- ▶ Across all genders, less staff members agreed that the Trust acts fairly with regards to career progression or promotion in 2024 compared to 2023.
- ▶ 54.6% of female staff (5,780 respondents) and 50.9% of male staff (1,817 respondents) agreed that the Trust acts fairly with regards to career progression or promotion in 2024.

Q15 - Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?  
Subgroup breakdown: Gender

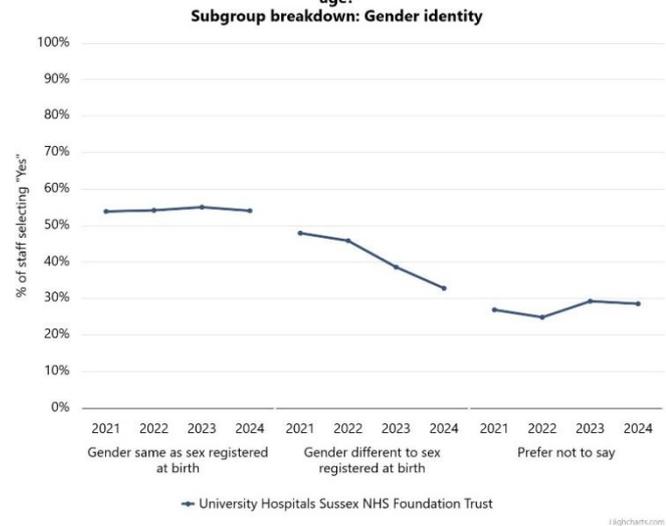


- ▶ Less than a third (30%) of staff who prefer to self-describe (20 respondents) or preferred to not share their gender (272 respondents) agree that the Trust acts fairly with regards to career progression or promotion.

Analysis of NHS Staff Survey responses by gender identity shows that staff whose gender aligns with their sex registered at birth continue to report the highest agreement that the Trust

acts fairly on career progression and promotion (54.0% of 6,973 respondents in 2024, with little year-on-year change). In contrast, agreement among staff whose gender differs from their sex registered at birth has declined markedly in recent years, falling to 32.8% (of 64 respondents).

Q15 - Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



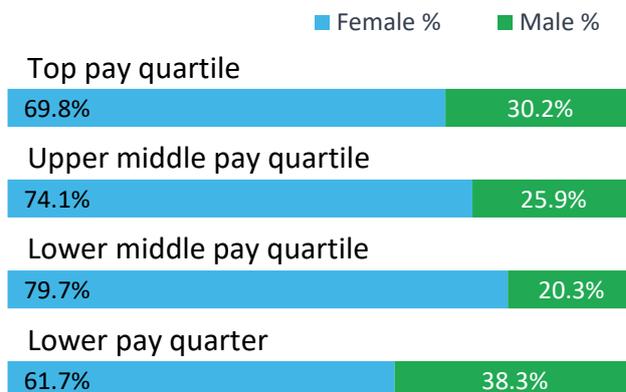
### HIA 3: Eliminate Pay Gaps (Gender)

#### Gender Pay Gap

#### Gender quartile representation

Out of 18,257 whole-time equivalent staff included in the gender pay gap analysis:

- ▶ 4,567 staff were in the top pay quartile, out of which 62.7% were female.
- ▶ 4,568 staff were in the upper middle pay quartile, out of which 79.7% female.
- ▶ 4,567 staff were in the lower middle pay quartile, out of which 74.1% female.
- ▶ 4,556 staff were in the lower pay quartile, out of which 69.8% female.



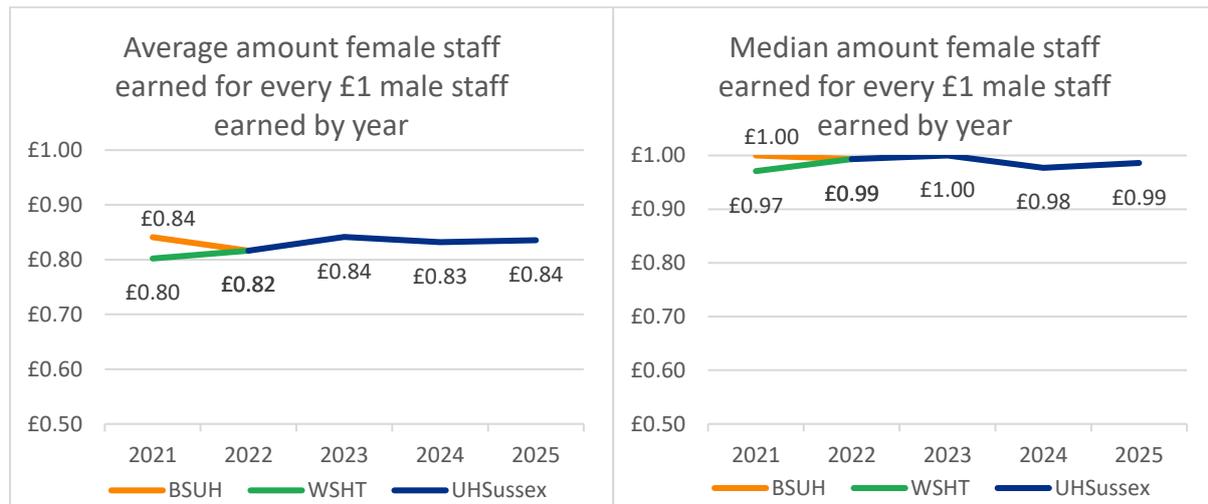
Male staff were 2.4 times more likely to be in the top pay quartile than female staff, compared to their representation in the upper middle pay quarter. This is up (**worse**) from 2.2 times in 2024.

Male staff were 1.4 times more likely to be in the top pay quartile than female staff, compared to their representation in the lower pay quarter. This is down (**better**) marginally from 1.5 times in 2024.

### Gender Ordinary Pay Gap

Comparing mean (average) hourly wages, women earned eighty-four pence for every £1 men earned, one penny more (**better**) than in 2024.

Comparing median hourly wages (accounting for the effect of outliers), women earned ninety-nine pence for every £1 men earned, one penny more (**better**) than in 2024.

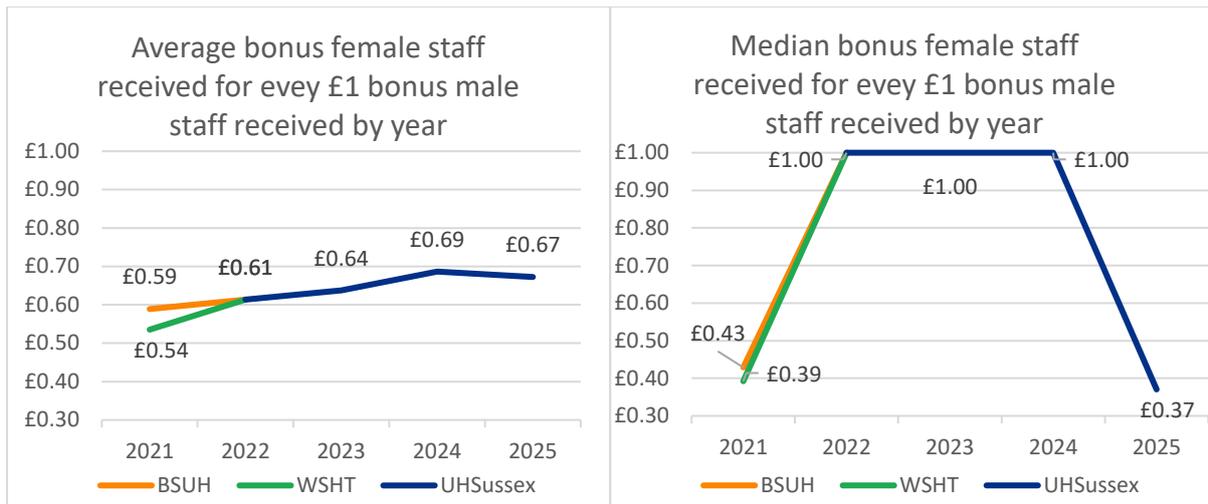


### Gender Bonus Pay Gap

221 staff received a bonus payment between the 1 April 2024 and 31 March 2025, inclusive of 76 Women and 145 men.

When comparing mean bonus pay, women earned sixty-seven pence for every £1 men earned, two pence less (**worse**) than last year.

Women’s median bonus pay was 63.0% lower than men’s – this means they earned 37p for every £1 that men earn when comparing median bonus pay. This is 63p larger than in 2024. when the gap reported was 0%. This increase (**worse**) is due to changes nationally in the distribution of bonus Clinical Excellence Awards (CEAs) for consultant medical staff. Note from April 2024 no further local CEAs are distributed but existing consultants retain any awards made before 2018 until they leave NHS service.



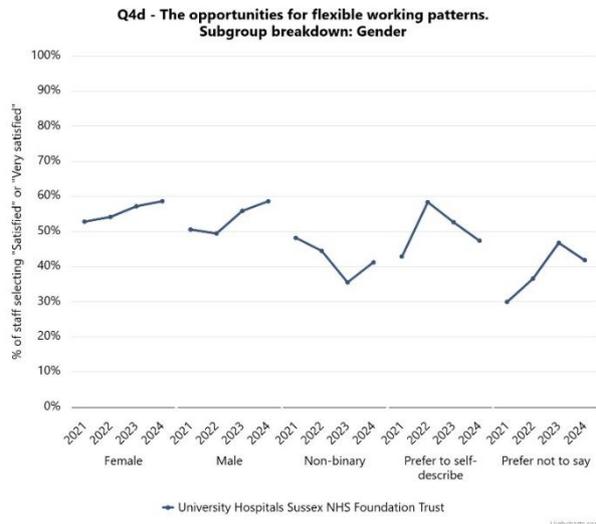
### Flexible working opportunities (NSS – Q4d; Q6d)

While flexible working is recorded in ESR in only a small number of cases, it is not currently used systematically to capture such arrangements. However, among the limited records available, all instances of job sharing (N = 2) and all, but one flexible working pattern (total N = 44) were recorded for women. The rollout of supervisor self-service in ESR is a new development, expected to begin in the latter half of 2025. This is anticipated to improve the recording of flexible working arrangements in ESR, enabling a complete and more accurate picture of uptake across the workforce in future reporting periods.

Analysis of NHS Staff Survey responses shows that non-binary and transgender staff report the lowest satisfaction with flexible working compared to all other groups.

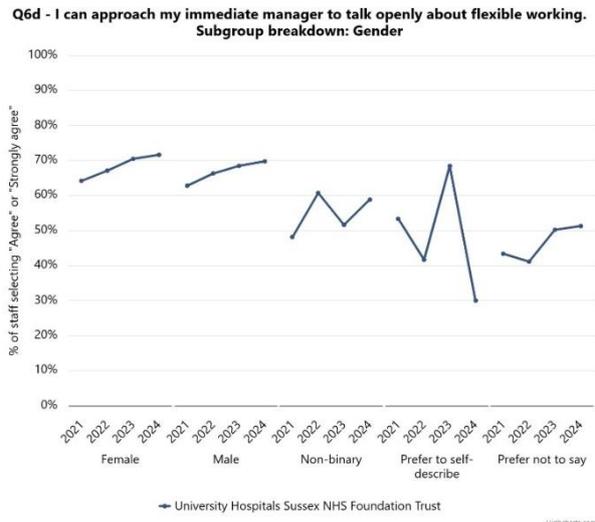
Reviewing the data by gender identity in more detail, it can be seen that:

- ▶ In 2024, as in 2023, non-binary staff reported the least satisfaction with flexible working opportunities.
- ▶ Male staff (58.6% of 1,846 respondents) and female staff (58.6% of 5,835 respondents) reported the highest satisfaction in 2024.
- ▶ Satisfaction increased since 2023 for male, female and non-binary staff (34 respondents) but declined for those who prefer to self-describe (19 respondents) or not disclose their gender (275 respondents).



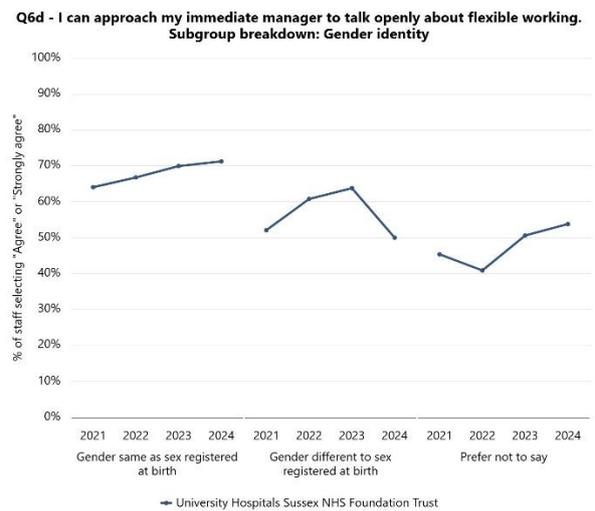
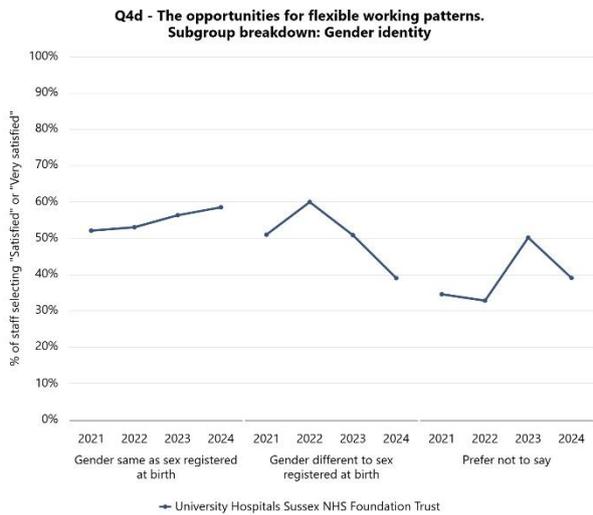
Staff who prefer to self-describe also reported the lowest confidence in approaching their manager about flexible working. Reviewing the data further, it can be seen that:

- ▶ In 2024, female staff reported the highest agreement (71.6% of 5,839 respondents).
- ▶ Agreement improved for all groups except staff who self-describe, where it fell sharply from 68.4% (of 20 respondents) in 2023 to 30.0% (of 19 respondents) in 2024.
- ▶ Across most groups, confidence in approaching managers was higher than satisfaction with flexible working opportunities overall.



Staff whose gender differs from their sex registered at birth remain less satisfied with flexible working than those whose gender aligns with their sex registered at birth.

- ▶ Satisfaction in this group fell significantly, with agreement on flexible working opportunities dropping from 50.9% (of 57 respondents) in 2023 to 39.1% (of 64 respondents) in 2024, and confidence in approaching managers declining from 63.8% (of 58 respondents) to 50.0% (of 64 respondents) in 2024.



## HIA 4: Workforce Health Inequalities (Gender)

### Burnout (NSS – Q12b)

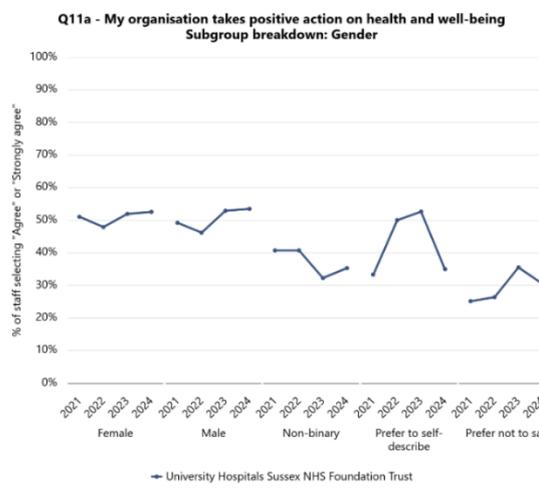
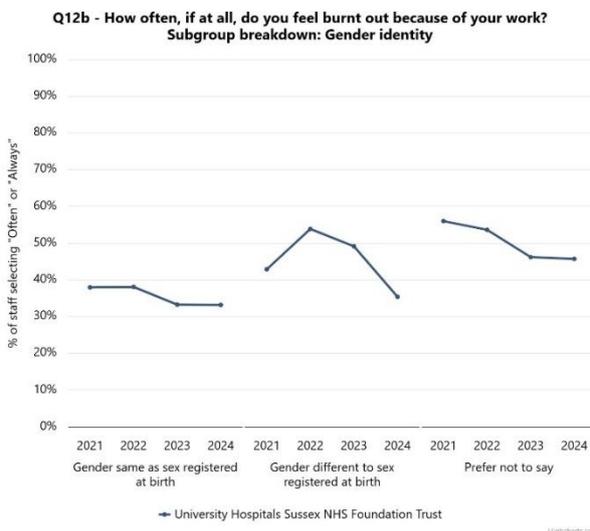
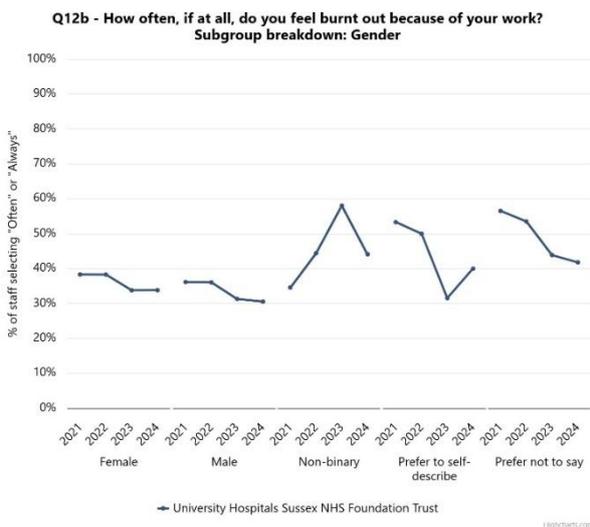
Analysis of NHS Staff Survey responses shows that male staff continue to report the lowest levels of burnout, while non-binary staff report the highest.

- ▶ In 2024, as in 2023, non-binary staff reported the highest levels of burnout (44.12% of 34 respondents).
- ▶ Since 2023, burnout levels have improved for male staff, non-binary staff and those who preferred not to disclose their gender.
- ▶ In contrast, staff who prefer to self-describe reported an increase in burnout.

By gender identity, staff whose gender differs from their sex registered at birth continue to report higher burnout than those whose gender aligns with their sex registered at birth. However, this group saw a notable improvement, with 35.4% (of 65 respondents) in 2024 reporting they “often” or “always” feel burnt out, down from 49.1% (of 57 respondents) in 2023.

### Positive action on health and wellbeing (NSS – Q11a)

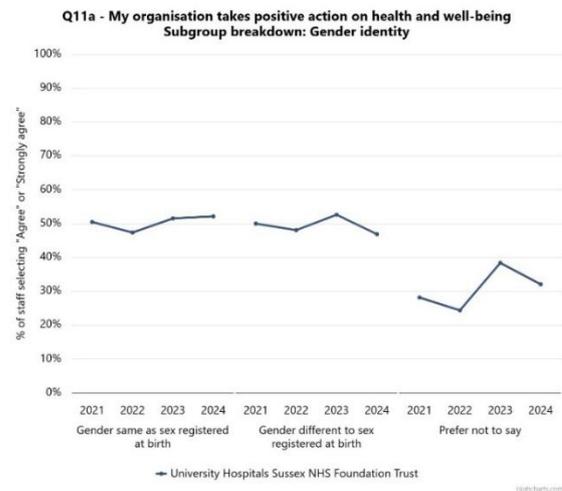
Analysis of NHS Staff Survey responses by gender shows that in 2024 more male staff (53.5% of 1,851 respondents) and female staff (52.6% of 5,786 respondents) agreed with the statement “My organisation takes positive action on health and well-being.” Agreement among non-binary staff rose slightly to 35.3% of 34 respondents (up from 32.3% of 31 respondents in 2023), while fewer staff who prefer to self-describe or not say their gender agreed than in 2023.



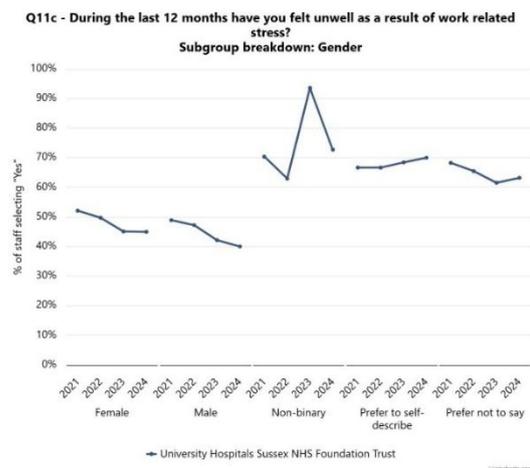
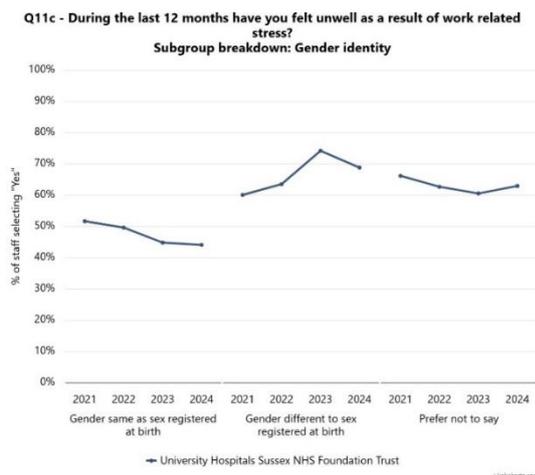
By gender identity, staff whose gender aligns with their sex registered at birth reported higher agreement (52.1% of 7,010 respondents, up from 51.5% of 7,354 respondents in 2023) than those whose gender differs (46.9% of 64 respondents) and those who preferred not to say (32.1% of 265 respondents), both of whom saw declines since 2023.

### Work related stress (NSS – Q11c)

Analysis of NHS Staff Survey responses by gender shows that in 2024 more non-binary staff (72.7% of 33 respondents), staff who prefer to self-describe (70.0% of 20 respondents) and those who preferred not to say their gender (63.2% of 269 respondents) reported feeling unwell due to work-related stress.



There was a reduction in reports of work-related stress among non-binary, male and female staff compared to 2023.



By gender identity, staff whose gender differs from their sex registered at birth (68.8% of 64 respondents) and those who preferred not to say (62.9% of 264 respondents) reported higher levels of work-related stress than staff whose gender aligns with their sex registered at birth (44.0% of 7,027 respondents).

## HIA 6: Eliminate Discrimination (Gender)

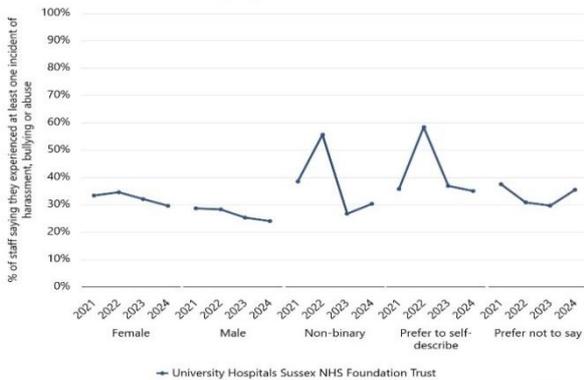
### Harassment, bullying or abuse by gender (NSS – Q14a-d)

Analysis of NHS Staff Survey responses highlights that non-binary staff and those who prefer to self-describe or not disclose their gender and transgender staff report higher levels of harassment, bullying and abuse.

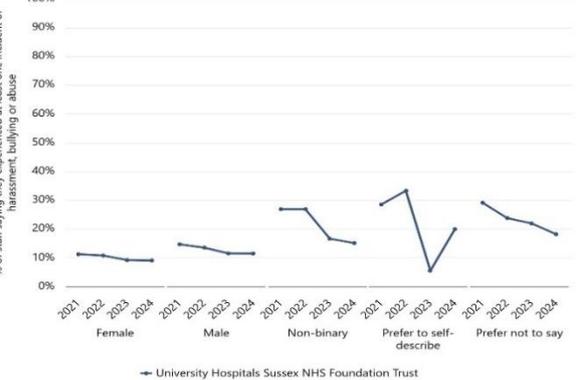
Reviewing the data by gender in more detail it can be shown that:

- ▶ Staff who prefer to self-describe or not disclose their gender reported more harassment, bullying and abuse from patients or the public (35.00% of 20 respondents, and 35.42% of 271 respondents) and managers (20.00% of 20 respondents, and 18.22% of 269 respondents) than staff of other genders.
- ▶ Non-binary staff reported the highest levels of harassment, bullying and abuse from colleagues (36.36% of 33 respondents).
- ▶ Since 2023, there has been a marked increase in reports of harassment, bullying and abuse from patients or the public among non-binary staff and those who preferred not to disclose their gender. Reports of such behaviour from managers also rose notably among staff who self-describe their gender.
- ▶ In contrast, staff of other genders saw little change or a decrease in these experiences since 2023.
- ▶ Women reported a higher rate of harassment, bullying and abuse (29.57% of 5,833 respondents) than men (23.98% of 1,856 respondents) from patients or the public, and colleagues (18.34% of 5,803 respondents, vs. 17.36% of 1,832 respondents).and were more likely to report these experiences (52.10% of 2,142 respondents).
- ▶ Staff who preferred not to disclose their gender were also less likely to report these experiences (37.59% of 133 respondents) compared to staff of other genders, with reporting rates for this group showing a significant decline since 2023.

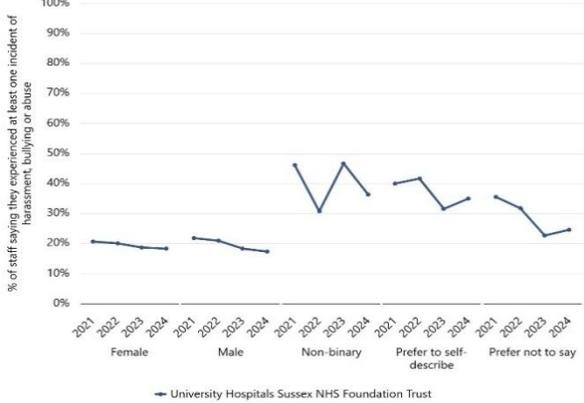
**Q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?**  
Subgroup breakdown: Gender



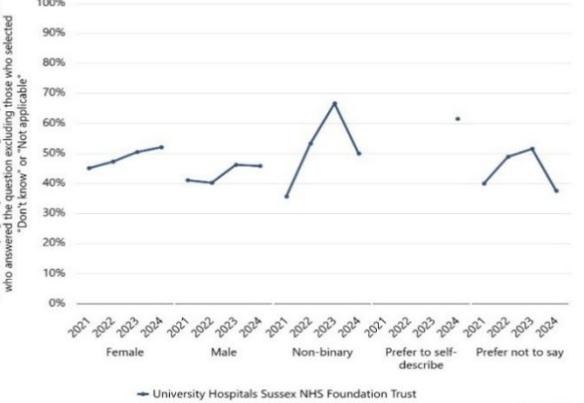
**Q14b - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?**  
Subgroup breakdown: Gender



**Q14c - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?**  
Subgroup breakdown: Gender

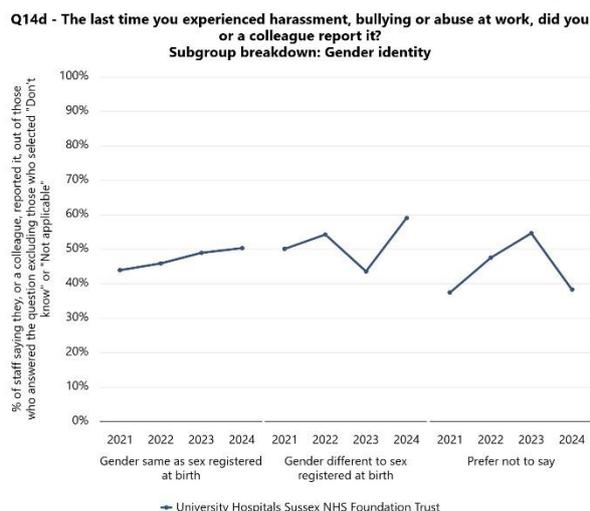
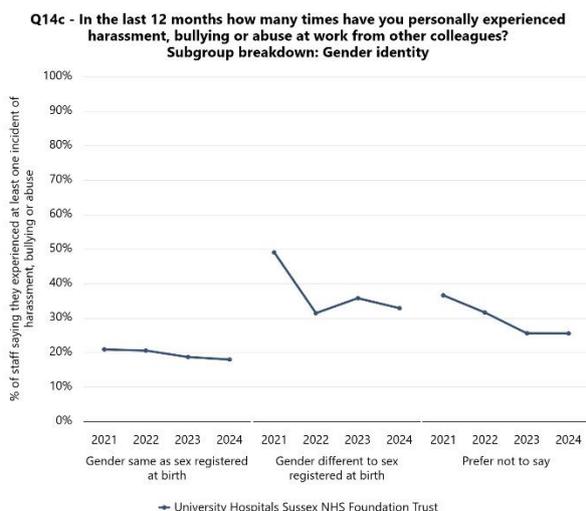
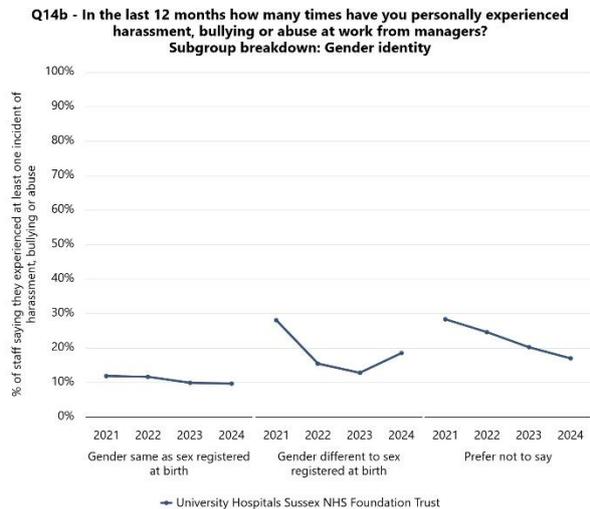
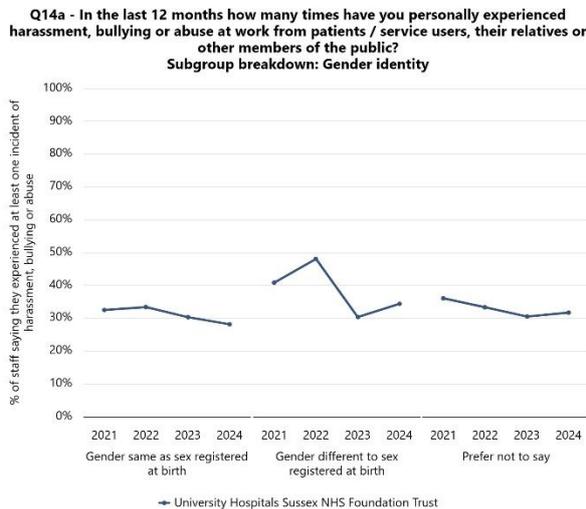


**Q14d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?**  
Subgroup breakdown: Gender



Reviewing the data by gender identity in more detail it can be shown that:

- ▶ Staff who identify with a gender different to their sex registered at birth reported more harassment, bullying and abuse from patients or the public (34.38% of 64 respondents, compared to 28.15% of 7,045 respondents for staff whose gender aligns with their sex registered at birth), managers (18.46% of 65 respondents, vs. 9.59% of 7,009 respondents) and colleagues (32.81% of 64 respondents, vs. 17.91% of 7,006 respondents).
- ▶ Since 2023, there has been a marked increase in reports of harassment, bullying and abuse from patients or the public and managers among this staff group.
- ▶ Staff who preferred not to disclose their gender identity were substantially less likely to report these experiences (38.21% of 123 respondents), despite a sharp rise in reported incidents for staff identifying with a gender different to their sex registered at birth (58.97% of 39 respondents).



## Discrimination by Sex and Gender: Raising Concerns About Inequality

Out of 22 discrimination cases raised through the [Freedom to Speak Up Guardian Service](#) (FTSUG) during the 2024/25 financial year, 2 (9.1%) included sex as either

a primary or contributing theme, with 1 (4.5%) identifying sex as the primary theme. 1 (4.5%) additional case identified gender as a primary theme. Two cases (9.1%) did not specify a primary or other theme, suggesting some gaps in reporting detail.

In comparison, during the 2023/24 financial year, 1 out of 14 (7.1%) cases raised through FTSUG mentioned sex, none mentioned gender. However, 9 (64.3%) did not specify any primary or other theme, limiting the ability to fully understand the nature of concerns raised. It is furthermore important to note that only eight months of data were available for the 2023/24 reporting period.

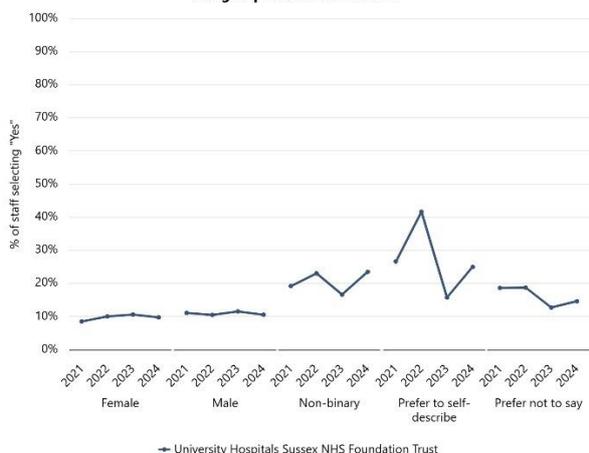
### Discrimination from managers or colleagues by gender (NSS – Q16a-b)

Analysis of NHS Staff Survey responses shows that non-binary staff, those who prefer to self-describe their gender and transgender staff report the highest levels of discrimination.

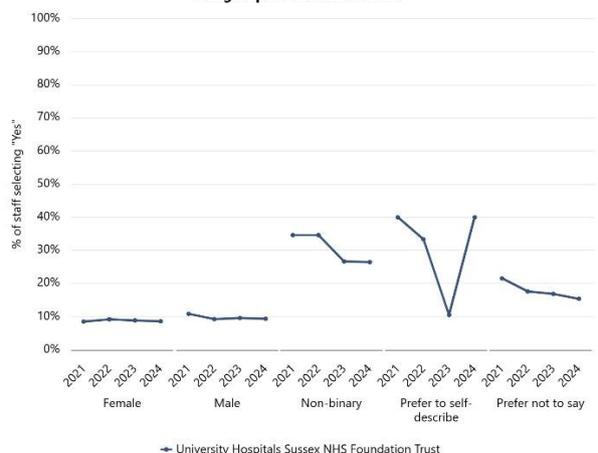
Reviewing the data by gender in more detail it can be shown that:

- ▶ In 2024, 23.5% of non-binary staff (34 respondents) and 25.0% of staff who prefer to self-describe (20 respondents) reported experiencing discrimination from patients or the public, and 26.5% (of 34 respondents) and 40.0% (of 20 respondents) respectively reported experiencing discrimination from managers or colleagues. Reports of discrimination among these groups have worsened since 2023.
- ▶ Female staff reported the least experiences of discrimination from patients or the public (9.78% of 5,826 respondents) and managers or colleagues (8.59%), while male staff reported 10.58% (of 1,843 respondents) and 9.35% (of 1,829 respondents) respectively. Rates of discrimination among these groups saw minor changes or improved over the last years.

Q16a - In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?  
Subgroup breakdown: Gender

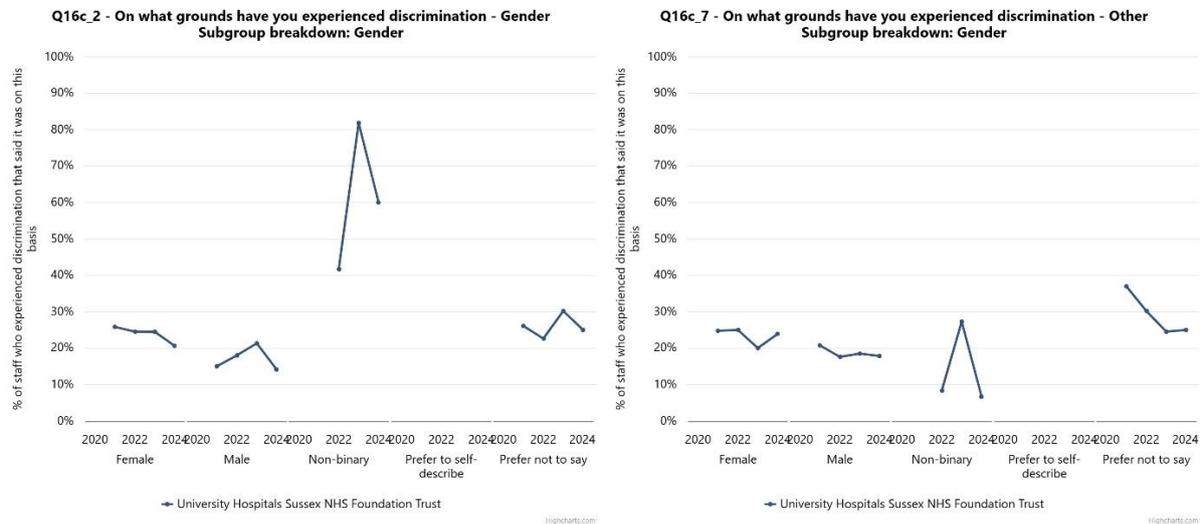


Q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?  
Subgroup breakdown: Gender



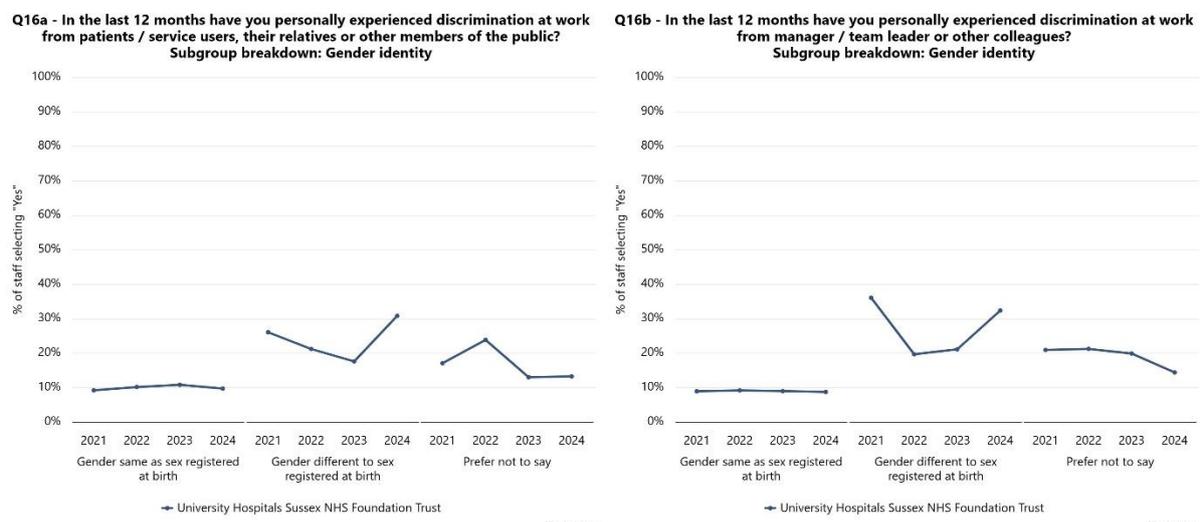
A higher proportion of women who had experienced discrimination felt this was on the grounds of gender (20.62% of 878 respondents). This view was also held by 60% of non-binary staff (15 respondents), 25% of those who preferred not to

disclose their gender (60 respondents), and 14.14% of male staff (297 respondents) also felt this was also on the grounds of gender. Notably, women were also more likely to attribute discrimination to 'other' reasons (23.92% of 878 respondents).



Reviewing the data by gender identity in more detail it can be shown that:

- ▶ Staff who identify with a gender different to their sex registered at birth reported more reported experiencing discrimination patients or the public (30.77% of 65 respondents, compared to 9.67% of 7,029 respondents whose gender aligns with their sex registered at birth) managers and colleagues (32.31% of 65 respondents, vs. 8.69% of 6,977 respondents).
- ▶ Since 2023, there has been a marked increase in reports of harassment, bullying and abuse from patients or the public and managers among this staff group.
- ▶ Staff who identify with a gender different to their sex registered at birth reported felt this was on the grounds of gender 42.42% (of 33 respondents), compared to 19.51% of staff whose gender aligns with their sex registered at birth (1,061 respondents).



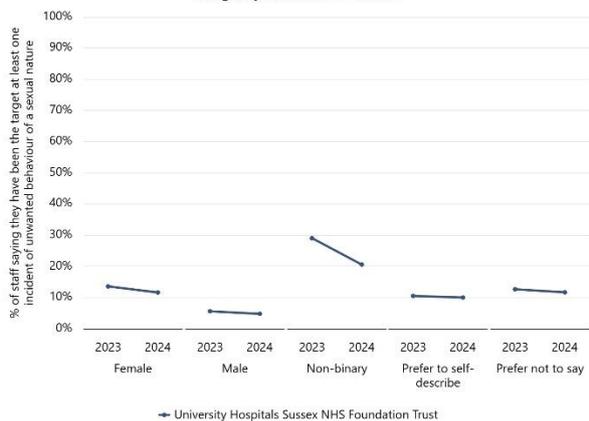
## Sexual harassment by gender (NSS – Q17a-b)

Analysis of NHS Staff Survey responses shows that non-binary and transgender staff report the highest levels of sexual harassment.

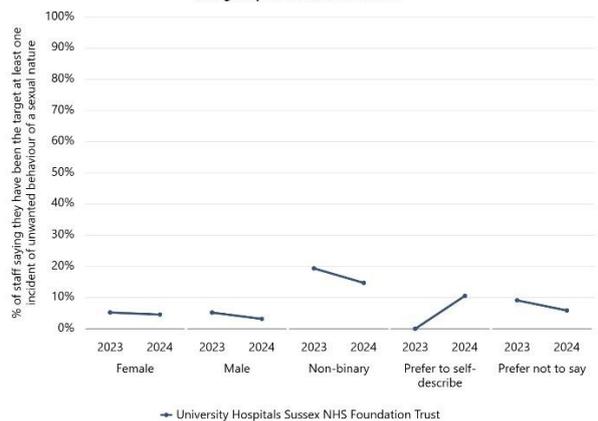
Reviewing the data by gender shows notable disparities in experiences of sexual harassment:

- ▶ In 2024, 20.6% (of 34 respondents) non-binary staff reported experiencing sexual harassment from patients or the public, and 14.7% (of 34 respondents) from managers or colleagues.
- ▶ While rates of sexual harassment have improved or saw minor changes across most groups since 2023, there has been a sharp increase among staff who prefer to self-describe, with reports of sexual harassment from managers or colleagues rising from 0% (of 18 respondents) in 2023 to 10.5% (of 19 respondents) in 2024.

Q17a - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users, their relatives or other members of the public  
Subgroup breakdown: Gender



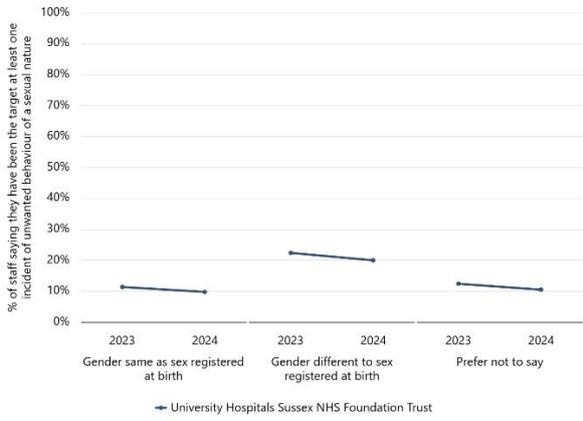
Q17b - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues  
Subgroup breakdown: Gender



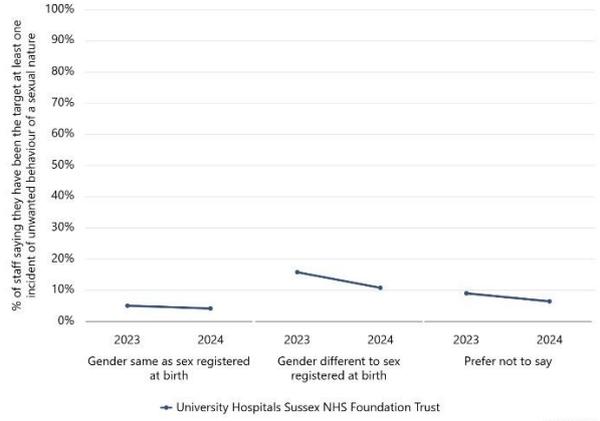
Reviewing the data by gender identity shows notable disparities in experiences of sexual harassment:

- ▶ Staff whose gender differs from their sex registered at birth reported higher levels of sexual harassment from patients or the public (20.0% of 65 respondents, compared to 9.8% (of 7,057 respondents) for staff whose gender aligns with their sex registered at birth) and from managers and colleagues (10.8% of 65 respondents, vs 4.2% of 7,034 respondents).
- ▶ However, reports of harassment, bullying and abuse from managers and colleagues among this group have decreased since 2023.

**Q17a - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users, their relatives or other members of the public**  
**Subgroup breakdown: Gender identity**



**Q17b - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues**  
**Subgroup breakdown: Gender identity**



## 4. Sexual Orientation

### Sexual Orientation Equality Summary

The proportion of staff at UHSussex identifying as lesbian, gay, bisexual, undecided or other sexual orientations (LGBUO) is higher than in the wider Sussex and England populations. A higher proportion of LGBUO staff responded to the NHS Staff Survey compared to their overall presence in the workforce.

In clinical roles, heterosexual and LGBUO staff were equally likely to be in senior positions. However, in medical roles, heterosexual staff were significantly more likely to be consultants and in non-consultant career grades than LGBUO staff, and these gaps have grown in some areas compared to last year. In non-clinical management, LGBUO staff were proportionally more likely to hold senior roles.

Recruitment outcomes were broadly fair, but some groups within LGBUO reported lower confidence in career progression, particularly staff who selected “another sexual orientation” or preferred not to disclose their orientation. Burnout and stress levels were highest among bisexual staff and those selecting “another sexual orientation,” while heterosexual staff reported the lowest levels of burnout, stress, and harassment.

Reports of bullying, harassment, and discrimination were highest for bisexual staff and those identifying with “another sexual orientation,” with some indicators worsening compared to last year. These groups also reported increased experiences of sexual harassment from patients, managers, and colleagues, while other groups saw little change or improvements.

### HIA 1: Leadership and Accountability (Sexual Orientation)

#### Staff voice

The Trust has a [Lesbian, Gay, Bisexual, Trans, Queer, Intersex, \(LGBTQI+\) Network](#) sponsored by the Chief Operating Officer.

The LGBTQI+ Staff Network has recently nominated a new lead who will be taking them through the next chapter. Their 20-month charity programme plan will include informal coffee mornings, sports events, monthly network meetings, and monthly socials outside of work, with an aim to improve staff wellbeing, increase attendance and help staff to feel they belong.

The monthly network meetings will aim to involve speakers from all walks of the LGBTQIA+ community to increase learning and obtain an understanding of who we



8 – LGBTQI+ Network:  
Pride 2024

are and how we can support one another. The network collaborates with other trusts within Sussex, and other networks within UHSussex, with the goal of connecting staff with one another based on their similarities, and to learn how we can all work together.

This Pride Month (June 2025) the LGBTQI+ Staff Network held two coffee mornings – one at the Royal Sussex County Hospital and one at Worthing Hospital, one staff network meeting with local Drag King; Prince of Persia invited, and one evening out at The Actors pub in Brighton. The network also went to Preston Park with the LGBTQI+ network from Sussex Community NHS Foundation Trust to play Rounders together. The network lead ensures future events occur throughout Sussex so that all staff across the Trust can be involved.



### 9 – (both) UHSussex LGBTQI+ Network: Preston Park Rounders Social with Sussex Community NHS Foundation Trust

With additional support from My University Hospitals and legacy charities, the network is running a successful Pride programme across Summer 2025, participating in Worthing Pride and Brighton & Hove Pride with opportunities to promote the Trust.

### Board sexual orientation composition

Twelve members of the Trust Board shared a sexual orientation (66.7%), and six did not state their sexual orientation (33.3%). This has improved from last year (50% did not state).

### Sexual Orientation of Board Members



## HIA 2: Inclusive Talent (Sexual Orientation)

### Sexual orientation workforce representation

Out of a permanent workforce of 17,972 in March 2025, 6.96% (1,250) were recorded as LGBUO<sup>2</sup> on ESR. This represents an increase of nearly 0.8 percentage points compared to the previous year (2024 = 6.2%). Out of this, 3.86% identified as gay or lesbian, 2.31% as bisexual, 0.58% as another sexual orientation not listed and 0.19% as undecided.

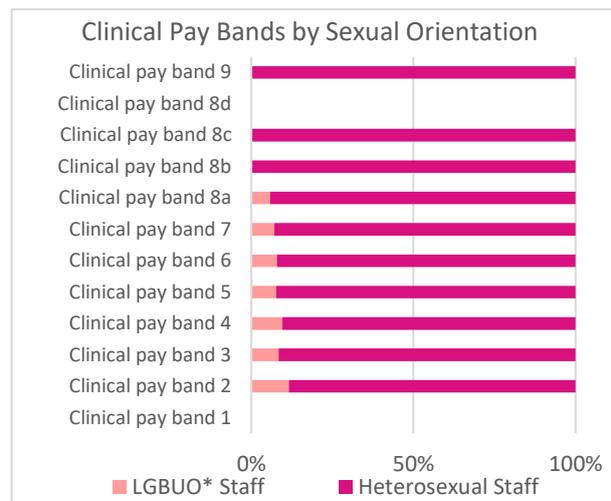
This compares to 3.17% of the population in England (1.54% gay or lesbian, 1.29% bisexual, 0.23% pansexual, 0.06% asexual, 0.03% queer, 0.02% other sexual orientations) and 4.4% (2.33% gay or lesbian, 1.60% bisexual, 0.27% pansexual, 0.07% asexual, 0.07% queer, 0.02% other sexual orientations) across East Sussex, West Sussex and Brighton and Hove combined (Census 2021, ONS).

In the 2024 NHS Staff Survey, responses were received from 6,769 (83.61%) heterosexual or straight staff, 372 (4.59%) gay or lesbian staff, 234 (2.89%) bisexual staff, 72 (0.89%) staff who reported their sexual orientation to be another not listed, and 563 (6.95%) staff who preferred not to disclose their sexual orientation at UHSussex.

### Clinical Agenda for Change Staff Disparity Ratios

Out of 9,635 clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 5,682 staff were in lower bands (AfC 1-5) out of which 7.4% were LGBUO.
- ▶ 3,569 staff were in middle bands (AfC 6-7) out of which 6.8% were LGBUO.
- ▶ 384 staff were in upper bands (AfC 8a+) out of which 6.3% were LGBUO.



Heterosexual staff were **as likely (1.1 times)** 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 falls within the equality target range (target between 0.8-1.25) and has improved (down) from 1.4 times in 2024.

<sup>2</sup> LGBUO = Lesbian, Gay, Bisexual, Undecided, Other

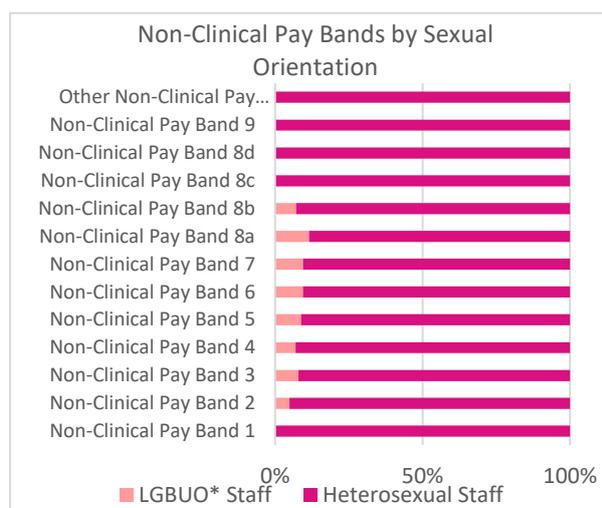
Overall, heterosexual clinicians were **just as likely** to be in bands 6-7 as LGBUO clinicians, compared to their representation in bands 1-5. This is unchanged from 2024.

Representation Disparity Ratio	2024	2025
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	1.02	1.10
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	1.38	1.11
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	1.41	1.21

### Non-Clinical Agenda for Change Staff Disparity Ratios

Out of 5,637 non-clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 4,107 staff were in lower bands (AfC 1-5) out of which 5.7% were LGBUO.
- ▶ 942 staff were in middle bands (AfC 6-7) out of which 8.3% were LGBUO.
- ▶ 588 staff were in upper bands (AfC 8a+) out of which 9% were LGBUO.



Heterosexual staff were just over **half as likely** (0.6 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). This is unchanged from 2024.

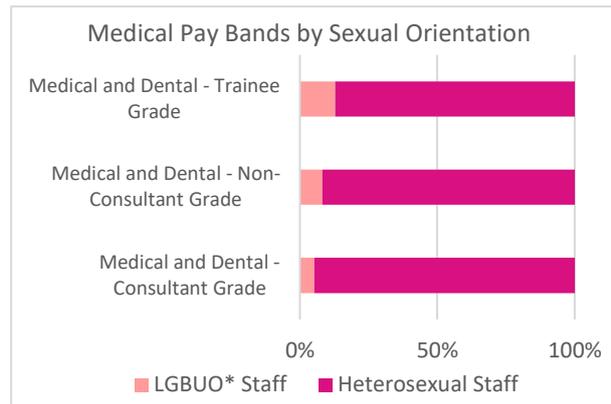
Heterosexual staff were similarly likely (0.9 times) to be non-clinical senior managers (AfC bands 8-VSM) than LGBUO staff, compared to junior managers roles (AfC bands 6-7), falling within the equality target range (target between 0.8-1.25).

Representation Disparity Ratio	2024	2025
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	0.76	0.65
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	0.76	0.93
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	0.58	0.60

## Medical & Dental Staff Disparity Ratios

Out of 2,627 staff on medical and dental contracts:

- ▶ 1,092 were trainees, out of which 10.5% were LGBUO.
- ▶ 573 were on non-consultant career grades (NCCGs) out of which 6.5% were LGBUO.
- ▶ 962 were consultants, out of which 4% were LGBUO.



Heterosexual staff were 2.7 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). This is **worsened** (up), from 2.1 times in 2024.

Heterosexual staff were over **1.7 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 is **improved** (down), from 2.2 times in 2024.

Heterosexual staff were **1.6 times more likely** to be consultants as LGBUO staff compared to their proportions in non-consultant career grades, this is above the equality target range (target between 0.8-1.25). This ratio has **worsened** (up), from 0.9 times in 2024, when it fell within the equality target range.

Representation Disparity Ratio	2024	2025
Disparity ratio – Trainee to NCCG	2.20	1.70
Disparity ratio – NCCG to Consultant	0.94	1.61
Disparity ratio – Trainee to Consultant	2.08	2.74

## 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). Eleven of these shared their sexual orientation (84.6%) and two (15.4%) did not share their orientation on their staff record.

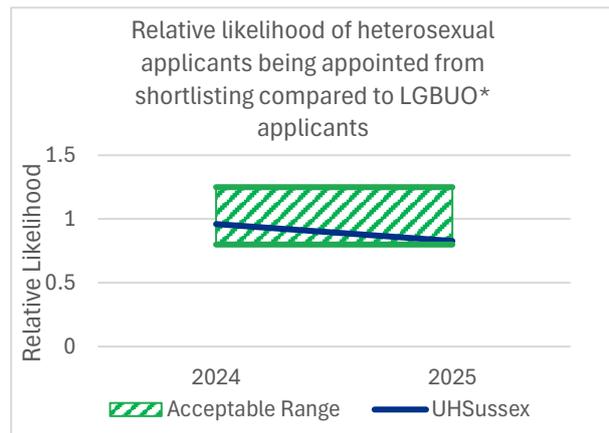
### Sexual Orientation of Senior Medical Managers



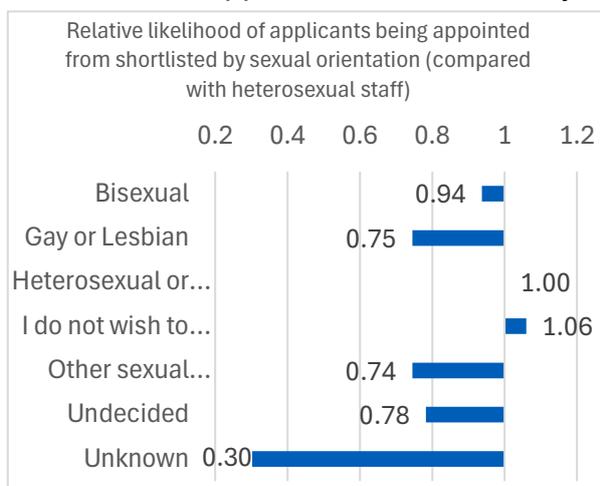
## Sexual orientation shortlisting-to-appointment relative likelihood

In the 2024/25 financial year UHSussex appointed 302 LGBUO\* people and 2,494 heterosexual people.

The Trust was as likely (0.83 times) to appoint heterosexual staff from shortlisting as LGBUO\* staff. This has decreased since last year but still falls within the equality target range (0.8-1.25).



Heterosexual applicants were less likely than applicants who chose another sexual orientation not listed (0.74 times), gay or lesbian applicants (0.75 times less likely), and applicants who were undecided about their sexual orientation (0.78) to be appointed from shortlisting, falling just below the equality target range (target between 0.8-1.25).



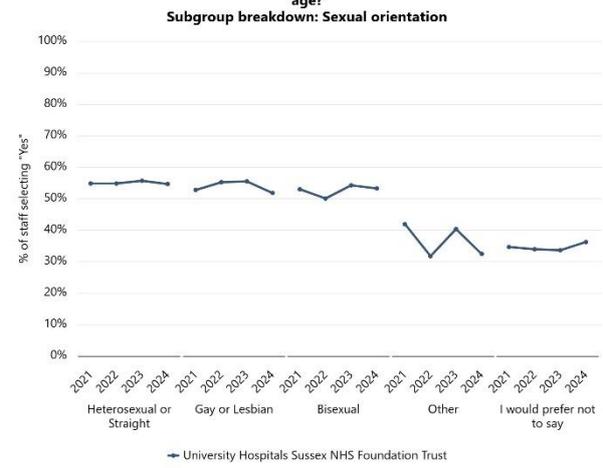
Heterosexual applicants were 0.3 (a third) times less likely to be appointed from shortlisting than staff who did not disclose their sexual orientation.

## Equality of opportunity for career progression / promotion (NSS – Q15)

Reviewing the NHS Staff Survey question on fair opportunities for career progression and promotion shows notable disparities by sexual orientation:

- ▶ Staff who selected “another sexual orientation” (32.4% of 71 respondents) or preferred not to say (36.2% of 567 respondents) reported the lowest agreement with the statement compared to all other groups.
- ▶ Since 2023, agreement has fallen among gay or lesbian staff and sharply for those who preferred not to disclose their sexual orientation.

Q15 - Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

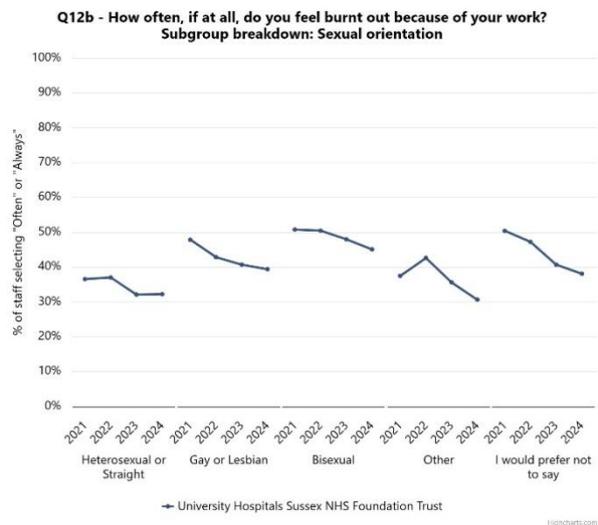


## HIA 4: Workforce Health Inequalities (Sexual Orientation)

### Burnout (NSS – Q12b)

Reviewing the NHS Staff Survey question on burnout shows notable differences by sexual orientation:

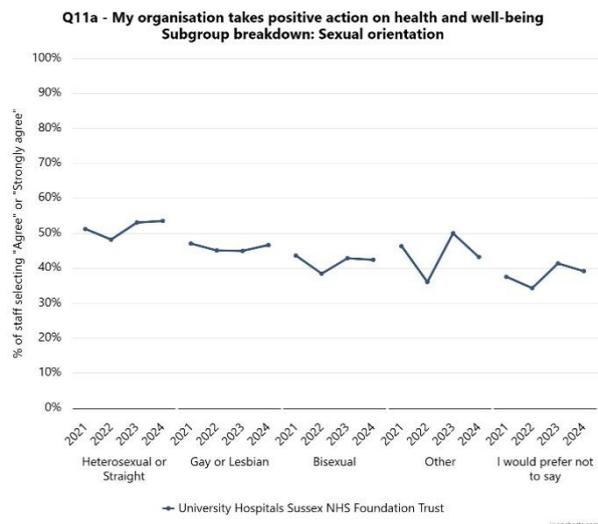
- ▶ Bisexual staff reported the highest levels of burnout (45.1% of 235 respondents), followed by gay or lesbian staff (39.4% of 373 respondents), compared to all other groups.
- ▶ Reports of burnout decreased across all groups except heterosexual staff, where levels remained stable between 2023 and 2024.



### Positive action on health and wellbeing (NSS – Q11a)

Reviewing the NHS Staff Survey question “My organisation takes positive action on health and well-being” shows:

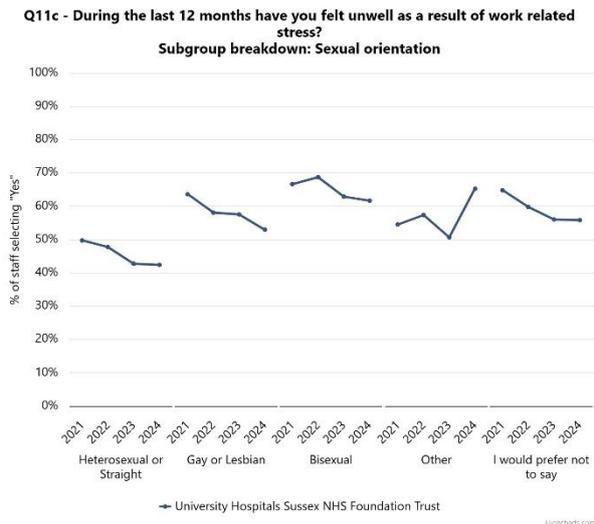
- ▶ Heterosexual staff reported the highest agreement (53.5% of 6,745 respondents), though levels across all groups were broadly similar.
- ▶ Most scores remained stable; however, there was a sharp decline among staff who selected “another sexual orientation,” with agreement falling from 50.0% (of 74 respondents) in 2023 to 43.2% (of 74 respondents) in 2024.



### Work related stress (NSS – Q11c)

Reviewing the NHS Staff Survey question on feeling unwell due to work-related stress in the last 12 months shows:

- ▶ Staff who selected “another sexual orientation” reported the highest levels (65.3% of 72 respondents), while heterosexual staff reported the lowest (42.4% of 6,762 respondents).
- ▶ Most scores remained stable; however, there was a decrease of just under 5 percentage points among gay or lesbian staff and a sharp rise among those selecting “another sexual orientation,” increasing from 50.7% (of 71 respondents) in 2023 to 65.3% (of 72 respondents) in 2024.



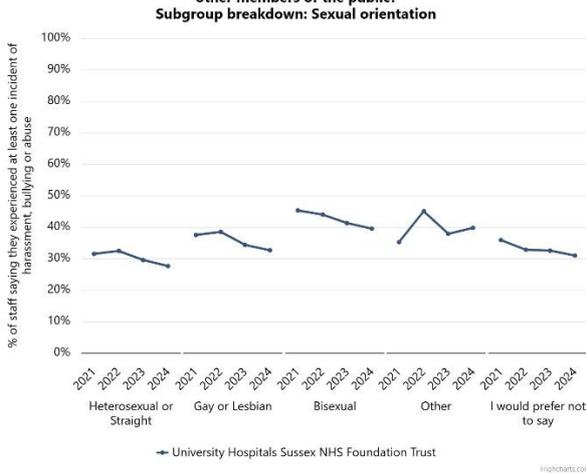
## HIA 6: Eliminate Discrimination (Sexual Orientation)

### Harassment, bullying or abuse by sexual orientation (NSS – Q14a-d)

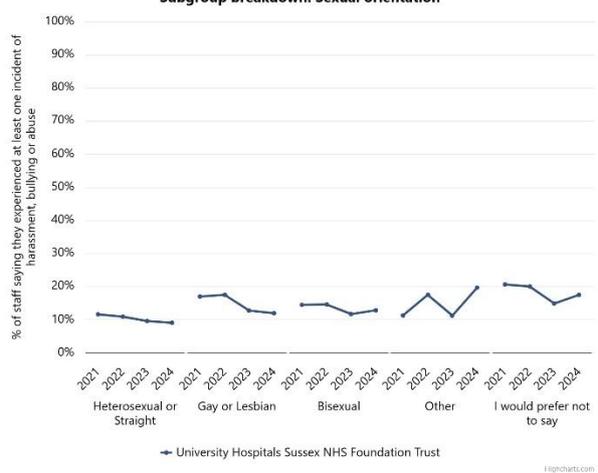
Analysis of NHS Staff Survey responses highlights that heterosexual staff report lower levels of harassment, bullying and abuse compared to staff of other sexual orientations. Reviewing the data by in more detail, it can be seen that:

- ▶ Heterosexual staff reported the least harassment, bullying and abuse from patients or the public (27.6% of 6,785 respondents), managers (9.1% of 6,743 respondents) and colleagues (17.4% of 6,747 respondents).
- ▶ Staff who selected “another sexual orientation” and bisexual staff reported the highest levels of harassment, bullying and abuse from patients or the public (39.7% of 73 respondents and 39.5% of 233 respondents).
- ▶ Staff who selected “another sexual orientation” also reported the highest levels of harassment, bullying and abuse from managers (19.7% of 71 respondents) and colleagues (30.0% of 70 respondents).
- ▶ Since 2023, there has been a marked increase in reports of harassment, bullying and abuse from patients, managers and colleagues among staff who selected “another sexual orientation,” with some increase among staff who preferred not to disclose their sexual orientation (managers and colleagues).
- ▶ In contrast, other groups saw little change or a decrease in these experiences since 2023.
- ▶ Staff who selected “another sexual orientation” or preferred not to disclose their sexual orientation were also less likely to report these experiences in 2024, with reporting rates showing a significant decline since 2023.

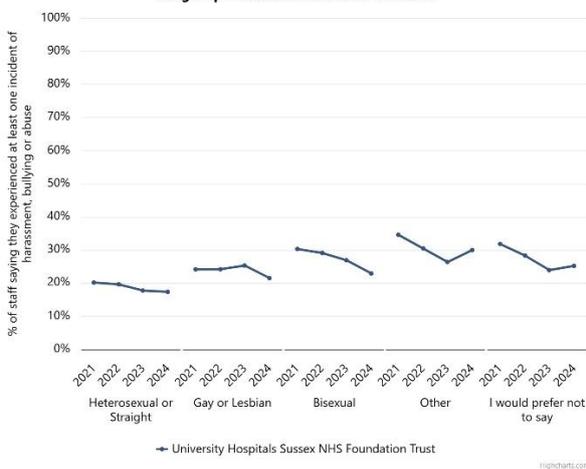
**Q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?**



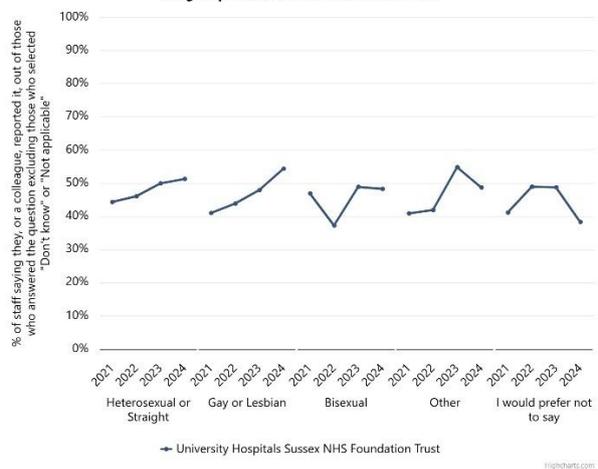
**Q14b - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?**



**Q14c - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?**



**Q14d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?**

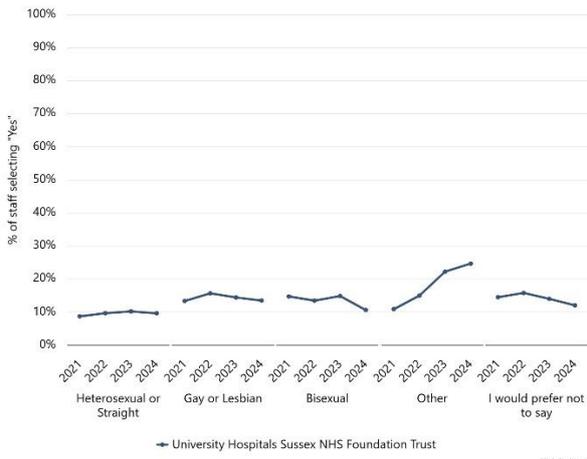


## Discrimination from managers or colleagues by sexual orientation (NSS – Q16a-b)

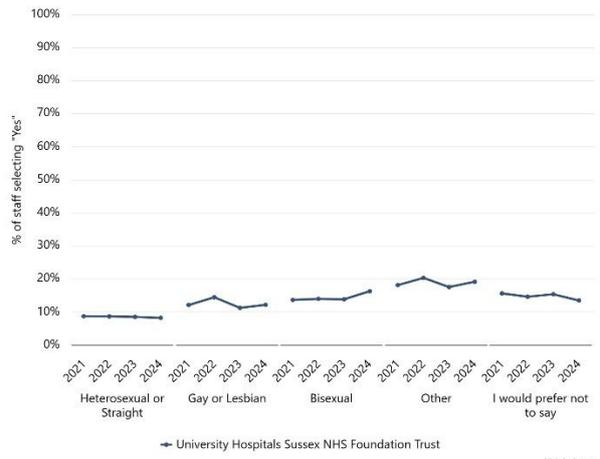
Analysis of NHS Staff Survey responses shows that staff who selected “another sexual orientation” report the highest levels of discrimination, while heterosexual staff report the lowest. Reviewing the data in more detail, it can be seen that:

- ▶ In 2024, 24.7% (of 73 respondents) staff who selected “another sexual orientation” reported experiencing discrimination from patients or the public, compared to 9.7% (of 6,767 respondents) heterosexual staff. Similarly, 19.2% (of 73 respondents) staff who selected “another sexual orientation” reported discrimination from managers or colleagues, compared to 8.3% (of 6,707 respondents) heterosexual staff.
- ▶ Reports of discrimination have continued to rise for staff who selected “another sexual orientation” since 2021, while rates for other groups saw minor changes or declined.

**Q16a - In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?**  
Subgroup breakdown: Sexual orientation



**Q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?**  
Subgroup breakdown: Sexual orientation



A higher proportion of gay or lesbian staff who had experienced discrimination felt this was on the grounds of sexual orientation (53.16% of 79 respondents). This view was also held by 27.27% of bisexual staff (55 respondents), and 20.83% staff who selected “another sexual orientation” (24 respondents). Notably, gay or lesbian staff were also more likely to attribute discrimination to ‘ethnic background’ (41.77 % of 79 respondents), while bisexual and staff who selected “another sexual orientation” were also more likely to attribute discrimination to ‘gender’ (45.45% of 55 respondents, and 41.67% of 24 respondents).

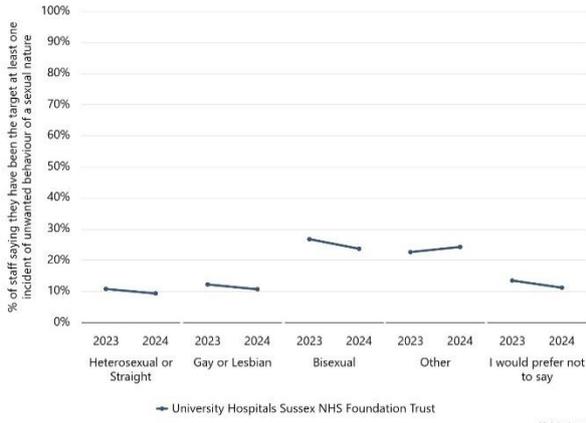
### Sexual harassment by sexual orientation (NSS – Q17a-b)

Analysis of NHS Staff Survey responses shows that bisexual staff and those who selected “another sexual orientation” report the highest levels of sexual harassment compared to all other groups.

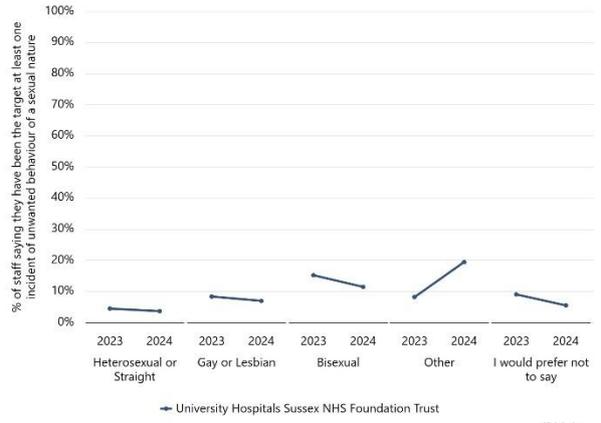
Reviewing the data in more detail, it can be seen that:

- ▶ Bisexual staff (23.7% of 236 respondents) and those who selected “another sexual orientation” (24.3% of 74 respondents) reported the highest levels of sexual harassment from patients or the public.
- ▶ Staff who selected “another sexual orientation” also reported the highest levels of sexual harassment from managers, team leaders or colleagues (19.4% of 72 respondents).
- ▶ Since 2023, reports of sexual harassment have increased among staff who selected “another sexual orientation,” while rates for other groups have declined.

**Q17a - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users, their relatives or other members of the public**  
**Subgroup breakdown: Sexual orientation**



**Q17b - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues**  
**Subgroup breakdown: Sexual orientation**



## 5. Religion and Belief

### Religion & Belief Equality Summary

At UHSussex, around two-thirds of the permanent workforce are recorded as holding a religious belief. This is similar to the proportion in Sussex and slightly lower than in England overall. Religious staff made up half of respondents to the NHS Staff Survey in 2024.

Disparities in senior roles are evident between atheist staff and those holding a religious belief. Atheist staff were more likely to be in senior roles across clinical, non-clinical, and medical groups. They were significantly over-represented in senior non-clinical management and consultant positions, with some of these gaps exceeding equality targets. In recruitment, atheist applicants were more likely to be appointed from shortlisting than applicants from most religious groups, and this gap has widened since last year.

Workplace experiences also varied. Jewish staff and those who did not disclose their religion reported the lowest confidence in fair career progression and health and well-being support. They also had some of the highest levels of burnout and work-related stress. In contrast, Sikh, Hindu, and Muslim staff reported higher satisfaction with health and well-being and some of the lowest levels of burnout and stress.

Bullying, harassment, and discrimination were reported more often by staff of “any other religion,” Jewish staff, and those who did not disclose their religion. Muslim, Sikh, and Hindu staff reported fewer incidents of these behaviours. Reports of unwanted sexual behaviour were highest among staff of “any other religion” and Jewish staff, while Hindu and Muslim staff reported the lowest levels.

### HIA 1: Leadership and Accountability (Religion & Belief)

#### Staff voice

The Trust’s [Religion and Belief \(R&B\) Network](#) was relaunched in July 2024 and is sponsored by the Chief Governance Officer.

One of the R&B Network’s main priorities has been building up the membership and making staff aware of the existence of the network. This will continue to be a priority for the coming year. So far in network meetings they have had a talk from Imam Idris Nawab about Islam and the impact of the summer riots on Muslims and a session led by a network member on the Roman Catholic Feast of Divine Mercy. The network meetings have enabled staff members to share how their faith and beliefs shape their lives and they have been able to speak of their deeply held beliefs in a forum where they know it is safe from prejudice and ridicule.

The R&B Network are currently forming a list of significant dates for different faiths and beliefs and discussing how we shall acknowledge and mark them during the year. The staff survey data indicated that our Muslim colleagues feel unsupported, so the network used some of their money from the 20-month charity programme to provide water, dates and fruit so that staff observing Ramadan could break safely their fast without having to wait until the end of the shift. It was very well received, with staff sharing feedback like:

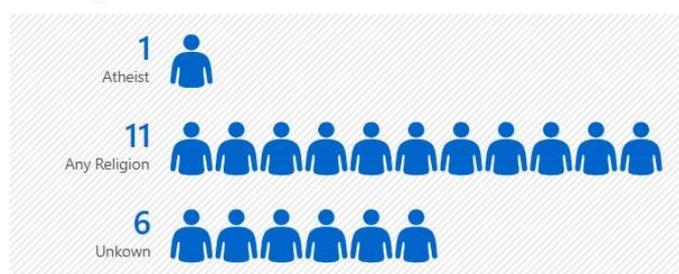
- ▶ *"Amazing gesture. Thankful for this and means a lot as a Muslim doctor for me to work in a hospital that is supportive."*
- ▶ *"Really appreciate kind and generous gesture. Means a lot."*
- ▶ *"Thank you very much for giving us such opportunity to share these. It is great."*

The Religion and Belief Network 20-month charity programme plan includes a session on fasting and feasting in different faiths. They plan on supporting other significant days for faith and belief and supporting the chaplaincy department in reviewing which acts of worship would be possible. Overall, they plan to share the awareness of the vital role that faith and belief plays in the lives of our staff.

### Board religion and belief composition

Eleven members of the Trust Board indicated they had a religion (61.1%), one indicated to be atheist (5.6%) and six either indicated they did not wish to disclose their religion or belief or did not have any data available (33.3%).

Religion or Belief of Board Members



## HIA 2: Inclusive Talent (Religion & Belief)

### Workforce religion and belief representation

Out of a permanent workforce of 17,972 in March 2025, 63.73% (11,462) were recorded as religious on ESR. This represents an increase of over three percentage points compared to the previous year (2024 = 60%). Out of these, 1.17% indicated their religion to be Buddhism, 43.58% Christianity, 2.73% Hinduism, 3.15% Islam, 0.04% Jainism, 0.20% Judaism, 0.15% Sikhism, and 12.74% indicated to be of another religion or belief not listed.

In the 2024 NHS Staff Survey, responses were received from 3,490 (43.11%) staff who indicated to not hold a religion (atheist), 3,394 (41.92%) Christian staff, 89 (1.10%) Buddhist staff, 165 (2.04%) Hindu staff, 14 (0.17%) Jewish staff, 149 (1.84%) Muslim staff, 11 (0.14%) Sikh staff, 137 (1.69%) staff who reported their

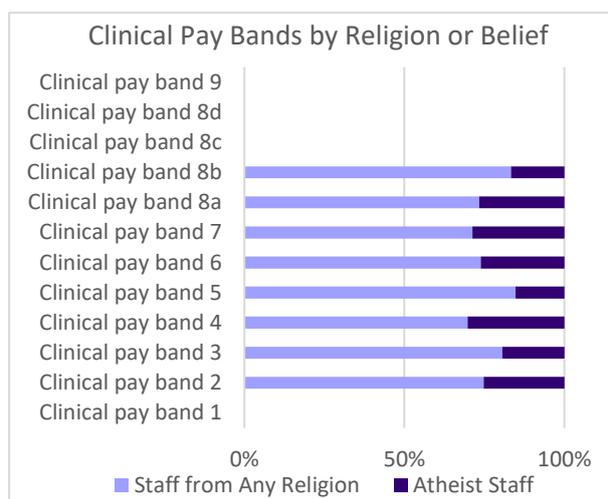
religion to be another not listed, and 530 (6.55%) staff who preferred not to disclose their sexual orientation at UHSussex.

This compares to 67% of the population in England (57% Christian, 1% Buddhist, 2% Hindu, 1% Jewish, 6% Muslim, 1% Sikh, 1% Other) and 60 % across East Sussex, West Sussex and Brighton and Hove combined (55% Christian, 1% Buddhist, 0.4% Hindu, 0.2% Jewish, 2% Muslim, 0.1% Sikh, 2% Other) (Census 2021, ONS).

### Clinical Agenda for Change Staff Disparity Ratios

Out of 9,635 clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 5,682 staff were in lower bands (AfC 1-5) out of which 71.6% held a religious belief.
- ▶ 3,569 staff were in middle bands (AfC 6-7) out of which 61.9% held a religious belief.
- ▶ 384 staff were in upper bands (AfC 8a+) out of which 64.3% held a religious belief.



Atheist staff were **1.6 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). This is **worsened** (up) marginally, from 1.5 times in 2024.

Atheist staff were also **1.3 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). This is **improved** (down) marginally from 1.5 times in 2024.

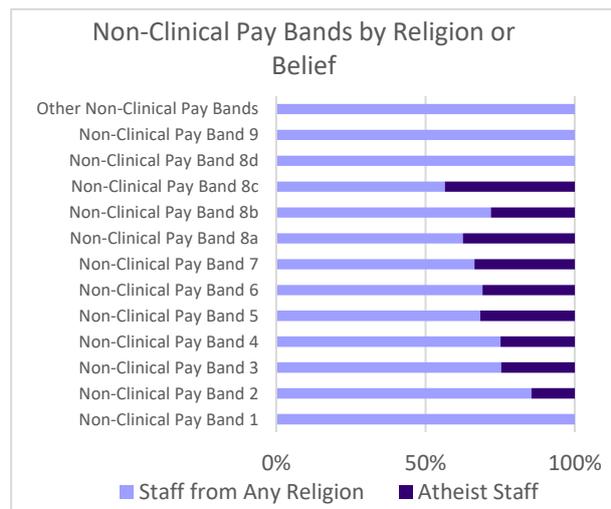
Atheist clinical staff were **just as likely** (0.8 times) to be in senior management roles (bands 8a-VSM) as clinical staff with any religious belief, compared to their representation in specialist or advanced clinical roles (bands 6-7). This is largely unchanged from 2024.

Representation Disparity Ratio	2024	2025
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	1.53	1.60
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	0.95	0.83
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	1.46	1.33

## Non-Clinical Agenda for Change Staff Disparity Ratios

Out of 5,637 non-clinical staff on Agenda for Change (AfC) terms and conditions:

- ▶ 4,107 staff were in lower bands (AfC 1-5) out of which 64.6% held any religious belief.
- ▶ 942 staff were in middle bands (AfC 6-7) out of which 55% held any religious belief.
- ▶ 588 staff were in upper bands (AfC 8a+) out of which 51.9% held any religious belief.



Atheist staff were also **1.9 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). This is **worsened** (up) marginally, from 1.7 times in 2024.

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. This is largely unchanged from 2024.

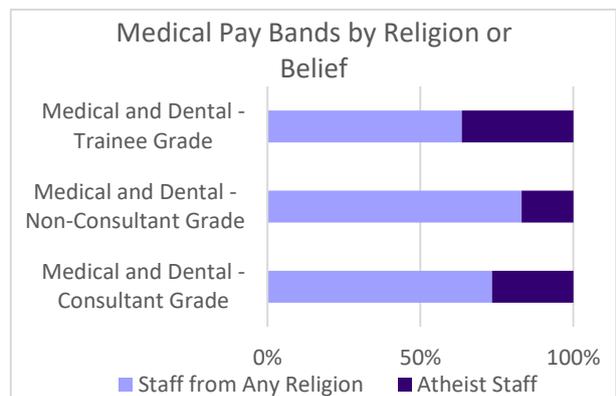
Atheist staff were **1.8 times more likely** to be non-clinical senior managers (bands 8-VSM) compared to staff holding any religious belief, compared to support and entry level roles (bands 1-5). This is above the equality target range (target between 0.8-1.25). This is largely unchanged from 2024.

Representation Disparity Ratio	2024	2025
Disparity ratio – lower (Bands 1-5) to middle (Bands 6-7)	1.68	1.76
Disparity ratio – middle (Bands 6-7) to upper (Bands 8a-VSM)	1.02	1.06
Disparity ratio – lower (Bands 1-5) to upper (Bands 8a-VSM)	1.71	1.87

## Medical & Dental Staff Disparity Ratios

Out of 2,627 staff on medical and dental contracts:

- ▶ 1,092 were trainees, out of which 51.5% held any religious belief.
- ▶ 573 were non-consultant career grades (NCCGs) out of which 64.3% held any religious belief.
- ▶ 962 were consultants, out of which 50.9% held any religious belief.



Atheist staff were 1.7 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). This is **improved** (down) marginally, from 1.9 times in 2024.

Atheist staff were just under a third less likely (0.37 times) 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) and unchanged from 2024.

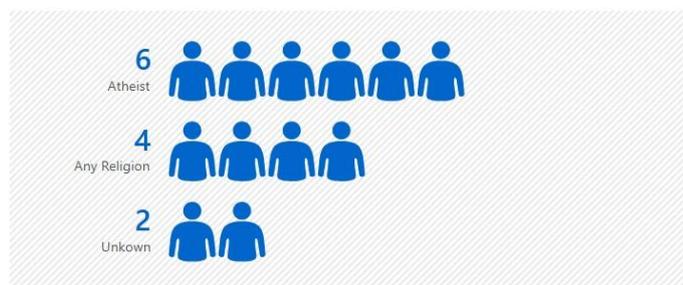
Atheist staff were just under half less likely (0.6 times) to be in NCCGs than in trainee grades compared to staff holding any religious beliefs. This is less than the lower limit of the equality target range (target between 0.8-1.25) and largely unchanged from 2024.

Representation Disparity Ratio	2024	2025
Disparity ratio – Trainee to NCCG	0.33	0.37
Disparity ratio – NCCG to Consultant	1.91	1.68
Disparity ratio – Trainee to Consultant	0.62	0.61

### 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).

Religion or Belief of Senior Medical Managers

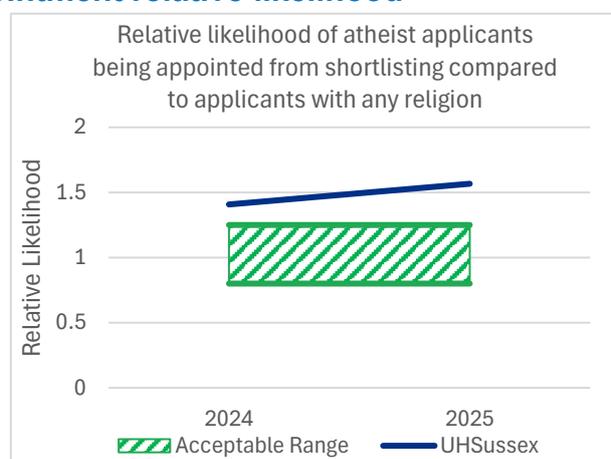


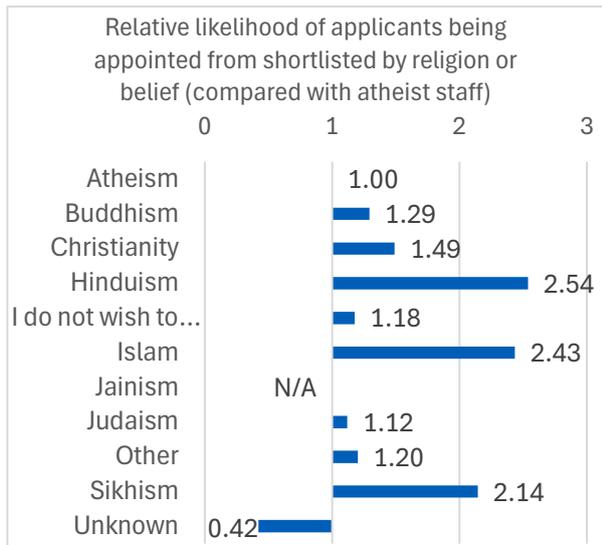
Four senior medical managers held a religious belief (30.8%). Six (46.2%) were atheist, and another two decided to not share their religion or belief.

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

In the 2024/25 financial year UHSussex appointed 1,803 religious applicants and 772 atheist applicants.

The Trust was **1.6 times more likely** to appoint atheist people from short-listing compared to applicants from any religion. This has increased from 1.4 times last year and continues to fall 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 applicants are as likely as applicants who did not wish to share their religion or belief, Jewish applicants and applicants with another not listed belief to be appointed from shortlisting, falling within the equality target range (target between 0.8-1.25).

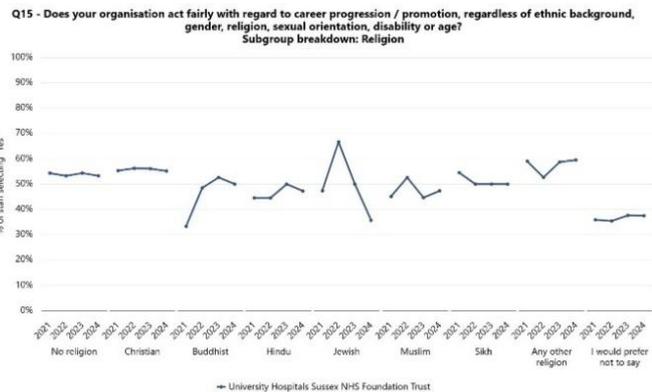
Atheist staff were more likely to be appointed from shortlisting compared to staff indicating their religion to be

Buddhism, Christianity, Hinduism, Islam, 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 (NSS – Q15)

Analysis of NHS Staff Survey responses shows that staff who did not disclose their religion and Jewish staff report the lowest agreement that their organisation acts fairly on career progression and promotion. Reviewing the data by religion in more detail, it can be seen that:

- ▶ Staff of “any other religion” reported the highest agreement (59.6% of 136 respondents), followed by Sikh staff (50.0% of 12 respondents) and Christian staff (55.1% of 3,355 respondents).
- ▶ Staff who did not disclose their religion (37.5% of 525 respondents) and Jewish staff (35.7% of 14 respondents) reported the lowest agreement compared to all other groups.
- ▶ Since 2023, agreement decreased most sharply among Jewish staff (falling from 50.0% of 14 respondents to 35.7% of 14 respondents), while most other groups saw minor changes or saw minor changes.

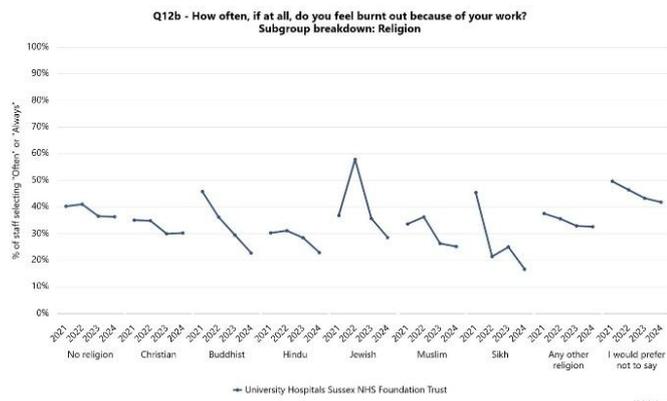


## HIA 4: Workforce Health Inequalities (Religion & Belief)

### Burnout (NSS – Q12b)

Analysis of NHS Staff Survey responses shows that staff who did not disclose their religion report the highest levels of burnout, while Sikh and Hindu staff report the lowest. Reviewing the data by religion in more detail, it can be seen that:

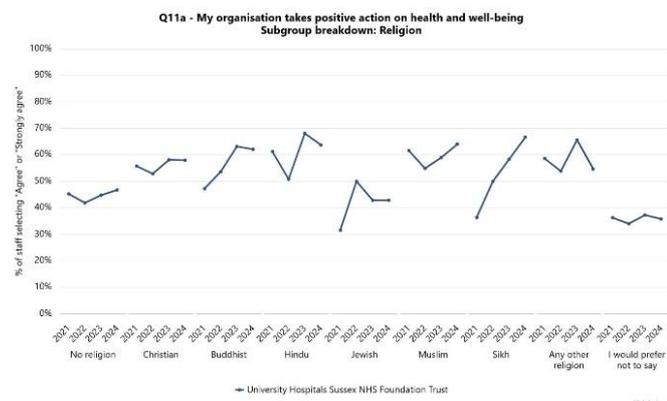
- ▶ 41.8% (of 533 respondents) staff who did not disclose their religion reported feeling “often” or “always” burnt out, the highest of all groups.
- ▶ Sikh (16.7% of 12 respondents), Hindu (22.9% of 166 respondents) and Buddhist (22.73% of 88 respondents) staff reported the lowest levels of burnout in 2024.
- ▶ Since 2023, burnout levels decreased across all groups, with notable reductions among Buddhist staff (down from 29.5% of 78 respondents to 22.7% of 88 respondents) and Sikh staff (from 25.0% of 12 respondents to 16.7% of 12 respondents).



### Positive action on health and wellbeing (NSS – Q11a)

Analysis of NHS Staff Survey responses shows that staff who did not disclose their religion, Jewish staff and staff who indicate to not hold a religion report the lowest levels of agreement that their organisation takes positive action on health and wellbeing. Reviewing the data by religion in more detail, it can be seen that:

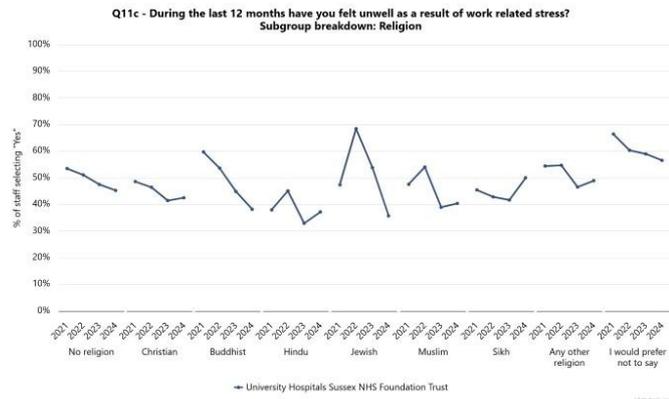
- ▶ Sikh staff (66.7% of 12 respondents) and Muslim staff (64.1% of 153 respondents) reported the highest levels of agreement, followed closely by Hindu staff (63.7% of 168 respondents).
- ▶ Staff who did not disclose their religion (35.8% of 528 respondents) and Jewish staff (42.9% of 14 respondents) reported the lowest agreement compared to all other groups.
- ▶ Since 2023, agreement increased for Muslim staff (from 59.0% of 156 respondents to 64.1% of 153 respondents), while staff of “any other religion” saw the sharpest decline (from 65.6% of 160 respondents to 54.6% of 141 respondents).
- ▶ Between 2021 and 2024, Sikh staff showed the largest overall improvement, rising from 36.4% (of 12 respondents) to 66.7% (of 12 respondents). In contrast, staff who did not disclose their religion have remained consistently lower over time, with little change.



## Work related stress (NSS – Q11c)

Analysis of NHS Staff Survey responses shows that staff who did not disclose their religion report the highest levels of work-related stress, while Hindu and Jewish staff report the lowest. Reviewing the data by religion in more detail, it can be seen that:

- ▶ In 2024, 56.6% (of 527 respondents) staff who did not disclose their religion reported feeling unwell due to work-related stress, the highest of all groups.
- ▶ Hindu staff (37.2% of 164 respondents) and Jewish staff (35.7% of 14 respondents) reported the lowest levels compared to other groups.
- ▶ Since 2023, levels of work-related stress have decreased for most groups, including Buddhist staff (down from 44.9% of 78 respondents to 38.2% of 89 respondents) and staff with no religion (from 47.5% of 3,507 respondents to 45.3% of 3,471 respondents).
- ▶ Jewish staff saw the largest year-on-year reduction, with levels dropping sharply from 53.9% (of 13 respondents) in 2023 to 35.7% (of 14 respondents) in 2024.



## HIA 6: Eliminate Discrimination (Religion & Belief)

### Harassment, bullying or abuse by religion and belief (NSS – Q14a-d)

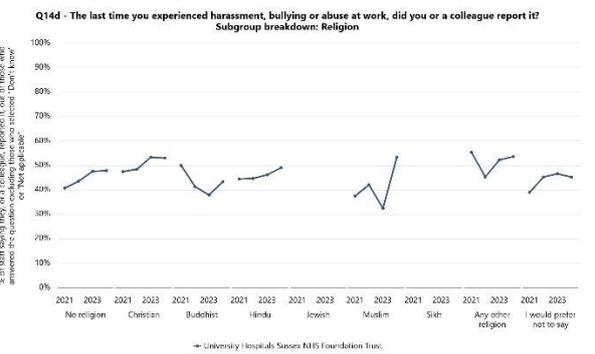
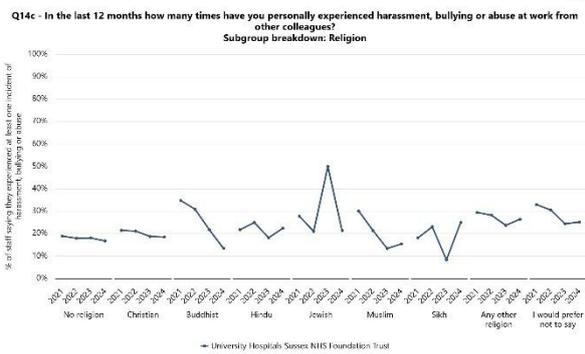
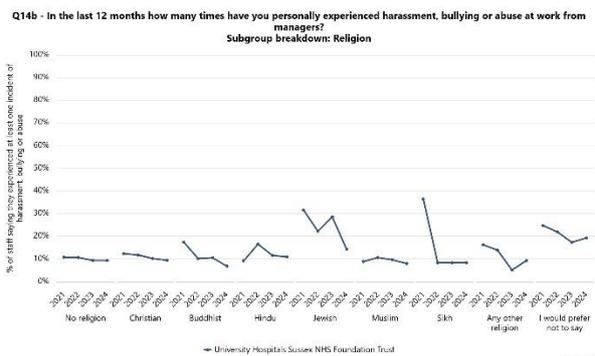
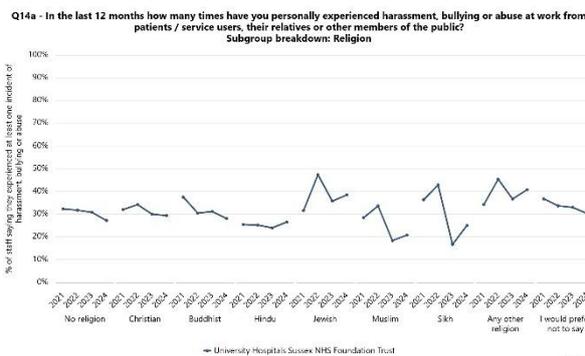
Analysis of NHS Staff Survey responses highlights that Muslim and Sikh staff report the lowest levels of harassment, bullying and abuse, while staff of “any other religion” and those who did not disclose their religion report the highest levels across all sources.

Reviewing the data by religion in more detail, it can be seen that:

- ▶ Muslim staff (20.8% of 154 respondents) and Sikh staff (25.0% of 12 respondents) reported the fewest incidents of harassment, bullying and abuse from patients or the public in 2024, while staff of “any other religion” (40.7% of 140 respondents) and Jewish staff (38.5% of 13 respondents) reported the most.
- ▶ Buddhist staff (6.8% of 88 respondents) reported the lowest levels of harassment, bullying and abuse from managers, whereas Jewish staff (14.3% of 14 respondents) and staff who did not disclose their religion (19.2% of 525 respondents) reported the highest.
- ▶ Buddhist staff (13.5% of 89 respondents) also reported the lowest levels of harassment, bullying and abuse from colleagues, while staff of “any other

religion” (26.4% of 140 respondents) and those who did not disclose their religion (25.2% of 524 respondents) reported the highest.

- ▶ Since 2023, reports of harassment, bullying and abuse increased among Sikh staff (from patients and colleagues) and staff of “any other religion” (from all sources) while Jewish staff saw significant decreases in experiences of harassment, bullying and abuse from managers and other colleagues.
- ▶ In 2024, staff of “any other religion” (53.6% of 69 respondents) and Muslim staff (53.3% of 45 respondents) were the most likely to report incidents of harassment, bullying and abuse, a positive trend. For Muslim staff, this represents a sharp increase from 32.4% (of 37 respondents) in 2023, reflecting a positive trend in reporting.



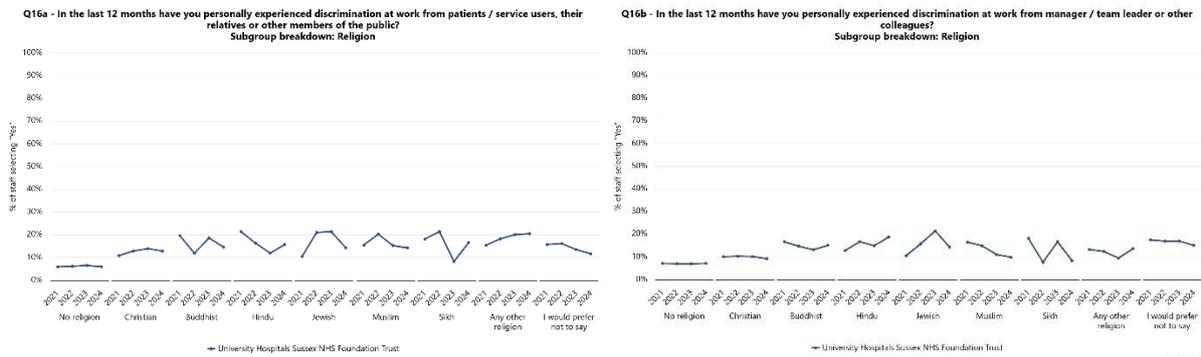
## Discrimination from managers or colleagues by religion and belief (NSS – Q16a-b)

Analysis of NHS Staff Survey responses shows that staff with no religion were least likely to report discrimination, while levels were higher among most other groups.

Reviewing the data by religion in more detail, it can be seen that:

- ▶ 20.6% (of 141 respondents) staff of “any other religion” reported discrimination from patients or the public, compared to 6.0% (of 3,474 respondents) staff with no religion. Similarly, 18.8% (of 165 respondents) Hindu staff and 13.7% (of 139 respondents) staff of “any other religion” reported discrimination from managers or colleagues, compared to 7.2% (of 3,450 respondents) staff with no religion.
- ▶ Reports of discrimination from patients or the public increased for staff of “any other religion” Hindu and Sikh staff, while rates fell for all other groups.

- ▶ Reports of discrimination from managers or colleagues rose for Hindu staff and staff of “any other religion”, while most other groups remained stable or declined.



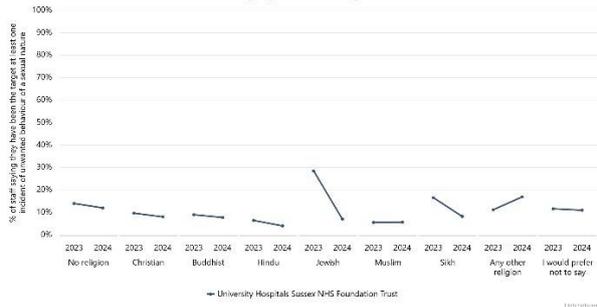
A higher proportion of Muslim staff who had experienced discrimination felt this was on the grounds of religion (22.58% of 31 respondents), compared to 3.10% (of 612 respondents) Christian staff, 4.35% (of 23 respondents) Buddhist staff, and 4.65% (of 43 respondents) Hindu staff. Notably, Muslim, Hindu and Christian staff were also more likely to attribute discrimination to ‘ethnic background’ (77.42% of 31 respondents, and 76.74% of 43 respondents, and 69.28% of 612 respondents).

### Sexual harassment by religion and belief (NSS – Q17a-b)

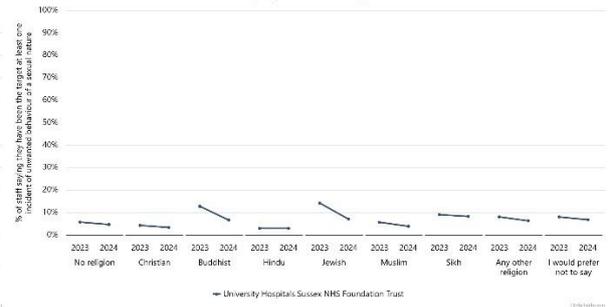
Analysis of NHS Staff Survey responses shows that Hindu and Muslim staff were least likely to report experiencing unwanted sexual behaviour, while staff of “any other religion” and Jewish staff reported the highest levels. Reviewing the data by religion in more detail, it can be seen that:

- ▶ 17.0% (of 141 respondents) staff of “any other religion” reported experiencing unwanted sexual behaviour from patients or the public, compared to 4.1% (of 169 respondents) Hindu staff and 5.8% (of 156 respondents) Muslim staff.
- ▶ Similarly, 7.1% (of 14 respondents) Jewish staff and 8.3% (of 12 respondents) Sikh staff reported experiencing unwanted sexual behaviour from colleagues, compared to 3.0% (of 165 respondents) Hindu staff and 4.0% (of 151 respondents) Muslim staff.
- ▶ Reports decreased for most groups since 2023, including sharp reductions among Jewish staff (patients/public: 28.6% of 14 respondents to 7.1% of 14 respondents; colleagues: 14.3% of 14 respondents to 7.1% of 14 respondents). However, staff of “any other religion” saw an increase in incidents from patients or the public (from 11.3% of 159 respondents to 17.0% of 141 respondents).

**Q17a - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users, their relatives or other members of the public**  
Subgroup breakdown: Religion



**Q17b - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues**  
Subgroup breakdown: Religion





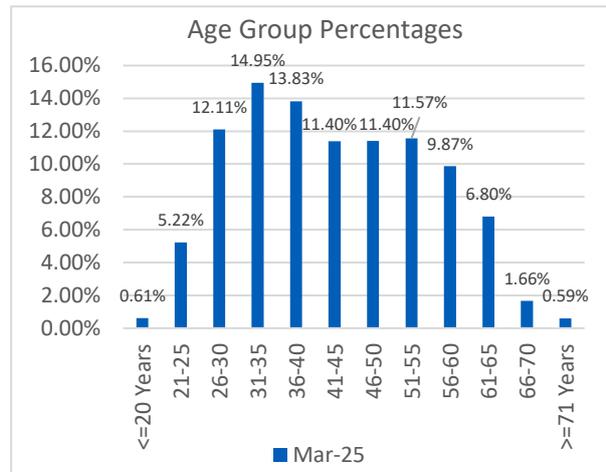
## HIA 2: Inclusive Talent (Age)

### Workforce age representation

Three-quarter (75.26%) of the permanent workforce (17,972) were between the ages of 26 and 55 on ESR in March 2025, with a majority of 52,14% falling between the ages of 26 and 45. The highest represented age group was 31-25 with just under 15% of staff falling in this age bracket.

In the 2024 NHS Staff Survey, responses were received from 48 (0.59%) staff in the 16-20 age group,

1,017 (12.56%) staff in the 21-30 age group, 2,025 (25.01%) staff in the 31-40 age group, 2,000 (24.70%) staff in the 41-50 age group, 2,657 (32.82%) staff in the 51-65 age group, 185 (2.29%) staff in the 66+ age group at UHSussex.

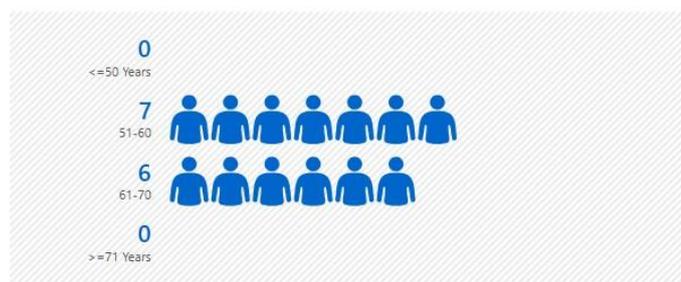


### Senior Medical Managers

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).

Seven senior medical managers were between the ages of 51 and 60 (53.8%). Six (46.2%) were between the ages of 61 and 70.

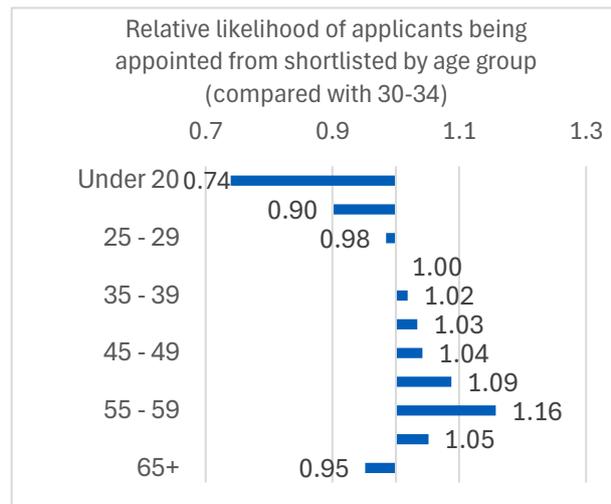
### Age Groups of Senior Medical Managers



## Age shortlisting-to-appointment relative likelihood

Applicants in the Trust's largest age band (30-34 years old) were as likely as applicants from all other age bands to be appointed from shortlisting with relative likelihoods for all age bands, falling within the equality target range (0.8-1.25).

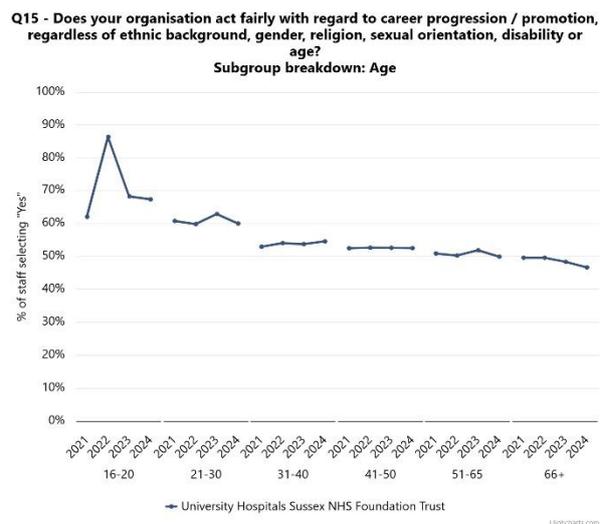
The only exception is applicants under 20. With applicants from the 30-34 age band being 0.74 times less likely to be appointed from shortlisting compared to applicants who were younger than 20.



## Equality of opportunity for career progression / promotion (NSS – Q15)

Analysis of NHS Staff Survey responses shows that younger staff were more likely to agree their organisation acts fairly on career progression and promotion, while older staff were least likely to agree. Reviewing the data by age in more detail, it can be seen that:

- ▶ 67.4% (of 46 respondents) staff aged 16–20 agreed with the statement, compared to 46.7% (of 182 respondents) staff aged 66 and over.
- ▶ Agreement declined slightly for staff aged 51–65 (from 51.9% of 2,577 respondents to 50.0% of 2,624 respondents) and 66+ (from 48.4% of 155 respondents to 46.7% of 182 respondents) since 2023, while younger age groups remained broadly stable.
- ▶ Since 2021, staff aged 66 and over have consistently reported the lowest agreement.

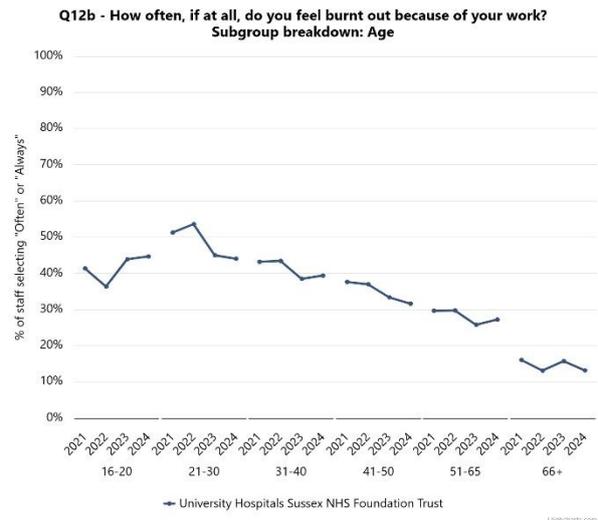


## HIA 4: Workforce Health Inequalities (Age)

### Burnout (NSS – Q12b)

Analysis of NHS Staff Survey responses shows that younger staff were most likely to report feeling burnt out, while older staff were least likely to report these experiences. Reviewing the data by age in more detail, it can be seen that:

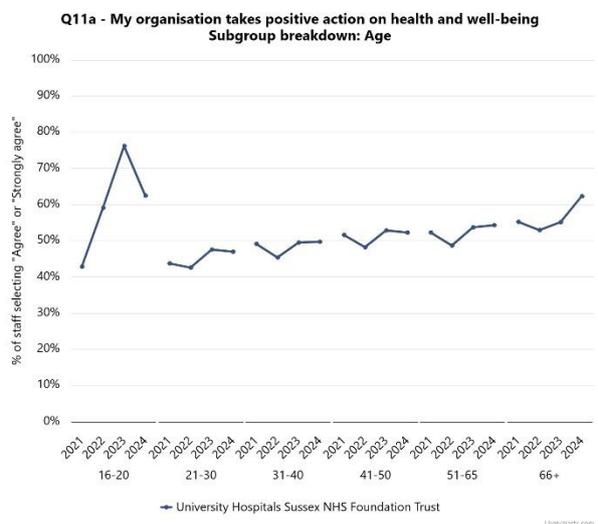
- ▶ 44.7% (of 47 respondents) staff aged 16–20 and 44.0% (of 1,024 respondents) staff aged 21–30 reported feeling “often” or “always” burnt out, compared to just 13.2% (of 182 respondents) staff aged 66 and over.
- ▶ Burnout levels decreased slightly since 2023 for most age groups, except staff aged 16–20, where levels remained high and increased marginally (from 43.9% of 41 respondents to 44.7% of 47 respondents).
- ▶ Since 2021, staff aged 66 and over have consistently reported the lowest levels of burnout.



### Positive action on health and wellbeing (NSS – Q11a)

Analysis of NHS Staff Survey responses shows that older staff were more likely to agree their organisation takes positive action on health and well-being, while younger staff were least likely to agree. Reviewing the data by age in more detail, it can be seen that:

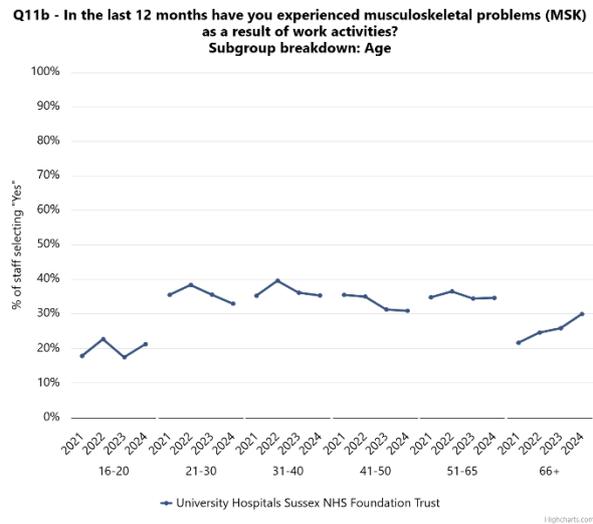
- ▶ In 2024, 62.3% (of 183 respondents) staff aged 66 and over agreed with the statement, compared to 46.9% (of 1,013 respondents) staff aged 21–30 and 62.5% (of 48 respondents) staff aged 16–20.
- ▶ Agreement increased for staff aged 66 and over (from 55.2% of 165 respondents in 2023, to 62.3% of 183 respondents), while levels fell sharply among staff aged 16–20 (from 76.2% of 42 respondents, to 62.5% of 48 respondents).
- ▶ Since 2021, staff aged 66 and over have consistently reported higher agreement than most other groups.



### Musculoskeletal (MSK) problems (NSS – Q11b)

Analysis of NHS Staff Survey responses shows that staff aged 31–65 were most likely to report musculoskeletal (MSK) problems caused by work, while younger and older staff were least likely to report these issues. Reviewing the data by age in more detail, it can be seen that:

- ▶ In 2024, 35.4% (of 2,023 respondents) staff aged 31-40 and 34.7% (of 2,664 respondents) staff aged 51-65 reported MSK problems, compared to 21.3% (of 47 respondents) staff aged 16-20 and 30.0% (of 180 respondents) staff aged 66 and over.
- ▶ Reports of MSK problems decreased slightly for most age groups since 2023, except staff aged 16-20 (which increased from 17.5% of 40 respondents, to 21.3% of 47 respondents) and 66+ (from 25.9% of 166 respondents, to 30.0% of 180 respondents).
- ▶ Since 2021, staff aged 16-20 and 66+ have consistently reported much lower levels of MSK problems than other groups.



### Work related stress (NSS – Q11c)

Analysis of NHS Staff Survey responses shows that younger staff were most likely to report feeling unwell due to work-related stress, while older staff were least likely to report these experiences. Reviewing the data by age in more detail, it can be seen that:

- ▶ In 2024, 55.3% (of 47 respondents) staff aged 16-20 and 51.5% (of 1,021 respondents) staff aged 21-30 reported feeling unwell due to work-related stress, compared to 27.6% (of 181 respondents) staff aged 66 and over.
- ▶ Since 2023, stress levels decreased slightly for most age groups except staff aged 16-20, where levels increased sharply (from 40.5% of 42 respondents, to 55.3% of 47 respondents).
- ▶ Since 2021, staff aged 66 and over have consistently reported the lowest levels of work-related stress.



## HIA 6: Eliminate Discrimination (Age)

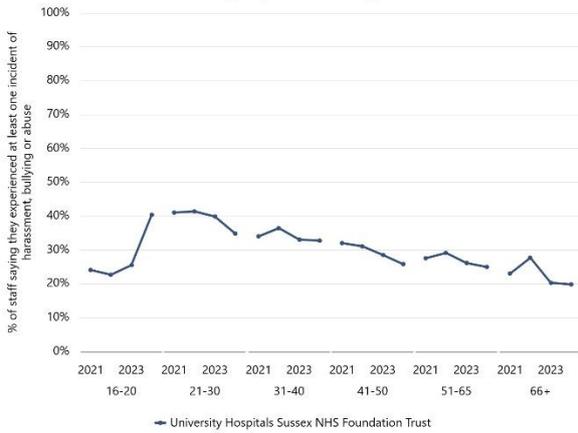
### Harassment, bullying or abuse by age band (NSS – Q14a-d)

Analysis of NHS Staff Survey responses shows that staff aged 16–20 were most likely to report experiencing harassment, bullying or abuse, while staff aged 66 and over were least likely to report these experiences. Younger staff were also the most likely to report such incidents when they occurred.

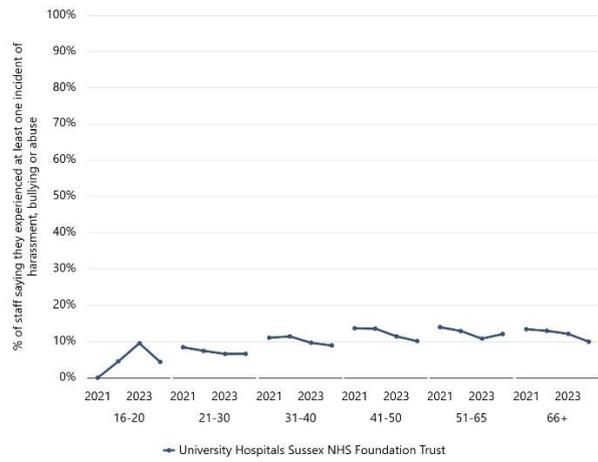
Reviewing the data by age in more detail, it can be seen that:

- ▶ 40.4% (of 47 respondents) staff aged 16–20 reported harassment, bullying or abuse from patients or the public, compared to 19.9% (of 181 respondents) staff aged 66 and over.
- ▶ Staff aged 16–20 also reported the highest levels of harassment, bullying and abuse from colleagues (26.1% of 46 respondents), while staff aged 66 and over reported the lowest levels across all sources.
- ▶ Harassment, bullying and abuse from managers was reported least often by staff aged 16–20 (4.4% of 46 respondents) and most often by staff aged 51–65 (12.1% of 2,647 respondents).
- ▶ Since 2023, harassment, bullying and abuse increased sharply for staff aged 16–20 (patients: 25.6% of 43 respondents to 40.4% of 47 respondents; colleagues: 19.1% of 42 respondents to 26.1% of 46 respondents), while most other groups saw decreases or remained stable.
- ▶ In 2024, staff aged 16–20 (57.1% of 21 respondents) and 31-40 (52.3% of 801 respondents) were the most likely to report incidents of harassment, bullying or abuse. Staff aged 66 and over were least likely to report such incidents (45.5% of 55 respondents) but saw a marked improvement from 2023, when only 33.3% (of 45 respondents) reported doing so.

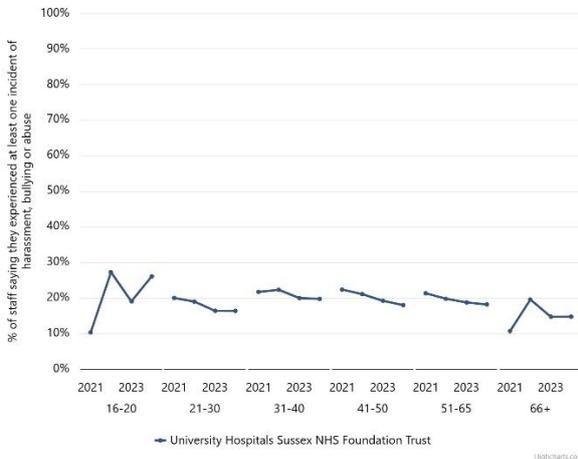
**Q14a - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?**  
Subgroup breakdown: Age



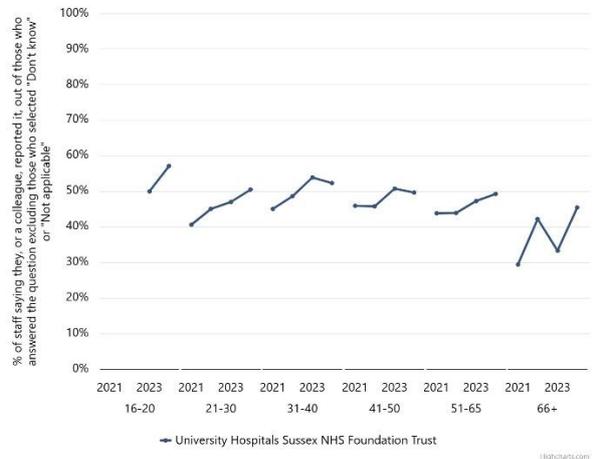
**Q14b - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?**  
Subgroup breakdown: Age



**Q14c - In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?**  
Subgroup breakdown: Age



**Q14d - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?**  
Subgroup breakdown: Age

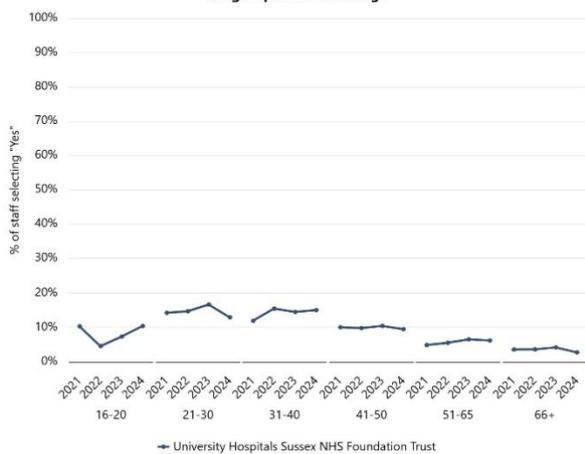


## Discrimination from managers or colleagues by age band (NSS – Q16a-b)

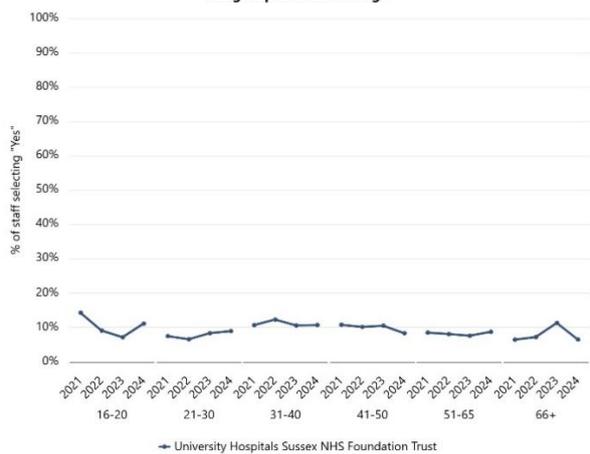
Analysis of NHS Staff Survey responses shows relatively small differences in reported discrimination between age groups, though younger staff were slightly more likely to report these experiences than older staff. Reviewing the data by age in more detail, it can be seen that:

- ▶ 15.1% (of 2,025 respondents) staff aged 31-40 and 13.0% (of 1,019 respondents) staff aged 21–30 reported discrimination from patients or the public, compared to just 2.8% (of 182 respondents) staff aged 66 and over.
- ▶ Discrimination from managers or colleagues varied little across age groups, with rates ranging from 6.5% (of 185 respondents) for staff aged 66 and over to 11.1% (of 45 respondents) for staff aged 16–20.
- ▶ Since 2023, discrimination from patients or the public increased slightly for staff aged 16–20 but fell or remained stable for most other age groups.

**Q16a - In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?**  
Subgroup breakdown: Age



**Q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?**  
Subgroup breakdown: Age



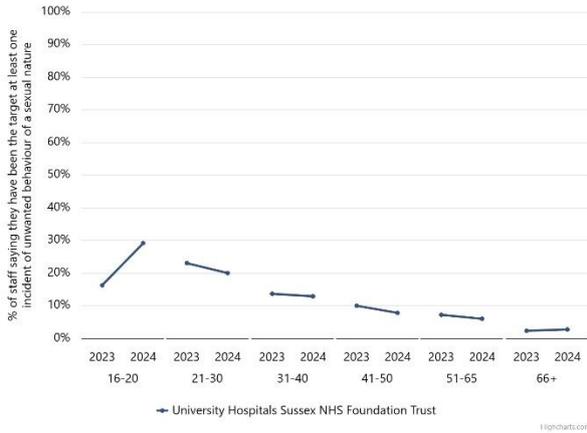
A higher proportion of staff aged 66 who had experienced discrimination felt this was on the grounds of age (53.85% of 13 respondents), compared to 24.46% (of 184 respondents) staff aged 21–30, 22.26% (of 328 respondents) staff aged 51–65, and 7.51% (of 293 respondents) staff aged 41–50.

### Sexual harassment by age band (NSS – Q17a-b)

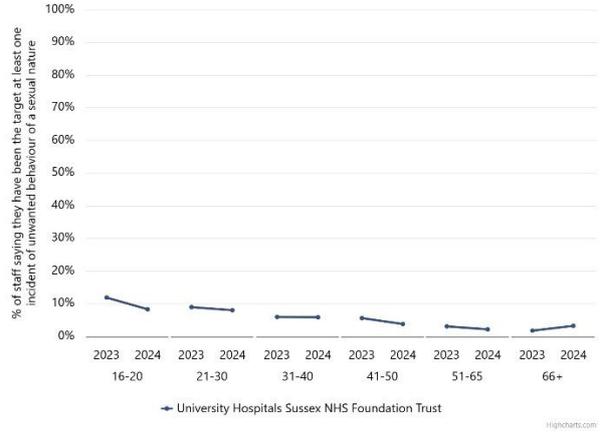
Analysis of NHS Staff Survey responses shows that younger staff were more likely to report experiencing unwanted sexual behaviour, while older staff were least likely to report these experiences. Reviewing the data by age in more detail, it can be seen that:

- ▶ 29.2% (of 48 respondents) staff aged 16–20 and 20.0% (of 1,024 respondents) staff aged 21–30 reported unwanted sexual behaviour from patients or the public, compared to just 2.8% (of 182 respondents) staff aged 66 and over.
- ▶ Reports of unwanted sexual behaviour from colleagues were highest among staff aged 16–20 (8.3% of 48 respondents) and 21–30 (8.0% of 1,020 respondents), while staff aged 66 and over reported the lowest levels (3.3% of 184 respondents).
- ▶ Since 2023, incidents from patients or the public increased sharply for staff aged 16–20 (from 16.3% of 42 respondents, to 29.2% of 48 respondents) but fell for most other age groups. Reports of unwanted sexual behaviour from colleagues decreased slightly across all age groups, except for staff aged 66 and over where levels increased slightly.

**Q17a - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users, their relatives or other members of the public**  
**Subgroup breakdown: Age**



**Q17b - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues**  
**Subgroup breakdown: Age**



## 7. Caring Responsibilities

### Carers Equality Summary

At UHSussex, less than 1% of staff are recorded as carers on ESR, though almost 29% of NHS Staff Survey respondents said they look after someone with a long-term health condition or illness. This gap is likely because staff have only recently been encouraged to update their caring status on ESR, and planned awareness campaigns are expected to give a clearer picture in future. This reported figure is also much higher than the proportion of people providing unpaid care in England overall.

Carers and non-carers reported broadly similar experiences in many areas. Both groups were equally likely to feel the Trust acts fairly in career progression and promotion, and they reported similar levels of satisfaction with flexible working opportunities. Carers were slightly more confident than non-carers about approaching their manager for flexible working, with both groups seeing small improvements since last year.

Carers reported slightly higher levels of burnout, stress, and musculoskeletal (MSK) problems compared to non-carers. They also experienced marginally higher rates of harassment, bullying, and discrimination, particularly from managers and colleagues.

### HIA 1: Leadership and Accountability (Carers)

#### Staff Voice

The Trust has a [Carers Network](#) running since March 2024, sponsored by the Chief Nurse. The Annual Staff Survey has found that 29% of our UHSussex colleagues provide unpaid caring support for friends, families and loved ones. Approximately one third of NHS staff nationally identify as carers: research by Carers UK suggests that the actual number may be somewhat higher, as often people don't self-identify as carers. We are exploring ways to support colleagues who may not have access to the intranet as part of their work role and remain unaware of the Staff Networks.

In November 2025 the Carers Network held a conference to mark National Carers Rights Day, hosting a selection of guest speakers covering subjects including recognising your rights as a carer, financial wellbeing, and a Q&A session with a lived experience panel. The event had 60 attendees, and the feedback was overwhelmingly positive. The Carers Network are currently planning a full-day event in November 2025.

In June 2025 the Carers Network hosted information stalls across our five main hospital sites during National Carers Week: we had conversations with over 80 people who visited the stalls. The events gave the network the opportunity to meet current members and engage with colleagues who didn't previously know about the

network, signpost colleagues to internal and external support, to help them with their own physical, emotional and financial wellbeing. Several new members signed up and the network is continuing to see an increased level of contact.

The Carers Network continue to hold monthly hybrid meetings where members can discuss the issues they experience in their caring roles and see presentations from guest speakers. In addition to these meetings, the network is planning a series of seminars to focus more fully on specific topics.

In April UHSussex registered as a member of [Employers for Carers](#), a national organisation which provides support for employers seeking to develop carer-friendly policy and practice. The Carers Network played a vital role in this and is collaborating with Employers for Carers to explore ways to help carers at UHSussex balancing their caring commitments and their work.

The Carers Network Lead has furthermore been a key stakeholder in the [UHSussex HR Carers Policy](#) which was adopted by the Trust in June 2025, thanks to the hard work of Nick Groves, Associate Director of Leadership, OD & Engagement.

The Carers Network 20-month charity programme plan priorities for the next year are:

- ▶ Continue to build relationships with other staff networks to support carers from minoritised demographics.
- ▶ Continue our work with Employers for Carers so UHSussex can move towards becoming a Carer Confident accredited organisation.
- ▶ Build on the success of the 2024 Carers Rights Day conference in the planning of the 2025 event.
- ▶ Continue to support our carer colleagues by providing a forum for their experiences as well as regularly providing seminars to offer information and support.
- ▶ Engage with managers and the Executive to promote a carer-friendly workplace.



10 – Carers Network: Dom Duke (Network Lead) and Maggie Davis (Chief Nurse) opening the Carers Rights Day 2024 Hybrid Conference



11 – Carers Network: Carers Rights Day 2024 Hybrid Conference Market Place and Break Room



12 – (left) Carers Network: Dom Duke and Tracy Cox-Horton at stalls for Carers Week 2024 at Royal Sussex County Hospital

13 – (right) Carers Network: Dom Duke and Rachel Potts (Carers Health Team, SCFT) at stalls for Carers Week 2024 at Princess Royal Hospital

## HIA 2: Inclusive Talent (Carers)

### Carer workforce representation

130 staff members were recorded as working carers in their ESR record as of 31 March 2025, representing 0.72% of the workforce. However, this figure likely under-represents the true number of carers, as only recently has the Trust started encouraging staff to record their caring status on ESR. Planned awareness campaigns from the Carers Network and data quality exercises aim to improve this information, which should give a clearer picture in future.

By comparison, in the 2024 NHS Staff Survey, responses were received from 2,328 (28.75%) staff who indicated looking after others with long-lasting health condition or illnesses (disabled), while 5,577 (68.89%) indicated they didn't.

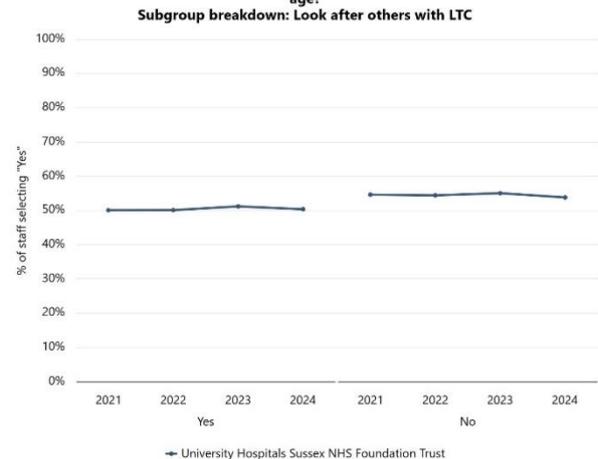
This compares to 4.7 million people in England (8.15% of the population) who provide unpaid care (Census 2021, ONS).

### Equality of opportunity for career progression / promotion (NSS – Q15)

Analysis of NHS Staff Survey responses shows little difference in perceptions of fairness in career progression between staff with and without caring responsibilities.

- ▶ 50.4% (of 2,312 respondents) staff with caring responsibilities agreed their organisation acts fairly on career progression, compared to 53.8% (of 5,524 respondents) staff without caring responsibilities.
- ▶ Agreement declined slightly for both groups since 2023.

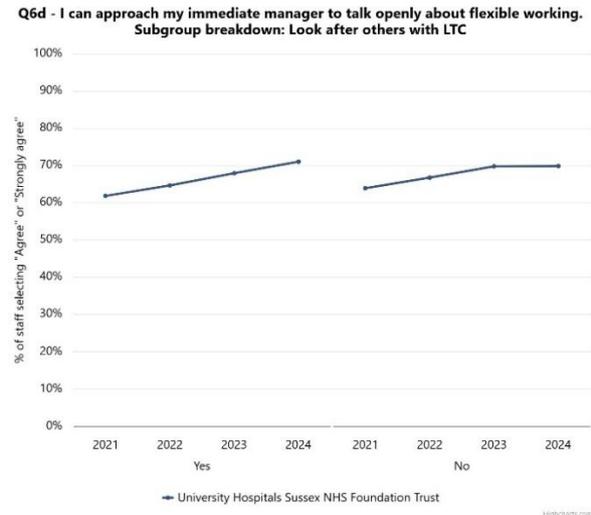
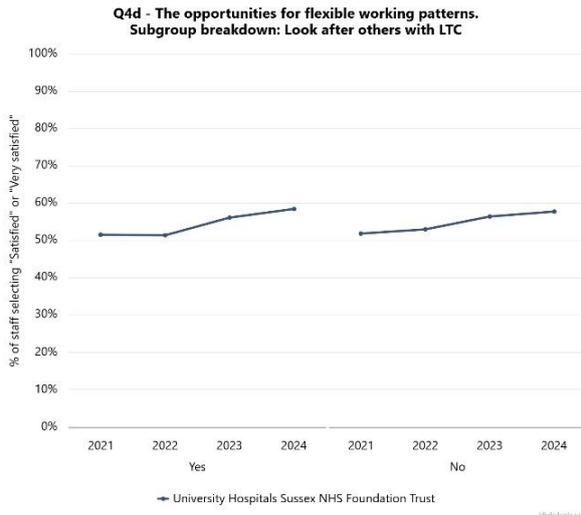
Q15 - Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



### Flexible working opportunities (NSS – Q4d; Q6d)

Analysis of NHS Staff Survey responses shows little difference in perceptions of flexible working between staff with and without caring responsibilities.

- ▶ 58.5% (of 2,344 respondents) carers and 57.8% (of 5,569 respondents) non-carers were satisfied with flexible working opportunities.
- ▶ 71.0% (of 2,341 respondents) carers felt able to approach their manager about flexible working, compared to 69.9% (of 5,573 respondents) non-carers.
- ▶ Both groups saw slight improvements since 2023.

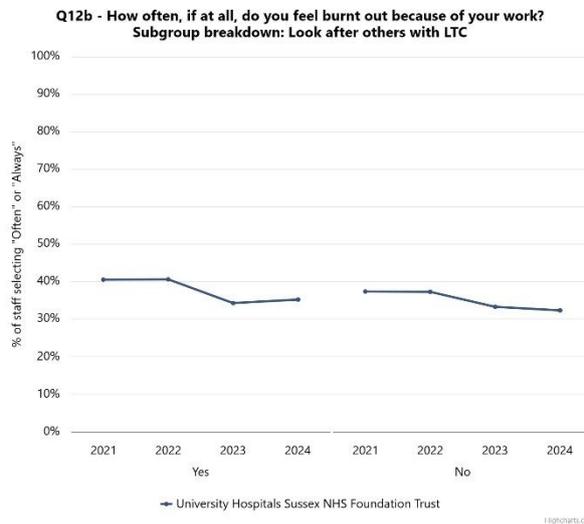


## HIA 4: Workforce Health Inequalities (Carers)

### Burnout (NSS – Q12b)

Analysis of NHS Staff Survey responses shows that staff with caring responsibilities reported slightly higher levels of burnout than those without.

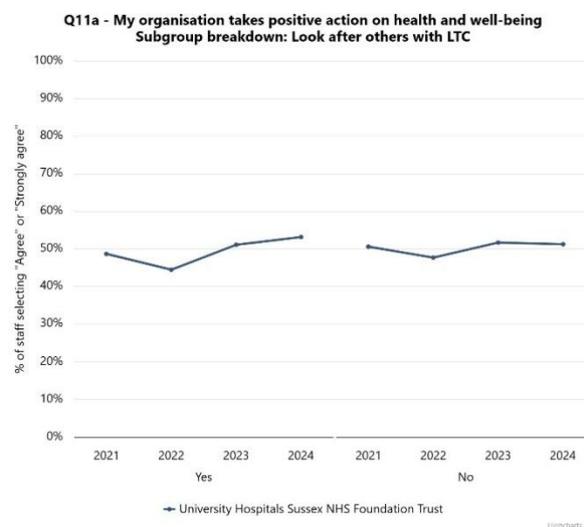
- ▶ 35.3% (of 2,349 respondents) carers said they “often” or “always” feel burnt out, compared to 32.4% (of 5,597 respondents) non-carers.
- ▶ Burnout levels remained stable for both groups since 2023.



### Positive action on health and wellbeing (NSS – Q11a)

Analysis of NHS Staff Survey responses shows little difference between carers and non-carers in perceptions of positive action on health and well-being.

- ▶ 53.2% (of 2,328 respondents) carers agreed with the statement, compared to 51.3% (of 5,543 respondents) non-carers.
- ▶ Agreement increased slightly for carers since 2023, while levels remained stable for non-carers.

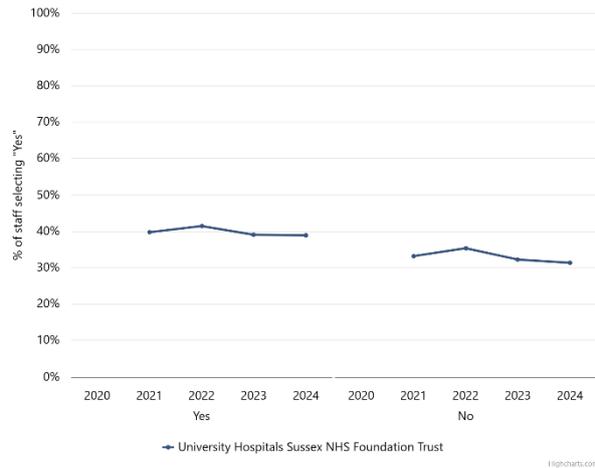


## Musculoskeletal (MSK) problems (NSS – Q11b)

Analysis of NHS Staff Survey responses shows that staff with caring responsibilities reported higher levels of musculoskeletal (MSK) problems than those without caring responsibilities.

- ▶ 38.9% (of 2,338 respondents) carers reported MSK problems caused by work, compared to 31.4% (of 5,570 respondents) non-carers.
- ▶ These levels remained broadly stable for both groups since 2023.

Q11b - In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?  
Subgroup breakdown: Look after others with LTC

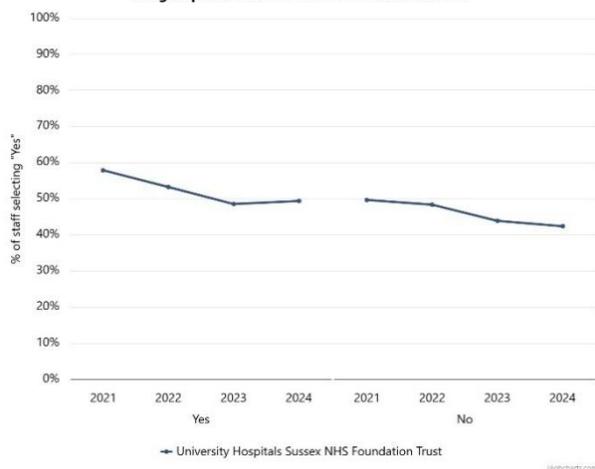


## Work related stress (NSS – Q11c)

Analysis of NHS Staff Survey responses shows that staff with caring responsibilities reported higher levels of feeling unwell due to work-related stress than those without caring responsibilities.

- ▶ 49.4% (of 2,340 respondents) carers reported feeling unwell, compared to 42.4% (of 5,560 respondents) non-carers.
- ▶ Stress levels remained stable for carers since 2023 but declined slightly for non-carers.

Q11c - During the last 12 months have you felt unwell as a result of work related stress?  
Subgroup breakdown: Look after others with LTC



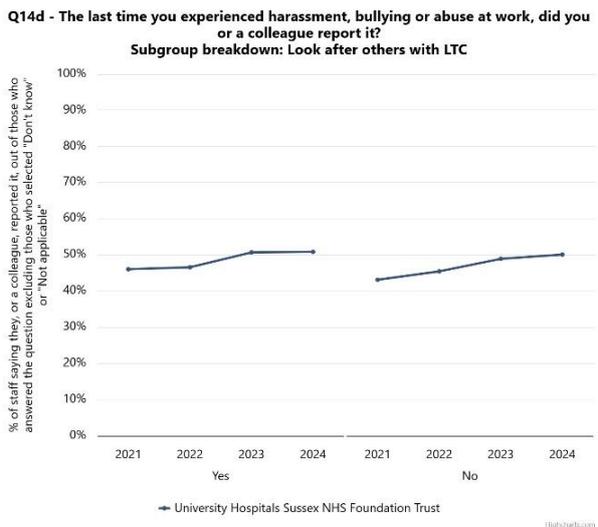
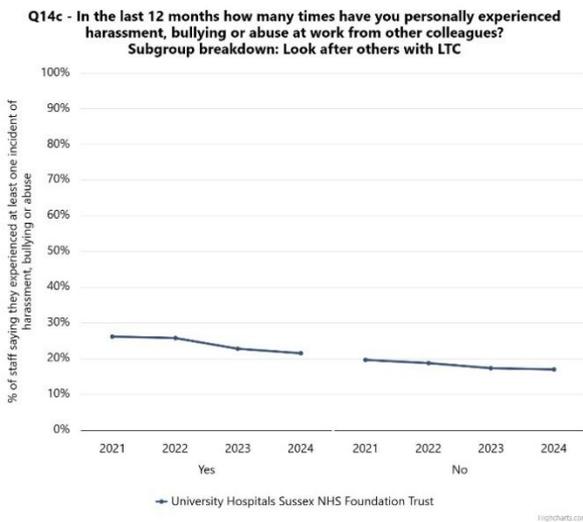
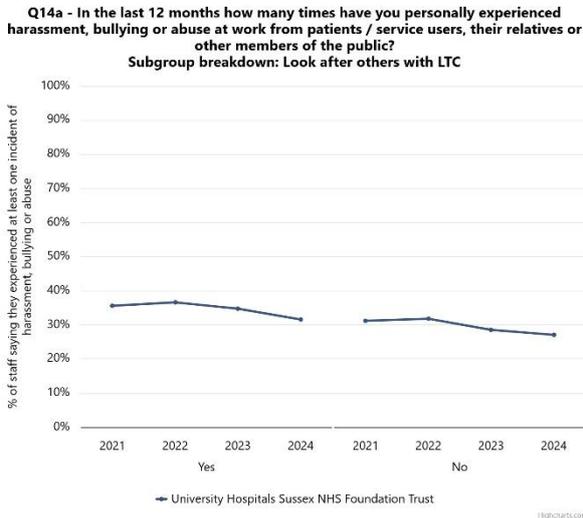
## HIA 6: Eliminate Discrimination (Carers)

### Harassment, bullying or abuse by gender (NSS – Q14a-d)

Analysis of NHS Staff Survey responses shows that staff with caring responsibilities reported slightly higher levels of harassment, bullying and abuse than those without caring responsibilities. However, both groups reported incidents at similar rates when they occurred.

- ▶ 31.6% (of 2,340 respondents) carers reported harassment, bullying or abuse from patients or the public, compared to 27.1% (of 5,586 respondents) non-carers.
- ▶ Carers also reported higher levels of harassment, bullying and abuse from managers (12.2% of 2,329 respondents, vs. 9.1% of 5,547 respondents) and colleagues (21.5% of 2,319 respondents, vs. 17.0% of 5,549 respondents).

- ▶ Since 2023, levels declined slightly for both groups across all sources, except harassment from managers for carers, which rose marginally.
- ▶ In 2024, 50.9% (of 946 respondents) carers and 50.1% (of 1,940 respondents) non-carers said they or a colleague reported the last incident, with both groups showing small improvements since 2023.

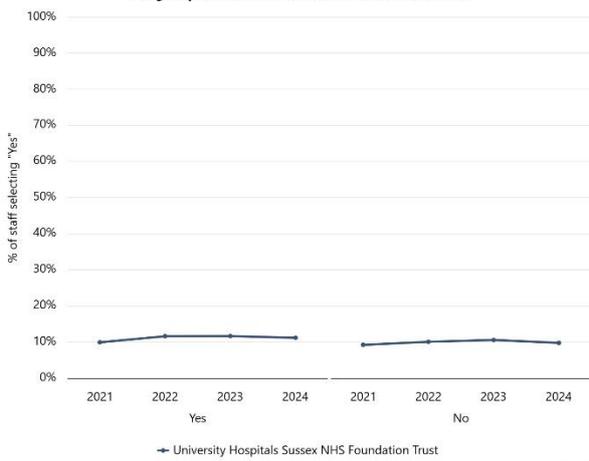


### Discrimination from managers or colleagues by gender (NSS – Q16a-b)

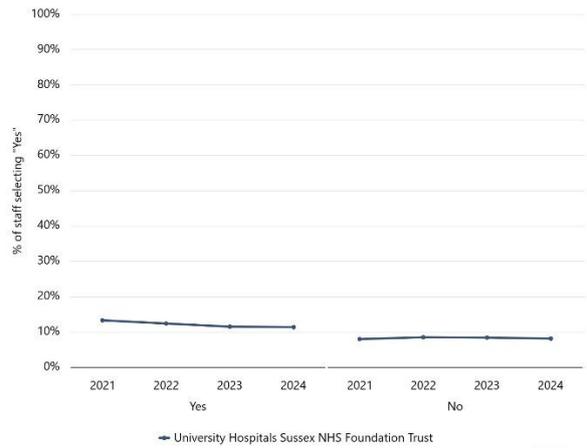
Analysis of NHS Staff Survey responses shows that staff with caring responsibilities reported slightly higher levels of discrimination than those without caring responsibilities.

- ▶ 11.2% (of 2,338 respondents) carers reported discrimination from patients or the public, compared to 9.8% (of 5,568 respondents) non-carers.
- ▶ Discrimination from managers or colleagues was also reported more often by carers (11.4% of 2,321 respondents) than non-carers (8.1% of 5,520 respondents).
- ▶ Levels have remained broadly stable for both groups since 2023.

**Q16a - In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?**  
Subgroup breakdown: Look after others with LTC



**Q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?**  
Subgroup breakdown: Look after others with LTC



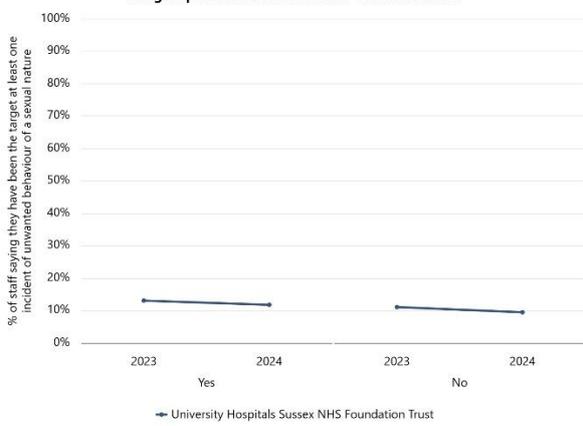
13.32% of staff with caring responsibilities who had experienced discrimination felt this was on the grounds of disability (428 respondents), compared to 7.84% of non-carers (816 respondents).

### Sexual harassment by gender (NSS – Q17a-b)

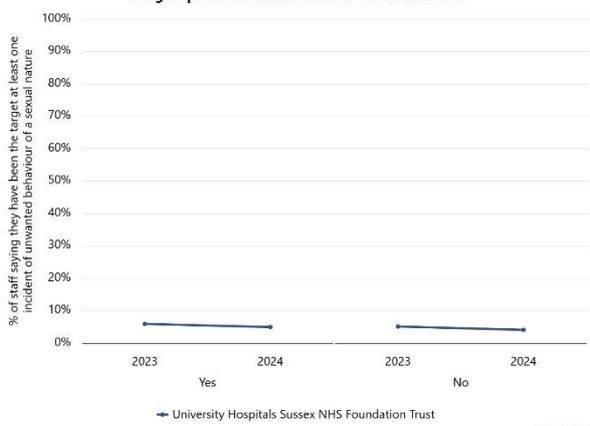
Analysis of NHS Staff Survey responses shows little difference in reported levels of unwanted sexual behaviour between staff with and without caring responsibilities.

- ▶ 11.8% (of 2,349 respondents) carers reported unwanted sexual behaviour from patients or the public, compared to 9.5% (of 5,596 respondents) non-carers.
- ▶ Levels of unwanted sexual behaviour from colleagues were very similar for both groups (carers: 4.9% of 2,339 respondents; non-carers: 4.0% of 5,565 respondents).
- ▶ Both groups saw slight decreases since 2023.

**Q17a - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users, their relatives or other members of the public**  
Subgroup breakdown: Look after others with LTC



**Q17b - In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues**  
Subgroup breakdown: Look after others with LTC



## 8. Armed Forces

### Staff Voice

The Trust has an [Armed Forces Community \(AFC\) Staff Network](#) sponsored by the Chief People Officer.

The priorities of the Armed Forces Community 20-month charity programme plan for 2025/26 include:

- ▶ Serving those who have Served: To create an NHS environment where military service is understood, valued and supported across all levels of healthcare delivery
- ▶ Re-engaging and expanding network membership
- ▶ Deliver clear network governance and consistent communications to network members
- ▶ Deliver an education programme to promote learning, member well-being and development needs
- ▶ Deliver a cultural Armed Forces engagement programme to celebrate Armed Forces diversity and foster cultural awareness



14 – (left) David Grantham and Vital Azambourg with wreaths laid in commemoration of Armistice Day at Southlands Hospital, Commemorative Gardens on the 11th November 2024.

15 – (right) Seaside Hospital Radio, League of Friends, UHSussex Armed Forces Community, Executive Sponsor, and Rev. Allison Becker in commemoration of Armistice Day at Southlands Hospital, Commemorative Gardens on the 11th November 2024.

### Armed forces workforce representation

Forty staff members were recorded as Armed Forces Reservist, Veterans or Cadet Volunteers in their ESR record as of 31 March 2025, representing 0.22% of the

workforce. 33 staff members (0.18%) were recorded as family members of Armed Forces. However, this figure likely under-represents the true number of Armed Forces members, as only recently has the Trust started encouraging staff to record this on ESR. Planned awareness campaigns and data quality exercises aim to improve this information, which should give a clearer picture in future.

In comparison, 3.8% of the population in England and 4.2% in the South East who reported that they had previously served in the UK armed forces (Census 2021, ONS). Furthermore, on 1 January 2025, there were approximately 361,558 serving personnel across all branches, representing about 0.52% of the UK's population of roughly 69.86 million at that time.<sup>3</sup>

---

<sup>3</sup> <https://www.gov.uk/government/statistics/quarterly-service-personnel-statistics-2025/quarterly-service-personnel-statistics-1-january-2025>

# Appendices

## Appendix 1: Technical Definitions

### 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

In 2024/25, the Trust undertook a range of activities to improve the quality and completeness of diversity data across the organisation:

- ▶ Board Engagement: Board members were encouraged to complete or update their personal characteristics (PC) data by March 2025.
- ▶ Staff Self-Service Campaign: All UHSussex staff were encouraged to review and update their equality and diversity information via ESR self-service. A targeted communication was sent to 2,780 substantive staff (15.55% of the substantive workforce) who were identified as having missing data for one or more protected characteristics.
- ▶ EDI Dashboard Development: The Trust continued to develop and roll out its Equality, Diversity and Inclusion (EDI) dashboards, releasing versions 3 to 5 during the year to improve access to diversity insights and support informed decision-making.

### **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'.

## Appendix 2: Gender Pay Gap Data

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	3,180	69.80%
	Male	1,376	30.20%
2	Female	3,383	74.07%
	Male	1,184	25.93%
3	Female	3,642	79.73%
	Male	926	20.27%
4 (highest paid)	Female	2,818	61.70%
	Male	1,749	38.30%
Totals	Total female staff	13,023	71.33%
	Total male staff	5,235	28.67%

### Gender Pay Gap mean and median Ordinary Pay Gap

Gender Hourly Pay Gap	Mean Hourly Pay			Median Hourly Pay		
	2023	2024	2025	2023	2024	2025
Male	22.26	24.01	25.85	16.84	18.10	19.25
Female	18.73	19.97	21.60	16.84	17.69	18.98
Difference	3.53	4.04	4.25	0.00	0.41	0.27
Pay Gap %	15.86%	16.83%	16.43%	0.00%	2.29%	1.40%

### Gender Pay Gap mean and median Bonus Pay Gap

Gender Bonus Pay Gap	Average (Mean) Hourly Pay			Median Hourly Pay		
	2023	2024	2025	2023	2024	2025
Male	9,658.62	9,600.89	12,013.92	4,396.06	4,795.08	8,143.20
Female	6,157.81	6,591.38	8,078.33	4,396.06	4,795.08	3,015.97
Difference	3,500.80	3,009.51	3,935.59	0.00	0.00	5,127.23
Pay Gap %	36.25%	31.35%	32.76%	0.00%	0.00%	62.96%

## Appendix 3: Ethnicity Pay Gap Data

Ethnicity Pay Gap proportion of white and minoritised ethnic groups divided into four quartiles ordered from lowest to highest paid

Quartile	Ethnic Group	Number of employees	% of Employees
1 (lowest paid)	Any white	3,571	78.38%
	Minoritised ethnicity	865	18.99%
2	Any white	2,878	63.02%
	Minoritised ethnicity	1,561	34.18%
3	Any white	2,970	65.03%
	Minoritised ethnicity	1,451	31.77%
4 (highest paid)	Any white	3,122	68.36%
	Minoritised ethnicity	1,172	25.66%
Totals	Total white staff	<b>12,541</b>	<b>68.69%</b>
	Total minoritised ethnicity staff	<b>5,049</b>	<b>27.66%</b>

### Ethnicity Pay Gap mean and median Ordinary Pay Gap

Ethnicity Ordinary Pay Gap	Average (Mean) Hourly Pay		Median Hourly Pay	
	2024	2025	2024	2025
Asian	£21.67	£23.25	£18.10	£19.42
Black	£20.11	£21.14	£17.62	£17.81
Mixed	£21.91	£23.74	£18.10	£18.95
NULL	£23.19	£32.39	£20.62	£27.49
Not Stated	£24.18	£27.55	£19.73	£22.86
Other	£22.43	£24.65	£19.18	£20.83
White British	£20.77	£22.36	£17.68	£18.75
White Other	£20.92	£22.87	£17.42	£18.66

### Ethnicity Pay Gap mean and median Bonus Pay Gap

Ethnicity Bonus Pay Gap	Average (Mean) Hourly Pay		Median Hourly Pay	
	2024	2025	2024	2025
Asian	£7,079.49	£10,194.50	£4,795.08	£5,000.00
Black	£6,809.96	£11,248.80	£4,795.08	£5,730.44
Mixed	£5,302.87	£3,015.96	£4,795.08	£3,015.96
NULL	N/A	£234.58	N/A	£234.58
Not Stated	£6,846.37	£10,479.99	£4,795.08	£6,596.59
Other	£7,209.58	£15,381.62	£4,795.08	£18,096.00
White British	£9,218.43	£10,615.88	£4,795.08	£6,032.04
White Other	£7,434.59	£10,625.02	£4,795.08	£6,226.30

## Appendix 4: Equality Delivery System (EDS) Grades 2025

### 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"> <li>• Burnout (NSS – Q12b)</li> <li>• Positive action on health and wellbeing (NSS – Q11a)</li> <li>• Musculoskeletal (MSK) problems (NSS – Q11b)</li> <li>• Work related stress (NSS – Q11c)</li> <li>• Pressure to work from manager when unwell (NSS – Q11e; WDES 6)</li> <li>• Adequate adjustments for disabled people (NSS – Q31b; WDES 8)</li> </ul>	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"> <li>• Harassment, bullying or abuse (NSS)</li> <li>• Discrimination from managers (NSS)</li> <li>• Sexual harassment (NSS)</li> <li>• Disciplinary and capability (Employee Relations)</li> <li>• Raising Concerns</li> </ul>	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"> <li>• Staff networks</li> <li>• Freedom to Speak Up / Raising Concerns data</li> <li>• NHS Staff Survey</li> <li>• Due Regard Assessments (DRA)</li> </ul>	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"> <li>• I would recommend my organisation as a place to work</li> <li>• If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation</li> </ul>	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"> <li>• Staff voice</li> <li>• Network sponsorships</li> <li>• Executive Briefing</li> <li>• Due Regard Assessments</li> </ul>	<b>2</b>	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"> <li>• Due Regard Assessments</li> <li>• Public Board papers</li> </ul>	<b>1</b>	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"> <li>• Workforce Inclusion Plan</li> <li>• Inclusion Dashboard</li> <li>• Workforce Equality Standards Report</li> <li>• Annual Equality Report</li> </ul>	<b>2</b>	Board
Domain 3: Inclusive leadership overall rating		<b>4</b>	

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

<b>EDS Organisation Rating (overall rating):</b>	<b>12</b>	<b>Developing</b>
--	-----------	-------------------

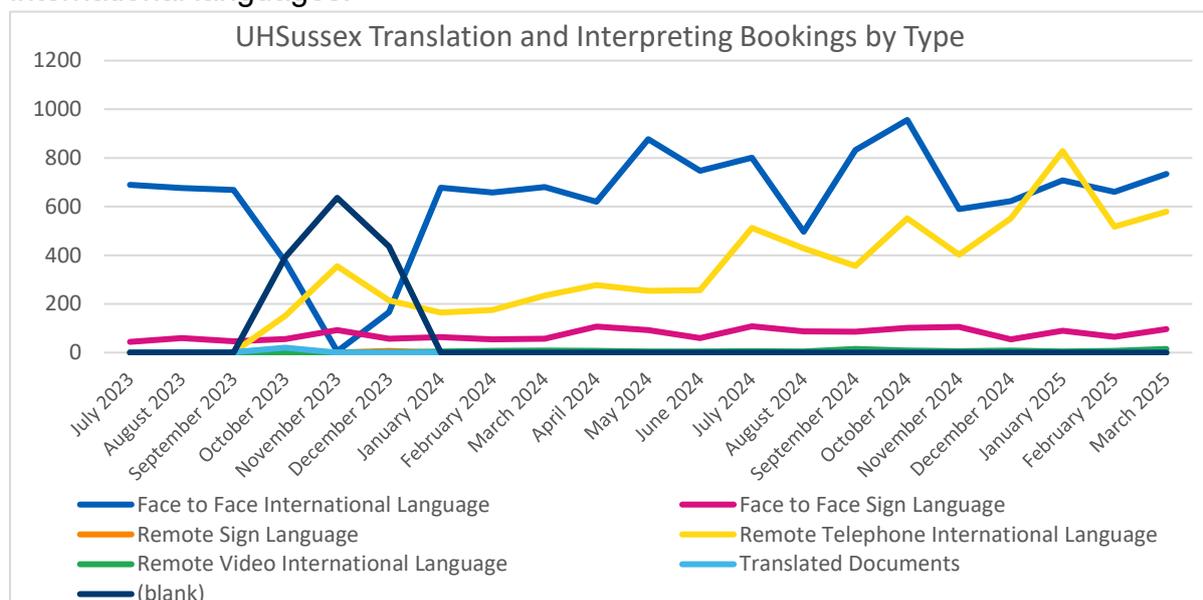
Key: A score under 8, is rated *Undeveloped*. Between 8 and 21, is rated *Developing*. Between 22 and 32, is rated *Achieving*. A score of 33, is rated *Excelling*.

## Appendix 5: Interpreting and Translation

The following data covers the financial year 2024–2025 (April 2024 to March 2025). As no data was available for the first quarter of the previous financial year (April to June 2023), direct year-on-year comparisons are not possible. However, where available, data from June 2023 onwards has been included to support a more comprehensive review.

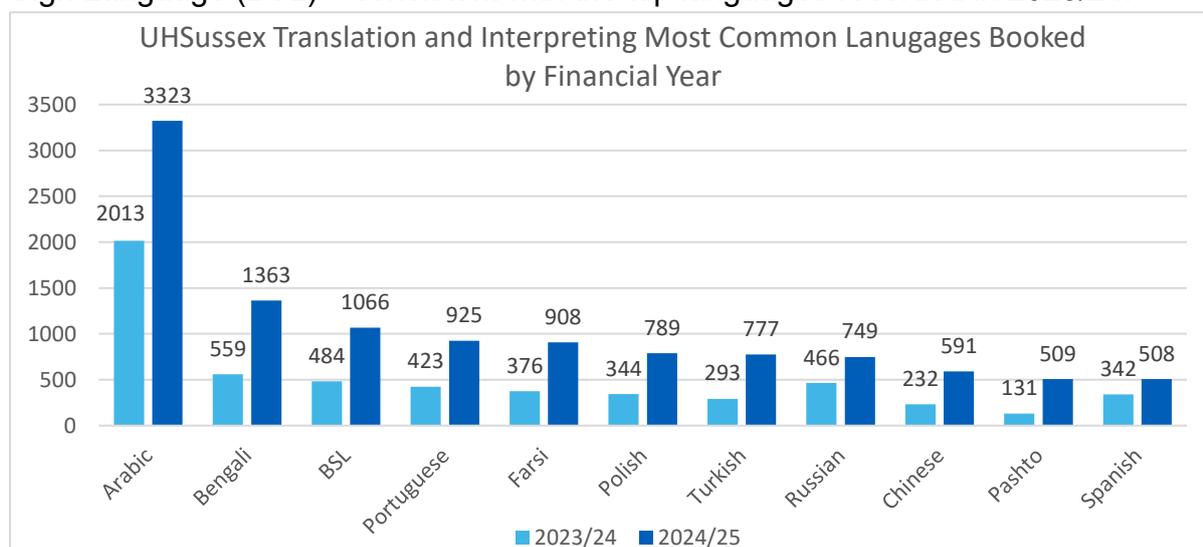
### Service type

Face-to-face international language interpreting remains the most used service. However, there has been a significant increase in remote telephone bookings for international languages.



### Languages

The most booked languages are shown in the graph below. In 2024/25, the highest number of translation and interpreting bookings were for Arabic, Bengali, and British Sign Language (BSL) – consistent with the top languages recorded in 2023/24.



## Appendix 6: Alignment Key

The equality indicators referenced in this report are aligned with the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), the National Staff Survey (NSS), and the High Impact Actions (HIAs) outlined in the national NHS Equality, Diversity and Inclusion Improvement Plan. For ease of reference, these indicators are summarised below.

<b>Executive Summary</b> .....	<b>2</b>
Notable improvements: .....	<b>Error! Bookmark not defined.</b>
Priorities for 2025-2026: .....	3
<b>Introduction</b> .....	<b>5</b>
Terminology .....	5
Governance .....	5
Reporting .....	8
<b>1. Race</b> .....	<b>9</b>
Race Equality Summary .....	9
HIA 1: Leadership and Accountability (Race) .....	10
Staff voice .....	10
Board ethnicity composition (WRES 9) .....	12
HIA 2: Inclusive Talent (Race) .....	12
Ethnicity workforce representation (WRES 1) .....	12
Career Progression Disparities by Division .....	16
Career Progression Disparities by Staff Group .....	20
Career Progression Disparities by Site .....	21
Princess Royal Hospital (PRH) .....	21
Clinical staff: White staff are .....	21
Non-clinical staff: White staff are .....	21
Medical and dental staff: White doctors are .....	21
St Richard’s Hospital (SRH) .....	22
Clinical staff: White staff are .....	22
Non-clinical staff: White staff are .....	22
Medical and dental staff: White doctors are .....	22
Worthing Hospital (WOR) .....	22
Clinical staff: White staff are .....	22
Medical and dental staff: White doctors are 3.5 times more likely to hold consultant roles compared to trainee roles. ....	22

Ethnicity shortlisting-to-appointment relative likelihood (WRES 2) .....	23
Equality of opportunity for career progression/promotion (WRES 7).....	24
Non-mandatory training by ethnicity (WRES 4).....	25
HIA 3: Eliminate Pay Gaps (Race).....	25
Ethnicity Pay Gap.....	25
HIA 4: Workforce Health Inequalities (Race) .....	28
Burnout (NSS – Q12b) .....	28
Positive action on health and wellbeing (NSS – Q11a).....	28
Work related stress (NSS – Q11c).....	29
HIA 5: Internationally Recruited Staff.....	29
HIA 6: Eliminate Discrimination (Race).....	32
Formal disciplinary likelihood by ethnicity (WRES 3) .....	32
Harassment, bullying or abuse from patients or public by ethnicity (NSS – Q14a; WRES 5) .....	32
Harassment, bullying or abuse from staff by ethnicity (NSS – Q14b-c; WRES 6) .....	35
Discrimination from managers or colleagues (NSS – Q16b; WRES 8) .....	36
Sexual harassment by ethnicity (NSS – Q17a-b).....	38
<b>2. Disability .....</b>	<b>40</b>
Disability Equality Summary .....	40
HIA 1: Leadership and Accountability (Disability) .....	40
Staff voice (WDES 9.2) .....	40
WDES 9.1 NSS staff engagement score.....	42
Board disability composition (WDES 10).....	43
HIA 2: Inclusive Talent (Disability) .....	44
Disability workforce representation (WDES 1) .....	44
Career Progression Disparities by Division .....	47
Chief Nurse Division.....	47
Non-clinical staff: Staff with no self-identified disability are .....	47
Career Progression Disparities by Site .....	49
Disability shortlisting-to-appointment relative likelihood (WDES 2) .....	50
Equality of opportunity for career progression/promotion (NSS – Q15; WDES 5) .....	50
HIA 4: Workforce Health Inequalities (Disability) .....	51

Burnout (NSS – Q12b) .....	51
Positive action on health and wellbeing (NSS – Q11a) .....	51
Musculoskeletal (MSK) problems (NSS – Q11b) .....	52
Work related stress (NSS – Q11c) .....	52
Pressure to work from manager when unwell (NSS – Q11e; WDES 6) .....	53
Staff satisfaction that Trust values their work (NSS – Q4b; WDES 7) .....	54
Adequate adjustments for disabled people (NSS – Q31b; WDES 8) .....	54
HIA 6: Eliminate Discrimination (Disability) .....	55
Formal capability likelihood by disability (WDES 3) .....	55
Harassment, bullying or abuse by disability status (NSS – Q14a-d; WDES 4) .	56
Discrimination by Disability: Raising Concerns About Inequality .....	58
Discrimination from the public, managers or colleagues by disability status (NSS – Q16a-b) .....	59
Sexual harassment by disability status (NSS – Q17a-b) .....	59
<b>3. Gender .....</b>	<b>61</b>
Gender Equality Summary .....	61
HIA 1: Leadership and Accountability (Gender) .....	61
Staff voice .....	61
Board gender composition .....	64
HIA 2: Inclusive Talent (Gender) .....	64
Gender workforce representation .....	64
Career Progression Disparities by Division .....	67
Career Progression Disparities by Staff Group .....	69
Gender shortlisting-to-appointment relative likelihood .....	70
Equality of opportunity for career progression / promotion (NSS – Q15) .....	70
HIA 3: Eliminate Pay Gaps (Gender) .....	71
Gender Pay Gap .....	71
Flexible working opportunities (NSS – Q4d; Q6d) .....	73
HIA 4: Workforce Health Inequalities (Gender) .....	75
Burnout (NSS – Q12b) .....	75
Positive action on health and wellbeing (NSS – Q11a) .....	75
Work related stress (NSS – Q11c) .....	76
HIA 6: Eliminate Discrimination (Gender) .....	76
Harassment, bullying or abuse by gender (NSS – Q14a-d) .....	76

Discrimination by Sex and Gender: Raising Concerns About Inequality .....	78
Discrimination from managers or colleagues by gender (NSS – Q16a-b).....	79
Sexual harassment by gender (NSS – Q17a-b).....	81
<b>4. Sexual Orientation .....</b>	<b>83</b>
Sexual Orientation Equality Summary .....	83
HIA 1: Leadership and Accountability (Sexual Orientation) .....	83
Staff voice .....	83
HIA 2: Inclusive Talent (Sexual Orientation).....	85
Sexual orientation workforce representation .....	85
Sexual orientation shortlisting-to-appointment relative likelihood .....	88
Equality of opportunity for career progression / promotion (NSS – Q15) .....	88
HIA 4: Workforce Health Inequalities (Sexual Orientation) .....	89
Burnout (NSS – Q12b).....	89
Positive action on health and wellbeing (NSS – Q11a).....	89
Work related stress (NSS – Q11c).....	89
HIA 6: Eliminate Discrimination (Sexual Orientation).....	90
Harassment, bullying or abuse by sexual orientation (NSS – Q14a-d) .....	90
Discrimination from managers or colleagues by sexual orientation (NSS – Q16a-b).....	91
Sexual harassment by sexual orientation (NSS – Q17a-b).....	92
<b>5. Religion and Belief.....</b>	<b>94</b>
Religion & Belief Equality Summary .....	94
HIA 1: Leadership and Accountability (Religion & Belief) .....	94
Staff voice .....	94
Board religion and belief composition .....	95
HIA 2: Inclusive Talent (Religion & Belief) .....	95
Workforce religion and belief representation .....	95
Religion and belief shortlisting-to-appointment relative likelihood .....	98
Equality of opportunity for career progression / promotion (NSS – Q15) .....	99
HIA 4: Workforce Health Inequalities (Religion & Belief) .....	99
Burnout (NSS – Q12b).....	99
Positive action on health and wellbeing (NSS – Q11a).....	100
Work related stress (NSS – Q11c).....	101
HIA 6: Eliminate Discrimination (Religion & Belief).....	101

Harassment, bullying or abuse by religion and belief (NSS – Q14a-d) .....	101
Discrimination from managers or colleagues by religion and belief (NSS – Q16a-b).....	102
Sexual harassment by religion and belief (NSS – Q17a-b) .....	103
<b>6. Age .....</b>	<b>105</b>
Age Equality Summary .....	105
HIA 1: Leadership and Accountability (Age) .....	105
Board age composition .....	105
HIA 2: Inclusive Talent (Age).....	106
Workforce age representation .....	106
Age shortlisting-to-appointment relative likelihood .....	107
Equality of opportunity for career progression / promotion (NSS – Q15) .....	107
HIA 4: Workforce Health Inequalities (Age) .....	107
Burnout (NSS – Q12b).....	107
Positive action on health and wellbeing (NSS – Q11a).....	108
Musculoskeletal (MSK) problems (NSS – Q11b) .....	108
Work related stress (NSS – Q11c).....	109
HIA 6: Eliminate Discrimination (Age).....	110
Harassment, bullying or abuse by age band (NSS – Q14a-d) .....	110
Discrimination from managers or colleagues by age band (NSS – Q16a-b)...	111
Sexual harassment by age band (NSS – Q17a-b) .....	112
<b>7. Caring Responsibilities .....</b>	<b>114</b>
Carers Equality Summary .....	114
HIA 1: Leadership and Accountability (Carers).....	114
Staff Voice.....	114
HIA 2: Inclusive Talent (Carers).....	116
Carer workforce representation.....	116
Equality of opportunity for career progression / promotion (NSS – Q15) .....	117
Flexible working opportunities (NSS – Q4d; Q6d).....	117
HIA 4: Workforce Health Inequalities (Carers).....	118
Burnout (NSS – Q12b).....	118
Positive action on health and wellbeing (NSS – Q11a).....	118
Musculoskeletal (MSK) problems (NSS – Q11b) .....	119
Work related stress (NSS – Q11c).....	119

HIA 6: Eliminate Discrimination (Carers) .....	119
Harassment, bullying or abuse by gender (NSS – Q14a-d) .....	119
Discrimination from managers or colleagues by gender (NSS – Q16a-b).....	120
Sexual harassment by gender (NSS – Q17a-b).....	121
<b>8. Armed Forces .....</b>	<b>122</b>
Staff Voice .....	122
Armed forces workforce representation .....	122
<b>Appendices .....</b>	<b>124</b>
Appendix 1: Technical Definitions.....	124
Compliance .....	124
Privacy .....	124
Scope.....	124
Data quality .....	124
Disparity ratio .....	125
Shortlisting-to-appointment ratio .....	125
Target range .....	125
Ratings.....	125
Appendix 2: Gender Pay Gap Data .....	126
Gender Pay Gap proportion of males and females divided into four quartiles ordered from lowest to highest paid .....	126
Gender Pay Gap mean and median Ordinary Pay Gap .....	126
Gender Pay Gap mean and median Bonus Pay Gap.....	126
Appendix 3: Ethnicity Pay Gap Data.....	127
Ethnicity Pay Gap proportion of white and minoritised ethnic groups divided into four quartiles ordered from lowest to highest paid.....	127
Ethnicity Pay Gap mean and median Ordinary Pay Gap .....	127
Ethnicity Pay Gap mean and median Bonus Pay Gap .....	127
Appendix 4: Equality Delivery System (EDS) Grades 2025.....	128
Domain 2: Workforce health and well-being.....	128
Domain 3: Inclusive leadership .....	129
Appendix 5: Interpreting and Translation .....	130
Service type .....	130
Languages .....	130
Appendix 6: Alignment Key.....	131

