

# **ESNEFT PUBLIC SECTOR EQUALITY DUTY ANNUAL COMPLIANCE REPORT**

**January – December 2021**

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## FOREWORD



KATE READ, DIRECTOR OF PEOPLE &  
ORGANISATIONAL DEVELOPMENT



GILES THORPE, CHIEF NURSE

We are delighted to present our Public Sector Equality Duty Compliance Report for the East Suffolk and North Essex NHS Foundation Trust (ESNEFT). With executive responsibility for Equality, Diversity and Inclusion, we are committed and passionate to ensure that whatever we do makes a positive difference for all our patients and staff.

Our Equality Compliance report provides details of our workforce and service data as required by Equality Act 2010 (specific duties). We have worked hard over the past year to provide increased support to the Trust Equality, Diversity and Inclusion agenda; supporting staff networks, establishing the role of our cultural ambassadors and working closely with University and external partners to improve understanding of issues of race. We recognise we remain at the beginning of our ambitions in respect of the EDI agenda, however, we are committed to working with all our strategic partners, regionally and nationally, to improve equality outcomes for all.

The publication of this report is one of our core responsibilities under the Equality Act 2010 and supports the delivery of the general Public Sector Equality Duty (PSED). Our focus is not only on compliance, we want to add real value to the lives of our communities and staff by removing any barriers that may exist. At ESNEFT, we celebrate difference and harness it for the benefit of our patients and staff. We want all of our diverse groups of staff to feel fully engaged and supported within the workplace.

We know that there is a direct correlation between outstanding care and positive staff experience. Making sure EDI is embedded into our organisation is critical as it affects patient care, patient safety as well as organisational efficiency. The EDI agenda is a key principle of our People and Organisational Development Strategy which was developed and rolled out last year. This sets out our ambition to be a model employer and Employer of Choice. We know that in order for our organisation to develop, we have to be an inclusive employer with a diverse and representative workforce at all levels. The importance of inclusion is embedded into the NHS Five Year Forward View; NHS Long Term Plan and the more recently published NHS People Plan.

Inclusion is integral to all activities to ensure we provide the best health and care services to the diverse communities we serve.

## Executive Summary

Equality, Diversity and Inclusion (EDI) matters greatly to us as a Trust. The Board of Directors recognise the importance of EDI as being critical to delivering excellent patient care and supporting staff to feel that ESNEFT is a brilliant place to work, a Trust they would recommend and an Employer of Choice.

We are committed as a Trust to the elimination of discrimination, harassment and reducing health inequalities by promoting equity of opportunity and dignity and respect for all our patients, service users, their families, carers and our people. The key responsibilities for ESNEFT, as a large local employer and provider of services, are: to call out inequity wherever we see it; take the appropriate actions; and most importantly proactively promote inclusion and respectful interactions for all of our colleagues, patients and service users. We want it to help drive our performance and to enable us to meet our commitment and passion to make a difference to the lives of our staff, service users, carers, patients and the diverse communities we serve. ESNEFT is committed to being a local, regional and national System Leader in the area of EDI.

The focus of this report is to provide a high-level summary of our workforce and service use data. It is a compliance requirement under the Equality Act 2010 (Section 149: specific duties). Publication of this information will ensure that East Suffolk and North Essex NHS Foundation Trust (ESNEFT) has met its legal requirement. This report covers data from 1 January to 31 December 2021.

The key findings from our data analysis in this report are:

### **Workforce profile:**

- Improving data quality across all our demographic profiles by improving disclosure rates for our workforce in terms of sexual orientation and disability, which is disproportionately low.
- Underrepresentation of BAME colleagues at pay Band 6 and above (developing and implementing a robust WRES Action Plan)
- We have an ageing workforce, with a greater number of our staff being aged 41+, and our largest staff group is aged 31-35.

### **Service user data:**

- We do not presently capture data information on disability, gender reassignment or sexual orientation. The protected characteristic of pregnancy is not reported on for patient data. Our service profile is broadly representative of our local population however work is needed to understand the patient experience for all groups. There is considerable data that is unknown for the protected characteristic of religion and belief and ethnicity data indicating an under representation of BAME and minority faith communities.
- The gender profile shows women being over represented in our Inpatient and Outpatient Services. A&E services show a somewhat proportional level of access between men and women (48% and 52% respectively).

In addition to the data, we are very proud to report on the work of our LGBTQ+ Staff Network, our bespoke LGBTQ+ Awareness Sessions, Talk and Transform race awareness programme and Reverse Mentoring Programme is making a real impact in the organisation and the local community. For the next twelve months, our three key strategic priorities will be to:

- Better understand our equality data
- Improve our EDI governance and ensure compliance related to all mandatory work streams.
- Facilitate an inclusive and compassionate culture for the organisation through the development of Inclusive Staff Networks

With the publication of this report, we are confident that we have complied with the Public Sector Equality Duty, but we recognise that further work is required to enhance our performance in this area.

## INTRODUCTION

ESNEFT provides hospital and community healthcare across a wide geographical area with a diverse population of approximately 800,000 residents. The purpose of the report is to ensure we comply with the duties laid out in the Public Sector Equality, (Section 149: Equality Act 2010) to ensure that as an organisation and employer we are:

- Eliminating unlawful discrimination, harassment and victimisation and any other conduct
- Advancing equality of opportunity between people who share a protected characteristic; and people who do not share it;
- Fostering good relations

The information contained within this report provides an overview of the Trust's equality and diversity data across the nine protected characteristics for our workforce and service user's data as laid out in the specific duties of the law. This report provides further information and year on year progress updates on our **Equality, Diversity and Inclusion Strategy Implementation Plan 2021** and our **Trust Equality Objectives 2020-2024**.

## What is the Public Sector Equality Duty?

The Public Sector Equality Duty (PSED) supports good decision-making by ensuring the Trust considers how people who have protected characteristics will be affected by our activities, helping us to deliver policies and services which are efficient and effective, accessible to all and which meet different people's needs. The report covers data relating to the protected characteristics included in the Equality Duty which are:

- Age
- Disability
- Gender reassignment

- Marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
- Pregnancy and maternity
- Race (this includes ethnic or national origins, colour or nationality)
- Religion or belief
- Sex
- Sexual Orientation

## Why is Equality data and information important?

The purpose of equality data is to provide a measurement framework to enable organisations, specifically public sector bodies, to know where discrimination and exclusion exists. Equality data can shed light on groups that are at risk of discrimination. This report considers equality information held about our staff and service users broadly in terms of our Workforce profile and Service user profile.

Our EDI work starts with understanding our staff and working with our leadership community to establish a culture of inclusion leadership in the organisation. As a newly merged organisation we will use this opportunity to enhance our staff and patient experience by using the data we hold to identify barriers that may exist for specific groups of staff. We know that when staff experience good patient experience then health outcomes improve. A key focus of our work is to robustly understand our equality data in relation to workforce and service users.

The report focuses on providing a high-level summary of the workforce and service user information by protected characteristics. We are committed to improving our data quality in relation to capturing information about protected characteristics for staff and service users and this will be a core part of the EDI work streams. In future years, we will look to extend the data provided to ensure we include a broader view of the workforce data that covers:

- Recruitment
- Leavers
- Sickness
- Employee Relations (Sickness absences, Capability, Bullying and Harassment, Disciplinary and Grievance)
- Promotions
- Training
- NHS Staff Survey and Staff Friends & Family Test Results

For service delivery, we would also seek to extend the information and data we will provide to ensure it covers our:

- Patient experience data (Friends and Family Test results) and any in patient and national surveys
- Complaints and PALS data
- Volunteers, Governors and members demographic profile.

The Patient Experience Team are in the process of designing an EDI patient experience survey to help us understand the needs of our diverse communities. The complaints that are received within the organisation are now recorded under the nine protected characteristics to ensure that learning is undertaken and complaints received from our communities are recorded accurately to ensure shared learning across the organisation.

The Trust welcomes and encourages coproduction. Although the Covid pandemic has had an impact on the extent to which we have been able to engage with our communities, work is underway with setting up focus groups to increase our engagement with diverse communities to understand and remove any barriers that may be in the way.

In addition to this, we will look to use equality data to help inform any Equality Analysis undertaken by the organisation.

## Our workforce data

This report provides information and data for the period from 1 January to 31 December 2021.

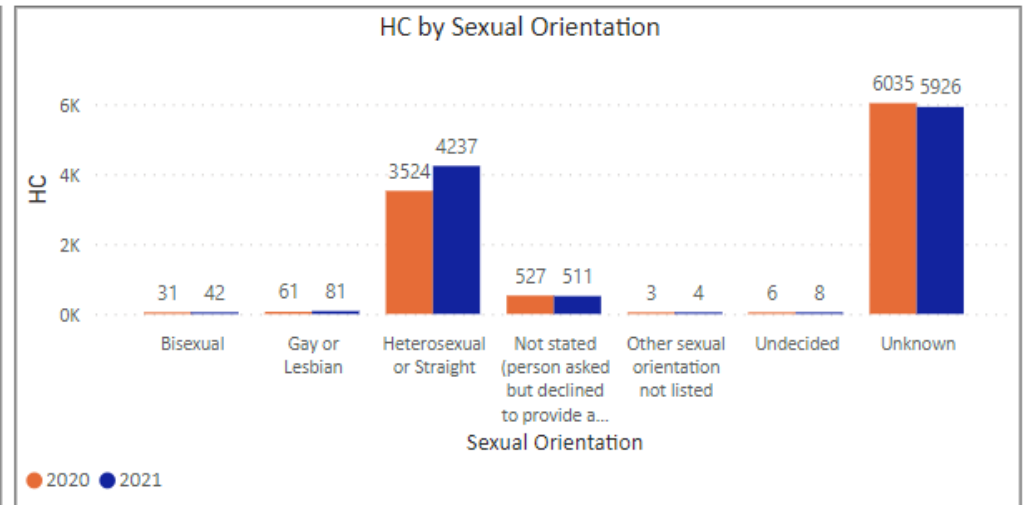
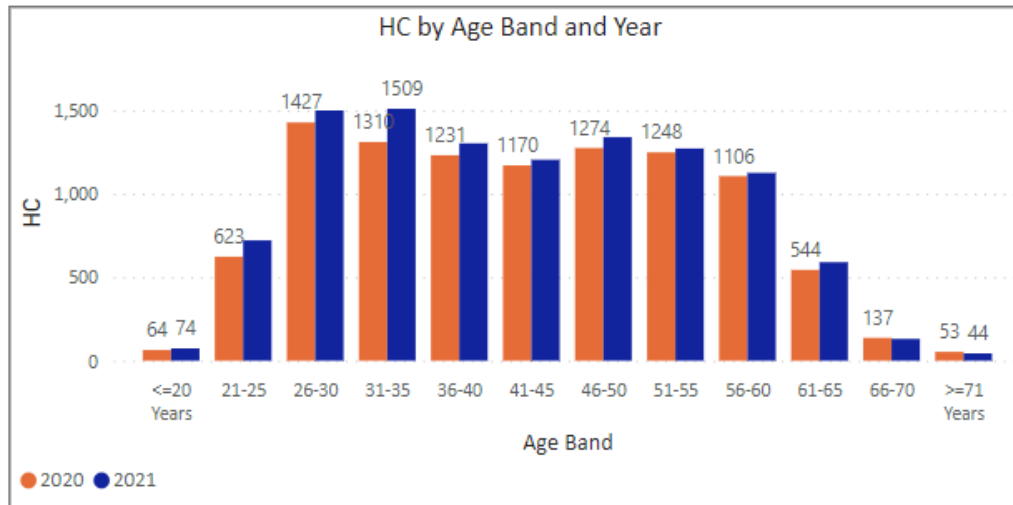
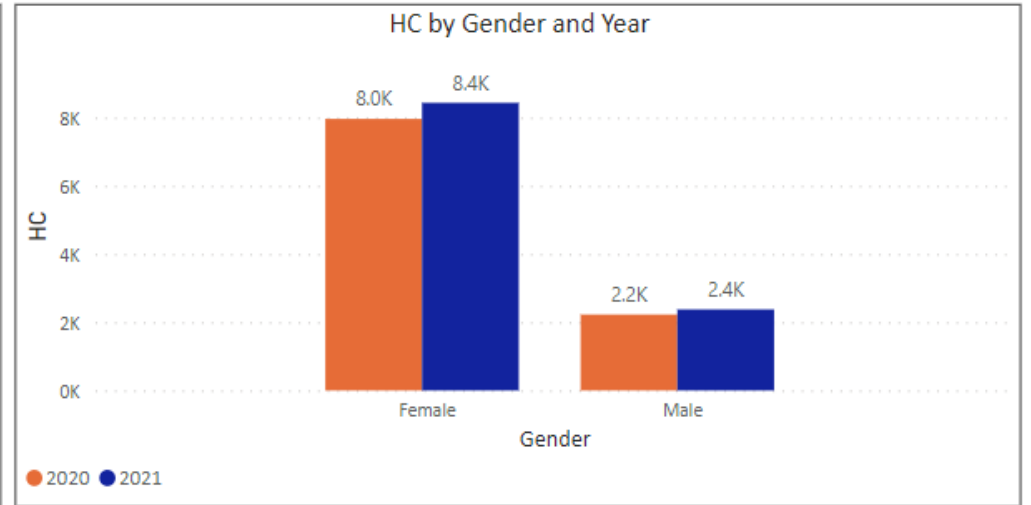
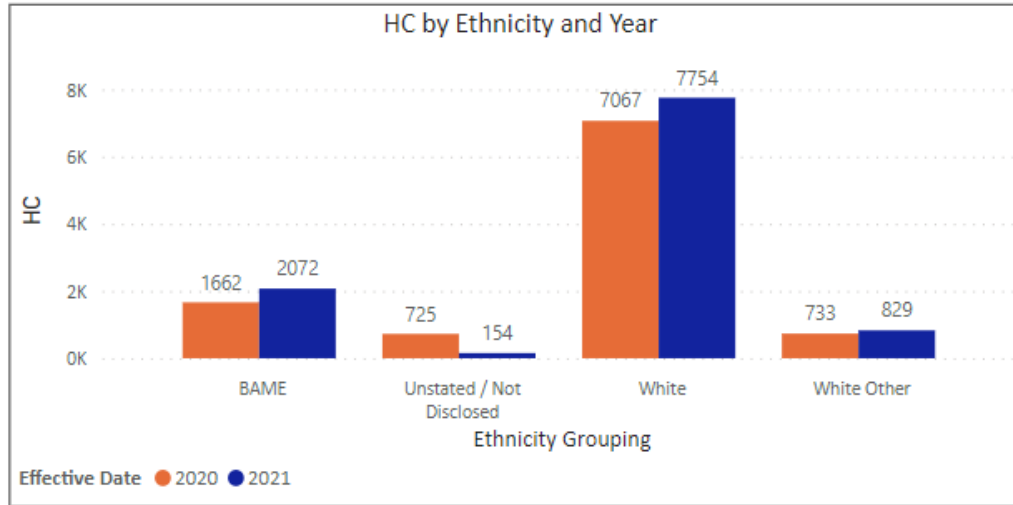
This section of the report focuses on workforce analysis and what we have considered in order to have a better insight into our organisation and its culture. This report provides an overview on key workforce equality and diversity data. There are some important points to note on data analysis for protected characteristics and considers the proportion of personal information disclosed for each protected characteristic. It should be noted that some protected characteristics are not recorded on the ESR (such as gender re-assignment). In addition, disability is not differentiated between physical and mental health.

Protected Characteristic	Analysis
<b>Age</b>	ESNEFT has a relatively high proportion of staff in older age groups. The largest group of our staff are aged 41+ (53%) we therefore have an increasing ageing workforce. 39.87% of our workforce is aged 26 – 40 and our younger age group (under 20 to 25) make up 6.88%. The Trust seeks to increase its attractiveness to people of all age groups through a range of measures, including the widespread provision of work experience opportunities, apprenticeships and the promotion of flexible working.
<b>Disability</b>	ESR records show approximately 2.87% of staff have declared that they have a disability and 40.41 % of staff declared no disability. We therefore have a high non-disclosure rate (55.19%). This indicates this as an area to be focused on from a psychological safety perspective and managerial workplace support therefore work has been undertaken to address this.
<b>Gender (Sex)</b>	Female staff make up 77.97% of the workforce and 22.03% are male, which is consistent with the national gender profile of the NHS, although the gender split in the North Essex and East Suffolk local community area is 49.2% Males and 50.8% Females based on the ONS 2021 Census.

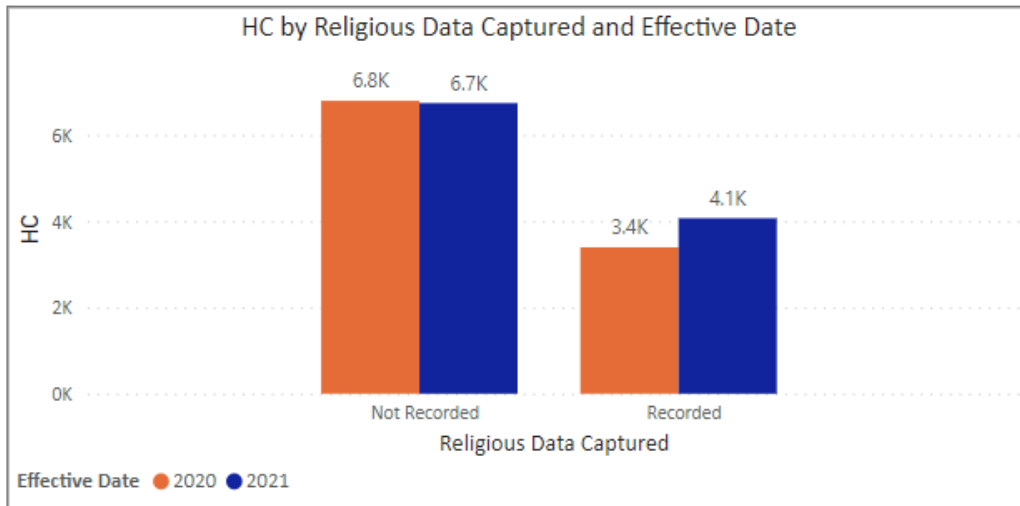
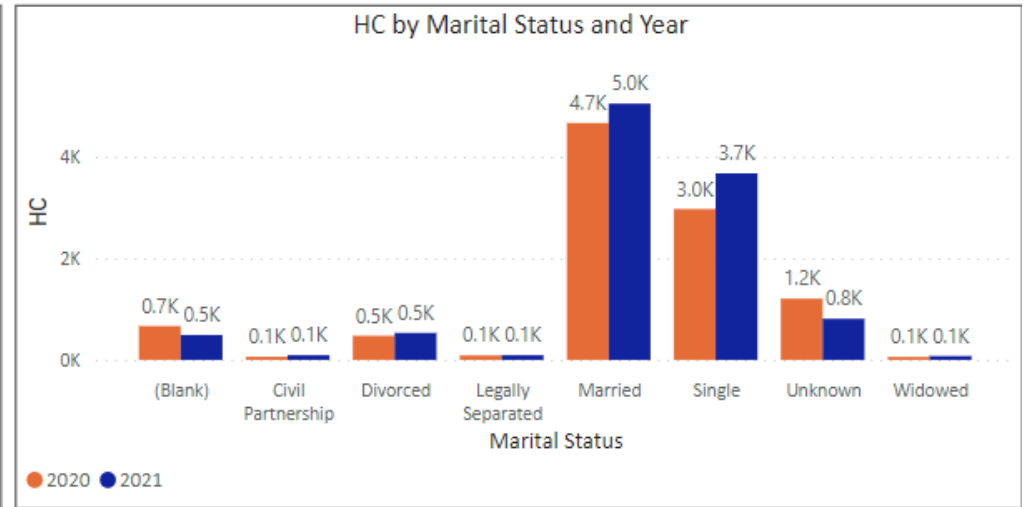
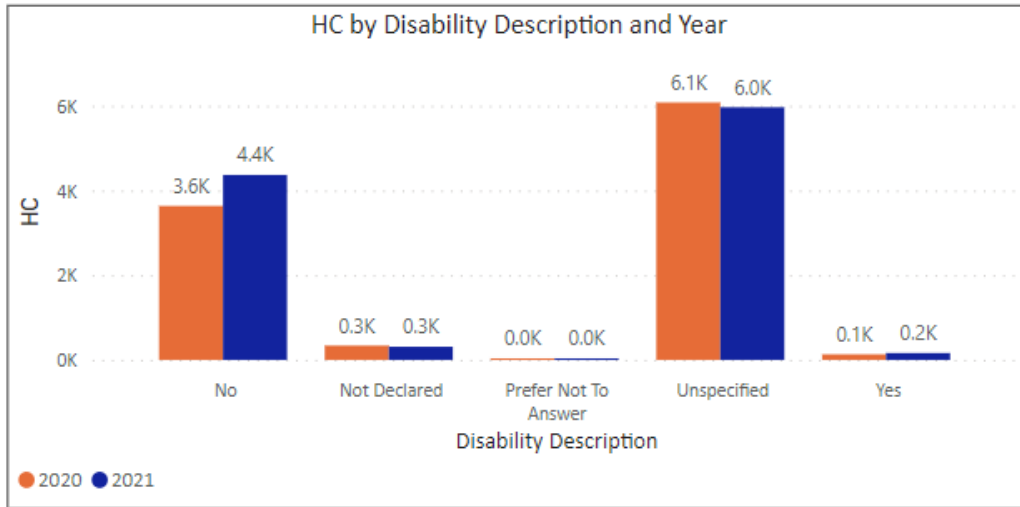
Protected Characteristic	Analysis
<b>Ethnicity race</b>	<p>For the purposes of this report, the Trust has combined staff categories as Asian, Black, Mixed, Other, White and Undisclosed. The White category incorporates staff that identify as White British, White Irish and Any Other White background. BAME includes staff who identify as Asian (Indian, Pakistani, Bangladeshi), Mixed (White Black/Asian), Black (Caribbean, African) and Other (Chinese and Any Other). This is in line with the Office of National Statistics' Census categories</p> <p>The analysis shows that 78% of the workforce identify as White compared with 21% BAME staff. Following a targeted approach to disclosure of ethnicity during 2021, the number of staff with unknown ethnicity reduced significantly to 1%. We employ an ethnically diverse workforce in comparison to the local populations of Essex and Suffolk however; data shows a significant underrepresentation of BAME colleagues in Bands 6 and above.</p>
<b>Marriage &amp; Civil partnership</b>	The largest group of our workforce is married (46.66%), whilst 33.97% are single, 4.92% are divorced and 0.7% are in civil partnerships. 7.49% of our staff marital status is unknown.
<b>Religion</b>	The largest group of staff for whom we have information categorise themselves as Christian (21.44%), minority faith communities make up 2.25% of our workforce and we do not know the religious status of 54.85%.
<b>Sexual Orientation</b>	The largest group of staff for whom we have information categorise themselves as heterosexual (39.2%), Less than 1% of our workforce identify as LGBTQ+. A significant portion of staff (54.82%) do not have their sexual orientation status recorded and 4.73% declined to provide a response.



## Jan-Dec 2020 / Jan-Dec 2021 Comparison

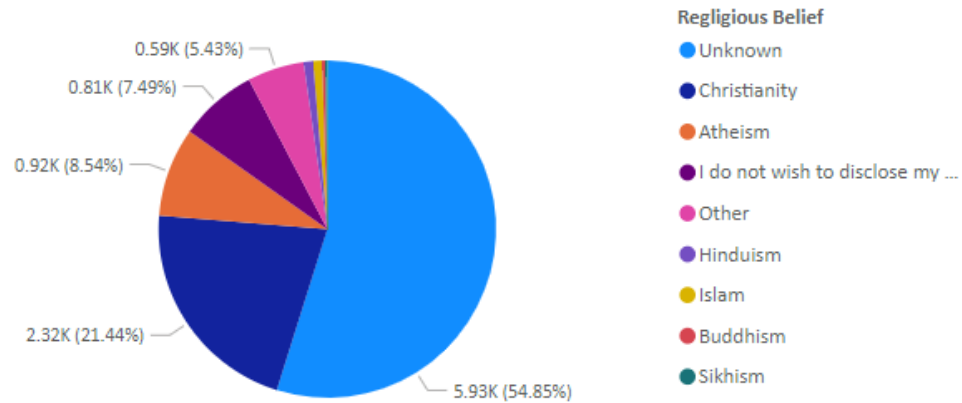


## Jan-Dec 2020 / Jan-Dec 2021 Comparison

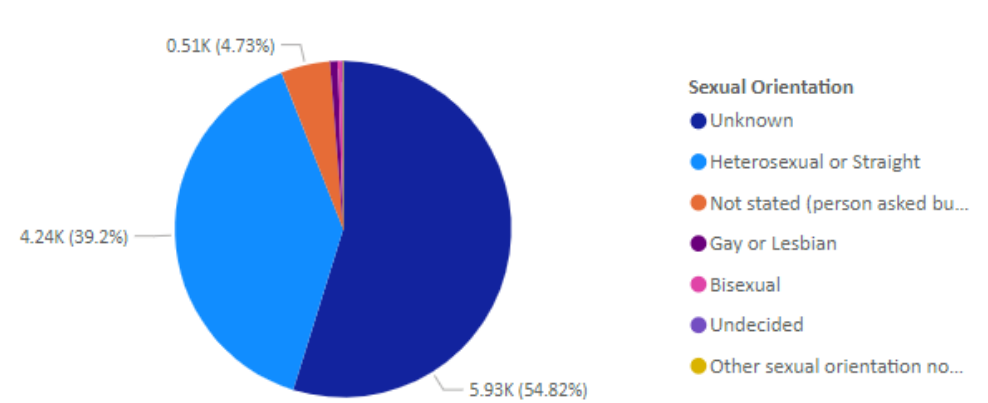


## Workforce Profile Jan –Dec 2021

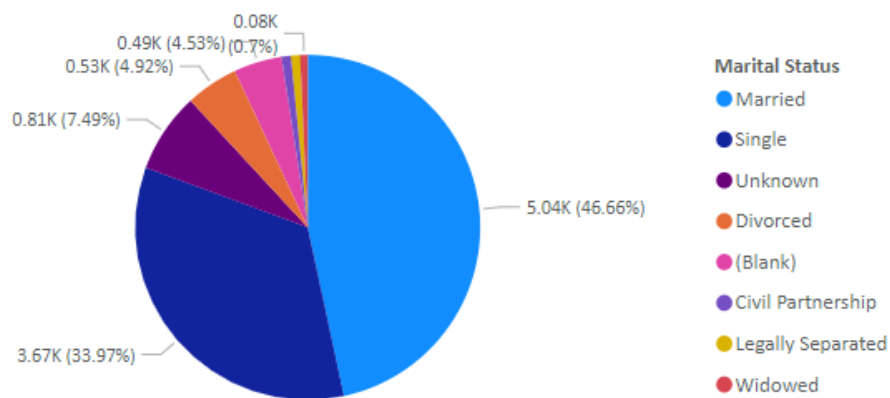
% Staff Disclosing Religious Belief



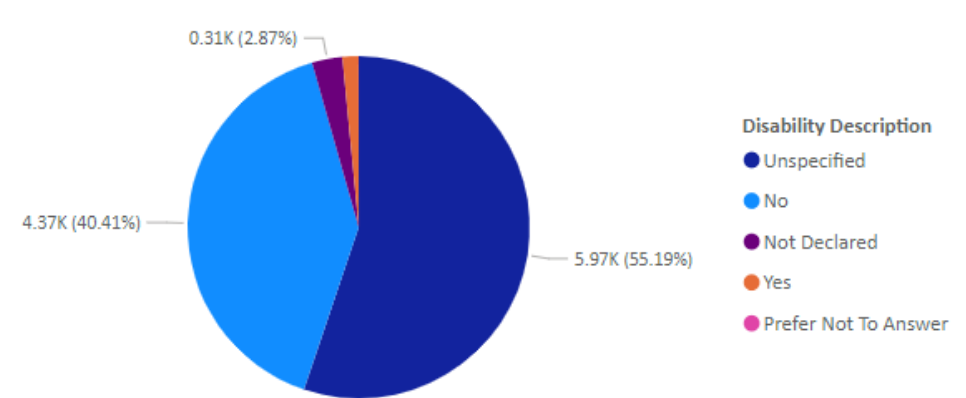
% Staff Disclosing Sexual Orientation



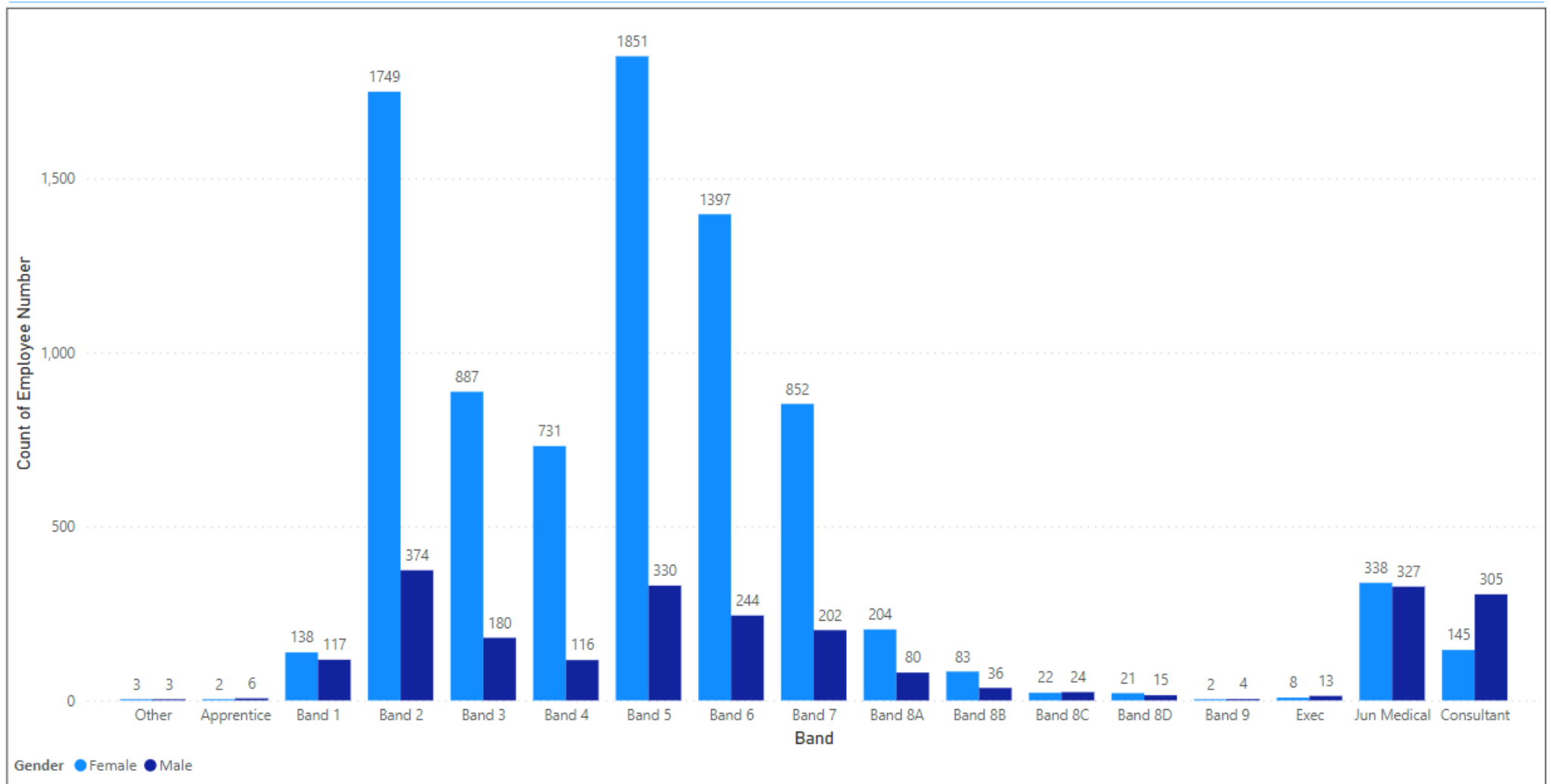
Workforce Profile by Marital Status / Civil Partnership



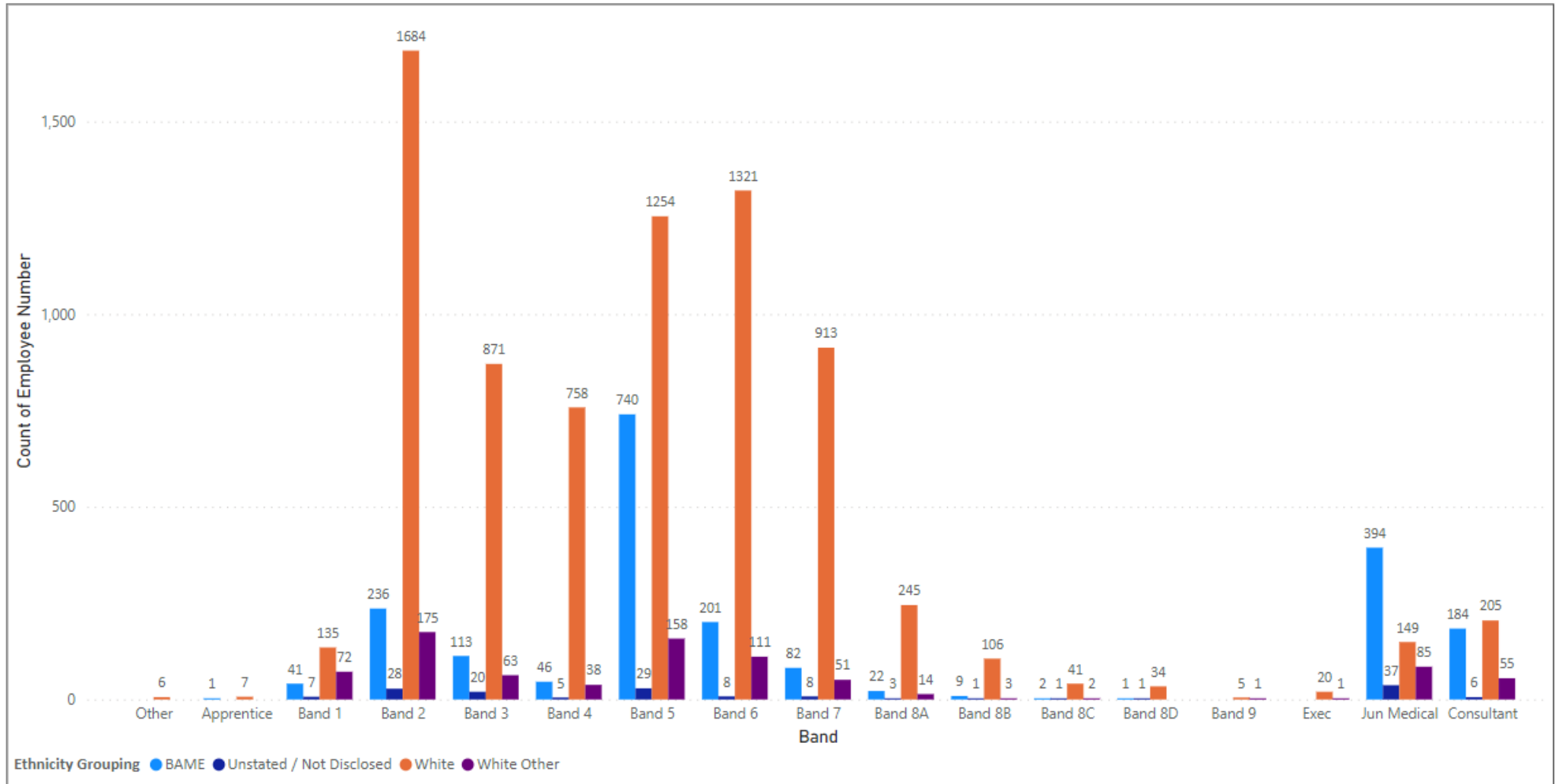
Workforce Profile by Disability Disclosure



Band split by Gender Jan-Dec 2021



Band split by Ethnicity Jan-Dec 2021



## Our Service Users data

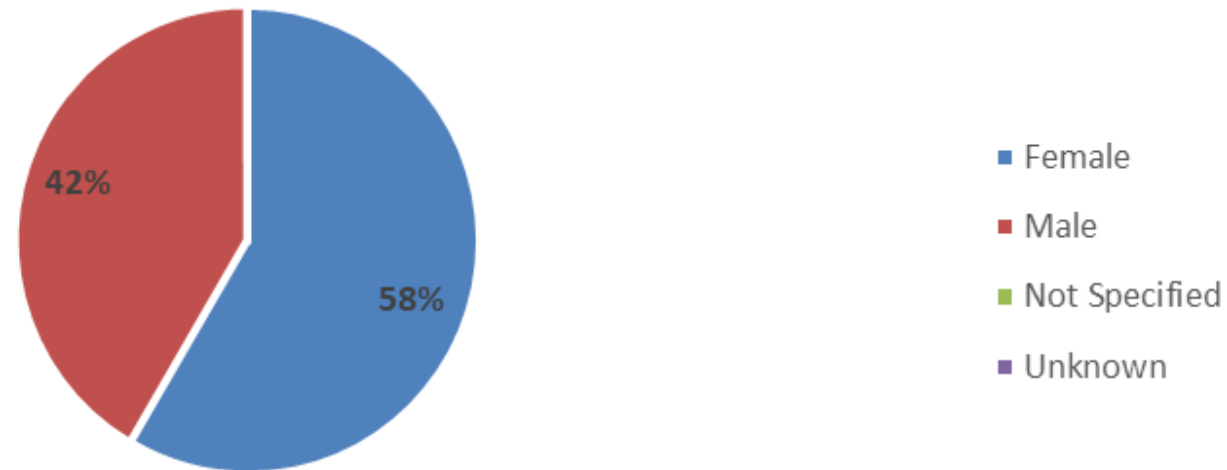
This section focuses specifically on the demographic profile of our service users. The data looks at all Inpatient attendances, Outpatient appointments and A&E attendances. The data used to produce the service user profiles in this section comes from our electronic patient records. The data in this report pertains to the following protected characteristics:

- Age
- Race (ethnicity)
- Religion or belief <sup>1</sup>
- Sex
- Marriage and civil partnership

We do not presently capture data information on disability, gender reassignment or sexual orientation, increasingly NHS Trust across the system collect this demographic information. The protected characteristic of pregnancy is not reported on for patients. We have provided data from 1 January 2021 to 31 December 2021.

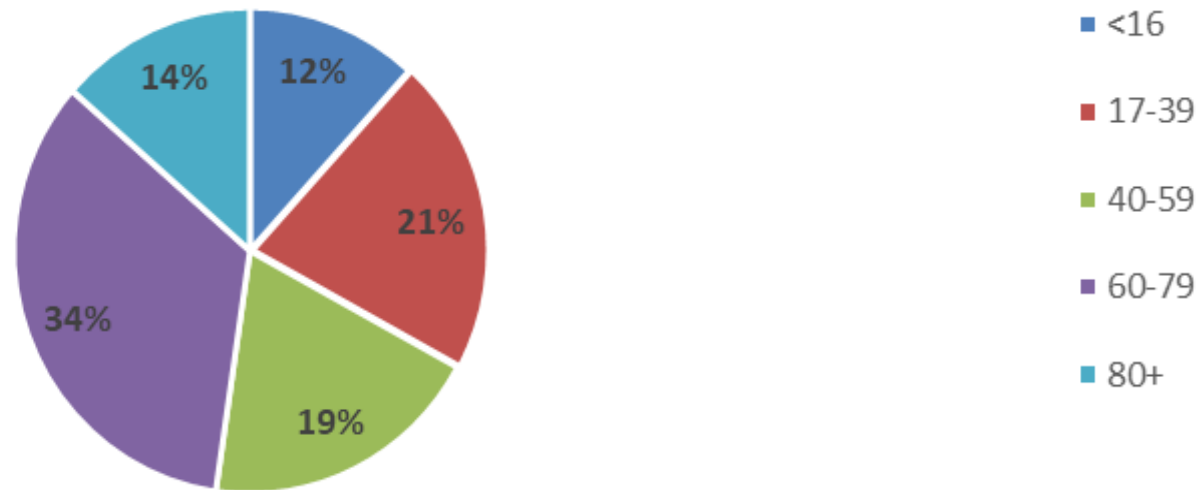
Service area	Analysis
<b>Outpatients</b>	Our data shows that more females to males are accessing our Outpatients. The gender profile for Suffolk and Essex is approximately 50/50 which means that women are 16% more represented in our service user profile for this service. The largest group of service users accessing outpatient service are those aged 60 – 79 (they make up 34% of the service user profile). The data shows 80% of service users identify as White and 3% of our service profile BAME. 9% of our ethnicity data for service users is unknown. 31% of the service user data for religion and belief is unknown. Church of England denominations make up 34% of the data recorded and 21% are other faith groups. 23% of the data is unknown regarding the marital status of service users, 40% are married or in a civil partnership, and 27% are single.
<b>Inpatients</b>	Our data shows that more females to males are accessing our inpatient services. The gender profile shows that woman are 8% more represented in our service user profile for this service. The largest group of service users accessing inpatient service are those aged 60 – 80+ (they make up 55%) of the service user profile. The data shows 80% of the service users identify as White and 4% of our service profile BAME, indicating under presentation of BAME communities and 7% of our ethnicity data for service users is unknown. The faith profile for Inpatients is similar to that of Outpatients services with 29% of the service user data for religion and belief is unknown, 5% are not religious and Church of England denominations make up 36% of the data recorded.
<b>A&amp;E</b>	Our data shows that more females to males are accessing our A&E services. However, at a more proportional level the gender profile is 48% male and 52% female for this service, which is closer to our local demographics. The largest group of service users accessing A&E services are those aged 17 -39 (they make up 25% of the service user profile and this is distinctly different to other services). The data shows 79% of the service users identify as White, 4% of our service profile BAME indicating under presentation of BAME communities and 9% of our ethnicity data for service users is unknown. Again, the faith profile for A&E services is similar to that of Inpatient and Outpatient services, with 31% of the service user data for religion and belief being unknown, 4% of are not religious and Church of England denominations make up 31% of the data recorded.

ESNEFT - Outpatients - Gender - 2021



Outpatients	ESNEFT	
Genders	2020	2021
Female	58.52%	58.45%
Male	41.46%	41.52%
Not Specified	0.00%	0.03%
Unknown	0.01%	0.00%

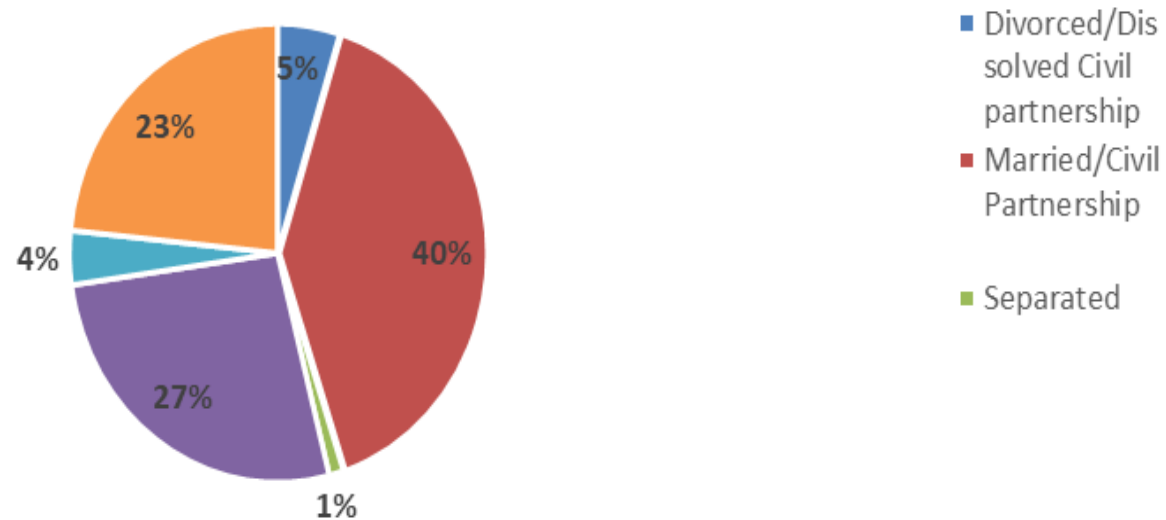
## ESNEFT - Outpatients - Age Band - 2021



Outpatients	ESNEFT	
Age Band	2020	2021
<16	11.76%	11.76%
17-39	21.49%	21.18%
40-59	19.32%	19.38%
60-79	34.02%	34.13%
80+	13.41%	13.56%

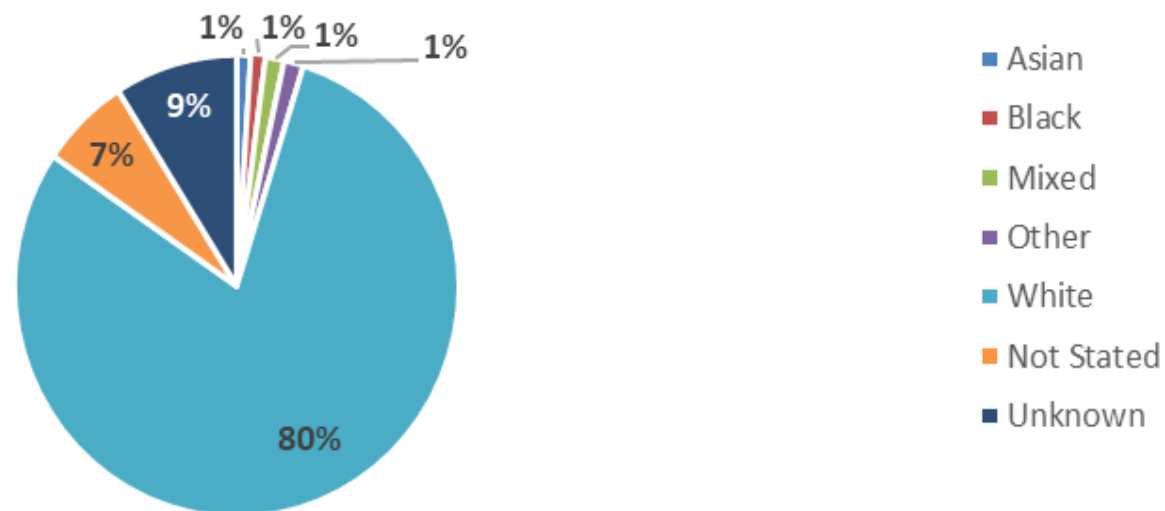


## ESNEFT - Outpatients - Marital Status - 2021



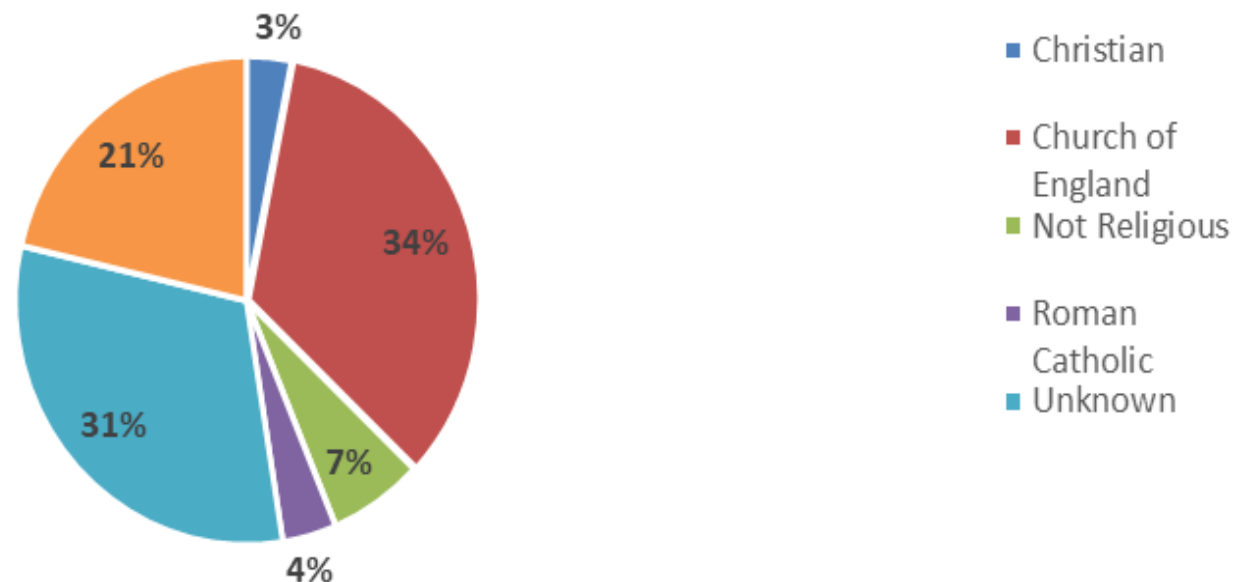
Outpatients	ESNEFT	
Marital Status	2020	2021
Divorced/Dissolved Civil partnership	4.74%	4.83%
Married/Civil Partnership	39.93%	40.04%
Separated	1.10%	1.12%
Single	27.03%	26.79%
Widowed/Surviving Civil Partner	3.71%	3.82%
Unknown	23.50%	23.41%

## ESNEFT - Outpatients - Ethnicity - 2021



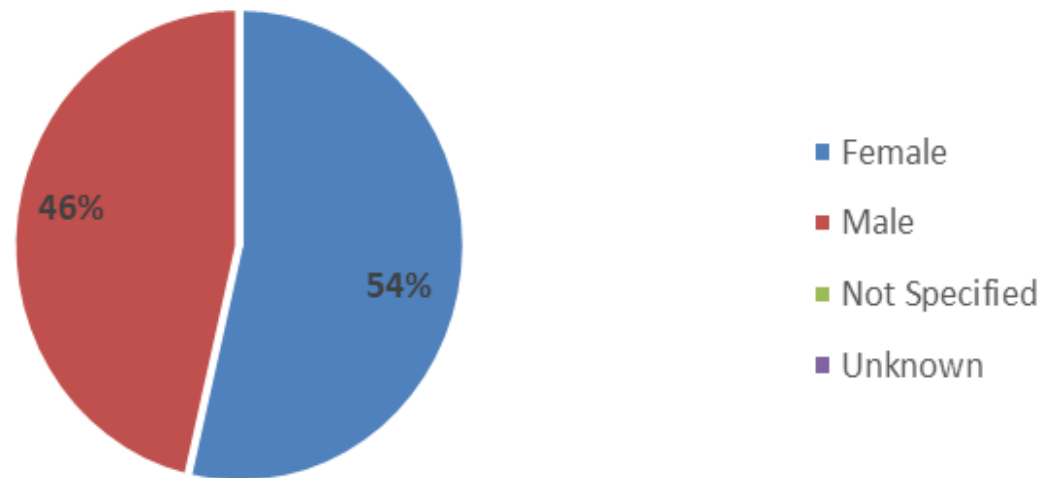
Outpatients	ESNEFT	
Ethnicity	2020	2021
Asian	0.97%	0.90%
Black	1.04%	1.00%
Mixed	1.33%	1.29%
Other	1.40%	1.45%
White	79.20%	79.66%
Not Stated	6.66%	6.68%
Unknown	9.39%	9.03%

## ESNEFT - Outpatients - Religion - Grouped Categories > 1% - 2021



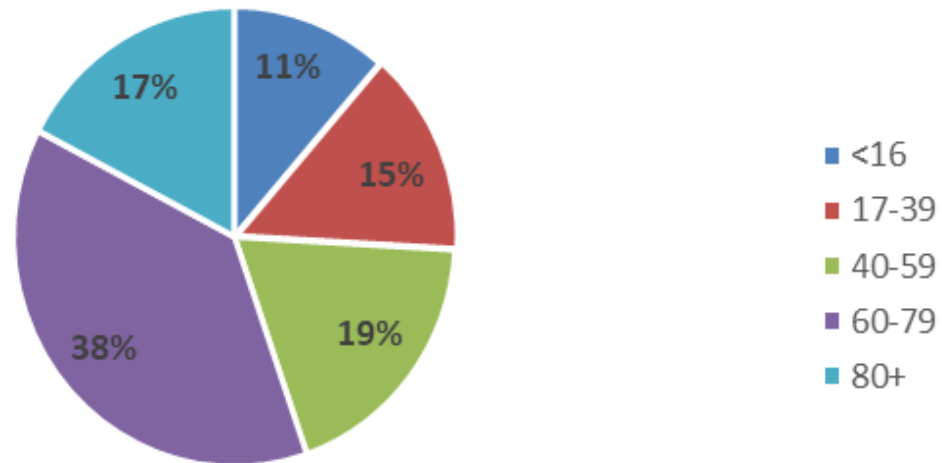
Outpatients	ESNEFT	
Religion - Grouped Categories > 1%	2020	2021
Christian	3.01%	3.13%
Church of England	34.22%	33.96%
Not Religious	6.28%	6.59%
Roman Catholic	3.77%	3.79%
Unknown	30.76%	31.14%
OTHER	21.98%	21.38%

ESNEFT - Inpatients - Genders - 2021



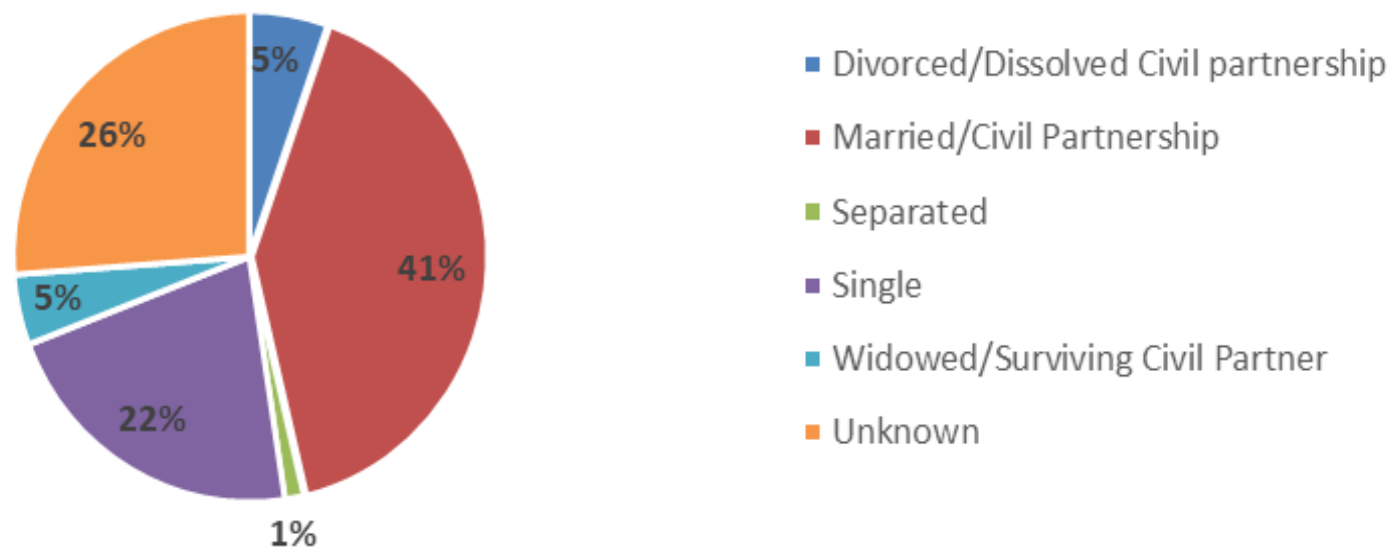
Inpatients	ESNEFT	
Genders	2020	2021
Female	53.59%	53.68%
Male	46.40%	46.30%
Not Specified	0.00%	0.00%
Unknown	0.01%	0.02%

## ESNEFT - Inpatients - Age Bands - 2021

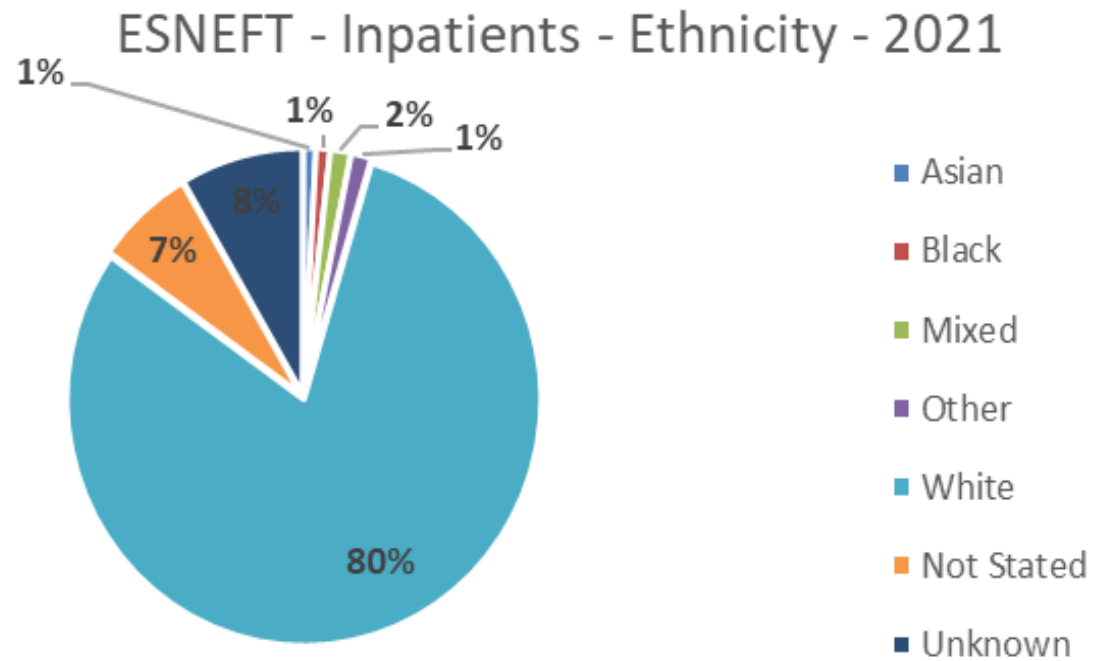


Inpatients	ESNEFT	
Age Band	2020	2021
<16	10.93%	11.44%
17-39	14.64%	14.46%
40-59	18.96%	18.77%
60-79	37.79%	37.94%
80+	17.68%	17.38%

## ESNEFT - Inpatients - Marital Status - 2021

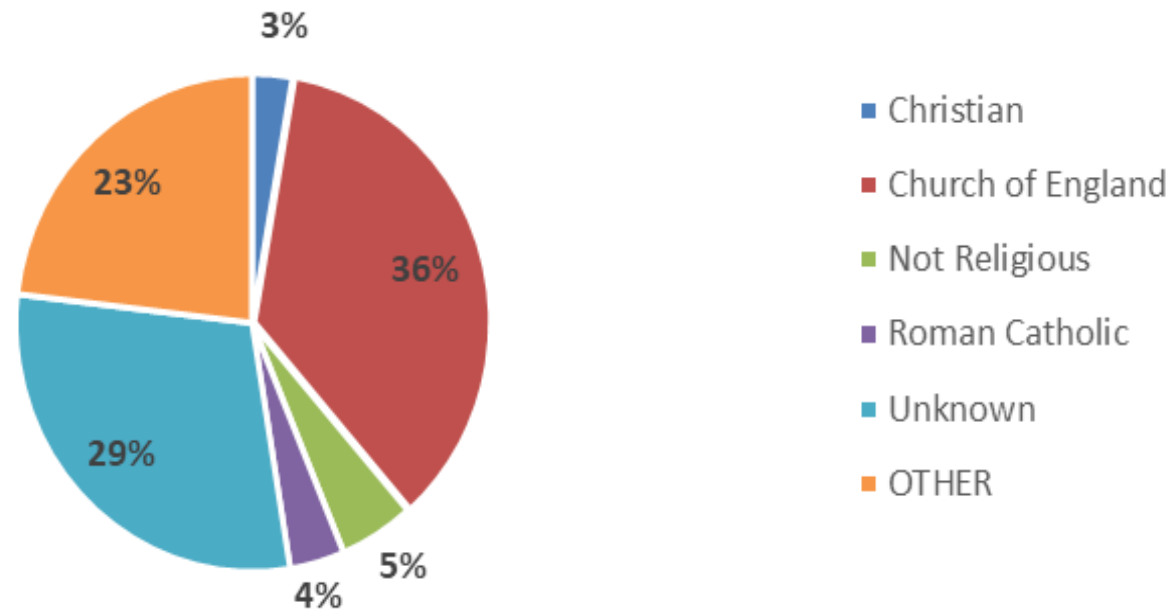


Inpatients	ESNEFT	
Marital Status	2020	2021
Divorced/Dissolved Civil partnership	5.33%	5.38%
Married/Civil Partnership	41.13%	40.90%
Separated	1.33%	1.31%
Single	21.62%	21.60%
Widowed/Surviving Civil Partner	4.72%	4.66%
Unknown	25.87%	26.16%



Inpatients Ethnicity	ESNEFT	
	2020	2021
Asian	0.83%	0.85%
Black	0.97%	0.96%
Mixed	1.36%	1.41%
Other	1.40%	1.39%
White	80.09%	80.23%
Not Stated	6.74%	6.76%
Unknown	8.60%	8.40%

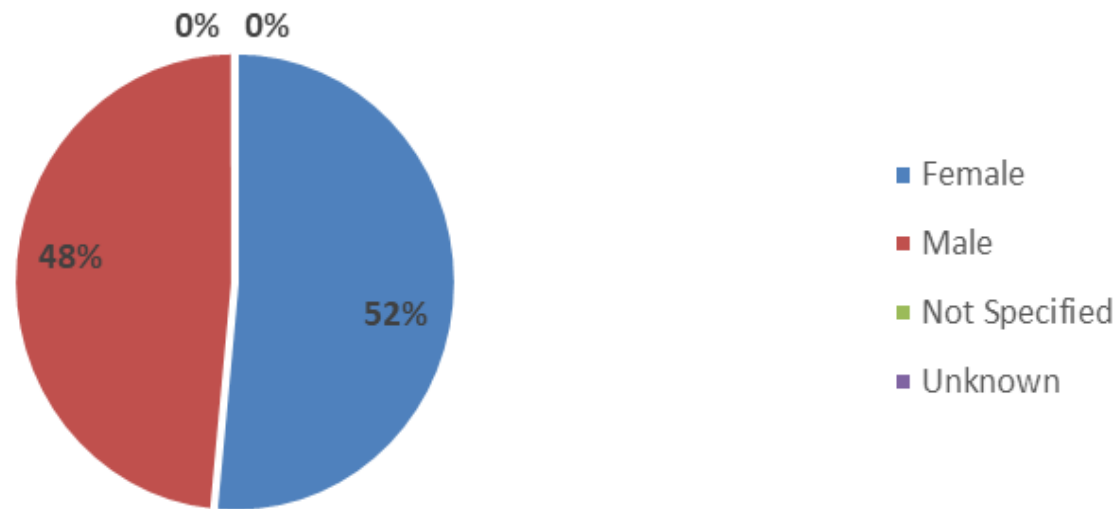
## ESNEFT - Inpatients - Religion - Grouped Categories > 1% - 2021



Inpatients	ESNEFT	
Religion - Grouped Categories > 1%	2020	2021
Christian	2.56%	2.74%
Church of England	36.32%	35.82%
Not Religious	4.69%	5.12%
Roman Catholic	3.88%	3.75%
Unknown	29.01%	29.43%
OTHER	23.53%	23.15%

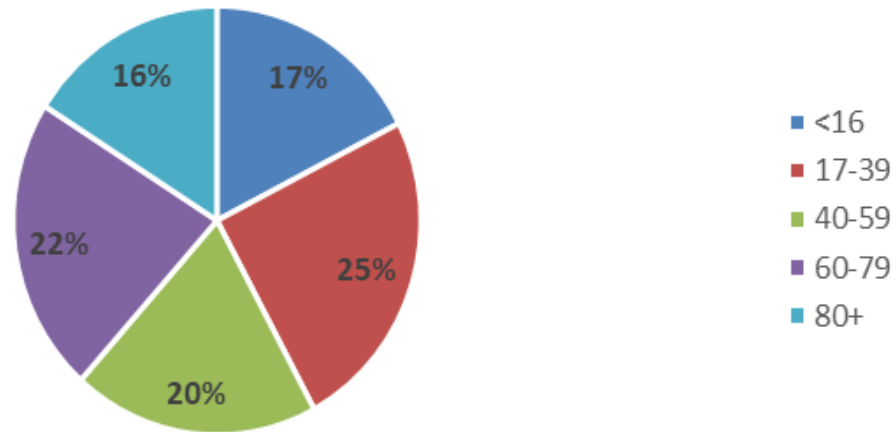


ESNEFT - A&E Gender - 2021



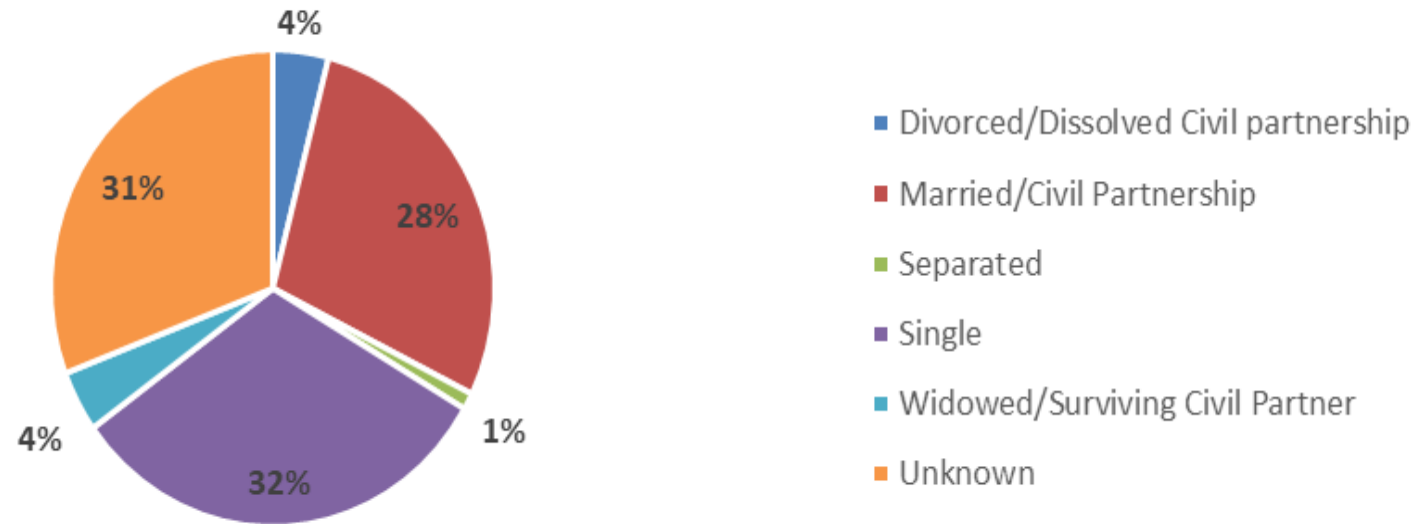
A&E	ESNEFT	
Genders	2020	2021
Female	51.56%	51.54%
Male	48.43%	48.43%
Not Specified	0.00%	0.00%
Unknown	0.02%	0.03%

## ESNEFT - A&E - Age Band - 2021

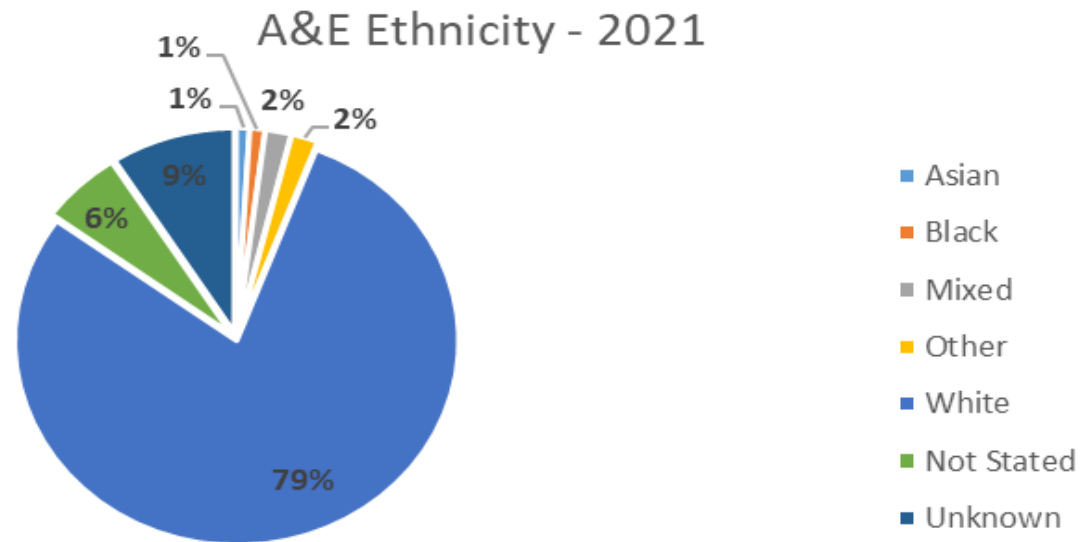


A&E	ESNEFT	
Age Band	2020	2021
<16	16.43%	17.52%
17-39	24.42%	24.58%
40-59	20.07%	19.56%
60-79	22.62%	22.31%
80+	16.47%	16.03%

## ESNEFT - A&E - Marital Status - 2021

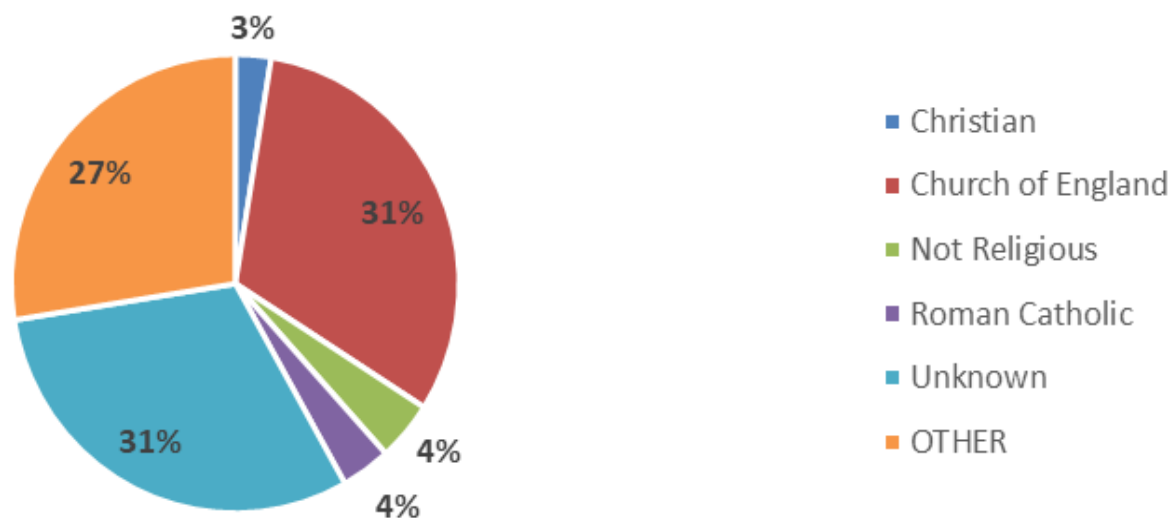


A&E	ESNEFT	
Marital Status	2020	2021
Divorced/Dissolved Civil partnership	4.12%	4.06%
Married/Civil Partnership	28.72%	28.25%
Separated	1.15%	1.13%
Single	31.19%	31.61%
Widowed/Surviving Civil Partner	4.36%	4.17%
Unknown	30.46%	30.79%



A&E	ESNEFT	
Ethnicity	2020	2021
Asian	0.89%	0.94%
Black	1.05%	1.10%
Mixed	1.81%	1.86%
Other	1.87%	1.93%
White	79.29%	79.13%
Not Stated	6.10%	5.97%
Unknown	8.99%	9.07%

## ESNEFT - A&E - Religion - Grouped Catagories - 2021



A&E	ESNEFT	
Religion - Grouped Categories > 1%	2020	2021
Christian	2.47%	2.58%
Church of England	32.29%	31.49%
Not Religious	4.02%	4.21%
Roman Catholic	3.66%	3.58%
Unknown	29.60%	30.61%
OTHER	27.96%	27.54%

## Our Approach Going Forward

### Service Users

There is a greater demand for interpreters and ongoing work is taking place with DA languages to ensure there are appropriate interpreters in place to support our patients, their loved ones and carers to keep them safe and comfortable whilst visiting our hospital and community services.

Work continues with our IT colleagues to continue the integration of the Accessible Information Standards in the Trust's IT systems to support patients and service users in accessing care services appropriate to their communication requirements.

The Trust monitors complaints and PALS incidents to establish whether there are trends, from an equality perspective, which need to be addressed. No person who makes a complaint will be discriminated against on the grounds of religion, gender, race / ethnicity, disability, age or sexual orientation or because they have made a complaint. Complaints and concerns are dealt with in a fair and flexible manner, encouraging open communication between all parties. High standards of conduct are expected from all staff at all times to ensure that service users/representatives will be treated respectfully, courteously and sympathetically, and the requirement to maintain confidentiality during the complaints process will be absolute. Plans to invite complainants and service users to be part of the 15 steps programme whereby wards, departments and community sites will be visited and findings shared across the organisation, were suspended temporarily due to Covid however these are due to commence in late 2022.

The Trust is committed to listening to our service users through Complaints, PALS, NHS choices, FFT, local and national surveys, coffee mornings, focus groups and by working with external partners through co-production. The involvement of local communities underpins everything we do. We actively seek to involve patient and public in our decision-making. The patient experience team have actively invited governors and patient representatives to events at the hospital including the simulation centre at Ipswich Hospital, co-production training with Healthwatch Suffolk, Essex Carers and Suffolk Carers and 15 Steps Programme. Through established dialogue with service users, carers and the wider community the Trust continues to keep the service users at the heart of everything we do.

For the remainder of 2022, the Trust is committed to looking at service user profile by protected characteristic groups who are accessing our services. The Trust will continue to involve public, patients and service users in developing its services and influencing the strategic direction of the organisation. In 2021, service users were asked to give their views on the recently designed elective orthopaedic centre and front entrances of both Colchester and Ipswich Hospital.

The Patient Experience Group continues to meet every other month and a priority for 2022 is to ensure that our patient groups better represent the diversity of the communities we serve.

### Workforce

Over the next year, the Trust will continue its focus on embedding diversity and inclusion into core business activity.

The Associate Director of OD and Culture and Head of Equality, Diversity and Inclusion will be working closely with the Head of Patient Experience to ensure that self-reported data is available to better understand any key issues relating to our patients and staff. We are constantly thinking of new ways to engage with our diverse workforce and the local population and we aim to do this by:

- making it easy for people to access our services
- recruiting and retaining our staff from all communities, backgrounds and protected characteristics
- making sure our staff and those who use our services are valued and respected as individuals
- making sure everyone is treated fairly and honestly.

The **Equality, Diversity and Inclusion Strategy** which incorporates our four key priority areas was reframed to ensure its objectives are ambitious and conducive to identifying and addressing intersectionality as well as creating an inclusive workplace where everyone is valued. The priority areas are:

- **Inclusive leadership and culture:** Developing a Leadership Development Pathway to ensure we create a community of leaders who take personal and collective responsibility to inspire and influence inclusive behaviours within the organisation and work confidently and compassionately in and across ESNEFT and the wider Integrated Care System (ICS). Creating an open and trusting environment that involves and includes everyone at all levels of the organisation to see the importance of EDI for patient care and staff experience. Continue our Reverse mentorship scheme as part of the 'Move Forward' programme, which aims to explore barriers experienced by staff of BAME/protected characteristics and increase the number of staff, which have been disclosed under these categories, to ensure they are represented in senior roles.
- **Compliance management:** Strengthening our governance and our approach to embedding EDI across our systems to produce results. Embedding an equality analysis approach to the development of our policies, strategies and organisational change programmes and practices to identify improvements in our approach and continue the implementation of a just and learning culture, which recognises the importance of early informal intervention as one of the most effective ways to resolve issues. Monitoring compliance of the strategic objectives and deliver on our statutory obligations across the Workforce Race and Workforce Disability Equality Standards and Gender Pay Gap.
- **Involvement and engagement:** Widening participation by seeking out a diverse range of stakeholders and underrepresented groups within our workforce and service user groups. Developing the roles of our Freedom to Speak Up Assistants and Cultural Ambassadors so that staff are provided with a safe environment to raise concerns and to reduce the time taken to draw formal processes to conclusion.
- **Data collection and analysis:** Improving the quality of data collected across the protected characteristics and using this to inform decision-making.

The Trust currently has three **staff networks** in place in order to support our Ethnic Minority Groups, LGBTQ+ community and disabled staff in ensuring equity of appointment and opportunity across the Trust.

- **EMBRACE** Network (Equality in Moving beyond Race) is to support ESNEFT in its objectives to make the organisation a great place to work, so that every member of staff regardless of race, religion, cultural background or nationality, feels included and can reach their full potential.
- **LGBTQ+** Staff and Friends Network, representing the interests of LGBTQ+ staff and patients led by volunteer staff members. The network aims to engage in positive change in the workplace, which will allow all LGBTQ+ staff to excel in a supportive and non-discriminatory work environment.

- Disability Staff Network **ESNABLE**, which provides advice and support to ensure all staff are treated equally and fairly, to raise awareness of a broad range of disabilities and help identify reasonable adjustments to ensure staff feel safe with a sense of belonging, with the ability to express their own additional needs to fulfil their roles.

These networks will continue to be supported by the Head of EDI and actively involved and engaged in the decision-making and key activities of the Trust.

The **Workforce Race Equality Standard (WRES)** provides a framework for NHS trusts to report, demonstrate and monitor progress against a number of indicators of workforce equality objectives, and to ensure that employees from Black, Asian and Minority Ethnic (BAME) backgrounds receive fair treatment in the workplace and have equal access to career opportunities. These indicators are a combination of workforce data and results from the NHS Staff Survey.

The overall performance of our WRES data comparing 2020/21 can be accessed at [Equality, diversity and inclusion - East Suffolk & North Essex NHS Foundation Trust \(esneft.nhs.uk\)](https://equality.diversityandinclusion.nhs.uk/equality-diversity-and-inclusion-east-suffolk-north-essex-nhs-foundation-trust-esneft.nhs.uk). The 2021/22 data will be published in early October 2022.

The Trust will continue its work to improve race equality, engaging and involving all key stakeholders.

The NHS **Workforce Disability Equality Standard (WDES)** is designed to improve workplace experience and career opportunities for disabled people working for or seeking employment within the NHS. The WDES follows the NHS Workforce Race Equality Standard (WRES) as a tool and an enabler of change.

The Trust has continued to make good progress and our overall performance of WDES 2020/21 data can be accessed at: [Equality, diversity and inclusion - East Suffolk & North Essex NHS Foundation Trust \(esneft.nhs.uk\)](https://equality.diversityandinclusion.nhs.uk/equality-diversity-and-inclusion-east-suffolk-north-essex-nhs-foundation-trust-esneft.nhs.uk). The 2021/22 data will be published in early October 2022. We will continue to enhance our policies and practices to ensure opportunity and inclusion for all our disabled staff.

## Conclusion

This report has provided key findings from our equality data for staff and service users and provides assurance that we are committed to complying with our PSED duties as outlined in the Equality Act 2010. We recognise the need to continue to progress our EDI strategic objectives by:

- Strengthening our governance for EDI
- Embedding an inclusive and compassionate leadership culture
- Effective use of equality data
- Implementing key priorities outlined in our EDI Strategy and Action Plan.



We will continue to ensure our equality work is evidence-based and measurable with more effective use of our equality data to identify areas of concern and take action and plan appropriately. We will work on our recording of demographic data for our services and staff. This will improve the Trust's ability to analyse clinical activity and outcomes by these protected characteristics and any workforce planning.

We are committed to ensuring compliance with equality legislation and specifically meeting Public Sector Equality Duties. We will continue to progress with the delivery of the Trust's Equality Objectives 2020 - 2024. We are committed to implementing NHS Equality Workforce Standards, the EDS2 and the Accessible Information Standard, and we will commence to work towards implementing the Sexual Orientation Monitoring Standard.

This report serves to support our commitment to assure our local communities, strategic partners and stakeholders that we are committed to complying with legislation and are encouraged with the progress we have achieved over the past year.