

ESNEFT PUBLIC SECTOR EQUALITY DUTY ANNUAL COMPLIANCE REPORT

January – December 2023

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FOREWORD



Kate Read,
Director of People and
Organisational Development



Darren Darby,
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 (EDI), we are absolutely committed to ensuring that whatever we do makes a positive difference for our patients, their families or carers and our staff.

The purpose of the report is to ensure we have due regard to the duties laid out in the Public Sector Equality Duty, (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 that is prohibited by or under the Equality Act 2010;
- Advancing equality of opportunity between people who share a protected characteristic and people who do not share it;
- Fostering good relations between people who share a relevant protected characteristic and people who do not share it.

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 eliminate discrimination, harassment and reduce 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 one of the largest East of England employers 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 leader in terms of its focus on EDI for patients and staff alike.

Our Equality Compliance report provides details of our workforce and service data as required by Equality Act 2010 (specific duties). We have continued to work hard to provide increased visibility and focus to the Trust's Equality, Diversity and Inclusion agenda and work plan; supporting and further establishing our staff networks, continuing to establish and embed the role of our Cultural Ambassadors and we are working closely with external partners including locally based The OutHouse as well as Nottingham and Essex Universities. We fully recognise we are at the early stages of our EDI journey however, we are committed to working with all of our stakeholders and our strategic partners, regionally and nationally, to improve equality outcomes for all.

Introduction

ESNEFT provides hospital and community healthcare across a wide geographical area spanning East Suffolk and North Essex and serving a diverse population of approximately 931,130 residents. 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 2021-2024** 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 services and policies which are fair and equitable, accessible to all and which meet different people's needs. The report covers data relating to seven of the nine protected characteristics included in the Equality Duty which are:

- Age
- Disability
- Gender reassignment (*data not currently recorded in the NHS England HR Information System/Patient Records*)
- Marriage and civil partnership
- Pregnancy and maternity (*data not currently recorded in the NHS England HR Information System/Patient Records*)
- Race/ethnicity
- Faith or belief
- Sex
- Sexual Orientation

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 and experience, 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 in 2021 and is refreshed annually. 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 NHS People Promise and is integral to all activities to ensure we provide the best health and care services to the diverse communities we serve.

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 or disadvantage. 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 inclusive leadership in the organisation which will enhance our staff and patient experience. We know that when staff receive good experience they provide good patient experience and health outcomes improve. A key focus of our work is to robustly understand our equality data in relation to workforce and service users and to identify barriers that may exist for specific groups of staff.

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 continue to be a core part of the EDI work streams. We have just designed and implemented an EDI Data Dashboard and includes a broader view of the workforce data in terms of:

- Recruitment
- Leavers
- Sickness
- Employee Relations (Sickness absences, Capability, Bullying and Harassment, Disciplinary and Grievance)
- Promotions
- Flexible Working
- Training
- Pay
- NHS Staff Survey

This dashboard will provide a breakdown of each protected characteristic for each category which will be monitored by our EDI Operational Group and will act as a check and balance in terms of whether our policies and processes allow fair and equal opportunities for all our staff. Where data is showing that this may not be the case, we will implement interventional work to improve the equity and experience of opportunities for our staff going forward.

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

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

The complaints received within the organisation are 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. Work has resumed to re-establish focus groups to increase our engagement and the experience of our diverse communities to understand and remove any barriers that may be in the way. We have also established a collaborative approach to seeking patient feedback with the Suffolk and North East Essex Integrated Care System and local Trusts, particularly for cohorts of patients that we have historically found difficult to contact or engage with.

Our workforce data

This report provides information and data for the period from 1 January to 31 December 2023.

This section of the report focuses on workforce analysis in order to have a better insight into our organisation, its workforce and its culture in turn leading to improvements as an employer. We have made significant improvements in disclosure of protected characteristics over the past year due to continued targeted work around psychological safety and improving the culture within the Trust and this report provides an overview on the key workforce equality and diversity data and considers the proportion of personal information disclosed for each protected characteristic.

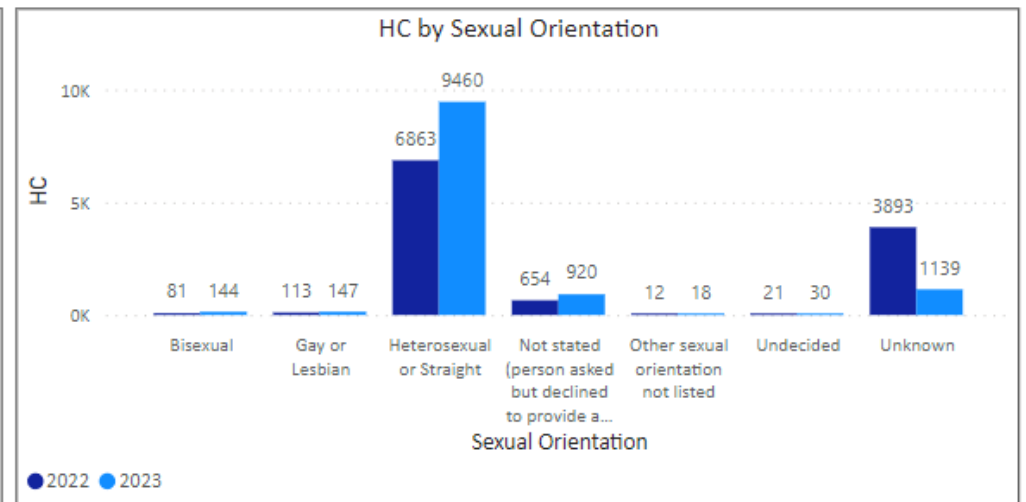
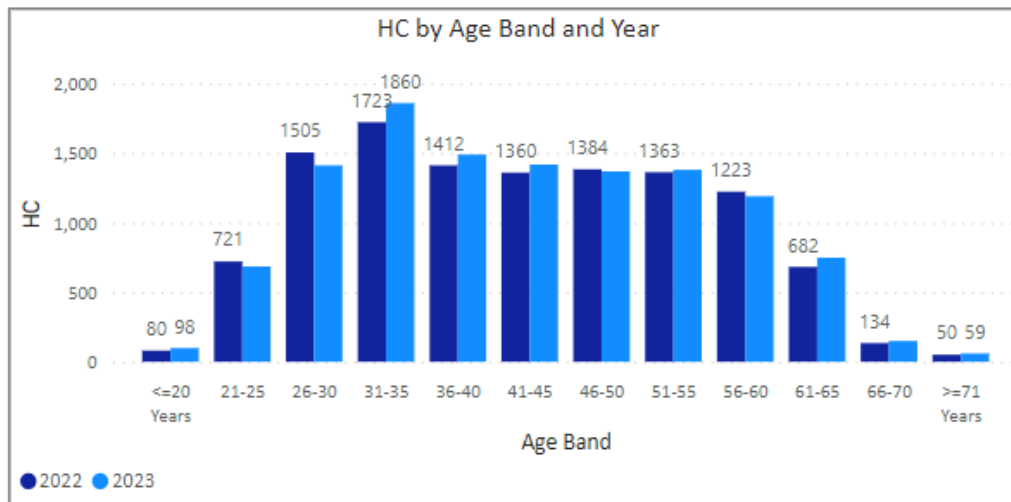
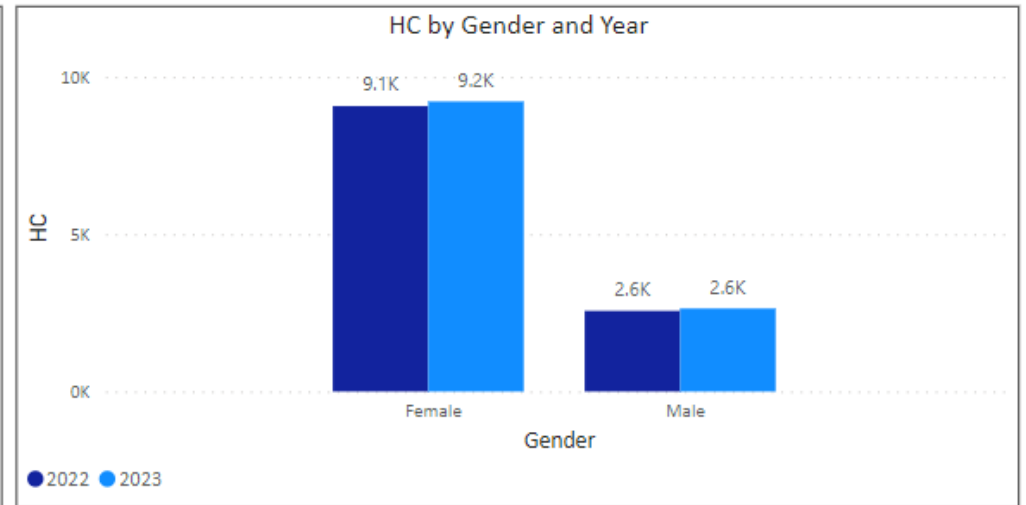
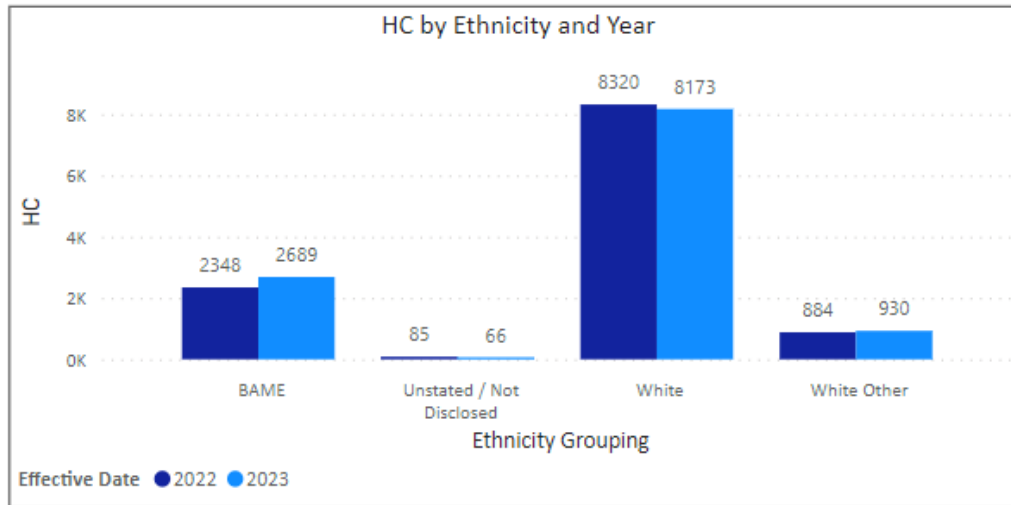
It should be noted that some protected characteristics are not recorded on the NHS England's HR Information System (ESR) e.g. gender re-assignment and pregnancy and maternity status. In addition, disability is referenced as a whole and is not broken down beyond that.

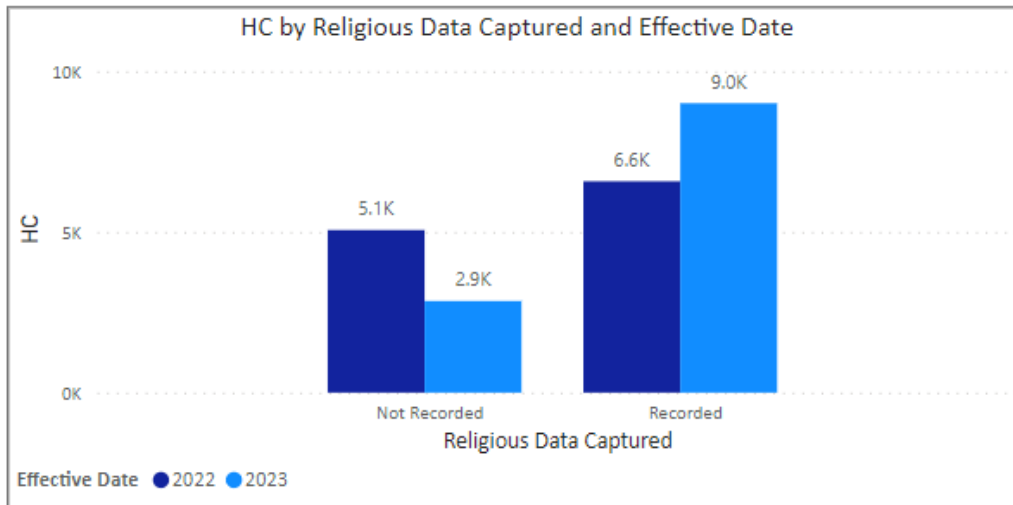
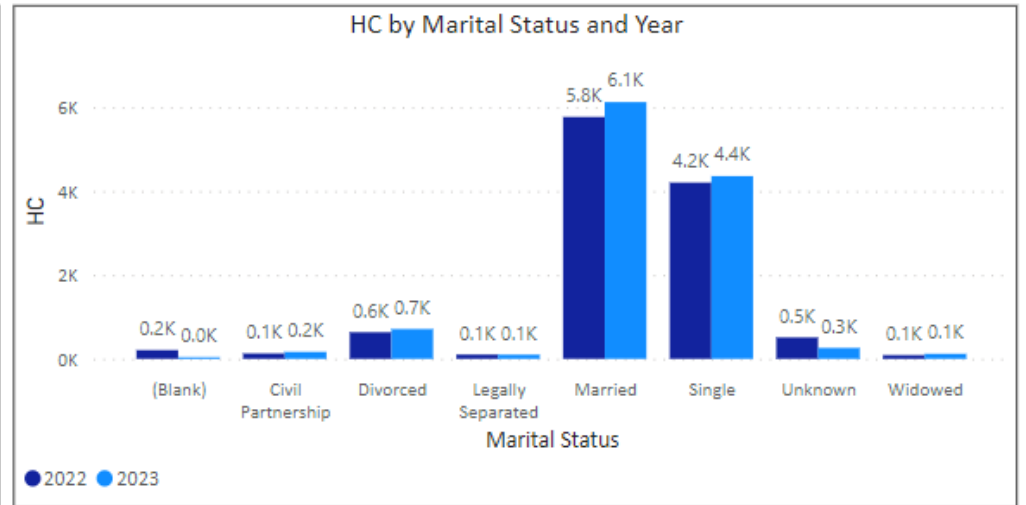
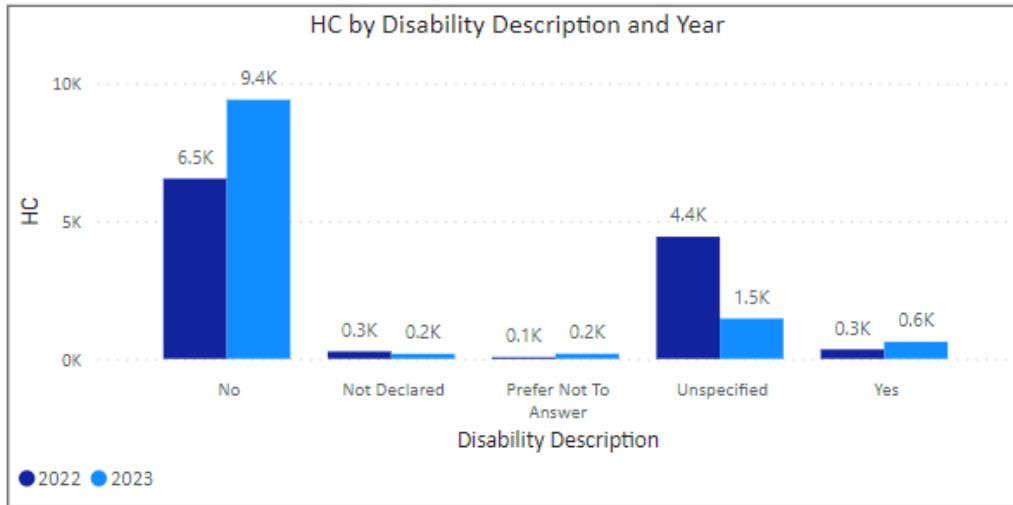
Protected Characteristic	Analysis
Age	ESNEFT has a relatively high proportion of staff in older age groups. The largest group of our staff members are aged 41+ (53%) followed by 46 % of our workforce aged 21 – 40. Our younger age group (16 to 25) make up the smallest group of the Trust's workforce, at only 0.8%. The Trust seeks to attract people of all age groups through a range of measures, such as the widespread provision of work experience opportunities, apprenticeships and the promotion of flexible working. To particularly focus on our younger staff groups we are working with local schools and colleges promoting the wide and varied career opportunities that the NHS offers including the promotion of apprenticeship opportunities.
Disability	Our data shows that 5% of staff have declared to have a disability (compared with 3% the previous year) with 79 % of staff declaring no disability (23% rise on previous year), 1.7% preferring not to answer and a non-disclosure rate of 14% (compared to 38% non-disclosure in 2022). Whilst we made a significant improvement in terms of non-disclosure rates, we will continue to progress with this in order to better understand our workforce and their needs.
Gender (Sex)	Female staff make up 78% of the workforce and 22% are male, which is consistent with the national gender profile of the NHS. 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
Ethnicity race*	<p>For the purposes of this report, the Trust has combined staff categories as Asian, Black, Mixed, Other, White 'other' ethnic groups, White and Undisclosed. The White category incorporates staff that identify as White British, White Irish/Scottish and White 'other' ethnic 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 68.9% of the workforce identify as white British with 7.8% as 'other' white ethnic background, and 22.6% as BAME staff. Following a targeted approach to disclosure of ethnicity during 2023, the number of staff with unknown ethnicity reduced significantly to 0.6%. We have an ethnically diverse workforce in comparison to the local populations of Essex and Suffolk however data continues to show an underrepresentation of BAME colleagues in Bands 6 and above which remains a key focus moving forward.</p> <p>*Due to the continued use of BAME by the NHS England HR Information System and to protect the integrity of the data we continue to reference BAME. We recognise the importance to move to follow guidelines provided on Gov.uk on how we refer to 'ethnic minorities' or 'ethnic groups' going forward.</p>
Marriage & Civil partnership	<p>The largest group of our workforce is married (51%), whilst 37% are single, 5% are divorced, and 3.3% are in civil partnerships, legally separated or widowed. Marital status under unknown is at 2.5%.</p>
Religion	<p>The largest group of staff for whom we have information categorise themselves as Christian (43%), other minority faith communities make up 13% of our workforce with 16% recorded under Atheism. The category of "unknown" is 9.5% and staff not wishing to disclose is 14%.</p>
Sexual Orientation	<p>The largest group of staff for whom we have information categorise themselves as heterosexual (80%), less than 2% of our workforce identify as part of the LGBTQIA+ community and around 17% is either unknown or not disclosed therefore we will continue to work on improving the psychological safety within the workplace to improve disclosure rates and support to staff.</p>

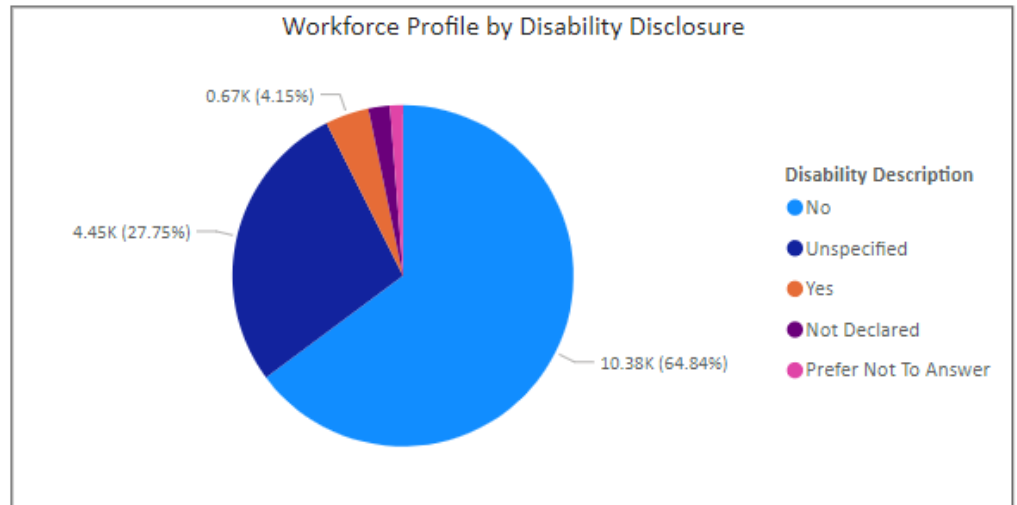
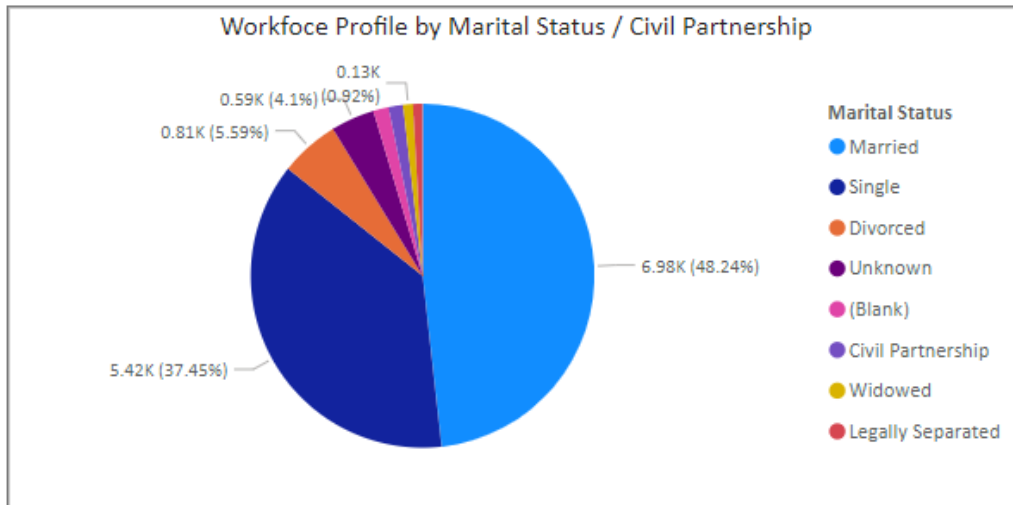
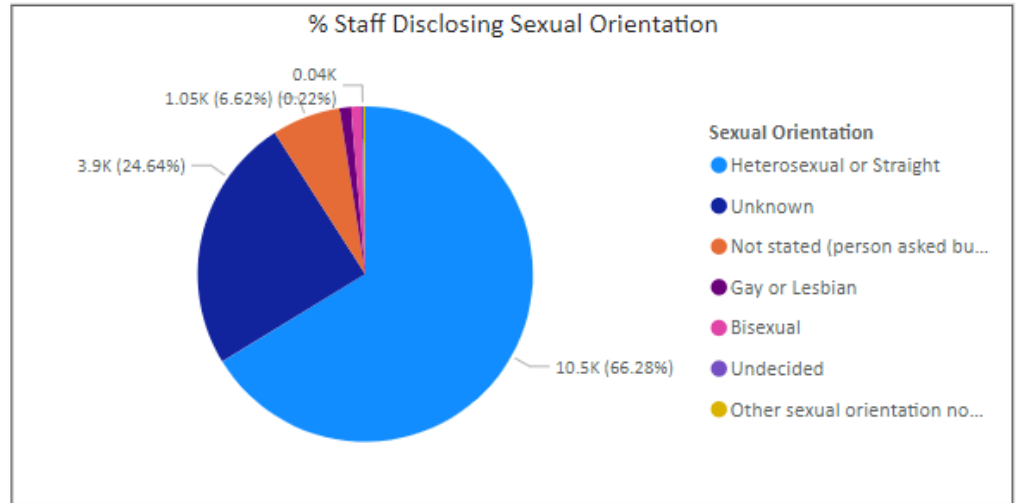
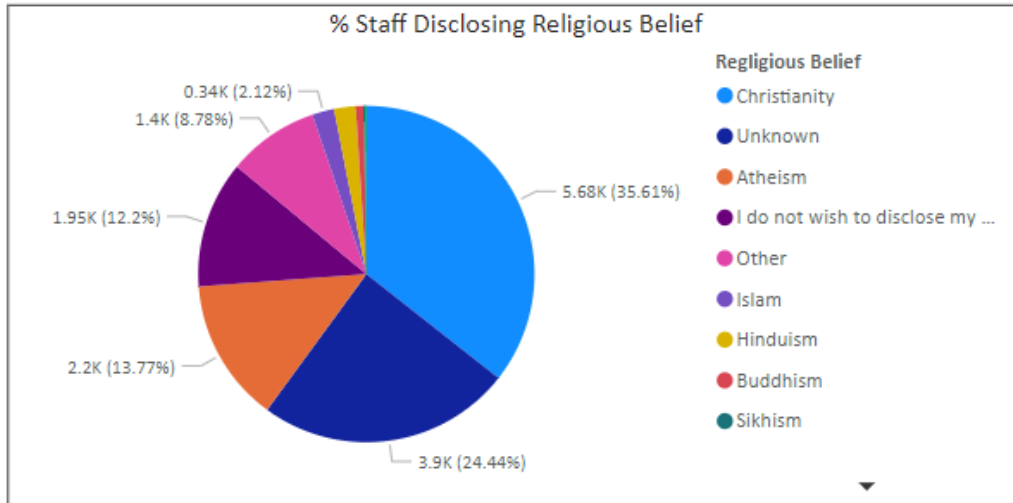
Workforce Data Analysis

Jan-Dec 2022 / Jan-Dec 2023 Comparison

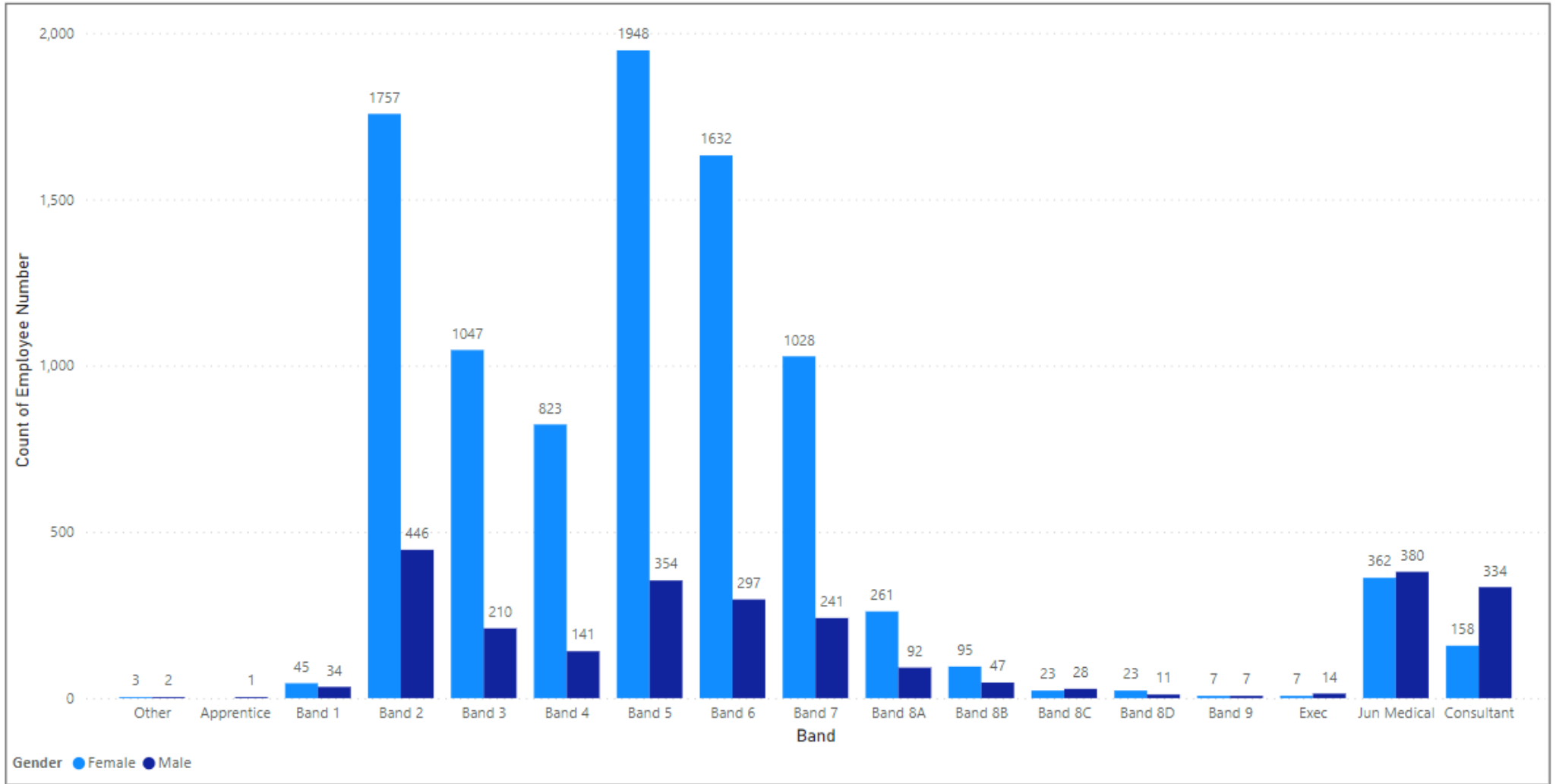




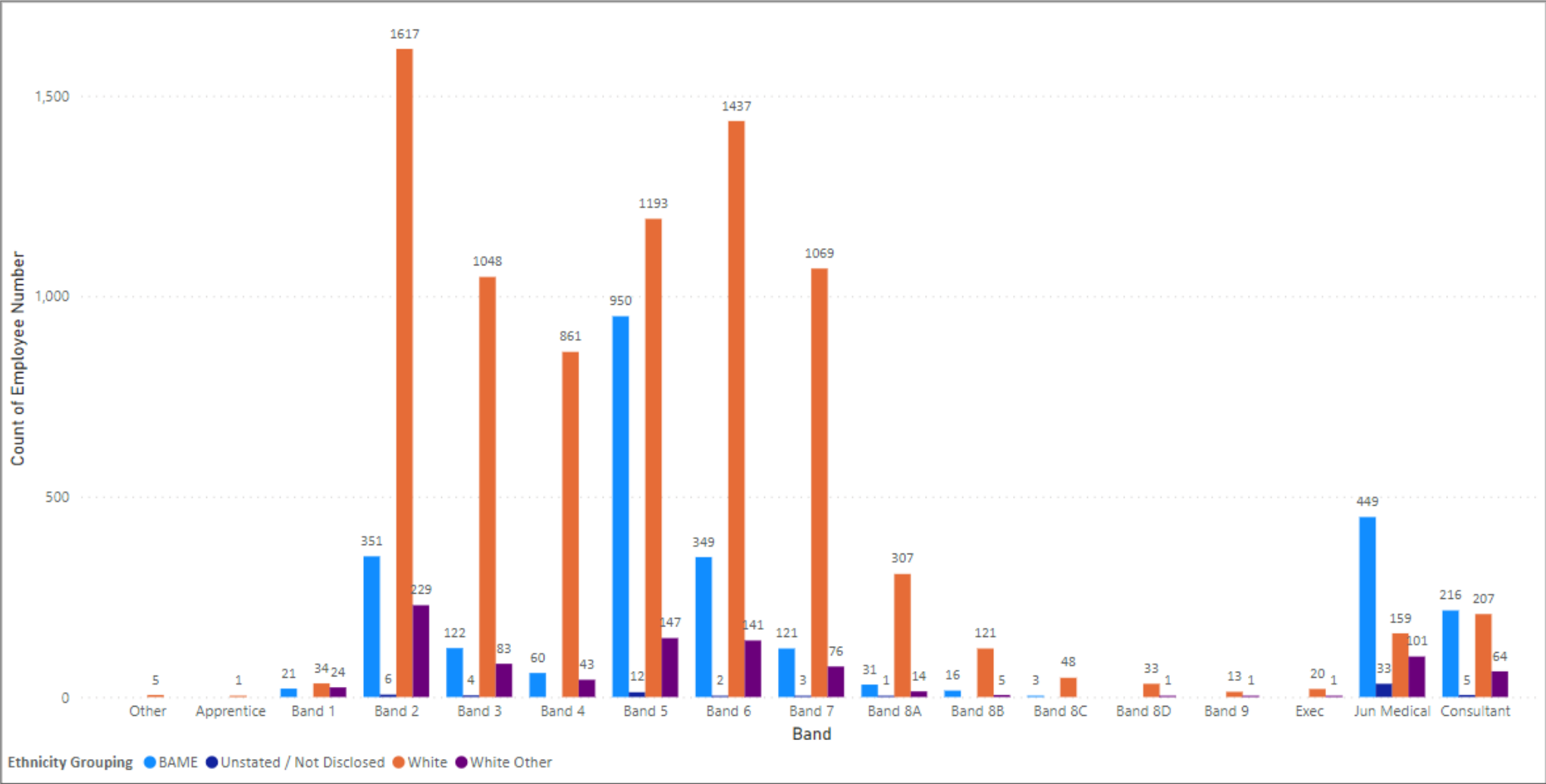
Workforce Profile Jan –Dec 2023



Band split by Gender Jan-Dec 2023



Band split by Ethnicity Jan-Dec 2023



Employee Relations – Disciplinary Cases by Ethnicity

Our Cultural Ambassadors provide support to our formal cases and ensure that the staff involved receive a fair and equitable process and we are continuing to report low numbers of BAME staff who move to disciplinary process. Below is a breakdown of our formal disciplinary cases by ethnicity:

Formal Disciplinary cases by ethnic origin - January 2023 - December 2023					
	No of Cases	% of cases	BAME	Non-BAME	Not Stated
Open	9	15%	3 (33%)	6 (67%)	0 (0%)
Closed - NFA	16	27%	1 (6%)	15 (94%)	0 (0%)
Closed - Informal	5	8%	0 (0%)	5 (100%)	0 (0%)
Closed Sanction	30	50%	6 (20%)	24 (80%)	0 (0%)
Total cases	60		10 (16.67%)	50 (83.34%)	0 (0%)
<i>Staff ethnicity Trust wide:</i>			22.6%	76.7%	0.6%

The Employee Relations team review all cases each month to ensure that the Mersey Care restorative just and learning culture principles are applied to all cases. In addition to this we have:

- Implemented Mediation training and increased the pool of Mediators within the Trust to assist in resolving cases at informal level.
- Updated and enhanced the Bullying and Harassment policy with a key focus on civility and respect and early resolution and the aim of resolving things at the lowest and earliest level.
- Enhanced our Disciplinary policy in line with the Restorative Just and Learning Culture principles. Stronger focus on ensuring a robust fact-finding process to identify whether concerns are a result of system failings as opposed to that of individuals, enhanced Agreed Outcomes process so as to prevent lengthy investigation where possible, enhanced Suspension Matrix to encourage more considered decision making around suspending employees and ensuring this is only implemented as a last resort. Increased focus on ensuring employees are provided with required support when undergoing formal processes recognising the significant impact it has on them.

Our focus this year will be to re-focus our Grievance Bitesize training to focus more around resolving conflict and the importance and benefit of addressing issues at the earliest point in order to reach resolution.

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:

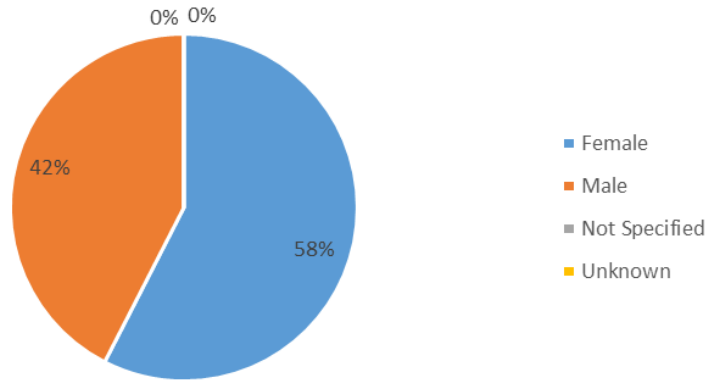
- Age
- Race (ethnicity)
- Religion or belief
- Sex
- Marriage and civil partnership

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 to 31 December 2023.

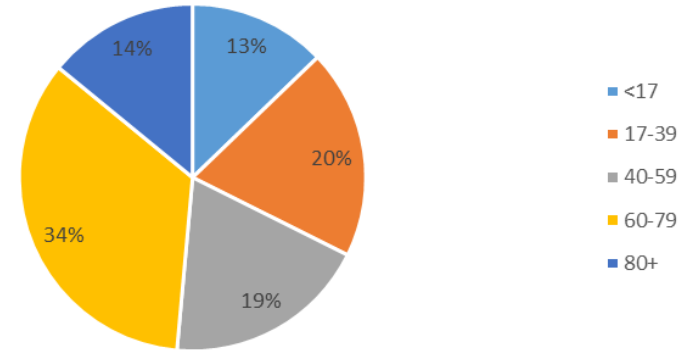
Service area	Analysis
Outpatients	Our data shows that more females to males are accessing our Outpatients. The gender profile for Suffolk and Essex is approximately 50/50 which means that women are 16% more represented in our service user profile for this service. The largest group of service users accessing 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 4% of our service profile BAME. 7% of our ethnicity data for service users is unknown. 49% of the service user data for religion and belief is unknown. Church of England denominations make up 32% of the data recorded and 3% are other faith groups. 27% of the data is unknown regarding the marital status of service users, 38% are married or in a civil partnership, and 26% are single.
Inpatients	Our data shows that more females to males are accessing our inpatient services. The gender profile shows that woman are 6% 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 81% of the service users identify as White and 4% of our service profile BAME, indicating an 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 50% of the service user data for religion and belief is unknown, 4% are not religious and Church of England denominations make up 34% of the data recorded.
A&E	Our data shows that slightly more females to males are accessing our A&E services. However, at a more proportional level the gender profile is 49% male and 51% 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 24% of the service user profile and this is distinctly different to other services). The data shows 78% of the service users identify as White, 5% 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 57% of the service user data for religion and belief being unknown, 3% are not religious and Church of England denominations make up 30% of the data recorded.

Outpatients data – Analysis

ESNEFT - Outpatients - Gender - 2023



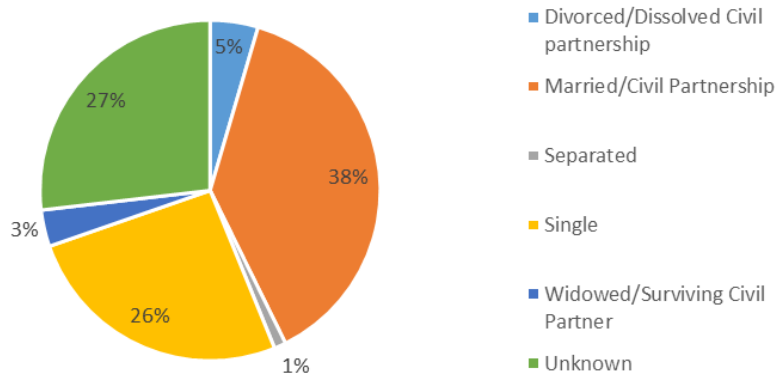
ESNEFT - Outpatients - Age Bands - 2023



Gender	2022	2023
Female	57.90%	57.74%
Male	42.09%	42.45%
Not Specified	0.00%	0.01%
Unknown	0.01%	0.00%

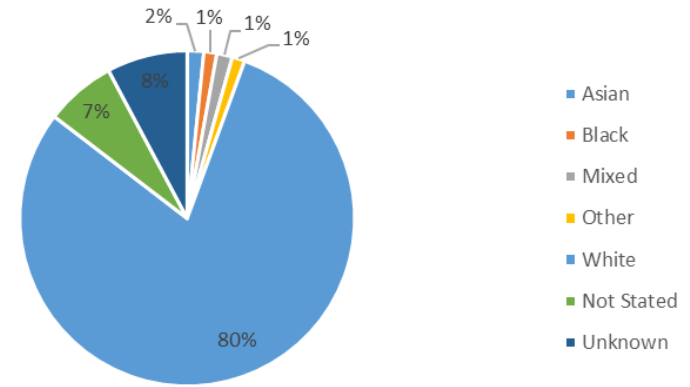
Age Band	2022	2023
<=16	12.70%	12.82%
17-39	19.98%	19.55%
40-59	19.30%	19.08%
60-79	34.15%	34.48%
80+	13.87%	14.08%

ESNEFT - Outpatients - Marital Status - 2023



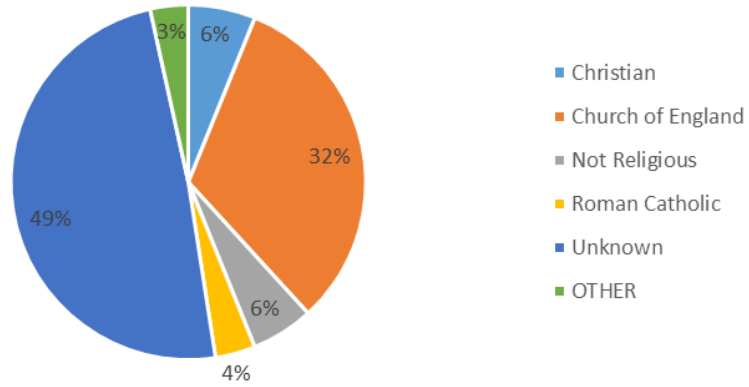
Outpatients	ESNEFT	
	2022	2023
Marital Status		
Divorced/Dissolved Civil partnership	4.69%	4.56%
Married/Civil Partnership	38.85%	38.13%
Separated	1.18%	1.13%
Single	26.15%	25.87%
Widowed/Surviving Civil Partner	3.61%	3.47%
Unknown	25.53%	26.84%

ESNEFT - Outpatients - Ethnicity - 2023



Ethnicity	2022	2023
Asian	1.41%	1.60%
Black	1.09%	1.25%
Mixed	1.43%	1.52%
Other	1.15%	1.22%
White	79.07%	79.82%
Not Stated	6.91%	6.82%
Unknown	8.94%	7.79%

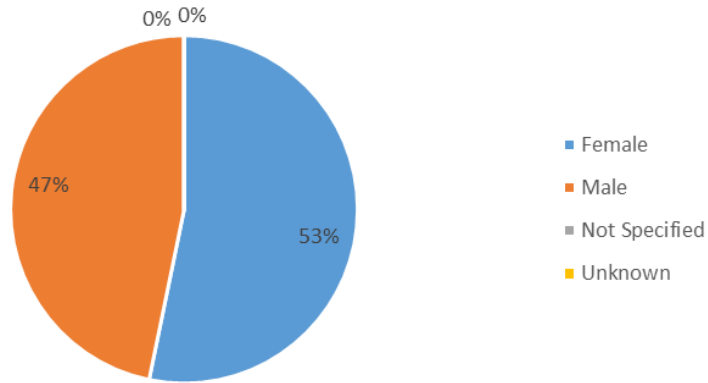
ESNEFT - Outpatients - Religion - 2023



Outpatients	2022	2023
Religion – Grouped categories >1%		
Christian	5.6%	6.13%
Church of England	32.9%	32.08%
Not Religious	5.49%	5.68%
Roman Catholic	3.66%	3.65%
Unknown	49.48%	48.98%
Other	2.73%	3.47%

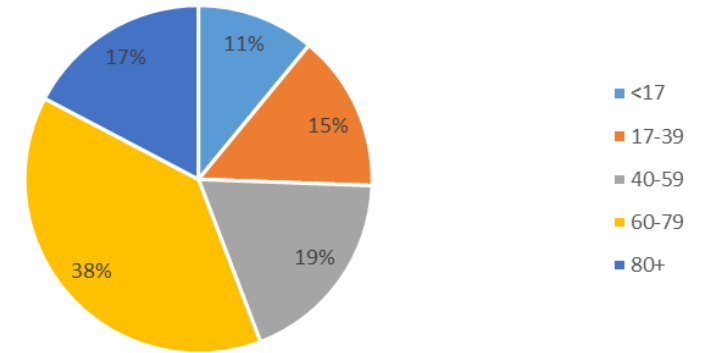
Inpatients Data – Analysis

ESNEFT - Inpatients - Gender - 2023



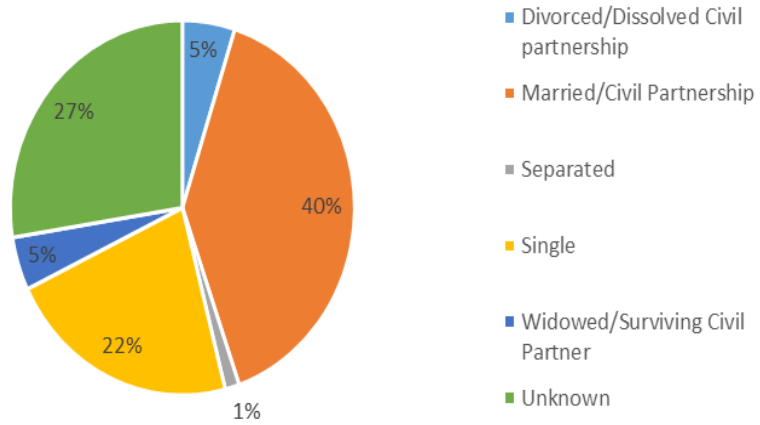
Inpatients	ESNEFT	
	2022	2023
Female	53.87%	53.24%
Male	46.12%	46.76%
Not Specified	0.01%	0.00%
Unknown	0.01%	0.00%

ESNEFT - Inpatients - Age Bands - 2023



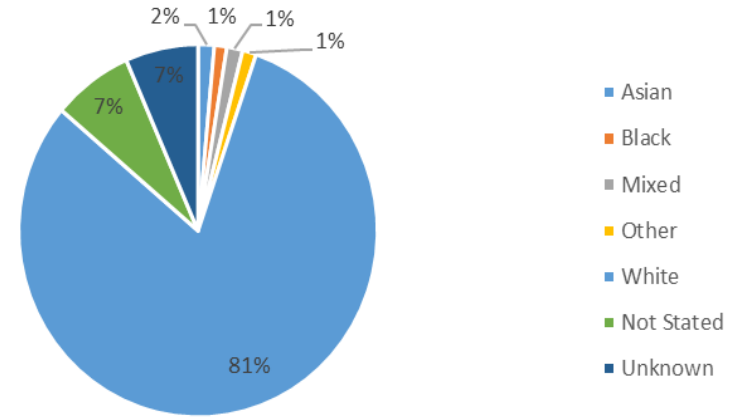
Inpatients	ESNEFT	
	2022	2023
<=16	11.76%	10.98%
17-39	14.21%	14.60%
40-59	18.85%	18.61%
60-79	38.05%	38.50%
80+	17.13%	17.30%

ESNEFT - Inpatients - Marital Status - 2023



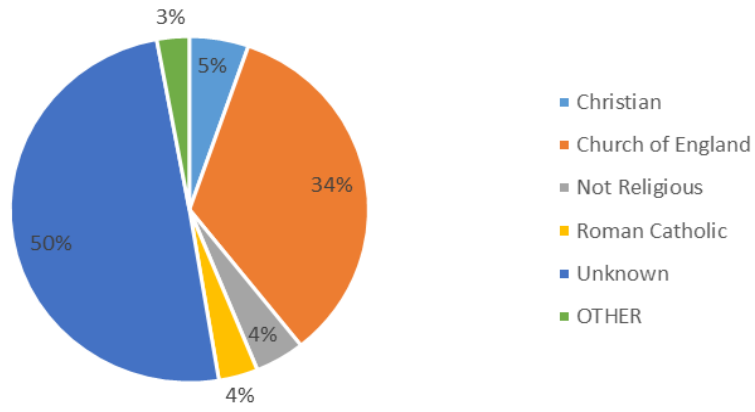
Inpatients	ESNEFT	
	2022	2023
Marital Status		
Divorced/Dissolved Civil partnership	4.84%	4.92%
Married/Civil Partnership	40.38%	39.74%
Separated	1.32%	1.34%
Single	21.37%	21.86%
Widowed/Surviving Civil Partner	4.62%	4.60%
Unknown	27.36%	27.54%

ESNEFT - Inpatients - Ethnicity - 2023

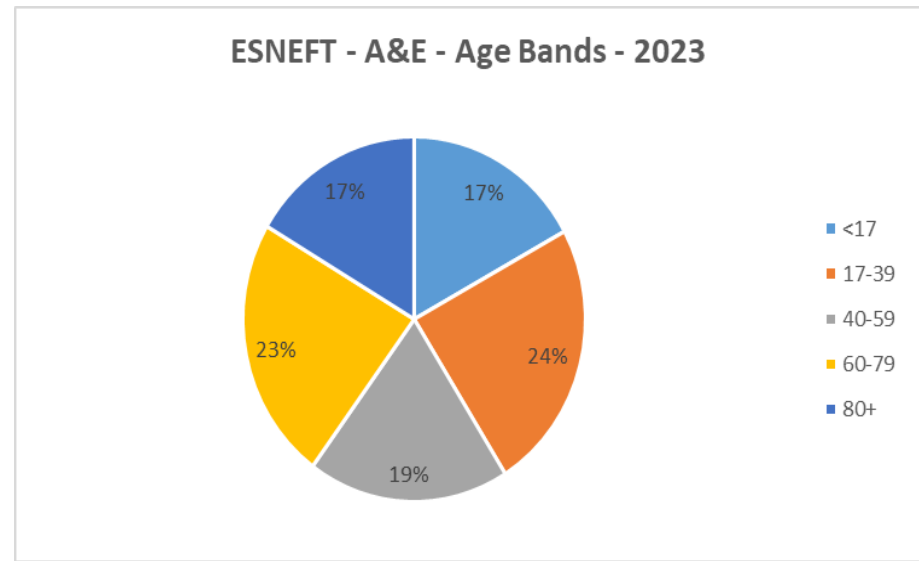
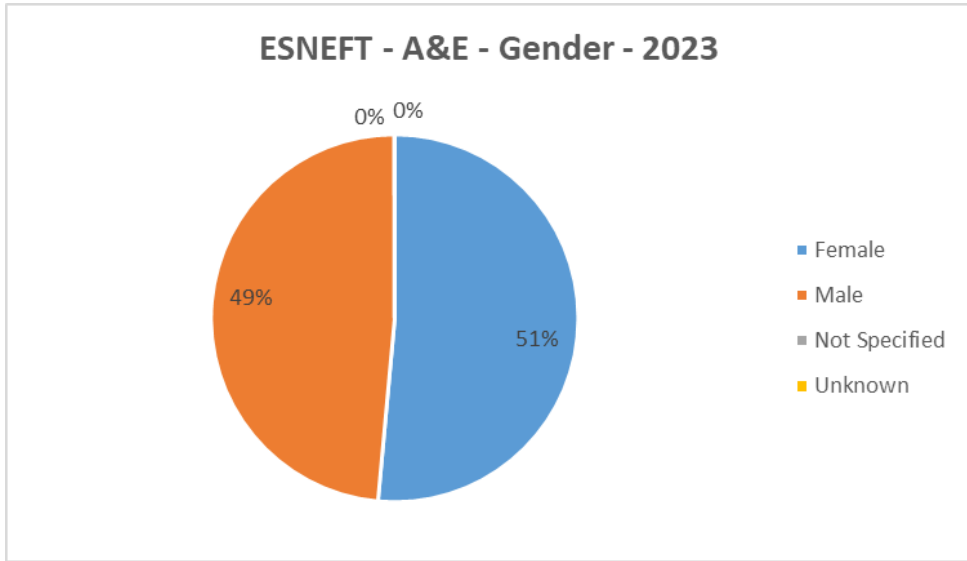


Inpatients	ESNEFT	
	2022	2023
Ethnicity		
Asian	1.41%	1.46%
Black	1.06%	1.12%
Mixed	1.46%	1.44%
Other	1.13%	1.24%
White	80.17%	80.95%
Not Stated	7.31%	7.23%
Unknown	7.45%	6.56%

ESNEFT - Inpatients - Religion - 2023



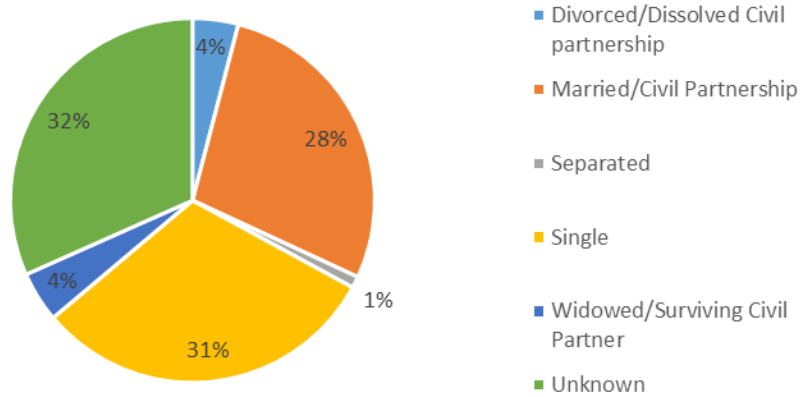
Inpatients	ESNEFT	
	2022	2023
Religion - Grouped Categories > 1%		
Christian	5.01%	5.34%
Church of England	34.30%	33.99%
Not Religious	4.27%	4.49%
Roman Catholic	3.79%	3.55%
Unknown	50.03%	49.70%
OTHER	2.60%	2.93%



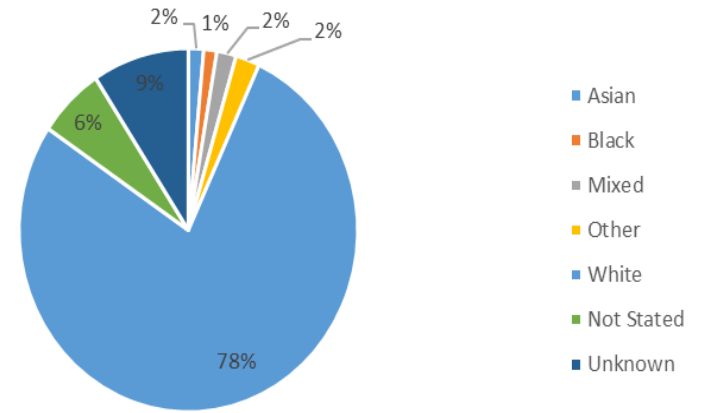
A&E	ESNEFT	
	2022	2023
Genders		
Female	51.35%	51.46%
Male	48.64%	48.52%
Not Specified	0.01%	0.01%
Unknown	0.01%	0.01%

A&E	ESNEFT	
	2022	2023
Age Band		
<=16	18.82%	17.02%
17-39	24.28%	24.06%
40-59	18.77%	19.02%
60-79	22.28%	23.41%
80+	15.85%	16.49%

ESNEFT - A&E - Marital Status - 2023



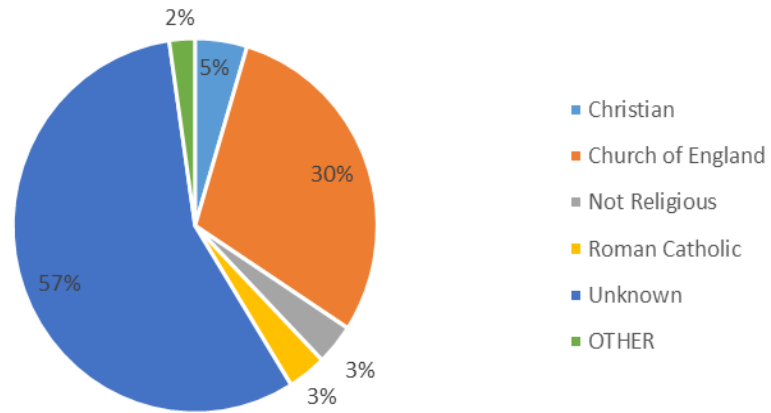
ESNEFT - A&E - Ethnicity - 2023



A&E	ESNEFT	
	2022	2023
Marital Status		
Divorced/Dissolved Civil partnership	3.82%	4.06%
Married/Civil Partnership	27.43%	27.84%
Separated	1.01%	1.02%
Single	31.54%	30.94%
Widowed/Surviving Civil Partner	4.14%	4.47%
Unknown	32.06%	31.66%

A&E	ESNEFT	
	2022	2023
Ethnicity		
Asian	1.38%	1.46%
Black	1.18%	1.25%
Mixed	1.98%	1.86%
Other	2.14%	2.29%
White	77.31%	77.59%
Not Stated	6.31%	6.33%
Unknown	9.70%	9.22%

ESNEFT - A&E - Religion 2023



A&E	ESNEFT	
	2022	2023
Religion - Grouped Categories > 1%		
Christian	4.45%	4.62%
Church of England	29.80%	29.57%
Not Religious	3.43%	3.53%
Roman Catholic	3.48%	3.43%
Unknown	56.78%	56.55%
OTHER	2.05%	2.29%

What We've Achieved During 2023

There has been a great deal of work to embed Equality, Diversity and Inclusion into every day working at the Trust. We have seen a good increase in disclosure of protected characteristics within our workforce over the past year. This is enabling us to better support particular cohorts of staff through targeted engagement via our staff networks and key leads within the Trust. This includes, but is not limited to:

Workforce

- We recruited new leads for our 3 EDI staff networks and increased our staff membership who have supported the review of some key policies to ensure they are fit for purpose, fair and equitable. In addition, all policies, processes, procedures and service changes commissioned across the Trust are reviewed against our Equality Impact Assessment form to take into account the impact they will have on equality and health equity before they are implemented.
- A suite of EDI training sessions have been rolled out over the past year to improve intersectionality by enhancing staff knowledge and understanding of protected characteristics, the importance of accepting everyone as an individual and acknowledging their individual needs to ensure they feel included as their authentic self both from a patient and employee perspective. Around 675 staff attended these sessions last year and these will continue throughout 2024.
- Our Reverse Mentoring programme involving 42 staff from all bandings who mentored our senior leaders is providing an insight into the lived experience of particular protected characteristics and any barriers they may be facing in terms of their work environment, career progression, etc. Key learnings and actions are taken forward to improve staff experience.
- We have strengthened our governance around EDI with an EDI Operational Group, which is attended by all divisions across the trust to increase engagement, and reports into the EDI Strategic Reference Group which is a Board level group and supported by external stakeholders to provide advice and expertise.
- All Staff are required to commit to an EDI objective as part of their annual appraisal process to enhance their knowledge of EDI and embed an inclusive culture at ESNEFT.
- An EDI Dashboard has been implemented to enable a deep dive into our data concerning recruitment processes, leavers, internal promotions, formal processes and non-mandatory training access in order to monitor trends and implement interventional work where needed.
- We have reviewed our recruitment and selection processes to ensure we promote an inclusive culture in our job adverts, designed a Recruitment and Selection training programme and have interview panel observers present to ensure that our recruitment and selection processes are equitable with non-bias decision making. We have delivered a bespoke workshop dedicated to Unconscious Bias for our Non-Executive Directors who sit on AAC panels.
- Improved our on-boarding experience for internationally recruited staff with a dedicated team who support with visas, bank accounts, accommodation and integration both in and outside of the workplace.

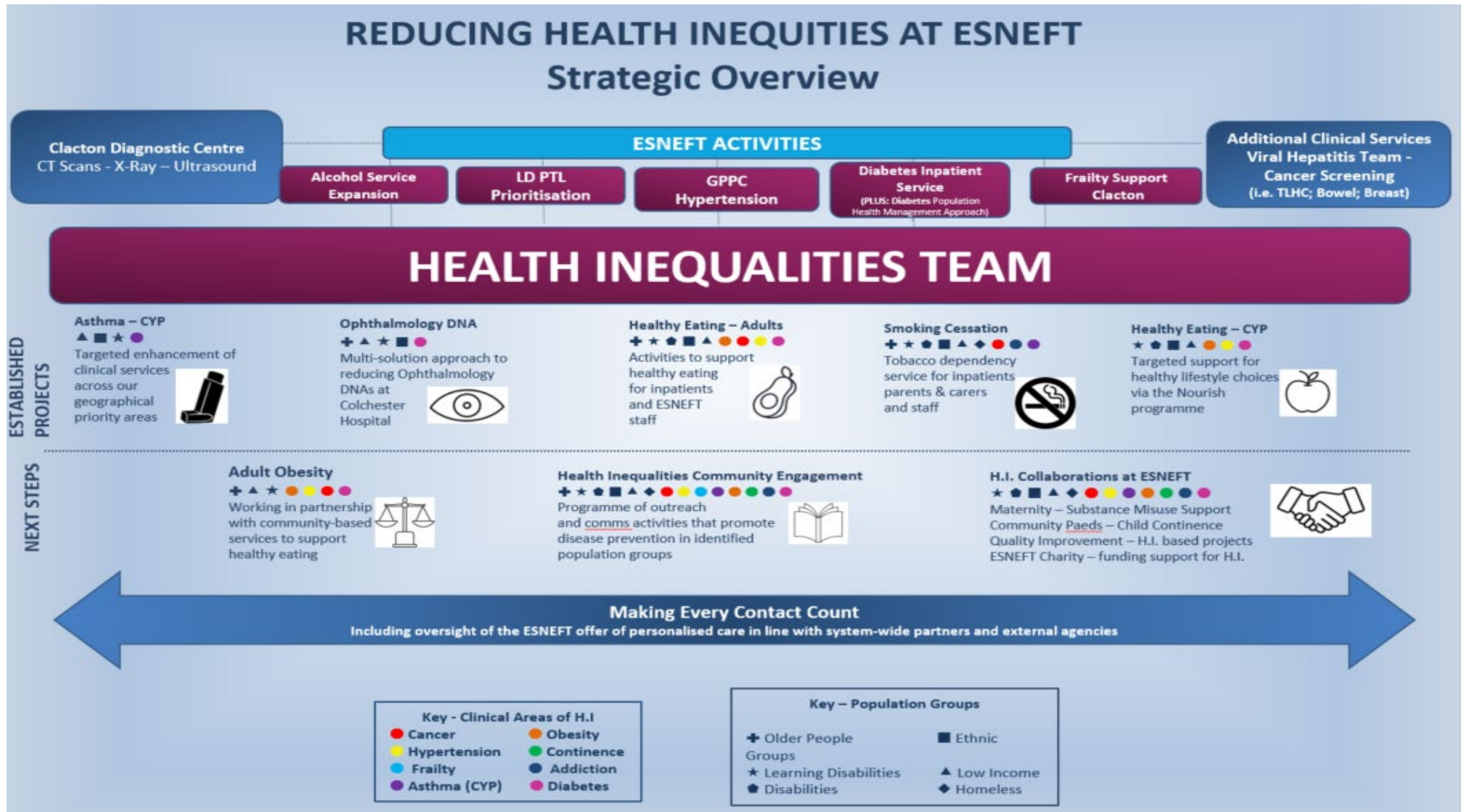
- We encourage our staff to raise concerns openly, or anonymously if they prefer, safe in the knowledge they will be supported and protected if they do, to make our Trust a positive and trustworthy place to work and receive care. We therefore revised our Freedom to Speak Up policy to align with the national policy and includes a supporting Raising Concerns guide to ensure our staff feel fully supported when raising a concern. This was launched with bite-size training sessions available to all staff.

Patients/Service Users

- We have ensured that patient feedback is at the heart of everything we do to support shape and improve services for our patients and their loved ones; In addition to using new ways of engaging with our staff and patients, we will also be introducing a new, joined-up approach to responding to the feedback we receive and using this to drive improvements in our services. We launched the Making Time Matter Programme last year. This programme brings together teams involved in various aspects of change and improvement including Quality Improvement, Transformation, Innovation and Patient Safety to ensure we can deliver a single, comprehensive approach to delivering change that benefits our diverse workforce and the population we serve.
- The Trust continued to support carers week across all sites including the community bus visiting sites every week;
- Staff are able to access interpretation services for patients who need support with telephone interpretation, face to face and video interpretation (including British Sign Language) plus written translations.
- ED&I patients who have raised concerns were invited to attend the 15 Steps Programme and present their experiences to the Board of Directors meeting. This has provided insightful information about the lived experience of our patients and the care they received at this organisation, particularly for our LGBTQ+ patients, enabling an informed platform to base our improvement plans in terms of service provision going forward.
- Work commenced on the Dame Clare Marx building which is a new £64million state-of-the-art Essex and Suffolk Elective Orthopaedic Centre for patients who need planned surgery on bones, joints and muscles, such as hip and knee replacements. This will mean fewer cancelled operations and shorter waiting times for patients in pain. Based at Colchester, but serving all our patients from Suffolk and Essex the centre is for surgery only – patients will still go to their closest hospital for hospital care before and after the operation. There will be capacity for three wards and eight theatres.
- Alongside the EOC plans are works to move the hospital's day surgery unit and endoscopy unit into larger refurbished spaces.
- We have implemented the Macmillan Cancer Care Navigator support to patients offering a single point of contact for patients with cancer diagnosis to access pre / rehabilitation services as well as with any non-clinical needs at 4-6 months following diagnosis. A steering group comprised of key stakeholders from the Integrated Care Board, Macmillan and ESNEFT undertook a review of the local public health data where areas of health inequalities, highest incidence of cancer and social deprivation were identified. Navigators have commenced outreach services in these areas and are working collaboratively with local teams and third sector organisations across SNEE to support, signpost and refer cancer patients and enable care and support closer to home. Cancer CNSs across SNEE benefited from awareness training provided by OUTpatients, the UK's only LGBTQI+ cancer charity at an away day. This highlighted the importance of recognising health inequalities faced by this community and specific issues related to screening, treatment and living with cancer and beyond.

Health Inequalities

In January 2023, ESNEFT launched its four year Health Inequalities strategy which aims to improve the health of local people and equity of access to our services. The infographic below gives an overview of the range of activities that ESNEFT has underway and details our further ambitions to tackle health inequalities in some of our most vulnerable communities:



Some of the key deliverables that have been realised so far are:

- Development of a Tobacco Treatment inpatient service. This has further evolved to include support for parents/carers and staff.
- Implemented the Making Every Contact Count (MECC) initiative across a number of Outpatient clinics, Lung Health team, End of Life team, Ultrasound and Community hospitals which has seen over 24,000 offers of support being made so far.
- Worked with our local authorities to secure a reduction in fare for Colchester Park & Ride for our patients as part of the DNA work stream.
- Secured funding for the provision of an Opthos machine in Clacton hospital. This is to provide eye clinic provision closer to home in one of our most deprived areas.
- The Adults Healthy Eating project has developed inpatient pictorial menus that are being rolled out across our acute sites.
- Developed a Frailty management service at Clacton Hospital.
- Secured funding for two Asthma specialist outreach nurses to support asthma management in our children & young people
- Completed a 20 week healthy eating programme for children & young people called “Nourish” in Clacton. The second programme in central Ipswich is currently underway.
- Engagement days spent in local communities, talking to patients to understand what really matters to them. This insight helped shape our delivery plans.

Our Approach Going Forward

We are working 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 implementing 5 key equality objectives:

- making it easy for people to access our services
- strengthening our recruitment and selection processes and retaining our staff from all communities, backgrounds and protected characteristics
- improving engagement to make sure our staff and those who use our services are valued and respected as individuals
- making sure everyone is treated fairly and honestly
- Improving health inequalities for our staff, patients and service users

Service Users

Access to Services, Patient Engagement & Experience - As part of developing the Making Time Matter programme and ensuring that it is configured in a way that best meets the needs of our service users, we have planned a range of engagement activities with patient representatives, governors and non-executive directors. This will ensure that the programme is clear on which patient-centred outcomes it should be contributing to, to ensure that resources are allocated appropriately and to provide assurance to stakeholders that the programme is delivering against its aims. Electronic Patient Record (EPR), Patient engagement portal (PEP) and Synertec are three of these key digitisation projects:

The Patient Engagement Portal is the introduction of a single ESNEFT wide patient portal. The portal will allow patients to view their GP and clinic appointments, letters, medical records and complete surveys via the NHS App. Furthermore, the portal will allow patients to have more control over their appointments, allowing the patient the ability to cancel or rebook hospital and community appointments at a time of more convenience. As part of the project, we are making sure as many appointment letters as possible are printed via Synertec our managed print provider, rather than printed locally and posted via our post rooms. The project will be rolled out over 3 phases and anticipated to be fully implemented by Autumn 2024.

Electronic Patient Record - We are moving towards a new way of working at ESNEFT and how we manage and maintain patient records. Instead of multiple systems, we will be changing to a single electronic patient record or EPR. Currently we use a number of different systems to access and manage patient information across our sites and these sit alongside a range of other systems we use on a day-to-day basis. Moving to one single EPR is a really exciting change, as brings many benefits for staff and patients at a time when healthcare and partner organisations are working closer together as part of an integrated care system (ICS) for the whole community. This will provide seamless access to patient records and will enable us to streamline patient pathways within the trust and support wider integration across the ICS. For example, reducing the need for patients to repeat information about their situation or condition.

In addition, we are looking at recruiting customer service champions to support our patients and their loved ones; Our patient centre will be operational at the end of 2024 to ensure all patients and their loved ones have a safe environment to report their concerns or issues, this will also encourage patients and their loved ones to report any diversity issues in a safe protected environment; Carers First and Suffolk Family carers, along with volunteers will be based in the patient centre to support unpaid carers in the communities.

Health Inequalities - Over the coming year we plan to build on the aims of the Health Inequalities Strategy programme. Key activities include Outreach events where clinical teams will promote a range of disease prevention awareness within our most deprived postcodes; Work with local foodbanks to offer dietary advice and support by delivering cooking demonstrations to address healthy eating, taking a whole family approach; Work with community partners to develop a local weight management service for children; Visit local primary schools to include children in co-design of Asthma management education; Work towards ESNEFT becoming a smoke-free site; Collaborating with community providers, such as African Families UK to understand barriers to accessing health screening and appointments; Key performance indicators have been established across the programme to measure impact and evidence outcomes - Patient feedback is gathered to ensure the patient voice helps shape future delivery in tackling health inequalities.

Disclosure/Benchmarking – We recognise that further work is needed to obtain patient feedback in order to establish the reasons behind our patient non-disclosure rate for protected characteristics, as well as benchmarking analysis against similar sized trusts on a series of data sets relating to access to services for patients with a disability or patients from deprived areas to establish whether we need to make further improvements in terms of equity of service provision and inclusivity as part of our strategic aims.

Workforce

We are committed to developing all of our staff. We have a thriving leadership development programme, with over 1400 members of staff engaged in either our flagship programmes or our management masterclasses. A focus throughout these development opportunities is around our individual commitment to equality, diversity and inclusion; the importance of encouraging a culture of speaking up, and a focus on listening with the purpose of learning and recognising the power of what is said and unsaid in conversations which can have life-defining consequences. Our appraisal process which includes a leadership 360 feedback opportunity and a talent management conversation, with expertly trained facilitators to support professional development will support organisational

culture change. Finally, our focus on civility and respect and our commitment to excellent customer service and communication skills for all members of staff will be an important contribution to improving equality across ESNEFT.

Formal Processes/Recruitment Processes - We will be recruiting more Cultural Ambassadors over the next year to continue the vital support they provide to staff during formal processes and ensuring that our recruitment and selection processes remain non-bias by observing shortlisting practices and interview panel conduct including decision making. We will be creating a number of Diversity Champion roles to act as a conduit for staff in terms of EDI requirements, feedback and information dissemination.

Internationally recruited colleagues – We will continue to improve our on-boarding provision for our internationally recruited colleagues to settle into the local area and fully integrate within the organisation. We are working collaboratively with the East of England Deanery to support 6 of our trainees, postgraduate doctors and allied health professionals as representatives for the EDI Trainee Peer Champion Network. This short-term project will work on pre-arrival, on-boarding, induction and preceptorship, with the aim of supporting a smooth integration into the respective teams.

Staff Engagement – Staff engagement will be a key element of the development and delivery of Making Time Matters programme this year to enable co-development of some elements of the programme with our diverse staff, which will ensure that the programme is responsive to the needs of our workforce, particularly in supporting them in enhancing their ability to deliver positive patient outcomes. Staff engagement will be delivered through a range of events including a series of staff workshops, show and tell sessions and the development of a number of change ‘influencers’. Development will also be critical to enabling our staff to develop the knowledge, skills and experience needed to both lead and support change, specifically in ways that are focused on improving patient outcomes. Staff development will be delivered through a range of activities including:

- The inclusion of Bronze Quality Improvement (QI) training in the induction process for new staff and Senior Leaders in the organisation to complete Silver QI training.
- The development of masterclasses for staff focused on the Model for Improvement.
- The delivery of staff ‘show and tell’ sessions to celebrate good practice and support the development of a community of interest

There will be a focus on increasing the membership of our Staff Networks to increase the feedback from staff in terms of changes that can be made to improve intersectionality, inclusive culture, and ultimately staff experience. We are working collaboratively with NHS England and Suffolk and North East Essex EDI teams to ensure that we align with national and regional legislation, messaging and learning best practice. We plan to increase our staff engagement over the next year with the establishment of a Women’s Network Group to support career progression in Bands 6 and above and reduce the gender pay gap with a range of flexible working approaches, mentoring and coaching opportunities and health clinics. **As only 15% of our Band 6+ posts are held by staff from BAME background the mentoring and coaching will be offered to BAME staff who narrowly miss out on internal promotion appointments.** We are also looking at a Faith and Belief forum to receive feedback from staff and form a greater understanding of what our staff need in terms of provision in order to improve the environment and facilities going forward.

Training - ESNEFT is in the process of developing its Care Accreditation Programme, supported by Ruth May, Chief Nursing Officer for England. Care Accreditation is known for reducing unwarranted variation in delivering care by providing an evidence-based standardised approach. It has also been known to

increase staff engagement, provide ward to board assurance of quality of care, create a platform for continuous improvement, encourage shared governance and shared learning, and create a culture of pride and accomplishment.

For ESNEFT, we believe that several factors are known to affect an organisation's ability to continuously improve the quality of its healthcare: these include having the right culture, good frontline leadership and engaged staff. These are inextricably linked: good leadership is central to successful cultural change and a positive organisational culture fosters better leadership. To support this, local accreditation provides us with the tools to undertake a comprehensive assessment of quality of care at ward, unit and team levels. It does this by bringing together key measures into a single, overarching framework, from across nursing and clinical care, as relevant to us and to our patients.

ESNEFT fosters a culture of inclusion and compassion. Investing in a diverse workforce enables us as a Trust to improve patient care by unlocking the potential of all of our staff. As part of the Care Accreditation programme, we will ask staff if they feel their ward or department provides fair and inclusive services, opportunities and care which meet the diverse needs of our patients and staff. This will provide us with the understanding of what we are doing well and understanding what opportunities we have to further meet with needs of our diverse workforce and community.

Succession Planning – With an aging workforce and lower numbers of staff within the under 25 age bracket, it highlights the need to promote flexible working opportunities to retain our older staff to support the younger generation, as well as the important role of our Health Care Academy and Adult Academy for individuals interested in joining the NHS workforce, and the continued work around Apprenticeship roles and upstream into universities.

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 equality legislation and specifically meeting our PSED duties as outlined in the Equality Act 2010. We will continue to ensure our equality, diversity and inclusion work plan is aligned to our EDI data to identify areas of concern and tailor appropriate actions for implementation. We will continue to work on disclosure of equal opportunities data with our Workforce team to ensure we fully understand the make-up of our workforce as well as promoting psychological safety where staff feel able to disclose and be their authentic selves at work.

By progressing with the delivery of the Trust's Equality Objectives 2021 – 2024 we will remain an employer of choice, provide exceptional, compassionate care and equitable services to all patients and service users. We are fully committed to implementing NHS Equality Workforce Standards, the EDS2 and the Accessible Information Standard, and we will be commencing work towards implementing the Sexual Orientation Monitoring Standard.