



East Sussex Healthcare
NHS Trust

A graphic featuring a large blue circle with a smaller blue circle at the top and a larger, semi-transparent blue circle at the bottom right. The text 'Annual Equality Report 2022/2023' is centered within the large circle.

**Annual
Equality
Report
2022/2023**

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please contact s.feather@nhs.net

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FOREWORD

Welcome. This document reports progress against inclusion at East Sussex Healthcare NHS Trust (ESHT) across 2022-23.

1) PROTECTING OUR COLLEAGUES

Aim to have zero tolerance against abuse at ESHT to ensure that all our colleagues have a right to care for others without fear of being abused.

2) INCREASING REPRESENTATION

Increasing workforce representation at all levels and positive reports of colleague experience about equality of opportunity, as measured through the NHS staff survey.

Delivering our commitments in the national workforce race and disability equality standards, and the aspirational targets of multicultural and other diverse colleagues.

3) BUILDING AN INCLUSIVE CULTURE

Making sure that people feel comfortable to be themselves and feel that they belong. We are aiming for a psychologically safe environment with a just and learning culture.

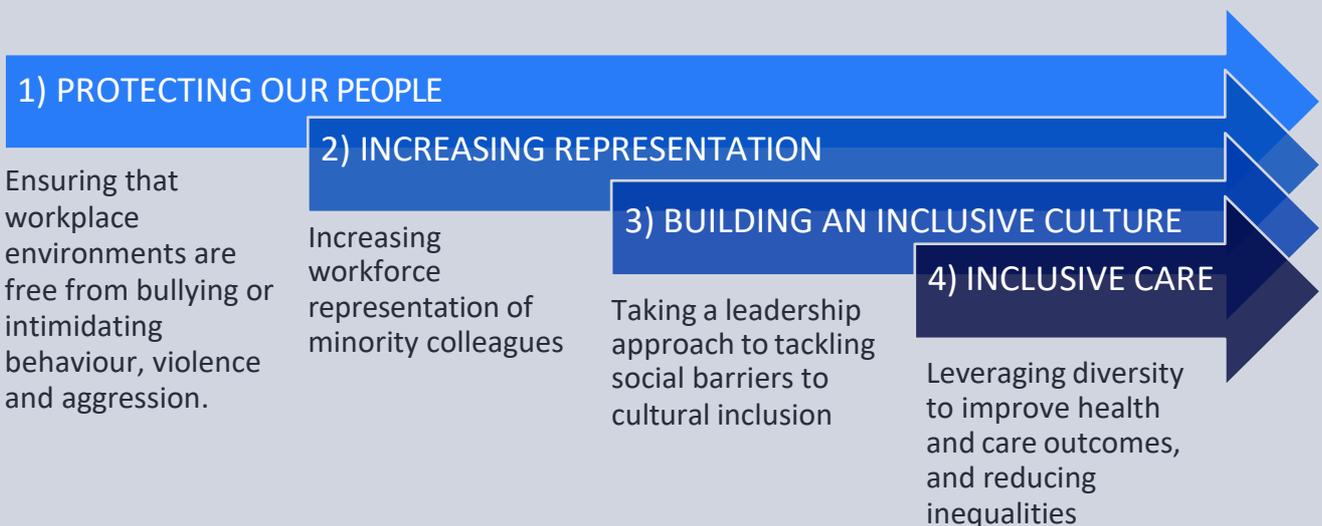
Continuing development of inclusive leaders and allies.

4) INCLUSIVE CARE

Supporting colleagues to recognise and tailor care towards people's cultural needs and attend to social and health inequalities.

We will continue to take every opportunity to advance equality, diversity and inclusion in the design, delivery and review of all our functions, policies and practices.

FIG. 1 ESHT Inclusion



SUMMARY

Below is a summary of the key findings against each area of the ESHT's equality, diversity and inclusion (EDI) programme:

RACE (page 7)

- i. The proportion of our multicultural colleagues is 21.5% across ESHT, an increase of 4% over the last three years. Board representation remains at level of 6% since 2019.
- ii. There has been an increase in the likelihood that a white person will be appointed compared to a multicultural person over the last year; this key national workforce race equality standard (WRES) measure is a priority in our action plan.
- iii. Across three years there was a two-point increase in multicultural colleagues reporting the Trust provides equal opportunities, coinciding with the use of the Multicultural Network to disseminate training and development opportunities.
- iv. There was a 0.5-point decrease in multicultural colleagues experiencing harassment, bullying or abuse from other colleagues in 2022.

RELIGION AND BELIEF (page 9)

- v. The proportion of colleagues (75.5%) sharing their beliefs grew by 3.5% over the past year.
- vi. The Chaplaincy Team continue to promote the Faith and Belief Network to encourage wider awareness and understanding of faith related issues.

- vii. The Network's purpose is to benefit service users, patients and colleagues, offering a platform for identifying, promoting and addressing issues, as well as link in with the other Networks to promote intersectionality.

GENDER (page 11)

- viii. 74.79% of the workforce is female with 25.21% male representation. We cannot evidence representation for Trans or non-binary people.
- ix. Women were just as likely as men to experience bullying and harassment from other colleagues.
- x. Men were less likely than women to experience discrimination from patients, relatives or members of the public.
- xi. For every £1 earned by men, women earned £0.93; this remains unchanged for the last three years.
- xii. Women occupied 70% of the highest paid jobs (Across Band 8 and 9).

SEXUAL ORIENTATION (page 13)

- xiii. Just over 3.5% of the workforce shared with us that they identify as lesbian, gay or bisexual (LGB).
- xiv. Bisexual people (49.8%) and those Preferring not to say (56.7%) scored lower than Heterosexual/straight (67.7%) and Gay people (69.1%) for their perceptions of the organisation respecting difference.
- xv. Those identifying as Heterosexual/Straight or Other scored highest in the belief on the organisation taking action on health and wellbeing.

DISABILITY (page 15)

- xvi. 5.19% of the workforce shared they identify as disabled on their electronic staff record, with 18.76% of the workforce choosing not to share their disability status.
- xvii. People who were disabled were just as likely to be appointed from shortlisting than non-disabled people against this key national workplace disability equality standard (WDES) measure.
- xviii. There was just over a four-point gap between disabled (51.4 %) and non-disabled (55.6%) colleagues who feel ESHT provides equal opportunities in career development.
- xix. 76.7% of disabled colleagues felt ESHT made adequate adjustments to enable them to work; compared to 73.9% nationally.

AGE (page 17)

- xx. A third of the workforce is aged 45-55 years old, which is comparable with the national data. This data shows that ESHT has an ageing workforce.

Equality Delivery System (EDS) (page 19)

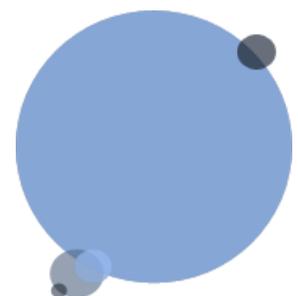
- xxi. Providing the position of ESHT in relation to demonstrating implementation of the EDS 2022.

ORGANISATIONAL INCLUSION (page 20)

- xxii. In addition to the progress highlighted in each section, across 2022-23 ESHT continued certain trust-wide initiatives to advance equality of opportunity, eliminate discrimination and foster good relations.

Conclusion

- xxiii. The findings indicate areas of progress, particularly increasing representation, with some barriers to inclusion still requiring action. The findings also indicate pockets of negative experiences for some colleagues; a focus for the 12 months ahead.
- xxiv. We will take time to align our work to the NHSE high impact actions (HIA) on equality, diversity and inclusion. This focus will help us draw together our EDI strategy.
- xxv. Across 2023-24 we will increase support for colleagues to promote inclusive leadership to highlight and remove cultural barriers to inclusion.
- xxvi. The end goal remains thriving and culturally competent staff providing inclusive care to promote positive health outcomes and tackle health inequalities.



INTRODUCTION

Welcome to our annual equality report 2022-23

This report demonstrates what we have achieved and where we need to continue progressing towards equality in our mission of providing safe, compassionate and high-quality community and hospital care.

Our equality, diversity and inclusion (EDI) programme delivers our people plan commitment for thriving colleagues to be inclusive, diverse and fair, and supports our other strategies, particularly on patient and carer experience and involvement.

The report is made up of eight sections that reflect our aspirations across: age, disability, gender, race, religion and belief, sex and sexual orientation, and organisational inclusion.

- Each section begins with our key achievements to advance equality, including fostering good relations
- There are then key findings including measures of workforce equality, in particular representation and recruitment rates
- There are measures of our work to eliminate discrimination, including harassment
- Each section then ends with next steps to address the findings that underpin the 2023/24 equality, diversity and inclusion action plans and links to the NHS England high impact actions for equality, diversity and inclusion.

 Key measures include a traffic light system of progress, illustrated by either a red (**R**), an amber (**A**) or a green (**G**) point.

Green indicates any gaps between groups which are within accepted thresholds, and do not indicate concerns. Amber indicates work in progress and red indicates a decline beyond acceptable thresholds.

The data is taken from electronic staff records, employee relations case-trackers, staff surveys, gender pay gap and our WRES and WDES findings.

Patient data has not been included in this report; with progress over 2023-24 to update key systems capacity to record demographic details and accessible information.

This report evidences compliance with our specific equality duty (Equality Act 2010), our duty to publish gender pay gap information (on page 11) and our obligations to publish information relating to the workforce race equality standard (WRES; on page 7) and the workforce disability equality standard (WDES; on page 15).

It also provides the progress on our Equality, Diversity and Inclusion objectives 2022-2024.

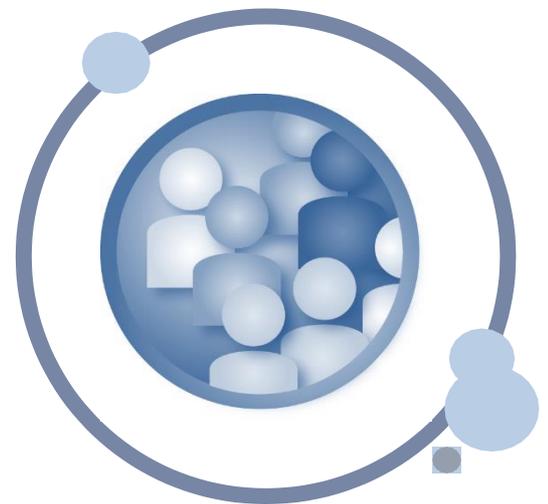
RACE

The proportion of our multicultural colleagues grew by 4% over three years across ESHT. Representation at Board level remains at 6% since 2019.

Across three years there was a two-point increase in multicultural colleagues reporting the Trust provides equal opportunities, coinciding with the use of the Multicultural Network to disseminate training and development opportunities.

1.1. Across 2022-23 ESHT's Multicultural Network brought people together from different ethnic backgrounds committed to valuing individuality, supporting inclusion and promoting diversity. Key achievements include:

- A survey for ESHT's multicultural colleague experience.
- A month of events held to promote intercultural learning, culminating in the first cross system Black History Month celebrations
- ESHT adopted the system wide anti-racist statement.
- The multicultural network membership grew to 112 (approximately 1.5% of the total Trust workforce)



KEY FINDINGS: RACE

Workforce ethnicity representation (WRES 1)



1.2. The number of multicultural people in the workforce at 31 March 2023 was 1803, or 21.5% of the workforce overall. The Trust's multicultural workforce has grown by 4% over the past three years.

1.3. Medical and dental colleagues was 55.3% (n.392). Clinical staff was 24.5% (n. 1264). Agenda for Change (AfC) pay band 5 had the largest proportion of any AfC pay band at 40.9% (n.580), followed by band 6 at 18.46% (n.241), then band 2 at 16.25% (n.308).

1.4. By comparison the average multicultural workforce was 24.3% in the whole NHS South Region.

1.5. AfC 8d-9 and very senior managers (VSMs) is made up of 93.3 % White British and 6.3% multicultural people.

Fig. 2 Workforce by ethnic group

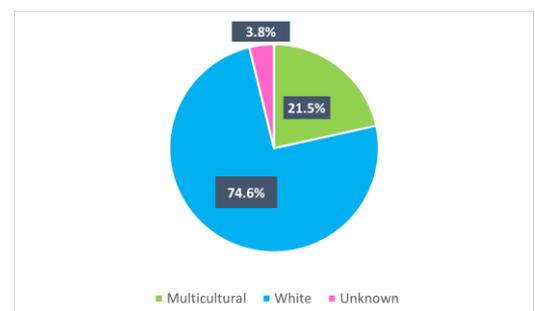
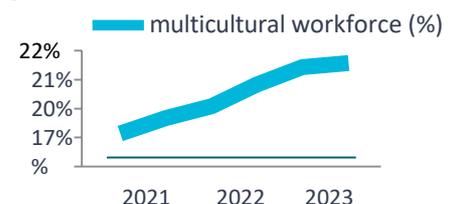


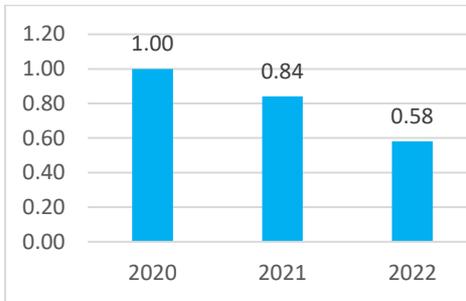
Fig. 3 Trust multicultural workforce % over time



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

- 1.6. 574 people from a multicultural background and 1682 white people were appointed in 2022-23. White people were 2.21 times more likely to be appointed from shortlisting than people from a multicultural background, the same as the regional and the sector averages. This is a reduction from white people being 0.81 times more likely to be appointed in 2021-22.

Fig. 4 Likelihood BAME staff disciplinary



Formal disciplinary likelihood by ethnicity (WRES 3) G

- 1.7. Multicultural people were less likely than white people to enter the formal disciplinary process. Only 0.34% (n.29) of the workforce went through the formal disciplinary process in 2022-23.

Non-mandatory training (WRES 4) G

- 1.8. White people (n. 303) were 0.72 times as likely to access non-mandatory training and development as multicultural people (n. 121).

Harassment, bullying or abuse by ethnicity (WRES 5-6) A

- 1.9. 33.2% of multicultural colleagues experienced harassment, bullying or abuse from patients, relatives or the public in the prior 12 months, although a decrease of 0.7 points than in 2022 it is 3.3 points greater than the 29.9% multicultural colleague response in 2019. This figure is just over 2.4% more than the 30.8% multicultural colleague provider benchmark. ESHT have committed to reducing this percentage to 26.5% over the next two years.

Racial equality of opportunity for promotions (WRES 7) A

- 1.10. 31.3% of multicultural colleagues experienced harassment, bullying or abuse from other colleagues in the prior 12 months, 3.1 points higher than the provider benchmark group and 1.6% points up from the 29.7% multicultural colleagues in 2019. ESHT have committed to reducing this 25.9% over two years.

Racial equality of opportunity for promotions (WRES 7) A

- 1.11. 48.3% of multicultural colleagues reported the Trust provided equal opportunities for promotion, with a positive trend over three years. The Trust is 2.2 points greater than the 46.1% multicultural colleague provider benchmark average but with the Trust's white staff reporting 58.6%, the rating is amber.

Staff work discrimination by ethnicity (WRES 8) A

- 1.12. 15.1% of multicultural colleagues (n.81) experienced discrimination at work from their manager/team leader, an 8.7-point difference to the 6.4% of their white colleagues experiencing it but 2.2 points less from the 17.3% multicultural colleagues provider benchmark.

Board ethnicity membership (WRES 9) A

- 1.13. The Board, including voting and executive, was 87.5% white and 6.3% multicultural and 6.3% unknown. Difference between multicultural representation in the workforce and on the board, overall is -15.2%

Fig. 5 Patient-on-staff harassment by ethnicity

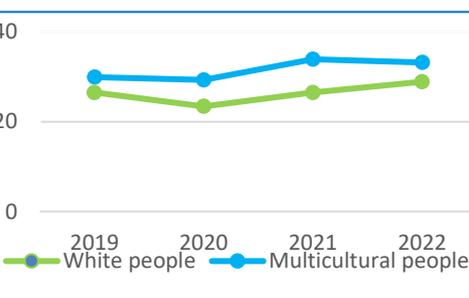


Fig. 6 Staff-on-staff harassment ethnic group

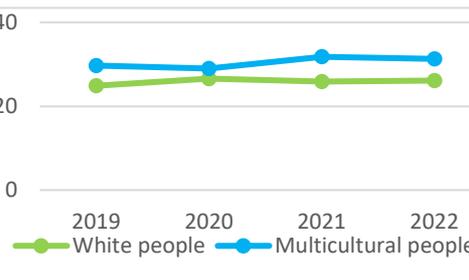
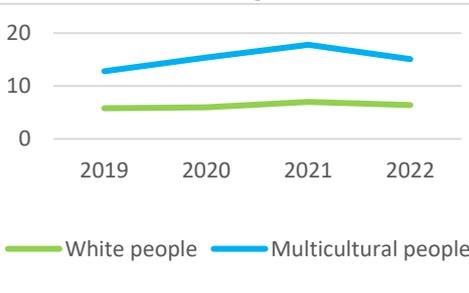


Fig.7 Staff experiencing discrimination from their manager/team leader



NEXT STEPS FOR RACE EQUALITY 2023-24

- Review of international recruitment induction and onboarding (HIA2)
- Incivility and poor behaviours campaign (HIA6)
- Examine ethnicity pay gap and diversity across pay bandings (HIA3)
- Examining issues related to data collection with the intention to resolve them for next year.

RELIGION AND BELIEF

The proportion of colleagues (75.5%) sharing their beliefs grew by 2.5% over the past 12 months.

Discrimination rates from patients or the public towards our colleagues are higher towards our Buddhist, and colleagues preferring not to state their religion.

2.1. Across 2022-23 ESHT’s Faith and Belief Network was established and explored different faiths and what they mean to colleagues. Key achievements include:

- Supporting Muslim colleagues with wellbeing packs during Ramadan
- Involvement with the local multi-faith networks

KEY FINDINGS: RELIGION AND BELIEF

Workforce religion and belief representation



2.2. The number of people sharing their religion or belief with the Trust at 31 March 2023 was 5,811, or 75.5% of the workforce. Colleagues in agenda for change (AfC) pay band 7 had the largest proportion identifying as religious at 78.8%. Over 12 months the proportion of colleagues sharing their belief information increased by 2.5%

2.3. Colleagues sharing, they were Christian was the largest belief group at 44.5% (n. 3,425), followed by the non-religious group at 24.5% (n. 1885) and then followed by the group sharing that they described themselves as Atheist at 16% (n.1231).

2.4. The proportion of all colleagues sharing that they identify as religious remained relatively static over five years.

2.5. The proportion sharing that they identify as non-religious decreased by 2.5% (n. 192) overall, over 12 months. The score is rated amber because 24.5% of colleagues do not wish to share their religion with us.



Fig. 8 Workforce by belief group

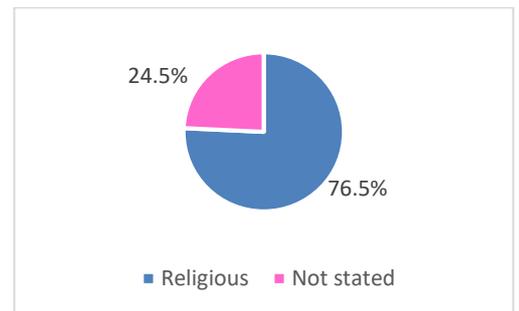
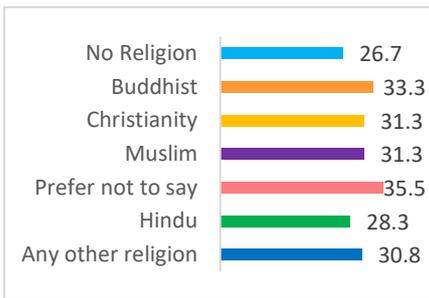


Fig. 9 Bullying & harassment score% (religion and belief group)



Religion and belief: We are safe and healthy by religion and belief.



- 2.6. We are safe and healthy includes responses to a series of nine questions from the staff survey 2022 relating to personal experience of harassment, bullying or abuse from patients, relatives, members of the public, managers and / or colleagues.

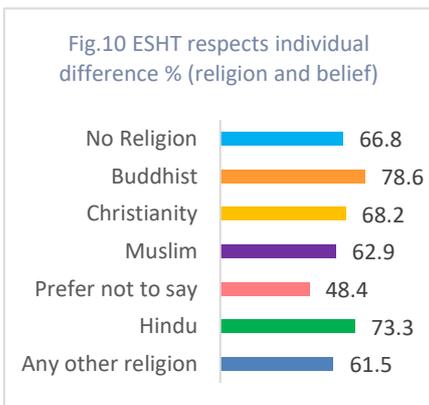
Religion and belief: We are compassionate and inclusive.

- 2.7. We are compassionate and inclusive relates to a series of four questions taken from the staff survey 2022 relating to equal opportunities in career progression, discrimination at work and respecting individual differences.

Respecting individual difference identifies the group with the lowest score was those colleagues who prefer not to disclose their religion at 48.4% (n.213) followed by Any other religion at 61.5% (n.52) and Muslim colleagues at 62.9% (n.62). The highest score was Buddhist colleagues at 78.6% (n.28) followed by Hindu colleagues at 73.3% (n.45).



Fig.10 ESHT respects individual difference % (religion and belief)

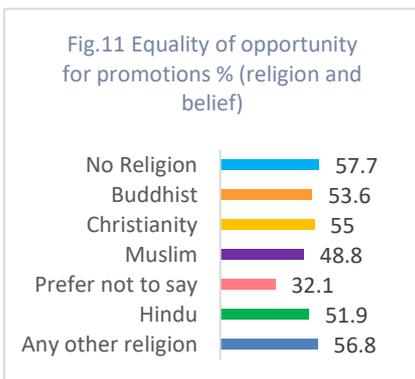


Religion and belief equality of opportunity for career progression/promotions



- 2.8 On average, 54.6% of colleagues reported ESHT acts fairly with promotions. The group with the lowest proportion was Prefer not to say at 32.1% (n.212); nearly 25 points behind the highest score 56.8% Hindu colleagues (n.44) The next lowest in the Trust was Muslim colleagues at 48.8% (n.64) although this score is an increase of 6.4% from last year's results.

Fig.11 Equality of opportunity for promotions % (religion and belief)



NEXT STEPS FOR RELIGION AND BELIEF EQUALITY 2023-24

- Increase membership of the faith and belief network (HIA5/6)
- Host a multifaith event.
- Find suitable space for the multifaith room on DGH site. (HIA 4)

GENDER (SEX)

The proportion of the male workforce has grown by 9% over five years, with an overall split currently of 76.5% female and 23.5% male. We cannot evidence representation for Trans or non-binary people. Women were just under one-and-a-half times as likely as men to experience bullying from patients. Men were just as likely as women to experience discrimination from other colleagues.

For every £1 earned by men, women earned £0.93; Women occupied 70.4% of the highest paid jobs (8a-9).

3.1. Across 2022-23 ESHT continued its work to promote gender equality between men, women and non-binary people, including trans people. Key achievements include:

- Women’s consultant network created.
- Gender pay on part time and full time workers added to the diversity toolkit.
- Black history month menopause session held with a specific focus on multicultural women.
- Delivering trans awareness training to colleagues.



KEY FINDINGS: GENDER (SEX)

Workforce gender representation A

- 3.2. Out of 8,778 staff, 76.5% (n. 6,723) were recorded as female and 23.5% (n. 2,055) as male on their Electronic Staff Records (ESR). The proportion of the male workforce grew by 0.4%.
- 3.3. The female workforce in Agenda for Change pay bands was 78.2% (n. 5,445) compared to 41.8% (n. 298) of females with medical and dental contracts.
- 3.4. The voting board was comprised of 4 men and 7 women, inclusive of both executive directors and non-executive directors.
- 3.5. At present the national ESR system cannot record staff members who do not identify with a specific binary sex or who identify as Trans, hence this measure is rated amber.

Harassment, bullying or abuse from staff by gender A

- 3.6. There was a 0.4-point difference between the proportion of females (20.9%) who reported experiencing harassment, bullying or abuse from colleagues and the proportion of males (20.5%) reporting this in the last twelve months.

Fig. 12 Workforce by sex

■ Female ■ Male

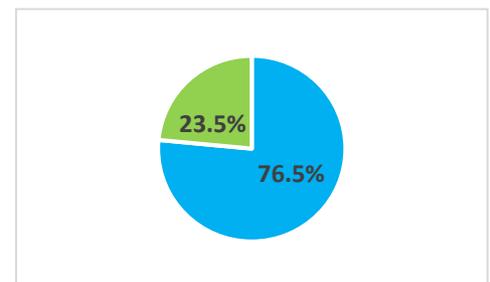


Fig. 13 Colleague-on-colleague staff harassment (% gender)

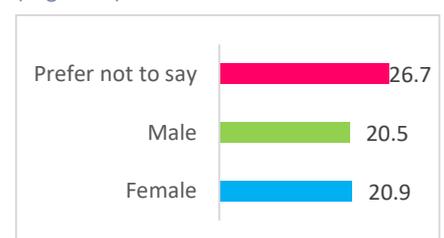


Fig. 14 Discrimination from patients towards colleagues by gender (%)

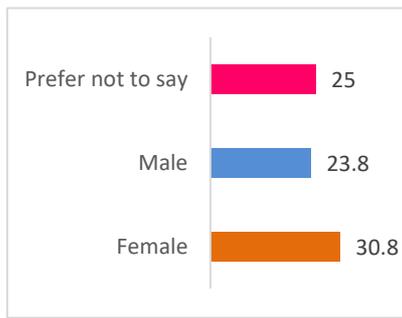


Fig. 15 Hourly wages pay gap by gender

■ Women ■ Men

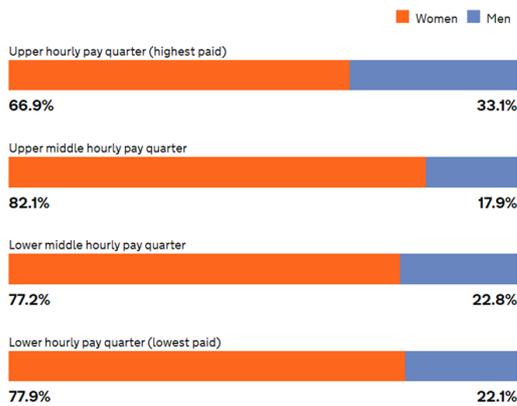
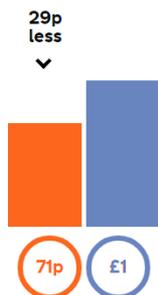


Fig.17 Gender bonus pay gap



Discrimination from patients, relatives, or members of the public by gender



3.7. There was a seven point difference between the proportion of males (23.8%) who reported discrimination from patients, relatives or members of the public and the proportion of females (30.8%) reporting this in the last twelve months.

3.8. In ESHT, women earned £0.93 for every £1 than men earned when comparing median hourly wages (a change of £0.01 on the previous two years). Their median hourly pay is 6.9% lower than men's.

Proportion of women in each pay quarter



3.9. When comparing mean hourly wages, women's mean hourly pay is 19.9% lower than men's. In ESHT, women occupy 66.9% of the highest paid jobs and 77.9% of the lowest paid jobs.

3.10. Pay quarters are calculated by splitting all employees in the Trust into four even groups according to their level of pay. Looking at the proportion of women in each quarter gives an indication of women's representations at different levels within ESHT.

Gender bonus gap



3.11. In ESHT, women earn £0.70 for every £1 that men earn when comparing median bonus pay. Their median bonus pay is 29.8% lower than men's. When comparing mean bonus pay women's mean bonus pay is 25.3% lower than men. 0.3 of women received bonus pay, 3% of men received bonus pay.

3.12. As these bonuses are Clinical Excellence awards and only relate to medical staff, a truer comparison is with the gender breakdown of medical staff and, in fact, consultant medical staff, who are eligible for these awards. The gender breakdown for consultant staff on 31/3/23 was 69.2% male and 30.8%, so there is still a disparity.

NEXT STEPS FOR GENDER EQUALITY 2023-24

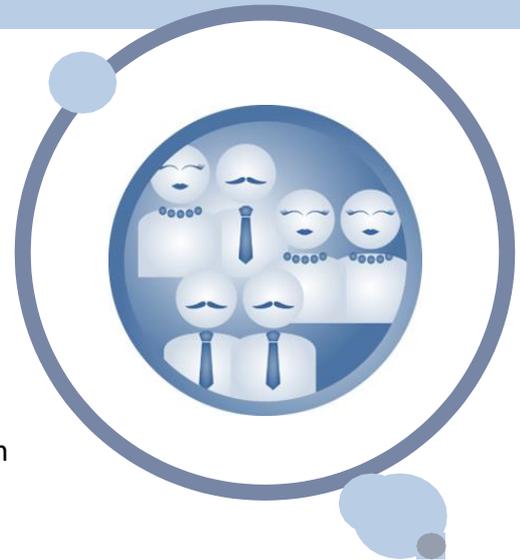
- Establish a women's network and support its development. (HIA4)
- Explore adding flexible working to all job adverts. (HIA2)
- Analysis of data by Divisions to help inform the underlying causes of their pay gaps. (HIA3)
- Supporting Trans colleagues in the workplace policy development. (HIA4)
- Work with wider system locally on action to reduce the pay gap (HIA3)

SEXUAL ORIENTATION

Nearly four percent of the workforce shared with us that they identify as lesbian, gay or bisexual (LGB). This is a relative de/increase of 0.5% over the past year. On average higher paid colleagues were more likely to share they were LGB.

Colleagues identifying as gay or lesbian scored 10 points higher than the ESHT average for their perceptions that the organisation acts fairly with regard to career progression, regardless of diversity. There are 63 registered members of the LGBTQ++ network.

- 4.1. Across 2022-23 ESHT continued its work to promote equality between people of all sexual orientations, including lesbian, gay, bisexual (LGB) and straight people. Key achievements include:
- Continued rollout Sexual Orientation and Gender Identity Training
 - Hosting our first system wide event during LGBTQ+ History Month (Feb 2023)
 - Delivering a session on Lived Experience to the Pharmacy Team



KEY FINDINGS: SEXUAL ORIENTATION

Workforce sexual orientation representation



- 4.2. The number of people sharing their sexual orientation with the Trust at 31 March 2023 was 7,090 or 80% of the workforce.
- 4.3. Colleagues sharing that they were heterosexual was the largest group at 77.2% (n. 5,544), followed by the group of colleagues sharing that preferred not to share their sexual orientation at 19.2% (n. 1688) then the colleagues sharing that they are gay or lesbian at 2.1% (n.149), then by colleagues who shared they identified as bisexual at 1.5% (n. 106) colleagues who shared they were undecided at 0.4% (n. 28) and lastly was 0.3% (n.21) of colleagues who selected their sexual orientation as "other".
- 4.4. Colleagues in Agenda for Change (AfC) pay group 5-7 and 8a-9 had the largest proportion identifying as LGB on their staff record at 4.5% each, compared to 4.3% in the workforce overall.
- 4.5. Correspondingly the lowest proportion of LGB on ESR was in Agenda for Change pay bands 1-4 at 4.4.% (n.5). With almost 20% of the workforce not wishing to share their sexual orientation an amber rating is given.

Fig. 18 Workforce by sexual orientation %

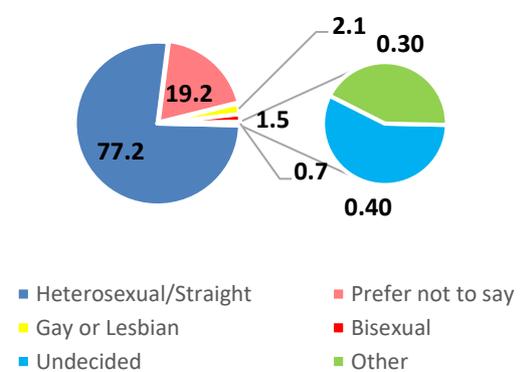
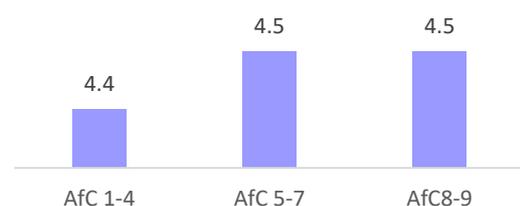


Fig. 19 LGB workforce by AfC pay group



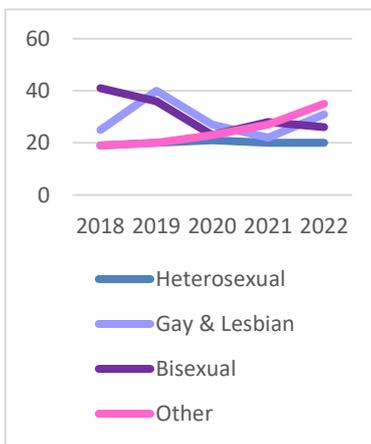
Safe environment (bullying and harassment) by sexual orientation



- 4.6. ESHT response to colleagues who have personally experienced discrimination from patients/services users, their relatives or other members of the public in the *preceding twelve months* was 8.3% from 3401 responding to the staff survey. The group with the lowest score was those colleagues sharing that they are heterosexual at 7.2%; 0.6 lower than the 7.8% average score in the provider benchmark. Colleagues sharing that they were bisexual were the highest at 16.2%, followed by lesbian and gay colleagues at 13.4%.



Fig. 20 Bullying & harassment score from colleagues (sexual orientation)



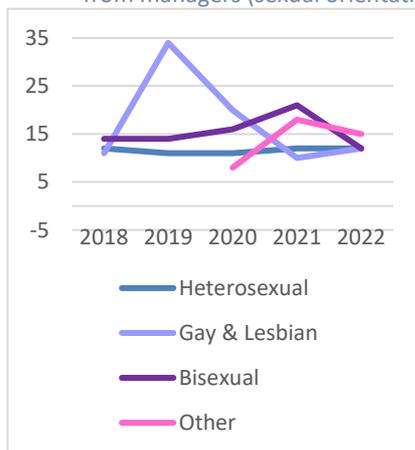
Colleagues experiencing harassment from colleagues by sexual orientation

- 4.7. 35% (n.20) of those colleagues declaring as other experienced at least one incident of bullying, harassment or abuse from their colleagues. The next highest was colleagues preferring not to say at 33.6% (n. 226), followed by colleagues sharing their sexual orientation as gay or lesbian at 32.1% (n.81). There were decreases for colleagues who shared they were heterosexual and bisexual.

Colleagues experiencing harassment from managers by sexual orientation

- 4.8. All groups experienced harassment from managers with those identifying as other at the highest with 15% (n.20) and those identifying as heterosexual or straight and bisexual the lowest at 11.9%. Every group experiencing harassment from patients decreased except for an almost 2% increase for those identifying as gay or lesbian.

Fig. 22 Bullying & harassment score from managers (sexual orientation)



Equality of opportunity for career progression/promotions by sexual orientation

- 4.9. On average, 54.6% of colleagues reported ESHT acts fairly with promotions. The group with the lowest proportion were colleagues preferring not to share their sexual orientation at 35.9% (n.231); nearly 25 points behind the highest score 64.6% colleagues sharing that they were gay or lesbian (n.82).

LGBTQ+ Rainbow Scheme

- 4.10. In 2021 the NHS Rainbow Badge moved from a purely visual symbol, to also incorporating an assessment and accreditation model for NHS Trusts. ESHT will be seeking to achieve accreditation this year. In light of changes to the Pride flag in 2021 the network banner has also been updated.

NEXT STEPS FOR SEXUAL ORIENTATION EQUALITY 2023-24

- Accreditation of NHS Rainbow badge bronze and silver accreditation (HIA 4)
- Development and introduction of a Supporting trans colleagues in the workplace policy (HIA 4)
- Supporting talent management strategies targeting under-representation and diversity gaps (HIA 2)

DISABILITY

5.2% of the workforce shared that they identify as disabled on their electronic staff record, with 18.7% choosing not to share their disability status. People who were disabled were just as likely to be appointed from shortlisting than non-disabled people against this key national workplace disability equality standard (WDES) measure.

76.7% of disabled colleagues felt that ESHT made adequate adjustments to enable them to work; an increase of 0.1% on the previous twelve months. The disAbility staff network has 57 registered members.

5.1. Across 2022-23 ESHT continued to advance disability equality and make reasonable adjustments for disabled people in our workplaces and to facilitate that their voices be heard (WDES 9):

- Continued support and guidance for the Disability and Health Passport, which was designed by the Trust's disAbility network.
- Developed a month of activities for wellness for disability history month that received over 1000 views on twitter.
- ESHT became a disability confident leader after an external assessment.

5.2. Disabled colleagues scored on average 6.3 out of 10 for how engaged they felt; 0.4% different from the 6.7 out of 10 score of non-disabled colleagues.



KEY FINDINGS: DISABILITY

Workforce disability representation (WDES 1)



5.3. The number of people sharing their disability with the Trust at 31 March 2021 on their staff record was 387, or 5.2% of the workforce. The group not wishing to share their disability status is at 18.7%, hence the amber rating. There were 24.7% (n.841) of 3,407 who answered the staff survey 2020 and selected they were disabled.

5.4. Non-clinical colleagues in agenda for change (AfC) pay band 5-7 had the largest proportion of disabled colleagues at 7.3% (n. 84), with the lowest also being non-clinical colleagues with just 4% sharing they have a disability in the AfC 8c-9 and VSM cluster.

5.5. Over the last year the number of colleagues sharing their disability status grew by 0.81% overall.

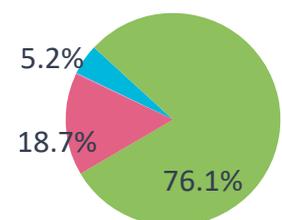
Shortlisting-to-appointment by disability (WDES 2)



5.6. People with a disability were just as likely to be appointed from shortlisting as a person without a disability.

Fig. 23 Workforce by disability status

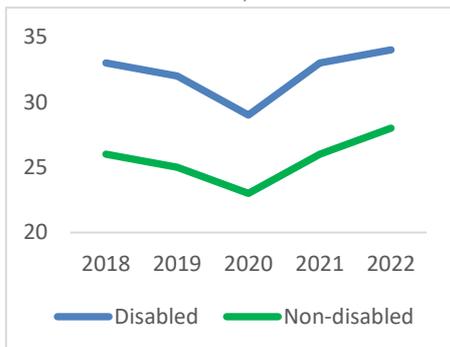
- Disabled
- Not disabled
- Do not wish to disclose



Formal capability likelihood by disability (WDES 3) ●●● G

5.7. 1.5 (3 over two years) people who had shared they were disabled on their staff record entered a formal capability process in 2022-23. There were 32 (64 over two years) non-disabled people who entered a formal capability process.

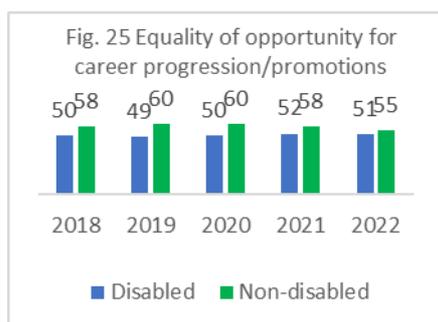
Fig. 25 Patient-on-colleague harassment by Disability



Harassment, bullying or abuse by disability (WDES 4) ●●● A

5.8. 34.1% of disabled colleagues in the 2022 staff survey experienced harassment, bullying or abuse from patients, relatives, or the public in the prior 12 months, a 5.9% difference from the 28.2% of non-disabled colleagues, and a 1.1% difference from the disabled colleague provider benchmark (33%).

5.9. 16.9% of disabled colleagues experienced harassment, bullying or abuse from managers, nearly 6% higher than that of the 11.1% of non-disabled colleagues, and a decreasing five-year trend for non-disabled colleagues. 27.9% of disabled colleagues experienced harassment, bullying or abuse from other colleagues, an 8.5-point difference from the 19.4% of non-disabled colleagues.



Disability equal opportunities for promotion (WDES 5) ●●● A

5.10. 51.4% of disabled colleagues felt ESHT provided equal opportunities for promotion, with a static trend over three years, a 4.2-point difference from the 55.6% of non-disabled staff, hence the amber rating. ESHT disabled colleague figure is the same as the disabled colleague provider benchmark.

Pressure to work when unwell by disability (WDES 6) ●●● G

5.11. 22.9% of disabled colleagues felt management pressure to come to work when not feeling well enough, nearly a 6-point difference from the 17.7% of non-disabled colleagues. However, this is nearly a 7-point improvement on the previous twelve months and 8-points below the disabled colleague provider benchmark.

Trust values their work by disability (WDES 7) ●●● R

5.12. 44.3% of disabled colleagues felt the Trust valued their work, a 11-point difference from the 55.3% of non-disabled staff but similar to that of the disabled provider benchmark of 44.6%.

Adequate adjustments for disabled people (WDES 8) ●●● A

5.13. 76.7% of disabled colleagues felt ESHT made adequate adjustment(s) to enable them to carry out their work. A 2.3% increase on those disabled staff completing the staff survey in the previous twelve months.

Board disability membership (WDES 10) ●●● A

5.14. The Board, including voting and executive, was 62.5% non-disabled and 37.5% undeclared.

NEXT STEPS FOR DISABILITY EQUALITY 2023-24

- Centralise the reasonable adjustments process (HIA 6)
- Produce a handbook for managers in accessing the right information to support their neurodiverse colleagues (HIA 4)
- Examine disability pay gap and across pay bandings (HIA 3)
- Supporting talent management strategies targeting under-representation and diversity gaps (HIA 2)

We are safe and healthy (bullying and harassment) by age.



- 6.4. The 66+ years group gave the lowest negative response score 22% (n.59) to experiencing bullying and harassment from patients, service users, their relatives or other members of the public. The next lowest was the 16-20 years age group at 25% (n.13). The provider benchmark for all age groups was 47.4% and ESHT average was 50%.
- 6.5. The 21-30 years group gave the lowest score on ESHT, taking positive action on health and wellbeing at 49.9% (n.425) and had the biggest decrease(positive) (11.8%) in response on the previous twelve months. There were no other age groups with such a sharp decline.
- 6.6. The lowest response to having experienced discrimination from a manager or team leader was the 16–20-year group was under 1% (n.12). The highest response being from the 66+ year's group at 15.3% (n. 59) in comparison to the organisational score of 8.3% (n.281).

Age equality, we are compassionate and inclusive.



- 6.7. The 31-40- and 41-50-years' groups gave the highest positive response to ESHT acting fairly with regards to career progression at 57.1% (n. 687) and 57.4 % (n. 826). The lowest score was in the 51-56 years group at 51.9% (n. 1318).
- 6.8. The 16-20 years group had the biggest increase in positive response to the career progression question at 31% over the previous twelve months.

NEXT STEPS FOR AGE EQUALITY 2023-24

- Where possible support social mobility and improve employment opportunities across healthcare. (HIA 4)
- Increase the awareness of age discrimination across the ESHT.

EQUALITY DELIVERY SYSTEM (EDS)

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

7.1 ESHT reviewed EDS 2022 in creating equality objectives in October 2022. However, the reporting template was not completed for two reasons:

- The standards are extremely broad (e.g., ‘Individual patients (service users) health needs are met’), so at this stage every question would be scored 1 ‘Developing Activity’. As everything would score the same, there was little benefit in writing up the scoring exercise in addition to the equality objectives.
- The supporting technical guidance emphasises application of EDS 2022 at ‘regional or ICS footprint’. And the Sussex ICS has said it wouldn’t be in a position to lead implementation until later in the year.

7.2 In addition to this as the Trust will begin to implement the actions set out in the NHS EDI Implementation Plan. Work to implement these actions further supports ESHT in demonstrating compliance with the EDS.

NEXT STEPS FOR EDS 2022/NHSE HIA 2023-24

- We will continue to monitor demonstration of compliance with EDS 2022 and work with the ICS when they begin to lead on implementation.
- We will develop a programme of evidence-based action to meet the requirements of the NHS England high impact actions for EDI.

High Impact Actions (HIAs)

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

ORGANISATIONAL INCLUSION

ESHT joined a number of other NHS organisations on the NHS Employers Diversity in Health and Care Partnership Programme. Equality, Diversity and Inclusion policy and equality and health inequalities impact assessment process are both in review.

Networks will be strengthened with executive leadership sponsors and the Faith and Belief network was established introduction of a fifth women's network is in development. A new category for Inclusion and diversity was introduced for the Trust awards.

8.1 In addition to the progress highlighted in each section, across 2022-23 ESHT continued certain trust-wide initiatives to advance equality of opportunity eliminate discrimination and foster good relations. Key achievements include:

- Revision and update of diversity and inclusion webpages (both internal and external)
- Rolled out the accessibility information standard training for all staff on MyLearn
- A monthly diversity dialogue with a different topic for each month.
- A new category has been introduced on Inclusion and Diversity for the Trust Awards
- Reviews have begun of the Equality, Diversity and Inclusion policy and the Equality and Health Inequality Impact Assessment (EHIA)

KEY FINDINGS: INCLUSION

We are compassionate and inclusive: Diversity and equality



8.2 ESHT overall score for colleagues believing that ESHT respects individual differences was 66.2% (n. 2259). This was just below the average provider benchmark of 69.3%.

We are compassionate and inclusive: Inclusion



8.3 ESHT overall score for colleagues feeling a strong personal attachment to their team was 64% (n.2180), this is similar to the provider benchmark of 64.2%

NEXT STEPS FOR ORGANISATIONAL INCLUSION 2023-24

INCLUSIVE LEADERSHIP& CULTURE

- We will provide opportunities for allies and for role models to develop cultural competence by increasing support for leaders to identify bias, to reduce prejudice and to eliminate systemic barriers.
- We will align systems to strengthen the conditions for change; embedding inclusion within talent management.
- We will implement the NHS England high impact actions.