



**Annual
Equality
Report
2023/24**



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FOREWORD

Welcome to the East Sussex Healthcare NHS Trust (ESHT) Annual Equality Report for 2023-24. This document serves as a comprehensive review of our ongoing commitment and progress toward fostering equality, diversity, and inclusion within our Trust and covers the period between April 2023-April 2024.

Throughout the past year, we have strived to create an environment where all colleagues and patients feel valued, respected, and supported. This report provides detailed information on our Gender Pay Gap analysis, Workforce Equality Standards, and the steps we have taken in alignment with the NHS England Equality, Diversity, and Inclusion High Impact Actions (HIA). Additionally, it highlights our broader efforts to promote inclusivity across our organisation.

We recognise that true equality goes beyond mere compliance with standards and regulations. It requires continuous reflection, learning, and action to address the diverse needs of our workforce and the communities we serve. This report not only documents our achievements but also identifies areas where further progress is needed, ensuring transparency and accountability.

As an organisation, we are committed to embedding equality, diversity, and inclusion into every aspect of our operations. We believe that a diverse and inclusive workforce enhances our ability to deliver high-quality care and improves the overall experience for our patients.

Patient information is published separately to maintain confidentiality and focus on workforce-related matters within this report. We encourage all stakeholders, including colleagues, patients, and community partners, to engage with this report and support our ongoing efforts to build a fairer and more inclusive healthcare system.

Thank you for your interest in our equality journey. Together, we can make a meaningful difference.

FIG. 1 NHS England High Impact Actions (summarised)



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. Increased Representation and Appointment Likelihood: Multicultural colleagues make up 21.9% of the workforce, with Board representation growing to 6.67%. White applicants are 1.39 times more likely to be appointed from shortlisting compared to multicultural applicants, showing improvement from the previous year.

ii. Training and Disciplinary Processes: White people are less likely to access non-mandatory training compared to multicultural colleagues. Multicultural individuals are slightly more likely than white individuals to enter the formal disciplinary process this is within as the non-adverse likelihood range.

iii. Harassment and Discrimination: 30.6% of multicultural colleagues reported experiencing harassment from patients, and 28.6% from colleagues. Additionally, 14.81% experienced discrimination at work from their manager, which is higher than their white counterparts.

iv. Promotion Opportunities and Board Representation: 50.5% of multicultural colleagues believe the Trust provides equal opportunities for promotion, which is lower than the 56.07% reported by white staff. The new ethnicity pay gap will support in identifying any areas for improvement.

v. The Board's composition includes 86% white, 6.7% multicultural, and 6.7% unknown backgrounds, indicating a -15.2% difference in multicultural representation compared to the overall workforce.

RELIGION AND BELIEF (page 9)

vi. Increased Disclosure: The proportion of colleagues sharing their beliefs grew to 76.9%, a 3.9% increase over the past two years. However, 23.1% of colleagues still choose not to disclose their religion.

vii. Faith and Belief Network Growth: The Faith and Belief Network doubled in size, creating a larger multifaith room at EDGH and hosting events like the Hastings and Rother Multifaith Forum.

viii. Harassment and Discrimination: There has been a decrease in reported incidents of harassment and bullying from patients or their carers among all belief groups except for Jewish colleagues and those who prefer not to disclose their religion.

ix. Career Progression Opportunities: On average, 55% of colleagues felt ESHT provides fair treatment in promotions. The lowest proportion was among those who prefer not to disclose their religion (35.1%), while Muslim colleagues showed the largest increase in positive perception regarding career progression opportunities.

GENDER (page 11)

x. Workforce Distribution: The workforce is 76% female and 24% male, with a slight increase of 0.3% in male employees over the past two years. Representation data for Trans or non-binary individuals remains unavailable.

xi. Bullying and Discrimination: Female employees were slightly more likely than males to report instances of bullying from patients or discrimination from colleagues. Both genders experienced a decline in reports of discrimination from patients, with those preferring to self-describe reporting the highest incidence.

xii. Gender Pay Gap: Women earned £0.95 for every £1 earned by men in median hourly wages, a slight improvement over previous years. However, women's mean hourly pay is 18.3% lower than men's. Women occupy 69.3% of the highest-paid positions but have lower representation in medical and dental roles (45.3%) and executive team positions (37.5%).

xiii. Bonus Pay Gap: Women earn £0.68 for every £1 that men earn in terms of median bonus pay, indicating a gender pay gap of 29.8%. Only 0.3% of women received bonus pay compared to 3% of men, with a significant disparity in bonus distribution among consultant staff (68% male and 32% female).

SEXUAL ORIENTATION (page 13)

xiv. **LGB Representation:** Just over 4.5% of the workforce identified as lesbian, gay, or bisexual (LGB), marking a 0.5% increase from the previous year. The highest representation is in Agenda for Change (AfC) pay bands 5-7.

xv. **Discrimination and Harassment:** Colleagues identifying as bisexual or those preferring not to share their sexual orientation reported higher rates of discrimination and harassment compared to their heterosexual counterparts. Bisexual individuals experienced the highest incidence of harassment from colleagues (33.3%).

xvi. **Career Progression:** On average, 55% of colleagues felt ESHT provides fair treatment in promotions. Colleagues preferring not to share their sexual orientation had the lowest perception of fair treatment (35.9%), while gay or lesbian colleagues had the highest (64.6%).

xvii. **Inclusivity Initiatives:** Key initiatives include the growth of the LGBTQ+ network, diversity dialogues conducted by the ESHT sexual health team, participation in Hastings Pride, and an audit on the availability of gender-neutral facilities.

DISABILITY (page 15)

xviii. **Disability Representation:** 5.19% of the workforce shared that they identify as disabled on their electronic staff record, with 15.1% choosing not to share their disability status. This represents a 0.7% increase in disclosed disabilities over the past 12 months.

xix. **Appointment Likelihood:** People with disabilities were 1.3 times less likely to be appointed from shortlisting than non-disabled individuals, aligning with regional and sector averages.

xx. **Harassment and Bullying:** 29.8% of disabled colleagues reported experiencing harassment, bullying, or abuse from patients, relatives, or the public, which is a decrease of 4.2% from the previous year. However, 15.2% reported harassment from managers, nearly double that of non-disabled colleagues.

xxi. **Workplace Adjustments and Promotion:** 74.1% of disabled colleagues felt that ESHT made adequate adjustments to enable them to work, a slight decrease from the previous year.

51.02% of disabled colleagues felt ESHT provided equal opportunities for promotion, which is similar to the disabled colleague provider benchmark compared to 73.9% nationally.

AGE (page 17)

xxii. **Workforce Distribution and Aging Workforce:** A significant portion of the workforce (one-third) is aged 45-55 years old, indicating an aging workforce comparable to national data. The age distribution across other groups has remained stable over the past year.

xxiii. **Career Progression and Young Workforce Satisfaction:** Younger employees, particularly those in the 16-20 and 21-30 age groups, reported the highest positive responses regarding fair treatment in career progression (68.4% and 59.5%, respectively). This indicates that younger staff feel more supported in their career advancement within the Trust.

Equality Delivery System (EDS) (page 19)

xxiv. **Providing the position of ESHT in relation to demonstrating implementation of the EDS 2023.**

ORGANISATIONAL INCLUSION (page 20)

xxv. **In addition to the progress highlighted in each section, across 2023-24 ESHT continued certain trust-wide initiatives to advance equality of opportunity, eliminate discrimination and foster good relations.**

Conclusion

xxvi. **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.**

xxvii. **We continue to align our work to the NHSE high impact actions (HIA) on equality, diversity and inclusion.**

xxviii. **Across 2024-25 we will increase support for colleagues to promote inclusive leadership to highlight and remove cultural barriers to inclusion.**

xxix. **The end goal remains thriving and culturally competent colleagues providing inclusive care to promote positive health outcomes and tackle health inequalities.**

INTRODUCTION

Welcome to our annual equality report 2023-24

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 2024/25 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**) rating.

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 is included in reported separately.

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 2024-2026 that are centered on the NHS England High Impact Actions.

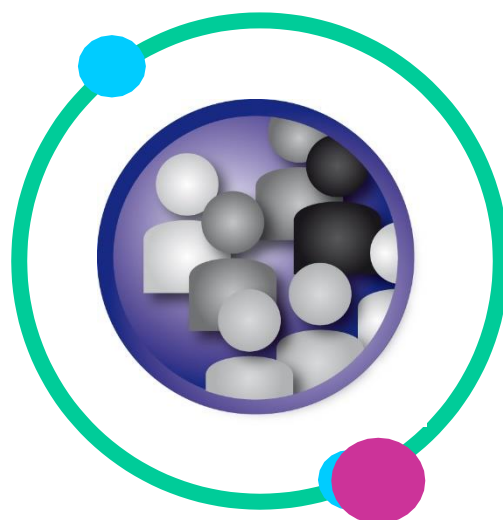
RACE

The proportion of our multicultural colleagues grew by 4% over three years across ESHT. Representation at Board level grew to 6.75%, the first increase since 2019.

Across three years there was a two-point increase in multicultural colleagues reporting the Trust takes positive action on health and wellbeing, coinciding with the engagement of the Multicultural Network to disseminate health and wellbeing opportunities.

- 1.1. Across 2023-24 ESHT's Multicultural Network brought people together from different backgrounds committed to valuing individuality, supporting inclusion and promoting diversity. Key achievements include:

- Events were held to promote intercultural learning, culminating in the Trust's first South Asian Heritage Month celebrations.
- ESHT adopted the system-wide race equality strategy.
- The multicultural network membership grew to 143, representing approximately 1.6% 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 2024 was 1904, or 21.9% of the workforce overall. The Trust's multicultural workforce has grown by over 4% over the past three years.
- 1.3. Medical and dental colleagues was 52.9% (n.424). Clinical staff was 24.8% (n. 1329). Agenda for Change (AfC) pay band 5 had the largest proportion of any AfC pay band at 47.8% (n.601), followed by band 6 at 21.9% (n.264), then band 8d at 21.05% (n.4).
- 1.4. By comparison the average multicultural workforce was 26.4% in the whole NHS South Region.
- 1.5. AfC 8c-9 and very senior managers (VSMs) is made up of 88.3 % White British, 10.3% people from multicultural backgrounds. 1.4% is made up of those where ethnicity is unknown.

Fig. 2 Workforce by ethnic group

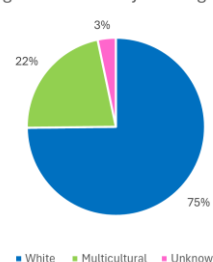
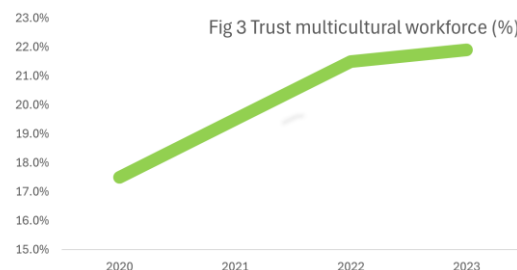


Fig 3 Trust multicultural workforce (%)

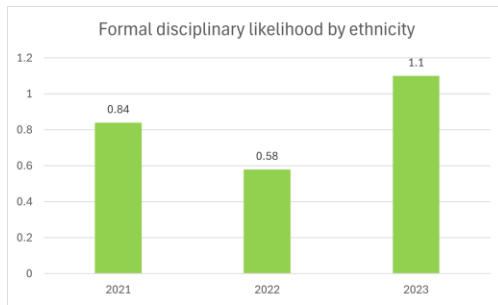


Ethnicity shortlisting-to-appointment likelihood (WRES 2)



- 1.6. In 2023-24, 338 individuals from a multicultural background and 983 white individuals were appointed. White applicants were 1.39 times more likely to be appointed from shortlisting compared to those from a multicultural background, aligning with regional and sector averages. This represents a positive trend from the previous year, when white individuals were 2.11 times more likely to be appointed. Last year's higher

ratio was identified as a reporting anomaly and has been corrected. However, the current ratio is amber, as the non-adverse likelihood range set by the NHS WRES strategy team is 0.80-1.25. The new ethnicity pay gap, as part of NHSE HIA will examine pay across bandings.



Formal disciplinary likelihood by ethnicity (WRES 3)

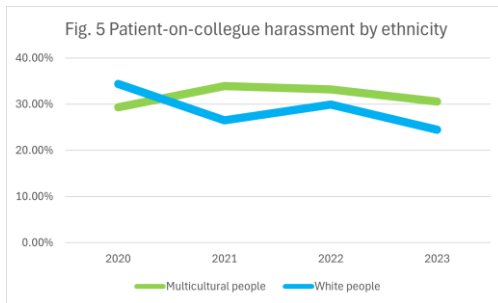


1.7. Multicultural individuals were slightly more likely than white individuals to enter the formal disciplinary process. Ratio score of 1.1 but this within the non-adverse likelihood range set by the NHS WRES strategy team. In 2023-24, 0.58% (n.51) of the total workforce underwent the formal disciplinary process.

Non-mandatory training (WRES 4)



1.8. White people (n. 763) were 0.39 times less likely to access non-mandatory training and development compared to multicultural people (n. 316).



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



1.9. In the past 12 months, 30.6% of multicultural colleagues reported experiencing harassment, bullying, or abuse from patients, relatives, or the public, marking a decrease of 2.6 percentage points from 2022 and a 3.3-point decrease over the last two years. ESHT's figure is 3 points higher than the provider benchmark of 27.6%, and despite efforts, the target of reducing this percentage to 26.5% over the last two years was not met. Consequently, this target will be maintained for the next two years.



1.10. In the past 12 months, 28.6% of multicultural colleagues experienced harassment, bullying, or abuse from other colleagues, which is 2.2 points higher than the provider benchmark and 2.7 points above ESHT's target of reducing this to 25.9% over two years. Addressing this issue will remain a priority for ESHT.

Racial equality of opportunity for promotions (WRES 7)

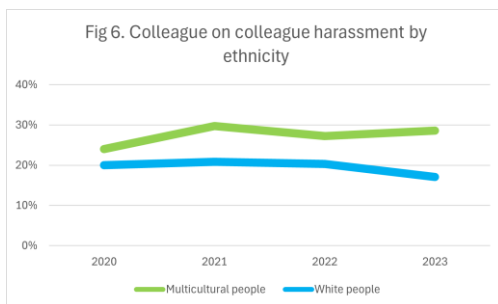


1.11. 50.5% of multicultural colleagues reported that the Trust provides equal opportunities for promotion, showing a positive trend over the past three years. This is 1% higher than the provider benchmark average for multicultural colleagues. However, with 56.07% of white staff reporting equal opportunities for promotion, the rating remains amber.

Staff work discrimination by ethnicity (WRES 8)



1.12. In 2023, 14.81% of multicultural colleagues (n.103) experienced discrimination at work from their manager or team leader. This represents an 8.07-point difference compared to the 6.74% of white colleagues reporting the same experience. However, it is 1.3 points lower than the provider benchmark of 16.7% for multicultural colleagues.



Board ethnicity membership (WRES 9)



1.13. The Board, including voting and executive members, was composed of 86% white, 6.75% multicultural, and 6.75% with unknown backgrounds. This results in a -15.2% difference between the multicultural representation in the overall workforce and on the Board.

NEXT STEPS FOR RACE EQUALITY 2024-26

- Review and strengthen procedures for reporting and addressing discrimination and harassment. Ensure that all reports are handled promptly and effectively. (HIA6)
- Examine ethnicity pay gap and diversity across pay bandings. (HIA3)
- Implement mentorship and sponsorship programmes to support career progression for multicultural staff. (HIA 2)
- Ensure those in middle management are prepared for senior roles. (HIA 6)

2.1. ESHT's Faith and Belief Network doubled in size over the last 12 months. Key achievements included:

- Creating a new, larger multifaith room at EDGH.
- Hosting the Hastings and Rother Multifaith Forum, featuring an evening talk on healthcare and faith.

KEY FINDINGS: RELIGION AND BELIEF

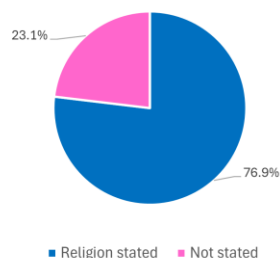
Workforce religion and belief representation



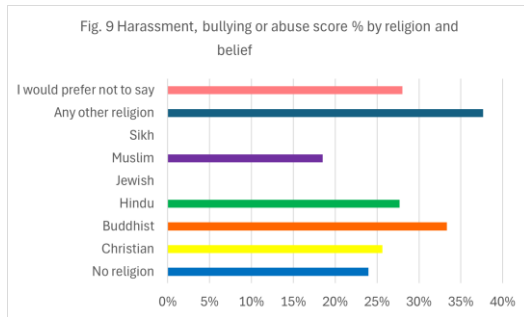
- 2.2. The number of people sharing their religion or belief with the Trust at 31 March 2024 was 6,691, or 76.9% of the workforce. Colleagues in agenda for change (AfC) pay band 5 had the largest proportion identifying as religious at 79.5%. Over 12 months the proportion of colleagues sharing their belief information increased by 1.4% a positive trend over the last two years.
- 2.3. Colleagues sharing, they were Christian was the largest belief group at 44.7% (n.3889.), followed by the non-religious group at 23.1% (n. 2010) and then followed by the group sharing that described themselves as Atheist at 16.7% (n.1453).
- 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 1.4% (n. 121) overall, over 12 months. The score is rated amber because 23.1% of colleagues do not wish to share their religion with us.



Fig. 8 Workforce by belief group

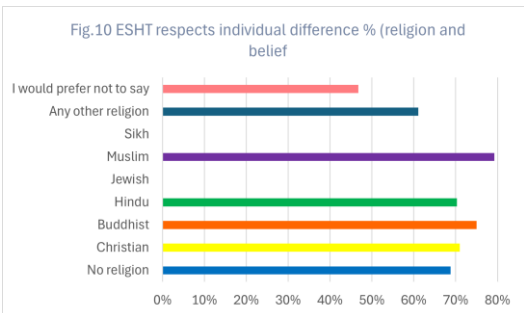


Religion and belief: We are safe and healthy by religion and belief.



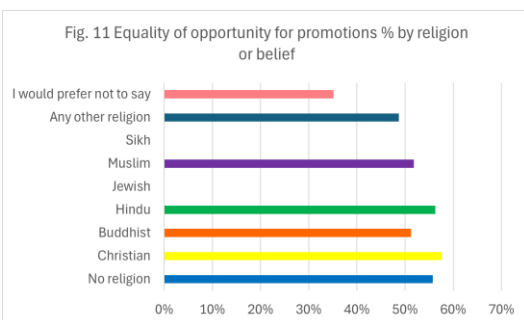
2.6 In the past year, "We are safe and healthy" measured responses from the staff survey 2023 concerning personal experiences of harassment, bullying, or abuse from patients, relatives, members of the public, managers, and colleagues through nine specific questions. There has been a decrease in reported incidents of bullying and harassment from patients or their carers among all belief groups, except for Jewish colleagues and those who 'prefer not to disclose' their religion. It's important to note that the analysis considers the relatively low response rates to this particular question.

Religion and belief: We are compassionate and inclusive.



2.7. "We are compassionate and inclusive" pertains to a series of eight questions drawn from the staff survey 2023 that address equal opportunities in career advancement, workplace discrimination, and the recognition of individual differences.

2.8. ESHT's commitment to respecting individual differences reveals that colleagues who choose not to disclose their religion recorded the lowest score at 46.79%, with colleagues of 'Any other religion' following at 61.04%. Conversely, Muslim colleagues achieved the highest score at 79.3% (n. 82), marking the most significant percentage increase among all belief groups over the past 12 months.



Religion and belief equality of opportunity for career progression/promotions

2.9 On average, 55% of colleagues indicated that ESHT provides fair treatment in promotions compared to benchmark standards. The group with the lowest proportion was those who preferred not to disclose their preference, at 35.1% (n. 108), marking a 3% increase over the last 12 months but lagging nearly 21 points behind the highest score held by Christian colleagues at 57.5% (n. 1000). Among other faith groups within the Trust, those identifying with Any other religion reported 48.6% (n. 37). The largest percentage increase of 3.4% was observed among Muslim colleagues, reaching 51.8% (n. 42).

NEXT STEPS FOR RELIGION AND BELIEF EQUALITY 2024-26

- Continue to grow the Faith and Belief Network and increase engagement through regular meetings and events that cater to diverse religious and non-religious groups. (HIA5/6)
- Organise and host multifaith events to promote understanding and inclusivity among employees of different faiths and beliefs. (HIA4)
- Support the rollout and integration of the Sussex Religion and Belief guide (when available) to ensure all staff are informed about the diverse religious and belief practices within the workforce. (HIA4)
- Increase support available for people of all faiths and beliefs by exploring the requirement of a multifaith room at the Conquest hospital, providing resources for spiritual care, and ensuring respectful acknowledgment of various religious practices and observance. (HIA4)

GENDER (SEX)

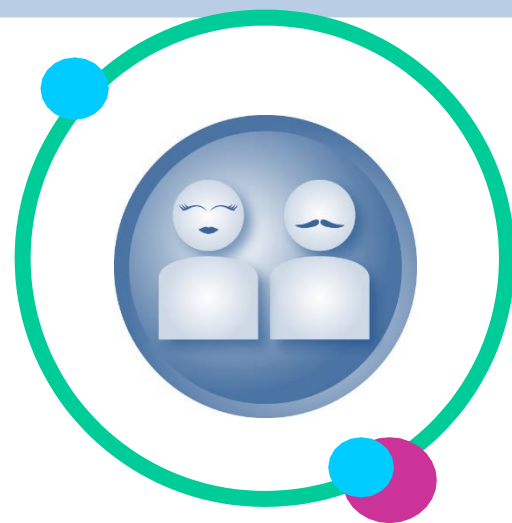
Over the past two years, the male workforce has seen a slight increase of 0.3%, resulting in a current distribution of 76% female and 24% male employees. Representation data for Trans or non-binary individuals remains unavailable.

Female employees were slightly more likely than their male counterparts to report instances of bullying from patients or discrimination from colleagues.

Regarding pay equity, for every £1 earned by men, women earned £0.95, reflecting a 2p increase for women compared to the previous year. In terms of job distribution, women occupy 69.3% of the highest-paid positions (8a-9). However, their representation is lower in medical and dental roles at 45.3% and executive team positions at 37.5%.

3.1. Across 2023-24 ESHT continued its work to promote gender equality between men, women, non-binary people and trans people. Key achievements include:

- Launching a Women's Network aimed at fostering support and development opportunities for female employees. This is the fastest growing network.
- Successfully organising and hosting an engaging event in celebration of International Women's Day.
- Commemorating South Asian Heritage Month with a thought-provoking presentation by Jaspreet Kaur, highlighting her experiences growing up as a South Asian female in the UK.
- Introducing a comprehensive policy to provide support for colleagues undergoing transition in the workplace.



KEY FINDINGS: GENDER (SEX)

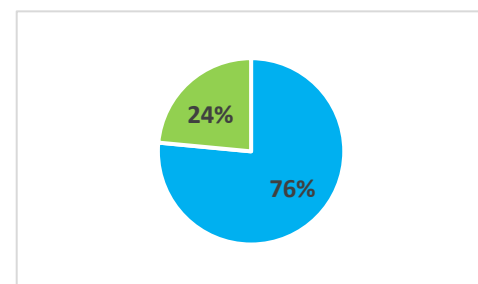
Workforce gender representation



3.2. Out of 8,702 staff, 76% (n. 6613) were recorded as female and 24% (n. 2088) as male on their Electronic Staff Records (ESR). The proportion of the male workforce grew by 0.3%.

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.

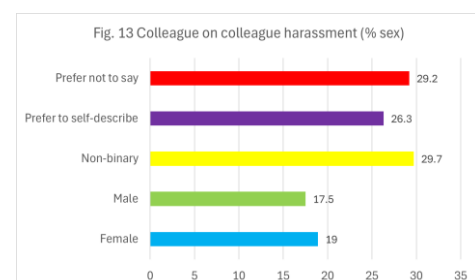
3.4. At present the national ESR system cannot record staff members who do not identify with a specific binary sex or who prefer to self-describe, hence this measure is rated amber. The staff survey now provides this detail and so is reported below.



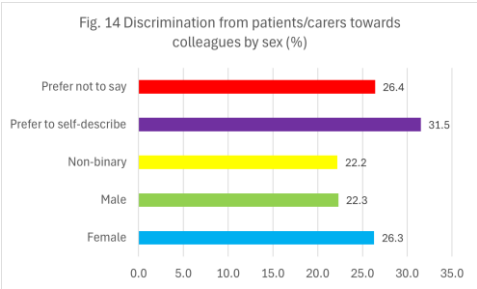
Harassment, bullying or abuse from staff by gender



3.5. In the past twelve months, there was a 1.4-point distinction between the percentage of female employees (18.9%) and male employees (17.5%) who reported instances of harassment, bullying, or abuse from colleagues. Individuals identifying as non-binary reported the highest incidence at 29.7%.

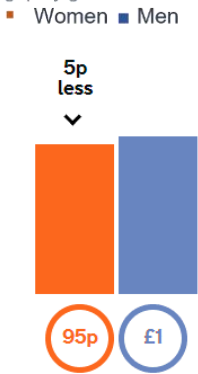


Discrimination from patients, relatives, or members of the public by gender



3.6. There was a four-point disparity between the percentage of males (22.3%) and females (26.3%) reporting discrimination from patients, relatives, or members of the public in the last twelve months, marking a declining trend for both genders. Those who prefer to self-describe reported the highest incidence of discrimination.

Fig. 15 Hourly wages pay gap by gender



Gender Pay



3.7. In ESHT, women earned £0.95 for every £1 than men earned when comparing median hourly wages (a change of £0.02 on the previous two years). Their median hourly pay is 6.9% lower than men's.

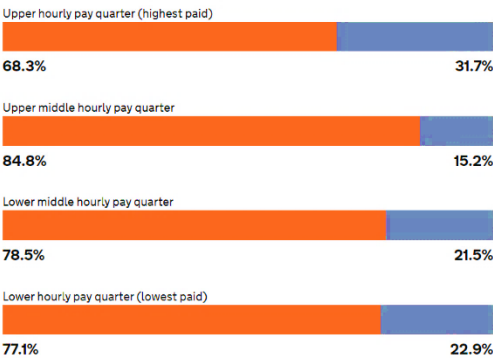
3.8. When comparing mean hourly wages, women's mean hourly pay is 18.3% lower than men's. This has reduced by 1.6% over the previous two years and is a decreasing trend.

3.9. The below table shows a breakdown of the mean pay rates split for Agenda for Change & Executive and Medical & Dental staff across the last 3 years. The % difference for Medical & Dental staff has reduced by 2.1% in 23/24 whilst the difference for Agenda for Change & Executive staff, where female mean pay is higher than male, has been constant across the three years, reducing by 0.5% since last year.

Agenda for Change and Medical & Dental	Male	Female	% diff
Agenda for Change - Mean hrly rate 31/3/22	£15.70	£15.89	-1.2%
Agenda for Change - Mean hrly rate 31/3/23	£16.42	£16.70	-1.7%
Agenda for Change - Mean hrly rate 31/3/24	£16.40	£16.62	-1.2%
Medical & Dental - Mean hrly rate 31/3/22	£39.43	£32.27	18.2%
Medical & Dental - Mean hrly rate 31/3/23	£40.83	£32.78	19.7%
Medical & Dental - Mean hrly rate 31/3/24	£37.98	£31.31	17.6%

Fig. 16 Pay quarters as of 31st March 2024

Proportion of women in each pay quarter



3.10. Pay quarters are determined by dividing all employees into four equal groups based on their pay. Analysing the representation of women in each quartile provides insight into their distribution across different levels within ESHT. Currently, women hold 68.3% of the highest paid positions and 77.1% of the lowest paid positions within the organisation.

Gender bonus gap



Fig. 17 Bonus Pay Gap



3.11. In ESHT, women earn £0.68 for every £1 that men earn in terms of median bonus pay, indicating a gender pay gap of 29.8%. Similarly, women's mean bonus pay is 25.3% lower than men's. Only 0.3% of women received bonus pay, whereas 3% of men received bonus pay.

3.12. The percentage of female staff receiving bonus payments in 2023-2024 decreased by 4.4%. These bonuses, which are Clinical Excellence awards, specifically pertain to medical staff, particularly consultant-level medical staff who are eligible for these awards. As of March 31, 2024, the gender breakdown among consultant staff was 68.0% male and 32.0% female, highlighting a significant disparity in bonus distribution.

3.13. The Clinical Excellence awards will no longer be awarded so there is no action to address this. The awards were considered exclusionary, as applicants had to have evidence of management and research activity. It was seen as contributing to the gender and ethnicity pay gaps and lacked value for money.

NEXT STEPS FOR GENDER EQUALITY 2024-26

- The focus on pay will expand to cover both the ethnicity pay gap and the disability pay gap over the next 12 months. (HIA 3)
- Ensure women as well as men sit on the SAS doctors group meetings. (HIA 3)
- Investigate leaver rate between men and women. (HIA 2)
- Strengthen support systems to reduce harassment and discrimination against all genders, with particular focus on those identifying as non-binary and women, who report higher rates of abuse. Regularly review and update training programmes to foster a safe and inclusive work environment. (HIA 6)
- Explore shared parental leave, monitoring uptake. (HIA 3)
- Explore the capability of systems to record and report on the representation and experiences of non-binary and trans staff. (HIA 6)
- Host regular events and workshops to promote gender inclusivity and raise awareness about gender equality issues. (HIA 3)

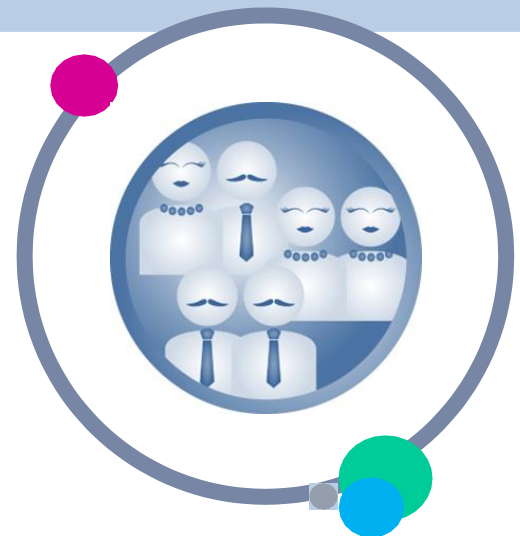
SEXUAL ORIENTATION

Four and a half percent of the workforce identified themselves as lesbian, gay, or bisexual (LGB), marking a 0.5% increase from the previous year. Employees at bands 5-7 showed a higher likelihood of identifying as LGB compared to other bands.

Those identifying as gay or lesbian scored five points higher than the ESHT average in their perception of the organisation's fairness in career progression, irrespective of diversity factors. Currently, there are 76 registered members in the LGBTQ++ network.

4.1. Across 2023-24 ESHT continued its work to promote equality between people of all sexual orientations, including lesbian, gay, bisexual (LGB) and straight people. Key achievements include:

- The ESHT sexual health team conducted diversity dialogues, sharing how they maintained dignity and respect while working with LGBTQ+ patients and creating openness to improve health outcomes for this community.
- An audit was conducted on the availability of gender-neutral facilities.
- ESHT participated for the first time in Hastings Pride with other NHS colleagues in August 2023.
- A session on Lived Experience was delivered to Health Care Assistants.



KEY FINDINGS: SEXUAL ORIENTATION

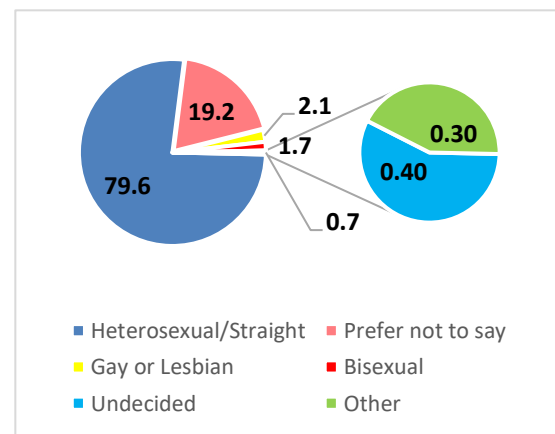
Workforce sexual orientation representation



4.2. The number of people sharing their sexual orientation with the Trust at 31 March 2024 was 7,204 or 82.5% of the workforce an increase of 2.5% on the previous year.

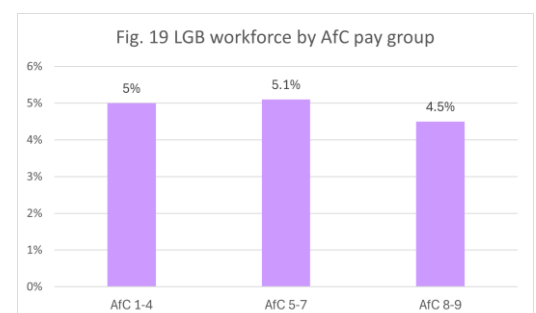
4.3. In terms of sexual orientation, the breakdown among the workforce is as follows:

- Heterosexual: The largest group comprising 79.6% (n = 6,930) of colleagues.
- Prefer not to share: Constituting 19.2% (n = 1,678) of the workforce.
- Gay or lesbian: Representing 2.1% (n = 149) of colleagues.
- Bisexual: Making up 1.7% (n = 123) of the workforce.
- Undecided: Comprising 0.4% (n = 34) of colleagues.
- Other: Accounting for 0.3% (n = 26) of individuals who selected their sexual orientation as "other".

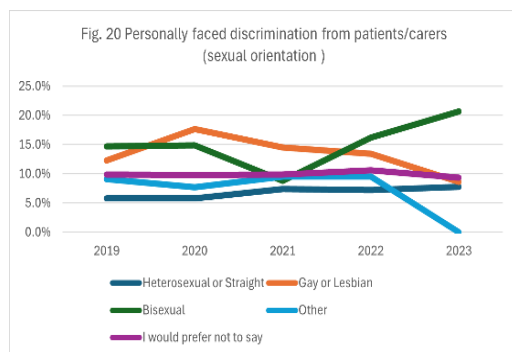


4.4. Colleagues in Agenda for Change (AfC) pay group 5-7 had the largest proportion identifying as LGB on their staff record at 5.1% each, compared to 3.9% in the workforce overall.

4.5. Correspondingly the lowest proportion of LGB on ESR was in Agenda for Change pay bands 8a-9 at 4.5% (n.<10). With almost 20% of the workforce not wishing to share their sexual orientation an amber rating is given.



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 26.3% of 4025 responding to the staff survey. The group with the lowest score was those colleagues describing their sexual orientation as Other at 0% (n.28) a reduction of over 9% on the previous year. Colleagues sharing that they were Bisexual were the highest at 20.69% (n.18) a decrease of 4%, followed those 'Preferring not to say' 9.33% (n.28) a decrease of nearly five points.

Colleagues experiencing harassment from colleagues by sexual orientation

4.7. In ESHT 33.3% (n.<10) of employees who identified as "Other" in terms of sexual orientation reported experiencing at least one incident of bullying, harassment, or abuse from colleagues. The next highest group was bisexual employees, with 26.7% (n.23) reporting such incidents, followed closely by those who 'Preferred not to Share' their sexual orientation, at 26.3% (n.77). Notably, there were overall decreases in harassment incidents reported across all sexual orientations.

Colleagues experiencing harassment from managers by sexual orientation

4.8. All groups experienced harassment from managers with those identifying as Gay or Lesbian at the highest with 15.2% (n.14) and those identifying as Other the lowest at 7.14% (n.<10). Those identifying as Gay or Lesbian or as Bisexual saw an increase in harassment from managers where all other groups saw a decrease.

Equality of opportunity for career progression/promotions by sexual orientation

4.9. On average, 55% of colleagues reported ESHT acts fairly with promotions in line with the benchmark group. The group with the lowest proportion were colleagues 'Preferring not to share' their sexual orientation at 35.6% (n.106); nearly 25 points behind the highest score 60.4% colleagues sharing that they were Gay or Lesbian (n.55).

4.10 LGBTQ+ Rainbow Scheme

The NHS Rainbow Badge programme, designed to promote inclusivity for LGBTQ+ individuals in NHS secondary care settings, has ceased operations due to the loss of government funding. Initially launched in 2018 at Evelina London Children's Hospital, the programme helped 77 NHS Trusts to review their policies and address the needs of LGBTQ+ patients, leading to significant improvements in healthcare outcomes and satisfaction rates. ESHT earned a bronze award in 2023, and we have already incorporated the associated action plan into their existing strategies.

Despite the programme's closure, the initiative is evolving into a new iteration. Over the coming months, the Rainbow Badge Scheme will engage with NHS Trusts to outline the details of this new phase and ESHT will then determine how it will be involved.

NEXT STEPS FOR SEXUAL ORIENTATION EQUALITY 2024-26

- Continue to grow the LGBTQ+ network and enhance engagement through regular meetings, support groups, and social events. Encourage more staff to share their sexual orientation by fostering a safe and inclusive environment. (HIA 6)
- Review external webpages to ensure inclusivity for LGBTQ+ patients and colleagues. (HIA 4)
- Focus on reducing the incidence of discrimination and bullying, particularly for bisexual and "Other" identified colleagues who report higher rates of these issues. (HIA 6)

DISABILITY

According to electronic staff records, 5.9% of the NHS workforce identifies as disabled, while 15.1% chose not to disclose their disability status. Disabled individuals were slightly less likely to be appointed from shortlisting compared to their non-disabled counterparts, according to a key national Workplace Disability Equality Standard (WDES) measure.

In terms of workplace accommodations, 74.1% of disabled colleagues felt that adequate adjustments were made to enable them to work, marking a decrease of 2.6% from the previous year. The disAbility network has 77 registered members, and the A-Typical sub-network has 39 registered members.

- 5.1. Across 2023-24 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). Key achievements include:

- Centralised the reasonable adjustments process (HIA 6)
- Produced a handbook for managers in accessing the right information to support their neurodiverse colleagues (HIA 4)
- ESHT Estates team completed a project with AccessAble to map all our toilet facilities and identify those that are accessible or gender neutral.

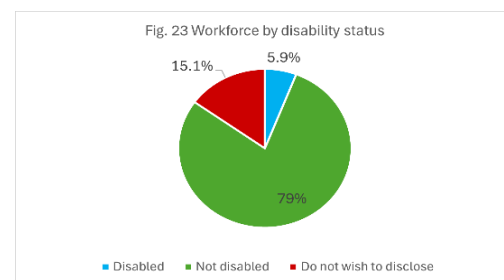


KEY FINDINGS: DISABILITY

Workforce disability representation (WDES 1)



- 5.2. The number of people sharing their disability with the Trust at 31 March 2024 on their staff record was 513, or 5.9% of the workforce an increase of 0.7% on the previous 12 months. The group not wishing to share their disability status is at 15.1%, although a decrease of 3% over the preceding 12 months. There were 24.5% (n.1001) of 4,071 who answered the staff survey and selected they were disabled hence the amber rating remains.



- 5.3. Colleagues in agenda for change (AfC) pay band 8a-9 had the largest proportion of disabled colleagues declaring a disability at 6.1% (n. 25), with the lowest also being colleagues AfC band 1-4 with just 5.7% (n. 178) sharing they have a disability.
- 5.4. Over the last year the number of colleagues sharing their disability status grew by 0.74% overall, this is an increasing trend.

Shortlisting-to-appointment by disability (WDES 2)

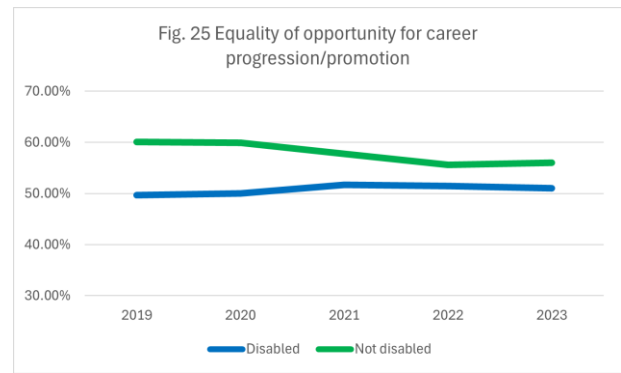
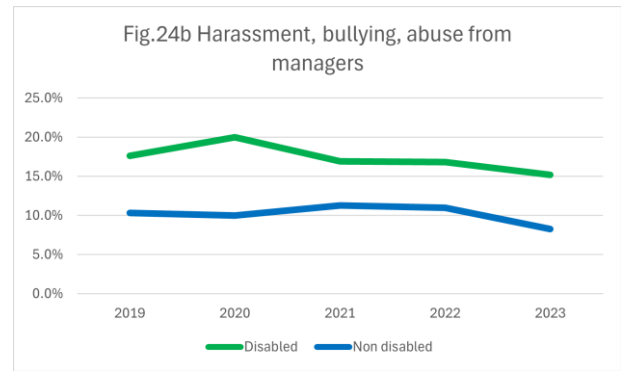
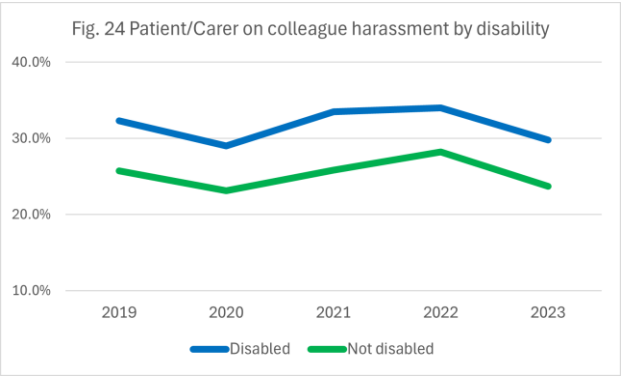


- 5.5. People without a disability were 1.3 times more likely to be appointed from shortlisting than people with a disability, the same as the regional and the sector averages. This is a decline from last year's score of 1.0. However, it is amber because 0.80-1.25 is the non-adverse likelihood range set by the NHS WDES strategy team.

Formal capability likelihood by disability (WDES 3)



- 5.6. People with a disability were 1.1 times (10%) more likely to enter the formal disciplinary process than people without a disability, much lower than the regional and the sector averages. This is an improvement from last year's score of 0.3 less likely to enter the formal disciplinary process if you were disabled. However, the WDES national team regard the score as not statistically significant.



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

5.7. In the 2023 staff survey, 29.8% (n.295) of disabled colleagues reported experiencing harassment, bullying, or abuse from patients, relatives, or the public in the past 12 months. This figure represents a 6% difference compared to the 23.8% (n.696) of non-disabled colleagues who reported similar experiences. However, it also marks a 4.2% decrease from the previous year, aligning with the benchmark for disabled colleagues, which stands at 29.8%.

5.8. The survey showed that 15.2% (n.150) of disabled colleagues reported experiencing harassment, bullying, or abuse from managers, nearly double the 8.25% (n.239) reported by non-disabled colleagues.

5.9. Additionally, 24.9% (n.245) of disabled colleagues faced similar issues from other colleagues, an 8-point difference compared to the 17% (n.494) of non-disabled colleagues. Although these figures are the lowest in the past five years and align with benchmark providers, addressing this issue remains a priority for ESHT.

Disability equal opportunities for promotion (WDES 5) A

5.10. 51.02% of disabled colleagues felt ESHT provided equal opportunities for promotion, with a static trend over three years, a 5-point difference from the 56.02% 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) R

5.11. 27.6% of disabled colleagues felt management pressure to come to work when not feeling well enough, nearly a 10-point difference from the 17.5% of non-disabled colleagues. This is a 5-point deterioration on the previous twelve months but below the disabled colleague provider benchmark.

Trust values their work by disability (WDES 7)

5.12. 35.66% of disabled colleagues felt the Trust valued their work, nearly a 12-point difference from the 54.62% of non-disabled staff but both these scores are equal to that of the disabled provider benchmark.

Adequate adjustments for disabled people (WDES 8)

5.13. 74.1% of disabled colleagues felt ESHT made adequate adjustment(s) to enable them to carry out their work. A 2.6% decrease on those disabled staff completing the staff survey in the previous twelve months.

Board disability membership (WDES 10)

5.14. The Board, including voting and executive, was 66.7% non-disabled and 33.3% undeclared.

NEXT STEPS FOR DISABILITY EQUALITY 2024-26

- Increase efforts to encourage colleagues to disclose their disability status through assurance of confidentiality and reduce the percentage of colleagues who prefer not to disclose their status. (HIA 6)
- Develop strategies to support neurodiverse colleagues in the workplace. (HIA 4)
- Examine disability pay gap and across pay bandings and solutions through talent management. (HIA 3)
- Explore continued collaboration with AccessAble for the accessible environment of sites. (HIA 4)
- Work towards increasing the visibility of disabled individuals in leadership positions, including the Board. (HIA 2)

AGE

Colleagues in the 16-21 age group have a higher perception of equality of opportunity compared to the average provider sector benchmark, with a score of 68.4%.

Conversely, colleagues in the 51-65 age group report lower perceptions of equality of opportunity compared to all other age groups, yet their score remains higher than the benchmark provider score.

6.1. Across 2023-24 the Trust continued its work to promote age equality between people of different ages. Key achievements include:

- Celebrating the International Day of Older Persons on October 1st.
- Collaborating with the Prince's Trust to help young people re-enter the workforce.
- Partnering with Project SEARCH, a supported employment initiative, to provide opportunities for young people with learning difficulties and disabilities.



KEY FINDINGS: AGE

Workforce age representation

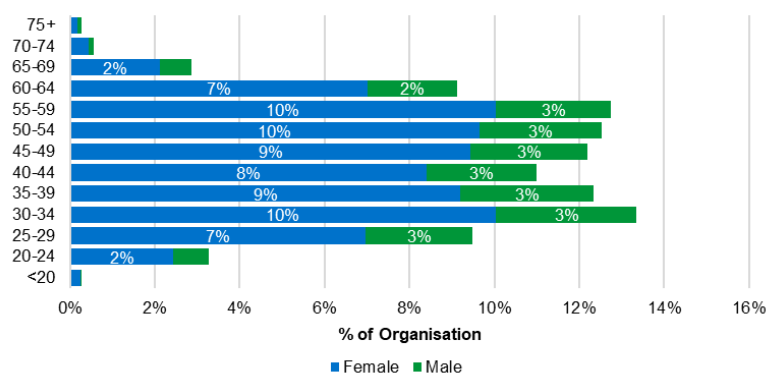


6.2. ESHT Colleagues in post changed over twelve months from 8778 in April 2023 to 8702 in April 2024.

6.3. The percentage in the workforce across all age groups over the past twelve months was consistent with the previous year.

Fig. 26 Workforce age groups by %

Age Distribution



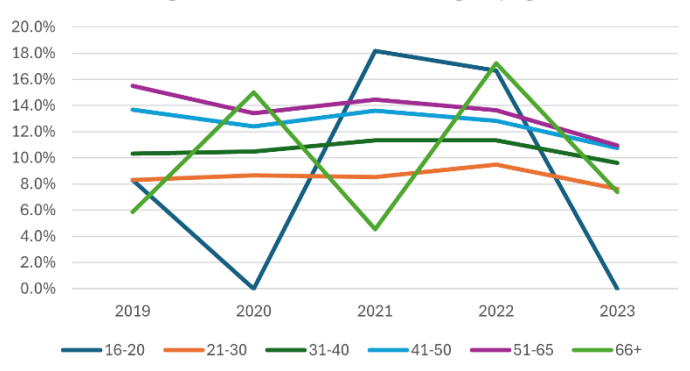
We are safe and healthy (bullying and harassment) by age.



6.4. The 21–30-year age group reported the lowest negative response rate at 24.9% (n. 120) regarding experiences of bullying and harassment from patients, service users, their relatives, or other members of the public. Similarly, the 66+ years age group reported a rate of 25% (n. 21). Comparatively, the provider benchmark for all age groups stood at 24.7%, while ESHT averaged 26.3%.

6.5. The 21-30 years age group reported the lowest score for taking positive action on health and wellbeing at ESHT, with 24.9% (n. 120). Meanwhile, the 16-20 years age group saw the largest increase, with an 11.8% rise compared to the previous twelve months. Conversely, the 41-50 years age group experienced the largest decline, decreasing by 5.5%. No other age groups showed such a significant decrease in this regard.

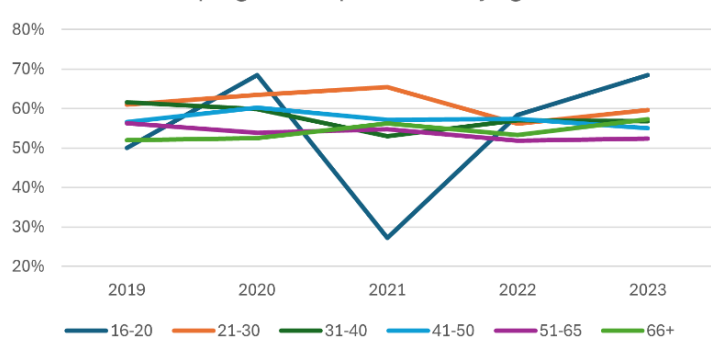
Fig.27 Discrimination from manager by age



6.6. The 16–20-year age group had the lowest positive response regarding experiencing discrimination from a manager or team leader, with 0% (n. 19). In contrast, the highest response came from the 51–65-year age group, at 10.96%, compared to the organisational average of 10.25% (n. 408).

Age equality, we are compassionate and inclusive.

Fig.28 Does your organisation act fairly on career progression/promotion by age



6.7. The 16-20 and 21-30-year age groups provided the highest positive responses regarding ESHT's fairness in career progression, with rates of 68.4% and 59.5% respectively. In contrast, the lowest score was recorded in the 51-65-year age group, at 52.5%.

6.8. The 16-20 age group showed the largest increase in positive responses to the career progression question, with a 10% rise, representing a 41% increase over the past two years.

NEXT STEPS FOR AGE EQUALITY 2024-26

- Where possible support social mobility and improve employment opportunities across healthcare through education programmes. (HIA 4)
- Review support systems available for colleagues specifically with a focus on vulnerable age groups. (HIA 6)
- 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 2023. 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 remains in the position that it cannot lead on implementation at present.

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

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.

NEXT STEPS FOR NHSE HIA 2024-25

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

ORGANISATIONAL INCLUSION

ESHT put the Armed Forces Act obligations into practice by signing the armed forces covenant, achieving Veteran Aware Accreditation and the bronze award of the Ministry of Defence (MoD) Employer Recognition Scheme. Equality, Diversity and Inclusion policy and equality and health inequalities impact assessment process have both been reviewed.

Diversity dialogues were held month about a variety of topics, hearing from those with lived experiences.

8.1 In addition to the progress highlighted in each section, across 2023-24 ESHT continued certain trust-wide initiatives to advance equality of opportunity eliminate discrimination and foster good relations. Key achievements include:

- Establishment of the Inequalities Sub Board Committee
- Revision and update of the Equality, Diversity and Inclusion policy and the Equality and Health Inequality Impact Assessment (EHIA)
- Creation of the centralised reasonable adjustment process
- A monthly diversity dialogue with a different topic for each month.
- Establishment of the Armed Forces steering group and have 28 colleagues trained as Armed Forces Champions across various departments.

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 68.3%. This was just below the average provider benchmark of 70.3%.

We are compassionate and inclusive: Inclusion



8.3 ESHT overall score for colleagues feeling a strong personal attachment to their team was 63.9%, this is similar to the provider benchmark of 64.3%.

NEXT STEPS FOR ORGANISATIONAL INCLUSION 2024-26

- Continue to implement the NHS England high impact actions, with progress overseen by the Inequalities Sub Board Committee.
- 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.
- Pursue further achievement in the Defence Employer Recognition Scheme.
- Align systems to strengthen the conditions for change; embedding inclusion within talent management.

Summary of Actions for Equality, Diversity, and Inclusion 2024-2026

This action plan outlines the specific steps and initiatives to advance equality, diversity, and inclusion across the organisation for the period 2024-2026, ensuring alignment with the NHS England High Impact Actions and organisational goals.

Objective	Actions
Race (Aligns with HIA 2,3 and 6)	
1. Strengthen Reporting and Addressing Discrimination	Review and enhance procedures for reporting and addressing discrimination and harassment. Ensure all reports are handled promptly and effectively.
2. Examine Ethnicity Pay Gap	Analyse and address ethnicity pay gaps across different pay bandings.
3. Mentorship and Sponsorship Programmes	Implement programmes to support career progression for multicultural staff.
4. Middle Management Preparation	Ensure those in middle management are prepared for senior roles.
Religion and Belief (Aligns with HIA 4, 5 and 6)	
1. Grow Faith and Belief Network	Increase engagement through regular meetings and events catering to diverse religious and non-religious groups.
2. Organise Multifaith Events	Promote understanding and inclusivity among employees of different faiths and beliefs.
3. Rollout Sussex Religion and Belief Guide	Support the rollout and integration of the ICB guide (when available) to ensure staff are informed about diverse religious and belief practices.
4. Enhance Spiritual Care Resources	Explore the requirement of a multifaith room at the Conquest Hospital and provide resources for spiritual care.

Objective	Actions
Gender (Sex) (Aligns with HIA 2,3 and 6)	
1. Ensure Equal Representation in SAS Doctors Group	Ensure women as well as men sit on the SAS doctors group meetings.
2. Investigate Gender-based Leaver Rates	Investigate the leaver rate between men and women.
3. Strengthen Support Systems	<p>Reduce harassment and discrimination against all genders, with a focus on non-binary individuals and women.</p> <p>Regularly review and update training programme to foster a safe and inclusive work environment.</p>
4. Explore Shared Parental Leave	Explore shared parental leave and monitor its uptake.
Sexual Orientation (Aligns with HIA 4 and 6)	
1. Enhance LGBTQ+ Network Engagement	<p>Regularly conduct meetings, support groups, and social events to encourage staff to share their sexual orientation.</p> <p>Foster a safe and inclusive environment.</p>
2. Review Inclusivity of Webpages	Ensure external webpages are inclusive for LGBTQ+ patients and colleagues.
3. Reduce Discrimination and Bullying	Focus on reducing discrimination and bullying, especially for bisexual and "Other" identified colleagues.

Objective	Actions
Disability (aligns with HIA 1,2,3,4 and 6)	
1. Encourage Disability Disclosure	Increase efforts to assure confidentiality and reduce the percentage of colleagues who prefer not to disclose their status.
2. Support Neurodiverse Colleagues	Develop strategies to support neurodiverse colleagues in the workplace.
3. Examine Disability Pay Gap	Analyse and address the disability pay gap across different pay bandings through talent management solutions.
4. Collaboration with AccessAble	Continue exploring collaboration for accessible environments across sites.
5. Increase Visibility in Leadership	Work towards increasing the visibility of disabled individuals in leadership positions, including the Board.
Age (Aligns with HIA 4, 5 and 6)	
1. Support Social Mobility and Employment Opportunities	Improve employment opportunities through education programmes.
2. Review Support Systems	Focus on support systems for vulnerable age groups.
3. Increase Awareness of Age Discrimination	Enhance awareness to reduce age discrimination within ESHT.
Organisational Inclusion (Aligns with HIA 1, 4 and 5)	
1. Implement NHS England High Impact Actions	Progress overseen by the Inequalities Sub Board Committee. Align systems to embed inclusion within talent management.
1. Develop Cultural Competence	Provide opportunities for allies and role models to develop cultural competence, reduce bias, and eliminate systemic barriers.
2. Pursue Defence Employer Recognition Scheme	Work towards further achievements in the Defence Employer Recognition Scheme.