East Sussex Healthcare
NHS Trust

Annual Equality Report 2024/2025

KINDNESS
INCLUSIVITY
INTEGRITY

If you would like this report in another format (e.g. large print) please contact esht.workforceinclusion@nhs.net

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FOREWORD

Welcome to the East Sussex Healthcare NHS Trust (ESHT) Annual Equality Report for 2024-25. This document serves as a comprehensive review of our ongoing commitment and progress towards fostering equality, diversity, and inclusion within our Trust and covers the period between April 2024-March 2025.

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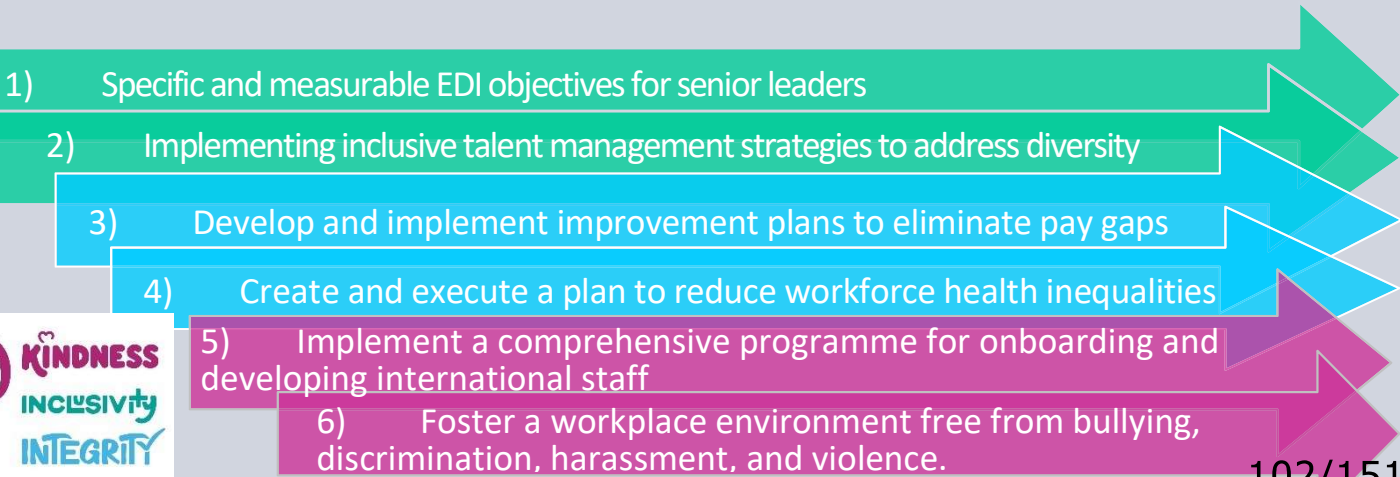
We recognise that true equality goes beyond mere compliance with standards and regulations. It requires continuous reflection, learning, and action to address the diverse needs of our workforce and the communities we serve. This report not only documents our achievements but also identifies areas where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

1) Specific and measurable EDI objectives for senior leaders

2) Implementing inclusive talent management strategies to address diversity

3) Develop and implement improvement plans to eliminate pay gaps

4) Create and execute a plan to reduce workforce health inequalities

5) Implement a comprehensive programme for onboarding and developing international staff

6) Foster a workplace environment free from bullying, discrimination, harassment, and violence.

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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 Decreased Appointment Likelihood: Multicultural colleagues make up 24.01% of the workforce, with Board representation 14.29%. White applicants are 2.14 times more likely to be appointed from shortlisting compared to multicultural applicants, showing decline 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 were 0.84 times less likely than white individuals to enter the formal disciplinary process

iii. Harassment and Discrimination: 31.35% of multicultural colleagues reported experiencing harassment from patients, and 27.25% from colleagues. Additionally, 16.53% experienced discrimination at work from their manager, which is higher than their white counterparts.

iv. Promotion Opportunities and Board Representation: 44.69% of multicultural colleagues believe the Trust provides equal opportunities for promotion, which is lower than the 55.37% reported by white staff.

v. The Board's composition includes 85.71% white and 14.29% multicultural colleagues, indicating a -9.72% difference in multicultural representation compared to the overall workforce.

RELIGION AND BELIEF (page 11)

vi. Increased Disclosure: The proportion of colleagues sharing their beliefs grew to 79%, a 2.1% increase over the past 12 months. However, 21% of colleagues still choose not to disclose their religion.

vii. Faith and Belief Network Growth: The Faith and Belief Network has increased membership to 61. The network has been involved in creating a larger multifaith room at Conquest and hosting events like the Hastings and Rother Multifaith Forum.

viii. Harassment and Discrimination: There has been a decrease in reported incidents of bullying and harassment from patients or their carers among Christians, Muslims and 'Other' Religions however Jewish and Buddhist have experienced an increase.

ix. Career Progression Opportunities: On average, 51.4% of colleagues felt ESHT provides fair treatment in promotions. By religion, the group with the lowest proportion was those who preferred not to disclose their preference, at 38.65%, which is an increase of 3.49% over the past 12 months. Christian, Buddhist, Hindu and Muslim colleagues reported a decrease in opportunity falling to 52.57%, 44.12%, 55.88% and 51.43% respectively.

SEX (page 11)

x. Workforce Distribution: The workforce is 75.2% female and 24.8% male, with a slight increase of 1% in male employees over the past year. Representation data for Trans or non-binary individuals remains unavailable.

xi. Bullying and Discrimination: Female employees were more likely than males to report instances of bullying from patients or discrimination from colleagues. Both genders experienced an increase in reports of discrimination from patients, however this affected females more significantly. Individuals identifying as 'prefer not to say' reported the highest incidence at 34.6%.

xii. Gender Pay Gap: Women earned £0.95 for every £1 earned by men in median hourly wages, the same as last year. However, women's mean hourly pay is 19.2% lower than men's. Women occupy 67% of the highest-paid positions but have lower representation in medical and dental roles (43%).

xiii. Bonus Pay Gap: Women earn £0.93 for every £1 that men earn in terms of median bonus pay, indicating a gender pay gap of 6.9%. The percentage of female staff receiving bonus payments in 2024-2025 increased by 0.9% to 23%.

SEXUAL ORIENTATION (page 16)

xiv. LGB Representation: 4.6% of the workforce identify themselves as lesbian, gay or bisexual marking a 0.4% increase from the previous year. AfC employees at band 1-4 showed a higher

likelihood of identifying as LGB compared to other bands.

xv.   Discrimination and Harassment: Colleagues identifying as 'other' witnessed the highest level of bulling and harassment from patients and colleagues. All sexual orientations, apart from bisexuals, saw a reduction in discrimination from managers.

xvi.   Career Progression: On average, 53.3% of LGB colleagues reported that ESHT acts fairly with promotions, in line with the benchmark group. The group with the lowest proportion were colleagues reporting 'Other' as their sexual orientation at 25%; 38.1% behind the highest score 63.1% colleagues sharing that they were bisexual

xvii.   Inclusivity Initiatives: Key initiatives include the growth of the LGBTQ+ network, participation in Hastings Pride and Eastbourne Pride, partnership with local community organisations for awareness raising, and increasing opportunities for colleagues to socialise and build supportive connections.

DISABILITY (page 15)

xviii. Disability Representation: 7.1% of the workforce shared that they identify as disabled on their electronic staff record, with 12.07% choosing not to share their disability status. This represents a 3.03% increase in disclosed disabilities over the past 12 months.

xix. Appointment Likelihood: People with disabilities were 0.04 times less likely to be appointed from shortlisting than non-disabled individuals. This result is within the equitable range as per NHS England guidance.

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: 78.66% of disabled colleagues felt that ESHT made adequate adjustments to enable them to work, an increase of 4.55% from the previous year. 47.73% of disabled colleagues felt ESHT provided equal opportunities for promotion, which is a 3.3% decline from 2023/24.

AGE (page 17)

xxi.   Workforce Distribution and Aging Workforce: A significant portion of the workforce (one quarter) is aged 45-55 years old. The age distribution across other groups has remained stable over the past year.

xxii. Career Progression and Young Workforce Satisfaction: The 16-20 and 21-30 year age groups provided the highest positive responses regarding ESHT's fairness in career progression with rates of 65% and 57% respectively. Both of these scores are a decline in comparison with 2023/24. The lowest score was recorded by the 51-65 year age group at 51%.

Equality Delivery System (EDS) (page 19)

xxii.   Providing the position of ESHT in relation to demonstrating implementation of the EDS 2025.

ORGANISATIONAL INCLUSION (page 20)

xxiii.   In addition to the progress highlighted in each section, across 2024-25 ESHT continued certain trust-wide initiatives to advance equality of opportunity, eliminate discrimination and foster good relations.

Conclusion

xxiv. 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.

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

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

xxvii.   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 2024-25

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 2024/26 equality, diversity and inclusion action plans and links to the NHS England high impact actions for equality, diversity and inclusion.

> **R A G** 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, pay gap reports and our WRES and WDES findings. Patient data is 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 2025-2026. Organisational objectives for EDI will need to be developed in 2026 as part of the public sector equality duty.

RACE

The proportion of our multicultural colleagues grew by 6.5% over four years across ESHT. In 2024, multicultural colleagues represented 24.01% of the workforce.

Multicultural individuals were 0.84 times less likely than white individuals to enter the formal disciplinary process. However, bullying and harassment remains a key area for improvement with multicultural colleagues being disproportionately affected.

1.1. Across 2024-25 ESHT's Multicultural Network brought people together from different backgrounds committed to valuing individuality, supporting inclusion and promoting diversity. Key achievements include:

- Successful appointment of Network chair and Vice Chair of the Multicultural Network.
- ESHT conducted listening events following publication of Too Hot to Handle Report to address bullying and harassment disparities.
- The multicultural network membership grew to 173.
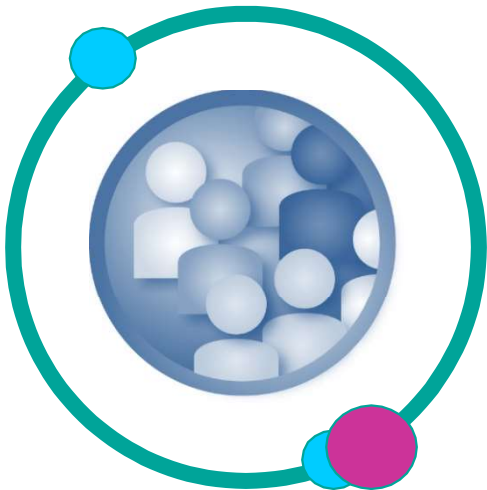
KEY FINDINGS: RACE
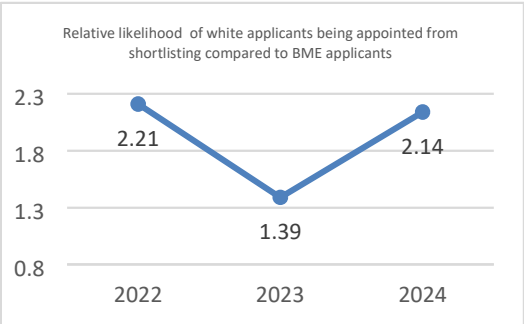
Workforce ethnicity representation (WRES 1)

1.2. The number of multicultural people in the workforce as of 31st March 2025 was 2099, or 24.01% of the workforce overall. The Trust's multicultural workforce has grown by over 6.5% over the past four years.

1.3. Multicultural representation in Medical and dental colleagues was 55.69% (n.470). Clinical staff was 26.9% (n. 1426). Clinical Staff on Agenda for Change (AfC) pay band 5 had the largest proportion of multicultural colleagues in any AfC pay band at 51.24% (n.639), followed by band 6 at 23.86% (n.293), then band 3 at 22.77% (n.314).

1.4. Multicultural representation in non-clinical workforce was 7.8% (n.203). The largest representation of multicultural colleagues was AfC band 8d at 30% (n.3).
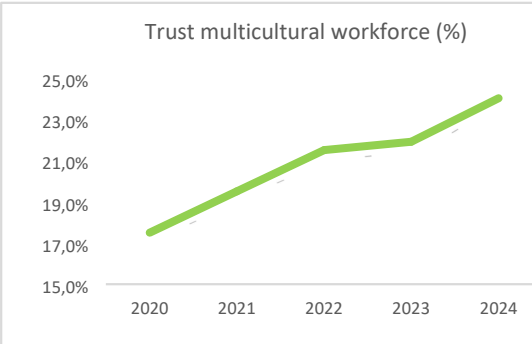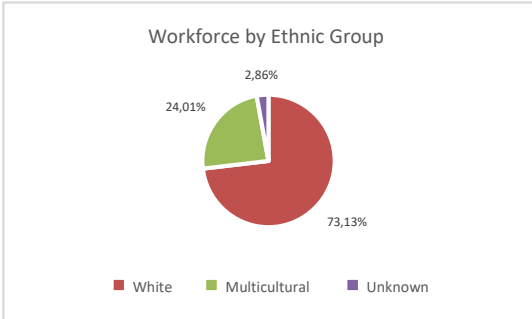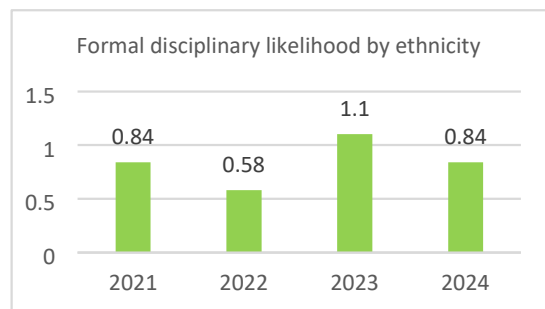
1.5. Non-clinical AfC 8c-9 and very senior managers (VSMs) is made up of 86.7%White British, and 13.3% people from

multicultural backgrounds.

Workforce by Ethnic Group

2,86%
24,01%
73,13%

- White
- Multicultural
- Unknown

Trust multicultural workforce (%)

25,0%
23,0%
21,0%
19,0%
17,0%
15,0%

2020 2021 2022 2023 2024

Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

2.3
1.8
1.3
0.8

2.21
1.39
2.14

2022 2023 2024

Ethnicity shortlisting-to-appointment likelihood (WRES 2)

1.6. In 2024-25, 278 individuals from a multicultural background and 709 white individuals were appointed. White applicants were 2.14 times more likely to be appointed from shortlisting compared to those from a multicultural background. This represents a negative trend from the previous year, when white individuals were 1.39 times more likely to be appointed.

Formal disciplinary likelihood by ethnicity (WRES 3)

Formal disciplinary likelihood by ethnicity

Year	Value
2021	0.84
2022	0.58
2023	1.1
2024	0.84

1.7. Multicultural individuals were 0.84 times less likely than white individuals to enter the formal disciplinary process. Whilst the ratio score of 0.84 is below 1, it is within the non-adverse likelihood range set by the NHS WRES strategy team. In 2024-25, 1.12% (n.98) of the total workforce underwent the formal disciplinary process.

Non-mandatory training (WRES 4)

1.8. White people were 0.86 times less likely to access non-mandatory training and development compared to multicultural people.

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

1.9. In the past 12 months, 31.35 % of multicultural colleagues reported experiencing harassment, bullying, or abuse from patients, relatives, or the public, marking an increase of 0.75% from 2023 and. ESHT's figure is 3.08% higher than the provider benchmark of 28.27% and is 4.75% higher than ESHT's target of 26.5%.

1.10. In the past 12 months, 27.25% of multicultural colleagues experienced harassment, bullying, or abuse from other colleagues, which is 1.35% lower than 2023 and akin to 2022 levels. ESHT remains higher than the provider benchmark by 2.27% 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. 44.69% of multicultural colleagues reported that the Trust provides equal opportunities for promotion, showing a negative trend with a decrease of 5.82% from 2023. ESHT sits below benchmark average by 5.01%.

Manager on Staff discrimination by ethnicity (WRES 8)

1.12. In 2024, 16.53% of multicultural colleagues experienced discrimination at work from their manager or team leader. This represents an 8.62 % difference compared to the 7.91% of white colleagues reporting the same experience. ESHT figures are slightly above benchmark average at 15.72%.

Patient-on-colleague harassment by ethnicity

Legend: Multicultural people, White people

Colleague on colleague harassment by ethnicity

Legend: Multicultural people, White people

Colleagues experiencing discrimination from their manager/team leader

Legend: Multicultural people, White people

Board ethnicity membership (WRES 9)

1.13. The Board, including voting and executive members, was composed of 85.71% white and 14.29% multicultural. This is an increase in multicultural representation of 0.84% over the past 12 months. There is a 7.72% difference between multicultural representation in the overall workforce and on the Board which is an improvement on 2023 figure of 15.2%.

NEXT STEPS FOR RACE EQUALITY 2024-26

- Review and strengthen procedures for reporting and addressing discrimination and harassment as informed by the listening events.
- Celebrate the contribution of ethnic minority staff to the experience of patients at ESHT.
- Implement mentorship and sponsorship programmes to support career progression for multicultural staff.
- Host Sussex System Blask History Month Conference
- Regular review of recruitment processes to ensure they are fair and inclusive.
- Implement Trust wide allyship programme.

RELIGION AND BELIEF

The proportion of colleagues (79%) sharing their beliefs has grown by 2.1% over the past 2 years.

There has been a decrease in reported incidents of bullying and harassment from patients or their carers among Christians, Muslims and Other Religions however Jewish and Buddhist have experienced an increase.

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 Conquest Hospital.
- Providing support for Ramadan celebrations.
- 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 2025 was 79% of the workforce. Colleagues in agenda for change (AfC) pay band 5 and 6 had the largest proportion sharing their religious status at 82.2%. Over 12 months the proportion of colleagues sharing their belief information increased by 2.1%, a positive trend over the last two years.

2.3. Colleagues sharing, they were Christian was the largest belief group at 45%, followed by the not stated group at 21% and then followed by Atheism at 16.6%.

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

2.5. There is an increase in representation for Christianity, Atheism, Islam and Hinduism over the last 12 months. The score is rated green because of the increase in colleagues choosing to share their religion with us.

Workforce religion and belief

21%

79%

■ Religion stated ■ Not stated
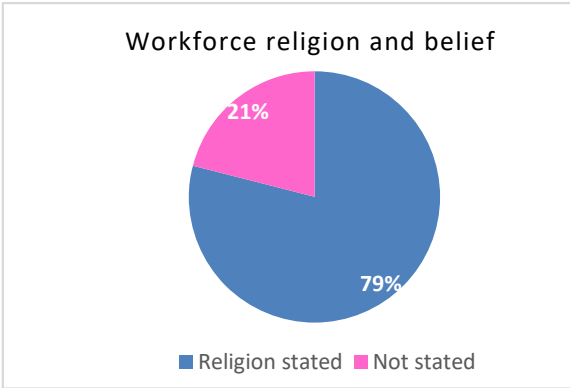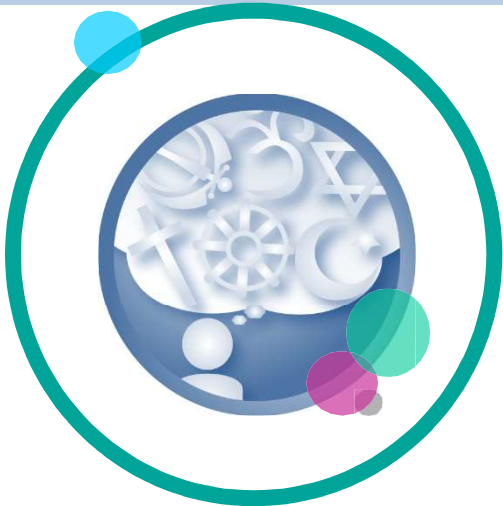
## Religion and belief: We are safe and healthy by religion and belief.
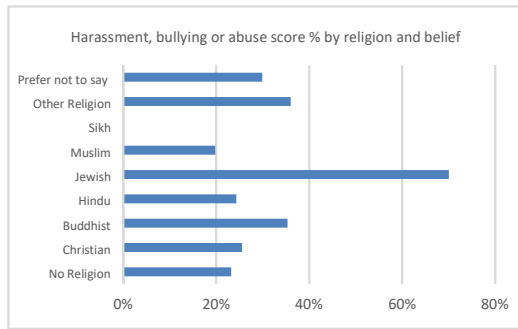
2.6   In the past year, "We are safe and healthy" measured responses from the staff survey 2024 concerning personal experiences of harassment, bullying, or abuse from patients, relatives, members of the public, managers, and colleagues through nine specific questions. There has been a decrease in reported incidents of bullying and harassment from patients or their carers among Christians, Muslims and Other Religions, however Jewish and Buddhist colleagues have experienced an increase. It's important to note that the analysis considers the relatively low response rates to this particular question.

Harassment, bullying or abuse score % by religion and belief

## Religion and belief: We are compassionate and inclusive. ⬤A⬤

2.7.   "We are compassionate and inclusive" pertains to a series of eight questions drawn from the staff survey 2024 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 59.22%, with colleagues of 'Any other religion' following at 63.16%. Conversely, Hindu colleagues achieved the highest score at 76.06% (n. 71), however this is a decline of 2.73% on the previous year. All religions, apart from prefer not to say, experienced decline from the previous year.

ESHT respects individual difference % (religion & belief
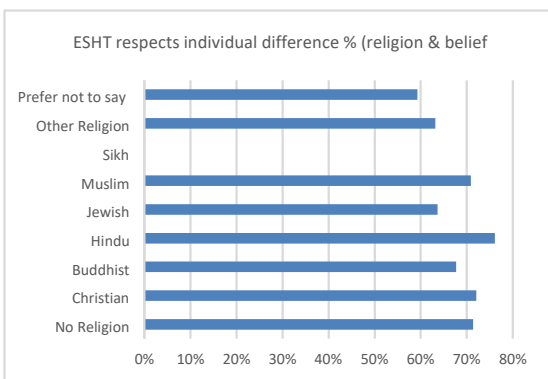
Religion and belief equality of opportunity for career ⬤A⬤ progression/promotions

2.9   Overall, on average, 51.4% of colleagues indicated that ESHT provides fair treatment in promotions. By religion, the group with the lowest proportion was those who preferred not to disclose their preference, at 38.65%, which is an increase of 3.49% over the past 12 months. Christian, Buddhist, Hindu and Muslim colleagues reported a decrease in opportunity falling to 52.57%, 44.12%, 55.88% and 51.43% respectively.

Equality of opportunity for promotions % by religion or belief
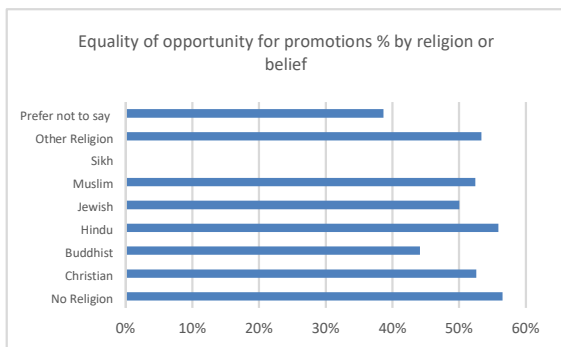
NEXT STEPS FOR RELIGION AND BELIEF EQUALITY 2024-26

- Increase diversity of membership with the Faith and Belief Network to encourage open conversation between different faith groups.

- Organise and host multifaith events to promote understanding and inclusivity among employees of different faiths and beliefs.

- Implement Trust wide allyship programme to encourage sharing of religion or belief.

SEX (including Gender Pay Gap)

Over the past year, the male workforce has seen a increase of 1%, resulting in a current distribution of 75.2% female and 24.8% male employees. Representation data for Trans or non-binary individuals remains unavailable.

Regarding pay equity, for every £1 earned by men, women earned £0.95, the same as documented in 23/24. In terms of job distribution, women occupy 67% of the senior positions (AfC 8a – 9). However, their representation is lower in medical and dental roles at 43%.

The Women's network is ESHT's largest network with a membership of over 200 colleagues.

3.1. Across 2024-25 ESHT continued its work to promote gender equality between men, women, non-binary people and trans people. Key achievements include:

- Partnership between the LGBTQIA+ network and Women's network to encourage discourse on intersectionality
- Successfully organising and hosting an engaging event in celebration of International Women's Day.
- Monthly Fireside chats with inspirational women in business and health hosted by the Women's Network including themes such as Women in Advance Practice and How to maximise your LinkedIn profile to grow your career.
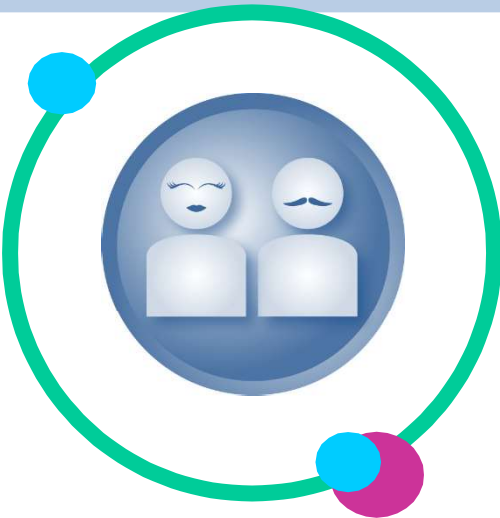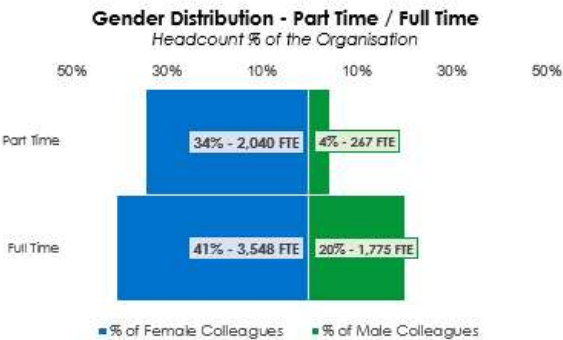
KEY FINDINGS: SEX

Workforce gender representation

3.2. Out of 8,741 staff, 75.2% were recorded as female and 24.8% as male on their Electronic Staff Records (ESR). The proportion of the male workforce grew by 1%.
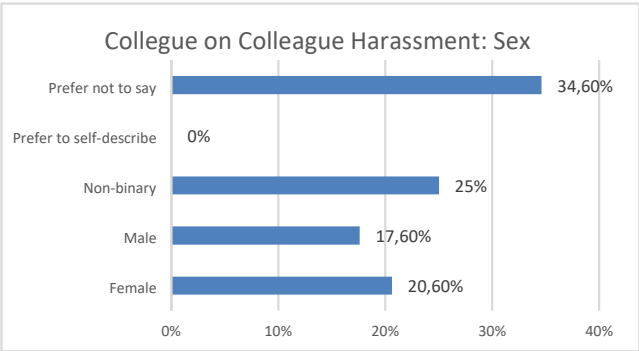
3.3. The female workforce in Agenda for Change pay bands was 78. %compared to 43% of females with medical and dental contracts.

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.
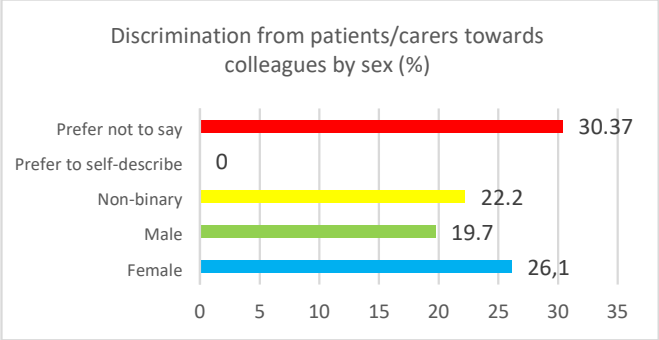
Gender Distribution - Part Time / Full Time
Headcount % of the Organisation

Part Time	34% - 2,040 FTE		4% - 267 FTE		
Full Time	41% - 3,548 FTE		20% - 1,775 FTE		

■ % of Female Colleagues ■ % of Male Colleagues

Harassment, bullying or abuse from staff by gender

3.5. In the past twelve months, there was a 3-point distinction between the percentage of female employees (20.6%) and male employees (17.6%) who reported instances of harassment, bullying, or abuse from colleagues. Both males and females experienced an increase over the past twelve months, however this affected females more significantly. Individuals identifying as 'prefer not to say' reported the highest incidence at 34.6%.

Collegue on Colleague Harassment: Sex

Prefer not to say	34,60%
Prefer to self-describe	0%
Non-binary	25%
Male	17,60%
Female	20,60%

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

Discrimination from patients/carers towards colleagues by sex (%)

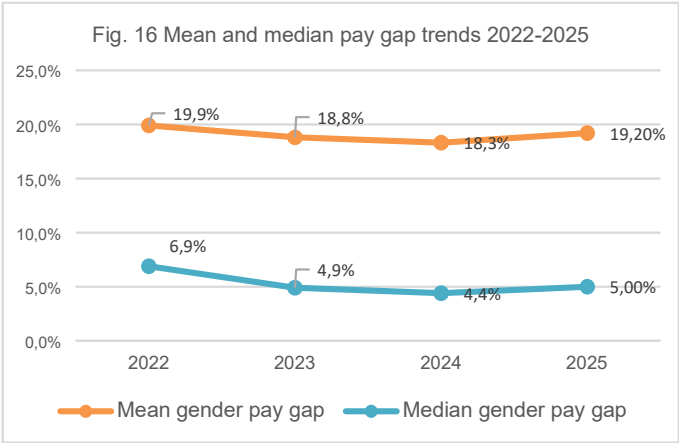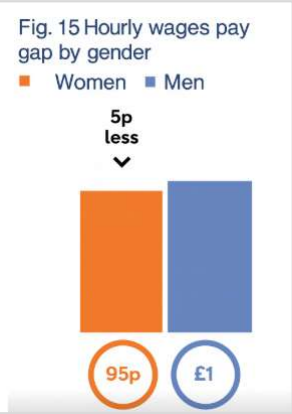| Category	%
Prefer not to say	30.37
Prefer to self-describe	0
Non-binary	22.2
Male	19.7
Female	26,1

3.6 There was a 6.9% disparity between the percentage of males (19.7%) and females (26.1%) reporting discrimination from patients, relatives, or members of the public in the last twelve months, marking an increase in disparity over the last twelve months trend. Those who selected 'prefer not to say' reported the highest incidence of discrimination.
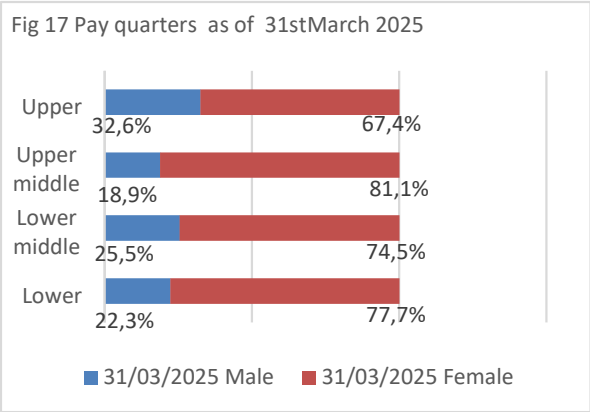
Gender Pay

3.7. In ESHT, women earned £0.95 for every £1 that men earned when comparing median hourly wage. No change from the previous 12 months. Their median hourly wages are 5% lower than mens.

3.8. When comparing mean hourly wages, women's mean hourly pay is 19.2% lower than men's. This had previously been a decreasing trend.

Fig. 15 Hourly wages pay gap by gender
Women Men
5p less
95p £1

Fig. 16 Mean and median pay gap trends 2022-2025

Mean gender pay gap: 2022 19,9%, 2023 18,8%, 2024 18,3%, 2025 19,20%
Median gender pay gap: 2022 6,9%, 2023 4,9%, 2024 4,4%, 2025 5,00%

3.9. The table below 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 1.2% in 24/25 whilst the difference for Agenda for Change & Executive staff, has increased by 1.8% with males earning more than females for the first time in three years.

Agenda for Change and Medical & Dental	Male	Female	% diff
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	**-1.3%**
Agenda for Change - Mean hrly rate 31/3/25	£17.81	£17.72	**0.5%**
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%**
Medical & Dental - Mean hrly rate 31/3/25	£43.72	£36.55	**16.4%**

Fig 17 Pay quarters as of 31stMarch 2025

Quarter	Male	Female
Upper	32,6%	67,4%
Upper middle	18,9%	81,1%
Lower middle	25,5%	74,5%
Lower	22,3%	77,7%

31/03/2025 Male 31/03/2025 Female

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 67.4% of the highest paid positions and 77.7% of the lowest paid positions within the organisation.

Gender bonus gap

7p
less
⌄

93p   £1

3.11. In ESHT, women earn £0.93 for every £1 that men earn in terms of median bonus pay, indicating a gender pay gap of 6.9%. In regard to mean bonus pay, the gender pay gap for 24/25 is 22.1%.

3.12.   The percentage of female staff receiving bonus payments in 2024-2025 increased by 0.9% to 23%. 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, 2025, the gender breakdown among consultant staff was 66.6% male and 33.4% female, highlighting a significant disparity in bonus distribution.

NEXT STEPS FOR GENDER EQUALITY 2025-26

- Strengthen support systems to reduce harassment and discrimination against all sexes, 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.

- Explore the capability of systems to record and report on the representation and experiences of non-binary and trans staff.

- Host regular events and workshops to promote gender inclusivity and raise awareness about gender equality issues.

- Support growth of Women's Network and ensure executive sponsor engagement.
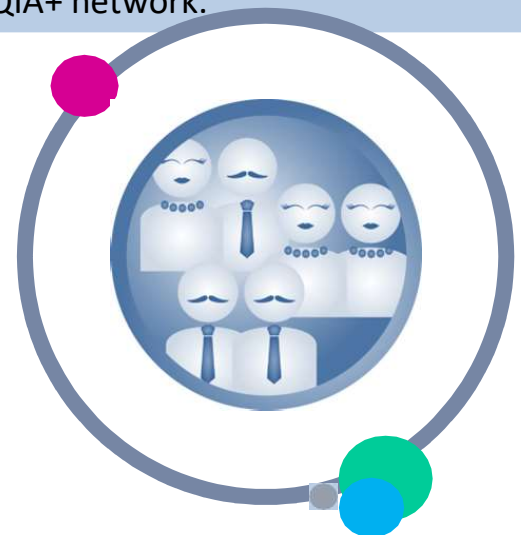
SEXUAL ORIENTATION

4.6 percent of the workforce identified themselves as lesbian, gay, or bisexual (LGB), marking a 0.4% increase from the previous year. AfC employees at bands 1-4 showed a higher likelihood of identifying as LGB compared to other bands.

Gay and lesbian colleagues experienced a slight rise in discrimination from patients and carers whilst bisexual colleagues reported a decrease.

Currently, there are 103 registered members in the LGBTQIA+ 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:

- Appointment of a Vice-Chair to the LGBTQIA+ Network
- Sessions delivered in partnership with local charity 'Bourne This Way' to educate colleagues on the experiences of LGBTQIA+ parents.
- Participation in Hastings and Eastbourne Pride Parades.

KEY FINDINGS: SEXUAL ORIENTATION

Workforce sexual orientation representation

4.2. The number of people sharing their sexual orientation as LGBTQI+ with the Trust at 31 March 2025 is 402.
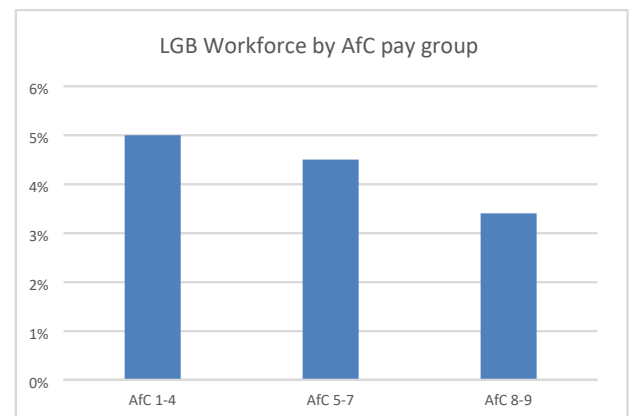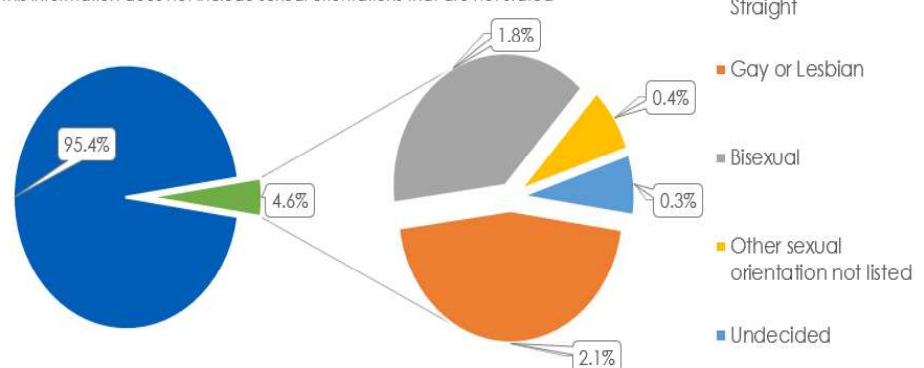
4.3. In terms of sexual orientation, the breakdown among the workforce is as follows:

- Heterosexual: The largest group comprising 95.4% of colleagues.
- Prefer not to share: Constituting 19.2% of the workforce.
- Gay or lesbian: Representing 2.1%
- Bisexual: Making up 1.8%
- Undecided: Comprising 0.3%
- Other: Accounting for 0.4% of individuals who selected their sexual orientation as "other".

4.4. Colleagues in Agenda for Change (AfC) pay group 1-4 had the largest proportion identifying as LGB on their staff record at 5% each, compared to 4.6% in the workforce overall.

Sexual Orientation
This information does not include sexual orientations that are not stated

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other sexual orientation not listed
- Undecided

95.4% | 4.6% | 1.8% | 0.4% | 0.3% | 2.1%

LGB Workforce by AfC pay group

4.5. Correspondingly the lowest proportion of LGB on ESR was in Agenda for Change pay bands 8a-9 at 3.4.%.

Safe environment (bullying and harassment) by sexual orientation

Personally faced discrimination from patients/carers (sexual orientation)
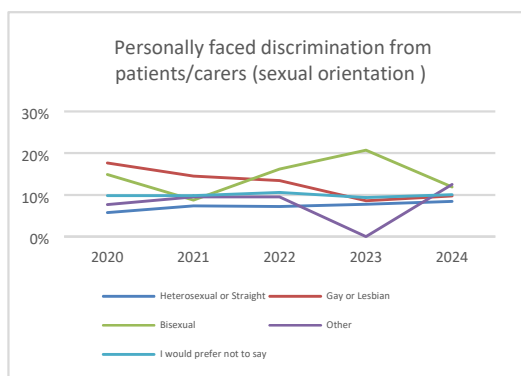
4.6.   ESHT response to colleagues who have personally experienced discrimination from patients/services users, their relatives or other members of the public in the *preceding twelve months* was 26.3% of 4025 responding to the staff survey. The group with the lowest score was those colleagues describing their sexual orientation as heterosexual or straight at 8.44%. Bisexual colleagues saw a decrease of 8.79% in 2024, whilst gay and lesbian colleagues experienced a slight rise to 9.76%.

Colleagues experiencing harassment from colleagues by sexual orientation
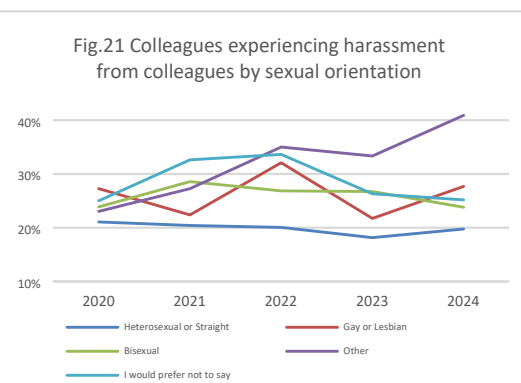
4.7.   In ESHT 40.91% of employees who identified as "Other" in terms of sexual orientation reported experiencing at least one incident of bullying, harassment, or abuse from colleagues. The next highest group was gay or lesbian employees, with 27.71% reporting such incidents, followed closely by those who 'Preferred not to Share' their sexual orientation, at 25.81% . Heterosexual, gay or lesbian and 'other' colleagues experience an increase in incidence whilst bisexual and those who 'Preferred not to Share' experienced a decline.

Fig.21 Colleagues experiencing harassment from colleagues by sexual orientation

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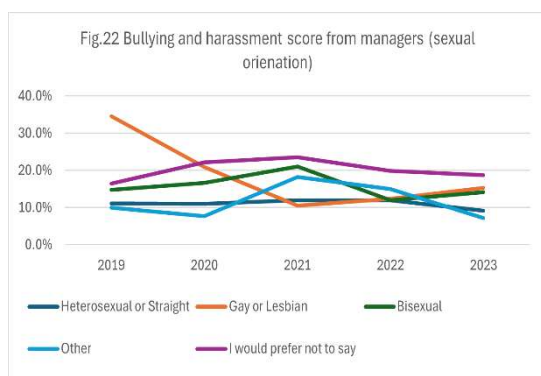
4.8.   All groups experienced harassment from managers with those identifying as Gay or Lesbian at the highest with 15.2% (n.14) and those identifying as Other the lowest at 7.14% (n.<10). Those identifying as Gay or Lesbian or as Bisexual saw an increase in harassment from managers where all other groups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

Equality of opportunity for career progression/promotions by sexual orientation

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

4.9.   On average, 53.3% of colleagues reported ESHT acts fairly with promotions in line with the benchmark group. The group with the lowest proportion were colleagues stating their sexual orientation as 'Other' at 25%; 38.1% behind the highest score of 63.1% which was documented by colleagues sharing that they were bisexual.

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. 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.

Throughout 2024/25 numerous engagement events were held with NHS Trusts to form the new iteration of the programme which remains in consultation. ESHT remains committed and engaged with implementing the Rainbow Badge Scheme upon launch of its new format.

NEXT STEPS FOR SEXUAL ORIENTATION EQUALITY 2025-26

- Enhance online training provision for LGBTQIA+ learning and allyship initiatives
- Continue to grow LGBTQIA+ network membership
- Review external webpages to ensure inclusivity for LGBTQ+ patients and colleagues.
- Focus on reducing the incidence of discrimination and bullying, particularly for bisexual and "Other" identified colleagues who report higher rates of these issues.

DISABILITY

According to electronic staff records, 7.1% of the NHS workforce identifies as disabled, while 12.07% chose not to disclose their disability status. Disabled individuals were slightly more likely to enter the formal disciplinary process than people without a disability, according to a key national Workplace Disability Equality Standard (WDES) measure.

In terms of workplace accommodations, 78.45% of disabled colleagues felt that adequate adjustments were made to enable them to work, marking an increase of 4.21% from the previous year. The (dis)Ability network has 93 registered members, and the Neurodiversity Network has 87 registered members.

5.1. Across 2024-25 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:

- Continuation and embedment of Centralised reasonable adjustments process
(HIA 6)
- Introduction of Neurodiversity, Microaggression, Allyship and Deaf Awareness
e-learning
- Establishment of Neurodiversity Network and corresponding meetings to promote neuroinclusive practices (HIA 4).

KEY FINDINGS: DISABILITY

Fig. 23 Workforce by disability status

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 621, or 7.1% of the workforce marking an increase of 1.2% on the previous 12 months.The group not wishing to share their disability status is at 12.07%, which is a decrease of 3.03% over the preceding 12 months. There were 26.1% (n.1030) of 3936 who answered the staff survey and selected they were disabled hence the amber rating remains.
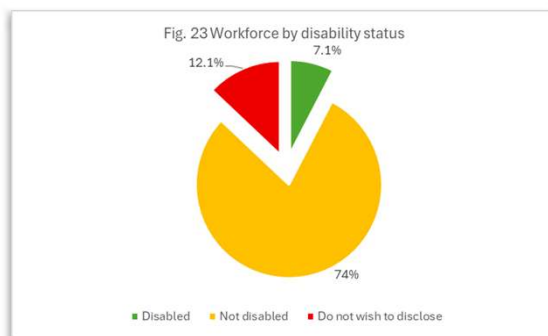
5.3. Colleagues in agenda for change (AfC) pay band 5-7 had the largest proportion of disabled colleagues at 8.72%. The lowest proportion of disability representation was at AfC band 8-9 with just 5.1% sharing they have a disability.
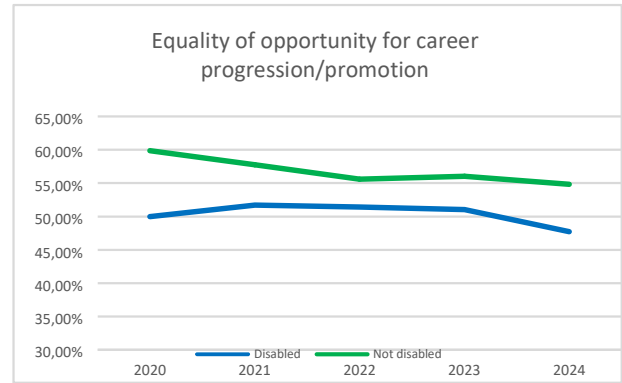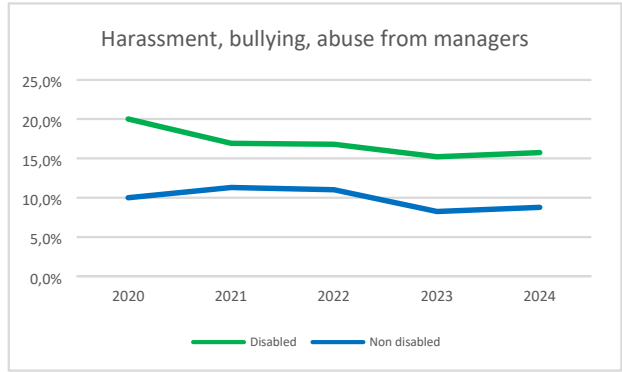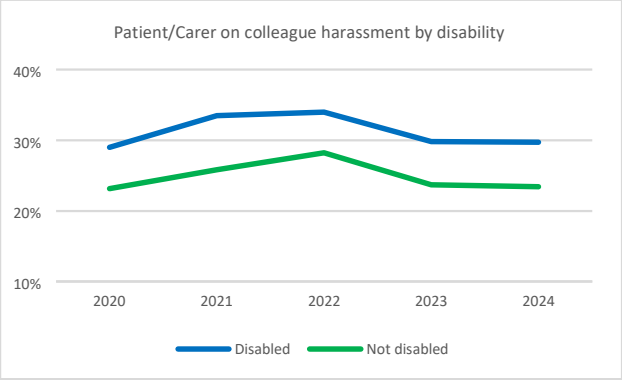
Shortlisting-to-appointment by disability (WDES 2)

5.4. People without a disability were 1.04 times more likely to be appointed from shortlisting than people with a disability. This is an improvement from last year's score of 1.3 and falls within the non-adverse range as detailed by the NHS WDES national team.

Formal capability likelihood by disability (WDES 3)

5.5. People with a disability were 1.22 times (22%) more likely to enter the formal disciplinary process than people without a disability. This is a decline from last year's score of 1.1 where disabled colleagues were 10% more likely to enter the formal disciplinary process. A score of 1.22 is slightly outside the 0.8 – 1.2 threshold the WDES national team regards as non-adverse.

Patient/Carer on colleague harassment by disability

Harassment, bullying, abuse from managers

Equality of opportunity for career progression/promotion

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

5.6.   In the 2024 staff survey 29.8% of disabled colleagues reported experiencing harassment, bullying, or abuse from patients, relatives, or the public in the past 12 months. This figure represents a 6.28% difference compared to the 23.44% of non-disabled colleagues who reported similar experiences. Whilst difference has increased by 0.28% over the past 12 month, it remains smaller than benchmark average.

Ⓡ🔘🔘

5.7.   The survey showed that 15.72% of disabled colleagues reported experiencing harassment, bullying, or abuse from managers, nearly double the 8.77% reported by non-disabled colleagues.

5.8.   Additionally, 26.33% of disabled colleagues faced similar issues from other colleagues, an 8-point difference compared to the 18.33% of non-disabled colleagues. This represents an increase in experience for disabled colleagues and non-disabled colleagues by 1.41% and 1.33% respectively.

Disability equal opportunities for promotion (WDES 5) Ⓡ🔘🔘

5.9.   47.73% of disabled colleagues felt ESHT provided equal opportunities for promotion, which is a 3.3% decline from 2023. There is a 7% difference in results from disabled colleagues in comparison to 54.82% figure reported by non-disabled staff. ESHT falls 3.57% lower than benchmark average for disability equality in opportunities for promotion.

Pressure to work when unwell by disability (WDES 6) 🔘Ⓐ🔘

5.10. 23.69% of disabled colleagues felt management pressure to come to work when not feeling well enough, which is an improvement of 3.88% over the past 12 months. The difference between disabled and non-disabled colleagues reduced to 7.74%, which is a 2.3% increase on the previous year. The rating remains amber due to the difference in experience between disabled and non-disabled colleagues.

Trust values their work by disability (WDES 7) 🔘🔘Ⓖ

5.11.   35.02% of disabled colleagues felt the Trust valued their work. This is a 10.6% difference from the 45.68% of reported by non-disabled staff, indicating an improvement of 1.3%. Both scores are equal to that of the disabled provider benchmark.

Adequate adjustments for disabled people (WDES 8) 🔘🔘Ⓖ

5.12.   78.66% of disabled colleagues felt ESHT made adequate adjustment(s) to enable them to carry out their work. An increase of 4.6% over the previous twelve months.

Board disability membership (WDES 10) 🔘Ⓐ🔘

5.13.   Board workforce representation, including voting and executive members, was 64.29% non-disabled, 14.29% disabled and 21.43% undeclared.

## NEXT STEPS FOR DISABILITY EQUALITY 2025-26

- Continue to embed Reasonable Adjustment process throughout the Trust.
- Promote structures that support career progression and opportunities for disabled staff through talent management strategies.
- Revalidate as Disability Confident Leader.
- Implementation of AccessAble access guides to raise awareness of the accessible environment of our sites.
- Support growth of the (dis)Ability and Neurodiveristy Network and ensure executive sponsor engagement.
- Embed changes following bullying and harassment listening events and task and finish group.

AGE

Colleagues in the 16-20 and 21-30 age group have the highest perception of equality of opportunity compared to the average provider sector benchmark of 57.7%.

Conversely, colleagues in the 51-65 age group report lower perceptions of equality of opportunity compared to all other age groups.

6.1. Across 2024-25 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.
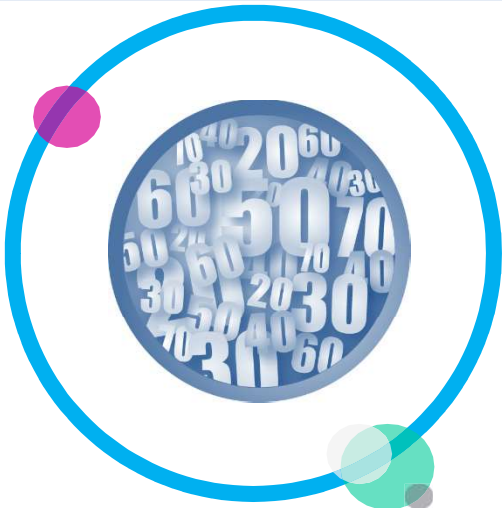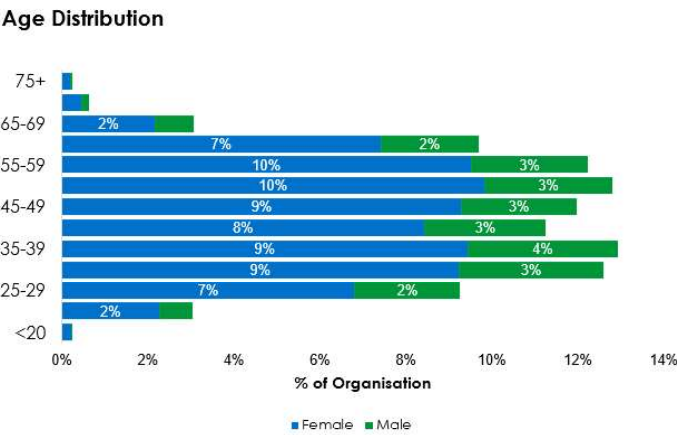
KEY FINDINGS: AGE

Workforce age representation

6.2. ESHT Colleagues in post changed over twelve months from 8702 in April 2024 to 8741 in April 2025.

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

Workforce age groups by %

Age Distribution

Age	Female	Male
75+		
65-69	2%	2%
	7%	2%
55-59	10%	3%
	10%	3%
45-49	9%	3%
	8%	3%
35-39	9%	4%
	9%	3%
25-29	7%	2%
	2%	
<20		

% of Organisation

■ Female ■ Male

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

6.4.   The 66+ year age group reported the lowest negative response rate at 22.89% regarding experiences of bullying and harassment from patients, service users, their relatives, or other members of the public. Similarly, the 51-65 years age group reported a rate of 23.79% (n. 21). Comparatively, the provider benchmark for all age groups stood at 24.68%, while ESHT averaged 26.11%.

6.5.   The 21-30 years age group reported the lowest score for taking positive action on health and wellbeing at ESHT, with 52.94% . Meanwhile, the 66+ years age group saw the largest increase, with a 7.46% rise compared to the previous twelve months. Conversely, the 16-20-year-old group experienced the largest decline, decreasing by 12.8%.

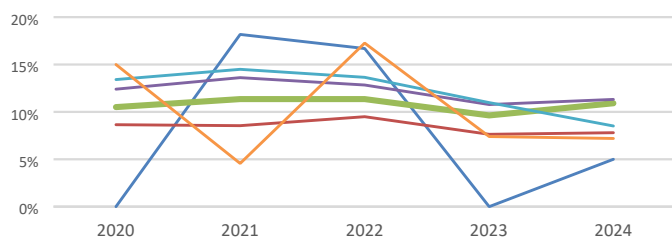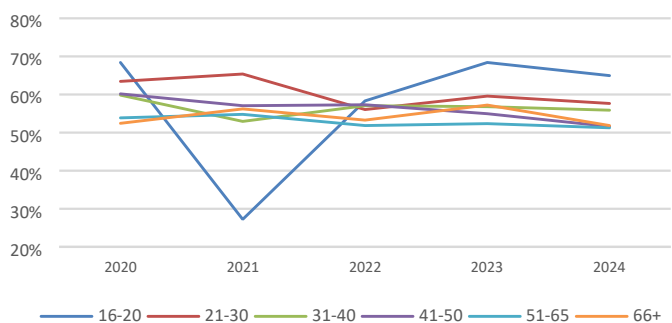Discrimination from manager by age

Fig.28 Does your organisation act fairly on career progression/promotion 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 5%. In contrast, the highest response came from the 41-50-year age group, at 11.3%, compared to the organisational average of 9.87%.

Age equality, we are compassionate and inclusive.

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 65% and 57.7% respectively. Both of these scores are however a decline in comparison to 2023. The lowest score was recorded in the 51-65-year age group, at 51.3%.

6.8. All ages experienced a decrease in response over the last 12 months, the biggest decrease was experienced by 66+ year age group.

NEXT STEPS FOR AGE EQUALITY 2025-26

- Where possible support social mobility and improve employment opportunities across healthcare through education programmes.
- Review support systems available for colleagues specifically with a focus on vulnerable age groups.
- Increase the awareness of age discrimination across the ESHT through the allyship pledge and programme.

ARMED FORCES

East Sussex Healthcare NHS Trust actively supports the Defence and Armed Forces community, advocating for awareness and engagement through partnerships, events and support.

In September 2024, ESHT was awarded in the Silver Defence Employee Recognition Scheme by the Ministry of Defence (MoD).

In February 2025, ESHT passed its annual review for the Veteran Aware accreditation.

7   Pace and momentum have been sustained for the Armed Forces Workstream, with provisions in training, collaboration with Armed Forces services, number of Armed Forces champions and support for patients extending.

KEY UPDATES: ARMED FORCES

Workforce armed forces representation

7.1.   ESHT Colleagues in post changed over twelve months from 8702 in April 2024 to 8741 in April 2025.

7.2.   The total number of those working for ESHT from the armed forces community is declared at 36. Which is made up of 4 recorded Reservists, 13 Military Partners, 18 Veterans and 1 Cadet Force Adult Volunteer (CFAV). This is a notable increase from the previous year when only the Reservists had declared.

Key highlights include:

7.3 In 2024/25, we partnered with Combat Stress, the Royal British Legion, Eastbourne District Veterans Association, Blue Van, and the Breakfast Club during Armed Forces Week. These organisations visited Eastbourne District General Hospital, engaging with staff and patients to promote mental health, welfare, and social support services.

7.4 In September 2024, a group of healthcare professionals attended the Ministry of Defence's Medical Endeavour Leadership course which is designed to provide transferable skills for healthcare professionals. This was a collaboration with the 256 Multirole Medical Regiment, our local regiment.

7.5 For Remembrance Day 2024, we welcomed SSAFA to Conquest Hospital, where they provided guidance to colleagues on supporting serving personnel, veterans, and families, helping NHS staff signpost services effectively.

7.6 Armed Forces Champions: We have 36 trained Armed Forces Champions across the Trust, ensuring dedicated support for veterans, reservists, and military families. Through these initiatives, we remain committed to supporting and advocating for the Armed Forces community.

NEXT STEPS FOR ARMED FORCES 2025-26
- Pursue further achievement in the Defence Employer Recognition Scheme (Gold).
- Increase those declaring their armed forces status
- Renew attempts to work with our local cadet forces.
- Roll out of allyship programme that will include specific resources to support armed forces communities

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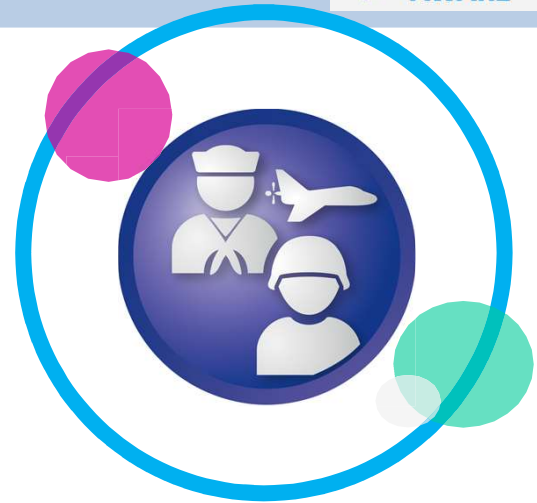
HIGH IMPACT ACTIONS (HIA)

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.

8.1 The NHS England High Impact Actions (HIA) framework guides organisations to take evidence-based, measurable action on equality, diversity and inclusion (EDI).

At ESHT, the HIA have shaped our EDI objectives and supported targeted improvements across workforce and patient experience. Our focus has included:

- Setting specific and measurable EDI objectives for senior leaders to drive accountability and progress.
- Strengthening processes to reduce pay gaps and improve talent management strategies.
- Implementing programmes to reduce workforce health inequalities and improve the onboarding and development of international staff.
- Embedding a zero-tolerance approach to bullying, discrimination, harassment, and violence.
- Developing trust-wide allyship programme to build cultural competence and reduce bias.
- Aligning systems to embed inclusion within talent management and leadership development frameworks.
- Supporting growth and sustainability of staff networks to strengthen engagement and foster safe spaces for feedback and peer support.
- Enhancing data transparency and reporting to monitor progress and inform continuous improvement.

8.2 These actions have been overseen by the Inequalities Sub-Board Committee, ensuring alignment with national requirements and local priorities. We remain committed to delivering meaningful, lasting change through ongoing implementation of the HIA.

NEXT STEPS FOR NHSE HIA 2025-26

Update on EDI High Impact Actions Reporting

- NHS England has confirmed that quarterly reporting on the EDI High Impact Actions is no longer required from September 2025 due to internal process changes. ESHT has met all but one of the High Impact Actions — the development of a talent management pathway for under-represented groups. It is proposed that progress on this outstanding action is monitored through the Workforce Equality Meeting to ensure continued oversight and delivery.

ORGANISATIONAL INCLUSION

ESHT has continued to review and strengthen its Equality, Diversity and Inclusion (EDI) policies to ensure compliance with the Equality Act 2010 and reflect evolving best practice.

Diversity Dialogues were held quarterly with a focus on allyship, valuing lived experience, and creating positive cultural change across the organisation.

- Conducted listening events will all staff networks to investigate experiences of bullying and harassment following publication of Too Hot To Handle Report.
- Launched the Neurodiversity network.
- Quarterly diversity dialogue held with the theme of allyship.
- Embedded the centralised reasonable adjustment process.
- Celebrated Black History Month, Disability History Month, Armed Forces Week, International Women's Day, Neurodiversity Celebration Week, and Interfaith Week.
- Contributed to Trust development programmes such as Aspiring Leaders and Nurse and APH Preceptorship Programmes.

KEY FINDINGS: INCLUSION

We are compassionate and inclusive: diversity and equality

9.1 ESHT overall score for colleagues believing that ESHT respects individual differences was 67.62%. This was just below the average provider benchmark of 70.07%.

We are compassionate and inclusive: Inclusion

9.2 ESHT overall score for colleagues feeling a strong personal attachment to their team was 63.12%, this is similar to the provider benchmark of 63.16%.

NEXT STEPS FOR ORGANISATIONAL INCLUSION 2025-26

- Launch Trust-wide Allyship programme to provide opportunities for colleagues to develop cultural competence by increasing support to identify bias, to reduce prejudice and to eliminate systemic barriers.
- Align systems to strengthen the conditions for change; embedding inclusion within talent management.
- Develop a new action plan for equality, diversity and inclusion throughout 2026 to support Trust priorities.

Summary of Actions for Equality, Diversity, and Inclusion 2025-2026

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	
1. **Celebrate the contribution of ethnic minority staff to the experience of patients at ESHT.**	Host Sussex system Black History Month Conference 2025
2. **Implement Trust wide allyship programme.**	Implement Trust wide allyship programme to encourage understanding and awareness of gender equality issues.
3. **Review and strengthen procedures for reporting and addressing discrimination and harassment as informed by the listening events.**	Review and enhance procedures for reporting and addressing discrimination and harassment. Ensure all reports are handled promptly and effectively.
4. **Mentorship and sponsorship programmes**	Implement mentorship and sponsorship programmes to support career progression for multicultural staff. (HIA 2)
5. **Regular review of recruitment processes to ensure they are fair and inclusive.**	Ensure interview questions are sent in advance to all candidates Develop ways of allowing recruiting managers can demonstrate accountability around interview practices
6. **Middle management preparation**	Ensure those in middle management are prepared for senior roles.

Objective	Actions
Religion and Belief	
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. **Implement Trust wide allyship programme.**	Implement Trust wide allyship programme to encourage understanding and awareness of gender equality issues.
Gender (Sex)	
1. **Improve system capability to capture data on non-binary and trans staff.**	Explore the capability of systems to record and report on the representation and experiences of non-binary and trans staff.
2. **Host regular events and workshops to promote gender inclusivity and raise awareness about gender equality issues.**	Implement Trust wide allyship programme to encourage understanding and awareness of gender equality issues.
3. **Strengthen Support Systems**	Reduce harassment and discrimination against all genders, with a focus on non-binary individuals and women.

Regularly review and update training programme to foster a safe and inclusive work environment.

Support growth of Women's Network and ensure executive sponsor engagement. |
| 4. **Explore Shared Parental Leave** | Explore shared parental leave and monitor its uptake. |

Objective	Actions
Sexual Orientation	
1. **Continue to grow LGBTQIA+ network membership**	Regularly conduct meetings, support groups, and social events to encourage staff to share their sexual orientation. Foster a safe and inclusive environment.
2. **Enhance online training provision for LGBTQIA+ learning and allyship initiatives**	Implement Trust wide allyship programme.
3. **Review inclusivity of webpages**	Ensure external webpages are inclusive for LGBTQ+ patients and colleagues.
4. **Reduce discrimination and bullying**	Focus on reducing discrimination and bullying, especially for bisexual and "Other" identified colleagues by implementing actions from listening events.
Disability	
1. **Continue to embed Reasonable Adjustment process throughout the Trust.**	Increase efforts to assure confidentiality and reduce the percentage of colleagues who prefer not to disclose their status.
2. **Strengthen career progression pathways for disabled staff through talent management**	Promote structures that support career progression and opportunities for disabled staff through talent management strategies
3. **Support neurodiverse colleagues**	Support growth of the (dis)Ability and Neurodiveristy Network and ensure executive sponsor engagement.
4. **Revalidate as a Disability Confident Leader**	Review current evidence against all criteria in the Disability Confident Leader (Level 3) scheme. Conduct external validation through an agreed Disability Confident scheme partner.
5. **Collaboration with AccessAble**	Implementation of AccessAble access guides to raise awareness of the accessible environment of our sites.
6. **Embed outcomes from listening events.**	Work towards increasing the visibility of disabled individuals in leadership positions, including the Board.
Age	
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 especially in wellbeing initiatives.
3. **Increase awareness of age discrimination**	Increase the awareness of age discrimination across the ESHT through the allyship pledge and programme.

Objective	Actions
Armed Forces Community	
1. Pursue further achievement in the Defence Employer Recognition Scheme (Gold).	Complete gap analysis against Gold award criteria using ERS Gold checklist. Demonstrate sustained activity beyond Silver level, including patient and staff support initiatives. Submit Gold application to the Ministry of Defence by required deadline.
2. Increase those declaring their armed forces status	Promote the value of declaring Armed Forces status through internal campaigns and staff stories. Update ESR guidance and prompts to encourage accurate recording of Armed Forces affiliation.
3. Renew attempts to work with our local cadet forces.	Explore opportunities for partnership, such as: Work experience or insight days Joint attendance at remembrance events Guest talks or skills sessions with NHS staff
4. Launch the trust wide Allyship programme	Roll out of allyship programme that will include specific resources to support armed forces communities
Organisational Inclusion	
1. Launch the trust wide Allyship programme	Launch the pledge, eLearning, and toolkit in October 2025. Develop additional tools for learning and team development on allyship. (April 2026) Achieve the target of 1,200 sign-ups to the pledge by April 2026. Integrate allyship principles into appraisals, recruitment, and patient care where appropriate. Sept 2026
2. Develop Cultural Competence	Provide opportunities for allies and role models to develop cultural competence, reduce bias, and eliminate systemic barriers.