East Sussex Healthcare NHS Trust

Annual Equality Report 2025/2026

KINDNESS INCLUSIVITY INTEGRITY

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FOREWORD

Welcome to the East Sussex Healthcare NHS Trust (ESHT) Annual Equality Report for 2025-26. This document reviews our progress in advancing equality, diversity, inclusion and belonging within our Trust and covers the period between April 2025 and March 2026.

Over the past year, we have worked to create an environment where all colleagues and patients feel valued, respected and supported. This report provides information on our Ethnicity, Disability and Gender Pay Gap analysis, Workforce Equality Standards, and progress in delivering the NHS England Equality, Diversity and Inclusion Improvement Plan. It also highlights our wider work to promote fairness across our organisation.

We recognise that achieving equality requires ongoing reflection, learning and action to address the diverse needs of our workforce and the communities we serve. This report outlines our achievements and identifies areas for further progress, supporting transparency and accountability.

We aim to embed equality, diversity, inclusion and belonging into all aspects of our work. A diverse workforce where people feel they belong strengthens our ability to deliver high-quality care and improves patient experience.

Patient information is published separately to maintain confidentiality and to ensure this report remains focused on workforce-related matters. We encourage colleagues, patients and community partners to engage with this report and support our efforts to build a fairer healthcare system.

Thank you for your interest in our equality journey. Together, we can continue to build an organisation where everyone belongs, can thrive and is able to deliver outstanding care for our patients.

Equality Objectives 2022-2026 (summarised)

1) Implementing inclusive talent management strategies to address diversity
2) Specific and measurable EDI objectives for senior leaders
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.

KINDNESS INCLUSIVITY INTEGRITY

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 25.5% of the workforce, with Board representation decreasing slightly at 13.33%. Multicultural applicants are 0.4 times less likely to be appointed from shortlisting compared to white applicants, showing improvement from the previous year and placing ESHT in the non-adverse range.

ii. Training and Disciplinary Processes**:** White people are less likely to access non-mandatory training compared to multicultural colleagues. Multicultural individuals were 0.41 times less likely than white individuals to enter the formal disciplinary process

iii. Harassment and Discrimination**:** 32.64% of multicultural colleagues reported experiencing harassment from patients and 25.56% from colleagues. Additionally, 14.99% experienced discrimination at work from their manager, which is 8.2% higher than their white counterparts.

iv. Promotion Opportunities: 47.11% of multicultural colleagues believe the Trust provides equal opportunities for promotion, which is lower than the 54.17% reported by white staff.

v. The Board's composition includes 86.7% white and 13.3% multicultural colleagues, indicating a -12% 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 80.2%, a 1.2% increase over the past 12 months. However, 19.8 % of colleagues still choose not to disclose their religion.

vii. Faith and Belief Network Growth: The Faith and Belief Network has increased membership to 87. The network has been working with the Multicultural Network to host joint events recognising intersectionality.

viii. Harassment and Discrimination: There has been a decrease in reported incidents of bullying and harassment from patients or their carers among Buddhists, Hindus however Muslim and Jewish have experienced an increase.

ix. Career Progression Opportunities: On average, 52.45% of colleagues felt ESHT provides fair treatment in promotions. By religion, the group with the lowest proportion was Buddhist, at 26.19%.

SEX (page 13)

x. Workforce Distribution: The workforce is 74.8% female and 25.2% male, with a slight increase of 0.4% in male employees over the past year. Representation data for Trans or non-binary individuals remains unavailable.

xi. Bullying and Discrimination: In the past twelve months, the gap between the percentage of female employees (17.5%) and male employees (17.01%), who reported instances of harassment, bullying, or abuse from colleagues, has decreased by nearly 3% making them nearly equal. Non binary experienced an increase of 15% over the past twelve months making this group the highest

xii. Gender Pay Gap: women earned £0.82 for every £1 that men earned when comparing mean wages. When comparing median hourly wages, women's mean hourly pay is 11.4% lower than men's and an increase of 5.4% than the previous twelve months.

xiii. Currently, women hold 65.4% of the highest paid positions and 78% of the lowest paid positions within the organisation.

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. 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.

xvi. Career Progression: 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

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

DISABILITY (page 18)

xviii. Disability Representation: 8.3% of the workforce shared that they identify as disabled on their electronic staff record, with 5.6% choosing not to share their disability status. This represents a nearly 7% reduction in people who previously did not share their disability status over the past 12 months.

xix. Appointment Likelihood: The appointment ratio improved to 0.92 this year, indicating that disabled applicants were slightly more likely to be appointed from shortlisting than non-disabled applicants. This result is within the non-adverse range as per NHS England guidance, demonstrating equitable recruitment outcomes.

xx. Harassment and Bullying: 29.24% of disabled colleagues reported experiencing harassment, bullying, or abuse from patients, relatives, or the public, which is a small reduction from 29.72% the previous year and fourth consecutive annual decrease. Reports of harassment from managers also dropped to 14.5% continuing a five-year downward trend. However, this remains notably higher than the rate reported by non-disabled colleagues at 8.92%.

xxi. Workplace Adjustments and Promotion**:** 76.6% of disabled colleagues felt that ESHT made adequate adjustments to enable them to work. Whilst this represents a 2.06% decrease from the previous year, it remains above the NHS Staff Survey benchmark median of 73.65%, indicating that most disabled colleagues continue to feel supported through workplace adjustments. 47.06% of disabled colleagues felt ESHT provided equal opportunities for promotion, a 0.67% decrease from the previous year.

AGE (page 18)

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 69.23% and 55.51% respectively. The lowest score was recorded by the 51-65 year age group at 49.63%.

ARMED FORCES (page 19)

xxii. ESHT continues to actively support the Armed Forces community, advocating for awareness and engagement through partnerships, events and support.

xxiii. In September 2025, ESHT was awarded in the Gold Defence Employee Recognition Scheme by the Ministry of Defence (MoD) and in November 2025, ESHT won the HSJ Award for Military and Civilian Health Partnership of the Year.

ORGANISATIONAL INCLUSION (page 20)

xxiv. 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

xxv. The findings indicate areas of progress, particularly increasing representation, with some barriers to inclusion still requiring action. Whilst progress continues across many measures, persistent inequalities remain for some groups; a focus for the 12 months ahead.

xxvi. Across 2026-28 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 2025-26

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 wider organisational strategies, particularly those relating to patient experience and staff wellbeing.

The report is made up of nine sections that reflect our aspirations across: age, armed forces 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 in our work to eliminate discrimination, including harassment.
- Each section then ends with next steps to address the findings that underpin the 2026/28 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, 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 13*) 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 18).
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.

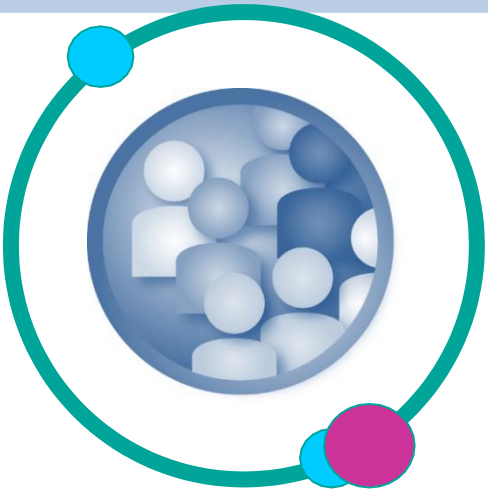
RACE (including ethnicity pay gap)

The proportion of our multicultural colleagues grew by 3.5% over three years across ESHT. In 2025, multicultural colleagues represented 25.5% of the workforce.

Multicultural individuals were 0.41 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 2025-26 ESHT's Multicultural Network brought people together from different backgrounds committed to valuing individuality, supporting inclusion and promoting diversity. Key achievements include:

- Successful system wide Black History Month event and multiple networking events held.
- ESHT introduced the allyship pledge following listening events with the networks.
- The multicultural network membership grew to 275 a 59% increase in members.

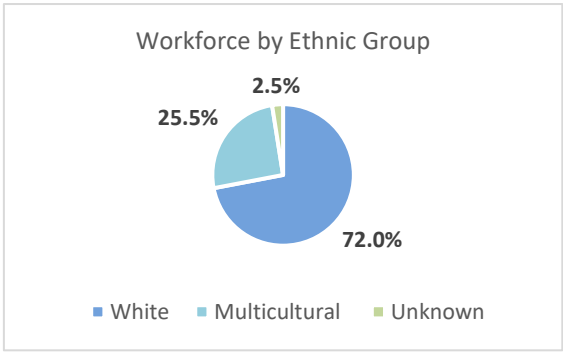


KEY FINDINGS: RACE

Workforce ethnicity representation (WRES 1)

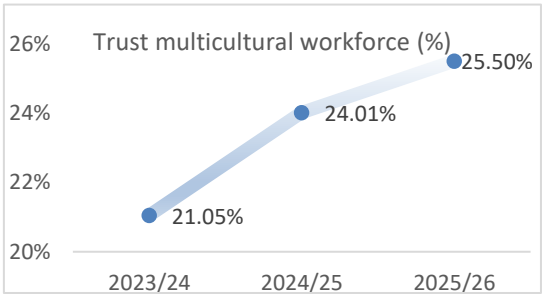


1.2. The number of multicultural people in the workforce as of 31st March 2026 was 2216, or 25.5% of the workforce overall. The Trust's multicultural workforce has grown by over 3.5% over the past three years.

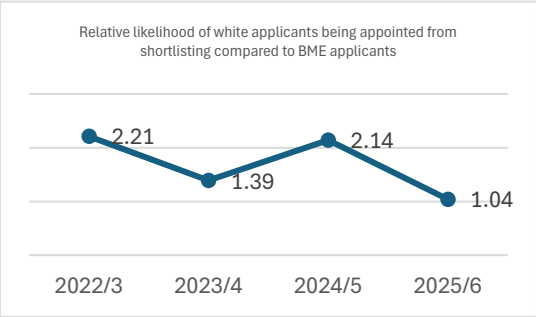


1.3. Multicultural representation in Medical and dental colleagues was 55.3% (n.512). Clinical staff was 27.7% (n. 1507). Clinical Staff on Agenda for Change (AfC) pay band 5 had the largest proportion of multicultural colleagues in any AfC pay band at 50.45% (n.617), followed by band 6 at 27.04% (n.338), then band 3 at 25.9% (n.344).

1.4. Multicultural representation in non-clinical workforce was 8.7% (n.207) an increase of just over 1% in the last 12 months. The largest representation of multicultural colleagues was AfC band 8d at 33.3% (n.3).



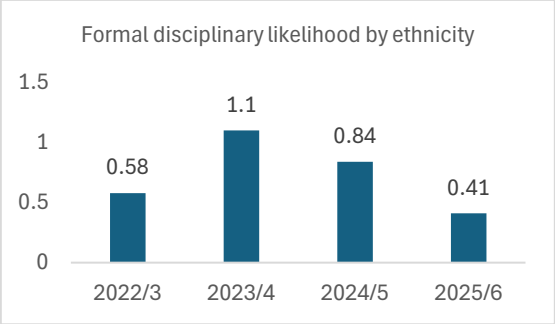
1.5. Non-clinical AfC 8c- very senior managers (VSMs) is made up of 86.7% White British, and 13.3% people from multicultural backgrounds.

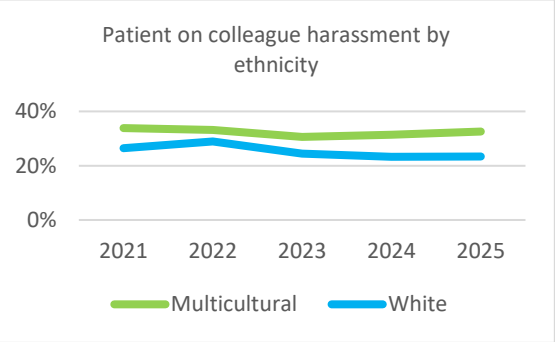


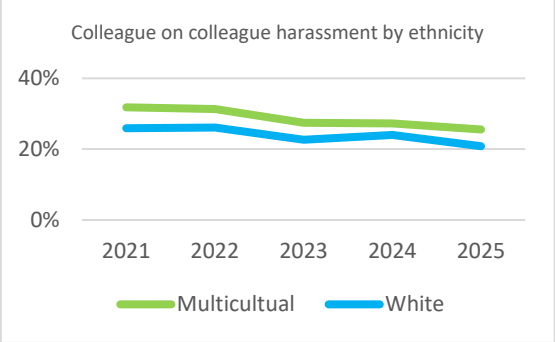
Ethnicity shortlisting-to-appointment likelihood (WRES 2)



1.6. In 2025-26, 282 individuals from a multicultural background and 557 white individuals were appointed. Multicultural applicants are 0.4 times less likely to be appointed from shortlisting compared to white applicants. This represents a positive trend from the previous year, when white individuals were 2.14 times more likely to be appointed and puts us in the non-adverse range for the first time in 4 years.









Formal disciplinary likelihood by ethnicity (WRES 3)

1.7. Multicultural individuals were 0.41 times less likely than white individuals to enter the formal disciplinary process. In 2025-26, 0.14% (n.16) of the total workforce underwent the formal disciplinary process. Whilst the ratio score of 0.41 falls outside the non-adverse likelihood range set by the NHS WRES strategy team, small numbers should be interpreted with caution.

Non-mandatory training (WRES 4)

1.8. White people were 0.66 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, 32.64 % of multicultural colleagues reported experiencing harassment, bullying, or abuse from patients, relatives, or the public, marking an increase of 1.29% from 2024 and. ESHT's figure is 3.66% higher than the provider benchmark of 28

1.10. In the past 12 months, 25.56% of multicultural colleagues experienced harassment, bullying, or abuse from other colleagues, which is 1.69% lower than 2024 and the lowest score in 5 years. ESHT remains higher than the provider benchmark by 1.5% but ESHT's target of reducing this to 25.9% over two years has been met. Addressing this issue will remain a priority for ESHT.

Racial equality of opportunity for promotions (WRES 7)

1.11. 47.17% of multicultural colleagues reported that the Trust provides equal opportunities for promotion, showing a positive increase of 2.42% from 2024. ESHT sits below benchmark average by 2%.

Manager on staff discrimination by ethnicity (WRES 8)

1.12. In 2024, 14.99% of multicultural colleagues experienced discrimination at work from their manager or team leader. This represents an 8.72 % difference compared to the 6.27% of white colleagues reporting the same experience. ESHT figures are slightly above benchmark average at 14.70%.

Board ethnicity membership (WRES 9)

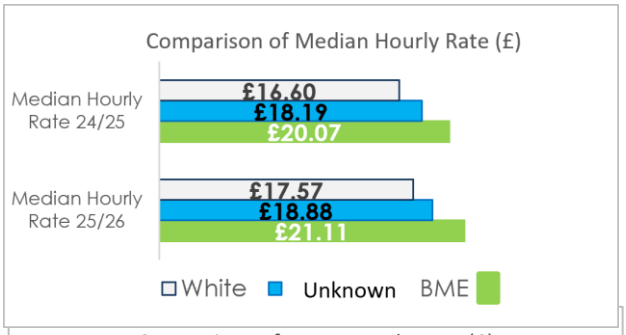
1.13 The Board, including voting and executive members, was composed of 86.7% white and 13.3% multicultural. There is a -12% difference between multicultural representation in the overall workforce.

Ethnicity Pay Gap

Mean ethnicity pay gap

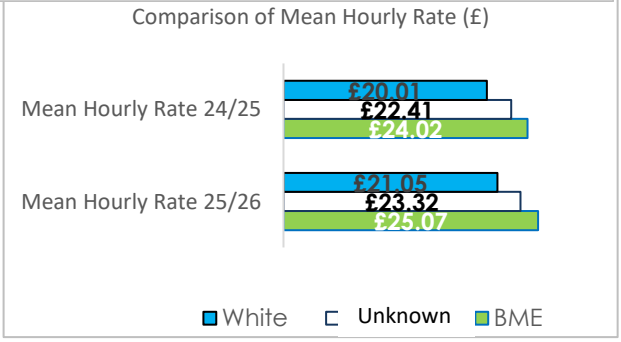
1.14 The mean ethnicity pay gap is a positive gap of +19.1%. This has decreased (-0.9%) from the previous year.

The mean hourly rate for staff from ethnic minority groups (£25.07) remains higher than that of White staff (£21.05). However, over the past year, white staff experienced a slightly higher increase in mean hourly rate of +5.2% compared to staff from ethnic minority groups at +4.4%.



Median ethnicity pay gap 1.15 The median ethnicity pay gap is 20.2% in favour of staff from ethnic minority groups. This represents a slight decrease - 0.7% compared to the previous year.

The median hourly rate for staff from ethnic minority groups is £21.11, compared to £17.57 for White staff. Both groups have experienced increases in median hourly pay since 2024/25, with an increase of 5.8% for White staff and 5.2% for staff from ethnic minority groups.



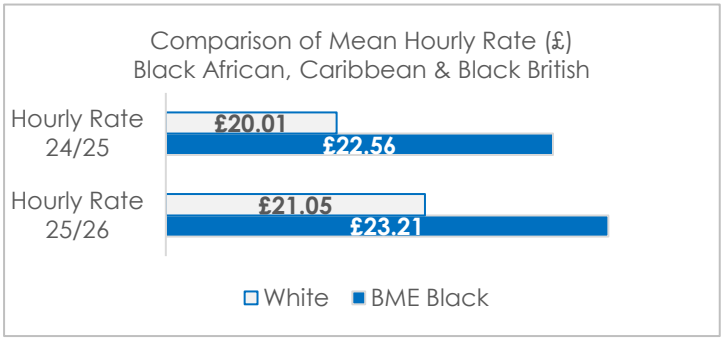
Pay gap by ethnicity	Ethnic minority groups	White	% gap
Mean hourly rate	£25.07	£21.05	+19.1
Median hourly rate	£21.11	£17.57	+20.2

Disparity between the mean and median pay gaps for Black African/Caribbean/Black British staff and Asian/Asian British staff

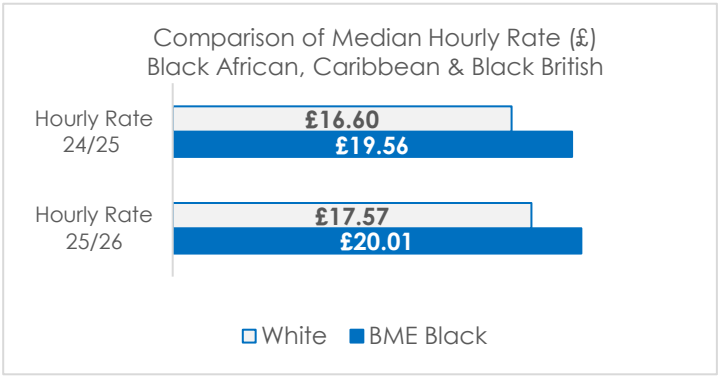
1.16 Black African, Caribbean, and Black British staff make up 16.1% of those who identify as BME, and 4.1% of the Trust's overall workforce.

Pay gap by ethnicity	Black African/ Caribbean/Black British	White	% gap
Mean hourly rate	£23.21	£21.05	+10.3%
Median hourly rate	£20.01	£17.57	+13.%

1.17 For Black African, Caribbean and Black British staff, the mean pay gap is +10.3% in their favour. This represents a reduction of -4.1% compared to 2024/25, indicating a narrowing of the pay advantage for this group. The mean hourly rate for Black African, Caribbean and Black British staff is £23.21.



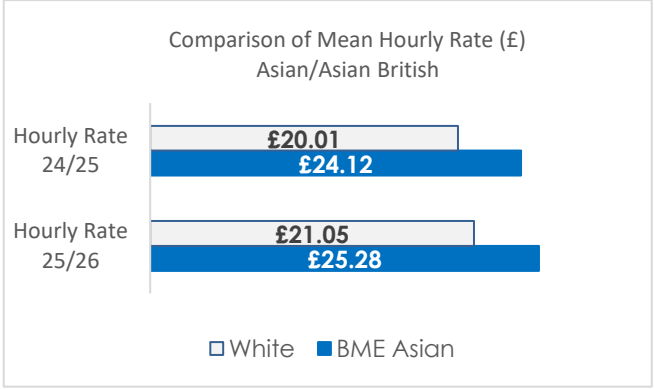
1.18 The median pay gap for Black African/Caribbean/Black British staff is a positive gap of +13.9%. This is a reduction of -3.9% since 2024/25. The current median hourly rate for Black African/Caribbean/Black British staff is £20.01.



1.19 Asian/Asian British staff, staff make up 65.5% of those who identify as BME, and 16.7% of the Trust's overall workforce.

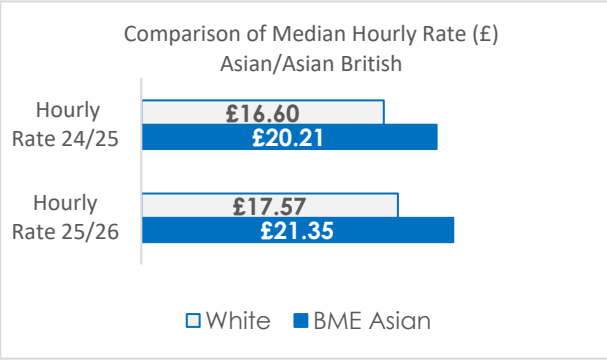
Pay gap by ethnicity	Asian/Asian British	White	% gap
Mean hourly rate	£25.28	£21.05	+20.1%
Median hourly rate	£21.35	£17.57	+21.5%

1.20 For Asian/Asian British staff, the mean pay gap is a positive gap of +20.1%. This is a decrease of -0.4% from 2024/25. The mean hourly rate for Asian/Asian British staff is £25.28.



1.21 The median pay gap for Asian/Asian British staff is positive gap of 21.5%. This is light decrease of 0.2% from the 2024/25 period. The median hourly rate for Asian/Asian British staff is £21.35

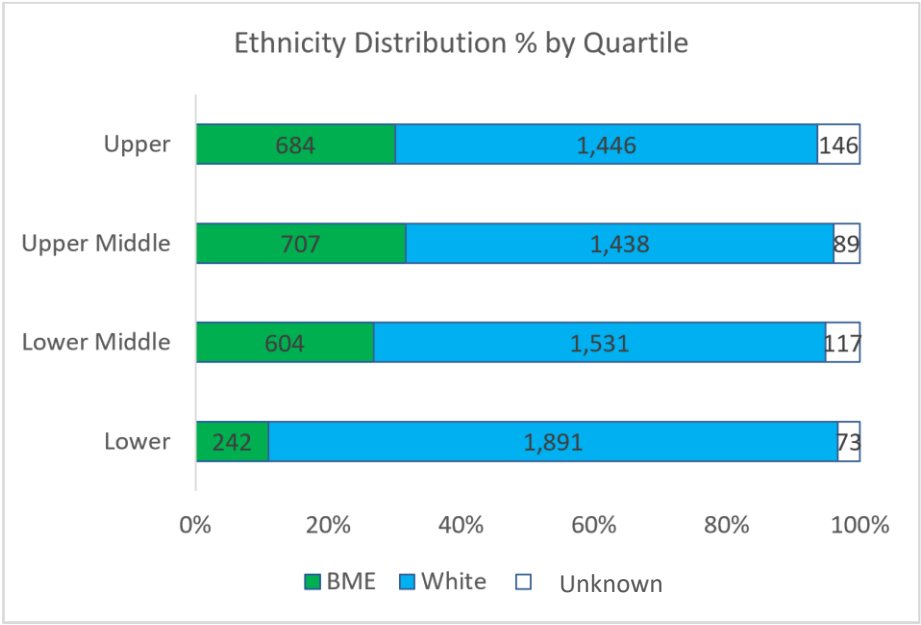
1.22 Based on the entirety of the Total full pay relevant Employees in ESHT, 9.6% of all Asian/Asian British staff and 12.2% Black African/Caribbean/Black British colleagues are in the lowest pay quartile compared to 30.5% of White colleagues.



1.23 Within the Medical and Dental group, Asian colleagues are proportionally well represented (37.9%), with 349 staff equating to nearly a quarter of the Trust's Asian workforce. Black colleagues account for 6.8% (n.63), representing a smaller but still notable proportion of the overall Black workforce (17.5%), while White colleagues, despite being the largest workforce group overall (n.6306), are less represented in these roles (5.6%).

Ethnicity distribution by pay quartiles

1.24 Quartiles are calculated by ranking the hourly pay rates for each member of staff from lowest to highest, before splitting the ranking into four equal-sized groups and calculating the percentage of staff from ethnic minority groups and the percentage of white staff in each group.



1.25 Pay quartiles divide all colleagues into four equal groups based on their pay, ranging from the lowest to the highest earners. The lower quartile contains the lowest-paid 25% of staff, while the upper quartile contains the highest-paid 25%.

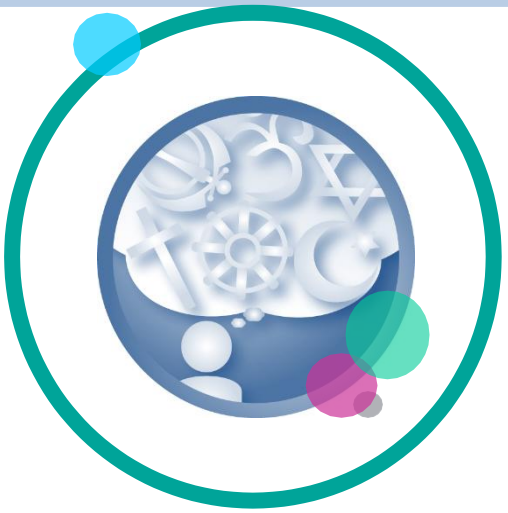
1.26 While BME colleagues make up 25.5% of the Trust's workforce, their representation varies across pay quartiles. They are more highly represented in the upper pay bands (30.1% in the upper quartile and 31.6% in the upper middle), broadly aligned in the lower middle quartile (26.8%), but not proportionately reflected in the lowest pay quartile at 11.0%, (a gap of 14.5%)

NEXT STEPS FOR RACE EQUALITY 2026-28

- Implement reciprocal mentoring, targeted leadership development and transparent career pathways to improve progression opportunities and career confidence for multicultural colleagues.
- Embed ethnicity equality measures within workforce governance arrangements, ensuring recruitment, disciplinary, promotion and leadership diversity data are reviewed annually and action taken where disparities are identified.
- Embed the Allyship Programme, behavioural framework and speaking-up initiatives to reduce experiences of bullying and harassment experienced by multicultural colleagues.
- Embed the recommendations from the Lord Mann Review.

RELIGION AND BELIEF

The proportion of colleagues (80.2%) sharing their beliefs has grown by 1.2% over the past 2 years.
Reporting of harassment, bullying and abuse from patients, relatives or carers increased across most religion groups, suggesting greater confidence in speaking up and reporting concerns.



2.1. ESHT's Faith and Belief Network grown to 87 members over the last 12 months, a 33% increase. Key achievements included:

- Continuing to provide support for Ramadan celebrations.
- Hosting the Hastings and Rother Multifaith Forum, featuring an evening talk on healthcare and faith.
- Supporting the LGBTQIA+ Network to host a Trans Remembrance Day event.

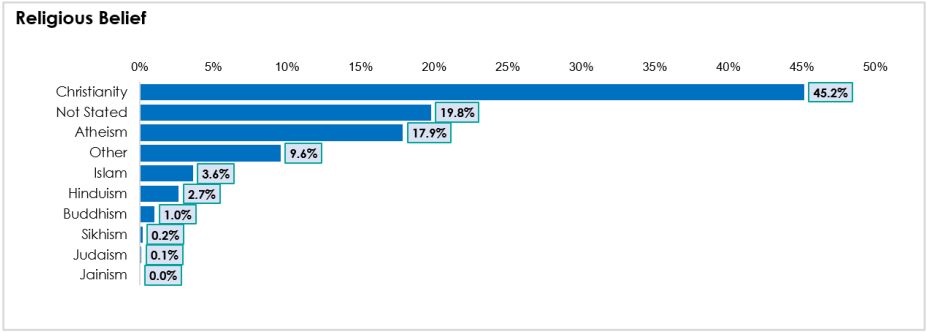
KEY FINDINGS: RELIGION AND BELIEF

Workforce religion and belief representation

2.2. The number of people sharing their religion or belief with the Trust at 31 March 2026 was 80.2% of the workforce. Colleagues in agenda for change (AfC) pay band 9 had the largest proportion sharing their religious status at 91.7%, followed by band 5 at 84.1%. Over 12 months the proportion of colleagues sharing their belief information increased by 1.2%, a positive trend over the last three years.

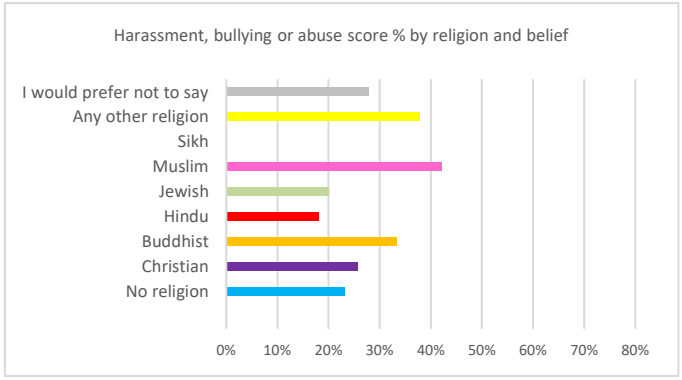
2.3. Colleagues sharing, they were Christian was the largest belief group at 45.2%, followed by Atheism at 17.9%.

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



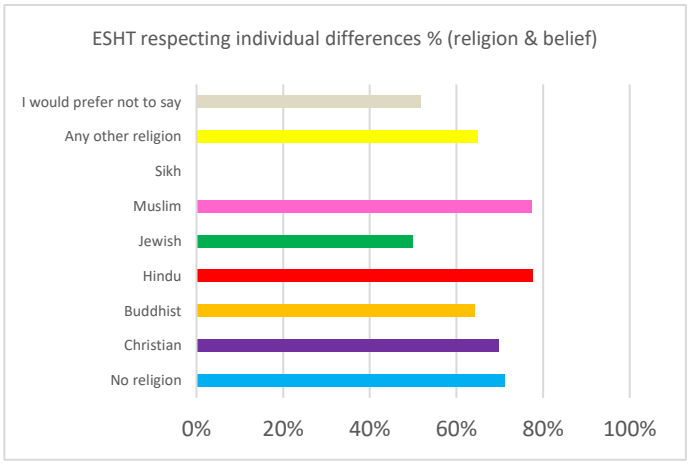
2.5. There is an increase in representation for Christianity, Atheism, Islam and Hinduism over the last 12 months. The score is rated green because of the increase in colleagues choosing to share their religion with us.

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



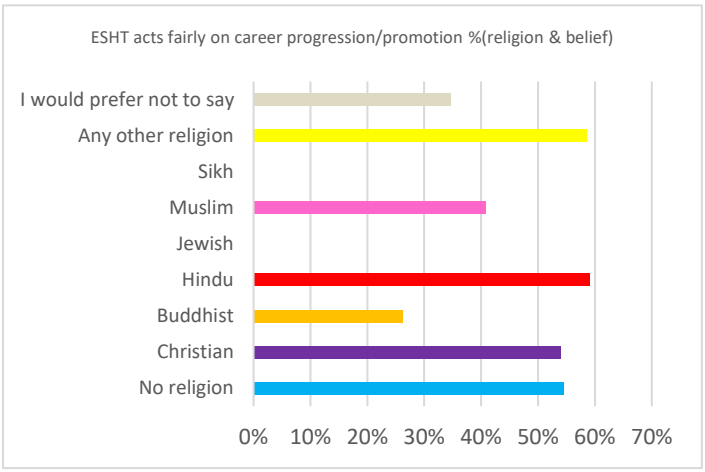
2.6 In the past year, "We are safe and healthy" measured responses from the staff survey 2025 concerning personal experiences of harassment, bullying, or abuse from patients, relatives, members of the public, managers, and colleagues through nine specific questions. There has been a decrease in reported incidents of bullying and harassment from patients or their carers among Buddhist, Hindu colleagues, however Jewish and Muslim colleagues have experienced an increase.

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 2025 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 Buddhist colleagues who choose not to disclose their religion recorded the lowest score at 26%, with colleagues preferring not to share religion following at 35%. Conversely, Hindu colleagues achieved the highest score at 59.%.



Religion and belief equality of opportunity for career progression/promotions

2.9 Overall, on average, 52.45% of colleagues indicated that ESHT provides fair treatment in promotions. By religion, the group with the lowest proportion was those who are Buddhist, at 26.19%, with colleagues preferring not to share religion following at 35%. Conversely, Hindu and those colleagues stating 'any other religion' achieved the highest scores at 59%.

NEXT STEPS FOR RELIGION AND BELIEF EQUALITY 2026-28

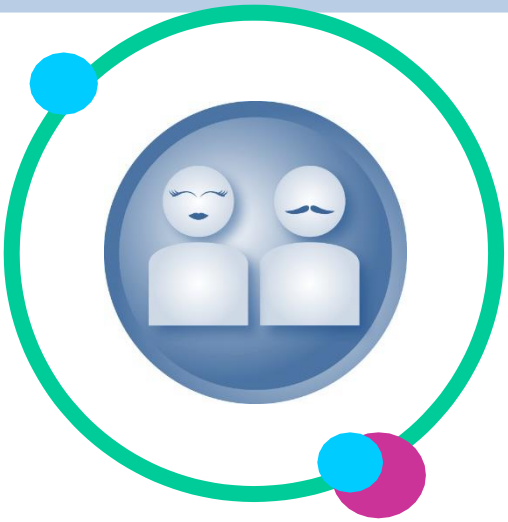
- Increase diversity of membership with the Faith and Belief Network to encourage open conversation between different faith groups.
- Embed the recommendations from the Lord Mann Review.
- Organise and host multifaith events to promote understanding and inclusivity among employees of different faiths and beliefs.
- Working in collaboration with other networks to promote intersectionality, allyship and increase confidence discussing faith at work.

SEX (including Gender Pay Gap)

Over the past year, the male workforce has seen an increase of 0.4%, resulting in a current distribution of 74.8% female and 25.2% male employees. Representation data for Trans or non-binary individuals remains unavailable.

Regarding pay equity, for those in AfC bandings for every £1 earned by men, women earned £0.99 but this is reduced to £0.82 when taken as the organisation overall. In terms of job distribution, women occupy 65.4% of the senior positions (Upper quartile). However, their representation is lower in medical and dental roles at 46.5%.

The Women's network is ESHT's largest network with an increase in membership of over 100 making the network 340 colleagues strong.



3.1. Across 2025-26 ESHT continued its work to promote gender equality between men, women, non-binary people and trans people. Key achievements include:

- Successfully organising and hosting an engaging event in celebration of International Women's Day and Trans Remembrance Day
- Continues monthly Fireside chats with inspirational women in business and health hosted by the Women's Network including themes such as Inspiring Allies and hearing from ESHT's own women in leadership.
- Promotion of Allyship within the Women's network with members taking part in the introductory video.

KEY FINDINGS: SEX

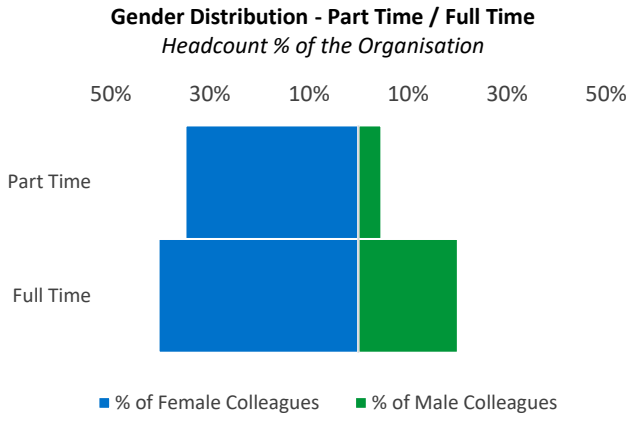
Workforce gender representation



3.2. Out of 8,741 staff, 74.8% were recorded as female and 25.2% as male on their Electronic Staff Records (ESR). The proportion of the male workforce grew by 0.4%%.

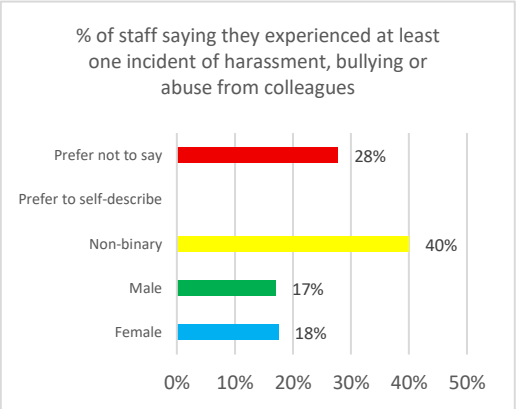
3.3. The female workforce in Agenda for Change pay bands was 76.8% compared to 43.8% of females with medical and dental contracts.

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.

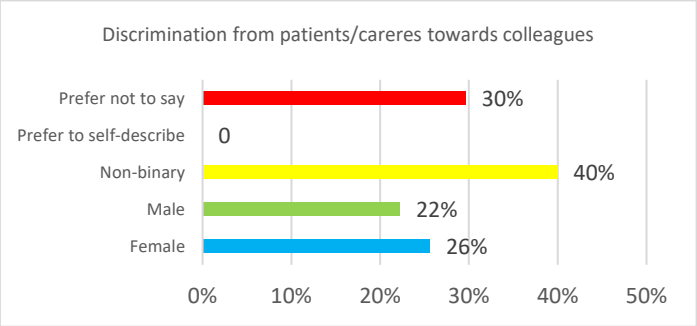


Harassment, bullying or abuse from staff (Female, Male, Non-binary, Prefer to self-describe, Prefer not to say)

3.5. In the past twelve months, the gap between the percentage of female employees (17.5%) and male employees (17.01%), who reported instances of harassment, bullying, or abuse from colleagues, has decreased by nearly 3% making them nearly equal. Non-binary experienced an increase of 15% over the past twelve months, making this group the highest with individuals identifying as 'prefer not to say' reported a reduction in incidence from 34.6% to 27.74%.



Discrimination from patients, relatives, or members of the public (Female, Male, Non-binary, Prefer to self-describe, Prefer not to say)



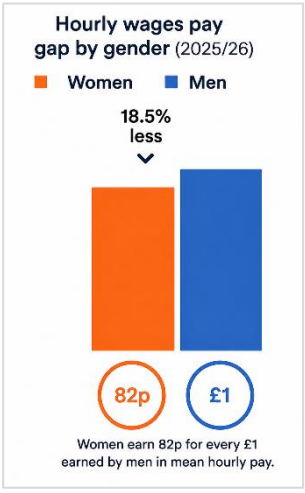
3.6 There was a 4% disparity between the percentage of males (22%) and females (26%) reporting discrimination from patients, relatives, or members of the public in the last twelve months, marking a decrease in disparity over the last twelve months trend. Those who selected 'Non-binary' reported the highest incidence of discrimination at 40%.

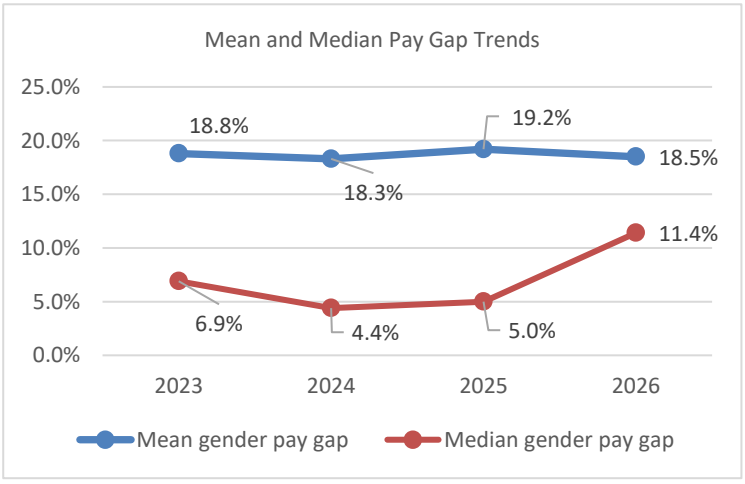
Gender Pay

3.7. In ESHT, women earned £0.82 for every £1 that men earned when comparing mean hourly wage. A decrease from the previous 12 months. In ESHT, women earned £0.89 for every £1 that men earned when comparing median wages.

3.8. When comparing mean hourly wages, women's mean hourly pay is 18.2% lower than men's. This has been a decrease in the previous 12 months. Their median hourly wages are 11.4% lower than men's, an increase of 5.4%.

3.9. Both mean and median pay gaps are reported because they provide different insights into pay equality. Together, these measures show that the gender pay gap is driven by the distribution of men and women across occupations and grades rather than unequal pay for equal work.

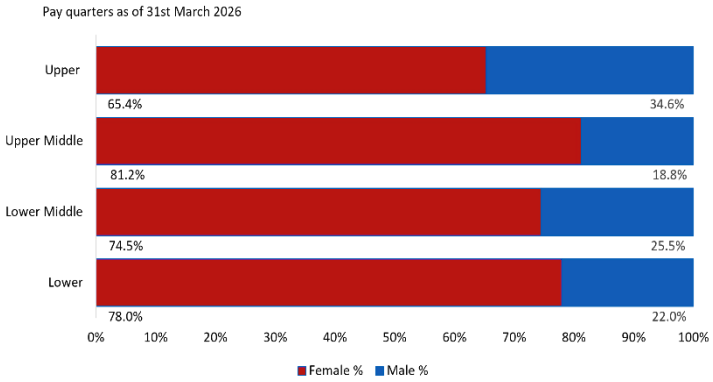




3.10. The table below shows a breakdown of the mean pay rates split for Agenda for Change & Executive and Medical & Dental staff across the last 3 years. The % difference for Medical & Dental staff has increased by 0.8% in 25/26 whilst the difference for Agenda for Change & Executive staff, has decreased by 0.4% with males earning more than females in two consecutive years.

Agenda for Change and Medical & Dental	Male	Female	% diff
Agenda for Change - Median hourly rate 31/3/24	£16.40	£16.62	-1.3%
Agenda for Change - Median hourly rate 31/3/25	£17.81	£17.72	0.5%
Agenda for Change - Median hourly rate 31/3/26	**£18.67**	**£18.65**	**0.1%**
Medical & Dental - Median hourly rate 31/3/24	£37.98	£31.31	17.6%
Medical & Dental - Median hourly rate 31/3/25	£43.72	£36.55	16.4%
Medical & Dental - Median hourly rate 31/3/26	**£44.99**	**£37.27**	**17.2%**

Proportion of women in each pay quarter



3.11. 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 65.4% of the highest paid positions and 78% of the lowest paid positions within the organisation.

Gender bonus gap



3.12. In ESHT, women earn £0.99 for every £1 that men earn in terms of median bonus pay, indicating a gender pay gap of 1.0%. In regard to mean bonus pay, the gender pay gap for 25/26 is 23.2%.

3.13. The percentage of female staff receiving bonus payments in 2024-2025 increased by 0.9% to 24.6%. However, as these bonuses apply exclusively to medical staff, the most meaningful comparison is against the gender profile of the eligible group, specifically Consultant medical staff.

3.14. Within the Trust's 322 Consultants, 33.9% are female and 66.1% are male. When comparing this to the proportion of bonus recipients, there is a -9.2% point gap for female staff, indicating that women are under-represented among those receiving bonuses relative to their share of the Consultant workforce.

NEXT STEPS FOR GENDER EQUALITY 2026-28

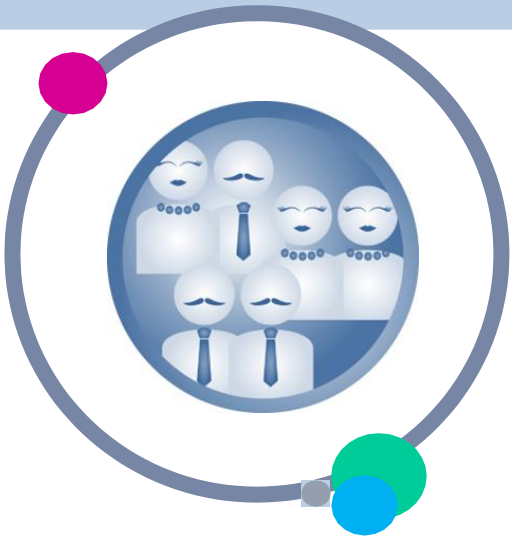
- Increase the representation of women in senior leadership and underrepresented staff groups through career development and supported by the Leadership and Management Framework.
- Embed the Trust's Sexual Safety Charter and continue to promote a culture where sexual misconduct is challenged, concerns are reported confidently and colleagues feel safe at work.
- Develop and embed an inclusive talent management approach.
- Use lived experience, staff engagement and network feedback to co-produce actions that address barriers to progression.
- Review policies, guidance and workplace facilities to ensure continued compliance with changes to equality legislation and support an inclusive environment for all colleagues

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.

Almost all sexual orientation groups experienced a slight rise in discrimination from patients and carers whilst those describing as 'Other' reported a decrease.

Currently, there are 150 registered members in the LGBTQIA+ network a 45% increase from 2024/25.



4.1. Across 2025-26 ESHT continued its work to promote equality between people of all sexual orientations, including lesbian, gay, bisexual (LGB) and straight people. Key achievements include:

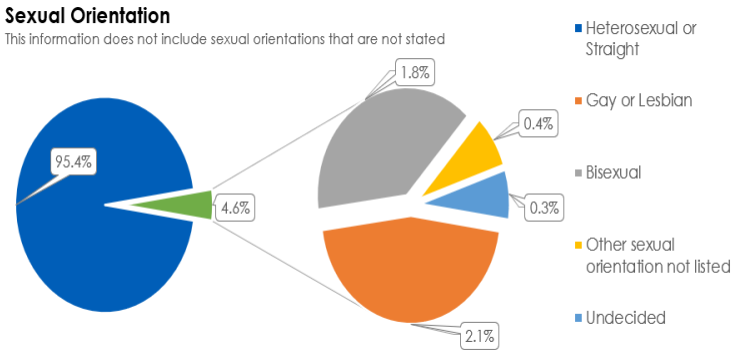
- Appointment of a new Chair, Vice-Chair and Executive Sponsor to the LGBTQIA+ Network
- Strengthening its internal governance and expanding external partnership working, including supporting a local charity through a quiz fundraising event.
- Participation in Hastings and Eastbourne Pride Parades.

KEY FINDINGS: SEXUAL ORIENTATION

Workforce sexual orientation representation

4.2. The number of people sharing their sexual orientation as LGB with the Trust at 31 March 2026 is 293.

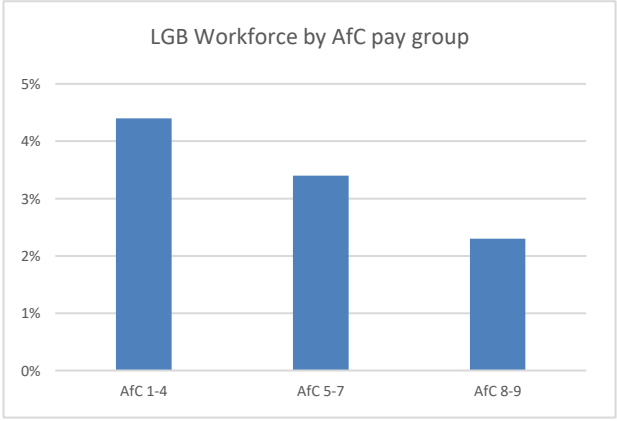
4.3. In terms of sexual orientation, the breakdown among the workforce is as follows:



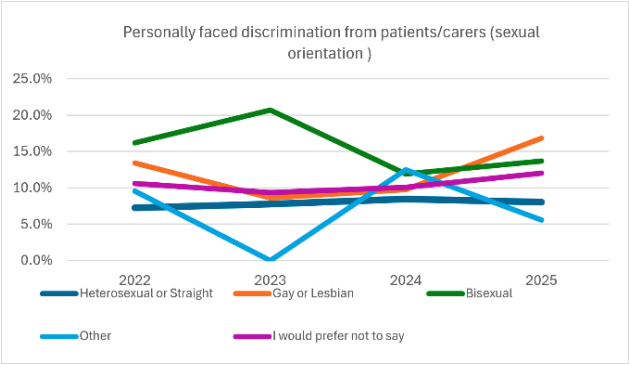
- Heterosexual: The largest group comprising 95.4% of colleagues.
- Gay or lesbian: Representing 2.1%
- Bisexual: Making up 1.8%
- Undecided: Comprising 0.3%
- Other: Accounting for 0.4% of individuals who selected their sexual orientation as "other".

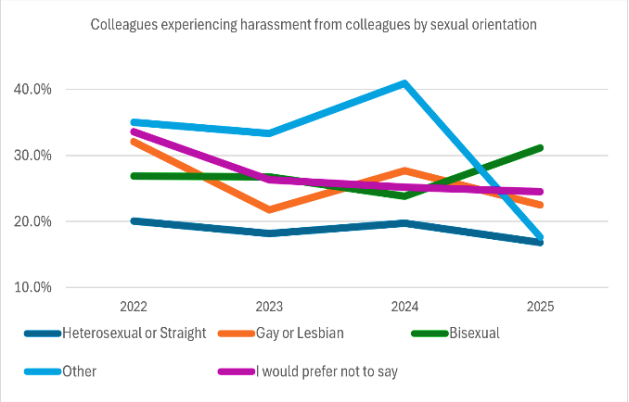
4.4. Colleagues in Agenda for Change (AfC) pay group 1-4 had the largest proportion identifying as LGB on their staff record at 4.4% each, compared to 3.8% in the workforce overall.

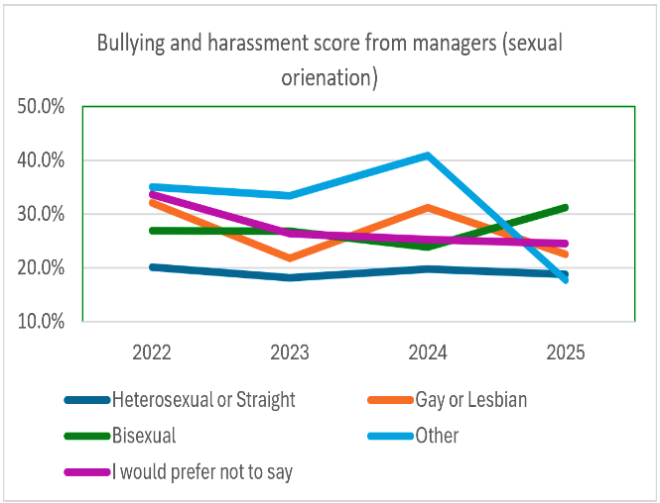
- Correspondingly the lowest proportion of LGB on ESR was in Agenda for Change pay bands 8a-9 at 2.3.%.



Safe environment (bullying and harassment) by sexual orientation







4.5. ESHT response to colleagues who have personally experienced discrimination from patients/services users, their relatives or other members of the public in the *preceding twelve months* was 8.89% of 4271 responding to the staff survey. The group with the lowest score was those colleagues describing their sexual orientation as Other at 4.6%. Gay and lesbian colleagues experienced a marked increase of 7.14%, whilst Bisexual colleagues also saw an increase of 1.8% in 2025.

Colleagues experiencing harassment from colleagues by sexual orientation

4.6. In ESHT 31.2% of employees who identified as "Bisexual" in terms of sexual orientation reported experiencing at least one incident of bullying, harassment, or abuse from colleagues. The next highest group was those preferring not to say, with 24.5% reporting such incidents. All groups experienced a decrease in incidents apart from Bisexual colleagues. Heterosexual, gay or lesbian and 'other' colleagues experience the largest decreases.

Colleagues experiencing harassment from managers by sexual orientation

4.7. 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

4.8. 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 Trans Awareness Week 2025

The LGBTQIA+ Network also marking Trans Awareness Week for the first time in ESHT, with awareness stands, information resources and a reflective space working alongside the Faith and Belief Network and hosted by Chaplaincy for Transgender Day of Remembrance, helping to increase understanding and visibility of trans inclusion across the organisation.

NEXT STEPS FOR SEXUAL ORIENTATION EQUALITY 2026-28

- Enhance online training provision for LGBTQIA+ learning opportunities to improve understanding of LGBTQIA+ inclusion and create psychologically safe working environments.
- Continue to grow LGBTQIA+ network and strengthen allyship across the Trust through awareness, education and engagement
- Review policies, guidance and workplace facilities to ensure continued compliance with changes to equality legislation and support an inclusive environment for all colleagues.

DISABILITY (including disability pay gap)

According to electronic staff records, 8.3% of the NHS workforce identifies as disabled, while 5.6% chose not to disclose their disability status. Disabled individuals were 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, 76.60% of disabled colleagues felt that adequate adjustments were made to enable them to work, marking an decrease of 2.06% from the previous year. The (dis)Ability network has 247 registered members, and the Neurodiversity Network has 183 registered members.

5.1 Across 2025-26 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 of embedding the Centralised reasonable adjustments process.
- Introduction of AccessAble Guides for ESHT sites.
- The Neurodiversity Network celebrating its first anniversary, reflecting sustained engagement and growing visibility of neurodivergent colleague voices within the organisation.

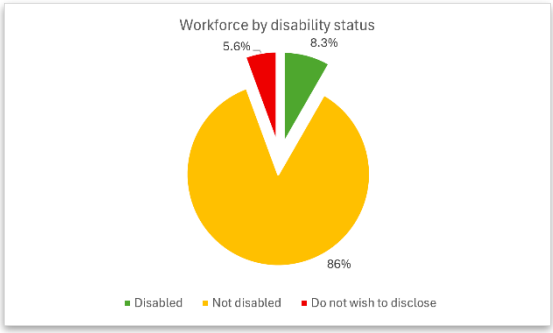


KEY FINDINGS: DISABILITY

Workforce disability representation (WDES 1)



5.2 The number of people sharing their disability with the Trust at 31 March 2026 on their staff record was 621, or 8.3% of the workforce marking an increase on the previous 12 months. The group not wishing to share their disability status is at 5.6%, which is a decrease of 6.47% over the preceding 12 months. There were 27% (n.1110) of 4298 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 1-4 had the largest proportion of disabled colleagues at 8.2% closely followed by bands 8a-9 with 8.1%. The lowest proportion of disability representation was at AfC band 1-4 with 7.8% sharing they have a disability. Showing increases across all paybands

Shortlisting-to-appointment by disability (WDES 2)



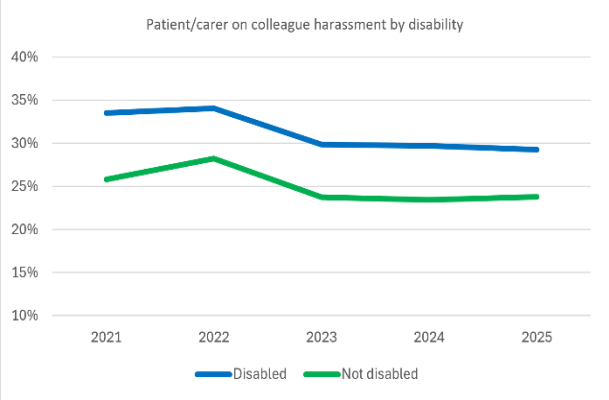
5.4 People without a disability were 0.08 times more likely to be appointed from shortlisting than people with a disability. This is an improvement from last year's score of 1.04 and falls within the non-adverse range as detailed by the NHS national reporting team.

Formal capability likelihood by disability (WDES 3)



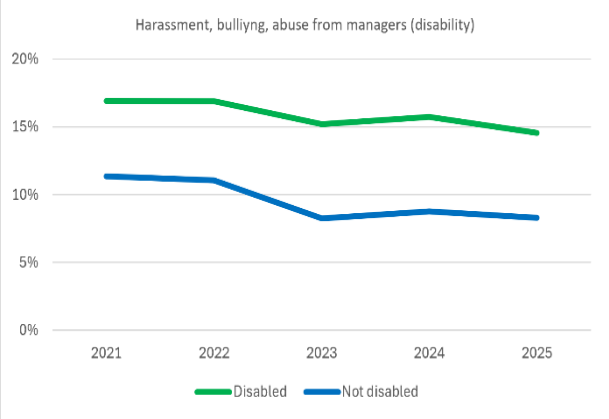
5.5 People with a disability (n.2.5) were 1.5 times more likely to enter the formal disciplinary process than people without a disability (n.11). This is a decline from last year's score of 1.2 where disabled colleagues were 20% more likely to enter the formal disciplinary process. A score of 1.5 is outside the 0.8 – 1.2 threshold the NHS national reporting team regards as non-adverse, although small numbers should be interpreted with caution.

Harassment, bullying or abuse by disability (WDES 4)



5.6 In the 2024 staff survey 29.2% of disabled colleagues reported experiencing harassment, bullying, or abuse from patients, relatives, or the public in the past 12 months. This figure represents a 5.47% difference compared to the 23.8% of non-disabled colleagues who reported similar experiences. The difference has decreased by 0.5% over the past 12 months and it remains lower than benchmark average.

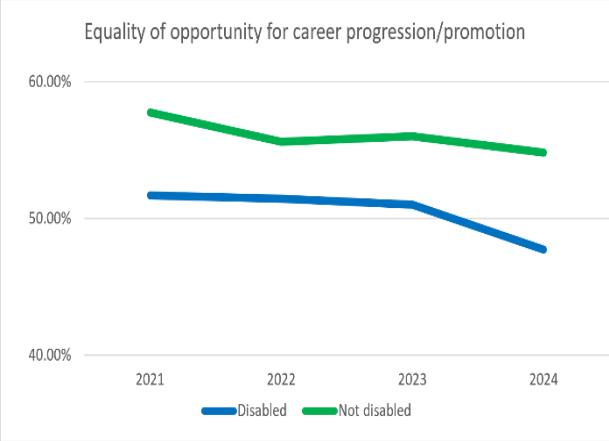
5.7 The survey showed that 14.45% of disabled colleagues reported experiencing harassment, bullying, or abuse from managers, significantly higher than the 8.29% reported by non-disabled colleagues.



5.8 Additionally, 24.5% of disabled colleagues faced similar issues from other colleagues, over an 8-point difference compared to the 15.57% of non-disabled colleagues. This represents a decrease in experience for disabled colleagues and non-disabled colleagues by 1.83% and 2.76% respectively.

Disability equal opportunities for promotion (WDES 5)

5.9 47.06% of disabled colleagues felt ESHT provided equal opportunities for promotion in 2025. There is a 7.3% difference in results from disabled colleagues in comparison at 54.36% figure reported by non-disabled staff. ESHT falls 0.73% lower than benchmark average for disability equality in opportunities for promotion.



Pressure to work when unwell by disability (WDES 6)

5.10 20.10% of disabled colleagues felt management pressure to come to work when not feeling well enough, which is an improvement of 3.59% over the past 12 months and a positive trend over two years.

5.11 The difference between disabled and non-disabled colleagues reduced to 4.53%, which is a 3.21% decrease 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)

5.12 32.88% of disabled colleagues felt the Trust valued their work. This is a 11.8% difference from the 43.90% of reported by non-disabled staff, indicating decline since 2024 figures. Both scores are similar to that of the disabled provider benchmark.

Adequate adjustments for disabled people (WDES 8)

5.13 76.60% of disabled colleagues felt ESHT made adequate adjustment(s) to enable them to carry out their work. A decrease of 2% over the previous twelve months. This score is still 3% higher than the benchmark average and when looking at numbers of respondents there is a 40% increase in numbers of respondents since the centralising of reasonable adjustments was put in place.

Staff Engagement Score (WDES 9a)

5.14 The staff engagement score for disabled colleagues (6.31) remains below that of non-disabled colleagues (6.81) although almost equal to that of the benchmark group (6.29).

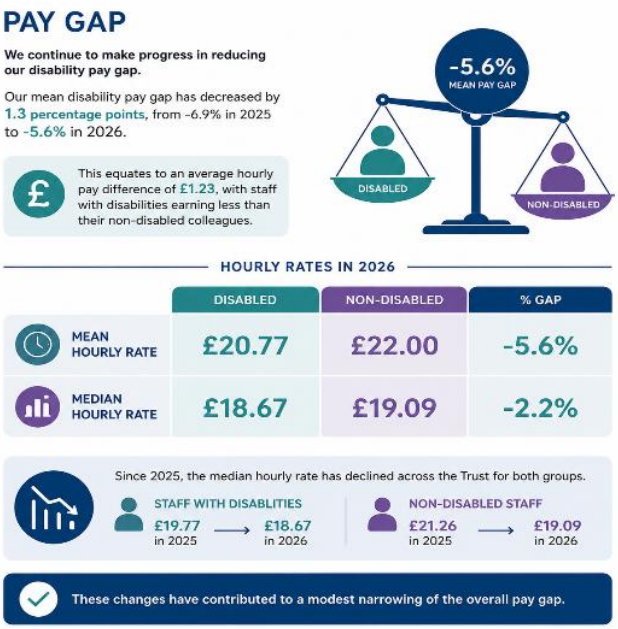
Board disability membership (WDES 10)

5.14 Board workforce representation, including voting and executive members, was 66.67% non-disabled, 13.99% disabled and 20% undeclared.

Disability pay gap 2025

5.15 ESHT made further progress in reducing its disability pay gap. The mean pay gap decreased from -6.9% to -5.6%, while the median pay gap narrowed to -2.2%.

5.16 Although hourly pay rates declined across the workforce during 2025/26, the gap between disabled and non-disabled colleagues has continued to reduce, demonstrating gradual progress towards more equitable pay outcomes.



Disparity between the disability category: Learning disability/difficulty, Long-standing illness, Mental Health Conditions, Physical Impairment, Sensory Impairment and Unspecified disability.

Learning Disability/Difficulty

5.17 Individuals with learning disabilities/difficulties make up 2.3% (n.188) of the Trust's total workforce and 24.4% of colleagues declaring a disability.

5.18 For colleagues with a learning disability/difficulty, the mean pay gap declined from -5.7% in 2025 to -8.9% in 2026. The median gap shifted from -11.8% to +1.3%, indicating higher median pay compared to non-disabled colleagues.

Pay gap by disability	Learning Disability/ Difficulty	Non-Disabled	% gap
Mean hourly rate	£20.03	£22.00	-8.9%
Median hourly rate	£19.34	£19.09	1.3%

Long-standing Illness

5.19 Individuals with long-standing illness make up 2.3% (n.194) of the Trust's total workforce and 25.1% of colleagues declaring a disability, making it the largest disability category.

5.20 For colleagues with long-standing illness, the mean pay gap improved slightly from -10.4% in 2025 to -9.5% in 2026. The median pay gap reduced more significantly, from 26.9% to -6.2%, indicating a substantial shift in median pay position relative to non-disabled colleagues.

Pay gap by disability	Long-Standing Illness	Non-Disabled	% gap
Mean hourly rate	£19.91	£22.00	-9.5%
Median hourly rate	£17.91	£19.09	-6.2%

Mental Health Conditions

5.21 Individuals with mental health conditions make up 1.1% (n.91) of the Trust's total workforce and 11.8% of colleagues declaring a disability.

5.22 For colleagues with mental health conditions, the mean pay gap widened from -11.6% in 2025 to -13.9% in 2026, equating to an average hourly difference of £3.06. The median pay gap improved from -27.7% to -18.3%, indicating a partial narrowing in typical pay differences despite the increase in the mean gap.

Pay gap by disability	Mental Health Condition	Non-Disabled	% gap
Mean hourly rate	£18.94	£22.00	-13.9%
Median hourly rate	£15.60	£19.09	-18.3%

Physical Impairment

Pay gap by disability	Physical Impairment	Non-Disabled	% gap
Mean hourly rate	£21.85	£22.00	-0.7%
Median hourly rate	£17.52	£19.09	-8.2%

5.23 Individuals with physical impairment make up 0.9% (n.75) of the Trust's total workforce and 9.7% of colleagues declaring a disability.

5.24 Between 2025 and 2026, the mean pay gap for colleagues with physical impairments shifted from +0.7% to -0.7%, moving from a small advantage to a slight disadvantage. However, the median gap improved from -18.9% to -8.2%, indicating a narrowing in typical pay differences.

Sensory Impairment

Pay gap by disability	Sensory Impairment	Non-Disabled	% gap
Mean hourly rate	£22.95	£22.00	+4.3%
Median hourly rate	£19.85	£19.09	+4.0%

5.25 Individuals with sensory impairment make up 0.9% (n.72) of the Trust's total workforce and 9.3% of colleagues declaring a disability.

5.26 From 2025 to 2026, the mean pay gap for colleagues with sensory impairments reduced from +7.3% to +4.3%, indicating a smaller relative pay advantage. Over the same period, the median pay gap shifted from -9.7% to +4.0%, moving from a disadvantage to a slight advantage and reflecting a positive change in typical pay experience.

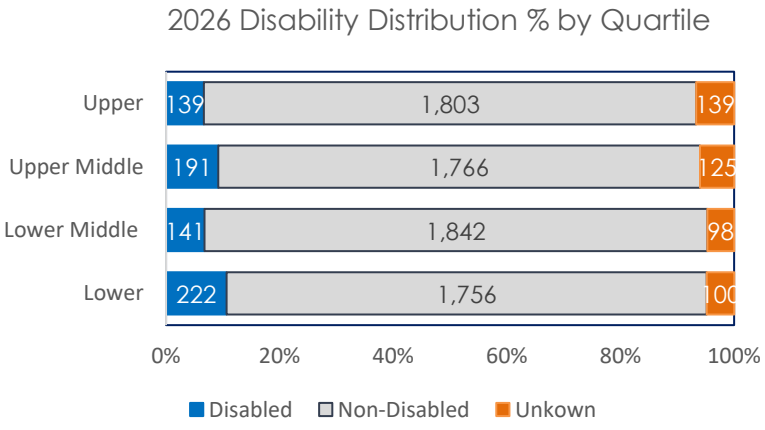
Unspecified Disability

5.27 Individuals with unspecified disabilities make up 0.5% (n.41) of the Trust's total workforce and 5.3% of colleagues declaring a disability.

Pay gap by disability	Unspecified Disability	Non-Disabled	% gap
Mean hourly rate	£22.94	£22.00	+4.3%
Median hourly rate	£23.59	£19.09	+23.5%

5.28 From 2025 to 2026, the mean pay gap for colleagues with unspecified disabilities reduced from +4.0% to +4.3%, indicating a increasing pay advantage. Over the same period, the median pay gap shifted from +13.3% to +23.5%, indicating a widening pay advantage in the typical experience of staff with unspecified disabilities.

Disability distribution by pay quartiles



5.29 Based on the 2026 workforce profile, colleagues living with a disability remain over-represented in the lower quartile (11.2% vs 8.3% workforce representation).

5.30 However, compared to 2025, where over-representation was limited to the lowest quartile, there has been positive movement, with slight over-representation now also evident in the upper middle quartile (9.8%). Under-representation persists in the lower middle (7.1%) and upper quartiles (7.2%), indicating improving distribution across pay bands, but continued imbalance at the most senior levels.

NEXT STEPS FOR DISABILITY EQUALITY 2026-28

- Implement disability declaration campaigns and continue delivery of inclusive recruitment practices, including reasonable adjustments and inclusive recruitment training.
- Continuing implementation of the Allyship Programme, Speaking Up initiatives and behavioural culture work arising from the Trust's listening events
- Promote structures that support career progression and opportunities for disabled staff through talent management strategies.
- Implement reciprocal mentoring, targeted development opportunities and inclusive leadership initiatives to improve career progression, belonging and engagement for disabled colleagues.

AGE

Colleagues in the 16-20 age group have the highest perception of equality of opportunity of 69.23%.

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



6.1. Across 2025-26 the Trust continued its work to promote age equality between people of different ages. Key achievementsinclude:

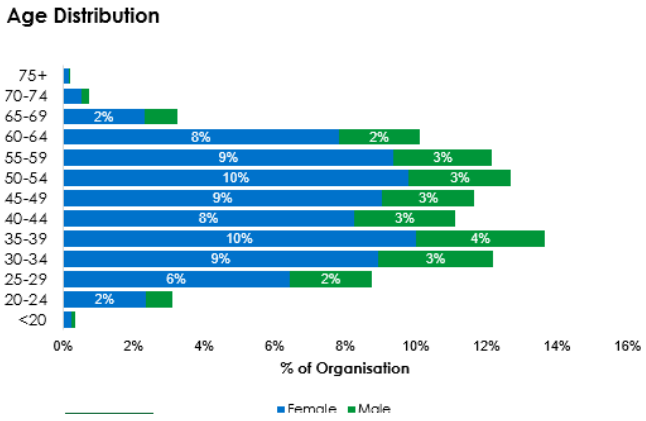
- Collaborating with the Prince's Trust to help young people re-enter the workforce.
- Celebrating 10 years of partnering with Project SEARCH, a supported employment initiative, to provide opportunities for young people with learning difficulties and disabilities.
- Dedicated age section supporting younger and older colleagues in Allyship pack and training.

KEY FINDINGS: AGE

Workforce age representation

6.2. ESHT Colleagues in post changed over twelve months from 8741 in April 2025 to 8711 in April 2026.

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



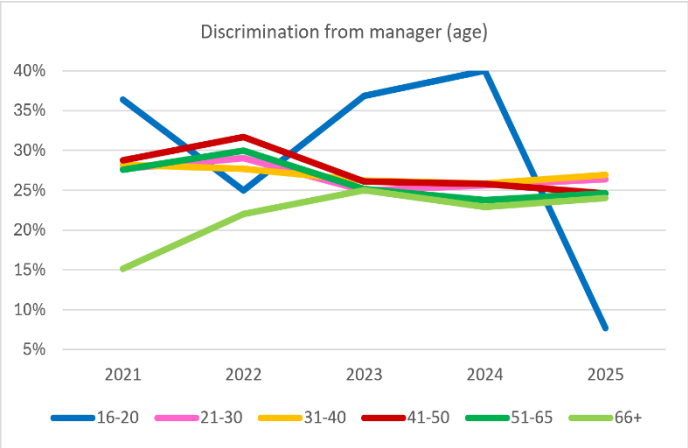
We are safe and healthy (bullying and harassment) by age.

6.4. Experiences of harassment, bullying and abuse from patients, service users, relatives or members of the public were broadly consistent across most age groups during 2025/26, ranging between 24.0% and 26.9%. The lowest reported rate was among colleagues aged 66+ (24.00%), while colleagues aged 31–40 years reported the highest rate (26.91%).

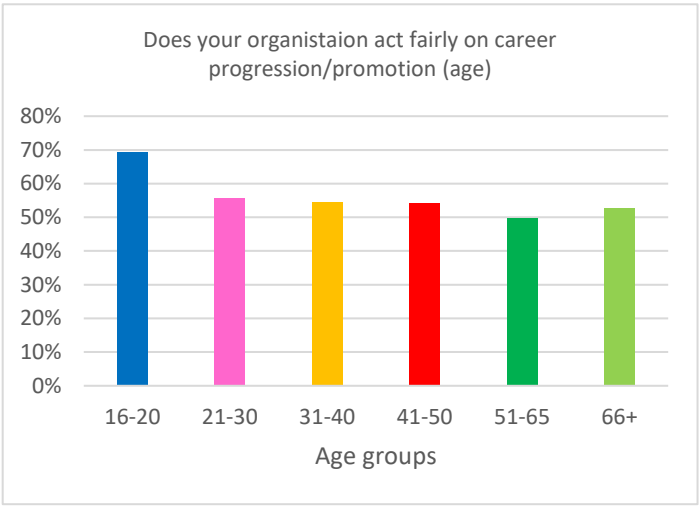
6.5. The 16–20-year age group reported the lowest overall level (7.69%), although this should be interpreted with caution due to the relatively small number of respondents. Overall, the findings suggest that inappropriate behaviour from the public continues to affect colleagues of all ages, with no single age group experiencing a disproportionate burden.

6.6. Across all age groups, the majority of colleagues agreed that their immediate manager takes a positive interest in their health and wellbeing. The 16–20-year age group reported the highest positive response (76.92%), followed by colleagues aged 16–20 years and 66+ years (74.32%). The 21–30-year age group reported the lowest positive response (68.96%), although this remained broadly comparable with colleagues aged 51–65 years (69.77%).

6.7. Compared with the previous year, the largest improvement was seen amongst colleagues aged 66+ years, increasing by 2.89 percentage points, while the 21–30-year age group experienced the largest decline (3.03 percentage points). Overall, the findings suggest that positive perceptions of line manager support remain strong across all age groups, with relatively little variation between groups



6.8. Reporting of harassment, bullying or abuse from managers remained broadly consistent across most age groups in 2025. The highest reporting rates were amongst colleagues aged 31–40 years (26.91%) and 21–30 years (26.38%), while the most notable improvement was seen in the 16–20 age group, where reporting reduced substantially compared with the previous year. Although reporting varies between age groups, the findings suggest colleagues continue to have confidence in raising concerns, and the Trust will continue to promote a culture where everyone feels safe to speak up.



Age equality, we are compassionate and inclusive.

6.9 Younger colleagues continued to report the most positive perceptions of fairness in career progression. Colleagues aged 16–20 years reported the highest level of confidence (69.23%), followed by those aged 21–30 years (55.51%). The lowest positive response was reported by colleagues aged 51–65 years (49.63%), with the remaining age groups reporting broadly similar levels of confidence.

6.10. These findings suggest opportunities to better understand and address the experiences of colleagues in later career stages, ensuring equitable access to development and progression opportunities throughout working life.

6.11. Overall, the 2025/26 Staff Survey shows relatively consistent experiences across age groups, with no widespread evidence of significant age-related disparities. Younger colleagues reported the greatest confidence in fair career progression, while colleagues in the 51–65-year age group were more likely to report concerns relating to management behaviours and less likely to perceive career progression as fair. These findings will continue to inform the Trust's approach to creating an inclusive working environment where colleagues of all ages are able to thrive and progress.

NEXT STEPS FOR AGE EQUALITY 2026-28

- Where possible support social mobility and improve employment opportunities across healthcare through education programmes.
- Continue to increase awareness of age discrimination across the ESHT through the allyship pledge and programme.

ARMED FORCES

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

In September 2025, ESHT was awarded in the Gold Defence Employee Recognition Scheme by the Ministry of Defence (MoD) and November 2025, ESHT won the HSJ Award for Military and Civilian Health Partnership of the Year.



KEY UPDATES: ARMED FORCES

Workforce armed forces representation7.1 ESHT Colleagues in post changed over twelve months from 8741 in April 2025 to 8711 in April 2026.

7.2 The total number of those working for ESHT from the armed forces community is declared at 50, an increase of 14 declarations over the previous twelve months. This is made up of 4 recorded Reservists, 20 Military Family members, 25 Veterans and 2 Cadet Force Adult Volunteer (CFAV).

Key highlights include:

7.3 East Sussex Healthcare NHS Trust continues to demonstrate its commitment to the Armed Forces Community through employment, healthcare and advocacy. During 2025/26, the Trust further strengthened its support for veterans, reservists, service families and military spouses, embedding the principles of the Armed Forces Covenant across both workforce and patient services.

7.4 A significant milestone was achieved in September 2025, when ESHT was awarded the Gold Defence Employer Recognition Scheme (ERS) Award, the Ministry of Defence's highest employer recognition, acknowledging the Trust's outstanding commitment to supporting the Armed Forces Community.

7.5 This was followed by national recognition in November 2025, when ESHT won the HSJ Award for Military and Civilian Health Partnership of the Year, recognising the Trust's innovative work to improve healthcare and employment outcomes for the Armed Forces Community.

NEXT STEPS FOR ARMED FORCES 2026-28

- Maintain Defence Employer Recognition Scheme (Gold) and continue to embed Armed Forces Covenant through training.
- Promote self-declaration of Armed Forces status to better improve our understanding of our workforce.
- Renew attempts to work with our local cadet forces.
- Prepare for revalidation of Veteran Aware accreditation.

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.

The allyship programme was launched at the Trust Awards, valuing lived experience, and creating positive cultural change across the organisation.

8.1 In addition to the progress highlighted in each section, across 2025-26 ESHT continued certain trust-wide initiatives to advance equality of opportunity eliminate discrimination and foster good relations. Key achievements include:

- Launched the Trust's Allyship Programme and Allyship Pledge, accompanied by a colleague-led film showcasing the importance of allyship and everyone's role in fostering an inclusive culture.
- Conducted listening events with the disAbility staff network to understand the Staff Survey engagement scores.
- Continued to improve the centralised Access to Work process and maintained Leader status in the Disability Confident Scheme through external assessment.
- Celebrated the Black History Month, Disability History Month, Armed Forces Week, International Women's Day, Trans Awareness Week, Pride Month, Neurodiversity Celebration Week, and Interfaith Week.
- Contributed to Trust development programmes such as 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 68.84%. This was just below the average provider benchmark of 68.91%.

We are compassionate and inclusive: Inclusion



9.2 ESHT overall score for colleagues feeling a strong personal attachment to their team was 63.62%, this is higher than the provider benchmark of 62.88%.

NEXT STEPS FOR ORGANISATIONAL INCLUSION 2025-26

- Develop and publish new equality objectives for ESHT for 2026-2030 in line with the Public Sector Equality Duty.
- Strengthen governance and assurance arrangements to support delivery of the Trust's inclusion strategy and equality objectives.
- Strengthen the quality, consistency and governance of Equality Impact Assessment.
- Embed inclusion within organisational development, talent management and leadership programme to support sustainable cultural changes.
- Continue to use workforce data, staff feedback and lived experience to evaluate progress and inform continuous improvement.
- Embed the recommendations from the Lord Mann Review.

Summary of Actions for Equality, Diversity, and Inclusion 2026-2028

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 and organisational goals.

Objective	Actions
Race	
1. Fair Career Progression and Development.	Implement reciprocal mentoring, targeted leadership development and transparent career pathways to improve progression opportunities and career confidence for multicultural colleagues. Embed the Allyship Programme, behavioural framework and speaking-up initiatives to reduce experiences of bullying and harassment experienced by multicultural colleagues.
2. Leadership accountability and Representation	Embed ethnicity equality measures within workforce governance arrangements, ensuring recruitment, disciplinary, promotion and leadership diversity data are reviewed annually and action taken where disparities are identified.
3. Inclusive Culture, Allyship and Speaking Up	Embed the Allyship Programme, behavioural framework and speaking-up initiatives to reduce experiences of bullying and harassment experienced by multicultural colleagues. Adopt the seven anti-racism principles of the NHS Race and Health Observatory as per the Lord Mann review
Objective	**Actions**
Religion and Belief	
1. **Grow Faith and Belief Network**	Increase diversity of membership with the Faith and Belief Network to encourage open conversation between different faith groups.
2. **Organise multifaith events**	Organise and host multifaith events to promote understanding and inclusivity among employees of different faiths and beliefs
3. Implement Trust wide allyship programme.	Arrange different events through the Faith and Belief network working in collaboration with other networks to promote intersectionality and increase confidence discussing faith at work.
4. Implement the recommendations from the Lord Mann review	Subject to Government consultation, include wherever possible, Jewish and Sikh as ethnicities in data collection.

Objective	Actions
Gender (Sex)	
1. Increase the representation of women in senior leadership an underrepresented staff groups	Increase the representation of women in senior leadership an underrepresented staff groups through career development and supported by the Leadership and Management Framework. Develop and embed an inclusive talent management approach. Continue to monitor workforce and pay gap trends.
2. Implement Trust wide allyship programme to encourage understanding and awareness of gender equality issues.	Host regular events and workshops to promote gender inclusivity and raise awareness about gender equality issues.
3. Strengthen Support Systems	Embed the Trust's Sexual Safety Charter and continue to promote a culture where sexual misconduct is challenged, concerns are reported confidently and colleagues feel safe at work..
4. Embed changes arising from equality legislation	Review policies, guidance and workplace facilities to ensure continued compliance with changes to equality legislation and support an inclusive environment for all colleagues

Objective	Actions
Sexual Orientation	
1. Continue to grow LGBTQIA+ network membership	Continue to grow LGBTQIA+ network and strengthen allyship across the Trust through awareness, education and engagement
2. Improve understanding of LGBTQIA+ inclusion and create psychologically safe working environments.	Continue implementation of the Trust wide allyship programme and enhance online training provision for LGBTQIA+ learning and allyship initiatives.
3. **Embed changes arising from equality legislation**	Review policies, guidance and workplace facilities to ensure continued compliance with changes to equality legislation and support an inclusive environment for all colleagues

Objective	Actions
Disability	
1. Continue to embed Reasonable Adjustment process throughout the Trust.	Implement disability declaration campaigns and continue delivery of inclusive recruitment practices, including reasonable adjustments and inclusive recruitment training.
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. Implement reciprocal mentoring, targeted development opportunities and inclusive leadership initiatives to improve career progression, belonging and engagement for disabled colleagues.
3. **Support neurodiverse colleagues**	Continuing implementation of the Allyship Programme, Speaking Up initiatives and behavioural culture work arising from the Trust's listening events.
Objective	**Actions**
Age	
1. **Support social mobility and employment opportunities**	Improve employment opportunities through education programmes.
2. **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. Maintain Defence Employer Recognition Scheme (Gold)	Continue to embed Armed Forces Covenant through training.
2. Increase those declaring their armed forces status	Promote the value of declaring Armed Forces status through internal campaigns and staff stories. Promote self-declaration of Armed Forces status to better improve our understanding of our workforce.
3. Prepare for revalidation of Veteran Aware accreditation.	Gather evidence for submission for reaccreditation 2027

Objective	Actions
Organisational Inclusion	
1. Develop new equality objectives for ESHT for 2026-2030	Develop and publish new equality objectives for ESHT for 2026-2030 in line with the Public Sector Equality Duty.
2. **Strengthen governance and assurance arrangements for inclusion and culture work**	Strengthen governance and assurance arrangements to support delivery of the Trust's inclusion strategy and equality objectives through revised Workforce Inclusion and Culture Group.
3. **Strengthen the quality, consistency and governance of Equality Impact Assessment.**	Review and simplify the Equality Impact Assessment proves. Develop guidance and practical resources to support the complete on Equality Impact Assessments Strengthen governance and quality assurance arrangement for Equality Impact Assessments
4. Strengthen career progression pathways for disabled staff through talent management	Embed inclusion within organisational development, talent management and leadership programme to support sustainable cultural changes. Continue to use workforce data, staff feedback and lived experience to evaluate progress and inform continuous improvement.
5. Embed the recommendations from the Lord Mann review	Subject to Government consultation, include wherever possible, Jewish and Sikh as ethnicities in data collection. Implement the national guidance on uniform and NHS-issued equipment and how we should respond to racist behaviour from the public. Adopt the seven anti-racism principles of the NHS Race and Health Observatory. Trust Board to undertake antiracism training when it is available.

Looking Ahead

Over the next four years ESHT will continue to embed equality, diversity and inclusion and belonging within everyday practice. By combining robust workforce data, lived experience and meaningful engagement with colleagues, we will continue to reduce inequalities, strengthen inclusive leadership and create a culture where everyone feels safe, valued and able to thrive.