

# EDI Annual Report 2023



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Equity in healthcare is described as “Absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality.”

- World Health Organisation

# Contents





# Foreward

We are delighted to introduce this report which provides a summary of Equity, Diversity and Inclusion practices at East London NHS Foundation Trust (ELFT) from January - December 2023. It aligns with our strategic aim to identify and remove systemic barriers and move towards a greater understanding of intersectionality.



As an organisation that is an employer, a provider of services, a purchaser of services and key player in local partnerships, we are aware that we have a critical role in promoting health and fairness in all our endeavours. This ties in with our work to be fully compliant with the Public Sector Equality Duty (s.149) within the Equality Act (2010), and its emphasis on the need to eliminate discrimination, advance equity of opportunity, and foster good relations. So, we are mindful that we need to actively lead the way in delivering and promoting equity of access, experience, and outcomes for all individuals accessing services, their carers, and our staff.

As a Trust, we identified three areas of focus for the reporting cycle that provides the basis for this report. They are Population Health; Service Users Access and Outcomes; and Improving Staff Experience. Our 2023 Population Health report published in September 2023 features in this report. It details the actions and progress we have made in addressing population health over the past two years.

We recognise the unique journeys of individuals who provide or receive ELFT health services. We want the Trust to be a place that supports people to thrive, removes barriers, and that values diversity and inclusion across services, the workforce, and the community.

Although this report highlights the many ways we are trying to address discrimination, and our successes, we know we have a long way to go. We are grateful to our service users, carers and staff and to those working alongside us in partner organisations who support this work and strive, in small ways and large ways, to chip away at barriers to try to create a fairer environment for all.

Thank you.

**Tanya Carter**  
Chief People Officer

**Claire McKenna**  
Interim Chief Nurse



# Introduction

As an NHS Trust, we comply with the **Public Sector Equality Duty (s.149) within the Equality Act (2010)**. which requires public bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equity of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This report contains a summary of Equity, Diversity, and Inclusion (EDI) practices across East London NHS Foundation Trust, from January 2023 to December 2023 in line with our strategic aims to 'identify and remove systematic barriers, and to develop a wider understanding of intersectionality'.

This report highlights how the Trust is working to tackle inequity and to improve the experience of patients, service users, carers, and staff. The Trust remains active in promoting equity of access, experience and outcomes for people who use our services, their carers, and our workforce. We understand that everybody's journey through life is unique and individual, and value the importance of diversity and inclusion across our services, our workforce, and the wider community. As part of this we see the important role we can play as an employer, as a purchaser of services and as a key player in local partnerships to make the places we support healthier and fairer for all.

In this reporting cycle the Trust have identified three focus areas:

- 1 Population Health
- 2 Patient Access and Outcomes
- 3 Improving Staff Experience

This is the second of two linked reports. The first report is the 2023 Population Health report was published in September 2023 which details Focus 1. The Population Health report sets out key areas of progress over the past two years following the Trust's strategic commitment to improving population health





# Overview of our population

East London NHS Foundation Trust (ELFT) provides a wide range of mental health, community, primary care and inpatient services to children, young people, adults of working age, older adults, and forensic services.

ELFT employ approximately 8,000 staff across more than 130 sites at locations throughout the City of London & Hackney, Newham, Tower Hamlets, Bedfordshire, and Luton. We provide care to a population of over 1.9 million people. Some key population facts are set out below:

**Many population groups are living in areas of high deprivation.** For example, the proportion of children living in poverty in our East London boroughs and Luton is some of the highest in the country.

**The places where we work are also seeing high levels of population growth.** In most of our areas, the fastest population growth is among people aged 65 and over. In contrast, in Luton the largest growth was in the under 15s age group, and in Tower Hamlets the working age population grew the most.

**Many of ELFT's areas are very ethnically diverse.** In our London areas fewer than half of people are from a white British background and Newham is the most ethnically diverse place in the country. In our places outside of London the pattern is more varied, for example in Luton 32% of the population is white British, but in Central Bedfordshire it is 84%.

**There are also environmental differences across place.** For example, the proportion of green space in the City, Tower Hamlets and Newham is less than half the London average. People in Central Bedfordshire have to travel further than the England average to access services such as job centres and GP surgeries.

Addressing these inequities requires an approach that considers the diverse needs and circumstances of different population groups and prioritises targeted interventions to promote equity and social justice.





# Equity, Diversity, and Inclusion

Our five-year strategy takes into account the changing needs and strengths within our local populations, the impact of the pandemic, greater collaborative working between local health and social care organisations and the views of local people and stakeholders. The Trust has governance mechanisms in place to ensure our duties are met, and to understand the impact of inequities on individuals and groups.

Over the past year, the Trust has acknowledged that an effective EDI strategy should go beyond legal compliance and take an intersectional approach to EDI, which will contribute to the wellbeing and equity of outcomes and impact for all who use our services and benefit our staff. In addition to the 9 protected characteristics the Trust’s approach to equity considers factors such as: accent, caring responsibilities, culture, homelessness, invisible disability, neurodiversity, gender expression, mental health and wellbeing, and deprivation and socio-economic circumstances, amongst other personal characteristics and experiences.

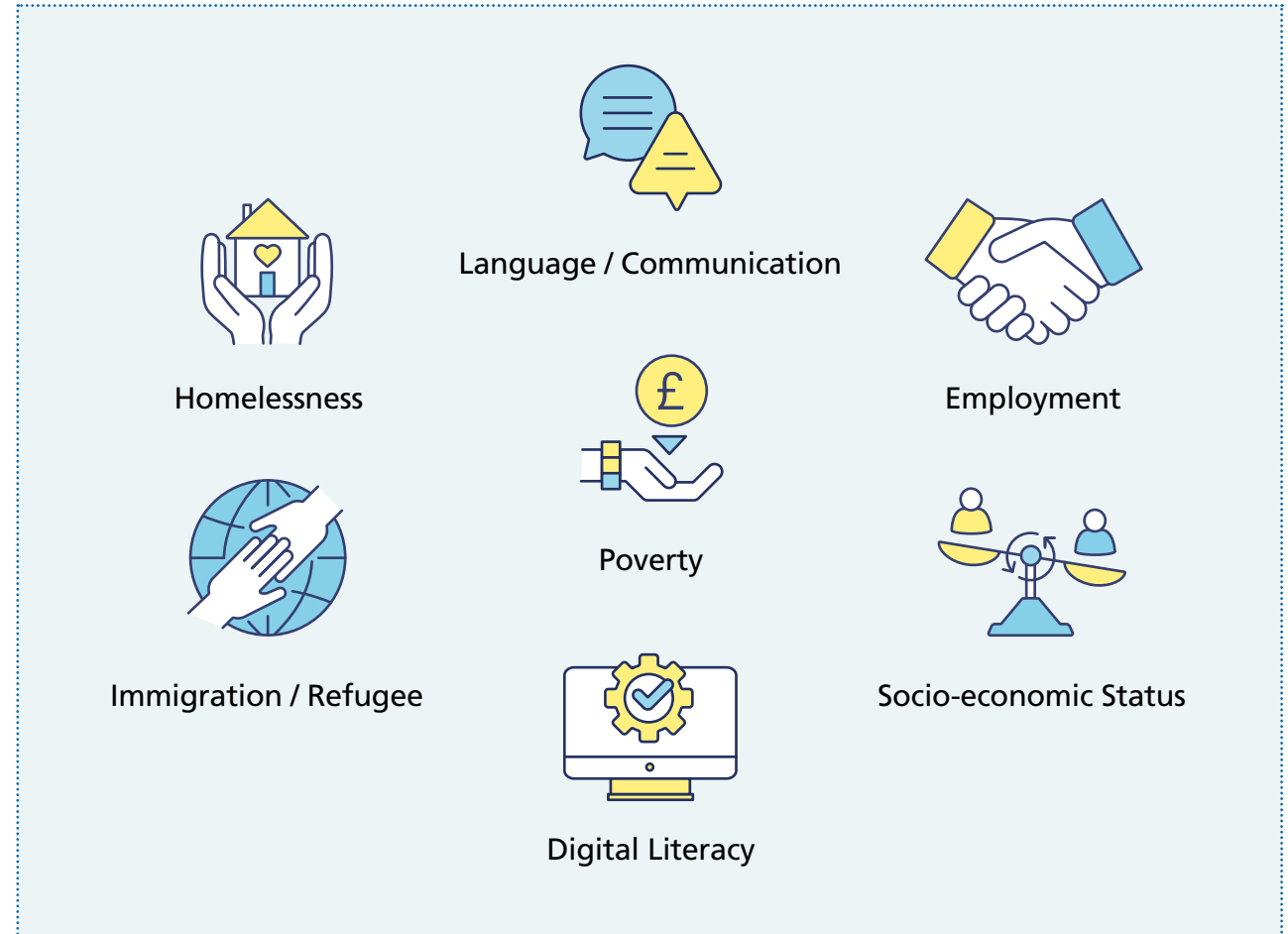
Please note that some sections of this report use the term “equality” or “BME” in accordance with established national reporting standards, such as the Workforce Race Equality Standard (WRES). In order to maintain clarity and consistency, these terms have not been altered.

Age	Disability	Ethnicity / Race
Pregnancy / Maternity	Sexual Orientation	Sex
Religion / Non-belief	Gender Reassignment	Marriage / Civil Partnership





In addition to the protected characteristics outlined in equity legislation, there are several other characteristics that are not legally protected but are important considerations in healthcare equity strategies at the Trust. These include:



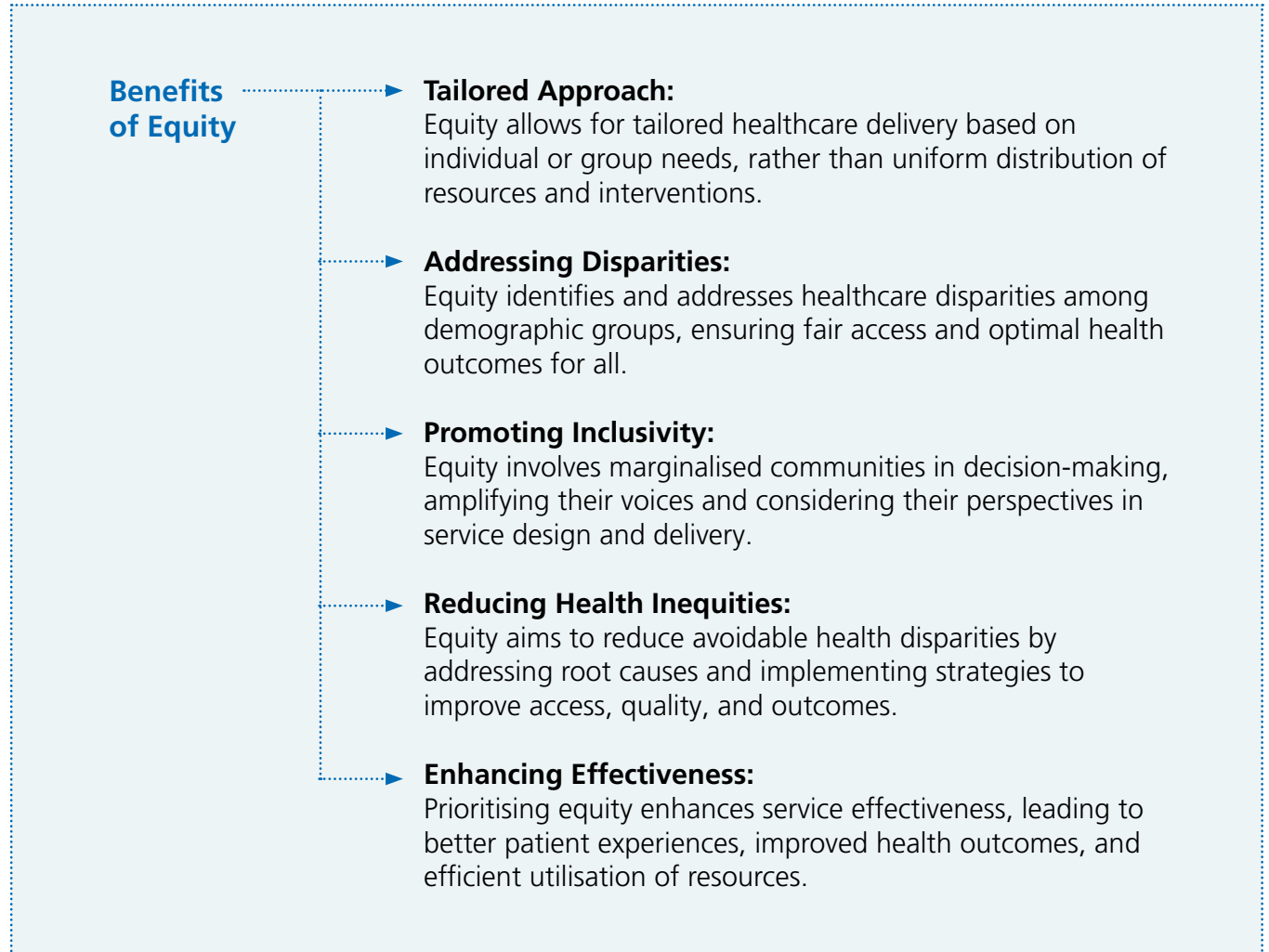


# Shifts in Terminology

Adapting and shifting our equity terminology is vital due to evolving understandings, promoting inclusivity, addressing stigma, meeting legal requirements, enhancing communication, and supporting patient-centred care. This ensures that language accurately reflects current knowledge, fosters an environment of respect, combats discrimination, ensures legal compliance, improves understanding, and enhances the quality of care for all individuals.

## Equality vs Equity

ELFT has shifted from previously using the term “Equality” to now prioritising “Equity”. While equality focuses on treating everyone the same, equity in healthcare recognises and responds to the diverse needs and circumstances of individuals and communities, ultimately leading to fairer and more inclusive healthcare systems.





## BME/BAME vs Racialised Groups

The Trust’s terminology has shifted from BME (Black and Minority Ethnic) or BAME (Black, Asian, and Minority Ethnic) to “racialised groups” reflecting our broader understanding of the complexities of identity and discrimination.

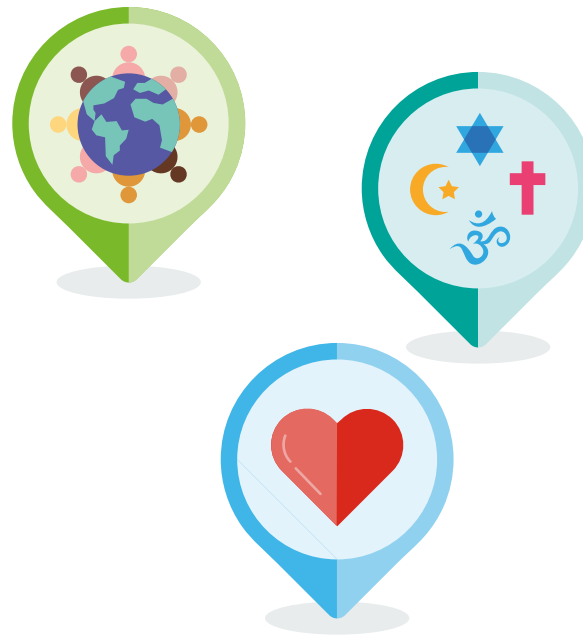
The terms BME and BAME have been commonly used to refer to individuals or communities who are not part of the white ethnic majority. They encompass a range of ethnic backgrounds including Black, Asian, and other minority ethnicities. In an effort to identify the unique needs of different groups, the Trust has shifted away from the term BAME (Black, Asian, and Minority Ethnic) for several reasons, including:

**Homogenisation of diverse groups:** BAME groups encompass a wide range of ethnicities, cultures, and experiences. Using this term can oversimplify the diversity within these communities, erasing the distinct challenges and needs faced by different groups.

**Masking Inequalities:** Grouping together various ethnicities under the umbrella term BAME can obscure disparities and inequities within these communities. For instance, while BAME individuals may face discrimination, the experiences of Black people within this category might be distinct from those of Asian or other minority ethnic groups.

**Lack of agency:** BAME is a term imposed from outside these communities, and many individuals within these groups may not identify with it. It reduces people to a collective label without considering their individual identities, experiences, or agency in defining themselves.

**Single approach to diversity:** Using BAME may lead to a one-size-fits-all approach to diversity and inclusion initiatives, which may not effectively address the unique needs and challenges of different ethnic groups.



The term “**racialised groups**” recognises that race is a social construct rather than a biological reality. It emphasises the process by which certain groups are categorised and treated differently based on perceived racial characteristics.

Racialised groups include not only those traditionally classified as BME/BAME but also individuals who may not fit neatly into these categories, yet experience marginalisation or discrimination based on perceived racial attributes.

This term acknowledges that racial identity and experiences of discrimination are shaped by social, historical, and institutional factors, rather than inherent biological differences.

In essence, “racialised groups” broadens the scope beyond the traditional categories of BME/BAME to encompass a more nuanced understanding of how race operates as a social construct and influences individuals’ experiences.





## FOCUS 1

# Population Health







# Population Health

As described in the overview of our population, ELFT works across areas of high population growth, ethnic diversity and with population groups that vary in terms of environment and social and economic conditions. This includes working in areas where a significant proportion of the population are impacted by poverty. One way of measuring how these social determinants impact health outcomes is by measuring difference in life expectancy and healthy life expectancy (meaning how long people can expect to live in good health). For example, the difference in life expectancy for men between the most and least deprived areas in Bedford is 9 years, but the difference in healthy life expectancy is 13 years. Population health is a way of working that seeks to identify and understand such inequities and inequalities that exist between people and communities then use an evidence-based approach to help reduce them.

In September 2023 the Trust published the Annual Population Health Report. It is the first report of its kind co- produced by a mental health, community health and primary care trust to show the work taking place to improve population health by the Trust. In addition, it sets out priority areas for the year ahead: employment support, exploring ways to help maximise income through clinical settings and supporting the physical health needs of people with severe mental illness.

The Population Health Report provides an overview of the population ELFT supports in order for services to be able to use data to understand their populations and plan for accessibility and equity of care. Awareness of population health needs is also included in staff training. For example, all new staff receive an introduction to our population health objectives during their induction and we have introduced a series of activities to support staff skills, knowledge and understanding including the ELFT Lead Programme. There is a leadership development course for staff which includes a population health module to improve understanding of the communities with which ELFT works and causes of poor health within them. [Data Packs](#)

Our population health focus also brings together our work as an Anchor institution, set out in our [Anchor Plan 2023](#).





## Summary of key Population Health recommendations

Our Population Health Strategy commits us to taking action to improving population health along with improving quality of care, staff experience and value. We believe we have a responsibility to do our bit to make our corner of the world a fairer place to live and work, and to see the communities we serve thrive.

Our work on population health, including being an Anchor organisation and a Marmot Trust, is our way of turning this aspiration into reality.

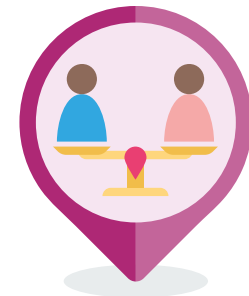
In the coming year, our population health work will prioritise three objectives:

- a. Local employment
- b. Income maximisation
- c. Promoting the physical health of people with severe mental illness.

It has also been an important platform to test out and innovate around how we can reduce impacts of poverty for Trust service users through new models of care and support. For example, the ELFT charity funded the Healthier Wealthier Families programme where we are co locating

financial advice in health and care settings in Newham and Tower Hamlets with the impact this is making on families evaluated by University College London. This formed part of our work to become the first NHS Marmot Trust in the country, using a strong evidence base of what drives inequalities in health and to increase our focus on how to reduce these, for example in terms of taking action around income, employment and prevention.

Quality Improvement (QI) is also a key part of our population health approach. For example, since September 2022, 15 teams have been tackling a range of inequities including outcomes for ethnic minority groups and issues around sexuality and gender.





## Denny Review - response

The Denny Review was initiated in 2021 after discussions with diverse communities impacted by Covid-19. The review, chaired by Reverend Lloyd Denny, aimed to address health inequities in Bedfordshire, Luton, and Milton Keynes (BLMK). Led by a steering group representing various sectors, including local authorities and public health, the review engaged marginalised groups like Gypsy, Roma, and Traveller communities, homeless individuals, migrants, and LGBTQ+ populations.

Key findings highlighted issues of service accessibility, cultural competency, communication barriers, unconscious bias, and racism. The review noted a lack of person-centred approaches exacerbating health disparities and leading to service disengagement. In response, the Integrated Care Board (ICB) Partnership Board proposed short-term tactical and medium to long-term strategic recommendations, supported by all health and social care partners, with ELFT actively involved in their implementation.

Some of the initiatives we have worked on:

### 'Better Days' across Bedfordshire, Luton, and Milton Keynes

In 2022, ELFT and Central & North West London NHS Foundation Trust (CNWL) began collaborating with youth to envision "Better Days in Bedfordshire, Luton, and Milton Keynes." This initiative aims to support engagement, reduce stigma, and bridge service gaps, empowering local communities to prioritise youth well-being. Better Days BLMK fosters social networks, promotes collective responsibility for youth health, and aims to empower young people to lead their own recovery journeys.

### Bedford and Luton Children and Adolescents Mental Health Services

Gender Identity Training by Experts by Experience is being delivered to CAMHS colleagues, Parents/Carers across Bedfordshire & Luton, MIND Sanctuary staff and other community colleagues. Also, in this workstream is the facilitation of safe space sessions for trans young people accessing CAMHS with people who have lived experience. These take place fortnightly, alternating between online and face to face.

### Bedfordshire Population Health Management

The pre-school mental health support program addresses early behavioural challenges, potentially linked to emerging mental health issues, Adverse Childhood Experiences (ACEs), or trauma. Now in its second year of implementation, it offers e-learning on ACEs and Early Trauma. The program also rolls out Five to Thrive training across Central Bedfordshire, offering train-the-trainer sessions, e-learning, and face-to-face training. Moreover, Central Bedfordshire Children's Centres deliver Parenting Puzzle sessions to parents and caregivers of preschool-aged children.





## FOCUS 2

# Service User Access, Outcomes, and Engagement



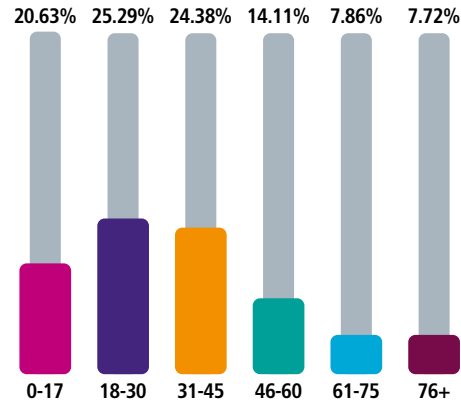


# Service User Access, Outcomes, and Engagement

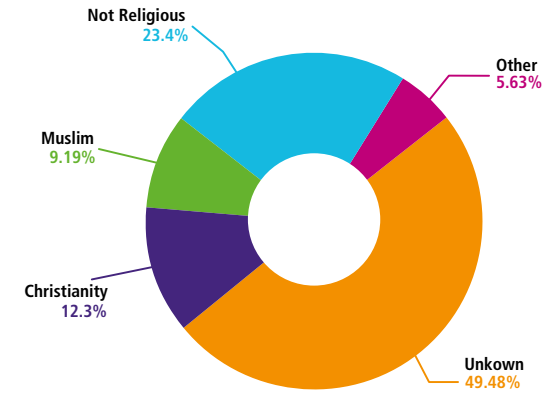
As we strive to meet the diverse needs of our community, it has important that we continue to build our use of data, our approach to co-production and people participation to address inequities in experience, access and outcomes in our services.

Getting the basics right and building on the innovation that we saw during the pandemic to transform and improve our clinical delivery, strengthening our ability to adapt and remain flexible and resilient to future challenges and opportunities.

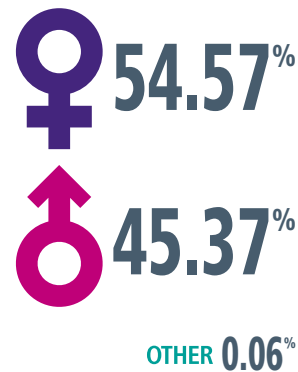
## AGE GROUP



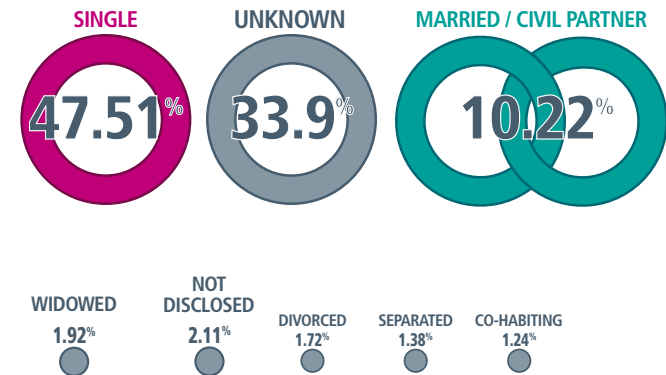
## RELIGION



## GENDER

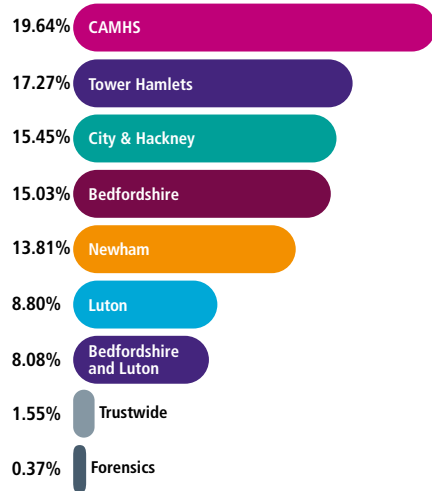


## MARITAL STATUS

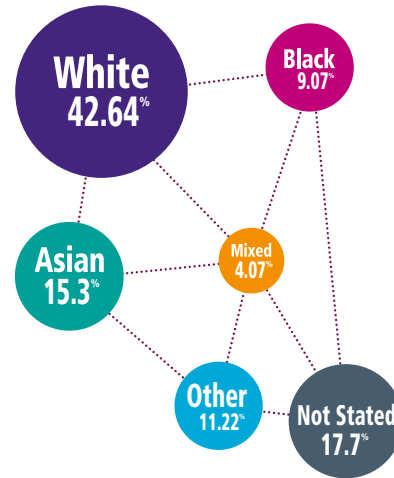




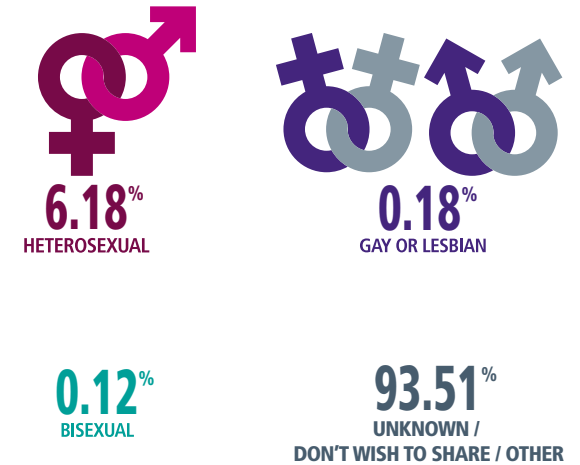
### BY DIRECTORATE



### ETHNICITY



### SEXUAL ORIENTATION



### DISABILITY

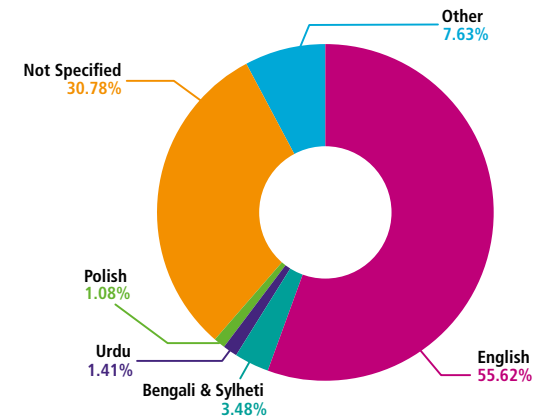
**YES**  
0.0001%

**NOT DECLARED**  
99.9999%

### BY CATEGORY



### LANGUAGE SPOKEN







## Improving Access

### Accessible Information

As a provider of mental, community and primary care services we are required to support accessible information and a champion of inclusivity, accessibility is important to the Trust.

- **Translation and Interpretation Services**  
The Trust is mandated by the Equality Act 2010 to provide interpreting services for patients, ensuring informed consent and better health outcomes. Managed by Compass Wellbeing, these services are rigorously reviewed for quality and effectiveness. In 2023, Translation requests were fulfilled 100% across the Trust, with British Sign Language requests achieving high fulfilment rates.
- **Accessible Information Standard**  
The Accessible Information Standard ensures that individuals with disabilities or sensory impairments can access communication materials in their preferred format, promoting accessibility and reducing health disparities. Trust policies were updated in 2023 to align with accessibility standards, and staff received training from the Learning Disability Team and ELFT Ability Staff Network. A significant decrease in non-accessible documents is anticipated in 2024 as a result of these efforts.

### Equity Impact Assessment

No one should receive a poorer service or have a worse experience because of their difference. The Equity Impact Assessment (EIA) guidance helps to identify and avoid inequity in access and outcomes for all. To ensure fair and equal treatment to all. An EIA is an evidence-based approach designed to help ensure that our policies, practices, events, and decision-making processes are fair and do not present barriers to participation or disadvantage any protected groups. The process will help to identify differential Impact and look at how we can avoid disadvantage or further improve the delivery of our services. The EIA can be used to assess existing services, policies, and functions, plans for future changes and new projects.





## Patient Access Data

The performance report routinely includes equity measures, and a section that focuses on summarising work on particular equity gap. The average waiting time across community services shows that the equity gap has narrowed for all but the “other group”. Services will be conducting further data cleansing exercises to improve the accuracy of this information over the coming months to further understand the “other group”.

Services are able to use available access data to strategically target groups who are failing to access their services and are offering services in different ways to meet the needs of their communities.



### Improving Access to Psychological Therapies (IAPT)

Our Improving Access to Psychological Therapies (IAPT) services continue to make significant strides in collaboration with local authorities to support public health priorities. Dedicated Community Engagement Workers are actively engaging with diverse local communities to enhance access and promote involvement in community settings. Across our services, several QI projects are underway, targeting specific populations such as young Black males, Bengali-speaking Service Users, and Indian males to improve engagement and outcomes. Additionally, our IAPT services in East London and Bedfordshire are working closely with Integrated Care Systems (ICS) to enhance access and outcomes for our populations.

### Children and Adolescents Mental Health Services (CAMHS)

Rainbow Bedfordshire

Work to improve access for young people in Luton & Bedfordshire CAMHS services continues, including updating the clinical records system to record gender identity and pronouns accurately. The staff training around this has been so successful that external organisations

now invite us in, including local acute Trusts, schools and colleges, social care and police. ELFT has recently advised sports coaches on trans inclusion. This work complements the wider programme of work in Bedfordshire, known as Rainbow Bedfordshire, who have been working to promote LGBTQ+ inclusion in adult services, including establishing an LGBTQ+ trans inclusive swimming club.

### Community Mental Health Teams (CMHT)

CMHTs are working with external organisations like Resolutions and Total Wellbeing Luton to help improve access to both mental health and addiction services. The teams are collaboratively designing a process to ‘get the basics right’ to enable effective joint working.

Across the Trust, there are numerous initiatives underway to improve access and flow across community services, including effective waiting list management, prioritisation of vulnerable groups, and collaborating with voluntary sector partners.





## Pursuing Equity Quality Improvement Programme

In response to the Trust strategy to improve quality of life for all we serve, the Trust has launched a QI programme to support teams to pursue equity.

Phase one of the programme began in April 2022 and was designed in partnership with the colleagues from population health, people participation, the Trust networks, and the QI department. The programme has brought together several teams from across the Trust to tackle inequities around gender and sexuality and racial inequity regarding access, outcomes, and experience of care.

Phase two of the Pursuing Equity programme began in September 2023 and will run until October 2024. This phase will build on the success of phase one to support teams to use QI to tackle inequity.



### Areas of success include:

- An award-winning project on East India Ward in Forensics reduced incidents of racism by 90%;
- Award winning Bow Ward in Forensics increased access to cervical screening by 15% and breast cancer screening by 16.5% for women in their care;
- Tower Hamlets Early Intervention Service increased access to their service for people from racialised groups by 27%;
- Cauldwell Medical Centre was nominated for an award for their work in increasing cervical cancer screening;
- Tower Hamlets Early Intervention Team increased access to service for Black Asian and Minority ethnic service users by 27%;
- Hatters Health Primary Care Network in Luton have increased the number of service users with a Serious Mental Illness from racialised communities who had a health check from 0% to 50%



### Patient and Carer Race Equality Framework

The Patient and Carer Race Equality Framework (PCREF) was one of the key recommendations of the Independent Review of the Mental Health Act (MHA). At its core, the PCREF aims to support NHS Mental Health Trusts to:

- a. Improve their interaction with racialised and ethnically and culturally diverse communities,
- b. Raise awareness of organisations’ own cultural and racial bias and provide a framework to reduce them.
- c. Improve governance, accountability, and leadership on improving experiences of care for racialised and ethnically and culturally diverse communities.

ELFT became a pilot site for the PCREF initiative in 2021, using adult mental health services in London to scope how this work can be achieved at the Trust. Since piloting the PCREF initiative, we have engaged with both internal and external stakeholders, including the regional and national PCREF steering groups, Local Authority, Community Sector, and service users.

Throughout 2023, we focused on exploring how to embed the new assessment framework by aligning existing work across Performance, People Participation, Careers Strategy Group, People, and Culture. Evidence has been gathered through ongoing programs such as Quality Improvement (QI) and Pursuing Equity.

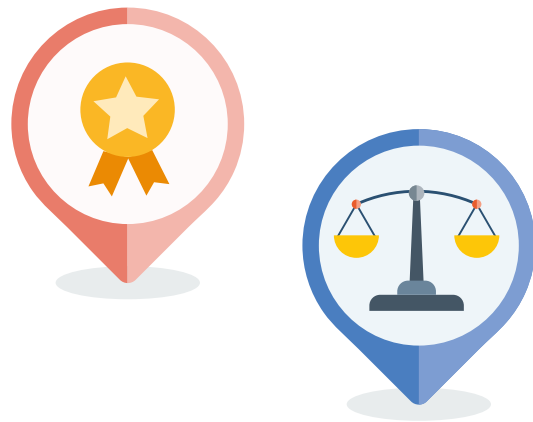
The People Participation team plays a crucial role in coproducing the PCREF alongside experts by experience. Integration of these voices throughout the framework’s design and implementation process is essential to ensure alignment with the priorities and lived experiences of the Trust’s ethnically diverse communities.

Officially launched at the Trust in November 2023, the PCREF has been developed with interim guidance alongside service users. Future iterations are planned to be developed in

collaboration with operational and clinical leads across the Trust. This phase is about setting the ground work and governance framework and engaging with service users and teams to build priorities and deliverable objectives.



**All services are in the process of developing their PCREF / tackling local inequities plans. Below are two service examples;**





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## Children and Adolescents Mental Health Services (CAMHS)

Early indicators suggest a closing of the gap between white service users and those from racialised groups in access to CAMHS. CAMHS have been collaborating with partners to improve access and make the service offer more inclusive. This has involved partnering with organisations to deliver effective, culturally appropriate interventions through the CAMHS Alliance in City & Hackney and LGBTQIA+ inclusion programmes in Bedfordshire.

The CAMHS Anti-racist Action Plan to combat racism and promote equity has been a highlight of 2023 as it was a collaborative endeavour that involved our service users and put the service user experience at the forefront. Our equity, diversity, and inclusion roadmap will give us the direction and structure to continue improving patient experience, access, and outcomes. Our approach has focused on laying a strong and sustainable equality work foundation by producing new equity policies, guidance, and governance to ensure longevity in this work area. Each CAMHS service and inpatient unit has produced developed a local equity strategy that produces three equity priorities informed by local

demographic data which is refreshed annually. We have also introduced standard equity guidance for anti-racist work in each service, which includes supervision, Multi-Disciplinary Team (MDT) discussions, and staff forums for the benefit of our service users. This year, we also completed and ratified the Transgender Statement and Policy for service users.

This work builds on the work carried out in CAMHS over several years, including Safe Space and the CAMHS Equity Programme, and from a recognition that, as well as talking, we need to take some meaningful action. We understand what service users have told us about how they want to be treated and are working towards its delivery.

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## Cultural Competency in Community Mental Health Services

Across the Trust Community Mental Health teams (CMHT) are exploring ways to improve engagement, including partnering with local faith groups, charities, and community resources to help meet the needs of individuals.

In Tower Hamlets and Newham, cultural awareness training at the East London Mosque, which commenced during the summer, supports clinicians to gain knowledge and understanding of the issues around culture and how this might influence health outcomes.

In Luton and Bedfordshire, workshops are tailored to meet the needs of different communities including women-only sessions, sessions around living with long-term conditions and dementia, and LGBTQ+ support networks.

Across East London, similar courses are available, with some aimed at communities, including a course on 'Islam and Recovery' which explores ideas and approaches to mental health, including aspects of culture, faith, belief, and lifestyles. New courses have recently been launched, specifically aimed at young adults between the ages of 18 and 30. These focus on managing transitions, food, and self-image, and engaging with personal and professional contacts to manage crises. A Bengali Men's 'Get Fit' Group has also been launched recently to provide accessible fitness resources to improve physical and mental health as well as establish good relationships with others in the community.





## Restrictive Practices

The rate of restrictive practices between different ethnic groups across adult & older adult services continues to show a narrowing of the equity gap, owing to a range of initiatives underway to improve safety culture. There is a restrictive practice and use of force strategy meeting in place which monitors compliance with the use of force and has a focus on the different elements of restriction, reviews and scrutinises quality improvement projects.

### What does the data tell us?

While restrictive practices trust wide are reducing there is an inequity in the application of restrictive practices for service users who are from the Black African and Black other communities. Work is underway both within the Trust and within NEL to further understand what might be driving this and to implement and monitor change idea to reduce potential impact and disparity.

Service users with a learning disability are not overly represented in the data, however it is likely that the data does not reflect the true prevalence due to under diagnosis or their needs not being identified on RIO. Restrictive practices are likely

to have a disproportionate impact on this patient group and therefore will be an additional focus for the reducing restrictive practices and impact work.

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### Time to Think Forum

The Time to Think forums are fully embedded within inpatient services. The forum is an opportunity for staff and service users to understand their own data and experiences of restrictive practices and adopt local change ideas to address local challenges. This work is overseen by the Use of Force and Restrictive Practices Strategic Group which feeds into the Patient Safety Group.

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### Safety Bundle Work

The use of safety bundle which is an evidence based tool for reducing violence and restrictive practices was relaunched across the Trust with the support of the QI team, this is now fully operational. We are seeing reductions in restrictive practices in all areas.



## Patient, Service User and Carer Engagement

By actively involving service users in decision-making processes, we gain valuable insights into the unique challenges and priorities faced by individuals, leading to more patient-centred care approaches and improved health outcomes. Service user engagement is important in addressing healthcare disparities. By actively involving patients from diverse backgrounds and communities in the design and delivery of our services, we can ensure that services are accessible, culturally sensitive, and responsive to the needs of all individuals. This can help reduce barriers to care and improve health outcomes among marginalised populations in the long term.

### Equity, Diversity, and Inclusion within People Participation

In 2023, the appointment of an EDI People Participation Lead marked a step in actively involving patients, service users, and carers in service and policy development and review. This role facilitates their inclusion in meetings with senior leaders, empowering experts by

experience to collaborate on shaping the Trust's initiatives to address patient and carer inequities.

Projects initiated in 2023, such as the development of a new Privacy and Dignity Policy and efforts to become a refugee-welcoming organisation, evidence the Trust's commitment to continual improvement. These projects offer service users opportunities to both teach and learn alongside the EDI Team.

### Inequities Steering Groups

The Trust hosts multiple steering groups focused on tackling inequities. Each group brings together key stakeholders to decide on priorities and manage progress. The overall goal of the groups is to provide guidance, recommendations, and leadership to drive successful outcomes.

### Equity, Diversity, and Inclusion Working Together Group (EDI WTG)

The EDI WTG, launched in December 2023, comprises service users and carers from across the Trust, providing a dedicated space for co-production and community empowerment. It focuses on all protected characteristics and is supported by the Trust's Equity Programme Board.

### Newham & City and Hackney Inequalities Task Group

The Newham & City and Hackney Inequalities Groups, launched in 2023 as part of the ELFT Community Mental Health Transformation, aim to address inequalities across various services. They encompass all protected characteristics and oversee projects aimed at reducing disparities for residents with mental health, learning disability, or neurodiversity diagnoses.

### Bedfordshire and Luton Anti-Racism Steering Group

The Anti-Racism Steering Group collaborates with key partners to develop an action plan for sustainable and measurable change within the ELFT community, focusing on improving the lives and well-being of service users, carers, and staff from Black, Asian, and other racialised ethnicities and cultures. In 2023, the group worked on projects with the Trust's EDI Team and the Bedfordshire Hate Crime Team to promote zero tolerance against hate language and develop resources for spreading this message across services.

The Trust would seek to have local steering group at place to drive local plans forwards.





### **Pursuing Equity Quality Improvement Programme**

In response to the Trust strategy to improve quality of life for all we serve, the trust has launched a Quality Improvement (QI) programme to support teams to pursue equity.

Phase one of the programme began in April 2022 and was designed in partnership with the colleagues from public health, people participation, the Trust networks, and the QI department.

The programme has brought together several teams from across the trust to tackle inequities around gender and sexuality and racial inequity regarding access, outcomes, and experience of care.

### **PCREF Next Steps**

The launch of the PCREF Steering Group in January 2024 provides structure and an implementation framework. Directorates will report PCREF metrics to the steering group and share insights and learnings both within the Trust and with external stakeholders.

We will continue to develop this work further in relation to developing place based PCREF deliverables that will make a difference to the communities we serve and address equity challenges.



## Improving Patient Outcomes

**Improving the outcomes of our services for patients ensures that they receive the highest quality of care and achieve the best possible health outcomes. By delivering effective treatments and interventions, we can help patients recover from illnesses, manage conditions, and improve their overall quality of life.**

Additionally, improving service outcomes enhances patient satisfaction and trust in the healthcare system. Patients who experience positive outcomes are more likely to have confidence in the care they receive and are more likely to access services in future. This promotes a positive relationship between patients and services, leading to improved communication, co-produced treatment plans, and ultimately, better health outcomes.

### Dialog

The DIALOG is a scale of 11 questions. People rate their satisfaction with eight life domains and three treatment aspects on a 7-point scale. DIALOG provides a score for subjective quality of life and a score for treatment satisfaction.

DIALOG+ is a full therapeutic intervention. It incorporates the DIALOG scale but goes far beyond administering a scale. DIALOG + is the first approach that has been specifically developed to make routine patient-clinician meetings therapeutically effective. It is based on quality-of-life research, concepts of patient-centred communication, IT developments, and components of solution-focused therapy, and is supported by an App. Research studies in different mental health services and multiple countries have shown that using DIALOG+ can improve patients' quality of life.

DIALOG score can help us to recognise satisfaction or di-satisfaction with an equity Lens. In November 2023, DIALOG scores showed that women are often less satisfied than men with the care they receive, and their quality of life. There are a number of trust project that are seeking to improve satisfaction outcomes for women. The Perinatal women's working group continues to address equitable access to perinatal services. Part of this work has involved removing barriers to access and improving engagement with services..

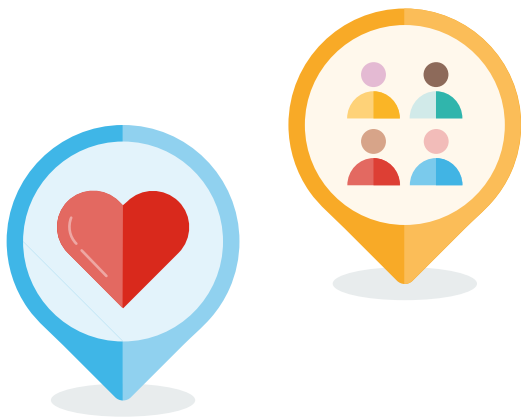






## Patient Experience Research

The Trust remains dedicated to actively engaging in research projects aimed at deepening our understanding and enhancing service user equity in access and outcomes. Through our participation in these research endeavours, we strive to gain valuable insights into the factors influencing equity within our services and identify areas for improvement. We are committed to integrating the knowledge and findings from these projects into our policies and the development of new initiatives. By embedding these learnings into our organisational framework, we aim to continuously enhance the effectiveness and inclusivity of our services, ultimately fostering equitable access and improved outcomes for all service users.



### Co-Pact

The research program uses an experience-based codesign approach, focusing on patient experience and detentions. Thematic analysis of narratives generated are underway and results are expected to be published in 2024.

[Co-Pact Department of Psychiatry](#)

### ENRICHMENT

*(Enhanced discharge from inpatient to community mental health care)*

This research program involved a randomised control trial looking at the effects of peer work as an intervention to reduce hospital re-admissions.

No significant impact on hospital re-admissions were identified, however peer work was found to be more effective in patients of Black ethnicity. This research resulted in funding to optimise peer support within the Trust, and the development of training and guidance around culture, ethnicity, and peer support.

[Impact National Library of Medicine](#)

### ARIADNE

*(Addressing the impact of the covid-19 pandemic on the access to and experiences of care people from minority ethnic groups with severe mental illness)*

The ARIADNE research programme focused on equitable ethnic minority access in the community particularly around COVID-19.

Co-production initiatives were utilised through workshops and interviewing patients, carers, clinicians, commissioners, and local authority. Three main areas identified which will inform future plans include:

1. Creative methods to engage young people.
2. Communication of investigations on suicide and deaths related to mental health to the general public.
3. Providing information/resources on non-pharmacological and peer-led treatment options.

Results of this study are published in the British Medical Journal and the British Journal of Psychiatry. The results attached. Subsequent funding to hold two small workshops on work done so far on the areas identified through co-production.

[Local Authority. British Medical Journal](#)





## FOCUS 3

# Improving Staff Experience



# 3



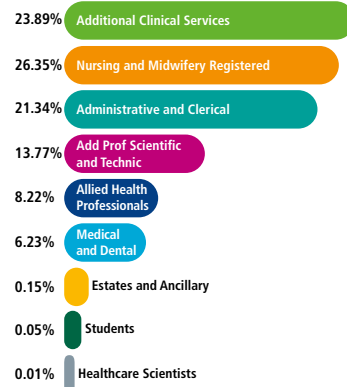


# Improving Staff Experience

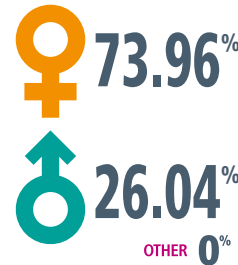
When excellent staff experience is achieved, staff become inspired to be the best people they can be at work which in turn delivers the best patient care. To achieve excellent staff experience employers must create an environment where staff can succeed, feel valued, supported, and encouraged.

Every year, we capture equity data on our workforce, examining protected characteristics like age, ethnicity, and disability. This helps us to gain deeper insights into our workforce and adjust the way we work to meet their specific needs. By integrating this equity data into our strategic priorities, we ensure that our plans for workforce improvement are well-informed about the diverse needs and experiences of our employees.

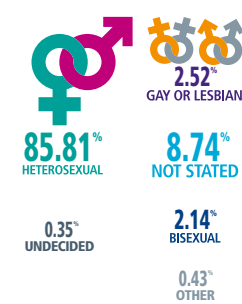
### STAFF GROUPS



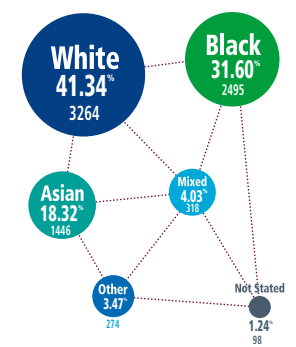
### GENDER



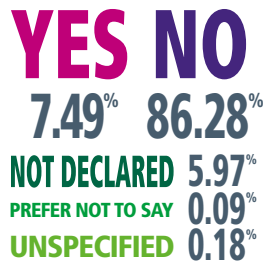
### SEXUAL ORIENTATION



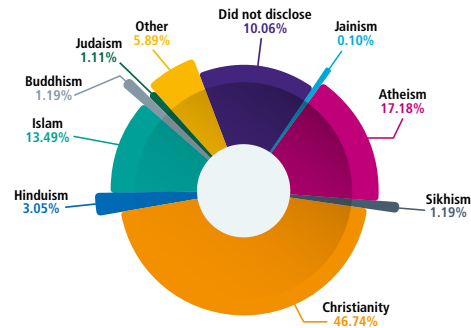
### ETHNIC ORIGIN



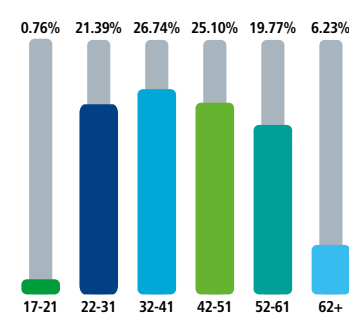
### DISABILITY



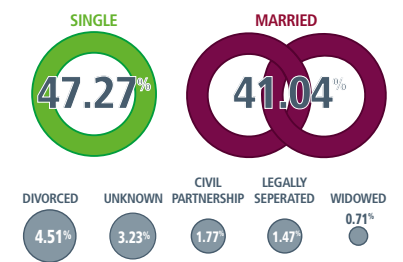
### RELIGIOUS BELIEF



### AGE GROUP



### MARITAL STATUS







Our workforce development initiatives, which encompass lifelong learning, professional development, and the creation of new opportunities, are all aligned with the Trust's People Plan. This plan is centered on four key strategic priorities:

1. Innovating New Ways of Working
2. Caring for Our People
3. Fostering Belonging in the NHS
4. Facilitating Growth and Development for the Future

The section provides a summary of work the Trust is doing to improve staff experience.

### **Workforce Equality Objectives supported by the Staff Equity Networks**

In response to the NHS equality, diversity, and inclusion improvement plan the Trust published a local plan in 2023. The aim of the plan is to improve equity, diversity, and inclusion through an intersectionality-lens, and to enhance the sense of belonging for staff to improve their experience. The actions set out are intended to positively impact groups and individuals from protected characteristics.

There has been a focus on intersectionality. The Trust recognises that people can have a number of protected characteristics and multiple

identities, and that can perpetuate inequity and/or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation. To ensure voices are being heard and actions are in direct response to the needs of our workforce, the Trust are proud to support six Staff Equity Networks: Men's, Women's, RaCE, ELFT Ability, LGBTQIA+, and Intergenerational. Each network is sponsored by an Executive Board Member to support them in leadership and decision making across the organisation. The networks also provide advice and guidance to individual staff and supported the EDI team to develop the EDI feedback form for staff, where concerns of racism can be reported.

Summarised below are some of the Trust's workforce equity objectives that rely on engagement with the Staff Equity Networks to shape and deliver on change ideas.

#### **Workforce Race Equality Standard (WRES)**

The Trust have published the 2022/23 WRES Report which includes actions to ensure employees from Black, Asian, and other racialised ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. To support this work there are a number of Trust-wide and place-level initiatives.





### WRES: Summary of findings

There is an over representation of racialised staff in Band 1-4 for both Clinical (57.9%) and non-Clinical roles (67.7%); compared to 55.4% overall.

There is a large representation of both Black Men and Black Women in Clinical Band 3-5 roles. Particularly Clinical Band 3 where there are 8 times more Black staff (268) than the next highest group, White (32), and 9.5 more than Asian (28).

No Asian or Black Medical Director's in 2021/22 or 2022/23

Relative likelihood of racialised staff entering the formal disciplinary process is 2.91 times more likely than white staff and has doubled since 2022.

Following on from the QI project in 2018/2019, the Trust have revisited some of the previous change ideas and have refreshed the interventions that previously worked. Additional training and support have been rolled out for managers and people relations advisors.

There are new leadership behaviours that have been agreed and have been embedded within the Trust induction, leadership training, supervision, and appraisals.

The Trust have also embedded the NHS England, People Management materials within the Trust Learning Management System and programmes.

The WRES metrics from the 2022 annual staff survey showed a deterioration relating to staff experience.

For Ethnicity, African (44%) and Bangladeshi (41%) reported experiencing the highest rate of harassment.

To address this, the Trust ran the FLAIR 'Race in the Workplace' survey for the first time and gained insights in terms of where the trust needed to focus on. The Trust then launch anti-racism events that focused on racial microaggressions and racist jokes and banter.

Since the start of the middle East conflict there has been a humanitarian group created, chaired by the Executive Director of Commercial Development to create a safe space for staff to discuss challenging issues.

There has been a focus on improving the organisational culture to make staff feel safe to raise concerns and to raise whistleblowing complaints.



### Areas for improvement

In October 2023 the national WRES team sent the Trust’s three high priority areas for improvement. These are the areas from amongst the Trust’s indicators with the worst percentile rankings against other Trusts. It is impractical to undertake actions to improve all aspects of racial equity, so this will help to target where resources and effort may be best placed.

- **Indicator 1:** Career progression in non-clinical roles (lower to upper levels)
- **Indicator 3:** Likelihood of entering formal disciplinary proceedings
- **Indicator 5:** Harassment, bullying or abuse from patients, relatives or the public in last 12 months against BME staff.

### Areas of best performance

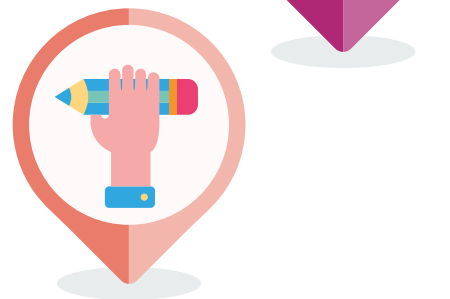
These are the areas from amongst the Trust’s indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally. In 2023 the Trust did not perform in the best 10% for any of the WRES metrics.

- **Indicator 9:** Although BME representation for Executive Board members show no inequity, the Trust ranked in the best 13% Nationally for overall Board representation.

The Trust will continue to build on the findings of the 2022 FLAIR ‘race in the workplace survey’ and launched FLAIR: racism in the workplace survey for the second year in 2024[ST1] . Previous findings identified that staff perceive a lack of confidence for members of the organisation in talking about, identifying and challenging racism. An action plan has been developed for each Directorate to focus on their unique priority actions.

### Workforce Disability Equality Standard

The WDES provides ten measures to compare the experiences of disabled and non-disabled staff. Its implementation helps the Trust understand the experiences of its disabled staff, support positive change, and create a more inclusive environment. WDES is in part modelled, to allows us to identify good practice and compare performance regionally and by type of Trust.



### Areas for improvement

In October 2023 the national WDES team sent the Trusts three high priority areas for improvement. These are the areas:

- **Indicator 4a** Percentage experiencing harassment, bullying or abuse from patients/ service user, their relatives or members of the public in the last 12 months
- **Indicator 4b** Percentage experiencing harassment, bullying or abuse from managers in the last 12 months
- **Indicator 8** Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

### Areas of best performance

These are the areas from amongst the Trust’s indicators with the best percentile rankings against other Trusts, and where the Trust performs in the best 10% of Trusts nationally. In 2023 the Trust performed in the best 10% for the following WDES indicators.

- **Indicator 1** Disabled representation in the workplace (Non-Clinical)
- **Indicator 1** Disabled representation in the workplace (Medical and Dental)



**WDES: Summary of findings**

Disabled staff are under represented in Band 8A to VSM roles and Medical and Dental.

Relative likelihood of Non-disabled staff being appointed from shortlisting compared to that of Disabled staff being appointed from shortlisting across all posts has improved and show now inequity. (0.7)

The relative likelihood of disabled staff entering the formal capability process is 11.63. Total number of staff entered formal capability is 9 of which 3 had declared a disability.

In the benchmarking group, the Trust has positioned in the bottom 2 for workplace adjustments.



In 2023 reporting, there was an increase in staff declaring a disability from 6.5% to 7.3%. A key improvement area in 2023 has been around workplace adjustments. 24% of staff surveyed did not all consider that they received adequate workplace adaptations within a timely manner. At ELFT the Trust defines workplace adjustments as the basic requirement that allow someone to do their job. The Trust acknowledges that not staff with a disability will have a formal diagnosis and that this should not prevent them from receiving essential resources. To ensure the Trust has a positive and fair approach to disability in the workplace, as project has commenced to review the guidance and process for workplace adjustments.

**Tackling Bullying, Harassment and Discrimination**

Indicators from NHS National Staff Survey	2023	2024 Target
Increase confidence in reporting of harassment, bullying or abuse experienced at work	55%	57%
Reduce experience of discrimination from line managers and colleagues	13%	11%
Improve staff experiences of career progression opportunities in the organisation	58%	60%

The Workforce Equality Standards 2022/2023 (WES) action plan for both race and disability targeted our key priority areas. We conducted surveys among internal unsuccessful candidates to identify their support and development needs for career progression. This effort led to the introduction of interview skills training and other coaching programs aimed at enhancing staff capabilities.





To address the challenges posed by the cost of living, a dedicated Cost-of-Living Director was appointed. This individual oversees the implementation of cost-of-living workshops within the Trust and has developed an intranet support page with resources accessible to all staff, aiding them during the cost-of-living crisis.

Furthermore, our commitment to diversity and inclusion is evident through our renewed membership with Purple Space. This platform provides invaluable resources, connections, and events that support our disability network leaders, fostering a more inclusive workplace environment.

Additionally, the review of the Special Leaves Policy to include support for our disabled staff was co-produced with our ELFT Ability Network. This policy will be used to empower and educate staff on the rights of our disabled workforces.

Following the 2022 NHS National Staff Survey, results where staff experiencing bullying and harassment from managers have increased. In response to this, ELFT have launched a new EDI feedback mechanism which allows for staff to submit feedback with the option of anonymity. This process does not replace any formal process and is intended to remove barriers that prevent people from speaking up. This may be due to not feeling they can Trust immediate colleagues, or because they are unsure of how to escalate a concern. All responses are reviewed by People & Culture and the Freedom to Speak Up Guardian.

**In addition, the following have been implemented:**

- The Equity, Diversity and Human Rights Policy has been updated.
- Developed a 3-year Equity, Diversity, and Inclusion workforce plan.
- Created an Equity, Diversity and Inclusion governance structure had been put in place.
- Held all-staff Equity planning sessions.
- Relunched all our Staff Equity Networks and established a Men's network.
- Reviewed the strategy for our RaCE Network.
- Launched a new Equity, Diversity and Inclusion feedback form for staff.
- Updated the Equity, Diversity and Inclusion section in our training for recruiting managers.



### Managers Induction Training programme

In 2023 the Trust launched a Managers Induction Training programme led by the Learning and Development Team. The programme includes an EDI section which aims to raise awareness of diversity within the Trust, and the implications of discrimination legislation and how this impacts the role of a manager. The training programme is part of a wider list on initiatives aimed at reducing the experiences of bullying and harassment from managers.

### Anti-Racism Workshops Facilitated by Dr Robin DiAngelo

Following on from the Respect and Dignity project that started in 2018/19, the Trust progressed its equity, diversity and inclusion priorities for staff. During October 2023, the Trust hosted a series of workshops led by Dr Robin DiAngelo, a campaigner and educator on issues of racial and social justice. Dr DiAngelo is a best-selling author who has published extensively including on issues of race and equity.

The background to this was when the disproportionate impact of COVID 19 on people from racialised communities became known, and following the murder of George Floyd and the global response highlighting the issue of race. In response to this, the Trust hosted

trust-wide sessions called COVID 19, Race and Privilege where we heard difficult stories from colleagues from racialised groups about their everyday experiences of racism. The title of the storytelling sessions was 'Living and Working while BME'. Following on from this in September 2022, the Trust ran a survey 'Race in the Workplace.' A key finding was that whilst staff were adept at identifying racist incidents, they were not as good at identifying and challenging racist micro-aggressions.

Dr DiAngelo led Trust-wide workshops in Luton and London, with some individual services, and with a group of external stakeholders prompting discussion and personal reflection. This will lay the foundation to help the Trust to co-produce an Anti-Racism Statement and Strategy.

The sessions focused on the Anti-racism and multicultural continuum, obtained from the Institute for Health Improvement's within which the Trust population assess where they felt the Trust was on the continuum and where we aspire to be within 18-months.

The next steps are to progress the draft anti-racism statement to a board development session and the run the FLAIR race in the work place survey again in 2024.







## Gender Equity

### Gender Pay Gap

Gender Pay Gap reporting is different to equal pay; equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The 2023 median hourly difference was 4.80%. The current. The median hourly difference in pay rate is rate 4.19% more for men than women. The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may a number of issues to deal with. Its year-on-year comparison allows the Trust to demonstrate progress against the indicators and identify appropriate improvement actions to be identified for the coming year. A QI project has been undertaken to focus on medical pay and a number of change ideas were suggested and are being explored.

### Stonewall Equality Index

ELFT completed the 2023 Workplace Equality Index (WEI), a wide-ranging and intensive Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, Plus (LGBTQIA+) inclusion

benchmarking tool. In 2022 the Trust ranked 210th on the index. Senior leaders and line managers are vital when it comes to setting an LGBTQIA+ inclusive culture at ELFT. The Trust strives is to ensure staff show understanding of, and support for, LGBTQIA+ inclusion, and how to make LGBTQIA+ inclusion part of their day-to-day jobs. In 2023 the Trust started reviewing the Trans Inclusion Policy which is due to enter consultation phase in 2024.

### Staff Health and Wellbeing

The Trust strives to bring awareness to preventable health problems for people of all ages, support people to engage in healthier lifestyle activities, and to encourage people to seek help, increasing the likelihood of early detection and treatment of health difficulties. In 2023 the staff Wellbeing magazine was merged with the EDI magazine for the first time to highlight the broad range of wellbeing resources available for staff.

### Vitamin D supplements for All Staff

The Race and Culture Equity Network (RaCE) Network continues to lead workshops and focus groups with staff to identify and address inequalities across the system. In response to initial requests from the RaCE Network in 2020, ELFT is one of the only Trusts to continue to

provide vitamin D supplements to all staff during the winter months if they wish to take up this option.

### Men's Health

ELFT have created the first Men's network recognising that men are a minority in the ELFT workforce and the wider NHS. ELFT also recognises that Men often are a minority population. Men's Health Week is designed to give all men access to the information, services, and treatment they need to live healthier, longer, and more fulfilling lives. Last year the campaign focused on raising awareness of how men were being impacted by COVID-19 and the aftereffects of the pandemic. 2023, theme was to highlight the importance of taking stock of overall health now that the worst of COVID-19 is over. The campaign ran from 1st-18th June and focused on 'taking control of your health'. The Trust led events and activities to help staff prioritise physical, mental, and emotional well-being. This included free Men's Health checks at various ELFT sites and resources for men to give themselves a DIY MOT.





### Menopause Health Campaigns

Perimenopausal and menopausal symptoms can last many years and even decades for some women. These symptoms can include hot flushes, anxiety, insomnia, problems with concentration and memory, fatigue, headaches, muscle and joint pains, urinary symptoms, and low mood. For many women these are debilitating symptoms that adversely affect their daily life, work, relationships and also their future health as menopausal women have a greater risk of heart disease, osteoporosis, diabetes, clinical depression and dementia.

While the menopause is not often talked about at work, it is where people can find their symptoms most difficult to manage. With women making up around 74% of Trust staff. The Trust have created menopause guidance for staff and managers as well as workshops to raise awareness to support employees and encourage open and respectful conversations about the menopause.



### Age-Related Support

The Trust have acknowledged the diversity of experiences at work that can be attributed to age. The Intergenerational network provides a space to come together and ensure that age, be it youth or maturity, is not a barrier to fulfilling a career in ELFT. As the only age-related staff network in the NHS, the network were key stakeholders during consultation for the NHS High Impact Improvement Plan. The Trust are developing a more structured process for offering career development opportunities, payslip and income tax comprehension, and pension advice for staff.



## Sexual Safety Charter

On 4 September 2023, NHS England (NHSE) launched its first ever Sexual Safety Charter. As signatories to this charter, ELFT commits to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. The Trust will commit to the ten core principles and actions to help achieve this. Clear reporting mechanisms and support will be provided to staff who have suffered harassment or inappropriate behaviour; and Trust-wide training will be developed. It is expected that the Trust will implement all ten commitments by July 2024.



### Sexual Safety Charter Commitments

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.





# Concluding Statement

This new structure for our annual reporting allows us to highlight the equity priorities at East London NHS. In 2023, we have worked to better understand our strengths and identify areas that require improvement through collaborative efforts with our diverse stakeholders. The three focus areas outlined in this report will be closely monitored over the next three years, enabling us to track progress and tailor our approaches more effectively and sustainably:

- 1 Population Health
- 2 Patient Access and Outcomes
- 3 Improving Staff Experience

In 2024, we're dedicated to driving impactful progress, this includes the following:

### Patient and Carer Equity Plan/Strategy:

Collaborating across our healthcare systems, the Trust will establish S.M.A.R.T objectives to support the Directorate-level implementation of the framework, ensuring alignment with the needs of the local racialised service users and carers.

### Workforce Race Equality Standards:

Building upon our anti-racism initiatives, the Trust is committed to becoming an anti-racist and multicultural organisation. Throughout 2024, we will host Affinity groups focusing on priority areas such as antisemitism, Islamophobia, and other relevant concerns. Additionally, we will expand Pay Gap reporting to include Disability and Ethnicity, while implementing initiatives outlined in the following workforce equality plans:

- Workforce Race Equality Plan
- Workforce Disability Equality Plan
- Workforce High Impact Plan
- Gender Pay Gap

### Impact of Equity, Diversity, and Inclusion (EDI)

We'll continue to evaluate the impact of our EDI efforts through quality improvement methodologies and stakeholder engagement. This will inform iterative improvements to our processes and practices, ensuring that our initiatives are responsive to the evolving needs of our community.

Through strategic initiatives highlighted in this report and ongoing dedication from our staff, we aim to make significant strides in patient care, workforce diversity, and community engagement. As we look ahead, we remain committed in our mission to provide the highest quality of care to all individuals, ensuring a healthier and more inclusive future for our community.

Equity, diversity and inclusion is an ELFT treasure and the development of this work is supported by the Quality Improvement framework and service user and staff co-production.

