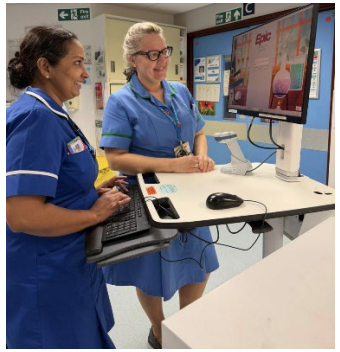
East Suffolk and North Essex NHS Foundation Trust

Public Sector Equality Duty

Annual Compliance Report

2025/2026



Foreword

We are pleased to present East Suffolk and North Essex NHS Foundation Trust's Public Sector Equality Duty (PSED) Compliance Report. As Executive Leads for Equality, Diversity and Inclusion (EDI), we are committed to ensuring that everything we do has a positive impact on our patients, their families and carers, and our staff.

This report demonstrates how ESNEFT meets its aims and responsibilities under the Equality Act 2010,to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share that characteristic; and
- foster good relations between people who share a protected characteristic and people who do not share that characteristic.

EDI is fundamental to delivering high-quality patient care and creating a workplace where everyone feels valued, respected and able to thrive. We are committed to reducing inequalities, promoting inclusion, and ensuring dignity and respect for all who use our services and work within our Trust.

The Trust recognises that meeting the PSED is not simply a matter of legal compliance. Understanding the diverse characteristics and experiences of our workforce and the communities we serve is essential to delivering safe, effective, accessible and person-centred healthcare.

For ESNEFT, this means that equality considerations must be incorporated into areas including service design and delivery, workforce policies and practices, recruitment, organisational change, procurement where relevant, communications, patient experience, engagement and strategic decision-making.

This report provides an overview of our workforce and service data; alongside the progress we have made in strengthening our EDI agenda. Through continued investment in staff networks, Cultural Ambassadors and partnerships with local and national organisations, we are working to create a more inclusive Trust for all.

While we recognise there is more to do, we remain committed to working with our staff, patients, communities and partners to improve equality outcomes and make ESNEFT a leading inclusive employer and healthcare provider.

Kate Read
Chief People Officer

Catherine Morgan
Chief Nurse

Introduction

The purpose of the Public Sector Equality Duty (PSED) is to make sure that public authorities and organisations carrying out public functions think about how they can improve society and promote equality in every aspect of their day-to-day business. This means that ESNEFT must consider, and keep reviewing, how it is advancing and promoting equality of opportunity between people of difference groups in any decision-making, internal and external policies, procuring goods and services, services provided, and recruitment, promotion and performance management of its employees.

The protected characteristics covered under the PSED are:

- Age
- Disability
- Gender identity
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual Orientation

To note, marriage and civil partnership is one of the protected characteristics under the Equality Act, but it is not relevant to the public sector equality duty.

This report provides an overview of ESNEFT's compliance with the Public Sector Equality Duty and the Equality Act 2010 Specific Duties. It is intended to:

- provide assurance to the Trust Board, staff, patients, service users, governors, commissioners and other stakeholders;
- demonstrate how equality considerations are incorporated into the Trust's functions and decision-making;
- provide an overview of available workforce and service-user equality information;
- identify areas where inequalities or gaps in data require further action;
- demonstrate progress against the Trust's equality priorities; and
- set out areas of focus for the forthcoming year.

The report should be read alongside ESNEFT's Equality, Diversity and Inclusion Strategy, Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap reporting, Health Inequalities Strategy and other relevant workforce, quality and patient-experience reports.

Our Population and Workforce

This section of the report focuses on workforce analysis and insight into our workforce and community demographic which helps us to identify support mechanisms which will help to shape an inclusive culture and improved staff and service user experience at ESNEFT. We have made significant improvements in disclosure of protected characteristics over the past year due to continued targeted work around psychological safety and improving the culture within the Trust and this report provides an overview on the key workforce equality and diversity data and considers the proportion of personal information disclosed for each protected characteristic.

It should be noted that some protected characteristics are not recorded on the NHS England's HR Information System (ESR) e.g. gender re-assignment and pregnancy status. In addition, disability is referenced as a whole and is not broken down beyond that.

WORKFORCE DATA (Number of staff in post as of 31 March 2026)

Age range:

Age	No. Staff	% Staff
<=20 Years	113	0.89%
21-25	832	6.56%
26-30	1,420	11.20%
31-35	1,960	15.45%
36-40	1,916	15.11%
41-45	1,514	11.94%
46-50	1,345	10.60%
51-55	1,353	10.67%
56-60	1,184	9.34%
61-65	826	6.51%
66-70	176	1.39%
>=71 Years	44	0.35%
Total:	12,683	

The Trust remains committed to attracting and retaining a diverse workforce across all age groups through initiatives such as work experience, apprenticeships and flexible working. With almost 30% of staff aged 50 and over, flexible working remains a key retention tool, helping to retain valuable skills and experience while supporting the next generation of staff. The Trust also continues to work with local schools and colleges to promote NHS careers and development opportunities.

Leavers by age group:

Age	No. Staff	Staff %
<20	33	2.18%
21-25	138	9.13%
26-30	260	17.20%
31-35	205	13.56%
36-40	164	10.85%
41-45	116	7.67%
46-50	102	6.75%
51-55	93	6.15%
56-60	145	9.59%
61-65	155	10.25%
66-70	82	5.42%
>71	19	1.26%
Total:	1,512	

Staff aged 26-35 continue to represent a higher proportion of leavers, highlighting the importance of retaining employees in the early and mid-stages of their careers. The Trust remains focused on strengthening retention through leadership development, career progression opportunities and targeted professional development. Continued investment in accessible, relevant development programmes will help support career aspirations, enhance engagement and encourage talented staff to build long-term careers at ESNEFT.

Disability - No of Staff in post:

Disability Status	No. Staff			% Staff		
	2026	2025	2024	2026	2025	2024
Disability	963	911	600	7.59%	7.1%	5%
No Disability	11,507	11661	9400	90.73%	91%	79%
Undisclosed	213	218	400	1.68%	1.7%	14%

The disability disclosure rate has continued to improve, increasing from 7.1% in 2025 to 7.6% in 2026, while the non-disclosure rate remains low at 1.7%. This reflects the Trust's ongoing efforts to promote the benefits of disclosing a disability or long-term health condition to ensure staff receive appropriate workplace support. Continued improvements are supported by the work of ESNAble, the Trust's disability staff network, which provides peer support and guidance, alongside the Reasonable Adjustment Passports and advice to managers on supporting staff with disabilities and long-term conditions. These initiatives contribute to a more inclusive workplace and encourage staff to disclose with confidence.

Disability – Leavers:

	2026		2025	
Disability Status	**No. Staff**	**% Staff**	**No. Staff**	**% Staff**
No	1,366	90.34%	1196	87%
Yes	125	8.27%	107	8%
Undisclosed	21	1.39%	72	5%
Total	1512		1374	

Whilst the number of leavers has increased when compared to the previous year, around 8% of leavers had a disability. This is slightly higher than the Trust wide ratio.

Disability - Staff Survey

The 2026 staff survey results highlight that disabled staff continue to experience poorer workplace outcomes than their non-disabled colleagues across several key measures. While there has been a long-term improvement in reports of harassment, bullying and abuse from patients, relatives and the public, disabled staff remain disproportionately affected and rates have increased slightly this year. There have also been small increases in reports of bullying, harassment and abuse from managers and colleagues, underlining the need for greater leadership accountability and disability awareness. Encouragingly, more disabled staff are reporting incidents, suggesting growing confidence in speaking up and that concerns will be addressed. However, disabled staff remain less likely than non-disabled staff to believe the Trust provides equal opportunities for career progression, are more likely to feel pressure to attend work when unwell, and report lower levels of satisfaction that their work is valued. The proportion of disabled staff receiving reasonable adjustments has fallen for the first time in three years, meaning almost one in four still do not have the support they need. Staff engagement has also declined slightly and sits just below the national average, indicating that improving the experience, inclusion and support of disabled staff should remain a key organisational priority.

Full details of the actions taken to address these disparities can be found in our Workforce Disability Equality Standard 2025/26 report: ESNEFT workforce disability equality standard (WDES) – ESNEFT Document library.

A reasonable adjustments working group has reviewed and significantly strengthened the Trust's reasonable adjustments passport template and supporting policy and user guide. The working group consists of members from our disability staff network (ESNAble) and key leaders within the organisation to ensure the documents are reviewed through the lens of lived experience and sound leadership support.

The Trust is also committed to the Disability Confident employer scheme which aims to attract, recruit and retain people with a disability. The Trust Currently holds 'Level 2 - Disability Confident Employer' status with the scheme and plans are in place for this to be reviewed for consideration of 'Level 3 - Leader' status in 2026.

Pregnancy and maternity

Whilst we are not able to provide data on the pregnancy and maternity status of our workforce, we can confirm that the total number of staff that have returned to work after maternity leave over the past year is 446. The majority of this cohort were aged between 31-35 years old (221).

Our Flexible Working policy provides guidance on flexible working opportunities that may be considered during pregnancy and when returning work. This helps to support the individual's wellbeing and maintain a work/life balance. The Trust also has plans for designated rooms where staff can express milk in privacy with safe, lockable storage for the milk whilst at work.

Race/Ethnicity

	2026		2025	
Ethnicity	**No. Staff**	**% Staff**	**No. Staff**	**% Staff**
White	8,915	70.29%	9397	73.4%
BAME	3,760	29.65%	3392	26.5%
Not stated	8	0.06%	1	0.01%

Workforce ethnicity data shows that our non-disclosure compliance is exceptionally low and we are continuing to see a 2% rise in ethnic minority staff joining the Trust year on year.

Race/Ethnicity – Leavers

	2026		2025	
Ethnicity	**No. Staff**	**% Staff**	**No. Staff**	**% Staff**
White	1,105	73.08%	965	70.2%
BAME	407	26.92%	408	29.7%
Undisclosed	0	0.00%	1	0.07%
Total	1512		1374	

The number of leavers from ethnic minority background has reduced when compared to the previous year. Our Retention Team have continued to provide new starter support meetings during months 1/3/6 of working at the Trust as well as a safe space for leavers to have their exit interview. All themes picked up through these routes are shared at the monthly OD MDT meetings for any areas of focus in terms of intervention support. Our Cultural Ambassadors also support on probation processes.

Race/Ethnicity - Staff Survey

The 2025 staff survey results show that while there has been steady progress in reducing experiences of bullying, harassment and abuse over recent years, staff from Black and Minority Ethnic (BME) backgrounds continue to report poorer experiences than their White colleagues. BME staff remain more likely to experience harassment, bullying and abuse from patients, relatives and the public, with levels also slightly above those seen in comparable organisations nationally. Reports of bullying, harassment and abuse from colleagues have reduced since 2021, but a persistent gap remains between BME and White staff, highlighting the need for continued focus on inclusive leadership, respectful workplace behaviours and effective reporting processes. Just over half of respondents from this cohort believe the Trust provides equal opportunities for career progression and promotion, indicating the need for further review of

career development and progression data. In addition, there has been a slight increase in the proportion of BME staff experiencing discrimination from managers, team leaders or colleagues, with rates significantly higher than those reported by White staff. These findings reinforce the importance of strengthening the Trust's commitment and approach to eliminating discrimination, improving workforce inclusivity, and ensuring equitable opportunities and experiences for all staff.

Full details of the actions taken to address this disparity can be found in our Workforce Race Equality Standard 2025/26 report: ESNEFT workforce race equality standard (WRES).

Religion or belief

	2026		2025	
Religion or Belief	**No. Staff**	**% Staff**	**No. Staff**	**% Staff**
Christianity	5,602	44.17%	5632	44%
Atheism	2,374	18.72%	2340	18.3%
Other	1,273	10.04%	1340	10.5%
Islam	519	4.09%	419	3.2%
Hinduism	460	3.63%	409	3.2%
Buddhism	150	1.18%	142	1.11%
Sikhism	31	0.24%	32	0.25%
Judaism	16	0.13%	15	0.12%
Not disclosed	2,254	17.77%	2457	19.2%

Although religion and belief disclosure rates have improved slightly, approximately 17% of staff remain undisclosed. Establishing a Faith and Belief Staff Network will support greater inclusion through peer support, increased awareness of available support and facilities, and enhanced psychological safety, helping staff feel more confident to disclose their religion or belief.

Sex and Gender Identity

Sex and gender are different concepts that are often used interchangeably such as:

- Sex
- Biologically defined
- Gender
- Social construct
- An internal sense of self
- Whether an individual sees themselves as a man or a woman, or another gender identity

For the purpose of this report, sex is defined as male or female which aligns with the national electronic staff record data system.

Gender/Sex data

	2026		2025	
Gender	No. Staff	% Staff	No. Staff	% Staff
Female	9,818	77.41%	9832	77%
Male	2,865	22.59%	2974	23%
Total	12,683		12,790	

The gender split of our workforce remains at just over 77% women and just under 23% men. The Women's staff network was introduced 18 months ago to support the majority of our workforce with personal and career development programmes as well as wellbeing initiatives. We will be looking to establish a Men's staff network in the next year.

Gender/Sex – by Senior Banding

Grade	Female	Male	Total	Female %	Male %
Band 8a	301	117	418	72.01%	27.99%
Band 8b	107	47	154	69.48%	30.52%
Band 8c	32	26	58	55.17%	44.83%
Band 8d	19	18	37	51.35%	48.65%
Band 9	15	9	24	62.50%	37.50%
Total	474	217			

Women remain well represented in senior Agenda for Change grades (8a-9), accounting for 68.6% of post holders. Representation is highest at Bands 8a (72.0%) and 8b (69.5%), reducing to near parity at Bands 8c (55.2%) and 8d (51.4%). Women also remain the majority at Band 9 (62.5%). Overall, the data indicates good female representation across senior grades, although the reduction in representation through Bands 8c and 8d should continue to be monitored to ensure equitable progression opportunities for all staff.

Gender/Sex – by Medical and Dental Grades

Grade	Female	Male	Total	Female %	Male %
Consultants	196	360	556	35.25%	64.75%
Trainee Grades / Trust Grades	478	445	923	51.79%	48.21%
Other	67	27	94	71.28%	28.72%
Total	741	832			

When the data is split by Medical and Dental Grades the split is again very different than the Trust wide representation and differs considerably between Consultant and Trainee grades. Details of our gender pay gap review can be found following this link: ESNEFT gender pay gap – ESNEFT Document library

Gender/Sex – Leavers

	2026		2025	
Gender/Sex	**No. Staff**	**% Staff**	**No. Staff**	**% Staff**
Male	396	26.19%	333	24%
Female	1,116	73.81%	1041	75%
Total	1,512		1374	

The percentage of men leaving the Trust has increased slightly in the past year. While this broadly reflects the gender profile of the workforce, ongoing monitoring is required to understand whether there are differences in turnover rates, reasons for leaving, or experiences of employment between male and female staff. Leaver data will continue to be reviewed alongside workforce representation, staff survey results, exit interview themes, and turnover rates to identify any emerging trends and ensure retention initiatives are equitable and effective.

Sexual Orientation

Sexual Orientation	No. Staff	% Staff
Gay, Lesbian, Bisexual, Trans, Queer +	455	3.59%
Heterosexual or straight	10,824	85.34%
Not stated	1,404	11.07%
Total	12,683	

The Trust remains committed to fostering an inclusive workplace where LGBTQ+ staff feel valued, respected, and safe to be themselves at work. In 2026, 3.6% of staff identified as LGBTQ+, while 11.1% chose not to disclose their sexual orientation. Recognising the evolving legal and regulatory context, the Trust will continue to review its policies, facilities, and guidance to ensure compliance with equality legislation whilst maintaining a supportive and inclusive environment for all staff. The LGBTQ+ Staff Network, targeted awareness activities, manager education, and regular monitoring of staff experience data will help strengthen psychological safety, improve disclosure confidence, and support equitable access to opportunities and workplace support.

PATIENT DATA

We do not currently have the full range of protected characteristics categories within our patient records, and not all patients wish to disclose some of these details, however we envisage this may improve over time now that our new patient record system (EpicEPR) is in place.

Age

Outpatients

>=16	17-39	40-59	60-79	80+
45359	67531	71894	118583	53143
12.72%	18.94%	20.17%	33.26%	14.91%

Patients aged 60-79 continue to represent the largest proportion of both outpatient (33.3%) and inpatient (35.7%) activity, with patients aged 80 and over accounting for a further 14.9% and 19.0% respectively. This reflects the increasing healthcare needs of an

Inpatients

>=16	17-39	40-59	60-79	80+
16626	28680	30840	60001	31982
9.89%	17.06%	18.34%	35.69%	19.02%

A&E

>=16	17-39	40-59	60-79	80+
63369	78307	59583	66029	37856
20.77%	25.66%	19.53%	21.64%	12.41%

ageing population and highlights the importance of ensuring services remain accessible, inclusive, and responsive to older people's needs. The Trust will continue to monitor patient experience, access, outcomes, digital inclusion, and reasonable adjustments for older patients to ensure age is not a barrier to receiving high-quality care and to identify opportunities to reduce age-related health inequalities.

Gender identity

Outpatients

Male	Female	Unknown	Not Specified
150863	205601	17	29
42.32%	57.67%	0.00%	0.01%

Inpatients

Male	Female	Unknown	Not Specified
74974	93149	9	8
44.59%	55.40%	0.01%	0.00%

A&E

Male	Female	Unknown	Not Specified
145140	159926	29	49
47.56%	52.41%	0.01%	0.02%

In light of the evolving legal and regulatory framework, the Trust will continue to review patient-facing policies, accommodation arrangements, and facilities to ensure compliance with equality legislation whilst maintaining privacy, dignity, safety, and patient choice. Ensuring that our services are accessible, inclusive, and respectful of the needs of all patients monitoring of patient experience, complaints, outcomes, access, and feedback by age and sex will help identify any emerging inequalities and inform service improvement activities. The Trust will also continue to promote respectful and inclusive care for patients with the protected characteristic of gender reassignment, ensuring their needs are considered within service design and delivery.

Race/ethnicity

Outpatients

Asian or Asian British	Black or Black British	Mixed	White	Other Ethnic Group	Not stated	Not Known
6983	5216	5847	279917	4167	22140	32240
1.96%	1.46%	1.64%	78.52%	1.17%	6.21%	9.04%

Ethnicity data will continue to be monitored alongside patient access, experience, outcomes, and service utilisation to identify any disparities and inform targeted improvement activity. Particular focus will be given to communication needs, use of interpreting services, patient feedback, and engagement with local communities to ensure services are culturally responsive and accessible.

Inpatients

Asian or Asian British	Black or Black British	Mixed	White	Other Ethnic Group	Not stated	Not Known
3288	2721	2661	135505	2149	9094	12711
1.96%	1.62%	1.58%	80.60%	1.28%	5.41%	7.56%

A&E

Asian or Asian British	Black or Black British	Mixed	White	Other Ethnic Group	Not stated	Not Known
6512	5546	6937	234154	6634	14794	30567
2.13%	1.82%	2.27%	76.74%	2.17%	4.85%	10.02%

Through its role as an Anchor Institution, the Trust will continue to work with partners and community groups to address barriers to healthcare and improve outcomes for underserved populations.

Religion or belief

Outpatients

Christianity	Islam	Atheism	Hindu	Buddhism	Sikh	Judasim	Not Disclosed	Other
125231	2171	4908	1107	390	183	247	31058	323363
25.63%	0.44%	1.00%	0.23%	0.08%	0.04%	0.05%	6.36%	66.17%

Inpatients

Christianity	Islam	Atheism	Hindu	Buddhism	Sikh	Judaism	Not Disclosed	Other
60383	889	2029	451	152	81	123	21691	156626
24.91%	0.37%	0.84%	0.19%	0.06%	0.03%	0.05%	8.95%	64.61%

A&E

Christianity	Islam	Atheism	Hindu	Buddhism	Sikh	Judasim	Not Disclosed	Other
90710	1837	3400	656	225	210	137	46164	291625
20.85%	**0.42%**	**0.78%**	**0.15%**	**0.05%**	**0.05%**	**0.03%**	**10.61%**	**67.05%**

The Trust is committed to providing person-centred care that respects the diverse religious and belief needs of patients. Consideration is given to spiritual care, pastoral support, dietary requirements, religious observance, and end-of-life preferences to ensure patients are treated with dignity and respect. The Trust will continue to monitor patient experience, feedback, and access to services by religion and belief where data is available, and our chaplaincy services will work with faith groups, and community partners to ensure services remain inclusive and responsive to the needs of the local population.

Equality impact in decision-making

The introduction of the Equality Impact Assessment (EIA) has helped our leaders in decision making by providing a structured process to identify, assess and mitigate the potential impact of any proposed policies, service changes, strategies or decision on different groups of people, particularly those with protected characteristics under the Equality Act 2010. It helps decision-makers understand who may be disadvantaged, whether there are opportunities to advance equality, and what actions can be taken to reduce or remove any unintended negative effects.

By requiring evidence-based consideration of equality impacts at the planning stage, the EIA:

- Promotes informed decision making by ensuring equality implications are considered alongside financial, operational and clinical factors.
- Identifies potential risks of discrimination, exclusion or unequal access before decisions are implemented.
- Supports compliance with the Public Sector Equality Duty by demonstrating due regard to eliminating discrimination, advancing equality of opportunity and fostering good relations.
- Improves outcomes by encouraging services and policies to be designed around the needs of diverse communities and workforce groups.
- Enhances transparency and accountability by providing a clear record of how equality considerations influenced the final decision.
- Supports workforce inclusion by highlighting potential impacts on staff groups and helping organisations address barriers to recruitment, progression, retention and wellbeing.

What have we done to address inequalities at ESNEFT?

Workforce

During 2025/26, Our equality, diversity and inclusion priorities have focused on tackling bullying, harassment, discrimination, violence, and aggression. Our continued commitment to the Sexual Safety in Healthcare Charter has meant that improvements to policies, reporting processes, and sexual safety awareness training have strengthened our efforts to safeguard staff and patients.

Our staff networks have played a key role in promoting inclusion and celebrating cultural diversity through a range of events and activities, whilst also aligning robust workplans and rolling out key initiatives to support our WRES/WDES/GPG action plans.

The Trust has also enhanced support for staff with disabilities and long-term conditions through reasonable adjustments and the work of the disability staff network, alongside a continued focus on improving understanding and support for neurodivergent colleagues.

ESNEFT continued to support employment, skills development, and social mobility across Suffolk and Essex through a range of initiatives. Through the Essex Year of Opportunity programme, the Trust engaged over 500 young people through careers events and the Next Medic programme and supported unemployed

adults to access NHS careers through pre-employment programmes, with participants progressing into employment and apprenticeships. ESNEFT also provided paid internship opportunities for young people leaving care and supported programmes for young people not in education, employment or training (NEET).

The Trust delivered significant outreach activity, providing 45 careers events attended by a record 1,816 students and exceeding its target for work experience placements, with 701 opportunities offered to secondary and sixth form students. Apprenticeship programmes continued to expand, including the Clinical Support Academy and Medical Doctor Degree Apprenticeships, creating opportunities for local people and existing staff to access careers, training, and progression within the NHS.

Through partnership programmes such as Pathway to Careers in Care and Tendring 100, ESNEFT supported local residents into employment, apprenticeships, and further learning, helping to address workforce shortages whilst improving opportunities within local communities.

Volunteering also continued to grow, with a record 769 volunteers contributing more than 80,000 hours of support to patients, families, and staff. This included a substantial increase in young volunteers, strengthening pathways into healthcare careers and supporting the Trust's role as an Anchor Institution committed to improving health, wellbeing, and economic opportunity across the communities it serves.

Patients

Health inequalities are unfair and avoidable differences in health outcomes between individuals, groups and communities. They arise from the unequal distribution of social, environmental and economic factors that influence people's health and wellbeing throughout their lives. These factors affect opportunities for good health, the likelihood of developing ill health, and the ability to access support, treatment and preventative services. Health inequalities are shaped by the conditions in which people are born, grow, live, work and age.

The Trust remains committed to taking positive action to improve health outcomes and reduce inequalities across the communities we serve. Our Addressing Health Inequalities Strategy continues to guide our work to narrow the health inequity gap for patients and communities across North East Essex and East Suffolk. We believe it is helping patients live longer, healthier and happier lives by rolling out key initiatives that:

- Support our patients to be in control of their health
- Progress the shift from treatment to prevention
- Use data to routinely identify, monitor and reduce inequalities in access, experience and outcomes
- Understand the causes of service delivery inequities and how to improve through working with patients and system partners
- All staff have a role to play in addressing equity across ESNEFT.

A Health Inequalities team was set up two years ago to steer our work to address the preventable, unfair and unjust differences in health status between different groups. Colleagues from across ESNEFT have therefore been taking extra steps to tackle the inequalities which mean some people have poorer health outcomes – and a shorter life expectancy – than others. It focuses on responding to statistics that show:

- 23.8% of people living in the most deprived areas covered by ESNEFT were smokers in 2021.
- Adult obesity rates are 2.4 times higher in the most deprived areas compared to the least deprived. Childhood obesity rates are also considerably higher (34.9% for boys and 27.9% for girls compared with 15.7% and 11.3%).
- Patients living in more deprived areas are between 50% and 60% more likely to attend the emergency department and urgent treatment centre.
- Cancer diagnosed following an emergency admission is 2.5 times higher for people living in deprived areas.
- More people living in deprived areas fail to attend appointments (7.5% compared with ESNEFT average of 5.3%).

During the reporting period, we have continued to build on the progress already achieved. Key developments include:

- We have continued to place patient feedback at the centre of service improvement, ensuring that the experiences and views of patients, carers and loved ones help shape the design and delivery of our services. Alongside the use of a range of engagement methods with patients and staff, we have strengthened our coordinated approach to gathering, responding to and learning from feedback, using the insights received to drive meaningful improvements.
- The Making Time Matter Programme continues to bring together colleagues and teams involved in quality improvement, transformation, innovation and patient safety, creating a unified and comprehensive approach to service improvement. The programme supports improvements that benefit both our diverse workforce and the communities we serve, including enabling patients and their families to contact services directly and communicate more easily with clinical teams. This approach continues to contribute to improved patient experience and has been associated with a reduction in contacts to the Patient Advice and Liaison Service (PALS) and formal complaints. We will continue to monitor impact and build on these improvements over time.
- Receiving more than 1,800 referrals to the tobacco treatment service and helping 52% of those to quit.
- Making more than 50,000 offers of support through Making Every Contact Count (MECC), leading to 7,550 referrals to wellbeing services.

- Helping boost activity levels and self-esteem among young people through the Nourish weight management programme.

- Helping 5,1113 people with unmanaged hypertension through the GPPC Hypertension Healthy Hearts project.

- Development of a one-year pilot frailty management service with Ranworth Primary Care Network in Clacton – this has seen a reduction in primary care appointments and a 7.5% reduction in frailty related attendances at ED.

- Recruited asthma outreach nurses to work with children in our most deprived communities in east Suffolk and north Essex to help manage their asthma. They also focus on raising awareness by providing education packages to schools as well as practice nurses and GPs.

- Promoting healthy eating among adults with the launch of picture menus and meal-time volunteers.

- Making it easier to reach appointments by offering permanent discounts on park and ride for patients at Colchester Hospital and using Colchester & Ipswich Hospitals Charity funds to pay for a 'hospital hopper' bus to help Tendring patients get to appointments.

- We offered free health checks for residents at an event in central Ipswich. This included sharing information and advice on improving residents' health and improving their wellbeing such as stopping smoking, dental care, cancer awareness, information on breast, cervical and bowel screening and childhood immunisation were also discussed at the event designed to raise awareness of health issues within the community.

  In addition, several clinical teams from ESNEFT talked with residents in Harwich at a health and wellbeing event aimed at tackling health inequalities. Colleagues from the hepatitis team, tobacco cessation service, smoke-free maternity team, along with the rehabilitation, respiratory and cardiology teams from the community, offered information, advice, and direct support to the public around prevention, early intervention, and management of long-term health conditions.

- Inpatients on our wards and children living in some of our most deprived areas are being given extra help to make healthier food choices and avoid preventable illnesses in the future. During the past year, young people aged between seven and 16 in central Ipswich have taken part in Nourish, a 20-week weight management programme designed by our teams. Nourish is specifically aimed at children who are classed as "severely" or "extremely" obese. It aims to tackle statistics which show the level of obesity in year six children in the most deprived areas in Suffolk is almost double that of the least deprived.

In Essex, it is more than double. In addition, the health inequalities team has worked with voluntary services to roll out our new mealtime volunteers, who help patients with conditions such as confusion, dementia and visual impairments to understand menu options and make healthy choices.

- Our community paediatric team in Colchester now use clinical alerts better, to support children and young people with autism, learning disabilities, and neuro-disabilities, thanks to a Quality Improvement (QI) project. Children with autism and neuro-disability often need reasonable adjustments when attending hospital. An audit found alerts were often missing. This created a risk of children receiving unequal care. Clinical alerts on our patient systems helped staff anticipate communication, sensory, mobility and support needs, while reducing diagnostic overshadowing, and providing safer, more person-centred care - especially during unplanned attendances.

- Patients can now receive the right treatment closer to home in a modern and spacious unit at Clacton Hospital's urgent treatment centre (UTC), without needing to travel to Colchester Hospital. It provides urgent treatment for minor illnesses and injuries such as a fractures, burns and trauma wounds.

Looking Ahead

Over the coming year, we will continue to deliver the objectives of our Equality, Diversity and Inclusion (EDI) Strategy and Health Inequalities Strategy, with a focus on improving staff experience, patient outcomes, and reducing inequalities across the communities we serve.

Workforce

Key priorities include:

- Continuing delivery of our EDI Strategy, including implementation of the NHS EDI Improvement Plan High Impact Actions and NHS Staff Standards.
- Investing in leadership and development programmes that promote inclusive leadership, psychological safety, speaking up, and a culture of listening and learning.
- Embedding civility and respect as core workplace behaviours across the Trust.
- Expanding our Cultural Ambassador programme to support fair and inclusive recruitment and employee relations processes.
- Extending our Reverse Mentoring Programme, enabling staff and patients with lived experience of protected characteristics to share insights directly with senior leaders and help shape organisational improvement.

Patients and Service Users

Key priorities include:

- Implementing our new Electronic Patient Record system, improving the quality and accessibility of patient information, supporting more integrated care pathways, and enhancing equality data collection and analysis.

- Delivering targeted community outreach activity focused on prevention and reducing health inequalities within our most disadvantaged communities.
- Strengthening partnerships with community and voluntary sector organisations to provide joined-up health advice, support, and early intervention for individuals and families.
- Developing initiatives to improve children's health and wellbeing, including community-based weight management services and co-designed asthma education programmes.
- Maintaining our commitment to a smoke-free environment.
- Working with community partners to better understand and address barriers to accessing healthcare, including screening and preventative services.
- Monitoring progress through established performance measures and patient feedback to ensure that service improvements are informed by the experiences and needs of our local population.

Equality Objectives

We will continue to ensure that our self-reported data is monitored and widely available to better understand any key issues relating to our patients and staff. We are constantly thinking of new ways to engage with our diverse workforce and the local population and we aim to do this by implementing 5 key equality objectives:

1. Improve access to services and employment opportunities for all communities.

- Remove barriers to accessing healthcare, employment, training and development.
- Improve accessibility, reasonable adjustments, digital inclusion and community outreach.

2. Create an inclusive, safe and respectful culture where everyone feels valued and able to thrive.

- Promote civility and respect.
- Address bullying, harassment, discrimination and violence.
- Strengthen psychological safety and confidence to speak up.

3. Improve workforce equality, representation, recruitment, progression and retention.

- Increase representation of under-represented groups.
- Support equitable recruitment, career development and leadership opportunities.
- Reduce disparities in workforce experience and outcomes.

4. Use high-quality data, engagement and lived experience to inform decision-making and service improvement.

- Improve disclosure rates and data quality.
- Use equality data, staff feedback, patient feedback and equality impact assessments to identify and address inequalities.
- Strengthen co-production with staff networks, patients and community partners.

5. Reduce health inequalities and improve outcomes for our patients, communities and workforce.

- Focus on groups experiencing poorer access, outcomes or experience.
- Support prevention, early intervention and targeted outreach.
- Deliver on the Health Inequalities Strategy and Anchor Institution commitments.