



Essex Partnership University  
NHS Foundation Trust

# ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

***PUBLIC SECTOR EQUALITY DUTY  
ANNUAL REPORT  
April 2024-March 2025***

# PART ONE – WORKFORCE

## Introduction

Implementation of the Public Sector Equality Duty (PSED) is a legal requirement for all listed public authorities. Organisations are required to follow the implementation of PSED in accordance with PSED guidance documents.

The report provides staff and leaders with tools to improve, review and develop their approach in identifying and addressing disparities which affect people from 9 protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage or civil partnership). The PSED has two parts – the General Duty and the Specific Duty. The General duty is as follows;

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Equality Act 2010.
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and those who do not share it.

The specific duties are the practical requirements that make the duty more transparent, namely:

- Publishing equality information and updating it every year
- Setting objectives every four years

This report shares two parts of information. Part 1 gives data about our workforce, which has been collected from employee records, recruitment, and employee relations data. Part 2 focuses on patients, families and carers.

Each year we are required to publish this information on our public website. The reporting period for this data is **1 April 2024 to 31 March 2025**.

### Continued Improvements

Over the last 12 months the Trust has seen sufficient progress on a number of EDI work streams, which is combined across the People Promise themes and the 9 protected characteristics. These include:

- › Board engagement – EDI objectives embedded into Executive appraisals.
- › Trust Behavioural framework – co-created across the Trust by all levels, embedded within appraisals, team away days, ward managers training, leadership development programme and management development programme
- › Wellbeing conversations & awareness workshops created for middle managers in a management development programme.
- › Menopause friendly accreditation via Henpicked delivering Menopause awareness sessions for managers and staff.
- › Revised and refreshed Reasonable adjustments passport, guidance and policy for staff with disabilities

- › Implementation of the NHS sexual safety charter and commenced implementation of sexual safety awareness with improved experience evidenced in our most recent staff survey results

# Equality, Diversity and Inclusion

## EDI Monitoring

We are committed to challenging discrimination, both within our workforce and within the care we provide. We're proud of the diversity of our staff and want EPUT to be a great place to work and for all staff to feel they belong and are equally valued.

This Equality Diversity and Inclusion (EDI) Strategy is aligned with the Trust's strategic vision, values and objectives. It is about everyone actively reducing inequalities, respecting one another, and building an open and equitable culture within our organisation that celebrates diversity. This strategy enables us to fulfil the Trust's purpose, "We care for people every day. What we do together, matters"

## Demographic of Essex

The National Census takes place every 10 years. It gives us a picture of all the people and households in England and Wales. The benchmarking information in this report is taken from the National Census Information for 2021.

The overall analysis demonstrates that **the Trust's demographic profile when compared with the community profile shows us that our workforce is representative of the community it serves.** Where there are variations these are highlighted.

- The population of Essex (Excluding Southend or Thurrock), 1.5m in 2021, has seen an **increase of 109,713** over the last 10 years (since Census 2011) – an average annual growth rate of 0.76%
- The areas with the highest number of residents are Colchester (155.5k), Basildon (154.0k), and Chelmsford (151.0k)
- Over the last 10 years, the population of Essex has grown at a faster rate than England (0.64% growth per year). Essex's growth rate is similar to London (0.74% growth per year), though this may be in part due to the impact of the pandemic on where people were living on Census Day
- The largest ethnic group in Essex is "White British", which accounts for 85.1% of Essex residents. Taken together, all other ethnic groups account for 14.9% of the Essex population.

## Staff Diversity Networks

The staff networks work with the Trust to improve staff experience and develop and deliver the Trust's priorities by creating an inclusive environment. The Networks provide a psychologically secure environment for staff to share lived experiences, feel empowered, be heard and drive change. Membership is open to all EPUT staff who identify with one or more of the networks or allies who express a shared interest in driving Equality, Diversity and Inclusion.

EPUT currently have the following 5 diversity networks:

- Spiritual and Faith
- Disability and Mental Health
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, + )

- Gender Equality
- EMREN (Ethnic Minority Race Equality)

To drive the agenda forward each network has a Chair and an Executive Sponsor.

In 2024 the Trust introduced the following additional support structures providing resources and building awareness to specific focusses

- Menopause Café
- Neuro-Inclusive Café

The networks meet regularly, enabling them to grow, develop staff-related activities, explore opportunities for cross-network collaboration, and establish the priorities and objectives that support their members and colleagues within the Trust. They are valued representative bodies of the Trust and are members of a number of committees.

### **Next Steps:**

We continue our journey to reduce inequalities and over the coming year EPUT will take the following actions:

- Launch of a Staff Carer's Lounge
- Increase and build the membership of each the networks, refreshing the networks and the purpose.
- Celebration of key events, holding awareness sessions for all staff.
- Develop intersectional approaches to working with all networks.
- Continue to develop and build resources to support EPUT staff and to build a culture of inclusivity.
- Prepare proposals to coach our leaders in cultural awareness
- Continue our programme of sexual safety at work
- Align the executive team appraisals and EDI objectives to staff network priorities.










## **Staff Survey**

The NHS staff survey areas are aligned to the NHS People Promise [NHS England » The Promise](#). These questions set out in the words of NHS staff the things that would most improve their working experience.

In 2024, the Trust achieved a response rate of 41%, with 2,785 questionnaires returned; this was a decrease from 2023 although despite an overall lower response, we saw an increase in respondents across all minority groups. Moreover, we have also seen an increase of respondents with a long-lasting health condition or disability.

The People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher result is more positive than a lower result. These results are created by scoring questions linked to these areas of experience and grouping these results together.

The table below shows the result from the national staff survey. A higher score is better:

People Promise Year	 We are compassionate and inclusive	 We are recognised and rewarded	 We each have a voice that counts	 We are safe and healthy	 We are always learning	 We work flexibly	 We are a team	 Staff Engagem	 Morale
2023	7.55	6.37	6.98	6.45	5.96	6.84	7.20	7.17	6.28
2024	7.46	6.31	6.86	6.30	5.97	6.78	7.11	6.97	6.13

As a result of the declines, **we are working to see increases in the 2025 response rate and the overall scores** through the following:-

### Improvements for 2025

The Trust understand the importance of hearing everyone’s voice and experiences. Our key focus is to continue to engage with colleagues to obtain a more accurate and comprehensive understanding of our employee’s needs and experiences. In doing so we will make our actions meaningful and tangible.

**Our response rate in 2024 was our lowest:** 41% (2785 respondents)

### Next steps 2025:

To improve momentum and experiences of our people from protected characteristics, we are planning the next steps of disseminating our results, which includes:

- Timeline and commitment to share results with key stakeholders and the Trust
- Collaborative working with the communication team to enhance our ‘You Said, We Did’ campaign to create a little and often approach to consistency show progress made.
- Investment in additional reports to support divisional analysis of the results.
- To ensure that the analysis of core data is meaningful and identify areas for improvement the following analysis will be undertaken,
- Divisional overview by Staff Experience Team.
- Trust and divisional breakdown by core actions, disseminated to relevant managers.
- Professional behaviours workshops
- Sexual safety workshops
- Protected characteristics by core EDI and staff experience questions

We will continue to undertake walk-a round’s and engage with colleagues, running focus groups to support the identification and implementation of short-term actions ahead of receiving the results to ensure we are being seen to take action and progress over the entire year.

## Workforce Culture

The Trust recognises that delivering equitable, inclusive care depends on the **knowledge, skills and behaviours of its workforce**. Creating a culture that values equality, diversity and lived experience is essential to meeting the Public Sector Equality Duty in practice.

Learning from patient and carer experience, including feedback relating to discrimination, communication and cultural competence, informs workforce development activity. This includes training, reflective practice and leadership development, ensuring that staff are supported to deliver care that is respectful, compassionate and responsive to individual need.

The involvement of people with lived experience in workforce development activity (i.e. **induction, Buddy scheme, Oliver MacGowan**), including training and service improvement, recruitment (i.e. interview panels and recruitment policy change), strengthens understanding and supports cultural change. This approach reinforces the Trust's commitment to shared power, mutual learning and continuous improvement.

Workforce equality and experience data are monitored through established governance processes and contribute to the Trust's overall assurance framework. This ensures that issues relating to culture, inclusion and equality are addressed alongside clinical quality and safety.

## Our Workforce Breakdown

### Workforce Data

As a public body, we are required to publish equality information about our workforce across all of the protected characteristics.

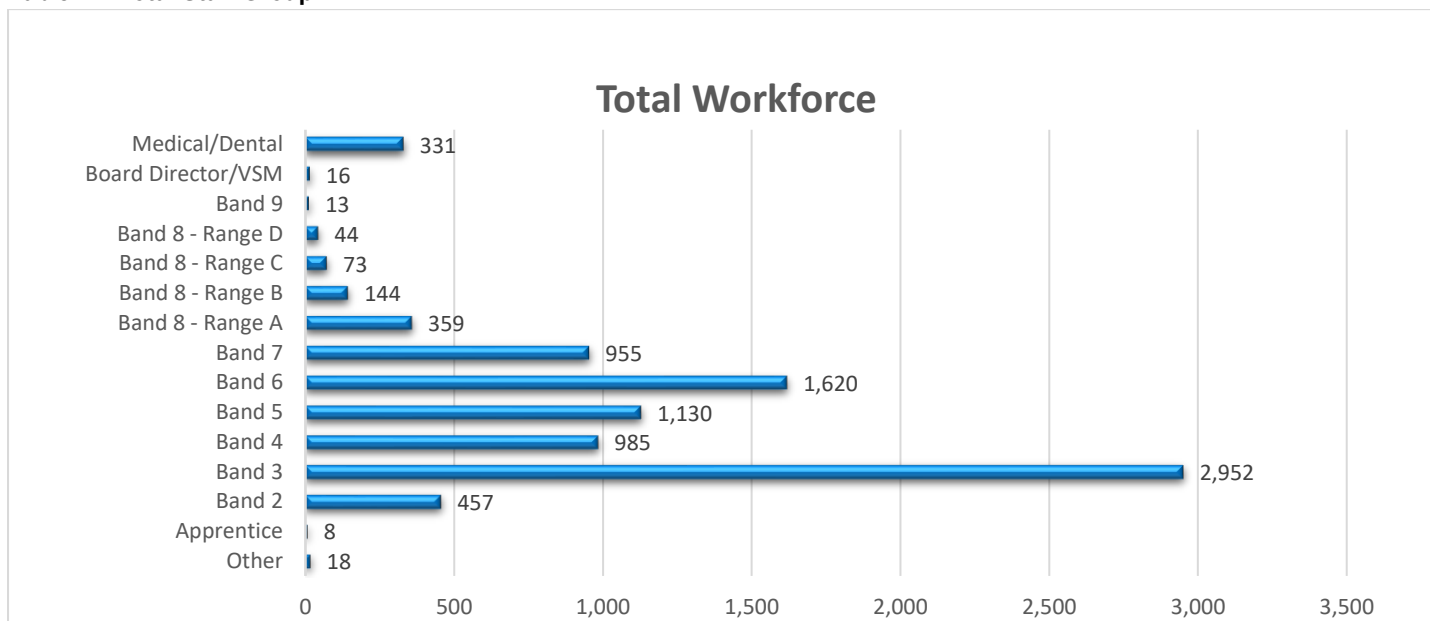
The workforce data contained within this report has been obtained from various sources:

- Electronic Staff Record (ESR)
- TRAC (recruitment records)
- Employee Relations
- NHS Staff Survey
- WRES (Workforce Race Equality Standard)
- WDES (Workforce Disability Equality Standard)

Full breakdowns are attached at Appendix 1 to this report. It is important to note that within ESR, there may be gaps in data relating to certain protected characteristics where colleagues have been given the option not to disclose information in relation to those protected characteristics. This is a common dynamic across most NHS organisations.

For the 2024/2025 reporting period, the total headcount for EPUT was 9105, a decrease of 136 staff from the last reporting period. This figure includes all permanent, fixed-term, bank workers, and leavers during this period. The table below provides a split across staffing groups and grades. From the previous reporting period we can see a decrease in variance within Band 2, 3 and Apprentice level.

**Table 1 – Total Staff Group**



### Staff Profile by Ethnicity

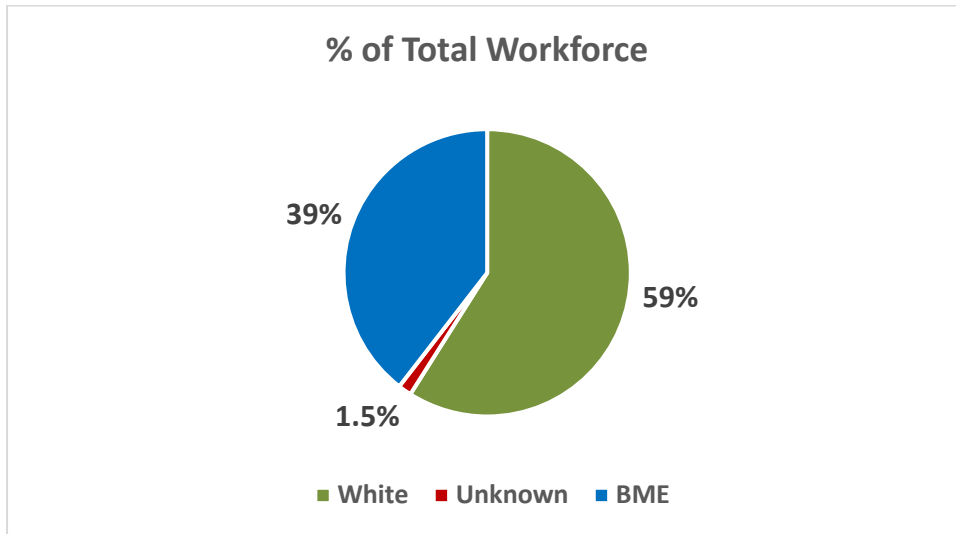
Our records show **39%** of our workforce including Bank workers is from a BME background, which is an increase of 2% compared to the previous year’s PSED report. This indicates that our workforce demographic aligns to our local population, which has a BME representation of 14.9% (Census 2021). This is positive and shows that EPUT employs a diverse workforce for the community it serves. ,

The Trust composition of ethnicities are as follows:

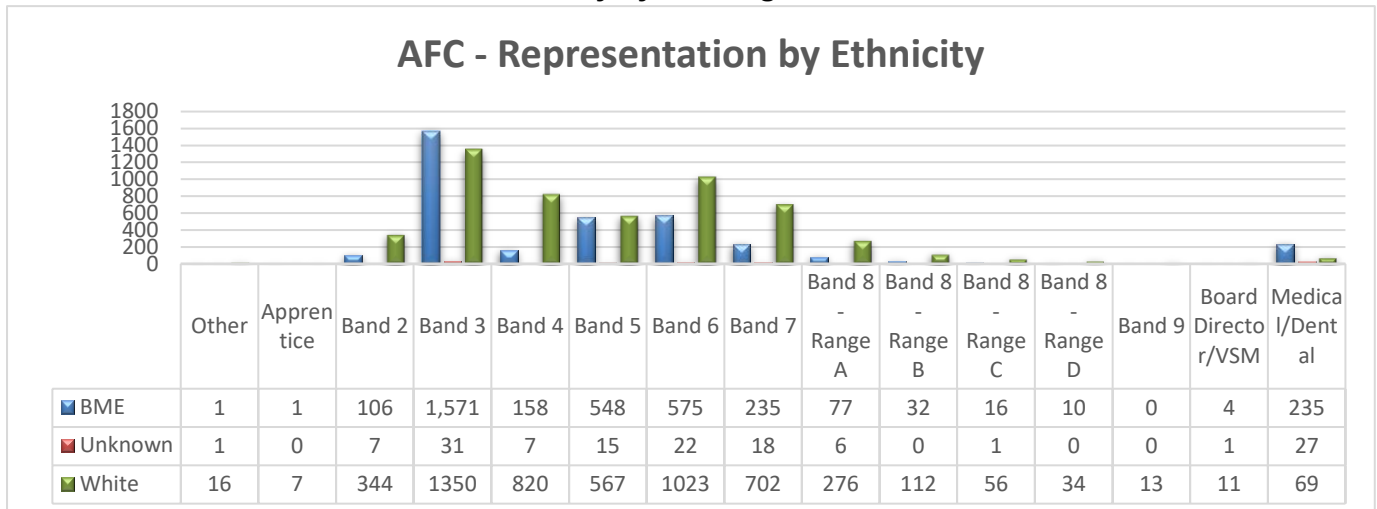
**Table 2 – Ethnicity Breakdown**

Code	Ethnic Origin	EPUT Workforce - 2024	Code	Ethnic Origin	EPUT Workforce - 2024
<b>A</b>	White - British	4811	<b>K</b>	Asian or Asian British - Bangladeshi	71
<b>B</b>	White - Irish	72	<b>L</b>	Asian or Asian British – Any other Asian background	182
<b>C</b>	White-Any other White background	517	<b>M</b>	Black or Black British – Caribbean	99
<b>D</b>	Mixed – White & Black Caribbean	46	<b>N</b>	Black or Black British – African	2043
<b>E</b>	Mixed – White & Black African	57	<b>P</b>	Black or Black British – Any other Black background	369
<b>F</b>	Mixed – White & Asian	40	<b>R</b>	Chinese	21
<b>G</b>	Mixed – Any other mixed background	61	<b>S</b>	Any other ethnic group	136
<b>H</b>	Asian or Asian British-Indian	366	<b>U</b>	Unknown / Not Stated	23
<b>J</b>	Asian or Asian British - Pakistani	78	<b>Z</b>	Unknown / Not Stated	113

The pie chart below is a breakdown of ethnicity by percentage:



The table below is a breakdown of ethnicity by banding. :



Slight changes were identified in comparison with the previous reporting period;

- Medical & Dental (71%), an increase of 3%.
- Apprentice (13%) an increase of 5%.
- Band 3 (53%), an increase of 3%.
- Band 6 (35%), an increase of 5%.
- Band 7 (25%), an increase of 3%.
- Band 8c (22%), an increase of 7%.

Whilst overall BME representation across the Trust is increasing, this is not proportional in all bandings, particularly in roles Band 5 which remained the same at 48% and we saw drops in representation for higher bandings 8d and above.

There is still further work needed to obtain representation across all bandings which is representative of our overall workforce but there are some year on year improvements are being seen.

## Workforce Race Equality Standard (WRES) Metrics 2024/2025

The WRES looks at the experience of our BAME staff compared to their white counterparts. We have seen improvements in two out of the nine WRES indicators in 2025 report, eight of which remain close to national averages. A full breakdown of results is available in the WRES Report

**Notable areas of encouraging performance includes:**

- An increase of 2.9% BME staff representation from the previous year's report
- The BME clinical workforce (non-medical) has also seen significant growth in bands 3, 6, 7 and 8a
- 1.5% decrease in the percentage of BME Staff reporting experiences of harassment, bullying or abuse from patients / service users, relatives, or the public in last 12 months

**Whilst we have worked hard to improve the experiences of BME staff, the WRES 2025 report highlights areas for development, including:**

- 3.06% fall in the percentage of BME staff believing that the organisation provides equal opportunities for career progression or promotion.
- Whilst the Trust have seen some improvements, there remained a disparity in the negative experience of BME staff in all indicators in comparison to their White counterparts
- Likelihood of appointment, with White staff appointed at rates of 1.44 for every 1 appointment compared to applicants from a BME background. This highlights that White staff were more likely to be appointed during this period

We will continue to work in collaboration with our Leadership, our Ethnic Race Equality Network and Organisational Development & Culture Team to drive improvement in creating an inclusive and supportive environment for our BME staff.

**Steps we are taking to eliminate discrimination and improve experience:**

- We have continued to roll out our new values-based recruitment procedures, encouraging hiring manager to utilise the de-bias toolkit, ensuring interviews for roles 8a and above include a diverse panel members.
- We have made updates to our disciplinary policy, special leave policy, flexible working policy and grievance policy, to be more compassionate and supportive to colleagues
- The disciplinary process has been revised and a preliminary assessment form and independent triage panel have been introduced. This process supports consistency and fairness in the incident review, emphasising learning, and informal resolution and is already showing impact on the % of BME staff being referred to the formal disciplinary process
- We will refresh our approach to Reciprocal Mentoring
- Following the trust signing up our Anti-Racism pledge, we will continue to promote and rollout a zero-tolerance approach to racism in our trust, promoting the behaviour framework.
- Unacceptable behaviour and sexual safety workshops will continue to be rolled out – with focussed interventions in areas reporting negative experiences in the staff survey. .
- A 'leaders course' for unprofessional behaviour and sexual safety training will be rolled out.
- We have a very active BME staff network (EMREN), who have celebrated key events throughout the year, including South Asian Heritage Month and black history month.

The full report can be accessed at <https://eput.nhs.uk/wp-content/uploads/2025/10/WRES-2025.pdf>

## Staff Profile by LTC/Disability

EPUT have **712 (8%)** staff who declared themselves as having a disability or long term health condition (LTC)

during this reporting period. With a **1% increase** from the previous year' report, it is encouraging to see staff with a LTC or disability declaring a declaring their condition. This reflects that EPUT is a disability confident leader and promotes an inclusive environment where everyone feels they belong.

The Trust will continue to encourage all colleagues to declare their status and reassure colleagues the benefits of doing so. This will help the Trust in providing a psychologically safe environment for its staff, as well as, improving the quality of data for this protected group. To further support achieving this we are:

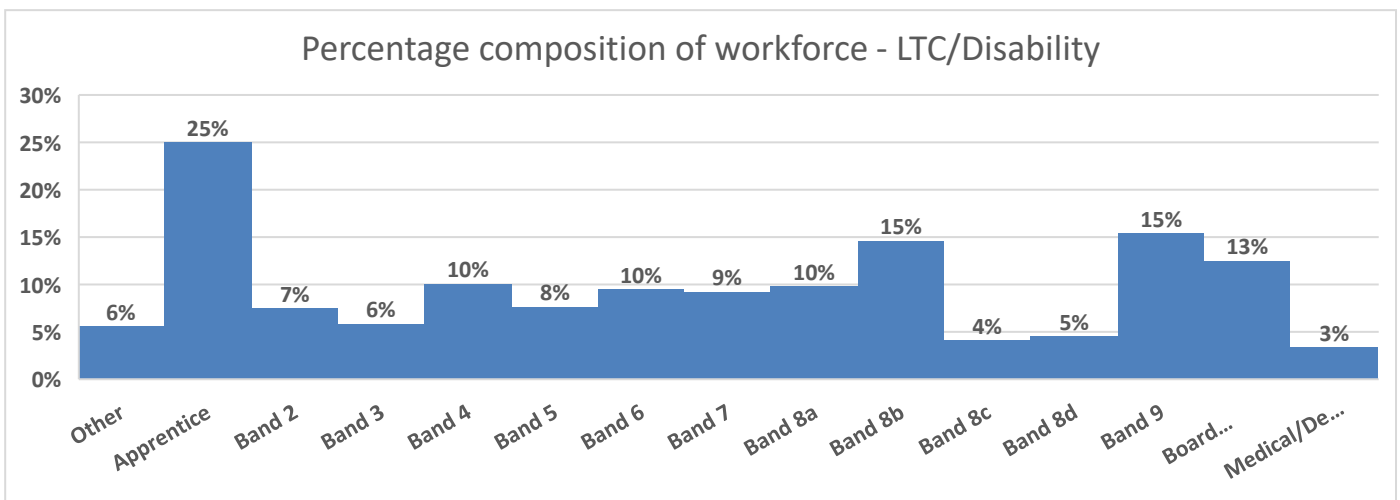
- Encouraging staff to share their personal experience relating to their disability/LTC;
- Encouraging wellbeing discussions and updates at appraisal and 1:1 support
- Promoting the use of the ESR self-service function in which staff have the opportunity to update information relating to their protected characteristics.
- Encouraging different forms of staff support, including the new neuroinclusive café and staff carer's lounge
- Working to progress the excellent work of the disability staff network

**Observations**

AFC Bands 3-7 have the highest number of staff who have disclosed a disability or LTC. The highest percentages of staff who declared a disability or LTC lie within the apprentice group (25%) which is an increase of 12% from the previous reporting period. In addition, the percentages of colleagues sharing their disability is higher within senior roles Board/VSM (13%), which is contrary to the pattern seen across the local system.

Whilst EPUT is a disability confident leader and continually encouraging staff to disclose a LTC or disability we saw 10% of staff chose the following:

- Not to declare – 8%
- Prefer not the answer – 0.4%
- Unspecified – 2%



There are low numbers of Medics who declared themselves as having a disability or LTC. This can be explained by a high number of trainee doctors rotating through different Trusts, meaning that demographic data needs to be re-shared each time.

There were 1104 medical and non-medical new starters in EPUT during 2024/2025, which was lower than 2023/2024 by 1,093. All new starters are given the opportunity to share their information relating to a disability, LTC and required workplace adjustments. For this period, 8% of new starters stated that they have a disability or LTC, an increase of 1% since the previous report.

A further breakdown of new starters indicates the following declarations:

- Physical impairment – 0.5%
- Sensory impairment – 0.5%
- Mental health condition – 0.9%
- Learning disability/difficulty – 1.35%
- Long-standing illness – 2%
- Other- 2.5%

This demonstrates that the Trust is in alignment with the NHSE EDI Improvement plan and the WDES by continuing to improve the experiences of our workforce who have a disability or LTC. Further information about the Improvement Plan is detailed at the end of this report.

## WDES – Workforce Disability Equality Standard Indicators 2024/25

EPUT has seen improvement in three out of the ten WDES Metrics, with the remaining seven being close to national averages. **Notable positives were seen across the following indicators:**

- Increased representation of staff with a disability; 8.84% of staff are recorded as declaring a disability, an increase of 1.28% from the previous year
- Likelihood to appoint performance remained strong at 0.91, with disabled applicants slightly more likely to be appointed than non-disabled counterparts
- 1.56% of disabled staff who completed the NHS Staff Survey reported feeling satisfied with the extent to which the organisation values their work. This is 0.3% greater improvement than non-disabled counterparts.

**Whilst there are some improvements in experience, the WDES 2025 report highlights areas for development, including:**

- There was a significant decline in staff with disabilities reporting belief that EPUT offers equal opportunities for career progression or promotion, with a similar decline for nondisabled staff.
- 5.9% fall in percentage of disabled staff saying that the organisation has made adequate adjustment(s) to enable them to carry out their work.
- Falls in engagement amongst disabled staff. The 2024 survey saw a 0.27 score decrease in the Staff Engagement People Promise Theme, 0.07 greater than non-disabled counterparts

**We are working hard to ensure the experience and treatment of disabled staff is fair and equitable. As part of this work the Trust has taken the following measures:**

- Disability and Mental Health Network meetings are attended by senior leads to ensure feedback is heard and acted upon.
- Staff Network Sessions are held virtually, with access to subtitles / transcribing tools to ensure they are as accessible as possible for attendees.
- Staff can raise concerns anonymously through our Freedom to Speak Up Guardians, as well as

raise issues about their accessibility via our Employee Relations and Staff Experience functions. The Equality Advisor can also provide managers or employees with guidance and support in these areas.

- We have worked closely with our Transformation Team to ensure the Disability and Mental Health Network has clear goals for the year and is able to measure their own progress via SMART KPI's.

The full report can be accessed via <https://eput.nhs.uk/wp-content/uploads/2025/10/WDES-2025.pdf>

## Health and Wellbeing

A comprehensive occupational health (OH) service is available to staff via PAM Wellness Solutions' core services which include mental health, physical health and rehabilitation services.

PAM Wellness provide 24/7/365 confidential helplines, including employee assistance programmes (EAP), offering enhanced psychological services and specialist therapies, as well as pre and post-incident trauma services. Other services within the OH Services include:

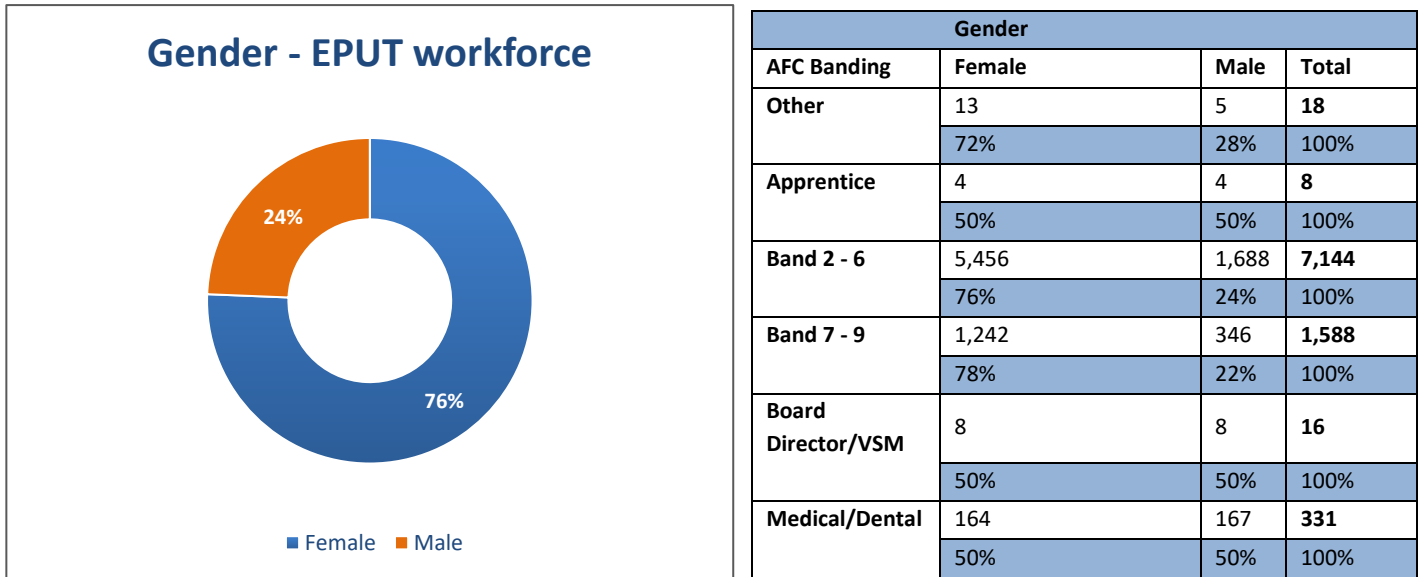
- Health assessments
- Fitness to work/practice
- Permanent/temporary injury applications
- Detailed recommendations for work related rehabilitation (for example, phased return to work, re-deployment, adjustments to duties/post)
- Ill health retirement, providing advice in line with national guidelines
- Immediate response and follow-up service for staff with sharps injuries
- Pre-employment health assessments (including for international recruitment)
- Fast track physiotherapy referral
- Workplace assessments for neurodiverse colleagues supporting reasonable adjustments within the workplace.

The wellbeing of our colleagues is our priority; there are several aspects in place to help, manage and support individuals, such as:

- Staff Experience Team, which offer support guidance, resources and wellbeing promotion.
- Newly developed and refreshed Reasonable adjustments passport.
- Menopause awareness training for managers and colleagues
- Menopause café for staff
- Neuro-inclusive café for staff
- Staff Carer's Lounge
- Here for you - provides therapeutic support where difficulties are linked to the workplace. This could be stress, distress and/or trauma, which is impacting on a person's ability to be at work or carry out their duties. Continued support via the various EDI network meetings.
- Promoting wellbeing local and national wellbeing initiatives/programmes relating to mental and physical wellbeing.
- Utilising the Occupational Health service for advice/support on the health of staff in the workplace.
- Promoting the services of the Trust's EAP, which provides a range of counselling services, self-help programmes, as well as, a fast-track physiotherapy service.
- Health and wellbeing resources, information's and guidance for all colleagues which is available via EPUT Intranet.

## Staff Profile by Gender

Our workforce is predominantly female 76% and has remained relatively consistent over the last several years with minor declines and increases. These figures are similar to the wider NHS, which is predominantly female.



The largest proportion of staff lie within AFC Bands 2-6, with a female workforce of **76%**. In comparison to last year, the reported percentage of female staff holding a senior management role 50% which has increased by 6% since 2023/2024. We can see from 2023 Board Director/VSM level has increased by 6% for females and males have decrease by 6%, meaning gender within Board Director /VSM roles are equal.

This year we are pleased to see the increase in percentage of females entering Board Director/VSM level having encouraged female colleagues to progress into senior roles ensuring they are proportionally represented in talent management and leadership development programmes, as well as, identifying dedicated and bespoke development programmes.

## Working Patterns

### Pay Gap

The Trust adheres to the Government Equalities Office’s Pay Gap (GPG) reporting requirements and has an action plan, in which it sets out its remedial objectives to address any gender pay inequality.

In June 2023, NHS England launched the EDI Improvement Plan which sets out targeted actions to address the prejudice and discrimination, the Pay Gap report contains data and analysis relating to the gender, race and disability pay gap. This information is contained in a separate dedicated report which can be found here: *insert link after reports are approved*

## Flexible working

Over the last 3 years we have seen a significant increase in flexible working requests. Reviewing the working patterns, female colleagues are significantly more likely to work part time than their male counterparts in many cases due to caring responsibilities. Moreover, female colleagues are more likely to become and provide more hours of unpaid care than men. The staff survey responses in 2024 indicated:

- 37% from 2746 responses said ‘yes’ to ‘Do you look after or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age.’
- 40% of 2754 responses answered ‘Yes’ to ‘Do you have any children aged from 0 to 17 living at home with you or who you have regular caring responsibility for?’

The implementation of the flexible working policy can often influence individuals in feeling supported and fulfilled in undertaking their role. Flexible working increases diversity and equality of opportunities for those with disabilities, caring responsibilities and provides further support during pregnancy or older colleagues who no longer wish to work full time and is a priority retention strategy for EPUT.

### Table of flexible working request:

Category	2022/2023	2023/2024	2024/2025
Flexible Working	249	301	280

Flexible working requests for our female workforce is significantly higher (237) than for our male (43) workforce.

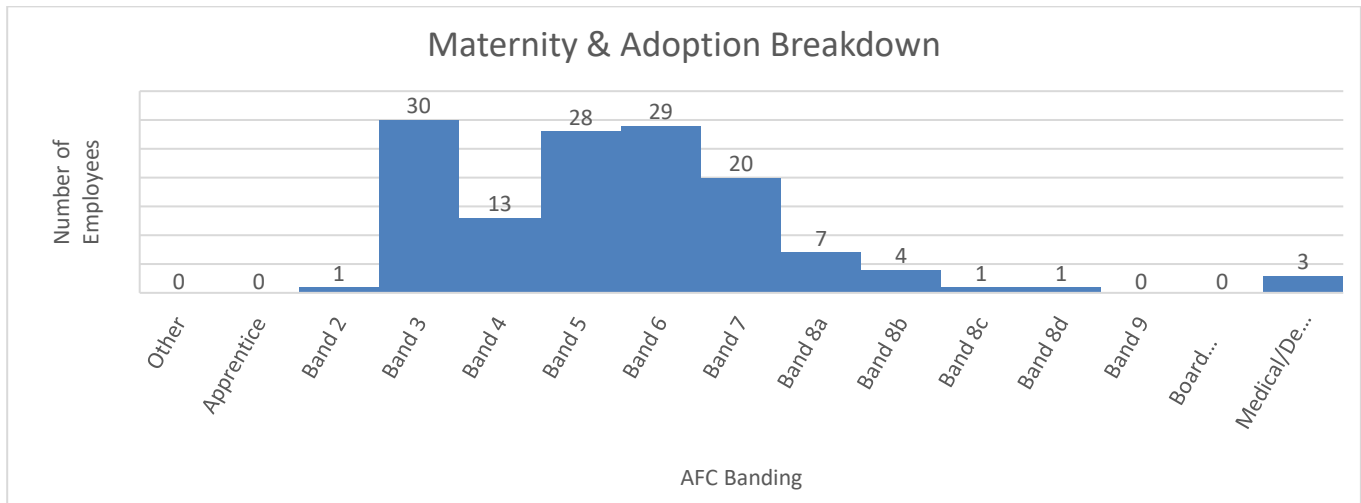
The Trust currently has a Gender Staff Equality network, which holds regular awareness sessions, sessions include flexible working and paternity leave, men’s health (MOT), international women’s day and many other events. In addition, a Carer’s Lounge is now in place, giving carers the opportunity to share experiences, raise awareness and share advice ensuring that our culture recognises the significance of caring in our workforce.

There is more to be done to encourage positive attitudes to flexible working whilst recognising the need for continuity of patient care and we will continue to build on the positive examples of success.

## Pregnancy & Maternity

Workforce data shows 8757 members of staff are in active assignments, of these active assignment the data show us **137 (2%) of staff have taken maternity or adoption leave which is a slight increase** from the previous year report.

The bar chart below shows a further breakdown from the data reported within this period, showing that the highest number of those who have taken maternity or adoption are paid AFC band 3, 5 and 6.



## Menopause

Our workforce breakdown of gender indicates that a significant proportion of our staff are likely to be exposed to the menopause and therefore it is vital that we are providing a supportive working environment.

EPUT strive to ensure all staff genders have the understanding, resources and guidance available to make sure the working environment is inclusive and everyone feels they belong, EPUT have introduced the following:

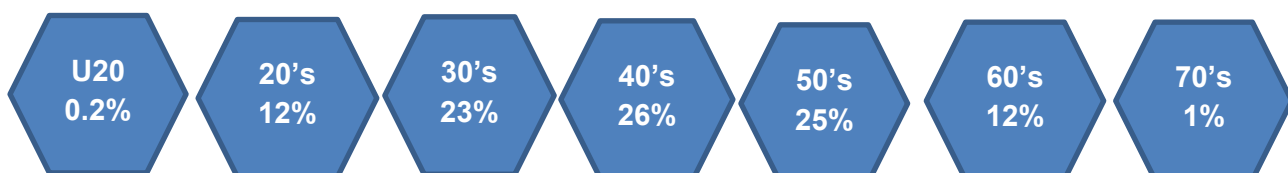
- The Menopause Café – offering colleague’s educational sessions relating to nutrition, work life balance, exercise, bone health and hosting events with guest speakers.
- Wellbeing hub – resources and information accessed via EPUT intranet
- Menopause guidance and information on the staff internet website.
- Menopause advocates – Delivering awareness sessions for colleagues and Line managers.

Managers also are able to record menopause related absence for their staff via the health roster system. This enables the Trust record reasons behind absence and gain a better understanding of the impact of the menopause on its staff and put in place appropriate support.

## Age Profiles

There has been a slight decrease in employed staff in their 20’s, a slight increase by 1% for staff in their 40’s, and a slight decrease by 1% for staff in their 50’s. All other age groups have remained the same. The age demographic of our local area has a significantly higher population in the aged 50+ category meaning that our age demographic is slightly younger.

### Workforce breakdown by Age:



With 38% of our total workforce over the age of 50, we work to offer support and sustainable career pathways to help attract and retain the younger pipeline workforce to ensure that our service users continue to receive high-quality care. This is then supported by working closely to retain our older workforce into working arrangements that not only encourage them to stay – retaining and valuing their input but also enhancing flexible working opportunities and work life balance

**The Trust is actively engaging with young people in local communities by:**

- Hosting recruitment drives
- Working closely with the Anchor programme locally to bring employment into areas of high deprivation
- Working with local schools, colleges and universities, encouraging young adults to consider a career within the NHS.
- Promoting the benefits of the NHS apprenticeship schemes available at the Trust.
- Health Care Assistant Academy

**Flexible Retirement**

Within the reporting period EPUT saw 111 staff leavers due to retirement which is less than the previous year. Recognising the contribution of our people and maximising retention of the knowledge, skills and experience of our older workforce , we strive to offer a range of flexible retirement options to support the health and wellbeing of staff. Options include:

- Step Down;
- Retire and Return;
- Partial Retirement;
- Part time reduced hours
- Early Retirement Reduced Buy Out

**Sexual Orientation**

Under the Public Sector Equality Duty of the Equality Act (2010) Sexual Orientation is a defined protected characteristic therefore EPUT must pay due regard. This is around ensuring colleagues benefit equally from all HR policies and functions, whilst ensuring they receive equal opportunities and recognition of sexual orientation and Equal Marriage status.

- The majority of staff declared their sexual orientation as heterosexual (84%) 7643 which is a 1% increase from the previous years report.
- 2% of the workforce (142) declared their sexual orientation as lesbian, gay, bisexual, transgender, queer/questioning and any other gender identified (LGBTQ+), which is a slight increase of 1% from the previous year's report.
- 10% (956) of staff choosing to not declare their sexual orientation.
- 2% of staff (178) declared their sexual orientation as Bisexual
- 2% of staff choose Unspecified for their sexual orientation

The Trust is conscious that the percentage of staff who shared their sexual orientation as LGBTQ+ is extremely low; this could be a result of anticipated discrimination, bullying and harassment, hate crimes and fear of being undermined.

EPUT updated the Equality, Inclusion and Human Rights policy and procedure with additional guidance for managers to support transgender staff members and patients, this was developed in collaboration with the LGBTQ+ Network in EPUT as well as contribution from the East of England Rainbow Network.

EPUT recognises there is more that can be done to support its LGBTQ+ colleagues in terms of offering reassurance, physiological safe spaces, further LGBTQ+ training and resources. The Trust provides resources and guidance for colleagues on the EDI hub, embedded the LGBTQ+ diversity network and develop a Transgender guidelines.

## Marriage & Civil Partnership

The marital status with the highest percentage reported was married 50% of the workforce, with single following thereafter at 36%. In the previous reporting year we saw an increase of 4% for those selecting unspecified; this could be due to the fact that staff no longer had the option to select 'unknown', the figure has remained the same for this reporting year. The data from this reporting period show a slight decrease in the following statuses: divorced and Married with a slight increase in the following areas; legally separated, widowed, and civil partnership.

### Marital Status of Staff in Post:

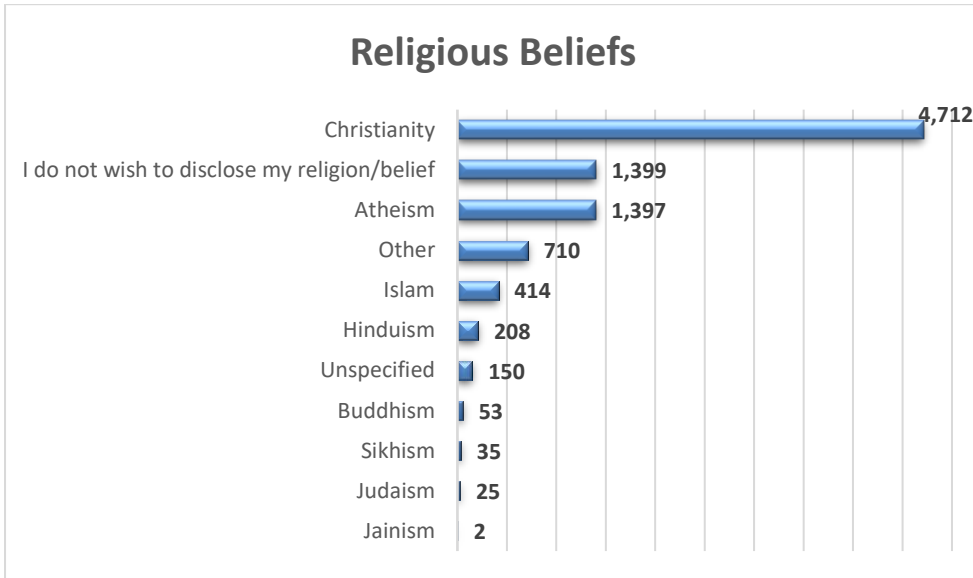
	Total	Percentage
<b>Divorced</b>	598	7%
<b>Legally Separated</b>	145	2%
<b>Married</b>	4586	50%
<b>Single</b>	3254	36%
<b>Widowed</b>	115	1%
<b>Civil Partnership</b>	127	2%
<b>Unspecified</b>	280	3%

The Trust ensures all colleagues have equal opportunities and recognition, regardless of marital status, by keeping HR policies up to date which align with employment law. The Trust also encourages colleagues to update their status on ESR.

## Staff Profile Religious Belief

Similarly to previous years, the predominant shared religious belief is **Christianity (51%)** and **Atheism (15%)**. **15%** of staff chose not to disclose their religious belief; this also reflects the current Census as more people across the UK selected the option, 'No Religion' as their belief.

Chart below shows a breakdown EPUT's religious Belief:



EPUT pays due regard to religious beliefs by promoting the Faith and Spirituality Diversity Network, and celebrating religious festivals and events. The Trust encourages staff to update their religious status on ESR to support the Trust in providing equal opportunities for all faiths and non-faiths. The Interfaith and Spirituality Diversity Network works in collaboration with the Trust chaplaincy services, offering emotional, spiritual and religious guidance to all colleagues. Newly embedded prayer rooms have been provided, to enable staff the space for prayer and reflection.

## New Starters & Leaver Profile

The Trust has taken action to promote a more diverse workforce by embedding a fairer recruitment process, with large recruitment campaigns advertising posts in multiple job platforms to ensure a larger talent pool of candidates including a focus on our local people and communities and areas of high unemployment.

In 2024/2025 there were **1714** new starters, 5437 were shortlisted of which 32% were appointed. The majority of new starters were employed in Band 3 posts.

Below gives an overview of our equality breakdown for new starters:



### The demographic composition of new starters within the Trust:

**Ethnicity:** The total percentage of all new starters from ethnic minority backgrounds during this reporting period was 53%. This has remained the same from the previous reporting period.

**Age:** The highest percentage of new starters are those aged in their 20's (24%), 30's (24%) and 40's (26%)

**Gender:** The workforce is predominately female which reflects in the new starters data - 72% new starters were female and 28% were male. In comparison from last year's report, we saw a 1% increase of female new starters.

**Disability:** Overall 8% of new starters stated that they have a disability, an increase of 1% since the previous year report. There has been a slight increase year on year in the percentage of new starters disclosing a disability or LTC.

**Sexual Orientation:** The highest representation for sexual orientation was heterosexual (86%), followed by 8% of new starters declining to provide a response. 5% of our new starters disclosed as LGBTQ+ which was an 1% increase from the previous year.

**Religious Belief:** The highest representation of religious belief within new starters was Christianity (55%), followed by Atheism 18%, which reflects the figures of the overall Trusts demographics. However, there were a large number of new starters who chose not to disclose this information (10%).

**Marital Status:** The highest declared marital status was single (44%) and married (44%) which has equalised since the previous year reporting. 5% of new starters disclosed being divorced.

To align with the NHS EDI High Impact Action Plan, as well as the WRES/WDES action plans, EPUT continues to strive:

- To improve the recruitment process by developing and embedding the De-Bias toolkit for hiring managers to ensure the process is fair for all.
- Inclusion Ambassadors on interview panels for 8a and above roles is mandatory to increase a fairer recruitment process.
- To promote and build awareness of the Disability Confident Scheme.
- To promote our status as a Disability Confident Leader on all job advertisements and re-accredit in 2026
- Advertise roles within a wide range of recruitment platforms and outlets

### Leavers

In 2024/2025 1700 employees left the Trust with an overall turnover rate of 2%, a 2% increase from the previous reporting period. The highest proportion of leaver's falls within AFC bands 3.

Of the 1700 leavers, 58% of were planned (end of fixed term contracts, retirements and employee transfers) and 42% were unplanned exits (death in service, dismissal and voluntary resignation). 38% of unplanned leavers were recorded as 'other' or 'unknown'.

Percentage breakdown Leavers:



The demographic composition of leavers for the Trust:

**Ethnicity:** 39% of leavers were from ethnic minority groups, which is a decrease of 3% in comparison to the previous year's report.

**Disability:** 8% of all leavers identified themselves as having a disability, an increase of 2% in comparison to the previous year.

**Gender;** 75% of leavers were female and 25% were male, which is proportionate to the overall workforce. We can see a slight decrease in female leavers (1%) and an decrease of male leavers (1%) from the previous reporting period.

**Religion;** The highest percentage of leavers declared themselves as Christian (53%), which is proportionate to the overall workforce.

**Sexual Orientation:** 3% of leavers were LGBTQ+, a decrease of 2% compared to last year.

**Age:** The average percentage of leavers remains equal across the 30-60 year age groups, however leavers which fall within the age group of 70 remains at 2% the same as the previous year's report.

We have not seen a substantial increase in leavers within the Trust and will continue with our combination of the Trust's initiatives to improve staff retention & on-boarding process, improved access to career development opportunities, fewer dismissals and the refresh and development of the exit questionnaire processes.

## Promotions

The data collected from ESR on primary job assignments shows 423 promotions which was a decrease from the previous reporting period by 18%, This could be as a result of no promotional vacancies or appropriate candidates for the role as well as the financially challenged position of the trust and financial recovery programmes.

The demographic composition of staff who have been promoted within the Trust:

**Ethnicity:** 34% of staff who were promoted were from a BME background. This is a **4% increase** in comparison to last year's report. The highest promotional band for BAME staff was Band 6 (51%) and medical staffing (75%)

**Disability:** 7% of the staff that were promoted declared that they had a disability, which is a **1% decrease** in comparison to last year's report. EPUT have seen a decrease of 1% for 2 consecutive years.

**Gender Breakdown:** 77% of the promotions were female, while **23%** were male (an increase of **1%** in comparison to last year's data).

**Religious Belief:** The highest number of promotions came from those who declared themselves as Christian, which is representative of the underlying workforce.

**Sexual Orientation:** The highest proportion of staff who were promoted declared themselves as heterosexual (**86%**), which aligns to the overall workforce of the Trust. The percentage of LGBTQ+ staff who received a promotion was **5%** which was a (1%) increase in comparison to last year.,

**Age:** The data shows EPUT’s staff promotions falls within the younger and older adults, however appearing more frequently within the workforce aged group 26 – 45.

There is currently no marital status breakdown for promotions.

The Trust recognises the importance supporting staff throughout their career within EPUT and encourages career progression and development by providing the following initiatives::

- Management Development Programme
- Ward Manager Programme
- Leadership Development Programme
- RISE Programme
- Career Lounge for BME colleagues.

## Employee Relations

Employee relations is the ways in which we manage our relationships at work and the management of workplace issues such as complaints or grievances and matters of behaviour and conduct.

Data in this category includes the following:

- The number of staff undergoing a disciplinary hearing
- The number of staff submitting formal grievances
- The number of staff who have been the subject of investigation and capability procedures the number of allegations made in relation to bullying and harassment (Dignity at Work)
- The number of staff whose level of sickness absence prompted formal action as detailed in the Trust’s Management of Sickness & Ill Health Procedure.

The data includes all staff (permanent and bank workers) across all pay bands.

Type / Category (reporting only)	Number of cases - 2023/24	Number of cases - 2024/25
Capability	22	28
Conduct	96	129
Temporary Worker Conduct	149	113
Flexible Working	301	280
Grievance	84	47
Temporary Worker Complaint	18	14
Sickness	10	10
<b>TOTAL</b>	<b>680</b>	<b>621</b>

The table above shows an increase in capability, conduct and temporary worker cases, with the exception of cases relating to sickness absence which has remained the same. We can see a decrease across other areas particularly in cases relating to flexible working and temporary worker conduct.

The demographic composition of staff who were involved in ER cases within the Trust:

**Ethnicity:** In comparison to the previous year's report we have seen an increase in formal cases overall, including **an increase in cases involving our BME staff**. Within this reporting period:

- 81 BME staff were subjected to ER procedures for conduct
- 103 BME staff where subjected to Temporary worker conduct
- 69 BME staff subjected to flexible working

Most staff who are involved in ER cases are white British (48%), with just under half of cases (46%) being attributed to workers from a BME background which in comparison is higher than the % within our workforce overall (39%). 69 flexible working applications were submitted from BME employees, with a further 211 from non-ethnic employees.

**Disability:** 11% of ER cases involved staff who identified as having a disability or long term health condition, an increase of 1% since the previous reporting period. In comparison, 80% of cases involved staff who declared that they did not have a disability an increase of 2% from the previous year.

**Gender:** The gender breakdown of staff involved in ER cases is 27% for men and 73% for women. This figure is particularly high for male staff as nearly a quarter of the workforce are men.

**Religious:** Christianity (56%) is the highest declared religion followed by "I do not wish to disclose my religion or belief" (14%) and Atheism (14%).

**Sexual Orientation:** 10% of staff who have been involved in ER cases have chosen not to disclose their sexual orientation, which is a decrease of 1% in comparison to the previous year.

**Age:** The majority of staff who were involved in ER cases were aged group 30 – 50, this is aligned with the Trust's overall workforce as this is the largest age group within the Trust. The main areas for ER procedures falls within conduct, flexible working and Temporary worker conduct.

## Equality Delivery System

The Equality Delivery System (EDS) designed by NHS England to support the NHS in making improvements on equality, diversity, wellbeing and inclusion for the benefit of patients and staff.

- Domain One: Commissioned or provided services led by the Patient Experience Team and graded by patient, carers and volunteers.
- Domain Two: Workforce Health and Wellbeing led by the Staff Experience Team and graded by staff

volunteers.

- Domain Three: Inclusive Leadership led by the Staff Experience Team and graded by an independent evaluator, peer reviewer and trade union representatives

EPUT has seen an improvement in both Domain 1 and Domain 3 whilst Domain 2 remains consistent. It is encouraging to have improvements as it shows a positive perception of our services from both an internal perspective within our workforce and an external perspective from our patients and independent adjudicators. Under the EDS rating EPUT was rated as 'achieving'.

To achieve and monitor progress we will:

- Align action plans for each domain with the WDES, WRES, and EDI Improvement Plan
- Track and monitor actions via the EDI committee, Staff Experience Team and patient feedback.
- Complete annual stakeholder engagement to rate our performance

## PART TWO – PATIENT FAMILY AND CARERS

### Organisational Commitment and Governance

EPUT is committed to meeting its responsibilities under the Public Sector Equality Duty by embedding equality, inclusion and participation within its quality, safety and population health priorities. The Trust recognises that patient, family and carer experience is a fundamental component of care quality and that addressing inequalities in access, experience and outcomes is essential to delivering safe, effective and compassionate services.

The Trust's approach is aligned to the principles set out in its **Quality Account** and **Annual Report**, which emphasise learning from experience, continuous improvement, and reducing unwarranted variation in care. Equality and health inequalities are not treated as standalone areas of work but are integrated within the Trust's wider quality governance framework. This ensures that consideration of the Public Sector Equality Duty is embedded in decision-making, service planning, transformation activity and assurance processes.

Assurance in relation to the patient and carer component of the Public Sector Equality Duty is provided through the **Quality Committee** which receives regular reports on patient experience, health inequalities, equality performance and progress against key national frameworks like the **Patient and Carer Race Equality Framework** and **CORE20PLUS5**. Executive leadership is provided by the Chief Nursing Officer, who holds responsibility for patient experience, participation and quality governance. The Quality Committee provides formal assurance to the Trust Board through established reporting routes, including integrated quality and performance reporting and the annual Quality Account. This ensures that the Board maintains oversight of how the Trust is meeting its statutory responsibilities and addressing inequality in practice.

Strategic leadership and coordination of patient experience, health equity, population health, co-production and participation is provided by the Director of Patient Experience and Participation through the **Patient Experience and Participation portfolio**. This portfolio provides assurance that lived experience insight informs policy development, service transformation and quality improvement, and that equality considerations are consistently applied across the organisation through things like the quality and safety meetings and

accountability framework. This governance structure ensures that the Trust can demonstrate due regard to the three elements of the Public Sector Equality Duty in a systematic and accountable way.

## Eliminating unlawful discrimination

The Trust recognises that unlawful discrimination may be experienced by patients, families and carers through barriers to accessing services, ineffective or inappropriate communication, failure to make reasonable adjustments, or care pathways that do not adequately reflect cultural, racial or socio-economic needs. Such experiences can undermine trust, reduce engagement with services and negatively impact health outcomes. Eliminating discrimination is therefore a core component of the Trust's quality and safety agenda.

To mitigate this risk, **Equality and Health Inequality Impact Assessments (EQUIAs)** are routinely applied to new policies, service developments and transformation programmes. The use of EQUIAs ensures that potential disproportionate impacts on people with protected characteristics and underserved groups are identified at an early stage and that mitigating actions are built into service design. This process is embedded within governance arrangements and supported through the quality and safety directorate, working in partnership with clinical services, transformation teams and the Trust's data and intelligence functions.

EQUIAs are informed by a combination of population health data, patient and carer feedback, lived experience insight and local intelligence. This strengthens their effectiveness and ensures that they reflect the realities experienced by the communities the Trust serves. The quality and consistency of EQUIAs are subject to review through governance processes, providing assurance that they are applied meaningfully and not solely as a compliance exercise.

Learning from complaints, the **Patient Advice and Liaison Service (PALS)**, patient surveys (I Want Great Care) and other experience feedback mechanisms is routinely analysed to identify themes that may indicate discrimination, exclusion or inequity. This learning is triangulated with clinical quality and safety data and reviewed through the Trust's quality governance arrangements. Where themes or risks are identified, actions are taken at both service and organisational level to address root causes and reduce the likelihood of recurrence.

Progress and areas of risk relating to discrimination are reported through the **Quality Committee**, with escalation to the **Trust Board** where appropriate. This provides assurance that the Trust maintains oversight of equality risks and that action is taken to improve practice where required.

## Advancing equality of opportunity

Advancing equality of opportunity is central to the Trust's population health approach and its commitment to improving outcomes for patients, families and carers. The Trust recognises that different people and communities have different starting points and levels of need, and that equitable outcomes require services to respond flexibly and proportionately.

The Trust applies the **Core20PLUS5 framework** as a key mechanism for identifying and addressing health inequalities. This framework supports a focus on people living in the most deprived communities, alongside other population groups at risk of experiencing poor access, experience and outcomes. Core20PLUS5 is used alongside local population health intelligence and learning from patient experience to inform service priorities and resource allocation.

Equality of opportunity is further advanced through place-based working and partnership with voluntary, community and social enterprise organisations, carers' networks and wider system partners. These

partnerships support improved access to services, earlier intervention and more joined-up support, particularly for people who may face barriers in engaging with traditional NHS provision.

This approach is consistent with the Trust's Quality Account commitments to partnership working and community engagement.

**Reasonable adjustments** are a key element of advancing equality of opportunity. The Trust works to ensure that patients and carers are supported to identify their individual needs and that services respond appropriately. This includes adjustments to communication methods, appointment arrangements, environments and care planning processes. Feedback from patients and carers is used to inform continuous improvement in how reasonable adjustments are identified, recorded and delivered.

Progress in advancing equality of opportunity is monitored through established quality and performance reporting arrangements and is considered by the **Quality Committee** as part of its oversight of patient experience, health inequalities and quality improvement. This ensures that the Trust Board receives assurance that action is being taken to reduce inequalities in access, experience and outcomes.

## Fostering good relations

The Trust recognises that fostering good relations between people from different backgrounds is essential to building trust, improving patient and carer experience, and supporting effective engagement with services. Positive relationships between patients, families, carers, communities and staff underpin the delivery of safe, compassionate and inclusive care.

EPUT has invested in the development of a **strong co-design and co-production infrastructure**, ensuring that patients, families and carers are actively involved in shaping service design (i.e. **Time to Care**), delivery (i.e. Inpatient Peer Workforce) and evaluation (i.e. **Patient Led Assessments of Care Environments**). This approach reflects the Trust's commitment, as set out in its Quality Account, and strategy, to learning from experience and embedding improvement through meaningful engagement. From a patient and carer perspective, this ensures that involvement is not tokenistic but leads to visible change and shared ownership of decisions.

**Lived experience roles**, including **peer workers**, **lived experience ambassadors** and **volunteers**, play a central role in fostering good relations between services and communities. These roles support people to feel understood, represented and supported by individuals who have personal experience of using mental health services. They also contribute directly to service improvement by bringing insight that cannot be gained through data alone. The Trust recognises the peer workforce as a key asset in reducing stigma, strengthening engagement and improving cultural understanding within services (i.e. **Recovery Café** at Brockfield, **Community Clothes Cycle** across inpatient services).

The Trust's implementation of the **Patient and Carer Race Equality Framework (PCREF)** further strengthens its approach to fostering good relations and addressing racial inequalities. PCREF provides a structured mechanism for identifying disparities in access, experience and outcomes for racialised communities and for ensuring that these communities have meaningful influence over service design and improvement. This includes strengthening governance arrangements, improving the collection and use of ethnicity data, and supporting culturally responsive models of care.

Progress in relation to PCREF is monitored through established governance structures and reported through quality assurance routes. The Reducing Health Inequalities Group meets monthly, is co-chaired by a person with lived experience, and reports into the Quality of Care Group. The co-chair of the RHI group is the Trusts coproduction lead for the PCREF and has personal lived experience of racial stigmatisation and mental health issues.

The Quality Committee receives updates on progress and provides assurance to the Trust Board that actions are being taken to reduce racial inequalities and improve relationships with communities who have historically experienced disadvantage or exclusion. Furthermore, the PCREF is being used to drive improvements across the Trust (i.e. spiritual care assessments pilot in forensics through the chaplaincy service).

Through this work, the Trust aims to build greater trust, transparency and collaboration with the communities it serves, supporting improved engagement, better experiences of care and more equitable outcomes. Working towards becoming a truly anti-racist organisation.

## Co-design, co-production and due regard

Co-design and co-production are fundamental to how the Trust demonstrates due regard under the Public Sector Equality Duty. The Trust is committed to ensuring that patients, families and carers are involved throughout the service lifecycle, from understanding need and designing services, through to implementation, evaluation and improvement. The trust now has **circa 400 Lived Experience Ambassadors** involved in dozens of activities to improve its services by sharing their lived experience perspective and feedback. Further, the Trust routinely captures lessons learned from PALS, complaints, and patient and carer feedback to drive continuous improvement in identifying and addressing discrimination.

This approach supports all three elements of the duty. It helps to identify and address discrimination by bringing to light issues that may not be visible through quantitative data alone. It advances equality of opportunity by ensuring that services are designed in ways that respond to the needs of different communities and groups. It fosters good relations by building trust, mutual understanding and shared ownership of change (i.e. Perinatal services work with disadvantaged communities).

Leadership and coordination of co-production activity are provided through the Patient Experience and Participation portfolio, which ensures that involvement is embedded within strategic planning, service transformation and quality improvement. This includes providing guidance, support and assurance to services to ensure that engagement is meaningful, inclusive and proportionate to the level of change being undertaken.

The effectiveness of co-design and co-production is monitored through quality governance arrangements and contributes to the Trust's overall assurance in relation to equality and participation. Reporting through the Quality Committee enables the Trust Board to maintain oversight of how lived experience insight is influencing decision-making and improving care.

## Population health approach and reducing inequalities

The Trust's approach to the Public Sector Equality Duty is closely aligned with its population health ambitions. EPUT recognises that many of the inequalities experienced by patients, families and carers are driven by **wider social, economic and environmental factors** and that addressing these requires a coordinated, system-wide approach.

Population health principles are applied across service planning and transformation activity, enabling the Trust to identify where inequalities are most pronounced and where targeted action is required. This includes the **use of population health data**, learning from patient experience and insight from community partners to inform priorities and resource allocation (i.e. the **Community First programme**).

The Trust's focus on **Core20PLUS5** provides a consistent framework for addressing inequalities, ensuring that action is directed towards communities and groups experiencing the greatest disadvantage. This approach supports the Trust's wider quality objectives by reducing unwarranted variation and improving outcomes for people who are most at risk of poor health and poor experience.

**Partnership working** with voluntary, community and social enterprise organisations, local authorities, Integrated Care System partners and community groups is central to this approach. These partnerships enable the Trust to reach communities that may be less likely to engage with statutory services and to develop more holistic, preventative and community-based responses to need (i.e. COMPASS with **Start Change**, Resilience Workshops with **Heads2Minds**, Learning Arena with **Sports for Confidence**).

Assurance in relation to the Trust's population health approach is provided through reporting, with oversight from the Quality Committee and escalation to the Trust Board as required. This ensures that equality, health inequalities and population health remain visible and prioritised at the highest level of organisational governance.

## Equality, Data and Intelligence

The Trust recognises that robust data and intelligence are essential to understanding inequality and demonstrating compliance with the Public Sector Equality Duty. Accurate, timely and meaningful information supports the identification of variation in access, experience and outcomes, and enables the Trust to target action where it is most needed.

Equality data is considered alongside patient experience, quality and safety information within the Trust's Quality of Care reporting framework. This includes analysis of protected characteristics like, ethnicity, age, gender, and disability and other relevant factors that may influence experience and outcomes. This approach reflects the Trust's Quality Account commitment to using intelligence to drive improvement and reduce unwarranted variation.

Learning from data is strengthened through triangulation with qualitative insight from patients, families and carers. Feedback gathered through complaints, **PALS**, **surveys**, **co-production activity** and **lived experience forums** is used to add depth and context to quantitative information. This ensures that assurance is based not only on performance indicators, but on an understanding of how care is experienced in practice.

Reports relating to equality and health inequalities are reviewed through the Quality Committee, which provides challenge and assurance on progress and areas of risk. The Quality Committee escalates key issues to the Trust Board through established reporting mechanisms, ensuring that equality remains a visible and accountable part of organisational governance.

## Use of Equality and Health Inequality Impact Assessments

**Equality and Health Inequality Impact Assessments** are a core mechanism through which the Trust demonstrates due regard under the Public Sector Equality Duty. Their routine use ensures that equality considerations are embedded in service design, policy development and transformation activity.

EQUIAs are informed by population health data, patient and carer feedback, and lived experience insight. They are used to identify where proposed changes may disadvantage particular groups and to ensure that mitigating actions are built into plans from the outset. This approach supports safer, more inclusive service development and strengthens organisational accountability.

The quality and application of EQUIAs are monitored through governance processes, with assurance provided through the Quality Committee. This ensures that EQUIAs are used as meaningful tools for improving equity, rather than solely as compliance documentation.

## Peer workforce and lived experience leadership

The Trust recognises the peer workforce as a key component of its approach to equality, inclusion and addressing inequity. **Peer workers, lived experience ambassadors and volunteers** bring unique insight and understanding that supports more person-centred, culturally responsive and compassionate care.

The peer workforce contributes to all three elements of the Public Sector Equality Duty. It supports the identification of discrimination through lived experience insight, advances equality of opportunity by improving access and engagement, and fosters good relations by strengthening trust between services and communities.

The development and support of lived experience roles are overseen through the **Patient Experience and Participation portfolio**, ensuring that these roles are embedded within governance, supported appropriately and aligned with the Trust's quality objectives. Progress and impact are monitored through quality assurance arrangements and reported through the Quality Committee and the People Committee.

# Conclusion and Future Plan

## Patient, Family and Carer Perspective

Over the next 12 months, the Trust will further strengthen its population health approach through the development of a co-produced population health plan. This plan will be shaped in partnership with patients, carers, communities and system partners and will align Core20PLUS5 priorities, PCREF delivery and place-based learning.

### Key priorities will include:

- Strengthening the quality and consistency of Equality and Health Inequality Impact Assessments
- Deepening engagement with communities and voluntary, community and social enterprise partners
- Further embedding co-design and co-production across strategic and operational decision-making
- Continuing to develop and support the peer workforce
- Improving the use of data and intelligence to understand and address inequalities

Progress against these priorities will be monitored through the Quality Committee and reported to the Trust Board through integrated quality and performance reporting and the annual Quality Account. This will provide ongoing assurance that the Trust is meeting its responsibilities under the Public Sector Equality Duty.

Essex Partnership University NHS Foundation Trust demonstrates compliance with the Public Sector Equality Duty through a structured, embedded and accountable approach to equality, inclusion and participation. The Trust has established robust governance arrangements, with assurance provided through the Quality Committee, executive leadership from the Chief Nursing Officer and oversight by the Trust Board.

Equality considerations are embedded within quality governance, service planning, transformation activity and population health work. The systematic use of Equality and Health Inequality Impact Assessments, implementation of Core20PLUS5 and PCREF, investment in co-design and co-production, and development of the peer workforce provide clear evidence of due regard.

From a patient, family and carer perspective, this approach supports care that is fair, inclusive and responsive. It ensures that lived experience informs decision-making, that inequalities are identified and addressed, and that relationships between services and communities continue to strengthen. This provides the Trust with assurance that it is meeting both the legal requirements and the underlying intent of the Public Sector Equality Duty.

## Workforce Perspective

Whilst we acknowledge the improvements in declarations rates for many protected characteristics within 2024/2025, the Trust are aware that extensive efforts are required to reach its objectives and to fully embed EDI across the organisation.

We are committed to challenging discrimination, both within our workforce and the care we provide. Our new People and Education Strategy and Trust Behavioural Framework is aligned with the Trust's values and objectives, on the basis that everyone takes an active role to reduce inequalities, respects one another and builds an open and equitable culture within our organisation. We believe that EDI is everyone's responsibility, not the function of a single team.

Improvements will be made, through a number of approaches led by the Trust's Executive Board and The People and Culture Team. Our approaches to improve EDI will be aligned with NHSE EDI Improvement Plan and our own priorities and will incorporate the WRES, WDES, staff survey in order to create a diverse and inclusive culture at work and ensure there is fair representation at all levels of the Trust.

## Next steps and Actions

- Recruitment - Improving proportional representation of ethnicity, gender, disability and sexual orientation in all band and roles by:
  - Implementing the De-bias Recruitment Toolkit
  - Encouraging the use of NHS values-based questions
  - Embedding Inclusion Ambassadors to drive actions to mitigate potential bias within recruitment
  - Delivering targeted workshops and career development lounges for minority staff, such as the Trust's leadership and management programs, as well as, the RISE program.
- Training - promoting EDI, Unprofessional behaviours and sexual safety workshops across the Trust.
- Reasonable Adjustments and Flexible working – refreshed reasonable adjustments passport and awareness for staff across EPUT.
- ER Cases – Reducing the number ER cases adding triage panels for formal and informal cases to be review under the just culture of learning and reflective outcomes.
- Behavioural Framework - utilising the Framework to improve patient and employee experience in order to reassure patients and staff that the Trust takes a zero tolerance approach to violence and abuse.
- Annual oversight and governance through agreed action plans for Equality Delivery System, Workforce Race Equality Standard, Workforce Disability Equality Standard and evidence of mitigation of our agreed risks through our agreed Equality and Inclusion Risk.

**END**