

# EDI Annual Report 2024



Foreword	3	<b>FOCUS 1 Population Health</b>	<b>10</b>	<b>FOCUS 3 Improving Staff Experience</b>	<b>33</b>
Introduction	4	Overview	11	Workforce Equity Objectives	36
Overview of our population	5	Summary of Key Population Health Recommendations	12	Workforce Race Equality Standard (WRES)	38
Equity, Diversity and Inclusion	6	The Denny Review	13	FLAIR	39
Shifts in Terminology	8	<b>FOCUS 2 Service User Access, Outcomes and Engagement</b>	<b>15</b>	Anti-Racism Workshops	41
Equality Delivery System 2022 (EDS22)	9	Service User Data	16	Workforce Disability Equality Standard (WDES)	42
		Improving Access	18	Disability Confident	44
		Improving Outcomes and Experience	25	Pay Gap Reporting	45
		Patient, Service User and Carer Engagement	31	Stonewall Equality Index	47
				Staff Health and Wellbeing	49
				Men's Health	53
				Menopause Health Campaign	53
				Sexual Safety Charter	54
				EDI Research at ELFT	56
				<b>Conclusion and Next Steps</b>	<b>58</b>



# Contents



# Foreword

We are pleased to present this year's Annual Report on People and Service User Equity, which reflects our continued commitment to creating an inclusive, fair, and equitable environment for both our staff and the communities we serve. Equity, Diversity, and Inclusion (EDI) is crucial, especially during times of significant capacity and financial challenges in the NHS. To ensure that individuals with protected characteristics do not face further disparities, ELFT have developed targeted initiatives and data-driven approaches to address inequities in access, experience, and outcomes.



We recognise that equity in both staff and service delivery is fundamental to improving outcomes, fostering a sense of belonging, and ensuring that every individual, whether a staff member, patient, or carer, feels valued, heard, and supported.

Over the past year, we have taken significant steps to embed EDI into everything we do. Our work on the Patient and Carer Race Equality Framework (PCREF) is helping us address disparities in mental health outcomes, while the development of the future Patient and Carer Equity Strategy will set a clear vision for tackling health inequities across our services. For our workforce, our focus on the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES), alongside initiatives to close the gender and ethnicity pay gaps, have driven meaningful progress in promoting a more inclusive workplace.

As an organisation, we are committed to leading by example, ensuring that our policies, culture, and practices reflect the diverse communities we serve. Our ongoing work as a Disability Confident, Trans Inclusive and Anti-Racist Trust

reinforces our support for colleagues and service users, while continued efforts to improve access to mental health services are helping to break down barriers to care.

While we celebrate our achievements, we recognise that there is more work to be done. Over the next year, we will focus on embedding long-term solutions to sustain and expand our impact. This includes securing resources to support staff networks, increasing engagement with underserved communities, and strengthening wellbeing initiatives for all.

Achieving true equity requires collective action, and we are grateful for the dedication of our staff, service users, carers, and partners who continue to drive this important work forward. By keeping equity at the heart of our mission, we remain committed to building a future where every individual, regardless of background or circumstance, has equal opportunities to thrive.

---

**Tanya Carter**  
Chief People Officer

**Claire McKenna**  
Chief Nurse



# Introduction

At ELFT, equity, diversity, and inclusion are fundamental to who we are and how we operate. We are committed to ensuring that everyone, regardless of background or identity, has fair access to healthcare, equitable outcomes, and a positive experience.

We recognise that systemic barriers continue to exist, and we are actively working to identify and remove them. Our approach is data-driven, person-centred, and rooted in lived experience, ensuring that our strategies are informed by the communities we serve.



Beyond healthcare delivery, we acknowledge our role as an employer, an anchor institution, service provider, and strategic partner, working collaboratively with local organisations to create healthier and fairer communities. Our commitment to EDI is embedded in everything we do, ensuring that equity remains at the heart of our Trust's culture, policies, and practices.

East London NHS Foundation Trust (ELFT) is pleased to publish the 2024 Annual Equity, Diversity, and Inclusion (EDI) Report. Over the past year, the Trust has built on the foundations set in 2023, where we identified three key focus areas:

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

Since establishing these priorities, the Trust has implemented new ways of working, developed targeted initiatives, and strengthened data

collection and analysis to better understand and address inequities. This report reflects our progress, the gaps we have identified, and the next steps needed to ensure meaningful and lasting change.

This report, covering January 2024 to December 2024, outlines how the Trust is working to improve equity and inclusion for patients, service users, carers, and staff.

This is the second of two linked reports. The annual ELFT Population Health and EDI reports are linked because both focus on reducing health inequities and ensuring equitable access to services for diverse communities. By integrating insights from population health data with equity, diversity, and inclusion priorities, the reports provide a comprehensive view of how ELFT addresses systemic disparities and improves outcomes for both service users and staff.

The first report is the Population Health report, published in 2024, which details Focus 1. The Population Health report sets out key areas of progress over the past two years following the Trust's strategic commitment to improving population health.





# Overview of our population

ELFT provides care to over two million people. This includes around 1,700,000 people living in the East London boroughs of Tower Hamlets, Newham and City and Hackney, and Bedford, Central Bedfordshire and Luton, alongside commissioning responsibilities for North Central East London, and providing Forensics services across North London.

Many population groups are living in areas of high deprivation. Newham, Luton, Tower Hamlets and Hackney are in the top 30 UK local authorities for populations experiencing destitution. This includes families with children, disabled people, and migrant households, with a strong link between ethnicity and migration status.

All ELFT service areas have seen an increase in population size since the 2021 Census data, with the highest in Central Bedfordshire at just over 2%.

Many of ELFT's areas are very ethnically diverse. Newham and Tower Hamlets are in the top ten most diverse local authorities in England and Wales, and there are also high levels of ethnic diversity in City and Hackney and Luton. A wide range of languages are spoken in areas we support, including Bengali, Romanian, Spanish and Urdu, as well as different faiths practised.

72% of Bedfordshire's population is white, 17% are Asian, and 6% are Black. The Asian ethnic group was the largest in Luton, making up 37% of the population

Environments we live and work in impact our health and well-being and our activity levels. For example, air pollution is the largest environmental risk to public health in the UK with London experiencing some of the worst air quality in the UK. 30% of adults in Hackney are estimated to walk for travel at least three days per week compared to just under 5% in Central Bedfordshire. Luton's air pollution levels are higher than the national average. Air pollution can increase the risk of stroke, respiratory illnesses, cardiovascular disease, and dementia.



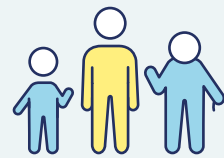


# Equity, Diversity, and Inclusion

ELFT is committed to continue embedding EDI into every aspect of its five-year strategy 2021-2025, aligning with the changing needs and strengths of our local populations. This strategy considers the lessons learned from the pandemic, the importance of collaborative working between health and social care organisations, and the insights and voices of local people and stakeholders.

To achieve this, the Trust has established robust governance mechanisms to fulfil its statutory duties and address inequities that impact individuals and groups. These mechanisms are designed to identify and mitigate disparities, ensuring fair access, equitable outcomes, and a commitment to holistic wellbeing for all.

In 2024, the Trust has reaffirmed its belief that a meaningful EDI strategy must extend beyond compliance with the Equality Act. We are taking an intersectional approach to EDI, recognising that individuals' identities and experiences are multi-dimensional and interconnected. This approach is critical to promoting equity of outcomes for both our service users and our staff, fostering a culture where everyone can thrive.



Age



Disability



Ethnicity / Race



Pregnancy / Maternity



Sexual Orientation



Sex



Religion / Non-belief



Gender Reassignment

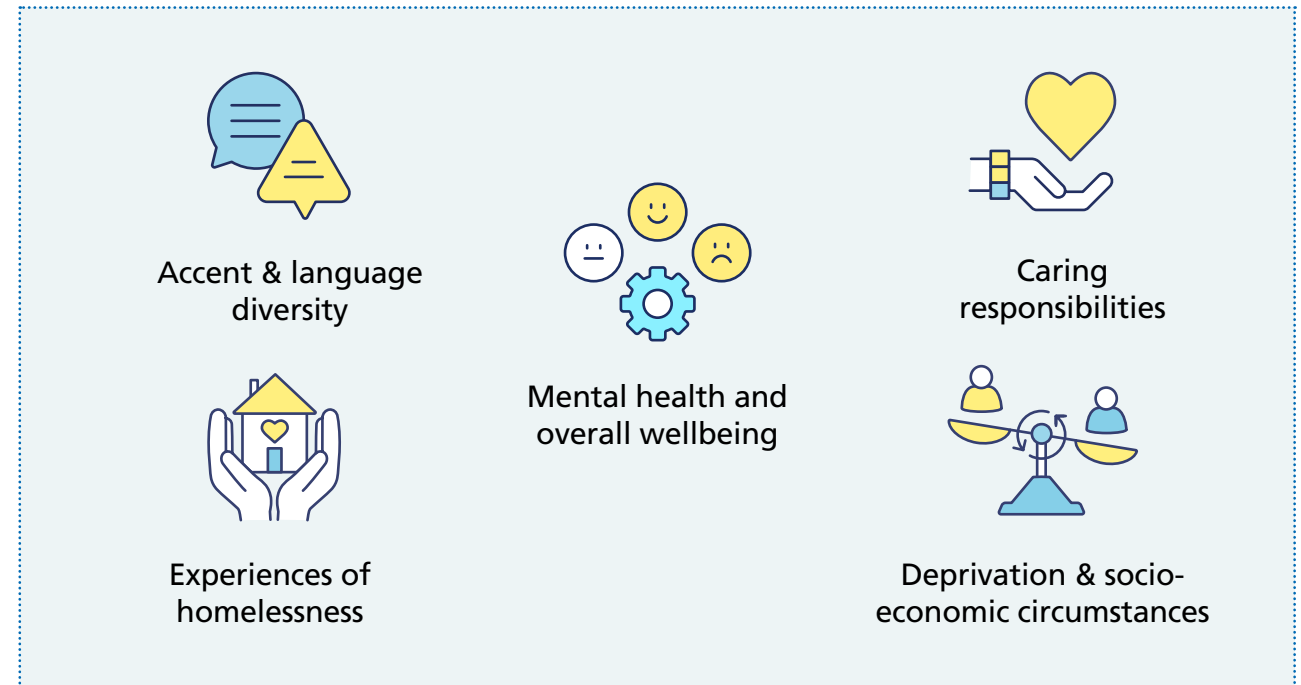


Marriage / Civil Partnership





While respecting and advancing the rights of individuals under the nine protected characteristics, our equity framework also encompasses other critical factors influencing health and wellbeing, including:



By addressing these intersecting characteristics and experiences, ELFT aims to reduce barriers, enhance access to services, and promote inclusivity at all levels of the organisation. This approach ensures that every voice is heard and valued, enabling us to work collaboratively with our communities towards a fairer and healthier future for all.



# Shifts in Terminology

In last year's report, we explained our shift as a Trust towards more inclusive terminology, including a move away from "BAME" and towards "racialised groups" and "global majority", and a shift from "Equality" to "Equity". ELFT's commitment to equity ensures that our language accurately reflects our collective knowledge and fosters respect, in line with our values. By being clear on the terminology and changes ELFT have made to the terms that are used, we combat discrimination, challenge assumptions of homogeneity among groups and ultimately enhance care quality.

The Trust is developing guidance to support the use of acceptable and inclusive terms for all protected characteristics. As part of this, we will be assessing the impact of using umbrella terms, especially when related to the use of data and service delivery. This is because such grouping does not always reflect the diversity within communities and can obscure inequities experienced by specific groups.

Language and preferences vary across communities and evolve over time. While we recognise that preferences may vary, particularly in relation to catch-all terms, we encourage clear, precise language as much as possible when referring to and addressing individuals and specific groups. Our usage of positive, specific terminology honours the diversity of experience and acknowledging the breadth of healthcare inequities.

Additionally, there may be exceptions to the terms we use in this report, which we have decided to keep consistent with nationally used terms for benchmarking purposes and to maintain accuracy in reporting. This includes the use of "BME" when referring to the WRES (Workforce Race Equality Standard) report, and the use of "Equality" when referring to national frameworks, such as the PCREF (Patient and Carer Race Equality Framework) or EDS (Equality Delivery System).



## Intersectionality vs Intersecting Identities

The Trust uses the term intersectionality frequently; it is one of our local cultural competencies for PCREF and is a focus for our reporting this year. However, intersectionality is often conflated with intersecting identities, which are two different things.

- Intersectionality refers to the interconnected nature of systems of oppression, discrimination and disadvantage such as racism, sexism and classism. The term was coined by a Black feminist legal scholar, Professor Kimberlé Crenshaw, to refer to the experience of Black women. The overlapping and interdependence of power structures, and the resultant marginalisation, forms the basis of intersectionality and intersectional experiences.
- Intersecting identities refers to the different demographic and social categories a person occupies. Everyone has intersecting identities or characteristics, which can shape experiences in positive and negative ways.

To honour the specificity of this term and the lived realities of marginalised groups, we will continue to ensure the Trust uses the term intersectionality precisely and appropriately, without conflating it with intersecting identities.



# Equality Delivery System 2022 (EDS22)

The EDS is a tool to help NHS organisations improve health equity by reviewing access, experiences, and outcomes for patients and staff. In 2024, ELFT integrated EDS22 into its equity work, including Equality Impact Assessments and Quality Improvement (QI) initiatives.



The Trust is currently designing a new way to deliver the EDS assessment. In early 2025, the Trust will assess key services as part of its work with the Bedfordshire, Luton, and Milton Keynes (BLMK) Integrated Care Board (ICB), focusing on:

- **Service Access:** Ensuring patients can access the care they need;
- **Health Needs:** Meeting the individual health needs of patients;
- **Patient Safety:** Keeping patients safe from harm;
- **Service Experience:** Ensuring positive patient experiences.

Additionally, all providers in BLMK are working collaboratively to identify and understand their interfaces with emergency departments in the region. This includes mapping patient pathways, addressing barriers to equitable care, and developing joint strategies to enhance patient experiences and outcomes within urgent and emergency care services.

These assessments will involve service users, carers, staff, and other stakeholders, examining data on service delivery, outcomes, and workforce wellbeing. Recommendations will be co-produced and shared with the Equity Programme Board to inform improvement efforts.

To ensure assurance and alignment with system-wide equity objectives, this work will be reported by BLMK ICB. Updates on findings and action plans will be provided, ensuring accountability and continuous improvement across the system.





## FOCUS 1

# Population Health





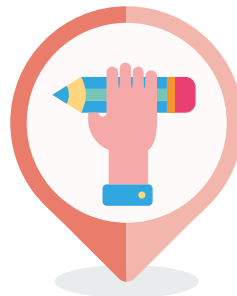
# Population Health

## Overview

Improving population health is one of ELFT's four strategic pillars. Population health involves taking a broader look at what underpins the physical and mental health outcomes and wellbeing of staff, service users, carers and our communities. It includes providing good, accessible health care services that meet the needs of all population groups in our service areas, as well as addressing the wider determinants of health that play an important role in where we see unfair differences in health outcomes.



The 2024 annual Population Health report celebrates the many ways this strategic commitment is driving action across the Trust, emboldened by partnerships, People Participation, Quality Improvement, and our recognised need to strengthen preventative action alongside delivering high quality clinical care. The report describes actions against all six population health objectives for the Trust, including championing social justice and fully commit to tackling racism and other forms of prejudice as well as work against three priority areas for 2024: employment, income maximisation and physical health support.



This includes case studies, service user, carer and staff feedback and measurable change impacts, for example:



## 24%

Around 1,000 people with long-term mental health conditions received Individual Placement Support over the past year, helping 236 (24%) people enter employment and 85 education, training or volunteering



## 81%

ELFT is now a Real Living Wage (RLW) accredited organisation, recognising its ambition for all suppliers to pay the RLW by March 2026 as well as paying staff Real Living Wage rates. 81% of our suppliers now pay the RLW compared to 22% three years ago



## 15 years

Publishing a needs assessment for East London on people with learning disabilities to help with future service planning. This showed that the number of older people with learning disabilities will increase significantly over the next 15 years, and that people with learning disabilities live in our most deprived areas



A series of learning programmes are in place to support staff, including an introduction to ELFT's commitment to population health during induction and the newly accredited ELFT Leads programme.

We offer ongoing opportunities to develop skills through webinars and presentations. This year we have focused on how to support people experiencing poverty with webinars on destitution in the UK, poverty proofing NHS organisations as well as practical advice on supporting people with No Recourse to Public Funds. We have also delivered population health learning sessions at staff awaydays, conferences and for ELFT networks. Outstanding contributions to population health are celebrated through the Commissioners Award for Improving Population Health in the annual staff awards and the Living Well Working Together Award for Allied Health Professionals (AHPs).

### [Data Packs](#)



## Summary of Key Population Health Recommendations

Over 2025 to 2026 our population health work will prioritise:

### 1. Early years and family support

- Reducing the impact of child poverty through co-located income support.
- Strengthening awareness and access to mental health support through community partnerships.

### 2. Local employment

- Continuing to increase access to employment support and good quality job opportunities for service users, carers and local communities.

### 3. Homelessness prevention and support

- Strengthening support through ELFT service settings, including for people with uncertain immigration status.
- Working with partners to strengthen health and housing support across the Trust.

### 4. Prevention and early support for physical ill health

- Reducing barriers to cancer screening for people with Severe Mental Illness (SMI) and learning disabilities.
- Ongoing focus on physical health promotion and prevention, including Type 2 diabetes and the development of a Trust physical health strategy.

We will also continue to build population health capacity and capability across the Trust, for example, through communities of practice, leadership programmes and further embedding population health in existing learning and development platforms, including QI and data analytics support.





## Denny Review - response

### Addressing Inequalities Across BLMK

Over the past year, ELFT has worked in collaboration with partners across BLMK to address health inequities. Key initiatives have focused on improving access, outcomes, and experiences for diverse communities, with a particular emphasis on young people, those from ethnic minority backgrounds, individuals with learning disabilities and autism, and people facing mental health challenges.



### Key Progress Areas

- **BetterDays BLMK** continues to support young people's mental health by strengthening community networks, breaking stigma, and providing safe spaces. Upcoming workshops and a planned summer festival will further expand engagement.
- **Suicide Prevention Grants** have funded 24 initiatives, targeting social inequities and suicide prevention. However, demand continues to exceed available funding.
- **Learning Disability & Autism Strategy** is under development, using a quality improvement approach to address access barriers, particularly in cancer screening.
- **Gender Identity Training for CAMHS** staff, parents, and carers aims to create a more inclusive service for transgender young people, alongside safe space sessions.
- **Pre-school Mental Health Support** is rolling out training and parenting programmes to address early childhood trauma and Adverse Childhood Experiences (ACEs).
- **Improving Mental Health in 16-25 Year Olds** includes workforce upskilling, resilience-building, and targeted interventions for vulnerable young people. Recruitment challenges and limited school engagement have been barriers.
- **Talking Therapies** is focused on improving outcomes for young adults, those with neurodiversity, and ethnic minority groups through targeted outreach.
- **Total Wellbeing Luton** is implementing employment and lifestyle support initiatives, alongside integrated smoking cessation and mental wellbeing workshops.
- **NOAH Enterprise BPI** provides therapy and befriending services for under-represented communities, particularly racialised and homeless populations. Sustainable funding remains a challenge.
- **Perinatal Mental Health Services** in MK is working to improve access for ethnic minority communities through a structured QI project.
- **Community Mental Health Initiatives** in MK include engagement with faith groups, cultural competency training, and targeted outreach to reduce stigma.
- **Weight Management for Adults with Learning Disability & Autism** has been piloted in MK, with plans to expand into Bedfordshire and Luton.



Key challenges across BLMK include sustaining programmes beyond initial funding, addressing stigma and cultural barriers to mental health support, ensuring equitable access, and increasing participation among underserved communities. Over the next six months, priorities include securing long-term funding, expanding BetterDays workshops and the planned festival, strengthening suicide prevention initiatives, finalising the Learning Disability & Autism Inequalities Strategy, enhancing targeted outreach for young adults, minority ethnic communities, and neurodivergent individuals, and increasing engagement with schools and community partners to broaden programme impact.

Through these initiatives, ELFT continues to drive forward its commitment to tackling health inequities, ensuring that services are inclusive, accessible, and effective for all communities across BLMK.

This work has not yet started in the North East London (NEL) ICB.







## FOCUS 2

# Service User Access, Outcomes and Engagement





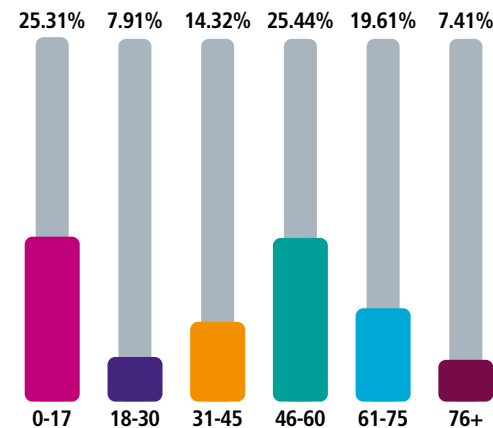
# Service User Access, Outcomes, and Engagement

## Service User Data

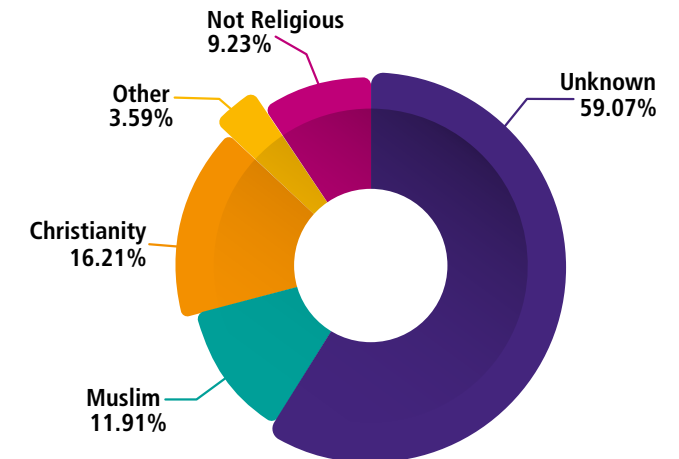
Understanding the demographic makeup of our service users is essential for identifying and addressing health inequities. By analysing data across protected characteristics, we can ensure our services are equitable, accessible and responsive to the diverse needs of our communities.

Whilst ELFT has made progress in capturing and using this data, we recognise the need for ongoing improvements, particularly in areas such as gender and disability. We are working to enhance data quality and completeness to better inform decision-making, improve service accessibility, and reduce disparities in health outcomes. The following data provides insight into the service user representation across our Trust.

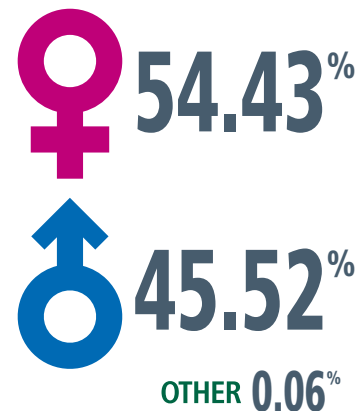
### AGE GROUP



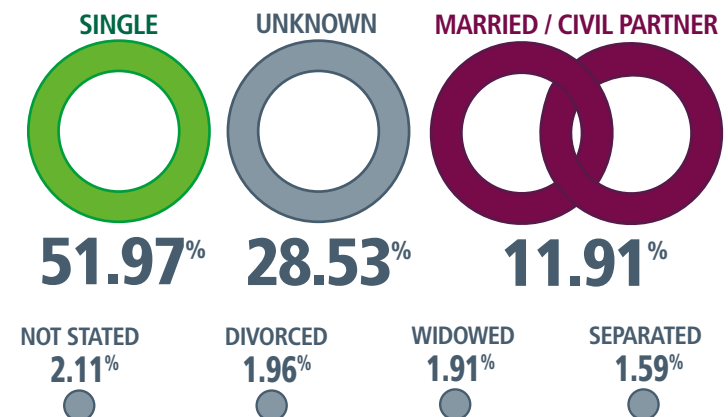
### RELIGION



### GENDER

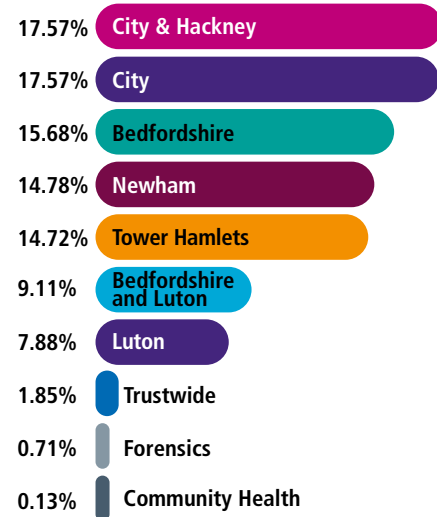


### MARITAL STATUS

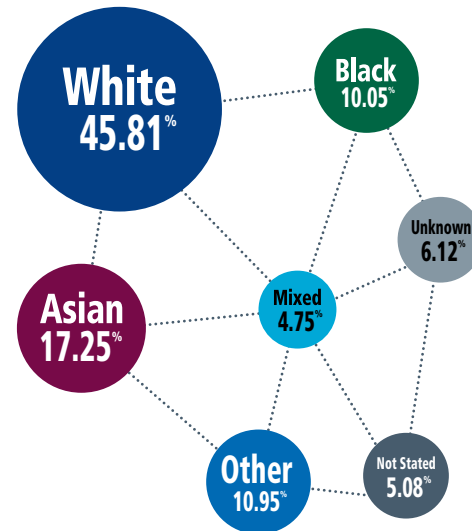




## BY DIRECTORATE



## ETHNICITY



## SEXUAL ORIENTATION



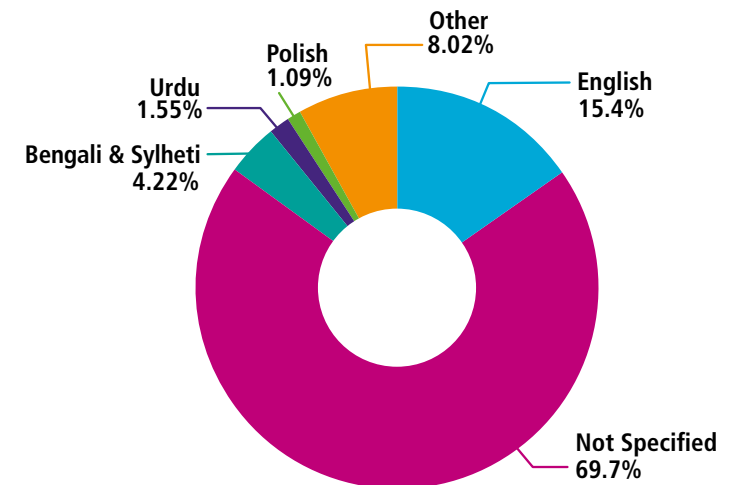
## DISABILITY



## BY CATEGORY



## LANGUAGE SPOKEN





This section highlights the Trust's commitment to equity in service delivery by ensuring that all communities have fair access to care and experience positive health outcomes. By analysing demographic data, we can identify gaps, address barriers to engagement, and tailor services to meet the diverse needs of our populations. Our focus on improving data quality, particularly for gender and disability, enables us to develop targeted interventions and drive meaningful change. These insights inform our ongoing work to enhance accessibility, reduce health disparities, and create more inclusive, person-centred services.



## Improving Access

As the Trust continues to meet the diverse needs of our community, it has been important for us to continue to build on developing the quality of our data. At ELFT, improving access is a priority.

In May 2024, we launched the Trust-wide Pursuing Equity QI programme to improve equitable access to services across ELFT by reducing missed appointments for people in our most deprived communities to 10%. 31 teams are testing change ideas with support through monthly learning sessions, an evidence-based change ideas menu, and a PowerBI data dashboard. The dashboard enables teams to analyse missed appointments data by deprivation quintiles, ethnicity, age, gender, and sexual orientation. So far, six teams are showing a reduction in missed appointments, with several others showing early signs that improvement may occur.

## Translation and Interpretation Services

Under the Equality Act 2010, the Trust is obligated to provide translation and interpretation services to patients. This allows for more informed agreement and leads to more positive health outcomes. Facilitated by The Language Shop, we had a 100% fulfilment rate

for translations in 2024, and 96% fulfilment respectively for Spoken and Non-Spoken languages. Our highest 2024 fulfilment rates were in Urdu, Bengali, Arabic, Farsi and Spanish.

## Accessible Information Standards

The Accessible Information Standard (AIS) ensures that individuals with disabilities or sensory impairments can access communication materials in their preferred format, promoting accessibility and reducing health disparities. In 2024, Trust policies remain aligned with these standards, with ongoing efforts to maintain and improve compliance. Staff continue to receive training from the Learning Disability Team and the ELFT Ability Staff Network. Ongoing work on our intranet aims to see a significant reduction in non-accessible documents.

## Equality Impact Assessment

Equality Impact Assessments (EIAs) help the Trust ensure that equity considerations are balanced alongside priorities such as Health & Safety. They promote inclusive decision-making by examining the impact of services and policies on diverse groups and encouraging adjustments to better meet community needs, whilst reducing potential negative impacts on protected characteristics.





In 2024, updated EIA guidance incorporated the Equality Delivery System (EDS), emphasising its mandatory domains. All EIAs are reviewed and ratified by the Equity Programme Board. Key EIAs reviewed this year included:

- ASYE Programme: Supporting and assessing Newly Qualified Social Workers (NQSWs) following the national framework by Skills for Care;
- Mobile Phone Policy: Guidance for service users, visitors, and staff in inpatient settings;
- Patient Property Policy: Managing and safeguarding patients' belongings.

Quality Impact Assessments (QIAs), including potential impact on equity and access, form part of the Financial Viability project planning process and decision-making.



## Accessible Buildings

Below are a number of enhancements that ELFT are working on:

- **Access:** The Trust is launching a clinical led accessibility and signage audit to align with PLACE actions which will be ready for April 2025. It builds on existing discussions with organisations such as AccessAble and our own "PYIMS" audits (Put Yourself In My Shoes), where we look at access to the site from a service user facing physical and mental challenges from the nearest public transport or car park;
- **Alie Street (HQ):** An accessibility survey was commissioned via 'AccessAble' which looked at the accessibility of the HQ building and highlighted a number of actions. A plan was created outlining the recommended actions, highlighting those that are easily achievable and those with significant costs. We are exploring how this work can be implemented across the Trust in future.
- **Tower Hamlets Local Plan:** The Property Team fed into the Local Plan by liaising with ELFT services and the NHS London Healthy Urban Development Unit and have requested inclusion of the following:
  - Dedicated parking bays provided in accessible and safe locations to all new housing for visiting health workers;
  - Accessible and appropriate space for emergency vehicles close to individual buildings.
- **Enhanced Services Centre:** Insufficient staff/patient and disabled car parking at Enhanced Services Centre have been liaising with the landlord. Plans are in progress to revise the design for car parking to the rear of the building to create more disabled car parking spaces and the landlord to seek funding for repair of lampposts in the rear car park.
- **Fountains Court:** Approval for accessibility works has been received, including suitable access for wheelchair users. This work will be completed by the end of March 2025.
- **Perinatal Team Base – NCfMH:** Funding has been secured to install a ramped access into the building to enable prams and pushchairs to access the unit without having to navigate steps. This also includes a new front and back door to the clinical suite.



- **Learning Disabilities People Participation Group – Luton and Bedford:** Service user led group working on standards for people booking venues to ensure they support the needs of people with disabilities and support inclusivity.
- **Ambassadors for Access / Accessibility Checklist Working Group / Tower Hamlets Learning Disability Working Together Group:** This monthly meeting is attended by service users and carers in Bedfordshire Community Health Service (BCHS) and Learning Disability Services (Bedfordshire & Luton). The aim of the Ambassadors for Access group is to identify areas where physical accessibility and accessible information can be improved on, for the benefit of all.
- **Tower Hamlets Learning Disability Working Together Group:** The Working Together Group have been instrumental in raising their concerns regarding the accessibility of the learning disability services at Beaumont House, Mile End Hospital. The group continues to work with estates colleagues (internal and external) to ensure changes are made to the accessibility of the front door, intercom system and accessible toilet.
- **Accessibility Checklist Working Group:** This Trust-wide working group is made up of service users and carers who access a number of ELFT services. The group have co-produced an 'Accessibility Checklist' which will be used by ELFT employees to ensure that the venues used for events meet physical, cultural and digital accessibility. The checklist also focuses on the need for accessible information to support people to meaningfully engage in ELFT events.







## Improving Access: Pursuing Equity QI Programme

Since 2022, the Trust has been using QI to support teams in tackling health inequities, aligning with our strategy to improve the quality of life for all. The Pursuing Equity QI Programme has provided a structured approach for teams to identify and address disparities in care access, experience, and outcomes.

### Phases One and Two: Addressing Equity Challenges

Phase One ran from April 2022 to September 2023, laying the foundation for equity-focused improvements. Building on this, Phase Two (September 2023 – August 2024) supported 21 teams in tackling diverse equity challenges, leading to tangible improvements:



# 67%

increase in people from racialised communities accessing Bedford Perinatal services by enhancing service information and introducing jointly located clinics with obstetricians



# 33%

increase in referrals from racialised communities to the Bedford Liaison and Diversion service through police collaboration and improved awareness

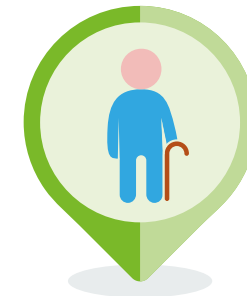


# 40%

an award-winning project in Luton's Hatters Health Primary Care Network, which increased physical health checks for people with SMI by 40% through home visits, appointment reminders, and translated information

## Phase Three: Reducing Missed Appointments

Since September 2024, Phase Three has focused on reducing missed appointments, particularly the disparity between the most and least deprived communities. Missed appointments are an equity issue, barriers such as language, digital exclusion, and financial hardship disproportionately impact certain groups, leading to poorer health outcomes and inefficiencies in service delivery. Across the programme's 31 teams, 17% of appointments are missed, amounting to an average of 1,266 missed appointments every two weeks. People from the most deprived neighbourhoods are 36% more likely to miss appointments than those in the least deprived areas.



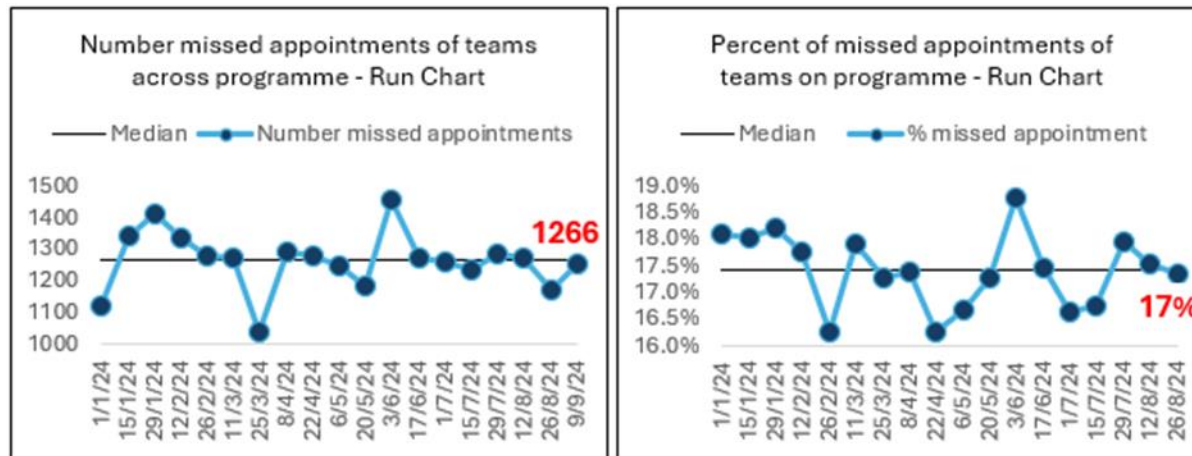
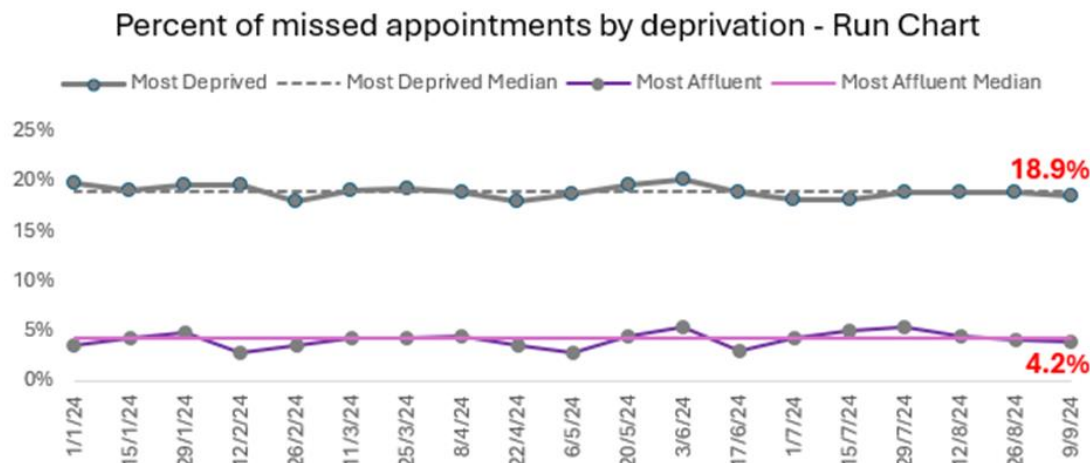


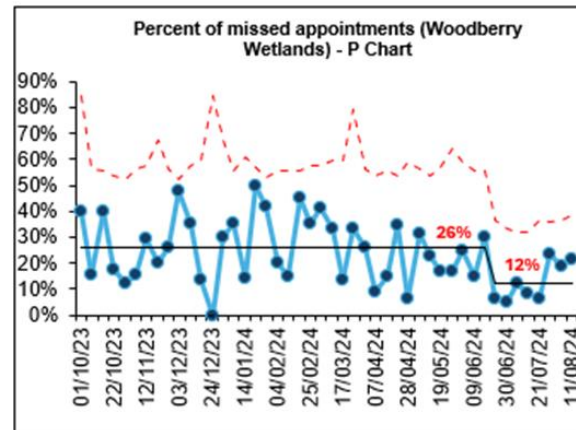
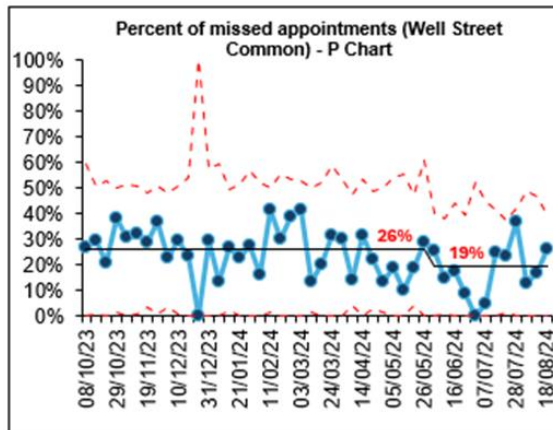
Chart showing programme level data on run charts for the number of missed appointments and percent of missed appointments of teams on the programme



Run chart showing the percent of missed appointments by deprivation

To address this, teams are testing a range of solutions, including patient-initiated follow-ups, translated information packs, community-based hubs, and automated text reminders. The Trust's Digital team is supporting efforts to improve patient communication, and a Trust-wide session with Population Health and a poverty-proofing charity has introduced tools to better support deprived communities.





Two charts showing percent of missed appointments for Well Street Common and Woodberry Wetlands

## Early Successes

Several teams have already seen significant reductions in missed appointments:



12%

Woodberry Wetlands reduced missed appointments from 26% to 12%



19%

Well Street Common reduced missed appointments from 26% to 19%



13%

City and Hackney Psychotherapy Service reduced missed appointments from 21% to 13%



11.7%

City and Hackney CAMHS Neurodevelopmental Team reduced missed appointments from 21.7% to 11.7%

By the end of 2024, seven teams were actively testing change ideas, with more in development. Teams that have successfully reduced missed appointments will work on embedding and spreading these improvements across services to ensure sustained impact.

Through its phased approach, the Pursuing Equity QI Programme continues to drive meaningful change, ensuring equitable access to care and reducing disparities across the Trust's diverse communities.

## Improving Access for Service Users with Learning Disabilities

Under-identification of people with a learning disability can be influenced by inconsistent inquiry, stigma within the population and certain cultural communities, and underdiagnosis. To address this, some initiatives focus on improving experiences for all while having a significant impact on those with disabilities. One of our initiatives at ELFT has been to introduce quiet spaces in ward environments benefits everyone but is especially valuable for neurodiverse service users.





## Identifying Adults with Learning Disabilities Through Mainstream Community Health and Mental Health Services at ELFT

People with learning disabilities experience significant health inequities, including higher levels of premature mortality and poorer health outcomes compared to the general population. These disparities are often exacerbated by barriers to accessing services, such as a lack of reasonable adjustments and diagnostic overshadowing.

ELFT has long been committed to improving access to care for people with learning disabilities, using tools such as the Greenlight Toolkit and working closely with specialist Learning Disability Teams to ensure services are inclusive. However, there remain gaps in our understanding of how people with learning disabilities engage with ELFT services and where under-reporting may occur.

To address this, ELFT has launched a project, jointly led by Ruth Cooper, Operational and Strategic Lead for Learning Disability, and the EDI Team. The project aims to develop a clearer picture of how service users with learning disabilities access Trust services and identify any barriers they may face, particularly through the

lens of gender and race. By leveraging data, ELFT seeks to improve how it captures and utilises information to ensure equitable service provision.

The goal is to develop services that align with national and local priorities, ensuring that people with learning disabilities receive person-centred, accessible, and effective care. Findings and recommendations will be compiled into a report due in 2025, shaping future improvements and reinforcing ELFT's commitment to equity and inclusion.







## Improving Outcomes and Experience

Improving patient outcomes is central to the Trust's commitment to provide the highest quality care and ensure that all service users achieve the best possible health outcomes. By delivering effective treatments and interventions, the Trust can support recovery, help manage long-term conditions and enhance overall quality of life.



EDI are essential to this work, as outcomes and experiences are not uniform across all groups. Addressing health disparities, such as differences in access, treatment, and engagement, ensures that all service users receive care that is fair, culturally responsive, and tailored to their needs. By focusing on equity, we can reduce gaps in health outcomes, particularly for marginalised communities.

Positive patient outcomes also help build trust and strengthen relationships between service users and the Trust. When patients experience good care, they are more likely to engage with services in the future, communicate openly with healthcare teams, and participate in co-producing their treatment plans. Embedding EDI principles into our improvement efforts ensures that every individual, regardless of background, has the opportunity to experience high-quality, person-centred care.

### DIALOG Outcome Measurements

Since 2018, ELFT has adopted DIALOG and DIALOG+ as key approaches to care planning, aligning with service users' desire for a single care plan that reflects their priorities:

- **DIALOG Scale:** This is an 11-question tool where service users rate their satisfaction with eight life domains and three aspects of treatment on a seven-point scale. It provides scores for subjective quality of life and treatment satisfaction;
- **DIALOG+:** Going beyond the DIALOG Scale, DIALOG+ is a therapeutic intervention designed to make routine patient-clinician meetings more effective. It creates care plans based on service users' priorities, incorporating solution-focused therapy principles and patient-centred communication. Research across multiple countries and services has demonstrated that DIALOG+ can improve patients' quality of life.

Our data shows over 6,000 DIALOG+ assessments being completed every quarter, with higher recordings in 2024 than 2023. As of August 2024, in our East London Community Mental Health services, 15% of our closed referrals and 22% of our open referrals have paired DIALOG+ scores, which is double the national recording rate.



In East London, all domains of DIALOG+ show an increase in the average satisfaction score between initial assessment and discharge. For example, in the Mental Health domain, average scores increased from 3.8 to 4.7, with 21% of those initially dissatisfied moving into the satisfied group.

### [Full Data Report](#)

ELFT's implementation of DIALOG+ is service user-led, with a steering group overseeing its rollout, promoting good practice, and supporting pilots in specific areas, including Perinatal, Learning Disabilities, and CAMHS. The group ensures DIALOG+ is used in a person-centred manner.

### **Improving Quality of Life Outcomes Steering Group:**

- Co-chaired by service users, this group sets the agenda, co-develops materials, and ensures the service user voice is central in DIALOG+ conversations;

- A service user-only subgroup provides additional input, co-developing resources and co-delivering training to staff. This training helps staff understand how DIALOG+ conversations should look and feel to maximise their therapeutic value.

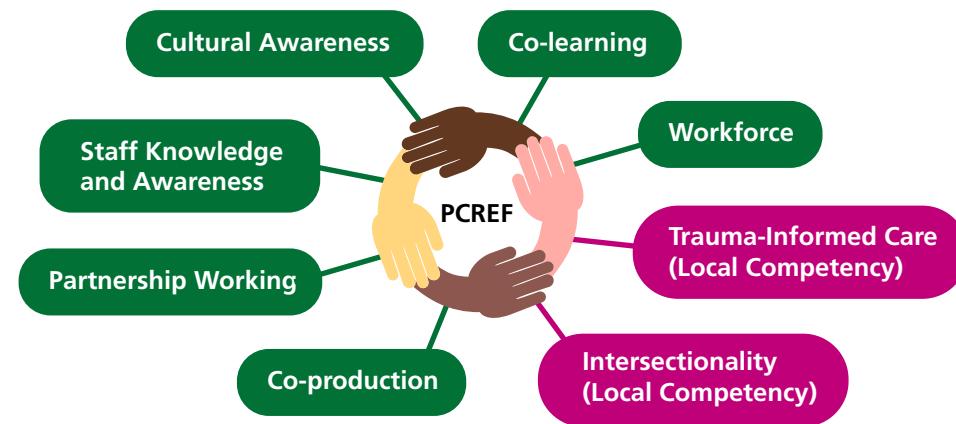
DIALOG+ remains an evolving initiative at ELFT, driven by service users to empower both staff and service users in achieving the best outcomes through meaningful, collaborative conversations. Since 2023 to 2024, the Trust has seen a rise in requests for team training around DIALOG+ to support staff in having a person-centred conversation. All our training is co-delivered alongside our service users. Service users have also coproduced a poster and leaflet to support service users in understanding what DIALOG+ is and how they should be involved within their own care planning. The service users planning group have remained committed to raising awareness of the importance of service users knowing and raising awareness of DIALOG+.





## Patient and Carer Race Equality Framework

The Patient and Carer Race Equality Framework (PCREF) is due to become mandatory nationally in March 2025. As a PCREF Pilot Site, ELFT has worked hard to test and embedded this antiracist framework into its governance structure and strategy. The Trust launched PCREF locally in November 2023 to include all six national organisational competencies and two local cultural competencies.



### PCREF Leadership and Governance

Strong leadership and clinical expertise are critical for the implementation of the PCREF at ELFT. Our Chief Nurse, Claire McKenna, serves as the PCREF Executive Lead and chairs the Equity Programme Board, where PCREF is a standing agenda item. Our Chief Executive Officer, Lorraine Sunduza, played a pivotal role in leading PCREF during the pilot phase when she was Chief Nurse.

ELFT has established dedicated strategic leadership for PCREF. Juliana Ansah, Head of EDI and Trust-wide PCREF Strategic Lead, has implemented a robust governance structure to integrate clinical, data, and lived experience expertise. Maxine Obeng, PCREF Clinical

Strategic Lead and Assistant Director of the Bedfordshire and Luton Crisis Pathway, has been instrumental in identifying and training PCREF Leads across directorates to ensure local implementation and action plans that address inequities.

The PCREF Steering Group, co-chaired by a clinical director and a service user, was established in December 2023 to monitor Trust-wide and local progress, resolve barriers, and provide strategic oversight. Reporting monthly to the Equity Programme Board, it includes representatives from borough directors, directorates, People Participation, Mental Health Law, and Safeguarding.





## Upskilling PCREF Leads and Service Users

Embedding equity into our QI initiatives has been a key strength. Phase 2 of Pursuing Equity, a Trust-wide QI project involving 64 teams, included a quarter of projects focused on race and ethnicity, directly feeding into PCREF. All PCREF Leads are required to complete QI training, and two of our Service User Deputy Co-Chairs also serve as QI Coaches.

Our People Participation directorate ensures service users and carers, particularly from racialised backgrounds, play a central role in PCREF. Service User Co-Chairs and deputies contribute not only lived experience but also professional expertise, ensuring accountability and sustainability in PCREF implementation. ELFT is committed to equipping them with the skills and resources needed for impactful involvement.

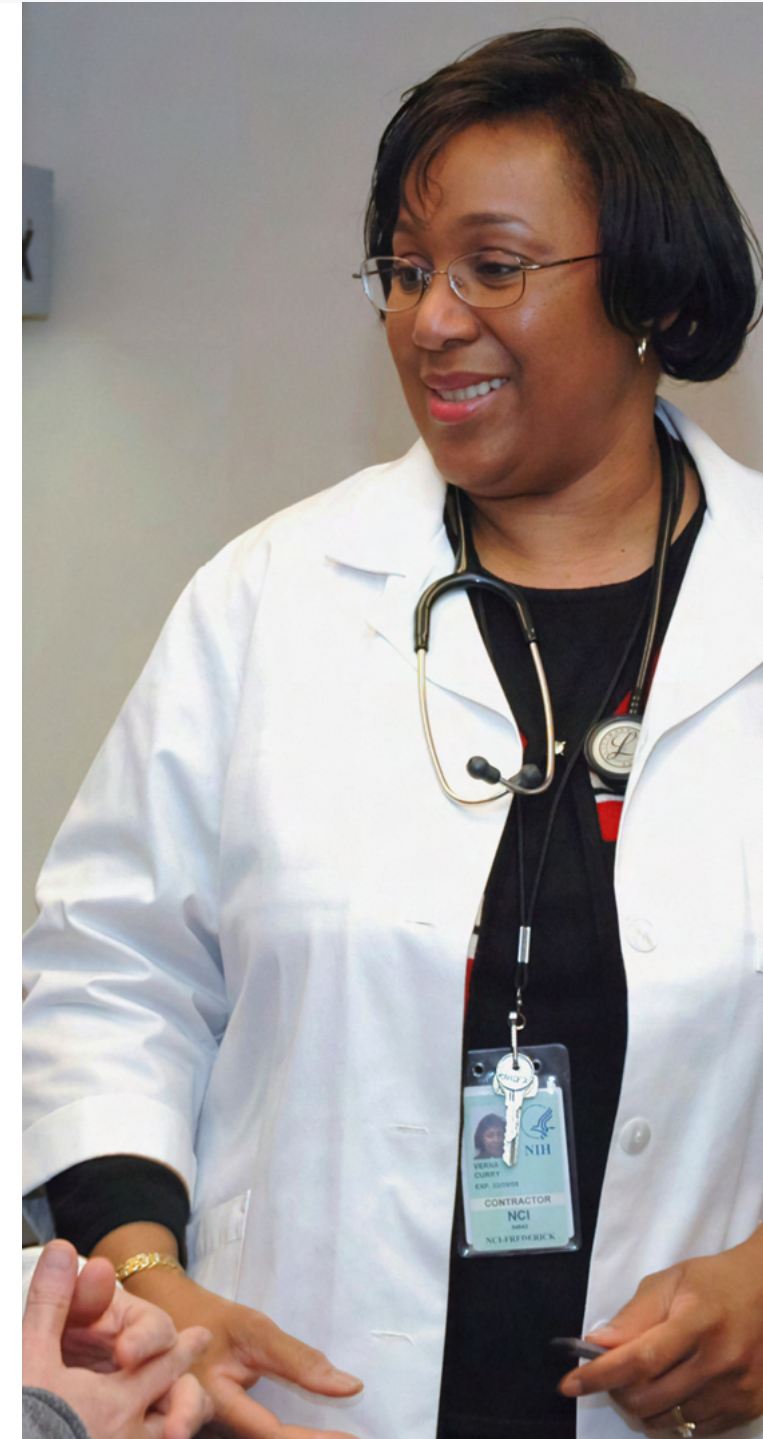
People Participation also plays a critical role in the implementation of PCREF. Local People Participation Leads are working closely with directorates ensuring co-production remains at the core of PCREF, from identification of the areas of most inequities in their localities to development of improvement projects to tackle these.

## Being Informed by Real-Time Data

The Data Subgroup, launched in March 2024 and co-chaired by the Head of EDI and a service user, focuses on analysing PCREF data to uncover inequities. By breaking down access, experience, and outcomes data by location and comparing it to local demographics, the group ensures insights are meaningful. Quarterly PCREF reports summarise these findings, with further context provided by directorate and service level Leads.

Strategically, this programme of work focuses on building PCREF into the existing infrastructures of the Trust, such as QI and People Participation. The Trust will refocus on upstreaming to educate, communicate and raise awareness, taking learning from the outputs of the Tri-Trust partnership for success. These will include active partnership from, Voluntary, Community and Social Enterprises (VCSEs), Police, local authorities, primary care and diverse communities.

Operationally, there are PCREF leads in each directorate across the Trust. The leads will act as the Directorate Management Team (DMT) PCREF representative, raising awareness and







leading the implementation across their area. Directorate leads have begun to set up local working groups with representatives from the voluntary sector, service users and carers, and improvement advisors to understand their local racialised equity disparities and begin the improvement work in their areas. Directorate priorities for PCREF implementation in 2025/26 will be incorporated into the Trust's yearly planning cycle, and then add in next steps will be developing local priorities driven by their communities' needs.

### Examples of how initial findings are shaping next steps

The Trust's findings show that Black service users are detained for longer under the Mental Health Act (MHA) across all directorates, and Black and Asian service users are held under Community Treatment Orders (CTO) longer. Interventions are being led by our restrictive practice group as part of a centralised QI initiative.

Further findings show that there is a high percentage of ethnicity classification reported as 'Other'. This is particularly more evident across Bedfordshire & Luton directorate. Consequently, the local PCREF Steering Groups are working with clinical teams to improve recording, and the People Participation Leads will support PCREF

education to service users through local working together groups on the importance of providing ethnicity information.

In Bedfordshire & Luton, their local PCREF steering group has been established and reports into the DMT. Their identified areas of focus will include CTO lengths of Asian service users, violent incidents and DNA rates of mixed service users.

In Newham, the directorate lead has begun attending team away days to raise awareness of PCREF, discussing issues pertaining to service user and staff experiences. Feedback from these will form part of the local cultural competency programme. PCREF has also been included in local staff inductions.

Directorates will be developing co-produced plans with service users with the aim to radically reduce the identified health inequities identified. These have been identified through the data of service users who use the clinical services at ELFT, aggregated by race and locality, using population health data as the basis for differential proportionality. If successfully implemented, the PCREF programme will lead to improvements in the access, experience and outcomes for service users from racialised backgrounds where these inequities have been identified. There is a

particular focus on upstreaming, which includes rethinking how services are designed in order to ensure proportionate use by under-represented racialised groups, and partnership working which will promote PCREF principles through local authorities and the Police.

### Restrictive Practices

In 2024, ELFT reinforced its commitment to reducing restrictive practices by embedding trauma-informed care and prioritising equity. Data shows that Black African and Black Caribbean service users continue to experience higher rates of restrictive interventions, prompting the Trust to enhance monitoring and implement targeted strategies. ELFT recognises that reducing restrictive practices is about fostering a culture of dignity, respect, and person-centred care.

To address these disparities, ELFT introduced Cultural Competence and Anti-Racism Training, particularly for services supporting individuals with learning disabilities and autism. The Trust established a Restraint Reduction Network and integrated PCREF to





ensure equitable care for racialised communities. Additionally, the Use of Force Committee created the Restrictive Practice Task and Finish Group to monitor trends and develop action plans at the directorate level.

Key initiatives include “Time to Think” forums, where staff and service users review data and explore strategies to reduce restrictive interventions. The Use of Force Committee oversees this work, producing quarterly reports, conducting incident reviews, and ensuring transparency through feedback mechanisms. Routine Equality Impact Assessments help to ensure restraint-related policies remain fair and culturally responsive.

Lived experience is central to this approach. Service users and carers from racialised backgrounds share first-hand accounts in ‘learning from lived experience’ sessions, informing training and policy decisions. Staff also engage in continuous reflection to consider alternatives to restrictive interventions.

Through these initiatives, ELFT is strengthening its commitment to safer, more equitable, and culturally responsive care, ensuring that all service users receive appropriate and compassionate support.

## What does the data tell us about restrictive practices?



# 38%

In 2024, updated Trust data shows that while BME service users made up 38% of inpatients,

# 55%

they accounted for 55% of restraint incidents.

While this marks a decrease from 60% in 2022, it continues to highlight the disproportionate use of restrictive practices among BME groups.



# 21 vs 8

Data indicates that service users of other ethnicities experience the highest median rate of restraint per 1,000 bed days, while female service users are more than twice as likely to be restrained as males

(21 vs. 8 restraints per 1,000 bed days).



# 65 vs 24

Age is also a significant factor, with service users aged 0-18 experiencing restraint at more than twice the rate of those aged 19-29

(65 vs. 24 restraints per 1,000 bed days).

Since September 2023, inpatient violence and aggression rates have steadily declined, with incidents per 1,000 bed days reducing from 8.7 in October 2023 to 6.1 by September 2024, likely due to the Trust’s large-scale QI programme focused on therapeutic engagement and observations. ELFT continues to utilise multiple data sources, including Quality Accounts, annual reports, internal audits, and incident reporting, to monitor and reduce restrictive

practices. The Use of Force Committee has established a Restrictive Practice Task and Finish group to develop directorate-specific action plans aimed at reducing restraints, particularly among marginalised groups. This work directly feeds into the Patient Safety Forum and Quality Assurance Committee, ensuring that data-driven interventions support safer and more equitable care across the Trust.



## Patient, Service User and Carer Engagement

Working together as a team with our patients, service users and carers is core to ELFT's vision of making a positive difference in people's lives. The EDI team shares this commitment by involving service users in designing and implementing approaches to reducing inequities. Experts by experience contribute valuable insights into the priorities of service users who face healthcare inequities, and the cultural and access needs of the communities the Trust works within. The aim of this co-production is to deliver services that provide optimal and culturally appropriate access, experiences, and outcomes for the communities in which the Trust provides care.

## Equity, Diversity and Inclusion Within People Participation

EDI is embedded throughout the People Participation directorate, providing service user and carer representation in inequities initiatives across the Trust. Examples include:

- Placements for Learning Disabilities service users in the Tower Hamlets Covid Vaccinations project, addressing employment inequities.
- People Participation representation in the Perinatal Equity Board, to improve the delivery of culturally appropriate care.
- CAMHS service users in Bedfordshire & Luton have delivered LGBTQ+ awareness training to service staff, and gender identity training to schools.
- The Befriending Service, providing culturally appropriate peer support, addressing issues around loneliness and lack of access to support by offering the service in 22 languages.

Learning from the Equity, Diversity and Inclusion Working Together Group will inform People Participation's ongoing commitment to supporting Trustwide EDI initiatives.





---

## Inequities Steering Groups

The Trust is committed to tackling health and workforce inequities through collaborative efforts that bring together staff, service users, and carers. The following examples highlight some of the work taking place across different areas to address inequities and improve experiences for diverse communities. These groups not only drive change locally but also contribute to shared learning across the Trust, ensuring that insights, challenges, and successes are used to inform wider initiatives.

---

### Bedfordshire and Luton Anti-Racism Steering Group

Since being set up in 2021 by the Bedford Borough Working Together Group, this group offers a safe and supporting space for staff, service users and carers from racialised backgrounds to discuss challenges they face. This can relate to the service they provide, their working environment or the care received from local services. In 2024, the group challenged its thinking and explored its expectations about the Trust's 'Zero Tolerance Against Racism' policy. The group co-produces their annual plan and

seeks to make a positive difference to people's lives. Additionally, the steering group served as a pilot for the Trust's first ever PCREF workshop.

---

### Newham Mental Health Inequalities Group

The Newham Mental Health Inequalities group continued its work along the themes of Community Mental Health Transformation. Projects have been focused on Community Capacity Building and testing culturally adapted approaches such as Behavioural Activation with Muslim men and CBT Music Group for South Asian men. PCREF will be a focus for 2025.

---

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

The EDI WTG has evolved over the past year into a dynamic forum of service users and carers, with around half of the mailing list attending monthly meetings regularly. The group reflects the diversity of protected characteristics and all boroughs served by ELFT, ensuring a broad representation of the communities we support.

The WTG provides a vital platform for service users and carers to:

- Share their experiences and raise priorities in a safe and supportive environment.
- Collaborate on EDI projects that drive meaningful change.
- Access learning and training opportunities to enhance their contributions.

By feeding into the PCREF Steering Group and reporting to the Equity Programme Board, the WTG strengthens the Trust's governance and accountability. This ensures that service users and carers can directly influence decision-making and hold the Trust to account, driving equity and inclusion across our services.







## FOCUS 3

# Improving Staff Experience



# 3

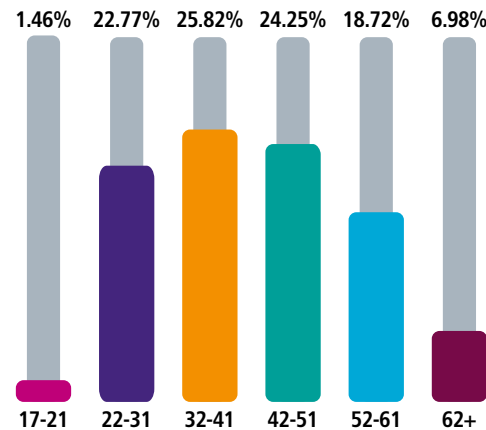


# Improving Staff Experience

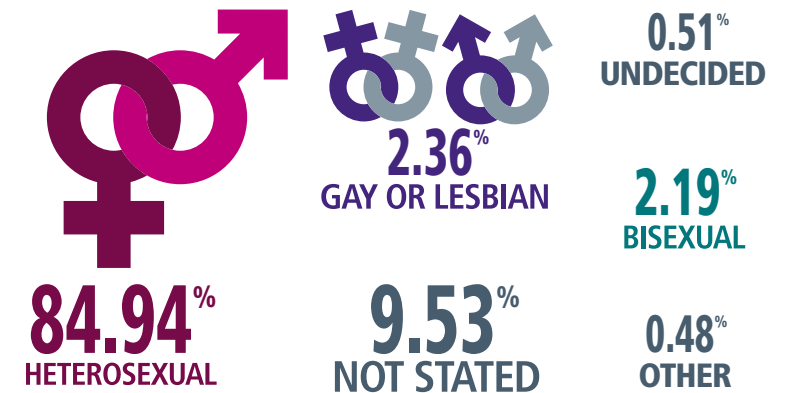
ELFT regularly capture equity workforce data, disaggregated by protected characteristics under the Equality Act 2010 as well as other relevant categories. This enables the Trust to gain deeper insights into ELFT's workforce's demographics, including how it reflects the populations we serve and the specific needs of our staff.

We take great pride at ELFT in our diversity, but we also recognise how crucial our demographic data is in shaping our strategic priorities and our improvement plans. This data reflects the demographics of our staff as of December 2024. This breakdown includes substantive, Bank and honorary staff.

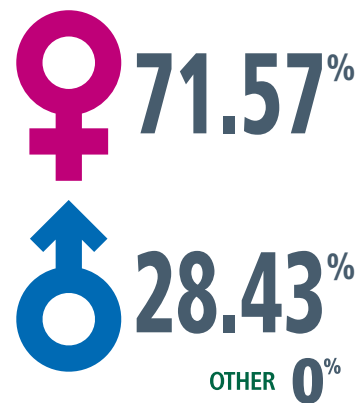
## AGE GROUP



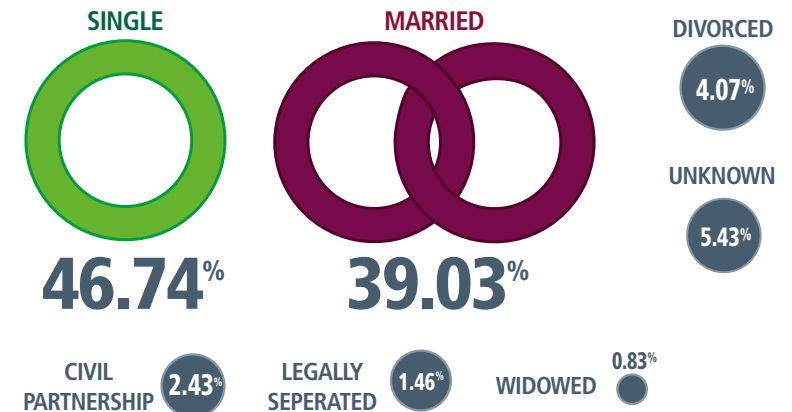
## SEXUAL ORIENTATION



## GENDER

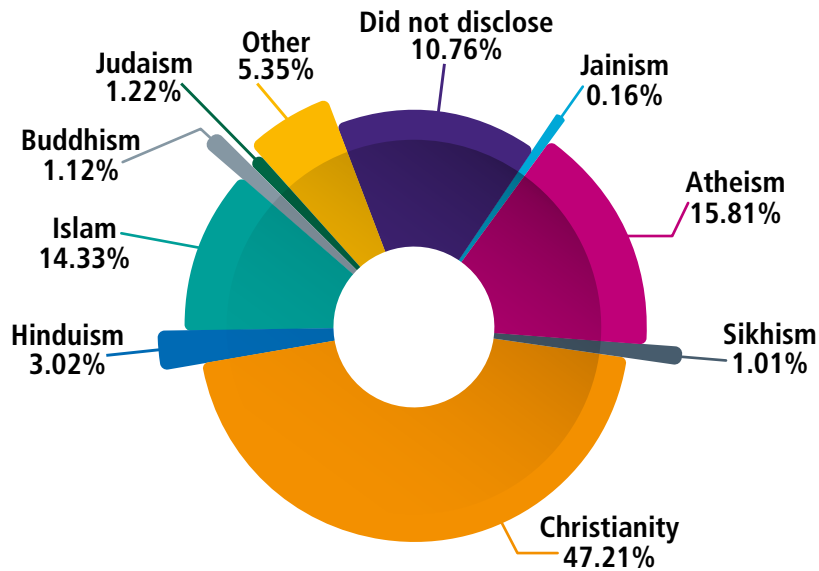


## MARITAL STATUS

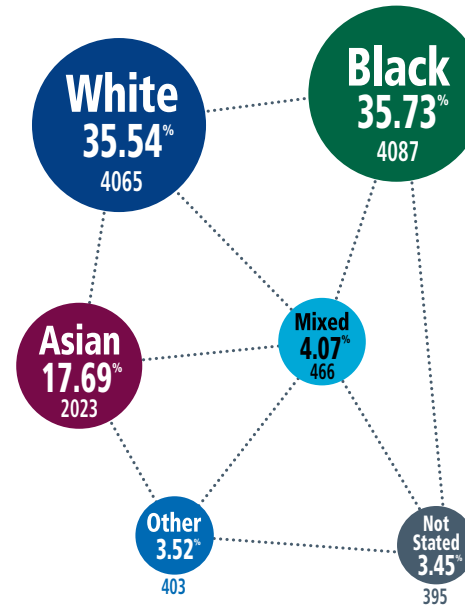




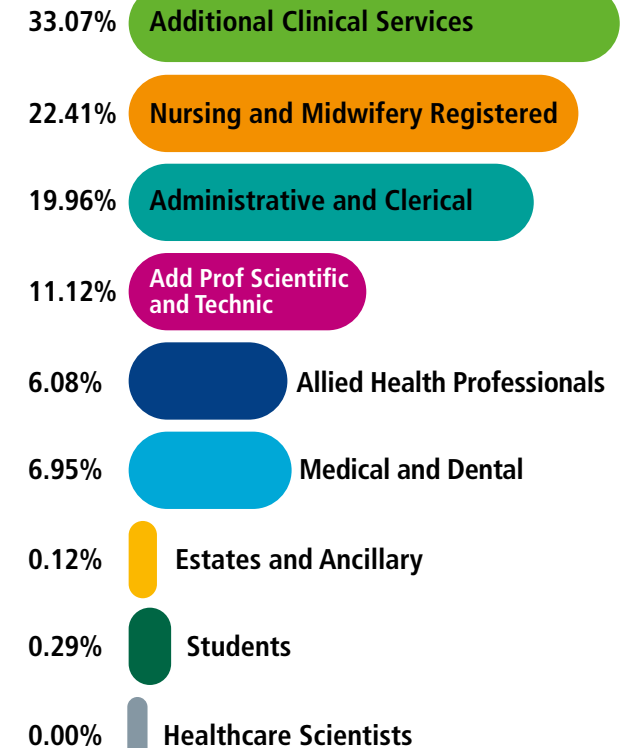
## RELIGIOUS BELIEF



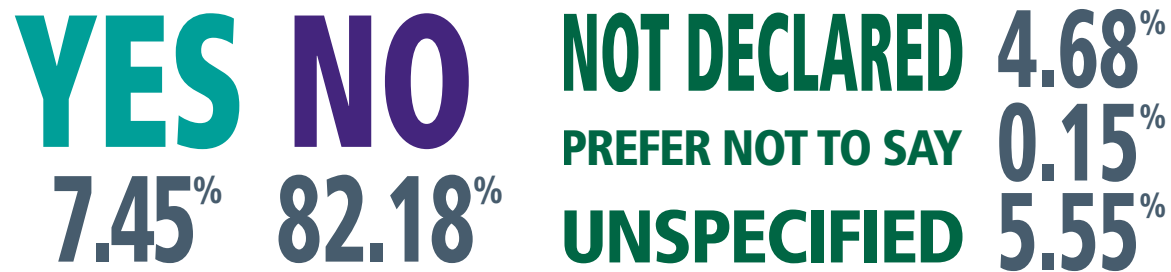
## ETHNIC ORIGIN



## STAFF GROUPS



## DISABILITY





This section highlights the Trust's ongoing commitment to embedding EDI principles into workforce-related initiatives. By analysing workforce data, we can identify disparities, address barriers to career progression, and tailor interventions to foster an inclusive and equitable workplace. Understanding the demographics of our staff allows us to develop targeted support mechanisms, enhance staff wellbeing, and ensure fair opportunities for all. The insights gained from this data directly inform our EDI strategies, helping to shape policies, training, and organisational culture to create a more representative and supportive working environment.

### Workforce Equity Objectives

In 2024, the Trust remains dedicated to advancing its local Equality, Diversity, and Inclusion (EDI) improvement plan, originally launched in 2023 as part of our broader EDI strategy. This plan focuses on the development Equity, Diversity, and Inclusion through an intersectional approach, aiming to create a workplace where all staff feel valued, respected, and empowered to thrive. By addressing intersecting identities and the unique challenges they present, the Trust seeks to ensure its initiatives are inclusive and responsive to the diverse needs of its workforce.

Recognising that individuals often hold multiple protected characteristics, such as race, gender, disability, age, and sexual orientation, the Trust's intersectional approach emphasises the interconnected nature of these identities. This all-inclusive perspective acknowledges that overlapping identities can create compounded disadvantages and aims to address these complexities collectively rather than in isolation. Such a strategy ensures that the Trust's EDI efforts are more impactful and comprehensive.







Central to this initiative are six Staff Equity Networks: Men's, Women's, RaCE (Race and Cultural Equity), ELFT Ability (supporting disabled staff), LGBTQIA+, and Intergenerational. These networks provide vital platforms for dialogue, advocacy, and support, amplifying the voices of underrepresented groups within the organisation. Each network is championed by an Executive Board Member, ensuring their perspectives and concerns are integrated into leadership decisions and policy-making processes. This collaborative framework empowers these networks to shape organisational practices and promote inclusivity.

**The Trust's commitment to EDI is further strengthened by the adoption of six High-Impact Interventions, which serve as the foundation for meaningful change:**

- 1. Measurable Objectives for Leadership:** Chairs, Chief Executives, and Board members are assigned clear, actionable EDI objectives, ensuring accountability and progress.
- 2. Inclusive Recruitment and Talent Management:** Recruitment processes are revamped to eliminate biases and promote diversity, embedding talent management practices that ensure fair opportunities for all candidates.
- 3. Eliminating Pay Gaps:** Targeted initiatives address pay disparities related to race, disability, and gender, encouraging a more equitable compensation structure.
- 4. Addressing Health Inequalities:** The Trust promotes equitable access to health resources and addresses disparities within its workforce to support overall wellbeing.
- 5. Comprehensive Induction and Onboarding:** A robust program emphasises the Trust's commitment to EDI from the outset, helping new staff feel welcomed and included.
- 6. Eliminating Bullying and Harassment:** Focused efforts aim to eradicate environments where bullying, harassment, or physical harassment may occur, ensuring a safe and respectful workplace.



## Workforce Race Equality Standard (WRES)

### All six high-impact interventions are linked to this work.

The Workforce Race Equality Standard (WRES) is a national framework designed to address inequities and ensure employees from Black and Minority Ethnic (BME) backgrounds have equal opportunities and fair treatment.

In 2024, ELFT submitted its workforce data to the National Workforce Equality Team. Unlike previous years, no data was requested for the Medical Workforce Race Equality Standard (MWRES) or Bank Workforce Race Equality Standard (BWRES). With 57% of our workforce identifying as BME, ELFT significantly exceeds the national average of 29%, reflecting the diverse communities we serve.

We recognise that diversity is not homogeneity. Our initiatives are informed by listening to the voices of our ethnically diverse workforce to tailor plans, address specific challenges, and create a workplace culture that embeds equity, diversity, and inclusion (EDI) into daily practices.



### Key Findings

**BME Representation:** Increased across all bands except for Medical and Dental Trainees, whose recruitment is managed externally.

**Overrepresentation:** BME staff are disproportionately represented in Band 1-4 (clinical and non-clinical) and Band 5-7 (clinical roles).

**Leadership Gap:** ELFT ranks in the bottom 10% nationally for the gap in BME representation at Band 8c-VSM compared to the overall workforce.

**Disciplinary Disparity:** The likelihood of BME staff entering formal disciplinary processes has decreased (2.9 to 2.11) but remains almost twice the national average (1.09 in 2024).

**Career Progression:** Equity gaps in career progression have significantly improved, with Metric 7 (equal opportunities for career progression or promotion) halving its equity gap from 15.1% in 2023 to 7.5% in 2024

## Areas of Improvement

- Indicator 3:** Likelihood of entering formal disciplinary processes.
  - Objective:* Achieve equity by April 2025.
  - Current Status:* BME staff are 2.11 times more likely than White staff to face formal disciplinary processes.
- Indicator 1:** Career progression for non-clinical roles.
  - Focus:* Address barriers to progression from lower bands to senior levels for BME staff.
- Indicator 5:** Harassment, bullying, or abuse from patients, relatives, or the public.
  - Action:* Continue to address and reduce incidents targeting BME staff.

## Best Performances

ELFT ranks among the best-performing trusts nationally in the following WRES metrics:

- Indicator 2:** Likelihood of appointment from shortlisting (Top 15%).
- Indicator 4:** Likelihood of undertaking non-mandatory training (Top 15%).
- Indicator 7:** Equal opportunities for career progression or promotion (Top 25%).
- Indicator 8:** Discrimination from a manager, team leader, or colleague in the last 12 months (Top 25%).



## WRES: What's Next?

- **Targeting Disciplinary Disparities:** Introduce enhanced training and support mechanisms for managers to mitigate unconscious bias in disciplinary decisions.
- **Leadership Representation:** Expand mentoring and sponsorship programs for BME staff to increase representation at senior levels.
- **Harassment and Bullying:** Launch targeted campaigns and provide additional resources to support BME staff who experience harassment or bullying.

These actions demonstrate ELFT's commitment to addressing disparities, driving cultural change, and ensuring accountability in workforce equity.

## FLAIR

For the second time, the Trust invited staff to complete the FLAIR (Race in the Workplace) survey. The confidential situational judgement survey was open to substantive staff as well as staff who had been on Bank for longer than six months. Like in 2022, when ELFT first launched FLAIR, the findings of this survey will shape the Trust's antiracist statement, strategy and action plans.

The FLAIR survey focuses on four key measurement areas: Racial Diversity, Racial Awareness, Racist Behaviours and Racial Inclusion.



### Key Findings

- Staff of 55 nationalities completed the FLAIR survey.
- Although Racial Diversity itself was a strength area, the lowest score across seniorities was in Band 8c. A lack of diversity at senior levels was noted to impact staff progression and patient relatability.
- Respondents expressed a widespread need for mandatory antiracism and cultural sensitivity training.
- Across all ethnicities, concerns were raised about the impact of direct and indirect racism on the physical and mental health of staff.
- A growing interest was expressed in intersectionality, including discrimination based on overlapping identities (such as race, religion and gender) and awareness of resultant systemic bias.
- On average, respondents not identifying as White British, as well as 32% of Asian respondents, felt their ethnicity was somewhat a barrier to feeling included at work.
- 38% of Black respondents felt their ethnicity was a barrier to receiving promotion opportunities.





## Areas of Improvement

- The lowest scoring measurement area in 2024 was Racial Awareness. This was calculated based on how appropriately staff responded to fictional examples of racism at work. At 3.4/10, the score is lower than in 2022, where the Trust scored 5.5/10.
- 65% of respondents thought the Trust could significantly improve by creating a culture for staff to confidently discuss, identify and challenge racism.
- Staff reported a lack of awareness (1.2/10) about how to respond appropriately when witnessing racist jokes at work.
- Persistent hurdles were identified for BME staff in recognition, promotion and leadership opportunities. Concerns were expressed about favouritism and bias in recruitment and promotion processes.
- The need for timely, transparent responses to racist incidents was raised by Black respondents. Black respondents witnessed racist behaviours most frequently across all ethnic groups.
- Mixed ethnicity respondents discussed the impact of unspoken hierarchies in team dynamics.

## Best Performances

- Racial Diversity continued to be the highest scoring measurement area, with a score of 7.8/10 for those completing the survey. Many respondents described their teams as inclusive, respectful and feeling pride in the diversity of the workforce.
- High levels of Racial Awareness were identified in White British respondents on how to appropriately respond to racial discrimination.
- Certain leaders and departments were praised for being proactive in addressing discrimination and fostering a culture of inclusivity, including through safe spaces for open conversations about racial equity.

## FLAIR: What's Next?

- **Promotion and Leadership:** Identify ways for senior staff and management to challenge workplace racism.
- **Diversity in Senior Roles:** Set targets for increased Black, Asian and Mixed ethnicity representation in senior roles and management.
- **Bias Reporting System:** Develop a system to categorise bias-related incidents, with a clear, transparent process that allows for accountability and protects privacy.





## Anti-Racism Workshops

ELFT has demonstrated its ongoing commitment to being an anti-racist Trust through a series of workshops, with individual focuses on antisemitism, xenophobia and Islamophobia. Facilitated respectively by Campaign Against Antisemitism, The Behaviour Garage and Stop Hate UK, these sessions provided vital insights into the harmful impacts of antisemitism, xenophobia, and Islamophobia. In addition to meaningful dialogue and thoughtful discussions, staff were offered practical tools to challenge these forms of discrimination in the workplace. Through training, education and open dialogue, the Trust continues to support staff to address and challenge biases, and fostering a culture of respect, understanding, and solidarity.

Anti-racism training supports the Trust to reduce inequities, demonstrating a commitment to the Public Sector Equality Duty under the Equality Act 2010. The Trust's existing policies, including Dignity at Work and Freedom to Speak Up, are supported by this training which encourages staff to report and respond to racial incidents. This training offer forms part of the Trust's broader work towards anti-racism, which includes ELFT's involvement in the development of the North East London ICS Anti-Racism Strategy. This collaborative work with partners

in the Integrated Care System (ICS) to develop a system-wide anti-racism strategy is crucial to ensuring that all forms of racism are addressed. The outcome of this work is ensuring that ELFT remains an inclusive, safe, and supportive environment for all, with a healthcare system that provides equitable quality care.

ELFT's previous offer of anti-racism training centred on anti-Black racism. These initial workshops provided staff an opportunity to learn about and reflect on the impacts of anti-Black racism, supporting in the development of an ELFT Anti-Racism Strategy and Statement. Feedback from these initial workshops indicated a need for a deeper focus on other forms of racism, with specific focus on antisemitism, Islamophobia and xenophobia to reflect the needs of our diverse workforce and communities.

This ongoing series of sessions additionally also came at a much-needed time, following 2024's race-related incidents across the globe and within the United Kingdom that had profoundly impacted many within our workforce and the communities we serve. Feedback and learning from the workshops delivered so far will inform the shape of future anti-racism training, particularly around finding the appropriate

balance between maintaining an apolitical stance, and responding sensitively to prejudice, discrimination and hate crime that may be associated with heavily politicised current events. Ensuring a focus on ELFT's obligations to provide quality care and equitable access will support to deliver anti-racism training that supports all staff and contributes to meaningful progress towards the Trust's anti-racism objectives.

## Workshop Feedback

The anti-racism workshops were highly engaging and thought-provoking, with attendees praising their depth, relevance, and practical insights. Participants valued the opportunity to reflect on workplace dynamics, explore psychological safety and unconscious bias, and gain tools to challenge discrimination. The sessions encouraged open discussions on identity, inclusion, and systemic barriers, with many attendees recommending them as essential learning. The workshops were also commended for combining lived experience with legal and historical context, debunking common stereotypes, and encouraging candid conversations. Across the sessions, participants expressed a strong commitment to applying their learning, sharing insights with colleagues, and driving meaningful change.



## Workforce Disability Equality Standard (WDES)

### All six high-impact interventions are linked to this work.

The Workforce Disability Equality Standard (WDES) measures and addresses disparities in workplace experiences between Disabled and Non-Disabled staff. ELFT values the voices and experiences of Disabled employees, embedding these into support mechanisms and initiatives to promote equity.

This report is based on WDES data submitted to NHSE in 2024, which includes 2023 Staff Survey results and staff information as of March 31, 2024.

As a Level 2 Disability Confident Employer, ELFT are committed to inclusive recruitment and accessibility. Our partnership with Purple Space provides professional development resources for Disabled employees, network leaders, and allies. ELFT also collaborate with the Business Disability Forum to deliver person-centred support for our workforce.

In 2024, 7.5% of ELFT staff declared a disability, up from 7.3% in 2023.

Improvements in metrics 4-6 show progress in reducing equity gaps, though further work remains to sustain these positive changes.



### Key Findings

**Representation:** The percentage of Disabled staff increased in most bands, except Non-Clinical Band 5-7 and Band 8C-VSM (Clinical and Non-Clinical).

**Capability Process:** The relative likelihood of Disabled staff entering the formal capability process has significantly improved, dropping from 11.63 in 2023 to 3.82 in 2024.

**Recruitment:** The likelihood of Non-Disabled staff being appointed from shortlisting compared to Disabled staff increased from 0.7 in 2023 to 1.1 in 2024, highlighting an area for improvement.

**Workplace Adjustments:** The percentage of Disabled staff reporting adequate adjustments increased from 71% in 2023 to 76% in 2024.



## Areas of Improvement

### 1. Indicator 1: Disabled Representation in the Workforce

- *Objective:* Increase disability declarations from 7.5% to 10% by April 2025.
- *Action Plan:*
  - » Promote self-disclosure through the Employee Staff Record (ESR) system, especially for neurodivergent conditions and hidden disabilities.
  - » Leverage awareness campaigns and staff networks to encourage open conversations about disability.
- *Rationale:* Reflecting the estimated 15-20% neurodivergent population in the workforce will support metrics on representation and capability process equity.

### 2. Indicator 3: Capability Processes

- *Objective:* Continue reducing the disparity in Disabled staff entering formal capability procedures.
- *Action Plan:*
  - » Provide targeted training for managers on unconscious bias and neurodivergence.
  - » Enhance early support and reasonable adjustments to prevent escalation to capability processes.

### 3. Indicator 4a: Harassment, Bullying, or Abuse from Patients or the Public

- *Objective:* Address incidents of harassment and abuse reported by 29% of Disabled staff in 2023.
- *Action Plan:*
  - » Develop and promote robust incident reporting mechanisms.
  - » Implement Trust-wide campaigns to educate the public and service users about appropriate behaviour toward staff.





## Areas of Best Performance

ELFT ranks in the top 15% nationally for the following metrics:

- **Indicator 7:** Satisfaction with how the organization values Disabled staff's contributions.
- **Indicator 9a:** Staff engagement score.
- **Indicator 10:** Disabled representation on the Board compared to overall workforce representation.

## WDES: What's Next?

- **Strengthening Recruitment Equity:** Enhance inclusive hiring practices to ensure fair outcomes for Disabled applicants. Use data insights to inform targeted interventions.
- **Embedding Adjustments Support:** Improve systems to track and provide reasonable adjustments for Disabled staff, ensuring consistent and timely support.
- **Reducing Harassment:** Work closely with ELFT Ability Network to implement Trust-wide awareness campaigns to tackle harassment and bullying incidents.
- **Monitoring Progress:** Regularly review and communicate progress on WDES metrics through workshops, focus groups, and data dives with staff networks.

By addressing these areas, ELFT aims to foster a more inclusive workplace where Disabled staff can thrive and contribute fully to the Trust's mission.

## Disability Confident

As an action noted from last year's WDES reporting, ELFT completed a self-assessment confirming the Trust's compliance with Disability Confident Leader Level 2 requirements. This involved evidencing the Trust's inclusivity of disabled staff in policy and practice, highlighting progress and improvement areas, in coordination with ELFT Ability (our network for disabled staff), People and Culture and Wellbeing services.

## Findings

1. The Trust's targeted employment activities as part of the Population Health programme include employment support fairs and a QI project to widen ELFT's work experience programme. However, more could be done to ensure specific communities are targeted, and for ELFT Ability and the EDI team to be present at disability recruiting events.
2. All recruiting applications are on Trac. Although alternative formats are not available, all advertisements undergo a rigorous process to ensure accessibility, with

clear, simple language, explicitly stating that the Trust welcomes disabled applicants, guaranteeing them interviews through the two-tick scheme if minimum criteria is met for the role applied for.

3. In addition to wellbeing support, existing policies cover management of disabilities and health conditions, such as flexible working and reasonable adjustments.
4. Disabled staff have various feedback mechanisms, including ELFT Ability, the EDI feedback form and the Staff Survey.

## Priority Areas

1. Ensuring an inclusive, accessible recruitment process.
2. Providing work trials for potential hires; this is not currently a standard in the Trust.
3. Targeted advertising through disability-focused media.
4. Developing innovative methods to encourage applications from disabled individuals and providing supportive measures upon hiring.







## Improvement Areas

1. Ensuring reasonable adjustments are consistently offered on a proactive basis, and training all managers in providing reasonable adjustments.
2. 7.5% of staff declared their disability on their employment record. There is still a significant gap between this figure and the anonymous Staff Survey, but this has closed consistently over the past few years.
3. Ensuring employees have sufficient disability equity awareness training. The Trust currently provides training to make recruitment accessible. This is included in managers' training as well as mandatory EDI training for all staff.

## Pay Gap Reporting

### This work links to high-impact intervention 3:

Eliminating Pay Gaps: Targeted initiatives address pay disparities related to race, disability, and gender, encouraging a more equitable compensation structure.

Our goal is to aim for total pay gap equity, while promoting diversity and inclusion in

leadership and enhancing workforce support and engagement. Our pay gap actions include increased salary transparency and pay progression, specific targets for recruitment, retention and promotion and the fostering of a more inclusive workplace culture that addresses the needs of all employees, particularly those from marginalised backgrounds. These actions align with our strategic plans for WRES, WDES, our People Plan, and our NHS High Impact Action Plan.

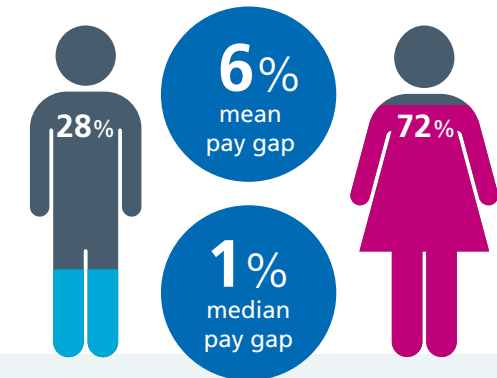
Our analysis of data includes pay gap by pay quartiles, staff group, pay bands and bonuses, allowing for us to identify more pronounced pay inequities and marked improvements, all which inform our strategic priorities.

### Pay Gap Report 2024

#### Gender

Gender Pay Gap reporting has been mandated since 2019 for employers with 250 or more employees. Legislation requires NHS Trusts provide snapshots of average pay differences for men and women, as well as differences in bonus payments. Reports must be published on the employer's website, a government website and confirmed by a senior official.

**Our Gender Pay Gap reporting is particularly important given 72% of ELFT's workforce are women.**



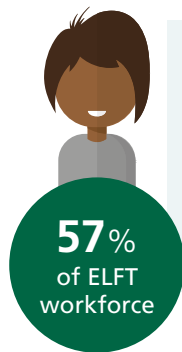
**Since 2020, our mean and median hourly pay differences have narrowed between male and female employees. In 2020, the mean gender pay gap was 12%; in 2023, it is 7%. Additionally, the median gender pay gap was 6% in 2020, and it is now 1% in 2023**





## Ethnicity

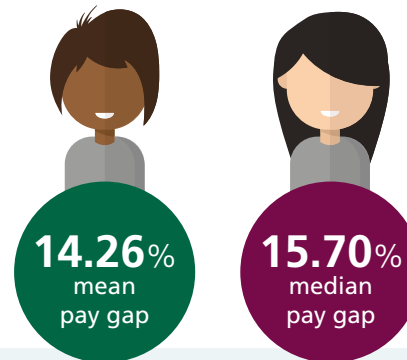
This is the first year ELFT has reported on Ethnicity Pay Gap. Future Ethnicity Pay Gap reports will include data analysis of trends, improvements and priority areas, measuring the Trust's progress from the previous year.



**57% of ELFT's workforce come from diverse ethnic backgrounds (significantly more than the national average of the NHS workforce, of which 31% are from non-white ethnicities).**

Thus, our Ethnicity Pay Gap reporting is vital in informing our strategic equity plans, aligned with the Workforce Race Equality Standards (WRES) action plan and the NHS High Impact Action Plan. Targets include retention of Black and Asian staff through mentoring and development initiatives, setting recruitment targets for Black and Asian staff and encouraging increases in Black and Asian representation in Band 8d and above through mentorship and development

programmes. All pay gaps are calculated against the average pay of white employees.



**Across ELFT's workforce, white staff receive a higher average and median hourly pay rate than any other ethnicity. Black employees have the biggest average hourly pay gap (14.26%), while Asian employees have the largest median hourly pay gap (15.70%). Black staff face the largest ethnicity pay gap (11.25%) in the Allied Health Professionals staffing group.**

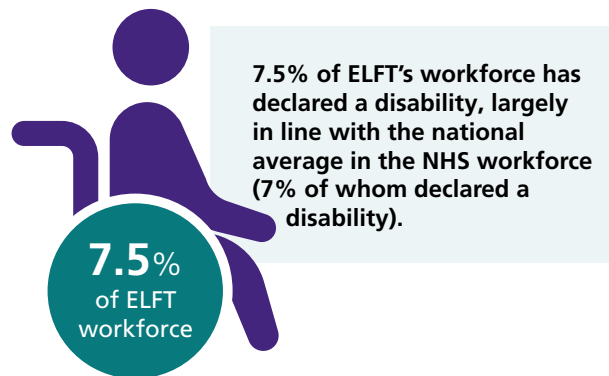
Asian staff have the largest ethnicity pay gap in the Administrative & Clerical staff group. However, within some staff groups, white employees experience a pay gap, such as Additional Clinical Services where average pay of white employees is less than Black, Asian and Mixed Ethnicity staff.



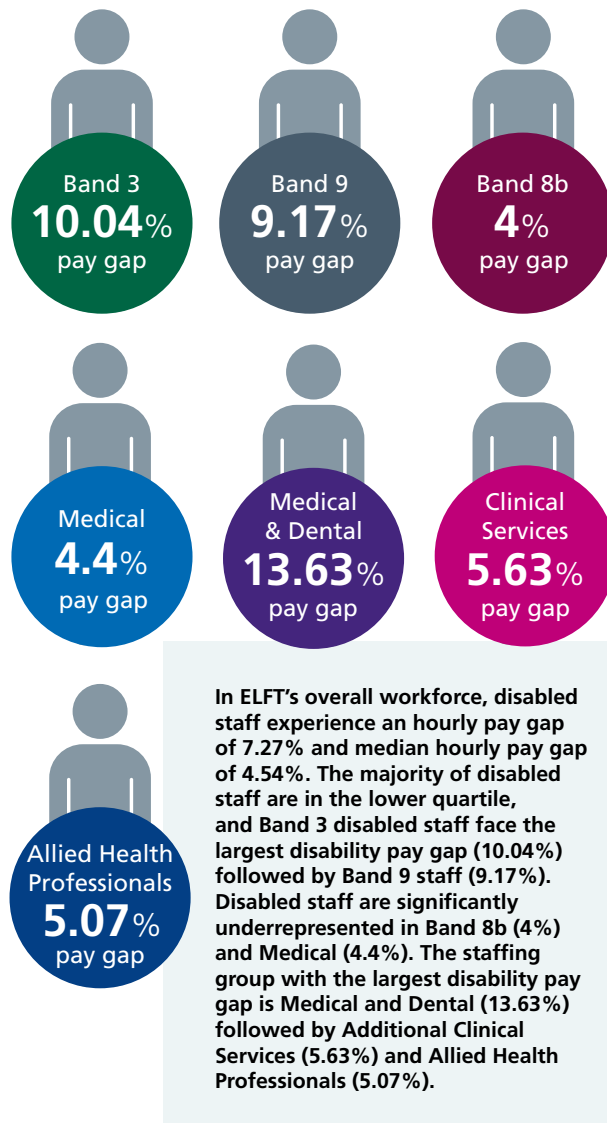


## Disability

This is the first year ELFT has reported on Disability Pay Gaps, though they are not yet mandated by NHS England.



86.3% of ELFT's workforce are non-disabled; 6% did not disclose their disability status. Given this, our Disability Pay Gap reporting helps inform our strategic goals, particularly relating to the Workforce Disability Equality Standards (WDES) action plan and NHS High Impact Action Plan. This includes increasing disability declaration rates, recruiting more disabled staff and improving reasonable adjustments for disabled staff. Pay gaps are calculated against the average pay of non-disabled staff.



## Stonewall Equality Index

Stonewall has recognised ELFT's work to create an equitable, inclusive and supportive work environment with its bronze award. This means the trust has met specific requirements to demonstrate its commitment to LGBTQIA+ inclusion, involving consistently upholding Stonewall's values and the establishment of support groups.

This was measured when members of the LGBTQIA+ Staff Network completed the 2024 Stonewall UK Workplace Equality Index, the definitive benchmarking tool for employers to measure progress on inclusion. This year ELFT's results hit their highest ranking so far, coming in at 156 out of 256 participating organisations, moving up from last year's ranking of 210.

The implementation of the LGBTQIA+ Network's new strategy following its relaunch in 2023 has been integral to this achievement. Establishing a weekly safe space, appointing bi and trans representatives and continuing to visibly celebrate London Pride and Black Pride see the trust's offering of support for LGBTQIA+ staff to be in alignment with Stonewall's robust quality measures.



## Freedom to Speak Up

When individuals have concerns at work, ideally, they can discuss them with their line manager in the first instance. If this is not always possible, for whatever reason, they can also speak to:

**Their line manager's manager, supervisor, service lead, clinical lead, directorate lead, professional lead, raise an incident via InPhase, speak with the People & Culture Team, speak with their Union/Union Rep.**

However, if individuals do not feel they can speak up to those, or they already raised their concerns but have not received feedback or seen an improvement, they can refer to the Freedom to Speak Up Guardian for support. Freedom to Speak Up is an additional route to support raising concerns and speaking up on matters.



**We care  
We respect  
We are inclusive**



If all 3 of these elements are functioning well, we are likely to feel psychologically safe in our work and our teams, driven to continuously improve and ultimately, achieve great care and service.







## Staff Health and Wellbeing

In 2024, ELFT continued its commitment to staff wellbeing, focusing on offering physical, emotional, social, environmental, and financial wellbeing throughout the year, as outlined in the five pillars of ELFT's Wellbeing Wheel.

The Trust implemented initiatives to comprehensively support staff in maintaining their wellbeing and thriving both personally and professionally. By creating an inclusive and supportive workplace, ELFT encouraged open conversations about health challenges and provided resources to empower staff. These efforts reflect the Trust's dedication to ensuring employees feel valued and supported across all aspects of wellbeing, promoting a healthier and more balanced work environment for all.

### Recognition

At ELFT we know that peer-to-peer and staff recognition can go a long way to supporting our staff's health and wellbeing. The Annual ELFT Staff Awards Ceremony was held in October 2024. 717 employees attended the evening, including the choir, helpers and special guests. There were 14 award categories with 18 winners (a mixer of both teams and individuals). Additionally, our new Highfive app

(which is available for download on ELFT mobile phones) launched in April 2024 where staff can continuously recognise the hard work and tireless dedication of their colleagues, actively appreciating one another as a daily part of work lives.

The Wellbeing & Engagement Team continually explore ways to support ELFT staff with their health and wellbeing and initiatives available. These are promoted in the ELFT BE WELL Wellbeing newsletter which is sent to all ELFT staff and staff clicked through and accesses support/resources link approximately 18,000 times in 2024. This support includes cycle to work and home electronics orders, employee/team of the month, holiday play schemes, massages, Pilates, induction, managers induction, money management and cost of living seminars and support signposting, attending special request away days/network groups and MOT health checks for staff.

### Vitamin D Supplements for All Staff

The annual Vitamin D campaign known as 'Sunshine in my pocket' has become an important part of ELFT's commitment to staff wellbeing and equity since the winter season in 2020. This initiative, which offers a free three month's supply of vitamin D supplements to

staff during winter months, supports the health and wellbeing of ELFT staff while promoting inclusivity across our diverse workforce.

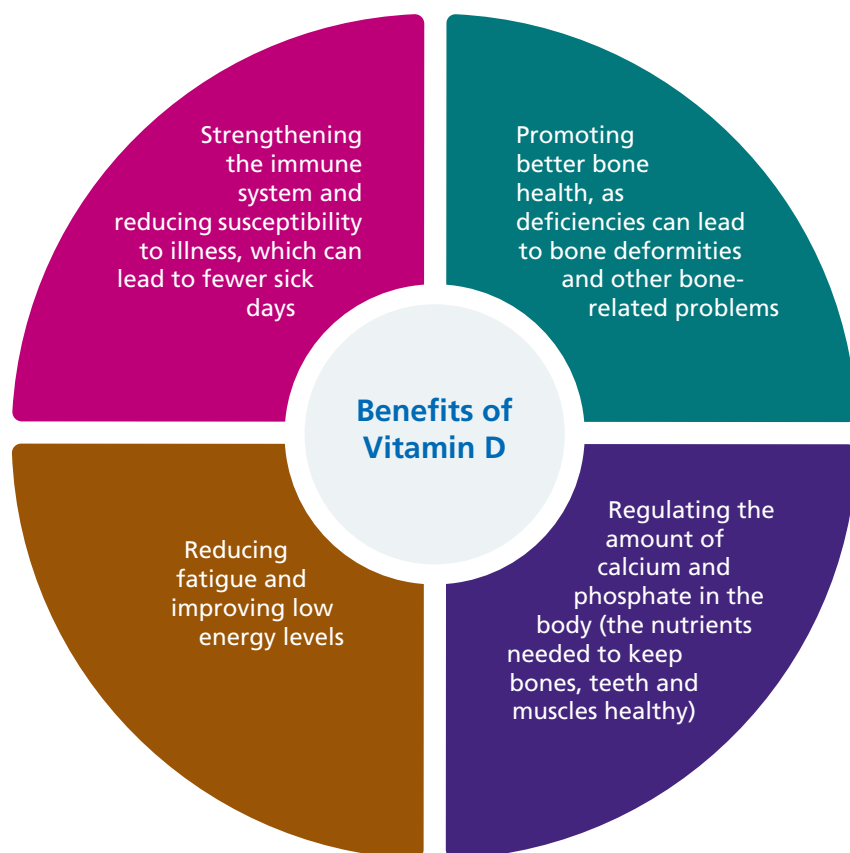
Vitamin D deficiency is known to disproportionately affect individuals with darker skin tones (particularly those from African, Caribbean and South Asian backgrounds) due to reduced absorption from sunlight. Research found that shift workers and indoor workers are more likely to be deficient in vitamin D during the winter months, so they may benefit the most from the vitamin D supplement. Therefore, the Trust aims to improve staff wellbeing whilst in the workplace by offering this resource free to ELFT staff. This campaign not only supports health and wellbeing but actively addresses an important health inequity, given over half our staff (53.42%) is Black or Asian.





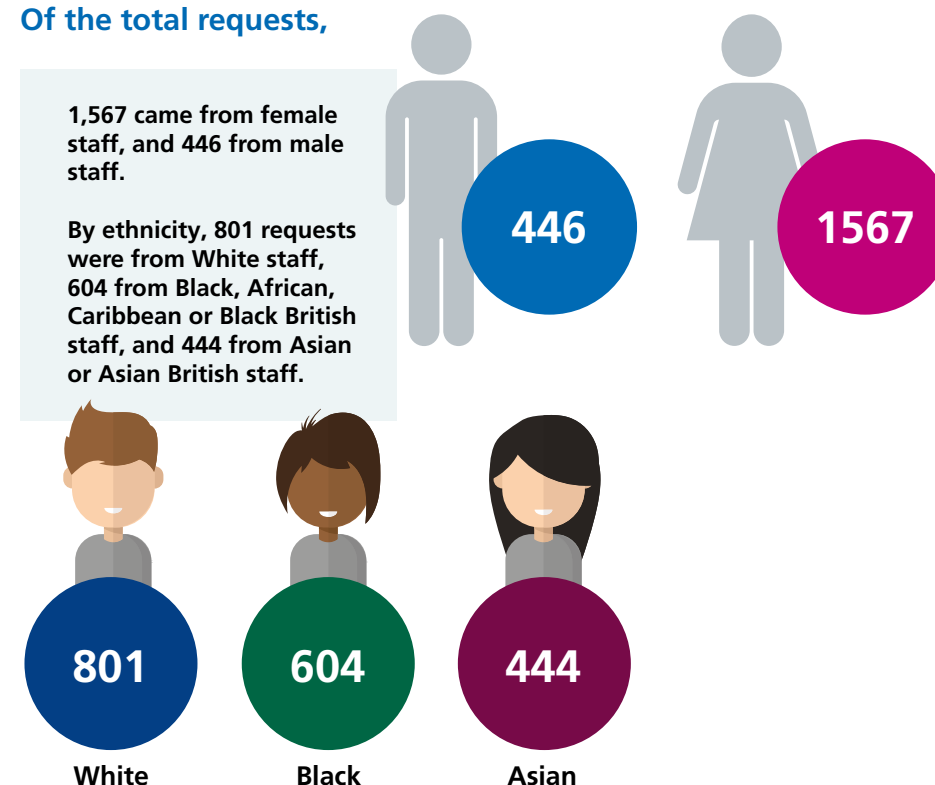
## Benefits of Vitamin D

Symptoms of vitamin D deficiency include muscle weakness, pain and fatigue. Through 'Sunshine in my Pocket', ELFT staff reap the benefits of receiving this supplement for free in the winter months. [Benefits of Vitamin D](#) as published by the NHS include:



In winter 2023/24, we saw a large uptake, with 2,031 requests for vitamin D supplies, up from 1,884 the previous year. This increase along with feedback we received from staff reflects not just a growing awareness but also staff's confidence in the benefits of the wellbeing offer. The campaign is beneficial in reaching all corners of our workforce.

### Of the total requests,

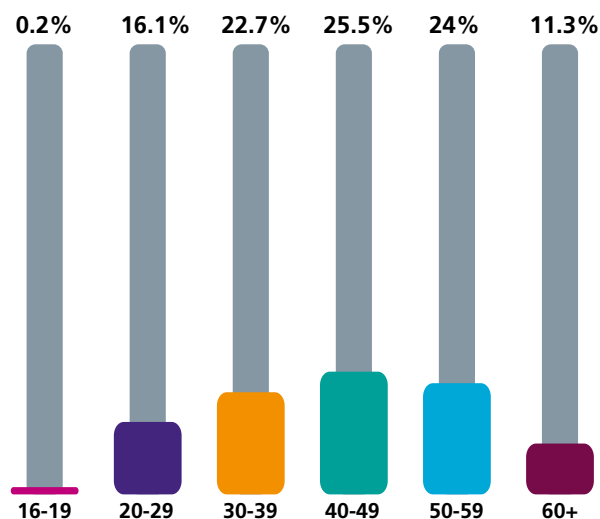




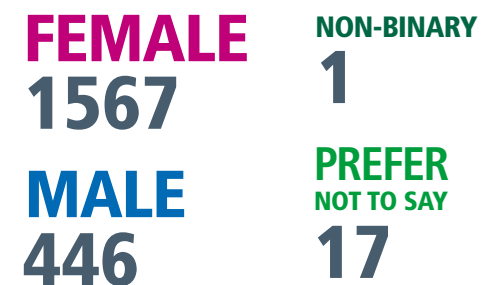
Staff have reported improvements in their physical and mental health, with many noticing reduced winter illnesses and a boost to their overall wellbeing. As one ELFT colleague shared, "It shows the Trust cares about its staff and makes a real difference during winter."

Whilst providing this supplement to our employees, we were able to capture the below infographics, which enables us to see where the need is most:

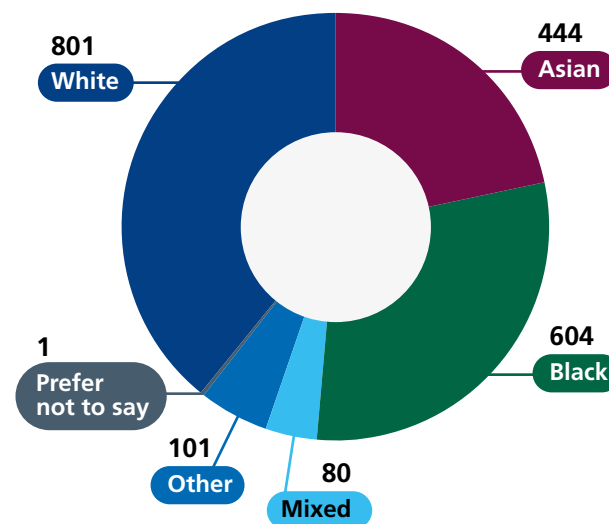
### Staff Uptake by Age



### Staff Uptake by Gender

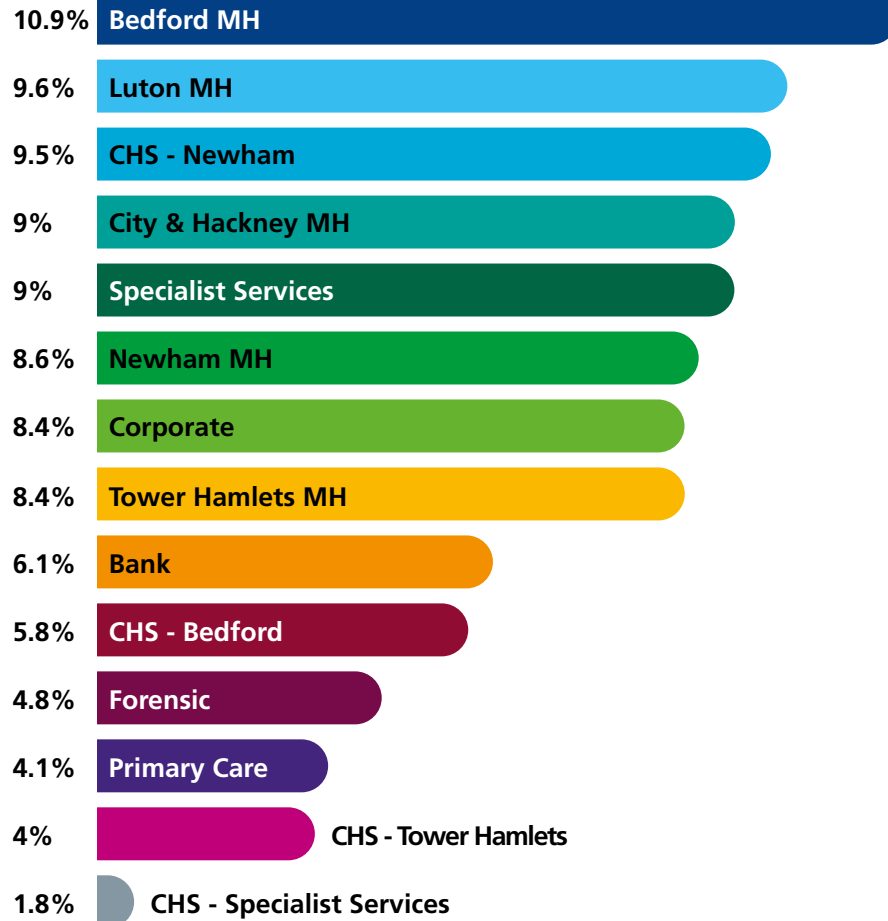


### Staff Uptake by Ethnicity

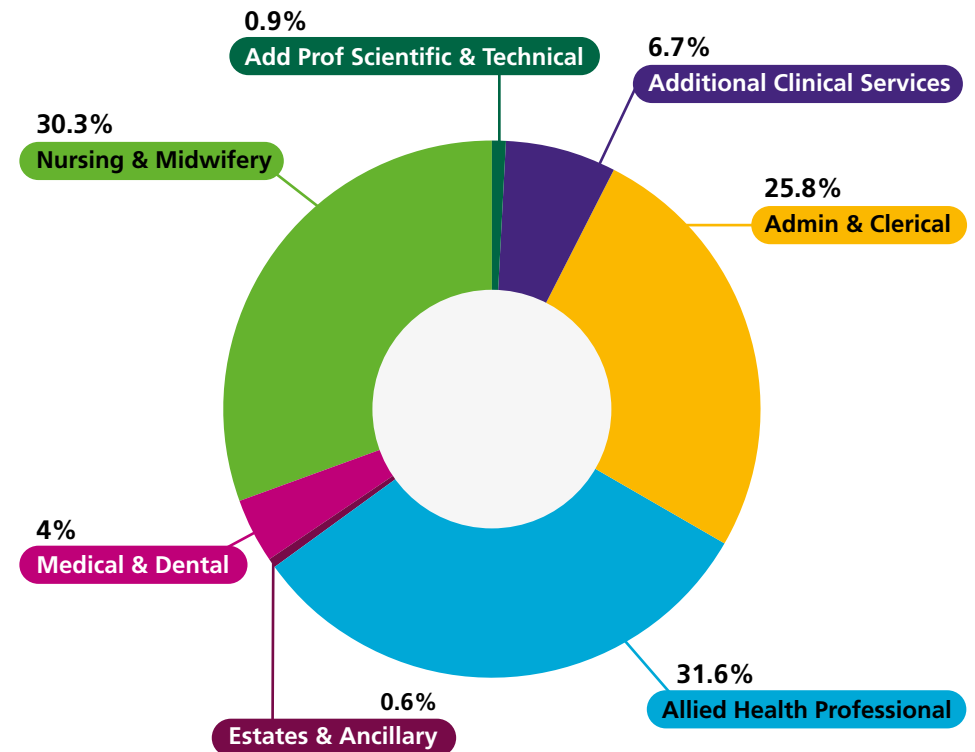




## Staff Uptake by Directorate



## Staff Uptake by Staff Group







## Men's Health

2024 marked the relaunch of the Men's Network at ELFT, an important step in addressing the unique challenges faced by men, who make up just 25% of the Trust's workforce.

### Key Activities in 2024

- Network meetings have provided a platform for discussing topics such as navigating parenthood for first-time fathers and those serving as primary caregivers.
- Sessions explored the experience of being the only male in a team or shift, addressing feelings of isolation and the importance of fostering inclusivity.
- Prostate Cancer Awareness: During Men's Health Week (June 10–16), the Trust ran a focused campaign on prostate cancer awareness. This included:
  - » Digital resources on early detection and treatment options.
  - » General health and wellbeing guidance to encourage men to take proactive steps in managing their physical and mental health.

## What's Next for Men's Health

1. *Expanding Network Reach*
  - Plan in-person meetings and focus groups at various ELFT sites to connect directly with male staff and identify pressing issues.
  - Actively promote the network to increase membership and representation.
2. *Addressing Sexual Violence and Harassment*
  - Upcoming discussions will tackle how sexual violence and harassment towards male staff are perceived and managed within the Trust.
  - The network will work collaboratively to improve reporting mechanisms and ensure fair support for male victims.
3. *Promoting Health and Wellbeing*
  - Continue providing resources and information to support men in living longer, healthier, and more fulfilling lives.
  - Collaborate with other staff networks to create shared initiatives, fostering equity and mutual goals across the Trust.
4. *Strengthening Collaborations*
  - Build meaningful relationships with other networks to create a supportive ecosystem for male staff while advancing equity across all groups.

## Menopause Health Campaign

The menopause transition can be a challenging period, marked by symptoms such as hot flushes, insomnia, anxiety, fatigue, and low mood. These symptoms not only impact daily life and work performance but also increase long-term health risks such as heart disease, osteoporosis, and depression. With women making up 74% of ELFT's workforce, providing targeted support during this life stage is essential for individual well-being and fostering an inclusive workplace.

### Key Achievements in 2024

1. *Menopause Support Workshops*
  - ELFT hosted its first-ever Menopause Support Workshops, open to all staff, including those experiencing symptoms, supporting colleagues, or wanting to learn more.
  - Five workshops were attended by 58 staff members, receiving an average satisfaction rating of 4.6 out of 5.
  - Feedback highlighted the workshops' value in providing reassurance, practical guidance, and actionable information, reinforcing ELFT's commitment to creating an informed and supportive environment.



## 2. Menopause Day Event

- On October 18th, the Women's Network held an online Menopause Day meeting, sending out fans and other resources to participating teams.
- This event served as a springboard for continued dialogue on menstrual health, perimenopause, and menopause, sparking plans for a follow-up meeting in January 2025.

## What's Next for Menopause at ELFT?

### 1. January 2025 Follow-Up Session

- Aimed at expanding the conversation to cover menstrual health, perimenopause, and menopause.
- The Women's Network will host breakout rooms to gather feedback on the main challenges faced by staff and actionable ways ELFT can enhance support.
- Invitees include colleagues, brothers, partners, sons, and daughters, ensuring a broader understanding of menopause and promoting allyship across genders and relationships.

## 2. Workplace Support Initiatives

- Use staff feedback from the January session to inform future policies, resources, and workplace accommodations.
- Continue providing practical tools and information to improve the working lives of women navigating menopause.

## 3. Inclusive Awareness Campaigns

- Extend education and awareness efforts, emphasizing the importance of understanding menopause for all staff, regardless of gender, to build a more empathetic and inclusive culture.

## Sexual Safety Charter

On September 4, 2023, NHS England (NHSE) launched its inaugural Sexual Safety Charter, and ELFT immediately committed to its principles. By signing the Charter, ELFT reinforces its zero-tolerance approach to any unwanted, inappropriate, or harmful sexual behaviours within the workplace. The Trust is dedicated to the ten core principles outlined in the Charter and has taken significant steps to implement and embed these commitments across its services.

A trust-wide working group, comprising staff, service users, and carers, meets bi-monthly to guide the implementation of the Charter. This

collaborative approach ensures that the priorities of both staff and service users are addressed, adapting commitments as needed to meet their specific needs.

ELFT has already taken concrete actions to support the Charter's objectives, including:

- Establishing a Sexual Safety Intranet page, providing staff with access to support resources, signposting, and guidance.
- Appointing Emma Furlong (Sexual Safety Lead for Forensics) to support the project one day per week.
- Developing an Action Tracker to monitor and prioritise activities, with a target to meet commitments by July 2024.
- Formalising Terms of Reference and accountability to the Sexual Safety Steering Group, which oversees implementation.
- Launching a dedicated Sexual Safety Inbox, offering staff a direct line for support and guidance.
- Enhancing communications through regular updates and signposts to intranet resources, ensuring all staff are informed.
- Progressing the creation of an ELFT Sexual Safety Teams channel and a resource library to centralise support materials.

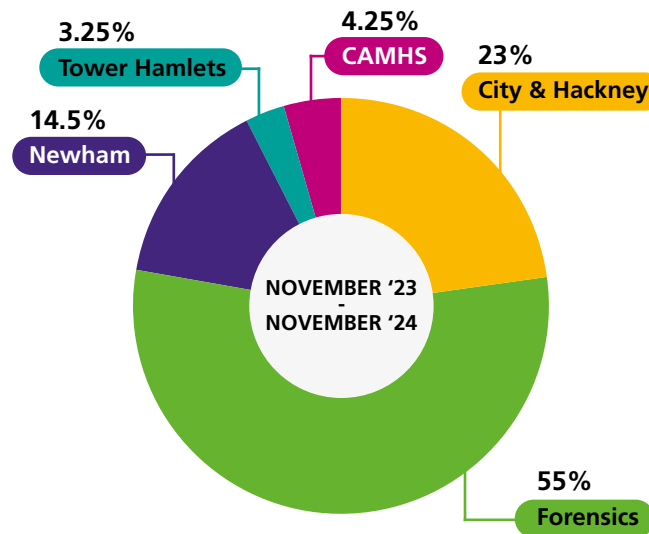


Raising awareness and embedding sexual safety support for both staff and service users will be pivotal in successfully implementing the Charter. Key initiatives planned for Autumn 2024 include:

- Launching the 'Ask Alex' campaign, inspired by the national 'Ask for Angela' initiative. Posters, co-designed with service users, will provide guidance on seeking discreet help.
- Co-developing a Sexual Safety Charter for service users, led by service users and the communications team.
- Training staff to triage sexual safety support requests received via the dedicated email.
- Rolling out the NHSE Sexual Misconduct Policy and Training through the ELFT Learning Academy.
- Collaborating with ELFT's QI team to use data tools such as InPhase, Power BI, and Safety Cross/Huddles to produce monthly reports on prevalence and improvement areas.
- Introducing Sexual Safety Ambassadors in each directorate to provide support, raise awareness, and address inappropriate behaviours.
- Developing a specialised two-day training programme, delivered by Independent Sexual Violence Advisors (ISVAs), to equip Sexual

Safety Ambassadors with skills in policy guidance, police reporting, and support services.

### Sexual Safety Incidents, inphase NPS Inpatient services, ELFT



These initiatives reflect ELFT's unwavering commitment to fostering a safe and supportive environment for staff and service users alike, ensuring the principles of the Sexual Safety Charter are woven into the fabric of the organisation.





## EDI Research at ELFT

ELFT is actively partnering on and hosting EDI research projects to address inequities through an intersectional lens. Key initiatives and findings include:

### Workforce Racism

- **Research Lead:** Dr. Camilla Parker (QMUL)
- **Findings:** A survey of NHS staff in the Royal London Hospital Older Persons Service revealed:
  - » 69% of Black, Asian, and Minority Ethnic staff experienced racism.
  - » 80% of White staff witnessed racism, yet most incidents were unreported.
  - » 67% of staff saw patients request a clinician of a different ethnicity.



## Digital Equity

- **Research Leads:** Saleem Haider & Dr. Ben Wright (ELFT and City University)
- **Findings:** A survey of 30,000 service users (1,500 responses) identified socio-economic, demographic, and health-related determinants of digital exclusion. Key factors identified for digital exclusion are increasing age, ethnicity and decreasing income. ELFT has trained two cohorts of service users and staff in becoming Digital Life Coaches as part of the PPDC (People Participation Digital Community) project, and they are currently recruiting for their 2025 cohorts.

## Health Inequity – PEGASUS Project

- **Research Partners:** ELFT, QMUL, and City University
- **Focus:** Addressing cardiovascular disease (CVD) risks in people with severe mental illness (SMI). This six-year study (2023–2028) explores lifestyle interventions, medication side effects, and targeted community outreach to reduce disparities, particularly in Black and minority ethnic groups.

## Intellectual Disability – ICONIC Project

- **Research Lead:** Prof. Afia Ali (NIHR Programme Grant)
- **Focus:** Adapting DIALOG+ care planning for individuals with intellectual disabilities to improve quality of life and manage challenging behaviour.







## Adult Mental Health

- **DIALOG Data Review:** Analysis of patient outcome data revealed:
  - » Increased health needs among Black and Asian communities during the pandemic but better outcomes overall.
  - » Gender, age, and deprivation influenced satisfaction levels across life domains.
  - » Partners: ELFT and Portsmouth University.
- **ARIADNE Impact Study:** Follow-up workshops explored patient access for racialised minorities, with findings shared in July 2024.
- **Culturally Appropriate Advocacy:** Researching advocacy's impact for psychiatric inpatients from racialised backgrounds, running in Birmingham and Manchester (2023–2025), with input from ELFT's EDI Research Lead, Dr Rahul Bhattacharya. Objective is to understand what makes culturally appropriate advocacy services effective at meeting the needs of racialised groups, focusing on culturally appropriate advocacy projects being tested by the Department of Health and Social Care.

## Children and Young People (CYP)

- **DEER Study:** Led by QMUL's Youth Resilience Unit and funded by Barts Charity, this project explores emotional resilience in primary school children in East London, with a focus on Newham's diverse communities.

## Perinatal and Women's Health

- **Meta-Analysis on Loneliness:** Led by Kate Adlington, this study highlights loneliness as a key factor in perinatal depression, emphasizing the need for stigma reduction and culturally appropriate support, particularly in disadvantaged communities.

These research projects demonstrate ELFT's commitment to using evidence-based approaches to address health inequities and improve patient outcomes across diverse populations.





## Conclusion and Next Steps

Over the past year, ELFT have made significant strides in embedding Equity, Diversity, and Inclusion (EDI) across our organisation, ensuring that both patients and staff experience a fairer and more inclusive environment.



Key achievements include the development of the Patient and Carer Equity Strategy 2025, strengthening our approach to tackling health inequities, and the continued implementation of the Patient and Carer Race Equality Framework (PCREF) to improve experiences and outcomes for racialised communities. Our work on Workforce Race Equality Standards (WRES) and addressing the pay gap has helped us take further steps toward a more equitable workplace, while our commitment to Disability Confident accreditation has reinforced support for disabled staff and service users.

In mental health services, we have made notable progress in improving Learning Disability access, ensuring that individuals receive the support they need.

The ongoing focus on the Use of Force has led to strengthened safeguarding measures and staff training, promoting safer and more dignified care experiences. Our partnerships with community

organisations, schools, and staff networks have been instrumental in increasing engagement and broadening the reach of our initiatives.

The finalisation and implementation of the Learning Disability & Autism Inequalities Strategy will further address gaps in care, while targeted outreach will improve engagement with young adults, racialised communities, and neurodivergent individuals. Additionally, we will enhance collaboration with schools and community partners to extend the reach and impact of our work.

While challenges persist, the dedication of our teams and partners continues to drive meaningful change. By embedding EDI into every aspect of our services and workforce, we are creating a more inclusive, fair, and supportive environment for all. Our ongoing commitment ensures that we will not only sustain this progress but build upon it, shaping a future where equity is not just a goal, but a reality.



