

EDI Annual Report 2025



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Introduction

This Annual Equity, Diversity and Inclusion report summarises how East London NHS Foundation Trust (ELFT) advanced equity in 2025, using evidence from statutory frameworks, population health intelligence, quality improvement and lived experience. It captures progress and learning across three focus areas:

- 1 Population health and equity
- 2 Service user access, outcomes and engagement
- 3 Improving staff experience

ELFT serves over two million people across East London, Bedfordshire and Luton, alongside wider commissioning responsibilities. The communities we serve are diverse in age, ethnicity, disability status, religion or belief, sexual orientation, gender identity, language and socioeconomic background. This context matters because the barriers people face in accessing care, and the outcomes they experience, are shaped by the interaction between protected characteristics and wider determinants such as deprivation, housing insecurity, migration status, trauma and discrimination.

In 2025, the Trust continued to strengthen its approach to equity by using more disaggregated data and clearer governance to identify where inequities persist and where improvement is evidenced. This includes the use of workforce standards and statutory reporting, such as the Workforce Race Equality Standard, Workforce

Disability Equality Standard and Pay Gap reporting, alongside patient focused frameworks including the Patient and Carer Race Equality Framework (PCREF). The report also reflects how equity is being embedded through quality improvement methods, for example through the Pursuing Equity Programme and PCREF related improvement work.

This year's evidence shows that progress is strongest when equity is treated as a core quality and safety issue, rather than an additional compliance requirement. For that reason, the report includes work that strengthens organisational capability and assurance, including the continued use of the Equality Delivery System 2022, application of the Public Sector Equality Duty, strengthened approaches to Equality Impact Assessments, and ongoing work to improve accessible information and physical accessibility.



The report also captures Trustwide priorities that influence culture and safety, including Sexual Safety Charter implementation and the continued development of anti-racism work, with the Trustwide Anti Racism Strategy scheduled for launch in March 2026 following consultation. Together, these areas demonstrate how ELFT is moving from intention to delivery, using evidence and lived experience to improve equity in access, experience and outcomes for service users and staff.

The Trust recognises that the design, condition and location of the estate directly influence equitable access, dignity, safety and therapeutic experience. Estates investment and rationalisation decisions are therefore treated as core equity interventions alongside clinical and workforce programmes.



Overview of our population

East London NHS Foundation Trust (ELFT) serves a population of over two million people across East London and Bedfordshire. The communities we serve are diverse in age, ethnicity, disability status, religion, sexual orientation, gender identity, language and socioeconomic background. Understanding this diversity is essential to delivering equitable care.

Ethnicity

According to the 2021 Census, 19% of the population of England and Wales identify with an ethnic minority background. In ELFT's London boroughs, diversity is significantly higher than the national average. Many residents were born outside the UK, and a wide range of languages are spoken, including Bengali, Urdu, Romanian and Spanish. This highlights the importance of culturally responsive communication and ensuring services are accessible and inclusive for all communities.

In Bedfordshire and Luton, diversity is also higher than the national average, particularly in Luton where around 55% of residents identify with an ethnic minority background. Bedford Borough is also diverse (around 30%), while Central Bedfordshire is less diverse (around 12%). Across these areas, large Asian, Black and Mixed ethnic communities are represented, highlighting the continued importance of culturally responsive and inclusive services.

Age

London boroughs such as Newham and Tower Hamlets have younger age profiles than the national average, with higher proportions of children and working-age adults. In contrast, Central Bedfordshire has a higher proportion of residents aged 65 and over. These differences shape patterns of mental and physical health need.

Disability and Long-Term Health Conditions

Nationally, 17% of people report that they have a disability that limits their day-to-day activities. Disability is closely linked to deprivation and long-term health conditions. Within ELFT's footprint, higher levels of limiting long-term illness are seen in more deprived communities, reinforcing the importance of accessible services and reasonable adjustments.

Religion and Belief

Religion continues to be an important identity marker in many ELFT areas. In Tower Hamlets, over one third of residents identify as Muslim. Christianity remains the largest religion nationally, while a growing proportion of people report no religion. Faith and belief can influence how individuals understand physical and mental health and engage with services.



Sexual Orientation and Gender Identity

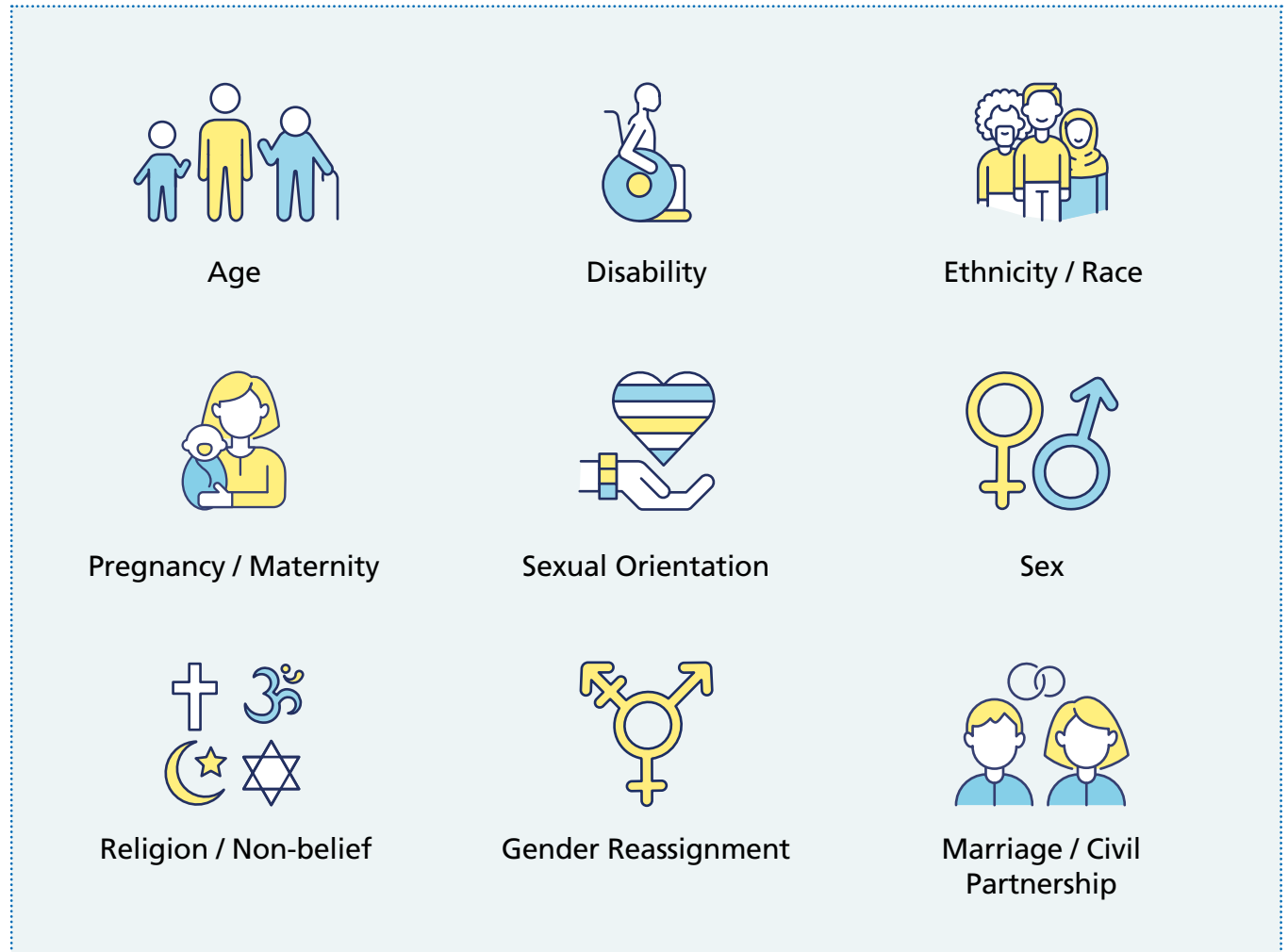
For the first time, the 2021 Census collected national data on sexual orientation and gender identity. Across England and Wales, 3.2% of people aged 16 and over identified as lesbian, gay, bisexual or another minority sexual orientation. Around 0.5% identified with a gender different from their sex registered at birth.

Younger age groups were more likely to identify as LGBTQIA+. Urban areas, including London boroughs within ELFT’s footprint, reported higher proportions of people identifying as gay, lesbian, bisexual or another minority sexual orientation compared to national averages. These findings highlight the importance of inclusive practice, psychological safety and culturally competent mental health care.

Deprivation and Inequality

Several ELFT boroughs, including Newham, Hackney and Tower Hamlets, rank among the most deprived local authorities in England. Deprivation affects employment, housing quality, education and environmental exposure. These factors intersect with protected characteristics and significantly influence health outcomes and access to services.

ELFT operates within some of the most diverse and socially complex communities in England. Delivering equitable care requires a clear understanding of how protected characteristics intersect with deprivation, geography and lived experience to shape access, experience and outcomes.



Equity, Diversity and Inclusion

In 2025, Equity, Diversity and Inclusion (EDI) continued to move from principle to practice across East London NHS Foundation Trust. As the Trust concludes its 2021–2025 Strategy cycle, EDI has become increasingly embedded within core governance, workforce planning, quality improvement and population health delivery, rather than sitting alongside them.

Our approach recognises that advancing equity requires more than meeting statutory duties under the Equality Act 2010. While we continue to uphold and protect the nine protected characteristics, our work is increasingly focused on addressing structural inequities that influence access, experience and outcomes for both service users and staff.



During 2025, the Trust strengthened its intersectional approach, acknowledging that people’s lived experiences are shaped by multiple and overlapping characteristics. This includes race, disability, sex, sexual orientation, gender identity, age, religion or belief, pregnancy and maternity, and marriage or civil partnership. It also includes wider determinants such as deprivation, caring responsibilities, migration status, language diversity and experiences of trauma.

This shift is reflected in:

- Stronger alignment between workforce equality standards and patient equity frameworks
- Greater focus in annual planning and service user priority setting.
- Increased use of disaggregated data to identify inequities at place and service level
- Greater involvement of service users and staff networks in co-design and governance
- Clearer accountability through Executive sponsorship and structured reporting

The Trust has continued to embed robust governance mechanisms to identify disparities, monitor progress and respond proactively where inequities persist. These mechanisms are not solely compliance driven. They are designed to improve outcomes, strengthen trust, and ensure that services are culturally responsive and psychologically safe.

By centring equity within strategy, quality improvement and population health, ELFT aims to reduce avoidable disparities, improve experience across protected characteristics, and create an environment in which all staff and service users feel respected, valued and able to thrive.

Equality Delivery System 2022 (EDS22)

The Equality Delivery System 2022 (EDS22) is the NHS England framework used to assess how effectively organisations are improving equity in both service delivery and workforce experience. It supports organisations to meet the Public Sector Equality Duty by providing a structured approach to evidence how inequalities are identified, addressed and monitored over time.



EDS22 requires organisations to assess performance across three domains:

- 1 Commissioned or provided services** - how services are designed and delivered to meet the needs of diverse communities and reduce inequalities in access, experience and outcomes.
- 2 Workforce health and wellbeing** - how organisations create fair and inclusive working environments and address disparities in workforce experience.
- 3 Inclusive leadership** - how leaders demonstrate accountability, transparency and commitment to advancing equity.

In 2025, ELFT embedded EDS22 within existing governance and improvement structures rather than treating it as a standalone exercise. Evidence was drawn from established programmes of work, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap reporting, the Patient and Carer Race Equality Framework (PCREF), population health data, and service user engagement activity.

Examples of activity contributing evidence towards EDS22 include targeted workforce equity work addressing disparities in disciplinary processes, ongoing action to improve data completeness to better understand inequities in access and experience, and strengthening service user involvement through PCREF implementation. Evidence from pay gap reporting and workforce equality standards has also informed priorities relating to progression, representation and staff experience.

Planned engagement with staff networks and service users between 2026 and 2028 will further inform grading decisions and strengthen transparency and credibility. At ELFT, EDS22 is used as a practical mechanism for identifying improvement priorities and embedding equity considerations within core organisational decision making, rather than as a retrospective compliance exercise.

Public Sector Equality Duty (PSED)

Under the Equality Act 2010, ELFT continues to meet its Public Sector Equality Duty (PSED), which requires public bodies to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between different groups



In 2025, compliance with the Public Sector Equality Duty was strengthened through systematic use of disaggregated workforce and patient data, transparent statutory reporting (including WRES, WDES and Gender Pay Gap reporting), and targeted equity programmes designed to address identified disparities, including within disciplinary processes.

Our data identified a significant disparity within the disciplinary process. Entering a disciplinary process can have a substantial impact on individuals, with potential long term effects on wellbeing, confidence and career progression. In response, a Trust wide quality improvement project, sponsored by the Chief Nurse and Chief People Officer, has been established to reduce both the likelihood and impact of disciplinary processes for over represented groups, while maintaining appropriate standards of accountability.

The project focuses on three key areas:

- 1 Ensuring the disciplinary process is applied fairly, consistently and completed in a timely manner.
- 2 Strengthening support for individuals throughout and following the process.
- 3 Understanding potential root causes contributing to disproportionate representation, including identifying opportunities for earlier intervention, training and support to reduce the likelihood of formal escalation.

Importantly, the Public Sector Equality Duty is not approached solely as a retrospective reporting requirement. Increasingly, equality analysis is applied prospectively to inform decision making, service redesign and quality improvement activity at an early stage, supporting a more preventative and evidence informed approach to reducing inequities.

Equality Impact Assessments (EIA)

Equality Impact Assessments (EIAs) remain a core mechanism for embedding equity into organisational decision-making.

During 2025, EIAs were applied across workforce policy updates, service changes and strategic programmes. This includes the application of EIAs to capital developments, estate reconfiguration and property optimisation proposals, ensuring that accessibility, travel impact, inclusive design and service user experience are considered prior to implementation. Greater emphasis has been placed on using EIAs as analytical tools rather than procedural checklists. This includes reviewing data across protected characteristics, identifying potential unintended consequences, and agreeing mitigating actions prior to implementation.

Recognising historical inconsistencies in application, plans are in place to undertake a structured programme of backdating EIAs for key workforce and service user policies to ensure alignment with current statutory expectations and equity standards.

From 2026, a formal EIA Panel will be established, jointly led by People and Culture and EDI, as part of the new integrated EDI Workstream. The panel will provide oversight, quality assurance and consistency in approach, strengthening accountability and ensuring EIAs meaningfully inform policy, practice and service development



Accessible Information Standard (AIS)

The Accessible Information Standard (AIS) ensures that people with disabilities, sensory impairments or communication needs can access information in a format they can understand.



In 2025, ELFT continued to strengthen compliance with AIS by:

- Improving recording of communication needs within clinical systems
- Promoting availability of interpreting and translation services
- Expanding accessible digital and written formats
- Incorporating accessibility considerations into estates planning and the AccessAble site guidance project

This work supports equitable access to care and aligns with the Trust's wider disability inclusion and population health commitments.



Sexual Safety

On 4 September 2023, NHS England launched its inaugural Sexual Safety Charter, and East London NHS Foundation Trust (ELFT) immediately committed to its principles. By signing the Charter, the Trust reaffirmed its zero-tolerance approach to any unwanted, inappropriate, or harmful sexual behaviours within the workplace. ELFT is committed to implementing the ten core principles of the Charter and embedding them across its services.

A Trust-wide Sexual Safety Working Group, comprising staff, service users, and carers, continues to meet bi-monthly to guide implementation of the Charter. This collaborative approach ensures that both staff and service user priorities are reflected, and that actions are adapted to meet differing needs across services.

In 2025, ELFT further strengthened governance and accountability for sexual safety through formalised Terms of Reference and oversight via the Sexual Safety Steering Group. A dedicated Sexual Safety Lead continues to support this work one day per week, providing continuity and operational focus.

Infrastructure, Support and Communication

During 2025, ELFT continued to develop the infrastructure required to support sexual safety consistently across the Trust. Key actions included:

- Expansion of the Sexual Safety intranet page, providing clear access to support resources, guidance, and signposting.
- Launch of a dedicated Sexual Safety inbox, offering staff a confidential route for advice and support.
- Enhanced Trust-wide communications, with regular updates and signposting to available resources to ensure staff awareness and accessibility.

These actions support clearer reporting routes, improved visibility of support, and greater confidence in how concerns will be handled.



Planned Initiatives and Next Steps for Sexual Safety

ELFT has identified several planned initiatives to continue strengthening sexual safety across the organisation. These include:

- Launch of the 'Ask Alex' campaign, inspired by the national 'Ask for Angela' initiative, with posters co-designed with service users to provide discreet guidance on seeking help.
- Co-development of a Sexual Safety Charter for service users, led by service users in partnership with the communications team.
- Training for staff to triage sexual safety support requests received via the dedicated inbox.
- Roll-out of the NHS England Sexual Misconduct Policy and associated training through the ELFT Learning Academy.
- Collaboration with the Quality Improvement team to use data tools such as InPhase, Power BI, and Safety Cross/Huddles to support monthly reporting on prevalence and areas for improvement.
- Identification and training of Sexual Safety Ambassadors in each directorate to raise awareness, provide support, and address inappropriate behaviours.
- Development of a two-day specialist training programme, delivered by Independent Sexual Violence Advisors, to equip Ambassadors with skills in policy guidance, police reporting, and support pathways.

Embedding Sexual Safety within Staff Experience

In 2025, ELFT embedded the Sexual Safety Charter project within the Staff Experience Plan under the Workforce Culture workstream. This integration ensures that sexual safety is not treated as a standalone initiative, but as a core element of how the Trust builds a safe, respectful, and supportive workplace.

With a dedicated executive lead providing visible leadership and accountability, sexual safety is championed at all levels of the organisation. This approach supports consistent implementation and reinforces the Trust's commitment to making sexual safety a lived and embedded part of everyday experience for staff and service users.



Anti-Racism at ELFT

Addressing racism is fundamental to ELFT’s commitment to equity, quality, and safety. Evidence consistently demonstrates that racism drives poorer access, experience, and outcomes for racialised communities, while also negatively impacting staff wellbeing, progression, and retention. As a provider of mental health and community services, ELFT recognises its responsibility to move beyond compliance and take intentional, system-wide action to dismantle structural racism.



Racism is more than prejudice. It is a system of advantage and disadvantage based on race, reinforced through policies, culture, and structures.

Race is not only about colour. Racialisation affects groups such as Black and Asian communities, Jewish people, Gypsy, Roma and Traveller (GRT) communities, Irish people, and others who may face discrimination based on culture, religion, or heritage.

Anti-racism at ELFT is therefore positioned as a core quality and safety priority, embedded across workforce, service delivery, governance, culture, and within the new ELFT strategy. This work aligns with statutory duties under the Equality Act 2010 and is reinforced through national frameworks including the Workforce Race Equality Standard (WRES), the Patient and Carer Race Equality Framework (PCREF), and the Equality Delivery System 2022 (EDS22).

Shifts in Language and Approach

As outlined in the 2024 EDI Annual Report, ELFT has continued to refine its language to better reflect equity-based practice and lived experience.

This includes:

- Moving away from the blanket term BAME, recognising that it can obscure significant differences in experience and outcomes between groups.
- Increasing use of more specific descriptors, such as racialised groups or named ethnic groups, where data allows.
- Using equity rather than equality where proportional action is required to address unequal starting points and outcomes.

These shifts are not semantic; they are intended to improve the precision of data analysis, the relevance of interventions, and the quality of engagement with communities and staff.



Trustwide Anti-Racism Strategy

ELFT’s Trustwide Anti-Racism Plan is scheduled for launch in summer of 2026 following formal engagement with staff, service users, carers, and system partners. The developing strategy is intended to provide a clear, accountable framework for embedding antiracism across:

- Leadership & governance
- Workforce experience & progression
- Service access, safety, & outcomes
- Data, insight, & transparency
- Co-production & community partnership

The strategy is being shaped in alignment with the North East London Integrated Care System (NEL ICS) Anti-Racism Strategy, which was published in January 2025 and sets out system-wide priorities for tackling racial inequities across health and care. ELFT has actively contributed to this work and is aligning local ambitions accordingly.

Local Anti-Racism Strategies

While the Trustwide strategy is in development, local anti-racism strategies are already in place and operational in specific services:

Forensic Services Anti-Racism Work

ELFT Forensic Services have a local anti-racism commitment in place, recognising the heightened risks of racial inequity within secure care environments. National and local data consistently demonstrate that racialised service users are more likely to be detained, subject to longer lengths of stay, and experience restrictive practices within forensic settings. The Forensic Services priorities responds to these risks through a structured focus on workforce capability, service user experience, and governance.

The priorities have been informed by service user feedback, Mental Health Act monitoring, restraint and seclusion data, and workforce experience evidence. It aligns anti-racism explicitly with patient safety, legal compliance, and trauma-informed care, rather than treating it as a standalone cultural initiative. Governance arrangements ensure that progress is monitored through existing forensic quality and safety structures, with oversight of racial disparities embedded within routine reporting and improvement activity.

This approach provides assurance that anti-racism within Forensic Services is operationalised, measurable, and integrated into core clinical and safety processes.

Bedfordshire Borough Mental Health Services (Adult) Anti-Racism Work

Bedfordshire Borough Mental Health Services (Adult) have established a locally agreed anti-racism approach, shaped by place-based inequities and the specific demographic profile of the population served. This work has been informed by a combination of service user feedback, workforce data, and analysis of access, experience, and outcomes at borough level.

Local data highlighted racial disparities in areas including Mental Health Act use, lengths of stay, and service engagement, alongside workforce experience issues reflected in WRES metrics. In response, the directorate has embedded anti-racism within its broader equity and quality improvement activity, ensuring that race equity is considered alongside deprivation, age, and service type.

The local approach is closely aligned with PCREF implementation and supported by People Participation, enabling lived experience to directly inform priorities and improvement work. Governance is embedded at directorate level, with reporting routes into Trust-wide equity structures, ensuring consistency while allowing flexibility to respond to local need.

This locally grounded model provides a strong foundation for the Trustwide Anti-Racism Strategy, demonstrating how race equity can be meaningfully operationalised at place and service level.

ELFT continues to align with the NEL ICS Anti-Racism Strategy, ensuring consistency across system partners and shared accountability for addressing population-level inequities. These local strategies provide learning and assurance that is informing the development of the Trustwide framework.



Current and Emerging Areas of Focus

While subject to consultation outcomes, the Trustwide strategy is likely to focus on a number of established and emerging priorities, including:

- Strengthening leadership accountability for race equity outcomes
- Improving workforce experience and progression for racialised staff
- Embedding culturally responsive and trauma-informed care
- Improving the quality and use of ethnicity data across services
- Deepening co-production with racialised service users and communities
- Aligning anti-racism with quality improvement, patient safety, and population health work

Progress to date has already been supported through anti-racism training, PCREF implementation, WRES action planning, and targeted quality improvement initiatives.

Looking Ahead

Anti-racism at ELFT is intentionally positioned as long-term systemic work, rather than a time-limited programme. The launch of the Trustwide Anti-Racism Strategy in 2026 will provide a consolidated framework to strengthen delivery, assurance, and transparency, building on the foundations already in place locally and across Integrated Care System.

This work will continue to be informed by lived experience, evidence, and data, ensuring that anti-racism is embedded into how ELFT designs services, supports its workforce, and improves outcomes for the communities it serves.

FOCUS 1

Population Health & Equity at ELFT



Population Health and Equity at ELFT

An Equity-Led Population Health Approach

ELFT’s population health approach recognises that health outcomes are shaped by a combination of clinical need, social determinants and structural inequities. Poverty, deprivation, racism, disability, housing insecurity and access to employment continue to drive avoidable differences in health outcomes across the Trust’s footprint.

In 2025, population health work at ELFT continued to focus on addressing these inequities through targeted, evidence-led interventions, partnership working and quality improvement. This work aligns closely with the Trust’s EDI objectives, ensuring that population health activity explicitly considers protected characteristics, intersecting identities and the lived experience of marginalised communities.



Addressing the Wider Determinants of Health

Population health analysis confirms that many of the communities served by ELFT experience high levels of deprivation, with disproportionate impact on racialised communities, people with disabilities, people with long-term mental health conditions and those facing social exclusion.

Key areas of focus in 2025 included:

- **Employment and income**
Supporting access to meaningful employment as a protective factor for mental and physical health, particularly for people with severe mental illness and learning disabilities.
- **Poverty and financial insecurity**
Strengthening income maximisation support, recognising the clear links between poverty, mental ill-health and reduced access to care.
- **Housing insecurity and homelessness**
Working with partners to improve early identification and support for people experiencing housing instability, including those with uncertain immigration status.

These priorities reflect the Trust’s commitment to tackling upstream drivers of inequality, rather than solely responding to crisis demand.

Equity in Access to Care

Population health data continues to demonstrate that inequities in access are patterned by deprivation, ethnicity, age and geography. Missed appointments, late presentation and reliance on crisis services remain more common among people living in the most deprived communities.

The Trust's population health work prioritises:

- Early intervention
- Community-based delivery
- Reducing barriers linked to language, digital exclusion and transport
- Designing services that are proportionate to need

This approach directly informs programmes such as the Pursuing Equity Programme and place-based equity work across boroughs, ensuring alignment between population insight and service improvement.

Place-Based Inequalities and Partnership Working

Population health intelligence highlights significant variation in need and outcomes across ELFT's places, reinforcing the importance of localised, place-based responses.

In 2025, ELFT continued to work collaboratively with:

- Local authorities
- Integrated Care Boards
- Voluntary, Community and Social Enterprise (VCSE) partners
- People with lived experience

This partnership approach enables services to respond more effectively to local context, cultural needs and structural barriers, while supporting shared accountability for reducing health inequalities.

Using Data to Drive Equity-Focused Improvement

Population health data is increasingly used to support equity-led quality improvement. Rather than relying on Trust-wide averages, analysis focuses on:

- Variation by ethnicity, deprivation, age and gender
- Differences between places and pathways
- Identifying where inequities are widening or narrowing over time

This approach supports targeted action, continuous learning and transparent reporting, and underpins the work of specialist forums such as the Perinatal Equity Board.



Perinatal Mental Health Equity

In 2025, data analysis was completed to support the work of the Perinatal Equity Board, with the aim of strengthening equitable access to and experience of perinatal mental health services.

The analysis was undertaken to:

- Understand inequities across four key domains: need, access, experience and outcomes
- Describe how known barriers to accessing support manifest in local data
- Identify the most appropriate ongoing metrics to measure progress over time

This work is being used to refresh the Perinatal Mental Health driver diagram, inform targeted action and measure the impact of the Board’s improvement activity.

Understanding Need

Perinatal mental health need is not routinely or consistently recorded, and access to services is often used as a proxy for underlying need.



National evidence suggests that approximately one in four women who experience a birth event will have a perinatal mental health condition.

Data and evidence indicate that higher levels of risk are associated with:

- Living in areas of high deprivation
- Belonging to ethnic minority groups
- Being a young mother

Additional risk factors include previous mental health problems, childhood trauma, domestic abuse, limited social support, substance use, unplanned pregnancy and migration status. At a Trust level, the absence of robust, routinely collected need data remains a limitation, and current monitoring relies on national prevalence estimates and imperfect proxies such as referrals and admissions.

Access to Services

Analysis of referral data across City and Hackney, Newham and Tower Hamlets show consistent inequities in access to perinatal mental health services.

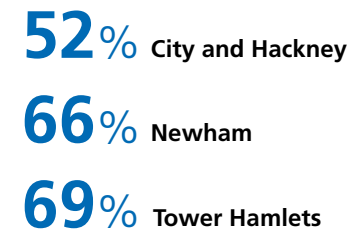


Across all boroughs, White British women are overrepresented in referrals relative to expected prevalence. Conversely, specific groups are underrepresented:



In addition, approximately one in ten referrals in Tower Hamlets and City and Hackney have ethnicity recorded as unknown or not stated, limiting the Trust’s ability to fully understand and respond to inequities.

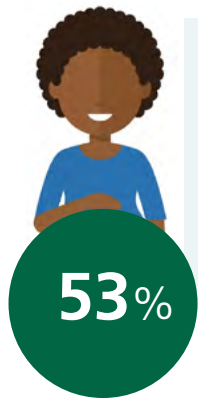
The proportion of referrals resulting in at least one contact varies by place:



National and local evidence shows that once services are accessed, utilisation and attendance are often high.

Experience of Care

Experience data highlights further inequities within perinatal mental health pathways. Black and Black British women are overrepresented in admissions to the Mother and Baby Unit (MBU) despite not being overrepresented in community referrals.



Notably, 53 percent of MBU admissions in 2024 were for women who had not been known to community perinatal mental health services in the previous 12 months, indicating missed opportunities for earlier support.

Qualitative engagement with Black African and Black Caribbean women identified recurring themes, including:

- Delays in accessing support
- Poor continuity between services and professionals
- Perceived reliance on short-term or crisis responses rather than sustained care

These insights have been critical in shaping the Perinatal Equity Board’s priorities and improvement approach.

Outcomes and Ongoing Measurement

National evidence demonstrates that community perinatal mental health services improve access to care and reduce relapse risk.



83%

Eighty-three percent of women accessing specialist perinatal mental health services report significant improvement in their mental health, with positive implications for both maternal and infant outcomes.

At ELFT, outcome monitoring focuses on measures including:

- Proportion of unplanned or emergency MBU admissions
- MBU admissions known to community services in the preceding 12 months
- Service user feedback and experience

This population health analysis has directly informed the selection of metrics used by the Perinatal Equity Board and underpins a quality improvement approach to addressing inequities in access, experience and outcomes over time.

FOCUS 2

Service User Access, Outcomes and Engagement

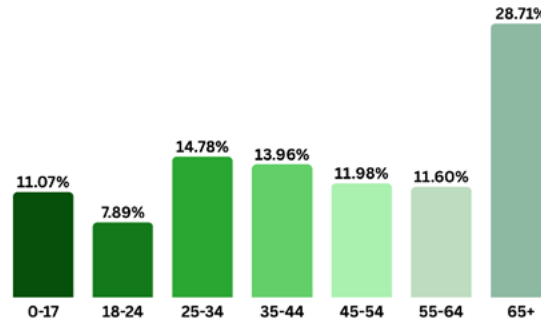


Service User Access, Outcomes and Engagement

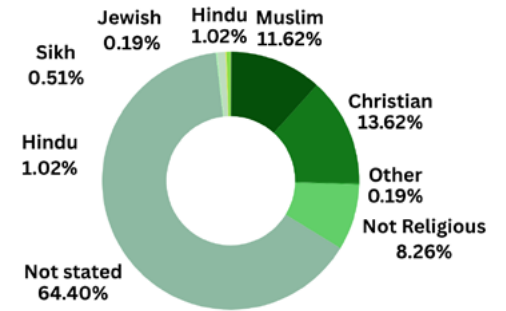
ELFT is committed to improving access, experience and outcomes for service users, with a particular focus on reducing inequities experienced by people living in the most deprived communities and those from racialised groups. This section brings together evidence from the Pursuing Equity Programme, estates and accessibility improvements, and place-based partnership work to demonstrate progress in addressing structural barriers to care.

ELFT SERVICE USERS 2025

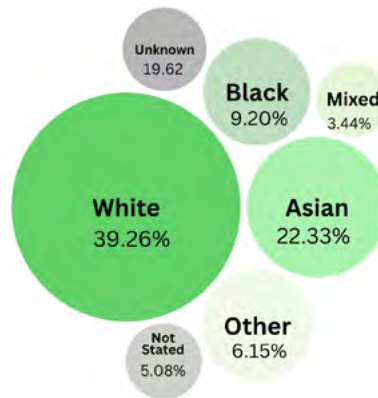
AGE GROUP



RELIGION



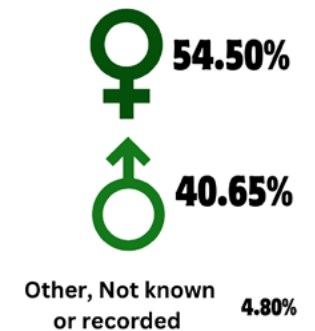
ETHNICITY



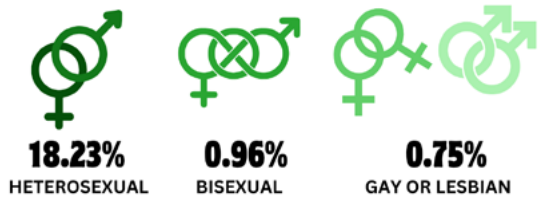
DISABILITY



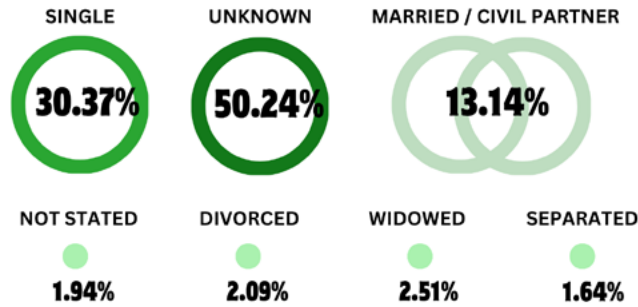
GENDER



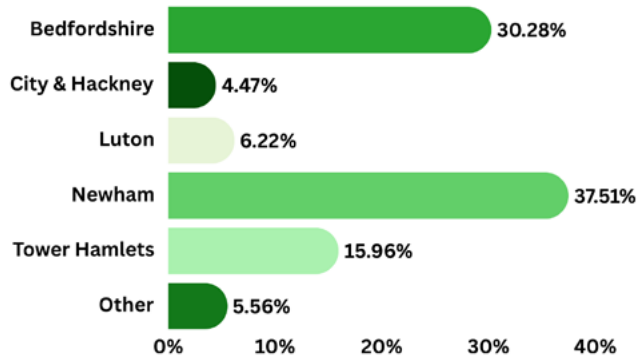
SEXUAL ORIENTATION



MARITAL STATUS



DIRECTORATE



HEALTHCARE SETTING



Pursuing Equity Programme – Phase 3

Phase 3 of the Pursuing Equity Quality Improvement (QI) Programme concluded in July 2025 and focused on reducing missed appointments by improving access for people living in the Trust’s most deprived areas. 16 Teams tested a range of evidence-based change ideas, including real-time booking with service users, standardised “Did Not Attend” (DNA) processes, and timely text reminders.

The programme delivered measurable and equitable impact, with 81% of the teams (13) seeing an improvement. Overall missed face-to-face appointments reduced from 21.43 percent to 19.82 percent, representing a 7.5 percent reduction. Importantly, missed appointments among service users in the most deprived quintiles (1 and 2) reduced at the same rate, from 21.53 percent to 19.89 percent. As a result, the gap between the most and least deprived groups closed and slightly reversed, indicating that improvements were driven primarily by better attendance among those facing the greatest barriers to access.

Examples of teams seeing improvement include:



16.8% reduced to 11.7%

Newham Community Foot health Team – Tested several change ideas including Patient Initiated Follow Up for low-risk patients, calling patients to book appointments and opt in letters. The team saw a reduction in missed appointments from 16.8% to 11.7%.

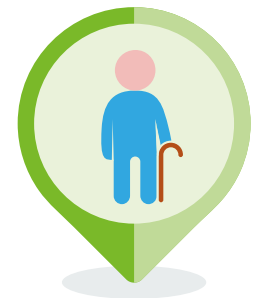


14.2% reduced to 9.1%

Neurodevelopmental Team in City and Hackney CAMHS – Reduced missed appointments from 14.2% to 9.1% through testing of a revised DNA policy and sharing this with children and young people and parents, automated text message reminders, arranging next appointment with parents at the end of appointments

Disaggregated analysis demonstrates differential impact across protected characteristics. Asian service users in the most deprived areas experienced an 11.5 percent reduction in missed appointments, while Black service users saw a reduction of approximately 5.7 percent. Male service users experienced a 10 percent overall reduction, including a 20 percent reduction among White men living in deprived communities. These findings indicate that targeted access interventions can reduce inequities when designed around the needs of those most affected by deprivation.

Most appointments offered and missed (92 percent) were within the most deprived quintiles, reinforcing the importance of focusing improvement activity where it will have the greatest equity impact. Learning from Phase 3 has been developed into a change package of successful ideas and shared trust wide.





Ambassadors for Access: Co-Produced Accessibility Improvements

In 2023, a group of service users and carers came together to address accessibility barriers across the Trust. Initially formed by individuals from Bedfordshire Community Health Services and Services for People with a Learning Disability (Beds and Luton), the group named themselves Ambassadors for Access.

Their initial focus was improving accessibility for Trust events and conferences. Through lived experience, they identified that accessibility must extend beyond physical access to include how information is shared, how environments are navigated, and how inclusive engagement is facilitated.

Working alongside People Participation Leads, the Ambassadors engaged service users and carers from across all Trust areas. Over several months, multiple drafts of an Accessibility Checklist were developed, incorporating feedback from a wide range of participants before final publication.

The Accessibility Checklist provides practical guidance to support:

- Planning inclusive online and in-person events
- Improving engagement with service users, carers and colleagues
- Strengthening accessibility of physical spaces and information
- Complementing wider audits such as the 15 Step Challenge

The Ambassadors have requested that the Checklist be reviewed regularly to ensure it evolves in response to feedback and emerging needs.

This work demonstrates the value of sustained co-production and reflects the Trust's commitment to embedding accessibility into everyday practice, rather than addressing it reactively.



Patient and Carer Race Equality Framework (PCREF)

The Patient and Carer Race Equality Framework (PCREF) is a mandatory national framework for mental health trusts, designed to address and reduce racial inequities in access, experience and outcomes of care. East London NHS Foundation Trust (ELFT) has been a national PCREF pilot site since 2021 and continues to play a leading role in shaping implementation locally and nationally.

PCREF implementation at ELFT is closely aligned with the Trust’s wider anti-racism commitments, including action taken under the Workforce Race Equality Standard (WRES), ensuring a whole-system approach that connects workforce experience with patient and carer outcomes.

PCREF provides a structured approach to embedding race equity across leadership and governance, cultural competencies within the workforce, and meaningful patient and carer feedback mechanisms. In 2025, ELFT focused on moving from commitment to consistency, ensuring PCREF is operationalised across directorates and integrated into core clinical, quality and governance processes.

PCREF Leadership and Governance

In 2025, ELFT further strengthened its PCREF governance to ensure clear accountability and system-wide oversight. PCREF leadership is embedded at Executive, Strategic, Clinical and Directorate levels, with defined responsibilities and reporting lines.



The PCREF Steering Group, established in December 2023 and chaired by Director of Social work, provides Trust-level oversight and assurance. It is supported by two formal subgroups:

- **PCREF Data Subgroup** (established March 2024), chaired by the Trustwide PCREF Strategic Lead, bringing together directorate, informatics and performance leads to scrutinise data quality, trends and inequities prior to quarterly submission to NHS England.
- **Directorate Leads Implementation Group** (established November 2024), chaired by the PCREF Clinical Strategic Lead, supporting consistent delivery, shared learning and local ownership across directorates.

Both the Steering Group and Data Subgroup are co-chaired by a service user or carer, ensuring lived experience remains central to decision-making. While sustaining service user participation remains a challenge, the Trust continues to invest in support, development and equitable involvement opportunities.

Data Quality and Local Visibility

In 2025, ELFT continued to improve the quality and usability of PCREF data. Trust-level reporting is now supplemented by directorate-level heat maps, run charts and headcounts, enabling local inequities to be identified and addressed. This approach recognises that Trust-wide averages can mask significant variation at service and place level.

Data quality challenges remain, particularly in ethnicity recording across patient safety incidents and feedback mechanisms. Ethnicity is consistently recorded for unexpected deaths but is not yet routinely completed for all incident types. Addressing this remains a key priority beyond 2025–26.

Mental Health Act, Safety and Restraint

Analysis of Mental Health Act detention and restraint data continues to highlight disparities by ethnicity, age and geography.

In 2025:

- Disproportionate restraint use was identified among Black and Mixed ethnicity service users, particularly within Bedfordshire and Luton and CAMHS services.
- Higher restraint rates were observed among younger service users, with data quality issues identified in some services requiring further validation.
- Services such as City and Hackney identified persistent disparities not fully explained by service use alone, prompting recommendations for deeper incident reviews, enhanced cultural competency training and increased co-produced safety planning.

Reducing the use and impact of restrictive practices remains a key patient safety and equity priority for the Trust. Evidence nationally and locally shows that restrictive interventions can disproportionately affect some groups of service users, particularly people from Black and minority ethnic backgrounds, autistic people and people with a learning disability. In response, the Trust has initiated a focused programme of work to better understand and address these inequities. This work aligns closely with the Patient and Carer Race Equality Framework (PCREF) and uses quality improvement methods to analyse patterns in use of force data, strengthen post-incident debrief processes, and embed trauma-informed and culturally responsive approaches to care. A central aim of this work is to reduce the need for restrictive interventions wherever possible while ensuring that care remains safe, proportionate and responsive to the needs and experiences of the communities we serve.

These findings have informed targeted quality improvement work, leadership scrutiny and local action planning.

PCREF and Quality Improvement

Quality Improvement (QI) is a core delivery mechanism for the Patient and Carer Race Equality Framework at ELFT. PCREF priorities are translated into action through structured QI approaches that focus on reducing racialised inequities in access, experience and outcomes, informed by real time data and lived experience.

PCREF Leads across directorates are required to complete QI training, ensuring local capability to identify inequities, test change ideas and measure impact. Service users are embedded within this work, including through co-chairing roles and participation as QI coaches, strengthening accountability and co production.

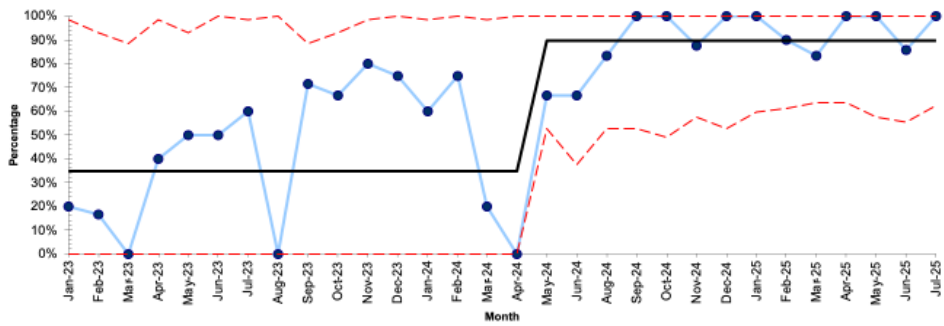
PCREF related QI projects focus on areas where data shows disproportionate outcomes for racialised communities, including access to services, treatment adherence, restrictive practices and length of detention. Improvement work is monitored through Statistical Process Control Charts (SPC) and disaggregated outcome data, enabling teams to understand whether interventions are leading to sustained and equitable change.



Example of impact: improving access and engagement for Bengali women

A PCREF informed QI project focused on improving access and engagement for Bengali women demonstrated a sustained improvement in adherence to treatment continence plans in the Tower Hamlets Continence Service. Following targeted culturally responsive interventions, adherence increased from 35% to 90%, evidencing both improved access and more equitable outcomes. This work demonstrates how PCREF, QI methodology and lived experience can combine to deliver measurable improvement for specific communities.

Percentage of Bengali women adhering to their treatment plans - P Chart



Embedding Cultural Competence

PCREF implementation in 2025 focused on strengthening workforce capability to deliver racially equitable care. ELFT continues to align its work to the six national cultural competencies and has retained two locally agreed competencies: Trauma-Informed Care and Intersectionality, reflecting community feedback and lived experience.

Trust-wide PCREF workshops, co-facilitated with service users, were delivered throughout the year.

These sessions covered:

- Service user demographic data and local inequities
- PCREF metrics and reporting expectations
- Barriers to engagement with racialised communities
- Practical guidance for developing directorate PCREF action plans

PCREF learning has been embedded into Quality Improvement training, management development programmes and reflective practice spaces. Targeted workshops on antisemitism, Islamophobia and xenophobia expanded the Trust’s anti-racism offer beyond previous focus areas.

Patient and Carer Engagement and Feedback

ELFT continued to develop more inclusive and transparent feedback mechanisms for racialised service users and carers. Existing tools such as Patient Reported Experience Measures (PREMs), Friends and Family Test and DIALOG outcomes are routinely analysed by ethnicity, locality and service.

In 2025:

- Complaints from racialised service users resulted in formal explanations, apologies, medication reviews and action plans, demonstrating meaningful follow-through.
- PALS enquiries from Black African, Bangladeshi, Pakistani and other racialised communities were appropriately triaged and resolved.
- Qualitative feedback highlighted that some outcome tools may lack cultural sensitivity and should be triangulated with narrative insight and lived experience.

Work is underway to improve ethnicity recording across all feedback systems and to better demonstrate how feedback leads to tangible service change.

PCREF in Practice: Impact and Learning

PCREF continues to inform and align with wider Trust programmes, including the Pursuing Equity Programme, population health work and perinatal mental health equity initiatives delivered in partnership with the Race and Health Observatory.

A key example of impact includes improved adherence to treatment plans among Bengali women following culturally responsive

interventions, demonstrating how co-produced, culturally informed approaches can deliver sustained improvements in outcomes.

What's Next for PCREF

In 2026, ELFT will focus on:

- Improving ethnicity data completeness across incidents, outcomes and feedback
- Strengthening directorate-level ownership and accountability
- Embedding PCREF into population health strategy and dashboards
- Expanding culturally responsive practice across community and physical health services
- Preparing for the launch of the Trust's Patient and Carer Equity Strategy, with PCREF embedded at its core

Through PCREF, ELFT remains committed to ensuring race equity is not a standalone programme, but a fundamental part of how care is designed, delivered and improved across the Trust.





Place-Based Equity and System Partnerships

ELFT delivers equity focused improvement through place-based approaches that respond to local population needs, estate contexts and system partnerships. In 2025, this work combined targeted local initiatives with Trust-wide programmes designed to reduce structural barriers to access and improve outcomes.

Newham

In Newham, place-based equity work is coordinated through the Newham Equity Forum, which brings together ELFT clinical and operational leads alongside social care, public health, primary care, the voluntary and community sector, spiritual care teams, and people with lived experience and their carers.

The Forum provides a structured space to share learning, showcase projects and align action across the local system. It connects directly with the directorate's Patient and Carer Race Equality Framework (PCREF) steering arrangements and builds on earlier learning from the Community Mental Health Transformation Programme and the Let's Talk report into race and inequality.

Projects shared through the Forum in 2025 included faith-adapted psychological therapies for Muslim communities, music therapy for young Black men, and workforce development sessions using the Newham Health Equity Toolkit to strengthen use of local population health intelligence. This work supports culturally responsive care and more preventative approaches aligned to local need.

Tower Hamlets

In Tower Hamlets, place-based activity in 2025 focused primarily on improving physical accessibility and the care environment. A significant capital investment supported the delivery of a fully accessible ground-floor toilet at Robert Dolan House, Alie Street, at a cost of £230,000.

This improvement addresses a known accessibility gap and supports dignity, safety and inclusion for service users, carers and visitors. The project contributes to compliance with the Equality Act 2010 and reflects the Trust's commitment to embedding accessibility within estates planning and decision making.



City and Hackney

In City and Hackney, service users were directly involved in estates and accessibility improvements during 2025. This included access and signage audits at PYIMS, undertaken with service user involvement, focusing initially on inpatient communal and external areas. This work is expected to positively impact Patient-Led Assessments of the Care Environment (PLACE) scores and improve navigation and experience.

In addition, service users, including people from the learning disabilities People Participation group, were involved in building change projects at Romford Road and Vicarage Lane, ensuring that accessibility and usability considerations were informed by lived experience.

These initiatives support more inclusive environments and reinforce the importance of co-production in estates-related decision making.



Bedfordshire and Luton

In Bedfordshire and Luton, equity-focused improvement in 2025 was primarily supported through Trust-wide programmes rather than discrete place-specific projects. This includes participation in the Pursuing Equity Programme, which demonstrated improved access for service users living in the most deprived areas, and the approval of the AccessAble Project, which will deliver independently verified accessibility guides for all Trust sites, including those in Bedfordshire and Luton.

These initiatives provide a consistent foundation for improving access, reducing missed appointments linked to practical barriers, and strengthening compliance with statutory accessibility requirements across all ELFT localities.

What's Next for Place-Based Equity

ELFT will continue to strengthen place-based approaches to reducing inequities in access, experience and outcomes by building on learning from local initiatives and Trust-wide programmes. Future work will focus on improving consistency of equity delivery across places while retaining flexibility to respond to local population needs and system priorities.

Key priorities include embedding learning from the Pursuing Equity Programme into routine service improvement, strengthening the use of local population health data to inform decision making, and expanding the role of place-based forums in shaping and overseeing equity focused action. Continued investment in accessible estates and information, including delivery of the AccessAble project, will support the removal of practical barriers to care across all localities.

Progress will be supported through clearer alignment with Patient and Carer Race Equality Framework (PCREF) governance, strengthened partnership working with local systems, and ongoing involvement of people with lived experience to ensure that place-based equity work remains responsive, evidence led and focused on those facing the greatest barriers to care.

Estates, Facilities and Accessibility

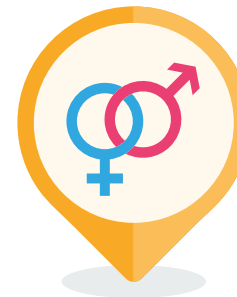
Improving the quality, accessibility and therapeutic suitability of the estate is a core component of reducing inequities in access, experience and outcomes. Estate investment and backlog prioritisation are therefore aligned with equality duties, population health need and co-produced feedback from service users and carers through the Estates people participation programme.

Improving physical access to services remains a key enabler of equitable care. In November 2025, funding was approved for the AccessAble project, which will deliver independently verified accessibility guides for all Trust sites. These guides will provide consistent, reliable information on parking, entrances, internal layouts and wayfinding, supporting compliance with the Equality Act 2010 and Care Quality Commission expectations.

The total estimated cost of the AccessAble project is £102,553 over three years, covering site surveys, guide production and ongoing updates. No additional staffing is required, as the work will be delivered within existing roles. Anticipated benefits include reduced missed appointments linked to access barriers, reduced staff time responding to ad-hoc accessibility queries, and mitigation of compliance and reputational risks.

In addition to Trust-wide initiatives, several local estates projects progressed during 2025. These include the delivery of a fully accessible ground-floor toilet at Robert Dolan House, Alie Street (£230k capital investment), access and signage audits at PYIMS with service user involvement, and service user participation in building change projects at Romford Road and Vicarage Lane, including engagement with people with learning disabilities.

Progress and risks relating to accessibility and inclusive environments are monitored through PLACE assessments, service user audits and capital governance processes, providing ongoing assurance that environmental inequities are identified and addressed



FOCUS 3

Improving Staff Experience



3



Improving Staff Experience

ELFT is committed to creating a workplace where all staff experience fairness, dignity and opportunity. Our approach to improving staff experience is grounded in statutory workforce equality standards, robust data analysis and continuous engagement with staff networks, trade unions and colleagues across the Trust.



Workforce Demographic Profile

As at March 2025, ELFT’s workforce continues to reflect the diversity of the communities it serves. The Trust employs a clinically led workforce, with the largest staff groups within Additional Clinical Services, Nursing and Midwifery, and Administrative and Clerical roles.

The workforce remains predominantly female and racially diverse, with Black, White and Asian staff forming the largest ethnic groups. A broad spread across age bands indicates both a strong early and mid-career workforce and a significant proportion of staff aged over 50, reinforcing the importance of retention, progression and succession planning.

Disability declaration rates continue to improve, although non-disclosure across disability and sexual orientation highlights the ongoing need to strengthen psychological safety and confidence in data reporting.

Religious belief, sexual orientation and marital status data demonstrate that ELFT is a multi-faith and socially diverse organisation. This diversity requires inclusive workforce policies, culturally responsive leadership and consistent application of equity principles across directorates.

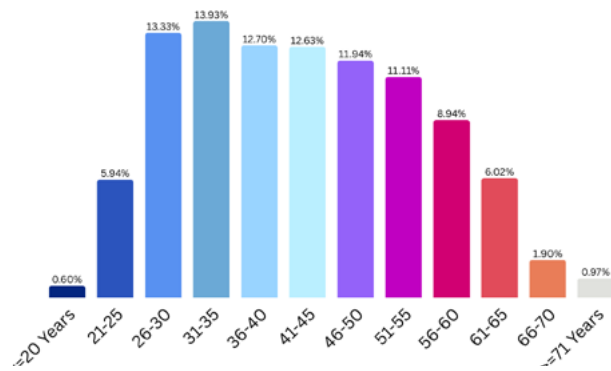
Representation provides an important foundation. However, equity of experience, progression and outcome is examined in detail through the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Pay Gap reporting sections that follow.



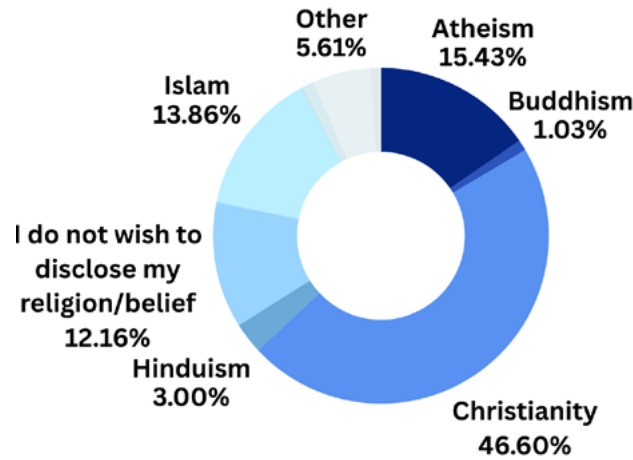
ELFT STAFF 2025

(including Bank and Honorary Contracts)

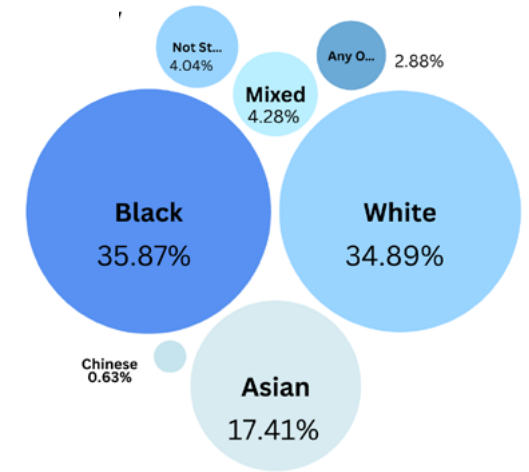
AGE GROUP



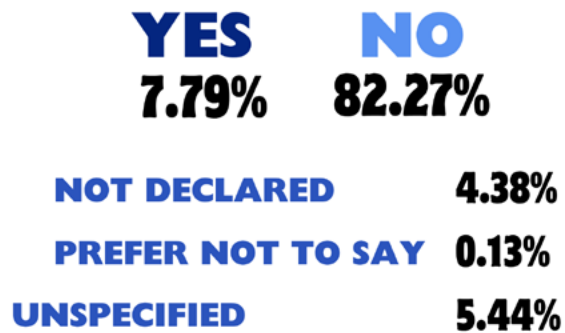
RELIGION



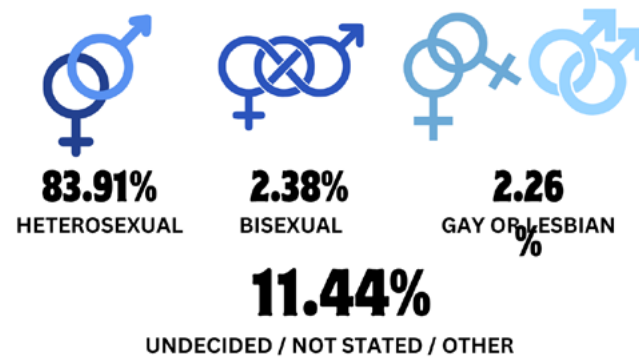
ETHNICITY



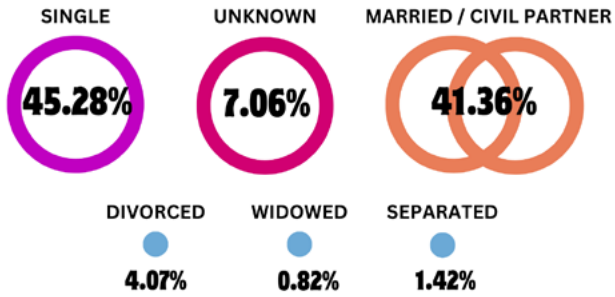
DISABILITY



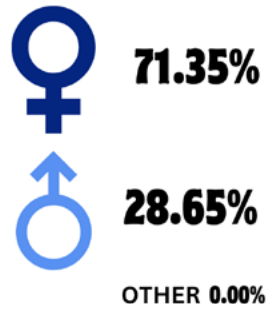
SEXUAL ORIENTATION



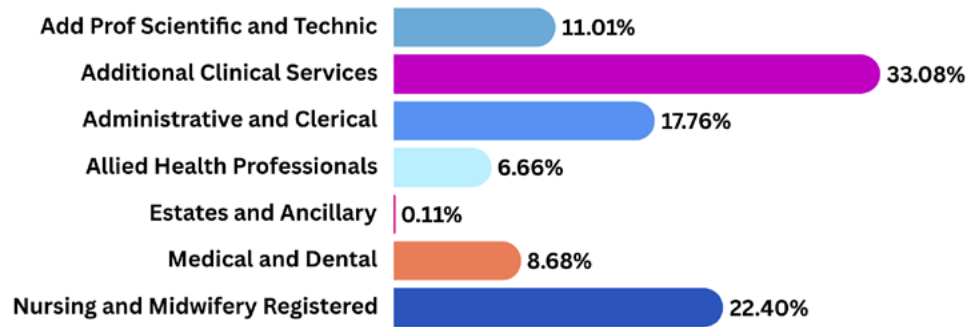
MARITAL STATUS



GENDER



STAFF GROUP



Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is a national framework designed to identify and address disparities in workplace experience between staff from Black and Minority Ethnic (BME) backgrounds and White staff. ELFT uses WRES data to inform targeted action, leadership accountability and continuous improvement.

This section is based on WRES data submitted to NHS England in May 2025. In line with national reporting conventions, Staff Survey results collected in 2024 are reported as 2025 data. Workforce data reflects a snapshot as of 31 March 2025.

All nine WRES metrics inform this section and align with the Trust’s Anti Racism commitments and People Strategy.

Workforce Profile and Representation

In 2025, 59.2 percent of ELFT’s workforce identified as BME, an increase from 57.4 percent in 2024. This reflects the diverse communities served by the Trust and demonstrates continued progress in overall representation.

However, WRES data shows that BME representation decreases at senior levels, particularly from Band 8a upwards. This leadership gap remains a priority area and is a key driver of inequities observed across other WRES metrics, including pay, progression and experience.



Key Findings

The 2025 WRES submission highlights the following:

- **Disciplinary processes (Metric 3):** BME staff were over five times more likely than White staff to enter formal disciplinary processes. In 2025, 60 BME staff entered disciplinary investigations compared to 8 White staff.
- **Recruitment (Metric 2):** Disparities remain in the likelihood of appointment from shortlisting, indicating the need for continued scrutiny of recruitment decision making and panel assurance.
- **Career progression (Metric 7):** Inequities persist for Bands 5 to 7, reinforcing the need for structured development, sponsorship and reciprocal mentoring.
- **Harassment and discrimination (Metric 8):** BME staff continue to report higher levels of discrimination from managers or colleagues compared to White staff.

Areas of Improvement

Priority actions for 2025–26 include:

- Reducing inequity in disciplinary outcomes with the aim of achieving parity.
- Strengthening progression into senior and executive roles through targeted leadership development and sponsorship.
- Improving recruitment equity through consistent shortlisting, diverse panels and decision assurance.
- Embedding anti racism capability across line management training and workforce policies.

Progress against WRES actions is monitored through the EDI governance structure and reported to the People and Culture Committee.

Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) measures differences in experience between Disabled and Non-Disabled staff. ELFT values the lived experience of Disabled colleagues and embeds these insights into policy, practice and workforce support.

This section reflects WDES data submitted to NHS England in 2025, drawing on 2024 Staff Survey results and workforce data as of 31 March 2025.

All ten WDES metrics inform this section and align with the Trust's Disability Confident commitments.

Workforce Profile and Data Quality

In 2025, 8.4 percent of ELFT staff declared a disability, an increase from 7.5 percent in 2024. The proportion of staff with an unknown disability status reduced from 6.25 percent to 5.95 percent, reflecting improvements in data quality through induction processes, Employee Staff Record prompts and targeted communications.

ELFT remains a Level 2 Disability Confident Employer and continues to partner with Purple Space and the Business Disability Forum to provide development resources and inclusive workplace support.



Key Findings

- **Representation (Metric 1):** Disabled staff representation increased overall, though remains lower at Clinical Band 8a to Very Senior Manager levels.
- **Capability processes (Metrics 2 and 3):** The relative likelihood of Disabled staff entering formal capability processes improved significantly, reducing from 11.63 in 2023 to 3.82 in 2024 and remaining lower in 2025.
- **Workplace adjustments (Metric 8):** The proportion of Disabled staff reporting that adjustments were in place increased to 76 percent, up from 71 percent.
- **Harassment and bullying (Metrics 4–7):** Disabled staff continue to report higher exposure to bullying and harassment, particularly from managers, highlighting the need for sustained focus on management capability and early intervention.

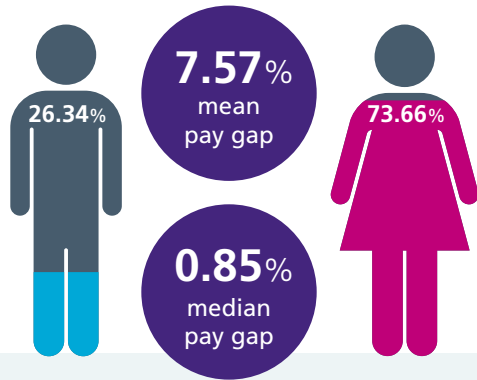
Areas of Improvement

Key priorities include increasing disability declaration to reduce unknown or not specified to 1% by April 2027, strengthening reasonable adjustment processes, improving access to career development and addressing bullying and harassment through targeted management training and accountability.

Pay Gap Reporting

ELFT continues to publish Gender Pay Gap reports as a statutory requirement and has voluntarily produced Ethnicity and Disability Pay Gap reports to strengthen transparency and accountability.

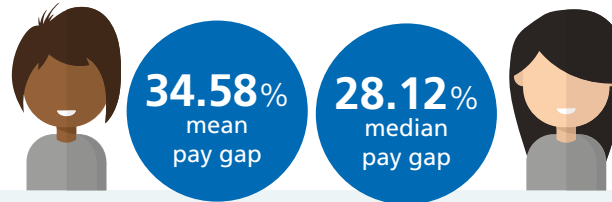
Gender Pay Gap



As of 31 March 2024, ELFT's workforce was 73.66 percent female and 26.34 percent male. The mean gender pay gap was 7.57 percent and the median gap was 0.85 percent. Bonus pay gaps remain significant, reflecting structural differences in senior and medical roles.

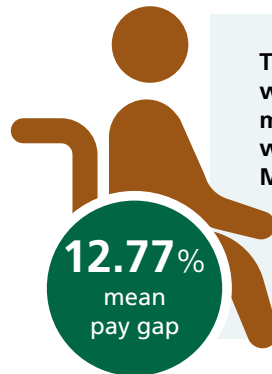
Ethnicity Pay Gap

This is the first year ELFT has published an Ethnicity Pay Gap report.

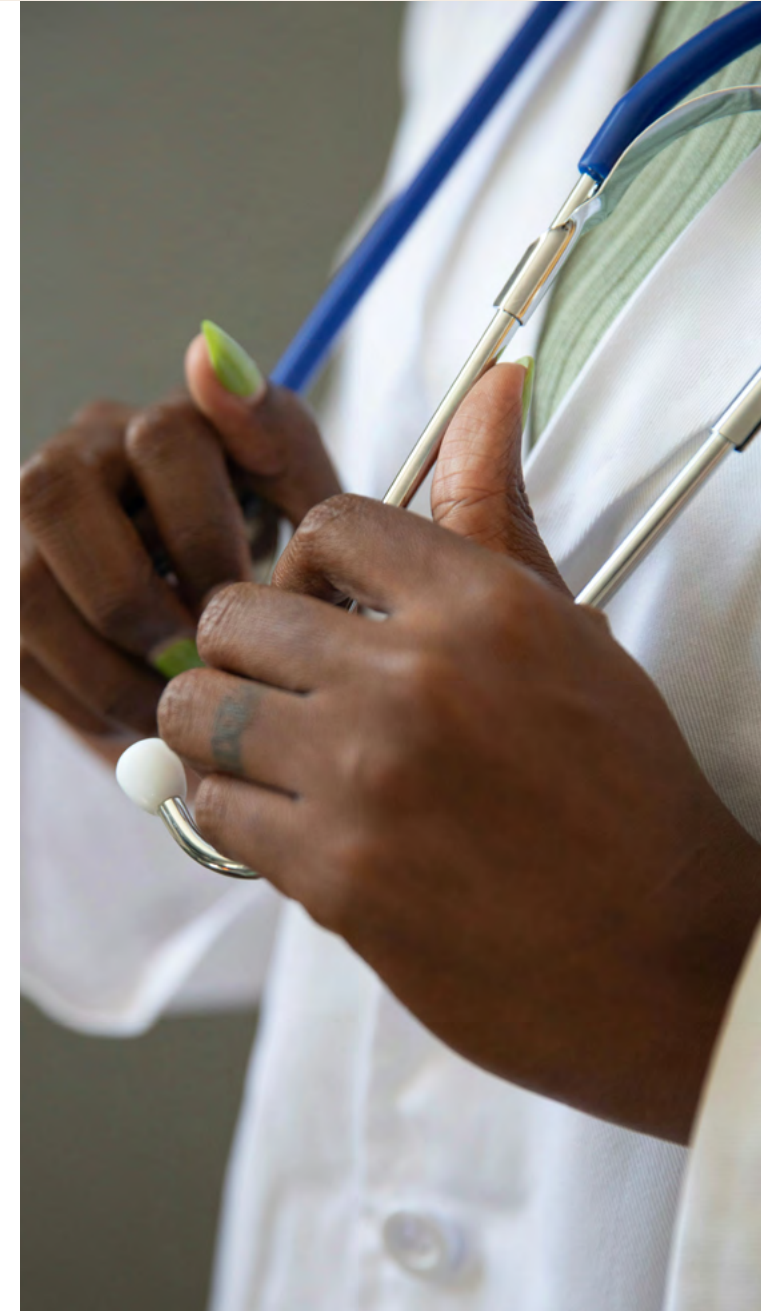


The mean hourly pay gap between White staff and Black staff was 34.58 percent, with a median gap of 28.12 percent. Pay gaps increase at senior bands, reinforcing the link between representation, progression and pay equity.

Disability Pay Gap



The mean disability pay gap was 12.77 percent, with no median pay gap. Pay gaps were most pronounced in Medical and Dental roles, reflecting distribution across seniority rather than pay differences within bands.



Workforce Updates and Staff Experience

Diabetes Awareness Month Campaign

In 2025, the Wellbeing and Engagement Team partnered with Population Health to deliver a Trust wide Diabetes Awareness Month campaign. The campaign focused on increasing awareness, promoting early identification and supporting staff to make informed decisions about their health.

Activities included clinical expert led webinars, onsite MOT health checks and accessible information resources addressing common myths, risk factors and prevention approaches.

Financial Wellbeing Webinars and MOTs

In response to cost-of-living pressures, ELFT partnered with HSBC to deliver a programme of financial wellbeing support. This included tailored webinars and in person financial MOTs, offering personalised guidance to support financial confidence and resilience.

Flexible Working

The Trust launched a project to strengthen how flexible working requests are managed, ensuring a consistent, fair and transparent approach. This work includes reviewing current processes, developing guidance for managers and promoting flexible working where service needs allow, to support retention and wellbeing.

Exit Surveys

A new enhanced Exit Survey was introduced in 2025 to capture richer insight into staff experience at the point of leaving. The findings will inform targeted action on retention, culture and systemic issues.

Staff Health and Wellbeing

ELFT continued to deliver support across the five pillars of its Wellbeing Wheel: physical, emotional, social, environmental and financial wellbeing. Initiatives included health MOTs, financial guidance, cycle to work schemes, recognition programmes and wellbeing activities. The BE WELL newsletter continues to reach staff Trust wide, generating approximately 18,000 annual clicks to wellbeing resources.

Staff Experience Programme

ELFT launched a Staff Experience Programme with the ambition for ELFT to offer the best staff experience of any mental health and community Trust in England. Staff Survey and National Quarterly Pulse Survey findings are key data sources to measure staff experience.

The programme includes six workstreams: Communication and Engagement, Equality and Diversity, Workplace Culture, Grow and Thrive, Wellbeing, and Data and Intelligence. Workstreams are executive sponsored, report monthly and use structured governance and quality improvement approaches where appropriate.



Staff Equity Networks

Staff Equity Networks play a critical role in improving staff experience, strengthening inclusion, and informing Trust priorities through lived experience. In 2025, ELFT continued to embed a more consistent model of network governance, leadership support, and executive sponsorship, ensuring networks remain impactful, sustainable, and aligned with workforce equity objectives.



The RaCE Network continued to support staff from racialised backgrounds by creating psychologically safe spaces, promoting allyship, and contributing to Trust-wide improvement work. In 2025, the Network strengthened collaborative working, including joint sessions with the North East London FT Global Majority Network, and supported the delivery of the first All Staff Network Conference.

The Network played an active role in the Quality Improvement disciplinary project, ensuring the lived experiences of Black staff, particularly those in Bands 3–4, informed the development of equity-led solutions. Engagement activities included presentations to operational teams, wellbeing discussions, and network awareness sessions across services.

Key challenges included capacity constraints due to limited leadership cover and managing expectations where issues extended beyond the Network's remit. Priorities for 2026 include strengthening cross-network collaboration and increasing visible allyship.



The Men's Network focused on increasing visibility and membership as a developing network. Activity in 2025 centred on site visits, Trust-wide communications, and participation in the All-Staff Network Conference to raise awareness and encourage allyship.

The Network remains committed to expanding engagement and establishing a clearer programme of activity to support men's health, wellbeing, and inclusion across ELFT.



The ELFT Ability Network provided consistent support to Disabled staff through regular monthly meetings, peer support, and safe spaces. In 2025, the Network co-delivered neurodiversity safe spaces in partnership with the LGBTQIA+ and Women's Networks and hosted events focused on wellbeing, stress management, and disability awareness.

The Network supported staff with reasonable adjustment queries and escalated systemic issues to People and Culture and Executive Sponsors. Ongoing challenges included gaps in clarity and consistency around adjustments processes. This feedback directly informs workforce improvement discussions and WDES action planning.



The LGBTQIA+ Network continued to provide structured support for LGBTQIA+ staff and allies through weekly, fortnightly, and monthly safe spaces, with approximately 50 staff regularly engaging across sessions. Monthly network meetings combined peer support with professional development and policy consultation.

The Network led and supported Trust participation in London Pride, Black Pride, and local Community Pride events and delivered Transgender Allyship Training and specialist input into Sexual Safety training. The Network also supported consultation on Trans+ policy development and contributed to the All-Staff Network Conference, highlighting intersectionality across identities.



The Women's Network focused on advocacy, wellbeing, education, and leadership development. In 2025, the Network delivered a broad programme including menopause support, hormonal health sessions, sexual safety awareness, and International Women's Day events. Membership grew to approximately 350 staff, with steady monthly increases.

The Network strengthened collaboration with other staff networks, delivered targeted training, and used member feedback to shape priorities. Key learning included the importance of psychological safety, sustainable engagement, and developing future network leaders to support continuity and impact.

What's Next

Across workforce equality, experience and wellbeing, ELFT will continue to focus on reducing structural inequities, strengthening leadership accountability and improving staff experience through evidence led action.

To further embed equity within core workforce functions, a dedicated EDI Lead has been identified within the People and Culture Directorate, providing clear operational ownership and closer alignment between EDI priorities and workforce policy, practice and delivery.

This role will support the consistent application of equity principles across recruitment, progression, workforce experience and organisational development, and will strengthen the Trust's ability to translate WRES, WDES and Pay Gap insights into sustained improvement.

In 2026, the Trust will publish a new Workforce Equality Plan (2026–2028). This plan will consolidate learning from WRES, WDES, Pay Gap reporting and the Staff Experience Programme, setting out measurable priorities and delivery milestones to drive sustained improvement in representation, experience and progression.

Progress will continue to be monitored through statutory reporting, workforce governance structures and ongoing engagement with staff networks, ensuring transparency, accountability and continuous learning.

Research and Innovation: Equity, Diversity and Inclusion

Research plays a critical role in ELFT’s approach to advancing equity, diversity and inclusion (EDI). Through participation in national and local studies, the Trust contributes to the evidence base on health inequalities, while ensuring that research insight is translated into service improvement, workforce learning and system influence.

In 2025, ELFT continued to prioritise research that examines racial, cultural, socioeconomic and structural drivers of inequality, with a strong emphasis on co-production, lived experience and real-world application.

Cultural Consultation and Advocacy Research (NIHR)

ELFT is a partner site in the National Institute for Health and Care Research (NIHR) funded Culturally Appropriate Advocacy (CAA) study, examining whether culturally responsive advocacy improves access, experience and outcomes for racialised service users detained under the Mental Health Act.

Early findings indicate that CAA increased access to advocacy and improved service user experience through culturally informed, relationship-based approaches. However, evidence of impact on outcomes such as length of stay or use of restrictive practices was mixed, with implementation constrained by the non-statutory status of CAA and wider system pressures. The study also highlighted the potential for CAA to feed collective service user concerns into strategic frameworks such as the Patient and Carer Race Equality Framework (PCREF). Publications from this study are ongoing.

CoPACT Study: Mental Health Act Inequalities

ELFT contributed to the CoPACT study, a multi-site research project examining professional decision-making under the Mental Health Act and its role in ethnic disparities. Using experience-based co-design methods, including photovoice workshops and joint clinician–service user sessions, the study explored drivers of compulsory admission.

Findings published in February 2025 identified contributory factors including interdisciplinary mistrust, communication barriers, language and cultural constraints, role confusion between services, and systemic pressures such as staff shortages and lack of continuity of care. These insights are informing local learning on assessment practice, escalation and decision-making.



ARIADNE and ARIADNE-IMPACT Projects

ELFT has been a key contributor to the ARIADNE programme, examining access and experience of mental healthcare for people from racialised communities, particularly during and after the COVID-19 pandemic. The subsequent ARIADNE-IMPACT work focused on translating co-produced action plans into practice. Findings reinforced the importance of early intervention, community-based approaches, non-verbal therapies, culturally sensitive communication, peer support and real-time data to support transparent evaluation. This research has directly informed local discussions on community engagement, youth mental health, and service design.

DIALOG Outcomes Analysis (Equity Lens)

In 2025, ELFT completed an EDI-focused analysis of pooled DIALOG scores across historical time points, including pre- and post-COVID-19 periods. Using regression analysis to account for confounding variables, the study explored differences in satisfaction across domains by ethnicity.

Key findings showed higher odds of satisfaction among Black and Asian service users across several mental health, physical health and life areas, alongside lower satisfaction related to accommodation. These findings highlight the importance of interpreting outcome data through an equity lens and triangulating quantitative results with qualitative insight, while also offering encouragement that where services successfully engage racially minoritised groups, there is every reason to aspire towards equitable and positive outcomes.

Community and Youth Research: DEER Study

The Development of Emotional Resilience (DEER) study, funded by Barts Charity, is following a cohort of nearly 850 primary school children in East London to understand factors that support resilience and wellbeing. The study is particularly relevant to health inequality given the demographics of the local population and focuses on anxiety, depression, loneliness, self-harm and suicide.

Workforce and COVID-19 Inequality Research

ELFT is a participating site in the UK-REACH iCARE study, examining the differential impact of COVID-19 on healthcare workers from ethnic minority backgrounds, with a specific focus on retention. This work aligns with the Trust's workforce equity agenda and contributes to national learning on differential risk and recovery.

In addition, ELFT has been involved in a Medical Workforce Race Equality Standard (MWRES) audit focusing on the experience of International Medical Graduates, supporting insight into recruitment, progression and support needs within the medical workforce. East London NHS FT average overall compliance is at 83.78%; close to 20% increase from the previous year and well above local ICB (North East London (NEL) ICB compliance at 73%) and London average (61.56%).





New and Ongoing Research Initiatives

Several new studies with an explicit inequality focus are underway or commencing, including:

- **PEGASUS:** Reducing cardiovascular disease risk in people with severe mental illness through a co-produced, peer-supported intervention.
- **ICONIC:** Improving quality of life for people with mild to moderate intellectual disability through person-centred communication.
- **Genes and Health:** A large-scale genomic and health outcomes study involving British Bangladeshi and British Pakistani communities.
- **Social Health Cohort Study:** Exploring how social networks influence outcomes for people with severe mental illness over time.
- **Digital Inclusion Research:** Analysis of digital exclusion among mental health service users, highlighting intersections between age, ethnicity, income and access.

Translating Research into Practice

Across all research activity, ELFT maintains a clear focus on applying learning to practice. Research findings are routinely shared through the Trust's Research and Innovation Conference, EDI governance forums, Quality Improvement programmes and strategic frameworks such as PCREF.

This ensures that research does not sit in isolation, but actively informs service improvement, workforce development and system-wide approaches to reducing inequity.



Conclusion and Next Steps

In 2025, ELFT continued to embed equity, diversity and inclusion into core delivery, with clear evidence of progress where work has been structured, measurable and co-produced. The report demonstrates impact across workforce and service user agendas, including targeted improvement in access for people living in the most deprived communities through the Pursuing Equity Programme, strengthened PCREF governance and data visibility, and continued development of equity capability through quality improvement and cultural competency approaches.



Workforce evidence through WRES, WDES and Pay Gap reporting continues to provide critical assurance and direction. These datasets show sustained workforce diversity, alongside persistent inequities in experience, progression and outcomes that require continued focus. In response, ELFT is developing a new Workforce Equality Plan for 2026 to 2028 to provide a clearer and longer-term framework for delivery, aligned to statutory requirements and the Trust’s staff experience ambitions.

To strengthen operational ownership and embed equity into core workforce functions, a dedicated EDI Lead has been identified within the People and Culture Directorate. This will support closer alignment between EDI priorities and workforce policy, practice and delivery, and strengthen the Trust’s ability to translate insight from WRES, WDES and Pay Gap reporting into sustained improvement.

Beyond workforce, equity in care continues to be progressed through population health intelligence, place-based partnership working, and improvements to accessibility. This includes

approved funding for the AccessAble project and continued co-produced work through Ambassadors for Access, ensuring that practical barriers to access are identified and addressed with lived experience leadership.

Trustwide programmes to strengthen safety and culture also progressed in 2025. Sexual Safety Charter implementation has continued with structured governance, dedicated capacity, improved infrastructure for support and reporting, and integration into the Staff Experience Plan under the Workforce Culture workstream. Anti racism work has continued to mature, with local anti-racism approaches already finalised in Forensic Services and Bedfordshire Borough Mental Health Services, and the Trustwide Anti Racism Strategy scheduled for launch in March 2026 following consultation with staff, service users and carers.

Assurance and governance will be strengthened further in 2026 through planned improvements to Equality Impact Assessment practice, including the establishment of a formal EIA Panel jointly led by People and Culture and EDI as part of the new integrated EDI workstream, and a structured programme of backdating EIAs for key workforce and service user policies. Future estate strategies, capital programmes and rationalisation proposals will continue to be informed by equality impact, accessibility requirements and co-produced feedback, ensuring that environmental improvements contribute directly to reducing inequities in access, experience and outcomes.

Overall, the evidence in this report reinforces a consistent message: equity improves when it is built into how decisions are made, how services are designed, how leadership is held to account, and how data and lived experience are used to drive improvement. ELFT will continue to monitor progress through statutory reporting, structured governance and meaningful engagement with staff networks, People Participation and communities, ensuring transparency, accountability and continuous learning.



