

NHS Equality Delivery System 2022 Summary Report

February 2024

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Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	King's College Hospital Foundation Trust	Organisation Board Sponsor/Lead		
		Bernadette Thompson, Director of Equality, Diversity and Inclusion		
Name of Integrated Care System	South East London			

EDS Lead	Simon O'Donoghue	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	Domain 1: November 2023 Domain 2: January 2024 Domain 3: January 2024	Individual organisation	King's College Hospital Foundation Trust	
		Partnership* (two or more organisations)		
		Integrated Care System-wide*	South East London	

Date completed	06/02/2024	Month and year published	Feb 2024
Date authorised		Revision date	Feb 2025

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • There is low data quality for certain protected characteristics: sex, sexual orientation, gender reassignment and marriage and civil partnerships. • For groups of protected characteristics for which data is available, there is some variation in access to appointments, particularly for those of white ethnicity and those of Black ethnicity. However, there is no significant variation for age, disability, mental health, or sexuality • Rate of access to emergency C-sections is consistent across ethnicities • Still births are more prevalent in birthing parents over 40, no other variations between protected characteristics were identified. • Interpreter services are widely available, however, staff reported difficulty in accessing these • Black British parents are more likely to report poor to very poor patient experiences as part of the Family and Friends Test (2.4% of those completing the survey). No other significant disparities were identified between groups. 	2	Maternity

	<p>1B: Individual patients (service users) health needs are met</p>	<ul style="list-style-type: none"> • There are no statistically significant differences in Covid rates across protected groups in the birthing population at King's. • Only 6% of all birthing parents at King's have continuity of carer. • While the parliamentary target of 75% of continuity of carer has been removed there is an expectation that resource should be targeted at groups most at risk (i.e. BAME and those in the most deprived postcode areas. Continuity of carer stands at 6% for Black birthing parents and at 3% for Asian birthing parents. • Birthing parents from the most deprived postcode areas are 1.5 times more likely to receive continuity of carer but disabled parents were 3 times less likely to receive continuity of carer. • The Trust regularly engages with representative protected characteristic groups and findings from this engagement is used to improve services. • The Trust works closely with a number of local voluntary and community sector organisations to improve the experiences of patients from underrepresented groups and regularly signposts to these. • Coproduction approaches are fully embedded in the approach of King's maternity services and joint actions plans are developed between staff and patients to improve outcomes for at risk groups. • The Trust regularly uses insights and learning from engagement and coproduction activities, to influence its partners and improve the experience of those from protected groups. 	<p>1</p>	<p>Maternity</p>
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<ul style="list-style-type: none"> • A range of potential sources of safety inequality have been considered in Maternity services • The only variation for still births is in relation to age (<19) but this is in line with national rates • King's neo-natal death rate is in line with the national average, however, variation and higher risk can be seen for certain ethnic groups (Black and Mixed heritage) • Rates of Postpartum Hemorrhage at King's are substantially lower than the national average and no variation can be seen between groups of protected characteristics • Rates of Pre-term and Post Term Births is higher for birthing parents of Black and Mixed ethnicity, although this is in line with national trends • Rates of 3rd and 4th Degree Tears are higher in disabled birthing parents • Midwives are aware of the need to deliver culturally competent care and the Trust has signed up to Health Education England's Capital Midwife Antiracism Framework • King's has mandated procedures in place to improve patient safety for those of different protected characteristics where risks have been identified (i.e. in Maternity services). • King's actively encourages improvement culture through its Patient Safety Incident Response Policy. • King's actively includes equality issues in reviews of safety incidents • King's actively works with system and community partners to improve safety outcomes for people (e.g. MVP, KHP) 	2	Maternity
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	<p>1D: Patients (service users) report positive experiences of the service</p>	<ul style="list-style-type: none"> • The Trust regularly engages with patients about their experiences of Maternity services from many mediums, including Friends and Family Test, ,CQC Survey, and Maternity Voice Partnerships Survey • Maternity services recognise the link between staff and patient treatment and are currently recruiting a 'Maternity Quality Improvement, Equality & Inclusion Lead'. • The Trust collates and monitors data from patients with Protected Characteristics and develops evidence based actions plans where gaps are identified. Progress is monitored via regular meetings. • A steady improvement in FFT scores can be seen at PRUH and South Sites, however, this has decreased slightly at DH. • The Trust actively engages with patient groups of different protected characteristics about their experience of Maternity services. • Trust Maternity services actively work with local VCSE organisations to ensure all patient voices are heard. • The Trust utilises data from protected groups to develop actions plans and uses this to work with external organisations to develop innovations to address inequalities and achieve broader system change. 	1	Maternity
Domain 1: Commissioned or provided services overall rating			6	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;">Domain 2: Workforce health and well-being</p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<ul style="list-style-type: none"> • There is low quality data for the gender and age of staff who are referred to Occupational Health. This information is not mandatory to collect. No other demographic data is collected. • There is low quality data available for the referral reason to OH for asthma, COPD, and mental health conditions. • There is no data available for the referral reason to OH for obesity or diabetes. • There is no information or reading material available for staff to self-manage four of the mentioned conditions (obesity, diabetes, asthma, COPD). • The Health & Wellbeing team signpost to various mental health and wellbeing services for support. • The Occupational Health and Workforce Data teams review and analyse trends in OH referrals, and use this information to inform wellbeing initiatives that aim to reduce sickness absence. • The Reasonable Adjustments Policy and Reasonable Adjustments Plan outlines the support available to staff from line managers to reduce negative impacts of the working environment. • The organisation promotes work-life balance through various wellbeing offers including the use of wellbeing hubs and programmes for overall general health. • 49.2% of staff either agree or strongly agree that the organisation takes positive action on health and wellbeing. 	<p>1</p>	<p>People Directorate</p>
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> • King’s has a zero tolerance policy for verbal and physical abuse towards staff. • The Trust’s Early Resolution Policy and Disciplinary Policy and Conduct Standards outline the process and penalties which apply to staff who abuse, bully or harass other members of staff. • 36.9% of BME staff report experiencing harassment, bullying or abuse from patients, relatives or public, trending down from 39.3% in 2018. • 33.5% of BME staff report harassment, bullying or abuse from staff, trending down from 37.1% in 2018. • 40.7% of staff with a disability or long-term health condition report experiencing harassment, bullying or abuse from patients, relatives, or members of public; trending down from 45.7% in 2018. • 23.5% of staff with a disability or long-term health condition report experiencing harassment, bullying or abuse from managers; trending down from 26.9% in 2018. • 31.1% of staff with a disability or long-term health condition report experiencing harassment, bullying or abuse from other colleagues; trending down from 35.3% in 2018. • 47% of staff with a disability or long-term health condition reported saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it; trending up from 42.5% in 2018. • Staff aged 21-30; staff with a disability of long-term health condition; staff who identity as gay or lesbian; staff who are not Christian or Hindu; staff who are male; staff not 	1	People Directorate
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		<p>from an ethnic minority background; are less likely to report experiencing physical abuse at work.</p> <ul style="list-style-type: none"> • King’s signposts to various national and VSCE organisations who provide support for those who have suffered verbal and physical abuse. 		
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> • The organisation supports Trade Unions through the implementation of the Partnership Agreement and the Staff Side Partnership Committee. • The Trust’s FTSU Guardian is embedded across the organisation, utilising King’s Ambassadors to signpost to various support networks available to staff. • King’s five staff diversity networks are supported and empowered through the Staff Networks Framework agreement, allowing them to be staff led, funded, and provided protected time or remuneration to support and guide staff. • The Trust’s ERAF Policy mandates the requirement of a completed and approved ERAF on all existing or new policies. • Support is provided to staff outside their line management structure through the Freedom to Speak Up (FTSU), Staff Networks, the Equality Diversity & Inclusion (EDI) team, Trade Unions, Wellbeing resources, Chaplaincy, Occupational Health, Wellbeing and Organisational Development (OD) teams. 	<p>1.5</p>	<p>People Directorate</p>

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> • It is impossible to ascertain whether staff who live locally to the Trust would choose to use the services provided. • 56.5% of staff would recommend King's as a place to work. • 63.5% of staff would be happy with the standard of care provided by this organisation if their friend or relative needed treatment. • Online exit questionnaires are thematically reported on quarterly at Service level. • Exit interviews are held at local level; reporting is not mandated. • The organisation does use sickness data to retain staff, however there is no retention policy currently in place. • The organisation analyses Staff Survey results by demographic and creates action plans to address discrepancies in experience outlined in our WRES, WDES and Gender Pay Gap reports. 	0.5	People Directorate
Domain 2: Workforce health and well-being overall rating			4	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;">Domain 3: Inclusive leadership</p>	<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<ul style="list-style-type: none"> • All Band 9 and VSMS are expected to have EDI objectives, which are identified during appraisal in line with Trust’s BOLD Strategy. While we were able to source evidence that this is in place for some, this is not yet routinely in place for all. • Equality and health inequalities are regularly discussed at Board and committee meetings. • All reports submitted to the Board or committee request that report authors pull out any EDI implications. • The Board and committees do not have a standing EDI agenda item, however, during 2024, equality and health inequalities have been repeatedly been discussed. This included bi-monthly performance reports that were submitted by the EDI Team, as well as a full annual report that was submitted in May. • EDI is a standing feature in all CEO reports to the Trust Board. • All 5 staff networks have two Executive level sponsors/champions. Each network has its own bespoke Executive Sponsor pack, which sets out the scope and requirements for sponsors. • The role of Executive Sponsor was only created in the Autumn of 2023. However, the Executive team have regularly sponsored and attended numerous events led by the EDI Team and Staff Diversity Networks. • EDS, WRES, WDES and Gender Pay Gap reports and action plans are reviewed and challenged in relevant committees and at King’s Executive (KE). For each action 	<p>2</p>	<p>King’s Exec</p>
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		<p>plan, there are specific activities that require the involvement of senior leaders,</p> <ul style="list-style-type: none">• The King’s Trust wide health inequalities programme is sponsored by the Chief Medical Officer and a Non-Executive Director, as well as being chaired by the Director of EDI and Deputy Chief Medical Officer.• In May of 2023, a ‘showcase brochure’ was published, which set out 13 health inequalities projects that are currently being resourced and delivered across the Trust.		
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	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> • In line with the evidence provided in 3A, EDI and/or health inequalities are discussed in most Board and committee meetings. While these are not a standing agenda item, reports from the EDI Team are submitted to the Board on a bi-monthly basis – these include both actions undertaken in relation to both EDI and health inequalities during the previous period. • Since 2021, it has been mandated that all policies submitted to the Board/committees for approval are underpinned by an attached robust equality impact assessment (Equality Risk Assessment [ERAF]). • ERAFs are expected to be completed for all projects that impact more than 10 people (staff or patients), however, this is not yet routinely happening for all projects. However, the process is currently in place and working well for all organisational change projects. • ‘Diversity and Inclusion at the Heart of all we do’ is one of four pillars in the King’s BOLD Strategy. As such, agreed EDI and inequality related actions from the Trust’s Roadmap to Inclusion are measured and monitored through bi-monthly performance reports from the EDI Team, as well as quarterly progress reports from the Strategy Team. • Annual WRES, WDES and Gender Pay Gap reports and associated actions plans are submitted to and discussed at Board level and in relevant committees. • EDI and addressing health inequalities are incorporated into corporate and departmental business plans and 	2	King’s Exec
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		strategies. Some examples include, People and Culture Plan and Annual Plan of Action.		
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<ul style="list-style-type: none"> • Board members and senior leaders ensure and monitor the implementation of WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, and EDS. Monitoring and implementation of the Accessible Information Standard (AIS) takes place in the Patient Experience Committee and is owned by the Chief Nurse. • All EDI Tools are underpinned by annual action plans to address unmet goals. The reports and actions plans are published on the Trust’s external site on the EDI Reporting page: Equality, diversity and inclusion reporting King's College Hospital NHS Foundation Trust (kch.nhs.uk). • End of employment exit interviews are not currently monitored. • In line with WRES indicator 1a, underrepresentation of BAME staff starts at Band 7 and continues through to VSM. • In line with WDES metric 1, those with disabilities are also underrepresented – it is thought this is related to the low levels of disability recording on the staff record system. • The Partnerships committee ratified the Trust’s first a Menopause Policy in July 2023, the CPO is the named responsible Executive Director 	1.5	King’s Exec

Domain 3: Inclusive leadership overall rating		5.5	
Third-party involvement in Domain 3 rating and review			
Trade Union Rep(s):		Independent Evaluator(s)/Peer Reviewer(s):	
5 (UNITE KCH Branch Secretary)		6 (SEL ICB EDI and ODI Project Manager)	

EDS Organisation Rating (overall rating):

15.15 = Developing

Organisation name(s):

King's College Hospital NHS Foundation Trust

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

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