

# NHS Equality Delivery System 2022 Summary Report 2024/2025

Final version 28 May 2025

This report is intended to be a summary of the evidence collected for the reporting year 2023/2024. The evidence underpinning this report can be provided upon request by contacting the Equality, Diversity & Inclusion team at [kch-tr.edi@nhs.net](mailto:kch-tr.edi@nhs.net) using the subject line “EDS22 2024/2025 request for evidence report”.

This report covers the reporting year commencing 1<sup>st</sup> April 2023 through 31<sup>st</sup> March 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/](http://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](mailto:england.eandhi@nhs.net) and published on the organisation's website.

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>		King's College Hospital NHS Foundation Trust		<b>Organisation Board Sponsor/Lead</b>	
				Bernadette Thompson, Director of Equality, Diversity and Inclusion	
<b>Name of Integrated Care System</b>		South East London			
<b>EDS Lead</b>	Meaghan Hackett Equality, Diversity & Inclusion Lead		<b>At what level has this been completed?</b>		
				<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	Domain 1: February 2025 Domain 2: April 2025 Domain 3: May 2025		<b>Individual organisation</b>	King's College Hospital NHS Foundation Trust	
			<b>Partnership* (two or more organisations)</b>		
			<b>Integrated Care System-wide*</b>		

<b>Date completed</b>	August 2024 – May 2025	<b>Month and year published</b>	May 2025
<b>Date authorised</b>	June 2025	<b>Revision date</b>	Feb 2026

## 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

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

## Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p><b>Service Population Demographics</b></p> <ul style="list-style-type: none"> <li>32.7% of service users are from Lambeth &amp; Southwark; 22.6% from wider South East London; 44.7% from outside the area.</li> <li>Ethnicity of Lambeth &amp; Southwark users broadly matches local population, but 23% have no recorded ethnicity.</li> <li>42.8% live in the 40% most deprived areas (IMD quintiles 1 &amp; 2).</li> <li>Limited data on other protected characteristics (e.g. disability, religion, gender).</li> </ul> <p><b>Insulin Pump Use (Access to Technology)</b></p> <ul style="list-style-type: none"> <li><b>Age:</b> 46.2% of 40–64 yr olds use pumps vs 33.3% of 19–24 yr olds.</li> <li><b>Gender:</b> 51.3% of females use pumps vs 32.5% of males.</li> <li><b>Ethnicity:</b> Pump use is 47.4% (White), 36.4% (Asian), 29.4% (Other), 19.9% (Black).</li> <li><b>Deprivation:</b> 58.0% in least deprived areas use pumps vs 27.4% in most deprived.</li> <li><b>Geography:</b> 24.6% (Lambeth/Southwark), 45.0% (wider SEL), 55.3% (outside SEL) use pumps.</li> <li>Data indicates significant inequalities in technology access, mirroring national trends.</li> </ul> <p><b>Did Not Attend (DNA) Rates</b></p> <ul style="list-style-type: none"> <li><b>Age:</b> Highest in 19–24 yr olds (29.6%) vs 9.2% in 65–79 yr olds.</li> <li><b>Ethnicity:</b> Black (21.3%), Other (23.3%), White (11.0%).</li> </ul>	1.75	Diabetes Type 1 Service Leads

		<ul style="list-style-type: none"> <li>• <b>Deprivation:</b> DNA highest in most deprived areas (17.9%) vs least deprived (9.9%).</li> <li>• Barriers include transport cost, lost income, childcare, and diabetes-related stigma.</li> </ul> <p><b>Actions already being taken:</b></p> <ul style="list-style-type: none"> <li>• Flexible attendance for education programmes (e.g. DAFNE HCL not mandatory).</li> <li>• Young adult tech workshop (July 2024) had positive impact and engagement.</li> <li>• Staff training to promote inclusive access to diabetes tech.</li> <li>• Participation in London HCL Steering Group for equitable tech rollout.</li> <li>• Implementation of Type 1 Outpatient Transformation Framework with risk registers and MDT working.</li> </ul> <p><b>Service User Feedback</b></p> <ul style="list-style-type: none"> <li>• Mixed experiences accessing pumps – some felt supported, others had to push hard.</li> <li>• Access often tied to ability to self-advocate; concern for those lacking confidence or knowledge.</li> </ul>		
	1B: Individual patients (service users) health needs are met	<p><b>Measures to Address Individual Health Needs</b></p> <ul style="list-style-type: none"> <li>• <b>Specialist sub-services:</b> Young persons, mental health, pre-conception/antenatal, foot care, and complex cases.</li> <li>• <b>Accessible communication:</b> Translation, braille, large print letters.</li> <li>• <b>Flexible appointments:</b> Virtual, telephone, and late clinics for convenience.</li> <li>• <b>Health &amp; Wellbeing Practitioner:</b> Peer with diabetes from an ethnic minority group supports disengaged young patients.</li> <li>• <b>Personalised tech starts:</b> Smaller group or 1:1 sessions for complex patients, with continuity of care.</li> </ul>	2	Diabetes Type 1 Service Leads

		<ul style="list-style-type: none"> <li>• <b>Tailored education:</b> <ul style="list-style-type: none"> <li>○ HARPdoc – for adults with problematic hypoglycaemia.</li> <li>○ HEAL-D – for African/Caribbean adults with type 2 diabetes.</li> </ul> </li> <li>• <b>Community links:</b> Signposting to charity/community peer support (e.g. Diabetes UK).</li> <li>• <b>Flexible DNA policies</b> for high-risk patients.</li> <li>• <b>Proactive outreach:</b> Identifying disengaged high-risk young adults via Diabetic Eye Screening Team.</li> <li>• <b>Peer Support Network:</b> Launched 2024, ~150 members, peer-led.</li> </ul> <p><b>Service User Experience</b></p> <ul style="list-style-type: none"> <li>• Peer support seen as essential in technology adoption and confidence building.</li> <li>• Users value hands-on exposure to tech and hearing directly from others with diabetes.</li> <li>• Events like ‘Young Adults tech day’ help hesitant users engage.</li> <li>• Representation matters: Age, culture, digital ability, and physical ability influence confidence.</li> <li>• Trust-approved Type 1 influencers could be promoted as learning resources.</li> <li>• Current pump users are willing to share their experiences with others.</li> </ul> <p><b>Accessibility Concerns</b></p> <ul style="list-style-type: none"> <li>• <b>Physical space in Venetian Building issues:</b> <ul style="list-style-type: none"> <li>○ Inadequate toilet space (incl. accessible toilet) for urine samples.</li> <li>○ Inaccessible scales for wheelchair users or those unable to stand.</li> <li>○ Accessible scale exists only in the Diabetic Foot Clinic.</li> </ul> </li> </ul>		
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p><b>Service User Feedback</b></p> <ul style="list-style-type: none"> <li>• Users generally feel safe and supported by the diabetes team.</li> <li>• Some uncertainty about how to raise incidents if needed.</li> <li>• Concerns over lack of awareness among non-specialist staff about differences between Type 1 and Type 2 diabetes and diabetes tech (e.g. pumps).</li> <li>• Importance of knowing how to get help and having confidence in timely response from the team.</li> <li>• Positive feedback on contact details now included in clinic letters, especially after moving away from nurse email contact.</li> </ul> <p><b>Friends and Family Test</b></p> <ul style="list-style-type: none"> <li>• No responses available; no data to report.</li> </ul> <p><b>Organisational Patient Safety Measures</b></p> <ul style="list-style-type: none"> <li>• Learning from Patient Safety Events (LfPSE) system launched on 3 April 2023; captures patient demographic data to identify disparities in safety events.</li> <li>• Patient Safety Incident Response Plan &amp; Policy now in place with a focus on proactive identification, learning from daily work, and system improvements.</li> </ul> <p><b>Dedicated Patient Safety Team Responsibilities</b></p> <ul style="list-style-type: none"> <li>• Monitors and analyses safety risks from multiple data sources (incidents, complaints, mortality, etc.).</li> <li>• Supports incident response using system-based investigations.</li> <li>• Guides Duty of Candour implementation.</li> <li>• Promotes just culture, human factors, systems thinking, and quality improvement.</li> <li>• Leads Trust-wide safety improvement and research initiatives.</li> <li>• Enhances patient and staff experience in safety processes.</li> </ul> <p><b>Implementation of National Safety Framework (PSIRF)</b></p>	2	Diabetes Type 1 Service Leads
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		<ul style="list-style-type: none"> <li>• Patient Safety Incident Response Framework (PSIRF) fully implemented at King's on 22 Jan 2024, which replaced Serious Incident Framework and removes repeated investigations into similar incident types.</li> <li>• Ensures proportionate response and appropriate support for those affected.</li> <li>• Governance led by Associate Director of Patient Safety, reporting to Director of Quality Governance</li> </ul>		
	1D: Patients (service users) report positive experiences of the service	<p><b>Current Feedback Collection</b></p> <ul style="list-style-type: none"> <li>• Feedback mechanisms available: Friends &amp; Family Test (FFT), PALS.</li> <li>• Low response rates; feedback is reliant on active participation.</li> <li>• No routine analysis of who provides feedback (e.g. by demographics).</li> <li>• Limited targeted feedback projects, e.g. young adults, but not consistent.</li> </ul> <p><b>PALS Queries Related to Diabetes Technology (since Jan 2023)</b></p> <ul style="list-style-type: none"> <li>• Wrong insulin pump returned to patient (human error).</li> <li>• Delays/issues in pump supply due to funding.</li> <li>• Referral delays for pump start.</li> <li>• Patient declined new pump model and requested return of the previous version.</li> <li>• Trust concerns: One user lacked confidence in PALS based on prior experience at another hospital.</li> </ul> <p><b>Service User Experience</b></p> <ul style="list-style-type: none"> <li>• Stakeholder workshop users reported positive experiences, but mostly anecdotal.</li> <li>• Low awareness of feedback options; those aware doubted its impact.</li> <li>• Desire for more visible and immediate feedback mechanisms.</li> </ul>	0.75	Diabetes Type 1 Service Leads

		<b>Suggestions from Service Users</b> <ul style="list-style-type: none"> <li>• Instant feedback button at clinic exit (e.g. smiley faces).</li> <li>• Real-time or same-day surveys post-appointment increase likelihood of responses.</li> <li>• Annual “feedback week” with staff/volunteers surveying patients in waiting areas.</li> </ul>		
<b>Domain 1: Commissioned or provided services overall rating</b>			<b>6.5</b>	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p><b>Domain 2:</b> <b>Workforce health and well-being</b></p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p><b>Occupational Health (OH) Service Overview</b></p> <ul style="list-style-type: none"> <li>• <b>Appointments:</b> 14,392 total offered; 6,132 were management referral appointments.</li> <li>• Referrals are assessed against a biopsychosocial and organisational model of care; including regulatory health surveillance, immunisations, needle stick/HIV exposures, wellbeing and menopause advice.</li> <li>• <b>Case Conferences:</b> 81 held for workplace retention or medical exit.</li> <li>• <b>OH Psychiatry Assessments:</b> 68 completed (data on specific conditions lacking).</li> </ul> <p><b>Staff Psychology Service Activity</b></p> <ul style="list-style-type: none"> <li>• <b>Individual referrals:</b> 180 referred, 63 assessed, 55 seen for therapy (370 total contacts).</li> <li>• <b>Triage outcomes:</b> <ul style="list-style-type: none"> <li>○ 30 to EAP/primary care,</li> <li>○ 9 to specialist services,</li> <li>○ 5 to secondary care,</li> <li>○ 1 to bereavement services.</li> </ul> </li> </ul> <p><b>Group and Team-Based Interventions</b></p> <ul style="list-style-type: none"> <li>• <b>Schwartz Rounds:</b> 12 rounds, 578 attendees.</li> <li>• <b>Team Sessions:</b> 69 total, including CISS, reflective groups, wellbeing consultations, training, and presentations (1,166 total attendees).</li> <li>• <b>Critical Care &amp; Emergency Department:</b> 39 targeted sessions, 412 attendees.</li> </ul> <p><b>Demographics (Voluntary Reporting)</b></p> <ul style="list-style-type: none"> <li>• <b>Reflective Practice (n = 157–167):</b> <ul style="list-style-type: none"> <li>○ <b>Gender:</b> ~76% Female.</li> <li>○ <b>Ethnicity:</b> Predominantly Asian (48%), followed by White (30%) and Black (18%).</li> <li>○ <b>Age:</b> Majority between 26–45.</li> <li>○ <b>Disability:</b> Very low disclosure (only 3 reported a disability).</li> </ul> </li> </ul>	<p>1.5</p>	<p>Head of Nursing and General Manager, Occupational Health &amp; Wellbeing</p>
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		<ul style="list-style-type: none"> <li>• <b>Critical Incident Support (n = 107–110):</b> <ul style="list-style-type: none"> <li>○ Similar demographic pattern as above with 100% disclosing no disability.</li> </ul> </li> <li>• <b>Teaching Sessions (n = 370–388):</b> <ul style="list-style-type: none"> <li>○ High female participation (79%).</li> <li>○ 69% Asian ethnicity.</li> <li>○ 98% reported no disability.</li> </ul> </li> </ul> <p><b>Data &amp; Infrastructure Issues</b></p> <ul style="list-style-type: none"> <li>• Cority (OH IT System) and ESR systems do not interface fully; demographic data (e.g. age, disability, ethnicity) is incomplete or inconsistently collected.</li> <li>• Mental health diagnosis data from OH psychiatry referrals is poor quality.</li> <li>• Protected characteristic analysis of sickness absence data is possible but not routinely reported or actioned.</li> </ul> <p><b>Support Structures</b></p> <ul style="list-style-type: none"> <li>• Sickness absence conversations are required post-return to work, focusing on reasonable adjustments and health support.</li> <li>• Wellbeing Champions support awareness and peer-led initiatives.</li> <li>• EAP and staff psychology provide mental health support; referrals also made to external/VCSE services.</li> <li>• Health &amp; Wellbeing team are trained Mental Health First Aiders who offer confidential, informal, and emotional support.</li> </ul> <p><b>Health Inequalities &amp; Workforce Initiatives</b></p> <ul style="list-style-type: none"> <li>• Trust intranet page raises awareness on how long-term conditions (e.g. diabetes, asthma, obesity, mental health, etc.) disproportionately affect different demographic groups.</li> <li>• Reasonable Adjustments Policy and Plan in place to support staff with long-term health conditions or disabilities.</li> </ul>		
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		<p><b>Wellbeing Offers</b></p> <ul style="list-style-type: none"> <li>• Promoted across sites via digital boards: sports access (e.g. swimming, tennis), yoga, walking clubs, and more.</li> <li>• Staff also signposted to domestic abuse support, financial advice, bereavement services, etc.</li> </ul> <p><b>Staff Survey 2023 – Wellbeing Insights</b></p> <ul style="list-style-type: none"> <li>• <b>65.95%</b> feel their manager takes interest in their wellbeing (↓0.19% from 2022).</li> <li>• <b>47.12%</b> feel the Trust takes positive action on wellbeing (↓2.11% from 2022).</li> </ul>		
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p><b>Anti-Discrimination &amp; Zero Tolerance</b></p> <ul style="list-style-type: none"> <li>The Trust has a publicly available anti-discrimination statement outlining zero tolerance for discrimination based on protected characteristics.</li> </ul> <p><b>Protection Against Abuse and Violence</b></p> <ul style="list-style-type: none"> <li><b>Patients with Capacity</b> <ul style="list-style-type: none"> <li>King's Supporting Positive Behaviour Policy guides staff in dealing with Bullying, harassment, or violence from patients; and hate incidents, with reporting options via InPhase and Police support via a liaison officer.</li> <li>Escalation pathway ensures staff are removed from unsafe environments, with senior-level decision-making on treatment refusal to protect professional registration.</li> </ul> </li> <li><b>Patients Without Capacity</b> <ul style="list-style-type: none"> <li>The Trust must continue treatment but supports staff with risk-reduction care plans to ensure safety while maintaining care.</li> </ul> </li> </ul> <p><b>Early Resolution &amp; Disciplinary Policies</b></p> <ul style="list-style-type: none"> <li>Early Resolution Policy promotes respectful behaviour and provides guidance for informal resolution.</li> <li>Disciplinary Policy and Conduct Standards: <ul style="list-style-type: none"> <li>Includes gross misconduct definitions such as assault and discrimination.</li> <li>Incorporates a pre-decision checklist for understanding behaviour in cultural context – aiming to reduce disciplinary actions based on miscommunication or cultural misunderstanding.</li> </ul> </li> </ul> <p><b>Incident Reporting &amp; Data Gaps</b></p> <ul style="list-style-type: none"> <li>InPhase is used for internal incident reporting but does not collect demographic data of involved individuals. This limits analysis of how incidents affect different demographic groups and the effectiveness of interventions.</li> </ul>	1	People Directorate
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		<p><b>Experiences of Bullying/Harassment:</b></p> <ul style="list-style-type: none"> <li>General trends from 2019 – 2023 experienced from patients/public, managers and colleagues indicate: <ul style="list-style-type: none"> <li>Most groups saw a decrease in incidents across all sources.</li> <li>A few groups – notably those who prefer to self-describe or not disclose gender/sexual orientation – reported increased or persistently high incidents, especially from colleagues and managers.</li> </ul> </li> </ul> <p><b>Experiences of Violence:</b></p> <ul style="list-style-type: none"> <li>General Trends from 2019 – 2023 experienced from patients/public, managers and colleagues indicate: <ul style="list-style-type: none"> <li><b>Decreases:</b> Most groups saw decreases in violence from patients/public (except non-binary and prefer to self-describe categories).</li> <li><b>Increases:</b> Certain groups, particularly non-binary and those who prefer to self-describe, reported increased violence from colleagues and managers.</li> <li><b>Stable:</b> Few groups reported stable rates, especially for violence from managers</li> </ul> </li> </ul> <p><b>Reporting:</b></p> <ul style="list-style-type: none"> <li><b>Bullying/Harassment:</b> <ul style="list-style-type: none"> <li>Reporting harassment showed a gradual increase across most groups, especially among those with long-lasting health conditions and bisexual staff.</li> <li>Staff in the BME and Heterosexual or Straight categories had slight increases in reporting over the years.</li> <li>Female and Male staff showed steady increases in reporting harassment, with males showing a larger increase from 38% in 2019 to 44% in 2023.</li> </ul> </li> <li><b>Physical Violence:</b></li> </ul>		
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		<ul style="list-style-type: none"> <li>○ Decrease in reporting across most subgroups, with a notable drop from 2019 to 2023 in BME and sexual orientation categories.</li> <li>○ BME and White staff showed the most variation in reporting physical violence, with the trend largely downwards.</li> <li>○ The age group 41-50 showed an increase, while younger and older age groups showed declines.</li> <li>○ Female and Male staff experienced decreases in reporting violence, with females still reporting at a higher rate.</li> </ul> <p><b>Support Mechanisms</b></p> <ul style="list-style-type: none"> <li>• Health &amp; Wellbeing team offers Mental health support (EAP, IAPT, stress support), financial, spiritual, family, bereavement, domestic abuse, and general health services.</li> <li>• Quarterly Wellbeing Offers are shared via the intranet and wellbeing hubs; staff diversity networks provide tailored support and signposting.</li> <li>• King's signposts to various national and VSCE organisations who provide support for those who have suffered verbal and physical abuse.</li> </ul> <p><b>Active Bystander Training</b></p> <ul style="list-style-type: none"> <li>• Introduced in October 2021 to tackle inappropriate behaviour. Empowers staff to challenge unacceptable norms and foster safer workplace culture. Over 1,800 staff trained, including 301 Band 8b and above staff since launch. During reporting year 2023/2024, 235 staff were trained, including 39 Band 8b and above.</li> </ul>		
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	<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"> <li>• The organisation supports Trade Unions through the implementation of the Partnership Agreement and the Staff Side Partnership Committee.</li> <li>• During the 2023/24 reporting period, ten cases were reported to the FTSU concerning inequalities related to race or other protected characteristics, showing little change from the previous year, which saw eleven cases recorded.</li> <li>• According to the 2023 Staff Survey: <ul style="list-style-type: none"> <li>○ Reporting of <b>harassment, bullying or abuse</b> is worsening over time across all groups;</li> <li>○ Reporting of <b>physical violence</b> is fluctuating over time and differs between groups;</li> <li>○ <b>54.96%</b> of staff feel safe to speak up about anything that concerns them in this organisation (0.34% increase since 2022).</li> <li>○ <b>42.96%</b> are confident that the organisation would address their concern if they spoke up (0.08% increase since 2022).</li> </ul> </li> <li>• King's five staff diversity networks are supported and empowered through the Staff Networks Framework agreement, allowing them to be staff led and funded, and are provided protected time or remuneration to support and guide staff.</li> <li>• The Trust's ERAF Policy mandates the requirement of a completed and approved ERAF on all existing or new policies.</li> <li>• The Trust's Early Resolution policy and Disciplinary Policy and Conduct Standards outlines the processes and procedures to follow which support staff in managing issues that arise; an ERAF is included in each policy.</li> <li>• Support is available to staff outside their line management structure through the Freedom to Speak Up (FTSU), Staff Networks, the Equality Diversity &amp; Inclusion (EDI) team, Trade Unions, Health &amp; Wellbeing team, Chaplaincy, Occupational Health, and Organisational Development (OD) team.</li> <li>• The King's Ambassador's programme combines the resources of FTSU, Wellbeing, OD and EDI to a single access point, with 58 ambassadors across the Trust.</li> </ul>	1	People Directorate
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	2D: Staff recommend the organisation as a place to work and receive treatment	<ul style="list-style-type: none"><li>● <b>59.89%</b> of staff employed at King's live locally to the Trust (in the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark).</li><li>● <b>56.43%</b> of staff would recommend King's as a place to work, down from <b>59.96%</b> in 2019.</li><li>● <b>61.56%</b> of staff would be happy with the standard of care provided by this organisation if their friend or relative needed treatment, down from <b>71.76%</b> in 2019.</li><li>● It is not possible to ascertain whether staff who live locally to the Trust would choose to use the services provided as data sources are separate.</li><li>● Exit Interviews for staff who are leaving the organisation are divided into two stages:<ul style="list-style-type: none"><li>1. Stage One is an online exit questionnaire.</li><li>2. Stage Two is a local exit interview meeting with the staff member's line manager.</li></ul></li><li>● Feedback from the online questionnaire is reviewed every quarter by the senior workforce team and the People Business Partners.</li><li>● When exit interviews are held at local level, local reporting is encouraged but not mandated.</li><li>● The organisation does not have a retention policy currently in place.</li><li>● 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.</li></ul>	1	People Directorate	
Domain 2: Workforce health and well-being overall rating				4.5	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p><b>Domain 3:</b> <b>Inclusive leadership</b></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>	<p>A leadership questionnaire was designed and developed, aligned to the requirements of EDS22.</p> <p>The questionnaire was shared with the Leadership Forum, a group consisting of 164 people from Board level, VSM, and Band 9 staff. A total of 72 senior leaders participated in the survey, which gave a response rate of 43.9%.</p> <p>Findings of the survey are:</p> <ul style="list-style-type: none"> <li>• 11 leaders have not completed any EDI related training;</li> <li>• Active Bystander is the most attended training, with 50% of leaders having completed.</li> <li>• Other popular training sessions are King's Inclusive Recruitment (46%), bite-sized Cultural Intelligence (31%), Cultural Intelligence full-day workshop (25%).</li> <li>• SEL led Inclusive Recruitment, Workplace Adjustments, and Virtual Reality Allyship training all had less than 17% of leaders complete.</li> <li>• <b>52%</b> of leaders are not a member of any staff networks.</li> <li>• <b>59%</b> of leaders have not attended any staff network meetings; 34.7% leaders attending between 1-4 meetings per year, with only one attending more than 10 meetings.</li> <li>• <b>65%</b> of leaders have not taken part in any other activities (blogs, vlogs, podcasts, media, authoring/contributing to reports, papers, panellist, judge etc.) related to EDI or Health Inequalities.</li> <li>• <b>34.7%</b> of leaders have not participated in any EDI events not connected to their own protected characteristics; 50% attended an ethnicity related event, 48% had attended a religious event/celebration, 27.7% attended a gender equality event, 25% attended an LGBTQ+ event, and 20.8% attended a disability related event. One person attended another event not already captured.</li> <li>• <b>8.3%</b> of leaders were nominated at King's Inclusion Awards.</li> </ul>	<p>1.5</p>	<p>Chief People Officer</p>
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		<ul style="list-style-type: none"> <li>• <b>97%</b> of leaders participate in some form of EDI related activity on a regular basis e.g. 1-1s, appraisals, attending Inclusion Board or external meetings, has EDI as a standing agenda item, or regular discussions with colleagues.</li> <li>• <b>61%</b> of leaders have not contributed to the development of the EDS, WRES, WDES, Gender Pay Gap, PSED or other. 33% of leaders contributed to the WRES, followed by WDES (25%), Gender Pay Gap (19%), EDS (11%), PSED (8.3%) or other (2.7%).</li> <li>• The involvement in those responses varied, and include: <ul style="list-style-type: none"> <li>○ Governance &amp; Strategy – Action plans, reports, data analysis, planning.</li> <li>○ Meetings &amp; Engagement – Attendance, discussions, panels, presentations.</li> <li>○ Training &amp; Development – Sessions, mentoring, leadership, cultural awareness.</li> <li>○ Data-Driven Action – Reviewing reports, staff survey insights, retention, workforce adjustments.</li> </ul> </li> <li>• The average self-rating of leaders on their knowledge of EDI, where 1 is no knowledge and 10 is SME, is 6.4.</li> <li>• The average self-rating of leaders on their knowledge of Health Inequalities, where 1 is no knowledge and 10 is SME, is 6.33.</li> <li>• Other comments and activities not captured throughout the survey are themed around training &amp; knowledge development, improving engagement &amp; networks, action vs talk, data &amp; strategy, and time available for staff to contribute effectively.</li> <li>• 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.</li> </ul>		
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		<ul style="list-style-type: none"> <li>• Equality and health inequalities are regularly discussed at Board and committee meetings.</li> <li>• All reports submitted to the Board or committee request that report authors pull out any EDI implications.</li> <li>• The Board and committees do not have a standing EDI agenda item, however, during 2023/2024, 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 2024.</li> <li>• EDI is a standing feature in all CEO reports to the Trust Board.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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 plan, there are specific activities that require the involvement of senior leaders,</li> <li>• 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.</li> <li>• In May of 2023, a '<a href="#">showcase brochure</a>' was published, which set out 13 health inequalities projects that are currently being resourced and delivered across the Trust.</li> </ul>		
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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"> <li>• 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.</li> <li>• 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]).</li> <li>• 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.</li> <li>• ‘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.</li> <li>• Annual WRES, WDES and Gender Pay Gap reports and associated actions plans are submitted to and discussed at Board level and in relevant committees.</li> <li>• EDI and addressing health inequalities are incorporated into corporate and departmental business plans and strategies. Some examples include People and Culture Plan 2022-2026, Annual Plan of Action 2023/2024, and Quality Account for 2023/2024.</li> </ul>	2	Chief People Officer
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	<p>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</p>	<ul style="list-style-type: none"> <li>Monitoring of WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, and EDS takes place in Inclusion Board and is owned by the Director of EDI.</li> <li>Monitoring and implementation of the Accessible Information Standard (AIS) takes place in the Patient Experience Committee and is owned by the Chief Nurse.</li> <li>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: <a href="https://equalitydiversityandinclusionreporting.kch.nhs.uk">Equality, diversity and inclusion reporting   King's College Hospital NHS Foundation Trust (kch.nhs.uk)</a>.</li> </ul> <p><b>WRES</b></p> <ul style="list-style-type: none"> <li>Although some improvements have been seen in Indicator 1, BME representation has not changed at VSM, and has decreased by: <ul style="list-style-type: none"> <li>2% at Band 8d</li> <li>5% at Band 9</li> </ul> </li> </ul> <p><b>WDES</b></p> <ul style="list-style-type: none"> <li>Although some improvements have been seen in Indicator 1, people with disabilities are overrepresented in Bands 1-8b, but are significantly underrepresented in Bands 8c and above.</li> </ul> <p><b>Equality Impact Assessments (ERAF)</b></p> <ul style="list-style-type: none"> <li>Every Trust policy requires an ERAF as per the ERAF policy.</li> <li>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.</li> <li>Each ERAF needs to be reviewed and signed off by a member of the EDI Team before it can be submitted and approved alongside the associated project.</li> </ul>	2	Chief People Officer
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		<ul style="list-style-type: none"> <li>Monitoring and implementation takes place in EDI Board and is owned by the Director of EDI.</li> </ul>		
<b>Domain 3: Inclusive leadership overall rating</b>			<b>5.5</b>	
<b>Third-party involvement in Domain 3 rating and review</b>				
<b>Trade Union Rep(s):</b>		<b>Independent Evaluator(s)/Peer Reviewer(s):</b>		
Keely Penalver, BOSTU Rep / Staffside Secretary King's College Hospital NHS Foundation Trust		Wasia Shahain, Assistant Director of Equality, Diversity and Inclusion South East London Integrated Care System		

<b>EDS Organisation Rating (overall rating):</b>
16.5 - Developing
<b>Organisation name(s):</b>
King's College Hospital NHS Foundation Trust
<p>Those who score <b>under 8</b>, adding all outcome scores in all domains, are rated <b>Undeveloped</b></p> <p>Those who score <b>between 8 and 21</b>, adding all outcome scores in all domains, are rated <b>Developing</b></p> <p>Those who score <b>between 22 and 32</b>, adding all outcome scores in all domains, are rated <b>Achieving</b></p> <p>Those who score <b>33</b>, adding all outcome scores in all domains, are rated <b>Excelling</b></p>

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