King's College Hospital
NHS Foundation Trust

King's Workforce Sexual Orientation Equality Standard Report

2025

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King's College Hospital
NHS Foundation Trust

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Introduction

At King's College Hospital NHS Foundation Trust, we continue to demonstrate our strong commitment to diversity, equity and inclusion, making it one of the four key ambitions of our BOLD vision: Brilliant people, Outstanding care, Leaders in research, innovation and education, and Diversity, equality and inclusion at the heart of everything we do. King's will launch its new 5-year strategy in 2026, in which Equity, Diversity and Inclusion will remain a key pillar for the organisation.

We recognise and value the diversity of our workforce and are dedicated to ensuring that our staff reflect the communities we serve. Despite ongoing progress, disparities remain in several areas of workplace experience including disciplinary processes, experiences of discrimination, access to career progression, and instances of bullying and harassment.

The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) continue to help us analyse and understand the experiences of staff with these protected characteristics, informing targeted action plans to reduce inequalities. However, data and insights related to sexual orientation and gender identity (gender reassignment) are still limited, as there is currently no national statutory or mandatory requirement for Workforce Sexual Orientation reporting.

To address this gap, King's implemented the Workforce Sexual Orientation Equality Standard (WSOES) in 2024. This initiative aims to ensure that staff of all sexual orientations have equitable access to career opportunities, experience fair treatment, and work in an environment free from harm or discrimination. This report provides a detailed account of how the Trust continues to meet the Public Sector Equality Duty.

Evidence consistently shows that an inclusive, respectful, and valued workforce leads to higher quality patient care, improved satisfaction, greater safety, and more innovative and efficient services[1,2]. We will publish this report annually alongside the WRES and WDES reports and share accompanying recommendations and action plans on our Trust website. This work is further supported by the ongoing implementation of the Rainbow Badges Programme, to which King's remains fully committed.

Currently, ESR does not allow for trans status or identities outside of the binary (i.e. male/female) to be recorded. As many of the indicators within this report rely on this data, we are unable to report fully on trans and non-binary experience. There are active calls for this to be updated nationally by the Department for Health and Social Care. However, it is important to us that we take steps to understand the experience of our trans and non-binary colleagues to the extent possible. Therefore, we have included some of the data that is available to us from the NHS Staff Survey.

Our 2024 Workforce Sexual Orientation Equality Standard (WSOES) report can be found on the Trust website: https://www.kch.nhs.uk/document/workforce-sexual-orientation-equality-standard-report-2024/

A note on language:

In this report, the abbreviation LGB+ will be used to refer to people who identify as Lesbian, Gay, Bisexual, and other sexual orientations. These sexual orientations have been grouped together to ensure the anonymity of the individuals within the Trust, as well as to allow for more statistically significant comparison across the Employee Record System (ESR) data, NHS Staff Survey data, and National Census 2021 data. We recognise that this does not reflect the experiences of all LGB+ staff, and that some individuals may have different experiences than those presented here.

King's Anti-discrimination Statement

King's College Hospital NHS Foundation Trust is dedicated to embracing the broad diversity of our staff, patients and communities and stand firmly against all forms of prejudice and discrimination.

Our commitment extends to all protected characteristics under the Equality Act 2010 as well as other vulnerable groups. We expect every employee to respect and uphold this in relation to all our trust policies, practices, and procedures.

It is against the law to discriminate against anyone because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality, ethnic or national origin), religion and belief, sex, and sexual orientation.

Discrimination towards our staff or patients, in any form, is strictly prohibited. This includes, but is not limited to, racism, ableism, homophobia, biphobia, transphobia, sexism, ageism, religious discrimination, and any other prejudiced behaviour that undermines the rights, wellbeing and identity of our staff, and patients.

Discrimination can be displayed in various forms including, but not limited to, language, behaviours, unequal treatment, harassment, exclusion, stereotyping, or denying access to opportunities.

We embrace our duty to address discrimination in all its forms, and we pledge to:

- listen to the voices and lived experience of colleagues and patients, and other groups who suffer discrimination or lack of fair representation
- commit to working towards removing inequalities within our Trust, including differences in access, experience and outcomes for our diverse patient groups
- turn that commitment into positive action and real change
- use our voice and influence within the wider system to address the wider social determining factors of health
- accept our responsibility to listen to, and learn from, the experience of all underrepresented groups
- listen with respect and genuine curiosity, acknowledging that continued action and resource is required to bring about the change we need to see
- ask all colleagues to work with us to remove unfairness and discrimination within our organisation and within our wider communities

Reporting Indicators & Methodology

There are twelve (12) WSOES indicators:

- Five (5) indicators focus on workforce data.
- Six (6) indicators are based on questions from the NHS Staff Survey.
- One (1) indicator focuses on LGB+ representation on the Trust board.

Six (6) indicators are aligned to the Workforce Race Equality Standard (WRES), with three (3) of these indicators also aligning to the Workforce Disability Equality Standard. The methodology used across is based on the WRES technical guidance. Six (6) additional indicators were agreed with the Trust's LGBTQ+ Staff Network, King's & Queers, based on anecdotal and external evidence which suggest there are disparities in experience.

These indicators align to the key interventions outlined within NHS England's equality, diversity and inclusion improvement plan to address the negative experiences of staff with individual protected characteristics, namely gender reassignment and sexual orientation. Our reporting of the experience of LGB+ and trans colleagues will enable us to set goals and targets aligned to the High Impact Actions, supporting us to fulfil our responsibilities under this improvement plan.

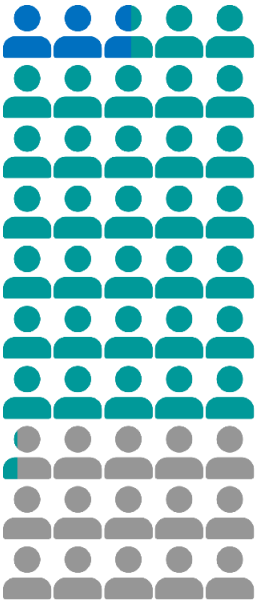
Indicators relating specifically to the experience of trans staff are prefixed with the letter 'T' throughout the report.

Our Colleagues

When we collected our data on 31 March 2025, 85.3% of our staff had self-reported their sexual orientation, an increase of 1.97% from 31 March 2024. As 14.7% of colleagues did not share their sexual orientation, data we have used for these indicators may not truly reflect the experience of all lesbian, gay, bisexual, and other sexual orientation (LGB+) colleagues.

A total of 14,342 colleagues made up our workforce, with 734 (5.1%) colleagues self-reporting that they are lesbian, gay, bisexual, or chose 'other' to describe their sexual orientation (LGB+). 11,503 (80.2%) staff self-reported they are heterosexual or straight, and 2,105 (14.7%) staff did not share their sexual orientation information on ESR.

When comparing ESR data to other demographics, sexual orientation has the highest rate of not declaring (14.7%), followed by religion (12.23%), disability (7.77%), and ethnicity (5%).



Source: NHS Staff Survey 2024
Response rates:

Sexual orientation
Heterosexual: 5736 - 5810
Gay or lesbian: 245 - 249
Bisexual: 137 - 139
Other sexual orientation: 31-32
Prefer not to say: 500-509

Gender Identity
Cisgender: 6015 - 6063
Transgender: 48 - 49
Prefer not to say: 279 - 285

Key Findings

When comparing the experience of LGB+ staff with heterosexual staff:

LGB+ staff are **1.57x more likely** to be appointed from shortlisting	LGB+ staff are **1.99x more likely** to enter a formal disciplinary process	LGB+ staff are **1.23x more likely** to access non-mandatory training	LGB+ staff sickness rate for mental health reasons is **1.62x higher**
LGB+ staff are **1.22x more likely** to experience bullying or harassment from colleagues	LGB+ staff are **equally likely** to experience bullying or harassment from managers	LGB+ staff are **2x more likely** to experience violence from managers	LGB+ staff are **1.71x more likely** to experience violence from colleagues
LGB+ staff are **1.45x more likely** to experience unwanted sexual behaviour from patients	LGB+ staff are **1.86x more likely** to experience unwanted sexual behaviour from colleagues	LGB+ staff are **1.48x more likely** to look for a job in a new organisation in the next 12 months	LGB+ staff are **0.94x as likely** to feel safe speaking up

When comparing the experience of trans staff with cisgender staff:

Trans staff are **1.50x more likely** to experience bullying or harassment from colleagues	Trans staff are **1.54x more likely** to experience bullying or harassment from managers	Trans staff are **8.5x more likely** to experience violence from managers	Trans staff are **3.59x more likely** to experience violence from colleagues
Trans staff are **1.56x more likely** to experience unwanted sexual behaviour from patients	Trans staff are **3x more likely** to experience unwanted sexual behaviour from colleagues	Trans staff are **0.93x as likely** to look for a job in a new organisation in the next 12 months	Trans staff are **0.75x as likely** to feel safe speaking up

Summary of Indicators

A summary table for each indicator is below, alongside an indication of whether there is an improvement being seen year-on-year in the 'Status' column.

Although most indicators have improved since 2023/2024, there remains significant disparity in experience for LGB+ and trans colleagues. In almost all instances, LGB+ and trans staff have poorer experiences when compared to their heterosexual or cisgendered counterparts.

While the experience gap is narrowing, the data underlines the need for consistent, targeted interventions to support the progress being made.

Indicator		2023/2024	2024/2025	Status
1	Workforce Representation	4.97%	5.12%	+ 0.15%
2	Board Voting Membership	0%	0%	0%
3	Likelihood of Appointment	-	1.57	N/A
4	Likelihood of Entering Disciplinary	-	1.99	N/A
5	Accessing Non-mandatory CPD training	-	1.23	N/A
6	Fairness in Career Progression	50.1%	50.5%	+ 0.4%
7a	Bullying, harassment & abuse (patients)	37.7%	42.3%	+ 4.6%
7b	Bullying, harassment & abuse (managers)	18.7%	12.3%	- 6.4%
7c	Bullying, harassment & abuse (colleagues)	27.9%	26.5%	- 1.5%
8a	Physical violence (patients)	25.2%	22.4%	- 2.8%
8b	Physical violence (managers)	5.4%	2.4%	- 3.0%
8c	Physical violence (colleagues)	7.6%	5.1%	- 2.5%
9a	Unwanted behaviour of a sexual nature (patients)	15.8%	12.7%	- 3.1%
9b	Unwanted behaviour of a sexual nature (staff)	8.9%	7.8%	- 1.1%
10	Leaving in the next 12 months	38.7%	36.0%	- 2.7%
11	Feeling safe to speak up	52%	51.7%	- 0.3%
12	Sickness rates (mental health)	-	1.20%	N/A
T6	Fairness in Career Progression	37.3%	38.8%	+ 1.5%
T7a	Bullying, harassment & abuse (patients)	40.4%	34.7%	- 5.7%
T7b	Bullying, harassment & abuse (managers)	24.0%	20.4%	- 3.6%
T7c	Bullying, harassment & abuse (colleagues)	38.0%	32.7%	- 5.4%
T8a	Physical violence (patients)	42.0%	30.6%	- 11.4%
T8b	Physical violence (managers)	17.7%	10.2%	- 7.5%
T8c	Physical violence (colleagues)	20.0%	10.4%	- 9.6%
T9a	Unwanted behaviour of a sexual nature (patients)	19.2%	14.3%	- 4.9%
T9b	Unwanted behaviour of a sexual nature (staff)	17.3%	12.2%	- 5.1%
T10	Leaving in the next 12 months	32.7%	26.5%	- 6.2%
T11	Feeling safe to speak up	36.5%	40.8%	+ 4.3%

Indicator 1 – Representation

% of colleagues in AfC Bands 2-9, VSM, Consultant, Non-Consultant Career Grades & Training Grades compared with colleagues in the overall workforce.

Since 2022, the representation of LGB+ colleagues working at King's has increased year-on-year, with overall declaration rates also increasing year-on-year.

Total Workforce	31/03/2022 (13,750)	31/03/2023 (14,421)	31/03/2024 (14,758)	31/03/2025 (14,342)
% LGB+	4.09% (562)	4.59% (663)	4.97% (734)	5.12% (734)
Declaration Rates	*79.21% (10,898)*	*79.08% (11,406)*	*83.33% (12,294)*	*85.32% (12,237)*

	% LGB+ (31/03/2022)	% LGB+ (31/03/2023)	% LGB+ (31/03/2024)	% LGB+ (31/03/2025)
Bands 2-4	3.91%	4.04%	4.45%	4.09%
Bands 5-6	4.69%	4.91%	5.41%	5.49%
Band 7-8b	4.31%	5.09%	5.27%	5.71%
Band 8c to VSM	4.21%	5.60%	6.84%	8.07%
Consultants	3.51%	3.15%	3.21%	3.37%
Non-Consultant Career Grades	1.56%	2.05%	2.04%	3.03%
Training Grades	2.60%	5.29%	5.50%	6.09%
Other †	0.00%	0.00%	0.00%	10%
TOTAL	**4.08%**	**4.59%**	**4.97%**	**5.12%**

0% in post	>0.5% Increase	>0.5% Decrease	No change

† Staff included in the *Other* category may include staff on AfC Band 1 contracts, apprentices and staff in ad-hoc pay scales. The number of staff in this group represents 0.0007% of the organisation and therefore, one person may skew this data significantly.

According to the National Census 2021, LGB+ residents across Lambeth, Lewisham, Southwark, Bromley, and Bexley make up 8.25%, 8.08%, 6.14%, 2.73%, and 2.11% of the population respectively. Our Denmark Hill site serves Lambeth, Lewisham and Southwark, and our PRUH and South Sites serve Bromley and Bexley.

LGB+ people make up **5.74%** of our staff group based at Denmark Hill (up from 5.08% in 2024), and **4.19%** of our staff group based at PRUH (down from 4.65% in 2024). This means that despite sustained increases each year, our workforce is not yet representative of the communities we serve at Denmark Hill (average 7.49%). However, our workforce is over representative of the PRUH and South Sites communities that we serve (average 2.42%).

Indicator 2 – Board voting membership

% difference of LGB+ colleagues between our Board voting membership compared to our overall workforce.

Since 2021, there has been no visible LGB+ representation on our Board voting membership, despite the proportion of LGB+ colleagues overall increasing consistently year-on-year. Based on our current data, we do not have any LGB+ representation at Board level although some members have not yet shared their sexual orientation on ESR. As such a small number of colleagues are involved, changes in appointments can have a significant impact on reported proportions.

Indicator 3 – Likelihood of Appointment

Relative likelihood of LGB+ applicants being appointed from shortlisting compared to that of heterosexual applicants across all posts.

LGB+ staff are **1.57 times more likely** to be appointed from shortlisting compared to heterosexual staff.

	Heterosexual	LGB+	Not Stated	Grand Total
Shortlisted	11627	686	1593	13906
Appointed	1328	123	833	2284
% appointed in group	11.42%	17.93%	52.29%	16.42%
Likelihood rate	**0.1142**	**0.1793**	**0.5229**	**1.57**

However, it should be noted that when rates of non-declaration are similar or higher than declaration rates – as seen here where the number of appointees who did not state their sexual orientation (833) is 6.8 times higher than the number of LGB+ appointees (123) – it adds significant uncertainty to the estimate of LGB+ representation in the figures.

The representation of LGB+ appointees could be anywhere between 17.93% and 42%; if those 833 appointees who chose not to share their sexual orientation were all LGB+, representation would increase to 41.95%, or **3.67 times**. Similarly, if those same 833 appointees were all heterosexual staff, likelihood rate would reduce to **1.10 times**.

	Shortlisted	Appointed	% Appointed
Heterosexual or Straight	11,627	1,328	11.42%
LGB+	686	123	17.93%
Bisexual	275	38	13.82%
Gay or Lesbian	344	75	21.80%
Other sexual orientation	35	6	17.14%
Undecided	32	4	12.50%
Not stated	1,593	833	52.29%

Of the LGB+ staff appointed from shortlisting, gay or lesbian colleagues are more likely to be appointed, followed by bisexual, those who selected “other” to describe their sexual orientation, and those who are undecided. There is a general correlation between appointment rates and representation, however numbers are so small that even a few additional in one group could swing the data significantly in one direction.

The underlying reasons for the overall likelihood are unclear, and more work is required to understand causality. It is important to recognise differences in appointment rates could be influenced by intersectional factors such as age, gender, ethnicity, or role type, which are not reflected here. If LGB+ applicants disproportionately belong to groups with higher appointment rates, this could inflate the ratio.

To find out more information and understand the relative likelihood of appointments based on ethnicity and disability, please refer to the Trust’s Workforce Race Equality Standard and Workforce Disability Equality Standard.

Indicator 4 – Likelihood of Entering Disciplinary

Relative likelihood of LGB+ colleagues entering the formal disciplinary process, compared to heterosexual colleagues, as measured by entry into a formal disciplinary investigation.

LGB+ staff are **1.99 times more likely** to enter a formal disciplinary process compared to heterosexual staff.

	Heterosexual	LGB+	Not Stated	Grand Total
Overall Workforce	11588	740	2117	14445
Number of staff entering the formal disciplinary process	55	7	11	73
% of disciplinaries in group	0.47%	0.95%	0.52%	0.51%
Likelihood rate	**0.0047**	**0.0095**	**0.0052**	**1.99**

However, it should be noted that when rates of non-declaration are similar or higher than declaration rates – as seen here where the number of staff who entered disciplinaries who did not state their sexual orientation (11) is 1.57 times higher than the number of LGB+ staff (7) – it adds significant uncertainty to the estimate of LGB+ representation in the figures.

The number of cases is so small that even a few additional in one group could swing the data significantly in one direction.

	Disciplinary Cases	% of Group †	% of overall Total
Heterosexual or Straight	55	75.3%	75.3%
LGB+	7	9.6%	9.6%
Bisexual	*4*	*57%*	*5.5%*
Gay or Lesbian	*3*	*43%*	*4.1%*
Not Stated	11	15.1%	15.1%
Not stated (person asked, declined)	*10*	*91%*	*13.7%*
Not specified	*1*	*9%*	*1.4%*

Of the 73 formal disciplinary cases during FY 24-25, seven (9.6%) involved LGB+ staff. Of those seven LGB+ staff, four (5.5%) were bisexual and three (4.1%) were gay or lesbian. This is disproportionate to the representation of LGB+ staff across the organisation. Additional work is required to understand causality, identify any overarching themes, and develop an understanding of trend.

It is important to recognise differences in disciplinary rates could be influenced by intersectional factors such as age, gender, or ethnicity, which are not reflected here.

To find out more information and understand the relative likelihood of disciplinaries based on ethnicity, please refer to the Trust's Workforce Race Equality Standard.

† % of Group indicates the percentage representation within that group e.g. 57% of LGB+ staff were bisexual and 43% of LGB+ staff were gay or lesbian.

Indicator 5 – Access to Training and CPD

Relative likelihood of LGB+ colleagues accessing non-mandatory training and CPD, compared to heterosexual colleagues.

LGB+ staff are **1.23 times more likely** to access non-mandatory training and compared to heterosexual staff. However, only 11.72% of all staff attended non-mandatory training during the reporting year.

	Heterosexual	LGB+	Not Stated	Grand Total
Overall Workforce	11588	740	2117	14445
Number of staff attending at least one non-mandatory training	1,357	107	229	1693
% of staff attending non-mandatory training	11.71%	14.46%	10.82%	11.72%
Likelihood rate	**0.1171**	**0.1446**	**0.1082**	**1.23**

However, it should be noted that when rates of non-declaration are similar or higher than declaration rates – as seen here where the number of staff who accessed non-mandatory training who did not state their sexual orientation (229) is 2.14 times higher than the number of LGB+ staff (107) – it adds significant uncertainty to the estimate of LGB+ representation in the figures.

	Accessing Training	% of Group †	% of overall Total
Heterosexual or Straight	1,357	80.2%	80.2%
LGB+	107	6.3%	6.3%
Bisexual	30	28%	1.8%
Gay or Lesbian	69	64.5%	4.1%
Other sexual orientation	7	6.5%	0.4%
Undecided	1	0.9%	0.1%
Not Stated	229	13.5%	13.5%
Not stated (person asked, declined)	*218*	*95.2%*	*12.9%*
Not specified	*11*	*4.8%*	*0.6%*

This is roughly in-line with representation levels across the organisation, with only gay or lesbian staff slightly over-represented in this metric. Additional work is required to understand causality, identify any overarching themes, and develop an understanding of trend.

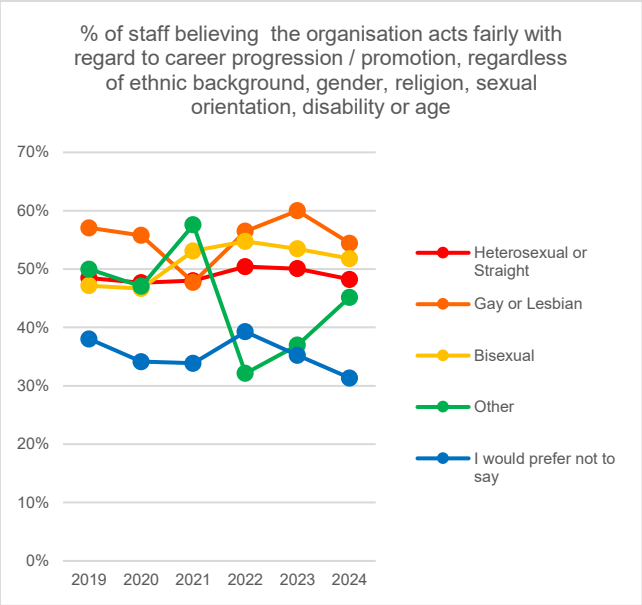
It is important to recognise differences in rates of access to non-mandatory training could be influenced by intersectional factors such as age, gender, or ethnicity, which are not reflected here.

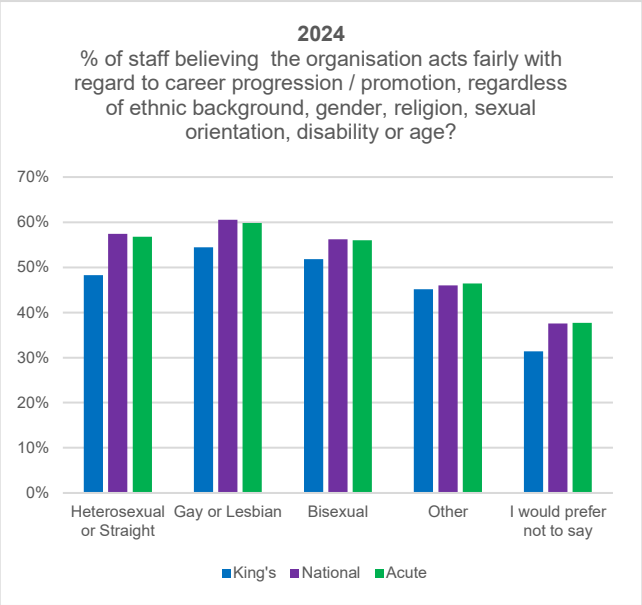
To find out more information and understand the relative likelihood of accessing non-mandatory training based on ethnicity, please refer to the Trust's Workforce Race Equality Standard.

† % of Group indicates the percentage representation within that group e.g. 28% of LGB+ staff were bisexual and 64.5% of LGB+ staff were gay or lesbian.

Indicator 6 – Fairness in career progression

% of colleagues who believe that the organisation provides equal opportunities for career progression and/or promotion.





Gay/lesbian and bisexual staff are generally more likely than heterosexual staff to feel the organisation acts fairly with regards to career progression, though fluctuations exist over time.

Colleagues who selected “other” to describe their sexual orientation and colleagues who chose not to share show inconsistent and generally lower perceptions of fairness for career progression.

The relative likelihood for LGB+ staff when compared to heterosexual staff in 2024 was:

LGB+ staff: 1.05 × more likely
Gay or Lesbian: 1.13 × more likely
Bisexual: 1.08 × more likely
Other: 0.94 × as likely
Prefer not to say: 0.65 × as likely

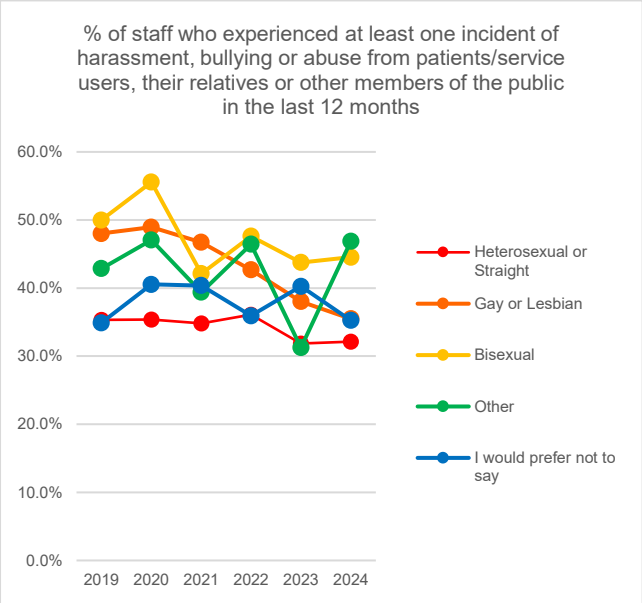
The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts.

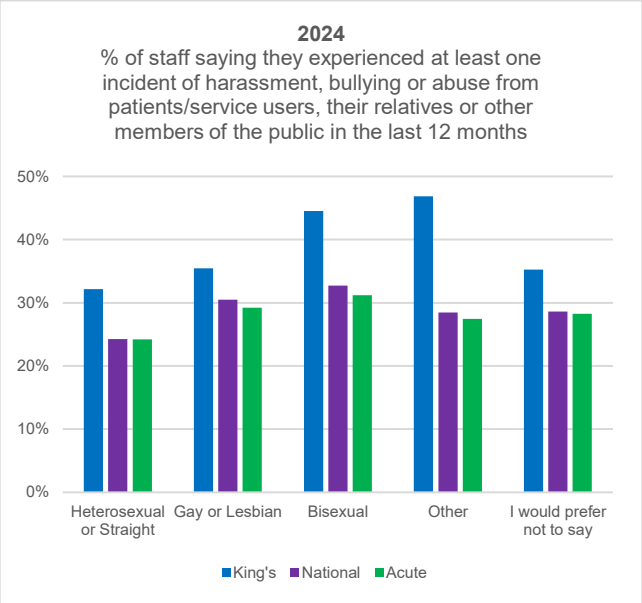
The notable differences when compared nationally are with heterosexual colleagues (9.2% worse), those who chose not to share their sexual orientation (6.2% worse) and gay/lesbian colleagues (6.1% worse).

Indicator 7 – Bullying and harassment

Indicator 7a – Bullying and harassment from patients / service users, their relatives or other members of the public

% of colleagues who experienced harassment, bullying, or abuse at work from patients / service users, their relatives, or other members of the public, compared to heterosexual colleagues.





LGB+ colleagues report consistently higher rates of bullying, harassment or abuse from patients / service users, their relatives or the public when compared to heterosexual staff.

Whilst gay/lesbian staff experience is consistently improving, bisexual and staff who selected “other” to describe their sexual orientation generally report little long-term improvement.

The relative likelihood when compared to heterosexual staff in 2024 was:

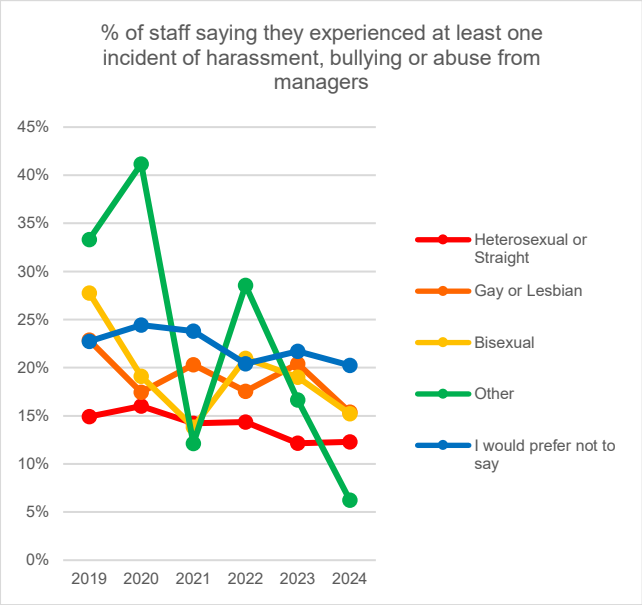
LGB+: 1.32 × more likely
Gay or Lesbian: 1.11 × more likely
Bisexual: 1.39 × more likely
Other: 1.46 × more likely
Prefer not to say: 1.10 × more likely

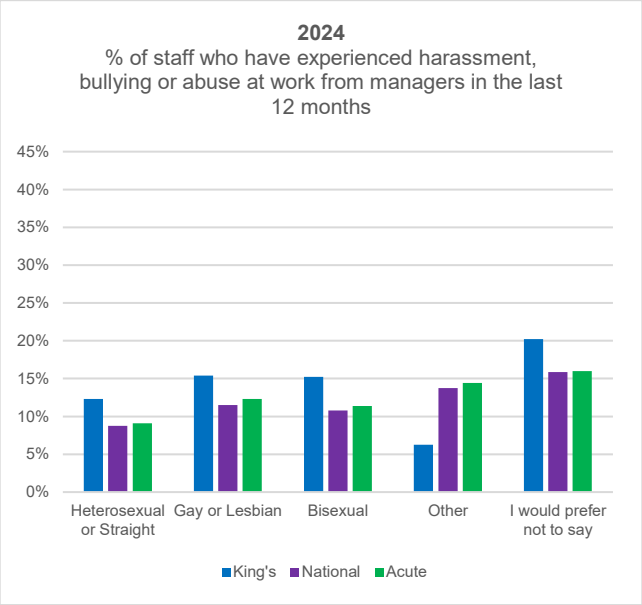
The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts.

The biggest differences of experience when compared nationally are for those who selected “other” to describe their sexual orientation (18.4% worse) and bisexual colleagues (11.8% worse).

Indicator 7b – Bullying and harassment from managers

% of colleagues who experienced harassment, bullying, or abuse at work from their manager/s, compared to heterosexual colleagues.





LGB+ colleagues report consistently higher rates of bullying, harassment or abuse from managers when compared to heterosexual staff.

Whilst experiences for all LGB+ colleagues has generally improved since 2019, there are significant fluctuations for bisexual staff and those who selected “other” to describe their sexual orientation.

The relative likelihood when compared to heterosexual staff in 2024 was:

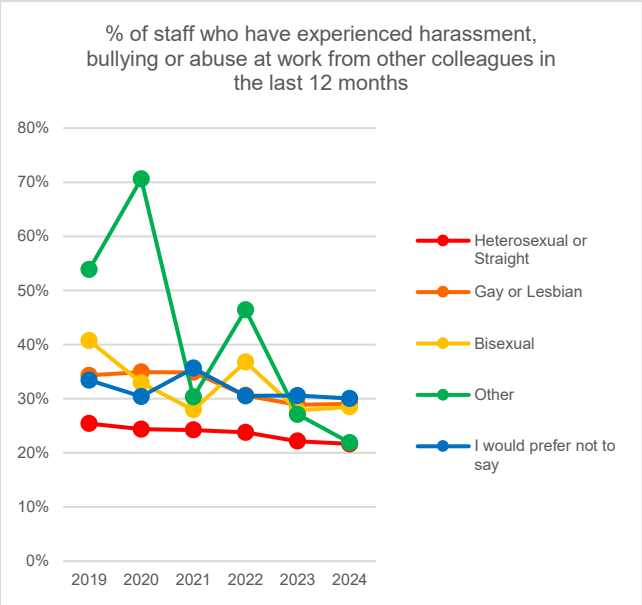
LGB+: 1.00 × as likely
Gay or Lesbian: 1.25 × more likely
Bisexual: 1.24 × more likely
Other: 0.51 × as likely
Prefer not to say: 1.64 × more likely

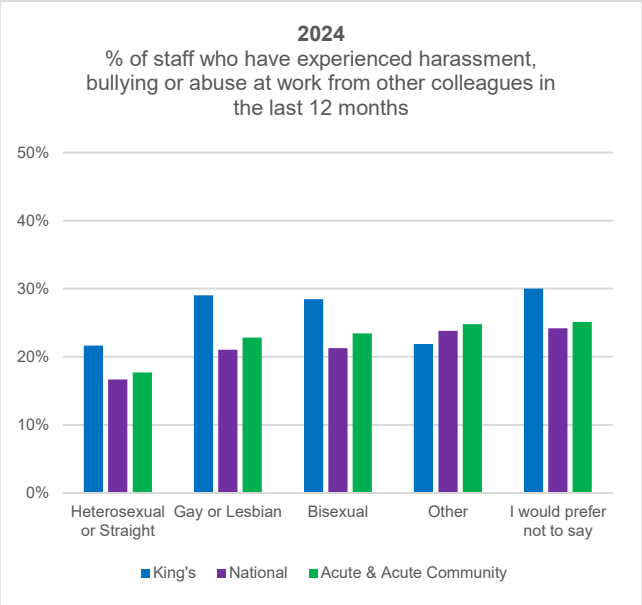
The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts, with the exception of those who selected “other” to describe their sexual orientation whose experience is significantly better.

The biggest differences of experience when compared nationally are bisexual colleagues and those who chose not to share (both 4.4% worse).

Indicator 7c – Bullying and harassment from colleagues

% of colleagues who experienced harassment, bullying, or abuse at work from other colleagues, compared to heterosexual colleagues.





LGB+ colleagues report consistently higher rates of bullying, harassment or abuse from colleagues when compared to heterosexual staff.

Whilst experiences for all LGB+ colleagues has generally improved since 2019 and stabilised from 2023, there are significant fluctuations for those who selected “other” to describe their sexual orientation.

The relative likelihood when compared to heterosexual staff in 2024 was:

LGB+: 1.22 × more likely
Gay or Lesbian: 1.34 × more likely
Bisexual: 1.31 × more likely
Other: 1.01 × more likely
Prefer not to say: 1.38 × more likely

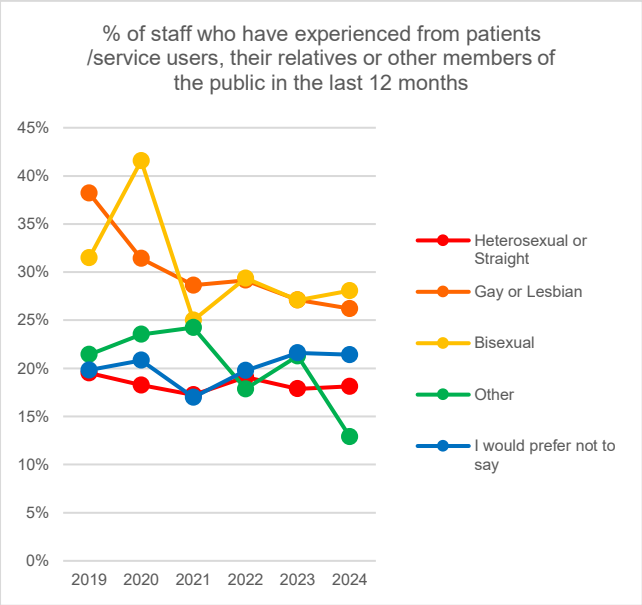
The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts, with the exception of those who selected “other” to describe their sexual orientation whose experience is slightly better.

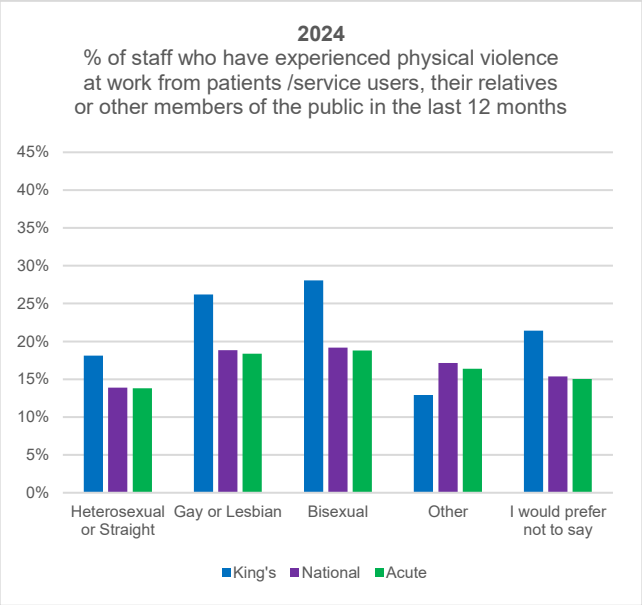
The highest differences of experience when compared nationally are gay/lesbian colleagues (8% worse) and bisexual colleagues (7.2% worse). This gap has increased since 2023.

Indicator 8 – Physical violence

Indicator 8a – Physical violence from patients / service users, their relatives or other members of the public

% of colleagues who experienced physical violence from patients / service users, their relatives, or other members of the public, compared to heterosexual colleagues.





LGB+ colleagues report consistently higher rates of physical violence from patients or other members of the public when compared to heterosexual staff.

Whilst experiences for all LGB+ colleagues has improved since 2019 and stabilised from 2023, fluctuations can be seen for those who selected “other” to describe their sexual orientation.

The relative likelihood when compared to heterosexual staff in 2024 was:

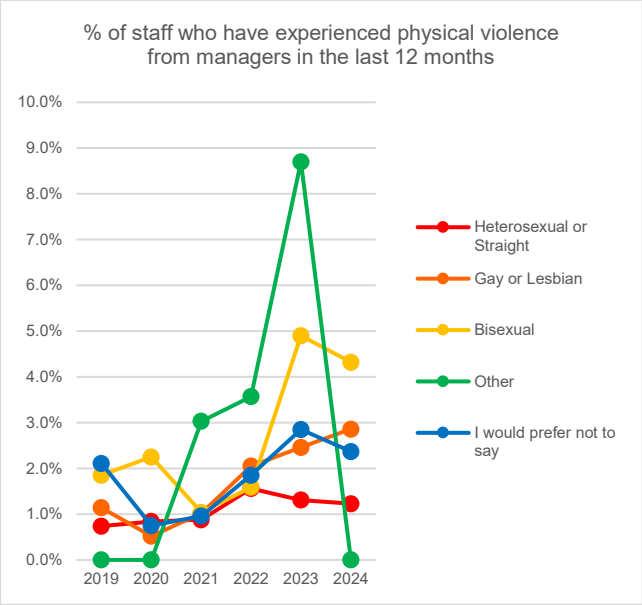
LGB+: 1.24 × more likely
Gay or Lesbian: 1.45 × more likely
Bisexual: 1.55 × more likely
Other: 0.71 × as likely
Prefer not to say: 1.18 × more likely.

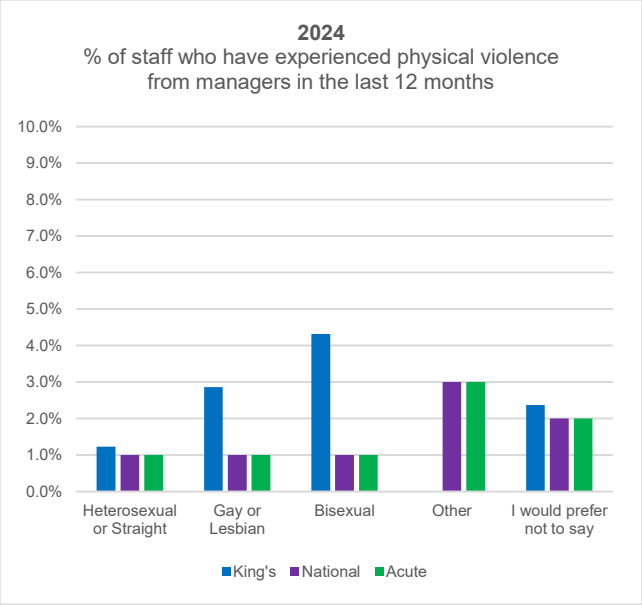
The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts, with the exception of staff who would describe their sexual orientation as “other” whose experience is slightly better.

The biggest differences in experience when compared nationally are bisexual colleagues (8.9% worse), gay or lesbian colleagues (7.4% worse), and those who chose not to share (6.1% worse).

Indicator 8b – Physical violence from managers

% of colleagues who experienced physical violence from managers compared to heterosexual colleagues.





LGB colleagues and those who chose not to share their sexual orientation continue to report the highest rates of experiencing physical violence from managers, with gay/lesbian colleagues experiencing increased rates this year.

Those who selected “other” to describe their sexual orientation did not report any experiences this year, marking a significant fluctuation over time.

The relative likelihood when compared to heterosexual staff in 2024 was:

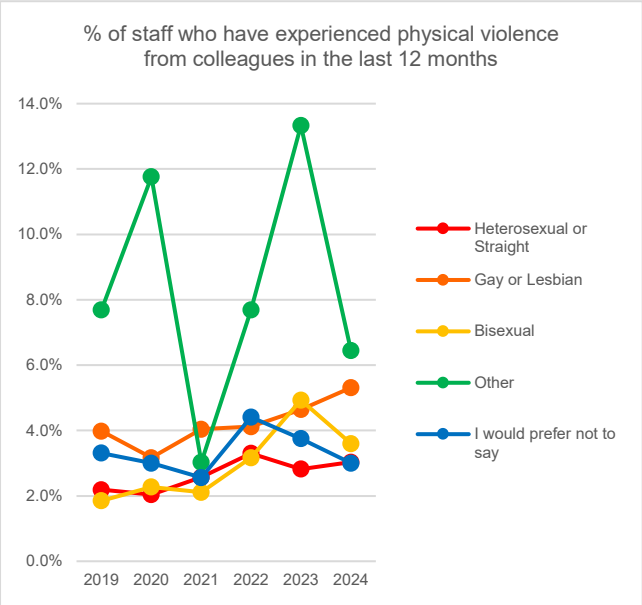
LGB+: 2.00 × more likely
Gay or Lesbian: 2.42 × more likely
Bisexual: 3.58× more likely
Other: 0 × as likely
Prefer not to say: 2.00 × more likely

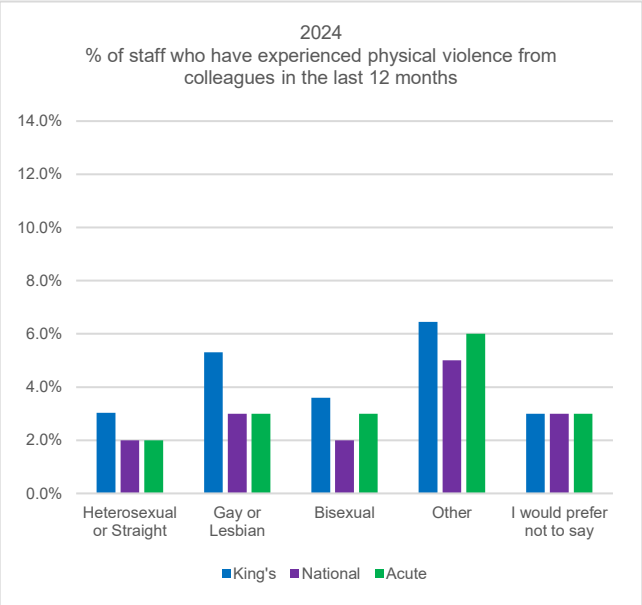
The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts.

The biggest differences in experience when compared nationally are bisexual colleagues (3.3% worse), and gay/lesbian colleagues (1.9% worse).

Indicator 8c – Physical violence from other colleagues

% of colleagues who experienced physical violence from other colleagues compared to heterosexual colleagues.





Since 2020, gay/lesbian colleagues are reporting increasing rates of violence from colleagues each year, with 2024 being the worst so far.

Overall, LGB+ colleagues continue to experience higher rates of violence from colleagues compared to heterosexual staff.

The relative likelihood when compared to heterosexual staff in 2024 was:

LGB+: 1.71 × more likely
Gay or Lesbian: 1.77 × more likely
Bisexual: 1.20 × more likely
Other: 2.17 × more likely
Prefer not to say: 1.00 × as likely

The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts.

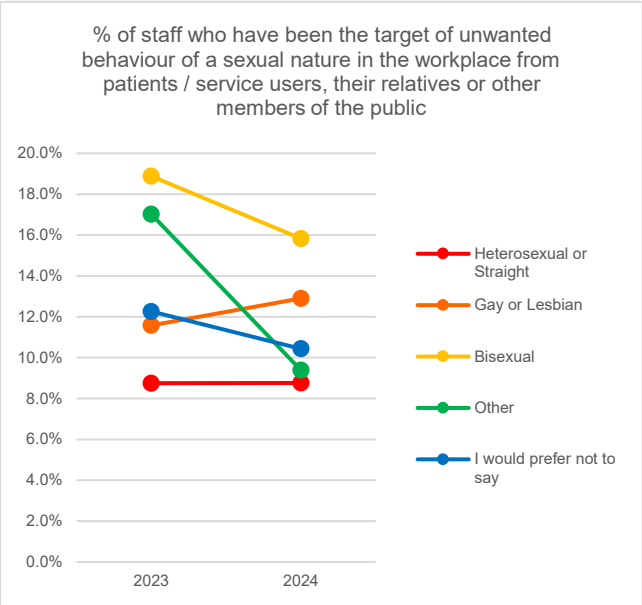
The biggest differences of experience when compared nationally are and gay or lesbian colleagues (2.3% worse), bisexual colleagues (1.6% worse), and those who selected “other” to describe their sexual orientation (1.5% worse).

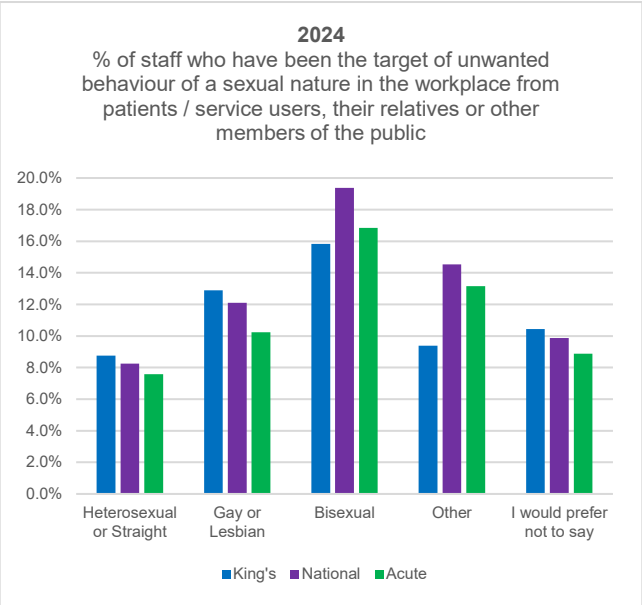
This is a slight improvement when compared nationally last year; however, this is likely due to the overall experience increasing nationally.

Indicator 9 – Unwanted behaviour of a sexual nature

Indicator 9a – Unwanted behaviour of a sexual nature from patients / service users, their relatives or other members of the public

% of colleagues who experienced unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public.





This question was added to the Staff Survey at King's in 2023; therefore, data is only available for the last two years. We anticipate more data to be available each year moving forwards, helping to provide a 5-year trend by the 2028 report. Care should be taken when interpreting these data to ensure trends are not misinterpreted.

LGB+ colleagues report significantly higher rates of unwanted behaviour of a sexual nature in the workplace than heterosexual colleagues, with gay or lesbian staff increasing since 2023. Bisexual staff consistently report the highest rates, though has improved.

The relative likelihood when compared to heterosexual staff in 2024 was:

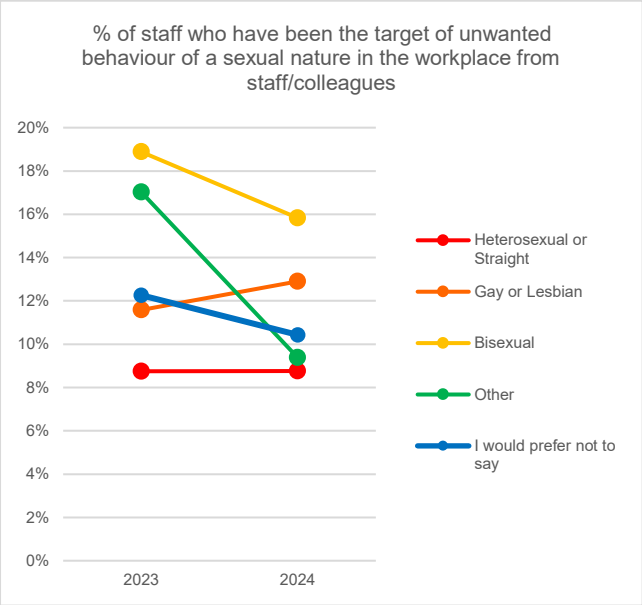
LGB+: 1.45 × more likely
Gay or Lesbian: 1.47 × more likely
Bisexual: 1.80 × more likely
Other: 1.07 × more likely
Prefer not to say: 1.18 × more likely

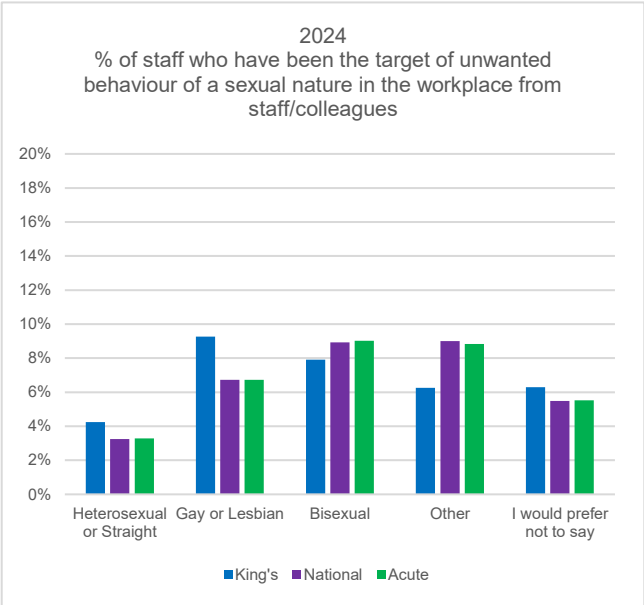
The 2024 Staff Survey data shows the experience of our colleagues differs significantly between groups when compared to the national average, and other Acute and Acute Community Trusts.

The biggest difference of experience when compared nationally is for gay or lesbian colleagues (0.8% worse). Although bisexual staff and those who selected "other" to describe their sexual orientation had a more positive experience at King's when compared nationally (3.5% and 5.2% better respectively), this is in line with data from 2023 where King's also performed better than the national average, which remains poor overall.

Indicator 9b – Unwanted behaviour of a sexual nature from colleagues

% of colleagues who experienced unwanted behaviour of a sexual nature in the workplace from staff/colleagues.





This question was added to the Staff Survey at King's in 2023; therefore, data is only available for the last two years. As with the previous metric, we anticipate enough data will be available for a 5-year trend by the 2028 report. Care should be taken when interpreting these data to ensure trends are not misinterpreted.

LGB+ colleagues report significantly higher rates of unwanted behaviour of a sexual nature in the workplace than heterosexual colleagues, however this is improving over time for all staff.

The relative likelihood when compared to heterosexual staff in 2024 was:

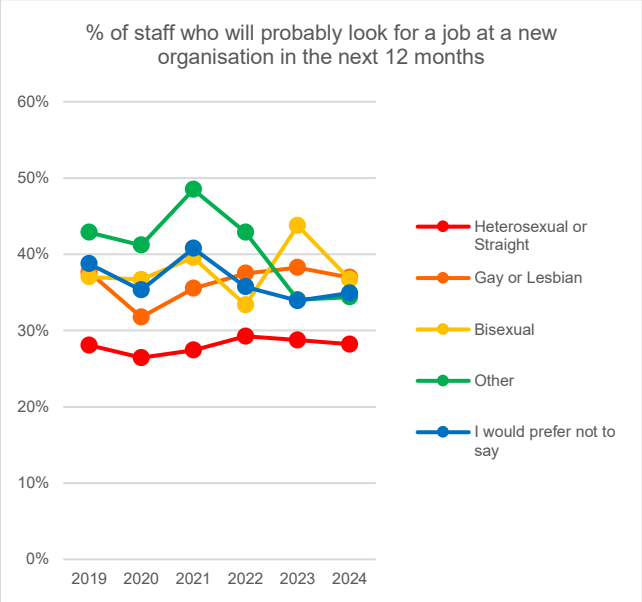
LGB+: 1.86 × more likely
Gay or Lesbian: 2.21 × more likely
Bisexual: 1.88 × more likely
Other: 1.50 × more likely
Prefer not to say: 1.50 × more likely

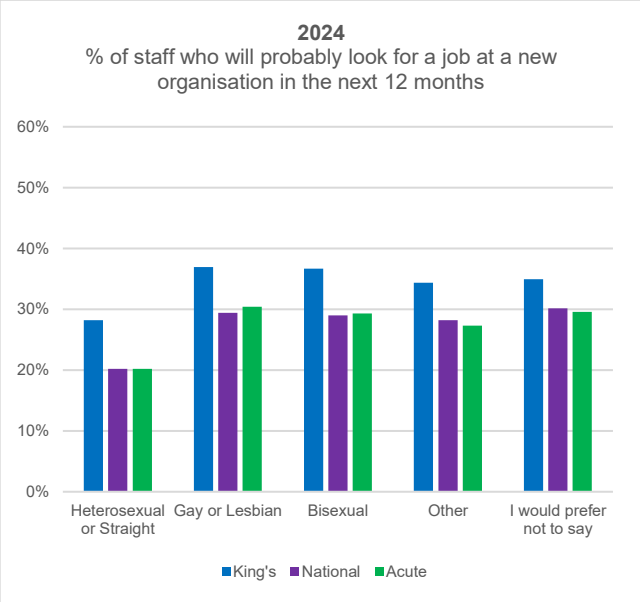
The 2024 Staff Survey data shows the experience of our colleagues differs significantly between groups when compared to the national average, and other Acute and Acute Community Trusts.

The biggest difference of experience when compared nationally is for gay or lesbian colleagues (2.5% worse). Although bisexual staff had a more positive experience at King's when compared nationally (1% better), this is in line with data from 2023 where King's also performed better than the national average, which remains poor overall.

Indicator 10 – Leaving the organisation in the next 12 months

% of colleagues who will probably look for a job at a new organisation in the next 12 months





LGB+ colleagues are consistently more likely to look for a new job in the next 12 months compared to heterosexual staff.

There are notable fluctuations over a six-year period, particularly for bisexual staff and those who selected “other” to describe their sexual orientation.

The relative likelihood when compared to heterosexual staff in 2024 was:

LGB+: 1.28 × more likely
Gay or Lesbian: 1.31 × more likely
Bisexual: 1.30 × more likely
Other: 1.22 × more likely
Prefer not to say: 1.24 × more likely

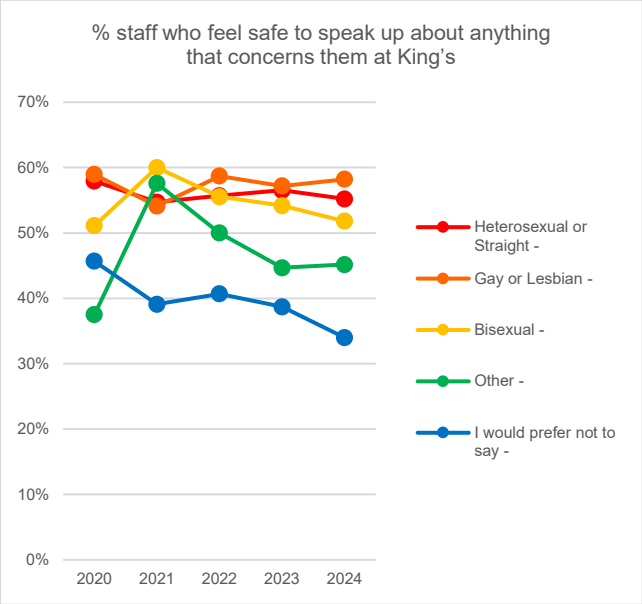
The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts.

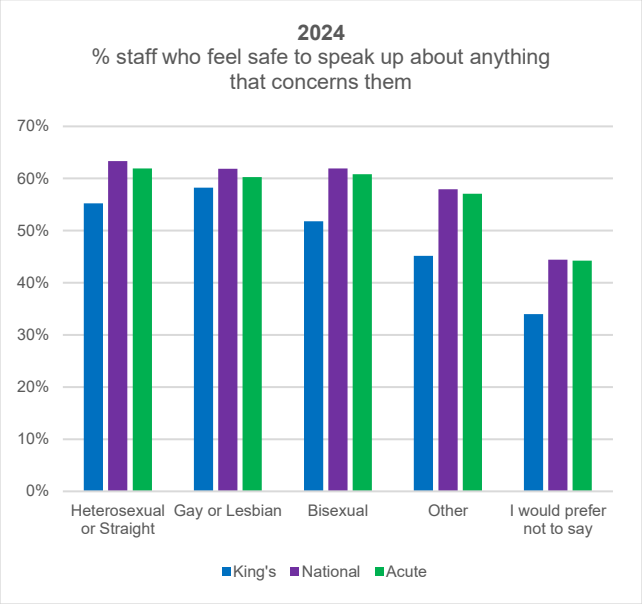
The biggest difference of experience when compared nationally is for bisexual colleagues (7.7% worse), gay or lesbian colleagues (7.5% worse), and those who selected “other” to describe their sexual orientation (6.2%).

It is also notable that heterosexual staff are also much more likely to consider leaving King’s when compared nationally (8% worse).

Indicator 11 – Feeling safe to speak up

% of colleagues who feel safe to speak up about anything that concerns them.





Bisexual staff and those who selected "other" to describe their sexual orientation feel significantly less safe to speak up, with the confidence gap widening over time particularly for those who would prefer not to say who have seen a steep decline.

Gay or lesbian staff feel slightly safer to speak up than heterosexual, though this has fluctuated over time.

The relative likelihood when compared to heterosexual staff in 2024 was:

LGB+: 0.94 × as likely
Gay or Lesbian: 1.05 × more likely
Bisexual: 0.95 × as likely
Other: 0.82 × as likely
Prefer not to say: 0.62 × as likely

The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts.

The biggest difference of experience when compared nationally is for those who selected "other" to describe their sexual orientation (13% worse), those who would prefer not to say (10% worse, and bisexual colleagues (10% worse).

Indicator 12 – Sickness rates for mental health reasons

Comparative percentage of overall sickness rates and for mental health reasons (recorded in HealthRoster as anxiety/stress/depression/other psychiatric illnesses)

LGB+ staff have a higher overall sickness rate (**4.67%**) compared to heterosexual staff (4.36%).

All Sickness	FTE Sickness Days lost	Cumulative sickness rate †
Heterosexual or Straight	165,335.94	4.36%
LGB+	**11,881.96**	**4.67%**
Bisexual	3,872.54	4.66%
Gay or Lesbian	7,458.53	4.72%
Other sexual orientation	259.52	3.98%
Undecided	291.37	4.44%
Not stated	36,897.61	5.12%
Grand Total	**214,115.51**	**4.49%**

For mental health related reasons (recorded on HealthRoster as anxiety/stress/depression/other psychiatric illness), LGB+ staff have a disproportionately higher rate of sickness (**1.20%**) compared to heterosexual staff (0.76%).

Anxiety/stress/depression/other psychiatric illness	FTE Sickness Days lost	Cumulative sickness rate †
Heterosexual or Straight	28,641.24	0.76%
LGB+	**3,061.20**	**1.20%**
Bisexual	*1,350.53*	*1.62%*
Gay or Lesbian	*1,511.07*	*0.96%*
Other sexual orientation	*94.84*	*1.45%*
Undecided	*104.76*	*1.60%*
Not stated	5,026.61	0.70%
Grand Total	**36,729.06**	**0.77%**

These disparities are statistically consistent with patterns identified in the academic and occupational health literature on minority stress. Meyer's Minority Stress Model[3] proposes that LGBTQ+ people experience chronic social stressors in addition to general life stress, including discrimination, harassment, social exclusion, stigma, concealment of identity, and anticipated rejection, amongst others. These stressors contribute cumulatively to poorer mental health outcomes which can subsequently contribute to higher sickness rates.

† Sickness rates are calculated by looking at the number of FTE calendar days lost to sickness in the month against all FTE calendar days available during the same period, where 1 FTE = 1 day. Example: Two members of staff, one working 0.80 FTE and other working 1.00 FTE. The full-time staff (1.00FTE) is off sick for 2 days in May:
55.80 Available FTE = 1.80 x 31 (days in May)
2.00 FTE lost to sickness = 1.00 x 2 (days off sick)
3.58% sickness rate for May = 2.00/55.80

Trans Colleague Experience

Currently, ESR does not allow for trans status or identities outside of the binary (i.e. male/female) to be recorded. As some of the indicators within this report rely on this data, we are unable to report fully on trans and non-binary experience. However, it is important that we take steps to understand the experience of our trans and non-binary colleagues. Therefore, we have included some of the data available to us from the NHS Staff Survey (NSS). Assuming enough staff complete the survey in 2025, we anticipate there will be five years' worth of data to establish a reliable trend for the 2026 report.

We know that this data may not portray the experience of all trans and non-binary colleagues at King's, especially as we know not all trans or non-binary colleagues feel comfortable sharing this information through the Staff Survey. Despite this, we feel it important now more than ever to share the data we do have available to enable us to report on staff experience to the best of our ability.

The recent UK Supreme Court ruling on the legal definition of a woman, the interim and subsequently revoked guidance issued by the Equality and Human Rights Commission, and the lack of clarity within the guidance, has led to our trans and non-binary staff feeling especially vulnerable and worried. A public consultation on the EHRC updated code of practice for services, public functions and associations closed on the 30th of June 2025. The outcome of the consultation is currently under Parliamentary review, and it is anticipated that the outcome will be made public in the Autumn. However, multiple legal challenges to the ruling are in progress which could delay the outcome and the publication of any clear guidance.

An email, co-written by the Trust's Director of Equality, Diversity & Inclusion, Bernadette Thompson, Chief Nurse, Tracey Carter, and Chief Executive, Professor Clive Kay, sent to all staff and consistent visible and vocal support from the King's & Queers network has helped to demonstrate the Trust's continued commitment to support people of all gender identities. It should be noted that transgender staff and patients are still covered under the Equality Act 2010, under the protected characteristic of gender reassignment.

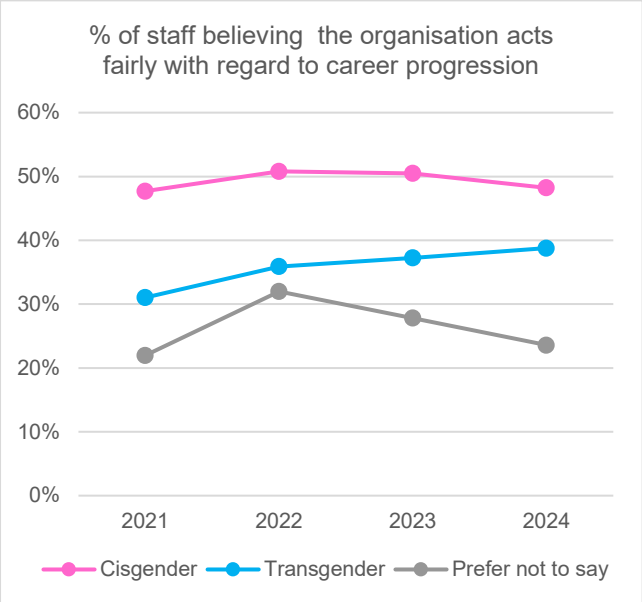
In 2022, King's launched our Supporting Trans and Non-Binary Staff Policy, which provides guidance and best practice advice to enable the Trust, managers and staff to understand the needs of people who are trans and to ensure that we are supporting staff and providing outstanding care to patients. This policy ensures that there is a comprehensive and consistent approach to addressing the needs of trans staff, and it is important that all staff are aware of its content and can access the up-to-date version.

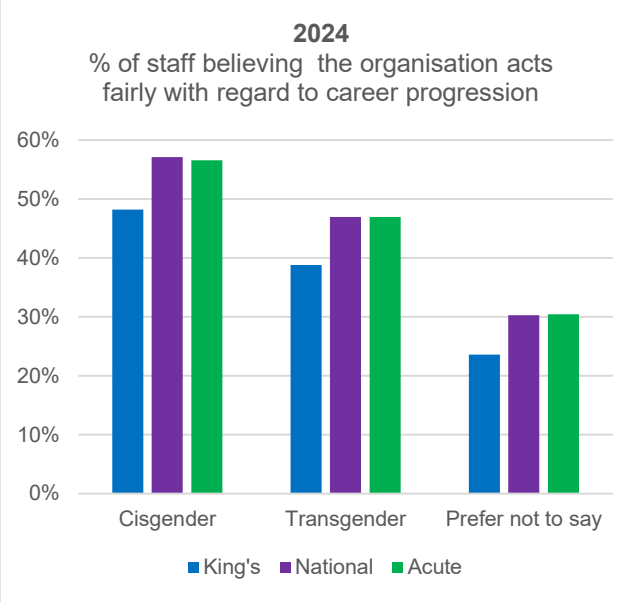
Please note, the data displayed in the following indicators uses the gender identity dataset which asked the responder whether their gender identity is the same as the sex they were assigned at birth with responses being yes (cisgender), no (transgender), and prefer not to say. This is because the gender dataset alone does not clearly differentiate the experience of cisgender or transgender people when asking for gender i.e., we must not assume all trans people will identify under the category "prefer to self-describe" – some may have chosen the gender which they identify as e.g. female or male with no further differentiation. It is important to recognise this to ensure transparency when analysing the data.

As this data reflects the experience of trans staff based on ~48 responses, findings should be interpreted as indicative rather than definitive.

Indicator T6 – Fairness in career progression

% of colleagues believing the organisation acts fairly with regard to career progression, regardless of ethnic background, gender, religion, sexual orientation, disability or age





Compared to cisgender colleagues, Trans colleagues and those who chose not to share their gender identity are consistently less likely to believe career progression is fair. Although there is slight improvement, the gap remains wide at 9% for trans staff and 24% for those who chose not to share.

The relative likelihood when compared to cisgender staff in 2024 was:

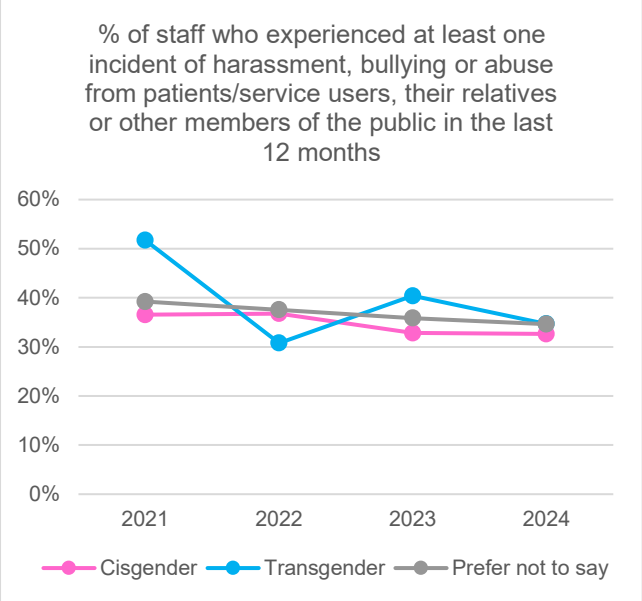
Transgender: 0.81× as likely
Prefer not to say: 0.50 × as likely

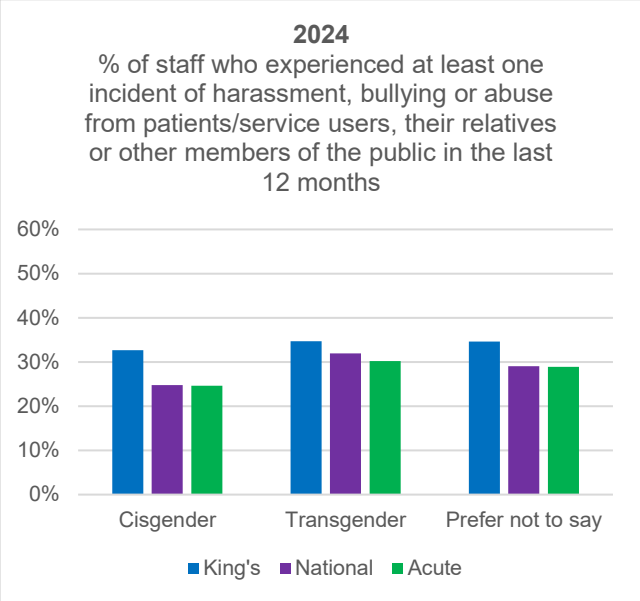
The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts; all staff at King's are less likely to believe career progression is fair, with notable differences between cisgender, transgender and those who preferred not to share.

Indicator T7 – Bullying and harassment

Indicator T7a – Bullying and harassment from patients / service users, their relatives or other members of the public

% of colleagues who experienced harassment, bullying, or abuse at work from patients / service users, their relatives, or other members of the public





Compared to cisgender colleagues, Trans colleagues' experiences have improved significantly since 2021 but remain slightly worse than their cisgender peers. Those who chose not to share have also seen a small improvement, but this also remains slightly worse than cisgender peers.

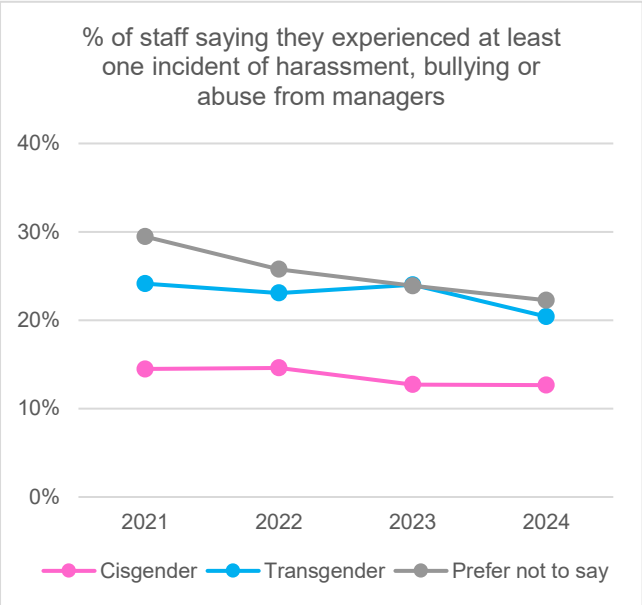
The relative likelihood when compared to cisgender staff in 2024 was:

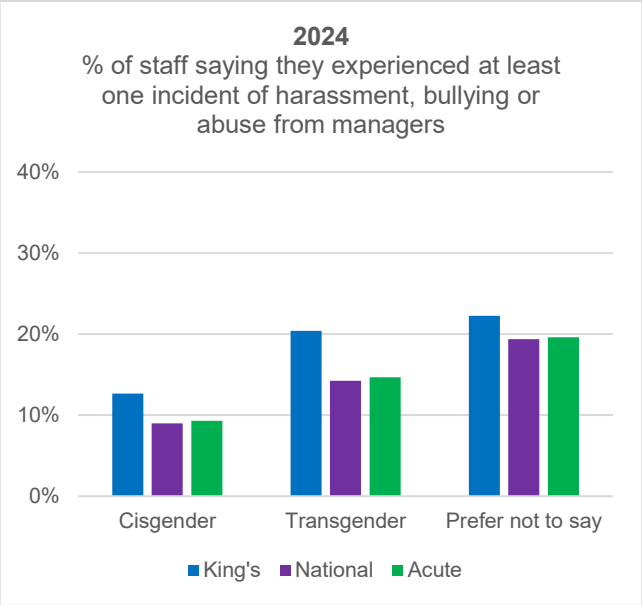
Transgender: 1.06 × more likely
Prefer not to say: 1.06 × more likely

The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts; all staff at King's are more likely to experience harassment, bullying, or abuse at work from patients, with transgender and those who preferred not to share experiencing the worst at King's.

Indicator T7b – Bullying and harassment from managers

% of colleagues who experienced harassment, bullying, or abuse at work from their manager/s





Compared to cisgender colleagues, Trans colleagues have seen a slight improvement in experience, however it is consistently higher than cisgender peers. Those who chose not to share have also seen an improvement, but this also remains consistently worse than cisgender peers.

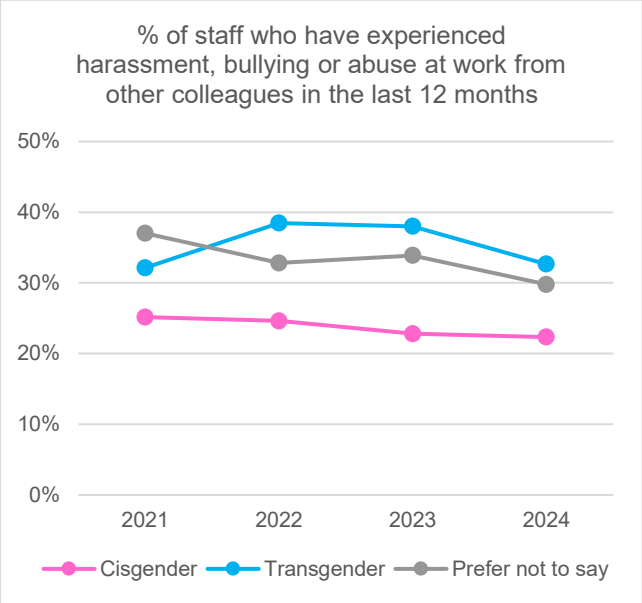
The relative likelihood when compared to cisgender staff in 2024 was:

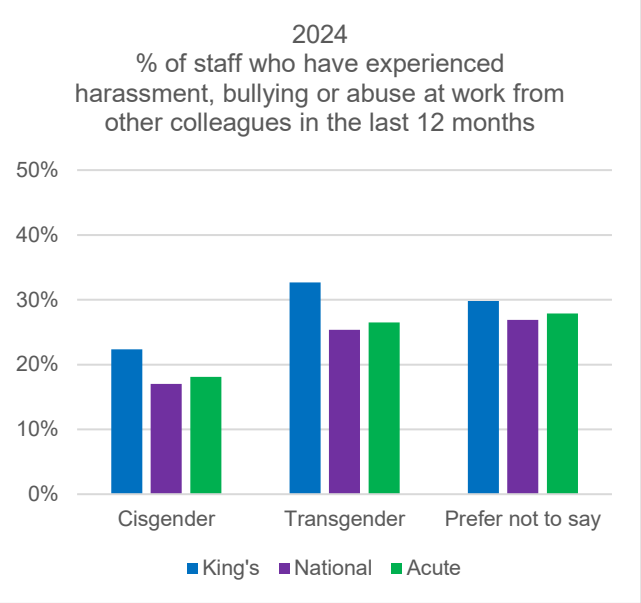
Transgender: 1.54 × more likely
Prefer not to say: 1.69 × more likely

The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts; all staff at King's are more likely to experience harassment, bullying, or abuse at work from managers, with transgender and those who preferred not to share experiencing the worst at King's.

Indicator T7c – Bullying and harassment from colleagues

% of colleagues who experienced harassment, bullying, or abuse at work from other colleagues





Compared to cisgender colleagues, Trans colleagues have seen a slight improvement in experience since 2022, however it is still worse than 2021 figures and remains consistently higher than cisgender peers. Those who chose not to share have also seen an improvement, but this also remains consistently worse than cisgender peers.

The relative likelihood when compared to cisgender staff in 2024 was:

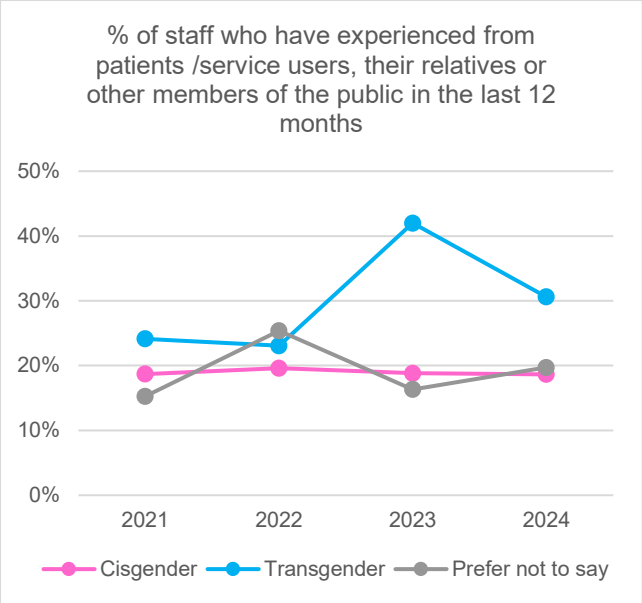
Transgender: 1.50 × more likely
Prefer not to say: 1.36 × more likely

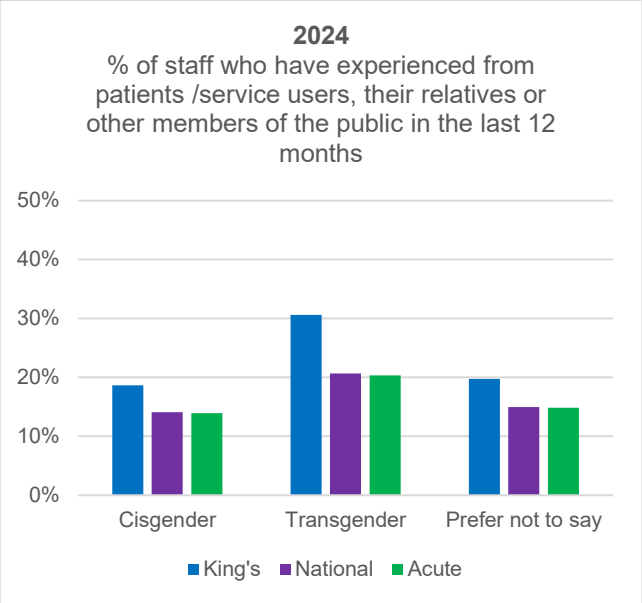
The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts; all staff at King's are more likely to experience harassment, bullying, or abuse at work from colleagues.

Indicator T8 – Physical violence

Indicator T8a – Physical violence from patients / service users, their relatives or other members of the public

% of colleagues who experienced physical violence from patients / service users, their relatives, or other members of the public





Compared to cisgender colleagues, Trans colleagues remain significantly more likely to experience physical violence from patients. The experience of cisgender colleagues remain stable, indicating an extremely volatile and less predictable environment for trans colleagues and those who chose not to share.

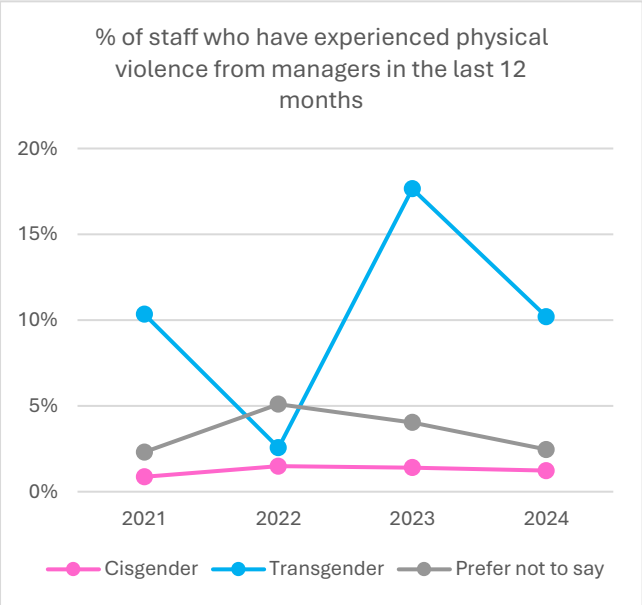
The relative likelihood when compared to cisgender staff in 2024 was:

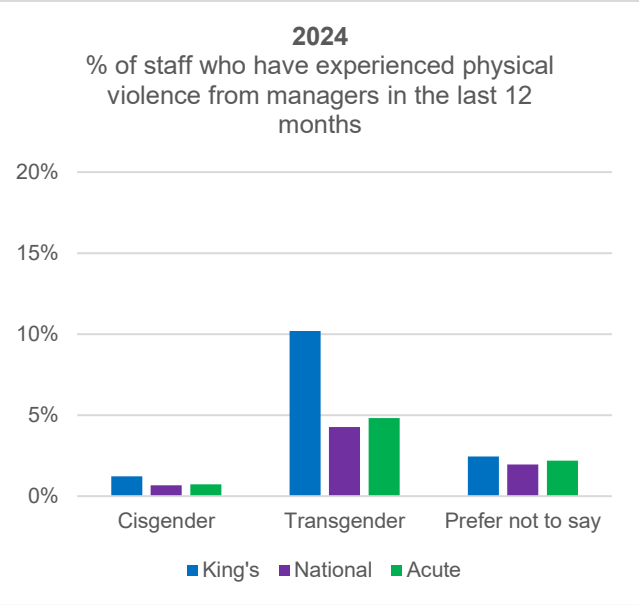
Transgender: 1.63 × more likely
Prefer not to say: 1.05 × more likely

The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts; all staff at King's are more likely to experience physical violence at work from colleagues. However, there is a notable difference for trans staff, with the gap at 10% when compared nationally.

Indicator T8b – Physical violence from managers

% of colleagues who experienced physical violence from managers





Compared to cisgender colleagues, Trans colleagues remain significantly more likely to experience physical violence from managers. Although this has improved since a staggeringly high figure in 2023, the experience of cisgender colleagues remains stable and consistently low, indicating an extremely volatile and risky environment for trans colleagues and those who chose not to share.

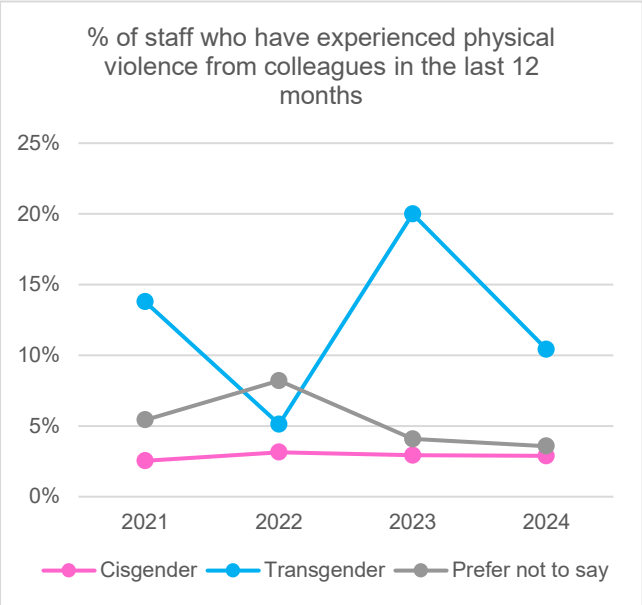
The relative likelihood when compared to cisgender staff in 2024 was:

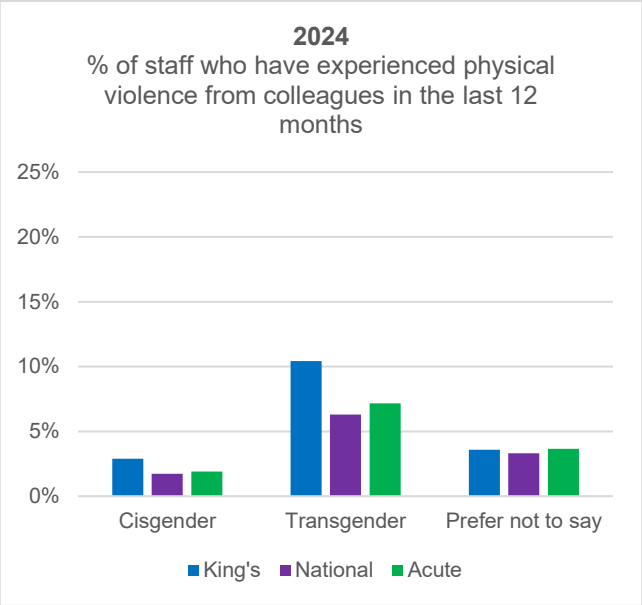
Transgender: 8.5 × more likely
Prefer not to say: 2.10 × more likely

The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts; all staff at King's are more likely to experience physical violence at work from colleagues. However, there is a notable difference for trans staff, with the gap at 5.9% when compared nationally.

Indicator T8c – Physical violence from other colleagues

% of colleagues who experienced physical violence from other colleagues





Compared to cisgender colleagues, Trans colleagues remain significantly more likely to experience physical violence from colleagues. Although this has improved since a staggeringly high figure in 2023, the experience of cisgender colleagues remains stable and consistently low, indicating an extremely volatile and risky environment for trans colleagues. Those who chose not to share fluctuate but have been more in alignment with the experience of cisgender colleagues since 2023.

The relative likelihood when compared to cisgender staff in 2024 was:

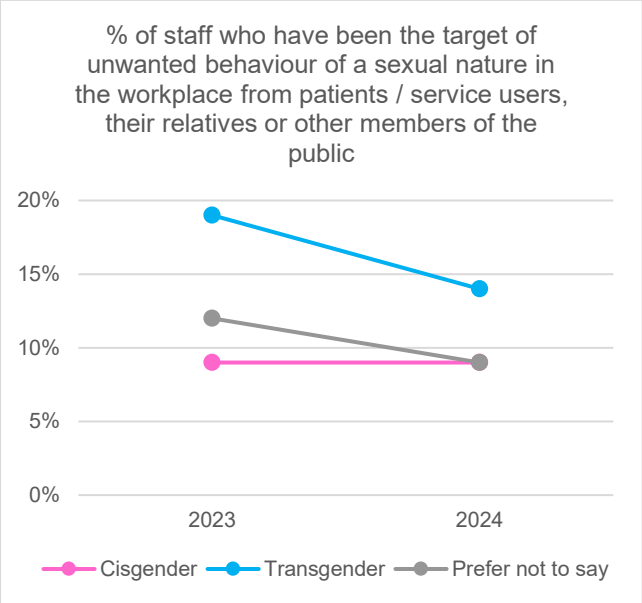
Transgender: 3.59 × more likely
Prefer not to say: 1.24 × more likely

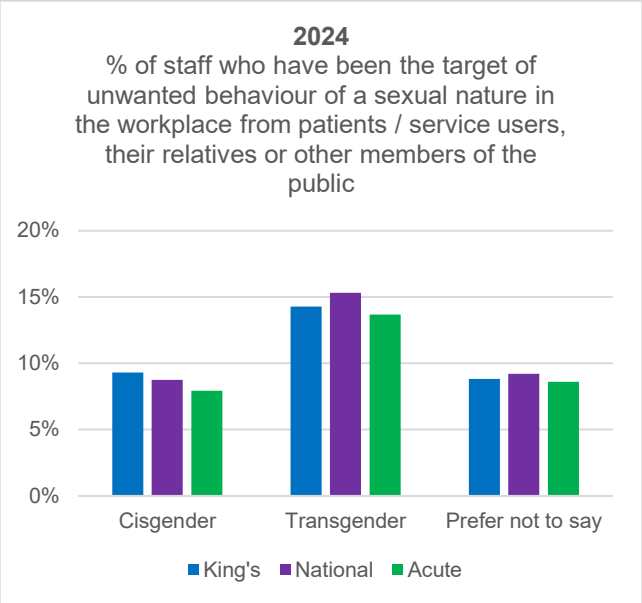
The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts; all staff at King's are more likely to experience physical violence at work from colleagues. However, there is a notable difference for trans staff, with the gap at 4.1% when compared nationally.

Indicator T9 – Unwanted behaviour of a sexual nature

Indicator T9a – Unwanted behaviour of a sexual nature from patients / service users, their relatives or other members of the public

% of colleagues who experienced unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public





This question was added to the Staff Survey at King's in 2023; therefore, data is only available for the last two years. We anticipate more data to be available each year moving forwards, assuming enough responses are received to extrapolate the data, helping to provide a 5-year trend by the 2028 report. Care should be taken when interpreting these data to ensure trends are not misinterpreted.

Compared to cisgender colleagues, Trans colleagues remain significantly more likely to experience unwanted sexual behaviour from patients. Although this has improved since 2023, the experience of cisgender colleagues remains stable and relatively low, indicating a riskier environment for trans colleagues. Those who chose not to share have also seen an improvement and are now more in alignment with the experience of cisgender colleagues.

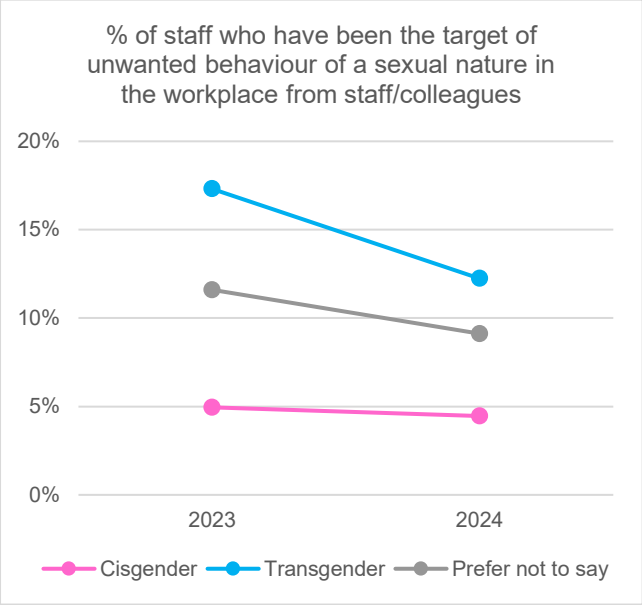
The relative likelihood when compared to cisgender staff in 2024 was:

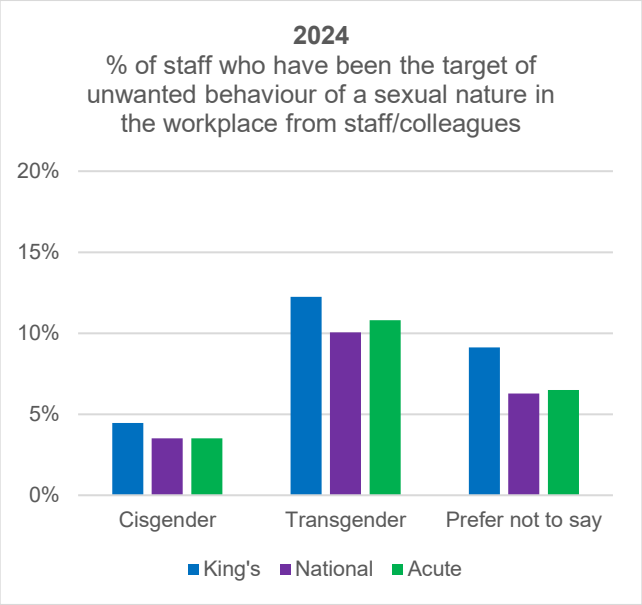
Transgender: 1.56 × more likely
Prefer not to say: 1.0 × as likely

The 2024 Staff Survey data shows the experience of our colleagues differs between groups when compared to the national average, and other Acute and Acute Community Trusts; cisgender staff are slightly more at risk compared to the national average, however transgender colleagues and those who chose not to share are both at lower risk when compared nationally.

Indicator T9b – Unwanted behaviour of a sexual nature from colleagues

% of colleagues who experienced unwanted behaviour of a sexual nature in the workplace from staff/colleagues





This question was added to the Staff Survey at King's in 2023; therefore, data is only available for the last two years. As with the previous metric, we anticipate more data to be available each year moving forwards, assuming enough responses are received to extrapolate the data, helping to provide a 5-year trend by the 2028 report. Care should be taken when interpreting these data to ensure trends are not misinterpreted.

Compared to cisgender colleagues, Trans colleagues remain significantly more likely to experience unwanted sexual behaviour from colleagues. Although this has improved since 2023 for all groups, the experience of cisgender colleagues remains stable and relatively low, indicating a riskier environment for trans colleagues.

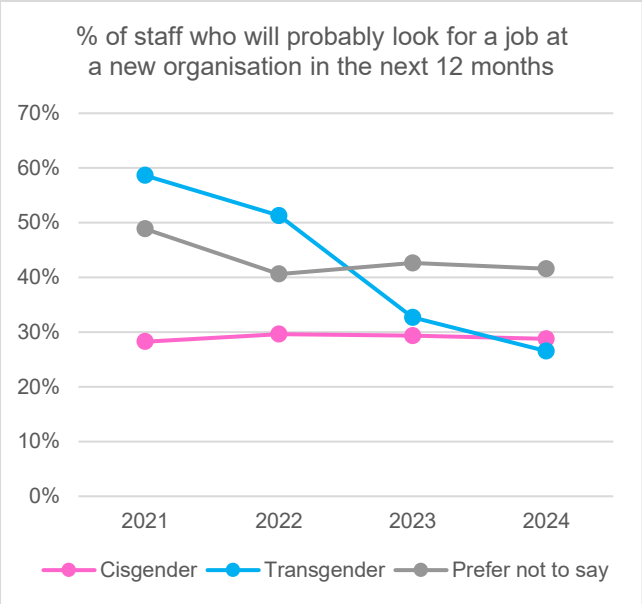
The relative likelihood when compared to cisgender staff in 2024 was:

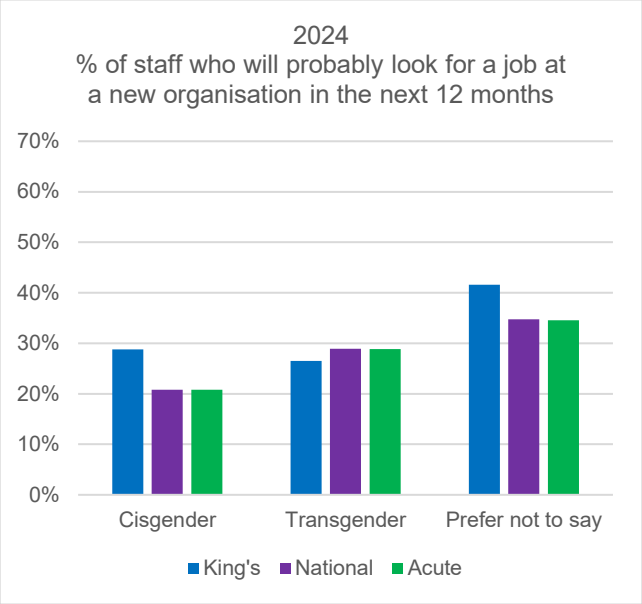
Transgender: 3.0 × more likely
Prefer not to say: 2.25 × more likely

The 2024 Staff Survey data shows the experience of our colleagues is significantly worse when compared to the national average, and other Acute and Acute Community Trusts; all staff at King's are more likely to experience unwanted sexual behaviour from colleagues. However, there is a notable difference for trans staff, with the gap at 2% when compared nationally.

Indicator T10 – Leaving the organisation in the next 12 months

% of colleagues who will probably look for a job at a new organisation in the next 12 months





Compared to cisgender colleagues, Trans colleagues have consistently indicated reducing likelihood of looking for a new job in a different organisation, falling significantly since 2021. The experience of cisgender colleagues has remained stable over time, whilst those who chose not to share have fluctuated.

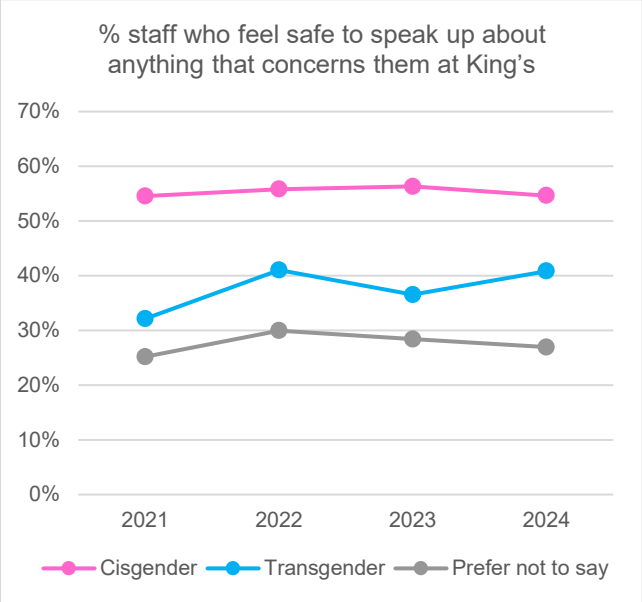
The relative likelihood when compared to cisgender staff in 2024 was:

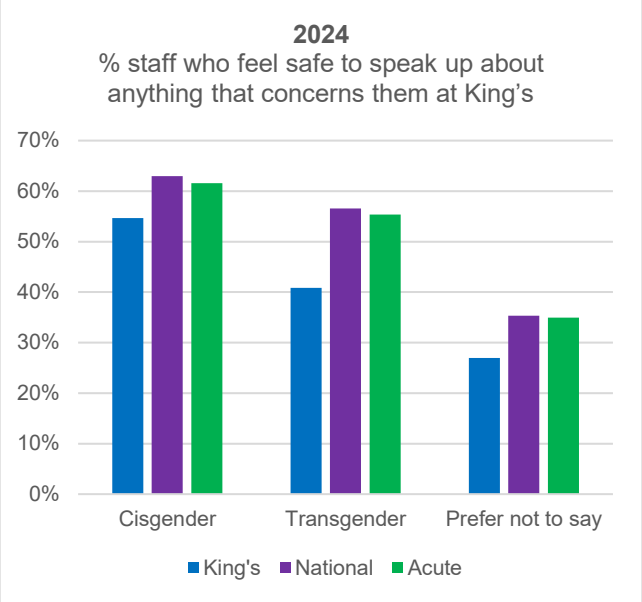
Transgender: 0.93 × as likely
Prefer not to say: 1.45 × more likely

The 2024 Staff Survey data shows the experience of our colleagues differs between groups when compared to the national average, and other Acute and Acute Community Trusts; cisgender and those who chose not to share at King's are more likely to look for a job elsewhere compared nationally, however trans staff at King's are less likely when compared nationally.

Indicator T11 – Feeling safe to speak up

% of colleagues who feel safe to speak up about anything that concerns them





Compared to cisgender colleagues, Trans colleagues have shown gradual improvement over time, however there is still a significant gap of 14%. The experience of cisgender colleagues has remained stable over time, whilst those who chose not to share have fluctuated.

The relative likelihood when compared to cisgender staff in 2024 was:

Transgender: 0.75 × as likely
Prefer not to say: 0.49 × more likely

The 2024 Staff Survey data shows the experience of our colleagues differs between groups when compared to the national average, and other Acute and Acute Community Trusts; cisgender and those who chose not to share at King's are more likely to look for a job elsewhere compared nationally, however trans staff at King's are less likely when compared nationally.

Next Steps: Moving from Intent to Impact

Although there has been some progress in enhancing the experiences of LGBTQ+ individuals at King's, the data outlined in this report shows significant work remains. Key initiatives and actions already undertaken to address disparities include:

- Enhancing Care Groups' data literacy through People Analytics
- Ongoing campaigns encouraging staff to pledge LGBTQ+ Inclusion and wear their NHS Rainbow Badges
- Development and publication of an anti-discrimination statement
- Sponsorship of the LGBTQ+ Network by two Trust Executives
- Introduction and ratification of a Supporting Trans and Non-binary Staff Policy
- Development of a Sexual Safety Working Group to address sexual safety across the organisation
- Launch of King's Allyship toolkit, providing clear examples of how staff can be allies to LGBTQ+ people
- Implementation of the Trust's Inclusion Poster across staff and patient areas

From this WSOES reporting cycle onwards, King's will launch a three-year Workforce Sexual Orientation and Gender Identity Inclusion (SOGII) Strategic Plan, marking a clear departure from the traditional annual planning model used by most NHS Trusts. This longer-term, transformational approach is designed to embed sustainable change and position King's as a leader in advancing LGBTQ+ inclusion across the NHS.

This plan will provide the strategic clarity, continuity, and momentum needed to deliver lasting impact through a three-year framework supported by annual delivery plans. The WSOES report will serve as a yearly measurement tool to track progress, assess quality and effectiveness of actions, and refine and adapt priorities where needed. By moving beyond short-term cycles, we will focus our energy where it matters most, working with key stakeholders to embed actions, rather than reporting and planning alone. This will ensure that actions are not only implemented but are sustained and aligned over time.

Our LGBTQ+ network will continue its engagement with the NHS Rainbow Badges Programme, applying the NHS Confederation's Health and Care LGBTQ+ Inclusion Framework and the NHS equality, diversity and inclusion improvement plan, to further embed LGBTQ+ inclusivity and support LGBTQ+ staff and allies across our organisation.

We must also acknowledge the growing hostility towards the LGBTQ+ community, particularly trans and non-binary people, and recognise the significant impact this has on the wellbeing of our colleagues, patients, and wider communities. This reality makes clear how vital this work is in ensuring we meet our duties and obligations as an employer and healthcare provider to LGBTQ+ people across South East London and beyond.

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[1] West M (2021) *Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care,* Swirling Leaf Press.

[2] Hemmings, N., Buckingham, H., & Palmer, W. (2021). *Attracting, supporting and retaining a diverse NHS workforce*. London: Nuffield Trust.

[3] Meyer, I. H. (2003). "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations." *Psychological Bulletin 129, 674-697.*