NHS Equality Delivery System (EDS)

EDS Report 2024

The Equality Delivery System Report gives an overview of the Trust’s approach to addressing health inequalities and promoting inclusion.

06 February 2025

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# About the NHS Equality Delivery System (EDS)

Implementation of the Equality Delivery System (EDS) is a requirement of both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance with the [EDS guidance documents](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.

# EDS rating and scores

The [Rating and Score Card supporting guidance](https://www.england.nhs.uk/publication/equality-delivery-system-2022-guidance-and-resources/#guidance) document has a full explanation of the new rating procedure.

First, score each outcome out of 3.

* 0 = Undeveloped activity
* 1 = Developing activity
* 2 = Achieving activity
* 3 = Excelling activity

Then, add the scores of all outcomes together. This will provide you with your overall score, or your EDS organisation rating:

* total score under 7 = Undeveloped
* total score between 8 and 21 = Developing
* total score between 22 and 32 = Achieving
* total score 33 = Excelling

# Section 1 – Your information

Name of organisation: **East Kent Hospitals University NHS Foundation Trust**

Organisation Board Sponsor/Lead: **Chief Medical Officer (Domain 1) / Chief Executive / Chief People Officer (Domains 2 and 3)**

Name of Integrated Care System: **Kent and Medway**

EDS Leads: **Associate Director of Patient Experience (Domain 1) / Head of EDI (Domains 2 and 3)**

EDS engagement date(s): **February 2024 to December 2024**

Which level has this EDS tool been completed at?

**Individual organisation level**

## Completed actions/activity from previous year

Action 1: Put a process in place to gather evidence to assess and score all outcomes in Domains 1, 2 and 3 using the refreshed EDS 2022 process.

**Related equality objective: Promote inclusion in both patient care and employment in line with our Public Sector Equality Duties.**

Action 2: Engage with key stakeholders, both internal and external, and with patients and staff to help score each outcome under the three Domains.

Action 3: Friends and Family Test (FFT) survey responses now available by age, ethnicity, sex and Index of Multiple Deprivation.

Action 4: Easy Read patient experience survey now available.

**Related equality objective: Involve people who receive healthcare, our staff and local communities in order to identify opportunities to tackle health inequalities and improve equity of access, experience and outcomes.**

# Section 2 – Outcomes and evidence

## Domain 1 – Cancer services

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| --- | --- | --- | --- |
| Outcome | Evidence | Score / rating | Owner (Department/Lead) |
| 1A: Patients (service users) have required levels of access to the service | **Diagnostics and waiting times:** There is national evidence that people who are Black, Asian or of an ethnic background other than White can experience longer waits for diagnosis and treatment. There has been an improvement in waiting times for some diagnostic tests (e.g. endoscopy). Locally there are some concerns about waiting times on the day for chemotherapy treatment. This can be due to several reasons, for example scheduling times not always accurately reflecting treatment time, patients becoming unwell or having complications during treatment.  There have been improvements in waiting times for diagnostic tests, in particular endoscopy, and waiting for treatment to commence.  The use of straight to test pathways (STT) for Upper Gastro-Intestinal (GI), Lower GI, Lung and Prostate at point of GP urgent suspected cancer referral have improved time frames for onward initial diagnostics either endoscopic assessment or diagnostic imaging. The STT nursing teams provide contact details for advice/guidance and support for early intervention of symptoms or concerns. The use of NHS England best practice timed pathways supports our improvement trajectory. The STT nursing teams also review the referral to identify additional support required by all our patient groups and type of appointment considered to meet their needs.  **Data:** Local data on late presentation with cancer is limited. This is being reviewed both in the Trust and Kent and Medway Integrated Care Board (ICB). There is a planned Kent & Medway SACT (Systemic Anti-Cancer Therapy) capacity and demand review which will help inform improvements.  **Interpreting:** There have been issues with getting face to face interpreters for Nepali, Slovak and Bulgarian to support patients’ diagnostic tests and day treatments. This delays diagnosis and treatment. | 1 | Associate Director of Nursing, Cancer, Haematology and Haemophilia  Associate Director of Patient Experience |
| 1B: Individual patients (service users) health needs are met | The 2023 National Cancer Patient Experience Survey indicates that people with a pre-existing disability or health condition have a poorer experience when receiving treatment for cancer. The Friends and Family Test (FFT) survey: The top negative themes are waiting times to be seen / treated on site (small percentage, but top negative theme), communication and information, and medication, prescriptions and dispensing. The top positive themes are staff attitude, care given by staff and waiting time to be seen / treated on site, as most patients report they are seen promptly. FFT data indicates that 8.3% of respondents to the additional survey questions said that their family were not involved as much as they wanted to be. There is now a personalised care lead for cancer services. The services work closely with the Kent and Medway Care Alliance and Macmillan Cancer. Patient partnership work has started, with listening events held in November 2024 and a co-designed patient survey launched.  Services have a Standard Operating Procedure (SOP) for the Accessible Information Standard (AIS) which is kept at each reception desk in addition to a Hospital. Most of our patients are regular attenders following their first appointment, their communication needs are usually well known by the teams. Patients are usually asked about their communication needs at first point of contact (Reception) and are asked if their needs have changed since their last visit at subsequent appointments.  There is a Communication Book which we have devised as a guide and reference resource. The trust Outpatient Reception Toolkit is also available. We use PAS/Sunrise at our reception desks. Our main system has the correct AIS SNOMED (national) codes. These codes are also included in our hospital communication book and outpatient reception toolkit. In the Chemotherapy Service we also use the Maidstone and Tunbridge Wells NHS Trust (MTW) KOMS system for all chemotherapy activity which also has a field for communication needs. Patient communication needs are included in referral letters that both come into and out of our services. A recent review has indicated that when requests for reasonable adjustments around communication have been made there have been none that we have not been able to accommodate. | 1 | Associate Director of Nursing, Cancer, Haematology and Haemophilia |
| 1C: When patients (service users) use the service, they are free from harm | Cancer Services hold a weekly Patient Safety Oversight Meeting to provide senior leadership oversight of patient safety incidents, complaints and risks and monitor progress of actions. There has been a recent focus on Learning disabilities following learning identified from an incident and a patient story with further improvement work planned.  There is an established process for completing clinical harm reviews for patients on an active cancer pathway who reach 104 days and over. Each patient pathway is reviewed to establish if the patient has come to any clinical harm due to the delay in confirmation of a cancer diagnosis, understand and learn from delays and implement and share changes to improve patient experience and outcomes. Themes from delays are reviewed monthly with specialties and ensure the patient is supported through the delay in their pathway. Compliance and themes are reported to the service’s quality meeting. Compliance with the completion of harm reviews is reported monthly to the Diagnostics, Cancer and Buckland Care Group Performance Review Meeting. Nursing Key Performance Indicators (KPIs) are reported monthly and include information on harms from falls and pressure ulcers.  September 2024 training compliance data for Cancer services shows Oliver McGowan training has been completed by 83% of staff, Dementia by 81.4%, and Patient Safety Level 1 by 82% of staff. | 1 | Associate Director of Nursing, Cancer, Haematology and Haemophilia |
| 1D: Patients (service users) report positive experiences of the service | Cancer services Friends and Family Test (FFT) satisfaction score from July 2023 to September 2024 was an average of 95.5%. Satisfaction levels by age groups shows the people aged 15-19 had a satisfaction level of 85.4%, and people aged 25-29 had a satisfaction score of 85%, in both cases over 10% lower than the average.  Looking at ethnicity, white and black African people had a much lower satisfaction level at 81.8%, Pakistani people at 89.5% and Irish people at 93%. Caribbean and Chinese people scored higher satisfaction levels at 100% and 98.6% respectively.  Men and women rate their overall satisfaction level with a similar score, but when looking at day treatment women score their satisfaction lower than men – 94.7% vs 96%. For inpatient care there was no significant difference.  When looking at the inpatient FFT satisfaction score for Cancer services by level of deprivation, people in group 2 (one of the most deprived) scored their experience at 93.7% satisfaction vs the average of 97.24%, but for day treatment people in group 9 scored lowest at 92.8% versus the average of 95.3%. People in group 1 scored their experience the highest overall at 97%. For outpatient satisfaction levels there was very little difference between the groups, although group 1 had the highest satisfaction score at 96.1% and group 9 the lowest at 94.4%.  The 2023 National Cancer Patient Experience Survey (NCPES) for indicates that women and younger people have a slightly poorer experience of some aspects of care than men and older people. The survey indicates that people in quintile 1 (poorest) of the Indices of Multiple Deprivation report a better experience than those in quintile 5 (wealthiest). This is supported by analysis of Friends and Family Test (FFT) survey responses by age, sex and deprivation (see above).  The NCPES did not have sufficient responses by ethnicity other than White patients to breakdown responses by different ethnicities.  Cancer services have made several improvements over the last 12 months to ensure that patients have a better experience. This includes improvements in access to the chemotherapy out of hours helpline, improving patient information and patient involvement. Patient participation groups were set up in late 2024.  Discussions have started on getting feedback from the Deaf community who use British Sign Language (BSL). There is a lack of feedback / involvement of people with learning disabilities. A new ‘Ask, Listen. Do’ Easy Read survey is now available for people to give feedback on any of our services. | 2 | Associate Director of Nursing, Cancer, Haematology and Haemophilia |
| **Cancer services total score** |  | **5** |  |

## Domain 1 – Maternity services

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| Outcome | Evidence | Score / rating | Owner (Department/Lead) |
| 1A: Patients (service users) have required levels of access to the service | The Maternity service developed an Equity & Equality dashboard to have sight of key service user access and service delivery metrics by ethnicity and the lndex of Multiple Deprivation (IMD). Maternity can obtain from this dashboard that it has the ethnicity data of 98.1% of women and birthing people using the service (as of June 2024).  The dashboard also includes the percentage of all women and birthing people using the service with recorded language or literacy support needs, which averages 4% of cases (Oct 2023-Sep 2024), and/or with recorded learning disabilities for which the average is 1%. Exploratory work is underway to establish if this is a true reflection through a local documentation audit to understand if these questions are asked and logged for every registered pregnancy.  Maternity has updated its pregnancy self-referral form to capture people’s communication needs, which is due for publication by the end of November 2024. All services are available to all service users but using this data enables Maternity to make adaptations based on local service user access needs to improve access to care and treatment.  We do not currently have a way to record the gender identity of patients who are non-binary, intersex or gender diverse. This is an NHS wide issue that will continue until the national data set is updated.  **Interpreting:** some languages prove hard to source for face-to-face interpreting. Use of video relay interpreting (VRI) on demand would improve access to spoken language interpreting, and this will require an investment in tablet devices by the service. | 2 | Director of Midwifery  Associate Director of Patient Experience |
| 1B: Individual patients (service users) health needs are met | The Maternity Service uses the data from its Equity & Equality dashboard to make targeted service improvements. For example, reasonable adjustments can be made including information in other formats, interpreters and additional communication support (e.g. British Sign Language - BSL). There are also clinical pathways such as smoking cessation services, and a pre-term clinic for high-risk pregnancies for which the service can view access rates by demographic (ethnicity and IMD) e.g. pre-term for ethnic minorities and IMD 1& 2 communities was 8.7% compared to a rate of 7.8% in the total service user population for September. Statistics are available to and shared with lead clinicians to identify how access can be improved for any disadvantaged service users such as the provision of a paid taxi to transport them to their appointments to cover the cost of travelling to these specialist clinics. There is more work to do which is constantly considered based on data trends and patient feedback.  Involvement by family members at every stage of pregnancy and maternity is facilitated at every touch point/appointment. From Your Voice is Heard data in October 2024 for all service users, 86.2% of women felt they were included in decisions about their care, 82.6% said they were given choices about their care, and 80.5% felt listened to throughout their care. The approach from Maternity is to understand the 19.5% of women who did not feel listened to, to ensure care is consistently inclusive. | 2 | Director of Midwifery |
| 1C: When patients (service users) use the service, they are free from harm | The Maternity Equity & Equality dashboard includes stillbirth data (currently at a rate of 1.63 per 1,000 over the period Oct 23 to Sept 24), which is significantly reduced from the 2010 rate of 5.7 per 1,000.  In September 2024, the percentage of babies with an APGAR score of 0-6 at 5 minutes of birth was 2.2% for ethnic minority and socially deprived communities compared to 1.3% amongst the wider service user population, which was an upward trend from nine months of consistently being below the 0.9% threshold. The APGAR score is based on five criteria: appearance, pulse, grimace, activity, and respiration. Each criterion is scored from 0 to 2, and the total score ranges from 0 to 10.  The number of c-section (caesarean) births in September 2024 was slightly over the 42% threshold.  Figures for antenatal bookings indicated that 43.6% of women were booked by 10 weeks against a target of 52%, and 85% of people were booked by 13 weeks versus a target of 91%.  Patient incidents all remain within defined parameters, including Maternity and Neonatal Serious Incident referrals of which there had been 0 reported in Quarter 2 (July-September 2024).  The neonatal death data sadly shows an upward trend with cases rising from 1.25 per 1,000 births in Apr 2024 to 3.68 per 1,000 in Sept 2024; an external review has been commissioned with a particular focus on cases of extreme prematurity.  The community midwifery teams are looking into causal factors for late antenatal bookings, so these can be reduced which in turn will support early identification of potential risk factors in pregnancy. | 2 | Director of Midwifery |
| 1D: Patients (service users) report positive experiences of the service | Black, Asian and people of other ethnic backgrounds said they were given choices about their care (91.1% vs 83.8%). The Friends and Family Test (FFT) satisfaction score was highest for the delivery at 97.8%, lowest for antenatal at 91.7% and high for post-natal care at 97.1% in September 2024. This is echoed by feedback in the CQC Maternity Survey 2023, where the experience people had in antenatal care was generally poorer than for delivery and post-natal care.  An area of significant improvement was birthing partners being able to stay with their partner as much as they wanted to.  The themes from FFT feedback indicate some issues with communication and information at William Harvey Hospital, but there is overwhelming positive feedback about the care given by staff and the quality of treatment.  FFT scores for Maternity – obstetrics using a bed - from July 2023 to September 2024 indicate that people aged 15 to 19 score their satisfaction level the lowest at 83.3% vs the average of 87.5%. People aged 25-29 score their satisfaction level lower at 85.9%. In terms of ethnicity, white and black Caribbean people score much lower satisfaction levels – 63.6% - than the average of 92.3%. Other groups to score lower are White and Asian people – 89.1% and 89.6% respectively.  Looking at ethnicity, people of ‘any other white background’ have the lowest satisfaction score of 89.7%. People of unknown ethnicity score their satisfaction at 87.1%. Looking at levels of deprivation, people in group 3 score the lowest satisfaction level at 84.6%, where people in group 10, the least deprived, score their satisfaction level at 93.8%.  Data from Your Voice is Heard in October 2024 indicated that the highest response rate was from White Non-British (94.6%) followed by Asian or Asian British (88.9%) and then Black, African, Caribbean, Black British (88.5%). Feedback by Indices of Multiple Deprivation (IMD) was highest from IMD 10 (100% of 97 women) followed by IMD 3 (93% of 568 women) and then IMD 5 (85.9% of 778 women). The highest percentage of deliveries was by women from IMD 2 (882) and the response rate from that cohort was 75%.  Experiences of minority ethnic women were comparable with experiences of women of White ethnicity at approximately 60% positive, as was the experience of women from IMD 1 & 2.  Negative comments about the buildings and facilities will hopefully be addressed with additional enhanced care suites in the Maternity units on both sites. | 2 | Director of Midwifery |
| **Maternity total score** |  | **8** |  |

## Domain 1 – Renal services

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| Outcome | Evidence | Score / rating | Owner (Department/Lead) |
| 1A: Patients (service users) have required levels of access to the service | Friends and Family Test (FFT) survey feedback shows that between April 2024 and October 2024, 57 patients felt they waited too long on site for a nephrology outpatient appointment. Of these 47 were at Kent and Canterbury. With accessibility and reasonable adjustments, this was mentioned as positive by 5 patients and negative by one patient across all renal services - all at Kent & Canterbury site. All other feedback is overwhelmingly positive.  Renal out-patient services are offered on seven sites (six of those are within the dialysis units) across East and West Kent with the main central hub being at Canterbury. Out-patient clinics are held at Ashford, Dover, Folkestone, Maidstone, Margate, and Medway. Patients are offered an appointment at their closest site. If the referral is clinically urgent then they will be offered Canterbury if there is no capacity available at their nearest site.  Our longest waiting time for clinics is mainly for general nephrology at Medway and specialist hypertension clinics.  Renal dialysis services are offered within six sites across East and West Kent. The main dialysis unit is in Canterbury with five satellite units in Ashford, Dover, Margate, Maidstone and Medway. Patients will be offered a dialysis slot nearest to where they live whenever possible, but majority will start at Canterbury. Our longest waiting list is for Medway.  Analysis of access to the service by ethnicity and IMD (deprivation) is needed to identify any disparities between local population and patient caseloads. | 1 | Director of Nursing, AHP and Quality, Kent and Canterbury Hospital and Royal Victoria Care Group |
| 1B: Individual patients (service users) health needs are met | Friends and Family Test (FFT) survey feedback shows that only one patient felt that reasonable adjustments were not made. FFT feedback indicates that 20% of patients said their family were not involved as much as they wanted them to be.  Accessible Information Standard (AIS): Renal document patient communication needs via their Renal SBAR and Renal plus however, there is not a dedicated platform to record this information. Renal nurses will update communication needs if needed at each appointment.  We have a high proportion of diabetics within our renal dialysis population so have support from the podiatrist service who see patients during their dialysis treatment at Canterbury.  Nursing staff document patient’s communication needs on the Renal SBAR which is used within our out-patient haemodialysis service. Communication needs are also documented within Renal plus, however there is not a dedicated place for this information to be recorded. Renal nurses will update communication needs as required. | 1 | Director of Nursing, AHP and Quality, Kent and Canterbury Hospital and Royal Victoria Care Group |
| 1C: When patients (service users) use the service, they are free from harm | Patient falls for renal services (inpatient) in 2023-24 shows that more men have falls than women, however there are more male patients on the wards. It is a similar picture for pressure ulcers. Many incidents relate to patients aged 60+.  Diabetes is one of the leading causes of kidney disease. About 1 out of 3 adults with diabetes have kidney disease.  Renal patients can be quite complex as they can have other comorbidities such as hypertension, heart problems, bone disease, vascular issues, and anaemia which can contribute to their being at a high risk of developing pressure ulcers in comparison to other patient groups. Renal patients are also at a higher risk of falls due to postural hypertension particularly those receiving haemodialysis or peritoneal dialysis as they will have fluid removed during their treatment, so their fluid status is monitored closely.  Data on patient harms by ethnicity and deprivation is needed for renal services. | 1 | Director of Nursing, AHP and Quality, Kent and Canterbury Hospital and Royal Victoria Care Group |
| 1D: Patients (service users) report positive experiences of the service | Friends and Family Test (FFT) survey data for July 2023 to September 2024 shows that the overall satisfaction level for renal patients is 97.4%. When this is looked at by age, those aged 20-24 have a satisfaction score of 88.24%, 9% less than the average. For ethnicity there is a lower score of 91.4% for people who are white and black Caribbean. All other ethnic groups score their satisfaction slightly higher than White patients. For men and women their overall satisfaction scores are similar, but where sex is recorded as ‘unknown’ satisfaction levels are 5% lower. Looking at data by deprivation, people who are the most deprived rate their overall satisfaction level as similar to the least deprived, with the exception being people in group 4 whose satisfaction level is the lowest.  For FFT Outpatients, white and black Caribbean patients score much lower than the average – 92.9% vs 97.6%.  The FFT satisfaction scores for inpatient care show lower satisfaction scores for all ethnic groups, particularly for people of ‘other white background’ which would include people from European countries.  For Renal patients receiving inpatient care, the age group 50-54 and 80-84 score their satisfaction levels 3% to 4% lower than the average. Men score their satisfaction level lower than women for inpatient care – 90.5% vs 96%. The scores for inpatient care by level of deprivation vary with the least and most deprived scoring 100% and patients from groups 6 and 7 scoring 86.9% and 85% satisfaction. For the FFT additional question about were their family involved as much as they wanted them to be in decisions about their care and treatment, the responses relate to Marlow ward, but some to the Kent and Medway Dialysis Unit (KMDU):  Patients saying 'no': Marlow ward - 20.87% (43 patients), KMDU - 20.27% (15 patients)  Patients saying 'yes’: Marlowe ward - 40.29% (83 patients), KMDU - 22.97% (17 patients)  Patients saying 'not applicable’: Marlowe ward - 38.83% (80 patients), KMDU - 56.76% (42 patients)  This is for 6 November 2023 to 4th November 2024 | 2 | Director of Nursing, AHP and Quality, Kent and Canterbury Hospital and Royal Victoria Care Group |
| **Renal services total score** |  | **5** |  |

### Total score

Please total the scores from Domain 1 (average of the three services scored): **6**

## Domain 2 – Workforce health and wellbeing

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| Outcome | Evidence | Score / rating | Owner (Department/Lead) |
| 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | The organisation targets reading materials about the mentioned health conditions to staff about the mentioned conditions. The organisation promotes work-life balance. The organisation signposts to national support.  The Trust provides a comprehensive occupational health and wellbeing service to staff including health checks, counselling, a benefits platform, resources and menopause clinics. All staff can access these services; however, sickness and absence data are not currently broken down by protected characteristic, therefore the organization is unlikely to identify groups or areas where focused support is needed.  Training called “supporting staff with disabilities and long-term health conditions” has been rolled out across the organisation by occupational health. Equality, Diversity and Inclusion runs through the training as a golden thread. Engagement and feedback have been good.  The organisation provides menopause support and advice to staff. The Trust has achieved menopause accreditation.  The organisation has established wellbeing roles to support staff; wellbeing champions, Trauma Risk Management (TRIM) practitioners and Mental Health First Aiders. There are over 929 wellbeing advocates across the organization. However, the demographics of staff undertaking these roles is not currently collected so we do not know if the roles are representative of the workforce. The Wellbeing Team are working with the information team on a wellbeing tab for the SIP dashboard which will show the diversity of their advocates. | 1 | Occupational Health/Wellbeing Team |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | The organisation acts and supports staff who have been verbally and physically abused. The organisation acts to manage staff who abuse or bully other members of staff. Staff are supported to report patients who verbally or physically abuse them.  Data from the 2023 National Staff Survey, Workforce Race and Disability Equality Standard (WRES and WDES) shows that Black, Asian, and staff of ethnic backgrounds and disabled staff experience higher levels of abuse, harassment and bullying than White and non-disabled staff: 31.35% of staff with a long-lasting condition or illness have experienced harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months. 29.11% of staff with a long-term health condition or illness who have experienced harassment, bullying or abuse from other colleagues.  31.24% of Black, Asian, and staff of ethnic backgrounds have experienced harassment, bullying or abuse from patients/service users their relatives or public. 30.67 % have experienced harassment, bullying or abuse from staff.  Incident reporting is not currently broken down by protected characteristic on our reporting system (Datix) so it is not possible to get an accurate picture of incidents and who is impacted by them. However, Datix is being replaced by InPhase, the EDI Team will be working with the InPhase team to include protected characteristics on the reporting system.  The Employee Relations Team have completed an analysis of grievances broken down by protected characteristics. This shows disproportionateness in formal processes in comparison to the trust headcount in the following;   1. gender with 10% more male staff 2. ethnicity with 8% more Black or Black British African staff 3. ethnicity with 4% more Asian or Asian British Indian staff 4. pay band with 20% more band 2 staff   This needs further analysis and joint action planning with ER to address the disproportionality.  East Kent Hospitals has been accredited as **Veteran Aware**, formally recognising the Trust’s commitment to the armed forces community, including serving personnel, reservists, veterans and their families. The accreditation was confirmed by the national Veterans Covenant Healthcare Alliance (VCHA), which includes representatives from government and the NHS nationally as well as veterans. This is a result of work led by the Patient Voice and Involvement Team.  The See Me First Anti-Racism campaign has been launched, this needs to be socialised with support from the Ethnic Diversity Engagement Staff Network (EDEN). | 1 | InPhase Team/Employee Relations/ EDI Team/ PV&I Team/ EDEN |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | There are a number of services available to support staff including;   * the Hospital Independent Domestic Violence Advocate Team (HIDVA), this service supports staff and patients * Vivup platform that provides wellbeing and counselling service and resources * The Wellbeing Team * The EDI Team * Employee Relations Team * Freedom to Speak Guardians service * Resolution policy and toolkit for staff and managers.   The Trust has five staff networks: Women’s Network, Neurodiversity Network, Staff Disability Network, EDEN (Ethnic Diversity Engagement Network) and LGBTQIA+ (Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual) Network. Staff Networks provide a safe space for staff and support from those with lived experience. Staff Networks now have a published policy which includes protected time for staff network roles (chairs, co-chairs, admin etc.) and members. The staff network policy needs to be socialised.  In collaboration with the staff network chairs/co-chairs, a Staff Network Inclusion Forum has been launched for the staff networks to share responsibility, work together to address gaps of inequality, with the support of executive sponsors. | 1 | EDI Team/ Wellbeing Team/ Staff Networks |
| 2D: Staff recommend the organisation as a place to work and receive treatment | Data from the 2023 National Staff Survey informs the Trust that 47.71% of staff feel the organisation takes positive action on health and wellbeing, this is an improvement from 2022 results in which it was 46.41% of staff.  43.79% of staff recommend this organisation as a place to work. 46.82% recommend this as a place to be treated:   * 35.09% of staff with a disability or long-term condition recommend this organisation as a place to work. 39.17% recommend the organisation as a place to be treated. * 65.73% of Asian/Asian British staff would recommend this organisation as a place to work. 62.2% would recommend the organisation as a place to be treated. * 68.17% of Black/African/Caribbean/ Black British staff would recommend this organisation as a place to work. 71.25% would recommend this organisation as a place to be treated. * 43.62% of Mixed/Multiple ethnic groups staff would recommend this organisation as a place to work. 47.87% would recommend this organisation as a place to be treated. * 56.9% of staff from other ethnic groups would recommend this organisation as a place to work. 56.9% would recommend this organisation as a place to receive treatment.   (2024 Staff Survey data will be available early 2025).  No data or evidence has been provided for Gender reassignment, Marriage and Civil partnership, Pregnancy and Maternity, Religion and Belief, Sexual Orientation. Exit interview data is not currently monitored by protected characteristics, which means we are less likely to identify if a disproportionate number of staff are leaving with protected characteristics e.g. disabled staff. The Staff Experience Team are exploring this and feedback to the stakeholder group. The reasonable adjustment working group created a workplace adjustment toolkit and policy to use alongside the NHS Health Passport, this is available on policy centre. This is to support staff who have disabilities and health conditions, and this toolkit needs to be socialised. | 0 | Staff Experience Team/ EDI Team |

### Total score

Please total the scores for Domain 2**: 3 = undeveloped activity**

## Domain 3 – Inclusive leadership

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| --- | --- | --- | --- |
| Outcome | Evidence | Score / rating | Owner (Department/Lead) |
| 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 | * 1,052 managers attended the Introduction to EDI, ‘Leading in the East Kent Way’ sessions that were introduced. * 204 managers have completed a leadership programme delivered by the Organisational Development Team. This has an EDI module. A further 129 leaders are on target to complete a leadership programme. Equality and health inequalities is routinely discussed in the Patient Experience Committee that reports to Quality and Safety Committee but not Board and committee meetings.. * Not all Board members and senior leaders routinely engage with staff networks. Members of the Executive Team who are Executive sponsors of Staff Networks demonstrate some activity due to this role, for example attending network meetings and events and informal mentoring of network chairs. * Board members and senior leaders do not routinely engage in religious, cultural or local events and/or celebrations although some members of the Executive Team demonstrate some activity. An annual programme of events has been discussed with the Executive Team to increase this and plans are being developed with input from an advisory group of staff. * Board members and senior leaders engagement with, and/or communications to, staff about health inequalities, equality, diversity and/or inclusion is limited. Some examples include building EDI criteria into all of the Trust awards categories and ensuring representation on the developing Staff Council. * As part of the NHS England EDI Improvement Plan High Impact Action of Board and Executives requirement to have EDI objectives, the Executive Team and some non-executive directors have these in place as part of their appraisals. | 1 | Chief Executive Officer / Chief People Officer |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | As per the EDS guidance, a random sample of 5 board papers were requested and submitted to check whether EDI is meaningfully included or considered:   1. **Integrated Performance Report June 2024;** no mention of or reference to EDI 2. **Board committee assurance report to the board of directors September 2024;** EDI discussed as an agenda item, discussing that WRES and WDES are being deferred until November meeting so they can be reviewed by CEMG. Also referenced in discussion of Employee Relations, regarding the data around protected characteristics of people involved in grievances, disciplinaries and Tribunal activity. 3. **Board papers 24/58 - appendix 1 patient story;** patient story about a community of migrant women in Thanet involved in a project to hear the voices of migrant women about access to services including health services and some of the barriers they experience. Refers to health inequalities throughout. 4. **Report to board of directors on Journey to Exit NHS Oversight Framework 4 (NOF4) and Integrated Improvement Plan (IIP) June 2024; n**o mention of or reference to EDI 5. **Integrated Performance Report August 2024;** no mention of or reference to EDI  * Equality and health inequalities are infrequently discussed in board and committee meetings. * EDI has been added as a confirmed standing agenda item on People and Culture Committee Papers, but not on any other papers. * Actions associated with health inequalities are not recorded or reported on routinely (other than the EDS reports and Patient Experience Committee papers). * Equality and Health impact assessments (EHIAs) are not routinely completed for key decisions. * EHIAs were completed for the 2024-25 Cost Improvement Programme * EHIAs are regularly completed for new policies and policy updates | 1 | Chief Executive Officer / Chief People Officer |
| 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 | Board members, system and senior leaders ensure the implementation of the **relevant** below tools. Board members, system and senior leaders monitor the implementation of the below tools:  WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard, and EDS 2022.  The Trust can analyse Friends and Family Test (FFT) responses by age, ethnicity, sex and the Index of Multiple Deprivation (IMD). | 1 | Chief Executive Officer / Chief People Officer  Chief Medical Officer |

### Total score

Please total the scores for Domain 3: **3 =** **undeveloped activity**

Third-party involvement in Domain 3 rating and review: **Staff Experience and Wellbeing, Staff Networks, International Recruitment (IR) / Pastoral support, Occupational Health, Standard Assurance Team (CQC), Chaplaincy Service, Risk Management, OD Business Partners, Site Heads of People and Culture, People and Culture Business Partners.**

Trade union reps: **Yes**

Independent Evaluator(s)/Peer Reviewer(s): **External NHS Organisation**

## EDS organisation rating (overall rating)

Name of organisation(s): **East Kent Hospitals University NHS Foundation Trust**

**Overall score and rating: 2024 score was 12 – Developing (a 4-point improvement compared to 2023).**

**Note: Organisations are required to provide an organisation rating, created by adding outcome scores together.**

\*Using the middle score out of the three services from Domain 1, domain scores are added together to provide the organisation rating.

**Below is a key to support understanding of organisation rating:**

Those who score **7 or under,** adding outcome scores **across domains**, are rated **Undeveloped**

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

Those who score **between 22 and 30,** adding outcome scores **across domains**, are rated **Achieving**

Those who score **31 and above,** adding outcome scores **across domains**, are rated **Excelling**

# Section 3 – EDS action plan

EDS leads: **Associate Director of Patient Voice and Involvement (Domain 1) / Head of EDI (Domains 2 and 3)**

Years active: **April 2024 to March 2026 (note two year action plan, with actions updated in January 2025)**

EDS sponsor: **Chief Medical Officer / Chief People Officer**

Authorisation date: **Trust Board, 6 February 2025**

## Domain 1 – Commissioned or provided service

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outcome | Objective | Action | Lead (s) | Completion date |
| 1A: Patients (service users) have required levels of access to the service | Improve the collection and use of patient’s demographic data to monitor uptake of services (including DNAs) and waiting times for diagnostics and treatment.  Consider the needs of the local population to improve equity of access, experience and outcomes.  Video Relay Interpreting (VRI) on demand to support access to services for patients whose primary language is not English | Patient caseload, waiting times and DNAs to be monitored by age, disability, ethnicity, gender identity, religion and belief, sexual orientation and Index of Multiple Deprivation.  Increase the number of Equality and Health Inequalities Impact Assessments (EHIAs) on service redesign and significant service or care pathway changes.  Additional tablet devices needed to maximise use of VRI on demand. | Chief Analytics Officer,  with support from the Business Information team and  Care Group senior teams.  Care Groups and Programme leads  Associate Director of Patient Experience /  Care Groups | October 2025  (adjusted date)    December 2025  October 2025 |
| 1B: Individual patients (service users) health needs are met | Fully implement the Reasonable Adjustments Digital Flag (RADF).  Build equality, diversity, inclusion and tackling health inequalities into service planning, improvement and performance reviews to help the Trust improve equity of access, experience and outcomes for patients. | Ensure the RADF SNOMED coding is on the main patient record systems, and the Patient Portal, with appropriate flags.  EDI / health inequalities to be part of assurance reports, service performance reviews and service improvement plans. | I.T. teams  Strategy and Development, Quality Governance, Care Group Governance, Operational leads | March 2025 (adjusted date)  March 2026 |
| 1C: When patients (service users) use the service, they are free from harm | We can provide evidence that patients with protected characteristics of age, disability, and ethnicity, do not disproportionately experience harm. | Patient harms to be reported and monitored based on demographic data including age, disability, ethnicity, gender identity, religion and belief, sex and sexual orientation. | Care Group senior teams, corporate teams (falls, pressure ulcers, safeguarding), governance leads, Business Information teams | June 2025 (adjusted date) |
| 1D: Patients (service users) report positive experiences of the service | Monitor and report patient experience by patients’ protected characteristics. | Ensure we hear from people who are underserved, experience greater health inequalities and are less likely to get their voices heard.  Pilot patient experience surveys in other languages. | Information team and Patient Voice and Involvement team  IT and Patient Voice and Involvement team. | On-going  March 2026 |

## Domain 2 – Workforce health and wellbeing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outcome | Objective | Action | Lead(s) | Completion date |
| 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | To ensure that all staff access health and wellbeing support in proportion to their representation in the workforce. And that this support is culturally appropriate and inclusive. | 1. System to be formulated to monitor sickness and absence data by protected characteristics, to identify groups or areas where focused support is needed. 2. Survey demographics and protected characteristic of wellbeing champions, TRIM practitioners and Mental Health First Aiders. To assess whether staff in these roles are representative of the workforce. | 1. Head of Staff Experience and Wellbeing 2. Staff Wellbeing team | September 2025  March 2025 |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | To reduce the abuse, harassment, and bullying that staff experience at work from colleagues, managers, patients, and their families, ensuring that staff who are disabled or of ethnic backgrounds do not experience this disproportionately to their representation in the workforce. | 1. the EDI Team will be working with the InPhase (formerly Datix) team to include protected characteristics on the incident reporting system to give an informed picture of types of incidents and groups impacted. 2. The EDI Team and ER further analyse the data of grievances by protected characteristics and joint action plan to identify the disproportionally identified 3. The See Me First Anti-Racism campaign has been launched, this needs to be socialised with support from the Ethnic Diversity Engagement Staff Network (EDEN). | 1. EDI team 2. EDI team and Employee Relations 3. EDI team | March 2025  May 2025  April 2025 |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | Staff Networks are supported and developed to provide a safe space for staff; to act as a voice for staff with protected characteristics; to be able to identify gaps in support for staff with protected characteristics | 1. Formulate a plan to socialise/ raise awareness of the staff network policy. | EDI team with Communications team support. | April 2025 |
| 2D: Staff recommend the organisation as a place to work and receive treatment | To provide an inclusive work environment, free from discrimination, where staff’s lived experience is seen as an asset and supports inclusive patient care. | 1. Explore how to monitor exit interview data by protected characteristics, to provide an update. To identify if a disproportionate number of staff are leaving with protected characteristics. 2. To socialise/ raise awareness of the workplace adjustment toolkit and policy to use alongside the NHS Health Passport, available on policy centre. This is to support staff who have disabilities and health conditions. | 1. Staff Experience Team 2. Employee Relations, Occupational Health, Staff Wellbeing team with Communications team support. | April 2025  June 2025 |

## Domain 3 – Inclusive leadership

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| --- | --- | --- | --- | --- |
| Outcome | Objective | Action | Lead(s) | Completion date |
| 3A: Board members, senior leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | The Trust has Board members, senior leaders and managers who are culturally competent, inclusive and who demonstrate their understanding of, and commitment to workforce equality and reducing health inequalities for patients and their families. | 1. As part of the NHS England EDI Improvement Plan High Impact Action of Board and Executives requirement to have EDI objectives, the Executive Team have these in place as part of their appraisals. The non-executive need to have these put these in place. | Chief Executive / Chief People Officer | May 2025 |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | EDI to be part of the golden thread from Board to ward. | 1. EDI to be an integral part of agenda items on Committee and Board Papers. Equality and Health inequalities Impact Assessment section to be added to every Board paper setting out the impact, mitigations, and risks in terms of people with protected characteristics. | Chief Executive / Director of Corporate Governance | September 2025 |
| 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 | To identify inequalities and unwarranted variations in workforce representation and career progression and in patient access by protected characteristics and actions to reduce inequalities and monitor their impact to assess where there are positive changes taking place. | 1. Board members and senior leaders to use the relevant EDI tools and regularly monitor their implementation: EDI High Impact Actions, Workforce Race Equality Standards, Workforce Disability Equality Standards, Equality and Health Impact Assessments, Gender Pay Gap reporting, Equality Delivery System. | Chief Executive / Chief Medical Officer / Chief People Officer | On-going |