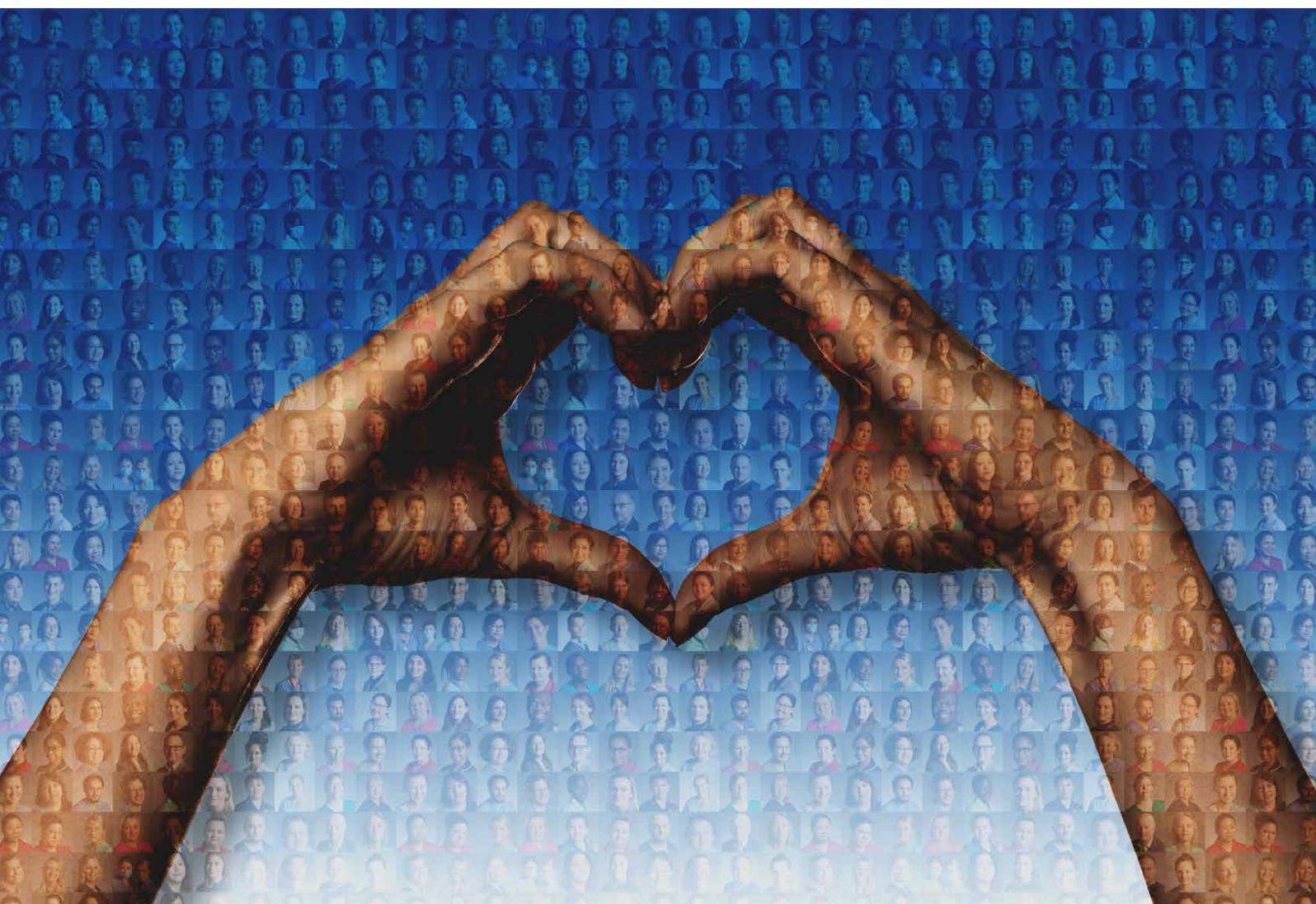




**Kingston Hospital**  
NHS Foundation Trust

# Equality, Diversity and Inclusion Strategy

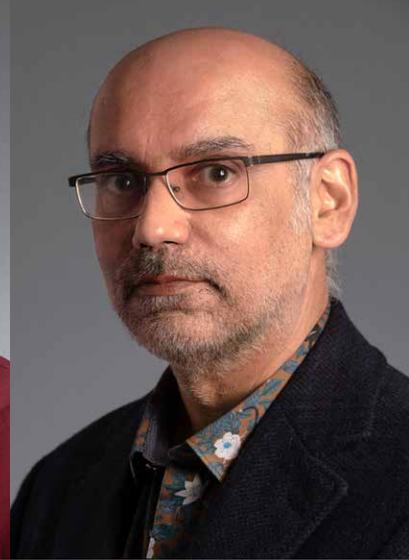
2020 to 2023





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# Foreword

There is a great deal to be proud of at Kingston Hospital NHS Foundation Trust, not least the outstanding care and compassion shown by everyone who works here, as recognised by patients, their families and regulators alike.

We employ over 3,500 staff in direct delivery of care and support services, with 43% of our staff from Black, Asian and minority ethnic backgrounds and representing 77 nationalities. We are proud of our diversity, because we know that this diversity enhances the care we give to our patients.

Events in 2020 shone a spotlight on racism and the inequalities that exist within our society, particularly within the context of the disproportionate impact of the COVID pandemic, which reinforced the need for us to develop a much bolder strategy on equality, diversity and inclusion.

The creation of a more diverse and inclusive culture won't be without challenge, but we are committed to doing everything we can to ensure that Kingston Hospital is an inclusive, diverse and fair place in which to receive care, and in which to work. Through actions that create greater equality, the position of staff and patients with protected characteristics will improve, ensuring that we remain an outstanding place in which to work and receive care.

Through delivery of this strategy, we also want to tackle the health inequalities that exist within the populations we serve and inequalities of opportunity in the workplace. This strategy will help guide our work at borough and at SW London level.

We all have a part to play in this and we speak on behalf of the Board of Kingston Hospital in saying that this strategy is of central importance to us. We'll be monitoring our progress regularly to ensure it is delivered.

We would like to thank everyone who has been involved in the development of this equality, diversity and inclusion strategy.



**Jo Farrar**  
Chief Executive



**Rita Harris**  
Chair of the Equality, Diversity & Inclusion  
Committee and Non-Executive Director

# Purpose and Vision of Equality, Diversity and Inclusion Strategy

The NHS Constitution embodies the whole purpose of the health service and clearly states that the NHS is for everyone. This imparts a duty on all parts of the health and care system to ensure patients and staff have an experience of receiving and providing care that meets their needs and expectations. Where this is done successfully barriers to service access and to work opportunities would no longer exist. All stakeholders would feel equally heard and would feel able to express concerns without fear of judgement. This is the wider context in which Kingston Hospital NHS Foundation Trust provides care and employs staff and is an ideal we support as an Outstanding NHS Trust.

This strategy reflects Kingston Hospital NHS Foundation Trust's commitment to meet the needs of our staff and community and in doing so continuously improve the way we employ, support and retain a high quality, diverse workforce and the way we involve our patients and stakeholders.

The Trust seeks to be a leader in the development and delivery of services that meet the needs of our whole population including those who have protected characteristics under the Equality Act of 2010. Our vision and values put the patient first in all our activities but we are also aware that in order to do this we must be an employer who meets the needs of our staff.

As a major employer in Kingston and the surrounding areas, we have a responsibility to our local community to ensure we are a trailblazer in the areas of equality, diversity and inclusion. As well as our commitment to our patients and employees, all those who visit, volunteer or work at the Trust in whatever capacity should be able to feel supported by an organisation that has equality, diversity and inclusion as a central principle in all its activities. By demonstrating this commitment through delivery of this strategy we will be a leader within our locality and be a strong influencer and partner in the South West London Integrated Care System.

This is a challenging strategy and requires us to move at pace to deliver significant change. The required shift in organisational culture will be our priority and the actions that support this strategy will ensure we achieve this. Lasting and demonstrable change will be measured through improved scores in national metrics – Equality Delivery System, Workforce Race Equality Standard and Workforce Disability Equality Standard – and also through regular surveys of staff and patients to monitor the success of our actions and ensure we remain on the right path.

Successful implementation of this strategy will be demonstrated by the following measures:

Patient survey data indicates high degree of satisfaction with experience of receiving care.

Improved engagement with patient groups and local community to inform future services.

Achievement of target WRES and WDES indicator scores (indicators 1, 2, 3, 4, 9) which will demonstrate parity in opportunity and experience for Black, Asian and minority ethnic staff and staff with disabilities.

Significant reduction in the number of staff reporting bullying and harassment from patients, other staff or managers (WRES indicators 5, 6, 8).

All staff report that the Trust provides equal opportunities for career progression or promotion (WRES indicator 7).

Achievement of Model Employer goals for Black, Asian and minority ethnic staff in Bands 8a-9 and VSM within three years.

Staff turnover is at target rate for all staff groups and data reporting from exit interview questionnaires indicate positive experiences of working at the Trust.

## Context – 2020 as a watershed

At Kingston Hospital Foundation Trust we are proud of our outstanding achievements in providing high quality care and leadership.

However, events in 2020 reinforce the need for the Trust to develop a much bolder strategy on Equality, Diversity and Inclusion. We want to create and sustain an environment where our staff find their voice and feel heard, our patients' care continues to be tailored to their needs and our role as an "anchor" organisation in the local economy brings tangible benefits to all people.

Many urgent ED&I issues emerged from Covid-19. The disproportionate negative effect of the virus on people from Black, Asian and minority ethnic staff backgrounds has been a particular concern. We have also learned more about the challenges of working remotely for people with disabilities. We have had to display great flexibility in our workforce in transforming our services to meet the recovery needs of those hospitalised as a result of Covid-19 and to provide a safe environment for those receiving care in all services.

The death of George Floyd in the United States of America in May 2020 led to direct action from the Black Lives Matter movement and public bodies across the world are being challenged to remove racist practices. As a significant employer of Black, Asian and minority ethnic staff – both British and from overseas – KHFT must consider how we can take action to remedy previous injustices and create an environment that is fair and equal for all.

The publication of a NHS London Race Strategy in September 2020 challenges us to significantly improve practice in the area of race equality. Through actions that create greater equality the position of staff and patients with other protected characteristics will also improve and the KHFT board are committed to delivering these.

Above all 2020 has encouraged us to work at pace, question previously accepted practice and overcome obstacles to improving the lives of staff, patients and residents.

## Strategic Principles

In order to ensure we deliver our Equality, Diversity and Inclusion objectives we will adhere to the following principles.

- **Valuing Lived experience** – all staff will be able to share their experiences and have them heard.
- **Well-led but co-designed** – we will ensure all our leaders work in an inclusive way *and* that wherever possible organisational and service changes are co-designed to reflect the diversity of staff and patients.
- **Shared responsibility** – it is everyone's responsibility to eliminate inequality. All staff at KHFT will be supported to create a culture that allows people to speak up when things are not right.

- **Clear communications** – wherever possible we will use language that is clear and does not rely on stereotypes or outdated concepts. We will make sure materials are available in alternative formats and languages. A detailed Communications Plan is included and has been prepared to support the implementation of the strategy.



## Our Local Profile

Our hospital supports around 350,000 people in the surrounding area from the boroughs of Kingston, Richmond, Roehampton, Putney, Merton and East Elmbridge. The Hospital is located on a single site in Kingston upon Thames, but runs a number of outpatient clinics in sites across the catchment area including Raynes Park Health Centre, Surbiton Centre for Health, Queen Mary's Roehampton and Teddington Memorial Hospital.

We cover 5 main boroughs, Kingston Upon Thames, Richmond Upon Thames, Merton, Roehampton and Putney and East Elmbridge.

We provide services to a diverse population with:

- A third of residents in most boroughs from a Black Asian and minority ethnic background with the highest population of Korean residents within Kingston.
- The religious make up of residents including, Christianity, Islam, Hinduism, Buddhism, Judaism and agnostic.
- A wide range of languages spoken including, English, Korean, Spanish, Polish, French, German, Portuguese, Italian, Arabic and Dutch.
- Approximately 661 people registered with Learning Disabilities live in the borough of Kingston.

## Our Staff Profile

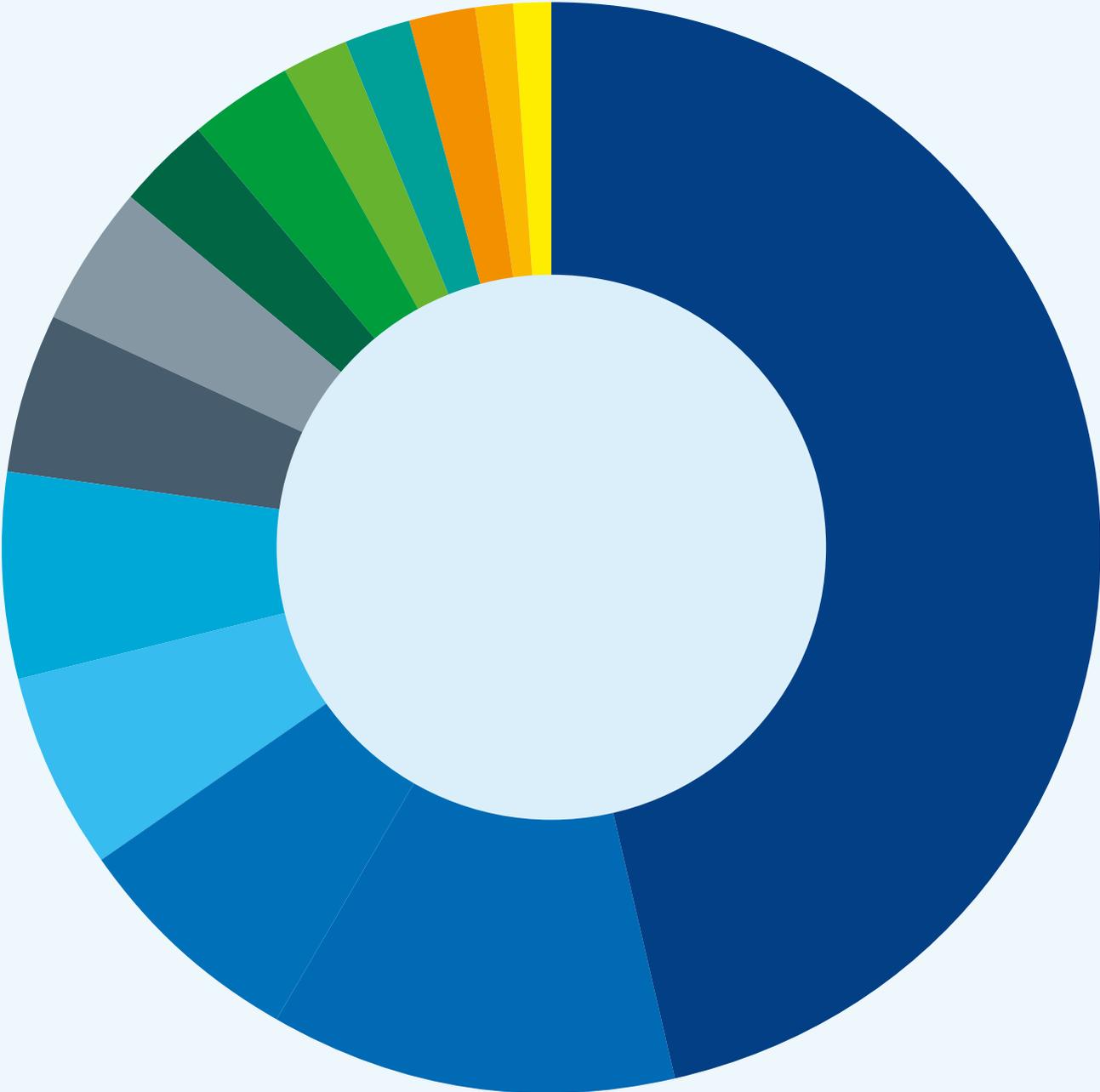
We have over 3,500 staff at Kingston Hospital employed in direct delivery of care and support services. We are proud to have a diverse workforce and know that this diversity enhances the care we give to our patients.

The Trust has a long history of welcoming overseas staff into our workforce and currently we have over 77 nationalities and 109 countries of birth represented.

Our largest group of overseas staff are from the Philippines and we continue to welcome Filipino nurses into our workforce every year. The chart shows the Ethnic Origins of staff in the Trust's workforce.



Ethnic Origin of All Staff



- White British & Irish 47%
- Filipino 12%
- White - Other 7%
- Asian - Other 6%
- Asian - Indian 6%
- Black - African 5%
- Mixed Ethnic Origin 4%
- White - European 3%
- Other 3%
- Black - Caribbean 2%
- Asian - Pakistani 2%
- Not stated 2%
- Black - Other 1%
- Chinese 1%
- Asian - Bangladeshi 0%

## Our Achievements So Far...

In the last three years we have seen some key developments relating to our Equality, Diversity and Inclusion Agenda. Having established our Equality, Diversity and Inclusion Committee, grown our first Black, Asian and minority ethnic staff network MEGA, and committed to the Disability Confident scheme.

More recently in the last year we have gone further by developing our *Equality and Diversity Strategy 2019-2021* and moved at pace in implementing the following actions:

- Growing our existing staff networks and developing new ones.
- Embarking on a reverse mentoring programme for Black, Asian and minority ethnic staff.
- Piloting Black, Asian and minority ethnic staff representation at interview panels for bands 7 and above.
- Launching the Rainbow Badge initiative within the Trust in support of our LGBT+ patients and staff.
- Implementation of listening events to hear the experiences of our staff on Equality, Diversity and Inclusion.
- Offering compassionate leadership training to managers and offering independent self-compassion program to all staff to help support them at work.
- Launch of our *Not a Target* campaign to raise awareness that bullying and harassment of staff will not be accepted.
- Establish Learning Disability and Patient Involvement Collaboratives that have provided opportunities for service users and staff to come together to discuss and explore issues and actions.
- Achieved our 2019/20 Quality Priority to broaden and deepen patient involvement in our work to improve the quality of our services.
- Secured funding to expand the Patient Experience Team as well the recruitment of a Learning Disability Practitioner, and a Dementia and Delirium Nurse. These roles will provide more capacity to move forward the Equality and Diversity agenda from a patient and carer perspective.
- Continued to identify and 'flag' people with an accessible information need.
- Recruitment of Acute Liaison Learning Disabilities Practitioner to ensure reasonable adjustments are made for patients where required.



# Equality Objectives 2020–2023

The Equality objectives for the Trust will be underpinned by our vision and values. The Trust's vision is *Working together to deliver exceptional, compassionate care – each and every time*. Our *Patient First* commitment is supported by our five values which all support the achievement of equality, diversity and inclusion for our staff and patients.

## Living our values every day



In 2020 our new value “Inspiring” was added to reinforce the innovative and leading edge work our staff do to improve services – both experience and outcome for our patients – and to encourage us to inspire one another by creating an amazing place to work.

Whilst our Equality objectives for the next three years will build on the successes of our previous strategy we recognise the urgent need to take bold actions to make significant and lasting changes to the experiences of our staff and patients.

### Our key objectives for the next three years are:

1. **Staff Networks** – we will continue to support our staff networks as a safe way for staff to have peer support and open conversations. Engagement with our staff networks provides the opportunity for the Trust leadership to hear lived experiences of staff. This in turn will inform decision about how the trust supports our staff. Our networks are: MEGA, Kingston Pride, and Kingston Ability Forum. We will also support staff in developing local support networks within their own areas of work to encourage local engagement and to feed into the Trust wide networks.
2. **Lived experience** – Listen to and act on the lived experiences of our staff through the continuation of listening events and the introduction of a regular “staff story” at the Trust board and other senior leadership fora.
3. **Inclusive patient access** – we will ensure that Equality Impact Assessment (EqIA) is a robust process that offers both assurance and opportunities for improvement that address inequalities in access to services. We will include work with all our local health and care partners to address health inequalities in access to and provision of services.
4. **Inclusive patient feedback** – we will collect data on the protected characteristics of people providing feedback where appropriate and feasible and use this insight to improve patient experience of care. We will work with local partners to understand the voices and experiences of seldom heard groups. We will implement learning from patient feedback into future service design.
5. **Inclusive patient involvement** – through our Patient and Public Involvement Strategy we will continue to increase and diversify the range of patient partners and volunteers involved in our strategy and service improvement forums and projects.
6. **Accessible information** – we will ensure that there is a process in place to consistently identify and meet the information and communication needs of people with a sensory or cognitive impairment or loss.
7. **Safeguarding of Vulnerable Adults** – we will ensure that the safeguarding of vulnerable adults remains a priority by continuing to promote compliance with legal frameworks and access to additional resources in the management of care for vulnerable patients.

- 8. NHS London Race Strategy** – we will implement the recommendations of the NHS London Race Strategy published in September 2020 – *Valuing difference. Improving care*. This will include working collaboratively with colleagues in the South West London Integrated Care System to support system wide improvements.
- 9. Leadership** – we will develop inclusive and compassionate leaders to support a diverse workforce. We will have visible board leaders and leaders throughout the trust who encourage staff development and champion patient care for all those with protected characteristics. We recognise that leaders are present at all levels in the organisation and will support the introduction of Diversity Champions who will work within their service areas to provide expertise on all equality matters, in particular through supporting inclusive recruitment and selection.

We will support the development of coaching and mentoring skills amongst all Trust managers to deliver inclusivity in skills development so that all staff are actively encouraged to realise their potential. Our managers will be developed to ensure they have effective listening skills to support staff and patients and act upon feedback where changes are needed. We will recruit to leadership positions based on skills, knowledge and behaviours that demonstrate our culture and a commitment to equality, diversity and inclusion.

- 10. Health and Wellbeing** – we will link our workforce equality objectives with the Trust Health and Wellbeing Strategy to ensure the specific needs of staff are met and that any adverse effects of Covid-19 on specific groups are minimised.
- 11. Equality Outcomes** – including Workforce

Race Equality Standard, Workforce Disability Equality Standard, Public Sector Equality Duty, Equality Delivery System 2. We will ensure improvements in all equality outcomes as measured under national and local standards.

- 12. Speaking up** – we aim to create a culture of Active Bystanders that allows people to speak up when things are not right. We will commit to providing safe ways for this to happen, including strengthening our Freedom to Speak Up function and supporting our local staff networks.



## Conclusion and Next Steps

The action plan that comes from this strategy is ambitious and will require a commitment to doing things differently and having the courage to question practices when things don't look or feel right.

Achieving a shift in organisational culture to one that is truly inclusive and supportive for all is challenging and will require commitment from all staff and in particular from managers at every level in the Trust. The ability as individuals for us to reflect on our own behaviours and to educate ourselves through active listening to the experiences of others will be a key foundation in achieving success.

The Trust's Equality and Diversity Committee will oversee the implementation of the action plan and ensure delivery remains on track. As part of this oversight role the committee will also review this strategy annually to ensure it remains relevant.

Equality, diversity and inclusion issues are in the spotlight in the National Health Service probably more so now than at any other time in its history. This presents the trust with an opportunity to take bold actions to improve equality measures for both staff and patients.



# Appendices

Appendix 1: Action Plan

Appendix 2: Glossary of Equality Measures

Appendix 3: Summary of WRES Data 2020

Appendix 4: Summary of WDES Data 2020

## Appendix 1: Action Plan

Objective	Actions	Timescale	Owner
<b>Staff Networks</b> – we will continue to support our staff networks as a safe way for staff to have peer support and open conversations.	Promote membership of our staff networks more widely across the Trust using posters, email communication and development of dedicated web page with information on staff networks	Ongoing	Head of Equality, Diversity & Inclusion, Staff network Leads and Head of Communications
	Establish focus groups with staff network representatives to review policies, Trust equalities action plans and contribute to the development of strategies to tackle areas of identified inequalities	Ongoing	Head of Equality, Diversity & Inclusion, Staff network Leads and Head of Communications
<b>Lived experience</b> – listen to and act on the lived experiences of our staff.	Hold regular listening events to hear the lived experiences of staff and run a series focusing on various staff groups including Black, Asian and minority ethnic and disabled staff	Ongoing	Head of Equality, Diversity and Inclusion, Assistant Director – Equality, Diversity & Inclusion, Head of Communications
	Ensure any issues raised from listening events are addressed by investigating further where necessary and feeding this back to the Equality, Diversity & Inclusion Committee for action planning	Ongoing	Head of Equality, Diversity & Inclusion, Head of Communications
<b>Inclusive patient access</b> – ensure that EIA is a robust process offering assurance and opportunities that address inequalities in access to services.	Establish an EIA review group and offer support and training for members. Membership should, in so far as is possible, include staff members able to bring an LD, AI, Black, Asian and minority ethnic, safeguarding, chaplaincy, Dementia, patient experience perspective.	Summer 2021 and ongoing	Head of Equality, Diversity & Inclusion, Patient Experience Team
<b>Inclusive patient feedback</b> – collect data on protected characteristics (where feasible / appropriate) and understand perspectives of seldom heard groups.	<ul style="list-style-type: none"> <li>Request demographic breakdown for National Survey data where is feasible (to include ethnicity).</li> <li>Ensure demographic data is collected on all patient surveys carried out across the Trust.</li> <li>Work with Healthwatch partners on projects to capture experiences of seldom heard groups.</li> </ul>	Ongoing	Patient Experience Team.  User groups/ patient partners

Objective	Actions	Timescale	Owner
<b>Inclusive patient involvement</b>	Utilise the enhanced capacity in the Patient Experience to further diversify patient involvement. This includes expertise of a newly appointed LD practitioner, as well as additional capacity in the Dementia and Delirium Team and the patient experience team (as of Spring 2021).	December 2020 onwards	Patient Experience Team and Quality Improvement Team
	Continue to maintain the database patient involvement initiatives established for the 2019/20 quality priority.	Ongoing	
<b>Making reasonable adjustments</b> – including accessible information.	Utilise enhanced capacity in the Patient Experience Team (as of Spring 2021) to continue to acknowledge and respond to accessible information needs.	Autumn 2021	Patient Experience Team
	Establish a consistent process for responding to the most commonly identified requests.  Work collaboratively with primary care partners to implement the Reasonable Adjustment Flag Early Adopter project.	Autumn 2021	
<b>Safeguarding of Vulnerable Adults</b>	Implementation of appropriate national and local recommendations for the management of patients affected by mental health difficulties, learning disabilities, domestic violence and suicide prevention.  Promoting compliance with legal frameworks and procedures (Mental Capacity Act 2005 and Deprivation of Liberty Safeguards) in the management of care for vulnerable adults.	September 2021	Safeguarding Adults Team
<b>London Workforce Race Equality Strategy</b> – implement the recommendations of the London Workforce Race Equality Strategy 2020 valuing difference. Improving care.	Review current Trust position against recommendations in final London strategy (published 1/10/20).	End of February 2021	Assistant Director - Equality, Diversity and Inclusion
	Work collaboratively with South West London colleagues to deliver recommendations at Integrated Care System level where indicated in the London report.	Commence October 2020; completion as indicated in final London report.	Assistant Director - Equality, Diversity and Inclusion

Objective	Actions	Timescale	Owner
<b>Leadership</b> – develop inclusive and compassionate leadership to support a diverse workforce.	Continue provision of compassionate leadership training for all managers.	Re-launched September 2020; programme ongoing	Head of Training and Development
	Launch of an Equality, Diversity and Inclusion (EDI) Champions network across the Trust.	May 2021	Chief Executive, Director of Workforce
	Programme design.	February 2021	Director of Workforce, Head of Equality, Diversity & Inclusion
	Recruitment of ED&I Champions.	May 2021	Head of Equality, Diversity & Inclusion, Network Chairs
	Training of ED&I Champions.	July 2021	Training provider to be selected
	Develop specific leadership courses for Black, Asian and minority ethnic staff to support career development.  <ul style="list-style-type: none"> <li>• Draft content designed</li> <li>• Agreed with stakeholder groups</li> <li>• Nominations agreed and first cohort launched</li> </ul>	November 2020 and ongoing  Completed November 2020	Assistant Director - Equality, Diversity and Inclusion  Assistant Director Workforce Development
	Update manager guidelines to re-focus on inclusive leadership and responsibilities for equality and diversity in particular relation to recruitment and selection.	December 2020	Associate Director Workforce  Ask HR Team
	Ensure access for all managers to coaching and mentoring training to support staff development.	December 2020	Assistant Director - Equality, Diversity and Inclusion, Practice Development Team
Review the first cohort of Reverse Mentoring and agree forward actions based on feedback.	June 2021	Head of Equality, Diversity & Inclusion	
<b>Health and Wellbeing</b>	Audit health and wellbeing offers to ensure fair access to all staff.	February 2021	Assistant Director - Equality, Diversity and Inclusion
	Relaunch of Employee Assistance Programme to promote availability of Black, Asian and minority ethnic counsellors.	February 2021	Assistant Director - Equality, Diversity and Inclusion
	Embed Covid-19 risk assessment process for all new staff.	February 2021	Deputy Director of Workforce/ Recruitment Hub Team
	Design interventions with Occupational Health service to support staff with increased Covid-19 vulnerability in particular Black, Asian and minority ethnic staff and staff with disabilities.	February 2021	Occupational Health Manager

Objective	Actions	Timescale	Owner
<b>Equality Outcomes</b>	<p>Ensure Trust compliance with statutory and mandatory reporting and development and implementation of action plans for:</p> <ul style="list-style-type: none"> <li>• Workforce Race Equality Standard (WRES)</li> <li>• Workforce Disability Equality Standard (WDES)</li> <li>• Gender Pay Gap.</li> </ul>	Ongoing	Head of Equality, Diversity & Inclusion, Head of Workforce Projects
	<p>Implementation of the Equality Delivery System 2 (EDS2) as mandated to support the Trust's delivery on the Public Sector Equality Duty.</p>	October 2021	Head of Equality, Diversity & Inclusion, Assistant Director - Equality, Diversity & Inclusion
<b>Speaking Up</b>	<p>Provide Active Bystander Training for all staff to support staff in having the confidence to step up and make interventions.</p>	Completed by May 2021	Assistant Director - Equality, Diversity and Inclusion
	<p>Launch a campaign to recruit Freedom to Speak Up Champions to support the Freedom to Speak Up Guardian and be a link for staff to discuss and raise any concerns they may have.</p>	Autumn 2021	Freedom to Speak Up Guardian, Head of Equality, Diversity & Inclusion, Head of Communications

# Appendix 2: Glossary of Equality Measures

Data is collected annually on the following:

## 1. Workforce Race Equality Standard (WRES)

This was introduced into the NHS in April 2015. It is a set of nine specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of staff according to race. The metrics data is collected annually and is used to develop and publish an action plan for the organisation. The Trust has a duty to publish WRES scores on its website.

## 2. Workforce Disability Equality Standard (WDES)

This was introduced into the NHS in 2019. It is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. The metrics data is used to develop and publish an action plan for the organisation which must be published annually on the Trust's website.

## 3. Gender Pay Gap

The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce. Reporting on gender pay is carried out annually and was introduced in 2017 for all employers with a headcount of more than 250.

The following terms will also be referred to frequently in publications relating to Equality, Diversity and Inclusion:

### • Public Sector Equality Duty (PSED)

The Public Sector Equality Duty (known also as the Equality Duty) was introduced in April 2011 and was created under the Equality Act of 2010. Its broad purpose is to integrate consideration of equality and good relations into the day to day business of public authorities. Equality considerations must be reflected into the design of policies – internal and external – and the delivery of services. In the National Health Service this has led to the use of Equality Impact

Assessments to ensure due regard is taken of the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

### • Equality Delivery System version 2 (EDS2)

The Equality Delivery System 2 (EDS2) was introduced in July 2011 to help NHS organisations review and improve their performance for people with characteristics protected by the Equality Act 2010.

Modified in November 2013 to make it easier to use, the EDS2 sets out four goals and 18 outcomes NHS Trusts must concentrate on to improve equality of access to services, experience of services and outcomes. The goals and outcomes are about both people who use NHS services and those who work in them.

The EDS2 requires NHS organisations to analyse and grade their performance, and set defined equality objectives, supported by an action plan. These processes should also be integrated within mainstream business planning.

The EDS2 can be used to support commissioners identify local needs and priorities, particularly the unmet needs of seldom-heard populations, and allow them to shape services around people's specific circumstances.

## Appendix 3: Summary of WRES Data 2020

Indicator	Description
Indicator 1	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM compared with the percentage of staff in the overall workforce.
Indicator 2	Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.
Indicator 3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process.
Indicator 4	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to white staff.
Indicator 5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months .
Indicator 6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
Indicator 7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.
Indicator 8	Q17. Percentage of staff experiencing harassment, bullying or abuse from manager/team leader or colleague.
Indicator 9	Percentage difference between the organisations' Board membership and its overall workforce.

Indicator	2017	2018	2019	2020
Indicator 2	3.4	2.5	1.36	1.31
Indicator 3	5.77	1.82	1.27	2.7
Indicator 4	0.99	1.03	1.02	0.98
Indicator 5	31%	36%	34.3%	36.5%
Indicator 6	31%	27%	28.6%	32.3%
Indicator 7	69%	71%	77.7%	76%
Indicator 8	19%	18%	15.7%	18.2%
Indicator 9	0%	7%	6.7%	13.3%

## Appendix 4: Kingston 2020 Workforce Disability Equality Standard (WDES) Results

Metric	Description	2019	2020
<b>Metric 1</b>	Percentage of staff in AFC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce <i>Compares the data for disabled and non-disabled staff, across all pay bands and grades within the Trust.</i>	See follow page	See follow page
<b>Metric 2</b>	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	1.07	1.26
<b>Metric 3</b>	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	0	62.38
<b>Metric 4</b>	a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:		
	i) Patients/service users, their relatives or other members of the public	39.8%	33.8%
	ii) Managers	18.2%	24.9%
	iii) Other colleagues.	24%	26.2%
	b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	43.3%	44.5%
<b>Metric 5</b>	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	79.4%	79%
<b>Metric 6</b>	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	31.7%	34.1%
<b>Metric 7</b>	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	40.2%	41.7%
<b>Metric 8</b>	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	69.7%	71%
<b>Metric 9</b>	a) The staff engagement score for Disabled staff, compared to non-disabled staff.	7	6.8
	The overall engagement score for the organisation.	7.3	7
	b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard (Yes) or (No).	Yes	Yes
<b>Metric 10</b>	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: <ul style="list-style-type: none"> <li>By voting membership of the Board</li> <li>By Executive membership of the Board.</li> </ul> <i>Compares the responses for Disabled and non-disabled staff</i>		

## Metric 1 - Disability Declaration for Kingston 2019/2020

Non-Clinical Staff	Disabled	Non-disabled	Unknown
Under Band 1	0%	100%	
Band 1	N/A	N/A	N/A
Band 2	3.3%	89.6%	7.1%
Band 3	0.8%	89.1%	10.1%
Band 4	2.4%	94.4%	3.2%
Band 5	1%	94.3%	4.8%
Band 6	1.9%	94.3%	3.8%
Band 7	3.9%	93.4	2.6%
Band 8A	0%	92.2%	7.8%
Band 8B	0%	100%	0%
Band 8C	0%	100%	0%
Band 8D	0%	80%	20%
Band 9	0%	100%	0%
VSM	0%	90%	10%
Other	N/A	N/A	N/A

Clinical Staff excluding Medical and Dental	Disabled	Non-disabled	Unknown
Under Band 1	N/A	N/A	N/A
Band 1	N/A	N/A	N/A
Band 2	1.99%	93.02%	4.98%
Band 3	3.98%	83.52%	12.50%
Band 4	2%	92%	6%
Band 5	1.47%	92.12%	6.41%
Band 6	0.91%	91.22%	7.86%
Band 7	1.06%	92.23%	6.71%
Band 8A	2.13%	95.04%	2.84%
Band 8B	0%	91.67%	8.33%
Band 8C	0%	100%	0%
Band 8D	0%	100%	0%
Band 9	0%	100%	0%
VSM	0%	100%	0%
Other	0%	83.33%	16.67%

Clinical-Medical & Dental	Disabled	Non-disabled	Unknown
Consultants	0%	91.2%	8.8%
Non-Consultant career grade	1.20%	95.18%	3.61%
Trainee grades	0.42%	95.34%	4.24%
Other			

Total	Disabled	Non-disabled	Unknown
Overall Workforce	1%	92%	7%



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