

## EDS2022 Action Plan – 2023/2024

EDS Action Plan	
EDS Lead	Year(s) active
Head of Equality, Diversity & Inclusion	2023/2024
EDS Sponsor	Authorisation date
Bernadette Thompson, Director of Equality, Diversity & Inclusion	01/07/2024

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Address 6% of patients receiving midwifery continuity of carer (MCoC)	Conduct further research to identify alternatives to midwifery continuity of carer, in consideration of workforce challenges and, including ways to strengthen antenatal and postnatal care.	
	1B: Individual patients (service users) health needs are met	Improve demographic data quality	Make maternity data improvement as a priority area for the optimisation phase of EPIC particularly for the protected characteristics of patients deprivation data and other risk factors.	

		Improve understanding on needs of LGBT gestational parents.	Implement King's recently published 'Supporting Trans and Non-Binary Patients Guidance' and build awareness of the guidance among staff. Consider conducting an audit or review for gaining further insights into access and experience of LGBTQ+ birthing people of King's maternity services.	
	1C: When patients (service users) use the service, they are free from harm	Build Cultural Intelligence (CQ) among Maternity staff	Maternity staff to access CQ training through the EDI Team	
		Improve access to translation services and translated resources.	Identify and resolve any access issues related to the translation services and make it more streamlined. Also build more awareness among midwives about any online or printed resources available (e.g., flowcharts / leaflets in translated languages with inclusive imagery) and how to access it.	

		Develop more joined-up pathways and partnerships with key stakeholders and community based organisations for providing better support on Vital 5	<ol style="list-style-type: none"> <li>1. To explore a join-up with dental care</li> <li>2. To explore ways to engage and communicate with birthing people and communities for weight management, better diet and an active lifestyle</li> </ol>	
	1D: Patients (service users) report positive experiences of the service	Improve access, experience and outcomes through increased engagement with underrepresented groups	Identify specific needs of BAME, disabled and birthing people from more deprived areas and co-produce measures with patients and communities. Develop a plan to engage with minoritised communities to ensure that all patients book their first appointment within 10 weeks of pregnancy	

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Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Increase the monitoring of staff health with protected characteristics.	The Occupational Health team to begin collecting demographic data for staff who are referred to the service.	
		Increase information available for the self-management of listed conditions	Health & Wellbeing team provide self-accessible health information to support staff to self-manage obesity, diabetes, asthma, COPD and mental health conditions.	

		<p>The Organisation supports staff to self-manage long term conditions and to reduce negative impacts of the working environment.</p>	<ol style="list-style-type: none"> <li>1. Create and implement a Staff Retention Policy which includes how Care Groups can use sickness data to support retention</li> <li>2. Launch reasonable adjustments training, achieving a goal of 100 line managers and people directorate staff trained within the first year.</li> </ol> <p>*This should be monitored and driven through the Vital 5 Core Working Group within the Health Inequalities programme.</p>	
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	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Increase support for staff with protected characteristics to report bullying and harassment</p>	<ol style="list-style-type: none"> <li>1. Ensure the Early Resolution Policy is reviewed and an updated ERAF is completed in line with current policy requirements.</li> <li>2. Ensure the Disciplinary Policy and Conduct Standards is reviewed and an updated ERAF is completed in line with current policy requirements.</li> <li>3. Highlight and recognise the link between staff and patient experience within all relevant policies.</li> <li>4. Assess feasibility of collecting demographic data when reporting incidents in InPhase, and collect this information where possible.</li> <li>5. Assess feasibility of InPhase incident coding to better identify types of violence and aggression (e.g. racist abuse, homophobia etc.)</li> </ol>	
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	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence.	Ensure an ERAF is fully completed and signed off by the EDI team for the new Supporting Positive Behaviour and the Freedom to Speak Up policies before ratification.	
		Increase support for staff outside of their line management structure around bullying and harassment.	<ol style="list-style-type: none"> <li>1. Launch specific guidance around managing hate-motivated incidents in the new Supporting Positive Behaviour Policy.</li> <li>2. Increase the number and diversity of King's Ambassador's.</li> <li>3. Provide guidance to managers to include King's Ambassadors in career development conversations throughout the year and in appraisal windows.</li> <li>4. Deliver an EDI forum for all King's Ambassadors to ensure they have the knowledge to support colleagues who experience bullying/harassment.</li> </ol>	

2D: Staff recommend the organisation as a place to work and receive treatment	Increase quality of exit interview data available	Improve completion rates for Exit Interviews for people with protected characteristics.	
	Increase support available for staff when completing Exit Interviews.	Allow staff to request face-to-face exit interviews with wider workforce/support teams including EDI and OD.	
	Utilise data from end of employment exit interviews to make improvements.	<ol style="list-style-type: none"> <li>1. Establish an accountability structure within PBP care group partnerships to ensure improvement recommendations from exit interviews are actioned at care group level.</li> <li>2. Prioritise the improvement of retention using Exit Interview data and aim for at least 5% improvement year on year; benchmark against other organisations and seek out best practice.</li> </ol>	



Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	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	Ensure regular discussions on EDI and health inequalities at Board and Committee meetings	Introduce standing EDI agenda update items at all Board Meetings	01/04/2024
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Ensure ongoing engagement from senior leaders with National Diversity Dates	Consider introducing a minimum attendance level of 2 events per year for Bands 9 and above	01/04/2024
	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	Ensure robust approach to tackling health inequalities at senior level	Introduction of <a href="#">Health Inequalities Leadership Framework</a>	01/09/2024
		Ensure accountability of senior leaders to support tackling health inequalities and creating a truly inclusive organisation.	All Band 9's and above to have formalised SMART EDI objectives, relating to workforce and or tackling Health Inequalities, with an annual submission of evidence for	01/06/2024

			accountability purposes as part of their appraisal.	
		Ensure all reports to Board and Committees have fully considered EDI and health inequality issues.	Produce guidance for report authors to support submissions and for the Board and committees to review content.	01/08/2024
		Create a cadre of culturally intelligent senior leaders who understand and champion cultural intelligence to promote better outcomes from their people and patients	All Band 8D and above leaders to sign up and complete the Trust's Cultural Intelligence programme	01/09/2024
		Ensure that all new projects consider EDI and health inequalities.	Mandate ERAF tool for all projects affecting 10 or more people (staff or patients)	01/07/2024
		Improvement of WRES, WDES and GPG metrics	Actions plans relating to these metrics are scrutinised and monitored through performance reports, to the relevant boards	Ongoing
		Ensure that feedback from leavers is incorporated into organisational planning	Develop system and process for recording, categorising, monitoring and acting on themes obtained from analysis of exit interviews.	01/12/2024

