

<b>EDS Action Plan</b>	
<b>EDS Lead</b>	<b>Year(s) active</b>
Meaghan Hackett, Equality Diversity & Inclusion Lead	2025-2026
<b>EDS Sponsor</b>	<b>Authorisation date</b>
Mark Preston, Chief People Officer	June 2025

<b>Domain</b>	<b>Outcome</b>	<b>Objective</b>	<b>Action</b>	<b>Completion date</b>	<b>Owner</b>
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<p style="text-align: center;"><b>Domain 1: Commissioned or provided services</b></p>	<p>1A: Patients (service users) have required levels of access to the service</p>	<p>To reduce the variation in access to technology across demographic groups.</p> <p>Reduce DNA rates, with a focus on reducing the gap between demographic groups.</p>	<ul style="list-style-type: none"> <li>• To collect and review data on technology use by sex, age, ethnicity, deprivation, and where they live in relation to the trust annually to track progress within the South East London Hybrid Closed Loop Implementation Steering Group.</li> <li>• To work with outpatient services to improve the consistency of verifying contact and demographic details at every physical clinic attendance.</li> <li>• To set up a process to record whether service users have been offered technology and if they have refused it so we can understand who has and has not been offered.</li> <li>• Agree two key demographics through which to report DNA rates at monthly Diabetes Senior Management Team Meeting (with overall aspiration to</li> </ul>	<p>Ongoing</p>	<p>Diabetes Type 1 Service Leads</p>
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			deliver specific project(s) to understand differences).		
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	<p>1B: Individual patients (service users) health needs are met</p>	<p>To ensure everyone receives the support needed to benefit from the use of diabetes technology.</p>	<ul style="list-style-type: none"> <li>• Deliver peer support sessions similar to the Young Adults “Tech Day” for other high risk service users where their clinician thinks would benefit from going onto technology.</li> <li>• Continue to build and support for Type 1 Peer Support Network, including advertising in clinic spaces and delivering an annual face-to-face education session.</li> <li>• To review the demographics of the members of the type 1 Peer Support Network with aim to ensure equity.</li> <li>• Scoping the resourcing required for outreach work within Lambeth and Southwark for people with type 1 diabetes not under specialist care.</li> <li>• To complete the Diabetes Africa “Equity of Access to Technology Checklist”</li> </ul>	<p>Ongoing</p>	<p>Diabetes Type 1 Service Leads</p>
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			<p>annually to track progress against the recommendations to address disparities in technology access for Black African and Caribbean populations.</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Improve non-specialist awareness of diabetes and diabetes technology</p>	<ul style="list-style-type: none"> <li>• Raise awareness and educate inpatient and A&amp;E staff about diabetes technology and inpatient care of diabetes via the cross-KHP Diabetes Inpatient Educator role.</li> <li>• Disseminate the Diabetes Technology Network resources for non-specialist staff around recognising different diabetes technologies</li> <li>• Run an “Diabetes Technology Foundation” event annually for non-specialist staff across King’s Health Partners.</li> </ul>	<p>Ongoing</p>	<p>Diabetes Type 1 Service Leads</p>

	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>To improve the quality and quantity of feedback data and to communicate how feedback is acted on.</p>	<ul style="list-style-type: none"> <li>• Work with Patient Experience to improve Family and Friends Test response rates</li> <li>• Review how opportunities to feedback are signposted across the service (e.g. the Friends and Family Test), both for those using MyChart and those who do not.</li> <li>• Review options to compare FF response rates by demographic groups</li> <li>• Introduce a “You Said We Did” board in the waiting room demonstrating how feedback is acted on.</li> </ul>	<p>Ongoing</p>	<p>Diabetes Type 1 Service Leads</p>
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Domain	Outcome	Objective	Action	Completion date	Owner
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.	<ul style="list-style-type: none"> <li>Initiate a project to integrate ESR and Cority data systems or, as a first step, generate a demographic-linked manual monthly report of OH referrals and outcomes.</li> <li>Make completion of age, gender, ethnicity, and disability fields mandatory in new referrals.</li> <li>Implement quarterly EDI analysis of sickness absence data (already available but underutilised), and report findings to Directorate Management Teams.</li> </ul>	Q3 2025, Ongoing	Head of Nursing and General Manager, Occupational Health & Wellbeing

		<p>Reframe wellbeing offers to close inequity gaps.</p>	<ul style="list-style-type: none"> <li>• Develop culturally tailored health materials (e.g. diabetes risk in BME groups, mental health stigma in men) and deliver them via current staff engagement mechanisms.</li> </ul>	<p>Q3 2025, Ongoing</p>	<p>Head of Nursing and General Manager, Occupational Health &amp; Wellbeing</p>
		<p>The Organisation supports staff to self-manage long term conditions and to reduce negative impacts of the working environment.</p>	<ul style="list-style-type: none"> <li>• Launch Health check station across main hospital sites and explore feasibility of linking to OH referral system.</li> <li>• Establish a Workforce Health Inequalities Steering Group to develop and deliver Trust strategy aimed at addressing inequalities identified.</li> </ul> <p>*This should be monitored and driven through the Health Inequalities portfolio.</p>	<p>Q2 2025, Ongoing</p>	<p>Head of Nursing and General Manager, Occupational Health &amp; Wellbeing</p>

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Improve data collection, reporting mechanics and support available for staff who experience abuse, harassment, bullying, physical violence and unwanted sexual behaviour in the workplace.</p>	<ul style="list-style-type: none"> <li>• Update InPhase to capture demographic data of all parties involved in bullying, violence,/ sexual harassment reports (e.g. reporter, target, witness, alleged offender).</li> <li>• Update InPhase to allow anonymous reporting, ensuring psychological safety is protected. Ensure the reporter is informed of who will be notified about the anonymous report to retain psychological safety.</li> <li>• Track InPhase data quarterly to identify hotspots or at-risk groups.</li> <li>• Develop and disseminate an easy-reference “What to do if...” pathway poster for reporting any kind of abuse and accessing support across physical sites and intranet.</li> <li>• Enhance staff knowledge of their rights regarding</li> </ul>	<p>Q4 2025, Ongoing</p>	<p>People, Inclusion, Education, Research Committee</p>
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			<p>abusive patients with capacity and lack of capacity.</p> <ul style="list-style-type: none"><li>• Challenge the wording “zero-tolerance”, this language has been shown to be more harmful than good, especially from a patient-staff perspective.</li><li>• Continue Active Bystander programme and consider making mandatory for all new-starters as part of induction process to set the culture from day one.</li></ul>		
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Increase education and understanding of need for support for staff outside of their line management structure, exploring a range of support that meet needs of staff.</p>	<ul style="list-style-type: none"> <li>• Target full compliance with "Speak Up, Listen Up, Follow Up" training for all line managers, staff network leads and steering group members within 6 months.</li> <li>• Track and publish monthly departmental compliance rates to build transparency across the organisation.</li> <li>• Develop and disseminate an easy-reference "What to do if..." guide for all line managers and other support services to enable consistent and appropriate support to staff.</li> <li>• Explore a range of evidence based approaches to supporting staff dealing with trauma e.g. physical exercise, resilience-building, workshops etc.</li> <li>• Expand support available through Health &amp; Wellbeing</li> </ul>	<p>Q4 2025, Ongoing</p>	<p>People, Inclusion, Education, Research Committee</p>
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			team and consider wider range of activities.		
		Improve collaboration with internal departments and develop relationships with external Trusts and organisations to improve our independent offering to staff.	<ul style="list-style-type: none"> <li>• Create a community of practice for support sources within King's to identify hotspots and trends, meet and discuss quarterly.</li> <li>• Develop links with other Trusts in the ICS and share information, best practice, resources.</li> <li>• Build partnerships with external organisations who provide independent expert support to staff who have various protected characteristics.</li> </ul>	Q4 2025	People, Inclusion, Education, Research Committee
		Full review of King's Ambassadors programme	<ul style="list-style-type: none"> <li>• Understand and review impact of King's Ambassadors programme.</li> </ul>	Q1 2025	People, Inclusion, Education, Research Committee

		Ensure consistent development and integration of staff networks across the Trust	<ul style="list-style-type: none"><li>• Ensure all staff networks receive consistent funding, protected time (documented via job plans or appraisals), and representation on workforce governance groups.</li></ul>	Ongoing	People, Inclusion, Education, Research Committee
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Increase focus on Retention and Exit Interviews to develop a real understanding of the reasons people leave King's</p>	<ul style="list-style-type: none"> <li>• Develop and disseminate a Retention Policy and actively promote it across all channels.</li> <li>• Actively use existing staff engagement mechanisms (e.g. Ask the CEO, King's Ambassadors, Staff Networks, FTSU etc.) to explore and share staff perceptions and experiences.</li> <li>• Ensuring monitoring of Exit Interview data is prioritised and the position is not impacted by financial or recruitment decisions.</li> <li>• Establish an accountability structure to increase completion rates for Exit Interviews for people with protected characteristics.</li> <li>• Reemphasise the importance of conducting Exit Interviews and explicitly state that an individual can request to</li> </ul>	<p>Ongoing</p>	<p>People, Inclusion, Education, Research Committee</p>
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			have their exit interview with someone who is not their line manager.		
		Improve the way leaders and managers approach people management and increase emphasis on supporting people.	<ul style="list-style-type: none"> <li>• Shift the focus of the Leadership Forum and the Clinical Management Group from being primarily operational to also incorporating a people perspective, e.g., leaders asking themselves, 'What are we doing to make our people feel included?'</li> <li>• Reassure staff that appraisals are designed to be a positive feedback and development opportunity, rather than a punitive process.</li> </ul>	Ongoing	People, Inclusion, Education, Research Committee

Domain	Outcome	Objective	Action	Completion date	Owner
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	Improve engagement with staff networks across senior leadership roles.	<ul style="list-style-type: none"> <li>Board members and senior leaders to embed engaging with networks in their roles; senior leaders to be accountable; reporting of support through EDI Board.</li> <li>Consider appointing dual sponsorship of staff networks e.g. one Board member and one operational leader.</li> </ul>	Q4, Ongoing	Chief People Officer
		Address reliance on EDI Director and expand accountability for EDI across the Board.	<ul style="list-style-type: none"> <li>Update EDI Board Terms of Reference to ensure relevant senior leaders understand expectations; not an optional extra.</li> </ul>	Q2	Chief People Officer
		Improve consistency of EDI and Health Inequalities awareness and understanding across senior levels.	<ul style="list-style-type: none"> <li>Inclusive Leadership and Health Inequalities training to be mandatory for all staff in Band 8a roles and above.</li> <li>Inclusive Recruitment, Workplace Adjustments and Cultural Intelligence training</li> </ul>	Q3, Ongoing	Chief People Officer

			<p>to be mandatory for all staff Band 8a and above.</p> <ul style="list-style-type: none"> <li>VSM staff to receive tailored, high-impact EDI Leadership training and mentoring; led by system, regional, national or Shelford group leaders and peers. Involvement is incorporated in executive appraisals.</li> </ul>		
	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>Improve consistency and quality of Board Cover sheets and EDI impact.</p>	<ul style="list-style-type: none"> <li>EDI to be a standing agenda item at KE, Public Board, and other senior committees as standard.</li> <li>EDI team or delegate to quality audit a bi-monthly random sample of Board papers for robustness. Share findings at Board Development days.</li> <li>Retrain all report authors on completing EDI implications in cover sheets.</li> </ul>	<p>Q3, Ongoing</p>	<p>Chief People Officer</p>

		<p>Improve robustness of ERAF processes across organisation.</p>	<ul style="list-style-type: none"> <li>• Expand mandatory ERAFs to include procurement decisions, capital projects, and service reviews.</li> <li>• Add ERAF compliance as a requirement in project board sign-off processes.</li> <li>• Each division to have a named ERAF lead to oversee compliance and drive local understanding.</li> </ul>	<p>Q4, Ongoing</p>	<p>Chief People Officer</p>
	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>Work to address consistent under-representation at senior levels.</p>	<ul style="list-style-type: none"> <li>• Expand Model Employer work to include staff at Band 7</li> <li>• Develop and launch talent management strategy focusing on enabling and empowering staff from underrepresented groups e.g. disabled, LGBTQ+ and BME staff. This should be monitored through WRES, WDES and WSOES reporting.</li> <li>• Expand formal reporting to monitor and improve the</li> </ul>	<p>Q4, Ongoing</p>	<p>Chief People Officer</p>

			<p>experience and representation of LGBTQ+ staff across the organisation.</p> <ul style="list-style-type: none"> <li>• Publish transparent demographic data by band and division twice yearly.</li> <li>• Mandate Inclusive Recruitment training for all Band 7+ hiring managers</li> </ul>		
		<p>Improve responsibility and accountability for EDI across the Board</p>	<ul style="list-style-type: none"> <li>• Assign a Board member for each major EDI report or portfolio (WRES, WDES, EDS, Gender Pay Gap, Ethnicity Pay Gap etc.); will be required to present and be accountable for actions within.</li> </ul>	<p>Q3, Ongoing</p>	<p>Chief People Officer</p>