NHS England

NHS Equality Delivery System 2022
EDS Reporting Template

Version 1, 15 August 2022

Contents

Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: 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.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation		The Christie NHS Foundation Trust		Organisation Board Sponsor/Lead		
				Eve Lightfoot - Director of Workforce		
Name of Integrated Care System		GM ICB				
EDS Lead	Novlette Balela OBE			**At what level has this been completed?**		
						*List organisations
EDS engagement date(s)	Domain 1 – CAG – Monday 17th February Members - Thursday 27th February Patient Experience Committee – 28th February Domain 2 – Staff – Tuesday 4th March Domain 3 – Executive Committee – 12th March Staff Side Committee – Monday 24th March			**Individual organisation**	Clatterbridge Hospital	
				Partnership* (two or more organisations)		
				Integrated Care System-wide*	GM ICB	
Date completed	20th March 2025			**Month and year published**	31st March 2025	
Date authorised	20th March 2025			**Revision date**		

Completed actions from previous year	
Action/activity	**Related equality objectives**
To promote the services of our Occupational Health provider	The organisation promotes self-management of conditions to all staff. Support is provided for staff outside of their line management structure.
To promote access to support for all conditions via regular Colleague Wellbeing events	The organisation promotes self-management of conditions to all staff. Support is provided for staff outside of their line management structure.
Review our current health and wellbeing offers by engaging with colleagues and utilising the NHS Diagnostic Framework also included 24/25 MIA insight – Wellbeing Reviews benchmarking (During 23/24 MIAA reviewed systems and processes in place to support staff wellbeing across some of their NHS clients – audit not specific to the Christie).	The organisation promotes work-life balance and healthy lifestyles.
To adjust our health and wellbeing offer as appropriate to ensure it continues to be fit for purpose and offers the required support.	The organisation promotes work-life balance and healthy lifestyles. Support is provided for staff outside of their line management structure.
To continue to monitor the number of colleagues who would recommend the organisation as a place to work and see a steady increase year on year. We have seen a significant improvement of 7% in our NHS Staff Survey 2024 score for Q25c 'recommend the organisation as a place to work' (78.0% in 2024 compared to 70.9% in 2023).	Over 70% of staff are happy and regularly recommend the organisation as a place to work.

Established 8 new EDI Staff Network Groups following a review in 2024.	This was an action in the ESDI Delivery Plan 2023-2024
A protected Characteristic Board established to support the work with equality data. A new Patient Registration Form developed and consulted with patients before the implementation in July 2024.	This supports the work identified in EDS 2023 submission for Domain 1a.
A Muslim Support Group established in partnership with Maggie's to provide support for the Muslim community which has been well received.	This supports the project identified in Domain 1 in the EDS 2024 submission.

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Example 1 – Patient registration form** New patient registration form introduced that captures equality data. Digital versions developed to make it easier to capture the data for patients. Training reception staff on the new patient registration forms to improve data completeness and improve compliance on equality data. Data will be analysed for clinical audits and evaluations to identify any health inequalities	1	Fabio Gnomes Rebecca Palfreyman Protected Characteristic Board
	1B: Individual patients (service users) health needs are met	**Example 2 – Improve recording of AIS information for patients** Accessible Information Standards learning module available to all staff on the Christie Learning Zone. Increasing awareness of AIS through a Grand Round that is accessible to all staff. Digital registration form created.	1	David Wright
	1C: When patients (service users) use the service, they are free from harm	The Trust has embedded the new Patient Safety Incident Response Framework – compassionate engagement. Launch of DCIQ	1	Patient Safety / David Wright

		Establishment of patient safety priority groups that provide focus on key areas. Training provided for key staff.		
	1D: Patients (service users) report positive experiences of the service	There is a wide range of patient experience data collected from multiple sources, both through national surveys such as the National Cancer Patient Experience Survey, PLACE inspections, National Inpatient Survey, Friends and Family responses, in house accreditation processes. **Example 3 – development of a Patient and Carer Engagement Forum** However, The Trust does not currently have a standalone Patient and Carer Engagement Forum sitting within its governance structure. This is something that is often requested by those across the Trust looking for feedback and engagement and has been raised through the members forum.	1	David Wright
Domain 1: Commissioned or provided services overall rating			**4**	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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	The Menopause – Supporting your Teams workshops have been rolled out monthly to those with line management responsibility A Nutrition and Hydration Strategy is currently in development Introduction of option for onsite counselling service has been introduced	2	Jane Hanson Loraine Gillespie Jane Hanson

| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | The Trust has signed up to the Sexual Safety Charter and an action plan has been developed to support this work.
Sexual Safety policy has been developed to support this work

A number of Surviving in Scrubs training has been delivered to support this work

There are a number of polices that support staff from bullying, harassment and discrimination

The Positive Working Relationships policy focusses on how staff can resolve inappropriate behaviours and covers bullying. The focus is on informal resolution and a key part of that is the Trust respectful resolution framework which offers staff groups the ability to set their expectations as a team which in turn enables easier conversations should those boundaries be pushed.

The framework also supports facilitated conversations and mediation however if action is severe or not able to be resolved informally then the disciplinary policy supports the formal investigation of concerns.

We also have the new sexual safety at work policy which supports staff to identify sexual misconduct and report. Reporting is confidential but there is a trust commitment to investigate all concerns. | 1 | Vicky Sharples

Natalie Marshall |

		The Violence and aggression policy is being reviewed, which address aggression, abuse, bullying by patients to staff. Cases are reported on Datix and followed up by managers. 3 Consultation events have been held to get feedback from staff on the new policy. A specific anti racist campaign aimed at patients will be developed which includes the development of posters that will be distributed on the wards.		Jason Reid Health and safety Manager Nicola Bratt

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	The attached Health and Wellbeing support guide has been developed. Specific support is referenced under Your Health and Your Support pages of the guide Trained 45 mental health first aiders. They form a Trust-wide pool accessible to all colleagues The Trust has developed 8 new EDI Staff Network Groups that staff have access to get support and information. This includes – Women, Ethnic Diversity, Rainbow, Neurodiversity, Parents and Carers, Armed Forces Community and Ability and wellbeing. Which are all staff led. Divisions have nominated over 30 EDI Champions that provide support to staff in the workplace. The EDI Champions have completed 6 modules for the Foundation EDI in the workplace course to increase their awareness on EDI related issues. FTSUG provide support to staff and have recruited 3 FTSUG Champions that supports the work Equality and Health Inequality Analysis (EHIA) process and training for Accountable Committee Chairs/Deputies and staff are embedded in the organisation.	2	Jane Hanson Novlette Balela OBE FTSUG Novlette Balela OBE

		Monthly training is delivered and the EHIA portal can only be accessed once authors have attended the 3-hour EHIA training workshop An annual audit is completed to provide quality assurance regarding the process		
	2D: Staff recommend the organisation as a place to work and receive treatment	There has been a significant improvement of 7% in our NHS Staff Survey 2024 score for Q25c 'recommend the organisation as a place to work' (78.0% in 2024 compared to 70.9% in 2023). There has been an improvement of 1.9% for Q25d 'If friend/relative needed treatment would be happy with standard of care provided by organisation' (90.7% in 2024 compared to 88.8% in 2023). The Trust has developed EDI Dashboards to provide workforce data on protected characteristic groups to monitor trends in recruitment and retention activities across all aspects of the workforce activities. This information is provided in our WRES and WDES submission to act on the data.	2	Jane Hanson Novlette Balela OBE
Domain 2: Workforce health and well-being overall rating			**7**	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

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	Equality and health inequalities are focused at Board level meetings and committee conversations across the Trust, as evidenced in meeting minutes throughout 2024/25. This includes our Senior Management Committee, Workforce Assurance Committee, Patient Experience Committee, and sub-committees of these. Examples of committee papers over the last year have included The Christie's response to the race riots, the sexual safety charter, staff wellbeing, and a health inequalities progress and development report led by our Deputy Director of Strategy, Director of Strategy and Deputy CEO. Our WRES, WDES and EDS activity also reports directly into the Senior Management Committee. The Board appreciate the importance and complexity of equality and health inequalities and have focused their attention on developing a five-year Inclusive Culture Strategy which launched in February 2025. The development of this included a half-day Board session facilitated by NHS Providers focused on the strategy content and follow up conversations at committee meetings. Several Trust divisions have local People & Culture Groups at senior management level along with EDI Divisional Implementation Plans.	2	Rebecca Coles, Head of Organisational Development & Engagement Eve Lightfoot, Director of Workforce

| | | Over the last year all clinical divisions have presented at the non-executive director led Workforce Assurance Committee to give an overview of how they are supporting the development of culture, with a focus on equality, wellbeing and creating the conditions for all staff to thrive. All divisions are also held to account on their staff survey results by presenting these and their action plans to our Workforce Committee.

Health inequalities exists as a separate thread with a designated Board member as owner/sponsor and it is woven into our Trust strategy as a key theme. There is also a separate Research & Innovation Strategy on health inequalities. It is recognised we need to develop a focal point to bring all of the activity together, and plans are being developed to address this. This is likely to be in the form of an action-focused health inequalities committee.

Our Board often present or lead conversations on (internally and externally) on equality and health inequalities topics. Recent examples include:
- the *Unity in Diversity: celebrating different cultures at The Christie* event for members,
- CEO presentation at an event within the Jewish community regarding an increased likelihood of specific types of cancer linked to genetics,
- Reducing violence and aggression for staff, | | |

	- Papers submitted to a national research conference on health inequalities with the findings already shared at a Town Hall event internally, - Launch of new Muslim Cancer Support Group. Board members actively participate in deeper training focused on inequality, for example the 4-month Kings Fund Activate anti-racism leadership development programme. They also support the training and learning of others to continue their own education, for example the CEO attended the BAME Lead Positive showcase in February 2025 in Greater Manchester to support the regional EDI champion work of our colleagues. Our staff networks all have an executive sponsor with the Rainbow network and veterans group having particularly active conversations. Staff are more routinely speaking to Executive staff including our CEO, and action is taken on the back of perceived inequality when issues are highlighted. An example of this was a recent recruitment audit being undertaken to gain insight and assurance. Our Executives attend key religious and cultural events throughout year plus celebration events linked to addressing inequality. For example, the	

| | | award of our veteran's silver accreditation status, remembrance events and the nil by mouth campaign for Ramadhan. They also actively communicate with staff on-site and online, for example a sexual safety blog by our Director of Workforce.

An inclusivity focused recruitment agency is being used to support Board level recruitment where vacancies have arisen due to the ending of tenures. This maintains a commitment to equality considerations throughout our recruitment decision-making processes. | | |

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	The Trust's Senior Management Committee has a rolling programme of updates on NHS and legislative EDI frameworks, including WRES, WDES, EDS, and the gender pay gap. Committee updates throughout the year also include the armed forces covenant, defence employer recognition scheme, the sexual orientation monitoring information standard, the accessible information standard, and our EDI Delivery Plan (recently superseded by the Trust's Inclusive Culture Strategy). Specific health inequalities papers are provided to our Senior Management Committee and the topic of health inequalities is a consideration in all research papers. Business cases and policies have an accompanying Equality and Health Inequalities Impact Assessment (EHIA) at the appropriate level (tier 1, 2 or 3) to ensure that equality and health inequalities are thoroughly considered. Projects have an EHIA undertaken at the business case stage. All committee chairs and paper authors are trained in the EHIA process to ensure risks and impacts are considered and mitigated. The overall process is under regular review and is audited once a year.	2	Rebecca Coles, Head of Organisational Development & Engagement Eve Lightfoot, Director of Workforce

		Our library services assist with evidence gathering and literature searches, and our Document Ratification Committee do not ratify policies without an EHIA. The Trust aims to further to strengthen EHIAs undertaken on projects to ensure that equality remains a consideration throughout all stages of the activity.		

	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	The levers and frameworks mentioned in the EDS scoring criteria are all built into our standard processes reported on through our committee structure, as noted throughout the other Domain 3 evidence. This includes gender pay gap (GPG) reporting, WRES, WDES, impact assessments, accessible information standard and EDS. There are action plans in place for WRES, WEDS, GPG, Veteran Aware, and EDS with regular discussion of progress against these at committee level. Our exit interview process has been strengthened significantly throughout 2024 to improve staff's experience and the Trust learning. We have new data collection methods, exit survey questions and process, and different learning methods for internal movers and those leaving the organisation. This activity is monitored by our Workforce Assurance Committee. Work on the gender pay gap is showing improvement with our median gender pay gap highlighting that there has been an equal distribution of bonus pay for males and females for the first time over the past 6 years. This is following activity to support our female workforce to apply for awards.	2	Rebecca Coles, Head of Organisational Development & Engagement Eve Lightfoot, Director of Workforce

		The WRES metrics demonstrate a continued increase in representation of BME staff at the Trust, from 16.0% of staff at end-Dec 2022 to 21.7% of staff at end-Dec 2024. BME representation at bands 1-7 has also steadily increased during this period; Band 1-4 rose from 17.3% to 25.0%, and band 5-7 rose from 14.0% to 19.6%. The picture for band 8a roles is mixed and has dipped slightly in this period. In the same period, the WDES metrics show that the percentage of staff who have declared a disability rose from 5.8% to 7.3%. Senior staff and committees are attentive to all EDI data available and aim to deliver continuous improvement against all EDI metrics.		
Domain 3: Inclusive leadership overall rating			**6**	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s): Staff Side Committee		**Independent Evaluator(s)/Peer Reviewer(s):** Clatterbridge Hospital		

EDS Organisation Rating (overall rating): **Developing** (17)
Organisation name(s):

Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**

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

Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**

Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan

EDS Lead	Year(s) active
Novlette Balela OBE – EDI Manager	31st March 2025
EDS Sponsor	**Authorisation date**
Eve Lightfoot – Director of Workforce	31st March 2025

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	To enhance the management of the completion of equality data for protected characteristics for outpatients on Department 22 reception team. To provide reports and analysis of the protected characteristic information from patients To collect equality data for existing patients.	To monitor the numbers of reception staff that have attended training To monitor the equality information inputted onto the Patient Administration System (PAS) CareFlow. To receive quarterly reports on compliance against the equality data via the Protected Characteristic Board Monitored via the Protected Characteristic Board	March 2026

	1B: Individual patients (service users) health needs are met	Ensure a comprehensive support package for patients and those important to them that have identified communication and information support needs.	Increase awareness of Card Medic app and support the company with the development of new scripts. Explore the possibilities for recruitment to recognise the support needs of patients with learning disability and autism. Ensure access to appropriate levels of Oliver McGowan training within the Trust.	March 2026
	1C: When patients (service users) use the service, they are free from harm	Monitor patient safety incident data and ensure appropriate risk management.	Review established priority working groups and amend as necessary based on patient safety data. Ensure compassionate engagement with those affected by safety incidents. Establish new Risk Module within DCIQ	July 2025

	1D: Patients (service users) report positive experiences of the service	A fully functioning Patient and Carer Engagement Forum that meets at agreed time points.	Scope out with colleagues that have been involved in previous similar work the most appropriate way to develop the group.	July 2025
			Produce a development plan.	
			Share plan with the Patient Experience Committee to establish governance processes.	
			Advertise and recruit forum members and launch meeting.	September/October 2025

Domain		Outcome	Objective	Action	Completion date
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	Menopause training for managers Nutrition strategy To provide an onsite counselling service for staff	Continue to offer throughout 2025 Completed and launched (Jan 2025) Pilot underway and reviewed Monitor uptake bi-monthly with Health Assured	December 2025 March 2026

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To commence work on the Sexual Safety Charter	Workshops completed Action plan developed and implemented Anonymous reporting developed	March 2026
			Monitor the number of sessions delivered and attendance	March 2026
		Organise Surviving in Scrubs training	The BUILD model used with teams to minimise the impact of discrimination, bullying and harassment in the workplace	March 2026
		Introduce stage 2 of the Respectful Resolution Framework process		December 2025
		Signed up to the GM Anti racist Framework	Bronze level achieved	June 2025
		Increase membership of the EDI Staff Network Groups	Promotional leaflets and video developed Launched at the EDI event Promotion of EDI events Increase numbers attending meetings	March 2026

		2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Disseminate and review the health and wellbeing support guide	Improve accessibility to information	March 2026
				Ensure printed copies are accessible across the Trust	
			Lauch of 50 Mental Health First Aiders	Launch of Trust wide MHFA via website, drop-in sessions, dedicated email address etc	March 2026
				Monitor uptake of this support service and identify themes	
			Deliver training on the EHIA process for Accountable committee Chairs/Deputies and staff	12 EHIA training delivered for staff	March 2026
				3 EHIA training delivered for Accountable committee Chairs/Deputies	
			To undertake an audit of the process	Annual audit of the process completed	March 2026
			To sign up to the GM Anti Racist Framework	Completed and submitted evidence for Bronze level Bronze level achieved	December 2025
		2D: Staff recommend the organisation as a place to work and receive treatment	Develop and EDI action plans from the staff survey data	Embed EDI actions from the staff survey, WRES and WDES data	May 2025
				Divisions to present their action plans to the Workforce Committee	March 2026

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	To build engagement, knowledge and commitment across the organisation and amongst senior leaders and board members on equality and health inequalities	Members of the Executive Board continue to undertake regular dialogue (listening, engagement, conversation) with the EDI Staff Network Groups.	Ongoing
			Develop a focal point to enable the triangulation of all health inequalities work across the organisation. This is likely to be in the form of a committee led by the Director of Strategy.	Ongoing
			Regular dialogue about health inequalities takes place at Senior Management Committee and sub-committee meetings, with a focus on: - Raising awareness of health inequality issues. - The impact of these issues on our staff, services and patient care. - Work underway to address these issues. - Evidence of measurable improvement and observations of change, including better data collation.	Ongoing

		3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Senior Management Committee and its sub-committees demonstrate that consideration of equality and health inequalities, with related impacts and agreed mitigation, is built into their routine processes, and that there is evidence of action and improvement.	Good quality EHIAs papers submitted to Senior Management Committee and sub-committees with active discussion on the content of these. This includes a focus on EHIAs for projects, and definition which projects it is appropriate for, to ensure that the impact on underrepresented groups are addressed.	Ongoing
		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 achieve a reduction in inequalities between groups identified in the WDES and WRES	Report the WDES and WRES regional report to the Senior Management Committee (SMC). Report progress with the WRES and WDES, and EDS action plans to the SMC, escalating variances from agreed actions as required	Annually Quarterly
			To achieve an improved position within our gender and ethnicity pay gaps.	Increase the understanding and narrative about the gender and ethnicity pay gaps within the Trust, to include: - Holding more regular conversations with key stakeholders, committees and working groups - A focus on delivering measurable improvement. - Development and integration of actions as appropriate.	Ongoing

		To become routine practice for equality and health inequalities activities to be holistically considered as relevant for all roles, and that senior leaders hold people to account for improvement and delivery.	An EDI focus is considered and built into personal and professional objectives for Executive Board members and their direct reports. EDI-specific objectives to be included, if appropriate, which link to the delivery of our Trust strategy and operational plans.	Ongoing

Patient Equality Team
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