

NHS Equality Delivery System 2022

EDS Reporting Template

Overview:

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.

Total Score: 13

Overall Rating: Developing

Name of Organisation: The Christie NHS Foundation Trust

Name of Integrated Care System: Greater Manchester ICB

Organisation Board Sponsor/Lead: Eve Lightfoot, Director of Workforce

EDS Lead: Rebecca Coles, Head of OD, Engagement & Inclusion; Freya Macfarlane, OD & Inclusive Culture Manager

EDS Engagement date(s): 10/03/26 Health Workplace Steering Group. 16/04/26 Staff Side.

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 One: Commissioned & provided services

Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>1A: Patients (service users) have required levels of access to the service</p>	<p>1A. Objective: 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.</p> <p>1A. Actions:</p> <ul style="list-style-type: none"> - 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. <p><u>Comments:</u> <i>As part of the patient registration, protected characteristics are collected. This used to be a 100% paper-based process, but a digital version was created and initially a QR code was added to all the patient letters concerning appointments. There has been a good uptake by patients using the digital form. With the recent launch of the patient portal, patients can access this digital form through the portal instead, for simplicity.</i></p> <p><i>In addition to this, to tackle the large number of patients who have not provided this information, an online comms campaign was launched this Summer (alongside internal comms for staff), as these patients have been contacted by SMS to request their missing data. This is sent securely through an NHS SMS service. The first wave of SMS saw a reasonable uptake, with 26% of the patients contacted completing the form. Regular waves of SMS are planned over the coming months.</i></p> <p><i>Next response analysis will be April 2026.</i></p>	<p>1 – Developing</p>	<p>Fabio Gomes Rebecca Palfreyman Rhianna Hawkins</p>

<p>1B: Individual patients (service users) health needs are met</p>	<p>1B. Objective:</p> <p>Ensure a comprehensive support package for patients and those important to them that have identified communication and information support needs.</p> <p>1B. Actions:</p> <ul style="list-style-type: none"> - 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. <p><u>Comments:</u></p> <p><i>CardMedic now ceased (financial challenge). Work is continuing at a Trust level to deliver Oliver McGowan training with accessible sessions available within the Trust and across the region. There is ongoing work to produce an AIS self-assessment and resultant action plan, both of which will sit on the external Trust website, the plan is to agree these at Patient Experience Committee in February. The Trust is working towards having a telephone relay service that will support patients that are hard of hearing to contact the Trust by telephone. The service will allow the patient to communicate with a sign language interpreter that can talk to the staff member. Patient EDI lead is supporting a colleague to deliver deaf awareness learning sessions for clinical staff to support communication in absence of an interpreter.</i></p> <p>Case Study: Supporting Patients with Frailty at The Christie at Macclesfield</p> <p>The frailty service, has supported more than 200 patients who are older, and more vulnerable. This was in response to the team’s recognition that 23% of the local population is aged over 65, and there was a need to improve outcomes and experiences for patients with frailty. With many patients having additional needs alongside their cancer diagnosis such as other health conditions, and physical or cognitive decline, a simple frailty score helps identify patients who are referred for a holistic assessment. Patients are then signposted within the centre or referred to community services including physiotherapy, occupational therapy and social care. Other commonly used support services are:</p> <ul style="list-style-type: none"> - Counselling - Complementary therapy 	<p>2 - Achieving</p>	<p>Linda Allen</p> <p>David Wright</p>
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	<ul style="list-style-type: none"> - Falls prevention - Fatigue management - Nutrition advice and dietician referrals - Support for carers - Local support groups in the communities - Parking permits/blue badge applications - Benefits advice <p>An audit shows that 93% of frail patient completed all planned radiotherapy, and 61% completed two or more cycles of chemotherapy. Overall, the service is helping patients maintain their independence, complete cancer treatment and avoid hospital admissions.</p>		<p>Dr Victoria Lavin</p> <p>Amanda Morley</p>
<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>1C Objective: Monitor patient safety incident data and ensure appropriate risk management.</p> <p>1C Actions:</p> <ul style="list-style-type: none"> - 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 <p><u>Comments:</u> <i>All the actions in this section are complete. The only area that needs further work is the recording of demographic/EDI data within the DCIQ module.</i></p>	<p>2 – Achieving</p>	<p>Ben Vickers</p> <p>Jason Reid</p>
<p>1D: Patients (service users) report positive experiences of the service</p>	<p>1D. Objective: A fully functioning Patient and Carer Engagement Forum that meets at agreed time points.</p> <p>1D. Actions:</p> <ul style="list-style-type: none"> - Scope out with colleagues that have been involved in previous similar work the most appropriate way to develop the group. - Produce a development plan. - Share plan with the Patient Experience Committee to establish governance processes. - Advertise and recruit forum members and launch meeting <p><u>Comments:</u></p>	<p>0 – under-developed</p>	<p>David Wright</p> <p>Novlette Balela</p>

	<p><i>This is not yet complete although work is progressing with agreement from PEC that the forum can sit as one of its sub-groups. There are draft terms of reference, and the plan is to hold an initial meeting with stakeholders in February 2026. There is a draft engagement plan for long term recruitment of forum members and an application is to be made for an extra member of staff to further support the group.</i></p>		
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Domain 1: Commissioned or provided services overall rating	5
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Domain 3: Workforce Health & Wellbeing

Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>2A. Objective: Support staff manage own health</p> <p>2A. Actions:</p> <ul style="list-style-type: none"> - Continue menopause training for managers throughout 2025 - Launch nutrition strategy - Pilot onsite counselling and monitor requests on EAP bi-monthly <p><u>Comments:</u></p> <p><i>Menopause workshops for line managers continued on a monthly basis throughout 2025 with good attendance – averaging around 10 per workshop. These have been running for two years now and will continue throughout 2026.</i></p> <p><i>A general menopause workshop is in the design phase which will be open to any colleague across the Trust to raise awareness and to provide to support for those working or living with people experiencing peri/menopause who may not understand how best to support them.</i></p> <p><i>The Nutrition and Hydration 5-year strategy was published and launched towards the end of 2025. Developed in alignment with the NHS Long Term Plan, we are fostering a positive health and wellbeing culture. Providing access to nutritious food and drink options for staff supports their physical and mental health, enhances performance, and contributes to a more resilient workforce. There are 4 strategic priorities:</i></p> <ul style="list-style-type: none"> • <i>Nutrition and hydration of our patients</i> • <i>Nutrition and hydration of staff and visitors</i> • <i>Food production, sustainability and procurement</i> • <i>Education and training</i> <p><i>The pilot for onsite counselling ran for 12 months. Despite being promoted throughout the year, we didn't receive any requests from colleagues to access counselling on site so this option was withdrawn.</i></p>	<p>1 - Developing</p>	<p>Jane Hanson</p> <p>Lorraine Gillespie</p> <p>Jane Hanson</p>

<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>2B. Objectives:</p> <ol style="list-style-type: none"> 1) To commence work on Sexual Safety Charter 2) Organise Surviving in Scrubs training 3) Introduce stage 2 of the Respectful Resolution Framework process 4) Signed up to the GM Anti racist Framework 5) Increase membership of the EDI Staff Network Groups <p>2B Actions:</p> <p>1a. Workshops completed. Action plan developed and implemented.</p> <p><u>Comments:</u> <i>Annual report submitted to Workforce Committee (12.03.25)</i></p> <p><i>Trust is compliant with the national guidance. Two outstanding actions relating to national investigation training modules (awaiting national release) and EPR capability for monitoring unusual system access (addressed with new EPR procurement).</i></p> <p>1b. Anonymous reporting developed.</p> <p><u>Comments</u> <i>Anonymous reporting to Freedom to Speak Up Guardian and through Datix now implemented. Tool can also be found in Sexual Safety at Work Policy.</i></p> <p>1c. Monitor number of sessions delivered and attendance</p> <p><u>Comments</u></p> <ul style="list-style-type: none"> • 34 colleagues have completed the Sexual Safety e-learning to date • 125 colleagues attended Surviving in Scrubs training throughout 2025 <p>2a. The BUILD model used with teams to minimise the impact of discrimination, bullying and harassment in the workplace</p> <p><u>Comments:</u> <i>The Positive Working Relationships policy focusses on resolving inappropriate behaviours and covers bullying.</i></p>	<p>1 – Developing</p>	<p>David Smithson</p> <p>Rebecca Coles</p> <p>Jane Hanson</p> <p>Novlette Balela</p>
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The Respectful Resolution framework offers team and supports facilitated conversations and mediation. If action is not able to be resolved informally then the disciplinary policy is used for formal investigation. The Violence, Aggression and Unacceptable Behaviour policy went live in October 2025. Ran poster campaign in patient areas. Cases are reported on Datix and followed up by managers.

3a. Achieve Bronze Level of Anti Racism Framework.

Comments:

Work paused due to resource capacity. Planned for 2026-27.

5a. Promotional leaflets and video developed. Launched at the EDI event. Promotion of EDI events. Increase numbers attending meeting.

Comments:

*Various campaigns driven by staff networks such as Race Equality Week (Feb 26) with the REACH group, series of lunch and learns by Neuro-diversity group, related armed forces events supported by Veteran Awareness group.
Leaflets for individual groups printed for distribution in Corporate Induction.*

<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>2C. Objectives:</p> <ol style="list-style-type: none"> 1) Disseminate and review the health and wellbeing support guide 2) Launch of 50 Mental Health First Aiders 3) Deliver training on the EHIA process for Accountable committee Chairs/Deputies and staff. 4) To undertake an audit of the EHIA process 5) To sign up to the GM Anti Racist Framework <p>2C. Actions:</p> <p>1a. Improve accessibility to information and ensure printed copies are accessible across the Trust.</p> <p>2a. Launch of Trust wide MHFA via website, drop-in sessions, dedicated email address etc</p> <p>2b. Monitor uptake of this support service and identify themes</p> <p><u>Comments:</u></p> <p><i>To ensure all colleagues had access to a copy of the health and wellbeing support available to them and in recognition that a proportion of our workforce don't access our Intranet (electronic copy held here) printed copies are provided for their staff rest areas. The guide is version controlled and following a recent update (November 2025) new guides were provided to replace the previous version. The support guide is also promoted to new colleagues as part of the health and wellbeing section on the Corporate Induction Programme.</i></p> <p><i>The mental health first aiders pool continues to grow and they are very proactive in ensuring they're accessible to everyone. They participate in health and wellbeing awareness campaigns such as 'Time to Talk Day' and 'Mental health awareness week' and continue to offer drop- in sessions on a weekly basis. The Colleague Experience and Engagement Manager will meet with the MHFA lead to identify any emerging themes that may need more focussed attention.</i></p> <p><i>Expanded our FTSU Champion Network from 3 to 17, including recruitment at satellite sites. The expanded network better reflects the diversity of our organisation.</i></p>	<p>2 - Achieving</p>	<p>Rebecca Coles</p> <p>Jane Hanson</p> <p>Novlette Balela</p>
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Roll out of the anonymous DATIX form (referenced in corporate induction).

Vivup our Employee Assistance Programme provides access to counselling.

3a. 12 EHIA training delivered for staff

3b. 3 EHIA training delivered for Accountable committee Chairs/Deputies.

3c. Annual audit of the process completed.

Comments:

Monthly face-to-face workshops were extended to three hours to improve comprehension. Sessions included practical exercises using the EHIA SharePoint site, case studies, and videos.

21 colleagues have been trained in 2025. A total of 156 staff members have been trained up to July 2025, representing various divisions since EHIA was introduced.

No training delivered for Accountable Committee chairs or deputies due to non-attendance. 9 Chairs/Deputies have not been trained but continue to approve EHIA submissions.

Audit completed.

4a. Completed and submitted evidence for Anti-Racism Framework Bronze level. Bronze level achieved.

Comments:

Work paused due to resource capacity. Planned for 2026-27.

<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>2D. Objective: Develop and EDI action plans from the staff survey data</p> <p>2D. Actions:</p> <ol style="list-style-type: none"> 1) Embed EDI actions from the staff survey, WRES and WDES data 2) Divisions to present their action plans to the Workforce Committee <p><u>Comments:</u> <i>We have seen a small improvement of 1% in our NHS Staff Survey 2025 score for Q25c 'recommend the organisation as a place to work' (79% in 2025 compared to 78% in 2024). We have maintained our score from 2024 of 91% for Q25d 'If friend/relative needed treatment would be happy with standard of care provided by organisation'.</i></p> <p><i>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.</i></p> <p><i>Robust action plans are developed collaboratively with divisions and the organisation will feed back the results effectively to colleagues. The action plan template specifies that collaboration must take place with their divisional EDI coordinator to identify how the EDI Divisional Implementation plans link with the actions they are taking forward. Divisions are accountable to present their staff survey action plans to the Workforce Committee throughout the year. The quality of the actions is reviewed to ensure they are the areas that need the most development. They're also accountable to share if their results have improved following the implementation of any actions from the previous survey.</i></p> <p><i>Feedback from quarterly Connect and Reflect events to make improvements to colleague experience. Feedback from Next Chapter conversations which includes EDI data is shared on divisional dashboards, highlighting themes. The data can be used to cross reference with employee experience metrics such as the staff survey</i></p>	<p>1 – Developing</p>	<p>Rebecca Coles Jane Hanson Novlette Balela</p>
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<p>Domain 2: Workforce health and well-being overall rating</p>	<p>5</p>
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Domain 3: Inclusive Leadership

Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>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</p>	<p>Objective: 1) To build engagement, knowledge and commitment across the organisation and amongst senior leaders and board members on equality and health inequalities</p> <p>Actions: 1a. Members of the Executive Board continue to undertake regular dialogue (listening, engagement, conversation) with the EDI Staff Network Groups. 1b. 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. 1c. Regular dialogue about health inequalities takes place at Senior Management Committee and sub- committee meetings, with a focus on:</p> <ul style="list-style-type: none"> - 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. <p><u>Comments:</u> <i>All staff networks continue to have executive sponsors and additional attention has been placed on enhancing these relationships. Some networks are more active than others which has made executive engagement problematic, but executives have continued to actively engage in cultural and religious events throughout the year.</i></p> <p><i>Health inequalities remains a core thread in board papers and conversations, especially with the introduction of the national neighbourhood oncology strategy and our work on the Future Christie cultural, digital and organisational change. The complex nature of health inequalities has generated ongoing and additional conversations on the best way to oversee and triangulate this work. The focus during the 2026/27 cycle will be on evidencing measurable improvement and data collation on health inequalities.</i></p>	<p>1 - Developing</p>	<p>Louise Westcott</p>

<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>Objective: 1) 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.</p> <p>Actions: 1. Good quality EHIAs papers submitted to Senior Management Committee and sub-committees with active discussion on the content of these.</p> <p>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.</p> <p><u>Comments:</u> <i>EHIAs remain a core focus for SMC and sub-committees and this process is still embedded into how we do business and ensure good governance. Executives are keen to strengthen this further to ensure value-add and have commissioned an audit of the EHIA process during 2026 to assess the process, impact and sustainability. Whilst policy application of EHIAs is strong and embedded, we are unable to score 'achieving' in this domain due to some variation in project application, structure around which projects are in scope, and measurement of EHIA actions.</i></p>	<p>1 - Developing</p>	<p>Louise Westcott</p>
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<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>Objectives:</p> <ol style="list-style-type: none"> 1) To achieve a reduction in inequalities between groups identified in the WDES and WRES 2) To achieve an improved position within our gender and ethnicity pay gaps. <p>Actions:</p> <p>1a. Report the WDES and WRES regional report to the Senior Management Committee (SMC).</p> <p>1b. Report progress with the WRES and WDES, and EDS action plans to the SMC, escalating variances from agreed actions as required</p> <p>2a. Increase the understanding and narrative about the gender and ethnicity pay gaps within the Trust, to include:</p> <ul style="list-style-type: none"> - Holding more regular conversations with key stakeholders, committees and working groups. - A focus on delivering measurable improvement. - Development and integration of actions as appropriate. <p><u><i>Comments:</i></u></p> <p><i>Due to national NHS changes, no regional WDES and WRES reports were received during 2025 so it was not possible to report these to SMC. However our WRES and WDES action plans have been combined and strengthened during 2025 to aid practical achievement of actions. These are scheduled on our SMC rolling programme and reported at regular intervals for appropriate monitoring of actions.</i></p> <p><i>Organisational change has prevented expected attention on gender and ethnicity pay gap actions but this is being prioritised during 2026/27.</i></p>	<p>1 - Developing</p>	<p>Louise Westcott</p>
<p>Domain 3: Inclusive leadership overall rating</p>	<p>3</p>		

EDS Action Plan	
EDS Lead	Year(s) active
Rebecca Coles – Head of Engagement & OD Freya Macfarlane – OD & Inclusive Culture Manager	31 st March 2026
EDS Sponsor	Authorisation date
Eve Lightfoot – Director of Workforce	31 st March 2027

Domain 1	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Review 3 clinical services: 1. SACT at Home 2. Dietetics 3. Ambient Voice Technology	Patient EDI Lead to liaise with service leads to review each service to understand: - What currently works well from an equality perspective - Identify areas for improvement - Anticipate issues that may emerge of further expansion of the service (SACT & AVT in particular)	Start beginning June 26 – end of August 26
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			

Domain 2	Outcomes	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	To raise awareness of menopause across the wider Trust	Introducing general menopause awareness sessions for all colleagues, in addition to those already being delivered for line managers	Beginning of April 26 -end of Aug 26
		Become a Menopause Friendly Accredited organisation	Work towards Menopause Friendly Accreditation	
		To support the foot health of colleagues who are on their feet for a majority of the day and who may not be able to access foot health support due to health inequalities etc. Contribute to improvements- obesity, diabetes, COPD and mental health	Introduction of podiatry service	
		Provide opportunities for more colleagues to access on-site dining by reducing the queuing time and access out of hours	Major restaurant reconfiguration is planned which will provide separate paypoints for colleagues and access microwaves etc out of hours	
		Increase access to the pool of Trust wide mental health first aiders	Mental health first aider drop-in sessions	
		Promote support for mental health conditions to enable colleagues to self-manage	Highlight health and wellbeing campaigns during the year such as mental health awareness week	

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Continue work on Sexual Safety Charter</p> <p>Refresh stage 2 of the Respectful Resolution Framework process and relaunch campaign for stage 1 culture conversations</p> <p>Signed up to the GM Anti racist Framework</p>	<p>Action plan monitored.</p> <p>The BUILD model used with teams to minimise the impact of discrimination, bullying and harassment in the workplace</p> <p>Achieve Bronze Level of Anti Racism Framework.</p>	
	<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>Access to help and advice via our Employee Assistance Programme</p> <p>Promote access to a variety of speaking up routes to support colleagues</p>	<p>Regular promotion of benefits of the Employee Assistance Programme and resources available via their on-line platform (Vivup)</p> <p>Continue to grow network of Freedom to Speak Up Champions to ensure they are representative of the workforce</p> <p>Enhanced support for EDI staff networks to be effective and supportive</p> <p>Access to the Trust wide pool of mental health first aiders</p>	
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Use evidence from the NHS annual staff survey to monitor advocacy and include any areas for improvement if needed on the Trust wide staff survey action plan</p>	<p>Monitor results from the NHS Annual Staff survey and implement actions if needed</p>	

Domain 3 19	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	<p>Members of the Executive Board continue to undertake regular dialogue (listening, engagement, conversation) with the EDI Staff Network Groups.</p> <p>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.</p> <p>Regular dialogue about health inequalities takes place at Senior Management Committee and sub committee meetings, with a focus on:</p> <ul style="list-style-type: none"> - 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. 	<p>Beginning of Sept 26-end of November 26</p> <p><i>Please note: actions retained from 2025/26 due to length of time, focus and consistency required to implement longer term organisational change.</i></p> <p><i>This aligns with aims in our Trust People & Culture Plan (2026-2030) and our Inclusive Culture Strategy (2025-2030)</i></p>
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related	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	Good quality EHIA 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	

	impacts and risks and how they will be mitigated and managed	routine processes, and that there is evidence of action and improvement.	definition which projects it is appropriate for, to ensure that the impact on underrepresented groups are addressed.	
	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	<p>Report the WDES and WRES regional report to the Senior Management Committee (SMC).</p> <p>Report progress with the WRES and WDES, and EDS action plans to the SMC, escalating variances from agreed actions as required</p>	
		To achieve an improved position within our gender and ethnicity pay gaps.	<p>Increase the understanding and narrative about the gender and ethnicity pay gaps within the Trust, to include:</p> <ul style="list-style-type: none"> - Holding more regular conversations with key stakeholders, committees and working groups - A focus on delivering measurable improvement. - Development and integration of actions as appropriate. 	
		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.	<p>An EDI focus is considered and built into personal and professional objectives for Executive Board members and their direct reports.</p> <p>EDI-specific objectives to be included, if appropriate, which link to the delivery of our Trust strategy and operational plans.</p>	