

Classification: Official

Publication approval reference:



# NHS Equality Delivery System 2022

## EDS Reporting Template

### Third Version (test)

Version 0.8, 18 February 2022

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# 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 [equality-delivery-system-march-2024 .pdf \(christie.nhs.uk\)](#)

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](mailto:england.eandhi@nhs.net) and published on the organisation's website.

## NHS Equality Delivery System (EDS) 2024

<b>Name of Organisation</b>	The Christie NHS Foundation Trust	<b>Organisation Board Sponsor/Lead</b>		
		Eve Lightfoot		
<b>Name of Integrated Care System</b>				

<b>EDS Lead</b>	Novlette Balela OBE Hon.Doc.	<b>At what level has this been completed? Senior</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	24 <sup>th</sup> January 2024 – Domain 2 30 <sup>th</sup> January 2024 – Domain 2 14 <sup>th</sup> February 2024 – Domain 3 21 <sup>st</sup> February 2024 – Domain 1 25 <sup>th</sup> March 2024 – Domain 2 and 3	<b>Individual organisation</b>	GM Cancer	
		<b>Partnership* (two or more organisations)</b>		
		<b>Integrated Care System-wide*</b>		

<b>Date completed</b>		<b>Month and year published</b>	April 2024

<b>Date authorised</b>		<b>Revision date</b>	NA

<b>Completed actions from previous year</b>	
<b>Action/activity</b>	<b>Related equality objectives</b>
Quarterly reports are submitted to the EDI Programme Board and Management Board to monitor the implementation of the actions in the submission.	Activity is linked to the EDI Delivery Plan

## 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

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

# Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 1: Commissioned or provided services</b>	<b>1A: Patients (service users) have required levels of access to the service</b>	<p><i>Data and evidence to show relevant patients with higher risks due to protected characteristic or at risk of health inequalities (75% of those using the service) have adequate access to the service</i></p> <p><b>R and I Division</b></p> <p>Data will be captured and monitored to track the demographics and protected characteristics of patients recruited to clinical trials at The Christie and Christie@ sites.</p> <p>We will analyse the data to:</p> <ol style="list-style-type: none"> <li>1. Share learning and positive actions where good practice is identified</li> <li>2. Target gaps in our service to guide the development of appropriate interventions to facilitate participation in clinical trials for underserved communities</li> </ol>	2	Prof Fiona Blackhall Kay Faulkner Ev Dolan



		<p><b><i>Patients consistently report good or very good (or the equivalent) when asked about accessing services.</i></b></p> <p><u>Participant in Research Experience Survey (PRES)</u></p> <p>The PRES report 23/24 to be used as a tool to understand the factors that impact upon people's experiences of Research and their willingness to put themselves forward for studies and to shape future clinical trial design and delivery.</p> <p>Collaborative working between The Christie R &amp;I and NIHR/CRN aims to review the wording of PRES and demographics section of the survey to establish a baseline to support true continuous improvement around demographics of participants.</p> <p><b><i>Demonstration that the organisation has identified barriers to accessing services</i></b></p> <p>The process for capture of protected characteristics data in the Trust has been reviewed.</p> <p>An audit identified several issues with the paper-based process to capture this data. Plans to modernise this primarily paper-based process and complement it with a digital solution are underway.</p>		
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		<p>A suite of different dashboards are monitoring the capture of this data, alongside a dedicated multidisciplinary task force.</p> <p>Furthermore, there is an increase in the use of the available data through several clinical audits and service evaluations.</p> <p>This is being used to identify barriers to accessing services, such as, clinical trials.</p> <p><b>Research and Innovation</b></p> <p>Work has been carried out around “Breaking Barriers” within Research, with a substantial amount of analysis around equity in cancer clinical trial access and opportunities within Greater Manchester.</p> <p>This included the “Increasing Inclusivity in Digital Clinical Trails” project by ECMT that was recognised by NHS Digital as an exemplar.</p> <p>The next phase of this project would be to develop an interactive checklist for use in future Technology Clinical Trials.</p> <p>Feedback on the checklist will be sought from peers outside of the team to enable improvements as a live and evolving tool.</p>		
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	<p><b>1B: Individual patients (service users) health needs are met</b></p>	<p><b>Patients at higher risk due to a protected characteristic needs are met in a way that works for them.</b></p> <p>The organisations often consult with patients with higher risks due to a protected characteristic to commission, designed, increase, decrease, de-commission and cease services provided.</p> <p>The organisations signpost to VSCE organisations and social prescribing.</p> <p>Personalised care is embedded into the care delivered for those with higher risks due to a protected characteristic by the organisations</p> <p><b>Example 1 – Skin tone assessment</b></p> <p>It is important to note that patients with all skin tones should receive an equitable level of assessment.</p> <p>Patients with <b>dark skin tones</b> are more likely to be diagnosed with <b>higher-stage</b> pressure ulcers (<b>PU</b>s) due to a lack of accurate assessment and early identification.</p> <p>A training and development project was developed, using the evidence in the Wounds UK Best Practice Statement (Dhoonmoon et al, 2021) to support staff awareness of skin tones.</p> <p>The training reinforced the need to measure and document baseline skin tone as part of the aSSKINg bundle, with skin tone assessment included in ongoing patient aSSKINg bundle</p>	<p>2</p>	<p>Susy Pramod</p>
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		<p>assessments and any altered skin tone through skin inspection triggering repeat PURPOSE T the standard pressure risk assessment tool. (aSSKING is the standardised care plan to prevent pressure ulcer development)</p> <p>Filled gaps in clinicians' knowledge around skin tone, which could have resulted in inequitable care and potential patient harm.</p> <p>Tackled biases contributing to unequal outcomes across healthcare.</p> <p><i>Patient quote "It is nice to know nurses are aware of different skin tones, so we all get the same care".</i></p> <p><i>Clinician quote "As soon as I see the skin tone guide it prompts me to include a skin tone assessment".</i></p> <p><i>Clinician quote "It very quickly has become my habit to complete".</i></p> <p>This information will be added to Datix.</p> <p>The skin tone assessment will be launched across Trusts following a successful outcome and feedback from patients and clinicians.</p>		
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		<ul style="list-style-type: none"> <li>• Create awareness and understanding on “What is Cancer Research and its benefits?”</li> </ul> <p>With the view this model can be upscaled and adapted to support other underserved patient groups/communities.</p>		
	<p><b>1C: When patients (service users) use the service, they are free from harm</b></p>	<p><i>The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known Health &amp; Safety risks.</i></p> <p>We use evidence of best practice to implement initiatives where appropriate.</p> <p>An example of this is the introduction of skin tone assessment to aid pressure ulcer prevention in higher risk groups.</p> <p>We are currently upgrading our local risk management system from Datixweb to Datix Cloud IQ, to allow national reporting of patient safety data through the Learning from Patient Safety Events system (LFPSE).</p> <p>As part of this work, we have included in the business case an integration with Electronic Staff Records (ESR), and Electronic Patient Records (EPR).</p> <p>This will mean that protected characteristics data can be utilised within incident analysis.</p>	2	<p>Matt Bilney Associate Chief Nurse</p>

		<p><b><i>Staff and patients feel confident, and are supported to, report incidents and near misses.</i></b></p> <p>We use Datix as our local risk management system which allows all staff to report safety concerns.</p> <p>Proactive reporting is encouraged through our induction and monitoring processes. A learning from Incident's improvement bulleting and subsequent action plans are monitored through the Trusts governance committees.</p> <p>We currently comply with the Serious Incident framework (2015) – but will be moving to the Patient Safety Incident Response Framework in line with the National Patient Safety Strategy, in April 2024</p> <p><b><i>The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses</i></b></p> <p>We have a robust governance procedure to review and learn from patient safety incidents, ensuring that incidents are sufficiently investigation and that robust action plans are produced.</p> <p>As part of the transition from the SI framework to PSIRF, this will strengthen the improvement culture of the Trust.</p>		
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		<p>In relation to analysing equality themes – this will be possible once we have completed the integration work between DCIQ and EPR</p>		
	<p><b>1D: Patients (service users) report positive experiences of the service</b></p>	<p><i>The organisations collate data from patients with protected characteristics about their experience of the service.</i></p> <p>The Trust has collected data from patients with protected characteristics about their experience through involvement in two national surveys,</p> <p>The Cancer Patient Experience Survey and the Adult In-Patient Survey. The most recent results can be seen at the following website links.</p> <p><a href="https://ncpes.co.uk">Latest national results - National Cancer Patient Experience Survey (ncpes.co.uk)</a>  <a href="https://cqc.org.uk">The Christie NHS Foundation Trust - Care Quality Commission (cqc.org.uk)</a></p> <p><i>The organisations create evidence-based action plans in collaboration with patients and relevant stakeholders and monitors progress.</i></p> <p>The Trust is currently in the process of developing an action plan to address agreed areas of concern that were highlighted in the National Cancer Patient Experience Survey and the Adult In-Patient Survey 2022 results.</p> <p>Both surveys breakdown results into different protected characteristics that are then used to support the development of the action plan.</p>	<p>2</p>	<p>David Wright</p> <p>Philip Higham Patient Experience and Improvement Lead</p>



		<p>The action plan will be monitored through the Patient Experience Committee.</p> <p>The Trust has an agreed Patient Experience and Engagement Plan that will support the Trust between 2023-2026. At the heart of the Plan is collaborating with those that access our services.</p> <p>The plan was developed in partnership with stakeholders from across the Trust. Progress against the aims of the Plan will be monitored through PEC.</p> <p><b><i>The organisation shows understanding of the link between staff and patient treatment and demonstrate improvement in patient experiences</i></b></p> <p>The Patient Experience and Engagement Plan is a 3 year plan that will support the work of the Trust and demonstrates the impact that staff can have on improving patient experience.</p> <p>The Trust has re-established the Accessible Information Standard sub-group. The group is tasked with supporting the Trust to be compliant with the Accessible Information Standard.</p> <p>The group is currently working on an action plan which recognises the link between staff and their ability to impact on patient experience.</p>		
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		<p>The new Datix system that will be rolled in the Spring of 2024 will have a feedback module that can record protected characteristics.</p> <p>This will allow a greater level of reporting in regard to complaints and feedback.</p>		
<b>Domain 1: Commissioned or provided services overall rating</b>			8	<b>Achieving</b>

# Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;"><b>Domain 2: Workforce health and well-being</b></p>	<p><b>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</b></p>	<p><i>The organisation monitors the health of staff with protected characteristics.</i></p> <p>This is monitored via our sickness absence records which can be mapped against our workforce data for colleagues who have declared they have a protected characteristic(s).</p> <p>This is monitored by mapping our workforce data against the number of reasonable adjustments we implement.</p> <p>This is monitored by referral data provided by our Occupational Health provider.</p> <p><i>The organisation promotes self-management of conditions to all staff.</i></p> <p>Staff have access to dedicated health and wellbeing pages on the Intranet which promotes all support available to staff e.g., Occupational Health provider and Employee Assistance Programme.</p> <p>The Trust provides a range of programmes which includes walking, yoga as part of several wellbeing activities. Introducing Real Lunch hour and a Staff Health and Wellbeing Day.</p> <p>The PDR for staff has a specific section on Health and Wellbeing which is discussed with staff in one-to-one meetings and annual appraisals.</p>	<p>2</p>	<p>Jane Hanson Engagement and Organisational Development Manager</p>
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		<p><b><i>The organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment.</i></b></p> <p>The Trust works closely with our Occupational Health Provider and our Employee Assistance Programme provider to cross reference referrals, identify trends, signposting for social prescribing and recommend referral pathways to enable self-management of conditions.</p> <p>The OH team train managers on how to make appropriate referrals so that staff can be signposted to access more appropriate services.</p> <p><b><i>The organisation provides support to staff who have protected characteristics for all mentioned conditions.</i></b></p> <p>Support is available via our Occupational Health provider and our Employee Assistance programme.</p> <p>The Reasonable Adjustment Passport is used for staff with support from their line manager.</p> <p>There are a number of accessible wellbeing services on Hive, which all staff have access to.</p> <p><b><i>The organisation promotes work-life balance and healthy lifestyles.</i></b></p> <p>Staff can apply for flexible working to assist with an improved work-life balance.</p> <p>Access to resources and support for promoting healthy lifestyles is available on our Intranet and via various campaigns throughout the year e.g. Men's Health Week,</p>		
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		<p>Menopause Awareness Month, Mental Health Awareness Week.</p> <p>There are a number of wellbeing days organised that supports staff with obesity and diabetes and monthly MOTs are available. This information is accessible on Hive.</p> <p>Feedback from staff around wellbeing will be shared at the Healthy Workplace Steering Group meetings.</p> <p><b><i>The organisation signposts to national and VSCE support.</i></b></p> <p>Occupational Health provider identifies pathways and signposts to local and national support.</p> <p>COPD assessment has to be done externally as this requires specialist input to undertake a diagnosis.</p>		
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	<p><b>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</b></p>	<p><b><i>The organisation has a zero-tolerance policy for verbal and physical abuse towards staff.</i></b></p> <p>The Trust does not have a specific Zero tolerance policy aimed at patients as issues related to abuse is embedded in the Positive Working Relationship policy.</p> <p>Respect posters have been developed and displayed on the wards so that patients are aware of unacceptable behaviour towards staff when been treated at all Christie satellite sites.</p> <p>The Trust is embedding the Respectful Resolution Framework and it's expected that all divisions will be working towards the BUILD programme and are currently undertaking workshops on step one – Creating the culture.</p> <p>The Freedom to Speak Guardian Lead provides support to staff that are experiencing abuse, harassment and bullying in the workplace.</p> <p><b><i>The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience</i></b></p> <p>The Positive Working Relationship Policy is used to support staff experiencing abuse, bullying and harassment.</p> <p>Incidents related to patient concerns are reported onto Datix.</p> <p>Support from the HR Business Partners and the Freedom to Speak Up Guardian helps to support incidents of bullying, harassment and abuse and ensures that correct procedures are followed.</p>	<p>2</p>	<p>Novlette Balela OBE EDI Manager</p>
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		<p>Any incident that is going through a formal process will be discussed by the Employee Relations Oversight Group.</p> <p>Incidents of bullying towards staff and patients are included in the Workforce Race Equality and Workforce Disability Equality Standards and questions included in the staff survey.</p> <p>Each division have nominated EDI Champions to support staff experiencing bullying and harassment in the workplace.</p> <p><b><i>Staff with protected characteristics are supported to report patients who verbally or physically abuse them.</i></b></p> <p>All incidents of abuse by patients are reported on Datix as a safeguarding concern by the manager.</p> <p>Following consultation with staff it was felt that more guidance is needed for staff to feel confident about reporting incidents from patients.</p> <p>Once the new EDI Staff Network Groups are formed this will provide a safe space for staff to discuss these concerns and issues and get the appropriate support.</p> <p><b><i>The organisation provides appropriate support to staff and where appropriate signposts staff to VSCE organisations who provide support for those who have suffered verbal and physical abuse.</i></b></p> <p>The Trust has a lead for Domestic Abuse and Sexual Violence and a working group is in the early stages of development to work towards implementing an action plan to support the organisation to commit to NHS England's sexual safety charter. (Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted,</p>		
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		<p>inappropriate and/or harmful sexual behaviours within the workplace).</p> <p>The organisation signposts to external support such as Mind, Women's Aid, Victim Support and where appropriate, the Police.</p>		<p>Jane Hanson Engagement and Organisational Development Manager</p>
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	<p><b>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</b></p>	<p><i>The organisation supports union representatives to be independent and impartial.</i></p> <p>There are a number of union representatives across the organisation that are there to support staff with a range of issues in the workplace.</p> <p>The unions support staff whether this is in a formal or informal capacity.</p> <p>There are Staff Side meetings that discuss cases which is independent of the Trust.</p> <p>Union representatives are members of the Staff Forum. The Partnership Officer ensures that there is a level of independence between the Union and the Trust.</p> <p><i>Freedom to Speak Up guardians are embedded.</i></p> <p>There is a FTSUG and FTSU Champions that support staff across the Trust.</p> <p>Regular reports are presented to various committees about the types of issues that they are supporting.</p> <p><i>Relevant staff networks are active, accessible and staff led.</i></p> <p>A review of the EDI Staff Networks were undertaken by the EDI Team in October 2023. A report with a proposed new structure was presented to the EDI Programme Board, Staff Forum and Management Board for approval in December 2023.</p>	<p>2</p>	<p>Novlette Balela OBE EDI Manager</p>
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		<p>A new structure was developed with staff and will be introduced from January 2024 to ensure that it provides improved engagement and support for staff and the Trust on EDI related activities.</p> <p>Each division across the Trust has nominated EDI Champions to support staff who experience harassment, abuse and discrimination in the workplace.</p> <p><b><i>Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence.</i></b></p> <p>A new Equality and Health Inequality Analysis (EHIA) process was launched on the 1<sup>st</sup> June 2023. All policies, strategies and Business cases must include and EHIA before submitting to the Accountable Committee for approval.</p> <p>An audit of the EHIA process was completed in November 2023 and a report submitted to the EDI Programme Board and Management Board.</p> <p>Accountable Committee Chairs, Deputies and staff have attended EHIA workshops.</p> <p>A revised EHIA workshop for Accountable Committee Chairs and Deputies and staff has been developed and will be delivered by the EDI Team from January 2024.</p> <p>EHIA Action Learning Surgeries have been organised by the EDI Team to support staff who are responsible for writing documents and need to complete an EHIA.</p>		
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		<p><b><i>Support is provided for staff outside of their line management structure.</i></b></p> <p>All staff have access to support via our external Employee Assistance Programme, Salary Finance, the EDI Team and the Freedom to Speak Up Guardian.</p> <p>Information on this support is provided at the Corporate Induction and on the Trust's Intranet.</p> <p>OH provides psychological therapies support for staff that require specific types of intervention from the Manchester Resilience Hub.</p> <p>Information has been included on staff payslips about how they can access wellbeing services.</p>		<p>Jane Hanson Engagement and Organisational Development Manager</p>
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	<p><b>2D: Staff recommend the organisation as a place to work and receive treatment</b></p>	<p><b><i>Over 70% of staff who live locally to services provided by the organisation do/would choose to use those services.</i></b></p> <p>As we are a specialist cancer hospital, staff wouldn't have the option to 'choose' to use our services as they may have to be treated at their local hospital. (If our staff did have a choice, it might be presumed that as they would recommend our services to friends and family, that they would also choose to use our services themselves).</p> <p><b><i>Over 70% of staff who live locally are happy and regularly recommend the organisation as a place to work.</i></b></p> <p>Our Annual Staff Survey results 2022 reported that over 70% of staff would recommend the organisation as a place to work. (2023 survey results are currently under embargo so have not included information based on the latest available results).</p> <p><b><i>Over 70% of staff who live locally to services provided by the organisation would recommend them to family and friends.</i></b></p> <p>Our Annual Staff Survey results 2022 reported that over 70% of staff would recommend the organisation as a place to work. (2023 survey results are currently under embargo so have not included information based on the latest available results).</p> <p><b><i>The organisation uses sickness and absence data to retains staff.</i></b></p> <p>We report and analyse patterns of sickness across all staff groups, divisions and directorates to understand where positive action could be taken as an employer.</p>	<p><b>2</b></p>	<p>Jane Hanson Engagement and Organisational Development Manager</p>
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		<p>The reports include information on mental health and stress and other themes that provides better awareness of the nature and types of sickness that is recorded.</p> <p>The Trust uses targeted campaigns and signposting to local and national support e.g., GM Resilience Hub, Mind when required.</p> <p><b><i>The organisation uses data from end of employment exit interviews to make improvements.</i></b></p> <p>Our current processes do not currently provide robust exit/reason for leaving data.</p> <p>We are developing a more comprehensive process which will allow for the data to consider protected characteristics etc that will facilitate better conversations.</p> <p><b><i>The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and acts upon the data</i></b></p> <p>Data is collected on the profile of the workforce annually. An action plan is developed for BAME and Disabled staff from the Workforce Race Equality and Workforce Disability Equality Standards submission to NHS England.</p> <p>Quarterly reports are submitted to the EDI Programme Board and Management Board on the implementation of the WRES and WDES action plans.</p> <p>National and regional data helps to benchmark the Trust activities in relation to bullying, harassment and abuse and improvements has been made from the 2022 to the 2023 submissions.</p>		
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		<p>An EDI Dashboard has been developed on the profile of the workforce across the protected characteristics.</p> <p>The EDI Dashboard is available to managers from each division and the information is used as an action to monitor the under representation of their workforce as part of their EDI Divisional Implementation Plan.</p> <p>This has highlighted the need to develop a more inclusive recruitment process in adverts, job descriptions and personal specification requirements.</p> <p>The Trust are in the process of updating the Inclusive Recruitment training for recruiting managers.</p>		<p>Novlette Balela OBE EDI Manager</p>
<b>Domain 2: Workforce health and well-being overall rating</b>			<b>8</b>	<b>Achieving</b>

### Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;"><b>Domain 3: Inclusive leadership</b></p>	<p><b>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</b></p>	<p><b><i>Both equality and health inequalities are standing agenda items and discussed in board and committee meetings.</i></b></p> <p>Equality and health inequalities are focused at Board level meetings and committee conversations across the Trust, as evidenced in meeting minutes throughout 2023/24.</p> <p>Our EDI Programme Board is the accountable committee for staff matters and our Patient Experience Committee is the accountable committee for patient EDI matters. Both continue to meet regularly to discuss EDI issues and implementation/action plans.</p> <p>Health inequalities has existed as a separate thread with a designated Board member as owner/sponsor and it is woven into our Trust strategy as a key theme. It is spoken about externally by the Executive Sponsor in regional presentations.</p> <p><b><i>Board members and senior leaders meet staff networks at least 3 or more times a year. Staff networks have a senior sponsor.</i></b></p> <p>Each of our staff networks have a designated Executive Sponsor at Board level and during 2023/24 we have undertaken work to reposition the effectiveness of our EDI Staff Network Groups. Multiple meetings have taken place with our EDI Manager, sponsors and EDI Staff Network Group Chairs or representatives to design an improved, more effective way forwards that better meets staff need.</p> <p><b><i>Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis.</i></b></p>	<p style="text-align: center;">2</p>	<p style="text-align: center;">Rebecca Coles Head of Organisational Development and Engagement</p>
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		<p>Updates on WRES, WDES, EDS and our EDI Delivery Plan are taken quarterly to EDI Programme Board and Management Board where Executive colleagues are involved in conversations to address emerging issues.</p> <p>In 2023 some divisions have introduced local People &amp; Culture Groups at senior management level to discuss and agree EDI Divisional Implementation Plans and address operational EDI matters. These action plans have the oversight from the EDI Manager and are presented at EDI Programme Board.</p> <p><b><i>Board members and senior leaders engage in religious, cultural or local events and/or celebrations.</i></b></p> <p>During 2023/24, board members and senior leaders actively promoted and engaged in key religious, cultural and local events organised by our EDI Staff Network Groups.</p> <p>This included through conversations at our monthly Team Brief, operational and strategic committee meetings and local conversations.</p> <p>Examples included our Nil by Mouth campaign during Ramadan, veteran-aware accreditation and signing at regiment events during Remembrance celebrations. The Black History Month Event Saluting our Sisters was attended by senior level external speakers from the NHS and regional businesses in a round table discussions. Caribbean food and live music were a celebration of black women’s achievement in the health service.</p>		
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		<p><b><i>Board members implement the Leadership Framework for Health Inequalities Improvement.</i></b></p> <p>Conversations are underway to explore this framework and integrate into our Trust practice during 2024/25.</p> <p><b><i>Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and inclusion.</i></b></p> <p>Board members regularly discuss inequality and health inequalities and have focused Board Development days on these topics during 2023. Examples include a programme of activity led by Globis Mediation during 2023.</p> <p>The Board and Council of Governors sessions was led in December 2023 by our Deputy CEO on Improving Population Health and Reducing Health Inequalities.</p> <p>This has helped to strengthen diversity of insight in decision-making at Board level by introducing equality-focused recruitment training sessions and different processes for panel members involved in Non-Exec Board member recruitment.</p>		
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	<p><b>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</b></p>	<p><b><i>Both equality and health inequalities are standing agenda items in some board and committee meetings.</i></b></p> <p>(See relevant note in evidence for 3A)</p> <p><b><i>Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required.</i></b></p> <p>A new process introduced on 1<sup>st</sup> June 2023 has greatly strengthened our organisational approach to EHIA's and they are now a routine part of Trust practice.</p> <p>The EDI Manager and Assistant EDI Manager offer regular training for authors of EHIA's and Accountable Committee Chairs and Deputies in the approval process.</p> <p>Our library services assist with evidence gathering and literature searches, and our Document Ratification Committee do not ratify policies without an EHIA.</p> <p>Large scale projects have EHIA's attached although the approach is less robust and is in the process of being strengthened.</p> <p><b><i>BME staff risk assessments are completed. Required actions and interventions are measured and monitored</i></b></p> <p>BAME risk assessments were completed by managers as part of our COVID-19 processes. As we have moved into 'business-as-usual' there is no longer a need for this activity to be undertaken.</p>	2	<p>Rebecca Coles Head of Organisational Development and Engagement</p>
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	<p><b>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</b></p>	<p><i>Board members, system and senior leaders ensure the implementation and monitoring of the relevant below tools.</i></p> <p><i>Interventions for unmet goals and objectives are present for the relevant below tools.</i></p> <p><i>Those holding roles at AFC Band 8C and above are reflective of the population served</i></p> <p><i>Organisations are able to show year on year improvement using Gender Pay Gap reporting, WRES and WDES.</i></p> <p><i>Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the below tools:</i></p> <p><i>WRES (including Model Employer), WDES, Impact Assessments, Gender Pay Gap reporting,</i></p> <p><i>Accessible Information Standard, end of employment exit interviews, PCREF (Mental Health), EDS 2022</i></p> <p>The levers and frameworks mentioned above are all built into our standard processes reported on through our committee structure, as noted throughout the other Domain 3 evidence.</p> <p>There are action plans in place for WRES, WEDS, GPG, Veteran Aware, and EDS with regular discussion of progress against these at committee level.</p> <p>An AIS Plan has been put in place during 2023 and work is monitored through our Patient Experience Committee.</p>	2	<p>Rebecca Coles Head of Organisational Development and Engagement</p>
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	<p>During 2023 the Trust has developed a much stronger and more collaborative approach to integrating WRES and WDES actions into workstreams and work allocation. There is a continued focus on how we demonstrate a year-on-year improvement.</p> <p>Work is underway to strengthen our talent pipeline and attraction strategies to ensure that those at B8c and above represent those we serve. An example being recently supporting 17 BME staff at B5-6 to undertake a 6-month GM Lead Positive programme focused on leadership and overcoming barriers related to race.</p>		
<b>Domain 3: Inclusive leadership overall rating</b>		<b>6</b>	<b>Achieving</b>

<b>Third-party involvement in Domain 3 rating and review</b>	
<b>Trade Union Rep(s):</b>  Staff Side Reps	<b>Independent Evaluator(s)/Peer Reviewer(s):</b>  Angie Ditchfield – Head of EDI Clatterbridge Cancer Centre NHS Foundation Trust

EDS Organisation Rating (overall rating): **Achieving**

Organisation name(s): **The Christie NHS Foundation Trust**

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**

<b>EDS 2024 Action Plan</b>	
<b>EDS Lead</b>	<b>Year(s) active</b>
Novlette Balela OBE Hon.Doc.	2024
<b>EDS Sponsor</b>	<b>Authorisation date</b>
Eve Lightfoot – Director of Workforce	

<b>Domain</b>	<b>Outcome</b>	<b>Objective</b>	<b>Action</b>	<b>Completion date</b>
<b>Domain 1: Commissioned or provided</b>	<b>1A: Patients (service users) have required levels of access to the service</b>	To improve the understanding of the pathways and outcomes of patients with different protected characteristics	<p>Launch of a digital solution to enhance the capture of the patients' protected characteristics.</p> <p>Produce a high-level report of clinical audits and QIPs demonstrating the outcomes of these patients.</p>	12 months Fabio Gomes



<p><b>1B: Individual patients (service users) health needs are met</b></p>	<p><b>Example 1 – Skin tone assessment</b></p> <p>Integrate assessment of skin tones into all patients aSSKINg assessment bundles and ensuring that any changes in baseline skin tone trigger a repeat PURPOSE T pressure risk assessment.</p>	<p>Disseminate skin tone assessment training to all clinical staff.</p> <p>For continuous reinforcement of learning, training sessions will be recorded and uploaded onto HIVE.</p>	<p>12 months Susy Pramod</p>
	<p><b>Example 2 – Older people service</b></p> <p>To improve the outcomes for older patients with cancer and frailty undergoing anti-cancer treatments</p>	<p>Expand the number of different cancer teams referring into the new Senior Adult Oncology.</p>	<p>12 months Fabio Gomes</p>
<p><b>1C: When patients (service users) use the service, they are free from harm</b></p>	<p>The organisation has procedures/initiatives in place to enhance safety in services for patients in all protected characteristic groups where there is known Health &amp; Safety risks.</p> <p>The organisation encourages an improvement culture giving consideration to equality and health inequality themes in safety incidents and near misses.</p>	<p>Integration of EPR and ESR with DCIQ</p> <p>Build equality data into incident performance reporting plans</p>	<p>Matt Bilney</p> <p>30/6/2024</p> <p>30/9/2024</p>

	<p><b>1D: Patients (service users) report positive experiences of the service</b></p>	<p>To identify and reduce any inequalities in patient experience.</p> <p>To better engage with our diverse communities in regard to user experience, service improvement and development</p> <p>To expand engagement opportunities for patients and the public.</p>	<p>Complete and start using the new DCIQ platform to record feedback. and present more detailed data on protected characteristics.</p> <p>Explore opportunities to update the Friends and Family survey that is used by the Trust.</p> <p>Continue to take forward agreed actions encompassed in the Quality Strategy and the Patient Experience and Engagement Plan.</p> <p>Establish Patient Safety Partners within the Trust.</p> <p>Support the implementation of the new Patient Safety Incident Response Framework.</p> <p>Explore opportunities for those with lived experience to be involved in staff training.</p>	<p>Annually David Wright</p>
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Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	<b>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</b>	To develop the mechanisms to support staff to manage obesity, diabetes, asthma, COPD and mental health conditions.	<p>To promote the services of our Occupational Health provider</p> <p>To engage with our Nutrition and Dietetics Team develop support for staff managing obesity.</p> <p>To promote access to support for all conditions via regular Colleague Wellbeing events</p>	Annually Jane Hanson
	<b>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</b>	To develop the mechanisms and processes to minimise the impact of abuse, harassment, bullying and violence for staff and patients	<p>To promote the Respectful Resolution Toolkit across the Trust</p> <p>The EDI Training resources to be accessible on the Christie Learning Zone</p> <p>To develop an anonymous reporting process on Datix</p>	Annually Novlette Balela OBE

	<p><b>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</b></p>		<p>To provide training and support for EDI Champions to be able to support colleagues in the workplace.</p> <p>To implement the new infrastructure for EDI Staff Network Groups</p> <p>To develop an EDI Dashboard that monitors abuse, harassment and bullying across the Trust.</p> <p>To ensure that EDI Investigation Advisors are recruited and trained to support formal cases.</p> <p>To ensure that actions to address bullying, harassment and abuse is embedded into the divisional action plan from the staff survey results.</p> <p>To ensure that all policies, procedures and business cases complete an EHIA before submitting to the Accountable Committee for approval.</p>	<p>Annually</p> <p>March 2025</p> <p>July 2025</p> <p>July 2025</p> <p>Annually</p> <p>Annually</p>
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	<p><b>2D: Staff recommend the organisation as a place to work and receive treatment</b></p>	<p>To improve staff experience as employees and patients across the Trust</p>	<p>To review our current health and wellbeing offers by engaging with colleagues and utilising the NHS Diagnostic Framework.</p> <p>To adjust our health and wellbeing offer as appropriate to ensure it continues to be fit for purpose and offers the required support.</p> <p>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. (When compared with 2021 annual survey results, we have remained consistent at just above 70%).</p>	<p>Annually Jane Hanson</p>
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Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	<b>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</b>	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 and new EDI Steering Group.  Regular dialogue about health inequalities takes place at Management Board and sub-committee meetings, with a focus on: <ul style="list-style-type: none"> <li>- Raising awareness of health inequality issues.</li> <li>- The impact of these issues on our staff, services and patient care.</li> <li>- Work underway to address these issues.</li> <li>- Evidence of measurable improvement and observations of change</li> </ul>	Ongoing  Ongoing
	<b>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</b>	Management Board 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 Management Board and sub-committees for decisions.  This includes a focus on EHIAs for projects, and definition which projects it is appropriate for, to ensure that the impact on underrepresented groups is addressed.	Ongoing

<b>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</b>	<p>To achieve a reduction in inequalities between groups identified in the WDES and WRES</p>	<p>Report the WDES and WRES regional report to the Management Board</p> <p>Report progress with the WRES and WDES, and EDS action plans to the Management Board, escalating variances from agreed actions as required.</p>	<p>Annually</p> <p>Quarterly</p>
	<p>To achieve an improved position within our gender and ethnicity pay gaps.</p>	<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"> <li>- Holding more regular conversations with key stakeholders, committees and working groups</li> <li>- A focus on delivering measurable improvement.</li> <li>- Development and integration of actions as appropriate.</li> </ul>	<p>Ongoing</p>
	<p>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>	<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>	<p>Ongoing</p>

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