



**EQUALITY, DIVERSITY  
AND INCLUSION**  
at The Christie



**The Christie**  
NHS Foundation Trust



# **The Christie** **Equality, Diversity and Inclusion** Annual report 2025



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This report has been produced to provide assurance that The Christie is meeting its statutory, regulatory and contractual requirements. In addition, this report also outlines the additional activities that the Trust has undertaken during January to December 2025 to advance equality and protect Human Rights.



# Executive summary

# Our governance and leadership

The Trust Board are committed to bringing focus, energy and accountability to this work, ensuring that it is embedded in all parts of the Trust's activity. The Board also recognise that they must continue to pay attention to the evolving and emerging needs of our people, and role model compassionate and inclusive leadership in all that we do.

Our approach to equality, diversity and inclusion demonstrates how important this is in everything we do. We want to create an environment where all staff and patients have equality of opportunity and oppose all forms of unlawful or unfair discrimination.

This report provides an update on the achievements, progress and developments in relation to the EDI (equality, diversity and inclusion) agenda at the Trust.

While we have made great progress this year there are still areas that we need to improve

upon in 2026. We are committed to working together as a Trust to address inequalities wherever they may arise and provide the best possible outcomes to both patients and staff.

The Christie provides cancer care across the following 'Christie at' sites:

- **Withington**
- **Salford**
- **Macclesfield**
- **Oldham**

We also deliver outpatient services and cancer treatments at multiple sites across Greater Manchester and Cheshire.

The Trust is committed to demonstrate inclusive leadership for equality, diversity and inclusion creating organisational and system wide changes to improve equality outcomes for patients their families and carers, service users and staff.

The Trust's governance below is built on the principle of leadership and inclusion.

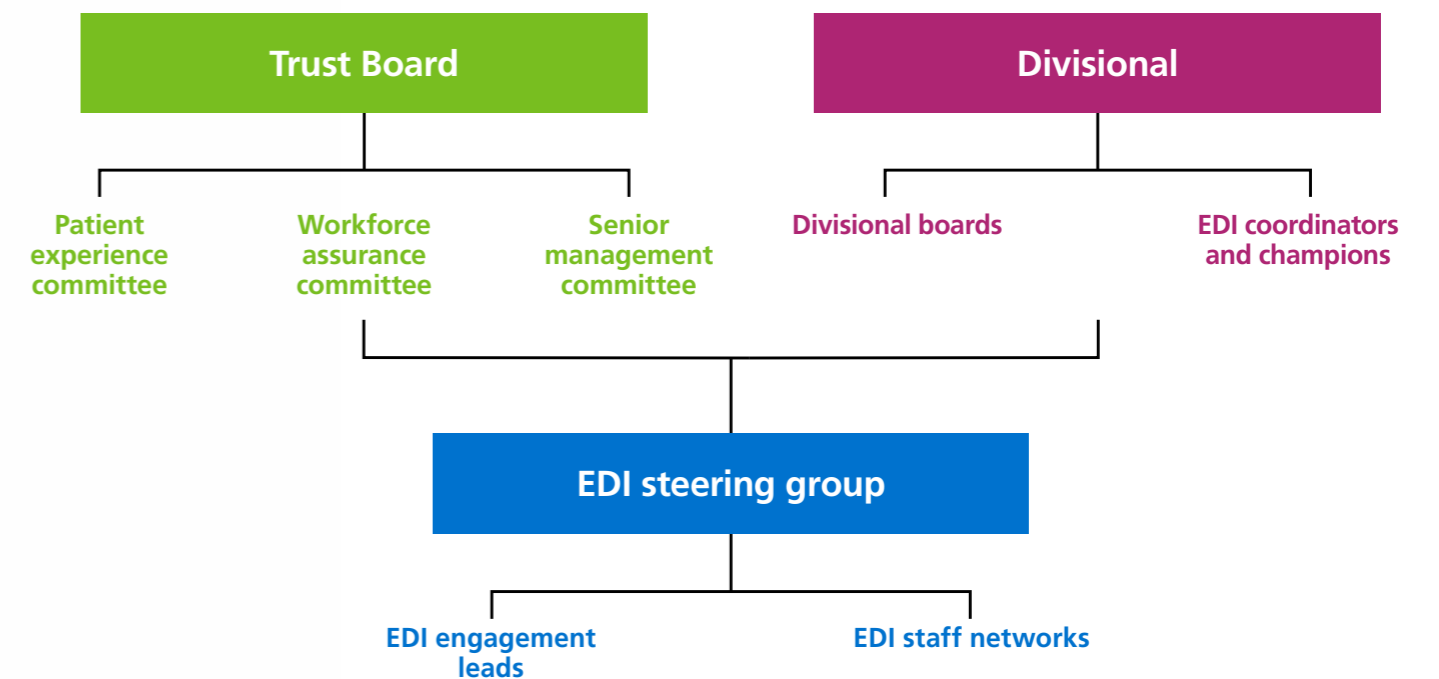
- Workforce assurance committee
- Senior management committee
- Patient experience committee

The senior management committee oversees the implementation of EDI plans. Performance against our plans is provided to the workforce assurance committee. This also includes

assurance that the Trust is meeting its statutory, regulatory and other EDI duties and commitments.

An EDI Steering Group was created in June 2024 as a formal mechanisms to consult with staff network leads on strategic areas of work and enable them to escalate issues. To ensure ongoing effectiveness of this group, a review is planned for early 2026 in partnership with the staff network leads.

*Equality, equity, diversity and inclusion must be at the heart of our work*



# Our governance and leadership (continued)

## Leadership

Our Trust Board has nominated 8 executive sponsors to support our EDI staff network groups.

The Trust works in partnership with staff forum and staff side colleagues to consult, provide advice and support on key policy agendas that impact on staff across the organisation. Staff forum has been instrumental in leading on key policies, for example, our disability inclusion policy.

In 2025, the Trust introduced a dedicated patient EDI lead role to advance our work in addressing health inequalities and inequitable patient experience.

Following the introduction of the inclusive culture strategy, several roles in our workforce division have been enhanced to include responsibilities for creating an equitable and inclusive staff experience. This aims to further embed attention and action on EDI.

All divisions within the Trust have an EDI divisional implementation plan supported by the divisional leads and their EDI coordinator. Divisional leads report on the implementation of their plans to workforce committee and EDI coordinators submit regular reports to the EDI manager.

EDI champions have been nominated across divisions to support staff on EDI issues and raise any concerns to the EDI team or Freedom To Speak Up guardian.

## Governors

We have a range of governors from across Greater Manchester, each with different strengths, backgrounds and characteristics.

The Trust also has governors representing their communities from all boroughs of GM as well as further afield.

# Our legal duties

Under the Equality Act 2010 public authorities (including all NHS bodies) have a responsibility to meet the requirements of both the **Public Sector Equality (the General and Specific Duties)**.

## Under the General Duty The Christie is required to pay due regard to :

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not

## The Specific Duty requires the Trust to:

- publish information on the performance of the General Duty (including information by protected characteristic) at least once per year
- set at least one equality objective as a minimum at least once every four years
- publish information annually on its gender pay gap



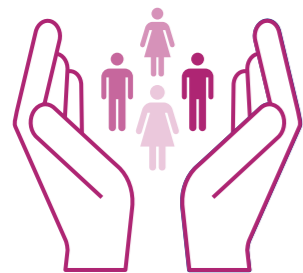
# Our equality, diversity and inclusion objectives

# The NHS EDI improvement plan

Our inclusive culture strategy (2025-2030) provides a framework to ensure the Trust is advancing practice and culture around inclusion.

**The strategy identifies four strategic ambitions:**

1



Purposeful and compassionate leadership

2



Harnessing connectivity and conversation

3



Improving outcomes and experience

4



Effective governance, policy, systems, and data.

Published in June 2023, the NHS EDI improvement plan aims to improve equality, diversity and inclusion and to enhance the sense of belonging for NHS staff. It sets out six targeted high impact actions to address direct and indirect prejudice and discrimination, that exists through behaviour, policies, practices and cultures against certain groups and individuals across the workforce.

The six high impact actions are aligned to the annual Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES) and the staff survey results.

This plan aims to improve the outcomes, experience and culture for those with protected characteristics under the Equality Act 2010 (although it is not limited to these groups) and links to the NHS People Plan.

Ensuring our staff work in an environment where they feel they belong, can safely raise concerns, ask questions, and admit mistakes is essential for staff morale - which, in turn, leads to improved patient care and outcomes.

The six high impact actions cross over multiple threads of work. As such, they are embedded in actions plans for the Trust's People and Culture Plan, Equality Delivery System (EDS), and Workforce Race Equality System (WRES).

The delivery of this strategy is being integrated into the refreshed people and culture plan (2026-2030). Progress will be monitored through the HR board and senior management committee.



# Regulatory and contractual compliance



The Trust has several EDI requirements placed upon it through the NHS contract that it holds. These requirements include annual completion of the following:

- Workforce Disability Equality Standard (WDES) submission
- Workforce Race Equality Standard (WRES) submission
- Equality Delivery System 2022 (EDS) submission
- Gender pay gap (GPG) submission

**We are also required to implement the NHS:**

- Accessible Information Standard
- Veteran Aware accreditation
- Regional equality assurance framework (July 2024)

The Trust submitted its WRES and WDES data to NHS England in May 2025. The data sets out the profile of the workforce across the protected characteristics of race and disability. We share this

data across our Trust to support development and advance equity and equality amongst our workforce.

We also use this data to develop WRES and WDES action plans. The action planning cycle is set nationally and runs from 1 November 2024 to 31 October 2025. During 2025 progress reports on the 2024/25 WRES and WDES action plans were presented regularly to the senior management committee.

Refreshed action plans were developed for 2025/26 and published on our Trust website in October 2025. We have used this opportunity to combine these into one joint action plan. This will better align our workstream conversations and help our work to be more focused.

WRES metric	Period start	Period end	
<b>01</b> The percentage of BAME workforce has <b>increased</b> .	March 2025 <b>22.4%</b>	March 2026 <b>23.7%</b>	✓
<b>02</b> The relative likelihood of White staff being appointed from shortlisting compared to BAME staff has <b>increased</b> . Ideally, the likelihood would be 1, indicating that White and BAME staff are equally likely to be appointed.	March 2025 <b>2.1</b>	March 2026 <b>2.2</b>	✗
<b>03</b> The relative likelihood of BAME staff entering the formal disciplinary process compared to White staff has <b>decreased</b> .	March 2025 <b>1.4</b>	March 2026 <b>1.1</b>	✗
<b>04</b> The relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff has <b>increased</b> . However, it is still approximately 1, which indicates both groups are equally likely to access non-mandatory training and CPD.	March 2025 <b>0.9</b>	March 2026 <b>1.0</b>	✓
<b>05</b> The percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months has <b>increased</b> .	SS 2024 <b>9.6%</b>	SS 2025 <b>15.1%</b>	✗
<b>06</b> The percentage of BAME staff experiencing harassment, bullying or abuse from staff in last 12 months has <b>increased</b> .	SS 2024 <b>11.6%</b>	SS 2025 <b>12.4%</b>	✗
<b>07</b> The percentage of BAME staff believing that their organisation provides equal opportunities for career progression or promotion has <b>decreased</b> .	SS 2024 <b>61.6%</b>	SS 2025 <b>58.8%</b>	✗
<b>08</b> The percentage of BAME staff that have personally experienced discrimination at work from managers and colleagues in the previous 12 months has <b>decreased</b> .	SS 2024 <b>11.9%</b>	SS 2025 <b>10.6%</b>	✓
<b>09</b> The difference between BAME staff representation in Board voting membership and in the workforce has <b>increased</b> . Ideally, the difference would be 0, indicating that the number of BAME board members are proportional to the workforce they represent.	March 2025 <b>-7.0%</b>	March 2026 <b>-9.4%</b>	✗

WDES metric	Period start	Period end	
<b>01</b> The percentage of colleagues that have declared a disability has <b>increased</b> .	March 2025 <b>7.3%</b>	March 2026 <b>8.1%</b>	✓
<b>02</b> The likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff has <b>not changed</b> . Disabled and non-disabled staff are equally likely to be appointed from shortlisting.	March 2025 <b>1.0</b>	March 2026 <b>1.0</b>	✓
<b>03</b> The likelihood of disabled staff entering the formal capability process has <b>increased</b> . However, due to the small numbers of disciplinary cases in the Trust, this metric can often vary significantly.	March 2025 <b>3.0</b>	March 2026 <b>3.5</b>	✗
<b>4a</b> The percentage of disabled staff who reported experiencing harassment, bullying or abuse from patients and/or members of the public <sup>1</sup> has <b>increased</b> , while the percentages from managers <sup>2</sup> and from other colleagues <sup>3</sup> have <b>decreased</b> .	SS 2024 <sup>1</sup> <b>12.6%</b> <sup>2</sup> <b>12.8%</b> <sup>3</sup> <b>20.9%</b>	SS 2025 <sup>1</sup> <b>13.9%</b> <sup>2</sup> <b>10.3%</b> <sup>3</sup> <b>18.0%</b>	
<b>4b</b> The percentage of disabled staff that stated that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it has <b>decreased</b> .	SS 2024 <b>51.0%</b>	SS 2025 <b>48.9%</b>	✗
<b>05</b> The percentage of disabled staff that believe that the Trust provides equal opportunities in career development has <b>decreased</b> .	SS 2024 <b>58.3%</b>	SS 2025 <b>55.2%</b>	✗
<b>06</b> The percentage of disabled staff that reported that they have felt pressure from their manager to come to work despite not feeling well enough to perform their duties has <b>decreased</b> .	SS 2024 <b>22.1%</b>	SS 2025 <b>16.1%</b>	✓
<b>07</b> The percentage of disabled staff that are satisfied with the extent to which their organisation values their work has <b>increased</b> .	SS 2024 <b>47.4%</b>	SS 2025 <b>50.3%</b>	✓
<b>08</b> The percentage of disabled staff that stated that their employers have made adequate adjustment(s) to enable them to carry out their work has <b>increased</b> .	SS 2024 <b>53.4%</b>	SS 2025 <b>63.6%</b>	✓
<b>9a</b> The staff engagement score for disabled staff has <b>not changed</b> .	SS 2024 <b>7.2</b>	SS 2025 <b>7.2</b>	
<b>10</b> The difference between disabled staff representation in Board voting membership and in the workforce has <b>decreased</b> . Disabled staff are now well represented at board level. A negative number indicates that disabled staff are not fully represented at board level. The higher the number, the smaller the representation gap.	March 2025 <b>-0.4%</b>	March 2026 <b>+6.1%</b>	✓

The Trust's progress during the 2025/2026 financial year. We have taken the metrics in the summary and compared data as of 31/03/2025 and 31/03/2026.

# Equality and health impact analysis (EHIA)

# The Equality delivery system 2022

The Trust is required to demonstrate how it pays due regard to the need to advance equality in its policies, decision making and the discharge of its functions in line with the Public Sector Equality Duty embedded in the Equality Act 2010.

The Christie NHS Foundation Trust remains committed to promoting equality, diversity, and inclusion (EDI) in all aspects of its work. In line with the Public Sector Equality Duty under the Equality Act 2010, we strive to ensure that our policies, decision-making processes, and service delivery advance equality, eliminate discrimination, and foster good relations across all protected characteristics. Our approach also addresses health inequalities and social inclusion, ensuring equitable access to care for all.

### Key Achievements in 2025

- Embedding EHIA into Governance:** The Equality and Health Inequality Analysis (EHIA) process, launched in June 2023, has become an integral part of policy development and decision-making. Oversight by the Document Ratification Committee ensures compliance and consistency.
- Training and Awareness:**
  - Delivered 1.5-hour EHIA workshops for accountable committee chairs and deputies to strengthen leadership understanding of equality and health inequality considerations.
  - Delivered 3-hour workshops for staff to raise awareness of the impact on protected characteristics, social inclusion groups, and health inequalities.
- Regional Influence:** The Greater Manchester Integrated Care Board (GM ICB) has expressed interest in our EHIA process and template and is developing a similar approach to ensure consistency across the region.
- Improved Data Collection:** Continued efforts to improve demographic data capture to better understand patient needs and address inequalities.

All NHS provider organisations are required to undertake a self assessment against the new Equality Delivery System (EDS) 2022 framework which addresses EDI performance in both workforce and service delivery. Our EDS submission was made to NHS England and the ICB in March 2025.

The framework has three domains which we self-assess ourselves against and then go through a period of stakeholder verification:

- domain 1 - commissioned or provided services,
- domain 2 - workforce health and wellbeing
- domain 3 - inclusive leadership

### Domain 1: commissioned or provided services

	outcome	score
1A	Patients (service users) have required levels of access to the service	1
1B	Individual patients (service users) health needs are met	1
1C	When patients (service users) use the service, they are free from harm	1
1D	Patients (service users) report positive experiences of the service	1
<b>Overall rating – achieving</b>		<b>4</b>

### Domain 2: workforce health and wellbeing

	outcome	score
2A	When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	2
2B	When at work, staff are free from abuse, harassment, bullying and physical violence from any source	1
2C	Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	2
2D	Staff recommend the organisation as a place to work and receive treatment	2
<b>Overall rating – achieving</b>		<b>7</b>

### Domain 3: Inclusive leadership

	outcome	score
3A	Board members, system leaders (Band 9 and VSM (very senior managers) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	2
3B	Board/committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	2
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	2
<b>Overall rating – achieving</b>		<b>6</b>

Scoring and rating criteria: 0 = Underdeveloped – under 8 1 = Developing – 8 - 21 2 = Achieving – 22 - 32 3 = Excelling - 33

Once all assessments were completed, the overall rating for the 3 domains was 17, giving the Trust an overall organisational rating of 'developing'.



# The Equality delivery system 2022

(continued)



## Equality delivery system domain 2 case study

### Menopause care to support wellbeing

Women over 50 are the fastest growing demographic in the workplace, but many quit their jobs, reduce their hours and pass up promotions due to menopause, resulting in menopause related health inequality or increased sickness absence.

In 2022 we undertook an exercise to identify the number of colleagues potentially affected by menopause at the Trust, and following positive interest in this work we set up our

Menopause Café. This has provided a safe space for colleagues experiencing various stages of menopause to come together to share experiences openly.

This work has proven beneficial during 2023 and 2024, and apart from some colleagues not being able to attend on occasion, we haven't experienced any barriers. The opportunity has been encouraged and supported by Senior Leaders and continues to be a success. We have supplemented this with monthly training for line managers which is well attended.

During 2025 we expanded our work on menopause support. We recognise that men also experience menopause symptoms and further research and action planning is taking place to explore this. We also recognise that some colleagues are culturally unable to discuss or publicly acknowledge menopause and we have started planning to additionally support those colleagues.

Additional activity has included reviewing and ratifying our Menstruation to Menopause Policy, providing links to menopause webinars, collaborating with our GM partners and Dr Louise Newson's Balance app to provide access to Menopause Training Modules – these are available to all colleagues, not just those experiencing menopause.

We have also signed up to the Menopause Workplace Pledge which means we commit to making our organisation a supportive and understanding place for our colleagues who are going through or are affected by the menopause. In signing the Menopause Workplace Pledge, we commit to:

- Recognising that the menopause can be an issue in the workplace and colleagues need support
- Talking openly, positively and respectfully about the menopause
- Actively supporting and informing our colleagues affected by the menopause
- Menstruation to Menopause Policy reviewed and ratified
- Signed up the Menopause Workplace Pledge
- Collection of feedback from colleagues attending the colleagues to enable us to continuously improve the support we provide

All of the support and opportunities for continuous improvement are aligned to the People Promise Themes of 'We are safe and healthy' 'We are compassionate and inclusive' and 'We are always learning'. This also impacts on and aligns to the Trust's Values of 'We act with Kindness' (specifically linking to 'we care for each other' behaviour) and 'We connect with People' (specifically linking to 'we are inclusive' behaviour).

We have plans to further enhance our support through our Level 2 Menopause Friendly membership (with future accreditation). This will give us access to many more resources such as workshops and an on-demand video library, helping expand our support for colleagues.

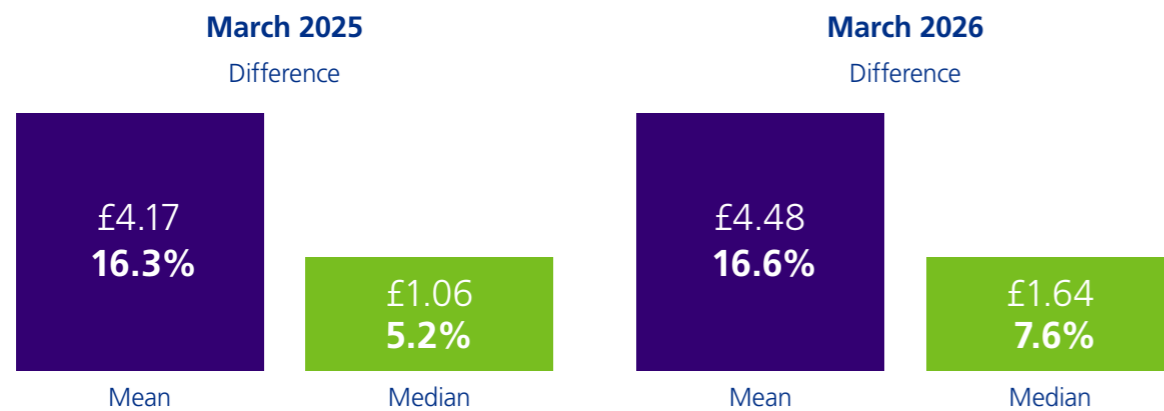
*We recognise that some colleagues are culturally unable to discuss or publicly acknowledge menopause and have started planning to additionally support those colleagues.*

# Gender pay gap

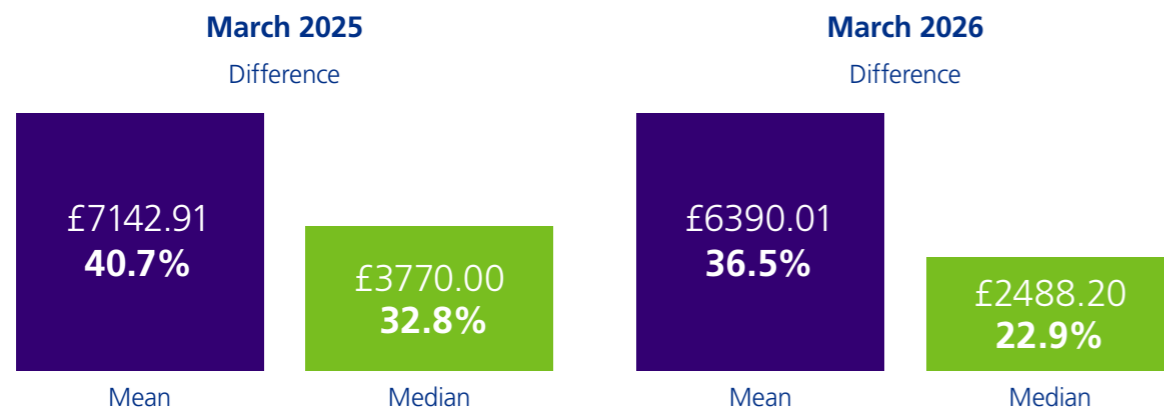


The Trust published its gender pay gap report in March 2025 and submitted this in line with national requirements.

## Hourly pay



## Bonus pay



As of 31 March 2026, the mean and median hourly pay gaps have both increased compared to 31 March 2025, while the mean and median bonus pay gaps have both decreased.

## Ethnicity pay gap reporting

The ethnicity pay gap reporting (EPGR) was produced for the first time in June 2024 as part of our legal requirement under the Equality Act 2010. It is not a requirement for organisations to publish their EPGR to the government portal but this will be introduced shortly. The Trust will align the EPGR to the gender pay gap report in March 2025 and both will be published on the Trust website.

The table below summarises the hourly pay difference between White, Black, Asian and other ethnic groups at the beginning and end of 2025.

Hourly	March 2025		March 2026	
	Mean	Median	Mean	Median
White	£22.82	£20.15	£23.86	£20.88
BAME	£21.97	£17.75	£23.02	£18.39
Gap	£0.85	£2.40	£0.84	£2.48

As of 31 March 2026, the mean hourly pay gap has decreased compared to 31 March 2025. The median hourly pay gap has decreased by a small margin, which is negligible in practical terms.

Bonus	March 2025		March 2026	
	Mean	Median	Mean	Median
White	£11,794.85	£9,048.00	£13,263.35	£9,048.00
BAME	£14,418.96	£6,032.04	£14,361.08	£6,032.04
Gap	-£2,624.11	£3,015.96	-£1,097.72	£3,015.96

The mean bonus pay gap has also decreased, while still remaining in favour of ethnic minority staff. The median bonus pay gap has remained unchanged.

## Veteran Aware accreditation

The Armed Forces Covenant is a shared pledge across organisations based on a promise to those who protect our nation, who do so with honour, courage, and commitment. It is a pledge that together we acknowledge and understand that those who serve or have served in the armed forces, and their families, should be treated with fairness and respect in the communities they serve with their lives.

As part of our commitment to the Armed Forces Covenant and the legal requirement as part of the Armed Forces Bill 2021, the Trust signed the Armed Forces Covenant.

In 2024, The Christie was awarded NHS Veteran Aware silver accreditation status in recognition of our continued work and commitment to improving NHS care for the Armed Forces community which includes regular and reservist personnel, veterans, cadets, spouses and families. The Trust resubmitted its year one accreditation application, which was awarded in June 2024 and during 2025 has been preparing for re-accreditation in 2026.

We are measured against 8 standards:

- the Trust understands and is compliant with the Armed Forces Covenant.
- the Trust has a clear governance and designated lead Armed forces champions.
- the Trust identifies veterans and armed forces community status patients to ensure they receive appropriate care.
- staff at the Trust are trained and educated in the needs of veterans and the armed forces community.
- the Trust has established links to appropriate nearby veteran and armed forces community services.
- the Trust will refer veterans and armed forces community to other services as appropriate.
- the Trust raises awareness of veterans and armed forces community.
- the Trust supports the UK Armed Forces as an employer.



Research shows that the main drivers of health inequalities are social determinants i.e. where people live, access to employment and start in life (Bibby, 2018). There is also increasing evidence that the health inequalities divide can be further exacerbated by the way health services are designed, delivered, funded and the quality of care they receive (NHS Providers, 2024).

NHS Providers (2024) recommend that services can address health inequalities by:

- ensuring fair access, experience, and outcomes across different groups in the population
- acting as an anchor institution to support work on the wider determinants of health (NHS Providers, 2023a)

Reducing health inequalities has been a key strategic priority for the Trust with 'The Christie at' sites developed to deliver treatments closer to home and enable treatments to be more accessible. This strategic commitment has continued as demonstrated by the 4 pillars of our current strategy each having reducing health inequalities embedded.

The Trust's health inequalities dashboard suggests that 35% of The Christie patients live in the most deprived areas of Greater Manchester and are therefore at risk of significant health inequalities and worse cancer outcomes.

There has been recent guidance by NHS Providers to help Trusts to meet the obligations to reduce health inequalities. The Trust has completed the NHS Providers self-assessment tool to measure where the organisation is against these recommendations and highlight areas for development.

Results of the self-assessment shows that the Trust has a firm basis on which to address health inequalities including the following key areas of work:

- in-house development of comprehensive EHIA tool
- social value work including, community engagement to develop and design of services, local recruitment partnerships, 10-20% social value weighting in all contacts, environmental sustainability programme
- working across the GM system as key contributors in population health and GM Anchors committees

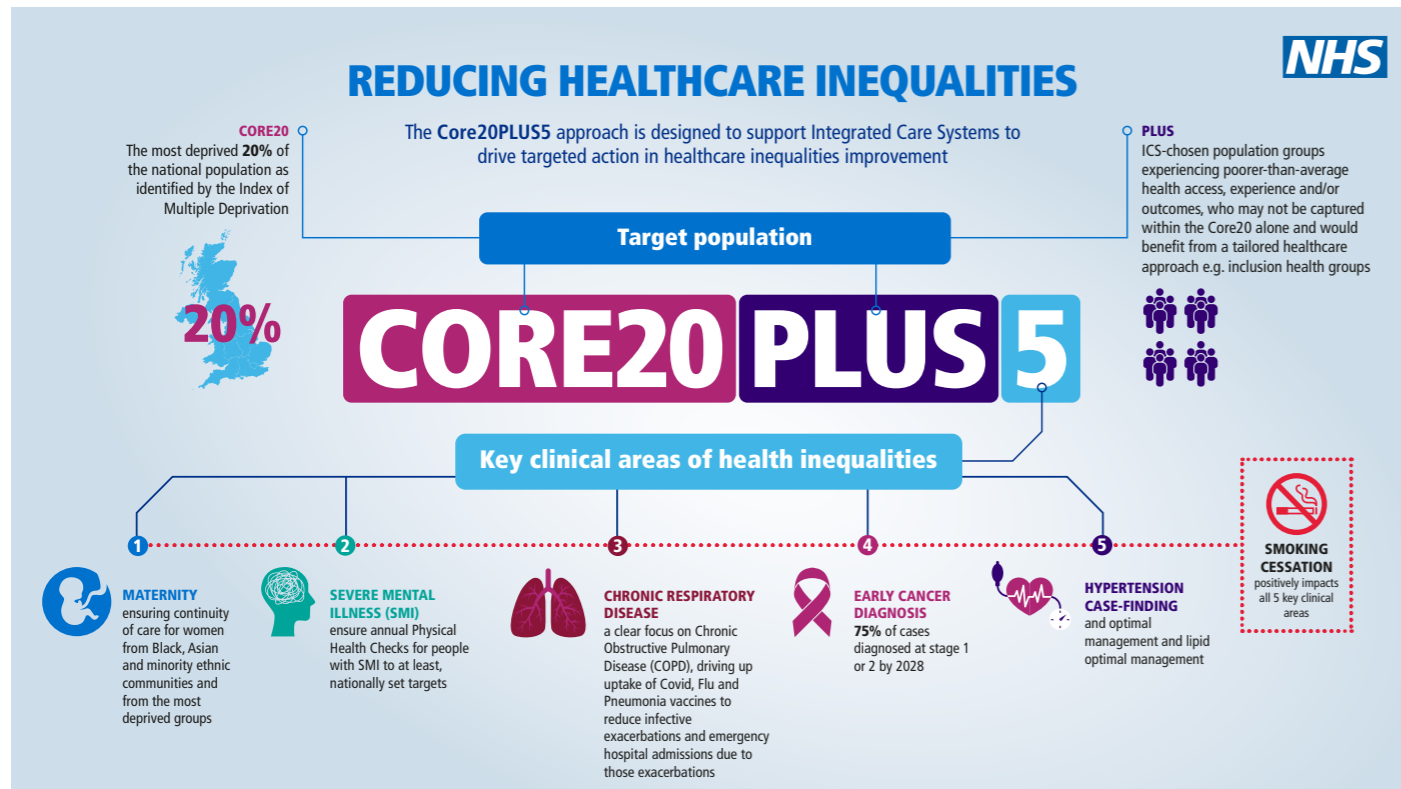
## Development plan for 2026

- Work closely with Core20PLUS5 ambassadors to deliver impactful projects and share best practice; with a health inequalities improvement project delivered by December 2026 and improvements observed in patient experience scores for Core20PLUS populations.
- Develop a Health Inequalities Action Plan to identify priority areas, set measurable objectives, and monitor progress.
- Strengthen partnerships and collaboration with communities and regional networks; with a minimum of 2 collaborative initiatives with local communities and regional networks.
- Develop and initiate a plan to build capacity and equip staff with tools and knowledge to deliver inclusive care; delivering at least 4 training sessions on health inequalities.
- Establish clear metrics and reporting mechanisms to track progress, with quarterly reporting to our patient experience committee. Baseline and end-of-year metrics on health inequality indicators agreed.

*Reducing health inequalities has been a key strategic priority for the Trust with 'The Christie at' sites developed to deliver treatments closer to home and enable treatments to be more accessible.*

## Health Inequalities and Core20Plus5

This work aligns with our Trust's commitment to advancing equality, diversity, and inclusion across all services, reducing health inequalities and improve equitable experience and outcome



Our aim is, "for a representative and supported workforce". We will be an employer of choice that recruits and develops staff fairly taking appropriate action whenever necessary, so that talented people choose to join, remain and develop within the Trust. Strong equality, diversity and inclusion at all levels will underpin consistently good patient care across all services.



## Workforce equality profile

The workforce equality profile from 2025 provides an overview of the Trust workforce, and is available on the Trust website. This information is reviewed annually to ensure that the diversity of the workforce is captured and monitored.

This supports our compliance with the Public Sector Equality Duty requirements.

The annual workforce profile is information on the equality characteristics of the staff employed by the Trust.

The information that is presented on the Trust's workforce covers:

- composition of the workforce
- composition of the workforce by pay band or grade It is published once per year covering the period of an operational year (April to March)

This report relates to the period January to December 2025. The workforce profile is produced to:

- understand what the diversity of The Christie's workforce looks like
- monitor the effectiveness of our equality, diversity and inclusion policies and processes in relation to the workforce
- to help us to make improvements in our employment policies and practices to ensure all staff have equal opportunities to employment, development and a good employment experience
- comply with our legal duties in relation to the Public Sector Equality Duty, under the Equality Act 2010. All of the information contained in this report is taken from the Trust electronic staff record (ESR) system

Staff provide this information to the Trust on appointment and staff can update the information themselves or have the information updated on their behalf with their permission. During 2025 new portlets were added to our employee self service portal to make this process easier.

## Overview

- 3 ambassadors within our Trust supported to:
  - Develop knowledge and influencing skills
  - Build local, regional, and national networks
  - Deliver health inequality improvement projects
- Patient EDI Lead recruited:
  - Provides strategic leadership and coordination for patient experience and health inequality initiatives.
- Focus on Core20Plus5 cancer populations:
  - People living in areas of high deprivation
  - Ethnic minority communities
  - Inclusion health groups

To strengthen this work and ensure sustainable impact, the following actions are planned for 2026:

- Work closely with ambassadors to deliver impactful projects and share best practice.
- Identify priority areas, set measurable objectives, and monitor progress.
- Collaborate with communities, regional networks, and national bodies.
- Equip staff with tools and knowledge to deliver inclusive care.
- Establish clear metrics and reporting mechanisms to track progress.

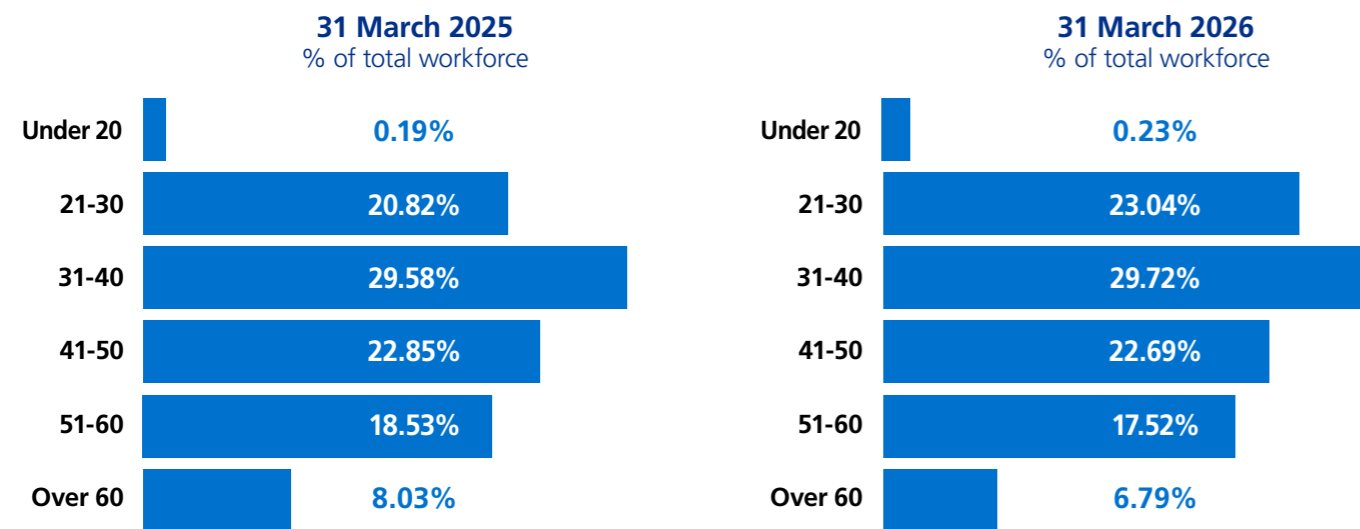


# Our workforce (continued)

## Overview and analysis of our workforce data

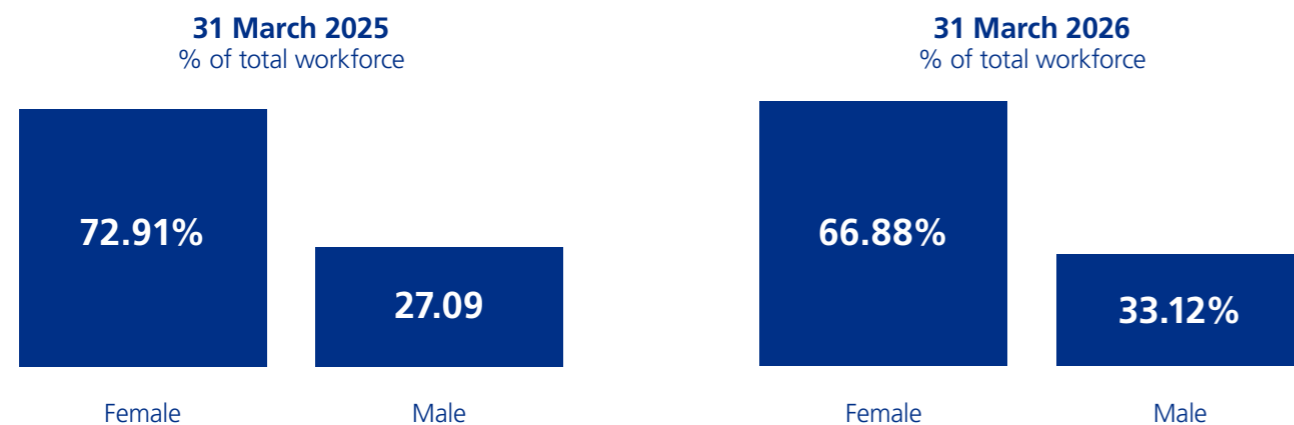
**Age**  
The majority of the Trust's workforce (over 75%) are between 21-50 years of age. The most represented age group is 31-40 (29.72%). The least represented age groups are Under 20 (0.23%) followed by Over 60 (6.79%).

### Workforce by age band



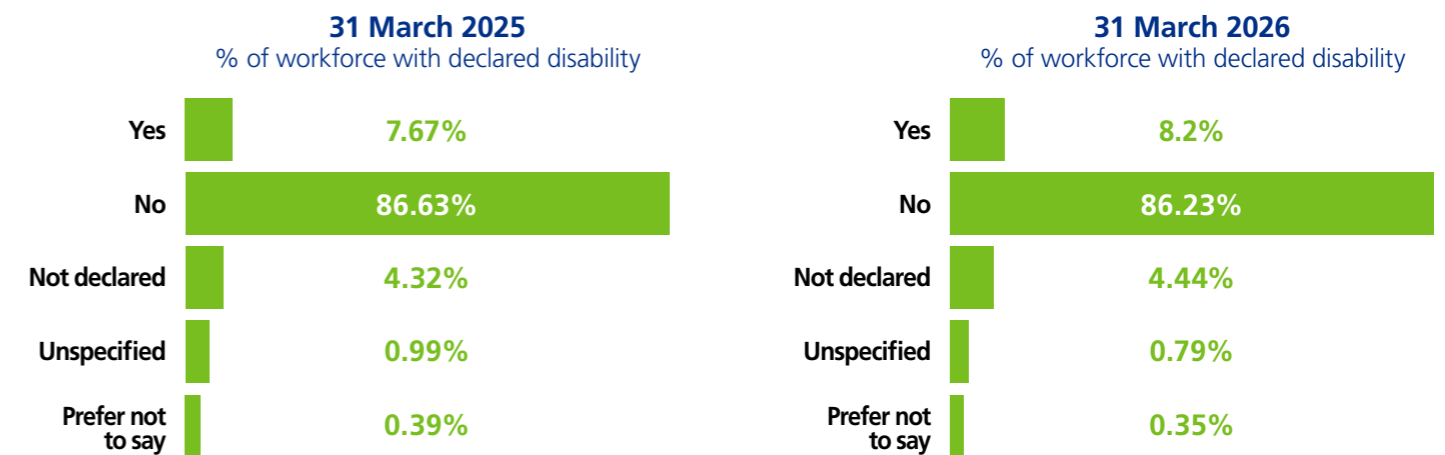
**Gender**  
The Trust has a predominantly female workforce (72.91%), while men make up 27.09% of the workforce. This is a typical employment pattern within the NHS. The split for full-time staff is 66.88% female and 33.12% male, compared to 88.82% female and 11.18% male in part time employment.

### Workforce by gender



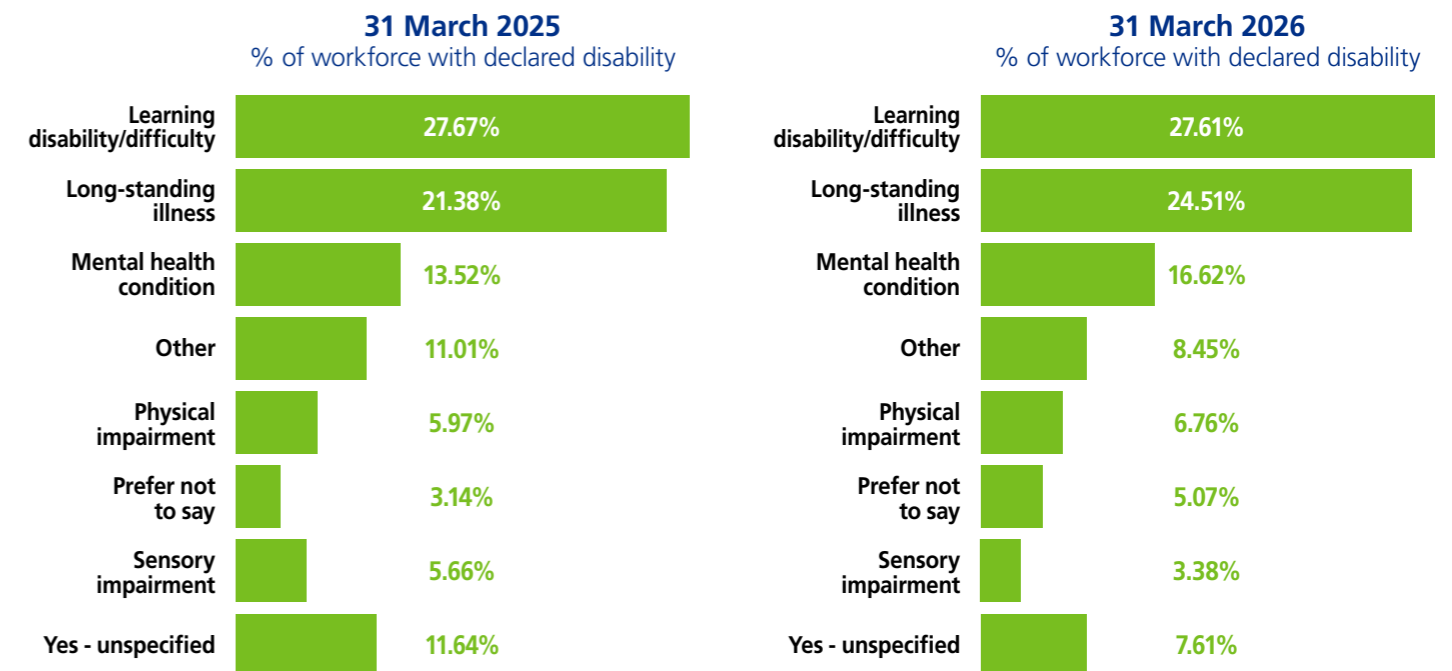
**Disability**  
The data shows that 4.44% of the workforce have "not declared" their disability status. 8.20% of staff have declared they have a disability, and 1.14% have either not specified whether they have a disability, or declined to provide information.

### Workforce by disability



Out of the staff that have declared a disability, 27.61% have specified "learning disability/difficulty", followed by 24.51% having specified "long-standing illness". 7.61% have not revealed the nature of their disability.

### Workforce by nature of disability

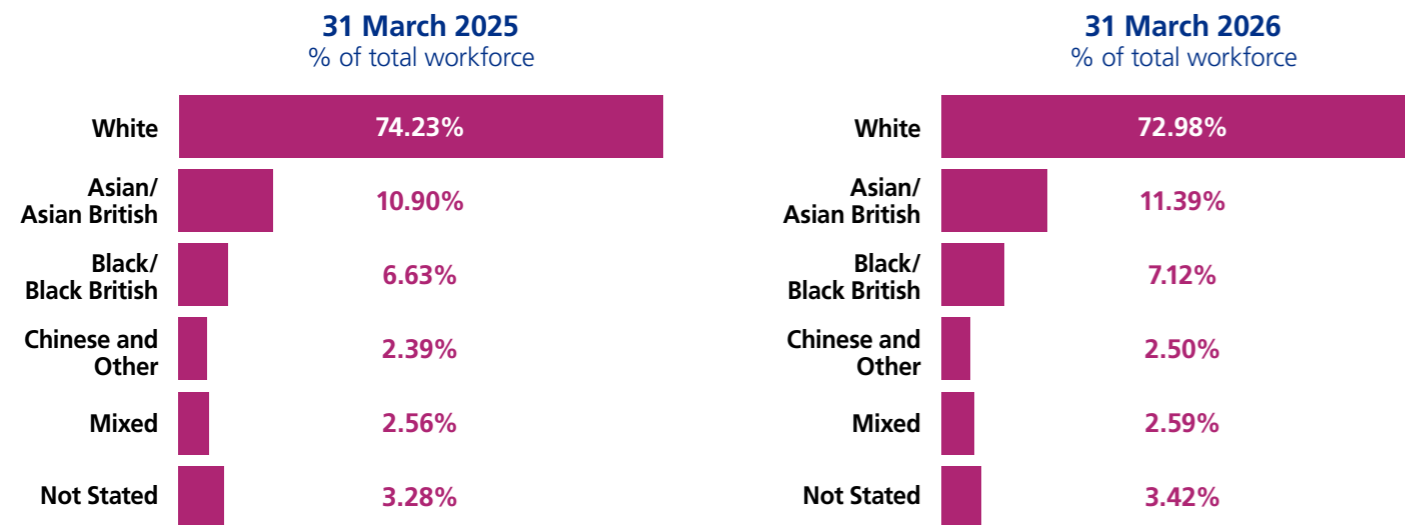


# Our workforce (continued)

## Ethnicity

The data shows that 3.42% of staff have not provided their ethnicity information. 11.39% of staff are Asian/Asian British, 7.12% are Black/Black British and 72.98% are White.

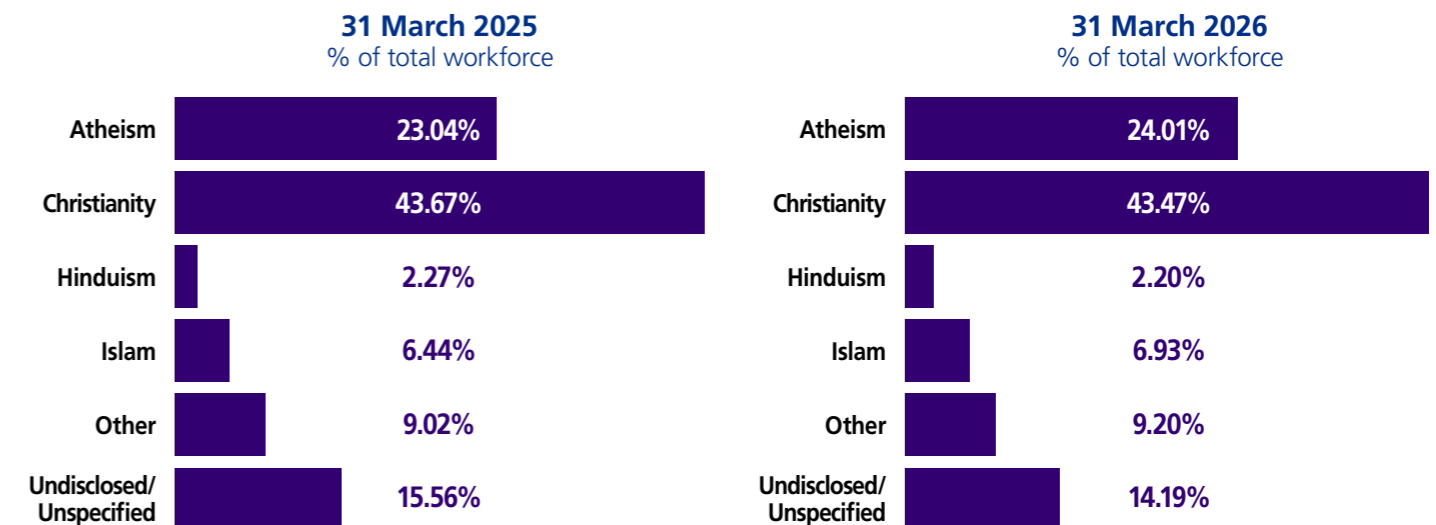
### Workforce by ethnicity



## Religious belief

The data shows that 14.19% of staff have not disclosed their religious belief. 61.80% have declared a religious belief, and 24.01% of staff are atheist.

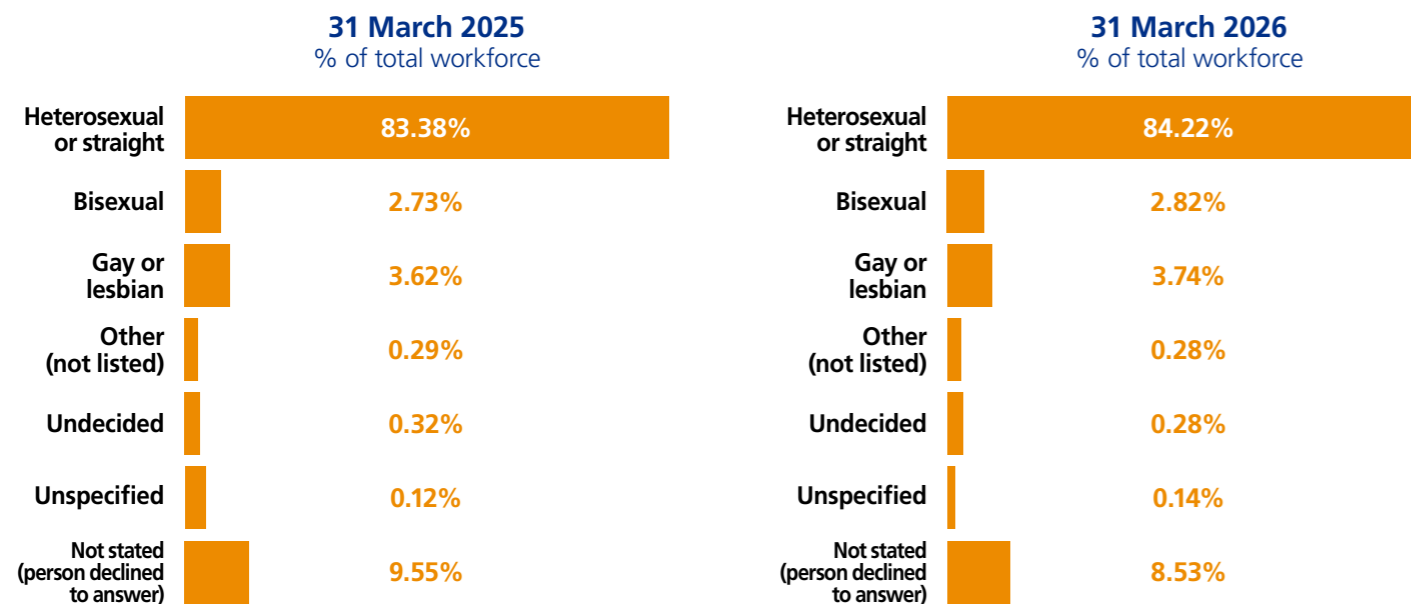
### Workforce by religious belief



## Sexual orientation

The data shows that 8.53% of staff have not disclosed their sexual orientation. 84.22% of staff are heterosexual/straight, and 7.26% are bisexual, gay or lesbian, or another sexual orientation.

### Workforce by sexual orientation



# Our patients



*Demographic data is predominantly generated from the patient registration form provided to patients at the point of their first appointment.*

## Patient equality profile 2024/25

The Christie continues to embed equality and inclusion principles into everyday practice, ensuring that the diverse needs of patients, families, and carers are met. Our work aligns with the Public Sector Equality Duty under the Equality Act 2010 and the Equality Delivery System (EDS) 2022 Domain 1 Action Plan, focusing on improving demographic data and reducing health inequalities.

### Key highlights

**Patient numbers:** 51,600 patients attended at least one outpatient appointment (up from 46,600 in 2023/24). 82% of patients live in Greater Manchester; over 9,100 travelled from other UK regions.

**Progress since last year:** Increased completeness of ethnicity data to 70% (previously lower). Improved outreach and accessibility reflected in higher outpatient attendance.

### Diversity profile:

**Ethnicity:** 64% White British; 5% non-White ethnic minorities.

**Age:** Average age 66; 40% aged over 70.

**Gender:** 49% female, 51% male.

**Religion:** 41% Christian; 2% Muslim; 10% no religion.

**Sexual orientation:** <1% recorded as LGBTQ (underreporting remains).

**Deprivation:** 35% of patients live in the most deprived quintile of Greater Manchester.

### Health inequalities focus:

Targeted actions to improve representation and disclosure in faith and sexual orientation data. Continued collaboration with referral providers for better demographic data capture.

### Key performance indicators (KPIs) for 2026

**Ethnicity data completeness:** Target 85% (current: 70%).

**Religion data completeness:** Target 75% (current: ~60%).

**Sexual orientation disclosure:** Target 3% (current: <1%).

**Patient engagement:** Increase demographic form completion rate by 15%.

**Health inequalities actions:** Deliver 2 targeted outreach initiatives with the community and voluntary sector for underrepresented communities.

See a full copy of the **Patient equality profile 2024/25** is available [here](#) on our website:





One of the areas of work that the Trust will focus on is to ensure that the diversity of those responding to surveys reflects the patient population of the Trust.

## Patient experience

2025 was a year of significant progress for The Christie, marked by ward refurbishments, expansion of 'The Christie at' sites, and consistently positive patient feedback.

### Ward refurbishment programme

The refurbishment programme continued throughout 2025, with ward 12 reopened following improvements to enhance the experience of patients, carers, and staff. Work will continue in 2026, beginning with ward 11.

### Patient experience surveys

#### National Inpatient Survey (2024 results received in 2025)

- Overall care score: 9.2 and 3rd best care score nationally.
- Rated "much better than expected" in 10 of 11 sections and one of only 8 Trusts identified as an outlier for high performance.

#### National Cancer Patient Experience Survey

- Overall care score: 9.2 with 19 questions above the expected range.
- 9 scores significantly improved from 2023.

#### NHS Friends and Family Test

- High satisfaction levels maintained (94%) with strong feedback on staffing, professionalism, explanations and service quality.
- Ongoing focus on ensuring responses reflect the diversity of the patient population.

### Improving Patient Registration

A protected characteristic board, established in 2024, continues to improve completeness of demographic and protected characteristic data. The co-designed patient contact and services form (paper/digital/QR), and awareness raised through SMS campaigns, staff engagement and training during 2025 has improved the patient data we collect. This enables our services to be better tailored to those who use it.

### Looking ahead to 2026

- **Inclusive feedback, digital innovation and education:** Strengthen representation of all communities in patient surveys and enhance the patient portal to support registration and feedback.
- **Environment:** Continue site refurbishments to create modern, patient centred spaces.
- **Patient involvement:** Develop a patient and carer engagement forum and expand co-design.

## Accessible Information Standard (AIS)

### Patient experience surveys

- AIS self assessment (Nov 2025) rated compliance as Amber, with an action plan developed and AIS reporting introduced at the Patient Experience Committee.
- Expanded AIS learning and upskilling, including launching an e learning module and delivery of a Grand Round.
- Strengthened recording of needs in Careflow and CWP and improved identification and recording of communication needs at registration.

Moving forwards, we will work to increase the availability of easy read formats and communication aids, monitor interpreter use and put processes in place for interpreters. We also plan to raise public awareness of our ability to support different communication methods, for example through posters and website information.

We aim to improve accessible complaints routes and review how we code and monitor AIS related issues within our systems.

As a Trust, it is important that we create the conditions to support a healthy workplace by promoting health and wellbeing and creating a positive working environment. This will help prevent stress, improve colleague engagement and enable our colleagues to be at their best.



We have a healthy workplace steering group whose purpose is to provide Trust-wide representation where members agree regular healthy workplace key themes and initiatives, highlight issues, and create defining actions for those identified issues.

Members are responsible for ensuring they communicate healthy workplace initiatives to their divisions ensuring increased levels of engagement and ensuring colleagues are encouraged to participate in events.

We have an on-site colleague engagement stall where we promote a variety of wellbeing campaigns throughout the year such as men's health week, smoking cessation and financial education.

The Trust have been using the NHS health and wellbeing framework organisational diagnostic tool as an evaluation tool is used every 6 months to review whether our interventions could be more impactful and help us to tailor our wellbeing offers.

Good wellbeing means that we:

- feel valued and recognised for our work
- have a sense of belonging/part of a team
- have psychological safety at work
- have permission to access activities and support

This could include physical support that helps colleagues to be at their best, to make the working day easier and the psychological care to help colleagues mental health and wellbeing.

Several new initiatives to support colleague health and wellbeing were introduced during 2025:

- expressing room to support returning parents
- new service provider for our employee assistance programme, Vivup
- the 'real lunch hour' (in partnership with our staff side colleagues)
- trained 45 mental health first aiders
- art classes to support colleagues with stress/mental health conditions via occupational health referral
- The menopause - supporting your team workshops (for those with line management responsibility)



# Health and wellbeing (continued)



## Colleague health and wellbeing support guide

We have a colleague health and wellbeing guide which outlines support available and how this can be accessed.

The guide can be accessed online via HIVE and in print for those colleagues who might not have regular access to HIVE. The guide is reviewed and updated every 6 months.

Figure 1 below shows a breakdown of the information in the guide.



## Sexual safety charter

The Trust has signed up to the NHS sexual safety charter which reiterates our ongoing commitment to ensure that those who work, train, and learn have the right to be safe and feel supported at work.

The charter requires us to commit to 10 principles and to implement the actions it sets out to improve safety at work. We will not tolerate unwanted, inappropriate, or harmful sexualised behaviours in the workplace and are committed to taking action to prevent and address this.

We have made significant progress to fulfil our commitments to the sexual safety charter. Key achievements include the launch of a sexual safety policy, the development of a reporting system, a programme of education and training and a comprehensive communication campaign.

Figure 1



In addition, colleagues can also find support via:

- human resources for employee matters, employment relations, pay and conditions of employment and HR policies, advice and guidance.
- trade unions to help resolve issues or problems related to work and home, provides employment representation, support and advice.
- chaplaincy and spiritual care offer pastoral care, spiritual and religious support, processing feelings and prioritising goals. Provides empathetic listening and therapy and can be contacted via email or telephone.



# Chaplaincy and spiritual care

# EDI Staff Network Groups

Our chaplaincy and spiritual care team contain chaplains, honorary chaplains and leaders from multiple faiths to support our staff and patients.

*In 2025 the chaplaincy and spiritual care team included Christian, Jewish, Muslim, Buddhist and Humanist chaplains and chaplaincy assistants.*

The team continues to support between 70-100 patients a month. In terms of the religion and belief of patients reviewed in 2025 (over 900) the breakdown was as follows: 53% Christian, 3% Jewish, 14% Muslim, and 20% non-religious. Five Buddhist patients were also reviewed over the year, along with 3 Hindus and 1 Quaker, 1 Agnostic and 1 Humanist. These figures are broadly in line with the general breakdown of different religions and beliefs across our patient population, demonstrating an equitable service delivery. In 2025 the chaplaincy and spiritual care team included Christian, Jewish, Muslim, Buddhist and Humanist chaplains and chaplaincy assistants.

The team was also involved in the marking of several religious festivals including Ramadan, Sukkot, Diwali, Hanukah and Advent/Christmas. Inter-Faith Week in November was marked by the offering of free multi-faith snacks, and the opportunity for staff/patients/carers to leave prayers, thoughts and wishes on a special prayer tree.

The team continued to deliver religious/spiritual care training around end of life needs on regular supportive care study days and updated their A-Z guidance document on religions, beliefs and worldviews. The team played an important advisory role in Trust communications over the attacks at Heaton Park Synagogue and Bondi Beach, and gave support to individuals adversely affected by these incidents. Prayer space continues to be provided in our multi-faith room and our brothers and sisters prayer facilities.

Our 8 EDI staff networks have continued throughout 2025, supporting colleagues with in multiple ways.



The 8 EDI staff network groups that support colleagues:

- ethnic diversity group
- rainbow (formerly LGBTQ+)
- faith and belief
- ability and wellbeing
- neurodiversity (new)
- parents and carers (new)
- Armed Forces community (new)
- women and gender Identity (renamed women's group)

Each EDI staff network group has an executive sponsor.



# Volunteers and members

# Events and celebrations

The Trust's Chief Executive, Roger Spencer, thanked our volunteers for their support, commitment and hard work that they have shown over 2025.

Volunteers are important in making our patients' and their families' lives that bit easier when they are feeling at their most vulnerable.

It is great to see the diversity of our volunteer numbers are steadily increasing, and we continue to be grateful for the support that volunteers give to our patients and their families.



## Equality, Diversity and Inclusion (EDI) events.

Throughout the year, our EDI Staff Networks organised and promoted a range of events to celebrate and raise awareness of EDI-related activities.



*We introduced Lunch and Learn sessions as an innovative way to increase awareness and understanding of important EDI topics.*

To support engagement, we developed an EDI calendar, ensuring colleagues were informed about key events and observances across the year.

We introduced Lunch and Learn sessions as an innovative way to increase awareness and understanding of important EDI topics. These sessions were well-received by colleagues who attended, providing an open forum and safe space for learning and discussion.

On 4 June, we hosted a special celebration event to recognise colleagues who successfully completed our in-house Foundation EDI in the workplace training course. Certificates were presented by Eve Lightfoot, Director of Workforce, with support from Novlette Balela OBE, EDI Manager, acknowledging the commitment of staff to advancing equality, diversity, and inclusion within our organisation.

## Schwartz Rounds

Schwartz Rounds continue to provide a structured forum at the Trust for all staff, clinical and non-clinical, to come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of these events is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care.

It can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles. They also help to reduce hierarchies between staff and to focus attention on relational aspects of care.

The underlying premise for the Schwartz Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but provide compassionate care staff must, in turn, feel supported in their work.

Throughout 2025 we ran several Schwartz Rounds on topical themes to support our wider Trust work on inclusion.

To support the implementation of the Trust EDI delivery plan, each division produced a divisional EDI divisional implementation plan.

## Equality, diversity, and inclusion (EDI) divisional plans

The Trust remains committed to creating an inclusive environment where patients, staff, and visitors feel respected and valued. In 2025, we strengthened this commitment by embedding equality, diversity, and inclusion (EDI) principles across all divisions through tailored implementation plans. These plans ensure that EDI is not just a policy but a lived experience within every part of the organisation. The structure of this process will be reviewed during 2026.

## Coordination and governance

- Each division nominated an EDI coordinator to oversee the delivery of its plan and provide quarterly progress updates to the EDI manager.
- EDI champions were appointed to lead engagement activities, organise events, and provide support to staff on EDI-related matters within their divisions.
- 9 EDI coordinators and 29 EDI champions were actively supporting EDI initiatives across the Trust.
- Coordinators and champions met quarterly with the EDI manager and assistant EDI manager respectively to:
  - share best practice
  - celebrate achievements
  - report on progress and activities

## Key achievements in 2025

- All divisions submitted quarterly EDI progress reports which was presented at the workforce committee for assurance.
- EDI awareness events were delivered across divisions, including cultural celebrations and inclusion workshops by the EDI champions.
- A number of staff were engaged in EDI activities and campaigns.
- EDI champions supported staff queries related to inclusion and accessibility.
- 2 divisions received internal awards for outstanding EDI initiatives.

Our focus during 2025 has been on growing our staff network voice through awareness events and lunch and learns

The Trust continues to support the growth of our staff networks, providing a platform to amplify all types of voices in the work and decisions we undertake.

Our REACH staff network has led successful events for black history month, including a steel pan band and discussion-based lunch and learn activities. The insight and expertise they bring to supporting colleagues and championing diverse thinking and practice has been well-received.

Our education and learning has continued with access to different learning modules on our Christie Learning Zone platform, with support from the Christie Institute of Cancer Education.



# Education and learning (continued)



## The Christie Institute for Cancer Education – 2025

At The Christie Institute for Cancer Education, our core focus is on equity, inclusion, and involvement as fundamental to providing high-quality cancer care. We recognise that care quality depends on workforce confidence, well-being, understanding of lived experiences, and the ability to tackle social and psychological factors affecting health.

Throughout 2025–26, our focus has been on strengthening education as a driver of health equity, workforce support, and improved access and experience of care.

**Addressing health inequity through education**  
Structural, systemic, and social exclusion significantly impact the ways people access and experience care. Addressing health inequity is at the core of our educational strategy and aligns with the Core20PLUS5 approach.

We have prioritised education that supports a biopsychosocial understanding of cancer care, helping staff recognise and respond to the wider determinants of health that shape patient experience. This includes raising awareness of exclusion, stigma, and structural barriers, and supporting more inclusive, compassionate, and responsive practice across the workforce.

**Building awareness and inclusive capability**  
Bespoke education on equity, diversity, inclusion and belonging has continued to support staff development across the organisation. Weekly reflective Listen and Act sessions bring colleagues together to share experiences, explore different perspectives and reflect on broader social issues affecting patients and communities.

These sessions support professional confidence, psychological safety and learning across roles and disciplines, helping staff navigate complexity and deliver respectful, person-centred care informed by lived experience.

**Learning support that removes barriers**  
Inclusive care depends on a workforce that can learn and develop without fear of stigma. This year, we strengthened our confidential learning support offer, enabling colleagues, students and learners to access one-to-one support independently of line management. Support includes personalised learning plans (shared only

with consent), practical recommendations, and guidance for supervisors. It is embedded across mandatory education, study days, placements, and professional development. This approach has improved engagement and completion, supported people with unmet learning needs, and helped normalise support as part of everyday learning.

A broader catalogue of NHS-approved assistive software is also being developed to improve access to learning adjustments further.

### Wellbeing, reflection and belonging

We continue to prioritise reflective practice and staff wellbeing through Schwartz Rounds. This year saw increased delivery, flexible formats, and the first joint Schwartz Round with The Clatterbridge. These spaces allow staff to reflect on the human and emotional impact of their work, connect with colleagues across professions, and process their emotional experiences in a supportive environment. This contributes to resilience, compassion and a more supportive workplace culture.

### Widening participation and inclusive pathways

Widening participation remains a key part of our commitment to equity. We have continued to prioritise opportunities for care-experienced young people, young carers, disabled and neurodivergent learners, and those facing social or economic disadvantage.

Working with local councils, colleges, community organisations and virtual schools, we have provided structured placements with strong pastoral support for young people not in education, employment or training.

Supported internships continue to play a key role in this effort. During the first term of 2025–26, five supported internships were completed, with interns participating in various placement rotations. In our third year of providing these internships, both the quality of placements and departmental confidence have improved further, with trauma-informed approaches now integrated into all teams.

Progression continues to be a key focus. One former intern has obtained part-time work in domestic services, and two others are being supported toward paid roles in catering after completing Level 2 Food safety training.

We continued our supported employability programme for looked-after young people, with one participant moving into a job at a local nursing home, aided by personalised guidance and references. Additionally, we helped our first young carer through a customized introduction-to-medicine programme, which included clinical shadowing as well as academic and interview support.

### Social value investment

In September 2025, the MasterCall Social Value Committee granted £5,000 to promote wider participation. This support covered key placement expenses like uniforms and meals, and reimbursed departments for reasonable costs, helping to eliminate financial barriers and ensure fair access to opportunities.

### Community-led cancer education

This year, a key development focus has been establishing community-led cancer education. In the next phase of our Experts by Experience programme, we are strengthening connections with community hubs.

This effort goes beyond just consulting, aiming instead for true co-production where education is shaped by real experiences and truly meets the needs of the communities we care about. We've also secured seed funding to help us get started with initial delivery and prove our ideas work.

### Looking ahead

As awareness of inclusive support and education grows, so does the demand. We're dedicated to maintaining effective practices, building strong community partnerships, and making equity a core part of education – helping to improve access, experiences, and outcomes in cancer care for everyone.



*Throughout 2025–26, our focus has been on strengthening education as a driver of health equity, workforce support, and improved access and experience of care.*



The respectful resolution toolkit was co-created with 'A Kind Life' to create a positive, values-led culture. The toolkit has been developed to resolve issues of bullying or inappropriate behaviour, whether one off or repeated (see ACAS definition of bullying).

## Respectful Resolution

Respectful resolution approach is based on reflection, empathy, dialogue, de-escalation, and the principles of natural justice.

The focus on the respectful resolution toolkit during 2025 has been around the implementation of step 1 - creating a safe culture. This step begins to

raise awareness, tackle and prevent inappropriate behaviour and its impact on teams in the workplace.

Teams across the Trust use stage 1 of the toolkit to have culture, values and behaviour focused conversations within teams. Specific sessions for managers have also been run for managers with support from the Maguire Advanced Communications Unit and the Trust's organisational development team.




*Respectful resolution approach is based on reflection, empathy, dialogue, de-escalation, and the principles of natural justice.*



We have progressed many things during 2025 and now look ahead to 2026. We'll be bringing in our new inclusive culture strategy and new methods of engagement to further our process of integrating equality, diversity and inclusion into everything we do.





Keep up-to-date with all our news from  
the latest Christie developments to charity events.

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