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# NHS Equality Delivery System 2022

## EDS Reporting

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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: [www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

The EDS is an improvement tool for patients, staff, and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement, and insight.

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

## NHS Equality Delivery System (EDS)

<b>Name of Organisation</b>	Liverpool Heart and Chest Hospital	<b>Organisation Board Sponsor/Lead</b>		
		Rachael McDonald – Director of People Jen Taylor – Director of Nursing		
<b>Name of Integrated Care System</b>	Cheshire and Merseyside ICS			

<b>EDS Led</b>	Claire Harvey Peter Cook		<b>At what level has this been completed?</b>	
				<b>*List organisations</b>
<b>EDS engagement date(s)</b>	Domain 1 – 8 <sup>th</sup> January 2026 Domain 2 – 7 <sup>th</sup> January 2026		<b>Individual organisation</b>	Healthwatch
			<b>Partnership* (two or more organisations)</b>	Staff Network Leads Governors
			<b>Integrated Care System-wide*</b>	

<b>Date completed</b>	16/01/2026	<b>Month and year published</b>	Feb 2026
<b>Date authorised</b>		<b>Revision date</b>	

## 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 with 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>
– 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>

## Background

In August 2022, NHS England and Improvement published the latest version of the Equality Delivery System (EDS), this is a tool that requires NHS organisations to collate evidence against several outcomes relating to equality, diversity, and inclusion (EDI) and health inequalities.

The evidence is then required to be graded by a range of key stakeholders from LHCH and the wider community.

The EDS will review the Knowsley Community Respiratory Service, the three services reviewed as part of the EDS are Rapid Response, Pulmonary Rehab and Oxygen Service.

The Knowsley Community Respiratory Service (KCRS) was set up to improve disease management in the community, linked primary & secondary care, and rapid-response, etc.



Respiratory disease, which includes COPD, continues to be a major cause of disability and premature mortality in the UK. Respiratory disease is the second leading cause of death in the UK. Accounting for 20% of deaths, not far behind cancer at 21%. (Consultation on a Strategy for Services for Chronic Obstructive Pulmonary Disease (COPD) in England Draft Equality Impact Assessment).

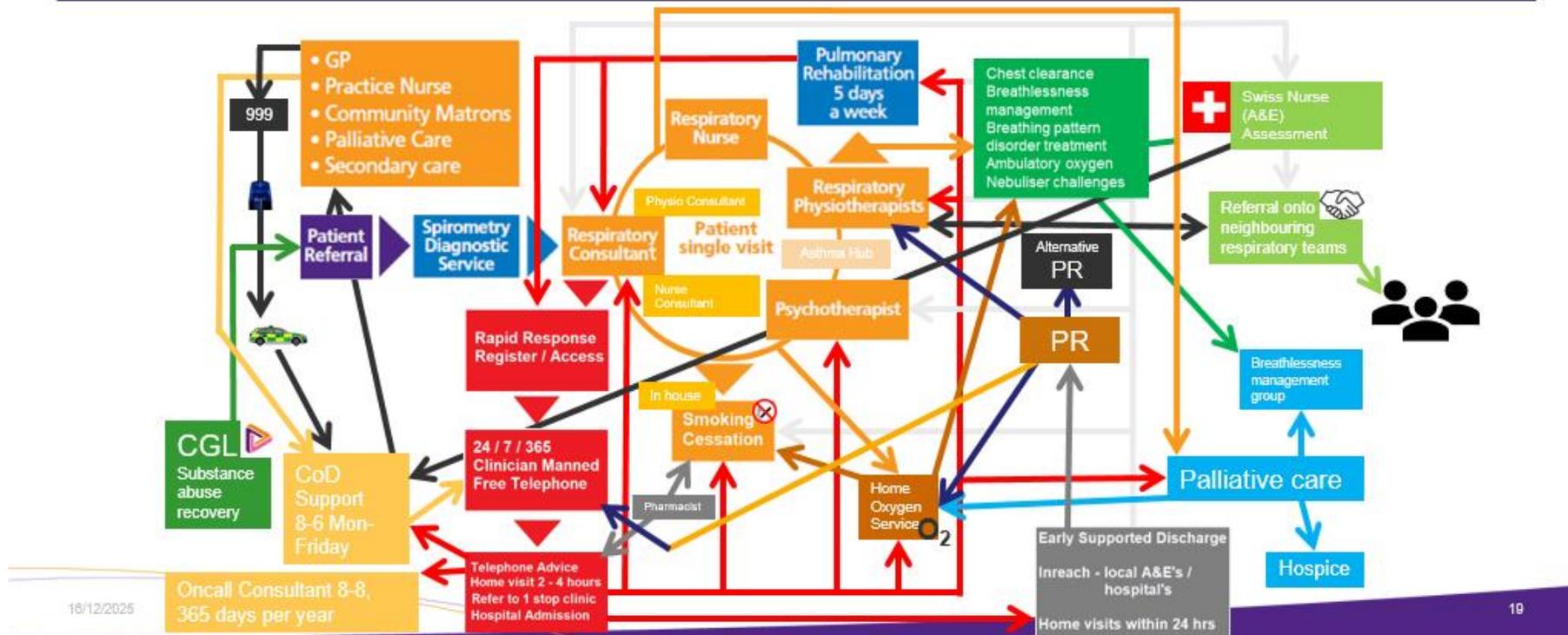
In England the mortality rate for respiratory disease is 59,475, equal to 106.9 per 100,000 (2022); in the Northwest region this is 136.0 per 100,000 (2022). Knowsley is one of five local authorities in Merseyside, in the Northwest of England. Of the 326 local authorities in England, Knowsley had the highest mortality rate due to respiratory disease. The population of Knowsley is

estimated to be 154,517 (Census 2021), with a prevalence of female over male (52% vs 48%). Population growth was higher in Knowsley than anywhere else in the Northwest. The highest proportion of residents were aged between 50-64. Males in Knowsley have a life expectancy of 58.7 years and females of 60 years.

Prevalence of COPD is higher in the north of England and in deprived areas; it is estimated that prevalence in the most deprived areas is almost double that of the least deprived. According to the Indices of Deprivation (2019) Knowsley is the second most deprived borough in England. In 2019, 25.1% of the population were income deprived (ONS) and over 50% of the neighbourhoods were among the 20 percent most deprived in England (ONS). The eight most deprived boroughs in England are shown below, with Knowsley being the most deprived

#	AREA	DISTRIBUTION	URBAN/RURAL CLASSIFICATION	% INCOME DEPRIVATION	% INTERNAL DISPARITY	MORAN'S I
1	Knowsley	More deprived	Urban with Major Conurbation	25.1	50.5	0.44
2	Middlesbrough	More deprived	Urban with City and Town	25.1	55.6	0.63
3	Blackpool	More deprived	Urban with City and Town	24.7	55.3	0.55
4	Liverpool	More deprived	Urban with Major Conurbation	23.5	50.4	0.65
5	Hartlepool	More deprived	Urban with City and Town	22.8	44.1	0.39
6	Kingston upon Hull, City of	More deprived	Urban with City and Town	22.7	47.6	0.55
7	Birmingham	More deprived	Urban with Major Conurbation	22.2	54.5	0.56
8	Manchester	More deprived	Urban with Major Conurbation	21.9	47.4	0.54

# INTEGRATED ~~COPD~~ RESPIRATORY SERVICE 2025



18/12/2025

Health inequalities remain a key challenge for Merseyside with levels of deprivation worse than the England average. LHCH aims for every patient to receive the same high quality of care, regardless of where they live, what health condition they are experiencing, or any other personal characteristic that may affect their experience of accessing health care services. LHCH is also committed to building a workforce in which each employee can enjoy a strong sense of belonging and where diversity, difference and uniqueness are truly valued. At LHCH, we want staff to encourage positive behaviour, challenge unacceptable behaviour and raise any concerns about equality and diversity.

**diverse inclusive together**

**Equality, Diversity, Inclusion & Belonging Strategy (EDIB)**

Liverpool Heart and Chest Hospital **NHS**  
NHS Foundation Trust

**Our ambition:**  
*To have a culture of belonging and trust and to understand, encourage and celebrate diversity in all its forms.*

**Our Pledges – Big Picture**

- ❖ Celebrate and support diversity, inclusion and the belonging of our people and build an inclusive culture through our staff inclusion networks.
- ❖ Encourage people from diverse backgrounds to access and develop their NHS Careers and ensure the workforce is representative of the communities that we serve
- ❖ Develop and improve our equality performance and increase diversity within our board and senior leadership teams
- ❖ Commit to a more concerted and systematic approach to reducing health inequalities and addressing unwarranted variation in care, particularly within underrepresented groups

**How we will do this – Equality Objectives**

1. Enhance the visibility of all EDIB activity across the organisation, engage and encourage our employee voice and build and grow our LHCH Belong Inclusion Network
2. Overhaul our recruitment, promotion and flexible working practices, increase leadership diversity across the organisation and widen employment opportunities to support our community
3. Improve experiences for our ethnic minority and disabled workforce as outlined in the Workforce Race / Disability Equality Standard (WRES/WDES) and Anti Racist Framework
4. Create a compassionate and inclusive culture through a review and refresh of our leadership training and development programme and EDIB training offer
5. Improve the quality of our equality information to facilitate better decision making and ensure compliance with the Public Sector Equality Duty (PSED) and other national equality requirements
6. Reduce the barriers experienced by patients, individuals and specific groups who engage with LHCH and identify how to address issues in relation to health inequalities to support better outcomes for all
7. Improve patient access and experience to reduce the inequality gap, ensuring patients with learning difficulties and/or language needs are able to access our services

**What success will look like:**

- Improved recruitment and retention; LHCH becomes an employer of choice
- Reduce the number of people reporting personal experience of harassment, bullying or abuse
- Increased diversity in our workforce composition
- Improved patient and staff experience as measured by the patient and staff survey (top score for People Promise (we have a voice that counts and we are compassionate and inclusive )
- Progressive development of LHCH Belong Inclusion Network and staff voice
- Improved experiences of our ethnic minority and disabled workforce through WRES/WDES
- Achieve Employee Recognition (ERS) Silver and Veterans Aware Accreditation
- Improved results from national standards e.g. WRES/WDES and EDS2/3

## Domain 1: Commissioned or provided services.

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services.</i>	1A: Patients (service users) have required levels of access to the service	<p><b>See appendix 1 – Evidence Presentation</b></p> <ul style="list-style-type: none"> <li>• There are 5 different community venues that patients can access.</li> <li>• Patients have access to other community based services.</li> <li>• Feedback from patients shows that they are happy with the location of their appointment.</li> <li>• The Rapid response service is available 24 hours a day 7 days a week. This service is able to administer Patient group directions (PDG's) if necessary. This prevents the patient from having to attend their GP / AED for a prescription.</li> <li>• Home and Digital PR can be accessed anywhere.</li> <li>• Interpreting and Translation information is available if required for patients.</li> </ul>	2	Claire Harvey – Divisional Director of Nursing for Medicine and L&D Lead

		<ul style="list-style-type: none"> <li>LHCH has an enhanced care Matron who will support as required with patients and their families.</li> </ul>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p><b>See appendix 1 – Evidence Presentation</b></p> <ul style="list-style-type: none"> <li>Different communication options are available where helpful – e.g. translation services (DA.Languages Limited), letters in braille or larger font sizes.</li> <li>Different types of appointments are available – e.g. virtual clinic support, telephone clinics, and late clinics after work/school.</li> <li>Education is available for patients.</li> <li>Patients have access to other community-based services.</li> </ul>	2	<p>Claire Harvey – Divisional Director of Nursing for Medicine and L&amp;D Lead</p>

	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p><b>See appendix 1 – Evidence Presentation</b></p> <ul style="list-style-type: none"> <li>• Equality, Diversity and Inclusion training is mandatory for all staff members within LHCH.</li> <li>• Learning and Sharing is evident when incidents do arise.</li> </ul> <p><u>SWARM KCRS May 2025</u> <u>KCRS Mistaken Identity Incident July 2025</u></p> <ul style="list-style-type: none"> <li>• KCRS have a good reporting culture with 32 incidents recorded between April – Dec 2025.</li> <li>• KCRS attend the Trust wide safety huddle daily.</li> <li>• KCRS attend the weekly patient safety learning meeting.</li> <li>• The KCRS matron is proactive in reporting, managing and escalating any identified risks.</li> </ul>	<p>2</p>	<p>Claire Harvey – Divisional Director of Nursing for Medicine and L&amp;D Lead</p>
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	<p>1D: Patients (service users) report positive experiences of the service</p>	<p><b>See appendix 1 – Evidence Presentation</b></p> <ul style="list-style-type: none"> <li>• Patients have various routes for providing feedback. Informal feedback is often received in the form of cards, thank you letters, verbal feedback / compliments.</li> </ul> <p>Patient feedback <a href="#">Apr - Dec 25 (002).pdf</a></p> <ul style="list-style-type: none"> <li>• 11 Good care records via inphase have been completed between April – Dec 2025.</li> <li>• Interpreting and Translation information is available if required for patients and their families.</li> <li>• Patient experience and engagement events are organised at LHCH.</li> </ul>	<p>2</p>	<p>Claire Harvey – Divisional Director of Nursing for Medicine and L&amp;D Lead</p>
<p><b>Domain 1: Commissioned or provided services overall rating</b></p>			<p>AA</p>	

## Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>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	<ul style="list-style-type: none"> <li>• LHCH’s people plan</li> <li>• LHCH’s EDIB Strategy/Action Plan</li> <li>• LHCH’s WRES and WDES reporting</li> <li>• Sickness absence reporting from performance reports</li> <li>• Information on the Trust wellbeing offer</li> <li>• Information on the Occupational Health Service</li> <li>• Employee Assistant Programme</li> <li>• Psychological Staff Service</li> <li>• Health and Wellbeing Lead &amp; Group</li> <li>• 2024 Staff Survey Results</li> <li>• Health and Wellbeing questions split by protected characteristics</li> <li>• Flexible working Requests</li> <li>• Staff Networks</li> <li>• Reasonable adjustments</li> <li>• Monitoring of Staff demographics</li> <li>• Reiki</li> <li>• Free Staff Gym</li> </ul>	1	<p>Steph Keelan – HR Business Partner &amp; Wellbeing Lead</p> <p>Peter Cook – Head of Employment Services and EDIB</p>

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> <li>• LHCH’s People Plan</li> <li>• LHCH’s EDIB Strategy/Action Plan</li> <li>• LHCH’s WRES/WDES/GPG reporting</li> <li>• LHCH’s Policies on bullying, harassment and abuse.</li> <li>• A breakdown of incidents relating to violence and aggression reported via inPhase</li> <li>• 2024 Staff Survey – bullying, harassment and physical violence questions</li> <li>• Restraint training for staff</li> <li>• Speak out safely campaign</li> <li>• Freedom to Speak Up Guardians</li> <li>• InPhase Reporting</li> <li>• Training sessions – for managers and staff to attend</li> <li>• Staff Networks</li> <li>• External Charter marks – including Navjo</li> <li>• Themed afta thought sessions with subjects of racism and homophobia</li> <li>• External speakers with lived experience of harassment and bullying</li> <li>• Trust wide Anti Racism campaign</li> <li>• Trust wide Anti Homophobia/Transphobia campaign</li> <li>• Sexual Safety Training and Champions</li> </ul>	<p>2</p>	<p>Steph Keelan – HR Business Partner &amp; Wellbeing Lead</p> <p>Peter Cook – Head of Employment Services and EDIB</p>
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	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment, and physical violence from any source</p>	<ul style="list-style-type: none"> <li>• LHCH’s People Plan</li> <li>• LHCH’s EDIB Strategy/Action Plan</li> <li>• Trust WRES, WDES reporting to review changes in the Trusts scoring</li> <li>• Information on Freedom to Speak Up</li> <li>• Information on Employee Relations policies including equality impact assessment of those policies</li> <li>• Information on Staff Networks</li> <li>• Access to Occupational Health Support</li> <li>• Access to Employee Assistant Programme</li> <li>• 1-2-1 sessions with EDIB &amp; Wellbeing Officer</li> <li>• Support from HR Business Team</li> </ul>	2	<p>Steph Keelan – HR Business Partner &amp; Wellbeing Lead</p> <p>Peter Cook – Head of Employment Services and EDIB</p>
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> <li>• LHCH Staff Survey results for 2024 - scored as a top five Trust in the country for place to work and care is our top priority</li> <li>• LHCH’s People Plan</li> <li>• LHCH’s EDIB Strategy/Action Plan</li> <li>• Trust WRES/WDES/GPG reporting</li> <li>• Information on exit interviews</li> <li>• Reduced turnover rate</li> </ul>	2	<p>Steph Keelan – HR Business Partner &amp; Wellbeing Lead</p> <p>Peter Cook – Head of Employment Services and EDIB</p>
<b>Domain 2: Workforce health and well-being overall rating</b>			AA	

### Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<b>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			
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed			
	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>Domain 3: Inclusive leadership overall rating</b>				
<b>Third-party involvement in Domain 3 rating and review</b>				
<b>Trade Union Rep(s):</b>		<b>Independent Evaluator(s)/Peer Reviewer(s):</b>		

EDS Organisation Rating (overall rating): Achieving

Organisation name(s): Liverpool Heart and Chest Hospital

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 Action Plan</b>	
<b>EDS Led</b>	<b>Year(s) active</b>
Claire Harvey	2026/2027
<b>EDS Sponsor</b>	<b>Authorisation date</b>
Jen Taylor – Director of Nursing Rachael McDonald – Director of People	Jan 2026

<b>Domain</b>	<b>Outcome</b>	<b>Objective</b>	<b>Action</b>	<b>Completion date</b>
<b>Domain 1: Commissioned or provided services.</b>	1A: Patients (service users) have required levels of access to the service	Review Patient Feedback	<ul style="list-style-type: none"> <li>• Ensure FFT question asks patients regarding their access to the services.</li> <li>• Work with Healthwatch to support access to service from hard to reach communities</li> </ul>	March 26

	<p>1B: Individual patients (service users) health needs are met</p>	<ul style="list-style-type: none"> <li>• Focus on Knowsley population needs and the wider population at PLACE and ICB level</li> </ul>	<ul style="list-style-type: none"> <li>• Work with external commissioners and providers.</li> <li>• Raise awareness of the live well directory</li> </ul>	<p>March 26</p>
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<ul style="list-style-type: none"> <li>• Ensure all incidents and near misses are reported on Trust reporting system InPhase</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure any necessary investigations are undertaken thoroughly</li> <li>• KCRS Matron to monitor monthly incident reporting</li> </ul>	<p>March 26</p>
	<p>1D: Patients (service users) report positive experiences of the service</p>	<ul style="list-style-type: none"> <li>• To improve the quality and quantity of feedback data and to communicate how feedback is acted on.</li> </ul>	<ul style="list-style-type: none"> <li>• To explore electronic FFT data collection.</li> <li>• To include feedback sharing in monthly Divisional board.</li> </ul>	<p>March 26</p>

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	<p>Ensure staff have access to health meal options throughout the working day.</p> <p>Review the current Health and Wellbeing meetings and the HWB Champions</p>	<ul style="list-style-type: none"> <li>• Work with Trust catering team and partner Trusts to review meal options</li> <li>• Relaunch the HWB Group and ensure regular group meetings are booked in.</li> <li>• Refresh the HWB Champions offer, including training and members</li> </ul>	March 27
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p>Senior leadership support across the LHCH Site</p> <p>Mandate Training for all managers on supporting staff</p>	<ul style="list-style-type: none"> <li>• Hospital Leadership Team (HLT) becoming staff network sponsors</li> <li>• Senior Leaders attend the lived experienced training sessions</li> <li>• Members of the HLT to attend training</li> </ul>	March 27

	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment, and physical violence from any source</p>	<p>Review current Trust offer and relaunch across LHCH</p>	<ul style="list-style-type: none"> <li>• Refresh the current EAP offer, making it more accessible for staff members</li> <li>• Review the possibility of in-house staff counselling</li> <li>• Develop a support library of resources and refresh intranet site</li> <li>• Relaunch wellbeing champions</li> </ul>	<p>March 27</p>
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Collate what works well currently across LHCH and what can be improved</p>	<ul style="list-style-type: none"> <li>• Review staff feedback and develop action plan on improvements required across the Trust</li> </ul>	<p>March 27</p>

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities			
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed			
	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			

## **Appendix 1**

### **Knowsley KCRS Evidence Presentation**

[KCRS Presentation](#)

## **Appendix 2**

### **Staff Wellbeing Presentation**

[Staff Wellbeing Presentation](#)