

Classification: Official

Publication approval reference:



NHS Equality Delivery System EDS Reporting Template

Version 1, 14 January 2026

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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/

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

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

NHS Equality Delivery System (EDS)

Name of Organisation	New Medical Systems Limited trading as Newmedica	Organisation Board Sponsor/Lead		
		Andrea O’Connell, Clinical Quality and Governance Director		
Name of Integrated Care System	n/a			

EDS Lead	Clinical Quality and Governance Director	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	October 2025 – January 2026	Individual organisation	Newmedica	
		Partnership* (two or more organisations)	N/a	
		Integrated Care System-wide*	N/a	

Date completed	January 2026	Month and year published	January 2026
Date authorised	24 January 2025	Revision date	January 2027

Completed actions from previous year	
Action/activity	Related equality objectives
Continuing to follow up on Great Place to Work plans locally and companywide. 90% of staff said they were proud to tell others that they work here in the 2025 GPTW survey. There is no specific question around recommending treatment at the organisation.	Staff recommend the organisation as a place to work and receive treatment.
Support services in implementation of Accessible Information Standard. The AIS standards have been implemented and are now being embedded. The Open Eyes upgrade has enabled a simple acknowledgement and identification of the needs required and actions to be taken. Over the next 12 months we will be monitoring compliance and developing an audit tool.	Individual patients (service users) health needs are met.
Link in with the UK Health Security Agency and Office for Health Improvement and Disparities messaging in relation to support colleagues to manage obesity, diabetes, asthma, COPD and mental health conditions	When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions

EDS Rating and Score Card

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

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

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

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> - Prior to deciding where to situate a service, the following areas are looked at: Demographics, Optical Market Data, Hospital Eye Service Data, service needs. - When considering building requirements the following areas are reviewed: accessible properties close to or on major routes, properties with landmarks/adjacencies that may be familiar to the patient base, ample parking, public transport accessibility. - A transport solution is offered to patients. - All Newmedica buildings comply with Equality Act requirements and EA compliance. Where Newmedica are tenants, landlord discussions take place to ensure there is an EA compliance discussion and an action plan in place. Building compliance is reported into clinical governance committee on a quarterly basis. - Website complies with the Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility 	3	Clinical Quality & Governance Director

		<p>Regulations 2018. It is reviewed frequently and benchmarked against other industry sites.</p> <ul style="list-style-type: none"> - All OJV's are linked to local charities supporting sight loss. This provides a greater insight into local issues faced by the population around sight loss. The support office is linked to a national sight loss charity. - All OJVs have a H&S champion with direct access to the H&S manager for support and guidance relating to access. - The referrals team and OJVs ensure patients with higher risks due to protected characteristics are prioritised e.g. individualised pathways for patients with Learning Disabilities. 		
	<p>1B: Individual patients (service users) health needs are met</p>	<ul style="list-style-type: none"> - Translation services are available at all sites. Bookings are adapted to allow more time for discussion. - A free transport solution is offered to patients who need it. - Services users are made aware of healthy living advice. - Service users are supported through external sight loss charity partnerships and additional information guides can be made available in alternative formats where required. 	<p>2</p>	<p>Clinical Quality & Governance Director</p>

		<ul style="list-style-type: none"> - Translation services also offer video and or face to face British sign language. - Dementia awareness is part of mandatory training. - Oliver McGowan mandatory training to support patients with learning disabilities. - Safeguarding mandatory training and bi-monthly safeguarding supervision session are in place led by an external safeguarding specialist. - The team are encouraged to raise concerns regarding service users at risk or unable to access help for themselves and escalate them in line with local processes. Safeguarding concerns are discussed monthly at the Clinical Governance Committee. - All patients are encouraged to complete a lifestyle questionnaire to support individualised care. These are uploaded to Open Eyes to ensure all relevant service staff have oversight. - Easy read complaints policy and PSIRF patient information booklet produced. 		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<ul style="list-style-type: none"> - Our pathways are developed in line with GIRFT, NICE, the College of Ophthalmologists and NHSE guidelines. 	3	Clinical Quality & Governance Director

		<ul style="list-style-type: none"> - Service staff are trained, and competency assessed to ensure they deliver their element to the highest standards. Each service has a clinical lead who is an ophthalmologist and partner in the business and therefore invested in the service delivering the highest clinical standards. - All new service activations are supported by the patient safety and quality team to support delivery of safe care. - All services have an annual Quality and Patient Safety Inspection. - Our rigorous onboarding process ensures that all employees including permanent, locum and bank adhere to NHSE standards in terms of DBS / enhanced DBS based on their role. Professional staff must evidence their qualifications and ongoing appraisals before completing a national and local induction and competency assessment by the most suitable clinical leader (e.g. Theatre Lead, Glaucoma Lead etc.) with ultimate accountability held by the Clinical Director appointed the service's Clinical Lead. - Service and Support Office teams are encouraged to report all incidents to 		
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		<p>ensure that learning is shared across the business. Incident reporting has increased over the course of the last year, demonstrating a positive incident reporting culture.</p> <ul style="list-style-type: none">- Incident and complaint themes and trends are discussed at the Clinical Governance Committee and the Medical Advisory Committee.- Integrated Governance Dashboards have been implemented and illustrate trends and themes at a company wide and OJV level for discussion via governance structures from Board to Service level.- Learning handbook in place and disseminated across services to illustrate and share key learning points monthly.- Implementation of PSIRF to ensure appropriate learning responses to each incident.- Staff have access to Freedom to Speak Up Guardians and an anonymous platform to share their concerns. We are in the process of implementing SafeCall to enhance our current offering for staff to raise concerns confidently and anonymously.		
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	<p>1D: Patients (service users) report positive experiences of the service</p>	<ul style="list-style-type: none"> - The number of compliments received per month is currently increasing month on month with approximately 200 compliments recorded each month. - Patients are encouraged to complete a feedback questionnaire in line with the NHS Friends and Family test after each appointment. 99.4% of people rating our service as good or very good. - 90% of carers rating our service as good or very good. - NHS and Google reviews are predominantly 4 or 5 stars. - Feedback is shared with each service for review at their monthly all stop day service meetings for consideration of improvement ideas. - Patient Reported Experience Measure consistently achieve a 90%+ rating in the question How likely are you to recommend your consultant to friends and family should they require similar treatment. 	<p>3</p>	<p>Clinical Quality & Governance Director</p>
<p>Domain 1: Commissioned or provided services overall rating</p>			<p>11</p>	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;">Domain 2: Workforce health and well-being</p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<ul style="list-style-type: none"> - Newmedica provides a range of benefits to employees. This includes free access to a mental health app, employee assistance programme and private medical insurance, Mental Health First Aiders and Wellbeing Ambassadors who promote health promotion. - Wellbeing awareness campaigns, including walking challenges. - Emotional wellbeing toolkit in areas such as reducing stress and quality of sleep. - Physical wellbeing hub with ideas and tips to support maintaining physical wellbeing. - Social wellbeing hub including a social wellness toolkit. - Employees receive protected one to one time with their line manager as well as team days. - The organisation has launched well-being ambassadors across both the OJV's and Support Office. They can support, lead, signpost and implement wellness programmes. - Health benefits that services could offer their employees are reviewed annually to ensure these benefits are continually enhanced. - Newmedica Workforce have access to and are encouraged to join Colleague Networks that are support forums 	<p>2</p>	<p>People Director</p>
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		<p>covering LGBTQ+, menopause, race equality, women's achievements, and neurodiversity etc.</p> <ul style="list-style-type: none"> - Guest Speakers on wellbeing topics form part of the wellbeing Calendar each year on a range of wellbeing / health topics. - Cycle to Work Scheme in place as one of the Newmedica benefits. - Teams share wellbeing stories, as part of our communications tool, to prompt and encourage others to take part in wellbeing initiatives - Central HR and Business Partners support and signpost managers and leads to support team members with long terms and short-term health conditions. 		
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	<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"> - National Freedom to Speak Up Guardians contact details are publicised in every service with freedom to speak up champions in place. FTSU policy has been relaunched to ensure that everyone is reminded of the importance of an open and honest culture. We have increased the number of FTSG to 3 with another currently undergoing training, this provides more resilience for staff to reach out. - New zero tolerance policy in place. Service managers are trained and supported to ensure that any patients who fail to treat the team with respect and challenged appropriately. - Policy for prevention of bullying and harassment in place. - Newmedica have signed up to the NHS Sexual Safety Charter, and this is reflected in the Whistleblowing Policy (POL-GOV-17) that has been updated to reflect the recent changes in Employment Rights Act 2025, that are effective from 06 April 2026. - Mandatory training in place for dignity and work, freedom to speak up and inclusion and respect. - There is a confidential Employee Relations tracker that logs any Bullying or Harassment cases, these are reported 	<p>3</p>	<p>People Director</p>
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		<p>as part of our overall HR assurance to the Board with an anonymous narrative. The tracker allows the team to identify any patterns or trends to look in to further.</p> <ul style="list-style-type: none"> - The 2025 GPTW survey demonstrated that 96% of staff said it was a physically safe place to work. 		
	<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"> - FTSU Guardians and Champions in place - Well-being hubs on the intranet detailing support available internally and externally. - 1:1 support by HR Business Partners. 	2	People Director

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> - As part of Newmedica’s continuous listening strategy, we are committed to ensuring all employees have a voice and can share their thoughts, ideas and opinions. Employees are invited to anonymously share their feedback via an organisation wide colleague engagement survey, conducted via the independent organisation, Great Place to Work. Feedback is reviewed and forms part of the corporate action plan. Locally feedback is shared to the services and support office teams for review and again use to shape their action plans. - Action Plans for GPTW are kept live within teams to ensure they are reviewed and relevant via team meetings and All Stop Days. - The 2025 GPTW survey demonstrated that or the third year running, Newmedica is officially certified as a Great Place to Work. 84% of colleagues responded positively to the statement, “Taking everything into account, I would say this is a great place to work” 	2	People Director
Domain 2: Workforce health and well-being overall rating			9	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;">Domain 3: Inclusive leadership</p>	<p>3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities</p>	<ul style="list-style-type: none"> - The board and SMT host monthly updates to the leadership team as well as wider business where they share company performance to target. These targets include wellbeing, diversity, and equality actions. This platform also delivers 'shout outs' to staff to celebrate success. - The company intranet has wellbeing and diversity pages that clearly shares performance against the company strategy and incentives or schemes running as well as information and resources. - Wellbeing, diversity, and inclusivity are a standing agenda item on the SMT Exec Committee meetings with the output cascaded via leadership and all company video conferences and twice-yearly face to face meetings. - All Board members have completed mandatory training in relation to equality, diversity and inclusion and health inequalities. - Diversity and inclusion in person training has been provided for all people managers 	<p>3</p>	<p>Managing Director</p>
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	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> - The people team report on updates within the Diversity and Inclusion programme to the SMT and then information is cascaded to the leadership team and wider business via monthly calls. - The central People team liaise closely with local HR leads and registered managers to ensure that all employee requirements are explored, risk assessed and monitored. Centrally, referrals can be made to external agencies who can offer expert advice or support such as Occupational Health etc. 	2	Managing Director
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	<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<ul style="list-style-type: none"> - Each function scans their network (NHSE, CQC, HSE etc.) for updates, guidance, and regulation changes. These are presented to the board for discussion and review ahead of implementation. - The Exec Committee and Board receive papers, and reports documenting KPIs such as mandatory training rates, new requirements, and updates on national guidance. These help shape decision making and the cascading of information to the leadership team and ultimately the wider business. - Each month the Exec Committee and Board receive a summary of patient feedback, incidents, and complaints to review and agree next steps. - The annual Great Place to Work staff survey results, themes and trends and shared with the Exec Committee and Board for discussion and review. 	2	Managing Director
Domain 3: Inclusive leadership overall rating			7	

Third-party involvement in Domain 3 rating and review

Trade Union Rep(s):

Independent Evaluator(s)/Peer Reviewer(s): Hayley Graham Head of Development and Reward

EDS Organisation Rating (overall rating): 27 - Achieving

Organisation name(s):

New Medical Systems Ltd

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

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

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

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

EDS Action Plan	
EDS Lead	Year(s) active
Head of Clinical Quality and patient Safety (Governance)	1
EDS Sponsor	Authorisation date
Clinical Quality and Governance Director	13 January 2026

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	No objective currently required	N/A	
	1B: Individual patients (service users) health needs are met	No objective currently required	N/A	
	1C: When patients (service users) use the service, they are free from harm	Enhance FTSU	Implement SafeCall	April 2026
	1D: Patients (service users) report positive experiences of the service	No objective currently required	N/A	

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	No objective currently required	N/A	
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	No objective currently required	N/A	
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	No objective currently required	N/A	
	2D: Staff recommend the organisation as a place to work and receive treatment	Understand if staff would recommend our services as a place to receive treatment	If possible, add question on recommending our organisation as a place to receive treatment	September 2026

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	No objective currently required	N/A	
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	No objective currently required	N/A	
	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	No objective currently required	N/A	