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NHS Equality Delivery System 2024 EDS Reporting Template

Version 1, 15 August 2022

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Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: 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	The Princess Alexandra Hospital NHS Trust (PAHT)	Organisation Board Sponsor/Lead		
		Giovanna Leeks – Chief People Officer		
Name of Integrated Care System	Herts & West Essex ICS			

EDS Lead	Ellie Manlove – Head of Wellbeing	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)		Individual organisation	PAHT	
		Partnership* (two or more organisations)		
		Integrated Care System-wide*		

Date completed	January 2026	Month and year published	March 2026
Date authorised	February 2026	Revision date	January 2027

Completed actions from previous year	
Action/activity	Related equality objectives
To increase reporting of update on interventions being undertaken in the form of an annual report, this has been completed and reported to people committee.	
To link the value added and benefits of the staff that are undertaking the interventions, this has been completed and reported to people committee.	
To review mechanism of reporting to capture update from staff with protected characteristics, this is on going with provider of our occupational health clinical system.	
Staff with long term conditions are actively encouraged to report these as part of their OH record in order that they receive tailored support. Literature and signposting is to have greater visibility in order that staff can take ownership of health conditions. we will monitor this across the protected groups. This is an ongoing action	
Increased promotion of work-life balance and healthy lifestyles, this has taken place but will continue to be an action	
Increase links and signposting to Voluntary, Community and Social Enterprise organisations. This continues to be an action and we partner with local organisations such as provide to sign post and deliver services/	
Reduction in violence and aggression standards to be implemented along with Trust Strategy – work being led by Deputy Chief Nurse, this is an ongoing action.	

New EIA process to be undertaken on polices linked to harassment, bullying and physical violence when being reviewed.	
Bullying and harassment deep dive linked to SSR results undertaken by Business Partnering team, this is an ongoing piece of work	
Culture review to take place being lead by the OD team to identify if closed cultures exist. This is ongoing and now part of a wider culture review across the trust	

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)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			
Domain 1: Commissioned or provided services overall rating				

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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Domain 2: Workforce health and well-being	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>Safe, Effective, Quality, Occupational Health Service accreditation (SEQOHS) received</p> <p>In March 2025 the Staff health and wellbeing team were inspected and subsequently awarded SEQOHS accredited after a rigorous process. The Summary of the report and feedback was:</p> <p>“This is a well-managed, effective occupational health service that has done well to achieve accreditation at the first attempt. The service has effective and comprehensive operating procedures, and in interviews with team members, the assessors got a taste of a well-organised, happy, and supportive environment. The service was congratulated on some excellent health and wellbeing activity, taking the wellbeing message out to staff in the workplace.”</p>  <p>The service should be congratulated on the provision of the Wellbeing agenda is well-organised, promoted in multiple media, complimented with Wellbeing walks in the Trust work areas, and championed at all levels of seniority and occupations. Lots of events and access to multiple resources.</p> <p>Staff health and wellbeing newsletter produced monthly with signposting to national support i.e. national obesity support programme for NHS staff.</p> <p>Self-referrals / manager referrals promoted to support long term conditions and to support and develop management plans.</p>	<p>2</p>	
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In 2024 /25 there were 876 management referrals, representing an 18.2% increase compared to 2023/24

SHaW Reasons for Referrals

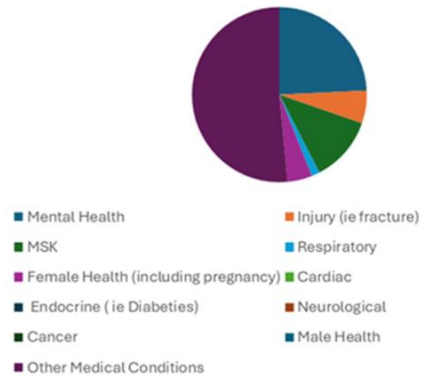


Table 1 provides a detailed breakdown of the reasons for referral within the trust. The data indicate that, aside from the "other" category, mental health concerns are the most frequent reason for referral, followed by musculoskeletal issues. Notably, referrals for musculoskeletal cases increased by 21%, reaching 92 this year compared to last year, while mental health referrals rose by 4% to a total of 153. The trust offers a comprehensive range of supportive services accessible to staff for both musculoskeletal and mental health needs, including Physiomed (staff physiotherapy service), Vivup, and Here for You (mental health and counselling services).

SHaW received 50 self-referrals, representing a 52% increase compared to the previous year

NHS health checks are undertaken in house, this looks to support people with healthy weight and can support further interventions. Making every contact count is part of all OH discussions. 45 health checks were carried out in 2024/2025 as

a result of this individual needs were identified and referrals facilitated to both internal and external support services, such as weight management, menopause support, and mental health resources



Essex working well is a holistic health and wellbeing accreditation that allows organisations to build, maintain and evidence a robust wellbeing strategy and programme for employees. The actions are centred activities organisations are undertaking to promote, educate, and support employee health and wellbeing.

By achieving this accreditation we are able to demonstrate to our people that we are committed to their health and wellbeing. This is also displayed on the trust intranet and is part of the employee proposition to perspective employees.

Health and wellbeing support plan- the purpose of the support plan is to provide a documented record of an individual's needs, which would allow them to function to their maximum capacity in a supportive environment, without prejudice or discrimination. The support plan can be used for any member of staff who feels that they may need some additional support at work. For example, a member of staff with a disability or long-term condition. The support plan can be requested by the employee or offered by the employer but is owned by the employee. Completion of the support plan is voluntary, however, all employees should be offered the opportunity to complete a support plan, which can be at any point during their employment. The support plan contains details of reasonable adjustments agreed between the employee and their line manager, ensuring that the employee is able to work to their full potential within a positive and supportive environment.



My_Health_and_Well
being_Workplace_Sup

31 Support plans have been completed with reasonable adjustments agreed.

Mental health support established as outlined in 2C.

Health lifestyles are encouraged with discounted gym memberships and access to fitness apps/ online classes.

Free fruit is provided to staff via the health and wellbeing walkarounds with healthy food choices available to staff in outlets and staff restaurant. The Trust has a staff nutrition and hydration group that feeds into the trust steering group and strategy

Physiotherapy services are in place to support with MSK of which 107 staff members accessed in 24/25

Sickness absence data is reviewed for proactively support to be given to staff – staff health and wellbeing team call staff off related to MSK to ensure correct support in place and referral to Physio med if required.

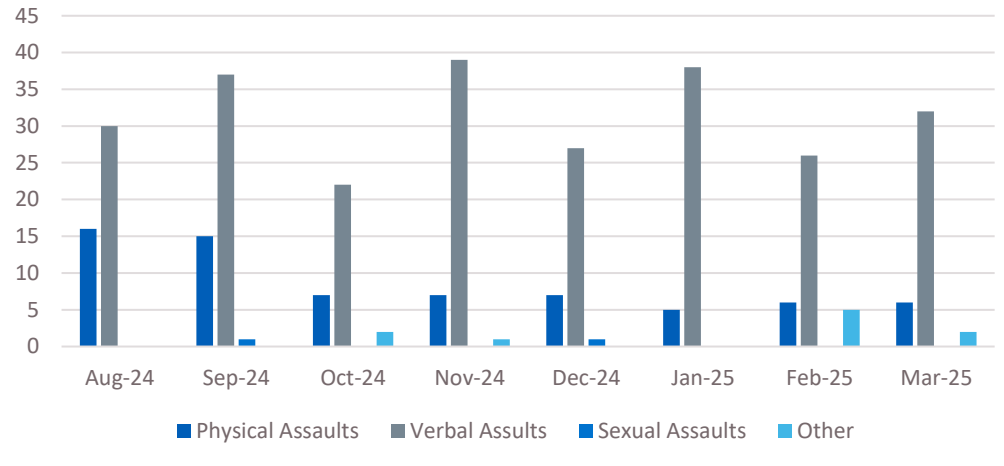
Flexible working is explored with staff to help them manage long terms conditions

Staff Survey

Slight increase in staff responding that PAHT took positive action on health and wellbeing (0.76 %). The overall score for We are safe healthy has stayed stable.

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>The trust has actively recruited FTSU Ambassadors with 25 in total, this is in addition to the Lead FTSUG and 4 FTSU guardians. Work has and continues to be undertaken to promote the FTSU to all of our people with future work including a review of the FTSU policy and triangulation of FTSU and Whistleblowing concerns.</p> <p>Avenues of how to raise concerns are promoted through ALEX net and an extensive communication plan.</p> <p>Policies are in place for both staff / visitors and staff in relation to bullying, harassment and violence which include reporting and escalations channels.</p> <p>Conflict resolution and de-escalation training is available to staff and managers.</p> <p>Datix is used to record incidents as well as independent channels for advice as per 2C. The violence and aggression group is chaired by the Deputy Chief Nurse, with a communication plan to highlight zero tolerance to abuse. From the commencement of reporting in August 2024 until the end of the financial year, SHaW received a total of 332 Datix submissions related to various forms of abuse, violence, and aggression towards staff. Of these, 69 were reports of physical assaults, 251 verbal assaults, 2 sexual assaults, and 10 classified as other</p> <p>The implementation of the new support system by SHaW constitutes an essential measure in addressing the increasing incidence of abuse and assault against hospital staff</p>	2	
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Datix received by SHaW per type of abuse, violence and aggression



Both formal and informal cases of alleged bullying and harassment are supported through the Dignity at Work policy. In 2024/2025 9 bullying and harassment cases were resolved.

WRES

Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months shows that staff from other ethnic groups are reporting 0.96 % higher (27.79) for this question than white staff (26.83%). However, it should be noted that the scores have reduced again since last year . PAHT figures are reported slightly higher than the median for the national results for white staff – 23.21%, however we are below the mean from staff from all other ethnic groups which reports at 28.27%.

Indicator 6 – percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months has increased slightly (0.7%) for white staff (24.24%) however has declined again year on year for staff from other ethnic groups (24.23%). PAHT is below the median benchmark for staff from other ethnic groups which is reported as 24.78%

Staff Survey

Q14a in relation to people experiencing harassment, bullying or abuse at work from patients / service user, their relatives or other public this year we reported 72.10% have never experienced the above is 0.63% higher than last year again a reduction year on year since this was reported in the staff survey from 2020.

The results for people reporting harassment, bullying or abuse has increased by 0.5% which shows that staff are feeling more comfortable to speak up about bad behaviours. PAHT is above the median.

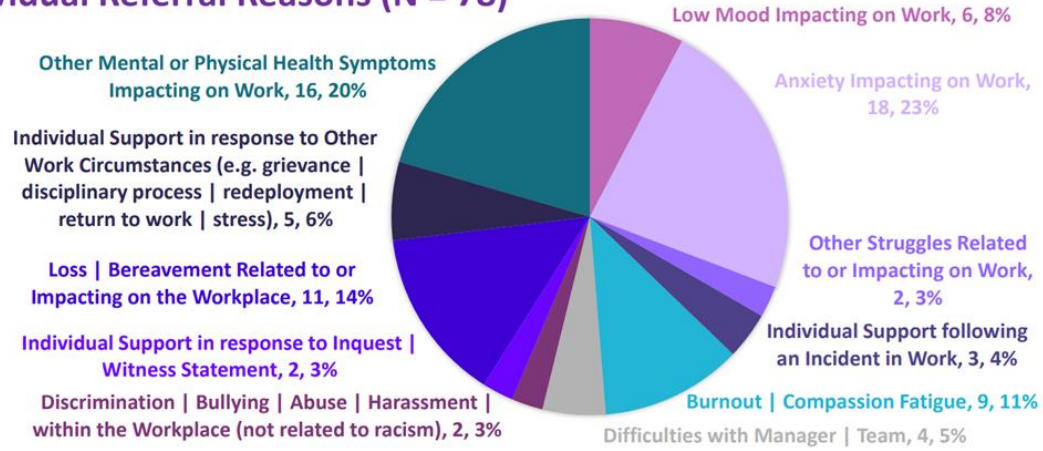
Sexual Safety

PAHT has signed the sexual safety charter and has implemented a communications campaign to highlight the support and advice available to staff. The national policy will be adopted along with the reporting form. The national e-learning is in place and a trust decision will be made as to whether this is to become mandatory. A staff story is planned to be shared at the Trust board relating to lived experience relating to sexual misconduct.

The SS results showed that 3.41% (1991) of respondents had been a target of at least one incident of unwanted behaviour of a sexual nature in the workplace from staff / colleagues

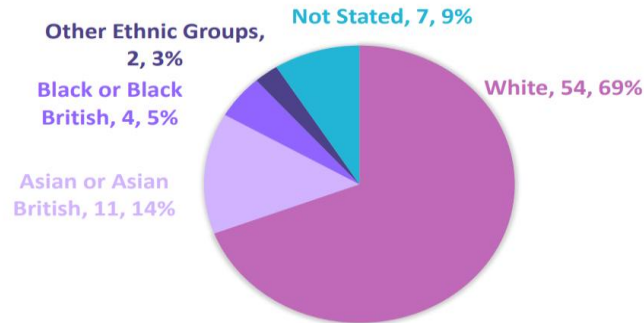
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Staff have access to:</p> <ul style="list-style-type: none"> • Psychological support services - Here for you • Employee Assistance programme 24/7 • Mental health first aiders (MHFA) • Staff Wellbeing champions • Occupational health services • Freedom to speak up service (FTSU) • Professional Nurse/Midwife/AHP Advocates • Guardian of safe working • Health and wellbeing Guardian – Non Exec Director • Trust chair for speaking up • Trade unions <p>All independent support services are advertised via Alex net, during induction, on staff noticeboards via screens savers and digital boards.</p> <p>Current active staff networks include REACH (race equality and cultural heritage) and DAWN (disability network), Alex Pride. These are funded and chairs have protected time</p> <p>The majority of cases that go through our FTSU service are linked to behaviours. Our staff feel comfortable in talking to the independent guardians to try and find a resolution.</p> <p>We have seen increase in staff access the here for you psychological support services over the past year. From January 25 -July 25, 78 individuals were referred</p>	2	
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Individual Referral Reasons (N = 78)

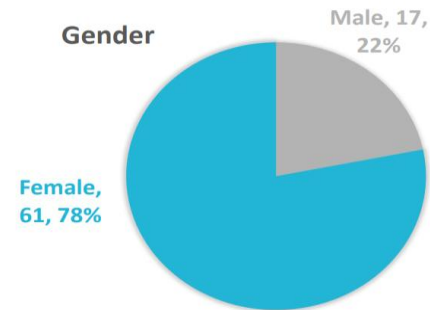


Sociodemographic Data for Individuals (N = 78)

Ethnic Group



Gender



As a result of these referrals the following actions were undertaken:

- Assessment only
- Completed Therapy
- Referred to EAP
- Referred to NHS talking therapies
- Referred to secondary mental health

		<ul style="list-style-type: none"> • Referred to voluntary charity sector <p>Along with individual referrals several teams have referred into the service for the following reasons:</p> <ul style="list-style-type: none"> • Support following a serious incident • Team support in response to stress / burnout • Team reflection to support wellbeing. <p>Staff assault and abuse support</p> <p>The trust has observed a significant rise in abusive and assaultive incidents directed at hospital staff. In response, a new support system for contact staff was introduced in August 2024 to ensure affected staff members receive appropriate support and intervention following such distressing events.</p> <p>From the commencement of reporting in August 2024 until the end of the financial year, SHaW received a total of 332 Datix submissions related to various forms of abuse, violence, and aggression towards staff. Of these, 69 were reports of physical assaults, 251 verbal assaults, 2 sexual assaults, and 10 classified as other</p>		
	2D: Staff recommend the organisation as a place to work and receive treatment	<p>25 c - I would recommend as a place to work – 49.9% of respondents stated they agree or strongly agree with 27.81% stating they neither agree or disagree</p> <p>25d – happy to recommend for treatment – 45.51% of respondents either agree or strongly agree with 30.15% neither agree nor disagree</p>	1	
Domain 2: Workforce health and well-being overall rating			7	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 3: Inclusive leadership</i>	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			
Domain 3: Inclusive leadership overall rating				
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s):		Independent Evaluator(s)/Peer Reviewer(s):		

EDS Organisation Rating (overall rating):

Organisation name(s):

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
EDS Sponsor	Authorisation date

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			

Domain	Outcome	Objective	Action	Completion date
<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>	<p>To increase reporting of update on interventions being undertaken in the form of an annual report.</p> <ul style="list-style-type: none"> • To link the value added and benefits of the staff that are undertaking the interventions • To review mechanism of reporting to capture update from staff with protected characteristics. • Staff with long term conditions are supported to manage conditions with health and wellbeing • Increased promotion of work-life balance and healthy lifestyles. • Increase links and signposting to Voluntary, Community and Social Enterprise organisations 	<p>Completed be presented at the trust people committee</p> <p>Ongoing work with system provider</p> <p>This is part of the wellbeing walksarounds and ongoing communications.</p> <p>These services are advised to staff</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"> • Reduction in violence and aggression standards to be implemented along with Trust Strategy – work being led by Deputy Chief Nurse . • New EIA process to be undertaken on policies linked to harassment, bullying and physical violence when being reviewed. • Bullying and harassment deep dive linked to SSR results undertaken by Business Partnering team. • Culture review to take place being lead by the OD team to identify if closed cultures exist • Clear actions to be communicated to our people where reports of Staff with protected characteristics are supported to report and refuse treatment to patients who verbally or physically abuse them. • Increase links and signposting to Voluntary, 	<p>This work is ongoing with the Deputy Chief Nurse with datix dashboard being developed</p> <p>Arleen – not sure what to put here?</p> <p>This is ongoing with the BP team and was put on hold due to Er/BP resturure</p> <p>Ongoing part of a wider piece of work</p> <p>Check if this has happened at divisional level with Jo</p> <p>This is on alexnet and promoted via our communications channels</p>	<p>Summer 26</p>
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		Community and Social Enterprise organisations		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<ul style="list-style-type: none"> • Review of staff networks to be undertaken by the Head of EDI with a view that these are staff led, funded and provided protected time. Networks to take an active part in EIA's. • Listening events to be undertaken with staff who have lived experience as part of a PDSA cycle – joint work with OD and Wellbeing. • Greater understanding of qualitative and quantitative data reports and reporting governance . • Implementation of the FTSU review to be led by Chief Nurse 	<p>Arleen?</p> <p>This work is planned for Q4</p> <p>This was undertaken</p>	

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> • PDSA to be undertaken with exit interviews data. • Staff listening events to be organised to hear the experiences of BAME, LGBT+ and Disabled staff against other staff members. Improvements to be shared once data has been collated 	<p>Exit interview data has been reviewed and new process in place. Limited responses and data is received.</p> <p>Arleen – presume this will be linked to wider culture work?</p>	
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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			

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