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# NHS Equality Delivery System 2022 EDS Reporting Template

Version 1, 15 August 2022

# Contents

Equality Delivery System for the NHS.....	2
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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>	<b>The Princess Alexandra Hospital NHS Trust (PAHT)</b>	<b>Organisation Board Sponsor / Lead</b>		
		Giovanna Leeks – Chief People Officer		
<b>Name of Integrated Care System</b>	Herts & West Essex ICS			

<b>EDS Lead</b>	Arleen Brown	<b>At what level has this been completed?</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	15 December 2025	<b>Individual organisation</b>	PAHT	
		<b>Partnership* (two or more organisations)</b>	Gary Brisco - EPUT	
		<b>Integrated Care System-wide*</b>		

<b>Date completed</b>	December 2025	<b>Month and year published</b>	March 2026
<b>Date authorised</b>	March 2026	<b>Revision date</b>	January 2027

Completed actions from previous year	
Action/activity	Related equality objectives
<ul style="list-style-type: none"> <li>Put health inequalities as standing agenda items at board meetings. June 2025. <i>Equalities and Health Inequalities (HI) will not be a standing agenda item at board meetings. HI will be discussed through the current governance process with a review outlined in the CMO paper to the board for December 2025.</i></li> <li>Appoint Executive sponsor to the new networks – at least 2 to be set up by 31 December 2025. <i>Andrew Kelso CMO appointed Exec sponsor for AlexPride in November 2025. 2 new networks (Women and Spiritual, not yet created)</i></li> <li>Invite Executive team members to staff network meetings, monitor attendance and feedback impact on EDS action by August 2025 <i>Executive team are invited to staff network meetings. Attendance not monitored.</i></li> </ul>	<p>Domain 3a To achieve level 2 standards by 2026</p>
<ul style="list-style-type: none"> <li>Equality Impact Assessment template is reviewed and updated by April 2025 <i>Completed</i></li> <li>Process for completing impact assessments is agreed and implemented by June 2025 <i>Process for completing is agreed. Not implemented yet.</i></li> <li>Equality Impact Assessments are completed with the new projects and policies from July 2025 <i>EIA's are completed for some projects and policies</i></li> </ul>	<p>Domain 3b Equality and health inequalities impact assessments are completed for all projects and policies post July 2025 and are signed off at the appropriate level where required</p>

<ul style="list-style-type: none"> <li>• Set up regular Menopause cafes and invite Board members, system and senior leaders. <i>Board members and senior leaders are invited to the regular Menopause Café's.</i></li> <li>• Digital Exit surveys to be implemented by end of March 2025 <i>Project paused because of implementation of JobTrain new recruitment platform.</i></li> <li>• Quarterly Learning from Leavers group to be established by end of September 2025 <i>Project paused because of implementation of JobTrain new recruitment platform</i></li> <li>• Exit survey data monitored against the People Promise and EDI with action plans developed by December 2025</li> <li>• <i>Project paused because of implementation of JobTrain new recruitment platform</i></li> </ul>	<p>Domain 3c Board members, system and senior leaders actively support those experiencing the menopause within the working environment.</p> <p>End of Employment exit interviews take place and results monitored and reflected in action plans</p>

## EDS Rating and Score Card

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

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

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

# Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<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			
<b>Domain 1: Commissioned or provided services overall rating</b>				

## Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 2: Workforce health and well-being</i>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions			
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source			
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source			
	2D: Staff recommend the organisation as a place to work and receive treatment			
<b>Domain 2: Workforce health and well-being overall rating</b>				

# Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="text-align: center;"><b>Domain 3: Inclusive leadership</b></p>	<p>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>	<p><b>Equality</b></p> <ul style="list-style-type: none"> <li>• Both equality and health inequalities are discussed in board and committee meetings.</li> <li>• Executive all have an EDI objective in their appraisal.</li> <li>• Board members hold services to account and raise issues relating to equality and health inequalities on a regular basis through the trust's committee structure. The Quality and Safety committee, Finance Committee and People Committee all have items on health inequalities or staff equality diversity and inclusion.</li> <li>• Board demonstrates commitment through agenda items monitoring the PAHT EDI action plan which is informed by WRES/WDES, EHI Impact Assessments, Gender Pay Gap and Ethnicity Pay Gap reporting, and EDS 2022.</li> <li>• The 3 Staff Networks have executive sponsors; CPO (REACH), CFO (AlexPride), CMO (DAWN), as well as support from Head of EDI, network co-chairs and the ER team</li> <li>• Board members have invites to the staff network meetings through the internal communications and all staff briefings</li> </ul>	<p>3</p>	<p style="text-align: center;"><b>Exec Team</b></p> <p style="text-align: center;"><b>Director of Governance</b></p> <p style="text-align: center;"><b>Associate Director EDI, OD &amp; Learning</b></p>
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		<ul style="list-style-type: none"> <li>• Board members and senior leaders sponsor religious, cultural or local events and/or celebrations, such as This is Us Week, (which coincided with our Pride month events), Cultural Heritage Celebration event in September, Black History month and spiritual events such as Remembrance Day and presenting certificates and speaking at the passing out ceremony for Chaplaincy volunteers.</li> <li>• Board members and senior leaders enable underserved voices to be heard through regular promotion of Freedom to speak up when meeting new starters at the monthly new employee forum.</li> <li>• Thom Talks, Meet the Exec events and Fireside Chats, give a public commitment from the Exec team to respond personally to emails, and individual meetings e.g. Thom's availability after Meet the Exec events.</li> <li>• Head of EDI delivered an EDI development, information and engagement session at a Senior management team away day and provides regular guidance to the Exec and NED's when required. Run a development, session event by September 2025</li> </ul>		
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		<ul style="list-style-type: none"> <li>• Head of EDI successful application to be part of the nation-wide Diversity in Healthcare Partners Programme (June 2024) driving 3 EDI objectives; Develop clear practices, create tools to hold managers to account and integrate EDI into PAHT culture.</li> <li>• The People department report to the Executive team bi-monthly divisional review meeting (DRM) contains EDI information such as network events, data and reports, action plan updates.</li> <li>• All line managers and new staff receive EDI induction, reviewed in February 2025 as face to face session and in addition to the Statutory EDI module.</li> </ul> <p><b>Health Inequalities</b></p> <ul style="list-style-type: none"> <li>• The Health Care Partnership (HCP) attended by the CEO and CMO, has focus on health inequalities and health inequalities data held by the ICB informs the CMO's delivery plan.</li> <li>• Within the HCP Priorities there is a dedicated list of developments focussing on health inequalities of our population, based upon PHM data.</li> <li>• The Board, Executives and Senior managers will integrate the Integrated</li> </ul>		
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		<p>Delivery Plan, health inequalities objectives into their delivery plans.</p> <ul style="list-style-type: none"> <li>• Board members and senior leaders demonstrate commitment to health inequalities, through the self-assessment sponsored by the newly appointed CMO, summarised in a board paper for December.</li> <li>• The Board is reviewing a proposal put forward by the CMO and agreed by Cabinet to add Health Inequalities to the monthly Integrated Performance Report (IPR)</li> <li>• Board members and senior leaders actively communicate with staff and/or system partners about health inequalities, through updates and discussion sessions at the Senior Leadership Forum (SLF) quarterly events to which Partners are invited and have attended (10 July 2025).</li> <li>• Current QI projects on the NHS 3 Shifts address health inequalities through system partner involvement in the process and senior leaders and management demonstrate commitment through Senior Leadership forum (planned in December 2024, running quarterly 2025-26.) and positive engagement with the QI projects.</li> </ul>		
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		<p>Projects include: Proactive frailty interventions, Neighbourhood Health Improvement Programme, Health Care Partnership (HCP) priorities – childhood obesity, identification of hypertension, vaccination programme.</p> <ul style="list-style-type: none"> <li>• The Neighbourhood programme and CDC specifically set out the health inequalities elements within their business cases. <ul style="list-style-type: none"> <li>• Board have demonstrated their commitment through the acute to community plans to build upon the Health on the High Street concept and begin delivering some of our non-acute services from non-acute sites which integrate some acute services within Neighbourhood Health Hubs, based upon the needs of specific populations</li> <li>• The Executive support Civility Saves Lives quality improvement project which is delivering Active Bystander Train the Trainer workshops for newly appointed Civility Champions. They will train staff from January 2026 and equip colleagues to address and reduce inequalities and incivility in the workplace.</li> </ul> </li> </ul>		
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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"> <li>● Equality and Inclusion is part of People Committee agenda (PC papers 2024-2025)</li> <li>● Equality, Diversity and Inclusion for staff is discussed at People Committee (PC) and evidenced in minutes. The frequency is set out in the PC annual plan. Non-Executive and Executive directors can challenge and request additional data. For example additional narrative and data for WRES/WDES reports.</li> <li>● The EDI delivery plan was approved and includes the delivery of a cultural awareness programme and increasing the number of relevance and purpose of Staff Networks (EDI Annual Report, 2024-5)</li> <li>● The CPO chairs the Equality, Diversity &amp; Inclusion Steering Group (EDISG) is an operational group, comprising a mixed economy of stakeholders, including staff, managers, staff representatives, staff network chairs and EDI champions.</li> <li>● The EDISG uses metrics from mandatory EDI reporting data to steer, support and embed inclusive thinking throughout the Trust and provides updates to the Executive through the assurance framework.</li> <li>● EDI is a key priority of the People Strategy 2025 which sets out actions to underpin</li> </ul>	2	<p><b>Exec Team</b></p> <p><b>Director of Governance</b></p> <p><b>Associate Director EDI</b></p>
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		<p>the priority. (PC 25 November 2024, 27 January 2025, finalised PC papers 23 May 2025)</p> <ul style="list-style-type: none"> <li>• Equality Impact Assessment template was reviewed and updated and a new process agreed to include PMO Quality Impact Assessments.</li> <li>• Equality impact assessments are completed for some projects and policies and are signed off at senior level. BME staff risk assessments are completed.</li> <li>• Regular Menopause Cafes run and board members are invited through internal communications.</li> </ul> <p><b>Health Inequalities</b></p> <ul style="list-style-type: none"> <li>• Health Inequalities is in the organisation business plans and the new strategy development work (started 2024, building in 2025) includes health inequalities, supporting the NHS shift from Acute to Community.</li> </ul>		
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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"> <li>• Board members and senior leaders monitor the implementation of the WRES, WDES, EHI Impact Assessments, Gender Pay Gap reporting, and EDS 2022. Ethnicity Pay Gap Reporting has been implemented. (EPG and GPG reports PC papers 24 November 2025)</li> <li>• Action plans for unmet goals and objectives are present for the relevant tools (above) and are recorded in the trusts EDI Delivery Plan which is monitored through the EDI Steering Group and the trust assurance process (including People Committee).</li> <li>• Staff holding roles at AFC Band 8C and above are reflective of the population served</li> <li>• EDS report presented to PC January 2024 summarising rating, actions and monitoring process.</li> <li>• Pay Gap reporting broken down by Race information in line with NHS Improvement Plan. (PC papers 24 November 2024)</li> <li>• NHS EDI Improvement Plan High Impact Actions are aligned to the PAHT People Strategy and the EDI Delivery Plan which is monitored through the People Committee and Board.</li> </ul>	<p>1</p>	<p><b>Exec Team</b></p> <p><b>Director of Governance</b></p> <p><b>Associate Director EDI</b></p>
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		<ul style="list-style-type: none"> <li>Executive Director Sponsors have joined Staff Networks, providing support to Network Chairs and acting as champion for the Network</li> </ul>		
<b>Domain 3: Inclusive leadership overall rating</b>				
<b>Third-party involvement in Domain 3 rating and review</b>				
<b>Trade Union Rep(s): Daniella Pritchard</b>		<b>Independent Evaluator(s)/Peer Reviewer(s): Gary Brisco equality Advisor Essex Partnership University NHS FT</b>		

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			
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	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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