

## EDS Report Trust Board – 5 March 2026 (Publication)

### 1.0 Introduction

The Equality Delivery System (EDS) is the foundation of equality improvement within the NHS. It is an improvement tool for NHS organisations in England to have active conversations with patients, public, staff, staff networks and trade unions. It is used to review and develop services, workforce, and leadership and it is driven by evidence and insight.

The EDS comprises of eleven outcomes spread across three Domains:

- 1) Commissioned or provided services
- 2) Workforce health and well-being
- 3) Inclusive leadership

The Princess Alexandra Hospital NHS Trust (PAHT) hosted its annual Equality EDS grading for Domain 1 in November 2025. The grading was carried out by our Patients Panel. The grading for Domain 2 & 3 was assessed in December 2025 by members of our EDI Steering Group.

The external assessment of Domain 3 was assessed by; the EDI Advisor from Essex Partnership University Trust. The internal; and our JSCC representative. The individual scores are contained in Appendix 1 – EDS Grading Outcomes.

The sessions had the following aims:

- To give an overview of EDS
- To showcase current and upcoming evidence in PAHT against the EDS objectives
- To discuss how we are supporting people with protected characteristics and addressing health inequalities
- To score each domain to ascertain an overall organisational grade

Participants received a portfolio of evidence and a grading pack in advance. During the session they heard from key subject matter experts for each domain. This allowed the Trust to showcase, as an organisation how it meets each of the national EDS equality outcomes. At the end of each presentation, all participants were given the opportunity to ask further questions prior to grading.

When rating the domains, participants were asked to measure the project/initiative showcased against the nine protected characteristics. The nine 'protected characteristics' include:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity (and paternity)
- Race
- Religion or belief
- Sex

- Sexual orientation

## 2.0 EDS Outcomes and grading system

### Scoring

The Trust is required to grade its performance by using a grading system as documented below in line with NHS England guidance. Each outcome for each domain is to be scored based on the evidence provided. Once each outcome has a score, they are added together to gain a domain rating.

Rating	Score	Description
Underdeveloped activity	0	No or little activity taking place
Developing activity	1	Minimal/ basic activities taking place
Achieving Activity	2	Required level of activity taking place
Excelling Activity	3	Activity exceeds requirements

### EDS Organisation Rating (overall rating)

Below is a key to support understanding of organisation rating:

- Those who score under 8, adding outcome scores across domains, are rated **Underdeveloped**
- Those who score between 8 and 21, adding outcome scores across domains, are rated **Developing**
- Those who score between 22 and 30, adding outcome scores across domains, are rated **Achieving**
- Those who score 31 and above, adding outcome scores across domains, are rated **Excelling**

The scoring system allows organisations to identify gaps and areas requiring action.

## 3.0 PAHT EDS Organisational Grading

Participants were asked to grade each domain based on the evidence presented in the portfolio of evidence and from the presentations. A full description of the criteria scoring for each domain can be found in the EDS Score Card Guidance.

<https://www.england.nhs.uk/wp-content/uploads/2022/08/EDS-2022-ratings-and-score-card-guidance-v2.pdf>

**See Appendix 1 to 4:** EDS Panel Grading Outcomes, and evidence for Domains 1,2 & 3 submitted by the service managers.

The completion of our EDS grading and findings will enable us to review our existing action plans and make interventions where needed incorporating any themes that have come out of the EDS reviews. This will support us in improving our environments for both staff and patients.

EDS Outcome	
<b>Domain 1</b>	
<b>1A</b>	Patients or service users have required levels of access to the service.
<b>1B</b>	Individual service user's health needs are met
<b>1C</b>	When patients use the service, they are free from harm
<b>1D</b>	Service users report positive experiences of the service
<b>Domain 2</b>	
<b>2A</b>	When at work staff are supported to manage obesity, diabetes, asthma, COPD and mental health issues
<b>2B</b>	Staff are free from abuse, harassment, bullying and physical violence from any source
<b>2C</b>	When at work staff can access support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source
<b>2D</b>	Staff recommend the organisation as a place to work and receive treatment
<b>Domain 3</b>	
<b>3A</b>	Board members, leaders and line managers routinely demonstrate their understanding of and commitment to equality and health inequalities
<b>3B</b>	Board/Committee papers identify equality and health inequality impacts and risks and how they will be mitigated and managed
<b>3C</b>	Board members, system and senior leaders ensure levers are in place to manage performance and monitor progress with staff and patients

#### 4.0 EDS Final Grading Outcome 2025

The table below sets out the organisational score for 2024 and 2025, resulting in PAHT Scoring 'Developing' for two consecutive years.

EDS Domain	Domain Rating 2024	Domain Rating 2025	Organisation Overall Rating
<b>EDS Domain 1:</b> Commissioned or provided services – Diagnostics, Phlebotomy & Accessible Information Standard (AIS selected for all Trusts by the ICS)	8	7	<b>DEVELOPING</b>
<b>EDS Domain 2:</b> Workforce health and well-being	7	6	
<b>EDS Domain 3:</b> Inclusive leadership	5	5	
<b>Total score for the Trust</b>	<b>20</b>	<b>18</b>	

## 5.0 Improving our results

Over the last 2 years our results in Domain 2 and 3 have not allowed us to move to the next grade. To improve our results and move from 'developing to achieving' we would need to focus on the actions in the table below. The actions are taken from the EDS 2022 Ratings and Score Card Guidance.

Domain	Actions to achieve next grade 'Achieving'	
1	Not applicable as each year a different service is reviewed. However, the Service Manager rating the services, should work with the Patients Panel to review progress in the following year.	
2a	When at work staff are supported to manage obesity, diabetes, asthma, COPD and mental health issues	<ul style="list-style-type: none"> <li>• Evidence the initiatives developed and how they meet the needs of staff from protected characteristics.</li> <li>• Provide data on take up of initiatives and targeted intervention for staff from the different protected characteristics.</li> <li>• To understand staff experience we need to gather information on how staff benefit from the interventions.</li> <li>• Put measures in place to use sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment.</li> <li>• Evidence how you provide support to staff who have protected characteristics for all mentioned conditions.</li> </ul>
2b	Staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none"> <li>• The organisation penalises staff who abuse, harass or bully other members of staff and action to address and prevent bullying behaviour and closed cultures, recognise the link between staff and patient experience.</li> <li>• Staff with protected characteristics are supported to report patients who verbally or physically abuse them.</li> <li>• The organisation provides appropriate support to staff and where appropriate signposts staff to Victim Support organisations who provide support for those who have suffered verbal and physical abuse.</li> </ul>
2c	When at work staff can access support and advice when suffering from stress, abuse, bullying,	<ul style="list-style-type: none"> <li>• Facilitate pooling union representatives with partner organisations, to encourage independence and impartiality.</li> <li>• Relevant staff networks are staff led, funded and provided protected time to support and guide staff who</li> </ul>

	<p>harassment, and physical violence from any source</p>	<p>have suffered abuse, harassment, bullying and physical violence from any source.</p> <ul style="list-style-type: none"> <li>• Relevant staff networks are engaged, and equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence.</li> <li>• Provide support for staff outside of their line management structure. The organisation monitors, and acts upon, data surrounding staff abuse, harassment, bullying and physical violence.</li> <li>• Use evidence from people’s experiences to inform action and change and influence other system partners to do so.</li> </ul>
<p><b>2d</b></p>	<p>Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> <li>• Over 50% of staff who live locally to services provided by the organisation do/would choose to use those services.</li> <li>• Over 50% of staff who live locally are happy and regularly recommend the organisation as a place to work. Over 50% of staff who live locally to services provided by the organisation would recommend them to family and friends.</li> <li>• The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members.</li> </ul>
<p><b>3a</b></p>	<p>Board members, leaders and line managers routinely demonstrate their understanding of and commitment to equality and health inequalities</p>	<ul style="list-style-type: none"> <li>• Board members to spread their visibility across all staff, in the work they are doing to create an inclusive culture and the new work on civility.</li> <li>• Hold managers to account for non-delivery of EDI and health inequalities.</li> <li>• The activity evidenced on Health Inequalities is not in place for the 2024- 2025 assessment. This work will form next years’ assessment.</li> </ul>
<p><b>3b</b></p>	<p>Board/Committee papers identify equality and health inequality impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> <li>• Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required.</li> <li>• Staff risk assessments, specific to those with protected characteristics, are completed and monitored (where relevant).</li> <li>• Required actions and interventions are measured and monitored. The WRES, WDES and/or NHS Oversight and Assessment Framework are used to develop approaches and build strategies.</li> <li>• Equality and health inequalities are reflected in the organisational business plans to help shape work to address needs</li> </ul>

<p><b>3c</b></p>	<p>Board members, system and senior leaders 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, system and senior leaders ensure the implementation and monitoring of the relevant below tools. Interventions for unmet goals and objectives are present for the relevant below tools;</li> <li>• Those holding roles at AFC Band 8C and above are reflective of the population served.</li> <li>• Organisations are able to show year on year improvement using Gender Pay Gap reporting, WRES and WDES. Board members, system and senior leaders monitor the implementation and impact of actions required and raised by the below tools.</li> <li>• WRES (including Model Employer), WDES, Impact Assessments, Gender Pay Gap reporting, Accessible Information Standard, end of employment exit interviews, PCREF (Mental Health), EDS 2022.</li> </ul>
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## 6.0 EDS Further Improvements

Since April 2025 under our new Executive Team we have transformed the delivery of EDS and have achieved many of the actions to move us to towards 'achieving' for 2026.

The following actions have been taken which demonstrations the improvements we are continuing to make:

- The Board, Executives and Senior managers have incorporated the Integrated Delivery Plan, health inequalities objectives into their delivery plans.
- 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.
- 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.
- 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.
- EDI Lead and PMO Team have redesigned our Guidance, template and processes for conducting Equality Impact Assessments and Quality Impact Assessments (EQIAs). Training is being set up for managers undertaking EQIAs, and a panel to sign off and check quality on major projects.

## 7.0 Recommendation

The People Committee are advised to note the outcomes, and agree that the Trust must take the action necessary to move to the next grade of 'achieving'.

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**Date:** 26 February 2026

## Appendix 1 – EDS Grading Outcomes



EDS Grading 2025  
Outcome Final 16.1.26

## Appendix 2 – Domain 1 Evidence



EDS-2022-reporting  
January 2026 Domain 1

## Appendix 3 – Domain 2 Evidence



EDS - 2022-reporting  
template-Domain 2 EVIDENCE

## Appendix 4- Domain 3 Evidence



EDS 2025 Domain 3  
DA Reporting Template