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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	Arleen Brown	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	18.11.24 & 27.11.24	Individual organisation	PAHT	
		Partnership* (two or more organisations)	The Patient Panel	
		Integrated Care System-wide*	HWE ICS	

Date completed	November/ December 2024	Month and year published	February 2025
Date authorised	20 February 2025	Revision date	

Completed actions from previous year	
Action/activity	Related equality objectives
Actions Domain 1 are contained in the separate Dommain1 document.	
Actions are not available for Domain 2 and 3	

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 service

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	DOMAIN 1 has been completed on a separate document.		

	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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<p>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>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 promoted to support long term conditions and to support and develop management plans.</p> <p>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.</p> <p>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. Over the last year PAHT have evidenced 21 actions to achieve Essex working well accreditation level 3. Some of the themes required evidencing included encouraging staff to take breaks, healthy eating and hydration, physical activity, smoke free site, NHS health checks, inclusive recruitment. We have</p>	<p>2</p>	
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		<p>developed a presentation which shows the evidence submitted for level 3 accreditation.</p> <p>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.</p> <p>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</p>		
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		<p>potential within a positive and supportive environment.</p> <p>Mental health support established as outlined in 2C.</p> <p>Health lifestyles are encouraged with discounted gym memberships and access to fitness apps/ online classes.</p> <p>Free fruit is provided to staff with healthy food choices available to staff in outlets and staff restaurant</p> <p>Physiotherapy services are in place to support with MSK</p> <p>Sickness absence data is reviewed for proactively support to be given to staff</p> <p>Flexible working is explored with staff to help them manage long terms conditions</p> <p>From the 2023 staff survey there was a slight increase in staff responding that PAHT took positive action on health and wellbeing with a 5% reduction of staff saying they have felt unwell as result of work related stress.</p>		
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	<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 ALEXnet.</p> <p>Both formal and informal cases of alleged bullying and harassment are supported through the Dignity at Work policy. In 2022/2023 20 bullying and harassment cases were resolved.</p> <p>A deep dive will be undertaken to establish if staff are aware of the different avenues which can be used to raise B&H issues, if they have had to raise any issues and where and whom they have raised these issues in the past. Additionally, what recommendation can be made if any.</p> <p>From the staff survey results indicator 5 for the 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 ethnic groups are reporting 2.2% higher for this question than</p>	<p>2</p>	
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		<p>white staff (27.7%). However, it should be noted that the scores have reduced since last year (white staff -30.79% and ethnic groups 33.96%). PAHT figures are reported slightly higher than the median for the national results (white staff – 24.05%, ethnic groups 27.34%).</p> <p>Q14a from the Staff results question in relation to people experiencing harassment, bullying or abuse at work from patients / service user, their relatives or other public this year we reported 71.75% have never experienced the above is 4.73% higher than last year.</p> <p>Work is being undertaken to implement the Sexual safety charter with training, policy and a communications campaign.</p> <p>There is a new established violence and aggression working group which looks to triangulate aggression towards staff from patients, the group is introducing a communications campaign which will look to communicate the following over 4 weeks: Week 1 – general overview and introduction to the campaign Week 2 - introduction of visual assets and social media videos Week 3 – How to escalate and how to report Week 4 – How to access support</p>		
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		<p>Week 5 – How to access training</p> <p>Zero Tolerance Policy (on website)</p> <p>A strategy will look to introduced building the reducing violence and aggression standards</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>	<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) • Health and wellbeing champions • Occupational health services • Freedom to speak up service (FTSU) • Professional Nurse/Midwife Advocates • Guardian of safe working • Health and wellbeing guardian – non executive director • Trust chair for speaking up <p>Current active staff networks include REACH (race equality and cultural heritage) and DAWN (disability network), Alex Pride</p> <p>Work has been ongoing to strengthen the relationship between wellbeing and speaking up and to encourage our people to feel safe about this. SSR results show our scores in relation to speaking up improved in the last staff survey with 56.4% of our people stating they would feel confident in speaking up an increase of 3.5%</p>	<p>2</p>	
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	2D: Staff recommend the organisation as a place to work and receive treatment	<p>25 c - I would recommend as a place to work – 50.14% of respondents stated they agree or strongly agree with 30.29% stating they neither agree or disagree</p> <p>25d – happy to recommend for treatment - 47.52% of respondents either agree or strongly agree with 31.18% 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)
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<p>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>	<p>All Board members (Trust Chair, CEO, executive team and non-executive directors) have an EDI objective as part of their appraisal process. Chief Nurse championing Oliver McGowan Training both on-line and in person.</p> <p>Ensuring smooth embedding of international colleagues.</p> <p>Senior management team actively participate in the EDI Delivery Group and the EDI Steering committee.</p> <p>Board members have engagement with staff networks.</p> <p>EDI annual report presented to People Committee and People Committee and Trust Board receive the Gender Pay Gap report and Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES) reports annually</p> <p>Board champion for EDI – Trust Chair. Executive Lead – Chief People Officer Executive lead for Health Inequalities – Medical Director.</p>	<p>1</p>	
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		<p>Celebrated Black History Month, LGBTQ+ History Months</p> <p>Directors attended the Cultural Heritage event in September 2024.</p> <p>Executive team all directors joined the initial training session on NHS Employers – Diversity in Health Care Programme on 11 September 2024.</p> <p>23 January 2024 – Ogechi Emeadi</p> <ul style="list-style-type: none"> • East of England Rainbow Network (08:52) – this network is open to all members of the LGBTQ+ community and allies in the east of England and is a diverse, inclusive, accepting, welcoming and safe space for everyone to be their true self. They are looking for new members. If you are interested in joining, please contact Declan Nugent, NHS England – East of England by emailing declan.nugent@nhs.net <p>13 February 2024 – in the Q&A section At the This is Us Briefing, promoting networks</p> <ul style="list-style-type: none"> • Race Equality and Cultural Heritage (REACH) Network (19:13) – The Race Equality and Cultural Heritage (REACH) 		
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		<p>Network, formerly known as the Black, Asian and Minority Ethnic (BAME) Staff Network, invites you to their monthly meeting tomorrow (Wednesday, 14 February), 12:30pm to 1:30pm (and the second Wednesday of each month at the same time) via Microsoft Teams</p> <p>And at the same session promoting</p> <ul style="list-style-type: none"> • LGBTQ+ history month (19:34) – There is a small display in the library at the Learning and Education Centre. <p>12 March 2024 – Sharon McNally promoting</p> <ul style="list-style-type: none"> • Inclusion champions to support interview panels (05:00) – Are you passionate about promoting diversity, equity, and inclusion? Do you believe that everyone deserves a fair chance? If so, we invite you to become an inclusion champion for recruitment. As an inclusion champion, you will play a crucial role in ensuring that our interview panels are free from bias. You'll receive specialised training to support a fair and inclusive recruitment process. Training will be held on Tuesday, 16 April from 9am to 12:30pm at the Learning and Education Centre. 		
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		<p>28 May 2024 – the executive team answering questions in This is Us Briefing chat where it gets flagged during the meeting</p> <ul style="list-style-type: none"> Alex Pride LGBTQ+ event (12:30) – The Alex Pride LGBTQ+ network will be running an event, ‘The LGBTQ+ community, faith and religion’ with guest speaker Allan Petchey on Friday 7 June from 12:30pm to 1:30pm. Allan has run a church in France with a multi-national/multi denomination congregation/belief group, whilst under the banner of the Church of England and Eglise Protestant Uni de France (Lutheran). <p>24 September 2024 – Giovanna Leeks</p> <ul style="list-style-type: none"> Black History Month (07:07) – Black History Month will take place in October and this year’s theme is reclaiming narratives. The NHS East of England equality, diversity and inclusion (EDI) team have created a survey in advance to help shape the conversation for a bespoke virtual event that will be held during Black History Month. They are keen to understand the priorities people would 		
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		<p>like to see addressed to ensure that the event resonates with what matters most in order to create a meaningful and engaging experience for everyone involved.</p> <p>8 October 2024– Giovanna Leeks</p> <ul style="list-style-type: none"> • Update from Board (12:34) – Giovanna gave an update on our workforce race equality standard (WRES) and workforce disability equality standard (WDES) papers presented at Board. If you believe you may need support under the Equality Act, please log on to ESR and update your details so that our staff health and wellbeing (SHaW) team can support you <p>PAHT works collaboratively with partners in the West Essex Health and Care Partnership and the Hertfordshire and West Essex UCS to analyse health outcomes, data and to design and deliver services that ensure health inequalities are addressed.</p> <p>Throughout 2023-24, the HSP and ICS focussed on five priority areas;</p>		
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		<ol style="list-style-type: none"> 1. Give every child the best start in life 2. Support our communities and places to be healthy and sustainable 3. Support our residents to maintain healthy lifestyles 4. Enable our residents to age well and support people living with dementia 5. Improve support for people living with lifelong conditions, long term health conditions, physical disabilities and their families <p>Several programmes of work were introduced at PAHT to support the delivery of these priorities.</p> <ul style="list-style-type: none"> • Maternity and obesity project • Infant feeding project • School readiness and early years • Early cancer screening education • Digital inclusion project • Whilst you are waiting project • Weight management programmes • Substance misuse projects • Tackling neighbourhood inequalities • Men's Shed/Fellas • Suicide prevention 		
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		<p>As well as these projects, the implementation of our new electronic health record improves digital inclusion and education. We are assisting our patients to become familiar with using the NHS App and Patient Portals to increase digital enablement. For patients unable or not wanting to access their appointments, letters and other health related information digitally access to paper-based information will continue to be available.</p> <p>The Medical Director is executive lead for health inequalities supported by the chief operating officer and chief information officer in relation to the collection of and monitoring of data.</p> <p>The senior leadership team continue to work with the System and Pace partners to deliver health inequality projects.</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>	<p>Equality impact assessment (EIA) process fully embedded, however for effectiveness and improvement we are reviewing the EIA process.</p> <p>Every paper considered at board/committee meeting requires evidence of impact on EDI – there is a section on cover sheet for papers.</p> <p>Health Inequalities: The collection and recording of ethnicity data is being improved. Waiting lists and operational data sets are analysed to highlight areas of difference that might indicate inequality or reduced outcomes. This work is then used to adapt service delivery to minimise any potential impacts. PAHT is identifying the lowest quintile of the local population for Core 20, to look at health related outcomes for these patients with regard to the 5 clinical areas and develop interventions to support these patients. The implementation of our new electronic health record will improve digital inclusion and education.</p> <p>During the year an analysis of patient safety incidents by age, gender, ethnicity and Core</p>	2	
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		<p>20 deprivation data was completed. Themes from this analysis were reported to the Quality and Safety Committee.</p> <p>Strategic Transformation Committee has oversight of delivery of the Trust's strategy, PAHT2030. Transforming our care is one of the strategic priorities underpinning the strategy and addressing health inequalities is one of the milestones. The committee meets bi-monthly and receives an update on progress at every meeting.</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>People Committee and Trust Board ensure monitoring of performance on EDI via annual; WRES and WDES; Gender and Ethnicity pay gap; NHS High Actions; Accessible Information Standard; Public Sector Equality Duty report and EDS, reporting covering both data and actions.</p> <p>Progress reports received throughout the year. Built into board and committee work plan.</p>	2	

Domain 3: Inclusive leadership overall rating		5	
Third-party involvement in Domain 3 rating and review			
Trade Union Rep(s): Unison		Independent Evaluator(s)/Peer Reviewer(s): Not / Applicable	

EDS Organisation Rating (overall rating): **Developing**

Organisation name(s): The Princess Alexandra Hospital NHS Trust

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
Arleen Brown – Head of EDI	2025
EDS Sponsor	Authorisation date
Giovanna Leeks – Chief People Officer	20 February 2025

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	This domain has been completed on a separate template.		
	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
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		Action Plan <ul style="list-style-type: none"> • To increase reporting of update on interventions being undertaken in the form of an annual report. • 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, 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. • Increased promotion of work-life balance and healthy lifestyles. • Increase links and signposting to Voluntary, Community and Social Enterprise organisations 	

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source		Action Plan <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, Community and Social Enterprise organisations 	
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	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source		Action Plan <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 – clear governance for staff health and wellbeing data and reports to be defined. • Implementation of the FTSU review to be led by Chief Nurse 	
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	2D: Staff recommend the organisation as a place to work and receive treatment		Action Plan <ul style="list-style-type: none"> • Plan, Do Study Act (PDSA) is a method of evaluation that allows you to test the impact of an initiative and continuously learn from your experiences, whilst improving your approach. 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 	
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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	To achieve level 2 (Achieving) standards by 2026	<p>Put health inequalities as standing agenda items at board meetings. June 2025</p> <p>Appoint Executive sponsor to the new networks – at least 2 to be set up by 31 December 2025</p> <p>Invite Executive team members to staff network meetings, monitor attendance and feedback impact on EDS action by August 2025</p> <p>Run a development, information and engagement session at a Senior management team away day event by September 2025</p>	To achieve level 2 standards by 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	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>Equality Impact Assessment template is reviewed and updated by April 2025</p> <p>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>	

	<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>	<p>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>	<p>Set up regular Menopause cafes and invite Bboard members, system and senior leaders.</p> <p>Digital Exit surveys to be implemented by end of March 2025</p> <p>Quarterly Learning from Leavers group to be established by end of September 2025</p> <p>Exit survey data monitored against the People Promise and EDI with action plans developed by December 2025</p>	
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