

## **Equality Delivery System (EDS2) Report 2016-17**

### **1 Introduction**

1.1 The Equality Delivery System (EDS2) for the NHS is a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for individuals and groups protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty (PSED). The protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. EDS2 can also be applied to groups not covered under the Equality Act 2010, for example carers, homeless people, people on low incomes and geographically isolated communities.

1.2 At the heart of the EDS2 are 18 outcomes grouped into four goals. The four overarching goals are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

1.3 The tool lists 18 outcomes under these goals (described in Appendix 1). These outcomes create a checklist, which supports NHS organisations to achieve the four goals. Goals 1 and 2 focus on patients, carers and the public while goals 3 and 4 are aimed at the workforce and leadership teams.

1.4 The tool is mandatory, as the CCG Assurance Framework explicitly requires CCGs to deliver the EDS2. It must be completed every year and then it must be made available to members of the public. The CCG will do this by putting a link to this report on our website.

1.5 In summary, the aim of the EDS2 is to embed equality into business practices and foster a culture of transparency and accountability in the CCG. It helps Wakefield CCG to review current equality performance and identify future priorities and actions, whilst also being a vehicle for continuous dialogue with local stakeholders. It also provides a mechanism for supporting the CCG to fulfil its' requirements under the Equality Act 2010.

### **2 Approach to engagement with local stakeholders**

2.1 Without engagement with local people and communities, it would not be possible to deliver EDS2 effectively. This year the CCG worked in partnership with several large healthcare providers including the Mid Yorkshire Hospitals NHS Trust, South West Yorkshire Partnership NHS

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Foundation Trust and the Yorkshire Ambulance Service to deliver a joint approach to engaging with local communities and delivering the EDS2.

2.2 A new model for delivery of the EDS2 was developed with input from the voluntary and community sector (VCS) and local healthcare providers. An assessment panel was assembled with membership drawn from voluntary and community sector organisations representing a range of protected characteristics (see Appendix 2 for a list of organisations).

2.3 There were four events held this year to support the delivery of the EDS2. These are listed below:

- Briefing – 29th November 2016 - workshop for voluntary and community sector representatives, which explained how the EDS2 works and how the CCG and partner organisations planned to implement the toolkit locally. Nine VCS representatives attended the briefing.
- EDS2 Panel – 12th January 2017 – assessment panel where local health organisations delivered presentations, submitted evidence and proposed a self-assessed grade to voluntary and community sector representatives. Nine VCS representatives attended the panel.
- EDS2 Grading Panel – 21st February 2017 – grading panel where representatives of the voluntary and community sector shared their assessment of the equality performance of local health organisations. Seven VCS representatives attended the grading panel and two provided written feedback.
- EDS2 Feedback and Future – 25th April 2017 – feedback meeting which gave the panel the opportunity to hear additional information from the organisations and also to review the process in terms of what has worked well and what we might want to in the future.

### 3 Grading explained

3.1 Essentially, there is just one key question organisations need to focus on within the grading process; how well do people from protected groups fare compared with people overall?

3.2 There are four grades and these are explained in the table below:

Table 1: EDS2 Grading Key

<b>Excelling</b>	<b>We are doing very well</b> People from all protected groups fare as well as people overall
<b>Achieving</b>	<b>We are doing well</b> People from most protected groups fare as

	well as people overall
<b>Developing</b>	<b>We are doing ok</b> People from some protected groups fare as well as well as people overall
<b>Undeveloped</b>	<b>We are doing badly</b> People from all protected groups fare poorly compared with people overall or there is not enough evidence to make an assessment

#### 4 Grades for Goals 1 and 2

4.1 In order to provide a focus for the EDS2 grading and to ensure that the quantity of information given to local stakeholders was manageable, the local health organisations agreed to assess two services or projects against one or two EDS2 goals and outcomes. Wakefield CCG agreed to assess the following two programmes:

1. Future in Mind – transformation of mental health and emotional wellbeing services for children and young people
2. Improving access to GP practices for vulnerable groups

More detail on these programmes can be found in Appendix 3.

4.2 Using the EDS2 grading criteria (see table 1 above), the tables below provide a summary of the self-assessment grades and the grades awarded to the CCG by local stakeholders for both programmes.

Table 2: Grades for Goal 1

	<b>Outcome</b>	<b>Future in Mind</b>		<b>Improving access to GP practices for vulnerable groups</b>	
		Self-Assessed	Grading Panel	Self-Assessed	Grading Panel
<b>Goal 1: Better Health Outcomes</b>	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities				
	1.2 Individual people's health needs are assessed and met in			Not assessed	

	appropriate and effective ways			
	1.3 Changes across services are discussed with patients and transitions are arranged smoothly			Not assessed

Table 3: Grades for Goal 2

	<b>Outcome</b>	<b>Future in Mind</b>		<b>Improving access to GP practices for vulnerable groups</b>	
		Self-Assessed	Grading Panel	Self-Assessed	Grading Panel
<b>Goal 2: Improved Patient Access &amp; Experience</b>	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds				
	2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised	Not assessed			

4.3 Based on the feedback from the external grading panel, Wakefield CCG was assessed as developing for both programmes. This means that people from some protected groups fare as well as the rest of the population.

4.4 Following the presentations, at the grading panel, the stakeholders were less confident that the CCG had supported 'most' protected groups

and suggested a developing grade – where ‘some’ protected groups do as well as others.

The feedback raised issues about reaching groups, access, support and awareness. The full details of the comments, questions and recommendations from the grading panel can be found in Appendix 4.

## 6 Evaluation of events

6.1 Overall, the feedback from participants was overwhelmingly positive with local stakeholders commenting that the events were well organised and the panels were a good opportunity for local health organisations to share what they are doing in relation to equality and engage in dialogue with the local community.

6.2 In terms of what can be improved, most panel members felt that the presentations were too complicated and wordy and that there was too much jargon. There was also a view that the presentations were rushed and the pace for future events should be slowed down. Other comments about how future events can be improved include:

- Better communication
  - Some deaf people find it hard to read – bring in more interpreters
  - Share presentations prior to the meeting
- Presentations and information - easy read and more visual
- Provide a pro-forma to capture feedback prior to the grading panel
- Follow-up to inform group of actions being taken and not taken (with reasons)

## 7 Grades for Goals 3 and 4

7.1 Wakefield CCG agreed to assess workforce related performance against the following two EDS outcomes:

3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source

4.2 Papers that come before the board and other major committees identify equality related impacts including risks, and say how these are to be managed

7.2 **EDS Outcome 3.4:** When at work, staff are free from abuse, harassment, bullying and violence from any source

The national staff survey results 2016 for Wakefield CCG were analysed with reference to the key indicators relating to abuse, harassment and

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bullying and discrimination. The survey was sent to all directly employed staff of the organisation in August 2016, the organisation received an 84% response rate (of 141 employees).

The following results were used to assess the CCGs performance:

### 7.3 Key Indicator Findings:

#### Harassment, bullying or abuse in last 12 months

Key Indicator	2015		2016		CCG comparat or
	%	No.	%	No.	
Experienced harassment, bullying or abuse from the public	3%	3	7%	7	11%
Experienced harassment, bullying or abuse from Managers	9%	8	16%	18	11%
Experienced harassment, bullying or abuse from staff	11%	11	14%	15	9%
Most recent experience of harassment, bullying or abuse reported	39%	7	31%	10	38%

#### Discrimination in last 12 months

Key Indicator	2015		2016		CCG Comparat or
	%	No.	%	No.	
Experienced discrimination from the public	0%	0	3%	3	1%
Experienced discrimination from Managers or other staff	3%	3	4%	5	3%

#### Key

Better than sector average	+5%
No significant difference	0-4%
Worse than sector average	-5%

7.4 The number of staff who reported discrimination was very small, a follow up question asked 'on which grounds have you experienced discrimination' the responses were; 50% on the grounds of ethnicity, 17% on religious grounds and 33% because of age.

7.5 It is clear from comparison with the results in 2015 that performance for the CCG has slipped across all the key indicators identified above.

7.6 In comparison with the other CCGs in the 2016 survey, Wakefield CCG was:

**Above average on:** (better than)

- Staff experiencing bullying, harassment or abuse from patients, relatives or the public in the last 12 months.

**Below average on:** (worse than)

- Staff experiencing bullying, harassment or abuse from Managers in the last 12 months.
- Staff experiencing bullying, harassment or abuse from other staff in the last 12 months.
- Most recent experience of harassment, bullying or abuse reported.

7.7 The staff survey is equality monitored but the data is not disaggregated by protected characteristic. This means it is not possible to identify who has experienced bullying, harassment or discrimination.

7.8 Comparing 2016 data to the previous year and the national comparator staff fare poorly.

7.9 The CCG is already responding with a number of activities to address the issues of bullying, harassment and discrimination in the workplace. The Executive Team made this one of their priorities for action.

7.10 To address the feedback from the staff survey an action plan has been developed and approved by the Governing Body. This included;

- the development and delivery of 'Bullying and Harassment Prevention' training for all staff, supported by the Executive Team which will run throughout 2017 / 2018. The course covers;
    - What is bullying and how to recognise it
    - What is harassment and how to recognise it
    - Equality and Diversity and the protected characteristics
    - Processes and Procedures
    - Informal and Formal resolution
  - the development and delivery of 'HR Essentials for Line Management' training in 2017 / 2018 including:
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- How to recognise and tackle bullying and harassment
- How to promote employee well-being within your team

7.11 Other activity will also address the CCG's concerns about staff experience of bullying and harassment.

- A campaign to raise the awareness in the workplace will be launched with a poster promoting a zero tolerance approach.
- The Staff Forum is focusing on staff experience and improving reporting, and commented on the review of the Dignity at Work (bullying and harassment) policy.
- The CCG has also commissioned a training programme for all staff 'Moving Forward Together' to support staff resilience and readiness for change. Feedback and evaluation is already showing that there have been tangible benefits in terms of networking, building empathy and relationships and working together better.
- A number of staff have been trained to become Mental Health First Aiders. They have learnt how to identify, understand and respond to signs of mental ill health at work and colleagues know they can approach them for support with any issues they are having.

7.12 The CCG is undertaking a review of their Equality Objectives and has recommended an internal facing objective to address the issue of bullying, harassment and discrimination in the workplace.

7.13 The evidence from the staff survey would suggest an undeveloped grade; the proactive response by the CCG, with a number of significant actions to support staff and address the issues has enabled the grade to be brought up to **developing**.

7.14 **EDS2 Outcome 4.2:** Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

7.15 A desktop exercise was undertaken to consider all papers that came before the Board and other major committees in 2016. Documents were sourced from the 2016/17 minutes of the Governing Body and Probity.

7.16 Overall, the evidence indicated that assurance systems and processes ensured that documents that came before major committees identified equality-related impacts and risks. The Committee/Board cover paper requires those submitting papers to comment on equality and identify any associated risks.

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7.17 There was some evidence that decision-makers were informed about potential equality-related risks but there was scope for improvement. A review of Probity and Governing Body papers for 2016 found evidence of completed Equality Impact Assessments (EIAs), including those for King Street, Netherton Surgery, Park View and various policies. However, the cover sheet that requires people to relate the outcome of the EIA, often stated that equality was not applicable without providing evidence to support this claim. Also, some cover sheets made reference to the completion of an EIA but did not append the document or provide any detail for the committee to consider.

7.18 On assessment, the evidence suggests that the grading in relation to this outcome is **developing**. This means that people from some protected groups fare as well as people overall.

7.19 The CCG has refreshed their Integrated Impact Assessment process and run workshops with teams and Clinical Cabinet to raise awareness of the process and further embed equality into the decision making processes of the CCG.

## **8 Conclusions and next steps**

8.1 This report sets out an overview of EDS2 and the grading process, the CCGs approach to delivering EDS2 and the external grades agreed by the panel and the internal grades.

8.2 The comments and recommendations made by the grading panel and the assessment of workforce related performance will be used to inform a new set of Equality Objectives and actions for the CCG in 2017. These will be developed in partnership with the CCGs public participation groups, including the Equality Panel and for internal focused objectives; the Staff Forum.

8.3 The CCG and local healthcare providers are committed to continuing the positive dialogue with local stakeholders representing protected groups and will support this work by attending regular Equality Health Panels throughout the year.

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## Appendix 1 - EDS2 Goals and Outcomes

Goal	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services are discussed with patients, and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment
		2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so

Goal	Narrative	Outcome
	patients' and communities' needs	<p>that services are commissioned or provided appropriately</p> <p>3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all</p> <p>3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives</p> <p>3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population</p>
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	<p>4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond</p> <p>4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination</p> <p>4.3 The organisation uses the NHS Equality &amp; Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes</p>

## Appendix 2 – List of EDS2 Panel Organisations

- MESMAC
- Health Visitor with Travelling Community and City of Sanctuary
- VoiceAbility
- Deaf Society – User group
- Brahma Kumaris
- Wakefield and District Society for Deaf People
- Kidzaware
- Patient Participation Group
- Wakefield District Sight Aid
- Carers Wakefield

## Appendix 3 – Evidence presented to EDS2 panel

**Project or Service: Future in Mind – transformation of mental health and emotional wellbeing services for children and young**

people									
Goal:		Outcome:							
<b>1. Better health outcomes for all</b>	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities								
	1.2 Patients health needs are assessed, and resulting services provided, in appropriate effective ways								
	1.3 Changes across services are discussed with patients and transitions are arranged smoothly								
<b>2. Improved patient access and experience</b>	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds								
Background	<p>Future in Mind is a five-year programme to improve access for children and young people to mental health and emotional wellbeing services. Wakefield are investing in earlier interventions for children and young people, and improving the range of services available for lower-level interventions.</p> <p>We have worked closely with the third-sector (voluntary and community groups) and, via Healthwatch, engaged a range of vulnerable and hard-to-reach groups in consultation and engagement to help design the service offer and improve access for all groups. Reports from this engagement are available at <a href="http://www.healthwatchwakefield.co.uk/current-work/future-in-mind/">http://www.healthwatchwakefield.co.uk/current-work/future-in-mind/</a></p> <p>The model is being rolled out with schools, early help teams within the local authority and a range of community organisations. We have developed online counselling services to improve access, more face-to-face counselling, increased community mental health workers, developed community navigator roles to improve access and launched a district wide training and development programme.</p>								
<b>Which protected characteristics fared well?</b>	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Carers	<input type="checkbox"/>	Gender reassignment	<input type="checkbox"/>	Pregnancy & Maternity
	Race	<input type="checkbox"/>	Religion & Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>

<b>Reason for grading</b>	<p>The programme is committed to improving access to services for all children and young people and has targeted specific groups to support this.</p> <ul style="list-style-type: none"> <li>• Age: we have developed links with pre-school providers to ensure we can offer a truly 0-19 service, and have further developed transition arrangements to improve access for older children.</li> <li>• Gender reassignment: through consultation we had input from a range of young people who identify as a different gender or who are going through the gender reassignment process; this has helped redesign access to services for these young people.</li> <li>• Pregnancy &amp; Maternity: we have funded a third sector provider to provide peer support to improve perinatal mental health</li> <li>• Race / Religion and belief: we have commissioned a group of third sector providers to engage specifically with vulnerable groups. They identified a range of BAME groups and have started to engage with these communities to help reduce barriers to accessing services. One of the community navigator posts is funded with a specialism in supporting young people from BAME groups.</li> <li>• Sex: we have ensured we are providing a range of services which support access for male and female groups. The online counselling for example has significantly increased the number of females accessing early interventions services.</li> <li>• Sexual orientation: we worked closely with a third sector organisation for LGBTU young people which helped design more accessible services to meet the needs for these young people.</li> </ul>				
<b>Grade</b>	<b>Undeveloped</b>	<b>Developing</b>	<b>Achieving</b>	<input type="checkbox"/>	<b>Excelling</b>

<b>Project or Service: Improving access to GP practices for vulnerable groups</b>	
<b>Goal:</b>	<b>Outcome:</b>
<b>3. Better health outcomes for all</b>	3.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being and reduce health inequalities
<b>4. Improved patient access and experience</b>	4.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds

2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised

**Background**

Over the last few years there have been a number of initiatives and incentives offered to GP practices to improve access for all patients. This year the CCG is targeting access for specific vulnerable groups in order to standardise access and improve patient experience in all of the 40 practices in Wakefield.

In 2014 all 40 GP practices in Wakefield took part in a Network Development Framework (NDF) - a two year plan to enable them to provide additional in-hours (8am-6/6.30pm) access in their practices. This was evaluated and an agreement was made for practices to continue to provide this additional access in 2016/17, renamed the 'Additional Patient Access Contract' (APAC).

Within the NDF some of the networks (groups of practices) looked at improving access for certain patient groups. This proved highly successful so has been rolled out to all practices in Wakefield this year, through a Network Clinical Commissioning Contract, so all practices become Dementia Friendly and Sensory Impairment Friendly.

In 2016 the majority of practices signed up to an enhanced contract (Wakefield Practice Premium Contract (WPPC)) and within this contract all practices are required

- to become Young Person Friendly
- have the doors open to patients and to be accessible from 8am to 6:30pm
- All practices delivering the WPPC have a publicly available Practice Access Policy which specifies how it provides access for patients
- Practices delivering the WPPC are required to provide an appropriate clinical triage consultation within 4 hours of the patient contacting the practice if it is unable to offer a same day appointment.

Practices delivering the WPPC are required to provide a definitive (not triage) consultation with a doctor or suitable other practitioner within two working days of the patient requesting one

**Which protected characteristics fared well?**

Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Carers	<input type="checkbox"/>	Gender reassignment	Pregnancy & Maternity
Race		Religion & Belief		Sex	<input type="checkbox"/>	Sexual Orientation	

<p><b>Reason for grading</b></p>	<p>The schemes outlined below contribute to the reason we have graded at 'achieving'</p> <ul style="list-style-type: none"> <li>• Across Wakefield, practices have provided a total of 280,000 additional patient clinical contacts in hours from 2014-16 which includes GPs, Advanced Nurse Practitioner, Practice Nurse and Health Care Assistant. From April 2016 to end of September 2016 practices have provided 72,500 clinical contacts in hours.</li> <li>• 32 practices have signed up to a Direct Enhanced Service and provide services outside of core contract hours (early morning, evening and weekends).</li> <li>• Practices work together in networks to deliver urgent access to general practice services which covers weekends from 8am to 3pm</li> <li>• The Walk in Centre and registered GP practice at King Street is open from 8am to 8pm, 7 days per week</li> <li>• This year the GP practices have targeted specific vulnerable groups covering age, disability, carers and sex protected equality characteristics</li> <li>• Practices working with Wakefield Youth Association to enable practices to become Young Person friendly</li> <li>• The Alzheimer's Society in partnership with Public Health are delivering 5 workshops between January and March 2017 to enable practices to become Dementia Friendly</li> <li>• Eight Sensory Impairment workshops have been organised from November 2016 to March 2017, to take place in GP practices across the Wakefield District – five on the East and three on the West</li> </ul> <p>We will be sharing best practice at future membership meetings (meetings for all 40 practices) on how they are now making their practices more accessible for young people, carers and people with disabilities.</p>				
<p><b>Grade</b></p>	<p>Undeveloped</p>		<p>Developing</p>	<p>Achieving <input checked="" type="checkbox"/></p>	<p>Excellent</p>

## Appendix 4 - Key recommendations identified by grading panel

### Future in Mind

- Each protected characteristics considered, with the exception of carers and disability. Additional information about specific support

for children and young people who are carers or have a disability was requested.

- Question about support available for parents/carers of Children and Young People with mental health problems, particularly parents of trans young people.
- Confirm on-line counselling platform and other assistive technology has been equality impact assessed to ensure accessibility for all groups.
- Peer support to improve perinatal mental health – how can this service be accessed and how has this service been publicised?

### **Improving access to GP practices for vulnerable groups**

- Closure of King Street GP – impact on vulnerable groups – question about what support will be given to these groups.
  - Referrals from GPs to Carers group have not increased. How are GPs identifying and supporting Carers?
  - Improve access for deaf people – identify them on systems and adapt communication.
  - Introduce the 'Communication Access Passport' across all practices.
  - Make sure a BSL interpreter can be booked for the same day.
  - Hold appointments on a daily basis for patients with additional needs, such as people with a learning disability or provide walk-in appointments for some groups.
  - Training for GP practices on communication and support for people with a learning disability, including named GPs in each practice.
  - Make sure practices are aware of the needs Muslim patients observing Ramadan.
  - Improve access for people with learning disabilities, young people and carers (including young carers).
  - Provide written information about appointments in preferred language to address communication needs.
  - Update practice leaflets and websites to include a statement on confidentiality and infection prevention, particularly for people with HIV (as patients may withhold status for fear of disclosure).
-