

# Equality Delivery System Report 2019-2020

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## **Equality Delivery System (EDS2)**

### **Report 2019 - 2020**

#### **1. Introduction**

1.1 The Equality Delivery System (EDS2) 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 publishing this report on our website.
- 1.5 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. We engaged with local communities to deliver the EDS2 and worked in partnership with the Mid Yorkshire Hospitals NHS Trust and South West Yorkshire Partnership NHS Foundation Trust to meet this requirement.
- 2.2 An assessment panel was established with membership drawn from the voluntary, community and social enterprise sector (VCSE) representing a range of protected characteristics (see Appendix 2 for a list of invited organisations). As part of adapting the approach to the process this year, we also invited members of the CCG's public assurance group, PIPEC, to participate in the panel.
- 2.3 The event to support the delivery of the EDS2 was hosted on 2 March 2020. This covered two parts:
  - **Briefing** – a briefing to all participants explaining the EDS2 and how the assessment process works.
  - **Scoring** – half day event hosted by Wakefield CCG where local healthcare organisations presented their information at a market stall set up for the

assessment. Using the EDS2 assessment criteria, participants listened to the NHS organisations, asked questions and scrutinised their evidence and then graded the equality performance of each of the healthcare organisations.

### 3 Grading explained

3.1 The key question people need to focus on when grading performance for healthcare organisations is: 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 information shared with local stakeholders was manageable, the local healthcare organisations agreed to assess their performance against two of the EDS2 goals and its associated outcomes. The CCG chose to demonstrate how equality is embedded across the CCG commissioning cycle and how it supported the development of the Adult Hearing Loss service. (Appendix 3 details what was presented to the panel).
- 4.2 Using the EDS2 grading criteria (table 1 above), the table below provides a summary of the CCG self-assessed grades and the grades awarded to the CCG by local stakeholders based on the evidence presented on service transformation.

**Table 2: Grades for Goal 1 and 2: Adult Hearing Loss Service**

	<b>Outcome</b>	<b>Self-Assessed</b>	<b>Grading Panel</b>
<b>Goal 1: Better Health Outcomes</b>	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	A	A

- 4.3 Panel members agreed with the CCGs self-assessment and confirmed the grade for service transformation at Wakefield CCG as '**Achieving**' overall, having given a mixture of **achieving** and **excelling** scores. This means that people from **most** protected groups are considered during the service transformation process.

The CCG received the following feedback from participants when evidence was presented:

- It was felt the public engagement and involving patients in the procurement process was a positive move. Further questions were asked around lay member participation during the process.

- Healthwatch Wakefield noted that this piece of work was “a brilliant use of patient participation in procurement and commissioning”.
- Having patients who have both used the local services and participated during the engagement and/or procurement was seen as positive and valuable.
- It was felt that patients do not see or appreciate the full extent of the ‘behind the scenes’ work that the CCG carries out and it would be good to showcase this more.
- Some of the aspects from engagement that were reflected within the service specification were appreciated, for example the environment within which the initial hearing tests are carried out – they should be the same to ensure accurate and fair results.
- It was felt that the majority of patients can generally self-care very well as long as they are well informed and supported. The support aspect of the service specification was seen as positive.
- Patients seem reluctant to admit when they are experiencing hearing loss. Why is this? Maybe further work is needed to understand.
- It was not widely understood by patients that the hearing aid repairs and general maintenance responsibilities lie with the actual provider; not their GP.
- Patient experience feedback was received in respect of own experience of using services.
- Questions in respect of the service and how this operates, who is responsible for what.
- Feedback on the challenges that some patients may experience which had mirrored feedback during the engagement with service users.

## **5 Grades for Goals 3 and 4**

### **Outcomes**

- 5.1 The focus for this year will be to assess workforce related performance against the following two EDS outcomes for the CCG:

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

5.1.1 In preparation for the implementation of the Workforce Disability Equality Standard (WDES), there is a particular focus on the results of the staff survey for disabled staff. This will enable us to respond to the requirements of the WDES and support disabled staff more effectively.

**5.2 EDS Outcome 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

5.2.1 To consider the grade for the above outcome the following data was reviewed; snapshot of workforce data taken from the Electronic Staff Record (ESR) 31st March 2020 compared to the local population profile, NHS Staff Survey 2019 results and the Workforce Race Equality Standard (WRES). To protect the confidentiality of staff, the data is only presented for groups of five or more staff.

**Snapshot of workforce data – 31<sup>st</sup> March 2020**

<b>Disability</b>	<b>Headcount</b>	<b>FTE</b>	<b>Percentage</b>
No	195	171.75	90.28%
Not Declared	9	4.64	4.17%
Yes	12	11.05	5.55%



<b>Gender</b>	<b>Headcount</b>	<b>FTE</b>	<b>Percentage</b>
Female	162	146.12	75%
Male	54	41.33	25%

<b>Sexual orientation</b>	<b>Headcount</b>	<b>FTE</b>	<b>Percentage</b>
Bisexual	<5	<5	<5%
Gay or Lesbian	8	5.91	3.7%
Heterosexual	183	161.69	84.72%
Not Disclosed	24	11.0	11.11%

<b>Ethnicity</b>	<b>Headcount</b>	<b>FTE</b>	<b>Percentage</b>
White - British	190	168.56	87.96%
White - Irish	<5	<5	<5%
White - Any other White background	<5	<5	1.38%
Mixed - White and Black Caribbean	0	0	0
Mixed - Any other mixed background	<5	<5	<5%
Asian or Asian British - Indian	5	3.56	2.31%
Asian or Asian British - Pakistani	6	5.01	2.77%
Asian or Asian British - Any other Asian background	0	0	0
Black or Black British - African	<5	<5	<5

<b>Ethnicity</b>	<b>Headcount</b>	<b>FTE</b>	<b>Percentage</b>
Chinese	<5	<5	<5%
Any Other Ethnic Group	<5	<5	<5%
Not Stated	4	<5	1.85%

<b>Religious belief</b>	<b>Headcount</b>	<b>FTE</b>	<b>Percentage</b>
Atheism	47	42.97	21.76%
Buddhism	<5	<5	<5%
Christianity	111	95.31	51.38%
Hinduism	<5	<5	<5%
Islam	8	7.01	3.24%
Judaism	<5	<5	<5%
Not Disclosed	32	24.74	14.81%
Other	13	12.85	6.02%
Sikhism	<5	<5	<5%

<b>Age</b>	<b>Headcount</b>	<b>FTE</b>	<b>Percentage</b>
21-25	9	9.00	4.2%
26-30	11	11.00	5.1%
31-35	21	19.19	9.72%
36-40	25	22.36	11.57%
41-45	34	29.73	15.74%
46-50	32	29.84	14.81%
51-55	39	31.63	18.05%
56-60	32	25.92	14.81%
61-65	10	6.52	4.62%

Age	Headcount	FTE	Percentage
66-70	<5	<5	<5%
>=71 Years	0	0	0%

5.2.2 According to the Census 2011, the largest ethnic group in Wakefield is White British at 92.8%. This compares with a workforce profile of 88% at the CCG. There is a small but growing ethnic minority population in Wakefield District with the largest minority group being 'White Other' at 2.3%.

The representation at the CCG for 'any other White background' is lower at 1.4%. Staff from an Asian/Asian British background are well represented at the CCG (5%) compared with a local population profile of 2.7%. The WRES report 2019 found that 7.4% of the workforce is BME (including Governing Body Members) compared to 4.5% (excluding the White categories) of the local population. In non-clinical roles, the data shows a slight overrepresentation of BME staff in the lower pay bands compared to the overall workforce and an underrepresentation at more senior levels (bands 8a and above). For clinical roles BME staff were comparatively overrepresented with higher percentages of staff in the senior bands. These relate to relatively small numbers of staff.

5.2.3 The 2011 census shows that 13.6% of working age Wakefield residents had a limiting long-term illness (LLTI). According to the workforce profile, 5.6% of staff disclosed a disability and 4.2% of staff did not declare. The data from ESR therefore indicates that disabled staff are underrepresented at the CCG. However, 19.4% of respondents of the 2019 staff survey (89% completion) said they were disabled. There are a number of potential reasons for this discrepancy including different definitions of disability, people becoming disabled in work and not updating their record and issues around privacy. It is also possible that staff are not disclosing because of fear of discrimination. The introduction of the Workforce Disability Standard (WDES) will enable the CCG to understand this in more detail.

5.2.4 Women are overrepresented at the CCG, which reflects the regional and national pictures across the NHS workforce. Younger staff are underrepresented at the CCG with only 9.3% of colleagues aged 21-30 years compared with around 24% of the local population.

Approximately 15% of staff at the CCG did not disclose their religion or belief. Of those that did, more than (51.4%) said they were Christian, which is lower than the local population at 66.4%. 3.2% of staff identified Islam as their religion compared to 2% of the local population who said they are Muslim.

There is a fairly high level of non-disclosure for sexual orientation (11.1%) at the CCG. However, 3.4% of staff identified as gay or lesbian, which is lower than the national estimate by Stonewall of 5-7% of the population being lesbian, gay or bisexual.

5.2.5 The NHS Staff Survey 2019 asked a question about whether staff believe that the CCG acts fairly in regard to career progression or promotion. To protect the confidentiality of staff, the results of the staff survey are only presented for groups with 11 or more respondents.

It is therefore not possible to report the data by ethnicity or sexual orientation.

5.2.6 In 2019, around three quarters (81.8%) of staff aged 31-40 years said that the CCG acts fairly in regard to career progression and promotion, an increase of 5.8% from the previous year. There was also an increase of 7.3% from staff within the 51-60 age group with 86.1% saying that the CCG acts fairly in regard to career progression and promotion. Staff within the 41-50 year age group were most likely to say that the CCG provides equal opportunities with 88.6% agreeing.

5.2.7 There was a significant change from 2018 with a difference between male and female respondents emerging in 2019; with 82.7% of females and 95.5% of males saying that the CCG acts fairly. This data indicates that males think that the CCG acts more fairly than females in relation to career progression.

In relation to disability, the graph below (Figure 1) shows that proportionately fewer disabled staff (79.2%) said that the CCG provides equal opportunities for career progression or promotion compared to non-disabled staff (86.3%).

### 5.3 Grading

5.3.1 The above analysis indicates that there is an underrepresentation of some protected groups at the CCG, including disabled, LGB and staff in younger age groups. It also suggests that younger and disabled staff are less confident that the CCG provides equal opportunities for career progression or promotion.

5.3.2 This data must be considered within the context of the small CCG workforce (headcount 216 at 31.3.2020) and low staff turnover. Presenting the data as a proportion of the workforce can be misleading when staff numbers are small because minor numerical differences can have a disproportionate effect on workforce profiles.

5.3.3 Based on these findings the grade for this outcome is **developing**. This means that people from some protected groups fare as well as the rest of the population.

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

The NHS Wakefield CCG Staff Survey results for 2019 were analysed with reference to the key questions relating to harassment, bullying or abuse and discrimination. The survey was sent to all directly employed staff in the

organisation. 165 staff completed the staff survey, which equates to 89% of the workforce. The results for all staff are shown in the table below and are compared to the 2016 – 2019 staff survey results and the sector average for 2019.

#### 5.4.1 Key Findings:

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

Question	2016	2017	2018	2019	Ave 2019
Experienced at least one incident of harassment, bullying or abuse from the public in the last 12 months	6.0%	6.3%	9.3%	7.3%	10%
Experienced at least one incident of bullying, harassment or abuse from managers in the last 12 months	15.4%	17.3%	14.6%	15.8%	12.7%
Experienced at least one incident of harassment, bullying or abuse from colleagues in the last 12 months	13.2%	18.4%	16.9%	22.1%	13.8%
Most recent experience of harassment, bullying or abuse reported	29.0%	22.9%	44.4%	34.6%	41.3%

### Discrimination in last 12 months

Question	2016	2017	2018	2019	Ave2019
Experienced discrimination from the public in the last 12 months	2.5%	2.3%	0.7%	0.6%	1.1%
Experienced discrimination from manager or other colleagues in the last 12 months	4.2%	4.8%	8.1%	8%	5%

#### Key

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

5.4.2 In comparison with the previous year the 2019 results indicate a small reduction both in the percentage of staff more likely to say they have experienced bullying, harassment and abuse from the public and/or experiencing discrimination from the public.

However, there has been an increase in the percentage of staff saying they experienced harassment, bullying or abuse from managers and a significant increase in staff saying they have experienced bullying, harassment and abuse from colleagues, which is well above the sector average.

It is important to note that there has been a significant decrease in the proportion of staff saying that they reported their most recent experience of harassment, bullying or abuse and this figure now well below the sector average.

The actual number of staff who recorded experiencing discrimination was very small, however there was a continued above average trend in the proportion of staff saying they experienced discrimination from managers and other colleagues.

5.4.3 In comparison with the sector average, Wakefield CCG was:

**Same/Above average on:** (Same or better than)

- Experienced harassment, bullying or abuse from the public
- Experienced discrimination from the public

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

- Experienced harassment, bullying or abuse from managers
- Experienced harassment, bullying or abuse from colleagues
- Experienced discrimination from manager or other colleagues
- Most recent experience of harassment, bullying or abuse reported

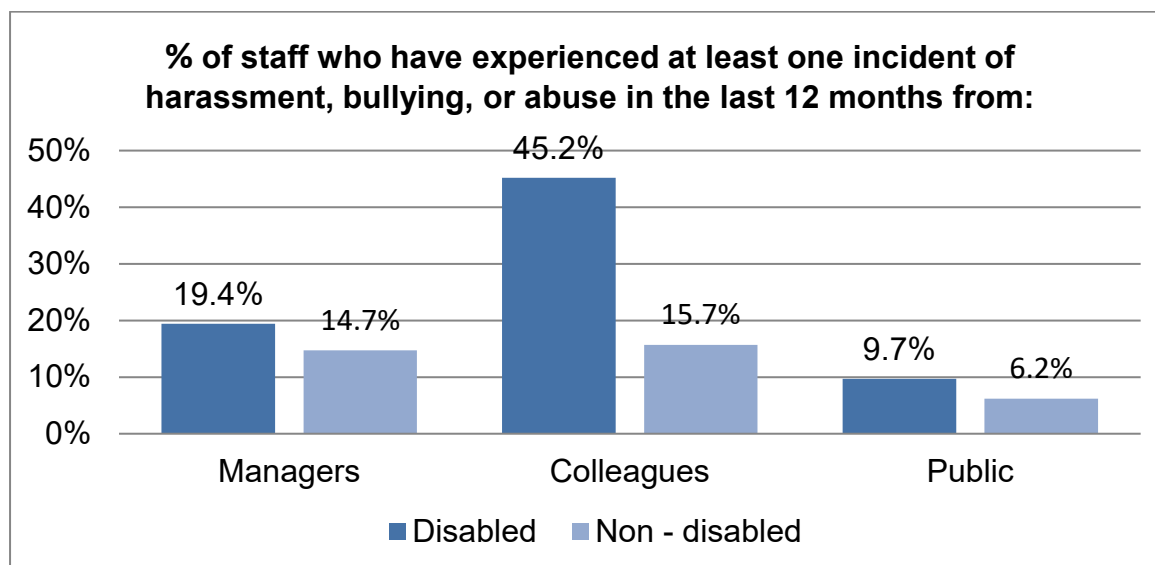
5.4.4 It is possible to disaggregate some of the results by protected characteristics, which allows for a more granular analysis of staff experience at the CCG.

To protect the confidentiality of staff, results are only presented for groups with 11 or more respondents. This means it is only possible to analyse the data by disability, age and sex.



## 5.4.5 Disability

### Harassment, bullying or abuse 2019



### Harassment, bullying or abuse 2016-18 – Disability

#### From the public

2016	n <sup>1</sup>	%
Disabled	13	7.7%
Non-disabled	103	5.8%
2017	n	%
Disabled	11	0.0%
Non-disabled	111	7.2%
2018	n	%
Disabled	31	9.7%
Non-disabled	119	9.2%
2019	n	%
Disabled	31	9.7%
Non-disabled	129	6.2%

<sup>1</sup> n = total number of respondents

### From managers

<b>2016</b>	<b>n</b>	<b>%</b>
Disabled	13	38.5%
Non-disabled	103	12.6%
<b>2017</b>	<b>n</b>	<b>%</b>
Disabled	11	36.4%
Non-disabled	111	13.5%
<b>2018</b>	<b>n</b>	<b>%</b>
Disabled	31	29.0%
Non-disabled	119	10.1%
<b>2019</b>	<b>n</b>	<b>%</b>
Disabled	31	19.4%
Non-disabled	129	14.7%

### From Colleagues

<b>2016</b>	<b>n</b>	<b>%</b>
Disabled	12	25.0%
Non-disabled	101	11.9%
<b>2017</b>	<b>n</b>	<b>%</b>
Disabled	No data	No data
Non-disabled	110	17.3%
<b>2018</b>	<b>n</b>	<b>%</b>
Disabled	30	33.3%
Non-disabled	117	12.8%
<b>2019</b>	<b>n</b>	<b>%</b>
Disabled	31	45.2%
Non-disabled	127	15.7%

5.4.6 In 2019, disabled staff were significantly more likely to say they experienced bullying, harassment or abuse in the workplace from managers and colleagues than non-disabled staff (see figure 2 above).

The upward trend has continued for disabled staff experiencing harassment, bullying and abuse from the public and colleagues between 2016 and 2019. In comparison there has been downward trend for bullying, harassment and abuse from managers for both disabled and non-disabled staff between 2016 and 2018 (see figure 6 above).

It should be noted however that in 2019 there was a small increase for non – disabled staff.

Disabled staff were more likely to report their experience than non-disabled staff (66.7% versus 23.5%).

5.4.7 In 2019, disabled staff were more likely to say they had experienced discrimination from managers and colleagues than non-disabled staff (see table 7 below) but this has dropped significantly from the previous year.

In comparison whilst numbers are low for non –disabled staff there has been a small increase in non- disabled staff saying they have experienced discrimination from managers or colleagues.

### **Discrimination 2016-18 - Disability**

#### **From the public**

<b>2016</b>	<b>n</b>	<b>%</b>
Disabled	13	0.0%
Non-disabled	104	2.9%
<b>2017</b>	<b>n</b>	<b>%</b>
Disabled	11	0.0%
Non-disabled	111	2.7%

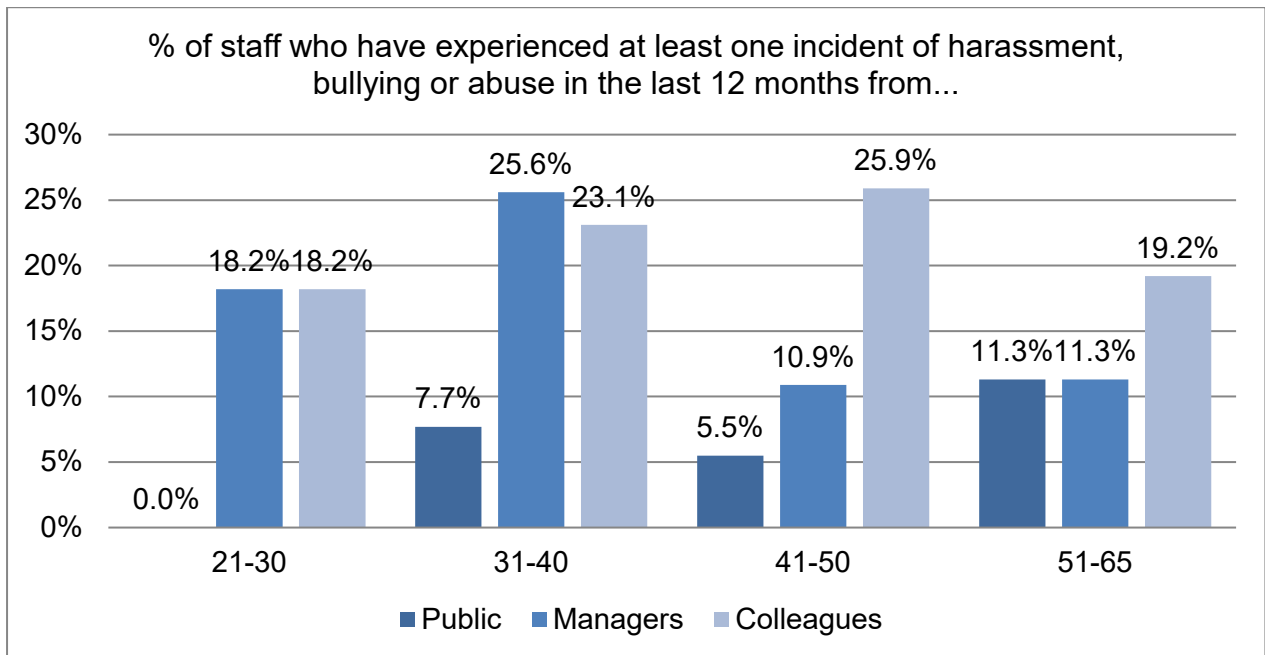
<b>2018</b>	<b>n</b>	<b>%</b>
Disabled	31	0.0%
Non-disabled	118	0.8%
<b>2019</b>	<b>n</b>	<b>%</b>
Disabled	31	0.0%
Non-disabled	127	0.0%

### From managers / colleagues

<b>2016</b>	<b>n</b>	<b>%</b>
Disabled	13	15.4%
Non-disabled	104	2.9%
<b>2017</b>	<b>n</b>	<b>%</b>
Disabled	11	9.1%
Non-disabled	110	2.7%
<b>2018</b>	<b>n</b>	<b>%</b>
Disabled	31	19.4%
Non-disabled	117	5.1%
<b>2019</b>	<b>n</b>	<b>%</b>
Disabled	31	10%
Non-disabled	127	7.9%

### 5.4.8 Age

#### Harassment, bullying or abuse by age 2019



#### Harassment, bullying or abuse 2016-19 by Age

##### From the public

2016	n	%
21-30	11	0.0%
31-40	20	10.0%
41-50	37	8.1%
51-65	32	3.1%
2017	n	%
21-30	13	15.4%
31-40	29	3.4%
41-50	44	6.8%
51-65	33	6.1%
2018	n	%
21-30	11	9.1%
31-40	33	3.0%

41-50	50	8.0%
51-65	53	15.1%
<b>2019</b>	<b>n</b>	<b>%</b>
21-30	11	0.0%
31-40	39	7.7%
41-50	55	5.5%
51-65	53	11.3%

### From managers

<b>2016</b>	<b>n</b>	<b>%</b>
21-30	11	0.0%
31-40	30	13.3%
41-50	37	16.2%
51-65	32	21.9%
<b>2017</b>	<b>n</b>	<b>%</b>
21-30	13	15.4%
31-40	29	6.9%
41-50	44	15.9%
51-65	33	18.2%
<b>2018</b>	<b>n</b>	<b>%</b>
21-30	11	0.0%
31-40	33	9.1%
41-50	50	16.0%
51-65	53	18.9%
<b>2019</b>	<b>n</b>	<b>%</b>
21-30	11	18.2%
31-40	39	25.6%
41-50	55	10.9%
51-65	53	11.3%

## From colleagues

<b>2016</b>	<b>n</b>	<b>%</b>
21-30	11	0.0%
31-40	30	3.3%
41-50	35	17.1%
51-65	31	19.4%
<b>2017</b>	<b>n</b>	<b>%</b>
21-30	13	15.4%
31-40	29	20.7%
41-50	44	20.5%
51-65	31	9.7%
<b>2018</b>	<b>n</b>	<b>%</b>
21-30	11	9.1%
31-40	33	15.2%
41-50	48	18.8%
51-65	52	17.3%
<b>2019</b>	<b>n</b>	<b>%</b>
21-30	11	18.2%
31-40	39	23.1%
41-50	54	25.9%
51-65	52	19.2%

5.4.9 The graph above shows that in 2019 staff in the age band 31- 40 were more likely to say they experienced bullying, harassment or abuse compared to other staff, in particular from managers.

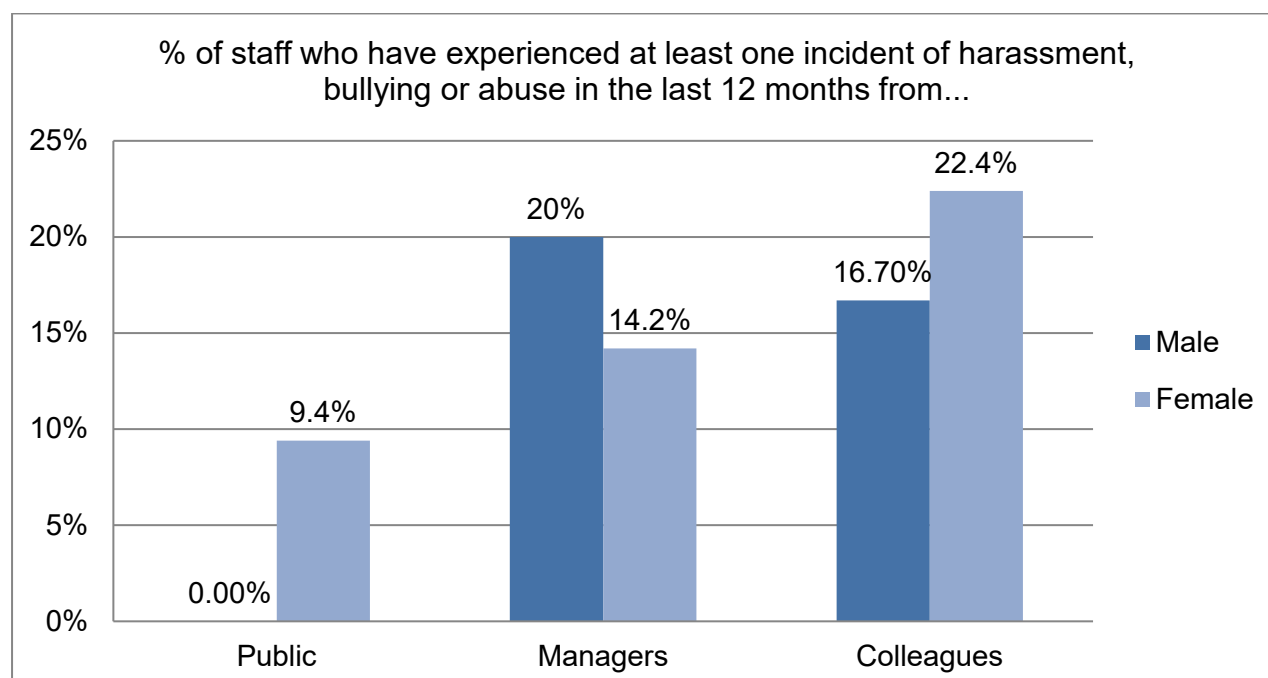
In comparison staff aged 51-65 were more likely to say they experienced bullying, harassment or abuse from colleagues.

The table indicates that from 2016 to 2018 there was an upward trend for staff aged 51-65 years experiencing bullying, harassment or abuse from the public however this has reduced in 2019.

There has also been an increase from staff in the younger age band 21-30 who are more likely to say they are experiencing bullying, harassment or abuse from managers and colleagues in comparison to previous years and are less likely to report it.

#### 5.4.10 Sex

##### Harassment, bullying or abuse by sex 2019



##### Harassment, bullying or abuse 2016-19 by Sex

###### From the public

2016	n	%
Male	90	6.7%
Female	17	0.0%
2017	n	%



Male	100	8.0%
Female	17	0.0%
<b>2018</b>	<b>n</b>	<b>%</b>
Male	121	10.7%
Female	22	0.0%
<b>2019</b>	<b>n</b>	<b>%</b>
Male	127	9.4%
Female	30	0.0%

**From managers**

<b>2016</b>	<b>n</b>	<b>%</b>
Male	90	15.6%
Female	17	5.9%
<b>2017</b>	<b>n</b>	<b>%</b>
Male	100	13.0%
Female	17	17.6%
<b>2018</b>	<b>n</b>	<b>%</b>
Male	121	15.7%
Female	22	0.0%
<b>2019</b>	<b>n</b>	<b>%</b>
Male	127	14.2%
Female	30	20%

## For colleagues

<b>2016</b>	<b>n</b>	<b>%</b>
Male	87	12.6%
Female	17	11.8%
<b>2017</b>	<b>n</b>	<b>%</b>
Male	98	15.3%
Female	17	11.8%
<b>2018</b>	<b>n</b>	<b>%</b>
Male	118	17.8%
Female	22	9.1%
<b>2019</b>	<b>n</b>	<b>%</b>
Male	125	22.4%
Female	30	16.7%

5.4.11 the graph indicates that female staff are more likely than male staff to experience harassment, bullying or abuse. Harassment, bullying or abuse from the public and colleagues has followed an upward trend since 2016 for female staff. In comparison, no male colleagues have said they experienced harassment, bullying or abuse from the public.

However, as the table shows there has been a spike in 2019 with a higher percentage of males than females saying that they have experienced harassment, bullying or abuse from managers. The data indicates that males are less likely to report this experience.

## 5.5 Grading

5.5.1 Overall the results were mixed in 2019 with performance for the CCG improving across some of the metrics. In the last year, the percentage of staff saying they

experienced discrimination (below the sector average) or harassment, bullying or abuse from the public fell. However, there has been a small rise in the percentage of staff saying they experienced harassment, bullying or abuse from managers, and a significant rise (well above the sector average) of staff more likely to say that they have experienced harassment, bullying or abuse from colleagues.

There has also been a significant decrease in percentage of staff more likely to report their recent experience of harassment, bullying or abuse. When the data is analysed in more detail, it shows that disabled staff, older staff and female staff are more likely to experience harassment, bullying or abuse at the CCG.

5.5.2 Based on the above results, the grade for this outcome is **developing**, which is the same as last year. This means that staff from **some** protected groups fare as well as other colleagues.

5.5.3 This data must be understood within the context of the small CCG workforce and low staff turnover. Presenting the data as a proportion of the workforce can be misleading when staff numbers are small because minor numerical differences can have a disproportionate effect.

5.5.4 The CCG has a Workforce Race Equality Standard (WRES) action plan, a Staff Survey action plan and is preparing to respond to the WDES. The EDS2 internal facing outcomes will influence this activity.

## **6. Conclusions and next steps**

6.1 This report sets out an overview of EDS2 and the grading process, the CCG's approach to delivering EDS2 and the grades agreed by the panel.

6.2 The comments and recommendations made by the grading panel and the assessment of workforce related performance will be used to inform action plans for the CCG. These will be developed in partnership with the CCG's public

participation groups, including the Equality Health Panel and for internal focused actions, the Staff Forum.

- 6.3 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.

## 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	<ul style="list-style-type: none"> <li>• <b>1.1</b> Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities</li> <li>• <b>1.2</b> Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways</li> <li>• <b>1.3</b> Changes across services are discussed with patients, and transitions are made smoothly</li> <li>• <b>1.4</b> The safety of patients is prioritised and assured</li> <li>• <b>1.5</b> Public health, vaccination and screening programmes reach and benefit all local communities and groups</li> </ul>
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	<ul style="list-style-type: none"> <li>• <b>2.1</b> Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds</li> <li>• <b>2.2</b> Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment</li> <li>• <b>2.3</b> Patients and carers report positive experiences of the NHS, where they are</li> </ul>

		<p>listened to and respected and their privacy and dignity is prioritised</p> <ul style="list-style-type: none"> <li>• 2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently</li> </ul>
<p>3. Empowered, engaged and well-supported staff</p>	<p>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 patients' and communities' needs</p>	<ul style="list-style-type: none"> <li>• <b>3.1</b> 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</li> <li>• <b>3.2</b> 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</li> <li>• <b>3.3</b> Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately</li> <li>• <b>3.4</b> Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all</li> <li>• <b>3.5</b> Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives</li> </ul>

		<ul style="list-style-type: none"> <li>• <b>3.6</b> 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</li> </ul>
<p>4. Inclusive leadership at all levels</p>	<p>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>	<p><b>4.1</b> 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><b>4.2</b> 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><b>4.3</b> The organisation uses the NHS Equality and Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes</p>

## **Appendix 2 – List of EDS2 Panel Organisations invited**

- Wakefield District Sight Aid
- Citizens Advice Bureau
- Well Women Centre Wakefield
- Carers Wakefield
- City of Sanctuary
- Deaf Society
- Together Advocacy
- Public Involvement and Patient Experience Committee members



## Appendix 3 – Evidence

NHS Wakefield CCG presented its evidence for a market stall. This comprised of summary of feedback from the engagement supporting this project as well as the procurement stage.

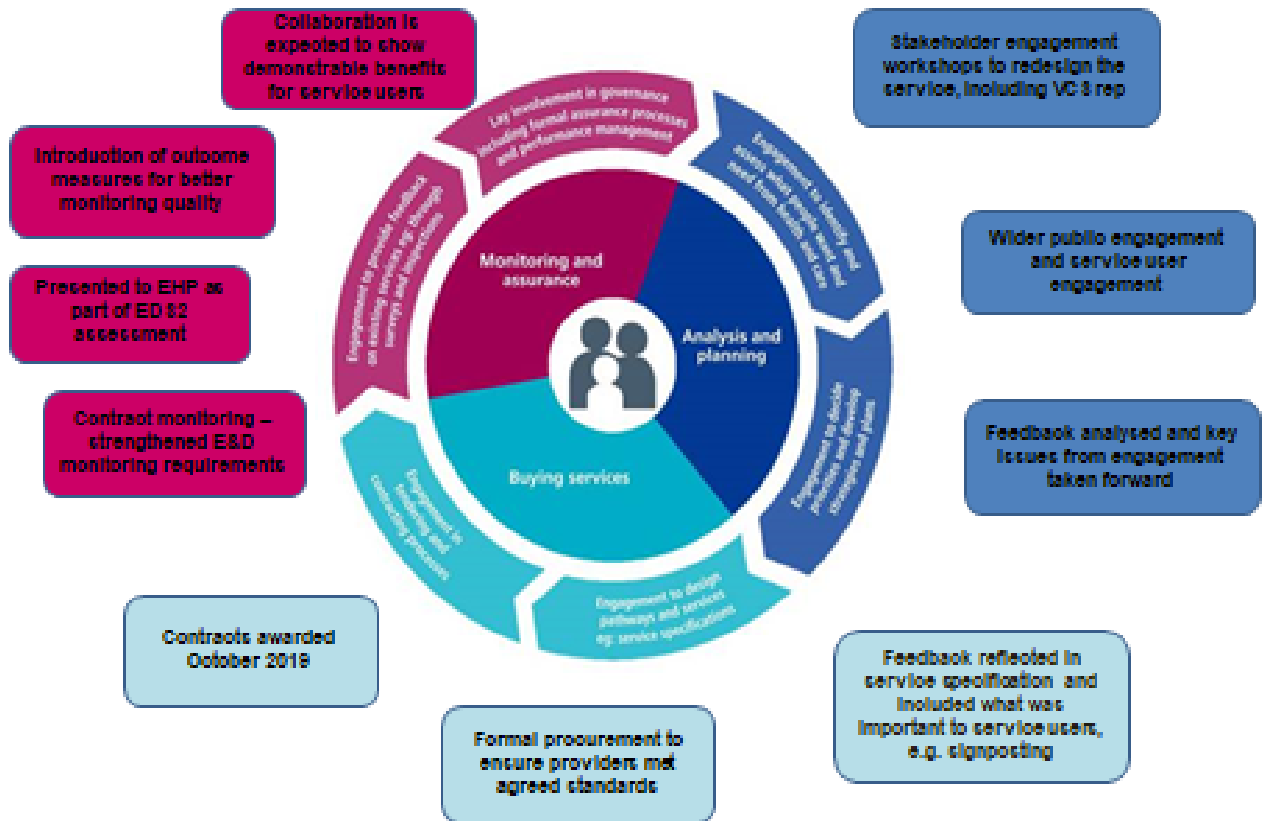
Evidence was presented both visually and verbally, using the commissioning cycle and showcasing where and how patient participation influenced commissioning.

The image below shows the information presented



This can be seen in more detail in the following diagram on the next page

# Adult Hearing Loss



To truly reflect the voice of the patient within the EDS2 evidence, we asked those who took part in engagement and procurement to share their experience in a video. A series of videos were filmed and used as part of the evidence.

