Equality Delivery System (EDS2)
Report 2017-18

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 putting a link to 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. Using the same model as last year, the CCG worked in partnership with the Mid Yorkshire Hospitals NHS Trust and South West Yorkshire Partnership NHS Foundation Trust to deliver a joint approach to engaging with local communities and delivering the EDS2.

2.2 An assessment panel was established with membership drawn from voluntary and community sector organisations (VCSE) representing a range of protected characteristics who are members of the CCG Equality Health Panel (see Appendix 2 for a list of organisations).

2.3 There were two events held this year to support the delivery of the EDS2.

- **Briefing & EDS2 Assessment Panel** - 5 March 2018 – a full day event divided into two parts. The morning comprised of a briefing for panel members on how the assessment process works. In the afternoon, local healthcare organisations delivered presentations and submitted evidence for assessment to the panel, including their self assessed result. Six VCSE representatives attended the panel.

- Between meetings the representatives were asked to return to their organisations to share and consider the evidence and presentation provided by the healthcare organisations and discuss with colleagues and the public to establish their view of the evidence and self-assessed grade. They were then tasked to assign a grade for each organisation using the criteria they had been provided in the briefing.

- **EDS2 Grading Panel** –17 April 2018 - a half day event where the assessment panel shared their grading of the equality performance of local healthcare organisations. Five VCSE representatives attended the grading panel and two provided written feedback.

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

Excelling	**We are doing very well** People from all protected groups fare as well as people overall
Achieving	**We are doing well** People from most protected groups fare as well as people overall
Developing	**We are doing ok** People from some protected groups fare as well as well as people overall
Undeveloped	**We are doing badly** People from all protected groups fare poorly compared with people overall or there is not enough evidence to make an assessment

4   Grades for Goal 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 healthcare organisations agreed to assess their performance against one of the EDS2 goals and its associated outcomes. The theme of public and patient engagement (Goal 2) was chosen this year and the CCG highlighted the work it is doing to include local people and communities in the shaping of local health services (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 self-assessment grades and the grades awarded to the CCG by local stakeholders for the approach to engagement with patients and the public to inform their work.

Table 2: Grades for Goal 2

	Outcome	Public and Patient Engagement	
		Self-Assessed	Grading Panel
Goal 2: Improved Patient Access & Experience	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	A	A
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	A	A
	2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy	A	A

	and dignity is prioritised		

4.3 Panel members graded patient engagement at Wakefield CCG as **'Achieving'** overall. This means that people from most protected groups are listened to by the CCG and involved in the shaping of local healthcare services.

The CCG received the following key recommendations from panel members (Appendix 4 includes the feedback):

- Be aware that there are many people who do not use the internet and therefore be clearer about what other methods are available for engaging with the CCG – this also needs to include the difficulty accessing GP websites.
- Ensure that where electronical/digital communications/engagement tools are being used, that they are fully accessible and compliant with the legislation.

5   Grades for Goals 3 and 4

5.1 The Equality team across Calderdale, Kirklees and Wakefield agreed to assess workforce related performance against the following two EDS outcomes for the four local CCGs:

- **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

5.2 **EDS2 Outcome 3.4**: When at work, staff are free from abuse, harassment, bullying and violence from any source

The national staff survey results 2017 for Wakefield CCG were analysed with reference to the key indicators relating to abuse, harassment and bullying and discrimination. The survey was sent to all directly employed staff in the organisation. The organisation received an 82% response rate.

The results for 2017 are shown in the table below and are compared to the 2016 staff survey results and the 2017 CCG average.

5.3   Key Indicator Findings:

Harassment, bullying or abuse in last 12 months

Key Indicator	2016		2017		CCG Comparator 2017
	No.	%	No	%	
Experienced harassment, bullying or abuse from the public	7	6%	8	6% ↔	10%
Experienced harassment, bullying or abuse from managers	18	15%	22	17% ↑	13%*
Experienced harassment, bullying or abuse from colleagues	15	13%	22	18% ↑	12%*
Most recent experience of harassment, bullying or abuse reported	9	29%	8	23% ↓	40%

* The main key indicator for bullying and harassment combines two questions, one relating to colleagues and one managers using a specific formula and weighting. The figures for these questions are unweighted data and enable a better understanding for equality purposes to understand staff experience. For more details on how data is collected and analysed see NHS Staff Surveys - 2017 Results

Discrimination in last 12 months

Key Indicator	2016		2017		CCG Comparator 2017
	No.	%	No	%	
Experienced discrimination from the public	3	3%	3	2% ↓	1%
Experienced discrimination from managers or other staff	5	4%	6	5% ↑	6%

Key

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

5.4   It is important to note that the actual number of staff who reported discrimination was very small. However, of those who reported experiencing discrimination, 23% stated that it was on the grounds of ethnicity, 10% gender, 9% disability and 16% for age.

5.5   It is clear from comparison with the results in 2016 that performance for the CCG in this area has not improved despite robust efforts by the organisation to address these concerns.

5.6   In comparison with the other CCGs in the 2017 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 harassment, bullying or abuse from managers
- Staff experiencing bullying, harassment or abuse from other staff in the last 12 months.
- Most recent experience of harassment, bullying or abuse reported.

5.7 The staff survey is equality monitored but the data is not disaggregated by protected characteristic. This means it is not possible to compare the experiences of different protected characteristics or identify who has experienced bullying, harassment and discrimination.

5.8 Comparing 2017 staff survey data to the previous year and the national CCG average, staff at Wakefield CCG appear to fare poorly.

5.9 The CCG had already responded to the concerns raised by the staff survey results 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 in 2017/18.

5.10 An action plan was 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 ran throughout 2017/2018. The course covered:

    - 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

In 2017/18, only 36% of staff received this training.

- A campaign to raise awareness of bullying in the workplace was undertaken with a poster promoting a zero tolerance approach.

- The Staff Forum is focused on staff experience and improving reporting, and discussed the Dignity at Work (bullying and harassment) policy.

- The CCG commissioned a training programme for all staff 'Moving Forward Together' to support staff resilience and readiness for change. Feedback and evaluation has demonstrated tangible benefits in terms of networking, building empathy and relationships and working together better.

- A number of staff were trained as Mental Health First Aiders. They learnt how to identify, understand and respond to signs of mental ill health at work and colleagues know they can approach them for support.

- A staff awards ceremony was held in May 2018 to recognise staff contributions and boost morale.

5.11   In 2017/18The CCG undertook a review of their Equality Objectives and developed an internal facing objective to address 'improved staff experience'

5.12   The feedback from the staff survey indicates that the grade for this outcome is **'Undeveloped'**, as there has been no improvement in the results since the 2016 staff survey. However, given that only 36% of staff received the 'Bullying and Harassment Prevention' training in 2017/18, together with a renewed organisational commitment to tackling this issue, it has been agreed that the grade will be raised to **'Developing'** for a second year.

5.13   This is a very disappointing result for the CCG, as considerable work has been undertaken to address the issues that have emerged. It is recognised that by training staff and raising awareness of bullying, harassment and discrimination, this may result in increased staff survey responses. However, there has been no commensurate increase in staff reporting of these incidents, which is of significant concern.

5.14   The CCG has analysed the results of the survey and has interrogated the data further to try to identify any particular 'hot spots' and is developing an action plan to ensure that staff have improved confidence to report and address poor behaviour.

5.15   The 2017 Staff Survey action plan includes the following specific actions;

- Conduct further analysis to better understand employees' experiences and to inform a more specific approach to addressing bullying and harassment behaviours and how this can be prevented.
- Review the effectiveness of the Bullying and Harassment Prevention Training and make improvements to ensure it is as reflective and

interactive as possible to achieve the best possible learning outcomes from the sessions

- Continue the work of the Working Environment Improvement Group – a subgroup of the Moving Forward Together Programme – to ensure staff feedback is effectively incorporated and that tangible outcomes are realised.
- Develop and deliver Mental Health First Aid training for line managers.
- Introduce and promote a staff volunteering scheme within the CCG.

5.16   The CCG is also working in partnership across the CKW footprint to explore the development of staff equality networks and work has been undertaken with the staff forums to gauge interest. A survey has been shared with staff in June 2018 to understand interest, preference for types of network, their operation and the recruitment of potential members.

5.17   **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

5.18   A desktop exercise was undertaken to consider all papers that came before the Board and other major Committees in 2017. Documents were sourced from the 2017/18 minutes of the Governing Body and Probity Committee.

5.19   Overall, the evidence indicated that assurance systems and processes ensured that documents submitted to 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.

5.20   There was some evidence that decision-makers were informed about potential equality-related risks but there was scope for improvement. A review of Probity Committee and Governing Body papers for 2017 found evidence of completed Equality Impact Assessments (EIAs), including closure of a branch surgery at Wrenthorpe (Outwood Park Medical Centre), Mid Yorkshire Hospital Trust Reconfiguration and Pontefract Urgent Care 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 appear to provide any detail for the committee to consider.

5.21   On assessment, the evidence suggests that the grading in relation to this outcome is **'Developing'**, which is the same as last year. This means that people from some protected groups fare as well as people overall.

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 in 2018. 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	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 patients' and communities' needs	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 that services are commissioned or provided appropriately
		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
		3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the

Goal	Narrative	Outcome
		way that people lead their lives
		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
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	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
		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
		4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes

Appendix 2 – List of EDS2 Panel Organisations

- Health Visitor with Travelling Community and City of Sanctuary

- VoiceAbility

- Step-up Friends (peer support group for people with a learning disability)

- Wakefield and District Society for Deaf People

- Patient Participation Group Network

- Wakefield District Sight Aid

Appendix 3 – Equality Delivery System (EDS2) Panel template - NHS Wakefield Clinical Commissioning Group

1. Introduction

Public and patient engagement – making the CCG's vision a reality by effectively engaging patients at each stage of the commissioning cycle.

Our vision is "to commission quality services that will improve local patients' experiences of care and improve their health. To do this, we want to involve and listen to patients, practices, partners and staff when altering or changing our services." By working with patients, carers, patient organisations and the public, we are able to develop services which meet the health needs of our community.

2. Rationale

Through our updated Communications, Engagement and Equality Strategy the CCG is committed to making sure we actively engage with patients, the public and other key stakeholders to ensure that the commissioning (buying), design, development, delivery and monitoring of healthcare in Wakefield meets the needs of our population. By listening to patients and learning from their experience of health care we can understand what really matters to people.

3. Action Taken

We want to make sure we hear from all the people and communities in and around Wakefield - everyone's opinion matters. We understand that the way we ask for people to share their views can make a big difference to who responds so we make sure we design our engagement processes with this in mind. We tailor each engagement project to the needs of the public, patient or carer groups, it takes account of the needs of different protected groups, making efforts to ensure it reaches seldom heard people and groups. In this way we can be assured that we understand and respond to the local community. All engagement activity is equality monitored so we can check we reach a representative sample of the local population. We target groups who are underrepresented and those who may be most affected by the engagement topic. We then use this intelligence to analyse the responses to see if any trends emerge for different protected groups and this supports the equality impact assessments (EIA). The EIA process is designed to make sure that a policy, project or scheme does not discriminate against anyone protected by the Equality Act.

The diagram below is from recently published NHS England guidance and we have added notes to show how the CCG engages

through every step of the commissioning cycle. By developing different ways in which people can get involved in shaping the services, we aim to maximise the opportunities for public involvement and participation. At the workshop on 5 March we will present an example of a commissioning decision at each stage of the commissioning cycle.

The activities and opportunities we have set up make sure our engagement is representative of the our diverse communities we serve and include the following:-

- **our engagement database** - we contact people on this database when an opportunity arises for them to get involved. This can range from being part of a discussion group, completing a questionnaire, joining a service user group or telling us what they think about some of the documents we produce.
- **our Public Involvement and Patient Experience Committee** (PIPEC) - our assurance group with members of the public and representatives of local, voluntary and community sector organisations, who make sure we meet our statutory duty to engage.
- **our relationship matrix** of community and voluntary groups; developed to ensure that we engage with groups representing the nine protected equality characteristics.
- **our website** (http://www.wakefieldccg.nhs.uk/)**, Twitter (**@NHSWakefieldCCG) **and Facebook** (www.facebook.com/HealthyWakefield) to provide information about and promote our work online and via social media.
- **our engagement events** - public engagement events with local people on health care related topics.
- **our Equality Health Panel** – for protected groups and their representatives to share their views, information and feedback to us and our providers to promote equality in the Wakefield healthcare system.

4. Results

Tailoring our approach to engagement makes sure we maximise who responds, takes account of the needs of different protected groups so we understand and then respond to feedback from our local communities. Equality monitoring responses to engagement makes sure we reach a representative sample of the local population, and then target groups who are underrepresented or who may be most affected by the potential decision we're making. We then use this intelligence to see if any trends emerge for different protected groups and this supports the equality impact assessments.

Our work to engage people and communities is assessed by NHS England each year (as part of the CCG Improvement and Assessment Framework (IAF)). This was a desktop review of our corporate annual report, our website, and documents and information published on our website. This looked at several areas, with one being Equalities and health inequalities. The outcome was published in November 2017, and we were awarded a 'Good' rating.

The outcome of the assessment, which was a desktop review of our corporate annual report, our website, and documents and information published on our website. One of the areas assessed was Equalities and health inequalities are our CCG were given a 'Good' rating for this in November 2017.

We have our Public Involvement and Patient Experience Committee (PIPEC) and Equality Health Panel. CCG Lay members champion Equality & Diversity and Public and Patient Involvement (PPI) at various meetings and committees of the CCG.

'Putting patients first' is our patient experience framework which analyses feedback from a wide variety of patients reflecting the diversity of our local population to helps us understand their experience of existing services
https://www.wakefieldccg.nhs.uk/home/patient-in-wakefield/get-
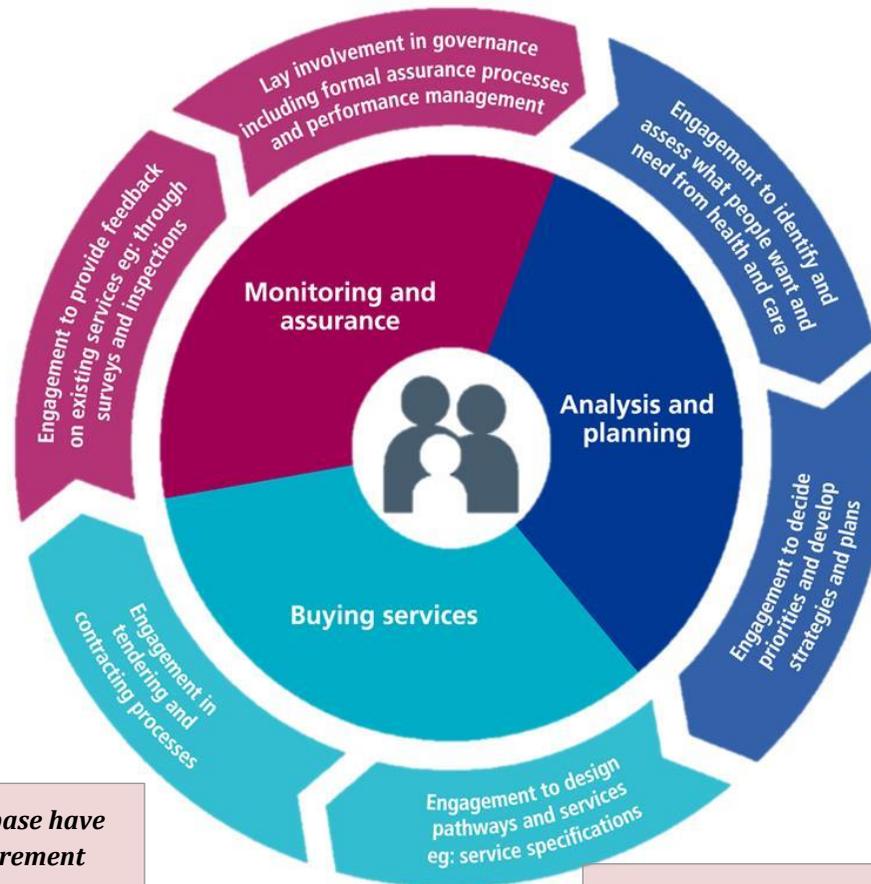
We have done this through "what matters to you?" commissioning priorities, Healthy Wakefield events, commissioning maze scenarios, and analysis of feedback from patients
https://www.wakefieldccg.nhs.uk/home/patient-in-wakefield/get-involved/engagement-reports

People on our engagement database have volunteered to be part of a procurement panel which reviews and scores information from potential bidders applying to provide a service, e.g. bereavement, hospital to home, and non-

For example, mental health, stroke, diabetes, gastroenterology, musculoskeletal, ophthalmology
https://www.wakefieldccg.nhs.uk/home/patient-in-wakefield/get-involved/engagement-

Lay involvement in governance including formal assurance processes and performance management

Engagement to identify and assess what people want and need from health and care

Engagement to provide feedback on existing services eg: through surveys and inspections

Engagement to decide priorities and develop strategies and plans

Engagement in tendering and contracting processes

Engagement to design pathways and services eg: service specifications

Monitoring and assurance

Analysis and planning

Buying services

5. Outcomes and Next Steps

We will continue to develop the ways in which we engage and communicate with local people and organisations, particularly through using technology and developing new relationships. We want to strengthen membership of our **Equality Health Panel** to include all protected groups and their representatives and advocates.

To move to 'Outstanding' for our rating NHS England gave us feedback that our website had no clear instructions for the public about how to get information in different formats (e.g. Easy Read, Braille, community languages). We will review the information we provide on our website and make sure that clear instructions are available to the public on how they can get information in different formats. We will also link this to our wider work in respect of the Accessible Information Standard.

With our partner organisations we are developing new ways of providing services to the people who live in Wakefield. One of our new Equality Objectives is, through engagement, to make sure our plans and developments include considering the impact any changes for people with one or more protected characteristics may have.

6. Protected characteristics that fared well

Age		Disability		Carers		Gender reassignment		Pregnancy & Maternity	
Race	✓	Religion & Belief	✓	Sex	✓	Sexual Orientation	✓		

7. Grade

Grade	Undeveloped		Developing		Achieving		Excelling	

Appendix 4 - Key recommendations identified by grading panel for NHS Wakefield CCG

Written feedback submitted by Health Visitor – Travellers/Asylum Seekers

- The groups took time to recognise what the CCG does.
- Long conversations about GP provision and why it should take 6 weeks to access appointments.
- Disappointed about the change of Pontefract A&E which has led to non-belief that people are caring for the group.
- Talked about listening and views and time to change.
- Some groups are not familiar with the set up in the UK and it takes time to talk about funding, access and services.
- The groups are always happy to take part in Healthwatch discussions if they feel that they are recognised and the discussion is available.

Next steps – happy that the CCG want to be outstanding, but also want them to assist with better access to GP care.

Grade – Thought the CCG must be achieving as it looks as if you speak to a lot of other people and get lots of views, but they also want the access to GPs to improve.

Written feedback from Wakefield District Sight Aid (WDSA)

- The information presented is fairly broad-brush, but it does appear that all protected groups have been considered through the Communications, Engagement and Equality Strategy, although it is difficult to tell how well they have all been treated in practice.
- From the point of view of visually impaired people (as a subset of the disability protected group) it would be interesting to see some more granular details on how the engagement database works for these people in practice. For example, we have regularly been sent email invitations to participate in patient questionnaires and been asked to disseminate these to our members. We are of course happy to do this, but this approach does not take into account that a large proportion of our service users do not use email, and that a great many of those that are online use assistive technology to enable them to access information via computer. We have found in the past that these questionnaires are not compatible with this technology, meaning that large numbers of people are excluded from completing the questionnaires unless specialist provision can be made to disseminate the surveys via other means, and for people to be able to complete them over the phone with a trained person. These barriers will put a great many people off.

- Equally, where the CCG states that it will review the information provided on its website to ensure that there are clear instructions about how to obtain information in different formats (eg; easy read, braille) this does not appear to take into account that if a person requires braille, they may not be using the website in the first place, and we would therefore be interested to hear about what other ways of requesting alternative formats are being communicated and how.

Feedback from the EDS2 Panel Meeting;

- The Engagement team are 'phenomenal' – always feel fully backed and supported.
- Engagement with Patient Reference Groups could be improved for developments such as Connecting Care and the GP federations/confederation
- Feedback regarding presentation of information – easy to read.
- On the ball – opportunities to be involved; kept up to date
- Not everyone has access to the internet; need to explore other methods.
- Screen reader isn't always compatible with certain programmes.

Top two improvements identified following EDS2 Grading Panel;

1) Be aware that there are many people who do not use the internet and therefore be clearer about other methods there are available for engaging with the CCG – this would also include the difficulty accessing GP websites.
2) Ensure that where electronical/digital communications/engagement tools are being used, that they are fully accessible and DDA compliant.

Grading given during the panel: