# Equality Delivery System Report

# 2022-2023

Contents

[Equality Delivery System Report 1](#_Toc150334693)

[2022-2023 1](#_Toc150334694)

[Introduction 3](#_Toc150334695)

[Approach to engagement with local stakeholders 4](#_Toc150334696)

[Grading explained 4](#_Toc150334697)

[Grades for Goals 1 and 2 5](#_Toc150334698)

[Grades for Goals 3 and 4 6](#_Toc150334699)

[EDS Outcome 3.1 6](#_Toc150334700)

[Staff experience 11](#_Toc150334701)

[Grading 12](#_Toc150334702)

[EDS Outcome 3.4 12](#_Toc150334703)

[Key Findings 13](#_Toc150334704)

[Age 16](#_Toc150334705)

[Sex 17](#_Toc150334706)

[Ethnicity 17](#_Toc150334707)

[Disability 18](#_Toc150334708)

[Religion 20](#_Toc150334709)

[Sexual Orientation 21](#_Toc150334710)

[Grading 22](#_Toc150334711)

[Conclusions and next steps 23](#_Toc150334712)

[Appendix 1 - EDS2 Goals and Outcomes 25](#_Toc150334713)

[Appendix 2 – List of EDS2 Panel Organisations invited 27](#_Toc150334714)

[Appendix 3 – Evidence 28](#_Toc150334715)

## Introduction

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.

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

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.

The tool is mandatory. It must be completed every year and available to the public. The Wakefield District Health and Care Partnership (HCP) will do this by publishing this report on our website.

The aim of the EDS2 is to embed equality into business practices and foster a culture of transparency and accountability in the HCP. It helps Wakefield District HCP 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 Integrated Care Board (ICB) to fulfil its requirements under the Equality Act 2010.

The EDS2 is being replaced by a refreshed EDS22 which will be implemented across the ICB later in 2023.

## Approach to engagement with local stakeholders

Without engagement with local people and communities, it would not be possible to deliver EDS2 effectively. The HCP worked in partnership with local health and care partners to host an online EDS2 event.

To ensure as much engagement from stakeholders as possible we made sure that the presentations and supporting information were provided in an accessible format to participants in advance of the meeting and that all reasonable adjustments were made to support participation on the day.

A People Panel meeting hosted the EDS2 event. This was supplemented by invites to the local voluntary, community and social enterprise sector (VCSE) representing a range of protected characteristics. Following the presentations they conducted an assessment.

The event was held on 16 March 2023. The WHCP and Mid Yorkshire Hospitals Trust delivered presentations to evidence their progress on responding to the needs of protected groups. Using the EDS2 assessment criteria, the attendees graded the equality performance of each of the healthcare organisations. 14 representatives and members of the public attended the online event.

### Grading explained

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?

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

**Table 1: EDS2 Grading Key**

|  |  |
| --- | --- |
| **Excelling** **(purple)**  | **We are doing very well**People from all protected groups fare as well as people overall |
| **Achieving** **(green)**  | **We are doing well**People from most protected groups fare as well as people overall  |
| **Developing (amber)** | **We are doing ok**People from some protected groups fare as well as well as people overall |
| **Undeveloped** **(red)** | **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 |

## **Grades for Goals 1 and 2**

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 EDS2 goal 2 and its associated outcomes: improved patient access and experience. The HCP showcased the work it had undertaken on Addressing Health Inequalities within Primary Care. The presentation is appendix 2.

To enable people to participate in the event and to gather views from others they represent a summary of the presentation was shared in advance. At the event Natalie Knowles, Primary Care Development Manager, Health Inequalities and Health Inclusion Lead delivered the HCP presentation. After she answered questions and took feedback from the panel.

An anonymised online polling tool was then used to allow participants to grade the organisation against the EDS2 criteria.

These scores were collated for the HCP and have been used to determine the final grade. Using the EDS2 grading criteria (table 1 above), the table below provides the HCP self-assessed grade and the grade awarded to the HCP by local stakeholders based on the evidence presented.

**Table 2: Grades for Goal 2: Vaccine Programme delivery**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Outcome** | **Self-Assessed** | **Grading Panel** |
| 2.Improved patient access and 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 | Developing  | Developing  |

Panel members agreed with the self-assessed grade: developing**.**

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

As the ICB was established in 2022 from the five West Yorkshire CCGs staff are now employees of the ICB. This report will consider all staff of the ICB to assess workforce related performance as the against the following two EDS outcomes:

* **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

### 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.**

To consider the grade for this outcome the following data was reviewed; a snapshot of the ICB workforce data taken from the Electronic Staff Record (ESR) in January 2023 (as shown in the tables below and on the following page) compared to the local population profiles, the West Yorkshire population 2021 census and NHS staff survey results 2022.

It is not possible to disaggregate the data to the 5 areas in West Yorkshire: Bradford, Calderdale, Kirklees, Leeds, and Wakefield as all staff are employed by the ICB. This means we are unable to compare the data as in previous years to local census demographics and Wakefield staff. It is important to note that census data includes all ages which will not be directly comparable with working age data.

| **Age**  | **Percentage** | **West Yorkshire** |
| --- | --- | --- |
| 30 and under | 9% | 17.4% |
| 31-50 | 53.2% | 26.10% |
| 51-65  | 36% | 19.5% |
| 66 and over | 1.6% | 9% |

| **Gender** | **Percentage** | **West Yorkshire** |
| --- | --- | --- |
| Female | 78.5% | 51.5% |
| Male | 21.5% | 48.9% |

| **Ethnicity** | **Percentage** | **West Yorkshire** |
| --- | --- | --- |
| White - British | 81.7% | 76.6% |
| Asian or Asian British  | 9% | 16% |
| Black or Black British  | 3% | 3.1% |
| Mixed and Multiple Ethnic background | 1.6% | 5% |
| Other ethnic background | 0.8% | 1.7% |
| Not stated | 3.9% | -  |

|  |  |  |
| --- | --- | --- |
| **Disability** | **Percentage** | **West Yorkshire**  |
| No | 86.8% | 75.9% |
| Not Declared | 7.6%. | - |
| Yes | 5.6% | 17.6% |
| Has long term physical or mental health condition  |  | 6.5% |

|  |  |  |
| --- | --- | --- |
| **Religious belief**  | **Percentage** | **West Yorkshire**  |
| No religion | 17.9% | 36.7% |
| Buddhist | 0% | 0.3% |
| Christian | 47.5% | 40.6% |
| Hindu | 0.9% | 0.8% |
| Muslim | 6.4% | 14.5% |
| Sikh | 1%  | 0.8% |
| Jewish | 0% | 0.3% |
| Not Disclosed | 17.9% | - |
| Not stated | 2.3% | - |
| Other | 5.4% | 0.4% |

|  |  |  |
| --- | --- | --- |
| **Sexual orientation**  | **Percentage** | **West Yorkshire** |
| Gay or Lesbian | 2.9% | 1.5% |
| Bisexual | 0.6% | 1.3% |
| Heterosexual | 83.4% | 89.3% |
| Not Disclosed | 13.7% | 7.4% |
| Other sexual orientations  |  | 0.3% |

The ICB workforce remains predominantly older than the population average, with 89.2% aged 31 to 65 compared with approximately 45.6% of the local population for this age range. Younger age groups, especially those under 30, are again underrepresented being only 9 % in the workforce.

Women are overrepresented (78.5%) in the ICB, which reflects the regional and national pictures across the NHS workforce.

According to the Census 2021, the largest ethnic group in West Yorkshire is White at 76.6%. This compares with a workforce profile of 81.7% of White staff at the ICB where there is overrepresentation. Asian and Asian British people are the largest ethnic minority group at 15.8% in West Yorkshire, followed by 3.1% for Black and Black British people, 2.8% for Mixed and multiple ethnic groups, and 1.7% for other ethnic groups. When comparing the ICB workforce there is clearly underrepresentation for some ethnic minority groups, specifically Asian and Asian British people and people from Mixed and Multiple ethnic backgrounds.

The 2021 census shows that 17.6% of West Yorkshire residents aged 16 to 64 were disabled under the Equality Act, a further 6.5% had a long-term health condition.

According to the workforce profile, 5.6% of staff disclosed a disability and 7.6% of staff did not declare. The data from ESR therefore indicates that disabled staff are underrepresented in the ICB. However, 27.1% of respondents to the 2022 WYICB NHS Staff Survey indicated they had ‘long-lasting condition or illness’

The significant gap in people reporting they are disabled on ESR compared to the NHS staff survey is common in the NHS and action will be taken to remind staff to update ESR to reflect any change in their circumstances. It is recognised however that there are concerns for staff that this may have a negative impact.

Nationally The NHS Staff Survey along with the [Workforce Disability Equality Standard (WDES)](https://www.england.nhs.uk/publication/workforce-disability-equality-standard-2021-data-analysis-report-for-nhs-trusts-and-foundation-trusts/) shows that disabled staff in the NHS are under-represented when compared to the general population and in some areas are reporting poorer work experiences.

The WYICB Disability and Long-Term Conditions Staff Network is working with the ICB to raise awareness of the issues for this staff group and build confidence.

The new [NHS Equality, Diversity, and Inclusion plan](https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/) also requires the ICB to:

* Demonstrate year-on-year improvement in disability declaration rates so that ESR data is accurate about people with a disability, as measured by the WDES.
* Promote the visibility of leaders with a disability through effective campaigns and provide leadership and career development opportunities tailored to disabled staff. Measure progress by tracking the number of disabled staff in leadership roles.
* Implement recommendations from the inclusive recruitment and promotion practices programme to ensure the recruitment pathway is accessible, does not discriminate and encourages people with disabilities to apply for roles in the NHS.
* Talent management and career development programmes must be fully accessible and inclusive.
* Address the disproportionate levels of bullying and harassment experienced by disabled staff. Measure progress through NHS Staff Survey results.
* Ensure their reasonable adjustments policy is effectively and efficiently implemented and achieves year-on-year improvement in NHS Staff Survey metrics relating to reasonable adjustments.

Nearly half of staff (47.5%) stated their religion or belief as Christian when compared to West Yorkshire demographics this is over representation. Both No religion 17.9% and Muslims 6.4% were under represented, however it is important to note that 17.9% of staff did not disclose their religion or belief and a further 2.3% did not state one.

Non-disclosure or unspecified rates for sexual orientation stand at 13.7% in the ICB. With 3.5% of staff identified as gay, lesbian or bisexual, which compares to 3.1% from the West Yorkshire census, where 7.4% did not say.

## Staff experience

The NHS Staff Survey 2022 asked the question ‘Does your organisation act fairly with regard to career progression and promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?’. The data has been considered to respond to the ‘recruitment and selection processes are fair, inclusive and transparent’ aspect of Outcome 3.1.

In relation to age groups the majority were positive in response to this question with very little difference in responses, however the 31 to 40 age group which was much lower than the other age groups (62.5%, 68.4%, 63.2%) at 56.4%.

There was a small difference of 2.2% between male (66.2%) and female participants (64%) with males responding more positively.

The NHS Staff Survey only reports on response rates over a certain number to ensure confidentiality so ethnicity data is not disaggregated to ethnic identities but grouped as ‘all other ethnic groups combined’ and ‘white’. Staff from all ethnic minority groups were much less confident that the ICB provides equal opportunities for carer progression or promotion (38.5%) in comparison to their White colleagues (67.4%).

In relation to disability, 57.1% (217) of disabled staff said that the ICB provides equal opportunities for career progression or promotion compared to 66.3% (585) non-disabled staff.

For religion there were some differentials in confidence, the most confident that the ICB provides equal opportunities for career progression or promotion were those of other religions (72.7%), but this was a very small sample (11), those with no religion and Christians were comparable at 64.4% and 67.9% respectively, Muslims and those who preferred not to say were the least confident, 51.2% and 50.8%.

Although the numbers of respondents were small (30) the response from lesbian, gay and bisexual staff was very positive to this question (76.7%), more positive than their heterosexual colleagues (65%), those who preferred not to say were least confident with 42.6% agreeing with the statement.

## Grading

The analysis in the previous section indicates that there is an underrepresentation of some protected groups in the ICB, including men, ethnic minority staff specifically Asian and Asian British people, LGB+, and those in younger age groups.

The staff survey data suggests that there may be good representation of disabled staff.

The data also demonstrates that some protected groups are less confident that the ICB provides equal opportunities for career progression or promotion. These include staff aged 31 to 40, ethnic minority staff, and staff with disabilities and long-term conditions.

Based on these findings the recommended grade for this outcome is **developing.** This means that staff from **some** protected groups fare as well as other colleagues.

### EDS Outcome 3.4

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

The national staff survey results 2022 for West Yorkshire ICB 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. The response rate was 71% (811). The 2022 staff survey results are shown in the table on the next page. We are unable to compare results to other years as this the first year of the WYICB.

The questions analysed were ‘In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from: Patients and service users, their relatives or other members of the public, Managers and Other colleagues’ and ‘In the last 12 months have you personally experienced discrimination at work from any of the following? Patients / service users, their relatives or other members of the public b. Manager / team leader or other colleagues.’

The tables below compare the organisations response to the average for ICBs, this included 37 ICBs, with a median response rate of 73%. We have used a Red, Amber, Green (RAG) rating to compare our performance. The RAG rating for this analysis has been set locally by the ICB.

## Key Findings

**Table 1: Comparing experience of physical violence at work.**

| **Question**  | **2022** | **Average 2022** | **Difference** |
| --- | --- | --- | --- |
| Experienced at least one incident of violence from the public in the last 12 months | 0.9% | 0.4% | No significant difference.(amber) |
| Experienced at least one incident of violence from managers in the last 12 months | 0% | 0% | No significant difference.(amber) |
| Experienced at least one incident of violence from colleagues in the last 12 months | 0% | 0% | No significant difference.(amber) |

**Table 2: Comparing experience of harassment, bullying or abuse in last 12 months.**

| **Question** | **2022** | **Average 2022** | **Difference** |
| --- | --- | --- | --- |
| Experienced at least one incident of harassment, bullying or abuse from the public in the last 12 months | 9.4% | 8.5% | No significant difference.(amber) |
| Experienced at least one incident of bullying, harassment or abuse from managers in the last 12 months | 7.8% | 9.2% | No significant difference.(amber) |
| Experienced at least one incident of harassment, bullying or abuse from colleagues in the last 12 months | 9% | 10.3% | No significant difference.(amber) |
| Most recent experience of harassment, bullying or abuse reported | 44.4% | 43.5% | No significant difference.(amber) |

**Table 3: Comparing experience of discrimination in last 12 months.**

| **Question** | **2022** | **Average 2022** | **Difference** |
| --- | --- | --- | --- |
| Experienced discrimination from the public in the last 12 months | 0.2% | 1.3% | No significant difference.(amber) |
| Experienced discrimination from manager or other colleagues in the last 12 months | 5.1% | 6.1% | No significant difference.(amber) |

| Key | **RAG Rating Difference** |
| --- | --- |
| Better than sector average | **+5% (green)** |
| No significant difference | **0-5% (amber)** |
| Worse than sector average | **-5% (red)** |

As this is the first year of the ICB staff survey we cannot compare results for 2022 with previous years, only with the sector average.

The data for experiences of violence for ICB staff was very comparable to the average, and so low that no further analysis of this question was undertaken.

The percentage of staff (9.4%) experiencing at least one incident of harassment, bullying or abuse from the public in the last 12 months is marginally higher than the sector average (8.5%) but not significantly different. Whilst the percentages of staff experiencing at least one incident of bullying, harassment or abuse from either managers or other colleagues in the last 12 months is slightly less than the sector average but again not significantly different.

A slightly higher percentage of staff (44.4%) reported their most recent experience of harassment, bullying or abuse compared to the sector average (43.5%)

In relation to discrimination, the percentage of staff saying they experienced discrimination from the public (0.2%) or from a manager or other colleagues in the last 12 months (5.1%) was a little lower than the sector average but not significantly different. The data for discrimination from the public was not analysed further due to the low reporting.

This year it is possible to disaggregate more of the results by protected characteristics which allows for a more qualitative analysis of staff experience at the ICB, this is due to the larger workforce compared to the CCGs. Results are only presented for groups with 11 or more respondents to avoid identification of staff. Analysis has only been possible for age, sex, disability, ethnicity, religion and sexual orientation.

### Age

| **Have you experienced at least one incident of harassment, bullying or abuse in the last 12 months from:** | **Age range****21 to 30** | **Age range** **31 to 40** | **Age range****41 to 50**  | **Age range****51 to 65** |
| --- | --- | --- | --- | --- |
| Public | 3.3% | 8.3% | 6.3% | 14.8% |
| Managers | 6.6% | 5.7% | 7.5% | 9.3% |
| Colleagues | 5% | 8.4% | 8.2% | 10.4% |

| **Have you personally experienced discrimination at work from** | **Age range****21 to 30** | **Age range** **31 to 40** | **Age range****41 to 50**  | **Age range****51 to 65** |
| --- | --- | --- | --- | --- |
| Manager and team leader or other colleagues In the last 12 months | 4.8% | 6.4% | 3.7% | 5.9% |

The table above indicates that colleagues in the older age band (51 to 65) are significantly more likely to say that they experienced bullying, harassment, or abuse from the public, and from colleagues and managers compared to any of the other age groups. Those least likely to experience discrimination were aged 41-50. 17.1% of respondents said they had experienced discrimination on the grounds of age.

### Sex

| **Have you experienced at least one incident of harassment, bullying or abuse in the last 12 months from:** | **Female** | **Male** | **Prefer not to say** |
| --- | --- | --- | --- |
| Public | 10.3% | 6% | 8.1% |
| Managers | 8.3% | 4.7% | 10.8% |
| Colleagues | 9.4% | 5.4% | 13.9% |

| **Have you personally experienced discrimination at work from** | **Female**  | **Male**  | **Prefer not to say** |
| --- | --- | --- | --- |
| Manager and team leader or other colleagues In the last 12 months | 5.2% | 4% | 5.6% |

The table above shows that female colleagues were more likely than male colleagues to say that they experienced harassment, bullying or abuse across all the metrics in 2022. Men were least likely to experience discrimination. 29.3% of respondents said they had experienced discrimination on the grounds of gender.

### Ethnicity

| **Have you experienced at least one incident of harassment, bullying or abuse in the last 12 months from:** | **White British** | **White any other background** | **Asian and Asian British - Indian** | **Asian and Asian British - Pakistani** |
| --- | --- | --- | --- | --- |
| Public | 9.5% | 6.7% | 9.5% | 6.9% |
| Managers | 8% | 13.3% | 4.8% | 0 |
| Colleagues | 8.4% | 0 | 9.5% | 24.1% |

| **Have you personally experienced discrimination at work from** | **White British** | **White any other background** | **Asian and Asian British - Indian** | **Asian and Asian British - Pakistani** |
| --- | --- | --- | --- | --- |
| Manager and team leader or other colleagues In the last 12 months | 4% | 6.7% | 9.5% | 13.8% |

The table above shows that staff from White other backgrounds were far more likely to say they had experienced harassment, bullying or abuse from managers than any of the others. Whilst Asian and Asian British Pakistani colleagues were significantly more likely than staff from other groups to say they experienced harassment, bullying or abuse from colleagues. White British staff were significantly less likely to experience discrimination and Asian and Asian British staff most likely to experience discrimination. 22% of respondents said they had experienced discrimination on the grounds of ethnic background.

### Disability

The NHS Staff survey uses the term staff with a ‘long-lasting condition or illness’ rather than disability, in the reporting below we have used disability to remain consistent.

| **Have you experienced at least one incident of harassment, bullying or abuse in the last 12 months from:** | **Disabled Staff**  | **Benchmark**  |
| --- | --- | --- |
| Managers | 11.2% | 15.2% |
| Other Colleagues | 13.4% | 15.5% |
| Patients and Service Users, their relatives, or other members of the public | 13.4% | 10.7% |

| **Have you experienced at least one incident of harassment, bullying or abuse in the last 12 months from:** | **Non - Disabled Staff** | **Benchmark**  |
| --- | --- | --- |
| Managers | 6.7% | 7.6% |
| Other Colleagues | 7.3% | 8.7% |
| Patients and Service Users, their relatives, or other members of the public | 7.7% | 7.3% |

| **Have you personally experienced discrimination at work from** | **Disabled staff** | **Non disabled staff** |
| --- | --- | --- |
| Manager and team leader or other colleagues In the last 12 months | 7.4% | 4.3% |

The tables above compare the percentage of disabled and non-disabled staff who experienced at least one incident of harassment, bullying or abuse at work in the last 12 months with the sector average and benchmark.

Disabled staff were significantly more likely to say that they experienced bullying, harassment, or abuse in the workplace from the public (13.4%) than non-disabled staff (7.7 %). This also differs from the sector average for disabled employees which is lower at 10.7%.

Disabled staff (13.4%) were significantly more likely to say they had experienced bullying, harassment, or abuse from other colleagues than non-disabled staff (7.3%).

In comparison to their non-disabled colleagues (6.7%) disabled staff were again significantly more likely (11.2%) to say they had experienced bullying, harassment, or abuse from managers.

The percentages for ICB disabled people are lower than the sector average, the sector average for disabled people experiencing bullying, harassment and abuse in the work place is also significantly higher than that of non-disabled staff.

Disabled staff were more likely to experience discrimination then non disabled staff. 19.5% of respondents said they had experienced discrimination on the grounds of disability.

### Religion

| **Have you experienced at least one incident of harassment, bullying or abuse in the last 12 months from:** | **No religion** | **Christian** | **Muslim**  | **Any other religion** |
| --- | --- | --- | --- | --- |
| Public | 10% | 9.8% | 7.3% | 0% |
| Managers | 10.3% | 6.1% | 0% | 0% |
| Colleagues | 7.6% | 8.1% | 14.6% | 9.1% |

| **Have you personally experienced discrimination at work from** | **No religion** | **Christian** | **Muslim**  | **Any other religion** |
| --- | --- | --- | --- | --- |
| Manager and team leader or other colleagues In the last 12 months | 3.1% | 5.4% | 12.2% | 4.9% |

The table above shows that Muslim staff were far more likely to say they had experienced harassment, bullying or abuse from colleagues than any of the others. They were least likely to experience harassment, bullying or abuse from the public and managers. Those of no religion were most likely to experience harassment, bullying or abuse from the public and managers.

Muslim staff were more likely to experience discrimination than any other religion. 9.8% of respondents said they had experienced discrimination on the grounds of religion.

For this question 7.7% of respondents preferred not to identify a religion.

### Sexual Orientation

| **Have you experienced at least one incident of harassment, bullying or abuse in the last 12 months from:** | **Heterosexual** | **Gay or Lesbian** | **Prefer not to say** | **Bisexual** |
| --- | --- | --- | --- | --- |
| Public | 9.4% | 5.9% | 8.1% | 23.1% |
| Managers | 6.7% | 11.8% | 17.7% | 7.7% |
| Colleagues | 8.3% | 11.8% | 18.3% | 0% |

| **Have you personally experienced discrimination at work from** | **Heterosexual** | **Gay or Lesbian** | **Prefer not to say** | **Bisexual** |
| --- | --- | --- | --- | --- |
| Manager and team leader or other colleagues In the last 12 months | 4.7% | 17.6% | 4.9% | 0% |

The table above shows that bisexual colleagues were significantly more likely than other staff to say that they experienced harassment, bullying or abuse from the public. The staff who preferred not to say reported the highest incidence of harassment, bullying or abuse from mangers and colleagues. Heterosexual staff were less likely to experience bullying, harassment or abuse from managers and colleagues than their gay or lesbian colleagues.

Lesbian and Gay staff were significantly more likely to experience discrimination than any other orientation. 7.3% of respondents said they had experienced discrimination on the grounds of sexual orientation.

For this question 7.7% of respondents preferred not to say.

## Grading

The data indicates that disabled staff, older staff (51 to 65), female staff, staff from: White Other, Asian and Asian British Indian, Asian and Asian British Pakistani ethnic groups, and lesbian, gay and bisexual staff were more likely to say that they experienced harassment, bullying or abuse in the workplace.

Disabled staff, bisexual staff, and staff aged 51 to 65 appear to have experienced significantly more bullying or abuse from the public in the last 12 months than other groups.

Disabled staff were significantly more likely to say they experienced bullying, harassment, or abuse in the workplace from managers than non - disabled staff. This appears to be a similar experience for lesbian and gay staff in comparison to heterosexual staff, and for staff from White Other ethnic backgrounds compared with other ethnic groups.

Asian and Asian British Pakistani staff were significantly more likely to say they experienced at least one incident of harassment, bullying or abuse from colleagues in the last 12 months. Figures were also higher for disabled staff, and staff aged 51 to 65.

Some groups of staff experienced more incidents of discrimination at work from colleagues and managers. This included Asian and Asian British -Pakistani and Indian staff, disabled staff, and gay or lesbian staff.

There are limitations to the data, the organisation is newly formed so there is no comparison available to previous years, is it not possible to examine the data at place or compare to local demographics and some groups have relatively small numbers of respondents. Some colleagues report fewer incidents of experiences, some protected groups appear to have a worse experience in the workplace.

The feedback from the staff survey indicates that the grade for this outcome is **developing.** This means that staff from **some** protected groups fare as well as other colleagues.

The ICB takes an approach of engaging positively with all staff, and operating 6 staff networks: staff engagement group, Working Carers, Race Equality, LGBTQ+, and Disability and Long-Term Conditions.

## Conclusions and next steps

The Equality Delivery System (EDS2) is a tool designed to help NHS organisations, 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).

This report details the results of the EDS implementation in Wakefield District HCP for 2022 to 2023.

It details the feedback from the public on the progress made in relation to the service described and examines workforce related data to better understand the experience of staff based on their protected characteristics.

The grades for the organisation are: 2. Improved patient access and 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 – Developing. 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 – Developing, 3.4: When at work, staff are free from abuse, harassment, bullying and violence from any source – Developing.

The work will continue to improve our performance in equality, diversity and inclusion within the Wakefield District HCP and the ICB. We will work with the People Panel and the Wakefield District HCP EDI Steering Group to ensure the development of a strategy to focus our work and to ensure EDI consideration forms part of our work consistently.

The WYICB will continue to support its staff to address their concerns and will deliver on the [NHS Equality, Diversity, and Inclusion Improvement Plan](https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/) actions and work with the staff equality networks to address their feedback, amplify their voices and involve them in how the organisation addresses underrepresentation and poorer experience.

The newly published EDS22 will be implemented in late 2023 to continue our evaluation of our performance on equality.

This report will be considered by the People Panel as a committee of the board and then subject to any feedback published on the Wakefield District HCP and WYICB websites.

## 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 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 and Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes |

## Appendix 2 – List of EDS2 Panel Organisations invited

Members of the People Panel which includes representatives of the following organisations in addition to public representatives and NHS organisations presenting:

* Wakefield District Sight Aid
* Well Women Centre Wakefield
* Carers Wakefield
* City of Sanctuary
* Deaf Society
* Together Advocacy
* Prince of Wales Hospice
* Healthwatch Wakefield
* Wakefield Talking Therapies
* Yorkshire Cancer Patient Forum

## Appendix 3 – Evidence

**EDS2 Addressing Health Inequalities in Primary Care**

Natalie Knowles

Primary Care Development Manager, Health Inequalities and Health Inclusion Lead

Wakefield District Health and Care Partnership

Dáša Farmer, Engagement Lead, Wakefield District Health and Care Partnership

**Health Inequalities**

* Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.
* It can involve differences in:
	+ Health status such as life expectancy
	+ Access to care
	+ Quality and experience of care
	+ Behavioural risks to health such as smoking status
	+ Wider determinants of health such as housing, education

Different factors play a role in health inequalities such as:

* + Socioeconomic - for example income
	+ Geography - for example rural vs urban
	+ Specific characteristics such as sex, ethnicity and disability
	+ Socially excluded groups such as people experiencing homelessness
	+ People often experience different combinations of the above factors which has further implications for health inequalities.

**Primary Care Network (PCN) Approach to Health Inequalities**

* As part of their PCN contract, PCNs were asked to focus on the needs of their population and an area of health inequalities.
* They used population health data and local intelligence to identify areas of need.
* Sessions were set up with a range of stakeholders from Public Health, Engagement, VCSE organisations and professionals from the appropriate work areas to support the development of the projects.
* Workshops were held to understand current provision, identify gaps and how PCNs could work with stakeholders to improve and expand services.
* Engagement workshops were also held to ensure PCNs had a robust engagement plan for their projects.

**Learning from COVID**

* Learning from COVID was integral in the development of the projects and how we deliver healthcare overall.
* The key messages were:
	+ Doing things differently such as taking healthcare to where people are
	+ Understanding and removing barriers such as location and language
	+ Improving health education: providing hesitancy and support
	+ Working with trusted individuals
	+ Supported key messaging and communication
	+ Different groups have different needs
	+ Joint working with stakeholders is key to high quality streamline care
	+ Health Inequalities is a journey

**Examples of projects**

**Healthcare for South Asian populations**

* Engagement with trusted faith leaders
* Pop up clinics in mosques to address unmet health needs such as health checks, blood pressure checks and health advice.
* Aims of the sessions were to reduce barriers to accessing GP services, improve health education, increase screening rates and support unmet health needs.

Education sessions for staff in General Practice to reduce barriers to access.

**Learning Disabilities**

* Building on learning from previous work
* One stop shops involving a range of services to support patients with a learning disability and their families
* Areas included screening, immunisations, dentistry, sexual health, hospital passports, carers support and wellbeing services
* Tailored training for staff on meeting communication needs
* Familiarisation sessions at practices

**Improved experience**

**Quotes**

* “Got my forms filled in that I was unable to do”
* “Nice space between stalls, all on one level, I could have good conversations with people”
* “Everyone friendly, breast and testicle care were fun”
* “Nice to meet people from the practice, good to see what’s happening around here”
* “I am really glad I came I spoke to someone from my general practice, I am really happy she is going to come and see my husband at home, I am caring for my husband.”
* Very friendly and approachable, great opportunities, plenty of leaflets and free gifts, good advice”

**Other focus areas**

* Maternal Journey – Pregnancy resource packs for to include local groups and services and education and working with partners to reducing barriers to accessing services and collaborative pathways of care. Focus on young parents and mental health.
* Long term conditions and prediabetes - increasing uptake of screening, carers support and improving emotional and social aspects of conditions with social prescribing. Bespoke, tailored and individual approach for patients with pre diabetes, focussing on wellbeing, behaviour change and coaching.
* Veterans – supporting military veterans and their families, bespoke health checks within practice. Working with voluntary sectors and wider partners. Training for General Practice staff. Specific Patient Participation Group for veterans informing the work, resources and training.

**Training and education**

* Strong focus throughout all projects
* Examples include:
	+ ‘Everyone is welcome campaign’
	+ Tailored training for staff on veteran health assessments and needs
	+ Cross working with Learning Disability Complex Needs Team
	+ Patient education for all areas of health inequalities
	+ Different formats of delivering health literacy – e.g. translation and easy read

**Next steps and evaluation**

* PCNs will evaluate the projects alongside partners
* PCNs will continue to share outcomes of projects with each other and wider partners across the district
* Continue to develop wider partner relationships and patient engagement on how services should be delivered and any gaps in provision
* Work with system partners across the wider ICS to share learning
* Partnership working with Public Health, Mid Yorkshire and Voluntary and Community sectors.
* Health inclusion projects focussing on outreach into seldom heard communities
* Partnership working between PCNs on projects

**Protected groups**

* **Age** – focus on a range of ages, including younger parents, veterans, older South Asian groups
* **Disability** – Focus on learning disability, but in other work taking account of individual need. Mental health and other issues.
* **LGBT+** - limited direct work, but needs addressed in projects
* **Pregnancy and maternity** – proactive work to support pregnancy, younger parents, mental health and ongoing care
* **Race and ethnicity** – outreach work, engagement, translations
* **Religion or belief** – proactive focused community engagement with Muslim groups, information, talks and health services in their location
* **Sex** – consideration given to single sex provision
* **Other health groups** – veterans become a focus, carers and outreach into communities

**Self-Assessed Grade - Developing**