



**West Hampshire**  
Clinical Commissioning Group

# **EQUALITY, DIVERSITY AND HUMAN RIGHTS POLICY**

**Version 2.3**

<b>Subject and version number of document:</b>	Equality, Diversity and Human Rights Policy Version 2.3
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<b>Author:</b>	Equality & Diversity Manager
<b>CCG owner:</b>	Chief Officer
<b>Links to other policies:</b>	<ul style="list-style-type: none"> <li>• Conduct, Performance, Grievance &amp; Absence Management Policy</li> <li>• Dignity &amp; Respect Policy</li> <li>• Events and Hospitality Policy</li> <li>• Learning and Development Policy</li> <li>• Leave &amp; Flexible Working Policy</li> <li>• Maternity, Paternity, Adoption Leave and Shared Parental Leave and Pay Guidance</li> <li>• Policy for the Management of Complaints</li> <li>• Policy Management Policy</li> <li>• Recruitment and Exit Procedure</li> <li>• Safeguarding Adult and Children's Policy: A Family Approach</li> <li>• West Hampshire CCG Human Resources, Inclusion and Organisational Development Strategy</li> </ul>
<b>Review date:</b>	August 2021
<b>For action by:</b>	All CCG employees (permanent and temporary), volunteers, staff on secondment/ students on placement with CCG, contractors, visitors to CCG offices.
<b>Policy statement:</b>	This policy defines and promotes West Hampshire CCG's approach to equality, diversity and human rights. It sets out how the CCG will ensure fairness and equitable outcomes when commissioning health services, and as an employer.
<b>Responsibility for dissemination to new staff:</b>	Manager or Team Leader of newly recruited staff
<b>Mechanisms for dissemination:</b>	All policies are published on the CCG website. All new and revised policies are promoted to staff through the CCG staff newsletter and intranet.

<b>Training implications:</b>	All staff will need to be aware of this policy. Staff will be made aware of the policy at induction, via the Staff Handbook, by their manager, and the policy will be published on the CCG website. Across the NHS it is mandatory for all staff to complete equality and diversity awareness training at least every three years. This training supports the successful implementation of the Equality, Diversity and Human Rights Policy.
<b>Resource implications:</b>	Should be possible to implement this policy within existing staffing resources. Increased provision of accessible information, interpretation and translation will create additional costs. Need to deliver equality analysis training to commissioners
<b>Further details and additional copies available from:</b>	Website: <a href="https://westhampshireccg.nhs.uk/document-tag/corporate-policies/">https://westhampshireccg.nhs.uk/document-tag/corporate-policies/</a>
<b>Equality analysis completed?</b>	Yes – see Appendix Two  Throughout the drafting of this policy, due regard has been given to eliminating discrimination, harassment and victimisation, advancing equality of opportunity, and to fostering good relations between people who share a relevant protected characteristic and those who do not share it.
<b>Consultation process:</b>	South CSU Human Resources, staff-side representatives, CCG Staff Forum, Policy Sub-Group, Senior Management Team
<b>Approved by:</b>	Policy Sub Group
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1	4 Jul 16	7, 8, 14, 15, 16,	Minor amendments to improve how the policy reads and so it better reflects policy and guidance	22 Jun 16
2	4 Jul 16	23	Replaced Equality Analysis template in Appendix One with January 2016 version	22 Jun 16
3	4 Jul 16	25	Replaced original equality analysis of the policy in Appendix Two with version written to inform review	22 Jun 16
4	9 Feb 18	2, 15, 16, 24	Amend references to Concerns & Whistleblowing Policy to Conduct, Performance, Grievance & Absence Management Policy and Dignity & Respect Policy as appropriate (V2.02)	9 Feb 18
5	Sept 19	Throughout	Full review V2.03	Sept 19

### Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Reviewer	Ratification Process	Notes
V2.01	4 July 2016	E&D Manager	Policy Sub Group / Board	See amends 1 to 4 above
V2.03	Sept 19	E&D manager	Policy Sub Group	See amend 5 above

# EQUALITY, DIVERSITY & HUMAN RIGHTS POLICY

## SUMMARY OF KEY POINTS TO NOTE

This policy defines and promotes West Hampshire CCG's approach to equality, diversity and human rights. It sets out how the CCG will ensure fairness and equitable outcomes when commissioning health services, and as an employer. Specifically:

- This policy applies to all CCG employees. It is a condition of employment that all staff act in accordance with this policy: failure to do so will result in the disciplinary procedure being instigated
- The protected characteristics defined in the Equality Act 2010 are: Age, Disability, Transgender, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex, Sexual Orientation
- The Equality Act bans direct discrimination, indirect discrimination, discrimination by perception or association, harassment, victimisation, disability related less favourable treatment, failure to comply with the duty to make reasonable adjustments, and social exclusion
- To act fairly and meet our duties the CCG aims for an integrated approach to equality, diversity and human rights throughout our employment practices and as a commissioner of health services. Some of the ways this will be achieved are as follows:
  - Recruitment – where protected characteristic groups are currently under-represented, the CCG will take positive action to increase the diversity of applicants
  - Hours of work – the CCG will consider opportunities to adjust hours of work where adjusted hours would be helpful in promoting equal employment opportunities, for example returning from maternity leave or long term sickness
  - Providing for cultural and religious needs – the CCG will consider and where it is reasonably practicable, vary or adapt work requirements to enable these needs to be met
  - Raising concerns – individuals are encouraged to raise concerns
  - Equality analysis - commissioning managers and those responsible for policy development will be required to complete equality analysis to ensure they have considered the equality impact of decisions on staff and/or patients.



# EQUALITY, DIVERSITY AND HUMAN RIGHTS POLICY

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# EQUALITY, DIVERSITY AND HUMAN RIGHTS POLICY

## 1. INTRODUCTION AND PURPOSE

1.1 This is the Equality, Diversity and Human Rights Policy for NHS West Hampshire Clinical Commissioning Group (CCG). The purpose of this policy is to define and promote the organisation's approach to equality, diversity and human rights. It sets out how the CCG will ensure fairness and equitable outcomes when commissioning health services, and as an employer.

1.2 This policy supports the CCG's published commitment:

'NHS West Hampshire CCG is committed to equality of opportunity for all people and to eliminating unlawful discrimination, harassment and victimisation. We recognise and value the diversity of the communities we serve, as well as that of our workforce. We believe that fairness and inclusion are central to the commissioning of quality services and better health'.

1.3 The legal framework for the policy includes the Equality Act 2010 and its associated Public Sector Equality Duty, the Health and Social Care Act 2012, the NHS Constitution and the Human Rights Act 1998.

1.4 Having an Equality, Diversity and Human Rights policy has a number of advantages:

- It gives job applicants and employees confidence that they will be treated equitably and with dignity and respect
- Sets standards of behaviour expected of all employees
- Supports the CCG to comply with its legal obligations
- It can reduce the risk of legal action being taken against the CCG or an employee
- Helps the CCG create a supportive working environment free from discrimination, whereby employees are more productive
- It helps attract a more diverse workforce bringing the benefits of a broader range of talent and improved decision making. This will lead to commissioning that better reflects the needs of communities served by the CCG
- Promotes a positive corporate image and enhances the CCGs reputation.

## 2. SCOPE AND DEFINITIONS

### Scope

2.1 The Equality, Diversity and Human Rights Policy applies to all CCG employees. It is a condition of employment that all staff act in accordance with

this policy. Failure to do so may result in the disciplinary procedure being instigated. The policy also applies to GPs employed by the CCG, volunteers, staff on secondment/ management trainees/ students on work placement from schools or colleges, contractors, and visitors to CCG premises.

2.2 This policy should be read alongside the CCG’s Human Resources, Inclusion and Organisational Development Strategy.

### 2.3 Definitions

Term	Definition
<b>Bullying</b>	<p>Bullying in the workplace is defined as persistent, intimidating, humiliating behaviour, which attempts to undermine an individual or group of employees.</p> <p>Examples of bullying include:</p> <ul style="list-style-type: none"> <li>• Ignoring views and opinions</li> <li>• Withholding information that can affect a worker’s performance</li> <li>• Setting unreasonable or impossible deadlines</li> <li>• Setting unmanageable workloads</li> <li>• Humiliating staff in front of others</li> <li>• Spreading malicious rumours</li> <li>• Intentionally blocking promotion or training opportunities</li> <li>• Ridiculing or demeaning someone by picking on them or setting them up to fail</li> <li>• Overbearing supervision or other misuse of power or position</li> <li>• Deliberately undermining a competent worker with constant criticism</li> <li>• Cyber-bullying using email, text messages, social media, camera phones.</li> </ul>
<b>Direct discrimination</b>	<p>Means treating someone less favourably compared to others because:</p> <ul style="list-style-type: none"> <li>• They have certain protected characteristics</li> <li>• They are thought to have a protected characteristic (discrimination by perception). For example a heterosexual person who is perceived to be gay</li> <li>• Because they are associated with someone who has a protected characteristic (discrimination by association). For example by being a carer, a friend or partner</li> <li>• Failure to make reasonable adjustments for disabled persons.</li> </ul>
<b>Diversity</b>	<p>Diversity is based on a principle of recognising, responding to, and valuing visible and non-visible differences amongst individuals and groups so that everyone can thrive and contribute. Diversity can include people with varying backgrounds, experiences, styles, perceptions, values and beliefs.</p>

Term	Definition
<b>Equality</b>	<p>Equality is based on a principle of providing equal access to opportunities and services. It is not about treating everyone the same. Equality recognises that:</p> <ul style="list-style-type: none"> <li>• Everyone has individual needs and the right to have those needs respected</li> <li>• Inequalities exist between people and that unlawful discrimination needs to be tackled</li> <li>• Employment practices and commissioned services should be accessible to all.</li> </ul>
<b>General equality duty</b>	<p>The Equality Act 2010 places a general duty on the CCG to:</p> <ul style="list-style-type: none"> <li>• Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act</li> <li>• Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it</li> <li>• Foster good relations between people who share a relevant protected characteristic and those who do not share it.</li> </ul> <p>These are known as the three aims of the equality duty.</p>
<b>Harassment</b>	<p>A form of discrimination defined in the Equality Act 2010 as ‘unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual’.</p> <p>The conduct need not be repeated, so a serious one-off incident could still be regarded as harassment. It does not matter whether or not a harasser intended their behaviour to be offensive. The perception of the person experiencing harassment must be taken into particular account when deciding if harassment has taken place.</p>
<b>Human Rights</b>	<p>The Human Rights Act 1998 sets out 15 fundamental rights and freedoms that individuals in the UK have access to. Of these, 8 rights are particularly relevant to the work of NHS organisations:</p> <ul style="list-style-type: none"> <li>• Right to life</li> <li>• Freedom from torture and inhuman or degrading treatment</li> <li>• Right to liberty and security</li> <li>• Right to a fair trial</li> <li>• Respect for your private and family life, home and correspondence</li> <li>• Freedom of thought, belief and religion</li> <li>• Freedom of assembly and association</li> <li>• Protection from discrimination in respect of these rights and freedoms</li> </ul>

Term	Definition
	The CCG must act compatibly with and safeguard these rights. In practice this means treating individuals with fairness, respect, equality, dignity and autonomy whilst also safeguarding the rights of the wider community when developing policies and procedures and carrying out our functions.
<b>Indirect discrimination</b>	Can occur when an apparently neutral provision or policy that applies to everyone disadvantages a person with a particular protected characteristic (this can be unintentional).
<b>Positive action</b>	The Act permits employers to take positive action to overcome the effects of disadvantage experienced by a protected group (for example by meeting the specific needs of the group or by enabling or encouraging members of the group to participate in an activity where they are currently under-represented).
<b>Prohibited conduct</b>	The Equality Act bans direct discrimination, indirect discrimination, discrimination by perception or association, harassment, victimisation, disability related less favourable treatment, failure to comply with the duty to make reasonable adjustments, and social exclusion.
<b>Protected characteristics</b>	<p>The protected characteristics defined in the Equality Act 2010 are:</p> <ul style="list-style-type: none"> <li>• <b>Age</b> – Refers to a person with a particular age or being within an age band or group</li> <li>• <b>Disability</b> - A person who ‘has a physical or mental impairment which has a substantial and long term adverse effect on his/ her ability to carry out normal day to day activities’. Long term is defined as at least 12 months. Progressive illnesses are also covered</li> <li>• <b>Transgender</b> - Umbrella term for people whose gender identity and/ or gender expression differs from their birth sex. They may or may not seek to undergo gender reassignment hormonal treatment/ surgery. The Equality Act prohibits discrimination against a person who is proposing to undergo, is undergoing or has undergone a process, or part of a process, for the purpose of reassigning their sex</li> <li>• <b>Marriage and civil partnership</b> - A union between a man and a woman, or the legal recognition of a same-sex couple’s relationship (in respect of eliminating unlawful discrimination in employment only)</li> <li>• <b>Pregnancy and maternity</b> - The condition of being pregnant or the period after giving birth</li> <li>• <b>Race</b> - Group of people defined by their colour, nationality, ethnic or national origins</li> <li>• <b>Religion or belief</b> - The religion a person belongs to. A belief, including lack of belief, should affect your life choices or the way you live for it to be included</li> </ul>

Term	Definition
	<ul style="list-style-type: none"> <li>• <b>Sex</b> – Gender, someone being a man or a woman</li> <li>• <b>Sexual orientation</b> - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.</li> </ul>
<b>Reasonable adjustment</b>	<p>Public authorities (like the CCG) making adjustments to the way in which they carry out their functions so that disabled people are not disadvantaged by the way in which those functions are carried out. For example arranging and paying for sign language interpreters to enable a deaf person to participate in a meeting.</p> <p>As an employer, if the CCG fails to make a reasonable adjustment, it is unlawful discrimination, and the individual can take action against the organisation under the Equality Act 2010.</p>
<b>Victimisation</b>	<p>This takes place when a person is treated less favourably than others in the same circumstances because it is suspected or known that he/ she has brought proceedings under the Act, or has given evidence or information relating to such proceedings or alleged that discrimination has occurred.</p>

### 3. PROCESS REQUIREMENTS

- 3.1 The CCG will actively eliminate and avoid unlawful discrimination defined in the Equality Act 2010. This includes direct discrimination, indirect discrimination, discrimination by perception or association, harassment, victimisation, disability related less favourable treatment, failure to comply with the duty to make reasonable adjustments, and social exclusion.
- 3.2 The CCG will seek opportunities to take positive action in response to identified disadvantage operating within the workforce, and to address health inequalities faced by the communities we serve.
- 3.3 Public authorities like the CCG also have a duty to act compatibly with the rights defined in the Human Rights Act 1998. This means the CCG must refrain from interfering with the human rights of individuals and are under a positive duty to proactively safeguard individual human rights.
- 3.4 To act fairly and meet our duties the CCG aims for an integrated approach to equality, diversity and human rights throughout our employment practices and as a commissioner of health services. How this will be achieved is detailed below.

## **In our employment practices**

### **3.5 Recruitment**

The CCG aims to have a workforce that as a minimum reflects the diversity of the communities we serve. Where protected characteristic groups are currently under-represented, the CCG will take positive action to increase the diversity of applicants. Managers should refer to the [CCG Recruitment and Exit Procedure](#) for examples of positive action. To monitor the diversity of applicants the CCG uses anonymised data from NHS Jobs about the equality characteristics of applicants, those short listed and successful candidates.

### **3.6 NHS Workforce Race Equality Standard**

The CCG uses the NHS Workforce Race Equality Standard (WRES) to ensure that recruitment, access to learning and development and staff experience of working for the CCG are fair and inclusive for employees from black and minority ethnic backgrounds. The Learning and Growth Group will consider progress against this standard on an annual basis.

### **3.7 Gender Pay Gap reporting**

West Hampshire CCG is covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which came into force on 31 March 2017. These regulations require all public sector organisations in England that employ 250 or more staff to publish gender pay gap information annually, both on their website and on the designated government website at [www.gov.uk/genderpaygap](http://www.gov.uk/genderpaygap).

This requirement means the CCG must calculate and publish the following information:

- Mean gender pay gap in hourly pay
- Median gender pay gap in hourly pay
- Mean bonus gender pay gap
- Median bonus gender pay gap
- Proportion of females receiving a bonus payment
- Proportion of males receiving a bonus payment
- Proportion of females and males in each quartile pay band.

The gender pay gap is the percentage difference between average hourly earnings for women and men in a workforce. This information helps each employer to understand any underlying causes for their gender pay gap and take steps to minimise it.

### 3.8 Hours of work

The CCG will consider opportunities to adjust hours of work where adjusted hours would be helpful in promoting equal employment opportunities, for example, where a member of staff is returning from maternity leave, or long term sickness. Employees should refer to the CCG's [Leave and Flexible Working Policy](#) and [Maternity, Paternity Adoption and Shared Parental Leave and Pay Guidance Policy](#) for more information.

### 3.9 Providing for cultural and religious needs

In circumstances where an employee has a particular cultural or religious need which may conflict with existing work requirements, the CCG will consider and where it is reasonably practicable, vary or adapt these requirements to enable such needs to be met. Where an employee requests either the accumulation of annual leave or unpaid leave in order to visit relative's overseas, sympathetic consideration will be given.

If any employee wishes to take time off work for religious holidays additional to the English public holidays, then annual leave should be requested. However, consideration will be given to requests for unpaid leave, or exchanging English public holidays for other religious holidays.

The CCG will sympathetically consider requests from employees who require short spells out of the working day in order to pray. This can usually be accommodated through flexible working. There is a quiet room on the third floor at Omega House that staff can use for prayer.

The CCG will also consider requests for adjusted working day or hours during periods of fasting.

### 3.10 The role of individuals to raise concerns

The CCG supports the right, and would encourage any employee, to raise any concerns if they feel that:

- The organisation is not taking its responsibility to promote equality, diversity and human rights seriously
- This policy is not being applied fairly or consistently or
- The policy is at odds with the aims set out.

Equally, employees have the right to raise any concerns if they feel they have been unfairly discriminated against in the application of any of the CCG's employment policies or procedures. To guard against issues like this the CCG ensures all policies and procedures have an equality impact assessment and are reviewed by staff side representatives.

Employees are normally advised to raise concerns informally in the first instance, either as an individual or as part of a group. Please refer to the CCG Dignity & Respect Policy for further guidance. Equality, diversity and human

rights related issues should be raised with the line manager or with an alternative manager, if appropriate. Issues will be taken seriously and resolved as quickly as possible. In some cases, depending on the situation, this may need to involve a third party. The CCG equality lead can be contacted for advice.

Issues which cannot be resolved informally should be raised formally, in accordance with the organisation's Conduct, Performance, Grievance & Absence Management Policy: Grievance Procedure. However formal procedures should only be applied once all informal steps have been exhausted, where appropriate.

Rights to be accompanied at meetings and/ or hearings are detailed in the Conduct, Performance, Grievance & Absence Management Policy. For those employees whose first language is not English or who have an impairment or learning difficulty, expressing themselves formally may be difficult. In these circumstances, managers and Human Resources (HR) representatives should encourage individuals to seek help from a trade union representative or a colleague. Reasonable adjustments must be made, which may include assisting employees to formulate written evidence if they are unable to do so because of their impairment or other condition. In such circumstances, advice should be sought from an HR manager.

There may be cases where an individual makes an unfounded allegation of discrimination for malicious reasons. These cases will be investigated and dealt with fairly and objectively under the Conduct, Performance, Grievance & Absence Management Policy.

### **3.11 Disciplinary action**

Allegations of discrimination may be investigated under the CCG's Conduct, Performance, Grievance & Absence Management Policy. Behaviour or action contrary to the spirit of this policy will be viewed seriously and may render an individual liable to disciplinary action including dismissal from the CCG.

Managers must take particular care to deal effectively with all allegations of discrimination, harassment or victimisation. Managers should refer to the investigation procedure set out in both the Dignity & Respect Policy and the Conduct, Performance, Grievance & Absence Management Policy. It should not be assumed that such allegations arise out of over-sensitivity. Failure to undertake the responsibility of dealing appropriately with allegations of discrimination may be regarded as a disciplinary offence.

## **When the CCG plans and commissions health services**

### **3.12 Accessible and inclusive communications and involvement**

The CCG communications and engagement team will support and advise on the work of commissioners to ensure that:

- Information about our work is available in a range of accessible formats and/ or foreign languages/ sign language
- Patient and public involvement activities linked to commissioning are inclusive. This will be measured using equalities monitoring questionnaires to identify gaps in representation Where we are not reaching a certain group or community, the CCG will complete targeted work to address this.

The CCG works in accordance with the NHS Accessible Information Standard to support this.

### 3.13 **Equality analysis**

The Equality Act 2010 requires the CCG to have 'due regard' to the aims of the equality duty when carrying out its functions (commissioning and employment practices). Due regard can be demonstrated by completing an equality analysis (also known as equality impact assessment).

The CCGs Policy Management Policy states that an equality analysis should be completed when drafting a new policy. This is so that potential discrimination and opportunities to advance equality are identified at an early stage, allowing the policy to be amended or enhanced accordingly.

Commissioning decisions, proposals to change services and business cases should also be subject to equality analysis. The CCGs equality information (published on the 'Equality and Diversity' page of our website), local data/ patient feedback, and national research can be used to identify the impact of decisions on equality.

The CCG Equality and Diversity Manager can provide advice and support to managers on how to complete equality analysis. A template equality analysis form is included in Appendix One.

### 3.14 **Addressing health inequalities**

Under the Health and Social Care Act 2012 the CCG has a duty to reduce inequalities in relation to access to services and health outcomes. The CCG works to achieve this by:

- Identifying health needs and inequalities for the local population in partnership with Hampshire County Council Public Health colleagues
- Completion of health equity audits/ analysis of local data about service access, use and outcomes (disaggregated by protected characteristics whenever possible)
- Being an active member of county and district Health and Wellbeing Boards/ Partnerships

### **3.15 Procurement**

The CCG, in partnership with NHS South of England Procurement Services, has built compliance with the Equality Act 2010 into the assessment process used to select service providers. This means that prospective providers have to demonstrate they meet the requirements of the Equality Act as part of the Pre-Qualification Questionnaire.

### **3.16 Contract monitoring**

The CCG uses equality and diversity related clauses in the NHS Standard Contract to hold commissioned providers to account as part of contract review. This includes whether public sector providers have published equalities information and equality objectives, are using the Equality Delivery System, the NHS Workforce Race Equality Standard, the NHS Workforce Disability Equality Standard and the Accessible Information Standard.

### **3.17 Safeguarding vulnerable children and adults**

Health services and NHS staff have a responsibility to protect children and vulnerable adults from abuse including discrimination (abuse based on prejudice). Adults at risk of abuse may well have a mental or physical disability, a long term physical or mental health condition, or be an older person or carer (all protected characteristics defined in the Equality Act). Abuse is a violation of an individual's human rights.

CCG staff should refer to the Safeguarding Adult and Children's Policy: A Family Approach, which sets out the organisational and individual staff responsibilities.

## **4. ROLES AND RESPONSIBILITIES**

### **4.1 The Chief Officer**

The CCG's chief officer has overall responsibility for ensuring that all reasonable steps are taken to prevent unlawful discrimination and promote equality within West Hampshire CCG.

### **4.2 Non-Executive Directors and Directors**

Non-executive directors and directors will:

- Demonstrate the values of fairness and inclusion through their own exemplary behaviour
- Take a lead role in ensuring that all commissioning, service delivery and employment practices offer dignity and respect, and make a real difference to reducing inequalities in health outcomes and in employment.

#### 4.3 **Governance and Assurance**

For commissioning work, the CCG Board will:

- Ensure that the CCG demonstrates a commitment to equality of opportunity for all people and to recognising and valuing the diversity of the communities we serve in accordance with the Equality Act 2010
- Ensure the CCG has equality objectives that meet the requirements of the specific Public Sector Equality Duty
- Receive and consider regular progress reports in order to evaluate the effectiveness of the policy
- Review and approve the annual patient equalities information report.

The Learning and Growth Group will monitor and review fairness and inclusion work in relation to employment practices.

#### 4.4 **Human Resources and Workforce Team**

The Human Resources (HR) business manager and workforce team will:

- Provide advice and guidance to staff and managers on the effective implementation of the employment elements of this policy
- Ensure that all complaints and alleged breaches of this policy are dealt with seriously, sensitively, confidentially and in a timely manner
- Monitor progress of the implementation of the employment elements of this policy (and associated HR policies) by collecting and analysing data (including the protected characteristics of employees)
- Record data about CCG employees like sickness, training and development.

#### 4.5 **Equality and Diversity Manager**

The CCG equality and diversity manager will:

- Provide advice, guidance and training to staff and managers on the effective implementation of this policy
- Support the establishment of governance arrangements that will ensure this policy is implemented, with progress measured, reviewed and evaluated
- Coordinate work to ensure the CCG complies with the specific duties of the Equality Act 2010 to publish equalities information each year, and equality objectives every four years
- Obtain feedback from service users, staff and key stakeholders on how the CCG is performing with respect to promoting equality and eliminating discrimination. The Equality Delivery System will be used as the framework to measure progress.

#### 4.6 **Staff Forum**

The Staff Forum terms of reference include the promotion of equality and diversity as a function of the group, and as a responsibility of individual staff representatives. The CCG equality and diversity lead is a sitting member of the Staff Forum as a way to support and promote this work.

#### 4.7 **Line managers and supervisors**

Line managers should:

- Set a positive example by treating others with respect and setting standards of acceptable behaviour
- Promote an inclusive working environment where unlawful discrimination is unacceptable and not tolerated
- Ensure that their teams work effectively together
- Should not discriminate unfairly within any area of employee management activity including recruitment, appraisal, selecting for training and other development opportunities, and in applying other CCG employment policies and practices
- Make employees aware of their responsibilities under this policy and should they become witness to, or aware of any breach, of this policy, that they must report it immediately to their line manager or a member of the HR team
- Discuss matters relating to equality, diversity and human rights in employment and commissioning regularly at team meetings
- Listen to employees' concerns and take appropriate action
- Tackle and where possible, resolve any incidents of unlawful discrimination promptly, sensitively and confidentially
- Consult with the HR team and equality and diversity lead for advice and support.

#### 4.8 **Staff**

Staff will:

- Take personal responsibility for behaving in a way that is supportive of and consistent with this policy, and therefore compliant with the Equality Act 2010
- Help promote an inclusive environment by treating everyone with dignity and respect, and not induce other members of staff to discriminate
- Respecting and responding to the diverse needs of staff, service users and others
- Appropriately challenge and/ or report behaviour that may be considered to be offensive when directed against themselves or others

- Take personal responsibility for ensuring that knowledge and skills on equality, diversity and human rights issues are kept up to date, in line with the UK Core Skills Training Framework and any relevant competency framework
- Where appropriate to their role, support the organisation by collecting equality monitoring information of service users and staff.

## **5. TRAINING**

5.1 Our employees have a particular responsibility for helping us to achieve our equality, diversity and human rights aims. We will therefore provide training, education, support and information to enable them to do so. This will include:

- All job applicants being made aware of this policy by signposting via the website, job advertisements, application forms and other relevant promotional literature. This will indicate to job applicants and to the wider community, the CCG's commitment to practising equality and achieving diversity in employment and commissioning
- All staff being made aware of the policy at induction, via the Staff Handbook, by their manager, and the policy will be published on the CCG website
- Providing access to face-to-face or online equality and diversity awareness training for all staff. Across the NHS it is mandatory for all staff to complete equality and diversity awareness training at least every three years (as part of Statutory/Mandatory Core Skills Training Framework).

5.2 Commissioning managers and those responsible for policy development will be required to undertake training in how to complete equality analysis. This will ensure they can consider the equality impact of decisions on either staff or patients. Equality analysis is a useful way for the CCG to demonstrate 'due regard' to the general equality duty.

5.3 The CCG will provide other training as required to achieve our equality, diversity and human rights aims. This may include training in cultural competence, unconscious bias or disability awareness.

5.4 Attendance at any training session carried out as a consequence of the policy implementation must be formally recorded and documented.

## **6. EQUALITY ANALYSIS**

6.1 Throughout the drafting of this policy, due regard has been given to eliminating discrimination, harassment and victimisation, to advancing equality of opportunity, and to fostering good relations between people who share a relevant protected characteristic (as cited in the Equality Act 2010) and those who do not share it.

6.2 This policy aims to have a positive equality impact for both employees and local people with protected characteristics. An equality analysis has been completed (see Appendix Two) to inform both the development and future review of this policy.

## **7. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY**

7.1 Both as a commissioner of health services and as an employer, we will monitor our progress towards eliminating discrimination on the basis of the characteristics protected by the Equality Act 2010. This will include reviewing our progress and reporting annually on this using the NHS Equality Delivery System (EDS2).

7.2 As set out in the EDS2 guidance the CCG will consult and inform our employees, patient groups, local communities and partners about the progress we are making. The CCG has set up a Staff Forum to facilitate employee involvement and two way feedback.

7.3 In line with the specific public sector equality duty, the CCG will publish workforce and commissioning related equalities information in January each year. This will be available on the CCG website. The CCG Annual Report also includes details of progress on equality and diversity.

### **Workforce monitoring**

7.4 The CCG will use anonymised staff equalities data to produce a workforce diversity profile each year. This and other information will be used to review the effectiveness of the Equality, Diversity and Human Rights Policy and the associated employment policies..

7.5 The CCG's workforce diversity profile shows that sensitivities exist for monitoring some protected characteristics, in particular sexual orientation. Religion, belief and disability are also issues which some employees are reluctant to disclose. This results in a high proportion of 'undefined' fields in the data for these protected characteristics. Managers should reassure employees that all information is securely held in line with good data protection and information governance, and that only anonymised data is used for equalities monitoring and analysis. In 2015 the CCG implemented employee self-service to the Electronic Staff Record (ESR) system to encourage greater disclosure. The CCG will also periodically complete a Personal Details Verification process to improve data quality.

7.6 The workforce monitoring reports (equalities information) we publish will contain, as a minimum, information on the following:

- **Workforce diversity** - We will monitor the composition of our workforce with reference to the characteristics protected by the Equality Act 2010

- **Recruitment** – We will monitor and analyse the recruitment process by considering the protected characteristics of applicants, those shortlisted, and those recruited
- **Disciplinary and Grievance Procedures** - We will monitor the numbers and characteristics of employees who are subject to formal disciplinary action or who bring formal grievances
- **Bullying and Harassment** – Monitor the number of incidents of harassment and bullying by protected characteristic
- **Flexible working and other employment policies** - We will monitor the uptake and/ or effects of our flexible working and other employment policies and schemes
- **Staff turnover, including reasons for leaving** - We will monitor these by protected characteristics, as required, and make use of exit questionnaires, where possible
- **Gender pay gap** – We will use gender pay gap analysis to identify and tackle disparities
- **Take up of training and development** – Monitor completion of learning and development opportunities broken down by available protected characteristics
- **Employee views** – We will use the NHS Staff Survey and other internal questionnaires as another way to measure how satisfied employees are with our work to promote fairness and inclusion.

7.7 This monitoring regime will help the CCG to uncover areas of inequality or unfairness in our employment practices, so that we may take any remedial action accordingly. The results of our monitoring will contribute to the assessment of our performance against the NHS Equality Delivery System.

7.8 We recognise that our data collection and analysis systems (such as Electronic Staff Record) place limitations on the range of protected characteristics we are able to monitor in a quantitative way, and on the areas of employment practice and employee experience which we can effectively analyse. Our aspiration will be to continually broaden and deepen our monitoring and analysis capabilities in partnership with the human resources and workforce team.

### **Equalities monitoring of key functions**

7.9 The CCG will encourage patients, carers and members of the public to complete equalities monitoring questionnaires in order to demonstrate key functions are accessible to diverse communities, and identify under-represented protected characteristic groups so the CCG can take action to address this.

7.10 These functions are communications and engagement, continuing healthcare, and the complaints service. Progress will be measured year-on-year by

comparing the diversity profile for each CCG function against the demographics of west Hampshire.

## **8. REVIEW**

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed every three years. The review process will consider data and patient feedback linked to monitoring of commissioning and employment functions. The equality analysis will also be reviewed at the same time.
- 8.2 This policy complies with existing legislation relating to employment law in this country. However this and all other associated CCG policies will continuously evolve taking into account national policy changes, case law, statutory amendments and local intelligence analysis.

## **9. REFERENCES AND LINKS TO OTHER DOCUMENTS**

### **9.1 References**

- Department of Health (2013) *The NHS Constitution: The NHS belongs to us all* London: Department of Health
- *Equality Act 2010* (c.15) London: The Stationary Office
- Equality and Human Rights Commission (2011) *Equality Act 2010 Statutory Code of Practice Employment* London: The Stationary Office Limited
- *The Health and Social Care Act 2012* London: The Stationary Office Limited
- *Human Rights Act 1998* (c.42) London: The Stationary Office Limited
- NHS England (2013) *A Refreshed Equality Delivery System for the NHS: EDS2 Making sure that everyone counts*
- NHS England (2016) *NHS Accessible Information Standard*
- NHS England (2015) *NHS Workforce Race Equality Standard*
- Skills for Health (2014) *UK Core Skills Training Framework* Bristol: Skills for Health

### **9.2 Other relevant and supporting policies**

- Dignity & Respect Policy
- Conduct, Performance, Grievance & Absence Management Policy
- Events and Hospitality Policy
- Learning and Development Policy
- Leave Policy & Flexible Working Policy

- Maternity, Paternity, Adoption and Shared Parental Leave and Pay Guidance Policy
- Policy for the Management of Complaints
- Policy Management Policy
- Recruitment and Exit Procedure
- Safeguarding Adult and Children's Policy: A Family Approach
- West Hampshire CCG Human Resources, Inclusion and Organisational Development Strategy

# Equality analysis template

## Introduction

An Equality Impact Assessment (or EIA) is a tool to help you demonstrate that you have considered the needs of people and communities when devising a policy, planning a project or making a commissioning decision. The process also involves making sure that implementing the policy, project or proposal will not lead to discrimination and addresses health inequalities, both of which the CCG has a legal duty to do.

The aim is to identify positive and negative impacts on equality and to mitigate or remove any negative impacts. If one or more negative impacts cannot be mitigated or removed you will need to justify how it/they are proportionate to achieve the legitimate aim of the policy, plan or project.

## Checklist

Before you complete the EIA you will need the following information:

- General details - title of project, responsible Director
- Purpose of the policy, project, proposal or decision
- The findings from any staff and/ or patient and public involvement undertaken as part of the project
- Evidence about how people and communities will be affected by this policy, project or proposal. This information will help you consider both adverse and positive impacts on the following groups (known as protected characteristics):
  - ❖ Age
  - ❖ Disability
  - ❖ Gender reassignment
  - ❖ Marriage and civil partnership
  - ❖ Pregnancy and maternity
  - ❖ Race
  - ❖ Religion or belief
  - ❖ Sex
  - ❖ Sexual orientation

You may also need to consider the impact of other factors like poverty, whether people affected live in rural areas, and so on.

To complete the EIA and summarise your findings as an Equality Statement, you will work through the following questions:

- What are you proposing to do?
- Why are you doing it?
- Who is intended to benefit from this proposal?
- What evidence is available about the needs of the relevant equality groups?
- What equality issues or impacts have you identified?
- What do you propose to do to manage the impacts?
- What potential mitigating actions can you take?

Please complete the template by following the instructions in each box. If you would like support in completing this form, please contact the Quality Team or CCG equalities lead who may be emailed at: [nickbirtley@nhs.net](mailto:nickbirtley@nhs.net)

## Equality analysis

**Title of policy, project or proposal:**

**Name of lead manager:**

**Directorate:**

**Q1 What are the intended outcomes of this policy, project or proposal?**

**Q2 Who will be affected by this policy, project or proposal?**

*Identify whether patients, carers, communities, CCG employees, and/ or NHS staff are affected.*

## Evidence

**Q3 What evidence have you considered?**

*Consider, for example, national drivers, local drivers, Public Health data, ONS data, and any pilots undertaken nationally or locally.*

**Age**

*Consider and detail (including the source of any evidence) across age ranges on older and younger people.*

**Disability (physical and mental)**

*Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.*

**Dementia**

*Given the CCGs commitment to commissioning “Dementia Friendly” services, consider and detail any impact on people with dementia.*

**Gender reassignment (including transgender)**

*Consider and detail (including the source of any evidence) on transgender people. Issues to consider may include same sex/mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients.*

**Marriage and civil partnership**

*Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

**Pregnancy and maternity**

*Consider how the policy project or proposal impacts on staff and detailed (including the source of any evidence) impact on Health and Safety at work and working arrangements such as part-time working, infant caring responsibilities. As well as service provision, where applicable, for service users consider facilities, such as child and parent parking, baby changing, breast feeding.*

**Race**

*Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. This will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. It will also include language and different cultural practices and individual experience of health systems in other countries.*

**Religion or belief**

*Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.*

**Sex (gender)**

*Consider and detail (including the source of any evidence) the impact on men and women (potential to link to carers below). This may include different patterns of disease for each gender, different access rates.*

**Sexual orientation**

*Consider and detail (including the source of any evidence) the impact on heterosexual people as well as lesbian, gay and bisexual people.*

### **Carers**

Consider and detail (including the source of any evidence) *impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as specified in law to avoid discrimination by association) but should also consider patient/guardian(s) of children under the age of 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues. They may have to work part-time, have shift-patterns, or face barriers to accessing services.*

### **Serving Armed Forces personnel, their families and veterans**

*The needs of these groups should be considered specifically. The CCG has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).*

### **Meeting psychological needs**

*The CCG is working to improve how services meet the psychological needs of patients. This recognises that an individual's experience of disease or illness, and/or their experience of treatment and time spent in care settings can cause stress and anxiety. This in turn, can impact on treatment and outcomes.*

*Do you have evidence of additional or unmet psychological need? Identify how the project, policy or decision could better meet the psychological needs of patients and carers. This might include staff training in Mental Health First Aid, signposting patients to sources of mental wellbeing support, provision of peer support or psychological therapy.*

### **Other identified groups**

*Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. This may therefore relate to: Poverty, living in rural areas, resident status (migrants and asylum seekers).*

## **Involvement and consultation**

*For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs.*

**Q4 How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?**

**Q5 How have you involved stakeholders in testing the policy or programme proposals?**

**Q6 For each involvement activity, please state who was involved, how and when they were engaged, and the key outputs:**

## **Equality statement**

*Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.*

### **Positive impacts**

*Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.*

### **Negative impacts**

*Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.*

### **Health inequalities**

*Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).*

## Action planning for improvement, and to address health equalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date	Progress/ review (Add new actions if required)

## For your records

Name(s) of person who carried out this assessment:

Date assessment completed:

Date to review actions:

Name of responsible Director:

Date assessment was approved:

Appendix Two      Equality Analysis and Impact Assessment

# Equality impact assessment

**Title of policy, project or proposal:**  
West Hampshire Clinical Commissioning Group (CCG) Equality, Diversity and Human Rights Policy (first review)

**Name of lead manager:** Nick Birtley, Equality and Diversity Manager  
**Directorate:** Strategy and Service Development

**What are the intended outcomes of this policy, project or proposal?**

Guidance produced by the Equality and Human Rights Commission sets out what the Equality Act requires of public bodies like the CCG. This includes:

- Establishing the relevance of the equality duty to the CCG’s functions
- Collecting and using equality information
- Meeting the equality duty in policy and decision-making
- Engagement to understand the impact of our decisions on different people
- Commissioning and procurement
- Publishing equality information
- Publishing equality objectives

Although the guidance does not specify whether the CCG should have an equality and diversity policy, many NHS organisations have developed one as an effective way to set out their approach and clarify the responsibilities of employees. This is the approach the CCG has decided to adopt, with this policy covering both commissioning functions and our employment practices.

The expected outcomes of the Equality, Diversity and Human Rights Policy are that:

- The CCG does not discriminate against, harass or victimise employees or patients
- Opportunities to advance equal opportunities and foster good relations are identified and acted upon for employees, patients and communities
- CCG commissioning decisions and employment practices do not infringe patient or employee Human Rights
- Health inequalities are identified and addressed.

## Equality statement

Impact summary (statutory considerations)			
Age	Positive	<b>Neutral</b>	Negative
Disability	<b>Positive</b>	Neutral	Negative
Sexual orientation	Positive	<b>Neutral</b>	Negative
Race	<b>Positive</b>	Neutral	Negative

Religion or belief	Positive <b>Neutral</b> Negative
Gender reassignment	Positive <b>Neutral</b> Negative
Sex	<b>Positive</b> Neutral Negative
Marriage and civil partnership	Positive <b>Neutral</b> Negative
Pregnancy and maternity	Positive <b>Neutral</b> Negative

<b>Other policy considerations</b>	
Poverty	Positive <b>Neutral</b> Negative
Place (Rural versus urban living)	Positive <b>Neutral</b> Negative
Serving Armed Forces/ veterans	Positive <b>Neutral</b> Negative
Other factors	Positive Neutral Negative
<b>Have you identified any positive or negative impacts?</b>	<b>Yes No</b>
	If 'Yes' please provide details below

The Equality, Diversity and Human Rights Policy was first approved in July 2015. The first version of the policy was based on current legislation and guidance, and was amended to reflect the findings of an equality analysis completed at the time. This original equality analysis found that implementing the Equality, Diversity and Human Rights Policy should have a positive impact for local people and employees with protected characteristics.

It is now 11 months since this policy was approved and the first review is due. This new equality analysis considers what difference the policy has made based on evidence of progress, and whether any changes to the policy are required.

### Positive impacts

Implementation of the policy has had a range of positive impacts. These include:

- Our efforts to improve the quality of the data we hold about the diversity of the CCG workforce are beginning to make a difference. For example:
  - We have reduced the proportion of undefined records for ethnicity from 66% in 2013 to 11% by December 2015. At 11% undefined we now compare more favourably with data about the national CCG workforce where 9% of staff chose not to disclose their ethnic background
  - For disability we have reduced the proportion of undefined records from 48.2% in 2014 to 4.4% in 2015 (against baseline of 100% undefined in 2013). Although 21% of employees have chosen not to tell the CCG whether they have a disability or not
- The CCG workforce has become more ethnically diverse. The proportion of people from ethnic backgrounds other than White British has increased from 5% in 2014, to 8% in December 2015. This compares to 8.6% in local population and 12% across the national CCG workforce. This means the diversity of employees now better reflects that of the local population
- The proportion of employees from 'White other' ethnic backgrounds at 3.5%, is now slightly higher than the make-up of the local population at 3.1%
- Although increasing in number (up from 2.5% of employees in 2014 to 3.0% by 2015), staff from Asian British, Black British African, and Black British Caribbean ethnic backgrounds are still underrepresented in the CCG workforce

- The number of equality impact assessments being completed and the quality of equality analysis is beginning to improve. This includes the use of data about health inequalities and disaggregated data for age, gender and ethnicity
- Activities have been undertaken to improve staff health and wellbeing, including levels of stress and anxiety
- The CCG has supported GP practices to implement the Accessible Information Standard

### Neutral impacts

- For employee characteristics of religion or belief and sexual orientation around 50% of staff still chose not to tell us
- The proportion of female and male employees has remained unchanged. The majority of staff employed by the CCG are women at 78% (159 individuals) compared to 23% men (45 individuals). This pattern is similar to the national CCG workforce profile, and reflects the trend across the NHS overall, although the CCG employs a higher proportion of women (78%) compared to the national CCG workforce (70%)
- The CCG workforce is an ageing one, with the greatest proportion of staff (60.8% or 124 individuals) in the 45 to 64 year old age group. This is a larger proportion when compared to the national CCG workforce which in 2014 had 53% of staff in this age group. Following the 6.6% increase in the proportion of CCG staff aged 25 to 44 years between 2013 and 2014, over the 12 months to December 2015 the age profile of the CCG workforce has remained unchanged
- Gaps in patient data regarding disability, religious belief, and sexual orientation remain
- The data for 2015 suggests that applicants from Black, Asian and Minority Ethnic (BAME) backgrounds are less likely to be short listed and recruited. Using a calculation of 'relative likelihood' this is confirmed - the relative likelihood of White candidates being appointed from short listing compared to BAME candidates is 2.3 times greater. This initial finding needs to be investigated to ensure recruitment practices are fair.

### Negative impacts

The evidence does not highlight any negative impacts stemming from the implementation of the policy. Improvements in data collection and analysis will help us to confirm this is the case over time. Where discrimination is identified the policy will be reviewed and amended.

### Health inequalities

Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).

- The CCG has a good track record of identifying inequalities in service provision across the west Hampshire locality and taking action to address this.
- Over the last 12 months the CCG has invested time and resource to analyse data about health inequalities in service use and outcomes in more sophisticated ways. This information is now being used to inform strategic and locality commissioning decisions. This work is being supported by the development of equalities information resources, and provision of support to commissioners around completion of equality impact assessments

## Recommendations

Although we have made progress following implementation of the Equality, Diversity and Human Rights Policy, the evidence shows that some elements of the policy are not yet having the expected impact (the policy has had a neutral impact rather than positive impact). In part this can be explained by continuing gaps in the equalities data (for example for employee equality characteristics), and process deficiencies (we are unable to analyse take up of training disaggregated by protected characteristic for instance). These factors undermine our ability to consider and demonstrate 'due regard' to the equality legislation as set out in the policy.

At the same time however, progressing equality and addressing inequalities is a long-term task requiring behavioural and cultural change. It is therefore to be expected that only some progress will be achieved in the 11 months since the policy was implemented.

Since this policy was approved in July 2015 there have been no significant changes to equality law or guidance. As such the policy still outlines all necessary and relevant actions to ensure the CCG complies with the law and specifies who is responsible. Where more detailed guidance should be followed the policy also includes links to the relevant CCG policies. The policy itself has not had any negative impact.

For these reasons it is recommended that only minor amendments to the Equality, Diversity and Human Rights Policy are required. These amendments have been completed ready for discussion and agreement at the Policy Sub-Group on 4 July 2016.

Instead the focus for action should be on implementing the policy more robustly. Key actions are set out below.

## Action planning for improvement, and to address health inequalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date
1. Complete personal details verification process with CCG employees to reduce number of 'Undisclosed' and 'Prefer not to say' records for staff protected characteristics	South, Central and West Commissioning Support Unit	31 December 2016
2. Explore whether up take of training by employees can be broken down by age, gender, ethnicity, pay band and working pattern	Nick Birtley and Training & Development Team at South, Central and West Commissioning Support Unit	30 September 2016
3. Audit recruitment processes to ensure BAME candidates are not subject to discrimination	Nick Birtley and HR Team at South, Central and West Commissioning Support Unit	30 September 2016
4. To encourage and support a further increase in the number of equality impact assessments completed across CCG functions, to provide resources and training to responsible managers	Nick Birtley and Christine Mbabazi	Ongoing
5. Devise and agree an action plan to achieve improvement against the measures set out in the NHS Workforce Race Equality Standard	Nick Birtley and HR Team/ Learning & Development at South, Central and West Commissioning Support Unit	

## For your records

**Name(s) of person who carried out this assessment:** Nick Birtley, Equality and Diversity Manager

**Date assessment completed:** 24 June 2016

**Date to review actions:** June 2019

**Name of responsible Director:** Bev Meeson, Deputy Director of Service Development

**Date assessment was approved:** 24 June 2016