



*Corby Clinical Commissioning Group*



*Nene Clinical Commissioning Group*

## **NHS Nene and NHS Corby Clinical Commissioning Groups**

# **Equality, Inclusion and Human Rights (EIHR) Policy**

**Approved : 13 September 2016 by Inclusion and Equality Leadership  
Group**

**Ratified : 11 October 2016 by the Quality Committee on behalf of  
NHS Nene Clinical and NHS Corby Commissioning Groups**

**For Review: August 2018 (or sooner to comply with legislation)**

## Version Control

| Version No. | Date       | Who            | Status                         | Comment  |
|-------------|------------|----------------|--------------------------------|--|
| 1           | 13/1/2014  | Daniel Whalley | Draft                          | Initial draft to the Inclusion and Equality Leadership Group for comment and feedback.   |
| 2           | 12/5/2014  | Daniel Whalley | Draft                          | Received by the Inclusion and Equality Leadership Group.   |
| 3           | 7/7/2014   | Daniel Whalley | Approved                       | Received and approved by the Inclusion and Equality Leadership Group.  |
| 4           | 12/8/2014  | Peter Boylan   | Approved                       | Submitted to the Quality Committee and approved with a recommendation to submit the policy to the Governing Bodies of NHS Nene and NHS Corby Clinical Commissioning Groups for ratification. |
| 5           | 19/8/2014  | Peter Boylan   | Ratified                       | Submitted to and ratified by the Governing Body of the NHS Nene Clinical Commissioning Group.  |
| 6           | 26/8/2014  | Peter Boylan   | Ratified                       | Submitted to and ratified by the Governing Body of the NHS Corby Clinical Commissioning Group.   |
| 6.1         | 16/9/2016  | Daniel Whalley | Reviewed & update for approval | Submitted to and approved virtually by the Inclusion and Equality Committee members  |
| 6.2         | 11/10/2016 | Daniel Whalley | For approval/ratification      | Submitted to and approved/ratified by the Quality Committee on behalf of NHS Nene and NHS Corby Clinical Commissioning Groups  |
| 7.0         | 24/10/2016 | Helen Sutton   | Published                      | For publication on the websites of NHS Nene and NHS Corby Clinical Commissioning Groups  |

This document sets out the CCG's policy on promoting equality, inclusion and human rights in relation to employment, service delivery, goods and service supplies, contractors and partner agencies. Its aim is to ensure that no individual or group receives less favourable treatment either directly or indirectly.

**Key Words:** Equality, Diversity, Human Rights, Protected Characteristics, Public Sector Equality Duty, Due Regard, Equality Objectives, Discrimination, Equal Opportunities.

## Contents

|  |    |
|--|----|
| Definitions That Apply To This Policy .....        | 4  |
| Equality Statement .....                           | 6  |
| 1.0 Summary of policy .....                        | 7  |
| 2.0 Introduction .....                             | 7  |
| 3.0 Scope and Purpose .....                        | 7  |
| 4.0 Guiding Principles .....                       | 8  |
| 5.0 Equality Objectives (2016 – 2019) .....        | 8  |
| 6.0 Legal Context .....                            | 9  |
| 7.0 Duties within the Organisation.....            | 12 |
| 8.0 Due Regard .....                               | 14 |
| 9.0 Putting the Policy into Action .....           | 15 |
| 10.0 Modern Slavery Act .....                      | 24 |
| 11.0 Procurement.....                              | 28 |
| 12.0 Community/Service User Involvement.....       | 29 |
| 13.0 Service User Feedback .....                   | 30 |
| 14.0 Monitoring compliance and effectiveness ..... | 31 |
| 15.0 Dissemination and implementation .....        | 33 |
| 16.0 References .....                              | 33 |
| 17.0 Associated Policies.....                      | 34 |

### ***Additions to the Policy - Please note that the following have been added to this policy:***

- Section 5: Equality Objectives 2016-2019 (from page 8)
- Section 9: The requirements of the NHS Workforce Race Equality Standard (WRES) requirements (paragraph 9.1.5 Page 18)
- Section 9: The requirements in relation to the Accessible Information Standard (AIS) requirements (paragraph 9.7.1 page 22)
- Section 10: Modern Slavery Act (from page 24)

## Definitions That Apply To This Policy

|                                    |   |
|------------------------------------|---|
| <b>Diversity</b>                   | Diversity is the recognition and valuing of difference in its broadest sense. It is about creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation, its workforce and the individual, including patients  |
| <b>Equality</b>                    | Equality is about creating a fairer society where everyone can participate and have the opportunity to fulfil their potential; it is not about treating everyone the same. It is backed by legislation designed to address unfair discrimination based on particular protected characteristics.   |
| <b>Equality and Diversity</b>      | Equality and Diversity are not inter-changeable but inter-dependent. There can be no equality of opportunity if difference is not valued and harnessed and taken into account.  |
| <b>Equality target groups</b>      | People exhibiting one or more of the protected characteristics ( <i>see below</i> ).  |
| <b>Human Rights</b>                | <p>'Human rights' are the basic rights and freedoms that belong to every person in the world. They are the fundamental things that human beings need in order to flourish and participate fully in society.</p> <p>Human rights belong to everyone, regardless of their circumstances. They cannot be given away or taken away from you by anybody – although some rights can be limited or restricted in certain circumstances. For example, your right to liberty (Article 5, European Convention on Human Rights) can be restricted if you are convicted of a crime.</p> |
| <b>Protected Characteristics</b>   | This policy is intended to protect employees and service users from unfair treatment, regardless of their background. Our definition of 'protected characteristics' is based on those set out in the Equality Act 2010. The nine protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.  |
| <b>Public Sector Equality Duty</b> | <p>A public authority (including NHS organisations) must, in the exercise of their functions, have due regard to the need to :</p> <ul style="list-style-type: none"> <li>• Eliminate discrimination, harassment and victimisation or any other conduct prohibited by the Equality Act 2010 in relation to the protected characteristics</li> <li>• Advance equality of opportunity between all persons; and</li> <li>• Foster good relations between groups of people sharing a protected characteristic and those that do not.</li> </ul>                                 |
| <b>Due Regard</b>                  | <p>Having <b>due regard</b> for advancing equality involves:</p> <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</li> <li>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</li> </ul>  |
| <b>Bullying</b>                    | Bullying is offensive, intimidating, malicious, or insulting behaviour, an abuse of misuse or power through means intended to undermine, humiliate, denigrate or injure the recipient.  |

|                                      |   |
|--------------------------------------|---|
| <b>Harassment</b>                    | In the Equality Act 2010 harassment is defined as ‘unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating and intimidating, hostile, degrading, humiliating or offensive environment for that individual’.   |
| <b>Victimisation</b>                 | <p>Victimisation occurs when an employee is treated badly because they have made or supported a complaint, or raised a grievance under the Equality Act 2010; or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.</p> <p>There is no longer a need to compare treatment of a complainant with that of a person who had not made or supported a complaint under the Act.</p> <p>The Trusts acknowledge that some incidents of bullying and harassment may be related to an individual’s protected characteristic or membership of an equality group. We will take action to protect employees, independent contractors and other service providers from being bullied or harassed. We recognise that this can be a barrier to achieving our commitment to equalities.</p> <p>Employees and applicants will not be disadvantaged by unjustified conditions and requirements through:</p> |
| <b>Direct discrimination</b>         | Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have (see discrimination by perception below), or because they associate with someone who has a protected characteristic (see discrimination by association below).  |
| <b>Indirect discrimination</b>       | <p>Indirect discrimination can occur when a condition, rule, policy or practice in an organisation that applies to everyone, particularly disadvantages people who share a protected characteristic.</p> <p>However, indirect discrimination may be justified if it is applied as a ‘proportionate means of achieving a legitimate aim’. A legitimate aim might be any lawful decision an employer makes in running the organisation, but if there is a discriminatory effect, this must be ‘proportionate’.</p> <p>Being proportionate really means being fair and reasonable, including showing that ‘less discriminatory’ alternatives have been considered in relation to any decision made.</p>  |
| <b>Discrimination by Association</b> | <p>This is direct discrimination against someone because they are associated with another person who possesses a protected characteristic. This is new in the protected characteristics of Age, Disability, Gender Reassignment and Sex.</p> <p>It is difficult to categorise all forms of harassment, but examples of some more easily recognisable forms of harassment are covered in more detail in the Dignity at Work and Bullying and Harassment policies.</p>  |

## **Equality Statement**

NHS Nene and NHS Corby Clinical Commissioning Groups (Nene CCG and Corby CCG) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. This policy takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, Nene and Corby CCG must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which Nene CCG is responsible, including policy development, review and implementation.

## **1.0 Summary of policy**

This policy provides a framework for Nene and Corby Clinical Commissioning Groups, (hereafter referred to as the CCG) that will ensure compliance with the Equality Act 2010 and Human Rights Act 1998 in respect of their duties as an employer and commissioner of NHS services.

The policy demonstrates the CCGs commitment towards dealing fairly with issues of equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as an employer. It is the intention of the CCG to eliminate unfair and unlawful discriminatory practices in line with current equality and Human Rights legislation. This commitment is summarised in the Equality, Diversity and Human Rights Statement which is referenced throughout this policy.

## **2.0 Introduction**

This policy replaces all previous equality diversity and human rights policies managed by the CCG and supporting the CCGs Equality and Inclusion Strategy.

The CCG is committed to creating a culture in which equality of opportunity, diversity and human rights are promoted actively and in which unlawful discrimination is not tolerated. The CCG recognises that the experiences and needs of every individual are unique and strives to value and respect the diversity of its staff, service users, carers and the public.

The policy sets out the CCG's guiding principle (See section 4.0 below) for promoting Equality, Inclusion and Human Rights (EIHR) in relation to employment, service delivery, goods and service suppliers, contractors and partner agencies. As a public body, the CCG has a duty to eliminate discrimination and advance equality across all its functions. The management of equality and diversity is also important to the CCG as they help to:

- Promote the corporate reputation of the organisation as an employer of choice.
- Recruit a diverse workforce that meets capacity and service delivery needs.
- Increase productivity through maximising individual contributions to provide better patient care.
- Protect the organisation from financial detriment or corporate embarrassment as a result of litigation.

## **3.0 Scope and Purpose**

This policy applies to all staff employed by the CCG and to all service users, carers and visitors to the CCG.

This policy applies to all activities and functions undertaken by, or on behalf of the CCG.

The policy defines and promotes the CCG's approach to and the benefits of equality, inclusion and human rights, and to ensure there are guidelines for employees to follow. The policy covers:

- Recruitment
- Employment and
- Service Delivery

Some policies may have more significant links and are referred to in Appendix 1: Associated Policies.

#### **4.0 Guiding Principles**

Promoting equality, inclusion and human rights is one of the cornerstones of all the CCGs' functions and activities, as an employer and commissioner of services. This will be applied by ensuring that:

- The CCG have an ongoing equality programme of work, which includes equality objectives across all functions and this programme managed by the Equality and Inclusion Leadership Group.
- All policies, strategies, service redesign and commissioned services undergo an equality analysis (Due Regard) at the start of the development process, and the outcomes of these are implemented.
- All staff receives equality and human rights skills through induction, staff briefings, face to face and e-learning training.
- The principle of promoting EIHR and meeting individual needs is part of the ethos of all policy and service development.
- There is effective and sensitive staff support and complaints mechanisms, should staff or service users feel that they have experienced discrimination.
- Workforce, service user and complaints data is monitored by the CCG in accordance with its duties under the Equality Act 2010.

#### **5.0 Equality Objectives (2016 – 2019)**

In partnership, Nene and Corby CCGs will be focusing on the following Equality Objectives over the next 3 years:

- 5.1 Continue to integrate inclusion and equality considerations into the decisions we make.**
- 5.2 Develop as an inclusive employer to ensure staff are aware of and supported to meet the evolving needs of the organisation and local communities.**
- 5.3 To focus on understanding gaps in health outcomes for the diverse local communities and working to reduce inequality.**



There are powerful and sound business reasons and legal imperatives for taking an equal opportunity approach to the community we serve including patients and their carers, our suppliers, members of other organisations, and all people who receive our services in any of its many forms. In achieving our business objectives we intend to do so by centralising the importance we place on equality, inclusion and human rights in all of our business planning activities.

## **6.0 Legal Context**

### **6.1 Equality Act 2010**

The Equality Act 2010 (hereafter referred to as the Act) provides a single framework to tackle disadvantage and discrimination of people with protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation). The main focus of the Act is to streamline, strengthen and harmonise existing equality law. The Act places a public sector equality duty (PSED) on public authorities in the exercise of their functions to have due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

### **6.2 Specific Duties**

Specific duties require the CCG to publish information showing how we are complying with the PSED when taking decisions and making policies including the impact of policies on both employees and the public by;

- Preparing and publishing one or more equality objectives
- Publishing information to demonstrate compliance with the PSED including information relating to employees and other persons affected by the CCGs policies and practices who share a relevant protected characteristic.

### **6.3 Protection for people with disabilities, Equality Act 2010.**

The Equality Act 2010 aims to protect disabled people and prevent disability discrimination. It provides legal rights for disabled people in the areas of:

- Employment education.
- Access to goods, services and facilities including larger private clubs and land based transport services.
- Buying and renting land or property.
- Functions of public bodies, for example the issuing of licences.

The Act also provides rights for people not to be directly discriminated against or harassed because they have an association with a disabled person. This can apply to a carer or parent of a disabled person. In addition, people must not be directly discriminated against or harassed because they are wrongly perceived to be disabled.

### **6.3.1 The definition of 'disability' under the Equality Act 2010**

In the Act, a person has a disability if:

- They have a physical or mental impairment.
- The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.

For the purposes of the Act, these words have the following meanings:

**'substantial'** means more than minor or trivial

**'long-term'** means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)

**'normal day-to-day activities'** include everyday things like eating, washing, walking and going shopping

People who have had a disability in the past that meets this definition are also protected by the Act.

### **6.3.2 Progressive conditions considered to be a disability**

There are additional provisions relating to people with progressive conditions. People with HIV, cancer or multiple sclerosis are protected by the Act from the point of diagnosis. People with some visual impairment are automatically deemed to be disabled.

### **6.3.3 Conditions that are specifically excluded**

Some conditions are specifically excluded from being covered by the disability definition, such as a tendency to set fires or addictions to non-prescribed substances.

### **6.3.4 Where to get more guidance on the definition of disability**

The government has published statutory guidance, to assist adjudicating bodies like courts and tribunals in deciding whether a person is a disabled person. This guidance is called "Guidance on matters to be taken into account in determining questions relating to the definition of disability" (available on [www.gov.uk](http://www.gov.uk)).

It was published for the purposes of the Disability Discrimination Act, but continues to apply under the Equality Act 2010, where appropriate.

#### **6.4 Exceptions under the Act**

There are several highly specific exceptions to the law where you can treat someone differently because of their protected characteristic. The main ones are:

- If someone being of a particular protected characteristic (e.g. a specific gender) is central to a particular job. This is known as an “occupational requirement”.
- If you have to do it in order to avoid breaking another law. For example legal age limits.
- Special provisions apply to the treatment at work of women who are pregnant or taking maternity leave for health and safety reasons.

#### **6.5 Human Rights Act 1998**

Human Rights are the basic rights all individuals have, regardless of who they are, where they live or what they do. Human rights represent all the things that are important to human beings, such as the ability to choose how to live their lives and being treated with dignity and respect.

The UK Human Rights Act contains 15 basic rights:

- The right to life.
- The right not to be tortured or treated in an inhuman or degrading way.
- The right to be free from slavery or forced labour.
- The right to liberty and security.
- The right to a fair trial.
- The right to no punishment without law.
- The right to respect for private and family life, home and correspondence.
- The right to freedom of thought, conscience and religion.
- The right to freedom of expression.
- The right to freedom of assembly and association.
- The right to marry and have a family.
- The right not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention.
- The right to peaceful enjoyment of possessions.
- The right to education.
- The right to free elections.

The CCG will consider these human rights principles in relation to our staff and patients at all times, aiming to demonstrate our commitment to quality outcomes which will improve the patient experience in the services we commission, and provide satisfaction to staff that they are undertaking a job that is valued.

The CCG is also taking full consideration of the Francis Report ([www.midstaffpublicinquiry.com/report](http://www.midstaffpublicinquiry.com/report)) throughout its activities to ensure a human rights approach is put into practice.

## **6.6 Human Rights Based Approach**

A human rights based approach is the process by which human rights are put into practice. The Department of Health and British Institute of Human Rights have set out five key principles:

- Putting human rights principles and standards at the heart of policy and planning.
- Empowering staff and service users with knowledge, skills and organisational leadership and commitment to achieve human rights based approaches.
- Enabling meaningful involvement and participation of all key stakeholders.
- Ensuring clear accountability throughout the organisation.
- Non-discrimination and attention to vulnerable groups.

Duties under The Human Rights Act 1998 are to ensure that all staff and service users are equally able to access all their human rights as set out in the Act, both as employees of the CCG and service users of NHS services.

## **6.7 Rehabilitation of Offenders Act 1974**

The Rehabilitation of Offenders Act 1974 concerns the use of information of “spent” convictions, to discriminate unfairly against a particular person, without justification where the job itself does not contain restraints. Most jobs in the NHS are exempt from the Rehabilitation of Offenders Act 1974, so applicants must declare any previous convictions on their application forms. Managers need to handle such information sensitively and in confidence, and should seek advice from Human resources to consider whether or not a conviction revealed has relevance to the post.

## **7.0 Duties within the Organisation**

### **7.1 The Governing Body**

The CCG's Governing Body has overall corporate responsibility for ensuring that the CCG complies with its legal and ethical obligations with regard to EIHR in its dealings with staff, service users, patients, the public and other stakeholders. In addition the Governing Body will:

- Ensure that the organisation has equality objectives that meet the requirements of the public sector equality duty as set out under the provisions of the Equality Act 2010.
- Receive and consider regular reports in order to evaluate the effectiveness of the policy

### **7.2 Directors and Heads of Service**

Divisional Directors and Heads of Service are responsible for the implementation of this policy.

Divisional Directors and Heads of Service have specific responsibility for monitoring the effectiveness of this policy and deciding on appropriate actions in response to any needs identified. This policy will be subject to monitoring, evaluation and review on an annual basis in consultation with Staff Side Representatives or as a result of changes in legislation.

### **7.3 Managers and Team leaders will be responsible for:**

CCG managers hold responsibility for ensuring the practical application of this Policy and for the incorporation of its principles into all other CCG policies and procedures.

Managers should be aware that they will be expected to positively promote high equality standards in line with the requirements of the Act.

Managers, and other employees in supervisory positions, have a particular duty to ensure that discrimination, or any other breaches of this Policy, do not occur in any directorates/departments or areas of work for which they are responsible and to give positive support to any measures which will promote equality, inclusion and human rights.

Additional responsibilities include:

- Ensuring that their employees have attended the appropriate mandatory equality and diversity training and, if involved with recruitment and selection, the necessary training to enable them to be involved in that process
- Ensuring that those who report to the manager, but are not employed by the CCG, e.g. volunteers and providers of goods and/or services, take responsibility for their behaviour and conduct in the workplace and make them aware of the practical application of this Policy.
- Assisting with the monitoring of compliance within their area of responsibility in respect of the CCG's equality objectives
- Those involved in the development of policies, commissioning cases and service redesign initiatives are responsible for ensuring that Due Regard is conducted at an early stage and at key stages as the exercise develops.
- Managers are also responsible for ensuring that any allegations of discriminatory behaviour or practices are correctly investigated and appropriate action taken. This may involve the use of the CCG's Bullying and harassment, Dignity at Work, Grievance Disciplinary or Capability Policies.

### **7.4 Responsibility of Staff**

Good employee relations and practices depend on employees' attitudes and activities at work. In particular individual employees:

- Have a personal responsibility for the application of this Policy on a day-to-day basis. This means they should not undertake any acts of discriminatory practice in the course of their employment;

- Should positively promote high equality standards in the course of their employment wherever possible;
- Have a responsibility to bring any potentially discriminatory practice to the attention of either their Line Manager, the Human Resources Department or relevant Trade Union/Professional Associations;
- Must not victimise individuals on the grounds that they have made complaints or provided information on discrimination, but must be active in informing management of discrimination.

### **7.5 External Contractors and Agencies (providers of Goods and Services)**

Contractors and their staff have an equal responsibility to ensure that this policy is adhered to and will be the subject of any contract compliance monitoring.

Providers of goods and services should have access to this policy and the Equality and Inclusion Strategy.

External contractors and agencies providing services on behalf of the CCG, on CCG premises will be expected to make their staff aware of the CCG's EIHR policy and comply with it.

Discrimination on the grounds listed above will not be tolerated by the CCG, whether committed with intent or negligence.

### **7.6 Patients/Service Users/Carers/Visitors**

Patients, Service Users, Carers and Visitors are expected to be respectful to all staff and other patients.

Patients, Service Users, Carers and Visitors who are verbally or physically abusive or who make derogatory statements that are of a discriminatory nature to any staff or other patients should be aware that they will be challenged about their behaviour. Where appropriate, the CCG may consider limiting, or withdrawing the provision of services to, Service Users/Carers/Visitors and may seek to prosecute individuals where it deems necessary.

The Trust will consider issues such as non-capacity and any learning disability at this time before any actions are taken such as a service being removed or reduced.

## **8.0 Due Regard**

Every day, decisions are made within the CCG that affect the lives and relationships of all our Patients, service users, carers and staff.

The Equality Act 2010 requires us to pay 'Due Regard', when considering the effects on different groups protected from discrimination (protected characteristics). Due regard can be demonstrated by carrying out an equality analysis (EA). Failure to pay due regard opens the organisation to external challenge.

### **8.1 Equality Analysis**

Equality analysis (EA) is most effective when it is integrated into day-to-day activities such as policy-making, business planning and other governance and corporate decision-making arrangements. This means that the person who is making the decision or advising the decision-maker needs to undertake the equality analysis, with appropriate assistance and support. This is not an administrative task, but a core part of policy-making.

### **8.2 Equality Analysis during the procurement process**

Equality issues must also be considered in any procurement process as the legal liability in relation to equality issues usually remains with the public body which commissions the service. With Providers taking legal responsibility for any equality issues arising from their methods of delivering the commissioned service. Some examples of CCG policy and functions that are particularly important for equality include changes to service delivery (through re-provision, commissioning re-design) and recruitment or pay policies.

### **8.3 Consulting and assessing on strategy, policy and service delivery**

We will consult the communities we serve, our employees and trade unions, to develop and put in place strategies, policies and service that are appropriate to our diverse communities. We will assess the effect of strategies, policies and services on all communities to ensure that needs are understood and met. We will let the public and our employees know about what we do as a result of our consultation and assessments.

## **9.0 Putting the Policy into Action**

### **9.1 Recruitment, Selection and General Employment (Including Promotion)**

Consistent and justifiable reasons for recruitment, selection and promotion are pre-requisites for good management, without consistency, decisions are subjective and are open to direct and indirect discrimination. Therefore, the CCG's policy on advertising for posts will be to not include any requirements or criteria which are unnecessary to the post, and which might exclude future applicants of particular under-represented equality target groups.

In order to avoid indirect discrimination there will be 'no word of mouth' recruitment, and posts will not be advertised in such a way as would effectively exclude minority/disadvantaged groups, as outlined in the Recruitment and Selection Policy

It is important to note that the policy applies not only to current employees, but also to prospective employees. It nevertheless applies to any employment matter in which the equitable treatment of a current or potential employee may be an issue.

The CCG will undertake to:

- Avoid discriminating in advertising job vacancies. The Human Resource function is responsible for the coordination of all recruitment advertising and will review all advertisements in advance of publication to ensure compliance with relevant legislation and the CCGs' policy.
- Ask only interview questions which relate to the circumstances and requirements of the job. Questions which could be discriminatory will not be allowed within the interview process.
- No questions will be asked about health or disability before a conditional employment offer has been made. This is in accordance with the Equality Act 2010.
- Invite candidates, as a matter of routine, to inform the organisation of any special arrangements or reasonable adjustments which need to be made in attending a job selection interview.
- Ensure that people who are responsible for recruitment and selection are trained in equality, diversity and human rights, so that discrimination will not take place.
- The CCG is committed to interview all disabled applicants who meet the minimum criteria of the person specification.
- The CCG will encourage the involvement of service users and carers who are suitably trained in the recruitment process to be on interview panels for senior management posts and will widen participation in the future.
- The Human Resources Department will monitor advertisements, job details and selection tests to ensure they do not discriminate directly or indirectly.
- A summary of the policy, outlined in the Equality, Diversity and Human Rights Statement, will be sent out with the application form, job description and person specification; and is available on the NHS Jobs site for people applying online.

#### **9.1.1 Positive Action**

Positive action is described as a range of measures which may be adopted under the Equality Act 2010. The aim is not to positively discriminate, which is unlawful, but to assist with and encourage opportunities for particular groups in areas where they are under-represented. Where appropriate, positive action initiatives will be developed for the employment, training and development of people from under-represented groups at all levels of the workforce, in order that they may achieve equality of opportunity for selection and further promotional opportunities.



### **9.1.2 Employing people with disabilities**

The CCG fully supports the employment of disabled staff and will make every effort to ensure reasonable adjustments are made to the workplace to enable staff to work effectively. For new starters, staff who become disabled this will involve arranging an Access to Work assessment within a reasonable time frame in collaboration with the relevant Disability Employment Adviser who can be accessed at the local Job Centre.

Examples of reasonable adjustments are:-

- Providing voice recognition technology for blind or partially sighted staff.
- Adapting premises for wheelchair users.
- Non-financial adaptations such as altering hours/locations of work.
- Reallocating heavy lifting duties.
- Strategies to control stress.

### **9.1.3 General Employment**

- Particular care should be taken to ensure that the working environment is suitable to all staff and that bullying, harassment or intimidation does not take place. It is important that due regard is paid to individual needs.
- There should not be discrimination in the arranging of shifts or overtime, by assuming that certain groups (equality groups) do not wish or are unable to do shift work. Unplanned overtime should be offered to all employees, on an equitable basis.
- Appropriate refresher training should be made available to members of staff returning to work after having a family or career break.
- Adoption, Maternity and Paternity leave should be viewed as a natural break in employment and the CCG will facilitate return to work where possible and not allow such leave to interfere with career progression.
- All policies and terms and conditions of employment should be free from bias against any equality group likely to experience discrimination. To ensure this, an Equality Analysis should be performed for each policy.
- The CCG will continue to support staff who have additional caring responsibilities outside of their paid employment and carers who support service users (Refer to CCG Special Leave Policy, HR28).
- Where employees have particular cultural and religious needs, the CCG will consider whether it is reasonably practicable to vary and/or adapt work requirements to meet these needs.
- It is recognised that flexibility may be required in order to facilitate staff to meet short-term or long-term personal commitments (e.g. to care for a dependant). Such requests will be considered seriously, in line with the CCG's agreed 'family friendly' policies, and other relevant guidelines.

#### **9.1.4 Termination of employment**

The CCG will undertake to:

- Use a robust system for undertaking exit interviews with any staff member, at all levels when employment terminates.
- Exit interviews take place to determine reasons for leaving. There will be a particular emphasis on establishing whether diversity or equal opportunity issues have contributed to the decision of a member of staff to leave the organisation.

#### **9.1.5 Workforce Race Equality Standard (WRES)**

In 2014, NHS England and the NHS Equality and Diversity Council agreed action to ensure employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It was agreed that a Workforce Race Equality Standard (WRES) should be developed for all providers subject to the NHS standard contract 2015/16, except 'small providers' (with contracts less than £200,000) and primary care, are expected to implement the WRES from April 2015. NHS Nene CCG as a relatively large CCG falls into the reporting category. The full quantitative equality analysis of the workforce which includes the WRES has been published in a report.

The report covers nine indicators as per the WRES:

Workforce Indicators:

Note: For each of these four workforce indicators, compare the data for White and BME staff

1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce Organisations should undertake this calculation separately for non-clinical and for clinical staff.
2. Relative likelihood of staff being appointed from shortlisting across all posts.
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.
4. Relative likelihood of staff accessing non-mandatory training and CPD.

Staff Survey Indicators:

Note: For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff

5. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

7. KF 21. Percentage believing that their organisation provides equal opportunities for career progression or promotion.
8. Q17. In the last 12 months have you personally experienced discrimination at work from any of the following?
  - Manager/team leader or other colleagues.

Board representation indicator:

Note: For this indicator, compare the difference for White and BME staff

9. Percentage difference between the organisations' Board voting membership and its overall workforce. Only voting members of the Board should be included when considering this indicator

There are a small number of organisations where there is either so small a number of BME staff that it is difficult to publish data without identifying individuals, NHS Corby CCG falls into this category. However, NHS Corby CCG annually reviews their workforce composition.

## **9.2 Bullying and harassment in the workplace**

The CCG takes seriously their ethical, moral and legal obligations to maintain high standards in the important area of equality, diversity and human rights and operates a zero tolerance policy to bullying, harassment or victimisation and are committed to leading by example. Please refer to the definitions outlined associated with this section:

## **9.3 Grievance Procedure**

All employees have the right to seek redress for their grievances and this right must be made known to them by their manager. Grievances must be treated equally and fairly and not subjected to assumptions about the personal sensitivity of the employee expressing the grievance. The CCG aims to resolve any such matters at the most local level appropriate and within the shortest reasonable time frame. If however an employee/potential employee is dissatisfied with the outcome of any matter raised, she/he is not prevented from pursuing his/her rights through other routes.

The CCG will undertake to:

- Make available the grievance procedure so that members of staff can, if necessary, raise a formal grievance through the procedure with confidence.
- Protect any member of staff who raises a complaint of discrimination from victimisation.
- Discipline any member of staff using the formal disciplinary procedures if they discriminate against a candidate or a member of staff in the course of their employment with the CCG.

#### **9.4 Work/Life balance**

The CCG recognises that enabling staff to work flexibly, where possible, is important in assisting them to achieve balance in their life and, thereby, promote equality of opportunity. This can be through working flexible hours, job sharing, career breaks, and phased return to work after long-term absence, access to child care and also by recognising personal commitments such as caring for relatives / dependants or cultural needs.

The CCG will consider requests made by all staff to work flexibly based on the requirements on the service. The CCG also has separate policies applicable to all employees in respect to various types of leave [see Appendix 1: Associated Policies].

#### **9.5 Statutory and Mandatory Training and Development**

The CCG is committed to promoting a culture of EIHR. This is achieved through the provision of adequate training for all staff in order to provide positive assistance to the implementation of this policy. It is essential that all staff ensure they are up to date with core mandatory equality, diversity and human rights training. There are sessions delivered as part of the CCGs' induction and mandatory training programme and should be attended at least every 3 years. The CCG will also undertake to:

- Train all those who deliver internal training events in equality, diversity and human rights.
- Monitor who takes part in training against the 'protected characteristic' criteria and regularly review this information to ensure that there are no exclusions to training and development opportunities.
- Ensure that external training providers understand the CCGs' policy on equality, diversity and Human rights.

##### **9.5.1 Performance and Development Review of Employees (PDR)**

In brief, the CCG will undertake to:

- Appraise the performance of members of staff against objective criteria which include previously agreed work objectives, diversity objectives and behavioural standards;
- Quality assure interim reviews and main reviews to ensure that performance targets are fairly set and progress fairly assessed and there is no indication of the use of stereotypical assumptions;
- Monitor completed performance development review in relation to protected characteristics and take action to remedy any practice which appears to have a positive or negative impact on the diverse workforce of the CCG;
- Act on learning and development needs identified in personal development plans.

[See Appendix 1: Associated Policies].

## **9.6 Service Delivery**

The CCG strives to ensure that every service user requiring NHS treatment is treated with dignity and respect in a safe environment. The services they provide will be delivered in a fair and equitable manner. The CCG will not tolerate any practices that result in the provision of a lower standard of service due to unlawful discrimination.

The services provided will be accessible and sensitive to the needs of our diverse communities and will not unfairly disadvantage on the basis of any protected characteristics or equality group or caring commitments, social/economic background, HIV status, or any other difference.

The CCG firmly believes that all services should be responsive and adaptive to the individual needs of service users and carers. Services will not be based on assumptions, stereotypes and prejudice of any equality groups, but on information gained through consulting with service users, carers and the public.

The CCG is aware that encouraging staff to be open and responsive in their approach is essential in achieving this objective. It will aim to promote a climate that encourages the participation of service users, carers and staff. This climate should be one in which individuals are comfortable in sharing views, opinions, needs and suggestions with staff.

During any clinical assessment process all staff are encouraged to obtain information on individual service users and carers needs, and to act on this information. This may include acquiring aids for a disabled person, providing an interpreter for a non-English speaking patient, providing access to religious materials and/or delivering services that are culturally sensitive to the needs of service users and carers.

All reasonable requests will be considered and the CCG will endeavour to ensure the highest quality of services is delivered within the resources at their disposal.

## **9.7 Easy Accessible Information for All**

The right to freedom of expression can be inhibited by the way in which information is provided. The CCG publishes a significant amount of information each year.

We are committed to making sure that all the information we publish uses language that is appropriate to the intended audience, and to making sure that it is available in accessible formats and via accessible methods. We will engage with patients to ensure that equality groups are supported to make informed choices with easy access to the information they need about health care services. In practice this means:

- Writing in plain English.
- Ensuring any illustrations have a good colour contrast.
- Using sign language or subtitles on all DVDs or similar types of media we produce.

- Making it clear on all standard information leaflets where people can get information in alternative formats.
- Seeking the help of disabled people in producing information for the public.
- Producing 'Easy Read' versions of key publications, and making these available through the CCG website.
- Producing key publications in a number of different languages where appropriate, including Braille.

### **9.7.1 Accessible Information Standard (AIS)**

The Standard applies to service providers across the NHS and adult social care system, and effective implementation will require such organisations to make changes to policy, procedure, human behaviour and, where applicable, electronic systems. As Commissioners of the NHS and publicly-funded adult social care Nene and Corby CCGs must also have regard to this standard, in so much as they must ensure that contracts, frameworks and performance-management arrangements with provider bodies enable and promote the Standard's requirements.

The Equality Act 2010 duty to make reasonable adjustments relates specifically to people with a disability – and this is the primary legal framework for the Accessible Information Standard. In addition, the Care Act 2014 details specific duties for local authorities with regards to the provision of advice and information, this includes the requirement that, "Information and advice provided under this section must be accessible to, and proportionate to the needs of, those for whom it is being provided." The NHS Constitution also states that, "You have the right to be involved in discussions and decisions about your health and care...and to be given information to enable you to do this." the Standard should be considered by NHS organisations as part of applying and implementing EDS ('Equality Delivery System '), including as a tool and guide for improving performance.

NHS Nene & Corby CCGs have a duty to ensure that actions, especially through contracting and performance-management arrangements (including incentivisation and penalisation), enable and support provider organisations from which they commission services to implement and comply with the requirements of the Standard.

## **9.8 Visual Aids**

The CCG believes that pictures and language are powerful influences on people's thoughts and actions. This is why we are committed to ensuring that we will promote equality and human rights through displaying positive images and language in an easy to read format. (Suitable images can be accessed on the NHS photo-library and should be reflective of the population which we serve.)

## **9.9 Communication**

The CCG believes good communication is the key to developing equality of opportunity for all members of society. This can be especially difficult for those people whose first language is not English; or are D/deaf and/or hearing impaired; are blind or have a visual impairment or a learning difficulty or disability. We are committed to making appropriate facilities available and accessible to enable the public, and employees, to communicate effectively. Where appropriate, we will ensure community consultation and participation for involvement in policy and service planning.

## **9.10 Interpretation and Translation Services**

The CCG has an important role to play in reducing health inequalities yet, in some cases; the people most in need of health care have the most difficulty accessing it (DoH, 2008). Many of our patients and their carers require alternative methods of communication.

This includes people who are D/deaf or have a hearing impairment, those that are blind or have visual impairments, those who have a head injury or learning difficulties and those who don't use English as their first language.

The range of Interpretation and Translation Services available include:

### **Face to Face**

This is perfect for long complex appointments where detailed explanations are needed.

### **Instant Telephone Interpreting**

When only short consultations are needed with a quick response. This service is also ideal for emergencies as the calls will be connected in a minute or less.

### **British Sign Language**

This service is also provided by local signers booked through DeafConnect.

### **Document Translation**

Any relevant type of document can be translated ranging from a word file to a whole website.

Translated posters and leaflets are also available throughout the organisation to assist non English speaking visitors identify to staff what their native language is so that the correct interpreter can be obtained.

## **9.11 Hate crime/incident**

The reporting of hate crime/incidents is supported by all Northamptonshire statutory authorities including the NHS. All reports are collated and monitored by the Northamptonshire Police Hate Crime Unit.

Further information and the hate crime/incident reporting form is available from: [HateCrimeOfficers@northants.pnn.police.uk](mailto:HateCrimeOfficers@northants.pnn.police.uk)

### **9.12 Social Inclusion**

Social Inclusion has direct links with anti-poverty, disadvantage, and discrimination and equality and human rights issues. There may be economic and social factors that increase the likelihood of individuals being affected by exclusion. Certain groups may experience disadvantage and discrimination because of their education, employment status, health or other factors.

Our services will be delivered fairly by recognising and valuing the needs of our diverse communities. We will listen to local people and seek to deliver services that are responsive to community needs by reflecting the aims of this policy and the CCG's approach to the Equality of Service Delivery by breaking the cycle of exclusion.(refer to Section 11.0 Service User Involvement below).

## **10.0 Modern Slavery Act**

**10.1 Modern slavery** is a form of abuse and exploitation. It involves the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation.

### **10.2 Definition**

Someone is in slavery if they are:

- Forced to work.
- Owned or controlled by an 'employer'.
- Dehumanised.
- Treated as a commodity or property.
- Have restrictions placed on their freedom of movement.

The Universal Declaration of Human Rights 1948 states that:

"No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms".

### **10.3 Some facts about Modern Slavery**

- The 2014 Global Slavery Index estimates 35.8 million people are living in some form of modern slavery globally.
- According to the ILO (International Labour Organisation), illegal profits from forced labour amounted to more than \$150 billion a year.



- There are victims of modern slavery in Britain. In the UK alone, 1746 cases of slavery were reported in 2013.
- Half of the world's working slaves are estimated to be in Asia.

The scale of modern slavery in the UK is significant. Modern slavery crimes are being committed across the country and there have been year on year increases in the number of victims identified. Work by the Home Office Chief Scientific Adviser, Professor Bernard Silverman, has estimated that in 2013 there were between 10,000 and 13,000 potential victims of modern slavery in the UK.

#### **10.4 Types of Modern Slavery**

##### *Bonded labour:*

A person's pledge of their labour or services as security for the repayment for a debt or other obligation. The services required to repay the debt may be undefined, and the services' duration may be undefined. Debt bondage can be passed on from generation to generation.

##### *Forced migrant labour:*

People may be enticed to migrate with the promise of work, only to have their documents seized and to be forced to work under the threat of violence to them or their families. Illegal immigrants may also be taken advantage of; without legal residency, they often have no recourse to the law. Along with sex slavery this is the form of slavery most often encountered in wealthy countries such as the United States, in Western Europe, and in the Middle East.

##### *Sex slavery:*

Along with migrant slavery, forced prostitution is the form of slavery most often encountered in wealthy regions such as the United States, in Western Europe, and in the Middle East. It is the primary form of slavery in Eastern Europe and Southeast Asia, particularly in Moldova and Laos. Many child sex slaves are trafficked from these areas to the West and Middle East. An estimated 22% of slaves to date are active in the sex industry.

##### *Early or forced marriage :*

Mainly driven by the culture in certain regions, early or forced marriage is a form of slavery that affects millions of women and girls all over the world. When families cannot support their children, the daughters are often married off to the males of wealthier, more powerful families. These men are often significantly older than the girls. The females are forced into lives whose main purpose is to serve their husbands. This oftentimes fosters an environment for physical, verbal and sexual abuse.

##### *Child labour:*

Children comprise about 26% of the slaves today. Most are domestic workers or work in cocoa, cotton or fishing industries. Many are trafficked and sexually exploited. In war-torn

countries, children have been kidnapped and sold to political parties to be used as child soldiers. Forced child labour is the dominant form of slavery in Haiti.

### **10.5 Who the Act applies to**

Section 54 of the Act will apply to “Commercial Organisations” meaning companies or partnerships which do some business in the UK and which:

- a. Are based inside or outside the UK and carrying on business within it;
- b. Have a turnover of more than £36million; and
- c. Have a financial year ending on or after 31 March 2016 (companies with a financial year ending before that need not comply with the reporting requirement until next year BUT it may still be worthwhile considering what practical steps can be taken before that to put in next year's statement).

The NHS as a body is not listed. Local authorities are, under section 52 of the Act, under a new duty – shared with police bodies and the Gangmasters Licensing Authority – to notify the Secretary of State upon developing reasonable grounds to believe that a person may be a victim of slavery or human trafficking.

### **10.6 Implications for the NHS**

Although not listed NHS employees must be mindful of the cause and health and social care impact of victims. Nevertheless, the NHS will be required to comply with the provisions if it carries out commercial activities and meets the turnover threshold. This means that certain public sector organisations will be caught if they carry out commercial activities. The objective of the Modern Slavery Act 2015 is to prevent modern slavery entering the supply chain and organisations as well as preventing more people becoming victims. The stated aim of the government is to 'require businesses to be transparent about what they are doing'.

Victims of slavery are likely to come into contact with Healthcare providers, Healthcare settings should be safe places where victims of modern slavery have what is often their only opportunity to come into contact with people who have knowledge about modern slavery, can identify the signs of trafficking and can refer them to organisations which can provide support.

NHS bodies have a legal obligation to take action to safeguard and protect any child or young person under 18 years who is at risk of abuse and exploitation. So if the patient doesn't tell you they are under 18 or says they are an adult but you suspect they are not, then take action as though they are under 18 years old. Sometimes what the patient tells you about their recent experience, it is clear that they have been trafficked. All immediately necessary treatment should be provided to everyone regardless of status and no woman must ever be denied, or have delayed, maternity services due to charging issues. The Department of Health has produced a guidance leaflet 'Identifying and supporting victims of modern slavery'.

GPs can accept any person as an NHS patient and provide them with free primary care they also have a duty to provide free of charge treatment which they consider to be immediately necessary or an emergency, regardless of whether that patient is registered with that practice.

### **10.7 What we can do**

If you identify a potential victim they can be referred to the National Referral Mechanism to be formally identified as a victim of modern slavery and offered Government-funded support. Referral for potential adult victims is by consent. Government-funded support is provided through a range of specialist providers across the UK. There is also the Modern Slavery Helpline on 0800 0121 700.

Supply Chains or suppliers who meet the threshold should be able to assure the NHS those goods or services are not supplied through trafficking or modern slavery.

A free e-Learning module has been developed by Health Education England to train NHS staff. This online resource provides an overview of the issue of modern slavery. It is aimed at helping all healthcare staff recognise the signs that someone has been trafficked, and to take appropriate action with confidence.

### **10.8 Key Points**

Modern slavery is the illegal trade of human beings for the purposes of commercial sexual exploitation or reproductive slavery, forced labour, or a modern-day form of slavery

- British and foreign nationals can be trafficked into, around and out of the UK. Victims may be men, women or children.
- If you suspect someone has been trafficked, try to find out more about the situation and speak to the patient in private without anyone who accompanied them.
- If you suspect an adult is a victim of modern slavery, you should also speak to your manager, colleagues or Local Safeguarding Lead for advice, and consider making a referral to enable the potential victim to be in a safe place.
- When dealing with a child, you have a legal obligation to follow all child protection guidelines and speak to your designated Child Protection Lead. You do not need to have the child's consent to do this, although it is good practice to seek it.
- It is not advisable to express your suspicions that someone has been trafficked to the person themselves, without following the above steps.
- Healthcare staff should explore the full range of health problems experienced by people they suspect to be trafficked. However, this should be done in a sensitive manner, to avoid adding to any distress
- Calling the police without speaking to your manager or Local Safeguarding Lead could put the person in more danger.

## 10.9 Resources

Video resource links:

- Two Little Girls. View website
- Helen Bamber Foundation. View website
- Allmyfriends. View website
- Eaves. View website
- End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purposes (ECPAT UK). View website
- My Dangerous Loverboy. View website

Modern Slavery Act 2015 - <http://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

Transparency in Supply Chains Consultation Document (Feb 2015) and Government Response (July2015) - <https://www.gov.uk/government/consultations/modern-slavery-and-supply-chains>

## 11.0 Procurement

### 11.1 Effective procurement to ensure a range of choice and equitable provision

The idea of fairness for all is at the heart of the NHS, and is reflected in the [NHS Constitution](#). We make every effort to guarantee that the organisations from which we commission health services offer equitable access to all within Northamptonshire irrespective of any protective characteristic or equality group.

As a commissioner, we are obliged to pass on our equality duties to contractors, such as the collection of equality monitoring data in order to ensure equal access and outcomes by protected characteristics. Equality duties relevant to the provider must be explicitly and clearly stated within the organisations contracts.

### 11.2 Performance and contract management

We have legal obligations to monitor the impact of commissioned services on people from different equality groups. The health needs of disadvantaged groups cannot be accurately identified without access to data that is appropriately segmented, nor can we evidence progress towards improving access and health outcomes and reducing health inequalities.

The CCG aims to develop the necessary systems and expertise, to enable effective identification and segmentation of the local populations by healthcare needs, including the collection of community intelligence. Performance data will increasingly be disaggregated by protected characteristic in order to facilitate this aim.

In summary we will promote equality, inclusion and human rights throughout the procurement process, from the initial stages of identifying service needs through to contract monitoring.

## **12.0 Community/Service User Involvement**

Appropriate consultation and engagement is central to service development; it is essential that services are shaped and influenced by the communities who use them.

- <http://www.neneccg.nhs.uk/current-consultations>
- <http://www.corbyccg.nhs.uk/getinvolved>

(Use of Department of Health “Five Elements Community Engagement Model as set out in DH guidance<sup>1</sup> on health inequalities in 2010.)

### **12.1 Principles of engagement**

The development of service user, patient and engagement will be encouraged throughout the CCG by:

- Inviting service users, carers and the public to attend, and play an active role in CCG Governing Body meetings.
- Ensuring service users, carers and their representatives are invited onto sub-committees, working groups, task and finish groups, planning forums and operational groups in the CCG.
- Providing appropriate support and training for service users to enable them to actively participate in the work of the CCG.
- Inviting service users and carers to be involved in the development, monitoring and evaluation of services.
- Supporting service users and carers to be involved in selection panels for CCG staff. Encouraging the expansion and support of user and carer led services and a range of advocacy and voluntary services.
- Ensure service users and carers are reimbursed for out of pocket expenses incurred whilst working with the CCG.

The CCG recognises that non-discriminatory practice will only be achieved if a wide range of individuals and groups represent the public. However, it is aware that some equality target groups require additional support and help to have their voices heard.

The CCG will work to identify these groups and positively engage with them in order to learn how they want to be involved and have their voices heard.

The CCG will particularly work in partnership with communities of interest who experience marginalisation, disadvantage and discrimination to discover previously unmet need.

Involvement and consultation will be achieved through active measures such as attending community meetings and functions, inviting comments via letter, holding specifically targeted involvement events etc. Methods of communication with groups will vary according to individual needs i.e. providing information in different formats, arranging accessible buildings for consultation events, taking time restraints of carers into consideration etc.

### **13.0 Service User Feedback**

The CCG welcomes and encourages feedback from service users and the general public and will endeavour to actively engage with all communities in order that they can influence and shape services. It is committed to fostering a culture where patients can approach a member of staff and raise comments, concerns complaints etc. in regard to equality, inclusion or about their human rights.

#### **13.1 Complaints from members of the public**

Any service user who feels that they have been treated less favourably than others in the same circumstances has the right to seek redress.

The Complaints and Customer Care Team will handle any complaints from service users or members of the public relating to equal opportunities quickly, fairly, and in a timely manner. This will be done in accordance with the CCG's Complaints Policy.

#### **13.2 Complaints Contact Details**

##### **13.2.1 NHS Nene Clinical Commissioning Group**

Telephone: 01604 651102 Mon- Fri 9 am to 5 pm

Email: [complaints@northants.nhs.uk](mailto:complaints@northants.nhs.uk)

Postal Address: Francis Crick House, Summerhouse Road, Moulton Park Industrial Estate, Northampton NN3 6BF

Feedback can also be submitted via our website at: <http://www.neneccg.nhs.uk/contact-us>

##### **13.2.2 NHS Corby Clinical Commissioning Group**

Telephone: 01604 651102 Mon- Fri 9 am to 5 pm

Email: [complaints@northants.nhs.uk](mailto:complaints@northants.nhs.uk)

Postal Address: Francis Crick House, Summerhouse Road, Moulton Park Industrial Estate, Northampton NN3 6BF

Feedback can also be submitted via our website at: <http://www.corbyccg.nhs.uk/advice-and-complaints>

#### **13.3 Whistle-blowing**

Third parties, service users and employees are reminded that everyone has a right and a duty to report an issue of propriety. This is where it is felt the law has been broken or that the usual communication channels have been exhausted.

Employees can obtain direct access via the CCG's Whistleblowing policy.

#### **13.4 Staff feedback**

Members of staff may want to raise similar issues. This can be done in a variety of ways including communicating with:

- The person(s) directly involved informally.
- A colleague or friend for support.
- Your line manager.
- The Human Resource Department.
- Your trade union representative.
- Occupational Health.

Employees who believe that they have suffered any form of discrimination, harassment or victimisation are entitled to raise the matter through the harassment or grievance procedures. Copies of these policies are available [see Appendix 1: Associated Policies].

All complaints of discrimination will be dealt with seriously, promptly and confidentially.

In addition to our internal procedures, employees have the right to pursue complaints of discrimination to an Employment Tribunal. However, employees wishing to make a complaint to a tribunal will normally be required to raise their complaint under our internal grievance procedures first.

Every effort will be made to ensure that the employees who make complaints will not be victimised. Any complaint of victimisation will be dealt with seriously, promptly and confidentially. Victimisation will result in disciplinary action and may warrant dismissal.

#### **14.0 Monitoring compliance and effectiveness**

The Equality Delivery System (EDS2) is a comprehensive tool designed by the NHS for the NHS in order to support NHS organisations to comply with the Public Sector Equality Duty, under the Equality Act 2010.

The process for monitoring legal compliance and effectiveness is based on the requirements to refresh and publish relevant information, before 31st January, on an annual basis. This will include regular corporate reporting mechanisms as well as continued meaningful engagement with community organisations, local interest groups and workforce representatives.

The CCG has the responsibility of monitoring and collecting equality data on the status and background of staff, for example on disability and ethnicity to ensure that discrimination does not occur. Arden & Greater East Midlands Commissioning Support Unit is responsible

for collecting relevant data through its recruitment processes and other data collection means.

**All staff retains their right not to declare personal information to their employer.**

The effectiveness of this policy will also be monitored and reported through the Annual Equality Report, based on performance against equality objectives and actions outlined in the equality work plan and related EDS2 processes.

Staff, patients, service users, staff side and other stakeholders will be encouraged to provide feedback on the organisations' performance against their equality objectives through a variety of accessible forums.

Of particular importance will be the following key headings:

- **Workforce Diversity** - We will monitor the composition of our workforce by each protected characteristic as required;
- **Recruitment** - We will monitor and analyse, by protected characteristic as required, the success rates of those applying for employment with the CCGs, according to recommended methods;
- **Staff Turnover**, including reasons for leaving - We will monitor, by protected characteristic as required, making use of exit questionnaires;
- **Access to Training and Development** - We will monitor, by protected characteristic as required, the numbers of staff who apply for and attend training and development events;
- **Performance Development Review (PDR)** – We will monitor to check that all staff have an annual PDR and personal development plan;
- **Dignity at Work Policy (including Harassment and Bullying)** - We will monitor the number of incidences of harassment and bullying by protected characteristic, as required;
- **Flexible Working and Other Employment Policies** – We will monitor the uptake and/or effect of our flexible working and other employment policies and schemes;
- **Staff Views** - We will conduct an annual Staff Survey, one of the aims of which will be to establish whether staff are satisfied with our work to promote equality and diversity;
- **Complaints** - The CCG will maintain confidential records of complaints covered by the scope of this Policy and any investigation undertaken;
- **Patient/Public engagement** will also be used to measure the impact of the policy for our service users;
- **Disciplinary Policy and Procedure;**
- **Grievance Policy;**
- **Performance Management policy and procedure;**

We will monitor, by protected characteristic as required, the numbers of staff who are subject to formal disciplinary, performance management action and grievances and or who bring grievances



All personal data will be processed in accordance with the Data Protection principles and in compliance with our Data Protection Notification with the Information Commissioner.

## **15.0 Dissemination and implementation**

We will communicate our policy clearly to staff at all levels of the organisation, as well as to other individuals and organisations that come into contact with the CCG, such as general practitioners, job applicants, and contractors. Wherever appropriate we will ensure that contractors and other parties abide by the standards and requirements of this policy.

- All new staff will receive information about this policy and their responsibilities as part of their induction to the CCG.
- Existing staff will be briefed about this policy by their line manager.
- Progress reports and updates, including monitoring data, will be communicated to staff through staff newsletters and team-briefings.
- Reference to this policy will be included in job advertisements, application forms and other relevant promotional literature, to indicate to potential job applicants and the general public the CCG's commitment to practising equality and achieving diversity in employment.

Any member of staff who has a grievance arising from the application of this policy should raise it through the most appropriate human resources policy and procedures following advice from HR.

### **15.1 Review and consultation**

This Policy will be reviewed bi-annually, unless there is a change in legislation, and will be subject to appropriate consultation and review with all necessary stakeholders.

## **16.0 References**

The Equality Act 2010 and associated non-statutory Codes of Practice

The Human Rights Act 1998

The NHS Constitution

### **Codes of Practice and Guidance**

**ACAS** [www.acas.org.uk](http://www.acas.org.uk)

Guidance on legislation and good practice on age, disability, gender, race, religion or belief and sexual orientation

**British Institute of Human Rights** [www.bihhr.org.uk](http://www.bihhr.org.uk)

Guidance on human rights, including human rights in healthcare

**Department of Health** [www.dh.gov.uk](http://www.dh.gov.uk)

Information about equality and human rights initiatives including the Department of Health Equality Framework and Priorities for Action and the DoH Single Equality Scheme

**Equality and Human Rights Commission** [www.ehrc.org.uk](http://www.ehrc.org.uk)

Guidance on legislation and good practice

**NHS Employers** [www.nhsemployers.org](http://www.nhsemployers.org)

Employment policy and practice on equality and diversity

**NHS England** [www.england.nhs.uk/about/gov/equality-hub/](http://www.england.nhs.uk/about/gov/equality-hub/)

## **17.0 Associated Policies**

The following CCG policies have been referred to within the Equality, Inclusion and Human Rights policy and should therefore be read in conjunction:

- Recruitment, selection and promotion
- Special leave policies
- Flexible working policy
- Bullying and harassment
- Carers policy
- Whistleblowing policy
- Training and development