

# North Lincolnshire Clinical Commissioning Group

## Equality and Inclusion Policy

**May 2019**

<b>Authorship:</b>	<b>Chloe Nicholson Head of Quality</b>
<b>Committee Approved:</b>	<b>Quality Performance and Finance Committee</b>
<b>Approved date:</b>	<b>September 2018</b>
<b>Review Date:</b>	<b>September 2021</b>
<b>Integrated Impact Assessment:</b>	<b>Completed - Screening</b>
<b>Target Audience:</b>	<b>All CCG Staff</b>
<b>Policy Reference No:</b>	<i>Request from CCG Business Manager</i>
<b>Version Number: 1.0</b>	

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

## POLICY AMENDMENTS

Amendments to the policy will be issued from time to time. A new amendment history will be issued with each change.

<b>New Version Number</b>	<b>Issued by</b>	<b>Nature of Amendment</b>	<b>Approved by &amp; Date</b>	<b>Date on Intranet</b>
1	Head of Quality	New policy	Quality, Performance & Finance Committee on 6 <sup>th</sup> September 2018  Yorkshire and Humber Social Partnership Forum on 12 <sup>th</sup> December 2019	

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## 1.0 Introduction

1.1 The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society; and replaces previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations.

1.2 The public sector Equality Duty is defined in Section 149 of the Equality Act 2010. The Equality Duty means that public bodies have a legal duty to consider all individuals when carrying out their day-to-day work including shaping policy, commissioning services and in relation to their own employees.

1.3 The general aim of the Equality Duty is to ensure that public sector organisations pay due regard to the need to

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it;
- foster good relations between people who share a protected characteristic and people who do not share it.

1.4 The nine protected characteristics that are defined in the Equality Act 2010 are as follows:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

1.5 The CCG is committed to respecting and valuing differences, treating people as individuals and creating a working culture and practices that harness differences for the benefit of the CCG and the workforce.

This policy describes the CCG approach to promoting equality in all of the protected characteristics as identified in the Equality Act 2010. The CCG approach is in line with NHS England Guidance for NHS Commissioners on Equality and Health Inequalities Legal Duties (2015).

1.6 The CCG recognise the importance of equality of opportunity in respect of the provision of equal rights and in responding to specific needs in a sensitive and appropriate way so that opportunity is equitably shared and potential is fully realised.

## **2.0 Engagement**

2.1 This policy has been developed in collaboration with the following:

- CCG Quality Performance and Finance Committee;
- CCG Equality and Inclusion Meeting;
- CCG Head of People; and
- Humber Strategic Partnership Forum,

## **3.0 Scope**

3.1 This policy applies to all employees (including those on permanent and temporary contracts), contractors, sub-contractors, prospective employees and job applicants.

## **4.0 Purpose**

4.1 The purpose of this policy is to ensure that North Lincolnshire Clinical Commissioning Group (CCG) meets its obligations under the Equality Act 2010, upholding equality rights and welcoming diversity of all current and prospective employees in a meaningful way.

4.2 This policy sets out our approach to equality and diversity, as an employer and as a commissioner of health services to the population of North Lincolnshire.

## **5.0 Definition of equality**

5.1 This policy follows the definition of equality that is provided by the Equality and Human Rights Commission which states that equality is “ensuring that every individual has an equal opportunity to make the most of their lives and talents. It is also the belief that no one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability.”

5.2 Equality is also based on the principle of providing equal access to services, education, training, facilities and employment in the context of the Equality Act 2010.

Further detail on the definition of discrimination, victimisation and harassment are provided at Appendix 3.

## **6.0 Duties**

6.1 The CCG could be held liable for acts of unlawful discrimination that are committed by its employees under the Equality Act 2010, during the course of their employment, unless it can be proved that all reasonable and practicable steps had been taken to prevent such an act from occurring. Individual employees can also be held personally liable for acts of unlawful discrimination.

The CCG has a legal and moral duty for ensuring that discrimination does not occur.

6.2 CCG Governing Body

The Governing Body will

- adopt appropriate strategies to support and value equality and inclusion within the organisation;
- review Equality Impact Assessments (EIA's) for all policies, service developments, commissioning decisions and QIPP reports presented to the Board; and,
- seek assurance of the robustness and validity of the EIAs.

### 6.3 Accountable Officer

The Accountable Officer has ultimate responsibility for ensuring that the CCG discharges its statutory duties under the Equality Act 2010.

### 6.4 Director of Nursing and Quality

The Director of Nursing and Quality

- has delegated responsibility for overseeing the CCG in discharging its statutory duties under the Equality Act 2010;
- is responsible for the provision of assurance to the Quality, Performance and Finance Committee and the Governing Body through the Equality and Inclusion Performance Report.

### 6.5 CCG Head of Quality

The CCG Head of Quality will provide advice and guidance to CCG staff on equality matters relating to their field of expertise.

### 6.6 Line Managers

Line Managers are responsible for ensuring that they

- fully understand the needs of their staff and seek appropriate support to maximise the potential of all staff;
- exercise positive leadership by pro-actively challenging discrimination and harassment, promoting equality and modelling exemplary behaviour that reinforces the CCG's values and commitment to equality and diversity;
- eliminate any unfair practices of which they are aware, whether or not a complaint has been made; and,
- work with staff and take speedy, appropriate and proportionate action to deal with any breaches of this policy, or behaviour that could lead to a breach of this policy or equality legislation.

### 6.7 CCG employees

It is the responsibility of all CCG employees to ensure that they

- familiarise themselves and comply with the policy and arrangements;
- respect others for their contribution and diversity;
- pro-actively champion equality and diversity, and provide suggestions to enhance the working environment for everyone;

- inform their Manager or the Humber HR Team if they become aware of any (potential) discriminatory practice; and,
- do not discriminate, victimise, harass or intimidate other staff or groups.

#### 6.8 CCG Quality, Performance & Finance Committee

The Quality, Performance & Finance Committee will

- review the EIA's of policies brought to the Committee for approval;
- review progress made against the CCG equality objectives.

#### 6.9 Expected standards of behaviour

The CCG expects that all of its own staff and the staff employed by providers with whom it contracts, will display the appropriate behaviour to all colleagues, patients and service users, regardless of their protected characteristics.

Any act of discrimination, harassment or victimisation will be managed under the CCG Disciplinary Policy as appropriate.

### **7.0 CCG approach to meeting the Public Sector Equality Duty**

The CCG demonstrates commitment to meeting its statutory duties under the Equality Duty, and embedding these duties within the CCG systems and processes through the following:

#### **7.1 Service design and redesign**

When considering any service that is being designed or redesigned, the CCG will consider the needs and requirements of each of the groups with protected characteristics and will ensure that these groups have been consulted with as appropriate.

Consideration of these requirements at the beginning of the commissioning process will mitigate any potential discrimination that may arise for a group with a protected characteristic and will contribute to the high level of quality service delivery expected by the CCG in its commissioning role. This may include any national or local research, data and patient feedback related to the protected characteristics that apply to the service in question.

This information can also be used to inform the Equality Impact Analysis for the service.

#### **7.2 Procurement**

When procuring services, the CCG will ensure that all tender specifications and tender documentation is fully cognisant of the legislative requirements of the Equality Act 2010. This will include the requirement for assurance by bidders of their commitment to, and implementation of, the Public Sector Equality Duty in their service delivery.

#### **7.3 Contracting**

When contracting for services the CCG will ensure that there is provision within the contract that the provider will comply with the Equality Act 2010; the contract will specifically require the provider to undertake activities to ensure that they comply with the Public Sector Equality Duty regardless of their individual legal status.

Compliance with the requirements set out in the contract relating to Equality and Inclusion will be monitored by the provider via key performance indicators and datasets, and reviewed by the CCG via contract management meetings.

#### **7.4 Communications and Engagement**

When undertaking communications internally and externally and any engagement activities related to CCG initiatives, due regard will be paid to ensuring that communications are accessible in a variety of ways and that all sections of the community with protected characteristics are engaged with appropriately.

#### **7.5 Equality Impact Assessments (EIAs)**

The CCG will undertake an equality impact assessment when implementing a new policy, decision or service specification, or when making changes to existing policy, decisions or service specifications. EIAs should be based on evidence and engagement to identify any equality impact (positive and negative), and actions taken to mitigate any negative impact.

Equality impact in this context refers to impact on people who have or share protected characteristics, as defined by the Equality Act 2010. However, this process can also be used to identify needs and impact of other groups.

In addition to the circumstances described above, an equality impact assessment will be undertaken when decommissioning a service or activity and any other project that will have a significant impact on staff, patients or the public.

Equality impact assessments should

- ensure that decisions impact in a fair way;
- ensure that decisions based on evidence, based on engagement insight;
- support effective and timely commissioning of services that best meets local patient's needs; and
- make decision-making more transparent.

#### **7.6 NHS Equality Delivery System**

The NHS Equality Delivery System (EDS) is an assurance framework launched by NHS England in 2011 to help NHS organisations improve services provided to local communities, consider local health inequalities and provide working environments that are free from discrimination.

The CCG will assess its performance on equality via the EDS by highlighting areas that have done well and identifying areas where improvements are needed. The CCG will publish the outcome from its assessment against the EDS outcomes on the CCG website.

#### **7.7 Accessible Information Standard**

The Accessible Information Standard (AIS) relates to the accessibility of the CCG's information, and the accessibility of information of the CCG's providers.

Organisations that provide NHS services must do the following:



- Ask people if they have any information or communication needs, and find out how to meet their needs;
- Record those needs in a set way;
- Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how these should be met;
- Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so;
- Act to make sure that people get information in an accessible way and communication support if they need it.

The CCG will seek assurance from its providers via the contact management process that they are effectively incorporating this standard into practice to ensure that the communication needs of patients are being recorded and met.

### **7.8 Disability Confident**

The CCG is currently accredited as a Disability Confident Employer under the Disability Confident scheme. The CCG has made the following specific commitments to the Disability Confident scheme which all staff must adhere to:

- Interview all disabled applicants who meet the minimum criteria for a job vacancy and consider them on their abilities;
- Ensure there is a mechanism/reference group in place to discuss, at any time, but at least once a year, with disabled employees what the organisation can do to support disabled employees and to understand better the non-visible barriers they face, and how in partnership those barriers can be addressed. To undertake a review of reasonable adjustments in light of changing circumstances, and make necessary recommendations;
- Make every effort through the effective implementation of reasonable adjustments that when employees become disabled to make sure they stay in employment with appropriate support measures in place;
- Take action to ensure that all employees develop the appropriate level of disability awareness needed to make our commitments work.

### **7.9 Mindful Employer**

The CCG is currently signed up to the Mindful Employer Charter which promotes mental health at work in recruiting and retaining staff.

As a member of the Mindful Employer initiative the CCG will

- ensure that at least one member of staff involved in recruitment and selection are briefed on mental health issues and The Equality Act 2010, and given appropriate interview skills;
- make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against, and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment;
- not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant;

- provide non-judgemental and proactive support to individual staff that experience mental health issues;
- ensure all line managers have information and training about managing mental health in the workplace.

### **7.10 Recruitment and selection process**

The CCG will take steps to ensure that where appropriate all sections of the community and the existing workforce are informed about job opportunities. All posts will be advertised either internally or externally and the advertisement will not contain direct or indirect discriminatory statements.

The intention is for all permanent positions to be advertised via NHS Jobs unless this is justified otherwise, for example, for internal training, development and promotion opportunities as appropriate. Recruitment solely on the basis of “by word of mouth” will not be deemed acceptable and may result in unlawful discrimination.

Individuals will be appointed solely on the basis of their relevant experience, abilities and their suitability to do the job in accordance with the objective criteria laid down in an appropriate person specification. The interview structure will be consistently applied to all candidates.

### **7.11 NHS Workforce Race Equality Standard**

The NHS Workforce Race Equality Standard (WRES) assists the CCG in considering and reducing any identified differences between the treatment and experience of white and black and minority ethnic (BME) staff, taking necessary remedial action where required on the causes of ethnic disparities.

The CCG will have due regard to the WRES and will use the findings from the CCG’s assessment against the WRES as a force for driving change, both as an employer and as a commissioner of services.

## **8.0 Training**

8.1 CCG staff are required to complete the e-learning equality and diversity training package.

8.2 Additional equality and diversity training will be provided to staff where a more in depth understanding is required to fulfil their role, subject to working requirements.

## **9.0 Monitoring Compliance**

9.1 The Director of Nursing and Quality is responsible for ensuring the processes outlined in this policy are followed within the CCG.

9.2 The Quality, Performance and Finance Committee is responsible for approving and monitoring compliance with this policy. Once approved, the policy will be share with all staff and will be available via the CCG intranet and the CCG website.

9.3 This policy will be reviewed by the CCG Executive Team in conjunction with CCG Managers, Humber HR Team and Trade Union representatives where applicable.

## **10.0 Integrated Impact Assessment**

### **10.1 Equality Impact Assessment**

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.

In developing this policy, an Equality Impact Analysis has been undertaken (Appendix 1). As a result of the initial screening, the policy does not appear to have any adverse effects on people who share protected characteristics and no further actions are required at this stage.

### **10.2 Sustainability Impact Assessment**

A Sustainability Impact Assessment has been completed for this policy (Appendix 1).

### **10.3 Quality**

A Quality Impact Assessment has been completed for this policy and is included in Appendix 1.

### **10.4 Bribery Act 2010**

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery.

Due consideration has been given to the Bribery Act 2010 in the development of this policy document and consistent application of this policy will mitigate bribery in relation to this policy.

Under the Bribery Act 2010, it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

Failure to prevent bribery; The Bribery Act also introduced a corporate offence for a relevant commercial organisation (the CCG) to bribe another person intending (1) to obtain or retain business, or (2) to obtain or retain an advantage in the conduct of business. The only defence available to the CCG against Bribery Act offences would be to prove that it had adequate procedures in place designed to prevent persons associated with it from undertaking any of the conduct outlined above.

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.

It is therefore, extremely important that staff adhere to this and other related policies and documentation (as detailed on the CCG's intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

If fraud, bribery and corruption are particularly relevant to a policy, the section should be headed Anti-fraud, Bribery and Corruption and should include a cross reference to the Local Anti-fraud, Bribery & Corruption Policy.

The following wording should also be included:

- If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the LCFS and/or to NHSCFA as follows:
- LCFS, AuditOne, Kirkstone Villa, Lanchester Road Hospital, Lanchester Road, Durham, DH1 5RD. Tel: 0191 4415936;  
Email: [counterfraud@audit-one.co.uk](mailto:counterfraud@audit-one.co.uk) or [ntawnt.counterfraud@nhs.net](mailto:ntawnt.counterfraud@nhs.net)
- The CCG's Chief Finance Officer,
- NHSCFA, 0800 028 40 60 (powered by Crimestoppers).  
Online: <https://cfa.nhs.uk/reportfraud>

### **11.0 Policy Review**

This policy will be reviewed at least every three years, unless legislative changes require earlier review.

### **12.0 References**

- NHS England Guidance for NHS commissioners on equality and health inequalities legal duties (2015). Publications Gateway Reference Number: 04511.

### **13.0 Associated Documentation**

The following documents should be read in conjunction with this policy:

- NHS England Equality Delivery System Summary Report Template (2015)
- NHS England Equality Delivery System Report Template Instructions Sheet. (2015). Publication Gateway Reference Number: 03247.
- North Lincolnshire Clinical Commissioning Group Disciplinary Policy.

## 14.0 Appendices

### Appendix 1 – Integrated Impact Assessment

This tool provides a template for carrying out an integrated impact assessment on a proposed change. It is intended to support governance by assessing the impact of projects/programmes, policy and service changes	Change Proposal Title	Development of the North Lincolnshire Clinical Commissioning Group (NLCCG) Equality and Inclusion Policy			
	Senior Manager	Chloe Nicholson Head of Quality at NLCCG			
	Author/Project Lead	Chloe Nicholson Head of Quality at NLCCG			
	Date completed	22 <sup>nd</sup> May 2019	Version	1	
	Level of change*	<b>Category 1</b> Ongoing development	<b>Category 2</b> Minor change	<b>Category 3</b> Significant variation or development	<b>Category 4</b> Major variation or development
		√			
Approval process	Approved by: <ul style="list-style-type: none"> <li>NLCCG Quality, Performance &amp; Finance Committee on 6th September 2018.</li> <li>Yorkshire and Humber Social Partnership Forum on 12th December 2019.</li> <li>Clare Linley Director of Nursing and Quality at NLCCG. 22nd May 2019.</li> </ul>				

\*If your project is classed as a 'significant variation' (level 3) or 'major change' (level 4) please contact The Head of Communications and Engagement to discuss the development of an engagement plan.

## Part A – General Information

What is the main purpose (aims / objectives) of proposed change?	<p>To implement the new Equality and Inclusion Policy for the CCG. The policy is in place to support the CCG in Meeting their duties under the Equality Act 2010.</p> <p>The purpose of this policy is to set out the position of the CCG in relation to legislative compliance with the Equality Act 2010, and to enable staff members of the CCG to understand their rights and responsibilities in this regard.</p>			
<b>Who will be impacted?</b>		<b>Yes</b>	<b>No</b>	
Will patients, carers, the public or staff be affected by the proposed change?	Patients		<b>X</b>	
	Carers		<b>X</b>	
	Public		<b>X</b>	
	Staff	<b>X</b>		<p>Yes - The policy will directly impact Staff working in the CCG, specifically the CCG Commissioning Team, Quality Team, Governance, Communication and Engagement, and the CCG Programme Management Office.</p>
Have patients, carers, the public or staff been involved in the development of the proposed change?	Patients		<b>X</b>	<p>Yes – CCG Head of Quality, CCG Head of People, CCG Head of Governance and the CCG Director of Nursing and Quality have been involved in the development of the policy.</p>
	Carers		<b>X</b>	
	Public		<b>X</b>	
	Staff	<b>X</b>		
How are any changes / amendments to the proposed change being communicated?	<p>Following final approval of the policy by the CCG Executive Team the policy will be circulated to all staff within the CCG and posted on the CCG's intranet and internet.</p> <p>CCG staff will also be notified of this policy through the Heads of Service Meeting and cascaded through one to one meetings, and via Team Briefings.</p>			

## Part A: Initial Quality Impact Assessment Screening

Impact Area	Summary of Impact	Current Risk			Risk mitigation and monitoring arrangements	Residual Risk			Quality Metrics
		Likelihood	Impact	Risk Score		Likelihood	Impact	Risk Score	
Patient Safety	Through application of this policy CCG staff will be supported in discharging their duties under the Equality Act 2010.	3	3	9	The application of this policy reduces the risk of non-compliance with the Public Sector Equality Duty as CCG decisions; policies and plans will be reviewed and assessed for impacts on those who fall under the 9 protected characteristics.	2	3	6	No commissioning decisions or policies will be developed without an Equality Impact Assessment being completed. Improvement Plan developed in response to findings from EDS assessment.
Clinical Effectiveness		3	3	9		2	3	6	
Patient Experience		3	3	9		2	3	6	
Non clinical/Operational Impact		3	3	9		2	3	6	

**If the risk score is 9 or higher for any impact area, a full assessment must be completed. In line with this a full impact assessment is not required.**

Equality Data:	
Is any equality data available relating to the use or implementation of this project, programme, policy or savings scheme?	<p>This policy refers to the obligations under the Equality Act 2010 and reference is made to other policies where relevant. There is no evidence available to suggest that this policy will have an adverse policy staff on persons who fall under the 9 protected characteristics.</p> <p>This policy will have a positive impact on equality as it sets out the CCG's approach to promoting equality, eliminating discrimination and fostering good relationships. It also sets out clear expectations for staff in complying with our equality duties.</p>

### Part A: Initial Equality Impact Assessment Screening

Protected Characteristics:					
Identifying impact: please consider how the activity may impact on each of the identified protected characteristics outlined in Appendix 3 of the EQIA Policy					
<ul style="list-style-type: none"> <li>• <b>Positive Impact:</b> will actively promote or improve equality of opportunity;</li> <li>• <b>Neutral Impact:</b> where there are no notable consequences for any group;</li> <li>• <b>Negative Impact:</b> negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the Full EIA should ensure, that as far as possible, it is justified, eliminated, minimised or counter balanced by other measures.</li> </ul>					
	<b>Positive Impact</b> x	<b>Negative Impact</b> x	<b>No Impact</b> x	<b>Unknown</b> x	<p>Evidence of impact and if applicable justification where a <i>Genuine Determining Reason</i> exists. What action, if any, is needed to address these issues and what difference will this make? For example:</p> <ul style="list-style-type: none"> <li>• At this point no action is required.</li> <li>• Further EIA screenings will be developed in future once there are recommendations to assess.</li> </ul>
Gender (Men and Women)	X				Equality of opportunity will be actively promoted through the application of this policy. The CCG will consider the impacts on protected characteristics as part of implementation of this policy.
Race (All racial Groups including gypsy and travellers)	X				
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	X				



Current risk of negative impact requires full EIA?	Yes	No
		X

Religion or Belief	X			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			
Pregnancy and Maternity	X			
Transgender	X			
Marital Status	X			
Age	X			

**Next Steps:**

**If 'No' include the following in the Impact Assessment section of your covering report:**

As a result of performing an equality impact analysis, there does not appear to be any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

**If 'Yes' – Complete a full Equality Impact Analysis.**

**Part A; Initial Data Protection Impact Assessment (DPIA) Screening Questions**

The below screening questions should be used inform whether a DPIA is necessary. This is not an exhaustive list therefore in the event of uncertainty, completion of a DPIA is recommended.

<b>Title</b>	<b>NLCCG Equality and Inclusion Policy</b>
<b>Brief description</b>	<b>The purpose of this policy is to set out the position of the CCG in relation to legislative compliance with the Equality Act 2010, and to enable staff members of the CCG to understand their rights and responsibilities in this regard.</b>

**Screening completed by**

<b>Name</b>	Chloe Nicholson
<b>Title</b>	Head of Quality
<b>Department</b>	Directorate of Nursing and Quality at NLCCG.
<b>Email</b>	<a href="mailto:Chloe.Nicholson@nhs.net">Chloe.Nicholson@nhs.net</a>
<b>Date</b>	22 <sup>nd</sup> May 2019

**Marking any of these questions is an indication that a DPIA is required:**

Screening Questions		Tick
1	Will the project involve the collection of new identifiable or potentially identifiable data about individuals?	<input type="checkbox"/>
2	Will the project compel individuals to provide data about themselves or involve the processing of personal data not obtained directly from the individual? i.e. where they will have little awareness or choice or where it is impossible, or would involve disproportionate effort, to inform the individuals that the processing is taking place	<input type="checkbox"/>
3	Will identifiable data about individuals be shared with other organisations or people who have not previously had routine access to the data?	<input type="checkbox"/>
4	Are you using data about individuals for a purpose it is not currently used for or in a new way? i.e. using data collected to provide care for a service evaluation; data matching where data obtained from multiple sources is combined, compared or matched.	<input type="checkbox"/>
5	Where data about individuals is being used, would this be likely to raise privacy concerns or expectations? i.e. will it include health records, genetic data, criminal records or other information that people may consider to be sensitive and private and may cause them concern or distress.	<input type="checkbox"/>
6	Will the project require you to contact individuals in ways which they may find intrusive? i.e. telephoning or emailing them without their prior consent.	<input type="checkbox"/>
7	Will the project result in you making decisions in ways which can have a significant impact on individuals? i.e. will it affect the care a person receives? Is it based on automated decision making (including profiling)?	<input type="checkbox"/>
8	Does the project involve you using new technology which might be perceived as being privacy intrusive? i.e. using biometrics, facial recognition, Artificial Intelligence or tracking (such as tracking an	<input type="checkbox"/>

	<b>individual's geolocation or behaviour)</b>	
<b>9.</b>	<b>Is a service/processing activity being transferred to a new supplier/organisation (or re-contracted) at the end of an existing contract</b>	<input type="checkbox"/>
<b>10.</b>	<b>Will the project involve systematic monitoring of a publicly accessible area on a large scale? i.e. use of CCTV</b>	<input type="checkbox"/>
<b>11.</b>	<b>Will the project involve the targeting of children or other vulnerable individuals? i.e. for marketing purposes, profiling or other automated decision making</b>	<input type="checkbox"/>

## Appendix 2 - Glossary

CCG	Clinical Commissioning Group. Clinical Commissioning Groups were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
WRES	Workforce Race Equality Standard (WRES). NHS commissioners and providers are required to comply with the Workforce Race Equality Standard (WRES) through the NHS standard contract.
EDS	Equality Delivery System. The EDS was designed by NHS England to support NHS organisations to prepare and publish equality objectives in consultation with staff, service users and local groups.
EIA	Equality Impact Assessment. Under the general equality duty, NHS organisations are required to analyse the effect of existing and new policies and practices in relation to equality. This can include the use of equality impact assessments.
AIS	Accessible Information Standard. The AIS is a mandatory standard that directs a consistent approach to meeting the communication needs of people who use services and carers who have a disability, impairment or sensory loss.
Protected Characteristics	The Equality Act 2010 protects people in nine protected characteristic groups from discrimination in the use of services and employment.
SES	Single Equality Scheme. The SES is designed to be a clear plan of the work the CCG has done and what we hope to achieve in the future to discharge our duties under the Equality Act 2010, both as an employer and as a commissioner of health services.
BME	Black and minority ethnic (BME) is used to refer to members of non-white communities in the UK.

## Appendix 3 – Definitions<sup>1</sup>

- **Diversity**, in this context means recognising and valuing difference in individuals and communities.
- **Equality impact assessment (EIA)** is a process of explicitly considering the likely equality impact of new or changes to existing policy, project or functions.
- **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 perception discrimination below), or because they associate with someone who has a protected characteristic (see discrimination by association below).

Discrimination is only lawful in very limited circumstances if there is a genuine occupational requirement for an individual to have a particular characteristic.

- **Religion or belief**, the Equality Act protects everyone with a religion or belief, including people with no religion or belief.
- **Indirect discrimination** occurs when an unjustifiable condition or requirement is applied which has a discriminatory effect, as the number of people who can comply with the condition or requirement is smaller among a particular group. An example of indirect discrimination would be only sending full-time employees on training courses (as more female employees than male are likely to be part-time).
- **Discrimination by association** is direct discrimination against someone because they associate with another person who possesses a protected characteristic.
- **Discrimination by perception** is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.
- In this context, **Harassment** is 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.
- In this context, **Victimisation** means treating someone less favourably because they have carried out a 'protected act' (or because you believe that a person has done or is going to do a protected act). A 'protected act' is: Making a claim or complaint of discrimination (under the Equality Act)
- **Third Party Harassment** is where employees are subject to harassment by people who are third parties such as patients; the CCG must take reasonable steps to prevent the harassment from happening again once it has been made aware it has taken place.

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<sup>1</sup> Definitions provided by the Equality and Human Rights Commission. 2019.

- **Disability** is defined as someone 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. This includes people who become disabled whilst in the CCG's employment.
- **Discrimination arising from disability** occurs where an employer treats an employee unfavourably because of something arising in consequence of the employee's disability, and where the employer cannot show that the treatment is a proportionate means of achieving a legitimate aim.
- **Reasonable Adjustment** is where an organisation (such as the CCG) is required to consider reasonable adjustments in the workplace where a disabled person would otherwise be put at a substantial disadvantage compared with their colleagues. What is "reasonable" depends on the individual circumstances of the case. It would have to be practicable, effective and within the scope of the CCG's financial and human resources.

## **Appendix 4 – NLCCG Equality and Inclusion Objectives**

The overarching Equality Objectives for North Lincolnshire CCG, for the period 2018-2020 are as follows:

- Objective 1:  
The CCG will engage and involve, with due regard, local people, communities and stakeholders (representing the Equality Act 2010 Protected Characteristics) when commissioning, designing and evaluating services throughout the year.
- Objective 2:  
The CCG will demonstrate and report in the annual report each year that it is a fair and inclusive employer that recognises the value of diversity.
- Objective 3:  
The CCG will continue to embed equality and diversity principles by developing and supporting all staff and Governing Body members to promote and champion inclusion in all aspects of the CCGs work, including making reasonable adjustments to support employees where necessary.

In addition to the CCG level Equality and Inclusion objectives described above, the CCG has adopted several operational objectives to drive improvements under the equality and inclusion agenda.

These operational objectives include

- Compliance with the Equality Delivery System 2 (EDS) reporting requirements.
- Progress against the CCG equality and inclusion action plan.
- Submission of a bi-monthly equality & inclusion report to the CCG Quality Performance & Finance Meeting.
- Compliance with Workforce Race Equality Standards (WRES).
- Compliance with the content of this Policy.



