

Equality and Diversity Strategy

Your Life Your Health

May 2012

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Foreword

The CCG are keen to demonstrate and ensure that Rotherham Clinical Commissioning Group (CCG) takes its obligations seriously under the Equality Act 2010 legislation and welcomes the Equality Delivery System (EDS) which is designed to support NHS commissioners and providers to deliver better health outcomes for patients and communities and better health working environments for staff, which are personal, fair and diverse.

Everyone at Rotherham CCG is committed to ensuring equality of opportunity and the promotion of human rights in all aspects of service delivery and employment, for staff, patients, clients, their relatives and the wider community. It also acknowledges the potential strength and richness that diversity can bring for the benefit of society as a whole.

This Equality, Diversity and Human Rights Strategy presents Rotherham CCGs intentions and proposals for meeting its statutory duties to promote race, gender, disability, age, faith/non-faith and lesbian, gay, bi-sexual, transgender equality. It incorporates existing commitments within the reorganisation of the NHS and sets out an implementation plan to address all issues raised.

Although the Equality, Diversity and Human Rights Strategy is specifically intended to address the particular requirements of current equalities legislation, it also aims to tackle all other forms of discrimination and promote equality and human rights issues relevant and appropriate to the work of Rotherham CCG. Rotherham CCG fully engages in the good practice of the Equality Act 2010 and the role of the Commission for Equalities and Human Rights. Equality and fair treatment for all are high-level principles, which underpin every aspect of the work of this public organisation.

In addition we want to ensure that Equality and Diversity for all, is at the heart of our business so we can ensure delivery of the first principle of the NHS Constitution:-

'the NHS provides a comprehensive service to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that its services and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population (NHS Constitution:2009)'.

Everyone in Rotherham CCG is responsible for behaving in such a way as to promote equality, value diversity and respect human rights. It is also the aim of this organisation to ensure that equality and diversity becomes embedded into all structures and functions. In addition, strong leadership and commitment at all levels will be critical to the success of this scheme. As such, we require senior leaders within this organisation to ensure all forms of conscious or unconscious discrimination against disadvantaged individuals or groups is proactively tackled and that equality of opportunity becomes mainstreamed throughout everything that the organisation does. The organisation will seek opportunities to promote equality and diversity wherever and whenever it can.



Chris Edwards
Chief Operating Officer



David Tooth
CCG Chair

1 Introduction

This Equality, Diversity and Human Rights Strategy sets out how Rotherham CCG will promote equality, eliminate discrimination and foster good relationships for people who share protected characteristics as defined by the Equality Act 2010.

This strategy includes an equality analysis based on data and engagement findings, and outlines our strategic equality aims and objectives.

It incorporates the Equality Delivery System and ensures that legislative compliance is maintained and best practice is initiated across Rotherham.

This ensures that:-

- Equality and Diversity continues to drive better outcomes.
- Equality remains central to implementing organisational change.
- Equality and Diversity remains central to the vision of 'no decision about me without me'.
- The EDS delivers positive outcomes for patients and the public.

2 Background

In moving towards the new NHS architecture as described in *Equity & Excellence, Liberating the NHS (2011)*, a single NHS South Yorkshire & Bassetlaw Trust Board was established under Cluster arrangements from October 2011. This was the single Board for the following constituent statutory Primary Care Trusts (PCTs):

- NHS Barnsley
- NHS Bassetlaw
- NHS Doncaster
- NHS Rotherham
- NHS Sheffield

The *Health and Social Care Act 2012* puts clinicians at the centre of commissioning, frees up providers to innovate, empowers patients and gives a new focus to public health. A key change is that GPs, and other clinicians, get a greater say in where money is invested for patient care. In April 2013, Primary Care Trusts (PCTs) will be abolished and most services will be commissioned instead by newly created Clinical Commissioning Groups (comprised of GP Practices).

From October 2011 the Board-level accountability for meeting duties under the Equality Act 2010, including the public sector equality duties, transferred from individual PCT Trust Boards to the NHS South Yorkshire & Bassetlaw Trust Board. The local responsibility for implementing effective arrangements in the main has been delegated back to the local Clinical Commissioning Group Committees for NHS Bassetlaw, NHS Doncaster, NHS Rotherham and NHS Sheffield, and for NHS Barnsley to the local Interim Barnsley Advisory Commissioning Committee.

3 Equality Duties

The Equality Act 2010 which came into force in October 2010 provided a new legislative framework to protect individuals from unfair treatment and promote a fair and more equal society. The Act applies to all organisations that provide a service to the public or a section of the public and to anyone who sells goods or provides facilities, whether or not a charge is made for them.

In 2011 further publications were issued namely; General Public Sector Equality Duties which require public sector organisations to pay due regard to:

- Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advancing equality of opportunity between people who share a protected characteristic and those who do not.
- Fostering good relations between people who share a protected characteristic and those who do not.

And the Specific Public Sector Equality Duties which require public sector organisations to:

- Publish equality information by 31st January 2012 and annually thereafter on how they have met the general public sector equality duties in regard to both the workforce (organisations with 150+ staff) and the population.
- Prepare and publish 1 or more equality objectives by 6th April 2012 and then subsequently at least once every four years.

The Equality Act 2010 also requires all public bodies including the NHS to publish annual details of their:-

- Gender pay gap
- Ethnic minority employment rate
- Disability employment rate

The Act provides protection from 'prohibited conduct' for groups of people with protected characteristics.

Examples of this conduct are:-

- **Direct Discrimination** – this occurs when someone is treated less favourably than someone else because of a protected characteristic they have or are thought to have or because they associate with someone with a protected characteristic.
- **Dual or Combined Discrimination** – This only applies to direct discrimination. It is limited to a combination of two of any protected characteristics (except pregnancy, maternity and marriage/civil partnership).
- **Associative Discrimination** – This is direct discrimination because someone associates with another person with a protected characteristic.
- **Perspective Discrimination** – This is direct discrimination against an individual because people think they have a particular protected characteristic – this still applies even if they do not have it.
- **Indirect Discrimination** – This occurs when you have a condition, rule or policy in your organisation that applies to everyone but disadvantages a group with a pro-

tected characteristic. This can only be justified if you can show that you have acted reasonably in managing your business by a proportionate level and have tried to reduce discriminatory practice.

- **Harassment** – This is unwanted conduct related to a relevant protected characteristic which violates an individual's dignity or creates an intimidating, hostile or offensive environment to the individual. This does not include pregnancy/maternity and marriage/civil partnership. This will also include staff who find something offensive that is not directed at them.
- **Third Party Harassment** – This make employers potentially liable for harassment by third parties to your employers. This has to occur on 2 previous occasions that you have been aware of and not sought to prevent it.
- **Victimisation** – This is when an employee is treated badly because they have made or support a complaint/grievance under the Equality Act 2010.

The Equality Act 2010 allows Positive action to be carried out in order for the NHS to provide additional support to disadvantaged groups, usually because they are under represented in specific areas of life.

4 Protected Characteristics

1. **Age** – This means a person belonging to a particular age or age group. An age group is people of the same age.
2. **Disability** – A person has a disability or the person has a physical or mental impairment and it has substantial and long term adverse effects on an individual's ability to carry normal daily living activities. This group is sub-divided into:-

Physical Disability – This includes weakening of the body through illness, accident or congenital illness like blindness, limb paralysis or heart disease.

Mental Health Disability – Includes well recognised mental health illness and severe and enduring mental ill health.

Learning Disability – A condition that either prevents or significantly hinders somebody from learning basic skills or information at the same rate as most people of the same age.

Substantial and Long Term – this in legal terms refers to an illness that is more than minor and is expected to last more than 12 months i.e. Chronic Obstructive Pulmonary Disease

3. **Gender Reassignment** – The individual has a protected characteristic if they are proposing to undergo, are undergoing or have undergone a process to reassign their sex by changing physiological or other physical attributes of sex.
4. **Marriage and Civil Partnerships** – people who have a common characteristic of being married or having a civil partner.
5. **Pregnancy and Maternity** – Relates to a woman who is pregnant or within their allocated maternity period.
6. **Race** – This includes colour, nationality, ethnic or national origins.
7. **Religion or Belief** – This definition includes lack of religion or belief. Its broad definition is in line with the freedom of thought, conscience and religion guaranteed by article 9 of the European convention on human rights.
8. **Sex** – This refers to being a man or a woman.
9. **Sexual Orientation** – This relates to a person's sexual orientation towards people of the same sex as themselves, or people from the opposite sex as themselves or people of both sexes. The attraction you feel towards people of one sex or another or both. Lesbian Gay Bisexual People – Are attracted to people of the same sex as them (lesbian or gay) or people of both sexes (bisexual)

Whilst there is considerable focus on the protected characteristics it is also important to consider groups who are not afforded protection by the Equality Act who also face discrimination, stigma or difficulties when trying to work or access services in the NHS. These are often referred to as disadvantaged groups and include homeless people, sex workers and people who use drugs.

5 Equality Delivery System (EDS)

The NHS Equality Delivery System (EDS) was formally launched by the NHS Equality Delivery Council on 8th November 2011. Whilst the EDS is an optional equality self-assessment tool for both current and emerging NHS organisations to support them in meeting their General Public Sector Equality Duties as required by Section 149 of the Equality Act 2010, there is an expectation that Clinical Commissioning Groups will sign up to the EDS.

Compliance with the duties is across the 9 protected characteristics under the Equality Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy & maternity, race, religion/belief, gender and sexual orientation). The self-assessment process focuses on engagement with “local interests” which include patients, communities, staff, staff-side organisations and local voluntary organisations.

The Equality Delivery system comprises 18 outcomes grouped into four goals:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

Local interests are asked to comment on self-assessments and assessment gradings against these 18 outcomes.

Excelling	Purple	To achieve a purple rating the organisation should be able to demonstrate effective data, action and outcomes across between all protected characteristics and be demonstrating “stretch” and best practice.
Achieving	Green	To achieve a green rating, the organisation should be able to demonstrate effective data, action and outcomes across between 6 and 9 protected characteristics.
Developing	Amber	To achieve an amber rating, the organisation should be able to demonstrate effective data, action and outcomes across between 3 and 5 protected characteristics.
Undeveloped	Red	To achieve a red rating, the organisation should be able to demonstrate effective data, action and outcomes across between 0 and 2 protected characteristics.

Performance against the EDS requirements will be graded. It is the national expectation that most organisations will be either red or amber on the outcomes in the first baseline year of 2011/12. During 2011, all PCTs within the NHS South Yorkshire & Bassetlaw Cluster gave a commitment to use the Equality Delivery System to provide assurance that the organisations were meeting the public sector equality duties.

The EDS was introduced via the Equality Diversity and Human Rights Steering and then the Equality & Diversity Project Officer met with key managers across the organisation to initiate evidence gathering. This was then developed into a draft written self-assessment with draft grades.

The consultation phase was run using a four-fold approach in partnership with South Yorkshire & Bassetlaw Partnership Care Trusts;

- A review was undertaken of emerging equality themes contained within existing patients experience and patient feedback data.
- Local patient and public engagement activity was undertaken using a piloted local engagement tool. Each Cluster PCT concentrated on involving local groups within their own community, In Rotherham, engagement took place with Speak Up, Rotherham Older People's Forum, Rotherham Ethnic Minority Alliance (REMA), Rotherham Mind, Maternity Service Liaison Committee and the Rotherham Local Involvement Network (LINK) on final emerging scores and in addition a partnership approach to sharing data has been developed. For example NHS Rotherham and NHS Barnsley have led on engaging Lesbian, Gay & Bisexual Groups as we have well-established local interest groups, and NHS Doncaster has led on engaging the local deaf community as they have a Deaf College and large local deaf community. This data has then been shared across all PCTs to support grading.
- A staff forum has been engaged on the staffing and leadership sections of the self-assessment and staff members across the organisation have been given the opportunity to feed back on the entire draft self-assessment which was placed on the Shared Drive for comment.
- Partners have been engaged through the Rotherham Foundation Trust and Rotherham Metropolitan Borough Council.

The EDS engagement with the interest groups identified a number of issues with health services; however, there was no specific inequalities highlighted. All the groups acknowledged how vital the role and support of the community and voluntary groups was in ensuring that their health outcomes and experiences were greatly enhanced.

Based on the above process, the emerging self-assessment shows the organisation as Amber in general i.e. "developing" with one area Red or "underdeveloped" and a few areas (mainly regarding staffing practices) as Green and therefore "achieving". This is in line with national expectations for the baseline year. Our current scores are detailed below.

Based on this consultation, a final draft of the self-assessment and gradings has been approved by Rotherham CCG and NHS South Yorkshire and Bassetlaw in March 2012.

6 Equality Delivery System Self Assessment

The Equality Delivery System self assessment has been agreed in conjunction with the local interest groups and staff groups.

Goals	Narratives	Outcomes	Scores
1.Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	A
		1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	A
		1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	A
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all	A
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	A
2.Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	A
		2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment	A
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	A
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	A
3.Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades	G

Goals	Narratives	Outcomes	Scores
	and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay	A
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	A
		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	A
		3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)	G
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	G
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond	A
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination	A
		4.3 The organisation uses the "Competency Framework for Equality and Diversity Leadership" to recruit, develop and support strategic leaders to advance equality outcomes	R

7 Public Consultation and Engagement

Genuine engagement and consultation lie at the heart of both the EDS and delivery of the Public Sector Equality Duty. Rotherham CCG has developed excellent relationships with patients and the public through the interface with a diverse range of local community and voluntary groups. Through this work, Rotherham CCG has gained a wealth of valuable insight which informs the planning and delivery of health services across the borough.

Engagement utilises a mixed methods approach, covering online and electronic systems, contracting with the third sector, and building relationships with overlooked communities to enable those experiencing barriers to make their concerns heard. Routine and project specific engagement as well as engagement around the Equality Delivery System has enabled Rotherham CCG to highlight those areas where we are achieving well, and the areas where there are gaps.

Rotherham CCG as part of its Patient and Public Engagement Strategy recognises the challenge to achieving this in a realistic and meaningful manner but also ensuring that seldom heard groups play an active part.

The strategy clearly identifies the particular groups who are identified in the 9 protected characteristics but also identifies additional groups like transgender, homelessness, people who are not registered with GP practices, Lesbian Gay Bisexual and Transgender (LGBT), looked after children, younger carers and other smaller Black and Minority Ethnic (BME) groups amongst others who need to have a voice.

The wider public consultation identifies both traditional and more innovative ways to ensure effective engagement occurs.

8 Equality Objectives

Based on the consultation and feedback received for the Equality Delivery System (EDS), Rotherham Clinical Commissioning Group has identified four equality objectives for the organisation.

- Make effective use of equality data within the commissioning cycle to prioritise commissioning of services and embed equality within Provider contracts.
- Ensure appropriate and accessible targeted communication with local communities to empower patients.
- Develop consistency of Equality approaches across the South Yorkshire and Bassetlaw Clinical Commissioning Groups in respect of equality leadership, staff empowerment and access to development opportunities.
- Demonstrate leadership in advancing the equality agenda internally and with partners and providers to ensure inequalities are addressed within a partnership approach to ensure equity of access experience and outcomes for patients

9 Equality Implementation Plan

The Equality Objectives have been developed and supported by underpinning actions and linked to the four EDS goals. The identified actions have been prioritised by the Equality, Diversity and Human Rights Steering group and agreed by Rotherham CCG.

Equality Objectives	Actions	Leads	April 2012	Sept 2012	March 2013
<i>Make effective use of equality data within the commissioning cycle to prioritise commissioning of services and embed equality within Provider contracts.</i>	Utilise equality data to update the Joint Strategic Needs Assessment (JSNA), to describe the prevalence of health conditions and the needs of the changing local population.	Public Health	Refreshed JSNA in process of being signed off. Discussions with CCG around their contribution of content to be included within JSNA process	Agree CCG and Cluster/NCBs contribution of content to be included within the JSNA process and agree annual work programme for CCG/CSS analysts	Systems in place for ongoing updates of healthcare information
	Use the JSNA to influence the commissioning decision in order to use equality data to more effectively to drive commissioning priorities.	All Commissioners	Awaiting data from refreshed JSNA	Using intelligence from JSNA to formulate contracting stance for 2013/14 Sept 12 – Jan13	Review outcomes of contract negotiation
	Ensure that commissioning managers are embedding equality and diversity across policies and contracts through aligning commissioning contracts. Including assurance against the 9 protected characteristics	Contract Managers and from service providers	Rotherham CCG understand the current issues being faced with submission of equality data against the 9 protected characteristics	Rotherham CCG seek reassurance of data collection on compliance against the Equality Act 2010 and requiring a formal response with evidence	Rotherham CCG seek reassurance of data collection on compliance against the Equality Act 2010 and requiring a formal response with evidence

Equality Objectives	Actions	Leads	April 2012	Sept 2012	March 2013
<i>Ensure appropriate and accessible targeted communication with local communities to facilitate improved access and patient experience.</i>	Develop a communication and patient engagement strategy	Communication	Draft strategy completed	Strategy signed off by Organisational Executive and CCG	Relevant action points completed.
	Ensure the strategy supports hard to reach groups, including the targeting and relevant use of appropriate and communication mechanism. This is in line with the Single Integrated Plan 2012 and associated delivery matrix.	Communication & Patient Public Engagement	E&D mapping of and input to delivery matrix- community organisations mapped against the protected characteristics as part of communication/ power and influence assessment. Communication and engagement strategy has completed Equality Impact Assessment	Outstanding actions resulting from Equality Impact Assessment identified and plans in place to resolve. Examples of use of different mechanisms being used to target relevant groups	Outstanding actions resulting from Equality Impact Assessment identified and plans in place to resolve. Examples of use of different mechanisms being used to target relevant groups
	Establish robust mechanisms for reporting and analysing all patients experience data and ensure that the data is used to influence commissioning and effect change in a timely manner.	All Commissioning Managers/ External relations/ (AQUA) (governance)	Integrated report consisting of Patient Experience data from engagement, complaints and PALS goes to AQUA routinely. - establish baseline for Patient Experience data from providers in terms of what is received, where/who it is reported to (CQUINS and PREMS)	Consideration of these data streams in terms of - are they sufficient - is analysis sufficient - where are the gaps influencing commissioning and change	Action plan to deal with actions as identified in previous is in place.
<i>Develop consistency of Equality approaches across</i>	Align staffing and equality policies and procedures across the NHS South York-	Head of Human Resources	Cluster wide process for alignment of staff to	Staff assigned to future form organisa-	Staff appointed to roles in future or-

Equality Objectives	Actions	Leads	April 2012	Sept 2012	March 2013
<i>the South Yorkshire and Bassetlaw Clinical Commissioning Groups in respect of equality leadership, staff empowerment and access to development opportunities</i>	shire & Bassetlaw to ensure equal opportunities for all. Continue to monitor the impact of organisational change on the workforce profile. As the organisation transitions to the new NHS architecture, formal processes for redeployment of staff should be subject to equality impact analysis and appropriate action plans.		CCG and CSS structures being agreed. Draft structures being agreed with 4 existing CCGs. Alignment of staff to CCG/CSS expected in May 2011. Equality impact to be monitored through staff tracker commencing in April 2012 which will identify current function and destinations of individuals and includes equality profile. Monthly snapshots of equality data will demonstrate the impact.	tion and appointments to some future organisations commenced. Impact assessed through continued use of staff tracker.	rganisations in preparation for transfer and employment in new organisations. Impact assessed through continued use of staff tracker which will continue until June 2013.
	Make further revisions to the corporate Learning & Development programme for managers and staff in light of the move to Clinical Commissioning, Public Health Transition and changing job roles.	Head of organisational development	April 12 2011/12 MAST Compliance achieved & reported Corporate L&D Programme (CLDP) for transition agreed	Annual Corporate L&D events delivered CLDP implemented and includes mix of SY wide and targeted provision	2011/12 MAST compliance achieved & reported
	Develop and ensure inclusive leadership across the management structures within the organisation to advance equality objectives that are informed by equality national framework	Operational Executive	Revised interim organisational structure agreed & implemented	Revised interim organisational structure agreed and implemented	Revised interim organisational structure agreed and implemented
Demonstrate leadership in	Develop the alignment between the clus-	Equality& Diver-	Arranged to meet with	Data analysed and	Recommendations

<i>Equality Objectives</i>	<i>Actions</i>	<i>Leads</i>	<i>April 2012</i>	<i>Sept 2012</i>	<i>March 2013</i>
advancing the equality agenda internally and with partners and providers to ensure inequalities are addressed within a partnership approach to ensure equity of access experience and outcomes for patients.	ter equality role and the local equality role Encourage "Equality Champions" to operate within the workplace in order to raise awareness of equality issues and promote understanding amongst wider team members.	sity Project Officer	teams to discuss how Equality is being embedded within their roles on a daily basis	Collated	taken to the Equality Diversity and Human Rights Steering Group

10 Equality Impact Assessments

Arrangements for assessing and consulting on the likely impact of proposed policies on the promotion of equality take the form of Equality Impact Assessments (EIAs). Rotherham CCG is continuing to implement a programme to fully embed the use of equality impact assessments throughout all key functions. All new and reviewed policies, strategic proposals and significant pieces of work now routinely are subject to a full equality impact assessment.

An equality impact assessment toolkit has been produced appropriate for workplace policies and commissioning. This will enable those staff involved in policy, strategy development, or reviews and service specifications to carry out a comprehensive assessment on the proposed policy, strategy and service specifications. Equality Impact Assessment can be found on our website.

Equality Impact Assessments are the way we check how an existing or new service, policy or procedure and the services being commissioned affects groups of people. It allows staff to look at evidence or consult as to whether the service or policy is discriminating against particular groups of people. We can then make the necessary changes if there are adverse effects on some groups, or indeed highlight it as good practice if it is having a beneficial effect.

This process is overseen by the Equality, Diversity & Human Rights Steering Group. Rotherham CCG is committed to assessing policies and functions for impact on disabled people, race, gender and age, as a minimum

11 Staff transferring from PCT to new organisations

Rotherham CCG will comply with all relevant employment and equality legislation, and will follow best employment practice when implementing the proposed changes. Any decisions in respect of appointments to jobs, identification of employees as 'affected by change' or 'at risk' and selection for redundancy will be fair, transparent and made with reference to justifiable, objective criteria. Procedures will be designed to support diversity and pay due regard to equality legislation and ensure that there is no unlawful direct or indirect discrimination, victimisation or harassment against any particular individual or group of employees. All Rotherham CCG proposed changes will be accompanied by an analysis on the impact on equality, which will include an analysis of the equality and rights impact any changes will have on the workforce. All Rotherham CCG managers, including interview panel members and senior managers, have received training in diversity and equality.

12 Staff Consultation and Engagement

The changes required under Liberating the NHS and further running cost reductions call for consistent and ongoing staff engagement and communication to support staff through these changes. This is being achieved in a number of ways and will continue into 2012/13.

- Regular all staff and management meetings where current information and its impact are shared openly with staff with opportunities for questions and discussion.
- A cluster wide Social Partnership Forum (SPF) which meets regularly to consult on the staffing issues associated with transition.
- The SPF supplemented within each of the constituent PCTs by the continuation of local joint consultative meetings to address local issues.
- Regular 1:1 meetings between staff and their managers and directors to provide latest updates, assess the needs and wishes of individual staff and provide indication of likely receiver organisations for the functions staff work in.
- Participation in national transition policies and exercises dealing with alignment and assignment.
- Joint staff and management meetings with receiver organisations, e.g. local authority to prepare the way for transition, involving both HR and staff representatives.
- Ongoing participation in the staff survey to check staff perceptions of the effectiveness of staff engagement strategies and develop action plans to address any perceived shortcomings.
- The launch of a new digital internal communications strategy

13 Equality and Diversity Training

Rotherham CCG has fully met NHS South Yorkshire and Bassetlaw Cluster requirement for all staff to complete the General Awareness for Equality & Diversity training via the core learning unit equality e-learning package. The updated training reflects the 9 protected characteristics and new responsibilities around discrimination.

This has been highlighted in the 2011 staff survey showing a significant improvement on previous years.