NHS
West Hampshire
Clinical Commissioning Group

DIGNITY AND RESPECT POLICY

Version 3.3

Subject and version number of document:	Dignity and Respect Policy Version 3.3
Serial number:	HR/037/V3.03
Operative date:	18 February 2019
Author:	Equality & Diversity Lead on behalf of CSU HR
CCG owner:	Chief Officer
Links to other policies:	Conduct, Performance, Grievance and Absence Management Policy Whistleblowing Policy Incident Management Policy & Guidance Social Media Guidelines Equality, Diversity and Human Rights Policy Policy on Abuse, Harassment and Violence Against Staff Domestic Violence & Abuse Policy
Review date:	January 2021
For action by:	All staff
Policy statement:	The purpose of this policy is to foster a positive organisational culture and inclusive working environment where everyone is treated with dignity and respect.
Responsibility for dissemination to new staff:	Line managers at induction
Mechanisms for dissemination:	All policies are published on the website. All new and revised policies are promoted to staff via the CCG staff newsletter.
Training implications:	All staff will be encouraged to read the Dignity & Respect Policy. Dignity & Respect Awareness Training to support successful implementation of this policy will be mandatory for CCG managers.
Resource implications	There may be a need to pay for training for managers.
Further details and additional copies available from:	Website: https://westhampshireccg.nhs.uk/document-tag/hr-policies/
Equality analysis completed?	This policy has been subject to an equality impact assessment. The process gathered relevant information, including feedback from staff about their experiences of negative behaviour from colleagues and patients, which was used to inform the development of this

	policy. Also a number of actions were identified that will support successful implementation of the Dignity and Respect Policy. The impact assessment found that successful implementation of this policy will eliminate discrimination and harassment, promote equal opportunities, and foster good relations between staff.
Consultation process	Staff Forum at Omega House and Fareham Health Centre. Human Resources Team SCW CSU Review Oct 18: Staff Forum
Approved by:	Policy Sub Group, Chair's Action
Date approved:	11 February 2019

Website Upload:

Website	Location in FOI Publication Scheme	https://westhampshireccg.nhs.uk/document-tag/hr-policies/
Keywords:	Dignity, respect, bullying, harassment, discrimination policy	

Amendments Summary:

Amend No	Issued	Page(s)	Subject	Action Date
1		Throughout	Complete review following CHC and Omega House staff forum feedback and consultation with HR and Staff Partnership Forum. Not published as further discussion requested by Policy Sub Group 28 November 2018.	Nov 17
2	Jan 18	Throughout	Complete review as elements relating to patient / service user / public removed and developed into separate Zero Tolerance Policy. Make Dignity & Respect Training mandatory for managers.	Jan 18
3	Aug 18	5, 9-11 and 21	Amendments to reference the Domestic Violence & Abuse Policy for CCG Staff. Not put through Policy Sub Group as action to cross reference had been agreed at the May Policy Sub Group and only minor amendments were required.	Aug 18
4	Jan 19	13–15, 17, 19–21, 24–25, 27 onwards	Amendments throughout in light of Staff Forum Feedback, the results of the new EIA and strengthening section on monitoring compliance and effectiveness.	Jan 19
5	May 19	EIA	Update action plan	May 19

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Name of Reviewer	Ratification Process	Notes
Version 2	6 Nov 2017	E&D Lead	Amended policy reviewed at Policy Sub-Group 6 & 28 November 2017. Further discussion post 28 Nov meeting.	CHC and Omega See amend 1
Version 3	12 Dec 17	Chief Officer, E&D Lead and HR Manager	Approved Policy Sub Group January 2018.	See amend 2.
3.2	11 Jan 19	E&D Manager	Policy Sub Group 23 Jan 19	See amend 4

DIGNITY AND RESPECT POLICY

SUMMARY OF KEY POINTS TO NOTE

The purpose of this policy is to foster a positive organisational culture and inclusive working environment where everyone is treated with dignity and respect. Specifically:

- The policy applies to CCG staff, placing a responsibility on each person to behave respectfully during interactions.
- All line managers will undertake Dignity and Respect Awareness Training to support successful implementation of this policy.
- All allegations of, bullying, harassment, discrimination, domestic violence and abuse or victimisation will be responded to
- Staff are encouraged to try to resolve issues or complaints informally and at an early stage
- Formal complaints will be taken forward in accordance with the CCGs Grievance Procedure (refer to Conduct, Performance, Grievance and Absence Management Policy)
- If the CCG has grounds to believe that a member of staff may have been bullying or harassing another individual, whether or not there has been a formal complaint, the CCG will instigate an investigation into the alleged misconduct and may take disciplinary action as a result
- Some bullying or harassment will constitute unlawful discrimination, for example if it relates to a person's age, disability, gender, race, religion or belief, or sexual orientation. Serious bullying or harassment may amount to a civil or criminal offence and lead to prosecution
- Any malicious or vexatious complaints may also result in the CCG Disciplinary procedure being invoked (see CCG Conduct, Performance, Grievance and Absence Management Policy)
- Advice, support and confidential counselling are available to staff.

DIGNITY AND RESPECT POLICY

CONTENTS

DIGNITY AND RESPECT POLICY

1. INTRODUCTION AND PURPOSE

1.1 West Hampshire Clinical Commissioning Group (CCG) is committed to fairness and inclusion for all (in line with the aims of the Equality Act 2010), and to providing a working environment where every member of staff feels safe and respected.

1.2 Every employee is entitled to work in an environment that promotes dignity and respect, and so this policy sets out expectations about how we should behave towards one another. The policy applies to all CCG staff - placing a responsibility on each and every person to behave respectfully during interactions.

1.3 In order to promote a positive and respectful working environment the CCG will not tolerate intimidation, bullying, harassment, discrimination, domestic violence and abuse or victimisation in any form. We recognise that when these kinds of behaviour are not addressed, it can lead to an unhealthy workplace culture with increased levels of absence and staff turnover, and lower productivity and staff morale.

1.4 The CCG regards any incident of bullying, harassment, discrimination, domestic violence and abuse or victimisation as a serious matter and will respond promptly and sensitively, taking disciplinary action where appropriate. Where a complaint against an employee is proven, this may lead to a formal resolution or lead to dismissal (refer to the CCG Conduct, Performance, Grievance and Absence Management Policy).

1.5 The purpose of the policy is to:

- Foster a positive organisational culture and inclusive working environment where everyone is treated with dignity and respect
- Outline the CCGs expectations around staff behaviour. Provide examples of both positive and negative behaviours so that staff know what is acceptable
- Describe the employee's role in promoting dignity and respect
- Ensure that occurrences of bullying, harassment, discrimination and victimisation are taken seriously and dealt with promptly and with due sensitivity
- Provide practical advice to managers and employees about how to raise, address and resolve concerns about individual staff members or groups behaviour, in line with this and other relevant CCG policies.

1.6 Supporting principles:

- All staff have the right to be treated fairly and not be subjected to bullying, harassment, discrimination, domestic violence and abuse or victimisation
- All allegations of bullying, harassment, discrimination, domestic violence and abuse or victimisation will be responded to
- Staff are encouraged to try to resolve concerns or complaints informally where appropriate
- Formal complaints will be taken forward in accordance with the CCGs Grievance Procedure (see CCG Conduct, Performance, Grievance and Absence Management Policy)
- The CCG will support employees who are experiencing domestic abuse. Harassment and intimidation by a CCG employee whether of a partner or ex-partner who is employed by the CCG or not, will be considered misconduct and may lead to disciplinary action being taken (see Domestic Violence & Abuse Policy for CCG Staff)
- If the CCG has grounds to believe that a member of staff may have been bullying or harassing another individual, whether or not there has been a formal complaint, the CCG will instigate an investigation into the alleged misconduct and may take disciplinary action as a result
- Some bullying or harassment will constitute unlawful discrimination, for example if it relates to a person's age, disability, gender, race, religion or belief, or sexual orientation. Serious bullying or harassment may amount to a civil or criminal offence and lead to prosecution
- Any malicious or vexatious complaints may also result in the CCG Grievance procedure being invoked (see CCG Conduct, Performance, Grievance and Absence Management Policy)
- The CCG recognises that experiencing violence, aggression, intimidation, bullying, harassment, discrimination, domestic violence and abuse or victimisation can have a significant impact on an individual's mental health and wellbeing. We therefore make advice, support and confidential counselling available to staff via our Employee Assistance Programme, which can be contacted on 0800 783 2808.

2. SCOPE AND DEFINITIONS

2.1 Scope

2.1.1 This policy applies to all employees of West Hampshire CCG, setting out responsibilities and expectations in relation to:

- How staff treat each other
- How CCG employees treat others, including staff from other organisations, patients, members of the public, or visitors

2.1.2 The policy covers the behaviour of staff on CCG business or engaged in activities relating to the CCG, including:

- All CCG sites and any other place where staff are representing the CCG
- At events such as social functions, conferences or work assignments which are related to the CCG
- In writing, on the telephone, by email or on the internet in any CCG related activity.

2.1.3 It may also apply to the behaviour of staff outside the work environment, for example on social networking sites where cyberbullying may have a detrimental impact on CCG staff and may bring the CCG into disrepute, or domestic violence and abuse, where conduct outside of work may also lead to disciplinary action being taken because of the impact it may have on the employee's suitability to undertake their role and/or because it undermines public confidence in the CCG. Refer to the CCG Social Media Guidelines and Domestic Violence and Abuse Policy for CCG Staff for more advice.

2.2 Definitions

2.2.1 Guidelines on the behaviours and help with the definitions that fall within the scope of this policy are set out in Appendix A.

3. PROCESS / REQUIREMENTS

3.1 Standards of behaviour

3.1.1 The CCG is committed to protecting its staff from, bullying, harassment and discrimination – all forms of which are unacceptable and will not be tolerated. Allegations of bullying, harassment, and discrimination will be taken seriously and staff protected against victimisation for making or being involved in a complaint.

3.1.2 All staff are expected to treat one another and others (including patients, the public, visitors and staff from other organisations) with:

- Compassion
- Honesty
- Fairness
- Openness
- Respect
- Sensitivity
- Courtesy

These standards of behaviour reflect our CCG values - compassionate, inclusive, fair, honest and ambitious.

3.1.3 Staff must not behave in a way that could be offensive to others or allow others to act in such a way. All staff are expected to ensure high standards of conduct both by themselves and by others. Staff must behave in a professional way at work and be aware that whatever the nature of their relationships with colleagues outside of work, physical contact, swearing, aggression and banter or jokes which may be offensive to others are not appropriate in the workplace and may lead to disciplinary action under the CCG Conduct, Performance, Grievance and Absence Management Policy.

3.2 Inter-personal disagreements

3.2.1 Sometimes disagreements or differences of opinion can arise between work colleagues, or a manager and an employee. This may be the result of:

- Relationship issues – Related to personal feelings or due to differences in personality
- Tasks – Disagreement over what is to be done
- Processes – Disagreements over how it should be done
- Status – Disagreement over who is responsible for tasks and processes

3.2.2 It is important to differentiate between disagreements and bullying, harassment and discrimination. Disagreement in the workplace is to some extent inevitable, and when handled professionally can help:

- Achieve better outcomes
- Decisions benefit from diversity of opinion
- Lead to better relationships
- Enhance job satisfaction.

Bullying, harassment and discrimination on the other hand are unacceptable in all circumstances.

3.2.3 The risk with disagreement, and in particular when it involves personality clashes, is that it can lead to more serious behaviour that crosses the line into bullying and ill-treatment. The risk of this increases if differences of opinion are not addressed at an early stage.

3.2.4 So at the CCG we want to diffuse these situations at the earliest possible stage and use informal approaches to resolve these kinds of issues (see section 3.4.1 for options). If a disagreement escalates to conflict very quickly it may be best to take a break from the interaction. This will help both parties to think things through and return to discussion later when they feel calmer.

3.3 What if I am unsure whether someone's behaviour is unreasonable?

3.3.1 Bullying, harassment and discrimination are not always clear cut or obvious, and as a result people are sometimes unsure whether or not the behaviours they are experiencing or witnessing are acceptable. If this applies to you there are a number of things to consider, including:

- Look at the examples of bullying, harassment and discrimination in Appendix A of this policy – do the listed behaviours you are concerned about match some or all of those listed?
- Are there cultural differences that may be leading to misunderstandings?
- Has there been a change of management or organisational style to which you or your colleague just need time to adjust – perhaps because you have a new manager or work requirements or because the department is going through a period of change? If you are finding it difficult to adjust or are finding change stressful, this is perfectly normal and you may benefit from the support of ConsultHR, Occupational Health or the Employee Assistance Programme
- Can you talk over your worries with your line manager, HR, the CCG equality and diversity manager or a trusted colleague? They may be able to help you get things straight in your mind and decide what you want to do about the matter
- Are the concerns related to performance management or issues that have been raised about conduct? It is important to differentiate between a person's legitimate authority to manage and bullying. It is not bullying to tackle poor performance or misconduct fairly and reasonably. The CCG and your manager have the right to direct and control how work is done, to monitor work, to give feedback and to manage performance. Good management is consistent with the principles and objectives of the Dignity and Respect Policy. Disagreeing with a manager's expectations does not automatically mean that bullying is taking place, but if the manager behaves in an intimidating, aggressive or unreasonable way, then this will not be tolerated by the CCG.

3.4 What to do if you feel you are being bullied, harassed, or experiencing discrimination

Informal options

3.4.1 Addressing concerns or problem behaviour through informal approaches, and either straight away or within a few days is the CCGs preferred option. There are a number of steps which can be

effective in resolving a problem quickly and which are likely to be much less stressful than following a formal grievance process:

1. Discuss your concerns with someone in your line management chain, someone who manages the individual concerned or with Consult HR. Explain the situation, giving examples and details of the behaviour you are unhappy with.

2. The person you have discussed your concerns with will help you decide whether to take an informal or formal route to address the issue. If you prefer an informal route you have a number of options:

   a) Approach the person whose behaviour you are unhappy with yourself. If you feel able to have a conversation with the person involved, this may be the most effective way to stop their behaviour. You should:

      - Explain to the person specifically what it is about their behaviour that is causing you concern or distress
      - Explain to them what effect their behaviour is having
      - Ask them to stop their behaviour
      - If relevant, explain to them how you would prefer them to behave, for example if they have been contacting you only through abrupt emails which you have found to be aggressive, ask them to speak to you on the telephone instead

   b) If you do not feel able to speak to the person involved directly, but still wish to resolve things informally, ask the manager or Consult HR to act on your behalf. They can then approach the person whose behaviour you are unhappy with and outline the issues and impact.

      If a manager is approached to undertake this role, they are encouraged to seek advice from ConsultHR on how best to proceed.

   c) Request a facilitated session. This is where the parties involved have the opportunity to meet and discuss the issues. The session should be facilitated by a neutral third party such as a member of ConsultHR staff, who will be able to act as facilitator to move discussions forward and assist parties to put their point of view across and reach an agreed outcome. It is not usual practice for participants in a facilitated session to be accompanied, as involving third parties can restrict open and direct discussion from taking place between the main people involved in the issue. The facilitator will keep the discussion on track, ensure that ground rules are established for the session, that all parties

follow these rules and that both parties are given the opportunity to participate fully. The CCG will aim to arrange a facilitated session within 10 working days of the request.

d) Request mediation. Mediation is different from a facilitated session in that it usually starts with the mediator (an independent party who is appropriately trained to carry out mediation) speaking to the parties involved separately. The mediator will try to get an understanding of each party's position and preferred outcomes before seeking to help the parties to reach a negotiated solution. There may be one or more individual meetings with the parties separately before the mediator brings the parties together to discuss the issues. Mediation is often more formal and structured than a facilitated session. The CCG will aim to arrange mediation within 20 working days of the request. Mediation is organised by ConsultHR (see section 9 of the policy for contact details.

   Note: Research indicates that mediation should not be used to resolve incidents of bullying or harassment. It may be a useful approach to resolve other forms of conflict, but in all cases, both parties must agree to the mediation approach.

Formal options

3.4.2 This policy aims to eliminate and respond to behaviours which fall within a spectrum from rudeness and incivility through to acts that break the law (discrimination) and in extreme cases, criminal law (hate crime and violence). The CCG's recommended approach to rudeness and incivility is to address such behaviour quickly and informally. For more serious behaviour the CCG believes that the 'victim' should have a say in the decision about whether formal action is taken by the CCG and/or legal/criminal action is taken. Where behaviour is very serious however, the CCG may override the victim's wishes and take action under the CCG Conduct, Performance, Grievance and Absence Management Policy and/or refer the matter to the policy.

3.4.3 Any decision to take formal action under the CCG Conduct, Performance, Grievance and Absence Management Policy should involve seeking advice from ConsultHR, as well as the involvement of the victim.

3.4.4 We recognise that sometimes an employee may have experienced bullying, harassment or discrimination repeatedly or over a sustained period of time, before they feel able to disclose that this has been happening. This is more serious and an informal approach would usually be unsuitable.

3.4.5 Where the behaviour is serious employees are encouraged to report this to their line manager or other CCG manager or director as soon as possible so that formal action and/or involvement of the police can be implemented quickly.

3.5 What if I am accused of bullying, harassment or discrimination?

3.5.1 If someone approaches you informally about your behaviour, do not dismiss the complaint out of hand because you were only joking or think the complainant is being too sensitive. Remember that different people find different things acceptable and everyone has the right to decide what behaviour is acceptable to him or her and to have his or her feelings respected by others.

3.5.2 You may have offended someone without intending to. If that is the case, the person concerned may be content with an explanation and an apology from you for the offence caused and an assurance that you will be careful in future not to behave in a way that you now know may cause offence. Provided that you do not repeat the behaviour which has caused offence, this may well be the end of the matter.

3.5.3 If a formal complaint is made about your behaviour, this will be fully investigated – either under the Grievance Procedure or the Disciplinary Procedure (refer to the CCG Conduct, Performance, Grievance and Absence Management Policy). As part of this process, you will have the opportunity to present your side of the story. People who are the subject of a complaint sometimes raise counter complaints in order to defend themselves, but this is usually an unproductive step and can delay resolution of matters. If you are the subject of a complaint, you do not need to raise a counter grievance in order to put your side of events forward, as you will be given plenty of opportunity to put your point of view forward as part of the investigation process and all evidence will be examined fairly and impartially. There will not be any assumption that the evidence of someone making a complaint is more important than the evidence of someone who has had a complaint made about them.

3.5.4 If there is found to be evidence to support the complaint, the CCG may bring disciplinary proceedings, if appropriate. Where the CCG considers a complaint through the Disciplinary Procedure, you will have the rights set out in that procedure. You will have the right to be informed of the allegations against you, to put your side of the story and to be accompanied to meetings by a trade union representative or work colleague. The procedure will be implemented at the appropriate stage for the seriousness of the allegation.

3.5.5 The CCG will treat complaints of bullying and harassment sensitively and maintain confidentiality as far as reasonably possible. Investigation of allegations will normally require limited disclosure on

a ‘need to know’ basis. For example, some details may have to be given to potential witnesses but the importance of confidentiality will be emphasised to them.

3.5.6 If the complaint against you is upheld, on a balance of probabilities, at a disciplinary hearing a penalty may be imposed up to and including dismissal, having regard to the seriousness of the offence and all relevant circumstances. If the complaint is upheld, but you are not dismissed, the CCG could decide to transfer you to another post.

3.5.7 If a complaint is made against you which is not upheld and the CCG has good grounds for believing that the complaint was not made in good faith, the CCG may take disciplinary action against the person making the false complaint.

3.5.8 You must not victimise a person who has made a complaint in good faith against you or anyone who has supported him or her in making the complaint or given evidence in relation to such a complaint. Disciplinary action will be taken against you if the CCG has good reason to think that you may have victimised the complainant or someone else.

3.5.9 Following completion of the process, the ConsultHR department will support you, the complainant and your manager(s) in making arrangements for you both to continue or resume working together and to help repair working relationships. Refusal by any party to participate in a process designed to restore or improve working relationships may lead to disciplinary action, one or both parties being moved to alternative roles or other management action, as it is essential that effective working is restored to ensure the business of the CCG is not compromised.

4. ROLES AND RESPONSIBILITIES

4.1 CCG Board responsibility

4.1.1 The CCG Board has overall responsibility to ensure that policies, procedures, systems and environments are in place that promote dignity and respect and reduce the risk of bullying, harassment, discrimination and victimisation.

4.2 Director responsibilities

4.2.1 Directors will:

- Ensure that they and all persons reporting to them are aware of, and undertake their responsibilities under, the Dignity and Respect Policy and other related policies, and are adequately trained to enable its successful implementation

- Advise the director with responsibility for Health and Safety where additional support or legal advice is required
- Give prompt and appropriate attention to matters brought to their attention
- Champion and role model respect and fairness during all interactions.

4.3 Line manager responsibilities

4.3.1 Managers, supervisors and team leaders are required to promote dignity and respect by:

- Being clear about standards of behaviour expected of staff
- Ensuring that individuals are fully aware of their own responsibilities to others
- Setting a good example and being a good role model in their own attitude and behaviour
- Treating everyone fairly and respecting and valuing their differences as part of day-to-day working practice
- Creating good working relationships that help to build trust throughout the organisation
- Implementing the principles set out in this policy
- Ensuring there is a supportive working environment
- Intervening at an early stage to stop bullying or harassment, seeking advice from Human Resources
- Investigating thoroughly and appropriately any instances of harassment, discrimination and bullying and resolving them as quickly as possible
- Ensure that if needed staff are provided with support following an incident of bullying, harassment or discrimination. This may include referral to Occupational Health and support for access to counselling.
- Ensure that where incidents of discrimination, harassment, victimisation or bullying occur, that these are promptly reported via an electronic incident form to the risk manager
- Providing regular feedback and encouragement. Feedback is designed to help staff to improve their performance or conduct, and should be given in a constructive way that is not humiliating or threatening
- Understanding the need for employees to balance personal and business needs
- Ensuring staff complete appropriate training related to this policy (for example Dignity and Respect Training, mandatory Equality and Diversity Awareness).

4.3.2 Managers are often best placed to be aware of issues in an employee's personal life which may have the potential to impact on their behaviour at work. Putting in place support systems at an early stage such as referral to Occupational Health, may prevent incidents from escalating. For example, employees with personal problems may display inappropriate behaviour at work that can lead to bullying. Early discussion with an employee who is showing signs of irritability may prevent escalation.

4.4 All staff

4.4.1 All staff must treat each other with respect. Staff must also treat staff from other organisations, patients, members of the public and visitors with respect. There are bound to be occasional differences of opinion, conflicts or problems, these are part of working life. However, when ongoing treatment of another person is unreasonable, offensive, intimidating, humiliating or threatening then this is likely to be classed as workplace bullying or harassment and will not be tolerated.

4.4.2 All staff are required to promote dignity and respect by:

- Treating their colleagues with dignity and respect
- Be aware of how their behaviour may affect others and changing it, if necessary – you can still cause offence even if you are 'only joking'
- Taking a stand if they think inappropriate jokes or comments are being made
- Intervening if possible, to stop harassment or bullying and giving support to recipients
- Reporting any incidents of bullying, harassment or discrimination that they experience or witness and co-operating with CCG investigations into bullying harassment and/ or victimisation
- Making it clear to others when they find their behaviour unacceptable
- Not bringing personal issues into the workplace, for example disputes between colleagues outside of work. Staff are required to work together constructively and professionally, whatever their personal differences
- Not prejudging or victimising someone who makes a complaint of bullying, harassment, or discrimination, or someone who is accused of bullying
- Participating in training or organisational development initiatives identified by their manager

- Adhering to the principles set out in this policy and setting a good example in their own attitudes and behaviour

5. TRAINING

5.1 Managers who are responsible for line-managing staff must attend training to support dignity and respect in the workplace.

5.2 All staff must complete mandatory online Equality and Diversity Awareness training every three years to support successful implementation of this policy.

5.3 Additional mandatory training will be available to all staff to support successful implementation of this policy.

6. EQUALITY ANALYSIS

6.1 This policy has been subject to an equality impact assessment. The process gathered relevant information, including feedback from staff about their experiences of negative behaviour from colleagues and patients, which was used to inform the development and content of this policy.

6.2 The impact assessment found that certain groups are at greater risk of experiencing bullying, harassment or discrimination. This includes staff from Black, Asian and Minority Ethnic (BAME) backgrounds and staff with a disability. Managers will need to be sensitive to diversity issues when implementing this Dignity and Respect Policy.

7. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THE POLICY

7.1 Records concerning the number of incidents reported will be used to monitor elements of this policy. We will also monitor the take-up and effectiveness of training programmes, and key indicators from the annual NHS Staff Survey of CCG employees.

7.2 The West Hampshire Clinical Commissioning Group Datix incident reporting procedure will provide baseline information on the number, nature and location of any incidents of violence, aggression, bullying, harassment or discrimination to assist in the identification of root cause analysis and implementation of control measures.

7.3 The Workforce Race Equality Standards (WRES) require the CCG to monitor the following for White and BAME staff:

- The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public (Staff Survey Key Finding 25), and

- The percentage of staff experiencing harassment, bullying or abuse from staff (Staff Survey Key Finding 26)

7.3 Findings from the annual NHS Staff Survey will also be used to monitor the effectiveness of this policy i.e.

- KF22: % experiencing physical violence from patients, relatives or the public in last 12 months
- KF23: % experiencing physical violence from staff in last 12 months
- KF25: % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- KF26: % experiencing harassment, bullying or abuse from staff in last 12 months

7.4 Action plans in response to Staff Survey results will be developed and monitored through the Learning & Growth group.

8. REVIEW

8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after 12 months and thereafter on a biennial basis.

8.2 Complaint records, take up of training and levels of bullying, harassment, abuse and discrimination indicated by responses to the NHS Staff Survey will be used to review of the success of this policy. Policy review will include reviewing the associated equality impact assessment.

9. CONTACT INFORMATION

Position	Name	Contact number	Email address
Human Resources	Consult HR	0300 123 6220	scwcsuhrsupport@nhs.net
Employee Assistance Programme		0800 783 2808	www.healthassuredeap.com

10. REFERENCES AND LINKS TO OTHER DOCUMENTS

10.1 Research, evidence and references that were used to assist with the development of the policy:

- *Equality Act 2010* Her Majesty's Stationery Office: London

- ACAS (June 2014) *Bullying and harassment at work: A guide for managers and employers*
- ACAS (March 2014) *Bullying and harassment at work: A guide for employees*

10.2 This policy should be read in conjunction with the following CCG policies:

- Conduct, Performance, Grievance and Absence Management Policy
- Whistleblowing Policy
- Domestic Violence & Abuse Policy
- Incident Management Policy & Guidance
- Equality, Diversity and Human Rights Policy
- Social Media Guidelines.

Appendix A DEFINITIONS

Aggression
Aggression is defined as behaviour that is hostile, destructive, and/ or violent.

Assault
There are two legally based definitions of assault for the NHS:

- **Physical assault** is defined as the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort
- **Non-physical assault** is defined as the use of inappropriate words or behaviour causing distress and/ or constituting harassment. This can include the use of actions or words in such a way as to coerce the victim to make them feel uncomfortable, fearful or unsafe.

Bad faith
To raise an allegation in bad faith is to do so dishonestly, maliciously, negligently or with the intention to deceive or mislead.

Bullying
Bullying is not specifically defined in law, but ACAS (2014) gives the following definition:

- Bullying may be characterised as offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.

In line with recent research the CCG is adopting a broader definition which includes a range of behaviours under the banner of ill-treatment, unacceptable and unwanted behaviours. We acknowledge that poor workplace climates can underpin and perpetuate ill-treatment and bullying.

Examples of ill-treatment and bullying can include:

- Spreading malicious rumours, or insulting someone by word or behaviour (for instance, copying memos that are critical about someone to others who do not need to know, ridiculing or demeaning someone – picking on them or setting them up to fail)
- Shouting at people
- Ignoring or excluding people
- Unpredictable behaviour
- Criticism and/ or personal insults
- Overbearing supervision or other misuse of power or position
- Setting impossible targets
- Making inconsistent demands

- Undermining confidence by threatening job security
- Removing areas of responsibility
- Intentionally blocking training and/ or promotion opportunities
- Misuse of social media, email or mobile phones to send aggressive messages and threats (cyberbullying)

Cyberbullying
Bullying which is not carried out face-to-face for example through an internet service such as email, social networking sites, chat rooms, discussion forums or instant messaging. It can also include bullying through mobile phone technologies such as text messages.

Dignity
Every worker has the right to be treated with dignity, which is with fairness and respect.

Discrimination
Discrimination is defined in the Equality Act 2010. Direct discrimination is where someone is treated less favourably because of a protected characteristic such as sex, marital status, sexual orientation, race, pregnancy, religion, belief, gender reassignment, age or disability, or because they are perceived to have that characteristic or because they associate with someone who has that characteristic.

Indirect discrimination occurs where the effect of certain requirements, conditions or practices has an adverse impact disproportionately on one group or other. Indirect discrimination generally occurs when a rule or condition, which applied equally to everyone, can be met by a considerably smaller proportion of people from a particular group. The rule is to their disadvantage, and cannot be justified on other grounds.

Facilitation
Facilitation is a process of working together with a neutral person who helps the people involved to have a constructive discussion about an issue without taking any side of the argument. The facilitator seeks to help the people involved to communicate effectively about the issue(s), to make progress and reach agreement on a way forward. The facilitator may be an independent person from within the CCG or from an external organisation – they would not have a close relationship with any of the parties directly involved in the issue.

Harassment
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.

Harassment can occur on the grounds of one or more of the following protected characteristics defined in the Equality Act: age, disability, gender, race, religion or belief, sexual orientation and transgender.

In addition the Equality Act 2010 prohibits harassment based on association with someone with a protected characteristic and perception that someone has a protected characteristic.

The key to distinguishing between what does and does not constitute harassment is that harassment is behaviour that is unwanted by the person to whom it is directed. It is the impact of the conduct and not the intent of the perpetrator that is the determinant. Harassment can be raised by a third party who may have witnessed an incident.

Harassment may be an isolated occurrence or repetitive, and it may occur against one or more individuals. Harassment may be, but is not limited to:

- Physical contact: ranging from touching (including of a sexual nature, related to gender re-assignment or sex) to serious assault, gestures, intimidation, aggressive behaviour
- Verbal: unwelcome remarks, suggestions and propositions, innuendo, malicious gossip, jokes and banter, offensive language. This may be based on prejudice or stereotypes
- Non-verbal: offensive literature or pictures, graffiti and computer imagery, obscene gestures, isolation or non-co-operation and exclusion or isolation from social activities.

Indirect harassment is also defined in law. It is where the harassment is not directed to the person concerned, but in their hearing. The legislation also refers to less favourable treatment because an individual has rejected or submitted to the defined conduct.

First-time conduct which unintentionally causes offence is unlikely to be harassment, but is likely to become harassment if the conduct continues after the recipient has made it clear, by words or conduct, that such behaviour is unacceptable to him or her.

Hate crime

In most crimes it is something the victim has in their possession or control that motivates the offender to commit the crime. With hate crime it is ‘who’ the victim is, or ‘what’ the victim appears to be that motivates the offender to commit the crime.

A hate crime is defined as 'Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; disability or perceived disability and any crime motivated by hostility or prejudice against a person who is transgender or perceived to be transgender.'

A hate incident is any incident which the victim, or anyone else, thinks is based on someone’s prejudice towards them because of their race, religion, sexual orientation, disability or because they are transgender.

Not all hate incidents will amount to criminal offences, but it is equally important that these are reported and recorded by the police.

Evidence of the hate element is not a requirement. You do not need to personally perceive the incident to be hate related. It would be enough if another person, a witness or even a police officer thought that the incident was hate related.

Intimidation
To intimidate someone is to behave in a way which makes them fearful or timid, usually to influence them to do something or to stop them from doing something by use of fear or threats.

Mediation
Where an independent person works with two or more people who are involved in a dispute to try and resolve the disagreement and come to an agreed outcome. Mediation may first involve the mediator speaking to the people involved separately and then bringing them together to discuss the issue face-to-face. Mediation is different from facilitation in that the objective of mediation is to help the parties deal with a particular conflict that they have been unable to resolve. The objective of facilitation is to provide a structure and process to enable parties to solve their problems themselves.

No-blame culture
A no-blame culture is not a no-responsibility culture. Where an employee behaves inappropriately or does not fulfil the requirements of their employment, there will be appropriate consequences designed to effect improvement. A fair-blame culture will ensure that natural justice is followed, employees are given support to improve and that the CCG follows fair processes for dealing with issues.

Psychological abuse
Bullying can also take the form of mental or psychological abuse and may be subtle and hidden, for example exclusion, silent treatment or withdrawal.

Respect
This is to treat someone with consideration, politeness and courtesy. There can often be cultural differences in how respect is shown, for example, in body language, eye contact and ways of speaking; therefore staff should be sensitive to cultural differences.

Risk assessment
Risk assessment is process of identifying what hazards exist in the workplace and how likely it is that they will cause harm to employees and others. It is the first step in deciding what prevention or control measures need to be taken to protect staff from harm.

Role model
For the purposes of this policy, where the CCG sets out an expectation that someone will set a good example and act as a role model, this means that they will act in accordance with the principles of this policy and will demonstrate the standards of behaviour set out in this document.

Sexual harassment
Employees are protected against sexual harassment, which is unwanted conduct that is of a sexual nature and/ or relates to the protected characteristics of sex and/or gender reassignment. Examples may be either verbal or physical, and may include staring or leering, or a display of explicit material.

It would have the purpose or effect of violating the employee's dignity, or creating an environment for the employee which is intimidating, hostile, degrading, humiliating or offensive. It also applies where an employee is treated 'less favourably' because they have rejected sexual harassment or been the victim of it.

Staff
The word 'staff' in this policy is used to cover anyone providing work or services for the CCG, whether they are an employee on a permanent contract, a bank worker, a volunteer or on a fixed term contract.

Taking a stand
Taking a stand against inappropriate behaviour is an important responsibility shared by all staff. It means politely challenging inappropriate behaviour, explaining that the behaviour is unacceptable and asking the individual to stop. It does not mean being aggressive or confrontational.

Victimisation
Victimisation occurs when an employee is treated badly because they have made or supported a complaint or because they are suspected of doing so. Under the law an employee is not protected if they have maliciously made or supported an untrue complaint, as this would not meet the definition of victimisation.

Violence
Violence is defined as the application of force, serious abuse or severe threat, which is judged likely to turn into actual violence.

The Health and Safety Executive (HSE) defines violence at work as any incident in which an employee is abused, threatened or assaulted in circumstances relating to their work.

Appendix B EQUALITY IMPACT ASSESSMENT

West Hampshire Clinical Commissioning Group

Equality impact assessment

Title of policy, project or proposal:
Review of the West Hampshire CCG Dignity and Respect Policy (HR/037/V3.02)

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

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

The Clinical Commissioning Group (CCG) Dignity and Respect Policy was first drafted and approved in early 2017.

The Dignity and Respect Policy sets out expected standards of staff behaviour towards one another and others, including patients, visitors and staff from other organisations. The policy focuses on preventing and responding to incidents of bullying, harassment, discrimination and victimisation.

West Hampshire CCG is committed to fairness and inclusion for all (in line with the aims of the Equality Act 2010), and to providing a working environment where every member of staff feels safe and respected.

The intended outcomes of this policy are:

- A positive organisational culture and inclusive working environment where everyone is treated with dignity and respect
- That all staff understand the CCGs expectations around staff behaviour and know what is acceptable during interactions with colleagues, patients, visitors and staff from other organisations
- That employees understand their role in promoting dignity and respect
- That incidents of bullying, harassment, discrimination and victimisation are taken seriously and dealt with promptly and with due sensitivity
- That managers and employees know how to raise, address and resolve concerns about the behaviour of individual staff or groups of staff, in line with this and other relevant CCG policies.

Evidence

Who will be affected by the policy, project or proposal?

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

The policy applies to all CCG staff - placing a responsibility on each and every employee to behave respectfully during interactions.

The policy sets out specific tasks for managers in relation to how they respond to incidents and support staff.

Evidence from the NHS Staff Survey
The responses of CCG employees to the NHS Staff Survey give an indication of their experience of harassment, bullying or abuse.

Staff survey indicator	2014 Staff Survey	2015 Staff Survey	2016 Staff Survey	2017 Staff Survey
% staff experiencing **harassment, bullying or abuse from staff** in last 12 months	28%	25% (National CCG average 15%)	22% (18%)	17% (20%)
% staff experiencing **physical violence from staff** in last 12 months	1%	0% (0%)	0% (0%)	0% (0%)
% staff experiencing **discrimination at work** in last 12 months	-	5% (4%)	8% (6%)	6% (8%)
% staff/ colleagues **reporting** most recent experience of **harassment, bullying or abuse**	-	47% -	42% (42%)	54% (40%)

Full survey results for the CCG in 2017 are available here.

For the workforce overall the survey results suggest that:

- Staff experience of harassment, bullying or abuse from other staff is falling year on year, although it remains an issue
- That an increasing proportion of staff who have experienced bullying are reporting it
- Levels of discrimination remain relatively similar year on year.

The percentage of staff in different directorates experiencing harassment, bullying or abuse from staff in last 12 months

Directorate	2016 Staff Survey	2017 Staff Survey
Commissioning	32%	16%
Executive	30%	8%
Continuing Health Care (CHC)	24%	35%
Other	22%	14%
Strategy and Service Development	21%	8%
Quality and Nursing	20%	24%
Finance and Governance	13%	11%
Medicines Management	0%	4%
South West	-	7%
Finance	-	8%

Note: Results for some directorates may not be comparable year on year due to organisational structure changes

For most Directorates the survey results suggest that staff experience of harassment, bullying or abuse from other staff has fallen since 2016, except for Continuing Health Care.

Staff engagement has found that for CHC staff, the abuse they experience is mainly from professionals from other organisations, rather than from colleagues within the team. For other staff groups we do not currently know the proportion of negative behaviour from staff external to CCG compared to that from colleagues within CCG.

Percentage of staff in different occupational groups experiencing harassment, bullying or abuse from staff in last 12 months

- Adult/ General Nurses = 29% (35% in 2016)
- Other Scientific and Technical = 4%
- Admin and Clerical = 32% (Not reported in 2016)
- Central Functions/ Corporate Services = 16% (18% in 2016)
- Commissioning Staff = 12% (23% in 2016).

Again the survey results suggest that staff experience of harassment, bullying or abuse is reducing. The higher levels for nurses, admin and clerical roles reflects that more of these roles are within the Continuing Health Care Team.

The percentage of staff in different directorates who experienced discrimination in the last 12 months

Directorate	2016 Staff Survey	2017 Staff Survey
Commissioning Directorates	8%	8%
Executive and Chief Officer	10%	0%
Finance and Governance	7%	11%
Quality and Nursing	7%	6%
Strategy and Service Development	8%	4%
CHC	16%	8%
Medicines Management	0%	0%
Other	6%	0%
South West	-	13%
Finance	-	15%

Note: Results for some directorates are not comparable year on year due to organisational structure changes

Comparison between 2016 and 2017 survey results seems unreliable. Finance and South West Directorates have higher experience of discrimination in the last 12 months (based on the 2017 survey).

Percentage of staff in different occupational groups who experienced discrimination in the last 12 months (2017 Staff Survey results):

- Adult/ General Nurses = 14% (0% in 2016)
- Other Scientific and Technical = 0% (0% in 2016)
- Admin and Clerical = 8% (Not reported in 2016)
- Central Functions/ Corporate Services = 5% (18% in 2016)
- Commissioning Staff = 6% (5% in 2016).

Findings from the research about effective ways to tackle workplace bullying that were considered when developing this policy

Evesson J, Oxenbridge S and Taylor D (2015) *Seeking better solutions: Tackling bullying and ill-treatment in Britain's workplaces*

The authors completed a review of the evidence and concluded that the most successful way to address unwanted behaviours in the workplace is to ensure that there is a culture of trust in the organisation. This is where people, both bullying targets and witnesses, can be open and confident about reporting problems, and where individual and collective concerns about bullying are identified and addressed as early and quickly as possible, through supportive and fair processes.

To achieve this, Evesson recommends a package of strategic interventions:

- Bullying and ill-treatment should be viewed as an organisational problem requiring an organisational response, rather than being seen as ad hoc conflicts between individuals
- An organisation-wide commitment is required to align behaviours with values centred on respect and wellbeing
- Behavioural standards should be developed in collaboration with employees, and role-modelled by senior managers
- Agreed behavioural standards should be regularly promoted, reviewed and updated
- Practical measures for the early identification of bullying behaviours are critical (for example, collating information from informal and formal complaints, diagnostic surveys, and confidential 'consequence free' exit interviews can help identify patterns and enable targeted action on contributory factors)
- People should feel empowered to talk more openly with each other about the line between acceptable and unacceptable behaviour, and feel able to 'challenge' unwanted behaviours that they receive or witness. Informal terminology, such as 'yellow card/ red card behaviour' (analogous to football), can make it easier for employees and managers to flag potential bullying in its earliest stages
- Well-resourced and informed support structures should be in place to provide assistance to those experiencing bullying, and to managers responding to bullying
- Informal resolution should be encouraged wherever appropriate
- Formal procedures still need to be in place for situations where early resolution doesn't work. These need to be clear, accessible and inclusive, and their use not discouraged by restrictive definitions of when they are appropriate
- Managers at all levels must have strong people management skills and emotional intelligence. This may require training to give managers the confidence and skills to recognise the causes and signs of ill-treatment, to engage effectively in early, informal and formal resolution, and to sensitively manage change. These capabilities should be incorporated within managerial recruitment and performance processes

- Managers should be aware of how easily management action can cross over into, or be perceived as, bullying. It should be ensured that performance management and sickness absence policies and practices are consistent, clear and fairly applied.

Evesson and colleagues were critical of an over-reliance, in isolation, on policies, procedures and training and concluded that:

'While policies and training are doubtless essential components of effective strategies for addressing bullying in the workplace, there are significant obstacles to resolution at every stage of the process that such policies typically provide. It is perhaps not surprising, then, that research has generated no evidence that, in isolation, this approach can work to reduce the overall incidence of bullying in Britain's workplaces'.

Financial impact of workplace bullying

Evesson et al outline a spectrum of direct and indirect economic costs stemming from bullying and harassment. These include impacts on those directly targeted for bullying but also include bystanders and witnesses of bullying, as direct/ indirect organisational costs. Central to these are costs of sickness absence, employee turnover, reduced productivity, including sickness presenteeism and diminished organisational performance caused by weakened morale and commitment, lower efficiency of replacement employees, occupational health, employee assistance costs such as counselling/ rehabilitation, litigation and financial settlements and organizational resources and management time lost to carrying out investigations, grievance and disciplinary procedures.

Kline R and Lewis D (2018) *The price of fear: estimating the financial cost of bullying and harassment to the NHS in England*

Kline and Lewis have estimated the financial cost of bullying and harassment to the NHS in England

Table 1. Component costs of bullying and harassment to NHS England.

Item	*Cost per annum*
Cost of sickness absenteeism	£483.6 million
Cost of sickness absence to employer	£302.2 million
Impact and costs of bullying to employee turnover	£231.9 million
Impact of bullying upon productivity	£575.7 million
Impact of sickness presenteeism	£604.4 million
Industrial relations, compensation and litigation costs	£83.5 million
Total costs	£2.281 billion

Use of mediation

In terms of responding to complaints of bullying, the organisation Workplaces Against Violence In Employment have published an article by Hadyn Olsen (2012) that argues that whilst mediation is an appropriate tool for many disputes, it should not be used for cases of workplace bullying. This is because:

- Targets of workplace bullying consistently feel mediation is not fair or favourable to them
- In almost every case the target is further abused and damaged by the process of mediation
- Many of them become ill prior to the process and are traumatised within the process as well
- In many cases the workplace bullies use the mediation process to simply polish their act.

Instead of mediation, the organisation needs to follow an investigation process so that allegations of workplace bullying can be investigated – if the allegation is against a senior manager, an external investigation resource is better. Even when internal resources are fair, objective and seen as qualified, the target will most likely feel that the organisation cannot investigate and reach objective conclusions against one of their own fairly. If the allegation is found to have substance, the perpetrator should be given directives to change or leave. This process should then be managed as with any other kind of hazard. Workplace bullying should be treated as serious misconduct. It is serious misconduct if it seriously harms individuals.

Evesson (2015) on the other hand, suggest that in some circumstances, mediation can help in finding agreement on acceptable future behaviours.

Many NHS Bullying and Harassment policies include mediation as an approach to tackling bullying.

Good practice on addressing bullying within the NHS

1. An example of good practice cited by ACAS (page 14), is the work by Dr Makani Purva at Hull and East Yorkshire Hospitals NHS Trust. She acts as Anti-Bullying Tsar at the Trust with all concerns coming to her. She has also delivered training to more than 4,000 staff. Her key reflections:
   - That staff facing bullying issues appreciate their voices being heard and their concerns acknowledged. In many cases, this is perhaps the most important step towards finding solutions
   - Most bullying behaviours appear to manifest initially as small acts of unprofessionalism which left unchecked over time, transform into fully fledged bullying behaviours. Hence, tackling concerns early is a key preventative measure.
2. Work by NHS England as part of the implementation of the NHS Workforce Race Equality Standard identifies that Trusts that have sought to address bullying with some success are those that have agreed at board level that:
   - The levels of bullying are such that they constitute a significant risk and must be tackled
   - Bullying of staff is linked to the wider narrative regarding the impact on organisational effectiveness
   - There are links between the bullying of staff, and the care and safety of all patients
   - Sustained and meaningful staff engagement is important
   - Board members should model the behaviours they expect of others and hold themselves to account
   - There should not be reliance upon individual members of staff raising concerns, but instead, there should be an endeavour to improve the organisational climate
   - Better trusts have then linked staff and manager training (starting at board level) to an approach that seeks to be proactive analysing staff survey data alongside other data (such as turnover, exit interviews and informal intelligence) to identify areas of good and bad practice. They have found that “early intervention” is crucial and to act quickly.

Impact of bullying

NHS England highlights a range of impacts:

- For staff, bullying impacts adversely on both physical and mental health, is a cause of turnover and absenteeism and lowers morale
- For organisations there is a cost in absenteeism, turnover and a heightened risk due to the impact on patient care and safety.

They go on to cite research that has found a strong negative correlation between whether, in the NHS staff survey, staff reported harassment, bullying or abuse from other staff and whether patients reported being treated with dignity and respect. Also, higher levels of bullying of staff lead to poorer patient care, more clinical errors, adverse events and compromised safety.

What policies to address bullying should cover

NHS Employers recommend that NHS organisations’ policies on bullying and harassment should include:

- Statement of commitment from senior management to tackle bullying and harassment in the workplace
- Clear definitions of the terms accompanied by examples of unacceptable behaviour
- A statement that bullying and harassment will not be tolerated and that such behaviour could result in disciplinary action
- Details of the formal and informal complaints procedures, including relevant timescales for action
- Statement that complaints will be handled with confidentiality and that the complainant will be protected from victimisation
- Sources of support and guidance
- Legal implications
- Responsibilities of supervisors and managers
- Responsibilities of personnel/ HR department
- Training for managers and staff
- Details of prevention measures taken by the organisation
- Details of how the policy is to be implemented, reviewed and monitored.

Other measures undertaken to support policy aims
Linked to implementation of the Dignity and Respect Policy, we developed Dignity and Respect Training. This was delivered as part of the 'Awareness Wednesday' sessions at both the Eastleigh and Fareham office bases. Attendance by staff was not mandatory. A total of 24 staff undertook this training (11.5% of the workforce), where the target was 40%.

Following review of the policy in January 2018 the CCG Chief Officer asked that abuse and violence against staff by patients, relatives and members of the public be taken out of the Dignity and Respect Policy, and be covered instead by a standalone Zero Tolerance Policy. At this review it was decided that all staff should attend Dignity and Respect Training.

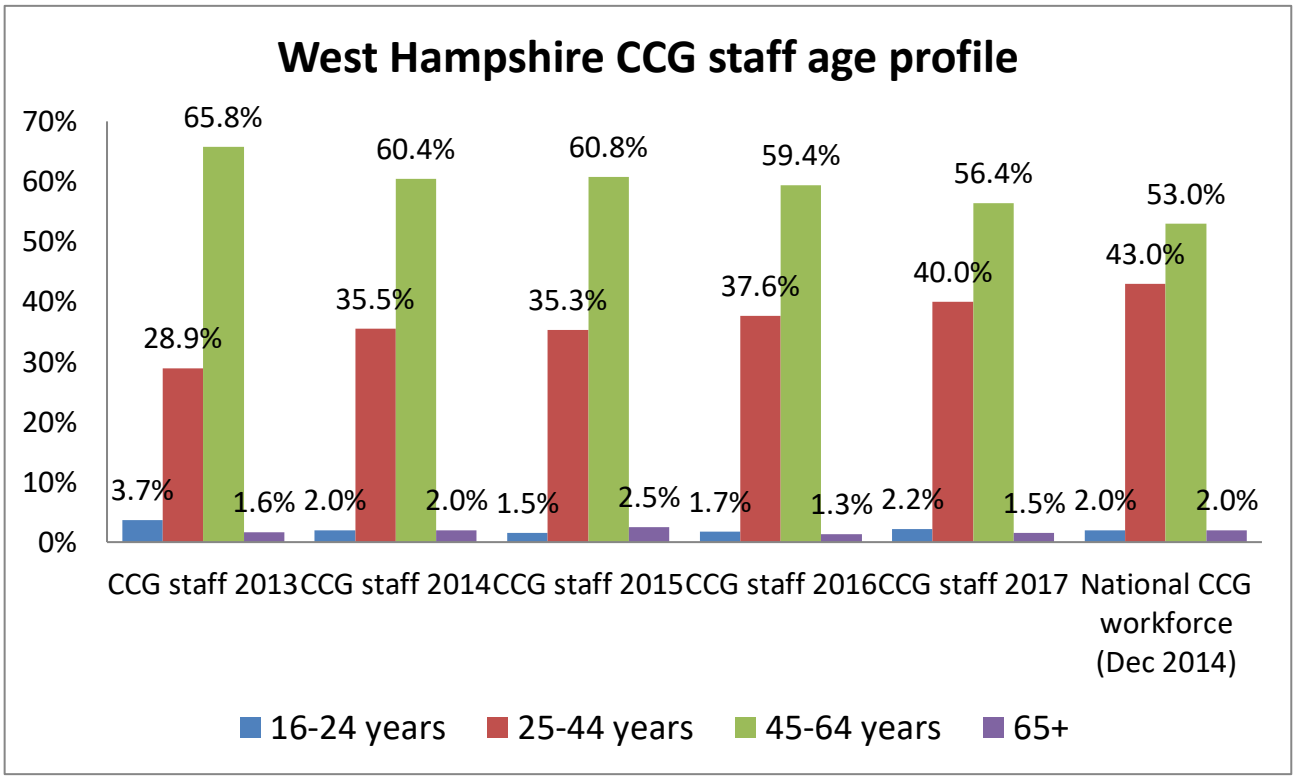
A proposal for improved 'Working with Difference' training and 'Courageous Conversations' training was approved in September 2018 to further enhance work in this area.

We also developed a behaviour framework linked to the CCG values, which was embedded into the staff appraisal and one-to-one framework.

Age

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

Evidence about the age profile of West Hampshire CCG workforce



Note: Snapshot date in 2013 was 31 October. From 2014 onwards, the snapshot date has been 31 December each year.

The staff age profile tells us that:

- Over the last 12 months the proportion of staff aged 45-64 years has again fallen slightly, continuing the downward trend for this age group since 2013
- However, the CCG workforce remains older than average with the greatest proportion of staff in the 45 to 64 year old age group (56.4% or 155 individuals). This is a slightly larger proportion when compared to the national CCG workforce where 53% of staff are aged 45 to 64
- West Hampshire CCG has a smaller proportion of staff in the 25 to 44 age group at 40% (110 individuals)
- Since 2013 the proportion of younger staff has increased year on year so that by December 2017 the percentage of staff aged 25 to 44 years is close to that of the CCG workforce across England
- The increasing proportion of younger staff will help the CCG with succession planning as older employees approach retirement (6.2% of staff are aged 61 to 65 years)
- The CCG has very small numbers of staff in both the under 24 and over 65 year old age groups. This is similar to the national CCG workforce profile.

Evidence from the NHS Staff Survey findings for West Hampshire CCG

Staff survey indicator	Age 16-30		Age 31-40		Age 41-50		Age 51+	
	2016	2017	2016	2017	2016	2017	2016	2017
% staff experiencing harassment, bullying or abuse from staff in last 12 months	-	15%	19%	8%	18%	17%	27%	23%
% experiencing discrimination at work in last 12 months	-	10%	0%	8%	7%	4%	11%	5%

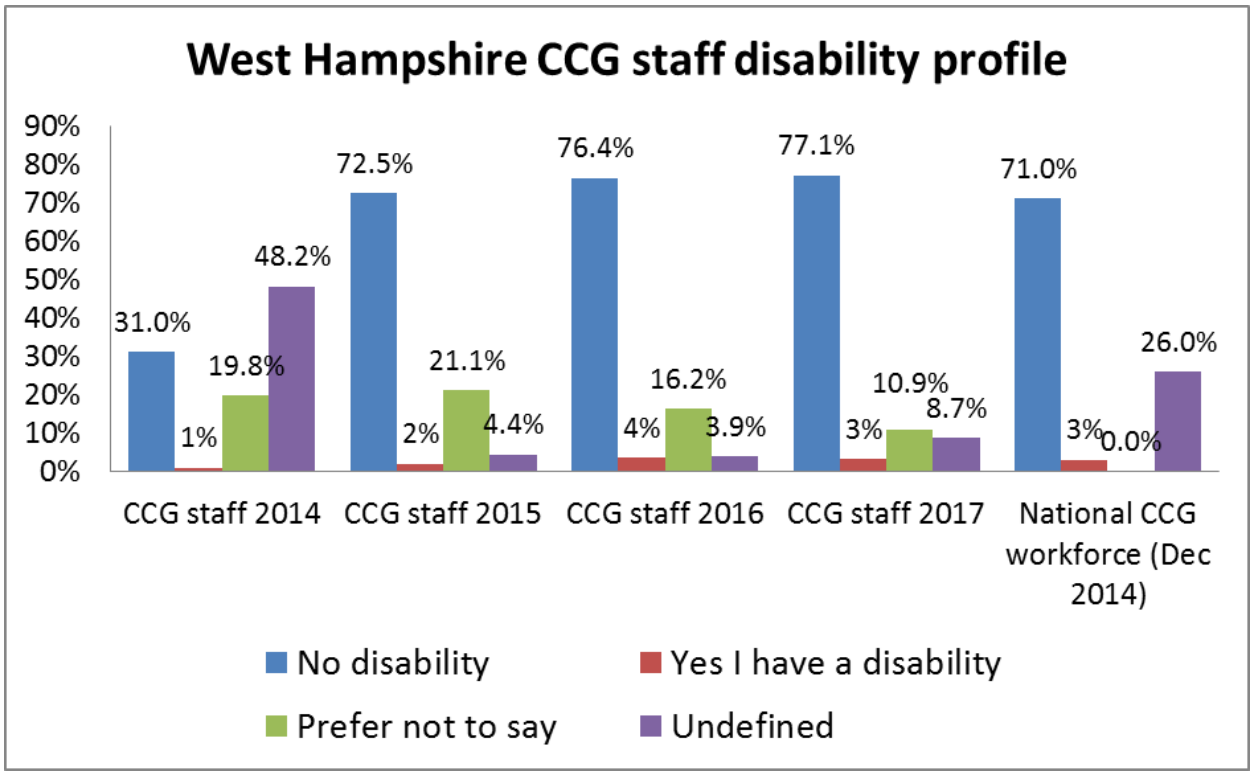
Staff Survey responses suggest that older employees are more likely to experience harassment, bullying or abuse from other staff. However, this pattern could simply reflect that we have more staff in the older age groups within the CCG workforce.

Younger employees in the 16-30 years age group seem to be slightly more likely to experience discrimination.

Disability

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

Evidence about the disability profile of West Hampshire CCG workforce



Note: Data not available in 2013. Snapshot date is the 31 December each year.

The staff disability profile tells us that:

- Our efforts to improve the quality of information we hold about levels of staff disability have reduced the proportion of undefined records from 48.2% in 2014 to 8.7% in 2017 (against 2013 baseline of 100% undefined)
- NHS England combines data for 'Prefer not to say' and 'Undefined' records. If we do the same, then CCG data quality for disability is 19.6%, which is better than that seen nationally at 26%
- 10.9% of employees still prefer not to tell us whether they have a disability or not. Although this has improved each year since 2014, we need to take further action to reduce this.
- The proportion of CCG employees who are not disabled compared to those who are, is similar to the CCG workforce across England

- For comparison, the 2011 Census found that across west Hampshire:
  - 84% of people said they do not have a disability
  - 9.5% of people's day-to-day activities are limited a little by a disability
  - 7% of people's day-to-day activities are limited a lot by a disability or long-term health condition.

Key findings from NHS Staff Survey for West Hampshire CCG

Staff survey indicator	Disabled			Not disabled		
	2015	2016	2017	2015	2016	2017
% staff experiencing harassment, bullying or abuse from staff in last 12 months	40%	28%	34%	21%	21%	14%
% experiencing discrimination at work in last 12 months	10%	16%	10%	4%	6%	5%

The staff survey results suggest that CCG employees with a disability are more likely to experience harassment, bullying, abuse or discrimination.

A 2015 report from the universities of Middlesex and Bedfordshire found that 17% of NHS staff described themselves as disabled. But disabled staff were 12 percentage points more likely to say they felt bullied by their manager, 11 points more likely to say they felt pressured to work when unwell, and 8 points less likely to say their organisation acted fairly with regards to career progression. In addition, 14% of staff said their employer did not make reasonable adjustments to accommodate their disability.

There is a mismatch between the data about levels of disability in the CCG workforce held in the Electronic Staff Record (ESR) where 3% of CCG employees declared they have a disability in 2017, compared to the Staff Survey results in 2017 where 16% of respondents stated they had a disability. This difference reflects the picture elsewhere in the NHS.

Research by Ryan et al (2015) identifies the most likely reasons for the disparity between reported levels of disability as:

- Differences in definition of disability used in the two data sets
- Differing conditions for self-disclosure (NHS Staff Survey is anonymous)
- Time of disclosure (ESR reports disability at the time of staff appointment, and is not reliably updated)

Dementia

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

We are currently not aware of any employee having symptoms or a diagnosis of dementia.

Gender reassignment (including transgender)

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

No employee has informed the CCG that they are transgender. No one has transitioned whilst working for the CCG.

People who transition are known to experience significant abuse, harassment, discrimination and hate crime – for example:

- Almost one in 10 (nine per cent) health and social care staff are aware of colleagues experiencing discrimination or poor treatment because they are trans
- 38 per cent of trans people have experienced physical intimidation and threats and 81 per cent have experienced silent harassment (e.g. being stared at/whispered about)
  (Trans Mental Health Study 2012)
- Over 10 per cent of trans people experienced being verbally abused and six per cent were physically assaulted at work. As a consequence of harassment and bullying, a quarter of trans people will feel obliged to change their jobs
  (Engendered Penalties 2007).

Marriage and civil partnership

Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) the impact on people who are married or in a civil partnership (for example, working arrangements, part-time working, infant caring responsibilities).

The relationship status of staff is thought to be low relevance to this policy, although evidence suggests there may be a higher risk of harassment, bullying or discrimination for employees in a civil partnership, but this would be on the grounds of their sexual orientation rather than their relationship status.

2017 Staff Survey results

Percentage experiencing discrimination at work in last 12 months:

- Full-time = 7%
- Part-time = 3%

Percentage experiencing harassment, bullying or abuse from staff in last 12 months:

- Full-time = 20%
- Part-time = 8%

Pregnancy and maternity

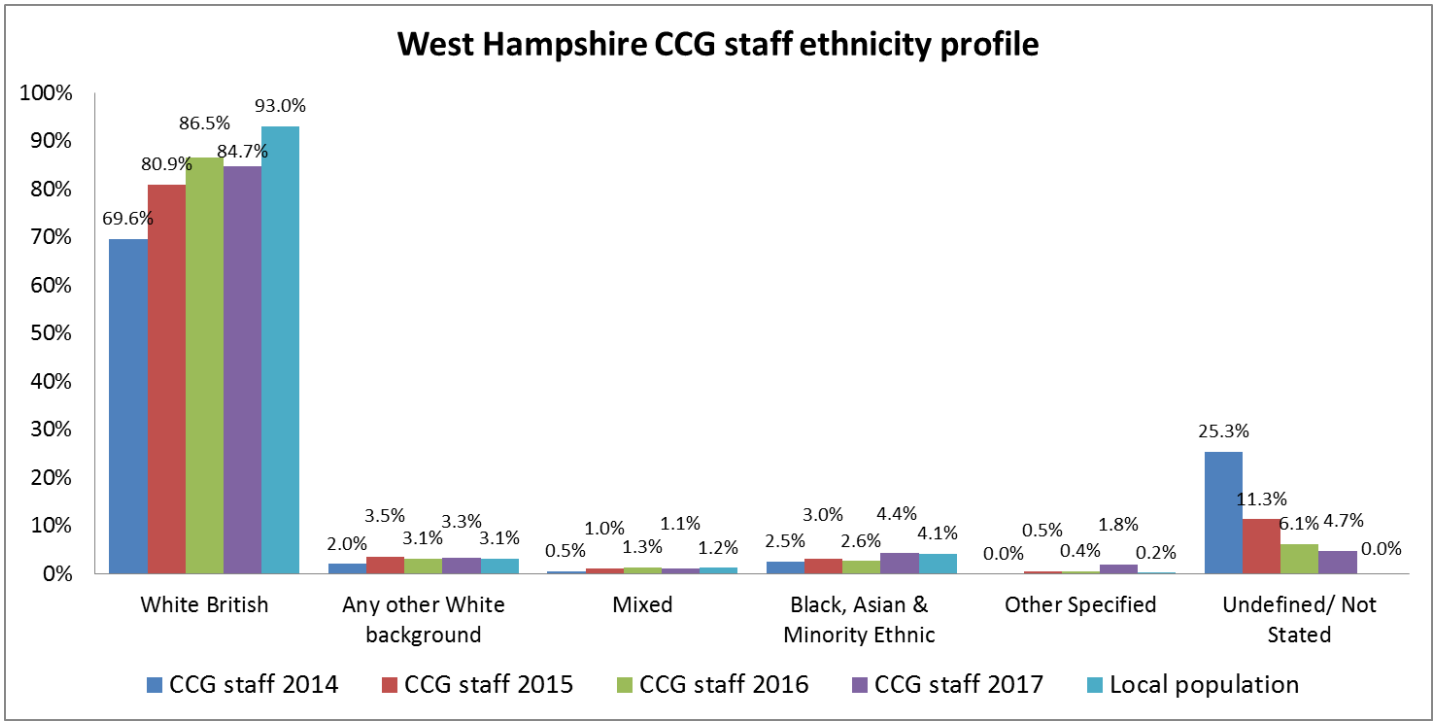
Consider and detail (including the source of any evidence) the impact on women during pregnancy and for up to 26 weeks after giving birth, including as a result of breastfeeding.

We do not have any data about bullying, harassment, abuse or discrimination in relation to employees who are pregnant or recently given birth.

Race

Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. Given the demography of west Hampshire this will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. Impact may relate to language barriers, different cultural practices and individual's experience of health systems in other countries.

Evidence about the ethnic profile of West Hampshire CCG workforce



Note: No data available in 2013. Snapshot date is the 31 December each year. Local population data is from ONS 2011 Census.

The staff ethnic background profile tells us that:

- Comparing the 2017 staff ethnicity data with that for 2014 and 2015 is problematic because of the relatively high proportion of 'Undefined/ not stated' records in these years
- Our efforts to improve data quality have reduced the proportion of undefined records for ethnicity from 66% in 2013 to 4.7% in December 2017. This improvement has been supported by the introduction of mandatory reporting against the NHS Workforce Race Equality Standard (WRES)[1]
- In December 2017 the proportion of staff from 'Mixed' ethnic backgrounds, 'Black, Asian and Minority Ethnic' (BAME) and 'Other ethnicities' reflected the local population for the first time
- Within the BAME group, employees have backgrounds from Asian and Asian British 1.8%, Black or Black British Caribbean 0.4%, and Black or Black British African 2.2%. Previously these groups were under-represented in the workforce
- BAME employees remain under-represented in more senior roles.

NHS staff survey results for West Hampshire CCG

The survey provider does not breakdown the results by ethnic background, other than for the WRES related key findings. Unfortunately because the number of Black, Asian and Minority Ethnic (BAME) staff at the CCG is relatively low, each year there have been less than 11 BAME survey respondents. Where this is the case, it means the survey provider cannot release the data. Information we do have is below:

		2015	2016	2017	Average for CCGs in 2017
% experiencing harassment, bullying or abuse from staff in last 12 months	**White**	25%	22%	17%	9%
	BAME	Withheld	Withheld	Withheld	Withheld
% believing organisation provides equal opportunities for career progression or promotion	**White**	84%	86%	90%	87%
	BAME	Withheld	Withheld	Withheld	60%
In last 12 months have you personally experienced discrimination at work from manager/ team leader/ other colleague?	**White**	6%	7%	5%	5%
	BAME	Withheld	Withheld	Withheld	15%

The national average for all CCG respondents gives an indication of the possible different experience of White and BAME employees. This data suggests that CCG employees from BAME backgrounds may be more likely to experience harassment, bullying or abuse from either patients or staff (if their experience reflects the national picture). Also BAME staff may be more likely to experience discrimination from managers/ colleagues if the position in West Hampshire CCG is similar to that seen nationally across all CCGs.

As we do not have direct evidence using the survey, in June 2017 we organised a focus group/ individual interviews for BAME employees. The aim was to gather their experiences and views. This work found that no participants had experienced overt discrimination from either patients or colleagues whilst working at the CCG.

More statistically reliable data is available from NHS England's work linked to the implementation of the NHS Workforce Race Equality Standard (this is because they have collated staff survey data from all NHS Trusts nationally). This work identifies that:

- Levels of reported bullying by staff and managers in the NHS staff survey have consistently been, on average, higher for BME staff
- Whilst the levels of reported bullying for BME staff by patients, relatives and the public have consistently been similar to that for White staff.

The Freedom to Speak Up Review by Sir Robert Francis (2015) noted the impact of the disproportionate bullying of BME staff that had raised concerns. This may mean BME staff may be particularly cautious about raising concerns openly because of the fear of consequences.

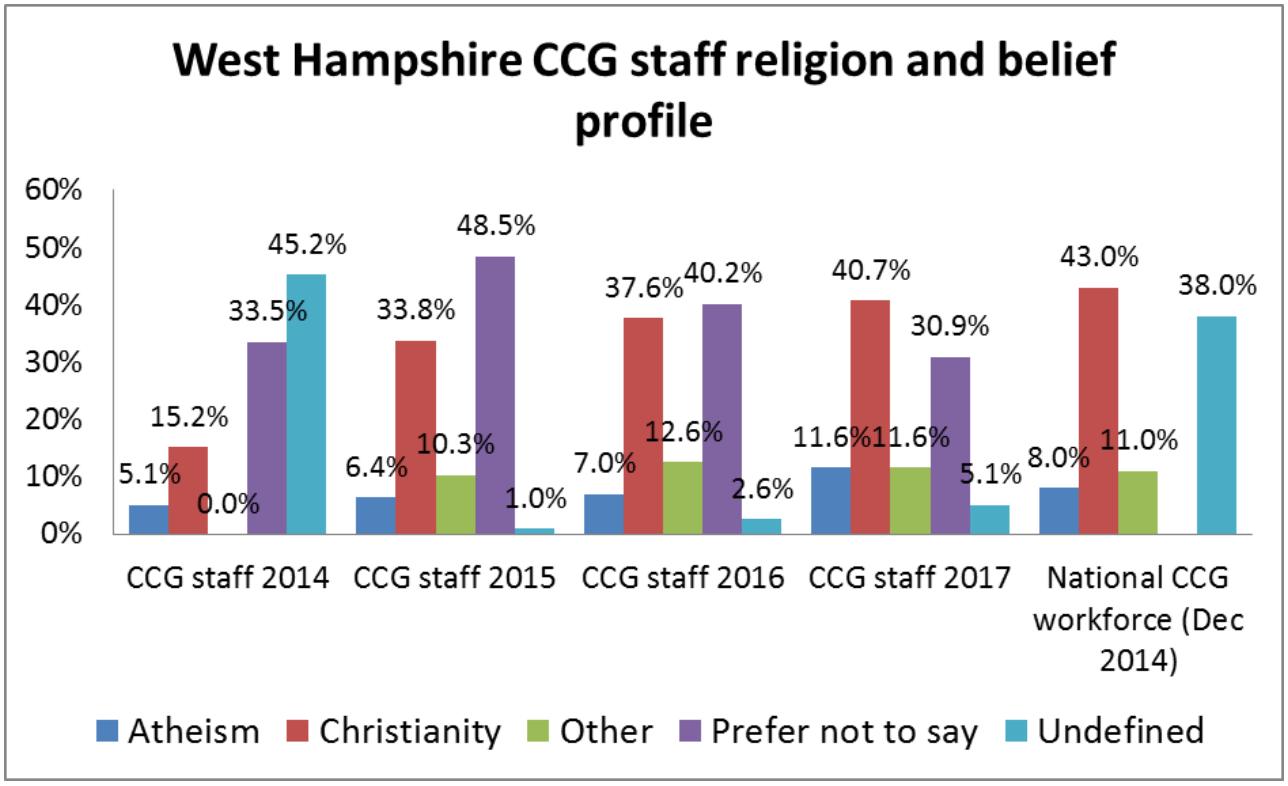
Francis wrote that there was 'a perception that BME staff are more likely to be referred to professional regulators if they raise concerns, more likely to receive harsher sanctions and more likely to experience disproportionate detriment in response to speaking up'.

[1] NHS England NHS Workforce Race Equality Standard

Religion or belief

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

West Hampshire CCG staff religion or belief profile



The staff religion or belief profile tells us that:

- Year on year the quality of information we hold about the religion or belief of employees has improved. However a high proportion of staff (30.9% or 85 individuals) still choose not to tell us their religion or belief
- Across the national CCG workforce, undisclosed records amount to 38% (prefer not to say and undefined combined). The CCGs data position is similar at 36% undisclosed. This limits the usefulness of our workforce data about religious belief
- Amongst CCG employees the 'Other' religious belief can be broken down a little further:
    - Buddhism 0.4% of staff
    - Hinduism 0.7%
    - Other 10.5%

For comparison the 2011 Census data for west Hampshire shows that

- Christianity is the largest religion in this area at 61.4%
- Islam is the next biggest at 0.5%
- Followed by Hindu 0.4% and Other 0.4%
- 26.6% of the local population said they had no religion.

NHS Staff Survey

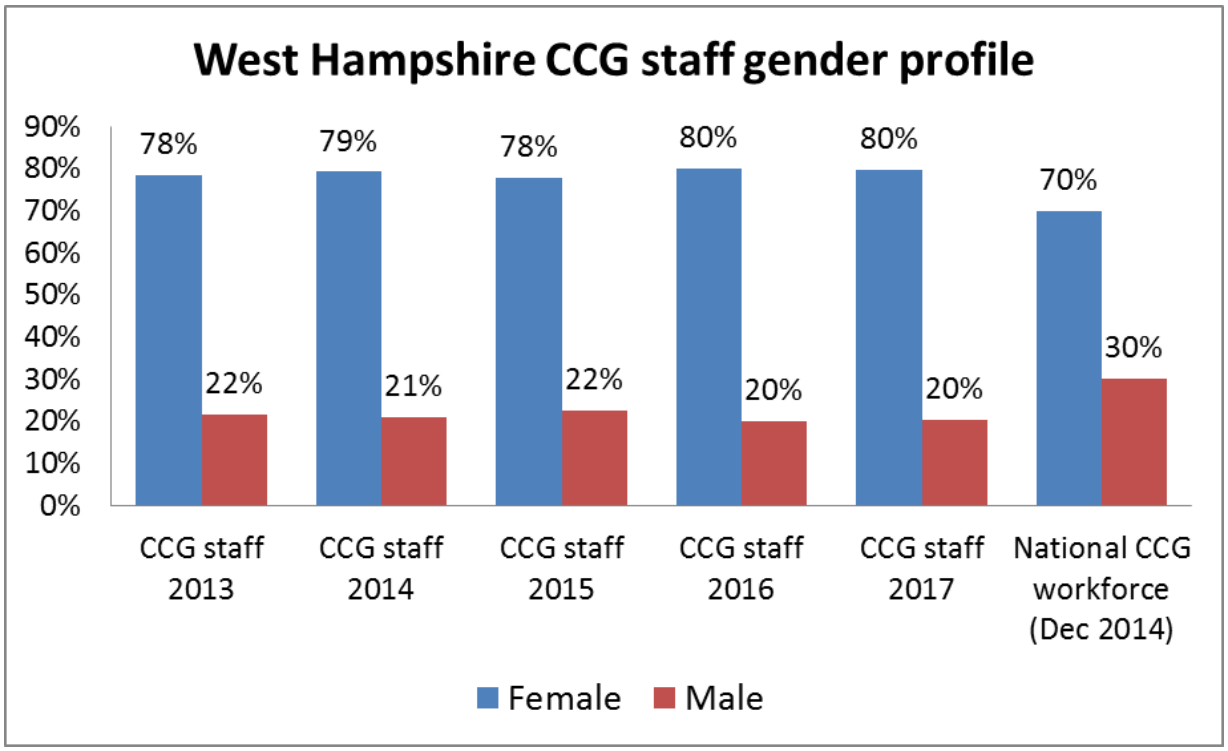
The NHS Staff Survey results are not disaggregated by a respondent's religion or belief.

We are not aware of any incidents of bullying, harassment, abuse or discrimination by a member of staff against a colleague on the grounds of their religion or belief.

Sex (gender)

Consider and detail (including the source of any evidence) the impact on men and women (this may include different patterns of disease for each gender, different access rates).

West Hampshire CCG workforce gender profile



The staff gender profile tells us that:

- The majority of CCG employees are women (80% or 219 individuals)
- Just 20% of staff (56 individuals) are men
- The CCG employs a higher proportion of women (80%) compared to the national CCG workforce (70%)
- The higher proportion of female staff reflects the trend across the NHS in England where 77% are women and 23% are men[2]
- The proportion of female to male staff in the CCG workforce has remained about the same over the last 5 years
- At the senior management level there are more men. Out of the 15 directly employed CCG Board members (includes voting and non-voting Board members), 9 are women (60%) and 6 are men (40%). Note: The pattern across the NHS in England is that 54% of very senior manager roles are held by men[3]
- Unusually West Hampshire CCG has a female Chair and Chief Officer.

Key findings from NHS Staff Survey for West Hampshire CCG

Staff survey indicator	Men			Women		
	2015	2016	2017	2015	2016	2017
% staff experiencing harassment, bullying or abuse from staff in last 12 months	-	13%	6%	-	21%	21%
% experiencing discrimination at work in last 12 months	-	4%	0%	-	7%	7%

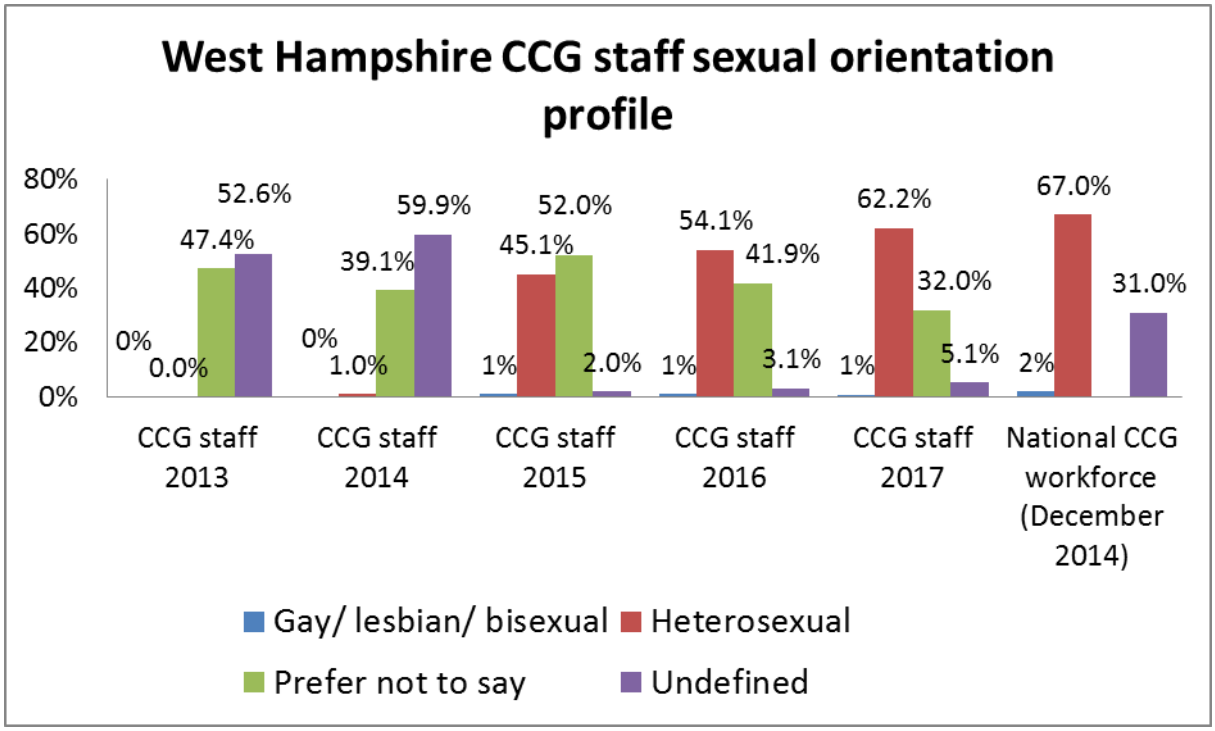
The Staff Survey results suggest women may be more likely to experience bullying, harassment, abuse or discrimination than male employees.

[2] NHS Employers (2017) Infographic: Gender in the NHS
[3] Health and Social Care Information Centre (2016) Statistical Change Notice relating to NHS Hospital and Community Health Service in England workforce statistics

Sexual orientation

Consider and detail (including the source of any evidence) the impact on people who are attracted towards their own sex, the opposite sex or to both sexes (lesbian, gay, heterosexual and bisexual people).

West Hampshire CCG workforce sexual orientation profile



The staff sexual orientation profile tells us that:

- Year on year the quality of data we hold about staff sexual orientation has improved. The proportion of staff that 'Prefer not to say' however remains high at 32%. This masks the actual diversity of sexual orientations amongst CCG employees, and limits the usefulness of this data
- An indication of the likely representation of sexual orientation amongst the CCG workforce is provided by data about the UK population from the Office of National Statistics[4]:
    - Lesbian or gay 1.1%
    - Bisexual 0.4%
    - Heterosexual 93.5%.

NHS Staff Survey results
The NHS Staff Survey results are not broken down by respondent's sexual orientation.

We are not aware of any incidents of bullying, harassment, abuse or discrimination by a member of staff against a colleague on the grounds of their sexual orientation.

[4] Office for National Statistics (March 2014) 2012 Integrated Household Survey

Carers

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

We do not hold data about whether employees have caring responsibilities, and the NHS Staff Survey results are not broken down by whether respondents are a carer.

We are not aware of any incidents of bullying, harassment, abuse or discrimination by a member of staff against a colleague on the grounds of them having caring responsibilities for a child, relative or friend.

Serving Armed Forces personnel, their families and veterans

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

We do not hold data about whether employees or their relatives are serving military personnel or veterans, and the NHS Staff Survey results are not broken down by whether respondents are a veteran.

We are not aware of any incidents of bullying, harassment, abuse or discrimination by a member of staff against a colleague linked to them having a relative in the armed services, or them being a veteran.

Meeting psychological needs

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

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

NHS England highlights that bullying impacts adversely on both physical and mental health of staff, which can lower morale and result in greater turnover and absenteeism.

Recognising this, the Dignity and Respect Policy sets out responsibilities for line managers to encourage and refer victims to support from Occupational Health and the Employee Assistance Programme.

We are not aware of any incidents of bullying, harassment, abuse or discrimination by a member of staff against a colleague linked to them having a mental health condition.

Other identified groups

Consider and detail (including the source of any evidence) the impact on any other identified groups. Given the demography of west Hampshire this should include impact of:

- Poverty

- Living in rural areas

- Resident status (migrants and asylum seekers).

We believe that the policy is of low relevance to these factors.

Involvement and consultation

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

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

Research and other evidence was collated from a range of national sources. Where available this has included evidence related to particular protected characteristics. Dignity and Respect Awareness Training was undertaken in 2017 and this involved seeking the anecdotal experiences of staff participants.

In June 2017 as part of our work liked to the NHS Workforce Race Equality Standard (WRES) we held a focus group and one-to-one interviews with BAME staff to gather their views and experiences.

How have you involved/ will you involve stakeholders in testing the policy, project or proposals?

The Omega House and Continuing Healthcare Team Staff Forums were involved during the development of this policy, and when the policy has been reviewed in November 2017 and December 2018. Comments and feedback from Forum members have been incorporated into the policy as part of the review process.

Members of the Policy Sub-Group have commented on policy each time it has been reviewed.

Equality statement

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

Policy aim

The Dignity and Respect Policy aims to have a positive equality impact for all protected characteristic groups by:

- Setting clear standards for staff behaviour linked to the CCG values
- Explaining the types of behaviours that are unacceptable in the workplace and whilst undertaking CCG business
- Outlining responsibilities of senior managers, line managers and staff to prevent, report and respond to incidents of bullying, harassment, abuse, discrimination and victimisation.

Evidence of what works to prevent and tackle workplace bullying and discrimination, as well as what to include when writing policies to address this issue, has been used when drafting this policy. This has included work by ACAS, NHS Employers and NHS England.

Experience of bullying, harassment, abuse and discrimination in the workforce overall

For the workforce overall the survey results suggest that:

- Staff experience of harassment, bullying or abuse from other staff is falling year on year, although it remains an issue
- That an increasing proportion of staff who have experienced bullying are reporting it
- Levels of discrimination remain relatively similar year on year.

We have had no formal cases upheld of bullying, harassment or discrimination in the last 12 months (January to December 2018).

As part of the review of this policy Staff Forum representatives were asked whether they had reported an incident of harassment, bullying or abuse, and for their views on the effectiveness of the policy. No one raised a concern.

Evidence of differential experience for protected groups

The evidence shows that across the NHS, staff from Black, Asian and Minority Ethnic (BAME) backgrounds, as well as those with a disability, are more likely to experience bullying and discrimination. However, we do not have evidence to confirm whether this is the case for BAME CCG employees.

We know that the percentage of White staff experiencing harassment, bullying or abuse has fallen year on year (from 25% in 2015 to 17% in 2017), although this remains higher than average for all CCGs at 9%. Also that the proportion of White staff who have personally experienced discrimination at work is similar year on year (5% as reported by Staff Survey in 2017).

The Staff Survey results for the CCG suggest that a greater percentage of staff with a disability experience harassment, bullying or abuse from staff (34% in 2017), compared to 14% of non-disabled staff in 2017. The percentage of disabled staff experiencing bullying has fluctuated each year since 2015, and increased since 2016. Also the 2017 survey highlighted that 10% of disabled staff had experienced discrimination at work in the last 12 months, compared to 5% of non-disabled staff.

For employee age and gender, the Staff Survey results suggest that older and female CCG staff experience more harassment, bullying or abuse from other employees. In relation to discrimination, a higher percentage of CCG employees in the 16-30 and 31-40 year age groups, and female staff, experience discrimination.

The NHS Staff Survey does not break down results by all protected characteristics. And we have gaps in the data we hold about staff in the ESR. This means we are unable to reliably assess/ review the impact of the Dignity and Respect Policy on the following protected characteristics/ staff groups:

- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Religion or belief
- Sexual orientation
- Carers.

However, we are not aware of any incidents of bullying, harassment, abuse or discrimination by a member of staff against a colleague on the grounds of any of these protected characteristics.

Effectiveness of the policy

Research confirms that having a Dignity and Respect Policy to prevent and address bullying, harassment, abuse and discrimination in the workplace, does not in itself make a difference. A range or measures are needed. Recognising this, the CCG has also:

- Developed and promoted a behaviour framework, including making a clear link with staff appraisal and one-to-ones
- Establishing a Staff Forum at both our main office bases
- Providing Dignity and Respect Training for staff (although take-up was limited)
- Reviewing the incident reporting system to ensure that incidents of bullying, harassment, abuse and discrimination can be captured and trends analysed.

The Staff Survey results show that levels of harassment, bullying and abuse have been falling, whilst discrimination in the workplace has remained at similar levels. We recognise that more work is necessary to improve take up of training that supports this policy (see action plan below).

Positive impacts

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

- The Dignity and Respect Policy is based on evidence of good practice and aims to prevent and reduce harassment, bullying, abuse and discrimination in the workplace for all employees/ protected characteristic groups
- The Staff Survey results show that harassment, bullying and abuse of staff by other staff has been falling year on year.

Negative impacts

Where there is evidence, provide a summary for each protected characteristic and any other relevant group or policy consideration. If the evidence shows that the policy, project or proposal will or may result in discrimination, harassment or victimisation this **must be** outlined.

- The evidence suggests that employees with a disability are experiencing higher levels of harassment, bullying or abuse than other staff
- The evidence suggests that staff in the Continuing Health Care Team are experiencing higher levels of harassment, bullying or abuse from other staff

Health inequalities

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

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

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

Action	Person responsible	By date	Progress/ review (Add new actions if required)
1. Email policy to all members of the Staff Forum requesting feedback on: • Whether the policy is clear and understandable? • Whether anyone used the policy as a reference point and found it useful or otherwise? • For any suggestions or amendments to improve the policy? • Whether anyone has reported an incident of bullying, harassment or discrimination using the Incident Reporting System (Datix), and how easy was it to use? • Whether anyone has reported an incident of bullying, harassment or discrimination, and if so, were they happy with the response of managers/ the outcome achieved?	Equality and Diversity Manager (policy author) to ask Staff Forum Chairperson to share with members	13 December 2018	**Complete:** Range of feedback received from Staff Forum representatives that will be used to amend Dignity and Respect Policy as part of policy review.
2. Amend Dignity and Respect Policy in light of Staff Forum feedback and review of evidence within Equality Impact Assessment	Equality and Diversity Manager	11 January 2019	**Complete:** Policy finalised and approved via Chair's action 11 February 2019.
3. Reviewed policy and equality impact assessment to be approved by Policy Sub-Group on 23 January 2019	Policy Sub-Group members	23 January 2019	**Complete:** Policy finalised and approved via Chair's action 11 February 2019.

Action	Person responsible	By date	Progress/ review (Add new actions if required)
4. Implement planned improvements to Equality and Diversity awareness training as part of staff induction, together with *Working with Difference* and *Courageous Conversations* training sessions	Learning and Organisational Development Manager, and Equality and Diversity Manager	~~28 February 2019~~ Progress against action plan to be reviewed again in October 2019.	**Update 3 May 2019**: To augment the existing 3 yearly online Equality and Diversity Awareness Training that all staff must undertake, the new staff induction: • Emphasises the importance of putting CCG values into action (including fairness and inclusion) • Includes patient representative participation in delivery of the induction in order to make clear link between commissioning values and improving patient care and experience • Uses the Equally Yours game to stimulate interactive learning around equality, diversity and inclusion. Thus far plans to implement Working with Difference and Courageous Conversations training sessions have been put on hold. Instead we have included the relevant training content into other sessions (new Staff Induction, All Staff event and Line Managers Training). The All Staff event to be held on 18 July 2019 will focus on CCG values and includes session on dignity and respect in the workplace. New Line Manager Training has been developed and includes content that aims to help managers take practical action to promote equality, diversity and inclusion in the workplace.

Action	Person responsible	By date	Progress/ review (Add new actions if required)
5. Consult staff on draft Disability in the workplace/ reasonable adjustments policy, and get policy approved by Policy Sub-Group on 20 March 2019	Equality and Diversity Manager	~~20 March 2019~~ Progress against action plan to be reviewed again in October 2019.	**Update 3 May 2019:** Staff with long-term health conditions and disabilities are to be engaged in developing the draft policy at focus groups on 14 May and one-to-one meetings. Draft policy to be reviewed by Policy Sub Group July 2019.
6. Add using the Dignity & Respect Policy to the proposed training package for line managers.	Equality and Diversity Manager and Head of Organisational Development	30 April 2019	**Complete.** New Line Manager Training to be implemented from June 2019.

For your records

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

Date assessment completed:	9 January 2019
Date to review actions:	October 2019
Responsible Director:	Chief Officer
Date assessment was approved:	23 January 2019