

# Equality Analysis

*(Health Inequalities, Human Rights, Social Value)*

## Overpayments & Underpayments of Salary Policy

**Before** completing this equality analysis it is recommended that you:

- ✓ Contact your equality and diversity lead for advice and support
- ✓ Take time to read the accompanying policy and guidance document on how to complete an equality analysis

## 1. Background

<b>EA Title</b>	Overpayments & Underpayments of Salary Policy		
<b>EA Author</b>	Michelle Dunne	<b>Team</b>	Equality, Diversity & Inclusion
<b>Date Started</b>	12 <sup>th</sup> November 2018	<b>Date Completed</b>	7 <sup>th</sup> January 2019
<b>EA Version</b>	V0.1	<b>Reviewed by E&amp;D</b>	7 <sup>th</sup> January 2019
<b>What are the intended outcomes of this work?</b> Include outline of objectives and function aims			
<p>From time to time errors occur which may result in an employee being overpaid or underpaid their salary. These errors may occur due to management, employee or payroll error.</p> <p>This policy is intended to promote equality and fairness in the domain of possible over/underpayment of salary, allowances and benefits and to ensure that the error is corrected and any under or overpayments are recovered or repaid appropriately.</p> <p>The CCG will contact the individual as soon as overpayment or underpayment has been made to discuss the situation and agree a mutually agreed resolution, using the principles set out in this policy.</p> <p>All cases of overpayment will be considered on an individual basis in consultation with the employee to ensure minimum hardship.</p> <p>Within the CCG contract it states:</p> <p>“If an overpayment is made in your salary, due to a mistake, whether by reason of any default on your part or otherwise, the overpayment will be recouped by the CCG. It is a condition of your employment that you consent to the appropriate deductions being made from your salary at source and repaid to the CCG. The CCG will endeavour to agree individual terms by which payment is made.</p>			
<b>Who will be affected by this work?</b> e.g. staff, patients, service users, partner organisations etc.			
The policy applies to all staff that are paid through the CCG payroll system. This may include permanent or fixed term contract employees or Governing Body members paid through payroll.			

## 2. Research

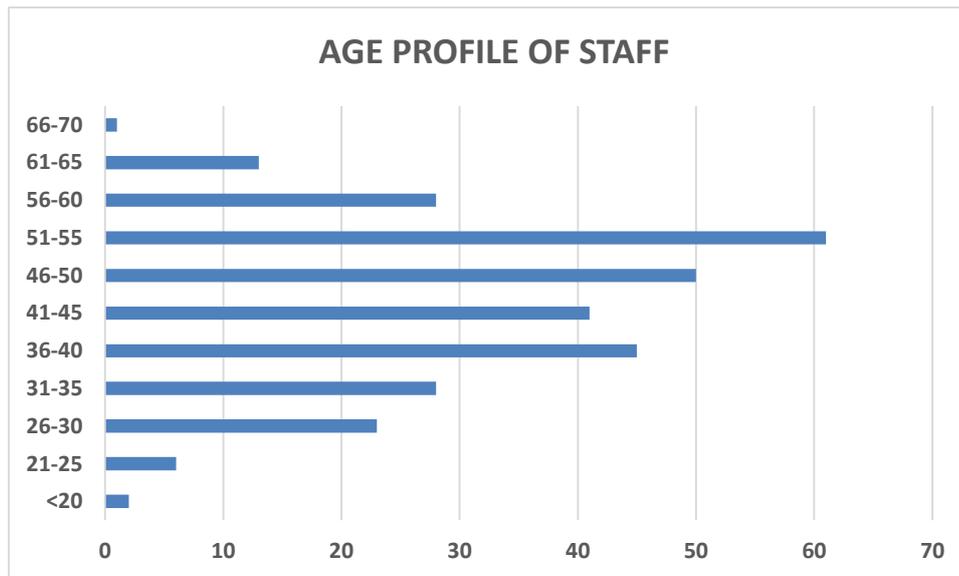
<b>What evidence have you identified and considered?</b> This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.		
<b>Research/Publications</b>	<b>Working Groups</b>	<b>Clinical Experts</b>
Standard Financial Instructions NHS England	Staff Council	
	JNCC	

### 3. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

**Age:** Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

#### CCG Staff Profile



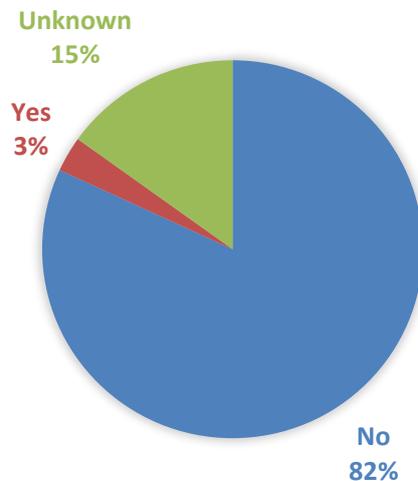
No potential negative impacts identified in relation to this policy and the age profile of staff.

**Disability:** Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

#### CCG Staff Profile

### 3. Impact and Evidence:

#### DISABILITY PROFILE OF STAFF



No potential negative impacts identified in relation to this policy and the disability profile of staff.

**Gender reassignment (including transgender):** Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

No potential negative impacts identified in relation to this policy and gender reassignment.

**Marriage and civil partnership:** Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

Marital status is known for 96% of staff.

No potential negative impacts identified in relation to this policy and the marital or civil partnership status of staff.

**Pregnancy and maternity:** Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

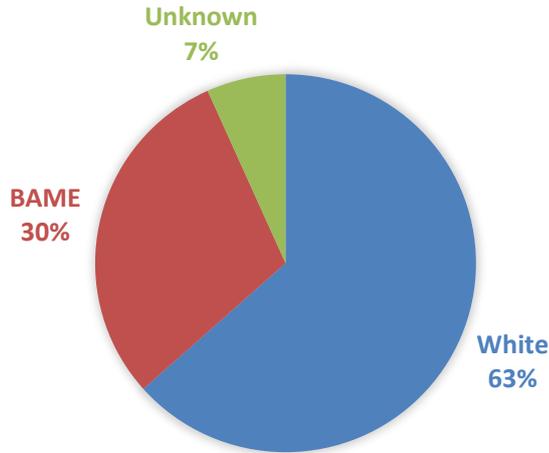
No potential negative impacts identified in relation to this policy and the pregnancy and maternity status of staff.

**Race:** Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

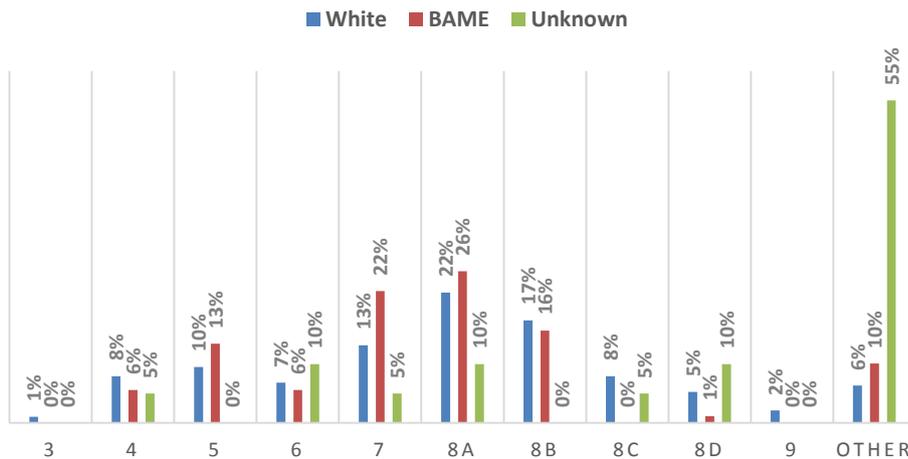
**CCG Staff Profile**

### 3. Impact and Evidence:

#### RACE PROFILE OF STAFF



#### PAY BAND BY RACE (%)



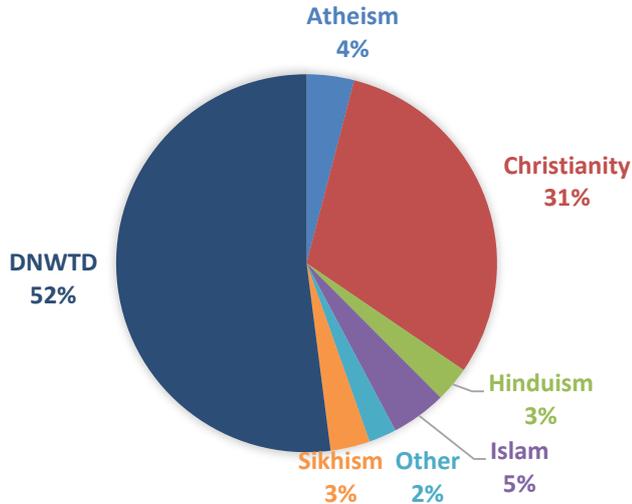
No potential negative impacts identified in relation to this policy and the race profile of staff.

**Religion or belief:** Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

#### CCG Staff Profile

### 3. Impact and Evidence:

#### RELIGION & BELIEF PROFILE OF STAFF

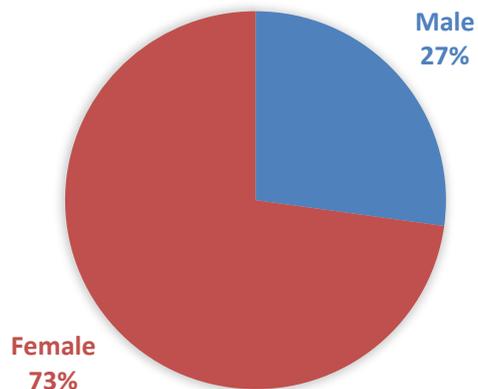


No potential negative impacts identified in relation to this policy and the religion and belief profile of staff.

**Sex:** Describe any impact and evidence on men and women. This could include access to services and employment:

#### CCG Staff Profile

#### STAFF GENDER PROFILE



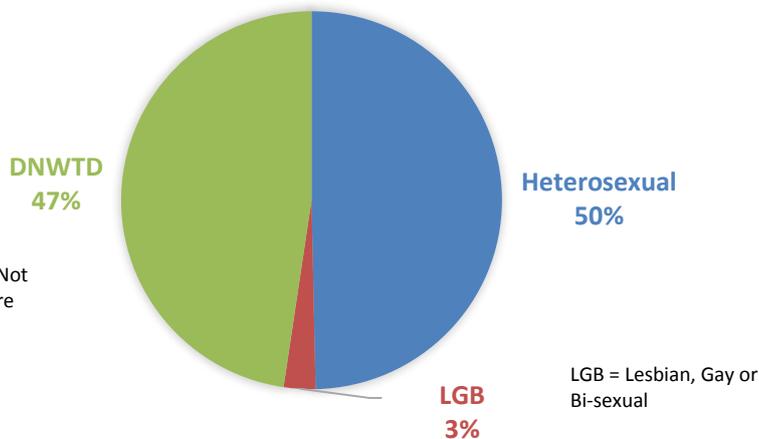
No potential negative impacts identified in relation to this policy and the gender profile of staff.

**Sexual orientation:** Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

#### CCG Staff Profile

### 3. Impact and Evidence:

#### SEXUAL ORIENTATION PROFILE OF STAFF



No potential negative impacts identified in relation to this policy and the sexual orientation profile of staff.

**Carers:** Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

No potential negative impacts identified in relation to this policy and the caring status of staff.

**Other disadvantaged groups:** Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

No potential negative impacts identified in relation to this policy and other disadvantaged groups.

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	No	
Is there any impact for groups or communities living in particular geographical areas?	No	
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	No	
<b>How will you ensure the proposals reduce health inequalities?</b> This policy relates to a staff, and their employment within the CCG and does not therefore impact on health inequalities.		

<b>5. FREDA Principles/ Human Rights</b>	<b>Question</b>	<b>Response</b>
<b>Fairness</b> – Fair and equal access to services	How will this respect a person's entitlement to access this service?	Policy is applicable to all staff.
<b>Respect</b> – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	Policy does not negatively impact on respect.
<b>Equality</b> – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	All staff are within scope of this policy.
	How will this affect a person's right to freedom of thought, conscience and religion?	Not applicable
<b>Dignity</b> – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	Policy has not identified impact on dignity.
<b>Autonomy</b> – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Not applicable
<b>Right to Life</b>	Will or could it affect someone's right to life? How?	Not applicable
<b>Right to Liberty</b>	Will or could someone be deprived of their liberty? How?	Not applicable

<b>6. Engagement, Involvement and Consultation</b>		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
<b>Engagement Activity</b>	<b>Protected Characteristic/ Group/ Community</b>	<b>Date</b>
Policy shared with Staff Council	Representing CCG staff	November 2018
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us .... So we will .....):		
<p>Staff Council queried the policy statement 'If the employee incurs a bank charge as a direct result of the underpayment the CCG may reimburse the employee subject to proof being received. This is at the discretion of the CCG.' This was felt that it could lead to inequity and it was unclear who would take the decision.</p> <p>A) We have added a line to request that the individual provides proof of the bank charge to the HR department. We will then liaise with payroll to get this reimbursed.</p>		

## 7. Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work:

The policy does not appear to contain any negative impacts in terms of protected characteristics of staff; a potential for inequitable decision making has been identified via the Staff Council.

The policy contains a positive equality statement.

## 8. Mitigations and Changes :

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

### Recommendation:

The equality statement within the policy, is not the corporate BSol CCG statement agreed for inclusion in all policies; it needs to be replaced with the following:

### 3. Equality Statement

3.1 The general equality duty requires public authorities (such as the CCG) to have due regard to the aims of the general equality duty when making decisions and setting policies. To do this, it is necessary for the organisation to understand the potential impact of its decision making on different people. This can help to identify practical steps to tackle any negative impacts or discrimination, and to advance equality.

3.2 The CCG endeavours to challenge discrimination, promote equality and respect human rights and aims to design and implement policies, services and measures that meet the diverse needs of our population, patients and workforce, ensuring that none are placed at a disadvantage.

The policy also needs to make reference to the equality analysis, using this standard statement which forms part of the template policy form:

### 4. Equality Analysis

4.1 The CCG undertakes an Equality Analysis of policies, strategies, service design and other relevant activities to assess the impact of decision making against:

- The nine protected characteristics (age, disability, ethnic origin, sex, sexual orientation, gender reassignment, religion and belief, marriage or civil partnership, pregnancy or maternity status);
- Other groups or communities known to suffer disadvantage, such as the homeless, carers, migrants and sex workers;

- Human Rights
- Known health inequalities.

This analysis also explores the potential to support the Social Value Act.

4.2 An equality analysis of this policy was undertaken on xxxx and is attached as an Appendix to this policy.

**Recommendation:**

Policy provides clarity regarding: ‘If the employee incurs a bank charge as a direct result of the underpayment the CCG may reimburse the employee subject to proof being received. This is at the discretion of the CCG.’ This was felt that it could lead to inequity and it was unclear who would take the decision.

A) line added in to say proof of bank charge to be provided to HR team. We will then liaise with payroll to get this reimbursed.

## 9. Publication

### How will you share the findings of the Equality Analysis?

This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages. All Equality Analysis should be recommended for publication unless they are deemed to contain sensitive information.

The policy and equality analysis will be signed off by the Senior Leadership Team on 11<sup>th</sup> January 2019. The final equality analysis will be published on the CCG webpages.

**Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: [bsol.comms@nhs.net](mailto:bsol.comms@nhs.net)**

## 10. Sign Off

The Equality Analysis will need to go through a process of **quality assurance** by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager **and** signed-off by a delegated committee

	Name	Date
<b>Quality Assured By:</b>	<i>M K Dunne</i>	7 <sup>th</sup> January 2019
<b>Which Committee will be considering the findings and signing off the EA?</b>	Senior Leadership Team	11 <sup>th</sup> January 2019
<b>Minute number (to be inserted following presentation to committee)</b>		

Please send to Balvinder Everitt or Michelle Dunne, Equality, Diversity and Inclusion for Quality Assurance. Once you have committee sign off, please send to Caroline Higgs, Communications & Engagement Team for publication: [bsol.comms@nhs.net](mailto:bsol.comms@nhs.net)