North Hampshire
Clinical Commissioning Group

NORTH HAMPSHIRE CLINICAL COMMISSIONING GROUP

EQUALITY AND DIVERSITY ANNUAL REPORT 2019

Contents

1. INTRODUCTION

This report sets out how North Hampshire Clinical Commissioning Group (referred to in this reports as "the CCG") has demonstrated due regard to the Public Sector Equality Duty of the Equality Act during 2019.

This report refers to equality and diversity information that is contained within other published papers and reports. These are: the CCG's Equality and Diversity Strategy, workforce reports, patient and public engagement reports and commissioning plans.

In order to provide organisational context, background information is provided from published papers relating to system-wide plans to improve the health and well-being of local populations through partnership working and joint decision-making.

2. LEGAL CONTEXT

The legal context in which this report is based is described in Appendix 1.

3. ORGANISATIONAL CONTEXT

Clinical Commissioning Groups were created on 1 April 2013 across England and replaced Primary Care Trusts. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local areas.

In April 2017, the CCG started working in partnership with Fareham and Gosport CCG, South Eastern Hampshire CCG and North East Hampshire and Farnham CCG. A single Chief Executive was appointed to be the Accountable Officer for all four CCGs. In April 2018 partnership working was extended to include the Isle of Wight CCG.

In November 2018 the CCG's governing body agreed to hold their meetings in common with the governing bodies of Fareham and Gosport CCG, South Eastern Hampshire CCG and Isle of Wight CCG. This is referred to as the Partnership Board. It has simplified decision making, freed up clinicians and managers to focus on delivery and reduced duplication.

North East Hampshire and Farnham CCG has been represented on the Partnership Board but has maintained its own accountable governing body because it is working increasingly closely with partners in the Frimley integrated care system.

On 1 December 2019 formal accountability for North East Hampshire and Farnham CCG was passed from the accountable officer for the Hampshire and Isle of Wight Partnership of CCGs to the accountable officer (designate) of the Frimley Commissioning Collaborative. The Hampshire and Isle of Wight Partnership of CCGs will continue to work closely with North East Hampshire and Farnham CCG and the wider Frimley system for the benefit of all the communities across Hampshire.

4. THE CCG'S WORKFORCE

As at December 2019 the CCG employs 126 (91.93 full time equivalent) staff. As the CCG has less than 150 employees, it is not required to publish detailed information relating to its workforce in accordance with the specific duties of the Equality Act 2010.

Each member of staff can self-administer their record on the Electronic Staff Record (ESR) system, and is encouraged to do so. This is because the CCG recognises that individual circumstances can change and people may begin or cease to identify with certain

characteristics. This may relate to pregnancy or maternity or because an individual has become disabled.

The information is used collectively and anonymously to inform internal workforce monitoring and ensure no protected characteristic is disadvantaged in the experience of the workforce. Protected characteristics that are recorded in all cases are age and sex. To a lesser extent staff record disability, ethnicity, religion, sexual orientation and marital status.

Employee rights not to be discriminated against at work are governed by a range of human resources policies. As individual CCG policies become due for review they are being replaced with Partnership CCG policies. All policies are available on the Human Resources portal ConsultHR which may also be accessed via the Partnership CCG intranet site. Partnership human resources policies relate to:

- Employee Volunteering
- Partnership Performance and Pay Progression
- Probation
- Secondment

Legacy policies for the CCG are:

- Alcohol and Substance Misuse at Work Policy
- Domestic Violence and Abuse Policy for CCG Staff
- Electronic Staff Recording Absence User Guide
- Leave and Flexible working Policy
- Lone working Policy
- Maternity, Paternity, Adoption Leave and Shared Parental leave and Pay Guidance
- Organisational Change Policy
- Performance and Development Reviews and Pay Progression Policy
- Recruitment and Exit Procedure
- Relocation Policy and Procedure
- Sickness Reporting Guidance
- Travel and Expenses Policy

Staff are required to complete essential training on equality and diversity on a three-yearly basis. This is mainly accessed online via ConsultOD, the CCG's learning management system. The training covers equality legislation, health inequalities, understanding people's backgrounds and prejudice and discrimination. It is also available as a face-to-face session and two of these sessions have been delivered during the year.

77% of core staff are up-to-date with equality and diversity essential training; **72%** of core CCG teams plus wider associated teams are up-to-date with equality and diversity essential training. Wider associated teams comprise Clinical Leads, Governing Body members and the Counter Fraud Team which is hosted by the CCG.

A training needs analysis has been undertaken by the Partnership of CCGs' Equality and Diversity Manager and an action plan developed. This will be discussed with Human Resources and Organisational Development leads in 2020. In the meantime, equality and diversity development sessions have been introduced in 2019 and have been delivered to staff at different CCG sites during the latter part of the year. These sessions covered the statutory requirements of essential equality and diversity training and concentrate on promoting a culture which values individual differences and one which challenges any threat to an individual's dignity and wellbeing. Eleven members of CCG staff attended one of these sessions.

Face-to face training sessions have also been delivered during the year on the Equality and Quality Impact Assessment (EQIA) procedure for Commissioning, Transformation and Quality Teams. Support to individuals and teams on the completion of equality impact assessments (EIAs) has been ongoing

Training is also offered to wider teams and a presentation to and discussion on the NHS Accessible Information Standard took place at a meeting of the CCG's General Practice Managers in early 2019.

A staff survey was undertaken during 2019 by CCG across the Partnership of CCGs. Overall Partnership results were published on the staff intranet. These showed general satisfaction with the CCG/Partnership as a place to work.

Key questions were analysed by cross referencing with responses to age, ethnicity and gender. This analysis highlighted areas of concern for the CCG in the percentage of male employees who strongly disagreed with the statements that the CCG was a good place to work and that communications within the organisation were good. A Partnership improvement plan is being compiled from focus groups held in each CCG in December.

The results of the CCG's annual assessment against the NHS Workforce Race Equality Standard (WRES) are not in the public domain due to low staff numbers. However, the combined results of the Hampshire and Isle of Wight Partnership CCGs with an action plan may be found on the CCG's website.

5. THE POPULATION SERVED

The population served by the CCG is largely White (89.1%) and the main language is English (95.6%) A significant percentage of residents are recorded as from other ethnic groups (10.9%, "White Other" accounting for 4.5%). Christianity is the largest religion (61.1%). A significant percentage (28.8%) of people report no religion. (Source: 2011 Census.)

Life expectancy at birth for males and females is good and significantly better than the England average. The population is becoming more diverse and is ageing. The proportion of working aged adults is reducing and there is increasing pressure on services and caring. (Source: Joint Strategic Needs Assessment, July 2017.)

The main impacts of health inequalities are in circulatory disease, cancer and respiratory disease. The notable exception is in Hart where they are cancers and digestive disease including alcohol related disease in women.

6. EMBEDDING EQUALITY IN THE COMMISSIONING CYCLE

During 2019 work has continued to progress on embedding a system-wide approach to quality and equality impact assessments. Following an informative training session for staff in April 2019, key resources and agreed templates were added to shared drives and made accessible to staff. Over the next 12 months there will be a series of workshops, surgeries and individual support tailored to meet the needs of the organisation, recognising the different requirements for projects.

The CCG Programme Management Office (PMO) has continued to advise programme leads where impact assessments are required and a system for central collation of all completed quality and equality impact assessments has been introduced. The CCG's delivery plan

matrix (a comprehensive list of programmes of work being progressed by the CCG) continues to be the main determinant for requirements of impact assessments.

Impact Assessments (quality, equality and privacy) are now part of the systematic process aligned to all programme areas where there is a service transformation of redesign, ensuring impact assessments are at the start of the process, shaping and scoping out new programmes of work and linked through the PMO. A key example of this in practice is the procurement of the musculoskeletal service and the robust processes around impact assessments undertaken that were a key part of ensuring the new service will support the CCG's quality and equality agenda.

Equality analysis on 2020/21 Improving Values Schemes will be taking place jointly across the North and Mid Hampshire local care system, benefiting from a uniform approach to impact assessments across the local care system. This will reduce duplication and ensure providers receive a consistent response and requests for any action.

7. CONSULTING AND ENGAGING WITH PATIENTS AND LOCAL PEOPLE

The CCG has continued to seek the views of local people on a range of topics and through ongoing engagement routes. A number of engagement approaches are used including surveys, focus groups and attendance by CCG officers at meetings of local groups and at events.

The CCG has a Communications, Engagement and Involvement Forum and a General Practice Patient Participation Group (PPG) which provide two-way flow of information from key stakeholders to the CCG and back as well as assuring the CCGs on the public involvement and engagement they undertake. The Forum is chaired by the CCG Lay Member with responsibility for Patient and Public Involvement who has direct links to the CCG Partnership Board. Forum members include local councillors, council officers, patient representatives, CCG Community Ambassadors and Hampshire Healthwatch. All CCG member general practices have a representative on the PPG which is chaired by one of its membership.

During 2019 the CCG has continued to seek the views of local people on how NHS111, ambulance services, GP services and community services work together so that local people can be provided with the right care in the right place at the right time. This work includes developing access to healthcare professionals through NHS111 who can advise on the most appropriate clinical care, including callers with mental health problems, medication requirements and children's health issues. The feedback from local people is analysed to identify key themes which are considered by the programme leads.

Engagement on the North Hampshire Transformation Plan has also continued during 2019. This is a key topic for engagement events held by the Primary Care Networks (PCN) with support from the CCG. The themes from these events inform future planning.

Engagement with local people during the year on musculoskeletal and physiotherapy services also informed the re-procurement and new contract with providers for these services.

The CCG works to ensure that engagement opportunities are widely available to members of local communities. Surveys and engagement materials are available on request in alternative formats and languages and are promoted through a number of routes including the voluntary sector.

As part of the CCG's engagement work, local people are asked to share their protected characteristics. The equalities monitoring form is used in the engagement programmes to help inform the extent to which engagement opportunities are is reaching all sections of the communities served by the CCG.

In early 2019 the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) Quality Board received a paper and viewed a presentation by Dr Clare Mander, Accessible Information Lead for Solent NHS Trust. An inaugural workshop on a Hampshire and Isle of Wight Accessible Information Collaborative was subsequently held in July 2019. Progress in implementing the NHS Accessible Information Standard (AIS) was discussed and a way forward in which all organisations would work together with a further meeting in November at which the focus would be on embedding staff training, screening and data, and audit and evaluation. The STP Quality Board will receive a progress report from Dr Mander in January 2020.

8. PATIENT EXPERIENCE

During 2019 the CCG's complaints team implemented the easy read guide to 'Compliments, Comments, Complaints or Concerns to enable improvements of NHS services' to support better engagement with the patient experience service. This guide is available on request and can be found on the CCG's website. The CCG has received no specific requests for a response in an alternative format.

From January to November 2019 the CCG received 198 contacts from members of the public about commissioned services. These contacts are received as either complaints, concerns, compliments or enquiries. Examples of contacts received have included:

- Complaints in relation to accessing mental health and autism services within the North Hampshire area
- An enquiry related to vulnerable adults living in the community and the difficulties experienced in accessing health services due to barriers encountered with the emergency provided patient transport.
- A number of concerns raised by patients with communication disability who encountered barriers when communicating with general practice

The complaints team has introduced monitoring of complainants' protected characteristics through review of returned equalities monitoring forms which are sent out with the complaint acknowledgement. There has been an improvement in the number of forms returned to the CCG.

Between January and the end of November 2019, nine complaints were received by the CCG of which three complainants completed and returned the equality monitoring questionnaire. The capture of additional demographic information and protected characteristics as illustrated in Table 1 has been obtained during ongoing correspondence with complainants.

Gender		**Ethnicity**	
Male	5	White	4
Female	4	Asian	0
Religion		Not stated	5
Christian	0	**Age Group**	
Muslim	0	18 - 27	0
Not stated	9	27 – 50	6
No belief	0	51 – 65	2
Sexual Orientation		66 – 75	1
Heterosexual	2	Over 75	0
Prefer not to say	7	**Disability***	
Carer		Yes	5
Yes	2	No	4
No	3	Not stated	0
Not stated	4		

* Disability includes mental and physical impairment and long term conditions.

Table 1 - Equality Monitoring Data

Reasonable adjustments have been made in relation to meeting the needs of complainants where disability has been disclosed. This has included steps taken to support a complainant with a pre meeting to help with familiarisation of the environment and individuals they would be meeting with in advance of the complaints meeting. Further adjustments were made to accommodate the needs of a complainant who was unable to travel by setting up a conference call to discuss their concerns with commissioners, clinicians and the complaints team.

9. SAFEGUARDING

West Hampshire CCG hosts the Safeguarding Adults, Safeguarding Children and Safeguarding and Looked After Children Teams on behalf of the CCGs. The teams are multi-professional teams and include nurses, doctors (GPs and paediatricians) and administration support. The safeguarding nurses and doctors liaise with colleagues who work within NHS provider organisations such as hospitals, community settings and care homes in the area served by the CCGs.

All safeguarding work is underpinned by the Human Rights Act 1998 to ensure the rights of individuals are upheld at all times. The need to balance the rights under the articles set out in the act is key to safeguarding work.

Key areas of work within the safeguarding teams include upholding the rights of pregnant women and their unborn babies, and protecting those who are unable to communicate by virtue of their age, ability or capacity.

During 2019 the safeguarding team has ensured the CCG has maintained compliance with its Modern Slavery statement and development of Modern Slavery Policy. Mandatory training has been introduced for all CCG staff. Full equalities impact analyses are undertaken for newly developed policies. During 2019 new policies have been agreed and adopted across the five Hampshire CCGs. These are a combined Adults and Children's Safeguarding Policy with a family approach concept, and a PREVENT Policy.

The safeguarding adults team works with a caseload of complex safeguarding cases and, where appropriate, has sought legal remedy, both civil and criminal, to ensure the rights of individuals are upheld.

Related to the work of the safeguarding team is the Learning Disabilities Mortality Review (LeDer) programme. This national programme focuses on reviewing the care of individuals with a learning disability.

10. PROGRESS AGAINST EQUALITY OBJECTIVES

Objective 1: Reducing Health Inequalities

Objective 1.1 Ensure the CCG is legally compliant with the Equality Act 2010, Human Rights Act 1998.

Objective 1.2 Ensure agreed equality objectives feature in all aspects of the CCG's commissioning service activities.

Objective 1.3 Undertake timely equality impact assessments whenever new projects, proposals or policies, commissioning and strategies are being developed.

As evidenced in this report, work has been ongoing to achieve each of the three objectives relating to reducing health inequalities. This is being achieved by embedding equality and diversity in all aspects of the work of the CCG. An action plan to this report seeks to build on progress made.

Objective 2 Building Relationships and Partnership Working in the Community

Objective 2.1 Engage with diverse communities and consult with them when undertaking equality impact assessments and other commissioning activities.

The CCG has recruited ten people to a volunteer community ambassador role. Ambassadors are sought from all areas within the CCG's geographical boundaries.

During 2019 the Community Ambassadors have worked with the CCG to produce a leaflet entitled "The Future of Healthcare in your Community" which sets out the CCG's five-year plan. The involvement of the Community Ambassadors has helped identify the different communities across the CCG. This is informing planning of engagement events and forums. The Community Ambassadors will continue to be actively involved in this work going forward.

One Community Ambassador shared her experience of personal care as a patient story at a meeting of the Partnership Board held in public. Actions identified through discussion mirrored those made at national level by the King's Fund. This is to employ care co-ordinators, improve public information on websites and consideration of how a patient returns home on discharge. This Community Ambassador is a member of the New Models of Care Steering Group.

Ongoing engagement with the CCG member General Practices continues through each practice's Patient Participation Group (PPG). The PPGs inform CCG business through bi-monthly meetings of PPG representatives with members of the CCG's primary care team. Topics covered during 2019 have included mental health, eConsult and digital updates, the formation of primary care networks, medicines management and sharing best practice between PPGs.

The CCG has also undertaken an engagement programme to support the development of the future contractual arrangements for the Rooksdown and Beggarwood Practices. The CCG held open meetings and ran a survey to gain the views of patients, and representatives of the CCG attended patient and public groups.

Public engagement events have taken place as part of the introduction of Primary Care Networks (PCNs). These joint events between PCNs and the CCG have been held at neighbourhood level and have been well attended. They have included question and answer sessions on a range of topics to include the need for change and development of PCNs, appointment waiting times, and travel to new sites. Patients and members of the public attending these events have welcomed the prospect of access to a range of different specialists in community settings.

Objective 2.2 Work in partnership with local stakeholders and embed a multiagency approach to the delivery of healthcare services.

The CCG continues to develop working relationships with Basingstoke and Deane Borough Council, Hart District Council and East Hampshire District Council. There is very clear alignment with Basingstoke and Deane Borough Council, within the boundaries of which most of the population served by the CCG live. Information is frequently exchanged with representatives from Basingstoke and Deane and they have close links with seldom heard groups.

Each of the three District Councils has a Health and Wellbeing Partnership through which the CCG takes an active role in working in collaboration with key stakeholders in developing local strategy. There is a strong focus on prevention and self-care, of physical and mental health needs with a shared commitment to promote healthier lifestyles in local communities.

Our work with local stakeholders includes recognising the needs of vulnerable patient groups such as people with mental health needs, learning disabilities, older adults and those at risk of substance misuse and/or criminal activity. The CCG is currently participating in a public engagement process facilitated by company Mutual Gain to work with a local community to reduce violent crime.

Objective 3 Empowering staff and developing talent

Objective 3.1 Create a supportive environment where staff feel empowered

The CCG's Staff Partnership Forum (SPF) has met twice during 2019. Each CCG team is represented on the SPF and nominated by the SPF membership. It is attended by HR managers. Papers and policies discussed include the Partnership People Plan, Partnership gender pay gap report, annual leave guidance, annual performance appraisal and probation policy. SPF members were involved in a Partnership-wide discussion on types of values and behaviours that staff considered important. Online final "testing" following workshops at CCG sites resulted in the adoption of five values at the Partnership Board held in October. These five values will be launched in early 2020 across the Partnership with workshops embedding them into practice.

Objective 3.2 Undertake a skills audit and talent management strategy to develop and grow staff from within.

A full appraisal cycle using the new appraisal documentation has been completed. The new documentation was launched in April 2019. The newly adopted Partnership values will become integral to the appraisal process for the 2019/2020 annual appraisal process. Work is currently underway to establish an internal register of coaches and mentors within the

Partnership to identify gaps as part of forward planning on a learning and development prospectus.

11. MONITORING CONTRACTS WITH NHS PROVIDER ORGANISATIONS

Contracts with provider organisations are monitored at monthly and quarterly clinical quality review meetings with representatives of each provider organisation.

Metrics relating to equity of access and non-discrimination are included in contracts with provider organisations. Equality reports are submitted to commissioners via formal monthly and quarterly contract quality review meetings and reviewed by the CCG's equality lead. The main providers are:

- Hampshire Hospitals NHS Foundation Trust
- Southern Health NHS Foundation Trust
- BMI Healthcare
- Virgin Care
- North Hampshire Urgent Care

The CCG also liaises with partner CCGs that lead on contracts with other providers of the population it serves. These are:

- Frimley Health Foundation NHS Trust
- South Central Ambulance NHS Foundation Trust
- Sussex Partnership Foundation Trust
- Royal Surrey County Hospital NHS Foundation ~Trust
- Royal Berkshire NHS Foundation Trust
- University Hospitals Southampton NHS Foundation Trust
- Portsmouth Hospitals NHS Trust
- Salisbury Healthcare NHS Foundation Trust
- Solent NHS Trust

12. THE CCG'S ACTION PLAN 2020

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
1. Adopt an equality and diversity training plan	Agree and put in place a final equality and diversity training plan.	Equality and Diversity Manager working with Partnership of CCGs HR and OD leads.	Q2 2020/21	Partnership of CCGs equality and diversity training plan in place.
2. Ensure all policies and guides are up-to-date and, relevant to CCG Partnership staff who can easily access them.	a. Review and update legacy policies and guides b. Upload all policies and guides to the ConsultHR portal and signpost staff	Partnership of CCGs HR Manager	Q4 2020/21	Relevant and up-to-date Human Resources policies and guides that are relevant to all Partnership CCG staff are available

MEASURE	ACTION	BY WHOM	WHEN	OUTCOME
	via the intranet.			directly on ConsultHR or via the staff intranet.
3. Ensure HR policies that govern employment practices are equality impact assessed.	Equality impact assessment undertaken against each HR policy that governs employment practice.	HR Manager liaising with equalities lead and CCG Staff Partnership Forums.	Q4 2020/21	HR policies that govern employment practices are adequately equality impact assessed.
4. Ensure progress against equality objectives.	Monitor and review on at least an annual basis.	CCG equalities lead liaising with CCG commissioning leads.	Ongoing.	Business objectives meet the needs of the population served.
5. Develop new equality objectives that are aligned across the Partnership of CCGs.	Re-assess the CCGs' performance against the Goals of NHS Equality Delivery System 2.	Equality and Diversity Manager working with communications and engagement and HR leads.	Q1 2021/2022	Equality objectives that aligned and relevant to stakeholders across the Partnership of CCGs.

APPENDIX 1: Legal Context

Equality Act 2010

The Equality Act 2010 (the Act) simplified, strengthened and harmonised previous equality legislation into one single Act. The Act provides a legal framework to protect individuals from unfair treatment and promote a fair and more equal society.

The Act introduced the Public Sector Equality Duty (to be referred to forth with as "the equality duty"). The equality duty changed the emphasis of equality legislation from rectifying cases of discrimination and harassment after they occurred to preventing them happening in the first place. The equality duty also moved the obligation to positively promote equality rather than just avoiding discrimination from individuals to organisations. The purpose of the equality duty was to integrate equality and good relations into daily practice, organisational policies and service delivery. The equality duty consists of a general duty and specific duties.

The General Equality Duty of the Equality Act 2010

The general equality duty applies to public authorities and public, private or voluntary organisations carrying out public functions. In the exercise of their functions public authorities must have "due regard" to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups by:
  - i. Removing or minimising disadvantages suffered by people with a protected characteristic due to having that characteristic
  - ii. Taking steps to meet the needs of people with protected characteristics that are different from people who do not have that characteristic (including taking account of a disability)
  - iii. Encouraging protected groups to participate in public life and in any other activity where participating is disproportionately low
- Foster good relations between different groups by:
  - i. Tackling prejudice
  - ii. Promoting mutual understanding

Compliance with the equality duty may involve treating some people more favourably than others.

There are nine protected characteristics under the Act. These are:

- Age
- Disability
- Pregnancy and maternity
- Religion or belief
- Race
- Sex
- Sexual orientation
- Gender reassignment
- Marriage and civil partnership (but only for the first aim of the duty to eliminate unlawful discrimination, harassment and victimisation)

The Specific Duties of the Equality Act 2010

The specific duties require public bodies to publish relevant proportionate information showing how they meet the General Equality Duty by 31 January each year. In addition, they require public bodies to set specific measurable equality objectives by 6 April every four years from 2012.

Public authorities with 150 or more employees are required to publish information on how their activities as an employer affect people who share different protected characteristics. Public authorities with less than 150 employees should collect workforce information to help develop organisational objectives and assess the impact of employment policies on equality.

Human Rights Act 1998
The Human Rights Act 1998 provides a complementary legal framework to the anti-discriminatory framework and the public duties.

The Human Rights Act applies to all public authorities and bodies performing a public function. It places the following responsibility on public sector organisations:

- Organisations must promote and protect individuals' human rights. This means treating people fairly, with dignity and respect, while safeguarding the rights of the wider community.
- Organisations should apply core human rights values, such as equality, dignity, privacy, respect and involvement, to all organisational service planning and decision making.

Human Rights are intrinsic to the principles of equality and diversity. They are the basic rights and principles that belong to every person in the world. They are based on the core principles of Fairness, Respect, Equality, Dignity and Autonomy, also known as the FREDA principles (Equality and Human Rights Commission 2008). They protect an individual's freedom to control their day-to-day life (subject to criminal law), and effectively participate in all aspects of public life in a fair and equal way.

Human rights help individuals to flourish and achieve potential through:

- Being safe and protected from harm
- Being treated fairly and with dignity
- Being able to live the life they choose
- Taking an active part in their community and wider society

Health and Social Care Act 2012, Part 1, Section 13G
Related to equalities legislation is the CCGs' duty to have regard to the need to:

- Reduce inequalities between patients with respect to their ability to access health services; and
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

Health and Social Care Act 2008 (Regulated Activities)
Regulations 2014: Regulation 13
The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

To meet the requirements of this regulation, providers must have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes:

- Neglect
- Subjecting people to degrading treatment
- Unnecessary or disproportionate restraint
- Deprivation of liberty.

Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question.

Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.

CQC can prosecute for a breach of some parts of this regulation (13(1) to 13(4)) if a failure to meet those parts results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. We do not have to serve a Warning Notice before prosecution. Additionally, CQC may also take any other regulatory action. See the offences section for more detail.

CQC must refuse registration if providers cannot satisfy us that they can and will continue to comply with this regulation.

Cited reference: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper