

Equality, Inclusion and Human Rights Strategy

2016-2019



Foreword

Welcome to NHS Coventry and Rugby Clinical Commissioning Group's (CRCCG) Equality, Inclusion and Human Rights (EIHR) Strategy for 2016-2019, which sets out the CCG's approach to promoting equality and diversity.

Coventry and Rugby already have a rich history of inclusivity. In years gone by, people from Somalia, Kurdistan, Afghanistan, Romania and Iraq have all chosen to settle in the area, and it is estimated that over 140 languages are now spoken in Coventry. In recent times Rugby has seen the roll out of a huge project including the community and residential sector, with a focus on developing intergenerational working and bringing people together to help and learn from each other.

CRCCG is committed to promoting equality, diversity, safeguarding and human rights for the population it serves and for its staff, and what better way to do this than through the involvement of stakeholders and local people in the development and implementation of this strategy? We want to ensure we commission (buy) the right health care services that are equitable in terms of access and outcomes regardless of who someone is. We want a well-trained workforce where equality and diversity considerations form a natural part of everyday practice throughout the organisation as it delivers its plans. We also want to be an inclusive and equitable employer, recruiting and developing staff based on talent and ability, and recognising the benefits a diverse workforce can bring to business.

Regardless of the financial pressures currently faced by health economies across the country, our goal is for every employee of CRCCG to feel pride in the organisation, and for every patient, including hard to access group, feel confident that they have been offered the best possible service. To enable this to happen we must be fair and consistent in managing the needs of our staff, partners, and service users.

It is imperative that CRCCG fully understands the communities and individuals it serves, and continues to be clear on its commitment to tackling health inequalities. To do this it will employ meaningful engagement and respond to the diverse needs across Coventry and Rugby. We will also continue to work with providers and other commissioners across the region to regularly assess the health needs of the local population and ensure that services are developed and provided in a way that will meet those needs.

This strategy sets out how CRCCG intends to integrate equality and diversity across a number of key areas. It will not be an easy task but the equalities agenda requires a robust approach and recognition that success depends on commitment from everyone at every level within the organisation.

Introduction

This document sets out CRCCG's strategic approach to Equality and Diversity. It highlights current consideration given to this strand of work across the business, including safeguarding, and how it will be further embedded into the CCG's core activity over the next three years, 2016-19. The strategy has been developed to build on what is already in place, moving the organisation beyond legal compliance and supporting it to develop best practice. This is a live and evolving document that will cover priorities and work to be undertaken over the next three years (2016/17-2019/20) and as such will be reviewed annually.

Who We Are

NHS Coventry and Rugby Clinical Commissioning Group (CRCCG) is a membership organisation that represents all GPs in Coventry and Rugby and comprises 75 GP practices. It covers a population size of approximately 460,000 across Coventry and Rugby, including some of the most deprived areas in the country.

CRCCG has the responsibility for planning and commissioning healthcare and works with local people and organisations, including NHS Trusts, Local Authorities and other partners, to plan and pay for health services for Coventry and Rugby residents.

Our Vision

CRCCG's vision is to build relationships with patients and its communities to improve health, transform care and make best use of resources, which can be summed up as – [Better Healthcare for Everyone](#).

Our Values

1. We will ensure our population receives access to a choice of local services which are safe and patient-centred
2. Our resources will be used effectively and efficiently by investing in services that deliver quality and best value for money
3. We will be responsive and listen and work with the community, practices and partner organisations
4. We will focus on health and wellbeing, preventing ill health and reducing health inequalities
5. We will enable and empower our workforce and members to be the best they can

Local & National Landscape

Challenges

Established three years ago, CRCCG is now a maturing organisation. However, challenges at a local, regional and national level continue to come thick and fast. Rising demand on health services and a difficult financial climate mean that the CCG has been placed in financial turn-around and will post a deficit of £8.3m for 2016/17 – provided it achieves an ambitious list of QIPP savings. While these are difficult circumstances, local delivery of the Five Year Forward View will not wait and the CCG must play an active part in developing a ‘Sustainability & Transformation Plan’ with partners across the local health economy.

Increasing pressure makes it vital that CRCCG continues to deliver on the essentials. Organisations may be tempted to work reactively in this kind of climate, focusing on short-term deadlines and targets to the detriment of best working practice. Regardless of current challenges however, the CCG must ensure that employees and patients feel they have been treated equitably by the organisation.

Legislation

This Equality, Inclusion and Human Rights (EIHR) strategy will support CRCCG’s adherence to legislative requirements set out in:

- [NHS Constitution](#) – In particular the first principle which requires the NHS to “provide a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief.” Follow this link to read the [NHS Constitution](#) in full.
- [Health and Social Care Act 2012](#) – In particular, the CCG’s legal duty to:
 - Reduce inequalities between patients with respect to their ability to access health services, including hard to access groups
 - Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services
 - Promote the involvement of patients and their carers in decisions about provision of the health services to them
 - Enable patients to make choices with respect to aspects of health services

Follow this link to read the [Health and Social Care Act \(2012\)](#) in full.

- [The Equality Act 2010](#) – In particular the ‘Public Sector Equality Duty’, which requires the needs of protected or disadvantaged groups and communities are understood and addressed appropriately. Follow this link to read the [Equality Act \(2010\)](#) in full.
- [The Human Rights Act 1998](#) – In particular ensuring that all of our interactions with patients, service users and each other are in line with the FREDA principles. Service users, carers and staff can expect to be treated with:
 - Fairness
 - Respect
 - Equality
 - Dignity
 - Autonomy

Follow this link to read the [Human Rights Act \(1998\)](#) in full.

Where are we now?

Local Evidence

CRCCG Population	Coventry - 330,000	Rugby - 101,000
	<p>Health Summary Health of Coventry residents generally worse than England average. Deprivation higher than average. About 23.9% (15,400) children live in poverty. Life expectancy for men and women lower than the England average.</p> <p>Living longer Life expectancy 9.8 years lower for men and 8.5 years lower for women in most deprived areas of Coventry compared with least deprived areas.</p> <p>Child health In Year 6, 21.2% (765) of children are classed obese, worse than England average. Rate of alcohol-specific hospital stays among those under 18 was 45.5 per 100,000. Levels of teenage pregnancy and GCSE attainment worse than England average. Levels of breastfeeding better than the England average.</p> <p>Adult health In 2012, 26.2% of adults are classified as obese. The rate of alcohol related harm hospital stays was 810 per 100,000 – worse than the England average. This represents 2,347 stays per year. The rate of self-harm hospital stays was 284.5 per 100,000, worse than the England average. This represents 1,014 stays per year. The rate of smoking related deaths was 293 per 100,000. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections and TB are worse than average.</p> <p>Local priorities Priorities in Coventry include giving every child the best start in life by acting early, reducing inequalities across Coventry, and reducing unhealthy behaviours.</p>	<p>Health in summary The health of Rugby residents is varied compared with England average. Deprivation is lower than average, but 12.8% (2,400) children live in poverty. Life expectancy for men and women higher than the England average.</p> <p>Living longer Life expectancy is 6.2 years lower for men and 4.4 years lower for women in the most deprived areas of Rugby compared with least deprived areas.</p> <p>Child health In Year 6, 14.4% (147) of children are classified as obese, better than the England average. Rate of alcohol-specific hospital stays among those under 18 was 32.9 per 100,000. Levels of GCSE attainment and breastfeeding better than the England average.</p> <p>Adult health In 2012, 20.4% of adults are classified as obese. The rate of alcohol related harm hospital stays was 632 per 100,000. This represents 618 stays per year. The rate of self-harm hospital stays was 224 per 100,000. The rate of smoking related deaths was 234 per 100,000, better than the England average. The rate of people killed and seriously injured on roads is worse than average. Rates of violent crime, long-term unemployment, drug misuse and early deaths from cardiovascular diseases are better than average.</p> <p>Local priorities Priorities in Rugby include addressing alcohol misuse, smoking in pregnancy, and tackling obesity.</p>
	<p>Growth: At CCG level, CRCCG is projected to experience the highest rates of population growth in Warwickshire, increasing from 439,982 in 2014, to 537,400 (+22%) by 2037.</p>	

Workforce by Protected Characteristic (Dec 2015)

A quantitative equality analysis of NHS Coventry and Rugby Clinical Commissioning Group's (CRCCG) substantive workforce was undertaken in Dec 2015 and a report has been produced by Arden & GEM CSU on behalf of Coventry and Rugby CCG.

Key findings:

- There was some missing data for the protected characteristics of Disability, Ethnicity, Religion or Belief, and Sexual Orientation.
- Broadly, younger people were underrepresented in the workforce
- Men were underrepresented within the workforce

NHS Staff Survey (2015/16)

High level responses to questions related to equality and diversity were as follows (see appendix **one** for a further breakdown of these figures by protected characteristic):

1) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

- Of the CRCCG staff who responded to this question, 10% reported experiencing this in some form. This is compared with the national average of 5%.

2) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

- Of the CRCCG staff who responded to this question, 13% reported a negative experience to the CCG. The national average score was 12%.

3) Percentage believing that their organisation provides equal opportunities for career progression or promotion

- Of the CRCCG staff who responded to this question, 85% reported that the CCG provides equal opportunities for career progression and promotion, the national average score was 92%.

4) In the last 12 months have you personally experienced discrimination at work you're your manager/team leader or other colleagues?

- The reported data showed that the CCG had double the amount of reporting of this (6%) as compared to the national average (3%).

A theme of additional comments within the 2015 survey related to unfair practice relating to opportunities for advancement. A number of staff felt recruitment policy was not being applied consistently e.g. a lack of communication about internal opportunities, preference being given to external candidates and a lack of consistency around interviews taking place

Journey So Far (2013-16)

A fair commissioner of services	A fair employer
<p>Established and met publishing deadlines for:</p> <p>Equality Objectives (2013-16) EDS Action Plan</p>	
<ul style="list-style-type: none"> ➤ Duty as to reducing inequalities with respect to accessing health services – Health & Social Care Act 2012 ➤ Duty as to reducing inequalities with respect to outcomes achieved by the provision of health services – Health & Social Care Act 2012 	<ul style="list-style-type: none"> ➤ Advancement of Equality (Positive Action) – Equality Act 2010
<p>CRCCG is committed to reducing health inequalities in terms of access to and outcomes of health services:</p> <ul style="list-style-type: none"> ➤ CRCCG has supported its providers to prepare for, and adhere to, the new Accessible Information Standard (AIS) ➤ CRCCG has expanded two of the Lay Member roles on its Governing Body to include a focus on equality and diversity, and the reduction of health inequalities ➤ CRCCG has been instrumental in leading a piece of work to improve maternal mental health services across Coventry and Warwickshire. Perinatal mental illness affects 10% of women and evidence shows that children of sufferers often fail to reach their full potential. Working with providers, the CCG set out create a new pathway and service specification that met with national recommendations and best practice. It covers pre-pregnancy, during pregnancy, labour and delivery, postnatal care, tertiary services, OOH advice and support, access to assessments and treatment. A new service has now been launched and has received extremely positive feedback. It has also been shortlisted for a national award recognising improved patient experience. ➤ Coventry is a Marmot city and the CCG has been a key partner in an ongoing programme to reduce health inequalities across the city. For over two years CRCCG has been working with partners including Coventry City Council, West Midlands Police, West Midlands Fire Service and Voluntary Action Coventry; looking at joint solutions to local issues. Coventry picked up the national 	<p>CRCCG is committed to having a supported workforce where all employees are treated equally:</p> <ul style="list-style-type: none"> ➤ CRCCG publically reports its progress through an annual 'Workforce Profile by Protected Characteristic' report – this includes a summary of our performance against the Workforce Racial Equality Standards (WRES) ➤ CRCCG's HR team has undertaken a data cleanse of the organisation's Electronic Staff Record (ESR) data. In order to improve the completeness of information all staff have been asked to use the ESR Self Service to ensure that their details, including Equality and Diversity information, are present and correct. ➤ All policies must undergo an Equality Impact Analysis to ensure that no member of staff is discriminated against. CRCCG's policies are under a programme of review and continue to be revised and developed in collaboration with the organisation's Staff Forum. This is prior to discussion at its Clinical Quality Governance (CQG) Committee and approval at Governing Body. ➤ CRCCG continues to identify the potential abilities of candidates with a disability and concentrate efforts on removing barriers to employment and retention. In support of this CRCCG's recruitment processes comply with the 'Disability two-tick' scheme and undergo regular equality audits to ensure compliance. In addition, CRCCG has demonstrated commitment to supporting employees back to work following a period of sickness-absence through making reasonable adjustments to

<p>Public Health Award for its work reducing health inequalities in March 2016. It is also the only city of seven original pilot sites to continue the Marmot programme. CRCCG continues to work with partners to ensure health services are not delivered in silo e.g. fire service using home visits to impart vital prevention advice to vulnerable groups, statistically more likely to use health services. CRCCG has re-commissioned its Looked After Children's Health Service, adopting an outreach model to ensure all young people, especially those hard to engage, can access health service provision and ensuring the CCG can demonstrate it is robustly meeting its statutory duties to improve the health outcomes for this most vulnerable group of young people.</p> <p>➤ CRCCG has added a step to its complaints process which asks for certain personal information. This will allow the CCG to assess the demographic breakdown of its complainants.</p>	<p>their jobs, including:</p> <ul style="list-style-type: none"> ○ changes to duties, shifts or hours ○ adapting equipment and workplace <p>➤ CRCCG has a well-established recruitment and selection process policy in place. This is in line with the national NHS Jobs recruitment process as most vacancies are advertised through this channel. In some cases, where a position/post requires a certain degree of specific requirements, the CCG may advertise the vacancy in accordance with a particular trade/industry. This will depend on the level of experience, knowledge and skills that are required by the person to undertake a significant amount of responsibility. However, all posts are advertised openly and can be applied for by anyone who is interested. As part of the recruitment process all short-listing activity and appointments are made fairly on the basis of a set scoring system and the job criteria for each specific role.</p> <p>➤ CRCCG has expanded two of the Lay Member roles on its Governing Body to include a focus on equality and diversity, and the reduction of health inequalities</p>
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Current Equality Objectives (2013-16)

CRCCG's current equality objectives lack focus in terms of specific inequalities they will impact and how this will be measured. For example:

Current Objective	Issue/s
People with long-term conditions managed more effectively and able to self-manage.	Having a long-term condition does not constitute being part of a protected group. If variation in outcomes within this group is related to a protected characteristic, the objective should specifically address this.
Greater integration of health and social care – positive impact for frail/elderly.	Integration of services is likely to positively impact on the CCG's entire population. The question is whether the outcomes of some service users are being adversely affected by the fact that they sit within in a certain age bracket.
Culture of excellence in relation to patient experience	This is a reasonable aim but is fairly vague and doesn't make a direct link to equality and diversity. Nor does it specify particular evidence of patient experience being negatively impacted due to a protected characteristic. It is likely that there are circumstances where this occurs but CRCCG should focus in on these to make the objective more measurable.
Reduction in health inequalities	Again, something the CCG should prioritise but the objective is so wide the organisation may lack focus in trying to achieve it. Additionally, a range of health inequalities still exist within the population of Coventry and Rugby, perhaps too many for the CCG to address all at once. The CCG should consider prioritising a set number of health inequalities each year and ensure measurable progress against them. These should be identified using insight gained through JSNAs, patient experience data and PPI intelligence.

The most recent publication of CRCCG's equality objectives (2013-16) outlines the organisation's progress against them. Click the links below to look at each of the five objectives in more detail:

[Equality Objective 1 \(2013-16\)](#)

[Equality Objective 2 \(2013-16\)](#)

[Equality Objective 3 \(2013-16\)](#)

[Equality Objective 4 \(2013-16\)](#)

[Equality Objective 5 \(2013-16\)](#)

Please note: the summary of progress against each equality objective was accurate at the point of its most recent publication (Oct 2015).

Where do we want to be?

While the CCG has made positive steps it should look to move beyond legal compliance, initiating best practice to improve working and service conditions as well as health outcomes.

In bid to continue progress with being a fair employer and a fair commissioner CRCCG must refresh its equality objectives to reflect the changing national landscape, as well as the evolving needs of its workforce and population.

The proposed equality objectives below were informed by a variety of documentation/data:

[Five Year Forward View](#) – (NHS England)

[Tackling health inequalities](#): building a national focus across the NHS in England – 2016 (NHS England)

Public Health England Health Profiles (2015) – [Coventry](#) and [Rugby](#)

[CRCCG Commissioning Intentions – 2016/17](#)

Formulated using a variety of information including national guidance and best practice, provider performance against national and local targets, patient experience data.

Joint Strategic Needs Assessments (JSNAs):

[Warwickshire Joint Strategic Needs Assessment \(JSNA\) annual statement 2015/16.](#)
[Coventry Joint Strategic Needs Assessment \(JSNA\).](#)

Progress against former equality objectives (2013-16)

See 'current equality objectives' section of the strategy

Most recently published version of CRCCG's [EDS Action Plan](#) (January 2016)

CRCCG's NHS staff survey results (2015)

[Workforce Profile by Protected Characteristic](#)

Equality Objectives – 2016-19

The proposed list of fresh equality objectives is as follows:

CRCCG Population	<ol style="list-style-type: none"> Commission across each CCG work-stream to address most pressing areas of variation in access to services Commission across each CCG work-stream to address most pressing areas of variation in health outcomes
CRCCG Workforce	<ol style="list-style-type: none"> Work to ensure employees are treated equitably Embed culture of equality and diversity across organisation

How do we get there?

CRCCG Population

In the context of financial constraints and increasing pressure on services, it will be even more challenging for the CCG to achieve complete equity of access, and equality across care experiences and health outcomes, for the services its commissions. The priority though should be ensuring that services deliver against a baseline standard. For example, they mustn't actively exclude certain groups / communities i.e. they must be wheel chair accessible, have translators readily available etc. Once this has been achieved, the CCG may then want to look at commissioning elements tailored to actively encourage use by specific groups. These would be informed by evidence gathered through QEIAs, referral levels and ongoing performance data.

It's possible to identify numerous health inequalities that exist across Coventry and Rugby. However, it's recommended that the CCG takes a structured approach to addressing these, as to tackle health inequalities as a whole risks a lack of focus and meaningful progress by the CCG. CRCCG should use its key work-streams (listed below) as a framework for attacking the most pressing issues in terms of variation in access and health outcomes. Issues have been put forward for the CCG's particular attention over 16/17. These should be reviewed every 12 months with a fresh Quality Equality Impact Assessment (QEIA) informing the CCG of emerging or persisting problems.

CRCCG's key work-streams are:

- Elective Care
- Out of Hospital Services
- Care Homes
- Continuing Healthcare & Personalisation
- Mental Health
- Learning Disabilities
- Children, Young People & Maternity (including Looked After Children)
- Healthy Communities

An action plan has been developed for the achievement of equality objectives **one and two**. This includes a full outline of CCG work-streams and suggested priorities in terms of tackling health inequalities relating to each one.

CRCCG Workforce

As an effective commissioner, CRCCG should be aiming to embed the principles of inclusivity in everything it does. It should aim to be a reflective and supportive employer of its communities at every level. It should also strive to effect broader cultural change across the health and care sector through leading by example in the way it manages and values equality and diversity.

The CCG has previously not set out workforce-specific equality objectives, something this strategy should address if the CCG hopes to achieve the aims set out above. Below is a list of areas the CCG will address in order to achieve the equality objectives relating to its workforce and its organisational culture:

- **Work to ensure employees are treated equitably**
 - Ensure access to development / training opportunities for all employees
 - Improve consistency in the application of corporate policy
 - Continue to improve levels of staff engagement
 - Improve reporting processes around equality and diversity
- **Embed a culture of equality & diversity across the organisation**
 - Make equality and diversity a natural part of day-to-day work

- Further integrate equality and diversity into core CCG business / governance structures
- Improve reporting processes around equality and diversity
- Improve knowledge and confidence levels around equality and diversity across the workforce

An action plan has been developed for the achievement of equality objectives **three and four**, detailing how each of these points will be addressed.

Monitoring Our Progress

CRCCG's Clinical Quality Governance (CQG) Committee will monitor progress on delivery of the strategy within CRCCG. The CCG's Involvement Lead will also formally report (annually) on progress across the CCG to its Governing Body.

Two lay member roles on the CCG's Governing Body include a specific focus on equality and diversity. These roles will seek ongoing assurance that the CCG's executive team and wider senior management demonstrate the necessary level of competence and understanding around equality and diversity issues. They will also require assurance from senior management that progress against the strategy is being made within their respective areas.

Evaluation Techniques

Protected Characteristic Data – The CCG will assess the coverage and quality of data relating to protected characteristics e.g. evidence supplied by providers, demographic information gathered through involvement and complaints channels, completeness of staff information recorded through ESR.

Engagement Tools – Intelligence gathered through external and internal surveys achieving high response rates will be used to monitor progress of delivery.

Legislative Requirements – Publishing deadlines (EDS, Equality Objectives, Workforce by Protected Characteristic Report) will be used as benchmarks to regularly monitor the overall effects of the strategy.

Grading Panel – The CCG's 'Coventry Health Partnership Group' is being re-focused to address equality and diversity / engagement issues. The quarterly forum will set itself annual objectives and work against an action plan which will keep a record of the group's progress. The grading panel, once established, will be responsible for CRCCG's EDS Action Plan and provide regular equality and diversity performance reports to the clinical quality and governance committee. It will also look to achieve greater collaboration between local partners in terms of the identification of health inequalities and action taken to drive improvement. Potential membership will include appropriate representatives from local CCGs (this may be a CSU employee), UHCW, CWPT, Healthwatch organisations, VAC, Warwickshire CAVA, Warwickshire County Council and Coventry City Council. The group will also include patient/public representation.

Review of Progress

This strategy will be reviewed on an annual basis to ensure that it remains fit for purpose and takes account of any changes in legislation, equality data/information, priorities for reducing health inequalities, and consultation feedback as and when appropriate.

Appendices

Appendix One

See below for a detailed breakdown of responses to NHS Staff Survey questions relating to harassment, equality and/or discrimination:

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Of the CRCCG staff who responded to this question, 10% reported experiencing this in some form. This is compared with the national average of 5%.

Staff Areas: The admin & clerical group had significantly the highest rate of people reporting negative experiences (14%) in comparison with commissioning staff, which was lower (3%).

Due to the low numbers of respondents, no scores are shown for the following occupational groups:

- Scientific & Technical/Healthcare Scientists
- Nurses, Midwives, Nursing Assistances
- Medical & Dental
- Social Care Staff
- Other (Central Functions/Corporate Services, General Management, Public Health/Health Improvement)

Age: Those in the 51+ age bracket had the highest rate of reporting (14%). The 31-40 range was slightly lower (13%) and 41-50 had the lowest rate of reporting (6%). Due to the low numbers of respondents, no scores are shown for the following age bracket:

- 16-30 yrs

Gender: When analysing the data under the protected characteristic of gender, negative experiences were reported at comparable rates – men (13%) and women (12%).

Disability: A slightly higher rate of negative responses came from disabled staff (15%) than non-disabled staff (10%).

Ethnicity: The most significant gap was between the proportion of staff with a BME background to respond negatively (25%) and the proportion of white staff (7%).

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

Of the CRCCG staff who responded to this question, 13% reported a negative experience to the CCG. The national average score was 12%.

Staff Areas: The admin & clerical group had the highest rate of people reporting negative experiences (23%) in comparison with the proportion of commissioning staff, which was lower (10%).

Due to the low numbers of respondents, no scores are shown for the following occupational groups:

- Scientific & Technical/Healthcare Scientists
- Nurses, Midwives, Nursing Assistances
- Medical & Dental
- Social Care Staff
- Other (Central Functions/Corporate Services, General Management, Public Health/Health Improvement)

Age: Those staff aged 41-50 had the lowest rate of reporting (6%), while the same proportion of staff in both the 50+ and 31-40 age brackets reported a negative experience (18%).

Gender: When analysing the data using the protected characteristic of Gender, the proportion of women to report a negative experience (17%) was significantly higher than the rate of reporting for men (0%).

Disability: A slightly higher rate of negative responses came from disabled staff (15%) than non-disabled staff (13%).

Ethnicity: The proportion of BME staff reporting negative experiences matched that of white staff at 13%. These figures are similar to the national average of 12%.

Percentage believing that their organisation provides equal opportunities for career progression or promotion

Of the CRCCG staff who responded to this question, 85% reported that the CCG provides equal opportunities for career progression and promotion, the national average score was 92%.

Staff Areas: The admin & clerical group had the lowest rate of reporting for people believing that the CCG provides equal opportunities and career progression (64%), in contrast with commissioning staff, which was higher at 87%.

Due to low numbers of respondents, no scores are shown for the following occupational groups:

- Scientific & Technical/Healthcare Scientists
- Nurses, Midwives, Nursing Assistances
- Medical & Dental
- Social Care Staff
- Other (Central Functions/Corporate Services, General Management, Public Health/Health Improvement)

Age: Those staff aged 41-50 had the highest rate of reporting (95%). The other age brackets of 31-40 and 51+ reported at similar levels (78% and 80% respectively).

Gender: When analysing the data using the protected characteristic of Gender, women had a slightly negative belief of equal opportunities and career progression (82%) as opposed to men (92%).

Disability: When comparing staff groups with and without the protected characteristic of disability, a smaller proportion of those with a disability (64%) believed the organisation provided equal opportunities for career progression or promotion. This is in comparison with 89% of non-disabled staff who believed this.

Ethnicity: When analysing the data using the protected characteristic of Ethnicity, 88% of white staff believed that the CCG provides equal opportunities and career progression. The national average is 92%.

To preserve the anonymity of individual staff, a score is replaced with a dash if the demographic group in question contributed fewer than 11 responses to that score. This was the case when looking at BME staff.

In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?

The reported data showed that the CCG had double the amount of reporting of this (6%) as compared to the national average (3%). The figures broken down into the protected characteristics are:

Age: 2% of all age brackets felt discrimination from their manager/team leader, the national average was 0%. However, the 51+ group had lower rates of reporting (25%) as compared with the national average of 30%. The rate of reporting for those aged 16-30 (9%) was slightly lower than the national average (10%). Those aged 31-40 reported at 26%, the national average is 23%. Those aged 41-50, reported at 39%, the national average is 37%.

Gender: 2% of either felt discrimination from their manager/team leader, the national average was 0%.

Disability: 0% in this protected group reported discrimination – matching the national average.

Ethnicity: 3% of all BME staff felt they had experienced discrimination from their manager/team leader; the national average was 0%.

For this question 2% of staff felt discriminated for “other reasons” as compared to the national average of 1%.