



Barnet
Clinical Commissioning Group

Equality Information Highlight Report 2018/19

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Final

About our Equality Information Report

Publishing equality information every year is a specific duty under the Equality Act (2010). Our Equality Information Report provides information about how Barnet Clinical Commissioning Group (CCG) is meeting its Public Sector Equality Duty (PSED) and making continuous improvement in advancing equality for patients and staff. We have divided our Equality Information Report into three parts to ensure openness, transparency and relevance:

Section
1

Standard
information and
background

This information covers Barnet CCG's duty under the Equality Act (2010) and how we are meeting the duty; our commitments to equality, diversity and inclusion; the key equality issues; and useful information for patients, carers and staff. We publish this on our website under Equality Information and it is updated regularly by our Senior Equality, Diversity and Inclusion Manager. This can be accessed via <http://www.barnetccg.nhs.uk/about-us/equality-and-diversity.htm>

Section
2

Equality
Information
Highlight Report

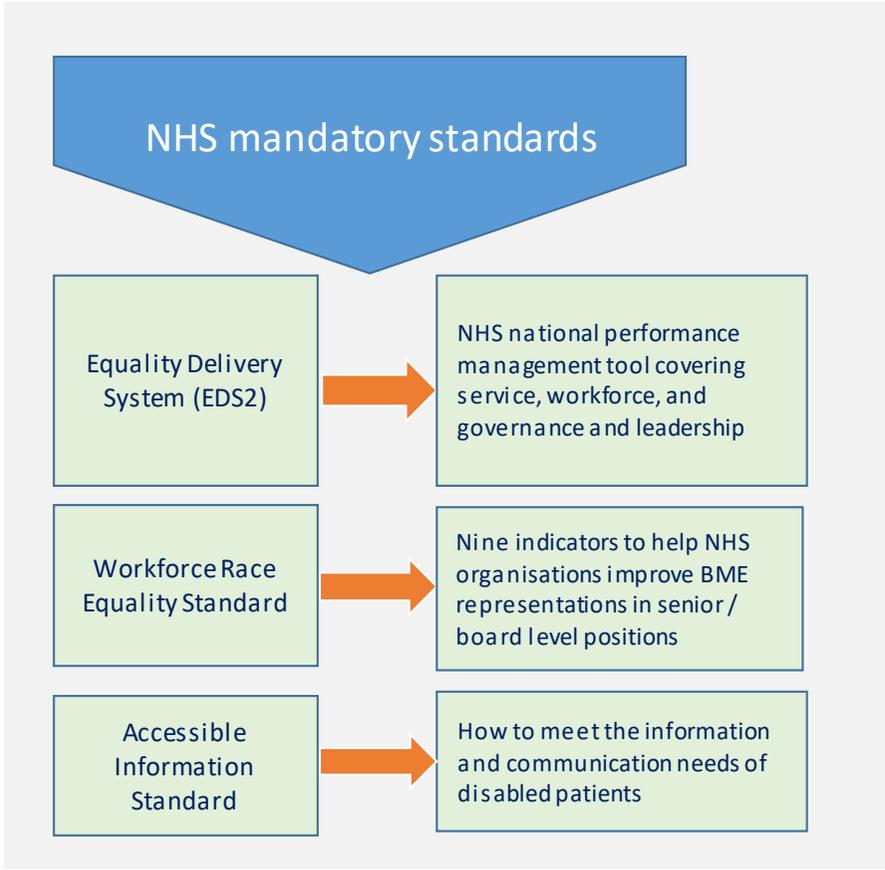
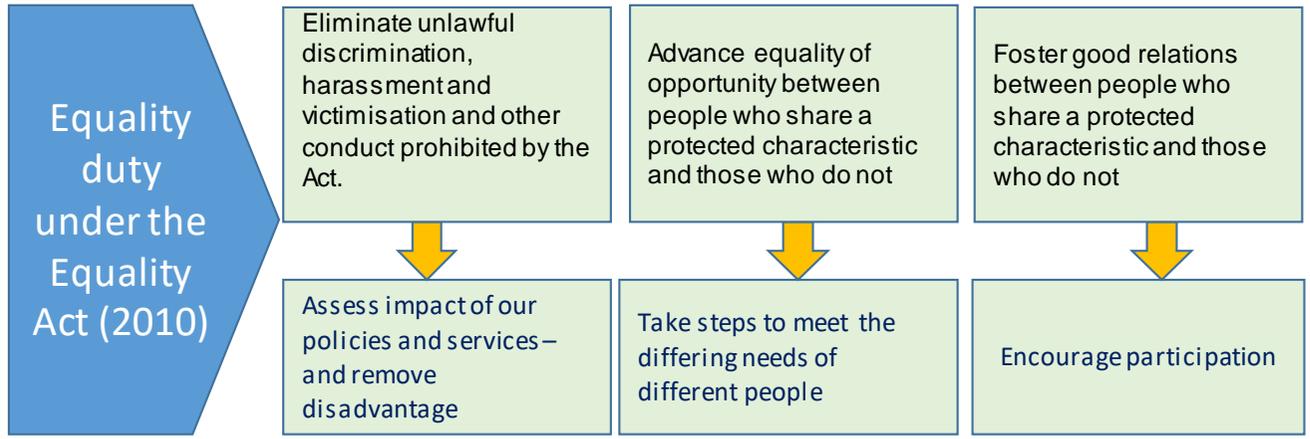
This is a highlight report which shows how Barnet CCG has delivered its equality objectives in the last year. It provides reference to the source documents where appropriate. We have included a specific section on North Central London's (NCL) Sustainability and Transformation Plan (STP) and how it has been working to advance equality across NCL CCGs.

Section
3

Workforce and
GB Members
equality
information

This section is part of our Equality Information Highlight Report which provides the data about staff and Governing Body Members and incorporates the Workforce Race Equality Standard (WRES) indicators.

Compliance to excellence: an overview of the CCG's approach to Equality, Diversity and Inclusion



Governance

In Barnet CCG the equality, diversity and inclusion (ED&I) work is supported by the CCG's Equality, Diversity and Inclusion Strategy Group. Our Governing Body is the ultimate responsible body for making sure that we comply with the public sector equality duty and all NHS mandatory standards.

Collaboration and links

Our work is very closely linked to our local health and wellbeing priorities and the priorities of North Central London. We work with our providers, the voluntary sector, NHS England and NHS Employers to advance equality for protected and vulnerable groups.



Equality Objective 1:

Commissioning services to reduce health inequalities amongst protected and vulnerable groups.

Our key activities and achievements in 2018-19

In 2018-19 we prioritised three key services for our equality objectives: Primary Care, Mental Health and End of Life. This has helped us focus on how these services are commissioned and the outcomes achieved. Our priorities are:

- Continuing to embed the primary care Mental Health (MH) link worker service within primary care with link workers now co-located within GP practices across Barnet.
- Developing a new Improving Access to Psychological Therapies (IAPT) service with the Barnet Refugee Service to further diversify the local IAPT offer.
- Developing a programme of work to further expand our local IAPT provision for 2019-20, to meet demand for IAPT services moving forward.
- We have secured NHS England funding to deliver a waiting time initiative for Children and Adolescent Mental Health Services (CAMHS) in preparation of a new model of delivery starting in April 2019.
- The Barnet Wellbeing Hub, which is a community-based voluntary sector-led collaboration, actively supported over 1200 individuals.
- The development of the specification for the Specialist Palliative Care community team has involved all commissioners and community palliative care providers. These providers already meet the healthcare needs of a diverse group of patients and often have different processes based on religious need, e.g. burial preparations.
- We have also formed a partnership with the North London Hospice and in May 2019, will co-host an all-day event as part of Dying Matters Week. Barnet CCG will have the opportunity to engage with the wider Barnet public on local end of life care initiatives and to raise its profile in this area of work.

As part of our transformation of Children and Young People's Mental Health Services (CAMHS) an Assertive Outreach Team (AOT) was commissioned in 2018-19 from the Barnet, Enfield and Haringey MH Trust (BEH MHT) assessment and treatment service by a specialist team to children, young people and their families in crisis. The service is delivered in hospitals, clinic settings, schools, community and in homes. Since launching in November 2018, the service has supported 35 young people and their families and has received positive feedback.

Equality Objective 1:

Commissioning services to reduce health inequalities amongst protected and vulnerable groups.

Our key activities and achievements in 2018-19 (cont'd)

- The NCL primary care strategy has the four overarching aims that will also support the long term plan:
 - Resilient, sustainable and thriving general practice
 - High quality, equitable and person-centred safe care
 - Proactive, accessible and coordinated care
 - Integrated services that respond to the needs of the patient and the population.
- In conjunction with this commitment, and financial investment from the General Practice Forward View (GPFV), Barnet CCG was able to invest additional money into primary care in 2018-19.
- Investment was committed to continue commissioning the extended access service to local primary care services. This service is delivered by the local GP Federation and enables all Barnet GP registered patients to access primary care services between 8am and 8pm, 365 days a year.
- A Frailty and Palliative Care Multi-Disciplinary Team (MDT) mobilised in January 2019, involving a range of health care professionals including GPs, nurses, secondary care consultants, social care professionals and local voluntary, community and social enterprise organisations. They have a range of expertise that they bring from their varied professional backgrounds, united as a team for the purpose of planning and implementing treatment programs for patients with complex medical conditions. A core output of the MDT will be a collaboratively developed care plan (advanced, where appropriate) that supports care to be provided closer to home and, where appropriate, self-care management.
- The objectives of this MDT are:
 - to enable patients to benefit from a range of integrated services across health and social care
 - to introduce models of care that will reduce avoidable non-elective admissions for the frail, elderly and palliative population of Barnet
 - to promote the use of end of life care plans to enable a greater number of Barnet residents to die in their preferred location
 - to support GP practices to work together effectively.

100%

of Barnet's GP Practices are rated as 'good' by the CQC

Source: April 2019 CQC published ratings on website

Equality Objective 2:

Improve access to all services by protected and vulnerable groups

Our key activities and achievements in 2018-19

In 2018-19 we prioritised three key services for our equality objectives: Primary Care, Mental Health and End of Life. Our achievements are:

- The role of Barnet CCG is to ensure that residents, and those registered with GPs in Barnet, have access to the healthcare services they need. We have made progress in this by working collaboratively with the people of Barnet to provide high-quality services and improve the health and wellbeing of the local population.
- Barnet CCG has commissioned Language Line to provide telephone interpreting services for all our GP practices. We have specifically commissioned telephone interpreting, as it is immediately accessible, based on patient need and no prior booking is required. There are over 240 languages available, and there are no geographical limitations.
- We have commissioned a face-to-face British Sign Language (BSL) interpreting service. We are also working closely with a member GP practice to pilot a video consultation solution for patients who require a BSL interpreter. This will bring benefits in terms of immediate access to BSL services when required, and will mean that advance booking of interpreters will not be necessary. This pilot has enabled the practice to further develop their relationship with patients and has also led to improved patient experience.
- We have successfully achieved the formation of 7 Primary Care Networks (PCN), formerly Care and Health Integrated Networks (CHINs) which has improved access for older people and vulnerable groups, please see more information in the blue bubble above .
- 'Paediatric Hot Clinics' mobilised in early January 2019. There are currently 5 clinics per week (occurring daily in-hours). The service is led by GPs from within the Network with resource provided by Barnet Federated GPs. The service uses EMIS (an Information Technology system that records and manages patient information) Community to book appointments and allows access to the full patient record to check and meet patient's specific needs.

Our 7 PCNs provide

99%

Patient population coverage within Barnet. This was achieved through the launch of the Infrastructure Locally Commissioned Services in October 2018. Prior patient population coverage was at 38%. Source: CCG data

Equality Objective 2:

Improve access to all
services by protected
and vulnerable groups

Our key activities and achievements in 2018-19 (cont'd)

- Barnet CCG has commissioned a primary care extended access service, which has been in operation since April 2017. Barnet CCG has commissioned 48,000 appointments during 2018-19 as part of the extended access service. This equates to approximately 920 additional primary care appointments each week.
- Developed a training video for care providers of people with learning disabilities on the importance of cancer screening, the risks of non-attendance and the process of best interest decision making.
- Cervical screening communication campaign has been commissioned from Claremont Communications for NCL. The focus in Barnet is on encouraging women aged 25-34 years (with a focus on women from more deprived areas/backgrounds) through a media campaign. As part of the mobilisation of this campaign on the ground, two local Health Ambassadors have been recruited.
- As part of our transformation of Children and Adolescent's Mental Health Services (CAMHS) we have identified the need to enhance our crisis response and improve the crisis pathway. In 2018-19, an assertive outreach team (AOT) was commissioned from the Barnet Enfield and Haringey (BEH) MH Trust.
- The primary goal of the AOT is to offer an accessible, flexible, community-based child and young people mental health assessment and treatment service by a specialist team to children, young people and their families in crisis. The service is delivered in hospitals, clinic settings, schools, community and homes.
- A wide range of reasonable adjustments have been made to enable successful delivery of annual health check for people with Learning Disabilities (LD). The Community Integrated Learning Disabilities Service (CILDS) offers training for support/care workers to improve understanding of how to make necessary adjustments specific to the needs of their clients. This includes:
 - Facilitated dedicated clinics
 - Extended time slots for people with severe LD and challenging behaviour and those who are physically impaired
 - Additional staffing to support with the delivery of health checks
 - Multiple short sessions offered to those who cannot cope with long appointments/extended appointments (LD health checks are very comprehensive and cover a wide range of assessments).

Engagement

- Barnet CCG works hard to embed engagement across the organisation and to work closely with our partners and key stakeholders such as Barnet Council, Healthwatch Barnet, CommUnity Barnet, other NCL CCGs and the Health and Wellbeing Board.
- When we have targeted audiences for public engagement events, we have worked with CommUnity Barnet and others to ensure these are accessible to everyone who has an interest in the issues being discussed.
- The Transforming Care Partnership (TCP) measures the service standards of the Community Integrated Learning Disabilities service (CILDS) and the main aim is to identify the high performers and engage with service users to identify gaps in service standards. A service user engagement event took place in January 2019 and asked service users, their families and carers about their lived experience of crisis management in terms of what went well and what could be done better. The feedback will be used to inform a robust crisis pathway.
- Autism services were highlighted by service users as a priority through the London Borough of Barnet's engagement board. This work is being taken forward by Barnet CCG's Joint Commissioning Unit who work across the CCG and the local authority ensuring better integration across partners. A focus group was held with people with autism including those with learning disabilities, their families and carers to get their views on the autism self-assessment framework. The feedback received informed our self-assessment. The group will be involved in further discussions and co-production of future service options.

Barnet CCG hosted the annual Barnet Parent Carer Health Conference in February 2018. The main theme of the day was "Changes to Your Local Health Services; Where Are We Now?". 65 parent/carers attended including childminders and foster carers. Presenters came from CAMHS, BEH MH Trust, Barnet Council (including resilience in schools) and KOOTH, the online counselling and emotional well-being platform for children and young people (<https://www.kooth.com>).

The main highlights from the event were:

- A powerful presentation from a parent who shared her experience of being involved in the co-production of service transformation.
- Parents were pleased to hear they could be involved with North East London Foundation Trust as representatives on their interview panels. The offer of training was included.
- Stands were held by: Special Educational Needs and Disabilities Information Advice and Support Service (SENDIASS), KOOTH, Central London Community Healthcare Trust, MENCAP, Barnet CCG, Camp Simcha and Barnet Parents Carers.
- Parent committee enlisted more representatives. The next steps are to review the key questions and feedback themes and prepare a "you said, we did" page ready for next year's conference actions.

Case study

Equality Objective 3:

Recruit and support
staff from protected
groups.

Our key achievements in 2018-19 (See appendices 2-4 for detail)

- Barnet CCG is committed to equality of opportunity for all its employees. It is committed to employment practices, policies and procedures, which ensure that no employee, or potential employee, receives less favourable treatment on the grounds of their protected characteristics, as outlined in the Equality Act 2010. Barnet CCG has a duty to ensure that its Human Resource (HR) policies reflect the public sector equality duty and the need to show 'due regard' to it. The impact of HR policy/organisational change were therefore thoroughly analysed to ensure there would be no unintended negative consequences on staff from protected groups (e.g. disability).
- Barnet CCG operates a fair and objective system for recruiting, which places emphasis on individual skills, abilities and experience. This enables people to demonstrate their ability to do a job. Barnet CCG's Resourcing Policy and Procedure explicitly supports this agenda.
- Managers consider, and make, appropriate reasonable adjustments if an applicant declares themselves as disabled.
- Reasonable steps are taken to ensure all disabled applicants are treated fairly, which includes making adjustments in terms of interviewing venue, selection and aptitude tests. Recruitment & selection and unconscious bias training is completed by managers involved in recruitment and selection.
- Barnet CCG continues to review how we positively support staff with their health and well-being whilst in employment. The selection criteria contained within the job descriptions and person specifications are regularly reviewed to ensure that they are justifiable, do not unfairly discriminate (directly or indirectly) and are essential for the effective performance of the role. Barnet CCG is committed to organisational improvement through organisational, team and personal development. This means that all employees need to continually develop their skills and expertise so that they are able to carry out their role efficiently and effectively, and fully contribute to the success of the CCG.
- The Appraisal Policy and Procedure provides a framework to maximise the effectiveness and potential of each employee so that Barnet CCG successfully achieves its objectives. The framework also helps to establish objectives for all staff ensuring links to team/service objectives and ensure the right support, tools and mechanisms are in place to achieve the objectives.

Equality Objective 4:

Strengthen the role of governance and leadership beyond compliance.

Our key activities and achievements in 2018-19

- We launched the Rainbow Lanyard to advance Lesbian, Gay, Bi-sexual and Transgender (LGBT) equality in Barnet CCG.
- We worked with our local voluntary organisations, the local authority and Healthwatch to address health inequalities amongst protected and vulnerable groups.
- Our Governing Body members, clinical leads and senior managers have engaged and worked with key community stakeholders representing the protected and disadvantaged groups to:
 - listen to their views about the services we commission
 - assess the impact of our policies and commissioning
 - engage them in decision making[see objective 1 and 2 for further information and our annual report also has a section on engagement].
- In our 360 Survey Barnet CCG scored most positively in the following areas:
 - the CCG asks the right questions at the right time when commissioning/decommissioning services
 - delivering value for money
 - reducing health inequalities
 - improving health outcomes for its population
 - engaging effectively with patients and the public.

Part 1 of our Equality Information on the website provides further information about the governance and leadership which can be accessed via the website <http://www.barnetccg.nhs.uk>.

A key sustainable business practice of Barnet CCG is to *“create equal opportunity and create an inclusive and supportive environment for our staff”*

In the 2018-19 Stakeholder Survey, the CCG scores positively in the following area *“the CCG works collaboratively with other system partners on the vision to improve the future health of the population across the whole system.”*



NORTH LONDON PARTNERS
in health and care

North Central London's sustainability
and transformation partnership



Appendix 1

North London Partners in health and care Equality Information Report

2018-19

We want to...

- Reduce health inequalities through our programmes to improve health and care services
- Improve how we work to ensure equality, diversity and inclusion is embedded in our ways of working
- Reduce health inequalities amongst protected and vulnerable groups through better engagement with communities and residents

The North Central London Partnership

We are a partnership of the NHS and local authorities, working together with the public and patients where it is the most efficient and effective way to deliver improvements.



More details and the full plan can be found here: <http://www.northlondonpartners.org.uk/>

Key ways to reach our ambitions

- Empowering NCL residents and putting them at the heart of everything we do and building meaningful relationships – across our organisation and our partners in North Central London
- Listening to diverse voices, learning from people's experience and making them part of the decision making process through:
 - NCL Communication and Engagement Network
 - Engagement Advisory Board
 - Online Engagement Hub
 - residents representatives and experts by experience group (e.g. Mental Health Workstream – Experts by experience group with support from Haringey Healthwatch)
- Gathering information about people with protected characteristics living and working in NCL
 - using local evidence of health inequalities amongst protected and vulnerable groups e.g. JSNA, equality impact assessments;
 - engaging with the community - e.g. Engagement Advisory Board
- Engaging local residents in evaluating our performance and learning from the process
 - e.g. residents representative are involved in the Teledermatology proof of concept evaluation
- Ensuring all our transformation programmes are equality impact assessed and measures are in place to reduce and prevent health inequalities for our residents
 - e.g. [Adults Elective Orthopaedic Service Review engagement report](#)

Actions implemented and progress

- Accessible information is provided to residents and communication support is available if they need it (easy read leaflets, leaflets translated in different languages)
- Ensured reasonable adjustments are in place
- Effective partnerships have been developed with community organisations and active outreach and collaborative work undertaken with the voluntary sector to support residents from protected and vulnerable groups to engage
- Developed close working relationship with Healthwatches in Barnet, Camden, Enfield, Haringey and Islington
- Created opportunities for service user feedback to inform service improvements (face to face meetings, community events, online engagement hub)
- Peer to peer engagement e.g. [case study from NCL Maternity Programme](#)
- Use of innovative engagement methods such as: participatory appraisal and community action research methods e.g. NCL Better Birth Maternity Programme
- Targeted recruitment for residents' representatives as part of decision making and implementation boards / groups
- Ensured robust equality analysis and action planning for each programme

Adult elective orthopaedic Review

North London Partners in Health and Care (NLP) is a partnership of health and care organisations from the five London boroughs of Barnet, Camden, Enfield, Haringey and Islington. Following agreement at the NCL Joint Commissioning Committee (JCC) meeting on 1 February 2018, NLP launched a review of adult elective orthopaedic services across North Central London (NCL). The review is testing the proposition that moving to a smaller number of centres carrying out adult elective orthopaedic surgery will improve both the quality of care and achieve better outcomes for patients, as well as making efficiencies as a consequence of these improvements.

A key commitment of the NCL STP is to involve patients who share one or more protected characteristic so that future plans are inclusive, eliminate discrimination, advance equality and foster good relations between those who share one or more protected characteristic. To inform this:

- An engagement plan for the review setting out how the review team would listen to patients to establish what they consider important about the services, and what could be improved in the future, before developing options about what might change.
- An equality analysis was developed which set out to identify positive and negative impacts for the population to inform the discussion towards service reconfiguration, and identify which (if any) of the protected characteristics groups are more likely to be affected by the proposals due to their propensity to require different types of health services.

In August 2018, the review published a draft case for change for engagement with patients, residents and wider stakeholders. During the engagement phase of the programme (between August and October 2018) the NCL team engaged with 26 organisations with reach to equalities communities (i.e. groups sharing 9 protected characteristics, caring responsibility, social deprivation), held 9 meetings and events relevant to equalities communities and reached out via 17 channels (5 boroughs via Healthwatch or CCG and 4 providers) to communities across NCL.

Appendix 1

Equality Information Report 2018-19



Workforce and Governing Body Members Equality Information including the WRES



Summary

Under the Equality Act (2010), we are required to publish our equality information to show how we are meeting the public sector equality duty as a commissioning organisation and an employer. This appendix is part of the equality information report and shows how Barnet CCG has performed in terms of implementing the Workforce Race Equality Standard (WRES) and Equality Delivery System (EDS2) to meet its public sector equality duty.

As at 31 March 2019, Barnet CCG employs 97 staff including 3 office holders who are not employees of Barnet CCG, but are on the payroll. We have included them for WRES purposes only. This is not a big number when divided into different protected groups. Secondly, for some indicators, the race equality data is too small to draw any meaningful conclusions as a small change in the number can skew the percentage significantly, and therefore the percentages need to be treated with caution.

Key highlights

100% of GB members have completed the diversity monitoring forms and all but one have disclosed their ethnicity.

The numbers of Black, Asian and Minority Ethnic (BME) staff have increased by 2% since 2017-18 and are well represented in Bands 1-7. However, in bands 8a and above, BME staff are under-represented and this has not improved in 2018-19.

5% of Barnet CCG staff have a disability and 2% are from LGBT backgrounds (an increase of 1%). The number of male staff has increased by 7% since 2018 and now stands at 27%.

The likelihood of BME staff being appointed, compared with White staff, has improved from 2.25 times less likely in 2017-18 to 2.12 times less likely in 2018-19.

The experience of bullying and harassment by BME staff has improved since 2017. It appears, according to the 2018 staff survey, that more BME and White staff felt that Barnet CCG provides equal opportunities for career progression and promotion.

Background

NHS Barnet CCG publishes its staff equality information to meet the equality duty under the Equality Act 2010 in relation to workforce. In addition, Barnet CCG has been publishing the Workforce Race Equality Standard (WRES) report since 2015. This year we have combined the WRES report with the workforce diversity report so that we can show how Barnet CCG is performing across all protected characteristics. This will also help us in our readiness to adopt the Workforce Disability Equality Standard (WDES), which has already come into effect for our providers.

This report includes information about our current workforce and Governing Body Members, recruitment, training and staff survey by protected groups. We have not included information about gender re-assignment as there is no available data to report and currently the Electronic Staff Records (ESR) system does not have a category for gender-reassignment.

How we have prepared the report

This report shows how Barnet CCG has progressed against the nine indicators for the period 2018-19 and includes (where applicable) a comparison to the 2017-18 WRES data. The report also contains recommendations for Barnet CCG to enhance the CCG's position in relation to race equality.

To demonstrate how Barnet CCG meets each indicator, data has been collated from several sources, including workforce data from ESR and TRAC (a workforce management system); local demographic data from the 2011 Census as recommended in the WRES guidelines. The data on recruitment and non-mandatory training and Continuous Professional Development (CPD) has been gathered from the April 2018 – March 2019 records.

The Staff Survey 2018 WRES questions have been used for the WRES indicators (5-8).

The roles of CCGs in implementing the WRES

Clinical Commissioning Groups (CCGs) have two roles in relation to the WRES, as commissioners of NHS services and as employers. In both roles, their work is shaped by key statutory requirements and policy drivers including those arising from:

- The NHS Constitution
- The Equality Act (2010) and the public sector Equality Duty
- The NHS standard contract and associated documents
- The CCG Improvement and Assessment Framework

In addition to the NHS standard contract, the CCG Improvement and Assessment Framework also requires CCGs to give assurance to NHS England that their providers are implementing and using the WRES. Implementing the WRES, and working on its results and subsequent action plans, should be a part of contract monitoring and negotiation between CCGs and their respective providers. If there is something amiss with the providers' implementation, or use of the WRES and what the results of WRES actually show, CCGs should have meaningful improvement focused dialogue with those providers. However, the improvement dialogue with its providers can only be credible if the CCG itself is taking serious actions to improve its performance against the WRES indicators.

CCGs should commit to the principles of the WRES and apply as much of it as possible to their workforce. In this way, CCGs can demonstrate good leadership, identify concerns within their workforce, and set an example for their providers. CCGs are not formally required to fully apply the WRES to themselves, as some CCG workforces may be too small for the WRES indicators to either work properly or to comply with the Data Protection Act (2018). However, neighbouring or similar (comparator) CCGs may wish to submit a jointly co-ordinated WRES report and action plan; this can counter potential skew of small workforce numbers.

Race

WRES Indicator 1: Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental subgroups and Very Senior Managers (VSM), including executive Board members, compared with the percentage of staff in the overall workforce disaggregated by:

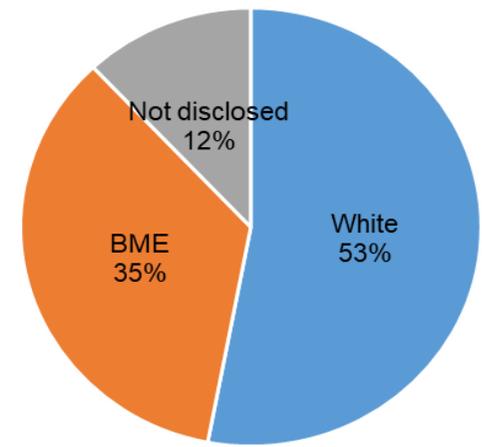
- Non-Clinical staff
 - Clinical staff, broken down by
 - Non-Medical staff
 - Medical and Dental staff
-
- The WRES indicator has been changed since 2016 and now includes all clinical and non-clinical staff. Barnet CCG reports its staff data by including permanent staff and those who are on the payroll but not employed by Barnet CCG (e.g. Office Holders).
 - For comparison purposes, Barnet CCG has kept the grouping of the data to Band 1-7, and from 8 to 9 and VSM and has used a separate category for Office Holders who do not fit in either of the first two categories and are not staff of Barnet CCG (e.g. Governing Body members who are clinical leads and are on payroll).
 - Numbers have been included next to the percentages to show statistical significance.

WRES Indicator 1: cont'd

Workforce by ethnicity

	2016/17	2017/18	2018/19	Performance compared with 2017/18
White	59%	56%	64%	+8%
BME	32%	27%	29%	+2%
Not disclosed	10%	17%	7%	-10%

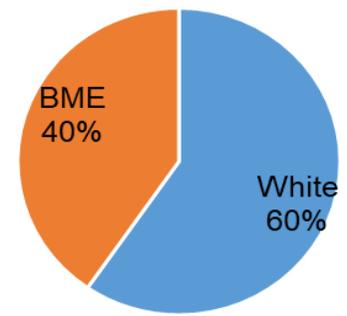
NCL Workforce at at 31st March 2019



Workforce as at 31st March based on self-disclosed data compared with local population

Ethnicity	Staff	Population (2011 Census)
White	69%	64%
BME	31%	36%

NCL workforce as at 31st March 2019 based on self-disclosed data



Based on the self disclosed data, White staff are over-represented by 5% and BME staff are under-represented by 5% compared with the local population.

WRES Indicator 1: cont'd

Staff as at 31 March 2019 and percentage changes from 2017/18

	Bands 1-7		Change in % representation	Bands 8a - VSM		Change in % representation	Office Holders		Change in % representation
	Number	%		Number	%		Number	%	
White	15	54%	-3%	45	68%	+4%	2	67%	+34%
BME	10	36%	-3%	18	27%	-3%			
Not disclosed	3	10%	+6%	3	5%	-1%	1	33%	-34%

The above table shows the percentage changes in staffing in Barnet CCG and includes Office Holders. The changes in percentage need to be treated with caution as they may indicate a small, or no change in the numbers of staff. Also, it should be noted that not all Office Holders have disclosed their ethnicity.

There has been an improvement since 2017-18 in staff and Office Holders disclosing their ethnicity.

BME staff are over-represented in bands 1-7 but under-represented in bands 8a - VSM compared with the local demography.

Workforce as at 31 March 2019 based on self-disclosed data

Ethnicity	Bands 1-7	Bands 8a - VSM
White	60%	71%
BME	40%	29%

Staff by protected groups as at 31 March 2019 compared with 31 March 2018 figures

Age group	2018	2019
Under 31	4%	11%
31 - 40	23%	32%
41 - 50	25%	27%
51 and above	47%	30%

Gender	2018	2019
Female	80%	73%
Male	20%	27%

Marital Status	2018	2019
Divorced	1%	2%
Married	66%	61%
Single	29%	32%
Legally Separated	0%	0%
Civil Partnership	0%	2%
Widowed	0%	0%
Do not wish to disclose	4%	3%

Sexual Orientation	2018	2019
Lesbian/Gay/Bisexual/Transgender*	1%	2%
Heterosexual	74%	76%
Do not wish to disclose	25%	22%

Disability	2018	2019
Yes	6%	5%
No	66%	76%
Do not wish to disclose	28%	19%

Religion/Belief	2018	2019
Atheism	11%	18%
Buddhism	0%	1%
Christianity	33%	32%
Hinduism	11%	7%
Do not wish to disclose my religion/belief	27%	27%
Islam	6%	4%
Jainism	1%	1%
Judaism	6%	6%
Sikhism	0%	1%
Other	5%	3%

We aim to reduce the percentage of non-disclosure and have put in place a system to update the diversity data of our workforce.

We are also working with our workforce team and HR colleagues to implement an annual data cleansing exercise.

* Number for sexual orientation and gender reassignment may be too small to report-so they have been rolled into one under LGBT

WRES Indicator 9: Percentage difference between the organisation’s Board membership and its overall workforce

Governing Body (GB) Members ethnicity data as at 31 March 2018 compared with the local population and Barnet CCG workforce

	2017-18		2018-19		Demography	Comparison with local demography	Comparison with CCG workforce
	GB Members	CCG Staff	GB Members	CCG Staff			
White	67%	61%	75%	64%	64%	+11%	+11%
BME	7%	33%	17%	29%	36%	-19%	-12%
Not disclosed	27%	6%	8%	7%		N/A	N/A

GB Members as at 31 March 2019 based on self-disclosed data*

Ethnicity	GB members
White	82%
BME	18%

Key highlights

- Disclosure of ethnicity by GB members has increased significantly in 2018-19.
- The above information is based on Barnet CCG’s voting members and staff that are employed by Barnet CCG (excluding office holders).
- Similarly to the ethnic breakdown of Office Holders, there is an under-representation of BME members on the Governing Body compared with the local BME population and the CCG workforce.

* One GB member has not disclosed ethnicity

Training

WRES Indicator 4: Compare the data for White and BME staff: Relative likelihood of staff accessing non-mandatory training and Continuing Professional Development (CPD)

Both White and BME staff have accessed non-mandatory training and CPD in 2018-19. However, as the number of staff accessing non-mandatory training and CPD is very small for Barnet CCG, we are aggregating the figures of all NCL CCGs.

We are in the process of collating the data from different directorates to produce something which is meaningful and can be used for planning further actions.

WRES Indicator 2: Compare the data for White and BME staff: Relative likelihood of staff being appointed from shortlisting across all posts

Recruitment from 1 April 2018 - 31 March 2019 by ethnicity

Ethnicity	Applicants		Shortlists		Appointments	
	Count	%	Count	%	Count	%
White	309	28%	74	24%	25	34%
BME	733	66%	109	15%	17	16%
Not disclosed	73	6%	14	19%	5	36%

As shown in the above table, we have analysed the recruitment data for race inequality by comparing the BME shortlist data with the BME applicant data and the BME appointment data with the BME shortlist data. The same has been applied for applicant, shortlisting and appointments information.

(Note: The shortlist and appointment figures are compared only to that ethnic group and not the overall candidates at that stage, as a result the total for each of these stages do not add up to 100%, as it does at application stage)

Nb. Applications are anonymised for the purpose of shortlisting, therefore, recruiting staff will not be aware of the ethnicity of staff at the shortlisting stage.

In 2018-19 Barnet CCG employed 47 staff. BME staff were 2.12 times less likely to be appointed compared with White staff. This has improved from 2.25 times less likely in 2017-18.

WRES Indicator 3: Compare the data for White and BME staff: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (This indicator is based on data from the most recent two-year rolling average).

The CCG monitors all disciplinary cases based on protected characteristics. As the number is less than 5, the CCG will not report the number to protect the identity of the individuals concerned.

The number of disciplinary cases across NCL is also small and as a small number can make a significant difference in the percentage, the figures provided need to be treated with caution.

Whilst we are not reporting the numbers for reasons mentioned before, we are monitoring any trends, including for ethnicity inequality and using them for operational improvement purposes only.

Staff Survey (WRES Indicators 5-8: Compare the outcomes of the responses for White and BME staff)

Percentage of CCG staff that said 'YES' to the WRES questions in the 2018 staff survey

Staff Survey indicator (WRES)	Ethnic Group	2017	2018	NCL CCGs average
Indicator 5- KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	29%	10%	11%
	BME	10%	5%	8%
Indicator 6- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	33%	30%	24%
	BME	55%	40%	36%
Indicator 7- KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	White	67%	90%	81%
	BME	33%	42%	not available
Indicator 8- Q17- In the last 12 months have you personally experienced discrimination at work from any of the following: manager/team leader or other colleagues?	White	10%	10%	6%
	BME	32%	15%	20%

Figures show CCG staff experience compared with their counterparts (e.g. White/BME).

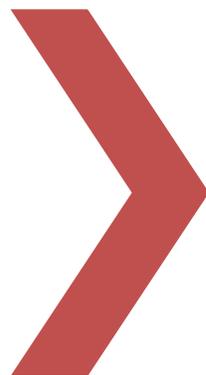
- The percentage of BME staff that reported to have experienced bullying and abuse from staff (Indicator 6) and managers/team leader or other colleagues (Indicator 8) has improved since 2017.
- The survey results shows that more BME and White staff felt the CCG provides equal opportunities for career progression and promotion.
- The CCG is currently developing action plans to address the outcomes of the staff survey in 2019-20

WRES Indicators

The aim of the WRES is to help NHS organisations improve their race equality performance.

The standard is mandatory. CCGs are required to implement them in their own organisations and also to hold their providers to account.

These Indicators have been revised by NHS England in May 2019. CCGs will be required to use the new system to prepare and publish reports. Once the guidance is made clear in June 2019, the CCGs may need to update certain information by September. The Governing Body will be provided an update in due course as to how the CCG will meet the new requirements.



Workforce indicators	
For each of these four workforce Indicators, <u>compare the data for white and BME staff</u>	
1.	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: <ul style="list-style-type: none"> • Non-Clinical staff • Clinical staff - of which <ul style="list-style-type: none"> - Non-Medical staff - Medical and Dental staff <p>Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.</p>
2.	Relative likelihood of staff being appointed from shortlisting across all posts Note: This refers to both external and internal posts
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.
4.	Relative likelihood of staff accessing non-mandatory training and CPD
National NHS Staff Survey indicators (or equivalent)	
For each of the four staff survey indicators, <u>compare the outcomes of the responses for white and BME staff</u>	
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
Board representation indicator	
For this indicator, <u>compare the difference for white and BME staff</u>	
9.	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: <ul style="list-style-type: none"> • By voting membership of the Board • By executive membership of the Board <p>Note: this is an amended version of the previous definition of Indicator 9</p>

Appendix 4: Barnet WRES Action Plan (2018-19) Progress Report

Indicator	Action 2018/19	Outcome	Lead	Progress so far
1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. (clinical and non-clinical)	Attract applicants from the local community by publicising jobs locally.	CCG jobs publicised through local partners and community organisations.	Raksha Merai & Donna Green	Vacancies were publicised through the communication and engagement team to local community groups such as Patient newsletters, voluntary action groups, disability group.
2. Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all post (internal and external)	Provide training to Governing Body Members and staff on unconscious bias and recruitment and selection training. Ensure, where possible, there is a BME panel member on the selection panel for positions in Band 8a and above.	Likelihood of BME staff being shortlisted and appointed increased across all Bands to a comparable level with White staff.	Raksha Merai & Donna Green	Further actions taking place: <ul style="list-style-type: none"> Monitor the data annually which we publish in our WRES progress report Delivered unconscious bias training/Recruitment and Selection training to all staff including GB members across all NCL CCGs in 18/19
3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into formal disciplinary investigations.	Continue monitoring all disciplinary cases.	Disciplinary cases are dealt with in a fair and consistent manner.	Raksha Merai & Donna Green	All policies including the disciplinary policy are Equality Impact assessed. HR meet on a bi-weekly basis to monitor/review all ER cases across NCL. Case numbers are shared with key HR data on a quarterly basis with EMT boards and on a monthly basis with the COO. In addition we work in Partnership with our Union colleagues to map against protected characteristics and provide data for action planning purposes.
4. Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff.	Publicise non-mandatory training and CPD programmes. Encourage and motivate BME staff through PDP & objective setting	Take up of non-mandatory training and CPD increased.	Raksha Merai & Donna Green	Further actions taking place: <ul style="list-style-type: none"> Each PDP has monitored and a Training Needs Analysis created for 18/19. We are currently monitoring Appraisal compliance in the CCG. All training will be advertised in Staff Comms, and Newsletters and the Intranet as well as through the Workforce System. Monitor attendance lists against E&D data Made Appraisal process simpler with the introduction of the Appraisal module on the Workforce System. This also allows for PDPs to be created onto the system.
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	<ul style="list-style-type: none"> Continue offering equality and diversity training Promote dignity at work policy through Board Development Sessions and staff meetings Celebrate diversity in the CCG to raise awareness Monitor all external and internal recruitment activities. Conduct mini staff survey in June 2018 – and bullying and harassment will be one of the areas. 	Reduced incidents of bullying and harassment in the organisation. More staff should feel that the CCG is a fair employer	Raksha Merai & Donna Green	<ul style="list-style-type: none"> Corporate message about equality, diversity and inclusion highlighting the CCG's position and commitment to race equality. OD lead was appointed in 2018/19 to work across 2 CCGs Set up a Staff Involvement Group, Mental health champions recruited. WAP process to ensure all post are signed off and advertised appropriately in NCL. Training being rolled out across NCL for managers and staff re B&H Celebrated religious events such as Eid & Christmas Mini Staff Survey conducted and results shared with SMT
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months				
7. Percentage believing that CCG provides equal opportunities for career progression or promotion.				
8. In the last 12 months have you personally experienced discrimination at work from any of the following: Manager, Team Leader, Other Colleagues?				
9. Percentage difference between the organisation's voting membership and executive membership of the Board	Continuously review the makeup of Governing Body voting members to ensure race equality. Update GB members ethnicity data	GB voting members reflective of the staff and local community.	Raksha Merai & Donna Green	Further actions taking place: The CCG is working to ensure the GB members reflect the community we serve, and we are updating the ethnicity data across NCL every year for monitoring purposes. Additionally, we will look to review Board composition and action plan against % difference.