NHS
Enfield
Clinical Commissioning Group

Equality Information Highlight Report 2018/19

For further information please contact:

Emdad Haque
Senior Equality, Diversity and Inclusion Manager
Emdad.Haque@nhs.net
07753836900

Final-1.0

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 the 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 in three parts to ensure openness, transparency and relevance.

Section 1	Standard information and background	This section covers the CCG's duty under the Equality Act 2010 and how we are meeting the duty; our commitments to equality, diversity and inclusion; our key equality priorities; and some useful information for patients, carers and staff. We will publish this on our website in July 2019- and it will be regularly updated by the Senior Equality, Diversity and Inclusion Manager. The CCG Equality, Diversity and Inclusion Group has approved the text for this section.
Section 2	Equality Information Highlight Report	This section is the Highlight Report which shows how the CCG has delivered its equality objectives in the last year. It provides reference to the source documents where appropriate. There is a specific section on NCL STP and how it has been working to advance equality across NCL CCGs.
Section 3	Workforce and GB Members equality information	This section is a 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

Equality duty under the Equality Act 2010

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.	Advance equality of opportunity between people who share a protected characteristic and those who do not	Foster good relations between people who share a protected characteristic and those who do not
Assessing impact of our policies and services – and removing disadvantage	Taking steps to meet the differing needs of different people	Encouraging participation

NHS mandatory standards

Equality Delivery System (EDS2)	NHS National performance management tool covering service, workforce- and governance and leadership
Workforce Race Equality Standard	Nine indicators to help NHS organisations improve BME representations in senior / board level positions
Accessible Information Standard	How to meet the information and communication needs of disabled patients

Governance

In our CCG the Equality, Diversity and Inclusion (ED&I) work is supported by an Equality 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. We have a Governing Body Lay Member who is the lead for Equality, Diversity and Inclusion.

Collaboration and links

Our work is very closely linked to our local Health and Wellbeing priorities and that 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.

Advancing equality through commissioning

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.

Equality Objective 1:

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

- CCG has utilised the Joint Strategic Needs Assessment (JSNA) to commission a range of services including respiratory, cardiology and primary care mental health.
- Commissioned the first inpatient complex rehabilitation service in Enfield of our most complex mental health patients.
- Commissioned a primary mental health service to support primary care with easier access to a mental health professional.
- Substantially improved the numbers of children and young people accessing Child and Adolescent Mental Health Services.
- Commissioned proactive assessment and management service to improve the quality of life for people who have moderate frailty.
- BEH Mental Health Trust (BEHMHT) is working to improve the physical health monitoring of mental health patients. The CCG is working with the Trust to improve the Child and Adolescents Mental Health (CAMPH) referral rate.
- There has been an improvement in BEHMHT complaints management.

Our commissioning decisions are informed by robust equality impact assessments (EQIA). In 2018-19 We completed a number of local and an NCL EQIAs.

We are working with our providers to improve patient engagement and experience part of which is seeking assurance on the Workforce Race Equality Standard and Equality Delivery System (EDS2) implementation.

Barnet, Enfield and Haringey Mental Health Trust have launched their new Trust strategy. The strategy sets out the Trust's plans for the coming years. It also summarises their aspirations to continue to improve and develop their organisation and responds to local and national health and care priorities.

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Equality Objective 1:

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- Continuing health care (CHC)

The service continues to progress with Any Qualified Provider (AQP) placements. All Discharge to Assess placements are now placed under the AQP agreed rates. Our nursing home placements prove most challenging as there are few nursing homes in the market that are signed up to the AQP framework. The service continues to be more successful in commissioning for domiciliary care using the three tier rate structure.

- A GP lead post was created to lead Enfield Macmillan End of Life Care. It's expected that potholder will provide clinical leadership and work collaboratively with Primary Care and facilitate the implementation of the EOL strategy.

- Integrated Urgent Care now offers:
- Direct booking into GP extended access hub at weekends for patients requiring face to face appointments ensures greater choice of location and promotes care closer to home. Offering appointments closer to home facilitates reduced travel time.
- Face to face appointments at primary care hubs will also facilitate access to patient primary care record and greater understanding of primary care need.

We are working with our providers to address quality, safety and clinical outcomes of mental health services.

North London Partners has an ambition to improve the care we provide to the 6,000 residents in our resident and nursing care homes. One of our Darzi Fellows will provide clinical leadership to co-design and implement new models of care for these patients, working in partnership with a wide range of stakeholders, and care home residents and families.

Advancing equality through commissioning

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.

Equality Objective 2:

Improve access to all services by protected and vulnerable groups.

Our equality impact assessments have analysed the impact of our decisions on protected and vulnerable groups- and how existing barriers can be removed to make services more accessible to protected and vulnerable groups.

Our approach to ensuring equity in access to services involved-

- Making reasonable adjustment
- Promoting the Accessible Information Standard.
- Providing training for staff
- Engaging stakeholders and communities

- Primary Care & Out of Hospital Development: strategic and operational development of primary & community care to support moving care close to home where clinically appropriate.
- During 2018/19 the CCG has consolidated all Care Closer to Home services under one offer to patients: the Enfield Single Offer. This provides equal access for all Enfield residents, regardless of which practice they are registered with, by offering this service delivery opportunity to a federated model of general practice, where some elements are delivered by individual practices and others are delivered via 'hubs' on behalf of groups of practices. The key areas that contributed to improving access to services and reduce inequalities among many protected groups included-
  - Atrial Fibrillation (AF) and pre-diabetes
  - Patient Online Access - Practices encouraged patients to register for Patient online services and to enable self-booking/cancellation of appointments and ordering repeat prescriptions.
  - Prostate Cancer patients whose care is transferred from secondary care to primary care.
  - Diabetes Quality Improvement Support Team (D-QIST) Improved the 3 key clinical outcomes for patients e.g. controlling blood glucose, blood pressure and cholesterol, particularly in the south east locality.
- In September 2018 Enfield CCG introduced a community specialist asthma nurse, as part of plans to develop an integrated asthma pathway between hospital, primary and community services. They also provides training for primary care staff.

Advancing equality through commissioning

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Equality Objective 2:

Improve access to all services by protected and vulnerable groups.

- Enfield CCG commissions four extended access sites to deliver additional primary care appointments between 13:00 - 20:00 weekdays and 08:00-20:00 weekends and bank holidays.
- Enfield has also added in walk-in access alongside bookable access, as well as providing appointments during the 'in (core) hours' period to respond to how our patients want to access services and to try to reduce A&E attendances.

Services offered interpreting and translation services were available for patients for ensure their involvement in treatment and care

- The CCG enhanced access to primary care by providing substantial amount of additional appointments in our hubs, particularly those in the two most deprived localities. Over 60,000 Enfield patients were seen at the Extended Access Hubs.
- During 2018/19, NHS 111 Online version successfully launched, and todate these access routes have provided over 14,000 users triaged without the need to speak to someone in the NHS 111 service. This has offered an alternative access route to users. Typically, this access route is used by the 20-30 year old age group.
- Practices have encouraging patients to register for Patient online services and to enable self-booking/cancellation of appointments and ordering repeat prescriptions. There has been a good response from patients to this online service. It is envisaged that with the new NHS App rolled out in Enfield will improve future uptake of online services.
- The 2018/19 national ambition for Improving Access to Psychological Therapies (IAPT) for local services was 4.75% (in Quarter 4); the referral to treatment target was met. To achieve this, Enfield CCG commenced treatment for 6,474 service users this year. Work is continuing with our providers and partners to improve the waiting time.
- The CCG has invested £300K in the Access Team to improve access to the Child and Adolescence Mental Health Service (CAMPHS). Access figures have continued to show good progress throughout the year – and additional resource has been committed to recruit specialist staff which will improve waiting time and assessments.

Advancing equality through inclusive communication and engagement

Our key activities and achievements in 2018-19

- Enfield CCG engaged on our Commissioning Intentions in Autumn 2018. The Voluntary and Community Stakeholder Reference Group (VCSRG), whose membership includes the leading local organisations that cover the nine protected characteristics, reviewed the draft Commissioning Intentions and commented in October 2018. The Commissioning Intentions were also discussed at the Patient and Public Engagement Event in October 2018 and shared with stakeholders via our email newsletter.
- Each programme or project is required to have an Equality Impact Assessment, Quality Impact Assessment, and Communications and Engagement plan.
- Commissioners use existing contractual data, and other available data e.g. Joint Strategic Needs Assessment and NHS Right Care packs to consider the impact of current health inequalities and to plan to reduce these as part of any service changes.
- During this year, Enfield CCG has worked closely with our diverse communities by taking a structured and pro-active approach to engagement. We hold three public events a year around our commissioning cycle. We also host the VCSRG, a Patient Participation Group network and these report into our PPE Committee, which is a subcommittee of the Governing Body and oversees the discharge of our statutory engagement duties.
- We attend and support community events, which carry out targeted engagement with protected groups. This included: sponsoring a Falls Event and Keep Well this Winter Event targeted at older residents and attending a Friendship Matters Event (organised by LBE and by invitation to elderly, vulnerable and housebound residents).
- Enfield CCG also supported larger North Central London pieces of work such as the Orthopaedic Review, helping the team to identify and contact the local minority/vulnerable groups that had been identified in the EIA such as patients who been through gender reassignment and older patients. This led to targeted engagement with those groups.

- Enfield CCG has been working on a redesign of the local ophthalmology pathway in 2018/19. The aim is to commission a new minor eye service from local ophthalmologists. The service can treat minor eye conditions and make referrals for visual problems such as glaucoma.
- Enfield CCG has been working with The Thomas Pocklington Trust and Enfield Vision as umbrella organisations for people with visual disabilities.
- The CCG advertised for individual patients to join a working group to support the development of the new service http://www.enfieldccg.nhs.uk/volunteering-opportunities.htm we widely advertised this to our stakeholders via email, website and Twitter and in partnership with local community and voluntary sector groups.
- Four patient representatives with personal or family/carer experiences came forward.
- The patients contributed stories which have been reviewed and shared with providers and commissioners.
- The patients group helped to develop the service specifications.
- Later in the project the patient group merged with the clinical group and have helped to plan the launch of the new service for the best needs of patients. This has included developing patient facing marketing materials and information.

Our workforce

Equality Objective 3:

Recruit, support and retain staff from protected groups.

Our key activities and achievements in 2018-19 (See appendix 2 for WRES progress report and staff and GB members equality information)

- Enfield CCG is committed to equality of opportunity for all 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. The CCG 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 thoroughly analysed to ensure there would be no unintended negative consequences on staff from protected groups (e.g. disability).

- Enfield 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. The CCG's Resourcing Policy and Procedure explicitly supports this agenda by:

- Stating that managers will consider and make appropriate reasonable adjustments if an applicant declares themselves as disabled.
- Ensuring that 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 and selection and unconscious bias training is provided to managers involved in recruitment and selection.

- The 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 and do not unfairly discriminate directly or indirectly and are essential for the effective performance of the role. The 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.

- This Appraisal Policy and Procedure provides a framework to maximise the effectiveness and potential of each employee so that the 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.

Governance and leadership

Equality Objective 4:

Strengthen the role of governance and leadership beyond compliance

Our key activities and achievements in 2018-19

- Following the previous Lay Member term of office completing, Enfield CCG appointed a new Lay Member for equalities and patient and public engagement on the Governing Body to lead and champion equalities and patient and public involvement in Enfield. Kevin Sheridan, a resident of neighbouring Haringey, has successfully been appointed to the role and brings with him a wealth of experience and expertise. He is the chair of the CCG's Equality, Diversity and Inclusion Working Group, and the Patient and Public Engagement Committee.

- We launched the Rainbow Lanyard to advance LGBT equality and to raise awareness in the CCG.

- 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 our engagement section on page 8 for further information).

- A number of equality impact assessments were completed by the CCG and also across NCL STP

[see objective 1 and 2 for further information- our annual report also has a section on engagement and Appendix 1 for further information].

- Our corporate induction for staff includes specific information about how the CCG is working to advance equality for staff and patients.

- The CCG Equality, Diversity and Inclusion Working Group meets regularly to support the equalities agenda and governance.

- The CCG has developed an action plan to address the annual staff survey findings, particularly the questions around bullying and harassment.

NORTH LONDON PARTNERS
in health and care
North Central London's sustainability and transformation partnership

NHS

Appendix 1

North London Partners in health and care Equality Information Report

2018 -2019

NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

We want to…

- Reduce health inequalities through our programmes to improving health and care services.
- Improve how we work to ensures 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.

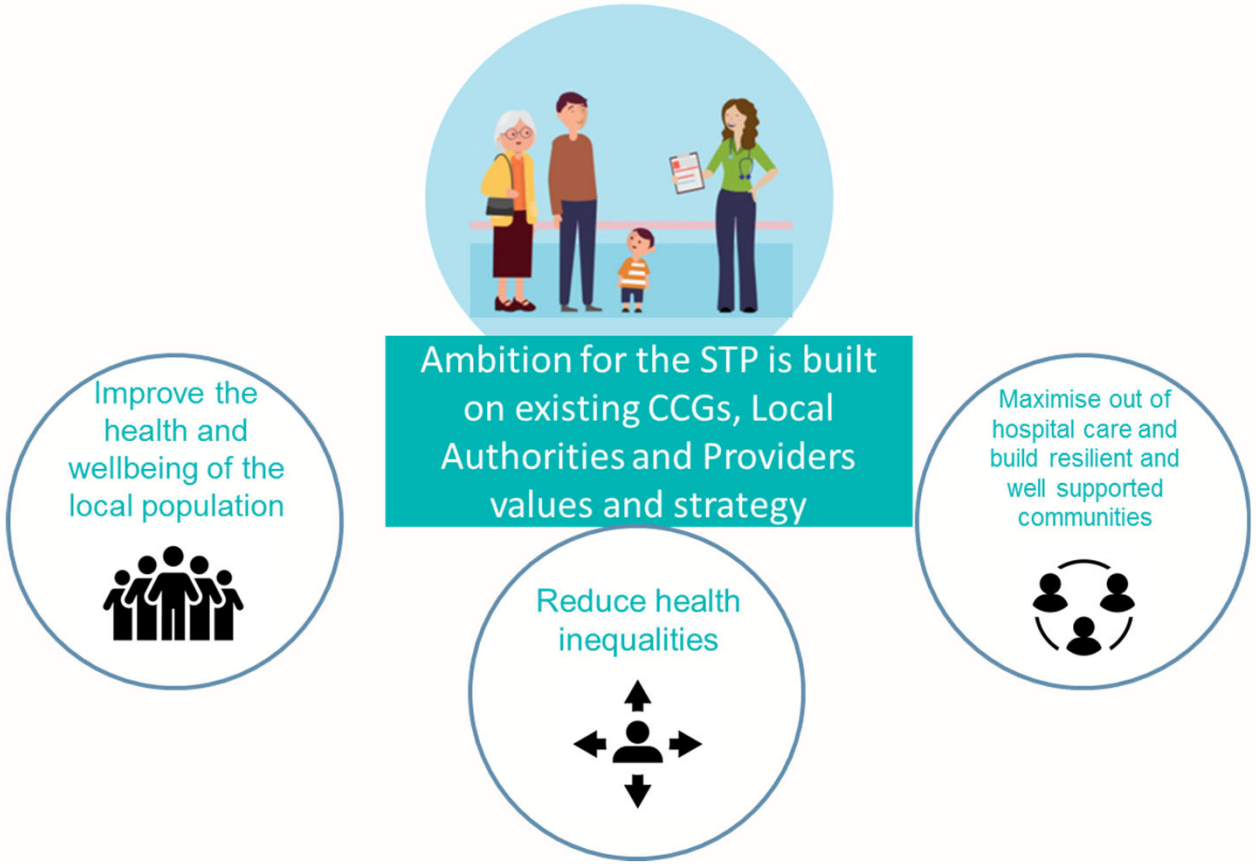
NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

The North Central London Partnership

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



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

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

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
  - 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 before the start and measures are in place to reduce and prevent health inequalities for our residents - e.g. Adults Elective Orthopaedic Service Review engagement report

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

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)
- Ensure reasonable adjustment 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
- Create 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
- Ensure robust equality analysis and action planning for each programme before starting

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

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 into 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 + 4 providers) to communities across NCL.

Appendix 2

NHS
Enfield
Clinical Commissioning Group

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 the 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 31st March the CCG employed 95 staff. It also had 11 elected or appointed Governing Body Members and 13 Clinical Leads - and we have included them for WRES purposes only. This is not a big number when divided into different protected groups. Secondly, the race equality data in some indicators are too small to draw any meaningful conclusion as a small change in the number can skew the percentage significantly, and therefore the percentages need to be treated with caution.

Key highlights

Black and Minority Ethnic (BME) staff in the CCG are well represented across all Bands, and overrepresented in the overall workforce compared with the local demography. This is more so in Bands 1-7.

2% of CCG staff have a disability - and 2% are from LGBT backgrounds.

White staff were 1.58 times more likely to be appointed compared with BME staff.
This improved slightly compared with the 2017-18 figures (1.67 times).

The 2018 staff survey results show that more White and BME staff think the CCG provides equal opportunities for career progression compared with 2017. 30% White staff reported to have experienced harassment, bullying and abuse from patients, relative or the public compared with 10% BME staff, but more BME staff reported to have experienced discrimination from staff managers, team leader or colleagues compared with White staff (40%).

Background

As part of the Equality Information Report, Enfield CCG publishes its workforce information every year. This is to show how the CCG is meeting its duty under the Equality Act 2010 in relation to workforce. In addition the 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 the CCG is performing across all protected characteristics. This will also help us in our readiness to adopt the Workforce Disability Equality Standard (WDES).

As at 31st March 2019 the CCG employed 95 staff, and had 11 elected or appointed Governing Body members and 13 clinical leads. The 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 was no data to report- currently the ESR does not have a category for gender-reassignment.

How we have prepared the report

This report shows how the 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 recommended actions for the CCG to implement in 2019-20 to improve the CCG's position about race equality.

To demonstrate how the CCG meets each indicator, data has been collated from several sources, including workforce data from Electronic Staff Records (ESR) and TRAC; 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 outcomes 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 dialogue with those providers. However, the credibility of the CCGs relationship with its providers can only be meaningful if the CCG itself is taking serious action 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 workforces, and set an example for their providers. Formally, of course, CCGs are not required by the NHS standard contract 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. However, neighbouring or similar (comparator) CCGs may wish to submit a jointly co-ordinated WRES report and action plan; this can counter any potential risk of small workforce numbers.

We are working with other NCL CCGs to advance the WRES agenda, and to address any issues relating to the WRES data and information governance.

Race

WRES Indicator 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:

• Non-Clinical staff
• Clinical staff - of which
- Non-Medical staff
- Medical and Dental staff

- The WRES indicators include both clinical and non-clinical staff. The CCG reports its staff data by including permanent staff and those who are on the payroll but not employed by the CCG (e.g. Office Holders).

- For comparison purpose, the CCGs has kept the grouping of the data to Band 1-7, and from 8s to 9 and VSM and has used a separate category for Office Holders who do not fit under either of the first two categories and they are not staff of the 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

Enfield workforce by ethnicity

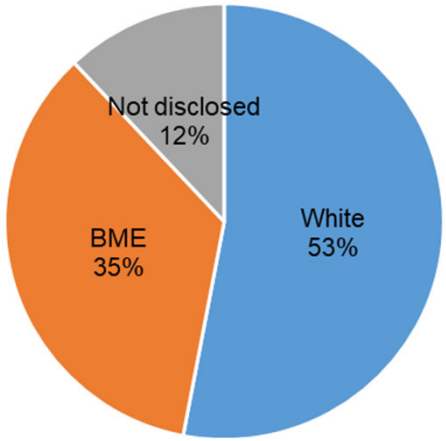
	2016-17	2017-18	2018-19	Performance compared with 2017-18
White	48%	41%	47%	6%
BME	37%	33%	38%	5%
Not disclosed	15%	26%	15%	-11%

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

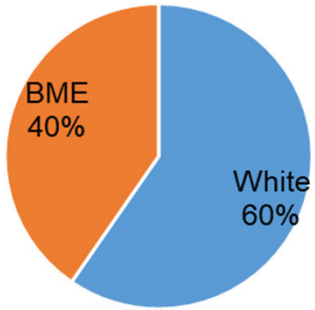
Ethnicity	Staff	Population (2011 Census)
White	55%	**61%**
BME	45%	**39%**

Based on the self disclosed data White staff are underrepresented by 6% and BME staff are overrepresented by 6% compared in the CCG with the local population. The charts show the percentages of White and BME workforce across all five NCL CCGs. Based of the self disclosed data, as at 31st March 2019 the number of BME staff in the CCG was 5% above the NCL average (40%).

NCL CCGs workforce as at 31st March 2019 including not-disclosed



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



WRES Indicator 1: cont'd

Staff as at 31 March 2019 and percentage changes from March 2018

	Bands 1-7		Change in % representation	Bands 8a -VSM		Change in % representation	Office Holders		Change in % representation
	Number	%		Number	%		Number	%	
White	21	45%	+2%	29	60%	+4%	1	8%	-8%
BAME	22	47%	-4%	17	35%	=	2	15%	+12%
Not disclosed	4	8%	+2%	2	5%	-4%	10	77%	-4%

The above table shows the percentage changes in staffing in Enfield 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 not disclosed their ethnicity.

The CCG updated the ethnicity data of all staff in March 2019 which shows ethnicity disclosure by office holders/clinical leads has improved. Overall the number of White staff has increased in 2018-19.

Based of the self-disclosed ethnicity by staff, BME staff are well represented in bands 1-7 and 8a-VSM compared with the local demography. This is a good news- and we hope to sustain this achievements.

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

Ethnicity	Bands 1-7	Bands 8a-VSM
White	49%	63%
BME	51%	37%

Staff by protected groups as at 31st March 2019

Age group	2017-18	2018-19
Under 31	12%	9%
31 - 40	26%	28%
41 - 50	30%	22%
51 and above	32%	41%

Gender	2017-18	2018-19
Female	73%	76%
Male	27%	24%

Marital Status	2017-18	2018-19
Divorced	4%	7%
Married	50%	53%
Single	38%	31%
Legally Separated	1%	2%
Civil Partnership	2%	1%
Widowed	0%	0%
Do not wish to disclose	5%	6%

Sexual Orientation	2017-18	2018-19
Lesbian/Gay/Bisexual/ Transgender*	3%	2%
Heterosexual	73%	76%
Do not wish to disclose	24%	22%

Disability	2017-18	2018-19
Yes	2%	2%
No	66%	71%
Do not wish to disclose	32%	27%

Religion/Belief	2017-18	2018-19
Atheism	10%	9%
Buddism	1%	1%
Christianity	44%	50%
Hinduism	9%	10%
Do not wish to disclose my religion/belief	25%	22%
Islam	5%	3%
Jainism	1%	1%
Judaism	0%	0%
Sikhism	1%	1%
Other	4%	3%

Our aim is to get the number of staff with disability to above the national average (3%).

* 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 organisations' Board membership and its overall workforce

GB Members ethnicity data as at 31st March 2019 compared with local population and CCG workforce

	2017-18		2018-19		Demography	Comparison with local demography	Comparison with CCG employees
	GB Members	CCG employees	GB Members	CCG employees			
White	29%	49%	18%	53%	61%	-43%	-35%
BME	57%	43%	55%	41%	39%	+16%	+14%
Not disclosed	14%	8%	27%	6%		N/A	

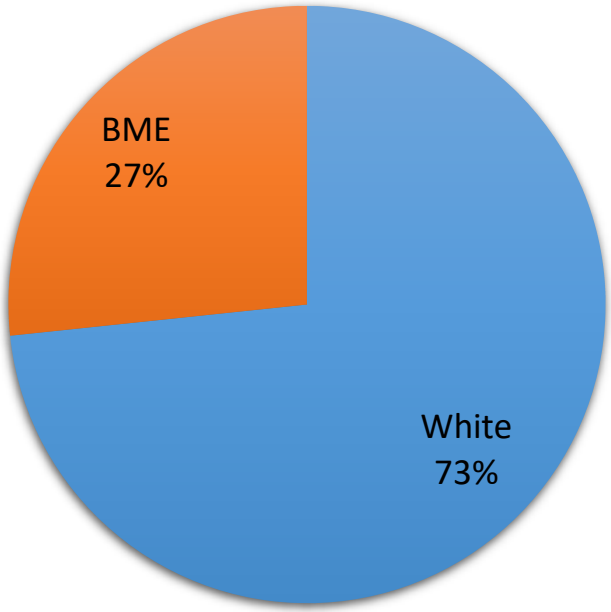
Key highlights

- The above information is based on the CCG's voting members and staff that are employed by the CCG (excluding office holders).
- It's hard to draw any conclusion on the actual representation of White and BME members on the Governing Body as one third members have not disclosed their ethnicity.
- The CCG will update the GB members ethnicity data to comply with the latest WRES requirements.

Training

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

Non mandatory training and CPD



- In 2018-19 fifteen staff attended non-mandatory training and CPD.
- The diversity data of the attendees shows an underrepresentation of BME staff compared to the overall BME staff in the CCG (45%).

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	
White	282	35%	88	31%	17	19%
BME	477	59%	117	25%	14	12%
Not disclosed	49	6%	8	16%	2	25%

As shown in the above table, we have analysed the recruitment data on White and BME staff and those who did not declared their ethnicity 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 or White staff.

(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)

In 2018-19 the CCG recruited 33 staff

White staff were 1.58 times more likely to be appointed compared with BME staff
This improved slightly compared with the 2017-18 (1.67 times)

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 will be based on data from the most recent two-year rolling average).

The CCGs monitor all disciplinary cases based on protected characteristic. Where the number is less than 5, the CCG will not mention the number to maintain the anonymity of the individuals concerned.

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

We are monitoring those cases including ethnicity and using them for operational purposes only.

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

Percentage of the CCGs 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	7%	30%	11%
	BME	19%	10%	8%
Indicator 6- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	41%	30%	24%
	BME	42%	45%	36%
Indicator 7- KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	White	57%	80%	81%
	BME	39%	50%	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, Other Colleagues?	White	17%	2%	6%
	BME	23%	40%	20%

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

- In 2018 survey, 30% White staff reported to have experienced harassment, bullying and abuse from patients, relative or the public- an increase of 7% compared with the 2017 results. However BME staff experience in indicator 5 showed fewer BME staff experienced harassment, bullying or abuse which is an improvement from 19% in 2017 to 10% in 2018.
- More BME staff reported to have experienced harassment, abuse or bullying from staff (45%). However, there was an improvement 0f 9% amongst White staff in the same indicator (Indicator 6).
- 15% fewer White staff reported to have experienced discrimination from managers, team leader or colleagues compared with the 2017 results. However, in indicator 8 40% BME staff reported experience of discrimination at work which- an increase of 17% compared with the 2017 results.
- The CCG is currently developing action plans to address the outcomes of the staff survey in 2019-20.

Appendix 3: WRES Indicators

WRES Indicators

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

The standard is mandatory- and 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 report. 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 course as to how the CCG will meet the new requirements.

	Workforce indicators For each of these four workforce Indicators, compare the data for white and BME staff
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: • Non-Clinical staff • Clinical staff - of which - Non-Medical staff - Medical and Dental staff 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.
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, compare the outcomes of the responses for white and BME staff
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, compare the difference for white and BME staff
9.	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: • By voting membership of the Board • By executive membership of the Board Note: this is an amended version of the previous definition of Indicator 9

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

Indicator	Action	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:** • Recruiting staff from BAME backgrounds to sit on interview panels for certain posts in Band 8A+ • Monitor the data annually which we publish in our WRES progress report • Delivering further unconscious bias training/Recruitment and Selection training to all staff including GB members across all NCL CCGs.
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 weekly basis to monitor/review all ER cases across NCL, Case numbers are shared with key HR data on a monthly basis with EMT boards. 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:** • Each PDP will be monitored and a Training Needs Analysis created to produce an organisation OD plan. We will be monitoring training requests for 18/19 and matching this against who can access and parity of ability to access • All training will be advertised in Staff Comms, and Newsletters and the Intranet • Monitor attendance lists against E&D data
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. 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?	• 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 bullying and harassment in the organisation. More staff should feel that the CCG is a fair employer	Raksha Merai & Donna Green	• Corporate message about equality, diversity and inclusion highlighting the CCG's position and commitment to race equality. • Staff forums are set up take forward actions from the staff survey results. Staff away days have taken place: • OD leads have been appointed to take forward a OD plan, which include an organisational training plan. • 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
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 to monitor that. • We will look to review Board composition and action plan against % difference