NHS
Camden
Clinical Commissioning Group

Equality Information Highlight Report 2018-19

For further information please contact:

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

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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 information covers the 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- and it's regularly updated by the Senior Equality, Diversity and Inclusion Manager .
Section 2	Equality Information Highlight Report	This is a 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.
  - Assessing impact of our policies and services – and removing disadvantage
- Advance equality of opportunity between people who share a protected characteristic and those who do not
  - Taking steps to meet the differing needs of different people
- Foster good relations between people who share a protected characteristic and those who do not
  - 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

Equality Objective 1:

Continue commissioning services based on evidence to reduce health inequalities amongst protected and vulnerable groups

Our key achievements in 2018-19 (three priority areas)

Primary Care

- In 2018/19, the CCG began the process to re-commission the Camden Health Improvement Practice (CHIP) contract. This is a specialised service offering primary medical services to people experiencing homelessness in Camden. As part of the procurement process we interviewed CHIP patients about their health needs and current experiences of accessing health services. This information was used to inform the final service specification. We also engaged with wider stakeholders through the Camden Homelessness Network to capture views from all agencies working with the homeless in Camden.

- In 2018/19, the CCG funded Quality Improvement Support Teams (QISTs), through our GP federations, to help improve health outcomes, reduce inequalities and unwarranted variation. Working at neighbourhood level, QISTs supported their practices to innovate, share learning and work towards achieving a set of clinical outcomes for their patient population in relation to specific conditions such as diabetes and chronic kidney disease, which are part of the Universal Offer set of Locally Commissioned Services (LCS) to ensure equitable access and improved outcomes.

Mental Health

- Nationally, new models of enhanced primary care mental health services are emerging that improve patient experience and outcomes in the community. Camden have responded to this by commissioning an enhanced model of multi disciplinary mental health teams across primary care to deliver holistic, responsive care in the least restrictive setting.

- The service has a significant role in reducing health inequalities for people with mental health needs, particularly by ensuring physical health needs are better met in primary care, where there is reduced stigma. For example, all patients accessing the new model will be screened for substance misuse/harmful drinking and smoking and will be offered an annual physical health check.

End of life

- All patients and those close to them receive safe, personalised care during all stages of any life-threatening illness, including the last days of life.
- Staff across our numerous providers continue to work in collaboration to deliver care with kindness and compassion in order to maximise comfort and well-being.
- All of our providers actively engages with the wider community to ensure that care is coordinated and consistent and promotes a community of support for patients, those close to them and the staff caring for them.
- An education and mentoring programme delivered by UCLH ensures on-going improvement in care homes.

Advancing equality through commissioning

Equality Objective 1:

Continue commissioning services based on evidence to reduce health inequalities amongst protected and vulnerable groups

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

To reduce health inequalities	Healthy Weight Healthy Lives & Lifestyle services (Somerstown ward)	Resilience Network in Camden
Bangladeshi Community - Establishment of a strategic partnership between Council, CCG and members of the Bangladeshi community to identify priority areas and co-design and deliver solutions to improve health and wellbeing among Camden's Bangladeshi community. - Development of an action plan based on extensive community engagement, with strong political, senior management and community leadership to drive change. - Priority areas in the action plan include improving primary care accessibility, building community resilience and facilitating engagement with initiatives to support healthy weight and healthy lifestyles among the Bangladeshi community.	- The Community Action Group in Somerstown (one of the most deprived Wards in London) identify and inform the activities which take place in the ward. The group reflects the local population of Somerstown and was formed through engagement with Black and Ethnic Minority (BME) and local groups to ensure it represents all those living in the Somerstown & St Pancras area. - Community engagement activities in Somerstown as a part of the development of the people's fruit and vegetable market (Camden Can Innovation Funds), have focused on gaining views from all local people including those from BME. - We have worked with local school children from BME groups in Somerstown to develop ideas to promote the people's fruit and vegetable market. - We have developed further community engagement activities through the mosque (Somerstown Islamic Cultural and Education Centre) and the Bengali community.	- The Network is formed of a partnership of voluntary and community sector organisations, Camden and Islington Foundation Trust, Tavistock and Portman, commissioners and residents. The key aim of the Resilience Network is to provide a network of services that support people in their community to achieve the key resilience outcomes. - These are to ensure that people are better able to address and manage mental health need themselves, can access the right support at the right time and take part in the community life. - The Network builds on people's strengths and enables people to follow their interests on their own terms. Everything the Network offers will promote and champion inclusion and make it easier for people with mental health needs to take an active role in their communities.

Advancing equality through commissioning

Equality Objective 2:

Improve access to all services by protected and vulnerable groups

Our key achievements in 2018-19 (three priority areas)

Primary Care

- The CCG increased equitable access for Camden patients to discretionary locally commissioned services (LCS) in 2018/19 through the commissioning of a 'Universal Offer' contract with GP practices. In 2018/19, the Universal Offer brought together a suite of nine services which all practices needed to either provide or ensure their patients had access to through another practice. This included services addressing the specific needs of particular population groups including those with long term conditions, serious mental illness or those receiving end of life care.

Mental Health

- Under the new service model for Primary Care Mental Health, people with mental health needs will have access to a range of multi-disciplinary interventions in the community to ensure they receive the right support at the right time. This includes access to the expertise of a range of mental health practitioners, such as a lead psychiatrist, social workers and voluntary sector employment workers and social prescribers.
- The model has a single point of entry and will ensure there are no 'hand offs' between services. People will be able to receive responsive and holistic mental health care in the community, closer to their homes, and in less stigmatising environments.

End of Life

- Camden CCG continues to promote personal care plans through https://www.coordinatemycare.co.uk/ for patients who are in the last phase of life to ensure that they receive an optimum level of care. If a patient wishes to be cared for at home; our services across acute and community do their best to enable this.
- In the early stages of illness, palliative care is provided alongside medical care and therapeutic support to improve quality of life. For patients reaching the end of life, our aim is to enable them to die in comfort, with dignity and in the surroundings of their choice. We are committed to caring for these patients, and the people important to them, with compassion and in a manner which is respectful of their expressed wishes. This is in line with national guidance, "One Chance to Get it Right", published by the Leadership Alliance for the Care of Dying People in June 2014.

Advancing equality through commissioning

Equality Objective 2:

Improve access to all services by protected and vulnerable groups

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

You Said (General Practice)	We did	What difference did it make
Healthwatch Camden did research among Camden residents who are deaf or visually impaired or have learning disabilities who told us that they face particular difficulties if GPs do not meet their communication support needs. Feedback showed that many of Camden's GP practices were not yet meeting the Accessible Information Standard (AIS).	Camden CCG in collaboration with the Local Medical Council supported Healthwatch Camden who visited every practice in Camden to help them become compliant with the AIS.	As a result of the work Camden GP practices (N=32) now have a level of compliance with the AIS that we believe exceeds anywhere else in the country. Every practice now offers a registration form in Easy Read and Large Print formats, annual health checks in easy read and practices actively prompts patients to identify their communication support needs, has had basic d/Deaf training, has a working hearing loop and notes communication support needs using alerts on EMIS

You Said (Primary Care (clinical/admin staff) & CCG staff	We did	What difference did it make
Deaf service users told the CCG that our staff and general practice staff should have a better understanding of using BSL interpreters and an understanding of what it is like to be a deaf person.	Camden CCG approached and supported Asif Iqbal, MBE BA (Hon), Rehabilitation Officer for Deaf and Hard of Hearing People, London Borough of Camden who is also profoundly deaf and 12 deaf awareness training sessions were held over the last year. The aim of the training was to enable participants to have a greater understanding of deafness and the issues involved with communication and access to information.	Learning outcomes: To date over 80 attendees (CCG and practice staff (Clinical & Admin) were able to build up confidence to talk to deaf people directly. Gain a basic understanding of deafness and acceptable terminology. Ability to use basic everyday signs and clear lip-reading skills, to be aware of technology and services available to meet deaf and hard of hearing client's needs and know how to work with a BSL Interpreter.

Advancing equality through inclusive communication and engagement

Engagement case study

The Integrated Commissioning Team for Mental Health & Learning Disabilities have worked with those that have used mental health services and their carers, mental health professionals and residents with an interest in mental health to shape the service model for a proposed mental health crisis café.

Engagement has involved:

- A task and finish group made up of a wide range of local stakeholders
- A series of one-to-one interviews with people with lived experience of the current crisis service offer, carers and professionals
- Small focus groups with frequent users of crisis services, those with lived experience that have not accessed crisis services for a while and carers
- An expert by experience accompanying us when we visited crisis cafes operating in other localities
- A presentation and discussion at CPPEG
- A specific public engagement event for the crisis café. The event was widely publicised in local community newsletters, mental health services, the local mental health website and the CCG's twitter account. The marketing material was also provided in easy read and circulated to a wide range of mental health and community organisations. Services supporting those from communities over represented in crisis services and underrepresented in prevention services e.g., BME communities, were particularly encouraged to attend
- Two experts by experience are members of the Crisis Café's Project Board and NCL wide Mental Health Liaison Implementation Group.

Our workforce

Equality Objective 3:

Recruit, support and retain staff from protected groups.

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

- Camden 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 and 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).

- Camden 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 Resourcing Procedure explicitly support this agenda.

- States that managers will 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 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 so 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 achievements in 2018-19

- We launched the Rainbow Lanyard to advance LGBT equality and 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 objective 1 and 2 for further information- our annual report also has a section on engagement].

- In our 360 Survey, Camden CCG scored most positively in the following areas:

- improving health outcomes for its population
- reducing health inequalities
- improving the quality of local health services
- engaging effectively with patients and the public

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

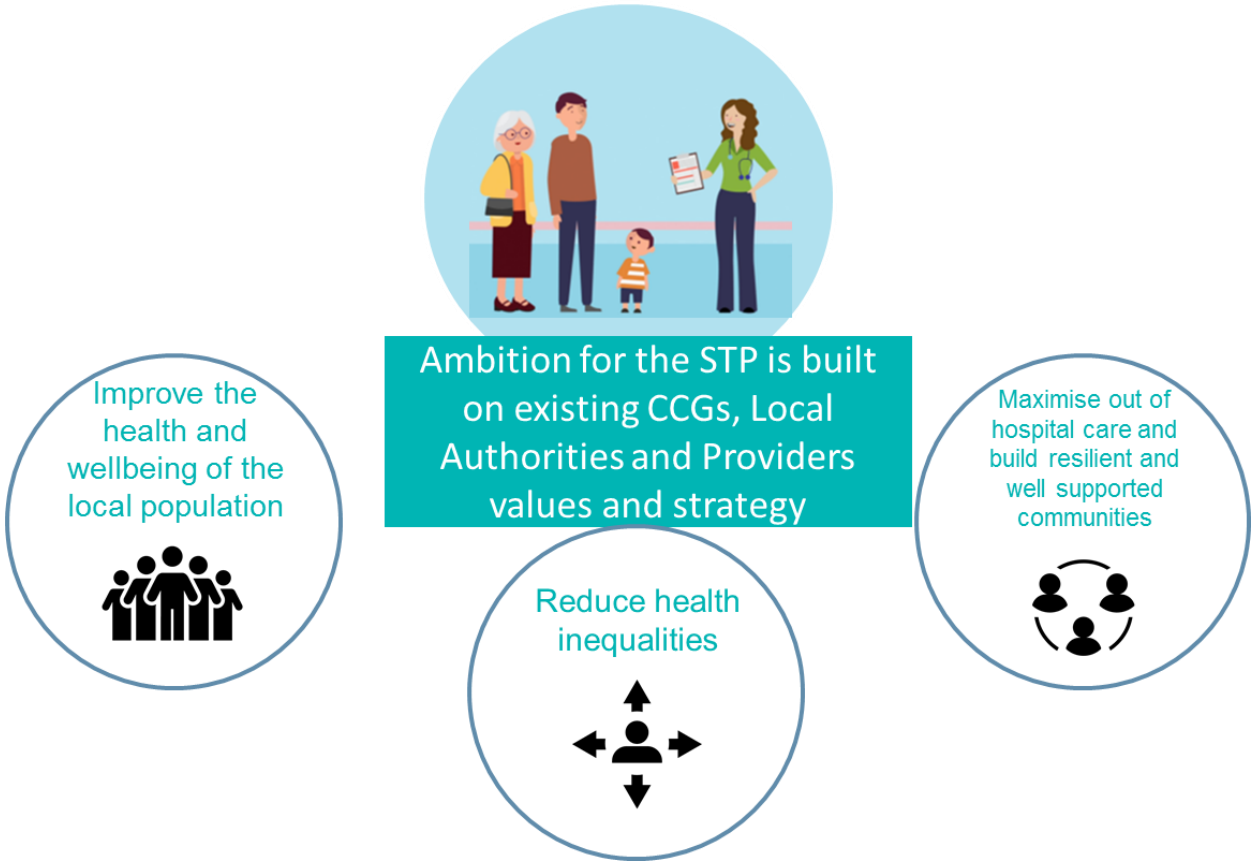
NORTH LONDON PARTNERS in health and care

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 Camden Clinical Commissioning Group

Equality Information Report 2018-19

Workforce and Governing Body Members Equality Information including the WRES

For further information please contact:

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

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 99 staff. It also had 14 elected or appointed Governing Body Members and 17 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 is 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

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.

1% of CCG staff have a disability- and 4% are from LGBT backgrounds.

In 2018-19 BME staff were 1.9 times less likely to be appointed than White staff. The likelihood between BME and White staff was equal in 2017-18.

The staff survey results in 2018 shows that less staff both from White and BME backgrounds think the CCG provides equal opportunities for career progression.

The percentage of BME staff experiencing bullying and harassment from colleagues and managers has doubled.

Background

As part of the Equality Information Report, Camden 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 99 staff, and had 14 elected or appointed Governing Body members and 17 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 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

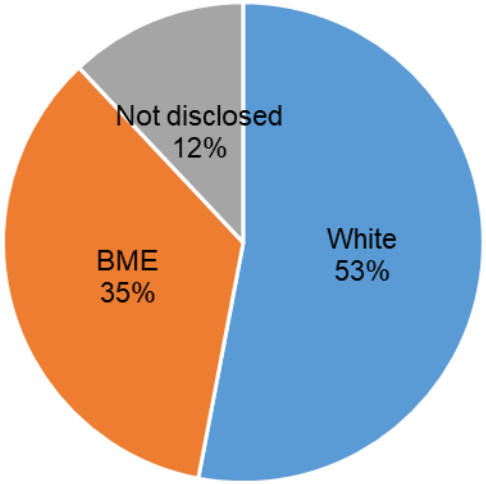
- The WRES indicators include both clinical and non-clinical staff. The CCG reports its staff data by including permanent staff and those who are on the payroll but not employed by the CCG (e.g. Office Holders).
- For comparison purpose, the CCGs has kept the grouping of the data to Band 1-7, and from 8a to 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

Camden workforce by ethnicity

	2016-17	2017-18	2018-19	Performance compared with 2017-18
White	53%	52%	49%	-3%
BME	27%	30%	37%	+7%
Not disclosed	20%	18%	14%	-4%

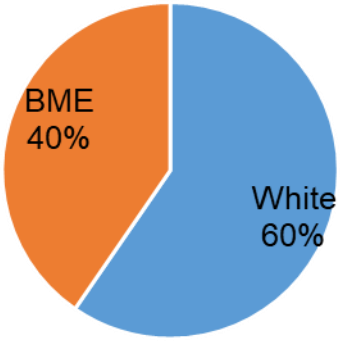
NCL Workforce at at 31st March 2019



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

Ethnicity	Staff	Population (2011 Census)
White	56%	64%
BME	44%	36%

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



Based on the self disclosed data White staff are underrepresented by 8% and BME staff are overrepresented by 8% compared with the local population.

WRES Indicator 1: cont'd

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

	Bands 1-7		Change in % representation	Bands 8a -VSM		Change in % representation	Office Holders (clinical leads)		Change in % representation
	Number	%		Number	%		Number	%	
White	19	45%	-11%	35	61%	-1%	5	29%	+6%
BME	22	52%	+8%	21	37%	+2%	2	12%	+9%
Not disclosed	1	3%	+3%	1	2%	-1%	11	59%	-15%

The above table shows the percentage changes in staffing in Camden CCG and includes Office Holders. The changes in percentage need to treated with caution as they may indicate a small, or no, change in the numbers of staff. Also, it should be noted that a large number of 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.

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	46%	63%
BME	54%	37%

Staff by protected groups as at 31st March 2019

Age group	2017-18	2018-19
Under 31	12%	10%
31 - 40	40%	31%
41 - 50	34%	39%
51 and above	14%	20%

Gender	2017-18	2018-19
Female	66%	69%
Male	34%	31%

Marital Status	2017-18	2018-19
Divorced	7%	6%
Married	40%	46%
Single	46%	42%
Legally Separated	0%	0%
Civil Partnership	0%	0%
Widowed	0%	0%
Do not wish to disclose	7%	6%

Sexual Orientation	2017-18	2018-19
Lesbian/Gay	5%	4%
Bi-sexual	1%	0%
Heterosexual	72%	74%
Do not wish to disclose	22%	22%

Disability	2017-18	2018-19
Yes	1%	1%
No	83%	83%
Do not wish to disclose	16%	16%

Religion/Belief	2017-18	2018-19
Atheism	16%	18%
Buddism	0%	0%
Christianity	41%	34%
Hinduism	7%	8%
Do not wish to disclose my religion/belief	24%	24%
Islam	5%	8%
Jainism	1%	1%
Judaism	1%	1%
Sikhism	0%	0%
Other	5%	6%

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

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	76%	52%	50%	49%	66%	+16%	+1%
BME	12%	30%	14%	37%	34%	-20%	-23%
Not disclosed	12%	18%	36%	14%		N/A	

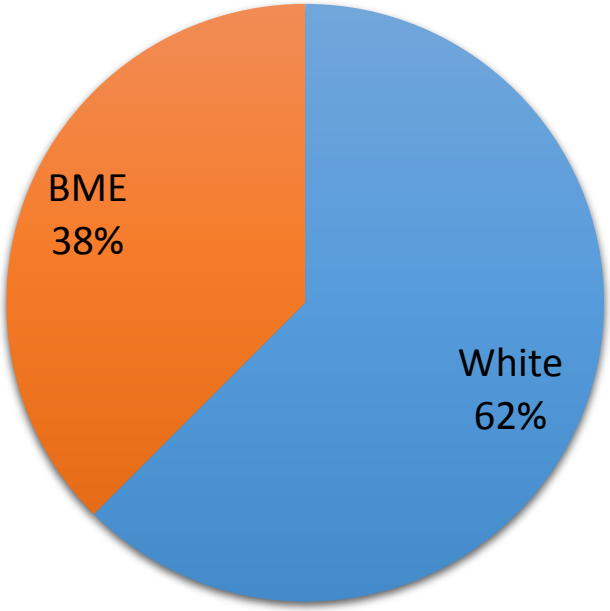
Key highlights

- 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 sixteen 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 (44%).

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	570	29%	129	23%	19	15%
BME	1289	65%	179	14%	15	8%
Not disclosed	120	6%	17	14%	2	12%

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 36 staff

BME staff were 1.88 times less likely to be appointed compared with White staff. In 2017-18, both White and BME staff were equally likely to be appointed from shortlist

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- and 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	4%	8.3%	11%
	BME	4%	6.1%	8%
Indicator 6- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	20%	18.8%	24%
	BME	26%	24.2%	36%
Indicator 7- KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	White	92%	81.8%	81%
	BME	65%	47.8%	not available
Indicator 8- Q17- In the last 12 months have you personally experienced discrimination at work from Manager/team leader or other Colleagues?	White	6%	6.3%	6%
	BME	10%	20.6%	20%

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

- More BME staff reported to have experienced bullying and harassment from staff than White staff.
- More BME staff (20.6%) reported to have experienced discrimination from colleagues and managers than White staff (6.3%). This has increased by 10.6% since 2017.
- The CCG is 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: Camden 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 & Caroline Nwadu	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 & Caroline Nwadu	**Further actions taking place:** • Recruiting staff from BME 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 & Caroline Nwadu	All policies including the disciplinary policy are Equality Impact assessed. HR meet on a weekly basis to monitor/review all employee relation 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 & Caroline Nwadu	**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 & Caroline Nwadu	• 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 regarding bullying and harassment.
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 & Caroline Nwadu	**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