



North Central London
Clinical Commissioning Group

Workforce Race Equality Standard (WRES) Report 2021/2022

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“These are not issues that a simple framework or policy can improve. There must be a sustainable programme of education, enablement, empowerment and change.”

*Yvonne Coghill,
Director Workforce Race Equality*

Introduction

- Following the Snowy White Peak Report by professor Roger Kline, the NHS introduced the Workforce Race Equality Standards (WRES) in 2015 to hold a mirror up to the NHS and spur action to close gaps in workplace inequalities between Black, Asian and Minority Ethnic (BAME) and White staff.
- Having implemented the WRES for the last five years, many NHS organisations are now beginning to see continuous improvements across a range of WRES indicators – this is reflected in the national WRES data collated by NHSE/I.
- There is a requirement for CCGs and providers to report progress on their performance by publishing their performance and progress against the WRES and submitting this information to NHSE/I on an annual basis each year.
- This report provides information about NCL CCG's performance against each of the nine WRES indicators. The report also highlights the areas we have improved in and our key achievements, the areas we need to do better in, an overview of the 2022-2023 action plan and our future strategic approach to working towards a more diverse, inclusive, fair, and equitable workforce.
- Events over the past two years, including the Black Lives Matter campaign and the disproportionate impact of COVID-19 on BAME NHS staff, and patients mean that the CCG's work on incorporating, embedding, and creating more inclusive, equitable and fair practices in our everyday activities is more critical than ever.
- Embedding and sustaining continuous improvements in transforming an organisation's culture takes time and focus. It requires organisations to approach this work with an open mind and an honest heart. It is clear that some organisations are beginning to act boldly and effectively in this area, yet much more work is still needed to shift the dial on workforce race equality.

WRES and The Role of CCGs

- **Clinical Commissioning Groups (CCGs) have two roles in relation to the WRES:**

As a Commissioner of NHS services	As an NHS employer
Give assurance to NHS England and Improvement that their providers are implementing and measuring their performance against the WRES.	Advance workforce equality and fairness
Ensure that the implementation of the WRES and associated action plans are part of contract monitoring and negotiation between CCGs and their respective providers.	Commit to the principles of the WRES and apply as much of it as possible to their own workforce.
Have meaningful dialogue with providers on the implementation and use of the WRES	Demonstrate good leadership and actively address standards requiring improvement within their own workforces, and set an example for their providers.

- In both roles, the **work of the CCG is shaped by key statutory requirements and strategic & policy drivers** including:
 - The NHS Constitution
 - The Equality Act 2010 and the Public Sector Equality Duty
 - The NHS standard contract and associated documents
 - The Oversight Framework
 - NHS Long Term Plan and the NHS People Plan
 - The WRES Leadership Strategy: A Model Employer sets the target for NHS employers to increase BAME representation at senior levels by 2033.
 - The London Workforce Race Equality Strategy.

These national and regional drivers and strategies will support the CCG with local actions and interventions to better our performance against the standards and thrive as a more diverse and inclusive workforce.

Workforce Race Equality Standard Indicators

Indicators	Workforce indicators For each of these four workforce indicators, compare the data for white and BAME 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
2	Relative likelihood of staff being appointed from shortlisting across all posts.
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
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 BAME staff	
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 trust provides equal opportunities for career progression or promotion.
8	In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleagues.
Board representation indicator For this indicator, compare the difference for white and BAME 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

NCL CCG performance against the WRES Indicators – North Central London 2021/2022

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We have been measuring our performance against the WRES indicators and publishing our WRES information since 2015.

The next section of this report sets out **NCL CCG's performance against each of the WRES indicators for 2021/2022**, including, where possible, a comparison to the previous year (2020/2021).

The first part of the report (slides 7-12) outlines:

- The methodology and data used to assess the CCG performance against the WRES indicators
- 2021/2022 Highlights and Key Achievements, including the areas the CCG has done well in/improved on and the areas that require improvement.
- A high-level overview of the future strategic direction and next steps that consider into account the CCG's current activities relating to COVID-19 and the work of the Diversity and Inclusion Steering Group, and Staff Networks.

The second part of the report (slides 13 – 21) provides a more detailed breakdown of our performance against each WRES indicator.



CCG Performance Against the WRES Indicators, and Next Steps (slides 7-21)

Methodology

- This section outlines the methodology and data used to assess the CCG performance against the WRES indicators
- **Data Sources** - The WRES requires NHS organisations to self-assess against nine indicators of workplace experience and opportunity.

Indicator(s)	Data source
1 and 9	Electronic Staff Records (ESR) as at 31 st March 2022
2	TRAC recruitment system used for recording data for candidates from 1 st April 2021 to 31 st March 2022
3-4	From staff records maintained by the HR Team
5-8	2021 Staff survey results - the responses to the WRES questions

- **Definitions**
 - **Staff** have the contractual status of employees on permanent and fixed-term contracts and excludes agency workers.
 - **Office Holders** include roles such as Clinical Leads and Governing Body Members
- **Data Reporting Dates and Analyses**
 - This report sets out the NCL CCG performance against each of the WRES indicators for 2021/2022, including, where possible, a comparison to the previous year (2020/2021)
- **Data Caveats**
 - As at 31st March 2022, NCL CCG employed 506 staff (AfC) and engaged 77 clinical leads, and 15 Governing Body Members.
 - For the WRES report, Clinical Leads and GB members have been included under Office Holders as they are not employees of the CCG
 - Board representation includes Governing Body Members as Board Members only
 - The performance against some indicators is reported as both numbers and percentages to show statistical significance, where appropriate.
 - The race equality data for some indicators are too small to draw any meaningful conclusion as a slight change in the number can significantly affect the percentage, so the percentage changes need to be treated with caution.
 - The CCC had a response rate of 76% in the last Staff Survey in 2021, showing an improvement of 4% compared with the 2020 response rate.

Positive Highlights against the WRES Indicators – 2021/2022



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Key achievements

- The number of staff from BAME and White backgrounds generally reflects the NCL population demography.
- The gaps between White and BAME staff in the agenda for change bands (8a and above) have been closing to reflect the local community. There has been a year-on-year improvement with a small increase of staff from a BAME background in this band group by 1% in 2020/21 and 1% in 2021/22.
- A reduction in BAME staff experiencing discrimination from manager/team leader or other colleagues in the last 12 months.
- Significant improvement in BAME staff believing that the organisation provides equal opportunities for career progression or promotion. However, there still remains a **12% difference** in the experience between White and BAME staff (49.5% and 36.5%).
- A slight reduction in the percentage of White staff experiencing harassment, bullying, or abuse from patients/service users, relatives, or the public in the last 12 months (0.2%) and a greater reduction in the BAME staff experience (2.3%).
- Governing Body Members from white and BAME backgrounds are broadly representative of the demography of the NCL population.
- The CCG's Diversity & Inclusion Steering Group, and the BAME Staff Network have worked together to implement the ED&I Forward Planner 2021/22, and delivered programmes from Black History Month and Black History 365 to Safe Space Conversations and Book, Film and Music Club, engaging BAME staff and allies in conversations about race, racism and lived experiences of people in the organisation.
- The BAME Staff Network has led the launch of the 'See ME First' Campaign and is supporting the CCG strengthen the current recruitment practices.
- The CCG's Senior Equality Lead is a member of NHSE/I's regional WRES Expert Programme and co-leading the ICS EDI Task and Finish Group with system partners.
- The CCG was awarded £25K to launch the NCL Book and Film Club and share a template for running Book and Film Clubs in other ICS areas.

Areas we need to do better in against the WRES Indicators – 2021/2022

Improvement needed

- Self disclosure of ethnicity improved quite notably from 2017-21. However, with an additional recruitment staff, the non-disclosure has increased by 2% and now stands at 7%.
- A slight decline in BAME staff experiencing harassment, bullying, or abuse from staff in the last 12 (0.8%).
- After a significant improvement in the likelihood of White staff being appointed from the shortlist, compared with BAME staff in 2020-2021, the performance in 2021/22 has slipped from 1.14 times to 2 times. We are working on the de-bias recruitment action plan to strengthen the current recruitment practices based on staff suggestions, and safe space conversation outcomes report recommendations to ensure fairness.
- The 2021 Staff Survey results shows good improvement in BAME staff experience of bullying and harassment. However, there remains a gap between the experience of White and BAME staff, with the results from staff from a BAME background reflecting poorer experience against these indicators compared with White staff. Measures have been planned in both corporate and directorate staff survey action plans to address these areas including training, Freedom to Speak Up, and staff safe space conversations.
- We are planning central record keeping will be introduced to monitor the take-up of non-mandatory training by staff.

WRES Action Plan (2022-2023)



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Work has been underway to address the key issues and gaps identified from the 2021 staff survey results with the development of the corporate staff survey action plan. The corporate action plan correlates to the actions against the WRES indicators, and therefore the following table shows the progress we have started to make against each of the indicators and actions.

WRES Indicator	Action	Lead (s)	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)	<ul style="list-style-type: none"> Ensure sustained commitment to improving BAME representation in senior roles. 	Ian Porter	<ul style="list-style-type: none"> Range of EMT actions including reciprocal mentoring, shadowing and inclusive recruitment panel being rolled out.
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)	<ul style="list-style-type: none"> Ensure sustained progress by strengthening recruitment. Implement NCL Recruitment and retention Framework. 	Darshna Pankhania & Emdad Haque	<ul style="list-style-type: none"> Recruitment framework is being developed to review the end-to-end recruitment process to ensure fairness, which includes establishing a pool of diverse panel members and robust recruitment and selection training.
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.	<ul style="list-style-type: none"> Continue monitoring disciplinary cases in line with the NHSE/I's 'closing the gap' framework plus the CCG's value and See ME First Campaign. 	Darshna Pankhania & Raksha Merai	<ul style="list-style-type: none"> To be monitored via the monthly and quarterly workforce performance reports.
4. Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff.	<ul style="list-style-type: none"> Ensure fair access to training budget and encourage take up. Improve recording of training attendance 	Courine Stewart	<ul style="list-style-type: none"> Corporate training programme developed Leadership programmes being developed NCL Training Hub
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	<ul style="list-style-type: none"> Develop and implement the 2021 Staff Survey Action Plan. Continue supporting Diversity Staff Networks with their agreed programme delivery plan. Promote See ME First Campaign Promote FTSU initiatives Design learning initiatives and continue leadership conversations 	Ian Porter & Darshna Pankhania	<ul style="list-style-type: none"> Staff Survey Action Plans developed which include specific initiatives including training, reciprocal mentoring, shadowing. BAME Staff Network delivering safe space conversations, book and film club, See ME First, and recruiting diverse panel members.
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months			
7. Percentage believing that CCG provides equal opportunities for career progression or promotion.			
8. In the last 12 months have you personally experienced discrimination at work from any of the following: Manager, Team Leader, Other Colleagues?			
9. Percentage difference between the organisation's voting membership and executive membership of the Board	<ul style="list-style-type: none"> Ensure 100% disclosure of ethnicity by ICB Board Members 	Ian Porter & Darshna Pankhania	

Future strategic direction

- As we become ICB from the 1st of July, we will continue providing working with organisations across the system to achieve the system-wide identified equality, diversity, and inclusion workforce priorities.
- A Model Employer: NHS Workforce Race Equality Standard (WRES) leadership strategy sets the targets for recruitment to senior posts with individuals from a BAME background that Trusts and CCGs, soon to be ICBs need to achieve by 2023, 2028, and 2033.
- We are also mindful of the national targets of the NHS People Plan, NHS People Promise and the NHS Closing the Gaps Plan and our NCL ICS Development Plan Objectives.
- Given the impact of COVID 19 and the Black Lives Matter campaign, the ICB must work to sustain its progress over the last five years in improving race equality performance. We have the perfect opportunity to sustain progress through NCL partnership collaboration and our internal staff networks.
- Our focus in 2022/23 and beyond will be to continue using our staff's lived experience in the CCG/ICB to inform the future WRES action plans. This will be achieved through the Diversity and Inclusion Steering Group and the BAME Staff Network. To strengthen our inclusive leadership work, we will deliver leadership conversations and training programmes in the second and third quarters of the current financial year. In addition, there will be joint events with NCL System partners.
- Whilst we are developing our leadership competence and awareness about race discrimination, the importance of collaborative working cannot be stressed enough given the CCG/ICB's leadership role concerning both commissioning care and holding providers to account through the assurance role. There is also an opportunity for the CCG/ICB to play a more influential role through local ICS development work in tackling health inequalities and driving the race equality and inclusion agenda forward with other partners across the system.
- For 2022/23, we have prioritised our WRES action planning more innovatively by engaging our staff and system partners, which have shaped our equality objectives in the Diversity and Inclusion Strategy 2021-23.

Next Steps

- The Public and Patient Engagement and Equalities Committee will be asked to review and approve this report on 09 June 2022
- The CCG performance against the WRES indicators for 2021/2021 to be submitted to NHSE/I by 30 July 2022.
- Publicise the CCG's performance against the WRES indicators and action plan on the intranet and internet and share the report with staff via the staff briefings in August 2022.
- Continue with the implementation of the Corporate and Directorate Staff Survey Action Plans for 2022-2023 that are linked to the WRES action plan
- BAME Staff Network to continue to lead the See ME First Campaign. This will require the BAME Staff Network Chair and Vice-Chairs to present and update the Board on the progress of the See ME First Campaign in October 2022.
- BAME Chair and Vice-Chairs to support the work on strengthening and diversifying the recruitment and selection process and experience for staff.
- Continue working with NHSE/I and NCL system NHS Diversity Networks to share and learn from good practice.
- Continue to work collaboratively with system EDI Leads across the system to identify WRES priorities that can be undertaken at a system level and place the CCG in a good position on our journey to becoming an ICS Body.
- Quarterly progress reports to EMT on the progress against the WRES action plan via the quarterly HR Workforce Performance Reports.



The following section shows
the breakdown of the
performance against each
of the WRES indicators

Key points to note with regard to this section of the report

- In 2021/22, the number of CCG staff increased by 18% (77) bringing the total to 584 including Office Holders, and Ad-hocs (507 employees, 77 Office Holders). In addition, the CCG had 15 Governing Body Members.
- Following the lifting of a vacancy freeze, the CCG ran 262 recruitment campaigns during 2021/2022, which increased total staff and Office Holders.
- The staff survey results show that there has been significant improvement of BAME staffs' experience of racial discrimination, bullying and harassment. More BAME staff reported positive experience in relation to equal opportunity in career progression and promotion.
- There was an increase of 2% staff who did not disclose their ethnicity, bringing the total to 7%.
- The CCG has developed a number of programmes to address discrimination, bullying and harassment including See ME First Campaign; BAME Staff Network; Safe Space Conversations; Book, Film and Music Club, Black History 365; OD Programme; and Wellbeing Hub.
- The CCG has strengthened the role of the Freedom To Speak Up Guardians – and provided more support to staff to raise concerns during 2021-22 with the introduction of Freedom to Speak Up Ambassadors.

“The COVID-19 pandemic has put in the spotlight the disadvantage experienced by staff with protected characteristics. The report presents the ethnicity aspect of this, and it is evident that there has been a worsening of the experience of BME compared to white staff in key domains, including discrimination from seniors and a sense of equal opportunity. As we plan the recovery of services following the pandemic, addressing these issues of equality and inclusion are core to their success”.

NHS WRES Report, March 2022

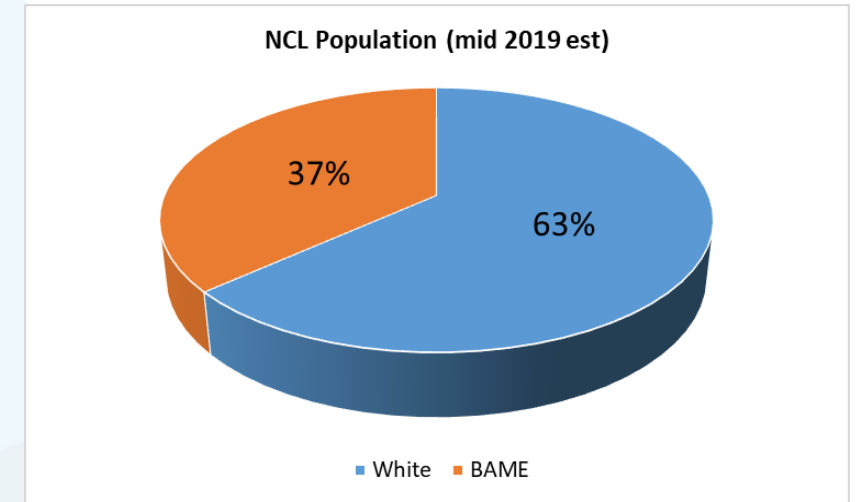
** Although remunerated, Office Holders are not employees and Ad-hocs are employees that were transferred on non-AfC pay bands*

Overall Breakdown of Workforce Data

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

Analysis of all staff across NCL CCG as at 31st March 2022, including staff that did not disclose their ethnicity:

	2019/20 (collective legacy NCL CCGs data)	2020/21	2021/22	Performance compared with 2020/21 (%)
Self-disclosed White	56%	56%	54%	-2%
Self-disclosed BAME	38%	39%	39%	-
Not disclosed	6%	5%	7%	+2%



Analysis of staff data based on self-disclosed ethnicity data only as at 31st March 2022*:

	2019/20 (collective legacy NCL CCGs data)	2020/21	2021/22	Performance compared with 2019/20 (%)
Self-disclosed White	60%	59%	58%	-1%
Self-disclosed BAME	40%	41%	42%	+1%

As of 31st March 2022, the self-disclosed information shows that 42% of NCL CCG's staff were from Black and Minority Ethnic (BAME) backgrounds and 58% from White backgrounds. This has not changed since 2020/21.

It should be noted that there was an increase in the number of staff that did not disclose their ethnicity (2%), which skewed the self-disclosed data showing a decrease in White staff (2%).

*Excludes 'not disclosed' data shown in the above table

Workforce Data

WRES Indicator 1- continued



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The following table shows the breakdown of staff information by agenda for change bands and ethnicity, together with a breakdown of Office Holders by ethnicity across the CCG as at 31 March 2022. We have also shown the **percentage changes from 2020/21 below**:

Analysis of all staff across NCL CCG as at 31 st March 2022, including staff that did not disclose their ethnicity and comparison to 2020-2021 representation:									
	Bands 1-7		Change in % representation	Bands 8a - VSM		Change in % representation	Office Holders		Change in % representation
	Number	%		Number	%		Number	%	
Self-disclosed – White	80	44%	-2%	191	60%	-2%	32	42%	+4%
Self-disclosed - BAME	83	47%	-3%	108	34%	+1%	20	26%	
Not disclosed	17	9%	+5%	18	6%	+1%	25	32%	-4%

The data in the tables shows:

- Due to the transition, there was a vacancy freeze in the CCG in 2020/21.
- Based on self-disclosed data only, there has been a small decrease in the number of BAME staff (1%) and a small reduction of White staff in Bands 8a and above jobs (1%).
- Due to the increase in non-disclosed data in 2021/22 (5%), we see a decrease in the percentage of BAME and White staff in Bands 1-7.
- There was an improvement in Office Holders' disclosure of ethnicity (4%).

Analysis of staff data based on self-disclosed ethnicity data only as at 31st March 2022, including comparison to 2020-2021 representation*:

Ethnicity	Bands 1-7	Change in % representation	Bands 8a - VSM	Change in % representation
Self-disclosed - White	49%	+1%	64%	-1%
Self-disclosed - BAME	51%	-1%	36%	+1%

*Excludes 'not disclosed' data shown in the above table

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

The following table shows the likelihood of White staff being appointed from shortlist in comparison to BAME staff:

NCL CCG		
2019/20 (collective legacy NCL CCGs data)	2020/21	2021/22
1.48 times higher	1.14 times higher	2 times higher

- Appointment of BAME staff from the shortlist improved from 2018/19 until 2020/21.
- In 2021/22, the likelihood of White staff being appointed from the shortlist, compared with BAME staff, has increased from 1.14 times to 2 times.
- The CCG has run 262 recruitment campaigns during 2021/2022. This is a more significant number of campaigns in comparison to 2020/2022 due to a lifting of a vacancy freeze and recruiting to a number of posts that were previously filled temporarily, recruitment to several GP Assessor and Clinical lead roles, and the ICB Board level roles.
- The CCG has developed a de-bias recruitment action plan to ensure greater fairness and equity in recruitment and selection.
- The CCG has been working with NCL EDI partners to develop a recruitment, selection and retention framework which will be used to further strengthen the recruitment practices across the ICS in the future.

Staff Entering Formal Disciplinary Processes

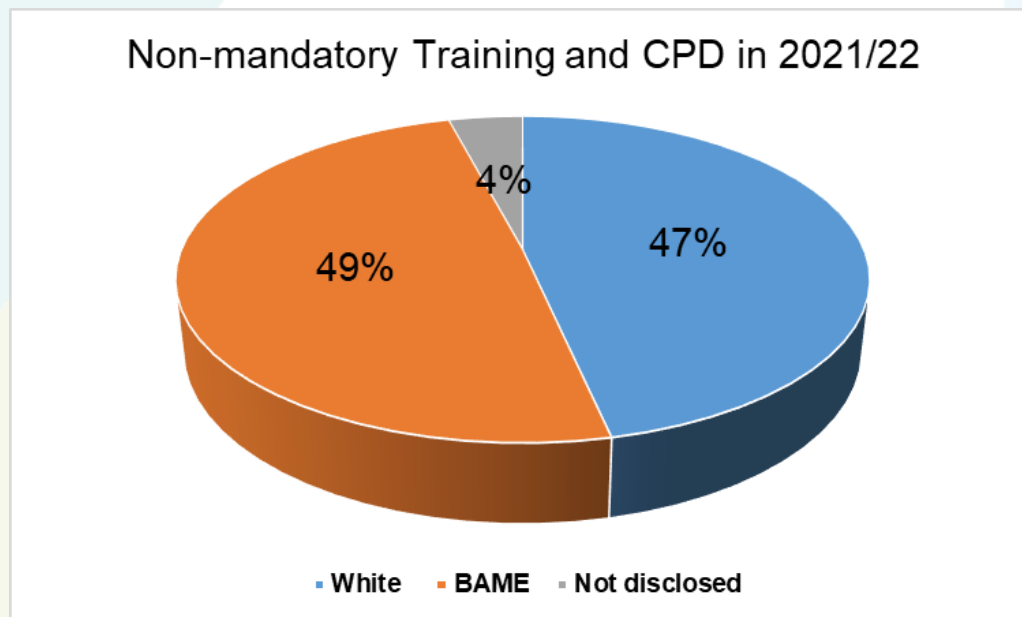
WRES Indicator 3: The Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

- The CCG records and monitors all disciplinary cases based on protected characteristics
- Where the number of staff entering a formal disciplinary process is less than 5, the CCG will not disclose or publish the information for reporting purposes to maintain confidentiality and anonymity of individuals subject to such processes
- The total number of staff that entered a formal disciplinary process across all the NCL CCGs for the period 01 April 2021 to 31 March 2022 is less than 5 and therefore this information has not been presented in this report.
- Whilst the number of formal disciplinary cases across the CCG are low, nationally, the relative likelihood of BAME staff entering the formal stages of disciplinary process are still twice that of a white staff.

Non-mandatory training and continuous professional development

WRES Indicator 4: Compare the data for White and BAME staff: Relative likelihood of staff accessing non-mandatory training and continuous professional development (CPD)

- The chart below shows a breakdown of staff that accessed non-mandatory training, broken down by ethnicity. It should be noted that the total number of staff that accessed non-mandatory training across the CCG during 2021-2022 had improved compared with the 2020/21 figures when we had relatively low training uptake due to the pandemic. Therefore, we aggregated the numbers for 2019/20 and 2020/21 in our 2020-21 report.



Our 2021/22 non-mandatory training and CPD data show that BAME staff were 1.3 times more likely to attend non-mandatory and CPD training than White staff. There was no change to the figures since 2020/21. These figures align with the current national WRES figures (1.29 times).

WRES Staff Survey Questions

WRES Indicators 5-8

Percentage of CCG staff that said 'YES' to the WRES questions in the 2021 Staff Survey and a comparison with the 2020 results

Staff Survey indicator (WRES)	Ethnic Group	Survey results	
		2020	2021
Indicator 5- KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	5.7%	5.5%
	BAME	8.7%	10%
Indicator 6- KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	21.3%	18%
	BAME	24.2%	25%
Indicator 7- KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	White	41.2%	49.5%
	BAME	29.6%	36.5%
Indicator 8- Q17- In the last 12 months have you personally experienced discrimination at work from Manager/team leader or other Colleagues?	White	11.8%	12.8%
	BAME	19.6%	12.5%



In 2021/22 the performed well against most of the WRES questions:

- Significant reduction in BAME staff experiencing discrimination from manager/team leader or other colleagues in the last 12 months (7%).
- Significant improvement in staff believing that the organisation provides equal opportunities for career progression or promotion. However, there remains a 12% difference in the experience between White and BAME staff (49.5% and 36.5%, respectively).
- A slight reduction in the percentage of White staff experiencing harassment, bullying, or abuse from patients/service users, relatives, or the public in the last 12 months (0.2%) and a decline in the BAME staff experience (2.3%).
- A slight reduction in the percentage of White staff experiencing harassment, bullying, or abuse from staff in the last 12 months (3.3%) and a slight increase in BAME staff experiencing bullying and harassment from staff (0.8%).

Board Membership Representation

WRES Indicator 9: Percentage difference between the organisations' Board membership and its overall workforce

The following table shows the **Governing Body Members ethnicity data (based on self-disclosed data) as at 31st March 2022** compared with the local NCL population and the NCL CCG workforce:

	2020-21		2021-22		% Change in GB from 2020/2021	NCL Population Demography	Comparison with NCL population to show representation	Comparison with CCG employees to show representation
	GB Members**	CCG staff*	GB Members**	CCG staff*				
White	64%	59%	64%	58%		63%	1% [Over]	6% [Over]
BAME	36%	41%	36%	42%		37%	1% [Under]	6% [Under]

The data shows:

- BAME members on the Governing Body are broadly representative of the demography of the local NCL population.
- Disclosure of ethnicity by GB members has increased significantly in 2021-22.
- BAME GB members are not representative when compared with the workforce (36% GB Members against 42% workforce)

*CCG staff includes CCG employees only

** based on self-disclosed information