Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)

Template for completion

Name of organisation

Bolton NHS Foundation Trust

Date of report: month/year

March 2018

Name and title of Board lead for the Workforce Race Equality Standard

James Mawrey, Executive Director of Workforce

Name and contact details of lead manager compiling this report

Jane Seddon, Head of Human Resources

Names of commissioners this report has been sent to (complete as applicable)

Rosie Kingham

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

Unique URL link on which this Report and associated Action Plan will be found

This report has been signed off by on behalf of the Board on (insert name and date)

James Mawrey

Publications Gateway Reference Number: 05067

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Data is complete. We believe the prepopulated figures include staff that form part of a stand alone subsidiary. We have therefore separated IFM out of our figures.

b. Any matters relating to reliability of comparisons with previous years

The data is comparable with previous years. We have however amended the 'shortlisting' figures from 2017 as these were calculated incorrectly last year.

2. Total numbers of staff

a. Employed within this organisation at the date of the report

5298

b. Proportion of BME staff employed within this organisation at the date of the report

11.61%

3. Self reporting

a. The proportion of total staff who have self–reported their ethnicity

93.81%

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

TRAC. Easier to record and capture this information on recruitment.

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

The Equality & Diversity strategy will include steps to address the shortfalls in reporting. We will also be rolling out ESR Employee Self Service so hope to capture additional EDI data this way.

4. Workforce data

a. What period does the organisation's workforce data refer to?

April 2017 to March 2018.

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	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 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	White Clinical Under B1 x 0.04% Band 1 x 0.00% Band 2 x 11.44% Band 3 x 6.02% Band 4 x 2.94% Band 5 x 14.06%	White Clinical Band 1 x 0.00% Band 2 x 10.36% Band 3 x 5.40% Band 4 x 2.74% Band 5 x 14.45% Band 6 x 15.40% Band 7 x 7.41%		This report will be reviewed by the ED subgroup and an appropriate action plan will be developed to focus on any areas of concern.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	1.40	1.37	In 2017/18 the relative likelihood of White staff being appointed from shortlisting is 1.40 times greater than BME staff. In 2016/17 White staff were 1.37 times more likely.	This report will be reviewed by the ED subgroup and an appropriate action plan will be developed to focus on any areas of concern.
3	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 a two year rolling average of the current year and the previous year.	1.87	2.34	In 2017/18 the relative likelihood of BME staff entering the formal disciplinary process is 1.87 times greater than White staff. In 2016/17 BME staff were 2.34 more likely to enter the disciplinary process.	This report will be reviewed by the ED subgroup and an appropriate action plan will be developed to focus on any areas of concern.
4	Relative likelihood of staff accessing non-mandatory training and CPD.	0.95	0.97	In 2017/18 the relative likelihood of White staff accessing non mandatory training and CPD is 0.95 times greater than BME staff. In 2016/17 white staff were 0.97 times more likely.	This report will be reviewed by the ED subgroup and an appropriate action plan will be developed to focus on any areas of concern.

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	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.	White 27% BME 20%	White 27% BME 27%	55 BME staff responded to 2017 staff survey. 45 BME staff responded to 2016 staff survey.	This report will be reviewed by the ED subgroup and an appropriate action plan will be developed to focus on any areas of concern.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White 19% BME 27%	White 24% BME 27%		This report will be reviewed by the ED subgroup and an appropriate action plan will be developed to focus on any areas of concern.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White 90% BME 79%	White 93% BME 88%		This report will be reviewed by the ED subgroup and an appropriate action plan will be developed to focus on any areas of concern.
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	White 5% BME 20%	White 6% BME 14%		This report will be reviewed by the ED subgroup and an appropriate action plan will be developed to focus on any areas of concern.
	Board representation indicator For this indicator, compare the difference for White and BME staff.				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	10.1% White -3.9% BME	17.3% White -11% BME		This report will be reviewed by the ED subgroup and an appropriate action plan will be developed to focus on any areas of concern.

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

6. Are there any other factors or data which should be taken into consideration in assessing progress?

The Equality and Diversity Lead and the ED Subgroup will be accountable for delivering the ED action plan for the trust. In addition to this WRES submission a detailed annual workforce report is published on our website. Progress is also monitored at the Workforce Assurance Committee which has Board level representation.

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

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