Response ID ANON-R89M-8J74-W

Submitted to **Workforce Race Equality Standard (WRES) reporting template**
Submitted on **2018-08-16 08:46:46**

Introduction

1 Name of organisation

Name of organisation:
Bridgewater Community Healthcare NHS Foundation Trust

2 Date of report

Month/Year:
July 2018 (for data as at 31 March 2018)

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

Name and title of Board lead for the Workforce Race Equality Standard :
Colin Scales (Chief Executive)

4 Name and contact details of lead manager compiling this report

Name and contact details of lead manager compiling this report:
Ruth Besford
Equality & Inclusion Officer

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1st Floor, Bevan House
17 Beecham Court
Smithy Brook Road
Wigan
WN3 6PR

5 Names of commissioners this report has been sent to

Complete as applicable::
This report will be sent to the following CCGs as part of our regular reporting schedule:

Wigan CCG
St Helens CCG
Halton CCG
Warrington CCG
Bolton CCG
Oldham CCG

Workforce Race Equality Standard reporting template

6 Name and contact details of co-ordinating commissioner this report has been sent to

Complete as applicable.:
Please see question 5.

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

Unique URL link on which this Report and associated Action Plan will be found:
http://www.bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/

8 This report has been signed off by on behalf of the board on

Name::
Colin Scales

Date::
3 August 2018

Background narrative

9 Any issues of completeness of data

Any issues of completeness of data:
We have 23 members of staff who have TUPE'd into the Trust on non-Agenda for Change terms and conditions. They are all non-clinical staff, full details have been provided in the SDCS submission. This figure has reduced since last year's submission as staff have been moved into AfC pay scales.

The data for Indicator 4 (training) remains challenging as the information must be sought manually by a member of the Education and Professional Development Team - it isn't on ESR. An action has been suggested for this year to look at more effective recording to allow for ease in retrieving the data, and consistency in what is reported. But we thank the team member for all their hard work in gathering the data for this year.

10 Any matters relating to reliability of comparisons with previous years

Any matters relating to reliability of comparisons with previous years:
The main challenge this year is the error in Indicator 3 in 2017 that led to an erroneous result for BME staff - a double counting of 2016 figures. Once the error was identified the NHS WRES team were informed (January 2018), but it means that the pre-populated data for this year's WRES still shows the wrong figure , 6.27 rather than the amended figure of 3.83. This was flagged in the notes in the SDCS submission as the data within the spreadsheet could not be changed.

Please also see question 9 re Indicator 4.

Self reporting

11 Total number of staff employed within this organisation at the date of the report:

Total nuber of staff employed within this organisation at the date of the report:
3005

12 Proportion of BME staff employed within this organisation at the date of the report?

Proportion of BME staff employed within this organisation at the date of the report:
2.83%

13 The proportion of total staff who have self reporting their ethnicity?

The proportion of total staff who have self–reported their ethnicity:
93.41%

14 Have any steps been taken in the last reporting period to improve the level of self reporting by ethnicity?

Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity:
No - please see question 15.

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

Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity:
Yes - a data cleanse of ESR is suggested for the coming year, using employee self-serve facilities and a lot of awareness raising around why we would like staff to do this. The action will also support the WDES in future years, and should improve reporting on sexual orientation also.

This action, along with the other WRES actions will be added to the Equality Objectives Action Plan 2018 - 2021, currently being drafted by the Equality and Inclusion team.

Workforce data

16 What period does the organisation’s workforce data refer to?

What period does the organisation’s workforce data refer to?:
1 April 2017 to 31 March 2018

Workforce Race Equality Indicators

17 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.

Data for reporting year:
Non-Clinical Staff:

Band % White BME Not Known
Under Band 1 0.00 0.00 0.00

1 0.03 0.00 0.00
2 5.76 0.13 0.67
3 8.59 0.20 0.70
4 2.36 0.00 0.10
5 2.60 0.07 0.07
6 1.46 0.20 0.17
7 0.93 0.03 0.00
8a 0.67 0.00 0.07
8b 0.30 0.03 0.00
8c 0.50 0.00 0.03
8d 0.10 0.00 0.00
9 0.00 0.00 0.03
VSM 0.43 0.00 0.07
Other 0.47 0.00 0.30

Clinical Staff:

Band % White BME Not Known
Under Band 1 0.00 0.00 0.00
1 0.00 0.00 0.00
2 2.06 0.03 0.10
3 5.92 0.03 0.40
4 5.86 0.10 0.37
5 14.91 0.40 0.87
6 21.16 0.60 1.70
7 10.58 0.17 0.53
8a 3.06 0.03 0.17
8b 0.43 0.00 0.00
8c 0.10 0.03 0.03
8d 0.00 0.00 0.00
9 0.00 0.00 0.00
VSM 0.07 0.00 0.00
Consultants 0.17 0.27 0.10
Non-Consultant Career Grade 1.76 0.33 0.07
Trainee Grades 0.03 0.00 0.00
Other 0.27 0.17 0.07

Data for previous year:
Non clinical staff:

Under Band 1 White 0.0% BME 0.0% Unknown 0.0%
Band 1 White 0.03% BME 0.0% Unknown 0.0%
Band 2 White 6.11% BME 0.15% Unknown 0.57%
Band 3 White 7.78% BME 0.06% Unknown 0.42%
Band 4 White 2.39% BME 0.0% Unknown 0.03%
Band 5 White 2.33% BME 0.06% Unknown 0.03%
Band 6 White 0.94% BME 0.12% Unknown 0.03%
Band 7 White 0.97% BME 0.03% Unknown 0.0%
Band 8a White 0.54% BME 0.03% Unknown 0.03%
Band 8b White 0.48% BME 0.03% Unknown 0.0%
Band 8c White 0.45% BME 0.0% Unknown 0.03%
Band 8d White 0.06% BME 0.0% Unknown 0.0%
Band 9 White 0.0% BME 0.0% Unknown 0.3%
VSM White 0.42% BME 0.0% Unknown 0.6%

Clinical staff:

Under Band 1 White 0.0% BME 0.0% Unknown 0.0%
Band 1 White 0.0% BME 0.0% Unknown 0.0%
Band 2 White 2.78% BME 0.06% Unknown 0.12%
Band 3 White 6.66% BME 0.03% Unknown 0.39%
Band 4 White 5.42% BME 0.12% Unknown 0.27%
Band 5 White 15.37% BME 0.39% Unknown 0.82%
Band 6 White 20.42% BME 0.54% Unknown 1.72%
Band 7 White 10.47% BME 0.12% Unknown 0.51%
Band 8a White 3.21% BME 0.03% Unknown 0.18%
Band 8b White 0.33% BME 0.0% Unknown 0.0%
Band 8c White 0.15% BME 0.03% Unknown 0.06%
Band 8d White 0.0% BME 0.0% Unknown 0.0%

Band 9 White 0.0% BME 0.0% Unknown 0.0%
VSM White 0.06% BME 0.0% Unknown 0.0%
Consultants White 0.15% BME 0.24% Unknown 0.09%
Non-Consultant Career Grade White 2.05% BME 0.42% Unknown 0.24%
Trainee Grades White 0.0% BME 0.0% Unknown 0.0%
Other White 0.18% BME 0.06% Unknown 0.0%

The implications of the data and any additional background explanatory narrative:
The number of BME staff within the Trust remains low at 2.83% of the overall workforce, that is 85 members of staff.

There have been no significant changes in the percentage (or actual number) of BME staff in either clinical or non-clinical roles in the last 12 months.

Numbers of BME staff remain low across all pay bands:

• In non-clinical roles, for example administration and clerical jobs, the highest figures for BME staff are seen in bands 2, 3 and 6.
• In clinical roles, for example nurses, midwives, doctors and dental jobs, the highest figures for BME staff are in bands 5, 6 and 7, and within the medical and dental pay grades.

Just under a quarter (23.5%) of the Trust's BME staff are in non-clinical roles. There are no BME staff above pay band 8b in non-clinical roles, but there are 31 White members of staff.

More than a quarter (27.0%) of BME staff are in medical and dental roles, for example consultants, speciality doctors, dentists and dental officers.

Nearly half (49.4%) of all BME staff in are in clinical, (but not medical and dental) roles, for example in nursing, midwifery, physiotherapy, and other healthcare jobs.

In our staff record system there are increasing numbers of 'ethnicity not known' staff.

Within the overall workforce there is a gender split of 9% male 91% female. Within BME staff we find 22.4% male and 77.6% female, of these men the majority are within clinical roles including medical and dental roles.

Similar to the picture for White staff, BME staff are predominantly in the age range of 26 – 50 years of age. A fifth are over 50 years of age, and only a tiny number are under 26. Within our most ethnically diverse boroughs, Bolton and Oldham, there is a large young BME population – in Bolton (as at Census 2011) 32% of the BME population were under 16 and a further 14% between 16 and 24 years of age; in Oldham the figures were 37% of the BME population under 16 years of age and 15.8% between 16 and 24 years old. This may be an area to consider and target in engagement and recruitment in the coming years. In these two boroughs overall the BME population is 18.1% (Bolton) and 22.5% (Oldham).

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
This indicator very much ties into those related to recruitment and career progression, so the draft areas for actions below will target more than just Indicator 1 improvements. Please note that all actions will be finalised following engagement with BME staff and detailed development within the Trust workforce governance structures, and will be included within the Equality Objectives 2018 - 2021.

Our EDS2 and Equality Objectives are inextricably linked. We are part of a collaborative of providers and commissioners across Merseyside and Cheshire, who are working on a joint approach to EDS2. Using engagement and shared learning we are developing Equality Objectives, aligned to protected characteristic groups, and mapped against EDS2 outcomes, the three aims of the Equality Duty, and other legal requirements. We are at the stage of finalising an action plan for the equality objectives, tailored to Trust need, but using partnership work and sharing of good practice wherever possible. This action plan (our Equality Objectives 2018 -2021) will be presented to internal committees and stakeholders such as Healthwatch at the end of the summer, before being signed off. All WRES actions will be included within this action plan, and other actions within the plan should support equality and inclusion for BME staff.

The areas identified for action in Indicator 1 are:

The 'not known' staff records in ESR.

Workforce planning for the future:
• Targeted work aimed at bringing younger BME people into the NHS – recruitment, apprenticeships, work experience, etc.
• BME staff representation in non-clinical roles – investigate the possible reasons for low numbers - are there blockages or barriers, if so where are they, and how can we remove them.
• Career development opportunities for BME, both clinical and non-clinical. Look at mentoring and reverse mentoring, coaching, secondment opportunities, and leadership development.

18 Relative likelihood of staff being appointed from shortlisting across all posts.

Data for reporting year:
In our 2018 results White staff were 1.24 times more likely to be appointed compared to BME staff.

Data for previous year:
In our 2017 results White staff were 1.30 times more likely to be appointed compared to BME staff.

The implications of the data and any additional background explanatory narrative:
2018 saw a very slight improvement from 2017 when White staff were 1.3 times more likely to be appointed compared to BME staff.

The actual number of BME staff appointed fell in the last year.

Within the Agenda for Change bands there were no successful BME candidates above Band 7.

There were no successful BME candidates in very senior manager roles advertised this year.

Further analysis shows that:

• The highest numbers of actual BME staff recruited were in nursing and midwifery (NMC) roles, administrative and clerical roles, and in medical and dental roles.
• In terms of likelihood the best results for BME applicants were in administrative and clerical, and healthcare scientist posts, and the worst in additional clinical services posts.
• The gender split in recruitment is similar to that for Indicator 1, with 90.4% female and 9.6% male in successful White applicants, and 79.2% female and 20.8% male in successful BME applicants.
• The split was exactly 50/50 for successful BME applicants in full time and part time posts.

BME recruitment remains low in the Trust; just 5% of those appointed in the last 12 months were BME. Whilst this 5% is above the overall BME figures for some of our boroughs, St Helens and Halton for example, it is not representative of other areas such as Bolton and Oldham.

The small number of successful BME candidates makes analysis difficult across pay bands, staff groups etc., but the very small numbers in themselves suggest a course of action for the Trust – firstly how many BME applications do we receive and for what posts, secondly why are so few BME applicants successful, and thirdly what can be done to improve this indicator?

All recruiting mangers undergo training in the Trust, this focuses on the processes and the legal aspects of recruitment – the Equality Act for example.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
Please see question 17 for a full explanation of EDS2 and Equality Objectives plans for the Trust.

The actions in Indicator 1 also support this Indicator, but the other areas for action identified are:

Review of information available from NHS Jobs for BME applications to assess progress, and potential barriers to progress, through the recruitment process:

• Number of applications received.
• Assessment of which posts receive a lot of BME applications and which receive few applications, in particular comparing non-clinical and clinical adverts.
• Success rate at long-listing - Tier 2 applicants and right to work/visa issues.
• Success rate at short-listing – meeting the essential and desirable criteria.
• Success rate at interview – the scoring.

Focus group work with BME staff.

Focus group with recruiting managers.

Look at unconscious bias training options for recruiting managers.

Consideration of Tier 2 sponsorship in workforce planning.

Consider other options for advertising.

19 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.

Data for reporting year:
Our results in 2018 showed that our BME staff were 2.0 times more likely to enter the formal disciplinary process compared to White staff.

Data for previous year:
Our results in 2017 showed that our BME staff were 3.83 times more likely to enter the formal disciplinary process compared to White staff. - PLEASE SEE THE ISSUES OF COMPLETENESS OF DATA NARRATIVE, ABOVE IN QUESTION 9.

The implications of the data and any additional background explanatory narrative:
There was a slight improvement from the 2017 figure of 3.83.

Very low numbers of staff involved make this a difficult indicator to analyse effectively – less than 20 staff in total were in formal disciplinary processes this year.

Of the staff becoming involved in these processes in the last 12 months 78% (including 100% of BME staff) were considered to have no case to answer following formal investigation.

The Trust has robust policy, procedure, and training in place to support HR processes such as disciplinary and grievance, and monitoring of this indicator will continue in order to identify any trends that may become apparent.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
No action identified for this indicator - we will continue to monitor the small number of Trust cases.

20 Relative likelihood of staff accessing non-mandatory training and CPD.

Data for reporting year:
Our 2018 results showed that White staff were 1.09 times more likely to access non-mandatory training and CPD compared to BME staff in the last year.

PLEASE SEE THE ISSUES OF COMPLETENESS OF DATA NARRATIVE, ABOVE IN QUESTION 9.

Data for previous year:
Our 2018 results showed that White staff were 0.9 times more likely to access non-mandatory training and CPD compared to BME staff in the last year.

The implications of the data and any additional background explanatory narrative:
This is a very small deterioration in our results this year.

Training and personal development opportunities are varied in the Trust and range from internally provided courses, to externally funded opportunities, and specific training for staff, including medical and dental staff.

We actively promote targeted training opportunities for BME staff, and the Trust has targeted training for particular staff groups and pay bands to aid career progression.

In 2017/18 a new style of appraisal was rolled out across the Trust. MySpace and MyPlan should give staff the chance to regularly discuss their career development options with their line managers, leading to increased support, access to further training, and increased understanding for managers of potential concerns or pressures felt by their BME staff.

There are mandatory training modules specified for each member of staff, covering areas such as infection control, safeguarding, equality, and records management. All staff are required to undertake this training at specified times, and compliance with this is reported to the Trust Board.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The actions in Indicator 1 also support this Indicator, but the other areas for action identified are:

Review of recording mechanisms in learning and development opportunities.

Continued promotion of targeted opportunities for BME staff.

Workforce Race Equality Indicators

21 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

White:
25.84%

BME:
28.57%

White:
28.91%

BME:
22.58%

The implications of the data and any additional background explanatory narrative:
There has been a sharp deterioration in this indicator for BME staff in the last 12 months, an increase in the results of 5.99%.

This compares to average figures for community trusts of 23% for White staff and 26% for BME staff.

Overall the Trust's figure improved by 2% to 26% this year, but this is worse than the average of 23% for community trusts, the best being 20%.

In total 28 BME members of staff answered this question in the most recent Staff Survey. This means that eight members of BME staff were subjected to this behaviour, this is eight too many.

A look at our local trusts (all hospitals) shows mixed results:

- In two local trusts the figures for BME staff are considerably lower than ours, in one trust 10% lower and in the other 15% lower.
- Both of these trusts have seen a big improvement from the previous year's figure – a 12% improvement in one.
- At least one of these trusts has carried out regular engagement with its BME staff in recent years.
- One local trust showed very similar results to us.
- Two of these trusts have similar levels of BME respondents to the Staff Survey, and the Trust that has been undertaking active engagement with its BME staff

had 124 BME staff complete the annual survey.

Acute trusts can be very different from community trusts, so we also looked at other community trusts in the region. Comparisons with these show that:

• In two of the trusts results were broadly similar to ours, but in both there had been improvements in this indicator for BME staff.
• In a third local community trust the figure for BME staff was 10% better than ours, and had improved by 22% from the previous year. Caution should however be used here as the number of BME respondents was below 20.

Our Dignity & Respect at Work, and Violence and Aggression Policies set down the Trust stance on incidences relating to these indicators and seek to protect staff from these behaviours. Our internal recording of these instances show very small numbers, so we need to understand why staff feel comfortable reporting on the annual survey, but not within the workplace. We recognised this issue in the 2016 results and actions started then to address this issue.

Work on the new Bridgewater Anti Bullying and Harassment campaign (BABAH) started last year after the 2016 survey results were received. This has involved partnership work with staffside on developing a reporting app, manager's toolkit, and awareness raising. This was launched in October 2017 so will have had little chance to impact on this indicator for this year. Work continues on BABAH and this should hopefully lead to improvements in this indicator in future years.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The action plan for the most recent Staff Survey was agreed in spring 2018, following analysis within the Trust of all indicators. The areas identified for action in relation to WRES are:

BME staff engagement
Continued work around BABAH

23 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.

White:
87.79%

BME:
93.33%

White:
90.02%

BME:
93.33%

The implications of the data and any additional background explanatory narrative:
This figure has remained exactly the same for BME staff for the last two years, at 93.33%, a higher figure than for White staff (87.79% this year and 90.02% last year).

The average figures for community trusts in this indicator were 90% for White staff and 76% for BME staff.

This was one of our top five ranking scores for this year's survey, and our overall figure matches the average for community trusts at 88% - the best being 92%.

When comparing our results to our local hospital trusts we can see that our figure for BME staff is considerably better.

To compare to two of the community trusts we looked at (the third had numbers too low to report), we remain better in this indicator for BME staff, but both have seen an improvement in the last year – one seeing an increase of 7% and the other of 20%.

Our Equal Opportunities Policy provides the detail of how the Trust will meet its duties under the Equality Act 2010, and in particular the three aims of the Equality Duty for public sector organisations.

While our results are good for this indicator we mustn't be complacent, White staff have shown a deterioration and we need to understand why, and there is always room to improve the BME result both in the figure we are given and in the number of staff taking part in the survey.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The action plan for the most recent Staff Survey was agreed in spring 2018, following analysis within the Trust of all indicators. The areas identified for action in relation to WRES are:

BME staff engagement
Continued work around BABAH

24 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:
8.05%

BME:
11.11%

White:
6.59%

BME:
6.25%

The implications of the data and any additional background explanatory narrative:
Our figure for BME staff was 11.11% in the most recent survey, an increase of 4.86% from the previous. For White staff the figure was 8.05%, an increase of 1.46%. This is showing deterioration for both groups over the last 12 months.

As a comparison to the average figure for community trusts, our figures were 3% below average for White staff, and 1% below average for BME staff. Overall our result was 9%, matching the national average for community trusts.

Our results for BME staff are better when compared to two of our local hospital trusts, and one of the community providers. This community trust has faced significant challenges recently though, and the result, though still higher than ours, has improved by 20%. For one of the other community providers used for comparison our figures are roughly the same, and for the third numbers were too low to report.

As mentioned in Indicator 5 the Trust has internal policies and procedures to protect staff from discrimination. There are also processes in place to ensure staff, and patients, are not subject to indirect discrimination through our provisions, criteria or practices - what we do and how we do it, or through other types of discrimination.

Actual numbers are very small in the survey, however we recognise that these are just the members of staff who chose to respond. There are also very low numbers of reports within internal systems. But this does not necessarily mean that these incidents don't happen. The BABAH work is looking to support staff in coming forward where they witness or are a victim of discrimination in the workplace.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The action plan for the most recent Staff Survey was agreed in spring 2018, following analysis within the Trust of all indicators. The areas identified for action in relation to WRES are:

BME staff engagement
Continued work around BABAH

22 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

White:
20.44%

BME:
21.43%

White:
23.60%

BME:
25.81%

The implications of the data and any additional background explanatory narrative:
There has been a slight improvement for BME staff in this indicator in the last year, an improvement of 4.38%.

The average figures for community trusts were 18% for White staff and 22% for BME staff.

Overall the Trust result for this indicator is worse than the average for Community trusts, where the average is 19% and the best 15%.

In total 28 BME members of staff answered this question in the most recent Staff Survey. This means that six members of BME staff were subjected to this behaviour, still an unacceptable figure – no member of staff, either BME or White should be subjected to this behaviour from other members of staff.

A look at the results for our local hospital trusts showed us that:

• One trust's BME figure for this indicator was worse than ours and they had seen a large deterioration in this indicator over the last 12 months – however the number of BME respondents wasn't high, so caution should be used in analysis.
• One trust had a slightly higher figure than ours as a result of a 13% deterioration in this indicator for BME staff over the last 12 months – again though a small number of respondents.
• And one trust was broadly similar in both results and improvement.

For the community trusts we chose to look at as a comparison:

• One was broadly similar in results, but this followed a marked deterioration for BME staff over 12 months.

• One showed much higher results, but they have seen a huge 13% improvement. Though there was a fairly small number of BME respondents, given the difficulties this trust has faced in recent years this was a good result.
• The third trust was 3% better than us and were better than average. There was no comparison to the previous year due to very low numbers of BME respondents in both years.

As for the previous indicator, the BABAH work is looking to active address these figures and the issues they raise.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
The action plan for the most recent Staff Survey was agreed in spring 2018, following analysis within the Trust of all indicators. The areas identified for action in relation to WRES are:

BME staff engagement
Continued work around BABAH

Workforce Race Equality Indicators

25 Percentage difference between the organisations' Board voting membership and its overall workforce.

White:
-3.9%

BME:
-2.8%

White:
9.2%

BME:
-2.6%

The implications of the data and any additional background explanatory narrative:
We found there was no change in these results from the previous year. There are no BME Board members in the Trust.

As 2.8% of our staff are BME, so the difference at Board level is -2.8%.

We know that our Board of Directors ethnicity does not reflect the communities the Trust serves, and the members of the Board recognise this and work in other ways to champion equality and understand differing needs – an example is the community engagement carried out in 2017 as part of the development of our new strategy (Quality & Place).

We are also working hard within the Trust to improve diversity and community representation in other areas – through our membership and governors for example. These groups can question and hold the Trust to account where it is felt there are failings in relation to anything about the business of the organisation, including equality and inclusion.

As Board vacancies arise the Trust works to encourage BME applicants.

Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective:
No actions have been identified for this Indicator.

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

Are there any other factors or data which should be taken into consideration in assessing progress?:
No.

27 Organisations should produce a detailed WRES action plan, agreed by its board. It is good practice for this action plan to be published on the organisation's website, alongside their WRES data. Such a plan would elaborate on the actions summarised in this report, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other workstreams agreed at board level, such as EDS2. You are asked to provide a link to your WRES action plan in the space below.

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.:
All the actions identified for WRES, including those already included within the 2018 Staff Survey Action Plan, will be part of the Equality Objectives 2018 - 2021. These are, as at 20 July 2018, being drafted, and following BME staff engagement, and once agreed within the Trust governance and committee structures will be published on our webpage, along with this submission and our 2018 WRES report:

http://www.bridgewater.nhs.uk/aboutus/equalitydiversity/equalityact2010/