WRES Project Plan – October 2018 – March 2020

Key targets:
- **Annual Plan 18/19 -** WRES indicators improved in particular BME not shortlisted and BME staff undergoing discipline processes (under Objective 4)
- **HPFT Equality Plan -** By 2022 we will have eliminated any differential in experience for BME staff (when compared with white staff) and disabled staff (when compared with non-disabled staff).

For each of the project areas below, a specific work plan will be drawn up by the end of September by the project leads detailing key actions to be achieved by March 2020. All project leads will be accountable to the Equality, Diversity & Inclusion Group (EDIG) re: progress. For further information on this project plan or any of our WRES programme, please contact kor.chand@nhs.net

Project		Project aims	Expected outcomes	Project Lead(s)
1. Organisational Culture Creating an organisation that is culturally aware and inclusive.	1.1	Continued role out of unconscious bias training for all staff with a more targeted approach to provide this at team level.	Staff report a positive impact of this learning on service and workplace culture.	Equality & Diversity Lead
	1.2	Review of Equality & Diversity training offer to ensure fit for purpose and, where necessary, development of new programmes	Improved skills amongst staff and staff report equity of experience	
	1.3	The new model, High Performing Teams, to be implemented taking into account how to create cultural inclusive workplaces and services.	Teams can link their performance to inclusive approaches and improved staff experience.	
	1.4	All staff have access to resources to support their understanding of organisational culture and their role in supporting people from all backgrounds and identities.	Staff are clear how to approach complex cultural scenarios as and how to support others to do so.	
2. Recruitment & Retention To eliminate the gap between White and BME staff who are appointed following shortlisting. (WRES indicator 2)	2.1	Evaluate impact of the Unconscious Bias training	Review of the training to ensure it meets service area & Trust needs	Head of HR Business Partnering
	2.2	Targeted rollout of unconscious bias training for all line managers and appointing managers and targeted service areas (linked to 1.1)	Increase in proportion of BME applicants appointed following shortlisting	
	2.3	Values based recruitment training appropriately takes account of Equality & Diversity and new equality plan priorities. (linked to 1.2)	Improved skills amongst staff and staff report equity of experience	
	2.4	Trust Senior Leaders increase opportunities for staff being mentored by a senior staff member – beginning with Executive Team mentoring of BME staff.	Mentees tracked and improvements in career progression can be seen	

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	2.5	Enhanced understanding of people's experience of the Trust recruitment process (in a way that shows feedback for different protected groups and between external and internal applicants)	The Trust has a clear baseline for how different groups see the process to enable clear action planning	
	2.6	Positive action is used throughout Trust recruitment processes to promote the importance to the workforce of diversity and inclusiveness	Targeting messaging is more frequently used in recruitment adverts and performance of the process improves as a result	
	2.7	Analysis and action regarding career progression for band 5 to 6 Registered Nurses (RN).	Targeted action to support RNs to progress with their career.	
3. Disciplinary Process To eliminate the gap between White and BME staff entering the formal disciplinary process (WRES indicator 3)	3.1	Analysis of the experience pre, during and post the disciplinary process by BME through use of HEE resources. To include: • Deep dive into BME staff's experience of the disciplinary and formal capability process. • Review of evidence based best practice across NHS and beyond	External scrutiny of ER processes utilising funding from HEE. Potentially uncovering workforce culture issues for action	Head of HR Business Partnering
	3.2	Development of new resources (linked to 1.1) that explore the impact of power and privilege in NHS settings – linked to national NHS England work.	In embracing the need to explore power and privilege in a large organisation, the Trust can demonstrate a strong desire for open workplaces and the value that diversity brings to these.	
4. Bullying & Harassment To eliminate the gap between BME and non-BME staff re: experience of bullying and harassment. (WRES indicators 5-8)	4.1	Leaders within SBUs are equipped with the skills necessary to identify, tackle and prevent opportunities for bullying & harassment occurring. (knowledge includes understanding of poor behaviours motivated by racial prejudice – consciously or unconsciously)	Targeting messaging in relation to prejudice (racial, gender based, homophobia etc.) is seen to impact on the Trust gaining a better understanding of how to tackle issues head on.	Organisational Development Manager
	4.2	Pilot completed in 2018/19 to deliver 12 half-day 'cultural awareness' sessions to teams as part of HEE funding that looking at issues such as operating styles, communication styles and understanding difference	Improvement pre and post workshops in team culture and relationships within teams participating	
	4.3	Implementation plan for 'high performing teams' model includes WRES indicators (and improvement of these) as a marker for success	Identified best practice to share and implement in all service areas	
	4.4	New Dignity Champions programme developed which absorbs the current role models programme – but retains some focus on support for staff from protected groups.	Dynamic programme of communication between dignity champions and staff members that quantifies types of issues that require action and reports on how issues are resolved.	