

Equality, Diversity & Inclusion (EDI): Priorities for 2017

BWC integrated EDI priorities have emerged as a result of the analysis through quantitative and qualitative data and findings; these have been mapped against standards and the next step will be to develop actions which will be reported and monitored on a quarterly basis.

No.	Standards mapped against:	PRIORITY	WHO
1.	WORKFORCE (WRES, WDES, EDS2 – 3 & 4)	Inclusive Recruitment & Retention: Investigation into recruitment practices, development and retention of the work force, including a focus on Health and Wellbeing	Rec. & Ret. group
		Improved Inclusive Culture: Further development of mentoring opportunities, role modelling, and staff voice	IAG
		Inclusive Talent Development and Succession Planning, aiming to see more higher level vacancies filled by internal members of staff	EDI working group
		Increased diversity in the workforce demographic, including a data cleanse to reduce the incidences of unstated/ undefined	EDI working group
2.	WRES, WDES, EDS2, AIS & commissioners schedule	On going Contractual Reporting and Monitoring in line with CQC, WRES, WDES, EDS2, AIS etc.	Workforce QA & compliance lead
3.	EDS2 – 1 & 2 AIS	Service experience and improvements for patients and staff	PALs Staff experience team
4.		The Development of an Integrated BWC EDI Strategy and Governance	EDI Steering group



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There are four main priorities identified within the 'Workforce' standards; each has groups that will lead as below:

No.	Standards mapped against:	PRIORITY	ACTION PLAN	WHO
1.	WORKFORCE: WRES, WDES, EDS2 – 3 & 4	A. Inclusive Recruitment & Retention: Investigation into recruitment practices, development and retention of the work force, including a focus on Health and Wellbeing	To be developed by the Rec. and Retention group in April 2017	Rec. & Ret. group
		B. Improved Inclusive Culture: Further development of mentoring opportunities, role modelling, and staff voice	<ol style="list-style-type: none"> 1. Mentoring : re launch the mentoring programme in association with the staff experience team. 2. Staff voice: Quarterly Chairs update on staff issues. 3. Role modelling: Sharing positive stories of staff. A day in the life of. 4. Culture: Increase the profile of the Inclusivity Incredibles (photos etc) allow staff to access them with issues they may not feel comfortable to bring up in IAG meetings. 	Inclusivity Action Group (IAG)
		C. Inclusive Talent Development and Succession Planning, aiming to see more higher level vacancies filled by internal members of staff	Ensure that this is viewed to demonstrate opportunities for career progression at BWC	EDI Working Group
		D. Increased diversity in the workforce demographic, including a data cleanse to reduce the incidences of unstated/ undefined	<ol style="list-style-type: none"> 1. To ensure the ESR training features the reminder that staff need to declare, state and define characteristics 2. To review each quarter period. 3. Regular communication messages to BWC staff 	EDI working group



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No.	Standards mapped against:	PRIORITY	ACTION PLAN	WHO
1.	WORKFORCE: WRES, WDES, EDS2 – 3 & 4	A. Inclusive Recruitment & Retention: Investigation into recruitment practices, development and retention of the workforce, including a focus on Health and Wellbeing	<ul style="list-style-type: none"> a) To review the developed e-learning package on recruitment which incorporates unconscious bias and aim to have this to roll out post values launch b) To work with the Inclusivity Action Group and identify a process for them to sample shortlisting and information from recruitment panels. c) To review advertising information/NHS jobs to help reduce inappropriate applications d) To develop a bank of questions related to values so that an element of recruitment and selection focuses on this important area e) To develop and promote some standardised approaches to selection processes and provide some consistent methodology for relevant roles 	Rec. & Ret. group
Q1	<ul style="list-style-type: none"> a) Review of the e-learning package will take place and feedback to the originators of the e-learning package, with the aim of a formal launch by October 2017. There will also be a 'mandate' for the Chair of the interview panel to have completed the learning, and a plan for roll out of the training to anyone who sits on an interview panel to complete the learning over the following 12 months. b) There will be 2 advertised posts randomly selected per month. These will be identified to the IAG and they will ask one member (who would be appropriate to understanding the role advertised) to shortlist based on the criteria and then audit against the actual shortlist to identify any significant differences that could be influenced by bias. A member of IAG is to then sit on the interview panel of these identified posts to observe and feedback. c) There will be a statement on the NHS jobs advert to advise potential applicants that the Trust shortlists against the person specification, encourage them to read it, check that they can meet it before spending time completing the application form. d) and e) actions to follow. 			
Q2				
Q3				
Q4				



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No.	Standards mapped against:	PRIORITY	ACTION PLAN	WHO
1.	WORKFORCE: WRES, WDES, EDS2 – 3 & 4	B. Improved Inclusive Culture: Further development of mentoring opportunities, role modelling, and staff voice	<ol style="list-style-type: none"> 1. Mentoring : re launch the mentoring programme in association with the staff experience team. 2. Staff voice: Quarterly Chairs update on staff issues. 3. Role modelling: Sharing positive stories of staff. A day in the life of. 4. Culture: Increase the profile of the Inclusivity Incredibles (photos etc.) allow staff to access them with issues they may not feel comfortable to bring up in IAG meetings. 5. Education: Educating staff on EDI within the trust. 	Inclusivity Action Group (IAG)
Q1	<ol style="list-style-type: none"> 1. Mentoring: re-launch of the mentoring program in conjunction with staff experience 3rd July 2017. 2. Staff issues. no issues currently being raised directly through the Inclusivity Action Group. Inclusivity Incredibles are pooling their skills and contacts to support each other on staff issues. 3. Role modelling: members of the team have been invited to complete a "Hello my name is form". 4. Culture; To raise the profile of EDI Inclusivity Incredibles we had a stand at the recent recruitment day. We are also scheduled to: <ul style="list-style-type: none"> • observe the trust board, • be observers of, and audit the recruitment process. • be involved in devising the new BWC values/vision/mission • aid in HR investigations • aid in patient/Pals complaints • deliver team inclusion sessions • Champion recruiting of more Inclusivity Incredibles 5. Educating staff on EDI throughout the trust. So far this quarter we have championed LGBT History Month, Women's History Month, Mental Health Awareness Week and Equality, Diversity and Human Rights Week manning a stand and providing resources. 			
Q2				
Q3				
Q4				



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No.	Standards mapped against:	PRIORITY	ACTION PLAN	WHO
1.	WORKFORCE: WRES, WDES, EDS2 – 3 & 4	C. Inclusive Talent Development and Succession Planning, aiming to see more higher level vacancies filled by internal members of staff	Ensure that this is viewed to demonstrate opportunities for career progression at BWC	EDI Working Group
Q1	Through the leadership, appraisal and development discussions staff will be encouraged to identify their aspirations and career pathways; whereby support can be provided to undertake these. The BWC appraisal policy and process is currently under review and development.			
Q2				
Q3				
Q4				



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No.	Standards mapped against:	PRIORITY	ACTION PLAN	WHO
1.	WORKFORCE: WRES, WDES, EDS2 – 3 & 4	D. Increased diversity in the workforce demographic, including a data cleanse to reduce the incidences of unstated/ undefined	<ol style="list-style-type: none"> To ensure the ESR training features the reminder that staff need to declare, state and define characteristics To review each quarter period. Regular communication messages to BWC staff 	EDI working group
Q1	For existing employees: Line managers to encourage staff to update their personal details through ESR and communication to raise the profile through a daily voice message and link to ESR on a quarterly basis is planned. For new appointees: The recruitment team will review the mandatory fields on nhs.jobs where this required to be completed prior to submission; as well as encouraging this information is defined/declared within the application process.			
Q2				
Q3				
Q4				



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No.	Standards mapped against:	PRIORITY	ACTION PLAN	WHO
2.	WRES, WDES, EDS2, AIS & commissioners schedule	On going Contractual Reporting and Monitoring in line with CQC, WRES, WDES, EDS2, AIS etc.	<ol style="list-style-type: none"> To ensure the priorities are mapped against the contractual standards. To submit activity, data and information as per deadline 	QA & compliance lead
Q1	Every quarter the actions planned will be updated and sent through the performance information teams to the meet the commissioner contractual compliance schedules. An overview of the AIS has been defined following the formal BWC integration (1 st February 2017). Discussions will take place with the BWC EDI steering group to commence consideration of the EDS2,WRES and WDES standard statements that will need to be reported upon.			
Q2				
Q3				
Q4				



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No.	Standards mapped against:	PRIORITY	ACTION PLAN	WHO
3.	EDS2 – 1 & 2, AIS	Service experience and improvements for patients and staff	<p>To review service needs against standard requirements:</p> <p><u>Patient experiences and improvements:</u></p> <p><u>Staff experiences and improvements:</u></p> <ol style="list-style-type: none"> 1. Improved support available for members of staff with learning difficulties 2. Improved staff awareness of multi-faith and cultural events 3. Improved access to personal development courses for all staff, and increased access to mentoring 4. Increased physical and psychological wellbeing offer for staff 5. Engagement with all staff to design new trust vision and values 	PALs Staff Exp. Team IAG
Q1	<p><u>Patient experiences and improvements:</u></p> <p>Community and Patient Engagement - engage with local stakeholders, community groups and patient groups on a regular basis to ensure our services are commissioned, procured, designed and delivered to meet the health needs of our local communities. Feedback is welcomed, listened to, and acted upon in order to provide a better service, and better health outcomes. Some examples include: Our Patient Experience team arranges afternoon tea for parents and families on the third Friday every month in the Parent Accommodation lounge. It provides an opportunity for families to enjoy time away from the wards, have tea and cake and chat to share their views with other parents and our Patient Experience team.</p>			
	<p><u>Staff experiences and improvements:</u></p> <ol style="list-style-type: none"> 1. A focus Group to test potential 'Read and Write' software for dyslexia and learning difficulty support took place on the 11th of April. Feedback from staff was very positive, and finance is investigating costing and licensing options and viability. 2. So far in 2017, the Inclusivity Action Group has run several awareness events of various multi-faith and cultural events. These include; LGBT History Month, Women's History Month, Mental Health Awareness Week and Equality, Diversity and Human Rights Week. These events have raised awareness and engaged staff in celebrating diversity. Information about supporting staff during Ramadan has also been circulated to managers this quarter. 3. Personal development courses have been launched on Moodle, which are available for all staff. The courses available so far are Conflict Resolution, Team Player, Maximising your appraisal and Communicating Effectively. Mentoring will be re-launched over the coming months. 4. Our wellbeing offer for staff is being developed, with the launch of staff exercise classes across both sites starting on the 24th of May. There are plans to expand the BC Slimming Club over the coming weeks. Confidential Care has been re-launched across both sites. 5. Staff engagement to design the new trust vision and values has commenced, with open house drop in events, and area specific focus groups to listen to staff views. 			
Q2	<u>Patient experiences and improvements:</u>			
	<u>Staff experiences and improvements:</u>			
Q3	<u>Patient experiences and improvements:</u>			
	<u>Staff experiences and improvements:</u>			
Q4	<u>Patient experiences and improvements:</u>			
	<u>Staff experiences and improvements:</u>			

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No.	PRIORITY	ACTION PLAN	WHO
4.	The Development of an Integrated BWC EDI Strategy and Governance	<ol style="list-style-type: none"> The priorities set for 2017 have been integrated as BWC The Strategy and Governance post integration will follow the same reporting and monitoring format 	EDI Steering group
Q1	The Annual report has been presented and the priorities have been allocated to the relevant groups/leads for the development of action plans. The actions planned will be reported on and progress monitored every quarter to through the Workforce Committee (WfC), Quality Committee and Board representation. The updates will also be circulated to the Commissioners via the performance/information team.		
Q2			
Q3			
Q4			

