# Workforce Disability Equality Standard Delivery Plan 2021-2025

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| **EDI Strategic Plan Objective**  | **Actions** | **Accountable Officer(s)** | **Timescale** | **Metric** | **NHS People Plan Theme** | **RAG rating**  |
| 1. Embed EDI interventions into the recruitment process2. Ensure that the development of the UHL Employer Brand includes the integration of EDI3. Ensure that our Executive Search and Recruitment Partners are supporting the Trust to fulfil its EDI ambitions | * Ensure that all JDs and person specifications are accessible and free from ableness bias
* Roll-out an equality information disclosure campaign to encourage higher disability declaration rates
* Ensure inclusive and accessible messaging e.g. employer brand collateral in accessible formats
* Disability workforce representation ambitions reflected in contractual relationship with Executive Search and Recruitment Agencies

 * Monitor disability status of candidates on longlists and shortlists
 | Head of Recruitment /Head of EDI / Head of People ServicesHead of Recruitment /Head of EDI / Head of People ServicesHead of Recruitment /Head of EDI / Head of People ServicesHead of Recruitment/Head of EDI / Head of People ServicesHead of Recruitment/Head of EDI / Head of People Services | TBCTBCTBCTBCTBC | **Metric 1**: Percentage of staff in AFC pay bands or medical and dental subgroups and Very Senior Managers including Executive Board members compared with the percentage of staff in overall workforce**UHL outcomes****2018/19** Disabled staff 4% of overall workforceLower representation in all bands except 1-4**2019/20** Disabled Staff 4% of overall workforce.Bands under 1 and 1-4 4.6%, Bands 8C-9 and VSM 4.17%**2020/21** Disabled Staff 4.58% of overall workforce, higher for non-clinical 5.8%.Lower % at more senior levels in the organisation. | **Growing for the Future** **Belonging in the NHS**  | **4** |
| 4. Ensure our recruitment panels have diverse representation5. All panellists to undergo bias development 6. Explore proportionate use of the ‘Equal Merit Principle’ at the appointment stage for disabled people7. Ensure that all recruitment panels incorporate a UHL EDI statement at the interview stage with commitment to mitigate and minimise ‘Ableness’ bias within decision-making | * Ensure where practicable there is disability representation on recruitment panels
* Design and launch a bias development module and online toolkit for leaders and managers inclusive of ‘ableness’ bias content
* Build upon disability confident measures at shortlisting, and extend use of section (159) positive action measures at the appointment stage
* Mitigate the risk of ableness bias occurring during the interview stage of the recruitment process by asking panel Chair to read out an EDI statement before deliberations
 | Head of Recruitment/Head of EDIHead of Recruitment/Head of EDIHead of Recruitment/Head of EDIHead of Recruitment/Head of EDI | TBCTBCTBCTBC | **Metric 2**: Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts**UHL outcomes****2018/19** Non-disabled 1.37 more likely to be appointed than disabled**2019/20** Non-disabled 1.32 times more likely to be appointed from shortlisting than disabled**2020/21** Non-disabled 1.37 times more likely to be appointed from shortlisting | **Growing for the Future** **Belonging in the NHS** | **4** |
| 8. Develop and Implement the Inclusive Decision-Making Framework and pilot programme | * Use the six steps of the IDMF to conduct a review of the capability procedure and the impact on disabled staff
 | Head of EDI / Heads of People Services | TBC | **Metric 3**: Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.**UHL outcomes****2018/19** 2.36 times more likely to enter the capability process if disabled**2019/20** 5.79 times more likely to enter the formal capability if disabled but overall more cases**2020/21** 3.66 times more likely to enter formal capability if disabled | **Belonging in the NHS****Looking After Our People** | **1** |
| 9. Develop and embed an Active Bystander (AB) Programme to address inappropriate and unacceptable behaviours and support an inclusive culture  | * Undertake a phased roll out of the AB development programme across UHL
* Ensure communications messages for the Active Bystander Programme and the YourVoice project incorporate awareness of ableism, and ableness bias. Target communications at key touch points e.g. Disability History Month / Anti-bullying week / Mental Health week
 | Active Bystander Programme GroupActive Bystander Programme Group / YourVoice project group / Culture Shift | TBCTBC | **Metric 4**: a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from i.) Patients/Service users, their relatives or other members of the publicii) Managersiii) Other colleagues**UHL Outcomes****2018****Patients -**Disabled Staff 34.3% - Benchmark 34.4% Non-Disabled 24.1% Benchmark 26.9%**Other Colleagues-Disabled Staff** 30.9% Benchmark 28.3% Non-Disabled 20.1% Benchmark 18.9%**Managers-** DisabledStaff 21.2% Benchmark 20.% Non-disabled 12.1% Benchmark 12.1%**2019****Patients -** Disabled Staff 32.2%, Benchmark 33.9% Non-Disabled 25 % Benchmark 27.3%**Other Colleagues**-Disabled staff 28.1% Benchmark 27.7% Non-Disabled 17.7% Benchmark 18.4%**Managers** -Disabled Staff 20.5% Benchmark 19.7% Non Disabled10.3% Benchmark 11.0%**2020****Patients** - Disabled Staff 30%, Benchmark 30.9% Non-Disabled 22 % Benchmark 24.5%**Other Colleagues** Disabled staff 28.4% Benchmark 26.9%Non-Disabled 18.5% Benchmark 17.8%**Managers** - Disabled Staff 18.4% Benchmark 19.3% Non-Disabled 10.4% Benchmark 10.8% | **Looking After Our People****Belonging in the NHS** | **4** |
| 10.Develop and Implement the Inclusive Decision-Making Framework (bullying, harassment and abuse) | * Enhance our Trust approach to reporting of bullying, harassment and abuse at work by ensuring that processes are transparent, and set out the key routes to reporting incidents including options for anonymous reporting
* Implement and embed the YourVoice Report & Support tool
* Ensure that ableism and ableness bias is defined within in our B&H processes, policies and procedures
 | Civility & Respect Stakeholder Group/ Heads of People ServicesYourVoice project group and Culture ShiftHead of EDI and Heads of People Services  | TBCTBCTBC | **Metric 4**: b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment bullying and abuse at work, they or a colleague reported it**UHL Outcomes****2018****Disabled staff** 49.1% Benchmark 44.2% **Non-Disabled Staff** 42.% Benchmark 44.4%**2019****Disabled staff** 42.7% Benchmark 46.7% **Non-Disabled Staff** 43.9% Benchmark 45.6%**2020****Disabled staff** 42.8% Benchmark 47%**Non-Disabled Staff** 44% Benchmark 46.1% | **Belong in the NHS** **Looking After Our People** | **1** |
| 11. Identify and develop career development pathways for diverse cohorts of staff using talent management methodology12. Implementation of the High Potential Scheme and alignment to implementation of the Model Employer ‘Aspirational Targets expand to include Gender, Disability, and LGBT+ staff in addition to BAME staff | * Undertake a review of career pathways for the following areas and include a focus on advancing disability equality:
* Nursing roles
* Head of Service roles
* Estates and Facilities roles
* Implement and embed the High Potential Scheme and ensure that the national requirement to encourage participation from potential leaders with disabilities
 | OD Specialist Lead EDI HWB / Deputy Chief Nurse WorkforceOD Specialist lead for the High Potential Scheme / Head of EDI  | TBCTBC | **Metric 5**: Percentage of Disabled Staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion**UHL Outcomes****2019****Disabled staff** 75.3% Benchmark 79.1%**Non-Disabled** **staff** 82.8% Benchmark 85.6%**2020****Disabled -** 79.9%Benchmark 79.6%**Non-Disabled -** 82.7% Benchmark 86.3% | **Growing for the Future****Belonging in the NHS****New Ways of Working and Delivering Care** | **1** |
| 13. Ensure that every member of staff includes an EDI objective in their annual appraisal | * Ensure the effective implementation of reasonable adjustments and the talent management of disabled staff forms part of the performance management process of all supervisors and managers
 | OD Specialist Lead EDI HWB / Head of EDI / People Partners | TBC | **Metric 6:** Percentage of Disabled Staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties**UHL Outcomes 2018****Disabled Staff**  33.5 % Benchmark 37.3%**Non-Disabled** 25.8% Benchmark 23.9%**UHL Outcomes 2019****Disabled Staff** 39.4% Benchmark 32.7%**Non-Disabled** 23.9% Benchmark 22.4% **UHL Outcomes 2020****Disabled Staff** 35.4% Benchmark 33%**Non-Disabled** 23% Benchmark 23.4%  | **Belonging in the NHS** **Looking After Our People** | **1** |
| 14. Identify and develop career development pathways for diverse cohorts of staff using talent management methodology | * Ensure that staff with disabilities are included in the design of talent management interventions
* Highlight internal and external recognition of disabled role models
 | OD Specialist EDI / HWBUHL Comms Team / Head of EDI  | TBCTBC | **Metric 7**: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.**UHL Outcomes****2018****Disabled Staff** 35.4% Benchmark 36.3%**Non-Disabled** 47.2% Benchmark 47.6%**2019****Disabled Staff** 49.5% Benchmark 49.5%**Non-Disabled** 37.6% Benchmark 37.4%**2020****Disabled** **Staff** 35.4% Benchmark 37.4%**Non-Disabled** 49.2% Benchmark 49.3% | **Looking After Our People****Belonging in the NHS**  | **4** |
| 15. Embed EDI into existing and future leadership and management programmes | * Ensure that all line managers are aware of the requirement to effectively implement and review reasonable adjustments
* Develop disability equality toolkit and workshop
 | Head of People Services OD / Head of EDI Head of People Services OD / Head of EDI | TBCTBC | **Metric 8:** Percentage of Disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work**UHL Outcome** **2018****Disabled Staff** 70% Benchmark 72.1%**2019****Disabled Staff** 78.1 % Benchmark 73.3%**2020****Disabled** 74.4 % Benchmark 75.5% | **Looking After Our People** **Belonging in the NHS** | 4 |
| 16. Raise the profile of our DAV Staff Network with internal and external stakeholders | * Continue to support the DAV Network and its activities to advance disability equality within our Trust
* Continue to run regular engagement events for disabled staff to understand their lived experience
* Facilitate communication between Staff Networks and our wider workforce e.g. develop Staff Network web presence and social media profile
* Facilitate DAV Network members influence on decision-making through the implementation of the IMDF and others channels
 | DAV Network Chairs / Head of EDI / OD Specialist EDI HWBDAV Network Chairs / Head of EDI / OD Specialist EDI HWBDAV Network Chairs / Head of EDI / OD Specialist EDI HWBDAV Network Chairs / Head of EDI / OD Specialist EDI HWB | TBCTBCTBCTBC | **Metric 9:** a) The staff engagement score for Disabled staff compared to non-disabled staff and the overall engagement score for the organisation**UHL Outcomes** **2018****Disabled Staff** 6.5 Benchmark 6.6 **Non-Disabled** 7.0 Benchmark 7.1**2019****Disabled Staff** 6.6 Benchmark 6.6**Non-Disabled** 7.1 Benchmark 7.1**2020****Disabled Staff** 6.5 Benchmark 6.7**Non-Disabled** 7.1 Benchmark 7.1b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard **Yes** – Ongoing work to support and develop our Differently Able Staff network and engagement events for disabled staff from across the Trust | **Looking After Our People** **Belonging in the NHS****New Ways of Working and Delivering Care** | 4 |
| 17. Ensure that our Executive Search and Recruitment Partners are supporting the Trust to fulfil its EDI ambitions18. Identify and develop career development pathways for diverse cohorts of staff using talent management methodology19. Implementation of the High Potential Scheme and alignment to implementation of the Model Employer ‘Aspirational Targets expand to include Gender, Disability, and LGBT+ staff in addition to BAME staff | * Improve the representation of disabled people in our leadership community through embedding positive action(159) measures into the selection processes for Band 8a-VSM roles
 | Head of EDI / Head of People Services OD / Head of Recruitment  | TBC | **Metric 10:** Percentage difference between the Organisation’s Board voting membership and its organisation’s overall workforce disaggregated:By Voting membership of the BoardBy Executive membership of the Board**UHL Outcomes** **2018/19** Overall Trust Board representation of Disabled Staff is 6%**2019/20** Overall Trust Board representation of Disabled Staff is 6%, 8% voting. 2% better than overall staff representation of 4% (voting 4% better)**2020/21** Overall Trust Board representation of Disabled staff is 5%, 14.29% non-voting | **Growing for the Future****Belonging in the NHS** | **3** |