

Workforce Disability Equality Standards Report 2023



Introduction

The Workforce Disability Equality Standard (WDES) was introduced in April 2019 as a mandated data collection. The WDES is a collection of 10 metrics that aim to compare the workplace and career experiences of disabled and non-disabled colleagues. NHS trusts and NHS foundation trusts are required to report and publish data, on an annual basis, for each of these metrics.

The WDES was devised to make sure employees with a disability have equal access to career opportunities and receive fair treatment in the workplace. Evidence shows that a motivated, included and valued workforce helps to deliver high-quality patient care, increased patient satisfaction and better patient safety; it also leads to more innovative and efficient organisations.

Kent Community Health NHS Foundation Trust (KCHFT) is committed to taking a transparent and proactive approach to addressing inequality. We recognise the value of our people and their diversity and aim to ensure that our workforce is representative of the communities we serve. We understand that colleagues work better when they can be themselves and appreciate the quality, understanding and experience that they bring to our organisation.

Details about the WDES indicators and parameters within which the report is produced can be found on the [NHS England website](#). The report will present and analyse the data for each indicator as well as explore themes and trends found in the preceding years.

Workforce Disability Equality Standard (WDES) indicators

The WDES consists of ten indicators which help NHS organisations recognise and reduce inequalities between disabled and non-disabled colleagues. These indicators look at data relating to substantive members of our workforce and are detailed below:

1. Workforce representation

Percentage of colleagues in Agenda for Change (AfC) pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of colleagues in the overall workforce. This data is taken as at 31 March 2023.

2. Appointments from shortlisting

Relative likelihood of non-disabled applicants compared to disabled applicants being appointed from shortlisting across all posts between 1 April 2022 and 31 March 2023.

3. Formal capability

Relative likelihood of disabled colleagues compared to non-disabled colleagues entering the formal capability process on the grounds of performance, as measured by entry into the formal capability procedure. Based on the two-year rolling average for 2021/22 and 2022/23.

Indicators four to nine look at the results from the staff survey that was carried out in in Autumn 2022 and compares responses for disabled and non-disabled colleagues.

4. Harassment, bullying or abuse

Percentage of disabled colleagues compared to non-disabled colleagues experiencing harassment, bullying or abuse in the last months. This indicator is split into four parts:

- a. harassment, bullying or abuse from patients, service users or the public
- b. harassment, bullying or abuse from a line manager
- c. harassment, bullying or abuse from other colleagues
- d. percentage of colleagues who reported harassment, bullying or abuse the latest time it happened.

5. Career progression

Percentage of disabled colleagues compared to non-disabled colleagues believing that the Trust provides equal opportunities for career progression or promotion.

6. Presenteeism

Percentage of disabled colleagues compared to non-disabled colleagues saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties ("presenteeism").

7. Feeling valued

Percentage of disabled colleagues compared to non-disabled colleagues saying that they are satisfied with the extent to which their organisation values their work.

8. Workplace adjustments

Percentage of disabled colleagues saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.

9. Staff engagement

This is split into two parts:

- a. the staff engagement score for Disabled colleagues, compared to non-disabled colleagues
- b. has your trust taken action to facilitate the voices of disabled colleagues in your organisation to be heard?

Indicator 10 looks at the composition of the trust Board on 31 March 2023.

10. Board representation

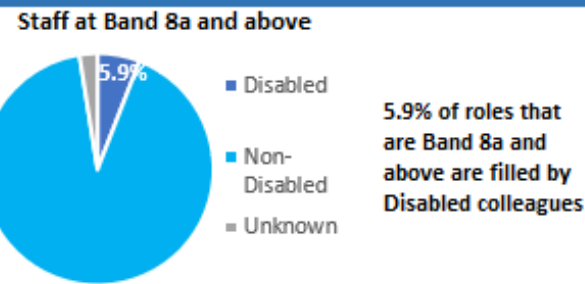
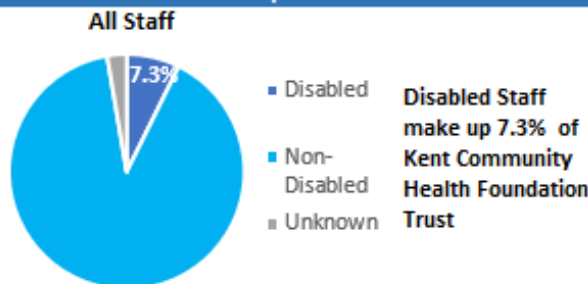
Percentage difference between the organisations' Board membership and its overall workforce disaggregated by:

- voting and non-voting membership of the Board
- executive and non-executive membership of the Board.

Workforce Disability Equality Standard 2023

This overview provides a snapshot of data from March 2023 for Indicators 1,2,3 and 10. Indicators 4, 5,6,7, 8 and 9 are from the Staff Survey 2022

Indicator 1: Workforce Representation



Indicator 2: Shortlisting

The relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff:

1.04

This means non-disabled staff are 1.04 times more likely to be appointed than disabled staff

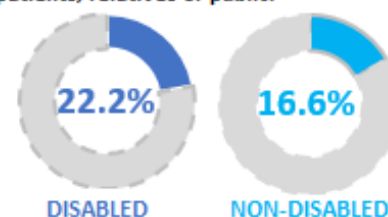
Indicator 3: Formal Capability

The relative likelihood of disabled staff entering formal capability process compared to non-disabled staff:

Results for indicator three have not been published as there were fewer than 10 formal capability cases (in line with guidance from NHS England)

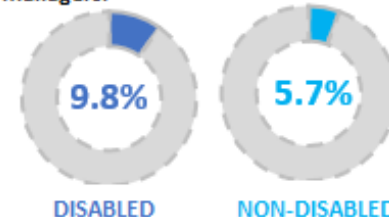
Indicator 4a: Bullying from Public

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or public:



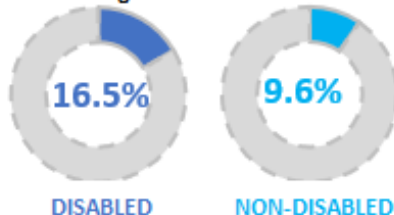
Indicator 4b: Bullying from Managers

Percentage of staff experiencing harassment, bullying or abuse from managers:



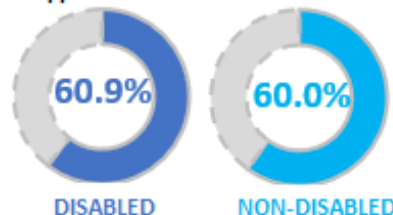
Indicator 4c: Bullying from Colleagues

Percentage of staff experiencing harassment, bullying or abuse from other colleagues:



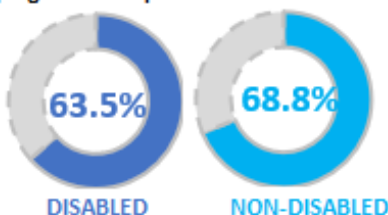
Indicator 4d: Report Bullying

Percentage of staff who reported harassment, bullying and abuse last time it happened



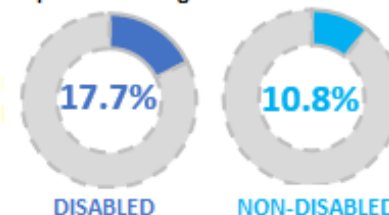
Indicator 5: Career Progression

Percentage of staff believing the Trust provides equal opportunities for career progression or promotion:



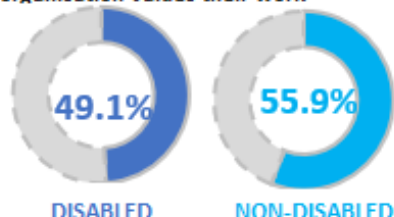
Indicator 6: Presenteeism

Percentage of staff who felt pressure from their manager to come to work, despite not feeling well



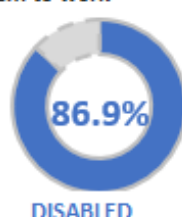
Indicator 7: Feeling Valued

Percentage of staff who are satisfied with the extent to which the organisation values their work



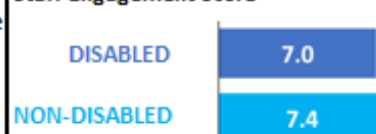
Indicator 8: Workplace Adjustments

Percentage of Disabled staff where reasonable adjustments have been made to enable them to work



Indicator 9: Staff Engagement

Staff Engagement Score

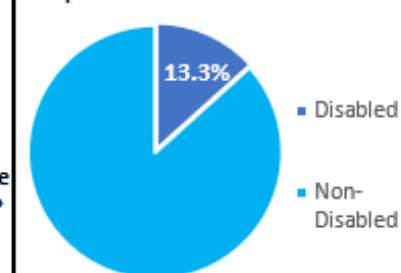


Does the KCHFT take actions to facilitate the voices of Disabled staff to be heard?

Yes

Indicator 10: Board Representation

Composition of the Trust Board:



Progress on Workforce Disability Equality Standard

Progress towards the trust's ambition to eliminate disparity between non-disabled and disabled colleagues can be more clearly examined when looking at trends in the WDES indicators. Small fluctuations in indicators from one year to the next are unlikely to indicate significant improvements/decline. Examining overall trends is crucial to highlighting areas to focus on in the WDES action plan.

Indicator	Improvement for disabled colleagues from last year	Trend comments	Comparison to benchmark
Workforce representation	Yes	The trust has seen an increase in the proportion of colleagues who have declared a disability for each of the last five years. In 2023, 7.3% of the trust declared a disability. We know that there is a disparity between the disability status colleagues declare in ESR compared to what they report in the staff survey so declaration rates continues to be an area in which the Trust needs to focus its attention.	Not available
Shortlisting	No	The likelihood of disabled individuals being appointed from shortlisting fell slightly this year. However, the variation in this metric over the last five years is small and shows parity between disabled and non-disabled shortlisted applicants.	Not available
Formal capability	Not published	Results not published as fewer than ten formal capability cases recorded (in line with guidance from NHS England)	Not available
Bullying from public	No	Although bullying from the public decreased in 2022 compared to 2021, this is still higher than levels reported in 2020. No clear downwards trend is yet evident. With 22.2% of Disabled colleagues compared to 16.6% of non-disabled colleagues reporting this type of behaviour from the public we know there is still a lot of work to do to eradicate bullying of our colleagues	Better
Bullying from managers	Yes	A decrease in bullying from managers was seen in 2021 to 9.9%. No substantial improvement is evident this year with bullying from managers towards Disabled colleagues reducing only slightly to 9.8% when compared to non-disabled colleagues, 5.7% of whom reported being bullied by their manager. More targeted work needs to continue to reduce the number of colleagues experiencing bullying from managers	Better
Bullying from other colleagues	No	This is the second consecutive year that harassment/bullying from other colleagues has increased. Currently 16.5% of Disabled colleagues are reporting bullying from colleagues compared to 9.6% of non-disabled colleagues. This will also need to be an area of focus for the Trust.	Better
Report bullying	No	The proportion of disabled colleagues who reported harassment/bullying had been increasing from 2018 to 2021. There has been a negative downturn in the number of colleagues reporting bullying and harassment when it does occur so along with targeted measures to reduce bullying taking place, KCHFT will need to identify ways to encourage colleagues who do experience bullying to report it.	Better
Career progression	No	This indicator had been constant between 2020/21 but saw a fall in the current year to 63.5% of Disabled colleagues feeling the trust acted fairly for progression/promotion. This compares to 68.8% of non-disabled colleagues. Actions to redress this imbalance will need to be identified as part of this year's action plan.	Better
Presenteeism	Yes	This is the third consecutive year when an improvement has been seen in this indicator, a clear downward trend is evident.	Better

Feeling valued	No	This is the third consecutive year when a decrease has been seen in this indicator. There is a significant difference between the experiences of Disabled colleagues, 49.1% compared to non-disabled, 55.9% when looking at this indicator. This will need to be a focus of the Trusts action plan.	Better
Workplace adjustments	Not available	No trend data is available for this indicator. There has been new wording on the question relating to workplace adjustments in the NHS staff survey.	Better
Engagement score	No	The engagement score for disabled colleagues has fallen for the second consecutive year. Whilst there is only a difference of 0.4% between Disabled and non-disabled colleagues for this indicator the downward trend for Disabled colleagues requires focus.	Better
Board representation	No	Although the proportion of disabled individuals on executive Board members decreased this year, the overall proportion of both the voting and executive board still exceeds the trust as a whole. Disabled colleagues are well represented on the board.	Not available

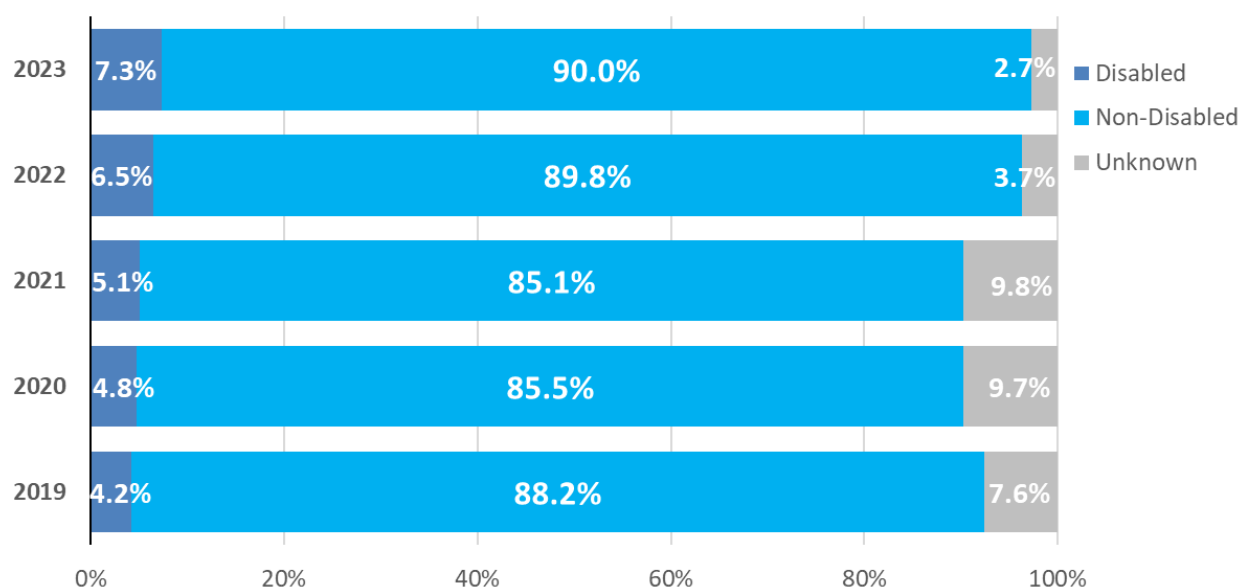
Narrative on each individual indicator can be found in the following section of this report.

Indicators

Indicator 1: Workforce representation

- In March 2023, 7.3 per cent of the trust had declared through the Electronic Staff Records (ESR) system that they had a disability. This is a 1.2 percentage point increase on the previous year.
- The proportion of colleagues who have not declared their disability status is down to 2.7 per cent. The ESR system now prompts all colleagues to check their equalities information (including disability status) on a yearly basis. Updates can be completed directly by colleagues onto ESR when they access their payslip.

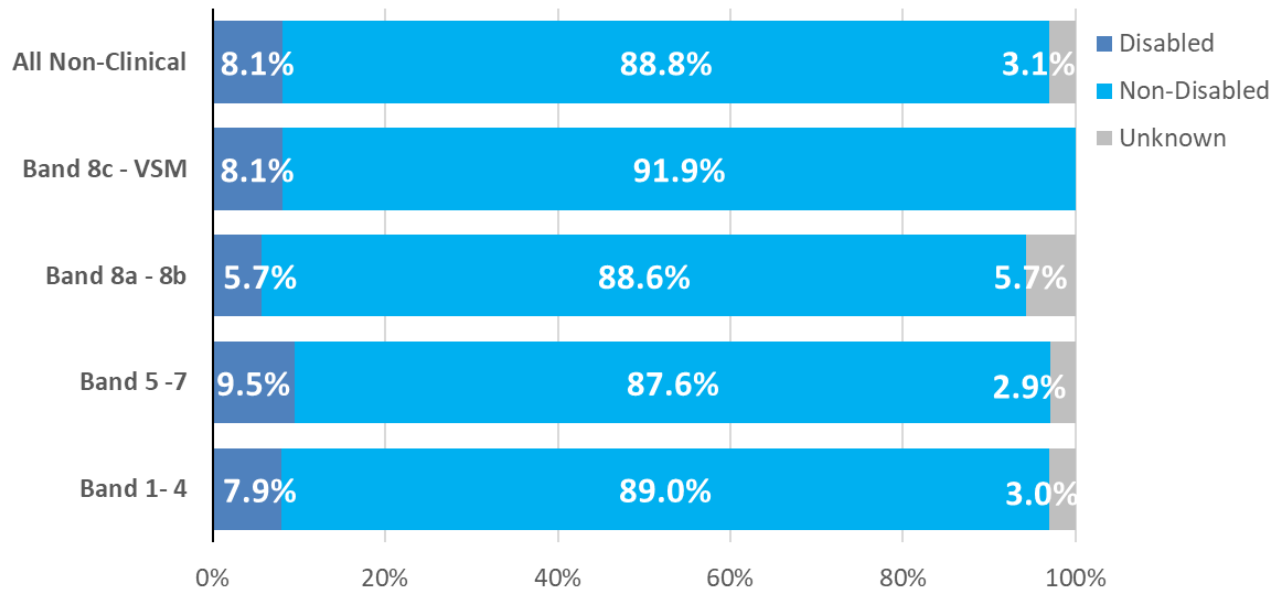
Figure 1. The percentage of people in KCHFT by disability status, 2019 to 2023.



Source: ESR

- 8.1 per cent of non-clinical colleagues have a disability compared with 6.9 per cent of clinical colleagues.
- For non-clinical colleagues, bands 5 to 7 have the highest level of disabled colleagues (9.5 per cent). The lowest levels of disabled colleagues are in the pay bands 8a to 8b (5.7 per cent).

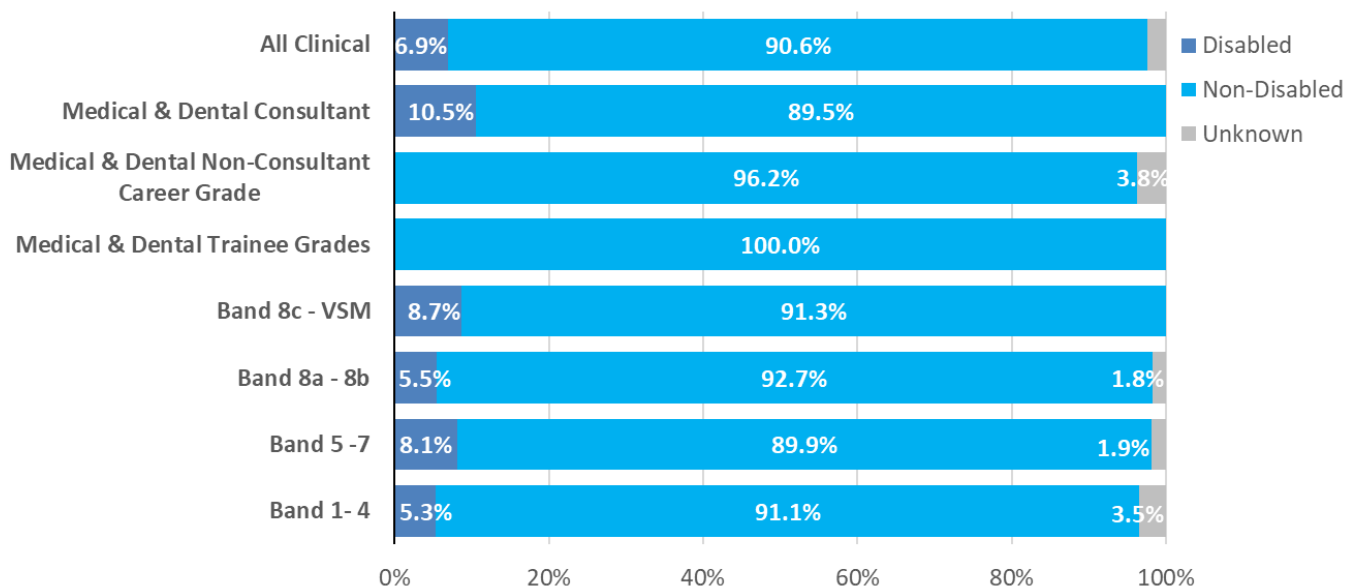
Figure 2. The percentage of non-clinical people in KCHFT by disability status, 31 March 2023.



Source: ESR

- For clinical colleagues, Band 1 to 4 have the lowest level of disability for colleagues on the Agenda for Change pay scales (5.3 per cent). For medical and dental colleagues, there are no non-consultant career grade or medical and dental trainees with a declared disability at the trust.

Figure 3. The percentage of clinical people in KCHFT by disability status, 31 March 2023.



Source: ESR

Indicator 2: Appointment from shortlisting

Indicator two measures the relative likelihood of disabled applicants being appointed from shortlisting compared to non-disabled during the recruitment process. In 2022/23 this ratio shows that non-disabled applicants are 1.04 times more likely to be appointed from shortlisting compared to disabled applicants. This figure is very close to parity (value of 1).

Table 1. Relative likelihood of disabled applicants being appointed from shortlisting

	2019/20	2020/21	2021/22	2022/23
Relative likelihood of Disabled staff compared to non-Disabled staff being appointed from shortlisting across all posts	1.01	1.12	0.92	1.04

Source: Trac

Indicator 3: Formal capability

Indicator three looks at the relative likelihood of disabled colleagues compared to non-disabled colleagues entering the formal capability process based on data from a two-year rolling average of the current and previous year. The data excludes colleagues going through health-related capability processes. The trust had fewer than ten colleagues entering the formal capability process and as such the figure calculated for this indicator is not statistically robust. In line with guidance from the NHS England, indicator three has not been published due to the low number of cases.

Table 2. Relative likelihood of disabled colleagues entering the formal capability process.

	2019/20	2020/21	2021/22	2022/23
Relative likelihood of staff entering the formal capability process, as measured by entry into a formal capability investigation	2.45	0.92	2.28	Not published

Source: Datix

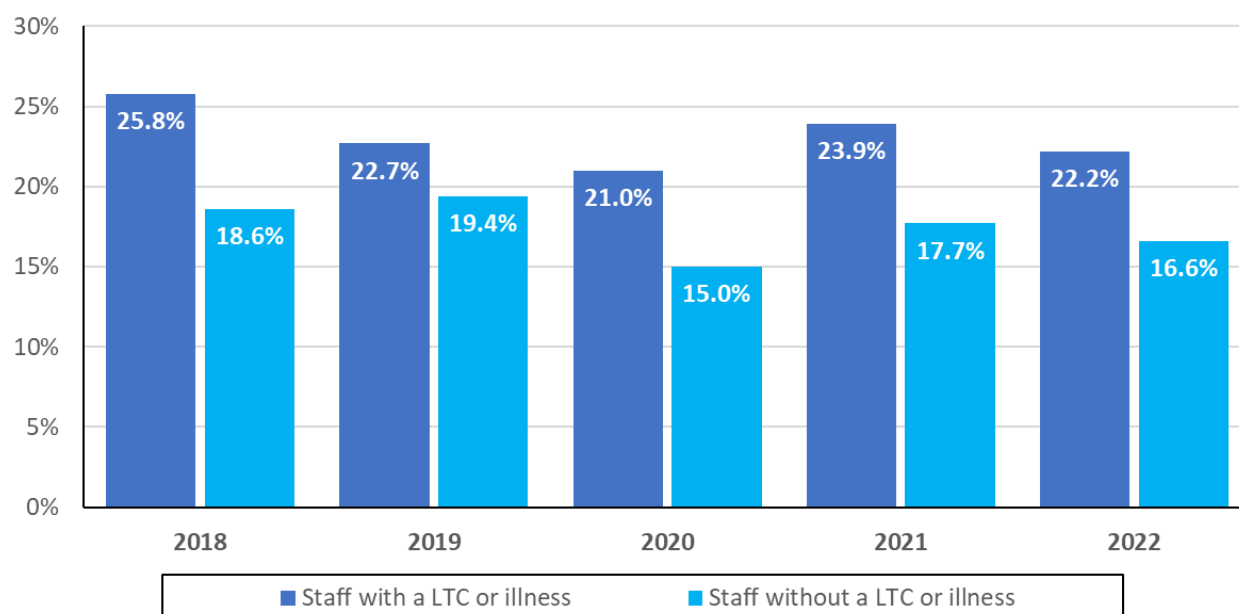
Indicators 4-9: Staff survey 2022

- Indicators four to nine relate to responses to the NHS staff survey 2022. The staff survey identifies colleagues with a disability by their response to the question: Do you have any physical or mental health conditions or illness lasting or expected to last for 12 months or more?
- In 2022, 27.7 per cent of KCHFT colleagues who responded to the staff survey indicated that they did have a long-term condition or illness. This is over 20 percentage points higher than the proportion of colleagues who have declared they have a disability in ESR, detailed in indicator one above. Whilst progress has been made to increase declaration rates in ESR, it is recognised that more work needs to be done to match the level of declaration evident in the staff survey.

Indicator 4a: Harassment, bullying or abuse from the public

- The proportion of colleagues with a long-term condition experiencing harassment, bullying or abuse from the patients, relatives or the public has decreased from 23.9 per cent in 2021 to 22.2 per cent in 2022.
- There still exists a gap of 5.6 percentage points between colleagues with and without a long-term condition/illness experiencing harassment, bullying or abuse from members of the public.

Figure 4. Percentage of colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.



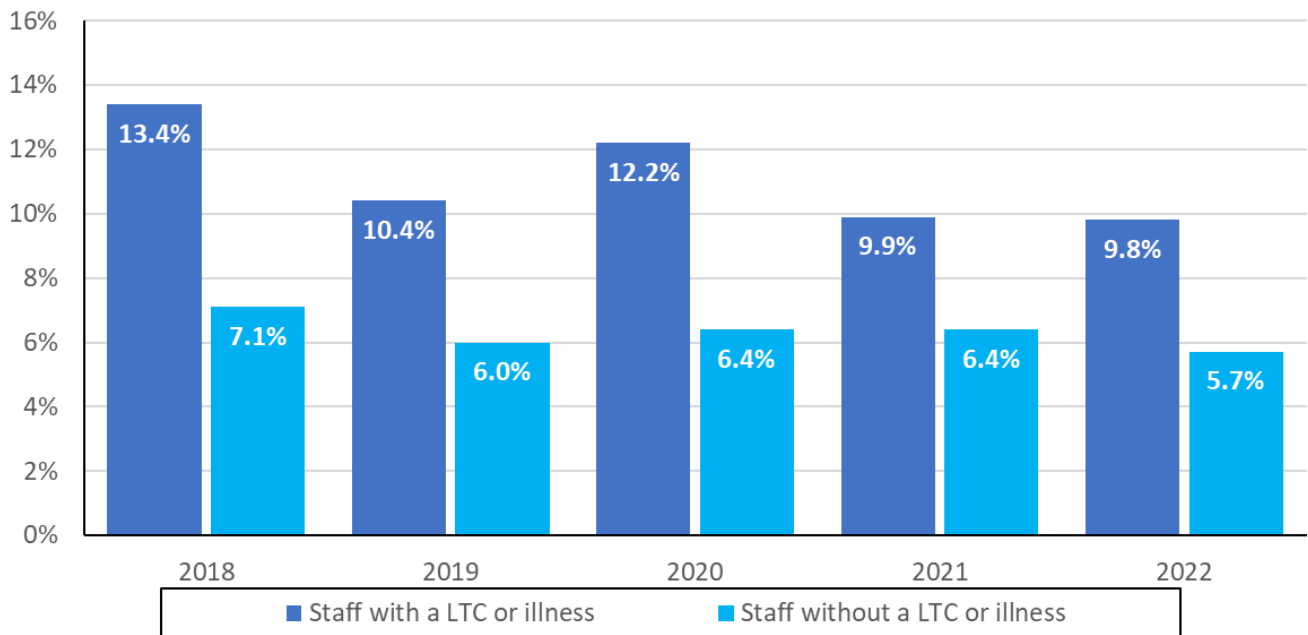
Source: NHS staff survey 2018 to 2022

- The professions where people with long term conditions or illness experienced the highest levels of harassment, bullying or abuse from patients, relatives or public were allied health professionals (31.9 per cent) and additional clinical services (25.7 per cent).

- Benchmarking this metric against other community trusts shows that both people with/without long term conditions at KCHFT reported lower levels of harassment, bullying or abuse from patients, relatives or public in the last 12 months compared to the benchmark group.

Indicator 4b: Harassment, bullying or abuse from managers

Figure 5. Percentage of colleagues experiencing harassment, bullying or abuse from managers in the last 12 months.

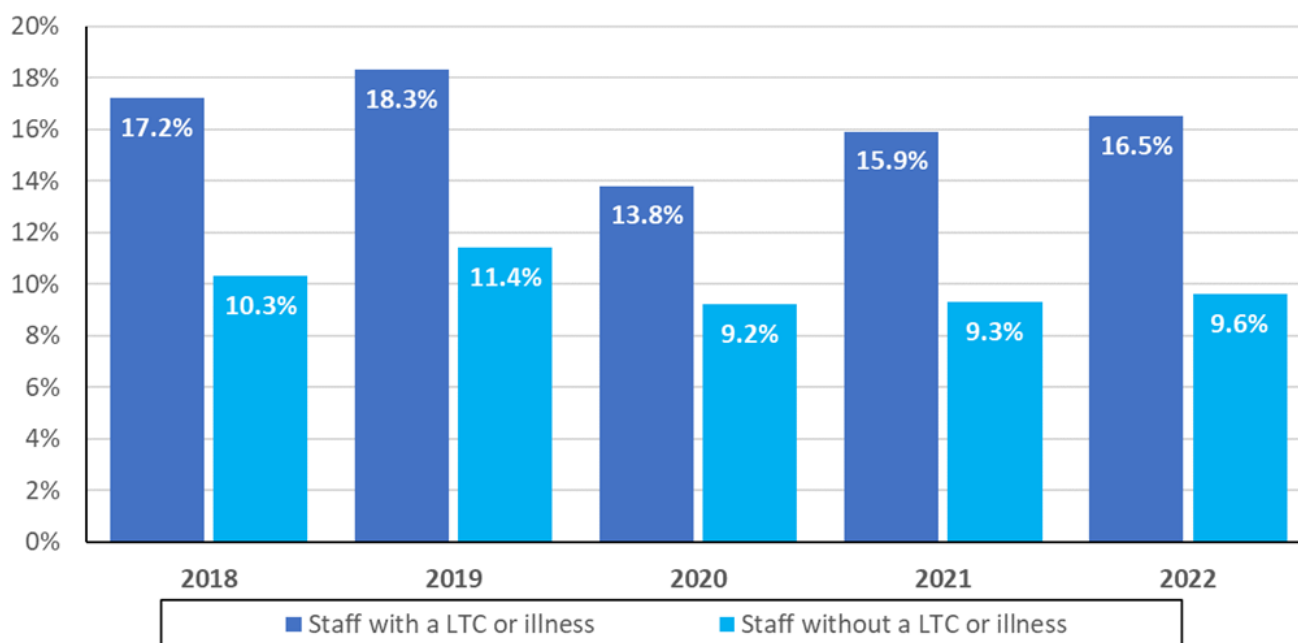


Source: NHS staff survey 2018 to 2022

- The proportion of staff with a long-term condition experiencing harassment, bullying or abuse from managers has remained consistent between the staff survey 2021 (9.9 per cent) and the staff survey 2022 (9.8 per cent).
- In the staff survey 2022, there still exists a gap of 4.1 per cent between people with/without a long-term condition/illness experiencing bullying from managers.
- Medical and dental staff with a long-term condition have reported the highest level of harassment, bullying or abuse from managers at 27.3 per cent in the 2022 staff survey.
- Benchmarking this metric against other community trusts shows that people with long-term conditions at KCHFT experience lower levels of harassment, bullying or abuse from managers than the benchmark group (9.8 per cent at KCHFT, 10.7 per cent at benchmarked community trusts).

Indicator 4c: Harassment, bullying or abuse other colleagues

Figure 6. Percentage of colleagues experiencing harassment, bullying or abuse from other colleagues in the last 12 months.

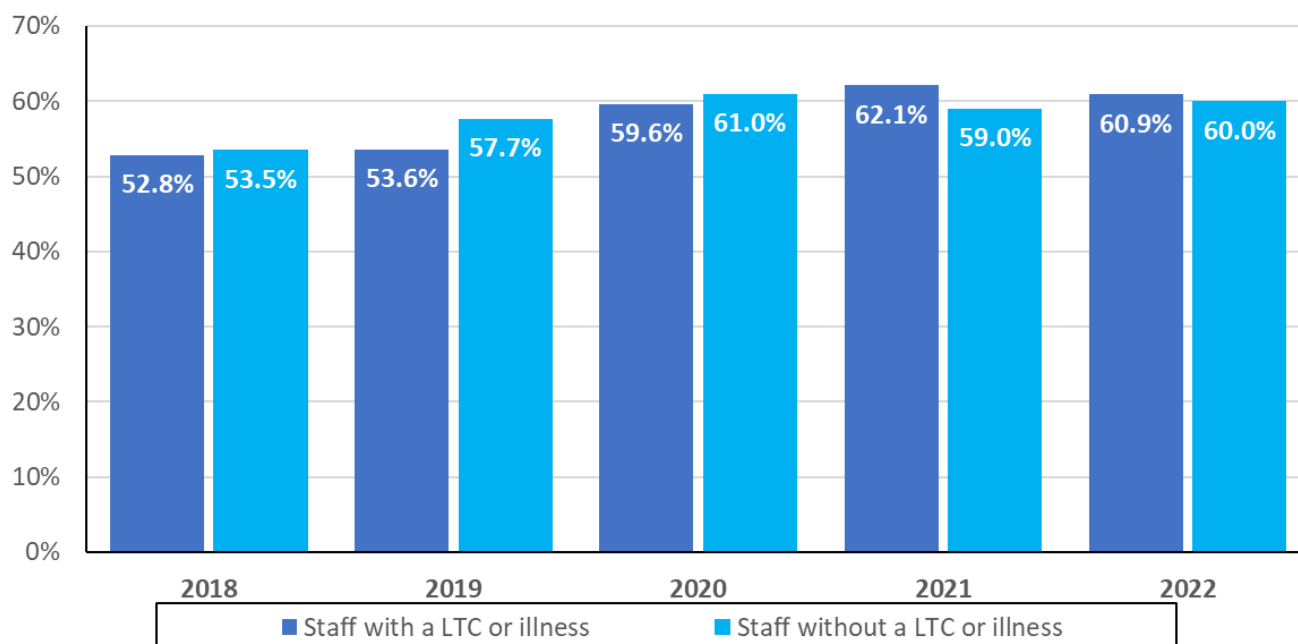


Source: NHS staff survey 2018 to 2022

- The proportion of people with a long-term condition experiencing bullying from colleagues has increased from 15.9 per cent (2021) to 16.5 per cent (2022).
- There is a difference of 6.9 percentage points between staff with a long-term condition/illness and people without a long-term health condition reporting harassment, bullying or abuse from other colleagues as work.
- Colleagues with long term conditions/illnesses who work in the additional clinical services workforce group experienced the highest levels of harassment, bullying or abuse from other colleagues (19.5 per cent staff survey 2022).
- KCHFT reports lower levels of harassment, bullying or abuse at work from other colleagues compared to the community trust benchmark group. For colleagues with a long-term condition, the staff survey 2022 shows 16.5 per cent of KCHFT colleagues experience harassment, bullying at work compared to 18.5 per cent in the benchmark group.
- Female colleagues reported higher levels of harassment, bullying or abuse from other colleagues compared to male colleagues (11.3 per cent female, 9.3 per cent male).
- In the staff survey 2022, 343 individuals reported that they had experienced harassment, bullying or abuse from other colleagues on at least one occasion.

Indicator 4d: Reporting harassment, bullying or abuse

Figure 7. Percentage of colleagues experiencing harassment, bullying or abuse at work, they or a colleague reported it.

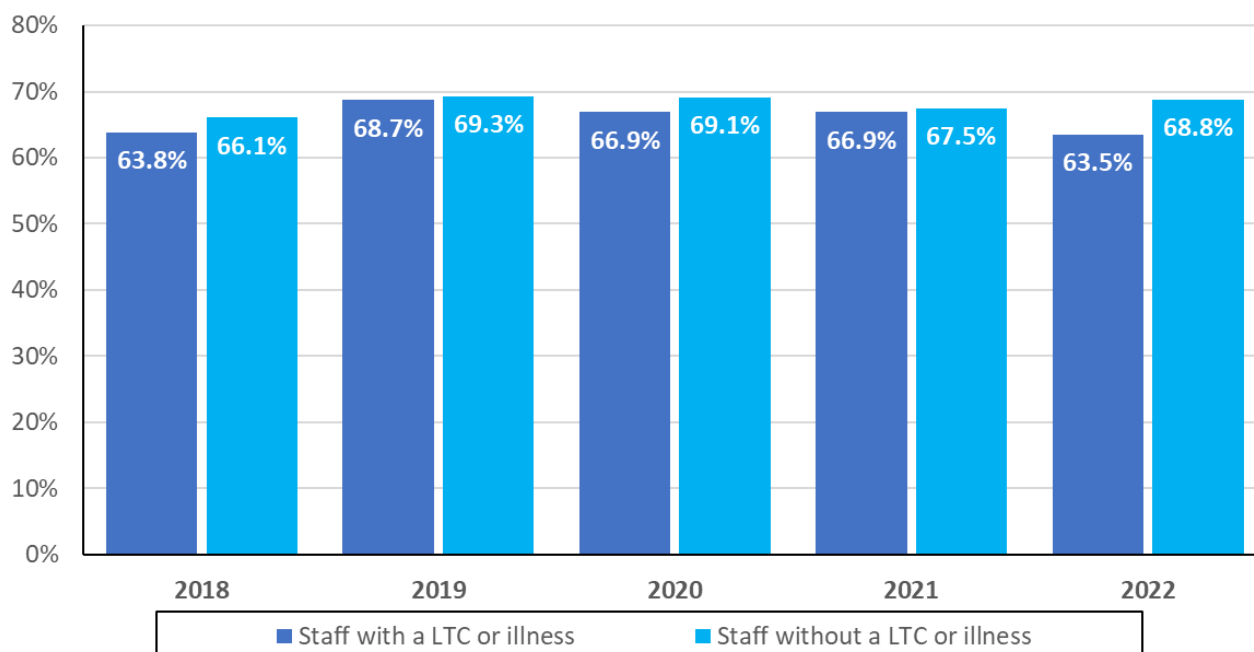


Source: NHS staff survey 2018 to 2022

- 60.9 per cent of colleagues with a long-term condition or illness, who had experienced bullying or abuse at work, reported it. This is a decrease of 1.2 percentage points from 2021 and similar to the experience of people without a long-term condition or illness.
- Work needs to continue within the trust to promote the freedom to speak up champions and to ensure colleagues feel psychologically safe to report incidences of bullying and harassment from any source.
- Allied health professionals (AHPs) showed the lowest levels of reporting of bullying. 56.8 per cent of AHPs with a long-term condition reported bullying/harassment.
- Disabled colleagues at KCHFT are more likely to report bullying/harassment compared to the community trust benchmark group (60.9 per cent KCHFT, 55.8 per cent community trust benchmark group).

Indicator 5: Career progression

Figure 8. Percentage of colleagues who believe that the organisation provides equal opportunities for career progression or promotion.

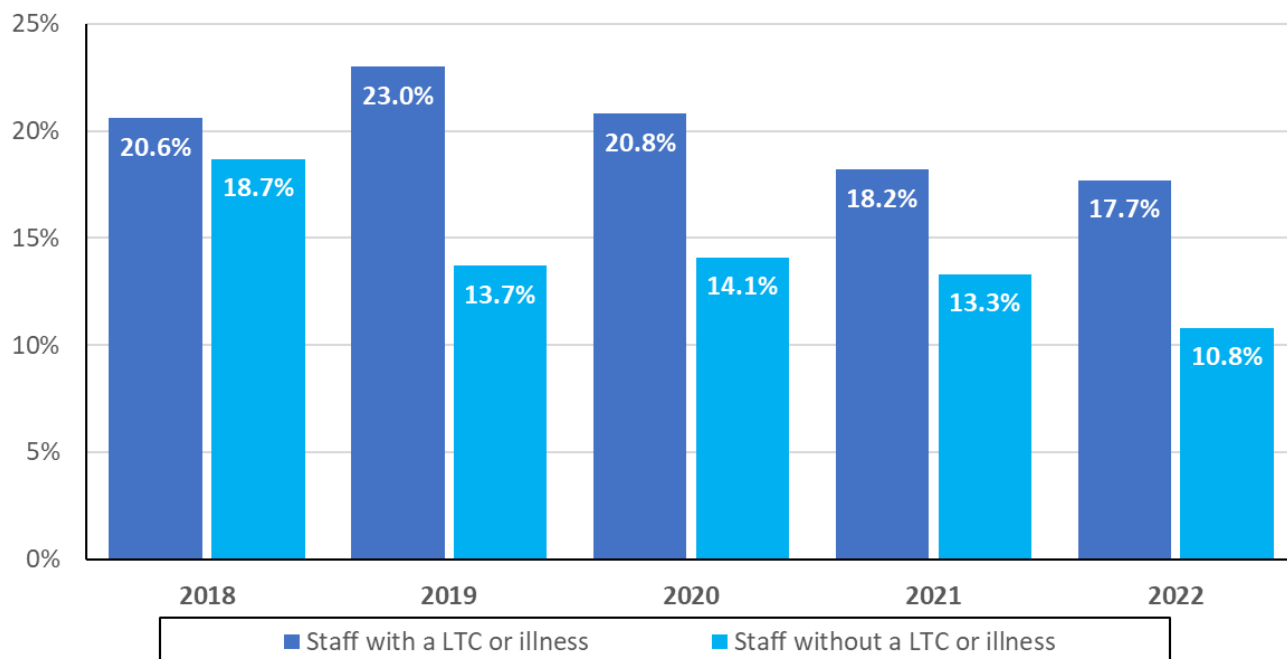


Source: NHS staff survey 2018 to 2022

- The proportion of people with a long-term condition or illness who believe that the trust provides equal opportunities for career progression or promotion has decreased from 66.9 per cent (staff survey 2021) to 63.5 per cent (staff survey 2022).
- Staff with a long-term condition/illness are less likely to believe that the trust provides equal opportunities for career progress than people with a long-term condition or illness. There is 5.3 percentage points between people with a long-term condition/illness and people without a long-term health.
- Colleagues with long-term conditions who work in the additional professional scientific and technic (52.9 per cent) and the additional Clinical Services (60.1 per cent) reported the lowest levels of belief in the fairness of equal opportunities for career progression or promotion.
- Compared to other community trusts, KCHFT reports higher levels of satisfaction with career progression and promotion. For colleagues with a long-term conditions/illness, 63.5 per cent of KCHFT staff were satisfied that there were equal opportunities for career progression or promotion, compared to 60.5 per cent in the community trust benchmark group.
- Female colleagues (69 per cent) reported higher satisfaction with the opportunities for career progression or promotion compared to male colleagues (62.9 per cent)

Indicator 6: Presenteeism

Figure 9. Percentage of staff who felt pressure from their managers to come to work, despite not feeling well enough to perform their duties.

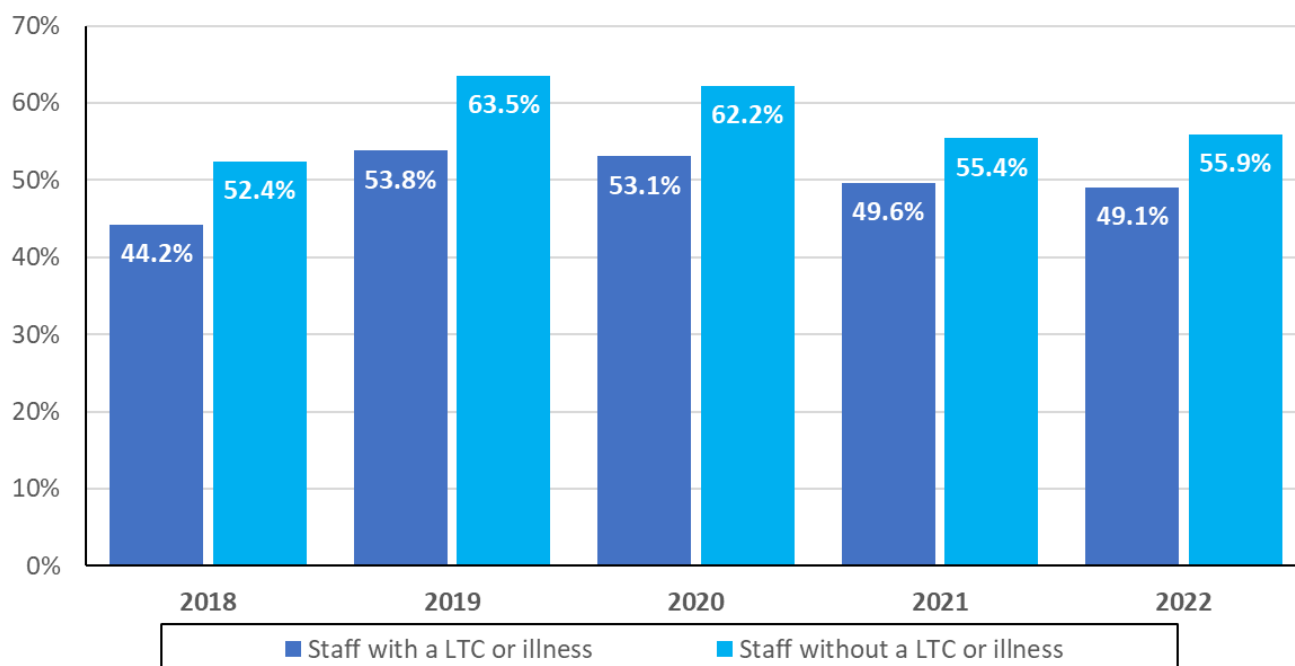


Source: NHS staff survey 2018 to 2022

- Percentage of people with a long-term condition who have felt pressure from their managers to come to work, despite not feeling well enough to perform their duties decreased from 18.2 per cent (staff survey 2021) to 17.7 per cent (staff survey 2022). This is the fourth year that there has been an improvement.
- However, there is still 6.9 percentage points between people with a long-term condition/illness and people without a long-term health condition.
- Estates and ancillary colleagues with a long-term condition report the highest levels of pressure from their manager to come to work (23.2 per cent), followed by nursing and midwifery colleagues (21.1 per cent) and allied health professionals (21.1 per cent).
- Compared to other community trusts, KCHFT reports lower levels of people coming to work despite not feeling well enough to perform their duties. For colleagues with long term conditions, KCHFT (17.7 per cent) and other community trusts (20.5 per cent).

Indicator 7: Feeling valued

Figure 10. Percentage of staff satisfied with the extent to which their organisation values their work.



Source: NHS staff survey 2018 to 2022

- Just under half (49.1 per cent) of people with a long-term condition or illness is satisfied with the extent which KCHFT values their work. This is a slight decrease on last year's staff survey results and 6.8 percentage points lower than people without a long-term condition or illness.
- Additional clinical services colleagues with long term conditions report the lowest level of satisfaction with 43.4 per cent of these colleagues feeling their work is valued by the organisation.
- However, KCHFT reports better satisfaction with work being valued than other community trusts (49.1 per cent for KCHFT compared to 44.7 per cent for the benchmark group).

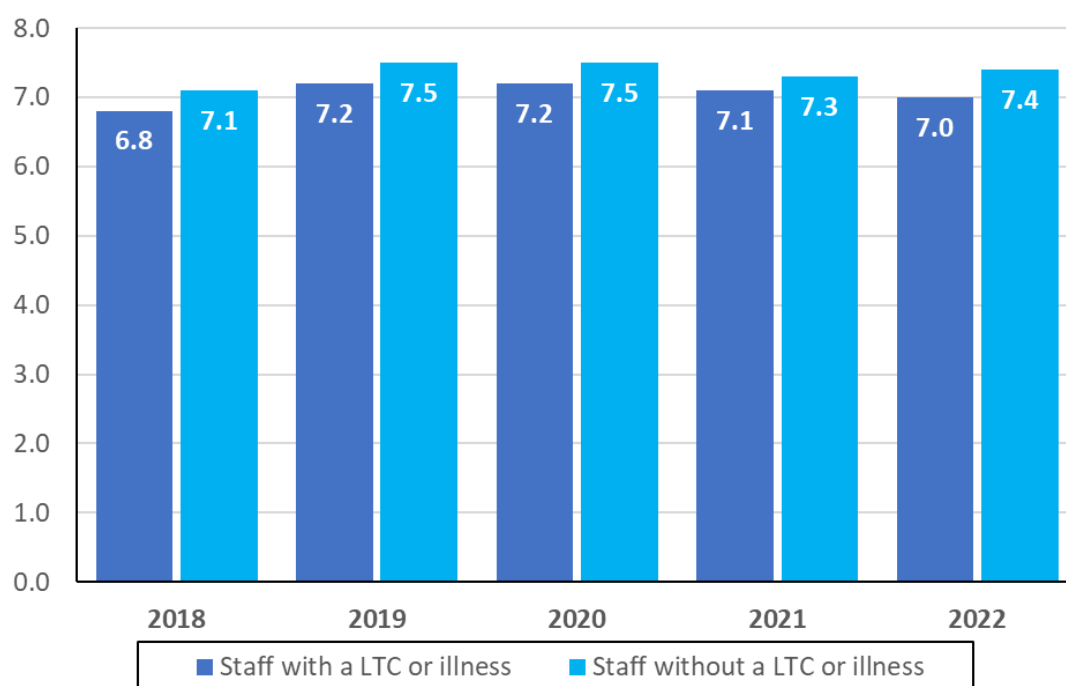
Indicator 8: Workplace adjustments

- Indicator eight shows the percentage of colleagues with a long-term condition/illness that have had reasonable adjustments made to enable them to carry out their work. The wording on the staff survey question relating to this has been updated in 2022 and is no longer comparable with data from previous years. The question previously asked whether the employer had made 'adequate adjustments'; this question now asks about 'reasonable adjustments'.
- 86.9 per cent of colleagues with long term conditions/illness responded that the trust did make the reasonable adjustments they needed.
- KCHFT performs well against other community trusts for reasonable adjustments; 78.5 per cent of the benchmark group made reasonable adjustments, 8.4 percentage points lower than for KCHFT.

Indicator 9a: Staff engagement

- A Staff Engagement score is measured from a number of different questions within the staff survey relating to motivation, involvement and advocacy. The Staff Engagement score falls between 0 and 10, where the higher the score, the more engaged the workforce.

Figure 11. Staff engagement scores.



Source: NHS staff survey 2018 to 2022

- In the staff survey 2022, the Staff Engagement score for is lower for colleagues with long-term conditions/illness (7.0) compared to colleagues without long-term conditions (7.4).
- Whilst colleagues without a long-term condition have seen an improvement in the colleagues engagement score since 2021, colleagues with long-term conditions have seen a slight decrease (from 7.1 in 2021 to 7.0 in 2020 for colleagues with long-term conditions/illnesses).
- The professions with the lowest colleagues engagement score for colleagues with long-term conditions are medical and dental (6.7) and estates and ancillary (6.7).

Indicator 9b: Facilitate the voices of disabled staff to be heard?

There are several actions that the Trust has taken to facilitate the voices of disabled colleagues to be heard:

- KCHFT is a Disability Confident Leader employer. The achievement was awarded in 2021 after providing evidence of how the Trust supports and empowers disabled colleagues.
- KCHFT has a workforce equality group comprised of HR, a trade union representative, management and colleagues network representatives, including the chair of the Disability and Carers Network. The group meets monthly to discuss issues related to workforce equality, diversity and inclusion and the colleagues network chairs are able to raise any issues or concerns from their network members.
- The trust has an active disability and carers colleagues' network and in 2022 a neurodiversity colleagues' network was also launched. Both have an executive sponsor who supports the network and the members meet on a quarterly basis.
- A review of the trust's action plan for the People Equity Diversity and Inclusion Strategy called "Nobody Left Behind" commenced in January 2023. A wide range of engagement has taken place as part of this action plan refresh to ensure that it reflects the priorities and needs of all KCHFT colleagues. This activity has included four online virtual workshops and continues into 2023/24 with four face-to-face world café style events scheduled for May/June 2023.

Indicator 10: Board representation

Indicator ten looks at the representation of disability on the Trust Board Members. 13.3 per cent of the Board, 14.5 per cent of the voting Board and 28.6 per cent of the executive Board have declared a disability. Disabled colleagues are well represented on the board.

	Disabled	Non-Disabled	Unknown
Total Workforce % by Disability	7.3%	90.0%	2.7%
Total Board Members % by Disability	13.3%	86.7%	0.0%
Difference (Total Board - Overall Workforce)	6.0%	-3.4%	-2.7%
Voting Board Members % by Disability	14.3%	85.7%	0.0%
Exective Board Members % by Disability	28.6%	71.4%	0.0%

Next steps

Kent Community Health NHS Foundation Trust has a Disability and Carers' Network which works with others to provide support and celebrate diversity for all disabled colleagues. The data collected against the ten WDES indicators for 2022/23 will be shared with the network in May/June 2023 and collaboratively a WDES action plan will be produced. This action plan will focus on areas of inequality highlighted within the WDES and will be available on the trust website from October 2023.

Alongside this, the trust is also embarking on a review of the action plan which accompanies its People Equity Diversity and Inclusion Strategy called "Nobody Left Behind". An external organisation has been brought in to facilitate a programme to enable and empower colleagues and other stakeholders to contribute to the action plan review. This is running between January 2023 and July 2023. The inequalities highlighted within the WDES will be an integral part of the review.

Conclusion

The report provides detailed analysis for each of the indicators, including benchmarking of some of the indicators with other community trusts. The overview of findings across all the indicators show that disabled colleagues have a higher level of disparities across a range of indicators. Disabled colleagues make up 7.3 per cent of our workforce, however, their representation in band 8a and above roles is less (5.9 per cent) but greater at Board level (13.3 per cent).

Disabled colleagues are more likely than their non-disabled colleagues to experience harassment, bullying or abuse from the public (5.6 per cent more), managers (4.1 per cent more) and other colleagues (6.9 per cent more). However, they are almost just as likely to report it. Disabled colleagues believed that they are less likely to receive equal opportunities for career progression (5.3 per cent less), more likely to feel pressure from managers to come to work, despite feeling unwell (6.9 per cent more) and that the organisation values their work less (6.8 per cent less). A high percentage of our disabled colleagues (86.9 per cent) reported that the trust provides them with reasonable adjustments. In terms of engagement, disabled colleagues reported similar score to non-disabled colleagues.

When the current year findings for indicators is compared with the previous year, the trust is pleased to note that there was an improvement for disabled colleagues across four of the ten indicators (increase in proportion (indicator one), bullying from public (indicator four a), bullying from manager (indicator four b) and presenteeism (indicator six)).

In terms of benchmarking with other community trusts, we are pleased that our organisation is doing better across nine of the indicators/sub-indicators.

The report highlights the following areas for focus for the next 12 months, which will be discussed with the Disability and Carer's network as part of the WDES Action Planning phase:

- There is a disparity between the disability status colleagues declare in ESR compared to what they report in the staff survey

- Bullying of Disabled colleagues from the public, managers and their colleagues requires targeted intervention to eradicate this unacceptable behaviour
- Encouragement and support needs to be given to KCHFT colleagues who do experience bullying to report it
- The imbalance Disabled colleagues experience of Career progression compared to non-disabled colleagues.
- Feeling valued is an area where a significant difference between the experiences of Disabled colleagues and non-disabled exists
- The downward trend in staff engagement for Disabled colleagues.

The WDES action plan produced will align with the review of the overall action plan that accompanies the trust's People Equity Diversity and Inclusion Strategy called "Nobody Left Behind".

