East Kent Hospital University Foundation Trust’s (EKHUFT) Workforce Disability Equality Standard (WDES) Action Plan 2024/2025

Since 2019 all NHS organisations have been required to demonstrate how they are addressing disability equality issues in a range of staffing areas through the WDES.

The WDES is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.

EKHUFT uses the metrics data to develop and publish an action plan, building on NHS England's 6 high impact actions in the EDI improvement plan. EKHUFT’s data shows that disabled staff have poorer experiences compared to their counterparts without disabilities, including bullying, harassment and less progression.

Please see the WDES section of the 2024/2025 EDI annual report for details via this link: [Equality, diversity and inclusion (EDI)](https://www.ekhuft.nhs.uk/information-for-patients/quality-care-for-all/edi/).

A note on language:

In the pursuit of equality, diversity and inclusion, language is powerful and can help to shift attitudes and behaviours. This document acknowledges that some definitions and terminology do not always reflect the identities or lived experience of individuals.

# WDES Action Plan Objectives

## Objective One:

Create an environment in which staff with disabilities feel like they **belong** in the organisation.

## Objective Two:

Improve disability related **equality, diversity, and inclusion** at EKHUFT.

## Objective Three:

Ensure staff with disabilities have a **better experience** at work.

Our aim at EKHUFT is to become a truly inclusive organisation that eliminates the conditions where discrimination occurs.

This includes supporting our valuable staff who have disabilities and long-term health conditions.

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| WDES Metrics |
| 1. Percentage of staff 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 staff in the overall workforce. |
| 1. 2. Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts. |
| 1. 3. Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process on the grounds of performance, as measured by entry into the formal capability procedure. |
| 1. Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse. from: 2. Patients/Service users, their relatives or other members of the public 3. Managers 4. Other colleagues 5. Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. |
| 1. 5. Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. |
| 1. 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. |
| 1. 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. |
| 1. 8. Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work. |
| 9a. The staff engagement score for Disabled staff, compared to non-disabled staff. |
| 9b. Whether the Trust has taken action to facilitate the voices of Disabled staff in the organisation to be heard. |
| 10. Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce, disaggregated:  ·by voting and non-voting membership of the board  ·by executive and non-exec membership of the board. |

# Objective One: Create an environment in which staff with disabilities feel like they belong in the organisation

## **Aim:** Develop the Disability and Neurodiversity Staff Networks to raise awareness to the organisation and provide a safe space for staff who have disabilities and long-term health conditions.

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| **Actions** | **Rationale** | **Timescales** | **Stakeholders** | **Success Measures** |
| a) Continue to embed the Staff Network Inclusion Forum. | Aim is to provide robust support from the EDI team to network co-chairs and contributors and encourage collaboration. To grow the network. | Launched July 2024, bimonthly forums held. Forum members to review in February 2025. | * EDI team * All staff network co-chairs * 2gether Support Solutions * Communications * Staff Experience | * Continuous feedback from forum members. * Formal review feedback in February 2025. * Collaboration between networks * Network growth |
| b) Launch and socialise Staff Network Policy. | To raise awareness of the importance and value of Staff Networks. To provide network members with protected time to engage in network activity. | Staff Network Policy published in October 2024.  February 2025; arrange a meeting with staff network reps and stakeholders to agree on a socialisation/ cascade plan. | * Staff Networks * EDI team * Heads of care groups * Heads of people and culture * Business partners | * All networks having co-chairs and Executive Sponsors in place. * Increased awareness of staff networks * Network members getting protected time (data to be taken from health roster). |

# Objective Two: Improve disability related equality, diversity, and inclusion at EKHUFT

## **Aim:** Raise awareness of disability related issues. Improve disability declaration rates on Employee System Records (ESR) to provide a more accurate workforce profile.

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| **Actions** | **Rationale** | **Timescales** | **Stakeholders** | **Success Measures** |
| a) Disability and Neurodiversity Staff Networks in collaboration with the EDI Team to raise awareness of disability, neurodiversity and non-visible disabilities e.g. via the Hidden Disability Sunflower Scheme. | EKHUFT is part of the Hidden Disabilities Sunflower Scheme. There is a lack of awareness and understanding of hidden disabilities. This creates a barrier to staff being provided with reasonable adjustments to enable them to do their job effectively. | EDI Team, Disability and Neurodiversity network to discuss at network meeting in 2024 and agree on relaunch date in 2025 and plan. | * Disability and Neurodiversity staff networks * Staff network executive sponsors * EDI team. | * NSS showing improvement in experiences of disabled staff. * WDES showing improvement in experiences of disabled staff. * Use of workplace adjustment policy, toolkit and NHS passport. |
| b) Improve ESR disability declaration rates. | EKHUFT have a high non-declaration rate of disability of 41% in 2024, this means we are not capturing the full disability diversity of our workforce. Some of this is due to mistrust, stigma and challenges navigating ESR. | Communications regarding the importance/value of declaring ethnicity to be launched after discussions with the networks in Nov 2024. | * EDI team * EDEN staff network * Staff Experience | * WDES; Reduce EKHUFTs non-declaration rate on ESR, of 41% in 2024 to 38% * NSS improved experience of staff with disabilities. |

# Objective Three: Ensure staff with disabilities have a better experience at work

## **Aim:** Embed an inclusive and fair recruitment process to attract a diverse workforce and reduce disadvantage for candidates with disabilities or long-term health conditions.

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| **Actions** | **Rationale** | **Timescales** | **Stakeholders** | **Success Measures** |
| a) Implement Debiasing and value-based recruitment workstream under the Culture and Leadership Programme. | EKHUFTs recruitment process needs to be improved to be more equitable and accessible. This includes provision of reasonable adjustments to enable candidates to engage in the process. | Working Subgroups identified and implemented in September 2024 looking at all aspects of the recruitment process.  Pilot planned for January 2025. | * Recruitment * EDI team * Learning and Development | * WDES shortlisting indicator improvement. * Debiasing and value-based recruitment approach implemented across the Trust as standard. |
| b) Create a new Equality and Health Impact Assessment (EHIA) form and guidance. | EKHUFT does not currently have a robust process in place to ensure that policies and decisions are fair and do not disadvantage people from protected groups including those with disabilities and long terms health conditions. | Accessible EHIA form (now including health inequalities) and guidance document created by the EDI and Patient Voice and Involvement (PV&I) team, going through approval process in Nov/Dec 2024. EHIA Workshop delivered by EDI and PV&I to key policy writers/ decision makers in April 2024, next is January 2025. | * EDI team * PV&I * Policy Authorisation Group * Heads of People and Culture * Governance | * PAG feedback that EHIAs are completed to a high standard and embedded in policy making and review. * EHIAs are completed as standard for organisational decisions. |