



University Hospitals Dorset
NHS Foundation Trust

Equality, Diversity and Inclusion

Annual Report & Workforce Profile

University Hospitals Dorset NHS Foundation Trust
2022 - 2023

We are **car**ing **one team** **listening to understand** **open and honest** **always improving** **inclusive**

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Some useful abbreviations:

- BAME - Black, Asian and Minority Ethnic
- BME - Black Minority Ethnic
- EDI - Equality Diversity and inclusion
- EDIG - Equality Diversity and Inclusion Group
- FTSU: Freedom to Speak Up (Guardian)
- HR: Human Resources
- OD: Organisational Development
- PCC: People and Culture Committee
- WRES - Workforce Race Equality Standards
- WDES - Workforce Disability Equality Standards
- ICS – Integrated Care System
- IEN – Internationally Educated Nurse

UHD anti-racism statement

As the Trust Board of University Hospitals Dorset, we affirm that the Trust is an open, non-judgemental and inclusive organisation that will not tolerate racism or discrimination. We celebrate the diversity of our staff and community. We will treat all our staff equitably, with dignity and respect, whatever their race, gender, religion, age, disability or sexual orientation.

27 July 2023



Foreword

University Hospitals Dorset NHS Foundation Trust aspires to embed an inclusive culture where diversity is valued and championed at all levels of the organisation. Through our Trust objectives, values and the EDI Strategy we aim to promote and deliver equality of opportunity, dignity and respect for all our patients, service users, their families' carers and our people. We aim to eliminate discrimination and harassment and reduce health inequalities.

Research shows that organisations with diverse leadership are more successful and innovative. People who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace. When the opportunity arises our board representation will reflect the demographic of our staff and local community as we have a commitment for our board to be representative and matched to our staff ethnicity.



1.0 Introduction

UHD became an organisation during a period of rapid change and adversity. From the COVID-19 pandemic to the present we have continued to monitor our data alongside the lived experiences of all our staff.

We continue our commitment to understanding staff experience and to engage with staff in a way which respects and advances our commitment to the all the Trust Values notably 'We are Inclusive' and 'We Listen to Understand'. There is a valuable richness in the lived experience of members of staff across our hospitals and bringing human stories to the fore and sharing these to the benefit of others remains an important dimension of our EDI work.

Our staff network groups have been instrumental in providing increased feedback to inform the Trust of the need for change to reduce potential organisational barriers.

The EDI strategy was implemented in March 2021. The key priorities agreed in May 2021 were the subject to reporting through our People and Culture Committee. The initial priorities identified for UHD, together with associated actions, were set in order to achieve the maximum positive benefit for our staff and patients.

Throughout this report, we have started to use the phrases ethnically diverse or ethnic background when referring to our Black, Asian and Minority Ethnic staff.

The data label BAME has been used to reflect all ethnic minority categories and only in the context of data. The use of the word minority reinforces the disparities and where possible we have reduced its use to within the data labels only.

This is in line with the NHS Race and Health Observatory report, [The Power of Language](#). As a result of a consultation process in 2021 they have developed five key principles when writing and talking about race and ethnicity:

- Be Specific
- No acronyms or initialisms
- Context
- Transparency
- Adaptability

Additionally, the term BME, Black and Minority Ethnic is often used in reporting templates with NHS England, the interchangeability of these terms is not undertaken to cause offence. It should be recognised that people sit behind the data and we are aware that staff experience varies in our organisation.

We continue to work alongside our partners in the Dorset Integrated Care System (ICS) to ensure our objectives are aligned and are representative of the needs of our workforce and local community. In addition, the ICS has led on the application of the Equality Delivery Service reporting requirements for 2022 to assist Dorset

organisations in terms of consistency of completion. Other collaboration will include leadership and inclusion initiatives.

We are committed to delivering high standards of corporate governance and a key element of this is managing the Trust in a socially responsible way. We are absolutely committed to preventing slavery and human trafficking in our corporate activities and supply chains. We also expect the same high standards which we set for ourselves from those parties with whom we engage, such as our suppliers and those who use our services.

The purpose of this report is to provide an outline profile of our workforce and to sign post readers to other reports within the requirements of the NHS contract and our Public Sector Equality Duty. The desired outcome is that we strive to provide the same experience of working at UHD for all our staff.

Research shows that organisations with diverse leadership are more successful and innovative. People who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace. When the opportunity arises our board representation will reflect the local demographic of our staff in the same way it now reflects the local community as we have a commitment for our board to be representative and matched to our staff ethnicity.

The Messenger Review into Leadership in Health and Social Care by NHS Confederation in June 2022 reinforced the EDI vision for all NHS organisations: -

“EDI embedded and mainstreamed as the responsibility of all regardless of role and especially leaders and managers from front line to board. This must include the practice of zero tolerance of discrimination, but also greater awareness of the realities in the workplace for those with protected characteristics.”

UHD has over 9700 staff serving a population base of 400,300 and in 2011, 84.8% were White British, now reduced to 82.4% [Census: 2021 ONS]. We will continue to monitor our data alongside the lived experiences of all our staff. It is worth noting that using the WRES mapping tool and local data obtained from Bournemouth, Poole and Christchurch Council that 8.67% of the local population identified as BME.

We continue our commitment to understanding staff experience and to engage with staff in a way which respects and advances our commitment to the Trust Value of ‘We Listening to Understand’.

2.0 Public Sector Duty

The Public Sector Equality Duty (PSED) sets out the main statutory duty that all public authorities must, in the exercise of their functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations.

Specific duties to publish information

Public authorities are required to publish information annually on how they are complying with the equality duty. It is recommended that NHS authorities publish their PSED reports in quarter one of each new financial year, reporting on outcomes from data in the previous financial year. For UHD the reporting period is from 1 April 2022 to 31 March 2023.

Prepare and publish equality objectives

These should be clearly defined, measurable commitments, agreed with the governing body. They should be kept under review and must be updated at least once every four years. Developing an action plan can help map activities to achieve each objective, but there is no requirement to do so. Working in partnership with trade unions to develop and monitor action plans that include clear timescales can support progress towards objectives. It is good practice to publish information on progress towards meeting each equality objective.

The benefits of publishing PSED information

- It provides a focus on what the current issues are, helping organisations to become more attuned to the needs of different groups.
- Determines and demonstrates what organisations are already doing and what it is planning to do.
- Promotes transparency and increases accountability.
- Can be used as a resource for decision making within the organisation.
- In England, all NHS organisations should publish their public sector equality duty information within one year of their last publication, the previous report for UHD was published October 2022 following acceptance at Trust Board.

2.1 Equality Diversity and Inclusion [EDI] Strategy & Group

The Equality, Diversity and Inclusion Group (EDIG) is chaired by Pete Papworth (Chief Finance Officer) and includes representatives from across the organisation, including staff network leads, Governors and patient representatives.

Its purpose is to provide the governance and assurance to the People and Culture Committee and Trust Board on compliance with statutes and national standards and makes recommendations on specific interventions.

Membership comprises multi-disciplinary staff occupations and patient representative/s, external key stakeholders and partners are invited to join group meetings.

The Equality, Diversity and Inclusion Strategy is published on the UHD external website. It contains strategic objectives with measurable outcomes and goals, aligned to the organisational vision, mission and values.

2.1.1 Audit

At the time of writing this report, the EDI workstream was undergoing a follow up audit to determine the maturity and progression of Equality, Diversity and Inclusion at UHD.

2.2 Equality Objectives

To manage and support the progression of this work, an EDI Priorities Action Plan was developed which presented the work streams identified in the strategy aligned to trust objectives. This also included the actions from the NHS People Plan, the Trust Organisational Development (OD) Plan and the March 2021 Audit Report.

The specific targets in place will be re-evaluated following the identification of further areas of activity and all will be data tracked so that improvements made can be noted and advanced further. The equality objectives within the EDI Strategy are:

- Improve employee experience
- Develop inclusive leadership capability
- Increase equal opportunities for career development
- Enhance staff network engagement
- Improve collection and use of all EDI data and compliance against national standards
- Develop patient co-production and engagement to reduce health inequalities

2.3 Equality & Diversity Delivery System 2022

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the

implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation’s most recent EDS implementation and grade. This was undertaken in partnership across the Dorset Integrated Care System. The report was submitted via england.eandhi@nhs.net and has been published on the UHD external website [Link](#)

The Domains reported during the transitional period are:

- Domain 1. Commissioned or provided services [maternity]
- Domain 2. Workforce Health and Wellbeing
- Domain 3. Inclusive Leadership

The rating reported as of March 2023 for UHD is developing shown in Table 2.1.

EDS Organisation Rating (overall rating): 17 – Developing
Organisation name(s): University Hospitals Dorset
<p>Those who score under 8, adding all outcome scores in all domains, are rated Undeveloped</p> <p>Those who score between 8 and 21, adding all outcome scores in all domains, are rated Developing</p> <p>Those who score between 22 and 32, adding all outcome scores in all domains, are rated Achieving</p> <p>Those who score 33, adding all outcome scores in all domains, are rated Excelling</p>

Table 2.1 EDS Organisation Rating

2.4 Workforce Race Equality Standard (WRES) (reported in 2022)

The NHS Workforce Race Equality Standard (WRES) was introduced in 2016 to address the inequalities and less positive lived experience of our ethnically diverse workforce. This is the seventh year of reporting on the WRES and the second for University Hospitals Dorset (UHD).

It is evident from the national, regional and local data that there has been some improvement, but this has not been at pace or consistent across the NHS systems. This year's reporting includes the disparity data, which shows how our staff are represented in progression through the seniority ranks.

The workforce sample has increased to over 9,700.

The number of ethnically diverse staff has increased to 21.5% of the total workforce.

All Ethnicity declarations remain high and are now above 97%.

2.4.1 Recruitment

WRES Indicator 2 suggests that the likelihood of BME candidates when compared to white candidates of being appointed from shortlisting is now 1.90, this moved positively from 2.09 in 2022, however it seems a long way from the 1.26 in 2021.

2.4.2 Continuous Professional Development

WRES Indicator 4 suggests that the likelihood of BME staff compared to white staff of accessing non-mandatory training and CPD is now 0.90, this moved positively from 0.79 in 2022 however it remains lower than the reported 1.11 in 2021.

2.4.3 Progression

WRES Indicator 7 shows the percentage of BME staff who consider the trust provides equal opportunities for career progression or promotion in 2023 is 45.7% compared to 60.1% of white staff. This is comparable to 2022 but both groups are significantly lower than in 2021.

- The white ethnicity staff group (WME) has decreased slightly to 692 (7.2%) (Pg. 42);
- The relative likelihood of ethnic diverse staff being appointed from shortlisting across all posts has improved to 1:1.90. This means for every member of staff from an ethnic background approximately 2 members of white candidates are appointed;
- The bullying and harassment metrics show some worsening and stagnation;
- Indicator 7 shows a significant drop in staff believing the trust provides equal opportunities for both ethnic diverse and white staff. This is in line with the trend nationally of a decrease in positive results for this metric;
- The Board membership shows under-representation at the most senior level. This will improve in 2024 with the appointment of a second Non-Executive from a BME background on the 1st April 2023;
- Our workforce from an ethnic background continue to report fewer positive experiences in our staff survey and this is also reflected in data from our Freedom to Speak Up Guardian (section 5.0);

- The disparity ratios presented in the WRES report show a continuing trend of inequity in progression for our ethnically diverse staff from the lower to upper bandings in both clinical and non-clinical roles. (Appendix A).

2.5 Workforce Disability Equality Standard (WDES) reported in 2022

The Workforce Disability Equality Standard (WDES) was launched in 2019:

‘The Workforce Disability Equality Standard (WDES) remains the only example in the UK where employers are mandated to report and publish annual data on the workplace and career experiences of Disabled staff. Our ambition is to increase the representation of Disabled people in the NHS workforce and see the disparities between Disabled and non-disabled staff reduce year on year; supported by an inclusive culture through the realisation of the vision set out in the People Promise’.

1 Extract from the national Workforce Disability Equality Standard report 2021, published in March 2022, by Professor Em Wilkinson-Brice, Acting Chief People Officer.

The declaration has increased to 5.6% of the workforce, notably the Executive Team have 100% declaration.

For UHD part of the recommendations in the WDES report will include the need to have an increased focus in this area of understanding and intervention. For an example the workforce profile shows many areas with an ageing demographic, so it is vitally important for the maturity of the EDI agenda at UHD that we raise the profile of this complex area of need.

- The data shows a small improvement on our declaration rate to 5.6% (national target by NHSE is 4%).
- The honesty gap is 15.72% between our staff records declaration and the staff survey responses of 21.3%.
- The likelihood of Disabled staff being appointed from shortlisting has improved to 1.24. This means a higher percentage of non-Disabled staff are appointed from shortlisting at a ratio of 1:1.24.
- The reports of bullying and harassment by Disabled staff show an increase for metrics 4b, 4c and 4d and a small reduction for 4a.
- There is a small decrease in Disabled staff believing the trust offers equal opportunities and this is also reflected as a decrease for non-Disabled staff.
- The reported presenteeism for Disabled staff compared to Non-Disabled staff has worsened, increasing to 9.2% in 2022 compared to 8.1% in 2021.
- The percentage of Disabled staff saying that their employer has made adequate adjustments remains at 78%.
- The relative likelihood of Disabled staff entering the formal capability process compared to non-Disabled staff is showing at 3.03. This means for every

member of non-Disabled staff 3 Disabled staff enter the formal capability process. Of note is the fact that no capability processes were on the grounds of ill health.

2.6 Gender Pay Report published March 2023

The Trust reported on snapshot data as at 31 March 2022. This data demonstrates that there could be greater female representation in senior clinical roles. Similarly, the Trust acknowledges that there could be greater male representation in less senior clinical and non-clinical roles.

The effectiveness of actions in place to reduce the gender pay gap will not be evident until at least the next gender pay gap publication.

Separating the data for Agenda for Change and the Medical / Dental workforce gives a better understanding of the difference in pay and gender representation.

Comparing the median hourly pay gap, women earn 95p for every £1 that men earn. Their median hourly pay is also 5.33% lower than men's.

Comparing the median bonus pay gap, women earn 55p for every £1 that men earn. When comparing mean (average) bonus pay, women's mean bonus pay is 34.8% lower than men. The median hourly pay for women was reported to be 6.6% lower than men.

It became mandatory from 31 March 2017 for public sector organisations with over 250 employees to report annually on their gender pay gap. The results must be published on a government website, as well as the employer's own website (and remain there for 3 years). [Link](#) to published report.

Next Steps

We are increasing the internal leadership development opportunities and encouraging our managers to have values-based appraisal and personal development discussions. This will impact the amount of UHD women who are ready for promotion to senior roles. We are recording and reporting on protected characteristics of delegates in all UHD programmes. Recruitment actions include more diverse recruitment panels for senior vacancies.

We will also further develop and raise the profile of the UHD Women's network.

3.0 Leadership Development

The UHD Talent Management strategy is currently being developed with a commitment that invests in our people and is inclusive for our entire workforce. We aspire to develop this approach in line with our UHD values, supporting a culture of continuous improvement.

We will support all staff to have in-depth career development conversations and annual appraisals, supported by our current involvement piloting *Scope for Growth*, a national career conversation framework which is holistic and inclusive, recognising that every individual's career development is different. We want to support our staff in appreciating and valuing difference in attracting, developing and retaining our diverse workforce.

Throughout our approach, we aim to sustain and embed a focus on equality, diversity and inclusion. Leadership development is key to this and we will work to ensure that our staff are equipped with fundamental leadership skills and have the confidence and capability to support and develop the talent of others, while also being able to perform in a leadership role themselves. A systematic talent management approach which unlocks leadership potential among our staff will ensure that we can be more sustainable in the development of leaders at all levels of our organisation.

[Our Leadership Way](#)

We have 5 principles that are aligned to our Trust values:

- We will support our staff to be inclusive, compassionate leaders at the heart of UHD
- Our leaders will strive for excellence and look for continuous improvement
- A coaching culture will be part of everything we do.
- We promote lifelong learning
- Our leaders are role models

At UHD, inclusive leadership means our leaders have the courage to take conscious steps to break down barriers for people at risk of being excluded from society.

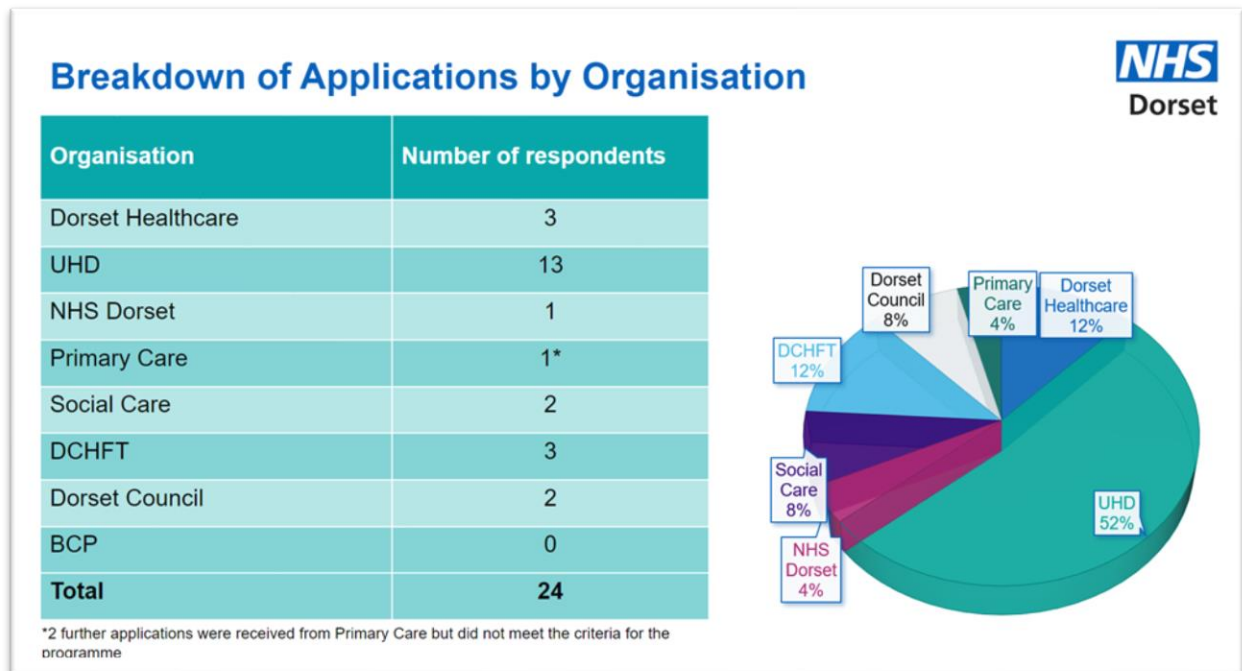
Inclusive leaders embody a leadership approach that appreciates diversity, invites and welcomes everyone's individual contribution, and encourages full engagement.

Our internal programmes include:

- **Leadership Fundamentals** (across 4 cohorts of 85 delegates) 34.1% BAME / Other / European
- **Leadership in Action** (across 2 cohorts of 32 delegates) 9.4% BAME / Other / European

[Beyond Difference: Dorset Integrated Care System \[ICS\]](#)

The *Beyond Difference* Leadership Programme was developed with our Dorset ICS colleagues to provide minority ethnic staff an opportunity and the confidence to actively participate in mainstream leadership programmes. UHD represented 13 of the 24 places available, this was in part due to the support provided through our Organisational Development EDI leads.



4.0 University Dorset NHS Foundation Trust Membership

As a Foundation Trust, we are accountable to NHS England. As the regulator for health services in England it oversees the governance and performance of the organisation, providing support where required, and ensures the Trust operates in line with the conditions of its provider licence.

We are also accountable to local people through our Council of Governors and members. In addition, there is a large range of inspection and other regulatory bodies which govern the activities of the Trust, including the Care Quality Commission (CQC). The Council of Governors, which represents around 15,000 members, is made up of members of the public, staff and appointed governors. They ensure members' views are heard and are fed back to our Board of Directors, and members of the public are kept up to date with developments within the hospitals.

Our Board of Directors is made up of full-time executives, who are responsible for the day-to-day running of the organisation, and part-time non-executive Directors. The Executive Directors work closely with the clinical leaders and managers throughout the hospitals in running the services. The Board also works closely with the Council of Governors. The Trust is organised under three clinical care groups and departments providing support services.

We also work closely with a range of key health and social care partners to develop and deliver our services, such as clinical commissioning groups (CCGs) and social services. We are also part of the Dorset Integrated Care System (ICS).

Public constituency	Number of members	Eligible membership
Age (years):		
0-16	17	112,132
17-21	66	34,607
22+	14,393	488,573
Ethnicity:		
White	13,390	579,773
Mixed	106	22,452
Asian or Asian British	203	12,709
Black or Black British	40	6,823
Other	34	11,058
Socio-economic groupings*:		
AB	4,624	62,934
C1	4,306	89,392
C2	2,826	65,065
DE	2,722	66,241
Gender analysis		
Male	5,314	315,075
Female	8,986	320,236

The membership data presented excludes:

- 27 public members with no dates of birth, 730 members with no stated ethnicity and 203 members with no gender
- 0 patient members with no dates of birth

Public constituency	2022/2023
At year start (April 1)	14,810
New members	155
Members leaving	462
At year end (March 31)	14,503

At the time of collating the data for this report there were 14640 members at 31/3/2022.

5.0 Freedom to Speak Up



Seven years have passed since the publication of the Francis Freedom to Speak Up Review. The speaking up culture within the health sector in England has changed with a network of over 800 Freedom to Speak Up Guardians (FTSUG) hearing over 75,000 cases in the last 4 years.

Such an increase of cases reflects how trusted FTSUG are as additional channel for speaking up.

Speaking up benefits everyone. Building a more open culture in which leadership encourages learning and improvement, leads to safer care and improved patient experience. At UHD, we have many routes that our people can use to speak up including our line managers, occupational health, staff governors, using our LERN forms, chaplains, education team and our HR team.

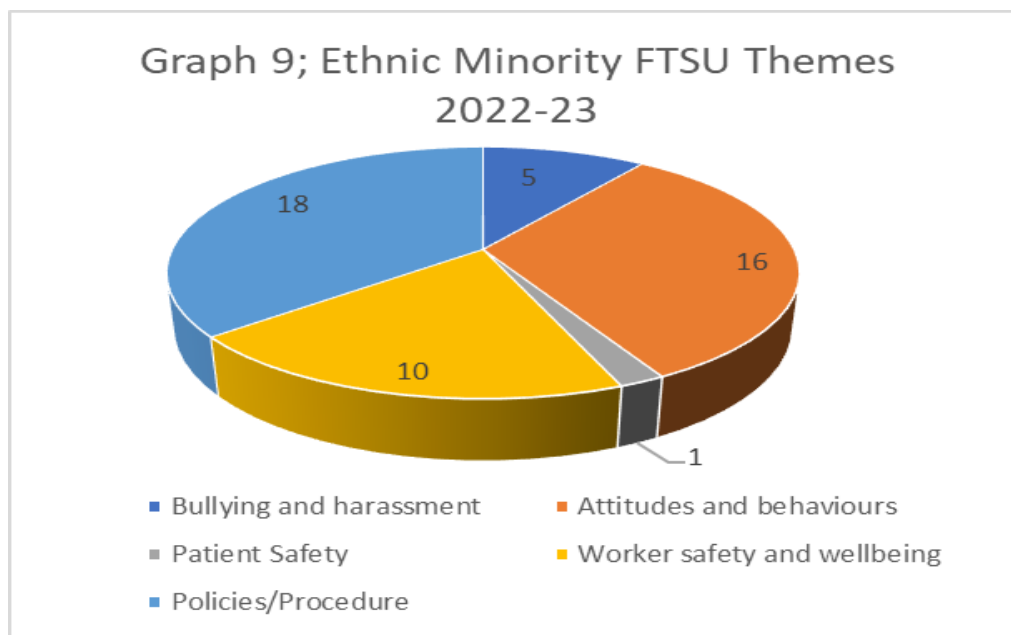
Freedom to Speak Up (FTSU) is another alternative route which is both well used and evaluated by staff whom use it.

Despite these routes, we are hearing that some staff do not feel they are able to speak up and when they do, we do not address the concerns. Indeed, our staff are feeling less confident from previous years.

In the period leading to the report, eighteen per cent of staff (50 staff) raised a concern from an ethnic minority background. All staff were signposted to our BAME network who was also able to support and advise. The FTSUG is an integral member of the Equality, Diversity and Inclusion Group and will continue to work together to improve and support our ethnic minority employee experience.

Data from Graph 9 show similar themes from our ethnic minority communities when using the FTSU route. Concerns with elements of behaviour is the greatest theme

(42%; 21 staff), followed by 20% relating to worker wellbeing and 36% (18 staff) with policy or procedure.



UHD continues to be an active contributor to the work from the National Guardians Office. Part of this work is to submit and support requirements from the NGO. These include quarterly submissions, census information and other surveys.

Quarterly information about speaking up cases are submitted to the NGO, outlining the themes and reporting the feedback received from those cases closed. Whilst number of referrals does not fully reflect the speaking up culture it does illustrate whether the FTSU is an established route for staff to use. Table 5.1 below shows how staff at UHD use this service as compared to surrounding healthcare.

Table 5.1: Quarterly NGO data submissions 2022/23 (x = no data submitted to NGO)

2022/23	Size	Qtr1	Qtr2	Qtr3	Qtr. 4	TOTAL
Dorset County	Small	8	14	7		29
Dorset Healthcare	Medium	27	26	43		96
Salisbury	Small	31	31	42		104
Solent	Medium	7	24	25		56
University Hospitals Dorset	Medium	55	65	93	66	279
University Hospitals Southampton	Large	15	x	x		15

This data validates the recent investment of the FTSU team, improving our sustainability and resilience. Investing in another fulltime position will also allow the team to meet the reactive work (listening to workers) and build on contributing to proactive work (supporting the organisation to learn from the opportunities that speaking up brings and tackling the barriers). Speaking up will not become business as usual if FTSGU are spending all their time acting as an additional channel rather than working with their organisation to overcome the barriers that result in workers feeling that they must come to a guardian in the first place.

- Fifty-eight per cent of referrals to the FTSU team are because either their line manager was the issue of the concern or that the line manager was aware of the issue but not addressing the issue. This trend is mirrored in the National NHS Staff Survey (2022) Q23f, where 46.3% reported saying that they are confident issues would be addressed as compared to 50.1% in 2021. Question 23f is highly regarded to reflect a speaking up culture.
- Twelve per cent staff reported that the reason they came to the FTSU team was because they felt insecure in raising concerns with line managers. A culture of speaking up needs a strong foundation of psychological safety and so needs to be monitored.
- A more recent trend is staff are using the FTSU route for advice prior to escalating themselves via the correct route. Twenty-six per cent of staff knew what they needed to do but wanted a confidential, impartial viewpoint to draft their thoughts.

6.0 Voice of our Staff Networks

Our Staff Networks are recognised at a national level and have been used as case study for other organisations. Throughout 2022/23 there have been development training sessions and Community of Practice meetings for the network leads on a regular basis. Staff Network members are invited to attend as an Equality Diversity and Inclusion expert person during interviews for senior leaders and board members.

Staff Networks in the NHS foster a sense of belonging, promote diversity and create supportive communities for employees with shared identities and experiences. These networks facilitate peer support, mentoring and knowledge exchange, contributing to a more inclusive, engaged and empowered workforce ultimately enhancing patient care.

NHS
University Hospitals Dorset
NHS Foundation Trust

Join one of our staff networks today as a member or an ally

 ArmedForcesSupport@uhd.nhs.uk	 BAME@uhd.nhs.uk
 european.network@uhd.nhs.uk	 pride.network@uhd.nhs.uk
 pro-ability.network@uhd.nhs.uk	 internationaldoctors@uhd.nhs.uk
 womens.network@uhd.nhs.uk	 <p>Scan to find out more about our networks</p> 

Be who you are. Be recognised. Be valued. Be all you can be.



The UHD Staff Networks have agreed Terms of Reference, board level sponsorship and leads have 15 hours paid work hours to facilitate the smooth run of Network activities. The staff network groups have been instrumental in providing increased feedback to inform the Trust of the need for change to reduce potential organisational barriers.

6.1 The Armed Forces Support Group

Sponsor: Abigail Daughters, Care Group Leader

The Armed Forces Support Group (AFSG) continues to meet monthly and is a great place for support for the Armed Forces Community within UHD.

The Armed Forces Community Advocate is Rob Hornby, over the last 12 months he has received some very positive feedback from stake holders, patients, staff and Family members of the Armed Forces Community (AFC). A very good foundation has been put in place to deliver a successful service for the Armed Forces Community within UHD.

The AFCA has made regular referrals to numerous supporting agencies, both locally and nationally as well as assisting members of the AFC with such matters as homelessness, welfare support, home de-cluttering and substance misuse. There have been requests from staff who are members of the AFC around what support is available for serving personnel's spouse whilst they are on tour.



Spreading the word

The AFCA has given a number of presentations over the last few months to a number of different organisation including, 'We Are With you' (Substance misuse) and to The Dorset Armed Forces network meeting which was held at Hamworthy Camp and included representatives from a number of local military units, local supporting agencies.

This was a very well supported event and it is hoped that there will be more of them in the future. Along with this, the AFA is an active member of the Dorset Armed Forces Covenant programs who have a 5 year strategic plan to improve the care and support the local Armed Forces Community and was able to attend the resent Dorset Armed Forces Covenant Conference at the Bovington Tank Museum.



Introduction of Welfare and Information Packs

The introduction of the UHD veteran’s welfare pack was well received and appreciated by all who received them. The need for this project became apparent when several of the older generation of veterans were being admitted without any basic commodities.



Reservist Recruitment

243 Field Hospital continue to hold their regular recruitment days at two of UHD locations, Poole and Royal Bournemouth Hospitals. Both locations are getting plenty of encouraging enquiries and paternal recruits, keeping Sgt Eastman busy.

UHD actively supported Armed Forces Week; Being present at the two recruitment days held across the Trust as well as having a stand Royal Bournemouth Hospital Atrium raising the profile of the Armed Forces within the trust as well as reminding all staff of the Armed Forces Support Group.

UHD Reservist Policy

The AFCA has now ensured that the Trust has in place a new UHD Reservist Policy. This policy outlines the procedure for managing reservist staff members as well as Cadet Force Adult Volunteers.

6.2 Women's Network

Executive sponsor: Siobhan Harrington, Chief Executive

The Women's network was launched in June 2022 with terms of reference in place. Samantha Murray and Jasmine Sharland are co-leads. The Women's Network have done significant works to create awareness and improve women's health issues and their impact in workplace.

In October 2022 the network held its first event to promote baby loss awareness week with various local women wellbeing stands.

The network is introducing the Employer with heart policy with Human Resources. A Period poverty project provides free sanitary products to staff in all unisex and female facilities. Sanitary waste facilities have been audited, and work has begun to install more bins.

In March 2023 we celebrated International Women's Day 2023. The network hosted an in-person event to celebrate with a line-up of inspirational women speakers.

6.3 European Network

Executive Sponsor: Richard Renaut, Chief Strategy and Transformation Officer

The network has continued to offer support to European nationals following Brexit and the EU Settlement Scheme. The network has raised the profile of the European workforce as a significant number in the workforce.

The network would welcome an increase membership from across the Trust as we move forward following Brexit, our European colleagues are vital to the sustainability of the hospital.

6.4 BAME Network

Executive Sponsors: Peter Gill, Chief Informatics and IT Officer, Paula Shobbrook, Chief Nursing Officer

The BAME network has become increasingly more strategic in its approach to Trust issues and holds monthly network meetings that continue to listen and act on the experiences of staff. As a result of the WRES in 2022 and the reported lived experiences of staff, the BAME network has raised the need for an organisational increase in focus on anti-racism.

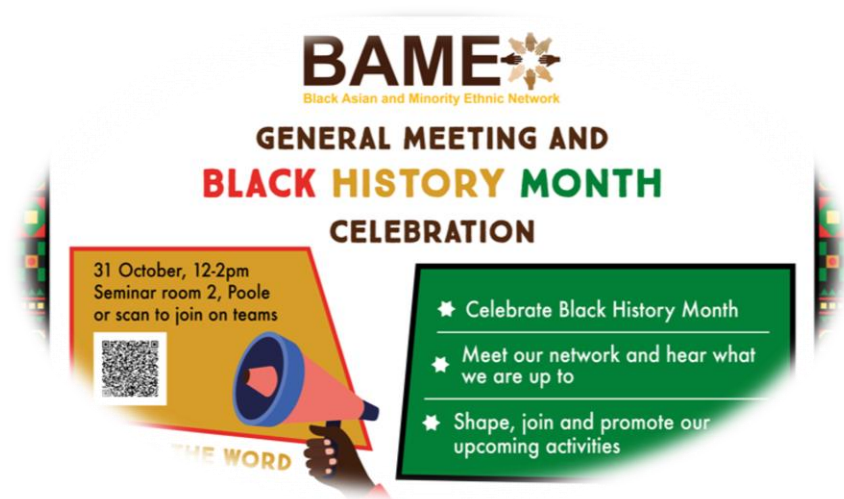
During Black History Month in 2022 the network supported a visit from Yvonne Coghill, Director of Workforce Race Equality at NHSI who led a discussion on some of the challenges and opportunities for improvement. A summary of the feedback from the focus group can be found in appendix 2 on page 61, many points raised by the staff are being taken forward.

The network was instrumental in supporting the Cultural Day on 7th July 2023 and have initiated engagement conversations in relation to the adoption of See ME First.

Personal Objectives for all staff and managers should now include an EDI objective a step supported at the most senior level of the organisation. The network also supports grievance cases and signposting to other services.

The BAME network are currently involved in the Lived Expert by Experience group for the South West where we have contributed to the South West action plan for Global Majority staff. This has now been submitted to NHS England.

There is a strong correlation reported by NHS England that staff networks are instrumental to the improvement of patient care.



Additional photos: Appendix B



6.5 International Doctors Network

Lead: Dr Muhammad Asad

At present almost one in four postgraduate doctors in training working at UHD are international medical graduates. The International Doctors staff network was created in 2022 after introducing a survey considering racism in medicine that showed there was not enough support available for international medical graduates.

Since its creation the network has worked with the other staff networks. Postgraduate doctors in training are now able to discuss their concerns with full confidentiality to either the staff network lead or they are signposted to the Freedom to Speak Up Guardian.

The network has introduced regular education and training sessions – ‘New to NHS and UHD,’ with the help of the education department team, which are attended by the international medical graduate doctors, and we have excellent feedback.

The network promoted the use of LERN forms to report incidents like racial discrimination, incivility and behaviour related issues that are unfortunately experienced by some of the international medical graduates.

The network worked with the EDI Lead and other staff networks during antibullying week and race equality week this year. They aspire to influence a safe, inclusive and fair work environment at UHD.

6.6 Pride Network (Formerly Lesbian, Gay, Bisexual, Transgender, Questioning+)

Executive sponsor: Peter Papworth, Chief Finance Officer

The LGBTQ+ Network is now the UHD Pride Network with a new logo. A co-lead, Alice Girling and a deputy co-lead, Reuben Smith have been appointed. They have produced updated PRIDE lanyards and pronoun badges which have been designed and ordered to include the intersex progress flag elements.

UHD was awarded the Bronze award through the Rainbow project for support for both LGBTQ+ staff and patients. An action plan is underway including further work on policies and procedures. In addition, the PRIDE network group is partnering with Estates to review the inclusiveness of the toilets at UHD, including in the BEACH building. In July, the UHD Pride Network partner with other local NHS organisations to celebrate the NHS at the Bournemouth PRIDE event in July.



The UHD Pride Network has published a three-year strategy with the mission to become the most inclusive Trust in England.



The PRIDE network is focusing on three pillars of excellence; Governance, Patients and People, and it aligns with the recommendations from the Rainbow Badge Phase 2 assessment. The work has been awarded Bronze accreditation for the Trust and are in the process of creating a clear action plan for achieving Silver accreditation. A key achievement in Quarter 1 is the updated Gender Reassignment Policy.

The Network created a strategic working group and launched the newly improved lanyards and Pride Pledges in July, with a Trust wide event planned for Quarter 3. The Trust's library service had agreed to be the central point for making pledges and collecting new lanyards.

The Pride Magazine continues to receive positive feedback and is reaching people across the organisation. Pride are looking at updating their intranet presence and creating a Pride Network Padlet.

Pride have joined forces with other NHS partners across Dorset and have a prominent position in the Bourne Free Pride Parade on 8th July. They had an open top bus and a new walking banner inscribed with the slogan: Safe to be me at UHD.

6.7 ProAbility (supporting staff with long term medical conditions / Disability)

Executive sponsors: Peter Gill, Chief Informatics and IT Officer, Karen Allman, Chief People Officer

The ProAbility Network continues to support the recruitment, training, career development and promotion of disabled persons/employees.

The Trust holds 'Disability Confident' accreditation. It takes positive and proactive steps to maintain continued employment, provide training, and foster career development and promotion for disabled members of staff.

The Trust reports on the 'Workforce Disability Equality Standard' (WDES) on an annual basis. This national reporting standard includes providing statistics which demonstrate a proportionate comparison between disabled and non-disabled members of staff in relation to their experience at work and opportunities. This data will enable a gap analysis to be conducted and the development of a targeted action plan in conjunction with the ProAbility staff network.

The network aims to listen, understand and support people living and working with physical disabilities and long-term health conditions holding regular listening events. The network is working closely with the HR department to understand the reasons for low declaration rates of disabilities and how this can be improved.

The Trust recognises there is a strong business case for adopting a positive approach to supporting and developing disabled staff both in terms of acquiring and maintaining valuable workplace skills. Developing a culture where both staff and patients can flourish is simply the right thing to do. It is the responsibility of the People Directorate team to maintain up-to-date policies, taking into consideration revised employment law.

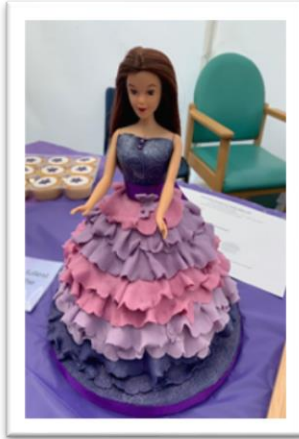
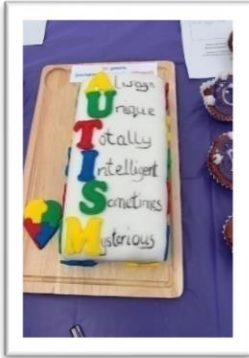
The network has recognised the need to support employees with neurodiversity in the workplace and the services of Lexxic experts in psychological support were sought to provide introductory training and support the development of a suggested action plan and the recommendations are being introduced into our workstreams.

Deaf Awareness week in May was celebrated together with the ongoing promotion of British Sign Language training. In addition, the Network championed red hearing aid boxes for use by patients to safeguard against loss of their devices with associated distress and cost.

ProAbility at a glance

- 3 December celebration – Purple Light Up – we held a 'Purple Pro Ability Bake off' competition in the Marquee on Friday 2 December – we also invited lots of health and wellbeing contacts. Fantastic competition entries. We started the day with a special 'Friday Five Mins of Fun'
- Promotion of Neurodiversity – invited guest speaker Rachel Noes 'The Pink Vicar'
- Network leads engaged in regional and national Disability networks and NHS employers Disability Pioneer group

- One of the Co Leads, attended first national NHS Employers meeting for deaf NHS staff in Leeds
- Continuous promotion of Trust Health Passports for employees
- Network members invited to speak about network at various department meetings and Inductions
- Supported other regional Trusts and ICS to set up their own Disability staff networks
- Involved in deaf awareness presentations to various department
- Involved in interview panel for non-Exec Director and other senior posts
- Gave Hospital Radio interview about deaf awareness
- HR personnel was involved to discuss 'uploading Disability onto ESR'



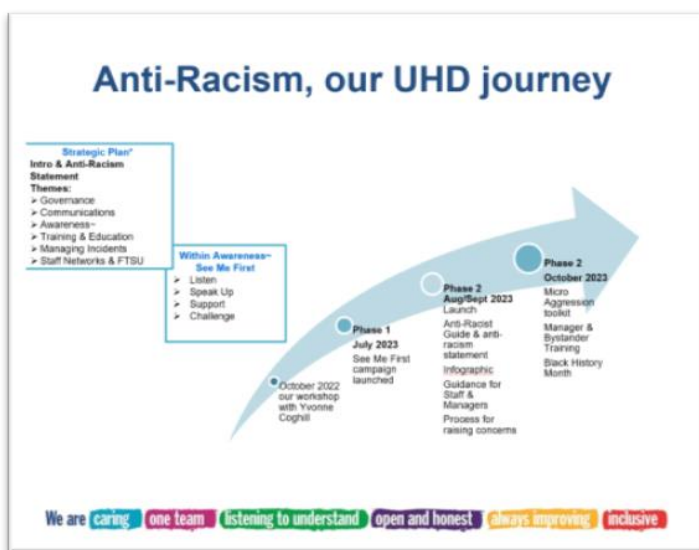
Purple Light Up 2022

In December, Purple Light Up Day was celebrated by the Network within UHD to recognise the contributions of disabled employees.

7.0 UHD Anti-Racism and See ME First

The Anti-Racism Plan was discussed at Executive Board on 23rd August 2023, the plan will introduce a Trust Board Anti-Racism statement (page 3) as the catalyst to a multi-layered and staged campaign that is envisaged will drive a culture of speaking up and challenging inappropriate behaviour notably, racism. Without challenge, racism can sit quietly behind structures, damaging everyone affected including the negative impact on patient care. See ME First was launched in June 2023.

The target operating model is aimed at building momentum and taking everyone with us on the journey.



The guidance and workshops are in the final stages of development.

This graphic, titled "Final stages of development", displays several overlapping documents related to the anti-racism initiative. The documents include:

- UHD Anti-Racism Guide:** A comprehensive guide with a focus on inappropriate comments and behavior, listing key messages and providing guidance for staff and managers.
- Staff guidance to handling a racist incident:** A document detailing what to do when a racist incident occurs, including steps for reporting and support.
- Member's guide to dealing with a racist incident:** A guide for staff members on how to respond to racist incidents in the workplace.
- Educational Resources:** A collection of resources including a "Why I'm no longer talking to white people about race" video, a "White Fragility" video, and various articles and links for further learning.

 A box at the bottom right states: "Plus: Guidance to dealing with a racist patient, Bystander guidance to handling a racist incident". A note at the bottom indicates: "* Created in collaboration with BAME Staff Network".

See ME First

What is See ME First?

See ME First is a staff-led initiative to promote equality, diversity and inclusivity. It requires colleagues to challenge and work together towards ending racism and discrimination in the workplace.

The aim is to make real change to our culture, creating a more inclusive, open, and non-judgemental work environment in which all staff are treated with dignity and respect.

Will you pledge to support any colleagues that experience discrimination? Fill out this [form](#) and pledge to encourage colleagues to speak up and safely challenge discriminatory behaviour through the appropriate channels. You will receive a See Me First badge to signify you have made this commitment and ensure your support is visible to colleagues.

Why is it important?

Our [2022 NHS Staff Survey results](#) identified that black, Asian and minority ethnic staff experienced more inappropriate behaviours and had a less positive experience overall while working at UHD compared to white staff.

Why wear a See ME First badge?

- You are making a visible commitment to actively create an open, non-judgemental and inclusive culture at UHD by ensuring your BAME colleagues are treated with dignity and respect
- You are signifying that you uphold UHD's values of being inclusive, caring, one team, listening to understand, open and honest, and always improving.
- You are signifying that colleagues can come to you for support and advice on how to safely challenge discriminatory behaviour.



What can you do to make a positive difference?

Make yourself visible as a member of staff who will **listen** to colleagues who have been subjected to discrimination or need advice and information.

Encourage your colleagues to **speak up** safely through the appropriate channels if they have experienced discrimination. Direct them to the [pink LERN form](#), [Freedom To Speak Up](#), their line manager or UHD's equality, diversity and inclusion lead (deepa.pappu@uhd.nhs.uk).

Listen **Speak up** **Support** **Challenge**



Signpost colleagues to the **support** available to them ([BAME network](#), [Human Resources](#) and Trade Union representatives) as well as wellbeing support including [Psychological Support and Counselling service](#), [Mental Health First Aiders](#) and [Trauma Risk Management](#).

Be a visible and active ally; if you see racism, **challenge** it.



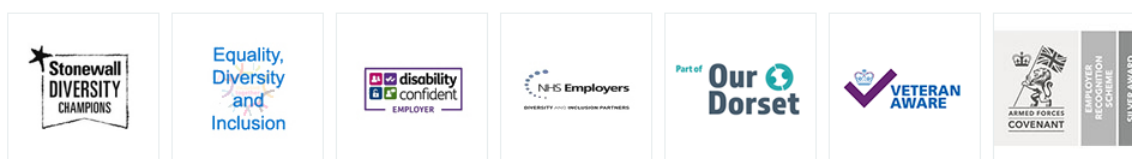
Make your pledge here:



See ME First



8.0 Charters and Partners



UHD champions many charters and agreements with external organisations, we want UHD to be seen to be a safe and inclusive place to work and receive care, some of our charters include:

Armed Forces Covenant

The Armed Forces Covenant is a pledge to acknowledge and understand the needs of the Armed Forces community and aims to build a more open and honest relationship between employers, the Ministry of Defence and reservists. UHD has recently been awarded the Gold Award – demonstrating Rob Hornby’s impact!!!

Veteran Aware – silver status

Veteran Aware trusts are leading the way in improving veterans’ care within the NHS, as part of the Veterans Covenant Healthcare Alliance (VCHA).

Hate Crime Charter

There is no place, excuse or reason for hate crime in UHD. A hate crime is subjecting people to harassment, victimisation, intimidation or abuse because of their ethnicity, faith, religion, Disability or because they are lesbian, gay, bisexual or transgender this includes “Any incident, which constitutes a criminal offence, which is perceived by the victim or any other person as being motivated by prejudice or hate.”

Disability Confident Employer

Disability Confident is creating a movement of change, encouraging employers to think differently about Disability and take action to improve how they recruit, retain and develop Disabled people. Being Disability Confident is a unique opportunity to lead the way in your community, and you might just discover someone your business cannot do without.

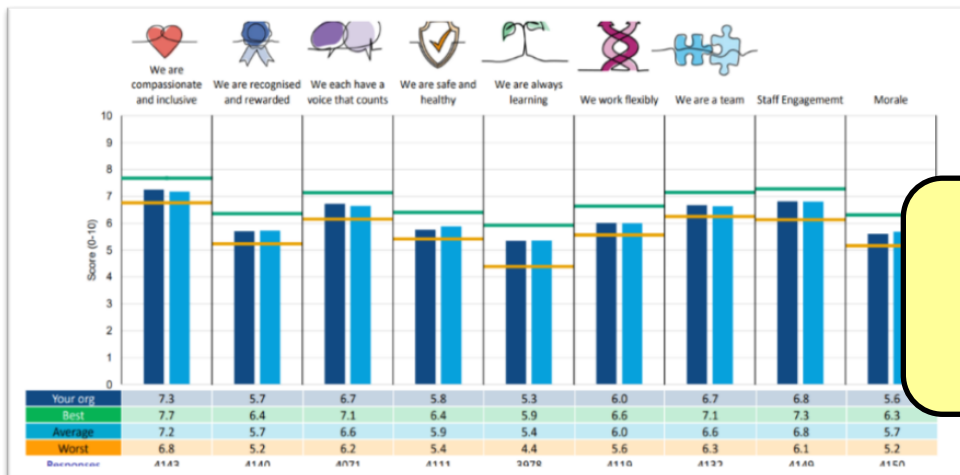
Stonewall Diversity Champion

UHD aims to ensure all staff and patients feel welcome, notably our staff should feel respected and represented at work. Inclusion drives better individual, business and patient outcomes. When LGBTQ+ staff feel free to be themselves, everybody benefits.

Mindful Employer

Being a mindful employer demonstrates the UHD commitment to working toward achieving better mental health at work.

9.0 NHS Staff Survey 2022



4167 responses in 2022 compared to 3393 responses in 2021

The National Staff Survey 2022 is UHD's second year of comparative data, structured around the 7 NHS People Promise pledges and 2 Themes [Staff Engagement and Morale].

The 2022 key findings include:

- highest response rate to date of 45.5% (up from 37.1% in 2021 and above the national average)
- Engagement score is 6.8 out of 10 and Morale 5.6 out of 10. This is in line with the sector comparator and stable compared to last year
- a key finding is that there is great variation at team level in the questions that make up the Engagement score
- staff have told us we need to prioritise safe staffing, call out and report incidents of harassment and bullying, be mindful of people experiencing work related stress and support colleagues who may be feeling burnt out.
- score for inclusion and compassionate leadership was 7.3 our best score in relation to the People Plan Pledges.

Participation is an important element not only for the wider organisation but specifically in the WRES and WDES reporting, the position remains challenging as staff experience working in UHD differently.

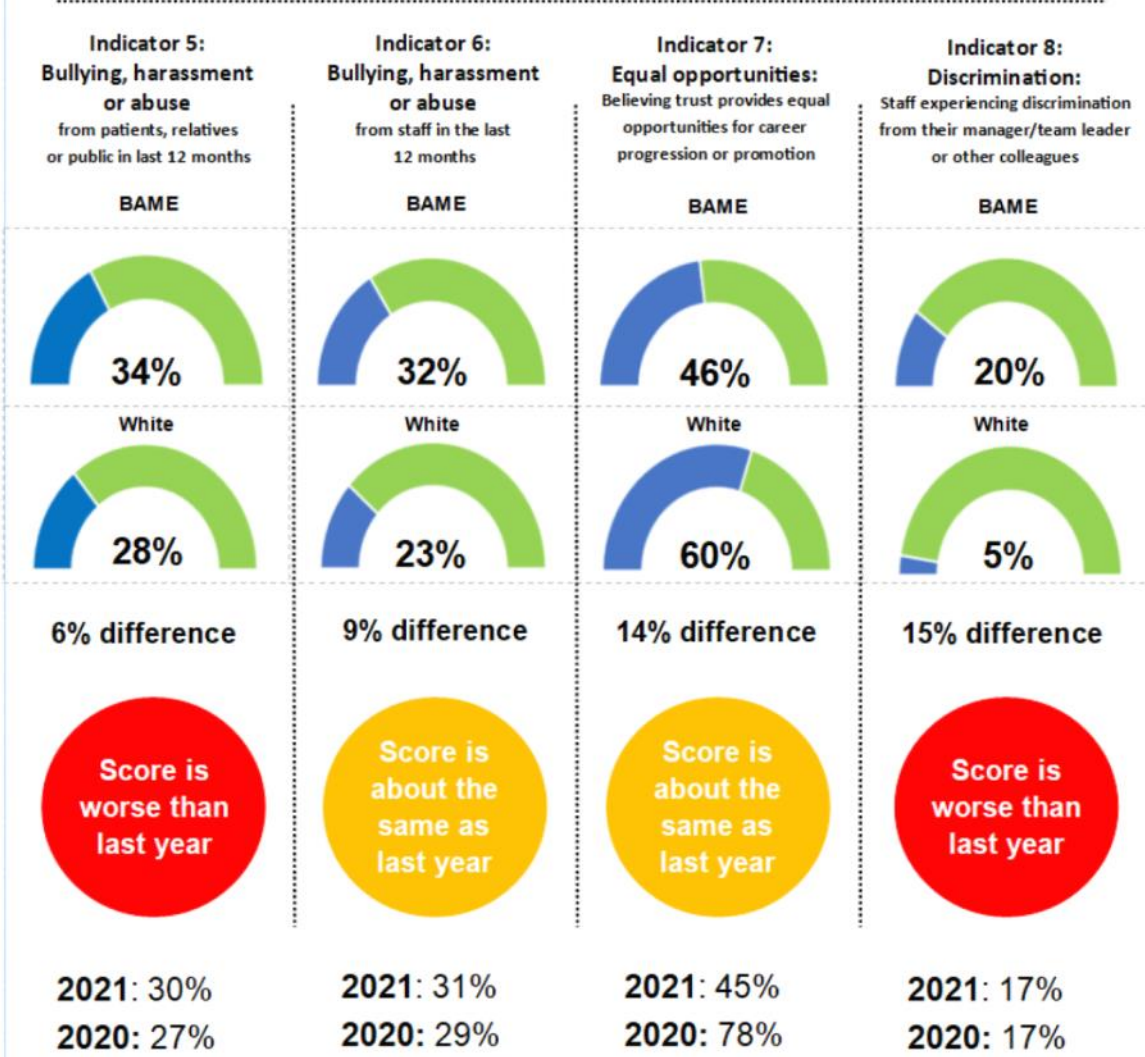
The local information for teams now includes 127 teams that have individual heatmaps to aid local action planning this included 48 wards.

The full reports are available through the NHS Staff Survey Internet page, <https://www.nhsstaffsurveys.com/>.

The WRES and WDES infographics on page 34 and 35 show we have a lot to do to improve the lived experience of all our staff.

2022 UHD NHS Staff Survey responses from those of an ethnically diverse background (Black, Asian and Minority Ethnic—BAME)

The purpose of this document is to highlight the experience of our ethnically diverse staff as reported in the survey.



Total staff response rate for UHD NHS Staff Survey 2022: 45.5%
 Total staff response rate for UHD NHS Staff Survey 2021: 37.1%

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**



2022 UHD Staff Survey Staff responses from staff with a disability

This overall theme scores from one to ten—and concerns fair career progression, experience of discrimination and adjustments that support people, to do a good job. The purpose of this document is to highlight the employee experience from staff with disabilities or ongoing medical conditions.

2021: 6.6

Metric 4: Bullying, Harassment or Abuse From patient, relatives or public in last 12 months Disability	Metric 4: Bullying, Harassment or Abuse From staff in the last 12 months Disability	Metric 5: Equal opportunities: Believing Trust provides equal opportunities for career progression or promotion Disability	Metric 7: Feeling Valued: Staff satisfied with extent the organisation values their work Disability
33%	27%	55%	31%
No Disability	No Disability	No Disability	No Disability
28%	18%	59%	41%
5% difference	9% difference	4% difference	10% difference
2021: 32% 2020: 28%	2021: 25% 2020: 25%	2021: 54% 2020: 88%	2021: 35% 2020: 44%

Total Staff response rate for UHD NHS Staff Survey 2022: 45.5%
 Total Staff response rate for UHD NHS Staff Survey 2021: 37.1%

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

10.0 NHS People Pulse Survey



The People Pulse is an opportunity to regularly share our views about our working experience. Our answers will be used to shape a range of support, both locally and nationally, for all our NHS people. The survey should take no longer than 5 minutes to complete and is fully anonymous.

There are a group of demographic questions at the end of the survey. These will allow for the results to be explored for different populations, and this information can help tailor support in the right way.

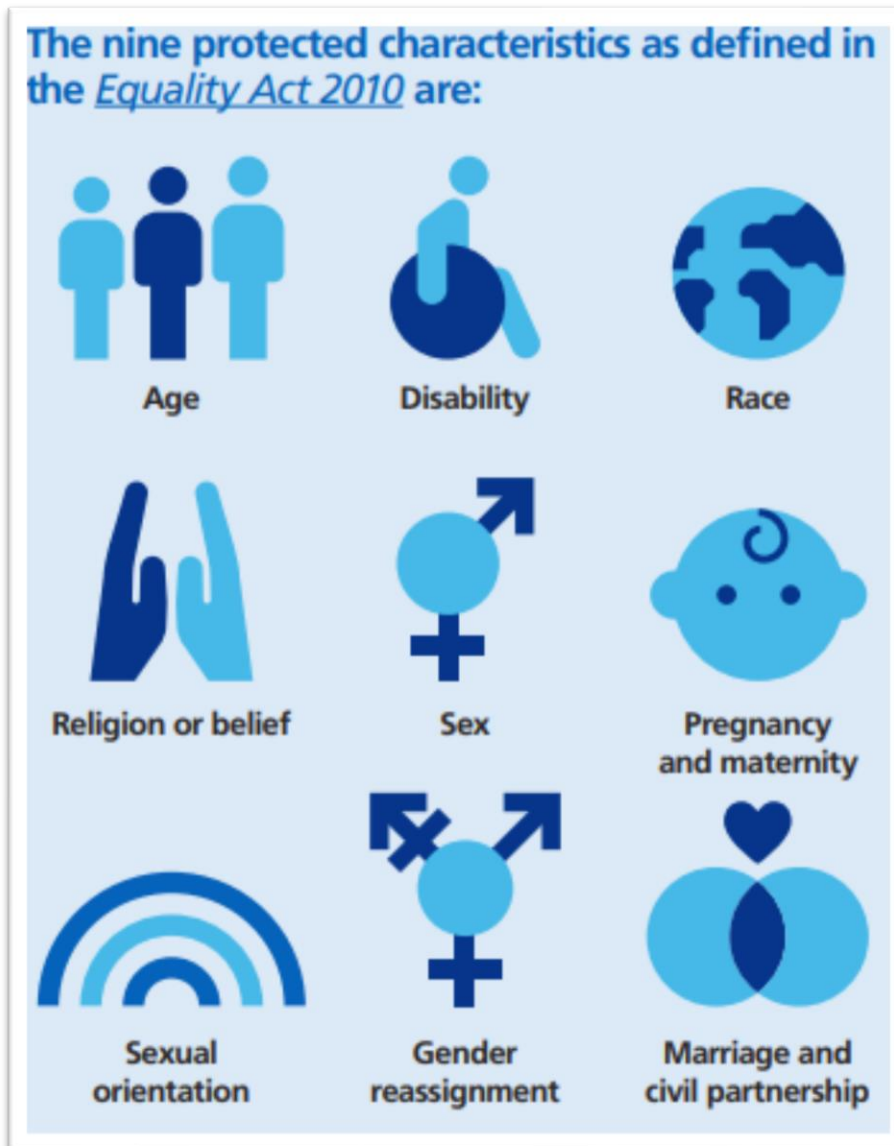
Some of the questions are optional and the survey is still strictly confidential, where only aggregated data with more than 10 responses will be reported on.

Local team data will soon be available allowing us to share success and teams to take local actions to address concerns.

11.0 UHD Workforce Profile, Headlines and Charts

UHD has over 9700 staff serving a population base of 400,300 [*Census: 2021 ONS*]. The workforce profile was taken as of 31 March 2023, this data will also feature in the 2023 WRES and WDES reports.

Due to the nature of the Electronic Staff Record there may be very slight variations in the data tables where later reports were added from the same sample period.



A new 'NHS equality, diversity and improvement plan' has been introduced within this reporting period from NHS England with a focus on 6 high impact areas for change, UHD will identify our NHS contractual obligation and how our work aligns to this plan.

11.1 Headlines 'at a glance'

The Trust Executive Board could be considered representative of the local population. UHD appointed a second Non-Executive Directors on the 1 April 2023 from a BME background.

The WRES indicator 9 for 2023 will report a continued gap in the Board/Workforce demographic due to the appointment taking place after 31 March 2023. It should be noted that there are variations in the reporting of Board membership within the WRES

reports nationally as some trusts include all members and others do not include non-executives. At UHD we have reported all voting members to include non-executives.

Ethnicity / Race. The percentage of BME staff is now 21.5% up from 18.7% in 2022, the local demographic when using comparable data from Bournemouth, Christchurch and Poole Council with the WRES mapping tool is 8.67% BME.

Sex. The trust reported male and female split to shows a slight increase in male staff headcount. For agenda for change the gender pay gap is closing.

Disability. The reported declaration for staff who are 'Disabled' has increased to 5.6% in 2023 an increase from the 4.77% reported in 2022.

This is a significant increase that is largely attributable to our ProAbility Staff Network's engagement. When considering the NHS Staff Survey our reported Disability/long term condition is reported to be much higher at 21.3%.

Age. UHD now has over 2000 staff aged 55 and over. When considering band 5, 190 are over 55 and a further 30 are over 65.

When comparing the age demographic and ethnicity at band 5 our BME staff are a comparably younger workforce. There is more parity by age and ethnicity up to the age of 44. A consideration for future progression, statistically within a few years' progression could therefore become more equal from band 5 to band 6.

Religion or Belief. Perhaps of less significance in 2023, however staff feel comfortable not to disclose their religion. Our chaplaincy service provides multi faith options and are notably an important source of support for our staff and patients.

Sexual Orientation. A characteristic along with sexual identity which requires greater consideration in relation to how staff identify and choose not to disclose.

Marriage and civil partnership. There was an increase in married staff in 2023 compared to 2022, and civil partnership has also increased.

Pregnancy & Maternity. The percentage of staff taking parental leave continues to be statistically significant for workforce planning and ward establishment reviews.

Fig. 11.1 Headcount by Occupation

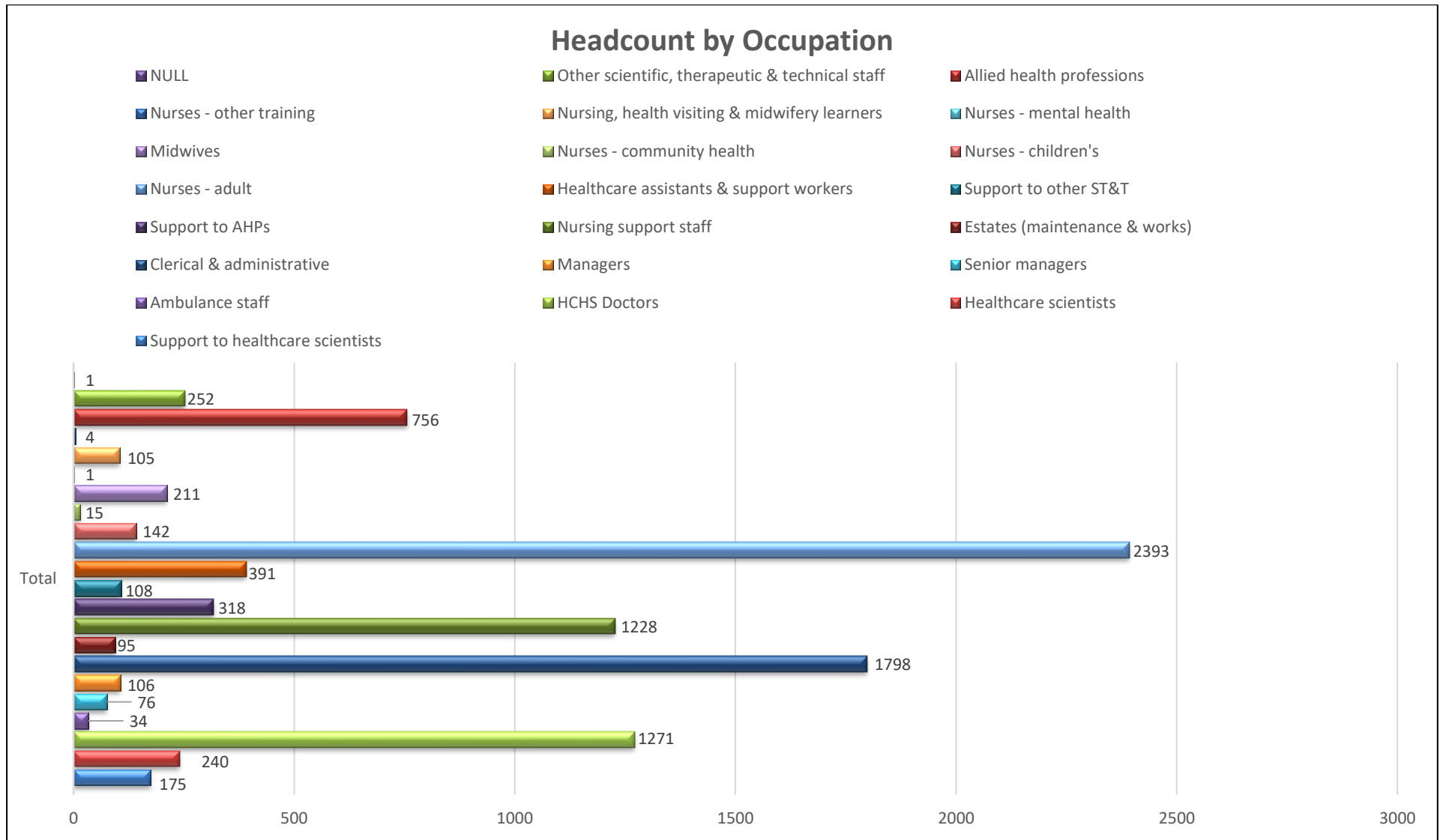
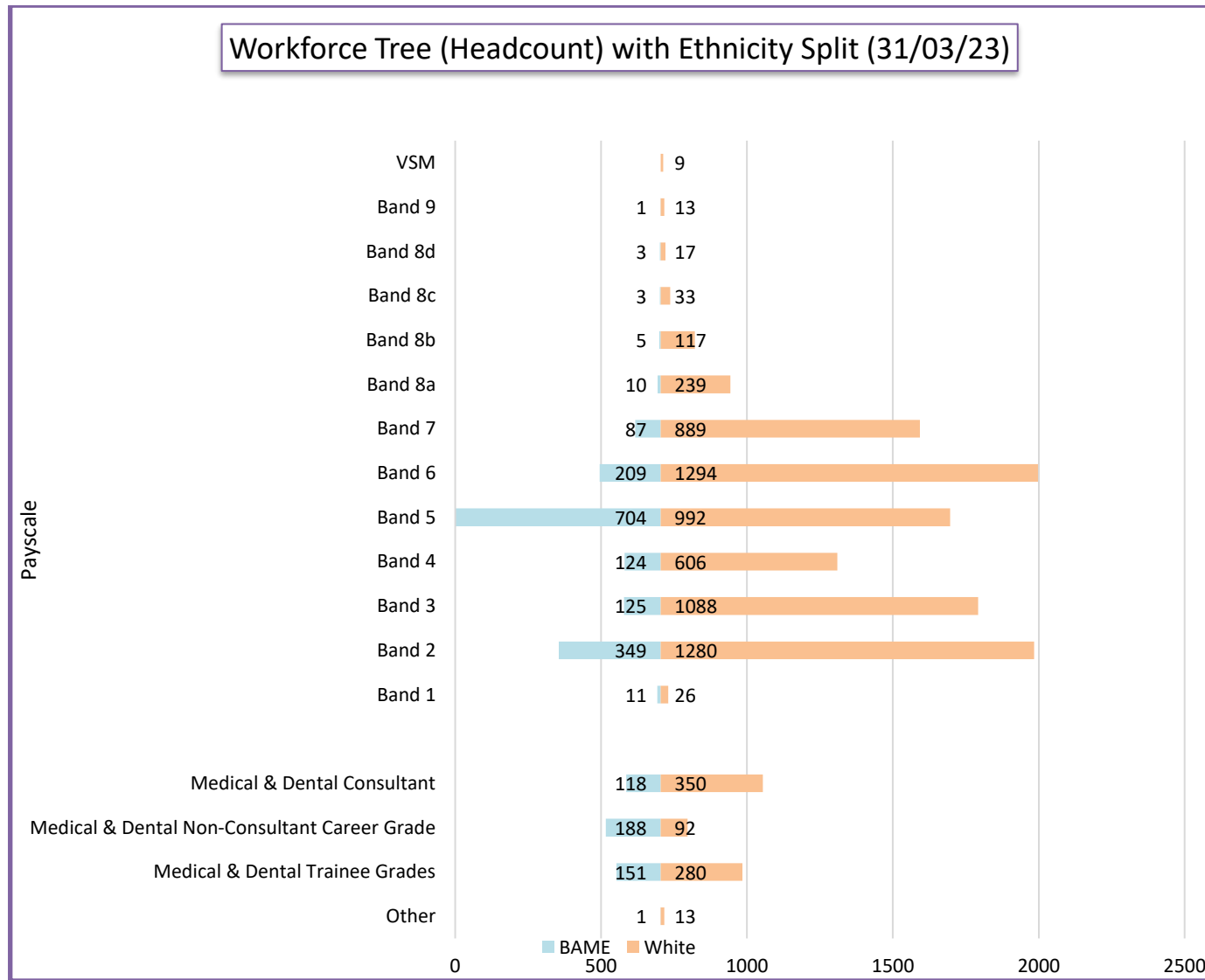
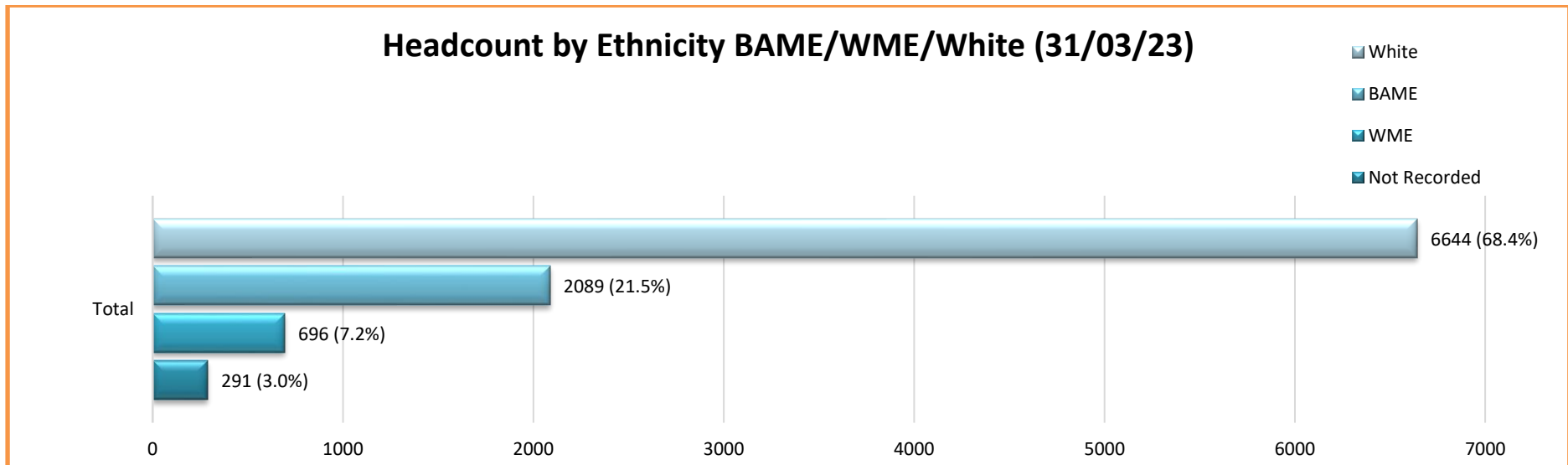
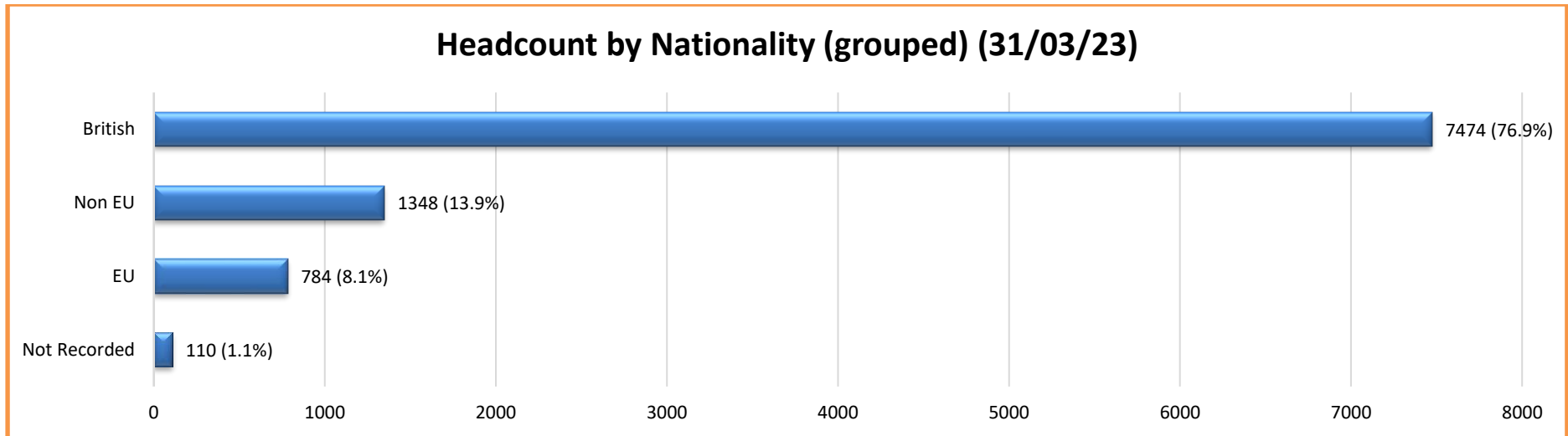
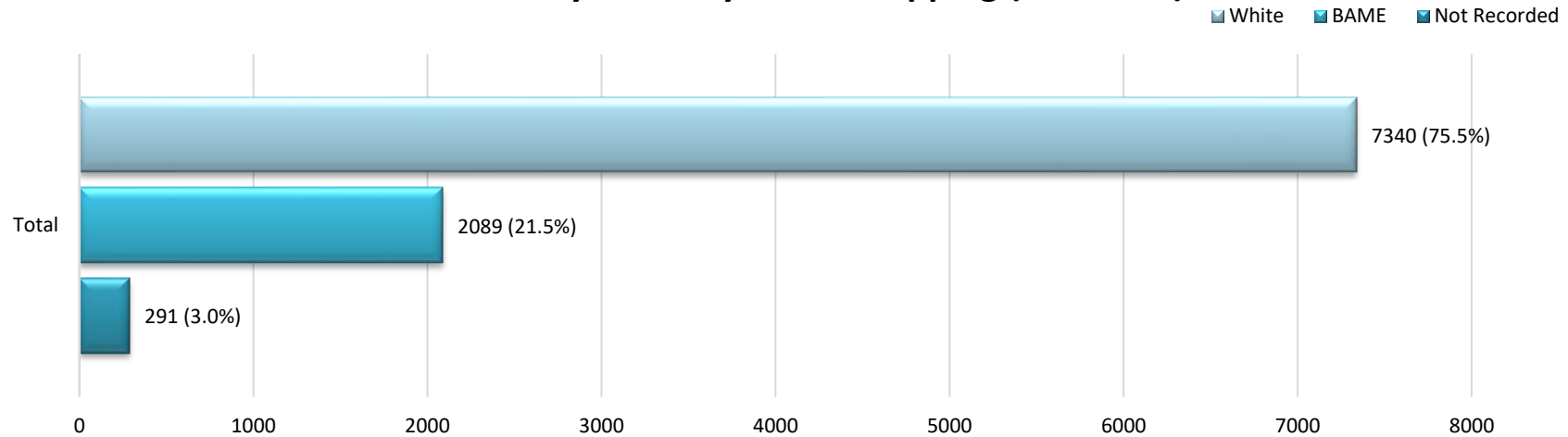


Fig. 11.2 Ethnicity / Race





Headcount by Ethnicity WRES Mapping (31/03/23)



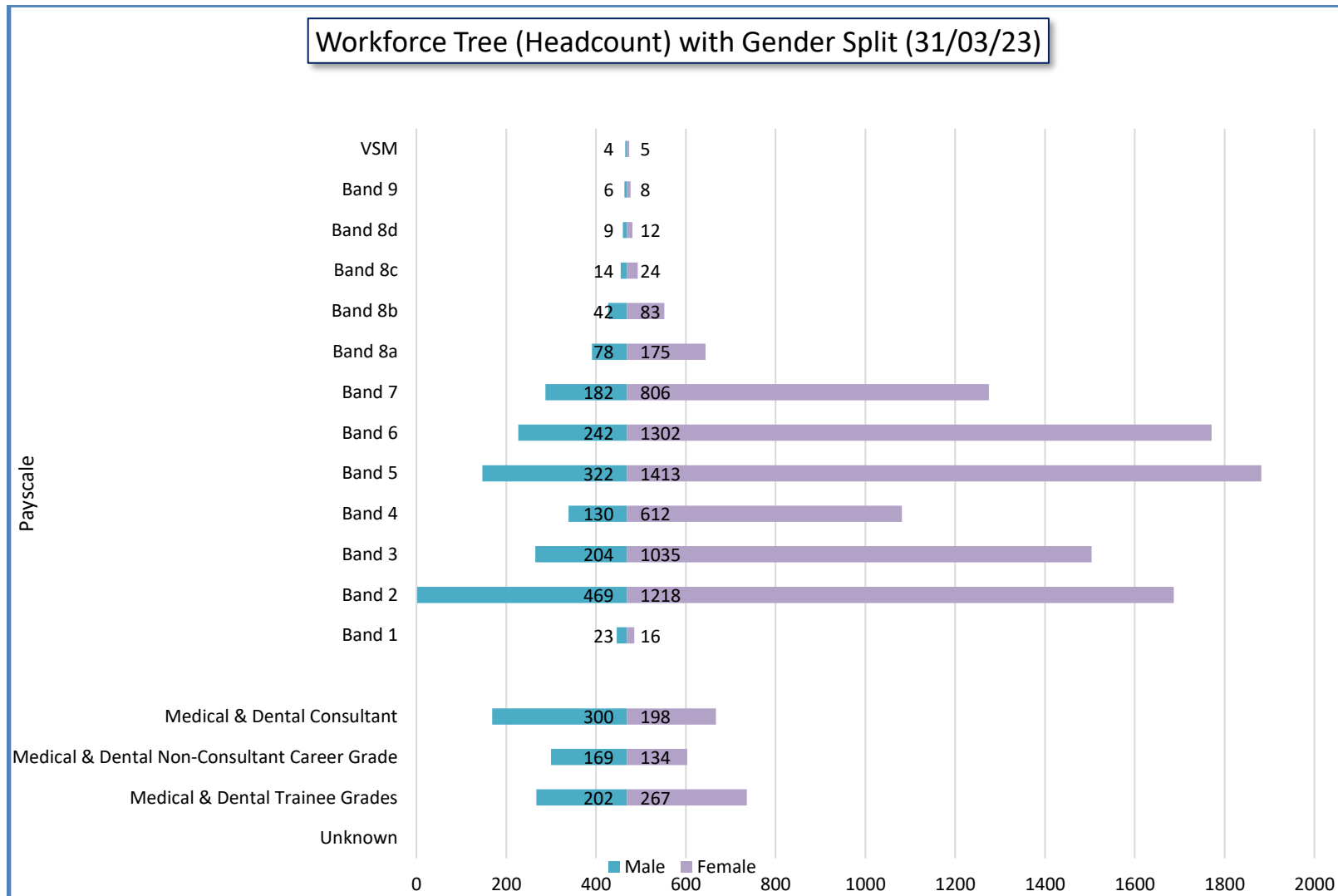
Staff Ethnicity	31/03/2022		31/03/2023	
	Headcount	%	Headcount	%
Asian	872	9.12%	1044	10.75%
Black	267	2.79%	336	3.46%
Chinese	57	0.60%	51	0.52%
Not Known	313	3.27%	288	2.96%
Other	370	3.87%	381	3.92%
White	7441	77.84%	7340	75.55%
Mixed	239	2.50%	276	2.84%
Grand Total	9559	100.00%	9716	100.00%

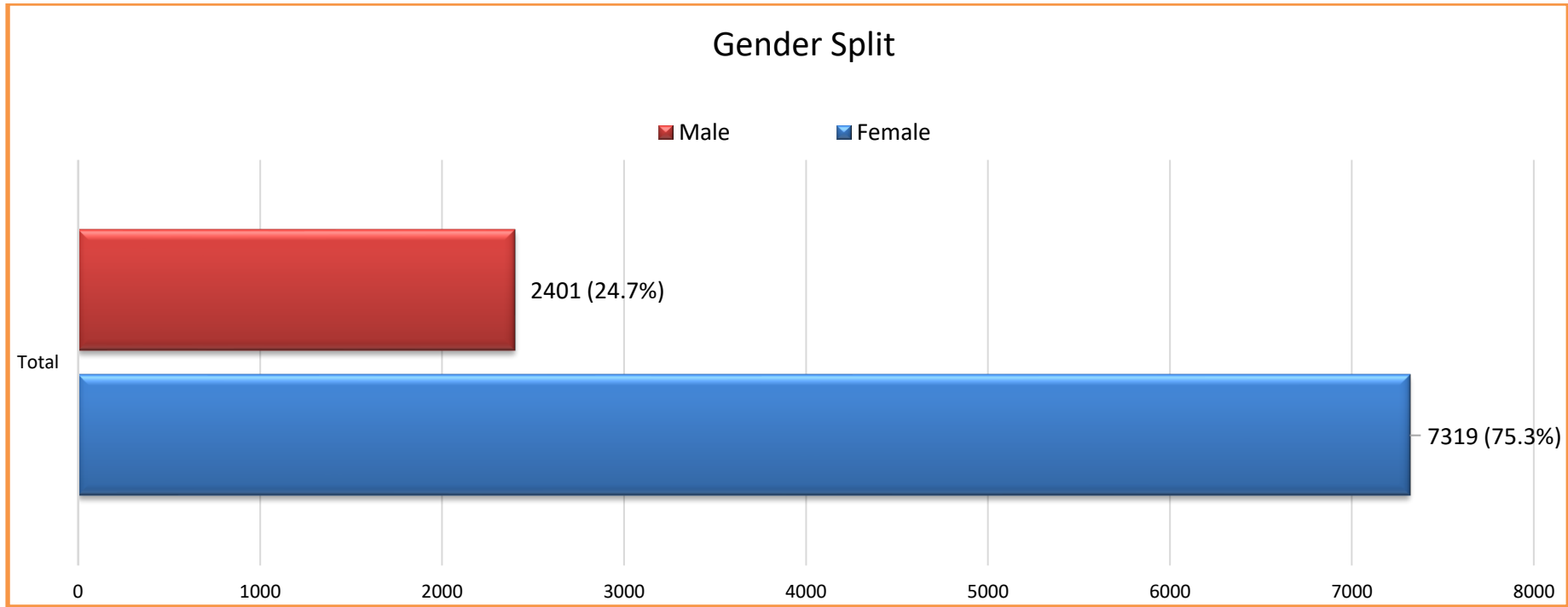
data table may vary slightly from the charts p40 due to ESR report method

Race / Ethnicity

There are now 21.5% of staff declaring BME this has increased from 18.7% reported in 2022. There are now 704 BME Staff at band 5, an increase from 550 reported on the 31 March 2022.

Fig. 11.3 Sex





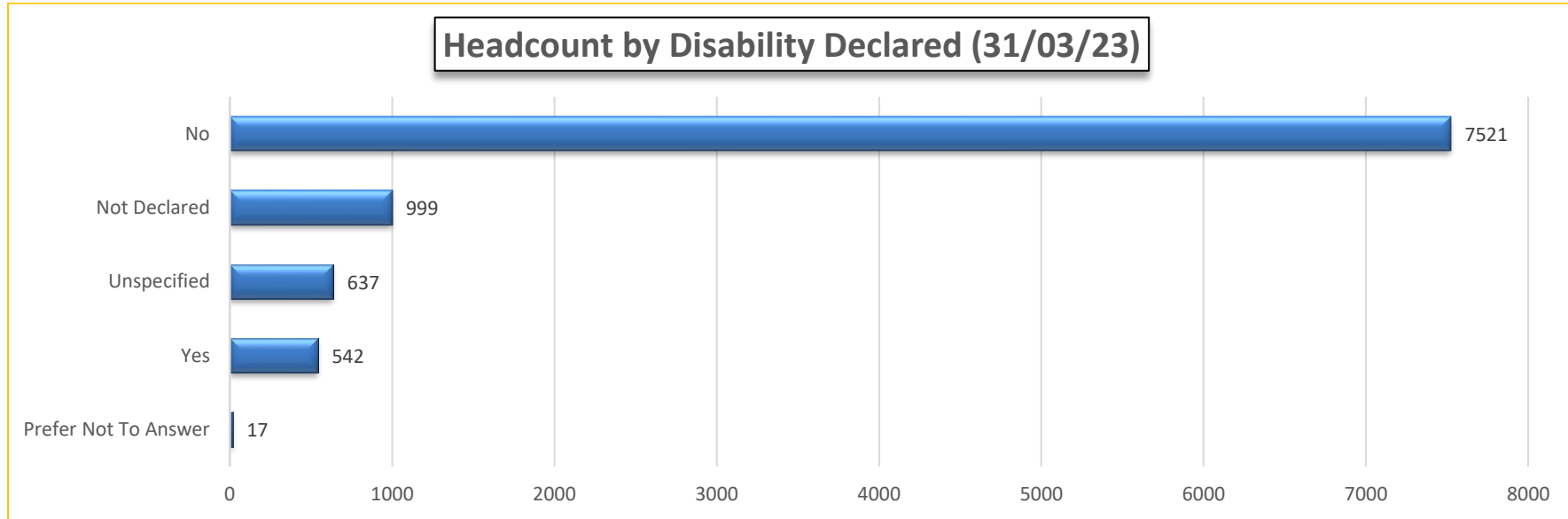
Gender	31/03/2022		31/03/2023	
	Headcount	%	Headcount	%
Female	7281	76.17%	7319	75.30%
Male	2278	23.83%	2401	24.70%
Grand Total	9559	100.00%	9716	100.00%

Gender / Sex

2401 Male - 7319 Female 2023

2278 Male – 7281 female 2022

Fig. 11.4 Disability

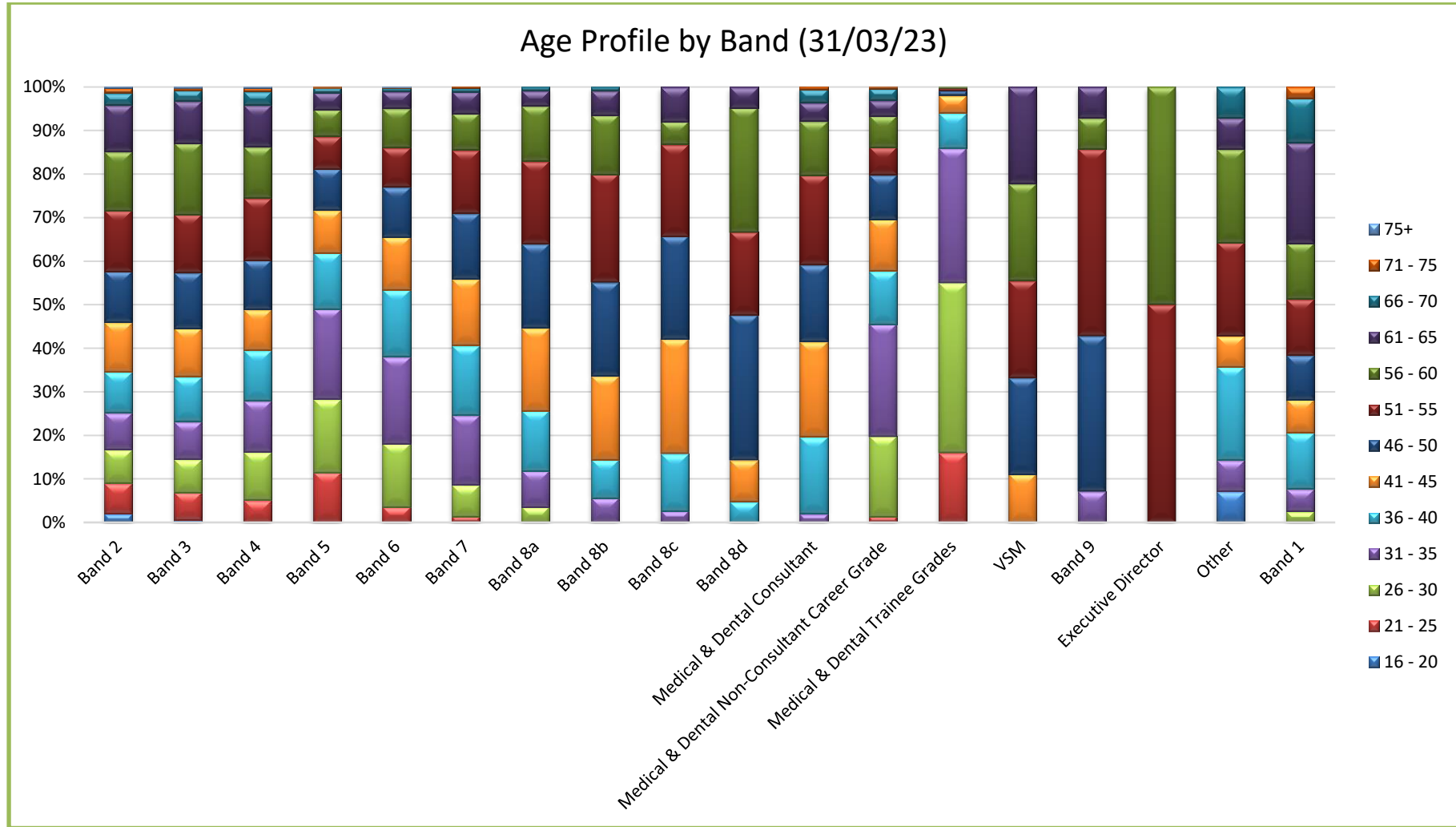


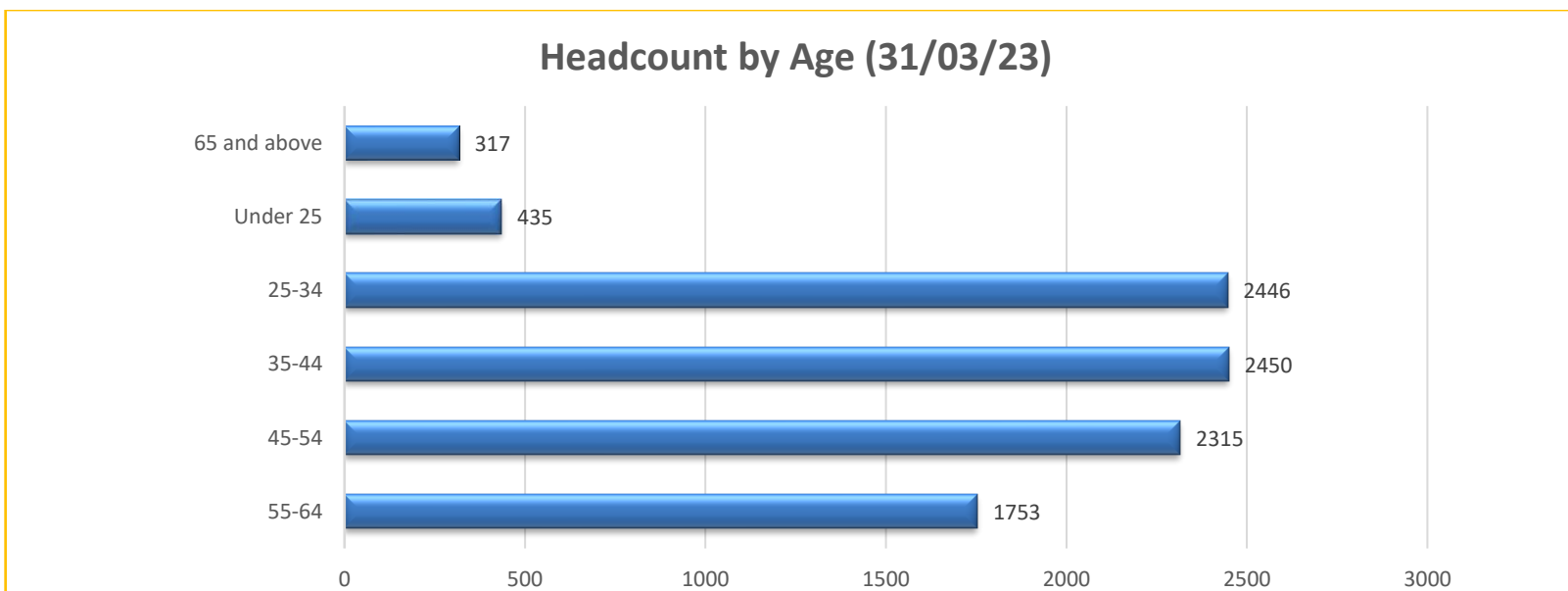
Disability	31/03/2022		31/03/2023	
	Headcount	%	Headcount	%
No	6856	71.72%	7521	77.41%
Not Declared	1552	16.24%	999	10.28%
Prefer Not to Answer	17	0.18%	17	0.17%
Unspecified	680	7.11%	637	6.56%
Yes	454	4.75%	542	5.58%
Grand Total	9559	100.00%	9716	100.00%

Disability
542 staff have declared a Disability or 5.6% of the workforce.

data table may vary slightly from the submitted WDES data

Fig. 11.5 Age



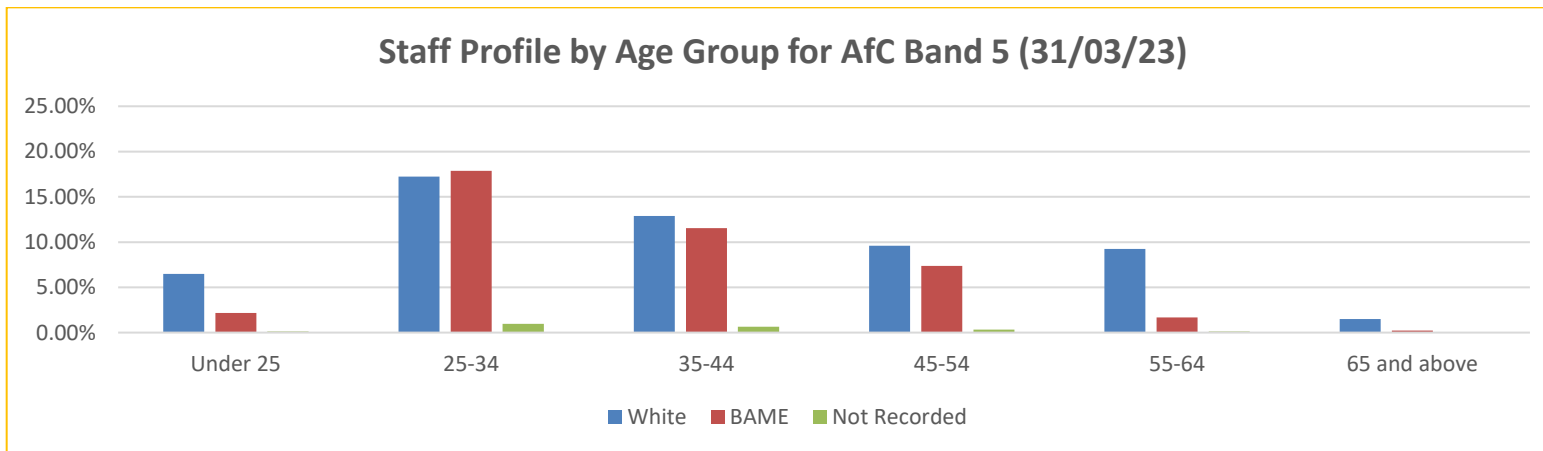
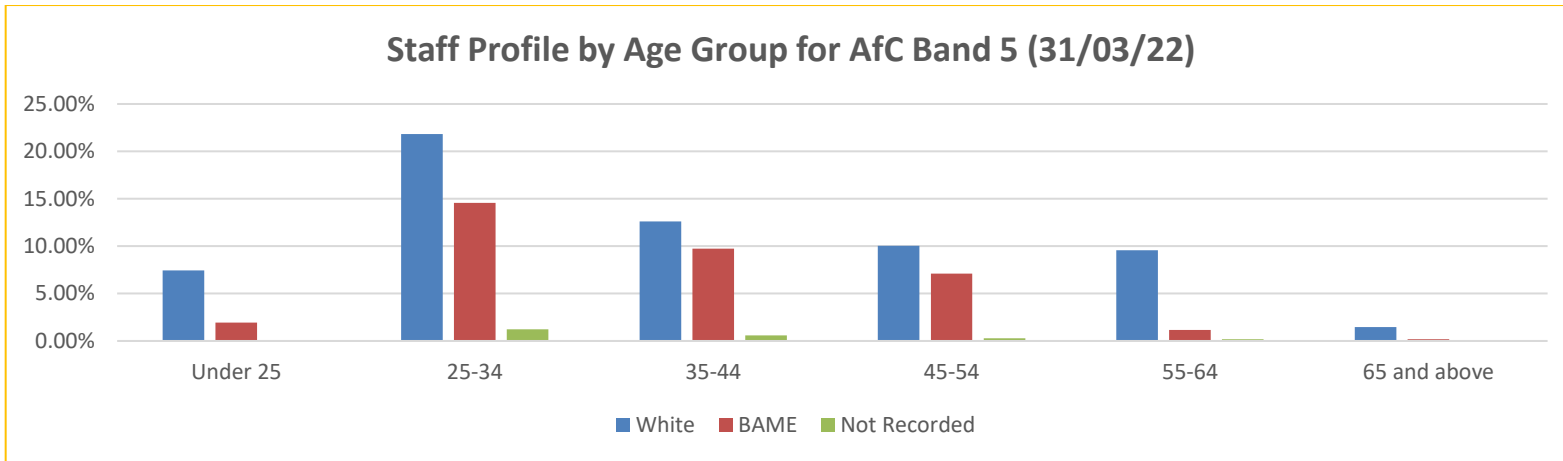


All Staff Age Profile	31/03/2022		31/03/2023	
	Headcount	%	Headcount	%
Under 25	481	5.03%	435	4.48%
25-34	2494	26.09%	2446	25.17%
35-44	2325	24.32%	2450	25.22%
45-54	2273	23.78%	2315	23.83%
55-64	1706	17.85%	1753	18.04%
65 and above	280	2.93%	317	3.26%
Grand Total	9559	100.00%	9716	100.00%

Age
There are 2060 staff aged 55 and over

Medical Staff	31/03/2022		31/03/2023	
Age Profile	Headcount	%	Headcount	%
Under 25	42	3.43%	30	2.36%
25-34	465	37.96%	472	37.17%
35-44	313	25.55%	336	26.46%
45-54	246	20.08%	269	21.18%
55-64	127	10.37%	130	10.24%
65 and above	32	2.61%	33	2.60%
Grand Total	1225	100.00%	1270	100.00%

Nursing and Midwifery	31/03/2022		31/03/2023	
Age Profile	Headcount	%	Headcount	%
Under 25	110	3.98%	107	3.79%
25-34	880	31.81%	851	30.13%
35-44	711	25.70%	794	28.12%
45-54	655	23.68%	668	23.65%
55-64	379	13.70%	367	13.00%
65 and above	31	1.12%	37	1.31%
Grand Total	2766	100.00%	2824	100.00%



Band 5	31/03/2022			31/03/2023		
Age Profile	White	BAME	Not Recorded	White	BAME	Not Recorded
Under 25	127	33	1	113	38	2
25-34	372	248	21	300	311	17
35-44	215	166	10	224	201	11
45-54	171	121	5	167	128	6
55-64	163	20	3	161	29	2
65 and above	25	3	0	26	4	0
Grand Total	1073	591	40	991	711	38

Band 5	31/03/2022			31/03/2023		
Age Profile	White	BAME	Not Recorded	White	BAME	Not Recorded
Under 25	7.45%	1.94%	0.06%	6.49%	2.18%	0.11%
25-34	21.83%	14.55%	1.23%	17.24%	17.87%	0.98%
35-44	12.62%	9.74%	0.59%	12.87%	11.55%	0.63%
45-54	10.04%	7.10%	0.29%	9.60%	7.36%	0.34%
55-64	9.57%	1.17%	0.18%	9.25%	1.67%	0.11%
65 and above	1.47%	0.18%	0.00%	1.49%	0.23%	0.00%

*As a percentage of total staff for year

Fig. 11.6 Religion or Belief

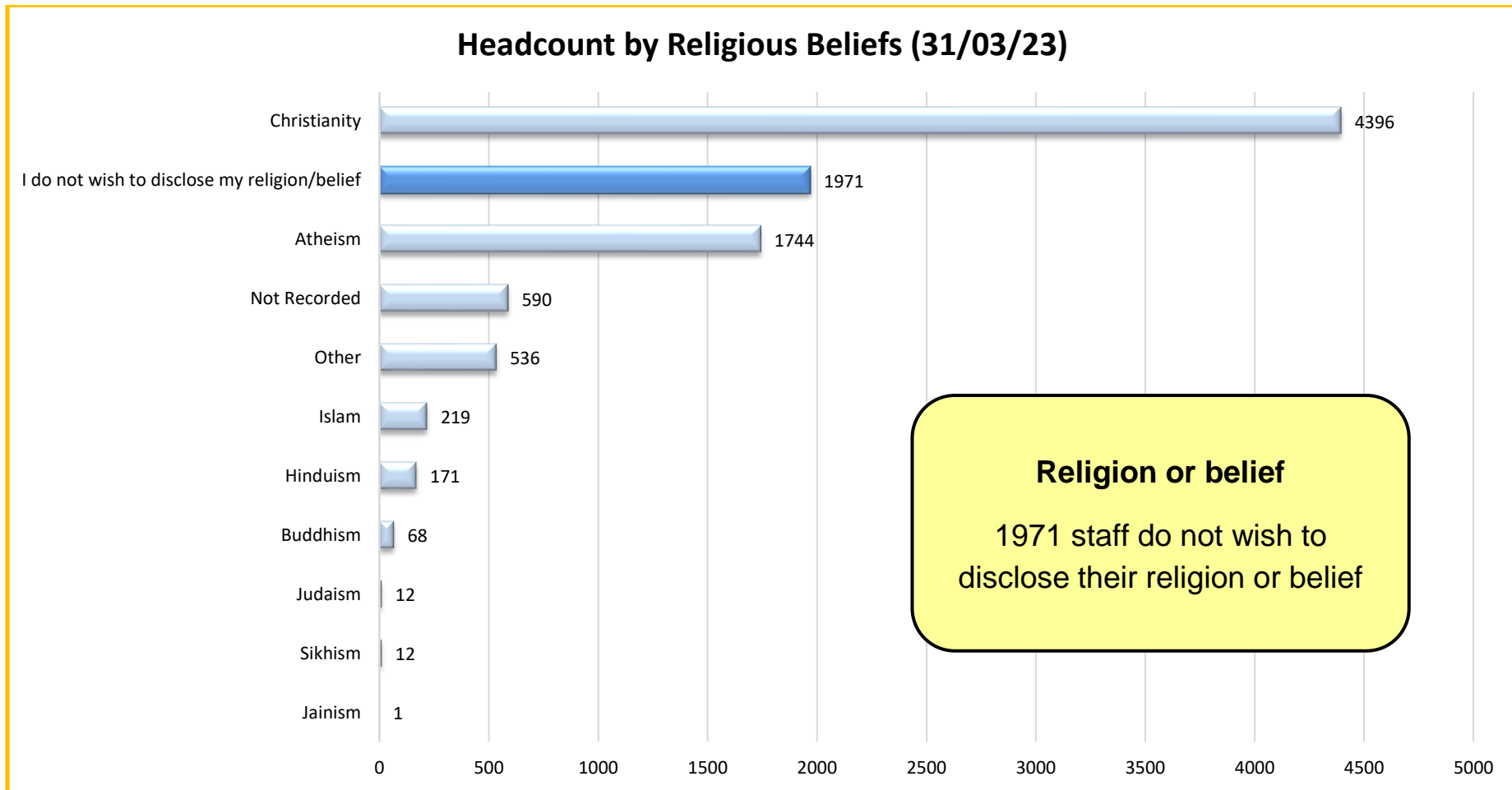
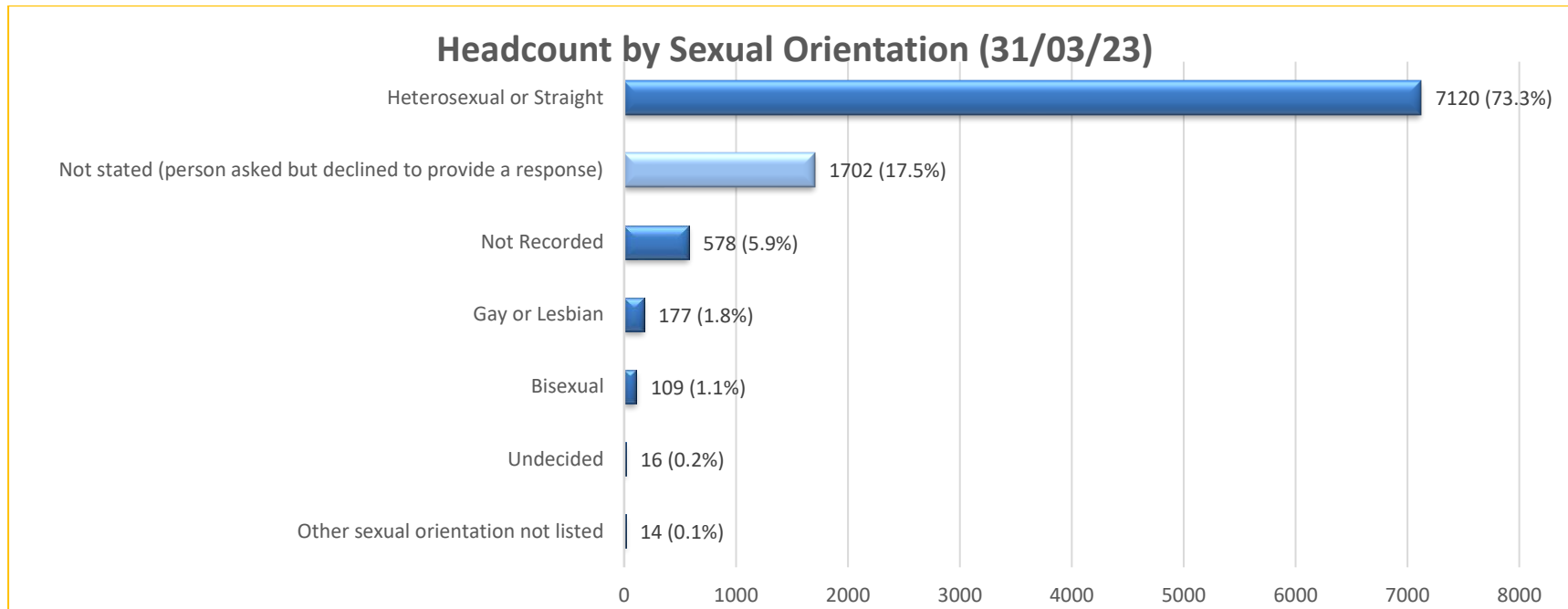


Fig. 11.7 Sexual Orientation

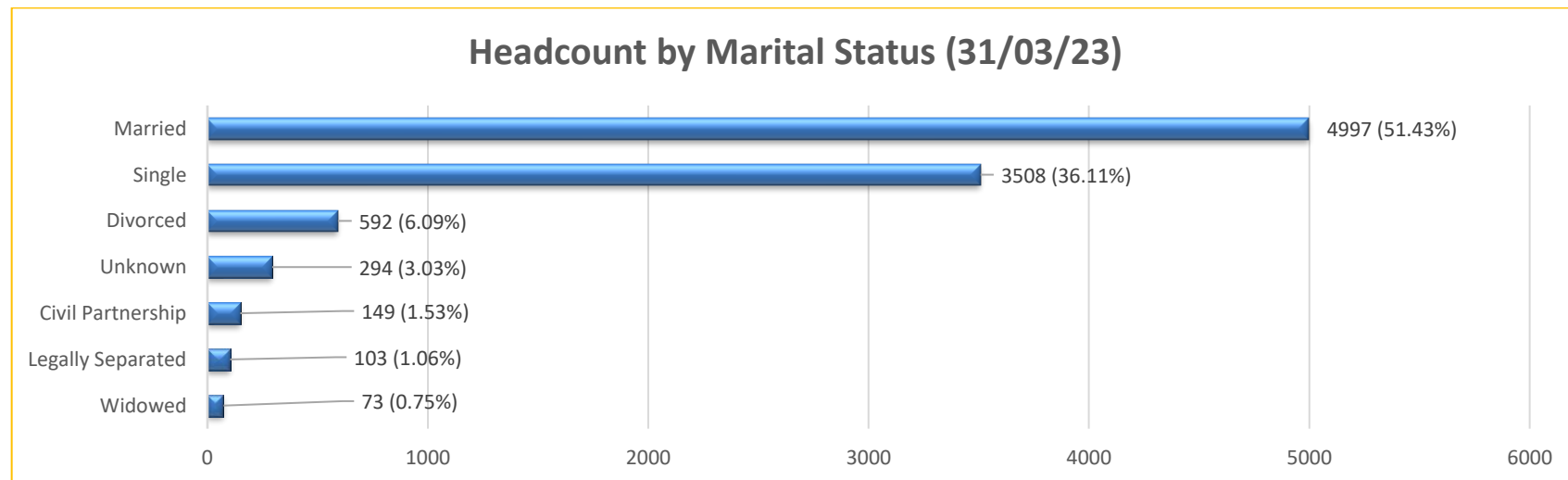
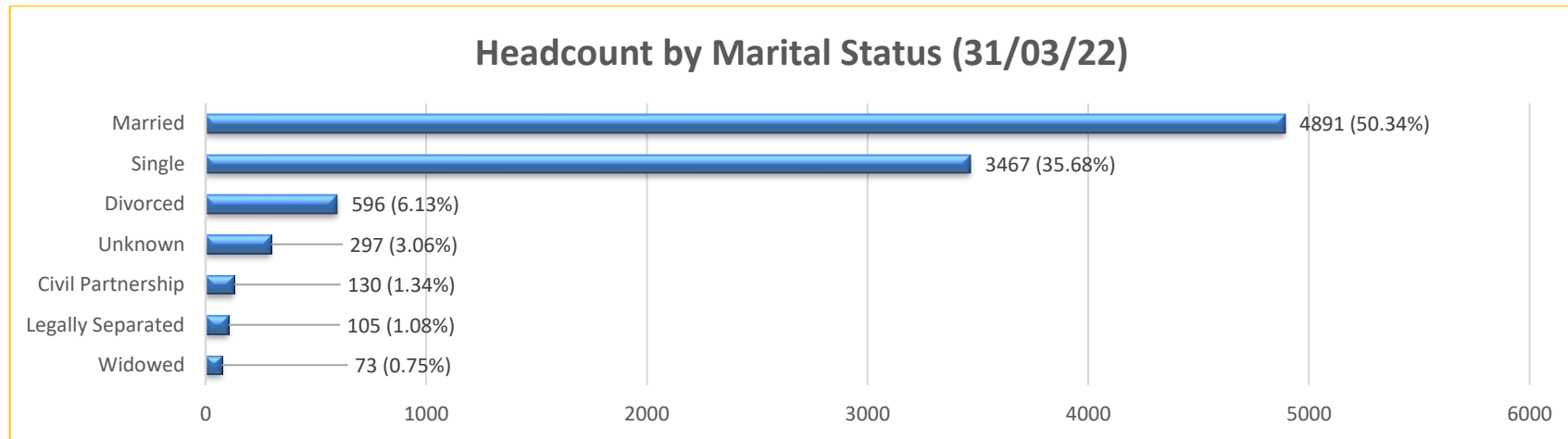


Sexual Orientation	31/03/2022		31/03/2023	
	Headcount	%	Headcount	%
Bisexual	129	1.35%	109	1.12%
Gay or Lesbian	185	1.94%	177	1.82%
Heterosexual or Straight	6901	72.19%	7120	73.28%
Not Recorded	651	6.81%	578	5.95%
Not stated (person asked but declined to provide a response)	1676	17.53%	1702	17.52%
Other sexual orientation not listed	11	0.12%	14	0.14%
Undecided	6	0.06%	16	0.16%
Grand Total	9559	100.00%	9716	100.00%

Sexual Orientation

There is a comparable stabilisation in 'not stated' with an increasing workforce sample.

Fig. 11.8 Marriage & Civil Partnership



**Fig. 11.9 Employees accessing Parental Leave
(Maternity, Paternity, Shared Parental and Adoption)**

Accessing Parental Leave	31/03/2022		31/03/2023	
	Headcount	%	Headcount	%
No	9086	95.05%	9247	95.17%
Yes	473	4.95%	469	4.83%
Grand Total	9559	100.00%	9716	100.00%

Parental Leave

Staff accessing parental leave remains a significant statistic for the future of workforce planning and managing our ward establishment

*This is a percentage of employees in post on the reporting date that had accessed Parental leave within the previous 12 months up to the reporting date.

12.0 Summary

UHD appointed a second non-executive on the 1st April 2023 from a BME background and in the wider organisation UHD has continued to attract more diversity within the workforce.

UHD now has 21.5% of staff identifying from other ethnic backgrounds and more staff confident to disclose Disability rising to 5.6%. We are becoming comparably more diverse than the population we serve.

We have made progress in many areas and the overall NHS Staff Survey result for Compassionate and Inclusion was our best themed score in 2022, with 7.3. However, it is evident that not all staff experience working at UHD in the same way.

On a team and department level the picture is very different and the WRES indicators and WDES metrics show a very mixed picture. BME and Disabled staff are subject to greater levels of discrimination, lower levels of CPD and progression.

The Staff Networks impact staff positively across the Trust supporting and leading initiatives. New campaigns are aimed at addressing racism and violence and aggression towards staff from colleagues, managers and patients.

The Trust values will become a greater asset if we address the progression disparity noted on pages 57 - 59, BME clinical staff can take longer to progress than white staff over a career and non-clinical staff many more times.

Centralising funding for workplace adjustments and developing values or recruitment champions or similarly trained staff that understand protected characteristics to attend interviews UHD could promote greater inclusivity to attract staff.

The main recommendation from this report is to gift a review of all our action plans aligned to the new NHS EDI Improvement Plan. Including named executive sponsors and operational leads with accountability for delivering the plans.

'The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms'

'NHS People Plan 2020'



Appendix A: Disparity Ratios

Whole Organisation

Bands	White - Current Year	BME - Current Year	Unknown - Current Year
Under Band 1	0	0	0
Band 1	26	11	2
Band 2	1,280	349	58
Band 3	1,088	125	26
Band 4	606	124	12
Band 5	992	704	39
Band 6	1,294	209	41
Band 7	889	87	12
Band 8a	239	10	4
Band 8B	117	5	3
Band 8C	33	3	2
Band 8D	17	3	1
Band 9	13	1	0
VSM	16	1	0
Grand Total	6,610	1,632	200

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	3,992	1,313	137
6 and 7	2,183	296	53
Band 8a+	435	23	10
Grand Total	6,610	1,632	200

	White	BME
Lower to middle	1.83	4.44
Middle to upper	5.02	12.87
lower to upper	9.18	57.09

Disparity ratio - lower to middle	2.43
Disparity ratio - middle to upper	2.56
Disparity ratio - lower to upper	6.22

Total No of Staff	BME representation at trust
8,442	19.3%

*Note: the total number of staff differs from the total headcount. This is due to staff that did not have the required information recorded on ESR to attribute them to a banding or clinical/non-clinical grouping. This includes blank or 'not recorded' ethnicity on ESR.

Clinical Staff

Bands	White - Current Year	BME - Current Year	Unknown - Current Year
Under Band 1	0	0	0
Band 1	11	1	1
Band 2	825	232	32
Band 3	498	68	15
Band 4	166	92	3
Band 5	795	682	33
Band 6	1,173	192	36
Band 7	764	77	12
Band 8a	165	8	3
Band 8B	69	3	0
Band 8C	10	2	1
Band 8D	7	1	1
Band 9	2	0	0
VSM	7	1	0
Grand Total	4,492	1,359	137

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	2,295	1,075	84
6 and 7	1,937	269	48
Band 8a+	260	15	5
Grand Total	4,492	1,359	137

	White	BME
Lower to middle	1.18	4.00
Middle to upper	7.45	17.93
lower to upper	8.83	71.67

Disparity ratio - lower to middle	3.37
Disparity ratio - middle to upper	2.41
Disparity ratio - lower to upper	8.12

Total No of Staff	Clinical BME representation at trust
5,988	22.7%

Non - Clinical Staff

Bands	White - Current Year	BME - Current Year	Unknown - Current Year
Under Band 1	0	0	0
Band 1	15	10	1
Band 2	455	117	26
Band 3	590	57	11
Band 4	440	32	9
Band 5	197	22	6
Band 6	121	17	5
Band 7	125	10	0
Band 8a	74	2	1
Band 8B	48	2	3
Band 8C	23	1	1
Band 8D	10	2	0
Band 9	11	1	0
VSM	9	0	0
Grand Total	2,118	273	63

Bandings	White - Current Year	BME - Current Year	Unknown - Current Year
1 to 5	1,697	238	53
6 and 7	246	27	5
Band 8a+	175	8	5
Grand Total	2,118	273	63

	White	BME
Lower to middle	6.90	8.81
Middle to upper	1.41	3.38
lower to upper	9.70	29.75

Disparity ratio - lower to middle	1.28
Disparity ratio - middle to upper	2.40
Disparity ratio - lower to upper	3.07

Total No of Staff	Non- Clinical BME representation at trust
2,454	11.1%

Appendix B: Media from Black History Month

Support from UHD Library

locate yourself this #BlackHistoryMonth with a visit to our hospital rates [@TasmiUHD](#)

It's #BlackHistoryMonth and we have plenty of resources that you can use to show your support. Visit our stands at Bournemouth & Poole for books, poetry & other recommendations, or check out our padlet for more information: padlet.com/library460/8d...
[@UHD_NHS](#) [@DorsetHealth](#)

BHM – Catering support

To celebrate #BlackHistoryMonth our catering teams have created bespoke meals for our staff and visitors. Thanks to [@Jash1908](#), Monica and [@PappuDeeps](#) for curating the menu, and be sure to visit our hospital restaurants today or tomorrow to try out some delicious new dishes.

Social Media

Photo of the @SameUhd network today walk (last week - @J1908 & Paula encouraging staff to complete their 100 Staff Survey! @UHD_NHS @Uhd_black_gems)



Recent catch up with the inspirational @DrAdele, who is changing our internationally educated doctors working environment. More support by the organisation needed. Thank you Aada. @UHD_NHS @Uhd_black_gems @Inclusion



Our talented @SameUhd Staff Network lead @Jud1908 out with the trolley in @UHD_NHS Poole promoting the BAME @BHM event Monday 31/10 in room 3, 12-2pm or on teams. Also promoting the Staff survey! Thank you Judith!



5 who's promoting covid vaccines @UHD_NHS - our fantastic @J1908 Network co-lead @Jud1908 our vaccine now, protect yourself, family & patients. @UHD_NHS @Uhd_black_gems latter #Wellbeing




First up, take a look at this brilliant @BHM2022 advert calendar to discover more about iconic and inspirational figures including musicians and activists:




**calendar: myadvent.net
Black History Month 2022 Black Health and Well...
David Corbin has created an advert calendar for you! Happy holidays! 🇬🇧**


We are #TeamUHD




Here's what celebrating Black History Month means to Pablo, cardiology research nurse here at UHD. What does it mean to you? @BlackHistoryMonth



As part of @BlackHistoryMonth we're showcasing some local and national awards of Imogen and Inception. 🏆



Our @Uhd_nhs @SameUhd Staff Network meeting is underway both in person & online. Inspirational leaders of the network - @Jud1908 & Monica. Good to see some allies listening & learning. #Inclusion



BLACK VICTORIANS

eventbrite.co.uk
An evening with authors Keeah, John & Louise discussing 'Black Vict...
An ONLINE evening with Keeah Abraham & John Woolf in conversation with Louise Hare talking about their book: Black Victorians.

COME AND CELEBRATE WITH US OCTOBER 2022

SAT 8TH OCT - SAT 18TH OCT
SAT 26TH OCT - SAT 29TH OCT
SAT 26TH OCT - SAT 29TH OCT
SAT 26TH OCT - SAT 29TH OCT
SAT 26TH OCT - SAT 29TH OCT
SAT 26TH OCT - SAT 29TH OCT

Appendix C: Feedback from Yvonne Coghill Visit

Zero tolerance. Demonstrated with actions rather than ignoring what has been reported. We tolerate racism at UHD. It's not OK from patients either. We need to be ready to have the conversation about race - helping staff to talk openly about race and how to challenge negative behaviours. There needs to be more visible expression from our leaders – this will create a ripple effect.

Reporting racism. There needs to be a clear escalation process and system to report

Empowering minorities to speak up. Encourage more engagement to help develop a culture where Black, Asian and minority ethnic staff can share their experiences, speak up and feel supported.

Diverse leadership career progression. There is more work we need to do on inclusive and diverse recruitment and progression. Take positive action to ensure more BAME representation amongst managers. The disparity of progression to more senior posts is felt by our Black, Asian and ethnic minority colleagues. Overseas students 'come and go' – poor retention rates may be due to racism - we need to understand more about their experiences via formal exit interviews – senior management need to ask why this is happening?

Mandatory racism training for line managers. and whole organisation. Promote cultural awareness and racial unity. Leaders need to be equipped to deal with the skills to deal with racism and encouraged to be more proactive – have conversations rather than 'wait for the complaint'. Appraisals review of how line managers have met EDI objectives. Acknowledge the importance of white allyship – move through the vulnerability, shame etc to acceptance and educate ourselves to understand how we take act.

Empowered networks with good funding. They are excellent but often find themselves dealing with support issues like 'unions' do, rather than helping to develop the organisation – vision and objectives.

Holding people accountable. There should be clear consequences for people who have shown repeatedly racism behaviour, especially our staff. We should also consider declining treatment to patients; this happens in other organisations.

'Staying with the truth over time, being deliberate, consistent and determined'