



University Hospitals Dorset
NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES)

Annual Report and Action Plan 2023/24

University Hospitals Dorset NHS Foundation Trust

We are **caring** **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

1 Introduction

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 third year for University Hospitals Dorset (UHD).

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

NHS England have introduced a new 'NHS equality, diversity, and inclusion improvement plan' that sets out six high impact actions targeted to address prejudice and discrimination that exists through behaviour, policies, practices and cultures against certain groups and individuals.

Co-produced through engagement with staff networks and senior leaders from across the NHS. The plan sets out the case for change and explains the actions required to make the changes that NHS staff and patients expect and deserve, and who is accountable and responsible for their delivery. It describes how NHS England will support implementation and provides a framework for integrated care boards to produce their own local plans. ([Link](#))

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

At the equality, diversity and inclusion group meeting on the 20 January 2022 it was agreed to adopt these principles in our reporting.

Throughout this report, we have used the phrases ethnically diverse or ethnic background when referring to our Black, Asian and Minority Ethnic staff. The data label of BAME is used to reflect all ethnic minority categories and only in the context of data. The use of the word minority reinforces the disparities and we have reduced its use to within the data labels only.

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.

2 Executive summary

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. Our National NHS Staff Survey and workforce data reflects the lived experience of our staff and across the NHS demonstrating that we have more to do.

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 and 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 that has now reduced to 82.4% White British [*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 at 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 'Listening 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 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. They are more mature in their development and progress compared to

many others in the region; evidenced by invitations to speak with other trusts and the recognition at a national level.

See ME First, is a staff-led initiative aimed at supporting and educating staff towards ending discrimination in the workplace. Through, See ME First staff will be individually asked to pledge to **challenge** discrimination when we see it and **support** any staff that experience discrimination by **listening** and encouraging them to **speak up** through the appropriate channels.

By calling out racist behaviour or contextually adopting '**anti-racism**' and educating ourselves we will be working towards improving staff experience for all our staff.

To be a Model employer, UHD needs to be inclusive - embodying a diverse workforce at all levels and bringing the wealth of experience and perspective for delivering the best outcomes for the community we serve. We aim to make real change to the culture of our organisation by creating a more inclusive, open and non-judgemental work environment in which all staff are treated with dignity and respect.

3.0 Equality Diversity and Inclusion [EDI] Strategy & Group

Our equality, diversity and inclusion group (EDIG) is chaired by Pete Papworth (chief finance officer) The group 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.

Our Strategy for equality, diversity and inclusion is published on our external website. It contains our strategic objectives with measurable outcomes and goals, aligned to our organisational vision, mission and values.



4.0 Voice of our Networks - BAME Network

BAME Network Chair: Judith Dube and Monica Chigborogu

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

Our BAME staff network has gone from strength to strength over the last year and continues to provide pastoral and peer support to colleagues across the whole organisation. We have a network aim of tackling concerns with the aim to improve the work experience for all. Our network values, alongside the Trust values, are UNITED:

Unity
Nurture
Inclusive
Teamwork
Empower
Diversity

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.

The network worked alongside the EDI Leads to develop an Anti-Racism strategic plan. This was inspired by a visit from Yvonne Coghill, Director of Workforce Race Equality at NHSI leading a discussion on some of the challenges and opportunities for improvement.

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

Personal Objectives for all staff and managers will include an EDI objective and this is supported at the most senior level of the organisation. The network also supports grievances cases and signposting to other services.

Other work we have undertaken includes:

- Supporting our Internationally Educated Nurses, with pastoral support, welcome introductions and ongoing peer support and guidance. This work has been recognised in the [NHS Employers International Recruitment toolkit](#) as best practice, working in partnership with recruitment and education teams.
- Providing expert advice for the development of Beyond Difference and Reverse Mentoring programmes, actively promoting and using coaching conversations to support applicants to access these programmes and self-development opportunities.
- Peer support for colleagues from all Staff Networks

- Expert review of documents and strategies from the Race and Health Observatory and recommendations on language and terminology used when referring to ethnically diverse staff.
- UHD representation on South West Expert Reference Group for Nursing/Midwifery staff from an ethnic background. This group is to inform and advise the regional NHSE/I team of what priorities should be focused on to make a difference.
- Providing information to national teams and linking to webinars, workshops and online forums

There is a strong correlation reported by NHS England that staff networks are instrumental to the improvement of patient care. As a network we are proud of the rich diversity and wealth of experience the staff we represent bring to UHD.



See Me First...

Don't let assumptions budge
Look beyond the surface, before you judge
I am more than what you see
A complex soul, just like thee

My flaws and quirks make me whole
A unique being, with a story to unfold
Don't let my appearance deceive
Or the labels you may perceive

I am more than just a name
A person with feelings, not a game
See me first, with an open heart
Let our differences set us apart

In our diversity, we can learn
And in acceptance, we can truly earn
A world where we all can thrive
Appreciating the beauty in our differences, before it's too late.

See Me First ...

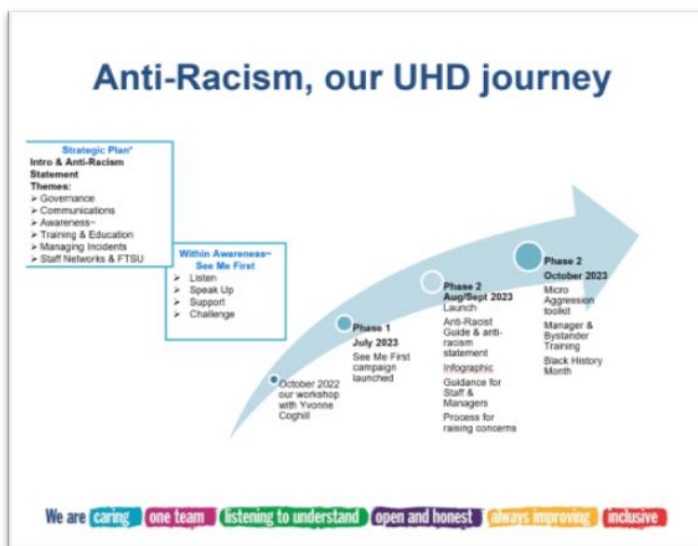
A poem by Zainab Sobanke -UHD ITU staff

5.0 Anti-Racism Campaign

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 our 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 collage, titled "Final stages of development", shows various documents related to the anti-racism campaign. It includes:

- UHD Anti-Racism Guide:** A document with a list of key messages and a section on "Manager guidance to handling an incident".
- Staff guidance to handling a racist incident:** A document with a "What is racism?" section and a "What to do if you witness a racist incident" section.
- Manager's guide to dealing with a racist incident:** A document with a "What to do if you witness a racist incident" section.
- Educational Resources:** A document with a "Key messages" section and a "What to do if you witness a racist incident" section.
- Information Videos:** A document with a "Key messages" section and a "What to do if you witness a racist incident" section.

At the bottom, a box states: "Plus: Guidance to dealing with a racist patient, Bystander guidance to handling a racist incident". A note at the bottom right says: "* 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



6.0 Conclusion and Next Steps

- The overall workforce sample has increased to over 9700
- The number of ethnically diverse staff has increased to 2089, 21.5% of the total workforce.
- Ethnicity declarations remain high and above 97%
- The white ethnicity staff group (WME) has decreased slightly to 692, 7.2%
- 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 relative likelihood of staff accessing non-mandatory training and CPD has improved to 0.9
- 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 a very small improvement in representation of the overall workforce, but still being a large under-representation at the most senior level. To note for 2024, two non-executive directors were appointed from BME backgrounds 1 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 (appendix C).
- Our disparity ratios (appendix D) 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. (The data doesn't take account of targeted workforce solutions and recruitment.).

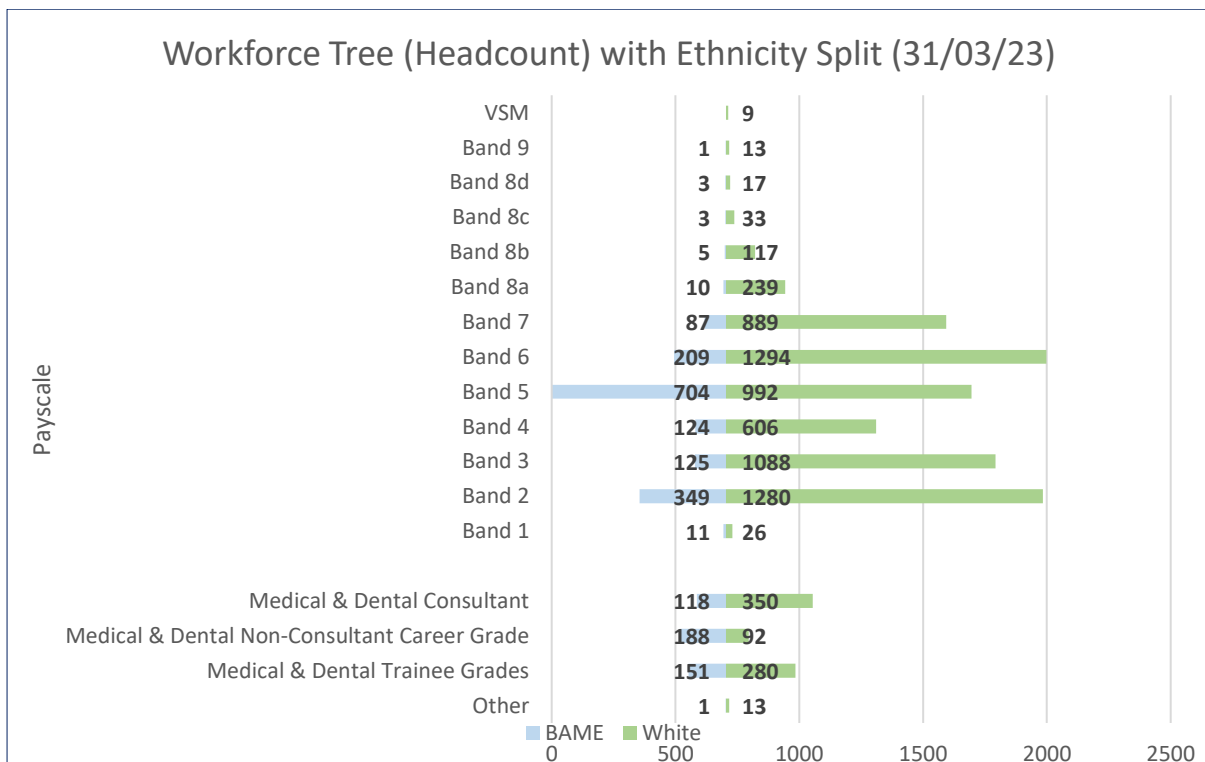
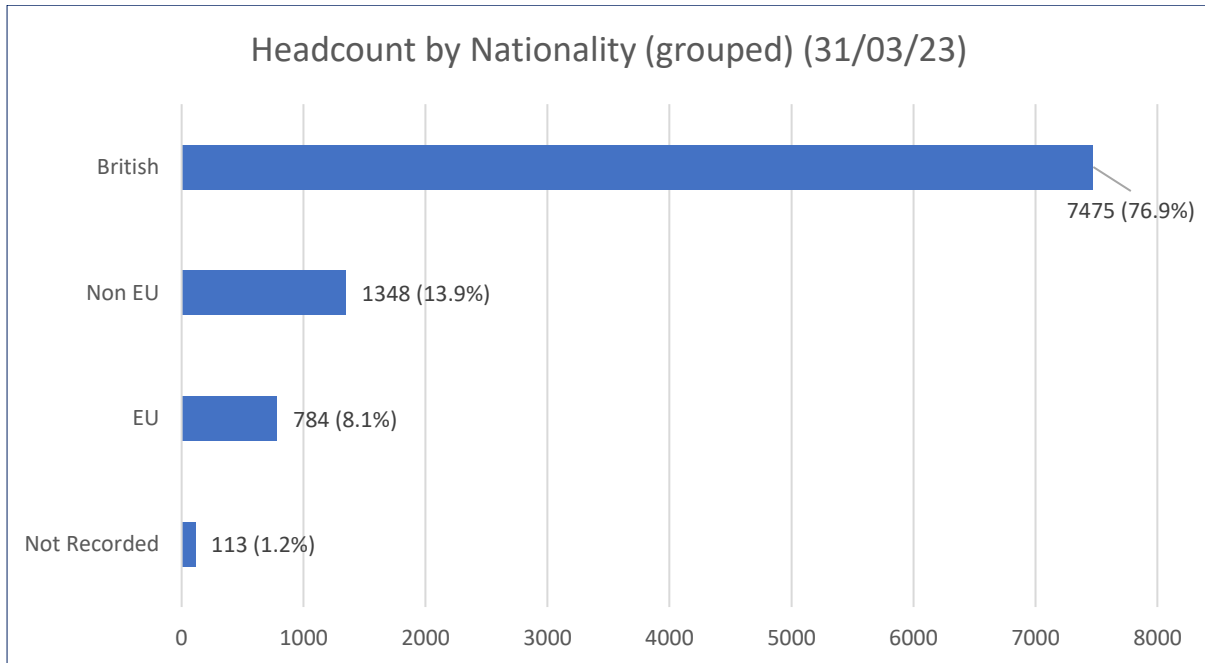
Next Steps

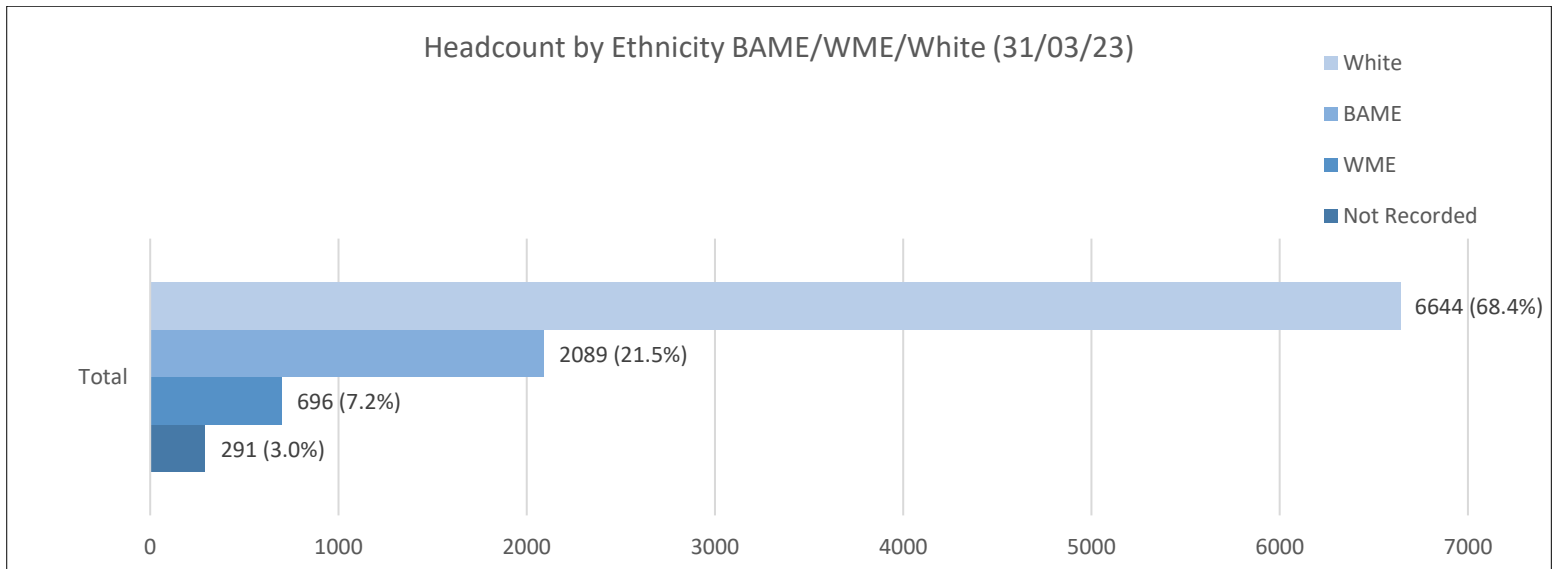
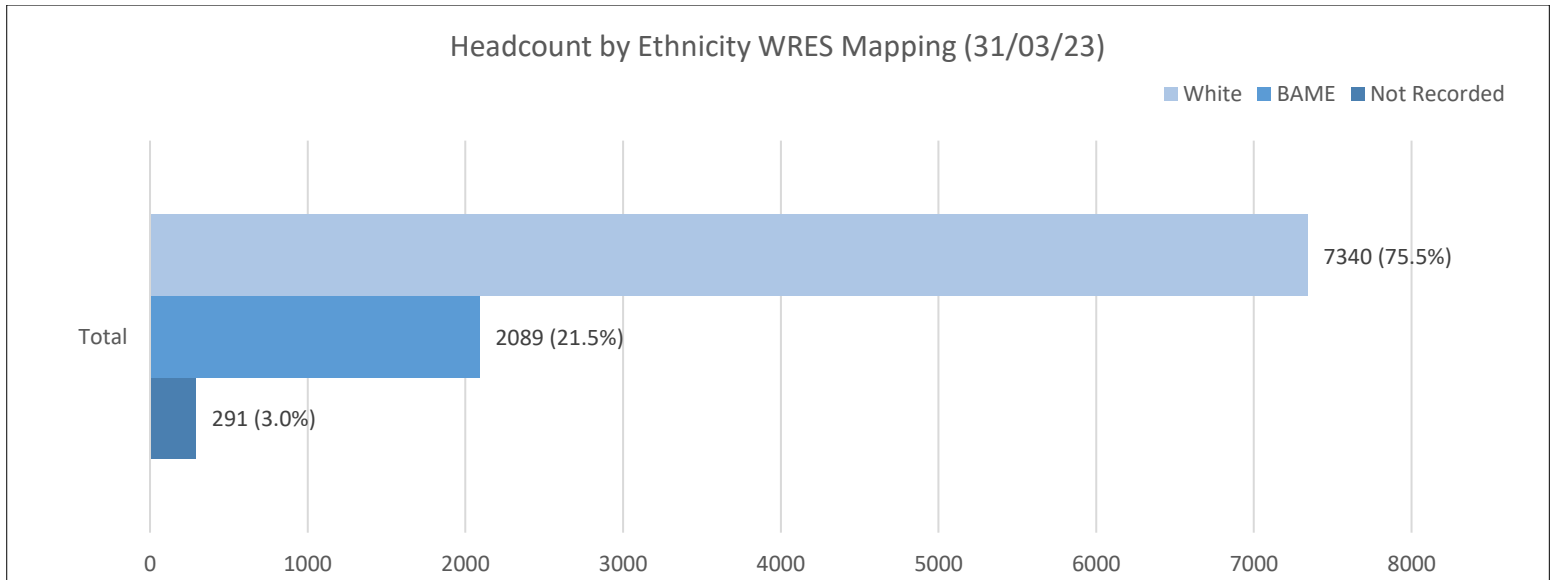
- Present the report to EDIG and the People and Culture Committee
- Present the Report to the Board and publish final document externally
- Update the EDI Priority Action Plan and report progress at the Equality, Diversity and Inclusion group
- Review actions and progress aligned to the NHS EDI Improvement Plan
- Include named Executive Sponsors and Operational Leads with accountability in the action plan working documents
- Embed a culture of Anti-Racism through the Board statement, plan and See ME First
- Continue to integrate EDI into all leader, manager and personal development training
- Working with our Dorset Integrated Care System partners to ensure this report and actions are integrated into all workstreams and share good practice across our systems

7.0 Workforce Race Equality Standard Indicators 2023

WRES 1 - UHD's shows presents a rapid fall off in BME staff progression through higher pay bands and to greater seniority within the organisation, disparity calculations can be found in appendix C.

Workforce profile charts





WRES Indicators 2 – 9

Workforce Race Equality Standard metrics	2021	2022	2023
	University Hospitals Dorset		
Indicator 2: relatively likelihood of staff being appointed from shortlisting across all posts	1.26	2.09 ↑	1.90 ↓
Indicator 3: relatively likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation	1.17	1.22 ↑	1.0 ↓
Indicator 4: relatively likelihood of staff accessing non-mandatory training and CPD	1.11	0.79 ↓	0.9 ↔
Indicator 5: % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME: 27%	BME: 30% ↑	BME: 34.1% ↑
	White: 25%	White: 26.3% ↑	White: 27.9% ↑
Indicator 6: % of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME: 29%	BME: 31.1% ↑	BME: 31.7% ↑
	White: 22%	White: 23.9% ↑	White: 22.5% ↔
Indicator 7: % percentage believing that trust provides equal opportunities for career progression or promotion	BME: 78%	BME: 44.5% ↓	BME: 45.7% ↑
	White: 90%	White: 60% ↓	White: 60.1% ↔
Indicator 8: In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues	BME: 17%	BME: 16.8% ↔	BME: 20.3% ↑
	White: 6%	White: 7.4% ↔	White: 5.4% ↓
Indicator 9: % difference between the organisations Board voting membership and its overall workforce*	-13.7%	-12.2% ↓	-15.0% ↑

*To note: for indicator 9 the % of overall workforce BME increased to 21.5% and the % of BME voting Board membership using the WRES mapping tool was 6.7% at 31.03.23 hence the reported % above. Two non-executive directors were appointed as on 1.04.23, therefore the trajectory for 2024 will be more positive.

Appendix A Workforce Race Equality Standard Action Plan 2023/24

WRES indicator	Action/s 21/22 & 22/23	Progress and Update	Actions 23/24	Reviews/ Monitored	Impact Measure
<p>Indicator 2 Likelihood of being appointed from shortlisting across all posts</p>	<p>Develop and launch Values proposition for employee life cycle, support trust objective “a great place to work”</p> <p>Adoption of values-based shortlisting and interview approach</p> <p>Values based recruitment</p> <p>Diverse talent panels</p> <p>Statement on all job adverts welcoming applications from under- represented groups, linked to inclusion networks</p> <p>Continue to promote targeted opportunities available through NHS South West Leadership Academy, including Stepping Up and WRES Expert programme</p> <p>Continue to support improvement in recruitment and promotion practices to ensure an inclusive approach from application to appointment.</p> <p>Improve diverse panel compositions and interview questions and feedback panels monitor candidate profiles at all stages of recruitment</p> <p>Refresh recruiting Managers selection training, knowledge of reasonable adjustments</p> <p>Commitment to balanced shortlisting</p>	<p>Values based recruitment and interview approach embedded.</p> <p>Visible statements on all job adverts linked to inclusion networks.</p> <p>All Programmes for development and positive actions for underrepresented groups are shared trust wide and through staff inclusion networks.</p> <p>The networks have provided peer support and guidance on applications and encouraged diverse representation on courses and leadership programmes by positive role modelling.</p> <p>Network members becoming involved in senior panel interviews/carousels</p> <p>EDI team providing coaching for applications</p>	<p>Name Executive and Strategic /Operational Accountable Leads to</p> <p>Adopt principles of anti-racism and live our UHD values</p> <p>Review and support improvement to recruitment and promotion practices to ensure an inclusive approach from application to appointment.</p> <p>Mandate the introduction of diverse panel compositions and interview questions and feedback panels consider sharing examples of reasonable adjustments.</p> <ul style="list-style-type: none"> • monitor candidate profiles at all stages of recruitment • explore less traditional recruitment practices to attract and appoint candidates who are Disabled • Refresh recruiting Managers selection training, knowledge of reasonable adjustments 	<p>EDIG, PCC And Trust Board</p>	<p>Improvement in shortlisting ratio (1:1 or lower)</p>

WRES indicator	Action/s 21/22 & 22/23	Progress and Update	Actions 23/24	Reviews/ Monitored	Impact Measure
	<p>review job description and person specifications</p> <p>Review advertising and shortlisting processes, including Board appointments</p>		<ul style="list-style-type: none"> • Commitment to balanced shortlisting • Review job description and person specifications • Review advertising and shortlisting processes, including Board appointments <p>Promotion of Health & Wellbeing Check-In Conversations</p> <p>Introduce guidance on how to complete application forms</p> <p>Align with the NHS EDI Improvement Plan</p>		
<p>Indicator 3 Staff entering formal disciplinary process</p>	<p>Civility Toolkit/Dignity at work policy updated and published.</p> <p>Adoption of a just and learning culture, using a restorative justice, civility and respectful approach.</p> <p>Reverse Mentoring programme</p> <p>Wellbeing conversations</p> <p>Coaching conversations</p> <p>Freedom to Speak Up support for mediated discussions</p> <p>Engaging through the BAME staff network for more diverse representation in investigation</p>	<p>Civility toolkit now published.</p> <p>-</p> <p>Schwartz rounds have continued during the Covid pandemic, virtual and small face to face groups, focusing on behaviours.</p> <p>Reverse Mentoring programme has given underrepresented staff the confidence to question and raise concerns.</p> <p>Cultural differences referenced in new HR Policies Manager modules.</p> <p>Draft Staff check in/wellbeing conversations will provide</p>	<p>Name Executive and Strategic /Operational Accountable Leads</p> <p>Adopt principles of anti-racism and live our UHD values</p> <p>Continue to embed previous actions and evaluate</p> <p>Align with the NHS EDI Improvement Plan</p>	<p>EDIG and PCC FTSU</p>	<p>FTSU reporting index Improvement in ratio to 1:1 or below</p>

WRES indicator	Action/s 21/22 & 22/23	Progress and Update	Actions 23/24	Reviews/ Monitored	Impact Measure
	<p>team.</p> <p>Launch awareness campaign for a Just and Learning Culture</p> <p>Use of national decision trees checklist for Managers, post action audits on disciplinary decisions and pre-forma action checks</p> <p>Year on year reduction in number of BAME staff involved in disciplinary grievance procedures</p>	<p>additional opportunities to raise causes for concern by manager or staff member.</p>			
<p>Indicator 4. Staff accessing non-mandatory training and CPD</p>	<p>Beyond Difference Leadership programme for BAME staff, in partnership with Dorset ICS. 9 Places for 2020, evaluation and development for further cohorts in 2021 with additional spaces.</p> <p>Appraisal process and documentation updated, reflection and review stages to review career pathway and self-development needed to achieve career goals</p> <p>Coaching and wellbeing conversations linked to career development and progression.</p> <p>Further rollout of Reverse Mentoring programme</p> <p>Further rollout of positive action programmes (Beyond Difference) in partnership with Dorset Integrated Care System</p> <p>Embed career conversations as part of the annual performance appraisal process</p>	<p>Next programme in development. 10 candidates attend for UHD, feedback used for next development.</p> <p>2 promotions achieved during programme</p> <p>Career conversations still under development. To be tested via our Staff Network groups.</p> <p>Draft Staff check in/wellbeing conversations will provide</p> <p>Additional opportunities to discuss development and progression.</p> <p>Leadership training now tracking ethnicity demographics for data evaluation.</p>	<p>Name Executive and Strategic /Operational Accountable Leads</p> <p>Adopt principles of anti-racism and live our UHD values</p> <p>Continue to embed previous actions and evaluate</p> <p>Demonstrate diversity within decision making for CPD and Leadership opportunities</p> <p>Align with the NHS EDI Improvement Plan</p>	<p>EDIG and PCC</p>	<p>Reduction in disparity between white and BME staff statistics</p> <p>Improvement in equal opportunities metric 7</p> <p>Visible diverse representation throughout the workforce structure</p>

WRES indicator	Action/s 21/22 & 22/23	Progress and Update	Actions 23/24	Reviews/ Monitored	Impact Measure
	Scope for Growth career conversation framework				
<p>Indicator 5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.</p>	<p>Continue to raise awareness of the FTSU Guardians, how to speak up and support available for all staff to report incidents.</p> <p>Regular reporting through assurance committees and highlighting themes and trends and hotspots in the organisation Civility/Dignity at Work policy and toolkit updated</p> <p>Hate Crime Charter is in place, organisation is an active member of Prejudice Free Dorset with access to resources and support for all staff to report incidents safely.</p> <p>Zero tolerance approach to reduce bullying, harassment, discrimination and violence (BHDV) to ensure staff feel safe to come to work.</p> <p>Identify themes and hotspots for colleague-on-colleague BHDV</p> <p>Promote a transparent escalation pathway building on our values-based behaviours</p> <p>Further promote the NHSI Civility and Respect Toolkit</p> <p>Bystander training, equip leaders to actively</p>	<p>FTSU Guardian and Ambassador continue to provide support to all staff. (Reference to their work and report is in appendix C)</p> <p>Civility toolkit now published and referenced</p> <p>within Manager Induction Modules</p> <p>EDI now linked with UHD Violence at work standard.</p>	<p>Name Executive and Strategic /Operational Accountable Leads</p> <p>Adopt principles of anti-racism and live our UHD values</p> <p>Continue to embed previous actions and evaluate</p> <p>Align with the NHS EDI Improvement Plan</p>	<p>EDIG and PCC</p>	<p>Improvement in staff survey results, narrowing the gap between white/BME staff and improving experience for all</p> <p>Recruitment and retention statistics (reasons for leaving)</p> <p>FTSU reporting index</p>

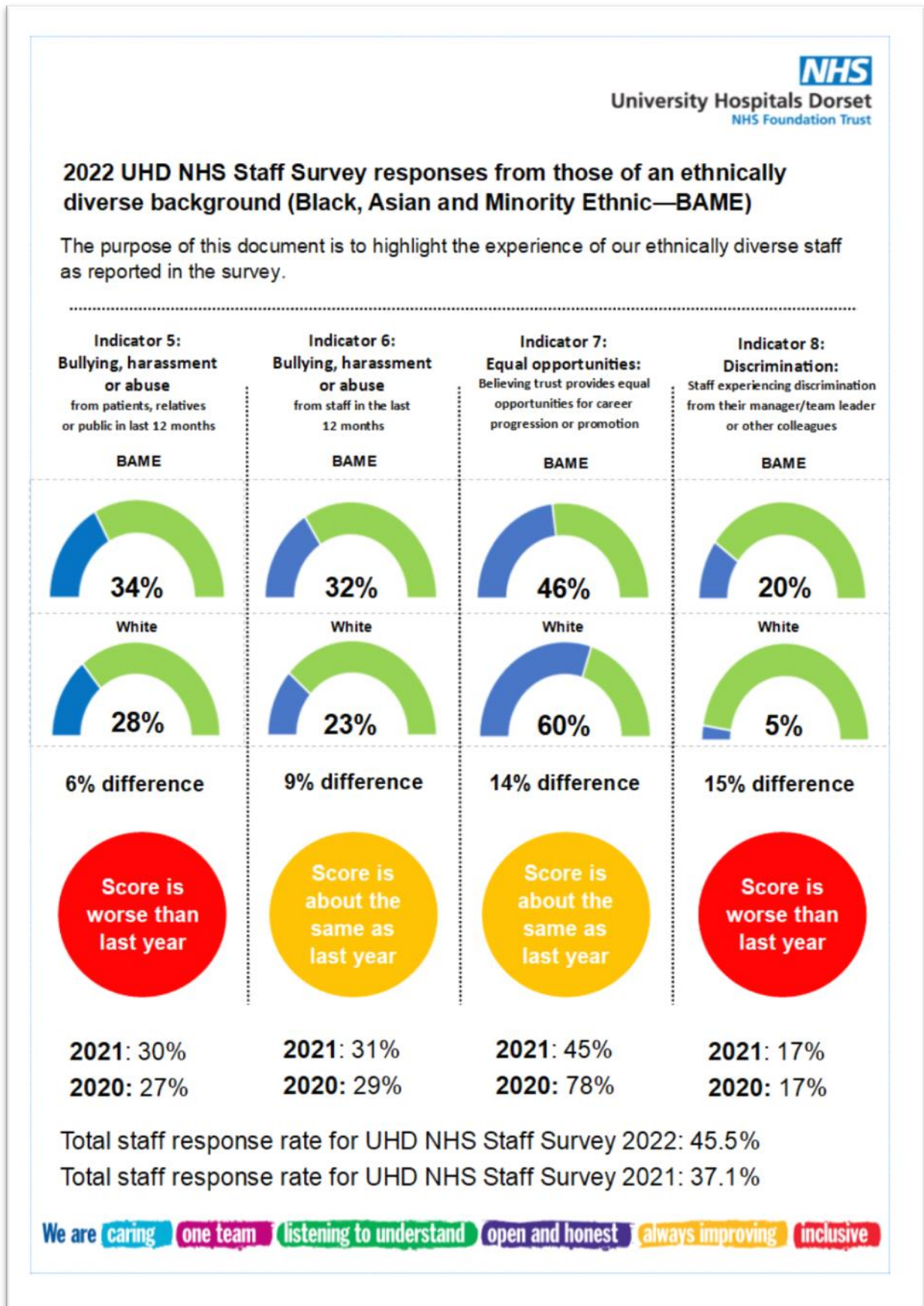
WRES indicator	Action/s 21/22 & 22/23	Progress and Update	Actions 23/24	Reviews/ Monitored	Impact Measure
	address inappropriate behaviours (recommended output from Reverse Mentoring)				
<p>Indicator 6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.</p>	<p>Civility/Dignity at Work policy and toolkit updated. Progression of process and policies to support a just and learning culture</p> <p>Second Reverse mentoring programme due to start October 2021</p> <p>Staff networks included in partnership working, providing expert by experience advice and guidance.</p> <p>Wellbeing Conversations</p> <p>FTSU and staff network support for mediated discussions</p> <p>Zero tolerance approach to reduce bullying, harassment, discrimination and violence (BHDV) to ensure staff feel safe to come to work.</p> <p>Identify themes and hotspots for colleague-on-colleague BHDV</p> <p>Promote a transparent escalation pathway building on our values-based behaviours</p>	<p>FTSU Guardian and Ambassador continue to provide support to all staff. (Reference to their work and report is in appendix C)</p> <p>Second cohort of Reverse Mentoring nearing completion with 22 mentoring partnerships Sharing of personal stories and call to organisational action where required.</p> <p>Draft Staff check in/wellbeing conversations will provide additional opportunities to discuss development and progression.</p>	<p>Name Executive and Strategic /Operational Accountable Leads</p> <p>Adopt principles of anti-racism and live our UHD values</p> <p>Continue to embed previous actions and evaluate</p> <p>Align with the NHS EDI Improvement Plan</p>	<p>EDIG and PCC FTSU</p>	<p>Improvement in staff survey results, narrowing the gap between white/BME staff and improving experience for all</p> <p>Recruitment and retention statistics (reasons for leaving) FTSU reporting index</p>

WRES indicator	Action/s 21/22 & 22/23	Progress and Update	Actions 23/24	Reviews/ Monitored	Impact Measure
	<p>Further promote the NHSI Civility and Respect Toolkit</p> <p>Bystander training, equip leaders to actively address inappropriate behaviours (recommended output from Reverse Mentoring)</p>				
<p>Indicator 7. Percentage believing that trust provides equal opportunities for career progression or promotion.</p>	<p>Positive action development programme: Beyond Difference. In partnership with Dorset ICS. Launches Sept 2021, further cohorts to develop on evaluation.</p> <p>Introduction of a system of constructive and critical challenge to ensure fairness during interviews. Including values-based shortlisting, diverse interview panels, presence of an equality representative (staff networks), values-based interview questions and specific equality and inclusion questions for band 8A and above.</p> <p>Values based shortlisting and interview approach</p> <p>Further rollout of Reverse Mentoring programme</p> <p>Further rollout of positive action programmes (Beyond Difference) in partnership with Dorset Integrated Care System</p> <p>Embed career conversations as part of the annual performance appraisal process Scope for Growth career conversation framework</p>	<p>Nine UHD delegates for ICS Beyond Difference Programme with 2 being promoted as a result. Unsuccessful candidates also followed up with informal career discussion by EDI team.</p> <p>Development opportunities shared with Staff Network groups.</p> <p>Review of progress with recruitment approach and consideration of constructive challenge process required.</p>	<p>Name Executive and Strategic /Operational Accountable Leads</p> <p>Adopt principles of anti-racism and live our UHD values</p> <p>Continue to embed previous actions and evaluate</p> <p>Align with the NHS EDI Improvement Plan</p>	<p>EDIG and PCC</p>	<p>Improvement in access to learning and development opportunities for all protected groups</p> <p>Improvement in the metric 7, narrowing the gap between white/BME staff and improving equal opportunities for all FTSU reporting index</p>

WRES indicator	Action/s 21/22 & 22/23	Progress and Update	Actions 23/24	Reviews/ Monitored	Impact Measure
<p>Indicator 8. In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leader or other colleagues</p>	<p>Second cohort of Reverse Mentoring programme to commence October 2021. Actively promoted through staff networks, encourage under- represented groups to participate as Mentors with supported training and coaching.</p> <p>Continuing collaboration with BAME staff network and our Freedom to Speak Up Guardian/Ambassadors</p> <p>Unconscious Bias workshops</p> <p>Inclusive modules on all leadership programmes</p> <p>Reverse Mentoring programme</p> <p>Wellbeing conversations</p> <p>Coaching conversations</p> <p>FTSU support for mediated discussions, raising awareness</p> <p>Include an EDI objective to ensure every leader can demonstrate their commitment to inclusion and fairness</p> <p>Further rollout of Reverse Mentoring programme, including Managers at all levels</p> <p>Bystander training</p>	<p>Second cohort of Reverse Mentoring nearing completion with 22 mentoring partnerships. Sharing of personal stories and call to organisational action where required.</p> <p>BAME staff network & FTSU leads joined together on National Staff Networks Day in May and continue to work closely.</p> <p>Unconscious Bias now included in mainstream new Manager Induction module training.</p>	<p>Name Executive and Strategic /Operational Accountable Leads</p> <p>Adopt principles of anti-racism and live our UHD values</p> <p>Continue to embed previous actions and evaluate</p> <p>Align with the NHS EDI Improvement Plan</p>	<p>EDIG and PCC</p>	<p>Year on year improvement on this metric, narrowing the gap between white/BME and improving the experience for all staff</p> <p>FTSU reporting index</p>

WRES indicator	Action/s 21/22 & 22/23	Progress and Update	Actions 23/24	Reviews/ Monitored	Impact Measure
<p>Indicator 9. Percentage difference between the organisations' board voting membership and its overall workforce.</p>	<p>Action plan aligned to Model Employer goals, increase BAME representation at Board/VSM level to reflect workforce diversity by 2025 (appendix b)</p> <p>Regular reporting against key metrics in the context of the broader performance frameworks</p> <p>Increase in staffing levels more reflective of diversity of local communication and regional/national labour markets.</p> <p>Significant annual improvement towards 18.7% BAME composition target to improve leadership diversity by 2025 (Model Employer goals)</p>	<p>This action is included in the recruitment and retention review action plan and is an ongoing commitment to improve the representation in line with the recommended Model Employer goal of relative representation (UHD 19%</p>	<p>Name Executive and Strategic /Operational Accountable Leads</p> <p>Adopt principles of anti-racism and live our UHD values</p> <p>Continue to embed previous actions and evaluate</p> <p>Align with the NHS EDI Improvement Plan</p>	<p>EDIG and PCC Trust Board</p>	<p>Model Employer Goals/ Benchmarks</p> <p>Increased representation through the senior leadership structures</p>

Appendix B



Appendix C



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.

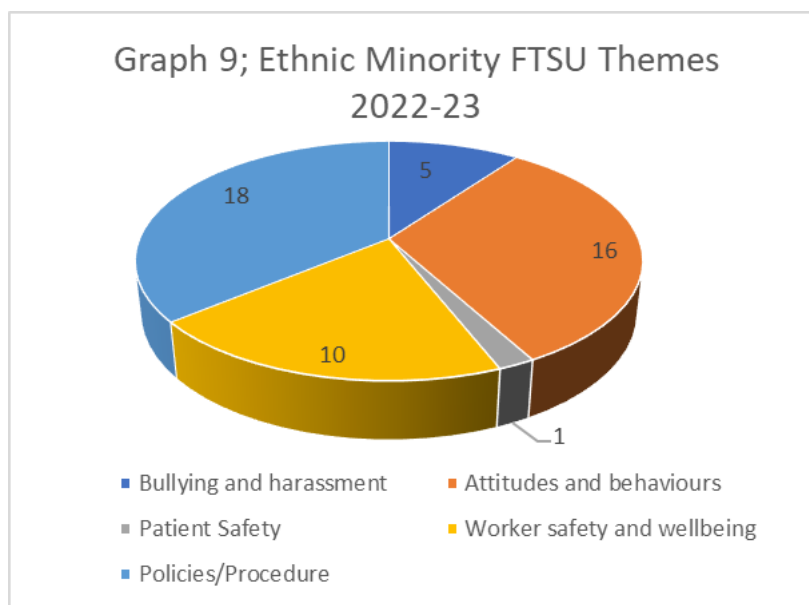
Speaking up benefits everyone. Building a more open culture in which leadership encourages learning and improvement, leads to safer care and improved patient experience. At UHD, we have many routes that our people can use to speak up including our line managers, occupational health, staff governors, 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 networks who were also able to support and advise. The FTSUG is an integral member of the Equality, Diversity and Inclusion Committee 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 NGO. 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.

Table 1 does however create some questions. Why do our staff use the FTSU route when raising concerns? An initial hypothesis was a product of significant staff changes in management following a Tiers 1-3 re-structure, resulted in staff being unaware of whom to escalate issues to. This hypothesis continues however not to be the case. Data for 2022/23 shows us:

- 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.

Appendix D 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%