



**University Hospitals Dorset**  
NHS Foundation Trust

## **NHS Workforce Disability Equality Standard (WDES)**

Annual Report and Action Plan 2022/23

University Hospitals Dorset NHS Foundation Trust



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### Some useful abbreviations:

- EDIG: Equality, Diversity and Inclusion Group
- WSC: Workforce and Strategy Committee
- HR: Human Resources
- OD: Organisational Development
- FTSU: Freedom to Speak Up (Guardian)
- ICS: Integrated Care System

## 1 Introduction

The Workforce Disability Equality Standard (WDES) was launched in 2019 and aims to improve the workplace and career experiences of Disabled colleagues in the NHS.

*<sup>1</sup> The NHS People Promise recognises and celebrates the diversity of the NHS, setting out seven themes that are fundamental to creating an open and inclusive environment; one in which our people can thrive in their teams, workplaces and careers. The fundamental principles set out in the People Promise provide the grounds for an inclusive environment for all our staff, in which the voices of Disabled staff are heard and listened to, in which Disabled staff feel recognised and valued, and will be supported to achieve their full potential*

*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.*

*Developing a consistent employment offer to attract Disabled people into healthcare careers will be key to distinguishing the NHS as a fully inclusive employer. Improving the way in which Disabled people are recruited and retained will be a key consideration as we work to sustain the workforce supply. The past two years have shown how extraordinary our NHS workforce is - responding remarkably to the new pressures of the COVID-19 pandemic, while at the same time remaining committed to the delivery of a world-class healthcare service, there for every person who needed it. But we know that it has been a particularly difficult time for many of our Disabled colleagues, both professionally and personally. This follows the wider truth that Disabled people have been disproportionately impacted by the pandemic and the measures taken across society to protect those most vulnerable to Covid complications.*

*The long term impact of the pandemic on our services and our workforce are yet to be fully understood. It makes our commitment to removing barriers and ensuring that Disabled people are able to thrive, wherever they are in the NHS, vital to the important task the health service now has ahead of it in recovering and rebuilding for the future. The WDES will continue to act as a catalyst for change, enabling employers to take the action that is needed to support positive working and career experiences of all our people, benefitting our staff, services users and patients. This report should therefore be vital reading for every colleague committed to the NHS' goals of providing excellent care for all, and being an employer of first choice in every community."*

<sup>1</sup> Extract from the national Workforce Disability Equality Standard Report 2022 [published in March 2022, by Professor Em Wilkinson-Brice, Acting Chief People Officer]

This report for University Hospitals Dorset and the data submission will be reviewed and ratified by the Equality, Diversity and Inclusion Group (EDIG), the Workforce Strategy Committee and the Trust Board.

EDIG services to provide assurance that the Trust has an effective framework within which it oversees the implementation of the national Standards, which includes WDES.

Throughout this report, we have used a capital 'D' when referring to Disabled staff. This is a conscious decision, made to emphasise that barriers continue to exist for people with long-term conditions. The capital 'D' also signifies that Disabled people have a shared identity and are part of a community that continues to fight for equality.



**# WE SUPPORT DEAF AWARENESS**

FREE staff training resources

[WeSupportDeafAwareness.Teachable.com](https://WeSupportDeafAwareness.Teachable.com)

To access the programme enter the code: **UHDNHSFT**

**We are inclusive**

## 2 Executive Summary

University Hospitals Dorset NHS Foundation Trust (UHD) 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.

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 9500 staff serving a population base of 400,300 [Census: 2021 ONS]. Our staff group shows 4.4% declare a Disability with 11.5% not wishing to disclose. This compares to our local population of 20% reporting poor or bad health (BCP Council statistics 2021). We will continue 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 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 Networks 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.

The UHD commitment to staff wellbeing has continued to develop and is accessible by all staff. UHD staff have a broad range of wellbeing offers available in house and through the ICS. These are shared through the trust communications and via a set of intranet wellbeing pages across many subject areas.

The UHD *Building Healthy Working Lives* strategic framework outlines the intention for UHD to be the best place to work and provide high quality care by the health and wellbeing of our people becoming a part of our everyday operations and a key part of our workplace culture: promoting positive behaviour and challenging those which may be detrimental to the wellbeing of UHD people.

The UHD Healthy Working Lives Group, chaired by the UHD Wellbeing Guardian, has a role to implement and deliver activity on the UHD Health and Wellbeing Strategy. The group comprises staff with high engagement and enthusiasm in this area with practical skills and ability to apply this. Serving to guide and direct health and wellbeing focus and activity, it also represents our commitment to the 'We are safe and healthy' People Promise and UHD Values and culture.

The Group shares staff members with the Pro-Ability Staff Network and serves to widen an understanding of ability as an area of inclusion. It enables good practice, including the UHD Health Passport, to be shared across the trust and developed for the benefit of all staff groups. Governance in this key inclusion area is by the Group reporting to the board-level Workforce and Strategy Committee.

Working in partnership with the ICS Health and Wellbeing service on the topic of potential **Health Inequalities**, we have initiated some targeted focus groups / self-care sessions within the housekeeping departments. The purpose of these sessions is two-fold; to provide some self-care information and to review any cultural issues accessing

wellbeing offerings. This project across Dorset will inform the methods and technologies required for a more inclusive wellbeing service.

The national report on Disabled staff experience during Covid-19 report contains key recommendations:

- all NHS organisations have a Disabled staff network
- programmes and initiatives need to be introduced to inspire talented Disabled staff to become NHS leaders of the future
- line managers need to be better equipped and skilled to have meaningful health and wellbeing conversations with Disabled staff
- NHS England and NHS Improvement to lead work to improve the NHS Electronic Staff Record (ESR) disability declaration rate to at least 4 per cent in England.

<https://www.nhsemployers.org/publications/nhs-Disabled-staff-experiences-during-covid-19-report>



### 3 Voice of our Network

Our ProAbility 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. Our network aim is to create a sense of safety and openness with our diverse workforce and understand the personal stories and organisational barriers from those living with physical disabilities, long-term health conditions, special needs and mental health challenges.

As a network we are proud of the rich diversity and wealth of experience and talent the staff we represent bring to UHD. The Covid pandemic has been a particularly difficult time for staff living and working with a Disability and long term health condition. We are pleased to see the key recommendations in [The NHS Employers report](#) on the experience of Disabled staff during the Pandemic and we will continue working in

partnership with our organisation to ensure these are included in actions and improvement programmes within the WDES report.

The work we have undertaken this year has included:

- Providing peer support to staff through monthly meetings and listening events
- Actively promoting the Reverse Mentoring programme and proud of our colleagues who have been active participants
- peer support for colleagues from all Staff Networks
- review and recommendations into the refresh of the recruitment training for Managers
- poster campaign highlighting hidden disabilities
- holding online events to celebrate Purple Light Up day with keynote speakers and highlighting invisible disabilities
- Deaf awareness campaigns and procuring free online training for all staff
- Leading and developing a solution to patients lost hearing aids with branded boxes and an awareness campaign. (Current cost to trust of replacing lost appliances £35k)
- Supporting the Neuro Diversity workshops and events
- Representing UHD at the national Disability Pioneers forum
- being actively involved in the development of the national Disability Conference with NHS Employers (for December 2022)
- Ensuring communications are fully accessible for all and highlighting best practice for videos, team meetings and social media posts
- Developing information on reasonable adjustments and being active in working groups across the trust to develop best practice to support staff
- Updating and continuing to promote the Health Passport as a supportive tool for wellbeing conversations and encourage declaration on staff records
- Continued support and inclusion of colleagues working from home due to the on-going risks of the Covid virus.

This report shows the continuing gap in the experience of our Disabled and non-Disabled staff. The work to address these disparities requires positive actions, words are not enough. In trusts that have improved their declaration rates and experience of Disabled staff it is evident the tone from the top and representation of Disability at the highest level creates a psychologically safe place to bring your whole self to work and seek the adjustments and support to be the best you can be every day. We will work with our senior leaders and Executive Board members to champion visibility and openness, as role models and positive leaders.

We will continue to work in partnership with the Trust to elevate the voices of the staff group we represent and ensure the support continues for colleagues still working from home, who still need on-going support, inclusion and value as our hidden workforce.

Diane Potter, Jo Olsen & Jo Pritchard - Co-leads, ProAbility network

## 4 Conclusion

- The data shows a small improvement on our declaration rate to 4.4% (national target by NHSE is 4%)
- The honesty gap is 16.9% between our staff records declaration and the staff survey responses of 21.3%.
- The likelihood of Disabled staff being appointed from shortlisting has worsened to 1.20. This means a higher percentage of non-Disabled staff are appointed from shortlisting at a ratio of 1:1.20
- The reports of bullying and harassment by Disabled staff show an increase for metrics 4a and 4b and a small reduction for 4c and 4d.
- There is a decrease in Disabled staff believing the trust offers equal opportunities and this is also reflected as a decrease for non-Disabled staff.
- The presenteeism experience for Disabled staff has worsened, with a 5% increase in the disparity in their experience compared to Non-Disabled staff.
- The percentage of Disabled staff saying that their employer has made adequate adjustments has dropped to 78.3% from 81.3%.
- The relative likelihood of Disabled staff entering the formal capability process compared to non-Disabled staff is showing at 5.02. This means for every one member of non-Disabled staff 5 Disabled staff enter the formal capability process. Of note is the fact that no capability processes were on the grounds of ill health.
- This report contains information and action that highlights the need to improve recruitment for Disabled people. A simple act of keep asking the question: “How can we make this process better for you?” can make all the difference in an interview and beyond. (Paul Deemer, Head of D&I, NHS Employers)

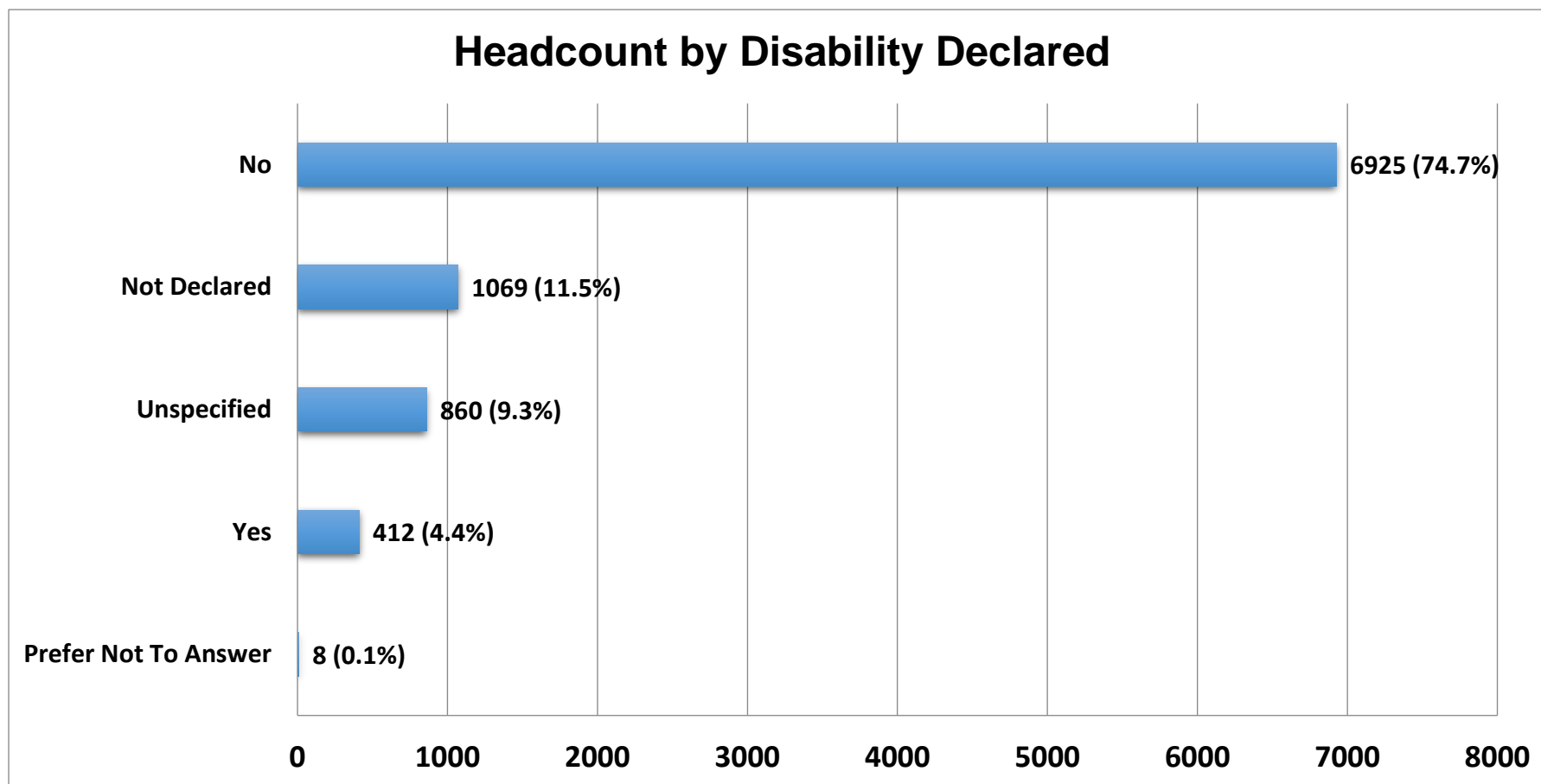
## 5 Next Steps

- Continue to review progress against plan [see Appendix 2 for key actions]
- Update the action plan with on-going and / or new actions
- Presentation of the reports to the Workforce and Strategy Committee and the Board
- Implement the actions with the programme tracker for the Equality, Diversity and Inclusion Group (EDIG)
- Integrate EDI into all leader, manager and personal development training
- Develop a UHD Culture Dashboard



## APPENDIX 1 - WDES Data 2020/21


### Metric 1: Workforce



	Disabled Staff	% Disabled Staff	Non-Disabled staff	% Non-Disabled Staff	Disability unknown or null	Disability Unknown/null %
<b>NON-CLINICAL</b>						
Cluster 1 (under band 1, bands 1-4)	74	4.3%	1239	72.4%	398	23.3%
Cluster 2 (bands 5-7)	23	5.2%	350	79.7%	66	15.0%
Cluster 3 (bands 8a-8b)	5	4.1%	81	65.9%	37	30.1%
Cluster 4 (bands 8c – 9 & VSM)	1	1.7%	44	74.6%	14	23.7%
<b>CLINICAL</b>						
Cluster 1 (under band 1, bands 1-4)	102	5.2%	1521	77.3%	344	17.5%
Cluster 2 (bands 5-7)	172	4.6%	2850	76.1%	721	19.3%
Cluster 3 (bands 8a-8b)	12	4.9%	182	74.0%	52	21.1%
Cluster 4 (bands 8c – 9 & VSM)						
Cluster 5 (Medical & Dental Staff Consultants)	3	0.61%	304	62.30%	181	37.09%
Cluster 6 (Medical 7 Dental Staff, non-Consultants career grade)	5	1.81%	199	72.10%	72	26.09%
Cluster 7 (Medical & Dental staff, Medical and dental trainees)	29	6.30%	373	81.74%	55	11.96%


Metric 2 – Relative likelihood of non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts

*(Data source: Trust's recruitment data)*

	Relative likelihood in 2021	Relative likelihood in 2022 (A figure below 1 indicates more likelihood of Disabled staff being appointed)	Relative likelihood difference (+) between Disabled and non-Disabled staff	National Average
Relative likelihood of non-Disabled staff being appointed from shortlisting compared to Disabled staff	0.96	1.20	-0.20 	1.11





Metric 3

*(Data source: Trust's HR data)*

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood difference (+-) between Disabled and non-Disabled staff	National Average
Relative likelihood of Disabled staff entering formal capability process compared to non-Disabled staff	3.18	4.12 (note: no cases on grounds of ill health 2021/22)	+2.18 	1.94




Metric 4

(Data source: Question 13, NHS Staff Survey)

	% points difference (+/-) between Disabled staff and non-Disabled staff responses 2020	Disabled staff responses to 2021 NHS Staff Survey	Non-Disabled staff responses to 2021 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-Disabled staff responses 2021	National Average % points difference (+/-) between Disabled staff and non-Disabled staff responses 2021
	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	+4.4%	32%	25%	+7% 	+7.2%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	+0.7%	15.3%	9.1%	+6.2% 	+8.2%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	+8.4%	25%	19%	+6% 	+9.5%
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	-1.1%	45.8%	46.1%	-0.3% 	-0.8%

Metrics 5 – 8

(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)

	% points difference (+/-) between Disabled staff and non-Disabled staff responses 2020	Disabled staff responses to 2021 NHS Staff Survey	Non-Disabled staff responses to 2021 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-Disabled staff responses 2021	National Average
	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)	Percentage (%)
Metric 5 - Percentage of Disabled staff compared to non-Disabled staff believing that the trust provides equal opportunities for career progression or promotion.	-1.1%	54%	59%	-5% 	-5.4%
Metric 6 - Percentage of Disabled staff compared to non-Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	+3.5%	29.1%	21.0%	+8% 	-8.5%
Metric 7 - Percentage of Disabled staff compared to non-Disabled staff saying that they are satisfied with the extent to which their organisation values their work.	-3.0%	35%	43%	-8% 	-10.7%
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.		78.3% (81.3%)			

Metric 9 – Disabled Staff Engagement

*(Data source: NHS Staff Survey)*

	Disabled staff engagement score for 2020 NHS Staff Survey (UHD)	Disabled staff engagement score for 2021 NHS Staff Survey (UHD)	Non-Disabled staff engagement score for 2021 NHS Staff Survey (UHD)	Difference (+/-) between Disabled staff and non-Disabled staff engagement scores 2021 (UHD)	National Average
a) The staff engagement score for Disabled staff, compared to non-Disabled staff.	7.0	6.6	7.0	-0.4	-0.6

Metric 10 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce

<b>b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)</b>
<b>Yes</b>
<b>Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.</b>
<ul style="list-style-type: none"> <li>• Listening Events and expert speakers</li> <li>• Monthly staff network meetings</li> <li>• Inclusion of the staff networks in the governance framework for the equality, diversity and inclusion group meetings.</li> <li>• Reverse Mentoring programme, positive work on deaf awareness and positive action of developing and procuring hearing aid boxes for patients to reduce loss whilst inpatients and cost to trust of £35k+ a year.</li> <li>• Continued peer to peer support through the ProAbility network.</li> </ul>

*(Data source: NHS ESR and/or trust’s local data)*

	<b>Disabled Board members in 2021 (UHD)</b>	<b>Disabled Board members in 2022 (UHD)</b>	<b>Non-Disabled Board members in 2022 (UHD)</b>	<b>Board members with disability status unknown in 2022 (UHD)</b>	<b>% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce 2022 (UHD)</b>	<b>National Average</b>
	<b>Percentage (%)</b>	<b>Percentage (%)</b>	<b>Percentage (%)</b>	<b>Percentage (%)</b>	<b>Percentage (%)</b>	<b>Percentage (%)</b>
<b>Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.</b>	<b>0%</b>	<b>0%</b>	<b>53.33%</b>	<b>46.67%</b>	<b>Total Board = 0% Overall workforce = 4.4% Difference -4.4% percentage points</b>	<b>Percentage of Disabled staff on Boards 3.7%</b>

APPENDIX 2 - WDES Action Plan 2020/21

Objective	Action/s 21/22	Update	22/23 Actions	Reviewed /Monitored	Impact Measure
<b>Improve workforce data representation</b>	Increase self-declaration rates and track action plan with targeted interventions against all NHS Standards action plans.	Self-declaration rates have improved slightly to 4.4%, above the national target of 4%. Work continues to improve this with implementation of ESR dashboards, promotion of updating records and ESR self-service now available trust wide.	<ul style="list-style-type: none"> <li>Continue to promote through Employee Self Service, updating personal information and why this is needed.</li> <li>Board Development session on declaration and why it matters (Evidence of improved declaration when tone from the top is open and honest)</li> </ul>	EDIG Workforce Strategy Committee	Increase in declaration rates (2022 4.4%)
<b>Recruitment and selection</b>	<p>Values Based shortlisting and interview questions Statement on all job adverts welcoming applications from under-represented groups and links to staff networks</p> <p>Diverse representation on interview panels, including staff networks Raise awareness of reasonable adjustments</p> <p>Disability Confident and Armed Forces Covenant guaranteed interviews.</p>	<p>Values based shortlisting and interview templates implanted June 2021. All adverts contain statement and links to the staff networks. Interview panel for new CEO included diverse representation from the staff networks.</p> <p>DC and AFC guaranteed interviews continue to be provided and HR processes ensure applicants who meet minimum criteria are offered an interview to meet these accreditations</p>	<p>Continue to support improvement in recruitment and promotion practices to ensure an inclusive approach from application to appointment.</p> <ul style="list-style-type: none"> <li>improve diverse panel compositions and interview questions and feedback panels</li> <li>monitor candidate profiles at all stages of recruitment</li> <li>continue accreditation practices and implementation of Disability Confident and Armed Forces Covenant</li> <li>explore Level 3 Disability Confident accreditation</li> <li>explore less traditional recruitment practices to attract and appoint</li> </ul>	EDIG Workforce Strategy Committee	<p>Improvement in metric 2, shortlisting</p> <p>Improvement in metric 5, equal opportunities</p> <p>Achieving renewal of accreditation and improving to Level 3 Disability Confident Leader</p>



Objective	Action/s 21/22	Update	22/23 Actions	Reviewed /Monitored	Impact Measure
			candidates who are Disabled <ul style="list-style-type: none"> <li>• Refresh recruiting Managers selection training, knowledge of reasonable adjustments</li> <li>• Commitment to balanced shortlisting</li> <li>• Review job description and person specifications</li> <li>• Review advertising and shortlisting processes, including Board appointments</li> </ul>		
<b>Staff Experience</b>	<p>Continued development of the staff network leads to work in partnership across the organisation and share their lived experience to inform and raise awareness</p> <p>Unconscious bias workshops to include disability/long term health conditions in scenarios</p> <p>Health Passports included in wellbeing conversations</p>	<p>Network leads develop continues through the Community of Practice. Specialist sessions with Power of Staff Networks and Story Telling workshop to develop profiles.</p> <p>Unconscious bias workshops in partnership with Enact Solutions.</p> <p>Health passports and toolkit promoted through ProAbility, Occupational Health, wellbeing pages and linked to sickness absence management policy.</p> <p>Wellbeing conversations continue in development.</p>	<p>Review Governance arrangements to ensure staff networks:</p> <ul style="list-style-type: none"> <li>• Be able to contribute to and inform trust decision making processes</li> <li>• Have a programme of work that can be celebrated at the annual staff network event and engages further recruitment to the group</li> <li>• Continue to promote Health Passport and link to sickness absence and presenteeism support mechanisms</li> <li>• Ensure equitable representation in all work streams for staff living and working with a Disability, alongside all our equality standards</li> </ul>	EDIG Workforce Strategy Committee	Improvement in metrics 5-8, equal opportunities, value and presenteeism

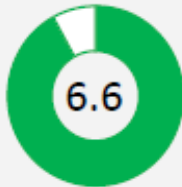
Objective	Action/s 21/22	Update	22/23 Actions	Reviewed /Monitored	Impact Measure
			<ul style="list-style-type: none"> <li>Develop updated process and toolkit for EQIa, in partnership with staff networks</li> </ul>		
<b>Career promotion and progression</b>	<p>Promoting all development opportunities widely and encouraging applications from under-represented groups</p> <p>Ensure all training and development opportunities are fully accessible.</p> <p>Risk assessment and Equality Impact Assessments completed to ensure barriers and possible reasonable adjustments identified in advance.</p>	<p>Statement on all job adverts welcoming underrepresented groups and links to staff networks</p> <p>ELearning development in the BEAT team, lead is working with ProAbility to beta test accessibility tools</p> <p>Risk Management team wishing to be part of the EQIA workshops and develop protocols for widening use across trust for all processes.</p> <p>Reasonable adjustment awareness through talks and events with the ProAbility network.</p> <p>2 Lexxic workshops on Neuro Diversity and further audit workshop to develop roadmap being scoped for September 2022.</p> <p>Continuing work with risk management specialists on risk assessments / adjustments, developing toolkits and flowcharts for accessing support through Access to Work and in-house mechanisms.</p>	<ul style="list-style-type: none"> <li>Equality Impact Assessment process and toolkit to be developed and programme of education and implementation</li> <li>Lexxic Discovery workshop to develop Roadmap of tools and resources to improve the experience of our Neuro Diverse people</li> <li>Listening events on talent management and career pathways, with support of staff network leads</li> <li>Increase in staffing levels more reflective of diversity of local community and regional/national labour markets - through declaration campaigns and creating a safe space to share health conditions for senior staff as role models</li> <li>Develop reasonable adjustment toolkit and flowcharts, raising awareness through education and promotion of tools and resources</li> <li>Scope for Growth career conversation framework</li> </ul>	<p>EDIG Workforce Strategy Committee</p> <p>Training and Development team</p> <p>Risk Management</p>	<p>Workforce Disability Equality Standard (WDES) improvement</p> <p>Improved metric 2, shortlisting, to 1:1 or below</p> <p>Improved metric 5 equal opportunities</p>

Objective	Action/s 21/22	Update	22/23 Actions	Reviewed /Monitored	Impact Measure
<b>Staff Wellbeing</b>	<p>Continue to promote the Health Passport as a tool to support staff wellbeing and wellbeing conversations</p> <p>Wellbeing conversations</p> <p>Long Covid support programme</p> <p>Professor Clifford Shearman, Non-Executive Director appointed as Wellbeing Guardian to oversee the implementation of the Building Healthy Working Lives Framework, objectives and measures</p>	<p>Health passport continues to be used across the Trust and is updated on feedback from users.</p> <p>Wellbeing coaching/wellbeing ambassadors</p> <p>UHD responders programme, winter planning to support staff redeployed</p> <p>Wellbeing conversations to pilot in September 2022 with additional links to other support mechanisms</p>	<ul style="list-style-type: none"> <li>Continue to promote and embed the Health Passport in all sickness review and support mechanisms</li> <li>Zero tolerance approach to reduce bullying, harassment, discrimination and violence (BHDV) to ensure staff feel safe to come to work.</li> </ul>	<p>EDIG</p> <p>Workforce Strategy Committee</p> <p>Building Healthy Working Lives Group and Workforce Strategy Committee</p>	<p>Improved metric 4a/b</p> <p>Continue to improve metric 4c/d and increased reporting of incidents</p>

## APPENDIX 3



University Hospitals Dorset  
NHS Foundation Trust

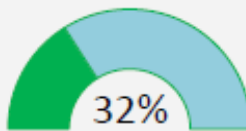


### 2021 UHD Staff Survey—Staff responses from staff with a disability

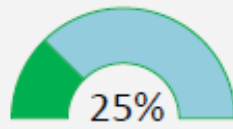
This overall theme scores from one to ten—and is all about fair career progression, experience of discrimination and adjustments that support people, to do a good job. The purpose of this document is to highlight the employee experience from staff with disabilities or on-going medical conditions.

2021 is the second year of data reporting as University Hospitals Dorset. Previous reporting by the legacy trusts (Poole Hospital and Royal Bournemouth & Christchurch Hospitals) are not included in this comparison.

**Metric 4:**  
Bullying, Harassment or Abuse  
From patient, relatives or public in last 12 months  
Disability



No Disability

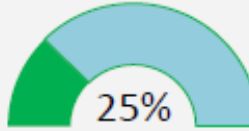


7% difference

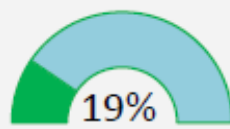


2020: 28.4%

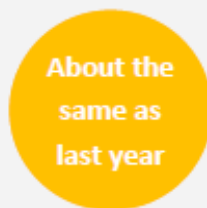
**Metric 4:**  
Bullying, Harassment or Abuse  
From staff in the last 12 months  
Disability



No Disability

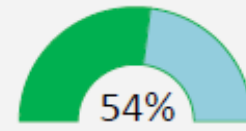


6% difference

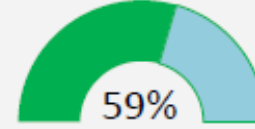


2020: 25.1%

**Metric 5:**  
Equal opportunities:  
Believing Trust provides equal opportunities for career progression or promotion  
Disability



No Disability

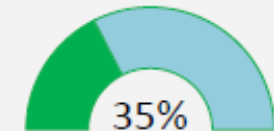


5% difference

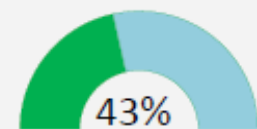


2020: 87.7%

**Metric 7:**  
Feeling Valued:  
Staff satisfied with extent the organisation values their work  
Disability



No Disability



8% difference



2020: 43.5%

Total Staff response rate for UHD NHS Staff Survey 2021: 37%

Total Staff response rate for UHD NHS Staff Survey 2020: 36%

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