Equality, Diversity and Inclusion

Annual Report

University Hospitals Dorset

Period from April 2021 – Mar 2022

Contents

Some useful abbreviations:

- BAME - Black, Asian and Minority Ethnic
- BME - Black Minority Ethnic
- EDI - Equality Diversity and inclusion
- EDIG - Equality Diversity and Inclusion Group
- WRES - Workforce Race Equality Standards
- WDES - Workforce Disability Equality Standards*
- ICS – Integrated Care System
- IEN – Internationally Educated Nurse

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1.0 Introduction

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.

Within this work is a commitment to understanding staff experience, 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.

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.

UHD has 9536 staff serving a population base of 395,330. [*The Diversity Census: 2011 ONS*]. 84.8% are White British, 11.6% BME (6.1% where English is not the first language). We will continue to monitor our data alongside the lived experiences of all our staff. 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. "

We are working to *"beyond compliance"* to create an inclusive organisation where individuals are treated fairly as part of our cultural change journey and with a sense of belonging. We want to ensure that every member of staff feels properly valued and engaged in the development of our new organisation.

In the last 12 months, notable success can be demonstrated through our staff networks:

- The British Empire Medal was awarded to one of the BAME staff network leads, for their services to the NHS and supporting Filipino healthcare workers during the Covid pandemic.

- Deepa Pappu is the UHD representative on the British Indian Nurses Association [BINA] that was founded in 2020. BINA has lead representatives across several UK regions. BINA aims to support newly arrived nurses in the UK by helping

nurses of Indian origin to "thrive" in the NHS, from advising nurses on how to stay warm in the British weather to helping them choose a new school for their children. BINA could help support Indian nurses establish themselves in their new jobs and hopefully stay within UHD and the NHS.

- The BAME staff network continues to provide pastoral support to the Internationally Educated Nurses (IENs) and work with the education and recruitment teams to welcome new arrivals and provide peer support. This collaborative work was recognised as best practice in the NHS Employers International Recruitment Toolkit https://www.nhsemployers.org/publications. /international-recruitment-toolkit .

- Our European network leads, Christos Christoforidis and Lumi Georgescu, worked in partnership with our HR team on the EU Settlement Scheme, providing support and assistance with the application process. They were also invited to present on a national webinar with the Cavendish Coalition, sharing their good practice and learning with other NHS organisations.

- The Armed Forces network lead, Nick Williams, in conjunction with Abigail Daughters, Director of Operations, successfully applied for a national grant to support the appointment of an Armed Forces Advocate for staff and patients. This is in addition to the accreditation with the Armed Forces Covenant for UHD and the Veteran Aware status.

- The LBTQ+ network is progressing the Rainbow Badge Project, supported by the Diversity and Inclusion Lead.   The evaluation will provide an accreditation at Foundation, Bronze, Silver or Gold, with a roadmap to improve our visible inclusion and inclusive language in our policies and processes.

- The ProAbility network has worked consistently to raise awareness of staff living and working with disabilities and long-term health conditions. Deaf awareness training and supporting resources for wards to support patients who are deaf and hard of hearing.

1.1 Leadership

Due to Covid-19 our Leadership programmes and training have needed to be delivered online which provided the most secure method of delivery. Online training by its nature does however impact interaction and the opportunity for networking; it does have its limitations.

Our **UHD Reverse Mentoring Programme** is now established and a second cohort is underway led online by Professor Stacy Johnson MBE, from the ReMEDI project in conjunction with the Organisational Development team. This is a leadership programme aimed at developing our senior leaders to better understand cultural differences, develop cultural humility, challenge unconscious bias and identify

organisational/system barriers which may be negatively impacting the progress of our underrepresented staff.

The second Reverse Mentoring cohort includes a wider group of Reverse Mentors including staff with long term medical conditions, from different ethnic backgrounds, from an Armed Forces background, LGBTQ+, newly recruited International staff as well as a diversity of UHD roles. This cohort also includes a Patient Partner representative as a pilot participant. We have continued to focus on **Unconscious Bias** as an important foundation topic also involving the services of Enact with a series of online sessions utilising an interactive theatre approach.

UHD has worked in partnership with colleagues in the ICS to develop the **Beyond Difference Leadership Development Programme** aimed at developing new and aspiring leaders from ethnically diverse backgrounds. The programme was managed by Wyman Associates and followed a period of engagement across Dorset with the aim to overcome the inequalities and structural barriers that have prevented our ethnically diverse staff from progressing in their careers. This programme provided them with tools and techniques to help them overcome these and achieve their career aspirations, become more confident and valuing their own wellbeing. Interested applicants for this programme exceeded available places with many quality candidates. Ten individuals were successful in securing a place and several are now more actively pursuing their career aspirations. Video link available on request.

1.2   Culture and Engagement

The co-lead of the Black, Asian and Minority Ethnic staff network was invited to participate in the **NHS WRES Expert programme** to assist the organisation better identify organisational / systemic issues.

There have been many national events which our staff networks have promoted including the successful **Deaf Awareness Week** in May 2021 aimed at raising awareness for both staff and patients with hearing limitations. Lead by ward Sister Toni Bailey, awareness engagement trollies visited departments across the hospital handing out posters, support for hearing stickers and generating discussion. In addition, deaf awareness training was sourced and is being promoted to benefit patients.

The ProAbility Staff Network group proudly celebrated international **Purple Light Up Day** in December 2021 to celebrate and draws attention to the economic contribution of Disabled employees around the world. The theme for the day was - It's what you can do that counts!

The aim was to raise awareness and understanding of lived experiences including video blogs from Diane Potter regarding living with cancer as well as external speakers, Dr Hannah Barnham Brown talked about 'Hidden Disabilities' and Dr Liz

O'Riordan will be talked about 'Living and working through cancer'. The secondary aim was to help create a safe culture for our staff to bring their whole selves to work – knowing they will be supported to be the best they can be, every day.

Our **UHD Culture Programme** has been running since April 2021 looking specifically at staff reward and recognition. A recruitment programme for Culture Champions via our staff networks was successful with 32% of champions from underrepresented groups.

In addition, inclusion of individuals from across different job bandings and work disciplines has also increased the breadth of diverse thought and approach. The Culture Champions receive on-going personal development as part of the programme; with anecdotal feedback citing increased confidence and visibility by their managers. Through our Culture Champions we can all live our UHD values.

UHD Trust Values

Our staff networks have been regularly invited to participate in **senior level recruitment panels** and discussion carousels including the recruitment of our new UHD Chief Executive – Siobhan Harrington.

1.3   Wellbeing

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.

The UHD Occupational Health team alongside the BAME staff network group have been providing on-going support to staff from ethnic backgrounds that may have been reluctant to seek their **Covid-19 vaccinations.**

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.

Wellbeing sessions and training are delivered across the trust as both general training and development session to those which are bespoke to meet the needs of individuals or teams.

We have several wellbeing staff initiatives including Mental Health First Aiders, UHD Health and Wellbeing Ambassadors as well a Trauma and Risk Management Practitioners (TRiM). The mental wellbeing of staff is supported by Mental Health First Aid training, delivered face to face by UHD MHFA Instructors. UHD has over 100 MHFA First Aiders, with a programme of support and continuous professional development in development.

Throughout COVID-19 we have developed an Organisational Development Emergency Coordinated response with Occupational Health for staff and teams following traumatic incidents where the appropriate level of support is provided.

2.0   Equality Diversity and Inclusion [EDI] Strategy & Group and our work

The Equality, Diversity and Inclusion Strategy implementation is monitored through an EDI Group, co-chaired by an Executive Director (also our board-level lead for tackling inequalities) and Non-Executive Director.

The EDIG reports to the UHD Workforce Strategy Committee through to the Board of Directors. A whole spectrum of activity within the themes of our strategy are tracked and monitored through an EDI implementation plan or tracker.

Several key priorities were agreed in May 2021 are now subject to reporting through the Workforce Strategy Committee. The initial priorities identified for UHD, together with associated actions, have been set in order to achieve the maximum positive benefit for our staff and patients. There is an element of overlap and interdependency across the themes.

The immediate priorities focused on during the reporting period were:

- **attaining *Model Employer* goals**
- **improving *WRES / WDES***
- **developing inclusive Recruitment and Promotion**
- **engaging and developing Staff Networks**
- **reducing Health Inequalities**

To manage and support the progression of this work, a tracked 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.

As the NHS moves to work alongside Covid-19 and the emerging priorities identified through health inequalities including inequity it is recommended by the EDI Group that the Trust reviews the action plan. The recent *Race & Health Observatory Health Inequalities* report also has a clear call to action.

2.1   Model Employer Goals

Every day, nurses, doctors, other clinical and non-clinical staff impact the lives of people all over the country and beyond. 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. Two areas of progress during this reporting period are the Dorset ICS Beyond Difference Leadership Programme and the commissioning of a further cohort of Reverse Mentoring.

The Model Employer data for UHD was incomplete during the reporting period. This was due to the merger in 2020 and our legacy organisations data was still visible. For the next data set from 2021 the new entity of UHD will be available.

The next data point of 1 July 2022 will be the WRES/WDES data collection, and this will be the first set of data appearing in the Model Employer portal representing University Hospitals Dorset as one entity.

Dorset Integrated Care System: Beyond Difference – Personal leadership programme

This positive action programme was developed in partnership across the ICS, to provide a leadership programme within Dorset, to meet the identified need to provide development opportunities for aspiring leaders from an ethnically diverse background.

UHD had 10 attendees on the programme out of a total cohort of 50 spaces across Dorset. Overall feedback from attendees was positive, two UHD staff members achieved promotions during the programme and others reported increased confidence and awareness of how to elevate their personal profile and be more proactive in seeking learning and leadership opportunities.

The next cohort is being updated with the feedback and learning from the first programme.

Reverse mentoring

Reverse Mentoring commenced in October 2021, with 17 pairings. Reflective workshops have been held in February and March for both mentors and mentees. Positive feedback has been received on conversations and building relationships. Further coaching and peer to peer support is also available through previous mentors.

The current cohort will continue until July 2022.

2.2 Workforce Race Equality and Disability Standards (WRES/WDES)

2.2.1 Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is a mandatory framework that we must complete on an annual basis. The WRES standards are included in the NHS Standard Contract and all NHS organisations are required to demonstrate progress against nine indicators; four workforce data metrics, four staff survey findings regarding White and BME experiences, and one Board metric to address low levels of BME representation. The CQC inspect on the WRES implementation under the well-led domain. The Trust's WRES data for 2020/21 was published in October 2021 and a WRES action plan developed. The national report was published in March 2022.

2.2.2 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a new mandatory standard introduced in April 2019. All NHS organisations are required to demonstrate progress against ten indicators; three workforce data metrics, six staff survey metrics and one Board metric. The Metrics have been developed to capture information relating to the experience of Disabled staff in the NHS. The Trust's WDES report for 2020/21 data was published in October 2021 and a WDES action plan developed.

The next phase of reporting for WRES/WDES will commence on 1 July 2022. It is a priority to review the workforce and staff survey data and produce a draft action plan to be presented at the EDIG meeting on the 22 July 2022. This will enable the finalised action plan to be presented at the Workforce Strategy Committee in August for the Board to meet the publishing deadlines for both reports.

Our current programme of work and action plans to address the disparities and raise awareness include:

- Reverse Mentoring Programme
- ICS Beyond Difference Leadership Programme
- Leadership development: coaching conversations,
- Difficult conversations workshops with Practive
- Civility policy and toolkit
- Feedback skills workshops with the OD leadership team
- Professional Nursing Advocate (PNA) programme, active recruitment of nurses from an ethnically diverse background.
- WRES Expert Programme. Our candidate on the 2021/22 cohort is currently on leave.
- Developing a Health Passport for our workforce and Managers guidance documents, incorporating into our sickness management policy
- Raising awareness of hidden disabilities
- Neuro-Diversity workshops in partnership with Lexxic
- Deaf Awareness online training available for all staff and additional resource

2.2.3 Gender Pay and disparity

The next phase of the WRES will focus on enabling people to work comfortably with race equality. Through communications and engagement, we will work to change the deep-rooted cultures of race inequality in the system, learn more about the importance of equity, to build capacity and capability to work with race.

A continuous embedding of accountability is required to ensure key policies have race equality built into their core, so that eventually workforce race becomes everyday business. The WRES will continue to work to evidence the outcomes of the work that is done, publishing data intelligence and supporting the system by sharing replicable good practice.

With over one million employees, the NHS is mandated to show progress against several indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

Gender pay
The Gender Pay Gap for all staff 31st March 2021 was 6.72%. This was the first reported data for University Hospitals Dorset NHS Foundation Trust. The previous year combined legacy organisation data produced a position of 7.9%, a theoretical reduction of 1.18%.

Disparity

The Race Disparity Ratio is the difference in proportion of BAME staff in Band 8 and above vs B5 and below in a Trust compared to proportion of White staff at those bands.

Progression closer to 1.0 is positive.
The position for clinical staff;
[lower 1 to 5, middle 6 & 7, upper 8a and above]
- Disparity lower to middle   1.96
- Disparity middle to upper   2.03
- Disparity lower to upper   3.98

The position for non-clinical staff;
[lower 1 to 5, middle 6 & 7, upper 8a and above]
- Disparity lower to middle   1.26
- Disparity middle to upper   2.49
- Disparity lower to upper   3.14

> Our data suggests that:
> ==clinical white staff are 4 times more likely to progress to a senior role==

2.3   Recruitment

The recruitment team have initiated values-based recruitment and training for managers. Values highlighted at every state of the recruitment process, including interview questions template and toolkit.

Project Kickstart: 2 placements within the trust (January 2022). One of the placements has now been appointed to a substantive post within the trust.

The national Scholarship Qualification programme co-ordinated by the ICS team is progressing. To date 14 Healthcare Assistants have been placed at UHD. Further development of the programme is to widen the opportunities across the whole Dorset healthcare sector and improving access to under-represented groups and characteristics, in line with our WRES/WDES standards.
The EDI lead for UHD has been requested to join this group to provide expertise and guidance on equality and inclusion.

The work plan includes:
- Values based recruitment and training for managers.
- Values highlighted at every state of the recruitment process, including interview questions template and toolkit.

- The work on supporting the recruitment of International Nurses has been highlighted as good practice in the NHS Employers International Recruitment toolkit:
- https://www.nhsemployers.org/publications/international-recruitment-toolkit
- **Project Kickstart:** 2 placements within the trust (January 2022), others in the recruitment pipeline.
- National Scholarship Qualification, working with the ICS and Job Centre to provide a 4-week pre-employment development programme. This will enable people to develop the skills and knowledge to successfully apply for entry level roles in the NHS such as Healthcare Support Worker. UHD diversity and inclusion lead is providing expert guidance to this programme to ensure accessibility and equal opportunities for all.
- Stay and Thrive programme run by NHSE/I in the South West has now reached into Dorset. The Educational leads for International Recruitment are working with the regional team and NHS England South West have recently launched an accommodation survey, following feedback from focus groups for IENs this was an ongoing issue across the region on cost and availability.

Relative Likelihood of staff being appointment from shortlisting across all posts (WRES data 2021)

Table 2.3.1 represents a positive trend in 2021 moving to 1.26 compared to 1.52 in 2020 showing a reduction in the likelihood of White staff being appointed from shortlisting compared to a representative sample of BME staff.

Indicator	Measure	2020			2021		
		White	BME	unknown ethnicity	White	BME	unknown ethnicity
Number of shortlisted applicants	headcount	2768	588	8	1539	659	0
Number appointed from shortlisting	headcount	781	109	4	445	151	0
Relative likelihood of appointment from shortlisting	auto calculation	28.22%	18.54%	50%	28.91%	22.91%	
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	auto calculation	**1.52**			**1.26**		

Table 2.3.1

2.4   Staff Networks

The National EDI team is developing its knowledge base on staff networks across the whole system.   There are good practices at many organisations, with some inconsistencies in how networks are run and resourced. The UHD Staff Networks have agreed Terms of Reference in place and chair/co-chairs identified.   We continue to work with the networks on workplans and objectives/aims for the coming year.

The recognition of the staff networks at a national level is acknowledged and welcomed, we continue to ask to be included on a local level to ensure the resourcing and ongoing support and development of our network leads is appropriate. Our UHD Staff Networks are more mature in their development and progress compared to many others in the region; evidenced by invitations to speak with other trusts.

A new network is in development for women and this is due to launch later in the year, following an engagement exercise and listening event to understand the need for this network

European Network

The European Network has campaigned tirelessly for our ethnicity to be recognised within the Workplace Race Equality Standard reporting and action plans. We are

very proud of the work we have done to lead this and are able to demonstrate in our organisation the lived experience of our European colleagues.

The European Network presented to the Cavendish Coalition in March 2021 our work in this area and many other NHS trusts were interested in this approach. The NHS Health and Race Observatory leaders have recognised the need to widen the data and reporting for all ethnic groups and we will continue to monitor this through our equality, diversity and inclusion group (EDIG).

We have built supportive working relationships with external organisations (Dorset Race Equality Council, Citizens Advice Bureau and the Cavendish Coalition) and internal HR teams to ensure our European colleagues had the best support available to enable them to process their Settled Status applications. The network has supported colleagues to be heard, be included in the work to support this staff group and acted as "Cultural Interpreters" for communication messages to ensure they are understood.

A big thank you to Lumi Georgescu in starting this network and acknowledgement of their commitment to continually raising the awareness of the issues our European colleagues face in our workplace. The network will continue to work with all staff network leads and the EDI group and be the voice of our European people.

Statute prohibits us from checking the status of our existing workforce, checks on right to remain or work in the UK are for new employees only. We continue to support colleagues and raise awareness of the help available internally and externally. It should be noted that approximately 500 staff are potentially eligible for settled or pre-settled status (around 6% of total Workforce). It is apparent that 11% (112) have replied to indicate their status but less than 6% (57) have confirmed settled or pre-settled status.

Black, Asian and Minority Ethnic Network

Our ethnic minority network has gone from strength to strength in the last year. Following the trust merger, we have increased the network presence and visibility across both major hospital sites at Poole and Bournemouth.

We are very proud of the work we have done to raise the voices of our colleagues and listen to those from an ethnic background, encouraged them to speak up and be confident to seek opportunities and career development throughout the organisation.

We have also provided an on-going programme of pastoral support to our International Nurses, many of whom arrived during the height of the pandemic and needed to isolate due to Covid-19 in our residences. We reached out with a warm welcome and an induction session to orientate them in the support available in the organisation and are valued in our workforce. The network representatives have continued to provide essential pastoral support.

We have been active members of the programmes in the trust to address the inequalities and less positive experience of our ethnically diverse workforce and continue to work with our members to support them in developing their confidence and skills to progress their careers:

- *Reverse Mentoring* Programme
- *Beyond Difference* leadership Programme
- *Professional Nurse Advocate* Programme
- Culture Champions
- Allies Workshops
- *We March!* Event celebrating the network and activity
- celebrating *International Nurses Day*

Our external networking and connections has brought many benefits to the organisation and our members. We take great pride in representing on behalf of our colleagues from UHD at The Filipino Nursing Association and Indian Nurses Association, as well as a keynote speaker for the HSJ and regional NHS networks and a visit to Downing Street to meet the Prime Minister.

The award of a British Empire Medal to one of the co-leads is a fantastic achievement and we are very proud of this acknowledgement of the leadership they have brought to the network. Judith Dube and Monica Chigborogu at Poole have developed their profiles and roles as co-leads and widened the reach of the network to all areas in the trust.

Our work in encouraging our members to speak up and be confident is evident in the increased reporting to the Freedom to Speak Up team and in the national staff

survey results on behaviours. We know this continues to be a problem and we will work with the organisation to raise awareness and highlight areas of concern.

The network will continue to be the voice of our ethnically diverse workforce and represent their views at the EDI group.

International Doctors Initiative

Dr Mohammed El-Masry is the lead for this network and continues to support newly arrived International Medical Graduates.

ProAbility

The ProAbility network is planning a listening event in July to raise awareness of the importance of updating ESR records and sharing information on health and disability. This is a key objective to improving declaration rates in the EDI strategy and nationally, educating why this is important and work together to generate psychological safety for everyone to bring their whole self to work.

The network has continued to raise awareness of the barriers for staff and patients who are deaf or hard of hearing. Resources and training have been implemented in the trust and peer support provided to staff who need reasonable adjustments and support with conversations using the Health Passport.

Lesbian, Gay, Bisexual, Transgender, Questioning+

The Rainbow Badge survey for staff, patients and community will be closing on the 16 June. We have submitted evidence and assessments on services and workforce processes/policies and await evaluation and feedback on how we can live our value of Inclusion.

The network is leading the representation of TeamUHD at Bourne Free Pride parade in Bournemouth on the 9th July.   Members, allies and their families have been welcomed to take part on the day and celebrate 50 years of Pride.

A new digital magazine has been developed with articles, quizzes and links to support organisations. This has been well received and has generated many enquiries to join the network meetings and events.

Armed forces

Rob Horton is now in post and developing their profile as the lead for the network and advocate for patients in the trust.

UHD has been awarded Silver by the Defence Employer Recognition Scheme for proactively demonstrating that service personnel and the armed forces community are not unfairly disadvantaged during the recruitment processes, or in their career. It also highlights UHD's commitment to understanding the needs of reservists and ensuring they do not lose out financially or professionally due to reservist training or being called up.

Rob's role includes leadership of the network and develop their profile as a support advocate worker for staff and patients across the Trust.

2.5   Health Inequalities

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. The Covid-19 pandemic highlighted the inequalities experienced by our population and the NHS long term plan has specific measurable goals for narrowing inequalities, the benefits of which are economic as well as social.

The Health Inequalities programme of work is reviewed through our EDI group and a review in January 2022 recommended a separate Health Inequalities assurance group. This is in development and will be linked to the existing EDI group to ensure the alignment of all work on disparities for both patients and our workforce

The Health Inequalities Assurance Board is in development, with a Governance and reporting structure separate to the EDI group.

Actions from EDIG

- Neuro Diversity awareness workshops have been completed with Lexxic in April and a further Discovery workshop is planned to provide a deeper dive into Neuro Diversity support for our workforce and a roadmap.

- EDIG terms of reference and action plans are being reviewed and refreshed, to prepare a comprehensive report reviewing back and looking forward with clear priorities and actions for the next 12 months in line with the strategy objectives.

Gypsy, Roma and Traveller (GRT) community

Gypsies, Roma and Travellers have a rich and diverse culture. Gypsy Roma and Traveller people belong to minority ethnic groups that have contributed to British society for centuries. Their distinctive way of life and traditions manifest themselves in nomadism, the centrality of their extended family, unique languages and entrepreneurial economy. It is reported that there are around 300,000 Travellers in the UK and they are one of the most disadvantaged groups.

In October 2021 and March 2022, the Margaret Clitherow Trust ran two workshops for UHD Staff, linked to our value of Inclusion and Listening to Understand and in collaboration with the Patient Experience team. This links to our work within the WRES, as we do have staff members who identify as being from the GRT community.

The purpose of the training was to raise awareness and better inform staff of the history and cultural needs of GRT communities and explore ways to improve the experience of both the community and the hospital staff in engaging and interacting with individuals and communities during their everyday work.

The training was well received and feedback positive that this has raised awareness and the historical context of this community.

The training scenario handouts and top tips developed from the workshops are available on this intranet page and are relevant to patient care and staff support. These can be shared and referenced as a resource for information. https://intranet.rbch.nhs.uk/index.php/equality-diversity-and-inclusion/gypsy-roma-and-traveller-communities

3.0   Workforce Information [staff on UHD 31st March 2022]

Embracing diversity supports the delivery of our strategic vision and helps to ensure that we are providing effective and inclusive services that meet the needs of our community.

We have a workforce EDI Strategy which is a public declaration of how we will demonstrably take forward our commitment to ensuring equality is embedded within all aspects of the organisation. Further details can be found on the Diversity and Inclusivity page on the Trust's website.

Staff Ethnicity

The staff ethnicity composition has become more diverse in 2020/2021 compared to 2019/2020, however the reported disclosure rate remains the same at 93.8%. Additionally, the workforce ethnicity profile is more diverse then the local community.

Ethnicity (Grouped)	31/03/2021		31/03/2022	
	Headcount	%	Headcount	%
Asian	1018	10.9%	1182	12.7%
Black	14	0.1%	12	0.1%
Chinese	58	0.6%	57	0.6%
Mixed	200	2.1%	243	2.6%
Not Stated/Undefined	578	6.2%	573	6.2%
White	7502	80.1%	7224	77.8%
Grand Total	**9370**	**100.0%**	**9291**	**100.0%**

Table 3.1.

Staff Disability

The percentage of staff declaring their disability disclosure has also improved compared to the previous year, staff are encouraged to disclose their disability status and continually update their data throughout their employment.

Disability	31/03/2021		31/03/2022	
	Headcount	%	Headcount	%
No	6902	73.7%	6942	74.7%
Not Declared	1127	12.0%	1076	11.6%
Prefer Not to Answer	7	0.1%	8	0.1%
Unspecified	974	10.4%	849	9.1%
Yes	360	3.8%	416	4.5%
Grand Total	**9370**	**100.0%**	**9291**	**100.0%**

Table 3.2

Staff Age Profile

The age profile for the Trust's workforce does raise a need to ensure that retire and return options are included in workforce planning. The dominating data suggests that 18.3% [55-64] of staff are approaching pensionable age whereas a further 24.4% [45-54] are approaching the period where similar choices are made. The trust needs to maintain options around retirement to retain colleague's valuable knowledge, skills and experience by allowing staff to retire and return to work. When comparing table 3.3 with 3.5, staff within age profile 55-64 present a potential issue for specialties other than Nursing and Midwifery.

All staff

Age Profile	31/03/2021		31/03/2022	
	Headcount	%	Headcount	%
Under 25	538	5.7%	477	5.1%
25-34	2337	24.9%	2319	25.0%
35-44	2228	23.8%	2243	24.1%
45-54	2244	23.9%	2265	24.4%
55-64	1762	18.8%	1703	18.3%
65 and above	261	2.8%	284	3.1%
Grand Total	**9370**	**100.0%**	**9291**	**100.0%**

Table 3.3

Medical Staff

Age Profile	31/03/2021		31/03/2022	
	Headcount	%	Headcount	%
Under 25	32	2.7%	42	3.5%
25-34	469	39.5%	444	37.2%
35-44	310	26.1%	305	25.6%
45-54	228	19.2%	244	20.5%
55-64	122	10.3%	126	10.6%
65 and above	27	2.3%	31	2.6%
Grand Total	**1188**	**100.0%**	**1192**	**100.0%**

Table 3.4

Nursing and Midwifery

Age Profile	31/03/2021		31/03/2022	
	Headcount	%	Headcount	%
Under 25	110	4.2%	109	4.1%
25-34	758	28.8%	793	30.0%
35-44	670	25.5%	685	25.9%
45-54	664	25.2%	651	24.6%
55-64	397	15.1%	377	14.2%
65 and above	31	1.2%	31	1.2%
Grand Total	**2630**	**100.0%**	**2646**	**100.0%**

Table 3.5

Staff Sexual Orientation

Declaration rates seem to be following a positive trend, this presents a positive message for staff and potential employees. Through our staff networks notably LGBTQ+ and the positive action with affiliated bodies and awareness events within the trust UHD can build on this inclusive culture and become one of the lead the employers of choice in Dorset.

Sexual Orientation	31/03/2021		31/03/2022	
	Headcount	%	Headcount	%
Bisexual	98	1.0%	122	1.3%
Gay or Lesbian	169	1.8%	173	1.9%
Heterosexual or Straight	6418	68.5%	6485	69.8%
Not Recorded	834	8.9%	733	7.9%
Not stated (person asked but declined to provide a response)	1842	19.7%	1765	19.0%
Other sexual orientation not listed	2	0.0%	6	0.1%
Undecided	7	0.1%	7	0.1%
Grand Total	**9370**	**100.0%**	**9291**	**100.0%**

Table 3.6

Gender

The female workforce continues to dominate the overall headcount with 75.5% of the staff being female. Male headcount has risen in the reporting period compared to the previous year. This is comparable with the NHS national demographic.

Gender	31/03/2021		31/03/2022	
	Headcount	%	Headcount	%
Female	7165	76.5%	7018	75.5%
Male	2205	23.5%	2273	24.5%
Grand Total	**9370**	**100.0%**	**9291**	**100.0%**

Table 3.7

Religion or Belief

UHD has a multi-faith workforce and our chaplaincy service covers all hospital sites providing a confidential service that is available for patients, relatives, friends and carers, irrespective of whether you have a religious faith.

Chaplains are people with time to listen, offer support and journey alongside you. The team is made up of ordained chaplains and volunteer staff from the Christian and Jewish faiths. We can also contact faith leaders from the Muslim, Buddhist, Baha'i, Hindu, Sikh and Pagan traditions.

In table 3.8 during the reporting period more staff are proportionally disclosing their religion or belief.

Religious Beliefs	31/03/2021		31/03/2022	
	Headcount	%	Headcount	%
Atheism	1484	15.8%	1526	16.4%
Buddhism	64	0.7%	61	0.7%
Christianity	4089	43.6%	4119	44.3%
Hinduism	114	1.2%	129	1.4%
I do not wish to disclose my religion/belief	2078	22.2%	2009	21.6%
Islam	167	1.8%	188	2.0%
Jainism	1	0.0%	1	0.0%
Judaism	20	0.2%	17	0.2%
Not Recorded	826	8.8%	727	7.8%
Other	521	5.6%	503	5.4%
Sikhism	6	0.1%	11	0.1%
Grand Total	**9370**	**100.0%**	**9291**	**100.0%**

Table 3.8

4.0   NHS Staff Survey: 'Together we can'
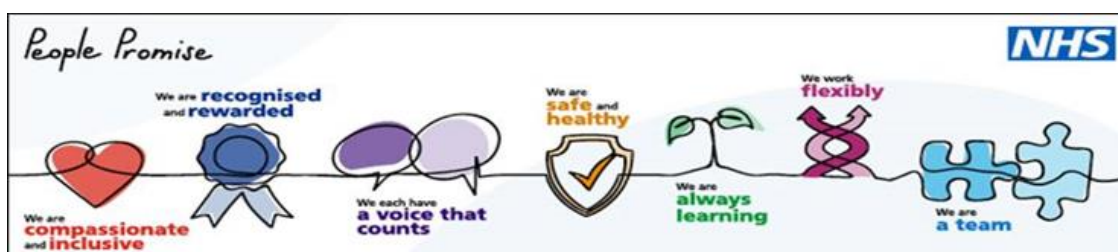
The new look NHS Staff Survey

The 2021 NHS Staff Survey was changed to reflect the themes in the NHS People Promise. All the People Promise scores for the 2021 NHS Staff Survey for UHD are broadly in line with the sector scores for other Acute and Community Trusts, with the 'We are compassionate and inclusive' score higher than the average of benchmarked trusts. When ranking UHD People Promise sub-scores, this sub-score was significantly higher than other People Promise scores.

Response rate

The NHS Staff Survey 2021 response rate for UHD was 37% (3393 staff) which was slightly higher than in 2020. A total of 32 scores were significantly better with 9 significantly worse and 58 showing no significant difference. Overall, 41 scores dropped below the UHD 2020 results. It is of note that the score for Question 17a,

around raising concerns, improved from 74% in 2020 to 77% in 2021. Infographic on page 22 shows NHS Staff Survey results for BME staff relating to WRES indicators.

Areas of recommended focus:

- A review of the questions which make up the motivation score/ratio are likely to improve by resolving other issues from the survey.
- Assess the way in which appraisals and reviews are conducted in order to increase their usefulness in supporting staff to find new ways to improve how they do their job.
- Identify where particular groups/areas in **which staff say relationships are strained** and consider localised action to improve staff communications and interactions.
- Ensure that team meetings allow all voices to be heard and encourage core values such as respect for each other.
- Work directly with staff groups to understand why some would not recommend UHD as a place to work - and take appropriate action.
- Interrogate Staff FFT data/comments to identify whether this view is organisation-wide or limited to an area. Use FFT data and comments to monitor progress over time.
  [The NHS Staff Survey Results are in the public domain.]

Infographic on page 23 shows NHS Staff Survey results for BME staff relating to the WRES indicators
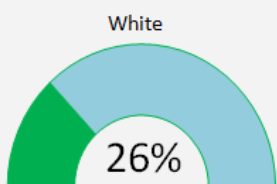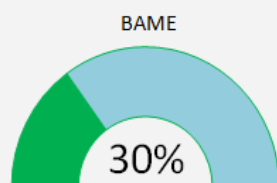
9.1
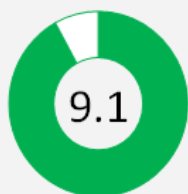
2021 UHD Staff Survey—Staff responses from those of an ethnically diverse background (BAME)

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 BAME employee experience as reported in the survey.

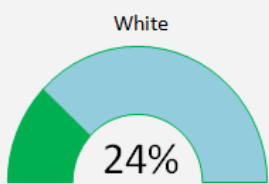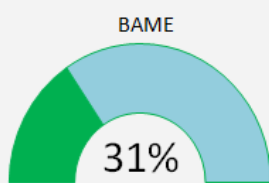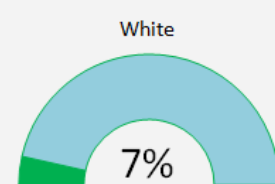| Indicator 5: Bullying, Harassment or Abuse From patient, relatives or public in last 12 months	Indicator 6: Bullying, Harassment or Abuse From staff in the last 12 months	Indicator 7: Equal opportunities: Believing Trust provides equal opportunities for career progression or promotion	Indicator 8: Discrimination: Staff experiencing discrimination from their manager / team leader or other colleagues
BAME	BAME	BAME	BAME
30%	31%	46%	17%
White	White	White	White
26%	24%	60%	7%
4% difference	7% difference	14 % difference	10% difference
Score is WORSE since the year before (2020)	Score is WORSE since the year before (2020)	Score is WORSE since the year before (2020)	Our score is about the SAME since the year before (2020)
previous results	previous results	previous results	previous results
2020 27%	2020 29%	2020 78%	2020 17%
2019 30%	2019 26%	2019 80%	2019 14%
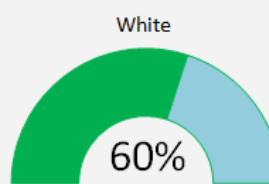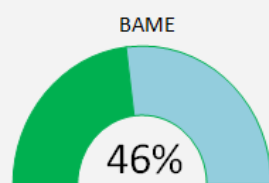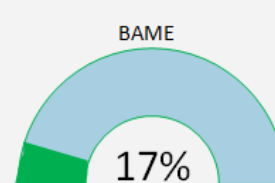
Total Staff response rate for UHD NHS Staff Survey 2020: 36%

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

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

5.0 Non-mandatory Training

The 2021 NHS Staff Survey question relating to UHD providing equal opportunities for career progression or promotion found 60% of White staff and 44.5% of BME staff believe they have equal opportunities for progression.

Although the likelihood of staff attending CPD or non-mandatory training that may lead to other opportunities presented a potentially deteriorating representation. UHD aims to provide development for all staff to address this disparity.

Relative likelihood of staff accessing non-mandatory training and CPD

Indicator	Measure	2020			2021		
		White	**BME**	**unknown ethnicity**	**White**	**BME**	**unknown ethnicity**
Number of staff in the workforce	**auto calculation**	7542	1243	202	7301	1899	326
Number of staff accessing non-mandatory training / CPD	**headcount**	5845	1089	263	4987	1165	258
Likelihood of staff accessing non-mandatory training / CPD	**auto calculation**	77.5%	87.61%	130.2%	68.31%	61.35%	79.14%
Relative likelihood of White staff accessing non-mandatory training / CPD compared to BME staff	**auto calculation**	0.88			1.11		

Table 5.1

6.0   Foundation Trust Membership

As a Foundation Trust, we are accountable to NHS England and NHS Improvement. 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 a number of 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).

	31/03/2021	
Public Constituency	**Number of Members**	**Eligible Membership %**
Age (years): 0-16 17-22 22+	 10 145 14,640	 112,437 34,145 487,012
Ethnicity: White Mixed Asian or Asian British Black or Black British Other	 13,725 105 203 40 34	 579,773 8,361 12,709 2,977 2,343
*Socio-economic groupings: AB C1 C2 DE	 4,703 4,389 2,888 2,789	 62,777 88,900 64,746 65,562
Gender Analysis Male Female	 5,462 9,196	 314,309 319,285
Additional information: 15 public members with no dates of birth 703 members with no stated ethnicity and 152 members with no gender declaration *socio economic data is completed using profiling techniques (eg postcode) or other recognised methods. To the extent socio economic data is not already collected from members, it is not anticipated that NHS foundation trusts will make a direct request for this information from its members		

Table 6.1 UHD membership at 31 March 2021.

7.0   Compliance with mandatory reporting and the Equality Act 2010

The Public Sector Equality Duty

The Equality Act 2010 (s.149) places an Equality Duty on public bodies which encourages the Trust to engage with the diverse communities affected by our activities to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve. The Equality Duty consists of a General Duty with three main aims. It requires the Trust to have due regard for the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by or under the Equality Act 2010
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having 'due regard' means the Trust must consciously think about the three aims as part of our decision making processes and considerations of equality issues must influence our decisions, such as, how we act as an employer; how we develop, evaluate and review policy; how we design, deliver and evaluate services and how we commission and buy services from others. The general duty is also underpinned by several specific duties which include the need for us to:

- Set specific, measurable equality objectives;
- Analyse the effect of our policies and practices on equality and consider how they further the equality aims;
- Publish enough information to demonstrate we have complied with the general equality duty on an annual basis.

Specific Duties

The Equality Duty is supported by specific duties, set out in the regulations which came into force on 10th September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty, and to set themselves specific measurable equality objectives. All information must be published in a way which makes it easy for people to access. 8 The information published must include;

- Information relating to employees who share protected characteristics (for public bodies with 150 or more employees); and
- Information relating to people who are affected by the public body's policies and practices who share protected characteristics (for example, service users).

- However, it is up to each public body to decide itself what information it publishes to show its compliance with the Equality Duty.

Publication Duties

The information must be published on an annual basis. The Trust has published;

Workforce Figures

The information published on workforce figures identifies information in relation to the Trust's workforce and protected characteristics as defined by the Equality Act 2010 annually;

- Workforce Race Equality Standards (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap Report

Gender Pay Gap Reporting

In accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, employers with 250 or more employees are required to publish statutory calculations no later than 30th March each year.

The information aims to establish the pay gap between male and female employees in March the previous year. For the 2021 submission, organisations were afforded an extension to the publication date, however we published our 2020 report on 30 March 2021.

The Equality and Human Rights Commission defines the difference between equal pay and the gender pay gap as follows:

- Equal pay means that men and women in the same employment performing equal work must receive equal pay, as set out in the Equality Act 2010.
- The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation or the labour market. It is expressed as a percentage of men's earnings.

Salaries at the Trust are determined through a national NHS job evaluation scheme called Agenda for Change (AfC). Job evaluation evaluates the job and not the post holder. It makes no reference to gender or any other personal characteristics of existing or potential job holders. Therefore, the Trust is confident it is paying the same salary to roles of equal value.

The legislation requires an employer to publish six calculations:
- Average gender pay gap as a mean average

27

- Average gender pay gap as a median average
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment
- Proportion of males and females when divided into four groups ordered from lowest to highest pay.

Equality Delivery System 2 / Equality Delivery System 3

EDS2 is a mandatory framework to assist us with ensuring we treat our patients and staff fairly and equally. The Equality and Diversity Council (EDC) is currently leading on the development of EDS3 and are collating suggestions and seeking input ahead of its implementation. The launch of EDS3 was expected in 2020 but due to the Covid-19 pandemic it is delayed. The Dorset ICS through Dorset County Council are investigating a system approach to EDS3.

With the implementation of the Integrated Care System in Dorset, Citizen panels and forums are being developed. These platforms will provide an opportunity to undertake a system wide EDS3 assessment with improved access to community groups.

Equality Impact Assessments

An EqIA is the detailed and systematic analysis of the potential or actual effects of a policy, procedure or process, which is undertaken in order to establish whether the policy, procedure or process has a differential impact on different groups of people.

The aim of the EqIA is to eliminate discrimination and produce positive outcomes for equality. EqIA audits are undertaken on a quarterly basis and reported back to the Diversity and Inclusivity group.

8.0   Charters

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.

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   Developments

9.1

The NHS Race and Health Observatory (RHO) has been established to support the NHS in improving healthcare access, experience and outcomes of Black and minority ethnic patients and communities. Their strategy is an important document and has been referenced in the work we are undertaking to reduce health inequalities and support our workforce. Their Report on Terminology has been reviewed by our Black and Asian minority ethnic network and they will recommend adoption of the key 5 principles to the next EDI group meeting:

- Be specific: collective terminology should never be used for convenience or to save time
- No acronyms or initialisms: not using when referring to a group of human beings
- Context – only use collective terminology where we absolutely must.
- Transparency – always be up front and open about the approach we have taken to language.
- Adaptability – Accept that language develops and that a term that is acceptable today may not be in a few months' time.

The first national conference for the RHO was held at the beginning of July and the key themes and outputs from the event are:

- Use data to produce solutions
- Sustained and meaningful engagement with communities, patients and workforce
- Accountability for everyone
- Point moral compass in the right direction
- Importance of Leadership

The [NHS Employers](#) report on the experience of Disabled staff during covid is now published. The report contains nine recommendations for NHS trust which developing a staff network. We are proud of the work of our ProAbility staff network, which started in 2019, and the work they continue to do to raise the voices of Disabled colleagues to the top of the organisation.

The next reporting phase of the workforce equality standards will be July 2022 and the national NHS teams, NHS Employers and the RHO will be focused on actions that deliver improvement and sharing good practice across all the NHS systems.

9.2 Stonewall

Membership of the Stonewall Diversity Champions programme has been reviewed through EDIG and a survey through the LGBTQ+ staff network. There have been emails into the organisation, Freedom of Information requests and questions to the public Board meeting on our membership, the risks relating to advice and guidance from Stonewall and its reputation. All responses have been consistent, we take advice from several sources with Stonewall being one of them and our membership is reviewed annually through the appropriate channels.

The staff network considered the support available to their members and patients and recommended continuing membership of Stonewall; renewal has now been approved by the Board [February 2022].

9.3 NHS Rainbow Badge Project

UHD has been a successful partner of the Phase I NHS Rainbow badge project since 2018 (under previous identity as RBCH), as a pledge campaign in return for displaying visible symbols of ally ship (lanyards, badges and displaying posters). We delivered over 4000 lanyards, 2500 badges, attended team meetings and held events (pre-covid-19) on pronouns, ally ship and support.

In 2022 UHD has been accepted as a pilot site for Phase II of the Rainbow Badge Project, commissioned by NHS England, in collaboration with LGBT Foundation, Stonewall, The LGBT Consortium, Brighton & Hove Switchboard and GLADD. The application for the project was endorsed by the Chief Finance Officer, as Executive Lead for Equalities and Sponsor for the LGBTQ+ staff network, alongside the staff LGBTQ+ network lead.

The pilot for Phase II moved from a pledge-based system towards an assessment model and allowed Trusts to demonstrate their commitment to reducing barriers to healthcare for LGBT people, whilst evidencing the good work they have already undertaken.

The criteria for the pilot were written following input from 5 separate focus groups. 2 of these groups featured professionals who gave a valuable insight into the challenges facing Trusts when trying to be more inclusive of LGBT staff and patients. 3 of the groups were for patients only and allowed for a greater understanding of the lived experiences of LGBT patients.

This project will enable us to reach out to community groups and through our existing community partners, to engage and hear from our LGBTQ+ community directly on their experience of accessing and using our hospital services. In addition, the project evidences the working relationships with NHS England and verified partners, including Stonewall, to ensure the project is balanced and without bias.

Pilot Assessment Process:

- Policy review
- Staff survey
- Patient survey
- Assessment Questionnaire - completed through a collaborative workshop approach or self-submission document

The review period is January – July 2022. The feedback and evaluation will provide critical data for the organisation regarding health inequalities and creating an inclusive and safe space to work.

The staff LGBTQ+ network has been re-launched with a new lead appointed and updated terms of reference. The network is developing their aims, aligned to the values, and objectives for the next 12 months.

LGBT+ history month has created an opportunity to promote the staff network, engage with staff and host an online poetry session with the LGBT Poet Laureate Trudy Howson. This has raised the profile of the network, 5 new members have come forward, 20 pledges for inclusion and 3 members of staff requesting,

9.4   Partnership working during organisational change – UHD Case Study publicised by NHS Employers

During a period of transformation, University Hospitals Dorset had to ensure there would be a strong focus on inclusivity as a core value, acknowledging and celebrating workforce diversity as a newly merged trust. The trust used the NHS Employers Diversity in Health and Care Partners Programme as a springboard for resources and information, establishing strong staff networks and creating a culture of listening to understand. The case study can be found (Partnership working during organisational change | NHS Employers).

9.5   Freedom to Speak Up

UHD continues to be an active contributor to the work from the National Guardians Office (NG0). 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 1 below shows how staff at UHD use this service as compared to surrounding healthcare.

Table 1 illustrates that the number of referrals coming to the FTSU team at UHD is above that of our neighbouring Trusts but also that of the national average for similar sized Trusts.   The national average for medium / large trusts are 32.7 per quarter. UHD has just under double this with 58 cases per quarter. Speaking up needs to be everyone's business and not just our FTSU team.

Table 1: NGO data **2021/22**	Size	Qtr1	Qtr2	Qtr3	Qtr4	TOTAL (Qtr 1-3)
Dorset CCG	Small	1	2	0		**3**
Dorset County	Small	2	19	No data		**21**
Dorset Healthcare	Medium	24	31	28		**83**
Salisbury	Small	18	16	27		**61**
Solent	Medium	No data	2	7		**9**
University Hospitals Dorset	Medium	57	71	58	46	**186**
University Hospitals Southampton	Large	8	25	No data		**33**

This is reflected further in the annual NGO FTSUG survey (section 3.7.5) which warned caution to our leaders with FTSUG carrying out more reactive work (listening to workers) rather than proactive (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. This needs consideration and discussion. Many trusts are looking at developing deputy guardian roles to create resilience but also create more time for the FTSUG to help support the trust at being more proactive in the years coming.

The FTSU team wanted to look at why staff were using this route for concerns. Data has been collected since January this year (Qtr 4) by asking staff why they are using this route to raise concerns. Table 2 shows that in 52% of referrals, staff stated that their line manager was the issue of the concern. In 22% of the referrals the line

manager was aware of the issue but not addressing the issue. The staff survey mirrors these observations (refer to section 3.7.6).

Results show that for those whom completed it, whilst they felt issues and concerns would be addressed more than the average it is a decrease on results seen at UHD the year before (q17b). Furthermore, in Q21f, only 50.1% reported saying that they are confident issues would be addressed. The hypothesis that following the recent staff changes in management, staff were not aware of whom to escalate issues to is not playing out in this data.

	Qtr 4 (2021/22)
Unaware of who line manager is	3
Line manager is aware of the issue but have not acted or addressed the issue	10
Not secure in raising the concern with the line manager	2
The line manager is the issue of the concern	24
Did not think to ask my line manager	6
Unknown	1
TOTAL	**46**

10.0 Conclusion

There have been many conflicting priorities impacting the EDI workforce and patient work during the escalation and de-escalation phases of Covid-19. There is a prominent focus on staff wellbeing, recovery of patient services as well as Tier 3 leader restructuring, some of which will have had a positive impact on how we work now and how we can take EDI forward.

There has been a need to streamline meetings, training and development and deliver via TEAMS, all of which have had an impact on face to face engagement. Often staff are time pressured and unable to participate in many training or engagement events.

In addition to our own internal UHD EDI work plans and priorities, we are also required to engage and adhere to the national and regional EDI work streams, best practice forums and focus groups lead by NHSE/I.

The national NHS Race & Health Observatory was developed during pandemic to lay out some clear evidence-based principles, guidelines and best practice on health inequalities for patients and workforce. This is new additional information and will need to be incorporated into our EDI workforce and patient plans.

The Government Health & Social Care report includes key recommendations for the role of ICS in relation to health inequalities.

In terms of risk, UHD now has a much broader EDI work plan including Health Inequalities meaning that priorities are constantly having to be assessed and reviewed. UHD would benefit from the allocation of additional resource to maintain current momentum and this should include dedicated analyst support and resource for the Patient Engagement Team.

In summary, a significant amount of progress has been made regarding our EDI agenda and work plan. We do however recognise there is still more work to do to in line with our maturity assessment to ensure we continue to fully embed a compassionate and inclusive culture.

11.0 Next steps:

- Review all data reports and prepare actions plans for the coming 12 months priorities, in conjunction with the EDI group, staff networks and present to the Workforce Strategy Committee and the Board
- Review the terms of reference for the EDI group
- Update the WRES/WDES data reports and action plans, ensuring the actions are clearly defined and aligned with the data story, directives from the national WRES/WDES teams and in partnership with our Dorset ICS partners.
- Submit the equality data and publish the equality reports in line with the mandated deadlines.
- Continue to develop the working relationship and system reporting with our ICS partners and the SWEDI team.

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.