

Equality, Diversity and Inclusion

Annual Report 2023 - 2024



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Foreword

We are proud to publish our 2023 / 24 EDI report, highlighting our key successes over the past year and our priorities for 2024 / 25. A lot has been achieved in the reporting period since the last report was published in October 2023, however we are not complacent in our aspiration to be an inclusive organisation.

At UHD we strive to ensure each individual patient and member of staff, regardless of their protected characteristics, has a positive experience of our services and we are a great place to work. We know that many of our people are also our patients and within the wider context of population health and reducing health inequalities, it is ever more important to achieve a strong link between equitable and inclusive services and the experience of our staff.

We also know that being truly inclusive involves commitment from all individuals across the Trust. By doing so, we enhance the compassionate and inclusive culture we need to recruit and retain a workforce that represents our patients, reflects our Trust's values and in turn, continually improves patient outcomes and experience.

Although we can now see Global Majority Staff represented at all levels of the organisation, we must continue to question ourselves as an aspiring Inclusive Employer. Our key EDI objective for 2024 and the next 3 years will be **'To have a representative workforce at all levels of the Trust.'**

This is supported by our UHD Anti-Racism Statement endorsed by the Board of Directors.

Our UHD Communications team continue to be instrumental in supporting our campaigns in collaboration with our Staff Networks and colleagues. This report only highlights a small fraction of the activity both Communications and the Staff Networks support.

Most importantly, as UK experienced a period of social unrest this year, Team UHD was galvanised in its condemnation against racism to support our staff and we will continue listening events and take actions in the pursuit of being a truly inclusive organisation.

Introduction

University Hospitals NHS Foundation Trust (UHD) was founded on 1 Oct 2020 under the Health and Social Care (Community Health and Standards) Act 2003 and is a statutory body.

We have over 10,000 staff serving a predominantly White British population, our Global Majority staff numbers have increased to 23.87% in 2024. As well as delivering excellent general hospital services, our Trust is home to a range of specialist services and facilities including:

- our flagship Dorset Cancer Centre, offering medical and clinical oncology services for the whole of Dorset, serving a total population of over 750,000
- a major trauma unit for east Dorset, serving a population of more than 500,000 people
- a state-of-the-art Cardiology Unit (the Dorset Heart Centre), and
- our award-winning orthopaedic service providing hip and knee replacements (the Derwent Unit)

Within UHD we pride ourselves on the delivery of safe and high-quality care. Every single person working within this organisation makes a difference to the quality of care provided.

We are active partners in the Dorset integrated care system (ICS), bringing together all parts of the NHS and local authorities to focus on improving the health of the local population. Within the ICS, we are part of the Dorset Provider Collaborative which is focused on reducing health inequalities in acute care across the local health and social care system through joint clinical pathways. In partnership with our hospital charity, we build and enhance clinical facilities to create an outstanding care environment for our patients and for our staff. We are growing our existing portfolio of innovation projects and our reputation in this field, to become a national leader for innovation within the NHS.

Patient First and Inclusion

Patient First is our vision to develop a sustainable culture of continuous improvement at UHD. At its heart is an acknowledgement that when staff thrive our patients experience sustained improvements in the quality and experience of their care.

We acknowledge this will require a different way of working to unleash the passion and skills of our staff, create a sense of belonging and promote a more inclusive service and workforce, so that all people will want to stay and positively contribute to the success of our organisation.

Patient First is the UHD Improvement Method to support the delivery of our refreshed strategy and strategic priorities.



Our values have been developed as a result of engaging with and listening to our staff to understand 'what is important to them'? Our values underpin our vision and mission. They are the standards shared by all UHD staff. They guide our day-to-day decisions and the way we behave. They describe what is important to us and 'the way we do things around here'. What is striking about the values developed by staff is their duality. Each one consistently and equally speaks to the values for staff **and** for patients. This is a very distinct feature.

What are we trying to accomplish?

Team UHD has five strategic themes support the delivery of our long-term vision:



Our Public Sector Equality Duty

As a public sector acute care service provider, we must comply with the Public Sector Equality Duty (S149) within the Equality Act (2010), which requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not.

We take our duty seriously, but we want to go beyond compliance to truly valuing people and being inclusive. This is the thinking that underpins our agreed Trust's equality objectives, year on year.

Our Equality Objectives 2021 - 2024

In 2021, we published our 3-year Equality, Diversity and Inclusion strategy and embarked on a series of actions throughout 2021 - 2024. Recognising that much of the work needs to be sustained over the long term, our 2023-24 priorities reinforced objectives that were already in train, with renewed energy to ensure we continue achieving tangible outcomes.

We committed to:

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

The following are some of the key highlights involving our work and progress in 2023/24:

- for UHD NHS staff survey results under the People Promise theme "We are compassionate and inclusive" we maintained a score of 7.38, compared to the national average of 7.24
- our Workforce Race Equality Standard 2024 shows positive movement across most of our metrics and the Global Majority Representation is now 23.87%
- our Workforce Disability Equality Standard 2024 shows positive movement across some of our metrics and Disability disclosure is now 6.3%
- Our 2024 Gender Pay Gap decreased to 3.53%
- the Equality Delivery System assessment increased to 18 in 2024 from 17 in 2023
- we held several key engagement events including Cultural Celebration, UHD Pride, Purple Light Up, Menopause Awareness championed inclusion at UHD
- a recent review was undertaken with the Staff Networks providing the opportunity to seek greater alignment with our UHD objectives while strengthening their roles and purpose

Equality Data Monitoring

People who come into contact with our organisation, either for care and treatment or employment are asked questions about protected characteristics such as age, disability, ethnicity and sexual orientation. We collect this data, known as equality monitoring information, for equality monitoring purposes. Analysing and understanding this data helps us formulate our plans and respond to people's individual needs.

The information we receive or write down about people is securely and confidentially stored on our electronic patient record or electronic staff record (ESR). Data extracted for analysis in this report is anonymised and used only to identify and respond to any findings, particularly those affecting minority and disadvantaged groups which share certain protected characteristics.

We must respond to a range of national standards relating to equality, provide data and demonstrate compliance and improvement progress annually. These are currently:

- Equality Delivery System (EDS2022)
- Workforce Race Equality Standard (WRES)
- Gender Pay Gap (GPG)
- Workforce Disability Equality Standard (WDES)
- Accessible Information Standards (AIS)

This section provides a summary of our reporting compliance and key findings.

Equality Delivery System

The Equality Delivery System (EDS) is a mandatory equality framework used by NHS organisations to review their performance against measures to improve access, experience and outcomes for people with protected characteristics as defined in the Equality Act (2010). It is also used to support development towards our Public Sector Equality Duty (PSED) with the goals and outcomes within EDS relating to the issues that matter to people using services, the workforce and the wider public. In January 2023, we commenced a transition from EDS 2 to the revised framework, EDS 2022 in collaboration with our NHS partners in the Dorset ICS and reported a developing assessment. In January 2024 a second assessment was undertaken grouped under the following 3 domains:

- commissioned or provided services, in partnership with the Dorset ICS
- workforce health and wellbeing internally at UHD
- inclusive leadership internally at UHD

We assessed ourselves against each of the 11 outcomes, using the following grading options:

Undeveloped activity (i.e. no evidence of activity for protected groups)	Developing activity (i.e. evidence of activity (often good) but not for all protected groups)	Achieving activity (i.e. good evidence of activity for most protected groups)	Excelling activity (i.e. good evidence of activity for all protected groups)
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In our recent assessment (February 2024) we achieved an EDS Organisation Rating (overall rating) of 18. This score remains within the **developing activity** and improving on 2023.

To fully benefit from this assessment UHD will ensure our EDS findings are fully integrated into our Patient First Improvement Programme and our Equality, Diversity and Inclusion (EDI) priority action plan.

Workforce Race Equality Standards

The Workforce Race Equality Standard (WRES) came into force in 2016 and is an annual submission completed by all NHS healthcare providers. It compares information against nine key indicators regarding the experiences of Black, Asian and minority ethnic staff compared to White staff within the Trust. Key findings from our 2024 UHD WRES report compared to the previous year are shown in the table below.

Improvement areas are highlighted with a green arrow. The national position is shown for 2023 and the full cycle of WRES reporting will conclude with the national report and comparison with other NHS organisations in Quarter 4 2024/25.

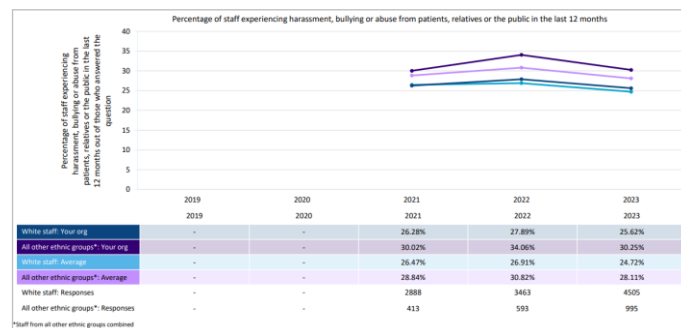
Compared to the 2023 WRES data, we have seen a positive and improving trend in a number of indicators, however the disparity gap is still large across a number of indicators. In summary, this report highlights the need for sustained action to address existing racial inequity and discrimination within UHD.

The key findings from the 2024 submission show:

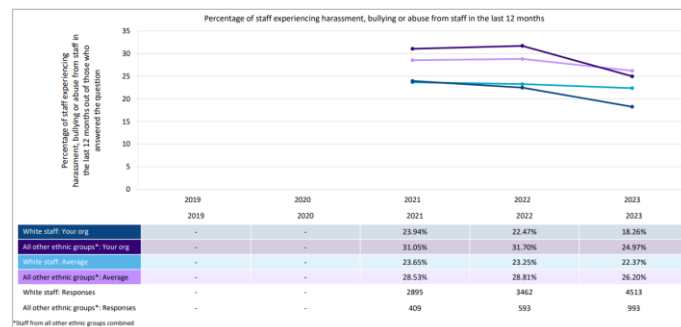
- Black Asian and Minority Ethnic or Global Majority represent 23.87% of the total workforce, an increase of 2.4% from the 2023 data position
- The UHD workforce now shows representation across all bands from Global Majority staff with Global Majority 'Very Senior Manager' representation for the first time
- White candidates remain 1.79 times more likely to be appointed from shortlisting than Global Majority staff
- Staff from our Global Majority are now twice as likely to enter the formal disciplinary process compared to White staff
- Global Majority staff remain less likely than White staff to access nonmandatory training and continued professional development opportunities
- Global Majority staff continue to experience more harassment, bullying or abuse from patients, relatives or the public than White staff
- Global majority staff report a higher level of experiencing harassment, bullying or abuse from other staff compared with White staff
- The perception around the equal opportunities for career progression or promotion within the Trust is lower amongst Global Majority staff than it is for White staff
- Global Majority staff are more than twice as likely as white staff to report personally experiencing discrimination at work by a Manager/Team leader or other colleagues
- The representation of Global Majority staff on the Trust Board is 12.87% with a disparity of -11% compared to organisational representation

WRES indicators		2021	2022	2023	2024 [1/4/23 –31/3/24]	Trend	2023 national
1. Percentage of black and minority (BME) staff [See also WRES metric 1 charts]	Overall %	16.8	18.7	21.5	23.87	↑	26.4
2. Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME		1.26	2.09	1.9	1.78	↑	1.59
3. Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.17	1.22	1.0	1.97	↓	1.03
4. Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff		1.11	0.79	0.9	0.91	—	1.12
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME %	27.0	30.0	34.1	30.0	↑	30.5
	White %	25.0	26.3	27.9	26.0		26.9
6. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	BME %	29.0	31.1	31.7	25.0	↑	27.5
	White %	22.0	23.9	22.5	18.0		21.7
7. Percentage of staff believing that trust provides equal opportunities for career progression and promotion	BME %	78.0	44.5	45.7	46.0	—	46.7
	White %	90.0	60.0	60.1	61.0		59.4
8. Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleague	BME %	17.0	16.8	20.3	16.0	↑	16.4
	White %	6.0	7.4	5.4	5.0		6.6
9 BME board membership [% difference]	[% difference]	13.7	12.2	15.0	11.0	↑	15.6

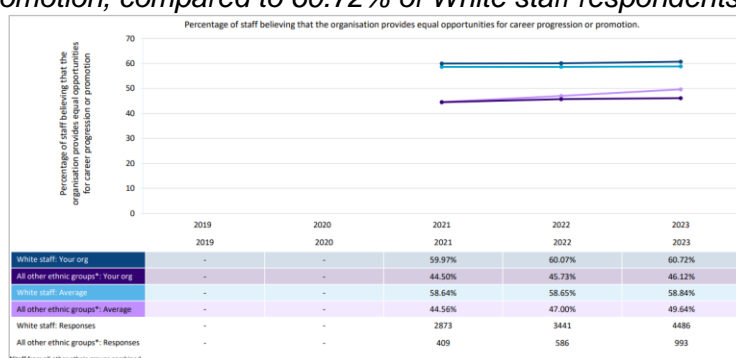
WRES 5: 30.25% of BME staff and 25.62% of White staff report experiencing harassment, bullying or abuse from patients, their relatives or the public in the last 12 months.



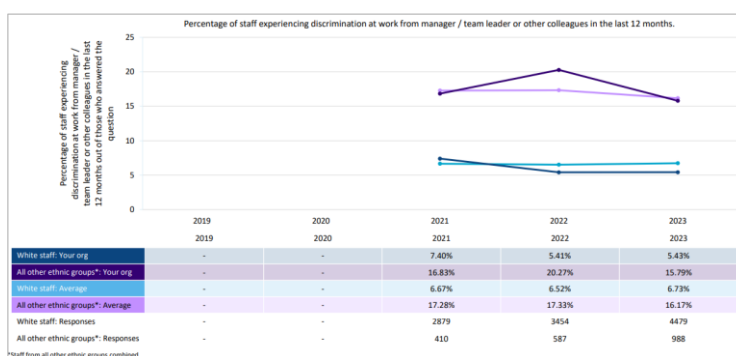
WRES 6: 24.97% of BME staff and 18.26% of White staff report experiencing harassment, bullying or abuse from staff.



WRES 7: 46.12% of BME staff believe that the Trust offers opportunities for career progression or promotion, compared to 60.72% of White staff respondents.



WRES 8: 15.79% of BME staff report experiencing discrimination at work from a manager or colleague, compared to 5.43% of White staff.



Based on a comparison to the 2023 data we have seen improvements in some indicators. However, the level of discrimination, harassment and bullying experienced by staff remains a significant concern. In this reporting period our external auditor has undertaken a review of our staff networks to inform future alignment to the Trust's needs.

This data has been shared with Diverse Ethnicity Network [DEN] staff network for collaborative solution planning. The focus will remain on fair recruitment, career progression, harassment and bullying and referral to formal disciplinary action.

Gender Pay Gap

The Gender Pay Gap (GPG) report consists of a set of calculations which enable organisations to identify the mean and median differences in hourly earnings between men and women. Organisations with over 250 employees must publish this information each year, using a snapshot data. The most recent report was published 31 March 2024.

It should be noted that the 2020 data was first published in March 2021, and this latest data snapshot took place on 31 March 2023, as per the regulations. Therefore, it will take some time for the impact of any actions to reduce the gender pay gap.

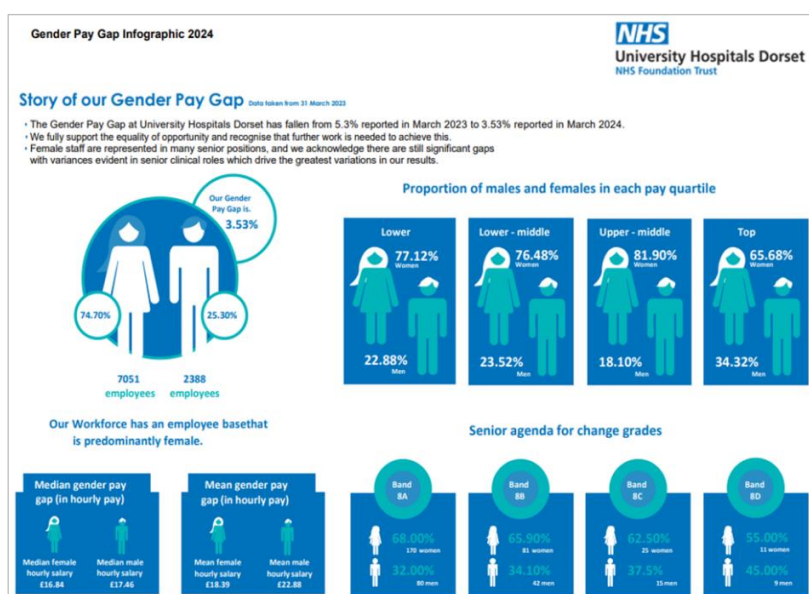
Separating the data for Agenda for Change and the Medical/Dental workforce gives a better understanding of where the greatest difference in pay and gender representation.

Key findings:

- our headcount increased by 148 to 9439 reported last year with 33 more female and 115 more males across UHD (31st March 2022 vs. 31st March 2023)
- this year our Gender Pay Gap is 3.53%. This is an improvement on last year's reported figure of 5.33% and continues the positive trend following the organisational merger in 2020
- there is an increase in representation at senior Manager level (8a, 8b, 8c and 9) of female staff. This is a positive move towards equitable representation with our workforce demographics
- the mean gender pay gap for the Trust overall is 19.63%. This has decreased by 1.32% from 20.95% reported last time
- if the Medical and Dental workforce are excluded from the calculation, the Trust's mean gender hourly pay gap would be 1.27%, compared to 19.63%. The Trust's median gender pay gap would be 9.78% in favour of female staff
- comparing the median hourly pay gap, women earn 96.5p for every £1 that men earn. Their median hourly pay is 3.53% lower than men
- there was no median bonus pay gap for 2023. When comparing mean (average) bonus pay, women's mean bonus pay is 35.96% lower than men. For the purpose of this report, the bonus payments are those made to consultants in the form of clinical excellence awards (CEAs), discretionary points and distinction awards.

The following actions will further support reducing the gender pay gap during 2024:

- review internal leadership development opportunities and encouraging our managers to have values-based appraisal and personal development discussions. This will impact the amount of UHD women who are ready for promotion to senior roles. We are recording and reporting on protected characteristics of delegates in all UHD programmes
- review recruitment guidance and training to include a more inclusive approach, notably through positive action. We will further develop and raise the profile of the UHD Women's network.



Workforce Disability Equality Standards

The Workforce Disability Equality Standard (WDES) came into force on 1st April 2019 and is a set of ten key measures (metrics) which enable NHS organisations to compare the workplace and career experiences between disabled and non-disabled staff. Key findings from our WDES data as of 31 March 2024 and in comparison, to previous years were:

Areas where there has been improvement from last year are highlighted with a green arrow. The national position is shown for 2023, the full cycle of WDES reporting will conclude with the national report and comparison with other NHS Organisations in the 4th quarter of 2024/25.






Key findings from the staff survey results incorporated into WDES reporting are:

- the declaration of Disability on the Electronic Staff Record (ESR) is now 6.3% compared to 5.6% in 2023
- the relative likelihood of a Disabled job applicant being appointed through shortlisting has improved from 1.24 reported in 2023 to 1.11 in 2024. A score of 1 indicates equal opportunity
- the relative likelihood of a Disabled colleague being in capability is 2.08. This means that Disabled staff are more than twice as likely to be in the capability process on the grounds of performance
- Disabled staff are more likely than non-disabled staff to experience bullying, harassment and abuse from patients, service users, relatives, members of the public, managers and colleagues than non-disabled counterparts. The gap is also increasing
- Disabled staff are less inclined to believe the Trust provides equal opportunities for career development as compared to those staff without disabilities
- Disabled staff feel more pressure than non-disabled staff to come to work when unwell
- 37.6% of Disabled staff reported that they felt valued for their contribution an increase from 31.48% reported in 2023
- 78.16% of Disabled staff reported they had the reasonable adjustment(s) required to perform their duties
- the staff engagement score for Disabled staff was 6.62, the first increase since merger
- there continues to be no declared representation of disabled staff on the Trust Board

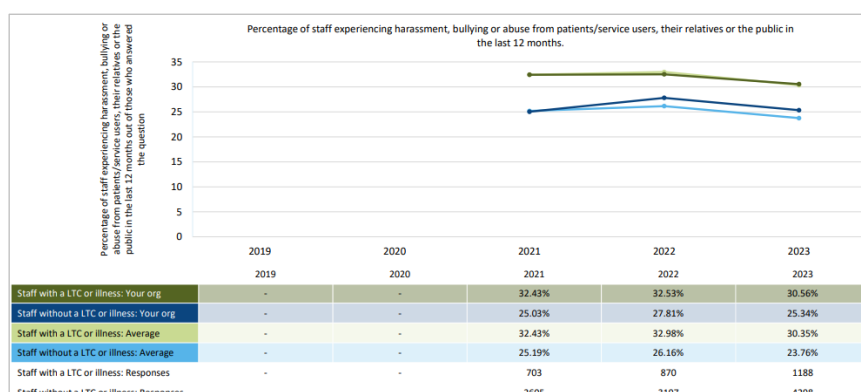
Workforce Disability Equality Standard 2024

Workforce Disability Equality Standard 2024 table 2.4.1		2021	2022	2023	2024	Trend	2023 national
1. Percentage of staff with a Disability compared to non-disabled staff [Disability declaration rate on ESR]	Overall	3.8	4.4	5.6	6.3	↑	4.9
2. Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.		0.96	1.2	1.24	1.11	↑	0.99
3 Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.		3.18	4.12	3.03	2.08	↑	2.17
4a i. Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public	Disabled %	28.4	32	32.5	30.56	↑	33.2
	non-disabled %	24	25	27.8	25.34		26.0
4b ii. Managers	Disabled %	48.2	15.3	15.3	13.05	gap worsened ↓	16.1
	non-disabled %	47.5	9.11	8.6	5.83		9.2
4c iii. Other colleagues	Disabled %	25.1	25.0	26.6	24.35	gap worsened ↓	24.8
	non-disabled %	16.7	19	17.8	14.21		16.5
4d) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	Disabled %	46.4	45.8	47.8	48.78	↑	51.3
	non-disabled %	47.5	46.1	42.8	46.03		49.5
5. Percentage of Disabled staff compared to Non-Disabled staff believing that the Trust provides equal opportunities for career development.	Disabled %	27.2	29.1	28.8	25.21	↑	19.9

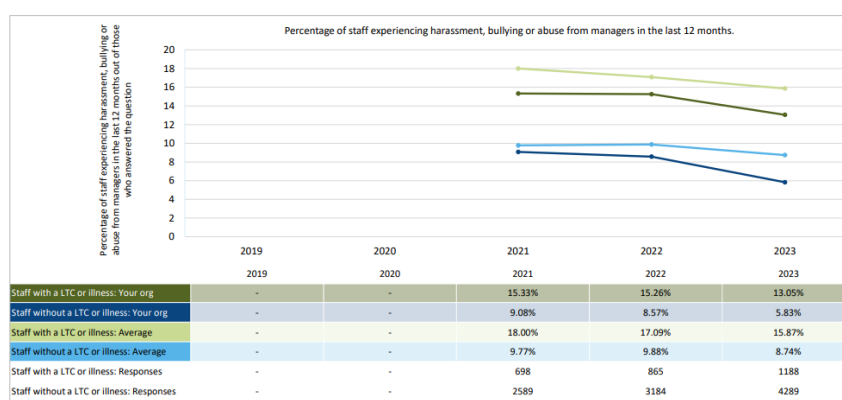
Workforce Disability Equality Standard 2024

Workforce Disability Equality Standard 2024 table 2.4.1 cont'd		2021	2022	2023	2024	Trend	2023 national
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.	Disabled %	27.2	29.1	28.8	25.21		27.7
	non-disabled %	23.7	21.0	19.6	16.17		19.9
7. Staff Survey Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled %	43.5	35	31.4	37.6		35.2
	non-disabled %	46.5	43	40.8	45.99		45.0
8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to conduct their work. [%]		81.3	78.3	78.0	78.16		73.4
9a. The staff engagement score for Disabled staff, compared to non-Disabled staff and the overall engagement score for the organisation.	Disabled	7.0	6.6	6.5	6.62		6.4
	non-disabled	7.3	7.0	6.9	6.96		6.9
9b. Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)	Disabled	Yes	Yes	Yes	Yes	WDES Survey – need to improve policies for Disabled staff	Yes
	non-disabled	Yes	Yes	Yes	Yes		Yes
10. Percentage difference between the organisation's Board voting membership and its organisation's overall workforce.	By voting membership of Board	not measured	.4	5.6	6.2		5.7

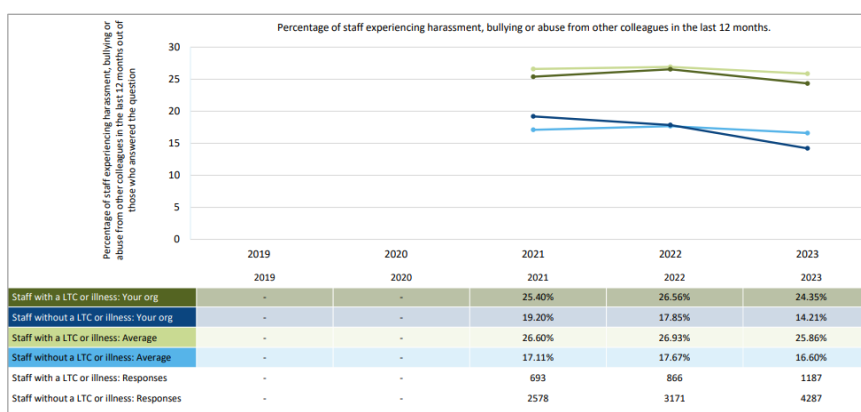
WDES METRIC 4a: The percentage of staff with a long-term condition or illness experiencing harassment, bullying or abuse from patients / service users, their relatives or the public has reduced to 30.56% compared to 32.53% reported in WDES 2023.



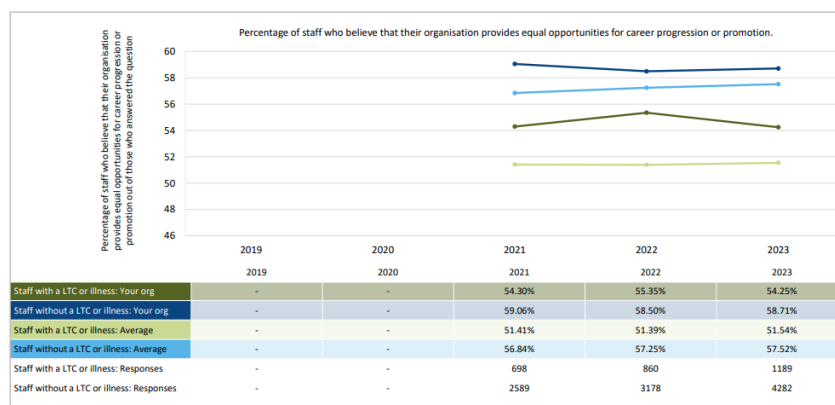
WDES Metric 4b: The percentage of staff with a long-term condition or illness experiencing harassment, bullying or abuse from managers reduced to 13.05% compared to 15.26% reported in WDES 2023.



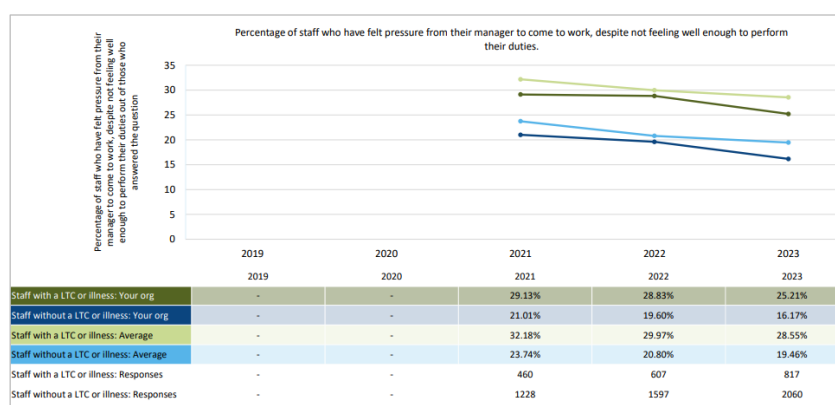
WDES Metric 4c: The percentage of staff with a long-term condition or illness experiencing harassment, bullying or abuse from other colleagues has reduced in to 24.35% compared to 26.56% reported in WDES 2023.



WDES Metric 5: The percentage of staff with a long-term condition or illness who believe that our organisation provides equal opportunities for career progression or promotion has reduced to 54.25% compared to 55.35% reported in WDES 2023.



WDES Metric 6: The percentage of staff with a long-term condition or illness who felt pressure from their manager to come to work, despite not feeling well has maintained decreased to 25.21% compared to 28.83% reported in WDES 2023.



Based on a comparison to the WDES 2023 data we have seen some improvements in our metrics. However, the disparity gap is still large across a number of the metrics and the level of discrimination, harassment and bullying experienced by Disabled staff remains a significant concern. In this reporting period our external auditor has undertaken a review of our staff networks to inform future alignment to the Trust's needs.

Accessible Information Standards

Since 2016, NHS organisations have been legally required to comply with the Accessible Information Standard (AIS). The AIS aim to ensure that people who have a disability or a sensory impairment can access communication materials in the way they require and are given information in a format they can understand. The AIS outlines the need to identify, record, flag, share and meet the communication and information needs of people using Trust services and their careers. In 2023 UHD introduced the Agyle system to flag additional needs for patients accessing services through their Care Plans in our Emergency Departments.

EDI Activity and Highlights

Staff Networks



The purpose of these employee-led groups is to provide support and guidance to other employees and provide insight and guidance to the organisation to assist in improving staff culture and experience.

The network group meetings are an opportunity to discuss challenges, progress and provide many opportunities for self and team development. Our network groups will develop and evolve over time.

Staff network groups are fully supported by the Senior Leadership Team and have explicitly given permission for employees to take reasonable time off to attend.

At UHD, we have a number of staff network groups with more in development:

- The Armed Forces Support Group
- The Diverse Ethnicity Network
- The European Staff Network
- The International Doctors' Support Group
- The ProAbility Staff Network
- The UHD Pride Network
- The Women's Network

For example, the Women's Network provides support and guidance to all women and all those who identify as women and allies working across UHD. There are numerous resources and links available through the intranet.

Due to the positive impact of our networks and the various stages of their maturity, our partner auditor has undertaken a series of focus groups and interviews with network leads and senior leaders to recommend how we can align the organisational priorities with our staff networks.

Freedom to Speak Up



“The silence of missing voices costs careers, relationships and lives”.

Megan Reitz, 2023

Speaking up is an essential component of our cultural journey at UHD. To create workplaces safe to speak up, it is important not only to nurture those who have spoken up but also to look at what keeps others silent. As Megan Reitz reminds us it is just as important to follow the silence.

At UHD, we have many routes that our people can use to speak up including our line managers, occupational health, staff governors, using our LERN forms, chaplains, education team and our HR team. Freedom to Speak Up (FTSU) is another alternative route which is both well used and evaluated by staff who use it. For example, FTSU awareness sessions are provided during International Staff Induction.

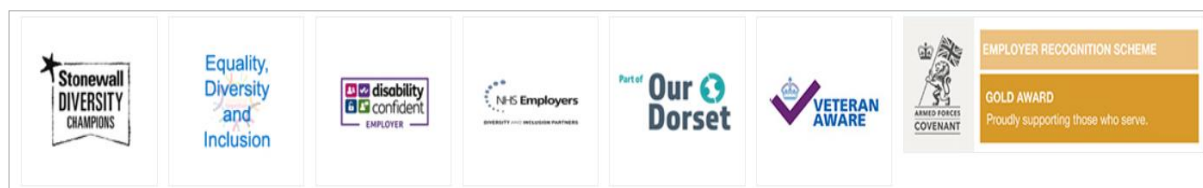
This work is however more than the FTSU team. The role of the FTSU team is to highlight the challenges and act as an early warning system of where failings might occur. Our leaders, need to play a significant role in setting the tone for fostering a healthy speak up, listen up and follow up culture at UHD. Indeed, it is the experience of how our managers listen and act to concerns that we are often judged.

Consequently, we need to be curious as to why staff choose not to go to their line manager. Over the last 12 months, 47% of staff who come to the FTSU team say that they cannot go to their line manager because either they are the issue or that they are not addressing it. We need to better at this for us to be an embedded speaking up organisation.

Speaking up is entrenched within our objectives, strategy and improvement programme and we are seeing some early signs of green buds. This year, over 5,600 staff shared their voice through the staff survey: 59% of UHD.

This rich data tells us that over 50.63% staff feel our speaking up culture has improved from 2021 when only 46.31% felt the same. This is nearly a 10% increase from the previous 12 months and will contribute to our safety culture breakthrough objective for quality outcomes and safety. Clearly there is more to do as 49.4% of staff this year do not feel the same.

Charters and Partners



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

Armed Forces Covenant

The Armed Forces Covenant is a pledge to acknowledge and understand the needs of the Armed Forces community and aims to build a more open and honest relationship between employers, the Ministry of Defence and reservists. UHD holds the Gold Award.

Veteran Aware

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.

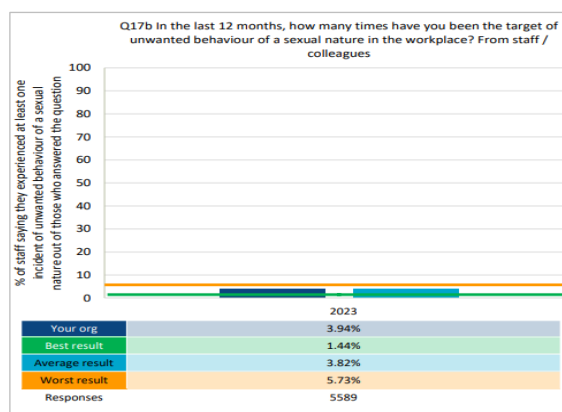
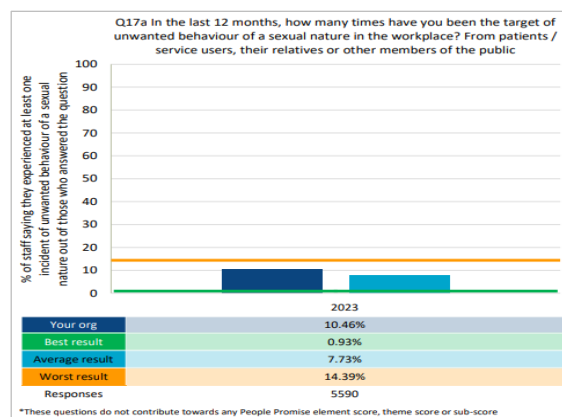
Sexual Safety Charter

UHD is a member signatory to the NHS Sexual Safety Charter and we are committed to put in place the following principles.

As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. These commitments will apply to everyone in our organisation equally. We will:

- actively work to eradicate sexual harassment and abuse in the workplace
- promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours
- take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate
- provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours
- clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour
- ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators
- ensure appropriate, specific, and clear training is in place
- ensure appropriate reporting mechanisms are in place for those experiencing these behaviours
- take all reports seriously and appropriate and timely action will be taken in all cases
- capture and share data on prevalence and staff experience transparently.

A policy guidance document is due to be approved with the policy group. Once approved an engagement campaign will be launched and information will be available through the THRIVE Health and Wellbeing and EDI intranet pages. If we consider our 2023 NHS Staff Survey questions 17a and 17b there is an underlying need for a dedicated campaign. Q17a, over 500 staff or 10.46% responses indicate unwanted behaviour from the public. Q17b, over 200 staff of 3.94% indicate unwanted behaviour from staff or colleagues.



The UHD Living Library



A Living Library brings people together to share experiences, challenge stereotypes and raise awareness of the lived experience of others. Based on the Human Library movement our Living Library recruits volunteers to act as human books and tell their personal stories, sharing their lived experiences with staff that choose to “borrow” a human book. It provides a safe space for conversations to support colleagues, share best practice and use the power of personal conversation to positively challenge prejudice or discrimination. All book covers with the QR code will be displayed in our libraries, and on our library catalogue. The QR code will take the reader to a form, where again, they must consent to the terms and conditions. Library staff will then contact the book on their behalf and the book will confirm their availability. Library staff will advise the reader of the available dates and times.

Anti-Racism and See ME First

After the ‘Southport attack,’ riots broke out across England and Northern Ireland in July and August 2024. Misinformation led to crowds attacking mosques and public property. Some were set on fire, and shops looted. UHD became united against the abhorrent activity led through social media where activists soon directed their attention towards our UHD Global Majority staff. In an act of defiance and togetherness, the CEO led several listening events where all staff were able to share their lived experiences. For many, it was shocking to hear how our colleagues were treated and for those affected by these events support was offered. The listening events have continued and there will be actions to take to continue to galvanise UHD against Racism and all other inappropriate behaviours. Without challenge, racism can manifest within individuals and organisational processes, damaging everyone affected including the negative impact on our patient care. See ME First was launched in June 2023. See ME First, is a staff-led initiative aimed at supporting and educating staff towards ending discrimination in the workplace.

Through the See ME First campaign we have individually asked people to pledge to **challenge** discrimination when we see it and **support** any staff that experience discrimination by **listening** and encouraging them to **speak up** through the appropriate channels.

Looking back UHD had already started its Anti-Racism journey, a plan was discussed at Executive Board on 23 August 2023, the plan introduced a Trust Board Anti-Racism statement as the catalyst to a multi-layered and staged campaign that is driving a culture of speaking up and challenging inappropriate behaviour notably, racism.

UHD anti-racism statement (27 July 2023)

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



Following a visit from Yvonne Coghill, NHS Race Observatory we have continued to monitor actions agreed with staff who attended listening events in November 2021.

Zero tolerance

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

We have: a Board sponsored Anti-Racism Statement, it extends to other abhorrent behaviour and includes wider context to other protected characteristics. Supporting guidance is published on the intranet so that everyone in UHD can speak up against racism. UHD does not tolerate Racism.

Report racism

There needs to be a clear escalation process and system to report. **We have:** an extensive network of Freedom to Speak Up champions in place. LERN forms were introduced specifically to record Racism.

Empowering minorities to speak-up

We need to encourage more engagement to help develop a culture where Black, Asian and minority ethnic staff can share their experiences, speak up and feel supported. **We have:** undertaken Board sponsored focus groups in 2023 with International Staff, the findings were also shared with the Trust Management Group. One of the outcomes supported recognition of prior experience so that pay disparity could be addressed and this is currently being considered.

Diverse leadership career progression

There is more work we need to do on inclusive and diverse recruitment and progression. Take positive action to ensure more Global Majority representation amongst managers. The disparity of progression to more senior posts is felt by our Black, Asian and ethnic minority colleagues. **We have:** ensured recruitment activity is monitored through TRAC and disparity through WRES. Inclusive recruitment takes place for senior positions, but we need to extend

this practice to all roles. UHD are working with the Dorset ICS to extend guidance to all posts to provide consistency in Dorset. In addition, Conscious Inclusion and Inclusive Leadership workshops are in place to address prejudice and judgement. We are aware that the disparity in career progression presents the need to monitor opportunities more closely including taking positive action when possible.

Mandatory anti-racism training for line manager and whole organisation

Promote cultural awareness and racial unity. Leaders need to be equipped to deal with the skills to deal with racism and encouraged to be more proactive – have conversations rather than ‘wait for the complaint’. Appraisals review of how line managers have met EDI objectives. Acknowledge the importance of white allyship – move through the vulnerability, shame etc to acceptance and educate ourselves to understand how we take act. **We have:** developed UHD Conscious Inclusion and Inclusive Leadership workshops with the Dorset ICS to remove prejudice and judgement and inform cultural awareness. UHD produced a UHD version of Conscious Inclusion workshops specifically for UHD to provide the flexibility to deliver these sessions at scale and in time consider mandating attendance.

Empowering staff networks

They are excellent but often find themselves dealing with issues like ‘unions’ do, rather than helping to develop the organisation – vision and objectives. **We have:** completed a review of our Staff Networks in 2024 with our external partners. The findings included defining the strategic purpose of the networks and aligning trust and network objectives. A business case for a dedicated project support officer is being considered that will support the network leads and our EDI lead.

Holding people accountable

There should be clear consequences for people who have demonstrated racist behaviour, especially our staff. We should also consider declining treatment to patients as this happens in other organisations. **We have:** Developed a cultural awareness workshop that makes prejudice a conscious decision ‘Conscious Inclusion.’ In the workshop we discuss the concept of anti-racism and the implications related to staff conduct and the detrimental effect of racism on staff. Additionally, UHD has implemented violence and aggression guidance for patients. **We have:** learnt to educate bystanders who do not act on what they have seen or witnessed, and we will continue to promote this message.

Cultural Inclusion Celebration 24 July 2024



The second annual UHD Cultural Celebration was held on 24 July 2024. Its purpose is to unite the diverse cultures within our hospitals and celebrate the unique UHD culture. The aim is to enhance cultural integration, promote civility, and foster inclusion. When staff feel valued and appreciated for who they are, the quality of patient care improves. The planning committee comprised of members from across the organisation both clinical and non-clinical and various nationalities, ethnicities and backgrounds. The event received amazing support from Organisational Development (OD), executive sponsors, the CEO, other board members and the hospital charity with funding for freebies.

The day was celebrated with colleagues in colourful costumes, featuring dances from different cultures, music, a cultural quiz, choir performances, cultural poetry recitations, musical acts, fashion pageantry, a bake-off, and more with a single aim to celebrate our people and promote inclusion. Staff network leads shared the incredible work being done by their respective networks. Staff had the opportunity to explore information on various staff networks, Freedom to Speak Up (FTSU) and wellbeing resources. Sustainable coffee mugs and pens were distributed to attendees and free ice cream was provided for UHD staff across our seven hospital sites. A range of food representing many nationalities was provided by the hospital catering team and external catering, allowing attendees to enjoy authentic dishes. The external catering was able to donate 10% of their profit to UHD hospital charity.

A feedback session, supported by the library team identified what went well and areas for improvement for future celebrations. The ultimate success will be achieved when different care groups and departments hold their own celebrations, valuing their staff to maximise cultural integration and inclusion.

Black History Month

Black History Month is a time for reflection, education and inspiration. It is a time to honour the contributions and achievements of black people through history and to British society. This year's theme for 2024, 'reclaiming narratives' focuses on the voices and stories that have been marginalised or overlooked. UHD commissioned education sector DEED to present local black history at our events at Poole and Bournemouth.

For Example: *'In 1890s Thomas Lewis Johnson, a writer, missionary, former slave and anti-slavery campaigner settled with his family near Royal Bournemouth Hospital. His grave is just over a mile away from RBH and is part of our history and the black heritage of Dorset.'*

It is important we remember and share his story, so it is never forgotten.

In UHD, we are fortunate to have many colleagues from black heritage to enrich our diverse community. Several departments held their own Black History Month celebration enhancing cultural integration this year. Despite the efforts to manage unacceptable behaviours, sadly, we also recognise that some of our colleagues from Global Majority experience racism, discrimination, disparities in career progression and health inequalities. Pictures and posts were shared at Black History Month #UHDBHM.

Purple Light Up

#PurpleLightUp is a global movement that celebrates and draws attention to the economic

contribution of the 386 million Disabled employees around the world. Purple Space leads this movement, a mark of respect to the UN International Day of Persons with Disabilities (IDPD) held annually on 3 December.

The ProAbility network is proud to support this event, for our #TeamUHD people who live and work with hidden Disabilities and underlying health conditions. Purple Light Up Day falls within Disability History Month (16 November to 16 December). Disability History Month is a chance for everyone in #TeamUHD to come together and show support for disability equality. It is about celebrating the difference our NHS colleagues with diverse abilities make to the lives of our patients each day. In 2023 our ProAbility Staff Network was joined on 7 December by special guest speaker Haseeb Ahmad. Haseeb who is the Equality, Diversity and Inclusion lead at Leicestershire Partnership NHS Trust. He was registered blind at 17 years old and is a world record holder for Blind Ironman. It was a truly inspirational discussion.

We advocate wearing purple, planning is progressing for 2024.

Pride Day and Bourne Free

On 05 July 2024 our UHD Pride Network hosted UHD's first ever Pride Day in the marquee at Bournemouth. Senior Leaders, members and allies were involved.

Everyone was welcome, staff were able to meet the network leads members and allies and it was a celebration for our UHD LGBTQIA+ colleagues. On Saturday 6th July 2024 the network also participated in the local Bourne Free parade to celebrate Pride with our local community.

The Safe to be Me at UHD is a personal pledge to advocate and speak up for the human rights of the LGBTQIA+ community.



Leadership Development

Our leadership pathway maps out internal and external offers to support our leaders in their development throughout the entire employee life cycle from Induction through to appraisal and future development and beyond. It reflects the evolving development offers in line with the Patient First Improvement Methodology.

The UHD leadership behaviours have been reviewed to reflect and incorporate the Patient First approach whilst aligning to our Trust values and expectations and the aspirations of our leaders.

Coaching is embedded into our leadership development workshops and programmes. UHD continue to develop a coaching culture, through the development of our existing coaches and training (ILM level 5) and another level 5 cohort is planned, adopting the apprenticeship framework so that we can continue to develop more leaders as coaches.

Each workshop and programme have preparation work that must be completed prior to attending. Our workbooks are accessible (in terms of font, size, printable but can also be viewed on screen). We aim to send out prep work (via email) a minimum of 2 weeks before the workshop to ensure that everyone has adequate time to complete. Delegates are also informed of the requirement to complete work beforehand at the point on booking.

All staff are informed that should they have any issues with accessing or understanding the content in the workbooks, to speak to one of us and we will be able to make any adjustments/support them further.

Workshop	Total Delegates	% non-White
Leading Teams Through Change (January 21 – March 24)	363	18.69%
Leading Your Team Through Integration (August 22 – March 24)	125	18.03%
Feedback Skills (January 22 – March 24)	212	25.51%
Coaching Conversations (July 21 – March 24)	282	20.43%
Courageous Conversations (January 22 – March 24)	157	21.95%
Managers Induction Module 1 (July 22 – March 24)	285	16.73%

Two in-house leadership programmes that also contain inclusive leadership and cultural awareness during the period from 1 April 2023 to 31 March 2024.

Programme	Total Delegates	% non-White British
Leadership Fundamentals	113	32.7%
Leadership in Action	47	8.5%

Dorset Leading for Inclusion: Change Agent Programme

Three senior leaders in UHD attended the Dorset Leading for Inclusion Change Agent Programme. The aim of this bespoke programme was to develop a pool of approximately 25-30 senior leader representatives from all sectors across Dorset in 'Leading for Inclusion.' The

purpose of developing a system pool of expertise and change agents is to scale and spread this approach to:

- lead the delivery of the Five ICS transformation objectives (linked to ICP strategy of prevention and early help, thriving communities, and working better together)
- support the continued development in their own organisations culture on 'Leading for inclusion' using this consistent methodology
- shape and drive an ICS wide approach to increasing diversity through inclusive recruitment practices, supporting delivery of social and economic value
- cascade the approach wider across our ICS.

Reverse Mentoring

Reverse Mentoring is a development programme for both the mentee and mentor and will positively influence change for a more inclusive culture for the benefit of all, including patients. At the time of writing this report, UHD were approaching the final stages of Cohort Three. Two of the three cohorts have been funded by the NHS Charities Together monies from the COVID-19 pandemic to support staff. We pride ourselves in the continuation of this programme as the learned experience for both mentees and mentors is invaluable. This is a six-month mentoring programme where the roles are reversed. The aim is to promote positive inclusion through understanding the experiences of mentors and for mentees to identify organisational barriers.



We have a notable glass ceiling for Global Majority Staff that will be highlighted in the Recruitment and Career progression summary.



Senior leaders who have been mentored by a colleague from an underrepresented community often form longer standing working relationships with colleagues thereby providing the opportunity for exposure.

Recruitment and Career Progression

The disparity in career progression does show a worsening position for 2024. It is reasonable that from an operational planning perspective the data informs the case for positive action to achieve our future Equality Objectives. The use of this calculation has not been adopted nationally as a requirement. Although this could be attributable to the significant targeted international recruitment drive for nurses.

Disparity ratio - lower to middle, including Bands 1-5	2.43	2.42
Disparity ratio - middle to upper, including Bands 6 & 7	2.56	3.06 
Disparity ratio - lower to upper, including Band 8a & above	6.22	7.40 

Bandings
1 to 5 lower
6 and 7 middle
Band 8a+ upper

The table shows the trajectory for Global Majority Staff progression highlighting an improvement in the lower to middle group from 2.43 in 2023 to 2.42 in 2024. It also highlights a worsening position in the middle to upper group from 2.56 in 2023 to 3.06 and a worsening position from lower to upper, 7.4 in 2024 from 6.22 reported in 2023.

From the NHS National Staff Survey, Global Majority staff report opportunities for career progression less favourably compared to White staff and this is reflected in the WRES 2024. From our TRAC recruitment system data (used to inform **WRES 2**) White candidates remain **1.79** times more likely to be appointed from shortlisting, although the position has improved since **1.9** reported in 2023.

An example for comparative purpose shows:

- from 9,512 **White** non-medical candidate applications, from the 3,314 interviewed 33.45% or **1108** were appointed
- from 19,246 **Black** [not including Asian, other Black and mixed] candidate applications, from the 873 interviewed 16.15% or **141** were appointed

There are obviously many variables not considered. The TRAC system continuously updates and this can create discrepancies when data is taken. However, there were 45,202 actual applications in this category. It feels morally correct to consider:

- more rigorous application of an Equality Impact Assessment
- Inclusive Recruitment practices
- Reasonable Adjustments

NHS Staff Survey 2023

The National Staff Survey 2023 was UHD's third year of comparative data structured around the 7 NHS People Promise pledges and 2 Themes [Staff Engagement and Morale].

The 2023 key findings:

- the UHD response rate was the highest to date with 59% up from 45.5% in 2022 and above the median national average of 45% for 122 acute and acute community Trusts
- the Engagement score was 6.96 out of 10 and Morale 5.95 out of 10 both increasing on 2022
- the score highest comparable themed score was 'We are compassionate and inclusive' with 7.38

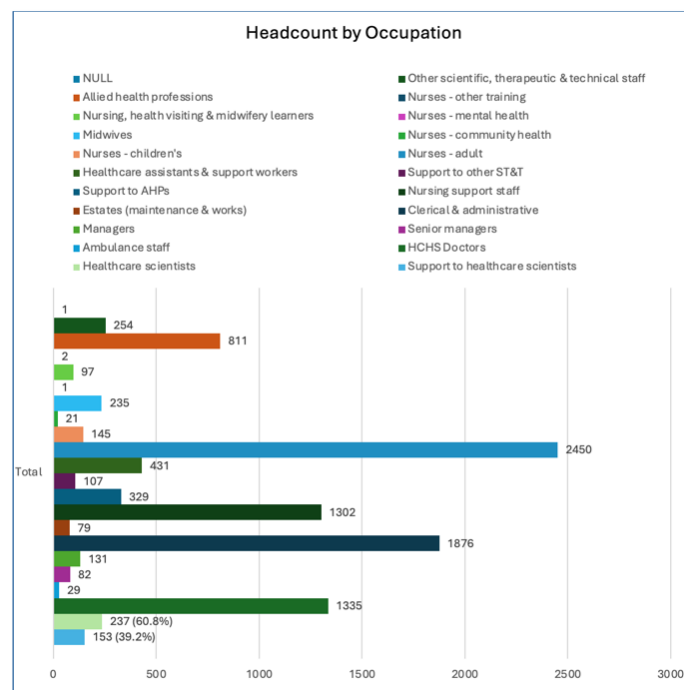
- the percentage of our BME colleagues who said they experience harassment, bullying and abuse from the public, patients, families has reduced to 30.25% (2022: 34.06%) and from other staff to 24.97% (2022: 31.70%), however this remains below the average scores in our comparator group.

NHS People Pulse Survey

The People Pulse is an opportunity to regularly share our views about our working experience. Our answers will be used to shape a range of support, both locally and nationally for all our NHS people. The survey should take no longer than 5 minutes to complete and is fully anonymous. There are a group of demographic questions at the end of the survey. These will allow for the results to be explored for different populations and this information can help tailor support in the right way. Some of the questions are optional and the survey is still strictly confidential, where only aggregated data with more than 10 responses will be reported on. Local team data is available allowing us to share success and teams to take local actions to address concerns.

Our Workforce Profile

The workforce profile was taken as of 31 March 2024, this data will also feature in the 2024 WRES and WDES reports. Nursing is our largest occupational group. UHD has over 10,000 staff, an increase from 9,700 reported in 2023 serving a population base of 400,300 [Census: 2021 ONS] that extends to over 750,000 people across Dorset and surrounding areas. Where possible a 3-year data table has been provided alongside the visual protected characteristic charts. Our Trust staff have the right to leave equality and diversity data categories unspecified if they wish to.

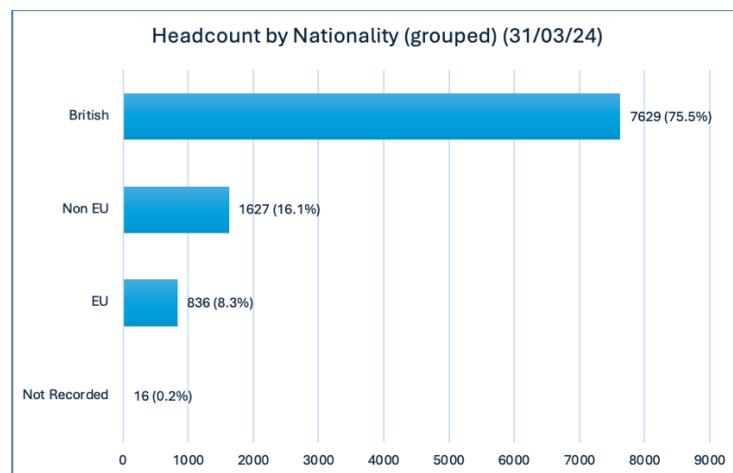
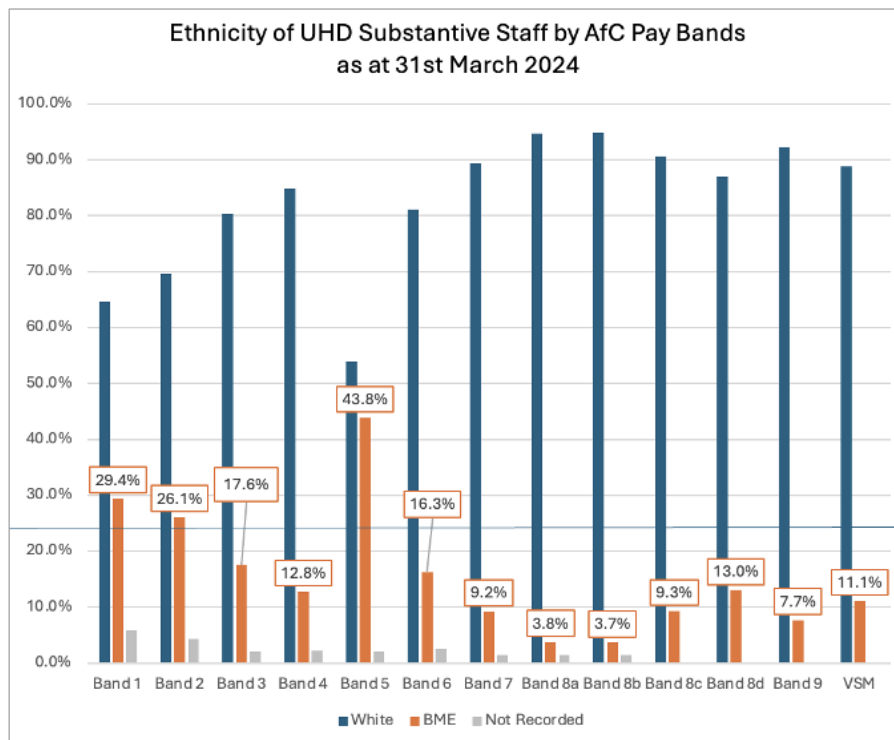


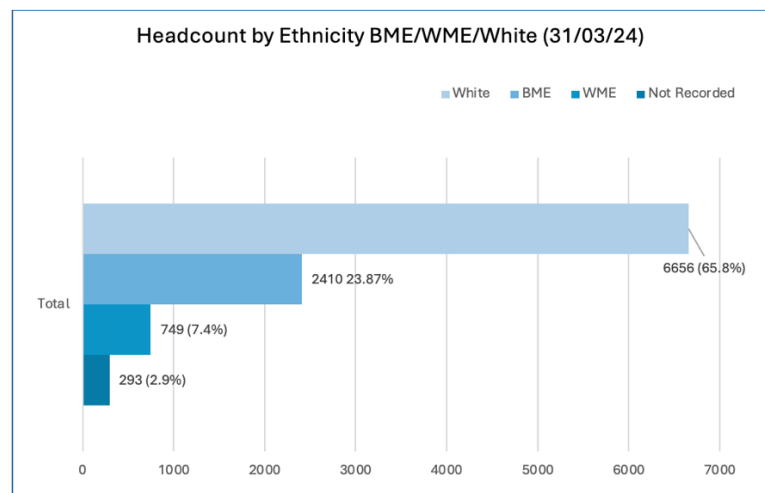
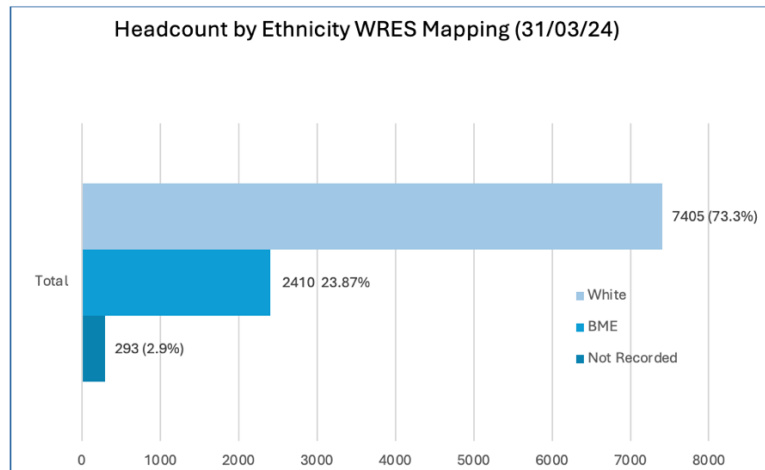
Ethnicity Profile

For the purposes of this report, we have defined staff categories as White, BME and 'not stated'. The national electronic staff record does not give the option to select 'do not wish to declare' for ethnicity therefore, these are recorded by default as 'not stated'.

The percentage of BME staff is now 23.87% up from 21.5% in 2023. UHD is reporting BME across all bands for the first time. The target line points to where BME representation should aim to be. The WRES indicator 9 for 2024 will report a reduced gap between the Board / Workforce demographic when compared to BME / Global Majority in the workforce.

The chart shows a clear lack of BME progression in Band 6 and above.





Ethnicity (Grouped)	31/03/2022		31/03/2023		31/03/2024	
	Headcount	%	Headcount	%	Headcount	%
Asian	872	9.12%	1,044	10.75%	1181	11.68%
Black	267	2.79%	336	3.46%	469	4.64%
Chinese	57	0.60%	51	0.52%	53	0.52%
Not Known	313	3.27%	288	2.96%	293	2.90%
Other	370	3.87%	381	3.92%	408	4.04%
White	7,441	77.84%	7,340	75.55%	7405	73.26%
Mixed	239	2.50%	276	2.84%	299	2.96%
Grand Total	9,559	100.00%	9716	100.00%	10,108	100.00%

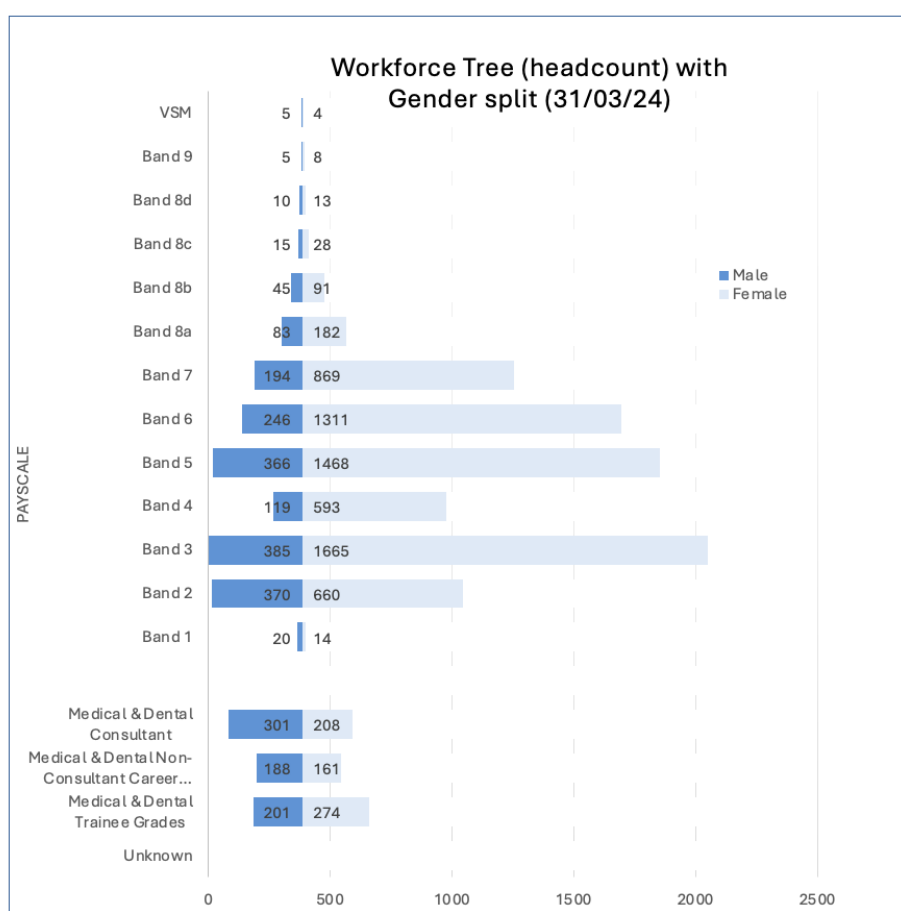
The 2021 ONS noted that the Dorset population increased to 379,584 residents up 4.0% from that reported in 2011. Bournemouth and Poole Council catchment increased by 5.7%. The Dorset population was reportedly 97.1% White.

Internally at UHD the case for increasing Global Majority representation above Band 6 is both necessary for patient care and importantly a moral obligation to recognise service and the potential of our staff. **23.87% staff in UHD are from Global Majority.**

Gender Profile

The illustration shows that there are more female staff in Agenda for Change Bands 2 – 9 than male staff in each of these grades. There are 7551 (74.7%) female staff, compared to 2557 (25.3%) male staff. Overall UHD reported a slight increase in male staff headcount for 2023/4 and in the medical grades, there are more male consultants.

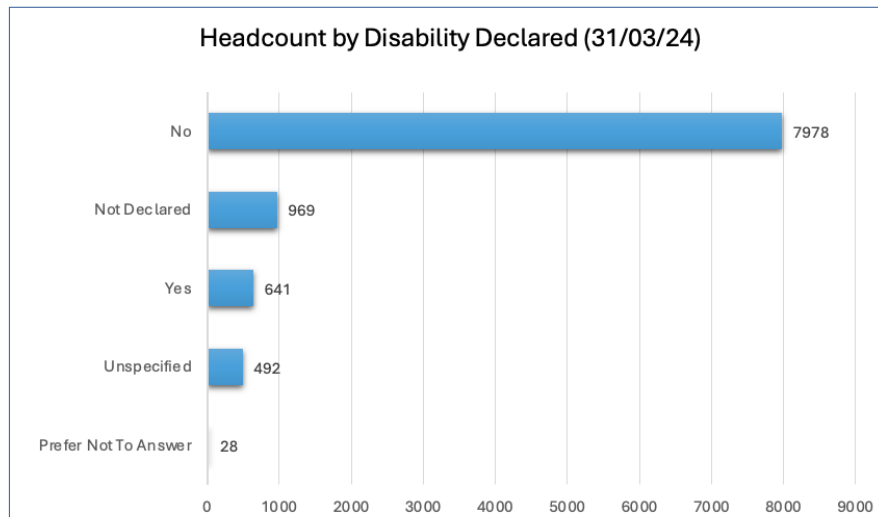
Notably the gender pay gap is closing reported as 3.53% in March 2024 down from 5.5% in March 2023. On ESR, we are unable to record non-binary gender which is a national NHS issue on gender reporting.



Disability Profile

The reported declaration for staff who are 'Disabled' has increased to 6.34% an increase from the 5.6% reported in 2023, taken from the Electronic Staff Record.

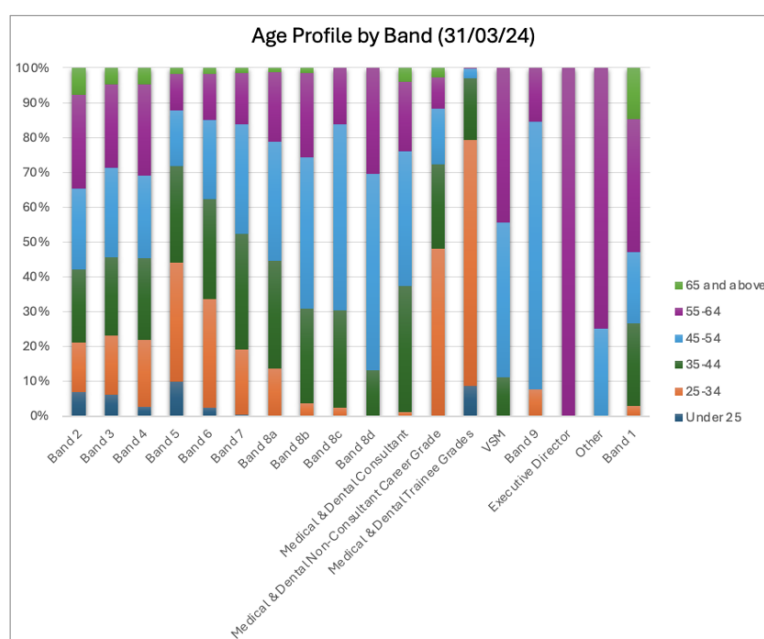
This is a significant increase that is largely attributable to our ProAbility Staff Network and their engagement. When considering the NHS Staff Survey our reported Disability / long term condition is reported to be much higher at 21.34%.



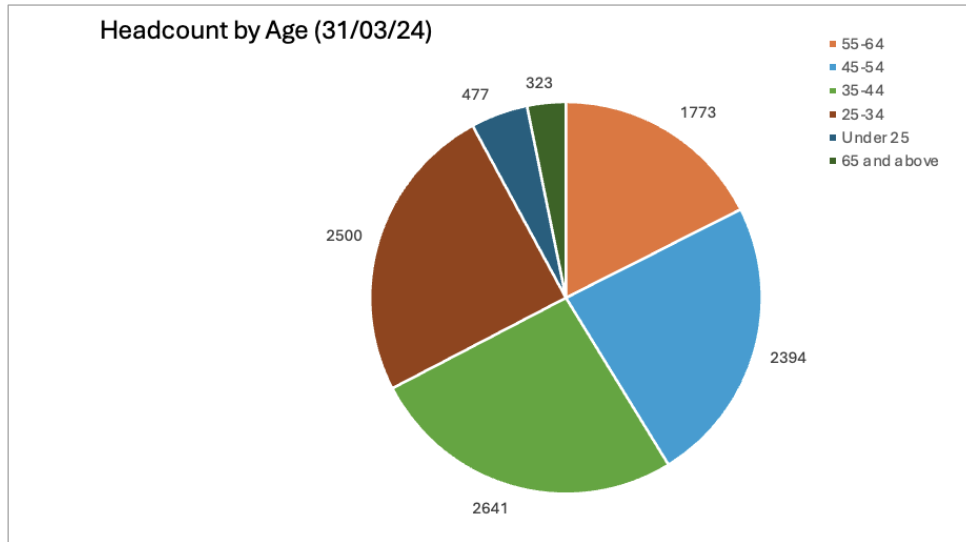
Disability	31/03/2022		31/03/2023		31/03/2024	
	Headcount	%	Headcount	%	Headcount	%
No	6,856	71.72%	7521	77.41%	7978	78.93%
Not Declared	1,552	16.24%	999	10.28%	969	9.59%
Prefer Not to Answer	17	0.18%	17	0.17%	28	0.28%
Unspecified	680	7.11%	637	6.56%	492	4.87%
Yes	454	4.75%	542	5.58%	641	6.34%
Grand Total	9559	100.00%	9716	100.00%	10108	100.00%

Age Profile

The largest workforce group is in ages 35-44 with 2641 staff, however above age 55 there are 2096 staff. The chart below illustrates the age profile by band.

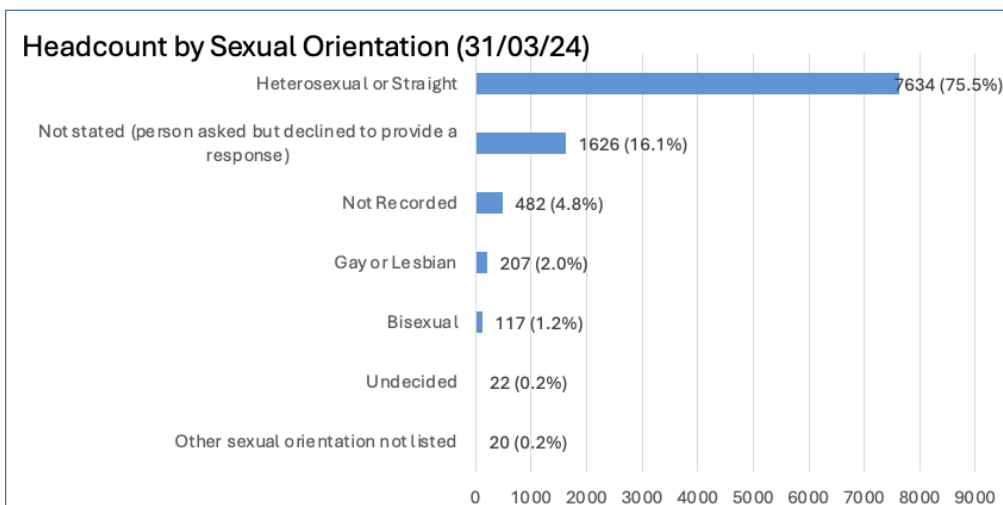


	31/03/2022		31/03/2023		31/03/2024	
Age Profile	Headcount	%	Headcount	%	Headcount	%
Under 25	481	5.03%	435	4.48%	477	4.72%
25-34	2,494	26.09%	2,446	25.17%	2,500	24.73%
35-44	2,325	24.32%	2,450	25.22%	2,641	26.13%
45-54	2,273	23.78%	2,315	23.83%	2,394	23.68%
55-64	1,706	17.85%	1,753	18.04%	1,773	17.54%
65 and above	280	2.93%	317	3.26%	323	3.20%
Grand Total	9,559	100.00%	9716	100.00%	10108	100.00%



Sexual Orientation Profile

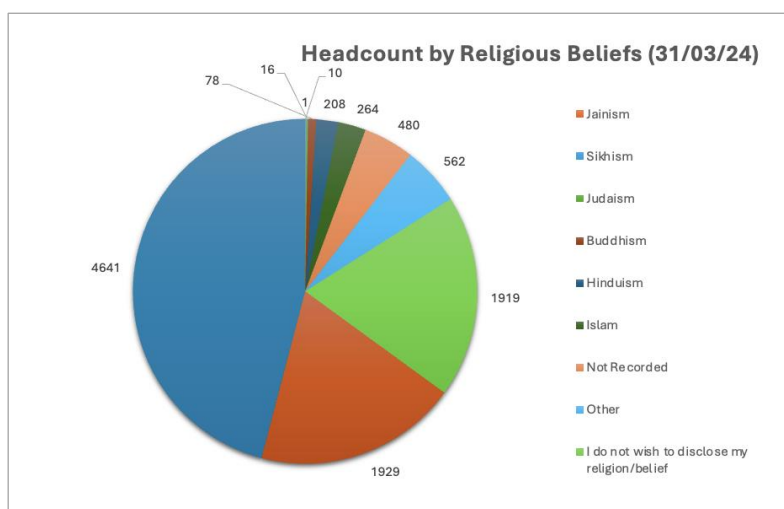
75.5% of staff identify as heterosexual, 2.0% gay or lesbian and 1.2% as bisexual. Declaration rates in the other sexual orientation groups have changed by less significantly from last year noted in the table. The percentage in the not stated category has fallen to 16.09%.



	31/03/2022		31/03/2023		31/03/2024	
Sexual Orientation	Headcount	%	Headcount	%	Headcount	%
Bisexual	129	1.35%	109	1.12%	117	1.16%
Gay or Lesbian	185	1.94%	177	1.82%	207	2.05%
Heterosexual or straight	6901	72.19%	7120	73.28%	7634	75.52%
Not Recorded	651	6.81%	578	5.95%	482	4.77%
Not stated (person asked but declined to provide a response)	1676	17.53%	1702	17.52%	1626	16.09%
Other sexual orientation not listed	11	0.12%	14	0.14%	20	0.20%
Undecided	6	0.06%	16	0.16%	22	0.22%
Grand Total	9559	100.00%	9716	100.00%	10108	100.00%

Religion and Beliefs Profile

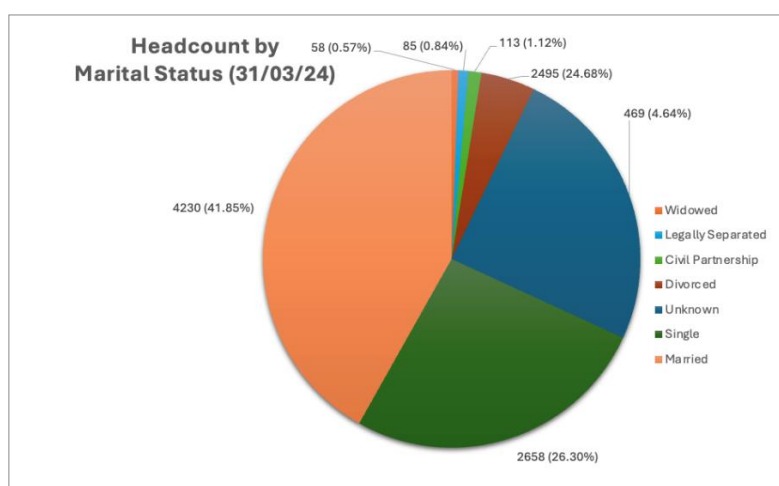
Staff feel comfortable not to disclose their religion in 2024. Our chaplaincy service provides multi faith options and are notably an important source of support for our staff and patients. The table shows the changing trends from 2022 to 2024 with an increasing disclosure for Atheism.



	31/03/2022		31/03/2023		31/03/2024	
Religious Beliefs	Headcount	%	Headcount	%	Headcount	%
Atheism	1609	16.83%	1759	18.10%	1929	19.08%
Buddhism	59	0.62%	68	0.70%	78	0.77%
Christianity	4322	45.21%	4402	45.31%	4641	45.91%
Hinduism	140	1.46%	170	1.75%	208	2.06%
I do not wish to disclose my religion/belief	1988	20.80%	1950	20.07%	1919	18.98%
Islam	192	2.01%	221	2.27%	264	2.61%
Jainism	1	0.01%	1	0.01%	1	0.01%
Judaism	17	0.18%	11	0.11%	16	0.16%
Not Recorded	647	6.77%	574	5.91%	480	4.75%
Other	572	5.98%	548	5.64%	562	5.56%
Sikhism	12	0.13%	12	0.12%	10	0.10%
Grand Total	9559	100.00%	9716	100.00%	10108	100.00%

Marriage and Civil Partnership Profile

The chart below shows the representation for marriage and civil partnership disclosure. In 2023, 4997 staff were married compared to 4230 reported in 2024. The number of unknowns has increased from 294 for 2023 to 469 in 2024.



Workforce by gender re-assignment

Data is currently not available to present information in a safe and confidential way. As a Trust we recognise the importance of creating an accepting and inclusive culture for staff who are transitioning. This includes support structures for people to feel able and safe to disclose their information confidently.

Parental Leave

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

Accessing Parental Leave	31/03/2022		31/03/2023		31/03/2024	
	Headcount	%	Headcount	%	Headcount	%
No	9,086	95.05%	9247	95.17%	9,622	95.19%
Yes	473	4.95%	469	4.83%	486	4.81%
Grand Total	9,559	100.00%	9716	100.00%	10,108	100.00%

Our Patients

In delivering the many important health services developed over the years to meet a variety of needs, UHD does not tolerate any practices that result in the provision of a lower standard of service to any group or individual. In 2023/24, there has been good progress for patients in several areas, for example:

- reducing the elective wait times for a first outpatient appointment for patients with a learning disability following a GP referral to the Trust
- supporting workforce development, including awareness raising across staff groups, and providing access to population health and Health Inequalities training or coaching
- participating in the Equality Delivery System (EDS) annual assessment. This is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010
- continuing to deliver interventions to reduce Health Inequalities through our elective and urgent and emergency programmes, with a particular focus on reducing Did not attend or missed outpatient appointments and on high intensity users of emergency care
- reviews to inform work moving forwards including review of NHS England's statement under section 13SA (1) of the NHS Act 2006 on how NHS bodies should exercise their powers to collect, analyse and publish information related to health inequalities, our approach the Equality Impact Assessment, and plans as an anchor institution (across procurement, estates and environmental sustainability, workforce)

We have also strengthened our work with the wider Dorset System enabling us to progress our approaches to:

- improving data capture and completeness related patients and protected characteristics,
- working with communities and delivering research engagement; and
- how we collect, analyse and publish information related to variation in access, experience and outcomes for patients accessing our services, including monitoring the impacts of interventions using the Core20Plus5 model.

We continue to work closely with system partners on reducing health inequalities. Moving forward, there are five areas of commitment from the Dorset system:



Trust Membership

As a Foundation Trust, we are accountable to NHS England and 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 14,000 members, is made up of members of the public, staff and appointed governors. They ensure the views of our members are heard and fed back to our Board of Directors and members of the public are kept up to date with developments within our hospitals.

Our Board of Directors is made up of full-time executives, who are responsible for the day-to-day running of the organisation, and part-time non-executive Directors. The Executive Directors work closely with the clinical leaders and managers throughout the hospitals in running the services. The Board also works closely with the Council of Governors. The Trust is organised under three clinical care groups and departments providing support services. We also work closely with a range of key health and social care partners to develop and deliver our services and we are part of the Dorset Integrated Care System (ICS).

Analysis of current membership		
Public constituency	Number of members	Eligible membership
Age (years):		
0-16	19	106,797
17-21	24	36,165
22+	13,795	495,701
Ethnicity:		
White	12,776	594,664
Mixed	106	27,880
Asian or Asian British	202	16,104
Black or Black British	37	8,821
Other	32	8,735
Socio-economic groupings*:		
AB	3,990	62,986
C1	4,228	89,412
C2	2,636	65,066
DE	2,947	66,246
Gender Analysis		
Male	5,017	312,574
Female	8,644	326,089

Please note: this analysis excludes a) 30 public members with no stated date of birth b) 715 members with no stated identity c) 207 members with no stated gender.

Our Workforce EDI Priorities (2024 – 2026)

Recognising that much of the work the needs to be sustained over the long term, our 2023 - 2024 priorities reinforced objectives that were already in train, with renewed energy to ensure we continue achieving tangible outcomes. Despite efforts to promote inclusion and equity it is evident that our staff still report prejudice and discrimination in organisational and individual behaviours, as reflected in lived experiences of our staff and our workforce data.

As part of our refreshed UHD People and Culture strategy, a revised *One Team* EDI Plan has been developed, informed by:

- the NHS EDI Six High Impact Actions Improvement Plan
- the recommendations from our PSED workforce reports
- recommendations from 'Too Hot to Handle' and the 'Macmillan Report'
- a focus group (in person and on-line) with UHD colleagues facilitated by Dr Habib Naqvi MBE, Director of NHS Race Observatory (Sept 24).
- the lived experience of our staff, shared through storytelling and ongoing listening events.

Throughout this report we have indicated the disparity in experience for Global Majority Staff, this disparity does extend to staff with other protected characteristics.

Through our Patient First methodology we have identified one key objective for UHD. Our new equality objective for 2024 – 2026 will be:

To have a representative workforce at all levels of the Trust.

As outlined in our *One Team* EDI Plan, to achieve this we will:

- strengthen our staff networks to work more closely with the UHD strategic needs and provide project support for engagement activity
- introduce clear guidance and requirements relating to inclusive recruitment with support from our Dorset Partners and our UHD Recruitment Team
- develop a one-stop shop approach to accessing reasonable adjustments
- increase cultural awareness and reduce prejudice through the introduction of Conscious Inclusion workshops

Our goal is to increase Global Majority representation in Band 8a and above to over 9% within 12–18 months and raise Band 6 and above by 3% in 24–36 months. This ambitious target requires significant cultural improvement and sufficient vacancies. As of 23/08/24, Global Majority representation is 18% at Band 6, 5% at Band 8a, and 7% at Band 8c.

Appendix 1: Useful Abbreviations

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