



# University Hospitals Dorset NHS Foundation Trust

## NHS Equality Delivery System 2022 EDS Reporting Template

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## Equality Delivery System for the NHS

### ***The EDS Reporting Template***

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: [www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

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

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the organisation's website.

<b>Name of Organisation</b>	<b>University Hospitals Dorset NHS Foundation Trust</b>	<b>Organisation Board Sponsor/Lead</b>		
		Tina Ricketts, Chief People Officer		
<b>Name of Integrated Care System</b>	Dorset ICB			

### NHS Equality Delivery System (EDS)

<b>EDS Lead</b>	Deepa Pappu and Jonathan Harding	<b>At what level has this been completed?</b>		
			<b>*List organisations</b>	
<b>EDS engagement date(s)</b>	HEALTHWATCH Dorset January 2025 Domain 2 & 3; Dorset Health Inequalities Group January 2025 Domain 1; Stakeholder Survey with 78 responses December 24 – January 25 Domain 2 Trust Management Group February 2025	<b>Individual organisation</b>	University Hospitals Dorset NHS Foundation Trust- Staff Network Leads, Trade Unions, Chaplaincy, Staff Governors, FTSU team, Health and Wellbeing Champions, Culture Champions	
		<b>Partnership* (two or more organisations)</b>	Domain 1 –Dorset University Hospital NHS Foundation Trust, Dorset County Hospital, Dorset ICS	
		<b>Integrated Care System-wide*</b>	Anita Counsell – Assistant Director, Health Inequalities and Population Health Management	

<b>Date completed</b>	18 February 2025	<b>Month and year published</b>	February 2025
<b>Date authorised</b>	Authorised by TMG 18/02/2025 & PCC 21/02/2025	<b>Revision date</b>	

Completed actions from previous year	
Dorset ICS & UHD combined Action/activity Domain 1	Related equality objectives
<p><b>1A Palliative Care and End of Life</b>  <b>Action:</b> <i>Improve the ability to identify where there is real variation between population groups, rather than could be caused by chance by strengthening information on our system DiiS (to be utilised by End-of-Life Care, and other services)</i></p> <p><b>Activity:</b> Work has been undertaken to improve equality data across the protected characteristics of Age, gender, and race for 19 of 24 NHS health inequalities indicators. With work having been planned to improve the disability dataset. Improvement in equality data continues to be a priority for NHS Dorset. A total of 11 domains, across 24 indicators have been analysed by protected characteristics of age, gender, and ethnicity (segmented by deprivation) at Integrated Care Board (ICB) and where appropriate at Trust level. The data is further strengthened by the addition of confidence Interval functionality to assess random variation. More work is in progress to identify whether disability or an appropriate proxy can be analysed through Dorset Intelligence and Insight Service functionality. Additionally, an Unwarranted Variation System Group has been established to systematically review and prioritise targeted action on the root causes of unfair access, experience, and outcomes from healthcare services across Dorset, in particular responding to variation identified through the Data and intelligence.</p>	<p>Improve collection and use of all EDI data and compliance against national standards.</p> <p>Develop patient co-production and engagement to reduce health inequalities.</p> <p>Improve capture of information on protected characteristics in healthcare services Review of fields against NHSE health inequalities reporting requirements and equality duties (protected characteristics) Addition of new fields as required/available.</p>
<p><b>1B Palliative Care and End of Life</b>  <b>Action:</b> <i>Embed system quality, equality, and health inequality impact assessment (SQEEIA) in new service development and service reviews (for ongoing review of end-of-life care, and other services)– including systematic comparison and review of eligible population and those accessing services</i></p> <p><b>Activity:</b> The ICB has:  Added equality and health inequality principles into Population Health Management (PHM) learning. Co-designed turning the tide – Dorset's health inequalities' engagement tool. Undertaken a rapid review of equality impact assessments. Work is underway to refresh NHS Dorset's approach to equality and health inequality impact assessments. SQEEIA review process including equality and health inequality impact assessment is in place. A panel meets weekly to provide input to SQEEIAs equality and health inequality principles have been added into Population Health Management (PHM) learning. Co-designed a refresh of the 'Turning the</p>	<p>Improve collection and use of all EDI data and compliance against national standards.</p> <p>Develop patient co-production and engagement to reduce health inequalities.</p> <p>Embed SQEEIA process in Population Health Management approach and resources.</p>

<p>Tide' innovative Board game to increase understanding of the impact of determinants of health-on-health outcomes. Undertaken a rapid review of equality impact assessments. Work is underway to refresh NHS Dorset's approach to equality and health inequality impact assessments.</p> <p>The ICB has taken a refresh of its EHIA process. This is to enable systematic assessment of impact of falls and other commissioned services on different population groups within Dorset, and improve service access, user experience and outcomes from services.</p>	
<p><b>1C Palliative Care and End of Life</b>  <b>Action:</b> <i>Bring together quality, health inequality impact assessment process to ensure routine consideration of quality aspects of service alongside equality aspects (in future end of life care and other services)</i></p> <p><b>Activity:</b> The SQEEIA for end-of-life service was completed and presented to the SQEEIA panel on 19/12/2024. With service equity and inclusion health lead providing advice and support on EHIAs. SQEEIA review process including equality and health inequality impact assessment is in place. A panel meets weekly to provide input to SQEEIAs. The Falls Risk Model has been refreshed and tested with DiiS this year and is pending systemwide rollout. EHIA guidance and resources are available to staff via the intranet pages. With advice and support from service equity and inclusion health lead on undertaking EHIAs.</p>	<p>Improve collection and use of all EDI data and compliance against national standards.</p> <p>Develop patient co-production and engagement to reduce health inequalities.</p> <p>ICB Equity and Inclusion health post holder in place to provide expert input. Update resources published July 2024 to support process. Roll training to support system quality, Equity, Equality impact assessment approach.</p>
<p><b>1D Palliative Care and End of Life</b>  <b>Action:</b> <i>Learning from work on end-of-life care, and other reviews ensure service user experience is routinely embedded in service review processes. Continue to review service user experience in End-of-Life Care (and make changes required)</i></p> <p><b>Activity:</b> Falls and frailty have been identified as a high clinical priority for NHS Dorset and a systemwide working group has been setup to monitor incidence and track improvements within the Falls service. Equality and Health Inequality Impact Assessment is embedded in the ICBs Gateway process (the process through which new services and programmes of work are reviewed, agreed, and overseen)</p>	<p>Improve collection and use of all EDI data and compliance against national standards.</p> <p>Develop patient co-production and engagement to reduce health inequalities.</p> <p>Embed consideration of service user experience in Population Health Management approach - linking to insight repository in system working with communities workstream.</p>
<p><b>1A Falls Risk Assessment</b>  <b>Action:</b> <i>Improve the ability to systematically identify where there is real variation between population groups, rather than could be caused by chance, by strengthening information on our system Intelligence and Insight Service (DiiS) (to be utilised by End-of-Life Care, and all other services)</i></p>	<p>Improve collection and use of all EDI data and compliance against national standards.</p> <p>Develop patient co-production and engagement to reduce health inequalities.</p>

<p><b>Activity:</b> Work has been undertaken to strengthen the PHM approach and maturity around falls and improve equality data across the protected characteristics of age, gender, and ethnicity for 19 of 24 NHS health inequalities indicators covering Falls admission data.</p>	<p>Improve capture of information on protected characteristics in healthcare services Review of fields against NHSE health inequalities reporting requirements and equality duties (protected characteristics) Addition of new fields to DiiS required/available</p>
<p><b>1B Falls Risk Assessment</b> <b>Action:</b> <i>Embed system approach to quality, equity, equality, and health inequality impact assessment (SQEEIA) in new service development – including systematic comparison and review of eligible population and those accessing services (for Falls and all other services/policies). Periodically review SQEEIA to ensure service continues to meet needs</i></p> <p><b>Activity:</b> To enable systematic assessment of impact of falls and other commissioned services on different population groups within Dorset, and improve service access, user experience and outcomes from services, the ICB has taken a refresh of its EHIA process.</p>	<p>Improve collection and use of all EDI data and compliance against national standards.</p> <p>Develop patient co-production and engagement to reduce health inequalities.</p> <p>Embed SQEEIA process in Population Health Management Undertake repeat SQEEIA for Falls services.</p>
<p><b>1C Falls Risk Assessment</b> <b>Action:</b> <i>Bring together quality, health inequality impact assessment process to ensure routine consideration of quality aspects of service alongside equality aspects (in future end of life care and other services) Ensure staff undertaking SQEEIA have the skills to do this</i></p> <p><b>Activity:</b> The Falls Risk Model has been refreshed and tested with DiiS this year and is pending systemwide rollout, EHIA guidance and resources are available to staff via the intranet pages. With advice and support from service equity and inclusion health lead on undertaking EHIAs.</p>	<p>Improve collection and use of all EDI data and compliance against national standards.</p> <p>Develop patient co-production and engagement to reduce health inequalities.</p> <p>ICB Equity and Inclusion health post holder in place to provide expert input. Updated resources published to support process. Roll training to support System Quality, Equity, Equality impact assessment approach (SQEEIA)</p>
<p><b>1D Falls Risk Assessment</b> <b>Action:</b> <i>Learning from Falls work, ensure service user experience is routinely embedded in service review processes. Share learning from using service user experience as part of falls review with other services</i></p> <p><b>Activity:</b> Falls and frailty have been identified as a high clinical priority for NHS Dorset and a systemwide working group has been setup to monitor incidence and track improvements within the Falls service.</p>	<p>Improve collection and use of all EDI data and compliance against national standards.</p> <p>Develop patient co-production and engagement to reduce health inequalities.</p> <p>Embed consideration of service user experience in Population Health Management approach - linking to insight repository in system working with communities workstream. Include falls service user review in Insight Bank.</p>
<p><b>1A Ear, Nose and Throat Service Waiting Lists</b> <b>Action:</b> <i>To make it easier for children and young people to attend their</i></p>	<p>Improve collection and use of all EDI data and compliance against national standards.</p>

<p><i>appointments without missing school.</i></p> <p><b>Activity:</b> Following a deep dive into the variation in DNA rates in ENT services in Quarter 4 2023/24, which highlighted higher rates of DNAs for children from IMD groups 1 and 2 (top 20% most deprived) and in Community minority groups, there has been a positive shift in DNA rates for children in the latest Quarter (Quarter 2, 2024/25). DNA rates for &lt;18-year-olds from IMD 1 and 2 have reduced by 17.4% compared to Quarter 4 and are now lower than IMD groups 3-10. The same is true for DNA rates within community minority groups, DNA rates for this group have reduced by 7.7% and are less than non-community minority groups.</p>	<p>Develop patient co-production and engagement to reduce health inequalities.</p> <p>Explore the location of clinics, to make it easier for children and young people to attend appointments. For example, schools or children's centres. Review the evidence of best practice and ensure the ENT service are delivering services in line with recommendations around reducing DNAs. Proactively use DiiS to monitor and identify any groups of people who may be struggling to access services compared to other groups. Targeted initiatives can then be developed.</p>
<p><b>1B Ear, Nose and Throat Service Waiting Lists</b> <b>Action:</b> <i>Personalised care and plans available as required</i></p> <p><b>Activity:</b> The action to develop a mechanism for offering tailored support to families who may be struggling to attend appointments or access services has been successfully implemented and early data suggests it is effective. Personalised care and plans are now available as required, ensuring families receive the support they need to engage with services effectively. DNA data in under 18's, in the 20% most deprived and community minority groups from Q2 to Q4 indicates that this approach has improved access to ENT services.</p>	<p>Improve collection and use of all EDI data and compliance against national standards.</p> <p>Develop patient co-production and engagement to reduce health inequalities.</p> <p>Develop a mechanism for offering tailored support to families who may be struggling to attend appointments / access services.</p>
<p><b>1C Ear, Nose and Throat Service Waiting Lists</b> <b>Action:</b> <i>Was Not Brought Policy</i></p> <p><b>Activity:</b> The Was Not Brought Policy is in place and available to all UHD staff via the intranet. The policy is monitored, reviewed, and updated by the Safeguarding Team. Strong links with safeguarding are in place and clear pathways for referral as needed</p>	<p>Improve collection and use of all EDI data and compliance against national standards.</p> <p>Develop patient co-production and engagement to reduce health inequalities.</p> <p>Update the ENB policy and ensure awareness and compliance across the trust.</p>
<p><b>1D Ear, Nose and Throat Service Waiting Lists</b> <b>Action:</b> <i>To embed the patient voice into service reviews and development/</i></p> <p><b>Activity:</b> Through the 100-day project, parents and carers were consulted to discuss reasons and causes of DNAs. Work is ongoing to develop a questionnaire which can be sent to all users of ENT services to capture feedback, as well as consideration of a method of ensuring regular feedback is sought and acted upon. Significant progress has been made, and efforts to address DNA's will remain a key</p>	<p>Improve collection and use of all EDI data and compliance against national standards.</p> <p>Develop patient co-production and engagement to reduce health inequalities.</p> <p>Through the 100-day project establish a parent / carer focus group to explore reasons and causes of DNAs. Alongside this develop a</p>



focus within the unwarranted variation workstream.	questionnaire which can be sent to all users of ENT services to capture feedback.
Domain 2 Activity/Action	Objectives
<p><b>Domain 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions</b>  <b>Action:</b> <i>Staff Health Inequalities data to be collected by Occupational Health (OH) on all protected characteristics. Opportunity for both PSC and OH to consider review utilisation of their services against the overall organisational workforce profile.</i></p> <p><i>Targeted promotion of Psychological Support and Counselling Services (PSC), OH services and Health and Wellbeing offers to staff networks to reach underrepresented staff groups. (Completion date 2024/25).</i></p> <p><b>Activity:</b> NHS Health Checks were carried out by LiveWell Dorset in UHD and have been offered to staff throughout 2024. Emphasis placed on advertising these sessions for Global Majority colleagues from Diverse Ethnicity Network. Out of 199 health checks, 12% from other ethnic backgrounds and 7% from Global Majority. There will be more targeted promotion of PSC, OH services and Health and Wellbeing offers in 2025.</p> <p>The eOPAS OH system collects minimal PC data and is due an upgrade during the next reporting period. Thrive Health &amp; Wellbeing and 80 champions support staff.</p>	<p>Improve employee experience and Improve collection and use of all EDI data and compliance against national standards.</p> <p><b>The UHD Patient First mission is -</b>  “To provide excellent healthcare for our patients and wider community and to be a great place to work, now and for future generations.”</p> <p>The strategic People A3 target is “To achieve top decile NHS Staff Survey results for “I would recommend UHD as a great place to work” by 2026/27”</p> <p>UHD aim to create a work environment whereby Staff can flourish and achieve their potential. UHD will provide appropriate action wherever possible to support staff and eliminate barriers to staff health inequalities.</p> <p>Dignity and respect will underpin our civility agenda and support the reduction of abuse, harassment, bullying and physical violence.</p>
<p><b>Domain 2B</b>  <b>When at work, staff are free from abuse, harassment, bullying and physical violence from any source.</b></p> <p><b>Action:</b> <i>Anti-Racism/discrimination guidance to become embedded into UHD inclusive culture and to apply to all underrepresented groups of staff. Patient inappropriate behaviour is to proactively be addressed. Pink LERN forms are to be evaluated quarterly to identify progress. Review of 2023 NHS Staff Survey (NSS) data when available. (completion date 2024/25)</i></p> <p><b>Activity:</b> Anti-racism guidance for staff, managers, and bystanders addressing racism has been distributed through EDI sessions, managers' meetings, and Conscious Inclusion workshops. Staff are encouraged to address unacceptable</p>	<p>Improve employee experience and Improve collection and use of all EDI data and compliance against national standards.</p> <p><b>The UHD Patient First mission is -</b>  “To provide excellent healthcare for our patients and wider community and to be a great place to work, now and for future generations.”</p> <p>The strategic People A3 target is “To achieve top decile NHS Staff Survey results for “I would recommend UHD as a great place to work” by 2026/27”</p> <p>UHD aim to create a work environment whereby Staff can flourish and achieve their potential. UHD will provide appropriate action wherever</p>



<p>behaviour from patients and colleagues and seek support if they are unable to challenge it directly.</p> <p>LERN- Staff witnessing or experiencing abuse can raise LERN, these are collated, graded, and escalated as appropriate.</p> <p>The 2023 NSS used to inform the Workforce Race Equality Standard (WRES2024) showed significant improvement in indicators 5, 6, and 8, and a reduction in discrimination experienced. However, indicator 7 which measures equal opportunities for BME staff, showed no improvement. [This was not evident in question 24b where outcomes for BME staff were more positive.] Indicator 3 shows that the formal disciplinary actions for BME staff have doubled compared to last year.</p> <p>Speaking up is a core part of our objectives, strategy, and improvement program, and this year, over 5,600 staff, 59% of UHD have shared their views through the staff survey</p> <p>UHD's Freedom to Speak Up Guardian reports annually to the Board, with 44% of cases involving poor behaviour such as abuse, harassment, bullying, and violence, all confidentially recorded along with ethnicity</p>	<p>possible to support staff and eliminate barriers to staff health inequalities.</p> <p>Dignity and respect will underpin our civility agenda and support the reduction of abuse, harassment, bullying and physical violence.</p>
<p><b>Domain 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.</b></p> <p><i><b>Action:</b> The FTSU team are expanding their focus on data collection to enable wider reporting and targeted support as required.</i></p> <p><b>Activity:</b> There is a well embedded Freedom to Speak Up service which is regularly promoted. In the 2023/24 FTSU Annual Report it confirms that 412 concerns were raised by staff; 44% (188 staff) included an element of inappropriate attitudes and behaviours.</p>	<p>Improve employee experience and Improve collection and use of all EDI data and compliance against national standards.</p> <p><b>The UHD Patient First mission is -</b></p> <p>“To provide excellent healthcare for our patients and wider community and to be a great place to work, now and for future generations.”</p> <p>The strategic People A3 target is “To achieve top decile NHS Staff Survey results for “I would recommend UHD as a great place to work” by 2026/27”</p> <p>UHD aim to create a work environment whereby Staff can flourish and achieve their potential. UHD will provide appropriate action wherever possible to support staff and eliminate barriers to staff health inequalities.</p> <p>Dignity and respect will underpin our civility agenda and support the reduction of abuse, harassment, bullying and physical violence.</p>

<p><b>Domain 2D: Staff recommend the organisation as a place to work and receive treatment.</b></p> <p><b>Action:</b> Continue to report on the Workforce Race Equality Standard (WRES) &amp; Workforce Disability Equality Standard (WDES) metrics and develop action plans to address main concerns. (completion date 2024/25)</p> <p><b>Activity:</b> The WRES and WDES) 2024 reports have been approved through Trust Management Group (TMG) and Board. The full reports including action plan are externally published through internet and internally published through intranet. Some of these actions have also been used to inform our Equality objectives and our Patient First priorities.</p> <p>Wider patient health inequalities project work to demonstrate organisational commitment to health inequalities.</p>	<p>Improve employee experience and Improve collection and use of all EDI data and compliance against national standards.</p> <p><b>The UHD Patient First mission is -</b>          “To provide excellent healthcare for our patients and wider community and to be a great place to work, now and for future generations.”</p> <p>The strategic People A3 target is “To achieve top decile NHS Staff Survey results for “I would recommend UHD as a great place to work” by 2026/27”</p> <p>UHD aim to create a work environment whereby Staff can flourish and achieve their potential. UHD will provide appropriate action wherever possible to support staff and eliminate barriers to staff health inequalities.</p> <p>Dignity and respect will underpin our civility agenda and support the reduction of abuse, harassment, bullying and physical violence.</p>
Domain 3 Action/Activity	Objective
<p><b>Domain 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.</b></p> <p><b>Action:</b> Increase trust wide communication of Board actions and commitment to Equality and Health Inequalities. (completion date 2024/25)</p> <p><b>Activity:</b> UHD commits to an external EDI maturity audit and actions are monitored. The staff network executive sponsors are board members and are regularly involved in network activities such as Cultural celebration, Trans Remembrance Day, UHD PRIDE event, Purple Light Up and Menopause Awareness Day. The activities have been regularly communicated through Trust staff bulletin and social media to promote an inclusive culture within UHD.</p>	<p>Enhance Staff Network Engagement and Develop Inclusive Leadership Capability</p> <p><b>Patient First:</b>          There are 5 strategic themes which are our priorities as a Trust, which each have clear breakthrough objectives for the year:</p> <ol style="list-style-type: none"> <li>1. Population and System – “Seeing patients sooner” (accessible care for patients)</li> <li>2. Our People – “Great place to work” (attracting and retaining staff)</li> <li>3. Patient Experience – “Improving patient experience, listen and act”</li> <li>4. Quality Outcomes and Safety – “Save lives, improve patient safety”</li> <li>5. Sustainable Services – “Use NHS pound wisely” (improve timeliness and quality of care for patients)</li> </ol>
<p><b>Domain 3B Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.</b></p>	<p>Improve employee experience and Improve collection and use of all EDI data and compliance against national standards.</p>

<p><b>Action:</b> All UHD Executive Board members have EDI objectives for appraisal.</p> <p><b>Examples:</b>  <b>CPO- EDI objective for appraisal-</b> Improvement in WRES scores in staff survey. Support teams to improve the Workforce Race Equality Standards this year. To develop an Equality, Diversity and Inclusion Plan that supports improvement in our Workforce Race Equality Standards this year - as part of the refreshed People &amp; Culture Strategy.  <b>CNO- EDI objective for appraisal-</b> In conjunction with CPO develop nursing leadership faculty for Nursing, AHP's and BS, with specific focus on a positive action program aimed at band 6/7 based on nursing WRES data.  <b>Chief Strategy and Transformation Officer- EDI objective for appraisal-</b> Supporting the work of the Population health and inequalities committee, which involves linking to the ICS on the wider agenda and ensuring alignment with our strategic planning and performance.</p>	<p><b>Patient First:</b>  There are 5 strategic themes which are our priorities as a Trust, which each have clear breakthrough objectives for the year:</p> <ol style="list-style-type: none"> <li>1. Population and System – “Seeing patients sooner” (accessible care for patients)</li> <li>2. Our People – “Great place to work” (attracting and retaining staff)</li> <li>3. Patient Experience – “Improving patient experience, listen and act”</li> <li>4. Quality Outcomes and Safety – “Save lives, improve patient safety”</li> <li>5. Sustainable Services – “Use NHS pound wisely”(improve timeliness and quality of care for patients)</li> </ol>
<p><b>Domain 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.</b></p> <p><b>Action: Workforce data:</b> EDI metric dashboard to supplement the existing WDES/WDES/Gender Pay Gap will assist in identifying opportunities to increase equality and staff health inequalities.</p> <p>Workforce data including Gender Pay Gap Reporting is now complemented by Ethnicity Pay Gap and Disability Pay Gap reports, EDI metric dashboard on hold at present but clear priorities and driver metrics and actions will ensure progress is reported through SDR and other board committees and reports.</p> <p><b>Patient Health Inequalities data:</b> The Trust has implemented a Population Health and System Committee (a sub-Committee of the Board) that will have oversight of the Trust's programme of work to contribute to the CORE20PLUS5 approach to addressing Health Inequalities. NHS Dorset has implemented several initiatives to enhance access to population-level health data. Notably, quantitative data on demographic factors such as age, gender, and ethnicity are readily available through the Dorset Intelligence Information System (DiiS).</p>	<p>Improve employee experience and Improve collection and use of all EDI data and compliance against national standards.</p> <p><b>Patient First:</b>  There are 5 strategic themes which are our priorities as a Trust, which each have clear breakthrough objectives for the year:</p> <ul style="list-style-type: none"> <li>• Population and System – “Seeing patients sooner” (accessible care for patients)</li> <li>• Our People – “Great place to work” (attracting and retaining staff)</li> <li>• Patient Experience – “Improving patient experience, listen and act”</li> <li>• Quality Outcomes and Safety – “Save lives, improve patient safety”</li> <li>• Sustainable Services – “Use NHS pound wisely” (improve timeliness and quality of care for patients)</li> </ul>

<p><b>Activity:</b> Collaboration and oversight ongoing through Population Health and System Committee, Dorset System collaboration evident in Domain 1 EDS reporting.</p> <p>The Trust has implemented a Population Health and System Committee (a sub-committee of the Board) that will have oversight of the Trust's programme of work to contribute to the CORE20PLUS5 approach to addressing Health Inequalities. EDI patient dashboard, Dorset Intelligence, and Insight Service [DIIS], Population Health MGT Tool is used to identify variations in patient access outcomes and experience.</p>	
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## Domain 1: Commissioned or provided services

DIIS Bagernet [PALs & Friends and Family]					
Domain	Outcome	Data sources	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 1: Commissioned or provided services</b>	<b>1A: Patients (service users) have required levels of access to the service</b>	<b>DiiS Bagernet</b>	<b>Required level of activity is taking place</b> – NHS Dorset has implemented several initiatives to enhance access to population-level health data. Notably, quantitative data on demographic factors such as age, gender, and ethnicity are readily available through the Dorset Intelligence Information System (DiiS). Additionally, a comprehensive assessment of data quality has been undertaken by the Dorset System Intelligence Function, which has identified the need for a greater focus on ethnicity recording and made corresponding recommendations. This initiative is further supported by the Dorset Annual Report 23/24 and the governance framework of the Health Inequalities' Unwarranted Variation programme. Quantitative demographic data, including ethnicity, age, and gender, is accessible via the DiiS and is instrumental in supporting case-finding methodologies. This data facilitates targeted interventions and enhances the capacity for monitoring health disparities at a population level. In some service areas, ethnicity data recording exceeds national benchmarks, with certain services achieving 100% adherence to recommended standards. However, where discrepancies in ethnicity data recording exist within NHS Dorset, targeted efforts are in place to address these gaps. These efforts aim to standardise data capture processes, improve staff training, and engage service users in ensuring the accuracy and completeness of ethnicity information. Continuous work is ongoing to further improve these systems and reduce variations in data collection practices.	2	<i>Katie Lake/ Kerry Rostom</i>
	<b>1B: Individual patients (service users) health needs are met</b>	<b>DiiS Bagernet</b>	<b>Required level of activity is taking place</b> – a range of options have been adopted to include both cultural to technical solutions to improve ethnicity information across a range of protected characteristics. Reviewing these initiatives are suggestive of the possibilities that protected characteristics such as pregnancy, maternity, age, and gender will be captured and recorded. Some interventions are: <b>(1)</b> University Hospitals Dorset is working with GPs to pull ethnicity data from patient GP records to update their hospital records but will not capture patients without a Dorset GP. This is in the planning stages. <b>(2)</b> Dorset County Hospital is focusing on training staff in the Emergency Department, Same Day Emergency Care unit, and Wards to	1.5	<i>Katie Lake/ Kerry Rostom</i>

			improve ethnicity recording. <b>(3)</b> Additionally, work on establishing a direct HL7 feed from DiiS into the Trust's data warehouse is underway, (though technical challenges remain). <b>(4)</b> Dorset Healthcare is convening ongoing discussions to address workforce data improvements that could provide opportunities for collaboration, and enhanced service delivery through learning. Previous DHC directed efforts to improve ethnicity recording, such as sending letters to patients lacking ethnicity data, however the approach was ineffective due to low response rates (relative to cost). <b>The score was reduced (by 0.5) due to variations in ethnicity recording across providers and services, despite sufficient population-level data in DiiS to consider a range of protected characteristics.</b>		
	1C: When patients (service users) use the service, they are free from harm	<b>DiiS</b> <b>Bagernet</b> <b>Friends and Family Tests</b> <b>PALS Data</b>	<b>Required level of activity is taking place</b> – DiiS provides quantitative data by age, gender, and ethnic background. The system is useful for proactive case finding. However, some ethnic groups have opted out for using their data. A preliminary analysis indicates no substantial disparities in opt-out rates by ethnicity. The use of DiiS for case finding and evaluating service outcomes is unlikely to increase inequalities from an ethnicity perspective. However, periodic reviews and targeted analyses will be essential to maintain equitable practices.	2	Katie Lake/ Kerry Rostom
	1D: Patients (service users) report positive experiences of the service	<b>DiiS</b> <b>Bagernet</b> <b>Friends and Family Tests</b> <b>PALS Data</b>	<b>Minimal level of activity is taking place</b> – To address the barriers to accurate ethnicity data recording and access to care, NHS Dorset is undertaking a series of targeted initiatives designed to enhance the collection of ethnicity and other protected characteristic data. These efforts focus on engaging both staff and service users to improve data accuracy and inclusivity. Engagement strategies include collaboration with key staff networks, particularly within Maternity and Neonatal Services, as well as outreach to migrant health contacts and responses to inquiries from the Patient Experience Team. These activities aim better understanding and communication regarding the importance of recording ethnicity and other protected characteristics. Additional avenues for engagement are being explored through the Integrated Care Board, which includes health inequalities-focused initiatives, Primary Care Networks, and Health and Wellbeing Events. These efforts aim to expand the reach of data collection and address potential inequities in healthcare delivery. One notable initiative is the Conversation Café, launched by Dorset County Hospital, which is specifically designed to reduce variations in ethnicity data recording. The Conversation Café applies innovative,	1	Katie Lake/ Kerry Rostom



			trauma-informed approaches to engage patients and service users in a supportive environment, where sensitive data collection is prioritised. This initiative is closely aligned with NHS Dorset's organisational objectives, focusing on improving both the quality of data and the delivery of patient care. Central to these efforts is the collection of feedback from both patients and service users. This feedback provides critical insights into barriers to data collection and informs the development of interventions. Furthermore, guide cards are being developed, based on input from individuals with lived experience, to help facilitate more accurate and sensitive data collection. These guide cards will be trialled in specific departments within Dorset County Hospital and, if successful, will be expanded across other areas to standardise and improve ethnicity data collection processes.		
<b>Domain 1: Commissioned or provided services overall rating</b>				6.5	

<b>Targeted Lung Health Checks (In collaboration with NHS Dorset)</b>					
<b>Domain</b>	<b>Outcome</b>	<b>Data sources</b>	<b>Evidence</b>	<b>Rating</b>	<b>Owner (Dept/Lead)</b>
<b>Domain 1: Commissioned or provided services</b>	<b>1A: Patients (service users) have required levels of access to the service</b>	<b>Radiology and Pharmacy Directorate data (UHD) Internal data from Cosmos Data from Cancer Intelligence</b>	Dorset was an early adopter of TLHCs ahead of the National screening programme, prioritising local areas of highest deprivation, where the most minority communities live. The service is delivered from acute hospital sites, well placed to meet needs including reasonable adjustments. Any alternative mobile service would be challenged by rural accessibility and digital network access. From the data available on uptake and experience, people with protected characteristics report good experiences and uptake is in line with expected cohort data, the exception is working-aged people, for whom additional engagement is proposed. There is provision for people who move into Dorset to continue accessing services; a safety net, invites are repeated every two-years, and opt-in anytime or opt-out options. A gap identified is access for people in prison (there are two adult prisons in Dorset) and homeless people, as individuals at higher risk of experiencing health inequalities.	2	<i>Katie Lake/ Kerry Rostom</i>
	<b>1B: Individual patients (service users) health needs are</b>	<b>Radiology and Pharmacy Directorate data (UHD)</b>	Individual needs are collected as part of a risk-scoring profile for the TLHC and LDCT scan, including questions on reasonable adjustments. The TLHC is a first contact digital/telephone offer, however, where requested this can be facilitated face-to-face to meet needs. Impact is demonstrated in Portland where Late-Stage	2	<i>Katie Lake/ Kerry Rostom</i>



	met	<b>Internal data from Cosmos Data from Cancer Intelligence</b>	diagnoses in 23/24 dropped to 21.4% - meeting the national 25% target and significantly below Dorset average of 65% for Lung Cancers. As with all screening activity there are 'incidental findings' from LDCT scans and the local policy ensures identified health needs are met by GP's and allied specialities. Patient records document signposting to local services e.g. Community Smoke Stop, however, end to end data on uptake is poor.		
	1C: When patients (service users) use the service, they are free from harm	<i>Radiology and Pharmacy Directorate data (UHD) Internal data from Cosmos Data from Cancer Intelligence</i>	TLHCs in a national screening programme, which has met all clinical safety requirements, based on the results of robust clinical trials. The programme has 15 quality standards <a href="#">B1647-quality-assurance-standards-targeted-lung-health-checks-programme-v2.pdf</a> . In Dorset, the service providers have robust policies and procedures for managing adverse incidents and monitoring quality, which can be interrogated at TLHC level. TLHC is on the Trust risk register as data is managed locally until a national data system is implemented. There is a policy and strong pathways for supporting patients where 'incidental findings' are made for non-lung cancer investigations or care. Patient information ensures participants are aware of the risks and benefits of the TLHC, LDCT scans and management of incidental findings. There is a risk from harm, where patients who are referred for LDCT scans Did Not Attend, and it proposed to deep dive to recommend any improvements, including where there are differences by protected characteristics e.g. Sex and Age.	2	<i>Katie Lake/ Kerry Rostom</i>
	1D: Patients (service users) report positive experiences of the service		Patients experience data is available through National and local surveys, however, the results are not analysed by protected characteristics. National surveys are limited without TLHC as route of diagnosis as a presentation. National surveys are presented at ICB and Trust level, for the ICB there were no scores below the expected range and there were no significant differences for respondents' experience of care by tumor type, age, sex or ethnicity, all reporting >9 as the average rating. A Dorset patient survey and recent Friends and Family test results reflect positively on their experience of care; however, additional qualitative feedback would provide insights for improvement and better inform commissioning decisions, including plans for the TLHC programme to roll out countywide. Improving communication and engagement is a key recommendation.	1	<i>Katie Lake/ Kerry Rostom</i>
<b>Domain 1: Commissioned or provided services overall rating</b>				<b>7</b>	

## Domain 2: Workforce health and well-being

Domain	Outcome	Data sources	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 2: Workforce health and well-being</b>	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	<p><b>UHD NHS Staff Survey 2023</b></p> <ul style="list-style-type: none"> <li>•Q9d Immediate Manager takes a positive interest in my health and wellbeing</li> <li>•Q11a Organisation takes positive action on health and wellbeing</li> </ul> <p>Occupational Health data</p> <p>Psychological and Counselling services (PSC) data</p> <p>UHD Building Healthy Working Lives Strategy</p> <p>UHD Managers/Staff Winter Wellbeing guidance document</p> <p>Employee Assistance Programme (EAP)</p>	<p>UHD continues to invest in supporting staff health and wellbeing. 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.</p> <p>The Healthy Working Lives strategy outlines goals to encourage staff to improve both their physical and mental wellbeing co-led by Occupational Health (OH), the Psychological Support &amp; Counselling Service (PSC) and Organisational Development (OD) and governed by the Healthy Working Lives Governance meeting once a quarter. Updates are fed through to the UHD People and Culture Committee to the Board.</p> <p>The Healthy Working Lives working group has been re-energised, is data driven which supports proactive review of internal wellbeing services. Healthy Working Lives strategy will be replaced by the Health and Wellbeing Plan as part of the People and Culture Strategy (approved at Board January 2025).</p> <p>The UHD Cosmos system reports sickness absence data, but no option is currently available to review by protected characteristic.</p> <p><b>Occupational Health Services (OH)</b> OH, provides a comprehensive range of individual support for staff on health and wellbeing which includes support for obesity, diabetes, asthma, and COPD as well as many other health conditions. The Employee Assistance Programme is managed by OH and provides a health-related portal for staff.</p> <p>From April 2024 to November 2024 there were 4488 referrals for staff support to Occupational. Musculoskeletal conditions remain a high percentage of OH utilisation by staff.</p> <p>OH, currently only monitors minimal protected characteristics due to the limitations of the current eOPAS(electronic Occupational Health</p>	3	<p>Gemma Lynn, Head of Occupational Health</p> <p>Dr Lorin Taranis, Head of PSC</p> <p>Sorcha Dossitt, Workforce Health and Wellbeing Development Lead</p>

		<p>Management System) which is due to be upgraded in February 2025. The current EAP (Employee Assistance Programme) provider does not provide protected characteristic data.</p> <p>Onsite, NHS Health Checks, carried out by Livewell Dorset, have been offered to staff throughout 2024. Emphasis placed on advertising these session to our Global Majority workforce; term adopted at UHD and nationally to replace BME (Black and Minority Ethnic) and to avoid negative implications to the term minority by linking with the DEN (Diverse Ethnicity Network) staff network.</p> <p>UHD provided access to Interactive Health Kiosks over a 4-month period during 2024. 22% of staff accessing a health MOT from the kiosks were from a diverse ethnic background.</p> <p><b>Psychological Support and Counselling Service (PSC)</b>  PSC is a specialist service providing totally confidential support for staff affected by stress and mental health. Run by a Consultant Clinical Psychologist with a team of BACP accredited Counsellors and Psychological Support Practitioners, PSC provides assessment and a range of specialist support interventions as well as signposting and referral to external services. Staff can access this service via self-referral and are supported to attend during their working hours where possible. From January 2024 to (18<sup>th</sup>) December 2024 there were 598 referrals into PSC, in line with the previous year.</p> <p>For the period of January to December 2023 a total of 612 staff accessed the service (36% increase)</p> <p>PSC collect data on protected characteristics from the self-referral form.</p> <p><b>UHD Health &amp; Wellbeing Champions</b>  The UHD Health &amp; Wellbeing Champion team remain a positive force for wellbeing influence with over 80 Champions actively promoting and signposting staff to relevant wellbeing offerings and providing feedback on these services.</p> <p>UHD Health and Wellbeing has been rebranded as Thrive Wellbeing with</p>		
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		<p>a fresh new easy read format to help staff where English is not their first language. A monthly Thrive Hub information poster signposting staff to wellbeing information and services is distributed via the usual communication channels as well as via the Champions.</p> <p>Thrive Live UHD Wellbeing Fair took place during March; evidence-based sessions ran over 5 days including seminars, webinars, health assessments and guidance sessions. 3179 staff engaged during the week and an online repository of recordings was curated to facilitate continued utilisation of the resources post-event.</p> <p>Livewell Dorset conducted 199 health checks for the staff at UHD sites; of these checks, a majority were for female staff members. 12% of clients were from other ethnic backgrounds and 7% from Global Majority. Live Well Dorset confirmed the overall number of clients from Global Majority communities for health checks has risen significantly this year in Bournemouth Christchurch and Poole area which is reflective of community engagement the wellbeing team has done. The trust organised a health check event for Global Majority staff whilst celebrating Black History Month in October.</p> <p>UHD's Wellbeing check-in conversation framework has been launched and promoted to all staff. A supportive, coaching-style one-to-one discussion focused on empowering individuals while also building individual and team resilience.</p> <p>UHD Winter Wellbeing guidance for both staff and managers were refreshed and promoted in November 2024.</p> <p>The UHD Library service across Bournemouth and Poole commission and promote many staff wellbeing books and regularly promote via display board.</p> <p><i>Associated 2023 NHS Staff Survey responses</i>  <i>Q9d – Immediate Manager takes positive interest in my Health &amp; Wellbeing</i></p> <p>70.6% UHD positive responses – a 2.4% increase with consistent</p>		
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			<p>improvement.</p> <p>Protected characteristic groups citing less favourable response include male staff 68%, staff identifying as Gay/lesbian 66.4%) and staff over 66 years of age improved to 68.9% compared to 61% last year and age group of 16-20 years of age only 64.7%</p> <p>Staff with Disability 70.37% with an improvement of 1.9%</p>		
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p><b>UHD NHS Staff Survey 2023</b></p> <ul style="list-style-type: none"> <li>• Q13a Not experienced physical violence from patients</li> <li>• Q13c Not experienced physical violence from colleagues</li> <li>• Q14a Not experienced harassment, bullying, abuse from patients</li> <li>• Q14b Not experienced harassment, bullying abuse from managers</li> <li>• Q14c Not experienced harassment, bullying or abuse from colleagues</li> </ul> <p>UHD Civility, Respect and Dignity at Work Policy</p> <p>2023 Freedom to Speak Up Report</p>	<p>University Hospitals Dorset is committed to nurturing an inclusive environment where racism, discrimination, or abuse are not tolerated. The trust actively celebrates the diversity of its staff and community ensuring that everyone is treated with dignity and respect regardless of their race, gender, religion, age, disability, and sexual orientation. The trust's LERN reporting form effectively captures individual data on instances of discrimination when reported. Our WRES 2024 shows positive movement across most four metrics and the Global Majority representation is now 23.8%. Our WDES 2024 shows positive movement across some of our metrics and Disability disclosure is now 6.3% compared to 5.6% last year.</p> <p><b>See ME First</b> is a staff-led initiative to promote equality, diversity, and inclusivity. It requires colleagues to challenge and work together towards ending racism and discrimination in the workplace. UHD is the first Trust in the Southwest to launch this campaign. The initiative aims to make real change to our organisation's culture, creating a more inclusive, open, and non-judgemental work environment in which all staff are treated with dignity and respect. The 'See ME First' campaign continues to be implemented at the departmental level, through ED&amp;I sessions, Conscious Inclusion workshops and preceptorship programmes to promoting a workplace culture that encourages Listening, Speaking Up, providing support and challenging discrimination and poor behaviours. Around 2000 staff members including senior leaders across UHD sites have committed to this campaign.</p> <p><b>An Anti-Racism/Discrimination guidance</b> for staff and managers has been published in 2024 in conjunction with the DEN, including an Anti-</p>	3	<p>Deepa Pappu, EDI Lead</p> <p>Helen Martin, FTSU Guardian</p> <p>Lisa White, Human Resources</p> <p>Stacey Fuszard Head of Security and Portering</p>

			<p>Racism and wider Discrimination statement from the Board, improved reporting mechanisms and associated supportive actions.</p> <p>The EDI team in collaboration with Dorset ICS, launched '<b>Conscious Inclusion</b>' workshops addressing topics such as cultural competence, bias, prejudice, discrimination, racism, microaggressions, power and privilege. Plans are underway to make these sessions mandatory for colleagues involved in recruitment and management.</p> <p>Following the success of 2023, a second <b>Cultural Celebration</b> event was held in July across three sites, organised by a core committee from diverse cultural and professional backgrounds with support from staff networks and executive sponsorship from trust board member. The event was a tremendous success, attracting over 2,000 colleagues across all sites. Further celebrations will be planned for 2025.</p> <p><b>Black History</b> Month was celebrated with key events across sites, featuring a collaboration with an organisation called DEED to educate and highlight Dorset's hidden Black History. Additionally, various departments held smaller events to celebrate diversity, learn about Black heritage from colleagues and promote integration and understanding.</p> <p>It has been acknowledged that inappropriate behaviours from staff, patients and visitors occur at UHD. A <b>Behaviour Charter</b> is currently being developed (BC) providing explicit messages on the standards we expect at UHD for everyone and contribute to our objectives of being a great place to work, attracting and retaining best talent and delivering excellent care.</p> <p>UHD signed the <b>Sexual safety in healthcare organisational charter</b> in 2024. The organisation is committed to a zero-tolerance approach to any unwanted, inappropriate sexual behaviours towards to any staff members. The sexual harassment policy and eLearning package is in the final stage of development. The Conscious Inclusion workshops also facilitate discussions on a sexual harassment case study and emphasis on the importance of creating a safe workplace and promote a culture of openness that does not tolerate unwanted harmful and inappropriate sexual behaviour.</p>		
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			<p>Infrastructure to support staff experiencing abuse, harassment, bullying, and physical violence includes the Civility, Respect and Dignity at Work Policy. This is changing to resolution policy and Human Resources has adopted a restorative, just and learning cultural approach with respect to staff support and issues.</p> <p>The <b>Violence Prevention and Reduction</b> Policy 2022 at UHD encourages staff to report inappropriate patient behaviour, supported by a Respect poster campaign aimed at reducing abuse. While feedback indicates the incident reporting system is lengthy and not user-friendly, there has been an increase in reporting, reflecting a positive shift in reporting culture. A review of harassment incidents shows a decline in incidents across various groups, suggesting that staff are more inclined to report violence and aggression, which is a positive outcome. Of all the reported 5744 security, violence, and aggression incidents between 2021-2024, 3222 were attributed to physical or non-physical violence. Engagement with the Communications team has been established and some crime prevention advice shared with plans to provide some additional material highlighting Trust statistics around violence and aggression and relevant updates/articles to help support staff. The team are approached direct from wards and departments to offer ad hoc advice/support. Some of the work at UHD being done to tackle violence ad aggression are as below:</p> <ul style="list-style-type: none"> <li>• <b>Appointment of Head of Security and Portering (HoSP)</b> on 3<sup>rd</sup> March 2024</li> <li>• <b>In House Security-</b> Currently appointed 20 in house security.</li> <li>• <b>Monthly incident summary:</b> Each month, the Head of Security and Protection (HoSP) or deputy summarises of all violence and aggression incidents across the Trust, highlighting top reporting areas and comparing them to the previous period.</li> <li>• <b>Violence Prevention and Reduction Standards (VPRS):</b> These standards were reviewed as part of the VPR Group which is chaired by the deputy COO and further review is being undertaken for the October 2024 meeting.</li> <li>• <b>Work plan for HoSP:</b> Targeted approach to tackling security issues across UHD.</li> </ul>		
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			<ul style="list-style-type: none"> <li>• <b>Violence and Aggression Risk Assessments (V&amp;A RA):</b> A comprehensive review of security, violence, and aggression risk assessments identified the top 10 reporting areas across UHD, which have been approached to review and update their assessments.</li> <li>• <b>Sanctions:</b> The HoSP ensures all warning letters are logged and sent, ensuring repeat offenders receive appropriate warnings.</li> <li>• <b>Training- Management of Violence and Aggression:</b> Apart from the existing Conflict Resolution for all frontline staff, additional Prevention and Management of Violence and Aggression (PMVA) is available to Security, Porters, Clinical Site Management Team as well as all managers in Emergency Department as well as breakaway techniques.</li> <li>• <b>Police engagement:</b> Links have been re-established with Dorset Police giving the ability to quickly ascertain an update following an incident or concern being raised.</li> <li>• UHD has a respected <b>Freedom to Speak Up (FTSU)</b> Guardian and team. The Freedom to Speak Up Guardian reports annually to the Board on data relating to cases raised via the FTSU team and 44% of cases were related to poor behaviour including abuse, harassment, bullying and physical violence. The FTSU concerns raised are confidentially recorded and include ethnicity.</li> </ul> <p>The <b>Managers' Induction Programme</b> is designed to promote compassionate leadership and effective management practices, equipping managers to handle a wide range of issues including those highlighted in the Civility and Respect campaign. Our vision is to improve miscommunication and poor behaviour by empowering staff to challenge unacceptable behaviour and support the culture of civility and respect.</p> <p><i>Associated 2023 NHS Staff Survey responses</i></p> <p><b>Q13c</b> – <i>In the last 12 months how, many times have you personally experienced physical violence at work from other colleagues (<b>Never</b>).</i> 98.6% UHD positive responses, 0.1% increase. Protected characteristic groups citing less positive response for those</p>		
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			<p>identifying as Gay/Lesbian 97.7% and BME colleagues especially White and Black Caribbean 90.9% and White and Asian 90.3%</p> <p><b>Q14a</b> - In the last 12 months how, many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives, or other members of the public (<b>Never</b>) 73.5% UHD positive response, 2.4% increase from last year.</p> <p>Protected characteristic groups citing less positive response include staff 16-20 years of age 41.2% and 21-30 years of age 67.3%</p> <p>Staff with a Disability, 74.1% 3.1% improvement compared to last year.</p> <p>BME staff 69.7% (last year 65.9%) 3.8% positive response</p> <p><b>Q14b</b> – Not experienced harassment, bullying or abuse from Managers. (<b>Never</b>)</p> <p>92.5% UHD positive responses, 2.6% increase.</p> <p>Protected characteristic groups citing less positive experience include Age above 66+years 89.3%</p> <p>Disabled staff 93.2% with 3% improvement from last year.</p> <p>Gay/Lesbian groups 89.2%</p> <p><b>Q14c</b> – Not experienced harassment, bullying or abuse from colleagues (<b>Never</b>)</p> <p>83.4% UHD positive responses, increase of 3.2% positive response.</p> <p>Protected characteristic groups citing less positive experience include Disabled staff 83.35%, improvement of 3.2% from last year.</p> <p>Gay/Lesbian 78.5% only</p> <p>The positive response of 77.6% for BME colleagues an improvement from 70.9% with an increase of 6.7% from last year.</p>		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying	<p><b>UHD NHS Staff Survey 2023</b></p> <ul style="list-style-type: none"> <li>•Q14d – Last experience of harassment/bullying/abuse reported.</li> <li>•Q13d – Last experience of physical violence</li> </ul>	<p>Options for staff to raise concerns relating to stress, abuse, bullying, harassment, and physical violence include raising with their manager, raising a LERN form via the Risk and Governance directorate, Occupational Health, Human Resources, EDI lead, Staff Network leads, Trade Union representatives as well as the Freedom to Speak up Team. The <b>LERN</b> form is amended to capture specific discriminations when reported by staff.</p> <p>There is a well embedded <b>Freedom to Speak Up</b> service which is regularly promoted. In the 2023/24 FTSU Annual Report it confirms that</p>	2	

	harassment and physical violence from any source	<p>reported.</p> <p>2023/24 FTSU Annual Report</p> <p>TRiM data</p>	<p>412 concerns were raised by staff; 44% (188 staff) included an element of inappropriate attitudes and behaviours.</p> <p><b>Staff Networks</b> including Pride (supporting LGBTQI+ staff), Women's Network, EU Network, Armed Forces Network, Pro- Ability Network and Disability Ethnic Networks all offer signposting and guidance to relevant services. Staff networks play a crucial role in supporting their members by providing guidance, resources, and a sense of community. They also advocate for the needs and concerns of their members, ensuring their voices are heard within the trust. Additionally, these networks collaborate to promote diversity, inclusion, and a supportive work environment for all staff.</p> <p>Staff can utilise the Health and Wellbeing Champions and Mental Health First Aiders for confidential support and signposting in addition to self-referring to the UHD Psychological Support and Counselling Service</p> <p><b>The UHD Trauma Risk Management Programme (TRiM)</b> supports staff and line managers who have been through a potentially traumatic event. This is a peer-led process facilitated by 19 TRiM Managers. 41 referrals were made for a TRiM intervention (23/24).</p> <p><i>Associated 2023 NHS Staff Survey responses</i>  <b>Q14d</b> – <i>The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? If they said <b>yes</b>.</i></p> <p>46.6% UHD positive responses, improvement of 2.5%  Only 45% White colleagues and colleagues from Mixed ethnicity reporting 42.1% and Black African colleagues reporting 63.9%.  Protected characteristic groups citing less favourable response include 21–30-year group with 38.1%. with a 3.6% reduction in reporting.  Disabled staff 46.6% with improvement of 2.1% from last year.</p> <p><b>Q13d</b> – <i>The last time you experienced physical violence at work, did you or your colleague reported? If yes</i></p> <p>70.1% UHD positive responses.  Protected characteristic groups citing less favourable responses include</p>		
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			<p>21- 30-year age group (64.9.9% with a 3% increase in reporting and Bisexual 65% Mixed ethnic groups reporting only 54.5% Disabled staff 70.1 % compared to 67.26 with an increase of 3.16%</p>		
	2D: Staff recommend the organisation as a place to work and receive treatment	<p><b>UHD NHS Staff Survey 2023</b></p> <ul style="list-style-type: none"> <li>•Q21c – Would recommend the organisation as a place to work</li> <li>•Q21d – Would recommend as a place for treatment</li> </ul> <p>UHD Patient First strategic objectives</p> <p>UHD Annual EDI and Workforce Profile Report 2023</p>	<p>In 2023, UHD launched <b>Patient First</b>, a quality management system and a long-term approach to building improvement into everything we do. In 2023, UHD has a People and Culture strategy that will deliver objective 2 and support others. “When staff thrive, our patients thrive. It is a proven fact that patients get better care in hospitals where staff feel able to make a difference.”</p> <p>The mission is “To provide excellent healthcare for our patients and wider community and to be a great place to work, now and for future generations.”</p> <p>There are 5 strategic themes which are our priorities as a Trust, which each have clear breakthrough objectives for the year:</p> <ul style="list-style-type: none"> <li>• Population and System – “Seeing patients sooner” (accessible care for patients)</li> <li>• Our People – “Great place to work” (attracting and retaining staff. This will be monitored and implemented through the new People and Culture Strategy)</li> <li>• Patient Experience – “Improving patient experience, listen and act”</li> <li>• Quality Outcomes and Safety – “Save lives, improve patient safety”</li> <li>• Sustainable Services – “Use NHS pound wisely” (improve timeliness and quality of care for patients)</li> </ul> <p>There are differing responses for this question in relation to recommendation for a place to work and a place for treatment:</p> <p>The UHD Co-ordinated support programme enables a quick pathway to urgent wellbeing support and is promptly reviewed by OH, PSC and FTSU Guardian.</p> <p><b>Q25c</b> – <i>Would recommend the organisation as a place to work</i> 63.7% UHD favourable responses, 7.4% increase in total.</p>	1	

			<p>White colleagues 61.7% less than the Trust average, with 6.7% improvement from last year.</p> <p>Protected characteristic groups citing less favourable responses include Disabled staff (63.2%, 7.24% increase from last year Gay/Lesbian 61.1%.</p> <p>Protected characteristic groups reporting more favourable responses include BME 73.6% with 8% increase and Male staff 61.9% with 2.9% increase from last year)</p> <p><b>Q25d – Would recommend as a place for treatment</b>  67.4% UHD positive responses with 3.1% increase  Only 66.3% White colleagues less than the Trust average.  Protected Characteristics groups citing less favourable responses include disabled staff 60.3% and Gay/Lesbian 71.8%, better than the Trust average.  Disabled staff –67.33% with 3.1% increase  73.9% BME colleagues compared to 71.4% with 2.5%increase.</p>		
			<b>Domain 2: Workforce health and well-being overall rating</b>	9	

### Domain 3: Inclusive leadership

Domain	Outcome	Data sources	Evidence	Rating	Owner (Dept/Lead)
<b>Domain 3: Inclusive leadership</b>	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>UHD Equality Diversity and Inclusion Strategy</p> <p>Equality Diversity and Inclusion Group minutes</p> <p>People and</p>	<p><b>Workforce Culture plans</b></p> <p>UHD aspires to have culture plans in place at specialty and corporate directorate level, which will be regularly reviewed through Care Group and Corporate Service Board meetings with oversight via Strategic Deployment Review [SDR] meetings by 31st March 2026. These culture plans will include metrics taken from WRES / WDES. This approach will help to create a better understanding on their culture and what improvements can be made.</p>	3	<p>For Patient Health Inequalities:</p> <p>Dr Peter Wilson, Chief Medical Officer</p> <p>Judith May, Director of</p>

		<p>Culture Committee minutes</p> <p>Workforce Race Equality Standard (WRES)</p> <p>Workforce Disability Equality Standard (WDES)</p> <p>Gender Pay Gap Report</p>	<p>The UHD leadership behaviours have been reviewed to reflect and incorporate the <b>Patient First</b> approach whilst aligning to our Trust values and expectations and the aspirations of our leaders. Through the Patient First methodology, one of the key equality objectives for UHD is to have a representative workforce at all levels of the Trust and has been supported by the Trust Board members.</p> <p>Three senior leaders in UHD attended the Dorset <b>Leading for Inclusion Change Agent's Programme</b> last year. 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.'</p> <p>The implementation of the UHD Equality, Diversity and Inclusion Strategy was monitored through an EDI Group (EDIG) in 2021 and now through People and Culture Group, chaired by Chief People's Officer.</p> <p>In 2024, EDIG reported to PCC (People and Culture Committee) for assurance or interventions and Trust Management Group (TMG) for approval.</p> <p>Within the People and Culture Strategy and the Patient First Programme our EDI objectives are aligned:</p> <p><b><i>We aim 'To have a representative workforce at all levels of the Trust.'</i></b></p> <p>To do this we will implement our One Team EDI Plan priorities:</p> <p><b>To deliver Conscious Inclusion Workshops</b>  <b>Introduce a more inclusive approach to recruitment.</b>  <b>Develop a simple and clear approach to reasonable workplace adjustments.</b>  <b>Consolidate audit review findings of Staff networks and provide greater alignment with UHD objectives while</b></p>		<p>Operational Performance and Oversight</p> <p>For Staff Equality and Health Inequalities: Deepa Pappu, EDI Lead</p> <p>Deborah Matthews, Director of Organisational Development (Patient First)</p>
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			<p><b>strengthening their roles and purpose.</b></p> <p>A Board member is also the lead for addressing staff health inequalities. In addition to the existing Board development plan, additional Board development is commissioned through Southwest NHS England.</p> <p>The EDI updates are now reported through the UHD People and Culture Committee to the Board of Directors. Reports include:</p> <p><b>EDI Annual report and workforce plan</b>  <b>Workforce Race Equality Standard (WRES) Report and Action Plan</b>  <b>Workforce Disability Equality Standards (WDES) Report and Action Plan</b>  <b>Gender Pay Gap report</b>  <b>Modern Slavery Statement</b></p> <p>Trust Board members are also active sponsors of our UHD Staff Network Groups:          DEN Network –Sarah Herbert, CNO          Women's Network – Peter Wilson, CMO          EU Network – Richard Renaut          ProAbility Network -Tina Ricketts, CPO          Armed Forces – Abigail Daughters          Pride Network – Pete Papworth CFO</p> <p>Following the success of 2023, a <b>second UHD-wide Cultural celebration</b> was in July and was supported by Exec Board sponsors and Exec and Nonexecutive Directors (NED) across all three trust sites and was attended by over 2000 staff members. Several key engagement events supported by the Exec and NED team such as UHD Pride event, Purple Light Up and Menopause Awareness championed inclusion at UHD. This year's Black History Month (BHM) was celebrated extensively in UHD.</p>		
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			<p>The Development Education in Dorset (DEED) was commissioned to celebrate and educate the Black History within Dorset.</p> <p>During the period of Civil Unrest in the UK, CEO and Exec team led <b>regular listening events</b> supported by Communication Team, to support colleagues from Global Majority. This engagement helped to create an awareness of the real impact on Global Majority colleagues and made a noticeable improvement in allyship and support as per the feedback during the last listening event. Some affected colleagues were offered companionship support for activities like shopping, outings, and house visits to promote psychological safety and strengthen community connections. As part of the CPO's initiative to address potential travel risks faced by colleagues from ethnic minority communities, several supportive measures were introduced during this period. Messages were sent out to managers to specifically check wellbeing of the colleagues from Global Majority and take actions on daily basis and offer shared travel options whenever possible. Additionally, a comprehensive Travel Risk Checklist was developed to help managers identify potential risks, raise awareness, and ensure the necessary support is offered to individuals where risks are present. These steps aim to enhance safety and inclusivity for affected colleagues. There is a plan in place to hold bi-monthly listening events, facilitated by CEO.</p> <p>In September 2024, UHD in collaboration with BU, held a <b>leadership conference</b>, commissioned through CEO, and supported by our Executive Board. This was attended by Dr Habib Naqvi, the Director, NHS Race Observatory. Health inequalities and race was discussed in the conference. In collaboration with DEN, <b>Dr Habib Naqvi then facilitated a focus group</b> in person and on-line to UHD colleagues. The key points from the focus group discussion supported our plan to prioritise the following workstreams.</p> <p><b>Conscious Inclusion workshop</b> was launched in Sept 2024</p>		
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		<p>working in collaboration with ICS with Exec sponsorship. The workshop discusses the concept of anti-racism, cultural competency, bias, and discriminations that occurs to protected characteristics. The session encourages attendees to be responsible for their own behaviour and to hold others accountable for inappropriate actions or for failing to take necessary actions when required</p> <p><b>Patient Health Inequalities-</b></p> <p>UHD has appointed Dr Peter Wilson, Chief Medical Officer as lead for Patient Health Inequalities supporting Dr Judith May, Director of Operational Performance and Oversight responsible for Patient Health Inequalities linked to the ICS Strategy for Health Inequalities.</p> <p>The UHD Health Inequalities Programme Board's vision is to deliver healthcare interventions which support equity of access, experience, and outcomes for people. The objectives being:</p> <p>To identify and bring together all existing initiatives regarding health inequalities and enable and support priority areas for interventions</p> <p>To build a community of interest through Trust-wide engagement</p> <p>To normalise and standardise reporting on health inequalities</p> <p>To objectively quantify, characterise and report on access, experience, and outcomes for patients.</p> <p>Health inequalities data is now included within the Trust's board reports.</p> <p>Population Health and System Committee established with 'quarterly' meetings. Receives update on service equality monitoring in key patient pathways. Integrated Performance Report includes data on elective waits, deprivation, and ethnicity separately.</p>		
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	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Board minutes  Equality Diversity and Inclusion Group (EDIG) minutes  People and Culture Committee minutes  Workforce Race Equality Standard (WRES)  Workforce Disability Equality Standard (WDES)  Gender Pay Gap Report  NHS Staff Survey  EDS2  Occupational Health updates  Equality Impact Assessments	<b>Workforce</b> The Board and People and Culture Committee are provided with reassurance on progress of EDI national compliance requirements such as WRES/WDES/Gender Pay Gap and EDS2, via TMG. Annual report and Modern slavery statement also published annually with the same approach. EIA for policies provide additional reassurance regarding inclusive decision-making.  Occupational Health regularly provide specific staff risk assessments (Global Majority, disabled, pregnant staff) as appropriate with respect to their campaigns e.g. COVID vaccinations.  The Binder Dijker Otte (BDO) was commissioned by UHD for an internal audit for maturity assessment completed in 2023 to measure UHD's EDI progress.  UHD Board Assurance Framework contains a reference to inclusion introduced through the People and Culture strategy.  <b>Patient Inequalities</b> Population Health and System Committee established with 'quarterly' meetings. Receives update on service equality monitoring in key patient pathways. Integrated Performance Report includes data on elective waits dis-aggregated by deprivation and ethnicity. Health Inequalities now form part of the Board Assurance Framework.	2	
	3C: Board members and system leaders	Equality Diversity and Inclusion	<b>Workforce</b> The Healthy Working Lives Group and EDIG were facilitated by	2	

	(Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Group minutes	either a Non-Executive Director or a Director to ensure that performance was effectively monitored. Performance is reviewed through People and Culture Committee and at the Board.		
		People and Culture Committee minutes			
		Workforce Race Equality Standard (WRES)	National EDI governance frameworks such as WRES/WDES/Gender Pay Gap/EDS2 all provide evidence and action plans to monitor progress and are adopted within the organisation. Assurance updates are provided through NHS England Southwest and Dorset ICS. They include NHS EDI Improvement plan progress and 6 High Impact Actions. This is cited by CPO.		
		Workforce Disability Equality Standard (WDES)	The Trust executive sponsors are active with the UHD Staff Network Groups and provide additional opportunities for monitoring the effectiveness of equality and health inequalities in practice. Executive sponsors are actively supporting staff network events, including Trust wide Cultural Celebration, UHD Pride event, menopause awareness initiatives, the Purple Light Up event, Transgender Remembrance Day and listening events aimed at supporting colleagues during civil unrest. Executive sponsors actively make efforts to attend network meetings whenever possible and serve as key points of contact for escalation.		
		Gender Pay Gap Report			
		NHS Staff Survey			
		Patient Health Inequalities Programme updates	Exec sponsors are engaged with the Reverse Mentoring (RM) programme facilitated by ReMEDI, supported by EDI team, and funded. The 3 <sup>rd</sup> RM programme was successfully completed.		
		Patient Engagement team updates	The ICB are also reviewing equality data, plans and progress at a system level; leverage from collaborative working across Dorset organisations will support the improvement of this data.  The BDO Auditors undertake periodic reviews of our EDI progress. Actions are monitored through audit committee. In 2024, an additional audit was commissioned to review the alignment of Staff Networks with Trust objectives. Staff Network alignment is one of the EDI objectives. A Project Support Officer		

		<p>has been recently appointed through charity funding to support network activities.</p> <p><b>Patient Health Inequalities</b>  The Trust has implemented a Population Health and System Committee (a sub-committee of the Board) that will have oversight of the Trust's programme of work to contribute to the CORE20PLUS5 approach to addressing Health Inequalities. EDI patient dashboard, Dorset Intelligence, and Insight Service [DIIS], Population Health MGT Tool is used to identify variations in patient access outcomes and experience.</p>		
		<b>Domain 3: Inclusive leadership overall rating</b>	9	

Third-party involvement in Domain 3 rating and review	
<b>Trade Union Rep(s):</b> Staff Side Representatives	<b>Independent Evaluator(s)/Peer Reviewer(s):</b> Dorset Healthwatch Staff Network Leads

EDS Organisation Rating (overall rating):

**Achieving**

Organisation name(s):

**University Hospitals Dorset NHS Foundation Trust**Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

Scoring comparison 2023/24 and 2024/25

Domain	2023-24		2024-25		Stakeholders
<b>Domain 1 Patient services</b>	<i>End of Life 9 Falls 10 ENT 4* work continued after submission</i>	9	<i>DiiS 6.5 Lungs 7</i>	7	<ul style="list-style-type: none"> <li>Scored through collaboration with ICS colleagues</li> </ul>
<b>Domain 2 Workforce Health and Wellbeing</b>	6		9		<ul style="list-style-type: none"> <li>External score</li> <li>Stakeholder Survey</li> <li>Department Leads</li> </ul>
<b>Domain 3 Inclusive Leadership</b>	3		7		<ul style="list-style-type: none"> <li>External score</li> </ul>
<b>Overall Assessment</b>	<b>18 developing</b>		<b>23 achieving</b>		Scoring fluctuations are likely due to improved stakeholder responses and process becoming more established.

EDS Action Plan	
EDS Lead	Year(s) active
Deepa Pappu, Organisational Development, EDI Jon Harding, Head of Organisational Development	Plan for April 25 – March 26
EDS Sponsor	Authorisation date
Deb Matthews, Director of Organisational Development	18 February 2025

DIIS Bagernet [PALs & Friends and Family] [note that not all actions will be undertaken at UHD]				
Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Utilise Data for Proactive Case-Finding and Health Inequalities Monitoring.	<p>Continue to leverage ethnicity data for proactive case-finding and health inequalities monitoring, ensuring that missing or incomplete data does not disproportionately affect health outcome evaluations.</p> <p>Regularly review ethnicity data capture processes, including opt-out rates, and ensure any missing data does not introduce biases into health outcomes analyses.</p> <p>Implement periodic audits to track and address gaps in ethnicity data that could affect decision-making or patient care</p> <p>Implement training and awareness campaigns to emphasise the importance of ethnicity data for improving patient outcomes, particularly at the grassroots level. This should be complemented by guidance on how ethnicity recording contributes to better healthcare services and outcomes, helping staff understand its value in clinical and operational contexts.</p>	<p>Q4 2025/26</p> <p>Review progress Q2 2025/26</p>
	1B: Individual patients (service	Improve Staff Engagement and Ownership of Data Recording	Seek clarification on the difference between clinical system and reportable ethnicity, for the purposes of	Q4 2025/26



	<b>users) health needs are met</b>		<p>reporting and analysis for service improvement.</p> <p>Integrate ethnicity data recording into quality assurance processes to encourage consistent adherence.</p> <p>Develop contingency plans to manage periods of increased workload to prevent the decline in data quality due to capacity pressures.</p>	Review progress Q2 2025/26
	<b>1C: When patients (service users) use the service, they are free from harm</b>	Enhance Data Quality through Targeted Engagement with Minority Populations	<p>Strengthen engagement with minority ethnic groups, particularly those who have opted out of sharing ethnicity data, to understand and address their concerns.</p> <p>Explore opportunities to engage underrepresented groups in feedback surveys to ensure demographic representation aligns with the patient population.</p> <p>Use community-based outreach and culturally tailored initiatives to encourage participation in data collection, ensuring that all ethnic groups feel comfortable and valued when providing their information. Consider working with local communities to better reach diverse populations.</p>	<p>Q4 2025/26</p> <p>Review progress Q2 2025/26</p>
	<b>1D: Patients (service users) report positive experiences of the service</b>	Develop Culturally Sensitive and Trauma-Informed Data Collection Practices	<p>Focus on improving communication strategies and workforce capability and such as knowledge, skills, and attitude) by implementing trauma-informed, culturally sensitive training.</p> <p>Incorporate culturally competent communication into training modules, highlighting the ethical and clinical importance of ethnicity data. Consider using patient-facing materials, such as guide cards or patient information sheets, to explain why ethnicity data is collected and reassure patients about its confidentiality and benefits.</p>	<p>Q4 2025/26</p> <p>Review progress Q2 2025/26</p>

<b>Targeted Lung Health Checks</b> <b>[In collaboration with Dorset: note that not all actions will be undertaken at UHD]</b>				
Domain	Outcome	Objective	Action	Completion date
<b>Domain 1: Commissioned or provided services</b>	1A: Patients (service users) have required levels of access to the service	Improve public/population awareness of the TLHCs programme.	Develop a communications and engagement plan, which is informed by patients, and increases confidence in the TLHC offer, including for people with protected characteristics.	Q3, 2025/6  Review progress Q2 2025/26
		Increase access to TLHC (screening) for working age people.	As part of planned roll out for TLHCs seek feedback from working age people in eligible cohort/localities, to inform the future offer. Consider where future Integrated Neighbourhood Teams can support.	Q2, 2025/6  Review progress Q2 2025/26
		Access for Inclusion Health groups (prison/homeless).	Collaborate with system partners on Inclusion Health group to explore / identify opportunities to safely provide access to the TLHC programme	Q4, 2025/6  Review progress Q2 2025/26
	1B: Individual patients (service users) health needs are met	Evidence impact of referrals from TLHCs to Community Smoke Stop services.	Collaborate with system working group to develop systematic feedback from referrals to Community Smoke Stop services.	Q4, 2025/6  Review progress Q2 2025/26
	1C: When patients (service users) use the service, they are free from harm	Reduce Did Not Attend (DNA) rates.	Collaborate with the System Working Group on Health Inequalities, deep dive DNA rates for Low Dose CT scans to improve uptake from people with protected characteristics, especially working age people.	Q4, 2025/6  Review progress Q2 2025/26
	1D: Patients (service users) report positive experiences of the service	Patient feedback informs service design and commissioning decisions e.g. roll-out countywide.	Engagement with service users to qualitatively hear and reflect their experiences and opportunities to improve the programme as part of planning the programme roll out.	Q2, 2025/6  Review progress Q2 2025/26

		Increase insights into the experiences of people with protected characteristics.	Design Dorset patient experience survey to include; access, experience, and outcomes, through the lens of protected characteristics and seek feedback on opportunities to improve the services.	Q2, 2025/6  Review progress Q2 2025/26

Health & Wellbeing UHD action plan				
Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<p><b>The UHD Patient First mission is:</b>            “To provide excellent healthcare for our patients and wider community and to be a great place to work, now and for future generations.”            The strategic People A3 target is “To achieve top decile NHS Staff Survey results for “I would recommend UHD as a great place to work” by 2026/27”            UHD is committed to creating a work environment where employees can thrive and reach their full potential. UHD will take necessary steps to support staff well-being and actively work to remove obstacles that contribute to health disparities among staff members.</p>	<p>To collect and monitor Staff Health Inequalities data by Occupational Health on all protected characteristics. PSC to continue monitoring services offered to all protected characteristics.</p> <p>Targeted promotion of PSC, OH services and Health and Wellbeing offers to staff networks to reach underrepresented staff groups.</p> <p>To encourage greater engagement from Wellbeing Champions representing the Global Majority and other underrepresented staff groups.            Provide a clear, streamlined approach to reasonable adjustments, ensuring all staff who need support can reach their full potential.</p>	<p>Q4 2025/2026</p> <p>Review progress Q2 2025/26</p>
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from	<p>Dignity and respect will underpin our civility agenda and support the reduction of abuse, harassment, bullying and physical violence.  <i>“University Hospitals Dorset will not tolerate</i></p>	<p>To publish the behaviour charter, disseminate it at the care group and departmental levels, and monitor its effectiveness.            To monitor and analyse LERN reports</p>	

	<b>any source</b>	<p><i>racism, discrimination, or abuse. We celebrate the diversity of our staff and community. We treat all our staff with dignity and respect, irrespective of their race, gender, religion, age, disability, or sexual orientation."</i></p> <p>Statement from the University Hospitals Dorset Board of Directors</p>	<p>quarterly on harassment, bullying, physical violence, and discrimination, and implement a targeted approach to identify hotspots for focused interventions.</p> <p>Promote the See ME First campaign at the Care Group and Department levels, providing guidance and support on Anti-Racism resources to both staff and managers. Deliver Conscious Inclusion workshops across the Trust for managers and all recruitment personnel. Promote leadership training with a focus on inclusive leadership principles.</p> <p>Implement sexual safety training across the Trust, publish the related policy, and raise awareness through Trust communications. Review of 2024 NHS Staff Survey data when available.</p>	<p>Q4 2025/2026</p> <p>Review progress Q2 2025/26</p>
	<b>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</b>	Promote a 'Speak Up' culture, encouraging staff to raise concerns with their managers through LERN, Occupational Health, HR, EDI Lead, Staff Networks, Trade Unions, and the FTSU team.	<p>Organise and facilitate regular listening events for all staff, led by Trust board members, including the CEO and CPO. FTSU will continue to prioritise data collection and provide targeted support for Global Majority colleagues.</p> <p>Promote staff network engagement and ensure alignment with Trust objectives.</p>	<p>Q4 2025/2026</p> <p>Review progress Q2 2025/26</p>
	<b>2D: Staff recommend the organisation as a place to work and receive treatment</b>	<p>In 2023, UHD launched <b>Patient First</b>, a quality management system and a long-term approach to building improvement into everything we do.</p> <p>"When staff thrive, our patients thrive. It is a proven fact that patients get better care in</p>	<p>Continue to report on the WRES &amp; WDES metrics and develop action plans to address main concerns.</p> <p>Promote wider patient health inequalities project work to demonstrate organisational commitment to health inequalities.</p>	<p>Q4 2025/2026</p> <p>Review progress Q2 2025/26</p>

		<p>hospitals where staff feel able to make a difference.”</p> <p>The mission is “To provide excellent healthcare for our patients and wider community and to be a great place to work, now and for future generations.”</p>	Analyse the data and focus on the UHD-coordinated support programme, which provides a fast-track pathway to urgent well-being support for all staff.	
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Inclusive Leadership UHD action plan				
	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<i>We aim: ‘To have a representative workforce at all levels of the Trust.’</i>	<p>To do this we will implement our One Team EDI Plan priorities:</p> <ul style="list-style-type: none"> <li>• To deliver Conscious Inclusion Workshops</li> <li>• Introduce a more inclusive approach to recruitment.</li> <li>• Develop a simple and clear approach to reasonable workplace adjustments.</li> <li>• Consolidate audit review findings of Staff networks and provide greater alignment with UHD objectives while strengthening their roles and purpose.</li> </ul>	<p>Q4 2025/26</p> <p>Review progress Q2 2025/26</p>
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	<p><i>We aim: ‘To have a representative workforce at all levels of the Trust.’</i></p> <p><i>Report health Inequalities Elective waits to be included in monthly integrated performance report*</i></p>	<p>People and Culture BAF statements embedded</p> <p>EDI business as usual reporting approved through Board committees, notably Trust Management Group</p> <p>Equality Impact Assessment tool widely used within UHD</p>	<p>Q4 2025/26</p> <p>Review progress Q2 2025/26</p>

			<p>*Report performance on average weeks wait by deprivation group, comparing variation for adults and children</p> <p>*Report performance on average weeks wait by ethnicity group, comparing variation for adults and children</p>	
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<i>We aim: 'To have a representative workforce at all levels of the Trust.'</i>	<p>Public Sector Equality Duty and NHS Contract EDI reporting actioned, assured and actions monitored.</p> <p>Named Executive Sponsors support workstreams, programmes of work and our Staff Networks</p> <p>UHD Executive and senior leaders active in system leadership interventions and ICB</p> <p>EDI patient dashboard, Dorset Intelligence, and Insight Service [DIIS], Population Health MGT Tool is used to identify variations in patient access outcomes and experience.</p>	<p>Q4 2025/26</p> <p>Review progress Q2 2025/26</p>

February 2025

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