NHS
The Shrewsbury and Telford Hospital
NHS Trust

Equality, Diversity & Inclusion Annual Report 2019

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The Shrewsbury and Telford Hospital NHS Trust

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Executive Summary

The Shrewsbury and Telford Hospital NHS Trust

Our Annual Equality, Diversity & Inclusion report provides assurance and an account of how at the Shrewsbury and Telford Hospital NHS Trust (SaTH), we are progressing to this very important agenda to the Board.

The report highlights our activity against the general equality duty as outlined in the Equality Act 2010, to have due regard for the need to eliminate unlawful discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations between people who share a protected characteristic and those who do not.

Promoting and supporting diversity in the workplace contributes towards employee wellbeing and engagement and a diverse workforce can drive an organisation's effectiveness through enabling people to reach their full potential, in turn improving innovation and decision-making, as well as meeting the needs of a diverse population.

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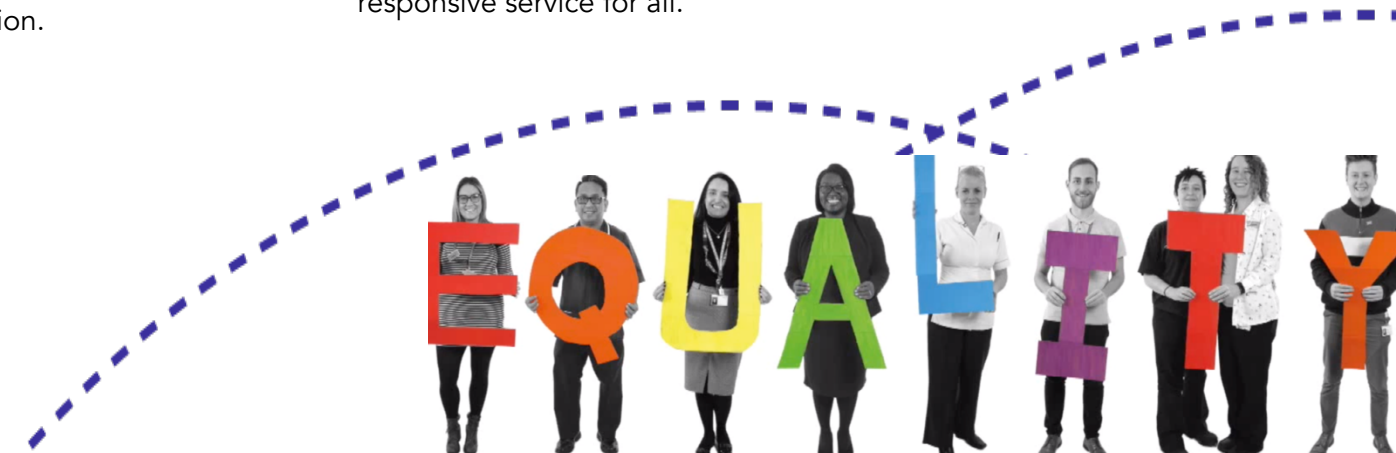
We recognise that we have still more to do in relation to establishing a robust Equality, Diversity and Inclusion framework for SaTH and so we have committed to establish a new Equality, Diversity and Inclusion lead role for the Trust. This positive step will enable the Trust to develop a targeted work plan and ensure we are better engaged with the national and regional agenda and therefore, help SATH better understand and identify the needs of our diverse communities and workforce, ensuring we are delivering a responsive service for all.

The Trust is committed to creating a culture of openness and transparency. As a requirement of the Public Sector Equality Duty, the Trust must capture a range of equality related information and report on it.

By analysing this information the Trust is able to identify possible issues of inequality and to seek to address them; specifically for people who have protected characteristics as defined by the Equality Act 2010.



Legal Requirements

The Shrewsbury and Telford Hospital NHS Trust

Equality Act 2010 Protected Groups

As a public sector organisation, it is a statutory requirement for SaTH to publish an annual equality, diversity and inclusion report that demonstrates its compliance with the Public Sector Duty as defined by the Equality Act 2010, which specifically identifies the following protected characteristics:

Other legally Protected Groups

All NHS organisations are also required to consider under equality & diversity, other disadvantaged groups including but not limited to people who are subject to:

- Living in poverty
- Geographical isolation
- Substance misuse
- Limited family or social networks
- Homelessness

Legal Requirements

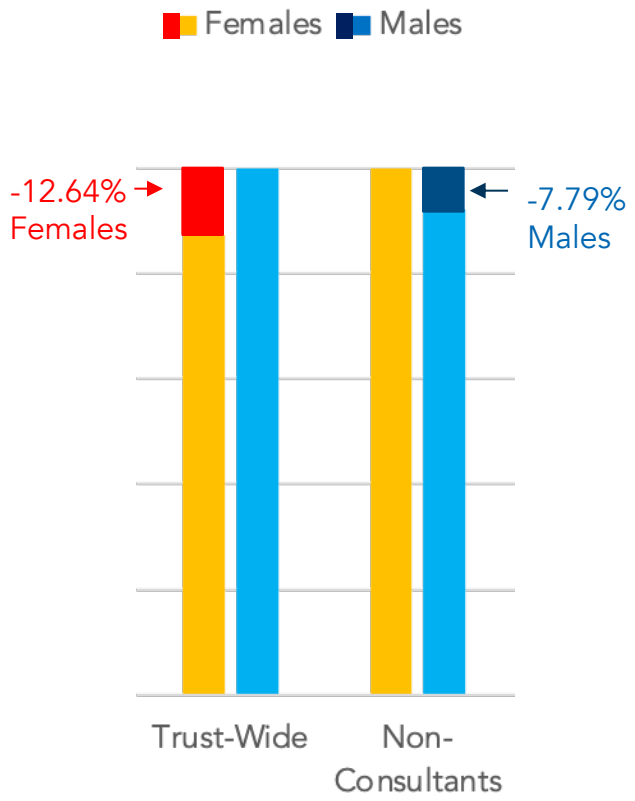
The Shrewsbury and Telford Hospital NHS Trust

Mandatory gender pay gap reporting

From 2017, any organisation that has 250 or more employees must publish and report specific figures about their gender pay gap. The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings.

There is a gender pay gap within the Trust, with median women's pay 12.64% lower than men's pay respectively. We remain confident that we have identified two key drivers of our pay gap: the uneven distribution of men in our overall workforce, and the higher number of male consultants than female consultants in the upper quartile of our pay distribution – removing Consultants from the data set alters the median pay gap in favour of female staff at 7.79%

The incoming (and new role) Equality and Diversity Lead will allow the Workforce team and the wider Trust maximise the existing infrastructure and opportunities inherent within the NHS.



Equality Delivery System (EDS2)

The Shrewsbury and Telford Hospital NHS Trust

Framework of Aims

NHS organisations are required to undertake an annual review of the Equality Delivery System (EDS2) framework. This provides a commitment to creating NHS services which are fair and accessible to all, continually improving the services provided to meet the diverse needs of the community. The framework consists of four key outcomes:

Better health outcomes

Improved patient access and experience

A representative and supported workforce

Inclusive leadership

EDS2 legislation encourages organisations to work in partnership with stakeholders in the local community to identify how services can be developed to be more accessible. The Trust did this through holding an Equality, Diversity and Inclusion stakeholder event and establishing an Equality, Diversity and Inclusion patient group to involve stakeholders and further build upon this work. We will continue to build upon this work and inclusion initiatives.

This report also demonstrates compliance with a number of mandatory frameworks which include:

- ✓ Workforce Race Equality Standards
- ✓ Workforce Disability Equality Standards
- ✓ Accessible Information Standard

Governance and Reporting

The Shrewsbury and Telford Hospital NHS Trust

At SaTH, responsibility for Equality and Diversity is split between the Workforce Director and the Director of Nursing.

The Equality, Diversity and Inclusion Group was established to provide a single oversight committee to provide a focus for scrutiny, monitoring and direction of Equality & Diversity in the Trust.

The Equality, Diversity & Inclusion Annual Report provides a formal platform to outline examples of some of the work which is being undertaken within the Trust to provide an environment which is inclusive for patients, carers, volunteers and staff.

Historically the Trust reported Workforce and Service Delivery separately. Recognising the importance of integrating and strengthening its work in this area, this is the first integrated report.

The equality, diversity and inclusion annual report includes a wide range of information, including the Trust's work with the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES), the Equality Delivery System (EDS2) and a range of information on the Trust's engagement with our service users.

Governance and Reporting

The Shrewsbury and Telford Hospital NHS Trust

Our Equality, Diversity and Inclusion Priorities 2020

Having now established the new Equality, Diversity & Inclusion Lead role, we will undertake a full review of our work on this agenda and prioritise key activity, to embed Equality, Diversity & Inclusion throughout the Trust. As part of that review, the following priorities have been identified:

1
Present a new E,D & I strategy with refreshed Equality Objectives for Workforce and Service Delivery to Work force Assurance Committee in September 2020 and the Trust Board in October 2020

2
Review and refresh our E,D & I governance for both Workforce and Service Delivery, including a review of the E,D & I sub –committee Terms of Reference by November 2020

3
Develop a quarterly report to Workforce Assurance Committee outlining achievement and any revised priorities by January 2021

These priorities will cover both Workforce and Service Delivery. The key driver to ensure success will be enhancing our existing Trust values, and engendering a culture where our staff have a sense of belonging and are free from discrimination, bullying and harassment by colleagues or patients.

SaTH Workforce Profile

The Shrewsbury and Telford Hospital NHS Trust

Key headline statistics taken from the latest staff survey

Evidence that we do have a very rich diversity within our workforce and this will help to determine our workforce priorities going forward.

Staff Survey

Notable Changes Over Time- More Work To Be Done

The 2019 Staff Survey was reported to Workforce Assurance Committee in April 2020. Whilst the overall Equality and Diversity Trust indicator showed no statistically significant changes., we acknowledge that the addressing issues raised around harassment and bullying must be a priority for us. initial examination outlines key headlines below:

Increase:
Negative Disability Experience

Rise in the reporting rate of staff with disabilities experiencing harassment, bullying or abuse from other staff in the previous 12 months from 25.3% to 32.6%.

The non-disabled comparator was 18% rising to 18.6% in the same period.

Increase:
Racial Harassment

A rise in the reporting rate of BAME staff experiencing harassment, bullying or abuse from other staff in the previous 12 months from **25.3%** to 35.5%. The white comparator was 26.8% rising to 28% in the same period.

Decrease:
Perceived equal opportunities

A fall of 2% in the number of BME staff believing that the Trust provides equal opportunities for career progression or promotion (and 14% below that of white staff)

Increase:
Discrimination Reports

Staff reports of discrimination from managers/team leaders/other colleagues rose from 8.6% in 2017 to 15.5% in 2019

The white response in the same time has also risen but only from 5.6% to 6.8%.

Our Workforce Initiatives

The Shrewsbury and Telford Hospital NHS Trust

Mandatory Equality Diversity and Inclusion Training for all Trust Staff

In the calendar year 2019, 94% of staff across the Trust completed Equality and Diversity foundation training either online or in face to face training. This exceeded the Trust target of 90%.

All Board members have completed Equality and Diversity Training

The training is compliant with the NHS Core skills framework and covers the following Equality, Diversity and Inclusion criteria:

a)understand the terms of Equality and Diversity and Human Rights and how they are applied within the context of the health sector

b)understand how a proactive inclusive approach to equality and diversity and human rights can be promoted

c)understand the purpose and benefits of monitoring equalities and health inequalities

d)understand the benefits that an effective approach to equality and diversity and human rights can have on society, organisations and individuals

e)understand how legislation, organisational policies and processes can empower individuals to act appropriately and understand people's rights

f)know how to treat everyone with dignity, courtesy and respect and value people as individuals

g)Know what to do if there are concerns about equality and diversity practices, including how to use any local whistle blowing policy procedures and other related policies such as Bullying at Work and Dignity at Work.

Our Workforce Initiatives

The NHS Rainbow Badge Initiative

EDI committee approved the Rainbow Scheme in March 2019, giving healthcare staff a way to reassure patients that they offer non-judgemental and inclusive care for all sexualities and gender identities.

The Rainbow Badge demonstrates and increases our awareness across our organization of the issues that LGBT+(Lesbian, Gay, Bisexual, Transgender plus other identities) people can face when accessing healthcare.

The individual wearer is also able to communicate instantly that someone who an LGBT+ person can feel comfortable talking to about issues relating to sexuality or gender identity. It shows that the wearer is there to listen without judgement and signpost to further support if needed.

One in seven LGBT people have avoided treatment for fear of discrimination

(Stonewall 2018)

Watch the Video

Our Workforce Initiatives

Careers And Engagement Initiative

Inspiring young people and our local communities to choose our healthcare as a career of choice

Purpose:

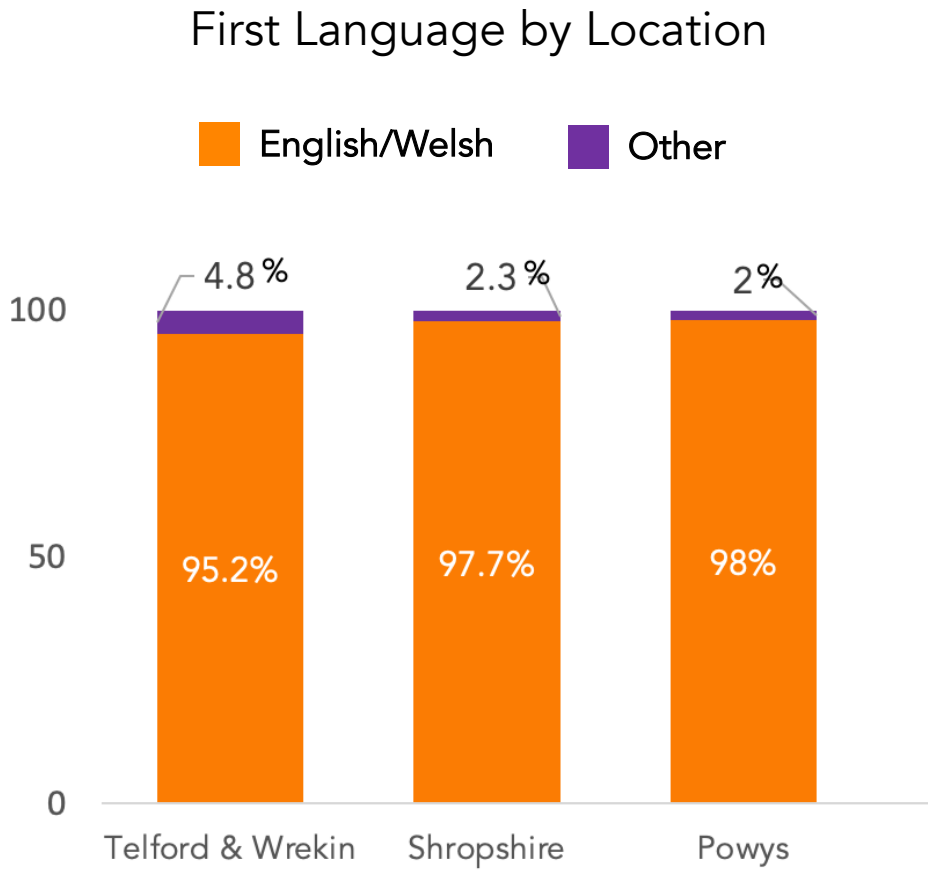
To help **achieve workforce sustainability** across SaTH; recruiting local people and 'growing our own', inspiring young people and our local communities to choose healthcare as a career of choice. The Careers & Engagement Hub works across the organisations in order to promote education and employment opportunities within the NHS and wider health care sector.

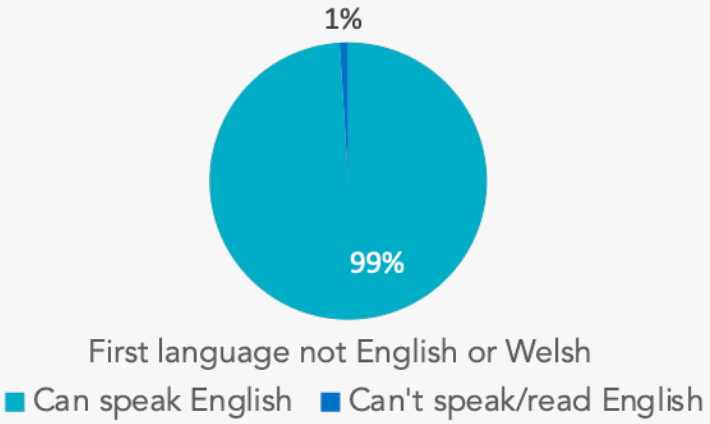
Achievements:

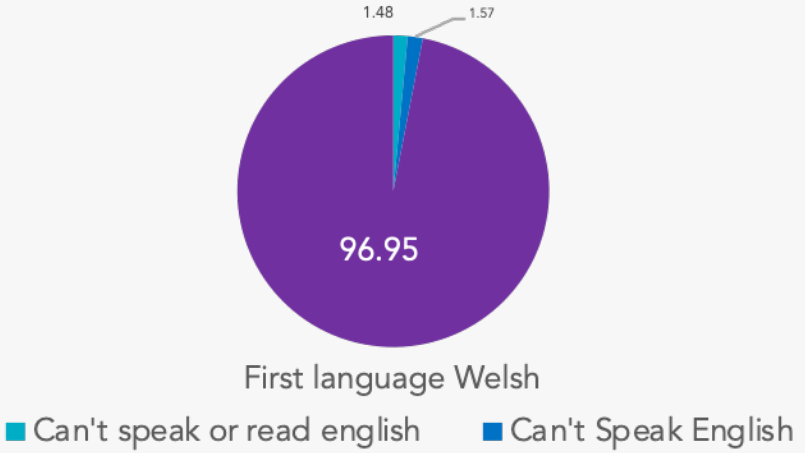
We have engaged with 16,029 people in the past 18 months.

Our Community Profile

The Shrewsbury and Telford Hospital NHS Trust



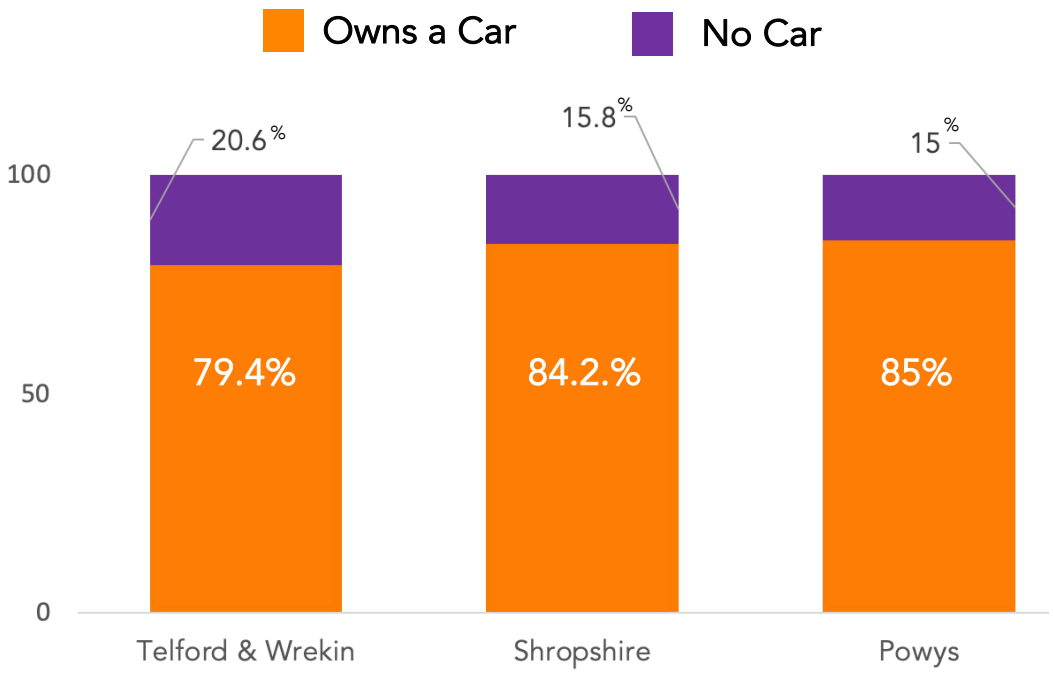




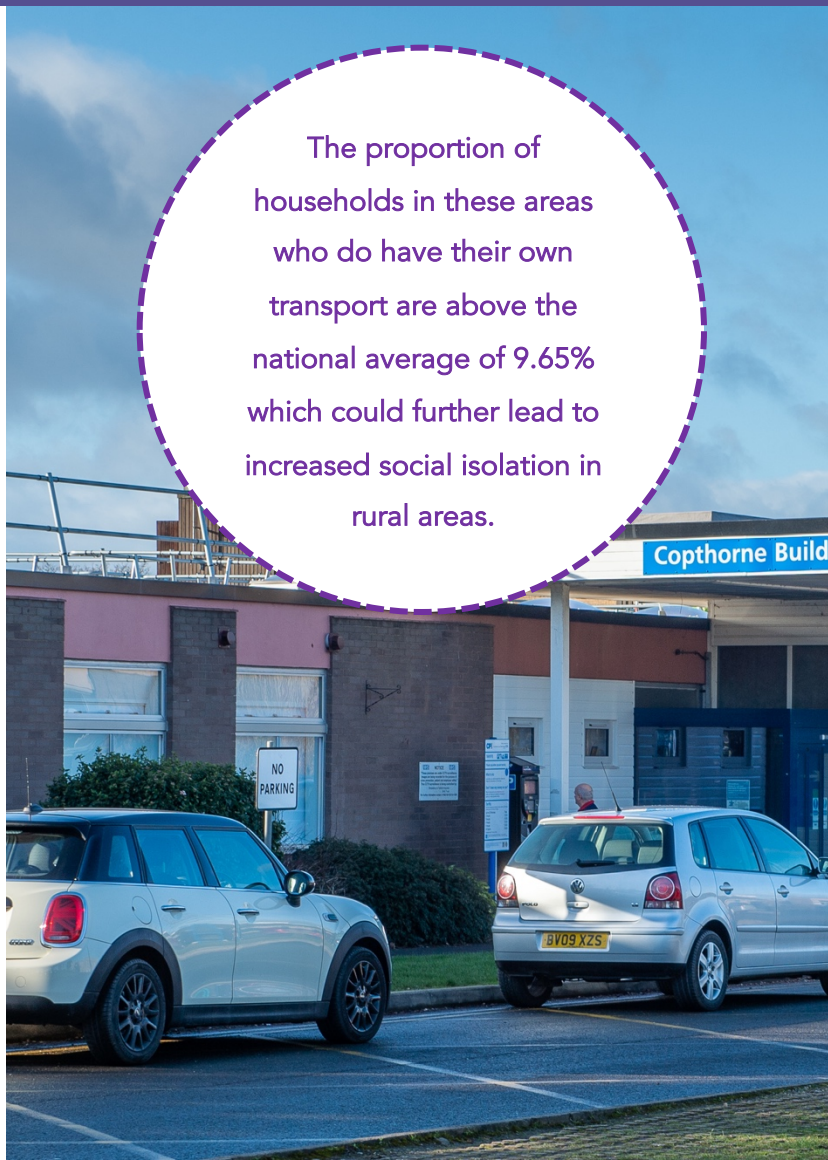
Our Community Profile

The Shrewsbury and Telford Hospital NHS Trust

Car Ownership By Location



The proportion of households in these areas who do have their own transport are above the national average of 9.65% which could further lead to increased social isolation in rural areas.



Our Community Profile

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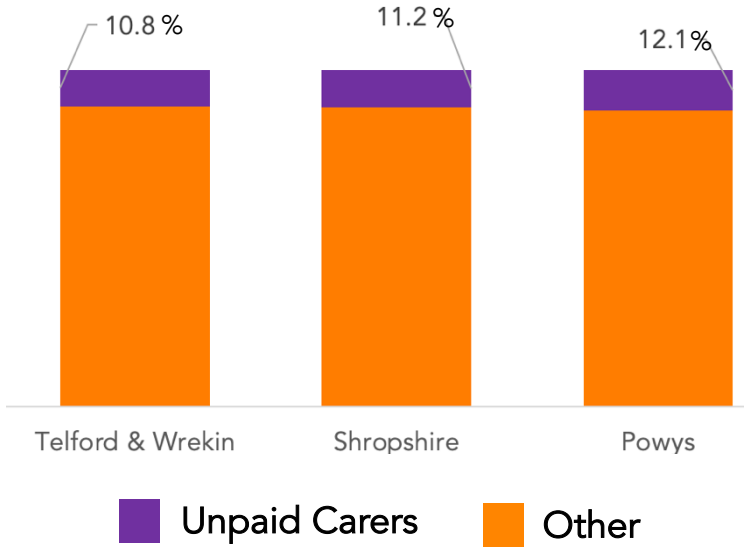
In the Census 2011 there were 190,000 adults and 1,530 young carers nationally who identified themselves as providing care on a regular basis.

In 2015 (Valuing Carers, Carers UK) the number of carers within Telford & Wrekin (18,712), Shropshire (36,146) and Powys (16,755) demonstrated an increase in the number of carers between 2001 and 2015 which exceeded the national increase within both England (**17.7%**) and Wales (**13%**).

Local residents who identify themselves as unpaid carers



More than one-tenth of residents identified themselves as an unpaid carer in Shropshire **(11.2%),** Telford & Wrekin **(10.8%)** and Powys (**12.1%**).

Our Community Profile

The Shrewsbury and Telford Hospital NHS Trust

Stakeholder Consultation Event 2020

Overview

The second Equality, Diversity and Inclusivity Stakeholder event was held on 23rd January 2020.

There were over 100 attendees in total; this included a wide range of patients, carers, members of the community, local voluntary organisations and community groups; as well as Trust staff, local Commissioners, Healthwatch, Health and Social Care partners.

Attendance from a wide and diverse range of the local community was sought to ensure that marginalised and seldom-heard groups were included and represented.

Staff from across the Trust presented information about services, including: PALS, Frailty, Ophthalmology, End of Life Care, Corporate, Theatres, Fertility and AAA Screening.

Each presentation was followed by group discussions on what the service is doing well and what improvements could be made to further meet people's needs.

Facilitators at each table captured the discussion and , ensuring that everybody had an opportunity to have their voice heard.

This was to obtain feedback from the community on our services and to build establish objectives for service delivery which our stakeholders identify as being important to them in accessing healthcare.

Involving service users in shaping improvements is recognised as an important element in the design and delivery of our services.

Our Community Profile

The Shrewsbury and Telford Hospital NHS Trust

Stakeholder Consultation Event 2020 Representational Findings:

Stakeholders were asked to identify which protected characteristics fared well following each presentation, the overarching feedback reflects that the needs of people living with a disability were taken into account most frequently followed by age, religion or belief, gender reassignment, sexual orientation, race, sex and marriage, civil partnership, pregnancy and maternity.

The feedback obtained will be shared at the Equality, Diversity and Inclusivity Sub-Committee and support development of an improvement plan for 2020 - 2021.

1 People Living With a Disability

2 Age

3 Religion/Belief

4 Gender Reassignment

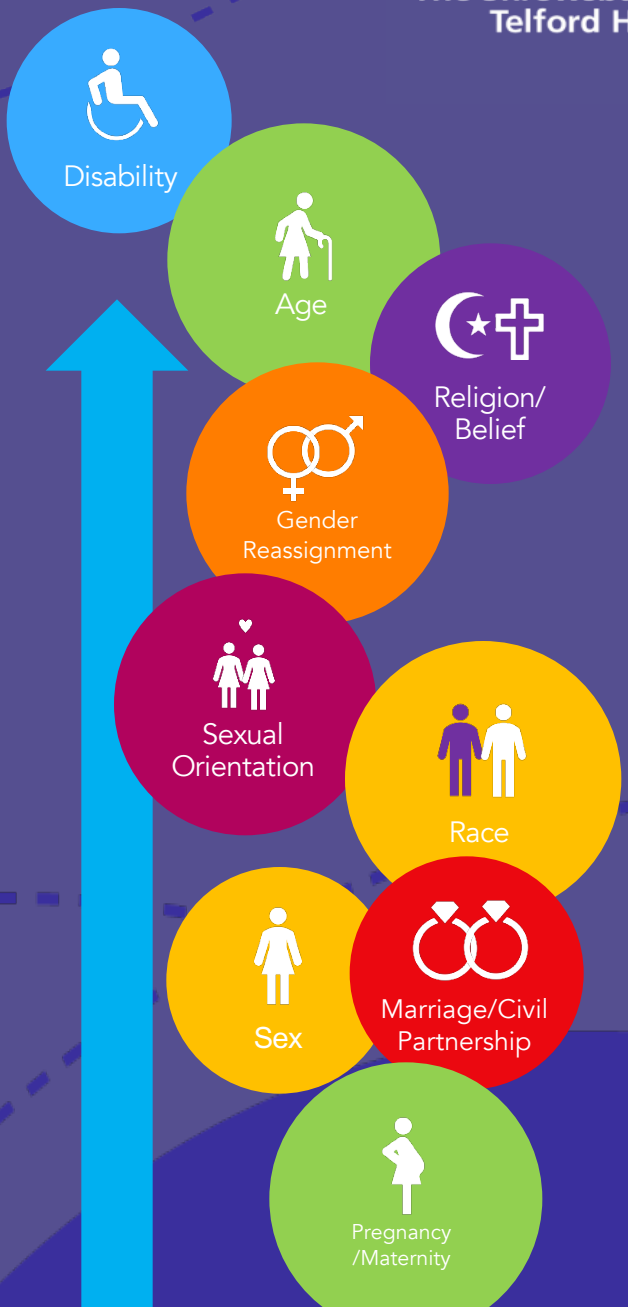
5 Sexual Orientation

6 Race

7 Sex & Marriage

8 Civil Partnership

9. Pregnancy/Maternity



Our Community Profile

The Shrewsbury and Telford Hospital NHS Trust

Reporting of Standards:
Health Outcomes

EDS2 Update Following Stakeholder Consultation Event
The standards are identified in this table

Lead Director - Director of Nursing, Midwifery and Quality Assessment Grading Standards

1.0 Better health outcomes for all	2017	2018	2019
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing	Developing	Developing
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing	Developing	Achieving
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed	Underdeveloped	Developing	Achieving
1.4 When people use the NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing / Excelling	Developing	Developing
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Developing	Achieving	Achieving

Our Community Profile

The Shrewsbury and Telford Hospital NHS Trust

Reporting of Standards:

Patient Access & Experience

EDS2 Update Following Stakeholder Consultation Event
The standards are identified in this table

Lead Director - Director of Nursing, Midwifery and Quality Assessment Grading Standards

Conclusion across Health Outcome Standards & Patient Access & Experience

The grades remained the same in four outcomes; however, in five outcomes, the grading improved and the grading did not deteriorate in any outcomes.

2.0 Improved patient access and experience	2017	2018	2019
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing / Excelling	Developing / Achieving	Achieving
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Underdeveloped	Developing	Developing / Achieving
2.3 People report positive experiences of the NHS	Underdeveloped	Developing	Developing
2.4 People's complaints about services are handled respectfully and efficiently	Underdeveloped / Developing	Developing	Developing

Our Community Profile

The Shrewsbury and Telford Hospital NHS Trust

Stakeholder Consultation Event 2020

Services to develop:

Based on the recent Stakeholder Consultation event, the following Service Delivery areas were identified to us and recommendations to be developed into equality objectives for 2020 / 2021:

To undertake a service evaluation assessing equity of access for people who are deaf or hard of hearing

Develop a systematic approach to recording patient disability in compliance with the Accessible Information Standards framework.

Ensure that Trust imagery, materials and information is inclusive and representative of the community

To improve signage across the Trust to create accessible and patient friendly hospital sites

To identify measurable key performance indicators to track progress on the equality, diversity and inclusion agenda

Equality, Diversity & Inclusion initiatives at SaTH

The Shrewsbury and Telford Hospital NHS Trust

Equality, Diversity and Inclusivity Sub-Committee

An Equality, Diversity and Inclusivity Sub-Committee has been established to identify health inequalities and drive improvements throughout the Trust. This sub-committee will comprise both public and staff representatives, who will work in partnership to highlight, and address, disparities that arise as a result of any of the nine protected characteristics.

1) Supporting People Living with Dementia

Initiatives to promote awareness, and improve the patient experience, of individuals living with Dementia have taken place throughout the Trust.

The Dementia Team have been instrumental in the introduction of therapy aids and resources, such as colourful knitted blankets and bags, twiddlemuffs, dolls and soft toys, dementia-friendly clocks and sip cups, to improve the environment and experience of patients with dementia.

A day room on Ward 21 has been transformed into a town square, complete with a café, newsagent and views of St. Chad's Church.

A bus stop mural has also been installed outside ward 21 and ward 22, in the hope of providing comfort and familiarity, to patients who may have wandered off the ward and have become lost and confused.

Colours have been used within a range of clinical areas to support orientation.

Equality, Diversity & Inclusion initiatives at SaTH

The Shrewsbury and Telford Hospital NHS Trust

2) Establishing a Frailty Service

A Frailty Intervention Team has been established to transform care for frail people in Shropshire, Telford & Wrekin, working in partnership with the community Trust and local councils. The team work to help local people avoid being admitted into hospital through assessing, treating and discharging them safely back to their own homes where research shows people make a quicker and better recovery

99% of all patients over 75 are assessed for frailty at the point of arrival within A&E to ensure they have access to specialist support however, no patients are excluded from accessing the service by their age.

Watch our Video

The average length of stay for a patient over 75 staying in SaTH is now 9 days, which is lower than the national average (14 days).

3) End of Life Care

The Trust implemented a Swan Scheme to represent end of life and bereavement care. The Swan Scheme is for patients who are receiving end of life care to support them, their family and friends. Swan Scheme resources include a memory box which contains a range of items to support people staying with a patient during the end of their life.

The End of Life Care Team and Speech and Language Therapy Team have been awarded a Dundas medal, the award was given in recognition for efforts to improve the provision of end of life care for patients when they are in hospital.

Around 80% of patients experience swallowing difficulties in the last 72 hours of life. Taste for pleasure introduces using a patient's favourite flavours and drinks to be used when providing mouth care. The award was given in recognition of the work undertaken to change the culture of nil by mouth for end of life patients through introducing taste for pleasure.

Watch Video: 'Taste for Pleasure'

Equality, Diversity & Inclusion initiatives at SaTH

The Shrewsbury and Telford Hospital NHS Trust

Community Engagement

SaTH strives to create fair accessibility to services where everybody can participate in making a positive difference.

Engagement has been undertaken through a range of mechanisms which include structured groups such as the Patient and Carer Experience Panel and involvement in a range of initiatives such as the Patient-Led Assessments of the Care Environment (PLACE) and Rapid Process Improvement Workshops (RPIW).

The People's Academy and Young People's Academy were established within the Trust to help people gain an insight into the NHS and SaTH. The academy includes talks, behind the scenes visits, demonstrations, activities and opportunities to ask senior staff questions. The Young People's Academy also includes an opportunity to talk to the Trusts work experience and apprenticeship teams.

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Appendices

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Appendix 1

Actions for WRES and WDES Action Plan as approved by October 2019 EDI Committee on Behalf of Trust Board

Objective	Intention	Responsibility	By	Status
Review staff appetite for Diversity Forum – especially amongst BME staff, older staff and staff with disabilities and support as required.	To increase staff voice and engagement from key staff groups	Workforce Equality Lead	Jan 2020	In progress – Workforce Director sent out newsletter to staff asking for expressions of interest April 2020.
Conduct confidential survey and Listening Events of BME and Staff with Disabilities in conjunction with Trust Values (FTSU) Guardians.	To increase staff voice and engagement from key staff groups	Workforce Equality Lead & Values Guardians	Feb 2020	As above
Review attendance by Protected Characteristics at large key non-mandatory training events, such as conferences and Transforming Care Institute training	To ensure staff from all protected characteristic groups access non-mandatory training	Workforce Equality Lead Reallocated to Head of Education	Nov 2020	In progress by Head of Education
Measurably increase clinical and non-mandatory training recording on ESR/OLM for analysis by Protected Characteristic	To ensure accurate recording	Workforce Equality Lead. Reallocated to Head of Education	April 2020	Delayed by Covid-19. Baseline figures established and will be progressed by Head of Education post Covid.
Review Recruitment Diversity strategy, including full implementation of Trac data monitoring and actions to attract applicants from under-represented groups – particularly for non-clinical roles.	To increase representation in the Trust of under-represented groups	Head of Workforce Information and Assurance	April 2020	
Review Implement Diversity elements of Leadership Academy and Manager Training.	To ensure our managers and leaders are skilled and trained in diversity management.	Head of Workforce Transformation and OD and Workforce Equality Lead	March 2020	Delayed by Covid-19. Will be progressed post Covid on re-establishment of Leadership Academy
Implement single Equality Lead for Trust.	To bring expertise and focus into the Trust's Diversity agenda	Workforce Director and Director of Quality and Safety	April 2020	Complete. In post February 2020.
Review recruitment of Board Members to attract suitably qualified and experienced applicants from under-represented groups.	To increase representation on the Board of under-represented groups	Workforce Director and Chair	April 2020	In progress. Will be specifically addressed as vacancies occur.

The Shrewsbury and Telford Hospital NHS Trust

Appendix 2

SaTH Gender Pay Gap Report 2019

What is the gender pay gap?

The gender pay gap is the average earnings difference between all male employees and all female employees in an organisation, regardless of the nature of their work. It is important to distinguish between the gender pay gap and equal pay. Equal pay concerns differences between the actual earnings of male and female employees doing like work, or work of equal value.

An organisation may be an equal pay employer, paying male and female staff equally for doing equal work, and it may still have a gender pay gap. This is because, while male and female employees doing like work or work of equal value are paid equally, there are different numbers of male and female employees doing different work for which they are paid differently.

Calculating the gender pay gap

The date for this report is 31 March 2019, with data based on the relevant pay periods of March 2019 for ordinary pay and the 12 months to 31 March 2019 for bonus pay. For gender pay gap reporting, employees are those employed under a contract of employment, a contract of apprenticeship or a contract personally to do work. This includes those under NHS terms and conditions, Medical staff and Very Senior Managers (VSM).

Therefore, this report:

- Summarises the data submitted for Gender Pay Gap Reporting, based on 2018-19 data compared with the same data for 2017-2018;

- With commentary relative to the numerical data.

We have identified significant discrepancies in our pay gap between female and male staff that are common to most NHS Trusts, e.g. our results reflect the historical patterns of employment in Medical workforces across NHS.

If Medical staff were removed, female staff (representing 80% of the workforce) had a marginal 0.49% higher average rate of pay than male staff (see Table 2, page 4). Across the NHS, this is explained by non-medical staff being subject to national Agenda for Change terms and conditions of employment.

Figures for bonuses relate to the Clinical Excellence Award (formerly Discretionary Points) made to Medical staff. This is a permanent addition to pay (not a one-off payment) for Medical staff who are only category of staff eligible for bonus payments. They are not awarded automatically, but must be applied for and are given for quality and excellence, acknowledging exceptional personal contributions.

As a Trust, we have been taking action to encourage and support CEA applications from female Medical Consultants. Additionally, a focus for the new Equality and Inclusion Lead will be to drill further into this information and develop a strategic plan to address patterns over the long-run.

The results of the Gender Pay Gap analysis in this report (which includes the data required under the Gender Pay Gap Information Regulations) has been prepared for the Workforce Committee and Trust Board and appropriate actions will be added to the Equality Delivery System Action Plan to further our work in reducing inequalities between staff groups.

The Shrewsbury and Telford Hospital NHS Trust

Table1
Average Rates of Pay – all staff
(Snapshot date 31/03/2019)

Group/Year	Average Hourly Rate of Pay (all staff)		Average Bonus Pay	
	2018	2019	2018	2019
Male	£20.48	£21.32	£10,721.37	£11,143.60
Female	£14.42	£15.08	£6,658.89	£6,631.33
Percentage Variance /Pay Gap %	29.60%	29.27%	37.89%	40.49%

Notes
Average hourly rates of pay are calculated at specific pay point - 31 March 2019.

The hourly rate is calculated based on "ordinary pay":

- Basic pay
- Allowances;
- Shift premium pay

Average bonus pay is only applicable to certain Medical staff - through successful applications for Clinical Excellence Awards;

Commentary
Average hourly rate of pay
The percentage variance (the pay gap) fell marginally by 0.33% year on year (29.6% in 2018 to 29.27% in 2019) but still favoured men.

The figures for all staff remained heavily skewed by Medical – by excluding Medical, the picture differs.

The Shrewsbury and Telford Hospital NHS Trust

Table 2
Average hourly rate of pay - excluding Medical

Group/Year	Av. Hourly Rate of Pay (excl. Medical)
Male	£14.25
Female	£14.33
Percentage Variance/Pay Gap %	-0.49%

Excluding Medical, the percentage variance (the pay gap) favoured female staff (representing approximately 80% of the workforce) by 0.49%. The 2018 variance was 1.94%.

Average bonus pay

The pay gap remained in favour of men year on year and was drawn from data summarised below for the period 01/04/2018-31/03/2019.

The Shrewsbury and Telford Hospital NHS Trust

Table 3
Male and female employees paid a bonus as % of the entire workforce.

Gender	Staff Paid Bonus		Total Relevant Staff		% Staff Paid Bonus	
	2018	2019	2018	2019	2018	2019
Female	31	36	5672	5772	0.55	0.62
Male	109	105	1426	1480	7.64	7.09

The 2019 variance between female and males average bonus pay was £4,512.27 (an improvement of £165.25 compared to the 2018 variance of £4,677.52);
In monetary terms, female bonus pay fell by £27.56 (£6,658.89 in 2018 to £6,631.33 in 2019);
The percentage variance (pay gap percentage), increased 2.6% year on year (37.89%in 2018 to 40.49% in 2019).

Clinical Excellence Award drop in sessions were run before Christmas 2019 in order to raise awareness. Although the focus was on Medical staff from minority ethnic groups (another area with low levels of applications for the Award), a continued focus on female members of the Medical workforce is required to address the gender pay gap (although the number of Awards to females increased from 31 in 2018 to 36 in 2019).

The Shrewsbury and Telford Hospital NHS Trust

Table 4
Median Rates of Pay – all staff

Group	Median Hourly Rate of Pay		Median Bonus Pay	
Year	2018	2019	2018	2019
Male	£14.52	£15.14	£9,040.50	£9,048.00
Female	£12.74	£13.23	£6,027.04	£5,036.70
Percentage Variance /Pay Gap %	12.27%	12.64%	33.33%	44.33%

Notes

Median hourly rates of pay are calculated at specific pay point - 31 March 2019.

The median hourly rate is calculated by selecting the mid-point for each gender group and conveys the difference between the median hourly rate of pay of male full-pay relevant employees and female full-pay relevant employees.

The median Bonus Pay (only applicable to certain Medical staff) is based on the mid-point for all staff receiving bonus pay and demonstrates the difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees.

Commentary

Median Hourly Rate of Pay

The percentage variance (the pay gap) widened year on year by 0.37% or £0.13 (12.27% or £1.78 in 2018 to 12.64% or £1.91 in 2019) to remain in favour of men.

Again, the figures for all staff remained heavily skewed by Medical – by excluding Medical, the picture differs.

The Shrewsbury and Telford Hospital NHS Trust

Table 5
Median hourly rate of pay - excluding Medical

Group/Year	Median Hourly Rate of Pay 2019 (excl. Medical)
Male	11.80
Female	12.72
Percentage Variance/Pay Gap %	-7.79%

Excluding Medical, the percentage variance (the pay gap) favoured female staff (representing approximately 80% of the workforce) by 7.79%. The 2018 variance was 8.78%.

Median Bonus Pay (only applicable to certain Medical staff)

The pay gap remained in favour of men year on year.

The 2019 variance between female and males median bonus pay was £4,011.30 in favour of males (a deterioration of £997.84 compared to the 2018 variance of £3,013.46);
In monetary terms, female median bonus pay decreased year on year by £990.34 (£6,027.04 in 2018 to £5,036.70 in 2019);
The percentage variance (pay gap percentage), increased 11% year on year (37.89% in 2018 to 40.49% in 2019).

The Shrewsbury and Telford Hospital NHS Trust

Table 6

Male and female employees in each quartile - including medical staff

Note: 1st Quartile = lowest. 4th Quartile = highest.

Quartile	Female (number)		Male (number)		Female %		Male %	
	2018	2019	2018	2019	2018	2019	2018	2019
1	1253	1280	295	296	80.94%	81.22%	19.06%	18.78%
2	1295	1319	253	257	83.66%	83.69%	16.34%	16.31%
3	1313	1340	231	234	85.04%	85.13%	14.96%	14.87%
4	1088	1087	465	491	70.06%	68.88%	29.94%	31.12%

The Shrewsbury and Telford Hospital NHS Trust

Table 7
Male and female employees - excluding medical staff

Note: 1st Quartile = lowest. 4th Quartile = highest.

Quartile	Female (number)		Male (number)		Female %		Male %	
	2018	2019	2018	2019	2018	2019	2018	2019
1	1145	1167	266	262	81.15%	81.67%	18.85%	18.33%
2	1171	1191	239	233	83.05%	83.64%	16.95%	16.36%
3	1219	1230	191	194	86.45%	86.38%	13.55%	13.62%
4	1217	1219	194	206	86.25%	85.54%	13.75%	14.46%

Commentary

As the total workforce split is 80% female and 20% male, the distribution of females and males should be similarly distributed within each quartile.
By including Medical staff, Table 6 demonstrates how Medical continued to skew data across the Trust (i.e. the distribution of staff in each quartile) – particularly Quartile 4.
Therefore, by excluding Medical, Table 7 showed a distribution closer to the 80%:20% split across all Quartiles, e.g. particularly in Quartile 4.

Actions:

There is a gender pay gap within the Trust, with median women's pay 12.64% lower than men's pay respectively. We remain confident that we have identified two key drivers of our pay gap: the uneven distribution of men in our overall workforce, and the higher number of male consultants than female consultants in the upper quartile of our pay distribution – removing Consultants from the data set alters the median pay gap in favour of female staff at 7.79%

The incoming (and new role) Equality and Diversity Lead will allow the Workforce team and the wider Trust maximise the existing infrastructure and opportunities inherent within the NHS.

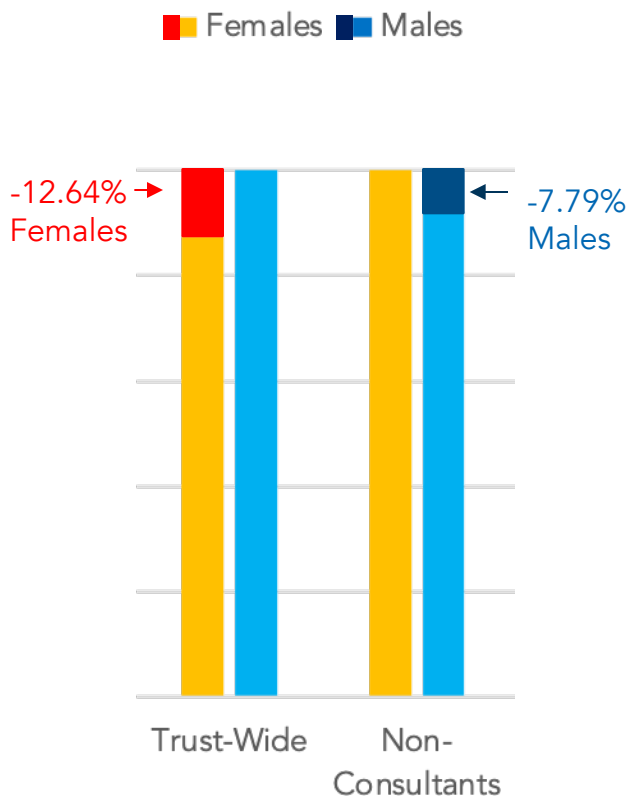
We will review our recruitment and selection processes, ensuring that our job description and role profiles are more inclusive

We will introduce unconscious bias training for our senior leaders and managers

Develop coaching and mentoring programmes for our female staff

The NHS provides great careers with opportunity at all levels and favourable terms and conditions, including generous annual leave entitlement and pension provision; fair, inclusive and family-friendly policies supportive of work-life balance, flexibility and job security; underpinned by nationally negotiated pay rates which, at lower levels, are higher than the national living wage rate typically paid for equivalent private sector jobs.

We are proud to be the employer of choice for people at all levels of our workforce. We are committed to attracting and retaining employees from all the communities we serve by promoting the benefits of working at the Trust and highlighting the many career opportunities available to them across all professional groups, and at all levels.



The Shrewsbury and Telford Hospital NHS Trust

Appendix 3

SaTH Patients By Profile

Service User Equality and Diversity Profile

The following points should be noted:

- Patient data has been taken from SemaHelix (both inpatient and outpatient) for the period from the 1st January 2019 to the 31st December 2019
- Translation and interpreting data has been taken from the Trust's service providers for the period from the 1st January 2019 to the 31st December 2019
- Comparison data has been taken from the Office for National Statistics, Public Health England, Powys Unity Authority and Public Health Wales Observatory
- The data from different sources is not always collated in the same format
- Some information is given by site, the Royal Shrewsbury Hospital (RSH) and the Princess Royal Hospital (PRH).

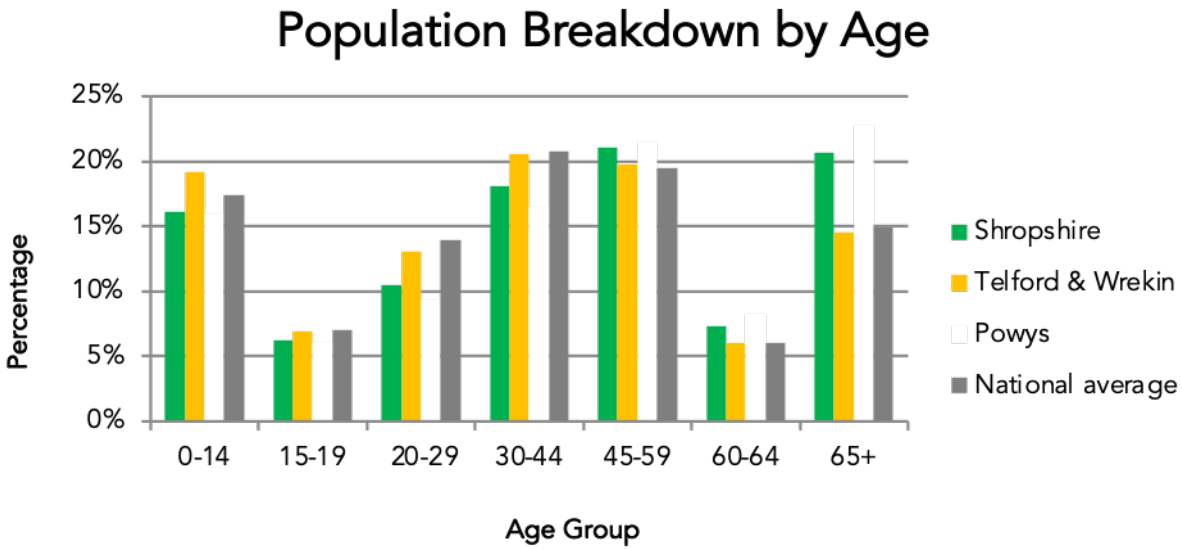
Age

The highest percentage of patients accessing inpatient services at SaTH by age are those aged

1. 70-79 years
2. 60-69 years
3. 50-59 years
4. 80-89 years

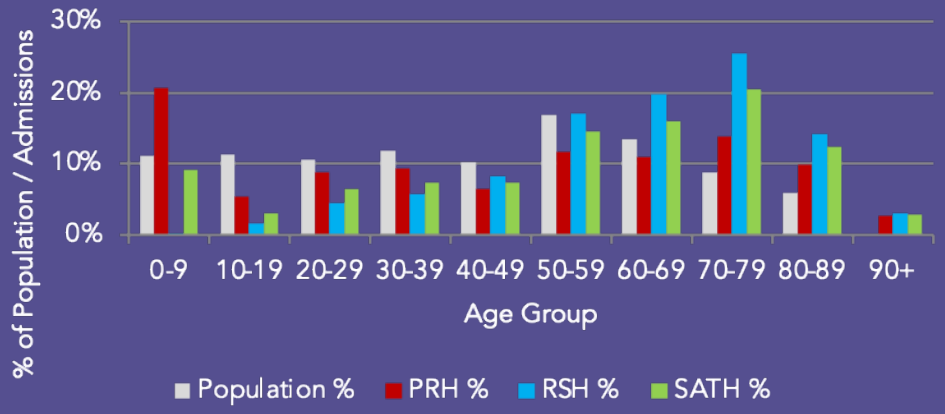
which is indicative of the ageing population.

Population Breakdown by Age (using data from the 2011 Census)



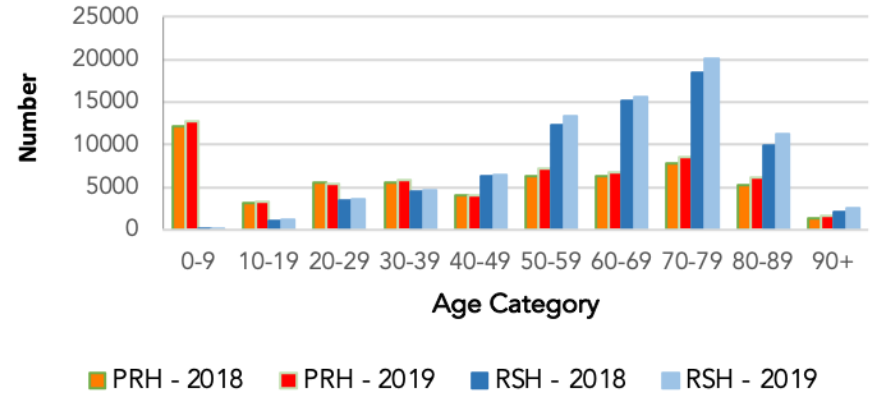
The largest inpatient admission group by age for RSH was the 70-79 age group, followed by the 60-69 age group. Data from the 2011 Census shows there is a higher population of residents aged 65 years and over in Shropshire (20.7%) and Powys (22.75%) compared to Telford & Wrekin (14.5%) and the national average (14.9%).

Admission by Age Vs % of Population



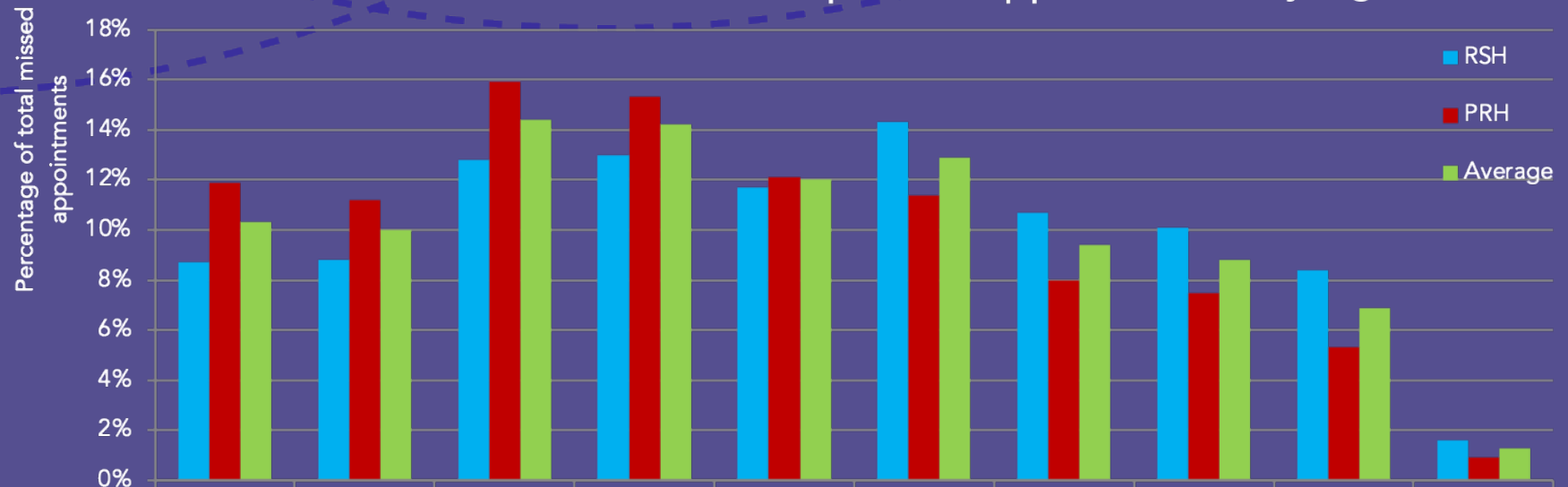
The largest inpatient admission group by age for PRH was the 0-9 age, due to Children's services being located at this site.
The data demonstrates that the number of patients under the age of 40 admitted to PRH was significantly higher than at RSH, this may be attributed to Maternity services being located at this site however it also reflects the younger demographic of Telford & Wrekin. These figures reflect the proportion of residents aged 44 or under, living in Shropshire (50.9%) and Powys (47.6%), is lower than that of the national average (59.1%). Whereas, the proportion of residents aged 44 or under living in Telford & Wrekin (59.7%) is slightly higher than the national average.

Admissions by Age Compared to Previous Year



With the exception of the 20 to 29 year age group at PRH which has declined in admissions by 3.15% compared to the previous year, all other age groups have increased in the number of admissions into hospital. The largest variance is within the 90+ age group which has risen at both PRH (19.32%) and at RSH (18.15%) compared to the previous year. The increased number of admissions in older age groups reflects the local demographic of Shropshire and Powys and correlates with estimated data from the Office for National Statistics (2019) which predicts the percentage of older residents in Shropshire, Telford & Wrekin and Powys will all increase, in line with the national average (18.3%).

Number of Missed Outpatient Appointments by Age

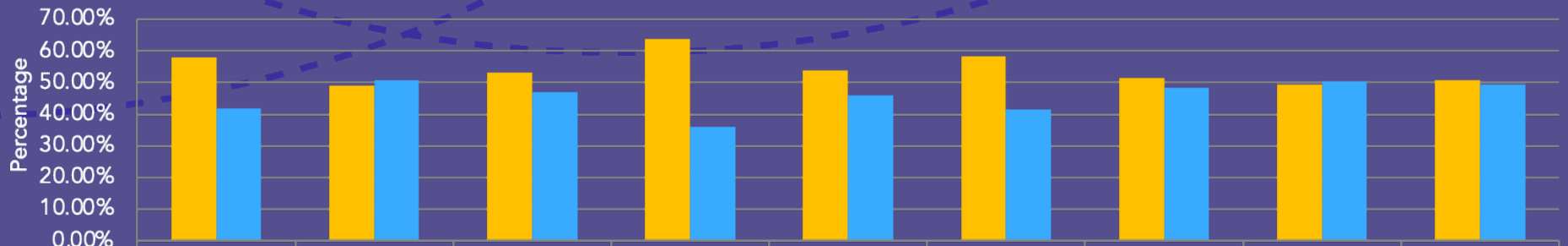


	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+
RSH	8.7%	8.8%	12.8%	13.0%	11.7%	14.3%	10.7%	10.1%	8.4%	1.6%
PRH	11.9%	11.2%	15.9%	15.3%	12.1%	11.4%	8.0%	7.5%	5.3%	0.9%
Average	10.3%	10.0%	14.4%	14.2%	12.0%	12.9%	9.4%	8.8%	6.9%	1.3%

The average number of missed outpatient appointments across the Trust is highest in the 20-29 age range which remains consistent with the previous year's data, however this age reflects only 9.4% of Outpatient Attendance.

The largest number of missed outpatient appointments at RSH, is by those aged 50-59 years which represent 13.7% of all outpatient attendance.

When comparing the likelihood of each age group not attending outpatient appointments those aged 70-79 years are most likely to attend followed by those aged 60-69 years, with patients aged 0-9 years most likely to not attend an appointment.



	PRH Inpatients %	RSH Inpatients %	SaTH Inpatients %	PRH Outpatients %	RSH Outpatients %	SaTH Outpatients %	PRH A&E Attendance %	RSH A&E Attendance %	SaTH A&E Attendance %
Female	58.04%	49.11%	53.04%	63.80%	54.00%	58.30%	51.50%	49.60%	50.70%
Male	41.96%	50.88%	46.96%	36.20%	46.00%	41.70%	48.50%	50.40%	49.30%

Gender

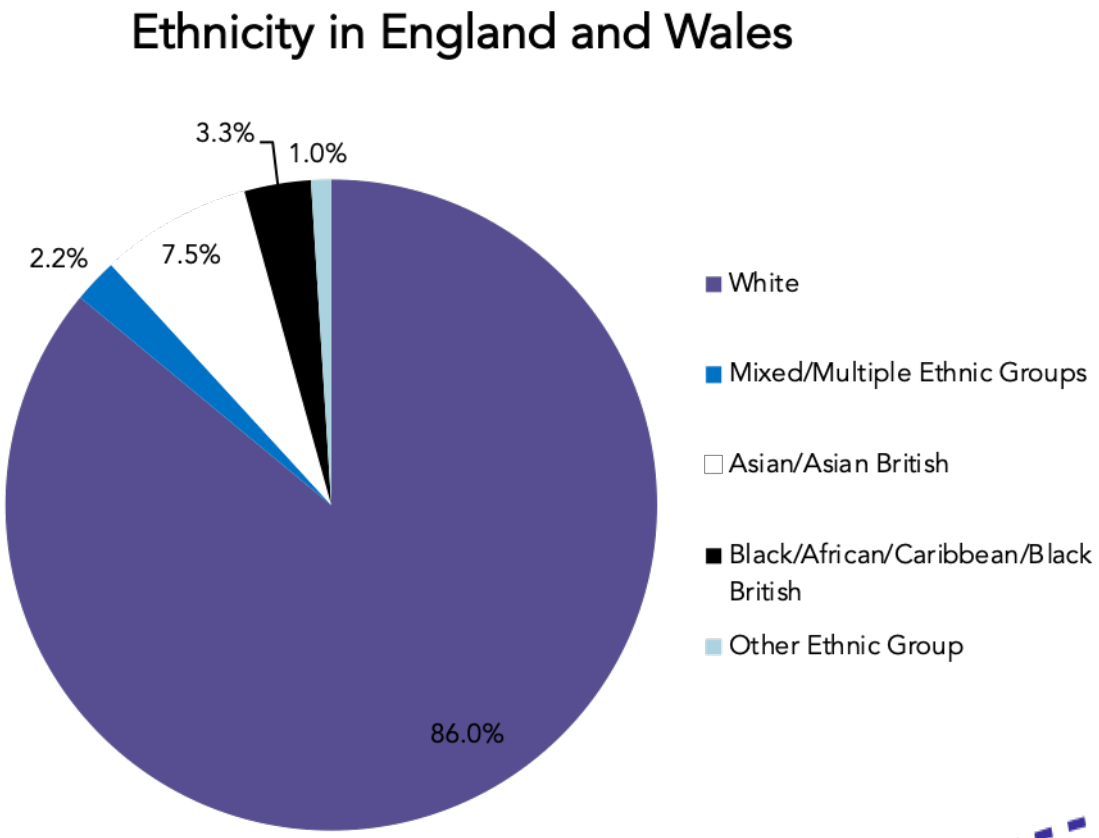
At RSH the proportion of inpatient admissions is evenly split by gender, with 50.88% of males compared to 49.11% of females. A higher percentage of females (58.04%) were admitted as inpatients at PRH compared to males (42%) which is likely to reflect the location of the Women's and Children's Centre.

There were more Outpatient appointments attended by females (58.3%) across both sites, compared to males (41.7%). The variation between male and female attendees of Outpatient appointments was larger at PRH than at RSH which is likely to reflect the location of the Maternity services.

Where patients arrived in an emergency situation, the average number of attendances by gender was more evenly spread. The proportion of A&E attendances at PRH was slightly higher in females (51.5%) compared to males (48.5%), however at RSH there was less variation between male (50.4%) and female (49.6%) attendance.

There is no separate information recorded for transgender patients, as patients are recorded in line with their chosen gender identity (male or female). There is currently no information held on non-binary individuals, or people whose gender identity is neither male nor female.

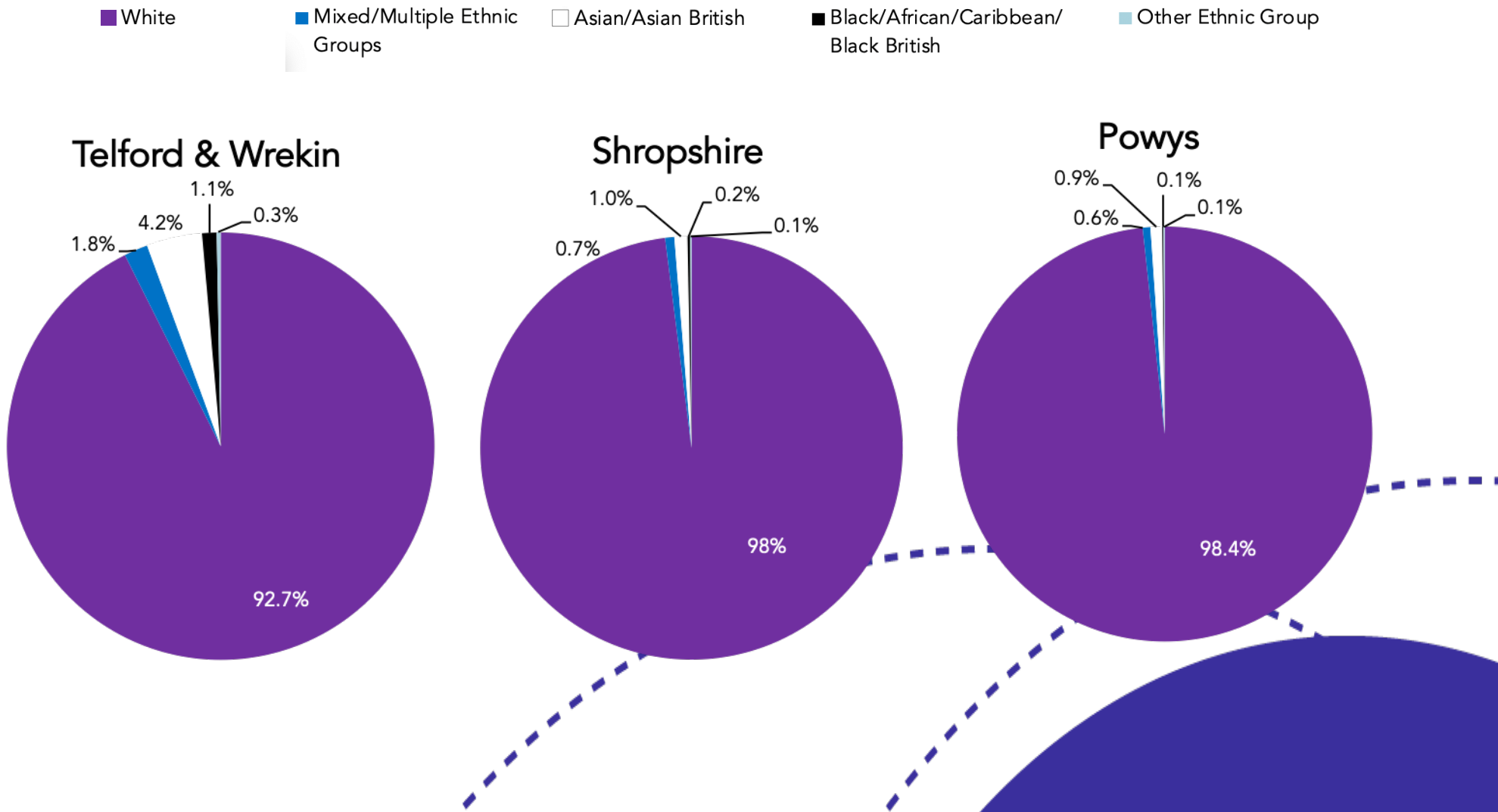
Ethnicity in England & Wales



Ethnicity

In England and Wales, 86% of the population are white (i.e. English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller or Other White). The percentage of white people is significantly higher in Telford & Wrekin (92.7%), Shropshire (98%) and Powys (98.4%).

Local Ethnicity Breakdown

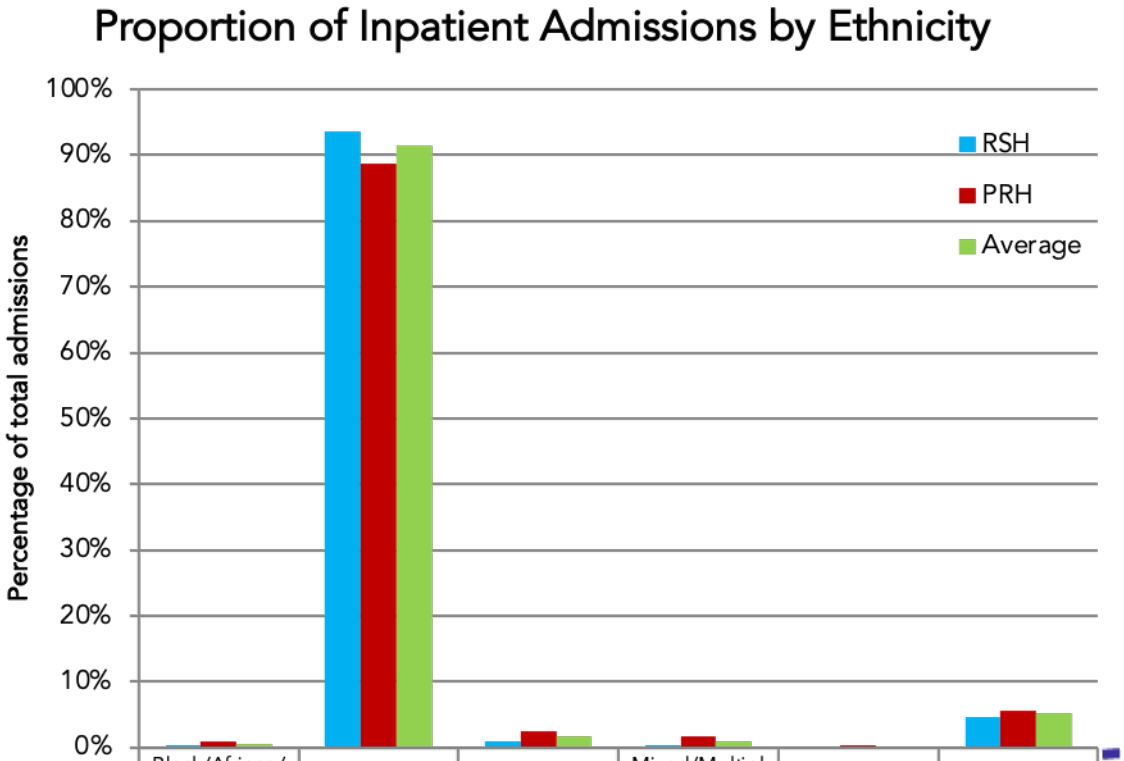


Admissions by Ethnicity

The largest ethnic group accessing SaTH services as an inpatient is White (91.4%), this is inclusive of patients from different backgrounds and is not exclusively British. The proportion of White people attending RSH as an inpatient was higher (93.51%) than at PRH (88.72%), which is reflective of the population profile of Shropshire, Powys and Telford & Wrekin.

The second largest ethnic group admitted as an inpatient is Asian/Asian British at both RSH (0.91%) and PRH (2.56%). Whilst this is representative of the population profile of Shropshire (1.0%) and Powys (0.9%) the number of inpatient admissions is lower than the demographic in Telford & Wrekin (4.2%).

The largest ethnic group for missed hospital appointments is White British (87%) followed by Asian (2.4%) and Mixed / Multiple Ethnic Groups (1.9%) which reflects the local demographic. However, when comparing the likelihood of each ethnic group not attending outpatient appointments the White British group is most likely to attend and patients from the Mixed / Multiple Ethnic Group are more likely to not attend an appointment.



	Black/African/ Caribbean/Black British	White	Asian/Asian British	Mixed/Multiple Ethnic Groups	Other Ethnic Group	Not given/not known
RSH	0.28%	93.51%	0.91%	0.42%	0.15%	4.72%
PRH	0.87%	88.72%	2.56%	1.79%	0.41%	5.66%
Average	0.53%	91.40%	1.64%	1.02%	0.26%	5.14%

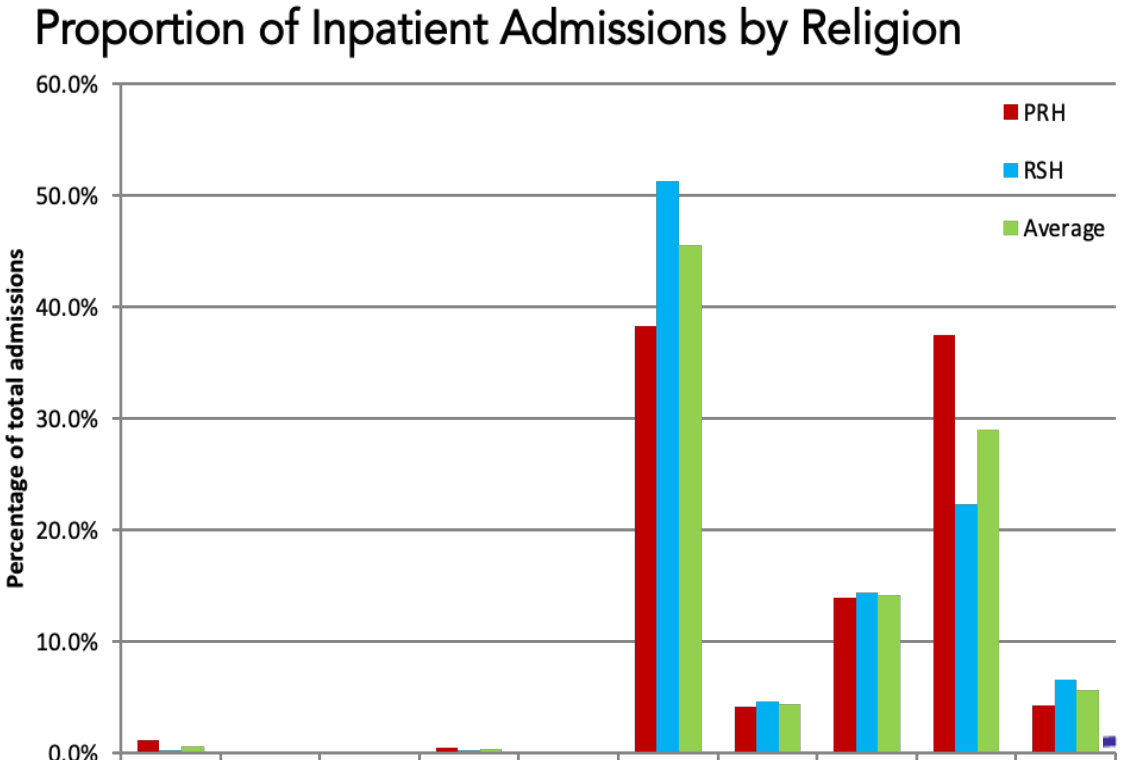
Admissions by Belief

Religion, Belief or Non-belief

The most prevalent religious belief held by patients admitted to PRH (38.3%) and RSH (51.3%) is Church of England. Where denominations of Christianity are combined, 55.9% of patients admitted to RSH and 42.5% of patients admitted to PRH identified as Christian, which is lower than the population profile of Shropshire (68.7%), Powys (61.8%) and Telford & Wrekin (61.7%).

The proportion of overall patients who identified as having no religious belief, is lower than the population profile of Telford & Wrekin (27.4%), Shropshire (22.8%) and Powys (27.9%).

Whilst the information is not known for 29.04% of inpatient admissions, this is an improvement on the previous year's data set by 14.01% which reflects an improvement in recording patient religion.
This data set may account for the disparity between the SaTH patient profile and the local demographic profile.



	Muslim	Hindu	Buddhist	Sikh	Jewish	Church of England	Roman Catholic	None	Not known / not given	Other
PRH	1.2%	0.1%	0.1%	0.5%	0.0%	38.3%	4.2%	13.9%	37.55%	4.34%
RSH	0.3%	0.1%	0.2%	0.2%	0.0%	51.3%	4.6%	14.4%	22.36%	6.60%
Average	0.6%	0.1%	0.1%	0.4%	0.0%	45.6%	4.4%	14.2%	29.04%	5.61%

Admissions by Disability Status

Disability

In local reporting of Census data, Shropshire Council defines disability as any long-term illness, health problem or debility which limits daily activities or work.

Around one-quarter of residents in Shropshire (26.0%), Telford & Wrekin (27.0%) and Powys (29.2%) identified at least one person in their household as having a long-term health problem or disability.

A large proportion (97.5%) of the data regarding disability has not been recorded. This suggests that this field within SEMAHelix is not being used to capture data which could support patients accessing services within the Trust.

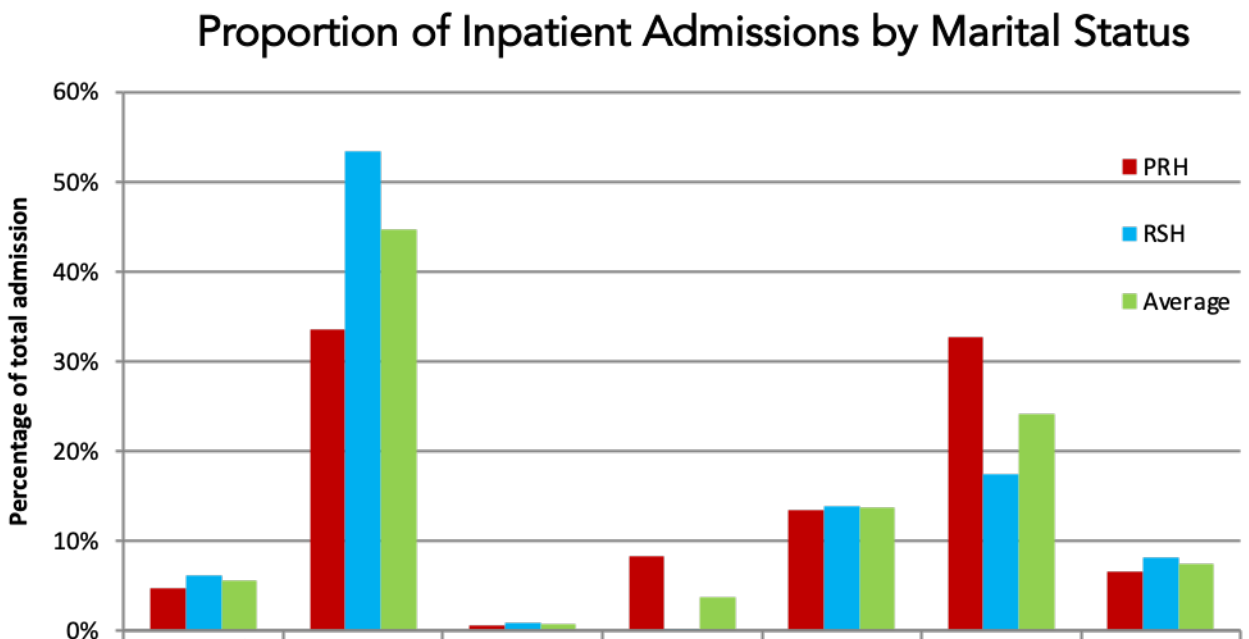
Disability Status	PRH	RSH	SaTH	PRH %	RSH %	SaTH %
Yes	250	234	484	0.46%	0.33%	0.39%
No	1374	1283	2657	2.52%	1.81%	2.11%
Unknown	52948	69549	122497	97.02%	97.87%	97.50%

Admissions by Marital Status

The proportion of single patients admitted to PRH was higher compared to that of RSH, which is in line with the population profile of Telford & Wrekin (32.9%), the proportion of single patients being admitted to RSH is significantly lower than the overall representative demographic of Shropshire (29.1%) and Powys (28.2%).

The proportion of inpatients at RSH who are married or in a civil partnership (53.34%) is higher than PRH (33.52%) and the national average (46.59%) however this is reflective of the local demographic of Shropshire (51.4%) and Powys (51.1%).

17.39% of SaTH patients have a not known or not applicable marital status, this is an improvement on the previous year's data set by 8.01% which reflects progress in recording patient demographic information. The percentage of omitted data for marital status may include that for children.



	Divorced / Person whose Civil Partnership has been dissolved	Married / Civil Partner	Separated	Not applicable	Not known / Not disclosed	Single	Widowed / Surviving Civil Partner
PRH	4.70%	33.52%	0.69%	8.26%	13.47%	32.78%	6.58%
RSH	6.23%	53.34%	0.92%	0.11%	13.86%	17.40%	8.12%
Average	5.56%	44.62%	0.82%	3.70%	13.69%	24.17%	7.44%

Admissions by Sexual Orientation

Sexual Orientation

The Trust has no patient demographic data available on sexual orientation, it is therefore difficult to assess whether the Trust is meeting some of the health inequality data for these groups.

Through the demographic data which was returned with the National In-Patient Survey it is possible to identify that the majority of respondents describe themselves as

Heterosexual (95%)
Gay/lesbian (1.1%),
Bisexual (0.3%)
Other (0.6%).
Undisclosed (2.9%)

The undisclosed category has reduced by 1.69% on the previous year which suggests that more respondents were open in providing this information. This data correlates with the national demographic reported in the Annual Population Survey (Office for National Statistics, 2018).

Appendix 3

Accessible Information Standard

The Accessible Information Standard is a mandatory requirement for all NHS and Social Care providers and defines a standardised approach to identifying, flagging, sharing and meeting the communication and information needs of patients, their family and carers, who also must have access to information they can understand in a format to meet their needs such as large print, easy read, British Sign Language etc.

It is particularly relevant to individuals who are visually impaired, hearing impaired, deafblind or who have a learning disability, although it should support anyone with information or communication needs relating to a disability, impairment or sensory loss.

To help reduce barriers to accessing information the Trust website is available to access through BrowseAloud which provides a text to speech functionality enabling information to be spoken to the listener, translation options are also available to enable information to be given in a range of languages. BrowseAloud technology provides reading support to improve access to people with dyslexia, visual impairment or reading difficulties.

Translation Services
Where a patient's first language is not English, an interpreting service can be provided, either face-to-face or via the telephone. This is available to in-patients, out-patients and patients accessing Emergency services. The Trusts translation provider supply qualified interpreters in variety of languages to meet the needs of the local community.

The Trust has utilised interpretation services for a range of languages during 2019:

Arabic
Bengali
BSL (11.5%)
Bulgarian (12.5%)
Cantonese
Czech
Farsi
Filipino
French
German
Ghanaian
Greek
Gujarati
Hindi
Hungarian
Italian
Japanese
Kannada
Kurdish
Latvian
Lithuanian
Mandarin
Mirpuri
Polish (26.2%)
Portuguese
Punjabi (Indian)
Punjabi (6%) (Pakistani)
Pushto
Romanian (9.5%)
Russian
Shona
Slovak
Spanish
Tamil
Thai
Tigrinian
Turkish
Twi
Urdu
Vietnamese

There were 16 occasions when written translation was required and 3224 requests for verbal translation services between 1st January 2019 and 31st December 2019. This demonstrates an increase in translation requests of 31% against the previous annual report data set.

There were 14 occasions when interpretation had been arranged and the patient did not attend for their appointment. A translator was provided upon every request giving a 100% translation/interpreter fulfilment rate.

The Shrewsbury and Telford Hospital NHS Trust

Appendix 4

Complaints and Patients Advice and Liaison Service

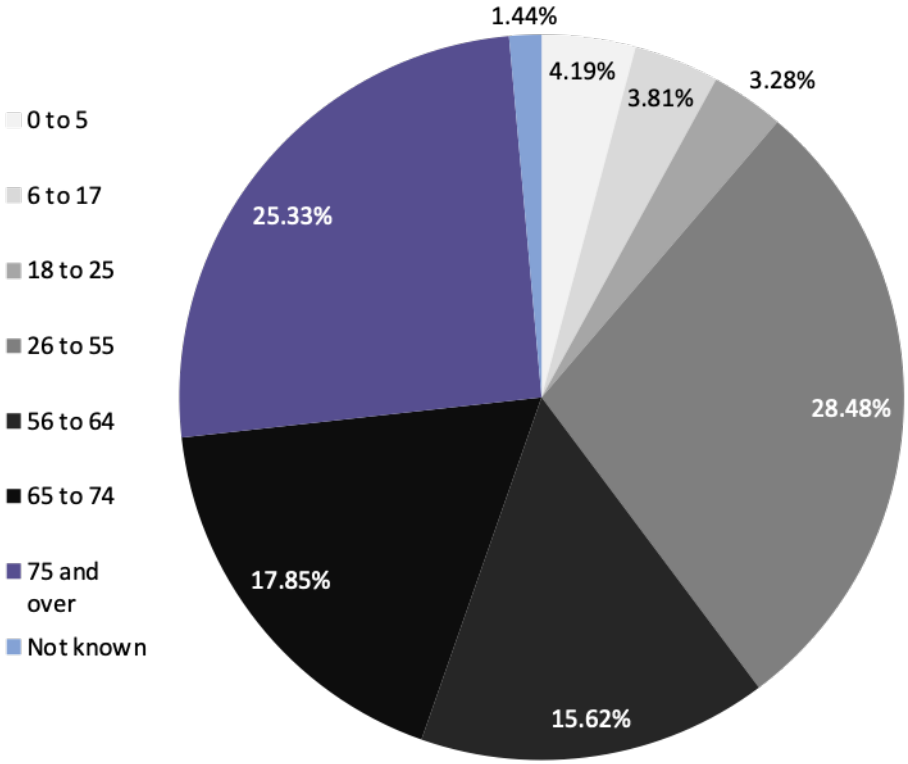
The PALS and Complaints Team provide a confidential service, whereby advice and support can be given in response to a patient, carer or visitor's concern or complaint.

Assistance can be provided to any person wishing to raise a concern or complaint, who has a sensory impairment, learning difficulty, or requires interpreter services as English is not their first language.

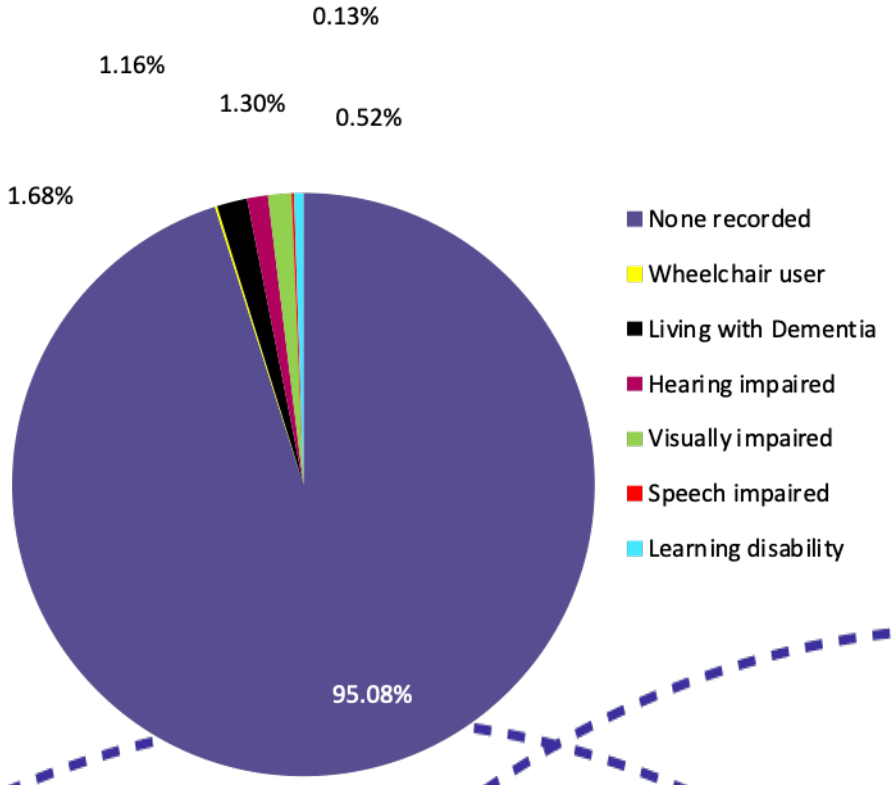
The Trust has a legal obligation to be open and honest with patients, carers and visitors when they suffer harm or distress from an incident whilst in our care. The Trust Concern and Complaints Policy outlines the formal procedure staff must follow when handling any concerns or complaints. Any person who raises a concern or complaint will be treated with respect and will not be discriminated against, when in our care or following discharge.

Whilst gender, ethnicity, age and disability status of the patient is gathered as part of the complaints monitoring process, the Team recognise that further demographic data is not currently collated. A demographic sheet which gathers more demographic information is currently in development to address this.

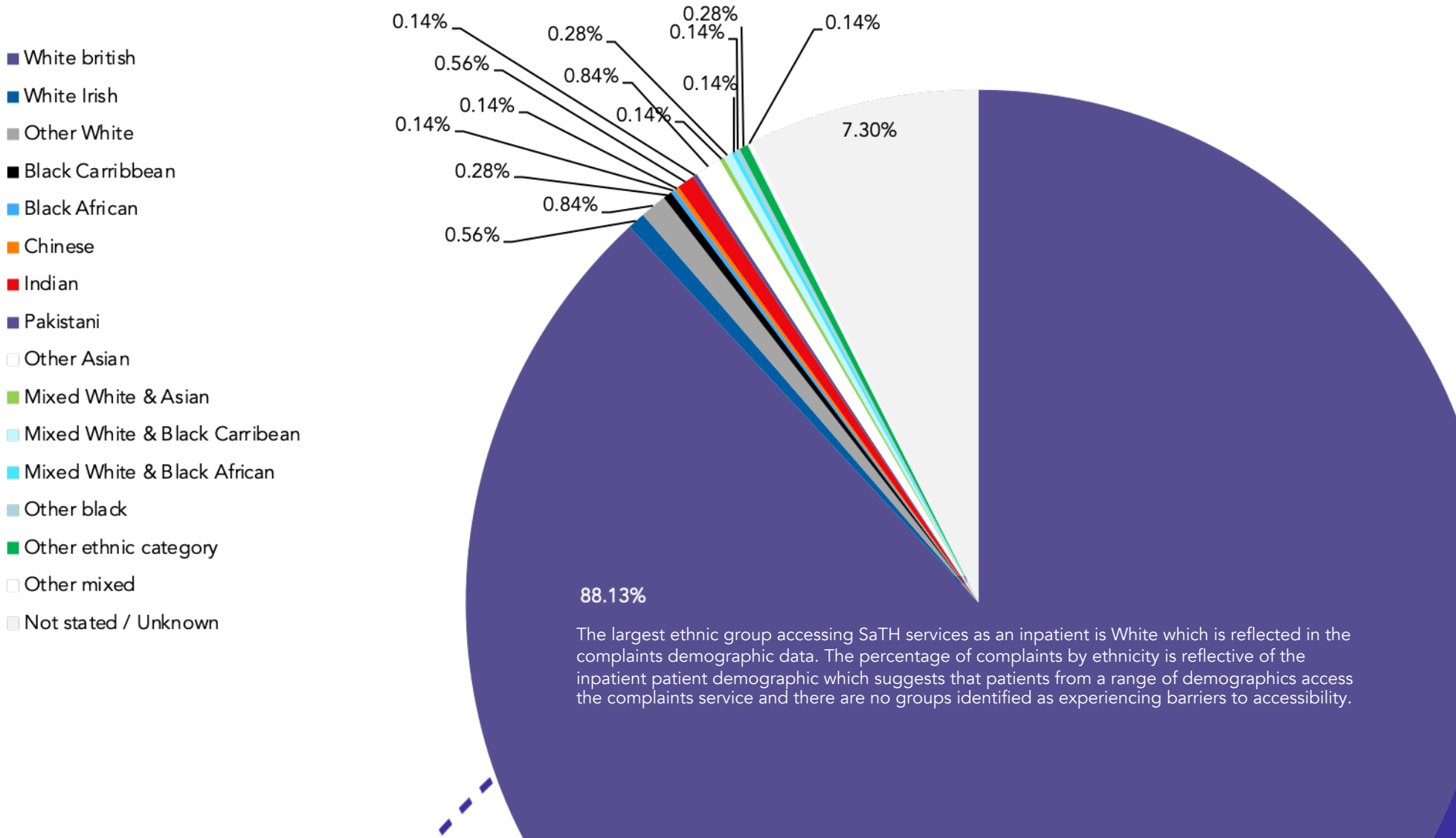
Number of Complaints by Age



Number of Complaints by Disability

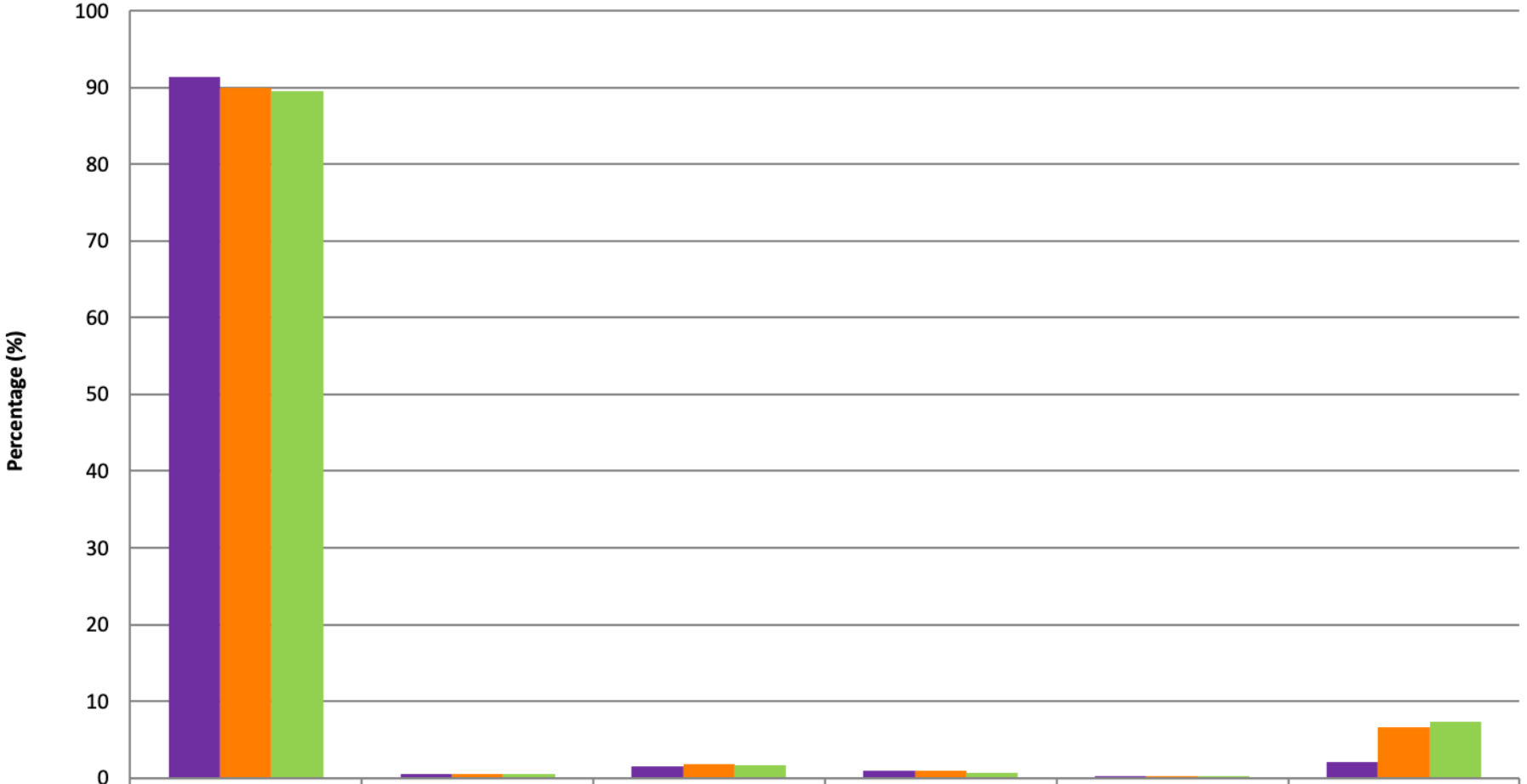


Number of Complaints by Ethnicity



The largest ethnic group accessing SaTH services as an inpatient is White which is reflected in the complaints demographic data. The percentage of complaints by ethnicity is reflective of the inpatient patient demographic which suggests that patients from a range of demographics access the complaints service and there are no groups identified as experiencing barriers to accessibility.

Complaints Vs Activity by Ethnicity



	White	Black / African / Caribbean / Black British	Asian/Asian British (Chinese)	Mixed/Multiple Ethnic Groups	Other Ethnic Group	Not Stated / Unknown
Admissions (%)	91.4	0.53	1.6	1.02	0.26	2.14
Outpatients (%)	89.9	0.5	1.8	0.9	0.3	6.6
Complaints (%)	89.53	0.56	1.68	0.7	0.28	7.3

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Appendix 5

Patient Surveys

Patient surveys offer service users the opportunity to appraise the quality of care they received when using clinical services. This can provide valuable feedback and help to identify areas requiring development.

Through capturing demographic data, it is possible to ensure the sample of respondents is representative of the local patient population. The use of translation services also ensures non-English speaking patients are not excluded from providing feedback.

National Inpatient Survey

The number of responses for the National Inpatient Survey (2018) was 660 patients, giving a response rate of 53.9% which is an increase on the previous year (52%) and compares favourably to the national response rate of 45%.

Respondants' Sex

There were more responses from males (53.5%) than females (46.5%), despite a higher proportion of females being admitted as inpatients (53.0%) than males (47.0%). The inverse relationship between response rate by gender and the proportion of inpatient admissions by gender is likely due to Maternity/Obstetric service users being excluded from the sample.

Respondants' Age

Response rate by age shows the majority of respondents (67%) were aged over 65 years, followed by the 51-65 age group (20.4%). With the exclusion of those aged between 0-9 years, this is reflective of the patient profile

The 16-35 and 36-50 age groups completed fewer survey returns which suggests that the younger group is underrepresented in the results however, this may again be attributed to Maternity/Obstetric admissions being excluded from the sample.

Respondants' Ethnicity

Within the ethnicity response rate, the largest group was White (94.1%), which reflects the patient profile (91.40%) and the mean local demographic (96.4%). 4.3% of respondents had an unknown ethnic group, meaning the second largest ethnic groups identified were Mixed/Multiple ethnic groups (0.6%) And Black/Black British (0.6%), followed by Asian/Asian British (0.5%).

Respondants' Religion

Response rate by religion showed the majority of respondents identified as Christian (76.1%) which is fairly reflective of the mean patient profile and local demographic. Muslim, Hindu, Buddhist and Sikh patients were underrepresented in the National Inpatient Survey, compared to the patient profile. Jewish patients and those with no religious beliefs were overrepresented by 0.18% and 5.2%, consecutively, by the responses.

	SaTH inpatient admission (average)	National Inpatient Survey response rate	Discrepancy
Muslim	0.62%	0.20%	-0.42%
Hindu	0.10%	0.00%	-0.10%
Buddhist	0.12%	0.00%	-0.12%
Sikh	0.35%	0.20%	-0.15%
Jewish	0.02%	0.20%	+0.18%
No religion	14.19%	20.10%	+5.91%
Unknown	29.04%	1.90%	-27.14%
Other religion	5.61%	1.40%	-4.21%

Maternity Survey

The rate of response for the Maternity Survey (2019) was 47% compared to a national response rate of 36.5%. The majority of respondents (40%) were aged 30 to 34, followed by the 30 and over (31%) and 25 to 29 (22%) age groups. Whilst the number of responses received from those aged under 25 was lower, responses were comparable to national figures for 19 to 24 and higher than national responses for 16 to 18 year age group.

Respondents' Ethnicity

89% of Maternity Survey respondents were of White ethnicity, which is in line with the patient profile and the mean local demographic. The second largest ethnic groups identified were Asian/Asian British (3%) and Black/Black British (3%).

Respondents' sexual orientation

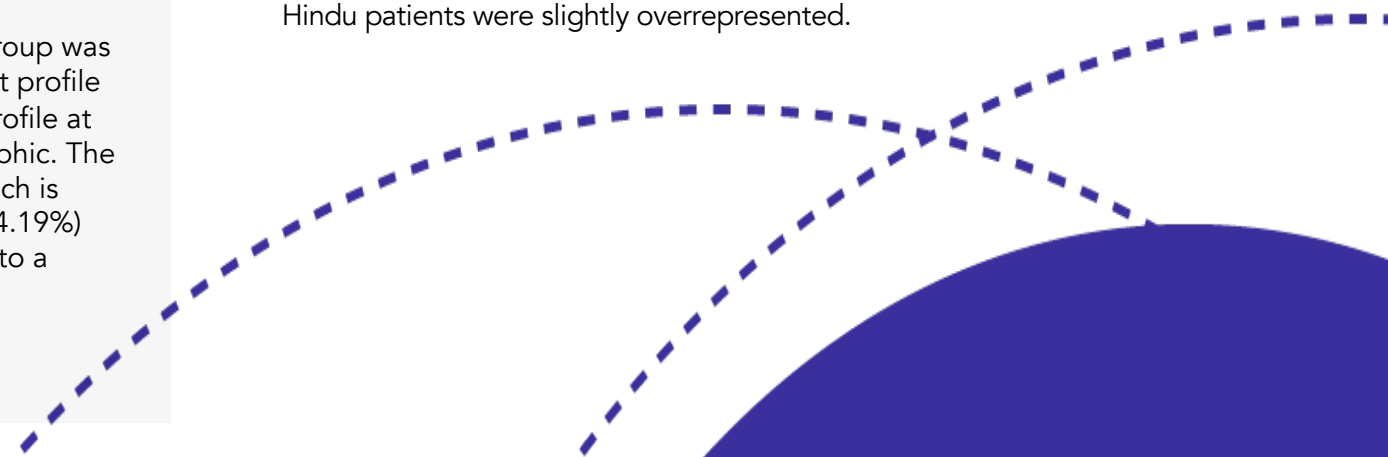
The majority of respondents (95%) were heterosexual. 1% of respondents were gay/lesbian and there were no responses from individuals associating as bisexual or other sexual orientation.

Respondants' Religion

Within the religion response rate, the largest group was Christian (48%) which is lower than the inpatient profile at RSH (55.9%) and higher than the inpatient profile at PRH (42.5%) and lower than the local demographic. The second largest group was no religion (46%) which is significantly higher than the inpatient profile (14.19%) and local demographic, this may be attributed to a younger patient profile responding to the Maternity Survey.

	SaTH inpatient admission (average)	Maternity Survey (2019) response rate
Muslim	0.62%	1%
Hindu	0.10%	1%
Buddhist	0.12%	0%
Sikh	0.35%	1%
Jewish	0.02%	0%
No religion	14.19%	46%
Unknown	29.04%	3%
Other religion	5.61%	1%

Buddhist, Jewish and patients of other religions were underrepresented in the Maternity Survey, compared to the patient profile. Muslim, Sikh and Hindu patients were slightly overrepresented.



The Shrewsbury and Telford Hospital NHS Trust

Appendix 6

Chaplaincy Services

The Chaplaincy Team consists of 1.6 (WTE) Church of England chaplains. There is an on-call team which represent different denominations of faith.

Chaplaincy Services

Faiths Supported by Include:

Anglican
Roman Catholic
Baptist
Humanist
Jewish
Unitarian
Hindu
Muslim
Bahai
Buddhist
Christadelphian
Christian Science
Jehovah's Witness
Mormon
Orthodox
Quaker
Salvation Army
Seventh Day Adventist
Spiritualist
United Reform
Earth Spirituality
Pagan / Wicca

Functional Purposes

The Chaplaincy Team work closely with the End of Life Care Team and bereavement services, baby memorial services are held within the Trust in addition to baptisms and services of blessing.

The Chaplaincy Team are the point of contact for religious or civil marriage requiring Archbishops licence or registrar general licence and coordination with local registrars supporting marriage and civil partnership.

The Chaplaincy Team supports a person regardless of their religion, belief or non-belief and provides support to patients, staff and their families.

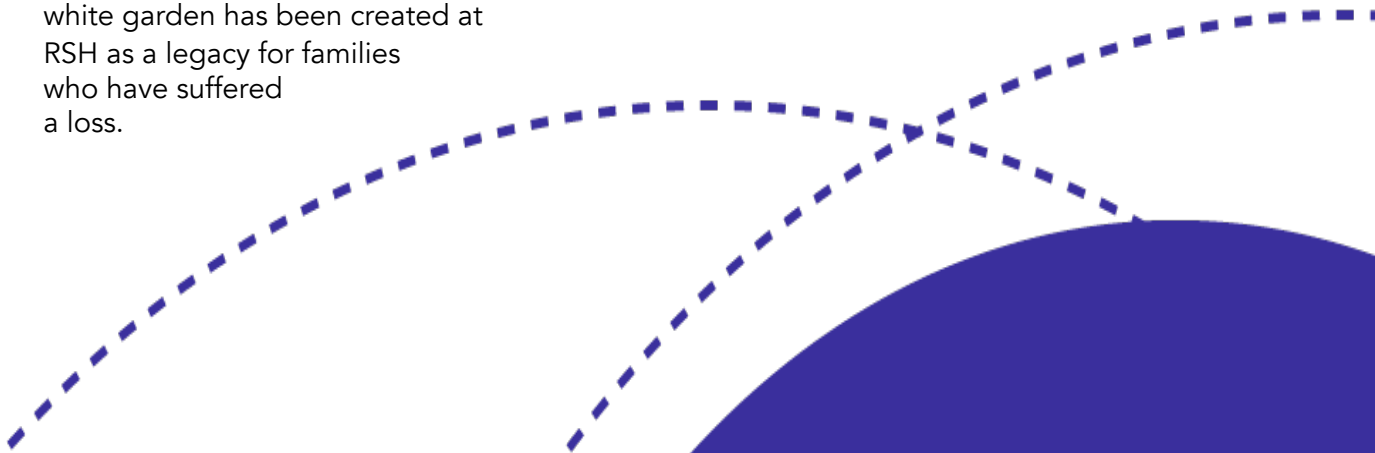
Spirituality is not always in the form of a religion, outside spaces have been created at each site to provide areas of reflection and tranquillity. Courtyards have been developed at PRH and a white garden has been created at RSH as a legacy for families who have suffered a loss.

Organisational Info

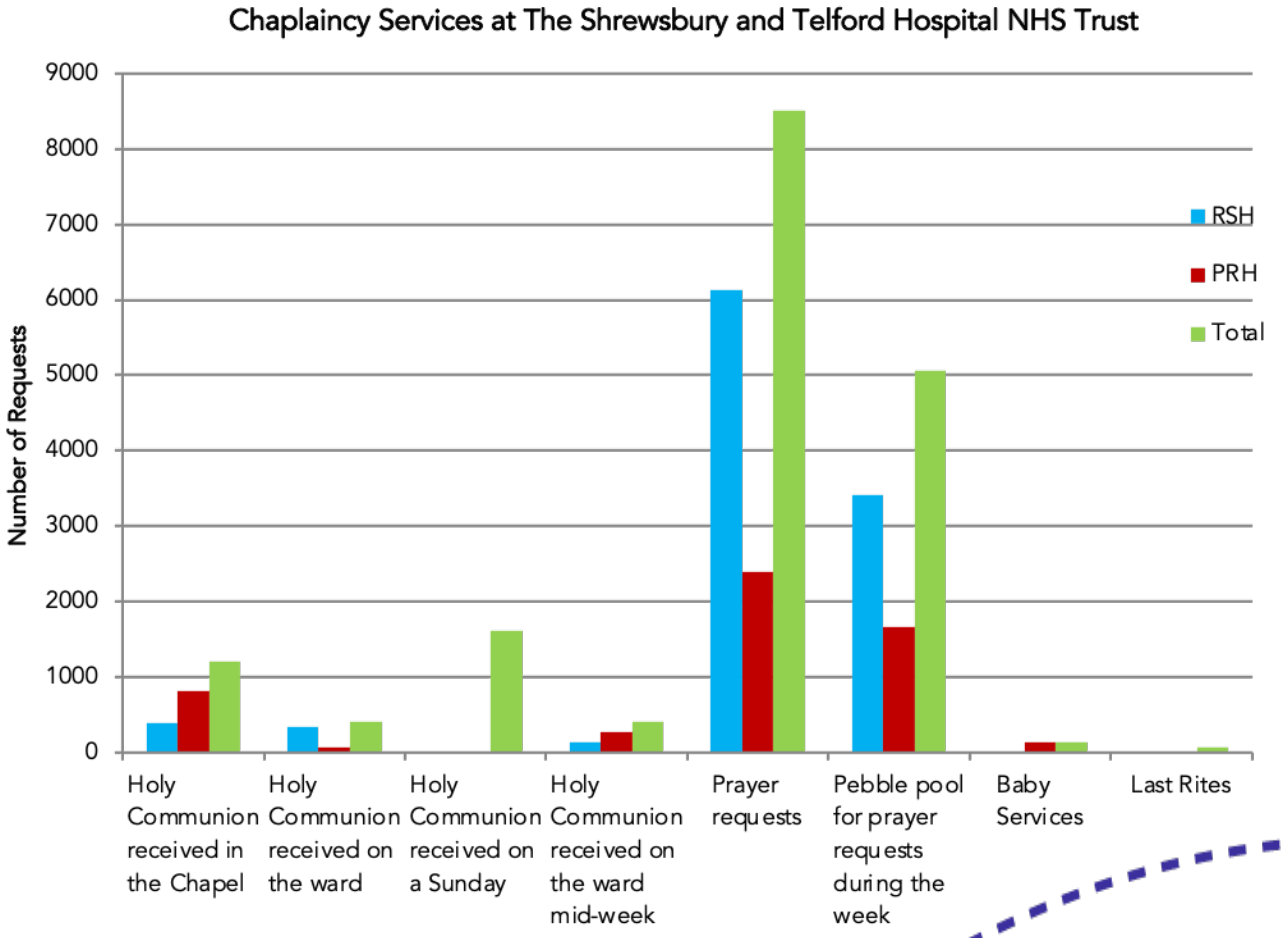
The Chaplaincy Team meet annually with their Sikh colleagues to join in prayers together at each hospital site. This took place on the 12th November, in 2019: the day of Guru Nanak Dev Ji's Gurpurab.

All staff receive training on the Chaplaincy Services, as part of Corporate Induction to the Trust.

There were a total of 4,765 Chaplaincy contacts from
1st January 2019 – 31st December 2019
(2,900 at RSH; 1,865 at PRH).



Chaplaincy Services



Extent of Facilities & Services

The Trust does not currently offer single-sex facilities. Where individuals seek to use single-sex facilities, screens are offered to support gender segregation. Washing facilities and prayer rugs are available for those who wish to use them. The chapels on both sites have signs indicating the Qibla.

Prayer cards of many different faiths are available in both faith rooms in addition to humanist thoughts and visual thoughts for patients, visitors and staff who do not wish to read, but look at images and use them to meditate upon. There is a pebble pool, in place of candles, diyas, or butter lamps, which may be used as a sign of thought or remembrance.

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Appendix 7

Safeguarding Services

All staff receive Level 1 Safeguarding training, as part of Corporate Induction to the Trust

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Level 1 Training:

Adult Safeguarding
Child Protection
Domestic Violence & Prevent

Mandatory for All Staff

LEVEL 2 Safeguarding training:

Child Protection

Domestic Abuse

Adult Safeguarding

Mandatory for Frontline Staff

It is delivered via the 3 yearly statutory training programmes. Child Protection training is included in the FY1 and FY2 education programme and Junior Medical staff receive bespoke training on Adult Safeguarding.

Level 3 Safeguarding training:

Child Safeguarding

Mandatory for all Paediatric, Neonatal, and Emergency Department staff; as well as any Paediatric leads in other specialities.

Maternity training is delivered by the Named Midwife for Safeguarding.

Safeguarding Training is provided by the Safeguarding team that is responsible to the Director of Nursing.

NHS
The Shrewsbury and Telford Hospital
NHS Trust

End of Report

If you would like any more information on our Equality, Diversity and Inclusion work or this report in a different format please get in touch with our E.D.I Lead:

Kal Parkash
Kal.parkash@nhs.net

Proud To Care
Make It Happen
We Value Respect
Together We Achieve